

Gentlemen;

My impressions from this afternoon:

The WTB was seen as a place to put those forgotten by the combatant brigades and it is where they remain forgotten. Combat was preferable to the WTB and the platoon level chain of command (PSG, and esp. SL) were poorly trained and not earning their special pay to pay close attention to each WT's case and their progress to transition. All of the WTs in attendance had been in the WT system for more than 10 months and the SA asked each WT their particular details of where injury was, how long they had been in the system, and anything they wanted to talk about. It seemed that a full fourth had been in the system over two years (since inception of WTB.) WTs that deserved recognition for heroic sacrifices in combat were being ignored by their previous chains of command and some WTs believed that the WTB cadre were not actively being their advocates for moving onto full transition back to duty or out of the military as a veteran since cadre would move on eventually and the WTs would be someone else's problem. Multiple CoC changes at the platoon level over a period of 6 months, made more complex with nurse case manager or primary case manager shifts, encouraged an apathetic environment. This is further exacerbated by the lack of communication inside of WAMC and the obvious disconnect between MEDCOM and the WTB at all echelons of command.

- 1.) WTs feel that they are being bullied by their chain of command in the companies.
- 2.) Previous chains of command do not care about their former Paratroopers (i.e. 82nd ABN)
- 3.) Awards recovery and records recovery not being done (NCOER/OER, Purple Hearts, CAB/CIB)
- 4.) Retirement ceremonies and retirement awards / ETS awards not being done.
- 5.) Pervasive feelings of being forgotten by Army at large.
- 6.) "If I had been in the WTB after I was wounded the first time I would not have fought so hard to stay in. It is very demoralizing and a very different experience from my previous recuperation."
- 7.) Some of the low morale and post-deployment depression can be attributed to poor training of cadre. Multiple WTs told SA Geren to go through Moon hall to "take a look for yourself."
- 8.) Case managers seem to be more of administrative roadblocks instead of conduits of progress.
- 9.) Reputable (and even published) Civilian (Tri-Care off post referred) doctors scripts and procedures are categorically ignored by WAMC and the PEB in Washington DC. This leads to dangerous complications and in general: setbacks in care and administrative progress.
- 10.) Suicides pushed by negative command climate enforced by squad leaders.
 - a.) too many leader changes at the squad and platoon level (within one year having more than 5 different squad leaders)
 - b.) Information on the WTs cases have to be kept with the WT themselves and squad leaders get upset when they 'learn' something new even though the issue is legitimate and backed up by case managers or doctors.
 - c.) Squad leaders with zero tolerance mentalities targeting junior enlisted in order to make examples of them (i.e. counseling for arbitrary hair cut standards and other below the platoon level counseling's that aggravate Soldiers and drag them down.)

- 11.) Zero visits from previous chains of command amplifies feelings of worthlessness and abandonment.
- 12.) Lack of promotion opportunities for E-6 /WO-2/O-3 and above. Must change regulations.
- 13.) Unable to get retention incentive pay (adds to feelings of being a burden to the Army "just collecting a pay check for breathing.")
- 14.) Too many malingerers in unit. 82nd dumped too many of the 'problem' children onto WTB and it is driving chain of command insane. Too many Soldiers from Bragg tenant units with drug problems in WTB.
- 15.) Must separate Deployed injured / wounded from others if possible (SA didn't like that suggestion.)
- 16.) Highly decorated [Silver Star recipient] lower enlisted (E5 and below) mocked and called names like 'Golden Boy' or 'Hero.' by platoon's cadre. Chain of command not helpful in eliminating disgraceful behavior. [SA really took notice at this one as well as his Special Assistant. Special Assistant pulled NCO aside.] This upset everyone in the room.
- 17.) PTSD Soldiers being made fun of for having their conditions. Soldiers with memory aides (PDA, etc) issued to them are held to a higher standard since they were issued government equipment that will "ensure they have a failsafe way to remember appointments and not be late."
- 18.) Electronic information and records being lost at WAMC holding up progress for more than 3 mo. at a time. Adds to dwell time and inability for transition back to the force. (pointed out that this is detrimental for retention, promotion, and overall morale.)
- 19.) SA Geren then asked some prepared survey type questions: Scale of 3 to 1 with 3 being the best or highest and 1 being low.
 - a.) How do you think your chain of command is doing in your care [majority ranked 2 and the remainder ranked 1]
 - b.) How do you rate the morale at the WTB: [overwhelmingly low] No reasons specified but details were given by various WTs at the lunch to include poor platoon level cadre.
 - c.) How are your educational opportunities being met at the WTB: [Majority rated this highly.]
 - d.) How would you rate your own platoon cadre: [Majority ranked 2 and the remainder ranked 1.]

I have been told I will receive follow up contact from MAJ Pat Work within the next 48 hours. He has my packet on my specific issues.
VR,

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