

**DAWOOD NATIONAL MILITARY HOSPITAL, AF-
GHANISTAN: WHAT HAPPENED AND WHAT
WENT WRONG? PART II**

HEARING

BEFORE THE
SUBCOMMITTEE ON NATIONAL SECURITY,
HOMELAND DEFENSE AND FOREIGN OPERATIONS
OF THE
COMMITTEE ON OVERSIGHT
AND GOVERNMENT REFORM
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DAWOOD NATIONAL MILITARY HOSPITAL, AF- GHANISTAN: WHAT HAPPENED AND WHAT WENT WRONG? PART II

Wednesday, September 12, 2012

HOUSE OF REPRESENTATIVES
SUBCOMMITTEE ON NATIONAL SECURITY, HOMELAND
DEFENSE, AND FOREIGN OPERATIONS
COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM,
Washington, D.C.

The subcommittee met, pursuant to call, at 9:46 a.m., in Room 2154, Rayburn House Office Building, Hon. Jason Chaffetz [chairman of the subcommittee] presiding.

Present: Representatives Chaffetz, Labrador, Gowdy, Farenthold, Tierney, and Lynch.

Also Present: Representative Issa.

Staff Present: Molly Boyd, Majority Parliamentarian; Steve Castor, Majority Chief Counsel, Investigations; John Cuaderes, Majority Deputy Staff Director; Linda Good, Majority Chief Clerk; Mark D. Marin, Majority Director of Oversight; Jaron Bourke, Minority Director of Administration; Ashley Etienne, Minority Director of Communications; Devon Hill, Minority Staff Assistant; Peter Kenny, Minority Counsel; and Rory Sheehan, Minority New Media Press Secretary.

Mr. CHAFFETZ. The Committee will come to order.

I would like to begin this hearing by stating the Oversight Committee mission statement. We exist to secure two fundamental principles: first, Americans have a right to know that the money Washington takes from them is well spent and, second, Americans deserve an efficient, effective government that works for them. Our duty on the Oversight and Government Reform Committee is to protect these rights.

Our solemn responsibility is to hold government accountable to taxpayers, because taxpayers have a right to know what they get from their government. We will work tirelessly in partnership with citizen watchdogs to deliver the facts to the American people and bring genuine reform to the Federal bureaucracy. This is the mission of the Oversight and Government Reform Committee.

I would like to also start off by issuing condolences and concern for the situation in Libya. An ambassador was killed; others were killed, men and women who served this Country. The gentlemen that are here before us on this panel, we cannot thank you enough for your service; you have distinguished, well-deserved accomplishments serving your Country and this Nation at great sacrifice to

you and your families. We cannot thank you and the literally millions of people who have gone before you and served this Nation, people who at this very day are overseas and here at home serving their Nation. It is heartfelt; it is bipartisan; it is the American way.

And certainly at this time, when we have a tumultuous situation in various parts of the world, most recently the loss of life there in Libya, our hearts go out to those that are serving; and also the families, the husbands, the wives, the kids who maybe are back home and worried about their loved ones that are overseas.

Today we are talking about a very difficult situation, something that I think went awry. What separates the United States of America from probably the rest of the world is our openness and transparency, the fact that a Congress can sit down with two distinguished generals and talk candidly about what happened or didn't happen in a format that allows these discussions. Although difficult, it is what separates the United States of America, I think, from everybody else.

So I do appreciate you being here and I'd like to get into my more formal statement.

Today's hearing is Dawood National Military Hospital, Afghanistan: What Happened and What Went Wrong? And this is the second part, having had a hearing a couple months ago on this topic.

I would like to welcome Ranking Member Tierney, members of our Subcommittee, and members of the audience who are participating with us and those who are obviously watching via television and the Internet.

Today's hearing continues the Subcommittee's investigation into the rampant corruption, physical abuse, and lack of accountability at the Dawood National Military Hospital in Afghanistan. The National Military Hospital was established for the purpose of treating wounded Afghan soldiers. It is funded largely by the United States and is known as the crown jewel of the Afghan medical system. The hospital is staffed by Afghan doctors and nurses who are mentored by U.S. military doctors.

While the U.S. military personnel advised the Afghan medical staff, they did not administer treatment or pharmaceuticals; that was the responsibility of the Afghans. Their mission is to "help the Afghans perform and increase their capability not by doing for them, but by, rather, advising them and stepping back." They perform "not as a clinician, not as a nurse, not as a technician, but as a trainer. When they come here, it is advising."

During the summer of 2010, and as early as 2006, allegations began to surface regarding widespread theft, mismanagement, and patient neglect at the hospital. Evidence indicates that wounded Afghan soldiers endured starvation, bed sores, and gangrene. Some patients were extorted for medical care, while others were abused, neglected, and made to suffer. Afghan doctors operated in smoke-filled rooms without anesthesia or painkillers. Maggots crawled from festering wounds. Some patients died from lack of care.

If not for family members who bribed officials for medicine, many more probably would have perished. According to firsthand accounts, Afghans stole fuel needed to run generators and sold pharmaceuticals on the black market. Afghan doctors and nurses would

rarely show up for work after being trained considerably at the United States expense.

Documents indicate that misappropriation of resources were staggering. Medical supplies and equipment were hoarded, stolen, and misused. In 2010, Afghan Surgeon General Yaftali was suspected of pilfering \$20 million in cash and \$153 million worth of medical supplies over a five-year period. It was also reported that supplies were shipped to Pakistan while legitimate pharmaceuticals were replaced with counterfeits.

Yet, the United States Government continued to ship supplies without accountability controls in place. These accounts were corroborated by senior U.S. military officials at our July hearing. One panel member described the conditions as Auschwitz-like. Another testified about an abusive, corrosive environment with no heat; open vats of blood draining from wounds, and feces on the floor. In addition to poor standards, the hospital was infested with a criminal patronage network.

What I am about to show you is extremely graphic. These are but 4 of the 70 pictures we obtained through this investigation. If there are children watching, I would encourage them to look away and ask them to leave the room. If you are at all squeamish, consider turning away and stepping out. These are exceptionally graphic. I would encourage you not to look at them if you have any hesitation.

There are a lot of U.S. personnel who suffered psychologically from what they saw on a frequent basis. We know of many of U.S. personnel who are still seeking psychological counseling for what they had to witness and experience there at that hospital. These are awful conditions, and they were financed in part by the United States taxpayer.

From July to November 2010, senior U.S. military officials reported these issues up their chain of command. This includes briefings to General Petraeus, Lieutenant General William Caldwell, and Major General Patton. For example, on August 25th, 2010, Lieutenant General Caldwell received an exhaustive email about the problems at Dawood and lack of accountability. Despite all the evidence, there appeared to be a hesitation to investigate further. In fact, the witnesses testified there may have been a deliberate effort to delay an investigation for political reasons. This was followed by an apparent attempt to prevent information from reaching Congress and the American people.

Problems with transparency and accountability are, unfortunately, not unique, necessarily, to the Dawood Hospital. The Inspector General for Afghanistan Reconstruction issued an alert letter on Monday indicating that hundreds of millions of dollars worth of fuel supply records may have been shredded by personnel in Afghanistan. This occurred despite a department directive to preserve financial information for the purpose of transparency. We will explore this in a hearing tomorrow with the Special Inspector General for Afghan Reconstruction.

But there are other challenges that we have here that we need to discuss in a broader sense with the Pentagon. In an email on January 1st, 2011, Colonel Marian Amrein sent an email to Colonels Carosa and Anderson regarding a tasker to send information

to the IG on Afghan General Yaftali's suspected pilfering of Dawood Hospital supplies. In that email, Colonel Amrein stated, "Brigadier General Patton reviewed the summary and documentary evidence that we intend to provide. He made changes and told us to reduce the documentary evidence that we provide."

Regarding the photo policy, on September 12th, 2011, nine days after The Wall Street Journal broke a story on Dawood Hospital, the Command surgeon disseminated a memorandum with a new policy forbidding personnel from taking pictures of the hospital and patronage and disseminating it to others, instructing those photos to be shredded and dismissed.

Withholding General Geller's memorandum for the record, myself and Chairman Issa sent a letter to the Department of Defense on October 13th, 2011. Colonel Geller was tasked with creating a time line and description of events, which resulted in a 25-page memorandum for the record. Instead of providing that document to the Committee, the Department of Defense created a separate chart that contained only selected information pulled from the original memorandum, thus withholding full information from the United States Congress. Further, Colonel Geller was prevented from speaking to the media.

And then we have this report from the SIGAR, the Special Inspector General for Afghan Reconstruction, about years of financial records recording U.S. fuel supplies and products of Afghanistan either missing or may have been destroyed by Department of Defense personnel and the Combined Security Transition Command-Afghanistan.

And then we have the situation regarding the Palantir system. Inexplicably, the Department of Defense destroyed or replaced an independent assessment of intelligence analyst tool Palantir used and preferred by soldiers in the field. The revised report diminishes the survey comments made by the soldiers in the field to reduce the perceived preference for the Palantir system. There are concerns that documents have been shredded there, with an email that indicates that that did happen.

This should not be. If these reports are accurate, then we are witnessing a pattern wherein transparency and accountability are exception, not the rule. This is totally unacceptable to the American way.

I am encouraged by more recent reports of progress at Dawood Hospital and the Afghan medical system. Our men and women in uniform have an exceptionally difficult task and should be commended for their efforts, but we have to be better stewards of taxpayer dollars.

I urge President Obama and his administration to reconsider and re-prioritize our strategy in what we seek to accomplish. Let me be clear. Giving large sums of money directly to the Afghan Government is no substitute; it is not a legitimate withdrawal strategy. We have to make sure that all money is accounted for and that any person misusing money is held accountable. Should the taxpayers continue to fund a foreign government that has a history of misusing that funding? The concern is that American policy is gravitating not to more oversight, but to less oversight. The Government seems to be moving in a trajectory to want to give the money di-

rectly to the Afghans. And yet time after time after time we see a pattern of misuse, abuse, and just outright fraud; and that is the concern as we try to bring our troops home.

I look forward to hearing from the panel and appreciate everybody's willingness to be here.

I now recognize the distinguished Ranking Member, the gentleman from Massachusetts, Mr. Tierney, for his opening statement.

Mr. TIERNEY. Thank you very much, Mr. Chairman, and thank you, generals and ambassador, for joining us here this morning.

This Subcommittee has a history of being concerned with issues of corruption and mismanagement of the United States taxpayers' dollars in Afghanistan. In 2005, I co-authored bipartisan legislation with then-Congressman Jim Leach that led the way to the creation of the Commission on Wartime Contracting, and that Commission issued a report last fall estimating up to \$60 billion in waste, fraud, and abuse of United States taxpayer funds in Iraq and Afghanistan.

Under my chairmanship, this Subcommittee conducted multiple investigations into allegations of corruption in United States contracting relating to the war in Afghanistan. In partnership with the minority, we investigated jet fuel contracts in Kyrgyzstan and the Host Nation Trucking contract in Afghanistan. Our investigation of the trucking contract found that contractors were making protection payments to our enemies with U.S. taxpayer dollars.

So I support Chairman Chaffetz's continuing investigation, including today's focus on Dawood National Military Hospital in Afghanistan. In July, this Subcommittee held a hearing in which four current and former military officers recounted their firsthand observations of the mismanagement and corruption at the hospital. The conditions these witnesses described were truly appalling: no hot water for hygiene, no cleaning supplies for sanitation, even a lack of heat during the winter. Due to contracting fraud, the morphine given to patients was counterfeit and did little to relieve patient suffering. Corruption permeated the highest levels of hospital leadership and the Afghan Army's medical logistics system.

In response to these revelations, I called for an expansion of the Subcommittee's investigation. I believe we have to change our spend-first, ask-questions-later approach to reconstruction in Afghanistan, where the United States has already committed nearly \$100 billion to reconstruction efforts. To that end, I welcome today's hearing to further our examination of what happened at Dawood Hospital.

We must all recognize, however, that the problems at the hospital and within the Afghan Army's medical logistics system, are longstanding. In fact, the United States support for Dawood Hospital began around 2005, five years before senior military officers began raising concerns and ultimately recognizing the need for outside assistance, and four years before Lieutenant General Caldwell assumed command of the NATO training mission.

With the former command and his deputy here before us today, I want to know how the conditions deteriorated to this shameful point; how our mission could progress for so long without more attention to these important issues, including from the DOD inspec-

tor general; and what steps General Caldwell and General Patton took to confront these challenges. Going forward, I also want to know how our current training and equipping mission can be improved to ensure Afghan participation accountability.

In the course of this investigation, the Chairman has raised concerns that Lieutenant General Caldwell and Major General Patton inappropriately interfered with the Defense Department's inspector general's oversight at Dawood Hospital. I share those concerns. The Chairman has gone further, however, and suggested that the motivation was political: to influence the 2010 congressional elections. At our last hearing, several witnesses testified that an objectionable comment was made; however, some of the witnesses also stated that the comment was dismissed as inappropriate for consideration.

I look forward to learning more about what happened and to hear directly from the generals what their motivations were.

Additionally, it is my understanding that due to the utmost professionalism of the Department of Defense inspector general, the alleged attempts at interference did not impair the inspector general's abilities to timely perform its critical work in Afghanistan. Indeed, the witnesses at our last hearing on Dawood Hospital testified that the inspector general's work directly led to significant improvements in the conditions at Dawood Hospital.

Nonetheless, any interference with the inspector general's important oversight would be unacceptable. The inspector general is currently investigating this particular allegation. I look forward to reviewing the report when it is completed.

So I want to thank all of you and I look forward to this hearing and the testimony that we will hear. Thank you.

I thank the gentleman.

Does the other gentleman from Massachusetts care to issue a statement?

Mr. LYNCH. I would.

Mr. CHAFFETZ. The gentleman is recognized.

Mr. LYNCH. Thank you very much, Mr. Chairman.

First of all, I want to thank the witnesses for their attendance here and for your service. I appreciate that greatly.

Mr. Chairman, our involvement in Afghanistan has been one of the largest and most complex undertakings our Country has ever undertaken. Not only are we fighting Al Qaeda and the Taliban, but we are also trying to help rebuild a country that was severely undeveloped and ravaged by war even before 2001. Our efforts to rebuild or, in many cases, build in Afghanistan have turned out to be as great a challenge in the face of the corruption that exists there in-country as the military mission.

The egregious case of the Dawood National Military Hospital highlights how mismanagement and corruption have been and continue to be among the biggest obstacles to NATO and Afghan efforts to rebuild and develop Afghanistan. It is my hope that this hearing and this Committee's investigation will unearth ways to help support the fundamental changes needed to keep this from happening again.

Again, I do appreciate the attendance and the service of our witnesses this morning, and I am looking forward to clarifying some

of the issues that arose at the first round of hearings that we had on this issue.

Mr. Chairman, thank you for the time, and I yield back.

Mr. CHAFFETZ. Thank you.

Members may have seven days to submit opening statements for the record.

We will now recognize our panel.

