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Headquarters, U S Army Medical Command  
Operation Directorate, Plans Division  
2050 Worth Road  
Fort Sam Houston, TX 78234-6007

**FRAGMENTARY ORDER** 06 to MEDCOM OPORD 04-01 for Support of GWOT (OIF2/OEF5)

**(U) References:**

a. MEDCOM OPORD 04-01, MEDCOM OPORD for Support of GWOT (OIF2/OEF5)

b. Department of the Army Personnel Policy Guidance (PPG), Chapter 7 Medical and Dental. <http://www.odcsper.army.mil/default.asp?pageid=37f>.

**1. (U) SITUATION.** The Department of Army has received authority to activate involuntarily up to 6,500 Individual Ready Reserve (IRR) Soldiers. These soldiers require the same thorough medical processing provided for all activated soldiers. From August 31<sup>st</sup> for up to six months these soldiers will be arriving at multiple locations to be processed onto active duty or disqualified and returned home for appropriate administrative action. The PPG has been updated and will be used to provide medical and dental processing for these soldiers.

**2. (U) MISSION.** The Army Medical Department (AMEDD) will perform the medical soldier readiness processing (SRP) IAW the current PPG and the updated checklist, DA Form 7425. MEDCOM will perform the processing via the Regional Medical Commands (RMCs) and Medical Treatment Facilities (MTFs). TRADOC will be performing the administrative processing for these soldiers and provide or coordinate the follow-on training. A final SRP processing will be conducted prior to deployment, after the IRR soldiers have joined with their designated units and the unit processes to deploy.

**3. (U) EXECUTION:**

Commander's Intent:

The locations for processing of the IRR are being determined by DA G1. Locations not currently regularly processing soldiers will require more preparation and support by the RMCs to achieve mission readiness. RMCs are well underway in their preparation at those locations. The medical processing of the IRR will be under the same standards applied for the processing of all categories of activated soldiers. RMCs will ensure that their MTFs comply with the medical process as depicted in the PPG and not allow for

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deviation directed at the installation level. The follow-on training mission for these soldiers is the responsibility of TRADOC. Although IRR activation has been executed for GWOT it has only been executed in very small numbers.

a. (U) Concept of Operation:

(1) (U) IRR soldiers will arrive at the specified locations, US Army Training Centers (USATC), incrementally. MEDCOM will provide personnel (PAX) numbers and by name listing as they are distributed by DA G1, prior to the arrival of the soldiers. These listings will be used by the MTF to coordinate with the Department of Veterans Affairs for receipt of soldier medical and dental records.

(2) (U) TRADOC Reception Battalions (RECBNs) will provide administrative command and control for the IRR soldiers at the USATC and to the follow-on training installation.

(3) (U) Medical processing of the IRR soldiers will follow the guidance depicted in the PPG. Review reference b to ensure most recent guidance is being followed. Identify soldiers that will not meet deployment standards prior to the end of the 25-day initial mobilization time limit as established in the PPG.

(4) (U) All IRR soldiers will receive a dental examination during the initial in-processing at the USATC.

(5) (U) TRADOC will coordinate with MEDCOM and DENTCOM for soldier follow-on Medical and Dental Appointments as needed.

(6) (U) Approximate timeline is USATC 10-14 days (3-days SRP and 7-days CTT); MOS refresher training 2-4 weeks; join unit at PPP/PSP or CONUS Replacement Center for OCONUS deployment. Scheduled time from report to deployment is 60-90 days.

b. (U) Tasks:

(1) (U) RMC/MTF

a. (U) Continue preparations for processing and conduct medical/dental process of the IRR soldiers upon arrival using the current PPG standards.

b. (U) Upon receipt of by name rosters from MEDCOM, contact the Department of Veterans Affairs to obtain copies of the soldier's medical records. (Instructions have been previously distributed)

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c. (U) Follow specific Dental instructions provided below.

d. (U) Coordinate/communicate with the TRADOC RECBNs at each location for the scheduling of follow-on medical/dental appointments.

(2) (U) Dental Coordination requirements

a. (U) A periodic dental examination, including appropriate radiographs and a dental record, will be performed on each IRR soldier without a current dental exam during the USATC in-processing period.

b. (U) Class (CL) 3 dental conditions that cannot be treated to CL2 deployment status before the soldier's completion of MOS refresher training will be identified by the USATC DENTAC and REFRAD IAW the PPG (25-day rule).

c. (U) CL3 dental treatment can be done prior to, during, or immediately after CTT training. USATC RECBNs are required to coordinate treatment access with the USATC DENTAC during this time period. All efforts will be made to complete CL3 treatment prior to soldier's departure from USATC sites.

d. (U) IRR soldiers transshipped to the Norfolk, Charlottesville, Gulfport, Goodfellow AFB and Sheppard AFB training sites must have all CL3 care completed at the USATC site before the transship takes place. The USATC RECBNs are responsible for identifying to the USATC DENTAC those IRR soldiers transshipping to these non-Army training sites.

e. (U) Intensive care CL3 patients requiring multiple appointments that may interfere with CTT and MOS training, but do not require REFRAD, may be delayed one week (recycled) from starting CTT training in order to complete CL3 care.

f. (U) The RECBN at the MOS refresher training sites is responsible for communicating the arrival of IRR soldiers to the MOS training site DENTAC. The DENTAC POC will coordinate with the RECBN POC the initiation of CL3 dental care not completed at the USATC DENTAC. The intent is to have all CL 3 care completed before the IRR soldier is sent to join with their deploying unit.

(3) (U) Coordinating Instructions: TRADOC will coordinate with MEDCOM for soldier follow-on Medical and Dental Appointments as needed.

**4. (U) SERVICE SUPPORT:** No change.

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**5. (U) COMMAND AND SIGNAL:** Points of Contact for FRAGO 6 to MEDCOM OPORD 04-01 are COL Glandon, Plans Division at 210-221-6425 or DSN: 471-6425 and COL Bodenheim, DENCOM at 210-221-8865 or DSN 471-8865.

ACKNOWLEDGE:

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