



## SecDef plans to continue policies

by Donna Miles

Defense Secretary Robert M. Gates is pleased by “great progress” in improving care and support for wounded warriors, but believes these developments “are still not good enough” and plans to implement more, Pentagon Press Secretary Geoff Morrell said.

Morrell said the administration change won’t deflect Gates’ focus on key initiatives he championed during the Bush administration. These include getting more mine-

resistant, ambush-protected vehicles and intelligence, surveillance and reconnaissance capabilities to warfighters and overhauling the acquisition and procurement system.

But particularly high on his radar screen, Morrell said, is improved care for wounded warriors. Problems at Walter Reed Army Medical Center arose just months after Gates assumed his post in December 2007, and he ordered an all-out overhaul of the system.

“I think you will see this take

even more of the secretary’s time in the coming year — years, whatever it ends up being — than even it has over the past couple of years,” Morrell said. “And I can tell you, it’s occupied a significant portion of his time.”

Gates “is not done in that realm,” Morrell said. “He has many more things he wishes to accomplish. He thinks we’ve made great progress but ... [believes it is] still not good enough. And so look for more in that realm.” (American Forces Press Service)

### Home sweet home

Secretary of the Army Pete Geren talks with Capt. Nathan Colvin, Fort Richardson, Alaska, Warrior Transition Unit commander, in the WTU barracks.

Geren said the best people to talk to about how the medical-care system has changed are the wounded warriors.

“Anytime I can get advice from them, I take it,” he said. (Photo by Sharon McBride/Fort Richardson)



# New directory offers beneficiaries thousands of medical resources

The Department of Defense has launched the National Resource Directory, a collaborative effort between the departments of Defense, Labor and Veterans Affairs.

The directory is a Web-based network of care coordinators, providers and support partners with resources for wounded, ill and injured service members, veterans, their Families, Families of the fallen and those who support them.

“The directory is the visible demonstration of our national will and commitment to make the journey from ‘survive to thrive’ a reality for those who have given so much. As new links are added each day by providers and partners, coverage from coast to coast will grow even greater ensuring that no part of that journey will ever be made alone,” said Lynda C. Davis, Ph.D., then deputy under secretary of defense for military community and family policy.

Located at <http://www.nationalresourcedirectory.org>, the directory offers more than 10,000 medical and non-medical services and resources to help service members and veterans achieve personal and professional goals along their journey from recovery through rehabilitation to community reintegration.

“The VA is extremely proud to be a partner in this innovative resource. This combination of federal, state, and community-based resources will serve as a tremendous asset for all service members, veterans, their Families and those who care for them. The community is essential to the successful reintegration of our veterans, and these groups greatly enhance the directory’s scope,” said Karen S. Guice, M.D., executive director of the federal recovery care coordination program at the Department of Veterans Affairs.

“The National Resource Direc-

tory will prove to be a valuable tool for wounded, ill, and injured service members and their Families as they wind their way through the maze of benefits and services available to them in their transition to civilian life. The Department of Labor is pleased to have the opportunity to work with our partners at DoD,” said Charles S. Ciccolella, then assistant secretary of labor for the veterans’ employment and training service.

The National Resource Directory is organized into six major categories: Benefits and Compensation; Education, Training and Employment; Family and Caregiver Support; Health; Housing and Transportation; and Services and Resources. It also provides helpful checklists, Frequently Asked Questions, and connections to peer support groups. All information on the Web site can be found through a general or state and local search tool. (DoD)



Staff Sgt. Josh Forbess

## Warrior/volunteer gets presidential award

Then-President George W. Bush presented the President’s Volunteer Service award to Staff Sgt. Josh Forbess, a severely wounded warrior at Fort Campbell, Ky., who mentors other wounded troops and their Families and volunteers at the post’s Fisher House.

Forbess survived a fiery Black Hawk helicopter collision over Mosul, Iraq, in November 2003. He lost an ear and half of his nose and received broken bones, extensive burns and

smoke inhalation injuries.