Lieutenant General William Caldwell is the Commander of the United States Army North, Fifth Army, and Senior Commander, Fort Sam Houston and Camp Bullis; Major General Gary Patton is the Director of Defense Department's Sexual Assault Prevention and Response Office; and Ambassador Kenneth Moorefield is the Deputy Defense Inspector General for Special Plans and Operations.

Obviously, some of these assignments and titles at the current moment have changed since their assignments for General Patton and General Caldwell have served in Afghanistan.

Pursuant to committee rules, all witnesses will be sworn in before they testify. Please rise and raise your right hand.

Do you solemnly swear or affirm that the testimony you are about to give will be the truth, the whole truth, and nothing but the truth?

[Witnesses respond in the affirmative.]

Mr. CHAFFETZ. Thank you. You may be seated.

Let the record reflect that the witnesses answered in the affirmative.

In order to allow time for discussion, we would appreciate it if you would limit your testimony to five minutes, but we are going to be pretty liberal on that time. If you choose to take longer, we would be more than happy to hear what you have to say. But we will start now by recognizing General Caldwell.

WITNESS STATEMENTS

STATEMENT OF LIEUTENANT GENERAL WILLIAM B. CALDWELL, IV

General CALDWELL. Thank you, Mr. Chairman. Good morning. And Ranking Member Tierney and other Committee members, thank you for this opportunity to appear today. I have submitted my full statement to the Committee, which I would ask become a part of the record.

Let me begin by saying it is a true honor to serve our Nation, now for over 36 years, both in peace and in conflict. Being here today is vitally important to me because the sacrifice and selfless service of America's sons and daughters, and their Afghan counterparts, deserve nothing than the truth be known.

On November 21st of 2009, the NATO Training Mission-Afghanistan, or, as it is called, NTM-A, was established to coordinate and synchronize the multinational efforts to raise, equip, train, and sustain an Afghan National Security Force. I assumed duties as the first NTM-A Commander and also assumed duties as the Commander of the United States Combined Security Transition Command-Afghanistan, which is the authority responsible for the oversight of U.S. funding, training, and ministerial development. The

span of my command included nearly 7500 military, civilian and contract trainers, advisors, instructors, and support personnel, and 6 Regional Support Commands, and 70 training sites located in 21 of the 34 provinces inside of Afghanistan.

The scope of our combined command's mission was unprecedented. This was a unique challenge as we had three simultaneous tasks. First, we had to establish a new multinational command. Second, we had to train, generate, and sustain an enduring Afghan National Security Force that included the Afghan Army, Police, and Air Force, and all of their associated support systems. And, third, we had to develop, advise, and mentor all levels of the Ministry of Defense and the Ministry of Interior.

These challenges were complicated by existing factors that required immediate attention, such as an 86 percent illiteracy rate. This required us, literally, to teach writing and reading to all the basic recruits and to many officers; our prior focus that was on quantity over quality, and recruiting and training, which resulted in the need for retraining and a reorientation on quality; minimal oversight and accountability of material and equipment. This required a top to bottom review of inventory processes and the inculcation of an ethos of stewardship within the Afghan Security Force. And, finally, endemic corruption, which frustrated every effort and mandated leadership changes and implementation of ethical standards.

In order to focus the effort of our organization from the first day of command, I approached the challenge by enacting what we named the Three Ts. The first was teaming; teaming in order to enable the Afghans to transition to a security lead when the U.S. and NATO reduced their presence. We knew it was imperative that the Afghans start owning their challenges and attempt to solve these things on their own. Therefore, we needed to team closely with the Afghan ministries and their security forces. My Command embraced this in everything we did.

This philosophy was also held by each of the three ISAF Commanders I served under. One of them, General Petraeus, in his July 4th, 2010, letter to ISAF troops, reinforced this point when he said, "This endeavor has to be a team effort. We must strive to contribute to the 'Team of Teams' that work in Afghanistan to achieve unity of effort."

The second tenet was transparency. I held a firm belief that NTM-A must be transparent in all that we did. No area was off-limits to any outside entity. Additionally, in early August of 2010, the Department of Defense IG embedded into our organization a member of their team. They had complete access to all of our individuals, our files, and our meetings. We were 100 percent transparent with them.

And the third tenet was transition. NTM-A endstate was to enable the security responsibility to be passed to the Afghan ministries and their security forces. Therefore, we could achieve transition only by effectively teaming with the Afghans.

It was with these three tenets, of Team, Transparency, and Transition, that I made the majority of my command decisions. I reinforced this continuously with our NTM-A staff, trainers, instructors, and advisors during my tenure there.

We are here today to talk about the Afghan military medical system. Afghanistan is a sovereign nation where their medical care was ranked in the bottom 10 percent globally by the World Health Organization. This poor medical care presented issues that were complex and required a high degree of coordination with our Afghan partners, coordination that was necessary and critical in order to have any chance of this care being established and enduring beyond our presence there.

In conclusion, I supported all investigations, audits, and assessments, and to any aspect of our command. At one time during my tenure we had in excess of 27 simultaneous audits or assessments by multiple government agencies external to our command ongoing. We embraced these so that we could remain as transparent as possible and to demonstrate sound stewardship of the resources that had been entrusted to us by the American people and the U.S. Congress. At all times the command team and I addressed issues aggressively and immediately as they were presented to us. I welcome a discussion and your questions about the challenges we faced and how we addressed them. Thank you.

[Prepared statement of General Caldwell follows:]

Testimony of Lieutenant General William B. Caldwell, IV

I'm here before the Committee today to discuss the challenges I and my Command Team faced during the two years I served as the Commander of NATO Training Mission-Afghanistan – as you know our focus was to help the Afghans develop their security forces and all of their associated support systems.

It has been a true honor to serve this Nation in uniform for the past thirty-six years—in both peace and conflict. The privilege of being a member our Armed Forces and having served in military operations in places such as: Panama, Kuwait, Haiti, Iraq and Afghanistan has left me with an incredibly deep appreciation of the dedication, courage and ingenuity of the men and women who serve our Nation. I am proud to continue the legacy of my father and grandfather before me of service to our Army and Nation. Our overlapping periods of service reach back more than 100 years. It is my distinct pleasure to be able to be a part of the finest Army and military the world has ever known.

NATO Training Mission-Afghanistan

On 21 November 2009, the North Atlantic Treaty Organization established a new command, NATO Training Mission-Afghanistan (NTM-A). The purpose of this new command was to coordinate and synchronize the multi-national efforts to raise, equip, train and sustain an Afghan National Security Force. NTM-A was a subordinate command to the International Security Assistance Force (ISAF) also established by NATO. I assumed duties as the first NTM-A Commander and also assumed duty as the Commander of the United States Combined Security Transition Command-Afghanistan (CSTC-A) which is the authority responsible for oversight of U.S. funding, training, and ministerial development efforts. The span of my command included nearly 7500 military, civilian and contract trainers, advisors and support personnel in 6 Regional Support Commands and 70 training sites in 21 provinces across Afghanistan. The scope of our combined NTM-A/CSTC-A command's mission (hereafter referred to as NTM-A) was unprecedented. This was a unique challenge as we had three simultaneous tasks. **First**, we had to establish a new multi-national command from scratch. **Second**, we had to train, generate and sustain an enduring Afghan National Security Force that included the Afghan Army, Afghan Police and Afghan Air Force and create all associated support systems. **Third**, we had to develop, advise and mentor all levels of the Ministries of Defense and Interior in order to establish civilian leadership and oversight of their security forces. We had to do this while the Afghans and Coalition forces were in constant contact – very much like “building an aircraft while in flight.” Even training sites and Ministry headquarters were not immune to enemy attacks—either by ground or rocket—heightening a sense of urgency we all felt to develop and transition capabilities to the Afghans.

Establishment of NTM-A

There were some solid programs underway at the establishment of NTM-A, however there were urgent issues and challenges due to lack of sufficient resourcing. One such challenge we faced was securing the necessary trainers. We often repeated, “No Trainers, No Transition.” We worked hard to increase the number of trainers and the specialized skill sets required for the range of missions we were undertaking, but it was a continuous effort for the entire two years I was there, and we never did get all that were required—either in numbers or skill sets. In areas where our numbers and skill sets did increase, so did the quality of the Afghan recruit and leader. In addition our visibility as to what needed to be improved also increased. Our work in securing additional trainers was of strategic importance to supporting the Afghan Security Force and key to setting the conditions for an effective transition.

Generation of the Afghan National Security Force

NTM-A’s focus areas were to: recruit and grow the force, increase the quality of the force, and build the foundation to professionalize the force, while developing the systems to sustain it so that it would become an enduring and a self sustaining force. In order to do this we had to design, contract and oversee construction of all the facilities and bases for the Afghan National Security Force across the country. These collective efforts included, but were not limited to building, organizing and developing a military education system, a complete logistics system including all types of supplies from uniforms, food, maintenance, billeting, and the associated administrative systems. In addition, we had to develop a supporting military medical system. All of this plus more was required to generate a self sustaining and enduring force.

Some of the things that complicated this mission and required immediate attention included:

- 86% illiteracy rate – required teaching recruits and officers basic reading skills
- 18 years of conflict – led to a hoarding and survival mentality
- Focus on quantity over quality in recruiting and training – resulted in retraining
- Afghan National Army negative growth – resulted in creating a recruiting command
- Leadership shortfalls and challenges – led to creation of multiple schools and courses (Officer/NCO schools)
- Minimal oversight and accountability - required top to bottom review of inventory processes and the inculcation of an ethos of stewardship
- Struggling sustainment – required creation of a logistics system from the national level to local/unit level distribution
- High attrition – required extensive improvements to all soldier support systems, including the recruiting system
- Lack of a manufacturing base – had to create and develop local suppliers; created the Afghan First program to build indigenous manufacturing for ANSF uniforms, boots, etc.
- Substandard pay – required constant dialogue with Afghan leadership to increase pay in all ranks to become a “living wage” to reduce opportunities for corrupt behavior
- Endemic corruption – mandated leadership changes, review of ethical standards

- Tribal tensions – presented unique assignment challenges
- Substandard equipment – required immediate procurement, acquisition, and maintenance efforts; to include a mindset change of replacement to one of repair
- Inadequate standards to evaluate training and operations, (35% Weapons Qualification Rate) – required creation and enforcement of standards
- Numerous language barriers among themselves and NATO – complicated training

As we worked to address the challenges in the security forces, NTM-A was simultaneously addressing the development of the Ministries of Defense and Interior to provide civilian leadership and oversight of the Army, Air Force and Police forces.

Ministry Development

NTM-A's ministerial development programs assisted the Ministry of Defense and Ministry of Interior in building systems required to grow and professionalize these two ministries and their leaders. The development spanned from teaching basic literacy to the creation of the manning documents that would provide a functional leadership and staff, to development of systems necessary to plan, program and execute budgetary functions not only for basic pay procedures but also to anticipate future force and resource requirements. Once we had organizations formed we had to develop and train the systems necessary to enable the organizations to work together in unison. These systems included establishing day-to-day operational standards and creating their first operation centers. One of our biggest challenges was to obtain the required number of advisors with the appropriate skill set.

Tenets of Command – The Three T's

As you can see the work and scope of NTM-A's responsibilities and challenges were extraordinary. In order to keep a focus of effort within our organization, from the first day in command, I approached the challenge by enacting tenets that we named the Three T's. The Three Ts were Teaming with the Afghans, Transparency in all we do, and setting the conditions for Transition. I reinforced this continuously with all NTM-A staff, trainers, instructors and advisors during my tenure.

I would like to briefly cover each of these tenets so you can begin to understand the climate we worked to create within the organization and among our command team;

Teaming

In order to enable the Afghans to transition to the security lead when NATO reduced its presence, it was imperative the Afghans start owning their challenges and attempt to solve them on their own. Therefore, to change the dynamics in Afghanistan, we needed to Team closely with the Afghan Ministries and their security forces to develop their capabilities and systems. My Command embraced this in everything we did. In fact, within the first two months of my

command, NTM-A's motto became "Shohna ba Shohna -- Ooga-pa-Ooga -- Shoulder to Shoulder." I wholeheartedly concurred with and embraced the thought that Afghans must own their challenges and as a Team we must work shoulder to shoulder with the Afghans towards achieving Afghan solutions. Failure to Team with the Afghans in building their security force and enduring systems would result in mission failure.

This philosophy of enabling the Afghans to own their challenges was also held by the ISAF Commanders. General Petraeus in his 4 July 2010 letter to ISAF troops, reinforced this point, "This endeavor has to be a team effort. We must strive to contribute to the 'Team of Teams' at work in Afghanistan to achieve unity of effort." He again wrote in a January 2011 letter to ISAF troops, "All of our operations must be conducted in complete partnership with, and in full support of, our Afghan counterparts. This is, after all, their country."

Transparency

From my very first day in command, I held a firm belief that NTM-A must be Transparent in all that we did. I continually emphasized and re-emphasized this point with my deputy commanders and staff and also required them to be Transparent. We moved from doing most of our work on the secure computer system to the non-secure system so as to be able to provide the greatest access of our information and intent to others. No area was off limits to outside agencies. If someone wanted to see a specific area, they saw it. In early July 2010, the DoD IG was embedded into the NTM-A. They had access to all of our individuals, files and meetings. We were 100% transparent with them. The only thing we asked for was constructive feedback and helpful criticism.

I would like to note that my Deputy Commander, Brigadier General John Ferrari, Colonel at the time, received the DoD IG Joseph H. Sherick award. This award is the highest DoD IG honor bestowed on non-Office of Inspector General employees. It is granted to an individual who distinguished himself or herself by exceptional service or contributions of the broadest scope to the OIG. This was for his efforts in support of the work being done within NTM-A, and exemplified what we expected of our entire team.

Transition

NTM-A's endstate was to be able to Transition the security responsibility for Afghanistan to their Ministries and Afghan security forces. We would only achieve Transition by effectively Teaming with the Afghans. Everything we did in my command was part of the effort to meet the Transition goal.

It is with these three tenets, Team-Transparency-Transition in mind that I made the majority of my command decisions.

It is important to note, that Afghanistan is a remarkable and sovereign country that has endured conflict for decades. At this point in history we fight alongside of the Afghan National Security forces in seeking to bring peace and stability to this sovereign nation. I have had the opportunity to visit them, work with them, assist in training them, and was able to participate as many of the systems to support them became functional. There continue to be challenges but the men and women in Afghanistan continue the effort. We want them to do well. We want them to succeed.

We are here today to talk about the Afghan Military Medical System. A system that was ranked in the bottom ten percent globally by the World Health Organization. This system presented issues that were complex and required a high degree of coordination with our Afghan partners. Coordination that was necessary and critical in order to have any chance of enduring success.

I supported all audits and assessments into any aspect of our command. In fact, at one time during my tenure we had in excess of 27 simultaneous audits or assessments by multiple government agencies external to the command. All of this was done so we could remain as transparent as possible—and demonstrate sound stewardship of the resources entrusted to us. At all times, I/The Command Team addressed issues aggressively and immediately as they were presented to us. I welcome a discussion about those challenges and how we addressed them.

