



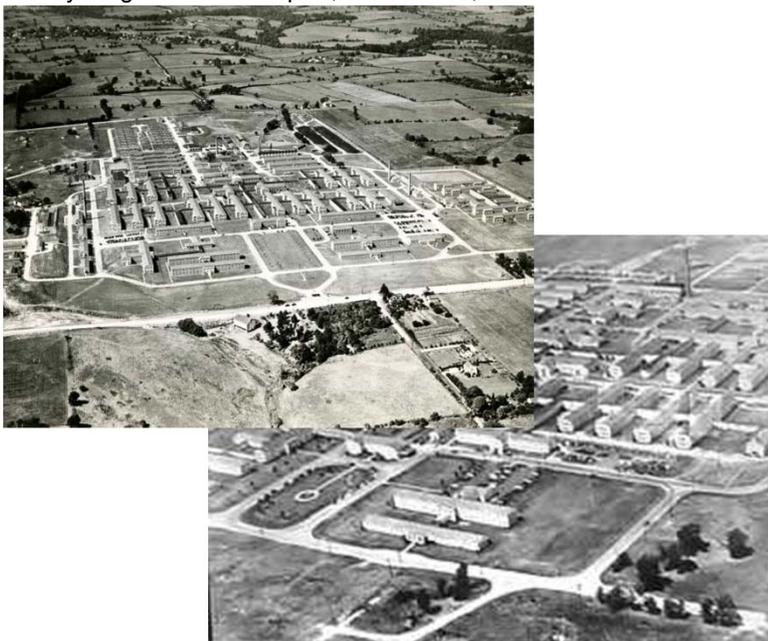
# Warrior Transition Command Information Briefing to 2011 AMEDD Pre-Command Course



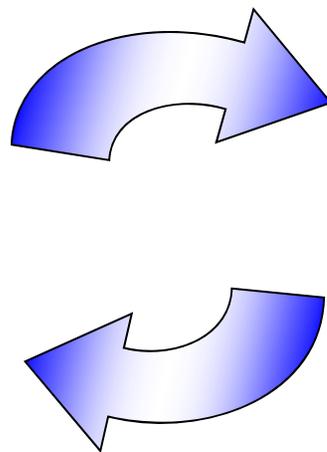
22 February 2011

*"Soldier Success Through Focused Commitment"*

Valley Forge General Hospital, Phoenixville, PA



Wakeman General Hospital, Camp Atterbury, IN



**BG Darryl Williams, Commander, Warrior Transition Command**

*"Never Leave a Fallen Comrade!"*

**ARMY STRONG**

# Report Documentation Page

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# Warrior Transition Command Strategy Map December 2010

## Vision

To become the Nation's recognized leader in turning an injury or illness limiting event into unlimited potential.

## Mission

The Warrior Transition Command provides centralized oversight, guidance, and advocacy empowering wounded, ill, and injured Soldiers, Veterans, and Families through a comprehensive transition plan for successful reintegration back into the force or into the community with dignity, respect and self-determination.

