Prepared Remarks for
Sergeant First Class John Allen
Government Reform Committee
U.S. House of Representatives

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Mr. Chairman and Members of the Committee, it is a distinct honor to be here to discuss important issues affecting National Guard Soldiers.

My name is Sergeant First Class John Allen. I am from Blairstown, New Jersey where in my civilian occupation I am a police officer. In the Army, I am a member of Bravo Company, 3rd Battalion, 20th Special Forces Group (Airborne) and assigned to Operational Detachment Alpha (ODA) 2081. During our mobilization, this was a Virginia based unit but it is now headquartered in North Carolina. I am a United States Army Special Forces Weapons Sergeant, with primary responsibility for the team's weapons training and employment, tactics and security. I have been a soldier for 14 years. I was asked to volunteer to extend my deployment in Afghanistan and I did. If medically allowed to do so, I would rejoin my brothers and sisters in Afghanistan, Iraq, Malaysia, and elsewhere. It was, and continues to be, well worth every personal sacrifice. My injuries pale by comparison to those who have lost loved ones, or a limb, or have been taken hostage by people who have no value for human life or civilized society.

The decision to testify today was one of the most difficult decisions of my life. It is my fear that my testimony will be twisted, and the perception will be that this is about me rather than the reality of what I am trying to fix. I also considered the huge personal quandary over not wanting to rock the boat, i.e. face possible further retribution, and the duty I feel that I need to help all my fellow comrades currently receiving treatment and for the future wounded Reserve Component wounded soldiers. In the end, I believe the Committee and the Army needs to hear my story.

I come before you today to share my experience in the hope that it might shape the experience of others in the future. While my testimony represents what happened to me and my family, I believe relating this experience ultimately supports my fellow Disabled National Guard and Reserve members, my Army, my Commander-in-Chief and my beloved Special Forces.

Over a year ago, when I was first approached by Government Accounting Office (GAO) investigators, I was interviewed and basically asked "what can we do for you to make things better." My statement then is exactly the same as today. I am willing to share my story in the hope it will bring to light a broken, dysfunctional system and that my recommended courses of action may help correct these problems so that not one more of my brothers in-arms or their families will experience what my family and I have been through. I am retiring later this month and nothing I say, or anything that you may elect to do as a result of my testimony, will personally benefit me except to ease the mental burden of making it easier for the "Wounded Warriors" who follow.

In the summer of 2002, while deployed to Afghanistan, I sustained multiple injuries from a helicopter accident and a grenade blast that included both of my legs, neck, back, hearing, and vision, and I suffered a Traumatic Brain Injury (this is the clinical name for an illness). I am currently receiving Medical treatment at Walter Reed Army Medical Center for these injuries.

After being wounded, I was placed in the Army's Active Duty Medical Extension (ADME) program where I have experienced a number of significant problems and then my 'real' troubles started. ADME is a program that, by Army regulation, can only allot 90-day extensions. This process was apparently never intended to serve the Reserve Component Forces during a time of war. In accordance with the ADME regulation, I was essentially forced to 'go off orders' every three months. I was forced to apply for new orders and was forced to rely on uncaring incompetent people, a process that contributed to a multitude of problems including: no pay; no access to base; no medical coverage for my family; and the cancellation of all my scheduled medical appointments. This, in turn, significantly prolonged my medical treatment, delayed my return to civilian employment, and placed my family under intense and indescribable stress. In short, this by far caused the most burden on my family, my financial situation and my life in general.

Before I get into the problems and my associated recommendations, I want to state up front that our wounded soldiers have our share of champions, to include the President, the Secretary of Defense, the Deputy Secretary, and of course, this Committee. I want to personally thank all of you who have been supportive and personally caring towards my family, and most importantly, towards my fellow comrades that I represent here today. In regards to what I call the "day-to-day survival" people who I have been blessed with meeting, people such as Gary Bianchi of the GAO and Grace Washbourne of Chairman Davis' staff, I can never thank them enough. The work by the Committee

Members and staff, along with those in the military seeking to improve matters, is an example of how this process should work and can work. Not least, I also want to thank the doctors, nurses, and other health care professionals at WRMAC that continue to do the right thing by delivering quality health care to our wounded soldiers.

It is also important to acknowledge that we have come a long way since I was wounded, and some significant changes have been made to a much unprepared system. By working together with my 'champions', we have already accomplished some significant and positive changes. We succeeded in bringing Walter Reed up to handicapped access standards. The National Guard pay and finance system is being reworked. We've done away with the deplorable Active Duty Medical Extension program for injured warriors, and we've opened the Severely Disabled Veterans Clinic.

