

The Honorable Togo D. West, Jr.
Opening Statement
U. S. House of Representatives
Armed Services Committee
Subcommittee on Military Personnel
June 26, 2007

Walter Reed Army Medical Center bears the most distinguished name in American Military Medicine. It, along with its equally well-known colleague to the North – the National Naval Medical Center in Bethesda, Maryland – is the acknowledged flagship installation of DOD Medicine.

Our review – by the Independent Review Group – suggested, however, that although Walter Reed’s rich tradition of flawlessly rendered medical care of the highest quality remains unchallenged, its highly prized reputation had nonetheless been justifiably, but not irretrievably, called into question in other respects. Fractures in its continuum of care, especially as it pertains to care and support for its out-patient service members have been reported and are being reviewed not only by us but by a veritable cavalcade of panels, organizations, officials, and, those who report upon our daily national life electronically and in daily or periodic publications – and justly so. Failures of leadership, virtually incomprehensible inattention to maintenance of non-medical facilities; and a reportedly almost palpable disdain for the necessity of continuing support for recovering patients and their families led the list of indictments of this once and still proud medical facility.

Our report is replete with findings and recommendations covering a wide range of issues and circumstances which have come to our attention. They converge around four core concerns. Let me pose them as questions.

Firstly, who are we – as a country, as an Army, as a health care center here at Walter Reed? Unfortunately, if one considers reports we have heard from service members and their families about the lapses in support to them during their rehabilitation phase of care, we would conclude that we may be answering that question in ways that are not attractive to us as an Army or as a Nation. We say so much about ourselves by the attitudes we display towards those who look to the Nation for support during the most vulnerable times of their lives. We have included a number of findings and recommendations involving the assignment and training of caseworkers, increases in the numbers of caseworkers and adjustment of the caseworker to patient ratio, assignments of primary care physicians, and attention to the nursing shortages.

Secondly, who and what are we to become? The Base Realignment and Consolidation (BRAC) process and the A-76 process have caused incalculable dislocation in Walter Reed operations and threaten the future of both installations. BRAC should proceed for a host of reasons; but the transition process is lagging, important coordinative efforts between the two installations do not appear promising, and an increased pace for the transition is urgently needed.

Thirdly, how are our service members doing? At every turn, the IRG has encountered service members, their families, health care professionals, and thoughtful observers who point out how challenging the traumas associated with TBI (traumatic brain injury), and PTSD (post traumatic stress disorder) have become; and how challenging they have been in terms of both DOD and Department of Veterans Affairs diagnosis, evaluation, and treatment. We believe there is a need for greater and better coordinated research in this area. We have made a detailed recommendation with respect to a center of excellence and increased attention to cooperative efforts by both Cabinet departments.

Fourth, how long? The IRG has operated with what is, for me, a rare sense of unity and consensus in our effort. If there is one issue, on which we are even more unified than all others, it is that the horrors that are inflicted on our wounded service members and their families in the name of the physical disability review process, known in the Department of Defense as the MEB/PEB process, simply must be stopped.

It is no surprise to you on the Committee, or to us on the IRG, that each part of the governmental process can make sound arguments to defend and explain why three, and in the case of the Army four, separate Board proceedings -- with associated paperwork demands on the wounded service member and family, accompanied by delays and economic dislocation for assisting family members, and characterized prominently by inexplicable differences in standards and results -- are justified. We, however, are a Nation which values the every day good sense of the common man or woman -- that is why we call it common sense. And common sense says that from our service members' and families' point of view this must seem a wildly, incomprehensible way to settle for service members and families the question of whether the member must leave the service and, if so, under what conditions. We recommend one combined physical disability review process for both DOD and VA.

Virtually every finding and recommendation we make, then can be traced to these four concerns; (1) leadership and attitude; (2) the transition from Walter Reed Army Medical Center to Walter Reed National Medical Center; (3) the extraordinary use of IED (improvised explosive devices) in the current wars and their impacts on the brains and psyches of our service members; and (4) the long-standing and seemingly intractable problem of reforming the disability review process.

To be sure, it was the degradation in facilities that first caught the eye of media reporters. Important as that is, however, we believe that there is far more to be dealt with here than applying paint to rooms or even in crawling around basements to deal finally with electrical problems. We had experts of every sort assigned to us, and talented and experienced health professionals as part of the Independent Review Group itself who are available to discuss all these areas as we turn to the discussion portion of your agenda.

None of these concerns, however, is our bottom line: not BRAC, not facilities, not even the search for failures, breakdowns, or culprits. Rather our bottom line is this:

- (1) We are the United States of America.
- (2) These are our sons and daughters, brothers and sisters, uncles and aunts, even a grandparent or two who lie and sit wounded before us.
- (3) Their families are our families, we are their neighbors, and we, their fellow citizens and residents.
- (4) Their anguish is our anguish.
- (5) We can and must do better.

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