UNITED STATES MARINE CORPS
I MARINE EXPEDITIONARY FORCE
U. S. MARINE CORPS FORCES, PACIFIC
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IN REPLY REFER TO:
1800
CG
15 NOV 2010

Policy Letter 05-10

From: Commanding General
To: Distribution List

Subj: POLICY ON COMMAND RESPONSIBILITIES REGARDING WOUNDED, ILL AND INJURED MARINES

Ref: (a) SECNAVINST 1850.4E, "DON Disability Evaluation Manual"
(b) MARADMIN 0310/09, "Updated Policy and Procedure for Requesting an Activated Mobilized Reserve Member to be Placed on Medical Hold"
(c) MARADMIN 0636/09, "Limited Duty and Disability Processing"
(d) MCO P1900.F, "Marine Corps Separation and Retirement Manual (MARCORSEPMAN)"
(e) DoD 6025.18-R, "DoD Health Information Privacy Regulation"

Encl: (1) Sample Medical Tracking Spreadsheet
(2) Limited Duty/Physical Evaluation Board Engagement Milestones
(3) Sample Appointment Letter for Medical Information

1. Situation. There are a large number of Marines in I MEF that are involved in some phase of the "Disability Evaluation System" (DES) described in reference (a). Recent mishaps and fatalities reveal that this is an area that needs additional command attention.

2. Mission. This policy letter sets specific standards for commanders and health care providers regarding wounded, ill, and injured Marines and Sailors within their commands.

3. Execution

a. Commander's Intent. Wounded, ill or injured Marines and Sailors will be properly managed to ensure timely processing in the medical system. Commanders will properly oversee and process medical and administrative requirements to prevent unnecessary delays with any medical case. Commanders further

ensure that injured or ill Marines and Sailors maintain professional standards and conduct at all times during their medical processing.

b. Concept of Operations. Commanders, unit medical providers, Major Subordinate Command Limited Duty (LIMDU) Coordinators, and Command Inspectors General will take the steps in this policy letter to improve the leadership and medical care for our Marines.

c. Tasks

(1) Commanders

(a) For purposes of this letter, the term "commander" refers to commanding officers of battalions, squadrons or equivalent organizations. This letter in no way limits other I MEF leaders from appropriately engaging their Marines on these subjects.

(b) Each week I MEF commanders will review their list of wounded, ill, or injured Marines with their medical provider, administrative officer, training personnel, and limited duty (LIMDU) coordinator.

1 The medical provider will provide updates regarding the Marine's medical condition and report if a Marine has missed any appointments.

2 The unit administrative officer will confirm the duty status of the Marine from the Marine Corps Total Force System (MCTFS).

3 Training personnel will address how the Marine's injury or illness will affect training requirements.

4 The unit LIMDU coordinator will confirm that the Marine and command have completed requirements to date and will identify the next milestone or requirement in the DES/ Physical Evaluation Board (PEB) process for the Marine.

(c) Per reference (b), I MEF commanders will ensure that a request for a medical hold extension is sent to Reserve Medical Entitlement Determination (RMED), Wounded Warrior Regiment via Marine Corps Medical Entitlement Data System (MCMEDS) before placing Reserve Marines on Active Duty

Operational Support (ADOS) orders on medical hold past the expiration of original orders.

(d) I MEF commanders will track the progress of their Marines from entry to the DES until resolution of their medical condition.

1 Per reference (c) and (d), I MEF commanders will appoint unit LIMDU coordinators. If possible, LIMDU coordinators should be Staff Sergeants or above.

2 Ensure a tracking mechanism is built and utilized. Enclosure (1) is a sample spreadsheet that may be used for that purpose. This is an inspectable requirement.

3 I MEF commanders will ensure that appropriate source documentation regarding medical status is provided to the appropriate Installation Personnel Administration Center (IPAC) and verify that it is appropriately recorded in the Marine Corps Total Force System (MCTFS).

(e) I MEF commanders will engage Marines face-to-face on DES milestones that appear in enclosure (2).

(f) I MEF commanders will appoint in writing a representative to obtain medical information that can be reported to the commander under references (c) and (d) and the Health Insurance Portability and Accountability Act (HIPAA). Enclosure (3) is a sample appointing letter. I MEF leaders will ensure that medical information is shared only with those necessary.

(g) I MEF commanders and I MEF leaders at all levels will ensure their Marines make their medical appointments whether the medical provider is civilian or military. An unexcused absence from a medical appointment is an unauthorized absence under Article 86 of the Uniform Code of Military Justice. Missing appointments causes substantial delays in the DES process and loss of productivity for the medical community.

(h) I MEF commanders will ensure that Non-Medical Assessments and Line-of-Duty determinations are completed as required and on time.

