



Media Release

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Army Restructures Warrior Transition Units, minimal impact at Fort Hood

FORT HOOD, Texas – Today the Army announced several changes to the Warrior Care and Transition Program (WCTP) designed to meet the evolving needs of the Army.



These changes include: Warrior Transition Unit (WTU) organizational modifications, some WTU inactivation, and a shift in how the Army manages care and transition for Soldiers who are healing in their home communities.

As a result, Fort Hood Warrior Transition Brigade's Community Based Warrior Transition Unit in Arkansas (CBWTU Arkansas) will deactivate and shift to a community care concept under Fort Hood WTB's command and control. The reorganization's effect on the 137

Arkansas-based Soldiers in Transition will be minimal.

According to Col. Patricia Darnauer, commander, Carl R. Darnall Army Medical Center, "The direct impact to Fort Hood, our local WTB, Soldiers in transition and CRDAMC will be minimal. Additionally, the affected CBWTU in Arkansas, which will transition to a Community Care Unit (CCU) during this fiscal year, already falls under the Fort Hood WTB."

Darnauer said Soldiers assigned to the Arkansas CBWTU will not relocate and will continue to receive care through the TRICARE network. Additionally staffing modifications will allow WTUs to add physical therapists, occupational therapists, transition coordinators, mail clerks and drivers, in addition to improving nurse case manager and squad leader ratios.

"Cadre and civilian personnel who are currently located in the Arkansas CBWTU will be the most affected population, but they will be afforded several options to include reassignment at their current location, relocation to positions across the medical command, early retirements and other various incentives."

Community Based Warrior Transition Units primarily provide outpatient care management and transition services for Army Reserve and National Guard Soldiers who do not need the day-to-day medical management provided by WTUs. Soldiers assigned or attached to CBWTUs receive care

and transition support while living in their home communities or near their personal support network.



The Community Care concept realigns the management of Soldiers healing at home to a CCU assigned to an installation WTU. 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.

Darnauer said these changes are a result of a periodic review of the WTU force structure, a declining WTU population, and the Army's continued commitment to provide the best care and support for wounded, ill and injured Soldiers.

“Over the past 13 months, the Army-wide WCTP population has declined by more than 2,800 Soldiers as a result of reduced contingency operations,” Darnauer said. “The Army recognizes Warrior Care as an enduring mission and sacred obligation. This effort will improve care and transition through standardized practices and enhanced mission command while reducing delays in care. It also will ensure that all Soldiers have the same experience across the program.”

Thirteen CCUs will stand up at the following Army installations: Fort Carson, Colo.; Joint Base Lewis-McChord, Wash.; Forts Hood and Bliss, Texas; Fort Riley, Kan.; Fort Knox, Ky.; Forts Benning, Stewart, and Gordon, Ga.; Fort Bragg, N.C.; and Fort Belvoir, Va. Forts Belvoir and Knox will each have two CCUs.

WTUs slated for inactivation include: Fort Irwin, Calif.; Fort Huachuca, Ariz.; Fort Jackson, S.C.; Joint Base McGuire-Dix-Lakehurst; and the United States Military Academy, West Point, N.Y. Each of these WTUs has fewer than 38 Soldiers. These Soldiers will transition back to the force or into veteran status by the end of September.

Click here for more information: <http://www.defense.gov/news/newsarticle.aspx?id=121452>