



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

Inside this issue:

Wounded Warriors heal in pool PT at Fort Stewart

Heidelberg WTU Soldier triumphs in tennis tournament

Education expands WIT Soldiers' options

WTB Soldiers warned of medication dangers

Hohenfels WTU at forefront of patient care

Leader adapts to wounded warriors' needs

WTU warrior starts new career helping comrades

Army cares about Soldier health

(Following accusations by USA Today of moldy barracks and unfair discipline in the Fort Sill WTU, BG Gary Cheek, director of the Warrior Care and Transition Office, wrote the following letter-to-the-editor, which the newspaper published.)

USA Today's two articles "Soldiers: Rooms infested by mold" and "Army leaders defend care unit's management" mischaracterized the progress the U.S. Army has achieved in transforming its care for wounded, ill and injured soldiers and their families.

After conducting formal barracks inspections in April and July of this year, the Army identified, tested, cleaned and corrected the mold contamination determined to be a harmless variety limited to four rooms.

Actions by commanders at Fort Sill were proactive, immediate and did not require complaints from soldiers for corrective measures. Their actions reflect the deep care the Army feels for the health of our soldiers.

USA TODAY's report also implied our wounded, ill and injured soldiers face unrealistic standards and requirements. One lesson learned from Walter Reed Army Medical Center in Washington, D.C., is that a soldier's rehabilitation is helped, not harmed, by maintaining an appropriate level of military discipline. Accordingly, we do require soldiers to attend formations, adhere to Army standards and participate in transition training programs — but only within their medical capabilities.

Do we hold soldiers — even injured ones — accountable to the Uniform

Code of Military Justice and Army regulations? Unapologetically, yes, we do. Standards of discipline improve rehabilitation and quality of life for all soldiers. Enforcing standards is exactly what America expects from the Army.

The U.S. Army has transformed how we care for our wounded, ill and injured soldiers. Each Warrior Transition Unit has the best facilities, dedicated leadership and the highest priority in medical care. Every day we strive to make this program better. It is disheartening that USA TODAY failed to recognize the enormous progress we have made in the care for our soldiers, and the great work by the dedicated leaders and care providers who serve them and their families.

(signed) BG Gary H. Cheek, Director, WCTO, Arlington, Va.

Every American should visit a WTU

by COL Jimmie O. Keenan

Chief of staff, Warrior Care and Transition Office in Arlington, Va.

ARLINGTON, Va.— As a Soldier, officer, trauma nurse, military spouse and mother, I live every aspect of Army health care, and I know what works and what doesn't.

Nothing is more disappointing than to see other people doubt what the Army is doing to take care of wounded, ill and injured Soldiers without having the facts right. It might not make the headlines, but Soldiers taking care of Soldiers is what

See "Visit," p. 2

Visit, continued —

we do. It's our ethos, it's our passion and it's our job.

Since the war on terrorism began, the Army faced the necessity of putting into place the infrastructure to handle the extraordinary number of outpatients a protracted war generates. I know I certainly did not see the attack of Sept. 11, 2001 coming, nor did the Army medical system. We also did not expect to be into our seventh year of war either.

Once we realized the care requirements an ongoing war placed on the Army, we moved quickly to bring about needed changes. In less than a year, we developed and opened 35 Warrior Transition Units, or WTUs, and nine Community Based Health Care Organizations to provide the necessary support structure to care for the more than 30,000 wounded, ill, and injured Soldiers we have treated since the war began.

Today, we provide health care, counseling, and leadership support along the entire continuum of care, all within an environment mirroring the Soldier's former unit. This care goes beyond medical care and includes specialized help with personal relationships, stress management, counseling and a whole range of offerings aimed at encouraging each warrior to take positive steps toward overcoming adversity.

This effort is done in conjunction with the Soldier Family Assistance Centers which are specifically designed to offer recovering Soldiers and their Families education, vocational, and financial services.

Veterans Benefits Administration counselors also provide support at these centers.

