



Wounded, ill, and injured Soldiers participate in the annual Wounded Warrior Project Soldier Ride at Hambachtal, Germany. (Photo by Linda Steil)

Dignity and Respect: The Mission of the Warrior Transition Battalion—Europe

■ By Lt. Col. Douglas H. Galuszka, Maj. David K. Spencer, and Command Sgt. Maj. Eugene B. Chance

The debt owed to service members who have risked their lives, bodies, and minds in defense of our country truly can never be paid in full. This is especially true for service members who were wounded, became ill, or were injured while serving. The obligation to help them heal and rehabilitate is one that

the Army has embraced.

The 2014 Quadrennial Defense Review states that part of the nation's "sacred contract" is to care for our service members and that "for those returning from combat ill or wounded, and for those who require hospitalization or rehabilitation, we will continue to provide the best

possible care."

In 2007, reports of substandard living conditions, poor leadership, and an unresponsive and inflexible bureaucracy at Walter Reed Army Medical Center in the District of Columbia led the Army to overhaul its wounded warrior care programs.

The problem was not the actu-



A WTB-E Soldier in transition runs on a track in Germany. (Photo by Ed Drohan)

al health care; instead, the service members were not being provided with proper support after receiving medical treatment, which affected their ability to rehabilitate.

In response, the Department of the Army directed the Army Medical Department (AMEDD) to build an action plan, which led to the development of the Warrior Transition Command (WTC) and warrior transition units (WTUs).

The term for a Soldier in such a unit is “Soldier in transition,” which indicates that the Soldier is healing, rehabilitating, and preparing to successfully transition back to duty or into veteran status.

WTUs

The term WTU is a generic term that includes brigades, battalions, companies, and community-based units that support National Guard and Reserve Soldiers who return to their hometowns to receive care and support in their own communities. The size and type of each WTU is driven by the number of Soldiers in transition at that location.

WTUs are part of a regional medical command and normally directly assigned to a local medical treatment facility (MTF). Most regions also have a warrior transition office. The primary responsibilities of these offices include standardizing practices across their regions and finding National Guard and Reserve cadre, who make up a large percentage of the cadre assigned in continental United States (CONUS) WTUs.

The criteria for a patient’s admission into a WTU are standard across the Army. A Soldier must require six months or more of complex medical care management or have a behavioral health condition that presents a danger.

A combat injury is not a requirement. Any wound, illness, or injury that meets the criteria is sufficient. Although the acceptance process itself varies across the Army, it always involves the leadership triad: a senior commander, MTF commander, and

WTU commander.

Once a Soldier in Transition is accepted into the unit, the WTU cadre and staff help the Soldier in-process and develop a personalized comprehensive transition plan that drives healing and rehabilitation through education, training, and personal and professional goals.

The cadre-to-Soldier ratio in WTUs is low in order to provide the optimal healing environment for Soldiers in Transition. WTUs also have no platoon leaders, only platoon sergeants and squad leaders, who receive special duty pay in recognition of the importance and challenges of their jobs.

Squad leaders are key members of WTUs. They have the extremely challenging job of helping Soldiers and their families through a healing and rehabilitation process that can be agonizing and frustrating. WTU squad leaders must be in contact with every Soldier each morning and evening, 365 days a year, either in person or by phone.

WTUs tend to have a large civilian presence because of the clinical staff required. A WTU’s robust clinical operations section (at the battalion level) is led by the battalion surgeon, who provides oversight and supervision of the WTU’s medical personnel while acting as the medical provider for up to 100 Soldiers in transition. The surgeon supervises the nurse case managers who each manage the health care of up to 20 Soldiers.

WTUs also have social workers who each assist in the behavioral health of up to 30 Soldiers. Occupational therapists and certified occupational therapy technicians are integral to the goal-setting process of the comprehensive transition plan. They provide functional assessment work considerations and assist in adaptive reconditioning.

