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Service Corps in overseeing the medical hold and holdover units at Walter Reed.

Col. Terrence McKenrick will head up the new brigade, with Command Sgt. Maj. Jeffrey Hartless serving as its senior enlisted soldier. Within the next month, 126 combat arms soldiers will arrive to serve as platoon sergeants for the brigade and will live in the renovated Building 18, Cody said.

The Army is also bringing in more finance people and more family assistance people, and has replaced Weightman with Maj. Gen. Eric Schoomaker, the chief of staff's brother.

Cody said the Army is also creating an ombudsman office for soldiers to go to when they have complaints, as well as a hot line.

The Army has also sent Tiger Teams to every Army hospital to ensure similar conditions do not exist elsewhere.

The problems with housing for outpatient troops pales in comparison to the bureaucratic maze that soldiers must endure in being rated for their disabilities. Cody spoke of making the system, with its separate medical and physical evaluation boards, "less adversarial."

He said the doctors on the medical evaluation boards don't always understand that their recommendations will be used in conjunction with commanders' recommendations, and that the decisions of the physical evaluation board members don't always make sense to the medical board doctors.

Kiley said the physical evaluation boards don't recognize "the whole person," referring to the board's ability to rate only one injury — not everything that might affect the soldier's career. "It sets up an immediate adversarial role."

But the apologies, excuses and plans didn't do quite enough for the politicians, who wanted accountability at high levels.

"That's well taken," Rep. John Tierney, D-Mass., chairman of the Oversight and Government Reform subcommittee on national security and foreign affairs, said when told of some of the actions the Army is taking. "But the first thing that pops into mind is, 'Where have you been?'"

"I want you to know I think this is a massive failure," Kiley said.

He said he thought the problems were being dealt with on a case-by-case basis and did not realize they were systemic — even after reports by the Military Times in June, as well as investigations by the Rand Corp. in 2005 and the Government Accountability Office in March 2006.

Tighter top-level oversight

The Defense Department also announced a senior-level review of medical care by all the services, and Gates seems eager to pay personal attention to the issue.

"After the war itself, fixing the

problems associated with the care of our wounded is possibly our highest priority," Gates said March 7.

Gates has directed David S.C. Chu, undersecretary for personnel and readiness, and William Winkenwerder Jr., assistant secretary for health affairs, "to comprehensively review all department medical care programs, facilities and procedures ... to ensure that

we're providing all of our troops the standard of care they deserve."

Congress and the president also have some solutions of their own. President Bush has appointed an independent commission to look at the way troops are treated from the time they are injured until the time they transition from the military health care system to the Department of Veterans Affairs.

House and Senate Democrats have introduced the Dignity for Wounded Warriors Act, which mandates housing standards for the wounded, overhauls disability review boards, requires one caseworker for every 20 service members, extends job protections for service members, demands that an ombudsman be available around the clock and creates an

independent oversight board.

During the blizzard of hearings the week of March 5, Schoomaker was asked what assurances he could give that the problems will be addressed.

His reply: "Well, because we're going to fix it." □

Staff writers Rick Maze and William H. McMichael contributed to this report.



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