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House of Representatives

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December 6, 2007

The Honorable Michael O. Leavitt
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Mr. Secretary:

A recent article in the *Atlanta Journal-Constitution* described severe problems at a maternity hospital that the Department of Health and Human Services (HHS) has been supporting in Kabul, Afghanistan. While HHS has been proclaiming the successes of this initiative for several years, it appears that the agency has not been taking seriously the issues that experts have raised since the project began. I am writing to express my concern about the decisions that led to this situation, and to request documents related to HHS's actions and plans.

Background

Afghanistan has one of the highest infant mortality rates in the world, with over 15% of children dying before the age of one.¹ One in four children die before reaching their fifth birthday.² Only 16% of women receive antenatal care. In the year 2000, the maternal mortality rate was 1,900 per 100,000 live births, compared to 14 per 100,000 in the United States.³

¹ UNICEF, *Afghanistan Statistics* (2005 data)(online at http://www.unicef.org/info/bycountry/afghanistan_statistics.html).

² *Id.*

³ World Health Organization, *Core Health Indicators 2005* (online at <http://www.who.int/whosis/database/country/compare.cfm?country=AFG&indicator=MortChildBoth&language=english>).

The Honorable Michael O. Leavitt
December 6, 2007
Page 2

The Rabia Balkhi hospital is the largest maternity hospital in Kabul.⁴ During the Taliban regime, women were banned from public hospitals, increasing Rabia Balkhi's caseload. In recent years between 13,000-15,500 women have given birth at the Rabia Balkhi facility annually.⁵

The HHS "Health Partnership"

In October 2002, the U.S. Department of Health and Human Services entered a "health partnership" with the Afghanistan Ministry of Public Health when Secretary Tommy Thompson signed a Memorandum of Understanding on essential healthcare and infrastructure.⁶ Secretary Thompson designated William Steiger, Director of the HHS Office of Global Health, as the U.S. "executive agent" for the agreement.⁷

Despite this memorandum, it appears that the Rabia Balkhi project was initiated without meaningful cooperation between HHS and the Afghan health authorities. In November 2002, just one month after the agreement was signed, the American Embassy in Kabul sent a cable to Washington, stating that one element of the plan had "run into a roadblock."⁸ In the cable, the Embassy noted that HHS had by that point entered into an agreement with the U.S. Department of Defense (DOD) to turn Kabul's Rabia Balkhi women's hospital into a model maternity clinic. However, according to the cable, HHS's proposal did not align with the preferences of the Afghan Minister of Health. The Minister wanted future rehabilitation decisions to be based on greatest need; had concerns about the sustainability of the type of clinic HHS was describing; and disagreed with HHS's proposal of sending medical trainers for only short-term assignments.

Overall, the cable concluded:

[The] Embassy is concerned that apparently good faith offer made by Secretary Thompson has not been coordinated sufficiently with the [Ministry of Public Health], that

⁴ *Big Success or Sad Story?*, The Atlanta Journal Constitution (Nov. 18, 2007).

⁵ *Id.*

⁶ *Memorandum of Understanding between the Department of Health and Human Services of the United States of America and the Ministry of Public Health of the Islamic Transitional Government of Afghanistan for Cooperation in Medicine and Public Health* (Oct. 8, 2002) (online at http://globalhealth.gov/countries/asia/mou_afghanistan.pdf).

⁷ *Id.*, Article V.

⁸ Cable from American Embassy of Kabul to Secretary of State, Washington DC (Nov. 27, 2002).

the [Ministry] has a different idea of what it wants and that the proposed Rabia Balkhi rehab by [the Department of Defense] falls outside what is being proposed in Washington.... In order to ensure this does not become a minor public relations problem, Embassy Kabul seeks immediately concrete details from HHS on what it plans to do, how it will be funded, confirmation of DoD's role and, most importantly, with whom HHS is coordinating this activity in the [Ministry].... Until we understand what is on the table and can confirm the [Ministry] is on board, request any further planning for the initiative be delayed.⁹

Problems at the Hospital

Despite these concerns, HHS moved ahead with the project, setting up a training program for the hospital's staff. The fiscal year 2004 budget contained \$5 million for this initiative. However, the training program was established in a context that lacked proper sanitation and supplies. According to the *Atlanta Journal-Constitution*, U.S. doctors who visited the hospital in 2003 described appalling conditions, including feces in the halls and "blood everywhere"; placentas rotting outdoors because the hospital incinerator lacked fuel; and women without heart beats lying unnoticed on delivery tables because they weren't properly monitored.¹⁰

