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STATEMENT BY

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HOUSE ARMED SERVICES COMMITTEE

Chairman Heck, Ranking Member Davis, and Distinguished Members of this Committee – thank you for the opportunity to appear before you to discuss our Warrior Care and Transition Program (WCTP) and some of Army's initiatives to address the needs of our Soldiers; specifically as they relate to wounded, ill, and injured Soldiers and their Families.

HISTORY AND MISSION.

Warrior Transition Command (WTC) was established at the direction of the Chief of Staff of the Army on 1 April 2009 and replaced the U.S. Army Medical Command (MEDCOM) Warrior Transition Office, the HQDA Warrior Care and Transition Office, and the Human Resources Command Army Wounded Warrior (AW2) Program. Today, WTC is a major subordinate command of the MEDCOM. As the Army's proponent for Warrior Care and Transition, WTC provides centralized policy, oversight, guidance to Warrior Transition Units and the AW2 Program, and advocacy for our Soldiers in Transition. Through individualized, comprehensive transition plans, the WTC enables and empowers our wounded, ill, and injured Soldiers, Veterans, and Families to successfully reintegrate back into the force or community with dignity, respect and self-determination.

WTUs were developed in 2007 in response to concerns over the care and management of wounded, ill, and injured Soldiers and their Families. While WTUs resemble a traditional Army line unit, their singular mission is to provide comprehensive outpatient management that allows Soldiers to successfully heal and transition. Within the WTUs, Soldiers receive personalized support from a Triad of Care that includes a nurse case manager, a squad leader, and a primary care manager. The Triad of Care coordinates clinical and non-clinical issues to successfully transition Soldiers and their Families either back to the force or onward to successful civilian lives. Since inception, the WTUs have helped over 65,700 Soldiers to heal and transition. Of note, the WTUs have returned over 29,400 Soldiers back to duty. Today's WTU population of 4,196 (as of January 12, 2015) is down from a high of 12,451 in June 2008.

Enduring Statement. The past eight years have been a time of significant investment in the development of the WCTP. The Army Medical Action Plan was established in 2007 and the WTC stood up in 2009 as the Army's proponent for Warrior Care and Transition. The WCTP's top priority then, as it is now, is the welfare of our Soldiers and their Families: commitment to the best care and treatment of wounded, ill, and injured Soldiers and commitment to their education, training and careers. Since the WCTP inception, the Army has been committed to ensuring our wounded, ill, and injured Soldiers have the best health care possible and successfully remain on active duty or successfully transition out of military service.

ORGANIZATION.

Warrior Transition Units (WTUs). Today, the WCTP consists of 25 Warrior Transition Units supported by over 3,100 cadre on Army installations throughout the United States (including Alaska and Hawaii), Puerto Rico and Germany. As the WCTP moves forward, it will continue to evolve to meet the changing needs of its population as well as the Army.

Mission Command. The Warrior Transition Command (WTC) serves as the single focal point and strategic focus for the Army's WCTP. A Triad of Leadership is comprised of the senior leaders at the installation, military treatment facility (MTF), and the WTU. The Senior Commanders and Command Sergeants Major at each of these levels have command and control over the local WTU to develop a balanced WTU structure that is enduring, scalable and responsive to the medical needs of every Soldier. Regional Medical Commanders oversee the delivery of world class clinical care to each WTU. Clinical care is embedded in the WTU (nurse case managers, primary care managers, occupational therapists, physical therapists, social workers), in the local MTFs and in external clinical settings.

Installation Management Command (IMCOM). The Army's Installation Management Command (IMCOM) plays a vital role within the WCTP by delivering and integrating base support to our Soldiers and our units.

In 2008, and with the support of Congress, we started our effort to build WTU campuses. WTU campuses are comprised of Battalion and Company Headquarters, American with Disability Act (ADA)-accessible barracks, and Soldier Family Assistance Centers (SFAC), all of which are IMCOM-provided facilities.

