

# **Wounded Warriors as Army Professionals and The Tension Between Selfless Service and Self-Interest**

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## **Abstract**

The wounded warrior experience demonstrates how the Army struggles with the tension between its professional obligations and bureaucratic nature. The scandal at Walter Reed illustrates how bureaucratic deficiencies can lead to moral failure. A significant aspect of the profession-bureaucracy dichotomy is the tension between selfless service and self-interest. Here, I consider the dynamic between selfless service and self-interest with respect to wounded warriors in the Army's Warrior Transitions Units. I argue that wounded warriors are soldiers for life, committed to selfless service. Mitigating self-interest and entitlement requires adding a character development component to the Warrior Care Transition Program. First, I will discuss wounded warrior's commitment to sacrifice and selfless service. Second, I will consider how the Warrior Transition Unit experience fosters entitlement and self-interest. Third, I will explore the tension between selfless service and self-interest through a series of vignettes. I will conclude by discussing the implications of issue for the Army profession and recommending that the Warrior Transition Command add a community service and character development component to the Warrior Care and Transition Program.

## **Background**

The Warrior Ethos obligates the Army to "never leave a fallen comrade," and care for those injured in combat. However, determining the best way to treat and support the combat injured remains debatable. In previous military conflicts, the military largely deferred to civilian systems for long-term rehabilitation and transition. With the Global War on Terror (GWT) came the concept of the "wounded warrior," a disabled soldier who remained in the military system for rehabilitation and transition.<sup>1</sup> Advances in military medicine significantly increased the survival rate of severely injured soldiers. This has created an unanticipated challenge for the Army as severely injured soldiers

came home to the archaic bureaucracy and the dilapidated facilities at Walter Reed Army Medical Center (“Walter Reed”).<sup>2</sup>

As a result of government and media investigations into the treatment of wounded soldiers at Walter Reed, the Army established the Wounded Warrior Transition Brigade, to “help outpatients navigate a confusing world of paperwork, appointments and readjustments to civilian life.”<sup>3</sup> The program currently includes 25 Warrior Transition Units (WTUs) across the United States, Puerto Rico, and Germany. WTUs have supported over 65,700 soldiers.<sup>4</sup> The WTU’s mission focuses on helping wounded, ill, and injured soldiers recover and transition back to military service or civilian life- an organizational and cultural shift for the military.<sup>5</sup>

The Walter Reed scandal illustrates how the Army’s bureaucratic nature can lead to moral failure. The Army’s doctrinal publication on the Army Profession (ADRP 1) states

These two aspects of the institution-bureaucracy and profession-have very different characteristics, ethics, and ways of behaving. Both aspects are necessary within the variety of organizations and functions within the Army, but *overall the challenges it to keep the predominant culture and climate of the Army as that of a military profession.* [emphasis added]<sup>6</sup>

A critical dimension of the profession and bureaucracy tension is selfless service versus self-interest. The Army profession requires a commitment to selfless service and sacrifice, while bureaucracies assume competition and self-interest.

## **Discussion**

The selfless service versus self-interest dichotomy is a major challenge for wounded warriors as Army professionals. Wounded warriors have multiple roles- soldier, recovering patient, and disabled veteran. Under Army doctrine, soldiers “must first self-

identify with being a member of the Army Profession.”<sup>7</sup> They are expected “to serve daily according to the profession’s ethic and values to maintain the American’s people’s trust.”<sup>8</sup> However, wounded warriors have been tasked with a self-interested mission, focusing on their own recovery and transition. They operate in a highly bureaucratic environment- as a patient in the medical system, a clamant in the DoD and VA disability benefits system, and a disabled veteran-representative to external groups such as civilian charities and high-level military and government leaders.<sup>9</sup> Being soldiers in transition, they are adopting new roles as non-practicing Army professionals and disabled veterans.

Selfless service requires soldiers to “put the welfare of the nation, the Army and your subordinates before your own.”<sup>10</sup> ADRP 1 states that Army professionals are committed to

unlimited liability- accepting risk of serious personal harm or even death. This unlimited liability distinguishes the Army Profession of Arms and the other armed forces from other federal employees and other professions. This is a vital aspect of the Army Ethic of honorable service: a true ethos of service before self.<sup>11</sup>

Army professionals are expected to “value the service they render to society more than the benefits society provides them.”<sup>12</sup> This obligation does not end when wounded warriors transition out of the Army, as “whether retiree or veteran, these men and women are soldiers for life and should consider themselves as a living part of the profession and apply their service ethic throughout the remainder of their lives.”<sup>13</sup> Thus, wounded warriors’ commitment to selfless service is an important part of their transition out of the Army and in turn, the WTU mission.

