RECORD VERSION

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Chairman Tierney, Mr. Shays and distinguished members of the Committee, thank you for inviting us here today to speak about caring for our Soldiers and their families and the improvements we are making in response to the findings of substandard living conditions and bureaucratic administrative processes at Walter Reed Army Medical Center.

There is no greater duty we have as a nation than to ensure those Soldiers who volunteer to defend our freedom are treated with not only the best medical and transitional care we can provide, but with the dignity and compassion they deserve. Whether wounded in war, injured in training, or taken ill, our Soldiers deserve the very best that our Nation can offer to honor their service and sacrifice.

In some areas, regrettably, we have not lived up to that obligation. The superhuman work done by medics, fellow Soldiers, and military nurses and doctors--from all Services--to ensure that our Soldiers survive combat and receive quality care has been undermined by an outdated and bureaucratic system that leaves recovering Soldiers and their families frustrated and often angry.

To be sure, the Army cannot solve the system's many problems alone. However, based on the progress we have made to date and the work we continue doing to identify specific remedies, we know that together, the Army, the Department of Defense (DoD), the Department of Veterans' Affairs (VA), many non-Governmental philanthropic groups and the Congress can provide the

compassionate, seamless, and robust healthcare system that our Soldiers and their families have earned and deserve.

We'd like to begin by providing an update on your Army's progress in addressing issues at Walter Reed Army Medical Center. On March 5th, the Acting Secretary of the Army, the Chief of Staff, and the Vice Chief of Staff testified before this subcommittee at Walter Reed Army Medical Center and vowed that the Army would work aggressively to identify and fix the problems at Walter Reed. They told the subcommittee we would not wait for reports or recommendations, but that we "would fix things as we go." Today we are pleased to report that we have made a great deal of progress in the areas of leadership, infrastructure, and process-related issues, as we work toward a Soldier and family-centric health care system that is supported by the triad of: a caring and energetic chain of command; a primary care physician; and a Registered Nurse case manager. All soldiers undergoing evaluation, treatment, rehabilitation, transition to return to duty, return to active and productive civilian life or medical retirement and continued care and rehabilitation are now termed "Warriors In Transition".

With regard to leadership issues, we believe we have the right people and the right mechanisms in place to make sure that all Soldiers who are in a transitional status—our Warriors in Transition--are managed with care and compassion, and that they and their families are receiving the care they so justly deserve. Every Warrior In Transition has an NCO who is fully accountable for his or her welfare. And these NCOs are well-led and supported by an engaged and

well-trained Chain of Command of more senior NCOs and officers. Among other improvements for our families, Walter Reed leaders now greet family members at the airport and escort them to the hospital, letting them know in word and deed that they and their Soldiers have a working support system.

Your Army is committed to continuous infrastructure maintenance and improvements at Walter Reed. As you know, we no longer house Soldiers in Building 18 and are evaluating the long-term use of that facility. There is a facility assessment team on-site, contracted by the Baltimore District, US Army Corps of Engineers, conducting a thorough evaluation of the installation's infrastructure. Meanwhile, immediate information technology upgrades to provide telephone, internet, and cable television for Soldiers in all on-post lodging facilities have been completed.

The Warrior Transition Brigade, to which our Warriors In Transition are assigned, will formally activate on April 25th 2007 and will be fully operational on June 7th. We are adding over 130 military positions to the leadership team that provides daily care and leadership for our medical holdover soldiers, and creating new leadership posts for company commanders, first sergeants, and squad leaders (SL). This substantially reduces the noncommissioned leader-to-led ratio at the platoon level (from roughly 1:55 to one closer to that which all Army units operate at 1:12). Just like Soldiers in every unit in the Army, these Soldiers now have a full chain of command, starting at the squad leader level, to look after their health and welfare.

A Clothing Issue Point recently began operations to replace items such as undergarments and uniforms, as appropriate, for Soldiers evacuated from theater to Walter Reed.

We have enhanced access to the hospital dining facility and established special meal cards to prevent Soldiers from losing their basic allowance for subsistence.

