

**HEET PRIMARY HEALTHCARE CENTER
HEET, IRAQ**

SUSTAINMENT ASSESSMENT

**SIGIR PA-08-133
JANUARY 23, 2009**

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SIGIR

Special Inspector General for IRAQ Reconstruction

January 23, 2009

HEET Primary Health Care Center

Summary of Report: PA-08-133

Why SIGIR Did This Study

SIGIR is assessing projects funded under the Iraq Relief and Reconstruction Fund. SIGIR did this assessment to determine if the original deficiencies identified in the pre-final inspection, such as poorly insulated duct work and plumbing issues, were corrected.

The overall objective of the project was to complete the partially constructed Type A Heet Primary Healthcare Center. This facility, when completed, was expected to serve approximately 150 patients daily, which would relieve the overburdened outpatient care currently being provided by existing hospitals. The facility was partially completed by Parsons Delaware, Inc. prior to its termination in March 2006. At the time of termination, the facility was approximately 60% complete.

What SIGIR Recommends

SIGIR recommends that the Commanding General of GRD perform all installation of and training on the medical equipment currently at the Heet PHC, according to its prioritization listing.

SIGIR recommends that the Director, Iraq Transition Assistance Office (ITAO) emphasize to the Iraqi Ministry of Health the critical importance of routine and preventative operations and maintenance.

Both recommendations were originally addressed to GRD. GRD concurred with the first recommendation, but not the second noting that the Joint Campaign Plan, Annex B, Task 1.1.5 identifies the ITAO as the lead U.S. government organization to influence and work with the Government of Iraq (GOI) to assume full ownership and responsibility for operation and maintenance of U.S. government funded projects. SIGIR redirected the recommendation to ITAO.

For more information, contact SIGIR Public Affairs at (703) 428-1100 or PublicAffairs@sigir.mil

What SIGIR Found

On 3 November 2008, SIGIR performed an on-site assessment of the Heet Primary Healthcare Center (PHC) project. The total contract cost, including modification, was \$412,130; the project was turned over to the GOI on 16 July 2008. During the site visit, SIGIR determined that many of the original deficiencies identified in the pre-final inspection, such as damaged air-conditioning units and interior leaks were not corrected along with other construction deficiencies, such as leaks in the bathrooms, non-functioning hot-water heaters, exterior surface cracks, and low-quality windows.

It was not possible to conduct a complete review of all work because security conditions did not allow for an in-depth site inspection. The inspection team was limited to 30 minutes on site and access to the roof was limited. Consequently, SIGIR performed only an expedited assessment of the areas available.

SIGIR found that some medical equipment was either not connected or not operating. For example, a dental chair was in place but not installed. Connection pipes for the dental room were missing so the dental chair was not completely installed. A strong smell of diesel fuel was noticed throughout the PHC. The source of the leak was one of the supply lines to the generator from the fuel storage tank. The diesel fuel was spreading to the main electrical line, which was not installed in a concrete vault as required. The diesel fuel spill not only is a fire hazard, but due to the concentration of fumes throughout the facility, it is a potential respiratory health issue for the PHC staff and patients.

The PHC relies upon the national grid for its primary power; however, the national grid is unreliable and provides only about five hours of electricity per day. Therefore, two generators were included in the contract to provide consistent and reliable power to operate the facility when power from the national grid is down. The larger generator has an automatic transfer switch, which turns on the generator when power is lost from the national grid, but this generator was inoperable. SIGIR identified other construction deficiencies, such as the reverse osmosis unit had been delivered over nine months ago but still was not installed.

In spite of the noted deficiencies, doctors were attending to patients and pharmacists were dispensing medication.





SPECIAL INSPECTOR GENERAL FOR IRAQ RECONSTRUCTION

January 23, 2009

MEMORANDUM FOR COMMANDING GENERAL, UNITED STATES CENTRAL
COMMAND
COMMANDING GENERAL, MULTI-NATIONAL FORCE-
IRAQ
COMMANDING GENERAL, GULF REGION DIVISION, U.S.
ARMY CORPS OF ENGINEERS
COMMANDING GENERAL, JOINT CONTRACTING
COMMAND-IRAQ/AFGHANISTAN
DIRECTOR, IRAQ TRANSITION ASSISTANCE OFFICE

SUBJECT: Report on the Heet Primary Healthcare Center, Heet, Iraq (SIGIR Report
Number PA-08-133)

We are providing this report for your information and use. It addresses the current status of the Heet Primary Healthcare Center, Heet, Iraq. The assessment was made to determine whether the project was operating at the capacity stated in the original contract.

Comments on a draft of this report were received from the Gulf Region Division, Multi-National Forces – Iraq which addressed the issues raised in the report and recommendations made. The planned actions are responsive and should address the issues identified. As a result, comments to this final report are not required.

We appreciate the courtesies extended to our staff. If you have any questions please contact Mr. Brian Flynn via e-mail at brian.flynn@iraq.centcom.mil or at DSN 318-239-2485. For public affairs queries concerning this report, please contact SIGIR Public Affairs at publicaffairs@sigir.mil or at 703-428-1100.

Stuart W. Bowen, Jr.
Inspector General

Special Inspector General for Iraq Reconstruction

SIGIR-PA-08-133

January 23, 2009

Heet Primary Healthcare Center Heet, Iraq

Synopsis

Introduction. The Office of the Special Inspector General for Iraq Reconstruction is assessing projects funded under the Iraq Relief and Reconstruction Fund Program to provide real-time relief and reconstruction information to interested parties to enable appropriate action, when warranted.

Project Assessment Objective. The objective of this project assessment was to determine whether the project is operating at the capacity stated in the original contract. To accomplish the objective, the assessment team determined whether the project was at full capability or capacity when accepted by the U.S. government, when transferred to Iraqi operators, and during the site inspection on 3 November 2008. SIGIR conducted this limited scope assessment in accordance with the Quality Standards for Inspections issued by the Council of the Inspectors General on Integrity and Efficiency. The assessment team was comprised of two engineers/inspectors and one auditor/inspector.

Project Objective. The overall objective of the project was to complete the partially constructed Type A Heet Primary Healthcare Center (PHC). This facility, when completed, was expected to serve approximately 150 patients daily, which would relieve the overburdened outpatient care currently being provided by existing hospitals. The facility was partially completed by Parsons Delaware, Inc. (Parsons) prior to its termination in March 2006. At the time of termination, the facility was approximately 60% complete.

Conclusions. After Parsons was terminated in March 2006, a contract to complete the Heet PHC was awarded using funding from the Iraq Relief and Reconstruction Fund to a local contractor. This contract required the contractor to perform an assessment of the existing conditions of the partially built PHC to determine the necessity of additional design or re-work. The Gulf Region Central (GRC) Al Asad Resident Office could not locate the existence of the contractor's assessment report; therefore, SIGIR could not determine the quality of Parsons' partially built PHC.

During construction, the GRC Al Asad Resident Office performed routine site inspections of the facility to determine the status and quality of work. Specifically, the GRC Al Asad Resident Office performed a pre-final inspection on 11 July 2007, and identified significant construction deficiencies, such as damaged air-conditioning units, interior water leaks, and overall poor construction quality. The GRC Al Asad Resident Office made several follow-up site visits, which found that the previously identified deficiencies were still outstanding, unresolved, or incomplete. Also, the GRC Al Asad Resident Office identified more deficiencies, including the use of unapproved interior type fans and old salvage hot water heaters. The GRC Al Asad Resident Office became increasingly frustrated with the contractor, stating:

“Basically there was no change in the condition of this PHC since the last site visit which was to have been the pre-final inspection. This contractor has made little or no attempt to bring this contract to close. I believe he is merely playing a waiting game, in the hope USACE [U.S. Army Corps of Engineers] or the Iraqi Ministry of Health will accept this facility as it stands.”

To properly complete and turnover the partially constructed PHCs by Parsons nationwide, the Gulf Region Division (GRD) issued a standard operating procedure to “outline as clearly as possible the key items and responsible parties in delivering PHCs to the Iraqi Ministry of Health.” According to the standard operating procedure, PHCs will be provided with modern medical equipment, office equipment, furniture, and three months of medical equipment and consumables. Specifically,

“GRD will deliver quality, complete, functional Primary Health Clinics to the Ministry of Health as close to schedule and within the allotted budget. ‘Complete’ includes working electrical generators, installed and commissioned medical equipment, and furniture & consumables.”

