



**ARMY MEDICINE**  
Serving To Heal...Honored To Serve

# Brooke Army Medical Center (BAMC) Warrior Transition Battalion



## Command Overview

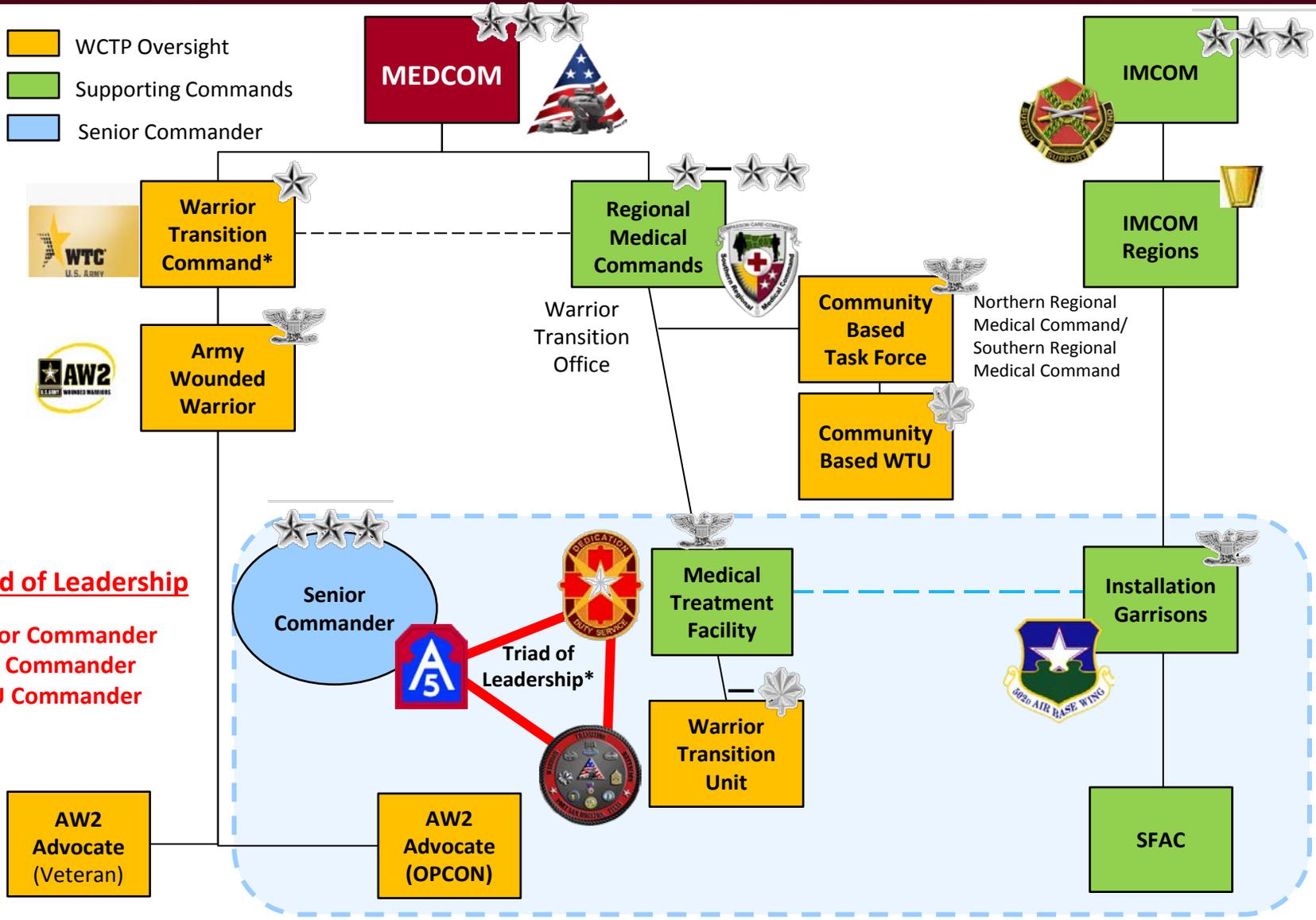
LTC Eric S. Edwards, Commander

CSM Steven P. Ridings, Command Sergeant Major

UNCLASSIFIED



# WTB ORGANIZATION/COMMAND



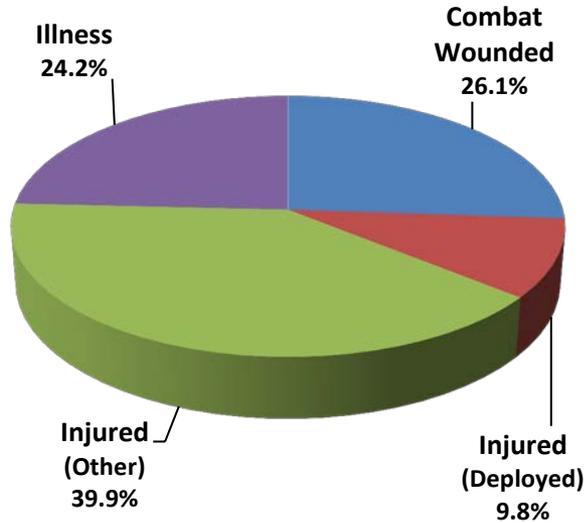


# WTB PERSONNEL

WII SOLDIER POPULATION		TOTAL
A	Total Warriors	488
B	Change (last report)	0
C	Known Inbound (next 7days)	6
D	Percentage (Capacity)	71.8%
E	Current Max Capacity	680

WTB STAFF	
Medical	79
Non-Medical	273
Military	165
DA Civilian	108
Contractors	77
Total	352

Position	Max Ratio	Current Ratio
SL	1:10	1:6
NCM	1:20	1:14
OTA	1:100	1:98
PTA	1:200	1:163
SW	1:50	1:32
PCM	1:200	1:122



ADMIN/TREATMENT		1	2	3
A	COMPO	308	123	57
B	Combat Wounded	101	17	10
C	Injured (Deployed)	57	31	8
D	Injured (Other)	2	4	0
E	Illness	148	71	43
F	Deployed	158	48	18
G	SI/HI	83	14	14
H	UCMJ action (WTB)	15	7	5
I	BH	212	54	40
J	PTSD	153	39	24
K	TBI (mild/mod)	23	10	5
L	TBI (severe)	6	0	1
M	Amputees	48	5	1
N	ISR	15	1	0
O	AW2	130	8	2
P	Non-Med Attendent	4	0	0
Q	High Risk (Red)	18	8	2
R	Ext High Risk (Black)	20	7	0
S	SCAADL	19	0	0

NOTE: All BAMC WTB civilian hires are processed through BAMC, vetted through SRMC and then processed at CPAC. The WTB has only processed one direct hire (for a NCM); all other hires are made competitively (as DoD defines it).



# WTB DEMOGRAPHICS



**Officers (13%):**

Range: W2-O6

Average: O3

**Enlisted (87%):**

Range: E1-E9

Average: E3

**Age:**

Range: 18-60

Average: 34

Male: 89%

Female: 11%

Married: 297 (61%)

Single: 191 (39%)

