

Walter Reed Review Moves Quickly Ahead

by Carl Osgood

The aftermath of the exposé of poor treatment of wounded soldiers who are outpatients at Walter Reed Army Medical Center (WRAMC), is providing evidence that the change in leadership at the Pentagon, that followed the Democratic election victory last November, may, indeed, be making a difference, however small. One of the most infamous aspects of the Abu Ghraib torture scandal is the fact that no high-level officials were ever held accountable for it. Only low-ranking enlisted soldiers have been punished with courts martial and prison terms, and a handful of mid-ranking officers may follow. The investigations that that scandal spawned appeared to be geared more towards protecting the senior civilian officials and military officers who were responsible for promulgating the policies that led to the torture than in uncovering the truth behind the pictures.

All the evidence, so far, in the Walter Reed scandal, suggests the opposite is occurring. Secretary of Defense Robert Gates wasted little time moving for a change in leadership after the *Washington Post* broke the story at WRAMC on Feb. 18. Within a week, both the commander of Walter Reed, Maj. Gen. George Weightman, and Army Secretary Francis Harvey were out. They were followed by Army Surgeon General Kevin C. Kiley, who submitted his retirement papers, at Gates' request, on March 11, following a week in which he had been pummeled in a series of Congressional hearings for his culpability for conditions at Walter Reed. On March 1, Gates convened an Independent Review Group, co-chaired by two former Army secretaries, John O. "Jack" March and Togo D. West, Jr., and including two former members of Congress, a retired Air Force surgeon general, a retired Navy deputy surgeon general, a retired Air Force chief of staff, a retired Army command sergeant major, and a New York City philanthropist, which moved quickly to begin its review.

The scandalous treatment of wounded soldier-outpatients at WRAMC has brought to the fore other related issues, as well. These include the medical evaluation board/physical evaluation board (MEB/PEB) process which determines whether soldiers are medically fit to remain on duty or should be medically retired, and the relationship between the Department of Defense and the Department of Veterans Affairs. The MEB/PEB process has become infamous for the months-to-years-long nightmare that requires soldiers to fill out 28 different forms in order to get through the bureaucratic maze. Some reports have even suggested that the process is designed to be

so frustrating that soldiers will take whatever disability rating is offered to them, even though it may often be below that required for medical retirement, so that they can then get on with their lives, thus saving the government money on retirement benefits.

The DoD and the VA have also been consistently criticized for years about their inability to agree on measures needed to smooth the transition of military personnel from the DoD's system to that of the VA. The VA has established four poly-trauma centers where wounded soldiers who have suffered severe trauma, including traumatic brain injury, can be rehabilitated, but stories abound of the DoD refusing to provide medical records to VA physicians based on legal technicalities.

By all accounts, the medical care provided at Walter Reed, the National Naval Medical Center in Bethesda, Maryland, and elsewhere in the military medical system is unsurpassed. Advances in trauma care, and the application of those advances in Iraq have led to the lowest proportion of deaths to wounded in modern military history. This has meant that soldiers and Marines are surviving with wounds, including multiple amputations and brain injuries, that would have killed them in previous wars. It is at the point where wounded soldiers pass into rehabilitative care as outpatients that the problems begin.

The Independent Review Group Gets To Work

The Independent Review Group (IRG)'s charter calls upon it to "review, report on, and provide recommendations regarding any critical shortcomings and opportunities to improve rehabilitative care, administrative process, and quality of life" at both Walter Reed and Bethesda. The document was signed by now-outgoing Assistant Secretary of Defense for Health Affairs William Winkenwerder, as well as the Secretaries of the Army and the Navy. Both co-chairmen stressed, in response to questions from reporters on March 13, the independence of the panel to consider the impact that Bush Administration and Pentagon policies may be having on any problems that the panel identifies. "I believe we have all of the resources and all of the independence we require to do whatever we think we need to do to do our job," West said. He added that the panel was convened by Gates, and that "our mandate comes from him," not from Winkenwerder or the service secretaries.