However, significant problems continue to exist that will once again require everyone's assistance. This is why I decided to testify and why I am here today.

The problems that exist are in the system and with some of the personnel not doing their jobs or following the Commanders' intent. Commanders at all levels must be the engine for change, and the Commanders' intent must subsequently be followed by his subordinates. Unfortunately, there is not one overall good guy wearing the white cowboy hat and one bad guy wearing the black cowboy hat. I wish it was that easy.

I have certainly encountered some lazy, non-caring individuals, even prejudicial individuals along the way, but had an adequate system been in place to take care of the Reserve Component's disabled veterans, it would have been easier for our Commanders to hold them accountable for their actions (or more importantly, their lack of action) and would have made my situation almost impossible to occur.

As in any profession, the longer you are around the more people you know; it is the same in the military. I am a Sergeant First Class in the United States Army, a Senior Non-commissioned Officer, and yet I could not have taken care of my family had I not met (or previously known) some of the prominent people that I have. I shudder to think what would have happened to me and my family without them.

So what happens to the lower enlisted soldier that knows no one of importance? The young soldiers who do not have any pull by way of rank? Who are their champions? How does that leave a Guard or Reserve soldier that gets wounded today, exactly where I was two years ago, and who is left to figure it out on his own? Hopefully he knows or meets the same people I did. If he doesn't, then what happened to me will happen again and will only repeat itself over and over again unless a system is in place that works for their needs.

The following is a time line of events related to my ADME issues that clearly demonstrate a broken system. Originally much longer in length and condensed for this testimony, I have provided the GAO the original document and all of the supporting documentation.

When my civilian employer, friends and fellow soldiers hear my story about not being paid, being refused medical treatment, not being allowed to take my leave in lengthy block increments, not being allowed to have my family relocated, when they hear of my ruined credit and my treatment after trying to cooperate with the GAO, they look at me like I am crazy. I think Gary Bianchi of the GAO, when I first met him, hardly believed it. That is until I provided the proof in the way of supporting documentation. Even some of my own family members wondered what I had been doing. Where had I been? Why was it taking so long, and when was I going to be home?

As I reflect on what has happened to me over the last 3 plus years, I come to the conclusion that I must be crazy to put myself and my family through this. A lot of the guys can't deal with these bureaucratic problems. They give up somewhere in the process and just go home. I only hope that is not the administration's intent to wear us down, but it sure seems that way. I ask anyone that reads this testimony to please do everything within their power to make sure that situations like that I have faced are never allowed to happen to even one more soldier.

Chronological Accounting of ADME Problems and Related Issues

OCTOBER, 2002. I returned to Fort Bragg and re-joined my company for demobilization. Six of the soldiers from my Company were injured and were to stay at Fort Bragg for medical attention. My chain of command and I found out that Active Duty Medical Extensions must be applied for and were not automatic.

NOVEMBER, 2002. I was seen for the first time in the US for my in the line of duty injuries. For the remainder of November, I saw Dr. Harris at Fort Bragg's Clark Health Clinic in North Carolina. Dr. Harris ordered several tests, and an additional appointment was set for January to review findings. During this same time period of time, my chain of command and I requested ADME orders be extended for 180 days. I continued to have additional testing, to include a CAT SCAN and MRI.

DECEMBER, 2002. I went on leave for the first time to see my family in New Jersey since being deployed, separated from my family, participated in combat and being wounded. On the 27th of December, after less than a week of leave and eight days early, I was ordered to return to Ft. Bragg because the 2125th MUIC Commander was unable to find any of our Active Duty Medical Extension (ADME) paper work that had previously been signed and forwarded as required. Four additional soldiers from my unit experienced the same problem and were all ordered back to Ft. Bragg early. It was later determined that the 2125th MUIC had made an error and had failed to file the appropriate papers for the five service members. I was told that the leave, which he had cut short, would be replaced. As of this writing, that has not happened.

JANUARY, 2003. I had an ADME evaluation with Dr. McClelland. On this same date my active duty orders expired. This subsequently caused me and my family to be removed from the Tri-Care health insurance system, my military ID was no longer active, all of my previously scheduled medical appointments were cancelled, and I would eventually not receive pay for three pay periods. The four other members of my company on ADME and I made over 40 trips to various sites at Ft. Bragg to complete our ADME applications during the period 3-29 January, 2003. It was very apparent that the correct process for completing the ADME orders was a mystery to those who were responsible for processing them. Additional testing continued throughout the month of January.

On or about 28 January, 2003, I had a medical appointment with an orthopedic surgeon, Dr. Santangelo, a respected surgeon.