According to the GRC Al Asad Resident Office documentation, the PHC equipment was delivered to the site in February 2008. The GRC Al Asad Resident Office site visits document that over the next few months the “PHC Furniture and furnishings delivered to the site...are in the process of being distributed to the respective rooms.” However, a subsequent GRC Al Asad Resident Office inspection report noted that the dental chairs had not yet been installed.

On 16 July 2008, the U.S. government and Iraqi Ministry of Health, after performing a final inspection, accepted the Heet PHC from the contractor. According to the turnover document, the final inspection by the GRC Al Asad Resident Office noted “no new deficiencies” from the pre-final inspection on 11 July 2007 and that all previously identified deficiencies were “completed.” The final inspection report did not include any photographs of the corrected deficiencies or the condition of the PHC.

SIGIR’s site visit determined that many of the original deficiencies identified in the pre-final inspection, such as damaged air-conditioning units and interior leaks, had not been corrected by the contractor. In addition, during the site visit, SIGIR noticed a strong smell of diesel fuel throughout the PHC. The source of the smell was a leak in one of the supply lines to the generator from the fuel storage tank. The diesel fuel was spreading to the main electrical line, which was not installed in a concrete vault (as required by a previous GRC Al Asad Resident Office inspection report). Since the generator and fuel tank were located adjacent to the building, the diesel fumes entered into the building. The diesel fuel spill not only is a fire hazard but due to the concentration of fumes throughout the facility, it is a potential respiratory health issue for the staff and patients.

Further, SIGIR’s site visit determined that medical equipment delivered to the PHC in February 2008 was neither connected nor operational. For example, the reverse osmosis unit is still in a crate sitting outside the facility and one of the dental chairs is not connected in the dental room. The crate containing the reverse osmosis unit is coming apart and not protecting it from the harsh elements. In addition, the PHC relies upon the national grid for its primary power; however, the national grid is unreliable and provides approximately four hours of electricity per day. Therefore, two generators were included to provide consistent and reliable power to operate the reverse osmosis unit and dental chairs when power from the national grid is down. The larger generator has an automatic transfer switch, which turns on the generator to run the PHC once power is lost from the national grid. Any hesitation or delay in transferring power from the national grid to the

generator means the facility will not have power, which could result in dire consequences. According to the PHC's administrator, the larger generator's automatic transfer switch does not work. SIGIR attempted to determine the cause of these problems by observing the control panel; however, the wiring and controls in the control panel were not easily understood. Due to time limitations on site, SIGIR could not identify the cause of the malfunction of the automatic transfer switch. The end result is that when power is lost from the national grid, a PHC representative must manually switch on the generator. In addition, the administrator stated that the 500-kilovolt backup generator does not work.

SIGIR identified other construction deficiencies, such as leaks in the bathrooms, non-functioning hot-water heaters, exterior surface cracks, and low-quality windows.

During the site visit, SIGIR observed doctors attending to patients and pharmacists dispensing medication.

GRD's Corrective Actions for the Sustainment of Health Projects. GRD recognized that, in many cases, the contractors awarded the contracts to complete the PHCs nationwide did not properly install the medical equipment or train the available personnel on the use of the equipment. In addition, throughout the history of the Iraq Relief and Reconstruction Fund program, once the U.S. government turned over facilities to the Iraqi ministries, little preventative maintenance was performed for items such as generators. Consequently, the facilities and equipment were failing at a rate much faster than what would be expected if normal preventative maintenance was being performed. Considering the importance of PHCs to the local Iraqi population and the specialized equipment provided to each PHC, preventative maintenance and training are imperative for the overall operation and long-term sustainment of each PHC.

As a result, GRD initiated a \$16.5 million contract¹ for the sustainment of health projects funded by the U.S. government. For each PHC, a facility assessment survey is completed, which identifies the actual physical condition of the facility and the equipment. The survey is used to develop a preventative maintenance program for each PHC. The preventative maintenance program will then be loaded into a computerized system, which will identify the need for a contractor to perform recurring maintenance on facilities and bio-medical equipment. The repair work orders will be addressed on a case-by-case basis and prioritized according to the system criticality to the operation of each PHC.

GRD will contract with multiple Iraqi companies throughout the country to perform the preventative maintenance and training. In addition, this contract provides for coaching and mentoring Iraqi companies in the area of operation and maintenance, which GRD believes will slowly improve the Iraqis' ability to ultimately sustain their own facilities and equipment.

GRD representatives stated that this PHC is on the list for prioritization for future installation of and training on medical equipment, specifically the reverse osmosis unit, dental chairs, and X-ray machine.

Recommendations. SIGIR recommends that the Commanding General, Gulf Region Division, perform all installation of, and training on, the medical equipment currently at the Heet PHC, according to its prioritization listing.

¹ Funded through the Economic Support Fund.

SIGIR recommends that the Director, Iraq Transition Assistance Office (ITAO), emphasize to the Iraqi Ministry of Health the critical importance of preventative maintenance and training to the Iraqis.

Management Comments. GRD generally agreed with the facts as presented in the report. In addition, GRD requested that SIGIR replace all report references to the “U.S. Army Corps of Engineers” or “USACE” with “GRD.”

With regards to the recommendations, GRD concurred with the first recommendation and non-concurred with the second recommendation. The GRD non-concurred with the second recommendation, noting that the Joint Campaign Plan, Annex B, Task 1.1.5 identifies the ITAO as the lead U.S. government organization to influence and work with the Government of Iraq to assume full ownership and responsibility for operation and maintenance of U.S. government funded projects.

Evaluation of Management Comments. GRD’s project file contained numerous references to the U.S. Army Corps of Engineers or USACE. In keeping with GRD’s request, except in cases of direct quotations from project file documentation, SIGIR replaced all references to the “U.S. Army Corps of Engineers” or “USACE” with “GRD.”

In view of the language of the Joint Campaign Plan, Annex B, Task 1.1.5, SIGIR agrees that ITAO is the lead U.S. government organization to influence and work with the Government of Iraq to assume full ownership and responsibility for operation and maintenance of U.S. government funded projects. Therefore, SIGIR redirected the recommendation to ITAO.

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Introduction

Objective of the Project Assessment

The objective of this project assessment was to provide real-time relief and reconstruction project information to interested parties to enable appropriate action to be taken, when warranted. Specifically, SIGIR determined whether the project was operating at the capacity stated in the original contract. To accomplish this, SIGIR determined if the project was at full capability or capacity when accepted by the U.S. government, when it was transferred to Iraqi operators, and during the site inspection.

Pre-Site Assessment Background

Primary Healthcare Centers

Prior to 2003, Iraq's health care system was in a fragile state following over 20 years of conflict and sanctions. Specifically, the Iraqi health care system previously suffered from being systematically underfunded, which led to severe declines in the health status of the population, the most vulnerable being children.

Contract W914NS-04-D-0006 awarded to Parsons Delaware, Inc.

In an effort to rectify the poor condition of the Iraqi health care system, the Coalition Provisional Authority (CPA) awarded multiple task orders (TOs) under Contract W914NS-04-D-0006. Contract W914NS-04-D-0006, dated 25 March 2004, was a design build, cost-plus-award-fee, indefinite delivery/indefinite quantity contract funded with U.S. appropriated Iraq Relief and Reconstruction Fund (IRRF) awarded to Parsons Delaware, Inc (Parsons).

Three specific TOs required Parsons to design and construct 150 primary healthcare centers (PHCs) throughout Iraq². However, the program to design and construct the 150 PHCs was riddled with poor performance, increased costs, and untimely completions. According to a SIGIR audit report,

“in July 2005, U.S. government management recognized that the PHC construction program was in trouble and started a series of actions which eventually led to a reduction in the number of centers to be delivered from the 150 to 20. Unfortunately, as a result, there are 121 centers that remain partially complete.”

Ultimately, on 3 March 2006, the U.S. government terminated the approximately \$243 million contract with Parsons for convenience³.

After terminating the Parsons PHC TOs, the U.S. government decided to use available funding to contract directly with local Iraqi contractors to complete the partially built PHCs. The Heet PHC was one of the 121 PHCs Parsons partially completed (prior to being terminated).

² The three TOs were 4, 11, and 12.

³ Approximately \$186 million was spent on the PHC project.

Medical Equipment

In addition to the design and construction of the 150 PHCs, Parsons' three TOs also required the delivery and installation of medical and dental equipment at each PHC⁴. The medical equipment included X-ray equipment, hematology analyzers, exam tables, patient beds, defibrillators, electroencephalogram (EEG) machines, ventilators, incubators, and other equipment; while the dental equipment included dental chairs, lights, cabinets, instruments, supplies, and other equipment. Included in the total definitized cost for the medical equipment was the requirement to install and test the equipment, train clinic personnel on the use of the equipment, and provide a 12-month warranty on the installed equipment.

