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**MOUNTAINS OR MOLEHILLS: PERMANENT PHYSICAL
PROFILES IN THE ARMY RESERVE**

BY

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MOUNTAINS OR MOLEHILLS

Permanent Physical Profiles in the Army Reserve

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Medford, Massachusetts

6 May 1997

ABSTRACT

This paper responds to a request from the Office of the Army DCSPER to research the impact of permanent physical profiles on the readiness of the Army Reserve components. This research addresses the Army Reserve (USAR) only and does not address the Army National Guard. Baseline data on the extent of permanent physical profiles was gathered from SIDPERS-RC on all Troop Program Unit soldiers of the USAR. From this data were extracted all soldiers of the 88th Regional Support Command (RSC), Minneapolis, MN with permanent physical profiles as indicated by SIDPERS record. This data was further analyzed to determine the nature, extent, and severity of the profiles as well as normalizing the total 88th RSC for extrapolation to the entire USAR unit population. The SIDPERS data was then on-site verified against the soldiers' medical records in six units. Results indicated that the SIDPERS data was remarkably accurate, in the aggregate, in identifying numbers of USAR personnel with permanent physical profiles. Results also indicated that the total permanently profiled population of USAR unit soldiers is only between four and six thousand out of a total population of 201K with 30% of those assigned to non-deploying units. The research concludes that these soldiers have little impact on the mobilization and deployment readiness of the USAR.

MOUNTAINS OR MOLEHILLS? Permanent Physical Profiles in The Army Reserve

They arrived at Ft. Dix, NJ in the spring of 1996 - soldiers from the Army Reserve's 88th Regional Support Command (RSC) in support of Operation Joint Endeavor. Among them were three soldiers with permanent physical profiles who had not been boarded to determine deployability. The mobilization message that brought them to Ft. Dix contained specific instructions that soldiers with permanent physical profiles, who had not been boarded, would not be mobilized. The commander responsible for the contingent from the 88th, however, brought these three Army Reserve (USAR) soldiers to Ft. Dix to highlight his frustration, and the frustration of other USAR commanders with the inability of the Army system to support him. It seems that this 1996 version of "catch 22" is that until the USAR soldier comes on active duty, he cannot be boarded - but he cannot come onto active duty until he is boarded!

The objective of this paper is to assess the impact of permanent physical profiles (P3 and P4) on the mobilization deployment readiness of US Army Reserve (USAR) units. It also examines the current ability of Army and USAR policies in identification, tracking, and administration of personnel with P3 and P4 medical profiles.

The Chief of Staff of the Army has been concerned for some time about the deployability and mobilization readiness of his total force. In March 1995, the CSA stated that "I think it's time we focus on our nondeployables. The numbers I saw in Forces Command were too high. I am not sure that we can afford to carry that number across the

force.”¹ The task fell to the Deputy Chief of Staff for Personnel of the Army (DCSPER) with guidance to concentrate initially on permanent (P3/P4) physical profiles.

Concurrent with the Army Chief of Staff and DCSPER’s concern with the non-deployable problem, the Army Research Institute (ARI) included permanent profile/deployability questions in the 1995 Annual Army Survey. The questions were designed to determine the accuracy of the *Active Army’s* standard systems’ reporting of non-deployable numbers - with the feeling the non-deployables were being under-reported. The extent of under-reporting was found to be significantly greater than expected. ARI found that the army actually had 4 to 5 times more soldiers with permanent profiles, a percentage of whom would be determined to be non-deployable, than were being captured by unit status reports (USRs) or the SIDPERS personnel system. The survey found that the USRs reported the fewest numbers, SIDPERS reported about 2 1/2 times as many, and the actual survey numbers were significantly greater (Figure 1).