## Strategic Themes Core Competencies

**Set the Team**  
Highly trained, committed and capable cadre and staff

**Set the Environment**  
Foster an empowered environment focused on healing and reintegration

**Set the Program**  
Flexible and innovative solutions that create productive soldiers, veterans, and families.

**Tell the Story**  
Optimize Communication and knowledge management

Act as Proponent for Warrior Care and Transition Program

Execute MEDCOM Commander's Warrior Care and AW2 programs

Coordinate with External Agencies

Establish & Sustain Standardization and Evaluation

Guide & Monitor WT Movement

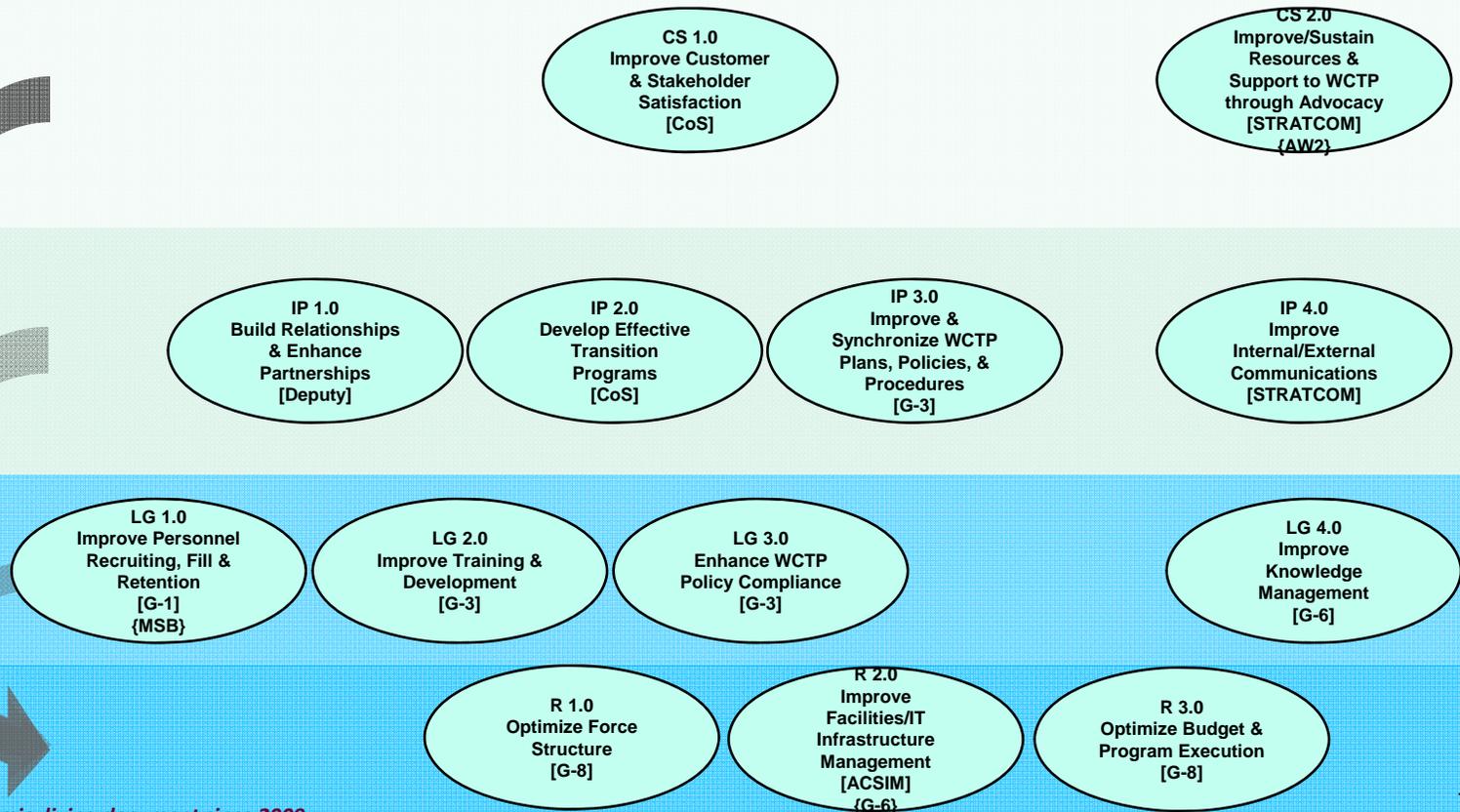
Manage Reserve Component

**ENDS**  
Customer/Patient Stakeholders

**WAYS**  
Internal Processes

**MEANS**  
Learning & Growth  
Resources

Feedback Adjusts Resourcing Decisions



This is a dynamic, living document since 2009

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# WTUs in the Media

**"Drugged to Death"**  
Army Times  
31 May 2010

"Documents show Army's disservice to Broken Soldiers"  
**PITTSBURGH TRIBUNE-REVIEW**  
6 February 2011

"Feeling Warehoused in Army Trauma Care Units"  
New York Times  
25 April 2010



"Military Leaders AWOL on Warrior Transition Units"  
Seattle Times  
4 May 2010

"Some Wounded Soldiers More Likely to be Punished"  
Associated Press  
10 March 2009

"Soldiers: Mold Infests Oklahoma Barracks for Wounded"  
USA TODAY  
18 August 2008

"Soldiers Face Neglect, Frustration at Army's Top Medical Facility"  
Washington Post  
18 February 2007

**"You could write this story about any of our 29 Warrior Transition Units"**  
GEN Chiarelli, VCSA, 3 May 2010

# Wounded Warrior Stakeholders



## White House

Director of Veterans and Wounded Warrior Policy

## Congress

- Senate Armed Service Committee
- House Armed Service Committee
- Senate Appropriations Committee-Defense
- House Appropriations Committee-Defense

## OSD

- Senior Oversight Committee
- Wounded Warrior Care and Transition Policy
- JTF CAPMED

## Veterans Affairs

- Veterans Health Administration
- Veterans Benefits Administration
- Federal Recovery Coordinators
- Polytrauma Centers