My first ADME orders were approved 31 January, 2003, and a few days later I was finally given orders. These ADME orders were for 60 days only, turned out to be incorrect and later changed.

FEBRUARY, 2003. On or about 4 February, I reported to the medical hold unit at WOMACK and was questioned as to my whereabouts since the 3rd of January, 2003. I explained that I had no orders and had been reporting to the 2125TH Group, at which time I was advised that I should have been sent to the medical hold unit WOMACK. This clearly demonstrated to me at the time that the MUIC did not know what to do with ADME soldiers. I noted that the clerk at WOMACK made it a point to identify me to others as a National Guard soldier versus an active duty, fulltime solider. I brought to the clerk's attention that I needed ADME orders to continue to receive my treatment and pay. I told her that the orders were to expire on 3 April, 2003. I was told that Company C at WOMACK had no knowledge or ability to help me obtain ADME orders, and that my problem was a National Guard issue …WOMACK was for active duty military. I was told to go where I had originally got my orders and have them do it.

I returned to 2125th to get assistance in obtaining ADME orders and was told that that was my company's problem. I continued to receive treatment during February 2003 and received some back pay.

MARCH, 2003. During mid-March, I checked my pay status and determined that my pay was going to terminate as of 3 April, 2003. The issue was partially resolved, but the amount of pay was incorrect. A doctor requests that my ADME orders be extended until January, 2004. As of 25 March, the computer records indicated that my ADME orders would expire on 3 April, 2003, and that my pay was still incorrect.

My ADME request was forwarded to Mr. Jim Jones at the National Guard Bureau for resolution.

April, 2003. I was dropped from the ADME program, was not paid until June, 2003, and then only received a fraction of my earned pay. I continuously spoke with members of the medical hold unit and the 2125th Company concerning my need for ADME orders and pay issues. On or about 9 April, 2003, I received a payment of $1.20. Still no ADME orders. On April 15th, I received $401.87, but am still owed well over $2000. Additionally, my Tri-Care benefits expire and leave my family without medical insurance. Also, my military ID card expires and I am unable to use base facilities.

MAY, 2003. My pay problems continue and I still fail to receive ADME orders. I admit to myself that I am overwhelmed with the financial and medical problems that I am facing, and I request an appointment with a counselor due to the stress I am under. Even after I began counseling sessions, I don't think my counselor believed what was happening to me until I showed him my supporting documentation. He was shocked amazed, and I could tell he didn't know how to advise me.

On or about 13 May, 2003, I contacted the National Guard Liaison Officer, Major Paul Watkins, who knew me from our previous working relationship. Major Watkins recommended that I contact the Inspector General for US Army Special Operations Command (USASOC). I spoke to Mr. Ed Aponte, OIG and was referred to USASOC Surgeon's Office. They assisted me with my additional ADME orders.

Note: An additional ADME request was needed because the date of the request is the date the extension begins, and the June orders would expire in July.

On 19 May, 2003, I went to the Emergency Room at Fort Bragg for vertigo, nausea and because I was vomiting blood. I was initially refused treatment due to the fact that my ID card was expired because of the lapse in my ADME orders. After getting Major Watkins and another officer friend involved, I eventually received treatment and was placed on quarters for 48 hours.

June, 2003. I am placed back on ADME orders and received medical treatment and base benefits.

July, 2003. My ADME orders expire yet again, and I am removed from the system. No pay, no active ID card and no Tri-Care insurance. The financial burden for me and my family is now at a critical stage, and I am forced to borrow $10,000 dollars from my father-in-law. I will not receive any pay for two periods. (I am finally reimbursed on or about 5 September, 2003, for some of my pay.)

August, 2003. My wife went into labor prematurely. Upon arrive at the hospital at Fort Bragg, my wife was refused treatment because our ID cards were expired due to my lack of orders. The issue had to be resolved by Brigadier General Burford, the acting Commander of the United States Army Special Forces Command. After General Burford intervened, treatment was granted. I received medical bills for the delivery, and my wife had to go through a very long and painful process to get

them resolved. To date, some of the expenses for my family's medical care are still being contested and have not been resolved with Tri-care health insurance.

SEPTEMBER, 2003. I received cartilage replacements and continued testing for infectious diseases related to other medical problems.

NOVEMBER, 2003. I again applied for renewal of my ADME orders with the assistance of Major Watkins. I also contacted Tri-Care for a referral concerning issues with my infectious disease related problems. In late November 2003, the ADME orders expired along with the Tri-Care benefits and my active duty ID card. I did not receive any pay for two pay periods, which once again created a huge burden on my family. I finally received my ADME orders on or about the 16th of December, and back pay on or about the 19th of December, 2003. Up to this date, all treatment had been done at Ft. Bragg, NC, or in Pennsylvania.

