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1 OPEN MEETING
2 INDEPENDENT REVIEW GROUP
3 SUBCOMMITTEE OF THE DEFENSE HEALTH BOARD
4 JOEL AUDITORIUM, 6900 GEORGIA AVENUE, NW
5 WALTER REED ARMY MEDICAL CENTER
6 WASHINGTON, DC 20307
7 TUESDAY, MARCH 13, 2007
8 1:33 - 4:28
9

10 BEFORE THE MEMBERS OF THE INDEPENDENT REVIEW GROUP

11
12 The Honorable Togo D. West, Jr., Co-Chair
13 The Honorable John O. Marsh, Co-Chair
14 The Honorable James Bacchus
15 The Honorable Joseph Schwarz, M.D.
16 Mr. Arnold Fisher
17 General John Jumper, USAF (Ret)
18 Lt Gen Charles (Chip) Roadman, USAF (Ret)
19 Rear Admiral Kathleen Martin, USN (Ret)
20 Command Sergeant Major Lawrence Holland, USA (Ret)
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1 HONORABLE Roger L. Gibson: Ms. Embrey, the
2 Designated Federal Official for the Board is --
3 for the Defense Health Board, which is the parent
4 board for this Independent Review Group, is
5 unavoidably delayed. She will be here in the next
6 few minutes. She asked that I call the meeting
7 to order in her place.

8 As the alternate Designated Federal
9 officer for the Defense Health Board, a
10 Federal Advisory Committee to the Secretary of
11 Defense, I hereby call this meeting of the
12 Independent Review Group to report on
13 rehabilitative care and administrative processes
14 at Walter Reed Army Medical Center and
15 National Naval Medical Center, a Defense Health
16 Board Subcommittee, to order.

17 Secretary Marsh.

18 HONORABLE MARSH: Thank you very much,
19 Colonel, Chairman West and very distinguished
20 Panel. I would like to thank all of you for your
21 attendance here today.

22 We seek your advice and your counsel

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1 to address what has been and is a critical issue
2 that we hope to be able to shed some light on it
3 and reach a resolution of it.

4 We were activated by the Secretary of
5 Defense less than two weeks ago. I think it was
6 on the 1st day of March. And since then, a number
7 of visitations have been held to medical
8 facilities. This is an opportunity for you to
9 express your views and your opinions on the course
10 that we need to take.

11 We were established by the
12 Secretary of Defense to find and identify
13 shortcomings, seek opportunities to improve on

14 those shortcomings, looking particularly at
15 rehabilitative care, the administrative process or
16 bureaucracy that's associated so frequently with
17 administration, quality-of-life issues that relate
18 to not just the soldiers, but to the soldiers'
19 families. And the soldiers' families are a very, very
20 important ingredient of our concern.
21 Also, we will look at other issues
22 that may present themselves as we move through

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1 these deliberations.
2 But let me introduce to you the Panel
3 and give you just a few short words about their
4 background and their qualifications.
5 The cochair is Togo D. West, Jr., Army
6 veteran, secretary of the VA and also former
7 Secretary of the United States Army, a lawyer. He
8 is providing very firm and helpful leadership to
9 this effort.
10 We have a former Congressman from
11 Michigan, Joe Schwarz, Dr. Joe Schwarz,
12 he served in the United States Navy as a
13 medical officer and served on the Armed Services
14 Committee of the House of Representatives.
15 We're also very fortunate to have
16 another former Congressman from Florida,
17 Jim Bacchus. Jim Bacchus is well-known
18 in law and particularly international law circles
19 and he has been very, very active already on the
20 Committee.
21 For insights into military medicine,
22 we have General Chip Roadman, who is the

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1 former Surgeon General of the United States
2 Air Force.
3 We have from the Navy, Rear
4 Admiral Kathy Martin, who was a Deputy
5 Surgeon General of the United States Navy
6 and I believe was the commanding officer of
7 Bethesda, if I'm not mistaken.
8 There is General John Jumpers, the
9 former chief of staff of the United States
10 Air Force.
11 And we have, in addition to that, an
12 individual whose name is almost legendary,
13 Arnold Fisher of the Fisher House.
14 So we're very pleased to be here, and
15 at this time, we'll proceed.
16 Mr. West, do you have some comments?
17 HONORABLE WEST: No, I think we can
18 we can proceed as you have outlined.
19 HONORABLE MARSH: Now, Holly Mann, our
20 moderator --
21 THE MODERATOR: Yes, sir, thank you.
22 HONORABLE MARSH: -- she will lay out

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1 some of the ground rules and procedures.
2 THE MODERATOR: Excellent. Thank you
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3 again. Welcome to today's meeting.
4 Obviously, today's meeting has been
5 organized to allow for the maximal time for all of
6 your comments, and we would like to ask those
7 individuals who have previously registered or
8 signed in to speak first. I have that list and I
9 will be calling those individuals one by
10 one.
11 They will address the Panel either
12 coming to the microphone or we will bring the
13 microphone to you, whichever is most convenient.
14 Once those who have previously registered have
15 had a chance to address the Panel, we will allow
16 those who wish to address the Panel here in the
17 audience who may not have previously registered.
18 We ask that if you do address the
19 Panel at any point during today's meeting and you
20 have not signed in at the attendee table, please
21 do so before you leave this afternoon.
22 Please be courteous of our time here

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1 together. We ask that anyone addressing the Panel
2 take five minutes to do so. During that time,
3 I'll be happy to hold a friendly reminder that
4 one minute is still remaining.
5 There are several different additional
6 opportunities to address the Panel. We want to
7 make sure that we capture all the comments that
8 you have to give to the Independent Review
9 Group.
10 Those additional opportunities include
11 a one-on-one engagement or opportunity following
12 this meeting with any of the Panel members. We
13 ask that if you are interested in speaking with
14 these Panel members one-on-one following this
15 meeting, that you do register today at one of
16 the attendee tables, and there you will receive
17 further instruction.
18 Additionally, there are also handouts
19 available at the attendee table that list the
20 group's web site and hotline. Please make
21 comments through both of those avenues. They've
22 been supplied to assist you. We want to capture

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1 as much of what you have to tell us as we're able
2 to do so.
3 Additionally, please be advised that
4 this meeting is being recorded and it is also
5 being transcribed. Spanish interpretation and
6 sign language interpretation are available
7 upon request.
8 Additionally, for those who are
9 unable to reach the microphone, we will make every
10 accommodation possible.
11 Again, thank you, and we will begin
12 our comments.
13 HONORABLE WEST: Holly, if I may just
14 before you start, let me make an addition to what
15 you said.
16 The point here is not our rules, it is

17 that you have an opportunity to communicate
18 whatever you have to communicate to us. So when
19 she says that we want to get from you as much
20 as we can, what we really want from you is as
21 much as you have to tell us.
22 And so the additional opportunities

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1 that were described, one-on-one meetings or to get
2 in touch with us and let us know you have more to
3 say, are designed to make sure that if, for
4 some reason, you are not able to get it all said
5 or you do not want to say it all here in this group,
6 you still have an opportunity simply by
7 letting us know either for a private opportunity
8 to see us one-on-one or in a smaller group.
9 You simply need to say it.
10 If, then, you find that your time is
11 down to your last minute and there's more
12 you want to say, do not let that stop you
13 from following up with us later. We will make
14 ourselves available to you.
15 So I hope you understood that that was
16 designed to give you a chance to tell us
17 everything, even if it ends up having to be a
18 follow-on opportunity.
19 Thank you, Holly.
20 THE MODERATOR: Thank you.
21 HONORABLE MARSH: Holly, you can
22 identify the first speaker.

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1 THE MODERATOR: Yes, sir.
2 Martin F. Cody will be our first
3 speaker.
4 MR. CODY: Good afternoon.
5 HONORABLE WEST: Welcome, sir.
6 MR. CODY: It's a pleasure to meet the
7 Panel and I'm glad that you're here. The last
8 time I was here was to object to the merging of
9 the -- of this wonderful medical facility with
10 Bethesda, and I hope --
11 HONORABLE MARSH: If I could break in,
12 would you identify yourself and your organization?
13 MR. CODY: My name is Martin Cody, I'm
14 U.S. Navy retired and I'm a resident for 12 years
15 of the Armed Forces Retirement Home.
16 And I want to speak to you about our
17 medical problems over there, but first I wanted to
18 salute Cochairman Marsh for his comments in
19 The Washington Post where he said he thought that
20 Walter Reed might be underfunded or
21 underresourced. Yes, I think you're right.
22 I use their services here. They're

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1 wonderful people, but they are underfunded and
2 underresourced.
3 The Armed Forces Retirement Home uses
4 the services here, and our medical staff is being
5 reduced and, therefore, we are forced to come over

6 here for services, which we don't really have any
7 other recourse.
8 So the purpose of my comments is to
9 invite the Panel to spend an afternoon at the
10 Armed Forces Retirement Home, because we have
11 significant medical, health and welfare problems
12 at the soldiers' home. So we need a separate
13 visit by this Panel to the soldiers' home.
14 There are 1300 members. The
15 healthcare is declining. The dental care is
16 disappearing, and the death rate, literally, has
17 doubled since we've gotten civilian management.
18 we used to have eight deaths a month; we now have
19 16. No longer can we get the statistics; we don't
20 get any figures about the death rate.
21 Yesterday, I buried a good buddy who
22 was spokesman for the class action lawsuit which

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1 we have versus Rumsfeld and Timothy Cox. I am now
2 the spokesman for that group because I'm still
3 alive. We buried Bud Rutherford yesterday.
4 For anyone who would like to know
5 about the lawsuit, you can read his obituary in
6 the February 24th issue of The Washington Post.
7 It describes a class action suit against DoD for
8 declining medical care and dental care.
9 I don't know what else to say beyond
10 that, except we have 1300 veterans of all
11 branches, Navy, Army, Air Force, Marines, who are
12 getting second-class service.
13 Why not come over and visit us? Have
14 lunch, I invite you to have lunch. I'll pay the
15 bill. And also, I invite you to see the nursing
16 facility that was just sold to a private investor
17 as a hotel.
18 We have a 400-bed facility, which has
19 just been sold off. It cost \$29 million and the
20 civilian management has just sold it as a hotel,
21 along with 50 acres of precious land, which never
22 should have been sold. Fifty other acres was sold

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1 to Catholic University. We didn't want that sold
2 either. It was sold at \$10 million under the
3 market price as far as we can tell.
4 So there's a lot of shenanigans going
5 on, to use an Irish term since we're coming close
6 to St. Patrick's Day. And I think you should be
7 aware of this, because these troops, 1300 men and
8 women who've served honorably, have no spokesman.
9 Our official spokesman died yesterday,
10 Bud Rutherford, and I dedicate this talk to him
11 and invite you to come over and visit us.
12 Chairman Marsh, Chairman West, please
13 come and visit the Armed Forces Retirement Home.
14 I would like to give you some papers
15 to document our legal -- our lawsuit, if I may
16 describe the medical difficulties we're having.
17 Thank you for your attention.
18 HONORABLE MARSH: well, thank you for
19 your statement. We appreciate it very much.

20 MR. CODY: These are the documents
21 which I'd like to give you along with Bud Homer's
22 obituary.

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1 HONORABLE WEST: Thank you, sir.
2 MR. CODY: Thank you.
3 THE MODERATOR: Our second speaker is
4 Timothy Lott.
5 MR. LOTT: Hello, Ladies and Gentlemen
6 of the Panel. I'd like to thank you for this
7 opportunity to speak.
8 On 2 January, I was stuck -- I'm
9 Specialist Timothy Lott. I'm with the 198th MPO,
10 I was injured in Afghanistan.
11 On 2 January, I was put on a civilian
12 flight to Walter Reed. They stuck me in the
13 airport in Frankfurt for four hours and then they
14 put me on a plane. When I landed at Dulles,
15 nobody knew I was here. Germany had failed to
16 contact Walter Reed and let Walter Reed know that
17 I was coming.
18 Once I got to Walter Reed, I contacted
19 the ADO desk. They were Johnny-on-the-spot. They
20 got me housing that night. The next morning,
21 Lieutenant Colonel Patricia Steven-Blake, she
22 addressed the issue. She'd seen me, got me to a

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1 doctor, she held a staff meeting saying this needs
2 not to happen to soldiers.
3 You know what's failed to have been
4 said during all this bad press that's been going
5 on is that Walter Reed is not as bad as it's being
6 portrayed in the media. You know, yes, there's
7 issues with the MEB Board process, there are
8 issues, but that's been ongoing for years. It's
9 not exclusive to Walter Reed.
10 There was a five-day period where I
11 wouldn't eat because I was in pain. My chain of
12 command, including my platoon sergeant, my social
13 worker, my case manager, sergeant major and the
14 company commander found out about it. I got
15 several calls telling me that they would come and
16 give me breakfast, lunch, dinner and, if I wanted,
17 a midnight snack. They would come out of their
18 own homes on their personal time to get me food.
19 You know, that's going above and
20 beyond what they're asked to do here, but that
21 didn't make it into the press either.
22 You know, we held a press conference

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1 last week to -- you know, because there's families
2 at home that their children are being hit and they
3 get a call not only from DA saying, okay, your son
4 or daughter has just been hit, but they're going
5 to Walter Reed, okay.
6 If you're a family member sitting at
7 home, not only are you upset because your child
8 has just been injured, but you're scared to death

9 because they're going to Walter Reed and you've
10 heard all kinds of bad issues going on here.
11 You know, I'm not denying that there's
12 problems with the bureaucratic red tape. I'm not
13 saying that. What I'm saying is, is it's not
14 exclusive to Walter Reed. And in the
15 Congressional hearings, they failed to -- to point
16 that out. There was no opposing point of view.
17 You know, I listened to
18 Specialist Duncan speak and they asked him had he
19 been retaliated against. And he said, well, yes,
20 they made me move from Building 18 to 14. That's
21 what he wanted. He said that outside after the
22 Congressional hearing when I spoke with him. I

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1 asked him, I said, so did they not give you
2 opportunities to move? He said, yeah, four weeks
3 before the Post broke the article, they gave him
4 an opportunity.
5 He turned it down because it was too
6 big of a hassle and he might lose cable TV or
7 Internet access. Well, you know, if the black
8 mold was that bad, I think I would move and there
9 would be a bigger issue.
10 You know, I just -- I think it's time
11 that both sides of the story get out to calm the
12 families at home and let people know it's not as
13 bad as being portrayed here. I've only been here
14 five months, and that's what I constantly hear.
15 Well, you haven't got to that process yet; you
16 haven't got to the MEB Board process.
17 Well, the only bureaucratic -- the
18 TSGL program -- the application, my social worker
19 has explained to me, they have helped me get
20 supporting documents. Well, that eases me a
21 little bit. Whenever I get ready to start my
22 MEB Board, I'm as not scared as what you might

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1 think, because I've got a good social worker.
2 I have an excellent chain of command
3 and I just -- I do not feel that it's as big of an
4 issue as needs to be. This did not need to get to
5 where it's at today. It could have been handled
6 internally.
7 And I just -- I think that that needs
8 to be addressed, that it should have stayed at the
9 lower level.
10 Thank you for your time.
11 HONORABLE MARSH: Thank you very much.
12 Do you know a member of our Panel who
13 has done so much in reference to the soldier is
14 our Command Sergeant Major Holland. And he has
15 been a tremendous source of -- of help and
16 information on the soldier and soldiers' needs and
17 has talked to many of those people. And we thank
18 you, Sergeant Major, for that.
19 Holly.
20 HONORABLE WEST: Before we go on,
21 Specialist Lott, thank you both for your service
22 to the country and thank you for coming here to

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1 speak today.
2 Acknowledging that, I do have to ask
3 you the question I think is on the minds,
4 obviously, of every member. And I think I know
5 what your answer will be, but I will ask it
6 nonetheless.
7 Did anyone ask you to come here and
8 say these things today?
9 MR. LOTT: No, sir. When we held the
10 press conference, that was the big thing, too, the
11 media said were you coached by the Army, did
12 Walter Reed -- no, we have done it on our own
13 accord. I'm doing this on my own accord. I
14 haven't been coached or anything, because I
15 just -- I'm sticking up for -- this is -- this is
16 my home right now. I'm sticking up for my home.
17 HONORABLE MARSH: How long have you
18 been in the Army?
19 MR. LOTT: I've been in the Army for
20 four years, sir.
21 MR. CODY: I wanted to thank C-SPAN
22 for announcing this meeting, because there was

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1 very little publicity. I saw it on C-SPAN at
2 11 o'clock last night. So thanks to C-SPAN.
3 THE MODERATOR: B. J. Fischbach --
4 HONORABLE MARSH: Does anyone have
5 questions of the Sergeant?
6 HONORABLE WEST: No. Thank you for
7 your service.
8 MR. LOTT: Thank you.
9 MR. FISCHBACH: Good afternoon
10 distinguished guests. My name is
11 Sergeant Fischbach, Army National Guard of
12 Maryland, 243rd engineer unit.
13 Yeah, I understand what this young man
14 is saying over here. And I say "young" because
15 I'm 54. I'm an old -- I should have never
16 volunteered, but my engineer unit, when they got
17 called up, I wanted to go with them. I knew a lot
18 of those young soldiers.
19 And I'm very fortunate because I'm
20 standing in front of you today, whereas, four of
21 them, I've had to go to Arlington to put away, and
22 one very close to my heart, a young man, 25, who

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1 received the Silver Star and Purple Heart saving
2 another one of my friends out of a burning
3 vehicle.
4 Yeah, I've been here a year longer
5 than -- than he has and, yes, the medical care,
6 the doctors are fantastic. I've had excellent
7 physician care and nurses, but there are -- there
8 are problems. And, you know, he's only been in
9 the Army four years and so forth. I've been in
10 over 20 and in September I'll have been here
11 2 years under repair.