## Joint Staff

- Special Assistant to CJCS for Warrior and Family Support

## Army

- Warrior Transition Command

## Navy

- Safe Harbor

## USMC

- Wounded Warrior Regiment

## Air Force

- Wounded Warrior Program

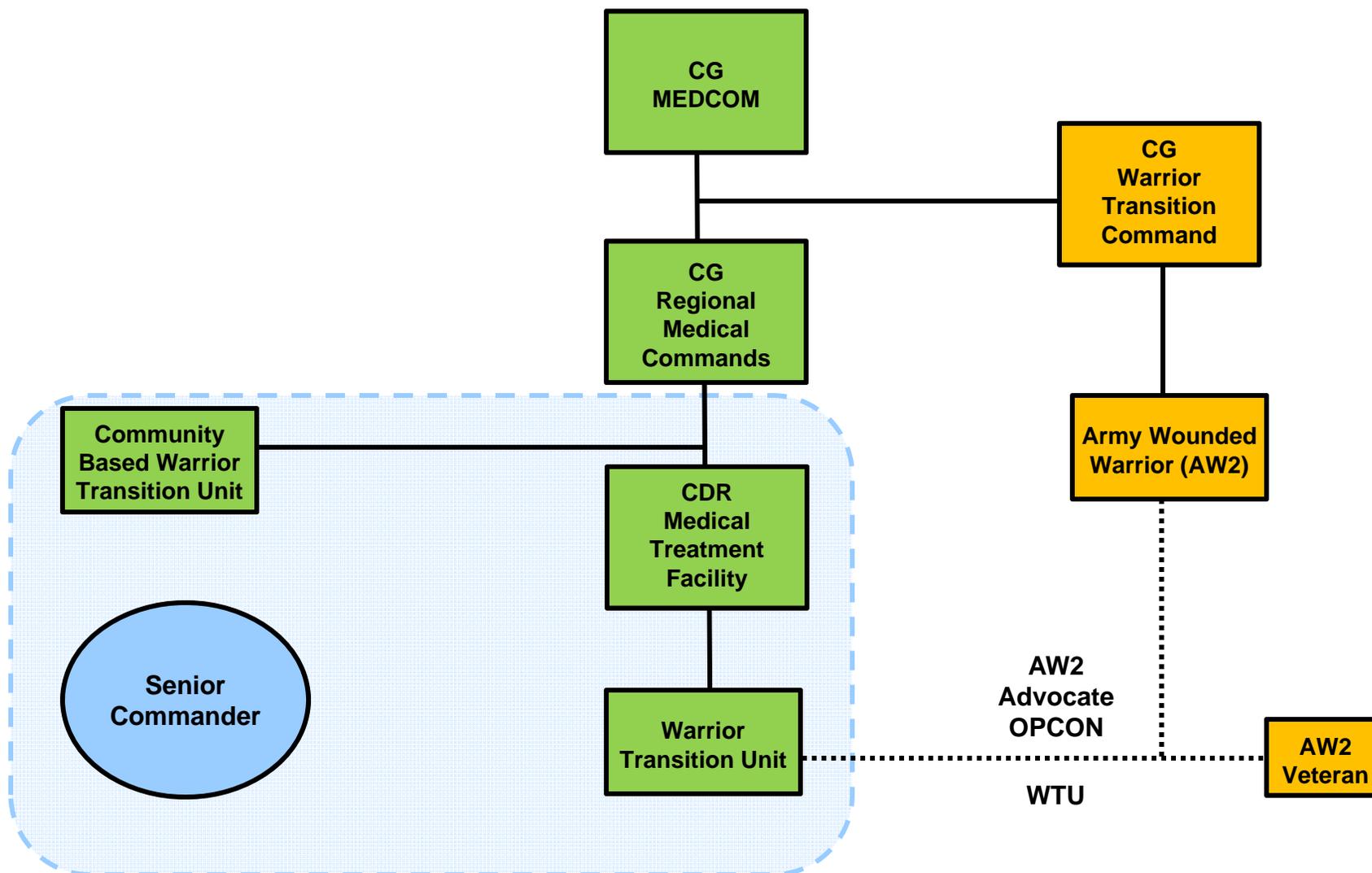
## SOCOM

- Care Coalition

## Nonprofit Organizations

## Veteran Support Organizations

# Warrior Transition Unit Command Structure



# Those We Serve...



- COL Greg Gadson practices walking with his new prosthetic knees while his son, Jaelen, looks on.
- COL Gadson was severely injured by an IED in Iraq.
- Continuing on active duty, he has been a tireless policy advocate for Soldiers testifying before Congress about ways of meeting the challenges faced by Wounded Warriors.



- CPT Dan Lockett lost both his feet to an EFP in Iraq.
- He continues to serve as an Infantry officer in the 2d Brigade Combat Team, 101<sup>st</sup> Airborne Division (Air Assault).
- In this photo he leads a unit run.
- In CPT Lockett's words, "If you work hard enough and truly apply yourself there is very little that is going to limit you."
- From day one, CPT Lockett simply knew he had one goal – to return to duty and continue to serve as an Infantry officer.



- Wounded Warrior takes command of the Warrior Transition Battalion at Fort Lewis.
- LTC Danny Dudek refused to let the roadside bomb that paralyzed him end his career.
- His journey through the Army medical system gives him a clear insight into what can be improved.
- "I keep hearing that I inspire people," said LTC Dudek, "but I'm just trying to get through the day."



