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Emergency Employment of Army and Other Resources
**U.S. ARMY MEDICAL COMMAND MOBILIZATION PLANNING SYSTEM
SYSTEM DESCRIPTION**

Supplementation of this regulation and establishment of forms other than MEDCOM forms are prohibited without prior approval from Headquarters, U.S. Army Medical Command, ATTN: MCOP-P,

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* This regulation supersedes System Description, Volume I, Part 1, HSC-MPS, 14 September 1989.

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**CHAPTER 1
INTRODUCTION**

1-1. HISTORY. This is the first printing of this publication. It incorporates the information in the Health Services Command Mobilization Planning System, Volume I, Part 1, System Description, 14 September 1989.

1-2. GENERAL.

a. This regulation of the U.S. Army Medical Command Mobilization Planning System (MEDCOM-MPS) provides an overview of mobilization planning, the mobilization process, command and control, and support systems. It describes the basic document and 10 supporting regulations of the MEDCOM-MPS, the Army Mobilization and Operations Planning and Execution System (AMOPES), the Forces Command Mobilization and Deployment Planning System (FORMDEPS), the Department of Veterans Affairs (DVA) - Department of Defense (DoD) Contingency Hospital System, and the National Disaster Medical System (NDMS).

b. The MEDCOM-MPS provides planning guidance and instructions to subordinate activities and installations and describes the relationships with other major Army commands (MACOM), Continental United States Armies (CONUSA), installations, and Reserve Component (RC) for the execution of the U.S. Army Medical Command's (MEDCOM) missions. It summarizes the guidance contained in AMOPES, FORMDEPS, and other documents.

1-3. GLOSSARY.

See Annex A for abbreviations.

1-4. REFERENCES.

See Annex B for a list of references.

1-5. PURPOSE.

The MEDCOM-MPS describes the mobilization, planning, and execution of functional support for the alert, deployment, and sustainment of the force, and redeployment and demobilization. It identifies relationships with Headquarters, Department of the Army (HQDA), the Office of The Surgeon General (OTSG); other MACOMs, the RC, and subordinate installations and activities. It consolidates procedures and requirements and assigns responsibility for planning and execution. It describes the systems that support mobilization, including non-MEDCOM systems.

1-6. MEDCOM-MPS DOCUMENTS.

The MEDCOM-MPS consists of 11 documents, a base umbrella regulation, MEDCOM Reg 500-5, and 10 separate supporting regulations. The MEDCOM-MPS documents are listed and summarized below in table 1-1:

**Table 1-1
U.S. Army Medical Command
Mobilization Planning System**

MEDCOM Reg 500-5	Mobilization Planning System
MEDCOM Reg 500-5-1	System Description
MEDCOM Reg 500-5-2	Concept of Operations
MEDCOM Reg 500-5-3	MEDCOM Mobilization Plan
MEDCOM Reg 500-5-4	Major Subordinate Command (MSC) Commanders' Handbook
MEDCOM Reg 500-5-5	Commanders' and Medical Mobilization Planners' Handbook
MEDCOM Reg 500-5-6	Reserve Component (RC) Commander' Handbook
MEDCOM Reg 500-5-7	Support Systems
MEDCOM Reg 500-5-8	MEDCOM Wartime Plan
MEDCOM Reg 500-5-9	MEDCOM Crisis Action Plan
MEDCOM Reg 500-5-10	Medical Mobilization Readiness Program (MMRP)

a. MEDCOM Regulation 500-5, (U.S. Army Medical Command Mobilization Planning System [MEDCOM-MPS]). This regulation establishes the MEDCOM-MPS, defines the purpose of the system, designates proponents for the maintenance of MEDCOM-MPS documents, and directs the preparation of supporting plans.

b. MEDCOM Regulation 500-5-1, System Description, defines the system for Army mobilization planning and the MEDCOM's participation in the process. It describes the processes and relates them to the organizations that interface in the planning and execution of the medical mobilization and sustainment mission.

c. MEDCOM Regulation 500-5-2, Concept of Operations, defines the concept of operations for the MEDCOM during contingency operations or mobilization.

d. MEDCOM Regulation 500-5-3, MEDCOM Mobilization Plan, provides strategic level policy and guidance for contingency operations or mobilization.

e. MEDCOM Regulation 500-5-4, Major Subordinate Command (MSC) Commanders' Handbook, provides policy and guidance at the operational level to MSC commanders in planning for contingency operations or mobilization.

f. MEDCOM Regulation 500-5-5, Commanders' and Medical Mobilization Planners' Handbook, provides policy, guidance, and procedures at the tactical level to commanders, subordinate to MSCs, and medical mobilization planners in planning for contingency operations or mobilization.

g. MEDCOM Regulation 500-5-6, Reserve Component (RC) Commanders' Handbook, provides policy, guidance, and procedures for WARTRACE aligned RC commanders in planning for contingency operations or mobilization.

h. MEDCOM Regulation 500-5-7, Support Systems, describes communications and automated systems that support the MEDCOM mobilization process. It is not a user manual, but rather a catalog of systems descriptions and connections.

i. MEDCOM Regulation 500-5-8, MEDCOM Wartime Plan, prescribes actions required to organize Headquarters (HQ) MEDCOM for wartime operations and other national emergency conditions.

j. MEDCOM Regulation 500-5-9, MEDCOM Crisis Action Plan, provides guidance for the organization of the MEDCOM staff to monitor, process, and execute actions in support of domestic and operational contingencies.

k. MEDCOM Regulation 500-5-10, MEDCOM Medical Mobilization Readiness Program (MMRP), is designed to enhance the overall professional knowledge of MEDCOM commanders and key staff in the mobilization process. The MMRP is an umbrella program that addresses overall readiness preparedness and encompasses the full spectrum of readiness responses normally exercised by MEDCOM and its subordinate commands and activities. The MMRP includes activities such as: retiree recalls; emergency deployment readiness exercises (EDRE); Mobilization Exercises (MOBEX); Emergency Preparedness Plan (EPP) exercises; Mobilization Planning Workshop (MPW); and regional seminars. Regional seminars provide a forum for the discussion and resolution of issues affecting MEDCOM's wartime missions and establish a standardized command

procedure to record, monitor, and finalize unresolved issues.

1-7. SURVIVAL, RECOVERY, AND RECONSTITUTION.

The MEDCOM Survival, Recovery, and Reconstitution Plan (SRRP) is closely correlated with mobilization planning and provides the means to execute mobilization missions that result from a hostile attack on the Continental United States (CONUS) before a phased mobilization is completed. The control and direction of mobilization activities must be accomplished without unacceptable degradation or interruption following the sudden activation of an SRRP.

1-8. RESPONSIBILITIES.

a. Director of Operations, HQ MEDCOM.

(1) Has MEDCOM Staff responsibility for mobilization and sustainment planning, demobilization and preparation of MEDCOM mobilization documents.

(2) Coordinates the structure of the MEDCOM-MPS with MEDCOM staff and tasks agencies and sub-ordinate commands for preparation of appropriate portions of the MEDCOM-MPS.

(3) Coordinates HQ, MEDCOM Staff review of agencies' and subordinate commands' plans.

(4) Ensures the MEDCOM-MPS guidance, policies, and procedures satisfy applicable Office of the Secretary of Defense (OSD) and Chairman, Joint Chiefs of Staff (CJCS) guidance and Army objectives.

(5) Compares projected medical workloads with capacities of existing and planned wartime

medical facilities and takes necessary action to overcome shortfalls (personnel and hospital beds).

(6) Operates HQ, MEDCOM Emergency Operations Center (EOC).

b. MEDCOM Staff agencies.

(1) Assist the Director of Operations, HQ, MEDCOM in developing and maintaining the portions of MEDCOM-MPS that pertain to their respective areas of responsibility.

(2) Plan for mobilization, support of deployment, sustainment, and demobilization in their functional areas.

(3) Support mobilization, deployment, sustainment and demobilization operations.

(4) Support the HQ, MEDCOM EOC in their functional areas.

(5) Coordinate with the Director of Operations, HQ, MEDCOM on all policies, guidance, and procedures affecting the MEDCOM-MPS in their functional areas prior to dissemination to subordinate activities.

c. MEDCOM subordinate commands and agencies.

(1) Publish mobilization execution plans in accordance with MEDCOM-MPS.

