



**DEPARTMENT OF THE NAVY**  
HEADQUARTERS UNITED STATES MARINE CORPS  
3000 MARINE CORPS PENTAGON  
WASHINGTON DC 20350-3000

MCO 6320.2F  
WWR  
13 MAY 2019

MARINE CORPS ORDER 6320.2F

From: Commandant of the Marine Corps  
To: Distribution List

Subj: PROCESSING OF WOUNDED, ILL, INJURED AND HOSPITALIZED MARINES

Ref: (a) DoDI 1300.24, "Recovery Coordination Program," December 01, 2009  
(b) DoDI 1300.18, "Department of Defense (DoD) Personnel Casualty Matters, Policies, and Procedures," August 14, 2009  
(c) MCO 3040.4  
(d) JAGINST 5800.7F, June 26, 2012  
(e) DoDI 6010.24, "Interagency Complex Care Coordination," May 14, 2015  
(f) SECNAVINST 5510.35C  
(g) Manual for Courts-Martial, 2019  
(h) MCO 1001R.1L CH-1  
(i) MCO 1001.59A  
(j) MCO P1070.12K CH-1  
(k) MCO 4400.201-Vol. 13  
(l) DON Financial Management Policy Manual, September, 2016  
(m) Joint Travel Regulations  
(n) 5 U.S.C. 552a  
(o) SECNAVINST 5211.5E  
(p) SECNAV M-5210.1 CH-1  
(q) MCO 5210.11F  
(r) SECNAV Notice 5210

Encl: (1) Contact Information for Marine Corps Activities, Department of Veterans Affairs (DVA), And Tricare/Department of Defense (DoD) Medical Treatment Facilities  
(2) Wounded Warrior Regiment Elements  
(3) Sample Transfer by Service Record Book Request

1. Situation. Publish guidance and instructions for processing Wounded, Ill, or Injured (WII) Marines. This Order complies with references (a) through (r).

2. Cancellation. MCO 6320.2E.

3. Mission. As directed in reference (a), ensure that Marines wounded in combat, become ill, or are injured in a location other than a combat zone are provided appropriate administrative and non-medical support in order to support their recovery, rehabilitation, and reintegration with the force or transition to civilian life.

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4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. All Marine Corps activities will be familiar with the instructions contained herein for administrative processing of WII Marines. Expeditious administration and personal attention for Marines are vital in upholding the Marine Corps' standard of "taking care of our own."

(2) Concept of Operations. This Order contains a substantial number of changes and should be reviewed in its entirety. Deviations from the procedures outlined herein or questions pertaining to the administrative processing of WII Marines must be referred to the Commanding Officer, Wounded Warrior Regiment (WWR) for approval.

b. Subordinate Element Tasks

(1) Commanders

(a) When a Marine will be receiving continuous care or is hospitalized at a local military or civilian Medical Treatment Facility (MTF), the Marine's parent command will provide support to said Marine. If there is no Marine Corps command in the local vicinity, the closest Reserve unit or Inspector-Instructor Staff (I-I) is responsible for providing support to Marines in their geographic area. Enclosure (1) provides links to contact information for the regional Marine Corps activities, as well as links to DVA and Tricare/DoD MTFs.

1. Commands near an MTF, Reserve unit, or an I-I unit will establish liaison with their designated hospital to ensure prompt notification by the medical facility when a Marine is admitted for treatment.

2. When a Marine requires care, and is not in the immediate vicinity of the permanent duty station, the nearest responsible Marine Corps activity listed in enclosure (1) will assume cognizance and will make every effort to ensure that a Marine Corps representative personally contacts the patient within 24 hours of admission, and reports that contact to the Marine's parent command.

3. If a WWR Detachment or a Patient Affairs Team (PAT), as defined in reference (c), is not resident within the MTF, the parent command or the closest Marine Activity (if applicable) will release initial/supplemental Personnel Casualty Report(s) (PCR) when applicable for WII Marines In Accordance With (IAW) references (b) and (c).

4. Parent commands must conduct a preliminary inquiry, as required by paragraph 0212 of reference (d) and ensure appropriate Line of Duty (LOD) Determinations are recorded. Parent commands will conduct a command investigation if any items of reference (d) apply and submit that investigation to the general courts-martial convening authority for endorsement and final determination. In any case where a potential for a claim for benefits or entitlements exists, the command must complete a full Line of Duty Investigation (LODI) with appropriate General Officer endorsements for the Physical Evaluation Board (PEB) to use for benefit determination IAW sections 0223, 0213, and 0220 of reference (d).

