



## Department of the Army

WARRIOR TRANSITION COMMAND  
200 STOVALL STREET  
ALEXANDRIA, VIRGINIA 22332

JUN 30 2011

MCWT-CG

WCTP Policy Memo 11-003

Expires JUN 30 2013

### MEMORANDUM FOR COMMANDERS, REGIONAL MEDICAL COMMANDS

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

#### 1. REFERENCES:

- a. AR 600-8-24, Officer Transfer and Discharges, RAR 002, 27 April 2010.
- b. AR 600-9, The Army Weight Control Program, 27 November 2006.
- c. AR 600-20, Army Command Policy, RAR 003, 27 April 2010.
- d. AR 600-85, The Army Substance Abuse Program, RAR 001, 2 December 2009.
- e. AR 635-200, Active Duty Enlisted Administrative Separations, RAR 002, 27 April 2010.
- f. OTSG/MEDCOM Comprehensive Transition Plan Policy 09-011, 10 Mar 2009.
- g. WTC Memorandum for The Surgeon General, SUBJECT: Report of Functional Assessment Team Review of Non-Judicial Punishment in Select Warrior Transition Units, 29 May 2009.

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

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

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

5. POLICY: All WTs will focus on their mission to heal and transition. All WTUs and

**\*This policy supersedes WTC Policy Memo, 8 March 10, Subject: Policy Memorandum -Warrior in Transition (WT) Medical and Military Responsibilities.**

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CBWTUs will continue to provide a compassionate healing environment, while at the same time hold WTs to the highest standards expected of every Soldier in the United States Army. WTs are expected to be active, aggressive and accountable in meeting their goals outlined in the Comprehensive Transition Plan (CTP). Below are areas of special emphasis:

a. Comprehensive Transition Plan. WTs are accountable for establishing and meeting their goals; the chain of command and health care providers will provide the support and counseling to assist the WT. The automated CTP (aCTP) tool, Armed Forces Health Longitudinal Technology Application (AHLTA), and counseling will be utilized to document the WT's CTP.

b. Conduct. Despite their individual illnesses or injuries, WTs remain subject to Army regulations, customs and courtesies, administrative policies, and the Uniform Code of Military Justice (UCMJ). Commanders are responsible for maintaining good order and discipline in WTUs, and will enforce all applicable Army regulations and policies. As always, commanders should consult with their local Staff Judge Advocate as part of the disciplinary process.

c. Factors for Consideration. Every WT's case is unique. In determining whether to discipline a Soldier for misconduct, commanders will seek multi-disciplinary team input on the impact of prescribed medications and each WT's medical condition on Soldier performance.

d. Medical Instructions. A medical appointment is a WT's appointed place of duty. WTs are expected to keep all scheduled clinical and non-clinical appointments, follow medical instructions, use prescription medications as directed, and adhere to physical profiles. A WT's adherence to all medical instructions from providers and nurse case managers is essential to healing and transition. A WT's failure to keep scheduled appointments or follow medical instructions demonstrates a lack of compliance and mission failure and may result in removal from the program, separation, or UCMJ action. Additionally, WTs will not make medical or surgical appointments without a referral or approval from their PCM.

e. Medication Use. A WT will only use prescription and over the counter medication as directed and will report any side effects to the Triad of Care and chain of command immediately. Prescriptions are valid only for the duration prescribed. Taking any medication after the expiration date is prohibited. Furthermore, WTs must report the use of all non-prescription medications (to include herbals, supplements, energy drinks, etc.). Abuse and misuse of prescription medications are not only violations of MEDCOM policy and the UCMJ, but have resulted in the accidental deaths of a number of WTs. A medical authority must approve the use of all over the counter medications, as these drugs may have adverse effects and/or reactions based on prescribed

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medications. Additionally, distribution of one's own prescription drugs and use of another's prescription drugs are illegal and also subject to UCMJ action and/or mandatory separation processing.

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

g. **Urinalysis Testing.** Commanders have control of urinalysis testing through the use of "smart testing techniques." In accordance with AR 600-85, para 4-2(a), unpredictability and frequency is a determining factor deterring Soldiers from using and abusing drugs. Smart testing techniques must extend beyond random selection of Soldiers; it must include randomness of frequency (how often the commander tests) and periodicity (when during the month/week/day the commander tests). When mission and organizational structure allows, the random drug testing program should be managed at the battalion level, with the battalion level commander or their designated representative randomly selecting and testing 4–5 percent of the battalion strength weekly, detailing different companies to conduct the collection each week per AR 600-85, 4-2(d). This random testing will give battalion level units a 200% random testing rate if followed through in accordance with the regulation

h. **Army Weight Standards.** Like all Soldiers, WT's are required to meet Army height/weight standards. Weight gain that results in body fat content that exceeds the Army standards is inconsistent with successful recovery. Overweight WT's will be expected to make satisfactory progress in a Weight Control Program. Units must ensure WT's not meeting height/weight standards are enrolled in nutrition counseling and that weight standards and goals are annotated in the CTP. WT's who fail to show progress are subject to separation action in accordance with AR 635-200. Soldiers who have been diagnosed with a medical condition that precludes participation in the Army body fat reduction program will not be separated under this chapter IAW AR 635-200, para 18-2a(1). Medical conditions that preclude participation include disease processes that affect metabolism, directly resulting in weight gain which only represents a very small percentage of Soldiers. A WT with orthopedic conditions would not be precluded and will still be required to meet height/weight standards and is required to participate in adaptive physical training within the limitations of his/her profile to remain fit.

i. **Profiles.** WT's will adhere to all medical profiles, to include no-alcohol profiles.

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Profiles are designed to ensure a positive rehabilitative process and healing. The chain of command will enforce all medical profiles. Adaptive physical activity is critical to overall successful healing and transition. Soldiers will receive guidance on what actions are permissible and non-permissible within the parameters of their profile from a WTU physical therapist or physical therapist assistant. The chain of command, as well as the WT should emphasize capabilities vice disabilities. All WTs are expected to carry a copy of their individual profile at all times.

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

(1) For enlisted WTs, IAW AR 635-200, para 1-33a, "disposition through medical channels takes precedence over administrative separation processing," except in separation actions under Chapter 10 (Discharge in Lieu of Trial by Court-Martial). Furthermore, a WT in the MEB process is not exempt from administrative separation processing under Chapters 7 and 14. The final decision is suspended pending the MEB results. When MEB results indicate a referral to a Physical Evaluation Board (PEB) for disability processing, the MTF commander will forward the MEB results to the WT's General Court Martial Convening Authority (GCMCA), who will determine if the WT will continue with disability processing or administrative processing under Chapters 7 (Defective Enlistments/Re-enlistments) or 14 (Misconduct). Soldiers must understand that the MEB process does not preclude administrative separation processing under those chapters of AR 635-200; it delays the decision until completion of the MEB.

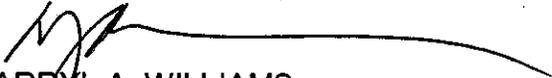
(2) Refer to AR 600-8-24, para 1-24 for separation processing of commissioned and warrant officers.

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k. A medically cleared WT will be assigned to a worksite, educational program or internship and will treat these locations as a duty site. A WT's failure to be at their assigned location demonstrates a lack of compliance and mission failure and may result in removal from the program, separation, or UCMJ action.

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



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