

Benefits of NMA

by Gary Bent

FILE	13433_GARY_BENT_BENEFITS_OF_NMA_1650698_1476161613.DOCX (41.2K)		
TIME SUBMITTED	17-NOV-2019 04:56PM (UTC-0500)	WORD COUNT	4078
SUBMISSION ID	1215586515	CHARACTER COUNT	22592

The Benefits of the Non-Medical Attendant Program for Wounded Soldiers

Gary Bent

LD850 – Leadership Capstone

Granite State College

Professor Joseph Mews

THE BENEFITS OF THE NMA PROGRAM FOR WOUNDED SOLDIERS

*For this paper - the term Soldier will be used in reference to all members of the United States military.

THE BENEFITS OF THE NMA PROGRAM FOR WOUNDED SOLDIERS

Abstract

A few decades ago, the United States military went from a mixed force of hesitant enlistees and draftees to an all-volunteer force. Young men and women would continue to volunteer for a myriad of reasons including to travel the world, a chance for excitement, educational benefits and some for the sheer love of country and patriotism. Whatever the reason may be that someone decides to enlist in the United States military the families of these new Soldiers are drafted and now have the additional worry of military service to embrace. Military service, even stateside and during peacetime, is hazardous and not without risk and danger. Since September 2001 it is not a matter if a Soldier goes to war but when, where and how many times will the Soldier go to war. Wounded Soldiers returning from distant battlefields need to know that there are programs in place to assist them as they recover. This study details the importance of proper support for Wounded Soldiers, including an assessment of the non-medical attendant (NMA) program.

THE BENEFITS OF THE NMA PROGRAM FOR WOUNDED SOLDIERS

Table of Contents

Title Page..... 1

Abstract..... 3

Table of Contents..... 4

Introduction..... 5

Literature Review..... 6

Framework of Analysis..... 13

Conclusion..... 14

Acknowledgements..... 16

References.....17

Appendix.....20

THE BENEFITS OF THE NMA PROGRAM FOR WOUNDED SOLDIERS

Introduction

When a soldier is injured, regardless of whether it was here in the United States during a training exercise or overseas in a fluent and hostile environment, he or she is afforded the best and most comprehensive medical care available. This care covers from the initial assessment on the battlefield by the enlisted medic, the care received during medical evacuation transportation and finally the care at the receiving MTF or medical treatment facility. This care encompasses not just the healing of physical damage to skin, organs and bones but also the dynamic and unpredictable challenges of healing any mental health concerns. Sadly, physical damage to a soldier's body is almost always accompanied by some form mental health challenges – either concurrently or later on. The vast majority of injured patients from overseas are generally sent to Walter Reed National Military Memorial Hospital located in Bethesda, Maryland. The care our great warriors and their families receive is much superior to those in non-military career fields with similar injuries, and necessarily so. Soldiers facing war-related injuries often experience severe traumatic injuries with multiple complications requiring specialized treatment and care (Hudak, Morrison, Carstensen, Rice, & Jurgensen, 2009). This study assesses a particular program that is catered to the needs of Soldiers and their families, the non-medical attendant (NMA) program (Army U., Warrior Care and Transition Program AR 40-58, 2015). The following will provide additional context and outline the benefits of incorporating non-medical caregivers throughout the healing and recovery process. It is common knowledge that anyone recovering from serious injuries most likely will have a lengthy and often complicated healing process. Civilian medical facilities have visiting hours and do make exceptions and accommodations for extreme circumstances such as parents staying at a medical facility with their child as they battle cancer however the military's Warrior Transition Units and NMA

THE BENEFITS OF THE NMA PROGRAM FOR WOUNDED SOLDIERS

program and its servant style of leadership is focused on the Soldier's complete recovery. There is no expense spared whereas a civilian medical patient must rely on their civilian insurance or limited programs for financial assistance to cover their medical care.

Literature Review

The purpose of this literature review is to explore a brief history, the usefulness and the benefits that when properly supported by leadership the Non-Medical Attendant or NMA program can have to Soldier's recovering from serious battlefield illnesses or injuries. Since the horrific September 11, 2001 terrorist attacks that initiated the Global War on Terror, American and coalition troops have been consistently engaged in fierce combat operations all across the globe. With the war came large numbers of wounded consisting of shrapnel injuries, traumatic amputations and burns to name a few. The Landstuhl Regional Medical Center (LMRC) located in south-western Germany is the receiving facility of all wounded Soldiers from Europe, Africa and the entire Middle East. In the last eighteen years this facility has emergently received, professionally treated and safely transported home more than 95,000 seriously injured servicemen and women (Command, 2019).

