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Department of Defense Office of Inspector General

March 31, 2010

**MEMORANDUM FOR COMMANDER, U.S. CENTRAL COMMAND
COMMANDER, U.S. FORCES-AFGHANISTAN
COMMANDER, NATO TRAINING MISSION-
AFGHANISTAN / COMBINED SECURITY
TRANSITION COMMAND-AFGHANISTAN**

SUBJECT: Assessment of U.S. and Coalition Efforts to Develop the Medical Sustainment Capability of the Afghan National Security Forces (Report No. SPO-2010-001)

We are providing this memorandum report for your information and use. We provided this memorandum report in draft form to command in March 2010. No written response was required, and none was received. Therefore, we are publishing this memorandum report in final form.

This is the second in a series of Department of Defense (DoD), Office of Inspector General (OIG), Special Plans and Operations (SPO), reports regarding the medical sustainment capability of the Afghan National Security Forces (ANSF). The first report titled "Assessment of Arms, Ammunition, and Explosives Control and Accountability; Security Assistance; and Sustainment for the Afghan National Security Forces" (SPO-2009-001) was published October 24, 2008.

Attachment A details the scope, methodology, and prior coverage and Attachment B contains the report distribution list.

Objectives. The objectives for this assessment were to determine whether:

- Previous SPO recommendations regarding developing and sustaining the ANSF health care system had been implemented.
- Combined Security Training Command-Afghanistan (CSTC-A)¹, and the Government of the Islamic Republic of Afghanistan Ministries of Defense and Interior had appropriately focused plans to develop and sustain the ANSF health care system and that these plans had been issued and were operative.

¹ On December 1, 2009, CSTC-A became a new organization, North Atlantic Treaty Organization Training Mission-Afghanistan/Combined Security Transition Command-Afghanistan (NTM-A/CSTC-A). The acronym CSTC-A refers to the organization in place at the time of our assessment.

- Ongoing CSTC-A efforts to develop an enduring, sustainable ANSF health care system were achieving the intended results.

However, during the course of our field work in Afghanistan and based on the on-the-ground situation, we adjusted the scope of our assessment and only selectively followed-up on the recommendations from the previous report.

Background. SPO deployed an assessment team to Afghanistan in March 2009 that reviewed the status of CSTC-A plans and actions concerning the development of the sustainment capability of ANSF, including the specific area of medical sustainment. This was the second assessment SPO had carried out focused on this CSTC-A command objective.

During the fieldwork, we expanded the scope of out-reach conducted during the previous assessment to include U.S. medical mentoring at health care facilities in the capital, Kabul, as well as at regional ANSF medical sites. We also conducted interviews with U.S. medical mentor personnel assigned to deployed Embedded Training Teams. Our assessment is a synthesis of information gathered prior to deployment and during the field work through interviews, document reviews, and site visits. These were presented in the form of observations and associated recommendations to the Commander, CSTC-A and his staff prior to the team's departure from theatre in March 2009.

Assessment Results. The assessment identified the following key concerns:

1. CSTC-A plans lacked a clearly defined end state goal for the development of the ANSF health care system which had been fully agreed to and coordinated with the Government of the Islamic Republic of Afghanistan Ministries of Defense and Interior, and incorporated into their 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, and progress in its accomplishment had been delayed.
2. U.S. military medical mentors were not receiving adequate pre-deployment training that concentrated on the specialized knowledge and situational awareness they required. Therefore, they were not prepared sufficiently to carry out their duties and responsibilities once deployed, which limited their effectiveness and progress in accomplishing the mission to develop ANSF medical sustainability.
3. CSTC-A did not provide necessary guidance and support for medical mentor teams during their tours, a problem exacerbated by not having clearly defined end state objectives for their respective mentoring contributions. This limited mentoring team effectiveness and contributed to inconsistency in performance.

These findings were out-briefed to the Commander, CSTC-A.

