



**U.S. Army Wounded Warrior Program (AW2)
10th Anniversary – A Decade of Impact**

Media Roundtable

Digital Press Kit

April 22, 2014

Table of Contents

Media Alert (p. 3)

Press Release (p. 4)

Bios (p. 6)

- **Thomas D. Webb, Deputy to the Commander, Warrior Transition Command**
- **Col. Johnny Davis, Director, U.S. Army Wounded Warrior Program (AW2)**
- **Staff Sgt. Juilo A. Larrea, Wounded Warrior**
- **Staff Sgt. Jeffery Redman, Wounded Warrior**
- **Spc. Joshua Budd, Wounded Warrior**

U.S. Army Wounded Warrior Program (AW2) Factsheets (p. 11)

- **AW2 Overview**
- **AW2 Advocates**
- **Warrior Transition Units**

Media Roundtable Script (p. 17)



MEDIA ALERT

April 15, 2014

CONTACT: Cynthia Vaughan 703-677-1011 (cell); cynthia.l.vaughan6@mail.mil

Media Roundtable: U.S. Army Wounded Warrior Program (AW2) Commemorates 10th Anniversary

Alexandria, VA – On Tuesday, April 22 the U.S. Army Warrior Transition Command (WTC) and U.S. Army Wounded Warrior Program (AW2) will host a media and bloggers roundtable honoring AW2's 10th Anniversary. Participants will include WTC and AW2 leaders and amputee soldiers who conducted peer mentoring with amputee victims of the Boston Marathon bombing last year.

AW2 observes its 10th anniversary this April, commemorating a decade of impact for more than 19,000 of the most severely wounded, ill and injured soldiers and families. As part of the Army's Warrior Care and Transition Program (WCTP), AW2 supports these soldiers in all aspects of their life throughout the recovery and transition process, whether back to the force or on to civilian life. The AW2 model of personalized support extends through a corps of more than 200 AW2 Advocates at Army and Veterans Affairs facilities throughout the country and a team of transition professionals at AW2 headquarters to help resolve more complex issues. These AW2 Advocates work within the system to help each soldier anticipate challenges, identify programs and benefits and ensure continuity of care throughout the recovery and transition process.

Peer mentoring is one process that helps soldiers in their own recoveries. Many AW2 Soldiers have injuries similar to those sustained by the victims of last year's Boston Marathon bombing. Four wounded, ill or injured soldiers from Walter Reed National Military Medical Center went to Boston to lend their expertise and share experiences with the victims. In the last year, each of these soldiers completed in-patient care, and they are back in uniform, attending school and raising awareness of the challenges facing soldiers and others with severe physical injuries.

- WHO:** Col. Johnny Davis, AW2 Director
Mr. Thomas Webb, WTC Deputy and Acting Commander
Wounded Soldiers who met with Boston Marathon bombing victims and have benefitted from AW2 support
- WHAT:** AW2 10th Anniversary Media Round Table
- WHEN:** Tuesday, April 22, 10-11 a.m.
- WHERE:** OCPA Conference Room (Pentagon 1E462)
- Dial-In:** Toll-free dial-in number (U.S. and Canada): (877) 885-1087
International dial-in number: (360) 347-7805
Conference code: 3115469416
- RSVP:** Tatjana Christian, Office of the Chief of Public Affairs
Tatjana.s.christian.civ@mail.mil; 703-697-2163
All media must register for credentials.

The U.S. Army Warrior Transition Command (WTC) is a major subordinate command under the U.S. Army Medical Command. WTC provides oversight for the Warrior Care and Transition Program that is implemented at the Army's 29 Warrior Transition Units (WTUs) and through the U.S. Army Wounded Warrior Program (AW2). At WTUs, each soldier develops a personalized comprehensive transition plan with short- and long-term goals in six domains: physical, social, spiritual, emotional, family and career. For the most severely wounded, AW2 Advocates provide personalized support throughout the recovery and transition process. To learn more, visit http://WTC.army.mil/announcements/AW2_10th_Anniversary.html.

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FOR IMMEDIATE RELEASE

April 1, 2014

Cynthia Vaughan 703-677-1011 (cell); cynthia.l.vaughan6@mail.mil
Robert Moore 571-263-6374 (cell); robert.eugene.moore@us.army.mil

Army Wounded Warrior Program (AW2) Commemorates Decade of Impact

Alexandria, Va. – The U.S. Army Wounded Warrior Program (AW2) commemorates its tenth anniversary this April, honoring a decade of impact for more than 19,000 of the most severely wounded, ill and injured soldiers and families.

Established in 2004 as the Disabled Soldier Support System (DS3), AW2 plays a strategic and tactical role in executing the Army's Warrior Care and Transition Program (WCTP) under the [Warrior Transition Command](#) (WTC). The AW2 model of personalized support extends through a corps of more than 200 AW2 Advocates at Army and Veterans Affairs facilities throughout the country. These AW2 Advocates work with each soldier to anticipate challenges, identify programs and benefits and ensure continuity of care throughout the recovery and transition process.

“While we reflect on this significant milestone, it is important to remember that we are commemorating our commitment to serve those who are severely wounded, ill, and injured,” said COL Johnny Davis, Army Wounded Warrior Program (AW2) Director. “This is a wonderful opportunity to recognize the resilience of our AW2 soldiers, veterans, families and caregivers and to honor the tireless effort and dedication of AW2's staff in supporting them throughout their recovery and transition back to duty or to veteran status.”

