



Federal Health Matters

Walter Reed Scandal Spurs White House and Congress into Action

On February 18, the *Washington Post* published an article revealing the dilapidated condition of some outpatient housing facilities used by Walter Reed Army Medical Center (WRAMC), as well as the bureaucratic maze wounded service members and their families must navigate. Almost immediately, the article generated a flurry of media coverage that extended beyond WRAMC to the general treatment of returning soldiers and veterans. It also prompted such governmental actions as the firing of top U.S. Army officials, the launching of investigations, and several congressional hearings.

The *Post* article detailed an account of Building 18, a former civilian hotel that is one of five facilities used to house wounded soldiers in medical holding units (those who no longer require hospitalization but are still receiving outpatient treatment at WRAMC or are awaiting military discharge or reassignment). It revealed that the building had numerous maintenance problems, such as damaged walls and ceilings, black mold, mouse and cockroach infestations, stained carpets, and inoperable elevators and garage doors. Moreover, the article described a situation in which outpatients struggle with large amounts of paperwork, are neglected by overburdened case workers and insufficiently trained “platoon sergeants” (fellow wounded service members who are assigned to oversee large groups of their comrades), and miss medical appointments due to lack of guidance or unclear instructions. The lack of oversight also has led to the sale of

alcohol on the grounds where underage soldiers with PTSD and other war injuries are housed.

On March 1, Major General George W. Weightman resigned as commander of WRAMC, a position he had held only since August 2006. Soon to follow were Army Secretary Francis Harvey and Army Surgeon General Lieutenant General Kevin C. Kiley, who had previously commanded WRAMC and was brought back initially as a temporary replacement for Weightman. The DoD also has set up an “independent review group” to investigate the problems, and President Bush has established the Presidential Commission on Care for America’s Returning Wounded Warriors, co-chaired by Robert J. Dole, former Republican senator from Kansas, and Donna E. Shalala, former HHS secretary who served under President Bill Clinton.

Testimony at congressional hearings has given many parties a chance to speak up—and debate the issues. On March 5, Kiley emphasized to the House Committee on Oversight and Government Reform and the House Subcommittee on National Security and Foreign Affairs that there had been a steep increase in the number of service members in medical holding units at WRAMC: from around 120 in the beginning of 2003 to 874 in the summer of 2005. In order to accommodate this surge, he said, the DoD assigned “only the healthiest” outpatients to reside in Building 18, which has undergone “over 200 repairs” since February 2006. Kiley attributed the length of patients’ stays at WRAMC (an average of 297 days for active duty soldiers and 317 days for Reserve and National Guard members) to the severity of the soldiers’ injuries, as well as to WRAMC’s focus on returning patients

to a high level of performance that will allow them to resume preinjury military roles.

Some former WRAMC patients and members of Congress, however, suggested that exceedingly slow and complicated bureaucratic systems also contribute substantially to these long stays. The *Post* reported that the typical WRAMC patient must fill out 22 forms with eight different commands, many of which are off-post. Sixteen different information systems process the information, yet few are compatible with one another, further delaying medical claims and processing. The army alone has three disparate personnel databases that do not interface with the billing or medical records databases. In his opening statement at the March 5 hearing, Ranking Subcommittee Member Rep. Christopher Shays (R-CT) went so far as to say soldiers are “effectively incarcerated in outpatient clinics indefinitely because the bureaucracy is not responding to their needs on a timely basis.” In his testimony, Army Vice Chief of Staff Richard A. Cody conceded that military medical facilities’ “administrative processes are needlessly cumbersome.”

Cody and some congressional Democrats also have noted that plans to close WRAMC by 2011, as part of the 2005 Base Realignment and Closure (BRAC) decision, may have made administrators and some staff disinclined to respond to deteriorating conditions. On March 15, the House Appropriations Committee voted to keep WRAMC open throughout the duration of the wars in Iraq and Afghanistan—and included a provision barring appropriations from being used to close WRAMC in a recent supplemental spending bill. This is the first time Congress has reversed a BRAC

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decision, which has raised concern among some congressional members and DoD leaders. They contend that BRAC was created, in part, to avoid political interference. The bill's allocations include \$20 million to address the problems at WRAMC, \$550 million to address the maintenance backlog at VA health care facilities, \$250 million to ensure that there is sufficient administrative personnel to meet the needs of the growing number of veterans, and \$62 million to speed claims processing for returning veterans.