12 There's -- it's mainly administrative
13 things. He said that, you know, he went through
14 his chain of command. Well, I'm from the old
15 Army, like a lot of you older veterans up there,
16 where you suck it up, you don't make waves. That
17 was my Navy time.
18 So, you know, we -- I put in -- when I
19 transferred here, of course, nobody knew I was
20 coming. I was getting on a plane, I had an
21 operation on my knee where they took a meniscus
22 out. I was in a wheelchair, on crutches, I was

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1 sent with my two duffle bags that I was supposed
2 to transport, which I did, I got them here, I got
3 myself here. It was no easy task.
4 Then Walter Reed didn't know I was
5 coming. There was message sent here, but there
6 was nothing in place to sponsor somebody coming
7 here from another soldier.
8 I checked in -- I came to the front
9 desk because that was the first place I saw, and
10 they gave me a map I couldn't read. So trying to
11 find places on base to check in, where to go, and
12 nobody knew where T2 was, which is the medical
13 holdover unit, nobody knew where that was, you
14 couldn't find it on the map. I made it to where I
15 needed to go because persistence does pay off.
16 A lot of the -- you know, I've had two
17 surgeries here, one elbow, one heart, and it's
18 been, you know, like I said, the nurses and the
19 care, but I do have to say that some of the
20 hygienic conditions postsurgery while I was still
21 laid up in ICU for, like, five or six days after
22 the heart, yeah, I did see things like needles

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1 dropped on the floor and -- you know, but -- and I
2 did pick up the -- the hospital bug that they
3 called CDIF, which is horrible, you know, and
4 you're hooked up to all of these tubes and -- but,
5 you know, I'm through all that.
6 And there are many excellent
7 administrative people here also; but on the other
8 hand, as you work through this whole system, you
9 become more and more frustrated trying to get
10 things done.
11 And up until this point -- I mean, I
12 just had the heart surgery January 3rd, and as
13 soon as I came back from convalescent leave, since
14 my packet had been in for MEB Board, immediately I
15 was pushed -- let's go, let's go. You know, my
16 chest is hurting -- and it still is, but, you
17 know, that's part of the recovery process. I'm
18 not 20; I'm 54.
19 So, you know -- and I volunteered.
20 You know, I wanted to go to fight for this
21 country. I feel strongly about it.
22 So the care, like I said, has been

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1 excellent. It's just the administrative things
2 and this MEB Board and Physical Evaluation Board
3 is a total sham with the soldiers that end up
4 going there.
5 I was checked out by my state before
6 mobilization, went through all the physicals and,
7 you know, the PT tests and all that, and nothing
8 was wrong with me. I had never been on a pill in
9 my life, except for some vitamins I took. Now,
10 I'm on like 13 medications.
11 But I go to the doctor who evaluates
12 me for medical board, the broken pieces in my arm,
13 the crushed disk in my -- that's all
14 preexisting -- that's preexisting. I don't know
15 how it was preexisting. I made it through that
16 and I made it, you know, through three months of
17 Indiana summer heat mobilization training with
18 100 pounds of gear on running around in 115-degree
19 weather.
20 So that upsets me a little bit, and
21 that's one of the problems we got here that if you
22 didn't have on your LOD -- the only reason I had

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1 an LOD is because I totally tore the meniscus in
2 my knee. I didn't go -- you know, I sucked it up
3 like old school.
4 Finally, my platoon leader saw that my
5 knee, every day, was the size of a grapefruit and
6 sent me to medical to get it evaluated. And
7 that's when I found out I had a torn meniscus.
8 And all I wanted to do is have the surgery, get
9 done and catch up with my guys.
10 There was a lot of young guys that I
11 was worried about and I wanted to be there for
12 them. And as it turned out, the surgery was
13 screwed up, so that's how I transferred here.
14 And since that's not on the LOD, I'm
15 getting a hard time being told everything is
16 preexisting. So that's one of the major problems
17 I'm having. And some of the administrative places
18 that you have to go for this, that -- you do a lot
19 of running around here.
20 So, you know, sometimes it's hard on
21 me. A lot of the things are that the medications
22 I'm on, my memory is not so good, I take a lot of

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1 Neurontin, which screws with my memory, and trying
2 to remember what to do day to day is a little
3 tough.
4 So those are the things that I'm
5 interested in seeing taking care of and there's --
6 there's many other things, but that's probably the
7 top of my list.
8 But let me say, I -- I love my
9 country, I enjoyed serving it, and, you know, I'd
10 love to go back to full-time duty, but physically,
11 I can't.
12 Thank you.
13 HONORABLE MARSH: Thank you. I
14 appreciate your presence here.

15 Any questions from the Panel?
16 HONORABLE SCHWARZ: I do.
17 Sergeant Fischbach, what was the
18 nature of your initial injuries, just briefly?
19 MR. FISCHBACH: A torn, separated
20 meniscus. Separated meniscus in the right knee.
21 HONORABLE SCHWARZ: Okay. And what
22 was the indication for the heart surgery?

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1 MR. FISCHBACH: They found it by
2 accident. My --
3 HONORABLE SCHWARZ: So you had
4 coronary artery disease or valvular disease?
5 MR. FISCHBACH: Well, I had two
6 blocked arteries that showed up.
7 HONORABLE SCHWARZ: Okay. So you had
8 bypass surgery done or stenting or what?
9 MR. FISCHBACH: Yes. They tried a
10 stent and it didn't work and then they did the
11 open heart.
12 HONORABLE SCHWARZ: The condition
13 that -- that -- for which you -- you showed up and
14 were admitted to Walter Reed was the meniscus, is
15 that correct, sir?
16 MR. FISCHBACH: That's correct, yes,
17 sir.
18 HONORABLE SCHWARZ: Thank you.
19 MR. FISCHBACH: Yes, sir.
20 HONORABLE BACCHUS: Sergeant, the
21 question -- first of all, thank you very much for
22 volunteering your service to our country. It's

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1 much appreciated by all of us.
2 A question I have is this: You made
3 several references to the fact that you, like me,
4 are in your '50s and a little older than some of
5 the other soldiers.
6 In terms of the challenges you're
7 confronting at this stage in your recovery, do you
8 think that one of the issues we should be aware of
9 is the fact that a number of our wounded veterans,
10 nowadays, are older and in their 40s and 50s?
11 Do you see a difference in the
12 challenges you face and in the challenges faced by
13 those who might be, say, half your age?
14 MR. FISCHBACH: Well, yes, sir. I
15 hate to admit that, but, you know, because I
16 know --
17 HONORABLE BACCHUS: You're younger
18 than I am, Sergeant, so --
19 MR. FISCHBACH: -- this was -- okay.
20 Yeah, the challenges are a little -- of course,
21 like I said, I don't want to admit that because
22 when we did our first PT, I showed up a lot of

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1 those kids that were 20, so -- and nobody wants to
2 admit they're getting old and, you know, the aches
3 and pains that show up with age. Like I said, you

4 know, you just suck it up.
5 So, you know, trying to follow the
6 chain of command here -- I complained about
7 Building 18, but I let it go through the chain
8 hoping that some day this would be resolved.
9 And, yeah, I think the older guys
10 definitely are facing a little -- only because of
11 our age, that's it. And it takes us longer for
12 our bodies to recover from damage than, say, a
13 20-year-old. And some of that -- and I get
14 exhausted some days running from Building 11 back
15 to Building 6, back over here for something else
16 and then back over there for something else.
17 So the challenges are a little bit
18 more for us older guys, even though we don't want
19 to admit it. You know, men, hard heads, so --
20 MR. FISHER: I'm 74 and I've had open
21 heart surgery three times. Stay with it. You can
22 live a long time.

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1 (Laughter.)
2 MR. FISCHBACH: I plan on it, sir.
3 And the work that your family has done is
4 fantastic, Mr. Fisher.
5 GENERAL JUMPER: Let me ask you a
6 question. Do you have the support in the chain of
7 command and people assigned to you to help you
8 through these administrative challenges or are you
9 sort of dealing with this all on your own?
10 MR. FISCHBACH: A lot of it -- yes,
11 you are assigned a case manager, you are assigned,
12 you know, a platoon sergeant. I've been through a
13 couple of those and some good, some bad. You
14 know, it's -- that's the -- you know, the crux of
15 things. There are some very good people and then
16 there's some dead wood here.
17 I don't want to point at the civilian
18 population that works in the offices, but a lot of
19 them just don't really care about us. And there
20 are others that are just fantastic. I haven't
21 really run into hardly any of the actual military
22 people that have taken care of me.

0031

1 GENERAL JUMPER: But in this board
2 process, you don't have anybody advocating for
3 your problems that you're trying to address?
4 MR. FISCHBACH: Well, not -- not
5 really because it's -- the status quo up until
6 now, until all of this was brought to light, was
7 that, you know, a thing called a PEBLO was
8 supposed to -- of course, they inundate you with a
9 large book with all these rules and regulations
10 and you've got to go get this, you've got to go
11 get that, you've got to get this.
12 And unfortunately, my state hasn't
13 even bothered to come down and see me in
14 two years, along with a lot of other soldiers.
15 We've been left here and forgotten. We've had no
16 contact with our unit and they've paid no
17 attention to us.

18 So trying to catch up with some of
19 these things -- and I find that mainly with other
20 National Guard soldiers that I'm running into, not
21 just myself, and many other people from the 243rd
22 engineer unit that have been down here, the same

0032

1 problem with them also.
2 It's -- you know, sometimes -- I'm at
3 the point right now I'm so frustrated, I'm trying
4 to keep things straight in my head. Like I said,
5 a lot of the medications really affect my memory
6 and my -- actually, my energy right now. I've had
7 the open heart, I don't feel better yet --
8 GENERAL JUMPER: Yeah.
9 MR. FISCHBACH: -- I'm doing my
10 walking like I'm supposed to. I'm trying to get
11 back up to speed as fast as possible. And I'm,
12 you know, facing the Medical Board and I just
13 don't know what's going to happen there. So --
14 GENERAL JUMPER: Thank you for your
15 service.
16 MR. FISCHBACH: Thank you all.
17 LT. GENERAL ROADMAN: Sergeant Fischba
18 ch, you said you arrived here and no one knew you
19 came. Did you come in by civilian air or how did
20 you get here?
21 MR. FISCHBACH: Yeah. I -- I flew
22 back from Camp Atterbury, Indiana, because they

0033

1 did the surgery -- my first surgery on my knee was
2 at Fort Knox, and now our mobile station was
3 Camp Atterbury where we moved from.
4 And, yes, I flew here -- jeez, I
5 think -- I can't remember whether I paid for it or
6 the Government paid for it. I -- but I had orders
7 transferring me here. And that was just a bit of
8 a cluster you know what.
9 When I walked in the front door here
10 trying to find -- you know, totally -- first, just
11 trying to find out how to park was a big obstacle
12 right off the bat, and the rest was just trying to
13 find places.
14 There was nobody to guide you, meet
15 you, the map that they gave you couldn't even read
16 it. So you just -- you just do what you do.
17 LT. GENERAL ROADMAN: From your
18 sending base, you were either given a ticket or
19 orders just for reporting?
20 MR. FISCHBACH: Right, they -- they
21 did give me the ticket, yeah, and just report to
22 Walter Reed.

0034

1 LT. GENERAL ROADMAN: I see. Thank
2 you.
3 MR. FISCHBACH: That's it.
4 HONORABLE MARSH: Thank you.
5 MR. FISCHBACH: Yes, sir.
6 HONORABLE MARSH: Holly.

7 THE MODERATOR: Cathy Lazzell.
8 MS. LAZZELL: Hi, my name is
9 Cathy Lazzell and maybe I can add a little bit
10 different perspective to this, although being on
11 camera makes me extremely nervous, and I never had
12 any intentions of going through anything like this
13 before.
14 And I'm not one to complain. We have
15 six kids and two grandchildren and, you know, I
16 work full-time. My husband was injured last year.
17 He came back from Kuwait and we had a really very
18 difficult -- oh, okay -- it's been really rough,
19 okay, it's been very tough.
20 When my husband flew in from Germany
21 with a back injury, he was in excruciating pain.
22 He was on a civilian flight and, when he got off

0035

1 of that airplane, there was nobody to pick him up.
2 My daughter and my son drove from our
3 home in west Virginia, picked him up from the
4 airport and brought him to Walter Reed. There was
5 also another soldier there who had been
6 stranded -- another wounded soldier who had been
7 stranded in the same kind of situation, so we gave
8 them -- or my daughter and my son gave my husband
9 and the other soldier a ride here to Walter Reed.
10 They had no idea where to go or what
11 to do. There was no place for them to stay.
12 From west Virginia, I got on the cell
13 phone and started calling hotels all around the
14 D.C. area, because this was at night, trying to
15 find a room for my husband and my kids to stay in.
16 I finally got a room put on my credit
17 card for two weeks, and that's what had to happen.
18 There was nothing else -- we had no idea what to
19 do.
20 Finally, I got here and it's just been
21 very difficult trying to help my husband -- I
22 don't know why this is making a noise -- help my

0036

1 husband to recuperate. He's supposed to be
2 assigned here at Walter Reed.
3 I don't know what I'm supposed to do.
4 Are we supposed to sell our house in west Virginia
5 and move here? Was I supposed to, you know, quit
6 my job and uproot my whole family to move here to
7 help my husband recuperate? You know, what are we
8 supposed to do? I don't know. And it's been very
9 difficult.
10 So he's trying to retire now and,
11 hopefully, you know, we'll get him home soon
12 and -- and get on with our lives. But even the
13 retirement process is -- is very difficult. He
14 submitted his retirement letter 14 February, and
15 it's still floating around this hospital
16 somewhere. It hasn't even gone on to DoD.
17 So that's just another part of -- of
18 the -- you know, there's just endless forms and
19 endless paperwork and going from this office to
20 that office, well, you know, sometimes you just

21 feel like giving up.
22 You know, I've got other things I need

0037

1 to take care of. I've got to take care of my
2 husband and my children, and I don't really have
3 the time or the energy or the strength left in me
4 to deal with -- with all of this here. I just
5 want to go home.
6 That's all I have to say.
7 HONORABLE WEST: Where are you staying
8 now?
9 MS. LAZZELL: Right now, this week,
10 we're staying in a hotel. We're staying at the
11 Hilton. And I don't know if we're going to be
12 reimbursed for that or not; probably not. We
13 tried to get reimbursed for the expenses, you
14 know, along the way, like the hotel bill last
15 year.
16 It's been over a year. We got -- Bob,
17 did we -- did we -- we got like a little bit of
18 something back -- I don't even know. I'm still
19 paying on that, so --
20 HONORABLE MARSH: Any other questions
21 here?
22 GENERAL JUMPER: Yes.

0038

1 Do you have anyone helping you through
2 this, anyone advocating for your issues that
3 you're dealing with or is there anyone from the
4 hospital assigned to help you through these things
5 at all?
6 MS. LAZZELL: I --
7 LTC LAZZELL: Gentlemen, I'm
8 Lieutenant Colonel Robert Lazzell. This is my
9 wife. And I didn't want to pick this microphone
10 up, I'm like Sergeant Fischbach down there, I'm an
11 old soldier and I just go and do. I've been
12 taking care of soldiers my whole life, and I don't
13 like to have help and I don't like to need help,
14 and I just kind of guess I did.
15 Maybe it was my fault for not stepping
16 forward and asking for more help; but, yes, there
17 are people here who try to help. Some know what
18 they're doing, some don't. I think the majority
19 that I've dealt with have tried to do the right
20 thing.
21 I've had two case workers -- you know,
22 you feel like you're on welfare when you say that,

0039

1 but I've had two case workers and they tried to do
2 what they were supposed to do, but I don't think
3 they're trained to do what they're supposed to do
4 so.
5 The first one I had had -- this was
6 their first experience with the Army, didn't even
7 know what the rank structure was, didn't know how
8 to deal with who was who and where to find things.
9 And they -- they weren't indoctrinated into

10 walter Reed either.
11 So to ask them where I need to go when
12 I needed to do things, it's not their fault they
13 don't know; they were never told. So -- and she
14 left midway through the time I was here and I got
15 a new one. And she's doing the best she can, too.
16 So they're trying to help.
17 But they hit the same stonewalls I do.
18 I'm a lieutenant colonel and I'm hitting
19 stonewalls. My heart goes out to these soldiers,
20 and it really upsets me to see some of the things
21 that I've seen while I've been here.
22 If I'm hitting stonewalls, I know darn

0040

1 well they are. I mean, everyone that's been in
2 the service understands that.
3 And I have pushed and I think
4 sometimes as I push and I throw that rank out
5 there, I get a little bit better service. But I
6 know they're not getting it.
7 And, again, my situation was a little
8 peculiar because I wasn't a combat injury; I was
9 just doing something stupid and got hurt and had
10 to come here for surgery.
11 But she's right, I got here -- they
12 knew -- they should have known I was coming. But
13 you step through the front door, you don't know
14 where to go; you get a map you can't read; you
15 know, it's the middle of the night; you're up for
16 48 hours; you're tired; you're hurting; you're on
17 meds. The next thing you know, nobody knows what
18 to do with you.
19 Go to the Malogne House. Where is
20 that? It's around here, over there, over here --
21 you know, okay. We walked over there, and we
22 don't have a room for you. Where do we go? We

0041

1 can go to one of the hotels downtown. Okay,
2 great. Where? It's 2 o'clock in the morning.
3 And that's what she was going through.
4 So we finally get there. So there are
5 people helping there. I was assigned -- I was --
6 excuse me, I was attached to med hold to begin
7 with, and there was one or two people that were
8 very helpful. Sergeant Harmon was there, she
9 helped me tremendously; Sergeant Bruns was there,
10 he helped me tremendously. But, again, they run
11 into brick walls. They can't get things done for
12 you.
13 You try to do the best you can. Like
14 she said, you try to be reimbursed. I'm a
15 lieutenant colonel. Did I need that money? No.
16 But it's money out of my kids, it's out of my
17 wife, it's money out of my household. And why am
18 I forking that up when I'm supposed to be attached
19 here underneath the med hold because the hospital
20 doesn't have a place for me to stay?
21 Okay. We did that. Have I been
22 reimbursed for that? No, I have not. That was a

0042

1 year ago, and they told me I would. And I ran the
2 gauntlet. You know, you go to Mr. Taylor, who is
3 now gone, he says to do this. Well, you go do
4 that. You go to Master Sergeant Beaty, he says --
5 I can go down the line like that.

6 You go to finance, they fill out the
7 paperwork, but there's no fund sites for the money
8 to be reimbursed. So it just gets kicked back and
9 kicked back and kicked back.

10 So I keep trying; you know, I'm
11 persistent. Like you say, if you're persistent
12 enough, you will eventually get it.

13 I can handle this. It's my job. I do
14 this. I'm here. I'm getting paid to be here. I
15 can do that. Who can't handle it? It's the
16 spouses, it's the children, it's your life. You
17 know -- and, like I said, we've been bouncing back
18 and forth for over a year.

19 I've chosen to run home as much as I
20 can, and that's sometimes hard when you got a back
21 injury. You can't drive, you can't sit up. I'm
22 still having a little bit of a hard time sitting

0043

1 up.

2 But they come and get me, well, throw
3 me in the back seat, lay me down and take me home
4 for a weekend or a week or two weeks whenever we
5 can get out of here.

6 And she's right, I'm trying to go
7 through the retirement process. I don't know
8 what's so hard about that. You write a letter,
9 you submit it, two or three people sign off on it,
10 it goes up to DA, they process it, it comes down,
11 you go through that process.

12 A month later, I'm still sitting here
13 waiting on that letter to go to HRC. It's not
14 there yet. I don't know -- I don't know why it
15 takes that long.

16 You know, I've done lots of command
17 jobs. I've done lots of staff jobs. I don't let
18 stuff sit on my desk for that long, because you
19 just don't do that. You have somebody waiting on
20 that. It may not be important to you, but it's
21 important to somebody else. We all know that.

22 But, again, the hospital, the care

0044

1 I've had here has been tremendous. The back
2 surgery I had, the people I had, Dr. Geier,
3 Dr. Rozner, the nurse, Patricia Natt -- tremendous
4 people. You know, my heart goes out to them,
5 because their hands are full and they do give
6 individual care. So I need to say that.