WTUs also have physical therapists who manage the unit’s adaptive reconditioning program. Adaptive reconditioning challenges Soldiers with exercises that they can perform within their medical limitations.

The WTB-E

The Warrior Transition Battalion-Europe (WTB-E) has the same task as other WTUs: to provide complex medical care management for qualifying Soldiers. But the WTB-E is not a typical WTU.

WTUs in CONUS usually handle the warrior care mission at just one installation. The WTB-E, however, manages warrior care for all U.S. Army Soldiers in Europe. Since its inception in 2008, the WTB-E has been successful in accomplishing this mission through determination and innovation in spite of its geographically dispersed footprint.

The WTB-E's operational environment is very different from other WTUs. It supports the active duty members of U.S. Army Europe (USAREUR) and the Reserve members of the 7th Civil Support Command, including U.S. Army Soldiers located across Europe, from the United Kingdom to Turkey. Currently the battalion operates on 14 separate bases.

As of July 2014, the battalion had 193 Soldiers in transition out of 306 total personnel. This is a low cadre-to-patient ratio, but the geographic separation requires nonstandard support solutions compared to WTUs in CONUS, which typically serve Soldiers on one installation.

Another difference is that the WTB-E manages Soldiers in the Integrated Disability Evaluation System (IDES) in Europe who have a permanent profile and are undergoing medical evaluation boards. CONUS WTUs do not. The WTB-E created a cell in 2012 to manage this process across USAREUR for IDES Soldiers assigned to parent units and to the WTB-E as an exception to policy.

The WTB-E's mission, manning, and locations have evolved over time. USAREUR created four geographically separate companies in June 2007 for the major U.S. Army population concentrations in Europe. They reported directly to the European Regional Medical Command

(ERMC), a one-star headquarters.

But coordination and standardization challenges that soon developed required a change, so USAREUR stood up the WTB-E headquarters in Heidelberg, Germany (and later moved it to Kaiserslautern, Germany). The headquarters was modeled after the table of distribution and allowances for a WTU headquarters company—about 30 military and civilian personnel.

The initial rationale for creating WTU facilities in various locations throughout USAREUR instead of one or two centralized locations (or returning Soldiers to CONUS) was to allow Soldiers and their families

to recover in the communities where they reside. This mitigated the potential of effectively punishing Soldiers for becoming wounded, ill, or injured by requiring them to uproot their families from a familiar, stable environment and potentially damaging their rehabilitation process.

The geographic dispersion of the Soldiers the battalion supports requires a capable and experienced cadre and staff. The challenges in coordinating health care and local garrison support are significantly more difficult than in CONUS since the battalion has more than just one MTF, Red Cross office, United Service Organization office, depart-



Soldiers play wheelchair basketball, an adaptive sport. (Photo by Linda Steil)



Soldiers participate in water polo, an adaptive sports event. (Photo by Linda Steil)

ment of public works, and morale, welfare, and recreation office. This situation requires independent coordination by the cadre and staff with their supporting garrison organizations.

Adaptive Sports and Conditioning

The WTB-E strives to find opportunities in Europe to provide for diverse and challenging adaptive sports and conditioning opportunities—games and exercises tailored to our Soldiers. These activities include wheelchair basketball, seated volleyball, and inner tube water polo. The benefits of these activities for our Soldiers cannot be overstated; they are critical to their rehabilitation.

The WTB-E holds a “Commander’s Cup” event twice per year to encourage competition, provide

goals, and build pride and esprit de corps. The battalion has also qualified two or three Soldiers annually for the Army’s Warrior Games team in Colorado Springs, Colorado, and WTB-E competitors have earned medals in several events.

CONUS WTUs have many organizations that support these types of activities. The same is not true in Europe. The WTB-E relies on a small number of organizations that regularly offer to support events. These include the American Red Cross, the United Service Organization, and the Wounded Warrior Project (WWP).

