

Ethics Thought Paper: A Case of Bad Knees

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SSG Smith is a master fitness trainer and trained equal opportunity representative. His career management field is 92 series and serves as an Active Guard Reserve (AGR) supply sergeant for a signal company. During the last AGR promotion board, the board members selected SSG Smith for promotion to SFC and attendance to ANCOC. SSG Smith recently took a record Army Physical Fitness Test (APFT) and scored 300 points. SSG Smith takes pride in his performance during company and battalion runs and wears the physical fitness badge on his improved physical fitness uniform (IPFU).

For months, rumors spread around the battalion that they would receive a mobilization order within the next few months and deploy for 18 months somewhere between Kuwait and Iraq. Some soldiers started preparing for the possible deployment while others made contact with the signal unit currently deployed in Kuwait. This would be the first time the battalion moved out as a whole unit for a period longer than one month. Tension began to build and a few soldiers started to put together medical packets as to why they could not deploy with the unit. SSG Smith was one of these soldiers.

Once SSG Smith started complaining about his knees and how he could no longer perform the duties he previously did a week or two prior, SSG Smith sought medical advice at a medical treatment facility that was within one hour away from his duty station. Within one month, SSG Smith had a temporary P3 profile that excluded him from many physical activities, including deployment. The Air Force medical doctor ordered a MRI for SSG Smith and the findings concluded SSG Smith would need both knees operated on. According to several Army Regulations, a soldier with a P3 profile cannot deploy and must go before a medical review board for retention. SSG Smith argued his profile was temporary and it was not necessary for

him to go before the medical review board, especially since he would be leaving for ANCOC in the next four months.

As anticipated, the mobilization order came through operation channels and the battalion was to report to the mob station in three weeks. The Operational Tempo (OPTEMPO) was at an accelerated pace. Mandated inventories, screening of personnel records, and fills for unit vacancies took priority. A mobilization of an Army Reserve unit this large had not occurred since WWII. The battalion was preparing for deployment overseas and needed every soldier to perform their duties, especially soldiers who were familiar with the unit and could help the new arrivals get situated.

SSG Smith was not the only soldier who recently received a P3 profile, but his was one of the most noted. SSG Smith's behavior and physical limitations came as a complete surprise since no one had ever mentioned or observed his difficulties prior to the discussion of a possible mobilization of the battalion. SSG Smith started to hear comments from fellow soldiers about his sudden profile and need for surgery. The Battalion Commander and Battalion Executive Officer advised SSG Smith to continue with his duties, as much as possible, and help prepare the unit for deployment. The Executive Officer also made a comment to SSG Smith about being less sensitive and thin skinned. The unit needed SSG Smith's expertise of the unit supply room and operational procedures. The unit would have to move forward and rely as much as possible on SSG Smith training and preparing his replacement, what else could they do at this point.

One course of action is what the unit was already doing, moving forward with some assistance from SSG Smith and preparing for mobilization. Another course of action would require questioning of medical authorities and could possibly be time consuming. Yet, another course of action would be to take SSG Smith to the mobilization site and require him to assist the unit as

much as possible until the unit actually left country. However, would this interfere with his medical treatment? Was any treatment plan already in place? Should consideration of his selection to ANCOC influence the unit's need for a qualified supply sergeant?

The Company Commander and 1SG had to make a decision as to who would mobilize with the unit and who would not. For most soldiers, the decision was easy, either they did not complete Advanced Individual Training (AIT) because of the Army's split option program or they were females who were pregnant. The decision about SSG Smith was the dilemma.

The Commander and 1SG made the decision to take SSG Smith to the mobilization site because SSG Smith had no medical treatment plan prepared and the unit needed his expertise. Furthermore, the commander and 1SG received word that SSG Smith was making comments to fellow soldiers about their deployment and how he was not going to deploy with them. SSG Smith's plan was to PCS to a TDA unit, take his promotion to SFC and attend ANCOC.

The 1SG counseled SSG Smith about the Army values and placed emphasis on loyalty, duty, selfless service, and personal courage. SSG Smith received his promotion to SFC, he did not mobilize with his assigned unit, and he did not undergo medical treatment. SFC Smith is attending ANCOC now.

This ethics thought paper is fictitious in names and units, but in some Army Reserve units, this is an actual true case scenario.