Key milestones in AW2's history include:

- April 2004: Established the Disabled Soldier Support System (DS3)
- November 2005: Name changed to U.S. Army Wounded Warrior Program (AW2)
- June 2006: First AW2 Symposium. The seven total symposiums resulted in real change (*ie: VA Caregiver Stipend, expanded TSGLI coverage, financial counseling for AW2 soldiers, [Special Compensation for Assistance with Activities of Daily Living](#)*)
- April 2007: [Warrior Transition Units](#) established
- November 2008: Assumed Recovery Coordination Program mission for Army
- April 2009: Moved under U.S. Army Medical Command (MEDCOM)
- September 2009: Established AW2 Community Support Network (*now [WTC Community Support Network with 300 organizations](#)*)
- October 2009: Warrior Transition Command (WTC) established and AW2 integrated into WTC structure
- February 2011: Wounded Warrior Federal Employment Conference
- February 2012: Wounded Warrior Employment Conference (*expanded to include private sector employers*)
- 2013: Conducted online Symposium to gather feedback on improving warrior care from soldiers and families
- 2014: Regional staff trainings (planned) on resilience, lessons learned, VA integration and continuity of services

Today, through the combined efforts of WTC, WTUs and AW2, the WCTP provides personalized support to more than 24,000 Soldiers and Veterans throughout the recovery and transition process. Building on their breadth of experience in supporting the most severely wounded, ill and injured, AW2 transition professionals help write policies and guidance affecting all wounded, ill and injured Soldiers, including those recovering at the Warrior Transition Units (WTUs). AW2's expertise has impacted almost every aspect of the recovering Soldier's experience, from the Comprehensive Transition Plan (CTP) to career and employment readiness to adaptive reconditioning to community support resources.

“I was like a piece of equipment needing some repairs,” said Sgt. First Class Karl E. Pasco, who endured multiple injuries on two separate deployments to Iraq. He worked with his AW2 Advocates in each location to obtain internships and



attend college during his recovery and build a shooting range to improve dexterity in his arm. “They would challenge me to attain the goals that I set.”

The U.S. Army Warrior Transition Command (WTC) is a major subordinate command under the U.S. Army Medical Command. WTC provides oversight for the Warrior Care and Transition Program that is implemented at the Army’s 29 Warrior Transition Units (WTUs) and through the U.S. Army Wounded Warrior Program (AW2). At WTUs, each soldier develops a personalized comprehensive transition plan with short- and long-term goals in six domains: physical, social, spiritual, emotional, family and career. For the most severely wounded, AW2 Advocates provide personalized support throughout the recovery and transition process. To learn more, visit http://WTC.army.mil/announcements/AW2_10th_Anniversary.html.

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Thomas D. Webb Deputy to the Commander



As Deputy to the Commander of the Warrior Transition Command, COL (retired) Tom Webb, focuses on high-level policy and strategy, supporting the Commander's vision for Army warrior care and transition.

He retired from the United States Army after nearly 25 years of service. He graduated from the United States Military Academy at West Point in 1985 with a degree in civil engineering and a commission as an Infantry Officer. He holds two master's degrees and completed the Command and General Staff College and the School of Advanced Military Studies.

During his Army career, he served as the Director of Plans, Training, Mobilization, and Security at Fort Belvoir, coordinating support to the National Capitol Region in response to the terrorist attacks of September 11, 2001. He commanded the Oahu Base Support Battalion at Schofield Barracks, Hawaii, and

served as the Operations Officer for the Regional Command West in Afghanistan with the 25th Infantry Division. Most recently, he served as the Infantry Branch Chief and Deputy Director for the Officer Personnel Management Division of the Human Resource Command, where he worked with many wounded officers who chose to Continue On Active Duty.

Awards and decorations include the Legion of Merit, Bronze Star Medal, Meritorious Service Medal (5 OLC), Army Commendation Medal (5 OLC), Army Achievement Medal (2 OLC), Korean Defense Service Medal, Humanitarian Service Medals, Parachutist Badge, Ranger Tab, Expert Infantryman's Badge and the Combat Infantryman's Badge.

Warrior Transition Command (WTC) AW2 Contact Center

Email: usarmy.pentagon.medcom-WTC.mbx.contact-center@mail.mil

Website: http://wtc.army.mil/announcements/AW2_10th_Anniversary.html

Phone: 1-877-393-9058



U.S. Army Wounded Warrior Program

COL Johnny Davis, Director



COL Johnny Davis entered the U.S. Army as an Infantry Officer in 1992, after earning a Bachelor of Science Degree from Cardinal Stritch University in Milwaukee, Wisc. His first assignment was with 2-7 IN, 24th ID where he served as a Bradley Platoon Leader, Executive Officer, and Battalion

Maintenance Officer.

After attending the Maneuver Captains Career Course, he served with the 82d Airborne Division as a Division G3 Battle Captain, Brigade S-1, Commander of Alpha Company 1-325 IN, and Aide-de-Camp to the Division Commander. From 2000-2001, he served as the commander of Delta Company, 3rd US Infantry or "The Old Guard" at Fort Myer, Va.

This assignment was followed by a Joint Staff Internship to the Under Secretary of Defense for Personnel and Readiness in 2003; the Command and General Staff College in 2004; assignment as a Battalion S3, Brigade S3, and Brigade XO with the 506th Infantry Regiment, 101st Airborne Division from 2004 to 2007; followed by a tour on the joint staff as the Aide-de-Camp to the Vice Chairman Joint Chiefs of Staff; and as a staff officer with the Joint Requirements Oversight Committee.

