



MEDCOM NOW
A newsletter highlighting the challenges, successes and personnel of Army Medicine.

Inside this issue:

West Pointer gets leadership training, WTB-style

New review board to ensure consistent disability ratings

Symposium IDs Soldier, Family key care issues

Riley WTB creates special Family Support Group

Darnall holds job fair to hire clinical people for WTB

WTU director visits Fort Campbell WTU

Motorcycling vets raise money for Fort Riley WTB

Chief of staff visits Hood WTB

GEN George W. Casey Jr., Army chief of staff, met with a number of Warrior Transition Battalion Soldiers during a one-day visit to Fort Hood in July.

Casey toured several rooms of WTB Soldiers and visited a couple of Soldiers living in the ADA (Americans with Disabilities Act) billets.

Then he met with six Soldiers and Family members from Delta Company in the Carl R. Darnall Army Medical Center emergency department annex. This discussion lasted for 50 minutes.

Upon his arrival at WTB, Casey was met by LTG. Rick Lynch, commander of III Corps and



GEN George W. Casey Jr., Army chief of staff, talks with SGT Clint Bailey, Company A, 3rd Platoon, Warrior Transition Battalion, July 24 outside his room at Rough Rider Village. Casey visited Fort Hood on a one-day trip with his wife, Sheila. Bailey has been in the WTB for 10 months and will soon retire from the Army. (Photo by Jon Connor)

Fort Hood; COL Casper P. Jones III, commander of Carl R. Darnall Army Medical Center; and LTC Timothy Snider, commander of the Warrior Transition Battalion along with the respective command sergeants major of those commands.

Army copes with expanding WTUs

by Elizabeth M. Lorge
Army News Service

WASHINGTON — The Army has announced plans to increase staffing at Warrior Transition Units, revise WTU admission/exit criteria and streamline Medical and Physical Evaluation Boards.

Secretary of the Army Pete Geren and Army Chief of Staff GEN George W. Casey Jr. announced the new measures to address the expanding WTU population in a message to commanders.

BG Gary H. Cheek, assistant surgeon general for warrior care and transition

and director of the Warrior Care and Transition Office (WCTO), recently announced the WTU population has doubled in the past year to over 12,000, and while these Soldiers are still receiving the best care possible, this has created some management challenges.

Recognizing that each WTU is different, the new policies emphasize the importance of local leadership. In fact, there will now be a triad of leadership, consisting of the senior commander on an installation, the commander of the

See "Expanding," page 2

Expanding, continued

medical-treatment facility and the WTU commander. The triad of leadership parallels the triad of care (squad leader, nurse-case manager and primary-care manager).

“Secretary Geren and GEN Casey are committed to taking care of our wounded, ill and injured warriors and doing whatever it takes to meet their needs,” said Cheek. “They also realize the best way to do this is to empower the triad of leadership with more management options for their wounded, ill, and injured Soldiers. Ultimately this policy revision is about matching the provision of care to the needs of the Soldier. Local commanders are the right leaders to make the call.”

Local commanders had until July 14 to get WTUs fully staffed. COL Jimmie Keenan, WCTO chief of staff, said this meant they had to reassign squad leaders and platoon sergeants from other units to the WTU. The new cadre must be reassigned on orders, not borrowed from other units, to make them eligible for the new \$375 special-duty pay, which WCTO SGM Ly Lac said should start in the next few weeks.

Training available

With an online-training course, resident courses and mobile-training teams available to train the new cadre in the special skills they need to care for sick and injured Soldiers, Cheek said he expects them to be on board and trained in July.

In turn, the Office of the Deputy Chief of Staff for Personnel (G-1) plans to backfill the new cadres’ positions in their original units by October.

The Army Medical Command, Keenan continued, is also looking for civilian and contract nurse-case and primary-care managers to fill those positions, and is also considering retiree recalls.

