



MEDCOM NOW

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

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Office of the Army Surgeon General and Army Medical Command

Wounded Warriors' Health Care Improving, Senior Officials Say

by **Gerry J. Gilmore**

American Forces Press Service

WASHINGTON, April 14, 2008 – The Defense and Veterans Affairs departments are making progress to improve health care for injured servicemembers and military veterans, Defense Secretary Robert M. Gates said here today.

The two agencies “are working together to better serve wounded warriors,” Gates, accompanied by Veterans Affairs Secretary James B. Peake, told reporters at a news conference at the Pentagon’s river entrance.

“Our departments are making progress on the over 400 recommendations put forth by several major commissions and task forces,” Gates said. Several fact-finding panels were formed to examine servicemembers’ and veterans’ health care after a series of Washington Post articles published in February 2007 cited substandard practices involving medical outpatients at Walter Reed Army Medical Center here.

Gates and Peake were accompanied at the Pentagon news conference by Deputy Defense Secretary Gordon R. England and Deputy Veterans Affairs Secretary Gordon H. Mansfield. The deputies have been meeting weekly “to track implementation and progress” of commission recommendations, Gates said.

Defense and VA collaborations are improving veterans’ outpatient care, tracking patients’ long-term recovery through one system that is jointly administered by both DoD and VA, streamlin-

ing disability medical evaluation procedures, simplifying case-management procedures, and more, Gates said.

Gates said he looks forward to future collaboration with Peake and his agency “to ensure the wounded servicemembers receive the first-rate health care that they so much deserve.”

Peake echoed Gates’ sentiments, noting federal wounded warrior recovery coordinators in place nationwide “are really starting to make a difference” in ensuring military veterans are getting the best health care available.

“We continue to seek ways ... to understand how best to improve our disability processing for our wounded warriors and transition them effectively into the VA system when that is necessary,” Peake said.

Peake saluted the Army’s wounded warrior transition brigades, the Navy’s Safe Harbor program, the Marine Corps’ Marine for Life and wounded warrior regiment programs, and the Air Force’s Palace HART (Helping Airmen Recover Together) programs for assisting injured servicemembers and wounded transitioning veterans.

All of these programs “are important as we focus on doing the right thing by our wounded warriors,” Peake said, adding that he’s pleased by the progress that has been made.

“There has never, in my experience, been a closer cooperation between the departments and a more vigorous exchange of information and ideas and prob
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Regenerative medicine a way to help Wounded Warriors

by **Gerry J. Gilmore**

American Forces Information Service

WASHINGTON (April 18) — The Defense Department launched a five-year, Army-led cooperative effort to leverage cutting-edge medical technology to develop new ways to assist servicemembers who've suffered severe, disfiguring wounds in wartime service.

The newly established Armed Forces Institute of Regenerative Medicine, known by the acronym AFIRM, will serve as the military's operational agency for the effort, Dr. S. Ward Casscells, the assistant secretary of defense for health affairs, told reporters at a Pentagon news conference yesterday.

A key aim of the initiative is to harness stem cell research and technology to find innovative ways to use a patient's natural cellular structure to reconstruct new skin, muscles and tendons, even ears, noses and fingers, Casscells said.

Just more than 900 U.S. servicemembers have undergone amputations of some kind due to injuries suffered in wartime service in Afghanistan or Iraq, Casscells said. Other troops have been badly burned or suffered spinal cord injuries or significant vision loss.

"Getting these people up to where they are functioning and re-integrated, employed, (and) able to help their families and be fully participating members of society" is the

task at hand in which AFIRM will play a major role, Casscells said.

AFIRM will fall under the auspices of U.S. Army Medical Research and Materiel Command, Fort Detrick, Md. It also will work in conjunction with U.S. Army Institute of Surgical Research, in San Antonio.

The Medical Research and Materiel Command is the Army's lead medical research, development and related-material acquisition agency. It comes under U.S. Army Medical Command, led by Lt. Gen. Eric B. Schoomaker, the Army's surgeon general. Schoomaker accompanied Casscells at the news conference.