(2) Provide input to the Director of Operations, HQ, MEDCOM in developing the portions of MEDCOM-MPS pertaining to their mission areas.

d. U.S. Army Medical Department Center and School (AMEDDC&S) expands the Army Medical Department (AMEDD) training base at AMEDDC&S, selected medical centers (MEDCEN), and medical department activities (MEDDAC) to provide initial AMEDD training to new

accessions and refresher training for prior-service personnel.

e. Office of The Surgeon General (OTSG).

(1) Has Army Staff (ARSTAFF) responsibility for health services and standards.

(2) Makes prehostilities determination on wartime level of care to be provided to dependents and retirees.

(3) Determines CONUS drawdown of MEDCOM assets for filling theater units and recommends adjustments to evacuation policy and expansion plans.

(4) Provides policy and guidance for distributing major medical items and manages the supply and maintenance systems for medical materiel.

f. Staff Medical Advisor (SMA) medical responsibilities.

(1) Provide staff assistance to coordinate the mobilization of all RC medical units in their respective CONUSAs.

(2) Provide staff assistance to solve medical issues incident to the mobilization process.

(3) Provide assistance to Power Projection Platforms (PPP) and Power Support Platforms (PSP) in validation of medical units for deployment.

(4) Reviews and approves PPP/PSP mobilization plans: provides medical annex to MEDCOM (MCOP-P) for review and approval.

g. Medical responsibilities of PPP and PSP commanders.

(1) Coordinate health services support to mobilizing units through the installations Director of Health Services (DHS), who tasks the tenant MEDCEN/MEDDAC for preparation of Annex G (Medical) to the installation mobilization plan.

(2) Coordinate the medical supply programs (including class VIII) through the installation medical supply account.

(3) Provide BASOPS Support for the operation of VA/DoD contingency and NDMS hospital beds when these systems are activated.

(4) Ensure that tenant MEDCENs/MEDDACs are involved in all SRP activities at the installation.

h. Reserve Components.

(1) State Area Commands (STARC) and Regional Support Commands (RSC) plan for the mobilization, movement, training, and deployment and redeployment of their subordinate units.

(2) Respond to the WARTRACE training goals established by gaining MEDDACs/MEDCENs/MSCs.

i. Installations.

(1) Plan for the reception, administrative processing, logistic support, training, and validation for deployment and re-deployment of RC units.

(2) Assist the tenant MEDCEN/MEDDAC in developing and executing mobilization plans for other mobilization sites in the installation's AOR.

(3) Include the Annex G, Medical, prepared by its MEDCOM activity IAW the format found in

FORSCOM Regulation 500-3-4 in the installation mobilization plan.

1-9. CONFLICTING GUIDANCE.

a. Conflicts between the guidance contained in this document of the MEDCOM-MPS and other source documents should be reported to HQ, MEDCOM, ATTN: MCOP-P, Fort Sam Houston, TX 78234-6007.

b. If conflicts arise between the provisions of this document and the Joint Operations Planning and Execution System (JOPEs), AMOPES, or FORMDEPS, the provisions of those documents have precedence.

c. Should instructions in this document conflict with Army regulations or with guidance previously furnished by HQDA, refer the conflict to HQ, MEDCOM, ATTN: MCOP-P for immediate resolution.

d. Guidance approved after the publication of MEDCOM-MPS documents that conflicts with MEDCOM-MPS will be reflected in a change to the appropriate document.

1-10. IMPLEMENTING INSTRUCTIONS.

Mobilization and sustainment plans of subordinate commands, installations, and activities will be prepared in accordance with the guidance and procedures contained in MEDCOM-MPS.

1-11. DISTRIBUTION.

a. Distribution of MEDCOM-MPS documents is at Annex C. Addressees should request changes to this distribution list as required to support internal planning activities.

b. Addressees in Annex C are responsible for distribution of MEDCOM-MPS documents to subordinate organizations (e.g., installations and separate activities) that are required to conduct mobilization planning.

c. The MEDCOM Director of Operations is responsible for publication and distribution of annexes or appendixes of MEDCOM-MPS.

d. Requests for additional distribution of selected documents should be submitted to HQ, MEDCOM, ATTN: MCOP-P, Fort Sam Houston, TX 78234-6007.

e. Each command or agency designated as a recipient of MEDCOM-MPS documents by Annex C will formally assign an office of record for the MEDCOM-MPS and report the office title, office symbol, and phone number through channels to HQ, MEDCOM, ATTN: MCOP-P, Fort Sam Houston, TX 78234-6007. The office of record will maintain an up-to-date copy of all MEDCOM-MPS documents for which the command or agency is a recipient and will receive and distribute changes to all holders of MEDCOM-MPS documents within the command or agency.

1-12. REPRODUCTION.

Commanders are authorized to reproduce MEDCOM-MPS documents in whole or in part. Appropriate security procedures will be observed for classified portions of MEDCOM-MPS.

1-13. REVIEW, REVISION, AND ENHANCEMENTS.

a. The Chief, Plans Division, Operations Directorate, HQ, MEDCOM is responsible for the overall maintenance and enhancement of MEDCOM-MPS. The Director of Operations will remain cognizant of changes in the guidance of supported commands and

AMOPES and direct appropriate changes or revisions to MEDCOM-MPS.

b. The MEDCOM-MPS will be reviewed and evaluated as a part of MEDCOM's participation in Joint Chiefs of Staff (JCS) exercises, and during conduct of the command MMRP.

c. The MEDCOM staff agencies that are proponents for specific sections or functional content of MEDCOM-MPS documents will prepare and staff changes and revisions required by changes in functional requirements, organizations, or procedures and submit them to HQ, MEDCOM, ATTN: MCOP-P.

CHAPTER 2 PLANNING RELATIONSHIPS

2-1. INTRODUCTION.

The MEDCOM is tasked to provide medical support to the mobilizing forces and the sustaining base. In order to accomplish this mission it is necessary for MEDCOM to interface with HQDA, FORSCOM, U.S. Army Europe (USAREUR), U.S. Army Pacific Command (USARPAC), U.S. Army Southern Command (USARSO), TRADOC, and other MACOMs. The MEDCOM's primary planning relationships are with HQDA and FORSCOM. AMOPES and FORMDEPS are the primary source documents that provide mobilization guidance and taskings to MEDCOM.

SECTION I THE ARMY MOBILIZATION AND OPERATIONS PLANNING AND EXECUTION SYSTEM (AMOPES).

2-2. PURPOSE.

AMOPES is the vehicle by which all components of the Army plan and execute actions to provide and expand Army forces and resources to meet the requirements of unified

and specified commands. AMOPES serves as the Army supplement to JOPES. It provides the interface between unified command plans for deployment and utilization of forces and Army plans for providing mobilized forces and resources. AMOPES consolidates policies and procedures, defines responsibilities, and provides operational planning guidance related to mobilization and the strategic employment of Army forces.

a. AMOPES is an integrated planning and execution system used to ensure Army capability to support the combatant commanders during military operations. It provides a single source document for issuing policies, procedures, guidance, and planning assumptions for all levels of mobilization, as well as for military operations without the involuntary call up of the RC forces. It provides policy and guidance for the follow-on activities of military operations to include redeployment and demobilization. In summary, AMOPES addresses mobilization, deployment, strategic employment, redeployment, sustainment, and demobilization of Army forces and Army survival, recovery and reconstitution.

b. The base document lays out the mission to which the planning and execution system is focused, and assigns responsibilities to all Army commands, agencies and activities in supporting this mission. Additional policy and guidance is provided in functional annexes and appendices, applicable to each level of mobilization (Presidential Selected Reserve Call-up [PSRC], partial mobilization, full mobilization, total mobilization, and demobilization). AMOPES is reviewed and republished biennially.

SECTION II U.S. JOINT FORCES COMMAND (USJFCOM) (FORMERLY ATLANTIC COMMAND (USACOM))

2-3. PURPOSE.

CINCUSACOM FUNCTIONAL PLAN 2508-98 (U), The Integrated CONUS Medical Operation Plan, provides a medical mobilization plan in support of two nearly simultaneous major theater wars (MTWs). It is to be used by the services and supporting commands, and as necessary by the Department of Veterans Affairs (VA), Department of Health and Human Services (HHS), and the Federal Emergency Management Agency (FEMA) for the cooperative governance of the National Disaster Medical System (NDMS) in support of military contingencies.

2-4. COMMAND RELATIONSHIPS.

USTRANSCOM (for movement of patients), Defense Logistics Agency (for logistics support), FORSCOM (for non-fixed base medical forces required to augment the CONUS base), and MEDCOM (for fixed base medical support) are supporting activities/agencies required to support CINCACOM in the implementation and execution of the Integrated Continental United States (CONUS) Medical Operations Plan (ICMOP) when activation is ordered by the National Command Authority (NCA).

