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A Path to Independence: The U.S. Army Wounded Warrior Program

BY [ERIC TEGLER](#) - DECEMBER 5, 2018



COAD soldier Staff Sgt. Oscar Guerra meets with his AW2 Advocate, Command Sgt. Maj. (Ret) Timothy Battle. AW2 photo

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The U.S. Army’s Wounded Warrior (AW2) program has continually evolved over the years. From an initiative to help severely wounded combat casualties of the wars in Iraq and Afghanistan access support services, to a broader effort aimed at all critically wounded, injured, or ill soldiers, AW2 has been a model of America’s commitment to its warfighters.

It’s a model that needs continuous tweaking, said Reginald Coffey. Coffey is the chief of Recovery Care Division for AW2 and he views the program as a tool to foster soldier progress.

“

individuals back into the fight or to transition them to civilian life as smoothly and seamlessly as possible – today we say we have a ‘path to independence.’”

“When I first came to AW2, clients were basically here for life,” he explained. “We had a motto, ‘AW2 for Life.’ It’s a phrase I disliked, because it was a duplication of the role, mission, and purpose of the Department of Veterans Affairs [VA].

“Our mission is to be a transitional facilitator, to get individuals back into the fight or to transition them to civilian life as smoothly and seamlessly as possible – today we say we have a ‘path to independence.’”

WHAT IS AW2?

For critically wounded, injured, or ill soldiers, the Army Wounded Warrior program is akin to being one of two lanes on the path to independence.

One lane is the broadly medical treatment and recovery of the soldier, managed and administrated by Army Medical Command and its medical facilities.

financial support, adaptive living equipment, education, and career transition support – are addressed by AW2 recovery care coordinators (RCCs) whose role is to ensure that these non-clinical needs are met, for both soldiers and their caregivers.

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“Over 95 percent of these soldiers will never return to the line. Most will transition to veteran status. We take care of their transition, ensuring that it is smooth by taking care of the individual’s non-clinical case management needs, working in conjunction with the Veterans Administration,”
Johnson said.

“This is the Army’s effort to take care of those most critically injured in combat and beyond,” says AW2 Director Col. Terrance J. Johnson. A career infantry officer with senior positions at U.S. Africa Command in Germany and with the U.S. embassy in the Democratic Republic of the Congo, Johnson took over as AW2 director in July 2017.

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AW2 is essentially a passage for critically wounded, injured, or ill soldiers that bridges their separation from active-duty support (if necessary) to long-term VA support.

Though the two are often confused, AW2 is *not* connected with the private-sector Wounded Warrior Project charity.

Rather, AW2 is one of four appropriated Department of Defense (DOD) wounded warrior programs established in 2004 to transition critically wounded service members from the wars in Afghanistan and Iraq from military service to civilian life. Its counterparts are the Marines' Wounded Warrior Regiment, the Navy's Safe Harbor, and the Air Force Wounded Warrior Program (AFW2).

The Army's program began life on April 30, 2004, as the Disabled Soldier Support System Initiative. A little over a year later, it became known as AW2. Initially, AW2 was limited to those who suffered disabling wounds in combat, many of whom were returning from U.S. theaters of operation in the mid-2000s.



consequently severe injuries and illness – outside of combat.



Spc. (Ret) Emmanuel Adame with his spouse Monique and daughter Luna. Spc. Adame was nominated to Operation Homefront, a nonprofit organization, by his AW2 Advocate, Mr. Paul Sanchez, and received a much-needed new automobile for he and his family. AW2 photo

It became apparent that a soldier who endures an amputation as a result of combat or from a training accident, or even a car accident, still has the same requirements,” Reginald Coffey said. “So, we changed the rules of eligibility, which now allow us to treat all soldiers the same.”

Coffey, who joined AW2 in 2009 after serving as an Army patient administration officer, emphasizes that AW2 is a dynamic program, constantly evolving based on demand, soldier input, and other influences.

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The inclusion of these types of severe wounds and injuries into AR 635-40 COAD/COAR was not only a departure from the early stages of AW2, but from decades of pre-9/11 policy under which critically wounded soldiers were almost automatically separated from the service. It has paid dividends in numerous cases.

“In 2007, I was at Walter Reed [Army Hospital] with the honor and privilege of being in the military leadership group that was escorting President [George W.] Bush,” Coffey said. “He was talking to some wounded warrior amputees. He said

Now traditionally, amputees were transitioned out, very few got to stay. But with a vocal [directive] the president changed our policies. We incorporated this guidance into the existing Army regulation on Active Duty or Active Reserve (COAD/COAR) status – continuation which allows soldiers with those types of critical conditions to apply to stay on active duty status or active reserve status.”

The inclusion of these types of severe wounds and injuries into AR 635-40 COAD/COAR was not only a departure from the early stages of AW2, but from decades of pre-9/11 policy under which critically wounded soldiers were almost automatically separated from the service. It has paid dividends in numerous cases. A great example is Col. Greg Gadson, a double above-the-knee amputee who lost his limbs to an IED in Baghdad in 2007. Gadson returned to serve the Army effectively, both as the third director of AW2 and later as the commanding officer of the Army garrison at Fort Belvoir, Virginia.

