Critical Shortcomings at Walter Reed Army Medical Center Create Doubt

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This photograph shows an amputee soldier undergoing occupational therapy at the Walter Reed Army Medical Center (Walter Reed) in the early 1950s. Walter Reed was then well known for its comprehensive approach to rehabilitation based on the patient's physical, vocational, social, and emotional capacities, leading to the maximum recovery of injured and disabled military personnel.[1]

Since 1909, Walter Reed has healed American soldiers, presidents, and international visitors. The medical center was established to integrate patient care, teaching, and research, and to provide the highest standard of care to American servicemen.[2]

The center is named after Major Walter Reed (1851–1902), one of the brightest stars of the US Army's Medical Department. He was responsible for identifying the means of transmission of yellow fever and developing the protective practices—clearing mosquito breeding grounds, covering water supplies, using mosquito nets, and installing sewers—that enabled workers to finish building the Panama Canal.[3]

Major William Cline Borden (1858–1934), Reed's colleague and friend, spent six years after Reed's death trying to persuade the army to build a new general hospital in the District of Columbia and to name it for Reed. It was Borden's dream to combine the Army Medical School, the Army Medical Museum, the surgeon general's library, and a new hospital facility into a single campus. In 1905, Congress provided funds to build the hospital, which admitted its first patients in 1909. The hospital expanded very rapidly during World War I and again in World War II. Hundreds of thousands of soldiers were treated at Walter Reed during World War II and the Korean and Vietnam wars.[4]

An amputee soldier undergoing occupational therapy at the Walter Reed National Army Medical Center, 1952. *Source.* National Library of Medicine, Bethesda, MD.

Throughout the years, Walter Reed added additional facilities: the Walter Reed Institute of Research, the Armed Forces Institute of Pathology, the Army Physical Disability Agency, and several smaller units. Today, Walter Reed continues to serve the military community and admits approximately 16 000 patients a year.

The troubles at Walter Reed began during the wars in Iraq and Afghanistan. In August 2004, the Department of Veterans Affairs conducted focus group interviews with seriously wounded soldiers recuperating at the center. These revealed that many veterans of the wars in Iraq and Afghanistan had become frustrated, confused, and angry while dealing with the hospital's bureaucracy.[5]

One year later, the Pentagon's Base Realignment and Closure Commission (BRAC) proposed shutting Walter Reed and moving much of its staff and services to the National Naval Medical Center in Bethesda, Maryland. The commission argued that Walter Reed was showing its age: "Kids coming back from Iraq and Afghanistan, all of them in harm's way, deserve to come back to 21st century medical care," said BRAC chairman Anthony Principi.[6]

In February 2007, the *Washington Post* published a series of articles documenting the poor living quarters and bureaucratic breakdowns endured by wounded soldiers returning from Iraq and Afghanistan. These soldiers lived in dilapidated buildings on the Walter Reed's campus and faced nightmarish tangles of red tape as they tried to secure ongoing care.[7,8] President George W. Bush appointed a bipartisan commission, led by former Senate majority leader Bob Dole and former Secretary of Health and Human Services Donna E. Shalala, to investigate. The commission's report made six broad recommendations, including the creation of "recovery coordinators" to assist each seriously injured service member in navigating the heath care system, restructuring the disability and compensation

systems, and improving the prevention, diagnosis, and treatment of posttraumatic stress disorder and traumatic brain injury.[9]

An independent review group appointed by US Secretary of Defense Robert Gates submitted a report, *Rebuilding the Trust*, in April 2007 that concluded many elements had combined to create the "perfect storm" of resource mismanagement at Walter Reed.[10] These elements included the decision of the BRAC to close Walter Reed, pressure to outsource traditional military service functions through A-76 (an Office of Management and Budget A-76 circular requires competitions with the private sector for many governmental positions), and military-to-civilian personnel conversions. Coming at the same time as increasing numbers of wounded soldiers returned from Iraq and Afghanistan, this confluence of events increased the probability for the failures and shortcomings at Walter Reed. As *Rebuilding the Trust* put it:

> Additionally, inadequate facilities; leadership inattention; failure to meet processing guidelines; conflicting interpretations of laws, rules and regulations (long conditioned by lack of bureaucratic energy to clarify and simplify); and conflicting budget pressures, created their own impact and collectively brewed to feed the storm.[10]

The government continues to debate what to do with Walter Reed in the long term. The cost of retrofitting the existing medical center would likely be higher than that of building a new facility, but the war spending bill[11] recently passed by the House would bar funds from being used to shutter Walter Reed. General Richard A. Cody, the Army Vice Chief of Staff, has suggested the proposed closing be reexamined while the Iraq war continues.

Will the end of the Iraq war be the end of Walter Reed Army Medical Center? ■

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