**SECTION III
FORCES COMMAND MOBILIZATION AND
DEPLOYMENT PLANNING SYSTEM
(FORMDEPS)**

2-5. PURPOSE.

FORMDEPS describes the mobilization, support of deployment, and relationships of FORSCOM with the unified and specified commands, HQDA, the National Guard Bureau (NGB), MACOMs, and subordinate headquarters. It consolidates procedures and requirements and assigns responsibility for planning and execution. In addition, it describes the systems that support mobilization and deployment,

including non-FORSCOM systems. FORMDEPS consists of the base regulation and five supporting volumes as shown in table 2-1.

a. FORSCOM Regulation 500-3 (The Forces Command Mobilization and Deployment Planning System). This regulation establishes FORMDEPS, defines the purpose of the system, designates proponents for the maintenance of FORMDEPS documents, and directs the preparation of supporting plans.

Table 2-1 Forces Command Mobilization and Deployment Planning System (FORMDEPS)	
FR 500-3	FORCES COMMAND MOBILIZATION AND DEPLOYMENT PLANNING SYSTEM
FR 500-3-1	FORSCOM MOBILIZATION GUIDE
FR 500-3-2	DEPLOYMENT GUIDE
FR 500-3-3	RESERVE COMPONENT UNIT COMMANDER'S HANDBOOK (RCUCH)
FR 500-3-4	INSTALLATION COMMANDER'S HANDBOOK
FR 500-3-5	DEMOBILIZATION

b. FORMDEPS Volume I (FORSCOM Mobilization Plan) (FORSCOM Regulation 500-3-1) assigns responsibilities to mobilize and deploy Army forces. Applies to the Active Army, the Army National Guard (ARNG), and the U.S. Army Reserve (USAR).

c. FORMDEPS Volume II (Deployment Guide) (FORSCOM Regulation 500-3-2) provides deployment planning guidance to CONUSAs, installation commanders, and deploying unit commanders.

d. FORMDEPS Volume III (Reserve Component Unit Commander's Handbook

[RCUCH]) (FORSCOM Regulation 500-3-3). This regulation is the RC Unit Commander's Handbook (RCUCH). It provides information and guidance to RC unit commanders to enable them to plan for mobilization, to mobilize and to move to assigned mobilization stations, and to prepare post-mobilization training plans.

e. FORMDEPS Volume IV (Installation Commander's Handbook) (FORSCOM Regulation 500-3-4). This regulation is the Installation Commander's Handbook. It provides information and guidance to installation commanders and their staffs to facilitate the development of plans for the reception, processing, housing, and training of mobilized units.

f. FORMDEPS Volume V (FORSCOM Demobilization Plan) (FORSCOM Regulation 500-3-5) assigns responsibilities and provides guidance, instructions, and procedures for redeployment and demobilization of those RC units and individuals called up for Federal military service.

CHAPTER 3 THE MOBILIZATION PROCESS

3-1. INTRODUCTION.

Mobilization is the act of assembling and organizing national resources to support national security objectives, and the process by which all or part of the Armed Forces are brought to a state of readiness for war or other national emergency. This includes activating all or part of the RC, as well as assembling and organizing military and civilian personnel, supplies, and materiel.

3-2. PURPOSE.

This chapter provides an overview of the mobilization process within

the framework of AMOPES. It describes the components of the system, the system structure, the mobilization process, and the interface with non-DoD agencies.

3-3. LEVELS OF MOBILIZATION.

Generally, the magnitude of the emergency governs the level of mobilization. The levels of mobilization are initiated by the National Command Authority (NCA) as an integral component of the policy of graduated mobilization response (GMR). As authorized by law or congressional resolution and when directed by the President, DoD mobilizes all or part of the Armed Forces. Concurrently, DoD and other Federal agencies marshal national resources to sustain the Armed Forces. Note that levels of mobilization do not necessarily occur sequentially, *i.e.*, Partial Mobilization may be called without a PSRC having first been called.

a. Selective Mobilization for Support of Civil Authorities. While not a level of mobilization, it is an expansion of the active Armed Forces resulting from action by the President or Congress to mobilize RC units, Individual Ready Reserve (IRR), and the resources needed for their support to meet the requirements of a domestic emergency that is not the result of an enemy attack.

b. Presidential Selected Reserve Call-Up (PSRC). The PSRC is the first level of mobilization. It is a provision of Public Law that provides the President a means to activate, without declaration of national emergency, not more than 200,000 members of the Selected Reserve, for not more than 270 days, to meet the support requirements of any operational mission.

c. Partial Mobilization. Expansion of the active Armed Forces resulting from action by Congress

**Table 3-1
Authority to Order Mobilization**

Situation	Action Required	Authority	Personnel Involved	Remarks
1. Any requirement.	Operation order.	Commander-in-Chief	Active duty force.	Used for any military purpose.
2. Any level of emergency.	Publish order to active duty.	12301(d) 10 USC 688 (a)	Volunteers from National Guard and Reserves. Retired members of the Regular Army and Army Reserve with 20 years of active duty. May be ordered to active service involuntarily.	May be used for any lawful purpose. Consent of the Governor is required for ARNG members serving under 10 USC (672 (d)) 12301(d).
3. Operational mission requiring augmentation of active force (Presidential Selected Reserve Call-up).	Presidential executive order.	12304	Units and individuals of Selected Reserve (NG and USAR); limited to 200,000 (all Services) for not more than 270 days.	President must report to Congress within 24-hours of circumstances and anticipated use of forces. May not be used in lieu of a call-up (10 USC 331, et seq.) 12406 or for disaster relief.
4. Contingency operation, war plan, national emergency (Partial Mobilization)	Presidential proclamation of a national emergency and executive order.	12302	Ready Reserve units and Individual Ready Reserve (NG and USAR); limited to 1,000,000 (all services) for up to 2 years.	President may extend appointments, enlistments and periods of service when Congress is not in session (10 USC 671 (b))
5. War or national emergency (Full or Total mobilization).	Passage of a public law or joint resolution by the Congress declaring war or national emergency.	10 USC 671a 12301 12306 12307	National Guard and Reserve units, Individual Ready Reserve, Standby Reserve, members of Retired Reserve. No numerical or time limitation unless established by Congress.	May extend enlistments in Regular and Reserve forces and extend period of active service for duration of the war plus 6 months.
6. Domestic emergency (Selective mobilization).	Presidential proclamation to disperse under 10 USC 334 and executive order under 10 USC 12406 appropriate to purpose of the call.	12406 10 USC 331 10 USC 332 10 USC 333	National Guard and Reserves.	May be used for Federal aid to states in case of insurrection (10 USC 331); to enforce federal authority (10 USC 332); to suppress interference with state and federal law (10 USC 333, 12406).

(up to full mobilization) or by the President (not more than 1 million for 24 months) to mobilize RC units, individual reservists, retirees, and the resources needed for their support to meet the requirements of a war or other national emergency involving an external threat to the national security.

d. Full Mobilization. Expansion of the active Armed Forces resulting from action by Congress to mobilize all RC units in the existing approved force structure, all individual reservists, retired military personnel, and the resources needed for their support to meet the requirements of a war

or other national emergency involving an external threat to the national security.

e. Total Mobilization. Expansion of the Armed Forces resulting from action by Congress to organize and generate additional units or personnel beyond the existing force structure, and the resources needed for their support, to meet the total requirement of a war or other national emergency involving an external threat to the national security.

3-4. MOBILIZATION AUTHORITY.

The authority to order mobilization resides with the President and/or Congress as shown in table 3-1. The Secretary of Defense (SECDEF), with the advice and recommendation of the Secretaries of the Military Departments and the CJCS, recommends to the President and the Congress the mobilization authority required to support a given contingency, operation plan (OPLAN), or national emergency. The SECDEF directs mobilization of RC units and manpower through the Military Departments.

3-5. PHASES OF MOBILIZATION.

The mobilization process is described as taking place in phases. The grouping of activities into phases is for ease of describing the process. Activities are grouped under the general headings of Premobilization (i.e., prior to a mobilization order) and mobilization (i.e., after the mobilization order). The major mobilization activities are peacetime planning and preparation, alert, movement, deployment, and sustainment. This is especially significant when the transition to a wartime footing takes place over an extended time

period or under conditions of less than full mobilization. For example, a headquarters might be simultaneously controlling the alert of one unit, movement of another, and deployment of another. Similarly, one RC unit or group of individuals may have been activated under a PSRC, while another unit or group of individuals has not yet been alerted for mobilization.

