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JOINT STATEMENT BY

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Chairwoman Davis, Congressman McHugh, and distinguished members of the Subcommittee, thank you for the opportunity to discuss the total transformation the Army is undergoing in the way we care for Soldiers and Families. We are committed to getting this right and providing a level of care and support to our Warriors and Families that is equal to the quality of their service.

Secretary Geren, General Casey, General Cody, and the rest of the Army leadership are all actively involved with every stage of the Army Medical Action Plan and the transformation it embodies. Senior Army leadership has made it very clear that they are in lock step with the statement by Secretary of Defense Gates, "Apart from the war itself, this department and I have no higher priority."

What we would like to highlight for you today are some of the tangible impacts of the transformations made through the Army Medical Action Plan. In doing this, I would first point out that, in some aspects, the concerns reported at Walter Reed Army Medical Center (WRAMC) were an unintended consequence of the extraordinary success of modern battlefield medicine. Thanks to improvements such as the Joint Theater Trauma system, state of the art evacuation system, and improved body armor, over ninety percent of those wounded in Iraq and Afghanistan survive, making this the highest survival rate in the history of warfare. As a result, there are many more wounded soldiers with complex injuries struggling to recover. In today's highly motivated All-Volunteer Army, this translates to an unprecedented number of Soldiers determined to rejoin their units or to transition back to their communities as proud and productive veterans.

At Walter Reed Army Medical Center (WRAMC), where Soldiers are able to participate in the center's state-of-the-art rehabilitation programs, the result has been a population of outpatients six times greater than this premier medical center was designed to support. Many of these Soldiers or "Warriors in Transition" as we call them have displayed extraordinary courage and determination to return to the force or to become productive Veterans. To tap this extraordinary determination, the framers of the Army Medical Action Plan realized the need to provide injured Soldiers a mission of their own codified in the Warrior in Transition Mission Statement: "I am a Warrior in

Transition. My job is to heal as I transition back to duty or become a productive, responsible citizen in society.” This is not a status but a mission. “I will succeed in this mission because I am a Warrior and I am Army Strong.” As a result, WRAMC, Army Medicine, and other Army organizations have been reorganized to support Soldiers and their Families to accomplish this goal.

First, and foremost, wounded, ill, and injured Soldiers are members of newly designed military units under the command and control of the medical treatment facility commander. The new Warrior Transition Units (WTU) are patient-centered organizations, focused on the care, treatment, and compassionate disposition of its Soldiers. The WTUs exist to support the healing of our Soldiers. All 35 of our Warrior Transition Units (WTUs) are now at full operational capability with over 90% of manning authorizations filled. The WTUs set the conditions for Soldiers to heal in a structured, supportive environment.

Integral to the structure of the WTUs is the Triad of care established to support every Warrior. The Triad is composed of a primary care manager, nurse case manager, and squad leader trained to meet the unique needs of each Warrior and Family. We’ve assigned one squad leader for every 12 Soldiers, one Primary Care Manager for every 200 Soldiers, and one nurse case manager for every 18 or 36 Soldiers depending on the medical complexity of the WTU. Each unit also has a dedicated Ombudsman outside of the WTU chain of command who reaches out to Soldiers and Families as an extra resource and problem-solver.

The organizational changes have made a lasting imprint on wounded Soldiers and their Families throughout this Nation. According to Major Steven Gventer, a Soldier wounded in Iraq by a rocket propelled grenade round who is currently commanding one of the companies that make up the Warrior Transition Brigade at Walter Reed, the changes brought about as part of the Army Medical Action Plan, “...did a great service to Soldiers. We have done everything possible for these Soldiers and are continuing to get better every day.”

There are now more than 2,400 individuals assigned as cadre to the 35 WTUs which contrasts with less than 400 when previously organized as “medical hold” and “medical holdover” units. WTU cadre are trained specifically for this mission and they

truly know the wounded, ill, and injured Soldiers and Families for whom they provide care and support. They escort troops to meetings, act as their advocates, field their calls, and even pick up relatives at the airport. As Major Gventer puts it, "It's a job that entails just about anything and everything that allows the Warrior in Transition to focus on his or her mission, which is to heal."

Staff Sergeant Michael Thornton is assigned to the Warrior Transition Battalion at Fort Sam Houston, Texas. While serving with the 4th Infantry Division near Baghdad in September of 2006, he sustained burns over 33 percent of his body when the vehicle he was traveling in hit a roadside bomb. He was transferred to what was then the Medical Hold Company to convalesce. In June 2007, the company to which he was assigned became a Warrior Transition Unit as the Army Medical Action Plan was implemented. Staff Sergeant Thornton states that, since then,

Things flow more efficiently. It seems more organized. It's good to have dedicated leadership who handle just our issues. In the past, some wounded Soldiers were also serving as squad leaders at the Medical Hold Company. They had appointments too, so it's better to have dedicated leadership. This is the best place I've seen in the Army. We've got great docs and so many people who care about us. I've seen issues like a pay problem I had that was resolved with their help the same day. They go out of their way to take care of you and they're good at it.