Command Actions. Since the assessment visit in March 2009, CSTC-A has taken significant actions to address issues raised by the team in its out-briefing. Specifically, CSTC-A has:

1. Assisted the Ministry of Defense and Ministry of Interior, as well as the Afghan National Army and Afghan National Police Surgeons General, to develop and define key aspects of the ANSF health care system, including: end state goals and objectives; health care development strategies; required resources; standards of care; performance metrics, accountability methodologies; and progress milestones.
2. Defined its priority end state goal as ANSF ability to provide clinical and health care support services to the ANSF war-fighter (i.e. tactical field medicine). Additionally, it focused the medical mentor mission on assisting in the development of this capability for the ANSF, e.g., combat medic care of battlefield injuries, casualty evacuation, trauma surgery, surgical nursing, surgical intensive care, preventive medicine, disease/non-battle injuries, and trauma rehabilitation.
3. Issued guidelines for pre-deployment medical mentor training for U.S. military personnel assigned to Afghanistan. The guidelines have since been converted into a systematic training program tailored for medical mentors that were first introduced into the program of instruction for prospective mentors at Ft. Riley, Kansas and which are now presented at Ft. Polk, Louisiana, which subsequently assumed mentor training responsibility for individuals assigned to this mission.
4. Developed an in-country medical mentor training program incorporating: focused initial medical mentor orientation upon arrival in-country; a mentor training handbook; an action plan for each mentor team; and continuous monitoring and support for mentor teams throughout their tours, including application of metrics to measure their progress.

Additional Matters for Consideration. While the current CSTC-A Command Surgeon has planned for and implemented initiatives fundamental to achieving the necessary build-up of the ANSF health care system, converting this momentum to sustainable progress will depend on continuity of effort by succeeding Command Surgeons to implement fully the CSTC-A strategic plan with respect to ANSF health care development.

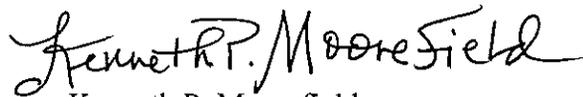
While CSTC-A has made substantial progress in its planning, training and mentoring initiatives to develop an effective and sustainable ANSF health care system, in order for these efforts to produce the results ultimately intended, the planning and execution of this mission will have to be embedded broadly within CSTC-A across all appropriate staff elements, beyond the office of the Command Surgeon.

Finally, in coordination with North Atlantic Treaty Organization International Security Assistance Force and the U.S. Mission, CSTC-A should consider developing a comprehensive plan that synchronizes and integrates all aspects of U.S. Government interagency efforts towards ANSF health care system development. In addition, this proposed U.S. Government planning should extend to the role, responsibilities and actions of related capacity building efforts by other international forces.

Way ahead. This memorandum report updates and takes into consideration our prior recommendations on ANSF medical corps capabilities (see Observations V & W and accompanying recommendations in Report No. SPO-2009-001, *Assessment of Arms, Ammunition, and Explosives Control and Accountability; Security Assistance; and Sustainment for the Afghan National Security Forces*, October 24, 2008).

Potential future work for SPO includes follow up assessments on the operational implementation and effectiveness of the issues raised in this report.

We appreciate the courtesies extended to our staff during the conduct of this assessment. Please direct your questions to [REDACTED].



Kenneth P. Moorefield
Deputy Inspector General
Special Plans and Operations

Attachment A: Scope, Methodology, and Prior Coverage

Scope and Methodology. We conducted this assessment from February 2009 through January 2010 in accordance with the standards established by the President's Council on Integrity and Efficiency published in the *Quality Standards for Inspections*, January 2005.² We conducted fieldwork in Afghanistan from March 10, 2009 to March 31, 2009.

We planned and performed the assessment to obtain sufficient and appropriate evidence to provide a reasonable basis for our observations and conclusions, based on our modified assessment objectives. We believe that the evidence obtained provides a reasonable basis for our observations and conclusions based on those assessment objectives.