3-6. PEACETIME DELIBERATE PLANNING.

The Army plans and prepares for mobilization in peacetime. It participates in war planning to establish Army forces and the requirements for their augmentation. Planning is accomplished in accordance with the provisions of JOPES and AMOPES.

a. War Planning Process.

(1) Joint military planning establishes the forces whose capabilities form the basis for theater OPLANS. The process begins by assessing military threats to national security and requirements for military forces to counter them. Biennially, the SECDEF announces strategic concepts and objectives and provides planning guidance to commanders of unified and specified commands.

(2) The SECDEF's guidance is refined with additional planning and resource allocation by the CJCS within the framework of the Joint Strategic Planning System (JSPS). Within the JSPS, the Joint Strategic Planning Document and the Joint Strategic Capabilities Plan (JSCP) provide strategic guidance, contingency tasking, and major combat force listings and

availability dates for commanders of unified and specified commands. Using JSCP guidance, the theater commander prepares OPLANs in accordance with JOPES procedures. A Time Phased Force Deployment List (TPFDL) computer file supports each OPLAN. The TPFDLs are all-Service, time-phased listings of units, materiel, non-unit personnel, and transportation required to support OPLANs.

(3) The TPFDLs are refined and periodically reviewed and updated in an interactive process by the Joint Staff (including Services), the theater commander, and the U.S. Transportation Command (TRANSCOM) in accordance with JOPES.

(4) HQDA and MACOMs in CONUS interact with the planning process through AMOPES. AMOPES identifies major combat forces apportioned in JSCP, Volume II and provides prioritization and guidance for the apportionment of combat support and combat service support forces not listed in the JSCP to meet various contingencies. AMOPES provides policy and planning guidance concerning policy and planning guidance concerning replacement and filler personnel and Army logistic activities.

(5) Based on directives of the commander of the unified command, AMOPES, and other guidance from HQDA, Army component commanders provide input to the theater commander's OPLAN, including participating in the TPFDL preparation and refinement process.

(6) The focus of the war planning process is the development of OPLANs with their

associated TPFDL. The manpower, unit, and materiel requirements developed in the war planning process form the basis for mobilization planning.

b. Mobilization Planning Process.

(1) The focus of Army mobilization planning is to provide the resources required to support various OPLANs. This includes mobilizing the units, manpower, and materiel required for immediate implementation of an OPLAN, as well as the resources required to sustain the operation.

(2) The TPFDL associated with each OPLAN provides time-phased requirements for units, materiel, and personnel replacements. JCS Pub 5-01 (Mobilization) assigns general responsibilities and procedures for mobilization.

(3) The DoD Master Mobilization Plan (MMP) prescribes policy and responsibilities that guide the "who" and "what" of mobilization planning within DoD. The MMP specifies the major actions and coordination that HQDA must accomplish.

(4) AMOPES incorporates the guidance of the DoD MMP and JCS Pub 5-01 and specifies the planning process used to develop HQDA and MACOM mobilization plans. The MACOM mobilization plans provide detailed guidance for preparation of subordinate command and installation mobilization plans. The FORSCOM Mobilization Plan (FMP), with its associated Mobilization Stationing Planning System (MSPS), details the time-phased flow of mobilized RC units from

home stations to their PPPs/PSPs. The TRADOC Training Base Expansion Plan (TRADOC-TBEP) provides guidance on training base expansion activities. The MEDCOM-MP details the time-phased requirements for an expanded medical and dental care system and the increase in patients at medical and dental treatment facilities.

c. Relationships of War Planning and Mobilization Planning.

(1) AMOPES provides the linkage between war planning under JOPES and mobilization planning as directed by DoD and the JCS. AMOPES establishes the who, what, where, when, how, and why of mobilization. It further prescribes the Army Crisis Action System (ACAS) to effect the execution of mobilization and implementation of OPLANs. Principal products are "on-the-shelf" plans that can be used as the basis for development of an operations order and supporting information and data bases prepared and maintained for use during national crises.

(2) Army planning incorporates processes required for Army participation in joint operations and deployment planning and provides the planning interface between JOPES, and AMOPES. AMOPES incorporates Army planning processes required to plan for mobilization of Army forces in support of OPLAN implementation during a national emergency or crisis.

(3) Mobilization plans incorporate the specific actions and responsibilities that must be accomplished, both in peacetime and upon the order to mobilize. The HQDA and MACOM mobilization

plans, which constitute the Army Mobilization Plan (AMP), are based on guidance contained in AMOPES and the DoD MMP and are oriented to full or partial mobilization. Stationing plans support and complement deployment plans.

(4) The ACAS provides means of managing and directing the execution of mobilization, deployment, and other emergency plans during a national crisis. The ACAS includes Army processes for rapid plan modification and development of new plans for time-sensitive operations, depending on the degree to which an actual crisis varies from scenarios and assumptions of "on-the-shelf" plans.

3-7. PEACETIME PREPARATION.

Preparation for mobilization proceeds concurrently with planning. The Army programs, budgets, and funds resources to overcome the shortfalls and limiting factors divulged from a continuing analysis of the various OPLANs. Concurrently, the Army trains units and individuals. Within its capabilities, it identifies and pre-assigns augmenting manpower and prepositions materiel for use during war or national emergency. The Army also participates in JCS directed command post exercises designed to evaluate mobilization plans, policies, and procedures.

3-8. ALERT, MOBILIZATION, AND DEPLOYMENT.

a. Upon receiving the order to mobilize, the Army alerts the active force and simultaneously undertakes a PSRC, partial, or full mobilization of RC units, man-power, and materiel within the approved force. Under the general

supervision of HQDA, and, as necessary, using 27 mobilization stations, FORSCOM, U.S. Army Europe (USAREUR), and the U.S. Army Pacific Command (USARPAC) bring AC and RC units to combat ready status and then deploy them by air and sea to areas of operation according to the JOPES data base. An initial pool of reserve materiel resources exists in war reserve stocks in CONUS and prepositioned stocks in overseas areas. The initial resources sustain the deployed force until reinforcement and resupply can be effected, the emergency is resolved, or the industrial and training bases achieve wartime required levels of output.

b. The force to be mobilized and deployed, also called the approved force or the theater force, is made up of AC and RC units.

c. The AC in-place units in the theater of operations are referred to as forward-deployed units. Other units, mostly CONUS based, are apportioned notionally by the JSCP or specifically by AMOPES to unified and specified commands to support one or more OPLANs. When an emergency arises, AC units are alerted through FORSCOM channels to deploy to the theater of operations in accordance with applicable OPLANs.

d. Reserve component units are ordered to active duty through MACOM/U.S. Army Reserve Command (USARC) channels (USAR units) or MACOM/The Adjutants General (TAG) channels (ARNG units) as depicted in figure 3-1. Units may be identified to support one or more OPLANs or they may be identified by AMOPES as part of the CONUS base.

3-9. MOBILIZATION PLANNING.

a. All elements of the command and control structure participate in mobilization planning within AMOPES. Mobilization planning provides the basis for activation, reorganization, and stationing of units, activating and resourcing MOBTDA structures, preparing mobilization stations to receive mobilized RC units, alerting RC units for mobilization, mobilizing RC units at home stations, preparing RC units for movement to PPP/PSP, moving RC units to, and receiving RC units at PPP/PSP.

b. Upon receipt of the mobilization order, commands and units execute their prepared mobilization plans. They revise and adjust mobilization plans as necessary to accomplish the mobilization efficiently and on time.

c. FORMDEPS is directive in nature and supports Army policy and guidance for mobilization planning in JCS Pub 5-01, AMOPES, and Army Regulation 10-42. FORMDEPS serves as the framework for centralized planning management and consolidates FORSCOM policies, mission assignments, procedures, and plans for the development, coordination, dissemination, review, and approval of mobilization plans. In addition, FORSCOM policies provide for mobilization planning and execution and deployment.

d. The following is the system description of the mobilization planning process:

(1) The JCS publish the JSCP. It contains strategic concepts, assigns planning tasks to

commanders, unified and specified commands, and provides guidance to the Services for support of the unified and specified commands. It also identifies the major combat forces available to the commanders of unified and specified commands for the development of OPLANS and cites the Service documents for determining, for planning purposes, the availability of other forces. Availability dates for major combat units are determined by FORSCOM and approved by HQDA for inclusion in the JSCP and AMOPES. The JSCP applies to the near term, is reviewed and published biennially, and is revised as necessary.