"The cells that we're talking about actually exist in our bodies today," Schoomaker noted. "We, even as adults, possess in our bodies small quantities of cells which have the potential, under the right kind of stimulation, to become any one of a number of different kinds of cells.

For example, Schoomaker said, the human body routinely regenerates bone marrow or liver cells.

AFIRM will have an overall budget of about \$250 million for the initial five-year period, of which about \$80 million will be provided by DoD, Schoomaker said. Other program funding will be provided by the National Institutes of Health, in Bethesda, Md., the Department of Veterans Affairs, and local public and private matching funding.

Rutgers University, in N.J.;

Wake Forest University, in N.C.; and the University of Pittsburgh also will participate in the initiative.

Dr. Anthony Atala, surgeon and director of the Institute for Regenerative Medicine at Wake Forest, also attended the news conference. Atala's research keys on growing new human cells and tissue.

"All the parts of your body, tissues and organs, have a natural repository of cells that are ready to replicate when an injury occurs," Atala told reporters.

Medical technicians now can select cells from human donors and, through a series of scientific processes, can "regrow" new tissue, Atala said.

"Then, you can plant that (re-generated tissue) back into the same patient, thus avoiding rejection," Atala said.

Special techniques are being developed to employ regrown tissue in the fabrication of new muscles and tendons, Atala observed, or for the repair/replacement of damaged or missing extremities such as noses, ears and fingers.

Continued advancement in regenerative medicine would greatly benefit those servicemembers and veterans who've been severely scarred by war, Schoomaker said.

The three-star general cited animals like salamanders that can regrow lost tails or limbs.

"Why can't a mammal do the same thing?" he asked.

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lem-solving than what we have today," Peake added.

Former Health and Human Services Secretary Donna Shalala and former Sen. Robert Dole were appointed by President Bush to head an investigative panel to examine allegations of poor outpatient care at Walter

Reed. That commission released its findings in July. In addition, the Defense and Veterans Affairs departments launched extensive reviews of all of their medical facilities to ensure that wounded warriors are being treated properly.

Congresswoman Boyda applauds WTU Soldiers and cadre during visit

by Lisa M. Medrano

Irwin Army Community Hospital

During U.S. Rep. Nancy Boyda's visit here this week, she attended the monthly Warrior Transition Battalion Purple Heart Ceremony at Fort Riley's Conference Center. There were three Purple Heart recipients, all injured in roadside explosions in Iraq.

Recipients were Spec. Sean D. White, Spec. Sean A. Danylko and Staff Sgt. Redic P. Jordan, all of the WTB. Boyda congratulated each of the Warriors and thanked them for their service and sacrifices.

MG Durbin was the presiding officer for the Ceremony.

Although Boyda has visited Fort Riley and the WTB several times, the ceremony was her first opportunity to see the entire battalion and cadre. In the public forum, she complimented the members on their appearance and thanked the cadre for taking care of the Warriors.

Boyda remained for the beginning of the WTB Town Hall meeting and heard first hand some of the issues the WT's face. There was discussion about promotions, housing and facilities matters.

During her stay, Rep. Boyda paid a visit to Irwin Army Community Hospital and met with patients in Physical Therapy and Labor and Delivery.

Rep. Boyda also attended the memorial ceremony for Spec. Durrell L. Bennett, 2nd Battalion, 16th Infantry Regiment, 4th Infantry Brigade Combat Team, 1st Infantry Division.



West Point visit

BG Patrick Finnegan, dean of the Academic Board, U.S. Military Academy, talks with Spc. Ryan Calkin of the Fort Hood WTU in the unit dayroom during a visit April 4. Besides meeting WTU Soldiers, Finnegan was briefed by WTU and Carl R. Darnall Army Medical Center leaders on WTU administration, facilities, and construction projects. Fort Hood has the largest WTU in the Army with 1,169 Soldiers. (Photo by Jon Connor, CRDAMC Public Affairs)

Vilseck WTU's first Soldier fit for duty

by Seth Robson

European Stars and Stripes

GRAFENWÖHR, Germany — A program that started last year to help heal injured soldiers is bearing fruit, with warrior transition units worldwide starting to declare personnel assigned to them "fit for duty."

