Inspector General

United States Department of Defense

Inspections and Evaluations Directorate

Evaluation of Support Provided to Mobilized Army National Guard and U. S. Army Reserve Units

August 5, 2005
Report No. IE-2005-003

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Allen, William C., *The Dome of the United States Capitol: An Architectural History*. Prepared under the Direction of George M. White, FAIA, Architect of the Capitol, US Government Printing Office Washington: 1992

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Evaluation of Support Provided to Mobilized Army National Guard and U.S. Army Reserve Units

August 2005

Who Should Read This Report and Why?

Leaders of DoD organizations responsible for providing mobilization and logistical support to deployed Reserve Component (RC) and Active Component (AC) units should read this report. The report discusses standards and criteria for logistical support and lessons learned from logistical operations during Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF).

What Was Identified?

OEF and OIF further confirmed that the Reserve Components are an increasingly critical and vital element of our military forces. The Army encountered significant logistical challenges to initiate and conduct sustained land combat operations for OEF and OIF. We conclude that support was adequate and that no systemic disparity exists between support provided to reserve component soldiers and to active component soldiers, beyond the disparities "by design" associated with the tiered readiness system.

Logistic Challenges.

We focused specifically on the Army's performance in providing the following support:

Potable water. Potable water produced by Reverse Osmosis Water Purification Units (ROWPUs) was readily available in quantity. However, deployed soldiers expected bottled water. This expectation complicated the distribution system, greatly increasing the ground transportation requirements to ship bottled water into Iraq and Afghanistan.

Proper Uniforms. At the outset of OIF, the inventory of desert camouflage uniforms (DCUs) and desert boots was insufficient. Consequently, all reserve component soldiers did not get the initial requisite four sets of DCUs and two pair of desert boots. Instead, they used approved in lieu of Battle Dress Uniforms (BDUs) and regular combat boots.

Food/Food Service. The compressed OIF operations tempo resulted in some units having to eat Meals Ready to Eat (MREs) in excess of 21 days, which is a deviation from AR 40-25 policy. However, there were no reported health complications associated with these limited occurrences. The extended use of MREs caused complaints about lack of variety and lack of hot meals, fresh fruits, and vegetables.

Medical Care. Medical care was adequate during OEF and OIF**.** Dental care was an issue during the early stages of deployments. RC soldiers perceived that they could not get routine dental care, while AC soldiers could. This perception was unfounded.

Communications. Access to communications with family members was adequate for both RC and AC soldiers, although availability, reliability, and speed did not meet the expectations of today's soldiers. The ability to communicate with family has improved.

How It Can Be Improved.

We made fourteen recommendations in the areas of:

- Publication and policy changes.
- Leadership.
- Metrics.
- Quality assurance.

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Executive Summary

Evaluation of Support to Mobilized Army National Guard and U.S. Army Reserve Units

Background and Overview

Congressional Request. This evaluation was initiated on April 9, 2004, in response to a November 6, 2003, letter sent to the Department of Defense (DoD) Inspector General (IG) and signed by 28 members of Congress (see Appendix B). The letter expressed concerns that deployed Army National Guard soldiers were subjected to inadequate supply of potable water, lack of proper clothing, poor food quality, inferior medical care, and difficult access to communications with their families.

Evaluation Scope. To address this congressional request, this report examines mobilization and logistics issues impacting Army National Guard and the Army Reserve units that deployed to Afghanistan, Iraq, and Kuwait in support of the global war on terrorism (GWOT). Together, these forces comprise the reserve component (RC). When the RC is combined and integrated with the US Army active duty component (AC), the resultant capability is the "total force."

Historical Disparity Between AC and RC. There are inherent disparity factors when comparing AC to RC force structure. Historically, the policy of "tiered readiness" means that, in a resource-constrained environment, where there is insufficient funding to resource all units simultaneously with the latest equipment and training, those units expected to deploy first receive the newest equipment and increased funding. This resource allocation strategy ensures that the first units expected to deploy can do so immediately, without delays for receipt of newer equipment, additional people, and/or training. Consequently, the reserve components, which were expected to have more time to get ready, have received less funding, less training, and less modern equipment than their active component counterparts. RC forces make up over 54 percent of the total force; yet receive less than 11 percent of the Army's budget. Nevertheless, since September 11, 2001, nearly 40 percent of the RC units have mobilized.

Evaluation Methodology

On April 9, 2004, after preliminary inquiries into the issues highlighted in the congressional letter and press reports, we announced this evaluation to review the support provided to the mobilized Army National Guard (ARNG) units and extended the scope to include US Army Reserve Command (USARC) units. Specifically, this report evaluates two basic arguments:

1. Adequacy, and
2. Disparity

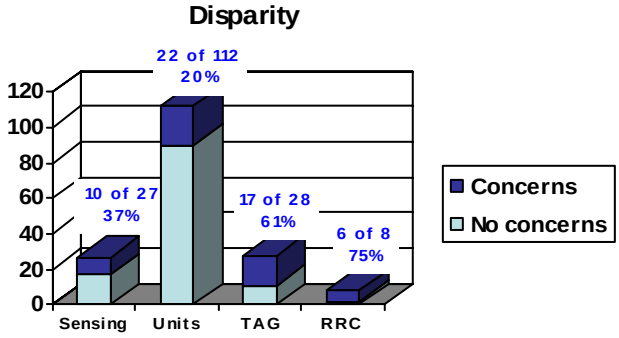
The first argument centers on whether the support provided to the RC was adequate, and sufficient to meet mission needs.

The second argument centers on whether treatment and support of the RC units were the same as provided to the AC units.

To evaluate these arguments of adequacy and disparity, we had to separate "perceptions" from "reality" and draw conclusions from empirical data, rather than from anecdotal reports. We also had to determine if policies/guidance were adequate and if the data we gathered were representative and accurate. The team also had to factor in the realities and uncertainties of a nation preparing and going to war. Therefore, to accomplish these tasks, the team used this methodology:

- ✓ Reviewed policy and guidance that existed prior to OEF and OIF for each of the areas.
- ✓ Interviewed RC/AC officials and enlisted soldiers who were deployed or had returned from Iraq and Afghanistan.
- ✓ Used survey techniques:
  - o Sent out comprehensive questionnaires to RC and AC Commanders/First Sergeants who were currently deployed or had just returned from deployment, receiving responses from 72 RC and 40 AC units.
  - o Sent out comprehensive questionnaires to State Adjutants General (TAGs) and Commanders of Reserve Readiness Commands (RRCs).
  - o Conducted sensing session interviews using a comprehensive set of questions on each of the areas.
- ✓ Questioned AC/RC staff subject matter experts.
- ✓ Identified new and revised policies to improve the logistical support process.
- ✓ Analyzed all the data to formulate appropriate observations and recommendations.

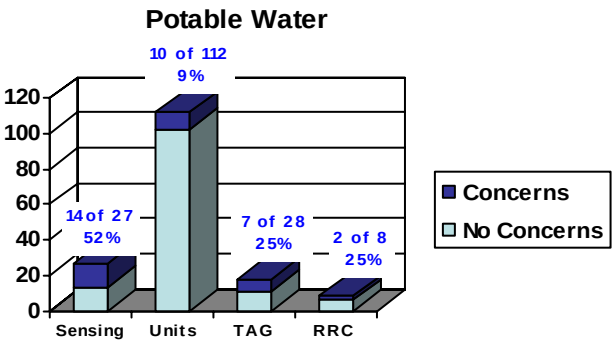
Results



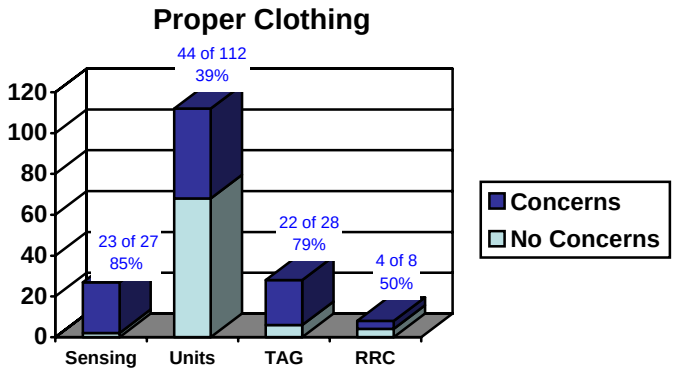
The support provided to mobilized Army National Guard and Reserve soldiers was adequate overall. Although numerous sensing session and unit questionnaire respondents expressed concern about instances of perceived disparate treatment, we did not find disparate treatment to be systemic, beyond that which results from the tiered readiness system. Some RC soldiers alleged that AC soldiers got more/better food, better medical/dental care, and had better access to telephones and internet communications with families. The chart above summarizes responses on the issue of general disparity between RC and AC soldiers, based on sensing sessions with soldiers and questionnaires sent to unit Commanders/First Sergeants, State Adjutants General, and U.S. Army Reserve Regional Readiness Commands.

We focused specifically on the following issues: availability of potable water, proper individual clothing (mainly Desert Camouflage Uniforms—DCUs—and desert boots), food/food service, medical/dental care, and access to communications with family members.

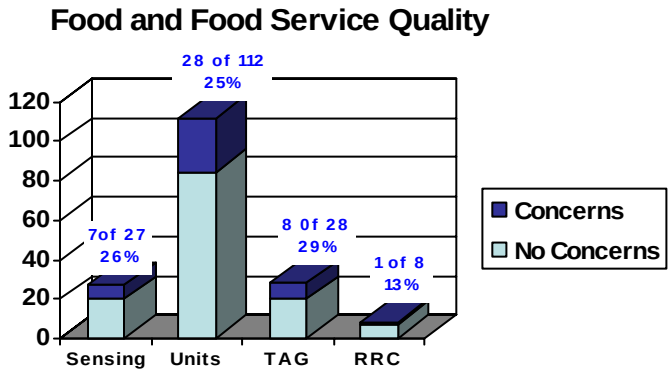
Although bulk water produced by Reverse Osmosis Water Purification Units (ROWPU) was readily available, both RC and AC soldiers stated that ROWPU water was over-chlorinated and tasted bad. Other concerns were that the water was too hot to drink and could have caused diarrhea. In some instances, bottled water was rationed in March, April, and May 2003 e.g., only two 1.5 liter bottles per person per day. Again, ROWPU potable water was available in adequate quantities. There was a plentiful supply of bottled water after the first three months of OIF.



There were initial problems with an adequate supply of DCUs and desert boots. After initial inventories had been issued to higher tiered units (mainly AC), stock depletion could not be immediately replaced. Therefore, many RC soldiers only received 2 sets of DCUs and 1 pair of desert boots. .Some reportedly received a mixed issue, e.g., summer jacket, winter trousers. However, the Army Battle Dress Uniform (BDU) and regular combat boots were designated as acceptable *in lieu* of items. Each RC soldier was supposed to report to the mobilization station with their normal issue of four sets of BDUs and two pair of regular combat boots from home station. With these *in lieu* of items, the supply of proper clothing was adequate. Army Logistics' reports indicate that, based on demand data and shipment, DCU stocks were adequate to issue 4 sets per soldier by November 2003.

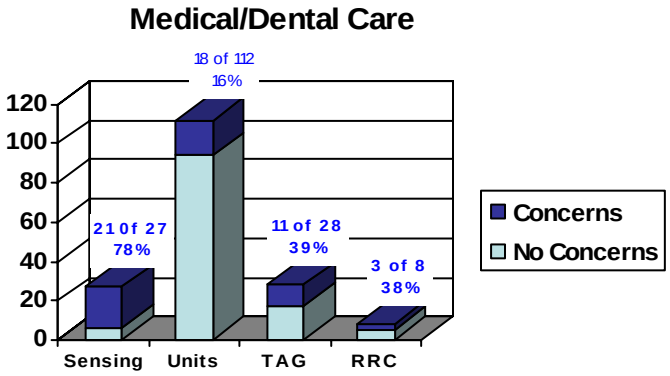


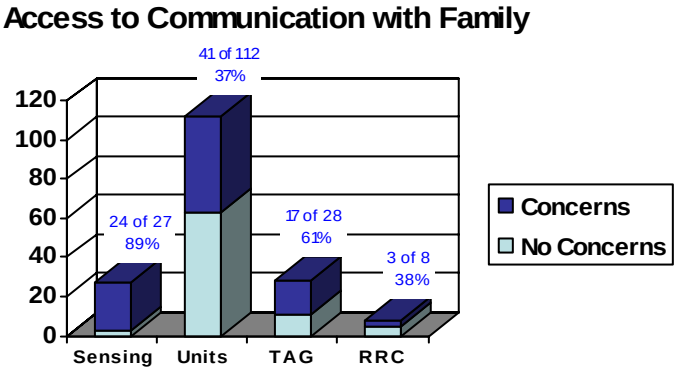
The concerns expressed regarding food and food service were limited to menu variety at contractor-operated dining facilities (DFACs), and not about poor food quality. Some soldiers at remote sites complained about the variety of hot food delivered from the Dining Facilities (DFACs) and only having Meals, Ready to Eat (MREs). There was an alleged incident of food poisoning in Kuwait in 2002 and one incident of food rationing in Afghanistan in 2002. The guards at the Abu Gharaib prison in Iraq said that prisoners got more and better hot meals. There were no complaints about spoiled food or food poisoning in Afghanistan or Iraq. There was one complaint about an initial shortage of cooks in



Kandahar, Afghanistan. There were numerous complaints about the initial shortage of hot meals, fresh fruit, and vegetables. However, the preponderance of the evidence indicates that food and food service support was adequate.

Most medical concerns were about lack of routine dental care--an issue affecting AC and RC soldiers equally in Iraq and Afghanistan. Our evaluation concluded that medical/dental care was adequate with no evidence of disparity between RC and AC soldiers.





Morale phone calls to "home" using Defense Switch Network (DSN) was slow and unreliable. Early in OIF, soldiers had to wait in line for hours for a 15 minute phone call once a week. Soldiers complained that there were insufficient numbers of DSN telephones and phone card charges on commercial phones were too expensive. Initially, there was limited internet computer (e-mail) capability. The ability to communicate electronically with family members at home clearly fell short of soldiers' expectations. Those expectations may have been unrealistic in a developing combat theater. Some AC units brought more unit-owned computers with them than RC units did. However, beyond that, there was no disparity between RC and AC soldiers' ability to communicate with family members. CENTCOM and the Space and Naval Warfare Systems Command have significantly improved access to communications with family as the theater has matured. These efforts continue.

During the course of this evaluation, it became evident that most Army National Guard and U.S. Army Reserve units were not preparing or forwarding formal After Action Reports (AARs) for use in the Army Lessons Learned System. We found no clear indication of unresolved issues being consolidated and tracked at the Army National Guard Bureau or the U.S. Army Reserve Command. When RC units do not actively participate in the Army's established Lessons Learned System, the ability of the Center for Army Lessons Learned to collect, analyze, and disseminate lessons learned during mobilization/demobilization and combat operations is diminished and could lead to recurring mistakes and deficiencies.

Conclusions

In the areas of potable water, proper clothing (DCUs/desert boots), food/food service, medical/dental care, and access to communications with family members, the logistical support provided to both RC and AC soldiers was adequate and sufficient to meet mission needs.

The preponderance of the evidence shows no systemic disparity in the logistic support provided to RC and AC soldiers, beyond that resulting from the tiered readiness system.

Furthermore, the feedback from our sensing sessions indicates that RC units, both Army National Guard and US Army Reserve, do not routinely participate in the established Army Lessons Learned System, as outlined in AR 11-33.

Recommendations

To improve the mobilization and logistical support to both RC and AC soldiers, we recommend:

1. The Army G-4 should develop a plan of action and schedule to implement short and long term palatability improvements of field drinking water supplies in arid environments, including those recommended by the Joint Medical Field Water Subgroup, Joint Environmental Surveillance Work Group, which advises the Deputy Assistant Secretary of Defense (Force Health Protection and Readiness).

2. The RC leadership should ensure that all RC soldiers understand:

a. the concept of "in lieu of" equipment issues, and

b. the "disparity by design" issues associated with tiered readiness.

3. Reserve Readiness Commands and State Adjutants General must assess the Organization Clothing and Individual Equipment (OCIE) readiness within their subordinate units and ensure that shortages are requisitioned, in accordance with Army regulations, prior to mobilization. They must also ensure that RC soldiers take their OCIE with them to mobilization stations.

4. Army G1, in coordination with Army G4, should update the Army Personnel Policy Guidance to clarify the responsibilities for purchasing and requisitioning OCIE shortages at the mobilization stations.

5. The Commander, U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) should:

a. Publish guidance on evaluation/analysis of DD Forms 5161, "Comprehensive Food Service Inspections," and other food inspection reports, as required by Army Technical Bulletin MED 530.

b. Establish procedures for corrective implementing recommendations derived from the evaluation/analysis of food service reports.

6. LOGCAP and the DoD Veterinary Service Activity should establish a quality assurance procedure to track corrective action(s) for USACHPPM identified food service deficiencies.

7. The Army Surgeon General should:

a. Identify what elements comprise appropriate medical care in a combat theater and how those elements should be compiled and reported.

b. Establish metrics that measure the quality of medical treatment rendered to the individual patient in the combat theater.

8. The Chief, Army Reserve/Commander, U.S. Army Reserve Command should:

a. Establish procedures requiring all US Army Reserve units mobilized and deployed in support of contingency or combat operations to prepare and submit After Action Reports (AARs), after returning from deployment, thru their chains of command, to the U.S. Army Reserve Command for consolidation and forwarding to US Army Forces Command and the Center for Army Lessons Learned, in accordance with AR 11-33.

b. Establish a procedure to document and track the status of open action items resulting from recurring issues, recommendations, or lessons learned, as reported in the AARs.

9. The Director, Army National Guard and State Adjutants General should:

a. Establish procedures requiring all Army National Guard units mobilized and deployed in support of contingency or combat operations to prepare and submit AARs, after returning from deployment, thru their chains of command, to the Director, Army National Guard for consolidation and forwarding to the Center for Army Lessons Learned, in accordance with AR 11-33.

b. Establish procedures to document and track the status of open action items resulting from recurring issues, recommendations, or lessons learned reported in the AARs.

Management Comments and Evaluation Response:

The Assistant Secretary of Defense for Health Affairs and the Assistant Secretary of Defense for Reserve Affairs "concurred with comment." Their comments addressed general aspects of the report, not related to any specific recommendation. Both agencies' complete responses are included in Appendix D.

The Department of the Army Inspector General provided the response of "noted with comments," stating, in part: "due to the report highlights on tiered readiness, (Recommendation 2) it would be helpful to readers to also know how the Army has changed to the AC/RC Force Generation Model, where units progress through levels of increasing readiness toward potential deployments." The complete Army IG response is included in Appendix E.

I&E Response: Army Modernization Plan 2002, Annex F states, in part: "The Army force structure goal is to have all active and reserve component elements interchangeable." FORSCOM Regulation 350-4 "Training: Army Relationships," dated July 20, 2000, states, in part: "The Army has prioritized combat forces according to expected deployment requirements in support of operation plans (OPLANs) and the need to be capable of responding to unforeseen crises. The strategy requires a multi-mission capable force of AC and RC units trained to serve as an effective part of the joint and combined force." A Conventional Force Generation Model was created to depict the synchronization of The Army Plan, combatant commanders OPLANs, Supply Support Center requirements, and resource priorities for conventional Army forces.

The United States Army Reserve Command (USARC) provided management comments on Recommendation 3. The complete response is included in Appendix E.

Recommendation 3 states: "Reserve Readiness Commands and State Adjutants General must assess the Organization Clothing and Individual Equipment (OCIE) readiness within their subordinate units and ensure that shortages are requisitioned, in accordance with Army regulations, prior to mobilization. They must also ensure that RC soldiers take their OCIE with them to mobilization stations."

USARC Comments: "FORSCOM Regulation 700-2, "Logistics Standing Instruction," instructs RC units to minimize stockage list of OCIE to training requirements only. There is no mandatory stockage authorized list of OCIE for RC units. Also, IAW CTA 50-900, most Army Reserve Central Issue Facilities (CIF) at the mobilization stations have the staff, expertise, and mission to provide the OCIE necessary to support a unit deployment to a designated geographic region or climatic zone. OCIE requirements vary by deployment region/zone and RC units generally do not know before mobilization what the deployment site is; therefore, the actual list of requirements is not known. The Army Reserve Command published mandatory OCIE stockage list of items common to all zones, to ensure all units had a baseline stockage of OCIE.

The CIFs at some mobilization stations actually refused to provide OCIE to Army Reserve units, stating the equipment must be provided by the Army Reserve.

As stated in the recommendations, RC soldiers must understand the concepts of "in-lieu-of" equipment and "disparity by design." These very concepts support a practice of issuing equipment as needed, when needed, by a Central Issue Facility. The report recognizes that RC forces are inadequately funded, therefore, the most efficient management of resources would be to consolidate and issue OCIE **as needed** by the mobilization station CIF. It is not fiscally prudent to fill warehouses and pay storage costs for OCIE not used for training, when the mobilization stations already operate a CIF."

I&E Response: It is incumbent on RC leadership to comply with appropriate regulatory guidance regarding OCIE. While not all OCIE is required to be on hand, items such as BDUs and regular combat boots are required to be in the possession of RC soldiers. The RC leadership must confirm such possession, accountability, and serviceability in accordance with AR 710-2, "Supply Policy Below the National Level."

In the Army Reserve 2005 Posture Statement it states: "Although the Army Reserve received $40 million in National Guard and Reserve Equipment Account (NGREA) funding for FY05, an equipment shortfall totaling more than one billion dollars still remains."

The National Guard Bureau (NGB) responded to chapters 2, 4, 5 and 6. The complete response is included in Appendix F.

NGB Management Comments: NGB "nonconcurred" with the statement on page 22 of the draft report: "Army Logistics' reports indicate all deploying units were issued four sets of DCUs and two pair of desert boots by November 2003." NGB stated that this was misinformation.

"While all major commands were fielded the appropriate quantities of DCUs and boots, divisions are not doctrinally required to support non-divisional units. Therefore, although the non-divisional units were in divisional areas of responsibility, the commands were not inclined to support them. Therefore, while adequate numbers of uniforms were available in theater, the distribution was not even. As most non-divisional units are ARNG and USAR, those units predominantly were without the DCUs and boots."

With regard to Recommendation 2, (in lieu of items and tiered readiness), NGB stated: "The RC leadership does not need to ensure that all RC soldiers understand the tiered readiness system which includes "in lieu of" and "disparity by design." The 12 April 2004 Army Campaign Plan (ACP) provides direction for preparing the Army to create and sustain a campaign-capable joint and expeditionary Army."

I&E Response: We modified the statement on page v of the EXSUM and page 22 in the final report to read "Army Logistics' reports indicated that, based on demand data and shipment, DCU stocks were adequate to issue 4 sets per soldier by November 2003." However, it is possible that distribution of these DCUs did not make it down to all individual soldiers (RC/AC) before they redeployed from theater. Although there may have been a higher percentage of RC troops that did not receive 4 sets of DCUs, there was no evidence to suggest that RC troops did not receive 4 sets of DCUs just because they were RC. Distribution priority for DCUs was primarily to divisional units, followed by non-divisional units. The priority list did not distinguish AC from RC. While some non-divisional units were AC, a high percentage of non-divisional units were RC.

While various initiatives, to include the AC/RC Force Generation Model, promise to better manage readiness among AC and RC forces, the effort will only be as accurate as the ability to predict future requirements by type of unit. As new contingencies develop, RC units may have to be called up before they have reached their highest state of readiness. If that happens, there will likely be "in lieu of" equipment issues. It is important that RC soldiers understand these issues.

NGB concurred with Recommendation 10—After Action Reports (AARs).

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Background and Overview

Congressional Request. This evaluation was initiated on April 9, 2004, in response to a November 6, 2003, letter sent to the Department of Defense (DoD) Inspector General (IG) and signed by 28 members of Congress (see Appendix B). The letter expressed concerns that deployed Army National Guard soldiers were subjected to inadequate supply of potable water, lack of proper clothing, poor food quality, inferior medical care, and difficult access to communications with their families.

Evaluation Scope. To address this congressional request, this report examines mobilization and logistics issues impacting on Army National Guard and the Army Reserve units that deployed to Afghanistan, Iraq and Kuwait in support of the global war on terrorism (GWOT). Together these forces comprise the reserve component (RC). When the RC is combined and integrated with the US Army active duty component (AC), the resultant capability is the "total force."

DoD's Transition to Total Force. Department of Defense adopted the total force policy in 1973.[1] This policy reinforced the concept that active and reserve components of the US military should be managed, trained, and equipped as a total force and capable of supporting all US military operations. As a result of employing this organizational concept, the National Guard and Army Reserves were no longer considered to be forces of last resort. During the cold war era, the focus historically was on the prepositioning and deployment of active component units. During the Persian Gulf War, however, more reliance was placed on the deployments of reserve component units. Subsequently, this transformation and expanded role of the RC imposed a great deal of stress on the reserve component units.

Total Force Deployment. Since the terrorist attacks on September 11, 2001, the United States military has conducted two major deployments in support of the war against global terrorism. ***Operation Enduring Freedom*** (***OEF)*** commenced on October 7, 2001, with the war in Afghanistan. On March 19, 2003, US military operations launched ***Operation Iraqi Freedom (OIF)***. When the Army went to war in October 2001 and March 2003 respectively, the transformation process to better integrate the AC and RC forces was ongoing and the optimum mix had not yet been achieved. The Army was still transitioning from its Cold War posture to the force more appropriate for global war on terrorism scenarios.