7 But the process of what we do with
8 soldiers as they come in here and they mill around
9 this place and then they try to get out of here,
10 it's terrible. It's just terrible. It's broke.
11 And we should have been able to fix it internally,
12 but it's not going to get fixed internally because

13 people know about it and they don't do anything
14 about it.
15 No matter how much you tell people, I
16 shouldn't have to tell people. If I see it, he
17 sees it and he sees it and she sees it, it's here.
18 That's why you guys are here now.
19 So I really appreciate you taking your
20 time --
21 HONORABLE MARSH: We appreciate your
22 coming in --

0045

1 MR. LAZZELL: to come in here.
2 HONORABLE MARSH: -- and giving us the
3 benefit of the views because they're very helpful,
4 because they apply, obviously, to -- to other
5 people.
6 Other members of the Panel?
7 Congressman?
8 HONORABLE BACCHUS: Thank you,
9 Mr. Secretary.
10 I just wanted to say a word to the
11 Colonel. Sir, don't you worry about welfare and
12 case workers. This has nothing to do with
13 welfare. You are entitled the very best your
14 country can give you. You are owed it. We owe it
15 to you.
16 Second, I just want to tell you
17 something you already know, which is you are a
18 very fortunate man to have such a wife, and I
19 don't personally believe she has two
20 grandchildren.
21 (Laughter.)
22 MR. LAZZELL: Thank you, sir. Yes,

0046

1 she does. She said she had six children. Well,
2 she has seven. She's taken care of me for a long
3 time also.
4 HONORABLE MARSH: I understand.
5 HONORABLE SCHWARZ: Colonel, what was
6 the precise nature of your injury, as far as you
7 know?
8 MR. LAZZELL: Back injury to the point
9 where they had to go in and remove some
10 meniscus -- I've got some crushed disk and a
11 little -- what's it called -- you know, bending of
12 the spine.
13 HONORABLE SCHWARZ: You had a
14 laminectomy?
15 MR. LAZZELL: They went in and did a
16 microdisk --
17 HONORABLE SCHWARZ: They did a
18 microdiscectomy. You had a microdiscectomy?
19 MR. LAZZELL: Yes.
20 HONORABLE SCHWARZ: Okay. Thank you.
21 COMMAND SERGEANT MAJOR HOLLAND: I
22 would like to -- Mr. Chairman, if it would be

0047

1 okay, I would like to visit with you all after

2 this time. I've got some other insights that
3 maybe we can talk about on a different
4 nature. Please.
5 MR. LAZZELL: Yes, sir.
6 HONORABLE MARSH: Thank you very much.
7 Our next witness or presenter?
8 THE MODERATOR: David Steele, Sr.
9 MR. STEELE: I'm Specialist Steele out
10 of Maryland National Guard 234rd engineers.
11 The system here is broke. Like
12 Sergeant Fischbach said, with the MEB Board
13 doctor, everything is preexisting, even though we
14 had to go through some rigorous stuff to see if we
15 were fit to go to war. Everything is because of
16 our age. They're saying, well, you know, you're
17 up in age.
18 I wasn't like this before I left. The
19 one doctor I'm having real problems with and I
20 think that maybe I need to talk to somebody one on
21 one about it, because I've got to go back to him
22 and I'm not real happy about that.

0048

1 I just had my first surgery a month
2 ago. I've been here 13 months. When I left
3 Germany, they had tunnel vision. They said, well,
4 this is wrong with you. I said, yeah, this, this,
5 and this as well. They said, no, this is wrong
6 with you.
7 So I had X-rays done at Camp Arifjan
8 in Kuwait. None of the doctors -- just one doctor
9 in particular didn't want to see it. Well, how
10 can you tell if a chipped bone in your -- off your
11 kneecap has moved if you didn't look at the prior
12 X-rays?
13 I'm just -- I'm real disgusted with
14 that, but on the same hand, they're telling me
15 everything that's wrong with me is preexisting.
16 I'm a Vietnam veteran and I had my own business
17 and I don't -- I was in good shape when I came
18 back after a 21-year break in service.
19 But other than that, the medical care
20 is good, the dental care is good, and I -- you
21 know, the process is a real pain and hopefully
22 they will fix that. But for the most part, I

0049

1 mean, the care -- you can't get better care
2 anywhere in the world. It's right here.
3 Thank you.
4 HONORABLE MARSH: Thank you, sir.
5 Thank you.
6 Any questions?
7 HONORABLE WEST: I just wanted to make
8 sure I caught something.
9 You are requesting an opportunity
10 to see someone one-on-one in private?
11 MR. STEELE: Um-hum.
12 HONORABLE WEST: Okay.
13 THE MODERATOR: Michael Sparling.
14 MR. SPARLING: I'm Mike Sparling. I'm
15 the father of a wounded soldier. He was hit in

16 Ramadi on November the 20th of 2005, and he lost
17 an eardrum, fractured jaw and just had his leg
18 amputated a couple months ago.
19 I can say that Walter Reed, by far,
20 has the best care facility that anybody would ever
21 want. I think we need to look in how can we
22 support the families of those taking care of their

0050

1 children. Because a lot of families have lost
2 their jobs to take care of their sons or their
3 daughters. A lot of spouses have given up their
4 jobs to take care of their soldier when they come
5 back. And I think we need to look into that.
6 There has been a lot of positive
7 changes at Walter Reed, even before the articles
8 broke. There is an escort assigned to every new
9 family that comes in. They meet at the airport,
10 they arrange their accommodations and the whole
11 gamut.
12 The Malogne House accepts meal cards
13 for the soldiers now and, if a soldier is
14 bedridden, the -- or feels sick, he can call a
15 cafeteria here and they will deliver him meals.
16 So there's a lot of positive changes that have
17 taken place.
18 I would like you folks to look into
19 H.R.76, which cut the funding for the medical care
20 facilities back in September. We didn't reinstate
21 them until the end of February, but we fired a
22 general that came on at the end of August, okay?

0051

1 General Weightman should not -- should
2 not have been accountable for the changes when
3 Congress is the one that cut the funding for
4 cleaning and ordering maintenance at Walter Reed
5 Army Medical Center.
6 And we have a great -- you know, I
7 don't care if you're talking about
8 Colonel Callahan, Colonel Hamilton, Colonel Deal,
9 they're all great gentlemen, they're all doing
10 their job.
11 My son has received the best care.
12 We've worked with family services, I've even
13 worked with the Marine guy, even though my son is
14 in the Army. And there's a lot of us that are
15 here to support other families, and we can't do it
16 all.
17 But I -- I spend most of my evenings
18 running people around where they need to go
19 because that's the right thing to do.
20 This lady here spends most of her
21 evenings talking to new -- new women, new wives
22 when they come in, letting them know the system.

0052

1 There's an E7 here that spends a lot of time
2 working with new soldiers and families when they
3 come in.
4 Do we have to do it? No. Why do we

5 do it? This is our home. This was not -- I lost
6 my job in December of '05. My son is going to be
7 here for another eight or 10 months before he even
8 has to worry about the MEB Board process, okay?
9 There's a lot of families here that
10 are hurting, but what they're really hurting for
11 the most, I believe, is compassion. If you folks
12 listened to Chris Matthews yesterday on whatever
13 TV station he's on, the two people from
14 The Washington Post that did the interview said
15 when they're at Walter Reed, they actually had
16 blood gushing out of soldiers' heads and soldiers
17 were laying in their own urine in the hospital.
18 That's not true. We haven't had any
19 soldiers walking around with blood gushing out of
20 their head, and we don't have soldiers laying in
21 their own urine in the hospital.
22 And so why nobody would tell the

0053

1 positive side of Walter Reed, why nobody would
2 tell the good things that are taking place here
3 and how dedicated the staff is here, they're --
4 they won't let us give a positive reinforcement to
5 Walter Reed. Do I think Walter Reed should be
6 closed down? Absolutely not, not until this war
7 on terror is over, because I don't know where we
8 put our wounded soldiers.
9 And I feel sorry for the families that
10 have soldiers, 14,000 of the 82nd Airborne right
11 now are deployed in Iraq or Afghanistan, that's
12 who my son served with. He's written them all and
13 he's sending them care packages every week. And
14 his thing is don't believe what you hear. It's
15 not true.
16 And my son wanted to go back to
17 Afghanistan this past trip and, of course, he --
18 he's not fit for duty, but I would -- I feel bad
19 for a family from Michigan like we are who hears
20 the downside on Walter Reed and then they get the
21 phone call saying your loved one has just been
22 sent to Walter Reed Army Medical Center.

0054

1 And that's all I have to say. Thank
2 you, Panel, for listening to me and have a good
3 day.
4 HONORABLE MARSH: Thank you for that
5 presentation.
6 Does some of the Panel have questions?
7 HONORABLE SCHWARZ: Where in Michigan
8 are you from, sir?
9 MR. SPARLING: Port Huron.
10 THE MODERATOR: Raymond Lee, III.
11 MR. LEE: Good afternoon, members of
12 the board. My name is Staff Sergeant Raymond Lee.
13 I come from first of the 502nd, the 101st Airborne
14 Division. Basically, I got banged up pretty good
15 last April in a combat-related injury, but my
16 problem here is not with the chain of command, the
17 med hold company, like the press was -- made it
18 out to be so bad.

19 Last week and the last couple of
20 weeks, it's basically a lot of the civilian people
21 that work here at this hospital. It's like I
22 received a pretty serious injury, but now I'm at

0055

1 least 90 percent healed. But with this long
2 MEB Board process they take, they will not give me
3 an answer of whether I'm returned to duty or
4 medically retired.

5 And there's been a lot of other
6 problems here with, you know, the civilian case
7 managers and the hospital. My big problem is a
8 lot of people that have the same injury as me --
9 and if I didn't tell you what it was, you probably
10 would never guess -- but they get sent to a very
11 unprofessional civilian medical treatment place in
12 Virginia. And all the soldiers that go there
13 complain about it, but yet, they have to still go
14 there. It's like even when I said I don't want to
15 go there, I got sent there.

16 And so that's another problem with my
17 case manager I got. I won't mention her specific
18 name until I have a one-on-one or a group meeting
19 with you all, but definitely, there are some
20 problems that need to be fixed here.

21 This is not a world's worst hospital.
22 I've seen worst, trust me. I've been to Iraq.

0056

1 But it does need improvement, and I'd like to, you
2 know, help you guys figure out my view of things
3 so you can fix it for other injured soldiers
4 coming in through the -- through the line and days
5 to come.

6 That's pretty much all I've got to
7 say. Thank you, Board.

8 HONORABLE MARSH: Thank you.

9 HONORABLE WEST: Thank you.

10 HONORABLE MARSH: Does the Panel have
11 any questions?

12 HONORABLE WEST: I think that's the
13 third indication of the request for a private
14 meeting. I just want to make sure we're making
15 note of that so that we can get back to you and
16 you can get back to us.

17 Is that happening? Are we making --

18 THE MODERATOR: Yes, sir.

19 HONORABLE WEST: I just want to make
20 sure -- we want to make sure you don't fall
21 between our cracks.

22 MR. LEE: I want to sign in real quick

0057

1 so I won't forget.

2 HONORABLE WEST: Thank you, Sergeant.

3 THE MODERATOR: James Doyle.

4 MR. DOYLE: Good afternoon -- good
5 afternoon, distinguished guests and everyone that
6 came to hear this hearing. I think it's very
7 important.

8 I first got evac'd out of Iraq after
9 my second tour with PTSD, and they put me on
10 medications. And a week after that, I got
11 discharged from the inpatient facility. They just
12 gave me medications and put me back with the rear
13 detachment unit. And I got -- I got in a bad car
14 accident, degloved my left hand and brain injury.
15 And then, from the very start when I
16 woke up in the German hospital, they were really
17 good to me. But right when I got to Landstuhl,
18 the doc -- the doctors started telling me that I
19 was in trouble; that I was doing something
20 wrong -- you know, that something happened; that I
21 did something wrong and then it just kept on
22 going.

0058

1 They wouldn't tell me -- they wouldn't
2 tell me what was up. So my stress -- I'm thinking
3 I don't know -- I don't know what's going on. I
4 just woke up from an accident and I'm totally
5 messed up.
6 Anyways, sooner or later, the doctors
7 kept up that type of treatment toward me, and I
8 think it was because I wasn't wounded in Iraq,
9 just in Germany.
10 So when I got to Walter Reed, the same
11 type of treatment continued. It felt like I was a
12 second-rate -- you know -- I told them I was like,
13 look, I've served -- I've served two times in
14 Iraq. I got sent back for PTSD, you know, I'm
15 having hard times, you know.
16 And they didn't listen to a word I
17 said. All they said was, you know -- you know,
18 you're in trouble, you did something wrong, you're
19 going back.
20 So this whole time I'm sitting here in
21 Walter Reed, they made me -- they would give me
22 day passes so that I could go stay at the

0059

1 Travel Lodge with my fiancée when she came. They
2 would give me day passes, but they made me pay for
3 my whole time during that -- the time when I had
4 to go.
5 I wanted to get out of the hospital to
6 get away from the people, Colonel Farber
7 especially, because they would never give me a
8 straight answer, never ever a straight answer.
9 They -- so I paid for all that.
10 Then, after that, after all -- and the
11 whole time, they kept telling me all I wanted to
12 do -- all I wanted to say or tell them was please
13 just let me go home and see my family for
14 convalescent leave. You know, I've been here in
15 the hospital for a month and a half. I need to go
16 see my family. I haven't seen them in a long
17 time.
18 And they told me, you know, you don't
19 deserve -- they say you don't deserve convalescent
20 leave because you raised your voice to our staff
21 more than once. And it was right after surgery.

22 I don't even remember that. So they tell me you

0060

1 don't deserve it.
2 So as soon as my fiancET leaves after
3 the month she stayed with me, they shipped me
4 right on a flight back to Germany and -- and they
5 sent me back on a four day. So when I landed in
6 Landstuhl, Landstuhl wasn't even open, so they
7 didn't even admit me, made me carry around my own
8 bag. I had a big ass hole in my stomach that was
9 leaking out fluid and I'm dragging this bag trying
10 to find out who -- who was going to pick me up.
11 And when I got there, nobody saw me,
12 so my unit just came and picked me up. I called
13 them, I said, look, I don't have anybody to help
14 me, so please come pick me up. I waited there a
15 few hours and then they came.
16 And then, in the meantime, they had
17 called my rear detachment unit to tell them that I
18 went AWOL, because I got so fed up with the
19 treatment I was receiving on ward 57 that I said I
20 want to go see a civilian provider. I want to go.
21 I just don't want to be here anymore.
22 So -- so now, when I get back to the

0061

1 rear detachment unit, they're treating me like I'm
2 the worst piece of crap on the face of the planet,
3 thinking I went AWOL. And they're treating me
4 bad, real bad. I mean, I'm talking bad harassment
5 the whole time.
6 So then the next time I go in to see
7 the doctor, I said look, doc, I just got out of
8 surgery a few days ago. I need something for
9 pain. They didn't even barely give me enough --
10 they didn't give me enough to last the weekend.
11 He said, no, no, no, you're not getting any more
12 for pain. You're taking too much. He said, I'll
13 give you like five pills. He said that'll last
14 you a week. And that was what I was taking in
15 like an hour.
16 So after that, I gave up all trust in
17 any Army doctor, I gave up all faith. So I just
18 sat in the room and just gave up. I sat there and
19 just -- nothing happened. Nobody came to help me
20 and all they did -- they never gave me a profile,
21 nobody ever even like told me, you know, you can
22 go on convalescent leave.

0062

1 So I froze up. I froze up completely.
2 I couldn't do anything. I -- I'm mentally broke
3 down and physically was breaking down over the --
4 that time span.
5 So then they shipped me back here to
6 Walter Reed, and every -- you know, they shipped
7 me to ward 54 and they say, you know, oh, he's
8 got -- he's got TBI, you know, he's got this and
9 that. They never talk about PTSD. They only want
10 to know about my childhood.

11 And so right when I get in there --
12 right when I get here to Walter Reed the second
13 time, I ask can I go have a cigarette. I've been
14 on a long flight. He's like, no. He -- he's
15 like, no, I'm an E5, so whatever. I said, okay.
16 Well, I'm going to have a cigarette. I started
17 walking to have a cigarette on the bus and they
18 tackled me.
19 And this is still when my injury is
20 fresh. I mean, it still hurts. So he tackles me,
21 then they take me up to ward 54. I'm in
22 restraints and I'm yelling, I'm screaming, I'm

0063

1 like, what the heck, I don't deserve to be in
2 restraints.
3 So the whole time they're putting me
4 in restraints and for like hours and hours. Since
5 they said I was excited, they laid me on -- first
6 of all, five black guys stripped my clothes off
7 completely and I said, look, I can take my clothes
8 off by myself. I said I don't need you guys to.
9 And then they said, look, we're not
10 fuckin' fags. They strip off my clothes right
11 with nobody -- with everybody around and then
12 strapped me to the bed face down with my arms
13 still hurting like hell, not listening to anything
14 I had to say, and strapped me down there for
15 five hours, at least. And I just gave up.
16 And that -- that -- I mean, I don't --
17 I think I'm way over time, but I'm just trying to
18 say that I still haven't gotten to have a
19 convalescent leave with my family. I've had a
20 really rough time here.
21 HONORABLE MARSH: Soldier, how long
22 have you been in the Army?

0064

1 MR. DOYLE: I've been in the Army
2 three years --
3 HONORABLE MARSH: Three years?
4 MR. DOYLE: No, four years.
5 HONORABLE MARSH: Four years.
6 MR. DOYLE: I got stopped last years
7 in Iraq.
8 HONORABLE MARSH: And what was your
9 assignment in the Army? What was your MOS?
10 MR. DOYLE: I'm a scout. I'm a
11 19 delta scout. We were always forward patrol my
12 whole in time in Iraq --
13 HONORABLE BACCHUS: How old are you?
14 MR. DOYLE: -- combat missions all the
15 time.
16 HONORABLE BACCHUS: How old are you?
17 MR. DOYLE: I'm 23 years old, sir.
18 HONORABLE MARSH: This is very helpful
19 for you to come in here and make this
20 presentation. We're certainly going to follow-up
21 on it, too.
22 would you be sure we have your name

0065

1 and location and address -- where's your home?
2 MR. DOYLE: Fenton, Michigan, sir.
3 HONORABLE MARSH: where?
4 MR. DOYLE: Fenton, Michigan, sir.
5 HONORABLE MARSH: Okay.
6 MR. DOYLE: Another thing, there was
7 two doctors especially that treated me very bad:
8 Colonel Farber, he's a hand surgeon, and I don't
9 even know if he works there any more, but he's a
10 Dr. Smith. He treated my mom horribly when she
11 came down for three days. He wouldn't ever give
12 us a straight answer. Told us, oh, we can get in
13 the Malogne House, we can't; we can -- you know --
14 you know, what they did, they said we don't have
15 orders for you so you can't get reimbursed for all
16 the hotels you've been paying.
17 And then I'm like, okay. So, finally,
18 when they say, okay, we've got your orders, now
19 you're going back to Germany. I said, look,
20 please, please let me go see my family, I was
21 like, in Germany, it's an hour from the
22 hospital -- Baumholder is an hour from Landstuhl

0066

1 and I was, like, I know that's what they're going
2 to do to me, they're going to screw me. And I
3 knew it. They said, no, no, you're going to be
4 fine, you're going to be fine, you're going to
5 Germany. And sure enough, I got to Germany and
6 just nothing.
7 HONORABLE MARSH: Thank you, thank
8 you.
9 MR. DOYLE: I'm sorry for taking so
10 much time.
11 HONORABLE MARSH: Let us try to look
12 into your file, if we could, and see if we can
13 give you a hand.
14 MR. DOYLE: What's that, sir?
15 HONORABLE MARSH: We'll try and help
16 you out.
17 MR. DOYLE: Thank you. I'm sorry to
18 take so much time.
19 HONORABLE WEST: Don't apologize for
20 that. You have something to say and you deserved
21 a chance to say it. As the Secretary said, we'll
22 try to help follow-up. Thank you for your

0067

1 service.
2 THE MODERATOR: Eric Lee.
3 SSG LEE: Good afternoon,
4 distinguished guests. My name is
5 Staff Sergeant Lee. I'm a proud service member.
6 I've served 19 years, 10 months, 28 days as of
7 today.
8 I find myself in a very particular --
9 peculiar situation and I'm very ashamed of it;
10 however, I know it's no fault of my own.
11 I served my country and my Army, I
12 bleed the Army, I walk the Army, I sleep the Army
13 24/7. I think my -- my children are even

14 soldiers. Sometimes they get on me about giving
15 them orders at home. And my wife, you know, I
16 really thank her for all her support.
17 However, I stand here today not just
18 on behalf of myself, but I also heard sentiments
19 from other soldiers and I'm here to talk -- or ask
20 in regards to medication.
21 I came to Walter Reed in 2003,
22 November 2003. I'm probably one of the oldest,

0068

1 not in age, but patients in med hold company.
2 I hit the ground running on
3 December 3rd, 2003. I was diagnosed with severe
4 asthma. By January of 2004, I was a platoon
5 sergeant of first platoon. I had approximately 85
6 soldiers to my one, that's me being a platoon
7 sergeant. Everybody in my platoon was patients,
8 as well as myself.
9 I've seen the great improvements that
10 we've made here. We have staff members here that
11 are now nonpatients, and they're -- this is their
12 duty assignment. However, what happened to me is
13 almost unbearable to tell this story, but I need
14 the story to be told.
15 I had four deaths in approximately
16 two months in the year 2004, losing my best
17 friend, my mom. Losing my best friend, my mom,
18 was everything to me, she was my mentor, she was
19 my coach, she was everything. It was a daily
20 conversation. I talked to her regardless of where
21 I was at in the world and my duty assignment
22 serving my country. It was a daily

0069

1 responsibility, so to speak, to speak with my
2 mother.
3 When she left me and went to a better
4 place, things kind of changed for me. I had a few
5 more deaths after my mom -- actually, I had a
6 total of seven deaths in 2004.
7 The one thing that hurt me the most is
8 I was taken out of a leadership position, because
9 that's what NCOs do, we lead from the front.
10 The liaison at the time in med hold
11 thought it was best that I be removed from my
12 platoon sergeant position because all of the
13 deaths. That's where I drew my strength, from the
14 soldiers. Helping soldiers, that's what I do,
15 that's what NCOs do.
16 What I failed to realize is that I was
17 going through a point of grieving where I didn't
18 see it, but it all happened at one time. And I
19 just basically crashed. I was diagnosed with
20 severe asthma. I was given prednisone, which is a
21 steroid, an awful drug, steroids. It's not a
22 long-term drug; it's a short-term drug.