WILLIAM B. CALDWELL, IV

Lieutenant General, U.S. Army

Mr. CHAFFETZ. Thank you, General.
General Patton.

STATEMENT OF MAJOR GENERAL GARY S. PATTON

General PATTON. Chairman Chaffetz, Ranking Member Tierney, and members of the Subcommittee, thank you for inviting me and providing me with the opportunity to testify about my role with respect to the National Military Hospital during my deployment to Afghanistan with NATO Training Mission-Afghanistan, NTM-A, from December 2009 to May 2011. I would like to begin by first stating that it was my honor and privilege to serve our Nation in Afghanistan for those 18 months, just as it has been an honor and privilege for each and every day of the past 33 years of my military service, which includes 45 months in combat and tours of duty overseas in Iraq, Afghanistan, and Korea.

For the first six months of my assignment at NTM-A, from December 2009 to May 2010, I served as NTM-A's Deputy Commander for Programs and in that job was responsible for the oversight of the Afghan Security Force funds for the training and equipping of the Afghan National Army and Afghan National Police. For the subsequent 12 months, from May 2010 to May 2011, I served as the NTM-A Commander for Army and was responsible for overseeing the development of the Afghan National Army and advising the Afghan Ministry of Defense. The scope of this mission demanded oversight across several major systems and sets of infrastructure, such as the national training system and the national headquarters.

This mission occurred at a time during Operation Enduring Freedom, when the success of the NTM-A mission in manning, training, and equipping of professional and capable Afghan National Army, Police Force, and Air Force, was essential to the coalition's success. It was a challenging period of time in Afghanistan marked by a persistent enemy and countered by an Afghan Security Force that was undergoing unprecedented growth in terms of quantity, quality, and capability. It is still plagued by leader shortages and high levels of attrition and illiteracy. NTM-A's objective was to build and develop an Afghan Security Force capable of enduring with reduced or minimal NATO or U.S. support in 2014 and beyond.

I have been invited here today to address the management of and medical care provided by the Dawood National Military Hospital, NMH, in Kabul. The problems associated with the NMH were highly complex ones, complicated by elements of Afghan corruption, failed Afghan leadership, and hospital staff apathy; worsened by the inherent problems of national illiteracy, and the historic inadequacy of Afghan health care; and, finally, burdened by the consistent flow of wartime casualties.

NTM-A devoted considerable time and energy to improving the medical care and management of the hospital, along with accomplishing our other continuing, significant tasks of manning, building, training, developing, and equipping the Afghan National Army while at war. We took very seriously our role as advisors to drive positive change at the hospital through active, persistent, and firm engagement with our Afghan partners. It was important from the

outset that this be a partnered effort because, in our experiences working with other Afghan systems, although a coalition solution to a problem would usually yield an immediate fix, only a partnered or Afghan-led solution would produce an enduring result.

In closing, I would like to say that I am proud of the accomplishments of NTM-A and the service members of NTM-A with whom I served during my deployment to Afghanistan. I appreciate the opportunity to be here today and I look forward to your questions. Thank you.

[Prepared statement of General Patton follows:]

STATEMENT
OF
MG GARY S. PATTON
DIRECTOR
SEXUAL ASSAULT PREVENTION AND RESPONSE OFFICE
DEPARTMENT OF DEFENSE
BEFORE THE
HOUSE COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM
SUBCOMMITTEE ON NATIONAL SECURITY, HOMELAND DEFENSE, AND
FOREIGN OPERATIONS
SEPTEMBER 12, 2012

Chairman Chaffetz, Ranking Member Tierney, and members of the Subcommittee, thank you for inviting me and providing me with the opportunity to testify about my role with respect to the National Military Hospital during my deployment to Afghanistan with the NATO Training Mission-Afghanistan (NTMA) from December 2009 to May 2011.

I would like to begin by first stating that it was my honor and privilege to serve our nation in Afghanistan for those 18 months, just as it has been an honor and privilege for each and every day of the past 33 years of my military service, which includes 45 months in combat and tours of duty overseas in Iraq, Afghanistan, and Korea.

For the first six months of my assignment at NTMA, from December 2009 to May 2010, I served as NTM-A's Deputy Commander for Programs, and was responsible for the oversight of Afghan Security Force Funds for the training and equipping of the Afghan National Army and Police. For the subsequent 12 months, from May 2010 to May 2011, I served as the NTM-A Deputy Commander for Army and was responsible for overseeing the development of the Afghan National Army (ANA) and advising the Afghan Ministry of Defense. The scope of this mission demanded oversight across several major systems and sets of infrastructure, such as the national training system and the national headquarters.

This mission occurred at a time during Operation Enduring Freedom when the success of the NTM-A mission in manning, training, and equipping a professional and capable ANA, Police Force and Air Force was essential to the coalition's success. It was a challenging period of time in Afghanistan, marked by a persistent enemy, and countered by an Afghan Security Force that was undergoing unprecedented growth in terms of quantity, quality and capability, yet still plagued by leader shortages and high levels of attrition and illiteracy. NTM-A's objective was to build and develop an Afghan Security Force capable of enduring with reduced or minimal NATO or US support in 2014 and beyond.

I have been invited here today to address the management of and medical care provided by the Dawood National Military Hospital (NMH) in Kabul. The problems associated with the NMH were highly complex ones, complicated by elements of Afghan corruption, failed Afghan leadership, and hospital staff apathy -- worsened by the inherent problems of national illiteracy and the historic inadequacy of Afghan health care -- and finally, burdened by the consistent flow of wartime casualties.

NTM-A devoted considerable time and energy to improving the medical care and management of NMH, along with accomplishing our other continuing significant tasks of manning, building, training, developing, and equipping the ANA while at war. We took very seriously our role as advisors to drive positive change at this hospital, through

active, persistent and firm engagement with our Afghan partners. It was important from the outset that this be a partnered effort, because in our experiences working with other Afghan systems, although a coalition solution to a problem would usually yield an immediate fix, only a partnered or Afghan-led solution would produce an enduring result.

In closing, I would like to say that I am proud of the accomplishments of NTM-A and the service members of NTM-A with whom I served during my deployment to Afghanistan. I appreciate the opportunity to be here today and I look forward to your questions.

GARY S. PATTON

Major General, U.S. Army

Mr. CHAFFETZ. Thank you, General.
Ambassador Moorefield.

STATEMENT OF THE HONORABLE KENNETH P. MOOREFIELD

Mr. MOOREFIELD. Chairman Chaffetz, Ranking Member Tierney, and distinguished members of the Subcommittee on National Security, Homeland Defense, and Foreign Operations, good morning. Thank you for this opportunity to discuss past and present DOD IG oversight of the Department's efforts to develop the Afghan National Security Force's health care system, and particular that at the Dawood National Military Hospital.

Meeting this challenge has understandably proven difficult, made even more so because the country has been involved in an intense war. When the ANSF medical care system development efforts began, the country's public health care was considered by international experts as among the worst in the world. Given the importance of this mission to our success in Afghanistan, DOD IG has undertaken seven oversight initiatives since April 2008. I would like to highlight several of these, but my written statement for the record discusses results from each.

In late October 2010, the then CSTC-A Inspector General on behalf of the Command requested DOD IG assistance in addressing "possible discrepancies concerning the distribution of, and accounting for, pharmaceuticals distributed to the ANA." On November 10th, 2010, the NTM-A/CSTC-A Commander, General Caldwell, sent me a message reconfirming his Command's request for DOD IG medical logistics mission assessment, adding that with the assistance of a recent increase in personnel, he had become increasingly concerned about "possible illicit activities and inadequate accountability measures concerning pharmaceuticals supplied."

My team deployed to Afghanistan on November 28th, 2010. After visiting the NMH, three of four regional hospitals, plus associated medical depots, we briefed the Command with identified deficiencies related to dysfunctional medical logistics, which also negatively impacted ANA hospital management and patient care at ANA hospitals; a lack of strategic planning to better focus NTM-A/CSTC-A and ANA joint efforts, and make effective use of scarce resources; and, finally, hospital mentoring teams staffed at only 50 percent of authorized personnel, among other issues discussed.

In February 2011, as a result of the November assessment mission, we held an inspection of just the NMH focused on unacceptable conditions reported by the Command concerning hospital management, the medical personnel conduct, sanitation and patient care, and supply and inventory issues. This also resulted from a joint CSTC-A IG and MOD IG series of inspections of the National Military Hospital.

Although the state of general sanitation and medical supplies had improved, a number of the other concerns were confirmed and we made recommendations to the Command for corrective actions. In June of this year, the DOD IG again assessed the National Military Hospital and the ANSF medical care system in a number of key areas necessary to create an independent, sustainable system.

We found that development had advanced in the areas of planning and mentoring, leadership and management, and logistics and

patient care, specifically with respect to establishment of a strategic plan to develop the ANSF health care system, strengthen personnel accountability and patient care procedures at NMH, inventory accountability and control measures instituted for medical supplies at NMH, improved patient care and nutrition at NMH, and an evident commitment by the new ANA surgeon general and NMH hospital commander to continue work on improving whatever needed to be improved at the hospital.

Lastly, I should mention, although this wasn't initially something I was going to raise, but since the issue of fuels came up, controls had been imposed on the fuel supply system to the hospital.

Significant challenges still remain with respect to the development of the ANSF medical system and the NMH capacity building initiative. Reportedly, as U.S. and coalition forces draw down over the next several years, the decreasing numbers of medical mentors will focus on priority medical areas requiring improvement. At NMH, these areas include emergency room, anesthesia, physical therapy, preventative medicine, and radiology; and improving medical logistic support for the ANSF and its medical care system is critical and is expected to require attention through 2014 and perhaps beyond.

Finally, I should add that reenforcing ANSF commitment to the enduring stewardship of its health care system will need to remain a priority of both the Command and the Afghan government.

In closing, let me emphasize that DOD IG is committed to continued oversight of the development of ANSF health care, including at the National Military Hospital. I look forward to answering any questions that you may have, and thank you.

[Prepared statement of Mr. Moorefield follows:]

September 12, 2012



Expected Release

9:45 a.m.

Statement of
Ambassador (Ret.) Kenneth P. Moorefield
Deputy Inspector General for Special Plans and Operations
Department of Defense Office of Inspector General

before the
Subcommittee on National Security, Homeland Defense, and
Foreign Operations
House Oversight and Government Reform
on

"The Facts and Circumstances Surrounding Alleged
Corruption and Mismanagement at the U.S. Taxpayer-funded
Dawood National Military Hospital"

Good morning Chairman Chaffetz, Ranking Member Tierney, and distinguished members of the Subcommittee.

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 Afghan National Security Forces (ANSF) healthcare system, including at the Dawood National Military Hospital (NMH) in Kabul, Afghanistan.

We share your commitment to ensuring the success of DoD efforts to develop an independent and sustainable ANSF, of which a functioning healthcare system is an integral part, including at the NMH.

Healthcare in Afghanistan

Following three decades of war, healthcare in Afghanistan had been severely degraded and did not meet any internationally recognized standard. The military healthcare 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 and four small regional hospitals spread across the country, and the NMH which still has responsibility for providing specialty medical care. Reportedly, the system was woefully deficient in infrastructure, medical equipment and supplies, as well as capable medical personnel.

For the ANSF to become fully effective and eventually independent in conducting combat operations, however, it was recognized that it would require an organic healthcare capability that could provide essential field-level combat casualty care, evacuation of wounded and ill casualties, restorative surgery and rehabilitation, and long-term care for disabled personnel.

In addition, to become a fully functional healthcare system, the ANSF would have to rely on the efforts of multiple Afghan government supporting institutions. Key among them is the Ministries of Defense (MoD), Public Health and Education, and the ANA Logistics and Medical Commands, along with the Armed Forces Academy of Medical Sciences. Each of these has received and still requires mentoring support from U.S. and Coalition military forces, the U.S. Embassy, and international community.

Medical Training Advisory Group

To concentrate on this mission, the NATO Training Mission – Afghanistan (NTM-A)/Combined Security Transition Command – Afghanistan (CSTC-A) established the Medical Training Advisory Group (MTAG), which supervises medical mentors assigned to every International Security Assistance Force (ISAF) 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, on the hospital wards, and at the medical supply depots. They also assist in the management of the healthcare system and its logistical support, the supplies for which are financed by the 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.

Dawood National Military Hospital

The NMH is under the command of the ANA Surgeon General, who is also the Medical Command Commander, and is managed by an ANA Hospital Commander and staffed by ANA medical personnel. In June 2012, approximately 260 inpatients, the majority of whom were soldiers and police personnel and their families, received treatment at the NMH supported by 795 Afghan medical and other support personnel. Fifteen U.S. Military medical mentors were assigned.

In early 2011, at the urging of the NTM-A and ISAF Commanders, LTG Caldwell and General Petraeus, respectively, and based on an investigation by the MoD IG supported by the NTM-A/CSTC-A staff, the then ANA Surgeon General and NMH Hospital Commander were both removed by President Karzai due to significant management shortcomings and alleged corruption. Today, we note that the new ANA Surgeon General and NMH Hospital Commander have demonstrated capable leadership in driving significant improvements in NMH patient care and services.

Completed DoD IG Oversight Projects

Since 2008, the DoD IG has been engaged in providing ongoing oversight with respect to U.S. Military and Coalition efforts to develop the ANSF healthcare system, including the NMH, and has conducted multiple oversight missions which partially or wholly focused on this issue.

1st Oversight Project

In April 2008, the DoD IG conducted its first assessment¹ of DoD efforts to develop the ANSF, which included the military healthcare 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. inter-agency 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 CSTC-A lacked the personnel and other resource capability and expertise to expedite development of the ANSF healthcare system.

¹Assessment 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)

The report specifically noted that many U.S. Military medical mentoring teams were not fully staffed and that, moreover, the development of ANSF medical personnel was seriously hampered by inadequate U.S. mentor headquarters guidance, and no pre-deployment and in-country training focused on the specific medical mentor mission. Further, we determined that the ANA Logistics Command was unable to reliably support crucial ANA medical logistics requirements at NMH, as well as at the ANA regional hospitals.

Also concluded was that the lack of progress in developing an effective ANSF healthcare and logistical system and challenges still remaining would probably require extended combat casualty care assistance of ANSF personnel by U.S. and other ISAF partner countries, and that development of an independent ANSF medical capability would be prolonged.

2nd Oversight Project

In March 2009, we conducted a follow-up assessment² regarding ANSF medical system development.

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).

During this assessment, we determined that CSTC-A lacked a clearly established plan with a defined end state goal for the development of the ANSF healthcare system and that related planning by the Command previously conducted had not been fully coordinated with the ANSF and the Afghan Ministries of Defense and Interior, and incorporated into their respective 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 healthcare 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 healthcare system. The first was initiated based on allegations that a DoD contractor was not fulfilling 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 Afghanistan government and the ANA. In any event, after pharmaceutical or other supply items are transferred to the sovereign authority of the Government of Afghanistan, DoD IG does not have criminal investigative jurisdiction.

