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ARMY MEDICAL ACTION PLAN: IS IT WORKING?

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Chairwoman Davis, Representative McHugh, and distinguished members of the Subcommittee, thank you for this opportunity to discuss the status of the Army Medical Action Plan and recent initiatives taken by the Army to ensure our Warriors in Transition and their Families receive the care and support they require in environments most conducive to their healing. In answer to the question posed in the title of this hearing, yes, we believe the Army Medical Action Plan (AMAP) is working. It absolutely needs to work better, but our system of caring for and supporting Warriors in Transition and their Families as codified in the AMAP is vastly superior to the previous system. Before we discuss some of the shortfalls and areas needing improvement, we would like to highlight how the Army has transformed Warrior Care over the last 18 months.

Wounded, ill, and injured Soldiers, Active, Guard and Reserve, have been organized into Brigades, Battalions, and separate companies at 35 sites under the command and control of the medical treatment facility commander. Unlike the previous command and control structure, the new Warrior Transition Units (WTU) focus solely on the care of their Soldiers. Every Soldier in a WTU, known as a Warrior in Transition, is supported by a Triad of Care--a primary care manager, a nurse case manager, and a squad leader. We've assigned one squad leader for every 12 Soldiers, one Primary Care Manager for every 200 Soldiers, and one nurse case manager for every 18 or 36 Soldiers depending on the unit's needs. Today we have approximately 2,800 trained personnel staffing our WTUs--a seven-fold increase in personnel over the previous system, but an even greater increase in capability due to formal training and the new policies and standards which have been put in place.

We've established Soldier and Family Assistance Centers (SFACs) to provide tailored, integrated support services to Warriors in Transition and their Families and act as a one-stop location for support at installations with WTUs. The SFACs provide a safe haven where Warriors in Transition and their Families can gather for mutual support and comradeship to aid physical, spiritual, and mental healing.

We created a 24/7 hotline that provides Warriors in Transition and their Families 24-hour access to information and assistance. The Army has responded to over 14,064 calls on the hotline since March 2007. Each unit also has a dedicated ombudsman who reaches out to Soldiers and Families as an extra resource and problem-solver. Ombudsmen have addressed over 5,900 concerns during the last twelve months. In addition to the hotline and ombudsman program, we have improved the ways we “listen” to the needs of our Wounded Soldiers and their Families and monitor the quality of care and support we provide to our Soldiers. We use third-party surveys and receive input from an array of internal and external sources.

We created a new Department of the Army office to focus on wounded warrior issues, the Warrior Care and Transition Office. Brigadier General Gary Cheek serves simultaneously as the Assistant Surgeon General for Warrior Care and Transition and as Director, Warrior Care and Transition Office reporting directly to the Director of the Army Staff. The role of this office is to be the single source on the Army Staff for all matters related to Warriors in Transition across all disciplines.

Since initiating the Army Medical Action Plan, the Army has made substantial progress in reducing the unnecessary bureaucratic processes. Some of the many substantive changes we have made since February of 2007 include:

- Continuing Combat-Related Injury Pay (CIP) while Soldiers are assigned to the Warrior Transition Unit or Community Based Health Care Organization. **Note:** “Pay Allocation Continuance” which will replace CIP is expected to be implemented by the end of FY 2008 (retroactive to May 15, 2008). This authority from FY08 NDAA will ensure that Servicemembers hospitalized for wounds, injury, or illness due to combat operations continue to receive all authorized special pays as well as their Traumatic Servicemembers Group Life Insurance (TSGLI) payments. Under CIP, TSGLI payments were suspended while receiving CIP.
- Creating a special duty pay for our WTU non-commissioned leaders (Squad Leaders and Platoon Sergeants).
- Adding an additional 17 military lawyers to provide more responsive legal counseling to Wounded Warriors in Physical Disability Evaluation System (PDES) processing;