WTU barracks are different from any other barracks the Army has constructed. Other than these newly constructed WTU barracks, all Army barracks have been, and continue to be, designed and constructed for able-bodied Soldiers with no consideration for full ADA and Architectural Barriers Act (ABA) compliance, much less Accessibility Guidelines compliance. Congress appropriated $1.2B of Military Construction funding over four years (FY2008 through FY2011) specifically for the design and construction of 20 healing campuses for the care and transition of wounded, ill, and injured Soldiers. As part of these campuses, the barracks have been designed and constructed to fully comply with ADA-ABA Accessibility Guidelines.

In instances where no military construction was appropriated to construct dedicated WTU campuses, IMCOM has modified existing facilities to accommodate the WTU mission and WTU Soldier population. Additionally, IMCOM has the authority to procure leased hotel or apartment space, either on- or off-post, to meet the requirement to provide the WTU Soldiers adequate housing. Currently, the average occupancy level of WTU barracks is near 50%.

The SFAC is a collection of support services created to meet the Army objective to provide integrated support for WTU Soldiers and their Families in a "one-stop shop" setting located within or near the WTU. Services provided by the SFAC equip and aid WTU Soldiers and their Families in making life-changing decisions as they transition back to duty or to a veteran status in the private sector. The SFAC provides the

following services: military personnel services; transition and employment assistance; government entitlements and benefits assistance; education services; social services; legal assistance; financial assistance; pastoral care; and child care. SFACs also provide services to the Integrated Disability Evaluation System (IDES) Soldier population.

Staffing. Every two years, the WTC conducts a manpower analysis and uses time and task analysis to ensure our staffing models and ratios best serve the needs of our Soldiers. From squad leaders and company commanders to occupational therapists and nurse case managers, our manpower studies ensure the proper cadre-to-Soldier ratios are not only appropriate and meet the needs of our Soldiers, but are standard throughout the WCTP. Our WTU organizational structure is ratio-based (e.g., 1:10 Squad Leader-to-assigned Soldiers, 1:20 Nurse Case Manager-to-assigned Soldiers, or 1:200 Primary Care Manager-to-assigned Soldiers), allowing the WCTP to expand and contract based on the total number of Soldiers within the program. The WTC will ensure the proper staffing ratios are maintained, while retaining a level of flexibility to meet the future needs of the Army.

In years past, the WCTP primarily focused on two different, but equally important, efforts: Building the right multi-disciplinary medical team to manage the Soldiers' care and selecting and training the right cadre members to serve within our WTUs. Going forward, additional emphasis will be placed on ensuring our Soldiers are ready to face the challenge outside of military service. We will continue to work to improve our staff and cadre training and ensure our Soldiers receive world-class healthcare.

Force Structure and the Strategic Posture Review (SPR). We recognize our population is changing, and must adjust to their needs and the needs of the Army. To ensure the command is servicing the needs of our Soldiers and Families consistent with guidance issued by the Department of the Army and the U.S. Army MEDCOM, the WTC performs semi-annual programmatic reviews of its force structure through SPRs. Responding to an enduring requirement and a declining "wounded warrior" population, the WTC will

continue assessments in accordance with the Army's intent that the WCTP maintains the appropriate capacity and capabilities to execute its mission. In the past 30 months, the command completed three reviews, resulting in both capacity adjustments as well as the inactivation of several units. The latest review led to the Army restructuring its WTUs beginning in October 2014 (this was the fourth time the Army adjusted the number of WTUs while still maintaining the proper staffing ratios). Beginning in October 2014, the Army established Community Care Units (CCUs) across 11 installations. These changes were made in an effort to improve the care and transition experience of our WTU population while optimizing the program's structure in alignment with Army force structure, reduce unnecessary administrative procedures, improve command oversight, standardize Soldier experience and outcomes, and better leverage available resources. As those CCUs have just recently been activated, our Organization Inspection Program will include an overview of the effectiveness of the new CCUs in support of the WTUs. Lessons learned and best practices gleaned from these reviews can then be implemented WCTP-wide.

PROGRAM.