Prior to being terminated in March 2006, Parsons procured and delivered the medical equipment for the 150 PHCs, which the Gulf Region Division (GRD) arranged to have stored in warehouses at Abu Ghraib.

Letter of Instruction for Delivery of Primary Health Clinics

In order to properly complete and turnover the PHCs, GRD created a standard operating procedure (SOP) entitled, "Letter of Instruction for Delivery of Primary Health Clinics." The purpose of this SOP was to "outline as clearly as possible the key items and responsible parties in delivering PHCs to the Iraqi Ministry of Health." According to the SOP, PHCs will be provided with modern medical equipment, office equipment, furniture, and three months of medical equipment and consumables. Specifically,

"GRD will deliver quality, complete, functional Primary Health Clinics to the Ministry of Health as close to schedule and within the allotted budget. 'Complete' includes working electrical generators, installed and commissioned medical equipment, and furniture & consumables."

Type A PHC

There are three different types of PHCs – Types A, B, and C. Type A is a two-story, 1,155 square meter reinforced concrete and brick structure with a flat, concrete tile roof. The building is approximately rectangular in shape, with a "T" shaped second story. A portico is created by a cantilever section of the second floor over the front entrance. Figure 1 provides an illustration of a completed Type A PHC facility. The Type A PHC facility provides space for medical/dental examination and treatment as well as for X-rays, vaccinations, a testing lab, a pharmacy, and public education.

⁴ The total definitized cost of the equipment for the 150 PHCs plus a medical training academy was approximately \$70.4 million.



Figure 1. Illustration of a completed Type A PHC

Contract, Costs and Payments

Gulf Region Central (GRC), on 16 July 2006, using IRRF funding, awarded Contract W917BG-06-C-0131, a firm-fixed-price-contract in the amount of \$401,000, to a local contractor⁵. The contract required the contractor to complete the entire project within 120 calendar days from the notice to proceed.

In addition to the work contracted for in the \$401,000 contract, the contract listed the following four options (and associated costs):

- Option 1 – Medical equipment installation only. Install the government furnished equipment⁶. Installation shall be in accordance with manufacturer's recommendation so as not to void the warranty (\$24,000).
- Option 2 – Make connection to primary power and back-up generator. Switch gear, generator, and transformer are government furnished equipment. Pad, wire, and other requirements to make connection usable and compliant with code are contractor's responsibility (\$36,000).
- Option 3 – Pick-up generator, transformer, and switch gear at Abu Ghraib warehouse and deliver to project site (\$12,000).
- Option 4 – Purchase and install furniture. All items will be of commercial grade for institutional use (\$49,000).

The total cost of the original contract and the four options was \$522,000. However, according to project file documentation, none of the options were exercised, which left the base contract at \$401,000.

⁵ According to GRC representatives, the owner is currently in jail in Syria.

⁶ The original Parsons PHC TOs provided for the purchase and installation of medical and dental equipment for each PHC. Prior to being terminated, Parsons purchased the medical and dental equipment and delivered it to the Abu Gharib warehouse, located in Baghdad, Iraq.

There was one modification to this contract. Modification P0001, dated 17 March 2007, for \$11,130 increased the total cost to \$412,130, and required the addition of two concrete or steel columns, curtain rods and curtains for privacy, an opening in the X-ray room wall, and a hose to drain the condensate off the roof from the heating, ventilation, and air conditioning (HVAC) units. In addition, this modification allowed the contractor an additional 60 days to complete the project.

Statement of Work

The statement of work (SOW) for this project consisted of an assessment of existing conditions, minimum design, and completion of construction for the previously partially-built Heet PHC. Specifically:

Assessment Requirements

- survey existing site conditions and update drawings
- document existing site conditions, including photographs
- identify and document any discrepancies with drawings
- review design drawings for conformance to Iraqi and international codes
- submit a complete report on findings

Design Requirements

- update drawings with changes from assessment
- complete and submit 100 % design drawings
- submit additional specifications to establish and monitor quality control
- submit a schedule of prices for each category of work

Construction & Demolition Requirements

- provide all material, labor, and equipment for the demolition of construction not compatible with approved design
- construct all civil, electrical, sanitary, mechanical, and other work in conformance with the approved design and specifications

The contractor was also required to coordinate the work with the Ministry of Health during all phases of construction and to provide operations and maintenance training on all facilities and equipment.

Project Objective and Pre-Construction Description

The overall objective of the project was to complete the partially constructed Type A Heet PHC. This facility, when completed, will relieve the overburdened outpatient care workload currently being provided by existing hospitals. This PHC is expected to serve approximately 150 patients daily.

The small city of Heet, with a population estimated at 150,000, is one of a string of Sunni population centers along the Euphrates Valley in the Al Anbar Province. Located on the river between the city of Haditha and Ramadi (the provincial capital), Heet was once a volatile city to Coalition Forces. The site of the PHC is located in a less dense section of town east of the Euphrates River and adjacent to a local mosque. A general hospital is located in the more densely populated section of town west of the river.

The description of the facility (pre-construction) is based upon information obtained from the contract, GRC Al Asad Resident Office personnel, and GRC Al Asad Resident Office documentation. According to the contract's SOW, this facility was 60% completed by Parsons.

According to project file documentation, the GRC Al Asad Resident Office did not know the condition of the facility when Parsons was terminated, and aerial imagery taken in late June 2006 provided little indication of the status of construction (Figure 2). Consequently, the new contract required the contractor to perform an assessment of the partially constructed facility to determine the status and quality of the facility. The project file lacked the contractor's assessment of current conditions of the partially completed Heet PHC. Therefore, SIGIR reviewed project file photographs (Figure 2 and Site Photos 1-5) taken on 20 July 2006, which illustrate the condition of the partially completed facility. The July 2006 photographs confirm the partially constructed facility was approximately 60% complete. From the photographs, SIGIR determined the following items were completed:

- structural concrete columns and beams
- interior and exterior concrete block walls
- concrete septic tank structure
- exterior tile on the front of the building
- roof tiles and mastic

In addition, the contractor had partially finished the water and sewer piping, electrical wiring, duct work, security wall and gates, interior wall finishes and tiles, exterior sidewalks, and interior floor tiles.



Figure 2. Aerial imagery of the Heet PHC taken in 2006 (Courtesy of GRC)



Site Photo 1. Structural concrete
(Courtesy of GRC)



Site Photo 2. Exterior block walls
(Courtesy of GRC)



Site Photo 3. Concrete septic tank
(Courtesy of GRC)



Site Photo 4. Exterior tile
(Courtesy of GRC)



Site Photo 5. Roof tiles and mastic
(Courtesy of GRC)

Current Project Design and Specifications

The contract's SOW required the contractor to update Parson's original design drawings based upon changes identified in the assessment phase. In addition, the contractor was responsible for completing and submitting the 100% design drawings.

Parsons presented GRD with a consistent design for all Type A PHCs. Parsons previously submitted 30%, 65%, 95%, and 100% design drawings and specifications to GRD for review and approval. Parson's design drawings for a Type A facility included architectural, structural, mechanical, plumbing, and electrical plans. For example, the architectural design drawings included detailed views of the exterior of the facility (Figure 3).