We have come as far as we have because we listened to our Soldiers, and our medical and person-



Spc. Nicholas Williams works out with new prosthetic leg at Walter Reed's Military Advanced Training Center. Photo by Heike Hasenauer

nel professionals. We continue to gather their thoughts and ideas to further transform the system to make it more responsive. We conduct town hall meetings, make available to Soldiers and their Families ombudsmen who are able to cut through mountains of red tape to provide needed assistance, and operate a 24-hour-a-day hotline (1-800-984-8523) to provide two-way communication with our Soldiers and their families. This is not an example of an organization in denial — it's proof that we are agile, adaptable and responsive.

Today these WTUs provide our wounded, ill, and injured Soldiers more personalized care than ever before in our history.

We ask these soldiers to focus on their healing, and, in turn, we offer them a familiar environment of support, focus, and discipline.

As we wrapped our arms around all Soldiers with complex medical issues, the WTU population grew. It grew because we added soldiers into the program whether they were

injured in combat, had a sports injury or were going through the medical evaluation system. We felt that this approach was the morally right thing to do, and yet over and again I see the Army being criticized for doing what is right.

We need to work on how we communicate our story to the American public and the media because I find the coverage to be off target.

We may not be exactly where we want to be today, but we are working hard to get there.

The healing process takes all of us. Recently, I met a 14-year-old daughter of a Soldier who was wounded in combat, and she told me that when her dad was wounded, their whole family was wounded and needed to heal.

These wounds, illnesses, and injuries touch families, communities and industries — all of us. I would encourage every American to go visit a WTU or become a volunteer to help our wounded, ill and injured warriors and our nation heal. To sign up, go to <http://giftstoarmy.army.mil>.

Wounded Warriors heal in pool PT at Fort Stewart

by **Lina Satele**

Fort Stewart Public Affairs

By 6:30 in the morning, most Soldiers are in their physical-fitness uniforms, in formation, anticipating their workout. For Soldiers in Fort Stewart's Warrior Transition Battalion, some days start off in the pool.

"I have chronic asthma and pool PT is better for me," said Pvt. Monita Williams, Company B, WTB. "It's hard for me to run outside or even on a treadmill so this is where I can get a good cardio workout without actually running."

According to Field Manual 21-20, the Physical Fitness Training Program, swimming is a good alternative to running.

It involves most major muscle groups, enhances blood's return to the heart, and partial support of body

weight by the water minimizes stress in overweight Soldiers.

Swimming can improve cardio-respiratory fitness and maintain/improve upper-body fitness during injury recovery. Used to supplement running, it can develop upper-body endurance and strength.

Fort Stewart has made many improvements to fitness facilities to accommodate wounded warriors. The pool at Newman's Fitness Center has a chair lift and easy-access stairs to help WTB Soldiers enter and exit.

"We've installed chair lifts and made shallow openings for any special needs person," said Linda Heifferon, MWR director. "They can participate in many activities, to include water aerobics and lap swimming.

Before the new additions, WTB Soldiers used the Liberty County YMCA off post for pool PT.

However, recent pool improvements make it easier for the Soldiers to get a good workout without relying on off-post facilities.

"Everybody here likes it; I think the only complaint we've had is that the water is too cold," Williams said.

For injured Soldiers, swimming and aerobic water training is a great way to improve cardio-respiratory fitness without unnecessary stress on injured body parts.

"Being in the WTB, it's better to heal because you don't have to worry about the regular PT given at the unit. It's also better if you got all these appointments you have to go to," Williams said. "Here, that's the main goal; for you to heal."

Heidelberg WTU Soldier triumphs in tennis tournament

by **Tom Hlavacek, training specialist**

IMCOM-Europe MWR

HEIDELBERG – Schweinfurt's Warrior Transition Unit Specialist Jeff Jamaleldine won the Heidelberg's August Men's Open Division Tennis Championship over Joseph Swanstrom, Mannheim, 6-4, 6-3.

