



## Warrior Care and Transition Program Update

**PURPOSE:** The intent of this newsletter is to provide a quarterly update of informational highlights to key leaders executing the Warrior Care and Transition Program to assist in individual, collective and professional training efforts, as well as report on activities occurring throughout the WTC community.

### IN THIS ISSUE

1. **CTP Policy and Guidance Released**
2. **AR/DA PAM Development**
3. **OIP Inspection Review**
4. **Training**
  - WTU Clinical
  - CSF-PREP
  - AMEDD PCC
5. **Adaptive Reconditioning - Warrior Games**
6. **Human Resources**
  - Attached AC WTU Soldiers
  - SCAADL
  - Operation Warfighter
7. **Conferences and Key Events**
  - WW Employment Conference
  - WCTP Annual Training Conference
8. **Other Items of Interest**
9. **Doctrine Status Update**

### **A SPECIAL MESSAGE FROM LTG PATRICIA HOROHO**

As The Surgeon General, I am honored to take on the responsibility of ensuring the best possible care is provided to all Soldiers and their Families. The care they receive must be innovative and right for the rapidly evolving operational and clinical demands of the 21st century. Since its inception in June 2007, the Army's Warrior Care and Transition Program has rapidly become the standard across the Army for providing patient-centered care. To accomplish this, Army Medicine and Army Leadership have continued to provide unwavering support to the Warrior Transition Command in its role of providing the policy guidance and oversight required to accomplish what amounts to a major paradigm shift in the way we care for our Soldiers and their Families.



**LTG Patricia D. Horoho**  
Army Surgeon General

One of the reasons the Warrior Care and Transition Program is so successful today is that its leaders have never been afraid to take a long hard look at existing systems and processes; bring together the necessary expertise to determine what improvements need to be made; and then implement the improvements as necessary.

I challenge BG Williams and the entire Warrior Transition Command to take the ever growing list of Warrior Care and Transition Program improvements and successes, and ask the hard question of how can we be better. Given the skill and commitment to excellence displayed by the Warrior Transition Command staff and leadership and WTU cadre, I am confident that tomorrow's Warrior Care and Transition Program will be even more responsive to the needs of Soldiers and Families.

I want to thank you all for your commitment to the warrior care mission and the successful transition of our wounded, ill, and injured Soldiers. I look forward to serving with you as we continue to move forward.

LTG Patricia D. Horoho  
Commanding General, U.S. Army Medical Command  
and The Army Surgeon General





**BG Darryl A. Williams**  
WTC Commander

## COMMAND CORNER

The beginning of the 2012 calendar year marks the fifth anniversary of the Warrior Care and Transition Program (WCTP) that has seen the rapid advancement of Army warrior care from one Warrior Transition Unit (WTU) at Walter Reed Army Medical Center to 29 WTUs and 9 CBWTUs across the nation and overseas. With the rapid expansion of the infrastructure supporting wounded, ill, and injured Soldiers and Families comes additional development of policy and practice to help smooth the transition of Soldiers from the WTU back to the force or to Veteran status. Our recent publication of CTP policy and guidance described in more detail in our first newsletter item represents a WCTP milestone as our best practices and lessons learned are codified to standardize warrior care excellence across Army medicine.

I look forward to a year of additional development as we prepare to meet the challenges of changing operational tempo, organizational changes, and fiscal constraints with improved quality in training and execution by means of additional consolidated policy guidance, detailed inspections, and strategic planning and budgeting.



**1. Comprehensive Transition Plan (CTP) Policy and Guidance Update.** On November 29, 2011, then Surgeon General LTG Eric B. Schoomaker approved and WTC published the Comprehensive Transition Plan (CTP) Policy. This policy implemented the newly published CTP Guidance developed in concert with WCTP leaders in multiple venues. The CTP Policy and Guidance are the standards for executing the WCTP across the WTC and throughout the Army. We've sent out an initial issue of hard copies for the Triad of Leadership to use as reference documents. The use of the CTP to guide WCTP processes continues to evolve through feedback and best practices, therefore Army leaders should consider it a living document that should be executed to standard but also reviewed and re-evaluated at Leader Orientation Program overviews, Resident Training, local Sustainment Training and at the annual WTC Training Conference. Through this rigorous process of active discussion and standardized execution, the effective use of the CTP to orient the transition of wounded, ill, and injured Soldiers will continually improve.