As many of you know, the Mologne House on the Walter Reed campus is home to many of our medical holdovers. For all intents and purposes, it serves as "step-down rehabilitation unit" for Warriors In Transition and their families and friends. There is now an emergency medical technician on-site at Mologne House 24 hours a day, 7 days a week, a change that has been well received by Soldiers and family members. We are incorporating this plan into the soldier and family-center care program which focuses on the PCM-CM-SL triad described earlier.

We have also improved information dissemination and feedback mechanisms. A weekly Newcomer's Orientation informs Soldiers and families of all programs available to them at Walter Reed. Recently, the WRAMC command conducted two Town Hall meetings to make sure that we are aware of the issues most important to our Warriors and their families, and have incorporated that feedback into our plans and processes. The Town Hall meetings are a success and will continue.

Soldiers and their families were given a Family Member Hero Handbook and 1-800 Hotline cards. The Hotline allows Soldiers and their families to gather

information about medical care as well as suggest ways to improve our medical support systems. These cards are being distributed throughout the force, and so far the result has been very encouraging. By April 9th, we had received 848 calls detailing 468 distinct issues. Of these 245 were medical issues and 162 were tasked to US Army Medical Command for research and resolution.

On the issue of process and the care of our families, the Soldier and Family Assistance Center (SFAC) opened its doors on March 23rd, 2007. The SFAC brings together assistance coordinators, personnel and finance experts, and representatives from key support and advocacy groups such as the U.S. Army Wounded Warrior Program, the Red Cross, Army Community Services, Army Emergency Relief, and VA. Co-locating these organizations provides one-stop service to Soldiers.

Also, we have begun a more efficient and thorough system for transferring our Warriors In Transition from inpatient to outpatient status. At Walter Reed, a complete review of our discharge management process resulted in a revision of standard operating procedures. We developed a discharge escort system whereby hospital staff, including the brigade leadership, comes to the Soldier to conduct discharge business, escort the Soldier to the brigade, and assist with luggage and transition into the unit. We instituted training to re-emphasize the importance of *hospitality* for our Soldiers and their families.

The Physical Evaluation Board (PEB) process, which determines if a Soldier is fit to continue performing his or her duties, is one of the most daunting a Warrior In Transition can face. We have significantly increased the number of

Physical Evaluation Board Liaison Officers (PEBLO) to help Soldiers navigate this process. (The ratio of PEBLO to Soldier has improved from 1:45 to 1:30). Standardization of the case management process, coupled with increased case managers (CM) and PEBLOs, has significantly improved the level of service we provide to the Soldier. And importantly, we will soon see an improved ratio of case managers to patients, from 1:50 to one close to that of the SL to Warrior In Transition ratio. In fact, these CMs will be teamed with the SL at the company level to which the WIT is assigned. This should permit better coordination of treatment and evaluation.

The Acting Secretary of the Army and the Chief of Staff also vowed to address similar issues around the country and in the medical system at large. He and the Army leadership assigned a senior line General Officer—a "bureaucracy buster"—to the WRAMC, the North Atlantic Regional Medical Command (NARMC) and the US Army Medical Command (USAMEDCOM) to assist the CG, WRAMC/NARMC and the Army Surgeon General in leading the changes across the Army Medical Department. To provide data for his and his team's work, on April 3rd, the Army's Medical Holdover Tiger Team concluded an exhaustive study of the Army's 11 key Medical Treatment Facilities at Forts Bragg, Gordon, Stewart, Campbell, Knox, Sam Houston, Hood, Bliss, Lewis, Drum, and Schofield Barracks. This team included experts in finance, personnel management, medical care, and representatives from US Army Installation Management Command. The Tiger Team not only inspected facilities to identify problems but also sought out best practices. These practices are being

incorporated into the Army Medical Action Plan, are being applied and tested at WRAMC and, if successful, will be implemented across the USAMEDCOM.

