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Statement of
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Subcommittee on Oversight and Investigations, House Armed Services Committee

on

Accountability and Reform Efforts at the Afghan National Military Hospital

Chairman Wittman, Ranking Member Cooper, and distinguished members of the Subcommittee on Oversight and Investigations. Thank you for this opportunity to appear before you today to discuss past and ongoing Department of Defense (DoD) Office of Inspector General (DoD IG) oversight regarding U.S. military and Coalition efforts to develop the management, medical care services, and logistical capability and accountability of the Dawood National Military Hospital (NMH) in Kabul, Afghanistan.

Health Care in Afghanistan

Following three decades of war, the poorly developed health care system in Afghanistan had been further degraded and did not meet any internationally recognized health care standard. After the fall of the Taliban in 2001, U.S. and international coalition forces developed a plan for creating an Afghan National Security Force (ANSF), comprised of both military and police, intended to provide a supportive health care system capability.

For the ANSF to become fully independent and sustainably effective in conducting combat operations, it was recognized that this ANSF health care delivery system would need to be capable of providing essential field-level combat casualty care, evacuation of wounded and ill casualties, restorative surgery and rehabilitation, and long-term care for disabled personnel.

The military health care system in existence at the start of the U.S. / Coalition initiative consisted of remnants of the Russian-based system with multiple badly-supported clinics, four small hospitals spread across the country, and the 400-bed National Military Hospital (NMH), which is the largest hospital in Afghanistan, located in Kabul, and the only one providing specialty medical care.

Built in the early 1970s by the Soviet Union, the NMH resides on a medical campus that encompasses the hospital itself, an out-patient clinic, the Armed Forces Academy of Medical Sciences, a garrison support facility, and a logistics complex that includes a recently constructed medical warehouse. The NMH is under the command of the Afghan National Army (ANA) Surgeon General and is managed by an ANA Hospital Commander, and staffed by ANA medical personnel. Currently, approximately 260 patients, the majority of whom are soldiers and police personnel and their families, reside in the NMH.

Medical Training Advisory Group

The International Security Assistance Force (ISAF) Medical Training Advisory Group (MTAG) was established to provide medical mentors who are assigned in every regional command and associated ANSF hospital in Afghanistan. These U.S. military mentors - doctors, nurses, administrators, logisticians, and technical personnel – advise and train Afghan healthcare personnel during the provision of care to the Afghan sick or wounded on the battlefield, in the operating room, the intensive care unit, and on the hospital wards, and at the supply depots. They also assist in the management of the health care system and its logistical support, the supplies for which are financed by U.S. Afghan Security Force Fund and also provided by international donor contributions. MTAG mentors operate in close partnership with their Afghan counterparts during the performance of their duties. There are fifteen MTAG mentors currently assigned to the NMH.

Completed DoD IG Oversight Projects

The DoD IG has been engaged in providing ongoing oversight with respect to U.S. Military and Coalition efforts to develop the Afghan military health care system, including the NMH, since 2008, and has conducted multiple oversight missions focused on this issue.

1st Oversight Project

In April 2008, the DoD IG conducted its first assessment[1] of DoD efforts to develop the ANSF, which included the military health care system.

As a result of this assessment, we determined that the complexity of medical stabilization and reconstruction challenges in Afghanistan called for a robust U.S. interagency and international effort to assist deployed U.S. military medical personnel in developing and implementing a detailed, multi-year planning strategy. At that time, the U.S. Central Command, ISAF, and its Combined Security Transition Command – Afghanistan (CSTC-A), lacked the personnel and other

[1] "Assessment of Arms, Ammunition, and Explosives Control and Accountability; Security Assistance; and Sustainment for the Afghan National Security Forces," released October 24, 2008 (Report No. SPO-2009-001).

resource capability and expertise to expedite development of the ANSF health care system.

The report specifically noted that many U.S. military medical mentoring teams were not fully staffed, particularly those assigned to work with the Afghan police, and the development of ANSF medical personnel was seriously hampered, moreover, by inadequate U.S. military mentor headquarters guidance, and pre-deployment and in-country training. Further, we determined that the ANA Logistics Command was unable to support crucial ANA medical logistics requirements at NMH, as well as at the ANA Regional Hospitals.

The reported concluded that the lack of progress in developing an effective Afghan military health care and logistical system would require prolonged combat casualty care assistance of ANSF personnel by the U.S. and other ISAF partner countries, and would delay development of an independent ANSF medical capability.

2nd Oversight Project

In March 2009, we conducted a follow-up assessment[2] regarding ANSF medical system development.