“From our initial indications, there are many reserve nurse-case managers and also retiree nurses who have retired from the Army who are interested in still serving their country, and they are located near many of these posts, camps and stations where we have this requirement, so we think that we will be able to address that requirement,” Keenan said, adding that the medical personnel should all be in place by Oct. 16.

Part of the personnel shortage is because more Soldiers enter WTUs every month than exit and there is a backlog of Soldiers who either are almost done with their treatment and don’t need as much care, or who are waiting for their Medical or Physical Evaluation Board results.

“With the consensus of the triad of care and ap-

proval by the triad of leadership, Soldiers may be returned to their units if they are making satisfactory progress with their comprehensive transition plan, if their medical needs can be managed by the Soldier and the unit, and they will remain on active duty,” said Cheek.

The Army also wants to ensure that only those Soldiers with the greatest medical needs enter WTUs, so it can focus on their care, Cheek said. Soldiers with more minor injuries or illnesses will be managed by their units and treated at the installation hospital.

Leaders judge need

“All wounded, ill or injured Soldiers will be evaluated by the triad of leadership, and those people with complex care needs will enter into the WTU. Those Soldiers requiring minimal care will be treated by the base hospital or clinic and be managed and monitored by their unit leadership. While the policy affects Soldiers entering into the program, those warriors currently assigned to a WTU can remain or be reassigned to his or her unit with the consensus of the triad of care and approval of the triad of leadership,” he continued, emphasizing the importance of insuring Soldiers get the best care, and the right care for them. He added that all reserve-component Soldiers will continue to be assigned to WTUs, regardless of the amount of care they need.

Army leaders have also directed commanders to look at the Army Physical Disability Evaluation System on their installations and make the process easier.

Ending frustration

“That’s key because many Soldiers are frustrated still with the Medical Evaluation Board and the Physical Evaluation Board process,” said Keenan. “We know DOD has a pilot project that they’re working on for that, but what we have found is that there are also processes that we can control at our installations, that we can improve upon so Soldiers don’t feel like they’re waiting around, because that can be very frustrating for a Soldier who wants to move on with their life and wants to make that transition.

She added that those processes include evaluating the number of MEB providers and the current ratio of one to every 200 cases. They are also looking at the numbers of PEB liaison officers.

In addition, WTCO is looking at installations around the Army to determine which has the most efficient processes, so these can be institutionalized across the Army, Keenan said.

West Pointer gets leadership training, WTB-style

by **Craig Coleman**

Walter Reed Stripe Asst. Editor

The military education of Cadet Lt. Kaitlin Minks of the U.S. Military Academy at West Point took an unusual turn this summer, when she became the first to undertake Cadet Troop Leadership Time (CTLT) with Walter Reed Army Medical Center's Warrior Transition Brigade.

Cadets in CTLT spend four weeks between the third and fourth year learning first-hand what a junior officer needs to know. Each shadows a commissioned officer, watching and learning before assuming some of the officer's duties.

Minks was assigned to follow 1LT Matthew Oldach, executive officer, Chosen Battery.

"He's a senior lieutenant," said Minks. "At West Point, they tell you you'll be leading a platoon, and it's 30, 40 people. I get here and I learn I'm going to be following the XO, and you look at the list and it's 230 Warriors."

She needn't have worried. Before her four-week tenure at Walter Reed ended, she not only assumed some of Oldach's duties, she became acting XO while he filled in for the company commander.

"I'll still come in and check to see how things are going, but she's it," Oldach said. "People will come to her office and ask every question they can think of, because that's how it works around here."

Oldach challenged Minks' decision-making skills on her first morning as acting XO.

A newly-arrived Soldier had been mistakenly assigned to Chosen Battery. Should the Soldier be sent back to brigade headquarters for reassignment, or accepted into Chosen Battery? Minks decided to keep the Soldier in Chosen Battery and inform the chain of command of the error.

"That's the decision I would have made," Oldach said. "I completely agree with the decision she made. The platoon sergeant was not too

happy, but walked out and did what needed to be done."