The second DoD IG criminal investigation was initiated based on an allegation that U.S.-supplied pharmaceuticals had been stolen from the ANSF military healthcare 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 Afghan government accepting delivery of the pharmaceuticals. All relevant information was turned over to the ISAF and U.S. Embassy anti-corruption Task Force Shafafiyat³ to be provided to the Afghan Minister of Defense and/or Justice for appropriate action.

4th Oversight Project

In November 2010, at the request of LTG William Caldwell, then Commander, NTM-A/CSTC-A, a DoD IG team conducted an assessment⁴ of the ANA medical logistics system, and related management and medical care issues. This included the NMH as well as 3 or 4 regional hospitals. The report made recommendations for strengthening the system and improving accountability and control of medical supplies purchased by DoD and distributed to the ANA medical system, including to the NMH.

³Task 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 U.S. Government, 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).

While the focus of this assessment was on the medical logistics system and mentoring efforts, at each site including NMH, we visited patient wards and clinics observing activities and interviewing staff and patients. These efforts enabled us to note the impact of logistics system deficiencies as they impacted on hospital management and patient care.

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

Furthermore, due to the lack of developed, implemented, and enforced Afghan healthcare standards supported by U.S./Coalition mentoring, it was not feasible to provide an appropriately resourced and focused medical mentoring capability. Consequently, development of a sustainable healthcare 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 healthcare system.

5th Oversight Project

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

The team found notable progress had been made since our previous visit in November 2010, especially with respect to general sanitation of medical facilities and available medical supplies for patient care.

However, other problems endemic to the Afghan military and public healthcare systems persisted. Specifically, the team found certain management, medical care and logistical problems and challenges. The NMH was understaffed and lacked sufficient qualified ANA physicians, nurses, administrators and other staff. Additionally, there were ANA medical personnel attendance problems. And, though the Afghan Minister 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 the 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 healthcare standards for the hospitals needed to be defined. As a consequence, it had not been feasible for the U.S. / Coalition to build an effectively focused medical mentoring model which linked defined healthcare standards to a supporting healthcare strategy and set of planning objectives. In addition, the U.S., Coalition and ANA could not cooperatively work towards establishing and achieving a common set of performance objectives for the healthcare system and its hospitals, including the NMH. And, without established medical standards and implementing policy, U.S. mentors were unclear as to their roles, and NTM-A and the ANA could not engage in joint focused planning for the resources required to develop an effective healthcare system.

6th Oversight Project

In response to the results of the February 2011 NMH assessment, DoD IG conducted an audit⁵ to determine whether the pharmaceutical distribution process within the ANA military healthcare system was sufficiently effective, accountable and secure, and to recommend corrective actions.

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

Since the two preceding DoD IG inspections, the team noted improved medical logistics system performance, improved accountability for medical supplies, and a fully operational NMH medical warehouse. However, the procurement, 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 MoD 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 did not have reliable data to develop sound pharmaceutical supply requirements.

After the audit, the Afghan MoD, in coordination with CSTC-A, initiated a number of remedial changes to MoD processes and procedures, including: developing and implementing a training module on how the new pharmaceutical distribution process worked, and how to complete and use the official supply forms; issuing implementation

guidance to medical facilities concerning the basic MoD logistics decree requiring that they properly receive, account for, and distribute pharmaceuticals; securing controlled pharmaceuticals; and implementing guidance for the separation of and disposition of expired medications.

7th Oversight Initiative

In November 2011, the former DoD Inspector General, Mr. Gordon Heddell, visited Afghanistan at which time he conducted a walk-through of the NMH. He subsequently wrote to the Commander, NTM-A/CSTC-A that although he noticed improvements in the sterilization unit and the pharmaceutical storage room, 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 end of June and early July 2012, a DoD IG team again inspected NMH and also reviewed the progress in the development of the ANSF medical system with respect to medical standards, leadership and management, healthcare services, medical logistics processes, and accountability and control of medical supplies.

The team met with a wide range of responsible U.S. Military, MoD and ANA officials, commanders and staff. These included the responsible NTM-A/CSTC-A staff, the

U.S. military medical mentor 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, and with the ANSF healthcare system, since previous audit and inspections conducted by DoD IG and also as a result of continued periodic quarterly oversight by NTM-A personnel. Specific improvements included:

- The joint effort by ISAF and Afghan Ministries which developed and was implementing an overarching ANSF healthcare system strategic plan.
- Clearly defined medical standards goals for the ANSF medical care system, including NMH, giving focus and direction to joint development efforts.
- Improved pharmaceutical accountability and control by segregating pharmaceutical logistics responsibilities (requirements generation, contracting and procurement, receipt, storage, distribution and issuance) among three separate MoD organizations: ANA Medical Command, MoD Acquisition, Technology and Logistics, and the Logistics Command.
- Focused medical mentor training added to pre-deployment Program of Instruction in the U.S. for military medical mentors.

- New management of the ANA Medical Command and NMH were providing effective leadership and evinced a commitment to make necessary improvements.
- No complaints or evidence of patient maltreatment at NMH.
- NMH nutrition services capability established within the nursing directorate.
- Improved NMH cleanliness, sanitary conditions and general appearance.
- New processes and procedures implemented at NMH to improve personnel work performance, accountability and patient care.
- Improved medical logistics system performance at NMH, including accountability measures for medical supplies and an operational medical warehouse.
- Medical logistics personnel participating in training at NMH to ensure they were complying with MoD logistics directives.

Subsequent to our field assessment and prior to report issuance, MoD, in coordination with NTM-A/CSTC-A, has initiated changes addressing several remaining problems noted in our out-brief to the Command related to the need to assign additional staff to the pharmacy, implement inventory control measures in the pharmacy dispensary, and take

additional measures to ensure that controlled pharmaceuticals were properly secured in the pharmacy bulk storage room.

There are still issues which need to be addressed at NMH, which our report will discuss. Specifically, assignment of additional nursing personnel to patient wards based on the demands for nursing services; increasing the number of trained pharmacists assigned to the pharmacy; improving the distribution of medical equipment to ensure patient care areas with the greatest need have the necessary equipment to provide safe and effective patient care; and developing policies and procedures to ensure that the transfer and acceptance of ANSF patients from US and Coalition hospitals is conducted properly.

Furthermore, our report will address additional issues which not only affect the NMH but the entire ANSF healthcare system. These include the limited capability for medical equipment maintenance and repair, and the lack of a sustainable procurement process for cleaning supplies, including disinfectants.

Future Challenges

There has been notable progress in the development of the ANSF healthcare system, especially in the past few years, starting from a very low level of capability and resources. But, the Command and our oversight work indicate that the development process

will have to continue as there are still challenges that remain both systemically and specific to individual hospitals.

As U.S. and Coalition forces reduce their presence in Afghanistan between now and the end of 2014, the decreasing numbers of military mentors at the ANSF hospitals will be focused on those priority medical functions which still need assistance in order to make the transition to independent and sustainable operations. At NMH, we are advised by NTM-A, these areas currently include anesthesia, emergency room, physical therapy, preventative medicine and some areas of radiology (CT and MRI).

Improving medical logistics in support of the ANSF healthcare system, and NMH, also has been identified as a key enabling force capability and is critical for its sustainability. Reportedly, developing this capability will require continued military advising/mentoring throughout 2013 and into 2014.

Finally, as the transition progresses, the capability of NATO and Coalition military, the U.S. inter-agency and international partners to anticipate and mitigate potential negative consequences to the ANSF healthcare system, while continuing to reinforce ANSF commitment to the enduring stewardship of its medical care system, will remain priority challenges.

Conclusion

The DoD IG is committed to continue its oversight of U.S. Military and Coalition efforts to support continued improvements in the ANSF healthcare system, including at the NMH.

I thank you for this opportunity to speak to present written testimony for the record.

Mr. CHAFFETZ. Thank you. I appreciate that. Your full statements will be entered into the record.

I will now recognize myself for five minutes.

General Caldwell, I read your prepared statement last night and, quite frankly, I was a little surprised. There are some very serious allegations about Dawood Hospital. The title of this hearing is about Dawood Hospital. It doesn't even mention Dawood Hospital in your statement. You have undoubtedly read The Wall Street Journal article that made this much more public. What happened? What is your response? Your spokesperson said you were eager to refute this; you had disputed it and you were looking forward to an opportunity. So I am giving you an opportunity to respond. What happened at Dawood and what went wrong?

General CALDWELL. Well, thank you, Chairman, for that question. What I was attempting to do in my statement is provide you an overview of the approach we took so you understood the mentality upon which we were trying to operate during the two years I was the commander there. I think if you don't fully appreciate that everything we did we had to team with the Afghans on, because we eventually had to set the conditions for transition in 2014.

It was absolutely essential, our President had been very clear that we were going to significantly reduce the United States and NATO presence there, and in order to make sure the Afghans were prepared and able to account for, maintain, sustain what we had spent years and years of Americans' lives and money doing, we wanted to make sure, I wanted to make sure that everybody in that command understood team with your Afghans, do it in a transparent manner.

I wrote in December of 2009 to General McChrystal, when I first came in, after a 30-day assessment, that there was rampant corruption throughout the entire Afghan system that I could see in my initial 30 days there and, therefore, the more we could get them to be transparent on everything they were doing, to make their systems more open, to hold them more accountable for their actions, that that in fact would ensure the stewardship that was necessary of the resources that we were being given by the American people through the U.S. Congress.

Mr. CHAFFETZ. But, General, you also understood that you didn't have the internal resources to provide the oversight. I mean, that is clear through a series of emails to you, from you. I think you understood that you didn't have the internal controls in place. We knew that Surgeon General Yaftali was under an investigation for stealing \$20 million and another \$150 million in pharmaceuticals, and you have colonels and others that you had tasked to oversee this at Dawood Hospital, and this keeps going on for months and months with no request for additional help and support from the inspector general. That is the concern.

Why the delay in asking for additional resources through the inspector general to help with the corruption and challenges at Dawood? What happened at Dawood?

Because we would all probably agree that this is almost an impossible task in Afghanistan. We cannot thank you enough for your service in that. But specific to Dawood what happened?

General CALDWELL. Chairman, the first thing we did was in the May time period of 2010, when we finally got some additional resources that I had requested back in December of 2009, I was able to put some people into the hospital system that we had not previously had, and it was during that time a young major that went in there and she was starting to help us understand the pharmaceuticals and the challenges that were associated with that. By that summer it was becoming apparent to us that there was corruption in the system and we were then trying to establish whether is it just going into warehouses, is it corruption where people are making a profit off it. So we internally started looking very hard at the whole corruption issue.

You made reference to the August 25th email that Colonel Carosa wrote to me and shared with me, again, because we were all in active discussion trying to sort through where this corruption was occurring and how it was occurring, and said this is what we are seeing right now. I immediately wrote back to him, said we take very seriously what you are saying; we have got to get the team together; I would ask you to work with the Army team as we continue to move forward on this.

A month later, I write to General Petraeus on September 25th in emails we provided to the Committee and I explained To General Petraeus that we have a massive corruption problem in the pharmaceutical system inside of Afghanistan and that we think it is going to eventually rise to the point where it is going to require the removal of a general officer, which therefore would mean we are going to need to invoke and use the president of Afghanistan to assist us, since, as in our own system, nobody in the military has the authority to remove a general officer; it takes, in Afghanistan, the president of Afghanistan's approval to do that.

So on September 25th I set the conditions with General Petraeus that is the result, now, of about 60 to 90 days of looking at this fairly hard. We now believe that it is all the way to the top, with General Yaftali being involved, and we are going to have to probably seek his removal. That continues for about another 30 days. Then on October 24th, Colonel Fossil sends me an email, my Command IG, and he explains to me that, sir, we've been in to brief the chief of staff of the command, which they had direct responsibility under on a day-to-day basis, and we have a problem with the pharmaceuticals that are going to require outside assistance. We are going to need to go outside the command.

I, at that point, read his email that he said we said we're going to develop a course of action, we're going to go in and brief Dr. Kim, who is my civilian deputy, as soon as they could get him back from the trip he was on at that time. He came back on October 28th. They went in and briefed him on October 28th on the situation.

As it has been said, it was clear that we were going to need outside assistance, and that initial notification was made to the Department of Defense IG that we were going to need outside assistance to help us deal with this, the ultimate objective being, we had hoped, that we would be able to remove a leadership at the top of the entire medical system, which was, in this case, General Yaftali. Therefore, we wanted to make sure we had some good information.

At that point in time, when the email was sent that night, we had not yet finished the necessary and critical coordination that I, the month earlier, had shared with my whole command team and with General Petraeus, was that to remove General Yaftali is going to eventually require the president of Afghanistan's involvement. So at that point in time we went ahead, I told the team, let's finish the necessary and proper coordination, and as soon as we have that complete I will make this an official request back to the Department of Defense IG.

Meanwhile, the coordination continued with them, both from within my own staff and then personnel I had back here in Washington conducting our semiannual programmatic review being held here in Washington with about 150 different personnel from across the U.S. Government that were there, to include the Department of Defense IG.

So we finished that necessary and critical coordination that needed to be made, reaching the president of Afghanistan, finally knowing that he's been notified on November 9th, and that on November 10th that request was then sent as an official request to the Department of Defense IG, asking them to come on over and assist us in this investigation.

Mr. CHAFFETZ. I thank you for sharing that. I have a series of questions. My time has well expired.

Let me recognize, first, Ranking Member Tierney.

Mr. TIERNEY. Thank you.

General, so you came in in 2009?

General CALDWELL. That is correct.

Mr. TIERNEY. So obviously this wasn't a problem that started the day you came in. So I am curious to know what information was provided to you upon your assumption of the command. Did you have reports indicating rampant corruption, problems of the nature that we saw in the photographs that were displayed here? What was the state of play when you assumed command?

General CALDWELL. We knew, like always, there were challenges with patient care, but the images that we saw this morning, the patient neglect, the first time that was ever brought to the command's attention, or shown to the command, was on November 10th, when my command—

Mr. TIERNEY. Of what year?

General CALDWELL. I'm sorry, Congressman, on November 10th of 2010.

Mr. TIERNEY. So there were no reports in 2005, 2006, 2007, 2008, or 2009 to anybody in your position or your command structure of those types of conditions?

General CALDWELL. I didn't necessarily thoroughly review every previous report for years before, before I went over there, specifically about possible patient neglect in the hospital. I was aware generally of the aspects of the medical care within Afghanistan in the system that we are using, so that within the first 30 days there some of the immediate critical people that I went back to General McChrystal on and said that I absolutely had to have assigned to my command involved getting some additional people to work in the medical system.

Mr. TIERNEY. So I guess my question is obviously these conditions are pretty obvious to anyone. Now, we had a number of mentors and people in the facilities. They may not have been performing the care, but they were there and they were observant or able to observe all of this. What do you think is the problem with our system that nobody raised this to the appropriate level of attention for people in a command position?

