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MEDCOM NOW

Office of the Army Surgeon General and Army Medical Command

Leaders sign covenant

By Jeff Crawley
Fort Sam Houston News Leader

Leaders from the Army medical community reaffirmed the service's commitment to provide world-class care to wounded Soldiers and their Families by signing the Army Warrior Health-Care Covenant Nov. 13 at Fort Sam Houston, Texas.

Army Surgeon General Lt. Gen. Eric Schoomaker and Command Sgt. Maj. Althea Dixon, CSM of the Medical Command, signed the covenant during a conference with senior medical officials.

"This is not a flash in the pan; it's a sustained pledge," Schoomaker said. "This is going to be here for the duration as long as we are medics, as long as the next gen-

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Warrior care leader describes good progress

By Fred W. Baker III
American Forces Press Service

Brig. Gen. Gary Cheek, the Army's assistant surgeon general for warrior care and transition, recently spoke with American Forces Press Service about the Army's transformed wounded warrior care program:

Q. It has been a little more than a year since the first wounded warrior brigade was stood up at Walter Reed Army Medical Center. Tell me how you think the model is doing and, overall, how you think the Army is doing in taking care of wounded warriors.

A. It is a tremendous program. We have literally completely transformed our rehabilitative care ... as we transition the Soldier from inpatient care to either going back to the Army or civilian life.

To some degree we've never really fully had what I would call a rehabilitative capability in the Army on the scale of what we're doing now. Once we became engaged in the two wars now, when we started to look for those rehabilitative capabilities, they really didn't exist. I don't know that we have it exactly the way we want it yet, but I think we're at a point of irreversible momentum to where we will get these things really up, designed, functioning with the policies in place to make them a terrific system.

Q. So, do you think the triad of care and the warrior transition unit models are working for the Army?

A. Really when you look at what was going on at Walter Reed [before February 2007 when the *Washington Post* news articles exposed a breakdown in wounded warrior care there] it was really just a microcosm of the entire Army and our systems. I don't want to point too sharp a stick at it — but it was not a system that we needed to properly take care of Soldiers.

We were hit pretty hard about the facilities. But that's really only a small part of it. We had really no leadership structure. We were actually using an NCO that was in charge of those Soldiers who was himself a cancer patient. We had no structure, no military discipline, no requirements for formation. We had Soldiers that were not wearing uniforms, not getting hair cuts, growing beards, and really left to their own devices.

If you were a Soldier trying to work the system and hang out there as long as you want, that was great. If you were a Soldier who wanted to get better and get back to his unit, it was frustrating. It was difficult.

We didn't take good care of the Families. We weren't watching out for

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the Soldiers. We did not have the traditional military structure and leadership that Soldiers are accustomed to. We also really didn't know what was going on. We weren't really checking and measuring how we were doing.

And that has completely changed. Now, by contrast, we have the 35 warrior transition units. We did consider going back to the rehab center concept — but the reason we didn't want to do that is because we felt that to properly rehabilitate a Soldier, it's best to have him close to his home, his Family, his comrades. We wanted a system that was more adaptable.

We stood up the military unit with the familiar things like company commanders, and first sergeants and squad leaders and platoon sergeants and added to that some medical management capability with a nurse case manager and primary-care physician.

All in all, I think we are off to a tremendous start to this program and we continue to adjust and revise.

Q. Do you think that that discipline helps them re-associate with the Army and focuses their intent on healing?

A. Absolutely. These are Soldiers. And for a Soldier, the things like the Uniform Code of Military Justice, the standards, the customs and the courtesies all apply. That leadership has to take into account the conditions ... unique to that Soldier. Of course they will use judgment when dealing with those Soldiers. We want to have discipline. We don't want it to be overly harsh. We want it to be appropriate.

That same discipline is also going to be pushing them to follow the instructions of their providers, their therapists and making their appointments.

Q. You've had some difficulty with staffing the transition units. I know there are some initiatives to get that up to 100 percent. How is that going?

A. It's important for us to have the cadre right and the ratios should be at 100 percent and that's what we're moving toward. But I think there are some key misperceptions. The first one is, yes we have over 12,000 Soldiers in this program — but it is not 12,000 catastrophically wounded Soldiers from theater. About one-third were evacuated from theater — the other 66 percent really have come from our units — a Soldier in a car accident, a Soldier who has cancer, a Soldier with a sports injury, a Soldier injured in training.

