



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

Inside this issue:

**Mullen sees
Warrior Transition
Unit at Stewart**

**Change lets
Soldiers' select
death-gratuity
beneficiaries**

**WTU population
doubles in
concept's first year**

**WTU supports,
promotes, returns
Soldiers to duty**

**New center in
Vilseck links
wounded GIs,
services**

**Wounded warriors
tough out triathlon**

Vice Chief of Staff visits largest WTB

story and photos by **Jon Connor**
CRDAMC Public Affairs

It has been a year since the Army Medical Action Plan called for improvements in Wounded Warriors' medical care and outpatient assistance to prepare them for continued, successful military service or transition to active citizenship.

One improvement was establishing Warrior Transition Units at major posts. All Warriors, regardless of component, are under one command to ensure equity of care, leadership, and administrative support with the mission to heal.

With over 1,350 Wounded Warriors, the Warrior Transition Battalion at Fort Hood, Texas, is the Army's largest.

Army Vice Chief of Staff GEN Richard Cody visited Carl R. Darnall Army Medical Center leaders on Friday, June 13, and toured its WTB.

Darnall's WTB, commanded by LTC Timothy Snider, has been in existence for

one year. Snider and SGM Ricky Tucker, along with 41 platoon sergeants, 103 squad leaders, and 40 nurse case managers are the front-line folks who answer the hard questions, help simplify a complex system, and make sure Wounded Warriors get the compassionate support they need on the road to recovery.

Cody met with Company D and E Soldiers and staff members in the dayroom. After greeting the WTB Soldiers in the room filled to capacity, Cody sat down on the floor in front of the widescreen TV for a heart-to-heart talk.

He explained that most of the staff members and cadre are personnel from other units and that training for WTB cadre and staff is an ongoing process.

"They're learning through you," he said, despite skills from previous units.

The MEB/PEB (Medical Evaluation

(See "Cody," page 2)



Army Vice Chief of Staff GEN Richard Cody talks to Warrior Transition Battalion Soldiers and staff in dayroom at Fort Hood's Rough Rider Village.

Cody visits Fort Hood WTB, continued

Board/Physical Evaluation Board) process is “laborious,” Cody acknowledged, and the Army is trying to shorten it, but it still is very important to get it right.

“It is a lot of paperwork,” he said, but it’s meant “to protect you and your family.”

The Vice Chief remarked that when the war started, there were not a lot of personnel in the behavioral health field in the military and civilian communities. However, measures are being taken to meet the needs, he said.

“We’re learning about this (PTSD, TBI) as a nation,” Cody said, citing institutions like UCLA, Duke University, and MIT that are doing research. And there are “centers of excellence” being built.

We need to “take the stigma off it,” he said about Soldiers seeking behavioral health help. “It’s a wound just like everything else.”

WTBs allow Soldiers to leave their units to get “the right counseling and get you out of a stressful environment,” he said. “It’s all to help you get better.”

Plans for expanding Fort Hood’s WTB are under way to accommodate the increase in personnel.

Soon new administration buildings will be opening and there are plans for a WTB “mega complex” barracks in a couple of years that could include clinics and a dining facility, CRDAMC officials have announced.

Cody explained that allowing Soldiers to focus on nothing but healing was an important mission, “otherwise you’re going to lose a year,” he said

“You’re still in the Army. Just in a different unit,” he said, encouraging WTB Soldiers to attend school and accept temporary jobs at Fort Hood.

The general then asked for feedback.

The Soldiers generally agreed that their health care has been exceptional and their leadership is competent, compassionate and cares about their well-being.

Squad leaders said that their platoon sergeants and



Army Vice Chief of Staff GEN Richard Cody visits with a Warrior Transition Soldier outside of the dayroom in Fort Hood’s Rough Rider Village.

first sergeants support them and provide them the leadership they need to accomplish the mission.

At the time of Cody’s visit, a group of professional wrestlers representing the Old School Federation was visiting WTB Soldiers. Cody thanked the wrestlers for taking the time to visit with WTB Soldiers, presenting each wrestler with a coin.

The wrestling school is located outside Lampasas, Texas and its instructors are comprised of former professional wrestlers from various associations.

Before leaving, Cody thanked the Soldiers, too.

“We’ve got to understand that we’re in this for the long haul. I appreciate your service.”

