

DEPARTMENT OF DEFENSE BLOGGERS ROUNDTABLE WITH GENERAL JOHN MACDONALD, U.S. ARMY, INSTALLATION MANAGEMENT COMMAND, FAMILY AND MORALE, WELFARE AND RECREATION COMMAND ALSO PARTICIPATING: DELORES JOHNSON SUBJECT: SOLDIER FAMILY ASSISTANCE CENTERS VIA TELECONFERENCE TIME: 2:05 P.M. EST DATE: WEDNESDAY, NOVEMBER 12, 2008

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LINDY KYZER (U.S. Army Public Affairs): This is Lindy Kyzer with Army Public Affairs again. I am thrilled to be joined by Major General John Macdonald. He's here to talk about Soldier Family Assistance Centers. He also has with him Ms. Delores Johnson. She is the director of Family Programs for the U.S. Army Family and Morale, Welfare and Recreation Command.

Can everyone hear me okay?

(Cross talk.) Okay. With that, we'll go ahead and get started. I'll turn it over to General Macdonald.

Thank you so much for your time.

GEN. MACDONALD: We are thrilled to have you all online and excited about being able to use this media, in the blogger world, and have decided to do something about once a month. So you'll see us offering this occasionally.

We'll have a different topic as we go round, according to what my Public Affairs folks allow me to talk about. (Laughter.) But we found that you all really get the word out. And so we're excited about what you have to offer and have decided to use that talent.

What we want to talk about today, as part of Warrior Care Month, and you all have done -- some of you were on with General Cheek and some of you were on with the secretary, last week, who talked about the real medical aspects of this.

We want to talk about the family and healing care that we bring, to the fight, to the mission of healing our young soldiers who have had injuries. And so there are a couple aspects of that. And then I'm going to let Delores talk a little bit about it.

What we realized is, we have often parents and families and girlfriends and spouses who come onto our installations where our major treatment centers are. And they've never been on an installation. They don't know which way is up. They don't know how to get on or get in or do anything.

So we realized that we really needed to have a specialized family care situation. We call that the Soldier Family Assistance Center or the SFAC. You know how we in the Army like acronyms, so the SFAC.

And what that really is, is it takes all the very most specific things for the -- to take care of a family and take care of a soldier and transition him or her to civilian life or back into the service.

We find that if we reduce that stress of, how am I going to get paid, how is my family going to get housed, where are my kids going to go to school while they're here, at Fort Sam Houston, because I'm here in long-term care.

When all that stress is reduced, in fact our soldiers heal much more quickly.

We also find that families certainly appreciate the care that we give them in the Soldier Family Assistance Center. So if I was going to characterize this, I'd really characterize it as an Army Community Services on steroids, or a concierge service, because we really are a one-on-one service.

So we've added a few things to the Soldier Family Assistance Center that are bigger than the ACS -- Army Community Services. We have the Veteran Affairs that are in with us. We have some specialized care, and often they're close by or in the SVAC for the Army Wounded Warrior programs. We have some great transition programs that are looking for the talents and discipline that our wounded warriors bring, and so we have some job transition folks to help our wounded warriors who've decided that they're going to move on and do something as a great citizen in our country. So we're very excited about what the SVACs do.

Now, I'm going to transition a little bit and hit on another couple of topics. Another very interesting program we started is the Warrior Adventure Quest, to help our young soldiers who have the symptoms of post-traumatic stress syndrome and post-traumatic stress disorder, and even some who have brain injury, not so much traumatic brain injury, but the mild concussions that still have impact.

What the Warrior Adventure quest is, it's not really a new program, it's a new flavor on an old program. We use re-creation -- we hyphenate that now. You used to call it recreation. It really started as re-creation years and years ago. And we put that in conjunction with our psychologists, who have worked with battlemind. And some of you asked about that on Friday.

Battlemind is a technique to do a debriefing and an after-action review after a traumatic event, both to prepare you to go in and to discuss that as you come out. And so we use high adrenaline re-creation activities, whitewater rafting, all-terrain vehicles, sky diving, rock climbing, ice climbing, snowmobiles.

When a youngster gets back up into that adrenaline rush that he or she was in before and then, with -- using battlemind and trained platoon leaders and platoon sergeants, they then talk them down -- how they felt before, how they felt with that rush of adrenaline like they did downrange, because that's really what the problem is.