(2) Commanding Officer, Wounded Warrior Regiment (WWR)

(a) Reinforce common operational models, processes in support of the DVA and DoD complex care coordination processes, as outlined in reference (e). WII Marines requiring complex care coordination will have an Interagency Comprehensive Plan and a designated Lead Coordinator overseeing delivery of care and support.

(b) Coordinate, consult, and partner with interagency, intergovernmental, and public and private sector entities to maximize WII Marines and family access to support services and resources provided by DoD, other federal, state, and local agencies, veterans service and benefits organizations, non-profit organizations, and community-based organizations, academic institutions, professional provider associations, and private philanthropic groups.

(c) When resident within an MTF, ensure PATs generate PCRs IAW reference (c) to keep Headquarters Marine Corps (HQMC) Casualty Section (MFPC) and the parent command abreast of the status of all casualties admitted to or discharged from an MTF.

c. Coordinating Instructions

(1) Combat Injury/Illness Process. Where possible, Marines will remain assigned to their parent commands and receive appropriate care from medical facilities nearest to their permanent duty station. When an active duty patient cannot be returned to full duty, and cannot perform duties commensurate with the medical limitation, Competent Medical Authority (CMA) may determine, in conjunction with the Marine's Commanding Officer, that the patient be referred to a WWR element (enclosure (2)) for ongoing recovery care on an outpatient basis.

(a) The Medical Emergency Evacuation (MEDEVAC) and/or transferring of Marines between medical facilities, Outside The Continental United States (OCONUS), to effect treatment or use available bed space is controlled by the Global Patient Movement Requirements Center (GPMRC). In the case of medical evacuation, the GPMRC will designate the military or DVA treatment facility to which the patient will be transported. In the case of inter-hospital transfers, as determined by appropriate medical personnel, the GPMRC will be the approving authority.

(b) When combat conditions exist, HQMC will provide additional administrative instructions and designate commands as patient clearing/administrative agencies and casualty administrators to process evacuees via Marine Administrative Message (MARADMIN) or message traffic.

(2) Competent Medical Authority (CMA). Only a CMA, as defined in reference (f), Appendix A Definitions, "A CMA is a U.S. military healthcare provider or a U.S. healthcare provider employed by or under contract or subcontract to the U.S. Government or U.S. Government contractor", will determine the location of required care.

(3) Reservists. For the purpose of this Order, parent command is defined as the active duty assigned command or a reservists Gaining Force Command (GFC). Home Training Center (HTC) is where the reservist performs drills when not mobilized.

(4) Continental United States (CONUS) Hospitalization/Outpatient Treatment

(a) When a Marine requires care, and is not in the immediate vicinity of the permanent duty station, the nearest responsible activity listed in enclosure (1) will assume responsibility. The responsible activity will release initial/supplemental PCR(s) IAW references (b) and (c). If applicable, the parent command will forward a completed LODI to the responsible general court-martial convening authority IAW reference (d). The parent command will remain responsible for initial disposition under reference (g) (Rule for Courts-Martial 306) of any pending disciplinary action unless responsibility is explicitly assumed by the gaining command.

(b) When a Marine requires care outside the vicinity of their permanent duty station and the period of care is expected to be 90 days or less, the Marine's parent command should report the Marine to Temporary Additional Duty (TAD) to the nearest Marine Corps activity listed in enclosure (1). Activities listed in enclosure (1) will attach the Marine TAD, provide administrative oversight, complete to/from sick reporting in Marine Corps Total Force System (MCTFS), update individual location, and administer convalescent leave. The parent command will retain responsibility to conduct any required investigations surrounding the incident, to include a LOD Determination per reference (d), and any pending disciplinary action.

(c) When a Marine requires care outside the vicinity of the permanent duty station, and the prognosis of care is expected to exceed 90 days at a single facility, the Marine should be Transferred by Service Record (TR by SR) to the responsible activity listed in enclosure (1). Enclosure (3) provides an example of a TR by SR message. The gaining command will coordinate with HQMC Humanitarian Unit (MMEA-86) and the Marine's parent command for approval. When TR by SR is approved, a line of accounting of movement for household goods and dependent travel will be provided where applicable.

1. Reserve Marines returning to their HTC will not normally be TR by SR.

2. If an injured reservist is required to remain away from the parent command in order to receive proper medical treatment, and there is no requirement for movement of dependents or household goods, then the Marine will not require a TR by SR. The injured reserve Marine will be reported "TAD EXCESS" via MCTFS to either the WWR or a command nearest to where medical treatment is being received.