Seventy-five percent of those 12,000 are combat veterans. We have a moral obligation to take care of all of them and that's what we'll do.

But the important thing is the cadre that looks after those Soldiers is more to manage their care. It's not that they're being denied medical care. It's not that they're not being taken care of or supervised. They are.

The methods we were using to staff those cadres ... were just not agile enough to keep up with the growth. We've changed the way we're doing that. We have mandated to stay up with these ratios based on the population. We have brought in our commanders at the major command level — all around the world, all of our installation commanders — and we really came to a common azimuth that we're all responsible for this and we're going to keep this straight.

The main thing I would say is that even when the cadre's strengths were below the ratios we had set, I do not believe that had a major impact on the care provided to those Soldiers.

Q. What was the rationale behind bringing in all wounded, ill and injured Soldiers into the program, because it would seem to create more of an issue with barracks and staffing?

A. I suppose we could consider a special program for only our wounded Soldiers, but then when I have a Soldier who has three combat tours and he's injured in a motorcycle accident, he's not eligible. Do we not have an obligation to take care of him?

It is really about the severity of the wound, the illness or the injury. How bad is the medical condition of that Soldier? That's what gains entry into this system.

We're going to tighten our criteria a bit. We have a significant number of Soldiers in our warrior transition units that have a long-term problem, but with rather routine rehabilitative needs. In the future, we will more than likely keep that Sol-

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dier in his unit and use traditional leadership to supervise him and the medical care provided to do that. We want to make our warrior transition units focus on those that need that intense managed care.

Q. How is your access to senior Army leadership and what is the priority for wounded warrior care?

A. I would say our support from the senior leaders of the Army is enormous. I easily have direct access to any of them should I need to bring up an issue. Typically it works the other way around. They typically call me and I go there quite often.

Q. Is the Army able to change its policies and procedures fast enough to accommodate the needs of wounded warriors?

A. I would say yes, but I would also say we have to be very careful. You want to be very wary of a knee-jerk reaction. The second- and third-order effects of making policy changes sometimes are not apparent.

Our decision, for example, to bring a lot of our medical evaluation board Soldiers into the WTUs had that beneficial effect for deploying units in that it removed them from their books and allowed them to get more personnel. And to some degree it brought these Soldiers together where we could help expedite their board process. The second-order effects were we had this explosion in our population and we had this great challenge of getting our cadre up to strength. And when we finally stepped back and looked at this population, we determined that ... this was designed to provide focused managed care and a lot of Soldiers we brought in don't need that.

Q. Can you talk about streamlining the board process and where the Army is with its pilot program?

A. This is a process that's been around for probably 50 years. It's a very deliberate process that makes sure we do it right and that the best interests of the Soldier are protected. So that process has got a lot of checks along the way to make sure we don't misstep.

We have looked hard at eliminating some of the duplicative paperwork. We're also going to automate this system. By January, we will be able to do this in an automated fashion which should help us considerably. The pilot brings the VA and the Army together to do a single physical. We used to do two.

What we would really like to see is the Army not to be in the disability business. The Army's decision really ought to be about fitness to serve or not. You can either stay in the Army or not, based upon your physical condition. The disability decision, we would rather have that be in the Veterans Affairs. Let them make the decision of the disability and work that.

For the Soldier, he or she wants to make sure that they retain medical benefits for the Family, to not have any degradation of pay ... and be as physically capable as they can. The MEB and our process really doesn't necessarily look after those interests. There will be some disappointed ... Soldiers.

So until we can resolve that, we are left with this system which unfortunately puts us in a bit of an adversarial relationship with the Solder.

Q. The Army has begun leaning forward in allowing [seriously wounded] Soldiers to stay on active duty if they choose. Why?

A. For any Soldier who has been wounded in combat who wants to continue on active duty, we have yet to say "no." That's not a policy. I just know that to be a fact. Every one of those is done on a case-by-case basis.

We have a tremendous positive track record for great servants who have been grievously wounded in combat [and continued on active duty]. When we look at the history of the service that has been done by some of those who have made those kinds of sacrifices, I think keeping them in the Army has a lot of merit. They have a lot to offer.

We want to place a retention NCO in each of our WTU battalions and build a retention program to encourage our Soldiers to stay in the Army. In particular, we may have a Soldier who is medically unqualified for his current specialty, but we may be able to find another way to use his or her talents in another specialty.