A wounded American Soldier arriving at a military treatment facility (MTF) in the United States marks the beginning of a long, challenging and unknown path of recovery, physical and emotional pain, a possible lifetime of rehabilitation and reintegration. The Soldier is now in a phase where his or her only goal is "healing, rehabilitating, and preparing to successfully transition back to duty or into Veteran status" (Galuszka, Spencer, & Chance, 2014). During a deployment to an area that allows for imminent danger pay or a "combat zone", a Soldier's platoon becomes his or her family. To be seriously injured and be medically

THE BENEFITS OF THE NMA PROGRAM FOR WOUNDED SOLDIERS

evacuated from the battlefield from a “family” and leadership that knows them to the uncertainty of injury and an unknown leadership is an additional hardship that must be met. An unknown leadership that literally has direct control over their future is not an undertaking that any injured Soldier wants to add to their ever-growing list of concerns. With modern medical and aviation technology a Soldier wounded at a remote mountain outpost in Afghanistan can be returned to the United States within forty-eight hours.

The Concern

“The debt owed to service members who have risked their lives, bodies, and minds in defense of our country truly can never be paid in full” (Galuszka, Spencer, & Chance, 2014). These sentiments are often spoken and generally meant however there have been times where we as a nation have not lived up to taking care of our injured warfighters. The United States Department of Defense has always tried to reunite families with their injured service members as soon as possible. With the initial deployment of tens of thousands of troops to the Middle East it was inevitable that there would be casualties. As the number of Soldiers killed in combat operations increased so too did the number of severely injured troops.

In 2007 there were several complaints of unsanitary living conditions, substandard care and unfair treatment by the military chain of command towards the injured troops and some of the medical treatment facilities. A congressional inquiry convened to assess the quality of medical and mental health care, the living conditions, the staffing levels, training and the outdated policies at Walter Reed Army Medical Center in Bethesda, MD (Office, 2016). Soon after the United States Army began establishing Warrior Transition Units or WTU’s to take better care of our injured war-fighters and their families. By 2008 there were forty-five Warrior

THE BENEFITS OF THE NMA PROGRAM FOR WOUNDED SOLDIERS

Transition Units scattered across the globe at all major US military medical facilities (Office, 2016).

Initially the concern was for treating those with physical injuries; however, as the war continued and the battlefield evolved there was a recognition that the growing number of mental health concerns of the soldiers were not being met. There was a Triad of Care team plan that was initiated which consisted of a primary care manager (PCM), a nurse case manager and a military squad leader. Their sole mission is to provide a standardized framework of care and support as well as coordinate all aspects of the soldier's medical and non-medical care (Gallaway, et al., 2015). It was found that as the number of injured soldiers increased the WTU's staffing also needed to be increased (Office, 2016).

From 2008 on all the Warrior Transition Units were evaluated and restructured. With this overhaul came a more stringent look at how the injured soldiers were being taken care of; not just at their medical appointments but throughout their day. The Non-Medical Attendant (NMA) program was reinvigorated and altered to better suit the needs of the injured warriors. Coauthors Wool and Messinger (2012) shared that with its "official sounding acronym and attendant paperwork, one might well expect the NMA program to be definitively laid out on paper, if not in practice. But the institutional policies that govern the NMA program are very difficult to pin down for anyone who should care, or need, to find them". They continue on to state "that the duties associated with the NMA role are not specified in any of these policy documents" (Wool & Messinger, 2012). The initial non-medical attendant policies were vague and allowed for individual commanders their own discretion to interpret how to oversee their particular Warrior Transition Unit to include only allowing immediate family members to serve

THE BENEFITS OF THE NMA PROGRAM FOR WOUNDED SOLDIERS

in the role as an NMA. After 2007 “NMA’s could be nonfamily members – most often girlfriends or boyfriends of servicemembers” (Wool & Messinger, 2012).