(2) HQDA publishes AMOPES biennially, with publication or

revision within 90 days of publication of the JSCP.

(3) The Army component commander of the unified/specified command participates under control of the CINC of the unified/specified command in the development of an OPLAN based on guidance in the JSCP. As a major part of that process, the Army component commander participates in TPFDL development. Among other data, the TPFDL identifies CONUS based forces to be deployed to augment the supported commander's arrival of augmentation forces in-theater, and identifies non-unit-related personnel and logistic movements from CONUS to support the OPLAN. The TPFDL is the primary link between deployment planning and mobilization planning.

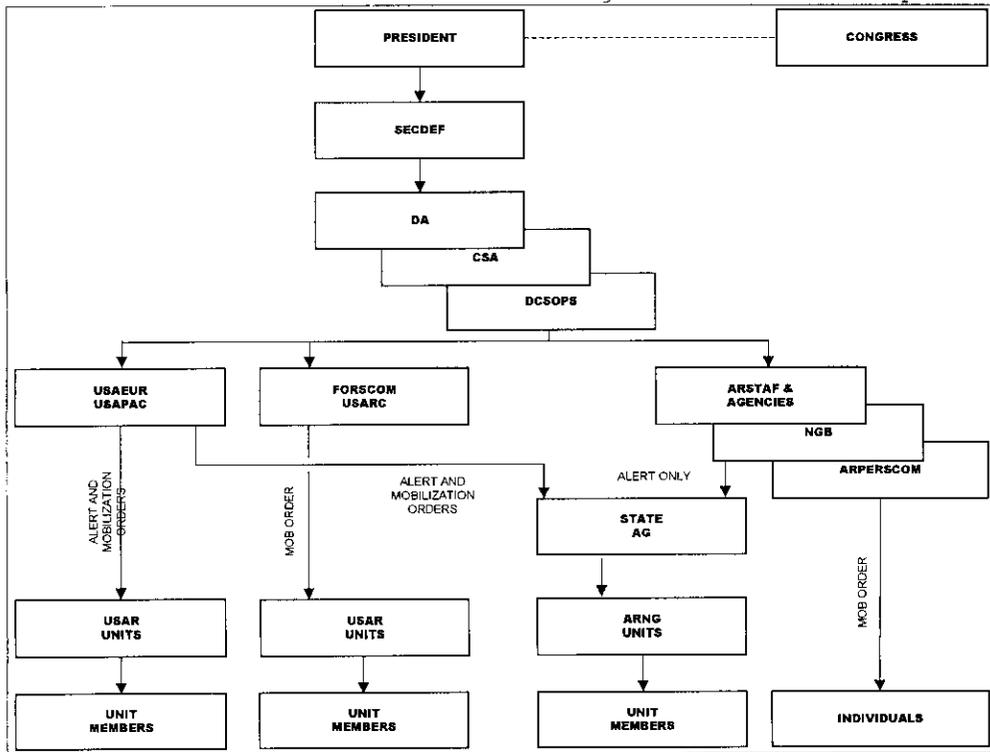


Figure 3-1. Command Channels for mobilization orders.

(4) FORSCOM publishes the FMP based on HQDA guidance in AMOPES. The FMP contains taskings for MACOMs, CONUSAs, TAG, STARCs, certain non-deploying USAR elements, and PPPs/PSPs. The FMP also contains Annexes on the various functional aspects of mobilization. FORMDEPS provides for annual review (and update as necessary) of the FMP and plans developed under FMP guidance. Taskings will be coordinated with appropriate MACOMs.

(5) FORSCOM, in coordination with the NGB, provides mobilization planning guidance to the State Adjutants General.

(6) Major Commands (other than FORSCOM) publish mobilization plans based on guidance in AMOPES.

(7) CONUSAs publish mobilization plans/coordinating instructions based on FMP and MSPS.

(8) RSCs and STARCs publish mobilization plans based on the FMP and following the FORSCOM STARC/MUSARC Handbook. The STARCs also base their planning on NGB guidance.

(9) RSCs and STARCs provide a mobilization data sheet to each of their units. RSCs and STARCs prepare the mobilization information sheets based on the MSPS and other documents. The mobilization information sheet contains the projected active duty date; home station departure day; PPP and PSP arrival day; ready to load date; estimated deployment date (sea and air); identity of supporting installation, coordinating installation, and mobilization stations; port of embarkation

(POE) arrival day; probable POE (air and sea); deployment area; postmobilization gaining command; DAMPL; troop program sequence number; assigned emergency relocation site; and State logistics sequence (ARNG only).

(10) The RC units prepare mobilization files following guidance in the FORSCOM RC Unit Commander's Handbook. ARNG and USAR unit mobilization files are based on STARC and RSC mobilization plans, respectively. The RC units forward post-mobilization training support requirements (PTSR) to TAG/RSC.

(11) PPPs and PSPs prepare mobilization plans based on the FORSCOM FMP, MSPS, TRADOC-TBEP, and PTSR data. The FMP serves as a guide for FORSCOM, TRADOC, AMC, and MEDCOM mobilization station mobilization plans. The appropriate MACOM provides guidance to its installations that serve as PPP and PSP stations for PPP and PSP plan development.

(12) The STARCs review and approve ARNG unit mobilization files.

(13) The RSCs review and approve USAR unit mobilization files.

(14) CONUSAs approve all mobilization station mobilization plans.

(15) TRADOC reviews and approves the TBEPs of all TRADOC installations having a training base expansion mission, the mobilization plans (training base Annex) of FORSCOM mobilization stations scheduled to host U.S. Army

Training Centers (USATCs), the mobilization plans of other MACOM installations with a TRADOC tenant school, and the mobilization plans of STARCs that provide military academies to augment TRADOC.

(16) Mobilization stations annually provide a packet of instructions to each RC unit scheduled to mobilize at the mobilization stations. Mobilization stations forward the packets through the RSC for USAR units and through the STARC for ARNG units. The packets contain maps, standing operating procedures, forms, and

reports in accordance with the FMP.

3-10. AMOPES FUNCTIONAL ELEMENTS.

a. The AMOPES provides guidance to the ARSTAF, MACOMs, and RCs for the preparation and execution of plans for:

(1) Assembling the necessary personnel, supplies, equipment, and services to bring the Army to a state of readiness for war or other national emergency.

(2) Augmenting theater and other strategic forces and the

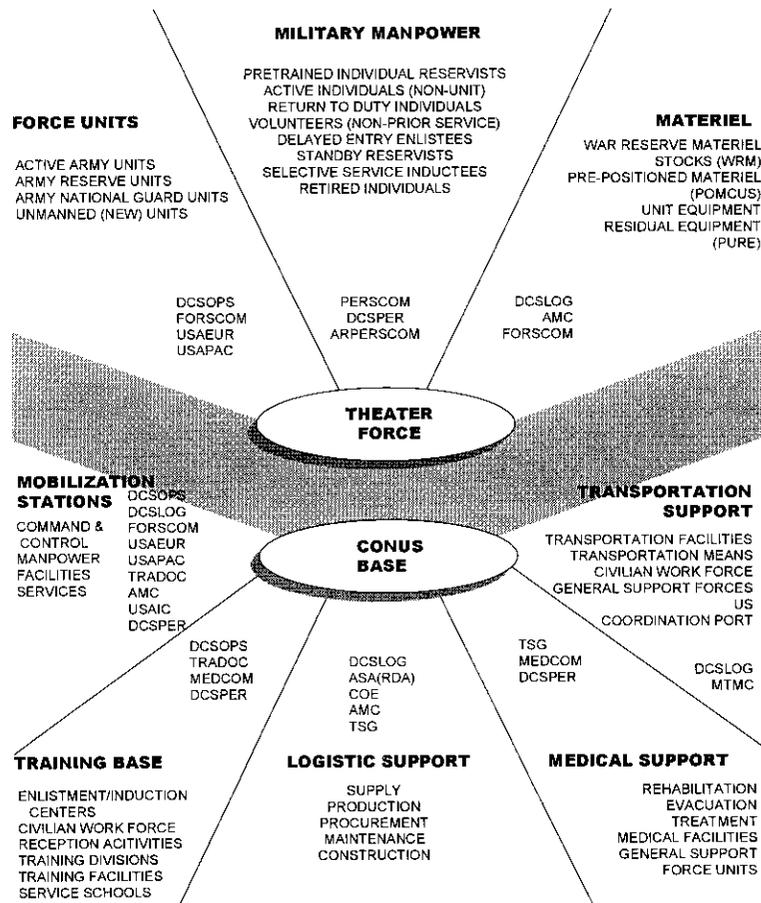


Figure 3-2. Functional Subsystems of AMOPES with their principal activities and proponent agencies.