We went to the AW2 symposium ... I spoke to those Soldiers there and asked how many would like to be a cadre member. And a number

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of them were very interested in doing that. So I think we have a resource right there alone just for our own warrior transition units where these Soldiers can serve. They can teach in schools. In many cases, they do continue to serve in their MOS and deploy to combat.

Q. What feedback are you getting from the troops and the Families?

A. The feedback I get from Families ... is really spectacular. I think especially for those Families when they first arrive ... There's a lot of reticence and uneasiness about the condition of their loved one. But they are embraced immediately. So they are put at ease very quickly and taken great care of. For many of them, their challenges lie ahead, but at least we get them through that very difficult period where there's a lot of unfamiliarity with the military and the situation they're stepping into. We're doing a great job there.

From the Soldiers, it's not all milk and honey. Soldiers are going to tell you the things they like and don't like. For many of them, they are greatly appreciative of this concept. Many of them are very, very complimentary of their cadre. Others are perhaps less so. But you will find that anywhere in the Army. But, by and large, they recognize the investment, the attention and the focus of the Army.

We also ask them about their level of care. Generally speaking, from the surveys we do, we range just under 80 percent satisfaction. Our goal is to get everybody over 80 percent and we have made incremental progress towards that.

Q. You talk about building an enduring program. Can you define that and tell me why you are designing the program this way?

A. We need an enduring program for the Army that is adaptable, expandable, collapsible and responsive to the needs of the Soldiers.

We have a program that is fairly adaptable. And we've proven we can expand it, though it was uneven for sure. I think we're in a much better position now to handle future growth. We really haven't done much to figure out how to collapse this down. When Iraq and Afghanistan go away, we should return to the steady state of illnesses and injuries that Soldiers typically get.

Right now we have 35 warrior transition units and nine communities based health-care organizations. We are fairly confident that about 26 of those 35 are what I would call permanent warrior transition units. The other nine we're not so sure about.

I want to look harder at the community based health-care organizations approach. That's one that is very easily expandable provided those civilian capabilities are there.

We've asked for funding to build 21 warrior transition complexes at various posts, camps and stations in the United States. Right now, the office of the Secretary of Defense supports us for about half of those. Ultimately, Congress will decide how they would fund that.

Nothing says it's enduring like a complex that's built to be dedicated for this mission. And the first one is starting at Fort Riley, Kan., where we will build the barracks, the administrative headquarters and the Soldier and family assistance center in close proximity to the hospital. We will have an excellent facility that takes care of wounded, ill and injured Soldiers at that installation. We will get another major start on at least another eight in fiscal year 2009.

Q. Is there anything else you would like to add?

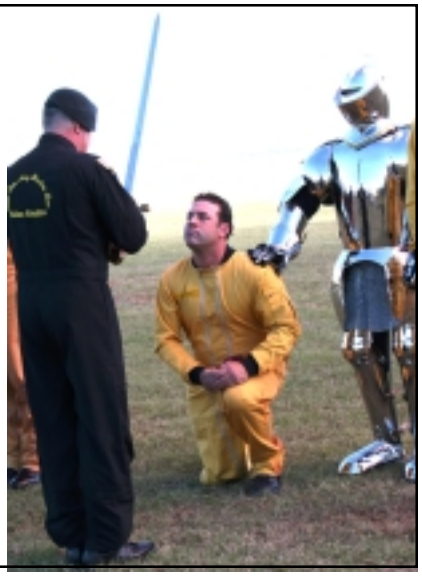
A. I'm just very concerned that America is getting a false impression. They think we have hundreds of thousands of wounded Soldiers. They think we have 12,000 amputees or worse in our warrior transition units. There are only 1,500 Purple Heart recipients. The number of amputees for the Army is less than 800.

Yeah, we have challenges out there. But the progress we've made is just spectacular. And the care we're providing the Soldiers, the organization, the cadre, is all superb.

I think there's basically a misunderstanding of Army culture. We open ourselves up. We candidly ask for criticism. We work to improve it because that's what we want to do. No one seems to want to believe that we could love Soldiers as much as we do. We are Soldiers. This is a spectacular program and it's going to get better and better all the time.