During the period before OEF and OIF, the Army deployment process relied on Operation Plans (OPLANs) that used the Time-Phased Force and Deployment Data (TPFDD)[2] and the Army Priority Listing (APL).[3] The OPLANs designated the sequence for deployment, and, therefore,

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[1] Secretary of Defense Melvin Laird initiated the Total Force Concept in 1970. It was also known as the Abram's doctrine named after General Creighton W. Abrams, Army Chief of Staff from 1972 to 1974. The Total Force Concept officially became the Total Force Policy on August 23, 1973, when Defense Secretary James R. Schlesinger endorsed the policy. Since then the Army has pursued transformation initiatives to place "increased reliance" on the National Guard and Reserve units.

[2] The TPFDD designates units to be deployed to support the operation plan with a priority indicating the desired sequence of their arrival at the point of destination.

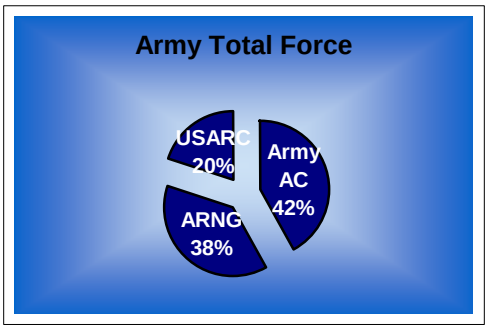
[3] The APL determines the Army's equipment fielding sequence.

influenced the priorities for training and equipping active and reserve component units. By design, "the first to fight were the first to resource."[4]

However, for OIF, the TPFDD was not closely followed because of unique or unanticipated operational requirements. Therefore, some unit mobilizations did not conform to this OPLAN design. Lower tiered units were mobilized and deployed and were less prepared than units higher on the TPFDD and the APL. Some reserve component units that were not 100 percent equipped and ready were called up at the initial buildup and hostilities stages of OEF and OIF. Under the recently developed Army Force Generation model, resources are no longer tied to tiered readiness. All Army units in the window for mobilization are planned to be fully equipped, regardless of whether the unit is AC or RC.

Historical Disparity Between AC and RC. There are inherent disparity factors when comparing AC to RC force structure. Historically, the policy of "tiered readiness" means that, in a resource-constrained environment, where there is insufficient funding to resource all units simultaneously with the latest equipment and training, those units expected to deploy first receive the newest equipment and increased funding. This resource allocation strategy ensures that the first units expected to deploy can do so immediately, without delays for receipt of newer equipment, additional people, and/or training. Consequently, the reserve components, which were expected to have more time to get ready, have received less funding, less training, and less modern equipment than their active component counterparts. RC forces make up over 54 percent of the total force; yet receive less than 11 percent of the Army's budget. Nevertheless, since September 11, 2001, nearly 40 percent of the RC units have mobilized.

Force Structure. As of January 2005, the Army's total RC and AC force was 1,037,400 soldiers--482,400 in the active component and 555,000 in the reserve component (350,000 in the Army National Guard and 205,000 in the US Army Reserve Component). The chart below illustrates percentage breakout of the RC and AC force structure.



Army's Active and Reserve Component Force Structure

The task of preparing, training, equipping and supplying the total force is a complex challenge. The Army's global commitments require getting the right troops, with the right equipment, with

[4] The APL sequence is an Army policy based on deliberate plans. It advocates a first-to-fight -to-support principle. Funding levels mandate the Army to tier resources for manning and equipping Army units on a first to fight basis. Tiering resources on a "first-to-fight" basis accepts the risk that lower resourced units may not be adequately manned and equipped and may not have sufficient train-up time to meet wartime readiness.

the right logistics support, at the right place, and at the right time. According to the Army's 2005 Posture Statement, approximately 640,000 RC and AC soldiers are serving on active duty; hence, approximately 397,000 soldiers in the reserve component were not on active duty. At any one time, over 315,000 RC and AC soldiers on active duty are deployed or stationed in more than 120 countries. As of January 2005, scheduled deployments and reinforcements in Iraq alone increased from 17 to 20 brigades and troop strength climbed to 153, 000 troops.[5] At any given time, the majority of reserve component and active duty troops who remain in CONUS are recovering from a deployment or preparing to deploy.

Command and Control. Command and Control tasks for the Central Command (CENTCOM) area of responsibility present a formidable challenge. For instance, the scope of command and control requirements for OEF and OIF were far greater than for the Persian Gulf War, in terms of the objectives, duration of hostilities, number of U.S. troops mobilized and deployed and the geographical footprint. Long lines of communications complicate responsiveness and decision making.

Responsibility for the Army's command and control functions in the CENTCOM Theater is assigned to the Third United States Army/Army Central Command (ARCENT). During the Gulf War, ARCENT headquarters remained in CONUS. However, for OEF and OIF, ARCENT moved their headquarters to Kuwait. ARCENT headquarters employs both active and reserve component soldiers and Department of Defense civilians. This staff of over 500 personnel manages day-to-day operations and planning for the CENTCOM Coalition Force Land Component Command (CFLCC).

CENTCOM Area of Responsibility (AOR)

Logistics Challenge. Given the geopolitical factors and the country's proximity to Afghanistan and Iraq, the United States and its coalition partners established Kuwait as an important haven for staging troops and supplies. Most of the supplies supporting OIF are sent to Kuwait and then redistributed primarily by surface transportation to various locations throughout Iraq. Supplies in support of OEF flow through Uzbekistan into northern Afghanistan and through Pakistan into southern Afghanistan. Airlift support for supply and resupply during the initial stages of OEF and OIF was limited to non-existent, since there were no secure or adequate air fields. Thus, RC and AC units had to rely on surface transportation to get water, food, clothing, medical supplies, and other items (ammo, spare parts, petroleum, oil, lubricants, etc.) No easy task. Operational tempo, weather conditions, insurgents, improvised explosive devices (IEDs), and other hazards complicated the logistics' problem.

Press Reports. Soon after the start of OIF hostilities, media reports criticized logistical support to all deployed troops, especially support provided to RC soldiers. For example, these are some of the headlines:

- ✓ "Senators Ask for Comprehensive Study on Guard, Reserve Equipment and Other Issues" (National Guard Association of the United States, April 10, 2003)

[5] This figure was reported in the Army's 2005 Posture Statement.

- ✓ "GAO: Reserve, Guard Need Better Systems" (Federal Computer Week, August 21, 2003)
- ✓ "Army Says National Guard and Reservist Now in Iraq Will Spend 12 Months--Surprise to Some" (San Diego Union-Tribune, September 9, 2003)
- ✓ "Utah National Guard's Gripes Aired in D.C." (Desert Morning News, September 11, 2003)
- ✓ "VVA Denounces Inadequate Care for Returning Troops" (Vietnam Veterans of America (VVA), October 29, 2003)
- ✓ "Injury Rate for Reservist on the Rise" (Boston Globe, November 5, 2003)

Prompted by these and other reports and complaints from their constituents, on November 6, 2003, twenty-eight members of Congress signed a letter requesting the Department of Defense Inspector General (DoD IG) investigate media reports and concerns received from the families of National Guard personnel. The reports alleged a lack of support and perceived inequities for Guard units deployed in the global war on terrorism. Specific examples cited in the letter were:

- Inadequate supply of potable water,
- Lack of proper clothing,
- Poor food quality,
- Inferior medical care, and
- Difficult access to communications with their families.

Evaluation Methodology

On April 9, 2004, after preliminary inquiries into the issues highlighted in the congressional letter and press reports, we announced this evaluation to review the support provided to the mobilized Army National Guard (ARNG) units and extended the scope to include US Army Reserve Command (USARC) units. Specifically, this report evaluates two basic arguments:

1. Adequacy, and
2. Disparity

The first argument centers on whether the support provided to the RC was adequate, and sufficient to meet mission needs.

The second argument centers on whether treatment and support of the RC units were the same as provided to the AC units.

To evaluate these arguments of adequacy and disparity, we had to separate "perceptions" from "reality" and draw conclusions from empirical data, rather than from anecdotal reports. We also had to determine if policies/guidance were adequate and if the data we gathered was representative and accurate. The team also had to factor in the realities and uncertainties of a nation preparing and going to war. Therefore, to accomplish these tasks, the team used this methodology:

- ✓ Reviewed policy and guidance that existed prior to OEF and OIF for each of the areas.

- ✓ Interviewed RC/AC officials and enlisted soldiers who were deployed or had returned from Iraq and Afghanistan.
- ✓ Used survey techniques:
  - o Sent out comprehensive questionnaires to RC and AC Commanders/First Sergeants who had just returned from deployment, receiving responses from 72 RC and 40 AC units.
  - o Sent out comprehensive questionnaires to State Adjutants General and Commanders of Reserve Readiness Commands.
  - o Conducted sensing session interviews using a comprehensive set of questions on each of the areas.
- ✓ Questioned AC/RC staff subject matter experts.
- ✓ Identified new and revised policies to improve the logistical support process.
- ✓ Analyzed all the data to formulate appropriate observations and recommendations.

The evaluation team examined all of the applicable regulations, policies, and instructions that govern the management of the support items in question. This research was deemed necessary to understand the guidance that was in place prior to OEF and OIF. Theoretically, leaders and managers used these references to facilitate decision making during the build up period prior to combat and during the deployment and employment of forces. As illustrated in the following chapters, the team also captured guidance that has been added, supplemented, revised, and/or drafted since the initiation of OEF and OIF. In some cases additional guidance or revisions are recommended. As a practical matter, war fighting is fluid, dynamic, and rife with uncertainty and risk. Our civilian and military leaders must continually exercise flexibility, good judgment and common sense to accommodate real world contingencies and the "fog of war."[6]

The evaluation team also interviewed/surveyed active duty and reserve component officials and enlisted soldiers who were deployed to or returned from the AOR. Their testimony was crucial to the evaluation process and represented "first hand" information. The team mailed a 33 item questionnaire to Commanders and First Sergeants of RC units that had recently returned from Afghanistan, Iraq, or Kuwait. This version was also sent through active duty IGs to selected active duty units. A 21-question version of the questionnaire was sent through the National Guard Bureau (NGB) to the 54 State Adjutants General (TAGs). A 17-question version was sent through the U.S. Army Reserve Command (USARC) to the Regional Readiness Commands (RRCs). (See Appendix H for the questionnaires.) The team also conducted 23 sensing sessions with RC units and 4 sensing sessions with AC units while visiting 14 geographically different locations within the CONUS. The 23 RC sensing sessions were conducted at 6 Army National Guard and 7 Reserve Component locations. The 4 AC sensing sessions were conducted at Fort Stewart, Georgia. Each session consisted of 10-15 soldiers and some 350 soldiers were questioned. The AC sensing sessions were used to control and compare the data on adequacy

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[6] "Fog of war" is the term used to describe the lack of knowledge that occurs during a war. The Prussian military analyst Karl von Clausewitz wrote: "The great uncertainty of all data in war is a peculiar difficulty, because all action must, to a certain extent, be planned in a mere twilight, which in addition not infrequently like the effect of a fog or moonshine gives to things exaggerated dimensions and unnatural appearance."

and disparity. (See Appendix I for the 10-question Sensing Session Guide, which was used for all sensing sessions, regardless of component.)

Iraq was the destination for most of the deployments. Therefore, the unit sensing sessions and questionnaires targeted the units that deployed to Iraq. There was only one sensing session conducted with units that returned from Kuwait and one that returned from Afghanistan.

See Appendix A for additional information on the methodology used to collect data for this evaluation.

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Chapter 1--Potable Water

Objective: To determine whether units that deployed to Afghanistan, Iraq and Kuwait received an adequate supply of potable water and if any disparity existed between reserve component (RC) and active duty (AC) soldiers.

Standards/Criteria for Potable Water

The following table and short synopsis of each publication established the standards/criteria that were used to determine the adequacy of potable water supplies. These standards/criteria apply equally to Active Duty, National Guard, and U.S. Army Reserve soldiers. Those publications listed in black were the basis for potable water operations in support of ***Operation Enduring Freedom (OEF)*** and ***Operation Iraqi Freedom (OIF)*** through March 2003. Those in blue have been updated/published since that time, incorporating changes and any applicable lessons learned from OEF/OIF.

Table 1--DoD, Joint Staff, and Army Standards for Potable Water

PUBLICATION	TITLE	DATE
Army Technical Bulletin - Medical 577	Sanitary Control and Surveillance	March 1986
Army Regulation (AR) 40-5	Preventive Medicine	October 15, 1990
DoDD 4705.1	Management of Land-Based Water Resources in Support of Contingency Operations	July 9, 1992 (certified current as of December 8, 2003)
AR 700-136	Tactical Land Based Water Resources Management in Contingency Operations	April 1, 1993
AR 40-657	Veterinary/Medical Food Inspection and Laboratory Service	November 6, 1997 (revised January 21, 2005)
Army Combined Arms Support Command (CASCOM)	Potable Water Planning Guide	June 15, 1999
Army Field Manual (FM) 21-10	Field Hygiene and Sanitation	June 21, 2000
Army FM 4-25.12	Unit Field Sanitation Teams	January 25, 2002
CENTCOM "Sand Book"	Contingency and Long Term Base Camp Facilities Standards	June 21, 2002
AR 30-22	The Army Food Program	August 30, 2002
DoD Directive (DoDD) 5101.1	DoD Executive Agent	September 3, 2002
HQ, Army G-4, Memorandum For Record	Bottle Water Policy	March 27, 2003
Joint Publication (JP) 4-03	Joint Bulk Petroleum and Water Policy	May 23, 2003
DoDD 5101.10	DoD Executive Agent for Subsistence	September 22, 2004

Army Technical Bulletin, Medical 577, "Sanitary Control and Surveillance of Field Water Supplies," March 1986, states that preventive medicine specialists are to perform periodic inspections of each water point to ensure the sanitary condition and potability of the water.

Army Regulation (AR) 40-5, “Preventive Medicine”, October 15, 1990, Chapter 14, established field preventive medicine responsibilities, and stated that unit commanders are responsible for appointing and training field sanitation teams in communicable disease control, food service sanitation, water supply, waste disposal, and related topics.

DoDD 4705.1, “Management of Land-Based Water Resources in Support of Contingency Operations,” July 9, 1992, (certified current as of December 8, 2003), describes responsibilities of the Secretary of the Army, designated by the directive to be the DoD Executive Agent for land-based water sources, include establishing a Joint Water Resources Management Action Group and calling meetings as required to coordinate and resolve water support issues.

AR 700-136, “Tactical Land-Based Water Resources Management in Contingency Operations”, April 1, 1993, states that the Army G-4 is responsible for land based water resources in support of joint operations, establishing and chairing meetings of the Joint Water Resources Management Action Group to coordinate and resolve water support issues.

AR 40-657, “Veterinary/Medical Food Inspection and Laboratory Service,” November 6, 1997, revised January 21, 2005, states that veterinary inspectors will perform sanitation audits of commercial bottled water and ice plants.

Army Combined Arms Support Command (CASCOM) “Potable Water Planning Guide," June 15, 1999, lists several potable water planning factor quantities in gallons per person per day for different climates. The minimum quantity listed for hot arid areas is 6.41 gallons per person per day. The CASCOM guide also states that water must be approved by a command surgeon or his representative to be considered safe for drinking.

Army Field Manual (FM) 21-10, “Field Hygiene and Sanitation,” June 21, 2000, is a step-by-step guide for field sanitation teams. Specifically, the manual describes how to check bulk water supplies for chlorine residuals and chlorinate water supplies. The field manual also states that soldiers should consume between a half to a full quart (1.1 liters) of fluids per hour in warm weather, not to exceed 12 liters per day.

Army FM 4-25.12, “Unit Field Sanitation Teams”, January 25, 2002, describes various water treatment methods. The primary method described is the reverse osmosis process, performed by specialized reverse osmosis water purification units (ROWPUs).

The CENTCOM “Sand Book, Contingency and Long Term Base Camp Facilities Operations”, June 21, 2002, states that “Transported or bottled water should be used only during the early stages of a contingency operation, and should be used only as a long-term potable water source if no alternate sources are available.”

AR 30-22, “The Army Food Program”, August 30, 2002, states that bottled water required for initial deployment and contingency operations requires Army Deputy Chief of Staff for Logistics (Army G-4) approval.

DoD Directive (DoDD) 5101.1, “DoD Executive Agent,” September 3, 2002, requires DoD Executive Agents to “Ensure proper coordination with the DoD Components for the responsibilities and activities assigned to provide continuous, sustainable, and global support as required by end users.”

HQ, Army Deputy Chief of Staff for Logistics (G-4) Memorandum For Record (MFR), Subject: "Bottle Water Policy," March 27, 2003, authorized Army commanders to temporarily spend subsistence funds to obtain a three day supply of bottled water while soldiers were enroute into Iraq.

Joint Publication 4-03, "Joint Bulk Petroleum and Water Doctrine," May 23, 2003, provides general guidance on field water responsibilities. The publication states that "The basic concept of tactical bulk water support is to purify water as close to the user as possible." It also states that "Planners should weigh the advantages and disadvantages of packaged [e.g., bottled] and bulk water carefully to ensure the best method is chosen to support the contingency." In addition, it states that potable water is required for drinking, personal hygiene, centralized hygiene (showering), food preparation, hospitals, nuclear, biological, and chemical decontamination, and refugee and enemy prisoner of war camps. (This is a more expansive list than the Army Combined Arms Support Command Potable Water Planning Guide.)

DoDD 5101.10, "DoD Executive Agent for Subsistence," September 27, 2004, designated the Director, DLA as the DoD Executive Agent for subsistence, including bottled water. The directive instructs combatant commanders to provide subsistence requirements to DLA. A DLA official stated that this new designation was delegated to DLA's Defense Supply Center Philadelphia (DSCP).

Results of the Survey/Sensing Sessions

Overview: Based on the analysis of the unit questionnaire responses from 72 RC units and 40 AC units, plus the sensing session comments from soldiers assigned to 24 RC and 4 AC units, the results of the surveys indicate that RC and AC soldiers equated availability of potable drinking water with "bottled water." The survey indicates that sufficient quantities of bottled water were generally available at Camp Arifjan and other locations in Kuwait in early 2003 while the units trained and waited to move into Iraq. Consequently, soldiers did not have to drink the ROWPU-produced bulk water, which some said was too chlorinated, too warm and tasted bad. The consensus among the RC and AC soldiers was that they did not and would not drink ROWPU-produced water.

There were some instances where bottled water was rationed. For example, 4 of the 72 RC units (5.5%) said that they experienced rationing of bottled water at some locations during the hostilities in March, April and May 2003. Only 1 of the 72 RC units (1.4%) reported that they encountered a disparity in availability of bottled water.

Unit Questionnaire Results—Potable Water

The following statements characterize the responses from the 112 RC and AC unit questionnaires that were completed by commanders/first sergeants:

- Members of 4 of the 15 RC units and none of the 35 AC units (8%) that deployed in 2003 reported rationing of bottled water during March, April and May, 2003. The 4 RC units said that they received only 2 or 3 bottles per day during that period versus the four 1.5

liter bottles that CENTCOM authorized. None of the 57 RC units and none of the 5 AC units (0%) that deployed in 2004 said that there was rationing of bottled water.

- Members of 1 RC unit that deployed to Iraq in 2003 perceived that they were limited to 3 bottles of water per day while AC had unlimited bottles of water.
- 103 of the total 112 unit respondents (92%) equated availability of potable water to the availability of bottled water.
- Some of the respondents who indicated that the unit consumed ROWPU-produced water said that it was too chlorinated, too warm, and tasted bad.
- Members of 1 RC unit perceived that the bottled water had a mineral content that could cause kidney stones.

Sensing Session Results—Potable Water

The following statements characterize the responses from the 27 RC and AC sensing sessions:

- Four of the 23 RC units and all 4 AC unit sensing session participants (30%) said that bottled water was rationed during the period of March to May 2003.

- Although ROWPU-produced water in water buffalos was reportedly available, some of the RC and AC soldiers said that they did not consider ROWPU-produced water as potable drinking water. Those interviewees said that they did not have to drink ROWPU-produced water because there was plenty of bottled water, after the initial rationing. Other complaints about ROWPU-produced water were (1) "hot water temperature and no means to chill it," (2) "it tasted bad," and (3) "it was over chlorinated." Some perceived that the ROWPU water would cause diarrhea.

- RC soldiers in 2 of 23 RC sensing sessions (9%) reported that they had to give some of their bottled water to the prisoners. (These RC soldiers were assigned at the Abu Gharaib prison in 2003.)

State Adjutants General and Commander, Regional Readiness Commands (RRCs) Questionnaire Results—Potable Water

Questionnaire results from State Adjutants General and Commanders of USAR Regional Readiness Commands paralleled the comments noted above and are summarized in Appendix C.

Other Evaluation Results

Overview: Questionnaire respondents and sensing session interviewees generally referred to the availability of bulk water as ROWPU water, and to the availability of drinking water as bottled water. However, JCS Publication 4-03 refers only to bulk water or packaged water. Army Regulation 700-136, "Tactical Land-Based Water Resources Management in Contingency Operations," refers to potable water vs. treated water vs. raw water and states that Army quartermaster units are responsible for treating and distributing potable water. The Army Combined Arms Support Command's Potable Water Planning Guide describes eight different categories of water, but does not mention packaged or bottled water. Only the food-related

Army guidance (AR 30-22) and a new draft version of Army Technical Bulletin, Medical 577, "Sanitary Control and Surveillance of Field Water Supplies," mentions bottled water.

Potable Bulk Water: Army Field Manual 4-25.12, "Unit Field Sanitation Teams," January 25, 2002, describes various methods for treating and producing potable bulk water. The primary method described is the reverse osmosis process, performed by specialized reverse osmosis water purification units (ROWPUs). The ROWPU (shown at left) uses equipment transported on a flat bed trailer. The equipment uses three levels of filtration to treat raw river or well water at a rate of 3,000-gallons per hour. The picture on the left is a ROWPU filtration system and 3,000-gallon water bladders filled with potable water in Iraq. Not shown, is a smaller, 600-gallon per hour system that is also being used in Iraq. The field manual also states that field sanitation teams use calcium hypochlorite to disinfect water. The calcium hypochlorite is a white powder, commonly known as chlorine. ROWPU-produced water must be tested for chlorine content after it is moved to unit areas in 400-gallon water trailers, commonly known as "water buffalos," pictured on the right. Although the water in these buffalos often exceeds 100 degrees Fahrenheit in the CENTCOM AOR, the water is safe to drink, if the chlorine residual is at least one milligrams per liter. If not, the water must be re-chlorinated, which can result in strong chlorine smell and taste.

Bottled Water: As previously stated, both RC and AC soldiers preferred bottled water. A new draft version of Army Technical Bulletin, Medical 577, "Sanitary Control and Surveillance of Field Water Supplies," describes bottled water as:

> "…water that is sealed in bottles, packages, or other containers by commercial (non-military) interests for human consumption. It may or may not have been treated prior to bottling…A list of military-approved sources world-wide is published by VETCOM at http://vets.amedd.army.mil/vetcom/directory.htm."

Subject Matter Expert Comments: According to the Army Food Advisor at the Army Center of Excellence, Subsistence, "Bottled water is ingrained in our culture -- leaders expect it and will continue to get it. I don't see us reverting back to the days of pushing water buffalos around the battlefield." Also, the U.S. Army Center for Health Promotion and Preventive Medicine stated in a March 24, 2003 information paper that "The use of bottled water in deployments has increased dramatically during the last decade due to its rapid availability, its logistical flexibility, and its immediate acceptability by the deployed force…." However, the lack of chilling devices on the water buffalos and access to ice to chill bottled water or canteens were the primary drinking water issues in the CENTCOM AOR, according to U.S. Army Center for Health Promotion and Preventive Medicine officials.[7]

[7] Even water with no or very low chlorine content becomes bad tasting at temperatures above 90 degrees Fahrenheit, according to U.S. Army Center for Health Promotion and Preventive Medicine officials.

Reports from Preventive Medicine Officials at the Army Medical Command Center and School: Preventive Medicine officials also reported that soldiers were issued only two 1.5 liter bottles of water per day at some forward operating locations in 2003 and were expected to drink additional quantities of ROWPU-produced water in order to stay hydrated and to prevent heat stroke. The Preventive Medicine officials and some interviewees also reported that adequate quantities of water were not always consumed to avoid heat stroke when the available drinking water was hot. The Preventive Medicine officials recommended that an operational system or process for providing sufficient, good tasting drinking water from bulk distribution sources was needed. This is a programmatic issue that the Army leadership should address.

Water Inspections: According to the Army Center for Health Promotion and Preventive Medicine, preventive medicine specialists in the CENTCOM AOR were conducting water point inspections. As of February 2005, Center officials had received and archived 2,589 DA Forms 5456-R, "Water Point Inspection," and other testing documents. These documents record the results of sampling many types of raw water, ROWPU-produced water and bottled water at 80 sites in Iraq, Afghanistan and Kuwait. However, the Center's database reflected a lack of consistent testing at some of those sites. For example, the Center had received and archived only 1 to 3 testing documents from 48 out of the 61 listed sites in Afghanistan and Iraq.

