

Joint Opening Statement

By

The Honorable Togo D. West, Jr.

And

The Honorable John O. "Jack" Marsh, Jr.

Co-Chairmen

Independent Review Group on
Rehabilitative Care and Administrative Processes at
Walter Reed Army Medical Center and
National Naval Medical Center

Before the

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Chairman Tierney, Mr. Shays, distinguished members of the Committee, thank you for this opportunity to discuss the findings of our Independent Review Group.

Before we begin our remarks, I would like to introduce the members of the Group who have joined us today.

The Honorable John O. “Jack” Marsh, Jr., my Co-Chair and a World War II veteran, who has served the Commonwealth of Virginia and the nation, right here in these hallowed halls of the United States Congress, also served as Secretary of the Army.

Mr. Arnold Fisher, a senior partner at Fisher Brothers in New York City, an Honorary Knight of the British Empire, and former Chairman and CEO of the Zachary and Elizabeth Fisher House Foundation; a man whose name is well-known to our injured and ill service members and their families.

Lieutenant General Charles “Chip” Roadman, US Air Force Retired, Chairman of the Board of Trustees of Altarum, retired as the Surgeon General of the Air Force in 1999.

Command Sergeant Major Lawrence “Larry” Holland, a consultant with Strategic Solutions Incorporated retired as the Senior Enlisted Advisor to the Assistant Secretary of Defense for Reserve Affairs with 37 years of military service.

The other members of the Group could not be present today; they include The Honorable Joe Schwarz, former congressman from Michigan; The Honorable Jim Bacchus, former congressman from Florida; General John Jumper, US Air Force Retired, former Chief of Staff of the US Air Force; Rear Admiral Kathy Martin, US Navy Retired, former Deputy Surgeon General of the US Navy.

Members of the Committee, if we may, we would like to offer a few words summarizing what the Independent Review Group found.

Walter Reed Army Medical Center bears the most distinguished name in American military medicine. It, along with its equally well-known colleague to the North – the National Naval Medical Center in Bethesda, Maryland – is the acknowledged flagship installation of DoD medicine.

Our review – by the Independent Review Group – suggests, however, that although Walter Reed’s rich tradition of flawlessly rendered medical care of the highest quality remains unchallenged, its highly prized reputation has nonetheless been justifiably, but not irretrievably, called into question in

other respects. Fractures in its continuum of care, especially as it pertains to care and support for its out-patient service members have been reported and are being reviewed not only by us but by a veritable cavalcade of panels, organizations, officials and, those who report upon our daily national life electronically and in daily or periodic publications – and justly so. Failures of leadership, virtually incomprehensible inattention to maintenance of non-medical facilities; and a reportedly almost palpable disdain for the necessity of continuing support for recovering patients and their families have led the growing list of indictments of this once and still proud medical facility.

Our report's findings and recommendations cover a wide range of issues and circumstances which have come to our attention. They appear to converge, however, around four core concerns. Let me pose them as questions.

Firstly, who are we – as a country, as a military, as health care centers here in the nation's capital? Unfortunately, if one considers reports we have heard from service members and their families about the lapses in support to them during their rehabilitation phase of care, we would conclude that we may be answering that question in ways that are not attractive to us as an Army, a military, or as a nation. We say so much about ourselves by the attitudes we display towards those who look to the Nation for supports

during the most vulnerable times of their lives. We considered a number of findings and recommendations involving the assignment and training of caseworkers, increases in the numbers of caseworkers and adjustment of the caseworker to patient ratio, assignments of primary care physicians, and attention to the nursing shortages.

Secondly, who and what are we to become? The Base Realignment and Closure (BRAC) process and the A-76 process have caused incalculable dislocation in Walter Reed operations and threaten the future of both installations. BRAC should proceed for a host of reasons; but the transition process is lagging, important coordinative efforts between the two installations do not appear promising, and an increased pace for the transition is urgently needed.

Thirdly, how are our service members doing? At every turn, the IRG has encountered service members, their families, health care professionals, and thoughtful observers who point out how challenging the traumas associated with TBI (traumatic brain injury), and PTSD (post traumatic stress disorder) have become; and how challenging they have been in terms of both DoD and Department of Veterans Affairs diagnosis, evaluation, and treatment. We believe there is a need for greater and better coordinated research in this area. We offer a somewhat detailed recommendation with

respect to a center of excellence and increased attention to cooperative efforts by both Cabinet departments.