They're still looking for that rush of adrenaline. And their brain and their body have not adjusted from being back downrange. They're pretty bored in

our five-mile-an-hour world, coming from their 90-mile-an-hour world of being in fast vehicles and wondering whether they were going to get hit by an IED or being hit -- or be in an ambush. And so we bring them back down from that rush, artificially induced by recreation, by high-adrenaline sports, and talk them down and step them down so they can adjust as they go.

The third thing that we're excited about in Army Warrior Care Month is our inclusive sports. We've begun to buy golf carts so that our disabled soldiers can play golf on our golf courses. And it's more than golf carts. You have to mark the golf course, because there are places those carts can't go.

We have begun to teach our youngsters how to play golf, those -- amazing to watch them on one leg -- balance on one leg and swing a golf club and hit the ball farther and straighter than I can -- football folks -- teach them how to swim again, teach them how to hunt and even teach them how to hunt when they're blind.

Absolutely remarkable what we're doing down at Fort Sam Houston with a number of World War -- I'm sorry, Vietnam veterans. One who's lost his eyesight, he has a double scope. He lines up the weapon and then a buddy leans over his shoulder and lines up the scope. And he's knocked out a bear and a moose and a deer -- pretty hard to hit birds, but they're pretty good at all the walking game.

And some of the youngsters who go out make a change instantaneously and their healing just takes off because they all of a sudden realize that they can do some of the things that they used to do before.

So those are three of the programs we're pretty excited about in Army Warrior Care Month. The biggest and most broad scope is the Soldier Family Assistance Center. I'm going to let Delores talk a little bit more about that, how long it's been in effect, what impact it has on our soldiers as we go. Delores?

MS. JOHNSON: Thank you, sir.

I want to talk about this from the perspective of the mothers and fathers and spouses who have had to change their lives to support that warrior, who has come back with a fairly complex injury.

The idea with the Soldier Family Assistance Center was to bring all those agencies together that that family might need, to help manage that soldier's aspect of -- each aspect of his life, whether that was military benefits and entitlement or connection to VA, or financial issues that needed to get resolved, and understanding how that whole process worked, to what are the range of agencies that are out there that can help with adaptive equipment or modification to homes, access for wheelchairs, and all the other kinds of things that a severe or near-catastrophic injury would cause and would have families work with.

The other piece is just creating a safe haven for families, on the garrison, where they could meet, mingle and get to know each other, as their warrior was healing through the process.

So that's the concept. And we know that for a lot of these families, it's been a very traumatic experience, and lots of personal stories of mothers

and fathers who have had to either quit their jobs, to help do this kind of work and to stay connected.

So it is looking at that soldier from the whole perspective. It is also a place where families, parents and spouses can learn safely the Army language -- (laughter) -- in the civilian community, and do that while they are learning where those resources are and who's important to that soldier's life.

So it's about creating comfort. It's about connecting people. And it's about making sure that families understand that the Army is there. We have talked to, on the other side of the spectrum, we have talked to a lot of survivors.

And one of the things that one of the survivors had said, I think, that struck a chord with me is, she said, you know, my husband always knew that the Army had his back, and so it's nice to know that I can see the evidence of that.

And so I think that's what kind of creating this network of support is all about. It's making sure that families understand, parents and spouses and friends and neighbors, that the Army has got the soldier's back, regardless of how the war impacts them.

So I think so that I don't take up a lot of time, we'll entertain your questions.

MS. KYZER: Did you have a question?

Q Yeah, I did. Now the SFAC is only on post. Is that correct?

MS. JOHNSON: They are on -- they're only on post, but we have a network of support located in communities called community-based health care organizations, CBCHO. And those are for those families that are not on the garrison per se but primarily those Guard and Reserve and geographically dispersed families out in communities. And they can get some continued care at those locations and then come into the garrisons for more extensive support.

We also have on our website, if you enter through Military OneSource or Army OneSource, a virtual SFAC, so that those families that just need to know what is available at Fort Hood or at Walter Reed or at Fort Sam Houston can go on and click on a link those locations and find out what kind of support, what kinds of activities are going on in those communities.

Q Okay. And do you also have counselors there for the parents and the -- you know, the spouses, et cetera, not just the soldier?

MS. JOHNSON: Yes.

Q Okay.