General CALDWELL. Well, again, about all I really know is that the first time my command—

Mr. TIERNEY. I am just talking structurally here; I am not asking why a particular individual may not have heard anything. But is there something wrong with the way that we are operating and the way that our command structure is that something like that wouldn't be reported up with some alarm?

General CALDWELL. No. What I would hope, and the reason it was reported up, I mean, it was my command that identified and reported this to our command leadership on the evening of the 10th of November. And, again, the second it was identified to us, we took decisive and immediate action. I mean, it wasn't a question—

Mr. TIERNEY. I am not disputing that. I guess I am disputing you weren't the first guy at the rodeo, so what happened to the others. Is there something structurally wrong that the others didn't feel as compelled as you did to bring this forward?

General CALDWELL. Well, Congressman, I could say there are a lot of people that went through that hospital before that time period. There were always challenges with patient care, but none of us going through that medical hospital, prior to that, had seen the patient neglect that we saw in those images that were just on the screen. I mean, there were time periods during 2010 when I was in that hospital, and when I would go, I am not naive enough to not realize that when somebody knows I am coming someplace, they are going to have a set schedule for me and things that they want me to see.

So I did deviate each time I went through that hospital and was visiting there, to look for other things and just to get my own personal assessment of areas that they weren't prepared for me to go to. My command sergeant major, my senior non-commissioned officer, went through that on a monthly basis, and clearly they didn't prep for his visits.

You know, there were a lot of external looks that were going on in addition to those. Part of our challenge was we didn't have the number of people in the hospital, really, providing the oversight inside the hospital until about August of 2010, when we really put our first two mentors in on the wards and started giving us some real day-to-day look at what was going on in there, because we just didn't have the depth.

Mr. TIERNEY. So prior to that the people had been doing their mentoring offsite?

General CALDWELL. Offsite or over in different headquarters or different locations. Again, we also had the six regional hospitals, two where we operated out at. Part of our focus that year, and, again, I give great credit to my command surgeon for doing this in 2010, was he implemented that year two really critical programs.

One was we recognized that all the work for these previous eight years of trying to develop doctors was failing. It was a waste of U.S. Government taxpayer money to take the time to educate a doctor, because what we found was, in the end, about a third went AWOL and then the others would refuse to take assignments to the difficult locations where they needed to go.

So recognizing that we are dealing with a country that probably has one of the poorest health care systems in the entire world, we decided to develop a physician's assistance course, something that would be much shorter and would give us much greater numbers to get out to provide immediate care to much larger numbers of the Army team in the Afghan Security Force. So in 2010 we implemented the first ever physician's assistance course, put that into being, and it was in full operation by that fall. We started the first real combat medic courses. Again, a trait that we had learned U.S. military members was if you have very good combat medics down on the front line when somebody does sustain an injury, that immediate care on the site can really make an enormous difference in their long-term survival.

So we implemented a very rigorous and deliberate combat medic course that year and that was in full swing, to the point where, by the end of 2010, not only had we implemented it, which was always important, but as we talked about teaming with the Afghans and setting the conditions for transition, we had also set the conditions up so that they now, by the end of 2010, were teaching the course themselves, with us just providing oversight and on-the-spot assistance, which was an enormous step forward for a country that never had this kind of capability before.

So there were many things being done in the medical system with the folks that we had, trying to provide greater care for the military soldiers.

Mr. TIERNEY. Thank you.

I yield to the Chairman.

Mr. CHAFFETZ. General, you said that you took, when you knew there were problems, immediate, decisive action. Yet, we had three colonels come testify that is exactly what didn't happen. Are they wrong?

General CALDWELL. Chairman, what I can tell you, and I can validate it with the emails that we have been able to provide so you can read the actual discussions ongoing, of which the members, those who are here before you, were also on those exchanges, on the evening of the 10th of November, in a teamed effort between the Ministry of Defense IG and my Command IG who went over to do a spot check of the hospital, they found those unacceptable conditions as you showed on the slide there.

They brought it back, immediately brought it to General Naismith, who was the Brigadier General, the one star who had oversight for all the advisors and trainers inside or all the advisors inside the Army team. As soon as he got that note, and it is interesting to note my IG did not include anybody on the medical team on that note to him, he immediately took decisive action; he didn't have to brief anybody else in our command team.

And, again, nobody had even seen photos at this time. He was acting off of my Command IG saying I have gone over, performed

my duties as I am supposed to be doing, had taken my Afghan counterpart to teach him how to do this, and here are the things we found: there is no hot water in the hospital right now, the boiler is down; I am seeing piles of, as he described——

Mr. CHAFFETZ. And this was known months and months in advance; this is not a new revelation as of November. With all due respect, General, this had been highlighted for years in problems with the IG reports; it had been specifically highlighted with Colonel Carosa in his August memo to you. You highlighted this with General Petraeus.

The problem is when Colonel Fossil sends a request asking to, sends an email on October 28th to Ambassador Moorefield, I am writing to request your assistance with an inspection investigation, it goes on. Later he has to write an email: I spoke with Lieutenant General Caldwell this evening about the email below; Lieutenant General Caldwell respectfully requests we not move on this request for assistance.

General CALDWELL. I think if you read the rest of that, Chairman, it says until he makes notification to General Petraeus.

Mr. CHAFFETZ. Which you had already, it does say request for assistance until he briefs General Petraeus. But it is also clear that General Petraeus was briefed in the months before. There was no new information for General Petraeus.

General CALDWELL. Chairman, if I could just help with clarification. We are talking two issues: we are talking corruption and we are talking patient neglect, very separate and distinct issues. All of the email trails through the period of August, September, and October are on nothing but corruption. Not one of them from any member of any staff ever talks about patient neglect.

And I have been unable to find any discussion whatsoever in going back through briefing slides and briefings that my command surgeon gave to me, that my command surgeon gave to General Petraeus, that my IG reported during that time period. There is not one thing I can find during that, but I can find lots and lots and lots of discussion between all of us, because we recognized that the corruption that was in that system emanating from what we determined to be the command surgeon, General Yaftali, was in fact eventually leading to the challenges that we were having with patient care in the hospital.

I am not talking about patient neglect, but just routine patient care; the apathy of the doctors and some of the nurses, the inability to make sure that they are doing their work times, the constant work we had teaching them about cleanliness and standards.

It is interesting, as I talked to some of the advisors who had been in that hospital for many years, retired military surgeons, as we talked about, well, why aren't they doing more cleaning, you know, one of those retired command surgeons looked at me and said, well, you do understand, sir, three years ago you wouldn't have even found a bucket and a mop in here; now there is a bucket and a mop that is used a couple days a week; we just not have to get them to use it multiple times a day.

Mr. CHAFFETZ. We are way past your time, but, to clarify, in your September 25th email to General Petraeus, you say, "Activities include diversion, hoarding, and theft of U.S. and Ministry of Defense

purchase medication, resulting in hundreds of ANA soldiers being denied treatment.”

General CALDWELL. That is right. The proper patient care, that is correct, chairman.

Mr. CHAFFETZ. But what you said was there is no evidence in any of these emails indicating that there was any patient neglect. Not getting a pharmaceutical, not getting an anesthetic during surgery, I would think does highlight the fact that there was an awful lot of neglect and abuse going there, and that is precisely what you, in your own words, said to General Petraeus back in September.

General CALDWELL. That is correct, Chairman, I am talking about patient care and I am talking about the fact that they need pharmaceuticals down at the lowest patient level, that we needed to use all the proper hospital equipment and supplies that we are purchasing and making available to them, and it starts with—and I was concerned about that corruption. But I am talking about patient care.

The pictures that you showed, Chairman, if I could just try to help, please, clarify this, that is patient neglect. That is unacceptable. There is nobody in a uniform that is going to see those kind of deplorable conditions and accept that. And I can assure you of that.

Mr. CHAFFETZ. But that is precisely what these colonels said, saw, shared with you. That is why we had three colonels come before this Committee and saying that you were the one that was preventing bringing in additional resources. That is why we are here today. That is why you are here.

General CALDWELL. Chairman, I understand that. And what I am trying to help you understand is the facts as they actually occurred. I don't question for one minute that everybody was very concerned. But I am concerned at this point that people have gotten their dates and events and activities confused, and I am trying to use the emails to help provide factual time lines for you as to who brought what to what person's attention and when they did that.

Mr. TIERNEY. If I can reclaim my time, which is a bit over on that.

You are making a distinction, General, between neglected patients and corruption, and you put the lack of pharmaceutical supplies getting to their in-patient under the corruption aspect umbrella of this, and not necessarily the patient care or neglect, as we said, separately? It was the second end of it that you felt hadn't been fully reported to General Petraeus, and it was that that you wanted to get reported to him before you went forward with the IG?

General CALDWELL. When I wrote that email on September 25th, I was trying to set the conditions with him that we thought we would eventually have to go to the president of Afghanistan to seek the removal of the surgeon general of the Afghan Army because we felt he, in fact, not only was involved in corruption, but also was setting the poor overall—

Mr. TIERNEY. And that had not been brought to General Petraeus prior to that?

General CALDWELL. I think everybody knew we had challenges all the time in the medical system, but, in fact, the idea of the corruption emanating all the way, at this point we had decided, to the top of the ladder, to the surgeon general of the Afghan Army, I do not know of anybody prior to that bringing that to his attention.

Mr. TIERNEY. Thank you.

Mr. CHAFFETZ. Thank you.

I know the gentleman yields back, but one of the frustrations we probably have on both sides of these aisles is you said that these emails and documents provided for clarification. We got them at 4:00 yesterday, roughly 80 to 100 documents, despite this Committee requesting to get those emails and all of the information so this Committee could review it. This is an ongoing practice; it goes above and beyond what happened here in this situation, but it's unacceptable.

The Committee cannot do its job unless 100 percent of the documents are provided to this Congress. This has happened time and time and time again. It's wholly unacceptable and, General, it's very frustrating for you to cite and say, well, we provided these emails for clarification, when we got them at 4:00 last night and we've been looking at this for months.

I now recognize the gentleman from South Carolina, Mr. Gowdy.

Mr. GOWDY. Thank you, Mr. Chairman, and thank you for calling this hearing and the previous ones that you have. And I want to thank my friend from Idaho for letting me go ahead of him, despite his seniority.

General Caldwell, I want to thank you for your service to the Country and then I want to get into the chronology. It seems to me that on September the 3rd, 2011, an article that negatively portrayed the hospital and our involvement with it appeared in The Wall Street Journal.

Now, Chairman Chaffetz, I missed part of your opening statement. Would you be gracious enough to perhaps share just a couple of the more salient examples from that article about abuse and neglect at the hospital? Just a couple if you have them. I apologize, I was in another Committee hearing when I missed it.

Mr. CHAFFETZ. There were a series of very graphic photos and very specific allegations of patient neglect. And the other thing I would highlight here is that on September 3rd, General, you sent to General Allen an email about The Wall Street Journal article and said, "Did not contain any of the items, concerns we had previously discussed. Rather, it focused on NMH and Afghan leadership." You also stated it's clear that the author, Maria, was provided emails and internal briefings and pictures by someone within the command which confirmed that we have all suspected from earlier discussions.

It was obviously clear to you that there was a lot of patient neglect going on. This goes back into September 3rd. And you testified—my concern is the General just said that he had no emails, no information that this was happening.

Mr. GOWDY. So, Chairman, if my chronology is correct, we have a negative article on September the 3rd, 2011; we have a letter from our colleague, Congressman Kaufman, on September the 7th, 2011; we have an article in the Army Times on September the 7th,

2011; and then we have a new policy promulgated, a memorandum that sets forth a new policy, Chairman Chaffetz, not surprisingly, on September the 12th, 2011. So in the course of less than 10 days we have a negative story, a congressional inquiry, an article in the Army Times, and then we have a new policy.

So, General Caldwell, my question to you, with specific reference to this policy, one of the goals of the policy is to promote a positive image of coalition forces, and this memo is specific with respect to persons assigned or attached to command surgeon medical training advisory group. Wouldn't you be more interested in an accurate image being portrayed, as opposed to a positive one? I mean, if the reality is bad, then why is it so important, nine days after a negative story, to stop the photographs?

General CALDWELL. Congressman, at the time I was not aware of this memo; I have been made aware of it since. I do know that last week this Committee did get deposition from the command surgeon as to the chronology and events and activities starting around, I think, I believe it was the April 2011 time frame when this memo——

Mr. GOWDY. Would you agree with me it is more important to show a realistic, accurate portrayal of what is happening, as opposed to just wanting to focus on the positive? I mean, we would all like to live life only highlighting the positive, but that is not our job on this Committee. We are interested in what was really happening. So why, nine days after a negative article, do we get this memo restricting what can be disclosed and telling folks that we want to assert a positive image?

General CALDWELL. Again, Congressman, I didn't review the memo; I wasn't associated when that was released. I was in command there, but my command surgeon did start putting that memo together back in the April time frame, and it took many months before it was completed because of the reviews that were done, all the way up to the CENTCOM headquarters, to ensure that proper wording and clarification as to what was being sought after, and the intent behind the memo, as I now understand it, and, again, she gave deposition to this Committee last week in pretty exhausting detail, as I understand, explaining everything about this memo. But her goal was to ensure that we weren't violating any privacy rights of individuals——

Mr. GOWDY. And, General, I agree that is a worthwhile goal. It just makes me wonder why it took so long to promulgate a memo to protect that goal. You see, my point is the chronology: negative story; let's issue a memo that makes sure this never happens again. You are talking about patient protection. Patient protection was just as important an issue the day that we showed up at that hospital; it didn't just become important in September of 2011. It is the timing of it. You don't have to be cynical or skeptical to question the timing, the chronology of this, I don't think, do you?

General CALDWELL. I believe, again, Congressman, that this memo was started being drafted in April, and it took about four months. There was absolutely no connection, as I understand she said in her deposition, between when she finally got it back, approved for release by both the ISAF headquarters and the CENTCOM headquarters, who had to review it and approve it both

through legal channels up there before this could be released and when it got released. As I understand from her, there was absolutely no correlation between the two.

Mr. GOWDY. But when you see a negative article in a widely read publication, you have a letter from a member of Congress, you have an article in the Army Times, and within the course of less than 10 days you have a memo telling people to do things differently and promote a positive image, you could see why we might be skeptical of that chronology.

General CALDWELL. Right. I think the intent of her memo was telling people that, with respect to the rights of each Afghan citizen, it is a sovereign nation you are operating in, if you have photos that we think we need to record and provide, let's do it through official channels. There is no objection to doing photos, but if we are, they need to be done in an official manner, properly controlled through official channels.

Mr. GOWDY. And I agree with all that. It just makes me wonder why the memo wasn't promulgated a lot sooner. Those are very important concerns. So important that you would want that memo out maybe the day after the thought crossed your mind, that we want to protect patient security. I just find the chronology to be curious.

General CALDWELL. Within 30 days of her coming in and assuming her job as the command surgeon, she identified this was an issue that had not yet been addressed and she——

Mr. GOWDY. Who was her predecessor?