CENTCOM Water Requirements: There are two types of water requirements. First is bottled water. CENTCOM established a minimum daily bottled water requirement for Iraq of four 1.5 liter bottles (6 liters) per person in March/ April 2003, according to an official in the Office of the CENTCOM Director of Logistics (CENTCOM J4). The second type is bulk water. CENTCOM is using the Army standard of six gallons (22.71 liters) of potable bulk water per person per day in Iraq for the various requirements listed in Joint Publication 4-03, "Joint Bulk Petroleum and Water Doctrine." These requirements include personal hygiene and showering, food preparation, hospitals, refugee and enemy prison camps, nuclear, biological and chemical decontamination, as well as drinking water. As of December 10, 2004, bottled water accounted for approximately 20 percent of all road convoy cargo being transported into or within Iraq, according to the Deputy Director, Mobility Forces, Combat Air Operations Center in Qatar. As of February 2005, a CENTCOM J-4 official indicated that percentage may be as high as 40 percent of all road convoy cargo, and will likely continue to go up as temperatures rise during the spring and summer months. The Army's Potable Water Planning Guide lists a minimum of approximately 6 gallons/person/day in hot, arid climates and 4.5 gallons/person/day for temperate climates. FM 21-10, Table 3-1, lists fluid replacement guidelines by temperature and level of physical activity.

The CENTCOM J4 official also stated that the bottled water requirement for Afghanistan varied, depending upon the availability of potable ROWPU-produced bulk water, and the season.

Cost of Bottled Water: The total cost of purchasing and transporting bottled water was not available. However, according to a U.S. Army Center for Health Promotion and Preventive Medicine Information Paper, dated March 24, 2003:

> "…the monetary costs and sustained logistical burden of procuring, transporting, and distributing bottled water in the field, along with managing the empty-bottle wastes, make bottled drinking water far more costly than drinking water produced from the ROWPU and other sources."

Also, a draft Joint Quality of Life Standards for Contingency Operations Handbook, dated July 1, 2004, provided by Army G-4 officials, lists the order of preference for sources of potable water in main base camps. The draft handbook included the following comment on the total cost involved in the current procedures for providing bottled water to soldiers and civilian employees in Iraq and Afghanistan:

> The least desirable option is trucking potable water and/or bottle water to the base camp. The cost of purchasing and maintaining the trucks along with drivers and the reoccurring cost of bottle water to include purchase, transport, storage, and waste disposal needs to be included in the initial cost estimate.

The draft handbook does not, however, list the option of contractor-operated bottling facilities, as described below.

Actions Taken/Proposed

1. CENTCOM J-4 officials stated in a December 23, 2004 message that trucking bottled water puts drivers, escorts and truck assets in grave danger due to insurgency and security issues. The message directed that a concept be developed to establish and operate commercial water purification and bottling facilities on U.S. bases in Iraq and Afghanistan. As of March 14, 2005, the Army Contracting Agency's Joint Contracting Center in Iraq published a Statement of Work document and drafted a Request for Proposal to initiate contracts for a water bottling capability on U.S. bases in the AOR. A contract was awarded to American Aqua Source, Inc. on May 25, 2005.

2. As requested in June 2004 at the annual Joint Water Resources Management Action Group Conference, a Joint Medical Field Water Subgroup conducted a medical assessment of CENTCOM drinking water palatability issues. The subgroup is subordinate to the Joint Environmental Surveillance Work Group and is an advisory body/forum for deployment occupational and environmental health surveillance information exchange within the Office of the Deputy Assistant Secretary of Defense (Force Health Protection and Readiness). In August 2004, this subgroup provided Army G-4 officials with conclusions and possible short and long-term actions to improve drinking water palatability:

- Temperature was the greatest palatability problem in the CENTCOM AOR in both bulk and bottled water supplies, with high water temperatures contributing to the chlorine taste problem.
- Water buffalos in the AOR quickly absorb daytime heat, especially those painted a dark, green color.
- None of the water chillers on the water buffalos were operable due to incompatible fuel requirements.
- Proper chlorine levels were hard to maintain in a "hot" climate. Over-chlorination of water in the water buffalos often contributed to the bad taste problem.

The subgroup's short term recommendations were:

- Retrofit new chillers on water buffalos. (May not be cost-effective, as water buffalos are to be replaced with new 900-gallon, sealed "CAMEL" water containers with chiller/heater components.)

- Provide more refrigerators and potable ice to chill both ROWPU-produced and bottled water.
- Reduce or eliminate chlorine level requirements.
- Increase preventive medicine monitoring of field sanitation teams.
- Make readiness of field sanitation teams a command inspection item.
- Forward field sanitation monthly reports/briefs through CENTCOM chain of command.

The subgroup's long-term recommendations were:

- Field new 900-gallon, sealed "CAMEL" water containers with chiller/heater components as soon as possible. (Scheduled to begin in fiscal year 2008.)
- Provide water chillers with the "Water From Vehicle Exhaust Systems" being developed.
- Use alternative disinfectant technologies.
- Re-mineralization of ROWPU-produced water.
- Army packaging of ROWPU-produced water.

3. Thirteen contractor-operated ice plants were fully operational on 6 CENTCOM installations in Iraq as of July 2005. Four more plants were under construction.

4. Defense Supply Center Philadelphia (DSCP), the DoD Executive Agent for subsistence items including bottled water, tasked the Army Quartermaster Center and School to test a commercial process to bottle potable ROWPU-produced water in the field without adding chlorination.

5. Preventive medicine specialists are conducting refresher training classes in the CENTCOM AOR for field sanitation teams, including the testing and re-chlorinating of ROWPU-produced water.

Conclusions

Based on the questionnaire and sensing session results, all reserve components (RC) that deployed to Afghanistan, Iraq, and Kuwait, received an adequate supply of potable water (bottled plus Reverse Osmosis Water Purification Unit produced bulk water). Only one of 72 RC units reported that availability of potable water was insufficient to meet mission requirements. This unit also thought disparity regarding access to bottled water existed between RC and active duty component (AC) units. Although there were isolated instances of rationed bottled water, overall availability of water was adequate and there was no significant disparity between RC and AC soldiers.

Observations

Policy and guidance was sufficient to manage the potable water supply and logistics. However, initiatives to improve field water programs are not effectively coordinated. Since the initiation of OIF, the Deputy Assistant Secretary of Defense (Force Health Protection and Readiness) has established a Joint Medical Field Water Subgroup. In June and July 2004, the subgroup conducted a medical assessment of CENTCOM drinking water palatability issues, as requested

by G-4 officials. However, Army G-4 officials have not developed a plan or schedule to systemically address both short and long-term courses of action to improve palatability.

Recommendation

The Army G-4 should develop a plan of action and schedule to implement short and long term palatability improvements of field drinking water supplies in arid environments, including those recommended by the Joint Medical Field Water Subgroup, Joint Environmental Surveillance Work Group, which advises the Deputy Assistant Secretary of Defense (Force Health Protection and Readiness).

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Chapter 2—Organizational Clothing and Individual Equipment (OCIE)

Objective: To determine whether units that deployed to Afghanistan, Iraq, and Kuwait received an adequate supply of Organizational Clothing and Individual Equipment (OCIE) and if any disparity existed between RC and AC soldiers.

Standards/Criteria for Organizational Clothing and Individual Equipment (OCIE)

The following table and short synopsis of each publication established the standards/criteria that were used to determine the adequacy of OCIE, including Desert Camouflage Uniforms (DCUs) and desert boots. These standards/criteria apply equally to Active Duty, National Guard, and U.S. Army Reserve soldiers. Those publications listed in black were the basis for issuing OCIE in support of ***Operation Enduring Freedom (OEF)*** and ***Operation Iraqi Freedom (OIF)*** through March 2003. Those in blue have been updated/published since that time, incorporating changes and any applicable lessons learned from OEF/OIF.

Table 2--Army Standards for OCIE (including Desert Camouflage Uniforms—DCUs--and Desert Boots)

PUBLICATION	TITLE	DATE
Army Regulation (AR) 71-32	Force Development and Documentation-Consolidated Policies	March 3, 1997
Army Forces Command (FORSCOM) Regulation 700-2	FORSCOM Standing Logistics Instructions Organization Clothing and Individual Equipment (OCIE)	December 1, 1999
Army G-4 Message	Desert Camouflage Uniforms (DCUs) in Support of OEF (Operation Enduring Freedom)"	February 3, 2003
Army G4 Message	DCU In Support of OIF/OEF (Operation Iraqi Freedom/Operation enduring Freedom)	July 30, 2003
AR 710-2	Supply Policy Below the National Level	October 31, 1997, Revised February 25, 2004
Army G1	Personnel Policy Guidance	June 2004
Army Common Table of Authorization (CTA) 50-900	Clothing and Individual Equipment	1994, last updated in August 2004

Army Regulation (AR) 71-32, "Force Development and Documentation-Consolidated Policies," March 3, 1997, provides the objectives, procedures, and responsibilities for development and documentation of Army force personnel and equipment requirements and authorizations. It lists the equipment requirements and authorization documents to be used for requisitioning unit and individual equipment. This AR also provides consolidated planning guidance for implementation of mobilization authorization documents.

Army FORSCOM Regulation 700-2, "FORSCOM Standing Logistics Instructions Organization Clothing and Individual Equipment (OCIE)," December 1, 1999, provides policies and procedures for the premobilization/predeployment stockage and storage of Common Table of Allowances (CTA) items. This regulation states, in part, "OCIE, as a commodity, is continually changing driven by such factors as technology, the economy, information systems, and legal statutes. Therefore, wherever possible and as a general rule, OCIE that can be obtained within 72 hours, or is part of a centrally managed inventory controlled program, need not be physically on hand. As of this publication, all installations can meet this requirement for OCIE where responsive contracts are in place, e.g., Prime Vendor, Virtual Inventory management contracts and the like." During OEF/OIF there were additional OCIE items added based on technology and other factors.

Army G-4 message, February 17, 2003, Subject: "Desert Camouflage Uniforms [DCUs] in Support of OEF (Operation Enduring Freedom)" to major Army unit commanders. The message stated, **"**all soldiers and Department of Army civilians deploying to the CENTCOM AOR will be issued two sets of desert camouflage uniforms… as additional assets become available, the Army will issue the third and fourth sets of DCUs." The message also stated that soldiers should use their Woodland Pattern BDUs in lieu of DCUs to make up four sets.

Army G4 message, July 30, 2003, Subject: "DCU in Support of OIF/OEF," authorized four sets of DCUs for each soldier deploying in support of those operations (Iraq, Kuwait, and Afghanistan).

AR 710-2, "Supply Policy below the National Level," February 25, 2004, states "OCIE issues will be limited to only those items necessary to satisfy the mission and needs of the unit." This AR provides guidance on the establishment of central issue facilities within the Army National Guard, stating the State Adjutants General will determine whether one or more ARNG CIFs are established to centrally issue OCIE to ARNG soldiers and whether ARNG units are authorized OCIE stockage. AR 710-2 states ARNG "Unit commander conducts annual OCIE inspections of all items issued on OCIE records. Inspections will include physical validations of quantities issued and conditions of the item. On mobilization, OCIE issued from ARNG CIFs will be transferred to the PBOs of the units to which the property was issued." The U.S. Army Reserve (USAR) OCIE will be accounted for on property books. Responsibility will be assigned to soldiers when OCIE is issued.

Department of the Army G1 "Personnel Policy Guidance," June 2004, Chapter 6, discusses personal clothing and equipment. Paragraph 6.2a. of the guidance states in part: "Reserve Component (RC) units are responsible for filling Organizational Clothing and Individual Equipment (OCIE) for deploying soldiers. Mobilization stations will requisition shortage for ARNG soldiers using NGB funds."

CTA 50-900, "Clothing and Individual Equipment," August 2004, authorizes clothing and individual equipment worn and used by soldiers; it is comprised of organizational clothing and individual equipment (OCIE), clothing bag personal items and operational clothing items. Common Table of Allowances (CTA) 50-900 applies to both RC and AC units. It authorizes four Battle dress Uniforms (BDUs) per enlisted soldier. OCIE item requirements differ from contingency to contingency due to climatic zones. For such items, authorization is pre-approved by the individual Combatant CINC via message traffic.

Results of the Survey/Sensing Sessions

Overview: Of the items that comprise Army Organizational Clothing and Individual Equipment (OCIE), DCUs and desert boots were the primary OCIE concerns identified by RC soldiers. These OCIE items are addressed in the following discussion.

Twenty five of the 72 RC units that responded to our unit questionnaire (35%) and 15 of the 23 RC units that participated in sensing sessions (65%) stated there were inadequate quantities of DCUs and desert boots. Although the Army G4 message directed the use of BDUs in lieu of DCUs, ARNG officials told us that some of their soldiers reported to their mobilization station with only one set of BDUs and, therefore, deployed with less than the required four sets of uniforms (DCUs or BDU in lieu of). In July 2003, the Army directed that every attempt be made to issue four sets of DCUs to all soldiers deploying to the CENTCOM AOR. According to Defense Supply Center Philadelphia, the Army was able to issue four sets of DCUs by October 2003 to all units deploying to the CENTCOM AOR.

Analysis of the unit questionnaire responses from 72 RC units and 40 AC units, plus the sensing session comments from soldiers assigned to 23 RC and 4 AC units, indicates:

> Reserve component (RC) soldiers did not always get four sets of desert camouflage uniforms (DCUs) and two sets of desert boots before deploying to Iraq. The data also indicates that not all active duty soldiers were issued four sets of DCUs and two sets of desert boots. In almost all cases, the shortfall of required sets of DCUs/desert boots was covered with battle dress uniforms (BDUs) and regular combat boots. Together, the combination of DCUs/BDUs and desert boots/combat boots constitute proper clothing. There was evidence of disparity between the RC and AC soldiers which was a function of "tiered readiness criteria" for funding and equipping the total force and the realities of inventory deficits during the high demand period. The DCU problem has been solved given the maturity of the war effort, manufacturers' response to requirements, and replenishment of inventory stocks.

Unit Questionnaire Results—DCUs and Desert Boots

The following statements characterize the responses from the 112 RC and AC unit questionnaires that were completed by commanders/first sergeants:

- Out of 112 respondents to our unit questionnaire, 44 (39%) had negative comments regarding organizational clothing and individual equipment.

- Soldiers in 35 of the 72 RC questionnaires (49%) presented issues on OCIE shortages. The primary issues were DCUs/ desert boots quantity/sizes.

- Soldiers in 9 of the 40 (23%) AC units presented OCIE issues. There were no negative comments from AC units about the quantity of DCUs/desert boots. One AC unit said they received mixed summer and winter DCUs.

Sensing Session Results—DCUs and Desert Boots

The following statements characterize the responses for the 27 RC and AC sensing sessions:

- Soldiers in 15 of the 23 RC unit sensing sessions (65%) stated that they received only two sets of DCUs before deploying to the CENTCOM AOR. Soldiers in 13 of those 15 RC unit sensing sessions (87%) said that they did not receive third and fourth sets of DCUs once they arrived in the CENTCOM AOR.
- Soldiers in 1 of the 23 RC unit sensing sessions (4%) said that they were not issued any DCUs because they were to deploy through Turkey and would get their DCUs when they arrived in the CENTCOM AOR. This process was directed in an Army G4 message dated February 17, 2003, stating that soldiers programmed to remain in Turkey would not receive DCUs and would continue to wear the Woodland Pattern BDUs.
- Soldiers in the remaining 5 of the 23 RC unit sensing sessions (22 %) said that they received four sets of DCUs from mobilization stations located at Fort Bliss, TX, Fort Knox, KY, Fort Eustis, VA, and Camp Atterbury, IN.
- Soldiers in 2 of the 23 RC unit sensing sessions (9%) said that AC units received four sets of DCUs while they received only two DCU sets. A plausible reason for this is that AC units, such as the 101st Infantry Division, bought DCUs during the early stages using operating tempo (OPTEMPO) funds.
- Soldiers in 5 of the 23 RC unit sensing sessions (22%) said that they received either wrong-sized DCUs or a mix of summer and winter DCUs.
- Soldiers in 9 of the 23 RC unit sensing sessions (39%) said that they received only one pair of desert boots or received wrong sized boots.
- Soldiers in all 4 of the AC sensing sessions (100%) said they received four sets of DCUs and two sets of desert boots.

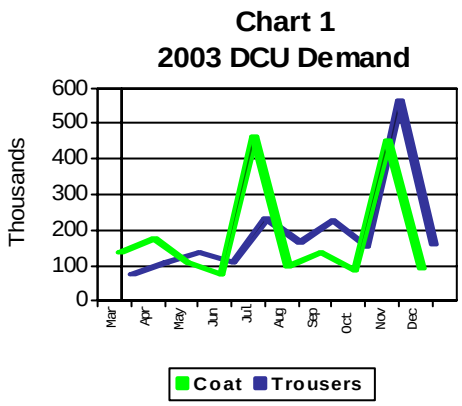
State Adjutants General and Commander, Regional Readiness Commands (RRCs) Questionnaire Results—DCU and Desert Boots

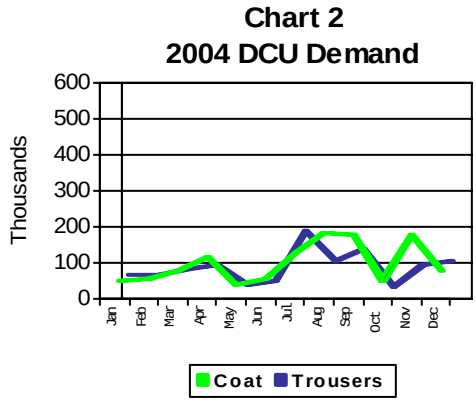
Questionnaire results from State Adjutants General and Commanders of USAR Regional Readiness Commands paralleled the comments noted above and are summarized in Appendix C.

Other Evaluation Results

Overview: The Army's standard issue of DCU clothing is four sets (trousers and coats), with two pairs of desert boots and one hat. In March 2003, due to increasing deployments, the Army

did not have enough DCUs and desert boots in the inventory to provide the standard issue. The Army G4 sent out a message to all the major commands in February 2003 directing the issue of two sets of DCUs and one pair of DCU boots. The message also stated that soldiers would use their Woodland Pattern BDUs and regular combat boots as authorized in lieu of items to offset the shortage of DCUs and desert boots.





Charts 1 and **2,** above, show the demands for DCUs in 2003 and 2004. In both years, July and November were the peak months for demand coinciding with deployment rotations for OIF. Although Army G4 could not provide an exact date, the DCU item manager at Defense Supply Center Philadelphia reported that he believes that the Army was able to issue four sets to all AC and RC units in October 2003. Demand was drastically reduced in 2004.

Subject Matter Expert Comments: The Army G4 sends priority for DCU requirements to the Defense Supply Center Philadelphia (DSCP). In February 2003, DSCP received hard numbers from the Army G4 relative to the number of troops being deployed and the demand by item. Immediate actions to remedy shortfalls included award of contract extensions and award of exigency acquisitions. DSCP immediately increased production and accelerated deliveries, converted to desert items, and invoked surge provision under existing contracts.

In a DSCP Fact Sheet, Subject: "Desert Camouflage Uniform (DCU) Ensemble," dated March 18, 2003, DSCP officials stated "demand for DCUs has greatly increased during the past 18 months, causing DSCP to take action in response to the higher demand and in anticipation of scenarios that might further inflate demand." In a Fact Sheet, Subject: "Desert Camouflage Uniform (DCU Ensemble)," prepared June 10, 2003, DSCP stated that, in a meeting with Army G-4 in February 2003, a plan was developed for an additional 480K desert coat/trousers for the 3rd and 4th sets. Five exigency contract awards were made to produce 1,097,000 sets. Deliveries for 2003 were scheduled at the rate of 240K in June, 250K in July and 264K in August and September. DSCP reported DCU demand data from Fiscal Year 2002 increased between 258% and 421% from pre-September 11, 2003 demand. Much of this increase occurred in the last quarter of FY 02 due to numerous requests from AC units gearing up for deployment.

The Army G4 reported that the priority for issuing DCUs during 2003 was:

1. Combined Forces Land Component Command (CFLCC) - 80% of production (includes issue of 3d and 4th pair of DCUs to RC and AC soldier's in-theater who had only been issued 2 sets initially)

2. 1/501st Task Force (TF) from Alaska - 5% (an AC unit on the deployment schedule)
3. Continental United States (CONUS) based unit - 10% (includes mobilization stations where RC units process enroute to CENTCOM's AOR)
4. US Army – Europe (USAEUR) - 5% (largely AC)

Actions Taken/Proposed

The following are actions the Army has taken to improve the requisitioning and distribution of OCIE, specifically DCUs and desert boots:

1. The Army created a single acquisition office to focus, refine, and leverage new technologies to benefit the individual Soldier. The Program Executive Office (PEO) Soldier stood up in April 2002. PEO Soldier's mission is to arm and equip soldiers. The PEO Soldier and US Army Force Management Support Agency updated all CTA tables, including CTA 50-900, as of November 2003.

2. AR 710-2 "Supply Policy Below the Wholesale Level," October 31, 1997, was revised and re-titled as AR 710-2 "Supply Policy Below the National Level," on February 25, 2004. The revised AR institutes several changes regarding funding for OCIE and management of Central Issue Facilities (CIFs). It provides additional guidance on the establishment of CIFs within the Army National Guard.

3. As the CENTCOM AOR matured, the Army deployed larger RC elements (brigades) with their headquarters versus smaller RC elements (companies) that were attached to AC headquarters. The increase of RC leadership resolved some administrative and logistical problems that were RC specific.

4. The Army no longer uses the Army Priority Listing (APL) process. The new procedures apply higher priority for requisitioning supplies and equipment to deploying units.

5. Army G1 Personnel Policy Guidance (PPG) (the only dated version provided was June 2004) dictated that mobilization stations would requisition OCIE (to include DCUs and desert boot) shortages using NGB funds. The PPG for reimbursement of DCU shortages from NGB does not coincide with actual practice. FORSCOM officials stated that, throughout OEF/OIF, various mobilization stations submitted requests to FORSCOM for funds to purchase OCIE. Some identified the need to buy OCIE for ARNG; but not for reimbursement. Funds were provided without going through NGB for reimbursement. The Army G4's guidance was to purchase DCU shortages using OEF/OIF Supplemental funds. This guidance conflicted with the Army G1 PPG. Army G4 and G1 are revising the Personnel Policy Guidance on clothing issues at the mobilization stations and will publish the new guidance once completed. Army G4 officials sent out proposed changes for comments to both RC and AC major commands.

6. The Army's Rapid Fielding Initiative (RFI) program was developed to provide soldiers with state-of-the-art individual weapons, clothing, and equipment. RFI began in late 2002, capturing lessons learned during operations in Afghanistan (OEF). The RFI program continues to be updated. Program Executive Office (PEO) went into the field and directly asked soldiers what they required to operate effectively in the Afghan environment. Using this direct soldier input, RFI provided needed equipment in weeks--not months or years. RFI continued to provide that

function as new requirements developed in OIF**.** The Department of the Army (DA) guidance for fielding RFI as of December 2004 was:

- OIF before OEF
- Brigade Combat Teams before Support Personnel
- RC before AC due to RC units having more outdated equipment than AC units

7. The Army is going to one uniform for worldwide deployments. The new uniform is called the Army Combat Uniform (ACU), pictured at left, and replaces the Battle Dress Uniform (BDU) and the DCU. In March 2005, a Georgia National Guard unit was the first organization issued this uniform, prior to their deployment to the CENTCOM AOR.

Although outside the focus of this evaluation, AC/RC leadership have a specific interest in ensuring that soldiers do not deploy without essential equipment (body armor, chemical/biological protection suits, etc.). A tracking system was developed to manage the issues of body armor. Leadership closely monitored the detailed tracking system to ensure requirement-based distribution of body armor. As of November 2003, Army Logistics' reports indicated that, based on demand data and shipment, DCU stocks were adequate to issue 4 sets per soldier.

Conclusions

Over 50% of the RC units surveyed that deployed to Afghanistan, Iraq, and Kuwait did not deploy with all four sets of DCUs or two pair of correctly sized desert boots. This shortage was offset with approved in lieu of BDUs and regular combat boots that RC soldiers were supposed to already have in their possession from home station. Almost all RC units reported to mobilization stations with shortages of OCIE items that they were required to bring with them from home station. In combination, these factors led to a period of perceived disparity between RC and AC soldiers with regard to the specific issue of DCUs and desert boots.

Observations

1. Tiered (planned) readiness levels led to a period of disparity between RC and AC soldiers regarding the issue of DCUs and desert boots, although this disparity was largely offset by in lieu of BDUs and regular combat boots. Tiered (planned) readiness levels also meant some RC units were not funded for certain OCIE items, further leading to disparity.

2. RC unit leadership did not ensure that RC soldiers had all of the required OCIE, to include BDUs and regular combat boots—which made DCU/desert boot shortages worse. One mobilization station reported spending $1,080,223.74, or $450 per RC soldier, on OCIE shortages that the RC soldier should have had before leaving home station.

3. The Army G4's guidance allowed the fill of DCU shortages using OEF/OIF Supplemental funds, which conflicted with the Army G1 Personnel Policy Guidance (PPG).

Recommendations

1. The RC leadership should ensure that all RC soldiers understand:

   a. the concept of "in lieu of" equipment issues, and

   b. the "disparity by design" issues associated with tiered readiness.

2. Reserve Readiness Commands and State Adjutants General must assess the Organization Clothing and Individual Equipment (OCIE) readiness within their subordinate units and ensure that shortages are requisitioned, in accordance with Army regulations, prior to mobilization. They must also ensure that RC soldiers take their OCIE with them to mobilization stations.

3. Army G1, in coordination with Army G4, should update the Army Personnel Policy Guidance to clarify the responsibilities for purchasing and requisitioning OCIE shortages at the mobilization stations.

