

# Army moves out to fix wounded warrior care

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WASHINGTON — Walter Reed Army Medical Center's woes in wounded warrior care have either been fixed, or are being fixed, the vice chief of staff of the Army said April 25.

"These things that were problems at Walter Reed ... almost all of them have been resolved or are being resolved and we are now moving out to fix it across the Army," said Gen. Richard A. Cody, talking to reporters at Walter Reed.

"We've got the right people working the right issues," Cody said. "Our Soldiers have been absolutely honest and forthcoming. They want to make it better for the Soldiers who come behind them."

Cody was at the center for the activation of its new Warrior Transition Brigade. The new brigade structure will serve as the model for all of the Army's medical treatment facilities with a wounded warrior population.

"We'll learn here ... and we're going

to take that and cascade it throughout the Army," Cody said.

Cody conceded that some problems, such as some changes to the medical board process, cannot be fixed quickly because those changes are made above the Army level. But all recommendations for those changes have been sent to the Defense Department, he said.

Since March, an Army team tasked with surveying wounded warrior care across the service has visited all Army medical treatment facilities and hospitals, Cody said. The team reported its findings to Cody April 24, but the report is not yet final or released, he said.

The team's preliminary findings were not surprising and mirrored those of the Independent Review Group tasked by the Defense Department, Cody said.

Among other things, the team found that:

- The medical and physical board process has too many forms and is too problematic and too bureaucratic;

- Better and standardized training is needed for liaison officers and case managers; and

- The organization of the Army's medical hold and medical holdover companies needs restructuring.

"We have got to change our bureaucracy and turbocharge it, and make it much more caring and much more accommodating to these Soldiers," Cody said.

Army Brig. Gen. Michael Tucker, deputy commanding general of the North Atlantic Regional Medical Command and Walter Reed, reported that his staff has 104 actions in progress. Tucker cited the following improvements made since March:

- All wounded warriors have been relocated out of Building 18, a substandard temporary lodging facility;

- Walter Reed officials have established a Soldier and family assistance center that consolidates seven in-processing locations down to two;

- Every family member who travels to Washington to be with a wounded

warrior is now met at the airport upon arrival by a Soldier in uniform and brought to the assistance center;

- All backlogs of awards have been eliminated;

- Trained ombudsmen are now on staff at all medical treatment facilities at the patient representative office; and

- A clothing-issue point is now open, Soldiers are measured on arrival and uniforms are delivered to them.

Cody said one reason poor outpatient care was not reported sooner was because the system lacked quality control, especially in monitoring and reviewing case-manager care and the medical and physical board processes.

The general said he will launch an Army inspector general review of the medical system every six months, and simple feedback forms to collect Soldier and family input are being developed. Cody also said he will meet with hospital commanders every four to six weeks to ensure all needed changes are made to gather feedback on their needs.

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