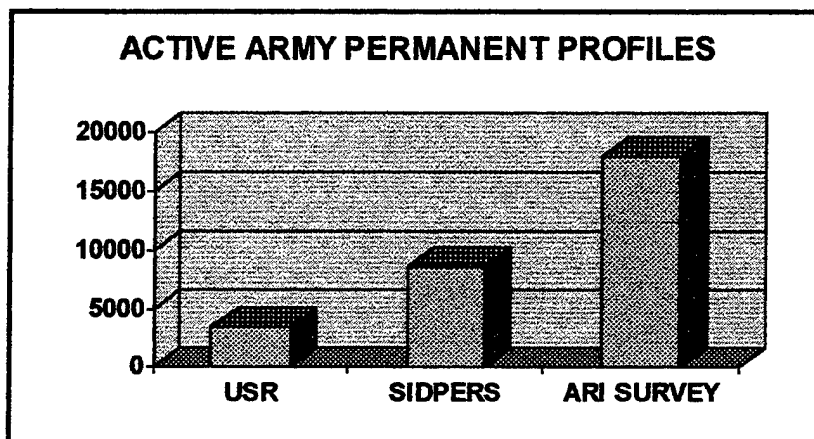


Figure 1

¹ Gen Dennis Reimer, Extracted from Undated FORSCOM Briefing Slide

The USAR Problem. In the Active Army, nearly all physically disabling conditions are considered service-connected. Even normal diseases of aging such as atherosclerosis, arthritis, loss of hearing, etc. qualify as service-connected after a period of continuous service. FORSCOM analyzed the Medical MOS Reclassification Board (MMRB) process and recommended solutions and fixes to the DCSPER in the Fall of 1996.² In their analysis, FORSCOM found that there was no significant problem with *Service-Connected* disability processing in either the AC or RC. The RC does have some additional problems such as incapacitation pay while undergoing processing, etc., but the same system works for both (See Figure 2).

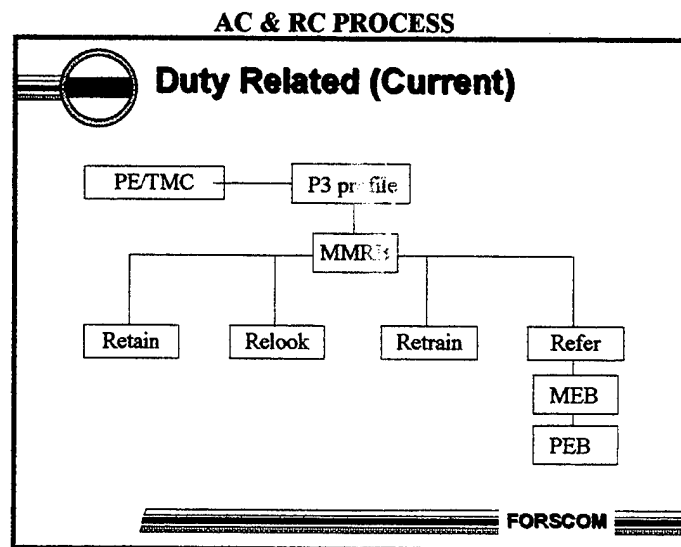


Figure 2³

In the RC, the majority of the conditions that result in permanent profiles are classified as *non service-connected*. As the normal M-Day RC soldier is a part-time soldier and full-time civilian, these diseases of aging, life-style diseases and conditions are not considered service-connected unless they can be shown to have been aggravated by

² Undated FORSCOM Briefing Fall 1966

³ Ibid.

service or are the result of incidents or injuries that occurred while the reservist was in an official military status such as drill or annual training. The majority of the permanent physical profiles in the USAR consist of just such conditions. This is where the system fails the RC commander, who is concerned not only with his unit mobilization readiness, but with the health of his command and the soldiers assigned to him. The Commander has no capability, short of finding a soldier unfit for continued service, to evaluate his capability to mobilize in his specialty and contribute to the mission. The non service-connected disability processing system for the USAR soldier appears in figure 3 below.