Management Comments and Evaluation Response

The Department of the Army Inspector General provided the response of "noted with comments," stating, in part: "due to the report highlights on "tiered readiness"(Recommendation 1, above), it would be helpful to readers to also know how the Army has changed to the AC/RC Force Generation Model, where units progress through levels of increasing readiness toward potential deployments." The complete Army IG response is included in Appendix E.

I&E Response: Army Modernization Plan 2002, Annex F states, in part: "The Army force structure goal is to have all active and reserve component elements interchangeable." FORSCOM Regulation 350-4, "Training: Army Relationships," dated July 20, 2000, states, in part: "The Army has prioritized combat forces according to expected deployment requirements in support of operation plans (OPLANs) and the need to be capable of responding to unforeseen crises. The strategy requires a multi-mission capable force of AC and RC units trained to serve as an effective part of the joint and combined force." A Conventional Force Generation Model was created to depict the synchronization of The Army Plan, combatant commanders OPLANs, Supply Support Center requirements, and resource priority for conventional Army forces.

The United States Army Reserve Command (USARC) provided management comments on Recommendation 2. The complete response is included in Appendix E.

Recommendation 2 states: "Reserve Readiness Commands and State Adjutants General must assess the Organization Clothing and Individual Equipment (OCIE) readiness within their subordinate units and ensure that shortages are requisitioned, in accordance with Army regulations, prior to mobilization. They must also ensure that RC soldiers take their OCIE with them to mobilization stations."

USARC Comments: FORSCOM Regulation 700-2, "Logistics Standing Instruction," instructs RC units to minimize the stockage list of OCIE to training requirements only. There is no mandatory stockage authorized list of OCIE for RC units. Also, IAW CTA 50-900, most Army Reserve Central Issue Facilities (CIF) at the mobilization stations have the staff, expertise, and mission to provide the OCIE necessary to support a unit deployment to a designated geographic region or climatic zone. OCIE requirements vary by deployment region/zone and RC units generally do not know before mobilization what the deployment site is; therefore, the actual list of requirements is not known. The Army Reserve Command published mandatory OCIE stockage list of items common to all zones, to ensure all units had a baseline stockage of OCIE.

The CIFs at some mobilization stations actually refused to provide OCIE to Army Reserve units, stating the equipment must be provided by the Army Reserve.

As stated in the recommendations, RC soldiers must understand the concepts of "in-lieu-of" equipment and "disparity by design." These very concepts support a practice of issuing equipment as needed, when needed, by a Central Issue Facility. The report recognizes that RC forces are inadequately funded, therefore, the most efficient management of resources would be to consolidate and issue OCIE **as needed** by the mobilization station CIF. It is not fiscally prudent to fill warehouses and pay storage costs for OCIE not used for training, when the mobilization stations already operate a CIF.

I&E Response: It is incumbent on RC leadership to comply with appropriate regulatory guidance regarding OCIE. While not all OCIE is required to be on hand, items such as BDUs and regular combat boots are required to be in the possession of RC soldiers. The RC leadership must confirm such possession, accountability, and serviceability IAW with AR 710-2.

In the Army Reserve 2005 Posture Statement it states: "Although the Army Reserve received $40 million in NGREA funding for FY05, an equipment shortfall totaling more than one billion dollars still remains."

The National Guard Bureau (NGB) responded to chapters 2, 4, 5 and 6. The complete response is included in Appendix F.

Management Comments: NGB "nonconcurred" with the statement on page 22 of the draft report: "Army Logistics' reports indicate all deploying units were issued four sets of DCUs and two pair of desert boots by November 2003." NGB stated that this was misinformation.

"While all major commands were fielded the appropriate quantities of DCUs and boots, divisions are not doctrinally required to support non-divisional units. Therefore, although the non-divisional units were in divisional areas of responsibility, the commands were not inclined to support them. Therefore, while adequate numbers of uniforms were available in theater, the distribution was not even. As most non-divisional units are ARNG and USAR, those units predominantly were without the DCUs and boots."
With regard to Recommendation 2, (in lieu of items and tiered readiness), NGB stated: 'The RC leadership does not need to ensure that all RC soldiers understand the tiered readiness system which includes "in lieu of" and "disparity by design." The 12 April 2004 Army Campaign Plan (ACP) provides direction for preparing the Army to create and sustain a campaign-capable joint and expeditionary Army."

I&E Response: We modified the statement on page 22 of the final report to read "Army Logistics' reports indicate that, based on demand data and shipment, DCU stocks were adequate to issue 4 sets per soldier by November 2003." However, it is possible that distribution of these DCUs did not make it down to all individual soldiers (RC/AC) before they redeployed from theater. Although there may have been a higher percentage of RC troops that did not receive 4 sets of DCUs, there was no evidence to suggest that RC troops did not receive 4 sets of DCUs just because they were RC. Distribution priority for DCUs was primarily to divisional units, followed by non-divisional units. The priority list did not distinguish AC from RC. While some non-divisional units were AC, a high percentage of non-divisional units were RC.

While various initiatives, to include the AC/RC Force Generation Model, promise to better manage readiness among AC and RC forces, the effort will only be as accurate as the ability to predict future requirements by type of unit. As new contingencies develop, RC units may have to be called up before they have reached their highest state of readiness. If that happens, there will likely be "in lieu of" equipment issues. It is important that RC soldiers understand these issues.

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Chapter 3-- Food and Food Service Quality

Objective: To determine whether units that deployed to Afghanistan, Iraq, and Kuwait received adequate quality food and food service and if any disparity existed between RC and AC soldiers.

Standards/Criteria for Food and Food Service

The following table and short synopsis of each publication established the standards/criteria that were used to determine the adequacy of food and food service operations. These standards/ criteria apply equally to Active Duty, National Guard, and U.S. Army Reserve soldiers. Those publications listed in black were the basis for food and food service operations in support of ***Operation Enduring Freedom (OEF)*** and ***Operation Iraqi Freedom (OIF)*** through March 2003. Those in blue have been updated/published since that time, incorporating changes and any applicable lessons learned from OEF/OIF.

Table 3--DoD, Army, and Defense Logistics Agency (DLA) Standards for Food and Food Service

PUBLICATION	TITLE	DATE
Army Regulation (AR) 40-5	Preventive Medicine	Oct 15, 1990
DoD Instruction (DoDI) 6490.3	Implementation and Application of Joint Medical Surveillance for Deployments	Aug 7, 1997
AR 40-657	Veterinary/Medical Food Inspection and Laboratory Service	Nov 6, 1997
Defense Supply Center Philadelphia (DSCP) Handbook 4155.2	Inspection of Composite Operational Rations	April 2001
AR 40-25/ BUMEDINST 10110.6/ AFI 44-141	Nutrition Standards and Education	June 15, 2001
AR 30-22	The Army Food Program	Aug 30 2002
Army Technical Bulletin MED 530	Occupational and Environmental Health Food Sanitation	Oct 30, 2002
DoDD 6400.4	DoD Veterinary Services Program	Aug 22, 2003
Defense Supply Center Philadelphia (DSCP) Smart Book	Smart Book for Kuwait and Iraqi Food Service Operations	Dec 2003
DoD Directory	Directory of Sanitarily Approved Food Establishments for Armed Forces Procurement	Continuously updated

Army Regulation (AR) 40-5, "Preventive Medicine," October 15, 1990, assigns the Army Surgeon General responsibility for the Army Preventive Medicine Program.

DoDI 6490.3, "Implementation and Application of Joint Medical Surveillance for Deployments," August 7, 1997, assigns responsibility to the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) for archiving all deployment occupational and environmental health surveillance data, reports, and assessments.

Army Regulation (AR) 40-657, "Veterinary/Medical Food Inspection and Laboratory Service," November 6, 1997, defines the food inspection mission of the U.S. Army Veterinary Command.

Defense Supply Center Philadelphia (DSCP) Handbook 4155.2, "Inspection of Composite Operational Rations," April 2001, provides guidance for all DoD personnel responsible for the inspection and technical management of operational rations.

Army Regulation (AR) 40-25/BUMEDINST 10110.6/AFI 44-141, "Nutrition Standards and Education," June 15, 2001, defines the nutrition responsibilities of the Surgeon Generals of the Army, Navy, and Air Force. It also updates information on nutritional standards for operational and restricted rations.

Army Regulation (AR) 30-22, "The Army Food Program," August 30, 2002, assigns responsibility for nutrition standards, dining facility menus, and operational rations.

Army Technical Bulletin MED 530, "Occupational and Environmental Health Food Sanitation," October 30, 2002, prescribes procedures for implementing the Army food service sanitation program.

DoD Directive 6400.4, "DoD Veterinary Services Program," August 22, 2003, designates the Army Surgeon General as the Executive Agent for DoD veterinary services.

Defense Supply Center Philadelphia (DSCP) prepared a December 2003 "Smart Book for Kuwait and Iraqi Food Service Operations" that includes operating instructions for DoD Veterinary Service food inspectors.

DoD Directory of Sanitarily Approved Food Establishments for Armed Forces Procurement, lists approved food product suppliers. It includes those vendors approved to provide food products in Afghanistan, Iraq, and Kuwait and is continuously updated. Approved suppliers may also be listed in Department of Agriculture and Department of Commerce directories.

Results of the Survey/Sensing Sessions

Overview: Overall, units responding to our questionnaire and soldiers participating in sensing sessions reported that the quality of food and food service was adequate. In 20 of the 72 RC unit questionnaires (28%), respondents had negative responses about food or food service. In 8 of the 40 AC unit questionnaires (20%), respondents had negative responses about food or food service. There were also negative responses in 7 of the 27 (26%) sensing sessions. However, most of the negative responses were about temporary food service issues and lack of variety, rather than about poor food quality. There was 1 negative questionnaire response about disparate treatment of RC vs. AC soldiers from a total of 112 responses (0.9%). There were also 2 negative sensing session responses from a total of 27 sessions (7%) about temporary disparate

treatment of RC vs. AC soldiers. No RC units and only 1 AC unit had negative comments about the quality of operational rations getting worse during their deployment.

Unit Questionnaire Results—Food and Food Service

The following statements characterize the negative responses from the 112 RC and AC unit questionnaires that were completed by commanders/first sergeants:

- One RC unit out of 112 (0.9%) reported disparate treatment regarding food/food service. This unit was deployed to a logistics support base in Iraq in 2003 and said they got only one hot meal per day. They contend that AC soldiers supposedly had access to more than one hot meal per day.
- A RC forward surgical team deployed to multiple sites in Iraq in 2003 said that they had to eat Meals, Ready to Eat (MREs) 85 percent of the time because of their mission.
- A RC unit that deployed to multiple sites in Iraq in 2003 reported widespread diarrhea resulting from sanitation problems at one site--not related to food and food service.
- An AC unit deployed to Afghanistan in 2003 that ate Unitized Group Rations and MREs (collectively referred to as operational rations) reported that the food quality got much worse shortly before they departed.
- A RC unit deployed to a logistics support base in Iraq in 2004 said that the dining facility (DFAC) food quality was good, but the DFAC was overcrowded.
- Two RC companies from the same battalion deployed to a forward operating base in Iraq in 2004 said that the food at their DFAC was "very bad" and not the same as the food served in a nearby DFAC.
- A RC unit deployed to Afghanistan in 2004 said that the DFAC food and food service was "substandard" and the DFAC was constantly out of Gatorade, bread, butter, and salt.

Sensing Session Results—Food and Food Service

The following statements characterize the statements from the 27 RC and AC sensing sessions:

- Perception of disparity: Soldiers in 2 of the 23 RC sensing sessions (9%) were from a RC unit deployed to Ar Ramadi in 2003. They said that they were barred from eating in the only available dining facility (DFAC) for several months in early 2003. (This was the result of DFAC capacity and the security considerations of transporting troops to and from outlying areas.) Instead, selected unit personnel picked up food that could be transported in insulated containers, commonly known as "mermite" containers, from the DFAC to the RC unit's forward operating base and combat outpost. Interviewed soldiers referred to this food as "leftovers" that the AC soldiers didn't want. (This "leftover" comment could not be substantiated.) All RC soldiers were later allowed to eat in that DFAC and in a second DFAC that eventually opened.
- Lack of Variety: Soldiers in 2 of 23 RC sensing sessions (9%) were with a RC unit deployed to Abu Gharaib prison in 2002. They reported getting only eggs for their single hot meal in the DFAC. Since the prisoners got two hot meals each day, they sometimes ate the prisoners' leftover hot meals. These RC soldiers acknowledged that they had plenty of MREs.

- Food Rationing: Soldiers in 1 of the 23 RC sensing sessions (4%) were deployed to several different sites in Iraq and Afghanistan in 2002. They reported a shortage of Army cooks and cold storage at the Army-operated DFAC at Kandahar Air Base, Afghanistan. This caused problems with the availability and quality of hot meals at the facility. (There were MREs available.) These soldiers noted that the quantity, quality, and variety of hot food was better at the Air Force operated DFAC at Bagram. They also noted that the food quantity and quality at the Army operated facility improved during their tour. The Army DFAC later transitioned to a contractor operated facility.
- Food-Related Illness: Soldiers in 2 of the 23 RC sensing sessions (9%) reported one instance of wide-spread illness, reportedly caused by improper food preparation for the 2002 Thanksgiving meal at Camp Arifjan, Kuwait.

State Adjutants General and Commander, Regional Readiness Commands (RRCs) Questionnaire Results—Food and Food Service

Questionnaire results from State Adjutants General and Commanders of USAR Regional Readiness Commands paralleled the comments noted above and are summarized in Appendix C.

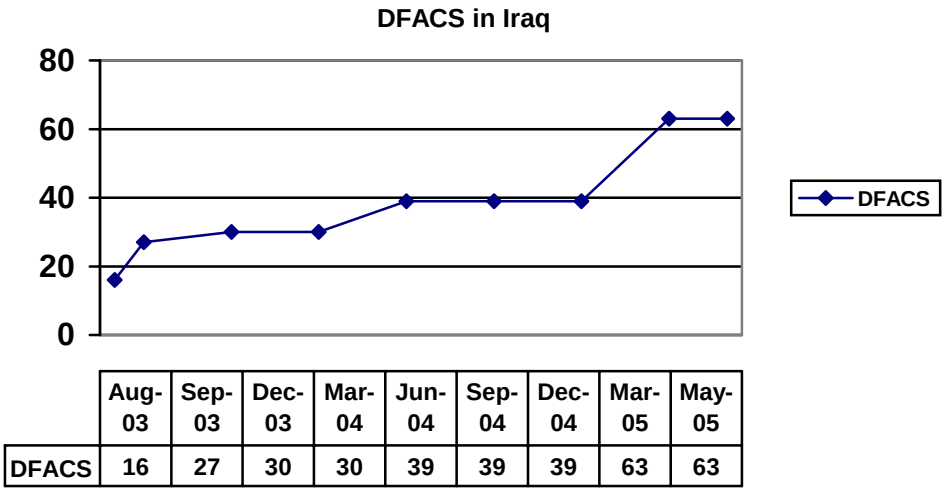
Other Evaluation Results

Overview: During the early phases of OEF and OIF, many soldiers subsisted on the combat/contingency ration known as Meal, Ready to Eat (MRE). This ration is relatively light weight and requires minimal preparation, providing the required nutrition to sustain soldiers in combat for extended periods. When the security situation permitted, the MREs were supplemented/replaced with the frozen or semi-perishable Unitized Group Ration (UGR). The UGR offers seven breakfast menus and 14 lunch/dinner menus. Fifty complete meals are packed together in the UGR. The MREs and the UGRs are collectively referred to as operational rations.[8] Although there was never a shortage of operational rations during OEF/OIF, some soldiers stated that their mission required them to subsist only on MREs for a period longer than 21 days. While exceeding 21 days of MRE-only nutrition is a deviation from policy in Army Regulation 40-25, there were no reported health problems resulting from these occurrences.[9]

Within six months of entry into a combat theater, Army policy is to feed soldiers out of contractor-operated dining facilities (DFACs), using a 21-day hot meal menu cycle--security permitting. According to Army Logistics Civil Augmentation Program (LOGCAP) officials, there were 6 such DFACs in Afghanistan and 16 in Iraq by August 2003. As of May 2005, there were 9 DFACs in Afghanistan, 63 in Iraq, and 9 in Kuwait. The chart below is an example of progress, over time, with regard to DFACs in IRAQ.

[8] Operational rations are used to feed individuals performing duty in time of war or other contingencies. They are also used in peacetime for emergencies, travel, and training. DSCP purchases these rations only from U.S. and other approved suppliers.

[9] AR 40-25, paragraph 2-2b states "The MRE can be consumed as the sole ration for up to 21 days. After 21 days, other appropriate rations…will be included in the daily mix of rations."



	Aug-03	Sep-03	Dec-03	Mar-04	Jun-04	Sep-04	Dec-04	Mar-05	May-05
DFACS	16	27	30	30	39	39	39	63	63

Food Products Contract/Food Service Contract--Afghanistan: In Afghanistan, the Defense Logistics Agency's Defense Supply Center-Philadelphia (DSCP) supplied a full line of food products to DFACs in Afghanistan through a subsistence prime vendor contract with Bahrain Maritime and Mercantile International, beginning in August 2002 through December 2003.[10] Seven Seas Shiphandlers became the subsistence prime vendor in January 2004. Food service operations at the DFACs in Afghanistan have been provided by Kellogg, Brown and Root (KBR) under the Army Logistics Civil Augmentation Program (LOGCAP). As of November 2004, KBR was operating nine DFACs in Afghanistan. The Air Force was operating one additional DFAC with military staff.

Food Products Contract/Food Service Contract—Iraq/Kuwait: At the commencement of OIF, and during the first several months of operations in Iraq, U.S. and coalition forces were subsisting primarily on operational rations, e.g., MREs, semi-perishable Unitized Group Rations and perishable A Rations. These rations were supplemented by fresh fruits and vegetables, dairy products and bottled water. Through May 2003, KBR provided all food products, as well as food service operations under the Army LOGCAP contract, at DFACs in Iraq and Kuwait.

Responsibility for supplying food to the DFACS in Kuwait and Iraq was transferred from KBR when DSCP awarded a new subsistence prime vendor contract for the Middle East to The Public Warehousing Company (PWC) on May 28, 2003. KBR was contractually obligated to provide all food products, as well as DFAC operations, until February 2004. At that time, PWC began supplying all food products to the DFACs in Baghdad. While KBR continued to operate the DFACs in Iraq, in June 2004, Tamimi Global Company started food service operations at the DFACs in Kuwait. As of May 2005, 90 percent of all DFACs in Iraq and Kuwait were offering the Army-designed 21-day menu cycle, according to the Army Food Advisor.

Subject Matter Expert Comments: According to the Army National Guard Food Advisor, KBR, the LOGCAP contractor, initially hired Iraqi local nationals as they began to open and operate DFACs in Iraq from April to July 2003. KBR quickly found problems with pilfering,

[10] Subsistence prime vendors provide dining facility managers with a full line of fresh, frozen, and packaged food items, as well as the non-food items, needed to offer a wide range of entrees, short order foods, salad bar, desserts, and beverage choices.

accountability of food items, Iraqi employees who could not be trusted, and employees who were not properly trained in food handling, preparation, and service. Iraqi employees were not reliable, quitting with little or no notice. KBR now hires primarily third country national food service employees, finding them better trained and less apt to quit.

Actions Taken/Proposed

DSCP solicitations and contracts with operational rations suppliers and subsistence prime vendors contained extensive quality assurance requirements (inspections). Given the general lack of food related illness and relatively few/minor complaints from questionnaire respondents and sensing session participants, it appears that the food/food service quality assurance effort in the CENTCOM AOR was successful. Some of the elements of this quality assurance program are described below.

Operational Rations Inspections: There were extensive quality assurance requirements in the DSCP solicitation and resultant contracts for operational rations with approved U.S. food suppliers listed on the Directory of Sanitarily Approved Food Establishments for Armed Forces Procurement or another Federal or Army directory. DCSP evaluated the contractors' quality system plans and either the U.S. Department of Agriculture or DoD Veterinary Service Activity inspectors verified their inspection procedures. Also, DoD Veterinary Service Activity inspections of operational rations in the CENTCOM AOR were being performed and documented in accordance with DSCP Handbook 4155.2, "Inspection of Composite Operational Rations." In addition, according to the Army Food Advisor, MRE menu choices were systematically being reviewed and changed each year.

PWC Food Product Inspections: Extensive quality assurance procedures were also contained in the DSCP Subsistence Prime Vendor solicitation and resultant contract with PWC. For example, the rejection procedures in the contract stated that:

> "When product is found to be non-conforming or damaged, or otherwise suspect, the receiving official shall reject the item and/or determine the course of action to be taken with the product in question. If present, the Contracting Officer's Representative (COR) may be consulted. The final decision is to be made by the receiving official."

The Subsistence Prime Vendor informs DSCP of the rejected food products in a Monthly Rejection Report. According to DSCP managers, veterinary specialists at DFACs in the CENTCOM AOR documented food product inspections on DD Forms 1232, "Quality Assurance Representative's Correspondence." The veterinary specialists submitted these forms the DSCP European office in Germany.

KBR Food Service Inspections: Army, Navy, or Air Force preventive medicine specialists, in accordance with Army Technical Bulletin MED 530, "Occupational and Environmental Health Food Sanitation," inspected KBR's operation of the DFACs in the CENTCOM AOR. We reviewed samples of completed DD Forms 5161 "Comprehensive Food Service Inspections," that documented the results of quarterly inspections, including facility cleanliness, staff hygiene, proper food storage and handling, cold storage temperatures, and serving line temperatures. As of November 2004, the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) had received and archived more than 300 DD Forms 5161 and other inspection

reports documenting sanitary conditions at 10 sites in Afghanistan and three sites in Iraq. However, the USACHPPM was not evaluating or analyzing these reports to determine trends in food safety/sanitation risk and the possible need for changes, as described in Army Technical Bulletin MED 530.

Identified problems, such as the spoilage rate of fresh fruits and vegetables in Iraq, the need for more storage capacity at the DFACs, truck turnaround times, and the need for performance metrics were also being discussed in frequent video teleconferences and weekly conference calls with the Army Food Advisor and his representatives in theater, CENTCOM, DSCP officials, the Subsistence Prime Vendor, DFAC managers, and others. CENTCOM Deployment Distribution Operations Center at Camp Arifjan, Kuwait, documented and tracked the status of action items and "Hot Topics."

Conclusions

The preponderance of the evidence gathered from RC and AC soldiers and units that responded to our questionnaires and participated in our sensing sessions indicates that food and food service was adequate in Afghanistan, Kuwait, and Iraq. Again, the preponderance of the evidence indicated that there was no systemic disparity between the food and food service support provided to RC and AC soldiers and units. While there were isolated instances of temporary shortages and inadequate food service, such conditions are well within the realities of a combat zone environment. The food/food service quality assurance program was adequate and functioned in accordance with Army and DSCP policies.

Observation

The U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) was not providing feedback on food safety and sanitation risks resulting from their analysis of DD Forms 5161, "Comprehensive Food Service Inspections," and other food inspection reports to LOGCAP and DoD Veterinary Service officials in the CENTCOM Area of Responsibility.

Recommendations

1. The Commander, USACHPPM, should:

a. Publish guidance on evaluation/analysis of DD Forms 5161, "Comprehensive Food Service Inspections," and other food inspection reports, as required by Army Technical Bulletin MED 530.

b. Establish procedures for corrective implementing recommendations derived from the evaluation/analysis of food service reports.

2. LOGCAP and the DoD Veterinary Service Activity should establish a quality assurance procedure to track corrective action(s) for USACHPPM identified food service deficiencies.

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Chapter 4--Medical Care

Objective: To determine whether units that deployed to Afghanistan, Iraq, and Kuwait received adequate medical and dental care and if any disparity existed between RC and AC soldiers.

Standards/Criteria for Medical Care

The following table and short synopsis of each publication established the standards/criteria that were used to determine the adequacy of medical care in a combat theater. These standards/ criteria apply equally to Active Duty, National Guard, and U.S. Army Reserve soldiers. Those publications listed in black were the basis for in-theater medical care in support of ***Operation Enduring Freedom (OEF)*** and ***Operation Iraqi Freedom (OIF)*** through March 2003. Those in blue have been updated/published since that time, incorporating changes and any applicable lessons learned from OEF/OIF.

Table 4--Standard Criteria for Army Medical Care.

PUBLICATION	TITLE	DATE
DoD Instruction 6490.3	Implementation and Application of Joint Medical Surveillance for Deployments	August 7, 1997
Army Medical Command (MEDCOM) Regulation 40-40	Medical/Dental Support to Annual Training	October 8, 1999
Joint Publication (JP) 4-02	Doctrine for Health Service Support in Joint Operations	July 30, 2001
JCS Memo-MCM-0006-02	Updated Procedures for Deployment Health Surveillance and Readiness	February 1, 2002
Army Regulation (AR) 600-20	Army Command Policy	May 13, 2002
USCENTCOM OPLAN 1003V—Change 1	Annex Q: Medical Services	February 27, 2003
Army Field Manual (FM) 4-02.12	Health Service Support in Corps and Echelons Above Corps	February 2004
DoD Directive 6490.2	Comprehensive Health Surveillance	October 21, 2004

DoDI 6490.3, "Implementation and Application of Joint Medical Surveillance for Deployments," August 7, 1997, prescribes implementation procedures and assigns responsibilities for joint military medical surveillance in support of all military operations in an attempt to expand the concept of joint medical surveillance. Requires the Army, Air Force, and Navy to conduct medical surveillance and report the results to a central database that is available to the Joint Task Force surgeons during contingencies.