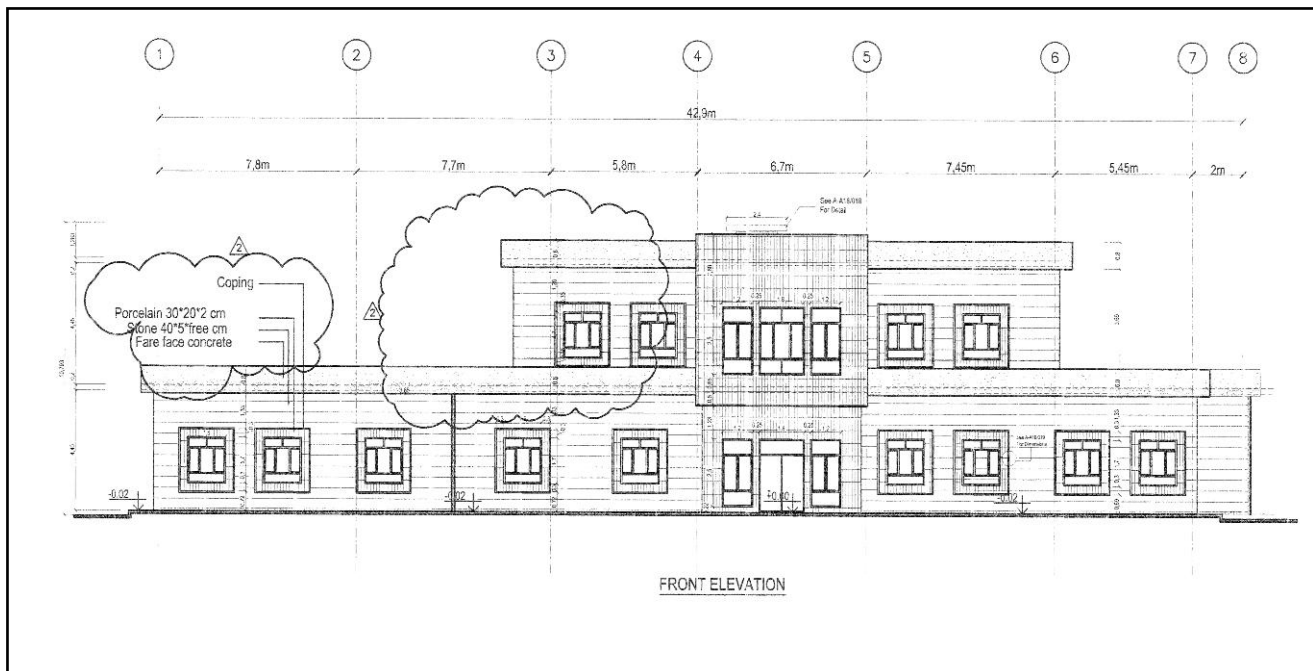


Figure 3. Detailed design drawing view of PHC exterior

The Type A design drawings included the following rooms for a fully functioning PHC (Figure 4):

- reception area and lobby (1)
- exam rooms (2)
- doctors offices (3)
- bathrooms (4)
- laboratory (5)
- X-ray room (6)
- records room (7)
- mechanical room (8)
- electrical room (9)
- classroom (10)
- dental services (11)
- pharmacy (12)
- storage rooms (13)

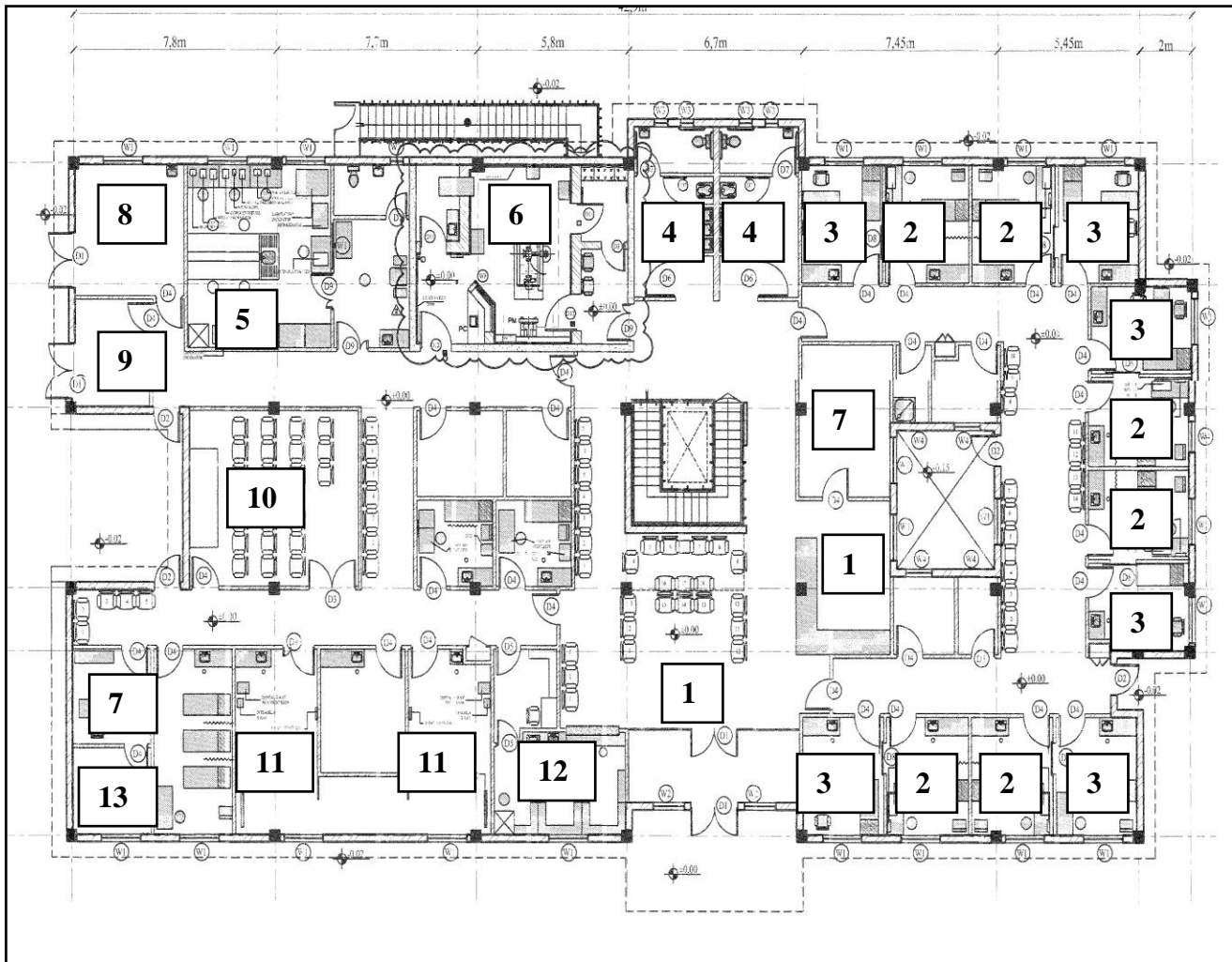
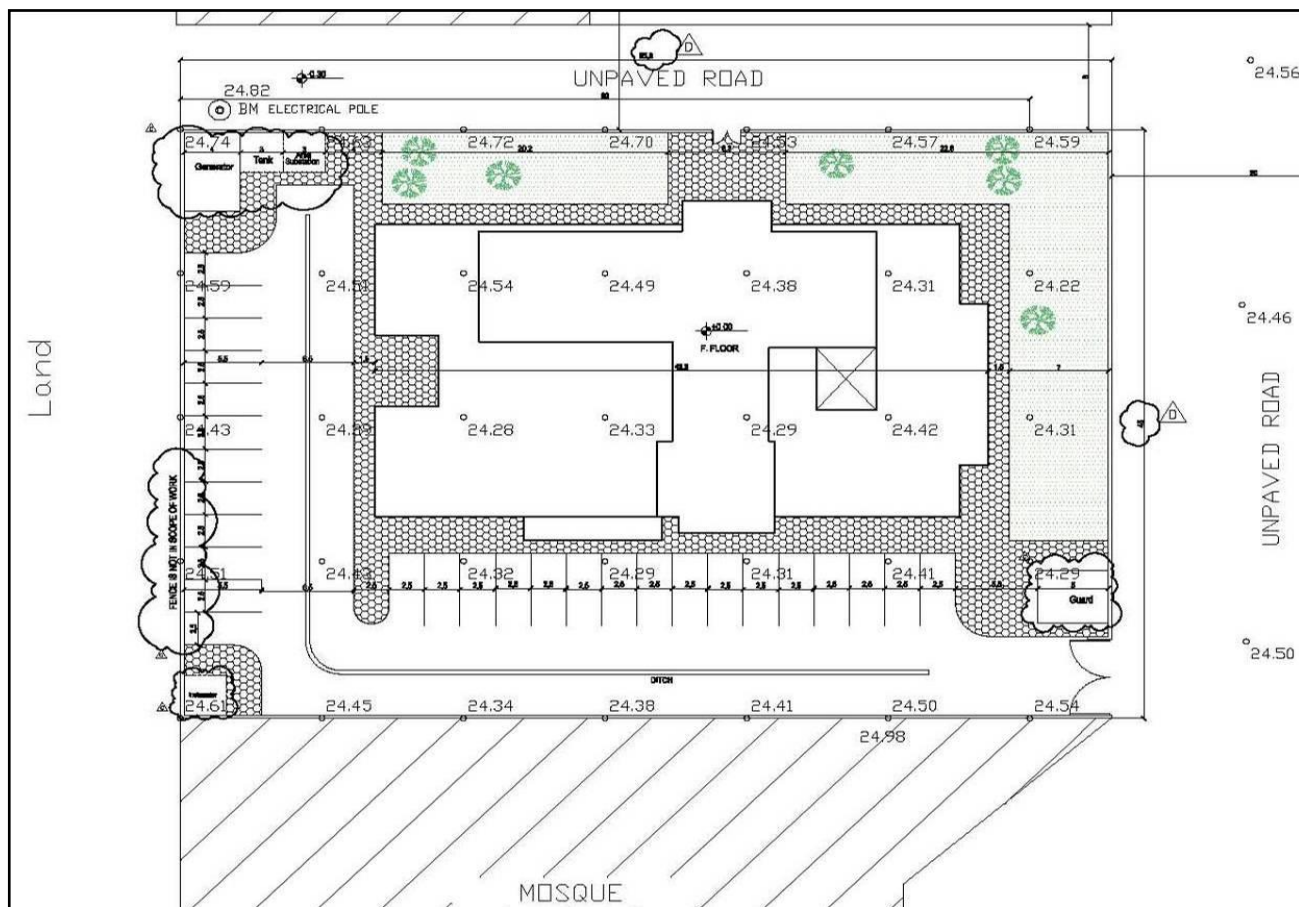