"I know if I was injured and came here, I wouldn't want to keep getting shuffled around," Minks said.

"At the same time, it's not fair to keep adding people (who should go to a different unit). So talk to brigade saying, 'We took an extra Soldier now, but you need to compensate in the future.' It was a quick thought process," she said.

That kind of thinking earned Minks the privilege of representing Chosen Battery at a meeting chaired by the WTB executive officer.

"Work on your eye contact a little bit," Oldach suggested afterwards. "It helps with confidence. If you're looking down, just reading, you don't really know [the material]. But, other than that, you knew the information. You're doing well."

Minks a life-sciences major, spent her second week shadowing a doctor and a nurse at Warrior Clinic, where Warriors in Transition receive outpatient treatment.

"I got to give an IV, do vitals [signs]," Minks said. "I saw a full range of patient care, and that's what I really found interesting, especially since I want to be a doctor."

Minks will find out in August if she is selected for medical school after graduation.

Minks believes that her leadership training experience at Walter Reed has been good preparation for her future career.

"I get to see the lieutenant part of it – all the things a normal Army officer does that I'll be getting into if I don't go to med school. And I also get to see all the things doctors and nurses do – the complete level of care someone gets when they come here."



1LT Matthew Oldach reviews an action with Cadet Lt. Kaitlin Minks and Lisa Fleek, work-education coordinator for Chosen Battery.

New review board to ensure consistent disability ratings

by Donna Miles

American Forces Press Service

WASHINGTON – Former service members who disagree with the disability ratings they received when they were discharged as unfit for military duty can now apply to have those ratings reviewed by a new Physical Disability Board of Review.

The Defense Department formed the new board to reassess the accuracy and fairness of disability ratings assigned to discharged troops, said Sam Retherford, the Pentagon's deputy director of officer personnel management.

Several task forces and studies cited inconsistencies in the way the military departments assigned disability ratings for similar conditions, he said. The Army tended to assign the lowest ratings, the studies found.

"The findings were enough to warrant the creation of a Physical Disability Board of Review," Retherford said.

The new board could potentially affect almost half the 20,000 service members processed through the Disability Evaluation System each year. Of these, about 10 percent have combat- or training-related injuries, Retherford said.

The board would, on request, review the cases involving a combined disability rating of 20 percent or less.

Disability ratings have a significant financial impact, determining if the servicemember qualifies for retired pay and military benefits such as health care and base privileges for life, or a one-time severance pay with no additional benefits.

Those who receive 30 percent or higher disability ratings — 1,296 dur-

ing fiscal 2007 — are medically retired. Also, more than 4,200 service members were put on a temporary disability retired list last year, a status they can retain up to five years.

If the combined rating is 20 percent or lower, troops are typically discharged with severance as unfit for duty, Retherford explained.

Of those separated as no longer fit, more than 9,200 received a severance. Another 1,150 did not receive a severance, typically because their disabilities were due to misconduct or pre-service conditions.

About 10 percent appealed their cases, Retherford said.

Now the Physical Disability Board of Review gives troops one additional recourse. Retherford anticipates the board will review about 900 cases a year, all by request.

Former service members separated after Sept. 11, 2001, must apply to have their cases reviewed.

DoD plans to launch an awareness campaign to ensure that people know about the new board and know how to apply.

DoD designated the Air Force to manage the new board, but it will include representatives from each military department.

Members will include line officers and medical experts, who will review documents. Appellants will not appear in person.

The board can recommend that the service secretary increase a disability rating, uphold the previous finding, or issue a rating when the previous board did not assign one, Retherford said.

However, the board cannot recommend a lower rating.

Symposium IDs Soldier, Family key care issues

by Navy Lt. Jennifer Cragg

American Forces Press Service

The U.S. Army Wounded Warrior Program (AW2) held its fourth annual symposium in Indianapolis to identify the most important issues to advance wounded soldier care.