Mullen sees Warrior Transition Unit at Stewart

by Donna Miles

American Forces Press Service

FORT STEWART, Ga. — Navy Adm. Mike Mullen, chairman of the Joint Chiefs of Staff, toured the new Warrior Transition Unit and met with wounded troops to hear how the Army is ensuring they get the best care and support possible.

Mullen, here for a day with junior soldiers, noncommissioned officers, junior and mid-grade officers and family members, stopped by the Warrior Transition Unit campus that stood up a year ago to hear firsthand how it’s working.

As Mullen met privately with the soldiers, Army LTC Tyra White, who

commands the Warrior Transition Battalion, explained the concept that has made medical hold units a thing of the past. The 586 wounded and recuperating soldiers assigned to the unit are called “warriors in transition,” with one mission: healing.

The Fort Stewart unit is one of
(See “Mullen,” page 3)

Mullen sees Stewart WTB, continued

35 the Army stood up in the wake of problems discovered at Walter Reed Army Medical Center.

The units provide command and control to ensure transitioning soldiers get proper medical care and other services as they complete medical evaluations and prepare for return to active duty or civilian life, White said.

A "triad of care," including a primary-care manager, nurse case manager and squad leader, provides personal attention at every turn and coordinates closely to ensure no detail falls through the cracks, she said.

COL Jack Collins, commander of Winn Army Community Hospital, said the team approach underscores the Army's emphasis on helping the warriors succeed.

"It's our No. 1 priority, and this is all about creating a healing environment," he said.

"This is one-stop shopping," White said of the Warrior Transition Unit complex, now located in refurbished National Guard buildings but to be replaced with a new, permanent facility next year.

"What we have here is wonderful," White said. We have occupational therapy, nurse case managers,

doctors who come here, a town hall once a month. It's all right here."

Mullen told reporters he's happy with broad strides the Army has taken to ensure its wounded troops get the care and services they need.

"These are individuals and families who have paid an incredible price to defend our country. We have asked them to go into harm's way. They have done what their country has asked, and I think every effort needs to be made to make sure that they are well taken care of," the admiral said.

"The entire nation owes these troops a debt that can never be repaid fully," Mullen added.

An integrated effort by the Defense Department, the Department of Veterans Affairs and the country as a whole needs to look out for these troops to "make sure they are OK for the rest of their lives," he said.

While ensuring the top-notch medical care they receive is sustained over time, this integrated support network must ensure transitioning troops recognize that "their American dream is still achievable," he said.

Change lets Soldiers' select death-gratuity beneficiaries

Effective 1 July 2008, service members may designate from one to ten persons to receive all or part of the \$100,000 death gratuity payment by making appropriate annotations in the revised DD Form 93, Record of Emergency Data.

According to instructions disseminated to S-1s and military personnel divisions, Soldiers must designate amounts payable in 10 percent (\$10,000) increments. If a soldier fails to make a designation or designates only a portion of the amount payable, Defense Finance & Accounting Service will pay the amount of the death gratuity not covered by a designation as follows:

- (a) to the Soldier's surviving spouse, if any;
- (b) to any surviving children;
- (c) to the surviving parents or their survivor;
- (d) if none of the above exist, to

the duly appointed executor or administrator of the estate, for distribution to the estate, if any.

These new procedures require the Army to notify the Soldier's spouse in writing whenever a soldier designates a person other than the spouse to receive all or part of the \$100,000.

In such cases, the Soldier's S-1 or military personnel division will send a letter to the current mailing address for the spouse, as provided by the Soldier, indicating that Soldier has made a change in beneficiary. Dependent information in DEERS (Defense Eligibility Enrollment Reporting System) will be verified during DD Form 93 updates.

Soldiers are reminded that in the "Continuation/Remarks" section of DD Form 93, they must enter the name and relationship of the person authorized to direct disposition of the

Soldier's remains in the event of his or her death.

Soldiers may only name one of the following: surviving spouse, a blood relative of legal age, or an adoptive relative. If no one in these three categories exists, then the Soldier can name a person standing *in loco parentis*. Include the address and telephone number.

This block also offers flexibility for the Soldier to record other important information considered extremely useful in the casualty notification and assistance process such as next-of-kin language barriers; existence and location of a will, medical attendant power of attorney, or additional private insurance policies; other family member contact numbers; etc.

For assistance, Soldiers can contact their local military personnel division or their brigade/battalion S-1.

