

IV. THE WOUNDED WARRIOR REGIMENT

How the Wounded Warrior Regiment will help...

a. The misperception of time with lead versus lag involving medical appointments and care. If the attending (main Doctor) is able to schedule appointments to send Marines home then he will, yet often the case is that Marines await a 2 month appointment. The appointments are made, but who is there for the Marine in the interim.

b. The difference between Walter Reed and the National Naval Medical Center, clinically, has no difference. Administratively there was a difference—not any more. The big difference is that organizationally there is a sense of urgency with an acute care facility (NNMC) to produce Out-Patients, while a long term facility tackles patient build-up the best it can afford. Again, Marines will need support through their rehab.

c. A TBI patient arrives on a Friday, there is no duty rotation for TBI testing to clear or admit the individual; therefore you have a Marine standing-by or leaving the Hospital as he awaits TBI testing. Simply put, a Marine with brain injuries is made to make judgments as he awaits care. A wife in the area or with the Marine on travel orders is not going to stay in the room and simply wait for testing. Marines must safeguard Marines awaiting further tests.

d. Medicine admits the TBI Marine. TBI testing is administered. TBI medical staff can not teach or train others on the tests administered so, as they are undermanned the Marines are there unsupervised. 10 Marines per week, after screening will arrive from Landstuhl Germany (the test is called Main Phyc). After the test is deemed either positive or negative, the Marine has to be cleared 'nero-cognitively' before they are sent to the barracks... Having mentally wounded marines out in the barracks is unsafe. Soldiers in med hold status would be monitored by patient advocacy teams (PAT) within the Wounded Warrior Regiment.

e. How could housing dictate care? As Marines or TBI cases arrive how will not having enough beds, rooms, or lodging assets not dictate care? How can we promise to be thorough for our Marines and not rush to test or pass some in order to make room for future TBI Marines? How can we ensure that all PTSD, memory loss, and partial memory loss Marines are cared for through tuition? The Wounded Warrior Regiment has to make the appointments and defend our Marines care.

f. AND all other miscellaneous issues that a good platoon commander would notice with his unit. Our Marines are used to this involvement/supervision and we won't let down our Marines while injured. Be it food for the families, aside from fast food and unhealthy meals made from dollars into a vending machine. Marine leadership will provide support. If there is one social worker for the entire surgical ward or one case manager for every 45 patients, Marines will be committed to the welfare of our wounded. In order to avoid having 14 year olds translating for their mom's financial concerns we need proactive Marines inside the Wounded Warrior Regiment to anticipate language barrier issues and facilitate the needs of the family.

In Closing a Letter to a thank you mailed to the MCLO...

Sir,

Most of my experiences in the Hospital, during the war, have left me speechless. People always speak about what they "have seen", normally referring to the amount as immeasurable or unimaginable. Not here. At the NNMC I feel both blessed and fortunate to be afforded the opportunity to watch miracles occur daily and as hard as it is, to see young men fighting for their limbs and lives in the Intensive Care Unit. Men with Moms a lot like mine; sisters a lot like mine; and women in their lives who wouldn't leave their combat injured's side even if the walls were coming down around them. And, just as it appears--some days--that the walls are crumbling, that the load and journey is too much for these Marines: they prevail. Each heals and causes an already amazing family to grow and become one much stronger than the one I first met.

Our office has been bed-side when families have withdrawn care, changed bandages, lost Marine friends in other units, and provided security. Our office has held mothers hands and walked with fathers. Our office has introduced 'gold-star moms' to those who survived the IED that killed their son. Our office has restrained patients coming off of medications and our office will continue to be there everyday with every struggle and success.

As timid as the families arrive, they leave anew and rejuvenated with hope and a future awaiting them and their family. I believe in the great things that await our guys and gals. And, I believe in all of their families as well. We should all feel very proud of our servicemen and women, but we would be remiss in our duties if we did not thank the families and supporters, who give us the confidence and faith to allow us to serve our country with a full heart.

Very respectfully,

2ND LT Jeff D. Parker