While the first soldiers injured in the Global War on Terror arrived home to a dearth in support and resources, today’s wounded warriors gain “access to perks and entitlements that are not available to [s]oldiers that are not in a WTU.”<sup>14</sup> Depending on

their level of disability and circumstances, wounded warriors gain access to entitlements that include: Traumatic Servicemembers Group Life Insurance payments; Social Security Disability; caregiver benefits such as non-medical attendant pay and Special Compensation Assistance for Activities of Daily Living; special housing allowances; special pay and compensation including civilian charity, cash grants, luxury trips, airplane tickets, and housing; and political and social connections. All of these are in addition to their regular military benefits and compensation.<sup>15</sup>

Army doctrine does not define unlimited liability with respect to disability benefits and compensation. Arguably, this commitment does not obligate Army professionals to forgo all benefits, compensation, and philanthropy for their injuries and illnesses. In his discussion of professional ethics and self-interest, ethicist Edmund Pellegrino asserts that there is a distinction between legitimate self-interest and selfish self-interest.<sup>16</sup> For purposes of this paper, I shall use the terms “self-interest” to mean selfish self-interest, and conversely, “selfless service” to mean that Army professionals are obligated to use benefits, compensation, and charity to meet basic needs, not for personal gain.

Government administrators and academics have expressed concerns about wounded warriors’ self-interested behavior.<sup>17</sup> A 2010 United States Army Inspector General Agency (“Army IG”) report “noted a ‘sense of entitlement’ among some [wounded warriors]. Various programs, regulations, and policies entice soldiers into a mindset to achieve personal gains.”<sup>18</sup> Additionally, this “actual or perceived heightened sense of status which is reinforced by senior military/civilian leaders involvement in [wounded warriors’] concerns/issues.”<sup>19</sup> In his study of combat amputees at Walter Reed,

ethnographer Seth Messinger observed that the system “encouraged [disabled soldiers] to see themselves as a specific class of citizens with a unique status that can be leveraged for access to social benefits.”<sup>20</sup> He found that the soldiers believed they “are owed things from the government they serve as opposed to the people they are sworn to defend.”<sup>21</sup>

Lieutenant Colonel Daniel Gade, West Point professional and a combat amputee himself, observed that

the design of [Department of Veteran’s Affairs (“VA”)] VA benefit policies, which distort incentives and encourage veterans to live off of government support instead of working to their full capability. Adding to the problem is a culture of low expectations, fostered by the misguided understanding of “disability” upon which both federal policy and private philanthropy are often based. The result is that, for many veterans, a state of dependency that should be temporary instead becomes permanent.<sup>22</sup>

Thus, a program borne out of the warrior ethos risks creating Army professionals focused on personal self-interest, rather than a committed to selfless service.

According to ethicist Edmund Pellegrino, various factors lead professionals to compromise or reject their professional moral obligations in order to protect their self-interest.<sup>23</sup> One is the belief that the professional must protect his self-interest from political and socio-economic forces such as commercialization, competition, and government regulation. A second factor is the perception that their profession is being reduced to a trade or occupation. Finally, the professional begins to doubt the applicability and validity of professional ethics in the context of conventional morality. I will use the following vignettes based on my research and experiences at Walter Reed to illustrate how the tension between selfless service and self-interest affects wounded warriors.

Sergeant D is infantry with a wife and three children. During his second deployment to Afghanistan, he stepped on an IED while on patrol. He lost both of his legs and suffered a Traumatic Brain Injury (TBI). Sergeant D flourished in the Army. He planned to make it his career. He enjoyed staying physically fit, loved being a platoon leader, mentoring soldiers, and protecting the world “from bad guys.”

When he joined the WTU, he was told that his mission was “to heal and recover.” He was assigned a “Triad of Care,” a nurse case manager, section leader, and primary care manager tasked with the mission to support him. According to the WTC website, “(t)he Triad creates *the familiar environment of a military unit* and surrounds the Soldier and his/her Family with comprehensive care and support, *all focused on the wounded warrior's sole mission to heal* [emphasis added].”<sup>24</sup> Another wounded warrior advised him to “Transition Is The Mission - Healing Is The Key - Stay focused on YOU.”<sup>25</sup>

