

MEDICAL READINESS COMMAND, EAST OFFICE OF THE INSPECTOR GENERAL



MRC, EAST IG TEAM



COL GARY A



MSG R. STOKES

CONTACT INFO

WEBSITE:

https:// www.army.mil/ MRCEast#orginspector-general

EMAIL INBOX:

usarmy.belvoir.medco m-mrc-e.mbx.igoffice@health.mil

OFFICE PHONE

Commercial: 571-515-8196

MEDICAL READINESS COMMAND, EAST Command Inspector General

My staff says it's been a swing and a miss with the baseball references I've made in my opening comments over the past few newsletters. So, not wanting to strike out again, I'll take the walk and move right on into this 3rd guarter edition. This spring, MAJ Bryan Lee was traded over to The Office of the Surgeon General's team to be the Executive Assistant to the MEDCOM Chief of Staff and Deputy Commanding General, Support. Also, Mr. Eric Robinson was traded over to the Defense Health Agency to help build their IG inspections team. Both were key sluggers for us and they will be missed. We, however, added MSG Richard Stokes to our team roster who will pinch hit for MSG John Makowski. John is hanging up his uniform on 1 August after 24 years of meritorious service to our nation and we thank him for his dedication. Finally, we brought up Mr. Brian Pehrson to round out our batting order and complete our IG team this summer. While we have made some player changes, we remain committed to our mission of providing impartial, objective, and unbiased advice, through the four IG functions, to enhance total Army readiness. In this edition, you will read a little about our new staff, see who we are going to inspect, and please take note of our new webpage. Enjoy!

Welcome to our new IG NCOIC... MSG Richard Stokes

MSG Stokes comes to us from his previous assignment as part of the 528th Hospital Center (HC) in Ft. Bliss, Texas. His last duty assignment was as the S-3 NCOIC for the HC and previous to that as the 1SG for the 131st Field Hospital Company. He has held numerous leadership positions from 1SG, Platoon Sergeant, Senior Operations Sergeant, BDE Surgeon Cell NCOIC, Evacuation NCOIC, and will now serves as an Inspector General NCO/ NCOIC for MRC, East. As part of the MRC, East Inspector General's Office, MSG Stokes will conduct Inspections, assist Investigations, complete requests for assistance, and teach and train. You can reach MSG Stokes at 202-210-9714 or by email at richard.d.stokes6.mil@health.mil.

The IG Office has new contact information

The MRC, East's IG Office website address recently changed. It is currently under construction so please be patient. The updated address is posted below along with our new inbox. Reach out if you have any questions or need assistance.

IG Assistance Drop Box: usarmy.belvoir.medcom-mrc-e.mbx.ig-office@health.mil

Webpage: https://www.army.mil/MRCEast#org-inspector-general

Office phone: 571-515-8196



MEDICAL READINESS COMMAND, EAST OFFICE OF THE INSPECTOR GENERAL



Welcome our new IG: Mr. Brian Pehrson

On 20 June, 2023 MRC, East IG Office welcomed our newest team member, Mr. Brian J. Pehrson, to fill the position of Inspector General. Mr. Pehrson is a graduate of the University of Maryland Global Campus with a Bachelor's degree in Human Resource Management. He retired from the United States Army Military Police Corps in February 2021 with over 20 years of service. His last duty assignment was 1SG of the West Point Honors Military Police Company. Prior to that, he served as an Assistant Inspector General, Detachment Sergeant, Drug and Gang Intervention, Platoon Sergeant, Protective Services Agent, Squad Leader, Team Leader, Gunner, and Driver

As a member of the MRC, East Inspector General's Office, Mr. Pehrson will conduct Inspections, Investigations, complete requests for assistance, and teach and train. You can reach Mr. Pehrson at 571-515-8054 or brian.j.pehrson.civ@health.mil or just head over to the Inspector Generals' office at 9275 Doerr Road, Fort Belvoir.

Guidance for Army Body Fat Assessment, Army Body Composition Program

On 09 June 2023, the Secretary of the Army released Army Directive 2023-11, implementing modifications to the Army Body Composition Program (ABCP) that address findings from scientific assessments of the current program.

BACKGROUND: DoD authorized the U.S. Army to review methods to implement revisions to the ABCP that embody the whole Soldier concept and improve talent management. This directive announces changes to the ABCP to ensure all Army Soldiers maintain a level of physical readiness necessary to perform their duties.

