

granted, either for elevation or for windage. Feedback also demonstrates the effects of wind on the strike of the bullet. Finally, when the soldier engages a target at a different range, it demonstrates the real effect of trajectory on the strike of the bullet. Theoretically, the bullet strike should remain within a silhouette at all distances out to 300 meters; this is questionable at the shorter distances, though, and may be entirely invalid if the battlesight zero is incorrect.

The big benefit in marking the individual shot holes is feedback. Knowing whether a shot is a hit or a miss is not good enough. The soldier must have more specific information if he is to improve his ability to aim the rifle, execute the shot, keep a valid zero, and make slight adjustments to compensate for the effects of wind and, if he needs it, for trajectory. It should be noted, however, that at qualification distances, a soldier makes adjustments for wind and elevation by adjusting his point of aim, not by manipulating the rifle sights.

Transition vs. Skill Development

In the past, known-distance firing was considered a transition between the 25-yard zero and qualification. The sequence was first zero, then transition, then qualification. But the term *transition* sold short the merits of known-distance firing. When the Army decided to cut marksmanship training resources, transition was the obvious choice. Apparently, the idea was that although we need a beginning and an end, the middle was expendable.

Known-distance firing is not the expendable middle. It is not transition for the sake of transition. Known-distance firing offers feedback on performance, zero, wind, and trajectory. Neither 25-yard zero nor qualification offers any of these to any real extent. Known-distance is the only complete tool for skill development at combat ranges. Better terms for the proper sequence of marksmanship training are *zeroing*, *skill development firing*, and *qualification*. The term *known-distance firing* describes the method of training, but *skill development* describes the goal

of that training.

Since the decision to eliminate known-distance firing as a required part of Army qualification was influenced by economics, now that the world picture has changed so radically, the Army may be persuaded to reinvest in marksmanship some of the training resources it took away. The first step in that direction should be to reestablish known-distance firing as a required part of qualification.

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Physical Disability Review System

Taking Care of Your Soldiers

CAPTAIN M. NICHOLAS COPPOLA

If you are a new commander, you may find that your unit has several soldiers on limiting physical profiles and awaiting medical boards. Your first impulse may be to try to have these soldiers reassigned to the local medical holding company so you can get others in the same specialties to replace them. When you do, you will be introduced to the Army's physical disability review system—and to another important

aspect of taking care of your soldiers.

Thousands of soldiers or their medical records appear before medical review boards each year. Unless they are severely injured or sick and require hospitalization for more than 90 days, or come from overseas assignments, they remain on duty with their parent units until the disability review process is complete. Moving these soldiers to medical holding companies, which often

requires permanent changes of station, would cost the Army a lot of money, create unnecessary stress for their families, and hinder the soldiers in establishing relationships with agencies such as the Army Career Alumni Program and the Transition Assistance Program, that can help them transition into new careers. In addition, medical treatment facilities cannot support permanent changes of station for all the soldiers

awaiting medical boards. And there are only so many beds available and so many people to take care of them. Every unit must therefore share in caring for soldiers who are no longer able to perform all of the duties of their MOSs, due to illness or injury.

A soldier undergoing the medical and physical disability review process will rotate through several administrative and medical sections before being separated from the Army or returned to duty. This process takes 90 to 120 days for some soldiers and up to a year for others—depending on the nature of the illness or injury, the proficiency of the medical and administrative personnel, and the backlog of cases for the boards and other agencies. The best way for a commander to expedite the process is to learn as much about it as possible so he can help his soldiers through it.

A Medical Evaluation Board (MEB) is made up of at least two physicians who have expertise in the medical conditions that affect soldiers. These physicians complete Department of the Army (DA) Form 3947 (Medical Evaluation Board Proceedings) and Special Form (SF) 502, a brief but complete clinical history of the patient's medical status.

These forms generally make up what is called the MEB "dictation." In most cases, a resident physician will complete the dictation alone and then discuss the findings with a chief resident or the chief of the department involved before the final document is prepared. The soldier and the physician will then discuss the contents of the MEB dictation. If neither finds concerns that need to be addressed further, both sign the document.

The result will be one of the following actions:

- The soldier is returned to full duty because the MEB has found he has no condition that fails to meet medical retention standards in accordance with Army Regulation (AR) 40-501, *Standards of Medical Fitness*, Chapter 3.

- The soldier is returned to duty with limitations that are based on an assigned permanent "two" profile.

- The soldier is returned to duty with a permanent "three" profile. The parent organization is responsible for coordinating an MOS Medical Review Board (MMRB) to determine whether the soldier is still capable of performing in his designated MOS, if applicable.

