DEPARTMENT OF DEFENSE BLOGGERS ROUNDTABLE SUBJECT: WARRIOR CARE BRIEFER: COLONEL JIMMIE KEENAN, CHIEF OF STAFF OF THE WARRIOR CARE AND TRANSITION OFFICE MODERATOR: LINDY KYZER, ARMY PUBLIC AFFAIRS TIME: 10:02 A.M. EDT DATE: TUESDAY, JULY 8, 2008

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MS. KYZER: Okay. Again, this is Lindy with Army Public Affairs. I have Colonel Jimmie Keenan. She is the chief of staff of the Warrior Care and Transition Office. She's going to be discussing some policy changes made to improve soldiers' quality of life. So I'll go ahead and let her start with a few opening comments.

COL. KEENAN: Hi. Good morning. This is Colonel Keenan. Just first let me say thank you for coming online to blog with me today.

What I want to discuss with you is about where we're going with the Warrior Care and Transition Unit and with the Warrior Care and Transition Office. I've been with the Warrior Care and Transition Office now since its inception last April. And so in the last year what we've seen and what we've put in place is we put in place 35 Warrior Transition Units across the Army last June, you'll recall, and those 35 Warrior Transition Units reached full operating capability in January of '08.

What we've seen, though, is we've seen considerable growth from the time that we stood up the Warrior Transition Units last June. We've gone from about 6,000 warriors in transition to a little over 12,000 warriors in transition today. And with that growth, we have met with the chief of staff of the Army, the secretary of the Army and the vice chief of staff of the Army, as well as Sergeant Major of the Army Preston, and we've looked at where we need to go and what we need to do.

And so last week, on the 2nd of July, we published a FRAGO to our order that we had published last June. And in that FRAGO -- I'm going to go over some key points that are in our order. The most important part is that we want to continue to provide the same quality of care and support to our warriors in transition and their family. And that's the key point that General Casey made to us, that we have to continue to offer that.

And so the first thing that we're doing is we're making sure that our Warrior Transition Units are fully staffed by the 14th of July. And that is, of course, next week, next Monday. They have to be at 100 percent staffing and they have to maintain that.

And when I talk about 100 percent staffing, what we're doing is ensuring that our Warrior Transition Units are staffed to the number of warriors in transition that we have currently assigned. That means that a squad leader

needs to be at the ratio of 1 to 12. A nurse case manager at a medical center has to be at a ratio of 1 to 18. At a medical activity, let's say at a place like Fort Campbell, they have to be at a ratio of 1 to 36. And a primary care manager has to be at a ratio of 1 to 200.

Now, what we've found is, because of the rapid growth in our Warrior Transition Units, in some cases they weren't keeping up with the number of cadre they needed. But what the chief of staff of the Army has directed is that by next Monday, using assets that they have assigned on their installation, senior commanders, Warrior Transition Unit commanders and medical treatment facility commanders, also known as the triad of leadership, will ensure that their units are fully staffed.

And this will be using manpower from units that maybe have soldiers that are -- (inaudible) -- detachments that may not have deployed, as well as from hospital personnel. The G-1 has also been tasked to ensure that backfills are provided for those units and that we're able to get folks in -- (brief audio break). So, with that, that's the first directive that has to be accomplished by the 14th of July. Also that leadership triad is responsible for going out and ensuring, at their installation, that they look at the medical evaluation and the physical evaluation board and see what can be done to ensure the process is as seamless as possible. And what I mean by that is we find some installations have some best practices, and they're able to actually accomplish their medical evaluation boards in a fair and expedited manner, not that it's done so quickly that a soldier feels like they're rushed, but so that a soldier and their family does not feel like they're out there languishing.

So what we're asking is that the senior mission commanders, the MTF commanders and the Warrior Transition Unit commanders provide a best practice, what they're doing well, and also where they need assistance in their medical evaluation board process, as well as their physical evaluation board process.