Arise, sir knight, and jump

Sgt. 1st Class Daniel Metzdorf (kneeling) is inducted into the Army's Golden Knights parachute team following a six-week training and assessment period. Metzdorf, an above-the-knee amputee, is the first wounded warrior on the team. He was assigned through the Wounded Warrior Program and completed the same training as other members of the team. To be selected for the team, a person must be on active duty, have completed 150 free-fall parachute jumps and have a good military and civilian record. (Photo by Donna Dixon/Fort Bragg)



WTU cadre learn new skills

By Jerry Harben
U.S. Army Medical Command

The first resident course for Warrior Transition Unit cadre was held Oct. 27-Nov. 7 in San Antonio, Texas. It trained 43 noncommissioned officers (NCO) assigned as squad leaders or platoon sergeants in WTUs, and 26 nurse case managers.

Before this course, WTU cadre were trained through an online orientation and on site by mobile training teams or local leaders.

"The inception of this resident course for training Warrior Transition Unit cadre marks the latest in a series of outstanding efforts by the staff of the Warrior Transition Office and the AMEDD Center and School," said Brig. Gen. Gary H. Cheek, assistant surgeon general for warrior care and transition and director of the Department of the Army Warrior Care and Transition Office.

"It's exciting that they're putting this kind of emphasis on this. It shows the leadership's commitment to the warriors," said Sgt. 1st Class Pricilla Knight-McLeary, leader of a 10-Soldier squad in the Warrior Transition Unit at Brooke Army Medical Center.

In addition to classroom instruction, the class toured the Soldier and Family Assistance Center, Warrior Assistance Center and Center for the Intrepid rehabilitation facility at Brooke. They listened to an injured Soldier, and to an experience triad of care describing their lessons learned.

"The best part for me, the most powerful, was seeing a wounded warrior, for him to speak on what we can do to help these warriors," said Knight-McLeary.

"We've learned a lot of resources we can tap into," said case manager Lt. Col. Carol Fox. "It helps you realize how complicated it can be to take care of these Soldiers, to help them heal and transition."

Fox works for the Community-Based Warrior Transition Unit in Utah, where she primarily helps reservists who often are otherwise isolated from the military support system. She formerly served at Landstuhl Regional Medical Center in Germany, the first stop in evacuation of wounded from Iraq and Afghanistan. She said wounded patients usually stay at Landstuhl only a few days, and staff there seldom know what becomes of them after transfer to hospitals in the U.S.

"This job is full circle for me. It gives closure. Caregivers need that," she said.

Knight-McLeary said the course struck a balance between knowledge the cadre needs to accomplish their tasks and skills needed to build relationships with Soldiers in their care.

"We want them to develop the head and the heart for their mission," said Sherri A. Emerich, program director of the Warrior Transition Unit staff training program at the AMEDD Center and School on Fort Sam Houston, Texas.

Handbook provides benefit details

By Donna Miles
American Forces Press Service

Defense Secretary Robert M. Gates said a new handbook is another step in improving the care and support wounded, ill or injured troops and their Families deserve. The handbook compiles the myriad information they need in one succinct, easy-to-read publication.

In his foreword to the *Compensation and Benefits Handbook*, Gates said its biggest benefit is that it "compiles into one source the relevant information that you and your Family previously had to search through numerous sources to find."

The handbook was created to help service members and the Family members helping to care for them navigate through the military and veteran disability, evaluation, compensation and benefits programs designed to help them, explained Sharon Gunselman, a department policy and resource analyst.

It walks readers through the processes of recovery, rehabilitation and reintegration back to the military or into civilian life. Each section describes the compensation and benefits available at each stage.

The handbook, mandated by the 2008 National Defense Authorization Act, is now available online and is being distributed by the services in hard-copy format. It provides Web sites and toll-free phone numbers, and the electronic version includes hyperlinks. Gunseleman said the book will be updated annually to include new information.

Gates emphasized that the handbook is not intended to be a replacement for what he called "the best source of information" — the service member's chain of command or medical and nonmedical care providers.

He noted that because all affected service members will have different requirements, their support staffs will help design individual plans that ensure they and their Families receive the support and benefits they need.

"You and your fellow patriots who volunteered to serve in our armed forces have no equal in the world," Gates concluded. "Our responsibility is to provide you care that is unequalled in the world. We owe this to you. We will deliver this to you."

Wounded warriors can keep special pays

By Gerry J. Gilmore
American Forces Press Service

The Pay and Allowance Continuation program, known by the acronym PAC, enables wounded service members undergoing medical treatment to continue to receive overseas-related per diem and hazardous and hardship duty pays, as well as other special-incentive monies such as special assignment and parachute, or "jump," pay during hospitalization and recovery, said Tim Fowlkes, assistant director of military compensation.