RC PROCESS (No Process)

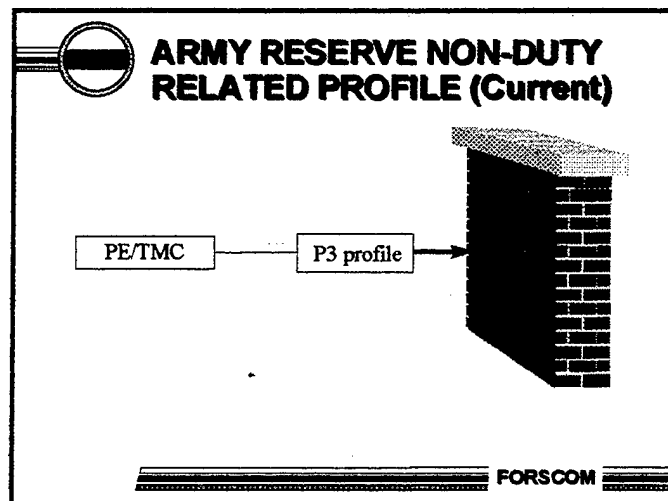


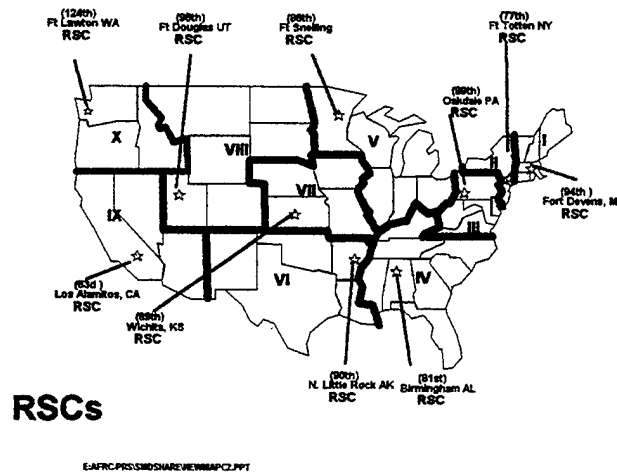
Figure 3⁴

The Size. (Of the Problem). Given the serious under-reporting in the Active Army, it seems appropriate to assess the extent and magnitude of the problem in the USAR. How many of these potentially non-deployable soldiers and officers are there? How serious are their profiles? Are they worth a significant expenditure of time and effort and money? Several findings were anticipated: (1) There would be a lower percentage of permanent

profiles in the RC than the AC as the typical RC soldier does not have the ready access to sick call and the military medical system as does the AC soldier; (2) The ‘hip-pocket’ profile shadow world that ARI found in the AC would not be significant in the RC due to lack of easy access to the medics and the lesser impact of a P3/P4 profile on an RC soldier’s career; (3) The problem would not be of such magnitude as to require a massive infusion of funds, manpower, and effort; and (4) The apparent problem is magnified by the existence of some of these soldiers in virtually every unit and organization in the USAR and their visibility to the commander.

In order to assess the extent of the problem in the RC, a sample group was needed. The 88th Reserve Support Command (RSC), the command that highlighted the problem at Ft. Dix, eagerly volunteered to serve as the sample population group. The 88th RSC consists of USAR units in MN, WI, IN, IL, OH, and MI. (See figure 4).

Figure 4



⁴ Ibid. Modified Slide

The research into the 88th RSC consisted of two parts: a.) an extensive data analysis of the command's SIDPERS database focusing on the physical profile (PULHES)⁵ as reported on the soldiers' physical examinations and b.) on-site interviews and medical records screenings with a representative sample of the 88th RSC soldiers either reporting P3/P4 profiles in SIDPERS or self-reporting.

Data Analysis.

This portion of the study uses end-of-month November 1996 SIDPERS-RC data provided by General Research Corporation, International - the personnel data management contractor for the Chief, Army Reserve. A total of 201,659 individual Troop Program Unit (TPU) member records were extracted. From this file, 34,059 detailed records of the TPU members from the 88th RSC area units were analyzed. Of these 34,059 records, 979 soldier records indicated a 3 or 4 in the physical profile (PULHES) portion of the latest military physical examination.

The records of the 88th RSC appear to be a good demographic representation of the USAR as a whole. They comprise nearly 17% of the entire USAR TPU soldiers and approximate the USAR by age, sex, officer/enlisted mix, etc. Figures 5 and 6 show the comparison by age of the 88th and the USAR.