"The process takes about six months, so we are just starting to see fit-for-duty status," Bavaria Medical Command public affairs officer Anne Torphy said Friday.

At WTUs, established at Army bases all over the world last year, injured soldiers can get help with rehabilitation, retraining or medical discharge from the Army.

The first soldier declared fit for duty by the Vilseck WTU was Sgt. Keith Gautreaux, who joined the unit after sustaining a spinal injury while serving in Iraq with 1st Battalion, 155th Infantry Regiment in 2005.

"I expected to be medically dis-

charged from the Army," said Gautreaux, whose rehabilitation involved two surgeries and a change of MOS from infantryman to automated logistics specialist.

At the Vilseck WTU, he received help with doctor appointments and school work that helped him change his MOS. He now works as an assistant operations officer at the 7th Army Non-Commissioned Officers Academy.

Many in WTUs want to stay in and finish their military careers.

"[The cadre] want to ensure you get healed and educated and they don't want to put you out," said Gautreaux. "I'm glad I made it through the program, and I'm glad the Army decided to let me finish my career. I think I've got more opportunities now than I would have had before. I can still do a lot of the things I used to do. I just can't wear body armor...or lift heavy things."

Benelux WTU, SFAC put Soldiers, Families first

BY J.D. Hardesty, USAG Benelux Public Affairs
IMCOM-Europe Public Affairs

CHIAVRES, Belgium — The Benelux Warrior Transition Unit squad leader has bled for his country.

He understands what wounded warriors go through, which is “why I was selected to (support them),” said SFC Brandon Bucher. “My mission is to make sure they receive optimal care. A warrior in transition’s mission is simple ... to heal.”

The Army has transformed treatment for wounded, ill and injured Soldiers, active, Reserve and Guard. Each Soldier in a WTU gets a triad of support: squad leader; nurse; case manager and primary-care manager.

Currently, Bucher has two Soldiers in his platoon, with U.S. Army Garrison Benelux supplying four rooms in single servicemember quarters on Chivavres Air Base.

However, Bucher believes the Benelux operation could “grow significantly as we currently have 11 Soldiers going through medical evaluation boards.”

Bucher was wounded twice, so he realizes the value of a link between Soldiers, command team and medical providers. He makes initial contact with a Soldier and his Family within 24 hours of their arrival at the WTU, and he continues meeting with them at least weekly.

Soldiers assigned to his platoon have already been through a medical evaluation board and require more than six months of complex treatment. Most of their time is spent receiving care, with duty limitations precluding them from contributing to a unit’s daily mission.

Bucher steps in when difficulties arise. For example,

one Soldier had problems after being told he needed an appointment. The next opening was weeks away.

“With a phone call to hospital leadership,” Bucher said, “the Soldier was seen immediately. That is how we need to take care of our wounded or injured.”

Until WTU members return to their units or civilian life, Bucher is responsible for their wellbeing and ensuring each person meets a medical treatment plan.

“I become their chauffeur,” he said. “I take them to their hospital appointments, drive kids to school, pick up groceries — whatever it takes, whatever is needed.”

Bucher sees an expanding requirement for WTU squad and platoon leaders here in the future.

“Not all wounds bleed and require bandages,” he said. “TBIs and PTSD could show up after a warrior redeploy or even after they have (departed) to another unit. Sometimes, it is well over six months before warriors develop symptoms of TBI or PTSD.”

Bucher coordinates with Maria Romero of the Soldier and Family Assistance Center to improve the healing process. The SFAC is a one-stop location, providing Army Community Service support with Department of Human Resources programs, military benefits, substance-abuse counseling and education opportunities.

“Soldiers put the mission first. My mission is to put Soldiers and their Families first,” Romero said.