The PAC program is a logical change to military compensation policy that aids wounded warriors, Fowlkes said, so "they don't experience an immediate drop in pay" as a result of their injuries.

PAC pay starts when injured service members are first hospitalized and continues for a year, with possible six-month extensions due to extraordinary circumstances. The pay normally ceases after an injured service member recovers and returns to active duty or is discharged from military service.

Fowlkes said PAC replaces a previous program called combat-related injury rehabilitation pay, or CIP. CIP enabled wounded service members to continue to receive about $430 monthly, totaled from overseas per diem, hazardous and hardship duty pays — but no other special assignment pays — during their hospitalization and recovery.

Service members diagnosed with post-traumatic stress disorder or traumatic brain injuries after departing overseas areas are entitled to PAC pay provisions, Fowlkes said. Under the previous program, he said, eligible service members had to be diagnosed for PTSD or TBI at overseas locales.

Moreover, the PAC program will apply to members who are hospitalized due to a wound, injury or illness incurred anywhere in the world from hostile action or event, and not just a combat operation or in a combat zone.

Leave act helps Family caregivers

By Gerry J. Gilmore
American Forces Press Service

Recent changes to the Family and Medical Leave Act will extend the period of unpaid, job-protected leave that eligible Family members can take to care for wounded warrior spouses.

One change stipulates that eligible employees who are Family members of covered service members can take up to 26 work weeks of leave in a 12-month period to care for a covered service member with a serious illness or injury incurred in the line of duty on active duty. This change extends the period of available unpaid leave beyond the original 12-week leave period. The new provision was a recommendation of the President's Commission on Wounded Warriors.

A second family-leave-related amendment to the act makes the normal 12 work weeks of FMLA job-protected leave available to certain Family members of National Guardsmen or reservists for qualifying exigencies when service members are on active duty or called to active-duty status.

Qualifying exigencies for which employees can use FMLA leave include:

— Short-notice deployment;
— Military events and related activities;
— Child-care and school activities;
— Financial and legal arrangements;
— Counseling;
— Rest and recuperation;
— Post-deployment activities, and
— Additional activities not encompassed in the other categories by which the employer and employee can agree to the leave.

Another change requires employees to follow their employers' call-in procedures when taking FMLA leave. Previous rules were interpreted that employees could inform employers of taking FMLA leave up to two full business days after initiating it.

Another rule change allows employers' human-resource officials, leave administrators or management officials to contact employees' health-care providers to verify information on medical certification forms, so long as Health Insurance Portability and Accountability Act of 1996 requirements and medical privacy regulations are met.

BAMC worker honored as PEBLO of Year

The winner of Medical Command's first Physical Evaluation Board Liaison Officer (PEBLO) of the Year award is Brooke Army Medical Center's patient affairs branch chief, Terry Recio.

She was selected by a team of senior patient administration officers from candidates representing the regional medical commands.

Recio has been performing the duties of a medical evaluation board technician, alternate PEBLO and PEBLO for 25 years.

Every Soldier undergoing a medical evaluation board is assigned a PEBLO to serve as the primary counselor and source of information pertaining to the Soldier's MEB.

Recio served as subject matter expert for a process action team addressing the Physical Disability Evaluation System in 2007. She also was lead editor for development of a standardized MEB/PEB overview brief and contributed to a Lean Six Sigma physical evaluation board project. Her office was test site for an automated MEB pilot program.

She organized a training conference for PEBLOs in the Great Plains Regional Medical Command, and reviewed several PEBLO education courses for the AMEDD Center and School.

Recio said the most rewarding part of her job is assisting Soldiers through the MEB/PEB process and making sure they have access to all of the agencies with programs to assist with their transition. (MEDCO Patient Administration Division)

Terry Recio

Administrator studies WTU for civilian hospital applications

By Elizabeth M. Collins
Army News Service

A former Soldier and hospital administrator from Texas watched the unfolding news reports about Soldiers and Walter Reed Army Medical Center last year with excitement and optimism.

William Craig was soon after fascinated by the creation of Warrior Transition Units and their triad of care — squad leader, nurse case manager and primary care manager. He wondered, could this groundbreaking idea be useful in a civilian hospital?