COL Davis then returned to Fort Campbell, Kentucky, to command 1st Battalion, 502nd Infantry Regiment and deployed to OEF-X as a Task Force Commander from 2010 to 2011. After command, he deployed to Iraq to serve on the MNF-I Commanding General's personal staff and remained with GEN Austin while he served as the 33d Vice Chief of Staff of the Army.

Prior to becoming the Director of the Army Wounded Warrior Program (AW2), COL Davis attended the National War College at Fort McNair, Washington, D.C., where he earned a master's degree in National Security Strategy. He also holds a master's degree in Leadership from Central Michigan University.

His operational deployments include - Kuwait "Operation Southern Watch", Sinai, Egypt; Haiti, OIF 05-07, OEF 10-11 and OIF-11. He has earned the Airborne Master Parachutist Wings, Air Assault Wings, and Ranger Tab, as well as the Combat and Expert Infantryman's Badge.

COL Davis' awards and decorations include the Bronze Star Medal, Purple Heart Medal, Defense Meritorious Service Medal, Meritorious Service Medal, Army Commendation Medal for Valor, Army Commendation Medal, Joint Service Achievement Medal, Army Achievement Medal, Iraq Campaign Medal, Afghanistan Campaign Medal, Global War of Terrorism Medal, Southwest Asia Service Medal and Multi-national Forces Observer Medal.

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U.S. Army Wounded Warrior Program Staff Sgt. Julio A. Larrea



Staff Sgt. Larrea competed for a spot on the Army cycling team for the 2012 Warrior Games in the McGill Training Center in Fort Meade, Maryland.

“Most people say ‘what do I get if I join,’ recalled Staff Sgt. Julio A. Larrea, who lost his left leg below the knee after sustaining severe injuries in

Afghanistan in 2010. “I said ‘what do I need to do to join,’” when he first spoke to an

Army recruiter. He remained dedicated to his commitment to the Army throughout his recovery at the Warrior Transition Brigade (WTB) at Walter Reed National Military Medical Center, even forgoing an invitation to try out for the Paralympics team to spend time focusing on his application for Continuing on Active Duty (COAD), a special Army program that allows Soldiers found unfit by a Medical Evaluation Board to stay in uniform.

For Larrea, the U.S. Army Wounded Warrior Program (AW2) and his AW2 Advocate Hortense Brown were essential in facilitating his transition to COAD. Larrea said “I really understood the mission of AW2 when it came

Evaluation Boards and find appropriate contacts at the Army Human Resources Command in order to help Larrea focus on his physical recovery. AW2 helped in other ways, too. “It provided an emotional and moral support just to know somebody is there,” said Larrea.

As squad leader in the cadre at Walter Reed, Larrea feels a sense of purpose as a peer mentor, helping to guide young Soldiers. For Larrea, this is his greatest achievement. “I am able to mentor someone and change their life,” he said.

Larrea, along with four other AW2 Soldiers recovering at Walter Reed, mentored and visited with Boston Marathon bombing victims who sustained similar injuries last year. “You help them identify that their road to recovery doesn’t start with the doctor, it starts at him, with his will to recover and his will to come back,” said Larrea of his work with bombing victims. “If he recognizes that then he can do anything he wants.”

Since his recovery, Larrea has competed in the 2012 Warrior Games and numerous cycling and running events. His next goal is to join the Army Marksmanship Unit in Fort Benning, Ga. As living proof of a successful life after injury, Larrea wants everyone to know, “at the end of the day wounded or not, we are just Americans. That’s all.”

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U.S. Army Wounded Warrior Program Staff Sgt. Jeffery Redman



Still serving in the Army, Staff Sgt. Jeffery Redman led the pledge of allegiance at a NASCAR sprint cup in Richmond, VA in 2013.

Staff Sgt. Jeffery Redman was told he would never walk again, let alone stay in uniform and keep his legs after sustaining severe wounds from two mortars in Iraq in 2006. Redman, who had always

been outgoing, also found himself hesitant to talk to people as he recovered at the Warrior Transition Units (WTUs) at Fort Campbell and Walter Reed National Military Medical Center.

Already a participant in the U.S. Army Wounded Warrior Program (AW2), Redman regained confidence through his AW2 Advocate at Walter Reed, Tim Montgomery, who helped him realize a bigger purpose for his life after injury—giving back to others. He began working with other Soldiers as they recovered.

“Pretty much every weekend, I’d go into a wounded Soldier’s room and ask how they were doing,” said Redman of peer mentoring at Walter Reed. Many of his fellow Soldiers were dealing with the emotions associated with injury and related personal challenges. “Sometimes they won’t talk to anyone but another wounded Soldier. I can help them deal with that.”

Redman understood the integral role that peer mentoring plays in the recovery process even though it wasn’t a formal program. He traveled with four other AW2 Soldiers to visit victims of last year’s Boston Marathon bombing to lend expertise and share stories. Unsure of what to expect, Redman was surprised at what he found.

“They were upbeat and level-headed. They were already past the stage of getting mad. They were cutting up and chatting with us and laughing because they knew there were hard times ahead,” said Redman. “I told them, ‘if you keep the attitude you have now, there won’t be anything you can’t do.’”

Redman credits Montgomery with helping him return to duty. “Without him, I’d probably be out of the Army. He was there for me as a friend. That meant a lot to me.”

Of all his achievements, Redman remains passionate about mentoring.

“God left me here to be a mentor to other people who are injured, and can’t do it on their own, and it’s one of the main reasons I’m here,” said Redman. “It helps me recover a piece of me.”

Redman is currently serving in the 320th Field Artillery Regiment, 3rd Brigade Combat Team, 101st Airborne Division at Fort Campbell, Kentucky.