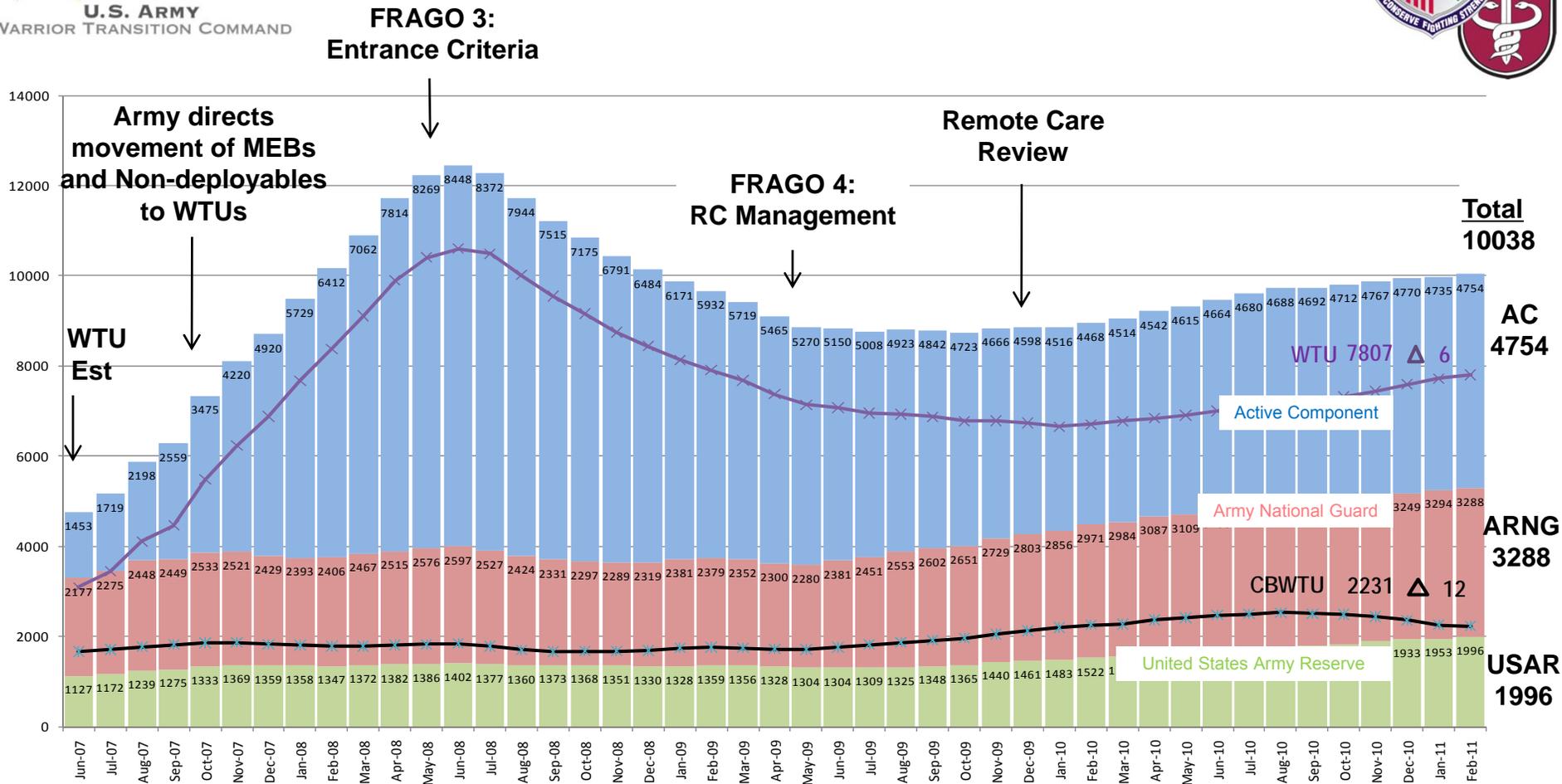
- SGT Kortney Clemons lost his leg in Iraq while helping evacuate a wounded buddy
- In 2007, he was the first Iraq war veteran to qualify for the U.S. Paralympic Team in both Powerlifting and Track
- SGT Clemons is currently enrolled in the Army Wounded Warrior Education Initiative where he is working on his Masters degree at the University of Kansas.





# WTU/CBWTU Population over Time

(Data from MODS WT 14 February 2011)



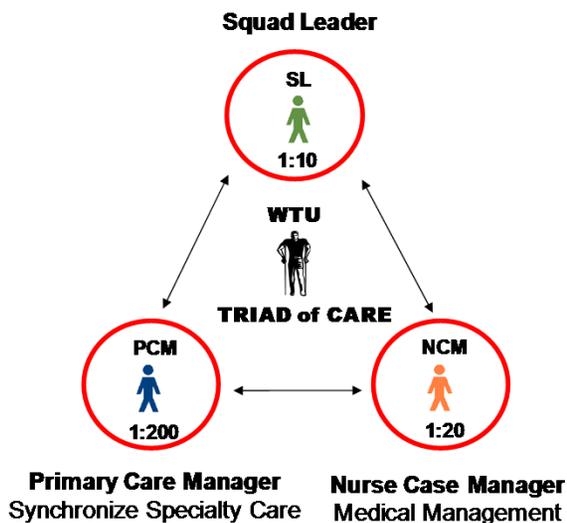
## Ensure clinicians understand and determine Medical Retention Decision Point for Warriors in Transition

The MRDP will be made within **one-year of being diagnosed** with a medical condition that does **not appear to meet medical retention standards**, may be made earlier if the examiner determines that the member will not be capable of returning to duty within one-year.

# Warrior Transition Unit (WTU) and Community Based WTU

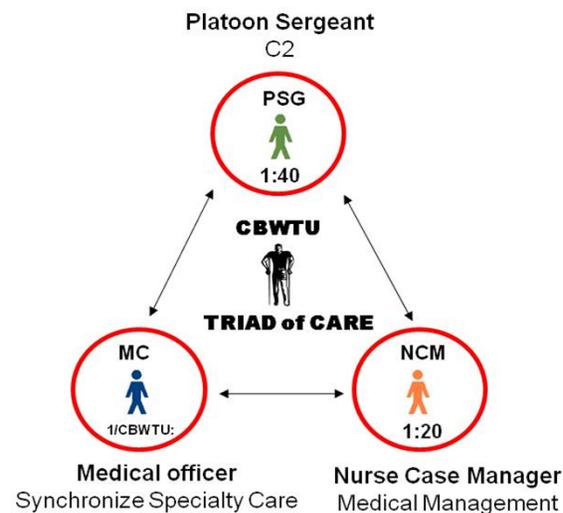


## Warrior Transition Unit



- For all components
- Traditional Chain of Command (Squad Leader - Battalion Commander)
- Focused “Triad of Care” for each Soldier
- Army Wounded Warrior (AW2) Advocate for most seriously injured
- Best facilities on post; priority medical care
- Dedicated Family Support
  - Family Readiness Support Assistant (FRSA)
  - Soldier Family Assistance Center (SFAC)