Today, Forbess is back on duty as senior noncommissioned officer at Fort Campbell’s Soldier and Family Assistance Center. He’s also been a volunteer at the post Fisher House since it opened in 2006, leading wounded warrior meetings and providing an example of what’s possible for other wounded troops. (Photo by Donna Miles/American Forces Press Service)

# New SFAC serves Fort Sam

by Fred W. Baker III

A new \$4 million, 12,000-square-foot Soldier Family Assistance Center near Brooke Army Medical Center at Fort Sam Houston, Texas, boasts its own dining room plus a great room, a classroom, a video game room and, overall, just a lot more room.

And, just like its neighbor, the Center for the Intrepid — a state-of-the-art, multi-million-dollar rehabilitation facility — the new building was entirely privately funded and hasn't cost the Army a dime.

"The sky is the limit," said retired Army Lt. Gen. Glynn Mallory, who serves on the board that oversaw the fundraising and building project that took a little less than two years to come to fruition.

The project was spearheaded as a charitable project by two brothers who own Huffman Developments, a Texas-based building company. In January 2007, Steve Huffman visited the old center, which was housed on the second floor of a guesthouse.

Huffman had read about the center, and he asked its manager, Judith Markelz, what it needed.

Markelz said she replied that the center needed a video game system to replace one that had been stolen. Huffman agreed to replace the system, promised he would be back in two weeks, and said he wanted to know what else the center needed.

"Think big," he told Markelz.

## New ideas

Estimates for the project were just over \$3 million when it started, but the contractor solicited service members' and Families' ideas on its construction, and subsequent design changes increased its cost. The building rung in at about \$4 million, and an added therapeutic garden and other landscaping will take the project to nearly \$5 million, Markelz said.

One Soldier said he wanted grass — "real" grass, not the brown, coarse kind typical of southern Texas. So, plush St. Augustine grass with a sprinkler system to keep it green was added to the landscaping.

Cookouts are popular, Markelz said, so a barbecue pavilion wired with outdoor stereo speakers now overlooks a harbor

and garden.

The Soldiers and Families wanted a fireplace, so a massive fireplace centers the building's open great room, with its chimney stretching to the height of the cathedral ceiling. The open backside of the fireplace faces an outdoor courtyard so it can be enjoyed outside as well. An 18-foot-high, wrought-iron butterfly sculpture, designed by a Soldier recovering there, will spiral up the chimney.

A large video gaming room features several large-screen televisions and a drop-down projection screen to accommodate competitions.

A classroom with computers offers educational opportunities for service members and Families. Markelz has a donor lined up willing to pay tuition and books for anyone wanting to advance their education. Several others have volunteered to teach classes there.

"These classes are important, because in some cases, these wounded warriors are looking for a new career," Mallory said.

And the new building has a large kitchen, which Markelz said she expects

to be a main gathering place. The old center did not have a kitchen, and the staff washed dishes in a bathroom.

The new space also will offer room for the three administrative staff members, who previously shared one desk, one computer and one chair, Markelz said.

Large windows and skylights throughout the building allow light to spill into the center. An open floor plan encourages service members to mingle, and parts of the design are intended to aid wounded service member's rehabilitation.

## Therapy

To aid service members' therapy, the outdoor garden will offer varied surface types, ramps with no rails, uneven surfaces and inclines that service members must maneuver through.

"What we're trying to do is emulate things they are going to see at home," said Jennifer Golden, of Golden Construction, a subcontractor on the project.

The overall design is built with a Hill Country theme, with rock and

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## New SFAC

(continued from page 3) stucco throughout and a large star on the front of the building.

"It's very Texas," Mallory said.

Mallory said he was asked to sit on the board because he was always at the center "hugging wounded warriors all the time."

As an infantryman, he served two combat tours in Vietnam. Mallory said this project completes the BAMC complex and is worthy of the sacrifices of the service members and

their Families.

"They've got two world-class facilities here, in the hospital and the rehabilitation center, and they deserve a world-class facility for socializing and ... doing what they need to do to rehabilitate," he said.