The WTU soldier won all four of his matches without losing a set.

In July, Jamaleldine placed 4th in the U.S. Forces Europe Tennis Championships.

"I had a 7-5, 7-6 match earlier against Swanstrom so I can feel the fatigue. It was a great tournament."

In a July 20th *Stars and Stripes* article, Jamaleldine said "...A year ago, I couldn't even think about playing in this event... I got shot in the face, and it was all tubes and surgeries..."

In women's results in an all Heidelberg event, Allegra Steinfort won the pro set final 9-7 over Gonca Powell.

Powell advanced into the finals with her 9-6 win over Wafaa Soliman.

Results of Heidelberg's August Open Tennis Championships

Final Men's Results:

1st	Jeff Jamaleldine,	Schweinfurt
2nd	Joseph Swanstrom	Mannheim
3rd	Brain Walker	Heidelberg
4th	Jose Munoz	Germersheim
5th	Armani Alarilla	Wiesbaden
6th	Evin Alarilla	Wiesbaden

Final Women's Results

1st	Allegra Steinfort	Heidelberg
2nd	Gonca Powell	Heidelberg
3rd	Wafaa Soliman	Heidelberg

Education expands WT Soldiers' options

by Elaine Wilson

Fort Sam Houston Public Affairs Office

FORT SAM HOUSTON — Sgt. James Ford's career imploded when an improvised explosive device exploded in Afghanistan in October 2007.

He sustained a leg fracture, shattered heel and mild Traumatic Brain Injury. The injuries left Ford unable to continue the demanding physical requirements of a combat engineer, such as building roads and bridges.

Ford, now an outpatient of Brooke Army Medical Center and on the mend, decided to turn to another career rather than opt out of the Army.

"If I'm staying in, I need to reclassify," said Ford, who is married with two children.

"I see a lot of former infantry Soldiers here. Most are interested in continuing some facet of their Army career and focus in an area of law enforcement," said Gabriele Dias, one of two Army Continuing Education System counselors dedicated to helping Warriors in Transition at the Soldier and Family Assistance Center.

Ford's focus also was on law enforcement. But before reclassifying, Ford decided to open his options by boosting his Armed Forces Qualification Test scores.

Ford decided to hit the books, but not alone. He turned to Dias and the Fort Sam Houston Army Continuing Education System.

"ACES has a lot to offer Soldiers, particularly to Warriors in Transition," said Dias. "We have counselors, instructors and interactive computer programs all aimed at helping Soldiers and Family members....Some are trying to stay in, while others are looking to make a transition and want to be more marketable."

Dias said she spends a majority of her time working with Soldiers on college degree plans, serving as a liaison to universities and advocating for the Soldiers.

"I want to make sure the college is providing the best possible service," Dias said. "I'm working to develop relationships with universities so I can offer students the easiest transitions back into the classroom."

Dias also helps Soldiers navigate GoArmyEd, which is the portal for Army Tuition Assistance, as well as more than 200 universities.

While Ford has long-term college goals, his short-term focus was on beefing up his AFQT math and verbal scores. Dias suggested he start by using the interactive computer programs at ACES.

Ford spent hours at the education center, focusing on the basics.



Gabriele Dias, Army Continuing Education System counselor, helps SSG Juan Rodriguez navigate GoArmyEd at the Soldier and Family Assistance Center. Photo by Elaine Wilson

And he didn't stop there. Combating mild TBI, which can cause short-term memory loss, Ford created flashcards with vocabulary words and mathematical formulas and practiced at home.

"He studied every night," said Ford's wife, Liz, who drove him daily to the education center. "He was very dedicated. I'm very proud of him."

The long nights proved worthwhile. Ford took the AFQT and raised his score by 15 points.

"I couldn't believe I did it," he said. "I even got a perfect score on one of the sections."

Ford now has a broader range of opportunities, to include one of his passions, law enforcement. He's also pursuing an associate degree in criminal justice with the University of Maryland University College.

