

UNCLASSIFIED

FINAL VERSION

STATEMENT BY

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Mr. Chairman, Congressman McHugh, and distinguished members of the sub-committee, thank you for the opportunity to discuss the current state of the command at Walter Reed Army Medical Center (WRAMC). Walter Reed is named for an Army physician whose contributions to understanding tropical diseases after the Spanish-American War and especially to combating Yellow Fever saved countless lives world-wide and made his name a household figure throughout the world. Over the course of its 100 year history, the hospital named in his honor has frequently found itself in the news— providing cutting-edge medical care for uniformed service members and their Families, caring for Presidents and Members of Congress, and being lauded as one of the top medical institutions in the nation.

This sterling reputation and legacy of premier health care is one reason the expose published in February came as such a shock to us all. When I arrived with my trusted CSM Althea Dixon in early March the sense of shock was wearing off but sorrow and regret hung heavy in the halls of the wards and clinics; in some corners it had been replaced by denial. What no one denies is that the Warriors we care for deserve nothing less than the best medical care, the best administrative processing, and the best support systems—including living conditions--available. With BG Mike Tucker—a career soldier and distinguished Armor officer at my side and countless other leaders throughout the organization, we have set out to correct identified deficiencies and provide the best of everything for our Warriors and their Families. We have received extraordinary support from the U.S. Army Medical Command and the entire Army.

In just 90 days we have identified problems and, where appropriate, taken immediate corrective actions. Many involved the creation of support services which are present at larger Army installations but were not available at WRAMC before the events of mid-February. Some of our accomplishments include:

- Immediate relocation of Soldiers from Bldg 18 to the highest quality barracks space available in Abrams Hall on the WRAMC Campus
- Installation of telephone, cable television, and internet in each Warrior in Transition room
- Provision of Family Counselors who are available 24 hours-a-day/7 days-a-week
- Establishment of a one-stop Soldier and Family Assistance Center (SFAC) that is centrally located in the Hospital providing all necessary services for family assistance, finance, and personnel actions
- Centralized management of Non-Governmental Organization and Private Voluntary Organization donations at the SFAC
- Establishment of a program to greet Family Members upon arrival at Andrews Airfield and civilian airports and escort them to WRAMC
- Implementation of Monday welcome briefs and Thursday town hall meetings for Soldiers and Families
- Distribution of informational handbooks and Warrior and Family Hotline cards to Soldiers and Families
- Creation of a Warrior Transition Brigade (WTB) with a combat experienced Commander, COL Terry McKenrick, and Command Sergeant Major Jeff Hartless and implemented the Triad concept of care for WTB Soldiers and Families consisting of:
 - A Nurse Case Manager (assigned at a ratio of 1 per 17 patients)
 - Primary Care Manager (assigned at a ratio of 1 per 200 patients)
 - Squad Leaders (assigned at a ratio of 1 per 12 patients)
- Elimination of the backlog of awards and decorations, in part through a series of frequent--now monthly—Purple Heart ceremonies in the Walter Reed auditorium attended by a standing room only audience of Soldiers, Families, hospital staff and fellow warriors
- Employment of an Ombudsman to give Wounded Soldiers a source to resolve issues and combined the Ombudsmen and Patient Representatives to form a Patient Advocacy Center

- Enhanced Accessibility to the Hospital Dining Facility for Wounded Warriors
- Creation of a Clothing Issue Point (CIP) to issue new uniforms to Wounded Warriors

I would like to elaborate on a few of these accomplishments because they really reflect a profound change in the way we do business and care for our Warriors. As every review panel and investigating team found, medical centers and hospitals across the nation—especially those in the Army--no longer provide the sort of convalescent and rehabilitative care that was common during our Nation's earlier wars. One former Army Surgeon General still remembers his assignment as the Chief of Orthopedics and Rehabilitation at the Valley Forge Army Hospital as the highlight of his 3-decade career. Senator Inouye fondly recalls the months he spent as an inpatient at Walter Reed following World War II. The Senator, among other things, was taught ballroom dancing.

