

Walter Reed scandal lifts lid on neglect of wounded US troops

Barry Grey in Washington DC
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The past week has seen a flurry of congressional hearings, the appointment of review boards and commissions, and the firing of two high-level Pentagon officials—all in response to a series of articles published last month by the *Washington Post* documenting the neglect and mistreatment of wounded veterans at Walter Reed Army Medical Center in Washington DC.

The articles exposed the squalid living conditions and bureaucratic indifference that outpatient soldiers, returned from Iraq and Afghanistan with serious physical and mental injuries, have been forced to endure at the most prestigious military medical facility in the country.

Soldiers suffering from traumatic brain injuries or stress disorders, others with amputated limbs, have languished for weeks and months on end in vermin-infested quarters waiting for a decision on their military status and a ruling on the level of benefits they will receive if they are discharged and transferred to the civilian-run Veterans Administration (VA) healthcare system.

Professions of shock and outrage have come from every quarter of official Washington. President Bush and Vice President Cheney have each issued public statements and Bush appointed a bipartisan commission to report back in June on the treatment of wounded troops at both military and VA facilities. He also named Veterans Affairs Secretary Jim Nicholson to head an inter-agency task force. Defense Secretary Robert Gates appointed his own review board following the firing of the military commander at Walter Reed and the forced resignation of the secretary of the army.

Congressional Republicans have vied with Democrats in decrying the conditions at Walter Reed and other medical facilities for veterans at multiple hearings throughout the week.

That conditions such as those at Walter Reed exist at other military hospitals, and that many disabled veterans get inadequate care and face long, bureaucratic delays in the VA system, are not revelations to US civilian and military policymakers. Such conditions are the end result of inadequate funding and staffing, for which Congress and the White House are both responsible. There have, moreover, been published reports on substandard care and bureaucratic logjams at Walter Reed, Fort Stewart in Georgia and other Department of Defense facilities for years, and government audits have pointed to

pervasive problems in the provision of medical care to wounded soldiers.

The appearance of the *Washington Post* series in the first place is a reflection of the immense growth of antiwar sentiment among the American people as a whole, and its mounting expression among soldiers, veterans and their families. The *Post* reported March 5 that hundreds of soldiers at military medical holding units around the country had contacted the newspaper to report conditions similar to those exposed at Walter Reed, and that thousands of emails and phone calls had been received from veterans complaining of substandard care at VA hospitals.

The feverish response by the White House, the Pentagon and Congress is an attempt to contain this escalating popular opposition and head off a collapse of morale throughout the military. The exposure of official indifference to the plight of injured soldiers is particularly damaging since it undercuts the attempt to portray renewed funding for the war as being motivated by a commitment to “support the troops.”

The mistreatment of wounded soldiers is one more demonstration of the utter indifference, incompetence and contempt of the US ruling elite and its two political parties for the American people.

The vast majority of soldiers are recruited from the working class, largely from more oppressed and impoverished layers. The systemic disregard for the needs of injured soldiers is another expression of the same class divide that was exposed before the eyes of the world in the Katrina disaster.

That divide runs right through the military. As *Washington Post* writer Henry Allen pointed out in an unusually frank column published on Friday, “A little more than 80 percent of the military is enlisted.... The officers wear the white collars, the enlisted wear the blue. The two classes live on different sides of the tracks...”

“Segregation is everywhere: bathrooms, dining rooms, social clubs, sleeping quarters. When you’re enlisted, you accept these inequalities. They make sense. You have no choice. But you can’t ignore the ugly, feudal arrogance that they foster.”

Wounded soldiers and veterans are the victims of a social and political system whose priorities are determined by the narrow self-interest of a financial aristocracy. Hundreds of billions are

handed out in tax cuts to the rich, billions more are funneled to corporate cronies of the Bush administration in the form of “reconstruction” contracts in Iraq, but there is no money to properly fund medical care for the people, either military or civilian.

Longstanding problems in healthcare for soldiers and veterans were vastly compounded by the recklessness and lack of planning that have marked every aspect of the US military adventure in Iraq. There were no serious provisions for a major increase in the number of patients entering the Defense Department and VA medical systems. After all, according to those who conspired to launch the war—Bush, Cheney, Rumsfeld, Wolfowitz—the conflict would be over in six months.

But more than five years of war in Afghanistan and nearly four in Iraq have killed nearly 3,600 American soldiers and flooded military and VA hospitals with tens of thousands of wounded, overwhelming an already overtaxed system.

This has not prevented the Bush administration and Congress from continuing a policy of cost-cutting and privatization. In testimony Wednesday before the Senate Appropriations subcommittee on defense, the surgeon general of the Navy, Vice Admiral Donald C. Arthur, noted that “The president’s budget for fiscal year 2008 ... authorizes 1,011 military to civilian conversions ... and assumes savings and efficiencies in several areas.”

He described critical staffing shortages in the Navy’s medical system: “Our losses have outpaced gains over the past several years and fiscal year 2006 was no exception, ending the year with a 93.5 percent manning across the Navy Medical Department...”

“As of December 2006, the Medical Corps remained below end-strength targets and continues to experience acute shortages in critical wartime subspecialties... Last year the Medical Service Corps fell short of their direct accession goal by over 30 percent for the second year in a row, directly impacting our ability to meet current mission requirements.”

The ranking Republican on the subcommittee, Senator Ted Stevens of Alaska, said cuts in medical programs for all military branches would reach \$500 million this year and \$800 million next year.

Here are some indices of the state of the military and VA medical systems:

* Disability claims with the VA increased by 39 percent from 2000 to 2006. The staffing for handling such claims has remained essentially unchanged. The VA has a backlog of 400,000 benefit claims.

* The VA depends on paper files and lacks the ability to download Defense Department records onto its computers.

* Some 263,257 veterans were denied enrollment in VA health coverage in 2005. Two months prior to the invasion of Iraq, the Veterans Health Administration, which previously offered care to all veterans, imposed restrictions on those entitled to enroll in its healthcare system.

* In its Pentagon appropriations bill for 2007, Congress cut in half the financing for the Army’s main research and treatment program on brain injury, which is housed at Walter Reed.

In the midst of this growing healthcare crisis, with two wars under way, the government decided in 2005 to close down the Walter Reed Army Medical Center by 2011 and merge its services with those at the National Naval Medical Center in nearby Bethesda, Maryland. This decision undoubtedly contributed to the deterioration of services at the facility.

An even greater blow was the decision taken in 2006 to contract out support services at Walter Reed to a private company with close ties to the Bush administration. The Army handed a \$120 million contract to IAP Worldwide Services, a Cape Canaveral, Florida firm run by a former top executive at Halliburton, the energy giant headed by Dick Cheney prior to his becoming vice president. In handing the business to IAP, the Army reversed the results of an audit which had concluded the existing government employees could do the job more cheaply.

The government employees left in droves, knowing they would be fired when IAP’s contract took effect in February of this year. By the time the company took over operations, the support staff had fallen from more than 300 to less than 60. IAP fired the remaining federal workers and hired only 50 private employees to replace them.

Last week, the House Committee on Oversight and Government Reform released an internal hospital memo written last September by Walter Reed’s garrison commander, Col. Peter Garibaldi, warning that the decision to privatize support services was causing an outflow of experienced personnel and putting patient care “at risk of mission failure.”



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