Married to a deployed Soldier, Romero knows what Families experience during long separations.

“(Soldiers and Families) have earned the respect of our nation,” Romero said. “They deserve to be first.”

Chilly re-up

SSG Royce Bernhardt (right) takes oath of reenlistment from CW3 Cary Freeman, USMC, Ret. (left in water), wearing full scuba gear in ice-covered Monterey Lake, Fort Wainwright. A career counselor for U.S. Army Medical Department Activity–Alaska, Bernhardt wanted his final reenlistment to be something unique to Alaska that combined his passion for the Army with his passion for scuba diving. Bernhardt holds two dive instructor ratings. He reenlisted for an indefinite period.



Heidelberg SFAC focus: Healing, individual needs

by Art McQueen, USAG Baden-Wuerttemberg
IMCOM-Europe website

HEIDELBERG, Germany — Each movement on the couch causes visible pain to SFC Priscilla Simmons. However, a smile on her face tells the story of a warrior who has found the right place to rest and heal.

“The walls were closing in on me,” she said, referring to her bedridden status before being assigned to the Warrior Transition Unit here in November 2007.

After a deployment to Kosovo aggravated a previous injury, Simmons found herself almost immobile. Now with the Heidelberg Soldier and Family Assistance Center (SFAC) working in partnership with the WTU to help her, her family has peace of mind,” she said.

The SFAC, located next to Army Community Services at the Heidelberg Shopping Center, provides a “warm, relaxed environment” where Soldiers and families can gather to foster physical, spiritual and mental healing, said SFAC specialist Rose Parker.

“We are pulling this together from scratch. Now that we have the space, it is working very well,” Parker said. “The SFAC is not just here for the Soldier, but for the whole family.”

The center is designed as a one-stop location to provide support services regarding finances, child care, family advocacy, budgeting, chaplain assistance, legal assistance, military personnel issues, logistics and transportation, installation access, benefits counseling, education and employment opportunities.

“The services are individualized,” Parker said. “We are working hard to link with all the other services from housing to reassignment. Most have been very accommodating.”

Such collaboration results from people recognizing that many wounded warriors do not have the stamina to do simple things like climb stairs or to make complex

decisions about their future.

Therefore, Parker brings the office to the Soldier. “It’s overwhelming when she brings people to me when I need it,” Simmons said. “She told me, ‘whatever you need, I can get it done.’”

That included finding a disability-friendly house. “What she found was perfect, like it was made for me,” Simmons said. “There is even a German physical therapy facility nearby.”

Simmons’ former unit was concerned, but no normal office is equipped to sustain long-term assistance and support like the services provided by a WTU.

Time-consuming tasks — completing paperwork for medical evaluation boards; applying for benefits; researching options for re-enlistment or transition — can be overwhelming for someone who is healing, said SSG Marc Wilson, WTU cadre, and Simmons’ squad leader.

“We have people helping Soldiers make the best decisions about retirement, re-upping or transitioning,” he said. “We ensure their pay is right and help them apply for benefits, making sure that healing takes place whether it is in or out of the military.”

The Army expects Soldiers to be productive while they are recovering. For Simmons, that entails pursuit of her Doctor of Theology degree and preparing for retirement.

“My plan (as a civilian) is to help other Soldiers, to share my experiences,” she said. “My short-term goal is to drive again.”

A warrior in transition will normally remain at home station and be reassigned to the WTU while awaiting MEB/ PEB results. But that is not fixed in stone. The Army will do whatever is best for the Soldier.

There are currently 20 Soldiers in the Heidelberg WTU, which covers the military communities of Hanau, Darmstadt, Mannheim, Stuttgart and Heidelberg.

Walter Reed Army Medical Center WTU graduates BNCOC class

In April 2007 the Walter Reed Warrior Transition Brigade stood up with the sole purpose of attending to the needs of warriors and families through the healing process.

Less than a year later, six WTB NCOs graduated from the Basic NCO Course Stand Alone Common Core class. It was the first time a WTU had offered such training.

