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Ethics

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Physical Profiles and Military Service

Why do Soldiers with a physical profile receive less respect? Are these Soldiers less capable of performing their specific duties? Are these Soldiers less capable of leading other Soldiers?

The Army recognizes the fact that Soldiers get injuries and ailments. Army regulations specifically address physical injuries and ailments and contain guidelines as to caring for these Soldiers. One step in the healing, recovery, and/or recuperation phase of an injury or ailment may include a physical profile. Physical profiles serve an important purpose. Profiles allow Soldiers to recover from injuries and illness, and help keep Soldiers from relapsing or reinjuring themselves.

Since 2001, according to the Army's Medical Command and Pentagon statistics more than 40 percent of the active-duty personnel seeking medical attention received a temporary or permanent profile. Additionally, statistics suggest that another 20 percent of the active force need to seek medical attention for injuries or ailments. In addition, the Army currently cares for 320 combat-related amputees and must decide if these Soldiers are capable of continued service. Many of these injured Soldiers still perform their duties within the limits of their profile and continue to lead Soldiers. So why do we treat them differently and respect them less?

According to Army regulation, not all Military Occupation Specialties (MOSs) require a physical profile serial (PULHES) of 111111. Therefore, Soldiers with a physical profile remain

capable of continued military service and allowed to work within the limits of their profile. If this is the case, why do we discriminate against them? Some of the great leaders of our time suffer injuries. Most leaders recuperate from injuries and continue to serve. However, leaders will attest to the fact that their peers and leaders viewed them differently during the time of their injury and profile.

Several Soldiers avoid seeking medical treatment because they do not want the stigma associated with profiles. This notion hinders our Army and our ability to accomplish the mission. We enter combat and suddenly a Soldier's injuries or ailment affects his/her ability to accomplish the mission. In combat we can afford only limited down time due to injury and ailments and medical treatment facilities lack full capability for required care due to combat.

Leaders must realize that physical profiles serve an important purpose. The first response of the leader to the physical profile is to respect it. Make sure that the Soldier performs duties (to include physical training) within the limits of the profile. Make sure that the Soldier understands that these limitations apply off-duty also. Soldiers who violate their profiles when off duty are either poorly counseled or malingerers. Get their attention.

Solving this dilemma includes monitoring and education. As you monitor your Soldier's time on profile, go to the person who wrote the profile, or the person who approved the profile with any questions about any physical profile. If the Soldier's profile does not make sense, or if you believe that the Soldier is "riding" a series of temporary profiles, see your NCO chain. Unit commander's can challenge the profile by commenting on the "action by unit commander" section of the DA Form 3349 and request reconsideration of the profile. The approving authority must reconsider the profile and either amend the profile or revalidate it.

The Deputy Commander for Clinical Services (DCCS) at the issuing medical facility

approves all profile. Leaders should go to that person if you disagree with the decision of the approving authority. Commanders may also refer a Soldier to a medical treatment facility for a “fitness for duty” examination if recovery seems unreasonably slow (often requested when a soldier is limited by a series of temporary profiles).

Educate leaders on the profile and PULHES system. Education allows leaders an understanding of the process and how to deal with physical profiles in their unit. We practice preventive maintenance on our vehicles and our equipment. We educate our Soldiers on measures to maintain their equipment in a high state of readiness yet we devote little time to preventive maintenance of our most important resource, the Soldier. We must educate all leaders especially at the senior level on the profile system. Education will ensure proper procedures are followed, Soldiers are allowed to recover and get back regular duties, and those Soldiers that do not recover are processed for elimination in accordance with Army needs and regulations.

The PULHES identifies the broad physical demands of a MOS and the physical ability required of an individual to perform the duties required by the MOS. The PULHES classifies physical abilities in terms of six factors designated as follows: P—Physical Capacity or Stamina, U—Upper Extremities, L—Lower Extremities, H—Hearing and Ears, E—Eyes, and S—Psychiatric. The PULHES system assigns numerical designators of one through four to each factor.

Through the Physical Performance Evaluation System (PPES), all soldiers are physically qualified to perform the duties of their Primary MOS or specialty code world-wide under field conditions. Those who are not physically qualified are reported for physical disability determination or are reclassified.

The PPES (AR 600-60) provides for an MOS Medical Review Board (MMRB) to serve as an administrative screening board to determine the physical qualification of soldiers who are issued a permanent physical profile with a numerical factor of "3." After completing its evaluation, the MMRB recommends to the general court-martial convening authority one of the following: retention in PMOS or specialty code, reclassification, probationary status (a period not to exceed six months), or referral to the Army's physical disability system.

With this system, you should no longer have soldiers who cannot perform their field duties because of a "permanent" medically limiting condition. Under this system, the mission and capabilities of each unit and the requirements and authorizations for personnel and equipment is specified by a basic authorization document.

Obtaining a physical profile to avoid duty or deployment will result in immediate referral to an MMRB in accordance with policies of AR 600-60.

For the system to work, there must be a continuity of effort among commanders, doctors, personnel managers (unit adjutants and Medical Personnel Division, MPD), and the physical disability system. Do not accept unreasonable delays. Bring them to the attention of your commander if the installation is not providing adequate support.

Leaders must understand the PPES, how the MMRB functions, and its decision options. Monitor all soldiers with a P3 physical profile from their notification to report to the MMRB until final action is recommended. Initiate referral to the MMRB if MPD does not send notification.

Monitoring, education, and preventive maintenance allow options for overcoming this ethical dilemma. As we continue to fight the war on terrorism, expect more injuries and ailments and be prepared to handle them.