## Community Based WTU

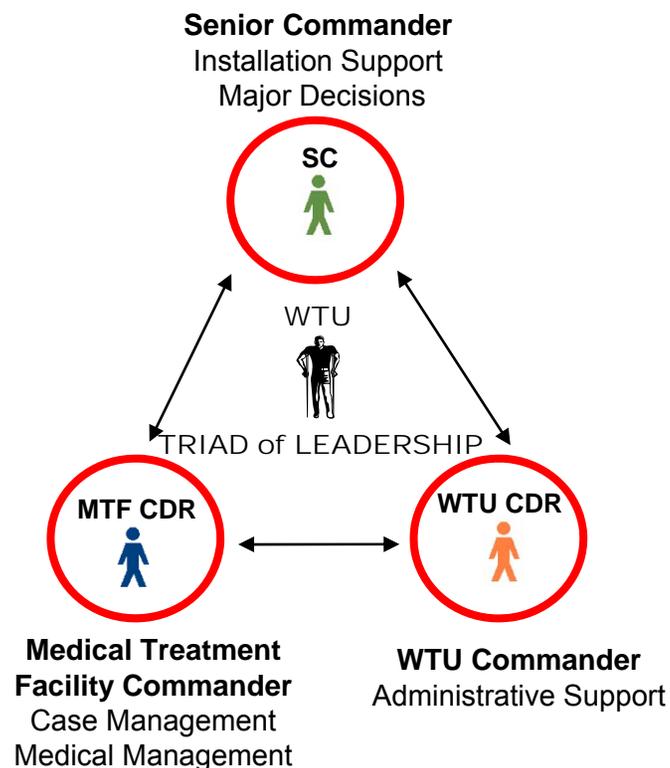


- Primarily for Reserve Component Soldiers
- Modified Chain of Command (PSG - LTC)
- Focused “Triad of Care” for each Soldier
- Live at home; medical care available CBWTU allows wounded, ill, and injured Soldiers to heal at home
- Duty at approved Title 10 duty site
- Dedicated Family Support
  - Virtual Soldier Family Assistance Center (VSFAC)

