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1 OPEN MEETING
2 INDEPENDENT REVIEW GROUP
3 SUBCOMMITTEE OF THE DEFENSE HEALTH BOARD
4

5 NATIONAL NAVAL MEDICAL CENTER
6 8901 ROCKVILLE PIKE
7 CLARK AUDITORIUM
8 BETHESDA, MARYLAND 20889-5600
9 WEDNESDAY, MARCH 14, 2007
10 1:31 p.m. - 2:58 p.m.
11

12 BEFORE THE MEMBERS OF THE INDEPENDENT REVIEW GROUP
13 The Honorable Togo D. West, Jr., Co-Chair
14 The Honorable John O. Marsh, Co-Chair
15 The Honorable James Bacchus
16 The Honorable Joseph Schwarz, M.D.
17 Mr. Arnold Fisher
18 Rear Admiral Kathleen Martin, USN (Ret)
19 General John Jumper, USAF (Ret)
20 Lieutenant General Charles "Chip" Roadman, USAF (Ret)
21 Command Sergeant Major Lawrence Holland, USA (Ret)
22

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1 COLONEL ROGER L. GIBSON: Ms. Ellen Embrey, as the
2 designated federal officer of the Defense Health
3 Board, which is the parent Federal Advisory Committee
4 for this independent review group, was previously
5 scheduled. She asked me to fill in, in her stead, so
6 as the alternate designated federal officer for the
7 Defense Health Board, a federal advisory committee to
8 the Secretary of Defense, I hereby call this meeting
9 of the Independent Review Group to report on
10 rehabilitative care and administrative processes at
11 Walter Reed Army Medical Center and National Naval
12 Medical Center to order. Secretary Marsh.

13 HONORABLE WEST: Thank you, Colonel. We
14 are the Independent Review Group on rehabilitative
15 care and administrative processes. We're called in
16 session here at the National Naval Medical Center
17 upon the instructions of the Secretary of Defense,
18 Secretary Gates. When our work is completed, we will
19 report -- file a report with the secretaries of Navy,
20 Army, the Assistant Secretary of Defense Health
21 Affairs, ultimately for the consideration of
22 Secretary Gates himself.

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1 Our purpose today is threefold, to listen,
2 listen and, as you guessed it, to listen. We're here
3 to hear from you. Let me first tell you of the folks
4 who are going to be doing the listening. To my
5 extreme left, Command Sergeant Major Larry Holland, a
6 veteran of some 37 years in the United States Army.
7 Command Sergeant Major Holland was, among his most
8 recent assignments, the senior enlisted advisor to
9 the Secretary of Defense.

10 He is here to listen, but also because he
11 has a special affinity both for the reserve forces,
12 the active forces, and the concerns of all those who
13 serve in our Army -- in our Navy, Army, Marine Corps,
14 and Air Force, as only in many cases a senior

15 noncommissioned officer can, and you understand that.
16 Next to him, if I'm not mistaken, yes,
17 Rear Admiral Kathy Martin of the United States Navy,
18 a senior nurse, a past director of nursing services
19 for the Department of the Navy, for the United States
20 Navy, a past deputy surgeon general for the United
21 States Navy and a senior member of this board who is
22 acquainted with, as you might expect, the healing

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1 sciences.
2 Next to her, Congressman Dr. Joe Schwarz,
3 I say those both because he is both those. He has
4 served as both a congressman from the Commonwealth of
5 Virginia -- of Michigan, for the state of Michigan --
6 I'm thinking Virginia because I've got a Congressman
7 from Virginia to my left, who you all think is a
8 former Secretary of the Army, but we'll get to
9 him -- from the state of Michigan, and he reminds me
10 every day about using products from that great state,
11 so I should not have misstated. Dr. Schwarz has
12 experience that, for obvious reasons, is relevant to
13 this effort at this time.
14 To my far right, another doctor,
15 Lieutenant General Roadman of the United States Air
16 Force, a former surgeon general for the United States
17 Air Force. He's experienced in matters of military
18 medicine, experienced in the matters of the military
19 and in medicine, and we're glad to have him with us.
20 To his immediate left, a distinguished
21 attorney in one of the most distinguished law firms
22 in the country, Greenberg Traurig, Congressman Jim

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1 Bacchus, formerly a member of Congress from the State
2 of Florida, who brings his expertise as the global
3 chairman of the worldwide trading practice at his law
4 firm, but also has great concern with matters
5 affecting our military.
6 To his left and two places to my immediate
7 right, a name known to all of you, Mr. Arnold Fisher
8 of the Fisher Family of the Zach and Elizabeth Fisher
9 Foundation, of the Intrepid Foundation, of the
10 Intrepid museum, whose family and foundations have
11 done so much for the families of those who serve our
12 country in uniform. Mr. Fisher, we're glad to have
13 you with us.
14 MR. FISHER: Thank you.
15 HONORABLE WEST: To my immediate right, a
16 past chief of staff of the United States Air Force, I
17 knew him in his early years when he was executive
18 assistant to an earlier Secretary of Defense, General
19 John Jumper. General Jumper, thank you for being
20 with us.
21 Our plan will be to start down the list of those
22 of you who

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1 have signed up to speak, although I understand that
2 list is limited, so let me say to you now that, for
3 those of you who have come in and who have not signed

4 up and who wish to be heard, please take this
5 opportunity to be heard as Ms. Holly Mann, our moderator,
6 makes that opportunity available.

7 She will give you our rules shortly. We
8 have a couple of rules ourselves in the Independent
9 Review Group. One of them is that we have the
10 assurance of the Secretary Of Defense and of the
11 surgeon general of the Navy that all can speak here
12 today without fear of reprisal, and you have our
13 assurance. And how will we police that? If you
14 speak and you have a sense of reprisal, you let us
15 know.

16 There are several ways of letting us know
17 and, in fact, of being in touch with us, and you will
18 hear them all mentioned in the course of our
19 discussion. One is, today, here and openly in front
20 of those who are recording this, both audio and
21 visually. And second is by the use of our hotline.
22 It is up, it is running, it connects you directly

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1 with us, with as much anonymity as you wish or do not
2 wish. You can always leave your name and where you
3 can be contacted, but you can also leave your
4 message.

5 And we are available for those of you who
6 wish to speak face-to-face, but in private
7 circumstances, one-on-one. You need only let us know
8 by telling those of the staff who are here by saying
9 it. If, for example, you say something publicly, but
10 also want a one-on-one, say it when you speak to us
11 and also by calling on the hotline and making that
12 clear.

13 Now, that's more than the IRG expected me to
14 say, so I'm going to stop now so we can start
15 hearing from you, over to Holly, who is going to be
16 the manager of our proceedings.

17 THE MODERATOR: Thank you. Again, welcome
18 to today's meeting. This meeting has been organized
19 to allow for the maximal amount of time for public
20 comments. In a moment, I will ask individuals who
21 are previously registered to approach the microphone
22 and address the panel. Once those previously

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1 registered have had an opportunity to address the
2 members of the panel, those who did not previously
3 register will also be allowed the opportunity to
4 comment.

5 If you choose to comment and you have not
6 previously registered, again, we ask that you sign in
7 at the attendee table before leaving today. Please
8 be courteous of our time here together today and
9 limit your comments to the panel to five minutes. I
10 will provide a friendly reminder when one minute
11 remains.

12 There are additional opportunities to
13 provide your comments to the Independent Review
14 Group. Immediately following today's meeting, panel
15 members will be available to meet in a one-on-one
16 setting. Individuals interested in speaking with
17 those members in a one-on-one setting are asked to

18 sign in at the attendee table before leaving, to
19 receive additional instruction.
20 Also, comments may be submitted through
21 our toll-free hotline and through the group's
22 website. Each of those avenues and venues are

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1 available at the attendee table. We will make sure
2 that you have a copy and that you are comfortable
3 with those opportunities before you leave today.
4 Please be advised that this meeting is being recorded
5 and transcribed. Spanish interpretation and sign
6 language interpretation are also available upon
7 request.

8 Also, be aware that assistance will be
9 provided for those that are unable to approach a
10 microphone. The microphones are located on the two
11 aisles here in front. That's a long way to walk, so
12 if you feel that you are unable to reach those
13 microphones, please raise your hand, and we will have
14 a microphone brought to your seat.