MS. JOHNSON: And let me explain that, because the counselors are -- we do not have social workers in the SFAC proper. What we have in the SFAC are information referral, and any of the staff that the soldier might come into -- come in contact with and -- and the family -- know that they need support -- we can reach back to the warrior transition unit for their social workers that are assigned or make a referral to a military family life consultant, which are folks who can actually come into the SFAC and spend some time with the families,

in a private setting, or we refer them to behavioral health specialists on the garrison.

And we try to make it as easy as possible. That's the idea behind the one-stop shop, is that the families don't have to go running all over a location.

Q Yeah, because a lot of times, as the general said, they don't know how to get on post, they don't know how to get around post. People use acronyms at them, and they have no idea what a DFAC is or anything else. MS. JOHNSON: Right.

GEN. MACDONALD: What's a DFAC? (Laughter.)

I'm kidding you. I know.

Listen, that's part of both what the teaming of the SFAC and the warrior transition unit do together. When they get a new soldier in and they've gotten some word that he's coming, then they are able to get in touch with the parents. Some of the warrior transition units -- they assign a squad -- they all assign a squad leader.

But they then have the ability to meet a parent at the gate and help them come in and work on a place to stay before they get there, both in a short term and then as they decide, some of them, to do a permanent change of station down to Fort Sam and help them get a house there on Fort Sam as the new place that they're going to live -- and I'm now talking about the spouse and kids. They will do all that.

So that teaming of the warrior transition unit and the Soldier and Family Assistance Center are a big key that we realized exactly what you just said. People didn't know how to get in the gate, because they didn't know how to speak the acronyms. And so that's exactly -- exactly why we put the SFAC together.

Q I'm wondering how you all handle the in-law, outlaw aspect? If the soldier is married, his spouse is there, and mom insists on coming too, is mom allowed to or -- do you know what I mean? Does the spouse get to say, "I don't want my mother-in-law here," or is that left all up to the soldier?

GEN. MACDONALD: That's pretty much in the family, but, I mean, you did the simplest of the situations.

Q (Laughs.)

GEN. MACDONALD: You can -- you can put an exponential number up there to those situations with a(n) ex-spouse who has kids that want to see, with a spouse that is separated and a new potential -- (inaudible) -- you can do sets of parents, you can --

Q Yeah.

GEN. MACDONALD: It gets pretty interesting, if -- word they taught me as a general officer, "interesting."

Q Sounds like a soap opera to me.

Q That would probably be a very mild --

GEN. MACDONALD: Well, it -- sometimes it does. It's tough business. And the families have to make those decisions. We work -- when we get into really tough situations, we work with the primary next of kin, depending if the soldier is unconscious.

Q Yeah. GEN. MACDONALD: If the soldier's conscious, we try and -- it's a lot of what the squad leader does, is help work him -- walk him through that. And sometimes they pick times that people come. And that -- so that's -- that gets to be interesting business.

Q Yeah, I'm thinking more and more a contract between the birth family, the married-into family and all the permutations of that would be a great idea to do before deployment.

MS. KYZER: Yeah, thanks, Karen, for that. And now, Terry (sp), did you have a question?

Q Okay. I've dealt with the military family life consultants quite a bit. How are you -- are they tying in real well with what you're trying to do there? Is that -- I know it's fairly new. Is that pretty successful so far across the board?

MS. JOHNSON: The entire military family life program has been very successful, mainly for two reasons, is we can give them to people when they need them and the information that they share in their discussions is confidential. And so this population is no different. I mean, everyone that we talk to -- every commander, every family, every soldier -- raves about the kind of support that they get from the military family life consultant.

Q Right. I think the only drawback I would see to it is the short-term time that they're in each different garrison. And you know, so if there's a family member or a soldier that is working with a military family life consultant and they've become comfortable with them, if it's their time to go to another installation, how does that transition affect some of those problems?

GEN. MACDONALD: Terry, let me -- let me qualify some of that. They don't go to another installation, they go back to their partnership that they pushed all their clients to their partner. And so these are patriots that come out for six months at a time. They love the work, a lot because they can just get to do the counseling part and not all the paperwork and not all the --

Q Exactly.

