



Unleashing Unlimited Potential: The Army Warrior Care and Transition Program in 2011

We [the Army's leaders] made a commitment to the men and women who volunteer to wear the cloth of this great nation to care for them. . . . We are keeping that promise . . . through the creation of Warrior Transition Command. . . . The Army's Warrior Care and Transition Program model has fundamentally changed how we look at patient care in the military. This model emphasizes flexible and innovative solutions to support the individual Soldier.

General Peter W. Chiarelli, Vice Chief of Staff, Army,
speaking at the Army Warrior Transition Command
Annual Conference, 10 August 2011, Orlando, Florida

Introduction

The past year has seen the Army's Warrior Care and Transition Program (WCTP) continue to make great strides toward becoming the recognized leader in caring for wounded, ill and injured Soldiers and supporting the families of these brave warriors.

Charged with responsibility for establishing policy and providing oversight for the WCTP, the Warrior Transition Command has made impressive progress in automation, documentation and training programs for medical, rehabilitation, patient care, ministry and other professionals who work with each Soldier and family to put together a step-by-step, comprehensive plan for recovery and preparation for the future. This Comprehensive Transition Plan process is now fully automated and provides both Soldiers and staff with a vibrant and "living" plan tailored to each Soldier's desires and expectations.

Also implemented over the past year is the Army Warrior Care Tracking System (AWCTS), which provided greatly improved capabilities to track each Soldier's progress every step of the way. Designed to centralize and expand many of the automated management capabilities for Soldiers, the Comprehensive Transition Plans—as well as many of the other capabilities necessary to manage the care and support

of nearly 10,000 Soldiers at any given time—will soon be part of the AWCTS system.

Program Validation and Opportunity for Improvement

Over the past year the Warrior Transition Command (WTC) has addressed all 56 recommendations made by a November 2010 Department of the Army Inspector General (IG) report on the WCTP. Some have been addressed completely; for others, ongoing processes have been put in place to improve or monitor future performance or are still being developed. Opportunities such as those afforded by objective oversight efforts serve as strong indicators of the success of the program and provide additional opportunities to further improve care and support for the Army's most important resource—its Soldiers and the brave and dedicated families who stand beside them.

The leadership of WTC believes that the overarching support for the Warrior Care and Transition Program expressed by this and other assessments solidified the place of the program in the Army's arsenal of care and support for Soldiers and families. Among the encouraging findings of the IG report was the fact that the vast majority of Soldiers interviewed (720 of 786, or nearly 92 percent) indicated that Warrior Transition Units (WTUs) and Community-based WTUs were the "ideal organization for them to heal and



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transition.” However, the report also found a number of areas for improvement, most notably the need to consolidate into a single overarching Army Regulation the myriad policies, processes and procedures developed in the four years since the WCTP began. This sizable and time-consuming process is already underway, with completion expected in 2012.

Another strong indication of the value-added nature of the Warrior Care and Transition Program is evident in the findings of the first report to Congress, released 2 September 2011 by the Department of Defense (DoD) Task Force on the Care, Management and Transition of Recovering Wounded, Ill and Injured Members of the Armed Forces. In addition to the 21 recommendations contained in that report, which were similar to findings from the Department of the Army IG report, the task force also identified a number of best practices specific to the WCTP:

- The command sergeants major of Warrior Transition Battalions at locations such as Fort Benning, Georgia, and Fort Campbell, Kentucky, work effectively with the command sergeants major of the line commands to identify Soldiers who may be good candidates to serve as compassionate and dedicated Warrior Transition Unit (WTU) cadre members.
- The U.S. Special Operations Command Care Coalition, while retaining command and control for most special operators, attaches them to WTUs where they receive the medical care they require, along with care management and support services from experienced members of the WTUs.
- The Fort Campbell HOOAH (Healing Outside of a Hospital) program serves as a positive program of motivation for wounded, ill and injured Soldiers and their families.
- Fort Campbell’s air evacuation triage guideline ensures that Soldiers receive exactly the medical care case management resources they require, while reducing the requirement for such services by 20 percent overall as a result of this targeted approach. At the same time, this practice has increased the Fort Campbell return-to-duty rate and was recognized as a best practice during a recent inspection by the U.S. Army Medical Command Inspector General.
- Fort Campbell’s return-to-duty validation process, whereby Soldiers must demonstrate competence in performing field tasks, helps ensure Soldiers are mission-ready before being sent downrange again; this has resulted in an 80 percent return-to-duty rate among Soldiers who have been cared for by the Fort Campbell WTU.
- The California Community-based WTU has improved communication between nurse case managers and platoon sergeants by collocating them in areas where they also have increased accessibility to Soldiers and families.
- A dedicated pharmacist has been placed at each WTU, greatly enhancing the ability to closely manage the medication regimen of each Soldier.
- Department of Veterans Affairs (VA) Military Services Coordinators and Army Outreach Counselors have been collocated with Army Physical Evaluation Board Liaison Officers, greatly improving process workflow and communications between the VA and the Army.
- Fort Campbell’s Intensive Outpatient Program provides treatment to active duty Soldiers for multiple combat-related diagnoses, including post-traumatic stress disorder (PTSD).
- Fort Benning’s Battlemind Clinic provides Soldiers demonstrating PTSD symptoms with services in a setting that avoids the stigma associated with more mainstream approaches to such care.
- Army Soldier and Family Assistance Centers (SFACs) provide consolidated and focused support services for wounded, ill and injured Soldiers and their families, as well as those undergoing a Medical Evaluation Board evaluation.
- WTU wounded, ill and injured Soldiers are required to attend Transition Assistance Program (TAP) sessions and are encouraged to repeat TAP sessions nearer the time they are scheduled to leave the military. This is based on recognition that earlier in the recovery process Soldiers may not have been mentally or physically ready to fully participate in such programs; by repeating the sessions closer to departure, Soldiers are able to benefit more from the information provided to prepare them for transition to veteran status.
- DoD’s fielding of the Integrated Disability Evaluation System (completed during Fiscal Year 2011) offers significant process improvements to ensure efficient yet fair determinations of fitness to remain on duty and ensures the interface and warm handoff of separating Soldiers to VA benefits and services. Implementation by the Army of additional enhancements to the process such as the Medical Evaluation Board Outreach (MEBOC) program ensures Soldiers receive legal support earlier in the disability evaluation process. These 24 two-person attorney/paraprofessional teams assigned to battalion and larger WTUs educate and counsel Soldiers and families one-on-one before and during the Medical Evaluation Board process; they also conduct legal outreach briefings at WTUs, SFACs and town hall meetings. To ensure these teams remain at the peak of their ability to support Soldiers and