**Top MOS:**

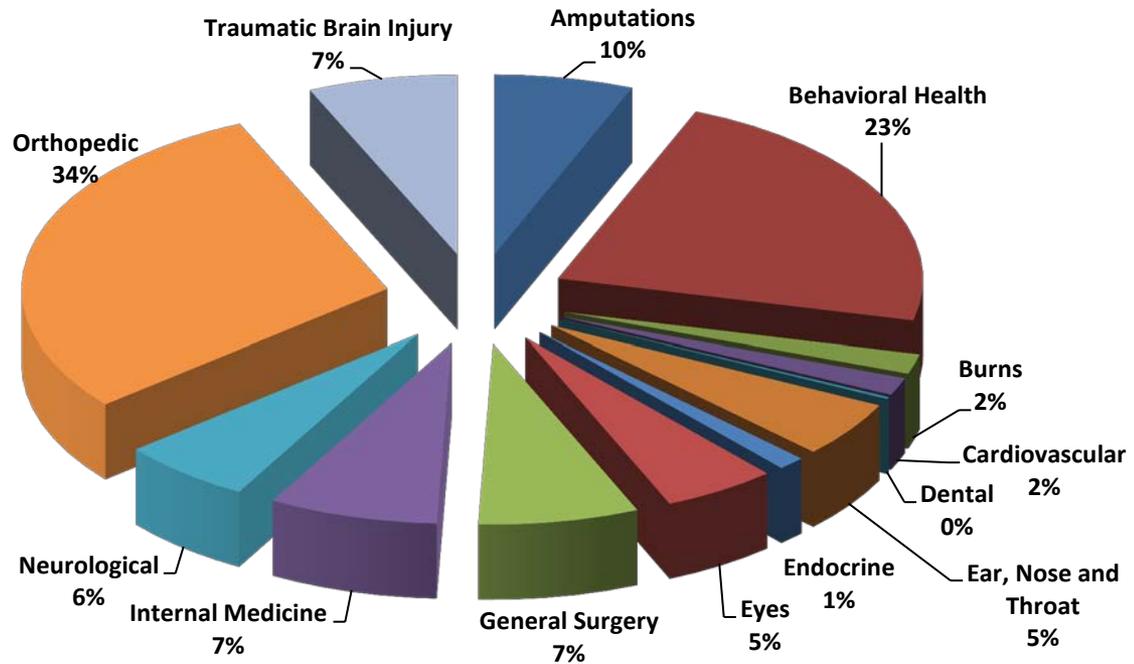
11B (104)

12B (32)

88M (28)

68W (27)

31B (18)



**Average Length of Stay (LOS): 364 days**

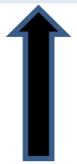
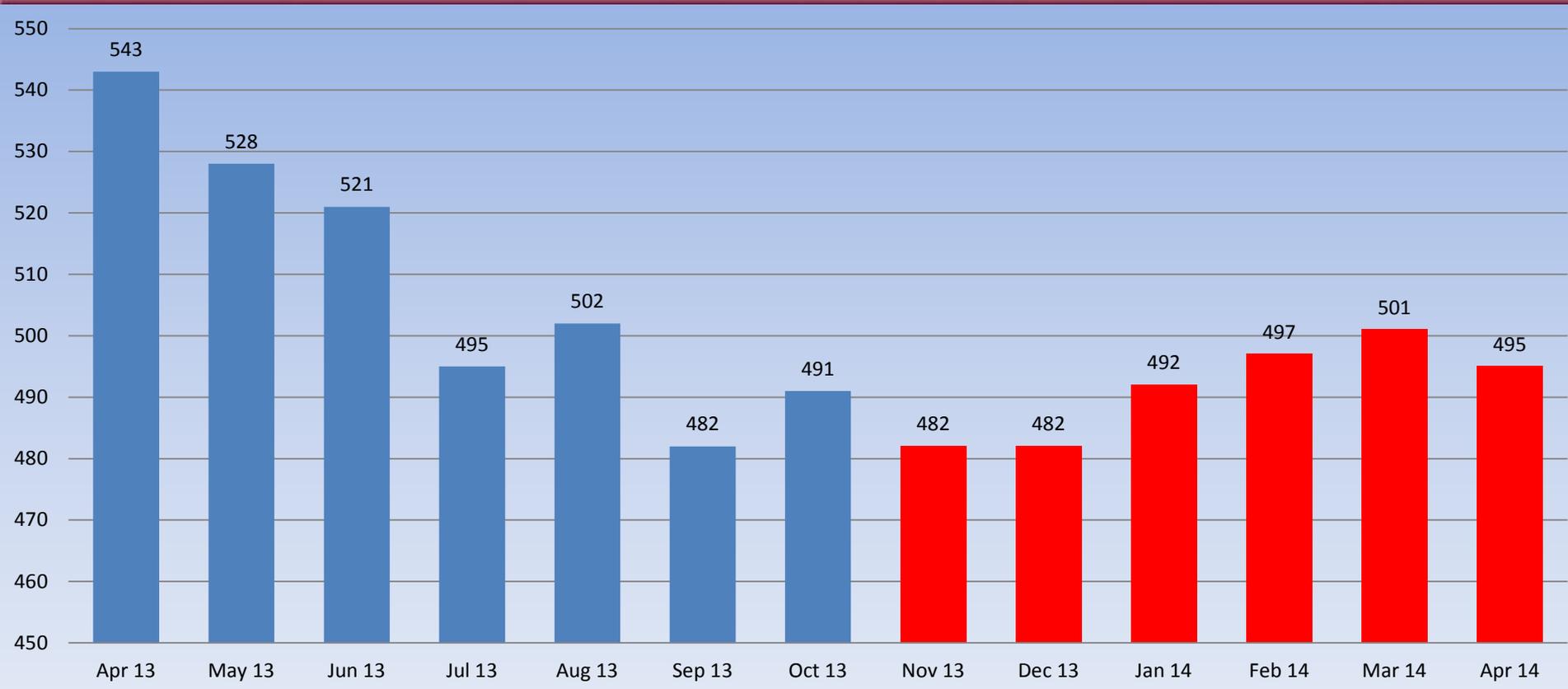
**Methods to Control LOS:**

