OUR HERO 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 Schaill and Sherri Becker, and 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 Schaill 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 Schaill, and committee members Barbara Brinkley, Suzy Hurtado, Jeanette Locke, and Mona Hain, have organized a prototype 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 for those at Walter Reed, and can be used as a model for other military medical centers. It is sometimes reassuring to have something physically in one's hands to refer to, and a booklet to collect information notes, as the long-term process of medical care for recovery starts.

The Military Family Program office of the USAWC's Department of Command, Leadership, and Management, will be responsible for further updates and suggested changes. It is a 'living' handbook, for it deals with information that 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.

It is with gratitude and care for those Soldiers and Families who have made such a personal sacrifice for the defense of our nation, that the committee dedicates this handbook.

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 the norm. Throughout this handbook, explanations will include the complete name and then the appropriate acronym. At any time, please refer to the acronym section when 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 e-mail 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 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: _____

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 Walter Reed Army Medical Center (WRAMC). 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 WRAMC 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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d. **Directions to the Hospital**

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Notification

The process begins for the family with notification. Families are notified of the injury to their soldier in a number of ways. Some families receive phone calls from their soldier who tells them of the 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 can not 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 WRAMC, although a longer delay could occur (see section 3-D). 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, in this case, Walter Reed Army Medical Center (**WRAMC**). Army regulation 600-8-1 stipulates which family members are offered government paid travel and stipulates the order in which this travel is offered to those family members. 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 WRAMC 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 WRAMC. Each family member’s T&TOs include only one round trip ticket from the home of that family member to the medical 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 WRAMC.

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 although in the case of an 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 (see section on children) only.** 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 WRAMC. While the soldier is an inpatient, the DA WIA is the issuing authority on the T&TOs. The DA WIA liaison at WRAMC 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 WRAMC and are for one person (family member) 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 issued with no lapse in per diem. Discharge planning begins the day your soldier arrives at WRAMC. 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 in patient to an out patient status.

When the time has come to return home, the Tactical Surgeon's Liaison Office located within the Medical Family Assistance Center (**MEDFAC**) 3rd Floor room 3E01will arrange travel.

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

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 Building 11 G81**. **The hours of operation are 8:30 a.m. to 12:00 p.m and 1:00 p.m. to 3:30 p.m. everyday except Wednesday when the office closes at 12:00 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 to prove the bill has been paid.

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 WRAMC.**

How much will I be reimbursed?

The current reimbursement rate is $61 per day (per diem) plus the cost of lodging up to the allowable government nightly rate. For family members staying at the Mologne House on T&TO's, the cost of lodging is billed directly to the government. There is no reimbursement for telephone calls (see MEDFAC and Red Cross for phone cards), taxi's 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 WRAMC, tell the DA WIA liaison that an advance is needed. You will be directed to the Finance office. You will need a copy of your orders and a picture ID. *Advances are given in cash. Advance must be repaid either by deduction 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 WRAMC for that 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 $61 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 on the 2nd floor at WRAMC 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 MEDFAC *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 from your trip home.

The bottom line

Travel orders may be issued if a physician determines that it is in the best interest of the injured 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 WRAMC. An additional couple of days delay *may* occur if the soldier arrives at WRAMC 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 **1-888-331-9369** to verify all travel information.

Summary for Government Sponsored Travel

Notification Occurs

DA WIA Needs Assessment Checklist Complete

DA Form 2984 Completed by Physician

Approval for family travel granted

Travel and Transportation Orders (T&TOs) Issued

- Roundtrip airline ticket or approved auto travel round trip mileage
- Per Diem (daily allowance for meals) $61/day
- Lodging up to allowable government nightly rate
- Issuing authority Department of the Army Wounded In Action (DA WIA) 1-888-331-9369
- WRAMC DA WIA Liaison (202) 782-3735 (located within hospital)
- 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 -if approved, automatically submitted by DA WIA liaison at WRAMC
- 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

Limousine/van picks family up at airport or family takes taxi/shuttle

Family arrives at WRAMC

I was not offered travel by the DA WIA and have decided to go to WRAMC, 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 Medical Family Assistance Center (MEDFAC). *The request must come from the patient.* Ticket eligibility is determined by the Fisher House Foundation. There are multiple ticket restrictions to include a 14 day advance purchase. 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 Washington D.C. area for all nearby military installations that might have lodging. The Mologne House at WRAMC is obviously a first choice, be aware that families traveling on T&TO's will have priority as well as wounded soldiers on out-patient status. Make contact with the WRAMC Medical Family Assistance Center (**MEDFAC**) at 1-866-546-1310 for information about availability of lodging and suggestions for local hotels and 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 WRAMC, immediately check in with the MEDFAC so that they can assist you. There are resources available for all families, not just those who travel on orders. The Red Cross is located directly across from the MEDFAC, and they too can offer assistance and have access to various resources. Army Community Service has a welcome packet that can orient you to the area. Every Monday morning there is a meeting for families at the Mologne House that includes representatives from organizations that support families and soldiers during their stay at WRAMC.

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 32 comfort homes on the grounds of military and VA major medical centers. The houses are 5,000 to 8,000 square foot homes, with up to 11 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.

Hero Miles Program

This program has provided more than 4,600 tickets to Iraqi Freedom and Enduring Freedom hospitalized service members and their families, worth more than $6 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
- America West Airlines
- American Airlines
- Continental Airlines
- Delta Air Lines
- Midwest Airlines
- Northwest Airlines
- US Airways

Please note program agreements with individual airlines only permit airline tickets for military (or DoD civilian employees) 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, ordinary leave, emergency leave, or other travel not related to a medical condition.

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 two 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.

For travel to the Washington, D. C. area, we are pleased to provide complimentary ground transportation to and from one of the three area airports to the major medical centers, through the generosity of the Georgetown Wounded Patriot Support Project. Information about this program will be provided when the tickets are issued.

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.

** Above letter from the Fisher House Foundation

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

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 day care (This is a must!)
- Name and phone number of Point of Contact for the soldier's unit (The DA WIA will be able to tell you what the unit is if you do not know)
- Valid Passport if overseas travel is involved (DA WIA will assist)
- 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 your TRICARE region for longer than 30 days, consider changing your TRICARE area**

**** If staying at WRAMC for extended period of time, consider opening an account at a local bank to avoid ATM charges (ask the WRAMC finance office for locations)**

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 is 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 you:

- Glasses/contacts/associated supplies
- Prescription medication for up to 30 days plus refill information
- Toiletries (if you forget something, check with American Red Cross at WRAMC)
- 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 item (pillow, blanket, whatever provides you with special comfort)
- Hand sanitizer/disinfecting wipes

Things to pack for your soldier:

Bring clothes for patient 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 at WRAMC for assistance. Soldiers are allowed a $200 one time Army Emergency Relief (AER) clothing payment while on inpatient status. Ask the MEDFAC for assistance. Also see information on *Sew Much Comfort* in the resources section of this book for specialized adaptive clothing.

Special Considerations for Children of Wounded Soldiers

When deciding whether or not to take your children to WRAMC, 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.

There is very limited child care and it is not available in WRAMC. Keep in mind that not all children respond positively to group child care settings. Child care is not available inside WRAMC. Additionally, *all children must be supervised in the waiting areas within WRAMC*. Limited child care, at a cost, is available at Forest Glen. Forest Glen is an annex to WRAMC and is located off the WRAMC campus. Please see directions under the Forest Glen section to follow. There is a waiting list at Forest Glen for child care and spaces may not be available. 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 Available at Forest Glen:
Hourly childcare is offered at the Child Development Center (**CDC**) at Forest Glen. Children must be registered at Central Registration, Building 11, Room 1-101. **Parents must have their child's current shot record and complete some paperwork.** An $18 registration fee (check or money order only) per child (or $40.00 total for 3 or more children) is required. Call (202) 782-0565 for enrollment information. Parents must call the CDC at (202) 782-5025 and reserve a slot for their child(ren) for the date and time that they want to use the hourly care. Hourly care is available from 7:00am-5:00pm, Monday-Friday. Hourly care at the Fitness Center is scheduled through this office as

well. Parents are responsible for transporting their children to and from the child care facility. Forest Glen is not within walking distance of WRAMC.

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 CDC)
- 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 war time injury

GETTING TO WALTER REED AND SURROUNDING AREA

The best transportation options are the shuttle buses, taxis, or walking. Car rental is an option but the cost is NOT reimbursable. Sometimes rental cars are available for use at no charge, please contact the MEDFAC for information. You can find schedules for the shuttles, METRO (train), and buses at the MEDFAC or by visiting www.wmata.com on line.

There is parking available at the Mologne House for visitors staying at the Mologne House. Family members not staying at the Mologne House may obtain a daily pass as they drive onto post. For longer stays, they may obtain a **long-term pass at the Parking Office, located in Building 11, Room G-109. The phone number for the Parking Office is (202) 782-6978. Hours of operation are 0700 to 1545, Monday-Friday.** Parking in the hospital garage is limited. Be prepared to circle around for awhile. Best options are to use the shuttles available from the hotel, be aware of the shuttle schedule to avoid missing the last shuttle of the night.

HOW TO GET TO WALTER REED ARMY MEDICAL CENTER

Commercial Air

a. We strongly recommend that you fly into Washington Reagan National Airport. This is the closest airport to Walter Reed and offers multiple travel options to get WRAMC.

b. Taking a taxi from Regan national to WRAMC is the easiest and quickest option but there is other transportation available. Ask the driver to take you to the 7100 block of Georgia Avenue, NW. Fares will range from $24-$28 and are reimbursable if traveling on T&TOs.