Entry Criteria. The Senior Installation Commander (General Officer), the MTF commander and the WTU commander comprise the triad of leadership responsible for establishing processes to determine which Soldiers enter their respective WTUs. Ultimately, it is the Senior Commander's responsibility to ensure Soldiers who are approved for assignment or attachment to a WTU meet the entrance criteria specified by the WTC serving as the Army's proponent for warrior care.

For Soldiers in the active component and Active Guard Reserve (AGR) to be eligible for assignment to a WTU, they must generally have a physical profile for more than six months, with duty limitations that preclude the Soldier from training or contributing to the unit mission accomplishment, and a level of clinical complexity that requires clinical case management. If a Soldier's psychological condition is evaluated by a qualified medical or behavioral health provider and determined to pose a substantial danger to

self or others (if the Soldier remains in the unit) that Soldier also may qualify for entrance into the WTU.

For Soldiers in the reserve components (National Guard and Army Reserve) to be eligible for entry into a WTU, their medical condition must have been incurred or aggravated in the line of duty during an active duty status and their condition must require definitive care.

Cadre Training. Our cadre plays key roles in the WCTP. Therefore, cadre training is paramount to our oversight activities. Their job is very demanding and requires a wide range of leadership skills. Consequently, WTU cadre undergo additional screening processes and are required to attend supplemental training. Senior Commanders at each installation are responsible for identifying, screening, and selecting best-qualified candidates to fill WTU cadre positions. Soldiers identified for cadre positions have served successfully in leadership positions, display a strong potential for promotion, have completed all required Non Commission Officer Education System (NCOES) for their grade and completed a Sensitive Duty Assignment Eligibility Questionnaire.

Starting in July 2009, the MEDCOM required that unit cadre be trained according to their roles within the WTU. The Department of Warrior Transition (DWT), Army Medical Department Center and School serves as proponent for standardized cadre training and conduct the Cadre Training Course ten times per year. The course is designed for assigned squad leaders, platoon sergeants, company level commanders, first sergeants, and nurse case managers. Additionally, cadre attend the Comprehensive Resiliency Course (CRC) that incorporates much of the Comprehensive Soldier and Family Fitness Master Resilience Training concepts, into a resident course. The CRC was created to help meet the challenges cadre face as they manage our wounded, ill, and injured Soldiers and Families through the complexity of care and transition.

Training is not limited to those serving in first line supervisory positions. All WTU Commanders and Command Sergeants Major attend the MEDCOM Pre-Command

Course. The mandatory Senior Leader and Clinician Course, held quarterly, provides new commanders, sergeants major, and WTU clinical leaders training on WTC policies and doctrine, and current command level issues, initiatives, and guidance. Also, all nurse case managers (NCM) assigned to the WTUs attend a comprehensive distance learning course designed to provide a firm grounding in Soldier and Family care management within 60 days of assuming a NCM role. There is also a preceptor period after the course that must be completed at duty station.

Finally, many of the cadre assigned to the WTUs have the opportunity to attend the Comprehensive Soldier and Family Fitness (CSF2) Master Resilience Trainer (MRT) Course. The curriculum is designed to promote mental skill development and coping techniques through education and application. Key focus areas include instilling a sense of ownership in the Soldier's rehabilitation and transition process, maximizing abilities as opposed to disabilities, and inspiring Soldiers regarding their future. In coordination with CSF2, the WTC sponsors two MEDCOM-specific MRT courses each year. WTUs also host resilience workshops for cadre, Soldiers, Families, and caregivers on a reoccurring basis. Resilient cadre creates a more resilient environment for healing and transition. Today, our WTUs have 217 cadre who are Master Resilience Trainers.

COMPREHENSIVE TRANSITION PLAN AND TRANSITION ACTIVITIES.

