



SIGAR

Office of the Special Inspector General
for Afghanistan Reconstruction

John F. Sopko
Special Inspector General

February 26, 2014

Major General Jeffrey N. Colt
Deputy Commander, Support
United States Forces-Afghanistan

Dear Major General Colt:

Thank you for your memorandum dated January 31, 2014, regarding SIGAR's recent publication of the results of an inspection of the Commander's Emergency Response Program (CERP)-funded Salang Hospital in Parwan province.¹ Because U.S. Forces-Afghanistan (USFOR-A) official comments were not provided on a draft of our inspection report at the time of its publication, we are issuing your official comments and our response to it separately.²

As noted in your memorandum, United States Forces-Afghanistan (USFOR-A) concurred with all but one of our recommendations. With regard to our first recommendation, USFOR-A agreed to hold accountable those contracting officer(s) who may have failed to provide the required contract oversight. Specifically, USFOR-A will investigate why the hospital was not built in accordance with contract specifications and, if necessary, take corrective actions against the contracting officer(s) responsible for oversight and management of the hospital construction project. These are positive actions that we believe will provide accountability for the serious contract management and oversight mistakes that were made on this project.

USFOR-A also agreed with our recommendation to perform a physical inspection of the hospital and, if needed, determine corrective actions to be taken to ensure the building's structural integrity. However, rather than conducting an inspection itself or directing its subordinate units to do so, USFOR-A stated that one of its regional commands will "advise and mentor the Parwan Provincial Government and the Salang District Government in their efforts to employ indigenous expertise to identify and repair structural deficiencies in the hospital." According to USFOR-A, the combination of the high threat level, reduced coalition footprint, and the belief that the Afghans are assuming the lead in their own governance and development³ makes an inspection by coalition forces highly risky and unnecessary. While we recognize that the ability to provide oversight by coalition forces is diminishing as the military continues to draw down and the transfer of properties and programs to the Afghan government accelerates, we are concerned that relying solely on provincial and district officials may not provide the level of oversight needed to ensure that problems at the hospital are fixed.

¹ SIGAR 14-31 Inspection Report, *Salang Hospital: Lack of Water and Power Severely Limits Hospital Services, And Major Construction Deficiencies Raise Safety Concerns*, January 29, 2014.

² SIGAR, as a matter of practice, provides agencies 14 days to provide comments on inspection reports. Although USFOR-A requested an extension of the agency comment period for this report, which SIGAR granted, it was not able to provide formal, signed comments on the report within the extended comment period.

³ According to technical comments provided to SIGAR through USFOR-A, the Department of the Army's Combined Joint Task Force-101 stated that the Salang Hospital was transferred to the Afghan government in September 2012 (see enclosure IV). Specifically, the Parwan Provincial Governor signed an agreement stating that he and his government were responsible for maintenance and associated costs.

Notably, a January 28, 2014, press release issued by USFOR-A's Office of Public Affairs regarding our inspection report⁴ used statements from an Afghan official to indicate that the problems we uncovered at the Salang Hospital have been fixed. Specifically, the press releases cited the official as stating that the hospital has, among other things, full dentistry, pediatric, and maternity capabilities and is supplied with electricity using a solar power generation unit that is used to supplement the hospital's generator. These claims are clearly disputed by our November 2013 site visit, which found serious hindrances to the hospital staff's ability to provide care because of the lack of electricity, water, furniture, and equipment. A recent visit by NBC News to the facility confirmed that the problems we found persist. For example, medical staff at the hospital interviewed by NBC News decried the lack of equipment, electricity, and ability to provide the full range of medical services that the facility was originally intended to make available to the local population. Further, according to the Army Geospatial Center, there is no evidence that, as of the date of USFOR-A's press release, any solar panels had been installed on the hospital's roof to provide supplemental electricity.

This information underscores the problems that can occur when information is not verified by an independent source. Therefore, we encourage USFOR-A to use additional means to verify that its efforts to advise and mentor district and provincial staff have resulted in real improvements to the site. Such means might include using geospatial intelligence, deploying Afghans working for USFOR-A who can more safely visit the site, or adopting other techniques.

With regard to our recommendation to determine why required documents were not placed into the Combined Information Data Network Exchange (CIDNE) database and to identify and hold accountable the contracting officer(s) responsible for this problem, USFOR-A did not concur, citing U.S. Central Command's Joint Theater Support Contracting Command's (C-JTSCC) comment on our report that contracting officers have no authority to enter documents into CIDNE and that the responsibility lies instead with the CERP project manager and/or purchasing officer. In our view, USFOR-A's and C-JTSCC's comments indicate agreement with the spirit of the recommendation and we have revised it accordingly to direct it to the correct officials (see encl. I). USFOR-A also indicated that the missing documents have been found and placed in the database. We will close the recommendation once we verify that all missing documents have been placed in CIDNE.