"Most of my professional life, I've heard that the military can look to professional organizations and learn lessons and apply strategies, etc., but I think that's actually a two-way street. I think civilian organizations can also look to the military and find lessons, and so that's what struck me about the concept for managing the outpatient Soldiers through the Warrior Transition Units ... I thought it was a very interesting application of the case-management process that we also use in the civilian health-care world, but it seemed to me that they had a unique collaboration ... among the different disciplines involved in the care of the Soldiers."

A few months and a few phone calls later, Craig was on his way to Walter Reed for professional-development experience. Welcomed as a member of the team, he spent a week learning about how the new warrior care system worked. He came back convinced that he was right and civilians could use the Army's triad of care as an example.

"All those things working together in concert to manage the process — I think I've never seen it defined quite so succinctly in my civilian experience," he said. "Certainly we have those components in elements of civilian health care that work with outpatients. However, I thought the organization of that model was very unique and very effective in the way I saw it being applied.

"We could, in the civilian world, take that same concept and look at different types of outpatient populations, whether they are members of an insurance plan, or any population that's a defined group of people that a health-care organization has some level of responsibility for. I think that the triad of care can have application then, even to the point of extending it into community-outreach activities. We are involved in several that involve the homeless in our community or other specific populations that have different types of needs. We have applied some of those same principles locally, particularly the case-management concept," Craig continued.

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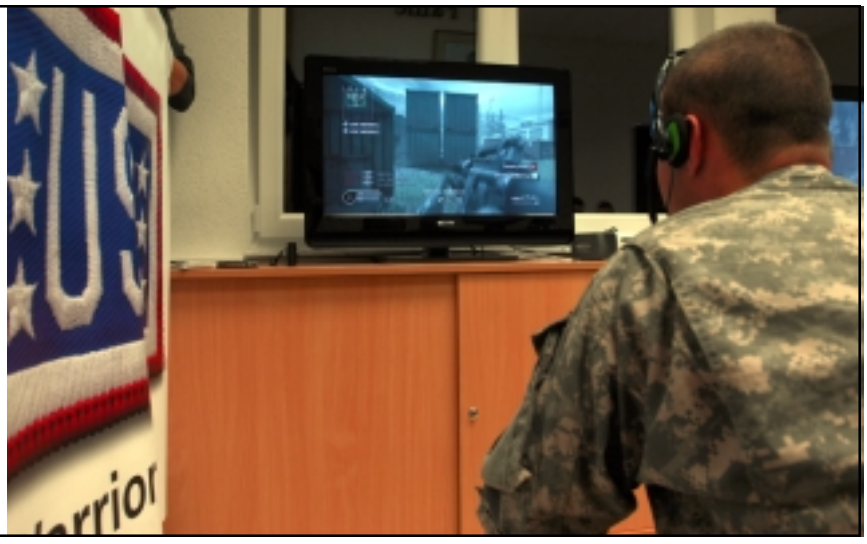
Gamester

Wounded warrior SPC Justin Lara competes against NFL players from the Tampa Bay Buccaneers and service members from Dubai, Japan and Kuwait in a game of Call of Duty: World at War on Veterans Day at the USO Warrior Center at Landstuhl Regional Medical Center, Germany. The service members won the war game, but the football players staged a comeback on Madden NFL 09. (Photo by Airman 1st Class Kenny Holston/ Landstuhl)



Administrator

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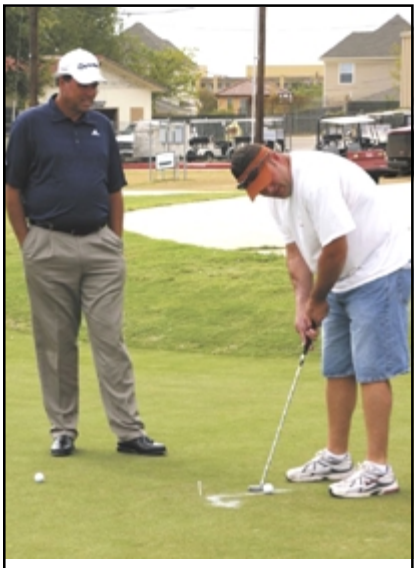
He added that the squad leader would be the hardest role to replicate in the civilian world, but that the role of ensuring patients take medications and go to their appointments is important.