WTU population doubles in concept's first year

by Elizabeth M. Lorge

Army News Service/

WASHINGTON — In an interview with Soldiers Radio and Television, the new assistant surgeon general for warrior care and transition said the number of Soldiers in the Army's 35 Warrior Transition Units has doubled in the past year.

BG Gary H. Cheek, also director of the Warrior Care and Transition Office, said the number of warriors in transition rose from around 6,000 this time last year to more than 12,000, and the population continues to rise about 900 a month.

He said commanders are coping well with that challenge but there is a lot of catching up.

"We're trying to change that, to be more proactive and get ahead of some of the growth that we anticipate," he said. Cheek took over leadership of the WTUs in May from BG Michael S. Tucker.

Only about a third of WTU Soldiers are medically evacuated from the war zone. Others are from State-side units and are healing from various injuries and illnesses.

The Army is looking at the best way to handle growth, whether that means more WTUs, a way for Soldiers who need less care to remain affiliated with a WTU without being in the unit, or working with community-based health care organizations at small installations without large WTU populations.

Currently, nine CBHCO units allow recuperating reserve-component Soldiers to obtain services from medical facilities near their homes.

"We're not making any decisions today. What we really want to do in the near-term is understand that and once we understand that is review our policies...We're not look-

ing to downsize that population because...those 12,000 Soldiers are wounded, ill or injured. If we don't let them in the WTU, they're going to be somewhere else," he said.

"...probably the most important thing that we have been asked to do...is to make sure that we can develop an enduring program for warriors in transition," he continued. "An enduring program is one that is expandable when we need it to be, but it's also collapsible. When the numbers of warriors in transition drop, we should be able to adjust for that. It's got to be affordable. It's got to be feasible for the Army to execute. But in the end, it also has to be something that is going to take good care of Soldiers and give them the care that they deserve."

Army continues to recruit WTU cadre. Cadre have just been approved for special duty pay of \$375 a month in recognition of working long hours, missing career development in their MOSs, and the challenges of leading Soldiers who are injured or ill and may also have emotional, family and financial issues.

Cheek plans to visit as many of the 35 WTUs as possible and meet with Soldiers. He has already started with units at Walter Reed and Brooke Army Medical Centers.

"Obviously, one of the first things I want to look at is I want to make sure the facilities and so on that they live in are adequate...And then I'll also meet with those warriors in transition... 'How are you being treated? How are your facilities? How is your medical care? How is your comprehensive care plan? Is it on track? What do you want to do with your future?' Those kind of questions. And just get kind of a feel for where they are in the process,

their satisfaction with it and whether they feel they're moving forward at the pace they need to go," said Cheek, who also wants to find things that are working at different WTUs and adopt the practices Army-wide.

One thing that hasn't always worked well is interim WTU barracks. Pending money to build new facilities, WTU Soldiers get the nicest, newest barracks at each post.

But the temporary barracks don't always optimize healing. They may be far from the hospital or Soldier and Family Assistance Center or too near noisy training sites.

"For any Soldier who wants to move, it's as easy as approaching his chain of command and requesting to move," Cheek said.

"...with this triad of care...he can request from any of them that he feels that he needs to move...But I think that the real story here, is that we can always do a better job. If we are not accommodating a Soldier with a specific need, we've got to step in and do that and we will."

Cheek is also working with the Department of Veterans Affairs leaders to ensure smooth transitions for Soldiers who leave the Army.

There are already VA representatives at each WTU.

If a Soldier cannot stay in the Army, Cheek said, the goal is to start his transition to the VA early on.

"We want to get him to where as he completes his service and receives optimal medical benefit from the Army, and steps from our system to the VA system, it is so that he goes from one day to the next in a seamless transition.

"There's some work to do...but it's improving all the time and it's one that we want to work hand-in-hand with the VA."

WTU supports, promotes, returns Soldiers to duty

by **Kimberly Gearhart**

USAG Schweinfurt Public Affairs

SCHWEINFURT, Germany — Soldiers needing complex medical care or facing medical separation or career field reclassification due to health or physical status find support in Warrior Transition Units.

Far from being a place for “broken” Soldiers, WTUs let Soldiers focus on their primary mission of healing, while still maintaining Army discipline and standards.

“This is an ... Army unit,” said CPT Michael Weisman, Bavaria WTU company commander, explaining that it processes the same personnel actions that any unit would — promotions, demotions, board referrals. It will, if possible, help Soldiers return to duty.

