

STATEMENT BY

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BEFORE THE

SENATE ARMED SERVICES COMMITTEE  
AND THE  
SENATE VETERANS AFFAIRS COMMITTEE

FIRST SESSION, 110TH CONGRESS

ON THE DISABILITY RATING SYSTEM  
AND  
TRANSITION OF VETERAN MEDICAL CARE FROM THE DEPARTMENT OF  
DEFENSE TO THE DEPARTMENT OF VETERAN AFFAIRS

APRIL 12, 2007

NOT FOR PUBLICATION  
UNTIL RELEASED BY THE SENATE ARMED SERVICES COMMITTEE  
AND SENATE VETERANS AFFAIRS COMMITTEE  
U.S. SENATE

Chairman Levin, Chairman Akaka, Senator McCain, Senator Craig, and distinguished members of the Senate Armed Services Committee and the Senate Veterans Affairs Committee, thank you for inviting me here today to speak about caring for our Soldiers and their families.

There is no greater duty we have as a nation than to ensure that 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, Soldiers deserve the very best that our Nation can offer to honor their service and their 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nurses and doctors to ensure that our Soldiers survive combat and receive quality care has been undermined by an outdated and bureaucratic system that leaves recovering Soldiers and their families frustrated and sometimes angry.

Just this past Sunday, *The Washington Post* ran a column written by Sergeant David Yancey of the Mississippi Army National Guard, a patient at Walter Reed, detailing his struggles with a bureaucracy that simply failed him. Sergeant Yancey wrote, "This is not supposed to be an adversarial system, but that's the way it feels – like another battle to fight." That is totally unacceptable. Soldiers who have been fighting or preparing to fight a war overseas should not have to fight a bureaucracy here at home, and I am committed to doing all I can

and all the Army can to make the system more responsive, more dignified, and more accountable.

To be sure, the Army cannot solve the system's many problems by itself. However, based on the progress we have made to date and the work we continue doing to identify specific remedies, I know that together, the Army, the Department of Defense (DOD), the Department of Veterans' Affairs (VA), and the Congress can provide the compassionate, seamless, and robust healthcare system that our Soldiers and their families have earned and deserve.

I'd like to begin by providing an update on the Army's progress in addressing issues at Walter Reed Army Medical Center. On March 15<sup>th</sup>, I testified before the Senate Armed Services Committee and vowed that the Army would work aggressively to identify and fix the problems at Walter Reed. I told the committee that we would not wait for reports or recommendations, but that we "would fix things as we go." Today I am pleased to report that we have made a great deal of progress in the areas of infrastructure, leadership, and process-related issues, as we work toward a Soldier-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.

The 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.

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 are managed with care and compassion, and that they and their families are satisfied. For example, we 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.

The Warrior Transition Brigade, to which our medical holdover Soldiers are assigned, will activate on April 25<sup>th</sup> 2007 and will be fully operational on June 7<sup>th</sup>. 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. This reduces the noncommissioned leader-to-led ratio at the platoon level from 1:55 to 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. 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 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, we 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 2<sup>nd</sup>, we had received 656 calls detailing 394 distinct issues. Of these roughly 202 were medical issues and 132 were tasked to MEDCOM for research and resolution.

In an effort to provide better service, we conducted a survey at Walter Reed to determine the Soldiers' view of their outpatient care experiences and

have already implemented many of their suggestions. We will also continue to conduct monthly after-action reviews to assess what is working and what still needs improvement.

On the issue of process, 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 Soldier 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 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 1:17, to permit better coordination of treatment and evaluation.

The rest of the Army leadership and I also vowed to address similar issues around the country and in the medical system at large. For example, we are aggressively working to make 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 streamline current processes, our goal is to eliminate the bureaucratic morass altogether, and develop a more streamlined process to best serve our Soldiers.

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.

Warriors in medical transition status 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 caseworkers 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 bottom line is that 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. DVA and DOD, in coordination with the



American Health Information Community, are working to implement the system consistent with the President's health information technology initiative. And the VA/DoD Joint Executive Council continues 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.

On April 3<sup>rd</sup>, the Army's 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, and Drum, and Schofield Barracks. Throughout the month of April, the Tiger Team will present its findings and recommendations to the senior Army leadership, which we anticipate will generate healthy discussion.

This month, we will also receive the report of an 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.

To lead the effort to fix what is wrong are two senior Army leaders in whom I have great confidence: Maj. Gen. Gale Pollock, our Army's acting Surgeon General, and Brig. Gen. Mike Tucker, our "bureaucracy buster" who is busy "knocking down walls," so that we can improve the Army's system of caring for our wounded, injured, or sick Soldiers and establish long-term solutions to the challenges of providing a lifetime of care to them and their families.

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. I know full well that the President, Secretary Gates, the Congress and the American public are committed to this effort as the cornerstone of everything we are doing. I would 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, I know that we can match the 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 me to testify. I look forward to your questions.