ATACCC
10 August 2009

COUNTER-INSURGENCY
COIN OPERATIONS
CRITICAL CARE MEDICINE

CAPT Kurt A. Henry, M.D. FACP
MC, US Navy
COMBINED SECURITY TRANSITION COMMAND-AFGHANISTAN
Embedded Training Team Mentor
Sept 2008 to August 2009
Kabul, Afghanistan
Noble Eagle 2248-0006

Operation Noble Eagle

Mentoring the Afghan National Army in Critical Care Medicine

- Identify your operational environment
- Assess mentee knowledge and abilities
- Identifying expectations of mentee
- Developing a mentoring plan together
- Select a model that works
- Implement COIN mentoring in healthcare
- Define metrics and measure success
- Develop cost effective sustainability
- Establish relationship with non-military partners
- Plan the transition and exit strategy

COIN Principles
FM 3-24/MCWP 3-33.5

- Legitimacy is the main objective
- Unity of Effort is Essential
- Political Factors are Primary
- ***Understand the Environment***
- Intelligence Drives Operations
- ***Long-Term Commitment***
- ***Learn and Adapt***
- ***Empower Lowest Levels***
- Support Host Nation

Shape, Clear, Hold, Build

T.E. Lawrence

It is better to let them do it imperfectly than to do it perfectly yourself, for it is their country --- and time is short.

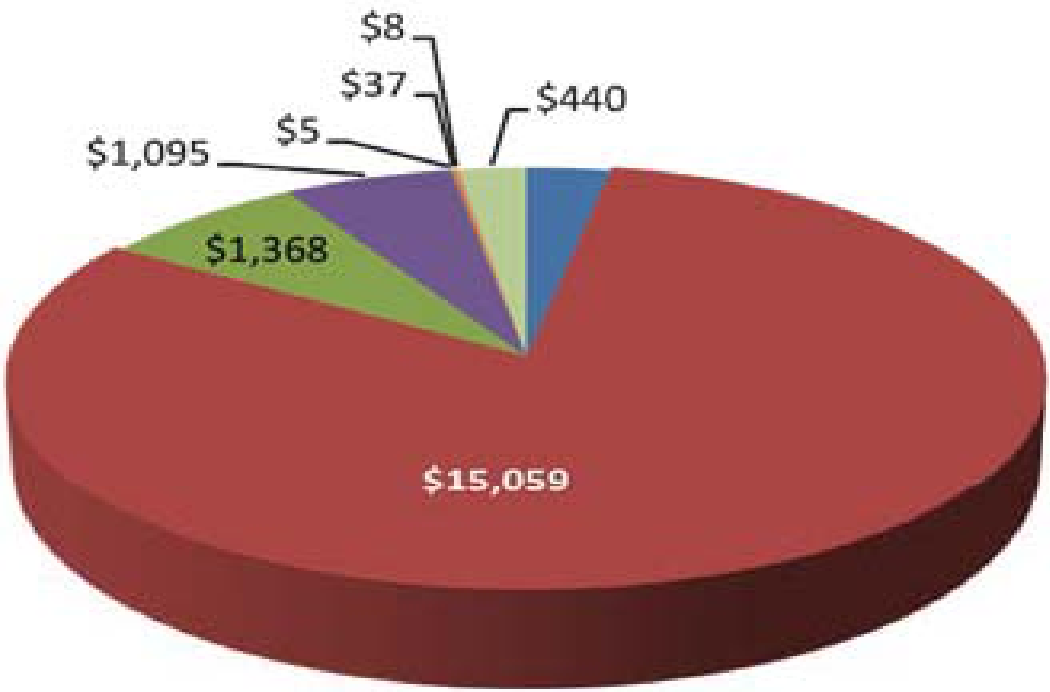
Your ideal position is when you are present and not noticed.
Win and keep the confidence of your leader.
Strengthen his prestige at your expense before others when you can.

Follow The Money !

U.S. Department of Defense

FY2001-FY2009

(In $Millions)



Total: $18,519

- Afghan Freedom Support Act of 2002 Drawdown
- Afghan Security Forces Fund
- Commander's Emergency Response Program
- Counter-Narcotics
- Emergency and Extraordinary Expense
- Humanitarian Assistance
- Operations and Maintenance
- Science & Engineering
- Train and Equip

SIGAR Mar-Apr 2009

Afghan National Security Forces BUDGET

ANA EQUIPMENT:	**$34.1**
ANA SUSTAINMENT:	**$5.2**
ANP EQUIPMENT:	**$18.0**
ANP SUSTAINMENT:	**$11.8**
Total Initial funding for FY07 Supplemental Budget ($M):	**$69.1**

- ✓Does not include CJ Eng facility construction cost
- ✓CSTC-A approved for 2-year funding cycle
- ✓CSTC-A receives Title 22 funds, ANSF development
- ✓FY08 Bridge and Supplement Funds due 1 Sep

DEMOGRAPHICS

Afghanistan is ***NOT*** Iraq

- What it is
  - Afghans
  - Afghani currency
  - 11 tribes (Pashtun, Tajiks, Hazara, Ubek)
  - Land locked
  - Lack infrastructure
  - Pakistan, Iran, Russian
  - Opium
- What it is NOT
  - Iraqis
  - Dinar
  - Arabs (sunni, shia, kurds)
  - Coastal
  - Infrastructure
  - Arab
  - OIL

Islamic Republic of Afghanistan

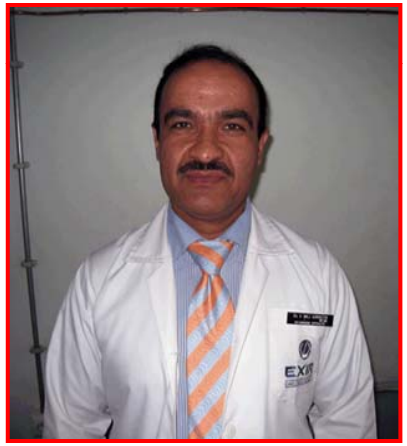
Constitution Article 1

- *Afghanistan is an <u>Islamic</u> Republic, independent, unitary and indivisible state.*

