DeFraites, Robert F COL OTSG

From: [b)(6)-2] MAJ WRAIR-Wash DC [b)(6)-2]
Sent: Wednesday, August 18, 2004 3:26 PM
To: [b)(6)-2] COL OTSG
Subject: RE: IG Report of Army Detainee Operations Inspection S: 31 AUG 04, 31 AUG 05

Sir,

It may be worth a conference call to discuss this, but here's the bottom line from the IG inspection: PM assets (FSTs + PM dets) were not resourced (manpower, equipment) and, in some cases (mostly in FSTs), lacked adequate training or guidance to perform the detainee ops mission. Many PM deficiencies would probably have been avoided had units deployed with fully trained and equipped FSTs -- this finding resulted in a recommendation to force providers to fix the perpetual FST problem. Re: PM dets, given the distribution of forces and the additional "burden" of a large detainee population, there were simply not enough of them -- their training was fine, but none were aware of the detainee ops policy/doctrine. Even without the large number of detainees, some PM dets couldn't keep up with their "non-detainee" missions. Transportation & security issues certainly contributed to the problem.

Current force structure is outdated and insufficient for operations such as OEF and OIF. With units split up and scattered across a wide geographical area, and with lower echelon units capturing and detaining individuals for long periods of time (in violation of doctrine, but critical to obtain timely intel in a HUMINT-driven operation), support elements are inadequately structured to maintain the infrastructure and provide necessary services. I don't think a denominator-based approach to PM det allocation is necessarily the best model -- it's overly simplistic and fails to address other factors (number of camps/sites, geographical distribution of forces, etc) -- that, combined with population figures, should be considered in developing a sound force structure model. It's time to scrap the WWII/Cold War doctrine and think asymmetric/non-linear battlespace, modularity, and the different requirements of various operational phases (combat vs. SASO, etc).

The other piece of this is the failure of unit surgeons to understand and adequately employ FSTs and PM dets. These physicians are critical and must be trained in basic PM and detainee ops.

Let me know if I can help with anything.

[b)(6)-2]

-----Original Message-----
From: [b)(6)-2] COL OTSG
Sent: Wednesday, August 18, 2004 1:09 PM
To: [b)(6)-2] MAJ WRAIR-Wash DC
Subject: Fw: IG Report of Army Detainee Operations Inspection S: 31 AUG 04, 31 AUG 05

-----Original Message-----
From: [b)(6)-2] COL USACHPPM [b)(6)-2]
[b)(6)-2] [b)(6)-2]
[b)(6)-2]

Sent: Wed Aug 18 12:57:54 2004
Subject: RE: IG Report of Army Detainee Operations Inspection S: 31 AUG 04, 31 AUG 05

LTC [b)(6)-2]

I am not personally aware of specific cases or complaints about the ability of PM assets to support Detainee Operations. However it stands to reason that the quality of any support will depend upon the level of training and experience possessed by the PM personnel in the area as well as their ability to get around [travel] the area of operations.

When considering a BOA for any PM asset, we need to consider not only the number of soldiers supported, but also the size of the operational area, FP requirements, etc. I'm not certain that one PM Detachment per 15, 000 soldiers is adequate. In fact, given the growing expectations for preventive medicine support in any theater, we may determine that an effective BOA is actually one PM Detachment per Unit of Execution (!). This will seem unrealistic to some, but the BOA should NOT be constrained (at least at first) by predetermined restrictions. We should determine what is needed, and then determine how to pay the bill. We may decide that the Army is better served by using our available assets to create more PM Detachments at the expense of Bde-level PM cells that have little real capability and poor battlefield mobility.

VR,

COL (b)(6)-2

From: (b)(6)-2 LTC AMEDDCS
Sent: Tuesday, August 17, 2004 4:38 PM
(b)(6)-2 USACHPPM (b)(6)-2
(b)(6)-2

Subject: FW: IG Report of Army Detainee Operations Inspection S: 31 AUG 04, 31 AUG 05

COL (b)(6)-2

See bottom email paragraph 2.a. in regards to reviewing PVNTMED force structure to support Detainee Operations. PVNTMED Assets are organic to Military Police Brigade, Battalions, and detachments which support EPW/detainee operations. Additional PVNTMED assets in the form of PVNTMED Detachments are augmented on the basis of one detachment per 17,000 population supported.

