

DEPARTMENT OF DEFENSE BLOGGERS ROUNDTABLE WITH COLONEL SCHUYLER
K. GELLER, COMMAND SURGEON AND COMMANDER, MEDICAL TRAINING ADVISORY
GROUP, CAMP EGGERS, NATO TRAINING MISSION-AFGHANISTAN/COMBINED
SECURITY TRANSITION COMMAND-AFGHANISTAN

SUBJECT: AFGHANISTAN NATIONAL SECURITY FORCES HEALTH CARE
CAPABILITY DEVELOPMENT; FORMATION OF FORMAL MILITARY MEDICAL AND
ALLIED HEALTH CARE TRAINING PROGRAMS

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PETTY OFFICER WILLIAM SELBY: And Colonel Geller, what we'll do --
sir, are you still on the line?

COL. GELLER: Yes, I'm still here.

PETTY OFFICER SELBY: Okay. Roger that, sir. What we'll do is get
started here in a minute and every once in a while what'll happen is
bloggers will join right as the call is going -- you know, a minute or
two after the call starts. So we can go ahead and get started and then
we'll start with questions from the first blogger to join us and wait for
the others to join, if that's okay with you sir.

COL. GELLER: Absolutely.

PETTY OFFICER SELBY: Roger that. And give me one second and we'll
go ahead and get started.

Hello, I'd like to welcome you to the Department of Defense bloggers roundtable for Wednesday, June 23rd, 2010. My name is Petty Officer William Selby with the Office of the Secretary of Defense, Public Affairs and I will moderating our call today.

A note to our bloggers on the line today: please remember to clearly state your name and blog or organization in advance of your question. Respect our guest's time, keeping questions succinct and to the point.

Today our guest is U.S. Air Force Colonel Schuyler K. Geller, command surgeon and commander, Medical Training Advisory Group at Camp Eggers, NATO Training Mission-Afghanistan/Combined Security Transition Command-Afghanistan.

Today Colonel Geller will discuss the Afghanistan National Security Forces health care capability development and the formation of formal military medical and allied health care training programs.

Sir, we're pleased to have you as our guest today, and with that, if you have any opening remarks you can go ahead with those now.

COL. GELLER: Well, thank you very much. Again, my name is Schuyler K. Geller. I am an internal medicine and pediatric physician that has been here in Afghanistan since mid-February of this year. Came in to take the command surgeon position for NATO Training Mission-Afghanistan and Combined Security Transition Command.

Within the last several months, since November, the NATO Training Mission-Afghanistan was stood up as a separate entity as well as, in January, the Medical Training Advisory Group. I am the commander of that Medical Training Advisory Group that has about 155 medical mentors throughout Afghanistan placed in the offices of the surgeon general for both the Afghan National Police and the Afghan National Army, as well as in the National Military Hospital in Kabul and the regional hospitals in Gardez, Mez, Mazar-e-Sharif, Herat, and Kandahar, and the main -- or only police hospital also in Kabul.

We have a large mission to develop the Afghan National Security Forces health-care system. Upon our arrival -- our team's arrival here we did a full assessment of the transition plan for the development of the ANSF health-care systems and the ability to get them to a level of completely sustaining on their own all of the needs of both the Army and the police in all operations from peacetime garrison operations through combat operations.

Upon arrival we discovered that transition time was somewhere in the 20, 22, 20-24 time range. We have looked at that and done a very bottom-to-top evaluation, and we believe that there is a probably a shorter transition time that can be -- an argument made for a shorter transition time, but it's going to require a very aggressive graduate medical education training program and a recruiting program in support of what are relatively severe quantity deficits and some significant quality deficits.

And with that I'll turn it over to you for questions. Thank you.

PETTY OFFICER SELBY: Thank you sir. And somebody joined, also.

Q Good morning. This is Dale Kissinger from MilitaryAvenue.com. Sorry I was late.

PETTY OFFICER SELBY: That's all right, Dale.