Map No. 3958 Rev. 5 UNITED NATIONS
October 2005

Department of Peacekeeping Operations
Cartographic Section

ARTICLE 4

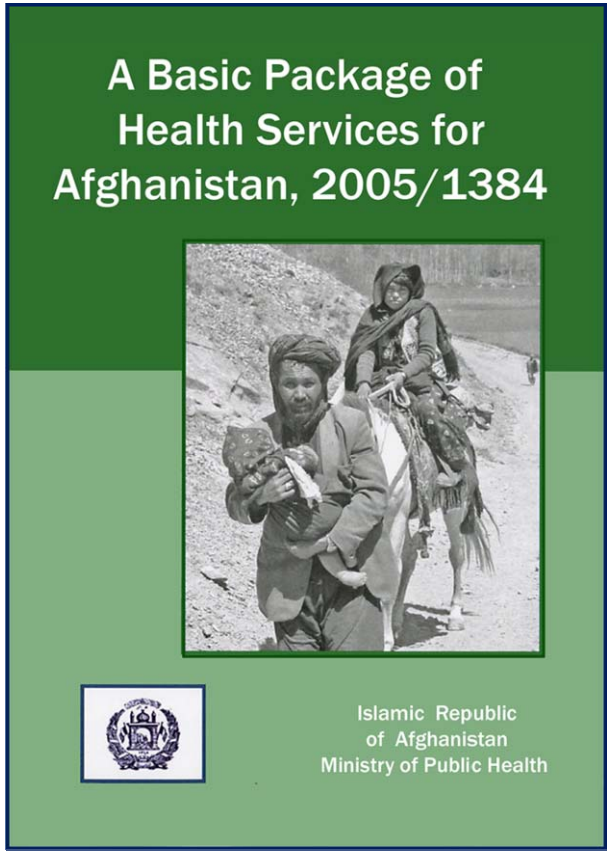


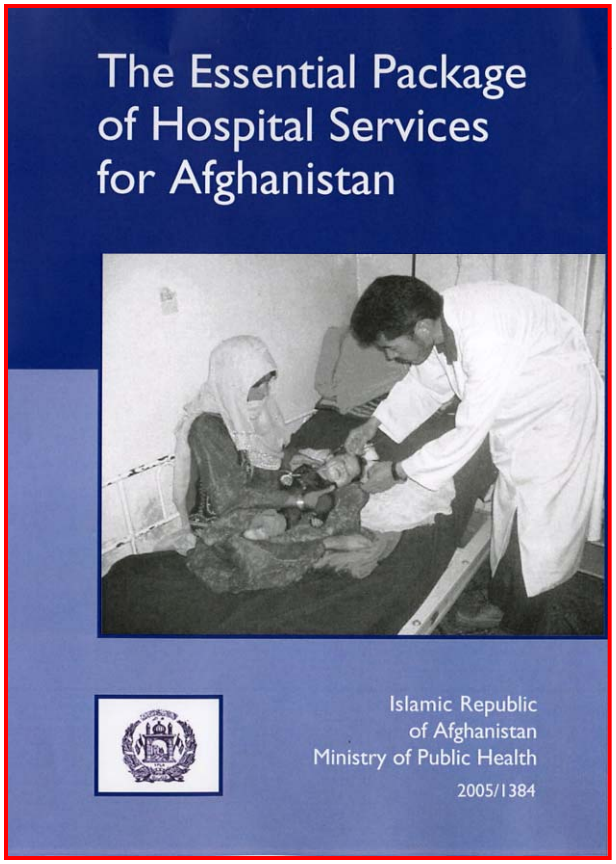
The nation of Afghanistan is comprised of Pashtun, Tajik, Hazara, Uzbek, Turkman, Baluch, Pashai, Nuristani, Aymaq, Arab, Qirghiz, Qizilbash, Gujur, Brahwui and other ethnic groups.

Ethnically diverse population
•44% Pashtun
•25% Tajiks
•10% Hazaras
•8% Uzbek
•12% Other
UZBEKISTAN
TAJIKISTAN
CHINA
TURKMENISTAN
Mazar-e Sharif
Taloqan
Meymaneh
Bamian
Kabul
Herat
Hariud
Jalalabad
Peshawar
AFGHANISTAN
Khost
IRAN
PAKISTAN
Farah
Farah
Kandahar
Chaman
Quetta
Helmand
A male dominated tribal society where the people do not think of themselves as Afghans, but as Pashtun or Uzbek
Ethnolinguistic Groups
Pashtun
Tajik
Hazara
Uzbek
Aimak
Baluchi
Kyrgyz
Turkmen
Nuristani
Pamiri
Other
0 mi
200
80% of population is rural

Article 51

- *The state is obliged to provide free means of preventive health care and medical treatment, and proper health facilities to all citizens of Afghanistan in accordance with the law.*



