Interview: John R. Pierce, M.D.

Save Walter Reed Medical Center From the Scrapheap

Dr. Pierce, Colonel Medical Corps, U.S. Army (ret.), has been the Medical Inspector for the Veterans Health Administration since November 2004. He was on active duty in the U.S. Army Medical Corps for 30 years, stationed in Hawaii, Germany, Colorado, and Washington, D.C. His assignments included Chief, Department of Pediatrics, Residency Program Director, Deputy Commander for Clinical Services, and Director of Medical Education—all at Walter Reed Army Medical Center. He also served as Consultant in Pediatrics to the Surgeon General for seven years.

An Assistant Professor of Pediatrics at the Uniformed Services University of the Health Sciences, and a Fellow in the American Academy of Pediatrics, Dr. Pierce has numerous publications in the area of infectious diseases in the neonatal, health-care services, and practices in the Department of Defense and the role of pediatricians in the military. As the historian for the Walter Reed Society, he has written many articles on the history of Walter Reed Army Medical Center and the life and work of Maj. Walter Reed. He also wrote a book on yellow fever and the role of the U.S. Army in its conquest.

His military awards include the Legion of Merit (three awards), the Meritorious Service Medal (three awards), the Joint Service Commendation Medal, the Army Commendation Medal (three awards), the Army Achievement Medal (four awards), the Surgeon General's "A" Proficiency Designator, and the Order of Military Medical Merit.

Dr. Pierce was interviewed by Pam Lowry.

EIR: On May 13, the Pentagon made the astounding proposal to close the doors of Walter Reed Army Medical Center. How did this come about?

Pierce: There was a Congressional mandate in the early 1990s to close and consolidate bases. This cycle of Base Realignment and Closure (BRAC) started in 2002. There were several Joint Cross-Service Working Groups. The Army's representative to the medical group was Major General Kenneth Farmer, who was the Army Deputy Surgeon General at the time. Last year, Major General Farmer was named Commander of Walter Reed Army Medical Center.

EIR: The Working Group's report recommends that new multi-million-dollar hospitals be built at the National Naval Medical Center in Bethesda, Md., and at Fort Belvoir, Va. It says that most of Walter Reed's functions will be transferred to the new building in Maryland. Will these hospitals be built, and what will happen to Walter Reed in the meantime?

Pierce: This is like throwing Walter Reed on the scrapheap. Even if the Bethesda hospital is built, building at Walter Reed will be ignored for the next five years. They will start to close Walter Reed down. Doctors who need specialized training and many of the medical researchers may choose to go somewhere else. Employees will leave, and patients, knowing they'll lose their doctors, will go someplace else. The place could go to pot.

EIR: I saw a press release for the November 2004 groundbreaking for a new state-of-the-art training facility for amputees. But when I asked the Public Affairs Office if the construction was on target for its completion date this coming December, I was told that nothing has been done on the building. Is this an example of what you're talking about?

Pierce: Yes, no building has been going on for the amputee center. We do have an excellent program for amputees—we take all comers from all the services. They are fitted with computerized prosthetics, which are called C-arms and C-legs. They cost $40,000-50,000 apiece. There are two [guest] houses and a hotel on our campus to house the families of these amputees, as well as those of other patients. Walter Reed gave C-legs to a double amputee who had been an excellent lacrosse player and captain of the West Point team. After he completed his treatment, I saw a newspaper article which said he had played in the Army-Navy Alumni Lacrosse Game and even scored a goal!

EIR: When the base closings were announced in May, the Air Force Surgeon General said that the proposed new "Walter Reed National Military Medical Center" at the National Naval Medical Center in Bethesda would "rival Mayo Clinic, Johns Hopkins, and the other great medical institutions of the world." What do you think?

Pierce: Walter Reed already is the Mayo Clinic and Johns Hopkins of the military hospitals! It is a national and international resource, but the measurements that are used in the BRAC do not take that into account. Walter Reed has Congressionally mandated research programs in breast, prostate,

CDC/Dr. Edwin P. Ewing, Jr.

The original Walter Reed General Hospital at the Walter Reed Army Medical Center. You'd think they decided first which bases to close, and then picked the justification for the decision, said Dr. Pierce of the Pentagon's methodology.

and gynecological cancer. It also has a vaccine health center that deals with vaccines for military personnel and tracks their side effects. There is also a special secured unit which is used for medical care for the President, Congress, and foreign dignitaries. Heads of nations have come from all over the world to be treated at Walter Reed.

EIR: That makes Walter Reed a diplomatic resource as well.
Pierce: Yes, but that apparently does not count in the military value of the base-closing equation.

EIR: What kinds of measurements are used when the bases are evaluated?
Pierce: You'd think they decided first which bases to close, and then picked the measurements. There is what they call a "Metric of Military Value." They have put a cap on the score you can get for patient care. Using this measure, Walter Reed lost credit for 39% of its inpatient care and 60% of its outpatient care. The medical center got absolutely no credit for its graduate medical education training in regards to health care delivery, its medical research, or its three Congressionally mandated cancer programs.

In addition, there is a rating system which compares all military bases. Part of this is another measurement called "Relative Weighted Product." For example, a heart operation may count for 3-5 points, while a simpler procedure, such as an appendectomy, counts for one point. Walter Reed provided 1.15 million outpatient units and 16,500 inpatient units per year, and it has 50 graduate education programs. It received an overall rating of 54.

