

### Personal History:

My name is Joseph A. Zumwalt and I medically retired from the Army in July 2012 as a Chief Warrant Officer Two. My career started in 1999 as an E1, 67T Blackhawk Repairman. I spent my first four years in Korea, where I performed duties as a crew chief, flight instructor and standards instruct. Next I went to Fort Irwin CA and was assigned to the MEDEVAC and performed duties as a Quality NCOIC, Maintenance NCOIC, and Detachment Sergeant. I next went to Hawaii, and was assigned to the 25<sup>th</sup> CAB as a Platoon Sergeant, and Company Standards Instructor. It was during this assignment that I did my first tour in Iraq from July 2006 to October 2007. During this deployment, I was involved in a “hard” landing in September 2006 while performing crew chief/gunner duties on a Blackhawk in Mosul, Iraq. This is the origin of the injuries that finally resulted in medical retirement in 2012.

During the 12 months that followed my accident, my back deteriorated and I developed right leg sciatica that was very painful. It was especially bad, when flying on long missions, which were most days. I sought treatment, often, and our flight surgeon (PA) did the best he could. He treated me with Motrin, and Flexeral.

During this deployment, I also applied for and was accepted to Warrant Officer Candidate School (WOCS). Upon my arrival home from Iraq in late October 2007, I received a report date of December 07 to WOCS and was required to pack and clear Hawaii quickly. My back was very sick by this point, but I did not want to turn away from the opportunity to commission as a Warrant Officer, and I decided to take the risk and go to school.

The rigors of training where extremely difficult. Daily PT, confidence courses, and field craft pushed my back extremely hard. I performed marginally in the physical tasks, and excellent in the leadership tasks. I graduated as a WO1 in January 2008. I want sent to follow on training for Basic Officer Leadership Course, and 151A Aviation Maintenance Officer training. During this time my back continued to deteriorate. I was seen at sick call many times, but the course of treatment was always Motrin, flexeril, and physical therapy. Once training was complete, I was sent to Fort Drum, NY and the 10<sup>th</sup> CAB.

Upon my arrival there in June 2008, I was in constant debilitating pain. My lower back was an 8-10, and my right leg was a 7-10, and felt like a bull dog was biting my right butt cheek, thigh, and calf. I went to see the BDE flight surgeon, but was told they were on max leave to prepare for deployment. I was told to go to main post, and go to the main troop medical center.

It was at Conner Medical Center that I first received some serious attention. A young Doctor there checked me out, and sent me immediately in for lower back Xrays. Amazingly , this was the first time since the helicopter crash I had ever received an Xray. After viewing film, he immediately identified that I had issues, and put a consult in for a pain management Doctor. When I saw that Doctor, the first thing he did was order an MRI. Two days after the MRI results can back I was referred to a Nuro Surgeon, and told I needed surgery as soon as possible. I had a ruptured disk, with major nerve impingement.

I had surgery in September 2008. It was a L4 laminectomy and discectomy. Initially it was deemed successful. My right leg sciatica was immediately relieved except for some remaining pain in my right

calf. I spent one month recovering at home, and then started physical therapy. In October 2008, my unit deployed to Iraq without me. This brought a lot of guilt to me, as I wanted to be down range with my Soldiers. With this in mind, I pushed very hard, and went through recovery as fast as I could stand it. Most of the right leg sciatica was gone, but I was still suffering a lot of pain at the surgery site. I did not report this, and deployed to Iraq in January 2009.

During this deployment, I was in a lot of lower back pain. My sciatica was still gone for the most part, but coming back intermittently depending on the amount of physical activity I had. We were on a developed FOB, so the ground was overall ok to walk on. Wearing body armor and Soldier gear was a challenge, but we only donned it in cases of IDF attacks. I saw the flight surgeon (PA) many times during this deployment. He treated me with motrin, and flexeril. I completed the deployment in October 2009, and went back to Fort Drum.