Local available taxi services:

- **Diamond Cab**
- **Yellow Cab**
- **Barwood Taxi**
- **Checker Cab**

c. The Metro Bus is available, but requires exact change. Metro Bus routes 50 and 70 run along Georgia Ave. and connect WRAMC with downtown Washington, D.C. (to the south) and Silver Spring (to the north). Fares start at $1.10.

d. The Metrorail or subway system is also available. Subway passes (Fare cards) can be obtained at any Metro station. Vending machines accept small bills only.

To take the Metro Subway to Walter Reed from Washington Reagan National Airport: (THIS IS NOT THE MOST CONVENIENT OR RECOMMENDED METHOD.)

- Board the Metro at the subway station at the airport
- Take the Metro Yellow Line train marked **Mt. Vernon Square/UDC**
- At the **Gallery Place** stop, exit the subway, walk upstairs to the upper level, and take any Red Line train marked **Glenmont** or **Wheaton** or **Silver Spring**
- Get off the Red Line train at the **Takoma Station** or the **Silver Spring Station**
    - **Takoma station**: Metrobus routes K2, 52C, and 54 connect Walter Reed to the Takoma station. Bus K2 travels onto the Walter Reed installation and operates only during morning and afternoon rush hours. Buses 52C and 54 operate all day and stop at the corner of Butternut Street and Georgia Avenue, near a Walter Reed gate that is open during daylight hours only.
    - **Silver Spring station**: If you disembark at the Silver Spring station, you can use either Metrobus 70 or 71. Bus fare is $1.10, but you must get a Metro transfer before leaving either subway station.
- Enter the gates of Walter Reed
- **Caution:** The Takoma station and the Silver Spring station are approximately 12 blocks (15 minutes walking distance) from the hospital and either walk is through relatively safe neighborhoods (by day), it is best to take public transportation (bus or taxi) if you are unfamiliar with the area.

For more information regarding the Metro, you can access www.wmata.com.

Privately-Owned Vehicle (POV)

a. To drive to Walter Reed: Follow Interstate Highway 495, the Capital Beltway, to exit 31 (Georgia Avenue/Silver Spring/ Maryland Route 97). Drive south on Georgia Avenue toward Silver Spring and Washington for 2.8 miles. Turn right into Walter Reed at the intersection of Georgia Avenue and Elder

Street, and make an immediate left turn onto the ramp of the underground parking garage.

b. From downtown Washington: Drive north on 7th Avenue N.W., which Walter Reed comes Georgia Avenue N.W. Continue on Georgia Avenue to the 7100 block. Turn left into at the intersection of Georgia Avenue and Elder Street, and make an immediate left turn onto the ramp of the underground parking garage.

Lodging

Upon arriving at the airport for those traveling on T&TOs, a limousine service or van will meet the family and take the family to either WRAMC or the Mologne House. In some cases the family will have to arrange transportation from the airport. Taxis are the most direct route to WRAMC and the Mologne House. Keep the taxi receipt to file for reimbursement.

The Mologne House is located on the WRAMC installation. It is filled to capacity at most times and rooms at the Mologne House may not be immediately available. If no room is available the T&TO's will be stamped by the Mologne House staff and you will be referred to a local hotel (referred to as "off campus" lodging) and placed on a waiting list for the Mologne House (referred to as "on campus"). 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 at the Mologne House*, 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 the Mologne House, you will be notified when a room becomes available. If you do not accept the room, your per diem will be terminated that day.

The Fisher House has lodging facilities on the WRAMC installation and the Forest Glen Annex. 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 WRAMC. Please see the Fisher House information pages below.

The American Red Cross at WRAMC has many personal hygiene items available in case you have forgotten something. Please check with the American Red Cross before purchasing items (including phone cards). See section on Housekeeping for information of nearest commissary (military grocer) and PX (military department store).

MOLOGNE HOUSE

(202)726-8700

www.wramc.amedd.army.mil/mologne/

The Mologne House is located on the WRAMC installation. The cost is approximately $69.00 per night for OIF/OEF patients **returning from Theatre (Iraq or Afghanistan)** and family members.

The Mologne House will directly bill an Army account for the room cost for all Active Duty OIF/OEF patients. This avoids the need for soldiers to have cash to pay for their rooms. Soldiers stay at the Mologne House while on out patient status. If a soldier travels to WRAMC on Temporary Duty (**TDY**) orders, then the soldier must pay for the room and submit a travel voucher for reimbursement.

For family members traveling on Travel and Transportation Orders or T&TOs, the Mologne House will direct bill an Army account for room charges for the duration of the T&TOs. *Family members who are NOT traveling on T&TOs will be responsible for paying all room charges accrued.*

The Mologne House functions as a full service hotel with 280 room and suites. They offer:

- Free Shuttle Service
- Free Internet Service (computers in every room)
- Free Laundry facilities
- Free Parking
- Fitness Center
- Handicapped Accessible
- Non smoking rooms
- Coffee makers and microwaves in all rooms
- Suites have small kitchenettes
- TV/Phones -Phones require deposit of $20.00 (see MEDCAC or Red Cross for phone cards)
- Full service restaurant featuring breakfast, lunch and dinner
- Recreation Information to include listings of all offerings from the Patient Recreation Office
- Table near front desk in lobby with free items
- Books to read near the front desk/Electronic Library behind counter at lobby
- NO CHILD CARE
- Thrifty Car Rental office

The Mologne House has a schedule of activities from Patient Recreation at the front desk. There are also informational signs in the lobby from the USO and other organizations that sponsor events for soldiers and their families during their stay at WRAMC. Please check with the front desk for more information on sponsored events.

Every Monday morning a meeting is held for families with representatives from all pertinent agencies which support families such as Army Wounded Warrior Program or AW2, Medical Family Assistance Center or MEDFAC, Department of the Army Wounded In Action Branch or DA WIA, Army Community Service or ACS, Military Severely Injured Center or MSIC, Mologne House Manager, and others. This meeting is open to all families and is MANDATORY for families traveling on T&TOs. This meeting is extremely informative and is worth the effort to attend.

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

WELCOME TO THE FISHER HOUSE

The Manager of the Walter Reed Army Medical Center (WRAMC) Zachary and Elizabeth Fisher Houses 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 is 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 reevaluation 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 back of the building.

DIRECTIONS

FISHER HOUSE I: (At Forest Glen)

FROM THE BELTWAY:

Take Exit 31B, 97 South Georgia Avenue, Silver Spring, Make right on Seminary Road. The road will split, bear left, onto Brookville Road. Make right right onto Stephan Sitter Avenue. Drive approximately .5 miles. Fisher House, a large brick colonial, marked Bldg., 173 will be on your left.

FROM THE MAIN POST:

From the back Gate of WRAMC, make right onto 16th Street. Drive approximately one (1) mile and make left onto East West Hwy., make right onto Grubb Road, left onto Lyttonsville Road. At STOP sign, make right onto Brookville Road, and left onto Stephen Sitter .5 miles, Fisher House, a large brick colonial, marked Bldg., 173 will be on your left.

FISHER HOUSE II: (At WRAMC)

FROM THE BELTWAY:

From 495 (Beltway) take exit 31-B (Georgia Ave. / South). Take Georgia Avenue to Walter Reed Army Medical Center and enter post at Dahlia Street entrance. Immediately turn right at gate and follow Dahlia Street around the back of the hospital. Fisher House, Bldg 55 sits on the corner of Dahlia and 14th Street. It is directly across from Memorial Chapel.

MAIL AND PHONE SERVICE

If you will be here long-term and would like to receive mail, please have your mail addressed to:

WRAMC
Fisher House (DPCA)
6825 Georgia Avenue, N.W.
Washington, D.C. 20307-5001
Attn: *Your Name*

*Please Note: Mark appropriately as **FH I** or **FH II**.

UPS/FedEx
The address to have packages and/or flowers delivered:

FH I	**FH II**
WRAMC Fisher House I Forest Glen Annex Bldg. 173 Stephen Sitter Avenue Silver Spring, MD 20910	WRAMC Fisher House II 6825 Georgia Ave. NW Bldg. 55 (14th and Dahlia St.) Washington, DC 20307-5001

RECEIVING PHONE CALLS

In order to have your phone turned on, a $20.00 deposit is required at check-in. Upon checking-out, you will receive what is left of your $20.00 deposit or the entire amount if your balance is 0. All main post calls are free, all local calls and operator assisted calls are 50¢ each. All long distance calls will be paid by the user. Phone bills are paid each time you renew your rent. Copies are obtained by the Manager of the Fisher House. Please let the manager know in advance when you will be going to the Guest House to renew your rent.

The Fisher I House phone number is: (301) 295-7374 ext.___
The Fisher II House phone number is: (202) 356-7564 ext.___

Dining on the WRAMC Campus

While visiting your soldier, the daily needs of living will still have to be met. If you are on orders, you will receive reimbursement for your meals. If you are not on orders you will have to cover the cost of the meals. There is still laundry to be done, haircuts needed, and all the other routine things to be taken care of. The information to follow is included to help you with these routine chores.

Meals are available at the following locations at WRAMC

- **Dining Facility**
  Main Hospital, Third Floor, a la carte
  - Breakfast -0600-1000
  - Lunch - 1100-1400, box lunches available for $2.95
  - Dinner - 1600-1830

- **Snack Bar**
  Main Hospital, 3rd Floor. Open 24 hours a day.
  Filled with an assortment of vending machines serving cold sandwiches, donuts, coffee, juices, soft drinks
- **Subway**
  Main Hospital, 1st Floor,
- **Dunkin Donuts**
  Main Hospital, 1st Floor,

- **Burger King**
  Building 1, 1st Floor
  Open Monday-Friday 0630-1430
- **Mini Mall Café**
  Bldg 1, 1st Floor
  0700-1500, Monday through Friday

- **AFIP (Medical Museum) Snack-Bar, Bldg 54**
  0700-1600, Monday through Friday
- **NCO Club** - Building 14
  Membership required for dinner only
  - Lunch 1100-1400, Monday - Friday, includes carry-out
  - Dinner 1630-2000, Monday - Friday, includes carry-out

Mologne House Restaurant - (202) 782-4194
Breakfast:
Monday - Friday 0700-1030
Saturday - Sunday 0900-1100

Lunch:
Monday - Friday 1130-1400
Saturday - Sunday 1100-1300

Dinner:
Monday - Friday 1630-2100
Saturday - Sunday 1630-2000

***NOTE: The cost of meals is reimbursed upon completion of each set of T&TO's.**

****Meals at the medical dining facility inside WRAMC are priced at very reasonable rates. Patients can eat in the dining facility for free by showing the patient ID band.**

RESTAURANTS IN THE SURROUNDING AREA

The following information is provided to you as a courtesy and does not reflect any implied endorsement of these restaurants. Check at the Mologne House front desk for available coupons.