0070

1 I was given this drug in April of
2 2004 -- correction, April 2002 at Fort Detrick,
Page 27

3 Maryland where I was stationed prior to coming to
4 Walter Reed. It's 2007 and I was just taken off
5 of prednisone.
6 That's a long time. It not only
7 breaks the body down, but it also affects the
8 mind. This is a soldier at the time when I came
9 to Walter Reed, I had 16-1/2 years of good
10 service, Desert Shield, Desert Storm was one of
11 the pride -- most -- things I took most pride in
12 getting that mission accomplished, taking on his
13 elite force, the Republican Guards, was one of the
14 things that I prided the most in my career.
15 I'm a fine soldier. I have no record
16 of anything, no violations, no nothing. I took on
17 all the hard tasks. Jungle warfare training, I
18 volunteered; AIT instructor, I volunteered; going
19 to Korea, I volunteered.
20 Every duty assignment I went to, I
21 volunteered, outside of the Army sending me to
22 Fort Detrick and coming to Walter Reed.

0071

1 My point is this: within the last
2 year, I've been incarcerated, I've had to deal
3 with some legal issues, and I've currently pending
4 a court marshal. I have 19 years and 10 months,
5 28 days in the Army. Why? Because my mind became
6 imbalanced due to the drugs, medication that I was
7 put on.
8 I became impulsive with my behavior
9 and things happened to me that I know in my heart
10 and people that know me that soldiered with me
11 throughout the years, that's not Staff Sergeant
12 Eric Lee.
13 He's not a criminal, he's a soldier.
14 Army's first, family's first. I have two firsts
15 in my life: Army and family.
16 I'm hurt, I'm destroyed, and I'm
17 ruined by what has happened to me, my wife and my
18 three children.
19 I just recently had a last stint at
20 ward 54, that's the psychiatric ward. That was my
21 third tour of duty on ward 54. I need your help
22 to find out how we can fix -- when we give

0072

1 soldiers medication, we monitor them, because what
2 is happening not only in my medication, but other
3 soldiers, we're given psychiatric medication and
4 we're just left alone.
5 I need your help. I would like a
6 one-on-one with you, Mr. West, personally, because
7 I enjoyed serving under you when you were in
8 command, sir.
9 HONORABLE MARSH: Thank you very much
10 for your presentation. Very grateful to you.
11 HONORABLE WEST: Yeah, and we'll
12 arrange it.
13 SSG LEE: Thank you, very much.
14 THE MODERATOR: Leta Dunlap.
15 MS. DUNLAP: Hello. Thank you for
16 coming today. My name is Leta Dunlap. I'm a

17 stepmother of a wounded soldier here, 161st Field
18 Artillery National Guard, hit by a roadside bomb
19 just south of Baghdad on December 11 of 2006. He
20 has injuries to all four limbs, however, he
21 didn't -- he didn't lose any limbs. But we have a
22 lot of therapy to go through for all four of the

0073

1 limbs. Also traumatic brain injury.
2 He's only been out of the hospital for
3 about three weeks, so we are now in outpatient
4 status. We do stay at the Malogne House.
5 I wanted to share some of my concerns
6 with you. First of all, overall, our experience
7 here has been very, very positive. The medical
8 care in the hospital has been -- has been awesome.
9 They've taken excellent care of him. All of his
10 needs, when he was inpatient, had been met. If we
11 had any concerns, we knew who to go to and there
12 was a response right away.
13 I'm hoping that that continues as he
14 is outpatient, but I am starting to have some
15 concerns about the paperwork issues mostly. And
16 I'll go into that.
17 HONORABLE MARSH: What is the
18 paperwork -- go ahead. Develop that a little bit.
19 We've heard it from others.
20 MS. DUNLAP: Paperwork issues -- well,
21 for me, that concerns scheduling, filing for and
22 scheduling of appointments, all of his doctors'

0074

1 appointments, keeping up with medical records,
2 TSGLI paperwork, getting that filed so he can get
3 his payments for those.
4 My having access to being able to
5 speak to his doctors and things that are of
6 concern to my being able to care for him as
7 nonmedical attendant, I have to have authorization
8 to go do that; getting a parking permit for
9 handicap parking, which I'm still dealing with
10 that today; getting assistive software; PDA for
11 him -- which has been taken care of today. I have
12 the box right there. It was just delivered to me
13 in this meeting -- things like that.
14 I carry a bag around me with me
15 everywhere I go with notebooks, calendars,
16 documentation that I need to drop off in different
17 places. It takes my son and I both to do all
18 these things, and we're not even to the MEB Board
19 process yet. We're just trying to take care of
20 his care right now.
21 So maybe what I have to say could be
22 representative of some of the new families'

0075

1 experiences here. I don't know that I can speak
2 for them. All I can really tell you is what we
3 have experienced. And I want to tell you some of
4 those experiences. I'll try to keep it as brief
5 as I can.

6 The first big problem we ran into is
7 when he was being discharged as an outpatient from
8 the hospital. There was an ice storm that day and
9 he's in a motorized wheelchair. And he was
10 discharged -- or they were attempting to discharge
11 him on that day to send him to Malogne House. He
12 doesn't even have very good control of the chair
13 yet, let alone having to come back from
14 Malogne House to get meals at the hospital during
15 this ice storm.

16 My husband threw a bit of a fit and
17 his discharge was delayed for a few days. So it
18 worked out.

19 And I understand now that they have
20 escorts who escort the soldiers to their lodging
21 facilities now. So I'm confident that a lot of
22 the problems that we've had are being addressed.

0076

1 I hope that the Army, and not just at
2 Walter Reed, but also at other facilities, that
3 the changes they make to address these individual
4 issues, that they do this on a broad spectrum so
5 that it doesn't happen again to other soldiers and
6 that they make it a regular practice and not just
7 a -- a Band-Aid fix for one particular problem,
8 but rather address the whole problem so that it
9 doesn't happen to other soldiers.

10 I get phone calls and letters from
11 family and friends daily who think my son is
12 living in squalid conditions here. He's not. As
13 I said, most of our experience here has been very
14 positive. And I -- like Tim, I am also very upset
15 that the media has presented what's going on here
16 at Walter Reed -- they presented it to the Nation
17 in such a terrible, negative light that most of
18 the Nation now has a twisted view of what life is
19 like at Walter Reed.

20 And I don't deny that there are very
21 significant problems here that need to be fixed,
22 but the wrong impression is being given to the

0077

1 public. It's not -- a lot of these problems don't
2 affect 99 percent of the soldiers, and the public
3 needs to know that there is still miracles being
4 worked here and there's still very good quality
5 care here.

6 I had a visitor in our room at
7 Malogne House the other day who has not been back
8 at Walter Reed since Christmas. He has never been
9 inside any of the lodging facilities. He came
10 into our room at Walter Reed at the Malogne House,
11 and I could tell that he was surprised. He said,
12 oh, you have very nice lodging here, wow, this is
13 a nice room, as though he expected to see rats and
14 mold. I don't know.

15 So I -- so I spend some time every day
16 trying to set our family and friends straight that
17 we -- we are being taken care of here. There are
18 soldiers who have problems, but we are being taken
19 care of.

20 I will move on.
21 There are those that have been missed.
22 I've heard others talk here about arriving at

0078

1 walter Reed or Landstuhl, other facilities and
2 being forgotten.
3 I just want to mention a soldier that
4 I met over at Malogne House has only been here
5 about a month, he arrived on the bus from MedEvac,
6 was left in the lobby, he says for two days,
7 forgotten. He didn't know where to go find food,
8 had no lodging. A duty driver finally stopped and
9 asked him if he was all right. He said, no, I
10 haven't eaten in two days, I have no place to
11 sleep, I don't know where I'm supposed to be.
12 Duty driver took him to the Malogne House. And
13 it's only been about a month ago.
14 I'm acquainted with another young
15 mother here, she may have -- I think she's still
16 in here, there she is -- a young mother here, who
17 has been here with her husband since about October
18 or November. She's just recently found out about
19 nonmedical attendant orders. She's never filed a
20 per diem, she's not been paid for any of her time
21 here that she's taken care of her husband.
22 Her husband is a Marine. I don't know

0079

1 how the meal card status is, but, apparently he's
2 paying for all of his meals here. This family is
3 not aware of all the support services that are
4 available to them. So I don't want them to slip
5 through the cracks.
6 As far as facilities go, we've had a
7 few problems at Malogne House, they are being dealt
8 with. I'm very happy with how they've responded
9 to that. Handicap access in some of the rooms,
10 doors don't open up far enough for wheelchairs to
11 make the corner to get into those rooms, and I
12 know I'm not the only family. There have been
13 others that had some problems with that.
14 Malogne House has dealt with that.
15 I think there are still some families
16 having some trouble with, you know, individual
17 rooms, and I don't think there is a process in
18 place to take care of these individual needs of
19 each of these soldiers. That needs to be looked
20 into.
21 We had a problem with hot water for a
22 while; we do have hot water now, thank you very

0080

1 much. We're able to take showers in the mornings
2 now and not have to wait until we have hot water
3 and take the chance.
4 Ice and snow on the sidewalks was a
5 big issue when my son was first discharged..
6 whoever was cleaning the sidewalks were doing
7 about an 18-inch wide path. wheelchair can't
8 navigate that. And amputees, who are still

9 learning muscle control, have a difficulty --
10 difficult time navigating that as well, and if
11 they slip on the ice, they're more likely to be
12 hurt than I would.

13 So my husband made some comments about
14 this. Since that time, we've had two ice storms
15 and another major snowstorm. I haven't seen a
16 sidewalk that hasn't been scraped and salted, and
17 I want to be sure that continues, that those are
18 taken care of so that these guys don't have to
19 come out at 8 o'clock in the morning, going to
20 therapy, and can't leave their lodging because
21 they're afraid to navigate the sidewalks. So far
22 it's working.

0081

1 Scheduling appointments is a big issue
2 for me and my son. I don't know if you can see
3 this from here. That's my calendar. I have -- he
4 has appointments for OT, for PT, internal
5 medicine, PCLS, orthosurgeons for his hands,
6 orthosurgeons for his legs. There are dental
7 appointments and any number of other appointments
8 that go into that schedule.

9 This is our major challenge right now,
10 is trying to manage that schedule. And it takes
11 both of us trying to manage it, and still we miss
12 appointments. And I think that's a big problem.

13 When soldiers miss these appointments,
14 sometimes they're not even aware they had an
15 appointment. There are delays, then, in them
16 getting the proper care that they need, and I
17 think that causes some problems with appeals.
18 Case management is attempting to help us as best
19 they can, but the systems don't communicate with
20 each other. I don't understand what these systems
21 are.

22 But he can go to PT and have a

0082

1 schedule printed out that will have all of his PT
2 and OT and medical appointments on it, but it
3 won't have PCLS, PM&R, any other appointments that
4 he set. He has to get those individually from
5 each of these different departments. So there are
6 results in that, conflicts in all of these
7 appointments.

8 I would like to see some kind of
9 system in place that could centralize all of these
10 appointments and so that all of the different
11 departments can look at a soldier's schedule and
12 be able to set up his appointments as needed so
13 there are no conflicts and so that it's clear for
14 us exactly where he needs to be and when, so that
15 he can get the proper medical care.

16 We've had some problems with access to
17 meals as well, and I understand Malogne House is
18 now using -- allowing meal cards, that that has
19 been set up where the soldiers can get their meals
20 at the Malogne House now. That happened about,
21 what, a week ago? Three weeks ago. I found out
22 yesterday.

0083

1 MR. LOTT: It's only been a week.
2 MS. DUNLAP: It's only been a week?
3 MR. LOTT: It was posted Friday that
4 you had to have a stamp on your card, and they
5 told us you couldn't -- it couldn't be written on
6 there, it had to be a physical stamp, and that
7 started Friday.
8 MR. SPARLING: They didn't do a formal
9 announcement.
10 MS. DUNLAP: So there has not been an
11 announcement and not everybody has been notified
12 of that availability yet. So there's -- there are
13 communication problems with the changes that are
14 happening in getting these services to the guys.
15 I just see an overall problem with
16 many different departments not communicating with
17 each other. Everybody is doing their own fixes,
18 but they're not coordinating with each other so as
19 to make sure that all of the soldiers are notified
20 and that all needs are being met.
21 So rather confusing right now, and
22 that needs to be streamlined.

0084

1 HONORABLE MARSH: You made a number of
2 very interesting observations, and you point out
3 overall Walter Reed is -- is a fine facility, but
4 there are shortcomings. And we'd like -- if you
5 could make a list of those shortcomings which you
6 enumerate there, and there may be some that you
7 add to it, can you make a list of what you just
8 mentioned to available to the
9 Panel?
10 MS. DUNLAP: Certainly. I'll do that.
11 HONORABLE MARSH: Great.
12 HONORABLE WEST: We understand you're
13 looking for more paperwork to fill out here.
14 (Laughter.)
15 HONORABLE WEST: But if you can, that
16 would be helpful.
17 MS. DUNLAP: I'm willing to do
18 anything to help.
19 HONORABLE WEST: I have a question, if
20 I could.
21 MS. DUNLAP: Yes, sir.
22 HONORABLE WEST: On the appointments,

0085

1 do you have to also invest time in getting the
2 appointments, or is that --
3 MS. DUNLAP: Yes. My son is in charge
4 of responsibility of making his own appointments.
5 HONORABLE WEST: Okay.
6 REAR ADMIRAL MARTIN: Do you not have
7 a case manager to do that for you?
8 MS. DUNLAP: He has a case manager,
9 and I did use her services yesterday. I
10 approached her, I showed her my schedule book, I
11 said this is out of hand, I can't do this any

12 more.
13 My son was in the hospital again for
14 four days last week, so his -- all of his
15 appointment schedule was completely cancelled, we
16 had to start over.
17 I used her services yesterday to
18 follow up on one appointment that I was unable to
19 do. But I feel that she is overwhelmed, and as
20 another one has pointed out here, I don't think
21 the case managers have enough training to really
22 be able to do this job, as much as they would like

0086

1 to do. She's very caring, very concerned; but I
2 don't think she has the tools she needs to do an
3 effective job.
4 Because what I was looking for from
5 her is active involvement in taking over setting
6 up his appointments and following through, then,
7 to make sure if one is missed or if one has to be
8 changed, to make sure that that one is
9 rescheduled, to kind of oversee that process for
10 him so that we don't miss one. He may need
11 appointments out there that I'm not even aware of
12 yet.
13 And I don't know that until we go to a
14 doctor's appointment somewhere and they say, oh,
15 by the way, have you seen Doctor so-and-so for
16 this yet. I'm, like, for what, who, because
17 nobody told us he needed to see that doctor.
18 So I think case management needs to be
19 much more involved in overseeing all of those
20 appointments and scheduling, transitioning, until
21 the soldiers are comfortable with -- excuse me --
22 comfortable with their routines and what they need

0087

1 to do.
2 HONORABLE WEST: You mentioned two
3 individuals. Actually, you mentioned more than
4 that, but two, one was a soldier who sat for two
5 days. Do you think he would be willing to
6 speak with us?
7 MS. DUNLAP: I don't know.
8 Tim, do you remember who that was?
9 MR. LOTT: I don't even remember
10 hearing it.
11 HONORABLE WEST: Well, you may not
12 want to disclose his identity without his
13 permission, but is there a way you could at least
14 pass it along?
15 MS. DUNLAP: If I can find him.
16 HONORABLE WEST: Oh. Of course, you
17 heard about it.
18 MS. DUNLAP: No, I spoke with him
19 directly, but if I can find him again.
20 HONORABLE WEST: Let me just express
21 our desire to speak with him if he is willing to.
22 MS. DUNLAP: Okay.