Upon arriving at Fort Drum, I was seen during reverse SRC. At this time, my back was much worse and I was referred out for follow on treatment. I did PT, pain management, and pool therapy. I maintained the course of treatment, with no improvement and deployed to Afghanistan in October 2011.

During this deployment, things started to go real poorly as far as my back. We were on a very undeveloped FOB, that had big river rocks as the terrain. There were also multiple daily IDF attacks, so donning the “happy gear” was very regular. The combination of uneven terrain, and attacks caused by back and sciatica to come back full swing. I was being seen by the flight surgeon (MD), and after nine months he made the decision to MEDEVAC me back to Drum. Upon arrival, I was assigned to the WTU.

At the WTU, they immediately got me into many specialists, did MRIs, and PT. After 60 days a decision was made that I was not a surgical candidate, and MEB was initiated. My MEB/PEB lasted 5 months. It went extremely well. I had a very committed medical team, as well as administrative team. Being of higher rank helped me a lot, but over all I saw all Soldiers treated very well.

#### What Went Well?

My assignment to the WTU was a life saver. Had I been assigned to a line unit, it would have been very different (I will expand on this later). Upon arrival, I inprocessed, was seen by the TRIAD of care, and started a treatment plan. During my time at the WTU

- I received excellent medical care. My appointments were a priority, and I got first class treatment.
- I was treated with dignity and respect. I felt like my best interest was being seen to. This is very important because when you have sacrificed for many years, you need to be told that it is time to take care of yourself.
- I worked with the transition coordinator and found a job on post that worked within my disabilities. This was crucial for my mental well-being. It also created job experience that was current and applicable to the civilian market.

- The transition from the Army to VA was very smooth. I had VA appointments set up for a couple of days after my discharge date. The OIF/OEF coordinator was excellent, and my treatment didn't miss a beat.
- Leadership at the WTU was excellent. From the squad leader to the commander, they were all very well trained.

#### What Went Poorly?

- Information flow was poor. The IDES process has established guidelines, but no real accurate way to notify the SM where they stand against the guidelines. The AKO my MEB tool has great potential, but becomes a victim of how up to date the information being inputted by humans is. My PEBLO was great, but she also told me that "I should not trust my MEB because she didn't update it often" A toll only works if you use it to its full potential.
- Job hunting went very poorly for me. First, I wanted to work in government, but could not obtain veteran preference because I only had "proposed" ratings. Nobody from the VA would provide me with a memo stating I qualified, and that I had to wait until I had final ratings a few months after discharge. This approach makes no sense. It assures the vet will be unemployed when they leave service, because that 10 point preference is key to federal employment.
- During the years of the medical progression of my injury, my treatment was overall poor. Most units are staffed with a PA who does not have the training, or desire to treat chronic injuries. They tend to throw motrin, and PT at everything. Xrays, and other imaging are very rare.

#### Observations

##### Line Unit vs WTU

One of the big observations I have made since starting the IDES process is that there is a huge gap between how a WT is handled by the WTU, and by a line unit. The WTU has purpose and focus to either RTD, or MEB a SM. They make the process very tolerable. Line units are the exact opposite of the WTU. There is no purpose, or focus on helping the WT. They very often automatically tag a WT as a "malingerer" or "useless".

This climate that exists in line units is a very hard dynamic to break. You have service members who have faced armed combat shoulder to shoulder, and a bond has been forged. When their battle buddy gets injured or ill, they tend to pull away. This happens for a couple of reasons. First everybody is trained from day one to "suck it up", and they see the WT as being weak. Second, they see the WT as quitting, and showing weakness. Lastly, command, NCOs in particular reinforce this perceived weakness, and uselessness to their troops.

