

DEPARTMENT OF DEFENSE BLOGGERS ROUNDTABLE WITH COLONEL SCHUYLER GELLER,  
COMMAND SURGEON AND COMMANDER, MEDICAL TRAINING ADVISORY GROUP AT CAMP  
EGGERS, NATO TRAINING MISSION-AFGHANISTAN/COMBINED SECURITY TRANSITION  
COMMAND-AFGHANISTAN SUBJECT: MEDICAL MANUAL MENTORING TRAINING IN  
AFGHANISTAN TIME: 10:30 A.M. EDT DATE: THURSDAY, SEPTEMBER 2, 2010

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PETTY OFFICER WILLIAM SELBY (Office of the Secretary of Defense  
for Public Affairs): Hello. I'd like to welcome you all to the  
Department of Defense's Bloggers Roundtable for Thursday, September 2nd,  
2010. My name is Petty Officer William Selby with the Office of the  
Secretary of Defense, Public Affairs and I'll be moderating our call  
today.

A note to the bloggers on the line, 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.

Colonel Geller will discuss the medical mentor manual training  
for the incoming Afghan advisers. He'll also talk about how advising  
versus doing is a transition in itself and how the medical training  
advisory group is using advising as the path to transition.

Sir, with that, if you have any opening remarks, you can go  
ahead with those now.

COL. GELLER: Well, thank you very much. I appreciate you  
having me today -- or this morning for you, this evening for me.

As I was introduced, I'm Dr. Schuyler Geller and I've been here  
in Afghanistan since February of this year. Came in from Africa Command  
where I was serving as the command surgeon for headquarters U.S. Africa  
Command, doing mil-to-mil engagements with the African Union countries  
for the last -- for the previous two years. So this is my third year in

the developing world, particularly in working with developing military medical health-care system.

I would -- I'd like to spend a little time today talking about the medical advising mission that we are doing here. As you may know, NATO Training Mission-Afghanistan is a relatively new organization, having stood up last fall, October-November time frame, creating both NATO Training Mission-Afghanistan and the ISAF Joint Commander, IJC, under the International Security Assistance Force or ISAF.

We, in January, stood up the medical training advisory group -- just a little over a month before I arrived, so it was a brand new organization -- and we have approximately 250 or so uniformed, civilian and contract members that are engaged in developing the Afghan National Security Forces' health-care system. These teams are embedded in the hospitals, both the Afghan National Army and the Afghan National Police as well as within the office of the surgeons general of both the Afghan National Army and Police, developing the organizational structure that supports the hospital, clinic and combat medical units that are supporting the Afghan National Army and Police, which combined we call the Afghan national security forces.

What we developed last winter and published in January of this year was the medical mentors manual, which is the health-care development of the Afghan National Security Forces' manual produced for the ISAF medical mentors. It's a relatively long read, it's about 150 page, 160 pages or so that goes into a lot of the, first of all, the history and then the organizational structure, a lot about the specifics of how the logistics systems work and talks about specific organizations, giving the names, phone numbers, et cetera that people can refer back to as they're performing their mission. But the really important part is, I believe, is the latter portion of the manual that talks about the overview of the medical mentors program and then speaks to training and mentoring as sort of a new way of engaging here in Afghanistan. That is our pathway to transition here, to help the Afghans perform and to increase their capability, not by doing for them, but rather by advising them and stepping back, which is very difficult for medical professionals to not want to reach in and put their hands into the operating field. They're sort of hair-trigger trained to do versus to advise.

So it's a little different role for our -- particularly our military health care personnel that come and fill these medical- embedded training teams and joint manning document positions here.

That's what I'd like to cover today, and I am very interested in the thoughts of the audience.

PETTY OFFICER SELBY: Roger that, sir, and Bruce Rolfsen, you were first on the line.

Q Hello. Good evening, Colonel. This is Bruce Rolfsen from Air Force Times.

I wanted to ask when you -- as your new physicians come over from the U.S., and nurses and all those medical professionals, do they receive much training stateside to prepare them for working as mentors? You know, beyond, you know, kind of their self -- force protection type training?

COL. GELLER: Actually, there are more -- there's more than one pathway for training and that is -- that is somewhat of an issue, and one of the reasons that we did develop this manual was because people were getting different experiences before arrival. There is everything from a very brief two-week course, which is very much geared to weapons training and survival-type training, up to a month- long program, four and a half weeks or so, that is -- that expands that weapons training to some driver training and basic warrior skills training, convoy training, et cetera, to a 10-week program, which is currently down at Fort Hoke, where they are doing a lot of team training. And it's at that program that they have some inventive pre- deployment training, which specifically is geared toward developing the medical mentoring skill set. But it is not as detailed as the information that we provide them, and we encourage that ongoing communication between the medical training advisory group and each team that goes through training.