Another thing that we're doing is last -- in December, we had published -- or the Army G-1 had published a policy about special-duty assignment pay, also known as SDAP, for our squad leaders and our platoon sergeants that are serving in our Warrior Transition Units. This is not an easy job that they have.

Initially that pay amount was set at $225. It also had initially required that a soldier, squad leader or platoon sergeant have at least two years of experience. Well, that was actually not mandatory but had been a suggestion, but it was put in there. And what we've done is we've gone back and we've modified the policy, and it's been published.

And it was effective on the 5th of June, so that now all squad leaders and platoon sergeants will receive -- instead of $225 a month, they will actually get $375 a month in special-duty pay. And that's after they've completed the mandatory training to become a squad leader or platoon sergeant in the Warrior Transition Unit. And this requires right now online training as well as mobile training teams have gone out and trained our non-commissioned officers.

Starting in October, they will actually receive formal training. New squad leaders and platoon sergeants will actually receive online training as well as training down at Fort Sam Houston at the Army's medical department center and school. And with that training, then they'll be eligible to receive the special-duty pay.

And the reason it's $375 is because when we looked at the requirements that these squad leaders and platoon sergeants have to these warriors in transition and their families, 24 hours a day, seven days a week, it's commensurate with a drill sergeant. And so we set it at that same amount of $375 because of the experience level that's required.

Now, the other key thing that we will be doing is we will be looking at all of our policies and procedures as we continue on. I think it's key that because this is a very dynamic process with our warriors in transition, we will continue to look at staffing. We will look at units' predictive models to determine, as units deploy and redeploy, as our Guard units and our Reserve units mobilize and demobilize, how that will affect our population. But the key point is that we will not cap our population. We will take care of all of our population and soldiers that require to be in a Warrior Transition Unit.

We've also put in place entry and exit criteria. The entry criteria to enter the Warrior Transition Unit really has not changed significantly, but what we've done is we've empowered our senior commanders at our installations to understand that they need to be looking at the soldiers that are being assigned to the Warrior Transition Unit to ensure that they are coming in for the right reasons, that they are coming in because they require that complex case management that a soldier, a wounded, ill or injured soldier would require in the Warrior Transition Unit. So that's an emphasis on that.

As far as exit criteria, what we're doing now is we've actually established exit criteria that allows the triad of leadership, as well as the triad of care, which is your nurse case manager, your primary care manager and your squad leader, in concert with that soldier and their family, to determine when is the best time for them to start to make the transition.

In some cases, that may be for a soldier who is at that point in his care where he may be down to one appointment a week or one physical therapy appointment every two weeks, and they're ready to transition back to their unit on that installation.

The other piece that's being worked by the Army G-1 is the orders process. This has been a frustration for our soldiers as they prepare to return to duty, that they have to wait for some time to receive those orders.

The Army G-1, Lieutenant General Rochelle, is working that issue with his staff to ensure that we get those orders cut as quickly as possible and that it allows the soldier the proper amount of time and his family the proper amount of time to make that transition whether it's across the installation or whether it's to another installation in CONUS or overseas. Those are the main points that I wanted to cover with you. I've been doing all the talking. I'll be happy to take any questions right now.

LT. JENNIFER CRAGG (Office of the Assistant Secretary of Defense Public Affairs.) Ma'am, this is Lieutenant Jennifer Craig. We don't have -- we were expecting three bloggers on the call and they haven't joined us yet. I don't know what the problem might have been for them to connect, but if anybody contacts me after the call, then I will forward any questions to Lindy.

COL. KEENAN: Okay.

LT. CRAGG: In addition, there was another blogger that was not going to make it, but she wanted to listen to the transcript after the fact.

COL. KEEENAN: Okay.

LT. CRAGG: Some of the questions that I had is, you mentioned a lot of families when you were going -- family impact throughout your statement. And how are you incorporating the families into the warrior transition process? How are they included? Can you elaborate?