Some key changes made in the new CTP include: refinement of the seven processes down to six (inprocessing, goal setting, transition review, rehabilitation, reintegration and post-transition); alignment of goal setting efforts into the scrimmage; updates to terminology – replacing “Education, Employment and Internships” (EEI) and “Adaptive Sports” with “Career and Education Readiness” (CER) and “Adaptive Reconditioning” respectively; and a shift away from the requirement to conduct multiple focused transition reviews (FTRs). The new CTP focuses on the execution of the interdisciplinary team collaborative efforts to assist the Soldier. In addition to identifying the capabilities of the Triad of Care, the interdisciplinary team discussion responds to the need for improved coordination and collaboration in support of a single, unified plan for each Soldier.

One of the most significant adjustments to the CTP is our departure from the term “Warrior in Transition” (WT). The WTC replaced this term in our policies and supporting Army Regulations with “Soldier.” We learned that many Soldiers felt that something was taken away from them when language used to identify wounded, ill, and injured Soldiers did not include the word “Soldier.” This move responds to feedback received over the past two years from WTU and CBWTU leaders and Soldiers in our program.

To download a copy of the consolidated CTP Policy and Guidance document, click [here](#).

**2. WCTP Army Regulation (AR) and Department of the Army Pamphlet (DA PAM) Development Timeline.** WTC will consolidate all of the WCTP OPORDs, policies, and ALARACTs into one Army Regulation (AR) and one Department of the Army Pamphlet (DA PAM). Although portions of our program are included in several existing ARs (which will continue to apply), the intent of these publications will eliminate the requirement to keep track of multiple single-subject documents and provide consolidated, user-friendly references for leaders executing the WCTP. Building off the past year's hard work and staffing the regulation with appropriate external organizations, we plan to publish the new AR in November of 2012. At the same time, WTC is working on a WCTP DA PAM, which we'll use as a tactics, techniques, and procedures (TTP) guide until it completes staffing through the Army Publication Directorate, with a completion goal of March 2013. To see the projected AR & DA PAM Development Timeline click [here](#).

**3. Organizational Inspection Program (OIP) Review.** The WTC OIP team has been busy with the kick off of the new FY12 inspection schedule. This robust inspection schedule gives the WTC Commanding General and Senior MEDCOM and Army Leaders a comprehensive evaluation of the Warrior Transition Units (WTUs) and Community Based Warrior Transition Units (CBWTUs). This year we will inspect 19 units, including six CBWTUs. A pre-inspection coordinator can be at (703) 428-8174.

During the OIPs, it is important that the Senior Commander and CSM have the opportunity to meet with the OIP Team Lead, which is best accomplished at the beginning of the OIP. It is equally important that the Senior Commander and Senior National Guard/U.S. Army Reserve Officers attend the OIP outbrief, which is also attended by the WTC Commanding General and his senior staff, to ensure that senior leadership remain apprised of the inspected unit's status.

It is imperative that the team be given full access to local unit policies and procedures. Every unit should have a robust system of documents such as Standard Operating Procedures (SOPs) that they are able to share with the OIP Team. While on the ground, the OIP team will also need to speak directly with Soldiers and their Families, and while we realize that Family members are not required to attend meetings/formations, we have found that successful units find ways to encourage Family involvement with their Soldiers' care and transition. Family members are a critical part of our Soldiers' lives and the unit should be doing everything possible to get Family members involved. Both the Fort Carson and Hawaii WTUs/Soldier Family Assistance Centers (SFACs) have excellent programs for Family involvement.

During FY12, WTC will continue to provide staff assistance visits to look at unit safety programs. The safety program is a commander's program and every unit in the Army must have one. WTUs are no exception. If you have a question regarding the commander's safety program or how to implement one specific to the unique requirements of the WTU/CBWTU, please contact the WTC Safety Officer at (703) 428-7085.

All commanders should read and understand the Comprehensive Transition Plan (CTP) and guidance, as it is now an Office of the Surgeon General (OTSG)/MEDCOM policy (Memo dated 29 Nov 2011). Inspectors in every area will be incorporating the new policy and guidance into their inspection checklists and evaluation tools. All Soldiers assigned or attached to a WTU/CBWTU must have a documented CTP. If you have any questions regarding the CTP or the conduct of the OIPs, please contact the Standardization & Evaluations Branch Chief at (703) 428-8173.

View the published FY12 OIP/SAV schedule [here](#).