Sergeant D and his team have been tasked with the mission to focus on him. In Afghanistan, he was focused on his men’s safety and wellbeing. He stepped on the IED trying to protect his men on patrol. Now he as an entire team focused on helping him. This seems to contradict the notion that “selfless service is larger than just one person.”<sup>26</sup>

As an amputee, Sergeant D participates in the Department of Defense’s (“DoD”) amputee care program at the Military Amputee Training Center (MATC). The program focuses on returning him to pre-injury physical functioning. He gains access to the special training facilities; high-tech prosthetics including a swimming leg, a rock climbing leg, and motorized leg; and special trips and events. He also has a stack of business cards from military and political higher-ups who visit the MATC to meet

“wounded warriors.” They told him to contact them if he needs anything. Sergeant D begins to see himself as the member of a special interest group, rather than an Army professional and public servant.<sup>27</sup>

As an amputee peer visitor, Sergeant D met one of the Boston bombing victim. Comparing experiences, he realizes that as a wounded warrior amputee, he has access to care and resources not available to civilian amputees. He does not believe that he should have access to better care and benefits than she does. After all, he signed up for the military knowing the risks of combat. She probably never considered the risk of an IED at the Boston marathon.

Arguably, selfless service obligates him to use his status and political connections to lobby for equal care for all amputees. However, there are more than 45,000 amputees in the VA and 2 million amputees in the United States.<sup>28</sup> He is one of approximately 1500 Iraq and Afghanistan combat amputees. Advocating for equal access could reduce his resources, even if it is more than he needs. Given that veterans resources have historically ebbed and flowed, it is not unreasonable for Sergeant D and his fellow combat amputees to choose protecting their self-interests over selfless service. The WTU validates his self-interested behavior by encouraging him to focus on himself and maximize his resources, suggesting that his injury exculpates him from his obligations as an Army professional. In the end, Walter Reed Army doctors lobbied to get the civilian patient long-term care transferred to Walter Reed and the MATC.<sup>29</sup> Arguably, this action by Army leadership reinforces the perception that wounded warriors amputees are entitled to their special status.

Like many wounded warriors, Sergeant D goes through the DoD and VA Integrated Disability Evaluation System (IDES). During this IDES process he will be evaluated for fitness for duty, eligibility for DoD medical retirement, and a VA disability rating for service-connected disabilities.<sup>30</sup> The highly bureaucratic process was at the heart of the 2007 Walter Reed scandal. The DoD found him not fit for duty, but he has the option to return to active duty through the Army's Continuation Active Duty (COAD) program.<sup>31</sup> The VA determined that he has a permanent and total disability because he lost both feet. He is eligible for a 100% disability rating from the VA.<sup>32</sup> The COAD program, like the MATC, focuses on his physical functioning. But he would be leveraging his status as a wounded warrior to qualify for the program. If he chooses to continue to serve, he subjects himself to the uncertainty of Army bureaucracy and force reduction. The VA system, based on a medical model and antiquated ratings schedule, assumes that he cannot work.<sup>33</sup> As a "disabled veteran," he can collect VA benefits and compensation including caregiver compensation for his wife, TRICARE retiree benefits, Combat Related Special Compensation, and Social Security Disability Insurance. If he works as a civilian, he loses some of those benefits and subjects himself to greater economic uncertainty. Neither system indicates what he should do as an Army professional.

Captain G is a single infantry officer who joined the WTU after surviving an IED blast in Afghanistan. In Afghanistan, he was in charge of security detail for the brigade commander. Captain G lost his leg when he tackled a suicide bomber attempting to assassinate his commander. He only survived because the terrorist's suicide vest did not fully detonate.

When Captain G joined the WTU, he was reminded that he is both an Army professional and patient. He has to check in every morning with his section leader, an E-6. He had to develop a Comprehensive Transition Plan (CTP) with his care team to complete his mission of healing and transition. According to the WTU fact page

The CTP uses six domains: career, physical, emotional, social, family, and spiritual to establish goals that map a Soldier's transition plan. As the owner of the CTP, the Soldier is *empowered to take charge* of his own transition and is *accountable for developing and achieving his goals while complying with all the medical and military responsibility*. [emphasis added]<sup>34</sup>

Captain G must use “Specific, Measurable, Actionable, Realistic, and Time Bound (SMART) Action Statements (to ensure) that Soldiers have a clear understanding of their goals and how to achieve them.”<sup>35</sup> When he said he felt micromanaged, Captain G was advised to “take ownership of his/her plan to maximize the resources available to the WTU.”<sup>36</sup> As a wounded warrior, Captain G's professional practice has become administrative tasks to further his self-interest. As security detail, he was trusted with the brigade commander's life. After his injury, he feels like the Army does not trust him to take care of himself.