Thank you for your comments and for your staff's cooperation over the course of our inspection.

Sincerely,



John F. Sopko
Special Inspector General
for Afghanistan Reconstruction

Enclosures

⁴ USFOR-A Office of Public Affairs, "US-funded, historic Salang Hospital providing critical care to mountain villagers," January 28, 2014.

Enclosure I - SIGAR's Revised Recommendations

To ensure that the Salang hospital is useful, safe, and sustainable for the Afghan people, and to protect the U.S. government's investment, we recommend that the Commanding General, USFOR-A, direct the appropriate USFOR-A units to take the following steps, and report back to SIGAR within 90 days:

1. Identify the contracting officer(s) responsible for oversight of the Salang hospital construction activities and determine:

- (a) why the hospital was not built according to contract specifications and acceptable construction standards;
- (c) what disciplinary action, if any, should be taken against the contracting officer(s) who failed to provide required oversight.

2. Identify the CERP program manager(s) and project purchasing officer responsible for Salang Hospital and determine why required documents were not placed in the CIDNE database.

3. Perform a physical inspection of the building, including appropriate engineering tests and analyses, and, given its location in a high seismic activity zone, determine what corrections are required to ensure the structural integrity of the building.

Enclosure II – Response from United States Forces-Afghanistan



**HEADQUARTERS
UNITED STATES FORCES-AFGHANISTAN
KABUL, AFGHANISTAN
APO AE 09354**

USFOR-A DCDR-S

31 January 2014

MEMORANDUM THRU United States Central Command Inspector General (CCIG), MacDill Air Force Base, FL 33621

FOR Special Inspector General for Afghanistan Reconstruction (SIGAR), 2530 Crystal Drive, Arlington, VA 22202-3940

SUBJECT: United States Forces-Afghanistan (USFOR-A) Response to SIGAR 14-31 Inspection Report

1. References:

a. SIGAR Final Report on "Salang Hospital: Lack of Water and Power Severely Limits Hospital Services, and Major Construction Deficiencies Raise Safety Concerns," 29 January 2014

b. U.S. Central Command (CENTCOM) Joint Theater Support Contracting Command (C-JTSCC) Response Memorandum to SIGAR Final Report, 31 January 2014

c. Regional Command-East (RC-E) Response Memorandum to SIGAR final Report, 31 January 2014

2. USFOR-A has reviewed SIGAR report 14-31 and concurs with comment for recommendations 1a, 1c, and recommendation 2. USFOR-A non-concurs with recommendation 1b. Detailed information and comments are provided in enclosures 1 and 2.

3. Recommendations: To ensure the Salang hospital is useful, safe, and sustainable for the Afghan people, and to protect the U.S. government's investment, we recommend that the Commanding General, USFOR-A, direct the appropriate USFOR-A units to take the following steps:

SIGAR Recommendation 1: Identify the contracting officer(s) responsible for oversight of the Salang hospital construction activities and determine:

a. *Why the hospital was not built according to contract specifications and acceptable construction standards.*

Response: Concur with comment. The AR 15-6 investigation will identify the Contracting Officer's Representatives (COR), Project Purchasing Officers (PPO) and operational commanders, as well as contracting officers responsible for oversight of this project. (Encl 1)

USFOR-A DCDR-S

SUBJECT: United States Forces-Afghanistan (USFOR-A) Response to SIGAR 14-31
Inspection Report

b. Why required documents were not placed in the CIDNE database.

Response: Nonconcur. C-JSTCC recommends that the investigation identify the CERP Program Manager(s) and PPO responsible for this project. (Encl 1)

In January 2009, a Money As A Weapon System-Afghanistan (MAAWS-A) publication did not exist. As such, there were no requirements to upload documents in the Combined Information Data Network Exchange (CIDNE) database. RC-E was able to provide copies of the documents listed as missing. These documents are now uploaded in the CIDNE database. (Encl 2)

c. What disciplinary action, if any, should be taken against the contracting officer(s) who failed to provide required oversight.

Response: Concur with Comment. C-JTSCC CG will appoint an investigating officer to conduct an investigation in accordance with Army Regulation (AR) 15-6 Procedures for Investigating Officer and Boards of Officer to look into the actions of the Contracting Officer(s) involved and the overall acquisition process. (Encl 1)

d. Perform a physical inspection of the building, including appropriate engineering tests and analyses, and, given its location in a high seismic activity zone, determine what corrections are required to ensure the structural integrity of the building.