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U.S. Army Wounded Warrior Program Spc. Joshua Budd



"There's something more I have left to give to the military," said Spc. Joshua Budd as he recovered at Walter Reed National Military Medical Center in 2011.

"You're going to fall a lot, and if you don't learn how to fall properly, you're going to get hurt," Spc. Joshua Budd's physical therapist told him the first time he tried to walk again. Spc. Budd, who lost his left leg in an IED explosion in Afghanistan in 2011, responded well to strict, drill sergeant-style guidance as he recovered at the Warrior Transition Brigade (WTB) in Walter Reed National Military Medical Center in Maryland.

It was there that Budd was introduced to the U.S. Army Wounded Warrior Program (AW2) and his AW2 Advocate. He knew early on in his recovery that he wanted to remain on active duty, and he credits AW2 with helping him stay in the Army. "AW2 helped with the paperwork. Everyone is helpful, helping you figure out what you're going to do," said Budd. His AW2 Advocate also helped him with a variety of Army benefits, including successfully appealing his application for Traumatic Servicemembers' Group Life Insurance (TSGLI).

After the Boston Marathon bombing that left many runners with injuries similar to those sustained by

AW2 Soldiers, Budd and four other recovering wounded Soldiers traveled to visit the victims. "Parents and doctors and nurses all tell you it's going to be okay, but you don't believe it until someone who's been through it tells you it's going to be all right," said Budd of the importance of peer mentoring in the recovery process. Peer mentoring is a tool many wounded, ill and injured Soldiers use to encourage each other through recovery and rehabilitation.

Budd's AW2 Advocate is still involved in his life, even after his return to duty last year. "She calls me every 90 days and checks up on me," said Budd. "It feels good, because if I'm ever in a tough spot, I know there's someone there to answer any questions or fight for me."

In June 2013, Budd joined the Army Marksmanship Unit in Fort Benning, Ga., where his role includes competing in shooting on the international stage. "I get to show the world that America's the greatest country on earth," he said.

Staying in the Army was a clear choice for Budd early in his recovery process, and he stayed in uniform through a special Army program called Continuing on Active Duty (COAD) after being found unfit for service by a Medical Evaluation Board. "There's something more I have left to give to the military," said Budd. "Whether that's being a peer mentor to other wounded warriors or fighting in Afghanistan, it's something I feel like I should be doing."

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U.S. Army Wounded Warrior Program (AW2)

What is AW2?

The U.S. Army Wounded Warrior Program (AW2), a major component of the Army's [Warrior Care and Transition Program \(WCTP\)](#), was established in 2004. AW2 supports severely wounded, ill and injured Soldiers, Veterans, their Families and Caregivers with the recovery and reintegration process to reach a state of self-sufficiency.

Over the last decade, AW2 has impacted more than 19,000 Soldiers, Veterans, their Families and Caregivers through the personalized support of more than 200 Advocates and a team of transition professionals. AW2 helps them navigate processes and procedures that open doors to services, resources and benefits and facilitates continuity of care as Veterans enter the VA system. These resources build and strengthen abilities to adapt to daily life and empower AW2 Soldiers and Veterans to regain their independence.

How does AW2 help execute the WCTP?

Building on their breadth of experience in supporting the most severely wounded, ill and injured, AW2 transition professionals help write policies and guidance affecting all wounded, ill and injured Soldiers, including those recovering at [Warrior Transition Units \(WTUs\)](#). AW2's expertise has impacted almost

every aspect of the recovering Soldier's experience, including the [Comprehensive Transition Plan \(CTP\)](#), career and employment readiness, adaptive reconditioning and community support resources.

What is an AW2 Advocate?

Each AW2 Soldier and Veteran is paired with an [AW2 Advocate](#) who guides the Soldier throughout the recovery and transition process and educates the Soldier on the benefits and resources available. Together they collaborate to set goals for the Soldier's and Family's future to meet the personal needs and abilities of the individual AW2 Soldier or Veteran.

Assistance Provided by AW2

- Action plan for life after transition
- Government agency coordination
- Continuation on Active Duty/Continuation on Active Reserve (COAD/COAR) support
- Career guidance
- Educational opportunities
- Financial audits
- Local resources
- Medical and Physical Evaluation Board (MEB/PEB) guidance

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Who is eligible for AW2?

Soldiers who qualify for AW2 are assigned to the program as soon as possible after arriving at the [Warrior Transition Unit \(WTU\)](#). To be [eligible for AW2](#), a Soldier must suffer from wounds, illness or injuries incurred in the line of duty after September 10, 2011, and receive or expect to receive at least a 30 percent rating from the Integrated Disability Evaluation System

(IDES) for one or more of the conditions listed below, or receive a combines 50 percent IDIS rating for any other combat/combat-related condition:

- Post-traumatic stress disorder (PTSD)
- Severe traumatic brain injury (TBI)
- Severe loss of vision/blindness
- Severe hearing loss/deafness
- Fatal / incurable disease with limited life expectancy
- Loss of limb
- Spinal cord injury
- Permanent disfigurement
- Severe burns
- Severe paralysis

How do AW2 Advocates interact with the WTU?

Eligible Soldiers are assigned to an Advocate as soon as possible upon arriving at a WTU. The Advocate is closely integrated with the Soldier's triad of care and interdisciplinary team on all aspects of the Soldier's [CTP](#) and attends all Focus Transition Review (FTR) meetings.

Learn more about AW2's Decade of Impact [AW2 Tenth Anniversary](#)

Where can I find more resources?

[AW2 Eligibility and Enrollment](#)

[AW2 Advocate Support](#)

[AW2 Wounded Warrior Lifecycle](#)

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U.S. Army Wounded Warrior Program (AW2) Advocates

What is an AW2 Advocate?