Leadership has a mission, and it is not to care for WTs. Having a WT in their unit creates a shortfall that others need to fill. The WT becomes an easy target because their leadership says things like "I am sorry PFC Snuffy, you have to do trash detail because "Specialist WT" has a profile or a doctor's appointment". Resentment and anger of the WT "getting over" starts to grow and it is a snow ball that gets bigger by the day. In a short time a WT who was a super soldier months ago and fought well for their unit, often

gets tagged as a “dirtbag” It just gets worse and worse, and the WT gets frustrated may act out. This just further compounds problem.

WT's are routinely put on as the resident staff duty person. I have known many in a unit that work 24 hours on, then 24 off, only to come back the third day to another 24 hours of duty. This cycle repeats over and over while the WT waits through a very slow process.

Meanwhile, the WT is always under the microscope. If they miss an appointment, or do anything that would qualify as a simple verbal counseling for other soldiers, they get read the riot act and are counseled in writing, and put on an even shorter leash. This all leads to a hostile environment on both the command and WT side. It makes every minute for them in a unit horrible.

#### **Possible Solutions:**

**COA 1-** Expand WTU Battalions so they can accept all MEB service members. **Not Reasonable**

**COA 2-**Create mini WTU units at the BDE level. Have them fall in under the HHC section, with a direct line of site to the BDE Commander. Make the Platoon Leader the BDE Surgeon, and staff the squads with NCO leadership selected from within the BDE ranks. Ensure that these NCOs get the same training as WTU Cadre. **Worth Looking Into**

**COA 3-**Do nothing. **Not Reasonable**

**COA 2** is the best choice. It ensures that WTs are removed from their unit and the hostile environment. It ensures the WTs focus is to go through IDES and it is there mission to go to appointments, and formulate a worthy transition plan. It moves WTs through the system quicker at a minimal cost, and some restructuring.

#### **Jobs/School Plan**

The biggest advantage I had during my time in the WTU was that I was allowed to go find an organization on post where I could work full time. This was a great tool because it allowed me to get current and applicable experience in the final six months before separation. This experience is much easier to communicate to civilian employers, and offers great on the job training. It also reduces operating costs for directorate's that would have to otherwise hire full or part time employees to staff.

The problem is that this opportunity does not exist for all WTs, and is not mandatory. There are WTs who are proactive, and those who are not, but we owe it to them all to have the greatest chance for success. Ensuring these WTs are trained and equipped to be employable when they hit the civilian world. By doing this, we relieve pressure on the social entitlement programs like food stamps, SSDI, and Unemployment.

I think way too much time is spent telling every WT that they will qualify for SSDI because they can't do there MOS, how to file for unemployment, and all the other programs. By pushing this agenda, you create a lazy group going out into the civilian sector. Not all will be like this, but I see a whole lot that

are. The first thing I hear is “why would I get a job when I can make 5k between VA compensation and SSDI?” It’s ridiculous, and why would you expect them to find a job. They are now a ward of the state for life.

**Possible Solutions:**

**COA 1-** Require all WTs to choose either a work plan via post agencies, or local civilian industry. Other than doctor appointments, make this their place of duty. Pay the WT their normal military wages, and do not let them collect a salary from the other agency. If the WT does not want to work, make them enroll in a mandatory education track that better supports a transition. Key point is not to let them sit around and wait. Very Reasonable.

**COA 2-** Do nothing, it’s good as is. Reasonable

**COA 3-** Increase mandatory transition training and require a written transition plan. Reasonable

**COA 1-** is the best choice. It not only prepares the WT for future employment, or school, but provides a great deal of community outreach, and saves resource’s in a time of shrinking budgets. Giving the WT a goal, and a mission better engages them and requires their input into their future. This leads to less anxiety about trying to figure out how much more time they have to wait. It also helps them hit the ground running. Bottom line is that it is a very tough job market out there. I was a CW2 and expected it would be very easy, but it was very difficult.

