

## Information Paper

MCEU-PAD  
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SUBJECT: Warrior Transition Units in USAREUR

1. **PURPOSE:** To Provide Information on WTUs in USAREUR.
2. **BACKGROUND:** The U.S. Army is implementing a series of improvements for Wounded Warriors' medical care and outpatient assistance to prepare them for continued, successful military service or transition to active citizenship. One of those improvements is the establishment of Warrior Transition Units (WTU) at major Army installations.
3. **FACTS:** On June 15, 2007, the U.S. Army Medical Command consolidated Medical Hold units for active duty Warriors and Medical Holdover units for Reserve Component Warriors into single Warrior Transition Units, and will assume command and control of these units. Assigning all Warriors, regardless of component and under one command, ensures equity of care, leadership, and administrative support.
4. USAREUR will implement multi-component provisional Warrior Transition Units using a leader-to-led command and control structure. Each Soldier in the WTU has a primary care manager, a nurse case manager, and squad leader. The locations of the WTUs are:
  - a. WTU U.S. Army Medical Department Activity – Heidelberg
  - b. WTU U.S. Army Medical Department Activity – Bavaria
  - c. WTU Landstuhl Regional Medical Center (LRMC)
  - d. WTU (Outpatient) LRMC, formerly the Medical Transient Detachment for Warriors re-deployed from OIF/OEF and CENTCOM AOR who need only short-term care.
5. Warriors in transition may be assigned to a WTU if they are:
  - a. assigned to a Medical Hold or a Medical Holdover company;
  - b. on Active Duty Medical Extension (ADME) status;
  - c. going through a Medical Evaluation Board (MEB); or
  - d. require complex medical care for longer than six months.
6. Warriors going through an MEB or who require complex care for longer than six months may be assigned to the WTU at the discretion of the parent unit commander. The unit commander is responsible for deciding when to assign a Warrior to a WTU. His or her decision must be coordinated with the military treatment facility (MTF) commander.
7. Warriors assigned to a WTU are there to heal and to complete the MEB process. Warriors will stay at their home stations and work at the clinic or in a community agency.
8. Concept of Operation for WTUs: WTU commanders and 1SG are regionally-based, while the WTU squad leaders are locally-based. The staff is composed of a combat arms company commander; 11Z5M first sergeant; 11B40 platoon sergeant per 36 Warriors; 11B30 squad leader per 12 Warriors; one nurse case manager per 18 Warriors; one primary care manager per 200 Warriors; one MEB physician per 200 Warriors; one 68W20 medical NCO per WTU; and other civilian healthcare administrative staff as needed.
9. **CONCLUSION:** ERMC supports the Army Medical Action Plan by implementing changes in the Army's system of caring for warriors in transition. The WTU is a valuable asset for unit commanders and the wounded Warrior. Supporting WTUs reduces the probability of Warriors getting lost in the system and guarantees continued outstanding medical treatment.

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