AW2 has undergone further changes over the years, including re-framing itself in 2016 as a transition organization rather than a long-term support service that duplicated the VA.

“At one point we had an unsustainable number [of wounded],” Johnson said. “There was a directive to take care of soldiers for life, to contact every single wounded warrior – tens of thousands – every month. Unfortunately, that

development of the phased approach to care, which began about two years ago.

HOW IT WORKS

The Army Wounded Warrior program is a directorate, subordinate to the service's Warrior Care and Transition Program (WCT), which reports to the Army Medical Command commander and surgeon general, Lt. Gen. Nadja Y. West.

“We’re like the WCT line unit,” Johnson explained. “We have the folks who touch the wounded warriors on a daily basis. They’re in the Warrior Transition Battalions, they’re in every major VA medical center in the country. We have an advocate in Landstuhl, Germany, one in Puerto Rico, two in Hawaii. They give one-on-one counseling to our clients and their families about their non-clinical needs.”

Wounded, injured, or ill soldiers typically (though not universally) move through stages including notification/evacuation, medical care and medical board evaluation, and reintegration with or transition from the Army.

AW2 Advocates ensure that soldiers and their families/caregivers leverage the financial and other services available to them.

Soldiers going through the process may go to one of the Army’s warrior transition units (WTUs). WTUs are organized much like Army battalion units, but soldier medical care and healing is their core mission. There are 14 WTUs at Army bases and medical facilities in the continental United States and Hawaii. Each WTU has a resident AW2 recovery care coordinator (RCC), or Advocate. Advocates are also stationed at major VA medical centers and a number of Army bases.

Once admitted to a WTU, each soldier is assigned an AW2 RCC. While RCC is the formal nomenclature, “RCC” and “Advocate” can be used interchangeably. Each of AW2’s 136 specialists truly “advocates” for the soldier and their family/caregiver.

To be considered eligible for AW2, a soldier must be expected to receive at least a 30 percent Army disability rating from the Integrated Disability Evaluation System (IDES) for one of the following conditions:

- Blindness or severe loss of vision



- Hearing loss or deafness
- Burns or permanent disfigurement
- Paralysis/spinal cord injury
- Traumatic brain injury (TBI)
- Fatal and incurable disease with limited life expectancy of one year or less

Soldiers who receive a 30 percent IDES disability rating for any other combat-related condition or condition caused by an instrumentality of war like post-traumatic stress disorder (PTSD) or other behavioral health conditions are eligible too. Likewise, those who receive a combined 50 percent disability rating for any other combat-related conditions or conditions caused by an instrumentality of war can be admitted to AW2.

AW2 Advocates ensure that soldiers and their families/caregivers leverage the financial and other services available to them. Naturally, soldiers and their families are not experts in an array of services, including Servicemembers Group Life Insurance, combat pay or Social Security benefits. Johnson also points out that while the soldier's priority is to heal, many can't devote their focus to it unless their families are secure.



Sgt. Steven Wurth, a participant in the Warrior Games, tests the route during course orientation, Colorado Springs, Colorado, May 28, 2018. The DOD Warrior Games is an adaptive sports competition for wounded, ill, and injured service members and veterans. AW2's objective is to support wounded soldiers in living their lives to the fullest extent possible based on their situation. U.S. Army photo by Staff Sgt. Kalie Frantz

“If a service member has a family without a car or a reliable place to stay, they are very concerned about the family. They’re going to take care of family first. The

the family?

AW2 Advocates do it, proactively. If a soldier qualifies for AW2, his/her Advocate identifies resources like the Special Compensation for Assistance with Activities of Daily Living (SCAADL) program, which provides payments to caregivers while the service member is still active, then transitions them to the VA Caregiver program.

It's worth pointing out that the needs of a particular soldier and the needs of the Army may not always coincide. AW2 is noteworthy because its advocacy is trained solely on the soldier. "Our objective is to facilitate that soldier identifying and achieving his/her identified goals and objectives. To live their lives to the fullest extent possible based on their new norm," Coffey said.

"We're in the trenches doing what's best for the soldier, his/her family, or caregiver," Coffey said. "That's not always what the Army wants, but it's what the soldier needs. The Army may want to keep the soldier active, but the individual wants to move on to something else. It's all about assisting the soldier or veteran in achieving their goals and objectives. If those include continuation of service, we say 'Hooah!' If he or she decides it's time to transition and become a productive member of the civilian community, we say 'Hooah!' and facilitate that process."

phase (LCMP). LCMP is broken into four stages, which hinge on assessment, engagement, and time. In LCMP 1, the soldier and advocate have an initial consultation/assessment, typically while the soldier is an in-patient. Advocates follow up every 30 days. In LCMP 2, contact and assessment are made every 90 days. The third stage mandates contact/assessment every 180 days, and finally, soldiers enter LCMP 4, the lifetime or alumni phase of AW2.