Dias said Ford is one of many encouraging success stories she's seeing among Warriors in Transition.

"It's a challenge for wounded warriors," Dias said. "Some may have a speech impediment that causes stress about performing speeches in class or reading out loud, or multiple appointments can cause a Soldier to fall behind. I try to work with the Soldiers, and the universities I work with have been very supportive if a Soldier needs to drop a class or skip a semester."

"But it's a challenge that pays off in the long run," she said. "Education opens doors for everyone....I was working with one Soldier and he was having the most frustrating time registering and finding the classes he wanted," Dias said. "But he made it through and got all As in his classes. He came back very happy. It's moments like those that make it all worthwhile."

WTB Soldiers warned of medication dangers

by **Jon Connor, Public Affairs**

Carl R. Darnall Army Medical Center

Recently, fans of actor Heath Ledger, 28, were shocked to hear of his accidental death from prescribed medications. Closer to home, the Army family was deeply saddened by the death of Sgt. Robert Nichols, 31, a Warrior in Transition at Brooke Army Medical Center at Fort Sam Houston, Texas, last January.

Nichols died of a mix of prescribed medications that shut down his respiratory system. The autopsy revealed that Nichols had 11 drugs in his body.

With over 1,300 Warriors in Transition in the Carl R. Darnall Army Medical Center's Warrior Transition Battalion, and many of them taking prescribed medications, there is the potential for abuse or overdose.

Staffers continually work to identify Soldiers at risk for intentional or unintentional medication abuse.

Strategies include educating soldiers, families and staff; evaluating safety in the prescribing, dispensing, and administering of high-risk medications; and research in behavioral health, pain, anxiety and depression.

The Army's Office of the Surgeon General recently directed that WTB Soldiers set goals in their treatment plan and play an active role in their rehabilitation process to prevent intentional or accidental overdoses from medications used in their treatment.

Alcohol is now prohibited in WTB living quarters. WTB Soldiers must sign a statement stating they were briefed about the dangers of alcohol in general and mixing their particular medication with alcohol.

Another concern is those Soldiers who receive multiple medications, said Janique Parnell, supervisory social worker for the WTB. One way to decrease accidental overdoses is through "scrubs."

A scrub is an interface between nurse case managers, primary-care managers and leadership, such as squad leaders, first sergeants, and company commanders, to discuss the status of Soldiers and determine who might be at risk, Parnell said.

WTB clinical staff members give classes on pain management, addiction, personal goal-setting, nutrition, and weight management, Parnell added.

The CRDAMC pharmacy is aware of a range of behaviors for Soldiers seeking access to drugs and is in the process of hiring five additional clinical pharmacists to support the increased workload.

Nancy Radebaugh, a CRDAMC clinical pharmacist, said pharmacists pay attention to things like a

Soldier's behavior while at the pharmacy; asking for medication refills earlier than the prescriptions state; requesting a stronger dosage; or attempting to access multiple providers outside of Fort Hood.

"These are all indicators that something probably is not right," Radebaugh said. .

"We strongly encourage Soldiers in the WTB to contact their chain of command, chaplain, or any member of their healthcare-management team to discuss any concerns of the medications they are taking. It is also important to watch out for their fellow soldiers by reporting any misuse by other unit members," she said.

The ability to eliminate or reduce "drug misadventures" is crucial in the care of WTB Soldiers.

"We're rattling the cages everywhere to flush people out," Radebaugh said.

CRDAMC staffers have also asked DoD and the Army to support the funding of innovative research related to medication abuse and misuse.

Five ongoing studies or initial research concepts within CRDAMC's Department of Pharmacy alone are specific to Warriors in Transition.

One study, *A Review of Drug-Related Overdoses Among a Military Population*, proposes to review variables associated with overdoses among a military population to identify factors that may be controlled.

Another, *Towards a Continuum of Care Between the Department of Defense and Veterans Affairs Healthcare Systems*, would evaluate the degree to which risk factors for non-compliance with conventional management for PTSD and /or TBI impact outcomes.