We hope to get this manual in the hands of everyone in time for them to use some of their inevitable downtime during training to peruse this and gain more information about their new role -- not as a clinician, not as a nurse, not as a technician, but as a trainer. And a trainer that is in a foreign country with a different language, communicating through an interpreter, a different culture. All of that is a very different kind of skill set than a doctor, nurse or technician who comes over here and embeds themselves in a U.S. Role 2 or Role 3 facility and does the same job that they're used to doing back in their home hospital, but now they're doing it in a deployed environment.

So it's still the same -- they're still doing exactly the same job.

When they come to me, when they come to NATO Training Mission-Afghanistan and the medical training advisory group, they're doing a different job, and that's what my -- that was my teaser about advising versus doing as a transition in itself. They're used to doing. When they come here, it's advising.

Q Okay.

COL. GELLER: Standing back and letting others do.

Q I've got some other questions, but I know there's other folks who want to ask, so I'll let them go.

PETTY OFFICER SELBY: Okay. And, yes, Tanya, you're next on the line.

Q Thanks. Colonel Geller, this is Tanya Montgomery from the Air Force Public Affairs Agency. My question is, what are your

objectives in this transition? What exactly are you looking to accomplish?

COL. GELLER: Yes. The objectives for the medical training advisory group is to produce a(n) Afghan National Security Force health-care system, that is capable of completing its mission of supporting the Afghan security forces in the defense of Afghanistan and to produce a sustainable, capable, peacetime health-care system that has the skill sets to continue to develop and improve without external assistance.

Q Thank you.

PETTY OFFICER SELBY: Thank you, sir, and back to Bruce.

Q Okay. Colonel, I was curious, in your training teams that are out in the field, what's a typical size of a -- you know, of a team that might be working, you know, in a hospital or clinic and what's the mix of personnel that you'd see in a team?

COL. GELLER: Sure. We have -- I'd have to give you a little bit of background on the organization that we are supporting. There is a single large, 400-bed facility within the Afghan National Army, this called the National Military Hospital. It's here in Kabul. That hospital is associated with the Afghan Forces Academy of Medical Sciences, which is the training institution for nursing and the medical students doing their operational medicine; the technicians, lab X-ray, et cetera, ultrasound; the combat medics, the medical sergeants' officer basic programs. There's a number of training lanes that are supported on that facility.

That, of course, has a much larger team. There are 22 mentors there that are supporting that particular organization at the hospital and then another 14 or so members of the MTAG, or Medical Training Advisory Group, that are specifically also working within the AFAMS -- not the hospital, but the AFAMS -- and the office of the surgeon general, which is also on that campus.

So there's roughly 35 people working that particular campus. Then there's the Afghan National Police hospital, also in Kabul, that has 12 individuals that are over there supporting that. And then out at the regional hospitals, the range is as small a team as eight, up to a team of approximately 18 that would be mentoring in those regional hospitals, which are currently 50-bed hospitals expanding to 100-bed hospitals that we've built and are building the additions to.

Q Okay. And as to the hospitals themselves, I guess what I was wondering, were a lot of your physicians -- you know -- working in hospitals here in the States where, you know, they're up-to-date facilities.

What do you advise them when they -- when they go to one of the field hospitals or even there to Afghan? How do they compare to the hospitals that they've been working at here in the States? I don't know if they have to, you know, learn to improvise, you know -- you're not

going to have access to the latest gadgets that you might have had back -  
-?

COL. GELLER: Exactly. The first -- the first chapter in the training mentoring manual is titled "Expectation Management."

Q Okay.

COL. GELLER: And that's what we do, is that we spend time when individuals initially come in to the organization managing their expectations. There is, clearly, a significant gap between the capabilities of the U.S. military facilities that these individuals have been working in and the Afghan facilities that they come to mentor. And it is not to develop a U.S. hospital or health-care system that we are here to accomplish. Our job is to create a sustainable health-care system that will meet the needs of the Afghan national security forces and their families. That gap is clearly a bit of a culture shock to most of our young, very bright, very well-trained and incredibly eager health-care workers that come to Afghanistan. PETTY OFFICER SELBY: Okay. We'll have time to come back to you, Bruce. We'll -- let's check with Tanya and see if she has any -- do you have another question, Tanya?

Q Yeah. Really quick. I'm wondering what is it that the Afghan National Security Forces medical team needs the most? What are the mentors -- are there any common things that the mentors are advising about?

COL. GELLER: Yes. There are two major lines of effort. The first is quantity, and clearly, no health-care system can operate effectively if there are inadequate numbers of doctors, nurses, technicians and health-care workers. And number two is the quality of that organization and the health care. The product that they're delivering is of ever-increasing quality, knowing that their baseline is certainly far different than the organizations from which all of our members have come from.

We are, right now, looking at about 400 positions shy of a full manpower, what's called a tashkil here. Their manpower document's called a tashkil, and they fill billets based on these doctor, nurse or technician openings in the tashkil. If we look at the entire organization from the medical training facility, AFAMS, down to the battalion aid station in the kandaks, or -- that's what they call their battalion-size organization -- all the way down to that, we are 400 physicians short. There are approximately 200 or so nursing positions that are short and many, many combat medic shortages.