COL. KEENAN: Yes. One of the things that I believe is key, and I'll tell you -- you know, I had the opportunity last week to meet with a young 14-year-old daughter of a warrior in transition from Fort Carson. And she was here and she wanted to meet with me and talk to me about, you know, why I was an Army nurse. And one of the things that she told me, she said, "You know, I realize when my dad was wounded in Iraq, that it not only injured my dad, but it injured my family." And that's a key component for us when we look at this whole warrior care in transition program because we have to realize that we have a larger number of our soldier that have families, and I'm not just talking about spouses and kids, I'm also talking about moms and dads, cousins, aunts, uncles, grandparents. And when a soldier's injured, ill or wounded, it affects and it injures that family too. So we have to include them in the healing process, and we have to get them to a point where they learn to function and make that transition too because they have to set a new normal. Normal's not going to look the same anymore in many cases for these soldiers and their family. So we have to include them in the process, and we do that through several ways. When a soldier comes in, let's say to Walter Reed -- we'll give that as an example. When they're Medevaced from theater into Walter Reed, their family, you know, gets orders from the G-1 from Casualty Assistance. We are notified, our warrior transition unit's notified and they arrange to pick that family member up at the airport, no matter what time of day it is, and they'll bring them -- and that's their first introduction to the Warrior Transition Unit. So they're meeting that squad leader or that platoon sergeant or of that company commander that's going to be making that walk with them as they go to visit that family member for the first time.

We also link them into our Soldier Family Assistance Center. And our Soldier Family Assistance Centers that have been established along with our Warrior Transition Units and are run by the installation management command, what they do for us is they provide counseling for the family, they provide free child care, they make sure that that soldier's family has a room, they arrange hero miles for them. It's really like -- what we like to call an Army community service on steroids because they provide all these service in one location for the families. And when we talk about families, you know, I talked about, you know, familial relationships but it also includes, it could be a fiancee; it could be your best friend from high school. Whoever's going to help facilitate your healing, we're going to bring him to that soldier's bedside to work that. And then as part of the comprehensive transition plan, which the Army's implemented, the family is included in all aspects of that to include pastorial counseling, to include job and career development not only for that soldier but also that spouse.

And in addition, a key piece that we realize in the Army is the need for the counseling on relationships. We know that in most cases where we see instances of attempted suicide or folks that actually do commit suicide, it's usually because of a failed relationship. And if a relationship that you had before you left to deploy, or before you developed some devastating illness, if it wasn't good before, it's definitely not going to be better when a soldier is injured or ill or wounded. So we really work with families to ensure that that

counseling's available for them, that they're involved in their soldier's care so that they are able to make that transition along with that soldier, whether it's a transition back to duty or if it's a transition out of the military as a successful veteran who's proud of his service or her service and that's able to maintain a healthy relationship. So that's really the key components that I see that we have -- that are integral to the Warrior Care in Transition Plan.

LT. CRAGG: Thank you, ma'am. And then, my next question deals with reserve and active duty. Are they placed together in these 35 Warrior Transition Units? Are they separated? COL. KEENAN: No, they're all placed together. Now, before the Army Medical Action Plan, now Warrior Care in Transition Plan, they were separated. We had med holds which were the active component, COMPO-1 soldiers, and then we had med holdover units which were COMPO- 2 and 3, our Guard and Reserve soldiers. What we did is when we stood up these Warrior Transition Units on the 15th of June last year, is we took those two separate entities and made them one unit because what we found is that there was this perception of have and have-nots. And what we've done with the Warrior Transition unit, not only are soldiers all three COMPOs but they also -- their cadre members are all three COMPOs. So we have Reserve members of our cadre as well as Guard members of our cadre and COMPO-1 members of our cadre so that we have a good mix of -- not only of our cadre, but taking care of these warriors in transition but everyone receives the same level of services, no matter what COMPO they are.

LT. CRAGG: And can you explain, because you did hit on the date, June 15th, when -- last year June of 15th, what differs from the new policy that's been released to what was released last year? What are the significant changes? Is it the number of PCMs or is it the fully staffed by 14 July, or -- can you explain?