15 Again, we thank you for your participation
16 in today's meeting. We would also like to take this
17 moment to remind you that, if you have cell phones,
18 blackberries, or pagers, that you please place those
19 on mute. I will begin calling each --

20 HONORABLE WEST: Holly, before you
21 proceed, there is one other part of my duties that I
22 wanted to complete and did not complete because I

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1 referred to him twice in my comments as I was
2 introducing others. I did not give a formal
3 introduction to my co-chair to my immediate left,
4 former Secretary of the Army, John O. (Jack) Marsh,
5 who, as you heard me describe, was also a former
6 member of Congress, I know, from the Commonwealth of
7 Virginia, who served in several other positions in
8 the Department of Defense as an assistant secretary
9 on -- I counted at least two separate other
10 occasions, who is a lawyer, who has had a
11 distinguished career at the bar, in Congress and in
12 service to his nation and, if I may say this, who is
13 also an Eagle Scout.

14 Let me give him an opportunity to make a
15 comment of his own.

16 HONORABLE MARSH: Thank you, Mr. Chairman.
17 The only comment I would make is I would like to
18 thank you, all of you, for your attendance here, and
19 I suspect every one of you have some association with
20 the military services, and I would like to thank you
21 or members of your family or those who serve in
22 uniform as part of your family, I would like to thank

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1 you for what you do to defend our country, what
2 you've done for America, and what you'll do in the
3 future.

4 We appreciate very much having your views
5 because we want to have the best armed forces of any
6 nation in the world. We do now, we want to make it

7 better. Thank you very much.
8 HONORABLE WEST: Thank you, sir.
9 THE MODERATOR: Excellent. Our first
10 registered speaker is Tom Jones. There's a
11 microphone right there, Mr. Jones. Excellent.
12 MR. JONES: Panel, thank you for the
13 chance to speak to you today. My name is Tom Jones.
14 I have a son here, Johnny Jones, and he was hurt in
15 Iraq on 22 February. He had an IED, he had a TBI.
16 LT. GENERAL ROADMAN: Mr. Chairman, we're
17 having a hard time hearing Mr. Jones.
18 MR. JONES: Is that better? Okay. Sorry
19 about that. I have a son, Johnny Jones. He was hurt
20 in Iraq. He had an IED go off, he had a TBI, he was
21 brought here to Bethesda, first to Germany, then to
22 Bethesda. And we were notified at home, almost

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1 immediately, of the injury, and Sergeant Beatty got a
2 hold of us at the house, told us what was going on,
3 told us to report to the nearest airport, there'd be
4 a ticket waiting for us, there was such a ticket
5 there.
6 We flew in, they had a man waiting at the
7 airport to bring us out here. Upon coming here, we
8 did have a little trouble with lodging, but a Seaman
9 Gomes that's on the front desk took care of that,
10 ironed it out for us, took us up, let us see our son,
11 got us stowed away.
12 The next day, a Lieutenant Zaminsky, I
13 think he's the casualty assistance officer here, he
14 heard about our problems with our lodging. He said
15 that's no problem, and everything went away, as far
16 as the lodging went. We got the lodging that we
17 need, and he said, as long as we're here, the
18 lodging -- so that was a problem that was taken out
19 of the way.
20 And that day, we met with our team, which
21 was Sergeant Gaither, Jenny Jones, Brandon Batt,
22 Chief Wilson, Jeff Poland, and from that day on,

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1 everything has gone smooth. This team right here,
2 these people that work here between the Department of
3 the Army and the liaison family support, we couldn't
4 ask for anything better, and I just wanted to bring
5 that to you.
6 And also, we've talked to the doctors, the
7 doctors have all been good, and they say Johnny is
8 doing remarkable for the head injury he got, and they
9 say most of it is because the family here, the
10 familiar surroundings and everything. And that's
11 what I want to say about the program going on, about
12 the families coming out, it's a godsend. I mean,
13 everything worked out good, and Johnny's getting a
14 lot better.
15 The only thing I would like to know, once
16 we leave here, we're supposed to go to Tampa for the
17 acute rehab and then back up here for the
18 reconstruction surgery on his head after six months.
19 They say that the MRB and the PRB has to be done at
20 Walter Reed because we're in this area.

21 well, we're from Arkansas, we've got
22 Brooks Medical Center in Houston, Texas that's a lot

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1 closer, and I'm afraid with the backlog up here,
2 Johnny's got 16-and-a-half years in, and I'd hate for
3 him to spend his last two-and-a-half years in the
4 paperwork here at Walter Reed, with the backlog that
5 they, from what I understand, I've been watching the
6 panel on television when y'all was over at Walter
7 Reed and everything else, and I seen some of the
8 interviews and everything else.

9 And I want to know why some of the MRBs
10 and PRBs can't be outsourced to other places if
11 they've got such a backlog here at Walter Reed. Like
12 I said, I can't say anything bad about the
13 in-service, the in-hospital care that we've had, the
14 family support that we've had, and I have no problem
15 with the acute rehab in Tampa. They say that's a
16 top-notch place.

17 I'm just a little worried about Johnny
18 coming back up here and getting lost in the paperwork
19 again and spending his last two years -- because I've
20 heard some of them's been up here for two years, and
21 I don't like that. He's already been gone almost two
22 years from home, and I'd hate for him to spend his

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1 last couple of years in the service tied up in
2 paperwork back here.

3 He wants to stay in the service, he don't
4 want to get out, he wants to stay in, and it seems to
5 me if there's someplace else that don't have the
6 backlog, we ought to be able -- I know I went through
7 an MRB up at Fort Sill. I know they do them up there
8 at Fort Sill, at the hospital there, if there's not
9 someplace else they could do the MRB and PRB on him.
10 Thank you.

11 HONORABLE WEST: Thank you. Do we have
12 questions from the panel, or comments?

13 Two things, one, no one should have to
14 wait two years for their processing --

15 MR. JONES: Yes, sir.

16 HONORABLE WEST: -- wherever they are and
17 whatever their service and wherever they come from.
18 Secondly, your point about the concentration of
19 people there and the reports on the amount of time it
20 takes are not only a concern to you, but a concern to
21 us too. We don't have the answer to the possibility
22 of outsourcing and the like, but you certainly make a

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1 good point, which we take .

2 And if we can be helpful in helping you to
3 follow up on that, we will try to, it's a good point.
4 It is one of our principal concerns, the amount of
5 time it takes to get through the MEB/PEB process and
6 the toll it takes on both the service members and
7 their families. Thank you for taking the time to
8 talk to us.

9 MR. JONES: Thank you, sir.

10 HONORABLE WEST: And thank you for your
11 son's service.
12 HONORABLE MARSH: Let me ask you a
13 question.
14 MR. JONES: Yes, sir.
15 HONORABLE MARSH: Are you from the area,
16 or were you required to come here and spend a
17 significant amount of time because of assistance to
18 the wounded?
19 MR. JONES: Yes, sir -- no, I'm from
20 Arkansas. I retired out of the Arkansas National
21 Guard, and we brought up here because our son was
22 here, and like I said, they put us on orders, they've

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1 treated us real good up here, and I have no problem
2 with that. It's just that, on the last part of this,
3 there's places closer to home where the family, the
4 kids wouldn't have to travel and come in all the time
5 to visit their dad, if he was a little closer to
6 home, they could drive to Fort Sill, drive to Brooks
7 or somewhere like, instead of having to ride the
8 plane all the way out, then look for a place to stay
9 and everything else.
10 That was the only thing I was saying. No,
11 as far as us being out here, we've been treated like
12 kings out here. I have no complaint on that. I was
13 just wondering because, as the panel said on the,
14 some of the others, that they've been here for so
15 long, and that's the only thing that scares me, is
16 Johnny coming back up here and getting shoveled under
17 a desk somewhere, his paperwork and everything,
18 because, at the end, if he gets his 20 years in, they
19 can send him back home and put him in the VA system,
20 they can discharge him and send him back.
21 we had a friend, yeah, come back from
22 Iraq, she was 59-and-a-half, and she had a medical

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1 problem. She went into Seattle, they held her six
2 months there, and then told her to go home, discharge
3 and go into the VA system, and I don't think that
4 should be done.
5 MR. FISHER: Would you see me after the
6 meeting?
7 MR. JONES: Yes, sir, I sure will.
8 MR. FISHER: I'd like to discuss that with
9 you.
10 HONORABLE WEST: Thank you again. Holly?
11 THE MODERATOR: Cheryl Kae Dodson.
12 HONORABLE WEST: Is it Dodson?
13 Ms. Dodson, welcome.
14 MS. DODSON: D-o-d -- as in
15 David -- s-o-n. Am I coming across? Thank you so
16 much for allowing me to speak. I'm Cheryl Dodson.
17 My son is Marine Lance Corporal Travis Dodson. He
18 was injured on February 14th of 2007. A grenade was
19 thrown through a window, it landed on his lap, and he
20 has survived. We are thrilled that he has survived,
21 of course.
22 And there happened to have been a Stars

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1 and Stripes reporter who was embedded with his group
2 when the incident took place, and so we have received
3 an article from him where he wrote about that
4 article, that gave us quite a few details. Also,
5 just through the course of God being the God that he
6 is, a tech sergeant -- am I using a correct term? --
7 a tech sergeant in the Army was in one of the areas
8 where Travis was immediately sent.

