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Op-Ed
The Washington Post
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[Via Email – oped@washpost.com](mailto:oped@washpost.com)

Dear Mr. Hiatt,

Your recent article (*Ties to GOP Trumped Know-How Among Staff Sent to Rebuild Iraq*, Sept. 17) is inaccurate and imbalanced. It is telling that you have already posted one factual correction to the story by your reporter, Rajiv Chandrasekaran.

Chandrasekaran ignores material facts that are central to my work in Iraq because they don't support his notion that I failed. Instead, he prefers to mold his stories around peripheral issues, portrays them as if they were primary goals, and supports them with quotes from sources who were at least once removed from policy-making roles. Chandrasekaran argues that I spent more time on secondary issues than on real threats such as childhood disease. The fact is that one of our earliest achievements was acquiring, distributing and administering vaccines to protect three million Iraqi children from debilitating and potentially fatal diseases such as polio, diphtheria, tuberculosis and measles.

Our reform of Iraq's pharmaceutical distribution system is another of Chandrasekaran's smoking guns. We blew it, he says, by limiting the number of drugs available. His understanding of the issue is so shallow that one hardly knows where to begin. The fact is that Kimadia, Saddam's medical supply bureaucracy created under the UN's failed oil-for-food program, was so riddled with corruption and bribery that little medication was available. Suppliers received kickbacks and sent expired drugs that were exorbitantly overpriced. Half of the medications on hand were unusable, and some were 30 years old. Chandrasekaran completely ignores the systemic issue, complaining instead about the smaller formulary matter. We did not, as he reported, attempt to sell Kimadia to a private company.

Chandrasekaran indicts our health team for imposing U.S. solutions without regard for Iraqi input. In truth, all initiatives were developed in a collaborative, consensus-based manner with the involvement and agreement of Iraqi counterparts.

When the Coalition Provisional Authority health team first arrived, there was no functioning Ministry of Health. Employees had scattered and the headquarters was a looted hulk. The remaining staff was clustered outside the ministry. Their first request was for chairs. We removed six tons of trash from the fire-scarred building and

refurbished it. In concert with Iraqi counterparts, we enticed more employees back to work with improved salaries and reenergized them with a sense that they were back on their feet. Together, we developed a strategic plan for the Ministry of Health, including a focus on long-neglected maternal-child health issues.

Yet another inaccuracy is Chandrasekaran's version of health-related funding. Under Saddam, the Health Ministry had \$16 million to cover health care for Iraq's 26 million people. That meager funding was stretched across 1,200 clinics, 240 hospitals and 120,000 employees. Eleven months later we had an actual budget of \$1 billion, all funded by an Iraqi government that was no longer being parasitized of cash by a malevolent dictator. The \$793 million Chandrasekaran reports was part of a separate multi-billion-dollar supplemental U.S. appropriation. He reports we spent "almost all" of it for maternity hospitals and community clinics, leaving none for rehabilitating emergency rooms. In fact, \$130 million was used for new medical equipment in a variety of health programs, including general hospitals. Another \$50 million funded a new pediatric hospital in Basra. We budgeted \$25 million for new capacity to manage programs to reduce maternal and infant mortality, and \$17 million for critical training programs in nursing, primary care and other technical assistance.

Chandrasekaran fails to recognize the significant underlying challenges to health sector reconstruction, most of which were beyond the control of our team. Some occurred after our tenure. These include widespread violence, sectarian strife, continual turnover among officials with four ministers of health in as many years, and a legacy of corruption and inefficiency in contracting and oversight.

Notably, Ambassador Bremer and senior Iraqi counterparts recognized the Ministry of Health's transition as the first to earn full Iraqi autonomy, months in advance of other ministries and before Iraqi sovereignty.

Chandrasekaran accuses us of staying in the safety and supposed grandeur of the Green Zone. In fact, we traveled daily to hospitals and clinics all around the country. We spent many late nights at the Health Minister's home in the Red Zone. When we were at the Republican Guard Palace we spent our share of time in the basement dodging mortar attacks. Our room at the Al Rasheed was two doors down from one that was destroyed by a missile. Our later quarters were trailers where stray bullets fired miles away ripped through the sheet metal siding.

Sadly, Chandrasekaran trivializes the sacrifices made in the reconstruction. Our team often traveled with minimal security. Twelve attacks were launched against us. Unfortunately, our casualty rate rivaled that of some combat units. An Iraqi member of the Health Ministry staff was assassinated. Some CPA health staff members were shot. Others were wounded by IEDs. The chief of my personal security detail was murdered.

Chandrasekaran questions my qualifications. As Director of the Michigan Department of Community Health, I managed a budget of \$9.5 billion and participated in national health policy strategy. As CEO of the largest international adoption agency, I directed 55

offices in the U.S. and 12 other nations. I am proud of an exemplary record during a 40-year career as a leader in health and human services.

Chandrasekaran, ironically, is accused of significant journalistic shortcomings by fellow writer Eric M. Johnson. As a Marine reservist on active duty in Iraq, Johnson witnessed Chandrasekaran in action in Al Kut. He characterizes Chandrasekaran's reporting as "utter rubbish".

Had Chandrasekaran been interested in reporting the truth, he would have balanced his stories with at least a few of the facts I provided in a three-hour interview. Only two partial sentence fragments were quoted. For a complete and accurate account I commend to your readers the 99-page report about the CPA-Ministry of Health team, *Iraq Healthcare – The Road to Recovery from Decades of Neglect*. I gave a copy to Chandrasekaran. Obviously, he didn't bother to read it.

Reconstruction in Iraq, including the health sector, has not progressed as rapidly as hoped but there has been notable progress. When the CPA returned full sovereignty to Iraq the World Bank, the UN and other agencies had pledged to step in with long-term technical and economic assistance. It has been slowed by sectarian violence, but still continues today. I also continue to work with Iraqi counterparts, providing medical staff with training and consultation.

I accepted an appointment to the CPA not to capitalize on my Republican connections or to act as a political officer enforcing a party line. I believed in the mission and in contributing my expertise to a poignantly compelling humanitarian cause. I still hold those convictions, even more strongly today.

Chandrasekaran's reporting and his deceitful book contribute nothing constructive.

Sincerely,

James K. Haveman, Jr.