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*For Immediate Release
December 27, 2006
U.S. Army Corps of Engineers*

Southern PHCs Scheduled for Completion by June

By Betsy Weiner
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Twelve primary healthcare centers (PHC), designed to provide essential medical care to people in underdeveloped urban and in the Dhi Qar and Muthanna provinces, will open by June 2007, according to Gulf Region South (GRS) District officials.

Construction on 55 facilities in the nine southern provinces halted when the primary contractor, Parson's Corp., was terminated but GRS re-awarded the contracts six months ago, according to Mike Osborne, Dhi Qar resident engineer.

"The clinics were in various stages of construction when Parsons left," he said. "Some were weeks ahead of the others."

Lt. Col. Dale Johnson, Camp Adder area engineer, noted that the centers under his watch – eight in Muthanna and four in Dhi Qar – are being built in an increasingly dangerous security environment and this makes them difficult to build.

"I've got two in the area that are nearly finished," he said, "one in Muthanna and one in Dhi Qar. Both have been built by the same contractor and will be finished in the next 30 days," he said.

Johnson said that despite the challenges of building the facilities, he reaps personal rewards from knowing that GRS has provided the community with something that is "uniquely good. They don't get this level of medical care or service," he said. "Not outside of hospitals anyway."

"These (centers) will be great for preventative care - and we have separate contracts for equipment and medical supplies – more modern than anything they have ever had – to stock these places for the first time," he said.

Osborne said that of the three PHC designs, the centers under the Adder Area Office's purview fell into one category – the smaller design.

"That's because, in the Nasiriyah area, there are major hospitals available to the people," he said. "Type A and B – those are the smaller facilities. Type C facilities are larger and have emergency, trauma and maternity centers."

All three centers have dental facilities, x-ray departments and instructional units, with one physician in residence. The Type C healthcare centers will have two physicians and will be built in more rural areas, according to Osborne.

“Nasiriyah is obviously a city and has core sections which are in the less fortunate areas,” he said. “That’s where we have built the A and B centers – in the poorer sections of town. Because of the availability of the local hospitals, these centers typically do not have emergency services.”

The cost for the healthcare centers runs about \$500,000 to \$600,000 for type A and B centers, and between \$650,000 and \$1 million for type C.

“Empirically,” Osborne said, “we are running 37-38 percent completed on these contracts. There is one in Nasiriyah that is the last one to come back online in GRS – its further behind relative to the others.”

He noted that most contracts are awarded and are of 180-210 day duration. Some work though has been “painfully slow,” for a number of reasons.

“We don’t finance projects here – we build the project and monitor the production. Typically in the states, a big contractor has to post a bond stating that he has enough funding to float the project. In Iraq it’s a different delivery concept for some contractors.”

He added that getting experienced contractor laborers has been a challenge as well.

“You know, they lack middle management here,” Osborne said. “It reminds me of a lot of when there are lay-offs in the coal mines and then, well, everyone is a carpenter. It seems like if you work around construction or know someone who does, you are an engineer. Not necessarily in educated tech sense but maybe in the foreman sense. But you do have the educated engineers – guys running these jobs are young guys out trying to move up the ladder – instead of crusty old construction workers like me out here.”

Osborne said most of the PHCs will be completed around the May-June timeframe, but added that other contracts for equipment services such as electrical and plumbing also have to be completed.

“Coordinating all that stuff is something that doesn’t translate into Arabic. It is hard to get across the idea of doing concurrent doing work in a logical sequence to make these things come on line at the end,” he said.

“But these PHCs are going to be a little more technical so you have to have more sophisticated electrical and mechanical systems. For example, you have alarms, things that will trigger generator so the air conditioning remains constant.”

Osborne said that training people to operate the systems when the clinics are handed over to the Ministry of Health is the key successes.

“Training is required for all these things – the systems and all that,” he said. “And we are working with the Ministry of Health in providing or dedicating staff to operate these systems so these clinics will remain operational.”

“The construction that I have seen so far on these facilities is some of the best I have seen in Iraq,” Johnson said, “And the equipment they are getting is an added bonus to the utility of these clinics. The (health care centers) look and smell great.”



Mike Osborne, Dhi Qar resident engineer, examines the mortar and skeletal structure of a primary healthcare center in Nasiriyah. Dhi Qar and Muthanna have 12 PHCs that fall under the purview of the Area Office, GRS. [ARMY PHOTO BY BETSY WEINER]

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