9 And that young man sent an e-mail to his
10 mother, which ended up coming back to us, about
11 Valentine's night, when there was an all-call for
12 blood donations, and all of the men that stepped out
13 and saved my son's life, and so from that moment on,
14 there has been nothing lacking in my son's care.
15 Medically, he has just been handled preciousy. we
16 have been handled preciousy.

17 From the moment that Major Matthews called
18 us from Iraq and then a Staff Sergeant Yintima and a
19 Staff Sergeant Wojoleski, I believe, we just call him
20 Wojo, from Hawaii, they got in contact with us, were
21 in contact with us continually, allowed us to fly to
22 Germany to be with our son, allowed my daughters to

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1 fly with us to be with their brother.
2 We were then flown back here. We were met
3 at the airport. We have just, as this gentleman
4 said, we have been treated like royalty. My family
5 and friends call and say, what can we do for you, and
6 I say absolutely nothing. We are being taken care of
7 from our smallest need to our greatest need. We have
8 been allowed to stay at the Fisher House.

9 We are here every moment, we are able to
10 focus on Travis, and Travis has said to us several
11 times, I'm so glad you're here. And we know that
12 that's important to him, and we know that that's
13 important in his recovery. Lieutenant Colonel
14 Warman -- and, I'm sorry, things are just kind of
15 flying out of my head, and Lieutenant Parker and
16 Staff Sergeant -- help me -- McClellan have just been
17 magnificent in their care for us.

18 They have given us just enough space that
19 we didn't feel crowded, but everything that we have
20 needed, they have come and offered, immediate
21 financial assistance to help us cover the bills that
22 are accumulating at home, they've explained in terms

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1 that we could understand what's happening to him, as
2 far as the Marines go. The VA has been in to explain
3 to us what's happening as far as the VA goes. They
4 explained the paperwork that we need to sign to get
5 done what needs to happen to Travis. It has just
6 been an amazing process.

7 I have told people the only dark part is
8 my son's injuries. Everything else is a glowing,
9 wonderful accolade of what the military is in the
10 United States of America, so thank you so much.

11 HONORABLE WEST: Thank you. Questions?
12 Thank you for that. And thank you for your, for

13 coming here and telling us about it. Thank you for
14 your son's service.
15 MS. DODSON: Thank you.
16 HONORABLE WEST: Holly?
17 THE MODERATOR: Ursula Henry.
18 MS. HENRY: Good afternoon. This is on,
19 correct? My name is Ursula Henry, and I'm probably
20 one of the few people here who can honestly say I can
21 associate myself with just about everybody in this
22 room. I was a corpsman for eight years in the United

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1 States Navy, and I was able to take care of my fellow
2 Navy personnel, Marines, and anyone else that came my
3 way because that's what I was wanting to do, and I
4 did it to the best of my ability.
5 Then I was also able to work as a GS nurse
6 here in military federal health clinic and internal
7 medicine until my health became so bad that I was
8 basically terminated due to my health. And I am now
9 waiting for my disability to come through, which I
10 have yet to see that happen.
11 However, what I came here today to say is
12 that I really appreciate all the people who come here
13 from Iraq and all the soldiers that have been injured
14 and their families being able to be here, but my
15 biggest concern for everyone here, whether they are
16 injured, a family member, or a staff here at this
17 facility, we need to focus not only on our staff that
18 take care of our soldiers because, if we don't take
19 care of them, we can't take care of our soldiers, we
20 have to, it's not an option.
21 We have to make sure everybody is aware of
22 what we need to do for our soldiers. They have given

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1 everything they could in order to do their part, and
2 there have been times that I have seen people not get
3 what they deserve to get, having to wait extended
4 periods of time to get in to see a provider, coming
5 from Pennsylvania to Bethesda to be seen, coming from
6 Arkansas to be seen. That, to me, is not the
7 efficient way that we need to take care of the people
8 who have given limb, life, and everything else in
9 order to fight for our country.
10 That is, we need to step up to the plate,
11 whether you're military, veteran, I'm a 70 percent
12 disabled veteran myself, I understand, and I hope
13 this gets passed on to the VA as well, because this
14 is just a stepping stone for all these injured
15 people, whether they were from World War II to
16 present, we need to make sure we take care of all of
17 our soldiers, not just the ones in the last six to
18 eight years.
19 We are responsible for these people,
20 whether it is by getting them an appointment and
21 listening to them, if they're saying they're
22 suicidal, then make an intervention and make sure

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1 they get taken care of. Don't let them go home, and

2 heaven forbid, you see them on a week's notice, and
3 they're no longer with us again, and that has
4 happened. We need to pay attention. We need to
5 listen. When you go to the VA, let them inform not
6 only the patient, but their families about what is to
7 be expected .

8 I was told my appeal was going to last
9 maybe a year. It has been three years now, and I
10 have yet to get an appeal -- decision on my appeal.

11 HONORABLE WEST: Is this VA?

12 MS. HENRY: This is the VA. I'm not
13 saying -- this is not going to be the end of these
14 people's story when they get seen here at Walter Reed
15 or any other military facility, it's just a stepping
16 stone, and I'm glad that we're able to take care of
17 our soldiers when they get here and give them
18 everything they need to get, but we also need to
19 realize that this is not the end, it's just the
20 beginning.

21 The family is there, but we can be there.
22 Just because they're not our brother or sister or

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1 mother or father, they're someone's sister, or mother
2 and father. I was really blessed to work under Rear
3 Admiral Martin here because I was here when she was
4 here as our CO, and I was amazed by her interaction
5 with us, and she showed an interest. There is
6 nothing wrong with showing an interest to the people
7 who come to us, whether they're from world war II or
8 now.

9 I was reprimanded many a times making an
10 extended deployment for a person because they needed
11 that time with their provider. You told us at the
12 very beginning, there would be no reprimand for what
13 we said here, I don't have that fear because I no
14 longer work here. But there are people who see
15 things, who do feel that reprimand, that may happen,
16 no matter how you say it and how true it may be,
17 things still happen.

18 Doctors aren't getting their appropriate
19 monies for their specialties, but we have to start at
20 the beginning, we have to start with our staff, so
21 our staff want to stay and take care of these very
22 important people in their lives because, otherwise,

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1 we may get to a point where no one wants to volunteer
2 to fight for our country, and then where will we be?
3 So if this gets out for everybody and people
4 understand that they care, there are people out there
5 who truly care and will bend over backwards and stay
6 after hours, stay to do whatever they need to do,
7 write an e-mail, write a letter to whoever it needs
8 to, then we know we're taking care of everyone that
9 needs to be taken care of.

10 And I know I'm not the only one that feels
11 this way because I've been told this, and I'm just
12 one of those people who I was raised to tell the
13 truth, and if what I say helps someone, that's all
14 that matters to me. So I will be more than willing
15 to talk to anybody, whether it's up on the panel, I

16 don't mind because if I have information after being
17 in the system, the VA system and the military system
18 for so long, if I can't find it, if I don't know it,
19 I'll find it for you.

20 And I think if everyone had more of that
21 mentality, things would be -- we may not even
22 necessarily need to have the need for this type of

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1 forum, and I appreciate you for your time.
2 HONORABLE WEST: And we appreciate your
3 coming before us. A few things, one, we can all use
4 the reminder that you've given us -- this is not the
5 end, this is the just the beginning for everyone who
6 passes through here, and secondly, you've given me an
7 opportunity to say again, remember, this is not the
8 only opportunity to communicate.