GEN. MACDONALD: And they -- but then they've got to go back and go back to their business. They all run businesses. Then people say, well, why don't you get more of them? We want them to stay longer. Because they can't keep their business open if they do that, one; their clients all go away. Two, we've offered all of them psychiatric, psychologist, social welfare positions. The -- Medical Command has got a huge -- you're wondering what your kid ought to do to have a job in -- (audio break) -- tell them to go into mental health or social welfare. My goodness they are -- we're looking for them everywhere, and so is the whole country.

Q Right, right. Yeah. And with the job that I do, I deal with them quite a bit and actually refer some of my clients to them.

MS. JOHNSON: We also should explain that each of the warriors have a case manager -- Q Right.

MS. JOHNSON: -- who pulls together the service plan and really kind of makes sure that whoever's having contact with the family, that that continuity is there.

And so there is kind of an ombudsman, an oversight person, who is making sure that all the needs are met and nothing falls through the cracks.

They also schedule staff meetings with other providers. So there's this nice handoff during those planning sessions or those case-management sessions.

GEN. MACDONALD: Well, we're very excited about the military family life consultants and, in fact, are able to move them around where we've got brigades coming back. And I say move them around; that means the next group that we hire in, we may move to a brigade that's been in very heavy combat, because we know they're going to have a number of issues when they come home.

Q Right, right, yeah.

MS. KYZER: Okay, and Debbie (sp), did you have a question?

Q I do, thanks. I was wondering what the criteria is for receiving services.

GEN. MACDONALD: In the SFAC, Debbie?

Q Yes.

GEN. MACDONALD: We've opened it to any of the spouses of our fallen warriors, and then it is any soldier that's in the warrior transition unit.

Q Okay. So they already have to be in the transition unit before SFAC steps in?

GEN. MACDONALD: Yes, ma'am, that's correct.

Q So how do you get introduced to them? Do they have to know to call you, or does the -- does a representative show up and say, "Hi, I'm your SFAC representative"?

GEN. MACDONALD: When we have the SFAC close to the warrior transition unit -- and this is some -- sometimes where we have buildings that are close together -- they're over roaming the halls all the time. And they find youngsters, and pretty soon, even as big as Walter Reed is, or -- or Brooke Army Medical Center, they -- they know all the troopers that are there and all the families. If it's across post, we've talked -- we have encouraged our SFACs to have a representative go over to the warrior transition units a couple days, three days a week, to go find what they're doing. But more importantly, the warrior transition unit chain of command -- the sergeant and the platoon sergeant and the first sergeant -- depend on the SFAC and take the soldier there because they take so much of the administrative, family care, schooling, child care, transition questions off the soldier -- the soldier leader's plate -- the

sergeant or the platoon sergeant. So every one of those warrior transition unit cadre know exactly where the SFAC is and what the phone numbers are.

Q Okay. And I also noticed, in the information sheet that we were given, that one of the services is coordinating -- you know, being a conduit to nongovernmental organization services. How would -- are you planning on keeping track of all those organizations and what their services are?

MS. JOHNSON: At the local level, it's easier to do. And so we rely on that SFAC director to make sure that they've got a good list of everybody who's in their area.

At this level we work with National Military Family Association. It generally has good tentacles out to all the organizations. And --

GEN. MACDONALD: America Supports You.

MS. JOHNSON: America Supports You, American Red Cross. So at this level, we are -- we are also then pushing information out about the SFACs.

Q Okay. And if a -- a local organization wants to offer their services, how would they do that?

MS. JOHNSON: Contact the SFAC director at that location.

GEN. MACDONALD: Or -- I'd start -- easiest, the garrison commander's name is right on the sign as you go in; I'd get in touch with him, and he'll get them directed to exactly where the person wants to contribute, because sometimes folks contribute to soldiers, but what they really mean is wounded soldiers or soldiers deploying or soldiers coming back.

And so beginning at the garrison commander or the director of Family and Morale, Welfare and Recreation -- he's a civilian on post -- they will help define where the person would like to contribute and make it just as easy as they can and get them started.

Q Okay. I have one more question for you.

MS. KYZER: Can I defer to Michael, and then if we have time we'll get back?

Q Sure.

MS. KYZER: Michael, did you have a question?

Q Yeah, you know, I do. I just want to ask this for clarity. This SFAC is only available to those in the transition unit, correct?

MS. JOHNSON: Correct. GEN. MACDONALD: That is correct. We still have the Army Community Services or, as you're familiar with, the Navy Fleet and Family services, the equivalent there. So we still have the ACS; it's available to all other soldiers. This is just a very focused one, for the healing of our wounded -- wounded warriors.