Austin Grill
Fresh, homemade entrées and dessert. More than 25 salsas, sauces and dressings prepared from scratch each day. Along with our tasty cuisine, you will be entertained with local and national artists performing each week on our live sound stage.

Store Hours		**Address**
Monday – Friday	11:00 am - 1:00 am	919 Ellsworth Avenue Silver Spring, MD 20910 (240) 247-8969
Saturday – Sunday	9:00 am - 1:00 am	

BAJA FRESH

Mexican favorites, Quesadillas, Nachos, Burritos, Tacos, Enchiladas and more……..
Fresh ingredients all prepared expertly in a clean cheerful surrounding.

Store Hours		**Address**
Sunday – Thursday	11:00 am - 9:00 pm	8515 Fenton Street Silver Spring, MD 20910 (301) 587-6542
Friday – Saturday	11:00 am -10:00 pm	

EGGSPECTATION

It's an all-day eggsperience, serving quality foods for breakfast, lunch and dinner.

Address

923 Ellsworth Drive
Silver Spring, Maryland 20910
(301) 585-1700

LEBANESE TAVERNA

Family-style Middle Eastern cuisine.

Address

933 Ellsworth Drive
Silver Spring, Maryland 20910
(301) 588-1192

ROMANO'S MACARONI GRILL

Everything you love about Italian!

Address

931 Ellsworth Drive
Silver Spring, Maryland 20910
(301) 562-2806

PANERA BREAD

All Panera breads are made from the freshest dough with no preservatives. Not only do we make great tasting breads for our sandwiches, but we also have delicious soups, salads, pastries and desserts. Visit us on line (www.panerabread.com) and learn how to make chocolate panini bread or our basil pesto focaccia strata sandwich.

Store Hours

Monday – Saturday	6:00 am - 9:00 pm
Sunday	7:00 am - 8:00 pm

Address

8541 Georgia Avenue
Silver Spring, MD 20910

(301) 495-0860

POTBELLY SANDWICH WORKS

A comfortable and unique restaurant to indulge in specialty made to order sandwiches, hand-dipped ice cream milkshakes, homemade soups and desserts.

Store Hours

Sunday – Thursday	11:00 am - 8:00 pm
Friday - Saturday	11:00 am - 9:00 pm

Address

911 Ellsworth Drive
Silver Spring, Maryland 20910

(301) 562-9696

RED LOBSTER

If it's seafood you are craving, indulge in one of our crab legs, lobster, shrimp, scallops or catch of the day menu items. We also serve a variety of chicken, pasta and steak entrees. Of course you can't leave without trying a scrumptious dessert - Fudge Overboard anyone?

Store Hours

Monday – Friday	11:00am - 10:00pm
Saturday - Sunday	11:00am – 11:00pm

Address

8533 Georgia Avenue
Silver Spring, MD 20910

(301) 588-3299

STARBUCKS

Address

915 Ellsworth Drive
Silver Spring, Maryland 20910
(301) 587-3792

CHICK-FIL-A

Address

825 Ellsworth Drive
Silver Spring, Maryland 20910
phone (301) 588-2915
fax (301) 588-2916

COLDSTONE CREAMERY

Address

825 Ellsworth Drive
Silver Spring, Maryland 20910

The following services are available on the WRAMC campus:

Barber Shop (Hospital)

The hospital Barber Shop is open Monday through Friday 0730 to 1730. Location: Building 2, 3rd floor. Phone (202) 829-2209.

Beauty Salon (Hospital)

The Beauty Salon is open Monday through Friday 1000 to 1800, located in building 2, 3rd floor. Phone (202) 829-4144.

Credit Union

Pentagon Federal Credit Union, located in Building 1, first floor, room E127, is open Monday through Friday 0830 to 1600. Pentagon Federal provides a full range of financial services. If you work at or use the facilities of Walter Reed or Forest Glen, you and your relatives are eligible to join Pentagon Federal. Visit the WRAMC branch and let our service representative assist you.
The credit union operates automatic teller machines in the lower-level lobby of the main hospital, building 2, and outside its office in building 1. Both accept a wide variety of ATM cards.

Flower Shop (Hospital)

The flower shop is open Monday through Friday 0900 to 1700; Saturday 1000 to 1500. Location: Building 2, 1st floor. Phone (202) 829-2626.

Library

The Post Library and Patient's Reading Room offer nonfiction and fiction reading for all ages. Services include over 32,000 books, 248 magazines and newspapers, 3,500 audio cassettes/albums, 650 videos, children's books and audiovisual collection. Internet access is also available.

The McNaughton Book Collection contains recently published best sellers and high interest books. The library also has a paperback trade rack - a one for one exchange. Other library services include online computerized data base searches, inter-librarian loan service with book truck, specialized bibliographies (book lists upon request), children's programs, and a summer reading program.

The Post Library is located in Building 11, room G-92.
Open Monday through Friday 0830 to 1700. Phone (202) 782-6314/6315.

The Patient's Reading Room is located in Bldg 2 Room 7347. Open all time.
Other Libraries on post include the Walter Reed Army Medical Center Library, Military Occupational Specialty Library (MOS Library), Ash Library at the Armed Forces Institute of Pathology, and Walter Reed Army Institute of Research Library.

AAFES Mini Mall Located in Building 1, West Wing, First Floor
Includes the following services:

Shoppette: Open Monday though Thursday, 0900 to 1700; Fridays only, 1100-1900. Phone (202) 723-0369.
Barber Shop: Monday through Friday 0900 to 1700. Phone (202) 723-1897.
Laundry and Dry Cleaners: Monday through Friday 0900 to 1700. Phone (202) 829-8740.
Mini Mall Cafe: Monday through Friday 0700 to 1500. Phone (202) 726-1568.

Post Office

The U.S. Post Office Walter Reed Branch provides all postal services, including stamps, money orders, parcel post, express mail, and postal insurance. Building 1, 1st floor, west wing. Phone (202) 782-3768
.

PX Hospital Store

The PX Hospital Store is open Monday through Friday 0900 to 1730; Saturday and Sunday 1000 to 1400. Building 2, 3rd floor, room 3G05. Phone (202) 882-0802.

Vending Machine Room

Open 24 hours a day. Building 2, 3rd floor.

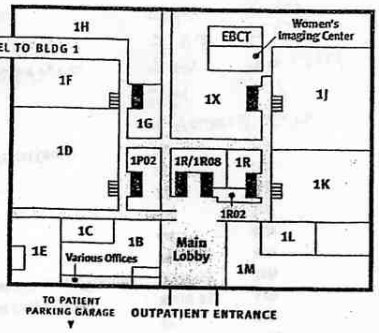
See Map of WRAMC next pages.