9 If confidentiality is what you need, you
10 have the hotline. I don't know if we passed
11 it out on the fliers or not, but it should be
12 available to you, and we will make it available,
13 and you can also request to see it. Anything
14 from any member? Admiral Martin?

15 REAR ADMIRAL MARTIN: Ms. Henry, I just
16 have one point of clarification. You talked a lot
17 about staff and paying attention to the staff as far
18 as appreciation, burnout, their needs, and so forth.
19 You also mentioned traveling a great distance to be
20 seen for follow-up. Are you referring to patients --

21 MS. HENRY: Yes.

22 REAR ADMIRAL MARTIN: -- in the healthcare

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1 system, that are returning right here to NNMC for
2 their follow-up?

3 MS. HENRY: I worked at military health
4 clinic for almost six years -- can you still hear me
5 on this thing? Okay.

6 And there are at least, I know this may
7 sound like a small amount, but at least five people
8 that I've come in contact with whose primary care
9 managers were in military family health, but their
10 home, where they were sent home to was very, very
11 far, where they had to basically make an extended
12 trip, I mean overnight trip to get here.

13 And I'm not talking someone who just had a
14 scratch on their back. I'm talking about facial
15 injury, head trauma, and everything else, and they
16 have to travel to get here to be seen by their
17 primary care doctor. And when I talk about staff, we
18 have some -- we don't have enough staff with all the
19 influx of people we have here.

20 And even though we do have a decent amount
21 of staff, when we have to work overtime, unless the
22 patient is right there, you're not compensated for

0029

1 that overtime. And they expect you to do more, I
2 don't mind doing more because I don't have a family,
3 but if you have a family and a husband and children
4 or someone you need to take care of, you can't afford

5 to stay here two and three hours later to take care
6 of a patient.
7 So we need to not only have staff here
8 that's being able to stay here and take care of the
9 patients, but if they do need to be compensated, then
10 they need to be compensated, if they want us to be
11 able to take care of the patients. There's nothing
12 more worse than a resentful healthcare provider who
13 isn't appreciated.
14 And one other thing that I forgot to say,
15 and I think it's really important, is that I had
16 patients come to me, who was demobilized in
17 California, who was told that if they claimed they
18 had a medical problem like head trauma, that they
19 would be held on active duty for an extended period
20 of time in order for them to be evaluated.
21 And a lot of these gentlemen didn't want
22 to stay on active duty for an extended period of time

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1 in Iraq or in California when they're from Virginia,
2 and I was reprimanded because a patient told me this,
3 I didn't let it go, the patient ended up having a CT
4 done and did have head trauma, but yet, I was
5 reprimanded because I took the ball and ran with it
6 because I didn't want this man to go home with a
7 significant head injury because someone had told me,
8 told him inappropriate information.
9 And I know that happens, but I don't mind
10 being reprimanded if I know I'm doing what's right.
11 So the staff needs to be appreciated, they need to be
12 documented what they're doing, they need to be
13 informed, not only the nurses, not only the corpsmen,
14 not only the techs, also the commanders, the clinic
15 managers, the physicians, just because you're a
16 physician doesn't mean you know everything about the
17 way things work.
18 We need to be educated and trained to know
19 what to tell these patients and not assume that
20 they're just going to know because they're hurt.
21 They need to be informed, and I can't stress that
22 enough. Did that answer your question?

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1 REAR ADMIRAL MARTIN: Thank you, yes.
2 HONORABLE MARSH: Let me ask you a
3 question. You've stressed very appropriately how
4 important the staff of the hospital is. Do you have
5 reasons to think that the staff are short and need
6 additional staff, or two, there's difficulty in
7 keeping staff, or three, there are vacancies in the
8 staff?
9 MS. HENRY: All of the above, sir. What
10 I'm saying is I've seen people leave here who are
11 extremely qualified, extremely ready to do whatever
12 they needed to do to take care of their patients and
13 were so frustrated with the whole scenario of the
14 facility that they left just to go right across the
15 street to NIH, not because of the money, but because
16 they were so stressed out because they weren't able
17 to take care of their patients to the best of their
18 ability.

19 As far as not having enough staff to take
20 care of and the filling of the staff, I've seen all
21 of that, and I can't make anyone do anything that
22 they don't want to do or they feel like they don't

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1 have to do. All I can do is what I know what's right
2 to do, and I try and stress that to the corpsmen that
3 worked under me and the corpsmen that I worked with
4 and the other nurses that I worked with, and
5 sometimes, that works, but I'm not the supervisor.

6 I'm just someone who cares about people
7 from the bottom of my heart, and I'm going to do
8 everything I can to help them, whether it be in this
9 facility or on the street, I'm going to help you, and
10 not everybody, unfortunately, has that mentality, but
11 if we try and make it a point of their job and they
12 are actually appreciated by what they do and doing
13 what they're supposed to do, maybe we'll be able to
14 keep those good people here and appreciate those
15 people for what they're doing and not make them feel
16 like that they're doing something for nothing.

17 HONORABLE WEST: Thank you very much.

18 HONORABLE MARSH: And let me ask you a
19 further question on that, I assume the staff you were
20 referring to is, one, military and, secondly,
21 civilians who are employed as private contractors to
22 work in the hospital. Are there shortages in both of

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1 those, military and civilian?

2 MS. HENRY: My experience -- let me answer
3 the first question. I am no longer an employee here,
4 sir, because I was terminated due to my health on
5 October 12th, 2006. I didn't want to go, but I was
6 told to go because I couldn't do everything they
7 wanted me to do, but I'm a persistent little sucker,
8 so I'm still going to do whatever I can.

9 But as far as, whether it be civilian or
10 military, that are short-staffed, I would say both
11 because military, unfortunately, our military
12 individuals come in, if they're corpsmen, they're
13 coming either straight from school, and they're not
14 really trained yet, and they're usually thrown right
15 into the out-patient clinic arena. And they're not,
16 not all of them, but a great deal of them aren't
17 given the support and the information that they need
18 to do their job.

19 And the nurses unfortunately, the civilian
20 nurses sometimes are so overworked with
21 administrative things, like telecons and paperwork,
22 that they still fail to see that this is a patient in

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1 front of you, not a number. And it takes a person
2 who's been a patient to appreciate when a person
3 comes up to you and seeks help, in order to get the
4 appropriate help that they need.

5 And our managers need to be aware that
6 they're the managers, but they also have to make sure
7 they manage their senior nurses and the core staff

8 and the civilian junior nurses as well because it's
9 all coming downhill, but everybody responds to it,
10 and everybody will benefit from us. Yes, sir.
11 HONORABLE WEST: I want to make sure
12 that --
13 MS. HENRY: Did that answer his question?
14 I wanted to make sure that answered your question,
15 sir.
16 HONORABLE MARSH: I appreciate it very
17 much.
18 MS. HENRY: All right.
19 HONORABLE MARSH: I don't know if some
20 other people want to ask you some questions.
21 MS. HENRY: I'm not going anywhere. If
22 someone else wants to ask me some questions after

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1 this is over, I'm more than willing to talk about it
2 because I'm sure there's people here who have things
3 they need to say as well.
4 HONORABLE WEST: Thank you for your
5 patience with the questions, and I think we'll take
6 you up on your offer.
7 MS. HENRY: All right. Thank you.
8 THE MODERATOR: Cindy Traub.
9 MRS. TRAUB: Hello. Can you all hear me?
10 Hi, I'm sorry. I'm very nervous.
11 GENERAL JUMPER: Don't be nervous.
12 HONORABLE WEST: Take your time.
13 Everybody's here to support you.
14 MRS. TRAUB: I just heard about the forum
15 earlier and said I would like to speak. My husband
16 is Gunnery Sergeant Traub. He was injured in Iraq in
17 2005, October 2005, he was severely injured. He
18 would be here right now and would love to speak on
19 some things, but he's currently having surgery in the
20 OR.
21 what I would like to say is when we were
22 here, my husband spent a total of four months

0036

1 altogether here at Bethesda, and altogether, he spent
2 six months hospitalized. His injuries were -- he
3 broke his back in three places, which paralyzed him
4 from the waist down. His pelvis was broken in three
5 places. He had quite a bit of internal injuries. He
6 broke his left leg pretty bad, both of his feet were
7 crushed, and we're very lucky to have him with us.
8 All the way from Iraq to Germany, they
9 were resuscitating my husband. My husband came to
10 Bethesda on November 8th. It was nine days after his
11 injury. And I have very good things to say about
12 this hospital. They treated us very well, they were
13 very concerned with his care, and they took very good
14 care of him. We got to know the nurses pretty well,
15 and we still see some of them today when we come
16 back, and they just put a big smile on my husband's
17 face from the care that they provided for him.
18 The thing that I would like to speak
19 briefly on is his care after he left here. Like I
20 said, my husband spent the first three months
21 in-patient here, and then he went to the VA hospital

22 in Augusta, Georgia, to the spinal cord unit for one

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1 month, and then he returned back here for surgery,
2 but during that one month in Augusta, Georgia, I'm
3 sorry, we were very blessed to have my parents come
4 for the first three months to take care of our two
5 kids at home.