Army Medical Command (MEDCOM) Regulation 40-40, "Medical/Dental Support to Annual Training," October 8, 1999, was used as a planning reference for medical operations in theater.

Joint Publication (JP) 4-02, "Doctrine for Health Service Support in Joint Operations," July 30, 2001, designated the Army as the Executive Agent in Joint Medical operations and delineated the Theater Surgeon as the responsible officer to determine health service support.

JCS Memo, MCM-006-02, "Updated Procedures for Deployment Health Surveillance and Readiness," February 1, 2002, provides standardized procedures for assessing health readiness and conducting health surveillance in support of all military deployments. Occupational and environmental surveillance procedures are also included.

Army Regulation (AR) 600-20, "Army Command Policy," May 13, 2002, provides the authority for the Hospital Commander to direct medically appropriate care for soldiers. The regulation states that the hospital commander, in the absence of the soldier's commander, may order the soldier to receive emergency care when the Hospital Commander deems it necessary

USCENTCOM OPLAN 1003V- CHANGE 1, Annex Q, "Medical Services", February 27, 2003, (applicable to both OEF and OIF) says the mission of the medical forces is to deploy the appropriate Health Services Support (HSS) resources and infrastructure to the area of operations to minimize the effects of wounds, injuries, and diseases on unit effectiveness, readiness, and morale. The Concept of Operations "…employ an early, forward, and responsive Force Health Protection and disease surveillance system…clear the battlefield of patients; stabilize patients using forward light surgical teams and medical intervention; and move patients rearward for hospitalization or return to duty."

Army Field Manual (FM) 4-02.12, "Health Service Support in Corps and Echelons Above Corps," February 2004, provides the latest update to Army medical doctrine.

DoD Directive 6490.2, "Comprehensive Health Surveillance," October 21, 2004, dictates that military health surveillance is an important element of Force Health Protection and that DoD Components shall conduct comprehensive, continuous, and consistent military health surveillance. This surveillance shall encompass periods before, during, and after deployments. This Directive designates the Secretary of the Army as the Executive Agent for the Defense Medical Surveillance System.

Results of the Survey/Sensing Sessions

Overview: Overall, the results of 112 unit questionnaires from RC and AC units indicate that the quality of medical care in the CENTCOM AOR was adequate. In summation of the questionnaires, only 18 units out of the 112 RC and AC units that responded expressed dissatisfaction with some aspect of medical or dental care (16%). During sensing sessions, there was a qualified dissatisfaction with the quality of medical and dental care. Twenty-one out of the 27 (78%) RC and AC units had negative responses during sensing sessions. However, the majority of these sensing session complaints were minor in nature. For instance, minor negative responses mentioned (1) disagreements with diagnoses, (2) a perception that Abu Ghurayb prisoners were given higher priority than soldiers, (3) little medical and dental care available, and (4) a loose tooth took three months to correct. Some of the more serious negative responses expressed during sensing sessions were (1) an alleged misdiagnosed broken arm without an x-ray, (2) an alleged misdiagnoses of appendicitis, and (3) a hernia left untreated for over one

week. Nevertheless, CENTCOM Surgeon General contacts assert that standards for deployment for CENTCOM AOR medical resources were met. This feedback, coupled with no evidence of systemic problems in obtaining medical care, supports a conclusion that in-theater medical and dental care was adequate.

Unit Questionnaire Results—Medical Care [11]

The following statements characterize the responses from the 112 RC and AC unit questionnaires that were completed by commanders/first sergeants:

- One RC unit said that they were not allowed to use the 101st Airborne's Combat Support Hospital and had to go across the base to another facility.
- Three RC units said that soldiers could not get routine dental care. (In fact, routine dental care was offered to RC and AC soldiers permanently stationed in Kuwait, but was only sporadically available to RC and AC soldiers temporarily deployed in Afghanistan and Iraq. When routine dental care was offered in Afghanistan and Iraq, it was contingent on the security situation and on a space-available basis.)
- One RC unit said that they received a 90-day supply of daily use medication (e.g., high blood pressure) while the AC got 180-day supply. (RC and AC soldiers were to have a180-day supply of chronic condition medications as they deployed in to the CENTCOM AOR. RC soldiers were supposed to arrive at the mobilization stations with a 90-day supply of those medications already in their possession. They would then be issued an additional 90-day supply to meet the 180-day requirement. However, Army policy requires all soldiers deploy with a 180 supply of appropriate medication, regardless of how much they have when they report to the mobilization station.
- Two RC units made general statements about perceived poor quality care and misdiagnoses.
- One RC unit said that their medical treatment facility (MTF) lacked MRI and glaucoma test equipment. (MRI and glaucoma test equipment is not normally allocated to MTFs in the forward combat zone.)
- One RC unit said their MTF could not electronically update medical records. (The ability to electronically update medical records is a capability not currently available in all MTFs in the forward combat zone.)

Sensing Session Results—Medical Care

The following statements characterize the responses from the 27 RC and AC sensing sessions:

- Soldiers in 5 of the 23 RC unit sensing sessions (22%) and 0 of 4 AC sensing sessions had negative comments about dental care. (RC soldiers are required to have an annual dental examination to ensure dental fitness. The mobilization station reviews the RC soldiers' dental records and conducts an additional examination, if deemed necessary. If the RC soldier has dental problems that are sufficient to make him/her non-deployable and these dental problems cannot be corrected in 25 days, the RC soldier can be released from active duty and sent home. If the soldier's dental condition has a favorable

[11] Some units provided more than 1 negative comment about medical or dental care.

prognosis and is expected to be at least Dental Class II by the time of deployment, the government can retain the individual on active duty.) In 2 of the sessions, RC soldiers perceived that AC soldiers were afforded routine dental care while they were not. (In fact, routine dental care was offered to RC and AC soldiers permanently stationed in Kuwait, but was only sporadically available to RC and AC soldiers temporarily deployed in Afghanistan and Iraq.)

- In 2 of the sessions, RC soldier's perception was that they were given Motrin for all illnesses.
- In 2 of the sessions, RC soldiers perceived that treatment for non-combat related injuries/illnesses was delayed. (Patients are scheduled for treatment through a triage process. This priority is not based on whether the illness/injury is combat-related or non-combat related. The priority is established based on who requires, and who will benefit most from the available medical capabilities. Depending on the security situation at any given MTF location, non-emergency/routine medical treatment may be delayed.)
- In 2 of the sessions, RC soldiers reported a shortage of medical supplies and equipment. They also reported being told by MTF personnel that they would receive medical treatment in the U.S. during demobilization or by the Veterans Administration upon return to home station. We received reports that, in some instances, the soldiers were silent regarding their medical problems so as not to delay return to their home. After returning to their home unit in U.S., the soldiers then began to raise the medical injury/illness concern.
- One soldier in 1 session alleged "misdiagnosis [occurring] on a daily basis." However, the respondent was unable to offer specific verifiable examples or articulate how he was able to make these medical judgments.
- Although not counted as negative responses, in all 4 of the sensing sessions with AC units, a few soldiers reported that medical personnel were not able to keep up with maneuver elements during the early stages of OIF in Iraq. Another comment was "inadequate refrigeration for medicines." As a result, soldiers were evacuated for minor medical problems.

State Adjutants General and Commander, Regional Readiness Commands (RRCs) Questionnaire Results—Medical Care

Questionnaire results from State Adjutants General and Commanders of USAR Regional Readiness Commands paralleled the comments noted above and are summarized in Appendix C.

Other Evaluation Results

Overview: The Military health service support system is designed to be a single integrated system that reaches from the combat zone in theater to the Continental United States (CONUS). The system is a continuum of care in which a soldier contracting a disease or injured on or off the battlefield will be provided a full range of services, from initial first aid in theater to definitive care at a fixed facility within CONUS or outside of the continental United States (OCONUS). The levels of care extend rearward throughout the theater and depend on a reliable evacuation system. Army Field Manual (FM) 4-02.12, "Health Service Support in Corps and Echelons Above Corps," provides the following definitions:

Level I: Unit-level health care includes the first treatment a soldier receives and evacuation from the point of injury or illness to the unit's aid station (self-aid, buddy-aid, combat medic, battalion aid station).

Level II: Division-level health service support that includes evacuating patients from the unit-level aid stations and providing initial resuscitative treatment (medical companies, support battalions, medical battalions, and forward surgical teams).

Level III: Corps-level health service support includes evacuating patients from supported units and providing resuscitative and hospital care. Level III includes providing area support within the corps' area to units without organic medical units (Mobile Army Surgical Hospitals (MASH), Combat Support Hospitals (CSH), Evacuation Hospitals (EVAC) and Field Hospitals (FH)).

Level IV: Communications zone-level health service support including receipt of patients evacuated from the corps. This echelon involves treating the casualty in a general hospital and other communications zone level facilities for treatment to stabilize them for their evacuation to CONUS.

Level V: The definitive care provided to all patients in CONUS and OCONUS Army Hospitals. The CONUS-sustaining base is where the ultimate treatment capability for patients resides, including full rehabilitative care and tertiary-level care.

Routine sick call: Procedures that involve the patient self-identifying the need for medical care and identifying the symptoms of a sickness or injury to medical providers. In theater, a soldier presents him/herself to the level II Military Treatment Facility (MTF).

Joint Force Surgeon: In theater the Combatant Command Joint Force Surgeon (JFS) is responsible for coordinating and integrating Health Service Support (HHS) in the theater. The JFS is tasked to organize medical assets assigned to his/her AOR. The deployable Army force consists of units and personnel from both the Active Component and the Reserve Components, with 75% of its wartime structure organized in the Reserves. DoD Directive 6490.2 mandates that the Army, as the Executive Agent for the Defense Medical Surveillance System, will provide the supporting work force for the US Army Center for Health Promotion and Preventive Medicine (USACHPPM). The Directive mandates that the Army will collect all DoD deployment occupational and environmental health surveillance data and reports. Although the DoD Directive 6490.2 also discusses Defense Medical Surveillance System data, it does not designate where the Defense Medical Surveillance System data is collected and interpreted. Without a designated location to consolidate and evaluate this medical data, there is no defined method for DoD/Army to document and evaluate the adequacy of medical care.

Army Medical Planning: Army sources state that Army Medical Command Regulation 40-40 was used as a planning document for the medical efforts in Operation Iraqi Freedom. Medical support during OIF complied with Army Medical Command Regulation 40-40 and Annex Q of the CENTCOM OPLAN. However, a methodology to measure patient care directly was not part of the planning process and no metrics were developed to do so. Without

a direct reference, Army Regulation 600-20 implies the hospital commander has the final authority to decide appropriate level of care for patients. CENTCOM officials stated that medical planning is a continuous process—one that is sensitive to changing situational and operational requirements.

In Iraq, Combat Support Hospitals, or their Navy and Air Force equivalents (level III medical facilities), are spread out over six locations, and are augmented with more than 30 level II medical facilities. These level III medical facilities have a limited ability to "treat, recover, and return to duty" on site. However, this capability is limited because of available bed space.

In Afghanistan, there is one level III medical facility (spread out over three locations) and seven level II medical facilities. Lacking any information to the contrary, the patient evacuation system in Afghanistan is apparently working well and critically injured soldiers are expeditiously air-evacuated to Landstuhl Regional Medical Center and CONUS.

CFLCC Battle Update Assessment Briefings: These briefing charts cover several aspects related to the care of patients. However, the CFLCC Surgeon has no one metric to measure and report the quality of medical care provided to patients in theater. Currently, there is no requirement to measure medical care directly rendered to patients in the CENTCOM AOR. The difficulty in measuring contingency operation medical care stems from the fact that the evaluation of the appropriateness of medical care is usually rendered by medical providers doing a peer review of medical records. Since a peer review of medical appropriateness requires a board of providers, minutes, and other administrative procedures, a timely peer review may be impossible to achieve in a combat setting. Additionally, a peer review may be postponed for a later date, after combat has subsided or ended. However, a metric directly measuring medical care provided to patients would be useful to the theater combatant command surgeon and the Surgeons General of the Military Services as they evaluate medical support in theater.

Subject Matter Expert Comments: Authoritative personnel in the CFLCC Surgeon's office stated that they are satisfied with the overall medical care in theater.

Actions Taken/Proposed

While medical care in-theater was adequate, with no evidence of disparity between RC and AC soldiers, there were issues regarding medical care of wounded or ill RC soldiers on their return to medical facilities in CONUS. While wounded or ill AC soldiers were usually in military medical facilities on a base that was close to their families, recovering RC soldiers were often in medical facilities that were far-removed from their homes and families. The Army has implemented the following procedures to improve the overall access and quality of medical care for RC soldiers.

- The Army instituted Community-Based Health Care Organizations (CBHCOs) to provide medical care close to home for wounded or ill reserve component soldiers on active duty. The Army can send the wounded/ill RC soldier to a CBHCO close to his unit or home. Currently, the Army has programs in Florida, Arkansas, Wisconsin, Massachusetts, Alabama, Virginia, Utah, and California. The Army is also developing plans for additional CBHCOs in Hawaii, Alaska, and Puerto Rico. The ARNG operates the CBHCOs with one USAR Liaison officer at each location. The Army designated

FORSCOM as the executive agent for all soldiers, RC or AC, whose wounds/illness will require an extended recovery period (medical holdover). In the case of RC soldiers, they are retained on active duty during this recovery period. Therefore, FORSCOM has command and control for the CBHCOs; however, Army Medical Command (MEDCOM) has oversight for medical care, whether at the MTF or remote locations. The National Guard Bureau (NGB) publishes a Patient Tracking Report twice a week and posts it to Guard Knowledge Online (GKO). State G1 personnel have access to the tracking report. It also includes a page with all the MTF Patient Administrative points of contact (POCs) and all the ARNG Regional Medical Command POCs.

- The Army G1 is developing policy to implement the Medical Retention 2 Program (MRP2). There have been instances where soldiers were returned to RC status through the demobilization process while they still had legitimate, contingency-related health care issues. The reasons for this include: early-on policy that may have been ambiguous, soldiers withholding information to expedite their return home, perceived pressure on mobilization stations to reduce medical holdover numbers, alleged bias on the part of decision makers, and unrealistic expectations on the part of the soldiers. The MRP2 will allow RC soldiers to appeal their RC status, asking to go back on active duty in a medical retention status to address their legitimate health care problems.

- Tricare is the Health Maintenance Organization (HMO) for service members and their families. Tricare benefits have improved significantly for Reservists. The National Defense Authorization Act (NDAA) for fiscal 2005, signed by the President October 28, 2004, improves the overall health benefits available to guardsmen, reservists and their families. Eligible Reserve Component members with delayed effective date orders that will call them to active duty for more than 30 days are authorized Tricare eligibility for up to 90 days prior to the sponsor's activation date. This coverage is also extended to their families. It also makes permanent a 180-day transitional Tricare health benefit for RC sponsors and their families, after demobilization, through the Transitional Assistance Management Program (TAMP). Members must also now receive a comprehensive physical examination prior to separating from active duty service. On March 24, 2005, DoD announced a plan to further extend Tricare health insurance benefits to reservists who (1) were called to active duty under Title 10 in support of a contingency operation for more than 30 consecutive days on or after the 9/11 terrorist attacks and (2) served continuously on active duty for 90 days or more under such call or order and (3), agree to continue serving in the reserves. The new system, known as Tricare Reserve Select, is designed to cover personnel who are without a civilian health insurance plan as they enter or leave active duty. For every 90 days of active duty service, Guard and Reserve personnel are eligible for one year of Tricare coverage for a modest fee. For example, personnel who have served two years of active duty are eligible for eight years of health coverage. The coverage will be applied retroactively to those called to active duty since 9/11.

GAO began a new audit in October 2004 reviewing the health status of reservists ordered to active duty in support of Operation Enduring Freedom and Operation Iraqi Freedom, which is a mandate in section 732 of the 2005 NDAA. The objectives for the review are as follows:

(1) To what extent were reservists determined to be medically unfit when called to active duty?

(2) What effects, if any, did the health status of activated reservists have on logistics planning and deployment schedules for Operations Enduring Freedom and Iraqi Freedom?

(3) To what extent did military personnel comply with DoD policies that assess the medical and physical fitness of activated reservists?

(4) What was the extent, if any, of medical care provided to activated reservists in theater as a result of preexisting conditions that were not addressed prior to deployment?

Conclusions

The preponderance of the evidence gathered from RC and AC soldiers and units that responded to our questionnaires and participated in our sensing sessions indicates that medical care was adequate in Afghanistan, Iraq, and Kuwait. Although there were isolated instances and concerns, there is no systemic evidence of disparity between RC and AC soldiers.

Observations

1. DoD Directive 6490.2, DoD Instruction 6490.3, and JCS Memo-MCM 006-02 discuss the Defense Medical Surveillance System (DMSS) and require the Army to collect, store, and analyze that data, as it does with DoD deployment occupational and environmental health surveillance data and reports. The Army operates the DMSS through the Army Medical Surveillance Activity (AMSA). AMSA monthly publishes summaries of medical surveillance findings.

2. There was no metric for evaluating the actual medical care given to any particular patient as is required by Joint Publication 4-02. However, as always, individual providers are responsible for patient care standards.

3. Directly evaluating medical care given to soldiers in a contingency environment may be extremely difficult.

4. In-theater medical surveillance data is not being used to monitor patients.

Recommendations

1. The Army Surgeon General should identify what elements comprise appropriate medical care in a combat theater and how those elements should be compiled and reported.

2. The Army Surgeon General should establish metrics that measures the quality of medical treatment rendered to the individual patient in the combat theater.

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Chapter 5—Ability to Communicate with Family Members

Objective: To determine whether units that deployed to Afghanistan, Iraq, and Kuwait had a reliable ability to communicate with family members and if any disparity existed between RC and AC soldiers.

Standards/Criteria for Telephone and Internet Communications With Families From a Combat Theater

The following table and short synopsis of each publication established standards/criteria for commanders to use as a basis to develop procedures for soldier's to communicate with family members while deployed. These standards/ criteria apply equally to Active Duty, National Guard, and U.S. Army Reserve soldiers. Those publications listed in black were in effect during ***Operation Enduring Freedom (OEF)*** and ***Operation Iraqi Freedom (OIF)*** through March 2003. Those in blue have been updated/published since that time, incorporating changes and any applicable lessons learned from OEF/OIF.

Table 5—Standards/Criteria for Telephone and Internet Communications with Family Members from a Combat Theater

PUBLICATION	TITLE	DATE
DODD 1015.2	Military Morale, Welfare, and Recreation (MWR)	June 14, 1995
Department of Defense Instruction (DODI) 1015.10	Programs for Military Morale, Welfare, and Recreation (MWR)	Nov 3, 1995
Army Regulation (AR) 25-1	Army Information Management	May 31, 2002 (Superseded June 2004)
Army Regulation (AR) 25-1	Army Knowledge Management And Information Technology Management	June 2004
AR 215-1	Morale, Welfare, and Recreation Activities and Nonappropriated Fund Instrumentalities	December 1, 2004

DODD 1015.2, "Military Morale, Welfare, and Recreation (MWR)", June 14, 1995. This regulation establishes DoD policies for operating and managing DoD military MWR programs. It states that the DoD Components shall provide a well-rounded MWR program that contributes to mission readiness and improves productivity through programs promoting fitness, esprit de corps, and quality of life.

DODD 1015.10, "Programs for Military Morale, Welfare, and Recreation (MWR)," November 3, 1995. This instruction implements policy, assigns responsibilities, and prescribes procedures under DoDD 1015.2 for operating and managing programs for military MWR. It states that DoD Components will provide MWR programs to deployed units that meet needs for unit cohesion and individual stress relief.

Army Regulation (AR) 25-1, "Army Information Management," May 31, 2002. This regulation establishes policies and assigns responsibilities for information management and information technology. It provides for health, morale, and welfare (HMW) communications by military/DoD employees who are deployed for extended periods of time.

Army Regulation (AR) 25-1, "Army Knowledge Management and Information Technology Management," June 2004. This regulation supersedes the May 31, 2002 version of AR 25-1 and revises the title. It prescribes additional policy on e-mail use, authorizes limited use of cell phones, and further expands the authorized use of HMW communications.

AR 215-1, "Morale, Welfare, and Recreation Activities and Nonappropriated Fund Instrumentalities," December 1, 2004. This regulation implements DOD and congressional policies. It contains administration, operation, and management policies governing the Army's morale, welfare, and recreation activities and nonappropriated fund instrumentalities. In Chapter 2, under "Responsibilities", it states that "Garrison commanders will plan for MWR support during mobilization, wartime, and contingency operations."

Results of the Survey/Sensing Sessions

Overview: The results of 112 unit questionnaires from RC and AC units revealed that access to internet and telephone communications in the CENTCOM AOR depended upon where you were and when you got there. There were 1 or more negative comments about ability to communicate with family in 41 of the 112 units responding to the questionnaire (37%). In 31 of the 72 RC and 10 of the 40 AC unit questionnaires (43% and 25%, respectively), respondents commented on the lack of phones/computers, quality of service, and the waiting time for use. There were 1 or more negative comments about access to communications in 12 of the 23 RC and in all 4 of the AC sensing sessions (52% and 100%, respectively).

Unit Questionnaire Results—Communication with Family

The following statements characterize the responses from the 112 RC and AC unit questionnaires that were completed by commanders/first sergeants.

- RC units reported inadequate number of phones for the number of troops and long waiting lines at certain camps.
- Both RC and AC stated internet and phone service connections were not reliable.
- Both RC and AC soldiers said that commercial calling cards for the AT&T phone banks were expensive.
- RC soldiers at some camps purchased local cell phones.
- One RC unit's soldiers said that AC had greater access to Defense Switch Network (DSN) lines than they did.

Sensing Session Results—Communication with Family

The following statements characterize the responses from the 27 RC and AC sensing sessions.

- Both RC and AC reported inadequate number of phones for the number of troops and long waiting lines at certain camps.
- Both RC and AC soldiers stated DSN connections were unreliable.
- RC soldiers stated using commercial calling cards at phone banks was very expensive.
- One RC unit's soldiers said that they were prohibited from using DSN lines for several months and another unit said AC had greater access to DSN lines than they did.
- Two RC units said that they had to "make friends and make deals with AC soldiers to gain DSN access.
- RC soldiers at some camps purchased local cell phones.

State Adjutants General and Commander, Regional Readiness Commands (RRCs) Questionnaire Results—Communication With Family

Questionnaire results from State Adjutants General and Commanders of USAR Regional Readiness Commands paralleled the comments noted above and are summarized in Appendix C.

Other Evaluation Results

Overview: Army policy gives commanders general guidelines for establishing procedures for soldiers to communicate electronically with their families while deployed in a combat theater. Of course, the maturity of the theater and the security situation impact how quickly these procedures can be established and expanded. During the initial stages of OEF and OIF, the ability to communicate electronically with family members did not meet the expectations of today's soldiers. These expectations were unrealistic in a developing theater with on-going combat operations.

Effective May 2002, Army Regulation (AR) 25-1, "Army Information Management," Chapter 6--Command, Control, Communications, and Computers/Information Technology Support and Services," paragraph 6-1d cites official and authorized uses of telecommunications and computing systems. It states, in part, "the use of DoD and other government telephone systems (including internet) are limited to the conduct of official business or authorized uses." In paragraph 6-1d (5), it states, in part, that "health, morale, and welfare (HMW) communications by military members and DoD employees who are deployed in remote or isolated locations for extended periods of time on official DOD business may be considered official use of telecommunications and computing systems. HMW calls may be made only during non-peak, non-duty hours and should not exceed 5 minutes once per week." The June 2004 revised version of AR 25-1 changes the HMW call limit to 15 minutes. The regulation also states that commanders may authorize calls that exceed this limit and frequency on an exception basis.

AR 25-1 further states that the soldier who wants to make a morale call using government communications assets should go through his/her chain of command in order to schedule such a call.

Combined Forces Land Component Command (CFLCC) Goals: The CFLCC Chief of Policy and Programs (C1) has established a goal in June 2003 to improve the access for soldiers to communicate with their families. The CFLCC goal included phone centers and Internet cafes which are available to both RC and AC soldiers. However, we found that AC units brought

more communication assets, such as unit-owned desk top and lap top computers, then the RC units. Early in OEF and OIF, this most likely made it easier for AC soldiers to communicate with family members than it was for RC soldiers to do so. This may have been attributed to the AC having more deployment experience, funding, and leadership in theater.

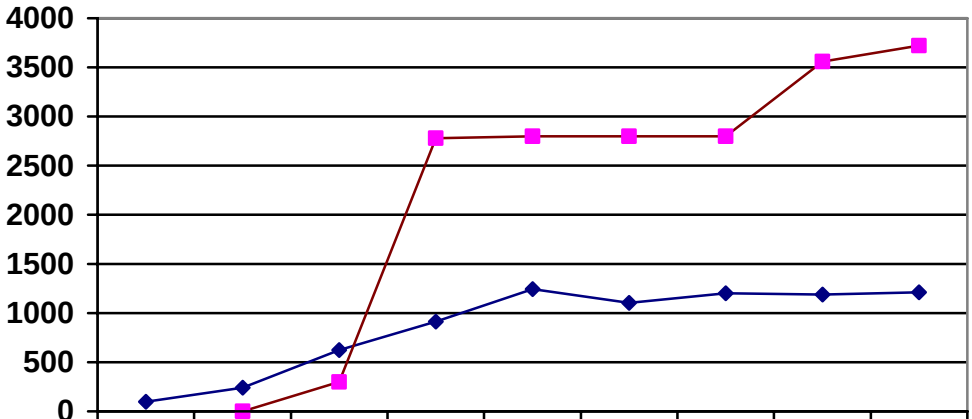
The following are the four primary modes that soldiers in theater used for access to electronic communication with family members:

- Defense Switching Network (DSN)
- MWR phone banks through the Army and Air Force Exchange System (AAFES)
- Internet cafes (provided by the Navy Space and Naval Warfare Systems Command)
- Video teleconference calls

Actions Taken/Proposed

The CLFCC has steadily improved their soldiers' ability to communicate with family members. As an example, the following chart shows the steady progress made in availability of phones and internet (e-mail) in Iraq.