Response: Concur with Comment. RC-E will advise and mentor the Parwan Provincial Government and the Salang District Government in their efforts to employ indigenous expertise to identify and repair structural deficiencies in the hospital. (Encl 2)

4. The point of contact for this action is COL Thurinton Harvell at DSN [REDACTED], or via e-mail at [REDACTED].

2 Encls

1. C-JTSCC Response Memo, 31 Jan 14
2. RC-E Response Memo, 31 Jan 14



JAMES M. RICHARDSON
Major General, U.S. Army
Deputy Commander, Support
United States Forces-Afghanistan

Enclosure III – Response from CENTCOM Joint Theater Support Contracting Command



REPLY TO
ATTENTION OF

HEADQUARTERS
CENTCOM JOINT THEATER SUPPORT CONTRACTING COMMAND
CAMP PHOENIX, AFGHANISTAN
APO AE 09320



CJTSCC-CG

31 January 2014

MEMORANDUM THRU U.S. Central Command (CENTCOM), CCIG External Audits
(Attn: Mr. H. Banks Edwards)

FOR Office of the Special Inspector General for Afghanistan Reconstruction (SIGAR),
1550 Crystal Drive, Suite 900 (Attn: Ms. Elizabeth A. Field), Arlington, VA 22202

SUBJECT: Response to SIGAR 14-31 Inspection Report – “Salang Hospital: Lack of
Water and Power Severely Limits Hospital Services, and Major Construction
Deficiencies Raise Safety Concerns”

1. C-JTSCC provides the following response to the subject report:

a. Recommendation (1) a. *The Commanding General, U.S. Forces-Afghanistan (USFOR-A), direct the appropriate USFOR-A units to identify the contracting officer(s) responsible for oversight of the Salang hospital construction activities and determine why the hospital was not built according to contract specifications and acceptable construction standards, and report back to SIGAR within 90 days.*

Response: Concur with comment. C-JTSCC recommends that the investigation identify Contracting Officer's Representatives(COR)/project purchasing officers (PPO) and operational commanders as well as Contracting Officers responsible for oversight of this project.

b. Recommendation (1) b. *The Commanding General, U.S. Forces-Afghanistan (USFOR-A), direct the appropriate USFOR-A units to identify the contracting officer(s) responsible for oversight of the Salang hospital construction activities and determine why required documents were not placed in the CIDNE database, and report back to SIGAR within 90 days.*

Response: Nonconcur. C-JTSCC recommends that the investigation identify the CERP Program Manager(s) and PPO responsible for this project to determine why required documents were not placed in the CIDNE database. Contracting Officers have no authority to enter documents into the CIDNE database and are not responsible for entering data into the CIDNE database. According to Money As A Weapon System Afghanistan (MAAWS-A), USFOR-A Pub 1-06, Commander's Emergency Response Program (CERP) SOP, dated Dec 2009, page 18, “The CERP Project Manager (PM) and/or Purchasing Officer (PO) is responsible for inputting new CERP projects into CIDNE and updating the status of these projects as changes occur, or at least monthly (no later than the 3rd of each month). The CERP Program Manager is responsible for ensuring all data inputted into CIDNE is accurate and complete prior to processing the project for approval”. C-JTSCC Contracting Officers enter data into

Enclosure IV – The Department of the Army Combined Joint Task Force - 101



DEPARTMENT OF THE ARMY
COMBINED JOINT TASK FORCE - 101
HEADQUARTERS, REGIONAL COMMAND EAST
BAGRAM AIRFIELD, AFGHANISTAN
APO AE 09364

CJTF-101-COS

31 January 2014

MEMORANDUM FOR USFOR-A Office of the Inspector General

SUBJECT: Regional Command - East (RC-E) Response to SIGAR Draft Report: "*Salang Hospital: Lack of Water and Power Severely Limits Hospital Services, and Major Construction Deficiencies Raise Safety Concerns.*"

1. The purpose of this memorandum is to provide a response to the draft SIGAR Report and offer comments.

2. Background. This project was initiated in January 2009 and was completed and transferred to the Parwan Provincial Governor in November 2012. A SIGAR team visited the Salang Hospital in December 2013. During two inspections earlier in 2013 (when there was still coalition presence in the Salang District) it was confirmed that the 20-bed hospital was open and a medical staff was running the hospital and treating patients from Salang.

3. Agency Comments:

A. **SIGAR Recommendation 1: *Identify the contracting officer(s) responsible for oversight of the Salang hospital construction activities and determine:***

1. ***Why the hospital was not built according to contract specifications and acceptable construction standards?***

a. RC-E response:

(1) Two-story building. RC-E was unable to find any documentation in the project file to explain whether any of the contracting officers on the project ever approved a design change. However, a letter from the contractor requesting a design change from a 1-story, 2-wing design to a 2-story design due to the physical space limitations of the mountainous terrain was identified. See Exhibits N and O.