6 But after the three months, my parents had
7 to return home to their jobs and whatever they had to
8 do. So when Carl was transferred from here to
9 Augusta, I had to return home to take care of our
10 children, so I could not go with him, but me and our
11 boys, we made the trip down to Augusta every weekend,
12 and their schools were very, very good about it, and
13 I got to take the boys out for a long weekend, and we
14 got to go down to see their dad.

15 But during the time that he was there and
16 I wasn't able to be with him, he experienced some
17 very -- not good behavior from the nurses and the
18 staff. I will just go into a little bit of detail
19 about it, and the reason why I would like to bring
20 this up is I think the soldiers should have the
21 chance to choose a facility that they would like to
22 go to, instead of having the choice between just

0038

1 going to the VA hospital -- and one thing that
2 happened with my husband when he was down there, on
3 one of the weekends that I arrived, I walked in on a
4 nurse arguing with my husband.

5 And he had asked her to come in and help
6 him get out of bed because he could not get out of
7 bed on his own at that time, and he had to be lifted
8 out of bed, and he needed at least two people to lift
9 him because of all the pain that he was in, and the
10 nurse was arguing with him because he asked her,
11 please, would you get somebody else to help me
12 because you're going to hurt me.

13 And she said, well, I can't do that right
14 now, I'm going to try myself, and if I can't do it
15 myself, then I'll go get somebody. And so my husband
16 told her, he said, well, so you're willing to put me
17 in tremendous pain to do it yourself, instead of just
18 walking out the door and going to get another person
19 to help? And so when I walked in, immediately, I
20 told her that I would help, but, please, any other
21 time that I was not present, to get help.

22 Another time that he was there, one of his

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1 nurses decided to take the rest of the day off and
2 did not warn the patients, or I guess the rest of the
3 staff, and my husband at that time could not get up
4 and go to the restroom by himself. He needed to
5 either have somebody help him or go to the restroom
6 where he was laying and they would come in and clean
7 him up. Well, he called for the nurse after he had
8 to go to the restroom, and the nurse did not come in.

9 And then it was four hours later, my
10 husband sat there and laid there in his own feces

11 before somebody would come in and clean him up. And
12 there's -- I really wish my husband could be here
13 because he was there the whole time, I was not there,
14 and a lot of things he held back from me, from
15 telling me about his situation at the VA hospital.
16 After my husband come back here, we were
17 told about -- we live in Jacksonville, North
18 Carolina, and we were told by another Marine, that he
19 had went to a civilian hospital in Wilmington, North
20 Carolina for his rehabilitation care, and I went down
21 immediately and toured the hospital, to see if it was
22 a place that could be for my husband.

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1 And I was greeted with -- everybody was
2 very nice, they showed me the gym area, which they
3 have a huge gym area, they have many therapists and
4 many nurses, so we requested to go there. And when
5 my husband got there, he was a little bit nervous
6 because of his situation at the VA, he was greeted
7 all the time by the nurses with care, with love. His
8 spirit by then was -- he was going into depression
9 because of everything that he had been through, and
10 they just lifted his spirit, and they were great to
11 him.

12 Another thing at the VA hospital is he was
13 supposed to get a shower every other day, and he got
14 one shower during the month that he was there. Every
15 time that I went there, I would ask them, you know,
16 are you going to give my husband a shower today?
17 Yes, we'll do it in a little while, and they never
18 came and would do it. And when he got to the
19 civilian hospital, not only did they go and find him
20 for a shower, you know, you're getting in there, but
21 they always listened to what he had to say.

22 And they were very -- after he was

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1 released, he spent a month in-patient at that
2 hospital, and then he was released on May 13th to go
3 home with us. And he spent six more months
4 returning, we drove two hours a day, to drive for his
5 out-patient therapy, which he did occupational
6 therapy and physical therapy, and these people, they
7 just -- at the VA hospital, they had took my
8 husband -- my husband's right arm was broke pretty
9 bad.

10 And here, at Bethesda, they did, they
11 reconstructed his arm back in March of 2006, so he
12 had weight precautions on the arm, and when he was at
13 the VA hospital, we were asking them, what is your
14 plan for my husband, if he does come back here, what
15 would your plan be for him? And they told us, well,
16 we're going to have to wait until his arm gets a
17 little bit better, or we're going to have to do this,
18 you know, to try to teach him transfers and stuff
19 like that.

20 When he got to the other hospital, they
21 overcame and adapted. They made him what he calls
22 his arm -- because his arm is not fully extended,

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1 that's what he's having done today -- but they made
2 him a block of wood that he slides across his arm,
3 and he learned within three days of being there to
4 transfer, and today, he's doing very well. They even
5 got him up on long leg bracing which, as I said, my
6 husband is paralyzed, but he does have some feeling
7 in his hips, which gives him a little bit of mobility
8 to swing his legs.

9 And he can actually walk for about an hour
10 on the long leg bracing, and we hope someday that
11 it'll be a little bit longer. So basically, what I'm
12 asking you all is, if you can, if the troops can know
13 about other facilities that are out there, that might
14 be better for them and that they might could go to,
15 it was a blessing to us that he got to go there.

16 HONORABLE WEST: Thank you for that
17 suggestion and also for reporting to us this
18 experience. The fact is, of course, that,
19 eventually, someone goes to Augusta, and we need to
20 make sure that that does not happen again there at
21 that facility. Can I ask you -- I was trying to
22 follow -- what was the month that your husband was at

0043

1 Augusta? What period was that? Do you remember?
2 MRS. TRAUB: I believe it was February
3 5th, 4th and 5th.

4 HONORABLE WEST: Of?

5 MRS. TRAUB: Of 2006, until March 5th.

6 HONORABLE WEST: Other questions?

7 COMMAND SERGEANT MAJOR HOLLAND: Ma'am,
8 this is Command Sergeant Major Retired Larry Holland.
9 I'd like to get with you and your husband, and he's
10 in surgery today, so maybe in the next couple of
11 days, we could get together, and I'd like to come
12 back and just sit down with you and he and make sure
13 that we didn't leave something out that he feels is
14 important, okay?

15 MRS. TRAUB: Okay. Thank you.

16 HONORABLE WEST: Thank you very much.

17 MRS. TRAUB: Thank you.

18 THE MODERATOR: Leticia Perez.

19 MS. PEREZ: Good afternoon. My son is a
20 Marine. He went to Iraq, and then he came to this
21 hospital on the 2nd of this month. We came together
22 only about a half-an-hour apart. I, myself, come

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1 from Texas. He came from Germany. He had been
2 wounded on three occasions. The first impression
3 that I had when I saw him was that he was in very
4 serious condition. I didn't think that he was going
5 to survive. I was terrified. I had a lot of
6 misgivings about his possibilities, like any other
7 parent in a similar situation.