3. Per references (h) and (i), reserve members will be identified into two groups based on orders issued: Mobilized and Non-Mobilized.

a. Mobilized

(1) Commander, United States Marine Forces, Reserve (COMMARFORRES) (G1) for unit activation.

(2) Force Augmentation Section (MMIB-2) for individual augment.

b. Non-Mobilized

(1) Reserve Affairs for Active Duty for Operational Support, Active Component (ADOS-AC) and Active Duty for Operational Support, Reserve Component (ADOS-RC).

(2) Marine Corps Recruiting Command (MCRC) (G1) for Extended Active Duty (EAD) Recruiter.

(3) Reserve Retirement and Separation Section (MMSR-5) for Retirees.

(d) When Marines are discharged from a MTF and referred to another MTF in excess of 90 days, the parent command may initiate the request for TR by SR, to the nearest Marine activity. If transferred, the following will take place at a minimum:

1. Health and dental records will be forwarded per instructions contained in reference (j).

2. Personal effects will be handled IAW reference (k).

3. If applicable, the parent command will forward a completed LODI to the cognizant general court-martial convening authority IAW reference (d). The parent command will remain responsible for initial disposition under reference (g) (Rule for Courts-Martial 306) of any pending disciplinary action unless responsibility is explicitly assumed by the gaining command.

(5) Outside Continental United States (OCONUS) Hospitalization. In cases where Marines are hospitalized OCONUS, the nearest Marine Corps activity to the medical facility will assume cognizance of the Marine. These activities will establish a close liaison with the hospital to ensure prompt notification via a PCR, with information to the WWR and MFPC when a Marine is admitted for treatment.

(a) The Commanding Officer of a Marine admitted to an OCONUS/foreign civilian hospital will release a PCR to MFPC.

(b) If a CMA directs that a Marine be MEDEVAC to Continental United States (CONUS), then subsequent transfers in CONUS will be handled IAW the process outlined in paragraph 4(c)(4) of this Order.

(c) Upon being MEDEVAC from one OCONUS facility to another OCONUS medical facility (regardless of location), commanders shall release a supplemental PCR per references (b) and (c).

(d) For Marines MEDEVAC out of a theatre of operations, supplemental PCRs will be generated by PATs until the Marine has been returned to the parent command or administratively attached to another unit.

(7) Congressional Notification Form (CNF). The CNF is a voluntary form that all MEDEVAC patients from a combat zone are requested to sign to aid in passing need to know Protected Health Information in the medical record to congressional leaders, Military/Dental Treatment Facilities, and the TRICARE Health Plan. Upon departure from Landstuhl Regional Medical Center in Germany, the signed form is encrypted and emailed to HQMC, WWR Headquarters, and Wounded Warrior Battalion-East. If a patient is unable to give consent at the time of departure from Landstuhl, and does not have a

family member present to sign the consent form on the patients behalf, notification to the next MTF will be made requesting the consent from the patient or family member.

(8) Release from Hospitalization In- or Outpatient

(a) Upon release from a period of hospitalization/outpatient treatment, TAD Marines will be returned to the parent command. If the Marine cannot return to the parent command, the Commander may refer the Marine to WWR or disposition instructions from HQMC.

(b) Upon release of hospitalization/outpatient treatment where the Marine was TR by SR, the Marine's joined command commanding officer will request disposition instructions from HQMC (MMEA/Officer Assignment Branch MMOA) per reference (j).

5. Administration and Logistics

a. Funding. General funding responsibilities are discussed in reference (1), paragraph 03142(2)(c), and reference (m).

(1) For WII Marines transferring for further treatment from a non-Navy MTF to any other MTF, the travel is funded by Operation and Maintenance (O&M) Navy funds that are administered by the Bureau of Medicine and Surgery.

(2) For Marines ordered to a hospital in an outpatient status, the travel is chargeable to the parent command's O&M funds.

(3) Any questions concerning funding should be addressed to the local finance office, local comptroller, or WWR Fiscal for guidance.

(4) Medical travel costs incurred by Marine Corps commands participating in named contingencies will use appropriate Special Interest Codes and seek reimbursement via their comptroller chain.

b. Personal Assistance. The following information supplements current instructions and is designed to assist responsible activities in providing support to patients.

(1) Pay. One of the fundamental responsibilities incumbent upon Marine Corps leaders is ensuring the prompt, precise reporting of information into MCTFS for Marines under their charge. Accurate information and effective administrative processes are key enablers of the Marine Corps' ability to "take care of our own". The activity responsible for the personnel administration functions will: report the "to sick", "from sick"; join/attachment; and maintain information that affects pay; compensation; promotion; military, personal, and family readiness to include Special Compensation for Assistance with Activities of Daily Living (SCAADL); pay and allowance continuance; and Service Members' Group Life Insurance Traumatic Injury Protection (TSGLI). Maintaining vigilance toward complete, accurate personnel records enhances the Marine Corps' ability to take care of its WII Marines.