We'll go ahead to Tom Sandford for the first questions.

Q Yes, hello, Colonel. My name is Tom Sandford from Airforce Times. My first question is, what is the biggest obstacle facing the development of the Afghan National Security Forces health-care capability right now? What do you think?

COL. GELLER: Absolutely. The single largest obstacle to the development of the Afghan National Security Forces health-care sector is lack of physicians.

Q All right. Lack of physicians, huh?

COL. GELLER: They are 37 to 39 percent filled.

Q Wow. And is that just like a lack of recruitment or is that just a lack of people all together?

COL. GELLER: It is a lack of recruitment. It does take seven years to train a physician in Afghanistan from graduation from the 12th grade through their completed programs, and the universities in Afghanistan actually produce probably close to 100 and -- Kabul Medical University just downtown is producing over 100 physicians every year but a very small portion of those actually join the army or the police at the present time.

Q Oh wow, okay. And do you think that's just a lack of attractive options to them, you think? Maybe pay, or -- what can they get out of joining?

COL. GELLER: The salary for a commissioned officer that a graduating medical student would come in at, including their bonuses for being a physician, is approximately equal to \$7700, \$7800 a year, which is a pretty good salary in Afghanistan.

There actually are many more physicians in Afghanistan than there are salaried positions for them. That includes not only the unfilled salaried positions in the military and police, but there are very limited salary positions available throughout Afghanistan and the Ministry of Public Health and the MGO sector that the Ministry of Public Health contracts with to deliver many of their services.

So there are a lot of basically "unemployed," and I'll put that in quotes, physicians in Afghanistan and our job is to attract those

physicians. But I'm working very aggressively to develop a plan to present to my boss on how we might do that.

Q All right. Thank you.

PETTY OFFICER SELBY: And -- sorry, Tom. And on to -- Tom, also, I forgot to tell you this. If you can, if you could mute your phone during the questions. Tom, sorry about that if I forgot to mention that.

Q Don't worry about it.

PETTY OFFICER SELBY: Dale, you are second on the line and you can go on with your question.

Q Yes, sir, good morning. This is Dale Kissinger from MilitaryAvenue.com. First, I hope I don't sound too slurred. I'm on Vicodin after some minor surgery, so my questions might be a little bit strange this morning.

But my question basically is on the staff personnel. You've mentioned the doctors, but if you have a problem recruiting doctors, what's it like to find med techs and nurses?

COL. GELLER: Certainly. We also have deficits in all of the areas of allied health support and nursing. We have developed branch schools for all of those allied health areas. In the last year we developed what we would call a 68 Whiskey Mike 6 class, which is an Army-based curriculum that is basically at the LPN level.

That is a one-year program, and we were able to graduate approximately 20 nurses from that program last year. This year we doubled that with the assistance of the Nebraska National Guard. They sent four guardsmen to assist us in teaching that course and developing the faculty within the Afghan military medical system to take that course over.

We are looking to double that again next year to 80 and expect to meet all of our nursing deficits through training within the next two to two and a half years.

In addition, because of the severe physician deficit, we are initiating a program of instruction, a POI, that we've just about completed and we'll start a physician's assistant or an assistant physician program this fall, with approximately -- at least 80 students and perhaps if I can find the space outside of Kabul at one of the regional centers, could double that.

There are a number of unfilled positions for assistant physicians and physicians within the, what are called kandaks, which would be battalions in the United States Army, and those unfilled positions of course are in combat units that are being fielded. And we as the coalition are assuming that risk by providing the military support -- or the medical support for them until we can develop their own health-care human resource.

Q Thank you very much, sir.

PETTY OFFICER SELBY: Dale, since we only have a few bloggers on the line, if you'd like to follow up you can do that now or we could go back to Tom.

Q Oh, certainly. I did have a follow-up on that. You mentioned shortage of personnel; what is the equipment issues? Do they have the right kind of modern, up-to-date equipment that they need to take care of the Afghan soldiers and police?