# The Triad of Leadership

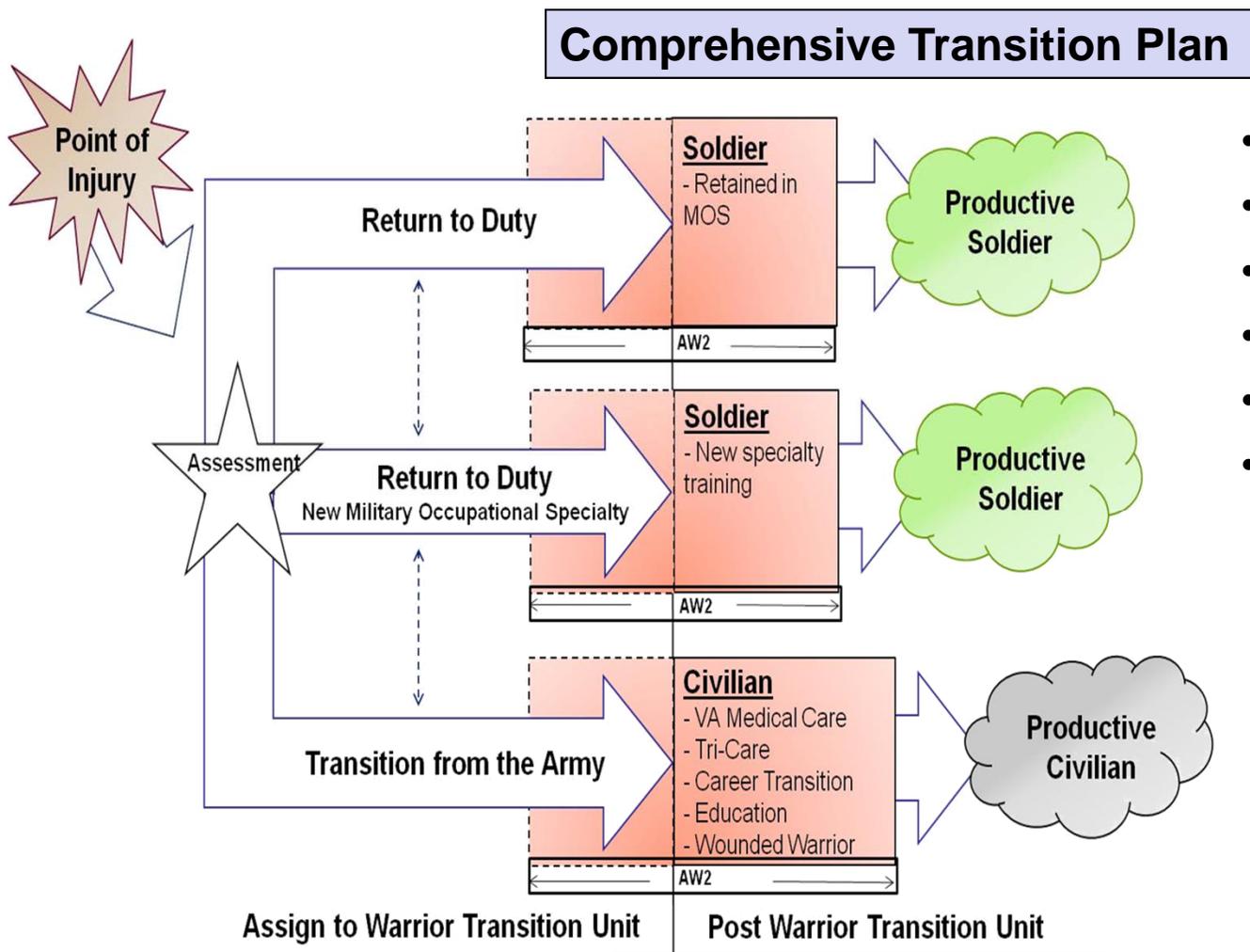


- Leadership center gravity responsible for meeting the intent of the WCTP DA EXORDs and FRAGOs
- Decision on assignment, reassignment, and exit from WTU
- Approve all cadre to include BN/CO commanders
- Chapter separations



# Army Rehabilitation and Transition

“Focus on the future; not disability”



- Number One Priority
- Focuses on the future
- Goal setting
- CTP Scrimmage
- Weekly assessments
- Cdr's reports

- Phases of the CTP**
1. Reception/Intake
  2. Assessment
  3. Goal Setting
  4. Rehabilitation
  5. Pre-Transition
  6. Post-Transition

NDAA08: The CTP meets the intent of NDAA08 and exceeds the requirements of the DoD Recovery Coordination Program by identifying seriously wounded, Injured, and ill Soldiers and their Families with severe needs and collectively maps out a path of recovery for the Soldier and Family.



# Family Support Module



- Module in support of the Comprehensive Transition Plan
- Early involvement and investment of families is critical
- Initial interview should reveal services that the Soldier and Family needs
- Increased Social Workers exposure for Soldiers and Families

# Programs for the Families of Wounded Warriors



## Soldier Family Assistance Center (SFAC) Services

- SFACs at all WTUs
- Military Entitlements and Benefits
- Information and Referral
- Education services
- Social Services (substance abuse information and referral for Family members, financial counseling)
- Education counseling
- Child and Youth (on-site child care and School Liaison services)
- Transition/Employment (job search, career counseling, referral to Dept of Labor)
- Donations Management
- Serve as a conduit to federal and nonfederal support agencies



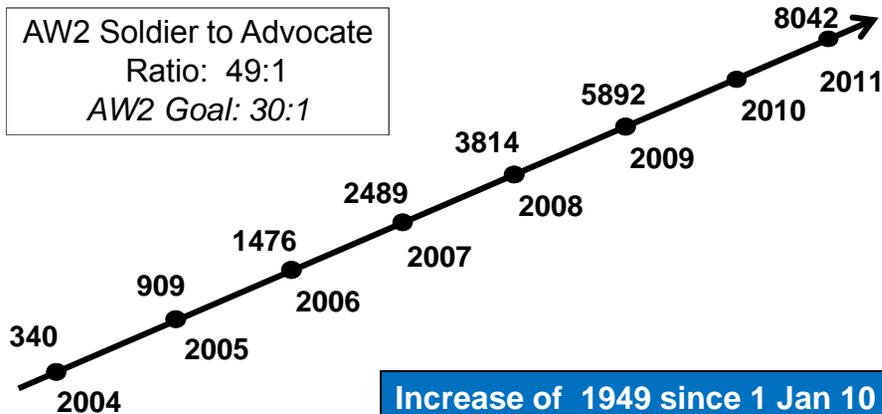
# Army Wounded Warrior (AW2) Program



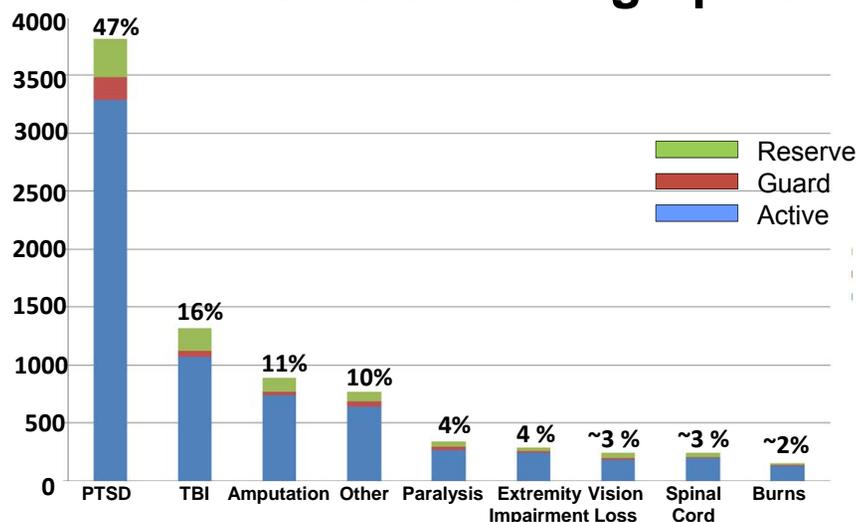
## Army Wounded Warrior Program

AW2 supports the most **severely wounded, ill and injured** Soldiers who have, or are expected to receive, an Army disability rating of 30 percent of greater in one or more specific categories or a combined rating of 50 percent or greater for conditions that are the result of combat or are combat-related.