(i) I MEF commanders will provide and regularly update their unit's point of contact information with the local medical treatment facility (MTF; U.S. Naval Hospital Camp Pendleton, U.S. Naval Hospital 29 Palms, or U.S. Naval Medical Center San Diego, as appropriate), specifically the Patient Administration and Medical Board Departments. Unit point of contact information will include organizational mail boxes. This information will be updated as needed, and no less than annually.

(j) I MEF commanders will process wounded, injured, or ill Sailors in accordance with current Navy personnel policies and procedures.

(2) Medical Providers

(a) The term "I MEF medical provider" includes all medical personnel assigned to I MEF.

(b) I MEF medical providers assigned to battalions, squadrons or equivalent units will provide end-to-end medical accountability in the military health care system for Marines in their command.

(c) Pursuant to reference (d), I MEF medical providers will obtain and provide to the commander that medical information necessary to assess risk, ensure readiness, and ensure mission accomplishment. In general, this shall consist of the diagnosis, a description of the treatment prescribed or planned impact on duty or mission, recommended duty/deployment restrictions, and the prognosis. Information provided shall be disclosed only to personnel with a need for the information. These personnel, as well as the commander, will be accountable for protecting all healthcare information entrusted to them.

(3) Major Subordinate Command Limited Duty Coordinator

(a) Major Subordinate Commands (MSC's) will appoint in writing one full-time Marine Staff Sergeant or above to be the MSC Limited Duty (LIMDU) coordinator (Gunnery Sergeant or First Sergeant/Master Sergeant would be preferable).

1 This Marine is responsible for supporting all LIMDU coordinators within their respective MSCs with training, mentoring, and oversight. This Marine is also a single point of

contact for MTF's for issues involving these Marines. This Marine will ensure a continuous flow of communication between the Patient Administrative staff at MTFs with unit LIMDU coordinators.

2 Because continuity is so critical to accomplishing these duties, MSC Commanders should ensure their MSC LIMDU Coordinator can remain in the billet for at least one year, and should not deploy during that time.

(4) Command Inspectors General

(a) I MEF's Command Inspector General and all MSC Command Inspectors General will include the above-listed steps in all Commanding General's Inspections and Assist Visits. This requirement is in addition to any steps required in pertinent Automated Inspection Reporting System (AIRS) checklists.

4. Administration and Logistics. Point of contact for this policy letter is the I MEF Command Inspector General.

5. Command and Signal. This policy letter is applicable to all I MEF units and is effective upon the date it is signed.

T. D. WALDHAUSER

DISTRIBUTION: I, II

Sample Medical Tracking Spreadsheet
LIGHT DUTY

	9/27/2010															
RANK	LAST	FIRST	SSN	DATE START	DATE END	TYPE	# OF DAYS	SHOP	EXT	CFT	PFT	PPFT	GC	SQ	RR	REASON
																Testicular Pain
																R Knee Pain
																L Shoulder Blade Injury
																R Hand Fracture
																Elbow Fracture
																Ankle Pain
																URS
																not available
																cellolitis
																Shoulder Injury
																L Shoulder Pain
																Pateccofemdral Syndrom
																Shoulder Pain
																Foot Pain
																Toe Fracture
																not available
																Sinusitis
																not available
																Heart Murmur
																Cervical Radioudophy
																Back Pain
																Navicular Fx
																PFS
																Miscarriage
																LASIK

Sample Medical Tracking Spreadsheet
LIMITED DUTY

	9/27/2010																					
RANK	LAST	FIRST	SSN	STATUS	DATE START	REVALUATION	DATE END	DU STAT	DU LIM	DU LIM DATE	EAS	KCC	ENCORD/ORD	PLT/SECT	PT	OT	PH	OC	IC	NR	REMARKS	DIAGNOSIS
Cpl	Last	First	1234	1st	100101	100501	100701	D	Q	100101	101231	101231		S3	725-1234	091010	100210	100210	100210	100210	Appointment on April 21, expected to return to full duty	Macroprolactinoma
				2nd	100702	101102	110102	D	Q	100702											Not cooperating, need to speak with SSgt	L Knee Cyst
				3rd	110103	110503	110703	D	Q	110103											Appointment on April 28th, expected additional Limited Duty Assignment	Lumbago
																					Appointment on May 17 due to Doctor going on leave.	L Knee/ Generalized Seizure
																					Appointment on April 26, expected to return to full duty	R Shoulder
																					TAD to Point Loma for Rehab	Generalized Seizure
																						R OCD Talus
																					Pending PEB	
																						R Knee Tear(s)
																						R Ankle Instability
																						Post-Op Pain/Groin Pain
																					Going on DES and being move to a Med hold Company.	R Proximal Femor
																						Ulcerative Colitis
																						Probable R knee Patellar Dislocation
																						Ankle Instability
																						Left Shoulder Separation
																						L Shoulder Instability
																						Lumbago, Lumber Radiculopathy