8 I was questioning the future, what was
9 there for me in terms of my son and his condition. I
10 received immediate response. The Marines here at the
11 hospital did their best to provide me the best
12 service, to advise me what was best for my son and
13 for my family. They brought my daughter and myself

14 from Texas over here, and they made sure that we saw
15 my son immediately.
16 So now, I have no doubt whatsoever, my son
17 is now on the fifth floor, his health condition has
18 improved significantly, Sergeant McClain has included
19 us in her daily rounds. She's also concerned about
20 my own health and that of my daughter and in our
21 daily problems. So apart from providing medical
22 attention and caring for my son's health, they are

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1 also caring for our spiritual well-being in our
2 problems as a family.
3 I had heard that there were good people in
4 this world, but I actually had never had a chance to
5 meet them until now --
6 (Laughter.)
7 MS. PEREZ: -- that I have arrived here. I
8 have nothing negative to say. I just wanted to say
9 thank you for being here for me.
10 HONORABLE WEST: Thank you.
11 (Applause.)
12 HONORABLE WEST: Before you go back to
13 your seats, anyone from the -- yes, Admiral Martin?
14 REAR ADMIRAL MARTIN: Mrs. Perez, were you
15 able to have an interpreter when you first arrived,
16 and have you had any problems with the language
17 barrier?
18 MS. PEREZ: My daughter is bilingual.
19 (In English) and I understand a little
20 bit.
21 REAR ADMIRAL MARTIN: Thank you.
22 HONORABLE WEST: Thank you very much.

0046

1 MS. PEREZ: Thank you, sir.
2 THE MODERATOR: Brandt Rice.
3 DR. RICE: Hello, panel, and thank you for
4 coming, and thank you, families of all of the
5 soldiers and active duty personnel who've had to
6 endure a lot. Admiral Martin, I don't know if -- you
7 spoke at my graduation, and I'm actually a family
8 resident -- or was a family resident at the time and
9 am now finishing my obligations to the military.
10 I have a few things to say with regard
11 to -- I mean, some of the statements that some of the
12 people made already, I think it's very clear that the
13 care that the patients receive, that the providers'
14 goals are of the utmost to provide good care for the
15 patients, and that's certainly my goal as well.
16 But at the same time, I would hold the
17 comments that were made by Ms. Henry and take them to
18 heart. The reason that I'm here, and I did submit
19 some comments to the committee, and I'm hoping that I
20 might be able to meet with the committee later
21 one-on-one, but obviously, all of the resources for
22 the military are strapped to some degree.

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1 And we all have to come together to do a
2 job that is the -- take care of our service members,

3 but we also have a job, I think, and this, the
4 incident at Walter Reed is certainly, I think,
5 perhaps the tip of the iceberg, as far as our need to
6 not only take care of the acutely injured, but to
7 take care of the families and the retirees and the
8 people that have also given of themselves in other
9 words.

10 And as Ms. Henry said, I think we need to
11 take care of those providers as well that are trying
12 to give that ultimate level of care and compassion,
13 and I think I would use the word "compassion fatigue"
14 to represent some of those providers, and I just
15 think I would like to say that you spoke about no
16 reprisals.

17 (Laughter.)

18 DR. RICE: I have made an effort to bring
19 to the attention of various parties the need for
20 providers to have better support, more time, and to
21 some degree -- and in fact, to, I think, a major
22 degree, my vocalness about this need has been met

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1 with some degree of resistance and some retaliation.
2 Again, I obviously don't have all the answers, I
3 don't think anybody does. I think it's a very
4 difficult scenario for everybody involved.

5 But, again, I think that there needs to be
6 open discussion, and there needs to be an opportunity
7 for all of us to come together and address these
8 issues, rather than to become defensive and make
9 things uncomfortable for people. And, again, my
10 heart and sympathy goes out to all the family members
11 that have had to deal with all of the bureaucracy.

12 And I'm glad that the care doesn't seem to
13 be the matter of as much concern as, again, I think
14 the administration and the coordination of services
15 and discussion about that.

16 GENERAL JUMPER: Doctor, is this largely a
17 matter of extended hours or being overworked or too
18 much of a case load or -- when you talk about
19 compassion fatigue, could you help us a little bit to
20 understand that?

21 DR. RICE: Well, I think that might
22 come -- I consider myself to be on the front lines of

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1 managing the patient's health, and when I feel as if
2 I'm unable to assist my patients to the utmost
3 because I am overly burdened by either administrative
4 responsibilities, lack of time, inability to
5 coordinate with either my immediate supervisors or
6 those above me to maximize the resources and give of
7 myself the time to those patients, that's where my
8 compassion fatigue comes in.

9 GENERAL JUMPER: Is this because, to put
10 in lay terms, sort of being managed to an HMO
11 standard for time, or is it because it's systemic in
12 ways that block agile communication?

13 DR. RICE: I think you could say that both
14 of those are true, and I would say, and as I joke
15 sometimes with my patients, the military is an HMO,
16 and as much as you might want to deny that, there's

17 bureaucracy, and it's unavoidable. I'm not saying
18 that I have the answer for that. There's a certain
19 amount that's obviously needed, and we have to work
20 together. I think that there could be some areas
21 that are, in that regard, that are better addressed.
22 GENERAL JUMPER: Thank you.

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1 LT. GENERAL ROADMAN: Mr. Chairman, if
2 Dr. Rice and I could get together after this, I'd
3 like to talk to you one-on-one.
4 DR. RICE: That would be great. Thank you
5 very much.
6 (Applause.)
7 THE MODERATOR: Dr. Rice was our last
8 preregistered presenter or speaker for today, so
9 before we open for comments on the floor, I would
10 like to take this opportunity and remind you that,
11 immediately following this session, there will be an
12 opportunity to meet with each of the panel members in
13 a one-on-one setting.
14 If you choose to do so, you must sign in
15 at the attendee table to receive additional
16 instructions. Additionally, we do have a
17 website and a toll-free hotline available for those
18 comments. That information can be obtained at the
19 attendee table as well. The hotline is (866) 268-2285,
20 and, again, that was (866) 268-2285. And the
21 website address is www.ha.osd.mil/dhb/irg.
22

0051

1 HONORABLE WEST: One more time and a
2 little bit slower.
3 THE MODERATOR: Absolutely.
4 MR. JONES: Can we get with you after this
5 and get that address?
6 THE MODERATOR: It's available at the
7 attendee table. We have print-outs available for
8 you, but that address, again, is
9 www.ha.osd.mil/dhb/irg.
10 COLONEL GIBSON: Just Google in
11 Defense Health Board and follow the clicks to get to
12 the IRG site.
13 HONORABLE WEST: We are now ready to ask
14 if there are any folks who did not sign in and want
15 to offer comments from the floor, and how you should
16 do that, are they going to raise their hand, speak
17 into the mike, how do you want to do that?
18 THE MODERATOR: If you have no further
19 comments, we will take comments from the floor. We
20 do have several microphones, and it may work best if
21 you just raise your hand, and we'll have people bring
22 them to you. Do we have any comments from the floor?

0052

1 HONORABLE WEST: Right here.
2 MS. BRADFORD: My name is Debbie Bradford.
3 My son is Lance Corporal Matthew Bradford with the
4 Marines. He was injured January the 18th, flown
5 straight here. He didn't have any layover in
6 Germany. We got here on the 21st, at the same time

7 as he did. He's been here. He was very seriously
8 injured. We didn't know if he was going to make it
9 alive or not. He lost both legs. His left eye is
10 gone. His right eye, we don't know about. He had
11 bladder damage. He had small intestine damage.
12 This hospital is great. The Marine
13 liaison office, Staff Sergeant McClellan, all of them
14 have been wonderful. We've not wanted for anything.
15 The lodging is great. The nursing staff, the
16 doctors, everything has been wonderful. Thank you.
17 HONORABLE WEST: Thank you for that.
18 Thank you for your son's service.
19 THE MODERATOR: Do we have any other
20 comments?
21 MS. PILES: Hi, my name is Karen Piles. I
22 work in facilities management here on base, and in

0053

1 keeping with -- I've been here for 28 years as a
2 civilian, and in keeping with the support of the
3 base, facilities management has done all it can, and
4 we have a great staff. We've had some really great
5 commanders working for us, and we're very proud of
6 our work that we do. My husband also has worked for
7 facilities management for a very long time, and I'm
8 sure Admiral Martin may remember him.
9 Anyway, my concern is, two years ago,
10 while it started sooner than that, there was an A-76
11 done on the facilities maintenance on this base, and
12 the civilian staff lost the bid, and it went to a
13 contractor that bid very low, and the government side
14 could not compete against what they bid. The
15 contract was written very, very poorly and never
16 mentioned that the contract was for a hospital, it
17 never was mentioned.
18 So it was not geared towards a hospital.
19 It was geared towards more administrative space,
20 things of that nature. We have struggled for two
21 years with a contractor that cannot keep up, does not
22 have the skilled staff to take care of our needs, and

0054

1 therefore, our ORs run hot and cold. We have all
2 kinds of problems with that. I know the commander in
3 the OR is sitting over here to my left, he knows of
4 the problems, it's constant. The administrative
5 spaces don't matter quite so much, although we would
6 like to keep our administrative staff happy too.
7 Plumbing problems have been immense.
8 There have been floods, there have been leaks. There
9 have been horrible mistakes made by the contractor.
10 We have not saved a dime. We have probably spent
11 way, way more than what the bid was by the government
12 people, so much more money was spent down the line in
13 hiring other contractors to go behind the facilities
14 contractor to fix what they messed up.
15 And there have been numerous, numerous
16 messes that have been made. My husband has come in
17 to work at night, late at night, to fix things. He
18 just happens to be very good at fixing things, and he
19 knows the base because he's been here for a really
20 long time. He's a very, very dedicated employee.