The WWP is the only nongovernmental service member charity to open an office in Europe. Its contributions to adaptive sports and conditioning as well as computer training and other career

development opportunities for our Soldiers are invaluable.

One notable event is the annual WWP Soldier Ride, a weeklong event normally held in Hambachtal, Germany, in the summer. The WWP fits participating Soldiers with bicycles, including recumbent and hand crank bikes for those unable to ride standard bicycles, and conducts progressively longer daily rides culminating in a community ride with the Soldiers. More than 600 people joined the Soldiers for the 2013 community ride.

WWP makes the event available to wounded Soldiers from all the NATO countries. In 2013, 40 soldiers from Estonia, Germany, Georgia, Latvia, Norway, Poland, Romania, and Spain participated in the event with the 100 Soldiers from the WTB-E.

Innovation

The WTB-E's clinicians have found various ways, such as using video teleconferences, to support treatment requirements for a geographically dispersed Soldier population.

The battalion headquarters also regularly investigates ways to improve processes. In 2012 and 2013, the battalion completed three Lean Six Sigma projects that digitized the nomination packet approval process (for Soldiers entering the WTB-E), integrated an improved reporting process for nomination packets, and created a database for managing permanent profiles and new IDES cases.

The surgeon general of the Army recognized these projects—the first of their kind in the WTC and AMEDD—by awarding the battalion the Army Medical Command's Maintain, Restore, and Improve Award for Major Subordinate Commands in 2013.

One of the most important innovations was identifying the past challenges in the USAREUR nomination process and creating a proposal for a streamlined process in 2013 and 2014. WTU nominations must have the oversight of senior commanders, MTF commanders, and the WTU commander.

At a single installation with these three individuals in CONUS, this is manageable. But because of the WTB-E's dispersion in Europe, it had four senior commanders and three MTF commanders across multiple countries, which generated an excessively complicated process with an average of 13 people and 23 separate "touch points." The battalion worked with ERMC and USAREUR to streamline the process in order to reduce the complexity and time needed for completion.

The Way Ahead

The WTB-E has transformed with USAREUR in recent years and will have only two companies under the battalion headquarters in the summer of 2014, one each at the Landstuhl Regional Medical Cen-

ter and the Bavarian Medical Department Activity catchment area. This will allow the companies to fall under these MTFs in the future if it eventually becomes necessary to transfer the WTB-E's functions to the ERMC headquarters.

Most importantly, the Army will have to determine the future of warrior care, which will affect how it is accomplished in Europe. Major factors include the end of major operations in Iraq and Afghanistan as well as budget constraints.

Certainly, the end of major operations in Iraq and Afghanistan will not preclude the requirement for warrior care because combat injuries are not a requirement to qualify for a WTU. Nonetheless, this and other contextual drivers will likely determine the emphasis the Army can apply to warrior care within the future fiscal environment.

The Army has much to balance, including enabling WTU clinicians to maintain credentials, retaining top-quality cadre by ensuring promotion boards view these assignments favorably, securing funding for career and education training, monitoring rebasing initiatives that may affect the availability of medical care, and deciding if the geographically dispersed warrior care currently implemented in Europe is fiscally viable. These issues must be considered carefully since they affect our ability to fulfill the obligation to provide high-quality care for Soldiers in transition.

By standing up the WTUs, the Army created organizations to help Soldiers and families heal, rehabilitate, and successfully transition back to the force or to civilian life. Despite the geographic challenges presented by operating in Europe, the WTB-E has succeeded in providing high-quality warrior care through excellence and innovation.

The WTB-E has successfully transitioned more than 900 Soldiers in the last five years, providing each with a superior environment

in which to rehabilitate, overcome challenges, and succeed.

Soldiers must be given the chance to properly heal and rehabilitate, and their care and support must not be forgotten or marginalized the moment the fighting ends. Finally, we must remember this model and, if WTUs are discontinued in the future, be willing and able to reestablish these critical rehabilitation units early in our next conflict. Our service members deserve nothing less.

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