We train at the Afghan Forces Academy of Medical Science. We train combat medics, which is about an eight-week course, about 50 medics per course, and so we're cranking out about 12 classes a year in the regions and at the Kabul-based facility. We have about 15 medical logisticians that we train every three weeks or so. There's about 10 courses a year of that. Laboratory technicians, X-ray technicians, a little over 20 per class and those are year-long classes; our

preventative medicine class is a year-long training program, training about 15 per class. We just started that in June of this year.

Nursing started first with 20 or so; they graduated, the first class, the first class graduated last November. We started our second class with a little over 40 in April last year. Those are year-long classes. The next class, we're hoping to expand to 80 and we believe that in the areas of nursing, technicians, combat medics, we should have adequate numbers of personnel trained by approximately mid-year, mid-year calendar year 2012.

The physicians, physician training program in Afghanistan takes a 12th-grader and puts them through a seven-year training program, and the last year of that for many of those from Kabul Medical University here in the capital are trained at the national military hospital -- about 40 that are destined to become members of the Afghan National Police and Afghan National Army, and another 100-plus civilians that are trained and will end up in the Ministry of Public Health in some fashion or another.

Overall, there's about 820 or so positions plus in the Afghan National Army and the Ministry of Public Health hires about -- there's a total of about 5,800 positions in the 1,700 facilities that the Ministry of Public Health has throughout the nation.

The National Military Hospital is, however, considered the premier medical facility in Afghanistan, so it sits pretty much at the top of the scale and the students are eager to come to the institution where we are -- we're training to get their last year of medical school. Clearly, at 40 or even 50 physicians a year and no attrition whatsoever, the quantity problem would not resolve, requiring 400 more, for at least another eight years. That's a bit longer than we would like to see from a transition standpoint and their ability to become self-sufficient.

So we have worked very diligently in the last two to three months with the office of the surgeon general and with the personnel system, which is called G-1, at -- with the Ministry of Defense on developing policies to improve the recruiting of fully-trained, fully-qualified physicians and even specialists, which would be trained in another four to five years beyond their medical school training. That is an ongoing process to fix the quantity deficit that we're becoming much more aggressive with this fall.

The quality piece, we have been working regularly for the last four years that U.S. mentors have been within the Afghan National Army and police health-care system. We've been working one-on-one with mentors tied up, tag teams with one, two, three Afghan counterparts and imparting skills that they are particularly or specifically trained in -- physicians, obviously, within their specialty, nurses in the nursing competencies, laboratory techs, X-ray techs and their specific skill set.

Improving the Afghan health-care system, one, two or three Afghan health care workers at a time, that is clearly a slow process -- particularly as there is a turnover every six months, very few people

staying a year. I'm one of those one-year individuals, but most of the people that work here with me on my -- within the MTAG are six to seven-monthers. There's that turnover time that's always difficult to pick up quite where you left off, so there's always a little backsliding as the new mentor comes into play.

So that's how we're developing both the quality and the quantity. Clearly, the new graduates from the training programs that we've developed -- our plans of instruction, or POIs -- they are more qualified and are able to improve their Afghan counterparts when they get out, imparting the knowledge they've learned from their year-long training programs that we've instituted.

PETTY OFFICER SELBY: Thank you, sir. And we're just about out of time. I just wanted to thank everybody for their questions, and, sir, thank you very much for your remarks and your answers.

Do you have any closing statement, sir? COL. GELLER: Yes. I'd like to just touch on advising as this pathway to transition. Our most important outcome is to train the Afghan health-care workers to be able to continue the training that we have initiated on their own, and we will -- we will be able to actually to transition in October the combat medic training, the medical officer's basic training, the medical sergeants or NCO training program entirely over -- and the logistics training program -- entirely over to the Afghans that we have done the train-the-trainer side-by-side with over the last two to three years, developing an instructor capacity within the Afghan national health-care system -- Afghan National Security Force health-care system. It is -- it is our intent to be completely transitioned with our nursing, our physician assistants, our biomedical maintenance, preventative medicine, lab, X-ray -- all of those programs we would -- we would anticipate will be completely transitioned to Afghans -- taught -- by 2013, most of those by 2012.

And their ability to then sustain those training programs is the ultimate pathway to transition. And they will -- they actually took our program of instruction for our medical logistics course, and they said, eh, not good -- doesn't quite meet our needs; we're going to change them a little bit, we're going to make that better. Which is great initiative; that's exactly what we're looking for.

So that was a particular success, that they take it and they make it better. Because we don't want it to just -- (audio break) -- a U.S. training program. It needs to fit their needs, with their input. And we're getting that, which is very exciting.

PETTY OFFICER SELBY: Well, thank you very much, sir, and thank you to everybody on the line.

Today's program will be available online at the bloggers link on DoDlive.mil, where you will be able to access the story based on today's call along with source documents such as the audio file and print transcripts.

Again, thank you, Colonel Geller and our blogger participants.  
This concludes today's event. Feel free to disconnect at this  
time.

Q Thank you, Colonel.

COL. GELLER: Thank you very much.

PETTY OFFICER SELBY: Thank you, sir.

END.