A more comprehensive and organized policy needed to be put in place. Individual facilities, including Walter Reed Hospital, had developed hand books however there was several drawbacks to this limited introduction to the NMA program. Some books were directed to the Soldier, where as some were directed to the actual NMA. Additionally, the books were only published in English and families who secondary language was English often had difficulty navigating what their responsibilities were or the benefits and assistance they were entitled to. The primary means of passing information on to a new non-medical attendant of a newly arrived combat wounded soldier were through asking questions of other longer serving non-medical attendants. This was reinforced to me mid-April 2018 as I arrived at Brook Army Medical Center in San Antonio, Texas, twenty-four hours prior to my injured Soldier arriving. Other NMA’s who had been there for months answered all questions and authors Wool and Messinger (2012) noted that knowledge and pertinent information seemed to come most often not from the carefully composed and strategically placed pamphlets or copious handbooks, but through experience and conversation with peers.

Population Comparisons

It is difficult to compare a civilian who is injured at home or at work to that of a deployed military member who is wounded on a distant battlefield. Even with somewhat similar injuries, age and gender there are far too many variables. The injuries that are evaluated, some of the variables that cannot be factored in are the length of deployment, the uncertainty of not knowing how their injuries will be responded to by the Soldier’s family, other prior injuries, leaving the

THE BENEFITS OF THE NMA PROGRAM FOR WOUNDED SOLDIERS

battlefield without his or her unit and many, many other unforeseen concerns that civilians cannot relate to. Additionally, civilians when injured are generally never more than fifty miles from their friends, family and home. Their “safety” and “tribes” are there to support and offer assistance where as a Soldier is transported to a new area surrounded by strangers. A friend, coworker and family member can visit with the civilian however the military Non-Medical Attendant are instructed in “dressing wounds, monitoring infections, and keeping sutures clean and dry” (Wool & Messinger, 2012).

In author C. Todd Lopez’s 2010 Army News Service journal article he stated that “Soldiers in WTU’s aren’t just getting treated for bodily damage – they are getting treated for things such as post traumatic stress disorder as well” (Lopez, 2010). He further quotes past Army Surgeon General Schoomaker that “ratios between Soldiers and staff are set so that every Soldier gets the care they need, and nobody falls between the cracks” (Lopez, 2010). Every civilian medical, facility maintains certain hours of visitation for many reasons. Mainly to control the access of people to the facility, maintain privacy or ensure a somewhat quiet area to recover. The Non-Medical Attendant never leaves his or her Soldier. This includes, if needed, living in inpatient rooms within the military medical facility and often takes over new tasks of “intimate activities to include bathing and toileting” (Wool & Messinger, 2012). A father or mother acting in the role as an NMA can be expected to repeat tasks with their wounded soldier that they have not done since their child was an infant.

The Role of the Non-Medical Attendant

The Non-Medical Attendant program is offered by the Department of Defense for critically injured or ill Soldiers. The program is initiated by the wounded Soldier’s doctor or

THE BENEFITS OF THE NMA PROGRAM FOR WOUNDED SOLDIERS

Primary Care Manager (PCM) who designates the Soldier to be “Very Seriously Wounded/Injured” or “Seriously Wounded/Injured” (Army U. , Warrior Transition Units , 2019). The doctor will then recommend to the WTU commander or the first Lieutenant Colonel (O-5) in the chain “of command the need for the Soldier to have an NMA” (Army U. , Warrior Care and Transition Program AR 40-58, 2015). To have a non-medical attendant or NMA, the Soldier is expected to require six months or more of complex, intensive and specialized care for the Soldier to recover. If conscious and alert the injured Soldier designates his or her non-medical attendant or NMA and it is generally a family member or close friend who can assist with the Soldier’s recovery. Some of, but not all, the vital services provided by non-medical attendants are:

- Escort and drive to and from appointments
- Assist with shopping
- Help the Soldier create a safe living environment
- Advocate for the Soldier
- Motivate the Soldier
- Assist the Soldier with the taking medications
- Assist the Soldier with managing medical and administrative paperwork

(Army U., Non-Medical Attendant (NMA), 2019)

Additional duties may include securing and distributing medication as needed, preparing food and just being a positive presence for them as they recover. Additionally, as stated earlier, the NMA becomes a vital “hands on” part of the care team and is instructed by the injured soldier’s medical staff to assist with certain medical tasks. As a non-medical attendant for my injured Soldier son, some of my tasks included applying and changing sterile dressings for his burns, moving him in a wheelchair as well as issuing him his pain medication when needed.