0088

1 HONORABLE WEST: And, Joe, did you
2 want to --
3 GENERAL JUMPER: And who was the other
4 example, you said a young mother that --
5 MS. DUNLAP: Ms. Malogne.
6 AUDIENCE MEMBER: I took care of that.
7 GENERAL JUMPER: Okay, good.
8 MR. CODY: Could I make a comment that
9 as a volunteer here, I volunteer to help the
10 troops, especially those who are going through
11 12-step programs. There's a big problem with
12 12-step programs in terms of drug and alcohol use
13 and abuse.
14 But I did want to point out that the
15 appointments, every appointment is plugged into
16 the computer so that this lady can go to any
17 computer in Walter Reed, and all of those
18 appointments are printed out. So if you lose your
19 appointment sheet, just go to a computer and it's
20 all there.
21 HONORABLE WEST: Thank you.
22 HONORABLE MARSH: Holly, your next

0089

1 presenter.
2 THE MODERATOR: Steven Seyfried.
3 MR. SEYFRIED: Thank you.
4 Chairman West, Chairman Marsh, distinguished
5 members of the Panel, my name is Steven Seyfried.
6 I'm a lieutenant colonel, retired, 32 years of
7 service in the Army, about 14-1/2 active duty and
8 about 18 as a reservist.
9 Even though I retired in March of '04,
10 at this point I'm still not drawing a dime's worth
11 of retirement, because I retired on the reserve.
12 And that was my choice when I made that, and I'm
13 not complaining about that, but a lot of times
14 when you tell people you're retired, they believe
15 that, well, you've got your retirement pay coming
16 in, et cetera. Even if you tell them you're a
17 gray card retiree from the reserves, they look at
18 you kind of funny, because they don't know the
19 difference.
20 What I would like to talk about today,
21 basically, I was in Afghanistan in '04 and '05,
22 and after I came back, I was diagnosed between the

0090

1 five months I was back from Afghanistan before I
2 was picked up to go work at the headquarters of
3 the Corps of Engineers here in Washington, D.C.
4 I was surprised that they accepted me,
5 because I was diagnosed like a month or two before
6 I went back to the CFC at Fort Benning that I had
7 CLL. "CLL" is chronic lymphomatic leukemia.
8 And just to let you know, like a
9 couple other people here, they were told, well,
10 that was a preexisting condition. Well, before I
11 went to Afghanistan, it was not preexisting. I
12 had like 19 years of straight 300s on my PT test.
13 I was in excellent condition, and I gave blood
14 monthly -- every 60 days at the Red Cross,

15 et cetera; so it wasn't preexisting before --
16 before that time period.
17 However, yes, it was preexisting, I
18 had put it on my medical documentation when I went
19 through the CRC at Fort Benning, they accepted it.
20 So I went on to duty. I was told basically I
21 would have two years. That got changed at about
22 the 11th month time period after almost the end of

0091

1 the first year. Army G3, who has the capability
2 in that -- I'm not complaining about this -- that
3 the Corps had an overabundance of mold people
4 working for them, and they were supposed to be at
5 a 40 percent, and they were at 58 percent. So
6 Army G3 told them to cut.
7 well, my application for extension was
8 like second or third in the pile, so I was second
9 or third to get cut. So I was told -- I was
10 halfway through my treatment here at Walter Reed,
11 I'm in a clinical trial treatment, which is only
12 given here and also at Ohio State University
13 Medical Center in Columbus, Ohio.
14 So I was only halfway through the
15 treatment, which I started in June -- May or June
16 time frame in '06.
17 And to make a long story short, even
18 though Colonel Reed, who is the chief of oncology,
19 wanted me to stay on, told me about the medical
20 hold -- holdover company, which I applied and
21 actually got accepted and went in for about a
22 two-week period at the end of October and the

0092

1 beginning of November of '06.
2 well, the only one thing that didn't
3 happen is the orders never were cut by HRC,
4 because an '06 individual sitting as the surgeon
5 denied the request and sent me home only halfway
6 through my treatment.
7 I'm back on my dollar, I'm still
8 within my 180-day benefits which individuals
9 receive after they serve a year or so on duty, but
10 that runs out in May. I've been told my Phase 3
11 part of the treatment, which is actually what the
12 clinical trial was set up for, getting a new drug
13 called Campath, which hopefully might be the
14 save-all for CLL, because there is no way to, you
15 know -- you can only treat it, you can't do away
16 with it at this point. They're hoping Campath may
17 be the way of the future for that.
18 So what I'm saying is the doctors are
19 being not listened to, I guess. Colonel Reed, the
20 chief of oncology, requested upside down, inside
21 out that I stay on for the six months from
22 December on into May for me to finish up my

0093

1 treatment, then be sent home.
2 well, again, the individual at the HRC
3 decided, for whatever reason she thought this, and

4 the one thing that came back to me more than once
5 was, well, he's a retiree recall; retiree, maybe
6 he has his own benefits, I don't know what she
7 thought when that was said a couple times. And
8 I've heard other cases, but I don't know theirs
9 per se; but, again, we really need to look and let
10 the doctors make the decisions, not paper pushers.
11 That's all I have. Thank you for
12 listening.
13 HONORABLE MARSH: Thank you.
14 Yes, a question.
15 HONORABLE BACCHUS: Just a question,
16 sir.
17 MR. SEYFRIED: Yes, sir.
18 HONORABLE BACCHUS: Can you hear me?
19 When were you diagnosed with CLL?
20 MR. SEYFRIED: It was August of '06.
21 Like I said, I'd come back in May --
22 HONORABLE BACCHUS: So it was not

0094

1 until after your service in Afghanistan ended that
2 you learned you had leukemia?
3 MR. SEYFRIED: It was after my service
4 had ended, yes, sir. Like I said, it wasn't
5 preexisting before -- before Afghanistan. Yes, it
6 was preexisting, and it was on my documentation
7 when I went through CFC I had --
8 HONORABLE BACCHUS: I'm confused by
9 some of the acronyms. When you say it was
10 preexisting, it was on your documentation, when
11 was it put on your documentation?
12 MR. SEYFRIED: When I went through the
13 CFC at Fort Benning.
14 HONORABLE BACCHUS: And when was that?
15 MR. SEYFRIED: Let's see. It was
16 November of '06.
17 HONORABLE BACCHUS: Okay. And this is
18 after --
19 COMMAND SERGEANT MAJOR HOLLAND:
20 MR. SEYFRIED: No, I'm sorry, November
21 of '05, sir.
22 HONORABLE BACCHUS: So you did know

0095

1 about it before you went to Afghanistan?
2 MR. SEYFRIED: No. No. I went to
3 Afghanistan, sir, in '04 and '05.
4 HONORABLE BACCHUS: Okay, I
5 understand.
6 MR. SEYFRIED: I came back, and there
7 was like a five-month break between them calling
8 me to serve at the headquarters. The paperwork
9 trail to bring a retiree recall is not easy, it's
10 very long-term, anywhere from four to six months
11 from the beginning until you're picked up and the
12 orders are cut.
13 HONORABLE BACCHUS: So you learned
14 that you had this chronic form of leukemia after
15 you came back from Afghanistan?
16 MR. SEYFRIED: Yes, sir. There was
17 nothing in my records at all prior to -- to that

18 time.
19 HONORABLE BACCHUS: All right. Thank
20 you very much.
21 MR. SEYFRIED: Yes, sir.
22 HONORABLE BACCHUS: Thank you.

0096

1 MR. SEYFRIED: I would also like to
2 sit down with maybe one of you and go further into
3 this, maybe Chairman West or Chairman Marsh or any
4 one of you. Thank you.
5 HONORABLE MARSH: Dr. Schwarz wants
6 to ask you a question.
7 MR. SEYFRIED: Yes, sir.
8 HONORABLE SCHWARZ: Very briefly.
9 You were diagnosed with chronic lymphocytic
10 leukemia. You were started on a treatment regimen
11 here, which was a level 3 clinical trial?
12 MR. SEYFRIED: There's three phases to
13 the trial.
14 HONORABLE SCHWARZ: That's correct.
15 Was it a level three clinical trial that you were
16 started on?
17 MR. SEYFRIED: I'm trying to start on
18 that now. But my white blood cell count is like a
19 yo-yo, so they can't start the actual treatment
20 until it balances out.
21 HONORABLE SCHWARZ: But you were
22 given treatment at, what, a level 2?

0097

1 MR. SEYFRIED: Phase 2 is a
2 wait-and-see phase. And, like I said, they sent
3 me home. "They," meaning HRC, sent me home.
4 HONORABLE SCHWARZ: We need to look
5 at your record. What you're saying is, during all
6 of this, you were on a clinical trial.
7 MR. SEYFRIED: Yes, sir.
8 HONORABLE SCHWARZ: Which was
9 started, initiated here at Walter Reed?
10 MR. SEYFRIED: Yes, sir.
11 HONORABLE SCHWARZ: And then you were
12 told by someone that the treatment was going to
13 cease, at least the treatment as -- as suggested
14 by -- by the Army was going to treat, and if you
15 wanted to continue this --
16 MR. SEYFRIED: Yes, sir.
17 HONORABLE SCHWARZ: -- you would have
18 to go elsewhere?
19 MR. SEYFRIED: Yes, sir.
20 HONORABLE SCHWARZ: Like to
21 Ohio State?
22 MR. SEYFRIED: They said you can go to

0098

1 the VA at your hometown or you can go to some
2 other -- there's only two of them given throughout
3 the United States.
4 HONORABLE SCHWARZ: Okay. But you
5 were in a clinical trial, and that was curtailed?
6 MR. SEYFRIED: Yes, sir.

7 HONORABLE SCHWARZ: Am I getting that
8 right?
9 MR. SEYFRIED: Yes, sir. I'm back
10 here, because they would not allow me to extend
11 for the five or six months to finish the
12 treatment, and that's all that was asked for.
13 HONORABLE SCHWARZ: Thank you. We do
14 need to get some more information on that.
15 COMMAND SERGEANT MAJOR HOLLAND: Sir,
16 I would also like to talk to you, because we will
17 talk to the commander over at HRC, Secretary West,
18 with your okay.
19 MR. SEYFRIED: Yes. I have charted --
20 let me make one other statement, if I may.
21 About a week ago when the initial
22 conference was going on, I met with -- in the

0099

1 hall, just passed him, he talked to me and asked
2 me -- the deputy commander for clinical services,
3 Colonel Callahan, stopped me in the hall, and he
4 seemed quite interested when I discussed for four
5 or five minutes the issue which I've presented to
6 you today. He said, come see me and we'll see
7 what we can do.
8 well, I've done that three or four
9 times. The only time I was able to see him, it
10 was about five minutes to hand him the
11 documentation to back up my claim. The rest of
12 the time, he's been inundated, and his schedule is
13 not his own anymore. He's here 18, 20 hours a day
14 trying to put out fires from Congressmen and, you
15 know, Senators and higher ups that, you know, the
16 new commander now, General Shoomaker, has him
17 doing.
18 So, you know, his secretary told me
19 yesterday that she has stopped making his calendar
20 up because he can't keep any of his appointments
21 because his calendar and his schedule is not his.
22 HONORABLE MARSH: Okay. Any other

0100

1 questions? Both Mr. West and I would want those
2 of you -- any of you who have spoken, particularly
3 parents or other family members or individual
4 soldiers, that you do not have to worry
5 about any comments you make. There will be
6 no retribution or follow-up by the Army, because,
7 quite frankly, Walter Reed is supporting this
8 Panel very much, and there will be no
9 repercussions to what you say, I can
10 assure you.
11 HONORABLE WEST: So how do you
12 personally enforce that if you perceive that there
13 is retribution, and the answer is, let us know.
14 HONORABLE WEST: Thank you.
15 Holly.
16 THE MODERATOR: Jake Betancur.
17 Did I say that right?
18 SSG BETANCUR: Thank you, ladies and
19 gentlemen, for coming out here and hearing our
20 concerns. My name is Staff Sergeant Betancur.

21 I'm with the 343rd medical company ground ambush,
22 and we were deployed to Kuwait to do evac of the

0101

1 injured soldiers out there.
2 I had got activated in October '05,
3 went through the SRP and told them I had a
4 preexisting condition that happened when I
5 enlisted in -- I enlisted in '93, my condition
6 came up in '94 as a reservist, and I had gotten it
7 operated, and there was a cardiac problem; I had
8 an SVT. And the doctors cleared me and said I was
9 good to go, said I could do whatever I wanted to
10 do.
11 For the past 11 years, I've been
12 camping, boating, hiking, trailing. You name it,
13 I've done it, and never had another problem.
14 worked as a mechanic in the hot shop, you know,
15 six days a week, 10 hours a day for all
16 these years, been a reservist, had two physicals
17 with the Army, had a physical before I deployed.
18 Eleven months into active duty, seven-and-a-half
19 months in the country, I had a very serious SVT
20 attack where they didn't have a pulse on me.
21 I would like to thank Sergeant First
22 Class Crawley, Sergeant Freeman, Sergeant Falcone,

0102

1 and Brackley, who were the ones who were there,
2 because if the medics weren't there, went to the
3 medical company, and they were there to treat me
4 immediately. If I would have hit the ground with
5 no pulse, because my heart went so fast, it just
6 stopped pumping, the doc said in Kuwait that I
7 probably wouldn't have been here today telling you
8 what happened to me after that.
9 Treatment in Kuwait was great. You
10 know, the Navy doctors were great, Army doctors
11 were great. They put me on a plane to Landstuhl.
12 When I got to Landstuhl, they lost my MedEvac form
13 and they put me in ICU because my heart wasn't
14 acting right, and they didn't know what was wrong
15 with me. And they kept me in ICU for four days,
16 and they finally said, you need to go to
17 Walter Reed to get an EP study done.
18 In this time, my wife never got
19 notified that I was in the hospital anywhere,
20 either in Germany or Kuwait. I ended up calling
21 her myself from the ICU, and she went to the unit
22 to try to get help.

0103

1 The Army didn't know I was deployed.
2 They told her, who is your husband, he's not in
3 the system. My Social Security wasn't in the
4 system.
5 She bought her own plane ticket, she
6 paid for her own passport, flew herself to
7 Germany. And she had to -- I met a sergeant out
8 there that was nice enough to go pick her up at
9 the airport, because it would have cost her over

10 \$100 to get a taxi from the airport to Landstuhl.
11 Four days later, they evac'd me from
12 there on a litter -- they gave my wife what we
13 believe were orders to be a nonmedical attendant
14 at the time, and she -- they put her on a C-17
15 with me on a stretcher and flew her back here, and
16 then they dropped us off at the Malogne House
17 without having anybody really check me out to see
18 if I was still doing okay.
19 They said, okay, go in there and get a
20 room. We hadn't ate in 17 hours from the flight
21 from Germany to getting to the door at
22 Walter Reed.

0104

1 I was there. There was also another
2 psyche patient and there was a back injury
3 patient. They just dropped us all off there. The
4 guy was carrying his own bag.
5 Once we got into the front desk, they
6 gave us a room, and we asked them, well, can we
7 get something to eat? The guy did offer us TV
8 dinners that night, and it was like around 9:45,
9 everything was closed, and there's nothing to eat
10 here after a certain hour.
11 To make a long story short, because I
12 can go into a lot of details, some of the issues
13 I've had here is that a lot of people hear you,
14 but they don't listen to what you say. I've been
15 to some committee meetings that they've had, some
16 town hall meetings. I've given my complaints, and
17 some of those responses I've gotten were you
18 should have dealt with them at that time.
19 At that time, I was in either an
20 emergency room or I was in the operating room --
21 out of an operation, under heavy medication, that
22 I really couldn't deal with that, my wife couldn't

0105

1 deal with it, my mom couldn't deal with it.
2 The issues we had were with civilian
3 nurse staff. Civilian nurse staff here, I was in
4 the one ward, and she was dropping my stuff. She
5 poked me five times before she could get an IV
6 started in me. And on the other ward when I had
7 another nurse, she -- she didn't know what a pulse
8 oximeter was. The doc said, he has to stay on a
9 pulse oximeter because his oxygen level is going
10 low, and they transferred me to the recuperating
11 room, and I told the nurse, I said, hey, you have
12 to put the pulse ox. Oh, we don't have one of
13 those.
14 And, then, later on, I feel these
15 things under my leg and I said, what's that? She
16 said, oh, I forgot to put those pressure bags on
17 your leg so your blood would circulate.
18 To me, the nursing staff here is very
19 bad.
20 Another thing with the medical boards,
21 I'm going through that right now. Like I said
22 before, I did have a condition before that

0106

1 happened after I enlisted into the reserves.
2 They're telling me it's preexisting, and the way I
3 see it, I went through several physicals with the
4 Army, I've been through so many years without
5 having a problem. And I think something there
6 caused my condition to get exacerbated while I was
7 deployed.

8 A lot of soldiers are going through
9 that right now. And a lot of people are afraid, a
10 lot of soldiers are afraid to speak up because
11 they're afraid of retribution. And I'm not saying
12 that there is going to be retribution or not, but
13 that's, you know, how our soldiers are taught, you
14 know, just follow your chain of command and suck
15 it up. Hey, that's what you're getting dealt.

16 I've lived in a lot of bad places, you
17 know, and where I'm at now, there are still there
18 issues. I'm not going to go into them right now,
19 but there's still some issues.

20 I'm -- I'm -- I feel blessed for the
21 people who have had a good time here, but there's
22 a lot of people who have had bad times and have

0107

1 not spoke out, from getting dropped off to getting
2 a map that has building -- pictures of buildings
3 but no legends on it; that didn't do me any good.

4 My wife recently found out about a
5 month ago that she was supposed to have orders
6 given to her when she got here. She hasn't
7 received any money since she's been here. And we
8 just recently found out about the meetings for the
9 spouses, the family assistance meetings, and one
10 of the reasons I came out here is because I've had
11 a bad time here, experience here overall.

12 And yesterday, myself, my mother, my
13 wife and my sister were in T2, and we ran into a
14 gentleman, I was taking care of my paperwork and
15 my wife was sitting outside the office, and this
16 gentleman, she watches him go from one office to
17 another, come back out, and he's standing in the
18 hallway, leaning on the wall, and she sees that he
19 starts to cry. And she asked him, are you okay?
20 And he says, yeah, I'm okay. But the man is
21 crying. So she says, no, really, what's going on?

22 Then right there he broke down and he

0108

1 started telling his story. He was a CBHCO, which
2 is a community-based healthcare, and he got put on
3 a plane to come here to do his MEB Board. And he
4 has -- he's getting MEB boarded for, I believe he
5 said it was his shoulder, and he was originally
6 evac'd from Iraq with PTSD because he tried to do
7 something that was really not right, and he was
8 really losing it while he was there.

9 He said he was a short time here at
10 Walter Reed and they sent him home to CBHCO, and
11 he says he hasn't been receiving the proper
12 treatment, and he told me he's seeing a civilian

13 doctor also.
14 Right now he's actually in ward 54,
15 because when my wife and I started talking to him
16 and my mother and my sister, he was talking about
17 how he wanted to kill himself, this, that and the
18 other.
19 I went to my platoon sergeant, and we
20 started talking to him. He didn't want to go to
21 the emergency room because he felt that he had
22 gotten treated bad one time at another psychiatric

0109

1 ward that he was put into. So it took me and my
2 wife and my mom and my sister about two hours of
3 talking to him. The only way I could convince him
4 to go was if I promised to stay with him and not
5 let anybody do anything to him that he didn't want
6 to, and if he stood overnight, I promised to go
7 see him in the morning.
8 So to me, the dropping of the ball of
9 patients is still going on to this day. Somebody
10 mentioned that they're doing some fixes here as
11 far as trying to fix some of the problems. Some
12 of the problems are getting fixed. They're
13 getting fixed off of reactions, and they're not
14 being thought through.
15 I'll give you an example. There are
16 patients being discharged from the hospital to
17 Building T22, they're a medical holdover section.
18 Initially, they were just getting sent on their
19 own. Now they were sending people to pick them
20 up. The people they're sending to pick up are us,
21 the patients, and that is okay for -- for some
22 soldiers.

0110

1 My case in point was that when I was
2 on that detail, I had to go push a cardiac patient
3 myself who was in pain in a wheelchair from over
4 there. I had to go pick up a psych ward patient
5 with another soldier that went with me to pick --
6 because that was her soldier she was picking up.
7 And I had a psych ward patient also. And she
8 started jittering in the chair, and I'm like, are
9 you all right? What's going on? She said, I
10 can't be in here, I can't be here, I feel like I'm
11 getting sick. And I'm like, well, what's the
12 matter? She's like -- apparently, she had issues
13 when she was in that ward, so --
14 And then I was talking also to another
15 soldier for the DERSES (phonetic) as they put it,
16 at the Malogne House. It turns out that he's got a
17 P3 profile, he can't lift 20 pounds, and he's
18 going through the MEB Board process. What is he
19 going to do for me if I have a heart problem and
20 my wife calls him, up, hey I need help?
21 So the problems are getting fixed off
22 the reactions and not being thought through. The

0111

1 MEB Boards are not acknowledging the fact that the
Page 43

2 Army, when they sent me overseas, that I've got
3 two physicals since the operation and the SRP
4 physical, that they sent me over there, and I told
5 the SRP people, hey, 10 years ago I had this
6 problem, do you think it's going to be cool for me
7 to go over there? They're like, yeah, you're
8 fine, you're good to go.

9 So the Army is not owning up to some
10 even preexisting or nonpreexisting conditions that
11 are coming up, and problems are getting fixed
12 without being thought through, and there's people
13 hearing it but they're not listening to you.

14 And even the gentleman I was telling
15 you about, he went to see the chaplain, one of the
16 things is he spoke English, but he can't express
17 himself in English. And he went to the chaplain,
18 and the chaplain thought he wanted a room, and he
19 dropped him off in the room at the Malogne House,
20 and he's like, I kept trying to tell him I needed
21 to talk to him because I wanted to hurt myself and
22 kill myself. There's -- there needs to be a

0112

1 little bit -- I don't know -- the -- the staff
2 here is great.