COL. KEENAN: Yes. I think the biggest difference is, one, we've clearly defined entry and exit criteria. We did not have exit criteria in there a year ago. The other thing that we've done that the Chief of Staff of the Army and the Secretary of the Army have done is they've empowered our senior commanders on our installations along with the medical treatment facility commanders and the WTU commanders to be able to implement staffing changes immediately. Before, they had to submit request up and request additional staff. Now, they're able to make that change on the ground. They don't have to wait. They make that change and then they submit it up to get documented for positions.

And then I think the other key change is that we've been able to add the special duty pay for our squad leaders and our platoon sergeants because we realize now after a year how hard it is, the job that we've asked them to do because they're responsible for their soldiers 24 hours a day seven days a week, and they don't get really a break. And so we are recognizing the job that they're performing and the difficulty of it.

And I believe also another key point is that we've identified within our processes where we need to make improvement. I think General Cheek, who is the director of the Warrior Care in Transition office and also the Assistant Surgeon General for Warrior Care in Transition, said it best. We fixed the things out there that were easy to fix. Now, we're having to work on the really difficult ones and we really see the medical evaluation board and the physical evaluation board processes as probably the most difficult thing. And if you go out and you talk to soldiers in the Warrior Transition unit, they believe it's the most difficult thing too. So we're putting a lot of focus on that now in

now our second year of our Warrior Transition units. And believe that another key piece is that we're focusing on ensuring that we're not staffed to what our table-of-distribution allowances say that we can staff to. We're now staffed based on what our requirements are.

And one of the things that we've found, as far as predictive models, is that when soldiers -- when units or BCTs get ready to deploy, we see an increased number of soldiers come over to the warrior transition unit. When units re-deploy, we also see an increase. And now we are building a predictive model based on our cycle of units deploying, so that we can better predict by location and be able to get the staffing to that location before we have a deficit of staff. So we are now in a more, I think, a proactive mode with staffing than we were a year ago.

LT. CRAGG: And then just two more questions.

COL. KEENAN: Okay.

LT. CRAGG: The next one is, for your squad leaders and your platoon sergeants -- and I believe you said a drill sergeant was added to the mix. I don't know if I'm --

COL. KEENAN: Now, their pay -- I'm sorry if that was confusing. Their pay is at the same level as a drill sergeant.

LT. CRAGG: Ah, that's it! Okay.

COL. KEENAN: Yeah.

LT. CRAGG: Did you -- do you have any stories of any of these squad leaders or platoon sergeants -- they were warriors in transition themselves?

COL. KEENAN: Yes. We've had several that were warriors in transition. And what happens is if they're interested in being a cadre member as they transition out, what they can do is they can -- as their packet is being processed, they can let their S1 know and they're able to apply to be cadre members.

We believe that that's important, because they have an understanding of the process probably better than anyone else. And I'll tell you, they do amazing. Our squad leaders and our platoon sergeants, I have to tell you: You always hear about bad stories, but you never hear about the good stories. And in many cases, because of their diligence in ensuring that these soldiers are taken care of, they've saved several soldiers lives who might -- like up at Walter Reed, we had a soldier who had not showed up for formation. His squad leader went to find him and indeed found him having a seizure on the floor in his barracks room, was able to start CPR on him and saved his life.

So they're doing amazing things out there, because they really take it to heart that we will never leave a fallen comrade, that they will be there to walk with them every step of the way through this process. And not only to walk through that process with them, but also with their families. And that can be the most difficult part, because our families come from all walks of life. And some do not have military experience, so just -- it's very difficult just to see your child, you know, grievously injured or ill, but to have to try to understand our military jargon and what we do is difficult as well.

LT. CRAGG: And then with regard to my last question is -- I know it runs the gamut -- but how long are the lengths of stay -- it really depends on the injuries -- for some of these warriors to stay in the warrior and transition units? I mean, it must range or varies.