On or about this same time period, I received a phone call from SFC Harrelson at Walter Reed Medical Center. I was advised that I needed to appear for additional treatment at Walter Reed on or about January 12th, 2004. SFC Harrelson advised me in a subsequent phone call that I was being sent to Walter Reed for an evaluation of a medical evaluation board (MEB). I explained that I had medical appointments pending and that I had been receiving care at Ft. Bragg. SFC Harrelson asked that someone from the Physical Evaluation Board (PEB) at Walter Reed contact the PEB at Ft. Bragg.

I was then told to disregard all appointments at Fort Bragg and report to Walter Reed Hospital by 12 January, 2004. I told SFC Harrelson I didn't have orders to travel. I was told to proceed without them on verbal orders, therein violating Army Regulation and causing unnecessary liability to me.

JANUARY, 2004. My Sergeant Major, Scott LaMorte, accompanied me on my arrival at Walter Reed to take a battery of tests many of which had previously been conducted at Fort Bragg. Contrary to what my Sergeant Major and I had been told, I had no appointments prescheduled when I arrived at Walter Reed. This move seriously disrupted the continuity of my care.

On or about January 14th, 2004, I had a walk-in orthopedic appointment. I was again accompanied by SGM LaMorte. Dr. Kenneth Taylor asked me why I was at Walter Reed since I did not have any life threatening injuries. I showed him my appointment with the orthopedic surgeon had been cancelled, and the doctor stated he could only refer me to an outside doctor because they were too busy saving life and limb. Dr. Taylor wanted to know who disrupted my continuity of care and sent me to Walter Reed, and most importantly, why?

My doctor and I had a disagreement with Col. Nitschke, a physician working as a Medical Board Case Worker, regarding which injuries took priority, in this case an internal exam verses an MRI for an injured knee. I protested the decision but proceeded as ordered. I told SFC Harrelson that I believed that the order to report for an MRI on a knee instead of an internal examination was an unlawful order and that I planned to file a complaint accordingly.

My chain of command was flat out lied to by the Medical Hold Company and was told I was going to be at Walter Reed for a week. After my arrival I was told I was going to be permanently staying at Walter Reed. I did not bring all of my personal belongings and the following weekend was my anniversary. I explained this to my representative at the Medical Hold Company and was told I could go back to Ft. Bragg on the weekend. I was asked if I still planned to return to North Carolina for my wedding anniversary on 18 January, 2004. I had previously discussed this leave with SFC Harrelson, and had planned to do this over the weekend, not during duty hours, and not interfering with medical appointments. At approximately 5:30 pm, I was advised that I needed the signature of my primary care doctor before I could take leave. At this point, I did not have a primary care physician since I had only been at Walter Reed a couple of days. Because of their failure to tell me this during duty hours while I had access to the doctor, I was unable to obtain a signed pass form from a doctor and was therefore unable to take leave as planned.

Pay Problems Associated with ADME.

As documented in the DFAS system, I was paid late 10 pay periods totaling $12,185.54.

Original mode orders from 1/3/02-1/3/03.

Active Duty Medical Extension (ADME) orders:

DATE	PERIOD	PAY PERIODS MISSED
1/31/03	1/3/03-4/3/03	2
5/15/03	4/30/03-7/28/03	1
8/27/03	7/28/03-11/25/03	2
12/12/03	11/25/03-5/22/04	1

My credit history prior to being in ADME program was always in the high 700's depending on the credit agency that ran it; after my problems associated ADME orders, my FIS score was 568, which is below average. I was delinquent on 10 payments with four creditors. These were Ford Credit- 1/2004,7/03,6/03, Providian Financial-7/03, 2/04,Bank of America- 5/03,7/03,8/03, Capital One Bank-6/03,3/04. All of these delinquencies coincided with my missed pay periods.

I would like to be able to say that all of this is behind me, and that the system is fixed. However, that is not the case. As recently as December, my orders were due to run out on the 28th. By the second week in December, I still did not have my orders when you, Mr. Chairman, came up to Walter Reed. I brought this up to you in front of my chain of command, who were not very pleased with me for talking to you but afterward told me they would take care of it immediately. I asked my liaison everyday about my orders and finally, on the 23 December. I was in a panic because I knew that this was the last day to get anything done until after the New Year, and I knew the consequences if my orders expired again. I could not financially and mentally handle not being on orders, and I would not be able to provide for my youngest son who requires medication and physicians care. While most people were enjoying and preparing for the holidays with their families, I was fighting to ensure that my family and I could get paid and go to the doctor …Merry Christmas again.