During this assessment, we determined that CSTC-A lacked a clearly defined plan with an end state goal for the development of the ANSF health care system and that planning which had previously been conducted had not been fully coordinated with the Afghan Ministries of Defense and Interior, and incorporated into their planning and operations. As a result, U.S. military and ANSF resources were not being jointly focused, prioritized and executed in support of the development of a clearly defined and sustainable ANSF health care system, delaying progress in its accomplishment.

3rd Oversight Project

During the past two years, DoD IG has conducted two criminal investigations related to the ANSF military health care system. The first was

[2]"Assessment of U.S. and Coalition Efforts to Develop the Medical Sustainment Capability of the Afghan National Security Forces," released March 31, 2010 (Report No. SPO-2010-001).

initiated based on allegations that a DoD contractor was not fulfilling its contractual obligations to safeguard U.S. purchased pharmaceutical supplies provided to the Government of Afghanistan. The investigation determined that the contract did not require the contractor to maintain inventory control and accountability of pharmaceutical products after they were turned over to the Government of the Independent Republic of Afghanistan (GIRoA) and the ANA. After pharmaceutical or other items are transferred to GIRoA control, DoD IG does not have investigative jurisdiction.

The second DoD IG investigation was initiated based on an allegation that U.S. supplied pharmaceuticals had been stolen from the ANSF military health care system. Interviews of the complainant, contractor personnel, as well as current and former U.S. Military personnel stationed in Afghanistan, determined that any theft of U.S. furnished pharmaceuticals would have occurred subsequent to the Government of Afghanistan accepting delivery of the pharmaceuticals. All relevant information was turned over to the anti-corruption Task Force Shafafiyat[3] within ISAF to be provided to the Afghan Minister of Defense and/or Justice and acted on, as appropriate.

4th Oversight Project

In November 2010, at the request of the Commander, NATO Training Mission – Afghanistan (NTM-A)/CSTC-A, a DoD IG team conducted an assessment[4] of the ANA medical logistics system, which included the NMH, and made recommendations for strengthening the system and improving its accountability and control of medical supplies purchased by DoD and distributed to the ANA medical system, including to the NMH.

Our assessment determined that NTM-A/CSTC-A and the ANA's Office of the Surgeon General did not have a coordinated plan to achieve a defined transition

[3]Task Force Shafafiyat's mission is to plan and implement ISAF anti-corruption efforts, and integrate intelligence with planning, operations, engagement, and strategic communications. It integrates U.S. anticorruption activities with key partners in the international community and the Government of Afghanistan.

[4]"Assessment of the U.S. Department of Defense Efforts to Develop an Effective Medical Logistics System within the Afghan National Security Forces," released June 14, 2011 (Report No. SPO-2011-007).

end state goal, and that accountability and controls over the receipt, storage, accountability and distribution of pharmaceuticals and other medical supplies were insufficient to prevent theft, misappropriation, unauthorized use, or improper distribution.

Furthermore, due to the lack of developed, implemented, and enforced Afghan health care standards and a related U.S./Coalition mentoring model, it was not possible to provide a properly resourced and focused medical mentoring capability. Consequently, development of a sustainable health care system was being impeded. The mentoring effort was also significantly hindered in its progress by having assigned only half of the authorized U.S. personnel believed necessary by the command to effectively carry out the mission to support the timely development of the ANSF medical system.

5th Oversight Project

In February 2011, in response to concerns identified in an inspection report issued by a joint team of the Inspectors General of the Afghan Ministry of Defense and CSTC-A, a DoD IG team conducted a "quick-look" assessment of the current status of healthcare, personnel, sanitation, supply and inventory issues at the NMH.

The team found that certain management, medical care and logistical challenges were prevalent. The NMH was understaffed and lacked sufficient numbers of ANA physicians, nurses, administrators and other staff. Additionally, there were staffing quality and attendance problems. In addition, though the Afghan Ministry of Defense had signed an order directing the transfer of MoD Medical Logistics, then under the ANA's Office of Surgeon General /Medical Command, to the separate ANA Logistics Command in order to gain better MoD management control, this had not yet occurred.

There also was evidence that medical logistics system delivery of medical supplies to the hospital's pharmacy, and from the pharmacy to the patients, was dysfunctional. Further, we found a number of orthopedic operating tables, valued at over $400,000 each, the use of which appeared to be beyond the functional capability of the ANSF medical staff and which were still in their original packing crates.

