



OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

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BROOKE ARMY MEDICAL CENTER (BAMC) TRIP REPORT

SITE VISIT: Fort Sam Houston, San Antonio, TX

DATES: 7-9 December 2009

HOST ORGANIZATION POINTS OF CONTACT:

(b)(6) Protocol Officer

VISIT OVERVIEW:

Tour of facilities and briefings at Fort Sam Houston, including:

- o Center for the Intrepid
- o Warrior Transition Battalion (WTB)
- o Soldier Family Assistance Center (SFAC)
- o Warrior and Family Support Center (WFSC)
- o Warrior Transition Barracks
- o Brooke Army Medical Center (BAMC) Institute for Surgical Research (ISR) and Burn Care

COMMAND BRIEF

Provided by Brigadier General Joseph Carvalho, Commander

- BAMC is the only comprehensive trauma, burn, surgical and critical care facility in the military.
- Category 1 TBI Center
- To date, 4,576 inpatient and outpatient cases have been cared for at BAMC, with the majority being Army Wounded Warriors.
- BRAC requires integration of Wilford Hall Medical Center and BAMC. The new facility, the San Antonio Military Medical Center, will have two integrated campuses. It will be the largest trauma facility in the military.
- BAMC receives 3 Medical evacuation flights a week. During the height of the conflict, flights arrived daily.
- BAMC is prepared for an increased number of Wounded Warriors from the upcoming surge but the hospital commanders do not believe it will be as intense as earlier surges from Iraq.
- DES Pilot initiated 1 June 2009
 - o 349 soldiers in the Pilot (20 in Legacy).
 - o 41 cases completed (11 retired, 18 separated, 6 terminated, 6 found Fit for Duty).
 - o 20 pending VA ratings.
 - o The Physical Evaluation Board Liaison Officers and Military Service Coordinators (MSCs) are co-located to facilitate coordination.
 - o Service member processed on site with clinical evaluation done in San Antonio.
- There are very few Soldiers going through the DES Pilot for Post-Traumatic Stress Disorder only. Most are multi-factional cases.



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- DES Pilot Issues:
 - BAMC expedites patients with psychological issues. Army Medical Action Plan standard states a patient with psychological issues will be seen within 72 hours. The wait time for VHA appointments exceeds this, due to shortage of providers.
 - Discrepancies between DOD and VA in psychiatric diagnoses add to processing time. BAMC attempting to initiate MEB earlier to allow DOD/VA processes to be done in parallel vs in serial.
 - VA has challenges accessing BAMC Information Technology (IT) systems.
 - Service member's VA appointments are not always communicated to the MSC/Case Managers but rather sent to Service member via mail or phone call, thus increasing processing time.

CENTER FOR THE INTREPID TOUR:

Tour provided by ^{(b)(6)} [REDACTED], PT, PHD, COL (Ret)

- The Center for the Intrepid (CFI) is a world class facility.
- There are two Veterans Benefits Administration and seven Veterans Health Administration counselors on site.
- CFI provides:
 - Extensive rehabilitation area, including climbing wall, indoor running track and simulator to teach disabled recovering Service members how to drive a vehicle.
 - A gait and motion analysis center with 26 infrared cameras measuring movement and testing prosthetics.
 - Extensive aquatic center, where Service members can kayak, play adaptive water polo, inner tube and use the wave pool to surf and boogie board.
 - Therapists are finding surfing helps burn victims improve their movement and improves core strength and confidence.
- Helps recovering Service members navigate independent living by providing a non-ADA compliant apartment where they practice activities of daily living.
- Provides a family gym on site for use by families who do not possess a military ID card.

WARRIOR TRANSITION BATTALION (WTB):

Brief provided by ^{(b)(6)} [REDACTED] Battalion Commander

- Soldiers requiring care for more than 60 days qualify for the WTB.
- BAMC has the highest number of Warriors in Transition (WTs) and with the highest acuity. Their current population is 599, including one Danish soldier.
 - Maximum capacity is 600. Surge may require additional staff, space, and parking.
 - WTB utilizes community care and services for a small number of WTs with behavioral health issues.
- Approximately 38% of WTs return to duty. Lower than MEDCOM standard, but cases have higher acuity. Goal is to retain as many WTs as possible.
- Number found unfit for duty but still on active duty and number in COAD, COAR is unknown.
- Ratio of 1:10 WTs to Squad Leaders; ratio of 1:20 WTs to Case Managers.



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- One Occupational Therapy (OT) Specialist and 3 assistants manage the Warrior in Transition Advancement Program, which provides education and support on aspects of transition including goal-setting and job search skills. THE OT and staff assist in development of Comprehensive Transition Plan (CTP). Ratio of 1:600 for OT Specialist and 1:200 for OT assistants.
- WTB uses the Army Center for Enhanced Performance goal-setting curriculum.
- Every WTB member has a CTP. Currently, no central IT system to track the CTP. Warrior Transition Command is developing a Pilot IT tool.
- Medical Case Managers (MCMs) track the Service member's medical care. They are a member of the TRIAD, which also includes the non-medical Squad Leader and Primary Care Manager. Currently there is a 1:26 ratio of WTs to MCMs. Army policy recommends a 1:20 ratio.
- Every WT meets with Squad Leader daily to ensure the WT is setting goals and working toward these goals. The Squad Leader reviews the goals every 90 days.
- A Soldier with a 30-50% disability qualifies for the Army's Wounded Warrior Program (AW2). Currently there are approximately 800 Soldiers in the AW2 program. These WTs receive the services of an Advocate as well as the support provided by the TRIAD. The Advocate/Recovery Care Coordinator focuses on transition planning.
- After the WT signs the DD-214, the WTB will continue to track the WT if there are behavioral health concerns such as potential suicide cases or for those who have retained limbs, but may eventually have more mobility with prosthetics.
- There are 11 social workers on WTB staff.
- WTB supported by 1 Chaplain and 2 assistants. They support all faiths, by either providing the religious support or by finding an appropriate religious leader who practices a particular faith.
- The VA and Departments Labor and Social Security all have on-site representatives.
- The WTB provides adaptive sports opportunities, including ultimate Frisbee, goal ball, Paralympics sports, wheelchair basketball. The emphasis is on ability, not disability.