Visit the WRAMC website at: www.wramc.amedd.army.mil

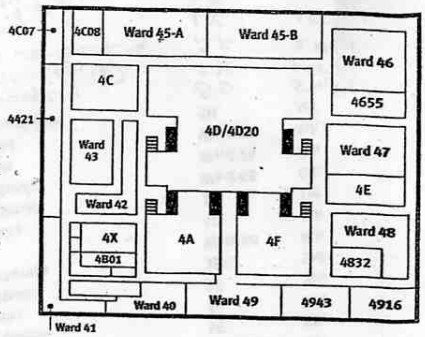
Floor Maps: Main Hospital

LEGEND = Stairs = Elevators = Court

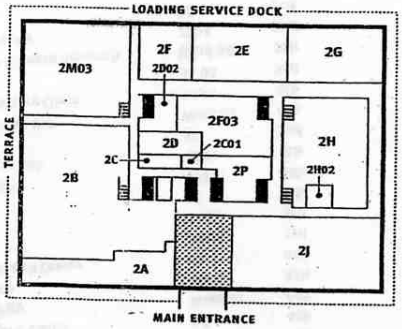
FLOOR 1



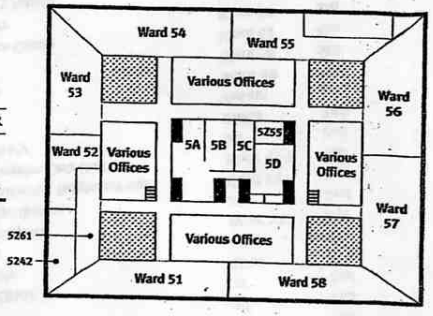
FLOOR 4



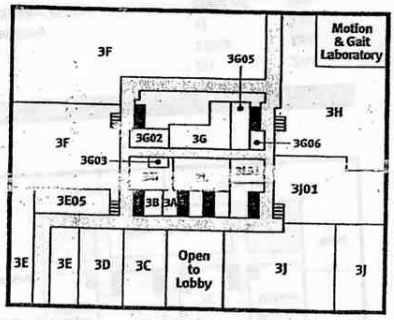
FLOOR 2



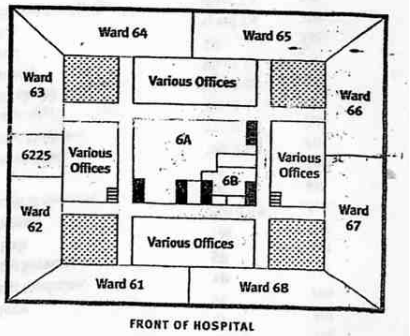
FLOOR 5



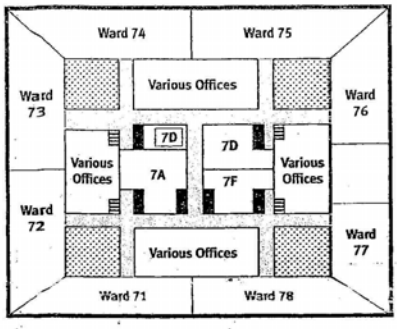
FLOOR 3



FLOOR 6



FLOOR 7



SERVICE	ROOM	FLOOR
Admissions	2D	2nd
Air Evacuation	1R02	1st
Allergy/Immunizations	1J	1st
Ambulatory Processing Center	Ward 66	6th
Ambulatory Surgery Center	4C	4th
Anatomic Pathology	Ward 47	4th
Anesthesia Service	4421	4th
Audiology and Speech Center	6A	6th
Barber	3G06	3rd
Beauty Shop	3G03	3rd
Blood Bank	4E	4th
Blood Donor Center	4916	4th
Cardiology Catheter Lab	4B01	4th
Cardiology clinic	3L	3rd
Cardiology Step-down Unit	Ward 41	4th
Cardio-Thoracic Surgery Clinic	4655	4th
Casualty Affairs	3E 01	3rd
Center for Prostate Disease Research	Ward 56	5th
Central Material Supply	2F03	2nd
Chapel	3C	3rd
Child Neurology	1L	1st
Chiropractic Clinic	1C	1st
Comprehensive Breast Care Center	Ward 55	5th
Coronary Artery Disease Reversal Program	Ward 55	5th
Coronary Care Unit	Ward 40	4th
Coumadin Clinic	4A	4th
Critical Care Offices	3M	3rd
CT Scan	1G	1st
Dental Clinic	1D	1st
Deployment Health Clinical Center	3G	3rd
Vascular	64 ward	6th
Podiatary	3 fl	3H
Pulmonary clinic	7th	77 ward
Pathology	2nd	2B
Orthopaedic	5th	5K

SERVICE	ROOM	FLOOR
Dermatology	1J	1st
Dialysis Unit	4832	4th
Dining Facility	3F	3rd
EEG/EP Clinic	Ward 62	6th
Emergency Room	1E	1st
Endocrine Clinic	7D	7th
Executive Office	3A	3rd
Flower Shop	1R02	1st
Food Service	3F	3rd
Gastroenterology	7F	7th
General Internal Medicine	1B	1st
General Surgery Service	5D	5th
Gynecology Clinic	1M	1st
Gynecology Surgery	Ward 65	6th
Head/Neck Surgical Services	6B	6th
Headquarters	2A	2nd
Infectious Disease Clinic	Ward 63	6th
Inpatient General Medicine	Ward 75	7th
Inpatient Hematology/Oncology	Ward 71	7th
Inpatient Neuroscience	Ward 58	5th
Inpatient Psychiatry	Ward 54	5th
Inpatient Records	1R	1st
Internal Medicine	Ward 73	7th
Internal Medicine Continuity Care	Ward 74	7th
Joel Auditorium	2H02	2nd
Lab	2B	2nd
Laser Eye Clinic	2F	2nd
Linen Supply	2D02	2nd
Lithotripsy	4C07	4th
Logistics Support	Ward 42	4th
Material Distribution	2E	2nd
Medical Evaluation Treatment Unit	Ward 74	7th
Medical Intensive Care Unit	Ward 45-B	4th
Medical Library	2G	2nd
Morgue	2M03	2nd
MRI	Tunnel	1st
Nephrology	Ward 48	4th
Neurology	Ward 58	5th
Neuroscience Center	Ward 61	6th
Neurosurgery	Ward 58	5th
Neurosurgery Admin	Ward 64	6th
Neurosurgery Offices	5C	5th
Nuclear Medicine	7A	7th
Occupational Health	3E	3rd
Occupational Therapy	3J01	3rd
Oncology	Ward 65	6th
Operating Service	4D	4th
Opthamology Service	1F	1st
Opthamology Service	Ward 65	6th
Optometry Clinic	Ward 74	7th
Organ Transplant	Ward 48	4th
Orthopaedic Prosthetics	3H	3rd
Plastic Surgery	5D	5th fl
Pediatric (child)	1K	1st fl
Refractive Surgery	2F	2nd fl
Radiology	1X	1st fl
Respiratory Therapy	4B	4th fl
Radiation Oncology	1G	1st fl
Prostate	5th	56 ward
Pre-op	67 ward	6th fl
Rheumatology	77 ward	7th fl
Sleep Clinic	76 ward	7th fl

FOREST GLEN ANNEX

Forest Glen Annex is the nearest commissary (military grocer) and Post Exchange or PX (department store) to WRAMC. Your temporary ID card status (see the MEDFAC to obtain) will gain you access to the facilities listed below. There is a shuttle to Forest Glen. Please check the schedule at the MEDFAC or Mologne House front desk. If driving, ask for a map of Forest Glen facilities.

To utilize post facilities family members do need an ID card. ***Family members who have arrived to WRAMC and do not possess a military ID can go to the MEDFAC to obtain a waiver granting permission to use the commissary and the Post Exchange (PX).***

The MEDFAC (Medical Family Assistance Center) is located in Building 2, 3rd Floor, Room 3-E01.

Welcome To Forest Glen

Walter Reed Army Medical Center's Forest Glen section is located in Silver Spring, Md., approximately four miles north of the main post. Forest Glen has a land area of 164 acres. It includes a contemporary area, adjacent to a mixed commercial district, and a historic district located in the wooded area that borders the Capital Beltway (I-495).

The contemporary area is home to the Walter Reed Army Institute of Research and Naval Medical Research Institute. Forest Glen also includes a large outdoor recreation and picnic area, child development center, a fabric care facility, the motor pool, installation support functions, and a modern shopping complex. The shopping center includes a Post Exchange, commissary, clothing sales store, bowling alley, arts and crafts shop and Fisher House. The shopping complex serves not only Walter Reed and National Naval medical Center service members, but much of the large retired military community of greater Washington.

The historic district is located on a 27-acre parcel of land called the National Park Seminary Historic District. The department of the Army has declared this property excess, pending transfer to the General Services Administration to find a new owner. This district was once an exclusive private "finishing school" for young women. The buildings have a unique collection of architecture styles, including a Dutch windmill, Swiss chalet, Japanese pagoda, an Italian villa and an English castle.

Forest Glen Facilities

******* Please be sure to bring your temporary ID card status with you. This can be obtained at the Medical Family Assistance Center (MEDFAC) 3rd floor of WRAMC*******

Automatic Teller Machine

A Pentagon Federal Credit Union ATM is outside the Laundry and Dry Cleaning Facility, Bldg. 161. It is free to members using Pentagon Federal Credit Union ATM or Check Cards.

For more information, please see the Credit Union listing under "Main Post Facilities," above.

Barber Shop

The Barber Shop is open Tuesday through Friday from 9:30 a.m. to 6 p.m.; Saturday from 9 a.m. to 4 p.m. Phone (301) 587-5909

Beauty Salon

The Beauty Salon is open Tuesday through Friday from 9:30 a.m. to 6 p.m. and Saturday from 9 a.m. to 4 p.m. Phone (301) 565-0500.

Commissary

The Walter Reed Commissary hours of operation are as follows:
Sunday: 1000-1600
Monday: Closed
Tuesday-Friday: 0900-1900
Saturday: 0800-1700

Phone (301) 295-7358, ext. 3008

Fabric Care Facility

The Fabric Care Facility is in Bldg. 606 at Forest Glen and offers five-day service on individual bundle laundry. Piece rate is also available. Only hospital duty white uniforms are laundered free. No dry cleaning. Open Monday through Friday from 7 a.m. to 4 p.m. Phone (301) 295-7630 or 7631.

Laundry and Dry Cleaning

The Laundry and Dry Cleaning facility is open Tuesday through Friday from 9 a.m. to 6 p.m.; Saturday from 9 a.m. to 4 p.m.

Outdoor Recreation

The Outdoor Recreation program, located at Forest Glen, includes programs for skiing, white-water rafting and canoeing. Equipment is available at a nominal cost for snow skiing, camping, boating, fishing, canoeing, golf, and many other outdoor activities. A picnic and athletic area is also available by reservation for company or organization functions. Open Monday through Friday from 8:30 a.m. to 5 p.m. Phone (301) 295-8008 or 8010.

PX Main Store, Class Six, Four Seasons, and Military Clothing Sales

The Main PX, Class Six, Four Seasons, and Military Clothing Sales stores are open Tuesday, Wednesday and Friday from 9 a.m. to 6 p.m.; Thursday from 9 a.m. to 7 p.m.; Saturday from 8 a.m. to 5 p.m.; and Sunday from 10 a.m. to 4 p.m.; closed Monday. Phone (301) 565-0900.

Robin Hood Deli

The Robin Hood Deli is open Tuesday through Saturday from 10:30 a.m. to 2:30 p.m. Phone (301) 565-0900.

Service Station

The Exchange Service Station is open Tuesday through Friday from 9 a.m. to 6 p.m.; Saturday from 8 a.m. to 4 p.m.; and Sunday from 10 a.m. to 4 p.m. Phone (301) 588-1602.

From Walter Reed Main Post (Washington, DC):

1. North (right turn off post) on 16th Street
2. Left onto East West Highway (MD 410)
3. Right onto Grubb Road
4. Right onto Lyttonsville Road
5. Left onto Lyttonsville Place
6. Right onto Brookeville Road
7. Left onto Steven Sitter Avenue

From Silver Spring Metro Station:
Take the #2 or #4 RideOn bus to Forest Glen

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

[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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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. ("The burn on Daddy's face is very red. Some of it is covered with bandages now.")