Figure 4. Interior view of the PHC, including the number and location of rooms

SIGIR previously reviewed Parson's design drawings while performing assessments of PHC work done while Parsons was still under contract⁷. SIGIR found Parson's design drawings and specifications to be complete and consistent with the contract's requirements (Figure 4).

The new contractor, prior to construction, submitted a site design to GRD, which lacked specific details on types of materials, drainage, utilities, and security lighting (Figure 5).

⁷ See SIGIR report, PA-05-17, "Hai Al Iman Clinic, Hilla, Iraq," 7 March 2006, and SIGIR report, PA-06-042-046, "Primary Healthcare Centers Numbered KE-01, KE-02, KE-03, KE-04, and KE-05, Kirkuk, Iraq," 25 April 2006.



The SOW required the contractor to design and construct the facility in accordance with the technical specifications and the international or Iraqi building code, as specified. Specifically, where repair and refurbishment are required, the standards of the original design are to be used. Materials and equipment to be replaced will be replaced with equipment that meets the original design intent of the facility. However, where new material or equipment has been specified in this project, or if the original material or equipment is determined to be inadequate for the proposed service, new items will be specified to Iraqi or equivalent international codes and standards.

Further, the SOW required the contractor to provide an operations and maintenance (O&M) manual, written in Arabic and English, which includes standard operating procedures for all equipment and systems, standard maintenance procedures, and recommended spare parts lists for all equipment.

The contractor was also required to conduct O&M training appropriate to the facilities and equipment that were constructed or rehabilitated in the scope of this project. The contractor is required to arrange the training, which includes appropriate technicians from the city. A record of training is required to be submitted after completion.

In addition, the contractor must provide O&M support for all facilities and equipment installed, constructed, or rehabilitated. The O&M support must be provided during the construction, startup, and commissioning phases of the project.

and continue for a period of 90 days following the issuance of the Letter of Project Completion.

The SOW required the contractor to provide detailed design and as-built drawings using AutoCAD (Computer Aided Design) software and in Portable Document Format (PDF). The as-built drawings were required to include details of location of work and existing site conditions. The contract is not complete until the as-built drawings are accepted by GRD.

The SOW also identified “General Requirements” that the contractor was responsible to follow. For example, under “Standards” the contractor’s work must “meet the standards specified herein and shall be accomplished in conformance with approved and accepted standards of the industry; equipment manufacturers; all applicable installation, local standards; and all applicable building and safety codes.”

Site Progress During Construction

Throughout the construction project, the contractor provided a weekly construction log, which documented quality control, including photographs and work activities performed. In addition, the GRC Al Asad Resident Office documented construction progress via quality assurance reports and photographs taken during visits to the site. SIGIR reviewed and subsequently relied on selected photographs to document examples of construction performance before the project was turned over to the Ministry of Health (MoH) on 16 July 2008.

Site Photos 6-9 document various construction work activities at the PHC, including electrical wiring, mosaic tile installation, HVAC installation, and security wall alignment.



**Site Photos 6 and 7. Installation of electrical wiring and mosaic tile, respectively
(Courtesy of GRC)**



Site Photo 8. HVAC duct installation



Site Photo 9. Security wall alignment

(Courtesy of GRC)

As part of the quality assurance process, GRC Al Asad Resident Office representatives randomly visited the project site to perform inspections. In April 2007, after the project was almost four months past due, the GRC Al Asad Resident Office representatives described the visit as the following:

“Although we found numerous construction inadequacies during this short visit, it was evident if the areas we inspected were representative of the entire facility, application of Contract Specifications and Building Codes have been over-looked or ignored. This applies to UL [Underwriters Laboratory] Ratings on electrical components to safety code violations.”

On 11 July 2007, the GRC Al Asad Resident Office performed a “pre-final inspection” of the Heet PHC, which identified several significant deficiencies in need of correction before the final inspection. The pre-final inspection noted deficiencies such as damaged air conditioning units, interior water leaks, and overall poor construction quality, and also determined that construction work still needed to be completed.

GRC Al Asad Resident Office representatives made several follow-up inspections during the next year. Each inspection identified significant deficiencies in need of correction, such as the following:

- flooring in the laboratory is a porous type, which is unacceptable for a PHC
- unapproved interior type fans have been installed on the exterior vents for the X-ray and laboratory roof vents
- several of the hot water heaters need to be moved away from electrical outlets
- hot water heaters were never approved, and appear to be old salvaged units
- in at least one instance, the contractor mounted a hot water heater above an electrical outlet (Site Photo 10)



**Site Photo 10. Location of hot water heater
(Courtesy of GRC)**

A 12 September 2007 GRC site visit documented that previously identified deficiencies were still outstanding, unresolved, or incomplete. The GRC representative also expressed frustration at what appeared to be the intent of the contractor.

“Basically there was no change in the condition of this PHC, since the last site visit which was to have been the pre-final inspection. This contractor has made little or no attempt to bring this contract to close. I believe he is merely playing a waiting game, in the hope USACE [United States Army corps of Engineers] or the Iraqi Ministry of Health will accept this facility as it stands.”

According to project file documentation, the PHC equipment was delivered to the site in February 2008. The GRC Al Asad Resident Office site visits document that over the next few months the “PHC Furniture and furnishings delivered to the site...are in the process of being distributed to the respective rooms.” However, a subsequent inspection report noted that the dental chairs had not yet been installed.

Condition of Heet PHC at Turnover

Final Inspection

Under GRD’s SOP, the final inspection will be conducted after all punch list items generated during the pre-final inspection and the medical equipment and furnishings are installed. This is to be done before or on the date the facility is to be turned over.

According to project file documentation, on 16 July 2008, the U.S. government and MoH, after performing a final inspection, accepted the Heet PHC from the contractor. According to the turnover document, the final inspection performed by the GRC Al Asad Resident Office noted “no new deficiencies” from the pre-final inspection on 11 July 2007 and that all previously identified deficiencies were “completed.”

The final inspection report did not include any photographs of the corrected deficiencies or the condition of the PHC. The most recent photographs of the site in the project file were from June 2008. Since these photographs occurred within a couple weeks of the final inspection, SIGIR used them to gauge the condition of the facility at turnover. According to the available photographs, the GRC Al Asad Resident Office tested the water at the PHC (Site Photo 11) and the generator (Site Photo 12); however, the photographs do not verify the correction of previously identified deficiencies.

The final inspection report does not address the condition of the medical equipment, which sat in a warehouse at Abu Ghraib for almost two years prior to being delivered to the Heet PHC in February 2008.

The final inspection occurred on the two-year anniversary of awarding this contract, which was required to be completed in 180 days.



Site Photos 11 and 12. Photos from the GRC Al Asad Resident Office final inspection, which included verifying running water and the operation of the 1-MegaWatt generator (Courtesy of GRC)

Site Assessment

On 3 November 2008, SIGIR performed an on-site assessment of the Heet PHC project. A GRC Al Asad Resident Office representative and the PHC's administrator (who was also a doctor) accompanied SIGIR during the site visit. Due to security concerns, the time allotted for the site visit was approximately 30 minutes. In addition, access to the roof was limited. Consequently, SIGIR performed an expedited assessment of the areas available; therefore a complete review of all work completed was not possible.

