

Statement of Rep. Tom Davis
Ranking Republican
Is This Any Way To Treat Our Troops? The Care and Condition of
Wounded Soldiers at Walter Reed
March 5, 2007

Let me thank Chairman Waxman and National Security Subcommittee Chairman Tierney for agreeing to convene this hearing at Walter Reed Army Medical Center. For too long, complaints about substandard and disjointed care for wounded soldiers have been treated as distant abstractions. Here, no one should be distracted by numbing statistics, soulless technical jargon, impersonal flow charts or rosy “good news” action plans. Here, we get an unfiltered look at a torturous system that has proved, so far, stubbornly incapable of reaching the standard of care this nation is honor-bound to provide returning warriors.

We meet on the grounds of a world-class, world-renowned medical institution. Walter Reed has a venerable tradition of scientific advancement and clinical success. No one cared for here – yesterday, today or tomorrow – should doubt the skill and dedication of the doctors, nurses and administrative staff who labor every day to save lives and repair broken bodies and minds. The problems that bring us here today are the product of institutional indifference, not a lack of individual commitment.

Recent reports of decrepit facilities and dysfunctional outpatient procedures at Walter Reed amplified oversight work this Committee started in 2004. Pay and personnel systems, that got it wrong far more often than right, were inflicting financial friendly fire on those returning from war. Some of those erroneous dunning notices found their way here. Men and women already struggling to regain their physical health were also forced to fight their own government to protect their financial wellbeing.

Members of National Guard and Reserve units have a particularly difficult time navigating this Byzantine, stove-piped, paper-choked process that was never intended to deal with so many for so long. Apparently, among other pre-war planning errors, the Pentagon somehow failed to anticipate that deploying unprecedented numbers of reserve component troops into combat would produce an unprecedented flow of casualties.

As a result, the Defense Department has been scrambling ever since to lash together last century procedures and systems to care for returning citizen-soldiers. But institutional habits and biases have proven remarkably impervious to demands for change. It took well over a year to stand up an Ombudsman Program to help guide soldiers and their families through a complex, confusing, and frustrating medical and administrative labyrinth involving mountains of forms and multiple Army commands. Last October, a Systems Analysis Review Team inspection of Walter Reed found no process to track submitted work orders, particularly for Building 18. They pronounced the facility otherwise “safe and secure.” That must have been remarkably fast-growing mold found recently in Building 18.

Two years ago, the Government Reform Committee heard testimony that concluded:

- Army guidance for processing patients in Medical Hold Units does not clearly define organizational responsibilities or performance standards.
- The Army has not adequately educated soldiers about medical and personnel processing or adequately trained Army personnel responsible for helping soldiers.
- The Army lacks an integrated medical and personnel system to provide visibility over injured soldiers and as a result, sometimes actually loses track of soldiers and where they are in the process.
- The Army lacks compassionate, customer-friendly service.

That last one says it all, and, sadly, appears to be as true today as in 2005.

And these problems are not unique to Walter Reed. Here, uncertainty over the use of contractors, or decisions by the Base Closure and Realignment Commission, may have contributed to staff turnover and attrition. But the crushing complexity and glacial pace of outpatient procedures and medical evaluation boards are Army-wide problems. Building 18 is one visible symptom of a far more insidious and pervasive malady. All the plaster and paint in the world won't cure a system that seems institutionally predisposed to treat wounded soldiers like inconveniences rather than heroes.

On the long road home from war, this is a place wounded soldiers and their families should be embraced, not abandoned. They should be healed and nurtured, not left to languish or fend for themselves against a faceless bureaucratic Hydra.

What will transform this dysfunctional, uncaring arrangement into the compassionate, efficient medical and military operation wounded soldiers deserve? All our witnesses today will help find the answer to that question. Those on our first panel speak from hard personal experience. They have every reason to be disillusioned, even bitter, about frustrations and indignities they endured or witnessed while captive to a broken process. Their testimony is one more selfless act of bravery, and we are profoundly grateful for their willingness to speak out.