- *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 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, he 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; become irritable or aggressive; do poorly in school; and engage 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 behavior 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 Neuropsychiatric Institute

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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 child know medical staff is doing all they can to help their injured loved one
- If 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 concerns and complaints
- Academic problems or decline, school refusal, memory problems
- Repetitive thoughts or talks with peers
- "Hysterical" expressions of concern and need to 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.)
- Calmly and as truthfully as possible
- Keep it short/brief and simple
- Face-to-face is better than phone
- 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
- That the child is NOT the cause of it
- That the child is safe and will be taken care of
- Reassurance is the key

For additional information, please contact the Child and Adolescent Psychiatry Service, Walter Reed Army Medical Center. (202) 782-5964 or 5946.

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

Edna B. Foa, Elizabeth A. Hembree, David Riggs, Sheila Rauch, and Martin Franklin

Center for the Treatment and Study of Anxiety
Department of Psychiatry, University of Pennsylvania

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

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

*See more information in section 3-F

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 WRAMC to help you (782-7177). 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 rectification 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;

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

IN-PATIENT

d. **Medical Care Team: Role and definitions**

e. **You as Your Soldier's Advocate**

f. **Patient Bill of Rights**

g. **A Soldier's Viewpoint**

h. **War Zone Related Stress- What Families Need to Know**

i. **Taking Care of Yourself (not just your soldier)**

j. **Reunion Information**

k. **Learning to Use the Internet**

l. **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 WRAMC. 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 lynch pin in the system of wounded care as they provide a continuity factor for the soldier/family from arrival at WRAMC 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 WRAMC. 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 WRAMC, 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 in patient status at WRAMC, 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 formerly know as DS3), Medical Family Assistance Center or **MEDFAC case worker**, **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 WRAMC.

The MEDFAC located on the 3rd floor is a valuable resource for families. They can provide shuttle, METRO, and bus schedules as well as emergency taxi vouchers. The MEDFAC 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 WRAMC. *These companies are military units that the soldiers are often assigned to or attached to while at WRAMC.* More information about the role of these companies can be found in the out patient 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 WRAMC. If there is no unit liaison at WRAMC, 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.

The **Red Cross** comes through the wards with carts containing magazines, personal hygiene items, and many other comfort items. The office is located on the third floor next to the MEDFAC. Check in with the Red Cross for phone cards, back packs for soldiers, clothing for soldiers, and many other items.

Your soldier may be transferred to the VA system as an inpatient. There is a **VA liaison** inside WRAMC to facilitate this transfer. Please confer with liaison and remember you T&TOs at WRAMC 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.

Families can choose to interact with the Military Severely Injured Center and Military OneSource while the soldier is an inpatient. Information about these programs is located in the resource section of this handbook.

You as Your Soldier's Advocate

If you have traveled to Walter Reed Army Medical Center (WRAMC) 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 WRAMC 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 WRAMC 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 WRAMC, 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 predicting the future.

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 t**ake 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 affect, 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 or 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 and 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 and 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".

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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 of 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 you condition.

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

You have the right to a chaperon upon request.

Personal Safety and Security: You have the right to a safe a 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 toher 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 Patient Representative Office at 782-6866 or room 3-B01 on the third floor of the hospital. This will help the Commander provide the best possible care for all patients. After duty hours, the Administrative Officer of the Day (782-7309) 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 2028 (Recommended Changes to Publications and Blank Forms) to Commander, Walter Reed Army Medical Center, ATTN: MCHL-PR, 6900 Georgia Avenue, NW, Washington, DC 20307-5001.

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 WRAMC.

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 by 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. Even the unit the soldier belongs to may change if the soldier is assigned to the Medical Holding Company at WRAMC. 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/Afghanistan is not a clearly defined area. Soldiers that are normally considered "non combatants" are being wounded along side the combatants from IEDs (**i**mprovised **e**xplosive **d**evise), 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 on going. 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 posttrauma 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 as 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 knowledge that something could happen to them. 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 on going 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 and while you might tell yourself it is nothing compared to what your soldier is enduring, it will have an effect on you and 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 and 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 deserves the same care and concern as you are giving your soldier.

Support services available for patients and their family members:

Ministry and Pastoral Care: Building 2, 3rd Floor, Room 3C
The Department of Ministry and Pastoral care offers spiritual support 24 hours a day, 7 days a week. The main hospital chapel offers religious services, religious literature, communion and prayer for healing. Please see more detailed information in the general resource section.
Phone number is (202) 782-6305/Pager 782-1000

USO of Metropolitan Washington: United Services Organizations is chartered by Congress to meet the human service needs of the United States Armed Forces personnel and their families. In support of Operation Enduring Freedom and Operation Iraqi Freedom, the USO has coordinated celebrity visits, distributed telephone calling cards, food gift cards, and a wide variety of comfort and entertainment items. USO Metro is located at: 228 McNair Road, BLDG. 405, Ft. Myer, VA 22211. Phone number is (703) 696-2552. www.usometrodc.org Look for USO upcoming events at the activity board at the Mologne House and Patient Recreation. Support for caregivers is included in this service with such activities as *Girls Time Out*.

Department of Social Work:
Building 6, Borden Pavilion
0730 - 1630, Monday-Friday
Phone number is (202) 782-6378

Behavioral Medicine Service for Outpatients:
Social workers provide comprehensive psychosocial assessment and interventions for families, couples and individuals having difficulty adjusting to or coping with life circumstance issues and challenges.** An on-call Social Worker is available for emergency Social Work Services during weekends, and after-duty-hours by calling the Administrator On Duty at (202) 782 - 7309.

Behavioral Health Service for Inpatients:
Social workers are key members of each inpatient ward's multi-disciplinary team and provide a variety of services to help patients and families address the non-medical concerns, worries, and problems that impact the healing process. All OIF/OEF inpatients are assigned a social worker.

Patient Representative Office: Building 2, 3rd Floor, Room 3-B01
The Patient Representative Office is the liaison between patients, their families, and the medical center staff. The primary goal is to work out problems and concerns while protecting the rights of patients and maintaining their privacy and dignity. The office is also a source of information for patients and their family members. Through the Patient Representative's Office, patients and family members can voice concerns and exchange ideas and opinions.
Hours: 0745-1630, Monday-Friday. Phone number is (202) 782-6866.

Post Library: Building 1, Room D-110
The Post Library has best sellers, books-on-tape, VHS movies and magazines. Internet access is also available with seven computer terminals available for use. If you are printing out documents more than ten pages long, please bring your own paper.
0800 - 1645, Monday - Friday. Phone number is (202) 782-6314.

Mologne House Library

Located next to the check in desk are shelves of books you can read. Take one with you as you sit in the room with your soldier or for when you are by yourself.

Fitness Center: (202) 782-7022

Walk off your stress by visiting the Fitness Center. Take time for yourself and keep your self well. The Fitness Center is open to all ID cardholders.

Building 88, Main Post or Wagner Gym, Building 32.
0530-2000, Monday-Friday
0900-1600, Saturday 1000-1400, Sunday

Patient Recreation Center (202)782-4257

Many events are available to family members of wounded soldiers. Flyers are located at the Mologne House, MEDFAC, and at the Patient Recreation Center. Sign up for events at the Center. All trips leave from the Mologne House. The patient Recreation Center is located at Bldg 41 and is open M-F 1100-1845.

Army Community Services (202) 782-3412
Bldg 17

Army Community Service can provide many resources to the family. A welcome packet is available at the Mologne House meeting or you may come by the ACS office and pick one up. Information about Army life, reunions, acronyms, and Army resources is available at this location. More information is provided in the resource section.

Military Severely Injured Center 1-888-774-1361

The Military Severely Injured Center, a Department of Defense all services resource, 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. Military OneSource is closely aligned with the Military Severely Injured Center.
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 reacquaintance 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:
    - **Infants:** Cry, fuss, pull away from the returning parent, cling to you or the caregiver.
    - **Toddlers:** Be shy, clingy, not recognize the returning parent, cry, have temper tantrums, return to behaviors they had outgrown (no longer toilet trained).
    - **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.

- **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.
- **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, 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, 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.

Coming Home

A Guide for Parents, Extended Family Members or Friends of Service Member Returning from Mobilization/Deployment

As a parent, extended family member, or friend 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've 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, there will be a period of 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 certainly missed your Service member, as they have missed you. Reestablishing relationships will take time and communication.
- It's normal for the returning Service member to "need space" upon their return.
- It's normal to feel nervous and anxious about the homecoming. Plan for homecoming day. After homecoming, allow the returning Service member to schedule the next few days or weeks.
- Expect things to be different. Take time to understand how the Service member has changed. Be prepared and flexible.
- The Service member may have seen or experienced some things that were very upsetting. Some normal reactions to these abnormal 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 who were there and/or counselors trained in crisis stress reactions is very important. The Service member 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 and Reservists who are transitioning back into civilian life.

Making the Reunion Easier:

- Take time to get reacquainted. Communicate your love and concern.
- **COMMUNICATE!!** Tell each other how you feel—nervous, scared , happy, that you love and missed them. Listen to each other . The best way to get through the reacquaintance jitters and regain closeness is to talk and actively listen.
- Reassure the Service member that they are needed, and that you are happy he/she has returned safely.
- Be calm and assertive, not defensive, when discussing events that have taken place during the Service member's absence. The service member 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.
- Prepare children of the extended family for homecoming and involve them in reunion activities.

Take Time for Yourself to Make the Reunion for Everyone Concerned Easier:

- Make time to rest. Negotiate social events and activities.
- Limit your use of alcohol. Remember alcohol was restricted during the Service member's deployment and tolerance is lowered.