We are aggressively making improvements to the existing Physical Disability Evaluation System (PDES) to minimize the difficulties that Soldiers are facing. This system was developed half a century ago and has become overly bureaucratic and, too often, adversarial. The Army has undertaken corrective action and we are developing initiatives to overhaul or replace the current process. Indeed, rather than settle for yet another attempt to reengineer current processes, our goal is to eliminate the bureaucratic morass altogether, and develop a more streamlined process to best serve our Soldiers. And to better serve those now returning from Iraq and Afghanistan, Deputy Defense Secretary England recently called for a new policy that moves wounded troops to the front of the line in the disability rating process while system-wide fixes are put in place.

As we move forward to transform the PDES, there will be areas of policy, process, and administration requiring full collaboration and coordination involving both DoD and VA. We have worked together in the past, and it is imperative that we continue that partnership in order to identify the issues, fix the problems, and improve the process for our service men and women.

Specific areas for improvement include: Soldier processing within Medical Evaluation Boards (MEB) and Physical Evaluation Boards (PEB); training of physicians, adjudicators, administrators, and legal advisors; establishing standard counseling packages and procedures; and ensuring that the automation systems supporting the PDES are interconnected.

Currently, the Army is determining the manpower and funding requirements for each initiative and it is our intention to implement them within the next 60 days. For example, we are reducing the number of forms Soldiers have to complete, and transmitting documents electronically rather than through the mail.

Our Warriors In Transition have been frustrated by inconsistent processing of their orders. We have issued a military personnel message that clarifies how orders for Soldiers should be processed.

We continue to address concerns that PEBLOs are ill-prepared to carry out their duties. We have conducted training for our PEBLOs via Video Teleconference and in May we will hold a PEBLO Training Conference on solving problems for Soldiers in Medical Hold and Medical Holdover status.

The transition of our Warrior medical care from DOD to VA should be seamless; right now, it is not, leaving soldiers and their families confused and frustrated.

The process can't be seamless if the edges don't touch. In this case, the "edges" between DoD and VA are the administrative hand-off in medical management and the disability determination. We continue to work with VA to ensure timely access to health records for VA providers. Bi-directional health information exchange is now operational at all DVA healthcare facilities and at over 200 DoD facilities. The VA/DoD Joint Executive Council and Health Executive Council continue to pursue a variety of other efforts to achieve seamlessness on the health information technology front. We must work

together to minimize the number of physical examinations and repeat diagnostic testing that our warriors in transition must undergo, and as much as possible, collocate our facilities and share resources. Again, these long-term solutions will be the result of a collaborative effort between the services, DoD, VA, other State and federal agencies, and the Congress.

These are just a few of the actions that we have taken to address these serious issues. We have yet to receive and/or fully digest the reports of other groups that are looking into these same problems, but we look forward to reviewing their recommendations.

We are also reviewing the findings and recommendations of the independent review group, co-led by former Army Secretaries Jack Marsh and Togo West. The Army will carefully study its findings and recommendations and will keep you informed as we move through the appropriate corrective actions.

Finally, the Nicholson Task Force and the Dole-Shalala Commission findings are forthcoming and will be valuable as we work together to define further and address the challenges we face. Our Army Medical Action Plan is fast-paced and flexible and we will quickly assimilate the recommendations from these groups into our on-going improvements.

We are under no illusions that the work ahead will be easy or quick...or cheap; we have a lot to do to get this right. Mending the seams and fixing the myriad issues we have recently uncovered will take energy, patience, determination and above all, political will.

Soldiers are the centerpiece of the Army and the focus of our efforts. Soldiers should not return from the battlefield to fight an antiquated bureaucracy. Wounded, injured, and ill service members and their families expect and deserve quality treatment and support as they return to their units or their communities. We know that the President, Secretary Gates, Secretary Nicholson, Secretary Geren, the Congress and the American public are committed to this effort as the cornerstone of everything we are doing. We simply ask for your continued support as we strive to provide the best care for those who give so much to protect us all.

With your help, and the help of all the agencies involved, we are confident that we can match the superb medical care Soldiers receive at the point of injury or illness, whether on the battlefield or during training, with simple, compassionate and expeditious service that ensures every Soldier knows the Army and the Nation are indeed grateful.

Thank you again for inviting us to testify. We look forward to your questions.