- Establishing a My MEB/PEB web page on Army Knowledge Online so each Warrior can track the status of his or her PDES case.
- Considering Warrior in Transition preference for their location of care within the constraints of facility capabilities and medical necessity.
- Providing Warriors in Transition top priority in housing.
- Developing a Comprehensive Care Plan Process for each Soldier in the WTU that sets the conditions for the Soldiers to achieve a successful return to duty or a successful transition to civilian life.
- Authorizing Permanent Changes of Station for Warrior in Transition Families.
- Reducing paper work for PDES processing by eliminating 50% of the forms.
- Engaging the Center for Army Analysis to perform an in-depth review of case processing results across the three PEBs; as a result of this review, a robust quality control sampling program was implemented to ensure greater consistency in the board review process.
- Co-locating VA advisors at Army hospitals and facilities and initiating a leader exchange with the VA.
- Expanding VA access to Army Soldier medical records.

We've initiated a Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) education program for every Soldier in the Army. This program is designed to not only educate and assist Soldiers in recognizing, preventing, and treating these conditions, but also to erase the stigma associated with these injuries. We also have similar training available to Family members. Over 900,000 Soldiers have received training since August 2007. We have also completed specialized PTSD/TBI training for social work personnel, nurse case managers, and psychiatric nurse practitioners.

Despite these tremendous successes over the past year, the Army will continue to improve in a number of areas in order to ensure our Warriors in Transition receive the best care and support possible. One significant shortfall relates to staffing of our WTUs. The dramatic increase in our population of Warriors in Transition challenges us to keep pace with sufficient WTU cadre, care providers, and facilities for these deserving Soldiers and their Families. The Army recently issued a fragmentary order aimed to improve this shortcoming and other areas where we've identified shortfalls. We are

confident that these changes will further improve our system of care and support for these deserving Soldiers.

At the beginning of July, the Chief of Staff of the Army, General George Casey, issued Fragmentary Order (FRAGO) to the AMAP (Department of the Army Execution Order 118-7 [Healing Warrior] dated June 2, 2007). In FRAGO 3, the Army addresses WTU staffing shortfalls, TDA structure inadequacy, Triad of Care ratios, and PDES processing – four major areas identified for improvement. FRAGO 3 empowers commanders at the local level to use the resources at their disposal to ensure that all WTUs are staffed with sufficient personnel to meet the requirements of care and support required by all Warriors in Transition and Family members on their installations. To this end, Senior Commanders at these installations will form Triads of Leadership to include themselves, the Military Treatment Facility Commander, and the Warrior Transition Unit Commander to react quickly and decisively to ensure that WTUs have the personnel they need to successfully accomplish their mission. Accordingly, each installation's Triad of Leadership was directed to assign sufficient installation personnel to WTUs to fill all remaining staffing requirements no later than July 14, 2008.

The Triads of Leadership are charged with ensuring that the staffing of WTU cadre positions remains at 100 percent of required strength based on the number of Warriors in Transition assigned or attached to each installation's WTU. To ensure that WTUs are completely successful in their mission, the Triads of Leadership will fully involve their Command Sergeants Major and First Sergeants to monitor execution of the AMAP down to the individual position.

To address the shortcomings in the current WTU structure, FRAGO 3 directs the completion of an assessment and projection of the anticipated WTU Warrior in Transition population as of January 2009. The Deputy Chief of Staff for Operations (G-3/5/7) is directed to adjust WTU structure to reflect these projected requirements no later than July 28, 2008. The Chief of Staff of the Army further directs that these projections be based on the revised staffing ratios set forth in FRAGO 3 which U.S. Army Medical Command must put in place by October 16, 2008. These revised ratios include a reduction in the number of Warriors in Transition for which each Squad Leader

is responsible from 1:12 to 1:10. Also, the ratio for Nurse Case Managers will be reduced from 1:36 to 1:20. These revised ratios are the result of the findings of a recent manpower analysis conducted for all WTU positions. We are confident that these staffing ratios will better support our Warriors in Transition and ease the burden on our cadre. We will continue to monitor these staffing ratios and adjust them when necessary.

