

IG Bulletin



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INSIDE THIS ISSUE:

Pregnancy/Postpartum Physical Training	1
Illegal Prescription Medication Use	2
Upcoming Inspections	2
Contact Information	3

Inspector General Observations

By LTC Gregory S. Vinciguerra, Command Inspector General

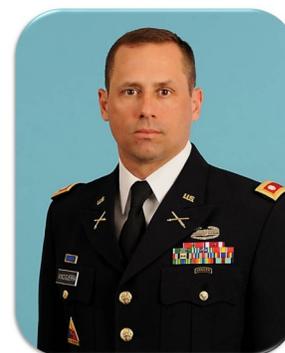
Officially named the shoulder sleeve insignia - former wartime service (SSI-FWTS), and more commonly referred to as the Army combat patch, is worn on the right sleeve and identifies that the Soldier was deployed in a combat zone with that particular unit. Shoulder sleeve insignia began its tradition back in the Civil War, when Soldiers originally wore their SSI upon their hats. Due to Soldiers of that time not being able to easily maintain possession of their equipment, the patch was moved down to the shoulder. Since WWII, Soldiers have been wearing their combat patches upon their right shoulders to denote the service in a combat environment, and would don the patches of larger echelons units such as separate brigades, divisions and higher. In the current environment, Soldiers have been deploy-

ing in much smaller echelon levels from company to even individual augmentees in support of larger echelon units or missions which has generated some confusion amongst Soldiers on what patch they are authorized. So, what are we authorized to wear?

The new Army Regulation 670-1, Wear and Appearance of Army Uniforms and Insignia, which became effective in September, states that a Soldier need only be deployed with a unit that actively participates or supports ground combat operations in a conflict that lasts more than 30 days to be authorized to wear the patch of the unit (based on written orders). A few points that most come into question: there is no time-in-theater requirement for authorization. When a Soldier arrives in-theater, they are au-

thorized a combat patch. Soldiers can't earn more than one combat patch during the same deployment. To put simply, the unit that is on your deployment orders is the patch you're authorized. Lastly, when individual Soldiers are attached to a unit, whether that be OPCON, cross-leveled, assigned, or augmenting a deployed unit, the Soldier will wear the same combat patch as worn by the unit the Soldier is attached by written orders. If the Soldier is further attached to other units, he/she is still only authorized to wear the patch from the first unit attached, again, as written on deployment orders.

Of course, Soldiers who have earned multiple combat patches over the course of different deployments may choose which patch they prefer to wear or elect not to wear a combat patch at all.



Reference AR 670-1 and DA Pam 670-1 section 21-17 for any further questions on the combat patch or feel free to call the IG Office for any further assistance.

Pregnancy/Postpartum Physical Training

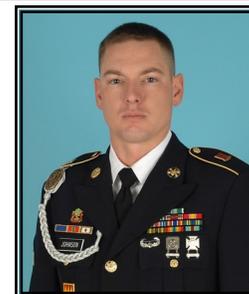
By SFC Charles L. Johnson Jr., Assistant Inspector General

Army Physical Readiness Training (PRT) is an integral part of being a Soldier in today's Army. Few other professions require the physical fitness levels that are expected of U.S. Army Soldiers. COL William R. Rieger, Commandant, U.S. Army Physical Fitness School, 1999-2006 stated, "When Soldiers become ill, injured, or have other medical conditions, leaders have the responsibility to recondition these Soldiers and safely return them to duty at an equal or higher physical level." Today we have more and more females joining our ranks to serve in the military. While serving their tour some female Soldiers decide it is time to start a family but they also want to continue to serve. The Army has a great program for these Soldiers, that is mandatory, so they are able to maintain their health and fitness levels called the Pregnancy/Postpartum Physical Training (PPPT) Program. According to Army

Regulation 350-1, Army Training and Leader Development, "commanders will ensure that **ALL** eligible Soldiers participate in the PPPT Program and that personal are available to conduct the physical training portion of the PPPT Program for the pregnant/postpartum Soldier in a manner that is consistent with the content, standards, policies, procedures, and responsibilities as set forth by the Public Health Command (PHC)".

The Garrison Commander is overall responsible for the program and according to Field Manual 7-22, Army Physical Readiness Training, senior commanders have the responsibility for PPPT program execution and will ensure the following: all eligible Soldiers will participate in the installation level PPPT Program, Soldiers maintain health and fitness levels throughout their pregnancy and return to pre-pregnancy fitness levels, Soldiers will safely reintegrate

into their unit's PRT program, Soldiers meet Army Body Composition (ABCP) and Army Physical Fitness Test (APFT) standards, medical consultation and support are provided, healthcare instruction is available for conducting the PPPT, and personnel are designated to conduct the PRT portion of the PPPT program. As for brigade, battalion, and battery commanders it is up to you to support this great program and hold Soldiers accountable when they fail to participate.



