Defense Report from AUSA's Institute of Land Warfare

Improving Care for Wounded Warriors: Warrior Care and Transition Program

As long as I am Secretary of Defense, I will continue to work to improve treatment and care for every single wounded warrior.

Secretary of Defense Robert M. Gates,
Senate Armed Services Committee hearing, 27 January 2009

Introduction

The transformation of U.S. Army Warrior Care began in April 2007 with the development of the Army Medical Action Plan (AMAP), which outlined an organizational and cultural shift in how the Army cares for its wounded, ill and injured Soldiers. Over the past 22 months, the AMAP has evolved into the Army Warrior Care and Transition Program (WCTP), fully integrating Warrior Care into institutional processes across the Army, and achieving many of the Army's goals for enhancing care and improving the transition of wounded warriors back to duty or into civilian life as productive veterans.

Ongoing Efforts

Warrior Transition Units. At the heart of the Warrior Care and Transition Program is the successful establishment of 36 Warrior Transition Units (WTUs) at major Army installations worldwide, and nine Community Based Warrior Transition Units (CBWTUs) located regionally around the United States. These units replace the Medical Holdover (MHO) system of the past and provide holistic care and leadership to Soldiers who are expected to require six months of rehabilitative treatment, and/or need complex medical case management. While a WTU closely resembles a "line" Army unit, with a professional cadre and integrated Army processes that build on the Army's strength of unit cohesion and teamwork, its singular mission is to provide comprehensive care management that allows assigned members to heal and transition.

This mission is being accomplished largely through the Army's commitment to robustly staff and resource the units. There are more than 3,600 permanent cadre and staff overseeing a current population of 10,000 wounded, ill and injured Soldiers. Each assigned Warrior in Transition (WT) receives a "triad of care," consisting of a Primary Care Manager, a Nurse Case Manager and a squad leader, to direct and supervise the individual healing process. To date, more than 22,000 WTs have progressed through the WTU structure, and assignment times are becoming shorter as enhancements and refinements are made to the program.

Army Wounded Warrior Program. Since 2004, the Army's Wounded Warrior (AW2) program has been supporting the most severely wounded and injured Soldiers—those who have, or are expected to receive, an Army disability rating of at least 30 percent 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.

DEFENSE REPORT is published by the Association of the United States Army's Institute of Land Warfare (ILW). The series is designed to provide information on topics that will stimulate professional discussion and further public understanding of the Army's role in national defense. Questions regarding the ***DEFENSE REPORT*** should be directed to: AUSA's Institute of Land Warfare (Attn: ***DEFENSE REPORT***), 2425 Wilson Boulevard, Arlington, VA 22201. For more information about AUSA and ILW, visit our website at www.ausa.org.

February 2009/DR 09-1

Those Soldiers qualifying for the program are assigned an AW2 Advocate who provides personalized assistance with day-to-day issues that confront healing warriors and their families, including benefits counseling, educational opportunities, and financial and career counseling. Currently, AW2 assists and advocates for more than 3,300 severely wounded Soldiers and their families, wherever they are, for as long as it takes—including after retirement or separation from the Army.

Comprehensive Transition Plan. In March 2008, the U.S. Army Medical Command (MEDCOM) launched the Comprehensive Transition Plan initiative for WTs. Instead of focusing solely on the injury or illness, the Comprehensive Transition Plan fosters a holistic approach to a WT's rehabilitation and transition. This is accomplished through the collaboration of a multidisciplinary team of physicians, case managers, specialty care providers and occupational therapists. Together with the Soldier, they develop individually tailored goals that emphasize the transition phase to civilian life or return to duty. Goals are set and the transition plan developed within one month of the Soldier's arrival at the WTU.

Behavioral Health Care. The demand for behavioral health services has increased as more Soldiers are diagnosed with Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI).To meet this demand, the Army has hired an additional 250 behavioral health specialists to date, and is seeking to add more throughout its military treatment facilities. It has also implemented Army-wide specialized behavioral health awareness training, such as the Ask-Care-Escort (ACE) program, which helps Soldiers and family members recognize the symptoms of PTSD and TBI and feel confident in taking action to receive the care and support they need.

For wounded warriors, MEDCOM has developed a Risk Assessment and Mitigation program to identify at-risk WTs and provide the necessary attention and intervention. Additionally, the Army, in conjunction with the other services, has provided subject matter expertise to the newly created Defense Center of Excellence (DCOE) for Psychological Health and Traumatic Brain Injury, which ensures a joint-service approach to the behavioral health challenge.

Physical Disability Evaluation System. The Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) processes have been streamlined and paperwork requirements reduced to more efficiently move a Soldier's disability package through the adjudication process. Additionally, collaboration between the Department of Defense (DoD) and the Department of Veterans Affairs (VA) ensures that WTU Soldiers have priority processing by the Veterans Health Administration (VHA) and Veterans Benefits Administration (VBA) 90 days prior to separating so they can receive their VA benefits and health care immediately upon discharge.

General Frederick M. Franks, Jr., USA Ret., has been leading an Army task force to research and recommend improvements to the MEB/PEB process. His findings, recently delivered to the Secretary of the Army, recommended that DoD and VA eliminate dual adjudication from the current system and transition to a comprehensive process focusing on rehabilitation and transition back to either uniformed service or civilian life that promotes resilience, self-reliance, reeducation and employment, while ensuring enduring benefits for the Soldier and family.