families, they all participate in an annual national certification requirement and in monthly teleconferences conducted by the U.S. Army Medical Command's National Coordinating Council.

These best practices, while strongly reinforcing the effectiveness of the Warrior Care and Transition Program, provide ample opportunity to further implement, enhance and expand upon the program, making it even more effective and responsive to the needs of the Army's wounded, ill and injured Soldiers and their families.

Future Initiatives

While established practices such as quarterly Warrior Transition Unit structure reviews and adjustments continue to ensure Soldiers receive the best possible care and support, other initiatives are in the works to even further improve the Army's care for Soldiers and families:

- WTU cadre training programs have recently been enhanced to provide more scenario-based training to develop the problem-solving and leadership skills of WTU cadre.
- A significant program of expansion and enhancement of the care and support currently available to Army National Guard and Army Reserve Soldiers in Community-Based WTUs is underway. The goal is to provide more uniformly aligned command and control and medical management capabilities while also allowing Soldiers to return home (or closer to home) sooner for continued care and recovery.
- Warrior Transition Command, even as the Integrated Disability Evaluation System (IDES) is being fielded throughout the Department of Defense, has been and will remain actively engaged with DoD to develop significant enhancements to process disability evaluations even more effectively.
- The Army Wounded Warrior Program (AW2) is implementing a program-wide effort to establish the Lifetime Care Management Program, which recognizes Soldiers

and veterans for their efforts and success at ongoing recovery and offers them a more tailored set of options for receiving ongoing support from AW2 advocates.

- AW2 will also continue to work with the DoD Office of Warrior Care and Transition Policy to ensure effective preparation and training of both advocates and recovery care coordinators to carry out the functions of the congressionally mandated Recovery Care Program.
- Adaptive reconditioning has proven valuable in motivating Soldiers to recover more rapidly—they often find that they can attain a higher level of success than they previously thought possible. The program will continue to expand to provide the most robust offerings available so that as many Soldiers as possible can find their best “fit” in the reconditioning programs that work best for them.

Conclusion

There is little doubt that the nearly 4,400 dedicated men and women who currently carry out the Warrior Care and Transition Program contribute significantly to sustaining the force and to Army Force Generation. In just over four years, they have cared for more than 36,000 wounded, ill and injured Soldiers and their families. They have restored and returned to the force more than 18,500 of those Soldiers; this has provided the Army not only the experience and expertise of brave and battle-tested men and women eager to continue their military careers but also a savings of over \$6.2 billion in recruitment and training costs that would have been required to replace them.

Nearly 10,000 Soldiers are currently being cared for in WTUs and Community-based WTUs; more than 50 percent of them will return to the force. Almost 8,000 veterans are continuing to recover with the support of the Army Wounded Warrior Program and the Army's Warrior Care and Transition Program. This is both a proud example of the Army's commitment to “never leave a fallen comrade” and a testament to the resilience and patriotism of the brave men and women of the United States Army.

Key Points

- The Army's Warrior Care and Transition Program is becoming the recognized leader in caring for wounded, ill and injured Soldiers.
- The Warrior Transition Command continues to make great strides in automation, documentation and training of the many dedicated professionals who care for wounded, ill and injured Soldiers and their families.
- Nearly 92 percent of Soldiers in the Warrior Transition Units and Community-based Warrior Transition Units indicate that these are the "ideal organization for them to heal and transition."
- While the list of value-added services the Warrior Care and Transition Program continues to grow, initiatives are underway to further improve the program, including enhanced training of cadre, expansion and enhancement of remote reserve component Soldier care and support and implementation of the Army Wounded Warrior Program Lifetime Care Management Program.



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