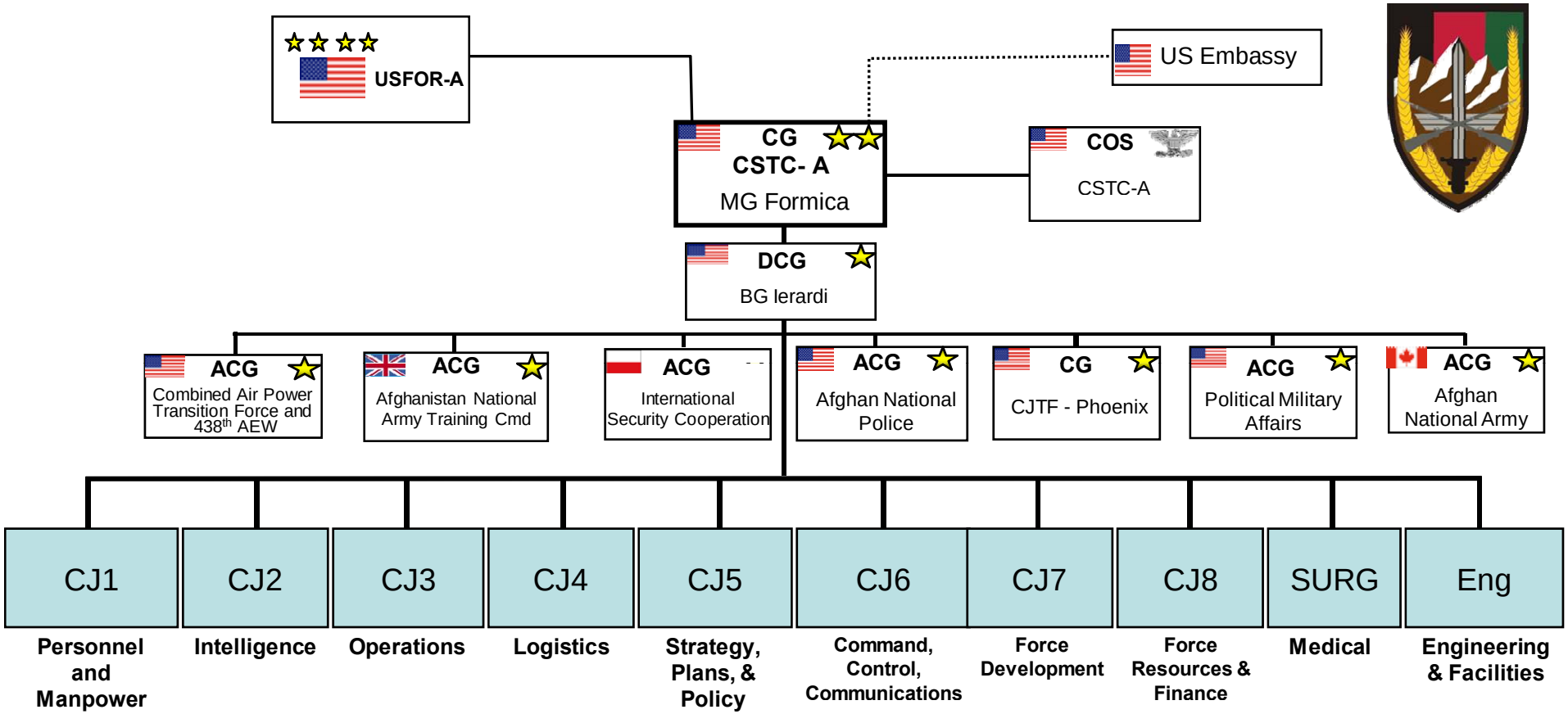


Afghan Health Sector: Human Capital

- Brain drain
- Initiative, decision-making stifled by Communism, Warlords, Taliban
- **Lack of trust/confidence**
- Training standards nonexistent
  - –7000 medical students enrolled at Kabul Medical University
  - –Attendance not required
  - –No graduation exams
  - –No clinical training
  - –Graduation exam administered May 2006: ***25% pass rate***

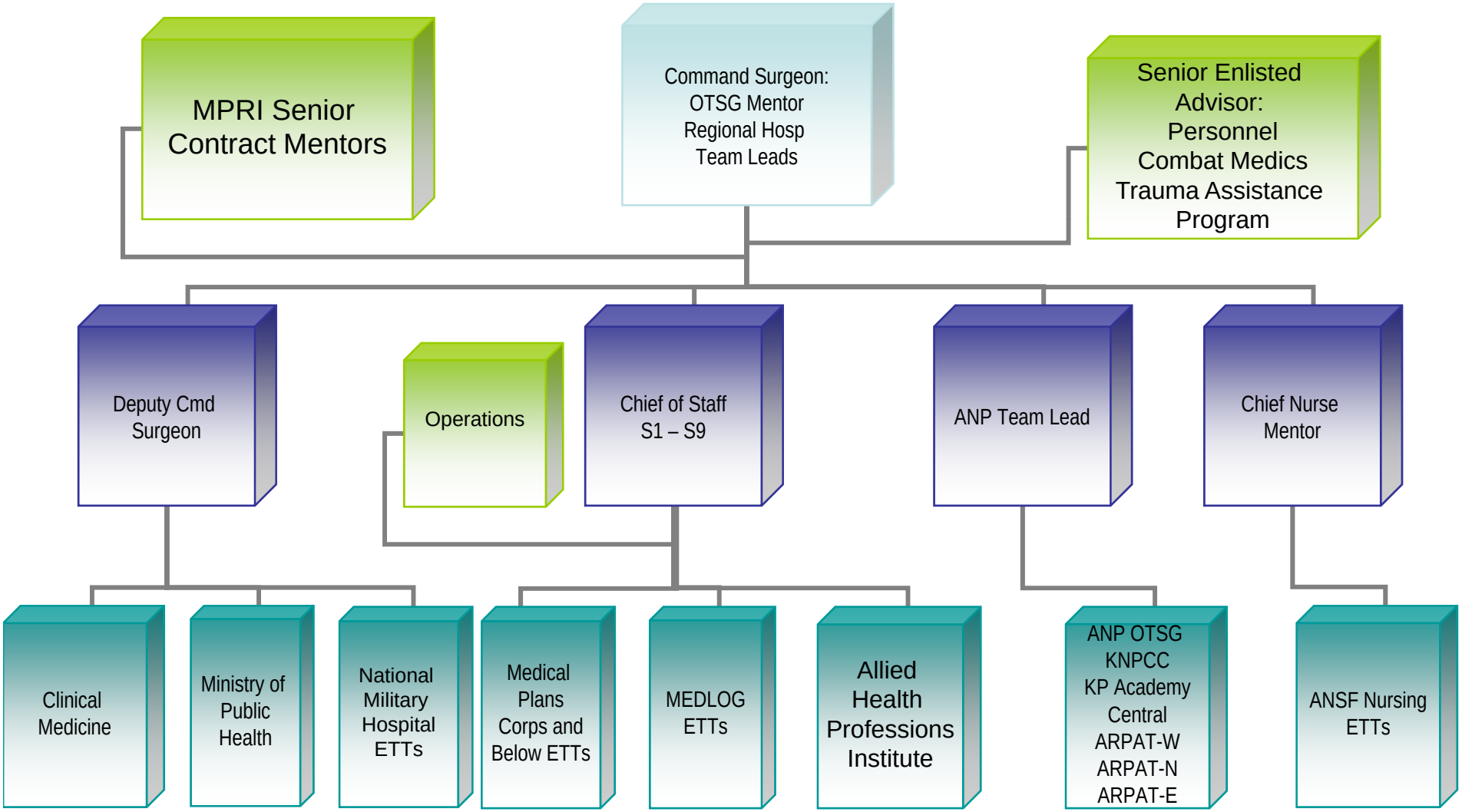
WHO DO I WORK FOR?