Status of Phones/Computers in Iraq Available for "Communications Home"



	3rd Qtr FY-03	4th Qtr FY-03	1st Qtr FY-04	2nd Qtr FY-	3rd Qtr FY-04	4th Qtr FY-04	1st Qtr FY-05	2nd Qtr	3rd Qtr FY-05
AAFES Phones *	96	240	624	912	1245	1104	1200	1188	1212
Internet Computers **		0	300	2780	2800	2800	2800	3560	3720

*Total for phones does not include Defense Switching Network/Voice over Internet Protocol (DSN/VOIP) phones.

**These computers are in the Internet Cafes—usually 20 computers per Cafe. These numbers do not include internet-capable computers at military work stations.

Conclusions

During the initial stages of OEF and OIF, the ability to communicate electronically with family members did not meet the expectations of today's soldiers. These expectations were unrealistic in a developing theater with on-going combat operations. There is no evidence that this issue impacted the military mission. As the theater matured, the ability to communicate electronically with family members showed steady improvement. The phone centers and Internet cafes that AAFES established were for equal use by both RC and AC soldiers. However, we found that AC units brought more communication assets, such as unit-owned desk top and lap top computers, then the RC units. Early in OEF and OIF, this most likely made it easier for AC soldiers to communicate with family members than for RC soldiers.

Observation

The ability for RC and AC soldiers to communicate with their families showed realistic, steady, and rapid improvement over time, consistent with the security situation at any given location.

Recommendations

None

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Chapter 6—Other Issues--After Action Reports

Standards/Criteria for After Action Reports

AR 11-33, "Army Lessons Learned Program: System Development and Application," October 10, 1989, applies to the active Army, the ARNG and USARC. The guidelines in Appendix B, "The Wartime Army Lessons Learned Program," apply Army-wide to include units committed to any combat deployment. The appendix describes the Center for Army Lessons Learned (CALL) requirement for a sustained effort to collect relevant observations during combat operations. The regulation also requires all major Army commands to implement combat relevant lessons learned. However, the ARNG and USARC are not designated as major Army commands.[12] Although both ARNG and USARC officials agreed with the value of after action reports (AARs), there is uncertainty as to whether the provisions of AR 11-33 apply directly to them.

Results of the Sensing Sessions

Overview: Out of 23 RC sensing sessions, only 2 of the 13 Army National Guard units (15%) and 2 of the 10 US Army Reserve Command units (20%) reported preparing and submitting AARs during or following their deployments. None of the commanders or other officials of those ARNG and USAR units had been instructed to prepare and submit AARs through their chain of command.

Sensing Session Results—After Action Reports

The following statements characterize the responses from the 23 RC sensing sessions.

Self-initiated AARs were written by three company commanders in a National Guard Battalion. The AAR from one of the companies contained 43 issues, recommendations or lessons learned. Major issues are summarized below:

- Lack of transition planning that resulted in friction and disparate treatment of incoming ARNG soldiers by the outgoing AC soldiers that they were replacing.
- No doctrinal mission requirements for which unit members had not been trained or equipped.
- Lack of Title 10 funds or approval process to obtain equipment essential to perform a strategic mission that required civilian clothing.
- Delays and errors in receipt of civilian clothing allowance.
- Lack of process for tracking medically evacuated soldiers and getting them returned to duty.

[12] AR 10-87, "Major Army Commands in the Continental United States," October 30, 1992, does not list either the ARNG or USARC as major Army commands.

- Lack of "…routine dental care while deployed because there were not enough assets to provide dental care for the Reserve Component." (This was a misconception as there were not enough assets to provide routine dental care to early deployed soldiers, AC or RC.)

A USAR bridge construction company was among the first RC units deploying to Kuwait and Iraq in support of OIF from November 2002 to August 2003. The company commander wrote a comprehensive AAR which described:

- Fourteen issues, recommendations or lessons learned concerning USAR procedures, policies and support of deployed units. Those issues included pay, promotion, command structure, unit readiness, as well as supply and equipment problems resulting from non-deployable full-time Active Guard/Reserve (AGR) soldiers.
- Seven issues and recommendations concerning the need for armored HMMWVs, more handheld radios and other equipment authorization needs.
- Sixteen issues and recommendations concerning equipment performance deficiencies.
- Five miscellaneous issues and recommendations concerning the realities of performing their mission as a Multi-Role Bridge Company under hostile conditions, such as the lack of fire arms training during deployment and the use of bridge erection boats to conduct river patrols in Iraq.

Actions Taken/Proposed

The Director, Center for Army Lessons Learned, has clarified, in the pending revision to AR 11-33, that AAR requirements apply to the ARNG and USARC. The final draft of the revised regulation states that AARs received by the Center for Army Lessons Learned from ARNG and USAR units will be used to identify ARNG and USAR-unique issues, as well as general Army-wide issues.

Conclusion

The preponderance of the evidence gathered from RC soldiers and units that participated in our sensing sessions indicates that RC units, both Army National Guard and US Army Reserve, do not routinely participate in the established Army Lessons Learned System, as outlined in AR 11-33.

Observation

When RC units do not actively participate in the Army's established Lessons Learned System, the ability of the Center for Army Lessons Learned to collect, analyze, and disseminate lessons learned during mobilization/demobilization and combat operations is diminished and could lead to recurring mistakes and deficiencies.

Recommendations

1. The Chief, Army Reserve/Commander, U.S. Army Reserve Command should:

a. Establish procedures requiring all US Army Reserve units mobilized and deployed in support of contingency or combat operations to prepare and submit AARs, after returning from deployment, thru their chains of command, to the U.S. Army Reserve Command for consolidation and forwarding to US Army Forces Command and the Center for Army Lessons Learned, in accordance with AR 11-33.

b. Establish a procedure to document and track the status of open action items resulting from recurring issues, recommendations, or lessons learned, as reported in the AARs.

2. The Director, Army National Guard and State Adjutants General should:

a. Establish procedures requiring all Army National Guard units mobilized and deployed in support of contingency or combat operations to prepare and submit AARs, after returning from deployment, thru their chains of command, to the Director, Army National Guard for consolidation and forwarding to the Center for Army Lessons Learned, in accordance with AR 11-33.

b. Establish a procedure to document and track the status of open action items resulting from recurring issues, recommendations, or lessons learned, as reported in the AARs.

Management Comments and Evaluation Response

NGB concurred with the AAR recommendations.

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Appendix A – Methodology

Scope.

The Department of Defense Inspector General initiated this Crystal Focus project to address the concerns of 28 members of Congress, as expressed in their November 6, 2003 letter (See Appendix B). In this letter, they expressed their concerns regarding the treatment, or perceived treatment, of Reserve Component soldiers as "second-class citizens." Accordingly, the evaluation examined mobilization and logistical policies or processes at DoD, the Joint Staff, the headquarters level of the Army, CENTCOM, and appropriate supporting Defense Agencies. The specific focus of the evaluation was to:

1. Assess the adequacy of support to reserve component personnel assigned to CENTCOM while serving in Afghanistan, Iraq, or Kuwait during OEF/OIF. The assessment specifically focused on the adequacy of potable water, Organizational Clothing and Individual Equipment (OCIE), food/food service, medical care, and access to communication with family members.

2. Determine if any disparity existed in support/provision of these commodities/services between reserve and active component units.

3. Document relevant corrective actions completed or planned.

4. Document relevant statutory changes that have been passed into law, as well as relevant legislative bills not yet passed.

Standard.

We performed this evaluation in accordance with the standards established by the President's Council on Integrity and Efficiency in the publication *"Quality Standards for Inspections"*, dated January 2005.

Work Performed.

- Reviewed relevant OSD, Joint Staff, Army, CENTCOM, and Defense Agency policy and guidance governing the five focus areas.
- Reviewed applicable prior coverage audits, evaluations, and inspections from the past 5 years associated with logistical support to the RC.
- Reviewed current draft reports or studies underway that involved or were related to the five focus areas.
- Conducted interviews with senior OSD and Military Department officials.
- Conducted sensing sessions with units that returned from theater. (See Appendix G for a list of organizations visited.)
- Distributed a survey questionnaire to Adjutants General of the 54 US states and territories, 10 Commanders of Reserve Readiness Commands, reserve component unit Commanders and First Sergeants from mobilized units, as well as active component unit

commanders and first sergeants within the Third Infantry Division and 82d Airborne Division. Reviewed and analyzed the questionnaire responses.

- Reviewed current DoD and Army policy and guidance and proposed drafts.

Sensing Sessions/Questionnaires: During the sensing sessions, we spoke with a total of 198 E-1s thru E-4s and 165 E-5s thru E-7s. The participants were asked questions related to the five focus areas. We also surveyed, via questionnaire, State Adjutant Generals, Regional Readiness Commands, and selected deployed unit commanders and first sergeants. Questionnaires were also sent to two active component commands for their views on the support issues.

Analysis: The questionnaires were reviewed and summarized for trends/observations. The purpose was to gather individual soldier perceptions and to determine what information the State Adjutants and Commanders had gathered on these issues, and whether any actions or recommendations for action were being considered. A trend analysis was conducted on answers received from sensing sessions, surveys, and questionnaires. Information was transcribed onto a matrix to depict graphically the preponderance of evidence (See Appendix C). All recommendations were discussed with subject matter experts and appropriate points of contact.

Other Actions: The Crystal Focus team discussed the issues with the National Guard liaison/advisor to CENTCOM. Issues included the concept of operation, benefits and potential of the Joint Monthly Access for Reserve Components (JMARC) Program relative to oversight of RC specific concerns/issues within the area of operation (AOR). The CFLCC battle assessment update briefings were weekly briefings to provide information on the status of logistics for deployed forces. The presentation used "Stop Light" format presentation (red, yellow, green) depicting real-time assessment of key support requirements.

Additionally, the team attended the House Committee on Government Reform hearing on "Transforming the National Guard: Resourcing for Readiness" to determine relevancy to this Crystal Focus evaluation. The hearing provided information on funding initiatives for RC units.

Prior Coverage:

Department of the Army Inspector General (DAIG) Reports: We reviewed the following DAIG Reports:

"Special Inspection of the Processes Used to Provide Body Armor to U.S. and Coalition Forces in OIF and OEF," December 2003--February 2004. This inspection was directed by the Army Vice Chief of Staff. The objectives were:

1. Determine compliance with policies on providing body armor to U.S. forces in OIF and OEF.

2. Determine compliance with policies on providing body armor to coalition forces in OIF and OEF.

The DAIG inspection team identified 13 findings and made recommendations for corrective action.

"Special Inspection of Army Mobilization/Demobilization in Support of Recent and On-going Operations," November 2003—June 2004. This inspection was directed by the Army Vice Chief of Staff. The objectives were:

1. Assess Army mobilization and demobilization policies and procedures and identify systemic issues in execution.

2. Assess mobilization station resources, operations, and efficiency.

3. Assess RC unit processes and preparedness for mobilization and demobilization.

The DAIG inspection team identified 13 findings or observations and made recommendations for corrective action.

3rd Army/Combined Forces Land Component Command (CFLCC) Inspection: During the period of September 10 through October 8, 2003, the 3rd Army/CFLCC Inspector General conducted a Special "Quick Look" Inspection into the equity application of installation services for military and civilian personnel assigned or deployed to the CFLCC and located at camps in Kuwait or Qatar. The inspection was initiated in response to soldiers' perceptions that preferential treatment was being applied in the area of installation type services based on a person's status or component (i.e., deployed (TCS), assigned (PCS), temporary duty (TDY), active or reserve component).

The "quick look" inspection evaluated local policies and standards associated with installation type services provided to soldiers deployed to the CFLCC AOR. The inspection focused on the equity of services provided to assigned and deployed soldiers and civilians (regardless of component or status), soldiers assigned to ARCENT-Kuwait and ARCENT-Qatar, and CFLCC soldiers deployed to Kuwait. The specific services that were evaluated included:

- Medical and Dental Access and Treatment
- Finance Services (service and processing times)
- Housing/Billeting Policies
- Access to MWR Activities (services and equipment)
- DCU and Boot Issue
- Laundry Services (specifically sewing services)
- Availability of Religious Support Activities

This "Quick Look" inspection resulted in recommendations to improve soldier support and to ensure RC and AC equity in Afghanistan, Iraq, and Kuwait.

Government Accountability Office Reports: We reviewed The Government Accountability Office (GAO) reports:

GAO-03-091, "DOD Actions Needed to Improve the Efficiency of Mobilizations for Reserve Forces," August 2003. The GAO recommended that the Secretary of Defense require the Secretary of the Army to develop a standard operating cycle concept to help increase

predictability for its reserve units. DoD concurred with this recommendation and conducted a study to of the AC/RC mix in employing the RC forces.

GAO-03-1004, "Military Personnel, DOD Needs More Data to Address Financial and Health Care Issues Affecting Reservists," September 2003. Surveys were conducted to assess healthcare responses from 47% of RC soldiers. GAO recommended that DoD evaluate the ramifications of extending TRICARE coverage to reservists not on active duty and their family. DoD concurred and efforts were initiated for this extended coverage.

GAO-04-1031, "Military Personnel, DOD Needs to Address Long Term Reserve Force Availability and Related Mobilization and Demobilization Issues," dated November 2004. GAO looked at Pre-and Post-Deployment health assessments for the reserve component.

GAO-05-21, "RESERVE FORCES: Actions Needed to Better Prepare the National Guard for Future Overseas and Domestic Missions," dated November 2004. GAO assessed the extent to which the Guard is (1) adapting to meet warfighting requirements in the post-September 11 security environment and (2) supporting immediate and emerging homeland security needs.

GAO-05-275, "Actions Needed to Improve the Availability of Critical Items during Current and Future Operations," dated April 2005. This report cited shortages of batteries, tires, vehicle track shoes, body armor, Meals, Ready to Eat (MREs), HMMWV (High-Mobility Multipurpose Wheeled Vehicle) with extra armor, and add-on armor kits for HMMWV. Poor in-transit visibility was cited as a problem related to the MRE shortage. GAO recommended the Secretary of Defense "develop and exercise, through a mix of computer simulations and field training, deployable supply receiving and distribution capabilities, including trained personnel and related equipment for implementing improved supply management practices, such as radio frequency identification tags, that provide in-transit visibility of supplies, to ensure they are sufficient and capable of meeting the requirements in operational plans."

GAO-05-660, "RESERVE FORCES: An Integrated Plan Is Needed to Address Army Reserve Personnel and Equipment Shortages," dated July 2005. The report identified the challenges the Army Reserve faces in continuing to support overseas operations and assessed the extent to which the Army and Army Reserve have taken steps to improve the Army Reserve's readiness for future missions.

Coverage In Process:

In August 2004, the GAO initiated a review called "Army Modularity and its Implications for Expeditionary Operations and Transformation." The objectives of this review are to determine: (1) How a modular combat brigade team-based force structure enables the active Army to become a more expeditionary fighting force, and how it is being measured; (2) To what extent modularity will improve the active Army's combat effectiveness across the full spectrum of operations; and (3) The implications of modularity for Army and Joint doctrine organizations, training, personnel, equipment, and transformation plans.

GAO began a new audit in October 2004 reviewing the health status of reservists ordered to active duty in support of Operation Enduring Freedom and Operation Iraqi Freedom, which is a

mandate in sec. 732 of the 2005 National Defense Authorization Act. This report is scheduled to be released in 2005.

Continuing Coverage:

The Army Center for Health Promotion and Preventive Medicine (ACHPPM) provided examples of water point inspections conducted by preventive medicine specialists in the CENTCOM AOR. As of February 2005, ACHPPM officials had received and archived 2,589 DA Forms 5456-R, "Water Point Inspection," and other testing documents. These inspections are required to be conducted quarterly to ensure safe potable water.

DoD Veterinary Services' inspections of operational rations in the CENTCOM AOR were being performed and documented in accordance with DSCP Handbook 4155.2, "Inspection of Composite Operational Rations."

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Appendix B – Congressional Letter

Congress of the United States
Washington, DC 20515

November 6, 2003

The Honorable Joseph E. Schmitz
Inspector General of the Department of Defense
400 Army Navy Drive
Arlington, VA 22202

Dear Inspector General Schmitz:

We are writing in regard to media reports, as well as comments and concerns we have received from families of National Guardsmen and women, about a perceived lack of support for Guard units who are currently deployed internationally in our War on Terrorism and in ongoing operations in Iraq. We urge the Department of Defense Inspector General's office to fully investigate these reports, immediately correct any deficiencies facing the Guard units, and make the Congress aware of those findings so that we may take action to address any matter that requires a statutory change.

We are all extremely proud of the sacrifice being made by these men and women, and their families. Yet, we are increasingly concerned about reports from these Guard forces and their families about inadequate equipment, poor lines of communication with both their families back home and between the Pentagon and the respective State National Guard headquarters, treatment by regular military superiors abroad as "second-class citizens," and a lack of any timetable for their return home.

Specifically, there have been reports in both Iraq and Afghanistan that Guardsmen are not only facing the challenge of fighting a face-less enemy hiding in the shadows, but that they are facing added obstacles such as an inadequate supply of potable water, lack of proper clothing, poor food quality, inferior medical care, and difficult access to communication with their families.

It is imperative for our operations in Iraq, and for our success in the larger War on Terror, that all of our troops, including our National Guard, have high morale. Any treatment, or perceived treatment, of Guard units as "second-class citizens" would have a devastating effect on this morale.

Thank you for addressing these concerns and we look forward to learning the results of your investigation as well as any actions the Department of Defense or Congress should take to resolve any inequities in Guard treatment.

Sincerely,

Darlene Hooley
Member of Congress

Martin Frost
Member of Congress

Appendix B – Congressional Letter (Cont.)

Vic Snyder
Member of Congress

Anibal Acevedo-Vila
Member of Congress

Max Sandlin
Member of Congress

Bob Etheridge
Member of Congress

Ron Kind
Member of Congress

Charlie Stenholm
Member of Congress

Julia Carson
Member of Congress

Peter DeFazio
Member of Congress

Charles Taylor
Member of Congress

James McGovern
Member of Congress

Sander Levin
Member of Congress

Raúl M. Grijalva
Member of Congress

Edolphus Towns
Member of Congress

Marion Berry
Member of Congress

Appendix B – Congressional Letter (Cont.)

Allen Boyd
Member of Congress

Tom Lantos
Member of Congress

Eleanor Holmes Norton
Member of Congress

Donna Christensen
Member of Congress

Eni Faleomavaega
Member of Congress

Gene Taylor
Member of Congress

Bart Stupak
Member of Congress

Sam Farr
Member of Congress

Carolyn Kilpatrick
Member of Congress

David Scott
Member of Congress

James Oberstar
Member of Congress

Louise Slaughter
Member of Congress

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Appendix C – Questionnaire and Sensing Session Results

Summary of RRC Questionnaire "Negative" Responses

	USARC RRC	PERCENTAGE	COMMENTS
DISPARITY BETWEEN RC AND AC	6 of 8	75%	AC had better supplies and equipment. RC had jobs not trained for. Limited access to MWR.
ADEQUATE POTABLE WATER	2 of 8	25%	Poor taste/quality ROWPU water.
PROPER OCIE	4 of 8	50%	OCIE shortages not filled. Only 2 sets of DCUs issued.
FOOD/FOOD SERVICE	1 of 8	13%	Meal cycle MRE-MRE-MRE.
MEDICAL CARE (Includes dental)	3 of 8	38%	Poor dental support. Medical evacuations denied.
ACCESS TO COMM WITH FAMILY	3 of 8	38%	Not enough computers--long wait in line.

Note: We received responses from USARC HQ and 7 of the 12 Regional Readiness Commands (RRCs). **The RRCs answers to the questions resulted from a summary of issues that they had heard from their deployed or returning units.**

RRCs that responded: 63rd, 65th, 70th, 77th, 88th, 94th, 99th.

All RRCs reported that these issues improved over time, resulting in fewer complaints.

Summary of RC/AC Sensing Session "Negative" Responses*

	USAR	ARNG	ACTIVE DUTY	AGGREGATE	PERCENTAGE	MAJORITY OF CONCERN COMMENTS
DISPARITY BETWEEN RC AND AC	2 of 10	8 of 13	0 of 4	10 of 27	37%	Some AC soldiers got more and better food, better medical care, and better access to telephones.
ADEQUATE POTABLE WATER	3of 10	7 of 13	4 of 4	14 of 27	52%	RC & AC: ROWPU water tasted like bleach, too hot to drink, and perceived to have caused diarrhea. In early months, bottled water was rationed--only 2-1.5 liter bottles per man per day.
PROPER OCIE	10 of 10 6 of the 10 received 2 sets of DCUs	13 of 13 9 of the 13 received 2 sets of DCUs	0 of 4	23 of 27 15 of the 23 received 2 sets of DCUs	85% 65%	Many received only 2 sets of DCUs and only 1 pair of desert boots. Some received mixed issue, e.g., summer jacket, winter trousers, or boots and DCUs that didn't fit.
FOOD/FOOD SERVICE	2 of 10	5 of 13	0 of 4	7 of 27	26%	There was an alleged incident of food poisoning. There was poor food quality for guards at the Abu Ghuraib prison and, in some cases, the variety of food was a problem. AC:
MEDICAL CARE (Includes dental)	8 of 10	13 of 13	0 of 4 All 4 said they outran medical support early in OIF	21 of 27	78%	Prisoners had priority over soldiers at Abu Ghuraib. Lack of proper treatment of injury and illness. Some complaints were about lack of dental service.
ACCESS TO COMM WITH FAMILY	7 of 10	13 of 13	4 of 4	24 of 27	89%	DSN was slow and unreliable--you had to wait in line for hours for a 15 minute call once a week. Not enough computers for e-mail and commercial calls were too expensive.

Note: Sensing Sessions were conducted at the RC/AC units' home base with units that had returned from OEF/OIF in 2003/2004.

* The numbers in this chart reflect sensing sessions, not individual participant responses, i.e. 2 of 10 is 2 out of 10 sensing sessions.

Summary of Unit Questionnaire "Negative" Responses—OEF/OIF

	USAR 16 units	ARNG 56 units	**RC 72 units %**	A/C 40 units %	AGGREGATE Total 112 unit	PERCENTAGE Of CONCERNS	MAJORITY OF CONCERN COMMENTS
DISPARITY BETWEEN RC AND AC	7 of 16	13 of 56	**20 of 72 28%**	2 of 40 5%	22 of 112	20%	*RC: Medical/Dental access restricted to AC soldiers. **AC: Logistic Support Areas, BDE, and DIV had better food.
ADEQUATE POTABLE WATER	3 of 16	3 of 56	**6 of 72 8%**	4 of 40 10%	10 of 112	9%	RC & AC: Temperature/bad taste of ROWPU water.
PROPER OCIE	9 of 16 5 of 9 DCU related	26 of 56 ***20 of 26 DCU related	**35 of 72 49%**	9 of 40 23% 4 of 9 DCU related	44 of 112 29 of 112 DCU related	39% 26%	RC: DCU Quantity, sizes and boots, SAPI plates, and Flight Gloves. AC: SAPI plates, and Flight Gloves.
FOOD/FOOD SERVICE	5 of 16	15 of 56	**20 of 72 28%**	8 of 40 20%	28 of 112	25%	RC & AC: Mostly about poor variety.
MEDICAL CARE (Includes dental)	5 of 16	9 of 56	**14 of 72 19%**	4 of 40 10%	18 of 112	16%	AC: No dental cleaning. RC: Could not get a dental appointment.
ACCESS TO COMM WITH FAMILY	11 of 16	20 of 56	**31 of 72 43%**	10 of 40 25%	41 of 112	37%	RC & AC: Not enough phones or computers with internet or phone cards too expensive.

Note: Responses are from a combination of AC/RC units that were deployed or returned from deployment in 2003/2004.

* There was a perception that AC soldiers were afforded routine dental care. However, routine dental care was for soldiers assigned (regardless of RC or AC component) to Kuwait and considered permanent party. It was afforded to other than permanent party (deployed) RC and AC soldiers on a space available basis.

** AC reports of disparity were not "RC versus AC" issues. AC disparity issues generally related to "better food" being available to units (RC or AC) that were located in the Logistic Support Areas (LSAs), Brigade support areas, and Division support areas.

*** Of the 56 ARNG units, the vast majority deployed in 04. DCUs were no longer an issue. Of the 56 ARNG units, there were 20 clothing related comments. Fifteen of the 12 (75%) clothing comments addressed quantity and size of desert boots.