Senior Commanders are further directed to evaluate the effectiveness of installation execution of the PDES and provide their findings in writing to the Warrior Care and Transition Office no later than July 30, 2008. From these reports, an action plan will be developed to streamline the disability process, assist in meeting DoD established timeline metrics for Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) processing, and minimize the time required for PEB disposition by aggressively processing orders.

The Army has also established a comprehensive PDES training program. This program ensures that personnel who operate the PDES have the skills and knowledge needed to carry out their responsibilities. These courses are now required for annual certification in the respective disciplines. Through information technology, the Army has created a streamlined, efficient tracking and management environment. This allows us to provide detailed specific instructions to care givers, care managers, and administrative personnel involved in each area of Warrior Care. Despite these improvements to the PDES, the Army is continuing to consider, review, and analyze further modifications that will meet all the needs of our disabled Wounded Warriors whether they remain in the service or return to the civilian sector.

The Army will soon publish a new message for installations and the personnel community to cover the Return to Duty procedures for Wounded Warriors. Previous Army policy, which allocated Soldiers up to 90 days to work permanent change of station issues, was determined to be excessive. This policy was refined to allow 10 days for Soldiers reporting to units on the same installation and 60 days for new installation permanent change of station moves. This eliminated the delay in Soldiers

found fit for duty remaining in the WTUs when they could have moved to their new units sooner.

The orders process is being streamlined further by better communications between the Army Human Resources Command (HRC) and the WTUs. Previously, information concerning the WTs would move from the WTUs through Regional Medical Commands and Army Medical Command before reaching HRC, creating unnecessary delays in orders processing. Now HRC is directly linked to each WTU to issue orders. To the greatest extent possible, WTs are assigned back to their parent unit or installation upon release from the WTU. In certain situations, professional development courses, such as Drill Sergeant/Recruiter Duty or reenlistment requirements will place WTs in other units. This effort is important to our Soldiers and relieves an additional source of potential stress and anxiety.

We are restoring and modernizing existing facilities with available funds, improving accessibility, and co-locating facilities where practical. Operations and Maintenance funded contracts valued at \$162 million were awarded in late Fiscal Year 2007 and an additional \$100 million of projects is being executed in Fiscal Year 2008 to complete this effort.

The Army fully supports meeting the needs of our wounded, ill, and injured Warriors by co-locating WTU barracks and supporting facilities to promote a healing environment. These units will be stationed in complexes composed of Warrior in Transition Barracks, SFACs, and WTU administrative buildings, which provide robust command and control, administrative support, and a care management structure.

While the Army's Warriors in Transition are currently housed in quarters that meet DoD standards, we consider this to be an interim solution. Congress has supported our facility requirements by passing the Supplemental Appropriations Act, 2008, which includes \$138 million in military construction funding for seven permanent WTU locations. Fort Riley will receive WTU barracks, SFAC, and headquarters; Fort Drum will receive WTU barracks and headquarters; Forts Campbell, Carson, Polk, and Stewart will receive WTU SFACs; and Fort Hood will receive a WTU SFAC. The Army

will address additional emerging Warrior in Transition barracks and SFAC requirements in future budget requests.

The Army is also participating in DoD workgroup efforts to jointly identify, develop, and implement effective support for the care and management of Warriors in Transition and their Families. The focus of the DoD workgroup is to identify effective practices and design a system to provide continuity of quality care and services delivery for Warriors in Transition and their Families from recovery to rehabilitation and reintegration, that is consistent across the Army. The Army is also providing the Families of both Warriors in Transition and Fallen Soldiers the highest priority for SFAC services and support.

In addition to care for Warriors in Transition and their Families, the Army has developed a holistic multi-agency and multi-component strategy to provide consistent and quality Survivor Outreach Support for survivors of the fallen. This initiative will centralize casualty case management and operations, decentralize programs and services, provide a quality assurance standard to evaluate the effectiveness and efficiencies of services delivery, provide program outcome measures, and improve financial services for survivors.

Thank you for holding this hearing and for your continued support of the Warriors and Families that we are honored to serve. We look forward to your questions.