CONUS base with AC and RC units, manpower, and material including their alert, activation, movement, staging, embarkation, transportation, and debarkation, primarily from CONUS.

(3) Sustaining the theater force and CONUS base.

b. AMOPES may be subdivided into eight subsystems that describe the augmentation and sustainment of theater and other strategic forces and the augmentation of the CONUS base. Table 3-2 shows how the subsystems are further defined by supporting elements.

c. The functional subsystems of AMOPES are depicted in figure 3-2.

3-11. AMOPES STRUCTURE FOR MOBILIZATION.

The AMOPES structure for mobilization defines the agents and their interrelationships that transform the mobilization directive of the President into a mobilized force available to the theater commander. This structure is described below and is depicted in figure 3-3. Note that figure 3-3 shows only the major operators in the mobilization structure and their principal functional responsibilities.

a. Congress or the President authorizes mobilization. The President establishes wartime objectives and national priorities.

b. The Federal Emergency Management Agency (FEMA) plans and institutes resource mobilization programs, coordinates efforts of non-DoD departments and agencies

Table 3-2. AMOPES subsystem supporting elements.

<u>The Theater Force</u>	<u>The CONUS Base</u>
Force unit	Mobilization stations
Manpower	Training base
Materiel	Logistic support
	Medical support
	Transportation support

and allocates national resources between them and between civil and military sectors, while serving as point of contact for DoD. Although Federal policy calls for use of the current governmental structure in an emergency, certain tasks particularly related to administration of controls could be performed best by emergency agencies. Their existence would depend upon Presidential declaration of a national emergency, and the extent of their operations would depend upon the nature of the emergency. Among the planned emergency agencies is an Office of Defense Resources, which would perform overall central resource management functions.

c. The SECDEF, assisted by the CJCS and the OSD, provides planning and program guidance and allocates resources between the CONUS base and theaters of operation. Defense agencies provide common service support. The Joint Staff assess the threat, plan military responses to achieve defined military objectives in support of the national strategy, and coordinate and approve the theater commanders' OPLANs.

d. Commanders of unified commands and their Service component commands prepare OPLANs and contingency plans, including Time Phased Force and Deployment Data

(TPFDD) and conduct feasibility tests of OPLANs.

e. TRANSCOM supports the CJCS and supported commanders in planning for and executing deployments. In deliberate planning, TRANSCOM interacts with the Joint Deployment Community and coordinates deployment activities related to the development, refinement, and maintenance of OPLANs. In emergency or crisis situations, TRANSCOM coordinates deployment planning and execution and acts as the focal point for deployment and related decision making. TRANSCOM components: Air Mobility Command (AMC), Military Sealift Command (MSC), and the Military Traffic Management Command (MTMC) develop movement tables and schedules and provide transportation and related services.

f. Assisted by the ARSTAF, the Secretary of the Army and the Chief of Staff, U.S. Army (CSA) allocate resources among MACOMs and between theater forces and the CONUS base, identify shortfalls and limiting factors and initiate remedial action, assign programming and fill priorities, provide guidance and prescribe actions and responsibilities for mobilization and deployment, alert the force, manage execution by exception, and reallocate resources as required.

g. The CONUS MACOMs; USAREUR; USARPAC; and USARSO prepare and execute mobilization and deployment plans, and functional support for alert, deployment, and sustainment of the force. FORSCOM, USAREUR, and USARPAC command assigned AC and USAR forces and assist mobilization stations as needed.

h. The Deputy Chief of Staff for Operations and Plans (DCSOPS) has primary staff responsibility for mobilization, assisted principally by the Deputy Chief of Staff for Personnel (DCSPER); the Deputy Chief of Staff for Logistics (DCSLOG); The Surgeon General (TSG); Chief of Engineers (COE); Chief, National Guard Bureau (CNGB); and the Chief, Army Reserve (CAR). The ARSTAF is assisted by the Logistics Evaluation Agency, U.S. Total Army Personnel Command (PERSCOM), and U.S. Army Reserve Personnel Command (ARPERSCOM).

i. The Commanding Generals (CGs) of FORSCOM, through the USARC within CONUS; USAREUR; and USARPAC command assigned and attached USAR units.

3-12. THE ARMY MOBILIZATION PROCESS UNDER AMOPES.

a. Graduated Mobilization Response (GMR). The national level concepts for a GMR provide the basis for Army planning and resultant FORSCOM responsibilities.

(1) Presidential Executive Order 12656 (Assignment of Emergency Preparedness Responsibilities) of November 18, 1988, directs all Federal departments and agencies to design preparedness measures to permit rapid and effective transition from routine to emergency operations, and to make effective use of the period following initial indication of a probable national security emergency.

(2) To meet the responsibilities outlined in Executive Order 12656, and to ensure the effective mobilization manpower and

industrial resources, emergency preparedness plans and programs of each Federal department and agency are based upon the GMR concept. GMR is a system to undertake mobilization in response to early, ambiguous calibrated to the degree of severity and ambiguity of warning indicators or an event. Thus, GMR allows the government, as a whole, to take small or large, often reversible, steps to increase our national security emergency preparedness posture.

b. Mobilization options.

(1) The Army mobilizes AC and RC units, manpower and materiel assets that constitute the mobilized force. It prepares those assets for deployment and assists TRANSCOM and TCCs in deploying those assets to augment theaters of operation. It further uses force assets to augment the CONUS base and to sustain the deployed force.

(2) The magnitude and type of emergency governs the level of mobilization: PSRC, partial, or full mobilization. The situation ultimately may require drawing on the industrial base and Selective Service System to create and sustain forces expanded beyond existing approved force structures.

(3) A continuous process, mobilization may proceed at a deliberate pace from peacetime preparation to mobilization (M-day), deployment (C-day), and the beginning of the contingency and/or specific warnings. The GMR actions are designed to enhance deterrence, mitigate the impact of an event or crisis and reduce

significantly the lead-time associated with a mobilization should the crisis intensify. The GMR is designed to take into account the need to mobilize the nation's resources in response to a wide range of crisis or emergency situations. The GMR is a flexible decision making process triggering preparedness and response actions which can be operation or hostilities (D-day). The pace would be dictated by the speed of progressively deteriorating international relations and the decision making process. Alternatively, the process may proceed at an accelerated pace, compressing the time interval between peacetime preparation and D-day. The process would be comparatively instantaneous in the case of a surprise attack on the U.S., in which case D-day could precede or coincide with M-day.

(4) The major options available to the President and Congress are listed below and diagrammed in figure 3-4. The options do not have to take place in the order listed, but the order does depict the most probable scenario for deliberate transition to total mobilization.

(a) Increase readiness of AC units in theater, in CONUS, or both.

(b) Initiate premobilization actions to increase readiness of RC units and individuals.

(c) Augment active forces by ordering up to 200,000 Selected Reservists (PSRC) to active duty.

(d) Deploy forces to theater of possible conflict.

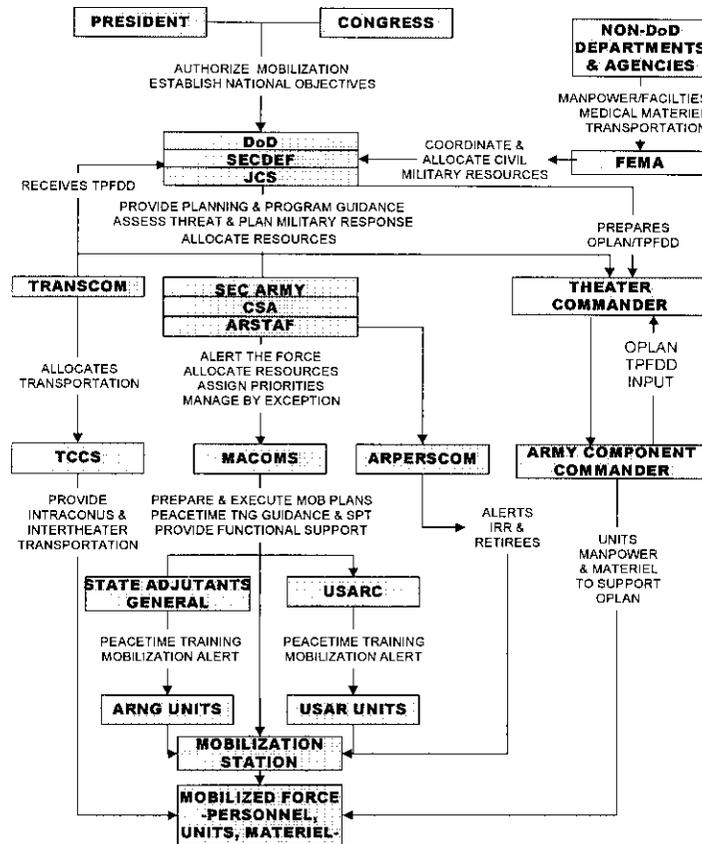


Figure 3-3. AMOPES structure for mobilization.

