



Soldiers With P3 Profiles Fit or Unfit—Who Decides?

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As a commander, you have a soldier who just returned from the hospital with a permanent “3” profile in one of the areas in the PULHES physical profile serial code. Is that soldier fit or unfit, deployable or nondeployable? Who makes the call, and how much say do you have in the decision? (*PULHES stands for Physical capacity, Upper extremities, Lower extremities, Hearing, Eyes, Psychiatric.*)

As with virtually everything else in your command, your input will weigh heavily in the answers to these questions and in the outcome. But you need to know where to get the guidance that will make your input most effective.

First, you should know a little about the process and what a “permanent 3,” or P3, profile means. According to Army Regulation (AR) 40-501, *Standards of Military Fitness*, chapter 7-3, a profile containing one or more “3” numerical designators signifies that the individual has one or more medical conditions or physical defects that require certain assignment restrictions. The soldier should receive assignments commensurate with his or her physical capability for military duty.

Additionally, because a doctor has issued your soldier a P3 profile, you must (in accordance with AR 600-6, chapter

2-1) refer him to an MOS/Medical Retention Board (MMRB). Thus, the process begins.

In some cases, you may want to stop everything at this point. If you consider him a good soldier and believe the profile is too restrictive, pick up the phone and call the doctor. See if you, the doctor, and the soldier can reach an agreement that the profile is higher than necessary. If the profile is changed to a P2,

A soldier with a P3 profile must be referred for evaluation to an MOS/Medical Retention Board.

no MMRB is required. You keep the soldier and the process stops.

On the other hand, if a soldier has received a P3 profile and has not been performing to standard because of the physical disability, decide in your own mind whether the soldier could still perform the duties of his or her rank or grade in another MOS. For the MMRB, you must prepare an evaluation of the soldier’s physical capability and the effect the limitations of the permanent profile would have on his MOS or specialty duties. This evaluation will carry considerable weight with the MMRB and with

any future board the soldier might encounter.

In this evaluation, do not talk about the great things the soldier has done in the past. Tell it like it is! If the soldier has no potential for future service, in your opinion, then say it. If you water down the evaluation or talk about how well he has performed in spite of his limitations, you can expect to keep that soldier.

Your evaluation will affect which of the four possible courses of action the MMRB recommends:

- Retain the soldier in PMOS or specialty.
- Recommend reclassification of the soldier.
- Place the soldier on a probationary status (not to exceed six months).
- Refer the soldier to the Army’s Physical Disability System.

If the board recommends reclassification, this does not necessarily mean the Total Army Personnel Command (PERSCOM) has an open MOS (one the soldier is qualified to enter) in which to reclassify him. PERSCOM may disapprove the reclassification. Your Personnel Activity Center (PAC) can help both the soldier and PERSCOM by listing the shortage MOSs he is qualified to enter and requesting that he be placed in one of them.

If the MMRB refers the soldier to the Army's Physical Disability System, the next step is a Medical Evaluation Board (MEB). Although the MEB is composed solely of doctors, your input is important in the way they view the soldier's condition and whether he is deemed medically acceptable or unacceptable for military service. (Don't expect the doctor to call you for input; call the doctor, and tell him or her what the soldier realistically can or cannot do.) If the MEB finds the soldier medically unacceptable and forwards the case to a Physical Evaluation Board (PEB), your evaluation will again carry considerable weight in that board's determination as to the soldier's fitness.

AR 635-40, *Physical Evaluation for Retention, Retirement or Separation*, explains the policies and procedures the PEBs follow. Chapter 2-9 directs unit commanders to become thoroughly familiar with the purpose of the Army Physical Disability Evaluation System.

I know what you're thinking, and until a few months ago, I didn't know anything about the system either. Here are some tips that will ease your profile-related stress and speed up the disability evaluation process:

- Make sure medical personnel do not give your soldier the profile form (DA Form 3349). Look at the "Distribution" block on the form; you get the original and one copy, so *you* give the soldier a copy of the profile, not the doctor. Note the block that says "Action By Unit Com-

mander." If you want a board to find a soldier unfit, fill this block out and make it part of the MEB record.

Additionally, if the doctor has given the profile directly to the soldier, there's a good chance the rest of the distribution has not been made properly either. Your military personnel office (MILPO) is supposed to get a copy so the proper SIDPERS database entries can be made. Chances are that if you receive a soldier with limitations so severe that he or she

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never should have been assigned to you, it is because PERSCOM never received a copy of the soldier's assignment limitations.

- Call the medical personnel who write the profiles. In most cases they consider your input valuable but are too swamped to track you down. And if they don't hear from you, the soldier is their only source of information.

- A P3 profile, by itself, does not mean nondeployable. (Check AR 600-60, chapter 2-4.) Soldiers deploy with P3 profiles all the time. If your first sergeant's only medical problem is that

he wears a hearing aid (H3), are you going to tell him he's not deployable?

- It is outside the physician's responsibility to state "No field duty," "Nondeployable" or "No PT." If a soldier cannot take any form of PT test, he should have a P4 profile instead of a P3. Call the doctor; it makes a difference.

The U.S. Army Physical Disability Agency recently completed initial staffing on an action that may lead to the suspension of MMRBs for one year as a test. During this period, soldiers who failed to meet medical retention standards would be sent directly to PEBs. Soldiers seeking MOS reclassification for medical reasons would apply to PERSCOM as any other soldiers would do. In the absence of the MMRB, the commander and the physician would determine whether or not the soldier entered the disability system. If approved, the test will begin in the third or fourth quarter of Fiscal Year 1996.

If I can assist you in understanding the P3 system, call me at DSN 295-7326/7328, or commercial (301) 295-7326. Or write to: Commander, U.S. Army Physical Disability Agency, ATTN: Plans and Policy, Forest Glen Section-WRAMC, Washington, DC 20307-5001.

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Managing Stress In Cold Climates

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The intense stress of operating in cold weather can seriously threaten a unit's ability and will to fight. Stress reduces

the soldiers' capacity for thinking clearly, causes them to tire more quickly, and makes them more susceptible to injury

and illness. Leaders can learn to control this stress, however, and use it to their advantage.