Each severely wounded, ill or injured Soldier and Veteran enrolled in AW2 is paired with an [AW2 Advocate](#). The AW2 Advocate guides Soldiers, Families and Caregivers throughout the recovery and transition process and educates them on the benefits and resources available. Together they collaborate to set goals for the Soldier's and Family's future to meet the personal needs and abilities of the individual AW2 Soldier or Veteran.

Where are the AW2 Advocates located?

There are currently more than 200 Advocates working across the country. They are located at most Army installations, [Warrior Transition Units \(WTUs\)](#) and Department of Veterans Affairs (VA) facilities.

Contact the [AW2 Contact Center](#) (1-877-393-9058) to find an AW2 Advocate in your area.

What do AW2 Advocates do?

AW2 Advocates work within the system to provide personalized support to each AW2 Soldier, Veteran and Family. This personalized support ranges from career and financial planning to navigating medical evaluations.

For example, as Soldiers transition through the [Medical Evaluation Board \(MEB\)](#) and [Physical Evaluation Board \(PEB\)](#) and navigate



Retired Spc. Ira Brownridge Jr. with his AW2 Advocate, Melvin Kearney.

the [Integrated Disability Evaluation System \(IDES\)](#) process, AW2 Advocates ensure that Soldiers have all the necessary documentation and help them understand each stage of the process. They help identify career and education goals and connect Soldiers with resources to support these goals. AW2 Advocates advise Soldiers on financial planning matters and anticipate challenges ahead.

How do AW2 Advocates interact with the WTU?

Eligible Soldiers are assigned to an AW2 Advocate as soon as possible upon arriving at a WTU. The AW2 Advocate is closely integrated with the Soldier's Triad of Care and interdisciplinary team on all aspects of the

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Soldier's [Comprehensive Transition Plan \(CTP\)](#) and attends all Focus Transition Review (FTR) meetings.

How do AW2 Advocates interact with the Department of Veterans Affairs?

AW2 Advocates are onsite at more than 60 VA locations, where they educate AW2 Soldiers and Veterans on how to navigate the VA system and ensure continuity of care for Soldiers transitioning out of the Army. AW2 Advocates help manage appointments, collaborate with Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) coordinators, resolve benefits issues and facilitate applications for services such as the VA Adaptive Housing and Adaptive Vehicle grants and the Post-9/11 GI Bill.

How do AW2 Advocates support AW2 Families?

AW2 Advocates work directly with Families who are moving or traveling to the WTU to help arrange housing, education and childcare. They assist with applications for [Special Compensation for Assistance with Activities of Daily Living \(SCAADL\)](#) and [Non-Medical Attendant \(NMA\)](#). AW2 Advocates facilitate conversations surrounding the CTP process and the Family's goals. AW2 Advocates are also engaged with their local communities and can locate organizations that are available to support Soldiers in matters such as finding job opportunities and obtaining a service dog.

Who are AW2 Advocates?

Many AW2 Advocates are retired/former Soldiers or wounded warriors themselves. A number are spouses of AW2 Soldiers and

AW2 Advocates Support:

- Action plan for life after transition
- Government agency coordination
- Continuation on Active Duty/Continuation on Active Reserve (COAD/COAR) process
- Career guidance
- Educational opportunities
- Financial audits
- Local resources
- Medical and Physical Evaluation Board (MEB/PEB) guidance

Veterans. Some AW2 Advocates also have professional backgrounds in the behavioral health and social work disciplines.

What other government programs to AW2 Advocates work with?

- [Department of Veterans Affairs](#)
- Other [Army / Department of Defense](#) programs
- [Department of Labor](#)
- [Social Security Administration](#)
- [Transportation Security Administration](#)

Learn more about AW2's Decade of Impact [AW2 10th Anniversary](#)

Where can I find more resources?

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Warrior Transition Units

At 29 Warrior Transition Units (WTUs) and nine Community-Based Warrior Transition Units (CBWTUs) across the country, wounded, ill, and injured Soldiers have one mission: to heal and prepare for transition. WTUs play a key role in the Army's Warrior Care and Transition Program, an overarching effort to make sweeping organizational and cultural shifts in Army warrior care.

The WTU structure represents a major transformation in the way the Army supports wounded, ill and injured Soldiers. The Army asks a lot of its Soldiers, and it accepts the responsibility to provide the resources, tools, and equipment necessary to support each Soldier as they transition to the next stage of their lives— whether back to the force or onto civilian life.

WTUs are the backbone of this program. While they resemble a traditional "line" Army unit, their singular mission is to provide comprehensive outpatient management that allows Soldiers to successfully heal and transition. Located at major military treatment facilities since 2007, WTUs provide a standardized framework of care and support. The more than 6,400 Soldiers assigned to these units develop a Comprehensive Transition Plan (CTP), a standardized framework that includes a personalized plan for the Soldier by the Soldier, with short- and long-term goals in six domains of life: Family, physical, social, spiritual, emotional, and career.

To complete their mission of healing and transition, Soldiers spend their days accomplishing the goals set in the CTP. In addition to medical appointments, they undergo physical rehabilitation, meet with behavioral health therapists, participate in adaptive sports and reconditioning programs, and participate in internships and job training. Standing behind them through each stage of their recovery and transition is the Triad of Care (primary care manager, nurse case manager, and squad leader) and interdisciplinary team of medical and non-medical professionals who work with Soldiers and their Families to ensure that they receive the support they deserve.