As health care shifted to outpatient focused health care delivery systems in the 1980s and 90s, the Army Medical Department did the same. Just as new moms and their babies are discharged from the hospital in as little as 24 or 36 hours, and many surgeries like gallbladder surgery and even joint surgeries are followed by rapid transition to outpatient status, so are some of our wounded soldiers discharged to outpatient status in a matter of days—well before their complete recovery is effected. While we view this ability to discharge to outpatient status as a success (who wants to live in a hospital for extended periods?) it has shifted some burdens to the outpatient setting that most hospital campuses are not designed to handle. So while inpatient-based care remains state-of-the-art, reflected in part by the many testimonials of Wounded Warriors and their Families and by a very successful no-notice survey conducted by the Joint Commission—a nationally renowned accrediting body for America's healthcare organizations--soon after the Washington Post articles were published, coordination of outpatient care, navigating the many clinic appointments and managing the administrative hurdles of the physical disability

system were very onerous and fragmented. Many Warrior-patients were temporarily lost in the shuffle or confused by the transition.

As you are all well aware, for the last several years the Walter Reed campus has been home to hundreds of Warriors in Transition—formerly known as Medhold and Medholdover Soldiers--and to hundreds of their Family members. We've been running what essentially amounts to a fully-occupied intermediate or step-down rehabilitation complex on the grounds of Walter Reed Army Medical Center without the structure, design, or manpower to support it. Individuals were putting forth Herculean efforts to patch things together and make it work. Platoon sergeants—many of whom were former patients or medics tasked with new roles--were responsible, on average, for the care of 55 Warriors in Transition. They had no platoon leaders, they had no squad leaders—the small unit leaders closest to the individual Soldier and more intimately familiar with their problems in every other unit in the Army. The well-being of 55 Soldiers is an enormous burden to place on one individual, especially when those Soldiers all have significant, life altering medical concerns.

The most important step we've taken to address these shortfalls is to establish the Warrior Transition Brigade (WTB) and the concept of a triad of a primary care manager (usually a physician), a nurse case manager and a small unit Army leader or squad leader. With the Warrior Transition Brigade we've provided the necessary leadership structure to allow our Warriors to focus on healing. Each squad leader is responsible for no more than 12 Warriors to ensure that each warrior can get personalized, one-on-one attention on a daily basis. Each squad leader has a close working relationship with the nurse case manager assigned to that squad. The squad leader and case manager work as a team in conjunction with the third member of the triad, the primary care manager. Each part of the triad has clearly delineated responsibilities to care for the needs of the Warrior. These responsibilities overlap enough to provide a safety net of support that will not allow any Warrior to fall through the cracks. I

am convinced that the power of a fully-staffed WTB along with the synergy of the triad will generate enormous contributions to the well-being of our Warriors.

One other accomplishment that I'd like to highlight is the establishment of the Soldier Family Assistance Center (SFAC) at WRAMC. The family is an integral part of the recovery process for all our Warriors. We need to have support systems in place for Family members much like we do for the Soldiers. The SFAC is designed to support every need of our suffering Family members. The staffing of an SFAC includes social workers, military finance and personnel experts, Morale, Welfare and Recreation specialists, liaisons to service organizations, and, most importantly, a caring person to listen to concerns. This is where we will escort our newly arrived Family members so that they can have a warm cup of coffee and talk to a chaplain or counselor before seeing their Soldier for the first time. The SFAC is a concept that has worked with great success at Brooke Army Medical Center (BAMC) and we hope to expand upon that success with the establishment of a SFAC here at WRAMC.

As with the example of the SFAC concept taken from BAMC and the triad concept borrowed from other installations, we have aggressively harvested best clinical and administrative practices from a variety of settings or are developing them de novo and are then standardizing them across the Army Medical Department.

We are justifiably proud of all our accomplishments over the last 90 days, but I am most proud of the way the Walter Reed workforce has come together during these difficult, stressful times and performed like superstars. In the face of widespread criticism, they redoubled their efforts and embraced the changes and culture of change that I tried to instill. We believe that these trying times will ultimately make Walter Reed and the Army Medical Department stronger organizations more committed to the Warriors we serve. We need to continue to

address our shortfalls, we need to continue to focus on serving our Warriors and their Families, and we will continue to improve.

We very much appreciate the support this subcommittee has provided WRAMC over the last 90 days. Your distinguished Members and hard-working staff have spent a lot of time there since the war began, visiting our Warriors, meeting with our leaders, and assisting in every way possible. Thank you for holding this hearing and giving us the opportunity to share our accomplishments and to re-emphasize our unyielding commitment to provide the best care available to all our Warriors and their Families.