I have been totally consumed with Reserve Component pay problems. It is probably one of the toughest things in life to not be able to buy your family presents because you know you are either not getting paid or might not be paid in the near future. I called my Sergeant Major asked him what to do, and he told me he was coming right up to try to get me my orders. The Sergeant Major arrived at 3:00 pm and called Chief Lindell (Gary Bianchi of the GAO had introduced us) who works in personnel. Chief told my SGM that she would be faxing over the paper work, which we received in less than 10 minutes. We filled it out and faxed it back and, at 3:52 pm, she emailed me my new orders extending me until the 28 March, 2005. It took her 52 minutes to do what the medical hold

company had been trying to accomplish for over a month! I called my wife and emailed my orders to her immediately, and she called Sergeant Major Lawrence of DFAS (located in the Central time zone region and hour behind us) whom Mary Elene Chervonic of the GAO had put my wife in touch with when we had all the pay problems last year. He entered my pay information in the computer and she was told at 4:58 pm eastern standard time that we would be paid on the 3 January instead of the 1st. It took less than two hours to accomplish the whole task!. At this time, I called my liaison who thought I was calling about the status of my orders. He told me "I have bad news. They haven't even submitted your packet for extending your orders yet". I replied that I had worked the orders myself and gave him the contact information of the people that had helped me. (I hoped they might help other soldiers.) My point here is to demonstrate that the system is still broken, and the only way I could get it done was by 'knowing the right people'. What happens if you don't?

MAJOR PROBLEMS THAT MUST BE ADDRESSED

1. Commanders' Intent, and the willingness of mid-level personnel to make logical, effective decisions.

The President of the United States declared war on terrorists, and the fact is, we are at war. The Army needs to understand this and adjust their systems accordingly. I have personally met many of the leaders of this country, to include people from the current administration, senior representatives of the Department of Defense, some of the most senior leaders of the Army and some of this great nation's congressmen. What is overall amazing to me is that I personally feel that they do genuinely care about me. On many occasions, I have seen them get involved with serious problems and then take the necessary steps to correct those problems. They generally have a clear understanding that we are at war and appreciate that sacrifices need to be made and drastic changes need to occur in order for us to succeed. Having seen all this, I believe that the breakdown is at the mid-command level within the administration. Most of the hospital leaders are also doctors, who amazingly have as their own motto: "Cause no further harm." I do not understand how you can have this as your motto if you only worry about the physical wounds and allow Reserve Component soldiers to go months without orders. This, in turn, contributes to them not having anywhere to live, not being allowed to go to their scheduled doctor appointments, and not even being paid. The result is massive stress and mental pain.

I know I have not only had to face my current disability, something that has caused a huge amount of stress in itself. Everything I have done in my life has revolved around the physical aspects of my ability. From when I was a young lad I tried to be the best runner, the best swimmer, and more recently, to be 'the best of the best' the Army has to offer. Now, for the first time in my life, I have to figure out how I am going to support my family with the only skills I had stripped away. My core being has been changed forever, and that is a very tough thing to deal with. While going through this difficult adjustment in my life, the last thing I [or any soldier] needed was to have a clear lack of caring and leadership demonstrated to me by administrators not doing their job …it only caused more harm. How can the Commander of the North Atlantic Regional Medical Command, the Deputy Commander of Clinical Services at Walter Reed, the Medical Hold Commander, and most importantly the Reserve Component Medical Board Advisor herself, allow this to happen? I was taught by the United States Army that when you are in a position of leadership, it is not just a title and pay raise …it is a responsibility. I do not deny that I am bitter toward these people, and I feel I have every right to be. They failed not only me, but I believe they failed my family and my fellow soldiers as well. I have personally talked to and seen many of the Marines being treated at Bethesda Naval Station, and I am amazed how their stories of care and treatment are the complete opposite of my own experience.

A clear example of this is the very significant parking problem at Walter Reed. The administration knows about this problem, and it has been in the Walter Reed paper on several occasions and raised during the town hall meeting with the commander. To see a disabled soldier missing both legs having to park all the way across post and have to wheel him up and down hills, and then still have him receive a parking ticket, is a slap in the face. The command staff at Walter Reed needs to pull their head out of the sand and recognize that the pretty grass and trees need to go and that parking spaces need to be put in.