General CALDWELL. Was Colonel Geller.

Mr. GOWDY. He did not think patient security was as significant an issue as she did?

General CALDWELL. I can't speak for his thought process. I can just tell you——

Mr. CHAFFETZ. Would the gentleman yield?

General CALDWELL. —she identified this within 30 days of her taking over as the command surgeon as an area that had not yet been addressed by somebody, and she took it on to make sure that it was properly addressed.

Mr. CHAFFETZ. Would the gentleman yield?

Mr. GOWDY. Sure.

Mr. CHAFFETZ. General, why was it the policy that the photos should be destroyed? Why destroy evidence? Why not turn this over to the inspector general?

General CALDWELL. I think—and, again, as I have, after-the-fact, now read this memo, as I understand the memo, it says——

Mr. CHAFFETZ. But, General,——

General CALDWELL. —if you have photos, turn them over to official authorities. It doesn't—it says if there is a photo that needs to be retained, it needs to be retained in an official——

Mr. CHAFFETZ. No it doesn't. It says unofficial personal photos or video or audio recordings of patients or health care events taken by personnel subject to this policy which already exist will be destroyed or deleted.

General CALDWELL. I believe it is either the paragraph right before or after that one, Chairman, that is clarifying that if you have personal photos that need to be retained in an official manner, to please do so.

Mr. CHAFFETZ. We will dispute that. It is in black and white. We will look at this. And I guess one of the questions—we are well over our time here—is how is it that it takes four months to issue a memo, and you are the commander, and you didn't even see it? You say you had no idea that this went out; I have never read it; I didn't know about it. How can that be that it goes out on your letterhead and you say you don't even know about it?

General CALDWELL. Chairman, there are a lot of things in the command that I would expect my subordinates to do the proper and right thing, and if they are doing the proper and right thing, they don't have to show me everything. If they believe it is something that is contrary to what we have done before, if it is a change or something, I would hope they would bring it to my attention. But she had this fully within her authority as the command surgeon, and I would have expected her—

Mr. CHAFFETZ. And Colonel Fossil did not have authority to ask the inspector general to come in and help him out?

General CALDWELL. No, he would have absolutely had that authority.

Mr. CHAFFETZ. You pulled it back.

General CALDWELL. Our command was making a request to request outside assistance on October 28th, and when they did and we had not finished the necessary and proper coordination, we had not notified the minister of defense and we had not told the president of Afghanistan—again, I go back—you asked me why my statement, Chairman, was written as it was.

Because if you don't understand the tenets on which we were operating under, the idea that we team with our Afghan counterparts, that we have transparency with them, that we are not going to try to do something that we are not going to look them in the face and say you have a corruption problem. I had been telling the minister of defense and his key officials, but we had not yet gone to the president of Afghanistan and also told him.

So we asked them to make sure that he was told before we made that. But it did not stop any of the ongoing coordination that occurred between the Department of Defense and our team. In fact, on the 4th of November—

Mr. CHAFFETZ. I guess I would disagree with that, General. I would disagree with that.

General CALDWELL. All right.

Mr. CHAFFETZ. We will continue to explore this. We have gone well over time.

I thank the gentleman from South Carolina.

Mr. GOWDY. I thank the Chairman and I thank the gentleman from Utah for his indulgence.

Mr. CHAFFETZ. We will recognize the gentleman from Massachusetts.

Mr. LYNCH. Thank you, Mr. Chairman.

General Caldwell, I want to put this in context. Your responsibilities at the time all this going on is not just for training and the oversight of Dawood Hospital, but also what else were you responsible for?

General CALDWELL. Congressman, I had the responsibility to literally recruit, train, equip, man, and to professionalize an entire

army, a police force, and an air force; to also help develop two complete ministries, the ministry of defense and the ministry of interior; and build all the supporting and associated systems that support all those entities.

Mr. LYNCH. So what is the size of your command, personnel-wise?

General CALDWELL. Personnel-wise, I have about 7,500 personnel on a day-to-day basis that are working with us to help us accomplish that mission. But a large Afghan contingent that works day-to-day—

Mr. LYNCH. And what is the size of the—I know all the members on this Committee have been to Afghanistan many times, including myself. How many trainees, how many recruits are you talking about on the Afghan side?

General CALDWELL. On a daily basis, we probably had, when we were up to full production, about 24,000 Afghans in some sort of training program.

Mr. LYNCH. Okay. As has already been talked about here, we are talking about the fourth poorest country in the world, Afghanistan. The literacy rate, the last numbers I got from being over there was that literacy rate among males is about 17 percent; females is about 10 percent. From my own observation, no reliable infrastructure. I think 92 percent of the country has no electricity.

And corruption, I wear a couple of hats; I also serve on the Terrorist Financing Task Force here in Congress, and having been over there many times, and dealing with that problem and the problems with the Kabul Bank, I honestly believe that, well, corruption is to Afghanistan like wet is to water. It is rife with corruption. So I understand the context in which all of this is going on and I want to get right at it.

There were some allegations in the previous hearing, and they are part of this investigation, that, General Caldwell, you may have inappropriately delayed a request to the Defense Department Inspector General based perhaps in part on his concerns about the 2010 congressional elections, your concerns. The command inspector general testified that you brought up the elections and expressed your concern due to your relationship with the President.

Now, look, I have followed your career. You have had a distinguished career serving this Country. I am going to ask some questions about this because I don't want you leaving this room without clearing this up.

The allegation of interference under an investigation by the inspector general basically says that you delayed this request because of your concern for the election, and I want to ask you right now, under oath, did you make these statements?

General CALDWELL. No, I did not.

Mr. LYNCH. Okay, were there any other statements that might have been construed as being the underpinnings of these allegations?

General CALDWELL. Congressman, on October 28th, when my command sent that request to the Department of Defense IG, we had not yet finished and completed the necessary and critical coordination with the ministry of defense and the president of Afghanistan. I had not yet even come back to my boss, General

Petraeus, even though that email unfortunately said we don't have to inform General Petraeus.

We may not have to, but I would think that, as a good subordinate commander, I'm going to need his help to remove this surgeon general. It is going to have to go to the president of Afghanistan. I will desperately need General Petraeus's help. So I absolutely do want to inform him because I am going to need his assistance one more time, as I had told him the month before that I would be coming back for his assistance if it got to that point.

So on that evening, because we had not finished the necessary and proper coordination, I told my IG, and, again, I have the email. I can share with you exactly what he sent back to the Department of Defense IG saying that I do concur with the substance of this request but, again, want to finish the coordination. And there is an ongoing dialogue that takes place that night between my command IG and the Department of Defense IG that supports that and, again, it concludes that evening with my command IG telling the DOD IG thank you for your timely response and understanding. Appropriate staffing of this request will occur internally tomorrow. Lieutenant General Caldwell will inform General Petraeus of his concerns.

So I think my command IG knew exactly where I was coming from because he was able to convey that to the Department of Defense IG as to why I wanted a few more days before we "made an official request" to move forward. But it did not in any means not enable us to continue the coordination. In fact, my deputy commanding general for programs, who was back in the United States at that time, met with and also talked to the Department of Defense IG that next week, on the 1st or 2nd, up in his office, to continue the dialogue about this request, because we were moving forward with it; we just wanted to give the opportunity to make sure we had informed the president of Afghanistan.

In the ensuing discussions, as I was explaining to my IG, when you don't do the necessary and proper and, really, critical coordination here in this, you can have second and third order effects, and it was in that second and third order effects that I said, and there was a lot of things going on, like the elections in the United States and other things, where there may be somebody who would want to take and try to perhaps use it in a way that was not intended to be. So just do the necessary and critical coordination and there won't be any unexpected second and third order effects if we do that which we are supposed to be doing. It had everything to do with the necessary and critical coordination, and absolutely nothing to do with the national elections.

Mr. LYNCH. Mr. Chairman, I just ask for indulgence to continue this line of questioning. We have gone over the time limit on a couple of occasions here.

General Patton, I want to ask you. There were also allegations at the previous hearing that you may have communicated a similar message to people that you were working with, subordinate officers in particular, about the importance of the congressional elections and the conditions and the requests that were due to be made with respect to the Department of Defense assistance in this case. Did

you make any statements to that effect? And if you did, why did you make them and what were they?

General PATTON. Congressman, thank you for that question. I never directed subordinates, nor received orders from superiors, that a request for DOD IG visit be either delayed, impeded, or avoided for any reasons, to include political reasons. The subject of the elections was briefly discussed and dismissed in a staff meeting that I chaired on 29 October. And as Congressman Tierney mentioned in his opening statement, my recollection of that meeting was that the subject of the elections were discussed and dismissed, discussed very briefly and dismissed, and had no impact on my decisions or actions that had to do with the DOD IG request.

We turned our attention to the focus for the meeting, which was, as General Caldwell explained, development of strategy for the notification of the minister of defense and senior Afghan officials so that we could gain their support and cooperation with a DOD IG visit. We thought that was a critical condition that needed to be set in order for any visit to the hospital to be successful. So we really set about—that was the primary focus of that meeting.

And that recollection is also shared and it is consistent with the recollection of Coast Guard Captain Steve Anderson, who testified before this Committee on 24 July, in that the subject came up briefly and was dismissed, and we moved on to other subjects in the meeting. And I would say it surfaced in a discussion on the operational environment at the time. The elections were occurring within the next week. The other things within the operational environment we discussed was the Islamic holiday of Eid, which was occurring around the middle of the month.

Mr. LYNCH. Okay, I think you have answered my question.

Ambassador Moorefield, sir, can you recall at any point, at any time during your inspections and site visits, did you receive any information that General Caldwell or General Patton were attempting to interfere with your efforts based on the election or otherwise?

Mr. MOOREFIELD. Mr. Congressman, thank you for the question. No, we never received any indication that there was any attempt ongoing to delay our investigation or even turn it off. In fact, when we originally received a message from Colonel Fossil, I think it was the 28th of October, and notwithstanding his subsequent message that they would like to have time to take care of certain internal business with respect to General Petraeus, and I can't remember exactly what was in every message, but I know I talked to a number of officers in the command, in any case, also to get General Wardak, the minister of defense, onboard.

These were not unusual requests; they appeared to be in the context of trying to enhance the prospect of the success of the initiative. And, in any event, we were on a very fast track trying to organize ourselves to deploy, which normally would take one to two months. And although I wasn't exactly certain on October 28th the timing, but we were preparing ourselves to get out there right after Thanksgiving, which is what we did.

Mr. LYNCH. Okay.

Mr. CHAFFETZ. I would be happy to come back to the gentleman, if I could.

I would like to recognize, if I could, the Chairman of the full Committee, Mr. Issa.

Mr. ISSA. Thank you, Mr. Chairman. I will be brief.

General Patton, General Caldwell, Ambassador, have each of you received, because you do operate in assignments that require that you be nonpartisan, nonpolitical, have each of you received throughout your careers information and orientation about that requirement?

General CALDWELL. We have, Chairman.

Mr. ISSA. From the time you were a better bar, right?

General CALDWELL. From the time I was at West Point, that is correct, sir.

Mr. ISSA. Oh, I am sorry. I don't go back to plebe.

General CALDWELL. Yes, sir.

Mr. ISSA. General Patton?

General PATTON. Yes, Mr. Chairman.

Mr. ISSA. Mr. Ambassador?

Mr. MOOREFIELD. Yes, sir.

Mr. ISSA. So, for the record, it is, in your words, I would ask you each to say it in your own words, it is inappropriate for anyone in the uniformed services or anyone in the State Department to ever do anything that affects or could affect U.S. elections as a consideration of their required duty. But please use your own words of where you think the prohibition is based on that training.

General CALDWELL. Mr. Chairman, you are exactly correct, it is inappropriate for us ever to allow any kind of political influence whatsoever to ever enter into any kind of decision making process or actions that we are taking.

Mr. ISSA. General Patton?

General PATTON. Mr. Chairman, I would echo that; at no time should a political factor, such as elections, enter into our decision making or influence our actions.

Mr. ISSA. Mr. Ambassador, you have a slightly different set of guidelines. Would you please give us your interpretation?

Mr. MOOREFIELD. Well, thank you, Mr. Chairman. Actually, I was a military officer too, so, as far as I was concerned, that ethos carried through. When I was a foreign service officer, we were apolitical and dealing with the substantive issues, not in any way related to the political environment.

Mr. ISSA. Well, hopefully each of your words will be echoed through the uniformed services and the State Department, lest anyone have a different view. I have historically viewed military people to be so apolitical that it is only in the deep dark of late in a CODEL that someone will say I bet you are a Republican, and that is about it, and to the great extent the nonpolitical appointees of the State Department.

I would like to take an opportunity, even though it is not the subject of this hearing, Ambassador, on behalf of myself and I am sure every member of Congress, to express our condolences for the loss of your colleague. I knew Chris working that region and it will be a great loss to the State Department, and I think that we all feel from the dais.

Mr. Chairman, I yield back.

Mr. CHAFFETZ. I think we will now recognize the gentleman from Idaho, Mr. Labrador.

Mr. LABRADOR. Mr. Chairman, I would just yield back.

Mr. CHAFFETZ. If you could yield to me for a second.

I would like to, consistent with where we were going and what we are doing, I would like to show, there are two clips and I would like you, without filtering from myself, I would like to show you those clips, hopefully the audio will be adequate, from our previous hearing and then have you respond to each of these.

[Audio recordings played.]

General Caldwell, your response?

General CALDWELL. Thank you, Chairman. There are about three things there. One is, and I will try to walk through them as he made different statements there. One was that he was told to retract the request for the IG assistance that we were requesting, and, in fact, I think in his own words he writes, and I would like to quote because this is important to know what he said at that time. He perhaps has forgotten, but I would like to be very clear. He said, "I spoke with Lieutenant General Caldwell this evening about the email below." That is the request for the DOD IG assistance visits. And he says, "Lieutenant General Caldwell respectfully requests not to move on this request for assistance until he briefs General Petraeus on this issue. He agrees with the substance of this email."

So the wording that he used was not the wording that he used that night in going back and explaining to Ambassador Moorefield what we were trying to do was set the conditions, so we were asking him to hold on that until we had finished all the necessary and critical coordination.

The second one, when he said he had not talked to Dr. Kim yet, that is an accurate statement. Dr. Kim and I had not talked at that point in time, so I was not aware of the earlier afternoon meeting that several of them had had with himself.

I don't recall the other, the first of the meetings he refers to there, but I do recall the second one, when he was in my office, and as he says, I was upset, and I can tell you I was very concerned. I was upset, and the reason I was is for three reasons, and the first one is we had not yet set the conditions to team with our partners, so I hadn't informed General Petraeus, my superior, that we were going to bring an outside agency in and seek assistance, which would eventually, the only way this would succeed, the reason we were bringing this outside team in was to seek the removal of General Yaftali.