On his third deployment in Iraq, CPT Juan Guerrero led a team of nearly two dozen Soldiers. In June 2007, an improvised explosive device detonated under his vehicle, ultimately costing him his right leg below the knee.

CPT Guerrero spent most of his recovery at the Warrior Transition Battalion at the San Antonio Military Medical Center. Through his Comprehensive Transition Plan (CTP), he is achieving significant personal goals, including a return to the force through the Continuation on Active Duty (COAD) program. He participates in a variety of adaptive sports programs, which enhance his recovery and enable him to understand how much he can still accomplish despite his injuries. He competed at the 2010 and 2011 Warrior Games, in cycling, shooting, swimming, and track and field. In 2010, he won a gold medal in shooting.

WTUs play an essential role in the Army's holistic approach to supporting wounded, ill, and injured Soldiers throughout their recovery and transition. This involves support for their Families and helping them prepare for the next stage of their lives.

- **Families and caregivers** are closely involved in all aspects of the Soldier's recovery. They attend medical appointments and participate in the Soldier's regular review meetings through the goal-setting process of the Comprehensive Transition Plan.

- **Soldier Family Assistance Centers (SFACs)** located near most WTUs provide a variety of services to assist with administrative and personal needs.

- **Career and Education Readiness** programs assist Soldiers with the next stage of their careers. Soldiers participate in internships, work-site placements, training, college classes, and other career opportunities.

- **Adaptive Sports** programs help Soldiers regain confidence and achieve their physical fitness goals. Physical therapists actively look for ways to incorporate adaptive sports into each Soldier's recovery plan.

- **Army Wounded Warrior Program (AW2)** supports the most severely wounded, ill and injured, regardless of where they are located or military status. AW2 strives to foster the Soldier's independence and self-sufficiency, enabling the Soldier to live a productive life post-injury.

- **Community-Based Warrior Transition Units (CBWTUs)** Members of the National Guard and Reserve may be assigned to one of the nine CBWTUs, depending on the Soldier's medical condition. These Soldiers live at home—close to the support of their Families and communities—and receive care through the TRICARE network. They also receive the standardized benefits of the WTU structure.

- **Community Care** realigns the management of Soldiers healing in their home communities to a Community Care Unit on an Army installation Warrior Transition battalion. Cadre will provide medical management and mission command of Soldiers within their designated area of responsibility. These soldiers will receive the benefits of a dedicated unit of Cadre, Triad of Leadership, Military Treatment Facility staff, Warrior Transition Battalion staff and installation resources to ensure that all Soldiers have the same experience across the program.

BY THE NUMBERS

- **More than 6,400 Soldiers currently recovering at WTUs and CBWTUs**
- **Active Duty: More than 2,900**
- **National Guard: More than 2,000**
- **Reserve: More than 1,400**
- **More than 3,800 professional military and civilian cadre**
- **Soldiers in WTUs who have deployed to theater at some point in their careers: 84%**
- **Deployment related illnesses or injuries: 42%**
- **Combat wounded: 6%**
- **PTSD as primary diagnosis: 12%**
- **Soldiers supported by WTU programs since 2007: 60,667**
- **Soldiers returned to the force: 46.5%**

Numbers current as of 21 April 2014



U.S. Army Wounded Warrior Program (AW2)

**10th Anniversary Commemoration
Media Roundtable
Tuesday, April 22, 2014
PNT 1E462**

MODERATOR:

Good morning and thank you for coming. Today, we are talking about the tenth anniversary of the U.S. Army Wounded Warrior Program or “AW2”. Over the last decade, this program has supported more than 19,000 of the Army’s most severely wounded, ill and injured Soldiers and their Families and Caregivers throughout their recovery and transition, even into Veteran status. In your press kits, we’ve included our press release with a list of key milestones in the program’s history.

Our speakers today include:

- Mr. Thomas Webb, Deputy to the Commander of the Warrior Transition Command, which oversees all aspects of wounded warrior transition and is the higher headquarters for AW2
- Col. Johnny Davis, Director of the Army Wounded Warrior Program
- Staff Sgt. Julio Larrea
- Staff Sgt. Jeffery Redman
- Spc. Joshua Budd

All three of these wounded warriors who have completed their in-patient recovery and have returned to active duty. They are here today to talk about how AW2 and their AW2 Advocates enhanced their recovery and transition experience. These Soldiers also traveled to Boston a year ago to conduct “peer mentoring” with victims of the Boston Marathon bombing. Many wounded Soldiers find peer mentoring very therapeutic, both with other wounded Soldiers and with the civilians they met in Boston. Mr. Webb also accompanied them and two other Soldiers on this trip.

Today’s conversation will focus specifically on AW2 and these Soldiers’ personal experience. Please coordinate with WTC’s Public Affairs Officer Cynthia Vaughan to arrange a time to discuss other topics. We also respectfully ask whether anyone is taping today’s

roundtable? If so, are you planning to use the audio as a source for your article, or do you plan to repurpose the entire audio file?

Now, Mr. Webb will share a statement about the key role AW2 plays in executing the Army's broader Warrior Care and Transition Program. Mr. Webb is currently the senior civilian at the Army Warrior Transition Command, overseeing all aspects of Army warrior care in his current role as the acting leader.

MR. THOMAS WEBB:

Thank you. This is an important anniversary, because establishing AW2 marked an important shift in how the Army supports wounded, ill and injured Soldiers. Soldiers have always had access to the best medical care, and AW2's model of personalized support for each qualifying Soldier was an historic step toward the system we have today.