This year brought together over 70 wounded, injured and ill soldiers and their families. Theme was "I am AW2."

"We chose this theme because the soldiers and the families are who we serve," said COL Jim Rice, AW2 director. "They are the AW2 program, and we wanted to hear their voices throughout the symposium. The wounded soldiers and family member delegates were engaged in a week of intensive focus groups discussing the issues, which were broken into various categories."

At the end of the week, the focus groups presented their top issues and the delegates selected five top issues:

- Alternative treatment options for wounded warriors;
- Support groups and counseling for the families;
- Processes for staying on active duty or active reserve;
- Treatment of soldiers by the physical evaluation boards for continuation on active duty or in the active reserve; and
- Eligibility criteria for the Warrior Transition Program.

This year, for the first time, the children of AW2 delegates provided their own issues.

Riley WTB creates special Family Support Group

by Lisa M. Medrano

Irwin Army Community Hospital

The specialized needs of Soldiers and Families in the Warrior Transition Battalion called for a special kind of family support group. The Fort Riley WTB needed a strong family support system, but a standard line-unit-type Family Readiness Group was not going to work.

FRG's generally help Soldiers and Families prepare for deployments and separations. However, WTB Soldiers are not getting ready for deployments; rather they are aligning their lives for a journey to recover from illness or injuries.

There was a very strong negative reaction to establishment of a FRG and many family support forms indicated "do not contact spouse," when Soldiers in-processed.

So the WTB made a small name change that paid huge dividends. It

was called Family Support Group and sought out a staff well versed in networking and just listening.

"In a standard line unit, there are a few Soldiers with life-changing issues. In the WTB, every one of them is dealing with potentially life-changing issues," said Theresa Piscal, FSG support assistant. "Listening well enough to understand the Soldier and Family issues is where it all begins."

When single Soldiers are assigned to the WTB, there are normally parents and relatives who are concerned. The FSG and WTB attempt to maintain communication with these extended Families, too.

Because of the medical diversity of the WTB population, the FSG works closely with the Soldier and Family Assistance Center. The SFAC manages a tremendous network of recreational, educational,

vocational and transitional employment services.

The WTB FSG supports the Families of all Army Soldiers, regardless of component. Piscal works hard to keep Families together.

"If we have Soldiers separated from their Families, we investigate the possibility of moving them to a WTB closer to their hometown, if that is at all possible."

With more than 24 years experience dealing with Army Families, Piscal; understands the need for personalized service and support.

"I think it is important to provide a stress-free environment for the unit members. I look forward to Tuesday Tea Time because I get to know the people and better understand how I can assist them," she said. Piscal created a tranquil atmosphere by setting aside time on Tuesdays for tea and chatting.

Darnall holds job fair to hire clinical people for WTB

by Jon Connor

Darnall Army Medical Center

Fort Hood officials expect the population of wounded Soldiers in the Army's largest WTB to reach 2,000 and will hire hundreds of clinical and administrative staff to care for them. Carl R. Darnall Army Medical Center planned a job fair in Round Rock, Texas, to hire additional clinical professionals.

The medical center offered positions for nurse case managers, physicians, social workers, occupational therapists, pharmacists, behavioral health clinician, and others.

"For positions directly related to medical care, Fort Hood representatives have 'direct hire authority' that allows us to make on-the-spot job offers to qualified candidates, said Alex Shahan chief of CRDAMC's Human Resources Liaison Office. "It gives us the ability to hire candidates directly without following traditional procedures."

"Our goal is to attract candidates and also show that our organization is very open to individuals interested in

working for us," added Shahan.

"Competitive pay and a great benefits package are definitely selling points," Shahan said.

"The No. 1 selling point is the fact that we are a military medical center, here to support those who defend and protect our country day in and day out. This is the greatest reward for of a civil service position," he emphasized.

During a job fair, Darnall personnel can talk face-to-face with prospective applicants. But the medical center also used other channels.