Summary of TAG Questionnaire "Negative" Responses

	ARNG	PERCENTAGE	*MAJORITY OF COMMENTS
DISPARITY BETWEEN RC AND AC	17 of 28	61%	AC had better equipment. Dental afforded to AC only. AC HQ would not assist on RC problems-- "too difficult." RC slighted on awards.
ADEQUATE POTABLE WATER	7 of 28	25%	Taste of ROWPU water. Not enough tankers to haul water. Limited cool water. Not enough bottled water.
PROPER OCIE	22 of 28	79%	Only 2 sets of DCUs. No "off" size boots. Not enough SAPI. No goggles for use during sand storms.
FOOD/FOOD SERVICE	8 of 28	29%	Poor quality, repetitive meals. Initially, only food available was UGR-A & MRE.
MEDICAL CARE (Includes dental)	11 of 28	39%	Routine dental nonexistent. No physical given at the mob and demobilization. Shortage of doctors.
ACCESS TO COMM WITH FAMILY	17 of 28	61%	Limited computer use, poor internet connection/limited number of phones. Expensive charges on phone cards.

Note: Questionnaires were sent to the 54 State Adjutant Generals (TAGs). We received responses from 28 TAGs, who polled their units that deployed to OEF/OIF.

The TAGs answers to the questions resulted from a summary of issues that they had heard from their deployed or returning units.

States that responded: AR, AZ, CO, CT, FL, HI, IA, IL, IN, KS, KY, MA, MI, MN, MS, MO, MT, NE, ND, NJ, NV, PR, RI, SD, UT, VA, VI, WI,

* In most cases, respondents commented that conditions in-theater improved over time. In some cases, there was a perception of disparity due to poor coordination or a lack of information, i.e. the dental policy. Routine care was only available for permanent party soldiers and the majority of permanent party soldiers were AC. There was no routine dental care available for other than permanent party (deployed) soldiers—RC or AC.

All TAGs reported that these issues improved over time, resulting in fewer complaints.

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Appendix D –Department of Defense (DoD) Comments

ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1500

JUN 30 2005

RESERVE AFFAIRS

MEMORANDUM FOR INSPECTOR GENERAL DEPARTMENT OF DEFENSE

SUBJECT: OASD/RA Comments on the Report on the Evaluation of Support to Mobilized Army National Guard and U.S. Army Reserve Units (Project No. D2004-DIPOE1-0127)

I have reviewed the draft report for Project No. D2004-DIPOE1-0127, and attached recommendations for changes. Thank you for this opportunity to review the draft document.

My POC is CDR Ken Bozick, (703)693-7498, ken.bozick@osd.mil

T.F. Hall

T. F. Hall

Attachment:
As stated

Appendix D – DoD Comments (Cont.)

OASD Reserve Affairs Comments

Pertinent Comments

1. **Reference:** Pages 1 and 2.

Statement: *"During the period before OEF and OIF, the Army deployment process relied on Operation Plans (OPLANs) that used the Time-Phased Force and Deployment Data (TPFDD) and the Department of Army master Priority List (DAMPL)..."*

"However, for OIF, the TPFDD was not closely followed because of unique or unanticipated operational requirements. Therefore, some unit mobilizations did not conform to this OPLAN design. Lower tiered units were mobilized and deployed and were less prepared than units higher on the TPFDD and the DAMPL. Some reserve component units that were not 100 percent equipped and ready were deployed at the initial buildup and hostilities stages of the OEF and OIF."

Comment: We have not received any information that supports the assertion that units were deployed "un-ready." The training and equipping (resourcing) of units was and is addressed by the respective Service prior to the unit or individual deploying to theater.

2. **Reference:** Page iv.

Comment: Page iv states that all deploying units were issued four sets of DCUs and two pairs of desert boots by November 2003. The report indicates that Operation Enduring Freedom (OEF) began in October 2001, and Operation Iraqi Freedom (OIF) in March of 2003. Stating that *"the transformation process to better integrate the AC and RC forces was ongoing"*, and *"the optimum mix had not been achieved"*, and *"transitioning from Cold War posture to a force more appropriate for global war on terrorism scenarios"* does not adequately explain the lack of basic issue equipment for 25 and 8 months for OEF and OIF respectfully.

Recommendation: Recommend clearly stating the problem and making the appropriate recommendations. Additional resources and more surge capability in the production system are required.

3. **Reference:** Page vi.

Comment: Page iv recommends that Reserve Chiefs ensure Reserve Component soldiers understand the concept of *"in lieu of equipment"* and *"disparity by design"* associated with tiered readiness. This does not support the Total Force and One Army concept. Soldiers should be told that the Army is committed to fully equip all deploying units, either thru cross-leveling, new equipment fieldings or *"stay behind"* equipment. Soldiers should also be made aware that the Army is moving to the Army Force Generation Model (ARFORGEN). Under the ARFORGEN model, resources are no longer tied to tiered

readiness; all Army units in the window for mobilization are fully equipped regardless of whether the unit is AC or RC.

4. Reference: Page 32.

Comment: Page 32 discusses medical and dental care once the soldiers entered the theater of operations. The report fails to address the availability of medical and dental services during the mobilization and demobilization process. There is also a lack of discussion regarding care for Reserve component dependents during mobilization.

5. Reference: Page 74, Appendix J (Other Issues)

Comment: Page 74 Appendix J (Other Issues) mentions several key problem areas that likely created the "perceptions" of disparity referred to early in the IG report. Some of these items could be considered as significant factors warranting more in depth analysis, i.e. pay problems, personnel policies and equipment shortages.

Administrative Comments

1. Reference: Page iii.

Comment: Page iii the "Disparity Graph" inaccurately displays the percentage of Adjutant Generals surveyed. The correct percentage of Adjutants Generals surveyed (17 of 28) would equate to 61% with concerns opposed to the 39% indicated.

Appendix D –DoD Comments (Cont.)

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

HEALTH AFFAIRS

JUN 3 0 2005

MEMORNADUM FOR INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE
ASSISTANT INSPECTOR GENERAL FOR INSPECTIONS & EVALUATIONS

SUBJECT: Report on the Evaluation of Support to Mobilized Army National Guard and U.S. Army Reserve Units (Project No. D2004-DIPOE1-0127)

Thank you for the opportunity to review and provide comments on the Draft Report, "Evaluation of Support to Mobilized Army National Guard and U.S. Army Reserve Units (Project No. D2004-DIPOE1-0127)."

I concur with the overall findings and conclusions contained in this report. However, as it pertains to the medical care afforded to Active and Reserve Component soldiers supporting Operation Enduring Freedom and Operation Iraqi Freedom, there are a few points that require clarification.

Observation number 1 on page 38 of the report states that DoD Directive 6490.2 "...does not require the Army to collect, store, and analyze that data, as it does with DoD deployment occupational and environmental health surveillance data and reports." In fact, DoDD 6490.2 does require that the Army collect, store and analyze medical surveillance data. There may be some confusion regarding medical surveillance data as opposed to occupational and environmental surveillance data.

Occupational and environmental health surveillance and medical surveillance are elements of Health Surveillance, which is defined as the "regular or repeated collection, analysis, and interpretation of health-related data and the dissemination of information to monitor the health of a population and to identify potential risks to health, thereby enabling timely interventions to prevent, treat, or control disease and injury." The Army is the DoD executive agent for the Defense Medical Surveillance System (DMSS), an executive information system whose database contains up-to-date and historical data on diseases and medical events (e.g., hospitalizations, ambulatory visits, reportable diseases, HIV tests, acute respiratory diseases, and health risk appraisals) and longitudinal data on personnel and deployments. The Army operates the DMSS through the Army Medical Surveillance Activity (AMSA). Additionally, AMSA routinely publishes summaries of notifiable diseases, trends of illnesses of special surveillance interest and field reports

describing outbreaks and case occurrences in the *Medical Surveillance Monthly Report* (MSMR), the principal vehicle for disseminating medical surveillance information of broad interest. Through DMSS, AMSA provides the sole link between the DoD Serum Repository and other databases.

As a directive, DoDD 6490.2 does not contain highly specific details about the various components of comprehensive medical surveillance. Specific details about data collection and analysis are contained in DoDI 6490.3 and JCS memo MCM-00006-02 (dated 1 February 2002). However, in response to Recommendation #1, on page 39, DoDI 6490.3 is currently under revision for changes in the area of occupational and environmental surveillance.

Observation numbers 2 and 3 on page 38 address clinical quality of care and/or effectiveness/efficiency of in-theater health care during combat operations, neither of which have been part of any of the publications mentioned above. However, health care providers are always responsible as individual practitioners. They train to standards like JCAHO in non-combat environments following Medical Quality Assurance (MQA) programs and activities established by DoD Directive 6025.13, "Medical Quality Assurance (MQA) in the Military Health System (MHS)," and DoD 6025.13-R, "Military Health System (MHS) Clinical Quality Assurance (CQA) Program Regulation," and apply these clinical standards of care in time of war, though resource limitations and operational imperatives may well require compromises. While certain aspects of QA infrastructure do deploy (e.g., infection control community, safety, etc.), the emphasis has been on capacity and prompt evaluation, stabilization, treatment, and evacuation out of the theater to large facilities where established QA standards are applied.

As you quite correctly state in the Evaluation Methodology portion of the report, war fighting is "fluid, dynamic, and rife with uncertainty and risk." Health Affairs continually exercises flexibility and good judgment to accommodate ever evolving and changing contingencies to provide the best possible health care system to members of the U.S. military.

My points of contact on this audit are Colonel Ray Cunningham (Functional) at (703) 578-8445 and Mr. Gunther Zimmerman (Audit Liaison) at (703) 681-3492.

For Stephen L. Jones
William Winkenwerder, Jr., MD

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Appendix E - Army/U.S. Army Reserve Command (USARC) Comments

DEPARTMENT OF THE ARMY
OFFICE OF THE INSPECTOR GENERAL
1700 ARMY PENTAGON
WASHINGTON DC 20310-1700

REPLY TO
ATTENTION OF

SAIG-Z 24 June 2005

MEMORANDUM FOR DEPARTMENT OF DEFENCSE INSPECTOR GENERAL, ATTN: ASSISTANT INSPECTOR GENERAL FOR INSPECTIONS AND EVALUATIONS, 400 ARMY NAVY DRIVE, ARLINGTON, VIRGINIA 22202-4704

SUBJECT: Evaluation of Support to Mobilized Army National Guard and United States Army Reserve Units

1. I reviewed for The Inspector General the DoD Inspection Report Subject: Evaluation of Support to Mobilized Army National Guard and U.S. Army Reserve Units (UNCLASSIFIED). IAW DA Memo 25-52 I provide the response of "noted with comments." Comments are attached.

2. The Point of Contact is LTC Robert Nelson, (703) 693-7848 or SFC Dennis (703) 695-1507.

Encl (as)

KEITH C. BLOWE
COL, IG
Executive Officer

Appendix E - USARC Comments (Cont.)

The following comments are provided by The Inspector General: (Additional comments from the USARC IG who also responds "noted with comments," are included below.)

The Inspector General has reviewed the draft Department of Defense Inspector General report "Evaluation of Support Provided to Mobilized Army National Guard and U.S. Army Reserve Units", dated May 2005. TIG notes the report and provides the following comments:

- The report properly highlights the difficulties of mobilizing Reserve Component forces according to Requests for Forces as opposed to an Operations Plan with its associated Time Phased Force Deployment Data (TPFDD). These difficulties are also reflected in SAIG's report "Mobilization and Demobilization in Support of Recent and Ongoing Operations."

- Given that the report highlights the "tiered readiness" practice, it would be helpful to readers to also know how the Army has changed to the AC/RC Force Generation Model where units progress through levels of increasing readiness toward potential deployments.

- The report properly highlights the influence of perception (and misperception) and the important role a clear command information program plays in precluding misperceptions of unequal treatment. This was also highlighted in SAIG's report "Mobilization and Demobilization in Support of Recent and Ongoing Operations."

- The report properly highlights consistent improvements made as the theater has matured and how expectations and the realities of the theater do not always coincide.

Point of Contact is COL Michael A. Rhoden, COL, IG,(703) 601-1188 (DSN 329)

Additional Comments from The United States Army Reserve Inspector General include:

Recommendation 3: "Reserve Readiness Commands and State Adjutants General must assess the Organizational Clothing and Individual Equipment (OCIE) readiness within their subordinate units and ensure that shortages are requisitioned, in accordance with Army Regulations, prior to mobilization. They must ensure that RC Soldiers take their OCIE with them to mobilization stations."

USARC Comments: FORSCOM Regulation700-2, Logistics Standing Instruction, instruct RC units to minimize stockage list of OCIE to training requirements only. There is no mandatory stockage authorized list of OCIE for RC units. Also, IAW CTA 50-900, most Army Reserve Central Issue Facilities (CIF) at the mobilization stations have the staff, expertise and mission to provide the OCIE necessary to support a unit deployment to a designated geographic region or climatic zone. OCIE requirements vary by deployment region/zone and RC units generally do not know before mobilization what the deployment site is, therefore the actual list of requirements is not known. The Army

Reserve Command published mandatory OCIE stockage list of items common to all zones, to ensure all units had a baseline stockage of OCIE.

The CIFs at some mobilization stations actually refused to provide OCIE to Army Reserve units stating the equipment must be provided by the Army Reserve.

As stated in the recommendations, RC soldiers must understand the concepts of "in-lieu-of" equipment and "disparity by design". These very concepts support a practice of issuing equipment as needed, when needed, by a Central Issue Facility. The report recognizes that RC forces are inadequately funded, therefore, the most efficient management of resources would be to consolidate and issue OCIE **as needed** by the mobilization station CIF. It is not fiscally prudent to fill warehouses and pay storage costs for OCIE not used for training, when the mobilization stations already operate a CIF.

Other issues arise when RC requisitions for OCIE/DCUs are competing for priority with AC and Mobilization Station CIF requisitions. The RC has lower priority and even if funds are available, they may not be able to get the equipment.

Also, units were required to deploy with only sterile DODAACs. So any equipment requisitioned by the units could only be shipped to the home station. Any equipment received after mobilization would have to be receipted at home station and then shipped to the unit at the mobilization station. Since C2 of mobilized RC units has transferred to the AC, once the units deploy, the Army Reserve often does not have visibility of unit locations. Therefore, any follow-on equipment shipped to the unit is never received. If the DODAACS were used IAW AR 725-50, equipment requisitioned would directly shipped to the unit.

Recommendation 4: "Army G-1 in coordination with Army G-4, must update the Army Personnel Policy Guidance to clarify the responsibilities for purchasing and requisitioning OCIE shortages at the mobilization stations."

USARC Comments: The Army PPG should emphasize the use and economy of effort to be realized by centralizing the stockage and issue of OCIE at the Mobilization Station CIFs, similar to the concept of central storage and "As Needed" procurement and distribution of Individual Chemical Defense Equipment. The Army Reserve is not resourced to stock all OCIE for all possible deployments to all locations or climatic zones. This would not include procurement and storage costs for complete sets of Hot Weather clothing, Cold Weather clothing, etc for every soldier, which would far exceed the costs to provide the equipment at the CIF. The Army Reserve only needs to stock minimal COIE as needed, recover it upon redeployment and reissue to the next deploying units.

Point of Contact for the USARC IG response is COL Beverly J. Ertman, COL, IG, USARC Inspector General (404) 464-8820.

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Appendix F - Army National Guard (ARNG) Comments

DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU
1411 JEFFERSON DAVIS HIGHWAY
ARLINGTON, VA 22202-3231

NGB-ZC-IR 7 July 2005

MEMORANDUM FOR Inspector General, Department of Defense, Inspections and Policy, ATTN: LT COL Linda Daniels, 400 Army Navy Drive, Arlington, VA 22202-4704

SUBJECT: DODIG Draft Report: Evaluation of Support to Mobilized ARNG and U.S. Army Reserve Units (Project No. D2004-DIPOE1-0127)

1. As required, the DODIG Draft Evaluation Report has been reviewed by all Directorates concerned and the National Guard Bureau's response is attached.

2. As noted in the report the National Guard Bureau's Inspector General participated in the sensing sessions for the background information for this evaluation report. Chapter Six, Other Issues – After Action reports was not part of the original Congressional request for review. The National Guard recognizes this is a valuable additional requirement for knowledge as a part of the total Army extended position of involvement in the OIF and OEF.

3. Points of contact for this response are; COL Blaine Coffey, Director, NGB-J1-PR, 703-607-5455, DSN 327-5455, MAJ Michael Patterson, NGB-IG, 703-607-2486, DSN 327-2486, Patricia Condon, NGB-ARNG, 703-607-7704, DSN 327-7704 and Patricia Gallop, NGB-IR, 703-607-0180, DSN 327-0180.

Encl
as

RONALD G. YOUNG
Major General, USA
Acting Director, Joint Staff
National Guard Bureau

Appendix F - ARNG Comments (Cont.)

NATIONAL GUARD BUREAU
COMMAND REPLY

DODIG Draft Report
Evaluation of Support to Mobilized ARNG and US Army Reserve Units (Project No. D2004-DIPOE1-0127

1. The National Guard Bureau would like to make it a matter of record that based on information received regarding the procedures that were used to conduct this audit (primarily sensing sessions and interviews with soldiers upon their return from deployments versus actually going into Theater to conduct interviews and observe the OIF/OIE operations) clearly left room for open interpretation of the results of this audit.

2. **DODIG Recommendations and Command Reply: Chapter 2 Recommendation 2. – Organizational Clothing and Individual Equipment**:

Recommendation: Reserve Readiness Commands and State Adjutants General must assess the Organization Clothing and Individual Equipment (OCIE) readiness within their subordinate units and ensure that shortages are requisitioned, in accordance with Army regulations, prior to mobilization. They must also ensure that RC soldiers take their OICE with them to mobilization stations.

Command Reply: NGB Non-concurs. Based on recent visits while in Theater, NGB non-concurs with the recommendation and statement on Page iv, "Army Logistic's reports indicate all deploying units were issued four sets of DCUs and two pair of desert boots by November 2003." This is misinformation. While major commands were fielded the appropriate quantities of DCUs and boots, divisions are not doctrinally required to support non-divisional units. Although the non-divisional units were in divisional areas of responsibility, the commands were not inclined to support them. While adequate numbers of uniforms were available in theater, the distribution was not even. As most non-divisional units are ARNG and USAR, those units predominantly were without the DCUs and boots. Additionally, issue is taken with the inference (page i) that "tiered readiness" is acceptable. When units are required to perform the same mission, the soldiers require the best resourcing available, regardless of component or service.

DODIG Recommendations and Command Reply: Chapter 6 Recommendation 2. - a. and b. – Other Issues—After Action Reports:

Recommendation: The Director, Army National Guard and State Adjutants General must:

a. Establishing procedures requiring all Army National Guard units mobilized and deployed in support of contingency or combat operations to prepare and submit AARs, after returning from deployment, thru their chains of command, to the Director, Army National Guard for consolidation and forwarding to the Center for Army Lessons Learned, in accordance with AR 11-33.

b. Establish a procedure to document and track the status of open action items resulting from recurring issues, recommendation, or lessons learned reported in the AARs.

Appendix F - ARNG Comments (Cont.)

Command Reply: NGB Concurs: The ARNG concurs with the DODIG recommendation that a formal process be established by the Director Army National Guard, that ARNG units mobilized and deployed in support of contingency or combat operations prepare and submit After Action Reviews (AARs). The procedures will include but not limited to submitting AARs after returning from deployment, through their chain of command, to the Director Army National Guard for consolidation and forwarding to the Center for Army Lessons Learned (CALL) IAW the provisions outlined in Army Regulation (AR) 11-33. The ARNG will draft an All-States policy memorandum to the respective states and territories by 20 July 2005, outlining the procedures and requirements for submission of the AAR products.

3. **Additional Comments.**

A. Responses to other areas of the DODIG Draft Audit Report.

(1) The Evaluation of Support Provided to Mobilized Army National Guard and U.S. Army Reserve Units was conducted in response to a November, 6 2003 letter from Congress. In the November 6 letter, members of Congress expressed concern that the Citizen Soldiers in their constituency were treated, or perceived being treated, as "second-class citizens." The concept of tiered readiness was to manage limited resources and created units that were funded to maintain a level of readiness below what is required to deploy. Under tiered readiness, units that were scheduled to deploy later in the operation would have time to receive equipment and train to meet deployable standards. This did not always occur in OIF. Units were mobilized as needed regardless of their placement in the tiered readiness system and sometimes did not deploy with all of the equipment they should have had. Some of the problems identified in the November 6 letter were caused by the tiered readiness plan

(2) The NGB-IG recommends that the Evaluation of Support Provided to the Mobilized Army National Guard and the U.S. Army Reserve Units include statements from The Army Campaign Plan (ACP) that explains the current direction of the Army.

(3) The RC leadership does not need to ensure that all RC soldiers understand the tiered readiness system which includes "in lieu of" and "disparity by design." The 12 April 2004 ACP provides direction for preparing the Army to create and sustain a campaign-capable joint and expenditionary Army.

(4) Recommend that the DODIG Evaluation incorporate the elements of the ACP that address the modernization of the RC forces through transformation and modernization. Actions such as the Rapid Fielding Initiative (RFI) have greatly improved the Army's ability to equip soldiers with the most modern equipment in a timely manner.

B. **Chapter 4 – Medical Care.**

Appendix F - ARNG Comments (Cont.)

(1) Table 4 – Standard Criteria for Army Medical Care indicates that Army Medical Command (MEDCOM) Regulation 40-40, Medical/Dental Support to Annual Training, October 8, 1999, was used as a planning reference for medical operations in theater. It is unclear why this regulation would be used for medical support in theater. This is a MACOM regulation and addresses brick and mortar support for RC training while in an Annual Training status. The requirements and benefits for AT are different from what is required in a contingency operation when RC and AC require, and are entitled to, the exact same care.

(2). Sensing Sessions Results (Medical Care) –

(a. **DODIG Draft Audit Report states** "Soldiers in 4 of the 23 RC unit sensing sessions (17%) and 0 in 4 AC sensing sessions had negative comments about dental care. RC soldiers are required to have an annual dental examination to ensure dental fitness. The mobilization station reviews the RC soldier's dental records and conducts an additional examination, if deemed necessary. If the RC soldier has dental problems that are sufficient to make him/her non-deployable and these dental problems cannot be corrected in 25 days the RC soldier is released from active duty and sent home."
ARNG Comment: While 25 days is the cutoff for medical conditions, and while soldiers with dental conditions MAY be released within 25 days, the DENTCOM policy has allowed those with a good prognosis for being able to be restored to a Class 2 status prior to deployment to be retained. This is because most dental conditions can be readily restored prior to deployment

(b. **DODIG Draft Audit Report states** "One RC unit said that they received a 90-day supply of daily use medication (e.g., high blood pressure) while the AC got 180-day supply. (RC and AC soldiers were to have a 180-day supply of chronic condition medications as they deployed into the CENTCOM AOR. RC soldiers were supposed to arrive at the mobilization stations with a 90-day supply of those medications already in their possession. They would then be issued an additional 90-day supply to meet the 180-day requirement."

(c. The current Personnel Policy Guidance (PPG) says that while the RC soldier SHOULD arrive at the mob station with 90 days of meds, they will be issued up to 180-day supply if they did not.

(d. **DODIG Draft Audit Report states:** "In 2 of the sessions, RC soldiers reported a shortage of medical supplies and equipment. They also reported being told by MTF personnel that they would receive medical treatment in the U.S. during demobilization or by the Veterans Administration upon return to home station. We received reports that, in some instances, the soldiers were silent regarding their medical problems so as not to delay return to their home. After returning to their home unit in the U.S., the soldiers then began to raise the medical injury/illness concern."

ARNG Comment: This is true. Soldiers have routinely been prematurely refraded when they still require health care. This has been found to be for many reasons; ambiguous policy as to who should be retained, soldiers withholding information in order to go home, perceived pressure on the mob stations to reduce the numbers of medical holdover, bias on the part of the decision makers, unrealistic expectations on the part of the soldiers, etc. As a result,

the Army has informally implemented the Medical Retention 2 program (MRP2) as we await the formal policy to come out of DA G1. This program allows RC soldiers who still require health care as a result of a contingency related illness or injury to appeal to go back to an MRP status.

(e. Army Medical Planning – Army sources state that Army Regulation 40-40 was used as a planning document for the medical efforts in Operation Iraqi Freedom. Medical support during OIF complied with AR 40-40. In your initial references you used MEDCOM Reg 40-40 versus AR 40-40. A review of Army regulations reveals that there is currently no AR 40-40.

C. **Chapter 5 – Ability to Communicate with Family Members:**

In regard to hard wire land line telephone access, this is controlled by the Combined Forces Land Components Command (CFLCC) and cannot be further influenced. However, availability has improved. Telephone Card availability has also improved through charitable donations coordinated by family Readiness Group Volunteers and Non-Profit Organizations. In addition, Video Streaming utilizing Vidi-Talk has been provided to many states and territories which provides the capability to encrypt video vignettes that a soldier or family can view at the convenience. Internet Café access has been expanded by Army Community Services to an adequate level. Increased DTTP Vido-Teleconference capabilities are also more readily available than when the report was prepared. The Theatre has strived to ensure parity between what the AC and RC has available to them since we are one force.