⁵ Physical capacity/Upper extremities/Lower extremities/Hearing and ears/Eyes/pPsychiatric

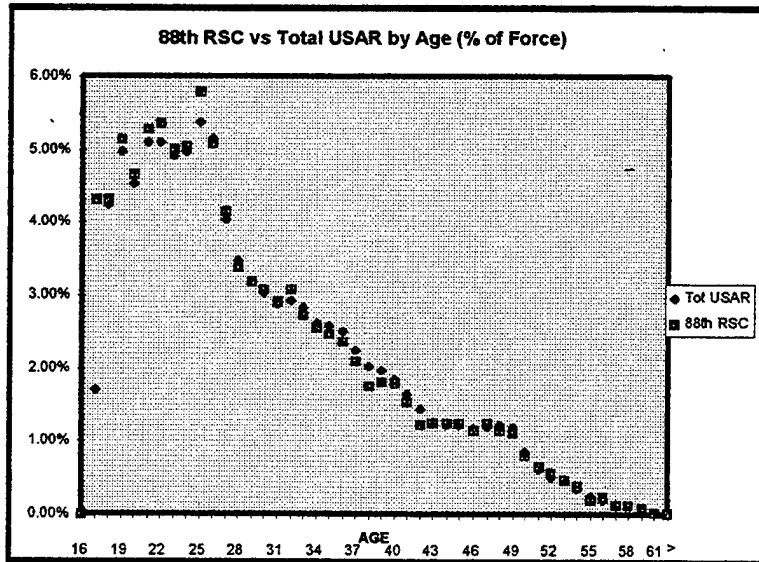


Figure 5

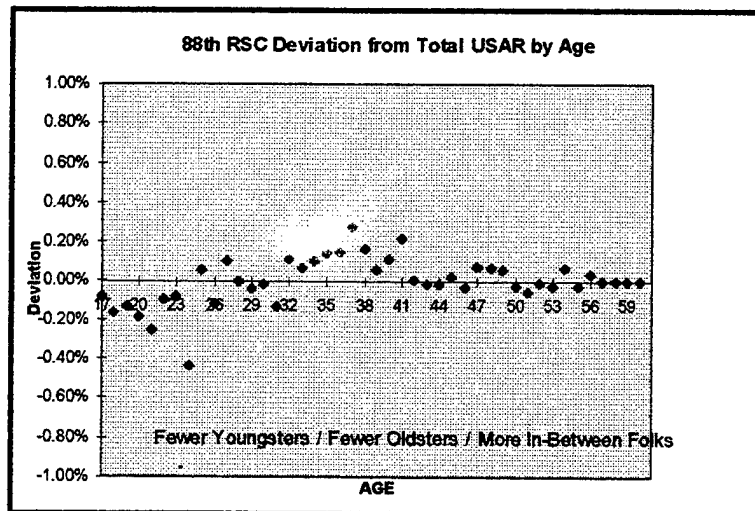


Figure 6

Next, the analysis looks at the 979 soldiers from the 88th RSC who have P3/P4 profiles on their physicals. First, the P3/P4 profile group by gender is representative of the population as a whole (see figure 7).

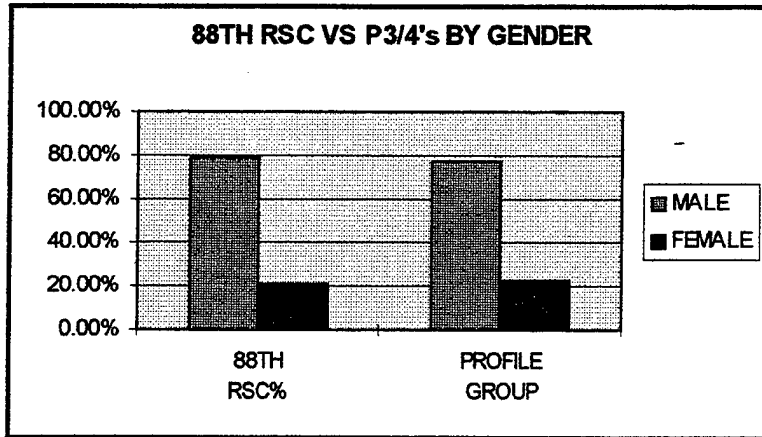


Figure 7

The profiled soldier population was divided into three groups in order to examine just how serious the profiles might be. Soldiers with a single P3 and the remaining profile a picket fence (11111) were the first group followed by those with a P3 and nothing worse than 2's in the remaining profile and lastly by those with multiple P3's and/or P4's. The data was then analyzed as displayed in the following charts. There was slight variation by sex and severity of the profile with male soldiers increasing in percentage with worsening of the profile.