NARMY



COMBINED SECURITY TRANSITION COMMAND

CJ-SURGEON Organization Chart



From CSTC-A CG Brief May 08

CSTC-A OPORD 2008 – CJ Surgeon Responsibilities

a) Lead the development of ANSF healthcare (ministerial to corps and below units) including policies, organization, integration, training, material, leader, development, personnel, and facilities

b) Mentor the ANA and ANP Surgeons General and their Staffs

c) Build inter-ministerial synergy between the MoD, MoI and MoPH for efficient use of healthcare resources and self sustained healthcare operations

d) Assist with humanitarian projects

e) Manage CSTC-A JMD, ETT personnel issues and ANA/ANP personnel mentoring

f) Manage operations and provide technical oversight of medical ETT personnel

g) Manage medical logistics for CSTC-A medical ETTs and mentor ANSF medical logistics

h) Develop Medical/Health Sector Plans and Policy for ANSF and GIRoA Disaster Preparedness

i) Develop formal military medical and allied health training curricula/programs

j) Manage medical budget/resources for ANA/ANP

k) Manage professional development in physician/nursing (curative medicine), and preventive medicine areas

l) Manage ANA/ANP healthcare infrastructure/facilities development

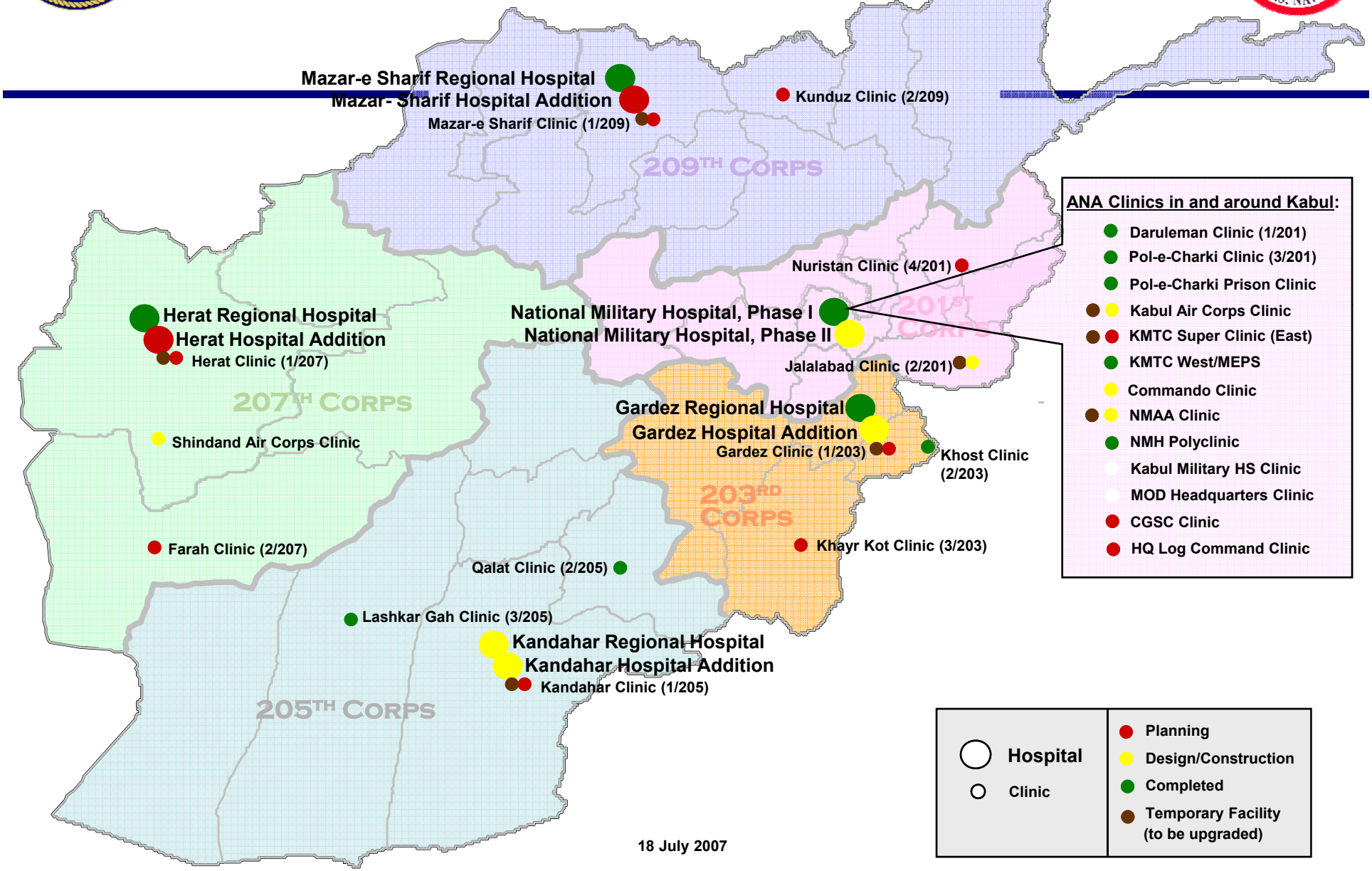
Manning

CSTC-A CJ Surgeon RFF Requirements (as of: 1 May 08)			
620 RFF Mod 2	**Total Authorized**	**Total Assigned**	**Percent**
ANA Medical RFF Requirements (ETTs)	211	192	91%
ANP Medical RFF (PMTs)	94	16	17%
CJ Surg JMD Requirements	20	18	90%
Total CSTC-A CJ Surg RFF and JMD	325	226	70%