3 I want to say this, that the case
4 manager that I have had, which is Captain Hart,
5 before her was Lieutenant Elizabeth Fort and
6 (unintelligible), they've been very attentive to
7 my needs. They've tried to help me the best they
8 can, but they're overworked, they're over -- I
9 don't know what I can say -- they're just --
10 they're doing the best they can with the little
11 bit of help they got. They really need help to
12 come here and help them out.

13 HONORABLE MARSH: Thank you very much.

14 MR. BETANCUR: Thank you for letting
15 me speak.

16 HONORABLE MARSH: Were you Reserve or
17 Guard?

18 SSG BETANCUR: I enlisted in Reserve,
19 I've been in Reserve for 13 years, and the active
20 duty time I have is for my deployment.

21 HONORABLE MARSH: What state?

22 SSG BETANCUR: I deployed out of

0113

1 Virginia, Virginia Ambulance Company.

2 HONORABLE MARSH: Thank you.

3 HONORABLE WEST: I have a question.

4 MR. BETANCUR: Yes, sir.

5 HONORABLE WEST: The gentleman that
6 you referred to who wanted to kill himself, how
7 long ago was that?

8 SSG BETANCUR: This was last night,
9 sir. I was in the hospital with him till
10 10 o'clock.

11 HONORABLE WEST: Where he is now?

12 SSG BETANCUR: He's in ward 54, I
13 believe, and I spoke to him, and I would actually
14 like to talk to you guys further, if you don't
15 mind. And he would also probably like to talk to

16 you guys.
17 HONORABLE WEST: Okay. Maybe Sergeant
18 Major and I can get together.
19 SSG BETANCUR: Of course, sir, thank
20 you.
21 THE MODERATOR: Michael Parker.
22 MR. PARKER: Good afternoon. My name

0114

1 is Michael Parker. I'm a retired lieutenant
2 colonel. I went through the MEB/PEB process
3 myself in 2005.
4 HONORABLE WEST: Can I interrupt you
5 for a minute? Would you say for everybody to hear
6 what you said a minute ago when I said tell us?
7 MR. PARKER: He was saying when you
8 tell them, and I said dial the hotline number. I
9 guess you guys have set up a hotline. I don't
10 know what the number is. I'm sure some of you
11 guys do, but that hotline number is what you'd
12 call.
13 HONORABLE WEST: I think we have it
14 here to tell you.
15 MR. CODY: It's on the sheet, sir.
16 MR. PARKER: Okay. Again, I went
17 through the MEB/PEB process, and what I saw there
18 horrified me. Being over 20, it didn't really
19 affect me much, because -- affect me much, because
20 I was going to retire anyways. But I want to
21 cover some of the issues at large.
22 I have much to tell you, and I'll stay

0115

1 as long I need and meet with you any time you need
2 to to talk about these issues.
3 The first is that Title X, on their
4 disability law, requires that if somebody is found
5 unfit for a disability, needs to be removed from
6 service, they would be rated under the criteria of
7 the VA schedule for rating disabilities, the
8 VASRD. If that rating is 30 percent or more, they
9 will be retired.
10 DoD and the Services are not doing
11 that. They have substituted many of that criteria
12 with their own, which gives lower ratings, which
13 leaves the people being separated versus retired.
14 Good example, PTSD. If a service
15 member -- it says right in the VASRD that if a
16 service member is removed from service for PTSD,
17 he would be rated no less than 50 percent and
18 evaluated later for final rating. They're not
19 doing that. They've -- the Army has got a policy
20 that says we're not going to do that. No law says
21 use VASRD.
22 Another -- other examples are in the

0116

1 DoD side, where they put out a publication on how
2 to apply the VASRD and have substituted criteria
3 for certain conditions and diseases with their
4 own, which leads to separation versus retirement

5 level ratings.
6 I can tell you all day about things
7 like that, but I think you got the gist of that
8 story, and I'll get you as much detail as you
9 want.
10 HONORABLE MARSH: Are you a patient in
11 the hospital?
12 MR. PARKER: I'm retired. I have been
13 a patient, an outpatient here. I wasn't wounded
14 in combat or anything like that. I have several
15 conditions, rheumatology, urology --
16 HONORABLE MARSH: Well, I mean, are
17 you -- are you outside in the civilian world now?
18 MR. PARKER: Am I what?
19 HONORABLE MARSH: Are you in the
20 civilian world now --
21 MR. PARKER: I am self-unemployed
22 right now. I'm taken on this issue, and I'm not

0117

1 going to take work until I get it fixed.
2 HONORABLE MARSH: Okay.
3 MR. PARKER: So here we are.
4 The second issue, cherry picking
5 disabilities. The military will only rate
6 disabilities they find unfitting. I believe that
7 policy had some goodness to begin with, but it's
8 turned into a reign of terror itself. Many
9 conditions are not being rated that should be
10 unfitting, and that, because you can't aggregate
11 them together, leads to a separation versus
12 retirement level rating.
13 I've seen brain injuries, serious eye
14 conditions like keratoconus, and one service
15 member who had osteoporosis so bad his bone
16 density was less than a 85-year-old woman, and he
17 was found fit for that. Had he been found unfit,
18 he would have received a retirement level rating
19 combined with the other condition that he was
20 found unfit for. That's the second issue there.
21 The stability issue, and this is the
22 flaw in the law that's being exploited. The law

0118

1 states that you have to be stable before you can
2 get a final rating, but only if it's over
3 30 percent. And that applies for TDRL also. If
4 you have a TDRL if it's not stable and over
5 30 percent, they maintain you up to five years.
6 However, if the condition is not -- is
7 under 30 percent, there's no stability
8 requirement, either on the initial or on the TDRL
9 review.
10 So Services can punt a guy for a
11 chronic, serious condition as long as they can get
12 them before he reaches 30 percent. Likewise, on
13 TDRL, if they can engineer a way to get them under
14 30 percent and it's not stable, stability doesn't
15 matter anymore, he's gone, he loses the retirement
16 and he's separated.
17 EPTS, that's been brought up several
18 times here. DoD actually has some very good EPTS

19 policies and procedures that protect the equities
20 of these service members. They're not being
21 followed, and they're not being obeyed, and
22 they're not being checked by DoD.

0119

1 They have to come up with evidence
2 that is clear and unerring that the condition
3 was -- did not occur on active duty and was not
4 aggravated permanently by service. And that
5 evidence must be based on medical principles that
6 create a virtual certainty that they are right,
7 and that evidence must be documented on their form
8 in the Army's case ADA 199. It is not being done.

9 I've got several cases I could show
10 you right now. If I went home and got them, that
11 will show you that that's not being done. They
12 just write the EPTS and it's done. They're
13 good -- they're good provisions; they protect the
14 soldiers.

15 Another issue we need to talk about is
16 concurrent receipt. When a soldier loses his legs
17 in Iraq, he also loses 10, if not hundreds of
18 thousands of dollars in retirement equity. Right
19 now, all the retirement that he earns is offset by
20 VA disability that VA gives him.

21 So it's akin to me working for ABC
22 Corporation, getting hit by a bus, ABC Corporation

0120

1 gives me disability coverage, in this case that
2 would be our VA, but saying, oh, wait, first we're
3 going to confiscate your 401.

4 That's exactly what's happening to the
5 service members on their 20 years. Every dime
6 they've earned in retirement equity disappears
7 when they get their compensation from VA, because
8 it offsets, dollar for dollar, anything the
9 military gives them, whether it be separation pay
10 or retirement pay.

11 I think you all need to look at the
12 DoD.

13 HONORABLE WEST: And that's by law.

14 MR. PARKER: That is by law. Yes.
15 Now, H.R. 333 is currently on the floor of the
16 House, takes care of that problem for those who
17 are retired, but it does not address the issue of
18 people who are separated and must surrender all of
19 those dollars to the VA for their VA compensation.

20 DoD, the DES is designed to do two
21 things: Maintain a fit force and compensate for
22 lost career. When you compensate for a lost

0121

1 career, the dollars are taken away for disability,
2 your compensation evaporates. I, myself, would
3 have lost around \$800,000 if they had found me
4 unfit as far as what my retirement was worth in
5 net present value if they would have punted me at
6 18 years. They didn't, but I know several people
7 that they have.

8 If you take a look at the DoD actuary
9 tables, you will see that the number of disabled
10 retirees on the rolls have gone from 102,000 to
11 89,500 since the war broke out. So we've lost
12 13,000 disability retirees, the numbers are going
13 down, but we got injuries going way up. What's
14 going on? If you look at the budget for
15 disability retirees, it's maintained stable at
16 \$100 million a month.

17 So what it appears to me that they're
18 doing is that they've got a budget of 100 million,
19 how do we fit that budget? Well, we got a lot of
20 people coming back with severe injuries and they
21 have high ratings, therefore, high disability
22 payments. Who is the billpayer for that? It's

0122

1 the folks with the unseen injuries, the folks who
2 would normally be retired but they're engineering
3 ways to give them under 30 percent so that they're not
4 retired.

5 Again, the budget has not gone up a
6 dime, and if you look at it in real dollars, it's
7 gone down. If you look at the fact that pay has
8 gone up 3 percent a year on average, it's also
9 gone down as well. That needs to be looked in
10 seriously.

11 I have briefed all these issues to
12 DoD, P&R and Health Affairs over a year ago and
13 not a damn thing was done about it. I also
14 briefed IGs and both DoD and Army and not a damn
15 thing was done about it.

16 That's where you need to look to. The
17 IG system is broken. Many of my soldiers I sent
18 to the IGs and they got back nothing in terms --
19 we outlined every law and regulation that was
20 broken, and we got back it's legally sufficient,
21 and that was it.

22 CO-CHAIR WEST: I hate to interrupt

0123

1 you. Did any of this get picked up in the recent
2 IG report?

3 MR. PARKER: I have not read the IG
4 report. I did work with them and they told me to
5 go away. And the issue was -- or I was telling
6 them that the Army was not following laws,
7 regulations and policies when adjudicating cases.

8 They may have, as of late, because of
9 this thing -- I'm still working with them -- added
10 some of the issues, but I haven't read it but a
11 person who has read it says they couldn't find
12 anything addressing the legality issue of DoD or
13 the Services not applying to VASRD as required by
14 Title X. So I don't know if that issue has been
15 addressed or not.

16 I do believe they have mentioned the
17 fact they weren't following their own policies.
18 I've seen that in the report, but I haven't read
19 the report myself or articles in the newspaper.

20 CO-CHAIR WEST: Okay.

21 MR. PARKER: I would just like to say

22 that, you know, I am a patient here at Walter Reed

0124

1 outpatient for numerous conditions, and I cannot
2 be happier with what I'm getting here. This is
3 not a medical issue in my mind. It's a issue on
4 the personnel side of the Army G1 and the P&R, DoD
5 and Health Affairs, who owns the DES system and
6 works it through the Army Services, the DES
7 elements within the Services, Army, Navy and
8 Air Force.

9 On the medical side, I have no issues.
10 I've heard a lot of people say "issues," but I
11 think they're kind of case by case where the DES
12 issue is systemic, and I don't think "corrupt" is
13 too hard of a word to use in my mind after the
14 things I've seen.

15 Again, I'd like to have some
16 one-on-ones with anybody who wants to to talk
17 about these issues. I've got plenty of stuff. I
18 briefed the VDBC for months now on this issues.
19 CO-CHAIR WEST: I have an idea for
20 you. You said you briefed a lot of others. would
21 you be willing to come over and spend some time
22 with us at our offices to --

0125

1 MR. PARKER: Any time.
2 CO-CHAIR WEST: -- just go down your
3 list and sort of work through? You've got some
4 really very useful observations there that can be
5 very helpful to us --
6 MR. PARKER: Any time, anywhere.
7 CO-CHAIR WEST: -- and to your fellow
8 service members.
9 MR. PARKER: Thank you.
10 CO-CHAIR WEST: Great.
11 THE MODERATOR: Lorraine Cousens.
12 MS. COUSENS: Well, after all these
13 things which I've learned here, I don't even
14 belong in this league. My grandson was injured in
15 Iraq. He was in an Abrams tank, 500 pounds of
16 explosives came up, blew the tank up, the 78-ton
17 tank. His feet, which were supposed to be
18 amputated, somehow he still has due to the
19 wonderful care he got at Bethesda and Walter Reed
20 for which I have nothing but gratitude.
21 I have nothing but gratitude to the
22 staff, to the doctors, the nurses, the social

0126

1 workers, the Marines who are my heroes,
2 especially. His back was also broken and his jaw.
3 His teeth went into his gums. He came back -- we
4 got the call from Germany. They wanted to
5 amputate his feet. One doctor said, let's wait,
6 let him do it at Bethesda.
7 We gone to Bethesda, again,
8 amputation, and by some -- some miracle
9 Dr. Kealing said, let's wait. And they saw a
10 glimmer of hope and said, let's try and do limb

11 salvage.
12 I'm here because I'm concerned and I'm
13 frightened. I feel and I cannot -- I cannot point
14 my finger at any one in particular, but I do know
15 that our administration, our present
16 administration -- and I will not get into any
17 politics; I'm a Marine in my heart and I'm with
18 all the Services in my heart. But I know our
19 present administration obviously did not expect
20 the problems, because the body armor is better so
21 there's not as many body bags -- there are not as
22 many body bags coming back, thank God; but the

0127

1 limbs -- the snipers hitting the faces, the eyes,
2 I have seen these.
3 I was at Bethesda for a month. I'm
4 here a couple of weeks. I've seen a lot, a lot.
5 I've seen families. When one -- one person is
6 injured, that whole world changes. My life has
7 changed forever.
8 When my friends and family call and
9 say, oh, too bad he's at Walter Reed, I say, he's
10 getting the most wonderful care from those
11 wonderful people.
12 That being said, here is my fear: we
13 have an onslaught, there are too many soldiers
14 that need these beds. We don't have the
15 facilities here. The staff is stretched thin.
16 We don't have enough people here to
17 take care of the limb salvages of all the young
18 men who are coming in alive but that need care. I
19 will spare you my personal details.
20 But I was made to feel a little
21 pressure to have my grandson who can't walk --
22 he's got two -- two halos on his feet and nails.

0128

1 He looks like Frankenstein.
2 When I was at Bethesda -- he is
3 6-foot-2, they didn't have a wheelchair to elevate
4 his feet. I found they didn't have many
5 wheelchairs. Some people were going to donate
6 them. We, the richest country in the world, have
7 to wait for people to donate wheelchairs for our
8 veterans at Bethesda?
9 They don't have pillows. Well, I said
10 he needs pillows to stretch out, elevate his feet.
11 One of the nurses said, buy them; so I bought
12 them. I had to buy pillows. There's a shortage
13 of pillows right here at this hospital, talk to
14 any of the nurses.
15 I rigged up something that the doctors
16 laughed at. I got cardboard cartons and extended
17 the wheelchair so his long legs could lay on those
18 pillows and when he goes around, any medical
19 person that sees it gets hysterical laughing; that
20 can't believe this jerry-rigged taped-up, Scotch
21 taped thing is how he has to go around.
22 We don't have facilities for long --

0129

1 for tall people that have feet injuries, foot
2 injuries.
3 It's still a doubt whether he'll keep
4 his feet. I'm grateful that he's alive. My fear
5 is that -- and I've had an incident which I won't
6 go into here, it's time to leave, it's time to go
7 to Malogne House or, perhaps, a VA facility. I
8 know what I think of the VA facilities. I'm from
9 Seattle.
10 The VA facilities in Seattle -- we
11 mustn't forget our older veterans, of course not.
12 The VA facility in Seattle also has a lot of
13 Alzheimer's patients. My grandson, he belongs in
14 a military hospital.
15 My fear is the military hospitals are
16 not prepared for the vast numbers of our boys that
17 are coming back that need long-term care and, God
18 knows, I want him back on his feet. I pray -- I
19 don't want him to get any pensions or monies, I
20 want to see his feet on his body and walk out with
21 no -- with no money. I'd give a million dollars
22 if I had it so he would not need any further help.

0130

1 I don't know if that's going to be the case.
2 I do know we're not prepared long term
3 for the young people that are going to need
4 long-term care to get back on their feet.
5 I'm 77. I hear everybody talking
6 about age, I'm throwing that in. I'm 77. The
7 Second world war, the whole country was mobilized.
8 My brother came back; he was a big Air Force
9 hero -- not a marine, my grandson is a marine, my
10 other brother was in the Air Force as well, not as
11 big as the first one, he was in the three
12 campaigns -- when he got sick, the Army did
13 whatever they needed: they requisitioned hotels;
14 they took over whatever they needed.
15 Our whole country was at war. It
16 seems to me like I'm living in a time warp. The
17 Marines, the Army, the Navy, we're fighting a war,
18 the rest of the country is shopping at the malls.
19 I want to see the whole country
20 mobilized, take whatever we need from the civilian
21 population to help our young men.
22 when my grandson came back and he

0131

1 looked at this, he -- when the general gave him
2 his Purple Heart, he said, you're a hero, young
3 man, and my grandson said, no, I'm not. He said,
4 when he give him the Purple Heart, well, anybody
5 who got out of a tank with two broken legs, a
6 broken back and a broken jaw, I think is a hero.
7 My grandson said, no, I'm not, I didn't save
8 anybody but myself.
9 Okay. That's -- he says that's how --
10 that's how he thinks, and he's my hero in my
11 world. He's not only the hero. Every one of
12 these boys that comes back is a hero to me.
13 The doctor when he -- Dr. Kealing is

14 his name, one of the other doctors refers to him
15 as "the artist," because the surgery he did is
16 experimental and very delicate. And I told my
17 grandson if this works, you will be the forerunner
18 of other young men who will have limb salvage,
19 they won't just be so quick to amputate as they
20 were going to do.
21 At any rate, he looked at my
22 grandson -- and my grandson is modest. He

0132

1 wouldn't come here; he didn't want to make a
2 spectacle of himself, which I don't care if I do
3 or not, I'm old enough. I can wear purple. I can
4 make a spectacle of myself. He didn't want to
5 come. It's obvious, little kids turn away when
6 they see his feet. And I tell him, this is
7 temporary, you will walk out of here, you will.
8 And, thank God, I have the -- my kids
9 are involved, too; but they're working people,
10 they can't stay here as long as I can, they had to
11 go back to work; you know, make a living, pay the
12 mortgage.
13 Dr. Kealing looked at him and said,
14 you have done great service for your country, I
15 don't want you to worry about the amount of money
16 or the time that we will spend getting you
17 rehabilitation. To me, that said a lot for my
18 country. I felt -- I felt somebody was watching
19 my back besides the Marines who are also watching
20 my back.
21 I want that for every young man and
22 woman who served this country. I don't want them

0133

1 warehoused to some schleppey place that we don't
2 know what kind of care they're going to get.
3 That's my fear.
4 CO-CHAIR MARSH: Well, thank you very
5 much. And that's a wonderful story. And it's one
6 that more people in America need to hear. And I
7 would like to thank you for coming here and
8 expressing it.
9 Could I ask you a question? Are you
10 from the area?
11 MS. COUSENS: No.
12 CO-CHAIR MARSH: Are you from this
13 area?
14 MS. COUSENS: No, I'm far from home.
15 I'm sorry, I'm far from home. I'm from Seattle.
16 I've been here almost two months, and I've been
17 treated royally by everyone, gotten the best care.
18 They can't say anything bad to me about
19 Walter Reed.
20 His iPod was stolen when he went out
21 with the Marines. And someone said, well, you
22 know, Walter Reed. I said, hey, hey, hey, I'm

0134

1 from Seattle, University Hospital has plenty of
2 iPods that are also stolen. It's a problem at all

3 the hospitals across the country.
4 I have zilch complaints about
5 Walter Reed or one person here. I have no
6 complaints. I've got nothing but a wonderful
7 feeling toward Bethesda and Walter Reed, both.
8 I -- my fear is that they won't be
9 allowed to stay here long enough because there are
10 no facilities, there are not enough beds. There
11 are not enough beds and somebody's got to do
12 something for these kids.
13 CO-CHAIR MARSH: Thank you very much.
14 Again.
15 (Applause.)
16 MS. COUSENS: Thanks.
17 THE MODERATOR: Kimi Novak.
18 MS. NOVAK: Good afternoon. My name
19 is Kimi Novak. I was a captain in the
20 United States Army. I'm a registered nurse, and I
21 was medically boarded. I went through my medical
22 board from 2002 to 2004. I was told I would be

0135

1 here 30 days.
2 After about a few months, I decided to
3 rent a place, a townhouse, and made this my
4 homestead until I finished this medical board.
5 Because of all the red tape that I had to go
6 through, it ended up becoming something out of
7 control, a monster that just took a life of its
8 own.
9 And the things that I want to, I
10 guess, highlight as the red tape is physicians'
11 documents. They left a lot of room for
12 assumptions. They left a lot of room for
13 disagreements between physicians within the same
14 department.
15 I, myself, had to do a lot of research
16 on my own condition and make certain points to
17 physicians about my own care, the medication I
18 needed, the -- the disability that I thought would
19 be best for me.
20 When my disability rating was
21 presented to me, I totally disagreed with it
22 because of the VASRD. There was no disability

0136

1 rating for my condition. And it was put under
2 something totally of no relation at all
3 whatsoever.
4 And then not only that, when I went to
5 the board in uniform with a lawyer to contest my
6 rating, to my surprise, the board member, the
7 president of the board was an infantry officer who
8 had no medical inclination at all whatsoever and,
9 therefore, he wanted to see my medical condition
10 right there in front of his face.
11 So I then had to remove my Blues in
12 front of him and maybe show him something, so
13 what, to prove all of this documentation, that
14 this is not what I wanted when -- I'm not trying
15 to prove my disability here. I'm trying to get
16 due process.

