

DEPARTMENT OF DEFENSE BLOGGERS ROUNDTABLE WITH BRIGADIER GENERAL GARY CHEEK,
U.S. ARMY, WARRIOR CARE AND TRANSITION OFFICE VIA TELECONFERENCE TIME: 1:01 P.M.
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LINDY KYZER (Army Public Affairs): Okay, everybody, we'll go ahead and
get started. Again, this is Lindy Kyzer with Army Public Affairs. Thanks so
much to everyone who's on the line.

As you all got notice of in the advisory, this month is Warrior Care
Month. So we're very pleased to have with us Brigadier General Gary Cheek,
director of the Warrior Care and Transition Office. He's here to discuss
Warrior Care Month, that month-long DOD-wide effort to educate the military and
increase awareness of warrior care programs.

So with that, I'll go ahead and turn it over to General Cheek. Thank
you so much for being here.

GEN. CHEEK: Oh, thanks. And to, I guess, the folks on the other end,
I'll just say -- let me just say a couple things up front and then I'll sit back
and to the best of my ability answer any questions that you might have. But
yeah, the month of November is Warrior Care Month, is really a Department of
Defense initiative. And to be honest with you, I really think we got some great
guidance from Secretary Gates on how to focus our efforts for this month. And
what he principally told us was -- is to make this focused on the Army's
internal audiences and -- so that we can talk to soldiers and their families
about what we're doing to provide care for our wounded, ill and injured soldiers
as a centerpiece of that and primarily so that we can make them aware of the
different programs that we have and then also some of the changes and
initiatives that we're working on.

And so a big part of what we want to do is reach out to, you know, our
own internal audiences in a number of ways. And we're really doing this across
the Army. So over the course of this month, you'll see a lot of articles in the
Army's installation newspapers and then maybe even some of the more national
newspapers like Army Times that reaches to a lot of our audiences and then also
with our, I guess, some of our television media as well.

So on, like, the Pentagon channel, you'll see film clips, and then on
the Internet we're also doing some work.

And we've asked -- just as an example -- for each of our warrior
transition units over the course of the month to provide us some video vignettes
about some of our soldiers and their experiences in the unit. And in fact, if

you wanted to go look at that website, it's actually at www.warriorcare.mil, is one of them, and then the other one that's the Army's specific website, you would go to www.army.mil/warriorcaremonth, which has got, like I said, several vignettes and a lot of other things that are posted in there.

And so we really do want to reach out, talk to our internal audiences, and then I would also say listen to our internal audiences as well, and see how we might be able to make our program better.

If you think back to about 18 months ago, in February of 2007, the Army, and specifically from Walter Reed, came under a lot of criticism for our outpatient care. And just to be completely honest, when we looked internally at ourselves, we really did see a lot of problems with the way we were taking care of soldiers that were in rehabilitative care. So we have really, in many ways, transformed that, in terms of the facilities that we use, the services that we provide and the leadership that we have dedicated to that effort, which includes the medical management folks that help work soldiers through that.

Now, all that effort, you know, over the past year or so has given us a dramatic change, and then I think, if I had to look forward now to the next year, we really want to focus on improving the performance of the unit. Specifically, can we make our administrative processes, board processes, better and more efficient? And we also want to make the soldier and the soldier's family the centerpiece of that effort.

And we want to make the soldier very much a part of, and responsible for, their rehabilitative program, and we want to work hard to measure, you know, how well we're doing satisfying soldiers' needs, families' needs, through surveys and other things, and then listening to them to continue to refine the program.

And then in the end, what we want to have is something that is more predictable than it is now, where we can help soldiers and families understand where they are in their process, what is coming up next, and ultimately make them very confident about their future, that they can step forward -- either return back to the Army and serve us in a unit, or confidently step from the army into civilian life.

And so that, I think, just gives you kind of a nutshell of where we've been, where we kind of see ourselves right now and then what we want to do in the future.

So giving you that kind of overview, let me step back. And I'd be glad to answer any questions.

MS. KYZER: Okay.

Does anybody have a question?

Q Brigadier General, Mike Schindler, Operation Military Family. I do have a question.

With regard to you wanting to keep this internal, what about extended family members? Do you want the word to get out to extended family members?

GEN. CHEEK: Oh, absolutely. In fact, I consider all of those to be internal audiences.

Q Okay.

GEN. CHEEK: And maybe it would be more like concentric rings as you move out.

I mean, you would start with the soldier as the start point, the soldier's, I'll say, immediate family and then their extended family, then the Army in general and then Army families in general. And it would even extend out to, I don't know, key decision-makers like members of Congress and others and even the general public.

But we want to do as much as we can for every part of the Army's family. And we know, just as an example, a good illustration is a soldier that was wounded in combat and has been evacuated back to Walter Reed.