COL. GELLER: Well, I think it's important to understand what it is that truly is the biggest impact on a fighting force. In the last year that we have good statistics, which is solar -- they use the solar calendar -- in solar year 1387 to -- or 1307 -- I'm sorry, what is it -- 1387 to 1388. They estimated about 790 battlefield casualties that removed personnel from the fighting force. In that same time period we have done the statistical analysis and it looks like over 14,500 disease, non-battle injury removed individuals from the fighting force.

So you can see a 19.5 to 20 to one ratio of just normal disease and non-combat injuries are sapping the fighting strength of this army, as it does in all armies. So when you talk about technology, everyone wants to talk about ICUs and life-saving surgeries, et cetera. But that's not really what impacts the ability of an army to carry out the operation.

What is really needed is very simple preventive medicine and treatment of infectious disease, vaccination against preventable diseases, that kind of thing is really the biggest impact. So their technology is certainly not at the level that you would expect walking into a hospital in whatever town in America or Europe that you might find yourself seeking health care.

But they have surgical capability, we've developed the ICU capability, no, they don't have oxygen and suction pumped in -- or piped through the walls. There's an oxygen tank sitting by the bed. It doesn't look quite like what you would be used to at a western hospital, but their technology is certainly adequate.

It's really numbers of personnel to deliver health care and provide that preventive medicine care and guidance that's really the drag here.

Q Okay, sir. Thank you very much.

PETTY OFFICER SELBY: And back around to Tom.

Q All right, Colonel. Yes, I'm curious. How much funding and manpower has the military dedicated so far to this effort? How many people are actually there training along with you to get the health care up to speed, as well as funding, too, if you could elaborate on that for me?

COL. GELLER: Sure. Just historically looking back, 2002 through 2008, the major donors in developing the Afghan health-care system were World Bank, European Community and USAID. In that time period about \$855 million were put into the developing the health-care system on the civilian side.

We in the Military Training Advisory Group are, as I said in the opening statement, approximately 155 people that are directly mentoring the senior leadership and then the hospital leadership as well as developing the branch schools and training the trainers to take over those branch schools -- branch schools meaning our combat medic schools. Over half of the size of the Afghan National Army Medical Service is combat medic, which is the most basic building block of health care.

Combat medic is an eight week course that produces a basic trauma support combat lifesaver, able to put IVs in, able to decompress a tension pneumothorax, able to stop bleeding, et cetera, on the battlefield to decrease our killed-in-action rate and to get those combat casualties to the first level of surgical care.

So that's one branch school. That branch school, we have been operating for the last two and a half, three years and that is almost ready to be transitioned entirely to the Afghans to run on their own. This September we're looking at turning that over.

We have allied health training, which includes x-ray, laboratory, we did an ultrasound training course -- they're are actually very good and their capabilities in ultrasound is certainly independent, and we've actually stopped training ultrasound techs. They have enough and they've got adequate technology in numbers of machines.

The nursing school I've told you about, we're looking at turning that over to the Afghans and we have actually five full-time mentors to that including the four Nebraska National Guardsmen that I spoke to you about.

So the personnel are across the entire spectrum from medical logistics to surgical mentors. And the amount of budget that we're putting in, not counting infrastructure because we've also built five -- or four 50-bed hospitals. We're putting four 50-bed additions to those hospitals. We have a 100-bed hospital on the books in Jalalabad in support of the move of the 201st Corps. And we have a number of troop medical clinics that are continuing to be under construction.

Not counting the infrastructure costs for those, we're putting approximately \$130, \$140 million in equipment, pharmaceutical supplies, every year in our development efforts in support of the Afghan National Security Forces medical services.

Q All right. Thank you, Colonel.

PETTY OFFICER SELBY: And -- sorry, back around to Dale.

Q Okay, I have follow-on on that. It sounded to me like we're short of personnel. Does it have an impact on the culture? Are women involved? Are the Afghan National Army allowed to hire women doctors or women nurses?