Case management is broken down in this fashion both to facilitate a soldier's path to independence and to account for the inevitable differences in progress among individuals and their support systems.

“Two soldiers with the exact same injury or illness can have recovery and transition needs that are totally different,” Coffey said. AW2's goal is to get soldiers back into the force or facilitate their transition to civilian life within 365 days or as soon as possible based on their condition and needs, although Advocate support lasts beyond that period.

On average, soldiers spend 18 months in the program, during which AW2 makes sure the soldier has no core disruptive issues (housing, income, health care, VA benefits, community integration).

lifecycle phases before we put them in the Alumni program,” Johnson said.

“That’s when we stop bothering them. They have a reasonable level of independence, but they can always reach back to us.”

Part of that independence includes gainful employment, and AW2 works to help transitioning soldiers find training, internships, and employment, along with broader DOD transition programs like Operation Warfighter. Along the way, AW2 also educates potential employers about the specific talents and needs of wounded warriors.

“America is a country where the spirit of goodwill is unending,” Coffey said.

“Employers want to give, but we have to educate them about what they’re signing up for.”

While employed, soldiers may have to take time off for continued medical care. Some, with conditions like PTSD, may need special accommodation, like non-cubicle workspaces or temporary quiet spaces.

“You’d be amazed at how flexible employers will make themselves for these wounded warriors,” Coffey added. “That’s what allows our program to do what I think is the best job any generation has experienced with post-injury care for our soldiers.”

medically retired and transitioned to the VA system. But veterans can always reach back to an AW2 Advocate for additional support.

READINESS, NOW AND IN THE FUTURE

You might think that the Army Wounded Warrior program really only affects soldiers who've left the line – but you'd be wrong.

Johnson points out that the AW2 director position is a combat-arms dedicated billet. In part, that helps wounded warriors recognize that AW2 leaders have also been on the line, and in several cases, wounded themselves. In addition, it lends gravitas to the outreach that AW2 does with the active Army.

“Any time I’m on an installation, I try to engage at the brigade combat team level. We meet over lunch or coffee and I tell them that, while they may not be familiar with it, this program is great. It goes back to the Army’s No. 1 priority: readiness. It gives confidence to healthy soldiers on the line because if something happens, they’re aware of a program that takes care of them and their families. It improves morale, which is critically important.”

“We started with a handful of Advocates supporting 340 severely wounded soldiers,” Coffey said. “By 2012, we had 247 Advocates supporting 25,000-plus wounded, ill, and injured. Now, we’re down to about 12,000, so as my population draws down, it allows us the opportunity to reset our force structure to meet our mission requirements.”

While boosting morale, AW2 simultaneously takes the burden of post-injury non-medical support off the operations, logistics, or support unit from which a soldier came. In the past, such a burden distracted from core readiness.

Johnson and AW2 Sgt. Maj. Thomas C. Abbott Sr., set out last year to reach AW2 locations in 40 states and three overseas posts during their tenure with the program. Whether they’re at an Army installation, a hospital, or a community institution, they’re seeking to raise awareness of AW2 and how it serves wounded warriors, the service, and American society.

As noted, AW2 is a continually evolving program. As its emphasis and processes have changed, so too has the environment in which it operates. When the

the Middle East. Over time, the intensity of U.S. military engagements has thankfully decreased. That has implications for AW2, which is adjusting to meet demand.

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Current projections put the AW2 population at 8,000 to 9,000 in the next couple years. While the decline in demand from injuries stemming from combat operations or preparation for combat is notable, it hasn’t reduced the AW2 population in a linear fashion. That’s because not all wounds are physical.

“What you’re seeing now is those who deployed and came back physically uninjured, but three to five years later, something is wrong with them,” Coffey said. “It’s what we call an ‘above the shoulder’ injury. In every war there’s an initial wave of casualties, but five or 10 years later, you see the residual effects of that war, which are usually behavioral health-related.”

program is ready to scale itself appropriately as the need hopefully wanes.

“As long as the case numbers go down, we will continue to shrink,” Johnson said.

AW2 aims for a 60-1 soldier-Advocate ratio to provide the best service, and will seek to maintain that ratio as it contracts. The program has a base number of 72 government-employed Advocates. The remainder are contract Advocates drawn from the private sector. Their number has decreased over the past two years, and will continue to as conditions warrant.

The geographic distribution of the AW2 population, which tends to live in a horseshoe pattern around the country, has allowed for further consolidation, according to Johnson. The scalability of the private contract is an asset, and if needed, more Advocates can be hired in a timely fashion. AW2’s leaders stress that while it may be getting smaller, its case management quality will stay at the same high level.


That level will be maintained as the active Army program merges with the Army Reserve program under the Army Enterprise Recovery Coordination Program (AERCP), providing one seamless service for wounded, injured, or ill soldiers. As Johnson says, AW2 will continue to march along with our most critically wounded warriors.

yourself.

To learn more about the AW2 Program, contact the AW2 Contact Center at 1-877-393-9058.

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Eric Tegler is a writer/broadcaster from Severna Park, Md. His work appears in a variety...

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