Fourth, how long? The IRG has operated with what is, for me, a rare sense of unity and consensus in our effort. If there is one issue, on which we are even more unified than all others, it is that the horrors that are inflicted on our wounded service members and their families in the name of the physical disability review process, known in the Department of Defense as the MEB/PEB process, simply must be stopped.

It should not surprise you that each part of the governmental process can make sound arguments to defend and explain why three, and in the case of the Army, four separate Board proceedings – with associated paperwork demands on the wounded service member and family, accompanied by delays and economic dislocation for assisting family members, and characterized prominently by inexplicable differences in standards and results – are justified. We, however, are a Nation which values the every day good sense of the common man or woman – that is why we call it common sense. And, common sense says that from our service members' and families point of view this must seem a wildly, incomprehensible way to settle for service members and families the question of whether the member

must leave the service and, if so, under what conditions. We recommend one combined physical disability review process for both DoD and VA.

Virtually every finding and recommendation we make can be traced to these four concerns: (1) leadership and attitude; (2) the transition from Walter Reed Army Medical Center to Walter Reed National Military Medical Center; (3) the extraordinary use of IED (improvised explosive devices) in the current wars and their impacts on the brains and psyches of our service members; and (4) the long-standing and seemingly intractable problem of reforming the disability review process.

To be sure, it was the degradation in facilities that first caught the eye of media reporters. Important as that is, however, we believe that there is far more to be dealt with here than applying paint to rooms or even crawling around basements to deal finally with electrical problems.

None of these concerns, however, is our bottom line -- not BRAC, not facilities, not even the search for failures, breakdowns, or culprits. Rather our bottom line is this:

- (1) We are the United States of America.
- (2) These are our sons and daughters, brothers and sisters, uncles and aunts, even a grandparent or two.

(3) Their families are our families; we are their neighbors, and we, their fellow citizens and residents.

(4) Their anguish is our anguish.

(5) We can and must take care of them...we must do better than we have thus far.

Secretary Marsh, have you comments you would like to offer?

Secretary West, thank you. Yes, I would like to offer a few points. Mr. Chairman, Mr. Shays, distinguished members of this Committee, I join Secretary West in thanking you for this opportunity to bring to the Congress our concerns for the wounded and sick service men and women and their families.

I am a World War II veteran, a retired Virginia National Guard officer and a former Member of Congress. Two of our sons served in combat in the Persian Gulf War. The oldest, a combat surgeon, was later severely wounded in Somalia.

There is a national ethic: America always takes care of its wounded. We must ensure that we, as a people, continue to emphasize that ethic.

While not to diminish the role of the active force, we must remember and understand the hardships placed on our Reservists and Guardsmen by calling them to duty; they have special needs and we must be mindful of those needs.

Families! The men and women who serve – whether from the Active or Reserve components – have families who need our help, particularly when their husband or wife or child becomes wounded. We must help them.

As Secretary West so eloquently stated, many factors contributed to the “perfect storm” that brought Walter Reed Army Medical Center to our

attention. We must look to the systemic issues and fix them so that we can abide by our American ethic and take care of our wounded and their families. The remedies to the problems associated with the medical community, including those within Physical Disability Evaluation System, are not confined to the Department of Defense. Servicemembers and veterans are also going to need the help of the Department of Veterans Affairs, OMB, and OPM to fully address all the facets of this problem.

We have reason to think that some of the observations in our report are systemic. Although we were charged to look at Walter Reed and, to a lesser extent Bethesda, we did encounter indications that some of the problems do exist in other military medical facilities of our Armed Forces.

Ultimately, it is the Congress that can address and fix the shortcomings that exist in our medical services in order that members of Armed Forces can receive the care they deserve. You have the authority under the Constitution to raise and maintain the forces, including Militia, necessary for our National Defense. This will require commitment and perseverance to achieve, but it is vitally important. I am confident you will rise to the challenge.

Thank you.

(Mr. West's speaks) Mr. Chairman, Secretary Marsh and I, as well as the other talented and experienced members of the IRG with us today, would be happy to respond to your questions at your convenience.

Thank you.