Comprehensive Transition Plan (CTP). The WTC's Comprehensive Transition Plan (CTP) is the overarching methodology to support a Soldier's rehabilitation and ultimate reintegration back to the fighting force or to the community as a productive veteran. The CTP is developed by the Soldier for him/herself, and is a future-oriented, aspirational action plan that places Soldiers and their Families at the very heart of the Army's WCTP. The CTP is the core of the WCTP. It focuses on the Soldier's future and aligns with the domains of strength within the Comprehensive Soldier Fitness model of physical, emotional, social, Family, and spiritual, and includes the additional domain of career to establish goals that map a Soldier's transition plan towards self-

reliance and independence. The Soldier owns his or her CTP and it empowers him or her to take charge of his or her own transition with the support of Family and the interdisciplinary team.

A triad of care (squad leader, nurse case manager, and primary care physician) and a multi-disciplinary team of professionals support the Soldier by helping them to develop a CTP and every Soldier in a WTU begins their CTP upon assignment or attachment to a WTU. Soldiers must complete all six CTP processes: in-processing, goal-setting, transition review, rehabilitation, reintegration and post-transition.

Transition Activities. Career and Education Readiness activities are the centerpiece of effective transition from the Army for wounded, ill and injured Soldiers and include remain-in-the-Army work assignments (RIAWA), internships, or education/training. In calendar year 2014, of our Career and Education Readiness eligible population, 32% participated in RIAWA, 13.3% in internships, and 31% in education or training opportunities.

Transition Coordinators (TC) support WTU Companies. The TC implements procedural, administrative, regulatory and policy guidance of the Warrior Transition Program. The TC integrates employment, education, and internship support elements found on and off the installation to enable a successful transition plan. The TC serves as the WTU staff coordinator and point of contact for all Career and Education Readiness programs. These staff members will provide intensive career and employment preparation services to each Soldier and their Family.

The Soldier for Life (SFL) Transition Assistance Program (TAP) provides robust transition assistance as part of new Veterans Opportunity to Work entitlements for all eligible Soldiers. Soldiers complete a 12-month post-transition budget, identify any skill gaps during a “Military Occupational Specialty” crosswalk with civilian occupations, and complete career assessments in order to effectively make career decisions. WTC has nested its CTP program elements within the SFL TAP process, which blends SFL TAP

activity with additional opportunities including volunteer internships and college education.

DoD's Operation Warfighter internships and the Department of Veterans Affairs' (VA) Coming Home to Work program provide wounded, ill and injured Soldiers the opportunity to work in a desired occupational area as volunteers while still on active duty, gaining valuable civilian work experience. Such opportunities are particularly valuable as they help Soldiers overcome their apprehensions about entering the civilian workforce and provide employers with the confidence they need to be willing to hire veterans.

The VA's Vocational Rehabilitation and Employment program (VR&E) allocated 200 new vocational rehabilitation counselors for 71 separate military installations, giving Soldiers and other service members early access to VA vocational and educational counseling.
Army WTC and VA's VR&E staff conduct joint site visits to Army installations to ensure that interagency staffs collaborate effectively to provide career counseling, testing, and services to wounded, ill and injured Soldiers in support of their personal employment goals. Site visits at ten locations will occur this fiscal year.

We also work closely with the United Service Organization to provide high-tech résumé and interview workshops across the WTU enterprise to complement existing programs and prepare Soldiers and Spouses for a successful transition from the Army to the civilian workforce. In calendar year 2014, 51 workshops were conducted with 750 participants and an estimated 39 workshops will be conducted in calendar year 2015.
In an effort to make certain each Soldier has an employment resource available on transition, Soldiers are provided contact information for their hometown DOL Disabled Veterans Outreach Program or Local Veterans Employment Representative prior to transitioning from the WTU. WTU Staff are also required to refer Soldiers to the DoD Education and Employment Initiative regional coordinator not later than six months prior

to the anticipated transition date for enhanced support regarding employment and education.

Army Wounded Warrior Program (AW2). Since April 2004 with the onset of the Disabled Soldier Support System, AW2 has assisted and advocated for our most severely wounded, ill, or injured Soldiers, their Families, and Veterans. Any Soldier with a disability rating of at least 30% in one or more specific categories, as well as those who have a combined rating of 50% or greater for any other combat or combat-related condition are AW2-eligible. Currently, AW2 assists and advocates for more than 22,400 severely wounded, ill, or injured Soldiers and their Families.

