



TRIPLER ARMY MEDICAL CENTER

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Army Revises, Streamlines Wounded Care

To preserve its primary focus on wounded and severely injured Soldiers, the Army today moved to increase staffing of its Warrior Transition Units, streamline the disability evaluation process, and revise WTU admission criteria to reflect a priority on Soldiers requiring intensive case management.

“We will do whatever it takes to meet the needs of our wounded, ill and injured warriors,” said Secretary of the Army Pete Geren and Gen. George W. Casey Jr., the Army’s chief of staff, in a memo to the Army’s senior leaders. The two said that while they are pleased with how far the Army has come in a short time, they believe the Army has hit a plateau in its efforts to provide world-class care for these Soldiers.

Since its inception a year ago, the WTU system has seen its caseload double from 6,000 to 12,000 today. While strained by this growth, the system has completely reformed how the Army cares for its “wounded warriors.” To keep pace with this growth, the Army has directed that by July 14, every one of its 35 WTUs will be staffed to 100% of the personnel required to sustain proper ratios of leaders and care managers to keep pace with the number of Soldiers assigned.

They also directed that the medical and physical evaluation processes be streamlined to hasten decisions and reduce the stress on Soldiers and Families. Commanders were enjoined to resolve issues at their levels and eliminate red tape, and were instructed to “break log jams” and “protect the rights of our Soldiers.”

At the heart of the WTU system’s success is its “triad of care.” The triad comprises a squad leader who leads Soldiers and a nurse case manager who coordinates care. A primary care physician oversees care, which can be complex, given the multiple issues experienced by some Soldiers.

The triad of care creates the familiar environment of a military unit and surrounds the Soldier and Family with comprehensive care and support, all focused on the wounded warrior’s sole mission, which is to heal. These professionals put the Soldier first, cut through red tape and mind the details. In addition to directing the Army’s medical department to fully staff all WTUs by July 14, the Army has empowered local commanders to help address the challenge of staffing.

“Frontline commanders will have the flexibility they need to sustain required staffing levels at WTUs and their installations,” Casey said separately. “Our command sergeants major and senior non-commissioned officers also must take an active role in the execution of this program. Their leadership is essential to program success.”

Army policy was also changed to further improve focus and attention on medically evacuated and severely injured or ill Soldiers in WTUs requiring comprehensive care.

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Feedback from senior commanders and WTU leadership found that a significant portion of WTU Soldiers have illnesses and injuries that can be more effectively managed with those Soldiers assigned to their own units and not a WTU.

About one-third of the Soldiers assigned to a WTU have been medically evacuated from theater for a wound or other combat-related condition. Though the rest of this majority WTU population come from non-combat stations in the US and overseas, one-quarter of those Soldiers have conditions related in some way to a combat deployment for which they have otherwise not previously sought care.

The Army, as it developed the WTU system, gave commanders great discretion regarding whom to assign to a WTU. This ultimately led to a wide range of Soldiers in the WTU — those recovering from a sports injury or a car accident as well as a complex combat injury. The Army has learned that assignment to a WTU isn't necessary for many such injuries, which can be cared for in the base hospital or clinic.

Every Soldier's case is an individual issue requiring individual attention, and the new policy still permits rehabilitation in a WTU for Soldiers who need complex managed care. Soldiers with routine rehabilitation requirements would be retained in their parent units allowing them to receive their care through the medical treatment facility. Army Reserve and National Guard Soldiers will, however, continue to be assigned to the WTU regardless of the complexity of care needed. No matter where they are assigned, it is critical that the Soldiers with the greatest need get the most comprehensive care they require.

“The care of our warriors in transition and their families is the Army Medical Department's top priority,” said Lt. Gen. Eric Schoomaker, Army surgeon general and commander, U.S. Army Medical Command. “This policy change is a total Army effort that has the support of senior leaders across the Army. I fully expect to see this program grow and change as we adapt to meet the changing needs of our warriors and their families.”

Recognizing the special requirements presented by mental health concerns, including traumatic brain injury and post-traumatic stress, Geren and Casey directed the improvement of mental health to both Soldiers and Families as well. A comprehensive mental health care program is now in development by the Army surgeon general. The Army's top two leaders charged senior commanders to complement that effort by working with the medical department to examine local procedures and establish local standards to expedite the healing and return of Soldiers to their units and Families.

“As we move forward with the transformation of warrior care, we are learning how best to provide these Soldiers and Families with the care they deserve,” said Brig. Gen. Gary H. Cheek, director of the Army's Warrior Care and Transition Office and assistant surgeon general for warrior care. “We will continue to refine and adjust our programs and policies to better support those who served and sacrificed and now ask only that we bind their wounds.”

For Soldiers or Families with medical-related concerns, the Wounded Soldier and Family Hotline is staffed 24 hours a day, 7 days a week: 1-800-984-8523, stateside DSN 328-0002, overseas DSN 312-328-0002.