See PPPT Page 2

Illegal Prescription Medication Use

By MSG Steven R. Jenderseck, Inspector General NCOIC

Over the past four years there has been an increasing number of Soldiers using their prescription medications in an illegal manner. One of the greatest contributing factors of this illegal use is because Soldiers simply do not understand the regulation, but try telling that to a commander during an Article 15 hearing for a positive urinalysis. Lack of knowledge, quite honestly, is not a good defense.

Soldiers are continuing to use prescribed medication after the expiration date, which is in violation of regulations. Many Soldiers believe that if a prescription states for them to use “as needed,” that they are not responsible for the illegal use. Medical Command (MEDCOM) Regulation 40-51, dated 17 April 2013, [Medical Review Officers and Review of Positive Urinalysis Drug Testing Results](#), states “the use of any legally obtained prescription drug will not be considered illegitimate unless that use is beyond a clearly defined expiration date” and also states that “prescriptions will expire six months after the last date dispensed (issued).” Many Soldiers still believe that

the expiration date of prescribed medication is one year, while that is not the case. Keeping medication in your possession, past its intended use for which the medication was intended, allows the potential for breaking that law.

The second contributing factor of illegal prescription use arises when Soldiers illegally share medication with their friends and/or fellow Soldiers. Prescription medication is only to be used by the person whose name the prescription is for. Using a friend’s prescription that you think is Tylenol could actually be a controlled substance that is banned for illegal use under United States Code Title 21, Section 812. This code lists the type of controlled substances considered to be illegal.

If a Soldier tests positive for a medically prescribed medication, a request is submitted to a Medical Review Officer (MRO) who reviews medical evidence: medical prescriptions documented in the electronic health record system, hard copy medical records, or via a statement from the Soldier’s medical doctor or dentist. There are only two outcomes after the

MRO has reviewed the case, those being “legitimate use” which has a medical authorization, and “no legitimate use” where the Soldier does not have a medical authorization.

The illegal use of any drug while serving in the military has severe penalties. The wrongful use, possession, etc., of controlled substances is in violation of Article 112a, Uniform Code of Military Justice, and may bring a maximum penalty of a dishonorable discharge, and confinement from 2-10 years depending on the amount and type of illegal drug. An administrative separation is mandatory if a Soldier tests positive twice for illicit drug use.

Educate your Soldiers to keep them from getting in hot water, which in turn will allow leaders to focus on priority tasks that are more positive in nature.



PPPT cont.

According to Army Regulation 40-501, [Standards of Medical Fitness](#), unit commanders will counsel all female Soldiers as required by Army Regulation 600-8-24, [Officer Transfers and Discharges](#), and Army Regulation 635-200, [Active Duty Administrative Separations](#). Commanders must also consult with medical personnel as required which includes establishing

liaison with the occupational health clinic and requesting site visits by the occupational health personnel if necessary to assess any work place hazards.

If a Soldier does not receive clearance by a health care provider to participate in the PPPT exercise sessions, they are still required to attend the PPPT education program. Classes are once a week usually on a

Thursday. A good training source for commanders would be the Technical Guide 255A, [U.S Army Pregnancy Postpartum Physical Training Implantation Guide](#). As leaders it is our responsibility to enforce participation and standards and to be educated and up to date on these army programs.

Upcoming Inspections

The Fort Sill Inspector General typically conducts at least one special inspection (directed by the CG) every quarter; and sometimes more when a special situation dictates the necessity. Other Inspectors General (e.g. TRADOC IG, DAIG, FORSCOM IG) also conduct annual and quarterly inspections. Inspections do not always affect all units and coordination directly with the affected units will occur as soon as details are known. The following are the inspections that are currently on the calendar that will potentially affect Fort Sill units and directorates.

DATE	Inspecting Agency	Units Affected	Inspection Topic
2 DEC 14 - 12 DEC 14	FCoE IG	30th ADA, 428th FA, 434th FA, FCoE HQ-Det, 77th Army Band, 3-13 FA	FRG Program/ Budgeting
26 JAN 15 - 6 FEB 15	FCoE IG	30th ADA, 31st ADA, 214th FiB, 428th FA, 434th FA, FCoE-IG, MEDDAC, USAG-FS	Pregnancy / Postpartum Physical Training
23 FEB 15 - 27 FEB 15	HQDA IG	31st ADA, 75th FiB, 214th FiB, FCoE-IG, MEDDAC, USAG-FS, DES, G-2	U.S. Army Occupational Reliability
3 MAR 15 - 15 MAR 15	FCoE IG	30th ADA, 428th FA, 434th FA, FCoE-HQs Det, USAG-FS	Organization Inspection Program