A related example is that there isn't enough room in the Hospital for all of the injured soldiers to do physical therapy, so they put a trailer up …all the way across post from where the injured soldiers live with no parking except for two spaces. This forces the wounded soldiers to either walk all the way or catch a bus, all the while when there is a brand new Basketball Gym right next door to the Malogne House [where we live] that could easily hold all of the Physical therapy equipment, offices and at least twice as many wounded soldiers then the current trailer situation. Do we really need a basketball court that badly, or can we forgo it and make a sacrifice during a time of war to do what makes sense? We are at war and Walter Reed is the receiving center for our wounded warriors. I

would like to invite each one of you to come to Walter Reed for an unannounced visit and try to park. It would be very easy to correct the situation if the attitude was that we need to make this more accommodating for our patients and their families …not the staff and support personnel. Why should the burden once again be placed on the wounded soldier? I believe the day that I no longer support the team is the day I am no longer part of the team. After what our soldiers have done and sacrificed for our nation, don't they deserve better? When a Marine is wounded and can no longer support the team they are idolized and treated as the hero's they are. As a police officer, I would frequently be asked by members of the community where I worked who knew of my Army service to talk to their sons or daughters about joining the service. I used to recommend the Army to anyone who asked. I used to say, what I felt was the truth, was that "it was the greatest thing I ever did." I recently felt, however, that if one of my own three sons came to me and asked for my input about joining the military, if after the way I have been treated he asked me what service he should join, I would tell them to join the Marine Corp. One day I was thinking how wrong that attitude is. We have such a wonderful Army, one that I am part of and have felt proud to be in, why I should let a broken system taint my overall experience? Rather, we need to fix our Army …my Army. Why should we allow some bad apples ruin the whole cart.

2. Case Worker Confusion.

I honestly still don't know who all of my case workers/liaison's are. I have a National Guard case worker at the medical hold company, a Platoon Sergeant at the Medical Hold Company, a case worker for my medical care, a case worker for the management of my medical board appointments, a case worker for putting my medical board together, the United States Army Special Operations Command liaisons, and the National Guard liaison …just to name the ones I remember. The saying "too many cooks in the kitchen spoils the soup" holds entirely true here. Throughout the process there are too many people trying to accomplish what they think is the most important area, which invariably is whatever area they are responsible for. They don't consider that when your medical care professional, your doctor, tells you specifically what the most important thing should be, then it should be just that. For example, the doctor might say on a Monday that I should come in for a follow up appointment, then go get x-rays, then go to the MRI center, then go to pool for physical therapy, and then go to pharmacy to pick up the new required medication. In the middle of all this, however, I have to walk out of the hospital and check my voicemail to ensure that I didn't miss any important calls from all of these advisors! I have a message from my Medical Board advisor who tells

me that I immediately need to come by her office for a consultation. I call her office and try to explain what and where I am doing and going, but she insists that "this is the most important thing." While I am on the phone with her, I get another call from the Medical Hold Company telling me that I need to come by there because they need to check my ID card and dog tags, and that this is the most important thing that I need to be doing. I try to explain to them everything that is going on and am told that I need to be there …that is final. I look at my watch and realize I am now late for a doctor's appointment, despite being exhausted and not feeling well because I am disabled and recovering. None of that is taken into consideration. I still have medical appointments to go to but each one of these people, in order to justify themselves and their positions, needs to be 'in the kitchen'. The easy solution, and my wish if I could have it granted, is that I would be responsible to one person that works with (not against) the patient. In my case I don't need all of these so called case workers and liaisons; I only need to talk to United States Army Special Operations Command liaisons, MSG Dan Thompson and SFC Marty Thompson. These individuals discuss the scheduling and demands on the patient and make a reasonable schedule that is not going to cause more harm to the patient, one that will not set the patient up for failure and only cause more stress. Ideally, I should talk to them and only them. Each branch should have their own people helping their own people. I should not talk to anyone about my board, orders, anything. They can keep all these people in place if they want but leave me alone. If they need something signed it should go to MSG Thompson and he can tell them "Well, John is really busy today and I know his schedule and that is not possible today"; Then if there is going to be an argument it will be between MSG Thompson and who ever it is and I as the patient can go about my business of getting better, not being more stressed and harassed. This will drastically streamline the whole process of all these individuals trying to do their job …as well as part of someone else's job.