A more direct legislative response to the WRAMC scandal has been the Dignity for Wounded Warriors Act of 2007 (H.R. 1268 and S. 713). Highlights of the bill include requirements that: (1) outpatient housing be held to "the highest existing service quarters, with regular inspections of any housing in which five or more outpatient service members reside; (2) each military department establish a single command responsible for physical disability evaluation, with full access to such a system made available online for patients and as much streamlining of paperwork processing as possible; (3) the DoD reassess ratios of caseworkers and supervising noncommissioned officers to service members at each military medical treatment facility and improve the training of caseworkers and social workers; (4) certain family members caring for recovering service members receive federal job protection and military medical care; (5) two bilingual, 24-hour hotlines be established for service members and their families to obtain crisis counseling and advocacy services; (6) an ombudsman for outpatient care be established at every major medical command; and (7) a congressionally appointed Wounded Warrior Oversight Board be created to supervise the implementation of this bill and serve as advocate on behalf of recovering troops

and their families. At press time, the bill was being considered by the Armed Services committees of both congressional houses.

While the VA has received relatively little negative attention in connection with the scandal, it has taken some steps to head off criticism of its own facilities. On March 7, VA Secretary James R. Nicholson ordered all medical center directors to conduct a review of the "environments of care" at their hospitals and clinics. Michael Kussman, MD, the VA's acting under secretary for health, announced on March 21 that the review had uncovered some maintenance issues. He emphasized, however, that most of these issues stem from "normal wear and tear" and do not involve facility areas that provide direct patient care. He added that the VA's \$519 million maintenance budget for 2007 and its proposed maintenance budget of \$573 million for next year should cover any needed facility repairs and updates.

VA Study Explores the Mental Health Costs of War

A study published in the March 12 issue of *Archives of Internal Medicine* sheds light on the prevalence of mental health and psychosocial disorders among veterans of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). After reviewing the records of 103,788 OEF and OIF veterans who had an initial visit at a VA health care facility between September 30, 2001 and September 30, 2005, the researchers—led by Karen H. Seal, MD, MPH, of the San Francisco VA Medical Center and the department of medicine at the University of California, San Francisco—found that 25% of the veterans had been diagnosed with at least one mental health disorder and 31% had been diagnosed with at least one mental health or

psychosocial disorder. Of the mental health diagnoses, 60% were made initially outside the mental health setting (usually by primary care providers), prompting the researchers to emphasize the importance of "targeted early detection and intervention beginning in primary care settings."

The researchers further found that 56% of the veterans who received a mental health diagnosis had two or more such diagnoses, with the most common combination being post-traumatic stress disorder (PTSD) and depression. Substance abuse was also prevalent. The group at greatest risk for PTSD and other mental health disorders were veterans between the ages of 18 and 24.

According to an article on the *Time* magazine web site, the overall prevalence of PTSD found in the study (13%) is similar to that of previous conflicts, including the Vietnam War. Seal told *Time* reporters, however, that an informal review of more recent data suggests that this prevalence is rising. The study authors identify certain features of the current conflicts that could be contributing to the situation, including the unique stresses of urban, guerrilla warfare; the constant dangers of roadside bombs and improvised explosive devices; and multiple tours of duty.

The day before the study was published, the VA issued a statement emphasizing its focus on mental health care and citing its status as both "the country's largest provider of mental health care" and "a world leader" in PTSD research and treatment. The statement also highlighted the VA's system of community-based Vet Centers, which employ specialists and veterans—including 100 from OEF and OIF—to provide mental health screening and a variety of counseling services for veterans and family members. It reiterated the VA's plan to add 23 new Vet Centers over the next two years. ●