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**NATIONAL SECURITY SUBCOMMITTEE HOLDS
FOLLOW-UP WALTER REED HEARING**

*"Is This Any Way To Treat Our Troops? – Part II: Follow-Up on
Corrective Measures Taken At Walter Reed
and Other Medical Facilities Caring For Wounded Soldiers"*

WASHINGTON, DC —Today, the Subcommittee on National Security and Foreign Affairs held an oversight hearing to examine the actions taken by the Pentagon in response to the Subcommittee's March 5, 2007 field hearing on allegations of unacceptable care and living conditions of wounded soldiers housed at the Walter Reed Army Medical Center in Washington, DC and other similar military facilities across the country. This hearing was in keeping with Chairman Tierney's promise to continue oversight on this issue and hold an additional hearing within 45 days to assess progress made to fix these problems.

A copy of Chairman Tierney's opening statement as prepared for delivery is below:

Good morning. On March 5th, this new Subcommittee convened our first ever hearing on the care of wounded soldiers at Walter Reed Army Medical Center. I think it's fair to say that all of us were appalled by the heart-wrenching stories from Staff Sergeant Dan Shannon, Annette McLeod, and Specialist Jeremy Duncan. They spoke of living with mold, being lost in a bureaucratic abyss, and being treated with a shameful lack of respect.

But their stories are not, unfortunately, isolated incidents. After our first hearing, I created a special e-hotline. We heard from hundreds of people, and the problems went well beyond Walter Reed:

- A doctor who had come out of retirement to help out at Winn Army Community Hospital at Fort Stewart, Georgia, said they were understaffed, over-extended, and I quote, "much worse than at Walter Reed."
- A soldier who fought in both Gulf wars spoke of cuts in the soldier advocate program at Darnall Army Medical Center at Fort Hood, Texas, and that traumatic brain injury patients were being un- or under-diagnosed.
- Someone at 29 Palms Marine base witnessed examples of post-traumatic stress disorder going undiagnosed, untreated, and purposefully ignored to return soldiers to

active duty. She told us about one navy psychiatrist who, and I quote, “said clearly he did not believe in PTSD.”

We also, unfortunately, heard additional troubling stories about Walter Reed:

- A 20-year police veteran there wrote of cockroaches and mice in their station. He also wrote, and I quote: “The [police] station is not handicapped accessible, which is ironic considering we have a large number of handicapped veterans here that may need to come to our station for police services.”
- A Walter Reed JAG lawyer spoke of a broken disability review process that under-rates wounded soldiers; a system in which there were only three JAG officers and one civilian counselor available to represent all wounded soldiers at Walter Reed; a system so overburdened there was no time to get an outside medical opinion or to adequately prepare for these absolutely vital hearings.

We’ve also heard in the media about computer systems that can’t talk to each; a growing backlog of VA disability claims; and egregious allegations of still-injured soldiers being returned into battle.

At our March hearing, I made the commitment that this Subcommittee will perform sustained and aggressive oversight, and as a first step we would hold a follow-up hearing within 45 days.

Today marks the 43rd day, and I hope we will hear across the board from our witnesses that the Defense Department acknowledges the seriousness and pervasiveness of these problems; that we are rapidly fixing the broken bureaucracy, knocking down the institutional walls across the services and with the VA Administration, and ensuring that each soldier and his or her family is treated with the utmost respect.

We will hear today from the Independent Review Group (IRG), led by distinguished former Army Secretaries Togo West and Jack Marsh. Their report, released yesterday, examines the problems at Walter Reed and elsewhere, and offers a series of recommendations. I want to thank all of the IRG members and staff for your work, and welcome those members here with us today.

As I suspect all these members will likely agree, we’ve heard many, if not the vast majority, of these findings and recommendations before – from testimony before Congress, from the Government Accountability Office auditors, even from the President’s own “2003 Task Force to Improve Health Care Delivery for Our Nations Veterans.”

But the problems have not yet been fixed.

In February, this Subcommittee asked the Defense Department for documents on the problems at Walter Reed. These documents show a rash of complaints about the now-

infamous Building 18, including mold, mouse droppings, roaches, and flea bites so severe they required medical attention.

What's shocking is that these documents don't recount the recent problems exposed earlier this year by the Washington Post.

What's remarkable is that these complaints happened in the summer of 2005 – well before the Post investigation. The documents show that, as a result, Building 18 was shut down. In the words of the Walter Reed Inspector General: “Building 18 was not up to standards for occupancy, and it has been temporarily evacuated of all personnel.”

But then Building 18 was reopened; Specialist Jeremy Duncan and others moved in; and inexplicably the exact same thing happened again.

I hope that what we don't do here with respect to the broader problems identified by the Independent Review Group and others is to “Building 18” them; that is, to just paint over the problems.

We literally and figuratively need to knock down some walls; to roll-up our sleeves and to work together to completely overhaul the disability ratings process; and to figure out how best to deal with traumatic brain injuries. Put simply, we need to tackle head-on the most difficult problems, instead of, once again, simply covering them over with half-measures.

The fundamental question we all have to ask ourselves now is what is going to be different this time around in order to actually solve these problems.

I'm encouraged the Independent Review Group has assigned specific responsibility to specific officials for specific recommendations, so that two years down the road officials can't just claim that solving a certain problem was someone else's responsibility.

Many of those who will be responsible and accountable going forward will testify on our second panel today. What I want to know is very simple – “what is going to be different this time around under your watch to solve these problems once and for all?”

Be assured that as you continue your work, this committee will be right there with you – offering constructive advice and support where helpful, but also ready to hold people accountable where necessary. Our mutual goal of ensuring the proper care and respect for each patient at each step of the recovery process demands nothing less.

The American people don't want to hear any excuses or empty promises. Our nation's soldiers and their families deserve better. These are difficult challenges, and it will take our cooperative efforts – all of us working together – to make sure this broken system is fixed, fixed quickly, and fixed permanently.

I recently led a bipartisan Congressional delegation to Afghanistan and met with our soldiers there, including some from my home commonwealth of Massachusetts.

If, God forbid, any one of them gets injured, they deserve to come home to a hero's welcome and to the best care and utmost respect we can give them, not to a building with mold and mouse-droppings, not to a maze of impenetrable bureaucracy, and not to a system that works against the very soldiers it should be supporting.

That, to me, is the job facing all of us today.