## AW2 Population Trend



## AW2 Soldier Demographics



## Key Points

- Active Duty and Veteran Population
- Partnership with Veterans Administration
- Historically, 12% of WTs are enrolled in AW2
- Advocates OPCON and Nationwide
  - WTU
  - VA Centers
- Contact Soldiers Monthly



# Triad of Assistance



- **Wounded Soldier Family Hotline (WSFH)** Offer wounded, injured and ill Soldiers and their family members a way to share concerns on the quality of patient care. To provide senior Army leaders with visibility on medically related issues so they can properly allocate resources to better serve Soldiers and their Families. [Hotline calls are received by WSFH staff 24/7 365 days at \(800\) 984-8523..](tel:8009848523)
- **MEDCOM Medical Assistance Group (MMAG)** Accept cases from numerous referral sources and ensure that these assistance requests are handled in a timely manner. Oversee the MEDCOM Ombudsman Program and assists Ombudsman with subject matter expertise and guidance on local case disposition.
- **MEDCOM Ombudsman Program** The Ombudsman are experienced, trained and compassionate personnel who function as a local resource to Soldiers and family members in resolving questions/issues. They are independent, neutral and impartial and report directly to the MMAG and not the local chain of command. There are currently 55 Ombudsman at 32 sites, including Europe and Puerto Rico.

Responsive Compassionate Effective



# Recommendations for Senior Commanders (1 of 6)



- WTC Organizational Inspection Program
- Billeting issues that require movement of Soldiers
- Cadre ratios: Squad Leaders, Nurse Case Managers, Primary Care Managers losses/gains; within 10% of maximum population
- Number of Soldiers with length of stay greater than 365 days without a Medical Evaluation Board (MEB) started
- WTU Soldier in MEB for greater than 180 days
- MEB Soldiers vs. mandatory separation processing
- Soldiers with/without CTP initiated
- Number of Soldiers without a work program
- Unit support to work programs
- Any WTU SL/PSG not receiving special duty assignment pay



# Recommendations for Senior Commanders (2 of 6) Communications



- Town Halls
- Cadre recognition
- Warrior interviews – “Are you overmedicated?”
- Family interviews
- WTU leadership communication to Warriors
- Cadre Respite Program



# Recommendations for Senior Commanders (3 of 6)

## Discipline



- Warriors in Transition Military and Medical Responsibilities (WTP Policy 09-001, 8 Mar 10)
  - Regulations, UCMJ, customs and courtesies, administrative policies all apply
  - Medical instructions are orders
  - Medications
  - Illegal drugs
  - Medical Evaluation Board vs administrative separations



# Recommendations for Senior Commanders (4 of 6)

## Cadre Selection

### Required / Preferred Military Education

- SL = WLC / ALC
- PSG = ALC / SLC
- 1SG = SLC / 1SG Course
- CC = CPT Career Course
- CSM = SGM Academy
- BN Command = CGSC/ILE

### Other Requirements

- Physically fit/Pass the APFT
- Meet Body Composition IAW 600-9
- Good Military Bearing and Superior Moral and Ethical conduct

- Force Providers nominate
- Senior Commanders approve

### Preferred Experience

- Prior experience in nominative positions
- Former WT
- Combat Experience
- AC/RC Assignments
- Relevant Civilian Experiences

### Expertise

- Ability to lead Soldiers who possess a variety of medical, personal, and professional conditions
- Ability to mentor Soldiers, set goals, and assist with administrative issues
- Ability to responsibly & compassionately assist Families
- Ability to cope with stressful situations and lead high risk Soldiers

WTU Personnel Assignment and Utilization Policy  
All Army Activities  
(Approved 31 July 2009)



# Recommendations for Senior Commanders (5 of 6)



## WTU Entry Options

- Formal board with Commanding General attending
- Formal board with Commanding General representative attending
- Packet submission, Medical Treatment Facility Commander's decision, appeals to Commanding General
- Other Considerations
  - Process for expedited cases
  - Senior grade personnel
  - Reserve Components
    - Senior grade
    - Others
    - Medical Retention Processing (MRP), MRP-Extension, MRP-2



# Recommendations for Senior Commanders (6 of 6)



## Senior Commander WTU Walk Thru

- See the Comprehensive Transition Plan in action with Warrior and SL, Co Cdr, Bn Cdr and how they execute it
- Observe a CTP Scrimmage
- Barracks - “best available on the installation?”
- Cadre facilities are adequate; Nurse Case Manager’s office meets Hospital Insurance Portability and Accountability Act (HIPAA) privacy standards
- Pharmacy/medication controls in effect
- Bring your CSM



# What we are working on



- Walter Reed BRAC/Joint Task Force Capital Medicine
- Wounded Warrior Federal Employment Conference 23-24 Feb 11
- Department of the Army Inspector General Integration Working Group
- Warrior Care and Transition Program Annual Training Conference – 11-15 April
- Warrior Games – 16-21 May
- Physical Disability Evaluation System: Weekly update to the Chief of Staff of the Army; Joint Chief of Staff Tank session; Office of the Secretary of Defense Senior Oversight committee
- Warrior Care and Transition Program collaboration with Allies
- Remote Care Realignment
- Strategic Communications