✓ Go slowly in getting back into the swing of things. Depend on family and friends for support. You are part of the Service member's support network.

Remember…

Go slowly – don't try to make up for lost time.
Accept that your Service member may be different.
Take time to get reacquainted.
Reassure your loved ones.
Seek help for family members, if needed.

Many of these tips have cross-application to the Service member, spouse, children, extended family members, and friends. 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 WRAMC:

Army Community Service 202-782-3412
Chaplains 202-782-6305
Department of Social Work Services 202-782-6378
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 on WRAMC campus:

Post Library: Building 1, Room D-110
The Post Library has best sellers, books-on-tape, VHS movies and magazines. Internet access is also available with seven computer terminals available for use. If you are printing out documents more than ten pages long, please bring your own paper.
0800 - 1645, Monday - Friday. Phone number is (202) 782-6314.

Medical Family Assistance Center (MEDFAC)
3rd Floor Room:
Hours of Operation
M-F 0700-1900
WE-Holiday 0900-1600

Mologne House
All rooms have computers and internet access

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 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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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 AOL Search.
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 www.fisherhouse.org

CARING BRIDGE

A free service for military families that helps them keep 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

OUT-PATIENT

m. Why T&TOs change

n. Non-medical Attendant Orders

o. Medical Hold/Holdover Company

p. Operation Warfighter

q. Warrior Outreach Wellness Program

r. When You Become Your Spouse's Caregiver

s. When You Become Your Adult Child's Caregiver

t. Traumatic Injury Protection Insurance (TSGLI)

Why T&TO's Change

When a soldier reaches the point of no longer requiring inpatient hospital care but still requires treatment at WRAMC, the soldier may be moved to either the Mologne House or other lodging and ***becomes an outpatient***. At that point in time, a number of things happen but 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 WRAMC.***

Non Medical Attendant Orders

If a physician determines that the soldier needs **a non-medical attendant (NMA)**, t*he 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 on the 2nd floor of WRAMC. 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 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 in Building 11 is the place to file the voucher and 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 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 WRAMC can provide insight and assistance in regaining or maintaining a positive mental outlook during this difficult time.

Medical Hold/Holdover Company

When your soldier *becomes an outpatient*, a new case manager is assigned from the Medical Holding Company (**MEDHOLD**) or the Medical Holdover Company (**MEDHOLDOVER**). These companies are military units at WRAMC that "hold" the outpatient soldier while undergoing treatment at WRAMC. They act as a normal military unit in terms of administrative oversight for issues such as leave, finance, accountability, and other normal Army functions. The Medical Holding Company is for all Active Duty soldiers and the Medical Holdover Company is for all National Guard and Army Reserve soldiers. The applicable Company will assign a case manager for the soldier and the soldier will be assigned to a Platoon. A Platoon is a small unit of soldiers belonging to the Company. The Platoon is presided over by a Platoon Sergeant. Remember that although your soldier is wounded, a soldier is still a soldier until he or she leaves the service. This means there are rules and regulations that the soldier is bound to follow. One rule that the NMA will become familiar with is "formation", a military roll call during which the soldier must be physically accounted for.

The new out patient case manager will work with the inpatient case manager and social worker to ensure a smooth transition of care from in patient to out patient status. The case manager will assist the soldier with tracking medical appointments, therapies, and other needs of the soldier. The case manager interacts directly with the soldier and will meet with the NMA if the soldier so desires. Even though the soldier is an outpatient, they are often still medicated or in the case of traumatic brain injury, may not be able to fully understand all the information given at various meetings and appointments. You as the NMA should be involved as a patient advocate. The NMA is normally able to attend occupational or physical therapies with the soldier as per each department's policy and your soldier's wishes.

Your soldier is either ***attached*** or ***assigned*** to the Medical Holding/Holdover Company (MEDHOLD). If your soldier is ***attached*** to the Medical Holding Company, the parent unit (i.e. the unit that your soldier deployed with to Iraq/Afghanistan) still "owns" your soldier. The Medical Holding Company will take care of all the administrative issues for your soldier. If ***assigned*** to the Medical Holding Company, this indicates a **PCS** (permanent change of station) move and the soldier and any family will call WRAMC their new duty station. Families are then sponsored to move to the area. For soldiers in the Holdover Company, if the soldier is expected to return to duty (**RTD**) in 60 days, they are not attached to the Holdover Company and remain on their MOB (mobilization) orders with a "temporary duty" (**TDY**) status at WRAMC. *All reservists remain assigned to the original reserve units until the end of duty.*

Your soldier will receive a welcome packet and a newcomer's briefing to the Medical Holding/Holdover Company. Included in the packet of information is material that would be valuable to you the family member as well. The leadership of the MEDHOLD encourages family members to attend these welcome briefings whether on NMA status or as a PCS move. The MEDHOLD Company is yet another resource to the families and a source of information and support.

During out patient time your soldier may be granted convalescent leave between courses of treatments. The MEDHOLD unit will take care of the administrative issues regarding leave and will maintain accountability for the soldier. The case manager will assist in procuring any medical appointments or treatments necessary while on leave. Inform TRICARE when traveling. Check in with Casualty Affairs if you are the NMA for a soldier taking leave.

This out patient time is a pivotal time when the soldier and family have wide access to agencies and opportunities unique to the D.C. area through which they can gain new skills and education to use in the future. Seize the opportunity for yourself and encourage your soldier to do the same. There are many social and entertainment based events that are held in the D.C. area which can be great opportunities to get out and have some fun.

Your soldier has the opportunity to go to a professional work environment and begin to polish skills for the transition back to work. This is an important step toward self sufficiency and confidence. As a family member, your support and encouragement to motivate your soldier to participate in such programs is a vital part of reintegrating your soldier into a non hospital/clinical environment.

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 WRAMC. Call Military Severely Injured Center for details. 1-888-774-1361

Description

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

A danger during the out patient 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 WRAMC. 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 both in the Mologne House and building 11. 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.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 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 have 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, co-workers) to rely on. A team approach can help you feel more prepared and better able to handle the challenges of caregiving, 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 caregiving 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 caregiving 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 caregiving 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 a 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.

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Becoming a Caregiver for Your Adult Son or Daughter

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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 isn'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 daughter's 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.

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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.

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.* Caregiving 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 caregiving 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, co-workers) to rely on. A team approach can help you feel

more prepared and better able to handle the challenges of caregiving, 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 caregiving 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 caregiving 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.

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.

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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 Alexandra, VA 22332-0470

What is TSGLI?

Traumatic Servicemembers' Group Life Insurance (TSGLI) is a traumatic injury protection rider under Servicemembers' 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; and
- 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 is the amount of money awarded 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
- **This only pays $50,000**

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 Servicemembers' 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

u. MEB/PEB Overview

v. MEB/PEB Process Question and Answer Format

w. 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 WRAMC located in Building 1 Room 314. The phone number is (202)782-1677. 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 the soldier's ability to do his/her specific job. The VA rates the soldier on his/her 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 duty can be decided.

ALSO

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 his/her duty; your soldier is referred to the MEB (Medical Evaluation Board). At this point your soldier will be a assigned a PEBLO (Physical Evaluation Board Liaison Officer). The PEBLO may be a civilian, and officer (CPT, etc), 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 his/her 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 his/her 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 his/her 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 *non-concurs* 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. The soldier may choose someone to represent him/her such as a **DAV** (Disabled American Veteran) representative if he/she chooses not to appear in person.

** TIP: If your soldier requests a formal board he/she should appear in person.

Appearing in person is like a promotion board. Your soldier must present a good appearance as a soldier. The soldier can bring further documentation, new documentation, witnesses on his/her 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 non concurred, 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! The soldier MUST request to stay on Active Duty or Active Reserve; if that is what he/she desires 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%, he/she is separated with separation pay. When a soldier has 30% or greater rating, he/she is 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 his/her specific job. The VA rates your soldier on his/her 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
Click on Administrative and then on Patient Admin. To Medical Boards

PHYSICAL DISABILITY SEPARATION

Captain Robert E. Webb, Jr.1[1] and Major David C. White2[2]

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.3[3] 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 a 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).4[4] A soldier may be referred to an MEB from a MOS/Medical Retention Board (MMRB) or by a reviewing or treating physician.5[5] 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.6[6] 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.7[7] 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 40-501.8[8] 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.9[9] 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.10[10] 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.11[11] 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,12[12] 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).13[13] 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.14[14] 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.15[15]

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.16[16] 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.17[17] 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.18[18] 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)19[19] 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.20[20] 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.21[21] 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, that 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,22[22] 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.23[23] 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.24[24] 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 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.25[25] 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 has 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 an physical impairment.26[26] 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 pay27[27] 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 an one-time lump sum payment, and may effect 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 TDRL28[28] 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.29[29] 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

b. Transition Resources

Considerations for the Family

When the MEB/PEB Board findings are in, your soldier will either return to duty or will face one of the other fates discussed in the MEB/PEB chapter such as temporary or permanent disability retirement, separation from service, or beginning the process of trying to gain a Continuation on Active Duty/Active Reserve. 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 WRAMC, 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 Mologne House. The focus has been on healing and rehabilitation. The medical and support services at WRAMC are superb. There are agencies available to help with just about any need that the soldier or family has had while at WRAMC. 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 WRAMC
- 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 WRAMC community (see chapter 4c)
- Relinquishing your role as the care giver as your soldier regains health
- Sharing your role as head of household after living apart
- Relocating your residence and all that entails
- Being out of the spotlight or away from the "celebrity" status at special events around the Washington D.C. area
- 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. Chaplains can supply reunion and marital counseling. 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 WRAMC to begin the process.

Transition Resources:

REALifelines -Recovery and Employment Lifelines

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

1-202-356-1012 ext. 40307 or 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 -WRAMC Bldg 17 call 1-202-782-3412/3415

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 he/she is welcome in the 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 agent's 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, (On-line version) (Print out version). Or, you may obtain a copy of the form from any VA Regional Office (list of regional offices).

