

RECORD VERSION

STATEMENT BY

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CHIEF OF STAFF
UNITED STATES ARMY

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Mr. Chairman, Mr. Hunter, and distinguished members of the committee, thank you for this opportunity to discuss the outpatient care of our Nation's wounded warriors at Walter Reed Army Medical Center, and throughout our Army. Every leader in our force is committed to ensuring that Army healthcare for America's Soldiers is the best this Nation can provide. From the battlefield through a Soldier's return home, our priority is the expedient delivery of compassionate and comprehensive world class medical care.

I am here today as the Chief of Staff of the US Army. And I can tell you, I have never been prouder than I am today to serve with our incredible Soldiers, who motivate me every day and who remain the focus of everything we do as an Army.

As Americans, we treasure the members of our All Volunteer Force who have raised their right hand to say, "America, in your time of need, send me. I will serve." We instinctively understand that in return for their service and sacrifice, especially in a time of war and demanding operational tempo, we owe them a quality of care that is at least equal to the quality of service they have provided to us.

I have visited Army medical facilities around the world, and I have met with Soldiers, staff, and patients in Iraq and Afghanistan; at Landstuhl, Germany; at installations across the United States, to include Walter Reed and Brooke Army Medical Centers. Without exception, the people I encounter inevitably remind me that the United States is a special Nation, blessed with incredible sons and daughters who are willing to serve. From the wounded Soldiers I meet, whose bodies have been hurt, but whose spirits remain strong, to loved ones whose tender attention and tireless dedication are easing our warriors' path to recovery, to the medical staff who have devoted themselves to fulfilling the promise of our Army's Warrior Ethos that we will never leave a fallen Soldier; I have witnessed

unparalleled strength, resilience, and generosity, and I am humbled by their bravery. Even if all of our facilities were the best in the world, and every process, policy, and system were streamlined perfectly, our Soldiers and families would still deserve better. And without a doubt, they deserve better than we have been providing to date.

Today we have 248,000 Soldiers deployed in more than 80 countries around the world. When injured or wounded, every one of those Soldiers begins a journey through our medical treatment facilities with the top-notch care delivered by Army medics, surgeons, nurses, and civilians in the forward operating facilities. There, our Soldiers receive extraordinary acute care that has drastically lowered our died-of-wounds rate, and is regularly cited as being without peer.

But it is after the incredible life-saving work has been done, and the recovery process begins, that our Soldiers are subjected to medical processes that can be difficult to negotiate and manage. Due to a patchwork of regulations, policies, and rules – many of which need updating -- Soldiers and staff alike are faced with the confusing and frequently demoralizing task of sifting through too much information and too many interdependent decisions. To compound this challenge, we have not optimally managed Army human and capital resources to assist wounded Soldiers and their families. Some of our counselors and case managers are overworked and have not received enough training yet. At times, we do not adequately communicate necessary information. We must make better progress in improving our administrative processes. Some of our medical holding units are not manned to the proper level and some of our leaders have failed to ensure accountability, discipline, and the well-being of our wounded Soldiers. And we need to improve our maintenance of some of our facilities. Most of these issues we can repair ourselves, and we are working aggressively to do so. Some others may require your support and assistance to resolve.

We have identified and fixed a number of problems, but there is still much to do. The Army has launched a wide-ranging and aggressive action plan to address current shortfalls, both at Walter Reed and across our Army. We are committed to rapidly fixing these problems, and are focusing our efforts in four key areas: Soldier welfare, infrastructure, medical administrative processing, and information dissemination.

At Walter Reed, we have made significant progress in repairing and improving conditions at Building 18. We have also accelerated improvements to the medical hold organizations and medical processes and are expediting the identification and implementation of ways to improve the Physical Disability Evaluation System across the force.

We are re-organizing the Walter Reed medical hold unit by establishing a wounded warrior transition brigade, creating an additional medical hold company, and increasing its permanent party personnel to ensure we have the right numbers of leaders with the right skills to properly take care of our outpatient wounded Soldiers and their families. We have selected a command-experienced, promotable lieutenant colonel and command sergeant major who will lead this organization. We are assigning more platoon sergeants who possess greater tactical leadership experience and are re-establishing the Walter Reed Garrison Command Sergeant Major position to provide the right level of skilled, caring leadership our wounded Soldiers and their families deserve.

To assist with outpatient care and reduce the delays in the medical and physical evaluation process, we are adding more personnel, improving their training, and adjusting our medical and administrative processes. We are expediting the re-assignment and hiring of an additional 34 case managers and 10 physical evaluation board liaison officers to handle the increased patient load at Walter Reed. We have improved the physical, administrative, and medical transition of patients between the hospital and the medical-hold task force, and have implemented a revamped clinic appointment system for our outpatient

wounded warriors. Additionally, a complete review of the medical and physical evaluation process is underway.

Addressing the emotional, physical, and administrative challenges our wounded warriors and their families face is a major area of emphasis. In addition to the improvements to our outpatient care and administrative processes, we have assigned Army officers to meet and escort the families of our wounded warriors from local airports to Walter Reed. To assist with their needs at Walter Reed, we are creating a streamlined “one-stop shop” Soldier and Family Assistance Center, have hired additional bilingual staff, and have increased counselor availability at the Mologne House. Finally, the Army has implemented the U.S. Army Wounded Warrior Program, which provides long-term support of our seriously wounded Soldiers to help them be self-sufficient, contributing members of their communities.

Let me conclude by reiterating that Army Medical care is the best in the world. Each day selfless, dedicated Army doctors, nurses, and support staff perform miracles to save lives and limbs, and provide the best possible care for our wounded warriors and their families. We will do what is right for our Soldiers and their families. They can be assured that the Army Leadership is committed and dedicated to ensuring that their quality of life and the quality of their medical care is equal to the quality of their service and sacrifice.

On behalf of the nearly 1,000,000 Soldiers that comprise our Army – and our wounded warriors and their families in particular – I appreciate the Committee’s concern for these critical issues, and for Congress’ continuing support of Soldiers and their families. Army Strong!