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Wounds, real and political

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The flurry of media attention directed at the Walter Reed Army Medical Center scandal has subsided, but not for lack of activity. It is time for exhaustive work to improve the nation's complicated military medical system and veterans' health care inside the departments of Defense and Veterans Affairs. Meanwhile, though, a kind of farce of Washington politics is underway in which the scandal is used by some for political effect, who are then opposed by others who fail to understand the magnitude of the problem and thus sound rather callous.

In April, the Independent Review Group appointed by Secretary of Defense Robert Gates to investigate the Walter Reed scandal and system-wide issues handed down what the New York Times called "a sweeping indictment" of a breakdown in health services. The review, headed by John O. Marsh and Togo West, two former secretaries of the Army, called the Walter Reed scandal a "perfect storm" of harmful factors resulting from the Base Realignment and Closure Commission's recommendations; pressure to outsource work from the administration's "A-76" contracting requirements which caused serious staffing problems; and the sharp rise in the number of casualties, many with very complicated and little-understood traumatic brain injuries or polytrauma and amputations.

Among the review's recommendations: Focus on shoddy outpatient care; create centers of excellence for brain injury and post-traumatic stress disorder; remedy the "systemic breakdown of a seamless and smooth transition from Department of Defense to the Department of Veterans Affairs"; pay particular attention to the appalling failure to achieve, "seamless" transitions; remedy serious problems in the physical disability evaluation system; and lift A-76 requirements.

There is a danger in this climate of a rush to change systems which are not fully understood, owing to the fact that the government-political-media timetable to reach conclusions and make public reports is still wildly ahead of the hard analytical process necessary to reach sound long-term conclusions.

In these debates one sees the reality clash with the theatrics of war and war casualties. Last week, in a hearing at the military personnel subcommittee of the House Armed Services Committee, ample doses of reality included this statement from a senior recently retired service member: "[W]hen you look at the evaluation systems, they are so convoluted, so complicated, that there's only probably a handful of folks in the military that understand it. I just retired from the military after 37 years, and do not ask me a question about them, because I have no idea."

Outside such hearings, one hears two kinds of ill-advised thinking which seem to take such

facts less seriously than they should, one frequently heard on the left, the other on the right. On the left is the use of the military-health-care mess as a political cudgel whose real aim seems to be to remind listeners of the decision by President Bush to enter Iraq. The most egregious, later retracted, was Sen. Barack Obama's February "wasted lives" remark which the senator said he came to regret, and for which he apologized repeatedly.

The other, from the right, is a kind of misguided fiscal prudence which opposes typically reasonable legislation designed to improve circumstances for wounded war veterans. Most egregious was Mr. Bush's "pork" remark and his veto threat regarding recent Democratic proposals. But last week in a contentious Senate Veterans Affairs Committee meeting, Sen. Larry Craig, Idaho Republican, warned against the fiscal consequences of a hybrid-benefits proposal by Sen. Bernie Sanders, Vermont Independent, in the wake of an Institute of Medicine determination that the VA's means of judging disability is "hopelessly outdated."

Here's how the Air Force Times was able to characterize his position: Mr. Craig "was trying to block Sanders' amendments to increase veterans' burial benefits and grants for autos and homes that are equipped for the handicapped. Craig also opposed a committee plan that would restore the right to enroll in the veterans' health care system to veterans with modest incomes and no service-related disabilities, who are in the lowest priority group for care." He was quoted: "I am concerned that if we flood the system and don't fund it, we are in for consequences."

We wonder how many members of Congress are aware of a January working paper by Linda Bilmes of Harvard University which concluded that "the budgetary costs of providing disability compensation benefits and medical care to the veterans from Iraq and Afghanistan over the course of their lives will be from \$350-700 billion," depending on factors like future deployments, recipient lifespans and health-care inflation. A sense of realism on all of this is sorely needed, as is an understanding from our elected leaders that politics should be marginal when it comes to wounded soldiers.