RECOVERY CARE COORDINATORS (RCCs) AND FEDERAL RECOVERY COORDINATORS (FRCs):

- Met with 2 of 4 FRCs and 3 of 4 Marine Corps RCCs, 1 of 2 AF RCCs.
- RCCs caseloads average 1:15 with all recovering Service members having a Comprehensive Recovery Plan established.
- FRC caseloads average 1:30. VA plans to place another FRC at BAMC based on existing eligible population.
- Marine Corps RCC expressed concern about warm handoff of recovering Service members once they become Veterans. By law, RCCs are not required to provide services to a recovering Service member once they separate from the military. FRCs agreed to assist RCCs in warm handoff by providing information on VA services and resources relevant to the recovering Service member's community reintegration.
- RCCs/FRCs agreed to establish monthly meetings to facilitate exchange of information, review recovery plans and share best practices.



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SOLDIER FAMILY ASSISTANCE CENTER (SFAC):

Brief provided by Gabrielle Dias, SFAC Director

- SFAC serves the 599 WTs and families.
- Divorce and financial issues are the biggest challenges. Many WTs and families do not know how to manage their Traumatic Servicemembers' Group Life Insurance payment.
- SFAC services include: information on financial readiness, continuing education, career counseling, legal assistance.
- Career counseling includes skills analysis and resume writing. The SFAC recently hosted a Hiring Heroes fair with 73 agencies and 364 WTs attending, resulting in 68 job offers.
- The SFAC provides up to 16 hours of child care per week, per family.
- There is an AW2 Advocate in the SFAC for those WTs who qualify for the AW2 program. The Advocate provides life coaching and currently assists 53 WTs.

WARRIOR AND FAMILY SUPPORT CENTER (WFSC):

Brief and tour provided by Judith Markelz, WFSC Director

- The 12,000 sq ft facility is funded entirely by donations and serves as the WTs' and families' "living room." It provides:
 - An adaptive kitchen, 14 flat screen TVs, a soundproof game room, BBQ area, with plants and a waterfall. A therapeutic garden is under construction and the PGA is installing a 5 hole putting green.
 - Extensive recreational therapy options; GED certification, computer and literacy courses for the WTs and families.
 - Supports SFAC but does not duplicate services.
 - Open 15 hours day, 7 days per week, 365 days a year.
 - Provides services to Wounded Warriors, families, and extended family members.
 - The Director and seven staff members are Government employees. Eight recovering Service members also work 20 hours per week.
 - USO is considering duplicating this initiative at National Naval Medical Center and Walter Reed Army Medical Center.

INSTITUTE OF SURGICAL RESEARCH (ISR) AND BURN CARE:

Brief provided by (b)(6) Surgeon

- 140,000 sq ft facility with a 24 bed progressive care ward, 16 ICU beds.
- Served 808 military patients to date.
- 6% of OEF/OIF wounded are burn victims.
- 65% of patients are military, 35% are civilians (SECDEF designees). The benefit of taking care of civilians is that during non-war times, skills are acquired and honed and the state of science is maintained.
- Daily rounds are multi-disciplinary; up to 20 specialists participate to provide expertise.

WARRIOR TRANSITION BARRACKS

- The Barracks have been renovated to accommodate WTs with disabilities.
- There are 360 rooms with 12 rooms meeting ADA compliance.



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- Cameras have recently been installed to provide security and act as a deterrent for misbehavior.

LUNCH WITH WOUNDED WARRIORS

- Met with Active Duty Navy Chief Petty Officer diagnosed with endocarditis, Petty Officer 3rd Class diagnosed with chronic myeloid leukemia, and an Aircraft Mechanic diagnosed with a brain tumor (all non-combat related injuries); and an Army SGT recovering from a leg wound. One Sailor resides in the guest house on Post, the other two reside off-post. All receive treatment at BAMC. Return to Duty unknown for all these Recovering Service members.

TAKE AWAYS:

- Appears there are duplicative services offered by medical and non-medical case managers, chaplains, social workers, OTs, RCC/Advocates, program staff.
- There is a perception of unfairness by Sailors and Marines who cannot yet access the DES Pilot, due to the current policy concerning cross-Service MEB. Discussion of universalizing the process to include providing service to all branches of the military was supported by Commander and staff.
- DES processing delayed due to IT issues, communication between DOD/VA on appointments and diagnoses.
- Inconsistent guidance provided to WTs on requirements for passing Physical Readiness Tests.

RECOMMENDATIONS:

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WWCTP STAFF AND GUESTS ATTENDING:

- Noel Koch, Deputy Under Secretary of Defense for Wounded Warrior Care and Transition Policy
- Susan Roberts, Principal Deputy for Care Coordination
- (b)(6), Military Assistant
- (b)(6) Special Assistant to the Chairman of the Joint Chiefs of Staff for Warrior and Family Care
- (b)(6) Senate Veterans Affairs Committee staff member
- (b)(6) Army Liaison to Capitol Hill
- (b)(6) Communications Consultant