THE BENEFITS OF THE NMA PROGRAM FOR WOUNDED SOLDIERS

During my time assigned to a Warrior Transition Unit as an NMA there were more than one hundred and forty severely injured or ill soldiers recovering from a variety of battlefield injuries. Many had severe burns, broken bones, limb amputations, post-traumatic stress disorder and other mental health emergencies. Some of these Soldiers, both male and female, were recovering from a combination of these injuries and their lives would be permanently altered once they were cleared to leave the Warrior Transition Unit for home or back to their unit.

Moving Forward

In 2010 the Army Surgeon General, Lieutenant General Eric B. Schoomaker, was quoted as saying “come and visit. spend a day, a week, go to formation with them. Go to treatment with them” (Lopez, 2010). Currently there are fourteen Warrior Transition Units left open with thirteen located in the continental United States and one in Hawaii. As the Soldier heals, both physically and mentally, his team including their designated NMA will work tirelessly to ensure that their needs are met and that their four life domains of physical, mental, social and spiritual healing are “gainfully engaged in purposeful activities that promote healing” (Dominguez, 2008).

The non-medical attendant is part of the medical team. The entire team’s sole purpose is getting the soldier through the challenging three stages of recovery, rehabilitation and reintegration or the three R’s.

The Three R’s

Recovery – begins at the time of injury or diagnosis and ends with the release from acute inpatient care

THE BENEFITS OF THE NMA PROGRAM FOR WOUNDED SOLDIERS

Rehabilitation – begins when the servicemember checks out of the hospital and continues through the tapering off of treatments such as physical therapy

Reintegration – the time when the servicemember prepares to either return to military duty or separate from the military and return to civilian life.

(Army U., 2013)

Framework for Analysis and Methods

The framework and methods for this capstone project were obtained from previous research studies or sources as well as a personal experience from April 2018 to June 2018. During the research for this capstone project it was beneficial to have served as an actual NMA for an injured Soldier to have better understanding of the sources used and the policies and procedures encountered.

Discussion

The future of the Warrior Transition Units and Non-Medical Attendant program has been secured to continue on serving our injured military members and their families. Experiencing this program and being a part of the care team for my Soldier while supporting the other soldiers and their NMA's was a difficult yet rewarding event. Military men and women that are injured on deployment fight to recover and heal their bodies but as mentioned earlier the psychological damage can be hard to recognize and treat. By having compassionate leadership and a well-run NMA program the possibility to recognize and treat mental health concerns sooner is a major benefit. A journal article from the United States Army Public Health Command looked at suicide

THE BENEFITS OF THE NMA PROGRAM FOR WOUNDED SOLDIERS

within WTU's and it was found that "social support has been shown to protect against development of further mental health issues" (Galloway, et al., 2015). The NMA is a part of the care team and besides the physical assistance, assistance with minor medical tasks they advocate for their Soldier. The military leaders and medical care staff value and use the information provided to better tailor the care the injured Soldier is receiving.

Conclusion

One journal article from Military Medicine states that "soldiers and family members yearn for normalcy" (Hudak, Morrison, Carstensen, Rice, & Jurgensen, 2009). They've gone through a traumatic event and without a doubt that event will overshadow their future however they wish to "get on with their lives" (Hudak, Morrison, Carstensen, Rice, & Jurgensen, 2009). By having the full support and unlimited resources of the Department of Defense and competent military leadership at each Warrior Transition Unit our injured military members and their families will continue to get world class care far exceeding what most civilian families their local hospitals and insurance companies can provide.

Civilians do not get travel pay, any monetary compensation or other benefits while assisting with the care and treatment of their loved ones. One group of authors whose journal focused on the caregivers of military members with traumatic brain injuries or TBI's stated that "civilian caregivers, with regard to finances and financial strain, focused more on the loss of work" (Carlozzi, et al., 2016) which takes away from their full support of assisting their loved one. Non-medical attendants are getting paid a monthly stipend to offset the cost of living away from their home, are provided access to military base facilities and more importantly are granted access to free lodging on base at the Fisher Houses or off base hotels. Additionally, besides the

THE BENEFITS OF THE NMA PROGRAM FOR WOUNDED SOLDIERS

hotel programs there are many other off-base benefits available for the NMA's and families to assist them. Throughout the recovery, rehab and reintegration process the NMA and family are in constant face-to-face contact with their Soldier's entire care team and the WTU leadership.