COL. GELLER: Yeah, great question. There are a number of female physicians. There are female nurses. There are not female combat medics because combat medics are out with the battalion and with the companies, which are all men. And women are forbidden by their families and their husbands to be unaccompanied by family with men, unless it's one of their family members accompanying.

The vast majority of women are right here in Kabul and are part of the 400-bed large military hospital and in support of the about 80-bed police hospital. But we are training women in those skills that they can exercise in the home community so that they can live at home, come to work, be home -- and the vast majority of them are not allowed to work at night; basically, they can't be away from their family at night. And there are certainly cultural limitations that scope down the number of women that we do train for the reasons I've given. They're not as -- certainly not as deployable as the men.

Q Can you give me an idea of what the percentage is or the number of women that are involved in the medical community?

COL. GELLER: Well, most of them, as it turns out, are nurses. And in the entire Afghan National Army we probably have the -- well, we undoubtedly have the largest percentage of women officers and women enlisted because the occupations are considered culturally appropriate. Particularly, of course, in our OB wards in the hospital and in the pediatric areas, women are actually preferred. It would be very difficult actually in this country to utilize Afghan males for OB/GYN training because the husbands would be very, very uncomfortable with that. So that is an area that's almost entirely women.

Percentage-wise in our nursing class, it looked like in our first class we had about 25 percent women. In the medical school class that graduated, the 38, I believe we had six women. So it's a small percentage. Certainly nothing like the percentage in our country where over 50 percent of many admitting classes in medical schools are women.

Q Okay, thank you very much, sir.

PETTY OFFICER SELBY: Roger that. And back around to Tom.

Q Yes, Colonel. I'm curious how much people are actually dedicated to recruiting these new physicians and doctors for the Afghan program. I know it's like --

(Cross talk)

COL. GELLER: Recruiting command is something they have just -- hello?

Q Oh, I'm here. Sorry about that. I didn't mean to interrupt you. Yeah.

COL. GELLER: Recruiting command is something that they just have developed. They have three positions on the tashkil, which is the manning document. For medical recruiters, that's something actually just stood up this summer. Only one of those tashkil positions has currently been filled.

It is a little more difficult to bring physicians that have not been through the stipend seven-year medical school program and have been tracked and have gone through the additional training that we give to our medical students that are identified as future police and military physicians.

We give them during their down time, during their vacation time, additional training that prepares to care for the kind of trauma that we would expect them to see in the military environment that might not necessarily be as attributable to the civilian graduate. So we do some additional training.

To just take direct accessions off the street has been somewhat difficult in the army. Sometimes it's been several months, individuals waiting from the time they've applied until they get an answer as to whether or not they've been approved. We had a problem up until just about a month ago with something called ethnic balancing. The army is -- there's an attempt to balance the army ethnically to look like the ethnic balance throughout Afghanistan. And the number of physicians that would apply that might not meet that ethnic balancing, I believe was part of the issue.

We have resolved that with a ministerial decree that ethnic balancing will not apply to low-density, high-demand career fields like physicians. So we are certainly hoping that will assist us in our recruiting efforts.

The police don't have quite that problem. They actually in the last two months have brought on 56 medical professionals, most of those physicians, approximately 45 of those physicians, the others pharmacists, nurses, and laboratory officers.

But they only have a two-week training program required to bring those physicians on as officers, whereas in the army there is a much longer officer training program. We are in negotiations to try to limit that requirement as we see the physicians being non-combatants and therefore probably not in need of quite the lengthy training that an infantry officer might go through. Over.

Q All right, thank you.

PETTY OFFICER SELBY: And Dale, I think we have time for one more question and then we can start wrapping things up.

Q Super. Colonel, I was wondering what you think the Afghans will need to do to make their medical community meet the needs of the army? What is the biggest next step that they make after recruiting to make their goals and make the medical community responsive to the army?

Q Especially after we pull out.