So if we didn't bring General Petraeus in, the ultimate goal of bringing this team was to remove Yaftali and expose this corruption, and I would need the president of Afghanistan to acknowledge it and not deny it in the end. And, again, if you look at the events that occurred in the previous few months, there had been some death of Afghan civilians, accusations Americans were doing these things; there was some very tense relationships between General Petraeus and the president of Afghanistan. So I wanted to make sure that General Petraeus was aware that we were going to bring this organization in to help assist us, which eventually, the

endstate being the removal for sure of Yaftali and then, obviously, the ability to now start fixing the medical system.

I also wanted to include our Afghan partners. I was upset because I had not gone back to the minister of defense and told him I was going to officially do this. He and I, along with General Patton, had been talking to him for some time about the corruption we were seeing. He, himself, had launched his own internal investigation based on information we had given him, and yet they had not been able to bring it to a point where it would enable them to remove him. So I wanted to make sure he was on board.

The second point was it stated in the email, that he wrote that evening back to Ambassador Moorefield, that we did not have to have, he said, P4's approval, referring to General Petraeus. We may not have needed General Petraeus's approval, but the ultimate objective of what we were trying to achieve through this would never have occurred without General Petraeus's involvement and association with this effort. I needed General Petraeus's help, and he was the senior commander, and if nothing else, out of just due courtesy and respect, I owed him to tell him what I was doing as I was doing it.

So I was upset that he would say that when he full well know that, again, I go back to my three tenets. The tenet of transparency; be transparent with our Afghan counterparts, be transparent with my boss in what I am doing. Team with my Afghan partners, one of my tenets. We weren't doing any of that.

And then the third point was it contained inaccurate information. He specifically states in that email, when he writes it, and again, we met with Dr. Kim today and he has brief General Caldwell on the prospect of this DOD IG spoke conducting this inspection assessment. Lieutenant General Caldwell and Dr. Kim welcome your involvement.

Well, that was an inaccurate statement. I had not yet been briefed and I did not yet know about this. So we were in fact telling the Department of Defense IG's office something that was inaccurate.

Mr. CHAFFETZ. What was the date on that, again?

General CALDWELL. Again, this is the evening of October 28th.

Mr. CHAFFETZ. But the first week of September you had a Wall Street Journal article, the things that Mr. Gowdy talked about. You're telling me you just dismissed that? You sent it to your commander.

General CALDWELL. Chairman, if I could, I believe you are referring to 2011, not 2010. I don't want to correct you, I just—

Mr. CHAFFETZ. No, no, I want you to. I want to have this clarified.

General CALDWELL. No, I think The Wall Street Journal article occurred in 2011.

Mr. CHAFFETZ. Right. Exactly.

General CALDWELL. This was still in 2010. So I was upset with my IG because for the sake of just a few hours—I was returning that evening from traveling to one of our training sites inside of Afghanistan, coming back to the headquarters, and everybody knew I would be back that evening. For the sake of a couple hours, we could have waited and brought me in and briefed me, and my first

response would have been we absolutely need to do this. We have been talking about doing this for months. We set the conditions with General Petraeus. In fact, what I do the very next morning, Mr. Chairman, is I sent General Petraeus a very detailed note explaining to him that we are going to do this, seeking his approval, let him know we want to move forward; and simultaneously General Patton, and he can talk about it, he pulls the team together and starts all the internal coordination that we were going to do to make sure we were teaming with our Afghan partners and being very transparent with them in how we were going to move forward.

Again, if we were going to do this, we want to remove General Yaftali. That was absolutely essential. If he was not removed, anything we dealt with down at the lower levels would have been for naught, it would have been a temporary fix and the corruption would have crept right back in.

Mr. CHAFFETZ. And, General, with the benefit of hindsight, granted, I am not there in real-time, dealing with all the other headaches that you have, this was not the only thing on your plate, and I grant it. I understand that. What I think is a disconnect for me in at least your approach there is that one would exclude the other.

It seems to me that bringing in the resources of the inspector general would add to the case your ability to be more transparent, to understand what was happening in this situation. You knew from the beginning of your command that you didn't have the resources you needed to uncover all the corruption, again, not just at this hospital, but throughout the government. And what is concerning, the reason, and, again, if we had one colonel express an opinion, of course we would listen to that. When you have three colonels come before us and say this was just absolutely untenable and we did not get the resources, we did not have the support, we did not move as swiftly as we can, we were not as transparent, that is in part why we are doing this investigation.

So with all due respect, I have gone way over my time. General, we will give you ample time to continue to respond, but let me recognize the Ranking Member, Mr. Tierney.

Mr. TIERNEY. General, what was the time lapse between the time that you asked to retract the email to the inspector general and the time that you sent an email or directive to go ahead and invite him in?

General CALDWELL. It was about 12 days, Congressman.

Mr. TIERNEY. And is there any discernible circumstance that changed inalterably because of that 12-day period?

General CALDWELL. No. Again, we used that 12 days—during that 12 days we continued all the coordination with the Department of Defense IG. That dialogue and discussion continued not only from my own staff from inside of Afghanistan, but also with my team that was back in the United States. So when we said to hold, it didn't mean stop working it. We kept working it the entire 12 days.

Mr. TIERNEY. And then made an official——

General CALDWELL. And then with the Department of Defense IG, while simultaneously also doing all the necessary and critical

coordination inside of Afghanistan, which General Patton was doing with the entire ministry of defense.

Mr. TIERNEY. Ambassador, would you have been, your team have been in Afghanistan any sooner had that 12 days not lapsed?

Mr. MOOREFIELD. Not in my experience, Congressman Tierney. It normally takes 30, 45 days, under the best of circumstances, to organize and deploy a team and, in any case, for this specific mission I had reached out to the surgeons general of the Army, Navy, and Air Force requesting subject matter experts, so we were working that side of it, which was also a key component of our ability to properly carry out the mission.

So, no, we were in full bore preparation for the mission, and the fact that we actually got out there by right after Thanksgiving is the quickest we have ever been able to respond to any mission, including several previous ones requested directly by General Petraeus.

Mr. TIERNEY. Any of you might be able to answer this question. It seems that our process had been at least to provide the funds to the Afghan government, and once it got into their treasury, so to speak or whatever, we lost any control over it. Is that an accurate statement?

General CALDWELL. I know General Patton can talk to this because he did work the programs for a while, but what we did during the time period I was there was we went ahead and tightly controlled the money and monitored it all the way down to the lowest level that we possibly could. One of the things we were trying to teach them was how to spend money, how to properly go through the process of accounting for, doing receipts, coming back and being able to audit yourself as you do the expenditures. So things that perhaps my team could have done for them, we tried to bring them in and have them team with us so we could team them how to go through that system.

Mr. TIERNEY. When it became apparent that some of this money was disappearing, I guess the question I have is why did we keep giving them money?

General CALDWELL. Congressman, we continued to purchase pharmaceuticals so that we would ensure that there were pharmaceuticals available for the Afghan soldiers.

Mr. TIERNEY. But there weren't. The reports that we are getting is that there was so much corruption that sometimes they were getting altered pharmaceuticals or fake pharmaceuticals, and that they weren't getting the kind of treatment that you had hoped to get by providing the resources. So my question again is once it became evident that we weren't having those pharmaceuticals in their proper state get to the people on that, why did we keep giving them money?

General CALDWELL. And again, Congressman, there are plenty of examples I can give you during the two years I was there where we stopped providing fuel for aircraft, where we stopped providing the purchase of particular types of perhaps facilities for the Afghans when things didn't go well. I can let General Patton address it more specifically; he had direct day-to-day oversight more than I did.

Mr. TIERNEY. All right. General Patton?

General PATTON. Thank you, Congressman. On the subject of the medical budget specifically, back in March of 2010, March is the month that is like our fiscal year; their solar year begins and ends, and their fiscal system is based on the solar year, so March is the end of one solar year and the beginning of another. And we noted that the medical side of the Afghan Army had under-executed its budget to the tune of 4 percent.

That started giving us, that was a big warning there that they were not spending their funds. Again, part of making this an enduring system and solution in Afghanistan was to get them to understand how to manage their money, how to execute their budget, and we watched very closely the execution of their budget.

So when we saw that they had only executed, at the end of their solar or fiscal year, 4 percent of their medical budget, we essentially took those monies back and reallocated them to other funds within the Afghan Security Force funds, namely, to pay for payroll and other areas. And then we required the senior advisor to the medical system, Colonel Geller, to report back on a regular basis on how the medical system was executing its budget.

There was some improvement there, but it was a continued point of, so persistent effort with the Afghan medical team and a persistent point that I made with the Afghan Minister of Defense, Minister Wardak. And eventually, in the summer of 2010 and into the fall of 2010, became a significant point where we saw the Afghans were under-executing their budget. We knew we were providing an excessive amount of pharmaceuticals in order to medicate a large portion of the Army, and yet we still have medical pharmaceutical supplies and medical supply issues and shortages in the hospital.

At that point I recall the September time frame of 2010 is when Minister Wardak initiated his own investigation in the Ministry of Defense in order to look into the accountability of funds within his medical department and how those funds were being used or not used for pharmaceuticals, and then how those pharmaceuticals and medical supplies were being accounted for in the military medical system.

Mr. TIERNEY. How did things change after General Yaftali got removed?

General PATTON. Sir, he was the root cause, and in my assessment there was dramatic changes in the hospital when the Afghans removed him. And, again, that was a presidential decision. But some of the things that we saw immediate improvement on, one, a patient bill of rights that General Yaftali had ignored during his tenure was immediately adopted by Minister Wardak and the new surgeon general, General Tutakhail, and the patient bill of rights was essentially a statement by which each soldier, each patient in the hospital had a post, it was written in their language and guaranteed them that their bandages would be changed, nurses and doctors would see them on a regular basis, medicines would be made available, fresh fruit and vegetables would be made available, that sort of thing. That was a significant step in the right direction.

A second thing that occurred in that time frame was the adoption of the doctors' and nurses' letter of responsibility. It was essen-

tially a policy that established the working hours for the nurses, established the working hours for the doctors, and established the responsibilities by which they would treat their patients. This had been rejected as a policy by General Yaftali. It was adopted by his successor and the minister of defense. And this occurred in the middle of December in 2010.

And then one other significant move with the removal of Yaftali, it was not only the removal of him, but also the replacement and reassignment of 20-plus other colonels and a couple other general officers in the medical system, and their removal, replacement, and reassignment essentially cleaned house. And then we used that opportunity, I remember meeting with every medical advisor in the week after that decision was made and spent about an hour to an hour and a half with all the advisors and said we have to use this opportunity to drive positive change with the new medical team, the new medical chain of command, the new hospital commander, the new garrison support commander, and drive positive change with these people and the department heads in the hospital so that the effect would be that these systems would be put in place and the result would be improved patient care.

Mr. TIERNEY. What is the likelihood that General Yaftali is coming back, as some have rumored?

General PATTON. That would be devastating and an unacceptable action at this point in time.

Mr. TIERNEY. Is there any credence to the discussion that somebody may consider putting him back in?

General PATTON. Sir, I am not aware of that discussion.

Mr. TIERNEY. General Caldwell, you are not aware of it either?

General CALDWELL. No, I am not aware of it, Congressman, but I tell you that is a red line, from everything we saw and that we were able to produce as a result of the Department of Defense IG being there with us for not only U.S. forces, but all of our NATO partners, too, to have somebody like that come back into that system.

Mr. TIERNEY. Thank you. I yield back, Mr. Chairman.

Mr. CHAFFETZ. I think we should probably recognize the gentleman from Massachusetts first. My apologies. The gentleman from Massachusetts.

Mr. LYNCH. Thank you, Mr. Chairman, and I will be brief.

One of the things that keeps coming back to me is the underlying premise of these allegations, which have been refuted, that somehow the patient care in an Afghan hospital, treating Afghan soldiers and Afghan police officers, run by the Afghan surgeon general, who was found to be corrupt and was removed, that the conditions at that hospital and the investigation, which was delayed by 12 days, somehow that was going to affect the congressional elections in 2010. I just find that very, very hard to believe.

Health care was a big issue in 2010, but it was U.S. health care, for the American people. That was a hot issue. So the allegation that this was somehow going to tip over the administration or usher in a sea of change in itself I think is very far-fetched.

General, I just appreciate you coming here and getting that cleared up, and I appreciate your service to your Country. I mean, we have problems in Afghanistan; we certainly do. And a lot of

them are homegrown there, and I think we have to reassess, as we go forward, about how long we are going to stay in Afghanistan. But that is a much larger question. I certainly thank you for your service and your effort to help our cause in that country. Thank you.

I yield back.

Mr. CHAFFETZ. I thank the gentleman.

General Caldwell, on September 3rd, 2011, you emailed a copy of The Wall Street Journal article to General John Allen. In the email you said, "Did not contain any of the items concerns we had previously discussed; rather, it focused on national military hospital and Afghan leadership." Do you recall what you were referring to? What was not talked about in that article? It is pretty extensive.

General CALDWELL. Chairman, the allegations that are here today that you are asking about were the same ones that that reporter brought to me in that time period, so, out of respect to my boss, I notified him immediately that these allegations had been made by somebody to a reporter; she was asking me about them; and that my intent was to sit down and walk her through and share with her emails, that is the reason I have them still today, of these exact things you are asking me about—

Mr. CHAFFETZ. And again, General, with all due respect, part of the challenge we have on this Committee is you didn't provide them to us when we asked for them originally; it was 4:00 yesterday.

General CALDWELL. If I could, Chairman, there was an ongoing Department of Defense IG investigation into this and I have previously—and, again, I don't know the system that works after that, but I have previously provided all those during—it is still an ongoing investigation, but I did provide all those to them.

Mr. CHAFFETZ. And I guess that begs the bigger question of why those, when we request within the Department of Defense to provide all the documentation, they continue and routinely prevent that information coming to the United States Congress. We can't do our job unless we get that information. And it is a vital part of your perspective on this issue.

Sorry, I interrupted. Continue. I don't know if you had anything to add to that.

I want to go to another part of this email. You said, "It is also clear that the author was provided emails and internal briefings/pictures by someone within the command, which confirmed what we have all suspected from earlier discussions."

You can see our concern when, within days, there is a new policy that is issued that says you are not only to have these, but to destroy these photos. Rather than turning them over to an investigator or the inspector, or something like that, destroy the photos.

General CALDWELL. And, again, I didn't even know about that memo during that time period, Chairman.

Mr. CHAFFETZ. If we can pull up document page 1, this one right here. Document page 1. I hope we get this right.

Afghan General Yaftali was suspected of stealing millions of dollars worth of pharmaceuticals from the hospital as part of a culture of corruption. On or about December 26th of 2010, Colonel Amrein

was tasked with sending “everything we had on Yaftali” to the inspector general. But according to a January 1st, 2011, email, General Patton, you directed her to “reduce the documentary evidence that we provide.” What does that mean?

General PATTON. Chairman, I have not seen this document recently, and I am certainly not familiar with the specific context of it. I will say I never ordered the destruction or delay of any documents pertinent to or requested by any investigation.

Mr. CHAFFETZ. So here we have Colonel Amrein saying to provide everything, but she believes that you told her or instructed her—and I don’t know how that happened—to reduce the documentary evidence. That is a fairly serious charge, sir.