(2) Household Goods and Travel of Dependents

(a) Every effort will be made to ensure each Marine is afforded the benefits related to transportation and/or storage of household goods and dependent's travel, if applicable, as entitled by references (l) and (m).

(b) The necessary arrangements for shipment/storage of household goods and/or required tracer action to locate household goods which have been shipped but not received will be coordinated with the Distribution Management Office (DMO) responsible for serving the geographical area in which the Marines is receiving treatment.

(c) If household goods are received by an activity and the Marine's location cannot be determined locally, the activity will submit a message to the HQMC Separations and Retirements Branch (MMSR) requesting status/current location of the Marine so that the household goods may be forwarded to the proper destination.

(3) Uniform Clothing

(a) Enlisted Marines returned from a combat area for treatment shall be furnished clothing IAW reference (k), paragraph 0227, and (l), paragraph 03177(3). Commanders of activities administering to patients in an area where a Retail Clothing Outlet (RCO) or Military Clothing Sales Store (MCSS) is available shall submit requests for clothing to that clothing activity, using Form NAVMC 604 and DD Form 1348, as appropriate.

(b) For those commands not supported by an RCO or MCSS, requisitions shall be submitted to the Defense Supply Center Philadelphia (DSCP), Pennsylvania 19102, using military standard requisitioning and issuing procedures per current directives.

c. Privacy Act. Any misuse or unauthorized disclosure of Personally Identifiable Information (PII) may result in both civil and criminal penalties. The Department of the Navy (DON) recognizes that the privacy of an individual is a personal and fundamental right that shall be respected and protected. The DON's need to collect, use, maintain, or disseminate PII about individuals for purposes of discharging its statutory responsibilities shall be balanced against the individuals' right to be protected against unwarranted invasion of privacy. All collection, use, maintenance, or dissemination of PII shall be IAW the Privacy Act of 1974, as amended (reference (n) and implemented per reference (o)).

d. Records Management. Records created as a result of this Order shall be managed according to National Archives and Records Administration (NARA) approved dispositions per references (r) and (p) to ensure proper maintenance, use, accessibility and preservation, regardless of format or medium. Refer to reference (q) for Marine Corps records management policy and procedures.

6. Command and Signal

- a. Command. This Order is applicable to the Marine Corps Total Force.
- b. Signal. This Order is effective the date signed.



M. A. ROCCO  
Deputy Commandant for  
Manpower and Reserve Affairs

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**CONTACT INFORMATION FOR MARINE CORPS ACTIVITIES, DEPARTMENT OF VETERANS  
AFFAIRS (DVA), AND TRICARE/DEPARTMENT OF DEFENSE (DoD) MEDICAL TREATMENT  
FACILITIES**

**MARFORRES by Command Directory:**

<http://www.marforres.marines.mil/LinkClick.aspx?fileticket=7g67yqY5LyY%3d&tabid=7924&portalid=116&mid=23031>

**MARFORRES by State Directory:**

<http://www.marforres.marines.mil/LinkClick.aspx?fileticket=N1LpULYAJC4%3d&tabid=7924&portalid=116&mid=23031>

**DVA Locations - Interactive Map:**

<https://www.va.gov/directory/guide/map.asp>

**DVA Facilities by State:**

<https://www.va.gov/directory/guide/allstate.asp>

**Tricare/DoD Find a Medical Treatment Facility:**

<https://tricare.mil/mtf>

**WOUNDED WARRIOR REGIMENT ELEMENTS**

**Wounded Warrior Regiment HQ (Quantico, VA)**

**Wounded Warrior Battalion-East (Camp Lejeune, NC)**

Wounded Warrior Battalion Barracks, Camp Lejeune, NC  
Walter Reed National Military Medical Center, MD  
San Antonio Military Medical Center, TX  
Naval Medical Center Portsmouth, VA  
VA Poly-Trauma Center Richmond, VA  
VA Poly-Trauma Center Tampa, FL  
VA Poly Trauma Center Minneapolis, MN  
Fort Belvoir, VA  
Landstuhl Regional Medical Center, Germany