It has also been meaningful to see how the civilian health care community views the changes we have made. One expert assessment was recently made by William H. Craig, a civilian health care executive with 17 years experience who currently serves as Vice-President of Clinical Support for Cook Children's Medical Center in Fort Worth, Texas. Mr. Craig spent a week with the Warrior Transition Brigade at WRAMC, viewing firsthand how the Army has improved the transition process for outpatient Soldiers and to see if the Army's way might have application in the civilian health care world. Mr. Craig observed:

From a professional standpoint, I was most impressed with the Army's organizational and leadership efforts through the Warrior Transition Brigade. The Army has taken a process-based approach to managing Soldiers from the time they arrive at Walter Reed until they leave to return

to duty or to civilian life. The Army developed a system through the Warrior Transition Brigade that incorporates both daily people-management needs and medical care needs of the soldier into an organizational structure that brings significant improvement to the transition process. It is impressive to see an organization like the Army, which I have always perceived to be very command and control oriented in leadership style, actually be adaptive in its leadership style and incorporate a flexible approach based on the needs of this wounded Soldier population.

While my experience in the healthcare industry has shown we do a good job of case managing on the inpatient side, it seems to me our systems for outpatient case management are not as well developed as the Army's. When assessing the needs of their wounded Soldier population, the Army developed a concept I believe complements the medical resources of an organization like Walter Reed and effectively meets the Soldier's outpatient case management needs. This is referred to as the Triad of Care and incorporates three disciplines critical to managing the outpatient process once the soldier is discharged from inpatient status.

My week at Walter Reed with the Warrior Transition Brigade proved a point I have experienced many times in my career: if you give an organization the right level of resources combined with the right people to lead and execute, it can accomplish many great things.

We believe the Army Medical Action Plan is the right response at the right time and the right place for the United States Army. We are very proud of the hard work and committed effort to reach this point. We see the positive impact of our efforts every day as we encounter Soldiers and Families on the wards and in our clinics and across our installations. It is rewarding to see the progress and growth and we encourage you to visit our WTUs to meet and talk with our incredible Warriors.

Unfortunately, it can also be very frustrating when, despite all of our efforts, we have bad outcomes. We know that there are obstacles and bureaucracies that still must be overcome. We continue to face challenges that require blunt honesty, continuous self-assessment, humility, and the ability to listen to those in need. One

particular concern of ours is the number of unexplained deaths and suicides that have occurred in WTUs. Last week we assembled a cross-functional Tiger Team within Headquarters Department of the Army (HQDA) to examine these serious incidents and determine what steps we could take to reduce their frequency or eliminate them altogether. The team has completed their initial analysis of unexplained deaths and suicides and has recommended 81 initiatives, including a handful that can be implemented within 90 days. The team will continue this analysis and additional assessment of serious incidents not involving death. When they complete their work, I will be pleased to provide the committee with a briefing on their findings and recommendations.

This effort is an example of the Army's commitment to caring for our Warriors. We identified an area of concern and took swift action to address it. The same is true of a recent concern identified by National Public Radio (NPR). In a report first broadcast on January 29, 2008, NPR reported that the Army was blocking disability paperwork aid to Soldiers at Fort Drum. We immediately looked into these allegations with the Army team who participated in the March 2007 meetings with Veterans Benefit Administration (VBA) personnel supporting Fort Drum. Army team members indicated that they had issued no directives to VBA personnel and had been quite impressed with the level of support and cooperation from the VBA team at Fort Drum. These assertions are contradicted by VBA notes of the meeting uncovered several days after the initial report. Clearly there had been a miscommunication between Army and VBA personnel. Last week we worked directly with VA Secretary Peake to resolve the misunderstanding. This week Secretary Peake and Secretary of the Army Geren will sign a *Statement of Mutual Support* that reinforces our joint commitment to assisting service members and their families transitioning through the military Disability Evaluation System (DES). The *Statement* will clarify roles and responsibilities so that the best interests of the Soldiers are achieved.

Again, these actions illustrate that when problems are raised we are committed to taking swift corrective action as warranted by careful assessment. In an effort to uncover concerns and problems at the earliest stage possible, we monitor and evaluate our performance through over 18 internal and external means. We use third-party

surveys from industry leading survey firms, conduct unit surveys and regular Soldier sensing sessions, review weekly metric dashboards with over 400 data points, and provide monthly status reports to Secretary Geren. In addition, we host numerous visits from Members of Congress and your staffs—in January alone we opened our WTU doors to more than a dozen congressional visits. These visits give us a valued external perspective and allow us the opportunity to be as open and transparent in our operations as possible. Your feedback has been instrumental to our success.

In closing, we want to emphasize that it is the Army's unwavering commitment to never leave a Soldier behind on a battlefield...or lost in a bureaucracy. We want to ensure the Congress that the Army Medical Department's highest priority is caring for our wounded, ill, and injured Warriors and their Families. We are proud of the Army Medical Department's efforts over the last 12 months and are convinced that in coordination with the Department of Defense, the Department of Veterans Affairs, and Congress, we have "turned the corner" toward establishing an integrated, overlapping system of treatment, support, and leadership that is significantly enhancing the care of our Warriors and Families. Thank you for holding this hearing and thank you for your continued support of the Army Medical Department and the Warriors that we are honored to serve. We look forward to your questions.