#### **4. Training.**

**a. Warrior Transition Unit Clinical Training:** Clinical training has improved dramatically for WTU/CBWTU cadre and staff over the last five years. Nurse case management training has transitioned from a general orientation for WTU case managers to a three-phased qualification course for all Army clinical case managers. We have successfully transitioned from the cancelled Primary Care Manager (PCM) course to a Senior Leader/Clinical Leader Orientation Course (SLOP/



CLOP) attended by battalion and brigade surgeons, PCMs, and supervisor nurse case managers.

The new Nurse Case Management (NCM) Qualification Course educates Army case managers in all practice settings and will be offered ten times in 2012. It is directed toward the novice case manager, but attendance is not limited to new case managers. The new course is conducted in three phases: Phase 1 is approximately 30 hours of distance learning done at the home station prior to the residence phase. Phase 2 is a three-week resident course taught in San Antonio in conjunction with the WTU cadre orientation for squad leaders, platoon sergeants, and company leaders. Phase 3 is a four-week guided preceptorship at the home station where the nurse case manager will begin to take a case load while his/her competencies are validated by a preceptor certified in case management. Students will participate in webinars with the class cohort on targeted subjects throughout the preceptorship. Upon completion of Phase 3, the case manager will have demonstrated successful core skills for case management. This is a qualification course and upon graduation, case managers will be "certified" as competent to do their job in an Army MTF, with military graduates being awarded the M9 identifier. The future intent is to make this a course which grants continuing education units (CEU) for attendees.

Nurses can enroll in the Nurse Case Management Qualification Course by forwarding a DA 3838, Application for Short Course Training through their Deputy Commander for Nursing via e-mail to the Department of Nursing Science, AMEDD Center and School. Students will need to indicate their clinical practice setting in block 25 of the DA 3838. Once registration is complete, Mr. Florez will forward a letter of instruction with directions on completing Phases 1 and 2 to each student.

Senior Leader Orientation Program / Clinical Leader Orientation Program (SLOP / CLOP): The first combined SLOP/CLOP was offered in October 2011 and attended by 20 senior clinical leaders who trained alongside ten new battalion commanders and command sergeants major. This 4.5 day course improved the skills of WTU physicians and supervisor nurse case managers through focused leadership education in critical WCTP areas. At the end of the conference, attendees noted an improved understanding of program fundamentals and were better able to effectively lead their teams through the care and transition of Soldiers in WTUs. The conference updated WTU senior and clinical leaders on the standard methodology used to care for and provide services to wounded, ill, and injured Soldiers and provide them with the tools necessary to execute their mission. The most recent Senior Leader/Clinical Leader Orientation ended on January 13, 2012. Completion of this course awards 13 CEU to nurses and 11.75 CEUs to physicians.

Attendees can enroll in the Senior/Clinical Leader Orientation Course by forwarding a by-name request through their regional Warrior Transition Office to the WTC Training NCOIC at (703) 325-8989. Provider inquiries regarding this course can also be directed to the WTC Surgeon at (703) 325-0368.

To view the published schedules for both NCM Qualification Course and SLOP/CLOP click [here](#).

**b. Comprehensive Soldier Fitness-Performance and Resilience Enhancement Program (CSF-PREP).** CSF-PREP currently has resident instructors and Performance Enhancement Specialists (PESs) physically located at ten military installations. Between the resident instructors and the Mobile Training Teams (MTTs), CSF-PREP will support the entire WTC footprint conducting training for a minimum of five days each quarter on installations with WTUs and supporting each of the CBWTUs as they conduct musters. In an effort to provide balance across the WTC population, during each site visit, CSF-PREP will provide education and training for both cadre and Soldiers in the WTUs, adaptive reconditioning assistance to include Warrior Games, and Phase II goal setting instruction. This training promotes the development of mental skills, building confidence, attention control, energy management, goal setting, and integrating imagery. The CSF-PREP team will also provide 16 hours of instruction on Performance Enhancement and Resiliency Training (eight hours of Performance Enhancement / eight hours of Resiliency Training). For further information on CSF-PREP, click [here](#) or contact the WTC CSF-PREP liaison at (703) 325-9995.



**c. U.S. Army Medical Department (AMEDD) Pre-Command Course (PCC).** The AMEDD is hosting two PCCs this year in San Antonio, TX. The first is February 21 – March 2, 2012, and the second iteration is May 1-10, 2012. The AMEDD PCC is for all new MEDCOM Brigade and Battalion Commanders and CSMs to include WTU Commanders and their CSMs. All new or incoming commanders and CSMs who have not yet graduated are required to attend. The class schedule for AMEDD PCC can be viewed [here](#) and a sample PCC WTC track schedule can be viewed [here](#). The WTC POC for assistance to WTU commanders and CSMs who need to sign up for the course is the WTC Training at (703) 428-7119.