The National Naval Medical Center in Bethesda received a rating of 63. The DeWitt Army Community Hospital at Fort Belvoir, which has 43 inpatient beds and one training program in Family Medicine, received an overall rating of 58. Even Hurlburt Field in Florida, which provides 52,000 units a year in an outpatient clinic, and has no inpatient care or graduate medical education, was considered to have a higher military value—56—than Walter Reed.

EIR: What is going to happen now with the BRAC recommendations?
Pierce: The BRAC Commissioners visit the bases that are slated to be closed, and check to see that the evaluation figures are correct. The Commission has already complained that the Department of Defense has not released all the data the Commission needs. The BRAC Commission also holds hearings around the country. In past years, the BRAC Commission has taken around 15% of the bases off the closing list after this phase. Then, the final list is sent to the President, and this will happen in early August. He must accept either all or none of the closings. Then the list goes to Congress, and they also must accept all the closings or none. My goal is to get Walter Reed Army Medical Center off the list.

EIR: Before the base closings were announced, what was the development plan for Walter Reed's campus?
Pierce: They had planned to refurbish the hospital building, which was opened in 1978. The plan called for doing it over a ten-year period at a cost of $500-600 million. Some people accuse Walter Reed's hospital of not performing up to capacity, because of its large number of wards. But the wards that were not needed for patients have been turned into specialty clinics, so the space is definitely in use.

EIR: Is there any room on the present campus for a new hospital?
Pierce: I think there would be room for a new building if the 70-year-old medical supplies warehouse were torn down. Walter Reed has gone to a just-in-time policy on supplies, which means only a week's worth of medical supplies are stored at any one time, so such a large storage building is not needed.

EIR: I can't help thinking that Walter Reed's situation is somewhat comparable to the threatened sell-off and dispersion of General Motors' machine tool capabilities. What would happen if this projected new building in Maryland wasn't ready in five years, or was never built, and Walter Reed was closed?

A critical mistake that cannot be made is for the soldier on the battlefield not to have a military physician when needed. Realigning (actually closing) Walter Reed will decrease the likelihood that military physicians will be there when needed.

Pierce: Then the different medical services would have to be broken up. The Bethesda Navy facility now provides 10,500 inpatient units of "Relative Weighted Product," but it has the capacity for 13,000. Therefore, 2,500 units of service could be transferred there. If the new hospital at Fort Belvoir were built, other services could be sent there as well. Overall, the BRAC study projects 11,000 new employees at Fort Belvoir and this does not include the additional 2,000-3,000 patients a day that would be going to the new hospital. Local politicians are concerned about the traffic; there are no plans to put a new Metro station there. The cost of a new Metro stop may be too astronomical and that area may not be able to handle the traffic—have you seen where it is? Other patients who were left over would have to go into the system called TRICARE, which is like an HMO and consists of facilities and providers that accept military payments.

EIR: Let's say that Walter Reed is closed. What happens to the buildings and land?

Pierce: Everything on the main Walter Reed campus will be closed. The internationally known Armed Forces Institute of Pathology, known as the AFIP, will be closed. The National Museum of Health and Medicine will be moved but it is not clear where or if there is enough money to provide proper quarters for the museum. The only thing now slated to remain is the Walter Reed Institute of Army Research, which is on an auxiliary campus.

The land and buildings would be offered to other government agencies. If government agencies don't want the other buildings, then the buildings and land are given to the local government. They can sell it to make money. For example, they could sell it to developers who will build condos. Local governments have mixed feelings about BRAC—they don't like to lose bases and the jobs that go with them, but on the other hand, they want tax-paying residents.

EIR: In summary, what would you say are the primary reasons that Walter Reed Army Medical Center should not be put on death row for five years and then closed?

Pierce: Who is bearing the brunt of current casualties and will bear the brunt of future casualties? Clearly, the Army. No one can challenge the United States on the seas or in the air, and as always, the foot soldier will bear the brunt of injuries and death. Therefore the Army, even more than the other services, needs the capability to care for the complex wounded. The lethality and destruction of the improvised explosive device (IED) is obviously well known and will be copied by future enemies of the United States. Thus, a critical mistake that cannot be made is for the soldier on the battlefield not to have a military physician when needed. Realigning (actually closing) Walter Reed will decrease the likelihood that military physicians will be there when needed.

Where do Army docs come from? Most come from Army graduate medical education programs. The majority of these programs and trainees are in the major medical centers. Why are the majority of trainees in the major medical centers and not the community hospitals? Because that is where the patients are, who are needed to train these docs.

The major medical centers like Walter Reed are the exact facilities that were devalued by the BRAC military value metric. The reason major military medical centers exist, is to provide the complex care needed in war and to provide a platform for training and skill competency during peace. Without major tertiary medical centers and the environment they provide, the Army would not be able to retain the cadre of senior experienced medical officers needed in war. Polytrauma casualties (amputation, fracture, head injury, burns, etc.) from the current conflict are surviving in numbers not previously seen, and major tertiary medical centers such as Walter Reed are needed to care for them.

It is well known that currently the vast majority of these patients are brought to Walter Reed. Over the years, Walter Reed has purposely developed this capability to care for very complex patients by seeking out that capability in patient care, as well as graduate medical education and clinical research. This environment of cutting-edge care, medical education, and research has attracted a highly motivated, experienced, and skilled group of senior officers who are daily fulfilling the promise to our soldiers, on the battlefield as well as in the medical center, of providing them every chance to recover to lead a full and rewarding life.

This capability exists during war because it was developed and maintained during peace. Tertiary medical centers committed to complex care, education, and research during peace are part of the cost of having a competent medical force during war. The reason the worst of the injured come to Walter Reed is, because years ago, Walter Reed chose to be that place.