(e) Partial mobilization; mobilize up to 1 million men for up to 2 years (Presidential declaration); up to full mobilization (Congressional declaration).

(f) Deploy selected AC units to other theaters.

(g) Declare war or national emergency; activate all USAR and ARNG units and all IRRs, Standby Reserve, and Retired Regular and Reserve individuals for the duration of the war, plus 6 months (full mobilization).

(h) Expand the Armed forces beyond the approved force (total mobilization).

(i) Activate the Selective Service System.

(5) The process prepares for mobilization and deployment in peacetime. It pre-positions assets in peacetime to sustain operations until the industrial and training bases achieve a wartime footing.

(6) Mobilization execution is decentralized to major commands. HQDA manages by exception.

c. Process description. The process outlined below and depicted in figure 3-5 describes the command channels for mobilization and the flow of units, manpower, and materiel through the mobilization and deployment process. Although not shown in the figure, HQDA initiates and provides overall management of the mobilization process.

(1) FORSCOM, USAREUR, and USARPAC are the principal MACOMs that command mobilizing RC units. Other MACOMs: TRADOC, MEDCOM, AMC, and TRANSCOM assume command of designated nondeploying units upon arrival at their mobilization location. However, most RC units move to one of 27 PPP and PSP within the CONUSAs to draw equipment and to train before deploying or augmenting the CONUS base. If designated as a direct deployer, an RC unit will move directly to the aerial port of embarkation (APOE) for deployment directly to the theater of operations. If designated a modified deployer, a unit's equipment will go to the seaport of embarkation (SPOE) and the personnel will go to the PPP and PSP for processing and deployment by air. Redistributing equipment and personnel between units and within the CONUSAs takes place at mobilization stations.

(2) The AMC provides wholesale management for materiel (except class VIII, which is provided by USAMMA, a subordinate activity of the U.S. Army Medical Research and Materiel Command [MRMC], a Major Subordinate Command of the MEDCOM) and worldwide test, measurement, and diagnostic equipment support. PERSCOM serves

in a similar management role for personnel.

(3) TRANSCOM serves as a focal point for coordinating and refining TPFDLs, monitors force deployments, and integrates assets of the TCCs.

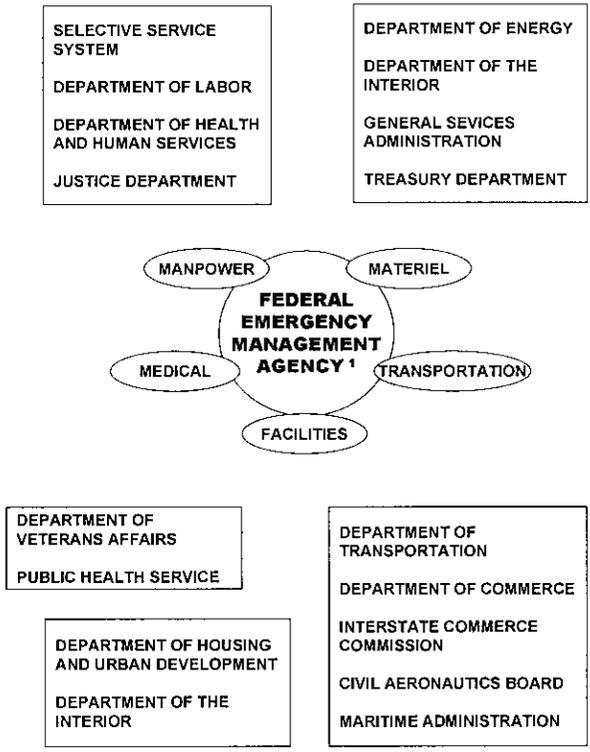
(4) The U.S. Army Corps of Engineers undertakes the expansion of troop housing, training, industrial, and other facilities. MEDCOM expands the medical and dental treatment base in CONUS, provides individual AMEDD skills training, and provides professional filler system (PROFIS) personnel to deploying and deployed AC units.

(5) The training base consists of Military Entrance Processing Stations (MEPS), reception battalions, USATCs, and schools that train volunteers and inductees, and provide reclassification training and retraining of prior service individuals. Most refresher training for prior service individuals will be performed in their assigned units prior to deployment.

(6) Theater commanders operate POEs and receive deployed forces. The MTMC also operates seaports of debarkation.

3-13. MOBILIZATION RESPONSIBILITIES OF FEDERAL NONMILITARY AGENCIES.

Many Federal agencies outside the DoD have responsibilities in connection with mobilization, regardless the level of mobilization. The principal civilian mobilization planning and coordination office is FEMA. Figure 3-6 lists the major mobilization functions



¹ PROVIDES OVERALL COORDINATION IN THE EVENT OF WAR. BECOMES THE OFFICE OF DEFENSE RESOURCES (ODR).

Figure 3-6. Principal mobilization functions performed by nonmilitary Federal agencies.

that involve close coordination with nonmilitary agencies. This coordination is usually accomplished through interagency councils, commissions, and boards or by direct liaison.

**CHAPTER 4
MOBILIZATION OF THE THEATER FORCE.**

4-1. INTRODUCTION.

The primary objective of the Army mobilization process is to mobilize, deploy, and sustain Army forces. The major subsystems involved are the theater force and the CONUS sustaining base. Elements supporting these subsystems are: theater force units, military manpower, materiel,

mobilization stations, the training base, the logistic structure, the medical structure, and transportation support.

4-2. PURPOSE.

This chapter describes the mobilization of the theater force.

4-3. MOBILIZATION OF THEATER FORCE UNITS.

a. Objective. The objective of the proponent agencies of the Theater Force element is to ensure the orderly and timely availability of Army units at APOEs and SPOEs for deployment as prescribed in war plans or as directed by the CJCS.

b. Theater Force units. The approved force consists of AC and RC units. They also may include certain new or unmanned units that are to be activated on order.

(1) Active Army. AC units do not require mobilization; they are either forward deployed or designated to support one or more OPLANs. For planning purposes, major combat elements are allocated to the commanders of unified commands by the JSCP and AMOPES. When an emergency arises, the Joint Staff alerts CONUS-based AC units through FORSCOM channels (through CINCUSAREUR and CINCPAC for European and Pacific based units). Deploying units load their equipment and move to an APOE or SPOE. AMOPES establishes wartime deployment criteria for units.

(2) U.S. Army Reserve. During peacetime, the preparation of USAR units for mobilization is the responsibility of the CG, USARC; CG, USAREUR; and the CG, USARPAC for assigned USAR units. Command is exercised through subordinate AC and USAR headquarters. Army Reserve units are usually earmarked to support one or more operation plan by the JSCP or AMOPES. Some units are designated by AMOPES and the MSPS to become part of the CONUS base.

(3) Army National Guard. During peacetime, the preparation of ARNG units for mobilization is the responsibility of the State Governor. Guidance is issued to the Governor by HQDA through the CNGB and by FORSCOM, USAREUR, and USARPAC to the Adjutants General (AG) of the respective States and territories. The State Governor commands the ARNG units until federalized. When

federalized, ARNG units become part of the AC under the appropriate MACOM.

(4) Unmanned and new units. The approved force structure usually includes troop units that are neither manned nor equipped in peacetime due to the lack of resources. During mobilization, particularly during escalation from full to total mobilization, requirements may arise for the activation of new or additional troop units beyond the approved force structure. Normally, new and unmanned units are activated and organized at cadre strength and filled, trained and employed or deployed under the same procedures and criteria as other force units.

c. Mobilization of RC units. Army Regulation (AR) 10-42 (Organization and Functions of Forces Command) prescribes that FORSCOM prepare and implement plans for mobilization of Army RC units. AR 500-5 (The Army Mobilization and Operations Planning and Execution System) assigns proponentcy to FORSCOM for development of Volume I, (FORSCOM Mobilization Plan (FMP)) of the Army Mobilization Plan (AMP). The FMP provides mobilization planning guidance and instructions to MACOMs, area commanders, and installations; and the RC Unit Commander's handbook provides guidance to all RC units. Relationships between FORSCOM, USAREUR, and USARPAC are described in paragraph 4-3.e.(1)(c). Mobilization of the RC units will normally occur as follows:

(1) Phase I Planning. Units are at home stations and conduct planning, training, and preparatory activities to accomplish their assigned mobilization

missions. They take action to reduce administrative processing time upon mobilization (AMOPES and FORMDEPS [RC Unit Commander's Handbook]).