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:

   - 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)

   - 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. This 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/
We are a national research, information, and technical assistance center that evaluates, develops, and promotes universal design in housing, public and commercial facilities, and related products. Also provides information on fair housing practices and home modifications.

DisabilityInfo.gov
http://www.disabilityinfo.gov
This website is a comprehensive listing that provides access to all of the federal government's disability-related information and resources.

Homes for Our Troops, Inc.
866-7TROOPS (866-787-6677)
http://www.homesforourtroops.org
Assists with building materials, labor, and coordinating the process of building a new home or adapting an existing one for handicapped accessibility at little or no cost to the veteran.

National Resource Center on Supportive Housing and Home Modification
http://www.homemods.org
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
http://www.statelocalgov.net

This website provides links to the Web sites of 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

Resources

a. Resources on the WRAMC Installation

b. Other Resources

Resources on the WRAMC Installation:

WRAMC Medical Family Assistance Center (MEDFAC or FAC)
M-F 0700-1900 (7 p.m.)
Weekends and Holidays 0900-1600 (4 p.m.)
1-866-546-1310
Third Floor 3 E

The Medical Family Assistance Center or MEDFAC is a crucial hub of information, resources, and services to both the soldier and the soldier's family at WRAMC. From the point of arrival for the soldier, when the MEDFAC will coordinate with the medical personnel to link the soldier and family together, the staff of the MEDFAC will assist the family in any way they can.

A partial list of the services the MEDFAC can provide are as follows:

- Assistance with lodging for family members
- Obtain temporary ID card status for families traveling with T&TOs allowing family members to utilize the Army commissary (grocery) and PX (department store)
- Inform and refer soldiers wishing to obtain $200 Army Emergency Relief grant for soldier clothing while soldier is in the hospital (in-patient)
- Broker Fisher House Foundation Hero Miles
- Assist with transportation needs
- Provides shuttle schedules, metro schedules, etc.
- Emergency taxi vouchers
- Silver Spring packet
- Assigns case manager to soldier upon arrival
- Internet access
- Distributes donated items to soldiers

U.S. Army Wounded Warrior Program (AW2)

Formally known as Disabled Soldier Support (DS3)
1-800-337-1336
AW2@hoffman.army.mil

The AW2 program is the Army's elite system of support designed to serve the severely wounded soldier from evacuation through treatment, rehabilitation, return to duty or military retirement and transition into the civilian community. The program stands by the Warrior Ethos, "Never leave a fallen comrade," making AW2 available to do whatever is necessary to assist the wounded soldier and his family.
AW2 assigns a Soldier Family Management Specialist (SFMS) to each severely wounded soldier upon notification. The SFMS is committed to aide the soldier with more then simply care management.
The Army Wounded Warrior Program will aide the soldier and family members in accessing critical resources and information, contacting and coordination of external supporting agencies such as the Department of Veteran's Affairs, insurance of access to non-medical support services throughout rehabilitation, return to duty or separation and the retirement process. Wounded soldiers can be confident that AW2 is involved in the MEB /PEB process. The AW2 program is also available to aide soldiers and family members with issues concerning employment and educational opportunities. Medically retired soldiers are assured of that support for 5 years after retirement.

* AW2 is a program for soldier's who will likely receive a disability rating of 30% or above. AW2 assesses each individual and works with the soldier until a determination is made for program eligibility. If a soldier has a lesser injury, AW2 will refer the soldier to the appropriate agency or program.

AMERICAN RED CROSS

Members of the U. S. Armed Forces don't have to be actively deployed to benefit from American Red Cross support. The Red Cross provides services to 1.4 million active duty military members and their families. Our services are available to all branches of the military. The American Red Cross wants members of the military to get to know us before you need us. Similarly, knowing that Red Cross services are available to service members and their families provides a safety net in times of need.

How to access Red Cross services

- Active duty service members stationed in the United States and family members residing in the service member's household (example: service member's spouse) should contact Armed Forces Emergency Service Centers for information and assistance 7 days a week, 24 hours a day, 365 days a year. The toll-free telephone number may be obtained from military installation operators, from local on-base Red Cross offices and from the local Red Cross chapter.
- All family members who do not reside in the service member's household, regardless of where the service member is assigned — at a local military installation or another geographical location — should contact their local American Red Cross chapter for assistance. Red Cross chapters are listed in local telephone directories and online at www.redcross.org, under "Find Your Local Red Cross."
- Active duty service members on overseas military installations may access Red Cross reporting and communication assistance by contacting base/installation operators for the listing of the on-base Red Cross office or information on how to access Red Cross assistance if there is not a representative on the local installation.
- Families living overseas may access assistance through the local on-base Red Cross office or through the base/installation operator for information if there is not a Red Cross representative on the local installation.
- In overseas deployment areas, service members should contact the American Red Cross office responsible for their jurisdiction/installation.

Red Cross Services at Walter Reed Army Medical Center (WRAMC)

- Volunteers meet incoming flights of wounded soldiers at WRAMC and provide “comfort kit” containing toiletries, t-shirt, shorts, cards & notes, and other items
- Volunteers make rounds on the wards and bring magazines, toiletries, clothes on a cart
- When available, distribute DVD’s and other electronic media
- Taxi vouchers for family members
- Blankets or lap quilts for soldiers
- Toys and other items for children
- Phone cards

ARMY COMMUNITY SERVICE

ACS promotes self-reliance, resiliency, and stability during war and peace. Army Community Service is available to service soldiers and their families at home and away. In times of need, ACS is an immediate source for information and referrals.

In the event that injury to your soldier requires transportation to Walter Reed Army Medical Center, contact ACS in Bldg 17 under the Guest House and across the street from the Mologne House, 202-782-5412/3415.

ACS provides a welcome packet that included maps of the area as well as information on Army life such as definitions of acronyms and explanation of services by other various agencies.

ACS has a wealth of information on Army resources. They have many pamphlets on topics ranging from reunions to parenting to financial preparedness. The ACS office can help refer families to appropriate Army agencies for services.

ACS along with Army Emergency Relief (located in the same building, 202-782-6362) can help with immediate financial and housing needs.

These agencies work together to provide assistance with:

- Pay advances for 15 days lodging up to $150/per day with T&TO's
- Child Care payments while at WRAMC
- Accessibility to computers
- Handicapped accessible housing in the metro area for re-location
- Both agencies attend weekly meeting held at the Mologne House to answer questions and provide information

Walter Reed Army Medical Center
Department of Ministry and Pastoral Care

Pastoral Care Services Provided

The Department of Ministry and Pastoral Care (DMPC) at Walter Reed provides religious services for Roman Catholic, Protestant, Jewish and Islamic faiths with assigned chaplain staff or contract religious leaders. Services of other faiths are available in the local community and the chaplains are happy to assist a patient or family member in making contact with the local clergy for their faith group. Chaplains provide religious and spiritual support 24 hours a day, 7 days a week through assigned ward chaplains and on-call staff for all faith groups and individuals.

Chaplains coordinate their ministry with interdisciplinary teams in support of patients, their families and staff members. We provide counseling opportunities, prayer, sacraments, rites, ordinances, religious literature, and a regular, intentional ministry of presence until the patient is discharged. A chaplain will meet each medical evacuation flight that arrives at Walter Reed and provide immediate pastoral care to the wounded service members and their families.

The DMPC will identify the religious and spiritual needs of our patients through their self-reported religious affiliation on admission or registration within our system; information recorded in the patient record; the chaplain's determination of a patient's religious support needs during an initial visit; and requests from the patient or staff/family member requests that concern the patient. The ward chaplain will introduce themselves to each new patient and family member to make them aware of the services provided by our department. A regular plan of follow up visits will be conducted to ensure that all patient needs can be quickly identified and the appropriate assistance provided.

Chaplains are notified and respond immediately to all death situations. The Department of Ministry and Pastoral Care does all it can to optimize the dying patient's comfort and dignity and address his/her spiritual needs. It is the responsibility of the Chief, DMPC and the entire DMPC staff to ensure that the dying patient receives the highest quality of pastoral care so that the patient can make the transition and die with dignity. This is done mainly through patient visitation and sensitive pastoral counseling. Bereavement support is offered to any patient, family member, or staff at Walter Reed Army Medical Center.

Other services offered include: Bible studies, worship services, weddings, baptisms, holiday programs, prayer breakfasts or luncheons, education classes (Chaplain's Corner, suicide prevention, newcomers brief, stress management and others as needed), prayers, and chaplain training. Chaplains also participate in and are members of Discharge Planning Meetings, Ethics Committee, Internal Review Board/Human Use Committee, Case Review Committee, and the Behavioral Health Care Team. When assistance is needed off post, we work to provide coordination with the many chaplain's offices in the

National Capitol Region, Social Work Services, Behavioral Health, Red Cross and other community services, including off-post churches/clergy.

Chapel Facilities

Walter Reed has two chapels. The larger of the two is Memorial Chapel, which is located on the corner of Dahlia and 14th Streets. In addition to regular worship services, many weddings are conducted in Memorial Chapel. Weddings must be scheduled at least six weeks in advance for Protestants and six months in advance for Catholics with the pastor and NCOIC of the chapel.

The Hospital Chapel is located on the third floor of Bldg. 2, the main hospital. Stained glass windows from the original hospital chapel are on display in the corridor. Worship services are conducted in the hospital chapel. There is a daily Roman Catholic Mass, a Protestant Service on Wednesday, and Jewish and Islamic prayer services on Fridays. Sunday services for both the Roman Catholic and Protestant community are held in the hospital chapel. In addition, a small prayer room near the chapel is open 24 hours a day, seven days a week.