3. Reserve Component versus Active Duty

Instead of spending greats sums of money on all of these Case Workers, why not use the funds to establish a liaison from each Reserve Component unit. Until the United States Army Special Operations Command liaisons were sent up to Walter Reed on a permanent basis by the USSOCOM Commander, life was very difficult for me. Well what about the Reserve Component soldier that is in a Transportation company????? Who represents him and is his ombudsman? I thank God that I joined the Special Forces because the Special Forces is taking care of me, but that shouldn't make me more 'special' in terms of care and representation! (The USASOC liaisons are helping the regular

guys as much as the SF guys because they care.) As a Reserve Component soldier, I am not considered the same as if I was in the Active Army once I was wounded. My family is not authorized on my orders to come to Walter Reed. My wife and three sons are currently on their own living in New Jersey. My oldest son from my first marriage, who was ten years old when I was mobilized, is going to be fourteen in July. He lived with me and went to school where I lived. I have missed a large part of his life that I can never get back. My family is allowed to go to civilian doctors when necessary because there is no medical treatment facility near our home. When I asked to go home and go to civilian doctors for my treatment I was told that an active service member is not allowed to go to civilian doctors and has to go to a Medical Treatment Facility. I told them that I am not an Active service member, that I am a Reserve Component soldier and that my family is at home, a fact that is causing me significant hardship. Several of my doctors tried to get me back home and told me I would only be required to come down periodically from time to time for their check ups. I am amazed how I am considered at times to be a Reserve Component soldier, and an Active Duty soldier when it suits them? Under ADME, I am not entitled to move my family. I am not entitled to use my leave as terminal leave. I am not entitled to have open ended orders. However, when I try to get any of my active duty entitlements, I am told I am a Reserve Component soldier. When I tell them I want to go home and be treated as a Reserve Component soldier, I am told I am an active duty soldier. I have no problem with either scenario, but make a command decision on which one and allow me the benefits of that system. (Note: one of the reasons that the Army sticks to this is that the Army doctors need to see me in order to do a medical board. However, there is a better way to do it. When it is determined that an Reserve Component soldier needs to have a medical board, then they have the Reserve Component soldier's evaluation appointments all set up in one week and bring him back to Walter Reed at the Government's expense. This instead of causing more harm to the soldier by separating him from his family and the having the soldier assume the financial burden of paying to go see his family. I have not seen my thirteen year old son since he came down over the Christmas holidays, the main reasons are that I cannot afford it and it is too hard of a trip on me physically.

4. Medical Hold Company.

The Medical Hold Company, I am sure, has some kind of function. There are a couple of really hard working, caring individuals assigned there, but it seems as if any individual there that cares about soldiers is sent packing by the command. (To those members of the Company who have given your all, I thank you and apologize for putting you in the same category as the rest.) If their function

is to keep accountability of the soldiers, well my unit liaison does that; if it is handling and processing my orders and ensuring that I am paid, then they are not doing their job. I have never received an extension on my orders from any medical hold company; rather, it has always been based on my efforts and those who I 'know'. I tried using their dysfunctional system and I went off orders and got ruined …mentally, physically and financially. It is to this end that, in the case of disabled veterans with a unit liaison assigned, there is no reason for the existence of a Medical Hold Company. They are simply 'another cook in the kitchen …just spoiling the soup'. I believe I have a thorough understanding of how the Army operates and why. In the case of the Medical Hold Company, however, they need to understand they are not dealing with basic training recruits but rather with Americas heroes …our wounded warriors. Requiring amputees to attend formation, demanding that the wounded soldier come to them anytime they need something, and the general lack of caring they have clearly demonstrated by allowing RC soldiers to go off orders is wrong. The consequences that go along with that, and the way their overall attitude is toward our Nation's finest, is disgusting and they should be ashamed of themselves. This is a direct result of the mid-level command philosophy that we are an inconvenience.

5. Confusion about the system (SOP).

Everything I have ever done or been associated with in the Military has a regulation, doctrine, or if nothing else, a Standard to conduct the task at hand. I have not seen any such standard for medical treatment nor has one been provided to me throughout my course of treatment. The overall board process is confusing enough, but when you add in the Reserve Component factor, it only becomes that much more confusing. Records for Reserve Component soldiers are kept at their respective units and their personnel records and command are not as readily available as with the Regular Army. When I was mobilized, I was assigned and attached to 2nd battalion, 3rd Special Forces Group. When I was no longer useful to the Active Component, I was placed on ADME orders and my problems started. Active duty soldiers remain under their unit command; their command knows them and will look out for them and therefore they are treated with the respect they deserve. From the first day to the present, there is not one set of standards for an ADME. Every extension I have done right up until December of last year had different requirements and paperwork. If someone in the beginning had come up to me with a manual and said "Here is the manual for an injured National/Guard or Reserve Soldier," I could have ensured that my overall care from start to finish would have taken a lot less time, cost the tax payers a lot less money, and allowed me and my family to get back to our

civilian lives that much quicker. I know for a fact that I am not the only confused individual; even the case workers have shown me their frustration about the lack of standardization.