Enclosure (1)

Sample Medical Tracking Spreadsheet
PEB/DES

	9/27/2010																					
RANK	LAST	FIRST	SSN	TYPE	DATE START	STATUS	EAS	ECC	DU STAT	DU LIM	DU LIM DATE	STR CAT	SNCOIC/OIC	PLT/SECT	EXT	CFT	PFT	GC	SQ	RR	REMARKS	DIAGNOSIS
Cpl	Last	First	1234	DES	100101	Mailed to PEB	101215	101215	D	Q	100101	E			725-1234	100101	100101	100101	100101	100101		PTSD
				PEB	100101	Pend Findings	999999	091231	D	Q	100101	E										
						Pend TDRL	101230	101230														R Hand Injury
																						Lumbago, Lumbar Radiculpathy, Facet Disease
																						R Knee
																						R Shoulder Impingement

Sample Medical Tracking Spreadsheet
PREGNANT

RANK	LAST	FIRST	SSN	DATE START	END DATE	TYPE	DU STAT	DU LIM	DU LIM DATE	EXT	CFT	PFT	GC	SQ	RR	REMARKS
				100101	101001	Pregnant	D	N	100101							
				101003	101115	Con Leave	D	D	101003							
				101115	110101	Post Partum	D	E	101115							

Sample Medical Tracking Spreadsheet
HOSPITALIZED

RANK	LAST	FIRST	SSN	DATE ADMITTED	DATE RELEASED	SHOP	NOTES

Sample Medical Tracking Spreadsheet
RETURNED TO DUTY

RANK	LAST	FIRST	SSN	RTD DATE	STATUS	DUTY STAT	DUTY LIM	DUTY LIM DATE	NOTES
				100505	2nd Limdu	1	0		Returned to duty after 2 Limdu
					PEB	1	0		Found fit by PEB
					Pregnancy	1	0		Returned to duty after deploy deferment

Limited Duty/Physical Evaluation Board Engagement Milestones

Medical milestones in the Limited Duty and Disability Evaluation System process that trigger mandatory face-to-face engagement by unit leaders (note that these set a minimum only -- nothing prohibits more leadership engagement):

1. Accumulation of 60 days of light duty for the same condition.

2. When an injury will require surgery and 60 days of light duty for recovery.

3. When placed on first period of limited duty.

4. At the 4th month of any period of limited duty or designated re-evaluation date. (The Marine on limited duty must be medically re-evaluated at the 4th month of each period of limited duty. Because of long appointment lead times, the unit will need to ensure that this reevaluation schedule is scheduled as much as 60 days in advance).

5. When assigned to second or subsequent periods of Limited Duty

6. At any point when a Marine is assigned to the Disability Evaluation System (including being referred to a Medical Evaluation Board or a Physical Evaluation Board).

7. When the Marine is scheduled to meet a Veterans Administration (VA) Military Service Coordinator to develop a VA claim for disability.

8. When the Marine has received the Report of the Medical Evaluation Board.

9. When the Marine has prepared and mailed his Physical Evaluation Board package and weekly thereafter until findings come back.

10. Upon receipt of findings from the Physical Evaluation Board.

12. When the Marine decides to accept or not accept the Physical Evaluation Board's findings.

13. Upon the Marine's request for a formal Physical Evaluation Board or Reconsideration.

14. Weekly until separation or return to duty.

Sample Appointment Letter for Medical Information

From: Commanding Officer, _____
To: _____

Subj: LETTER OF APPOINTMENT AS HEALTH CARE AGENT FOR REPORTING MILITARY MEMBER HEATLH CONDITIONS TO MEMBER'S COMMANDER

Ref: (a) DoD 6025.18-R, DoD Health Information Privacy Regulation

1. In accordance with the reference, you are appointed as the Health Care Agent for reporting military member health conditions to the member's Commander for the purpose of determining the member's fitness for duty; determining the member's fitness to perform any particular mission, assignment, order, or duty; reporting on casualties in any military operation or activity; or carrying out any other activity necessary to the proper execution of the mission of the Armed Forces.

2. Reference (a) provides for the disclosure of health services information to the member's Commander, or to another person specifically designated in writing by the Commander for this purpose.

3. In accordance with the reference, you are to provide the minimum amount of information to satisfy the purpose of the disclosure. In general, this shall consist of the diagnosis, a description of the treatment prescribed or planned, impact on duty or mission, recommended duty restrictions, and the prognosis.

4. Per the reference, you are to maintain a record of all disclosures of protected health information.

Signature _____
Name