Exit criteria. As with entrance eligibility, exit criteria differ upon Army component. A Soldier departing the WCTP can either return to the force, or be separated or retired. Active component Soldiers wishing to return to duty can do so provided any of the following are met: their primary care manager determines the Soldier can return to duty; the Soldier is found to be fit for duty by a physical evaluation board; or the Soldier is accepted for continuation on active duty.

Active component Soldiers must separate or retire if they meet one of the following conditions: the Soldier fails to meet the Army retention standards described in AR 40-501, *Standards of Medical Fitness, Chapter 3, Medical Fitness Standards for Retention and Separation, Including Retirement*; or, the Soldier is eligible for, and elects to accept, a non-medical retirement.

Reserve component Soldiers will exit the WCTP by either a release from active duty or separation/retirement; upon completion of the disability evaluation system process with a finding of fit for duty or continuation on active reserve status; because they do not fulfill their medical and military responsibilities according to WCTP Policy Memo 13-009 (WTU)/Community Based Warrior Transition Unit Soldiers Medical and Military Responsibilities, dated 03 Nov 2013; or because an incarceration is expected to exceed 30 days in duration which prevents the Soldier from participating in the CTP.

A reservist, not on AGR status, can exit the WCTP through retirement or separation when one of the following are also met: completion of the disability evaluation process with a finding of not fit for duty; administrative or UCMJ actions recommending separation/discharge from the Army; or a Soldier's eligibility for, and election to accept, a non-medical retirement is met.

OVERSIGHT. This is a highly emotional mission and the stress on our Soldier's Families, cadre and caregivers is considerable. We are constantly adjusting our program to the emerging needs of our Soldiers and have robust oversight programs in place to address individual concerns and to identify policy or procedures that need modification or implementation.

Internal. Since 2009 we have implemented multiple policies and programs to address Soldier/Family care, cadre selection and training, and increase our oversight of the WCTP.

Triads Care/Leadership. Triad of Care (squad leader, nurse case manager, and primary care manager) and Triad of Leadership (senior installation commander, Military Treatment Facility, and Warrior Transition Unit) are individually focused on the WCTP Soldiers' recovery and transition. Soldiers meet with their Triad of Care every 90 days to discuss progress issues specific to their care and transition.

Ombudsman Program. One of the most important tools used by the WTC to assess and resolve individual Soldier issues is the MEDCOM Ombudsman Program. The Ombudsman program was established by MEDCOM as an outgrowth of the Army Medical Action Plan in 2009. The Ombudsman functions as a resource in support of both WTU and non-WTU Soldiers (with medical issues), as well as their Family Members. Ombudsman are DA Civilians specially selected based on their experience, determination, and passion to help Soldiers. They are located at 35 locations in the United States, Puerto Rico and Europe.

Following the airing of complaints about conditions at Walter Reed Army Medical Center and elsewhere in the media, the Army was quick to engage problem solving solutions to insure all Soldiers and Family Members that they could expect the very best healthcare. Simultaneously, steps were taken to improve infrastructure and streamline administrative actions associated with the Physical Disability System. The final pillar in the strategy was the creation of a vehicle Soldiers and Family Members can use to air grievances and obtain assistance resolving problems. Since it was established in 2007, over 54,239 Soldier and their Families have used the Ombudsman Program to help resolve their issues.

The WTC's relationship with the Ombudsman Program is paramount to it's success as it facilitates identification of issues which may not be realized through other processes. This success is based on continuous engagement. The WTC reviews daily ombudsman reports provided by MEDCOM Medical Assistance Group. These reviews enable the WTC Commander to engage with local commands or direct WTC staff to assist in resolution of select Soldier complaints, interview the Ombudsman on unit trends as part of the WTC's Organizational Inspection Program (described later in this document), and hiring of an Ombudsman Liaison Officer at the WTC HQs in the 2st quarter of FY15.