COL. KEENAN: It does. And it all depends on the severity of the injury or the illness, but the average is about 180 days. But we do have some that stay longer. If you've got a burn patient, let's say down at Brooke Army Medical Center in the Army's Burn Unit, they may have to stay for over two years because of the extensive burns. Most of our amputees -- they range usually to a year to 18 months is what's required, depending on the number of limbs that they have amputated or the complications from other injuries. And then with our TBI patients, that also ranges as well. But just average across the board is 180 days.

LT. CRAGG: And of that, what is the percentage that return to active duty? Do you know?

COL. KEENAN: Well, that's an interesting point. If we look longitudinally from 2004 until now, it's about between 65 (percent) and 70 percent return to duty since 2004. But if we look in the last few months -- and we really think this is because of the number of medical evaluation board and physical evaluation board folks that have been moved over in the warrior transition unit -- it's about 50 percent.

But if you look longitudinally from 2004 to 2008 it's between 65 (percent) and 70 percent.

LT. CRAGG: Okay, thank you, ma'am.

COL. KEENAN: Okay. LT. CRAGG: And if there's any follow-on questions from any of the bloggers who couldn't make it, I'll be reaching out to them and asking them to listen to the transcript. And if there's additional questions, like I said, I'll be forwarding them to Lindy.

With that, ma'am, do you have any closing comments?

COL. KEENAN: Yes.

One of the things that -- I think it's important that our bloggers could help us with is that we do need soldiers helping our warriors. And we're looking at warriors in transition as far as for -- particularly when I look for nurse case managers and primary care managers is that we're really wanting to reach out to our retiree population that's out there that might want to be retiree recalls to nurse case managers or primary care manager positions.

Also, we are looking at our warriors in transition now that could continue on active duty or that would be interested in cadre positions. But we definitely need some help with recruiting some of our positions, as well as understanding what other venues besides retiree recall, as well as the IRR out there.

We do have civilian positions that are open, and so I encourage folks that if they want to help our warriors in transition, that this would be a great venue, if they have those skill sets, to look at applying for those types of positions.

Also, I think it's important to realize the resources we have put in place for our warriors in transition. You know, we didn't have this chain of command out there -- these warrior transition units with squad leaders, platoon sergeant, nurse case managers, primary care managers, company commanders and battalion commanders out there -- to support these warriors in transition. We now have over 2,800 cadre members and we're growing to support them.

We also have ombudsmen located at all of our facilities that are there if a warrior in transition or their family feels like something's not getting answered or if they have an issue with care or support, that the ombudsman will be the honest broker for them and work their issue.

The other thing that I'd like to mention is our 800-hotline -- our wounded soldier and family hotline that was stood up last March. It's doing a phenomenal job. In fact, they're working their way out of business, they think, because their calls have dropped. And we think some of the reasons why their calls have dropped is because we now have this chain of command in place and we also have the ombudsmen available there at the facilities for families and soldiers to talk to.

But the 1-800 number is 1-800-984-8523 and they're available 24 hours a day, seven days a week to answer anybody that calls. They'll answer their question for them. They will make sure that that question is followed up within 24 hours. And then they have to follow up again in 72 hours to make sure that there aren't any other issues or concerns that they have about their call to the hotline.

So with that, again, thank you for letting me come on and blog with you. I really appreciate it. I think communications is key in our business. It reduces the confusion. It also opens some very good dialogue on how we can continue to improve our program.

Thank you.

LT. CRAGG: Thank you, ma'am.

Lindy, did you have any closing comments?

MS. KYZER: No. Just hopefully, like I said, we'll toss out the transcript of this and as other questions come up, we'll certainly be happy to provide more information.

LT. CRAGG: Okay, Roger that.

Thank you, Colonel Keenan. And thank you, Lindy Kyzer for attending.

Today's program will be available online at the blogger's link on dod.mil where you will be access a story based on today's call, along with source documents such as the colonel's bio, audio and the transcript as well.

Again, thank you, Colonel Keenan.

And this concludes today's event. Please feel free to disconnect at any time.

END.