These vital Wounded Warrior benefits comingled with superb medical care and backed with a long-term plan allow for the families to only be concerned with one single task – that of assisting their Soldier with his or her recovery.

Acknowledgements

References

- Army, U. (2013, April 10). *Non-Medical Attendant Orientation* . Washington D.C., USA: U.S. Army .
- Army, U. (2015). *Warrior Care and Transition Program AR 40-58*. Washington D.C. : U.S. Army .
- Army, U. (2019, October 3). *Non-Medical Attendant (NMA)*. Retrieved from U.S. Army Warrior Care and Transition: <http://www.wct.army.mil>
- Army, U. (2019, October 3). *Warrior Transition Units* . Retrieved from U.S. Army Warrior Care and Transition : <http://www.wct.army.mil>
- Carlozzi, N. E., Brickell, T. A., French, L. M., Sander, A., Kratz, A. L., Tulsy, D. S., . . . Lange, R. T. (2016). Caring for our wounded warriors: A qualitative examination of health-related quality of life in caregivers of individuals with military-related traumatic brain injury. *Journal of Rehabilitation Research and Development*, 669-680.
- Command, U. A. (2019, October 6). *Regional Health Command Europe* . Retrieved from Landstuhl Regional Medical Center: <https://rhce.amedd.army.mil/landstuhl/index.cfm>
- Dominguez, L. (. (2008, March 1). The comprehensive care plan: Building the strength to do well tomorrow. *U.S. Army Medical Department Journal*, 8-16. Retrieved from U.S Army Medical Center of Excellence : www.cs.amedd.army.mil/references_publications.aspx

THE BENEFITS OF THE NMA PROGRAM FOR WOUNDED SOLDIERS

- Easom, L. R., Wang, K., Moore, R. H., & Wang, H. (2017). Operation family caregiver: Problem-solving training for military caregivers in a community setting. *Wiley Periodicals*, 536-552.
- Gallaway, M., Lagana-Riodan, C., Dabbs, C., Bell, M., Bender, A., Fink, D., . . . Millikan, A. (2015). A mixed methods epidemiological investigation of preventable deaths among U.S. Army soldiers assigned to a rehabilitative warrior transition unit. *DOI*, 21-34.
- Galuszka, C. D., Spencer, M. D., & Chance, S. E. (2014). Dignity and respect: The mission of the Warrior Transition Battalion-Europe. *Army Sustainment*, 7-11.
- Gil-Rivas, V., Kilmer, R. P., Larson, J. C., & Armstrong, L. M. (2017). Facilitating successful reintegration: Attending to the needs of military families. *American Journal of Orthopsychiatry*, 176-182.
- Gorman, L. A., Huebner, A. J., Hirschfeld, M. K., Sankar, S., Blow, A. J., Guty, D., . . . Ketner, J. S. (2016). A comparative case study of risk, resiliency, and coping among injured National Guard. *Military Medicine*, 70-76.
- Hudak, R. P., Morrison, C., Carstensen, M., Rice, C. J., & Jurgensen, S. B. (2009). The U.S. Army Wounded Warrior (AW2): A Case study in designing a nonmedical case management program for severely wounded, injured, and ill service members and their families. *Military Medicine*, 566-571.
- Lopez, C. T. (2010, April 28). *Army Surgeon General: Nothing to hide at WTUs*. Retrieved from National Guard: <https://www.nationalguard.mil/News/Article/577122/army-surgeon-general-nothing-to-hide-at-wtus/>
- Mitchell, B. S. (2019). Perspectives on the importance of leadership and the value of coaching in an academic medical research institution. *American Psychological Association*, 175-178.

THE BENEFITS OF THE NMA PROGRAM FOR WOUNDED SOLDIERS

Office, U. S. (2016). *Army needs to improve oversight of Warrior Transition Units*. Washington

D.C.: United States Government Accounting Office.