Experts from the U.S. Centers for Disease Control and Prevention were also expressing alarm at the conditions at Rabia Balkhi. The *Journal-Constitution* reports that CDC officials tried to persuade HHS to either suspend its training program or improve the hospital's conditions so that the training program could be effective. In a May 2003 e-mail, CDC's Director of Global Health Dr. Stephen Blount wrote to Mr. Steiger that the CDC was "extremely concerned about the grim situation:"

With recent reports from the field, we question whether the goals of the Project as originally envisioned — aiming to reduce maternal and prenatal mortality through implementation of a training program — can be achieved as the project is now functioning.... In looking after the interests of the Afghan population HHS is trying to help serve, and in consideration of HHS investments, we suggest that an outside, on-the-ground review of the project and hospital be conducted by an expert and experienced consultant or consulting group as soon as possible.... We recommend that currently scheduled HHS activities in the near term be postponed until findings of an expedited assessment become available, and next steps are identified.¹¹

⁹ *Id.*

¹⁰ *Big Success or Sad Story?*, *supra* note 4.

¹¹ E-mail from Dr. Stephen Blount to William Steiger (May 28, 2003).

In the meantime, Defense Secretary Donald Rumsfeld wrote to Secretary Thompson a number of times about the situation at Rabia Balkhi. In a 2002 letter, Secretary Rumsfeld urged Secretary Thompson to act quickly to establish the facility, noting, "We have to do this in a way that it helps Karzai."¹² In 2004, Secretary Rumsfeld wrote to Thompson stating: "I am terribly disappointed that apparently the midwife hospital in Kabul has not been followed up well. It is not doing a good job."¹³

Specific decisions regarding Rabia Balkhi cannot be causally linked to specific adverse health outcomes. However, as the *Journal-Constitution* noted, from 2005 to 2006, the rate of Caesarean sections rose 45%; the post-operative infection rate rose 66%; and the perinatal mortality rate for normal-sized babies rose 67%. CDC's lead doctor on the project told the newspaper that a rise in the mortality rate combined with a rise in caesarean sections "raises a flag."¹⁴

HHS's Response

According to the *Atlanta Journal-Constitution*, HHS was repeatedly dismissive of the concerns expressed by CDC staff and other experts. Mr. Steiger, the Director of the Office of Global Health at HHS, rejected the suggestions CDC made in its 2003 e-mail. HHS reportedly refused to purchase needed supplies for the hospital, deciding instead to focus only on training.

In the meantime, HHS used \$1.3 million, more than 25% of its fiscal year 2004 funds for Rabia Balkhi, to purchase "Afghan Family Health Books."¹⁵ The books, actually sophisticated electronic tools from the LeapFrog company, displayed health information for Afghan women in audio and pictures, because the majority of Afghan woman are illiterate. However, it does not appear that the decision to purchase this costly technology was based on any research into whether the devices would be acceptable or understandable for Afghan women. In fact, International Medical Corps, a nonprofit contractor that worked with HHS at Rabia Balkhi, found that over 90% of women in a pilot project did not want to use the books, concluding:

¹² Letter from Secretary Donald Rumsfeld to Secretary Tommy G. Thompson (Oct. 25, 2002).

¹³ Letter from Secretary Donald Rumsfeld to Secretary Tommy G. Thompson (Feb. 27, 2004).

¹⁴ *Big Success or Sad Story?*, *supra* note 4.

¹⁵ *An Afghan Effort: U.S. Buys Teaching Gadgets Instead of Medical Supplies*, *Atlanta Journal-Constitution* (Nov. 18, 2007).