17 I'm trying to get what I deserve. I'm
18 trying to get what's owed to me. I paid 10 years.
19 I sacrificed so much. I climbed the ladder. I
20 did good for myself. I did good for my country.
21 I did good for those around me. I was an advocate
22 for patients. I went all the way up to the GAO,

0137

1 Government Accounting Office, heard from my
2 Congressman, wrote my Congressman letters; they
3 pacified me.
4 You know, I have been a patient
5 advocate. who was my advocate? who is there for
6 me? who was the one saying, all right, yeah,
7 let's really take a look at this. I gave a
8 presentation to the GAO office about my condition,
9 medications I should be taking, things like that,
10 of that nature, arguing with the PDA, constantly
11 writing letters back and forth, getting a civilian
12 lawyer that I had to pay for out of my own pocket
13 to defend me which went nowhere.
14 And now here I am without the
15 disability rating that I deserve, that I want,
16 that I need, and I got a severance check which now
17 when I go to the VA is being paid back. So I
18 don't even get that severance check because it's
19 all being paid back.
20 So what did I really get out of this?
21 Anything. what? And here it is, you know,
22 five years later since my injury. It's the

0138

1 system.
2 And the only reason I got as far as I
3 did was because I'm medically inclined. I know
4 what I'm talking about. I know what these
5 conditions are.
6 I can see what medications I should be
7 taking, what rows, what therapies I need. A lot
8 of folks here don't know those kind of things, I
9 was lucky to know that and still I had to argue
10 with physicians and still I had to argue with PDA
11 and still I -- I needed to go through so many,
12 God, different avenues of approach.
13 I went to IG. I -- I -- I've seen so
14 many people. I've complained to so many people.
15 I've written so many letters. And where has it
16 gone? Nowhere. And here I am, in a position
17 where my career has changed, my life has changed.
18 I can't be a nurse anymore. So now I have to
19 pursue a different avenue.
20 And if I go through the VA, then, you
21 know, they might approve of vocational rehab, you
22 know, everything is just a mess. And why?

0139

1 Because it should have been taken care of at the
2 source, at the very beginning.
3 when I first came here, I should have
4 been looked at and evaluated properly in the
5 manner where things are documented correctly, you

6 know, where the right people are in the right
7 positions, certain folks are in those offices for
8 me to get the best that I need.
9 You know, instead of trying to
10 roadblock me, they should be there to support me
11 and direct me and guide me and not be out there on
12 my own trying to figure out a way to get to where
13 I need to be.
14 Thank you.
15 CO-CHAIR MARSH: Thank you. Thank
16 you. We appreciate your being here.
17 THE MODERATOR: David Spurlock.
18 LCDR SPURLOCK: Good afternoon, sirs
19 and ma'ams. Thank you for allowing me the
20 opportunity to speak today. My name is
21 Lieutenant Commander Dave Spurlock. My father was
22 a Navy flight surgeon, and I grew up in a medical

0140

1 environment.
2 I've experienced pretty good medical
3 conditions prior to May of '05 after 21 years of
4 both enlisted and officer service. In May of '06,
5 I went to Bethesda for a severe anemia condition
6 that prevented me from being able to complete the
7 semiannual physical readiness test.
8 During my time at Bethesda, I
9 experienced numerous problems getting diagnoses
10 and they could never decide what was the root
11 cause of the problem. There was also a
12 discrepancy in what was documented during a
13 postprocedure report that was later found to be
14 false by a civilian doctor.
15 I experienced firsthand some
16 unprofessional behavior between two doctors in
17 that they got into an argument in my presence --
18 and not just an academic discussion, it was a
19 full-blown argument.
20 After that, I decided that I was not
21 getting the type of healthcare that I wanted out
22 of Bethesda, so I came here to Walter Reed to seek

0141

1 help.
2 And this record right here
3 (indicating) is about 10 months' worth of medical
4 record which is considerably thicker than the
5 23-year naval medical record that I had before I
6 started this process. And I'm still undergoing
7 diagnostics because they haven't identified the
8 problem yet.
9 Now, overall, I want to say that I'm
10 very pleased with the direct medical care that
11 I've received here -- in fact, much to the chagrin
12 of my Navy counterparts. I tell them that I'm now
13 going to go to the Army medical people from here
14 on out.
15 And I guess I won't be able to make
16 any more Navy-Army jokes; but -- however, I have
17 had some issues with the nonmedical staffing
18 support issues that I wanted to bring up.
19 I'm currently stationed down in

20 Pax River, Maryland, but when I try to set up
21 appointments, it's almost as if they think I live
22 in the area. Those of you who are familiar with

0142

1 Pax River, depending on traffic, it's a two- to
2 four-hour round trip. So they'll set me up for a
3 30-minute appointment with a two- to four-hour
4 round trip.

5 I've talked to them about that and
6 tried to coordinate appointments; for example,
7 today I had a hematology appointment, a liver
8 appointment and a GI appointment, but that's with
9 much difficulty trying to coordinate those so I
10 can make it an effective day.

11 Also, too, collecting records from the
12 various clinics that I tend to my permanent record
13 is down in Pax River, but because the Navy -- the
14 medical system doesn't share records, I have to
15 walk from clinic to clinic to clinic to clinic
16 obtaining the medical records so I can take it
17 back to Pax River to make it part of my permanent
18 record.

19 And the other day, about 10 days ago,
20 I was here for surgery, and when I showed up at
21 the hospital, although the front desk said, yep,
22 you're on the surgery scheduled for tomorrow, they

0143

1 had no room to put me in. One of the enlisted
2 Army guys got me a room and they took very good
3 care of me. However, when they took me down to
4 surgery and then brought me back from surgery,
5 there was somebody in my bed and they had to take
6 me to a different room.

7 Now, I would like to say that I'm
8 particularly pleased with the physician assistant
9 Jul watley (phonetic) in the liver clinic. She's
10 been absolutely remarkable, and she's restored the
11 faith that I have in the medical system.

12 And, also, with regard to the BRAC,
13 personally, I feel it would be a mistake to close
14 or merge Walter Reed, because, again, I'm very,
15 very pleased with the medical care I've gotten
16 here.

17 And if -- if I may, I'd respectfully
18 request a private meeting to discuss any of the
19 medical specifics.

20 Thank you.

21 CO-CHAIR MARSH: Thank you very much.
22 Holly.

0144

1 THE MODERATOR: Barbara Boware?

2 MS. BEDWARE: Bedware.

3 THE MODERATOR: Is it Bedware? I'm
4 sorry. You can speak from there.

5 MS. BEDWARE: Hi, how are you doing?

6 My name is Barbara Bedware. We're from Vermont.

7 My husband is in the National Guard from Vermont.

8 He spent two tours over in Iraq. While he was in

9 Ramadi, he got hit in the head with a
10 two-and-a-half ton cement barricade.
11 It took awhile to figure out what
12 happened, because when I got the phone call I was
13 told he had a broken nose and was being evacuated
14 to Germany. I was like, well, tell him to cowboy
15 it up and march on; you get a broken nose, you're
16 being evacuated, like, yes. well, I wish my life
17 was that easy, you know.
18 Then they said, well, he's got a
19 little cut over his right ear. So why are you
20 evacuating him? Oh, standard procedure. Then he
21 asked me if I had a passport and if I could go to
22 Germany, like, now. It was, like, no. I'm not

0145

1 going to Germany for a broken nose; send him back
2 to Iraq.
3 Finally, he arrived here at
4 Walter Reed and somebody said, oh, all the bones
5 in his face are broken. Can you come here? I
6 said, yeah. I grabbed the next train and I was
7 down here, Union Station, middle of the night,
8 somebody grabs my bag, throws it in the back of a
9 taxi. Lo and behold, ain't it a towel head that
10 doesn't speak English, right? I said, I want to
11 go to Walter Reed.
12 He drops me off two-and-a-half blocks
13 from Walter Reed. I have to walk in here. He
14 said, we no go to Army place, they bad people.
15 Okay. I'm like -- I come from the mountains. My
16 biggest worry is if the bears are going to eat all
17 of my fruit, right? So all I see is all these big
18 buildings, terrified, because you have people
19 skulking around instead of skunks, right?
20 And I have to drag my back to
21 Walter Reed, and I'm a disabled vet. I come in
22 here, they tell me, well, he's somewhere in the

0146

1 hospital, go find him. I had to act like a
2 bloodhound to go find my husband on my own; I had
3 no idea where I was or what I was doing.
4 We finally found him in the step down
5 unit. Everybody kept saying, he's fine, he's
6 fine, he's fine. Then they sent us home on
7 convalescent leave. He spent the entire time in
8 convalescent leave, it's 20 below outside, he's
9 got metal in his head, and he was in bed, and it's
10 the first time, in our 15-year marriage, I ever
11 saw my husband cry.
12 He was in that much pain. He was
13 incapacitated and he had no pain meds. Then they
14 forgot about us till June. We would spend from
15 February to June here at Walter Reed collecting a
16 paycheck doing absolutely nothing but sitting in a
17 motel room with an autistic 17-year-old. We were
18 not happy campers.
19 When we finally ditched our getting
20 people to give us appointments and things like
21 that, we started getting, well, your
22 National Guard, regular Army has priority. We've

0147

1 been on the ECHO program for my son for treatment
2 for autism since February. He can't get treatment
3 because regular Army families come first.
4 My husband is a TBI. The TBI clinic
5 here, I have to tell you, fire the lot of them.
6 Fire them right off the bat, they treat the
7 patients with TBIs like they are mentally
8 retarded; they belittle them; they -- they insult
9 them; they will not give up any records to them.
10 I was called a liar by one of the
11 supervisors up there, the case manager, because
12 I've been trying to get ahold of the records from
13 the last battery of tests which was done in
14 June -- in November just before Thanksgiving, and
15 they won't give it to me. They won't even give it
16 to the case managers from T2, nobody can get ahold
17 of those records. It's like it's top secret. I
18 betcha the CIA couldn't even get those records.
19 As far as -- the people that have done
20 good -- I'm going to have to name them because
21 they really deserve a raise, there's -- you got
22 Sergeant Frost, who is our platoon leader. I

0148

1 mean, he actually went out of his way to go to
2 Andrews Air Force Base to buy my husband's
3 Christmas present for me so he couldn't see it you
4 know. He's -- he's -- he goes outside of the box.
5 He's our second platoon sergeant. Our
6 first one would not go outside the box; he stayed
7 inside his little box and that's all he did. A
8 lot of the platoon sergeants are like that, but
9 you do have a lot of platoon sergeants like
10 Sergeant Frost that go above and beyond the call
11 of duty. Everybody in the platoon has his phone
12 number. So even in the middle of the night, you
13 can call this man if you have a problem.
14 You got Lieutenant Colonel
15 Steven-Blake. She's been trying to get ahold of
16 his records from TBI since December. And she's
17 not even our case manager. She's doing it out of
18 the goodness of her heart. She deserves an
19 applause.
20 You have Colonel Harrington who --
21 Colonel Hamilton who has been trying to get things
22 done, but his hands are tied. Everybody down

0149

1 there at T2, their hands are tied, they can only
2 do so much. You get over here to the hospital and
3 some of the civilian staff and you can't do
4 anything -- and I mean nothing.
5 So we spend days just wondering from
6 building to building to building to building
7 getting -- trying to get signatures to get
8 paperwork to get the next appointment, which we
9 can't get if the case manager doesn't see a
10 referral from the doctor in the computer. And
11 some of the computers ain't hooked up to the T2,

12 they're not networked; so they can't get the
13 referral anyway because the computers aren't
14 hooked up to talk to each other, which I don't
15 understand, because, you know, I thought my CD-ROM
16 drive was a cup holder for six months, okay?
17 My kids had to tell me it was
18 different. But I have no idea how you can fix the
19 computer system so that they talk to each other,
20 but it needs to be done.
21 It's -- they want -- now my case
22 manager, Captain Deadman, wants Archie to go back

0150

1 through the TBI testing again with these people
2 who do nothing but torture him. They treat him
3 like he's a dummy and they -- and that's the way
4 they do it. They just sit there. Well, you
5 wouldn't understand if we told you. I was, look,
6 we don't have to understand at the first time, you
7 can change your word so we do understand it. But
8 they won't do that, they just blow us off.
9 He's not going to go through a battery
10 of testing here at the TBI clinic here at
11 Walter Reed. I'm not going to allow him to be
12 tortured yet again by them. I told them I'm not
13 refusing treatment, I want it done elsewhere.
14 They've never sent him anywhere except
15 for the VA, and the VA makes him put little keys
16 in holes and take them out. And that's all they
17 do over at the VA. That's the therapy you get for
18 being brain damaged in the Army.
19 Okay. As far as the rating's
20 concerned, the MEB Board, they said they started
21 the paperwork, they said it would be 90 days and
22 you're out of the Army, you're in a Dumpster,

0151

1 right? That 90 days was up December 28th.
2 Right. We're still sitting here. We
3 have no idea when they're going to finish. We
4 have no idea if we're going to get a notice sent
5 out because, in the meantime, during all this
6 since December '05, our landlady in Vermont
7 decided she didn't want the house empty, so we
8 lost our place. So when the Army throws us out,
9 we have no place to live.
10 We don't even know if Archie can live
11 in Vermont because of the metal in his head, it
12 incapacitates him. I'm afraid that he won't
13 survive another winter in Vermont if we go back.
14 So what do we do? What help can you give me to
15 put me on the right path so I can protect my
16 family? That's my question to you.
17 CO-CHAIR MARSH: Thank you very much
18 for your presence here for giving us that
19 background. Again, it gets into this issue of
20 access and continuing care and expediting people
21 moving through the system which seems to fall
22 apart at times on some cases.

0152

1 Holly, do you have --
2 HONORABLE BACCHUS: I wanted to ask
3 her a question.
4 CO-CHAIR MARSH: Yes, go ahead,
5 please.
6 HONORABLE BACCHUS: Ma'am, first of
7 all, thank you very much and thank you very much
8 to your husband for his service to our country.
9 Before I ask this question, I,
10 perhaps, should mention I was an enlisted in the
11 man in the National Guard and in the Army Reserve.
12 And it seems to me that the Guard and the Reserve
13 bleed in the same way as the regular Army.
14 You've mentioned something early on
15 about a preference that's given, in your view, in
16 treatment for the regular Army personnel over the
17 Guard and the Reserve. I have a hard time
18 believing that that would be the case.
19 Can you tell me more about that?
20 MS. BEDWARE: They told us that that
21 was the way.
22 HONORABLE BACCHUS: wait until they

0153

1 give you the mike back, ma'am. Thank you.
2 MS. BEDWARE: They told us that. They
3 told us first priority is regular Army.
4 HONORABLE BACCHUS: Who told you that?
5 MS. BEDWARE: Some of the doctors, the
6 ECHO program.
7 HONORABLE BACCHUS: And the ECHO
8 program is for the autistic services?
9 MS. BEDWARE: Yes.
10 HONORABLE BACCHUS: All right. Thank
11 you very much. I'll follow up.
12 THE MODERATOR: Bonnie Whitehead.
13 CO-CHAIR WEST: One second. In
14 fairness, you came down here to -- came in here to
15 tell us your story, and you asked us a question at
16 the end, and I think you deserve an answer.
17 You said this is my situation, what
18 can you do for me to help out?
19 MS. BEDWARE: which direction can you
20 point me in?
21 CO-CHAIR WEST: Yes. I think there
22 are a couple of answers, one is not very helpful

0154

1 at all and, that is, remember that what we have as
2 our weapon is the disinfectant of sunlight, we get
3 to have you come and expose this on the record
4 before everyone to us.
5 We get to tell that again in our
6 report and to point out what needs to be done and
7 to -- and to frankly use your example to try to
8 help everyone so that this does not happen again.
9 The second thing is in your particular
10 case, we can get your particulars and see if we
11 can help follow up in terms of what you are
12 having happen to you; and the sergeant major and I
13 will be glad to try and help out in that respect;
14 but, as you know, we don't have the power of

15 anything other than the disinfectant of sunlight,
16 but we will be happy to use it.
17 MS. BEDWARE: Okay.
18 CO-CHAIR MARSH: Holly.
19 THE MODERATOR: Bonnie Whitehead.
20 MS. WHITEHEAD: Hi. I have a son,
21 Luke, that December the 20th, stepped on an IED in
22 Iraq and took a full blast. Since we've been here

0155

1 at Walter Reed, I cannot say enough for his care.
2 And I cannot say enough for how well the doctors
3 have been to him and the complete hospital has
4 done myself and his brother and significant others
5 in the family. We could not have had better care.
6 Now, Luke -- Luke sustained a loss of
7 the complete right side of his body, the arm, the
8 leg. He's got the arm up right below here
9 (indicating). He has shrapnel in the intestines.
10 He lost muscle tissue on his legs, on the one leg,
11 and then muscle tissue down here on the other leg.
12 They had to cut him open, take half of the muscle
13 tissue from his stomach place on the leg that he
14 lost.
15 Now, I can't speak for a lot of the
16 other soldiers in this hospital, I can really only
17 speak for what I've had to walk through with my
18 son. It has been phenomenal. His willpower, his
19 desire, his -- his whole being has been
20 phenomenal. He is up and down and all around the
21 hospital, and he's been here since December the
22 26th.

