

RECORD VERSION

STATEMENT BY

GENERAL RICHARD A. CODY
VICE CHIEF OF STAFF
UNITED STATES ARMY

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Mr. Chairman, Mr. McHugh and distinguished members of the subcommittee, thank you for this opportunity to discuss with you our continuing efforts to improve the outpatient care and administrative support of our wounded Soldiers and their Families. In February, I made a commitment to our Soldiers and Families, the American people, and you that I would personally oversee the needed fixes to the care and support we provide our wounded Soldiers and their Families. We are here today to provide you, our Soldiers, and the American people an update on our progress to date, and the continued way forward.

In the last several months, we have done much to improve outpatient care and support for our “Warriors in Transition” and their Families both at Walter Reed Army Medical Center and across the Army. The “immediate fixes” we have initiated include: formation of Warrior Transition Units (WTU) at 37 locations with significant Warrior in Transition populations; staffing of WTU leadership with caring, purpose-driven leaders down to squad level; creation of the squad leader, primary care manager, and nurse case manager “transition triad;” prioritization of medical appointments for Warriors in Transition; activation of 18 Reserve Component lawyers and paralegals to provide additional legal advocacy for Warriors undergoing the Physical Evaluation Board (PEB) process; resource prioritization for maintenance and repair of WTU infrastructure; establishment of a Soldier Family Assistance Center (SFAC); funding of Family Readiness Support Assistants (FRSA) to facilitate wounded Soldier Family Readiness Groups; and adjustment of guest housing policies to accommodate non-family-member care attendants. While we have done much to improve the quality of care and support for our Warriors in Transition and their Families, there is still much to be done.

The way ahead is captured in the Army Medical Action Plan (AMAP), the Army's holistic effort to identify issues and implement solutions to improve the quality of care, support, and benefits for our Warriors in Transition and their Families. AMAP was developed and is being implemented jointly by Army Medical Command (MEDCOM), Installation Management Command (IMCOM), the Department of Veterans Affairs (VA), the Army Staff, and other support agencies. Brigadier General Mike Tucker, whom I brought in specifically to be our "bureaucracy buster" and who is serving as the Deputy Commanding General of the North Atlantic Regional Medical Command, is helping lead this effort.

Last week I sent out a Department of the Army Operations Order to all medical personnel, installation commanders and senior mission commanders outlining more than 120 medical issues that will be addressed through the AMAP. Short term objectives of the AMAP, beyond the "immediate fixes" already achieved, include co-locating Veteran's Health Administration and Veterans Benefit Administration liaisons with WTU case managers, improving patient advocacy services, and standardizing training for the "transition triad" and Physical Disability Evaluation System (PDES) enablers – Medical Evaluation Board doctors, PEB liaison officers, and benefits coordinators. Significant long-term AMAP goals include streamlining the PDES and enabling seamless transfer of medical data and separation documents between the Department of the Army and the Department of Veterans Affairs. We are working towards full implementation of the AMAP by January 2008.

Another very important Army goal is improving our understanding, diagnosis, and treatment of both Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). We recognize that many of our Warriors are suffering the effects of combat stress and brain injuries, the symptoms of which can range from mild to severe. During her testimony, Major General Gale Pollock, the acting Surgeon General, will explain our

initiatives to address these issues on the medical side of the Army, to include our effort to add 200 additional mental health care providers. But medical professionals are not alone in their responsibility to care for our injured Warriors—commanders and leaders are equally responsible for the mental and physical health care of their Soldiers.

Army leaders are being aggressively trained to recognize the signs of PTSD or TBI and encourage their Soldiers to seek care. Last week, our Chief of Staff, General George Casey, initiated a chain teaching program with our four-star commanders that will be required training for every Soldier in the Army. The message and commitment from the Army leadership should be clear to everyone—PTSD and TBI are serious concerns that require the attention and action of every member of the Army team.

Warrior in Transition care is at its heart an issue of leadership—from squad leader, all the way up to and through me. I assure you that nothing is more important to the Army's leadership than ensuring quality care, support, and benefits for our Soldiers and their Families, and that we are fully committed to this effort.

Our Acting Secretary of the Army, Pete Geren, and I are principal participants in the Senior Oversight Committee, chaired by the Deputy Secretary of Defense, that meets weekly to coordinate the Department of Defense effort to improve the medical care process, disability processing, and transition activities to the Department of Veterans Affairs. A significant aspect of the committee's work is the consideration of potential legislative proposals intended to streamline the care, evaluation, and transition processes.

Over the last several months, I have chaired video-teleconferences with our hospital commanders to receive direct feedback from them on their progress and challenges in implementing the AMAP. Our senior mission commanders participated in the most recent teleconference, and

they were unanimous in their opinion that the AMAP is working and having a significant impact.

The other witnesses on this panel can also describe the positive impact that AMAP is beginning to have on the quality of care, support, and benefits provided to our Warriors in Transition. Major General Pollock and Brigadier General Tucker, whose role I have already explained, will discuss our Army-wide efforts and initiatives. Major General Eric Schoomaker, the Commander of Walter Reed Army Medical Center and the North Atlantic Region, and Colonel Terry McKenrick, the Commander of the WRAMC Warrior Transition Brigade, will detail the specific actions we have taken at WRAMC, many of which we are exporting to the rest of the Army.

I cannot emphasize enough how important the care of our Soldiers and Families is to your Army – an all-volunteer force that continues to make incredible sacrifices every day during this time of war. Our Nation cannot ask our Soldiers and their Families to make these sacrifices and not ensure that their medical care and overall quality of life is at least equal to the quality of their service and sacrifice. We cannot ask them to endure the rigors of combat and then endure an under-resourced or bureaucratic system when they get home. Your Army is many things, but ultimately, it is about people, it is about our Soldiers. We and the entire Army leadership are committed to getting this right for them and their Families.