During the site visit, SIGIR observed doctors attending to patients and pharmacists dispensing medication. According to the administrator, this PHC has been operating since July 2008 and serves approximately 100 patients daily. This PHC acts as a primary care facility, with an in-house pharmacy, but does not provide surgery, X-ray, or dental services. The more serious cases (i.e. surgeries) are referred to a nearby local hospital. X-ray and dental services are currently not being provided.

Status of Medical Equipment

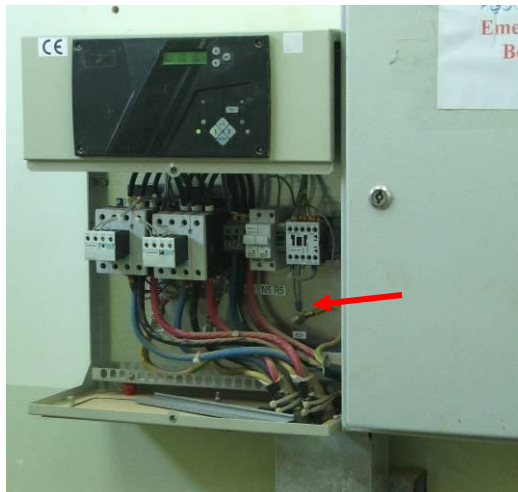
According to GRD's SOP, "Generators and reverse osmosis (RO) water purification units need to be running for commissioning of the medical equipment."

Generators

The Heet PHC receives power from the national grid; however, the national grid is unreliable and provides approximately four hours of electricity per day. The remaining hours of operation are supplemented using one of the two generators located on site. The larger generator, a one-megawatt (1-MW), is used for primary power; while the smaller generator, a 500-kilovolt (kV) is for emergency backup. Since the Heet PHC is connected to national grid power, an automatic transfer switch is critical to instantly transfer to generator power once electricity from the national grid is lost. Any hesitation or delay in transferring power from the national grid to a generator means the facility will not have power, which could result in dire consequences.

During the site visit, the 1-MW generator was supplying power for the facility. According to the administrator, this generator's automatic transfer switch does not work. SIGIR attempted to determine the cause of these problems by observing the control panel; however, the wiring and controls in the control panel were not easily understood. Due to time limitations on site, SIGIR could not identify the cause of the automatic transfer switch's malfunction (Site Photo 13). Now when power is lost from the national grid, a PHC representative has to manually switch on the generator.

In addition, the administrator stated that the 500-kV backup generator does not work (Site Photo 14). The administrator stated that this has resulted in the southern half of the facility not having power.



Site Photo 13. Access cover removed from non-functioning transfer switch



Site Photo 14. Secondary generator is not functioning according to administrator

Reverse Osmosis Unit

During our site visit, SIGIR observed that the RO unit had been delivered but not installed (Site Photo 15). According to GRD representatives, the contract required the contractor to install the RO unit; however, the RO unit is located behind the facility in exactly the same place where it was delivered in February 2008. Apparently, the RO unit had not been touched in over nine months. In addition, this equipment has been exposed

to the weather elements, such as extreme summer heat and sandstorms. The condition of the RO unit is unknown.



Site Photo 15. During site visit, SIGIR identified the RO unit was located in the same place as when it was delivered in February 2008.

Dental Chairs

According to GRD's SOP, "Contractors will install/set-up medical equipment and commission. USACE representatives shall ensure that commissioning is performed."

During the site visit, SIGIR observed the dental equipment, specifically one of the dental chairs was not installed and/or connected (Site Photo 16). According to a GRD representative, the "PVC [polyvinyl chloride] and Copper pipes for the dental room were missing so the dental chair was not completely installed." SIGIR noticed that the drain for the dental chair was not properly placed, which will require minor construction to move the drain to an appropriate place in the dentist's office.

The administrator stated the facility has a full time dentist; however, without any dental chairs properly installed and connected to purified water and drainage, there is little benefit the dentist can provide outside of very minor routine dental care. Also, one of the dental chairs, similar to the RO unit, appears to have been sitting in the same position for almost nine months.



Site Photo 16. Delivered dental chair

X-Ray Machine

According to a GRD representative, the X-ray machine was installed, but training has not been completed due to staff shortages. However, the administrator stated the PHC has the staffing required to operate the machine.

General Observations

Generators

During the site visit, SIGIR noticed a strong smell of diesel fuel throughout the PHC. The source of the leak was one of the supply lines to the generator from the fuel storage tank (Site Photo 17). The diesel fuel was spreading to the main electrical line, which was not installed in a concrete vault (as required by a previous GRC inspection report). Since the generator and fuel tank were located adjacent to the building, the diesel fumes entered the building. The diesel fuel spill not only is a fire hazard, but due to the concentration of fumes throughout the facility, it is a potential respiratory health issue for the PHC staff and patients.



Site Photo 17. Diesel fuel spill and electrical line not installed correctly.

Bathrooms and Hot Water Heaters

In April 2007, a GRC representative visited the Heet PHC and described the condition of the bathroom as “piping not to specification, damaged wall” and provided a photograph documenting the deficiencies (Site Photo 18). During the site visit, SIGIR inspected the bathroom and found that neither the piping nor the damaged wall had been corrected (Site Photo 19). In addition, the vanity had a water leak, which ran down the wall and on to the floor.

Further, the entire facility did not have access to hot water at the time of the inspection. SIGIR inspected the hot water heaters and determined they were of very poor quality. In most cases, the hot water heaters appeared to be used (it appears to have been repainted) and one large hot water heater was installed on the roof, which exposed it to the elements (Site Photo 20). In addition, the indoor hot water heaters were improperly installed, and in several cases, exposed the staff and patients to the potential of electrocution (Site Photo 21). The April 2007 GRC site visit identified used and poorly installed hot water heaters and SIGIR’s site visit 19 months later documented that the contractor had not corrected these issues.



Site Photos 18 and 19. Damaged restrooms (Courtesy of GRC)



Site Photos 20 and 21. Non-functioning and possibly used hot water heaters

Exterior Cracks

Due to security concerns, SIGIR was not allowed to tour the entire exterior of the facility; instead SIGIR could only quickly gauge the quality of work when entering/exiting the facility. SIGIR did observe cracking of the plaster along the exterior of the building (Site Photos 22 and 23). The cracks followed the location of the connections of the block in-fill to the reinforced concrete columns and beams. Although this is most likely not a serious structural problem, the cracking of the plaster can allow water to penetrate the facility and potentially cause water damage. Some of the cracks had been sealed with an unknown type of sealant that may need maintenance in the future. SIGIR also noticed several areas of water leakage in the interior of the building. Due to lack of time on site, it could not be determined if the water leakage was from the exterior cracking or other problems.

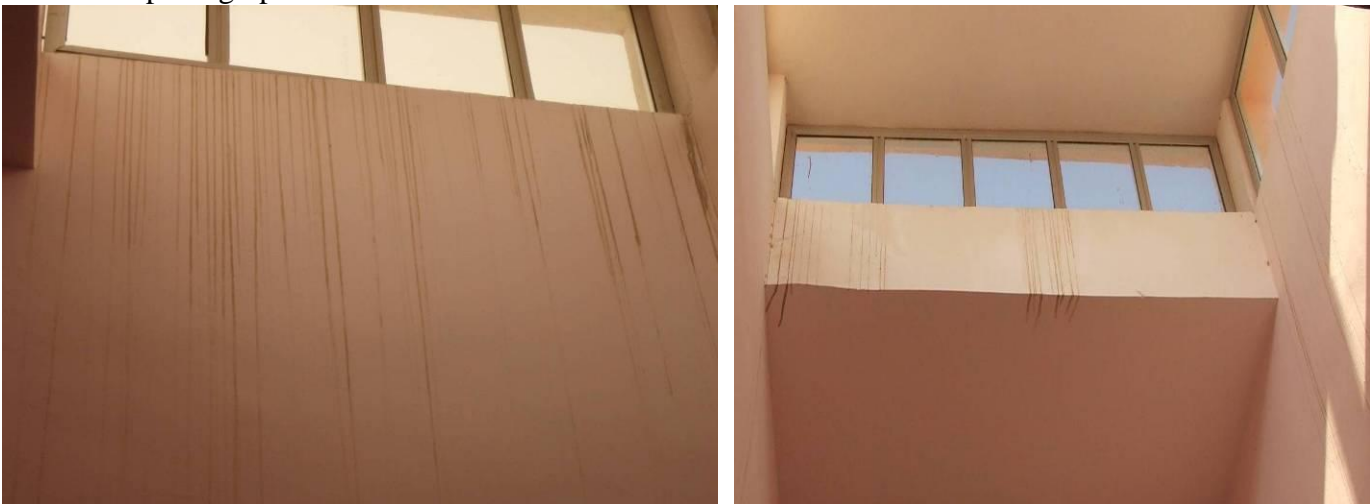


Site Photos 22 and 23. Examples of exterior in-fill cracking

Interior Leaks

On the GRC's pre-final inspection interior leaks from the skylight were identified (Site Photos 24 and 25). Several days prior to the site visit, the city of Heet had experienced heavy rainfall. During the site visit, several leaks were observed on the interior walls throughout the facility. Specifically, the skylight contained interior leaks that were previously identified in the pre-final inspection. The turnover documentation stated all previously identified deficiencies from the pre-final inspection had been "completed;" however, the interior leaks illustrate the contractor had not corrected the deficiency. While time restraints limited SIGIR's ability to determine the exact cause(s) of the interior leaks, it appeared to be the result of exterior cracking, mastic roof sealants, and improper window seals.