The graduates are SSG Billy Brashears, SSG Renee Deville, SSG Warren Finch, SSG Dorothea Hooper, SSG Shad Lorenz and SSG Eric Sundell. Four are warriors in transition and two are WTB cadre.

Cadre from The Judge Advocate General’s Legal Center and School’s NCO Academy conducted the training.

“The idea just makes sense” said SFC Barry Nelson, Senior Small Group Leader for the academy and one of the trainers at WRAMC. “The incredible work being done by the warriors in transition at places like Walter Reed is amazing. It is only natural then that NCOs work just as hard at helping them sharpen and strengthen their warrior spirit.”

Secretary of Labor visits SFAC, WT's

by **Olivia Mendoza**

Army News Service

Elaine Chao, U.S. secretary of labor, visited the Soldier and Family Assistance Center at Brooke Army Medical Center March 26, meeting several warriors in transition, Families and SFAC personnel.

"The SFAC is very important because when Soldiers come back from Iraq they need the financial support, counseling and employment assistance in how to prepare for the next stage in their life," said Chao.

Chao held a press conference and spoke about the Veterans Employment and Training Service's REALifelines program, offered at the SFAC.

"The U.S. Department of Labor is involved in a program called VETS' REALifelines and it is a one-on-one mentoring and counseling program that helps transition wounded warriors to the next phase in their life," she said. The program teaches warriors what is going on in the community; how to prepare a resume; how to interview. It also helps with medical, financial, transportation, relocation and employment needs.

Chao said she was very inspired by the SFAC and thanked BG James Gilman, commander of Great Plains Regional Medical Command and Brooke Army Medical Center, for his strong leadership in ensuring that Soldiers get the right resources, assistance and support.

Workplace program helps GIs transition

by **Ann Marie Harvie**

Army News Service

The U.S. Army Corps of Engineers New England District is assisting the Community Based Health Care Organizations (CBHCOs) of Massachusetts provide combat-wounded Soldiers with opportunities for work assignments that complement their medical care and recovery programs.

Eight CBHCOs were created in 2004 to let wounded Soldiers return home and get medical care locally while recovering in a familiar atmosphere and whenever possible, gain meaningful employment.

"Our population is National Guard and Reserve," explained MAJ Mark O'Clair, commander of the Massachusetts CBHCO. "These are all part-time soldiers, so they all have civilian jobs outside of the military."

While Soldiers convalesce, they are still paid by the Army and must report to a work assignment when not going to medical appointments. Realizing some Soldiers would respond better to a work environment similar to their civilian occupations, O'Clair turned to the New England District.

"We developed the Warrior Workplace Program so when Soldiers arrive at O'Clair's unit, he would pass their names and skill sets to me and I would contact the District leadership to see if they had work available — the response was immediate and positive," said Mike Russo, project manager for the district.

"The good thing is the jobs that we've set up through the Corps of Engineers allows the Soldiers to do functional tasks that they can see success and actually accomplish something," said 1SG. Dennis Donlan of the CBHCO. "A lot of times if they go back to an armory they can't do their normal job and they sit for hours answering a phone."



Putting injuries on Ice

Retired Army Reserve SFC Joseph L. Bowser plays competitive ice hockey despite the loss of his lower right leg in combat in Iraq. He was injured by an enemy rocket in 2004, while serving as a truck driver with 283rd Transportation Company. He credits Connecticut Army National Guard MAJ Michael McMahon, a physician assistant, for saving his life. (Courtesy photo)

The way ahead...

"The U.S. military is a microcosm, a subset of America, [of] society as a whole. It reflects the attitudes of society as a whole. The problems we have with stigma are reflected in society at large. This is an issue that needs to be addressed by all communities. Having said that, I think that this is done, not by medics and not done by people sitting at this table, but this is a problem for line leadership right down to the smallest unit leader."

LTG Eric Schoomaker

The Surgeon General, U.S. Army, testifying before Senate Armed Services Personnel Subcommittee