Two of the policies at issue are the 2005 BRAC (Base Realignment and Closure) decision to close WRAMC, which Winkenwerder defended before the Senate Armed Services Committee on March 6, and the privatization of a portion of the Federal workforce, both of which were raised at two public meetings, one held at Walter Reed on March 13 and another at Bethesda on March 14. A number of the witnesses at the Walter Reed meeting told the panel that the hospital should not be closed, because of the high-quality medical care that is available there. Lorraine Cousins, the grandmother of a

wounded Marine, said that there are not enough beds at Walter Reed, and that the staff is overstretched. She added that military hospitals are not prepared for those who need long-term care.

In marked contrast to the Walter Reed meeting, in which no staff members came forward to address the panel, several members of the medical staff at Bethesda spoke about the pressures that they face. Ursula K. Henry, a former Navy nurse at the hospital, told the panel that some people on staff “have been so frustrated with the whole scenario” that they left to go across the street to work at the National Institutes of Health. Lt. Cmdr. Brandt Rice, a family medicine resident at the hospital, warned the panel that some members of the staff were suffering from “compassion fatigue.” He noted that while patients and family members had testified to the high quality of medical care at Bethesda, he told the panel that “we need to take care of those providers, as well, who are trying to give that level of care.” He said that he had made an effort to bring to the attention “of various people” the need to support those providers, but “to a major degree, my vocalness about this need has been met with some degree of resistance and some degree of retaliation.” He added that, in his own case, he was too overly burdened by administrative responsibilities, a lack of time, and an inability to coordinate with his supervisor and those above him “to give of myself the time to the patients.”

BRAC and Privatization

As was reported by *EIR* last week (see “Cheney’s War, Privatization and BRAC behind Walter Reed Scandal,” March 16), the privatization of base operations services at Walter Reed has become a major issue for those in Congress investigating the poor treatment of outpatients there. It is also an issue at Bethesda. Karen Piles, who has worked in facilities management at Bethesda for the past 28 years, told the IRG that the privatization of facilities maintenance has been “disastrous.” She said the contract was written poorly and was not devised for the special maintenance requirements of a hospital. “We have struggled for two years with a contractor that cannot keep up, and doesn’t have the skilled staff to take care of our needs,” she said. She reported that plumbing problems have been “immense,” that the contractor has made “horrible mistakes,” and that more money has probably been spent cleaning up after the contractor than would have been spent on facilities maintenance had the work not been contracted out.

The American Federation of Government Employees (AFGE) has carried out its own evaluation of the privatization at Walter Reed; it found that the cost of privatizing facilities maintenance at the hospital and eliminating the workforce to be at least \$12.7 million—well beyond the \$7.4 million in



DoD photo/Staff Sgt. D. Myles Cullen

Secretary of Defense Robert Gates moved quickly when the Walter Reed scandal broke: Heads began to roll.

savings promised by the contractor. “The Army carried out this illegal and wasteful privatization process because, like other agencies, it is under extreme pressure by the Office of Management and Budget to review for privatization large numbers of federal employees every year,” said AFGE National President John Gage on March 9. He added that the Army probably would have dropped the whole effort had it been left to its own devices, but “the political pressure from OMB [Office of Management and Budget] left Army officials with no choice but to go forward, even if that resulted in unsatisfactory care to the nation’s veterans.”

After the March 13 meeting, Marsh noted that dealing with the problems at Walter Reed (which are mostly in the area of post-hospital rehabilitation, where, he said, “We’ll have significant suggestions to make”) “will come down to resources, whether there is adequate funding and whether there is adequate staffing to perform the tasks.” When asked whether or not A-76 (OMB’s competitive sourcing initiative) and BRAC were factors in funding and resourcing, West replied “yes,” and added that, “It’s fair to say that members of this group have already begun to consider those factors.”

Of course, the one policy that the IRG cannot be expected to address is that of the Iraq War, itself, which is producing the constant flow of casualties that propagandists for the Bush Administration never said at the outset would happen. Nor is it likely that the Bush Administration would make any major changes to either the BRAC or competitive sourcing policies, even if the IRG found them to be factors in the problems that have been identified at Walter Reed. A more likely scenario is that the Pentagon will attempt to make fixes within the framework of those policies, leaving the underlying problems unsolved.