Operational Inspection Program (OIP). Another successful program used to assess and resolve both Soldier and unit issues along with ensuring compliance to WCTP polices is our Operational Inspection Program. The OIP provides Senior Commanders and Regional Medical Commanders with an assessment of the performance of the WTUs in their footprint. The OIP team conducts sensing sessions with Soldiers and their Families to identify and resolve their issues. Inspections are conducted objectively to hold our system of performance accountable. Additionally, OIPs serve to identify systemic issues that require policy or program changes. The WTC's OIP team will conduct ten separate OIP visits to WTUs this fiscal year.

Soldier Options for Redress. Soldiers have many options available to resolve issues. A Soldier's chain of command is always available to assist, and Commanders have open door policies which make them readily available to the Soldiers. Commanders at all levels are required to hold quarterly town hall meetings with their Soldiers and Family members. Additionally, Soldiers can seek assistance from Equal Opportunity Advisors, Inspector General, Chaplains, and Ombudsman.

External. Since WTUs were established, the WTC, MEDCOM, and a number of external agencies frequently inspect and visit the WTUs. These include: the Office of the Secretary of Defense - Office of Warrior Care Policy; Department of Defense (DOD) Inspector General Office; Department of the Army Inspector General Office; the Government Accountability Office; the DOD Task Force on the Care, Management and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces; IMCOM; and the Army Medical Command. Members of Congress periodically perform oversight visits of the WTUs and conduct sensing sessions of the cadre, staff, Soldiers and their Families. All findings brought forth by these agencies are evaluated within the WCTP, addressed locally, and when appropriate, key initiatives are implemented to address areas requiring improvement across the WTC.

CLOSING. Since its inception in 2007, the WCTP has evolved to meet the changing needs of the Army while remaining focused on providing world class care to our Soldiers and their Families. Much has changed since the start of the program. In the midst of such change, one thing remains clear: A program centered on the idea of returning our Soldiers to the force or to a successful transition to civilian life will remain the central part of our mission. Our CTP will continue to be the foundation for our Soldier's transitions. No two are the same, yet this Soldier-centric plan is flexible enough to support rehabilitation and ultimate reintegration back to the fighting force or transition to the community as a productive veteran. The Triad of Care and the use of the multi-disciplinary team to manage the care for our Soldiers have served us well in the past and that, too, will be carried into the future.

As we move forward, we must maintain a level of scalability and flexibility within the program that allows us to meet the future needs our Soldiers and the Army. Today's WCTP population is much smaller than it was ten years ago; however, it is critical we maintain the capability to expand and contract. In years past, 50 percent of Soldiers exiting the WCTP returned to the force. This percentage is quickly changing as the number of wounded Soldiers decreases in the program. Now an increasing percentage of Soldier assigned in the WCTP are ill and injured and are less likely to return to the force due to the severity of their conditions. Just last month, of the 483 Soldiers who departed a WTU, only 24 percent returned to the force. As we focus on how best to aid our Soldiers in their transition, we must also reinforce and build upon those relationships we have already established with the Army Soldier for Life, Army G1's Transitioning Services, Operations Warfighter and the VA's Vocational Rehabilitation and Employment Service; while simultaneously increasing our efforts and resources within our Career, Education, and Readiness services as well as our Army Wounded Warrior Program transition activities. Likewise, we will continue to build partnerships with our veteran centric organizations like the Department of Labor, Department of Veterans Affairs, national and local business groups, and Veterans and Military Service Organizations.

The WCTP remains a highly effective organization with many success stories. Though the WCTP is seeing fewer wounded and more ill or injured patients, the WTU population remains complex and the need for the Army to continue to provide centralized oversight, guidance, and advocacy for this population will remain an enduring requirement. We've come a long way since the days of the medical holding company and long wait times for our injured Soldiers. We will not return to that setting. Warrior care remains an Army priority and a sacred obligation. We will not turn our backs on our Soldiers and our Families.