Good afternoon, and thank you all for being here today.

One year ago, a shocking exposÃ© in the Washington Post revealed appalling conditions and unacceptable treatment of soldiers and their families at Walter Reed Army Medical Center, located just a few miles from here in Washington, DC. The stories about what our injured heroes endured after coming home from Iraq and Afghanistan ignited a public outcry, and brought to light hundreds of revelations of similar frustrations and disrespect faced by other injured soldiers and their families.

This Subcommittee chose to hold our very first oversight hearing of the session on this vital topic, and we chose to do so on the grounds of Walter Reed itself in full view of the soldiers recovering there. This all took place one year ago.

Over the course of the year – and two other Subcommittee hearings, one full Committee hearing, and countless briefings and interviews – we've learned about the maze of complex bureaucratic hurdles facing patients and their families. We've learned about the enormous challenges soldiers face with Traumatic Brain Injury – TBI – and Post-Traumatic Stress Disorder – PTSD. And we've learned about the archaic, adversarial, and burdensome disability evaluation process.

Since last February, we've also had a host of Congressional, White House, Army, Defense Department, Veterans Affairs, and independent commissions and investigations urging a variety of reforms. If past is prologue, none of the work by these groups will mean anything unless there is the political will and resolve to fundamentally improve the system and to make the difficult choices necessary to actually implement some of the most wide-ranging recommendations.

Let me be the first to say that much has been done over the past year to improve military health care. The military services – and the Army in particular – have approached these challenges with great energy, resources, and manpower. The Army, for example, has increased key staff by nearly 75 percent.

But let me be equally clear – much work remains.

We will hear today from top directors of the Government Accountability Office on their independent assessment of where things currently stand with respect to providing our wounded warriors and their families the care and support that they have earned and that they deserve.

The spirit of the GAO's extensive and independent analysis – as well as the oversight more generally by this Subcommittee – is best captured, I hope, by something, General Schoomaker included in his written testimony. General Schoomaker, you note, and I quote, "We know that there are obstacles and bureaucracies that still must be overcome. We continue to face challenges that require blunt honesty, continuous self-assessment, [and] humility…."

What we're trying to do here today is to provide you all an independent assessment and a robust critique in the spirit of fair, sustained, and constructive oversight. And I am a firm believer that sustained oversight can be a powerful tool to ensure that needed reforms are actually implemented this time around and to meet the long-term needs of a growing, yet diverse, population of wounded soldiers who will likely be in the VA system the rest of their lives.

In a few minutes, the GAO will fully lay out what they've found. I want to take just a few minutes now to highlight a few things.

First, according to the GAO, achieving adequate staffing levels continues to pose difficulties, particularly for the so called PEBLOs whose job it is to help soldiers navigate through the confusing disability evaluation process. Moreover, borrowing from other units to fill key positions and utilizing JAG officers rotating in and out from the reserve component strike me as only temporary fixes. Our wounded soldiers need long-term, permanent solutions. If any link in the support chain is weak, then the whole model cannot succeed, and once again, it is the wounded soldiers or their families who will suffer.

Second, if there's ever a time when we're actually going to be able to fundamentally fix the overly-complicated and adversarial disability evaluation system it has to be now. There have been complaints about the disability evaluation system for decades, yet not much has been done. If we don't take advantage of this unique opportunity now to fundamentally fix the

system, I worry that all of us will be shaking our heads five or ten years from now at the missed opportunity.

That's why the GAO's testimony about their concerns with respect to the joint Defense Department / VA pilot program is so important. We need to make sure this pilot was created, is being rolled out, and is being evaluated in absolutely the best manner. But the GAO today will share concerns, among others, about the lack of a control group and of transparent criteria to assess the success of the pilot and to evaluate whether to expand it to other facilities.

We will hear all of these concerns expressed in greater detail in a few minutes, and I hope our Executive Branch decision-makers present today will take them seriously and view them as constructive. Our goals are the same – to take care of our wounded soldiers, to give them and their families the utmost respect, and to ensure that these heroes have the best quality of life possible for the rest of their lives.

Just because the one-year anniversary of the Walter Reed stories is passing, it does not mean that we should take our eye off the ball. This Subcommittee, for one, certainly will hold additional hearings for as long as is necessary; to continue to monitor the Administration's progress and to continue to ask all the questions that need to be asked.

I now yield to the Ranking Member of the Subcommittee, Congressman Shays, for his opening remarks.