As a WTU wounded warrior, Captain G is required to participate in Career and Education Readiness activities and incorporate them into his CTP. Committed to selfless service, Captain G wants to use his remaining time in the WTU to serve his community. Based on the Comprehensive Soldier Fitness program, the CTP seeks to increase physical and emotional resilience to facilitate wounded warrior's recovery and transition.<sup>37</sup> The CTP also incorporates a career component, but it is based on an occupational model.<sup>38</sup> While pragmatic, the process suggests that outside of the military, his expertise translates to skills and profession practice is reduced to an occupation. Volunteer activities are work

internships rather than service opportunities. The internships are intended to help Captain G find a civilian occupation, rather than foster a life-long commitment to selfless service as a non-practicing Army professional.

Corporal J is a paratrooper with the 82<sup>nd</sup> Airborne. He joined the WTU at Walter Reed after a training accident. Like 95% of the current WTU population, he was not a combat casualty.<sup>39</sup> He broke his leg and injured his back but doctors are optimistic about his recovery. He is expected to be able to make a full recovery and return to full duty. With the end of the wars, he is planning on separating from the Army after his EAS this year.

As a wounded warrior in the WTU, Corporal J is eligible for benefits and compensation he would lose when he returns to full duty. According to the Army IG, WTU cadre reported that injured soldiers enter the WTU motivated to return to duty but after a few weeks in the system, they started to try to prolong their stay and maximize their benefits.<sup>40</sup> Consider the case of Social Security Disability. A wounded warrior in an online forum posted “OH OH OH!! The number one reason to go to a WTU, is, you are able to apply for Social Security while on active duty. But, in a regular unit you can't. So, that is my big reason right there.”<sup>41</sup> As a soldier at a military treatment facility, Sergeant J likely qualifies for Social Security Disability because he is not performing what the Social Security Administration considers substantial work, the Military Occupational Specialty for which he was trained.<sup>42</sup> The military job he is being paid for, healing and transitioning, is considered not substantial work and entitles him to disability compensation.

As a patient in the medical system, Corporal J' point and place of duty is his medical appointments. As a wounded warrior, Corporal J has "the right to step to the head of the line ahead of other military patients and veterans at the pharmacy, the various clinics, and in (physical therapy)." <sup>43</sup> Messinger observed that "patients recognize that this priority status has engendered a sense of entitlement for them, and they are wary of what will happen as they return to the duty stations or transition to (the VA)." <sup>44</sup> According to Messinger "one patient mentioned that he is acutely aware that as he steps in front of a disabled veterans from past war to receive a service that he is entitled to at Walter Reed, the day will come when someone steps in front of him." <sup>45</sup> For Corporal J, being an obedient soldier and attending his medical appointments engenders both a sense of entitlement and scarcity. Exaggerating his back pain symptoms or bringing up new medical issues not related preserves his status in the system. Sacrificing integrity for self-preservation does not seem unreasonable, especially given his current mission is to prioritize his medical recovery.

Pellegrino argues that self-interested behavior reflects a moral malaise within a profession, which erodes the moral identity of the professional and the profession. <sup>46</sup>

ADRP 1 states

Moral failure by Army professionals, in garrison or in combat theater, devastates the Army's standing with the American people and the international community. Army professionals must choose to serve daily according to the profession's ethic and values to maintain the American people's trust. This is what it means for Army professionals to serve honorably. <sup>47</sup>

Moreover, "(t)he WTU population, as a whole, is low density when compared to the balance of forces; yet the high visibility it garners is due to everyone wanting to do the 'right thing' for America's Soldiers." <sup>48</sup> As a high visibility population, wounded warriors

have an amplified impact on the civilian-military relationship. By fostering entitlement and self-interest, the Army's efforts to prevent "another Walter Reed" undermine the Army's standing as profession. Soldiers for life "remain influential members of the profession as they assimilate back into civilian life and live among the citizens the Army serves."<sup>49</sup> Therefore, self-interest and entitlement affects the Army profession after soldiers leave the WTU.

### **Conclusion and Recommendations**

Three solutions are offered to address the tension between selfless service and self-interest.