If that's a single soldier, then really that soldier's immediate family is his or her parents. And so how we can help those parents, notify them, bring them to, say, Walter Reed or another hospital, to see their loved one, is pretty critical.

And you know, from my perspective and what I understand, in visiting places like Walter Reed and Brooke Army Medical Center, we're doing pretty well, I think, on those first stages. In other words, we do a good job of helping families get to see their soldier and take care of them, once they arrive at an installation.

I'm not so sure we do as well over time. And that's probably where we'd like to focus, is doing better as soldiers continue their rehabilitation and transition and how we communicate with families.

And given just again I've got 11,064 soldiers in this program, across the Army, but I've also got 11,064 unique individuals with unique medical problems, unique family circumstances. And the family might be there and they might not be there. Yet we still have information and other things that we need to convey to them.

So it's a level of complexity that's pretty challenging, but it's one that we can't shy away from, because in the end we're looking for, how effective can we be in helping not just the soldier navigate the challenges that he or she faces, but also the soldier's family, and getting them involved appropriately, you know, in the process the soldier's going through.

Q Very good. Thank you.

MS. KYZER: Again, this is Lindy Kyzer, Army Public Affairs. We have with us General Cheek from the Warrior Care and Transition unit. Are there any other questions out there?

Q Lindy, this is Tammy Munson from ArmyHousehold6.com. When you're talking about the single soldiers -- and there are sometimes occasionally issues with his or her parents might not be together and there's some kind of internal things happening there. What is the Army doing to help kind of speed up the notification process within that?

GEN. CHEEK: I think we're -- that might be a little bit outside of my lane in terms of notification of it. But typically, for our units deploying,

they do a lot of work ahead of time to make sure that they are aware of family dynamics. And so when we have a soldier wounded, for example, we will reach out as quickly as we can to all the family members, in cases where parents are divorced or something like that. So we want to welcome them all.

And I'll give you a good example. In cases where we have soldiers killed in action, just as an example, where we used to just present a single flag to the family members, now pretty much whatever the family wants is what we will do.

The key thing, I think, in this is, involvement of families is, of course, paramount to the success of the soldier. I mean, family is a permanent part of everyone's life. And for many of these soldiers that are seriously wounded, the support network that the family gives is irreplaceable. I mean -- and I would tell people, we can never do enough for our families, period. I mean, there's just -- it's -- I couldn't think of anything that would be sufficient for what we ask them to do in terms of caring for their loved ones. And so it's a -- it is a big piece of that. The other part is, as a soldier, invariably in recovering from a serious accident or wound will be faced with medical decisions as to different treatments and options.

And family often is a -- is a part of that decision. And that can be both positive and negative. I mean, it can -- it can be times when there are some real conflicts among family members as to the right treatment and the soldier as well.

So it just -- you just have to, I guess, appreciate, in the end, the level of complexity that we're dealing with. And it's, like I said, difficult to satisfy folks in those circumstances, but it's something that, again, we can't shy away from it.

And I think one of the things that I would like us to do -- and we do have a great partnership with the Veterans Affairs -- the Department of Veterans Affairs -- but I'd like to see us do more for our families that are still helping our veterans that have since separated from the -- from the Army that are seriously injured to see if we can't do more to help them. And that could be something as -- you know, some type of monetary support. It could be some kind of training. Or it could be some kind of respite that we give them, an opportunity to get a break, et cetera.

So I think there's a lot of good things out there that we can still consider, when we look at families and extended families.

Q This is Karen, from Parents Zone. I'm wondering, is there counseling available for the parents who may not be as involved with the care of their soldier because perhaps that soldier is married and there's the usual in-law, outlaw type of dynamic going there? Is there something -- is there some kind of counseling that can be held with the families to help them work out these problems or is that something we should be encouraging our families to do before deployment?

GEN. CHEEK: I think -- wow, I would never discourage anyone, certainly, from counseling, et cetera. But I think the -- one of the key things that we do provide -- and it's different at every installation, but the circumstances are different. But if you go -- let's use an example of Brooke Army Medical Center in San Antonio, which is where some of our most seriously injured soldiers go, and in particular, those with burn injuries. The Soldier

Family Assistance Center there has a wide array of services that are dedicated to the family members of the soldiers that come through there. And those Soldier Family Assistance Centers will offer a wide array of counseling services and other things. And when we look at each soldier and sit down with them, you know, regardless of the severity of the wound, injury or illness, we're going to work with them to build a plan that works on their medical -- you know, their medical requirements, whatever their personal goals are, their education goals but also their family goals.

And so trying to make the soldier stronger and better, in every aspect of their life, is a key part of it. And so the family, the family is all part of that. And so linking up the family with the appropriate counseling and helping them deal with it, I think, is a key part of what we do.

