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FINAL VERSION

STATEMENT BY

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Mr. Chairman, Congressman Shays, and distinguished members of the sub-committee, thank you for the opportunity to update you on the extraordinary and heroic acute care, rehabilitation and comprehensive support of Warriors and Families being performed every day at Walter Reed Army Medical Center (WRAMC). It is with great pride that I share with you the accomplishments of the hundreds of clinicians, medics, technicians, nurses, therapists, leaders and administrators—uniformed and civilian, Army, Navy and Air Force, full-time and volunteers—who care for these most deserving Warriors and their Families. The caregivers at Walter Reed have extremely demanding jobs. They are witnesses to much pain and suffering. The pace is constant and unyielding. But they are also privileged to care for the best patients in the world--young men and women who have given of themselves for their country. Our patients are an astounding group of Warriors who inspire and amaze us every day. Their incredible spirit and energy drive this installation and evoke in our health care providers and staff a level of commitment and dedication to their patients that is unparalleled. I am constantly impressed by the quality and caliber of the health care team at Walter Reed and their unwavering focus on caring for these deserving Warriors and their Families.

Since I joined the talented WRAMC Leadership team with my trusted Command Sergeant Major Althea Dixon in early March, my focus has been on ensuring that the Warriors for whom we care get the best medical care, the best administrative processing, and the best support systems available. With Brigadier General Mike Tucker, a career Armor officer, former Non-Commissioned Officer, and Operation Desert Storm and Operation Iraqi Freedom veteran at my side, and with 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. Throughout this effort, we have received extraordinary support from the U.S. Army Medical Command, the

entire Army, the senior leadership of the Department of Defense and the Department of Veterans Affairs, as well as the United States Congress.

During the past 6 months, we have identified problems and, where appropriate, have 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 early accomplishments included:

- 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 priority access to medical care and appointments for Warriors in Transition undergoing Medical Evaluation Boards (MEB) as a means of ensuring effective healing and medical care as well as expediting completion of Medical and Physical Evaluation Boards
- 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
- Establishment of a "Warrior Clinic" providing Warriors in Transition and their Families improved access to care, continuity of rehabilitative care, and enhanced movement through the medical process.
- Establishment of a program to greet Family Members upon arrival at Andrews Air Force Base 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

- Elimination of the backlog of awards and decorations, in part by holding 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
- Co-location of Department of Veterans Affairs Social Work Liaisons with Nurse Case Managers (NCM) to facilitate seamless transition of Warriors in Transition to Department of Veterans Affairs programs and services
- Employment of an Ombudsman to give Wounded Soldiers a source to resolve issues and combination of 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 to issue new uniforms to Wounded Warriors

These early accomplishments of the first 90 days were the "easy victories." Although they required some innovative thinking and some bureaucracy busting, the solutions could be implemented quickly. These second 90 days have involved the same level of effort and innovation, but the results are less eye-catching. Nevertheless, tremendous progress has been made and we've built the foundation for long-term sustainable improvements to the system of caring for Warriors in Transition. Some of these accomplishments include:

- Attained sufficient staffing of Primary Care Manager (PCM), Nurse Case Manager, and Squad Leader (SL) personnel to meet the staffing ratios called for in the Army Medical Action Plan (AMAP) for these critical positions
- Piloted *myMEB*, a web-based portal that became available Army-wide on July 9, 2007 to all Soldiers undergoing a MEB enabling them to track the progress of their MEB proceedings, as well as access a wealth of information to help them better understand the MEB process

- Served as a beta test site for a Staff Assistance Visit program designed to assist Warrior Transition Units Army-wide to become better able to execute their AMAP responsibilities
- Conducted a 2-day Certification and Training Seminar in Silver Spring, Maryland, June 16 and 17, 2007 for all 35 Warrior Transition Units. In addition, the training provided during this seminar has been established as a resident course at the Army Medical Department Center and School at Ft. Sam Houston in San Antonio, Texas
- Conducted training for Ombudsmen to help them cut through red tape to resolve concerns for Warriors in Transition
- Initiated behavioral health certification training developed by the Department of Veterans Affairs to train all Clinical Social Workers, Nurse Case Managers, Psychiatric Nurses, and Psychiatric Nurse Practitioners who care for Warriors in Transition
- Conducted Physical Evaluation Board Liaison Officer (PEBLO) performance training on the responsibilities of this pivotal position when it comes to efficient navigation of the Physical Disability Evaluation System

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 Med Hold and Med Holdover 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 and well-being of 55 Soldiers with illness and injuries--some unseen, such as behavioral health challenges and mild Traumatic Brain Injury. This was an enormous burden to place on one individual, especially when those in their

charge were in many instances facing significant, life altering medical concerns and decisions about their and their Families' future.