Q Okay. So is this -- sir, is this available to our Reserve and Guard -- so what about our Reserve and Guard families that aren't part of the transition unit? What would they seek, or how would they go about getting help?

GEN. MACDONALD: You have two ways to do that. One, we have a number of Reserve and Guard soldiers that are in these units -- as a matter of fact, about half, because we don't let them de-mob until they get fixed. If they've got a serious injury -- or even a, you know, a torn-up knee and they've got to get an operation -- they stay in the service. We get their knee healed and then take them through rehab until they're ready to -- to de-mob.

In some of these, we have the -- Delores used the old name, the Community-Based Health Care Organization. It's really the Community- Based Warrior Transition Unit now. We changed it last month. And so it -- that has a number of soldiers that are in care, and they've gone back to their home hospital because family's there, because the hospital's right, because their care is right for the hospital. It's a whole number of factors. And so that's a number of our Reserve and National Guard soldiers that are in the warrior-based -- I'm sorry, Community-Based Warrior Transition Unit.

MS. KYZER: Great. Is there anyone else out there who hasn't asked a question yet who has one?

Q Yes. This is Beth Wilson from Homefront in Focus, and I have two questions -- actually, three.

First one, how long has the SFAC been operating? And on top of that, is -- what kind of capture rate do you think that you're having of the number of families utilizing your services?

GEN. MACDONALD: Delores and I are looking at each other because time doesn't fly up here, it accelerates.

Q Sure. (Laughs.)

GEN. MACDONALD: And so we got started in January. We had our first -- the first training was in the fall last year, right about now --

MS. JOHNSON: Correct.

GEN. MACDONALD: -- because it was rainy and cold. And so it was -- we did our first training in about October. And I think we really had IOC in January.

And the capture rate, I'd say -- the families that are on-post, I'd venture to say we're in the 80 or 90 percent realm. There may be a few that were at Fort Campbell, live off post, are in a family and church structure that takes great care of them, they understand the Army, and so they really just the Army community services and don't go to the SFAC. But many of them find that, you know, they can get an ID card in a quarter of the time if they'll go to the SFAC, so they're very excited to use the facility. That's a good question, though. I'm not sure we've captured that.

Delores, do we have a --

MS. JOHNSON: Well, I think we have to keep in mind that we've always had Walter Reed and Fort Sam Houston operating as SFACs and served as some of the early models for how to centralize those services. Both being a little bit different, serving a little -- slightly different population (walks ?) -- I

mean, BAMC, Brook Army Medical Center, being primarily a burn center and the kinds of families that needed that support.

And I wanted to say that while we look at January as the point at which we had most of them stood up, installations were beginning to deliver services probably as early as mid-summer last year. They were identifying their facilities, identifying their staff, making sure that they were getting their standard operating procedures written, and beginning to define their relationship and the population that would be available.

So I would think that probably early summer was when we started in earnest, pooling the resources and getting things started, because we had done enough work here at headquarters to provide some fairly good guidance. And then by the fall, as General MacDonald said, we were able to bring enough of the SFAC directors in for training and had identified all of the SFAC directors at that point.

But bringing their staff onboard, we're about 80 -- we're about 90 percent staffed at this point. And so we think we are certainly providing a much more consistent service now out in the community.

Q Okay. And my final question actually has to do with the Navy/Air Force IAs, GSAs, IMAs -- whatever they're called nowadays; that acronym continues to change -- they are eligible to access your services? And can someone translate from the Army specifically to the Navy the terms? (Laughs, laughter.)

MS. KYZER: Beth, this is Lindy Kyzer from the Army Public Affairs. We are at the time limit. So I'm so sorry, but I have your --

Q Oh, that's okay.

MS. KYZER: I have your e-mail address. We'll get back with you via e-mail with your question.

Anybody else who has questions, please submit them via e-mail. We'll get them to -- (inaudible) -- public affairs, and we'll get them answered. I'm sorry we have to cut off, but time is already a commodity. As the general said, it definitely accelerates here. So we'll wrap up. Thank you everyone who joined us here. Thanks so much for your time. We'll have the transcript available at defenselink.mil/blogger. Again, thank you General MacDonald, Miss Johnson.

This concludes today's roundtable.

END.