

Senate Democratic Policy Committee Hearing

“An Oversight Hearing on the Bush Administration’s Plan to Rebuild Iraq’s Hospitals, Clinics and Health Care System: What Went Wrong?”

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Good morning, Chairman Dorgan, and members of the committee. My name is Ali Fadhil, and I am an Iraqi physician now studying in the United States as a Fulbright Scholar.

In 2001, after completing my medical training in Iraq and working briefly in Baghdad, I moved to Yemen and became a general practitioner at a private hospital in Sana’a. On June 4, 2003, after the fall of the old regime, I returned to the Surgical Specialties Hospital in Baghdad. Later that year, I was hired by a reporter from the *Financial Times* to work as an interpreter.

By mid-2004, I had left medicine and begun a new career in journalism. I assisted George Packer of *The New Yorker*, and author of *Assassin’s Gate*, and worked as a reporter and interpreter for National Public Radio. Ultimately I began working with the *Guardian* newspaper, and Guardian Films.

In January 2006, while working as an investigative reporter for Guardian Films, I visited two of the 142 health clinics that the Coalition Provisional Authority paid Parsons to construct. I also visited three hospitals that Parsons was paid to refurbish under a separate contract.

The short video clips that you will see today are from one of those hospitals, the pediatric hospital in Diwaniya. The conditions there — and the reaction of Iraqi doctors and citizens — are repeated at all of the facilities that I visited. You can see more footage from the hospital in the full Guardian Films documentary, “Iraq’s Missing Billions.”

At this point I would like to show you the film, and I am available to answer any questions you may have. I have also submitted a longer statement for the record.

To elaborate further on the situation at the maternity and pediatric hospital in Diwaniya, I would first like to say that Parsons bears the most responsibility for the poor

quality of work. But other bodies observed Parsons' work, and all of them are partially responsible for observing and evaluating the work done by the local Iraqi firms. These bodies are the Project and Contracting Office (PCO) in Diwaniya and the Army Corps of Engineers, which is referred to by hospital officials and the health department in Diwaniya as the American Army.

The accusations against Parsons are as follows:

Parsons did not ask the hospital staff and officials about their needs, including what was missing and what needed to be done in their hospital. This resulted in non-functioning, random refurbishment of the hospital wards, producing barely any increase in the hospital's efficiency or ability to manage a patient population that has grown over the past 20 years.

Parsons is said to have taken a tender of \$4,167,155 to reconstruct the hospital, according to officials in Diwaniya's health department, who oversee the Parsons contract. Out of this money, \$1 million was reportedly paid to a Lebanese contractor named Malik Faqih to provide security and cleaning services for the hospital, which is called "Phase 1" in Parsons' scope of work. That seems too much for putting a razor wire on the top of the fence and providing basic cleaning services — especially, as you can see in the film, as the hospital is still a mess.

Parsons was to receive another \$6,363,636 to build a new, four-story expansion to the hospital. Yet none of that building has been completed and, according to hospital, health, and local reconstruction officials, that project has been cancelled. Its funding has apparently been directed to another purpose, but neither the PCO nor the local government's reconstruction office could provide any further information.

Parsons' local subcontractor did not perform essential tasks like fixing the hospital's roof, which was weak and cracked because of the weather and other factors. Instead of paying to fix this serious problem entirely, Parsons only paid the local subcontractor to fix 2,505 square meters, or one-quarter of the hospital's 11,000 square-meter roof. This resulted in water leaking in from the roof when it rained for half a day on November 17, 2005, when we arrived in Diwaniya.

Because of this flaw, rain water is likely to damage the painting that Parsons did inside the hospital, and possibly the flooring as well. The paint is of bad quality, easily cracked and removed from the walls, and the flooring is not watertight, allowing mold to grow underneath. The leak of course ruins the ceilings as well.

The number of workers on the project is also fewer than one would expect. According to local workers, there are only 12 to 13 workers every day, and a maximum of 26 was documented in the last days of work in late December 2005 and early January 2006. That increase came around only because the local contracting firm, Dhifaf Al-Nahrain, received a new contract to reconstruct a maternity and pediatric hospital in Karbala, and wanted to finish in Diwaniya and focus on the new project instead,

according to an executive manager engineer. The usual shortage of workers resulted in low quality work, long periods when doctors and medical staff could not enter the hospital, and dangerous conditions for patients. The number of deaths among children has actually increased since the start of reconstruction, based on hospital statistics, due to crowding and the decreased number of beds available during a huge influx of patients over the last year.

Parsons also failed to take any scientific measurements in its work in Diwaniya maternity and pediatric hospital. They gave approval to a local Iraqi firm to use local market materials that were cheap and of poor quality. For example, many of the lighting materials, like bulbs and plastic covers, are already broken or not working, and have sometimes melted. This point applies generally to all the materials that have been used in the reconstruction work. This will be a disaster for the hospital in a few months after the work is completed, as the hospital will be worse than it was before reconstruction. Some of the toilets, for example, are so bad that they are already not working.

As another example, Parsons provided the oxygen factory and the generators for the hospital by subcontracting with a local Iraqi firm called Mansour Company for the oxygen factory and the same Iraqi firm working on the construction, Dhifaf Al-Nahrain, for the generators. But Parsons did not train the medical staff on how to use them, nor on how to maintain them in case of any future problems. The oxygen factory and generators now go unused as a result. I would note that the scope of work says that Parsons should train staff and provide spare parts as well.

The hospital's most significant problem at the moment is its sewer system. Here Parsons made another mistake, by replacing the second floor pipes but leaving 20 year-old iron pipes in the ground floor sewer system. Now many of the hospital's sewer pipes are blocked, as you could see in the footage from the hospital kitchen. In short, Parsons and its subcontractor created a sewer system that does not work, and that has resulted in raw sewage bubbling into the hospital's operating room and other critical areas.

The worst failure of the reconstruction efforts at Diwaniya hospital is the lack of medical equipment, including incubators. The hospital has 14 in the NCU, two in the ICU, and one in the ER. All of those are old models, made in 1970, and many of them are broken and in very bad condition. In addition, even though Parsons provided a new oxygen factory and generators, they failed to provide oxygen adaptors to deliver the oxygen to patients. Only the operating room has oxygen adaptors, meaning nowhere else in the hospital can a doctor get oxygen from the wall to the patient.

Last but not least, from both my own observations and my conversations with hospital officials, it appeared that Parsons did not do the most essential work necessary in any building: a fire alarm system. I don't know if Parsons can build a hospital in the United States without installing a fire alarm system, but in Diwaniya they did not do so because they said it was not part of the reconstruction scope of work, according to the local contractor and the hospital manager. The hospital manger, Dr. Zuhar Al Asadi, says the system is not working even today.