Markelz said many Family members panic when they get the news that their service member has been injured, regardless of the severity, and they leave immediately for the hospital.

"I had a mother get off

the airplane the other day with two left shoes on, because when she got that phone call ... she put on something and got on that airplane," Markelz said. "She brought no money. No credit card. She brought the clothes on her back."

Markelz said she took the job initially as part of a temporary, six-month deal. Her husband served as the deputy commander of BAMC. Nicknamed "Judith Miracle" by Mallory, Markelz keeps the center running and

open every day.

"We do not close," she said.

The Army pays the salaries of Markelz and her three staff members. Everything else is bought with donated funds, she said. She refers to many of the Soldiers as her "kids," and said that helping the Families is critical to the recovery of the service members.

"Without these Families, these Soldiers won't heal. Support is everything," she said. (American Forces Press Service)

### More communication, less frustration

## Darnall consolidates MEB resources

The Medical Evaluation Board (MEB) process has always been complex and cumbersome for the Soldier, units, and military treatment facilities, so when the number of cases surged some months ago, Carl R. Darnall Army Medical Center officials made a calculated decision to pour money and resources into restructuring and modernizing the process at Fort Hood, Texas.

"To do the right thing for our Soldiers and make our work more efficient, we consolidated the administrative functions and medical sections into one center. We also devised a method to shorten the processing time," said Maj. Dexter L. Lovett, chief of CRDAMC's patient administrative division.

CRDAMC re-outfitted a build-

ing to consolidate under one roof the 56 personnel previously scattered among various departments and buildings.

"The consolidation of physicians, nursing assistants, medical NCOs, and case review physicians on the medical side, and PEBLOs (Physical Evaluation Board Liaison Officer), case coordinators, clerks, and NCOs on the administrative side that are involved in the MEB process means we can talk face-to-face with each other and address any issues that particular cases may bring," Lovett said.

"Previously, Soldiers had to connect with these medical and administrative personnel during various stages of the MEB process. This was a huge burden for our Soldiers

and a real communication nightmare for us," he added.

The medical center had several goals in consolidating these functions and personnel. One was to be more efficient in coordination and communication. Another was to lessen Soldiers' frustration level, while at the same time meet our regulatory requirements to process cases within prescribed timelines.

Lovett said that before the surge of cases, military treatment facilities were able to manage the 60-year-old MEB process if there was an even flow of cases.

"It became painfully obvious the system was not designed to handle surges. The huge influx of cases completely exposed the fact we

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## MEB

(continued from previous page) have been applying bandages to an outdated system,” said Lovett. The ugly sore festered at Fort Hood because of the number of cases resulting from numerous deployments.

“When you have the largest Soldier population, you have the largest workload,” said Patricia Van Raalte, manager of the medical boards administrative branch. “Putting all the players in one place helps expedite the system. Consolidation gives us easy access to access to PEBLOs, and it helps our Soldiers if they have only one place to go,” Van Raalte explained.

### Physicians

Another problem festered as a result of the Army Medical Action Plan. The AMAP placed MEB physicians on the Warrior Transition Units’ TDA (Table of Distribution and Allowances).

“MEB physicians on the WTU books focused on WTU MEB cases. This left a void for other units’ MEB cases,” Lovett said.

“We had difficulty holding providers assigned outside of CRDAMC accountable for both the quality and timeliness of the Narrative Summary (NARSUM) dictations for the MEB,” said Col. Wilma Larsen, deputy commander for clinical services at CRDAMC. “We decided to improve this process by having all NARSUMS done by a cadre of MEB physicians.”

CRDAMC now has nine full time



Army Chief of Staff Gen. George Casey Jr. tours the Darnall MEB facility. (Photo by Darnall)

physicians on hand dedicated to MEBs who do physicals and narrative summaries for cases.

Another event affecting the MEB caseload was the January 2008 National Defense Authorization Act that completely changed the system for evaluating Soldiers with back range of motion (ROM) problems.