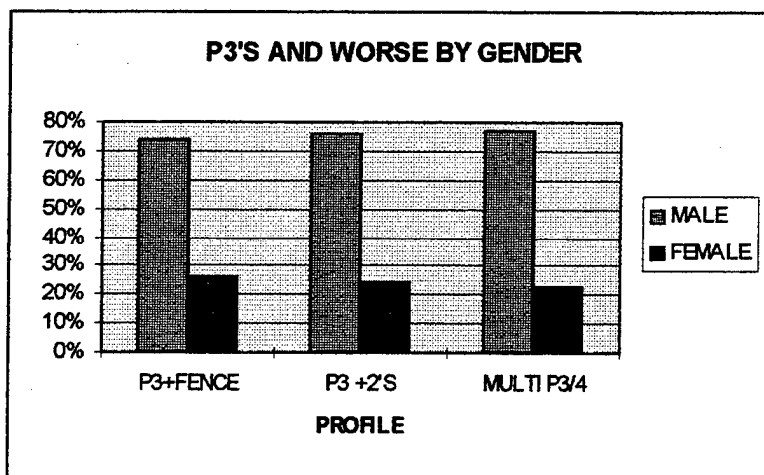


Figure 8

The aggregated profiles are shown in figure 9 below.

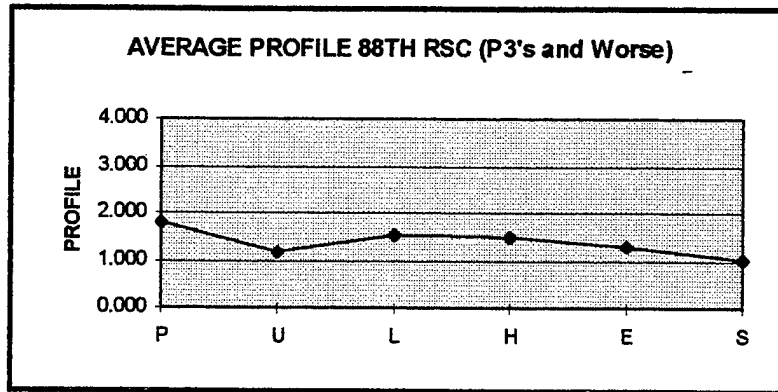


Figure 9

The actual breakdown of the profiles are shown in figures 10-12 below:

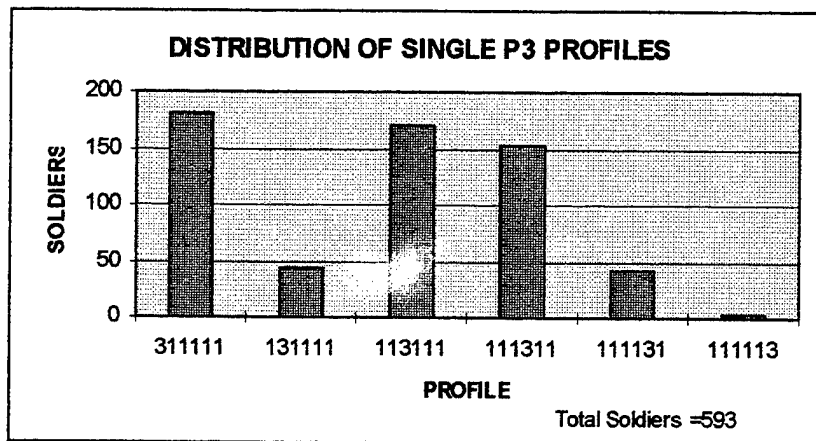


Figure 10

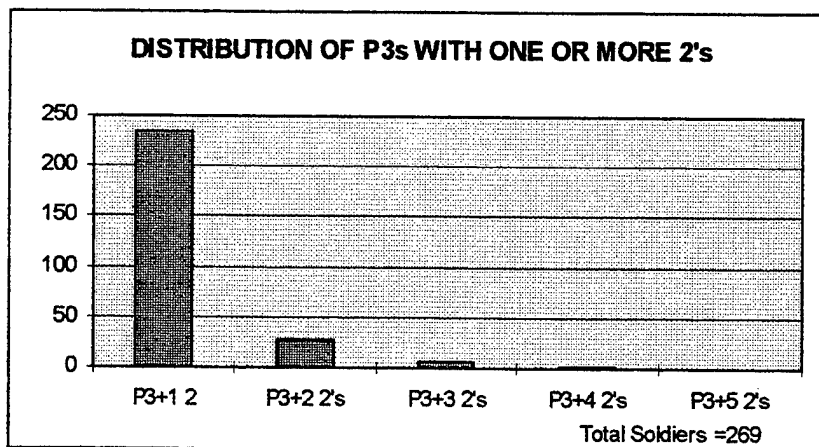


Figure 11

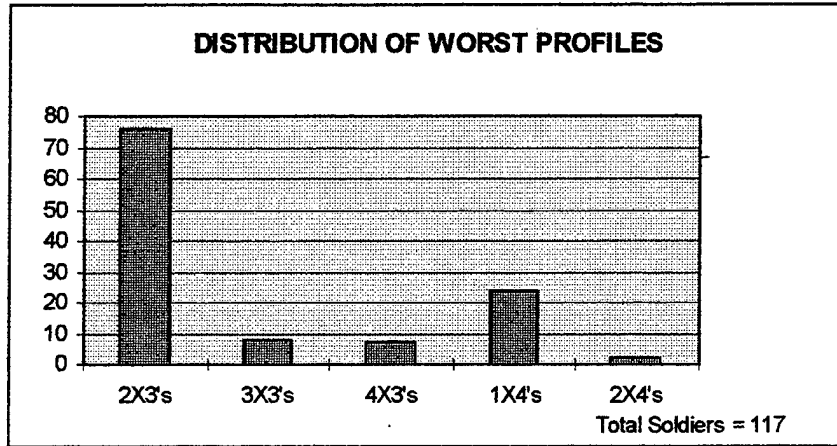


Figure 12

Lastly we looked at the numbers of soldiers assigned to deploying vs. non-deploying organizations with the following results: (figure 13)

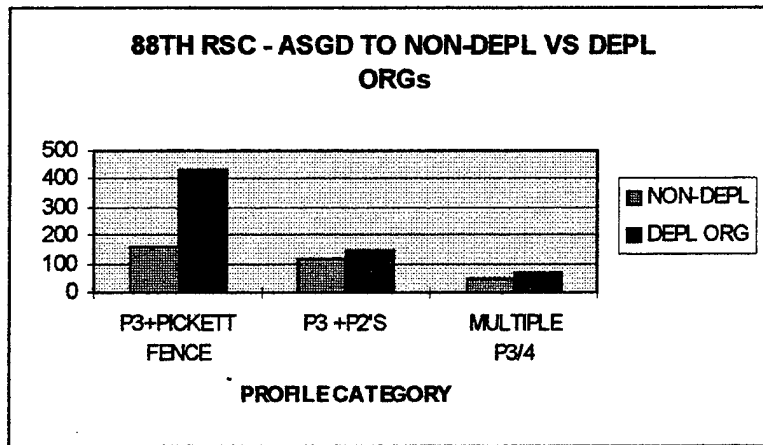


Figure 13.