21 And my biggest thing is facilities management is here
22 to support the base, to support taking care of the

0055

1 patients, and contracting out our facilities
2 maintenance was the hugest disaster and mistake.
3 And it could be very easily reversed and
4 fixed by hiring back civilian employees to do the
5 work. I understand that there were probably more
6 than we needed here in civilians. There were people
7 maybe sitting around that didn't have enough to keep
8 them busy, but there were a lot of good people. They
9 knew the base, they knew how to finesse the
10 equipment, keep the temperatures adjusted properly.
11 If there was ever a problem, you could
12 call one up, middle of the night, like my husband,
13 have somebody out here. The contractor doesn't do
14 that. You can't find anybody. They will not answer
15 their phone if they know they're being called to come
16 in, in the middle of the night, not happening. So
17 what I would like to propose to you, or at least put
18 in the top of your mind, is it's not working.
19 We are getting a new contractor April 1st,
20 or the middle of April, whenever they start. We can
21 hope that they're as good as the civilian staff was
22 or at least 100 percent better than what we got to

0056

1 replace the civilian staff, but it's really, it's
2 totally unfair to the patients, to the staff, any
3 support facilities here that depended on our
4 facilities maintenance guys that lost their jobs or
5 were forced to retire or go somewhere else, we had
6 really good guys here, and they're gone.
7 And why? There was no money saved, I've
8 just been asking this question two years, there was
9 no money saved. Do you have any questions?
10 (Applause.)
11 GENERAL JUMPER: Many of us can sympathize
12 with your experience with A-76. We all lived through
13 it.
14 HONORABLE SCHWARZ: I don't have a
15 comment about your comments, ma'am, although
16 having a large federal facility in my hometown in
17 Michigan that employs 2000 people, I understand what
18 you're saying about A-76. That's not what I want to
19 talk about.
20 HONORABLE WEST: Thank you very much.
21 HONORABLE SCHWARZ: I've spent 40 years
22 doing trauma surgery in a pretty big city in

0057

1 Michigan, Battle Creek, so I am not unfamiliar with
2 multiply traumatized people. I also did two tours of
3 duty in Vietnam. And I can tell you, all of you who
4 are here today, and in the same breath thank the
5 personnel here at Bethesda and at Walter Reed because
6 they have, as a result of what they've had to deal
7 with from the battlefield, transportation through
8 Germany to these two facilities and others in the
9 United States, set a new world standard in excellence

10 in trauma care.
11 It is the new standard, and it's been set
12 by the United States military, and we can thank them
13 for that.
14 (Applause.)
15 THE MODERATOR: Do we have another
16 comment?
17 HONORABLE WEST: I think we have one up
18 there.
19 DR. MCKAY: I'm Dr. Patricia McKay. I'm a
20 hand surgeon. I've been a hand surgeon here since
21 2001, and I know I speak for the entire orthopedic
22 department when I say there's no greater honor than

0058

1 to take care of the sons of these families here, and
2 occasionally, daughters pass through as well, and
3 we're also just very proud to take care of our
4 retired beneficiaries and the service members and the
5 families that are supporting the troops in Iraq.
6 My main reason for speaking is just to
7 address a couple of points that were brought up. One
8 was about bringing patients back to NNMC, and while
9 it may seem like an arduous journey to bring a
10 wounded service member back here for follow-up care,
11 we found that is really the best way to provide
12 continuity of care, so I hope that's not looked at
13 too simplistically.
14 And it's recognized that there are
15 injuries that take years to heal and that take
16 multiple steps to reconstruct, so that would be my
17 primary thing. And the second is with the PEB
18 process. We do try to delay that to the extent that
19 we make sure we are addressing all of the problems
20 and that the patients aren't discharged prematurely
21 after five or six months, when they may still need
22 several more surgeons in the near-term.

0059

1 So while surgical reconstruction that may
2 be needed at three or four years down the road is
3 most appropriately taken care of in the VA system or
4 after they've achieved retired status, their early
5 problems often take multiple trips to the operating
6 room, two months, three months apart, so we try to
7 get them home to their families in Michigan,
8 Minnesota, California, wherever their families are,
9 maybe for a period in a VA hospital or local rehab
10 hospital.
11 But after that, we bring them back here.
12 We know what their injuries are, we know what's under
13 the skin, what tendons, what bones, where the things
14 were left at their final surgery, and we think that's
15 the best care that we can give.
16 HONORABLE WEST: Thank you, Doctor.
17 General Roadman?
18 LT. GENERAL ROADMAN: Thank you,
19 Dr. McKay, I appreciate your comments. I think
20 continuity of care is a critical issue, nationally
21 and to our wounded. I heard Ms. Henry say though
22 that people were coming back here from Pennsylvania

0060

1 for their primary care manager, which is a different,
2 really a different issue from continuity and is not a
3 model that works well for any of us.

4 And so I think we need to pull that and
5 really understand because, one, that doesn't meet the
6 standards of what is present in the DoD policies,
7 although continuity of care for surgery and all of
8 that clearly does. So I think, as I heard it, there
9 are two problems being addressed, one that you're
10 addressing with continuity and the other one is, as I
11 said, if that's your primary care manager, that's a
12 real problem to come that distance, so we do need to
13 understand that a little bit better.

14 DR. MCKAY: Yes, sir.

15 LT. GENERAL ROADMAN: Thank you.

16 THE MODERATOR: Do we have any other
17 comments from the floor?

18 MS. BONIFANT: My name is Sandy Bonifant.
19 I've been here on base as a civilian contractor for
20 four years.

21 HONORABLE WEST: Say your name for us
22 again?

0061

1 MS. BONIFANT: Sandy Bonifant. I've been
2 working with a research project, we work with
3 head-injured Vietnam veterans. We utilize some of
4 the space here on base, lodge them here on base, and
5 I have to say that I have very mixed emotions. As
6 far as the lodging that was provided to these
7 gentlemen who gave their brain for their country,
8 there have been several instances where issues have
9 arisen.

10 For example, we had a gentleman who was
11 paralyzed on his left side, walking with a cane, and
12 there was a bug infestation in his room, and when he
13 reported it to the front desk, he was told to go buy
14 some bug spray. We have also had issues with heat
15 being turned off, and when we investigated this, it
16 was told to our, to myself and to the veterans, we
17 have extra blankets.

18 Also, the building in which we occupy is
19 not handicap accessible. We asked very early on, as
20 we know that many of our veterans have ability
21 issues, to have a handrail installed. After going
22 back and forth for several months, we were told, if

0062

1 you want it, you install it, and you pay for it out
2 of our grant.

3 We tried pushing it more, and ultimately,
4 it was a long, drawn-out process, but basically, we
5 were strong-armed into just letting it drop. What's
6 interesting is that the building, the face of the
7 building did undergo a renovation last year where
8 they put a pretty facade down, which is now breaking
9 up, and we still have no handrail.

10 Further to this, the building -- and I
11 have an inch thick binder full of documentation of
12 the mold that is colonizing in the building which we

13 have to work. So I'm glad that you're here and that
14 you're listening to this. I would just like to know
15 where I could direct this to someone who wants to do
16 something about it.
17 HONORABLE WEST: well, you just did.
18 MS. BONIFANT: Thank you.
19 LT. GENERAL ROADMAN: Mr. Chairman, I
20 would really like to have Major Smith get a hold of
21 her and talk to her in-depth. He's working
22 facility issues for us.