Soldiers like SGT Scott Lombardi, who was injured during a night mission in Operation Enduring Freedom.

“I fell from a cliff in Afghanistan,” said Lombardi. Currently, he is awaiting orders for reassignment, as he’s been cleared to return to duty.

SPC Angel Gomez was injured in Iraq in April 2007 in a combat-related Bradley vehicle accident. He re-enlisted and will move to Fort Benning, Ga., soon.

Not all WTU Soldiers were injured downrange. Sgt. Aaron Henry joined the WTU with a hernia.

“The healing process was going to take time, no matter what,” Henry said.

Not every Soldier in the WTU can or will return to duty. Those who do often need only time and resources to help them heal, and the determination to do so.

Like SPC Jacob Brock, wounded in action in June 2007 in Iraq, who was facing medical separation. His injuries include a finger he can not fully bend.

“He told them to cut it off, if that was all that was keeping him back,” said WTU ISG Ron Quinn.

“I told them to (classify me as RTD); I need to get back on the line, get back in the unit,” said Brock, who will PCS once his orders process.

Soldiers looking to continue their Army career while in the WTU are given every opportunity and resource to succeed, said Weisman.

Brock and Spc. Jonathan Cassidy recently participated in the Bavaria MEDDAC Soldier of the Month board — with Cassidy earning top honors.

“He did so well, I was asked why he wasn’t going to the promotion board,” said Quinn. Cassidy and Brock did attend a subsequent board and are now promotable.

“The WTU encourages us to do anything we can to advance ourselves,” Cassidy said.

New center in Vilseck links wounded GIs, services

by **Seth Robson**

European Stars and Stripes

VILSECK, Germany — Wounded and injured soldiers and their families can get information on a range of services, from legal and financial advice to help finding child care or a job, at a new facility here.

The Vilseck Soldier and Family Assistance Center is designed to help soldiers from Vilseck’s Warrior Transition Unit and their families.

The Army has been setting up transition units and assistance centers at bases all over the world since the middle of last year to help soldiers wounded in war to recover and go back to their jobs, move to new Army positions or leave the Army for civilian life.

The Vilseck center occupies a

building that formerly housed an on-post nightclub called Yesterdays. It includes a TV lounge, 30-seat classroom, children’s play area and plenty of chairs and couches. It will eventually feature a library and six public computers, says SPC Alexander Stilwell, one of six center workers.

Stilwell, also a WTU cadre, calls the center “a big filing cabinet” of information for WTU soldiers.

“It is sort of a go-between for a lot of family and soldier services that are available around the community,” he said.

PVT Aaron Wierenga said he’s already used the services at a temporary facility at Army Community Services. He said the staff pointed him in the right direction for various services, such as education.

SPC Alicia Jones said the staff helped her get her 5-year-old son into day care while she went to rehabilitation and directed her to Army Emergency Relief.

Nanette Bales, a civilian specialist, said the center uses more than two dozen agencies around Grafenwöhr to help Soldiers, including ACS, legal, Directorate of Public Works, housing, ID cards, Tricare, education providers and the medical clinic.

In one recent case, Bales helped a Soldier resolve a Veterans Administration insurance claim, she said.

Dealing with administrative issues can be stressful for wounded troops and it is the job of the assistance center staff and WTU cadre to guide them.

Wounded warriors tough out triathlon

Photos by Elaine Wilson

FORT SAM HOUSTON, Texas — Several Wounded Warriors participated in a May 23 triathlon sponsored by the Center for the Intrepid. The triathlon comprised a 2-mile run, 500-meter swim and 10-mile bike ride. The CFI is a state-of-the-art physical rehabilitation center located next to Brooke Army Medical Center.



Master Sgt. Dan Robles completes 500-meter swim at outdoor pool. “I had a great time,” Robles said. “I swim a lot so that part was fun.”



1SG Christopher Self crosses finish line of 2-mile run. Self finished the triathlon in 1 hour, three minutes and 12 seconds.

Cpl. Terry Lingman uses hand cycle to complete a 10-mile bike ride. His case manager, Lourdes Leandry, brought her parents to the event and they cheered Lingman on from the sidelines. Operation Comfort and the City of San Antonio Parks and Recreation donated hand cycles for the wounded warriors to use during the triathlon.