**Wounded Warrior Battalion-West (Camp Pendleton, CA)**

Wounded Warrior Barracks, Camp Pendleton, CA  
Naval Medical Center San Diego, CA  
VA Poly-Trauma Center Palo Alto, CA  
Naval Hospital Twenty-nine Palms, CA  
Marine Corps Base Kaneohe Bay, HI  
Camp Butler Okinawa, Japan

**SAMPLE TRANSFER BY SERVICE RECORD BOOK REQUEST**

TO CMC WASHINGTON DC MMEA-86  
CO WOUNDED WARRIOR BATTALION-EAST(UC)  
INFO (\*Add if request is for a reserve member\*)  
CMC MRA MM MMIB TWO WASHINGTON DC (\*For Individual Augment\*)  
CMC MRA RA RAP WASHINGTON DC (\*For ADOS-AC and ADOS-RC\*)  
CMC MRA MM MMSR WASHINGTON DC (\*For Retiree\*)  
COMMARFORRES G ONE (\*For UNIT ACTIVATION\*)  
CG MCRC QUANTICO VA (\*For EAD RECRUITER\*)

UNCLAS

SUBJ: REQ FOR TR VIA SERVICE RECORD//  
MGSID/GENADMIN/CG WOUNDED WARRIOR BATTALION-EAST//  
POC/JONES, A SSGT/BN S-1/3D BN, 2D MAR/TEL: DSN 750-5440//  
RMKS/1. PFC \_\_\_\_\_ IS CURRENTLY BEING TREATED AT CAMP LEJEUNE NAVAL  
HOSPITAL, CAMP LEJEUNE, NC. DUE TO THE LONG TERM MEDICAL CARE NEEDED,  
REQUEST SNM BE TR VIA SRB TO WOUNDED WARRIOR BATTALION EAST, (MCC 2WX).  
SNM'S INFORMATION IS LISTED BELOW:

- A. NAME: \_\_\_\_\_
- B. STATUS: ACTIVE DUTY
- C. EDIPI: \_\_\_\_\_
- D. RANK: \_\_\_\_\_
- E. SERVICE/COMPONENT: USMC/REGULAR
- F. ORGANIZATION/STATION: \_\_\_\_\_
- G. DUTY MOS: \_\_\_\_\_
2. POC AT ACCEPTING UNIT IS MS. ROBAYO AT COM (910)449-9553.//

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**APPENDIX A**

**GLOSSARY OF TERMS**

Active Duty for Operational Support, Active Component.....	ADOS-AC
Active Duty for Operational Support, Reserve Component.....	ADOS-RC
Casualty Section.....	MFPC
Commander, United States Marine Forces, Reserve.....	COMMARFORRES
Competent Medical Authority.....	CMA
Congressional Notification Form.....	CNF
Continental United States.....	CONUS
Defense Supply Center Philadelphia.....	DSCP
Department of Defense.....	DoD
Department of Navy.....	DON
Department of Veterans Affairs.....	DVA
Distribution Management Office.....	DMO
Enlisted Assignment Branch.....	MMEA
Extended Active Duty.....	EAD
Force Augmentation Section.....	MMIB-2
Gaining Force Command.....	GFC
Global Patient Movement Requirements Center.....	GPMRC
Headquarters Marine Corps.....	HQMC
Home Training Center.....	HTC
HQMC Humanitarian Unit.....	MMEA-86
HQMC Separations and Retirements Branch.....	MMSR
In Accordance With.....	IAW
Inspector-Instructor Staff.....	I-I
Line of Duty.....	LOD
Line of Duty Investigations.....	LODI
Marine Corps Recruiting Command.....	MCRC
Marine Administrative Message.....	MARADMIN
Marine Corps Total Force System.....	MCTFS
Marine Forces Reserve.....	MARFORRES
Medical Emergency Evacuation.....	MEDEVAC
Medical Treatment Facility.....	MTF
Military Clothing Sales Store.....	MCSS
National Archives and Records Administration.....	NARA
Officer Assignment Branch.....	MMOA
Operation and Maintenance.....	O&M
Outside the Continental United States.....	OCONUS
Patient Affairs Team.....	PAT
Personally Identifiable Information.....	PII
Personnel Casualty Report.....	PCR
Physical Evaluation Board.....	PEB
Reserve Retirement and Separation Section.....	MMSR-5
Retail Clothing Outlet.....	RCO
Service Members' Group Life Insurance Traumatic Injury Protection....	TSGLI
Special Compensation for Assistance with Activities of Daily Living...	SCAADL
Temporary Additional Duty.....	TAD
Transfer by Service Record.....	TR by SR
United States Marine Corps.....	USMC
Wounded, Ill, and Injured.....	WII
Wounded Warrior Regiment.....	WWR