6. Medical Board for Reserve Component versus Active Duty.

The medical board for Reserve Component soldiers versus Active duty soldiers should never be an issue, but it is. Bullets don't discriminate between Reserve Component and active duty soldiers, and neither should the Army. Once I was identified as an injured soldier, I should have stayed on OEF/OIF orders. The pot of money to run the war should include the price of taking care of the wounded for that war. If I was left on open ended OEF/OIF orders, I would only have had to get an amendment to my original orders to change my orders end date to 'indefinite', and I would not have had to worry about my orders running out every 90 days (or under the new system, even every 179 days). If my doctor knows that my treatment plan is going to be 14 months and wants to add two months for a buffer, then my orders should be for 16 months. Why is the decision left up to some personnel person to arbitrarily determine how long the orders are for? If my treatment is subsequently completed in 10 months, then an amendment to the order can be done and I can return to my civilian life. If there are unforeseen complications to my treatment, then it is no problem as they are open ended orders. The burden should not be on the soldier every couple of months to get all the paperwork done and turned in, to keep pressuring the people that are supposed to get the orders processed, to get a new ID card and a new window sticker for the his vehicle, to have his family travel all the way down to Walter Reed to get new ID cards at their expense, and to re-register for Tri-care. I should be focusing on my medical treatment, the reason that my orders were extended in the first place! The medical board in itself is supposed to be the same for Active Duty and Reserve Component soldiers …with one huge difference that is being overlooked. If an Active Duty soldier is wounded and receives 10% disability the chances are very good he will be staying in the army and probably staying in his Military Occupational Skill (MOS). If the disability gets worse or was mis-diagnosed at the time he was on active duty, the active duty soldier will be re-evaluated by the Army; and if it becomes so bad that it is up to 30%, then he can retire from the Army at 50% pay and full benefits. If, however, a Reserve Component soldier receives 10% disability for their wound, then he will go back to the civilian world and go through the Veterans Affairs (VA). If his injury progresses or was mis-diagnosed and becomes 30%, he is already out and will not be entitled to an Army retirement and benefits unless they protest the findings of their retirement [which I understand is a very long process], leaving the burden once again on the soldier rather than the system.

7. Handling of Reserve Component after getting out

Wounded soldiers are not quitting 'the team'. They are getting out because their disabilities force them to. There is a big, big difference. They should still be considered part of the team. It seems very apparent, however, that my fellow Reserve Component comrades that are already out are done …done and forgotten. Those people that do not forget them are unable to help them because they are no longer in the system. While talking to the United States Special Operations Command Commander recently, we discussed the idea of tracking soldiers once they were out. I mentioned to him that this was an excellent idea and that we should go one step further, that the Army should be helping the disabled veterans after they are out by ensuring that they have employment, help with getting into the Veterans Affairs, and the whole process that goes along with reentry to civilian life. Currently, once a soldier is done, he is done and the Army tells him "Thanks for your service and good bye." The current disabled veterans' civilian organizations that were founded because of need are currently over tasked and should not be responsible for transitioning America's heroes back into the civilian work force. There is a civilian organization just starting up that is going to be geared toward disabled Reserve Component soldiers. If they are creating an organization, then this clearly demonstrates there must be a greater need.

CONCLUSION

If you do not think it is acceptable to go months without pay, lack medical coverage for you and your family, and cannot continue you medical treatment because you are off orders, then some folks believe you are 'wrong'. I am not concerned about their opinion.

I have always believed in utilizing my chain of command. In this case, my chain of command tried everything to correct my situation and felt they had exhausted all other avenues within military channels. They were not making any progress, and subsequently started the congressional investigation into the situation. I was approached by the GAO for an investigation that my chain of command initiated …not me. I was, and still am, being cooperative, open and honest in hopes of fixing a broken, dysfunctional system. I understand the law and I certainly would never lie to a federal investigative body. In cooperating, I have been persecuted for my actions by the certain vindictive Medical Hold personnel and labeled as a trouble maker. I have been given highly

questionable verbal orders to come to Walter Reed, scheduled for appointments that don't exist just to harass me (on record with the GAO), and time and time again have had personal medical information discussed in public to try to embarrass me.

Mr. Chairman, I am getting out very soon, and am not afraid to speak my mind. I am grateful for the opportunity to tell my story, and I hope it will help my fellow wounded soldiers. In concluding, I would ask that you and your colleagues, along with the 'champions' I mentioned earlier within the Army and the Administration, do what you can to protect the guys who remain in the system but fear the consequences of 'rocking the boat'. Only when these folks feel they can be part of the solution can we fix this broken system.