Dr. Toby Cooper, pharmacist with CRDAMC's Family Medicine Clinic and primary investigator on these studies, emphasized the importance of determining the risk factors for young Soldiers objectively, rather than relying on perceptions or misleading judgments.

Soldiers with PTSD and TBI resulting from combat service in the current Global War on Terrorism "may become the largest health-related issue in the 21st Century in terms of both financial costs and those affected," said Cooper, citing a recent study of PTSD and TBI.

CRDAMC leadership and staff recognize the potential impact this may have on the soldiers and family members' healthcare.

One of the command's focuses on care and concern of its wounded soldiers is using these strategies to promote soldiers' healthy resilience for its part on the Global War on Terrorism.

Hohenfels WTU at forefront of patient care

by Kristin Bradley

Bavarian News

SGT John Mendez has been in the Army 11 years, long enough that he doesn't want to turn back now. But when he had to have surgery on his knees in 2007, he worried he might have to give up all the years he spent building his career and retire.

After the surgery, Mendez was assigned to the Hohenfels Warrior Transition Unit and given a temporary profile, restricting what he could do physically.

Luckily for Mendez, before he left, former Hohenfels WTU squad leader SFC Troy Thorne began developing a process through which a Soldier may challenge his profile and have it changed to more accurately reflect what he feels he can do. Though available to any WTU Soldier, challenging a profile has thus far not been widely used, said SFC Mark Anderson, Hohenfels WTU squad leader.

"Soldiers could always do this, but a lot didn't know how. We have perfected it here in Bavaria," said Anderson, adding that the procedures honed at Hohenfels could greatly benefit other Soldiers across the Army if the practices were dispersed Army wide.

Mendez, who is the fifth Hohenfels Soldier to challenge his profile, said his profile had been reviewed once before he started the challenge process.

According to Anderson, a Soldier's temporary profile is reviewed about once every 90 days. After four reviews, the Soldier's profile is stringently reviewed to see if the Soldier meets retention standards or needs to undergo a Medical Evaluation Board, a process which assesses a Soldier's medical condition and whether he can remain in his MOS or in the Army at all.

Mendez said at his first review, doctors felt that his physical activity should remain considerably restricted until about a year after the surgery. But before that year was up, Mendez felt, in conjunction with his medical team, he could do more than his profile specified.

So he challenged it.

Mendez was first cleared by his primary-care manager to try to complete the functional activities listed on Army profile form DA 3349. Then, in one day he completed the activities, including a two-mile road march, constructing an individual fighting position (which involves digging, filling, and lifting sandbags), and doing three- to five-second rushes under "fire."

Between 24 and 72 hours later, Mendez went back to see his PCM who re-evaluated his condition.

WTU cadre videotaped Mendez completing his tasks as a sort of insurance policy. That way, if it was ever recommended for him to undergo an MEB, he would have proof of his success.

"The PT challenge was to see where I stood. If I were to complete it, it would change to benefit me. Now...I'm not 100 percent but I can do my job, which is where I needed to be," said Mendez.

"We use this for Soldiers that are at high risk for undergoing an MEB but where the Soldier would rather stay in the Army and/or in their current MOS," said Capt. (Dr.) Elizabeth Duque, medical director for the Hohenfels Health Clinic and the primary-care manager for the WTU Soldiers at Hohenfels.

"The challenge allows the Soldiers to prove to themselves, their medical teams, and receiving units that they can do the basic soldiering tasks required by the Army without significant injury to themselves or deterioration of their medical condition."

Anderson says challenges speed the WTU process.

"If you don't do it, Soldiers will stay in the WTU longer than intended," he said. "The regulations were always there; we're just trying to work them the way they should be."

"Thanks to the work done at the Bavaria East WTU, Soldiers across Europe are evaluated in a similar manner before being returned to duty," said LTC Thomas P. Axtman, Europe WTB commander.