“From a cultural perspective, it is not surprising. They have little or no experience with learning from books or electronic forms of media.”¹⁶

Despite the grim statistics and shocking observations cited above, HHS’s public statements regarding Rabia Balkhi have been consistently positive. When the hospital formally re-opened, Thompson said, “Today is a new day in Afghanistan, where we now have a new hospital for women to receive topnotch health care.”¹⁷ And in fact, you made a more recent upbeat reference to the hospital, stating in a 2005 talk to the Pan American Health Association, “We’re bringing hope and health to Afghan women through the renovation and refurbishing of the Rabia Balkhi Women’s Hospital in Kabul.”¹⁸ Mr. Steiger told the newspaper that the initiative was “an unqualified success,” and Secretary Thompson stated that he “doesn’t remember hearing concerns from officials at CDC or others.”¹⁹

In addition, the *Atlanta Journal-Constitution* notes that earlier this year, the HHS web site stated that maternal and infant mortality at the hospital had fallen by 80% to 90%. However, agency officials were unable to substantiate this data when questioned by a reporter, and said in a written statement, “We had intended that statement merely to be an indication of the extent of improvements at the hospital, and not a precise measure.”²⁰

According to the *Atlanta Journal-Constitution*, HHS has recently begun to acknowledge the problems at Rabia Balkhi. The agency has hired a research institute to evaluate the project, and has formed its own technical advisory group to travel to Afghanistan and assess the reported problems.

In a statement responding to the articles, HHS said that it has “been able to improve the quality of maternal and neo-natal care for Afghan mothers and their babies.”²¹ It cites figures which have improved at Rabia Balkhi, including decreases in the number of maternal and

¹⁶ *Id.*

¹⁷ HHS, *Secretary Thompson Helps Open Women’s Hospital in Kabul* (Apr. 21, 2003) (online at www.hhs.gov/news/press/2003pres/20030421.html).

¹⁸ Secretary Michael O. Leavitt, *Make Every Mother and Child Count* (Apr. 7, 2005).

¹⁹ *Big Success or Sad Story?*, *supra* note 4.

²⁰ *Big Success or Sad Story?*, *supra* note 4.

²¹ HHS, *Response to Articles in the Atlanta Journal-Constitution on the HHS Afghanistan Health Initiative* (<http://www.globalhealth.gov/news/news/111707.html>).

neonatal deaths from 2004 to 2006. Mr. Steiger included similar statistics in an op-ed published by the *Atlanta Journal-Constitution* on December 2.²²

Conclusion

By no means do I want to dismiss any positive changes that have occurred at Rabia Balkhi. Dedicated local and foreign staff have worked hard in extremely difficult conditions to improve the well-being of women and their children at the hospital. I hope the recent claims of improvements are real, and that they will be sustained over time.

However, it appears that early claims of progress at the hospital were not based in fact. Furthermore, it appears that HHS missed multiple opportunities to take steps that would have facilitated and expedited the work of these committed professionals. The concerns conveyed by CDC staff and other experts who worked in the hospital appear to have been minimized or dismissed entirely, and HHS touted the hospital's rebirth as a prime example of the agency's accomplishments in global health at a time when the picture on the ground was not consistent with these claims.

In order to better understand the decisions that were made and how the agency can best move forward to improve the health of women and babies at Rabia Balkhi, I request that you provide the Committee with the following documents:

1. All communications to or from Secretary Thompson or anyone in the Office of the Secretary relating to Rabia Balkhi hospital;
2. All communications to or from William Steiger or anyone in the Office of Global Health Affairs relating to Rabia Balkhi hospital;
3. All communications to or from you or your staff relating to Rabia Balkhi hospital;
4. All communications from CDC or nongovernmental experts regarding Rabia Balkhi hospital to any HHS official;
5. All documents related to contracts, cooperative agreements, or grants to nongovernmental entities involved in the Rabia Balkhi initiative, including pre- and post-award correspondence; and

²² William Steiger, *Two Ways to See an Afghan Hospital: Progress a boon to mothers and their babies*, *Atlanta Journal-Constitution* (Dec. 2, 2007).

The Honorable Michael O. Leavitt
December 6, 2007
Page 7

6. All documents related to the purchase of Leapfrog devices for health education in Afghanistan.

The Committee on Oversight and Government Reform is the principal oversight committee in the House of Representatives and has broad oversight jurisdiction as set forth in House Rule X. Enclosed with this letter are instructions on how to respond to the Committee's document request.

Please submit your responses by January 27, 2008. If you have any questions about this request, please contact Naomi Seiler at (202) 225-5056.

Sincerely,



Henry A. Waxman
Chairman

Enclosure

cc: Tom Davis
Ranking Minority Member