Moreover, ANSF health care standards had not been defined. Therefore, it had not been feasible for the U.S. / Coalition to build an effectively focused medical mentoring model, one that was closely linked standards to the necessary supporting health care policy and planning objectives, or for the ANA medical

leadership to understand and integrate these quality standards into their health care system. Established medical standards and implementing policy were also necessary for the U.S. military and ANA to determine the resources required in order to accomplish development of the intended end-state transition capability of the ANA health care system.

6th Oversight Project

In response to the results of the February 2011 quick-look assessment, DoD IG conducted an audit[5] to determine whether the pharmaceutical distribution process within the ANA military health care system was sufficiently effective and secure.

The team found that although the ANA pharmaceutical distribution process had improved since the NMH inspection in February 2011, the delivery and inventory control processes for pharmaceuticals at medical facilities and depots required further work. Although Afghan Logistics Command officials did effectively receive, account for, and prepare pharmaceuticals for issuance to the forward supply depots and NMH, four of the six medical facilities reviewed either had no pharmaceutical accountability controls or failed to maintain the controls they had. Specific to NMH, the audit team could not verify the accuracy of the inventory on hand because the dispensing documentation was not reconciled to the stock accounting record. Further, none of the six medical facilities reviewed properly used or completed required Afghan Ministry of Defense supply forms.

In addition, Afghan Medical Command officials, in coordination with CSTC-A, had not developed procedures instructing medical facility personnel how to implement logistics guidance, and to collect and accurately report on pharmaceutical usage data. As a result, the ANA could not rely upon this data to develop sound pharmaceutical supply requirements, and there was an unacceptable risk of mismanagement, theft, and waste of U.S. funded pharmaceuticals.

[5] "Additional Guidance and Training Needed to Improve Afghan National Army Pharmaceutical Distribution," released May 7, 2012 (Report No. DODIG-2012-083).

7th Oversight Initiative

In November 2011, the former DoD Inspector General, Mr. Gordon Heddell, visited Afghanistan and Kabul, at which time he conducted a walk-through of the NMH. He subsequently noted to the Commander, NTM-A/CSTC-A that although progress had been made at the NMH, there were still issues that needed to be addressed and that DoD IG intended to continue to maintain oversight of NMH.

Ongoing DoD IG Assessment

During the last week of June 2012, a DoD IG team inspected NMH to review the status of U.S., Coalition and ANA efforts to improve the management and healthcare services provided at the facility, including the medical logistics processes and accountability and control of medical supplies, among other issues.

The team met with a wide range of responsible U.S. military and Ministry of Defense and ANA officials, commanders and staff. These included the U.S. military medical team assigned to the NMH and its ANA administrative and medical personnel, as well as patients in the hospital.

In its preliminary observations the team noted that progress had been made at NMH since the February 2011 inspection by DoD IG in a number of key areas, including:

- Significant progress in the joint effort between ISAF and the Afghan Ministries to develop and implement an overarching ANSF healthcare system plan.
- Medical standards clearly defined as goals for the ANSF medical care system, including NMH, giving focus and direction to joint development efforts.
- No complaints or evidence of patient maltreatment.
- Nutritionist oversight capability established.
- Improved cleanliness, sanitary conditions and general appearance.
- New processes and procedures to improve personnel accountability and patient care.
- Improved medical logistics system performance, including accountability for medical supplies; fully operational NMH medical warehouse.

- Focused medical advisor training added to pre-deployment Program of Instruction for medical mentors.

- New management of the ANA Medical Command and NMH providing effective leadership.

However, there are still challenges that need to be addressed.

Although there have been improvements in overall staffing levels at the NMH, the pharmacy and nursing departments continue to experience personnel shortages. These shortages may hinder the ability of the NMH pharmacy to perform quality control measures and the hospital to continue to improve delivery of safe and effective patient care.

The NMH also lacked administrative procedures to transfer equipment from clinical areas that had more than a sufficient supply to areas in need of the same medical equipment. In addition, there was limited medical equipment repair capability at the NMH.

Furthermore, the security of controlled pharmaceutical substances in the bulk storage area and the accountability of medication in the pharmacy dispensary were insufficient.

Finally, we found that the plan for the medical mentoring mission beyond NMH's scheduled date in 2013 was unclear and needed to be refined and communicated to medical mentors and ANSF medical system staff.

Conclusion

There has been notable progress in the development of the ANSF health care system, starting from a very low level of capability and resourcing, but the capacity building process is incomplete and significant challenges remain. The DoD IG will continue to provide oversight of U.S. Military and Coalition efforts to support continued improvements in the health care system.