Note: ANP Medical Mission is still developing and RFF personnel assignments are targeted to conicide with a scheduled delay in medical clinics construction

From CSTC-A CG Brief May 08

ANA Medical Facilities



NMH ETT Plan of Action

- First Team (2006-2007)
  - Set baseline for teaching, training, and equipping NMH
- Second Team (Sept 07-Aug 08)
  - Teach, train, equip
- Third Team (Aug 08-Jul 09)
  - Teach, train, organized thinking and team approach to problems and solutions
- Fourth Team (Jul-Dec 2009)
  - Take organized thinking and team approach to the next level

Who Else is Here?

(FIGURE 1.12) TROOPS COMMITTED TO NATO'S INTERNATIONAL SECURITY ASSISTANCE FORCES (ISAF) BY COUNTRY[11]

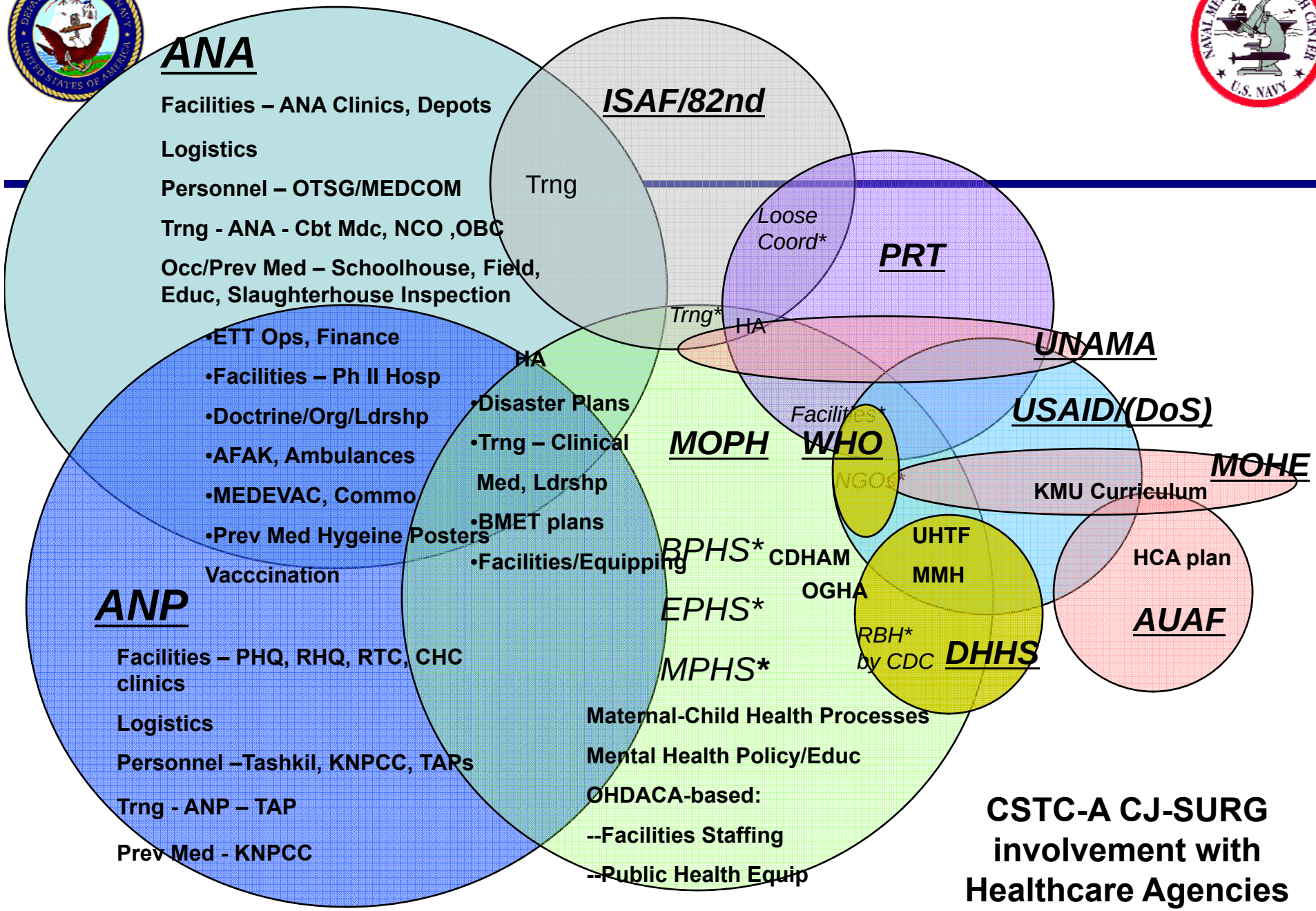
Albania	140	Finland	110	Lithuania	200	Spain	780
Australia	1090	France	2850	Luxemburg	9	Sweden	290
Austria	1	Georgia	1	Netherlands	1770	The former Yugoslav Republic of Macedonia*	140
Azerbaijan	45	Germany	3405	New Zealand	150	Turkey	800
Belgium	410	Greece	140	Norway	490	Ukraine	10
Bulgaria	465	Hungary	240	Poland	1590	United Arab Emirates	0
Canada	2830	Iceland	8	Portugal	40	United Kingdom	8910
Croatia	280	Ireland	7	Romania	770	United States	23220
Czech Republic	415	Italy	2350	Singapore	20	Total (rounded)	55100
Denmark	700	Jordan	0	Slovakia	120		
Estonia	130	Latvia	70	Slovenia	70		

AS OF: January 12, 2009

WHAT ABOUT THE OTHER SIDE?