# WTC StratCom Emerging Media

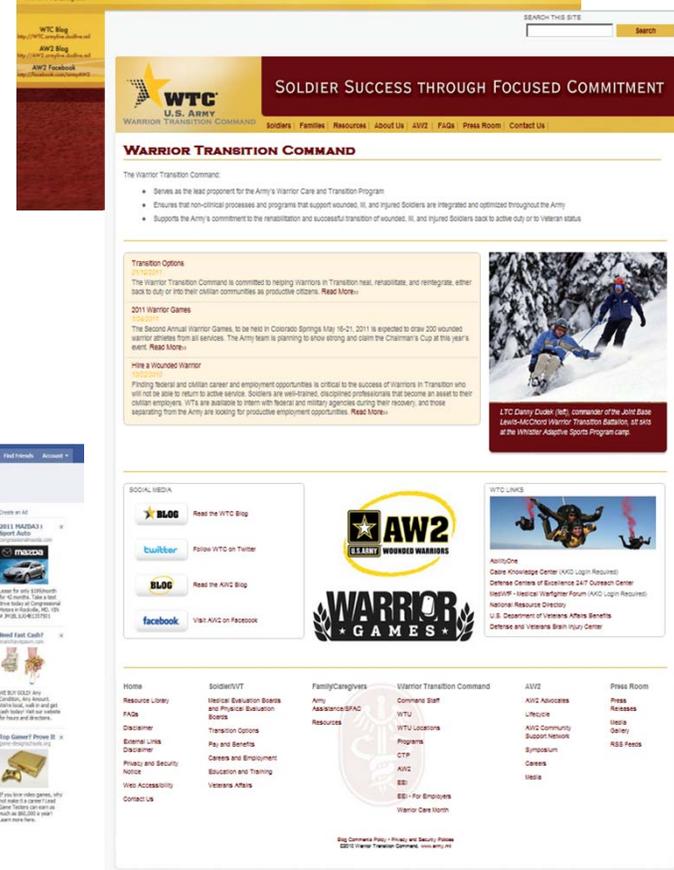


- WTC communicates the Warrior Care & Transition Program to various stakeholders online:

- WTC/AW2 website: [www.WTC.army.mil](http://www.WTC.army.mil)
- WTC Blog: <http://wtc.armylive.dodlive.mil>
- AW2 Blog: <http://aw2.armylive.dodlive.mil>

- New on March 1:

- WTC Twitter: <http://twitter.com/armyWTC>
- AW2 Facebook: <http://facebook.com/armyAW2>



# Take Aways



- Army program to care for our wounded, ill, and injured Soldiers is excellent....but not perfect
- The Army is beyond infrastructure improvements and cadre ratios – we inspire Soldiers toward a positive and productive future, defeating any wound, illness, or injury that stands in their way
- Every Soldier has his/her own unique set of challenges
- Early involvement and investment of Families is critical
- We cannot do enough for the Families of our wounded, ill and injured Soldiers



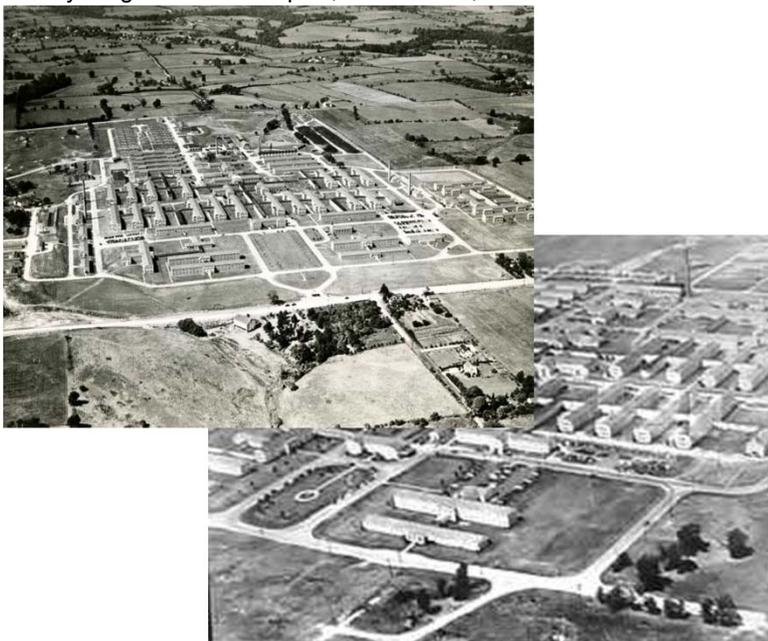
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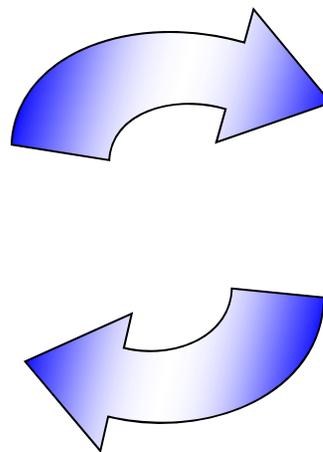
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