Ombudsman Assistance. In March 2007, Army MEDCOM established the Ombudsman Program to ensure the new Warrior Care process stayed responsive to Soldiers and families. There are currently 56 ombudsmen at 31 sites, usually colocated with a military treatment facility (MTF). Ombudsmen are chosen for their extensive military medical experience, and many have previously served as sergeants major within Army medical units. In addition to investigating complaints and resolving issues with local agencies, ombudsmen advocate for Soldiers and families faced with the complex, often overwhelming challenges related to their health care and transition, such as physical disability processing, reserve component medical retention, transition to the VA, and pay issues.

Soldier and Family Assistance Centers. On 15 June 2007, U.S. Army Installation Management Command (IMCOM) assumed the mission to establish and operate Soldier and Family Assistance Centers (SFACs) as part of the AMAP. SFACs are designed to broaden Warrior Care to include the particular needs of family members who are caring for a WT. There are currently 33 SFACs located on WTU installations, with permanent staffs ranging from five to 13 employees, depending on the WTU population. SFACs provide specialized family support services such as legal assistance, pastoral care, travel claims, lodging assistance for non-Invitational Travel Orders (ITO) family members, vehicle registration, translations and many others.

Warrior Transition Complex Construction. The Army continues to work with DoD leadership and Congress to fund military construction projects, including the development of Warrior Transition complexes that will serve both WTs and their families. To date, nearly $500 million dollars have

been either spent or obligated to improve the accessibility and quality of Wounded Warrior barracks. On 9 January 2009, the Army Corps of Engineers broke ground at Fort Riley, Kansas, to begin construction on the first Warrior Transition Complex specifically designed to provide care and support to WTs and their families in a fully accessible and campus-like setting. It is anticipated that construction will take about a year to complete.

New Initiatives

Healing "close to home." Based on recent guidance from the Secretary of the Army, WCTP planners are refining the entry and exit criteria for assignment to a WTU, with a goal of allowing each Soldier undergoing recovery and rehabilitation to do so at the location closest to his or her home or primary support network. This is especially important for reserve component Soldiers whose families are located far from active duty Army installations. Clinical care requirements will remain the primary determinant of assignment, but the revised policy enables those reserve component Soldiers who do not require the level of medical care management provided by an active duty WTU to heal and transition closest to their hometown, under the management of a community-based WTU.

DoD–VA Disability Evaluation Pilot. The Disability Evaluation System pilot program is designed to assist wounded servicemembers by improving the efficiency and effectiveness of completing disability determinations. Central to this effort is the use by both DoD and VA of a single medical examination with which to make determinations.

DoD Recovery Care Program. In December 2008, the Army Wounded Warrior Program became responsible for the Army's support of the Defense Recovery Care Program, which was directed by the 2008 National Defense Authorization Act. The program calls for dedicated Recovery Care Coordinators (RCCs), much like the already-established AW2 Advocates, to help manage the care of Soldiers whose injuries will likely preclude continued military service. In addition, RCCs help facilitate a seamless case management handoff for Soldiers transitioning from the military to the VA health system. AW2 and the Army are currently in the process of identifying the necessary personnel and other resources to meet these new responsibilities.

Future challenges

Nationwide shortages of specialized physicians, nurses and behavioral health professionals impact the ability of both civilian and military health systems to recruit and retain needed clinical staff. Particular challenges arise because behavioral health resources are at critical levels in both the direct care system and the TRICARE network. Army health care planners anticipate that demand for these services will continue to increase as greater numbers of Soldiers experience multiple deployments, and medical professionals develop more effective PTSD and TBI identification and diagnosis processes.

Conclusion

In his 27 January 2009 testimony before Congress, Secretary of Defense Robert M. Gates reaffirmed his commitment to caring for the men and women of the armed forces who have become wounded, ill or injured in service to their country. Over the past two years, the Army has made tremendous progress in transforming how it provides health care to its Soldiers, with improvements impacting every aspect of the continuum of care. The Warrior Care and Transition Program is an example of the strong commitment by the Army to adapt and improve its ability to provide the best care possible to its wounded, ill and injured warriors.

Key Points

- The Warrior Care and Transition Program (WCTP) represents a transformation in the way the Army cares for its wounded, ill and injured Soldiers and their families.
- Warrior Transition Units (WTUs) are the primary means the Army uses to provide holistic health care and transition services for assigned Warriors in Transition.
- Over the past 22 months, the Army has introduced a series of WCTP enhancements, to include:
  - establishing the Comprehensive Transition Plan initiative;
  - increasing behavioral health services capacity;
  - improving the physical disability evaluation system;
  - implementing an Ombudsman assistance program;
  - fielding Soldier and Family Assistance Centers; and
  - garnering resources for Warrior Transition Complexes.
- New WTU assignment criteria allow reserve component Soldiers to heal closer to home.
- On 9 January 2009, at Fort Riley, Kansas, the Army Corps of Engineers broke ground for the first Warrior Transition Complex designed specifically for Warriors in Transition.
- The ongoing Department of Defense (DoD)–Department of Veterans Affairs (VA) Disability Evaluation Pilot Program seeks to develop a single medical disability examination conducted by the VA and accepted by DoD.
- The Army Wounded Warrior Program (AW2) is responsible for implementing the Defense Recovery Care Program and fielding Recovery Care Coordinators for the Army.