Q Is there something we can do to assist the families in working this all out before deployment? Because when the soldier is injured or KIA, the emotions are so high that a lot of times, rational thought is just not possible.

Is it -- is there anything that any of us can do, to perhaps facilitate some sort of, you know, contract or agreement ahead of time, between families? Or is that something we're going to have to leave to each individual?

GEN. CHEEK: No. I think there is something we can do. But I would offer a little bit of caution in that I would venture to say, no matter what we do, those emotions will be extremely strong regardless. And of course, I would never try to say that we could solve that.

One of the things that the Army is doing is, maybe we're all kind of getting smarter here, I don't know. But we're starting to think about mental fitness like we do physical fitness.

And if, you know, the traditional Army day of 6:30 in the morning and an hour of physical training is pretty much how we start our day for, you know, the vast majority of soldiers, in the Army, we're starting to think that we want to do the same thing with mental fitness as well.

And in fact, this may sound a bit crazy, talking mental fitness here, but we're actually looking at, we may set up what I would call mental gymnasiums, where we bring soldiers in for mental fitness and we work on their -- on strengthening them mentally, through a whole host of different exercises and techniques that we would do.

And one of the things that we're doing as well is we are working with our soldiers prior to deployment with what we call battlemind training. And in fact, that's -- that is open to our families as well, to go through that training. And so that's a way that we can probably help a little bit.

But I would just -- I just would use my initial caution that I don't think anything can really prepare you for the -- you know, the mental anguish you're going to go through when your loved one is seriously wounded or killed in action. And I wouldn't -- I wouldn't even for a minute want to say that we can -- we can do that.

The -- if you want to look at this, it's on -- it's on the Internet on battlemind.org. And if you go there, it'll give you an idea of what I'm talking about.

But I think we're in the very beginning stages of this. In fact, one of our divisions -- I think the 101st -- was the first unit to deploy that had undergone battlemind training. And so we're doing some initial assessments to see if we've been able to improve the resiliency of our soldiers that have gone through that. And the initial results suggest that it's pretty positive. But I would also say we got a -- we've got a ways to go yet in making this as good and strong as we can.

So that would probably be the one thing that I would -- that I would point them to, and it is something that I think they can -- they can also find on the installation for the -- you know, for the immediate families that are there on the installation.

MS. KYZER: Great. Are there any other questions out there? Okay, well, I won't keep anybody long. I'll turn it back over to General Cheek for any closing remarks.

GEN. CHEEK: Yeah, first, I really do appreciate the opportunity to talk to you, and it's -- especially with families. And I -- you know, being a soldier myself and, you know, my wife of 20-something years as well has been with me through this whole journey, and so I think all of us have that special place in our -- in our heart in trying to do the right thing for the families.

And while I think the Army can give itself a lot of credit in doing a lot of positive things over the years, it remains a big challenge. And it is something that I want to get better at. And the population that I deal with, day to day, families are a key part of it.

And my sense is that we've done a lot to set up good facilities with wonderful people in them, but we haven't done a good job of getting the soldiers and their families to use those facilities.

And I think to some degree, we have to rethink the way we're doing this. And we're probably going to have to do a lot more outreach. And we're going to have to be a lot more mobile.

We're going to have to go to where the families are. And we're going to have to be very adaptive and try to look at the unique needs of each family and address those. Because every single one of them has got a whole bunch of different circumstances. And some of them frankly don't need a lot of help. And that may be another part too, is knowing when not to push real hard.

We do have a lot of things, on the Internet, that I would encourage all of you to share, with the folks that you dialogue with. Military OneSource is one that Army community service runs. And that can link people into counseling that they might want to seek before, during or even after deployments.

And so that's one of the things that, I think, you can do. And again I would refer you back to our Warrior Care website at www.army.mil/warriorcare. And then the other one is Warrior Care Month, I think, are both in there, and so some pretty good stuff for you to look at.

But again thank you for the opportunity to talk to you. And then also thank you, what you do every day. Because I think just your -- the audiences that you work with and that you communicate with, to keep them informed, I think, really helps us in what we're trying to do.

I kind of view us as being all on the same team, with the same objectives. And it's good that you're out there helping us with that. So again thank you very much.

MS. KYZER: Thank you very much, sir.

Thank you, everyone, for being on the line. You should have received the links to the army.mil Warrior Care site. I'll also make sure you get the link to that DOD site and the link to Battlemind.

I want to reiterate, we have no pride in ownership of these documents. So please include the links in your post. Copy the videos that we have and we're going to have all throughout this month. And if you have any questions on accessing that content or posting it and how to do that, you all have my e-mail address. So please contact me. This concludes the roundtable. Thank you again everyone for joining us.

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