There is no oxygen in this political atmosphere

COL Sat Mangal, ANA, Director 7th year medical education



CSTC-A CJ-SURG involvement with Healthcare Agencies

Italics = not by CSTC-A*

BATTLESPACE

SIX ASSERTIONS

- Afghanistan is in misery
- Absolutely reject the ideology and violence of the Taliban
- We cannot win through a war of attrition
- 2009 will be the year of decision
- Total US outlay in Afghanistan this year will be in excess of $34 billion: a burn rate of more than $2.8 billion per month
- There is no unity of command in Afghanistan.

Mazar- e - Sharif

CSTC2

WHAT DO I DO?
HOW DO I DO IT?

“Peace Corps with Guns?”

COL Christian Macedonia, MC, USA

We (CSTC-A) are here -- not to be here -- but to improve the ANSF, to actually ***accomplish*** *things [like positive changes in behavior] and not just to do* ***activities****.*

MGEN RICHARD P. FORMICA, USA
CSTC-A Commander
6 Jun 2009

What is a Mentor

- Coach
- Teacher
- Instructor
- Tutor
- Guide
- Counselor

Mentoring is clearly personality driven and more about relationship building than results. If the chemistry is there, the results will follow.

Joseph C Biggers
LTC USA
CSTC-A LOGISTICS
Senior Logistics Mentor

Time to Implement COIN

Rules of Mentoring

- **Under-promise/Over-deliver**
- Assess the terrain
- **Develop a plan & discuss with mentee**
- Make the plan flexible
- Translate plan into language of choice.
- Inform Chain of Command on both sides.
- Implement plan in a step wise approach.
- Develop a transition plan to the mentee
- **Encourage ownership of deliverables**
- Develop an exit strategy.
- ***Find money!***

Assess Your Mentee

- 7 yrs medical school
- 1-3 years post graduate training (location unknown)
- Mentored twice
- 6 weeks Turkey
- ANA LtCol
- Anesthesiologist
- 5 children

Culture, Traditions, Customs

Languages

- Dari
- Pastun
- Urdu
- Hindi
- Persian
- Arabic
- Russian

History Is Written By The Victors.

Winston Churchill

- English is the language of medicine and mentoring ANSF healthcare providers in Dari is a challenge.
- Mentors are totally dependent on their Interpreters.

Infection Control

Ceftriaxone is Allah!

LtCol Nisar Hamraz, ANA, ID Consultant to SG

Village Community Relations

How Did We Do It?

Identify Thrust Areas

- ✓ Education
- ✓ Training
- Nutrition
- Patient Movement
- Infection Control

Fundamentals Critical Care Support

- Developed by SCCM
- International recognition
- Well organized
- Familiarization in managing critically ill patients
- Skills stations
- Multiple choice exam pre & post course

Phase I
EDUCATION & TRAINING

- FCCS (core)
- ACLS (supplement)
- ATLS (modified)
- Journal Club
- Case presentations
- Project Planning
- Blood Transfusion
- Radiography
- Nursing Orientation
- Anesthesia

Dari Translation for Airway Management

نکات کلیدی

- **Assessment of the airway determines appropriate respiratory support**
- **Manual methods to secure/maintain an airway are important skills**
- **Manual assisted ventilation is an important intervention prior to, or in lieu of, intubation of a patient**
- **Cricoid pressure may reduce gastric distension and passive aspiration**
  - **ارزیابی طرق هوایی نوعیت حمایه های مناسب را تعیین میکند**
  - **میتود های دستی برای تامین و حفظ طرق هوایی مهارت های مهم میباشند**
  - **تهویه کمکی دستی یک مداخله مهم قبل از ویا درجریان انتیوبیشن مریضان میباشد**
  - **فشار بالای غضروف کریکوئید میتواند سبب کاهش توسع معده و اسپاریشن پسیف شود**

FCCS Skills Stations: Airway Management

- Small groups (6-10 students)
- Rigorous schedule
- Didatic lectures
- Classroom set up

FCCS Skills Stations: Trauma

“But, It’s a Big Book”
ANA 7th Year Medical Student to ETT Mentor

- ANA Medical Students
  - Rote Memory
  - Do NOT Read Books
  - Why do I need to read?

- ***"its only a lot of reading if you do it"***

Jerry Warner, USA, COL (ret)
National War College, Washington DC 1998

Craig Joint Theatre Hospital
Bagram Air Force Base
Two Week Mentoring Program

- 7th year ANA medical students
- Critical care medicine
- Trauma surgery
- Emergency medicine
- Infection Control
- Anesthesia

- **Knicks player Michael Doleac (right)**
- **Heat player (right) Shawn Bradley**

Photo courtesy Major Maureen Nolen, US Army

Formula for Student Grade

- Pre-test 5%
- Attendance 5%
- Skills Station 5%
- Journal Club 5%
- Performance Evaluations 40%
  - Knowledge
  - Skills
  - Abilities
  - traits
- Post-test 40%

Average Student Scores

- 29 medical students
- Pre-test 36.9% (1.8 out of 5)
- Performance evaluation 75.8% (30.3 out of 40)
- Attendance 78% (3.9 out of 5)
- Journal club 74% (3.7 out of 5)
- Skills station 68% (3.4 out of 5)
- Post-test 80.8% (32.3 out of 40); taken 2 times
- Overall average score 75.4%.

