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OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, D.C. 20301-2500

SPECIAL OPERATIONS/
LOW-INTENSITY CONFLICT

June 26, 1995
In reply refer to:
I-95/49741

EXECUTIVE SUMMARY/COVER BRIEF

MEMORANDUM FOR ASSISTANT SECRETARY OF DEFENSE FOR SPECIAL
OPERATIONS AND LOW-INTENSITY CONFLICT

THROUGH: DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR
HUMANITARIAN AND REFUGEE AFFAIRS

FROM: DIRECTOR, LOGISTICS AND OPERATIONS (S) 26

SUBJECT: Concept for Rwanda Program Integration -- ACTION MEMORANDUM

PURPOSE: To secure ASD(SO/LIC) approval for humanitarian assistance concept
planning appropriate for Department of Defense (DoD) participation in Rwanda.

BACKGROUND: Doctor Joseph Karcmera, Minister of Health, Republic of Rwanda,
met with the U.S. Secretary of Health and Human Services, the Deputy Assistant
Secretary of Defense for Humanitarian and Refugee Affairs, and others in February,
1995. Dr. Karcmera sought assistance in reestablishing the Rwandan health care system
which was severely reduced in capability and capacity during the Rwandan civil war.

In February 1995, HRA funded RADM Plotnick and CDR Couig, United States Public
Health Service (USPHS), to conduct a health care assessment in Rwanda. This was
coordinated by Mr. Bill McCoy in conjunction with his TDY to the region. As a result:

- The US Agency for International Development (USAID) funded two USPHS
nurses for four months to develop and conduct a primary health care "train the
trainer" program. This program is ongoing and will result in over 500 trained
primary health care personnel.
- Centers for Disease Control is sending two sanitarians to Rwanda to develop a
recommended program design to reduce the incidence of dysentery in the vicinity
of Byumba, Rwanda.

DISCUSSION: Through HRA's statutory latitude in funding humanitarian assistance in
sub-Saharan Africa, its nonlethal excess property program, and its access to US European
Command (USEUCOM), United States Special Operations Command (USSOCOM) and
other DoD assets, HRA has the charter and capability to integrate assistance programs
with USAID and USPHS using regional and special operations command assets.

Office of the Secretary of Defense
Chief, RDD, ESD, WHS
Date: 26 Feb 95 Authority: EO 13526
Declassify: X Deny in Full:
Reason:
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Reviewed Chief, RDD, WHS
IAW EO 12958, Section 3.5
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To provide linkage with DoD missions, HRA will work with USEUCOM and USSOCOM to develop civic action program teams (CAPs). US teams would include special operations specialties (civil affairs, psychological operations, and special forces), as well as engineer, medical, and sanitation specialists to work with USAID, USPHS, and nongovernmental organizations to train comparable Rwandan elements.

Readiness of DoD forces will be enhanced as units used for such deployments demand skills and specialties required by special operations, engineer, medical, and sanitation specialists. CAPs are conceived as having 6-12 soldiers and would spend 3-4 weeks in country on each deployment. DoD TDY expenses would be paid by HRA. This proposal may serve as a paradigm for further HRA cooperative programs with DoD military elements. This training will not be part of the Humanitarian/Civic Action (H/CA) program.

Byumba, Rwanda has been tentatively selected as a test area to improve primary health care. This fits well with DoD interests for two reasons:

- ➔ Byumba is one of three areas in which HRA is conducting humanitarian demining operations. The cooperative humanitarian assistance project, as envisioned, will provide focus and leverage to HRA efforts.
- Byumba will be home for 300,000 returning refugees who were forced out of Rwanda during civil strife. Water, sanitation, and primary health care is key to averting disasters such as those which occurred in Tanzania and Zaïre.

HRA would fund construction of 58 latrines in clinics and public schools, provide excess property to improve the operation of the existing clinic, and work with other US and Rwandan government offices and NGOs to improve water quality. The objective is to reduce incidence of dysentery and other gastro-intestinal diseases, as well as provide improved primary health care. The CAPs role is directly related to this objective.

RECOMMENDATION: The ASD(SO/LIC) approve this concept for planning.

ASD(SO/LIC) DECISION:

APPROVE _____ DISAPPROVE _____ OTHER _____

COORDINATION:

HRA(P) _____ HRA(P&B) _____ USPHS _____

SO/LIC(PM) _____ DoS(PM) _____

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