CPT (b)(6)-2 signed in on 9 August and I've put him to work on analyzing the Basis of Allocation for PVNTMED units. MAJ (b)(6)-2 left behind a PVNTMED work load model and a recommendation that the PVNTMED BOA should be changed to one detachment per 15,000 population supported. CPT (b)(6)-2 is going over this material and has contacted Commanders from returning units to determine their workload and issues with EPW/detainee operations.

Are you aware of any problems with PVNTMED support to EPW/detainee operations from a force structure or equipment standpoint?

In paragraph 2.b., the Manpower Requirements Criteria (MARC) is underway. It is a year long process and senior PVNTMED SMEs will be contacted in the future for their input in that analysis. This is the first complete PVNTMED MARC since 1988.

Respectfully,

LTC (b)(6)-2

LTC (b)(6)-2 Ph.D.
Chief, Force Protection Branch
Concepts & Requirements Division
Directorate of Combat and Doctrine Development
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-----Original Message-----
From: (b)(6)-2 Mr AMEDDCS
Sent: Friday, August 06, 2004 4:15 PM
To: (b)(6)-2 COL AMEDDCS; ACFI OPERATIONS AMEDDCS
(b)(6)-2
Subject: RE: IG Report of Army Detainee Operations Inspection S: 31 AUG 04, 31 AUG 05

Sir--we cannot comply with para 2a below--Assess the preventive medicine detachment forces structure to ensure sufficient quantities of PM detachments exist to support all collecting points and internment/resettlement facilities--this is a resourcing issue--the current ROA shows the PM Detachment allocatted on the basis of one per 17,000 population supported. If the number of detainees in I/R facilities drives the numbers up, then planners/operators should deploy a sufficient number of PM Det to support that increase--As we mentioned in the info paper, the I/R facilities have organic medical support.

(b)(6)-2

-----Original Message-----
From: (b)(6)-2 COL AMEDDCS
Sent: Friday, August 06, 2004 3:25 PM
To: ACFI OPERATIONS AMEDDCS
Cc: (b)(6)-2 (b)(6)-2
Subject: FW: IG Report of Army Detainee Operations Inspection S: 31 AUG 04, 31 AUG 05

put on our tasker sheets... DCDD (PM)
thanks.
(b)(6)-2

-----Original Message-----
From: (b)(6)-2 COL AMEDDCS
Sent: Friday, August 06, 2004 2:51 PM
To: (b)(6)-2 Ms AMEDDCS; (b)(6)-2 LT AMEDDCS
Cc: (b)(6)-2 COL AMEDDCS
Subject: FW: IG Report of Army Detainee Operations Inspection S: 31 AUG 04, 31 AUG 05

(b)(6)-2

Please put on your suspense file. Thanks

(b)(6)-2

Both belong to DCDD one with 31 Aug susp and one with 31 Aug 05 susp.
thanks
(b)(6)-2

From: (b)(6)-2 COL OTSG [mailto: (b)(6)-2]
Sent: Friday, August 06, 2004 2:40 PM
To: (b)(6)-2 COL AMEDDCS
Cc: (b)(6)-2
Subject: IG Report of Army Detainee Operations Inspection S: 31 AUG 04, 31 AUG 05

(b)(6)-2

1. Based on the input you provided, OTSG's response to the DAIG Detainee Operations Inspection Tasker is attached.

2. Paragraph 1, tasker 9c, establishes two requirements for MEDCOM and AMEDDC&S:

a. Assess the preventive medicine detachment forces structure to ensure sufficient quantities of PM detachments exist to support all collecting points and internment/resettlement facilities in a non-linear battle space with 30-days. S: NLT COB 31 AUG 04.

b. Complete a manpower requirements criteria review for PM detachments following TAA 11 in AUG 05 following TAA 11. S: 31 AUG 05.

3. POC is LTC (b)(6)-2

Thanks,

(b)(6)-2
COL, MS
Director, Healthcare Operations, OTSG
(b)(3)-1

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