0156

1 And by all rights, he should not even
2 be alive. He bled out five times and he should
3 not even be alive. But it's because of the care
4 he has received from the doctors, the nursing, the
5 complete from A to Z at this hospital. The care
6 they have given me and my son, my husband, we
7 couldn't have had it any better.
8 And -- and to be honest with you, I
9 haven't really been focused in on the news reports
10 because I'm focusing in on my son.
11 I've talked to my son about a lot of
12 the other soldiers on ward 57, a lot of them don't
13 come out of their rooms. I've told him he's
14 considered an inspiration on our ward due to what
15 he's endured and how fast he's recovering. And
16 it's because he has the will.
17 And I talked to him the other day
18 about, Luke, why don't you go in and talk to some
19 of these soldiers, you know? Soldiers help
20 soldiers.
21 And I really hate to say this -- and
22 this is no offense to any other soldier, and I

0157

1 promise you that. I'm from a military family --
2 he tells me, mom, I don't have anyone in here
3 pushing me to get up at 6:00 in the morning when I

4 don't have to, get myself teeth brushed and move
5 it.
6 He says, mom, these guys have got to
7 find it within themselves and they've got to have
8 their family there by their side pushing them. He
9 said, I'm not going to do it. He said, they've
10 got to come to a point in their life where they
11 will do it. He said because the staff is there
12 for them; he said but the staff is not our maids.
13 He said the staff is here to help take care of our
14 wounds, but they're not our maids.
15 If we have a wound on us that we can
16 reach it and we can treat it, why not take that
17 burden off of the nurse, because they've got
18 someone else that's hurt a little worse. Well,
19 he's right. He's is absolutely right.
20 If our boys or girls can help
21 themselves help them, that lets the nursing and
22 the doctors go help other people. I'm proud of

0158

1 that outlook. I mean, people might think it's a
2 dumb outlook or, hey, you know, that's their job.
3 Well, they do need help. So if a soldier can do
4 it, do it. It's just going to make them that much
5 stronger.
6 And my son tells me, whenever he came
7 to enough to be able to talk to me, which we spent
8 the first two weeks in SICU minute by minute
9 whether he would live or die, his injuries were
10 that severe. When he came to enough to be able to
11 coherently talk to me and he looked at me, he
12 goes, mom -- he held up the arm that was gone, and
13 he looked down at the leg that was gone, he said,
14 mom, I don't know why this happened; he said, but
15 I'll tell you one thing, I'm going to be a better
16 man for it. He said and nobody will hold me back.
17 Now, I just feel that the hospital has
18 got a bad rap and that -- it angers me because I
19 know my son would not be alive today. I know that
20 if it was not from the hospital caregiving that he
21 has received and God. He would be dead.
22 And I want to thank the hospital --

0159

1 and I'm not saying that the hospital doesn't have
2 issues, but I can't stand here and tell you that I
3 know these issues, because like I told you, I'm
4 focused in on him.
5 But when I heard that the hospital had
6 negative reports coming against them, that angered
7 me, because you know what, as a parent, I'm
8 standing there and I'm saying, thank you, God,
9 thank you, he is alive. He's missing limbs. He's
10 got other issues, but he is alive, and thank you,
11 God, that they were there for him and they are
12 there for other soldiers.
13 And I have not seen on our floor, and
14 that is ward 57, those nurses busted to take care
15 of these guys and girls, they're literally busted
16 it. And these guys and girls could help their
17 self some, in my opinion -- and I could be jumping

18 the gun, but I know Luke does go in and see them,
19 and he says there's nothing that's stopping them
20 from getting up and pushing theirselves. They got
21 to find it within them. They've got to be real
22 soldiers. Well, to me, that's being a real human

0160

1 being, and it's a will for survival.
2 And I also will tell you that any
3 problem that I've had in the red tape issue, any
4 information that I've had to have, hey, I haven't
5 had a bit of problem finding answers to it. But I
6 will tell you this: I do an awful lot of walking.
7 And you know what? I'm just going to get
8 healthier for it is the way I look at it, and I'm
9 going to get my answers for my son and in the
10 process of getting the answers for my son, I'm
11 going to get healthy for it, too.
12 So the way I'm going to look at this,
13 this is a hard call, it's a hard role -- road for
14 all of us parents, for the whole families, but
15 there is positive to it, and the positive to it is
16 that your child is alive and you should be
17 thanking God and the doctors and the nursing care
18 at this hospital and putting in things to help
19 them help your child.
20 That's really all I have to say. I
21 apologize for not being up to date on the news,
22 but that just really hasn't been my priority, my

0161

1 son's been my priority, and I don't apologize for
2 that part of it, so -- and I want to thank you.
3 CO-CHAIR MARSH: Well, we want to
4 thank you, one, for your service and, secondly,
5 for your son's service.
6 MS. WHITEHEAD: I have to two sons;
7 they were both over in Iraq.
8 CO-CHAIR MARSH: We appreciate that.
9 Can I ask you a question? Do you live in the area
10 or do you have to travel?
11 MS. WHITEHEAD: No, sir, I do not.
12 I've from Florida. I've been here since
13 December 27th. I have not left this place.
14 HONORABLE BACCHUS: Where are you from
15 in Florida?
16 CO-CHAIR MARSH: You came up here from
17 Florida?
18 MS. WHITEHEAD: Yes, sir.
19 CO-CHAIR MARSH: I guess you're
20 staying here full-time?
21 MS. WHITEHEAD: Yes, sir, I am. I'm
22 staying here with my son until he's ready to

0162

1 leave. To me, I find the family support system is
2 the most -- or the best medicine outside of
3 medical that a soldier can have or it has been in
4 my case.
5 HONORABLE BACCHUS: Can you tell me
6 where you are from in Florida?

7 MS. WHITEHEAD: I'm from LaBelle,
8 Florida.
9 HONORABLE BACCHUS: All right.
10 MS. WHITEHEAD: Okay.
11 HONORABLE BACCHUS: I know where that
12 is. I'm from Florida.
13 MS. WHITEHEAD: Oh, well, what part
14 are you from?
15 HONORABLE BACCHUS: Orlando.
16 MS. WHITEHEAD: Oh, how do you do?
17 Sorry about this.
18 You know, I just got angry because I
19 can walk the halls and hear all this negativity.
20 And -- I don't know. My son's made the news.
21 When my son got hurt, the two brothers over in
22 Iraq together and the one escorting him back, they

0163

1 wanted to send him back, the one that wasn't hurt,
2 in 10 days, and we fought and got him here,
3 because they are my only two children, okay?
4 We both find that this place has been
5 a God gift, a God gift. And I think -- I think
6 we, as the parents, care -- well, mostly the
7 parents, siblings, all that, need to be looking to
8 the positive. I mean, you know, the positive is,
9 okay, it's a rainy day out there, but, hey, the
10 ground needs the water.
11 I know that sounds silly, but there is
12 always a positive and a negative. There is. And
13 we, as parents, need to start looking for that and
14 we, as parents, need to help our soldiers, our
15 children through this walk that they're going to
16 have to go. And I, for one, will help my son.
17 I am -- both my sons, and I want to
18 thank this hospital. I want to thank you and I
19 will thank you and thank you forever will we be
20 grateful to the care you all have given my son.
21 And -- and I really guess I need to
22 just zip my lip and get back to my son, because I

0164

1 didn't know I would be in here this long, you
2 know.
3 CO-CHAIR WEST: Thank you.
4 CO-CHAIR MARSH: Thank you.
5 MS. WHITEHEAD: Thank you and thank
6 you. Thank you.
7 THE MODERATOR: Chris Chenard is the
8 last preregistered guest on the list. And if we
9 will have him speak, then we'll be happy to take
10 additional comments from the floor as well.
11 Just stand right there.
12 SGM CHENARD: Excuse me. Thank you
13 all for being here, both in front of me and in
14 back of me. I'm sorry to turn my back to you.
15 And, Barbara, thank you for taking
16 care of our -- of Archie. We're practically
17 neighbors. I'm from New Hampshire, and they're
18 from Vermont, small states.
19 I've been in 35 years. This is my
20 35th year, 18th year as a master sergeant -- a

21 sergeant, nine years as a first sergeant. I guess
22 what upsets me the most is we haven't gone back to

0165

1 basics. We have wonderful care. You've heard it
2 from everybody, the care is wonderful. That's a
3 given.
4 It is amazing that so many clinics in
5 a big building with so many patients and so many
6 employees and so many shifts can be run by one man
7 at the front desk, Colonel Deal who has just done
8 a marvelous job, I don't know how he does it;
9 Colonel Callahan, I don't know how he does it --
10 he's the one whose schedule has gone haywire, and
11 I can see why. But he has every soldier's
12 interest at heart, I've seen it, I witnessed it, I
13 know it, I can recognize it.
14 As an NCO sergeant major, we
15 recognized it firsthand, because we're where the
16 rubber hits the road, which brings me to my being
17 a patient, but finding myself being a mentor.
18 A lot of company grade, warrant
19 officers, sometimes field grades, all the
20 soldiers, they come and see us and say, by the
21 time they hit the board process, if they didn't
22 have hypertension, it's about to hit them. If

0166

1 they don't have anxiety attacks, about 80 percent
2 are going to get it one way or the other.
3 Because they're not going to hear much
4 and they're going to be dealing with PEBLOS,
5 Physical Evaluation Board Liaison Officers who,
6 oftentimes, do not have the wherewithal -- let's
7 see what that says.
8 (Interruption by alert.)
9 SGM CHENARD: Okay. I almost lost my
10 train of thought here.
11 What people have told you about the
12 regular Army versus the Reservists and Guard
13 getting different treatment, it's true, I've seen
14 it. It's documented. We need to work on that
15 because when we -- when they activate us to duty,
16 especially overseas, especially in a combat zone,
17 they're saying we're fit for duty just the way we
18 are.
19 If we had a preexisting condition,
20 that's what I mean by getting back to basics, the
21 regulation says, if your service aggravated an
22 existing condition, then it's rateable. That's

0167

1 right out of the regs.
2 It also says in the case where the
3 docs can't agree but, obviously, they see that a
4 patient's got a severe condition like migraines,
5 especially TBI patients or -- or other qualifying
6 soldiers, the regulation says give the benefit of
7 the doubt to the soldier, err on the soldier's
8 side.
9 I think we call that incompassion in

10 the civilian world. We have that here, too, but
11 unless the regulations states that, we can't do
12 it. Well, guess what? It's in the regulation.
13 It's in public law, all right? So we need to
14 stick with the intent of the regulations.
15 The PEBLOs I was talking about before,
16 we are told we're going to get an increase, that's
17 good.
18 The type of person we have on the
19 boards, MEB, PEB and PEBLOs, the recommendation
20 I -- I'd have is a fairly easy fix because we're
21 getting more and more of them every day, let's try
22 to make them combat veterans as attrition allows

0168

1 and we replace them, why not replace them with
2 combat veterans or maybe combat veterans who also
3 are Purple Heart recipients?
4 If anybody understands an injury in a
5 combat zone and the consequences and the healing
6 process there of afterwards, it's them.
7 Let me see. I think I covered just
8 about everything. Everybody else mentioned
9 everything else.
10 We have some doctors who when they
11 review your NARSUM, your narrative summary, let's
12 say you've seen six clinics over six months,
13 different clinics, a summary is made up so that
14 the Medical Evaluation Board can review your case
15 without seeing you, they -- they've never see you,
16 they just look at the what the doctor's write.
17 If the doctor writes, Johnny has
18 difficulty breathing, period, and then they move
19 to another clinical diagnosis, Johnny's not going
20 to get rated for that difficulty of -- of
21 breathing, but if we -- if the -- if the doctor
22 takes the time to write down when Johnny walks

0169

1 100 yards on a flat surface and he has to stop and
2 catch his breath and sit down for five minutes --
3 and this is routine and every day, let alone
4 walking upstairs, incline steps, that's
5 quantifiable, the board can look at that.
6 So we need to be more careful how we
7 write up clinical reports. You know, the plane
8 crashed. Well, why did it crash? The NTSB spends
9 a year analyzing that. We need to spend some time
10 writing medical diagnoses if there's any even
11 hint, we may not know that that service member may
12 not be returned to duty, because if he or she has
13 returned to duty, that's fine; if they're not, we
14 need to make sure we compensate them
15 appropriately.
16 Like the gentleman said earlier, we
17 need to follow the rules just the way they're
18 written in the books and not shuffle people under
19 the carpet. We've seen a lot of that, too.
20 I haven't gone through the board
21 process yet, so I consider myself impartial. I
22 can't wait.

0170

1 So we can't have doctors removing
2 documentation, a doctor who reviews a NARSUM and
3 says, gee, I don't see that here, some doctor who
4 saw the patient wrote up A, the reviewer says, I
5 don't see that, takes it out. Now that record
6 goes to the PEB, the Physical Evaluation Board,
7 they're even less on the medical side, and they
8 come under a different portion of the Army.
9 They're under the G1. So they're like really out
10 of the medical loop, so to speak.

11 And all they have is what's in front
12 of them and they don't see that, and then the
13 rating comes out and the kid gets 30 percent or
14 less -- I'm sorry, 20 percent or less, and he
15 reads it, and he says, but, but I have a pulmonary
16 condition. Well, the guy who reviewed it, the MD
17 who reviewed it before and says, you know, I just
18 don't see enough evidence here, takes it out.
19 Then the kid asks the PEB folks, you didn't look
20 at my -- well, it wasn't there, we never saw it.

21 And there's another thing that kind of
22 really aggravates an old NCO here it's when the

0171

1 PEB tells a patient who says you didn't rate this.
2 Well, you didn't bring us the paperwork so it's
3 not here. I have a problem and an issue with
4 that.

5 There are two or three layers above
6 us -- above us patients who are there to gather
7 the paperwork, to make sure our record is complete
8 for proper evaluation. Now you're telling the
9 patient he or she didn't get -- didn't get this
10 paperwork from such a clinic, so sorry, we didn't
11 review it because we didn't think you thought it
12 was important. Wrong answer.

13 Does that point clear? Yeah.

14 That's all I have. Thank you very
15 much.

16 CO-CHAIR MARSH: Well, thank you very
17 much.

18 Togo.

19 CO-CHAIR WEST: I want to ask you
20 about this business of doctors removing the
21 paperwork from the files.

22 Is that a fairly common practice?

0172

1 SGM CHENARD: It's chronic, and I'll
2 keep names for a one-on-one, if that's okay.

3 CO-CHAIR WEST: I would have thought
4 that would be contrary to sort of any kind of
5 enlightened practice and maybe even contrary to
6 the law.

7 SGM CHENARD: It is, and it's like the
8 gentleman in yellow, I forgot his op-ed, it goes
9 on every day.

10 CO-CHAIR WEST: Okay.

11 CO-CHAIR MARSH: Do you want to wind
12 it up?

13 CO-CHAIR WEST: He wants to make a
14 comment.
15 MR. PARKER: I just want to add on
16 what he says about the NARSUMS being incorrect.
17 There are some very good policies that say you
18 will write a NARSUM using the VA policies that
19 talk about what you need to put down on them.
20 They're the guidelines and the checklists, because
21 those checklists tie directly to the VASRD.
22 The VASRD says, you know, if he has

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1 30 percent in his knee or whatnot, that checklist
2 will draw that information out so that the PEB
3 will get all the information they need to
4 correctly rate them under the VASRD. That's not
5 being done and the PEBs are not kicking them back
6 to say do it right, they just rate what they got,
7 because 20 percent you're out of here. So just
8 add that little on.
9 CO-CHAIR WEST: Yeah. Thank you.
10 CO-CHAIR MARSH: Holly, are there any
11 other participants?
12 THE MODERATOR: No, sir, there are no
13 other preregistered guests; however, I would like
14 to take the opportunity and extend the offer once
15 again that our Panel members will be able to meet
16 one-on-one following this meeting with anyone who
17 is interested.
18 Again, remember, please register for
19 those sessions at the attendee table. I'd also
20 like to refer you to the web site and the
21 hotline number, which are both sitting at the
22 session table. Those are wonderful opportunities

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1 for you to expand on the comments laid forth
2 for the Panel today.
3 CO-CHAIR WEST: Is there anyone here
4 who wants to speak?
5 THE MODERATOR: Do we have any
6 additional comments from the floor?
7 MR. PARKER: Yeah, something I left
8 out at the end of my first presentation that this
9 commission and the other commissions looking at
10 the PEB, the DES issue, we got to do more than fix
11 the future; we have to fix the past.
12 There are numerous disabled soldiers
13 out there, either homeless, living in their
14 parent's basement or living in their car because
15 they weren't adjudicated correctly and given the
16 legal benefits they were due due to their
17 disabilities.
18 Thank you.
19 CO-CHAIR WEST: Not having seen anyone
20 put your hand up, remember what Holly has said
21 about the opportunity to speak with us after this
22 today. Can you say the hotline number? I

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1 know it's on the paper. would you just say it

2 out?
3 THE MODERATOR: I'd be happy to. That
4 number is 1-866-268-2285. Again, that's
5 866-268-2285.
6 And the web site you can log in your
7 comments on the web site at www. ha.osd.mil/dhb/irg
8 CO-CHAIR WEST: Thank you.
9 Also before we close, is there
10 anything now that you've said stuff to us that any
11 of the members of our group would like to say
12 before we close?
13 Here?
14 All right. There's been a lot of talk
15 about active, Reserve and Guard. There's been
16 talk about military and their attitude about
17 civilians. There's been talk about family. There
18 have been facts presented, but there's also been
19 interpretations and positions presented, some
20 people see things one way, others a different way.
21 There's been talk about the Army
22 cooperating with the Marines and the service of

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1 the Air Force.
2 I remind us all, that we're all in
3 this together. The fact is that whether it's
4 active or guard, civilians or military, families
5 or staff, it's all the same church, just maybe a
6 few different pews.
7 So thank you for coming here and that
8 common objective to make whatever it is that we
9 have here better, better for those who are our
10 patients, better for those who work here to serve
11 them and then better ultimately for our Nation.
12 Thank you all and goodbye.
13 (Whereupon, at 4:28 p.m., the Open
14 Meeting of the Independent Review Group was
15 concluded.)
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Acronym List/Glossary

ADA - Americans with Disabilities Act
ADO - Administrative Duty Officer
AIT - Advanced Individual Training
AWOL - Absent without Leave
CBHCO - Community Based Health Care Organization
CDIF - Clostridium difficile, or C. difficile
CD-ROM - Compact Disc - Read Only Memory
CIA - Central Intelligence Agency
CRC - Conus Replacement Center
DA - Department of Army
DES - Disability Evaluation System
DoD - Department of Defense
E5 - Enlisted Sergeant
E7 - Enlisted Staff Sergeant

ECHO - Extended Care Health Option
EP - Electro Physiology
EPTS - Existing Prior to Service
G1 - General Staff 1 (Personnel)
G3 - General Staff 3 (Operations)
H.R. 76 - House Resolution 76
HRC - Human Resources Command
ICU - Intensive Care Unit
IG - Inspectors General
IV - Intra Venus
LOD - Line of Duty
MEB - Medical Evaluation Board
Mobd - Mobilized
NARSUM - Narrative Summary
NTSB - National Transportation Safety Board
OT - Occupational Therapy
P3 - Permanent Profile Rating (1-5)
P&R - Personnel and Readiness
PEBLO - Physical Evaluation Board Liaison Officer
PCLS - Psychiatric Consultative Liaison Service
PM&R - Physical, Medicine, and Rehabilitation
PRB - Physical Evaluation Board
PT - Physical Training
PTSD - Post Traumatic Stress Disorder
SICU - Surgical Intensive Care Unit
SRP - Soldier Readiness Processing
SVT - Supra Ventricular Tacticardia
TBI - Traumatic Brain Injury
TDRL - Temporary Disability Retirees List
TSGL - Traumatic Servicemember Group Life
TSGLI - Traumatic Servicemember Group Life Insurance
VA - Veterans Administration/Department of Veterans Affairs
VASRD - Veterans Administration Schedule for Rating Disabilities
VDBC - Veterans' Disability Benefits Commission