When AW2 stood up in 2004 as the Disabled Soldier Support System, it supported about 300 Soldiers, each working with AW2 Advocates who helped them navigate the system—with everything from lodging for their Family while they recovered, to the paperwork for Purple Hearts, to learning to utilize the VA. As this team has grown to support more than 19,000 Soldiers over the last decade, the shared expertise of the more than 200 Advocates has grown as well to better support each Soldier. And these Advocates are backed by a team of transition professionals at headquarters who can help resolve more complex issues.

When the Warrior Transition Command or WTC was established in 2009, it was a logical step to move AW2 into the broader Warrior Care and Transition Program. This allows WTC to serve as the proponent command or policy shop for the Warrior Transition Units and oversee AW2's personalized support for the most severely

wounded. AW2 Advocates are onsite at each of our WTUs, where they collaborate with the Interdisciplinary Team for each Soldier who qualifies. And at headquarters, the transition professionals contribute to policies, regulations and other system-wide initiatives that improve the system for all wounded, ill and injured Soldiers.

I also want to share a little about the Boston Marathon trip. This was one of the highlights of my 20+ years in the Army and my service as a civilian. I went as a “chaperone,” but when we hit the ground, I quickly realized that these NCOs didn’t need me. The work these men did with the patients in Boston was incredible, and I was inspired to see them interacting with people who’d been wounded just days earlier in that terrible tragedy. Our Soldiers were incredibly professional, and you could easily see how much the Soldiers and the patients motivated each other. I’m glad these three Soldiers are willing to share that experience today.

MODERATOR:

Thank you, Mr. Webb.

Now Col. Johnny Davis, Director of the Army Wounded Warrior Program, will share more about AW2’s role over the last decade.

COL JOHNNY DAVIS:

Thank you, and thank you, Mr. Webb for that perspective on how AW2 supports the broader wounded warrior community.

What makes AW2 unique is that we support the most severely wounded, and that our support is completely personalized. Each Soldier is assigned an AW2 Advocate as soon as they're found eligible, and our AW2 Advocates work with each Soldier and Family to resolve whatever challenges they're facing, at whatever point of their recovery and transition.

And the AW2 Advocates are the key to AW2's success. More than 200 AW2 Advocates are located throughout the country—and even Europe—at locations where we have the highest concentrations of Soldiers and Veterans. They are working onsite at Warrior Transition Units, military treatment facilities and Veterans Affairs facilities. They work within the system to cut through the red tape and get results. They build personal relationships with the Soldiers and Families they serve, answering the phone at all hours and spending the time to talk to Soldiers about the real issues they're facing. Some have professional backgrounds in behavioral health or social work, some are former non-commissioned officers and some are wounded warriors themselves or spouses of wounded warriors.

In your materials, you have a list of the key milestones in AW2's history. AW2 has a long history of listening to the Soldiers we serve and taking action. In the early years, we actively worked through the proper channels in the Army and Department of Defense to impact changes to legislation and regulations to improve the experience for our Soldiers. Later, we held a series of Symposiums, where we physically convened wounded Soldiers and Families to discuss the biggest challenges facing the wounded warrior community as a whole – and you can see some of the real changes that resulted from that process. Today, in an era where we don't spend as much money on travel and conferences, we've identified digital solutions to get feedback, and we conducted a "virtual" Symposium last year.

Throughout my work with wounded warriors, I've been impressed with their resilience. These men and women – and their Families – are some of the most resilient people you will ever meet. So many have literally been through hell and back, and so many are positive about the experience.

Look at these Soldiers here today – each one endured significant injuries in combat and went through long, painful recoveries. And here they are, back in uniform, serving our country. I'm a wounded warrior myself – I

was wounded in Kandahar, Afghanistan in 2010. I know firsthand the impact of peer mentoring, of sharing my story with someone else experiencing the same challenges, and I'm confident that the Boston experience had an impact on these Soldiers just as much as it did on the patients they supported. I thank you all for coming today to share your stories and, more importantly, for continuing to serve.

MODERATOR:

Thank you, COL Davis.

Now we will hear from Staff Sgt. Julio Larrea. Staff Sgt. Larrea was injured during his service in Afghanistan, the third deployment of his overall career. He sustained severe soft tissue damage and other physical injuries that ultimately resulted in the loss of his left leg below the knee. After his recovery, he returned to duty as a member of the cadre at the Warrior Transition Brigade National Capital Region at Walter Reed National Military Medical Center, where he recovered. He currently serves as the Brigade Training Non-Commissioned Officer.

STAFF SGT. JULIO LARREA:

I'm that guy, that guy who isn't that strong but will not give up. I prefer being a field Soldier to a desk Soldier. That is why when the Army said I was not medically fit for duty and I was done, I said "I'm done when I'm done."

I've always been stubborn. I didn't know all the steps in the process to apply for Continuation on Active Duty—we call it COAD—when I was found unfit for duty by the medical board, and I didn't feel like I was getting adequate help from my liaison in the Physical Evaluation Board process. I talked with my AW2 Advocate, Ms. Hortense Brown. She said, "if you need, we will help you out." I didn't know what else I needed. She called the Human Resources Command or HRC, and he broke down exactly what I needed to do for Continuation on Active Duty or COAD. I told her what I would like to do, what my plan is, and she wrote it down better than I could have. And here I am today still in uniform.

I became a Cadre at the Warrior Transition Brigade in 2012. My intention was to become a squad leader and mentor Soldiers who became hurt. I was made driver for the Brigade Commander and the Brigade Sergeant Major. At the time they didn't use a driver, so I was doing whatever needed to be done. I'm mostly a training NCO for the Brigade. I manage the process to put our Brigade

NCOs into Army schools and to digitally track everyone's trainings.