COL. GELLER: Absolutely. As I -- there are two issues. There's a quantity issue and there is a quality issue. I believe that it is first necessary to resolve to a significant degree the quantity deficit. Once I have enough physicians filling billets throughout the Afghan National Security Forces from the hospital physicians all the way up to the battalion aid stations at the tip of the spear of the fighting force -- once I have an adequate number filling those, then I can begin taking some of those uniform physicians and putting them through improved graduate medical education training programs.

I think we need to look at stronger affiliations with United States and perhaps other coalition partner medical schools and academic institutions. We need to provide a better clinical training experience.

In Afghanistan they have residency training programs for their doctors, but there is a much more limited and less technologically-driven clinical intervention kind of experience. Bedside teaching is somewhat limited. It's not as we think of that in our Western training.

To improve the quality of their health care, I think there needs to be a much more aggressive, full-time, on-the-ground, clinical faculty dedicated to working directly with the Afghan National Security Forces residency programs, expanding those residency programs. And in order to increase the number of clinical encounters, that needs to be done in conjunction with the Ministry of Public Health hospital systems. And I think that -- bringing the health-care systems together -- there are five health-care systems working independently and competing in this country.

There's the Afghan National Army health-care system, there's the Afghan Police health-care system, there's the National Directorate of Security hospital system and clinic system, there's the Ministry of Public Health hospital and clinic system. There's 1700 of those throughout the country. And then there is the NGO and private health-care sector. Many of the MOPH, Ministry of Public Health hospitals and clinics, are actually run NGOs that are contracted through the Ministry of Public Health.

But in this country approximately 57 to 59 percent of first visits by any Afghan for health care is to a private health-care provider. Seventy-five percent of second visits are to a private health-care provider. There is, just by the virtue of that statistic -- and it's not mine, it's a quoted statistic from the World Bank's recent 2010 treatise on Afghanistan. But the confidence in the public health-care system is relatively low, if you're going to the private sector -- private health-care system that frequently. And most of health care is out-of-pocket in spite of the fact that this is a country that guarantees health care for free to everyone.

So there's a lesson somewhere in there and I'm sure I could dig it out. But what we need to do in this country is to not fragment health-care systems but coalesce health-care systems, combine teaching and training programs. We need to develop improved hospital standards, professional standards, standards for licensure, and clinical practice.

And the only way to do that is to work with and through the Ministry of Public Health. I'm very aggressively looking at that relationship in order to improve our quality issue once we resolve the quantity problem.

But within a year I would want to see some very significant increases in full-time, clinical faculty brought here from academic affiliations, and we're looking at -- we're exploring ways that we can do that. I think that's the way to fix the quality problem ongoing here, but it's going to take all of these ministries working together, not competing.

PETTY OFFICER SELBY: Well, thank you -- (inaudible) -- thank you, sir, and thank you to the blogger participants for your questions as well. Sir, with that, if you have a closing statement, you can go ahead with that now.

COL. GELLER: Well certainly. Thank you very much. I appreciate the opportunity to speak with the U.S. bloggers. It is important, the mission that we do. It is transparent that it's understood by the American people and that our specific area for the Medical Training Advisory Group in developing the Afghan National Security Forces health-care system is of value, that it returns value for the resources that the American people are putting into this. And we would -- we want to tell the story of what we're doing and the advancements that we're able to make.

And I believe that in a relatively short period, and talking four or five years as a relatively short period of time, both the quantity and quality problems here related to the security force's health-care system will be significantly resolved enough to begin looking at withdrawing coalition force medical support.

PETTY OFFICER SELBY: Well, once again, thank you very much, sir, for your answers and your comments today, and thank you to the bloggers online.

Today's program will be available online at the Bloggers Roundtable on dodlive.mil where you'll be able to access the story base on today's call along with source documents such as their bios, the audio file and the print transcript.

Again, thank you to everybody online and this concludes today's event. Feel free to disconnect at this time.

Q Thank you.

PETTY OFFICER SELBY: Thank you very much.

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