The scope of our assessment in Afghanistan was to determine whether U.S. Government, coalition, and Afghan Ministry of Defense and Ministry of Interior goals, objectives, plans, and guidance to develop and sustain the Afghan National Security Force (ANSF) health care system were effective.

In accomplishing this assessment, we examined Federal laws and regulations, and appropriate DoD, Military Service, and CSTC-A³ guidance on military health care & personnel matters. We also reviewed documents prepared by MPRI, Inc., the contractor providing assistance to the ANSF, which form the bases for ANSF health care policies & procedures.

We interviewed CSTC-A officials and Embedded Training Team members in Kabul, Gardez, Herat, Khandahar, and Mazar-e-Sharif. We additionally interviewed key members of the Afghan Ministry of Defense and Ministry of Interior to obtain in-depth information on ANSF military health care issues.

We conducted site visits at the National Military Hospital and adjacent Medical Supply Depot in Kabul, and the regional military hospitals and medical supply depots in Gardez, Khandahar, and Mazar-e-Sharif.

In September 2009, CSTC-A provided the OIG their response to the assessment team's out-brief which detailed their current progress in developing the medical sustainment capability of the ANSF.

² In 2008, the Council of the Inspectors General on Integrity and Efficiency was established by statute (Section 7 of P.L. 110-409, October 14, 2008) as a successor organization to the PCIE with the mission of: addressing integrity, economy, and effectiveness issues that transcend individual Government agencies; and increasing the professionalism and effectiveness of personnel by developing policies, standards, and approaches to aid in the establishment of a well-trained and highly skilled workforce in the offices of the Inspectors General .

Prior Coverage. During the last three years, the Government Accountability Office (GAO) and the DoD OIG have issued a number of reports and testimony discussing the development and sustainment of ANSF, and related reconstruction efforts. The Special Inspector General for Afghanistan Reconstruction has not issued any audit reports on medical sustainment.

Unrestricted GAO reports can be accessed over the Internet at <http://www.gao.gov>. Unrestricted DoD IG reports can be accessed over the Internet at <http://www.dodig.mil/audit/reports> or at <http://www.dodig.mil/inspections/ie/reports>. Some of the prior coverage we used in preparing this report included:

Government Accountability Office

GAO Report No. 09-473SP, “Afghanistan: Key Issues for Congressional Oversight,” April 21, 2009.

GAO Testimony No.09-467T, “Iraq and Afghanistan: Security, Economic, and Governance Challenges to Rebuilding Efforts Should Be Addressed in U.S. Strategies,” March 25, 2009.

GAO Testimony No. 09-380T, “Iraq and Afghanistan: Availability of Forces, Equipment, and Infrastructure Should Be Considered in Developing U.S. Strategy and Plans,” February 12, 2009.

GAO Report No. 09-86R, “Provincial Reconstruction Teams in Afghanistan and Iraq,” October 1, 2008.

GAO Report No. 09-19, “Contingency Contracting: DOD, State, and USAID Contracts and Contractor Personnel in Iraq and Afghanistan,” October 1, 2008.

GAO Report No. 08-661, “Further Congressional Action May Be Needed to Ensure Completion of a Detailed Plan to Develop and Sustain Capable Afghan National Security Forces,” June 18, 2008.

GAO Testimony 08-883T, “U.S. Efforts to Develop Capable Afghan Police Forces Face Challenges and Need a Coordinated, Detailed Plan to Help Ensure Accountability,” June 18, 2008.

GAO Report No.07-801SP, “Securing, Stabilizing, and Reconstructing Afghanistan: Key Issues for Congressional Oversight,” May 24, 2007.

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DoD IG Report No. SPO-2009-001, “Assessment of Arms, Ammunition, and Explosives Control and Accountability; Security Assistance; and Sustainment for the Afghan National Security Forces,” October 24, 2008.

Attachment B: Report Distribution

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