- One approach is changing American culture and society, specifically the privatization of American civic life and reducing the power of self-interest groups.<sup>50</sup> However, this is largely beyond the Army's control and requires the Army to rise above conventional morality.
- A second approach is to reduce the perverse incentives in wounded warrior policies and programs that encourage self-interested behavior.<sup>51</sup> This approach is unlikely to foster significant change in the near future. The Walter Reed scandal lead to significant Congressional and DoD oversight of wounded warrior care, leaving the Army with little ability to self-police these policies and programs.
- A third approach is to cultivate effacement of self-interest. Arguably, soldiers' willingness to risk life and limb on the battlefield demonstrate effacement of self-interest. However, this attitude does not necessarily translate to the WTU environment. As soldiers for life and disabled veterans, wounded warriors will continue to grapple with the tension between self-interest and selfless service. A

person of character is more likely to exhibit effacement of self-interest and choose selfless service over personal gain.

In conclusion, character development in the Army beyond professional education is left to the individual soldier.<sup>52</sup> As the WTU environment encourages self-interest and entitlement, the Army should incorporate character development to mitigate the program's unintended consequences. Some may argue that the CTP, based on the Comprehensive Soldier Fitness coupled with continued Army professional education is sufficient. However, Army professional ethics assumes selfless service and sacrifice, while the WTU culture promotes entitlement and self-interest.

Further, a more holistic approach to character development to preserve that commitment is needed. Specifically, character development based on a goal theory approach could be added to wounded warrior's CTP.<sup>53</sup> I would also add a community service component to the WTU program. Community service would mitigate entitlement and promote civic service. Just as the WTU work internship program helps wounded warriors adjust to working in the civilian world, community service promotes continued service in veteran's civilian community.

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<sup>1</sup> Note WTU policy currently refers to "wounded warriors" as "Soldiers." However, for purposes of this paper, I will use "wounded warrior" to refer to wounded, ill, and injured soldiers assigned to the WTU

<sup>2</sup> Nava Blum and Elizabeth Fee, "Critical Shortcomings at Walter Reed Army Medical Center Create Doubt," *American Journal of Public Health* 98, (2008), 2159-2160.

<sup>3</sup> Josh White and Ann Scott Tyson, "General with Combat Experience to Become Walter Reed Deputy," *Washington Post*, March 9, 2007, final edition, <http://www.washingtonpost.com/wp-dyn/content/article/2007/03/08/AR2007030801889.html> (accessed March 11, 2015).

<sup>4</sup> Colonel Chris R. Toner, U.S. Army Commander Warrior Transition Command, *Department of Defense and Military Service Wounded Warrior Program Update*, 114<sup>th</sup> Congress, 1<sup>st</sup> sess., February 3, 2015, 2-3.

<sup>5</sup> U.S. Army Inspector General Agency, *Inspection of the Warrior Care and Transition Program*, accessed March 2, 2015, <http://graphics8.nytimes.com/packages/pdf/us/10drugs-WCTP-Insp-Rpt1.pdf>.

<sup>6</sup> U.S. Army, *The Army Profession*, ADRP 1, (Washington, D.C.: Headquarters, Department of the Army, 2013), 1-4.

<sup>7</sup> *Ibid.*, 3-6, 3-25.

<sup>8</sup> *Ibid.*, 4-2.

<sup>9</sup> See Seth D. Messinger. "What Do We Owe Them: Veterans, Disability and the Privatization of American Civic Life." *Journal of Religion, Disability & Health* 12, (2008): 267-286.; Daniel M. Gade, "A Better Way to Help Veterans," *National Affairs* 16, (Summer 2013) 53-69; U.S. Army Inspector General Agency, *Inspection of the Warrior Care and Transition Program*.

<sup>10</sup> ADRP 1, B-4.

<sup>11</sup> *Ibid.*, 4-4.

<sup>12</sup> *Ibid.*, 1-2, 1-9.

<sup>13</sup> *Ibid.*, 3-5, 3-21.

<sup>14</sup> Messinger, "What Do We Owe Them," 281.

<sup>15</sup> WTC website <http://www.wtc.army.mil/index.html>, Gade, Messinger, "What Do We Owe Them."

<sup>16</sup> Edmund D Pellegrino, "Character, Virtue and Self-interest in the Ethics of the Professions." *Journal of Contemporary Health Law & Policy* 5 (1989): 53.

<sup>17</sup> See U.S. Army Inspector General Agency, *Inspection of the Warrior Care and Transition Program*; Messinger, "What Do We Owe Them," 267-286; Gade, "A Better Way to Help Veterans," 53-69.

<sup>18</sup> U.S. Army Inspector General Agency, *Inspection of the Warrior Care and Transition Program.*, A-17.