“Because of this change, we had a significant increase in cases returned from the PEB (Physical Evaluation Board) in San Antonio, and it reduced the number of cases being sent to the PEB. Space limitations prevented us from hiring more physical therapists to evaluate ROM, so we educated other providers,” Larsen said.

Educating providers and performing the examination in the WTB clinic caused the PEB case return rate to drop from 23 per cent to seven percent and led to an increase in new cases going to the PEB, according to Larsen.

Even after consolidating resources, hiring more MEB physicians, and educating providers, CRDAMC had another challenge to overcome — the Physical Dis-

ability Evaluation System (PDES), or the administrative process that regulates MEBs. After reviewing hundreds of cases, one thing became clear: Once a physician gave a permanent profile (P3) and recommended a MEB for one specific condition, it caused long delays if other conditions were later found that affected the Soldier’s medical benefits.

“To become more efficient, CRDAMC established a Pre-MEB Review designed to weed out Soldiers not ready for the MEB process. It addresses any condition that could keep a Soldier from meeting retention standards, and stops premature referrals to the MEB process, because once a Soldier enters the MEB process, it is difficult to change,” Lovett said.

### Full review

Instead of writing a P3 profile for one condition, local physicians were instructed to look at the entire Soldier before recommending an MEB. Lovett said the benefit is that CRDAMC is within Army regulations by writing a temporary profile and continuing to treat the Soldier, but at a certain point, either Soldiers meet medical retention standards for their MOS or they do not.

This is called the Medical Retention Decision Point (MRDP). Once it is determined that a Soldier will not be able to meet the retention standards they move into the MEB process. During the process, they continue treatment; however, they

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## MEB

(continued from previous page) will not be allowed to have elective surgeries.

So far, indicators are that Pre-MEB Review and consolidation of medical and administrative personnel is working well. In October, CRDAMC sent 175 MEB cases to the PEB in San Antonio.

“That’s more than any MTF has submitted in any month,” Lovett said.

“We have two indicators by which we measure our success. For the MEB phase, our mandate is to have 80 percent of cases completed and sent to the PEB within 90 days of the date of the first signature on

the permanent profile date; for the PEBLO phase, we must forward the packet to the PEB within 30 days from the dictation of the Narrative summary. Both of these indicators are good tests to see whether we are emphasizing communication and coordination,” said Lovett.

“We want to verify that all the things we’ve put in place are working,” Lovett said. “We want to see shorter processing times in the PDES system by identifying medical conditions affecting the MRDP before initiating the MEB. Then we will continue to tweak the system until it reaches the point of satisfaction.”

The consolidation of resources under one roof and the Pre-MEB Review directly affect the benefits for Soldiers and reduce the time spent processing through the system.

While Darnall has a system that could be a standardized template for other military treatment facilities, antiquated regulations need an overhaul. On his visit to the Fort Hood MEB Clinic Nov. 17, Gen. George Casey, Jr., Chief of Staff of the Army, said, “Unless we change laws, it is not going to get appreciably better; the laws were designed for a conscript force, not a volunteer force.” (Darnall)

## Meade warriors enjoy day on horseback

by **Melanie Casey**

More than 30 Warrior Transition Unit Soldiers and cadre staff, their spouses and children from Fort Meade, Md., spent a day at the Easy Rider Ranch in Hanover, Md.. The outing featured trail rides for the older participants and pony rides and crafts for the younger set.

As the crisp Autumn day gave way to a chilly evening, the event culminated with a hayride and bonfire, which came complete with S’mores.

The outing was sponsored by Fort Meade’s Soldier Family Assistance Center, which works with the WTU to provide Soldier support.

“Just being in this kind of environment is therapeutic in itself,” said Michele Clark, Soldier Family Assistance Center human resource

specialist.

Fort Meade’s WTU has more than 70 Soldiers along with a cadre staff of 21 civilian and military service members.