Wool, Z. H., & Messinger, S. D. (2012). Labors of love: The transformation of care in the Non-

Medical Attendant Program at Walter Reed Army Medical Center. *Medical Anthropology*

Quarterly, 26-48.

THE BENEFITS OF THE NMA PROGRAM FOR WOUNDED SOLDIERS

Appendix

Current Recognized Areas Allowed for Imminent Danger Pay

("Combat Zones")

<u>Area</u>	<u>Incudes</u>	<u>Effective Date</u>
Afghanistan	Land are & airspace	November 1, 1988
Algeria	Land area	March 7, 1995
Azerbaijan	Land area	June 9, 1995
Burundi	Land area & airspace	November 29, 1996
Cameroon	Land area	June 7, 2017
Chad	Land area	August 11, 2008
Colombia	Land area	June 1, 1985
Congo	Land area	November 29, 1996
Cote D'Ivoire	Land area	February 27, 2003
Cuba	Limited – Guantanamo Detention Facility	December 26, 2006
Djibouti	Land area	July 31, 2002
Egypt	Land area	January 29, 1997
Eritrea	Land area	July 31, 2002
Ethiopia	Land area	September 13, 1999
Iran	Land area	November 4, 1979
Iraq	Land area & airspace	September 17, 1990
Israel	Land area	January 31, 2002

THE BENEFITS OF THE NMA PROGRAM FOR WOUNDED SOLDIERS

Jordan	Land area	January 29, 1997
Kenya	Land area	July 31, 2002
Kosovo	Land area & airspace	June 22, 1992
Lebanon	Land area	October 1, 1983
Libya	Land area & airspace	March 19, 2011
Mediterranean Sea	Limited areas	March 19, 2011
Niger	Land area	June 7, 2017
Pakistan	Land area	November 29, 1996
Somalia	Land area & airspace	September 28, 1992
Somalia Basin	Limited areas	December 26, 2006
South Sudan	Land area & airspace	July 9, 2011
Sudan	Land area & airspace	October 4, 1993
Syria	Land area	July 31, 2003
	Airspace	September 21, 2014
Tunisia	Land area & airspace	March 19, 2011
Uganda	Land area	January 19, 2000
Yemen	Land area	May 25, 1999

*Defense Finance and Accounting Service – Department of Defense, effective June 3, 2019

THE BENEFITS OF THE NMA PROGRAM FOR WOUNDED SOLDIERS

Warrior Transition Units (WTU) in the United States

Joint Base Lewis-McChord, Washington

Fort Carson, Colorado

Fort Bliss, Texas

Joint Base San Antonio (BAMC), Texas

Fort Hood, Texas

Fort Riley, Kansas

Fort Campbell, Kentucky

Fort Benning, Georgia

Fort Stewart, Georgia

Fort Bragg, North Carolina

Fort Belvoir, Virginia

Walter Reed Medical Center, Maryland

Fort Drum, New York

Warrior Transition Units (WTU) overseas

Tripler Army Medical Center, Hawaii

European Medical Command (LMRC) Kaiserslautern, Germany

THE BENEFITS OF THE NMA PROGRAM FOR WOUNDED SOLDIERS

Jayner, K. (2015, April 17). *Army closing 10 WTUs as need subsides; 15 to remain*. Retrieved from Army Times : <https://www.armytimes.com/news/your-army/2015/04/17/army-closing-10-wtus-as-need-subsides-15-to-remain/>

United State Military

Branches, Components and Personnel Strength (2017)

United States Army

-Army Active – 472,047

-Army Reserve – 219,054

-Army National Guard – 345,153

United States Air Force

-Air Force Active – 318, 580

-Air Force Reserve – 99, 269

-Air National Guard – 105,670

United States Marines

-Marines Active – 184,401

-Marines Reserve – 104,419

United States Navy

-Navy Active – 319,492

-Navy Reserve – 103,660

United States Coast Guard

-Coast Guard Active – 40,600

-Coast Guard Reserve – 7,857

2017 Total US military strength = 2,320,202

THE BENEFITS OF THE NMA PROGRAM FOR WOUNDED SOLDIERS

*[https://www .statista.com/statistics/232330/us-military-force-numbers-by-service-branch-and-reserve-component/](https://www.statista.com/statistics/232330/us-military-force-numbers-by-service-branch-and-reserve-component/)