

**Opening Statement of Chairman John F. Tierney
at the Wednesday, September 26, 2007 hearing entitled,**

**“Third Walter Reed Oversight Hearing: Keeping the Nation’s Promise
to Our Wounded Soldiers”**

Good morning. On March 5th of this year, we held a hearing at Walter Reed Army Medical Center and heard from Specialist Jeremy Duncan, Annette and Dell McLeod, and Staff Sergeant Dan Shannon about their experiences with military health care – the mold, the red tape and the frustrations.

In preparation for our hearing today, we reached back out to all of them. We wanted to see how everything was going; to ask if there was anything else we could do to help; and to get their take on how things have improved – or not improved – and what our committee needed to focus on with our sustained and vigorous oversight.

Jeremy Duncan is at Fort Campbell, fighting to rejoin his unit overseas in Iraq. Annette and Dell McLeod have noticed some improvements, but are still navigating through the retirement compensation process.

Sergeant Shannon’s most recent experiences with military health care were recounted in the Washington Post less than two weeks ago. He’s trying to leave Walter Reed; but he has faced some additional bureaucratic roadblocks.

Sergeant Shannon told us something that I think gets to the heart of the matter. He said: “Recommendations mean nothing until something is done with them.”

At an April 17th hearing, we heard the recommendations of the Defense Secretary’s Independent Review Group. Since then, the President’s commission, led by former Senator Dole and Secretary Shalala, issued their own recommendations.

The purpose of today’s hearing will be to ensure that these recommendations and the human faces and stories of our nation’s wounded soldiers behind them aren’t ignored or forgotten. Unfortunately, this has happened too often in the past and our government move swiftly to address all the problems identified.

This morning, we will hear from top directors with the Government Accountability Office (GAO) on where we currently stand. Instead of yet another commission or panel issuing recommendations, today we will get the first independent assessment of the progress we’ve made and the challenges and obstacles that lie ahead.

We’ll also hear directly from key officials in the Army, Department of Defense and Department of Veterans Affairs, who have been tasked with fixing the problems and implementing all these recommendations.

We have been told time and time again that things are improving, and that next to the wars in Iraq and Afghanistan, taking care of our wounded soldiers is the highest priority for our military.

While I believe some progress has been made – especially through some of the Army’s efforts to throw significant additional resources, energy, and manpower at the problem – I’d like to take a few minutes to highlight some concerns.

I don’t do this to focus on the negative; I do this because taking care of our wounded heroes is too important not to demand that we strive for the highest levels of care and respect and that we do so with a sense of real urgency.

A number of us on the Subcommittee visited Walter Reed earlier this week. We had the privilege and honor to meet with our brave men and women recovering there. Here’s what we heard:

- First, the disability review process is broken – plain and simple. It’s burdensome, archaic and adversarial, and we heard stories of wounded soldiers just, and I quote, “giving up.”
- Second, the challenges we face with Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder (PTSD) are immense. We heard stories about TBI stigma; that is, of soldiers afraid to come forward for help out of fear they’d get kicked out of the military.
- Third, quality control and oversight will absolutely be key going forward. While the Army has thrown significant bodies at the problem, we need systems to identify and reward great performers – and to identify and deal with those treating our wounded soldiers with any disrespect.

These challenges – and countless others – won’t be easy to overcome. For instance, we’ve known for a long time that the disability review process is broken, but we haven’t had the will and sustained focus to fix it in the past. Will the newly-created “Senior Oversight Committee,” made up of top officials from the Department of Defense and VA, be up to the task of urgently and finally fixing and reinventing the disability review process?

Will our military be able to hire additional top nurses and psychologists, a key challenge the GAO has highlighted?

Finally, what are we doing now to plan for the future? In my district in Massachusetts, instead of expanding and enhancing health services and retaining specialized personnel, VA officials continue to push for consolidation. They are limiting options for our veterans when, unfortunately, there will clearly be a high demand for years and years to come.

As Chairman of the National Security Subcommittee, I have made it a top priority to ensure there is sustained Congressional oversight and accountability so that all those who risk their lives for our country receive the care and respect they deserve. And I have been routinely impressed by the seriousness and vigor with which the other Members of this Subcommittee have approached this issue.

It is vital we continue to have open and public hearings; that we hear from rank-and-file soldiers as well as high-ranking generals and department heads. We've already had three hearings; and today's hearing will certainly not be the last.

We hope that in the months to come we won't have to hear that Sergeant Shannon had yet another bureaucratic roadblock thrust in his way in his three-year odyssey to navigate the military health care system. Rather, we hope to hear about how enormously difficult problems were finally overcome with dedication, hard work and ingenuity.

Thank you to all of our witnesses for being here today, and I now yield to the Ranking Member of the Subcommittee, Congressman Shays, for his opening remarks.