0063

1 HONORABLE WEST: Major Smith is our
2 engineer facilities expert, so you'll be talking to
3 someone who understands your issues.
4 LT. GENERAL ROADMAN: Can you come down
5 afterwards and give me a phone number and contact
6 information?
7 MS. BONIFANT: Certainly.
8 GENERAL JUMPER: You'll take care of it?
9 Okay.
10 THE MODERATOR: We have several people up
11 front here --
12 GENERAL JUMPER: Colonel Smoot will --
13 LT. GENERAL ROADMAN: Colonel Smoot will
14 take care of that. Okay.
15 THE MODERATOR: Sorry. Raise your hand,
16 those of you up front who wanted to comment. We have
17 several hands. Thank you.
18 MRS. FEEGLE: Hi, my name is Kay Feegle.
19 I work for Navy-Marine Corps Relief Society. I
20 apologize for my public speaking. I'm a kind of a
21 behind-the-scenes person. I just wanted to let you
22 know publicly that we are here in the building, and

0064

1 it's an honor to be here and to work with the
2 families.
3 And the reason I'm a little bit upset is,
4 Mrs. Traub, I'm married to a Marine as well, and he
5 knows your husband very well. My husband served in
6 Iraq, and I actually got to see your husband when he
7 first got here, and my husband came to visit him, and
8 I can't imagine my husband having to go through that.
9 I see a lot of familiar faces here, as far
10 as families, and I just want you to know that we're
11 here and our director as well, we do as much as we
12 can to support the combat casualty families, and I'm
13 going to my office right after here, and as many as
14 would like to come with me, please feel free. Thank
15 you, and I apologize for the nervousness.
16 HONORABLE WEST: Thank you for standing
17 and speaking to us. Thank you for what you do in
18 your organization and your husband's service and know
19 that we have heard often that the work of the
20 volunteers is one of the most important assistances
21 that's given to our Marines, sailors, soldiers, and
22 airmen-and-women.

0065

1 MRS. FEEGLE: The Navy-Marine Corps Relief
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2 Society is 90 percent volunteers, roughly 10 percent
3 paid staff. I volunteered for 1200 hours, and now,
4 I'm paid staff here, but it is an absolute honor.
5 And I suppose that's it. Thank you.

6 (Applause.)

7 MS. HENRY: This is going to be real
8 short. There was a physician that was talking about
9 the continuity of care, and this is people coming to
10 primary care, I stated primary care because that's
11 what I was exposed to. However, as a patient when I
12 was on active duty, and it wasn't because I was in a
13 war situation or combat situation, but when I was in
14 the hospital, I think people, whether they're
15 patients or family of patients that's injured, they
16 may like to have an option versus traveling two hours
17 to come here and have surgery versus -- maybe some
18 where closer to their facility that can do the same
19 type of surgery.

20 I'm not a surgeon. I have no idea about
21 that. All I'm saying is, sometimes, if we inform our
22 patients and give them options, we're talking about

0066

1 adults who have gone through hell and back, maybe if
2 an option that would make them more comfortable to
3 get the care that they need as a stepping stone to
4 get their world back together again, not only their
5 world, but their family's world, it may be something
6 that we need to take into consideration also, not
7 just the structure of the person's body, but their
8 soul and their spirit and getting them both mentally
9 and physically back on their feet and living their
10 lives appropriately.

11 AUDIENCE MEMBER: Well-spoken.

12 MS. OLSON: Thank you. I apologize
13 for -- I wasn't aware there was a meeting going on
14 here today. I'm only covering my colleague. I'm a
15 case manager at Walter Reed Medical Center Family
16 Assistance Center. I'm not only a case manager, but
17 I'm also mother of a --

18 HONORABLE WEST: Can you give us your
19 name?

20 MS. OLSON: Sema Olson. I'm sorry, this
21 is very emotional for me because this is bringing
22 back memories. Like I said, I'm not only a case

0067

1 manager, I'm a mother of a double amputee. I spent
2 15 months at the Malogne House, and my son had great
3 service through his physicians. There were some good
4 nurses, but there was some bad nurses. I just want
5 to share some of the experiences that we had. It
6 took four people to get a bedpan under my son, and
7 nurses were very rough with him, they rolled their
8 eyes and they shushed him.

9 when he would call for nurses, they
10 wouldn't come. He ended up soiling himself. At one
11 time, they left him on the commode for four hours.
12 At his first outing after being in-patient for six
13 months, I took him out to dinner, and when we came
14 back, he was in a lot of pain, and he needed to get
15 out of his wheelchair and get into his bed

16 immediately.
17 But because he didn't call the lieutenant
18 nurse "sir," he was not given his pain medication,
19 and he was not moved to his bed. We went through a
20 lot, and I'm just glad that things are going to be
21 changing, and I'm hoping that things are going to
22 change. The 15 months that I spent there -- I'm one

0068

1 of the mothers who adopted other soldiers without
2 families.
3 I did shopping for them, I bought food for
4 them, I did whatever I could, and I helped other
5 families find their way, and I found my calling.
6 That's why I started working at Walter Reed Family
7 Assistance Center, after being at Walter Reed for six
8 months, I was homeless because I lost everything to
9 be here with my son. I stayed with other wounded
10 soldiers' mothers for six months until I heard of
11 this position being opened.
12 And I'm very grateful for my job, first
13 time in my life I found a job that I love because I
14 love helping soldiers and their families, they are
15 all my heroes, they all have sacrificed a lot for our
16 country, for our freedom. They deserve the best,
17 treatment with respect and dignity. I know I can't
18 force compassion into people, into the nurses, but I
19 only ask that they receive the treatment with the
20 respect and dignity that they deserve.
21 Thank you for your time.
22 (Applause.)

0069

1 THE MODERATOR: Do we have other comments
2 from the floor? Those of you that made additional
3 comments from the floor, would you please step
4 forward after we are concluded today, so we may have
5 the right spelling of your names?
6 HONORABLE WEST: Are we missing anybody?
7 I can't see from the lights.
8 THE MODERATOR: I don't see any other
9 hands.
10 HONORABLE WEST: Go ahead, Holly.
11 THE MODERATOR: Excellent. Thank you.
12 HONORABLE WEST: Very well. All right.
13 Unless we have other comments from the -- my co-chair
14 is going to close us out, I'll let him say it.
15 HONORABLE MARSH: Well, thank you,
16 Mr. Chairman. And on behalf of the panel, I would
17 like to thank each one of you for being here today
18 and for sharing with us the experiences that you had
19 because we hope and are confident that in sharing
20 those experiences that we'll be able to achieve the
21 kinds of remedies and assistance and support that the
22 medical community needs.

0070

1 I am a veteran of World War
2 II, of both enlisted and commissioned service. Our
3 two sons were in combat in the first Persian Gulf

4 war, one of them a doctor, would later be terribly
5 wounded in Somalia. And so I know, firsthand, what
6 families mean to those who are wounded, and I think
7 there's a failure in our society to appreciate the
8 role that families play in the recovery and care of
9 those who served in our armed forces.

10 It is absolutely essential, and our
11 report, I can assure you, will stress the role that
12 are played by families in rehabilitation and care of
13 those who are wounded in service. It's the very
14 least that we can do. These people put their life on
15 the line for us. And you're dealing with a panel
16 here who shares the views that I'm expressing.

17 So on behalf of the entire panel, I would
18 like to thank both the staff of Bethesda Hospital and
19 all of you who are here today, and I hope you will
20 stay in touch with us, and we want to continue to be
21 in touch with you. Thank you very much.
22

0071

1 (whereupon, at 2:58 p.m., the Open Meeting
2 of the Independent Review Group was concluded.)
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Acronym List/Glossary

A76 - Office of Management and Budget Circular providing guidance
relative to performance of commercial activities within
federal organizations

CO - Commanding Officer

CT - Computerized Tomography Scan

DoD - Department of Defense

GS - General Schedule (Civilian)

HMO - Health Maintenance Organization

IED - Improvised Explosive Device

IRG - INdependent Review Group

MEB - Medical Evaluation Board

MRB - Medical Review Board

NIA - National Institutes of Health

NNMC - National Naval Medical Center

OR - Operating Room

PEB - Physical Evaluation Board

PRB - Physical Review Board

TBI - Traumatic Brain Injury
Telecons - Telephone Calls
VA - Veterans Administration