**5. Adaptive Reconditioning – 2012 Warrior Games.** The 2012 Warrior Games will be held April 30 – May 5, 2012, in Colorado Springs, CO. The WTC Adaptive Sports and Reconditioning Branch has received more than 200 applications from across the Regional Medical Commands from Soldiers seeking to become a part of the Army Warrior Games 2012 team. Because the number of Soldiers who will be selected for the Army team has been reduced from 90 to 50 athletes, final selection for this year's team will be extremely competitive. In order to select the best athletes, preliminary candidates will be selected to compete for a final position on the team. The athletes will compete in archery, cycling, wheelchair basketball, shooting, swimming, track and field, and sitting volleyball.

The preliminary team members will attend coach-led training clinics for each sport starting in January and ending in March—to see the dates for the Warrior Games Training Clinics, click [here](#). Since all athletes will be expected to compete in more than one sport, these training camps are essential for the selection of the best overall athlete for each category. Commanders at each unit must ensure that selected athletes have the needed training time and support at the unit level to remain competitive. The best athletes from each of the training camps will be selected for the Army. A tentative final camp will be held on March 10 -18, 2012 at West Point to select athletes for the individual sport categories with the most possible medals: shooting, swimming, and track and field. Once the competition is completed, the final Army team will be announced during the last week in March.

## **6. Human Resources/Personnel.**

**a. Active Component WTU/CBWTU Soldiers in Attached Status.** Active Component WTU/CBWTU Soldiers may not remain in an attached status longer than 180 days without approval from Army G-1 Plans and Resources Directorate (DAPE-PR). Soldiers should be assigned when care is expected to last more than 180 days. When this issue was highlighted in the October newsletter, there were 151 AC Soldiers attached longer than 180 days. As of December 12, that number has dropped slightly to 141. There must be a significant decrease in this number this quarter. A number of commanders have stated the reason their AC Soldiers are attached longer than 180 days has to do with accountability for OCIE and completion of DD Form 200 [Financial Liability Investigation of Property Loss (FLIPL)] at the Soldier's last duty station. However, lost or damaged government property should not delay the release of a Soldier from his or her organic unit. Per Chapter 13, AR 735-5, an investigation and DD Form 200 will be completed within 75 days of discovery of the loss/damage, which is well before the 180-day mark. Detailed guidance is available [here](#).

**b. Special Compensation for Assistance with Activities of Daily Living (SCAADL).** The SCAADL program is designed to provide monetary assistance to those wounded, ill, or injured Soldiers who need support to perform routine daily activities. There are currently 254 Soldiers enrolled in SCAADL, but the number of Soldiers eligible for SCAADL is probably much higher. WTU/CBWTU cadre must ensure all Soldiers in their care are continually screened for eligibility. Detailed SCAADL guidance may be found by reviewing Army Directive 2011-22 available [here](#) and the WTC SCAADL fact sheet [here](#). Although these documents are current at the time of newsletter publication, the SCAADL is subject to frequent updates. If you have questions or need further information, please contact [WTC.g1scaadl@us.army.mil](mailto:WTC.g1scaadl@us.army.mil).

**c. Operation Warfighter (OWF).** OWF has been a useful Career and Education Readiness (CER) tool for many WTUs/CBWTUs by providing separating Soldiers with unique opportunities to explore employment interests and gain federal



work experience during their rehabilitation. During the past year, the OWF program has added five regional coordinators in the National Capitol Region, San Antonio, TX, San Diego, CA, Seattle, WA, and Colorado Springs, CO. WTU Transition Coordinators, CER points of contact, and OWF regional coordinators recently participated in training conducted by WTC G1 CER Branch. The training focused on roles and responsibilities for the transition coordinators and the OWF regional coordinators with the common goal of collaborating and growing participation in the OWF program. Each WTU and CBWTU can reach out to their respective OWF regional coordinator for help in identifying additional OWF opportunities and improving Soldier participation. Questions for WTC may be directed to [WTCERB@conus.army.mil](mailto:WTCERB@conus.army.mil). For further details on OWF, please review the WTC fact sheet [here](#) or the OSD WWCTP fact sheet [here](#).