Individuals interested in administrative positions at the medical center can check USA Jobs and the Vacancy Announcement Board of the Army Civilian Personnel Office on the Internet.

Darnall also used classified ads in area newspapers, posted jobs on its website, and ran radio commercials to reach potential employees.

Fort Hood's WTU currently has nearly 1,400 Wounded Warriors. Army officials predict it will grow to nearly 2,000 before year's end.

WTU director visits Fort Campbell WTU

FORT CAMPBELL, KY. – Continued transformation of Warrior Care and meeting the needs of Soldiers and their Families is a top priority, says the Army Warrior Care and Transition Office (WCTO).

To monitor progress, WCTO director BG Gary H. Cheek visited the Fort Campbell Warrior Transition Unit and Blanchfield Army Community Hospital on June 25.

Cheek and WCTO SGM Ly M. Lac, were briefed by COL Richard W. Thomas, BACH commander. They met WTU nurse case managers and providers, WTU Commander LTC Natalie Lonkard and WTU's Delta Company Soldiers. And they visited the state-of-the-art Traumatic Brain Injury and PTSD Warrior Recovery and Resiliency Center and director Dr. Bret Logan.

Transformation has evolved a holistic care approach. A Comprehensive Transition Plan offers healing

of the total person, to ready the healed Soldier for the next stage of life, whether military or civilian.

“What is your mission?” Cheek asked of the WTU Soldiers. The Soldiers responded “to heal.” Cheek added, “To heal physically, mentally and spiritually.”

Cheek urged them to focus on education and continue to contribute to their unit mission as they can to stay focused. Then he toured D Company's command building where he discussed staffing, organization needs, and procedures with unit commander CPT Anthony Bradway and ISG Mark Stuart.

“Today, the WTU Soldiers have the best facilities on every post, military structure and supervision, dedicated family support, reduced bureaucracy, multiple feedback mechanisms, and unparalleled support for the Soldier's mission of healing,” said Cheek. “We had an old and anti-

quated system a little over a year ago. Now, we have a team of experienced and dedicated cadre to guide and assist Warriors in Transition. Our cadre make a tremendous contribution to the healing of these Soldiers. I will continue to advocate on their behalf to get the support they need and the special duty pay they deserve for this special mission.”

Cheek said he encourages Army leaders to visit WTUs and Community Based Health Care Organizations and to send qualified and elite Soldiers to be cadre. WTU support is living the Warrior Ethos to “never leave a fallen comrade,” he said.

“As with any new program, we learn as we move along and are always looking for ways to improve how we conduct our most important mission – providing the best care, support, and services to Soldiers and their Families. We have come a long way, but we have more work to do.”

Motorcycling vets raise money for Fort Riley WTB

The 40 motorcyclists from American Legion Post 31, Rossville, Kan., had a serious mission. The Legionnaires had raised \$3,000., and on June 16th, they came



COL Merritt Howard “Lee” Merritt, WTB Commander, receives \$3000. donation from Wonnie Graves, Post 31 president.

to deliver it to Fort Riley's Warrior Transition Battalion.

“We continue to answer the call to duty in our communities by posting flags in honor of Memorial and Veterans Day; we offer support to Families of deceased and deployed Soldiers; and we hold fund raisers to help wounded Soldiers,” said Wonnie Graves, post president.

COL Howard “Lee” Merritt, WTB Commander, thanked the riders, many of whom had taken a day off work to ride to Fort Riley.

“These riders are a symbol of American patriotism,” said Merritt. “This show of loyalty did not happen during past conflicts, and we are proud to stand with these riders here today and accept this donation..”

During the fundraising, the Legionnaires opened their homes to WTB Soldiers and Families to stay in Rossville. Along with the Post 31 riders, Soldiers participated in dinners and dances and motorcycling for a cause.

The donated money will be used for emergency assistance to Soldiers and Families who must travel due to medical conditions sustained in war.