

# Congress of the United States

Washington, DC 20515

March 21, 2007

The Honorable Pete Geren  
Acting Secretary of the Army  
101 Army Pentagon  
Washington, DC 20310-0101

Dear Secretary Geren:

We or members of our staff recently visited Fort Lewis and Madigan Army Medical Center (MAMC) to assess for ourselves the extent to which problems that have been identified at Walter Reed Army Medical Center also exist in Washington State. Most telling were the direct statements that we heard in a closed-door session with military members and families. While the input was not wholly negative, many soldiers expressed strong concerns about the processes and outcomes of the current system. Following is a summary of what we heard:

- Unanimously, soldiers we heard from believe there is an active effort by Army officials to push disabled service members towards disability and health care benefits provided by the Veterans Administration and away from the Department of Defense system.
- The Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) processes are too long and too difficult to understand. Nearly unanimously, soldiers and family members expressed concern that the current disability processing system is too cumbersome and generally unresponsive. Some soldiers had been in the disability assessment process for three years.
- The MEB appeals process does not provide enough time for an adequate appeal.
- Necessary medical procedures and treatments are denied by Army officials.
- Soldiers could not have a copy of their own medical records.
- MAMC/Army staff will not allow prior medical records and outside diagnosis from prior Army doctors or private physicians to be considered during diagnosis. There were numerous instances where soldiers believed prior records or privately funded diagnosis was directly contrary to the Army's determination of disability or diagnosis. Soldiers believe they would have been eligible for an increased level of disability benefits and more responsive health care if these records and outside opinions were considered.
- High turnover of doctors and medical staff leads to negative medical treatment and does not allow for consistent and efficient application of Army disability standards.
- Case managers were primarily interested in protecting the Army's interests – not the soldier's health.

- Soldiers have faced retribution for raising concerns with the current MEB/PEB process and helping fellow service members, such as loss of promotion, reduction of benefits, and other thinly-veiled threats.
- The Army does an inadequate job in diagnosing and treating mental health diseases, including Post Traumatic Stress Disorder (PTSD). Many soldiers believe that the Army rating system for dealing with PTSD is inadequate and often misdiagnoses PTSD as simply “anxiety.”
- Medical staff and MEB/PEB caseworkers are overworked, and the staff-to-soldier ratio needs to be improved.
- Soldiers expressed concern over the inability to get their concerns to their commanders. Attending service members expressed a desire to meet with Ft. Lewis and MAMC leadership to voice their concerns and ideas for improvement.

Several suggestions came out of the exchanges with soldiers and families. Following are some of the key recommendations:

- Implement “one-stop shopping” for disability and health care resources for injured soldiers. Soldiers agreed that some form of a centralized or “one-stop” resource for information and guidance through the disability process would better serve soldiers and provide improved care.
- Provide an ombudsman for outside review of disability and health care claims. An independent review of disability and health care claims needs to be made available for service members and their families.
- Ensure that Army medical staff and caseworkers stay longer to improve continuity of care.
- Improve caseworker-to-soldier ratios.

These same points have been shared with LTG James Dubik and BG Sheila Baxter. They have followed up and are taking prompt action within the scope of their local ability to effect change. We also understand that Army Medical Command is leaning forward to support changes at Fort Lewis where they are called for. This is encouraging.

Nevertheless, we remain concerned that what we heard at Fort Lewis and Madigan Army Medical Center could be indicative of systemic problems in delivery of medical care and especially in evaluation of service members for fitness and handling of disability conditions. The soldiers, guardsmen and reservists who serve and protect our nation deserve the best medical care we can deliver to them individually, the best support that we can give to their families, and the best opportunity for them to have fulfilling and productive lives for the future. Not only is this the right thing to do for the people who serve today, it is the right thing to do sustain the highest quality military for the future.

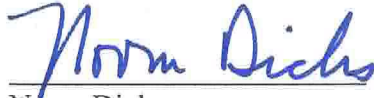
We look forward to your response to these concerns and to the results of the broader reviews of long term medical care and support of military members that are underway.



Patty Murray  
United States Senator



Maria Cantwell  
United States Senator



Norm Dicks  
Member of Congress



Adam Smith  
Member of Congress



Dave Reichert  
Member of Congress