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Appendix G – Organizations Visited

Under Secretary Of Defense for Personnel and Readiness
Assistant Secretary of Defense (Reserve Affairs)
Assistant Secretary of Defense Health Affairs
Office Chief of Joint Chiefs of Staff
Combatant Commander U.S. Central Command
Deputy Chief of Staff for Logistics
Chief, Army Reserve
Commander, US Army Reserve Command
Commander Army Material Command
Director, Defense Logistics Agency
Director, Defense Personnel Support Center
Chief, National Guard Bureau
Director Army National Guard
Inspector General, Department of the Army
Inspector General, US Army Reserve Command
Inspector General, National Guard Bureau
Commander, Defense Supply Center Philadelphia

Units visited:

229th Military Police Co. (ARNG)
299th EN Co (USAR) Ft Belvoir VA
464th Transportation Co. (USAR) Ft Belvoir VA
1st BN 124th IN (ARNG) Miami FL
1 BN 152nd IN (ARNG) Martinsville IN
1st BN 293rd IN (ARNG) Ft Wayne, IN
221st MI BN (ARNG) Atlanta, GA
656th Trans Co (USAR) Springfield OH
705th Trans Co (USAR) Dayton OH
B Co 52nd EN BN (ARNG) Albany OR
1042nd Medical Aviation Co (ARNG) Salem OR
751st QM Co (USAR) Mesa AZ
348th Trans Co (USAR) Phoenix AZ
3/7th Calvary 3ID (USA) Ft Stewart GA
Selected units visited by CFLCC/3d Army IG in Iraq and Afghanistan

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Appendix H – Questionnaires

Questions for U.S. Army Reserve Forces Command (USARC) Regional Readiness Commands (RRCs)

Unit Information

1. Which theater in the CENTCOM Area of operations did your unit deploy to--Iraq/Kuwait or Afghanistan?

2. How did you maintain contact with those deployed units?

3. Overall, were there any complaints about your deployed soldiers being treated as "second class citizens" by active duty superiors? If yes, explain the nature and timeframe of disparate treatment?

4. Did your deployed units complain about the availability of potable water? If yes, explain the nature of the complaint.

5. Did your deployed units complain about lack of or problems with Organization Clothing and Individual Equipment (OCIE)?

6. Did your deployed units complain about the quality of the food or food service in their Camp/Base/FOB? If yes, explain the nature and timeframe of the complaints.

7. Did your deployed units complain about access to medical care while in their Camp/Base/FOB? If yes, explain the nature and timeframe of the complaints.

8. Did your deployed units complain about the overall quality of medical care provided? Are you aware of instances where deployed soldiers had medical conditions that went untreated while they were deployed? If yes, explain the nature and timeframe of the complaints.

9. Did your deployed units complain about access to telephone or internet communications for contact with family members? If yes, explain the nature and timeframe of the complaints.

10. Did your deployed units complain about the frequency of access to communications for contact with family members? If yes, explain the nature of the complaints.

11. Was it necessary for your command to take corrective action from CONUS to fix any problems for your deployed units concerning second-class treatment or problems related to the five focus areas listed? If yes, explain the nature of the action taken

12. What were the three most common complaints you received from your deployed units?

13. In those cases where complaints were received, was there any validation provided regarding the accuracy of the concerns?

14. In those areas where complaints were expressed, was the nature of the concern exclusive to Reserve Component soldiers?

15. Have you seen improvements made in those areas where complaints have previously been expressed?

16. Are there any statutory changes that could be incorporated to make Reserve Component deployments more effective?

17. Is there anything mentioned above that you think needs to be further reviewed by the Department of Defense, Inspector General or the USARC, Inspector General?
Point of contact for this questionnaire is Dave Leising, at (703) 604-9121 or e-mail at dleising@dodig.osd.mil or Maj Thomas L. Burton, Jr. (703) 604-8957 or e-mail at tburton@dodig.osd.mil.

Your assistance in this matter is appreciated.

Name Office/Position Phone E-mail

Questions for Deployed Unit Commanders or First Sergeants (Unit Questionnaires)

Date:_____

UNIT INFORMATION

1. Using the index below, provide details on the deployment of units under your command.

a. Your unit name, deployed organizational reporting chain:

b. Your CONUS organizational reporting chain.

c. Primary deployed camp, base, or FOB name and location in Afghanistan or Kuwait/Iraq where your unit soldiers live, eat, and work:

d. Other camps, bases or FOBs where your soldiers sometimes live, eat, and work, if any:

e. Month/year of arrival in Afghanistan or Kuwait/Iraq and month of planned departure.

f. Names and CONUS locations of Army National Guard and/or US Army Reserve (RC) units that are assigned to your organization:

g. Names and CONUS locations of any Army National Guard and/or US Army Reserve (RC) units, not assigned to your organization, with which you are living, eating, and/or working:

2. Your name, rank, title, e-mail address, and phone number:

General Questions:

Are you aware of any complaints or problems concerning second-class treatment of RC soldiers by their active duty counterparts? If yes, state whether you believe the complaints or problems to be accurate, provide details on the incident(s), the cause or causes, approximate dates, and location.

Specific Quality Of Life Questions:

Water-

1. What are the approved sources for drinking water at the location(s) where you and your soldiers live and work; e.g., reverse osmosis water purification unit (ROWPU), water buffalo, bottled water, and how do you rate the quality of each?

2. Has sufficient bottled or other drinkable water been readily available to you? If not, can you explain why and whether the situation is getting better or worse?

3. Have you, your soldiers, or anyone you know gotten sick from drinking ROWPU purified water? If yes, can you provide examples, approximate dates, location, and whether the situation is getting better or worse?

4. Are the AC and RC soldiers at your deployed location(s) (AO) getting the same types and quantity of water?

Clothing and Individual Equipment

1. Which uniform and theater-specific equipment items, such as desert camouflage uniforms (DCUs), desert boots, Interceptor body armor (IBA) vests and small arms protective inserts (SAPI), if any, did your soldiers not receive?
   a. At home station?

   b. At mobilization station or staging base?

2. Which missing items, if any, were provided to your soldiers at your mobilization station or staging base?

3. Which missing items, if any, have been provided to your soldiers at your deployment location and which items, if any, do you still not have?

4. How long did it take for you get the missing items?

5. Has uniform or equipment shortages affected your soldiers' ability to accomplish their mission? If yes, provide example(s) and whether the situation is getting better or worse.

6. Did AC and RC soldiers in your AO have different problems with clothing and personal equipment shortages? If yes, can you provide examples, approximate dates, location, and say whether the situation is getting better or worse.

Food Service and Food Quality

1. What types of food service is available to you and your unit; e.g., contractor-staffed dining facility (DFAC), military-staffed DFAC, mobile kitchen, MREs, other? Please list the answers for each camp, base or FOB where the soldiers being interviewed regularly eat.

2. What is/are the ration cycle/cycles where you eat; e.g., hot breakfast, cold food or MREs at lunch, and hot dinner?

3. On a scale of 1 to 10, how is the quality of food service where you eat and is the quality getting better or worse?

4. On a scale of 1 to 10, how would you rate the quality, quantity, and variety of the food and is it getting better or worse?

5. If you feel food service or food quality or quantity is not satisfactory, what would you recommend?

6. Do AC and RC soldiers in your AO eat the same ration cycle as you and your unit? If no, can you provide examples, approximate dates, location, and whether the situation is getting better or worse?

Medical Care

1. What are the levels of medical services/dental services that are available to you (organic to the unit, TMC, hospital)?

2. Have you ever had or do you personally know anyone who had a problem getting medical care? If yes, can you provide examples, approximate dates, location, and whether the situation is getting better or worse?

3. Are there any medical problems that you have not received treatment for? If yes, can you provide examples, approximate dates, location, and whether the situation is getting better or worse?

4. Do AC and RC soldiers in your AO have the same procedures for medical care? If no, can you provide examples, approximate dates, location, and whether the situation is getting better or worse?

Communications

1. What communications are available for your soldiers to contact their family; e.g., pay phones, cell phones, free DSN lines, internet?

2. Who are the commercial companies providing these services?

3. Do you have adequate access to internet and telephones to maintain contact with your family? If no, explain circumstances and whether the situation is getting better or worse.

4. Do RC and AC soldiers in your AO have the same access to internet and telephones for personal use?

Optional Questions:

1. What are the most frequent Quality of Life-related (QOL) complaints or problems for you and your soldiers?

2. Which QOL complaints or problems are local to your camp, base, or FOB, and what corrective action has been taken or in the process of being taken.

3. Were/are the causes of the QOL complaints or problems corrected, or in the process of being corrected at the camp, base or FOB level? If yes, explain the nature of the complaints/problems?

4. Have any QOL complaints or problems been reported up your chain of command for corrective action, and has the problem been corrected or in the process of being corrected? If yes, explain the nature of the complaints/problems?

5. Have any QOL complaints or problems been reported to IG officials in your AO and, if so, do you know the status of those reports?

6. Are your soldiers aware that they may also report specific problems or concerns directly to the DoD Inspector General Hotline at 1-800-424-9098 (CONUS), or by e-mail at hotline@dodig.osd.mil, or by U.S. mail at Defense Hotline, The Pentagon, Washington D.C. 20301-1900? (Anonymity, if they feel that is necessary.)

7. Point of contact for this questionnaire is Dave Leising, at (703) 604-9121 or e-mail at dleising@dodig.osd.mil or Maj Thomas L. Burton, Jr. (703) 604-8957 or e-mail at tburton@dodig.osd.mil.

Your assistance in this matter is appreciated.

Questions for State Adjutants General

1. What units from your state were deployed in support of the War on Terrorism and Operations in Afghanistan and Iraq?

2. Did you conduct any specialized training upon notification to deploy?

3. Did you maintain contact with those deployed unit? If yes, did those units complain of the lack of potable water?

4. Did those units complain about the lack of proper clothing? Were there any problems with acquiring needed personal equipment?

5. Did those units complain about the quality of the food served?

6. Did those units complain about the lack of medical care received?

7. Did those units complain about their treatment at medical care facilities?

8. Did those units complain about the overall quality of medical care provided?.

9. Are you aware of instances where deployed soldiers had medical conditions that went untreated while they were deployed?

10. Did those units complain about lack of access to communications for contact with family members?

11. Did those units complain about the frequency of access to communications for contact with family members?

12. Did those units complain about the quality of communication for contact with family members? .

13. Of these issues that we have addressed (Potable Water supplies, clothing, food, medical care, and communications with families), was it necessary for your state to take action from CONUS to fix any of these problems after the mobilization date?

14. What were the three most common complaints you received from your deployed units?

15. Overall, were there any complaints from your deployed personnel about being treated like "second class citizens" by their active duty counterparts?

16. In those cases where complaints were received, was there any validation provided regarding the accuracy of the concerns?

17. In those areas where complaints were expressed, was the nature of the concern exclusive to Reserve Component soldiers?

18. Have you seen improvements made in those areas where complaints have previously been expressed?

19. What are the safety measures taken to ensure that returned soldiers are physically and mentally stable after their return to home station?

20. What are your top three mobilization concerns?

21. Are there any statutory changes that could be incorporated to make mobilization and reserve component deployments more effective?

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Appendix I – Sensing Session Questions

Duty Positions_____Unit_____Date_____
Interviewee's Grade Structure_____

1. Was there enough water and was it readily available?
2. Has equipment shortages affected your ability to accomplish your mission?
3. During mobilization, were you issued your authorized personal equipment?
4. Were equipment shortages filled in theater?
5. How is the quality of food service?
6. Have there been any problems with having enough food to feed the unit?
7. Have you ever had a problem getting medical care?
8. Where do you go for routine medical/dental care?
9. How would you rate your access to Internet and MWR phone facilities?
10. Do you feel that any of the problems that you have identified are due, all or in part, to your being a member of the Reserve Component? If so please explain.

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Appendix J- Other Issues

Army National Guard forces are directed by the State Adjutants General (TAGs) when not under Federal control. The TAG is the Chief of Staff to the Governor. The Governor is the Commander-in-Chief of all state military forces. The TAG exercises the powers and duties of the Commander-in-Chief and manages the administration, supply and training of state National Guard Forces forces. To complete this evaluation, feedback from the TAGs was essential. In coordination with the National Guard Bureau, a questionnaire was developed and e-mailed to all 54 TAGs. We received 28 responses and one negative (no-input) reply. Additionally, we summarized issues retrieved from Regional Readiness Commands' (RRCs) After Action Report (AAR) briefings and observations from Joint Monthly Access for Reserve Components (JMARC) trips.

There were a variety of issues that were beyond the scope of this evaluation. However, the preponderance of responses from questionnaires, sensing sessions, and After Action Reports indicate the following issues impact readiness and morale:

- RC pay problems were among the top issues mentioned. The inability to setup allotments for child support, family and other recurring expense was a problem. The starting and stopping of special entitlements, like Hostile fire/imminent danger pay, was also a problem identified. Soldiers had returned to CONUS and were still getting entitlements. To address these pay issues, the Defense Finance and Accounting Service will phase in a new, more reliable and effective pay system for the military. This system is called the Forward Compatible Payroll and it promises far fewer errors, an easy-to-understand Leave and Earnings Statement for service members, and instantaneous adjustments to pay records. The schedule for implementation is being reassessed and project managers were unable to provide a date to begin actual fielding of the system.

- Problems with personnel policies for replacement of soldiers who are demobilized due to injury, death, family care plans etc. Additionally, problems surfaced with RC promotions in theater, as well as the availability of military schools/training for RC soldiers to attend while mobilized.

- Length of tour overall and time in combat zone. The time spent on active duty was thought to be too long. Spending six months at the mobilization station (MOBSTA) and then another 12 months in country was mentioned often.

- Equipment shortages (e.g., Up-Armored HMMWVs, SINCGARS radios, crew served weapons, advanced combat optics, NVDs). Many examples of shortfalls and problems with compatibility of equipment were cited. Equipment needed to do the mission was not a part of the original Modified Table of Organization and Equipment (MTOE), in some cases. Units reported that there were problems, initially, with requisitioning tires, repair parts, and supplies. One unit reported that it took two months before they could get their requisitions through the supply system. Derivative Unit Identification Codes (UICs) and

Department of Defense Activity Address Codes (DODAACs) must be assigned to the unit prior to leaving the mobilization station. This information must be entered into the unit level logistics system (ULLS) boxes so that they may requisition supplies in theater. In some cases, this did not happen and it caused a problem for the unit when they tried to request supplies in theater. The RC units that could not requisition had to go through their AC counterparts and have them requisition supplies/equipment on their behalf. In some cases, the requisitions went through the supply system, but were shipped to the RC CONUS address and the home unit had to send the supplies/equipment through the postal system for the unit.

DoD leadership had a specific interest in ensuring that "shooters" did not deploy without essential equipment (body armor, chemical/biological protection suits, etc.). A tracking system was developed to manage the issues of body armor. Leadership closely monitored the detailed tracking system to ensure requirement-based distribution of body armor. As of November 2004, reports indicated that 4 sets of DCUs and body armor were available for all soldiers.

The U.S. Army's Rapid Fielding Initiative (RFI) program was developed to provide soldiers engaged in or preparing for combat/contingency operations with state-of-the-art individual weapons, clothing, and equipment. RFI began early in 2002, during the operations in Afghanistan. Program Executive Office (PEO) Soldier went into the field and asked soldiers directly what they required to operate effectively in the Afghanistan environment. Using this direct soldier input, RFI provided needed equipment in weeks.

Additional concerns:

- Long term care for soldiers with serious injuries and disabilities. Some RC soldiers were supposedly told that they could go to the Veterans Affairs (VA) for treatment once they returned home and others had to remain on active duty in medical hold.

- Time from notification to activation. There were soldiers that cited examples of short notice activation and the hardship it caused, in many cases.

- Time spent at Mobilization Stations (MOBSTA) and relevancy of training. Complaints were received about the time spent at MOBSTA. The type and quality of training conducted was also a concern.

- Unit integrity and the ability to replace a soldier that gets cross-leveled into another organization or medically evacuated out of the combat theater.

- Funding of unit requirements while at the MOBSTA. Some units lost use of their state International Merchant Purchase Agreement Card (IMPAC) cards and struggled to get needed items.

- The following issues were reported to the Deputy Combined Forces Land Component Command (CFLCC) Commander in September 2003 as possible disparity between the

RC and AC units: Morale Welfare and Recreation (MWR) resources, housing, leave and pass policy, estimated time of separation (ETS), and retirement, while mobilized.

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Appendix K – Glossary

Section I
Acronyms

AAR	After Action Report
AC	Active Component
AAFES	Army and Air Force Exchange Services
AOA	Add on Armor
AOR	Area of Responsibility
APL	Army Priority Listing
APS	Army Pre-positioned Stocks
ACHPPM	Army Center for Health promotion and Preventive Medicine
AMSA	Army Medical Surveillance Activity
AR	Army Regulation
ARCENT	Army Central Command
ARNG	Army National Guard
ASPB	Army Strategic Planning Board
BDU	Battle Dress Uniform (woodland pattern)
CALL	Center for Lessons Learned
CASCOM	U.S. Army Combined Arms Support Command
CBHCO	Community Based Health Care Organization
CENTCOM	U.S. Central Command
CFLCC	Coalition Forces Land Component Commander
CIF	Central Issue Facility
CJTF-76	Combined Joint Task Force-76 (Afghanistan)
COCOM	Combatant Command

CONUS	Continental United States
CS	Combat Support
CSS	Combat Service Support
CSH	Combat Support Hospital
DA	Department of the Army
DAIG	Department of the Army Inspector General
DCU	Desert Camouflage Uniform (also called Desert Battle Dress Uniform)
DFAC	Dining Facility
DLA	Defense Logistics Agency
DMSS	Defense Medical Surveillance System
DODAAC	Department of Defense Activity Address Code
DSB	Defense Science Board
DSN	Defense Switching Network
DRRS	Defense Readiness Reporting System
DSCP	Defense Supply Center Philadelphia
DoD	Department of Defense
DoDD	Department of Defense Directive
DoDI	Department of Defense Instruction
DoDIG	Department of Defense Inspector General
DUSD(MPP)	Deputy Under Secretary of Defense (Military Personnel Policy)
EAD	Echelons Above Division
EVAC	Evacuation Hospital
FH	Field Hospital

FOB	Forward Operating Base
GAO	Government Accountability Office
GKO	Guard Knowledge Online
GWOT	Global War on Terrorism
HEMMT	Heavy Expanded Mobility Tactical Truck
HMMWV	High Mobility Multi-purpose Wheeled Vehicle
HMW	Health, Morale, and Welfare
HOA	Horn of Africa
IBA	Individual Body Armor
IED	Improvised Explosive Device
IG	Inspector General
IMPAC	International Merchant Purchase Agreement Card
IRR	Individual Ready Reserve
JMARC	Joint Monthly Access for Reserve Compone**nts**
KBR	Kellogg, Brown, and Root
LOGCAP	Logistics Civil Augmentation Program
LSA	Logistics Support Area
MACOM	Major Command
MASH	Mobile Army Surgical Hospital
MEDCOM	Medical Command
METL	Mission Essential Task List
MFR	Memorandum For Record
MNC-I	Multi-National Corps Iraq

MNF-I	Multi-National Force Iraq
MOBSTA	Mobilization Station
MPS	Military Postal System
MRE	Meal, Ready to Eat
MRP2	Medical Retention 2 Program
MTF	Military Treatment Facility
MWR	Morale, Welfare and Recreation
NDAA	National Defense Authorization Act
NGB	National Guard Bureau
NGBIG	National Guard Bureau Inspector General
NGREA	National Guard and Reserve Equipment Account
NVD	Night Vision Devices
NVG	Night Vision Goggles
OCONUS	Outside of the Continental United States
OESH	Occupational and Environmental Safety and Health Department
OEF	Operation Enduring Freedom
OICE	Organizational Clothing and Individual Equipment
OIF	Operation Iraqi Freedom
OPLAN	Operation Plan
OSD	Office of the Secretary of Defense
PBO	Property Book Officer
PCS	Permanent Change of Station
PEO	Program Executive Office

POC	Point of Contact
PWC	The Public Warehousing Company
RC	Reserve Component
RFI	Rapid Fielding Initiative
RMC	Regional Medical Command
RRC	Regional Readiness Command
SINGARS	Single-Channel Ground-Air Radio System
SUPCOM	Support Command
TAACOM	Theater Area Army Command
TAG	The Adjutant General
TAMP	Transitional Assistance Management Program
TCS	Temporary Change of Station (deployed)
TDA	Table of Distribution and Allowance
TDY	Temporary Duty
TRADOC	U.S. Army Training and Doctrine Command
TPFDD	Time Phased Force Deployment Data
UGR	Unitized Group Ration
UIC	Unit Identification Code
ULLS	Unit Level Logistics System
USACHPPM	U.S. Army Center for Health Promotion and Preventive Medicine
USAR	United States Army Reserve
USARC	United States Army Reserve Command
UR	Unit Readiness

VA Veterans Affairs

Section II

Terms

CIF: Central Issue Facility—An organization whose mission is to stock, issue, exchange, and process turn-ins of designated Organizational Clothing and Individual Equipment authorized by CTA 50-900.

Common Table of Allowances (CTA)--An Army authorization document for items costing less than $100,000 which are required for common Army-wide use by individuals, units, and activities.

CTA 50-900--An Army publication, that lists authorized organizational clothing and individual equipment (OCIE), clothing bag personal items and operational clothing items worn or used by soldiers.

DODAAC--Department of Defense Activity Address Code is a six position code that uniquely identifies a unit, activity or organization that has the authority to requisition and/or receive materiel. The first position designates the particular Service/Agency element of ownership.

Force/Activity Designator (FAD)--Units use this table to determine a Roman numeral designator ranging from I (highest) through V (lowest). It reflects how essential a unit or program is to the DoD's overall mission.

International Merchant Purchase Agreement Card (IMPAC)--A registered trademark of the U.S. Bank used by them to refer to the Army's VISA purchase card program. All purchase cards within DoD are referred to as GSA Smart Pay, Government Purchase Cards.

Joint Monthly Access for Reserve Components Program (JMARC)--Relative to oversight of RC specific concerns/issues within the area of operation (AOR). The purpose is to provide RC Senior Leaders (GOs/CSMs) the opportunity to visit their soldiers. JMARCs are conducted monthly with principals among the RCs. RC Senior Leaders want to see their own component's units and soldiers; when supportable, arrangements are made so RC leaders may visit their respective units at their deployed locations.

Meal, Ready-to-Eat--MRE is a totally self-contained operational ration consisting of a full meal packed in a flexible meal bag.

Modification Table of Organization (MTOE)--An authorization document for personnel and equipment that ranges from modifying the numbers or types of personnel/equipment in a current organization from its basic Table of Organization (TOE) to documenting an entirely new organization.

Multi-National Corps Iraq (MNF-I)--The Multi-National command that focuses on strategic aspects of the military presence in Iraq, such as talking with sheiks and political leaders, and on training, equipping, and fielding Iraqi security forces.

Multi-National Force Iraq (MNF-I)--The Multi-National command that is involved in the tactical operations, but only to the extent that they have somewhat of an operational and strategic impact on the country.

MWR Calls--Personnel are authorized to make one 15 minute morale phone call per week back to the states via a base DSN operator.

National Guard Bureau (NGB)--Joint Army and Air Force Headquarters designated as the peacetime channel of communications between the Departments of the Army and Air Force and the States' National Guard, as established by section 10501, Title 10, United States Code.

Operating Tempo (OPTEMPO)--A term used by the Army to measure the annual operating miles or hours for the major equipment system in a battalion-level or equivalent organization. OPTEMPO allows Commanders to forecast and allocate funds for fuel and repair parts for training events and programs.

Operational Rations--Operational rations is a collective term for Meals, Ready to Eat (MREs), Unitized Group Rations (UGRs), or a combination thereof. They are used to feed individuals performing duty in time of war or other contingencies. They are also used in peacetime for emergencies, travel, and training. DSCP purchases these rations only from U.S. and other approved suppliers.

Organizational Clothing and Individual Equipment (OCIE)--Items of clothing and equipment that a soldier needs for a specific mission or while assigned to a specific unit that has need for the OCIE.

Reserve Component (RC)--The Army National Guard of the United States and the United States Army Reserve.

Reverse Osmosis Water Purification Unit (ROWPU)--Provides potable water from any water source. The Army's ROWPU produces potable water from a variety of raw water sources such as wells, lakes, seas, lagoons, rivers, oceans, and ice holes. The Army relies on the ROWPU to purify brackish water and salt water. The ROWPU, resembling a large trailer, comes in a variety of sizes and uses a variety of chemicals and membranes to filter and purify water for consumption. The proper use of the ROWPU can provide purified drinking water for thousands of soldiers in a military theater.

Space and Naval Warfare Systems (SPAWAR)--This organization has many functions. For the purposes of this report, they are a provider computers and printers with Internet access, at no cost to soldiers.

Transportation Command Regulating and Command & Control Evacuation System (TRAC2ES)--Combines transportation, logistics, and clinical decision elements into a seamless patient movement automated information system. It is capable of visualizing, assessing, and prioritizing patient movement requirements, assigning proper resources, and distributing relevant data to deliver patients efficiently.

United States Army Reserve Command (USARC)--Commands all Army Reserve units in the continental United States and Puerto Rico, except for Civil Affairs and Psychological Operations, which report directly to the Army. USARC is responsible for the staffing, training, management, and deployment of its units to ensure their readiness for Army missions.

Unitized Group Rations (UGR)--The UGR offers seven breakfast menus and 14 lunch/dinner menus. Fifty complete meals are packed together in the UGR. UGRs consist of frozen or semi-perishable foods that can be quickly heated and served.

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Appendix L – Report Distribution

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TEAM MEMBERS

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Inspector General

United States Department of Defense

Inspections and Evaluations Directorate

Evaluation of Support Provided to Mobilized Army National Guard and U. S. Army Reserve Units

August 5, 2005
Report No. IE-2005-003

DEPARTMENT OF DEFENSE
OFFICE OF INSPECTOR GENERAL

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Allen, William C., *The Dome of the United States Capitol: An Architectural History*. Prepared under the Direction of George M. White, FAIA, Architect of the Capitol, US Government Printing Office Washington: 1992

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