- 1) Company Triads, 2) Stalled Soldier reviews, 3) MEB expedited case coordination, 4) Timely Surgical Procedures and 4) Early transfers to CBWTUs (those eligible)

LENGTH OF STAY (LOS)	ADMIN	Awaiting MEB appt	In MEB	In PEB	No MEB (w/ GO approval)	No MEB (w/o GO approval)	Grand Total	% > 365
<b>FT SAM HOUSTON</b>	<b>49</b>	<b>1</b>	<b>115</b>	<b>26</b>	<b>17</b>	<b>1</b>	<b>209</b>	<b>44%</b>
> 365	22	1	64	15	12	1	115	24%
> 540	17		25	5	3		50	11%
> 730	10		26	6	2		44	9%



# WTB SOLDIER POPULATION



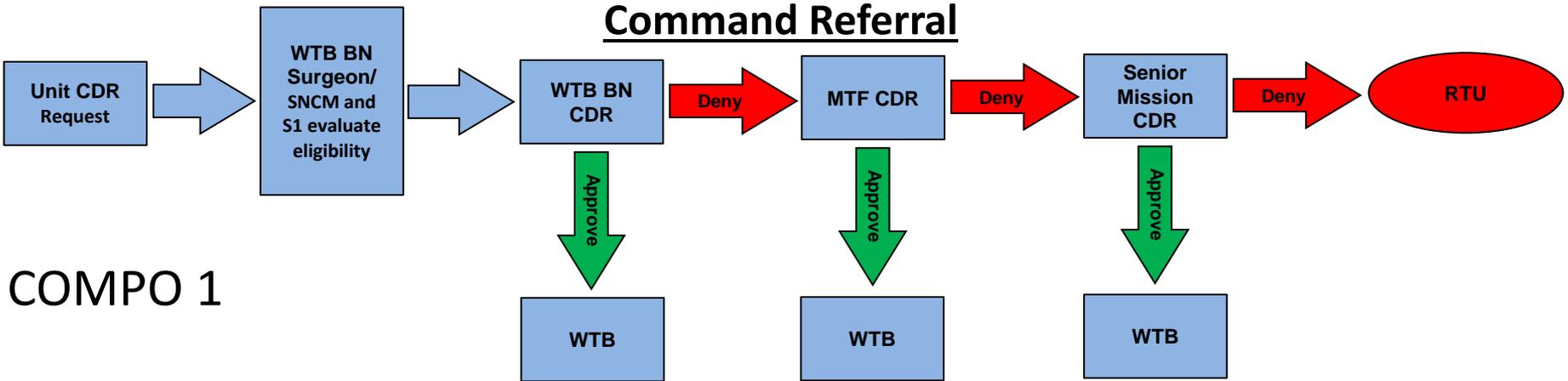
Inbound Divert Lifted

Actual  
Projections

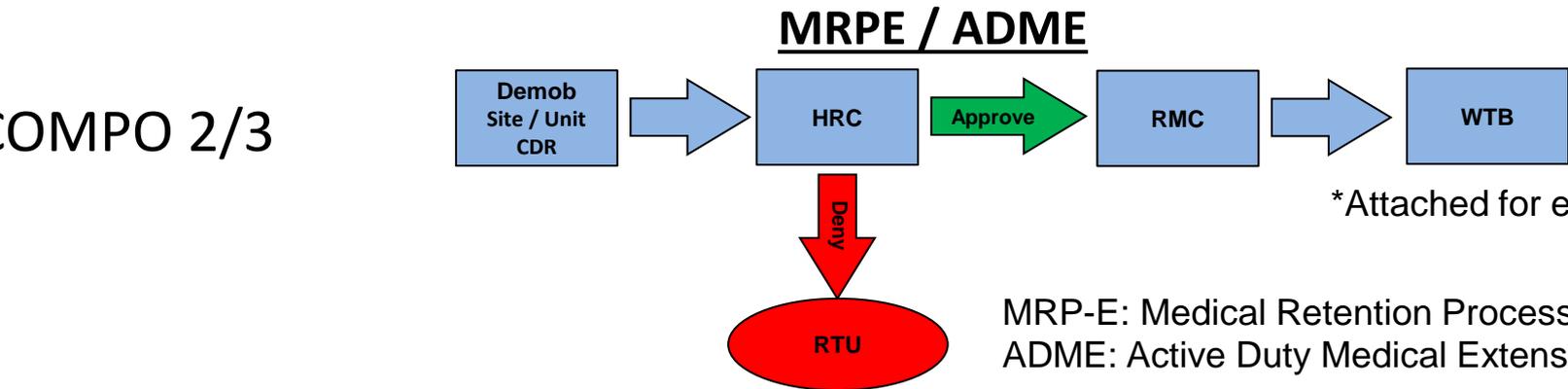
\* Medical TDY support not included



# ENTRANCE INTO THE WTB

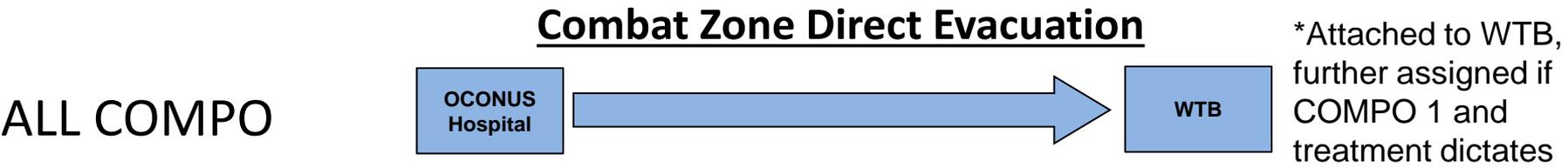


\*Attached until reaching determination on treatment plan or NLT179days



\*Attached for entire stay

MRP-E: Medical Retention Processing-Evaluation  
ADME: Active Duty Medical Extension



\*Attached to WTB, further assigned if COMPO 1 and treatment dictates



# WTB FAMILY SUPPORT

## (SLIDE 1 OF 2)



### Points of Interest:

- 184 Soldiers \* (38%) are accompanied by Family Members (FMs)
- 35% \* of our Soldiers are accompanied by FMs while in-processing.
- 47% \* of our Soldiers are accompanied by FMs during IDES orientation.
- Staying appraised of Family Needs:
  - Monthly Newcomers/Town Hall briefings/Soldier Self Assessments
  - Family Readiness events, Company-level sensing sessions and FTRs
- WTB Soldier-Family Liaison

\* estimated



# WTB FAMILY SUPPORT (SLIDE 2 OF 2)



WTB Adjacent Agency Family Support  
Warrior Family Support Center  
Soldier Family Assistance Center  
Non-Profit/Not-for-Profit Agencies





# CHALLENGES/PROVEN PRACTICES



- Challenges:
  - Career & Education Readiness
    - High acuity rate impedes eligibility for certain CER programs
  - Communication with Unit of Origin
    - COMPO 2&3 Soldiers express difficulty in coordinating w/ parent units
  - Length/Unpredictability of IDES Timeline
- Proven Practices:
  - Care for High-Risk Soldiers
    - Twice-daily contact of HR Soldiers by chain of command
    - Regular suicide prevention and intervention training for all Soldiers and staff, both civilian and military
    - Training and use of Master Resiliency Trainers
    - Peer monitoring of HR Soldiers
    - No successful suicide since February 2008



# QUESTIONS