General PATTON. Mr. Chairman, that is not my recollection. At the time I was spearheading the effort to remove General Yaftali from his position and I had weekly, sometimes daily, interaction with the ministry of defense and the chief of general staff. I took volumes of material to the minister of defense in order to secure the minister’s and the chief of general staff’s support for the removal of Yaftali, knowing that they would have to take their request for removal to the president of Afghanistan.

And that was, I would say I was, together with General Caldwell, leading the charge in regard and in the effort to remove General Yaftali, so I would have been calling for as much evidence as possible. I personally carried evidence to the minister of defense, and it was all aimed with a bull’s eye on Yaftali’s head so we could remove him from his position and install a dependable and reliable surgeon general that could lead, then, some of the changes we have described here this morning.

Mr. CHAFFETZ. And again, generals, one of the concerns is the highlight of the corruption not just on the pharmaceutical side, but the lack of patient care was something that had been going on for years. It was highlighted in August; it percolated into September; it rolled into October; it was into November. People asking for additional resources, resources that were strained at the very best; and yet we have three colonels who stepped up and said it just wasn’t happening. And then we have multiple issues where evidence and documents and things were either destroyed or people were given instruction, at least they believe they were given instruction to reduce evidence.

I will ask you, General Caldwell, the Japanese government was generous enough to donate \$11.6 million in fiscal year 2010 specifically to fund the Afghan medical system, and they were considering donating another \$23.8 million. There is a series of correspondence that we have where there is discussion at the senior levels of leadership within your command questioning whether or not we should share any of the concerns that we had with corruption, with abuse, with the stealing. My question to you, General, is did we share that information with the Japanese government, and what did they ultimately decide to do?

General CALDWELL. I would have to go back and review, Chairman. What they ultimately did, as I best recall at this point in time, they did provide the resources. But, again, I think a big part of that is we brought all the ambassadors in Afghanistan, as a minimum, every quarter, if not every other month, and gave them a

complete update on the development of the Afghan National Security Force, and during each of those briefings we always laid out all of our challenges and the ongoing efforts that we had in working with the Afghans through certain very challenging issues. It always made for a very lively discussion with all the ambassadors because they, of course, had their own countries' concerns of different things they were seeing or observing inside of Afghanistan.

So I would dare say that the ambassador and I, because we had a fairly close relationship from Japan, would have had a good dialogue on that, although I can't produce an email to show you that, but he and I had met often enough and did get together, because they were one of our key donors. Obviously, one of the things that I took on very serious, my role as a NATO commander, but also wearing a dual hat as the American commander, was to seek as much international contributions to reduce the amount of money that the United States was contributing to this effort and to get greater international participation.

I mean, in the end there we had 37 different nations that were contributing to the NATO training mission, from what was originally 3 nations when I took command in 2009. So there was an enormous effort on our part to bring more and more of the international community into this not only to assist us at that time period, but more to look towards the future and a long-term commitment inside of Afghanistan, again, to try to help the overall reduction of what America would do both in terms of not only monetary assets, but the presence of our men and women there too.

Mr. CHAFFETZ. General Patton, do you have anything to add to that?

General PATTON. No, sir.

Mr. CHAFFETZ. General Caldwell, again, I don't mean to belabor this point, but it is a very serious allegation. I want to give you a direct opportunity to respond to what a witness said before, Colonel Fossil's quote about you, referring to your conversation. How could we think to invite the IG during an election cycle? He calls me Bill. Is that something you said?

General CALDWELL. Chairman, at no time during that course of making the decision to invite the DOD IG in or while they were there did I ever make that statement.

Mr. CHAFFETZ. No parts of that statement, he calls me Bill? Is that something you said or did not say?

General CALDWELL. Again, at no time during the time period we were preparing to call the DOD IG in or while they were there did I ever make that statement. There was a period in time earlier, several months before, when I, as part of a briefing that General Petraeus was given as an update by video teleconference to the White House, was invited in to give a portion of an update on the development of the Afghan National Security Forces. When I was giving that portion of my briefing to the President, I did come back and tell my staff I was actually very impressed by the fact that he was prepared well enough during the briefing, when I had my part come on, to have been able to refer to me by my nickname instead of by my formal title. And I think anybody who has the President of the United States call them by their first name probably remembers that.

So I know, I am sure I came back and talked to my staff and commented to them, because it was an impressive thing to have that done, but it had absolutely nothing, nor did I ever refer to it during the time period of the request of developing or preparing for the Department of Defense IG to come in and help us during this time period.

Mr. CHAFFETZ. I appreciate your clarification.

General Patton, did you ever witness that or did you have anybody come to you with concerns about those comments?

General PATTON. In the 18 months I served beside General Caldwell, I never heard him make that statement or refer to anything in other than an apolitical context.

Mr. CHAFFETZ. Did anybody else come to you with those concerns, that that statement or a version of that statement had been said at that time?

General PATTON. No, sir. If I could just reiterate, I did not direct, nor did I receive, orders from anybody during that time period to avoid, impede, delay the DOD IG request for a visit.

Mr. CHAFFETZ. Thank you.

I will recognize the gentleman from Massachusetts and then we will wrap up.

Mr. TIERNEY. Thank you. I think we have heard enough here today and I want to thank everybody for their testimony, for taking your time, and, again, for your service. Thank you.

Mr. CHAFFETZ. Thank you.

I appreciate working with Congressman Tierney. These things are not partisan issues. The idea of rooting out corruption, fraud, abuse is something I think that we are all dedicated to.

Again, I want to thank the service of the men and women who have served in the most difficult of circumstances. I can't imagine being away from, I have a hard time being away from my family for three days, let alone serving a year plus, and yet we have men and women who routinely do that in the most difficult and dangerous of situations. So I cannot thank you for your personal service, but the service of literally millions of people through the years who have stepped up and answered the call to protect this Nation and provide for the interest of the United States of America.

With that said, I do think the Committee needs to continue to evaluate and make recommendations about how to improve the process of transparency, and specifically oversight. In the fog of war and the difficulties of war, oversight is exceptionally difficult, and yet we find story after story, instance after instance of abuse, waste, fraud that has to be dealt with so we can improve. That is the spirit in which we come here. These are precious resources. The critical mission has to be executed, but what is not acceptable is withholding of evidence and information. That will be further explored.

As we wrap up here, I want to give you each, if you choose, you may choose not to, but I just want to make sure that, for the record, if you have any other thing that you would like to share with this Committee for the record, just kind of go down the line. We will end with you, General Caldwell, and maybe start with Ambassador Moorefield. If there is anything else you wish to speak to,

I just want go give you an opportunity to do so, and then we will conclude.

Mr. MOOREFIELD. Thank you, Mr. Chairman. Actually, there is one point I would like to make. We have had an ongoing discussion with the command about their need for additional personnel resources, certain skill sets that they lacked to be able to provide appropriate care with respect to developing acquisition requirements and oversighting the execution of contracts in order to prevent fraud, waste and abuse, and corruption; and, indeed, at one point submitted a letter to the Department of Defense supporting a request that the command had previously made for those additional oversight resources. So I would just like to make that one point.

Mr. CHAFFETZ. Thank you. Again, thank you for your service.

General Patton?

General PATTON. Yes, Mr. Chairman. Thanks for just a final wrap up comment. I would just like to say I spent 18 months of my life at NATO Training Mission-Afghanistan and consider my tour of duty there as one of my career's most challenging, yet most fulfilling tours of duty and assignments, and most rewarding. I put my heart and soul into this job.

I stand by everything I did in the performance of those duties and acknowledge, clearly, that the two toughest issues I dealt with during my time there as deputy commander were, one, AWOL rates and attribution among the Afghan Army soldiers. We didn't talk about that today, but I think that is something that we need to maintain continued, persistent effort on, working with our Afghan counterparts in order to build an enduring force there.

And then, secondly, the issues with the hospital. It was a complex issue, sometimes gut-wrenching, and due to all the things that I think were discussed here in this hearing today, with regard to corruption, substandard medical care, bad leaders, apathetic doctors, and so forth. I want the Committee to know that I took this problem very seriously during my time there, and were it not for the persistent efforts of the people at this table and others in NATO Training Mission-Afghanistan, we would not have ever seen some of the positive changes that occurred during that time frame there, especially in the December, January, February, through summer of 2011, specifically the change in Afghan leadership within the office of the surgeon general, General Yaftali, and other positive changes that I described earlier in responding to Congressman Tierney.

So I would just like to say thank you for the opportunity today to make those points, to clarify some points on the record that had been presented previously to this Committee that lack some of the greater context and lack some of the clarity that I think we have helped provide today. Thank you.

Mr. CHAFFETZ. Thank you, General.

General Caldwell.

General CALDWELL. Chairman, thank you again, and to the Committee members, for allowing us to have this opportunity to come here today to discuss these various issues. I will tell you those pictures you showed at the beginning, I just want to say one more time, are absolutely unacceptable, and there is nobody within that command that I had the privilege of serving with that, once saw

it, would have done anything less than what we did do there on November 10th, once they became known to the command leadership, and that was decisive and immediate action, with a thorough continuing emphasis thereafter to ensure that that kind of thing did not occur again, because that is not something people tolerate.

And I am glad my command IG was able to bring it to our attention so that we were able to take decisive action internally, within our organization, to immediately address it and deal with it.

I will say that we, at all times during the two years that I served there, worked very diligently to be good stewards of the taxpayers' money that you also have graciously been able to give to us to enable us to do that mission.

In fact, by the end of the two-year period that I had served there, through various programs, efforts, and efficiencies that we had put in place, it was just over 3 billion U.S. dollars that we were returning, that we did not need, that had already been previously asked for, that we found that we were not going to need to spend because of the efficiencies and effective things that we had put in place. Not because we weren't still doing what we had planned, but we had done it in a far more efficient, in a far more effective manner; we had redone contracts, we had gone back in and looked at how we procured things. I mean, the amount of things we did to greatly reduce the overall amount of expenditures that we had was really phenomenal, with just an incredible group of men and women dedicated to doing that and finding everything they could within their abilities.

I do want to tell the DOD IG he was correct, Ambassador Moorefield is, in that each time we were able to bring them in and they identified that we had challenges that we knew we did, and then we were able to take and follow through with a request for additional forces, it was that supporting document from the Department of Defense IG's office stating that we had challenges and we needed additional resources. It was a continual effort throughout the entire two years I was there.

I am not sure there is any one commander that would never request more resources, but there were key critical assets we absolutely had to have at different points in time that were absolutely essential, and the Department of Defense IG's office helped to surface that so it came up through multiple ways, because I did have complete trust that my leadership was providing me the resources that they had the ability, looking at the much bigger picture, when I would ask for something else to assist the men and women in the command, American and NATO and partners that were working with us, to get after our mission.

And I am incredibly grateful for the men and women that served over there, both military and civilian, international and United States, during the two years that I had the privilege to be associated with them, were willing each and every day to get up and do the absolute very best that they could both within the resources that they were given to make a difference inside of Afghanistan and try to help move that entire effort forward so that we all could move to the point where, in December of 2014, we can in fact transition the lead force security to the Afghans and then only have

minimal support being provided them from either NATO or U.S. assets thereafter.

So thank you, Chairman.

Mr. CHAFFETZ. I thank you all, and God bless the United States of America.

[Whereupon, at 11:50 a.m., the committee was adjourned.]

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Opening Statement

Rep. John F. Tierney, Ranking Member

Subcommittee on National Security, Homeland Defense and Foreign Operations Hearing on "Dawood National Military Hospital, Afghanistan: What Happened and What Went Wrong? Part II"

September 12, 2012

Thank you, Chairman Chaffetz. And thank you to our witnesses for being here today.

This Subcommittee has long been concerned with the issues of corruption and mismanagement of US taxpayer dollars in Afghanistan. In 2005, I co-authored bipartisan legislation with then-Congressman Jim Leach that led the way to the creation of the Commission of Wartime Contracting, which issued its final report last fall estimating up to \$60 billion in waste, fraud, and abuse of U.S. taxpayer funds in Iraq and Afghanistan.

Under my Chairmanship, this Subcommittee conducted multiple investigations into allegations of corruption in U.S. contracting related to the war in Afghanistan. In partnership with the minority, we investigated jet fuel contracts in Kyrgyzstan and the Host Nation Trucking contract in Afghanistan. Our investigation of the trucking contract found that contractors were making protection payments to our enemies with U.S. taxpayer dollars.

I support Chairman Chaffetz's continuing investigation, including today's focus on Dawood National Military Hospital in Afghanistan. In July, this Subcommittee held a hearing at which four current and former military officers recounted their first-hand observations of the mismanagement and corruption at the hospital. The conditions these witnesses described were truly appalling: no hot water for hygiene, no cleaning supplies for sanitation; even a lack of heat during the winter. Due to contracting fraud, the morphine given to patients was counterfeit and did little to relieve patient suffering. Corruption permeated the highest levels of hospital leadership and the Afghan Army's medical logistics system.

In response to these revelations, I called for an expansion of the Subcommittee's investigation. I believe we must change our spend-first, ask-questions-later approach to reconstruction in Afghanistan, where the U.S. has already committed nearly \$100 billion to

reconstruction efforts. To that end, I welcome today's hearing to further our examination of what happened at Dawood hospital.

We must all recognize, however, that the problems at the hospital and within the Afghan Army's medical logistics system are longstanding. In fact, U.S. support for Dawood hospital began around 2005—five years before senior military officers began raising their concerns and ultimately, recognizing the need for outside assistance, and four years before Lieutenant General Caldwell assumed command of the NATO training mission. With the former commander and his deputy here before us today, I want to know how the conditions deteriorated to this shameful point, how our mission could progress for so long without more attention to these important issues—including from the DOD Inspector General, and what steps General Caldwell and General Patton took to confront these challenges. Going forward, I also want to know how our current training and equipping mission can be improved to ensure Afghan participation and accountability.

In the course of this investigation, the Chairman has raised concerns that Lieutenant General Caldwell and Major General Patton inappropriately interfered with the Defense Department's Inspector General's oversight at Dawood hospital. I share those concerns. The Chairman has gone further, however, and suggested that their motivation was political—to influence the 2010 congressional elections. At our last hearing, several witnesses testified that an objectionable comment was made. However, some of the witnesses also stated that the comment was dismissed as inappropriate for consideration. I look forward to learning more about what happened and to hear directly from the Generals what their motivations were.

Additionally, it is my understanding that due to the utmost professionalism of the DOD Inspector General, the alleged attempts at interference did not impair the Inspector General's ability to timely perform its critical work in Afghanistan. Indeed, the witnesses at our last hearing on Dawood hospital testified that the Inspector General's work directly led to significant improvements in the conditions at Dawood hospital. Nonetheless, any interference with the DOD Inspector General's important oversight would be unacceptable. The DOD Inspector General is currently investigating this particular allegation and I look forward to reviewing the report when it is completed.

Thank you and I look forward to our hearing this morning.

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