**Leadership Training**

This is an area where there is a major shortfall. There are very few that know the IDES process, and most are in the WTU Battalions. When you go to line units and ask an NCO what IDES is and they will tell you they don’t know. They are not educated in the process at all. All they know is they have a Soldier going through MEB, and they can’t use them for anything except duty.

What are worse, is young commanders and officers only know what their seasoned NCOs tell them about. The section sergeant goes to the platoon sergeant and complains, then the platoon sergeant goes to the first sergeant and claims there is a bigger problem, and then “top” goes into the commander and says “hey Sir, we really gotta do something about this” It just enflames the ill feelings of a unit towards a WT.

This is the single biggest problem there is with the system.

**Possible Solutions:**

**COA 1-** Include a mandatory block of IDES and WT training into all levels of NCOES schools. 8 hours for WLC, 16 hours for BNCOC, and 20 hours for ANCOE, and the First Sergeants Course. Make it a graduation requirement. Do the same on the Officer side. Make it 8 hours in the BOLC, 20 hours for Advanced Course, and 30 hours for the Commanders Course. Bottom line is DOD and the Army needs to mandate some kind of training. Very Reasonable.

**COA 2-** Use Army Community Services to do unit training on the IDES to all unit personal. Make it 2 hours for E4 and below, and 4 hours for all ranks above. Reasonable

**COA 3-** Continue to status quo and let it work itself out. Not Reasonable.

**COA 1** is the best course of action. In the current draw down level, training on this subject will make the process smoother, and faster. This will free up slots otherwise held by WTs who cannot perform military duties. It will reduce the level of hostility in the units because all levels of leadership will understand the process, and be better equipped to enforce standards, and prevent harassment.

### **Timely Reporting**

This in my opinion is the second biggest issue. WTs are completely in the dark when it comes to knowing where they are in the process. This in turn, creates a lot of anxiety. The issue also flows into the units, as they are waiting for the WT to clear the books, and get a healthy service member in.

The key problem here is there is a lot of databases, that collect a lot of great data, but they travel in different circles. Consolidating, and updating these databases requires too much human interaction. I think the Army is on the right track with the My MEB application. There just needs to be a way to keep this up to date, and accurate using already available databases (VA, PEB) and having it access and update from those databases.

Timely reporting and keeping WTs in the loop on the process will lesson anxiety, free up resources (PEBLO emails/calls), and better inform units. Making this process more accurate will also provide senior service and DOD leadership of real time info of where the overall program is sitting. It will allow them to see choke points, or posts that are below the average, and using that information to better manage resources.

### **Possible Solutions:**

**COA 1-** Build a new all-inclusive database to track IDES data at the DOD level. Include all VA metrics, as well as the VA. Not Reasonable.

**COA 2-** Choose an existing database (service or VA) and make it the primary database and use all others to feed information to it. Update database via external information weekly at a minimum. Very Reasonable

**COA 3- Do nothing**

### **Final Thoughts**

My last thoughts are about the VA letter qualifying a veteran for a 10 point preference. This letter provides a huge advantage when trying to find federal work. My goal was to use my terminal leave time to get a job, and start working, but I could not accomplish in the federal workforce without the letter. I tried every VA rep in the state of NY and beyond to write me some kind of memo saying I had over 30%.

It was very frustrating because they could see my proposed ratings in the VA system, but said they were forbidden to provide a memo, and that I had to wait until I had final ratings.

The big point to remember is a WT with only proposed ratings is at a huge disadvantage. This is because almost all federal applicants have a five point federal preference because they are a veteran. They can use the DD 214 they receive when they final out to get this. The WT has to compete against all of these applicants because they only receive the same five point preference until they get final ratings months after terminal leave is finished. I can only imagine how hard this is for an E4. I was a CW2 with a lot of great experience. As you go down the ranks, they have less and less. This makes the letter that much more important.

There has to be a way to allow WTs to use the proposed ratings for the 10 point preference. This alone would eliminate a great deal of stress, reduce impact to entitlements, and provide the federal government with quality employees.