On 16 July 2008, the U.S. government and Iraqi MoH, after performing a final inspection, accepted the Heet PHC from the contractor. According to the turnover document, the final inspection by the GRC Al Asad Resident Office noted "no new deficiencies" from the pre-final inspection on 11 July 2007 and that all previously identified deficiencies were "completed." The final inspection report did not include any photographs of the corrected deficiencies or the condition of the PHC.



Site Photos 24 and 25. Interior leaks identified in pre-final inspection (left) and during SIGIR site visit (right)

Windows

Even though the PHC has two security guards, the administrator was extremely concerned about the lack of security provided by the exterior windows. The administrator stated the windows are so poorly constructed and installed that in many cases, string was used to hold the windows “locked” together (Site Photo 26). SIGIR attempted to lock the windows without the use of the string, but found the window installed was of poor quality and would not lock.

The administrator is apprehensive because the PHC stores a considerable amount of prescription drugs and medical equipment, which is sought-after by terrorists and gangs.



Site Photo 26. Poorly constructed and unsecured window.

HVAC for South End of Facility

According to the administrator, the HVAC for the south end of the facility does not work. On the GRC’s pre-final inspection, damaged air conditioning units were identified as a deficiency. The turnover documentation stated all previously identified deficiencies from the pre-final inspection had been “completed.” SIGIR’s inspection of the non-operational HVAC unit found it damaged; however, it could not be determined if it was damaged when it arrived at the PHC or if it had been damaged since it was delivered (Site Photo 27). In addition, the facility has no electricity at the south end and it could not be determined if the non-functioning HVAC unit was actually broken or not working due to a lack of power. The HVAC drain line did not run to the edge of the roof (a deficiency noted in a previous GRC site inspection).



Site Photo 27. HVAC unit non-functioning and damaged

Observations of the PHC Administrator

During the site visit, the administrator stated that the PHC was a good facility, and he felt that though the contract design was for 150 patients a day, it could serve thousands a day if properly staffed and equipped. However, the administrator stated that additional doctors, nurses, and dentists needed to maximize the facility's potential could not be hired until the medical equipment is installed and operational.

The administrator also pointed out several positive issues related to the operation of the facility, such as the MoH providing the fuel for the generator and the medicines for the pharmacy.

Conclusions

The contract to complete the Heet PHC required the contractor to perform an assessment of the existing conditions of the partially built PHC to determine the necessity of additional design or re-work. The GRC Al Asad Resident Office could not locate the existence of the contractor's assessment report; therefore, SIGIR could not determine the quality of Parsons' partially built PHC.

During construction, the GRC Al Asad Resident Office performed routine site inspections of the facility to determine the status and quality of work. Specifically, the GRC Al Asad Resident Office performed a pre-final inspection on 11 July 2007, and identified significant construction deficiencies, such as damaged air-conditioning units, interior water leaks, and overall poor construction quality. The GRC Al Asad Resident Office made several follow-up site visits, which found that the previously identified deficiencies were still outstanding, unresolved, or incomplete. Also, the GRC Al Asad Resident Office identified more deficiencies, including the use of unapproved interior type fans and old salvage hot water heaters. The GRC Al Asad Resident Office became increasingly frustrated with the contractor, stating:

“Basically there was no change in the condition of this PHC since the last site visit which was to have been the pre-final inspection. This contractor has made little or no attempt to bring this contract to close. I believe he is merely playing a

waiting game, in the hope USACE or the Iraqi Ministry of Health will accept this facility as it stands.”

To properly complete and turnover the partially constructed PHCs by Parsons nationwide, GRD issued a standard operating procedure to “outline as clearly as possible the key items and responsible parties in delivering PHCs to the Iraqi Ministry of Health.” According to the standard operating procedure, PHCs will be provided with modern medical equipment, office equipment, furniture, and three months of medical equipment and consumables. Specifically,

“GRD will deliver quality, complete, functional Primary Health Clinics to the Ministry of Health as close to schedule and within the allotted budget. ‘Complete’ includes working electrical generators, installed and commissioned medical equipment, and furniture & consumables.”

According to project file documentation, the PHC equipment was delivered to the site in February 2008. The GRC Al Asad Resident Office site visits document that over the next few months the “PHC Furniture and furnishings delivered to the site...are in the process of being distributed to the respective rooms.” However, a subsequent GRC Al Asad Resident Office inspection report noted that the dental chairs had not yet been installed.

On 16 July 2008, the U.S. government and Iraqi Ministry of Health, after performing a final inspection, accepted the Heet PHC from the contractor. According to the turnover document, the final inspection by the GRC Al Asad Resident Office noted “no new deficiencies” from the pre-final inspection on 11 July 2007 and that all previously identified deficiencies were “completed.” The final inspection report did not include any photographs of the corrected deficiencies or the condition of the PHC.

SIGIR’s site visit determined that many of the original deficiencies identified in the pre-final inspection, such as damaged air-conditioning units and interior leaks, had not been corrected by the contractor. In addition, during the site visit, SIGIR noticed a strong smell of diesel fuel throughout the PHC. The source of the smell was a leak in one of the supply lines to the generator from the fuel storage tank. The diesel fuel was spreading to the main electrical line, which was not installed in a concrete vault (as required by a previous GRC Al Asad Resident Office inspection report). Since the generator and fuel tank were located adjacent to the building, the diesel fumes entered into the building. The diesel fuel spill not only is a fire hazard but due to the concentration of fumes throughout the facility, it is a potential respiratory health issue for the staff and patients.

Further, SIGIR’s site visit determined that medical equipment delivered to the PHC in February 2008 was neither connected nor operational. For example, the reverse osmosis unit is still in a crate sitting outside the facility and one of the dental chairs is not connected in the dental room. The crate containing the reverse osmosis unit is coming apart and not protecting it from the harsh elements. In addition, the PHC relies upon the national grid for its primary power; however, the national grid is unreliable and provides approximately four hours of electricity per day. Therefore, two generators were included to provide consistent and reliable power to operate the reverse osmosis unit and dental chairs when power from the national grid is down. The larger generator has an automatic transfer switch, which turns on the generator to run the PHC once power is lost from the national grid. Any hesitation or delay in transferring power from the national grid to the generator means the facility will not have power, which could result in dire consequences. According to the PHC’s administrator, the larger generator’s automatic transfer switch does not work. SIGIR attempted to determine the cause of these problems by observing the control panel; however, the wiring and controls in the control panel

were not easily understood. Due to time limitations on site, SIGIR could not identify the cause of the malfunction of the automatic transfer switch. The end result is that when power is lost from the national grid, a PHC representative must manually switch on the generator. In addition, the administrator stated that the 500-kilovolt backup generator does not work.

SIGIR identified other construction deficiencies, such as leaks in the bathrooms, non-functioning hot-water heaters, exterior surface cracks, and low-quality windows.

During the site visit, SIGIR observed doctors attending to patients and pharmacists dispensing medication.

GRD's Corrective Actions for the Sustainment of Health Projects

GRD recognized that, in many cases, the contractors awarded the contracts to complete the PHCs nationwide did not properly install the medical equipment or train the available personnel on the use of the equipment. In addition, throughout the history of the Iraq Relief and Reconstruction Fund program, once the U.S. government turned over facilities to the Iraqi ministries, little preventative maintenance was performed for items such as generators. Consequently, the facilities and equipment were failing at a rate much faster than what would be expected if normal preventative maintenance was being performed. Considering the importance of PHCs to the local Iraqi population and the specialized equipment provided to each PHC, preventative maintenance and training are imperative for the overall operation and long-term sustainment of each PHC.