Accompanied by ranch volunteers, the group took turns riding along the trails that line the ranch property, which lies in a dense thicket of forest adjacent to Patapsco State Park.

“It’s good for the Soldiers,” said WTU Squad Leader Staff Sgt. Chantal Glover, of the excursion to the ranch. “It shows them they can still do things despite their injuries.”

“I loved it,” said WTU Soldier Sgt. Jason Roden, noting that he grew up around horses. “It’s a lot of fun.”

Roden’s wife, Dana, agreed.

“It’s great,” she said. “Very relaxing. I believe in animal therapy

and I know this has been therapeutic for my husband. He loves it.”

“When they’re out, they’re out there riding,” said Sheila Harr, a volunteer at the ranch who helped coordinate the WTU visit with Clark. “They don’t think of anything else. It takes all thought away.”

While the adults and older children were out enjoying the solitude of a walk in the woods, the younger children had an opportunity to ride a pony around a ring.

“I liked when I saw the baby horse,” said Journey Bloom, age 4. “It was fun.”

But the outing was not just about having a good time on horseback.

“It’s a unique opportunity to come out with the Families,” said Capt. Jaison Bloom. “To do something not customary. It’s with nature and relaxing.” (Fort Meade)

# Wounded Warrior Program plans life-long support for Soldiers

by Navy Lt. Jennifer Cragg

The Army's Wounded Warrior Program will support those it was created to serve for as long as it is needed and for the rest of their lives, says the sergeant major of the program.

"Even when a Soldier or Family may be out there after several years and they say, 'We got it. We don't need your services any more. We are doing good,' ... we are still there with that Soldier and Family," said Sgt. Maj. Brent Jurgensen. "So, if they ever need any assistance at any point, they know that they can reach out to us and that we will help them."

The program uses the motto "As long as it takes," which Jurgensen said is especially reassuring to seriously wounded Soldiers, because 75 percent of them are medically retired.

"The real transition" begins at the time of their retirement, he said.

"For the first time, their military support structure is gone, and they are another veteran," he said. "To me, as a wounded warrior myself, it's about their 'new normal.' It's about getting their life back together. It's not about being in the hospital, ... but it's about establishing their life and strengthening their lives ... and ensuring they have received their full benefits."

Jurgensen said he identifies with other wounded warriors because he is one of them. He said his fellow Soldiers call him "The Rock" be-

cause he survived severe combat injuries in Iraq in 2004 and 2005 that included a gunshot wound to the face, a traumatic brain injury, amputation of his left leg, severe damage to his right knee and a compound fracture to his right hand.

"I try to present the image and try to lead with the fact that their first sergeant was always there for them — that regardless of what happened, he was going to be there to back them up and pick them up and personally bring them home," he said.

In an effort to aid more wounded, ill and injured Soldiers, Jurgensen added, program leaders announced in October expanded criteria to better serve the needs of Soldiers and their Families.

"Originally, support was to the most severely wounded Soldiers

from the global war on terrorism who have or are expected to receive an Army disability rating of 30 percent or greater in one or more specific categories," Jurgensen said. "Under the expanded criteria, the Army Wounded Warrior Program supports Soldiers who have received a combined disability rating of 50 percent or greater for conditions that are the result of combat or are combat-related."

For other combat-related conditions, such as post-traumatic stress disorder, Jurgensen said, he believes the Army has done a lot to treat soldiers, but must continue to press forward to make changes.

"For the first time this year, the number of Soldiers with severe PTSD exceeded the number of amputations, making that population of Soldiers the largest group" in the program, Jurgensen said. "[What] we take out of this [is] that PTSD is real, and we have all seen the effects of this in our Soldiers and the effects it can have on [them] and their Families. I am really excited about the way ahead as far as what we are doing and what our country and our military is doing to address PTSD."