How to Contact a Chaplain
For assistance during duty hours call (202) 782-6305 or visit the chaplain's offices on the third floor, room 3C, of the main hospital. The nursing staff on each ward can call the chaplain assigned to their area or assist a patient or family member in contacting a chaplain at any time. After duty hours call the Administrative Officer of the Day (AOD) at (202) 782-7309 or visit their desk on the first floor in the main lobby of the hospital.

USO of Metropolitan Washington: United Services Organizations is chartered by Congress to meet the human service needs of the United States Armed Forces personnel and their families. In support of Operation Enduring Freedom and Operation Iraqi Freedom, the USO has coordinated celebrity visits, distributed telephone calling cards, food gift cards, and a wide variety of comfort and entertainment items. USO Metro is located at: 228 McNair Road, BLDG. 405, Ft. Myer, VA 22211. Phone number is (703) 696-2552. www.usometrodc.org Look for USO upcoming events at the activity board at the Mologne House and Patient Recreation. Support for caregivers is included in this service with such activities as *Girls Time Out*.

Department of Social Work:
Building 6, Borden Pavilion
0730 - 1630, Monday-Friday
Phone number is (202) 782-6378

Behavioral Medicine Service for Outpatients:
Social workers provide comprehensive psychosocial assessment and interventions for families, couples and individuals having difficulty adjusting to or coping with life circumstance issues and challenges.** An on-call Social Worker is available for emergency Social Work Services during weekends, and after-duty-hours by calling the Administrator On Duty at (202) 782 - 7309.

Behavioral Health Service for Inpatients:
Social workers are key members of each inpatient ward's multi-disciplinary team and provide a variety of services to help patients and families address the non-medical concerns, worries, and problems that impact the healing process. All OIF/OEF inpatients are assigned a social worker.

Patient Representative Office: Building 2, 3rd Floor, Room 3-B01
The Patient Representative Office is the liaison between patients, their families, and the medical center staff. The primary goal is to work out problems and concerns while protecting the rights of patients and maintaining their privacy and dignity. The office is also a source of information for patients and their family members. Through the Patient Representative's Office, patients and family members can voice concerns and exchange ideas and opinions.
Hours: 0745-1630, Monday-Friday. Phone number is (202) 782-6866.

Post Library: Building 1, Room D-110
The Post Library has best sellers, books-on-tape, VHS movies and magazines. Internet access is also available with seven computer terminals available for use. If you are printing out documents more than ten pages long, please bring your own paper.
0800 - 1645, Monday - Friday. Phone number is (202) 782-6314.

Mologne House Library: Located next to the check in desk are shelves of books you can read. Take one with you as you sit in the room with your soldier or for when you are by yourself.

Fitness Center: (202) 782-7022

Walk off your stress by visiting the Fitness Center. Take time for yourself and keep your self well. The Fitness Center is open to all ID cardholders. Building 88, Main Post or Wagner Gym, Building 32. 0530-2000, Monday-Friday, 0900-1600, Saturday 1000-1400, Sunday

Patient Recreation Center (202)782-4257
Many events are available to family members of wounded soldiers. Flyers are located at the Mologne House, MEDFAC, and at the Patient Recreation Center. Sign up for events at the Center. All trips leave from the Mologne House. The patient Recreation Center is located at Bldg 41 and is open M-F 1100-1845.

Veterans Affairs Office
Building 2, Room 5Z20A
(202) 782-3645
Building 11, Rooms G-15 and G-16
(202)356-1012 ext. 41214

Tactical Surgeon's Liaison Office
3rd Floor inside the MEDFAC
(202)782-3728/3734
Operates as the in and out processing center for all OIF/OEF soldiers. If a soldier has a transition related issue, this office will help resolve it.

Finance Office
Bldg 11 G 81
(202)782-0366
(202)356-1012 ext. 40125

Other Resources:

Military OneSource
1-800-342-9647
www.militaryonesource.com

Military OneSource is a "one stop shop" for information in 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 on line, there are 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 OneSouce as a parent, spouse or soldier. The information you need is a phone call away.

Military Severely Injured Center (MSI Center or MSIC)

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, a Department of Defense level agency coordinates closely with AW2, an Army program. There is a MSI Center representative at WRAMC.

The MSI Center also provides educational materials that can help you understand and tackle issues related to concerns that injured service members often have, 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 as well as working 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)**, 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 (DVA) 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 assessable 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.nationalamuptation.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 (associated with United Spinal Association)

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 and 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 Servicemembers 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 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 WRAMC. 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 on Ward 57 (Major Murphy's office) and in the OT and PT Clinics on the third floor. 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 homes to severely injured soldiers.

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

Disability Info Gov

www.disabilitinfo.gov

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

Links listed by category to many helpful sites ranging in topics from assistive technologies, accessible home design, adaptive clothing, to resources for caregivers.

Defense and Veterans Brain Injury Center

www.dvibc.org

Traumatic Brain Injury Survival Guide

www.tbiguide.com

Brain Injury Resource Center

www.headinjury.com

The Brain Injury Information NETwork

www.tbinet.org

Brain Injury Association of America

Family help line 1-800-444-6443

www.biausa.org

Amputee Coalition of America

www.amputee-coaltion.org

Amputee Resource Foundation of America

www.amputeeresource.org

National Spinal Cord Injury Association

www.spinalcord.org

Neurotrauma Registry (for brain and spine injuries)

www.neure.com

Paralysis Research Center

www.parlysis.org

Spinal Cord Injury Information Pages

www.sci-info-pages.com

National Family Caregivers Association

www.nfcacares.org

America Foundation for the Blind

www.afb.org

Blind Links

www.seidata.com

Recording for Blind & Dyslexic

www.rfbd.org

Guide Dogs

www.guidedog.org

Library for Blind & Physically Handicapped

www.loc.gov/nls

League for the Hard of Hearing

www.lhh.org

Self Help for the Hard of Hearing

www.shhh.org

Hooah 4 Health

www.hooah4health.com

Seamless Transition

www.seamlesstransition.va.gov

Army Reserve Websites

U. S. Army Reserves

www.armyreserve.army.mil

Army Reserve Family Programs Online

www.arfp.org

Army National Guard Websites

Army National Guard

www.1800goguard.com

Guard Family Program

www.guardfamily.org

Guard Family Team Building

www.gftb.org

The Army National Guard

www.arng.army.mil

ARMY WEBSITES

Army Families Online

www.armyfamiliesonline.org

Military Homefront

www.militaryhomefront.dod.mil

The Military Family Network

www.emilitary.org

My Army Life Too

www.myarmylifetoo.com

Army Morale Welfare and Recreation

www.armymwr.com

Military Connection

www.militaryconnection.com

Section 8

Appendix

a. **Common Terms/Abbreviations Acronyms**

b. **Quick Reference Phone Guide**

c. **Acknowledgements**

COMMON TERMS AND ABBREVIATIONS

WRAMC: Walter Reed Army Medical Center

NNMC: Bethesda / National Naval Medical Center

MEDFAC: Medical Family Assistance Center

T&TO: Transportation and Travel Orders

ID: Identification Card

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

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

OIF/OEF: Operation Iraqi Freedom / Operation Enduring Freedom

DA: Department of the Army

DOD: Department of Defense

CAC: Casualty Assistance Command

POST: Army installation

COMMISSARY: Grocery store

PX: Post Exchange – like a department store

SHOPPETTE: like a convenience store

CYS: Child and Youth Services

MP: Military Police

LES: Leave and Earnings Statement – paycheck

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

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

AW2: Army Wounded Warrior Program, formerly known as AW2

SFMS: Soldier Family Management Specialist associated with AW2

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

MAMC: Madigan Army Medical Center

BAMC: Brooke Army Medical Center

POV: Privately Owned Vehicle

NMA: Non medical attendant

Travel Voucher: Paperwork filed to receive reimbursement for T&TOs

MEDHOLD/HOLDOVER: Military unit that soldiers are attached or assigned to while at WRAMC

CON LEAVE : Convalescent Leave

MEB: Medical Evaluation Board

PEB: Physical Evaluation Board

PEBLO: Physical Evaluation Board Liaison Officer

DA WIA: Department of the Army Wounded In Action Branch

Notification: Families told of injury/illness of soldier

Needs Assessment Checklist: DA WIA listing of family needs for travel purposes done after notification

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

MTF: Military Treatment Facility

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

Hero Miles: Fisher House Foundation program offering free airline travel

POA: Power of Attorney

TRICARE: Military health insurer

CDC: Child Development Center

METRO: Public rail transportation in the D.C. area

AAFES: Army Air Force Exchange Service

PAO: Public Affairs Office

JAG: Judge Advocate General (legal branch of Army)

Case Manager: Person in charge of coordinating care for patient

PCS: Permanent Change of Station

RTD: Return to Duty

VSI: Very Seriously Injured/Illness

SI: Seriously Injured/Illness

SPECAT: Special Category Injury

NSI: Non-serious Injury/Illness

TDY: Temporary Duty

Quick Reference Phone Guide

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American Red Cross	1-877-272-7337
Army Wounded Warrior Program	1-800-237-1336/ 1-202-782-9713
Casualty Affairs	1-202-782-6127/6128
DA WIA	1-888-331-9369
Finance Office	1-202-356-1012 ext 40125
Fisher House	1-301-295-7374
Forest Glen Child Develop Center	1-202-782-5025 (reservations)
Medical Family Assistance Center	1-866-546-1310
Military OneSource	1-800-342-9647
Military Severely Injured Center	1-888-774-1361
Mologne House	1-202-782-8700
VA Benefits Service Center	1-877-222-8387
VA Office in WRAMC	1-202-782-3645/1-202-356-1012 ext 41214
WRAMC Information	1-202-782-3501
Chaplain	1-202-782-6305
Legal Assistance with PEB	1-202-782-1677
Medical Hold Staff Duty	1-202-782-0069
TRICARE	1-202-782-4393

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