His time at Walter Reed and the injured Soldiers he met also inspired Craig to rejoin the Army Reserve after separating 12 years ago. He said he had been thinking about it for a long time, but that the experience galvanized him and made him realize he could continue to serve.

"I think that we make the global war on terror — and the fact that we've got Soldiers, Sailors, Airmen and Marines in harm's way — a talk-show topic. We make it an issue for political debate, but it's not real to a lot of people. I know for me, going to Walter Reed and spending the week there, it became real because I saw the faces of those Soldiers who had been impacted directly ... The military and what our military is doing in the world today became very real and personal for me just by the fact that I was in their presence," Craig said.

Craig will serve as an individual-mobilization augmentee at Ireland Army Community Hospital on Fort Knox, Ky., in health-care administration. The new captain said he's particularly interested in consequence management and weapons of mass destruction response.



Watch the birdie

SGT Brad Beard (right) gets advice from Phil Blackmar, one of several golf professionals who partnered with warriors in transition during a putting tournament at Fort Sam Houston, Texas.

The AT&T Championships Charity sponsored the event and also donated $30,000 to help build a new Warrior and Family Support Center at Brooke Army Medical Center. (Photo by Minnie Jones/ Fort Sam Houston)

Case manager enjoys personal relationships

By Rebecca Steed
Fort Leavenworth Lamp

Tessa Baptista's job is to have a personal relationship with wounded Soldiers at Fort Leavenworth, Kan. She is a case manager for the Warrior Transition Unit and coordinates appointments for the physical, mental and social health of her patients.

"I enjoy my job because I find it very satisfying to help service members and to make sure they are in a good place when they leave us or stay (in the Army)," she said.

Baptista, who has been a registered nurse working in emergency rooms for 14 years, first heard about the initiative while working at Fort Bragg, N.C.

"When I heard about the WT initiative, I thought it would help the service member more," she said. "In the ER, you treat one time; this gives you more contact. You get to help on a personal level. Because they are with you months on end, you become very close to them."

Leavenworth currently has 21 warriors in transition and two case workers — Baptista and Capt. Rochelle Goodin. They meet face-to-face with each Soldier at least once a week, Baptista said.

Her primary job is coordinating care through the system and serving as the liaison between the Soldier and the providers.

"I also address psychological issues and Family concerns, and help seek appropriate services for these," she said.

The amount of time a Soldier spends in the transition unit varies anywhere from three months to a year, depending on the severity of the injuries, she said.

"Sometimes I'm happy when they leave. When they are happy, then that makes me happy," Baptista said.

Covenant

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eration of medics are around we're going to be taking care of them (wounded, ill and injured Soldiers) and their Families."

The covenant pledges sustained care that is commensurate with the sacrifices that Soldiers and their Families have made, Schoomaker said. It provides for first-rate care in a healing environment for recovery, rehabilitation and reintegration.

Wounded warrior Staff Sgt. Jason March and his wife, Sandra, who represented all Warriors in Transition and their Families for the ceremony, also signed the covenant.

March, who suffered a traumatic brain injury after he was shot in the head by a sniper while in Iraq, said he was told he might never walk, talk or see again.

"I want to thank all of BAMC (Brooke Army Medical Center). They have done a remarkable job," said March, a combat engineer. "I have been here almost three years. I made it up that flight of stairs, I see every single one of you and I'm telling you my story."

Sandra March, who quit working as a dental assistant to become a caregiver for her husband, said the covenant should be beneficial.

"Any improvements to make things better for wounded warriors and their Families is a good thing," she said.

Wounded warrior Staff Sgt. Jason March signs the Army Warrior Health-Care Covenant as his wife, Sandra, holds the covenant steady. Lt. Gen. Eric Schoomaker (rear) was first to sign the covenant, which reaffirms the Army's commitment to provide world-class health care to wounded, injured and ill Soldiers and the Families. (Photo by Jeff Crawley)

Afterward, the 40 attendees at the Major Medical Subordinate Command Commander's Conference signed the covenant and thanked the Marches for their service.

The Army Warrior Health-Care Covenant

We are grateful for the contributions of warriors and their Families.
We will provide warriors and their Families the highest quality of care and services possible to honor their contributions to our nation.
We will provide the assistance needed by warriors and their Families during the healing process.
We will provide initiatives and programs for warriors and their Families that support their transition back to duty or their continued service to our nation as a veteran.
We will provide an environment that is conducive to healing by focusing on body, mind, heart and spirit.