HENRY A. WAXMAN, CALIFORNIA
CHAIRMAN

TOM DAVIS, VIRGINIA
RANKING MINORITY MEMBER

ONE HUNDRED TENTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM
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February 20, 2007

The Honorable Henry Waxman
Chairman
Committee on Oversight and Government Reform
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Waxman:

I respectfully request that the Committee on Oversight and Government Reform hold a hearing on the treatment and processing of wounded soldiers in the Army, specifically those wounded soldiers at the Walter Reed Army Medical Center. I request that we hold a hearing at Walter Reed, if possible at the Mologne House, one of the medical complex's outpatient facilities.

As you know, the Committee held a hearing on the medical processing challenges facing wounded National Guard and Reserve soldiers on February 17, 2005 entitled, *Wounded Army Guard and Reserve Forces: Increasing the Capacity to Care*. On April 27th of last year, our hearing on wounded soldiers facing debt collection because of stove-piped personnel and pay systems also highlighted the needless hardships heaped on our wounded by current obsolete systems. The investigative series that appeared in the *Washington Post* February 18 and 19th is in part based on three years of work by our Committee's investigative staff.

Since our initial work on Army Guard pay problems for deployed troops in January 2004, we have encountered far too many examples of "friendly fire" casualties inflicted by mechanistic, uncoordinated and uncaring systems intended to help wounded soldiers. Corporal Wendell McLeod and his wife, Annette, approached me in the summer of last year, at which point contact was made with various offices within the Army and the National Guard Bureau in an attempt to assist them. Their situation is, unfortunately, very typical. Going through the medical evaluation board (MEB), done by the Army and then the secondary physical evaluation board (PEB), done by the Physical

Disability Agency, can take as long as, or longer, than treatment of actual injuries. As in the case of Sergeant Steve Justi, we find many soldiers with past histories of mental or physical disorders are receiving implausibly low disability ratings. The Army system seems to exploit the presence of pre-existing conditions rather than find post-combat disability to be service-related. Ratings on brain injuries and post traumatic stress cases seem random, if not arbitrarily low. Currently, there is a Mississippi National Guard soldier at Walter Reed who was wounded by an IED in Iraq in March of 2005. He suffered serious injuries to his leg and arm and suffers from migraines. His medical treatment was completed in about eight months, but he is still at Walter Reed because of glacial medical retention processes. It has taken him over a year to get the paperwork and appointments necessary to be medically evaluated. His first evaluation contained nothing on his leg or migraines. Although Committee staff has learned to navigate the system on behalf of the soldiers and families who contact us, the problems are systemic and need more than case-by-case, patchwork solutions.

For the last two years, the Army has briefed this Committee quarterly on changes made to improve processing and care. But as the media coverage this weekend pointed out, much still needs to be done. The medical retention system for Reserve Component service members involves too many commands, too much paperwork, and no one with responsibility or accountability for the entire process. Disconnects between computer systems, lack of staff training, and lack of funding have also exacerbated the problems. This has resulted in undue hardship for the wounded and their families. A hearing at Walter Reed would give the Committee an invaluable first-hand look at the processes and the people involved in the care of the wounded. It would help identify the human capital, case management and information system improvements needed to integrate personnel, pay and medical care. Improvements to date have been episodic, and in some cases short-lived, in response to stark GAO findings or negative media coverage. Only the Committee's continued attention can persuade the Department of Defense to focus sustained leadership and resources to build the seamless system of caring those wounded soldiers deserve.

Please let me know if you have any questions and thank you for your consideration.

Sincerely,

Tom Davis
Ranking Republican Member