- The soldier does not meet medical retention standards, and the MEB dictation is forwarded to the Physical Evaluation Board (PEB) for a medical retention determination.

A PEB, which can be either informal or formal, is made up of at least three officers—generally a line officer in the rank of lieutenant colonel or colonel as

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the board president, a field grade physician, and another field grade line officer who acts as the personnel management officer. In some cases, enlisted soldiers in the ranks of platoon sergeant or above may also be present at the soldier's request. The board must always have an odd number of voting members so there will be no ties in the adjudication process.

Only the soldier's MEB records appear before an informal PEB. The informal board determines whether the soldier meets retention standards or is medically unqualified for continued service. If he is found medically unqualified, the soldier's MEB is "rated" on the basis of the Department of Veterans Affairs Schedule for Rating and Disability (VASRD) (pronounced *vaserdee*). The VASRD is basically a flow chart that the board members can follow in rating the soldier's condition. For example, if the soldier has experienced a traumatic amputation, the chart might ask whether it was an arm or a leg; if it was an arm, whether it was the soldier's

dominant arm; and if it was his dominant arm, whether the amputation was above the elbow; and so on. When all the questions have been answered, the VASRD guides the board members toward a disability rating. Once the informal board completes the adjudication, the soldier has an opportunity to concur or nonconcur with its findings. If he nonconcur, he can request a formal PEB, which is then scheduled by the PEB President.

With the formal PEB, in most cases, the soldier, his MEB record, and a legal advisor appear before the board to address his concerns over the informal PEB findings. (The legal advisor may be one who is appointed or one the soldier obtains independently at no expense to the Government; he is not part of the board and is present only to assist the soldier in his appeal.) The soldier does not have to have a legal advisor, or, in fact, appear himself. He can have someone appear on his behalf, or simply make a written appeal to the board.

After a second look at the soldier's record, the PEB members *may* change the fitness recommendation or the compensation award. Upon final review by the PEB, the board records are forwarded to the U.S. Army Physical Disability Agency (USAPDA) and the Total Army Personnel Command (PERSCOM). USAPDA has the authority to modify the PEB's findings, if applicable. And, upon final review, the completed board records are forwarded to PERSCOM, where the soldier's status is changed from *patient undergoing disability review* to *active duty, retired* or *separated*.

Each soldier receiving a medical board is appointed a counselor from the PEB liaison office, who will explain the entire disability process to him. These counselors are generally civilians who are under the control of the patient administration division of the treatment facility. They are subject matter experts on the disability review process and are always ready to assist you and your organization. At any time during the process, you or the soldier's other leaders are welcome to call his counselor to

discuss the case and learn its current status. After the MEB has been dictated and the PEB adjudicated, the counselor compiles the proceedings and explains their implications.

The MEB dictation often takes longer than any other part of the physical disability process. The soldier's physician may require detailed clinical work at other sections of the hospital or may send the soldier to another facility. It is common for a soldier to wait two to four weeks to be seen by another specialist or to have certain tests performed. Because of this time factor, the utmost importance must be placed on having the soldier keep all scheduled appointments. If he misses one appointment, the entire disability process may be extended by a month or more.

On the other hand, if a clinic or physician cannot give a soldier an appointment for 30 days, a telephone call to that section early each morning may result in an earlier appointment due to a cancellation. Additionally, and this is time-consuming, if the soldier can afford the time to sit in the clinical section for a morning or an afternoon, he may be able to get in immediately when another patient fails to appear for an appointment.

Overall, if you command a unit at an

installation in the continental United States and have a soldier undergoing disability review in a medical treatment facility that does not directly support your command, you can expect him to be attached to the facility only for the time required to dictate his MEB. The soldier will be returned to his unit after the MEB is completed. If he is recommended for a PEB, he will stay in your command until the PEB has determined his fitness, percentage of disability, and compensation (if any). If the soldier is

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found fit for duty, he is likely to remain in your unit with a revised profile. Even if he is found unfit for duty, he may stay until his final retirement or separation orders are processed.

Most of the soldiers undergoing disability reviews are good troops who, through no fault of their own, have been wounded or otherwise injured on active

duty or have developed a serious illness or condition. Many of them, after long years of commendable service, face the anxiety of making the transition to the civilian world, perhaps lacking the competitive training to succeed there, and with a family to support and future medical obstacles to overcome. Your soldiers in similar circumstances need your support, your understanding, and most important, your help.

Like many other processes in the Army, the medical disability system is full of jargon and acronyms, exceptions to policy, and numerous levels of medical and administrative authority. Although this article cannot include every aspect of the system, it should give you a strong foundation for further study and professional conversations. Given the proper knowledge, you can provide the best opportunities for your soldiers who are undergoing disability reviews.

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