



Project Site: www.usaflegacytonasket.org
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Legacy E-News

Home	About	How to Help	Photos & Archive	Links & Videos
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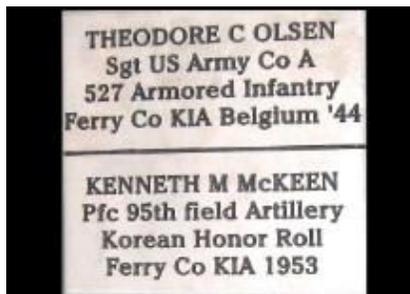
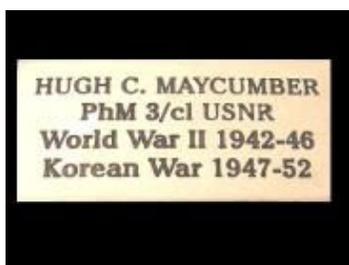
Next Meeting is on April 16th

6:00 PM (1800 Hours)
American Legion
Tonasket WA

Please be sure and check out the new Links & Video page. We'll continue to add to the list so keep checking or send us one of your favorites.

Legacy Plaque Samples

We now have samples available that are exactly like the plaques that will go on the legacy wall. If you would like to see one in person, please contact us.



Legacy Project Construction

You've probably noticed some recent activity at the site. Some work is being done to prep the area for installation of the remaining basalt pillars. Remember, there's always room for one more if you'd like to help out.

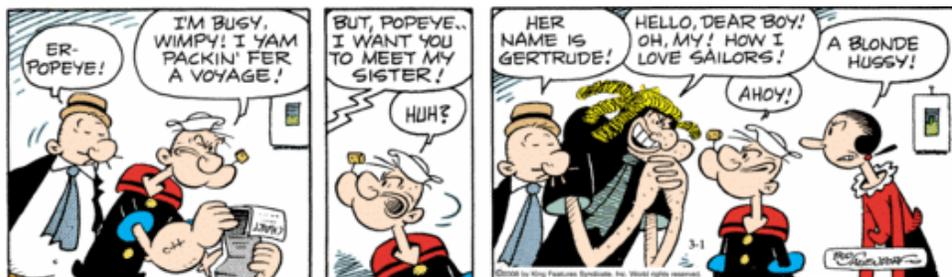


Please take a moment to visit our [links and video page](#) to learn about Scott Truitt's campaign of appreciation for our service men and women. An excerpt follows:

"For the past several years as I've been traveling around the country, I've been approaching soldiers in the airports and thanking them for serving for us. On several occasions I have noticed that it felt a little awkward for both of us. There are several reasons, some of which I am even just now learning as I produce this film and talk to more soldiers. But they have always appreciated being thanked, and I have always felt better having expressed my gratitude.

I started to think that it would be nice if civilians had a gesture or sign that they could use to say "thank you" quickly and easily without even having to approach. I did some research and found the sign that we are now using. "

At Ease: Cartoon Time



The Travels of the Legacy Hat

This "hat" has been out spreading the word about the Tonasket Legacy Project. Even had a visit with the Duke.

Send your Legacy Hat/Shirt/Emblem photo in and we'll document the travels here on the newsletter.



Program recognizes that injured soldiers still need structure of Army

By Kristin M. Hall
The Associated Press
updated 11:51 a.m. PT, Tues., April. 15, 2008

FORT CAMPBELL, Ky. - Army Sgt. Maj. David Allard used to break down troops to prepare them for the rigors of the infantry. But after suffering a brain injury in Iraq, he got a new assignment: helping rebuild wounded soldiers so they could return to duty. Allard launched one of the Army's new "warrior transition units," which bring military-style structure to the recovery process and gather wounded soldiers into groups where their main mission is to heal. "This is the first and perhaps the only time in their military career where their job is to focus on getting better," said Col. Tom Thomas, commander of the hospital at Fort Campbell that cares for wounded soldiers.

While in the program, soldiers' day-to-day responsibilities are a mix of medical and military: daily therapy sessions and meetings with case managers, plus a few hours of classroom training or light work assignments on the base. The transition units were created in response to deplorable conditions at Walter Reed military hospital in Washington. In the past, soldiers were placed on "medical hold" status, in which even the name implied a kind of limbo, and they received little supervision during recovery. The new units acknowledge that wounded troops who are used to carrying out orders still need the Army to define a goal and create a structure to help them achieve it.

"Being a warrior in transition means I'm still a soldier," Sgt. 1st Class Ronald Gullion said.

Nearly 8,000 soldiers have been assigned to the 32 new units across the country. Participants give the Army credit for improving medical treatment, but the program's progress is diminished by lingering problems with staffing shortages, long waits for medical evaluations and questionable deaths. Allard's diagnosis of mild traumatic brain injury gave him a better understanding of the needs of the nearly 750 recovering soldiers assigned to Fort Campbell's unit. For example, he knows what it feels like to lose a job because of an injury. After he was hurt, the Army said he could no longer be an infantry sergeant major.

Many soldiers "feel initially that they are going to be labeled as 'that's that injured guy. He's broken.' But when they actually get in here, they find out that their job is to heal, bottom line," Allard said.

The units place soldiers into companies and squads, creating a special camaraderie.

"I enjoy being with other guys who were hurt. We have a common bond," says Staff Sgt. Todd Shaw, who broke his back in 2006 in Iraq and reinjured it after returning.

The warrior-transition program assigns three people to each soldier: a primary care manager who oversees the treatment plan, a nurse case manager to coordinate appointments and a squad leader to ensure the soldier is following doctors' orders. Shaw, whose spine is supported with multiple screws and rods, ticks off the ways his transition unit supported him in his recovery.

When he couldn't drive, his squad leader took him to appointments. Fort Campbell got an orthopedic spine surgeon on base so he didn't have to commute hours to a hospital with specialists. Every week his primary care manager, his nurse case manager and his squad leader meet to discuss his progress.

Fort Campbell has committed \$44 million over the next two years to its injured soldiers, including building new barracks designed for soldiers in wheelchairs and a family center where counselors can help with financial or legal issues. But staffing shortages, especially for health care specialists familiar with the Veterans Affairs disability system, continue to plague the transition units. A Government Accountability Office report from February noted improvement but found almost a third of the units were understaffed in key positions.

The Army also has come under scrutiny for some deaths in these units, including an Indiana National Guard soldier whose autopsy found he may have been unconscious for days before he was discovered dead at Fort Knox, Ky. The Army reports 11 deaths in the transition units that were not due to natural causes: four suicides, three accidental overdoses of prescribed medications, one vehicle accident and three deaths still under investigation.

Thomas said the transition units show the Army is serious about helping soldiers recover. "But the system itself still needs to be retooled — it's not there yet," he said.

The Army wants most of the soldiers to return to the fighting force, serving on active duty even if they are not well enough to deploy to a combat zone. Historically about 70 percent of wounded soldiers return to active duty within a year, and the transition units will be a success if they can exceed that.

Thomas, commander at the Fort Campbell hospital, said the Army has learned from past mistakes and can't afford another generation of homeless veterans.

"I definitely think the warrior transition unit is helping us establish a culture — a culture of healing within this organization, which has not been here for a while," he said.

Ready to Help? - [Click Here](#)