Mendez now will be able to remain in his MOS. He is currently planning his next move, to Fort Bliss, Texas.

Mendez says that it was not just the ability to challenge his profile, but the WTU as a whole that helped him get back on his feet.

"The WTU helped me tremendously," he said. "The fact that I was able to make my doctor's appointments and physical therapy was a huge part of it."

Anderson said the WTU has radically changed the way the Army views its wounded warriors. Before its creation, Soldiers would remain in their regular units, where they might not receive the healing time they needed and would often break their profiles in an attempt to keep up with the rest of the unit.

"Before the WTU, there was no crossroads...now they have time to get back to where they need to be. If we can mentally put the Soldier in an environment to heal, we can send them back to be productive Soldiers," he said. He added, if a Soldier does leave, the WTU ensures he is ready and knows his benefits and options.

Leader adapts to wounded warriors' needs

by Sharon McBride

Fort Richardson Public Affairs

A Fort Richardson NCO went from kicking in doors to helping establish the tenets of care for wounded warriors in Army Alaska.

SFC David Waite, a senior cadre member at the Fort Richardson Warrior Transition Unit, said he originally planned on being an infantryman until he retired. However, after a rocket attack in Afghanistan in 2003, his plans dramatically changed.

Waite was hit in the legs and back. The blast shattered bones and joints, and also took part of his stomach, spleen and intestines.

"Oddly enough, I still have my gallbladder," he said. After extensive surgery and rehabilitation, he came home to Fort Richardson in 2004.

He still had several months of recovery ahead but returned to work with the 1st Battalion, 501st Parachute Infantry, as soon as he could.

"I'm not one of those people that like to sit around on their butts," he said. "They let me work in an office and gave me what I could handle."

Because the WTU hadn't been activated yet, Waite depended on fellow Soldiers and family members to get around, because driving a car presented a significant challenge.

It was the Soldiers and chain of command of the 1-501st who made sure he got to his medical appointments and helped out with day-to-day errands like grocery shopping.

When the 1-501st deployed again in 2006 to Iraq, Waite stayed behind as its rear detachment first sergeant.

"A lot more guys came back messed up," Waite said.

Then the Army replaced its medical holding companies with WTUs. WTUs were to provide high-quality living conditions, prevent unneces-



SFC David Waite, right, and SGT Timothy Logan draft a physical fitness schedule for their WTU platoon. Waite, a wounded warrior himself, is a senior WTU cadre member. (Photo by Sharon McBride)

sary procedural delays, and facilitate healing, physically and mentally. They would also help wounded warriors convert to civilian life if need be.

Thirty-two WTUs stood up in January 2008, to include one each at Fort Richardson and Fort Wainwright. Waite was glad.

"There was nothing like this when I got hurt," Waite said. "But I find I'm a little rough around the edges, and I don't have a whole lot of sympathy when Soldiers complain."

A WTU creates the familiar environment of a military unit and surrounds Soldiers and families with comprehensive care and support, all focused on the wounded warriors' mission to heal, explained Capt. Nathan Colvin, WTU commander.

"I tell the Soldiers assigned to the WTU that our jobs are to set them up for success by helping them figure out a plan for the future and the steps they have to take to get there," Waite added.

The Fort Richardson WTU has been constantly adapting and chang-

ing to meet the needs of its wounded warriors, Colvin explained.

"No two WTUs are ever going to be the same," Colvin said. "I like to explain it like this to people: A regular unit only has one training plan for everyone. Here at the WTU, we have 149 individual training plans."

Having Waite as a senior cadre has been invaluable, he added.

"He's been there, and he brings not only a lot of experience as an NCO to the table, but because he's a wounded warrior himself."

Though his wife, Shelley, complains about his long hours, Waite is glad to have a chance to serve.