The most important step we've taken to address identified shortfalls is to establish the Warrior Transition Brigade (WTB) and to fully implement 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. The WTB is organized as a distinct unit of the WRAMC Command with its own Table of Distribution and Allowances and formal staffing structure that includes a strong Command and Control element at the brigade and company levels to provide dedicated leadership and direction to ensure Warriors in Transition and their Families receive the care and assistance they require. Squad leaders are responsible for no more than 12 Warriors to ensure that each warrior can get personalized, one-on-one attention on a daily basis. Each SL has a close working relationship with the NCM assigned to that squad. The SL and case manager work as a team in conjunction with the third member of the triad, the PCM. 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.

Another accomplishment that I'd like to highlight is the establishment of the Soldier Family Assistance Center 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 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.

We have also established a network of ombudsmen at WRAMC and 17 other Army hospitals to serve Warriors and their Families as independent resources and problem solvers. Ombudsmen work closely with Patient Advocates and are readily available and in regular contact with Warriors in Transition and their Families to determine areas where they can be of assistance to resolve concerns that may not have been solved by other means. Each ombudsman has been specially trained for his/her new role and has been given direct access to commanders in another effort to bust bureaucracy.

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. BG Tucker and the staff of the AMAP Cell identify and incorporate on an ongoing basis best practices found during Staff Assistance Visits, or identified by the various Task Forces and Commissions that have examined the care and assistance provided to Warriors in Transition and their Families. Our goal is to take advantage of these insights and ensure that the AMEDD remains on the cutting edge when it comes to providing world class care to our brave Soldiers and their Families.

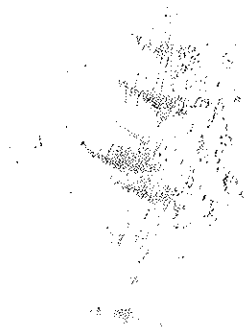
Efforts to accelerate the transition of WRAMC to the new Walter Reed National Military Medical Center at Bethesda (WRNMMC) are proceeding well. RADM John Mateczun, USN, recently appointed as Commander of the Joint Task Force to combine military medical operations in the National Capitol Region, strongly supports the future establishment of a Warrior Transition

Brigade at the future WRNMMC that may well serve as the model for the development of a joint Service approach to caring for Warriors in Transition. Also encouraging is the recent direction provided by the Deputy Secretary of Defense, Mr. Gordon England in his August 29, 2007 memorandum directing the Service Secretaries to use all existing authorities to recruit and retain military and civilian personnel necessary to care for Seriously Injured Warriors, and directing the Secretaries to fully fund these authorities to achieve this goal. In this memorandum, Secretary England also directs the Secretary of the Army to develop and implement a "robust recruitment plan" to address identified gaps in staffing and sufficiently fund the WRAMC budget to pay for these recruitment and retention incentives. To ensure the success of this recruitment effort, Secretary England also directed that Dr. David Chu, the Under Secretary of Defense for Personnel and Readiness, develop with the Departments of the Army and Navy a "Guaranteed Placement Program" to maximize placement of WRAMC employees affected by the transfer of health care services under the Base Realignment and Closure process to the new Walter Reed National Military Medical Center or Dewitt Army Community Hospital. These efforts should help to stabilize the work force at Walter Reed and ensure that our Warriors will continue to be cared for by the best health care professionals in the world.

The recent opening of the Military Advanced Training Center (MATC) at WRAMC is yet the latest development in optimizing care and rehabilitation for our Wounded Warriors. The new, state-of-the-art \$10 million dollar rehabilitation center for amputees, Traumatic Brain Injured and other Warriors in Transition with functional losses provides a dedicated 31,000 square foot facility where staff can focus on Service members who have lost a limb or an eye, their hearing, the ability to maintain their balance, orientation, or fine motor skills-but have never lost their fighting spirit or their Warrior Ethos. They are committed to restoring the capacity for these brave men and women to serve the Nation as Warriors or as productive citizens. The capabilities and even the specialized equipment of the MATC will be moved to the new WRNMMC when it is built.

I believe that the actions of the last 6 months will ultimately make Walter Reed and the Army Medical Department stronger organizations which are more adept at caring for Warriors and their Families. 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.

I greatly appreciate the privilege to command this great Army medical institution and the opportunity to report on the progress we have been making at WRAMC these past six months. Thank you for holding this hearing and giving us the opportunity to share our accomplishments and to re-affirm our unyielding commitment to provide the best care available to all our Warriors and their Families.



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