



Warrior Care and Transition Program Force Structure Changes Terms of Reference

Warrior Transition Unit (WTU or WTB)

In 2007, the U.S. Army established WTUs at major military treatment facilities to provide personal support to wounded, ill and injured Soldiers. WTUs closely resembles a "line" Army unit, with a professional Cadre and integrated Army processes so Soldiers can focus on their sole mission—to heal and prepare for transition, whether back to the Army or to civilian status.

"WTB" refers to larger WTUs, classified as brigades or battalions based on population capacity.

There are currently 29 WTUs. The five WTUs slated for inactivation include:

- Joint Base McGuire-Dix-Lakehurst, New Jersey
- Fort Huachuca, Arizona
- Fort Irwin, California
- Fort Jackson, South Carolina
- West Point, New York

Community-Based Warrior Transition Unit (CBWTU)

CBWTUs function as a WTU for Soldiers, primarily from the National Guard and Army Reserve, who receive medical care in their community—at Department of Defense, TRICARE, or Department of Veterans Affairs (VA) healthcare facilities. The CBWTU enables the Soldier to recover and transition at the location closest to his/her personal support network or in his/her home, if medically supportable. Clinical care requirements determine whether a Soldier is assigned to a WTU or CBWTU.

There are currently nine CBWTUs supporting more than 1,300 Soldiers, including:

- Alabama
- Arkansas
- California
- Florida
- Illinois
- Massachusetts
- Puerto Rico (*will become a detachment under mission command at the Fort Gordon WTB*)
- Utah
- Virginia

WCTP Force Structure Changes By The Numbers

- Soldiers supported by WTU programs since 2007: more than 58,000
- WTU Soldiers returned to the force: 49 %
- Number of WTUs: 29
- Number of CBWTUs: 9
- WTU population decreased steadily for 14 months:
 - October 2012: 10,053
 - January 2014: 7,070
- Highest number of Soldiers in WTUs:
 - June 2008, 12,551
- Five WTUs slated for inactivation, each with fewer than 36 Soldiers (most fewer than 10)
 - Nearly 65 Soldiers
 - Nearly 50 Military Cadre
 - Nearly 50 Civilian Cadre
- Nine CBWTUs slated for inactivation by SEP 2014
 - More than 1,300 Soldiers
 - More than 300 Military Cadre
 - Nearly 20 Civilian Cadre
- 13 Community Care Units standing up at 11 installations
 - Capacity for more than 2,000 Soldiers
 - 500 fewer military and civilian Cadre requirements across the Army

Comprehensive Transition Plan

The CTP is a six-part interdisciplinary structured process for every Soldier that includes an individual plan that the Soldier builds for him/herself with the support of the WTU Cadre. Although standardized, this process allows Soldiers to customize their recovery process, enabling them to set and reach their personal goals across six domains of life: physical, social, spiritual, emotional, Family, and career.

Triad of Leadership

The Triad of Leadership is comprised of the senior leaders at the installation, military treatment facility, and WTU. The Senior Commanders and Command Sergeants Major at each of these levels have command and control over the local WTU to develop a balanced WTU structure that is enduring, scalable and responsive to the medical needs of every Soldier.

Triad of Care

Each WTU Soldier benefits from a Triad of Care at his/her local WTU, including a primary care manager (physician), nurse case manager, and squad leader. The Triad of Care works closely with an interdisciplinary team of clinical and non-clinical professionals to help the Soldier recover and transition.

Interdisciplinary Team

The Triad of Care is augmented by an Interdisciplinary Team of health care and transition specialists who work together to coordinate and optimize the care and transition of each individual Soldier. This team includes social workers, physical therapists, occupational therapists, Army Wounded Warrior Program (AW2) Advocates and many other professionals.

Community Care and Community Care Unit (CCU)

Community Care realigns the management of Soldiers healing in their home communities to a Community Care Unit embedded within a Warrior Transition Battalion at an installation. Cadre will provide medical management and mission command of Soldiers within their designated area of responsibility. These Soldiers will continue to receive the benefits of a dedicated unit of Cadre, Triad of Leadership, Medical Treatment Facility (MTF) staff, Warrior Transition Battalion Staff and installation resources to ensure that all Soldiers have the same experience across the program. Like CBWTUs, CCU Soldiers will heal in their home communities primarily using the TRICARE network.

Installations slated to gain a CCU include:

- Fort Belvoir, Virginia (*will have 2 CCUs*)
- Fort Benning, Georgia
- Fort Bliss, Texas
- Fort Bragg, North Carolina
- Fort Carson, Colorado
- Fort Gordon, Georgia
- Fort Hood, Texas
- Fort Knox, Kentucky (*will have 2 CCUs*)
- Fort Stewart, Georgia
- Joint Base Lewis-McChord, Washington

Inactivation

The Warrior Care and Transition Program is a scalable structure. Inactivation means the units will be in an inactive status and may be reactivated if the needs of the Army increase with regards to caring for wounded, ill and injured Soldiers at these locations.

Capacity

The maximum number of wounded, ill and injured Soldiers a local WTU can support given programmed resources (Cadre, facilities, funding) and based on anticipated population at a given location to successfully execute the Warrior Care and Transition Program.