Phase 2
Inserting Model in KMU Curriculum

- Class 003, 4 April 2009
- 9 students
- 1 student defects to Russia
- All students are late
- Demand work hours 9am to 12 noon
- No uniforms, no ANA ID, no lunch money

The Reanimation Unit

(PACU & ICU)

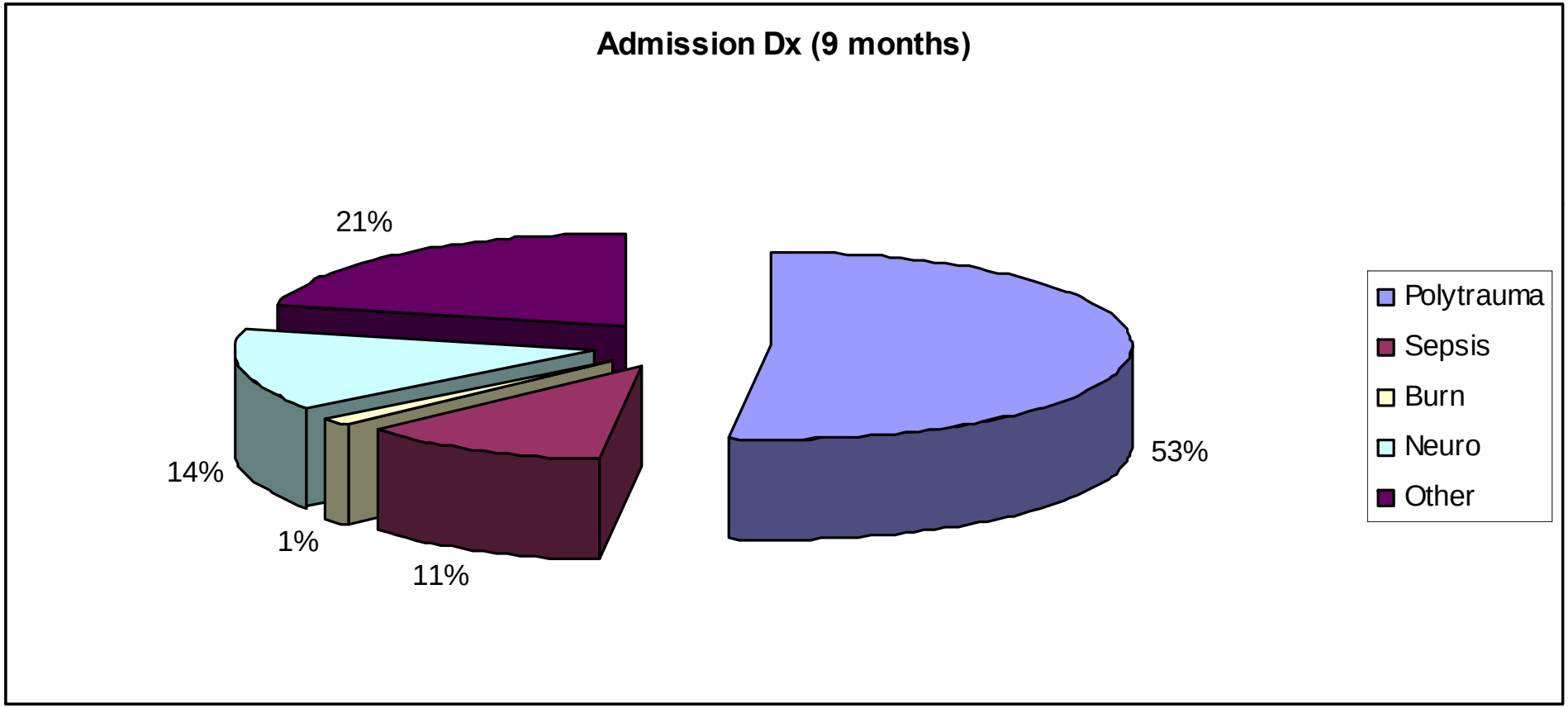
METRICS

Capability Milestones for Afghan National Security Forces

- CM1:
  - The unit, agency, staff function, or installation is capable of conducting primary operational mission (s). Depending on the situation, units may require specified assistance from the Coalition or international community.
- CM2:
  - The unit, agency, staff function, or installation is capable of conducting primary operational mission(s) with routine assistance from, or reliance on, international community support.
- CM3:
  - The unit, agency, staff function, or installation is capable of partially conducting primary operational mission(s), but still requires assistance from, and is reliant on, international community support.
- CM4:
  - The unit, agency, staff function, or installation is formed but not yet capable of conducting primary operational mission(s). It may be capable, available, or directed to undertake portions of its operational mission but only with significant assistance from, and reliance on, international community support.

Source: Campaign Plan for the Development of Afghan National Military and Police Forces—Interim, January 29, 2008