On Site Validation. On-site validation of the SIDPERS numbers against the unit records was conducted in April 1997 to assess the accuracy of the SIDPERS data, look for hip-pocket profiles, and look for any other inconsistencies in the system. Six units from the 88th RSC were selected with a total of 957 soldiers' records. A summary of the on-site data follows (Table 1):

UNIT	# Soldiers Records	ID'd by SIDPERS	PCS/Loss EOM Nov96-Apr 97	On SIDPERS in Error	Missing from SIDPERS	Actual # in Unit
HHC/ 2/85 th	29	2	-2 +1	0	0	1
1 st BN						
2/85 th	89	2	0	0	1	3
2d BN						
2/85 th	81	9	-2	1	1	7
1285 th						
Log Spt BN	32	5	0	4	0	1
HHC, 88 th RSC	203	7	1	4	7	9
114 th Evac Hosp	523	22	8	3	2	13
TOTALS	957	47	-13 +1	12	11	34

Table 1

The above data indicates that the SIDPERS records give a fairly accurate count in the aggregate. SIDPERS identified 47 soldiers in the initial run. When balanced out with gains and losses and errors between SIDPERS and the actual records, the total number of P3/P4 soldiers in the six units came to 47 when extrapolated back to EOM Nov 96. The largest deviation was within the HHC of the 88th RSC where the unit had not been updating SIDPERS with data from the permanent profile forms when they were more current than the latest physical.

Given the above data and verification, the numbers of USAR soldiers with permanent profiles extrapolate as follows (Table 2):

	88 th RSC	Percentage	Total USAR TPU
TOTAL SOLDIERS	34,059	16.88%	201,659
P3/P4 PROFILES	979	2.87%	5,788 (est)
ACTUAL TPU COUNT	(SIDPERS)		5,253 (Actual Count)

Table 2.

This research found no evidence of hip-pocket profiles. Although the original supposition that they would be found to be minimal was based on difficulty of access of RC soldiers to military medical care, it appears they don't exist primarily because the RC soldier cannot hide them. Whereas an active army soldier's personnel service company is generally located across post, his medical records are located in the medical treatment facility, and his first sergeant/company is in a third site, the typical reservist has his medical records, personnel records, and first sergeant/company all in the same location. Invariably, in the units visited, the unit administrators, personnel NCOs and full-time officers knew the medical status of each soldier in the unit. It is nearly impossible for an RC unit member to hide a permanent profile.

Full-time personnel in the units that were visited reported actively working to resolve permanent profiles through fitness for duty physical exams. Some of this is evidenced in the losses shown in the above table. All reported that it took an inordinate amount of time and effort to deal with these few soldiers.

Summary and Conclusions.

1. Permanent physical profiles in the USAR do not significantly detract from mobilization and deployment readiness. The total permanently profiled unit population in the USAR is between five and six thousand - 2.5-3.0%. Of that 5-6K, 30-40% are in non-deploying organizations leaving 3-4K soldiers out of a total of 201K whose deployability is in question.

2. USAR unit commanders and staff are very frustrated with the inability of the current policies and systems to deal with a very small, but omnipresent segment of their soldiers.
3. The mobilization deployability indicator code in SIDPERS is not being used appropriately. Over 90% of the P3/P4 population is coded YY which indicates world-wide deployability with no limitations - not a likely condition.
4. No evidence of hip pocket profiles was found in the USAR units visited.
5. Although the total backlogged P3/P4 population in the USAR is estimated at 5-6K, the annual *new* population is smaller than this - probably in the 400-600 range - not significant numbers.
6. DoD Directive 1332.18 and DoD Instruction 1332.38 now direct the Disability Evaluation System to board RC soldiers for non-service connected disability. RC soldiers with at least 15 years of qualifying service may now be placed in the retired reserve with eligibility for retired pay at age 60 upon being found disabled.

Recommendations.

1. Individual RC commanders must make an initial deployability determination for each soldier under their command who has a permanent profile.
2. Soldiers determined to be non-deployable or needing further evaluation be deferred into the Physical Disability System for board action in accordance with DoD Instruction 1332.38.

3. Soldiers with 15 or more years of qualifying service be placed in the Retired Reserve with eligibility for retired pay at age 60 upon disability determination by the Physical Disability System.
4. Clear guidance must be given to all USAR units regarding the updating of the PULHES data in SIDPERS and the use of the Mobilization Deployability Indicator Code.
5. The MMRB be eliminated as it is not only inefficient and inconsistent, but no longer necessary.
6. In order to facilitate processing of soldiers with fewer than 15 years of qualifying service, the eligibility for retired pay upon determination of disability be lowered from 15 years to 'beyond military service obligation'.