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- <sup>19</sup> Ibid., A-17.
- <sup>20</sup> Messinger, "What Do We Owe Them," 278.
- <sup>21</sup> Ibid., 282.
- <sup>22</sup> Gade, "A Better Way to Help Veterans," 54.
- <sup>23</sup> Pellegrino, "Character, Virtue and Self-interest in the Ethics of the Professions," 57.
- <sup>24</sup> U.S. Army Warrior Transition Command, Comprehensive Transition Plan," <http://www.wtc.army.mil/modules/soldier/s1-wctpProgram.html> (accessed March 13, 2015).
- <sup>25</sup> "CBWTU Questions," *Pebforum website*, <http://www.pebforum.com/site/threads/cbwtu-questions.16623/> accessed March 13, 2015).
- <sup>26</sup> U.S. Department of the Army, *The Soldier's Guide*, Field Manual 7-21.13, (Washington, D.C.: Headquarters, Department of the Army, 2004), C1.
- <sup>27</sup> Messinger, "What Do We Owe Them," 278.
- <sup>28</sup> Amputee Coalition, "About Us," <http://www.amputee-coalition.org/about-us/> (accessed April 8, 2015).
- <sup>29</sup> See Eric Moskowitz, Her Decision, Their Life, *The Boston Globe*, January 24, 2015, <http://www.bostonglobe.com/metro/2015/01/24/her-decision-their-life-boston-marathon-survivor-debates-whether-live-with-pain-become-double-amputee/TMp4i6hRZHO9bDgvwxhGhK/story.html>; James Dao, "War and Sports Shape Better Artificial Limbs," *The New York Times*, April 17, 2013, <http://www.nytimes.com/2013/04/18/us/war-and-sports-shape-better-artificial-limbs.html>
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- <sup>32</sup> 38 CFR 4 § 4.15
- <sup>33</sup> Gade, "A Better Way to Help Veterans," 58-62.
- <sup>34</sup> Warrior Transition Command "Comprehensive Transition Plan" *Warrior Transition Command*, <http://www.wtc.army.mil/modules/soldier/s1-ctp.html> (accessed March 10, 2015).
- <sup>35</sup> Ibid.
- <sup>36</sup> U.S. Army Warrior Transition Command, "Internship Manual," *Warrior Transition Command*, [http://www.wtc.army.mil/documents/manuals/Internship\\_Module\\_Soldier\\_Manual\\_FINAL](http://www.wtc.army.mil/documents/manuals/Internship_Module_Soldier_Manual_FINAL) (accessed March 10, 2015).
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<sup>40</sup> U.S. Army Inspector General Agency, *Inspection of the Warrior Care and Transition Program*.

<sup>41</sup> "WTU Issues," *Pebforum*, <http://www.pebforum.com/site/threads/wtu-issues.22080/> (accessed March 10, 2015).

<sup>42</sup> Ronald Thomas, "Social Security Benefits for Wounded Warriors," (lecture at Department of Defense Recovery Care Coordinator Training, Alexandria, Virginia, January 6, 2014).

<sup>43</sup> Messinger, "What Do We Owe Them," 270.

<sup>44</sup> *Ibid.*, 270.

<sup>45</sup> *Ibid.*, 270.

<sup>46</sup> Pellegrino, "Character, Virtue and Self-interest in the Ethics of the Professions," 72-73.

<sup>47</sup> ADRP 1, 4-2.

<sup>48</sup> U.S. Army Inspector General Agency, *Inspection of the Warrior Care and Transition Program*, A-21.

<sup>49</sup> ADRP, 3-5, 3-21.

<sup>50</sup> Messinger, "What Do We Owe Them," 283-285.

<sup>51</sup> Gade, "A Better Way to Help Veterans," 67-69.

<sup>52</sup> Berghaus, Paul T., and Nathan L. Cartagena. "Developing Good Soldiers: The Problem of Fragmentation within the Army." *Journal of Military Ethics* 12, no. 4 (2013): 287-303.

<sup>53</sup> *Ibid.*

## **Biography**

Molly Boehm is a researcher with the Military, Veterans, and Society team at the Center for New American Security (CNAS). Ms. Boehm writes extensively on military and veterans social issues and policies. Prior to coming to CNAS, Ms. Boehm was a case manager for wounded, ill, and injured Marines and soldiers with the Marine Corps and Army transition units at Walter Reed National Military Medical Center. Ms. Boehm holds a Bachelor of Science in Biology from Davidson College, a Juris Doctorate from the University of Georgia, and a Master of Social Work with a concentration in Military, Veterans, and Families from Catholic University.