"I've always hated doing paperwork," Waite said. "But I'd rather be here doing paperwork than anywhere else. I don't think my job is really all that hard. As a platoon sergeant in any unit, your squad leaders can make or break you. I got lucky and I have three really good ones....At the WTU, we have some of the most highly-skilled, trained NCOs and civilians I've ever seen."

WTU warrior starts new career helping comrades

by Jon Connor. Public Affairs
Darnall Army Medical Center

The Warrior Transition Battalion at Fort Hood can say “mission accomplished” for healing a Soldier and transitioning him to the civilian community. One of its Soldiers will be working immediately upon exiting the unit. In fact, it’s the same job he’s been doing for four months.

For SGT Ray Gaither, infantryman, his experience in the Army’s largest WTU has been a springboard to a new career in the computer field as a contracted employee.

His previous experience working in Tactical Operation Centers as a Soldier got him into an organization at Fort Hood — Tactical Battle Command — dealing with hardware and software that supports combat Soldiers in Iraq and Afghanistan. Of his eight years in the Army, five were spent working in a TOC.

“I didn’t want to come to the WTU,” he said. “I didn’t want a job passing out towels.”

“My (old) unit was deploying. I wanted to be there (Iraq) with them. I knew nothing about the WTU. I didn’t want to leave my unit,” he said.

But, wounds from two previous deployments to Iraq finally caught up with him. He was assigned to Company E in the WTU.

“They’re great down here. They gave me the freedom to pursue this job,” Gaither said, “and it helped me with my appointments. Here, my job is to make my appointments.”

The Army Medical Action Plan requires Soldiers to work when they aren’t at medical appointments.

“WTU gave me the time and told me to get a new job. Basically, I have a new career path.”

Eighty-four percent of Soldiers in the WTU are actively employed, said



Sgt. Ray Gaither

LTC Timothy Snider, WTB commander. That number is expected to hit 90 percent soon. And the WTB wants to increase enrollment in education programs.

In about six months, Gaither will leave the Fort Hood TBC and begin working at the TBC at Fort Riley, Kan., as a field service representative. That’s good news, as his wife, Jennifer, has relatives in that area.

“She’s been real supportive,” Gaither said. “She’s put up with me — that says a lot.”

A steady job near relatives is fortunate for Gaither and his wife, as they have one boy, Aidan, 13 months, and another child on the way.

Damion Peters, a TBC project manager, says TBC employees test software, do interoperability testing, train Soldiers on software and hardware, and support systems in Iraq and Afghanistan.

Because of Gaither’s previous brigade-level TOC experience, he learned very quickly, Peters said.

“He is somebody who has the drive to learn and succeed. Basically, he’s a sponge.”

MAJ Gregory Coile, assistant product manager of the TBC at Fort Monmouth, N.J., is responsible for all field service representatives.

“As a thorough professional, we knew we could utilize his skills to

train other Soldiers on our system. This is critical as most are preparing to deploy and will use these systems in the near future,” Coile said. “Most of all, we now have a combat veteran with recent experience on our systems who could ensure our training would be directly relevant on today’s battlefield.”

The TBC field service rep directly engages units, providing training and technical support.

Part of Gaither’s responsibilities is serving as an assistant instructor.

“He’s the instructor the Soldiers are going to — Soldiers helping Soldiers is great.”

“I’ve heard wonderful things about him,” said Sharon Sutton, operations officer at the TBC Support Office.

One new system is the Command Post of the Future — already used by the Army. It brings real-life information to the battlefield by incorporating new technology.

“Sgt. Gaither’s performance has been outstanding...he has been a great asset to our instructional program as an assistant instructor,” Coile said. “But, frankly, we were delighted when he then decided to apply to become a field service representative upon his discharge. We look forward to working with him in the future.”

For Gaither, life is getting better and getting back to normal. Leisure time is now spent playing in league pool with and without his wife, fishing now and then, spending time with his son when his wife is working, and taking rides on his Harley Davidson.

He said he knows that the WTU made all the difference.

“My viewpoint on everything changed with I started interning at the TBC,” Gaither said.