I like serving as WTB Cadre because it's a chance to serve. I said I wasn't done, and by doing what I'm doing it's giving me a chance to prove not just to everybody but to myself that I'm not done. I get to interact with Soldiers and guide them towards resolving professional and personal problems.

Going up to Boston was an incredible experience. When I was hurt, the doctors and nurses said I'd make a good recovery because I have a positive attitude. We went to Boston to encourage and show them a positive attitude, but we got there, and they were trying to encourage us. They had an outstanding attitude. I am pretty sure that's what contributed to their recovery. If they keep it up—and I've seen a few cases that they have kept it up, and it has helped them overcome and achieve new aspects in their life.

MODERATOR:

Thank you, Staff Sgt. Larrea.

Now, Staff Sgt. Jeffery Redman will share more about his personal experience with AW2 and with peer mentoring. Staff Sgt. Redman was injured during his

service to Iraq in 2006, sustaining severe damage to both legs, a traumatic brain injury and post-traumatic stress disorder. He returned to duty in 2009 and is currently serving in the 320th Field Artillery Regiment, 3rd Brigade Combat Team, 101st Airborne Division at Fort Campbell, Ky.

STAFF SGT. JEFFERY REDMAN:

I am a career Soldier. In 1991, I joined the National Guard—the day we invaded Iraq in the Gulf War. From an early age, all I wanted to do was join the military. My goal was to be in the military and retire in 20 years, like my uncle. I took that goal from my uncle. He was my inspiration growing up. From an early age, all I wanted to do was join the military. I transitioned to active duty on June 6, 1994, and this June it will be 20 years. As long as I feel like I can remain in active duty I am going to try to be. This is a dream of mine.

When I was recovering, my AW2 Advocate Tim Montgomery would come to my room every day to see how I was doing. There's only so much you can tell a nurse or a doctor who's never been in combat. With Tim I could talk about the anger I was going through, and he helped me work through all of it and figure out what I need to do to recover. He helped me through the angry period I was going through. He's the one who helped me

figure out that I am still here to mentor Soldiers. He helped me realize the potential I had as a mentor. For me to still be in the Army, I feel like it's a miracle, and it's a miracle I have both of my legs. Meeting new Soldiers who go through what I went through, they don't know who I am because I walk pretty normally. Just to see their reaction when they see that they can stay in active duty, it hits them that they can strive to do the same thing.

We went to Boston a couple weeks after the bombing last year. Just looking at the wounded and seeing how far they came after a short time. The fact that they were already walking, wanting to talk to us really made an impression on me. Before Boston I was mentoring Soldiers on the floor at Walter Reed. Since I returned to Fort Campbell, I have visited different hospitals and tried to explain that recovery is something other Soldiers can do. I just saw one Soldier who was suicidal, and I went in and talked to him and he's going to start running again in a few weeks. Talking to him actually inspired me, and so did the Boston experience. I've done that with a few different people, and inspired them to do more. When I was injured, between Baghdad and Germany I died nine different times. If this is the only way I can give back then this is how I am going to do it. Going to Boston helped me bring the best part of me out again.

MODERATOR:

Thank you, Staff Sgt. Redman.

Now we will hear from Spc. Joshua Budd. Spc. Budd lost his left leg and sustained other physical injuries during his deployment to Afghanistan in 2011. Spc. Budd returned to duty in last year and is currently serving with the Army Marksmanship Unit, and he leaves tomorrow for a competition in Europe.

SPC. JOSHUA BUDD:

I was hurt back in 2011 on a patrol in Afghanistan. I lost my left leg and sustained injuries to my right leg and upper arms. I was sent to Germany for 14 days before I was sent back to Walter Reed. I don't remember anything after the helicopter took me out of the field until I woke up at Walter Reed three weeks later.

One of the big things AW2 has done for me is they have helped my family out a lot. They helped my brother and sister decide whether they wanted to stay with me at Walter Reed or go back and finish their school year. An AW2 Advocate helped them make that decision. They've also helped me get paperwork to stay in the Army, they helped me fill out my COAD packet. They also helped me

appeal my TSGLI, which is the Army's life insurance. When I didn't get the full payment I deserved, they helped lead me in the right direction for that application process, and I was able to get everything.

I spent a year and nine months at Walter Reed before I was able to continue on active duty (COAD). There at Walter Reed I met a lot of good guys and made lifelong friends because we had a lot of the same injuries and it was a great experience. I think it was the best place to recover for me.

Going to Boston for me was important because I felt like I wanted to give back and help out. When people who aren't hurt tell you you're going to be ok, it's hard to believe, but when you see someone walking on a prosthetic leg and they tell you you are going to be ok, you believe them. A good friend of mine, Tyler, a triple amputee with only three working fingers, saw me being upset and angry about going to therapy and he rolled over next to me and said "it's all going to be ok." I'm only missing a leg, so if he can smile, I can smile – and that's what I wanted to give back to the people in Boston.

Right now I am in the Army Marksmanship Unit and am training to compete in the Paralympics in Brazil 2016. I am shooting in competitions internationally now and shooting competitive scores and it's a lot of fun. I like the

AMU because competing internationally and beating other countries shows how strong America really is.

MODERATOR:

Thank you Spc. Budd.

Now, we'll open up the floor to questions.

Q&A

MODERATOR:

Thank you all for your questions and for highlighting the Army's support for wounded, ill and injured Soldiers and their families and caregivers as we commemorate the tenth anniversary of the Army Wounded Warrior Program (AW2). Each of our speakers is now available to participate in one-on-ones for the next few minutes.