

Congress of the United States

House of Representatives

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Statement of Rep. Henry A. Waxman Chairman, Committee on Oversight and Government Reform Before the Subcommittee on National Security and Foreign Affairs September 26, 2007

Mr. Chairman, today's hearing continues a tradition of this Committee's oversight of military health care problems.

Long before the American public became aware of the troubles at Walter Reed, Tom Davis held important hearings into problems that guard and reserve troops were having with health care and military benefits. Chairman Tierney, your subcommittee held the first hearing on the problems at Walter Reed, and you've continued to lead on these issues. And in May, the full Committee had a hearing on the hundreds of thousands of soldiers who may be returning from Iraq and Afghanistan suffering from PTSD and other mental health problems.

This Committee's efforts have helped uncover both new and long-standing problems with the military health care system. This oversight is some of the most important work that this Committee does — few causes are more noble than giving our injured soldiers the care that they deserve. Despite the increased attention, the pace of change at DOD and VA is intolerably slow.

Again and again, we see the same thing. Blue ribbon task forces, like the West-Marsh commission on Walter Reed or the Dole-Shalala commission on military health care, provide detailed roadmaps to better care. DOD and VA representatives come before Congress and insist that things are getting better. And still the horror stories about problems with the military's health care system continue.

Here's just some of the new and disturbing information we've received over the last several months:

- We learned from the Washington Post that Staff Sergeant John Daniel Shannon, who testified on the problems at Walter Reed before our Committee in March, remains stuck in bureaucratic limbo at Walter Reed — unable to obtain his discharge, obtain VA benefits, or return to his family and pick up his life.

- We've received deeply troubling reports from Fort Carson, Colorado, indicating that the leadership there seems to utterly lack a basic understanding of the problems faced by ill and injured soldiers. Whistleblowers, investigators, and struggling families have told the Committee that soldiers with PTSD and TBI are being dishonorably discharged under the pretense of having preexisting personality disorders. We've heard of one soldier who was ordered back to Iraq despite a diagnosis of PTSD and TBI. And we've heard press reports indicating that one commander at the base recommended discharging mentally ill soldiers simply as way to get rid of — and I quote — “dead wood.”
- We've heard from VA that they have over 1,200 unfilled psychologist, social workers, and psychiatrist positions within their ranks — and that the VA is unable to provide even the most rudimentary estimates of the number of soldiers who will need mental health care, or the cost for such treatment.
- And we've heard reports from the Army that suicide rates among soldiers are at their highest level in 26 years — while 20% of Army psychologist positions are unfilled, and morale among Army mental health care providers continues to sink.

We'll hear testimony from GAO and others today pointing to other persistent or emerging problems at VA and DOD.

I look forward to hearing from all our witnesses today, and I'm happy that we will hear at least some good news. But I continue to be frustrated with the pace of improvement. And I worry that after five years of war, our military health care system is overstretched, with even bigger problems coming down the line as soldiers are forced to serve more and longer deployments in Iraq and Afghanistan.

In the coming years, hundreds of thousands of soldiers will return home and will need DOD and VA care for injuries or mental illnesses. We can't let these soldiers and their families down.

I thank you for holding this hearing today, and I'm looking forward to seeing how we can make things better.