Admission Diagnosis
Oct 08-Jun 09



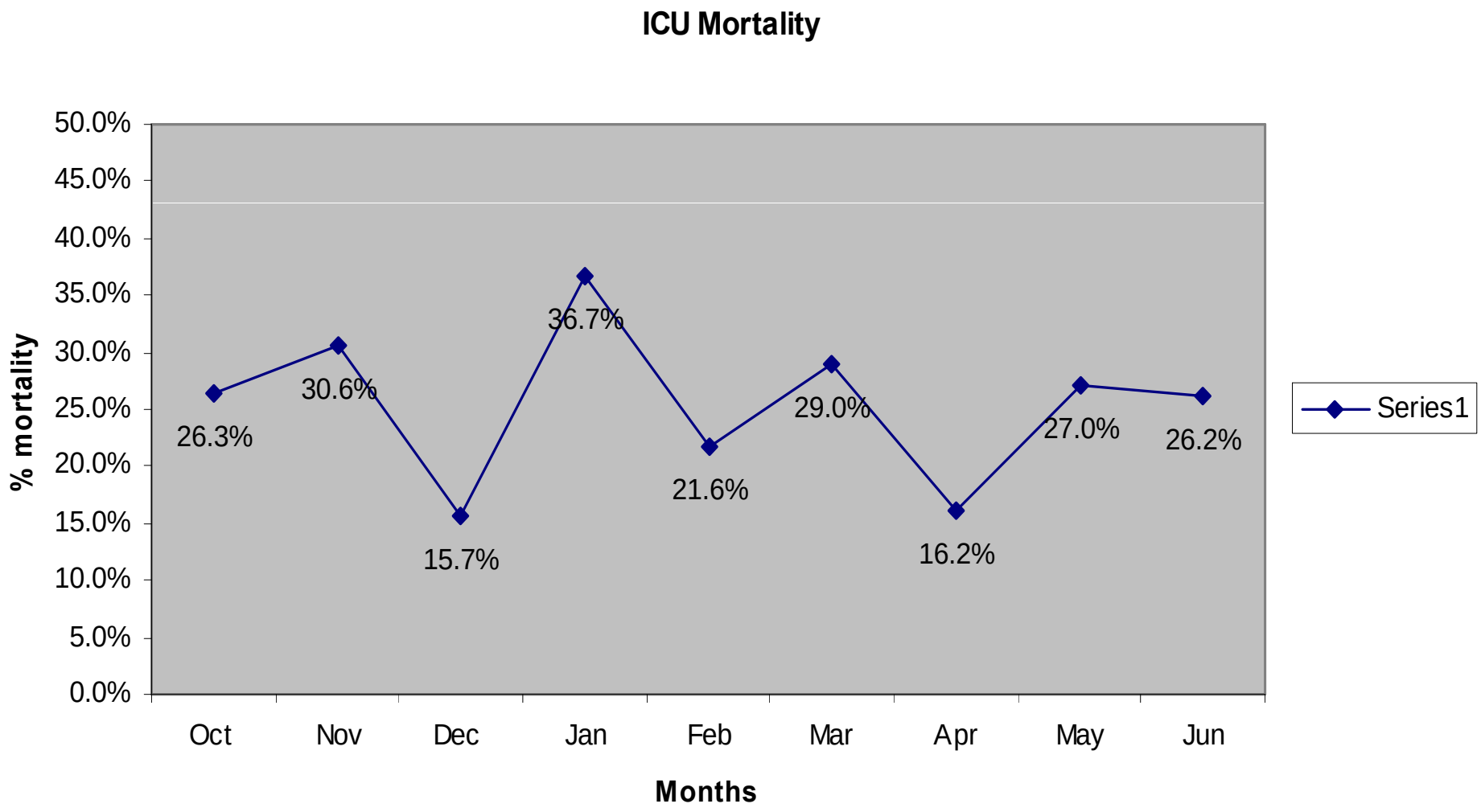
Suicide Bomber Casualty

Trauma

- AK-47 wound
- ANA
- TBI

Airway Management

ICU Mortality
Oct 08-Jun 09



FUNDING

CMD SURG
1-2 days

- Originator submits PR&C to Budget Officer (matches to approved spend plan)
- SME review (check against current inventory, reviews equip compatibility, etc.)
- CMD Surg reviews

SAG Owner Reviews
2-3 days

- CJ7 is the SAG Owner for Training Funds (validates against CMD SURG spend plan & availability of funds)
- CJ4 is the SAG Owner for Equip & Sustainment Funds (validates against CMD SURG spend plan & availability of funds)

CJ8 Reviews
1 day

- Budget Analyst (validates against CMD SURG spend plan)
- Comptroller (validates for availability of funds)

KRCC

- Contracting Review
- Contract Awarded : depends on CMD Surg priorities, requirements, number of vendors/quotes provided by originator, current workload, etc. (30 days is considered reasonable CONUS but we are in Afghanistan so there are many variables that prolong the process)

Technology

- Advantages:
  - Simple
  - Efficient
  - Portable
- Disadvantage:
  - Expensive
  - Limited warranty
  - Biomed repair issues
  - Highly delicate
  - $550K

Other Sources of Support

- Center for Disaster Humanitarian Assistance Medicine
  - The ICU Book, ATLS, ACLS, Nursing, Medics (100)
  - Protocols & Policy documents
  - Policies
  - Technical Support
- WRAMC Borden Institute
  - Chemical Warfare Handbook
  - Biowarfare Handbook
  - Textbook of Military Medicine
  - War Surgery
  - War Surgery Afghanistan & Iraq

Security

Suicide Bomber Jan 2009

Taliban Attacks in Kabul 11 Feb 09

- Ministries of Justice, Education and Foreign Affairs.
- ANA/ANP demonstrated increased coordination.
- ANSF swiftly rescued hostages.
- Thwarted further attacks at Independent Election Commission (IEC).
- Security restored in Kabul within hours.

Accomplishments

- FCCS embedded into the 7th year medical student training program
- 4 Doctors-In-Training permanently assigned to the ICU
- 3 CERP contracts closed out
- 39 Physicians and medical students trained in FCCS
- 2 CSTC-A healthcare providers certified as Instructors
- Daily bedside patient care rounds

Accomplishments

- Hand washing by healthcare personnel/family members.
- Improved hygienic techniques (linen changes, disposing of consumables).
- Supplies separated in a clean room
- Resident & Medical student duty coverage
- Weekly ICU staff meetings per ICU Director
- Management of mechanical ventilator
- CM2

Lessons Learned

- You cannot use something that does not exist
- All things take longer than you believe
- If you can make it, you can break it
- More data means more analysis means more time
- It takes a team to build it

Lessons Learned

- No people, no success
- Enthusiasm eventually levels off
- Just say “NO”
- Always have milestones/deadlines
- If you do not write it down, it does not exist (publish, publish, publish)

COIN and ATACCC: How can you help?

- Collaborate with deployed healthcare professionals (publish)
- Work with USUHS CDHAM
- Apply for USAID grants
- Review After Action Reports (Center for Army Lessons Learned)
- Emerging Infections & Biosurveillance
- Trauma education & training

BACK UPS