Jurgensen encouraged people to continue to support not only those Soldiers who are severely injured, but also all Soldiers who continue to serve around the world, as well as their Families. (American Forces Press Service)

***"I try to present the image and try to lead with the fact that their first sergeant was always there for them — that regardless of what happened, he was going to be there to back them up and pick them up and personally bring them home." — Sgt. Maj. Brent Jurgensen***

## Warriors get new gym at Riley

by Paula Nardella

The Warrior Transition Battalion's new gym at Fort Riley, Kan., opened in January.

According to Capt. Jamekela Iles, who has been working with the project since its conception, having their own gym will offer Soldiers more than just a place to work out; it will also offer them camaraderie, which helps the healing process.

"They are able to share their experiences with

each other, what they are going through, how they got there, and give each other hope and give each other advice," Iles said.

Inside, the building will have not only standard gym equipment like treadmills and free weights, but also handicapped accessible equipment. Near the free weights and cardiovascular equipment will be televisions for Soldiers to watch during their workouts.

The other half of the

building will be an open area with rollaway tables and chairs. With the capability to seat 400 Soldiers, Iles said the WTB soon will be having its town hall meetings there.

Additionally, the open area can be used for physical training during inclement weather and for other meetings.

"Now they can actually work out as a battalion, as a group, and through that, camaraderie will be

built. And I think it will give them the opportunity to help each other through this healing process," Iles said.

Additionally, WTB Soldiers will be responsible for caring for the building, which Iles said will give them a sense of ownership.

"It's theirs, and that's the way we want them to feel. That this belongs to (them)," Iles said. (Fort Riley)

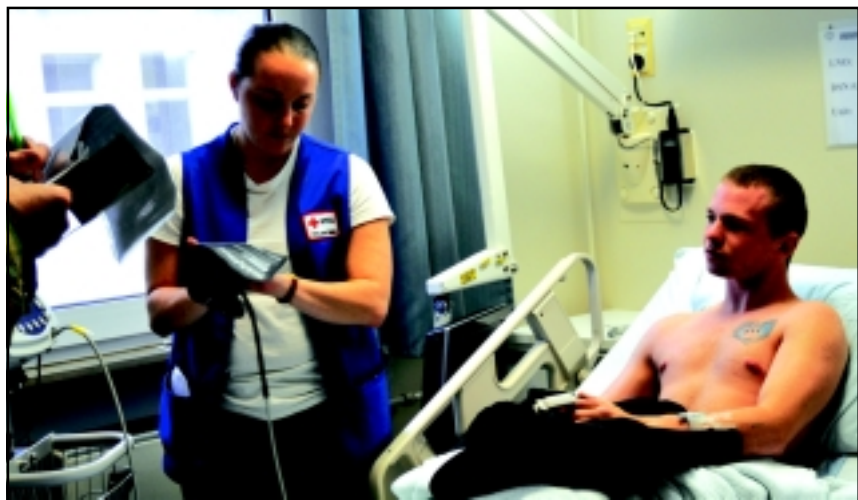
## Red Cross course offers Soldier opportunity to become nurse assistant

by Chuck Roberts

As a Wounded Warrior in transition, Jennifer Trenkelbach saw a long-term opportunity and seized it.

As a result, the Army specialist is one of 12 volunteers to graduate from what is believed to be the first American Red Cross Nurse Assistant Training Program offered at a military treatment facility.

While assigned to the Warrior Transition Unit in Kaiserslautern, Germany, Trenkelbach's mission is to heal from a foot injury while a determination is made whether she will be able to remain in the Army or transition to civilian life. Trenkelbach hopes to remain in the military, but her newfound nursing skills will provide the opportunity to explore other career opportunities in the event she transitions to



Spec. Jennifer Trenkelbach puts her training to work by checking vital signs for a patient at Landstuhl Regional Medical Center. (Photo by Michelle Barrera/Landstuhl)

civilian life.

"I've always wanted to get into nursing, and it also gives me a chance to volunteer," Trenkelbach said during the final week of the four-week course consisting of 168

hours of classroom and hands-on experience. The course was developed and taught by Red Cross officials, nurses and education specialists at Landstuhl Regional Medical Center. (Landstuhl)