Reference:

https://
armypubs.army.mil
/ProductMaps/
PubForm/
Details.aspx?
PUB_ID=1027169

Effective immediately:

- The only U.S. Army-authorized methods of estimating body fat are the multi-site circumference-based tape method, as prescribed in appendix B of AR 600–9; the one site circumference-based tape method; and the supplemental body fat assessment. The confirmatory assessment will be completed by a different team than the initial assessment
- The one-site circumference-based tape method will be phased in over the next year. During the 12-month period extending from the date of this directive, Soldiers who require a circumference-based tape test will take the one-site tape test. Those who fail the one-site tape method are authorized to be measured by the multi-site circumference-based tape method, as prescribed in AR 600–9, for their confirmation tape test. After 12 months from the date of this directive, the one-site tape test will be the only authorized circumference-based tape method. Confirmatory assessments will be conducted after any failures of a body fat percent assessment regardless of the Soldier's status within the ABCP
- A Soldier who fails the circumference-based tape methods will be flagged. Those Soldiers may request a supplemental body fat assessment if the means for such testing is reasonably available. Commanders of Soldiers who do not request a supplemental body fat assessment or who fail the supplemental body fat assessment will maintain the original flagging action, and the Soldier will be enrolled in the ABCP.
- Delegation. The authority to determine whether the supplemental body fat assessment testing is reasonably available is delegated to the commanders of Army commands, Army service component commands, and direct reporting units; the Chief, National Guard Bureau; and the Chief of Army Reserve. This authority may be further delegated.



MEDICAL READINESS COMMAND, EAST OFFICE OF THE INSPECTOR GENERAL



The Pregnant Workers Fairness Act (PWFA): What You Need to Know

From the U.S. Equal Employment Opportunity Commission

On 27 June 2023, The PWFA went into effect requiring a covered entity to provide a reasonable accommodation to a qualified employee or applicant with a known limitation related to pregnancy, childbirth, or related medical conditions, absent undue hardship. The PWFA covers the same entities and employees that are covered under Title VII and the Government Employee Rights Act (GERA). While Title VII does not extend to uniformed members of the armed forces, it does include federal agencies, DoD and DA civilians. Examples of reasonable accommodations may include:

- Additional, longer, or more flexible breaks to drink water, eat, rest, or use the restroom
- Changing food or drink policies to allow a worker to have a water bottle or food
- Changing equipment, devices, or workstations such as providing a stool to sit on, or a way to do work while standing
- Changing a uniform or dress code or providing safety equipment that fits
- Changing a work schedule, such as having shorter hours, part-time work, or a later start time
- Telework
- Reassignment
- Leave for medical appointments
- Light duty or help with lifting or other manual labor
- Leave to recover from childbirth

The law supports an informal interactive process between the employer and the employee or applicant to figure out if the employee has a known limitation and what types of reasonable accommodations are available. Employers must not:

- Deny a reasonable accommodation to a qualified employee or applicant absent undue hardship
- Require a qualified employee or applicant affected by pregnancy, childbirth, or related medical conditions to accept an accommodation other than any reasonable accommodation arrived at through the interactive process
- Deny an employment opportunity to a qualified employee or applicant because it will have to provide a reasonable accommodation
- Require a qualified employee to take leave, whether paid or unpaid, if another reasonable accommodation can be provided to the known limitations under the PWFA
- Take an adverse action in terms, conditions, or privileges of employment against a qualified employee or applicant on account of the employee requesting or using a reasonable accommodation

If you have any further questions, you can review the reference link, consult your EEO office, or reach out to us for assistance.

Reference:

https:// www.eeoc.gov/ wysk/what-youshould-know-about -pregnant-workersfairness-act

QUARTERLY NEWSLETTER



MEDICAL READINESS COMMAND, EAST OFFICE OF THE INSPECTOR GENERAL



Soldier Readiness Unit Inspection

This month, we will begin a special inspection of the facilities used to house Wounded, III, and Injured (WII) Soldiers/Service Members assigned to Soldier Recovery Units in MRC, East's area of responsibility. While the inspection is directed by our commanding general, it is also required by law and in compliance with Deputy Secretary of Defense (DEPSECDEF) guidance.

DEPSECDEF Memo, dated 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel promulgated standards for facilities housing WII Soldiers/Service Members who are receiving outpa-

tient medical care. These standards focus on the areas of Assignment, Baseline Standards, and Special Medical Requirements of WII Soldiers. We use these standards as the basis for our inspection and this likely stemmed from a February 2007 Washington Post article describing the facility conditions at Walter Reed Army Medical Center (reference: https://www.washingtonpost.com/archive/politics/2007/02/18/soldiers-face-neglect-frustration-at-armys-top-medical-facility/c0c4b3e4-fb22-4df6-9ac9-c602d41c5bda/). On 28 January 2008, Public Law 110-181, Section 1662 was enacted requiring Regional Health Command IGs to conduct these inspections semi-annually and while the names have changed from

Soldiers Face Neglect, Frustration At Army's Top Medical Facility

The Washington Post

By Dana Priest and Anne Hull February 18, 2007

Behind the door of Army Spec. Jeremy Duncan's room, part of the wall is torn and hangs in the air, weighted down with black mold. When the wounded combat engineer stands in his shower and looks up, he can see the bathtub on the floor above through a rotted hole. The entire

Warrior Transition Units to now Soldier Recovery Units (SRUs) the point remains the same, we are to ensure our wounded, ill, and injured men and women in uniform receive the highest standard of excellence and commitment that we can muster.



Walter Reed National Military Medical Center Soldier Readiness Unit

Reference:

https:// www.washingtonp ost.com/archive/ politics/2007/02/18/ soldiers-faceneglect-frustrationat-armys-topmedical-facility/ c0c4b3e4-fb22-4df6-9ac9c602d41c5bda/