## 7. Conferences and Key Events.

**a. 2012 Wounded Warrior Employment Conference.** The Department of Defense (DOD) wounded warrior programs (WTC, Navy Safe Harbor Program, Marine Corps Wounded Warrior Regiment, and the Air Force Wounded Warrior Program) are co-hosting the 2012 Wounded Warrior Employment Conference (WWEC) at Fort Belvoir on February 28 and 29, 2012, for about 200 hiring managers and other employment experts. Like last year, AW2 has lead responsibility for organizing the event, but all of the wounded warrior programs have significant roles in making sure the conference is a success.

The theme of this year's WWEC is "Educate, Empower, and Employ" and builds upon the successful 2011 Wounded Warrior Federal Employment Conference. Private industry and non-federal government agencies join us this year to continue cooperatively supporting employment related topics, issues, problem resolutions, and best practices from the hiring manager perspective. One desired outcome of this conference is to inspire innovative solutions to meet the intentions of various presidential executive orders and employment campaigns to increase hiring of our severely injured, post-9/11 Veterans. Copies of wounded warrior resumes from all over the United States will be provided on a CD/DVD to all hiring agencies and businesses that attend the conference or participate in the networking session on the afternoon of February 29.

Local recovering service members, Veterans, and Family members served by the four DOD wounded warrior programs will have the opportunity to participate in the networking session with conference attendees to offer resumes and discuss employment opportunities. Employment-ready, recovering servicemembers, Veterans and Family members who want to submit a federal or commercial resume, along with an expedited application referral form, should contact their assigned AW2 Advocate or WTU Transition Coordinator for details and complete a high-quality federal or commercial resume as soon as possible.

Go to [http://www.wtc.army.mil/about\\_us/wwec.html](http://www.wtc.army.mil/about_us/wwec.html) for additional information.

**b. Combined WCTP and AW2 Annual Training Conference Update.** The fourth annual WTC annual training is tentatively scheduled for August 10-16, 2012 in Norman, OK. The conference will focus on implementing the new Comprehensive Transition Plan (CTP) Policy and Guidance published November 29 and December 1, 2011, respectively. We are still in the early planning stages, with the conference approval packet at MEDCOM for review and concurrence. The recommended attendance plan includes one representative from each discipline to attend the conference as part of an interdisciplinary team that will go through scenario-based training on CTP processes. An OPOD will be published in early 2012 with further details.

## 8. Other Items of Interest.

**a. National Guard Peer Support Line—Vets4Warriors.** In an effort to face the unique challenges of providing peer counseling, the National Guard unveiled its newest initiative, Vets4Warriors, which provides easy access to supportive, non-attributional conversations with trained veteran peers representing all branches of the military. This program is a component of a larger effort to promote individual resilience, risk reduction, and coping skills through peer support and referrals to community-based services and also improves awareness and access to local resources that are relevant to the issues communicated by the servicemember. The Vets4Warriors peer support line can be reached at 1-855-838-8255 (1-855-VET-TALK) or for further information click [here](#).

**b. WTC Cadre Training Presentation to the Recovering Warrior Task Force (RWTF).** The RWTF is a Congressionally-mandated Task Force focusing on the “Care, Management, and Transition of Recovering Wounded, Ill and Injured Members of the Armed Forces.” WTC and the Army Medical Department’s Center and School (AMEDD C&S) presented a briefing on cadre training to the RWTF on December 9, 2011. The RWTF was specifically interested in what training the WTU staff members receive before and during the time they are serving as staff members helping Soldiers and their Families effectively transition. See the full presentation [here](#).

**c. Warrior in Transition Leader Medical Rehabilitation Handbook.** The Borden Institute, an agency of the AMEDD C&S, recently published the “Warrior in Transition Leader Handbook.” This book helps Army leaders assist wounded, injured, and ill Soldiers and their Families undergoing medical rehabilitation or interacting with essential healthcare and community reintegration services. It also serves as a valuable tool describing resources and processes that will help wounded, injured, or ill Soldiers successfully transition. Although geared toward nonmedical personnel working with wounded, injured, and ill Soldiers, the book has material of interest to a much broader audience and is a must-read for anyone working within the WCTP, or who is closely involved with assisting wounded, injured, and ill Soldiers and their Families. To download a copy of the book click [here](#) or to order a hard copy of the book from the Borden Institute website or see other items of military medical interest click [here](#).