(2) Maintenance and Sustainment Deficiencies. The SIGAR report indicated that the hospital suffered from a lack of sufficient staff and lacked routine maintenance to the building. The provincial government, with the assistance of the Ministry of Public Health, has an inherent responsibility to ensure that the hospital is staffed with the appropriate number of doctors, nurses, and support personnel. This responsibility extends to ensuring that routine maintenance is performed in a timely manner. At the time of completion and transfer, the Parwan Provincial Governor signed an agreement stating that he and his government were responsible for such maintenance and associated costs. See Exhibit C. The SIGAR inspection in December 2013 was over a year after the transfer and acceptance of GIRoA, therefore maintenance issues were the responsibility of the hospital administrative staff, not RC-E.

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SUBJECT: Regional Command (RC-E) Response to SIGAR Draft Report: "Salang Hospital: Lack of Water and Power Severely Limits Hospital Services, and Major Construction Deficiencies Raise Safety Concerns."

(3) Warranty. In addition to utility responsibilities, the Parwan government was responsible for enforcing warranty issues. After accepting the project from RC-E, the Parwan government should have enforced shortcomings (such as leaking roof and mold issues) directly with the contractor following acceptance of the facility in 2012. See Exhibit G.

2. *Why required documents were not placed in the CIDNE database?*

a. RC-E Response:

(1) Failure to Comply with USFOR-A Pub. 1-06, (MAAWS-A). The SIGAR report highlighted failures to upload documents required by MAAWS-A, dated 15 May 2009. In January 2009, a MAAWS-A publication did not exist. As such, there were no requirements to upload documents in the Combined Information Data Network Exchange (CIDNE) database. A CERP Standard Operating Procedure served as a basic checklist, but did not replicate the requirements of the later-published MAAWS-A. See Exhibit H. The missing documents were identified "as noted" in a memorandum dated 8 October 2010; as such RC-E was not required to upload when the project commenced. See Exhibit J.

(2) Documents in CIDNE. RC-E was able to provide copies of the documents listed as missing on pages 12 and 13 of the SIGAR report. These documents are now uploaded in the CIDNE database. Below is a line-by-line clarification of each document that SIGAR noted to be missing:

Substantiating Documents	Original Date	Exhibit	Comments
Command Group Endorsement	30 MAR 2009	A	Staff Action Cover Sheet
Cost Estimate	(Undated)	B	Only have the estimate from the contractor
Transfer. a. Memorandum of Agreement or Sustainment Memo from GIRoA b. Final inspection/completion letters	12 SEP 2012	C	PGOV accepting the project and maintenance responsibilities
Letter of Justification	(None Required)	H	CERP SOP used
Major Subordinate Comptroller Clearance Memorandum	1 DEC 2012	E	Clearance memo uploaded
Operations and maintenance manuals, spare parts, and post construction guides	(None required)	--	There was no specialized equipment
"As built" drawings signed by the recipient acknowledging receipt and acceptance	07 JAN 2012	F	Photos during inspection
Final punch list including notice that all deficiencies were corrected and accepted	Undated	G	Unsigned and undated

CJTF-101-COS

SUBJECT: Regional Command (RC-E) Response to SIGAR Draft Report: "Salang Hospital: Lack of Water and Power Severely Limits Hospital Services, and Major Construction Deficiencies Raise Safety Concerns."

3. What disciplinary action required, if any, should be taken against the contracting officer(s) responsible for failing to provide required oversight?

a. RC-E Response:

(1) Identification of Contracting Officers. RCC-E has knowledge of the contracting officers (KO).

(2) Disciplinary Action. Throughout the 4-year project, several different KOs were responsible for contract administration and management. Without an investigation, to include interviews with all of the personnel involved, it is premature to recommend disciplinary actions against any of the KOs involved.

B. SIGAR Recommendation 2: Perform a physical inspection of the building, including appropriate engineering tests and analysis, and given its location in a high seismic activity zone, determine what corrections are required to ensure the structural integrity of the building.

1. RC-E Response:

a. Physical Inspection and Technical Engineering for Seismic Structural Integrity. Regional Command – East will advise and mentor the Parwan Provincial Government and the Salang District Government in their efforts to employ indigenous expertise to identify and repair structural deficiencies in the hospital. As with security the Afghans are assuming the lead in their Governance and Development as we reduce the coalition footprint. Current FML, force array, and the threat level in the Salang District make any movement to and operation in the vicinity of the hospital high risk (before risk mitigation measures are implemented). Based upon the combination of these three factors, the benefit of any inspection does not outweigh the risks to coalition forces and the inspectors who would conduct the operation.

4. POC for this effort is LTC Ross F. Lightsey at DSN [REDACTED] or [REDACTED] or MAJ Robert F. Douglas at DSN [REDACTED] or [REDACTED].



CHRIS R. TONER
Colonel, GS
Chief of Staff