As a result, GRD initiated a \$16.5 million contract⁸ for the sustainment of health projects funded by the U.S. government. For each PHC, a facility assessment survey is completed, which identifies the actual physical condition of the facility and the equipment. The survey is used to develop a preventative maintenance program for each PHC. The preventative maintenance program will then be loaded into a computerized system, which will identify the need for a contractor to perform recurring maintenance on facilities and bio-medical equipment. The repair work orders will be addressed on a case-by-case basis and prioritized according to the system criticality to the operation of each PHC.

GRD will contract with multiple Iraqi companies throughout the country to perform the preventative maintenance and training. In addition, this contract provides for coaching and mentoring Iraqi companies in the area of operation and maintenance, which GRD believes will slowly improve the Iraqis' ability to ultimately sustain their own facilities and equipment.

GRD representatives stated that this PHC is on the list for prioritization for future installation of and training on medical equipment, specifically the reverse osmosis unit, dental chairs, and X-ray machine.

Recommendations

SIGIR recommends that the Commanding General of the GRD perform all installation of and training on the medical equipment currently at the Heet PHC, according to its prioritization listing.

⁸ Funded through the Economic Support Fund.

SIGIR recommends that the Director, Iraq Transition Assistance Office (ITAO) emphasize to the Iraqi Ministry of Health the critical importance of routine and preventative operations and maintenance.

Management Comments

GRD generally agreed with the facts as presented in the report. In addition, GRD requested that SIGIR replace all report references to the “U.S. Army Corps of Engineers” or “USACE” with “GRD.”

With regards to the recommendations, GRD concurred with the first recommendation and non-concurred with the second recommendation. GRD non-concurred with the second recommendation, noting that the Joint Campaign Plan, Annex B, Task 1.1.5 identifies the ITAO as the lead U.S. government organization to influence and work with the Government of Iraq to assume full ownership and responsibility for operation and maintenance of U.S. government funded projects.

Evaluation of Management Comments.

The project file contained numerous references to the U.S. Army Corps of Engineers or USACE. In keeping with the GRD’s request, except in cases of direct quotations from project file documentation, SIGIR replaced all references to the “U.S. Army Corps of Engineers” or “USACE” with “GRD.”

In view of the language of the Joint Campaign Plan, Annex B, Task 1.1.5, SIGIR agrees that ITAO is the lead U.S. government organization to influence and work with the Government of Iraq to assume full ownership and responsibility for operation and maintenance of U.S. government funded projects. Therefore, SIGIR redirected the recommendation to ITAO.

Appendix A. Scope and Methodology

SIGIR performed this project assessment from March 2008 through January 2009 in accordance with the Quality Standards for Inspections issued by the Council of the Inspectors General on Integrity and Efficiency. The assessment team comprised two engineers/inspectors and one auditor/inspector.

In performing this Project Assessment SIGIR:

- Reviewed contract documentation to include items such as: contract, bill of quantities, statement of work, modifications, quality control and quality assurance reports, and project closeout documentation;
- Reviewed the design package (plans) and photographs documenting construction progress;
- Interviewed the Gulf Region Central personnel; and
- Conducted an on-site assessment and documented results at the Heet Primary Healthcare Center project, in Heet, Iraq.

Scope Limitation. Due to security concerns, SIGIR performed an expedited assessment. The time allotted for the primary healthcare center was approximately 30 minutes; therefore, a complete review of all work completed was not possible.

Appendix B. Acronyms

CPA	Coalition Provisional Authority
GRC	Gulf Region Central
GRD	Gulf Region Division
HVAC	Heating, Ventilation, and Air Conditioning
IRRF	Iraq Relief and Reconstruction Funds
kV	Kilovolt
MW	Megawatt
MoH	Ministry of Health
PHC	Primary Healthcare Center
RO	Reverse Osmosis
SIGIR	Special Inspector General for Iraq Reconstruction
SOP	Standard Operating Procedure
SOW	Statement of Work
TO	Task Order
USACE	United States Army Corps of Engineers

Appendix C. GRD Comments on Draft Report

COMMAND REPLY
to
SIGIR Draft Project Assessment Report – Heet Primary Health Care Center
SIGIR Report Number PA-08-133
(SIGIR Project PA-08-133)

Overall Comment. The Gulf Region Division (GRD) reviewed the report and generally agrees with the facts as presented in the report.

General Comments. SIGIR did not direct their recommendations to the correct level of command. SIGIR needs to direct their recommendations to the Commanding General of the Gulf Region Division, Multi – National Force - Iraq.

In addition, SIGIR should use the “Gulf Region Division” or “GRD” to replace all report references to the U.S. Army Corps of Engineers or USACE.

Recommendations:

SIGIR recommends that the Commanding General, U.S. Army Corps of Engineers:

1) Perform all installation of, and training on, the medical equipment currently at the Heet PHC, according to its prioritization listing.

Concur. GRD will use its sustainment contract to contract with Iraqi companies to perform all installation of, and training on, the medical equipment currently at the Heet PHC.

2) Emphasize to the Iraqi Ministry of Health the critical importance of preventative maintenance and training to the Iraqis.

Non-Concur. Emphasizing the critical importance of preventative maintenance and training to the Iraqi Ministry of Health is an ITAO responsibility. The Joint Campaign Plan Annex B, Task 1.1.5 on Operation and Maintenance identifies ITAO as the lead USG organization to influence and work with the Iraqi Government to assume full ownership and responsibility for operation and maintenance of USG funded projects. The annex does not list GRD as a responsible organization but GRD may execute requirements on behalf of ITAO when tasked.

Appendix D. Report Distribution

Department of State

Secretary of State

Senior Advisor to the Secretary and Coordinator for Iraq

Director of U.S. Foreign Assistance/Administrator, U.S. Agency for
International Development

Director, Office of Iraq Reconstruction

Assistant Secretary for Resource Management/Chief Financial Officer,
Bureau of Resource Management

U.S. Ambassador to Iraq

Director, Iraq Transition Assistance Office

Mission Director-Iraq, U.S. Agency for International Development

Inspector General, Department of State

Department of Defense

Secretary of Defense

Deputy Secretary of Defense

Under Secretary of Defense (Comptroller)/Chief Financial Officer

Deputy Chief Financial Officer

Deputy Comptroller (Program/Budget)

Deputy Assistant Secretary of Defense-Middle East, Office of Policy/International
Security Affairs

Inspector General, Department of Defense

Director, Defense Contract Audit Agency

Director, Defense Finance and Accounting Service

Director, Defense Contract Management Agency

Department of the Army

Assistant Secretary of the Army for Acquisition, Logistics, and Technology

Principal Deputy to the Assistant Secretary of the Army for Acquisition,
Logistics, and Technology

Deputy Assistant Secretary of the Army (Policy and Procurement)

Commanding General, Joint Contracting Command-Iraq/Afghanistan

Assistant Secretary of the Army for Financial Management and Comptroller

Chief of Engineers and Commander, U.S. Army Corps of Engineers

Commanding General, Gulf Region Division

Chief Financial Officer, U.S. Army Corps of Engineers

Auditor General of the Army

U.S. Central Command

Commanding General, Multi-National Force-Iraq

Commanding General, Multi-National Corps-Iraq

Commanding General, Multi-National Security Transition Command-Iraq

Commander, Joint Area Support Group-Central

Other Federal Government Organizations

Director, Office of Management and Budget
Comptroller General of the United States
Inspector General, Department of the Treasury
Inspector General, Department of Commerce
Inspector General, Department of Health and Human Services
Inspector General, U.S. Agency for International Development
President, Overseas Private Investment Corporation
President, U.S. Institute for Peace

Congressional Committees

U.S. Senate

Senate Committee on Appropriations
Senate Committee on Armed Services
Senate Committee on Foreign Relations
Senate Committee on Homeland Security and Governmental Affairs

U.S. House of Representatives

House Committee on Appropriations
House Committee on Armed Services
House Committee on Oversight and Government Reform
House Committee on Foreign Affairs

Appendix E. Project Assessment Team Members

The Office of the Assistant Inspector General for Inspections, Office of the Special Inspector General for Iraq Reconstruction, prepared this report. The principal staff members who contributed to the report were:

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