**d. Army Warrior Care and Transition System (AWCTS) Update.** AWCTS is a web-based application hosted at Defense Information System Agency (DISA) and uses AKO for CAC authentication purposes only. One element of AWCTS that stands out from other IT systems is the use of authoritative databases. For example, when admitting a Soldier into AWCTS, the input of their SSN will ‘pull’ components of their personnel file and populate their AWCTS record. And for the previous users of the Military Medical Tracking System (MMTS), this functionality was linked to AWCTS. For those participants at the WTC Conference this past summer, AWCTS was demonstrated and feedback obtained, which enabled the developers to build further functionality to encompass the WTU appointment module. User Acceptance Testing (UAT) is on-going and involving many WTB cadre members.

### Full Operating Capability and Future Enhancements

AWCTS is an evolving system with numerous major enhancements in development and planned release over the next few months, to include:

- WTU Appointments: linked to Composite Health Care System (CHCS), this feature will enable Cadre to manage non-clinical appointments and view clinical appointments directly pulled from CHCS.
- aCTP Integration: migration of aCTP functionality and data out of AKO. This will make aCTP a seamless integrated part of the entire AWCTS management solution with increased performance, stability, and usability.
- Pre-WTU tracker: currently being piloted in SRMC (P).
- Incremental functionality enhancements are included as part of the monthly major releases and minor releases done as needed. These enhancements are typically defined by the Configuration Control Board (CCB) as garnered from users community.
- Future enhancements may include improved dashboards, metrics, and mobile message device capability.



For further information or feedback on AWCTS please contact the WTC G-6 at (703) 325-2111.

**e. Taxpayer Advocate Service (TAS).** The TAS is an *independent organization within the IRS with the responsibility to help taxpayers resolve problems with the IRS and recommend changes that will prevent the problems. They are the Taxpayer's Voice at the IRS* whose job is to ensure that every taxpayer is treated fairly and knows and understands their rights. TAS offers free help to guide taxpayers through the often-confusing process of resolving tax problems that they haven't been able to solve on their own.

TAS has at least one local taxpayer advocate office in **every state, the District of Columbia, and Puerto Rico.** Individuals can also call TAS toll-free at 1-877-777-4778. If the taxpayer is stationed outside the United States, you can reach TAS at their **international** number (which is handled by the office in Puerto Rico), or by contacting the offices that serve the following areas:

- **Pacific US Territories (Guam, American Samoa and the Northern Mariana Islands)**
- **Carribbean US Territories (Puerto Rico & US Virgin Islands)**

TAS also handles large-scale or systemic problems that affect many taxpayers. If you know of one of these broad issues, please report it to TAS through its Systemic Advocacy Management System **here**. To learn more about TAS, including taxpayer rights and responsibilities, visit their tax toolkit **here**.

**9. Doctrine Status Update.** The following WCTP policies have expired or will expire by the end of FY12 (updates are highlighted in italics).

- a. MILPER 10-196, Warrior Transition Unit Cadre Personnel (Stabilization of Active Component Soldiers).** Expired June 28, 2011. *WTC G1 is working a request to Army G1/G3, HRC, and MEDCOM HR/G3 to renew the policy.*
- b. WCTP Policy 09-005, Policy Memorandum – Physical Training for Soldiers in Warrior Transition Units.** Expired October 14, 2011. *WTC G-3/5/7 Adaptive Reconditioning Branch is currently revising and will be synchronized with a future Adaptive Reconditioning Campaign Plan. The new policy will provide further clarification on Adaptive Activities and levels of coordination with MTF rehabilitative staff.*
- c. OTSG/MEDCOM Policy 10-052, Exemption for Warrior Transition Unit (WTU) Cadre to Professional Filler System (PROFIS) and Medical and Individual Augmentee (MED AUG and IA) Assignments.** Expires July 29, 2012. *WTC G1 is submitting request to MEDCOM HR/G3 to renew the policy.*
- d. WTC Policy 10-007, Respite Pass Policy for Warrior Transition Unit (WTU) Cadre.** Expires September 29, 2012. *Pending WTC review for policy renewal.*
- e. WTC Policy 10-009, Assignment of Geographically Dispersed Personnel to Warrior Transition Units (WTU).** Expires December 20, 2012. *Policy will be renewed in perpetuity with the publication of the Army Consolidated Guidance.*

## POINTS OF CONTACT

For additional information about the Warrior Care and Transition Program, visit the **WTC website**. We are also on **Twitter** and have a **WTC Blog**. We appreciate those who have provided announcements, notices, articles, and lessons learned and encourage you to submit an article for inclusion in subsequent installments of this newsletter. If you have a story of interest or wish to initiate a discussion on any topic or issue facing the wounded, ill, and injured community, please contact the **U.S. Army Warrior Transition Command**.