(2) Phase II Alert. Units receive notice of pending order to active duty through command channels as shown in figure 3-1. They take specified actions to prepare for the transition to active Federal status (AMOPES and FORMDEPS).

(3) Phase III Home Station. This begins when the unit enters active Federal duty and ends when the unit departs for its mobilization station or, in some special cases, ports of embarkation (POE).

(4) Phase IV Mobilization Station. This phase begins with the unit arrival at its MS and encompasses action necessary to meet required deployment criteria. This phase ends with the unit arrival at the port of embarkation.

(5) Phase V Port of Embarkation. This phase encompasses all activities at the Sea Port of Embarkation (SPOE) and the Air Port of Embarkation. These activities include the manifesting and loading of personnel. This phase ends with the departure of unit personnel and equipment from the POE.

d. F-hour procedures. Reserve component members will normally be allowed reasonable time between the alert date and the date required to report for active duty. The Secretary of the Army, however, may order units and individuals to active duty with no advance warning when military conditions require. The channels for alert and notification of mobilization for units and individuals are shown in figure 3-1. It is

the objective of HQDA to notify commanders and reservists involved in a mobilization prior to the public release of this information. In view of the rapidity of communication via the news media, it may be impossible to achieve this objective in future mobilizations.

e. Alert and mobilization CONUS command and control structure.

(1) Premobilization (peacetime). The command and control structure depicted in figure 4-1 is that which is in effect during peacetime.

(a) As shown in figure 4-1, the State Governor commands non-mobilized ARNG units through the TAG. The NGB provides overall policy and control of resources, but it does not command the ARNG. The NGB is a channel of communication from HQDA to the States. FORSCOM commands AC units through CORPS, the 1st Special Operations Command (SOCOM) (for Special Operations Forces [SOF]), FORSCOM installations through CONUSAs, and USAR units through the chain of command. The CONUSAs are geographic entities that support the USAR and ARNG in their areas. The USARC provides command and control for USAR units, except SOF, through the RSCs, geographical entities that command and control USAR units within their regions.

(b) USAREUR and USARPAC report direct to HQDA or respective CINCs. They each develop a mobilization plan in direct response to AMOPES. The USAR units in their areas of responsibility are assigned to and commanded by the respective headquarters responsible for discharging Active Army responsibilities for the area. Accordingly, they

provide input to FORMDEPS and the MSPS.

(c) They are required to perform those RC related duties normally associated with a CONUSA. While USAREUR and USARPAC are in overseas areas that have forward deployed units, in some respects, they perform functions similar to the CONUS sustaining base. While not depicted in figure 4-1, MACOMs other than those mentioned may exercise operational control (OPCON) over selected USAR non-deploying or late-deploying units that will be assigned or attached to the MACOM upon mobilization.

(d) Department of the Army (DA) vertical systems provide personnel and logistic management. The vertical systems operate outside the

chain of command and interact directly with installations. PERSCOM provides personnel management and the AMC provides logistics management. ARPERSCOM provides USAR personnel management. Under a decision by the Vice Chief of Staff, U.S. Army, AMC has command and OPCON of the test, measurement, and diagnostic equipment support program worldwide and maintains deployable modification table of organization and equipment (MTOE) and tables of assistance in the validation and certification of deploying units.

(3) Transition from Pre-mobilization to Post-Mobilization. During mobilization, the transition from the peacetime to wartime command and control structure occurs over a period of time, depending on the type and size of the mobilization. During full or total

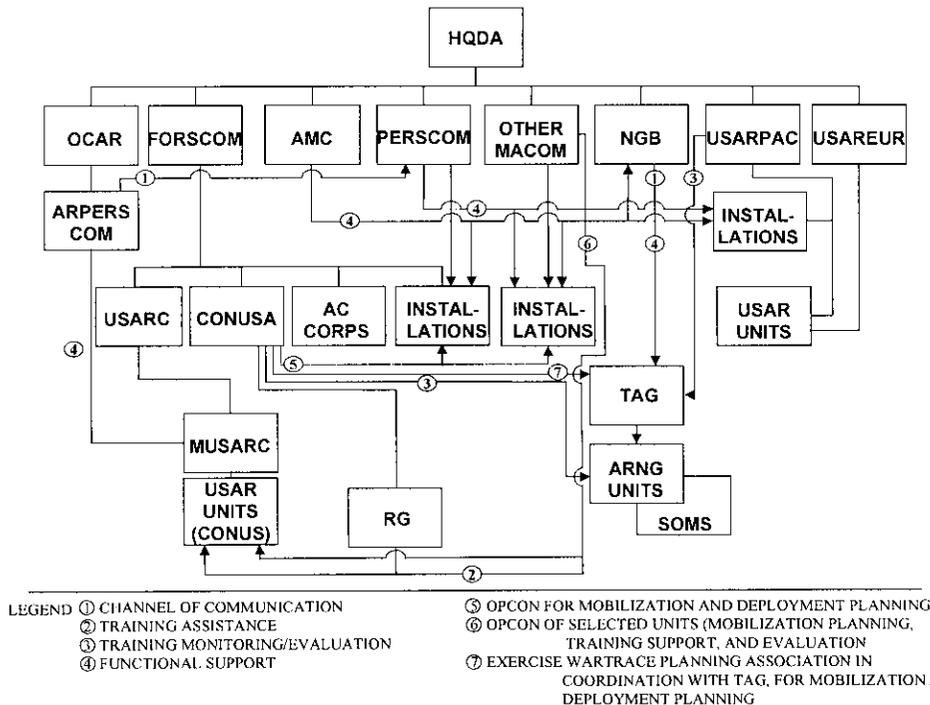


Figure 4-1. Premobilization (peacetime) command and control structure.

for mobilization of RC units; and monitors mobilization process.

(b) The Office of the Deputy Chief of Staff for Logistics (ODCSLOG) has ARSTAF responsibility for materiel distribution, maintenance, and management of transportation assets for mobilizing Army force units. In that capacity, ODCSLOG allocates equipment in accordance with established priorities (DAMPL, AMOPES, etc.); supplements AMOPES guidance; preplans time-phased fill of materiel requirements based on OPLANS and logistic plans; monitors equipment status of units; participates in the allocation of transportation assets; monitors unit movement to POEs, including compliance with materiel fill for deployment criteria; monitors equipment positioning and transportation adequacy; and monitors operation of the FORSCOM Computerized Movement Planning and Status System (COMPASS).

(c) The ODCSPER has ARSTAF responsibility for personnel distribution and personnel mobilization; i.e., assembling and organizing civilian and non-unit RC personnel resources into active military service. In that capacity, ODCSPER preplans time-phased fill of military manpower requirements; monitors personnel status of units; allocates personnel resources in accordance with established priorities (DAMPL, AMOPES); executes applicable parts of military manpower mobilization plans; and monitors unit preparation at mobilization stations and POEs, including compliance with deployment criteria for personnel.

(d) The CNGB has ARSTAF responsibilities for matters pertaining to developing and maintaining the ARNG and participates

with other ARSTAF agencies in formulating and developing DA policies that affect the ARNG. In that capacity, the CNGB allocates ARNG resources in accordance with established priorities (DAMPL, AMOPES), plans unit training, monitors ARNG unit readiness for mobilization, and issues alert orders to ARNG units through the Governor or TAG of the State or Territory.

(2) Forces Command commands the numbered CONUSAs and all assigned Active Army and USAR troop units in CONUS, the Commonwealth of Puerto Rico, Alaska, and the Virgin Islands of the United States. CONUSAs also evaluate and assist training of ARNG units.

(3) The CGs of USAREUR and USARPAC command and support assigned and attached Active Army, USAR, and federalized ARNG units, installations, and activities in their areas of responsibility.

(4) The CONUSAs command the Training Brigades. The CONUSAs provide guidance to the TAGs and provide training assistance and support to USAR units. The CONUSAs also supervise and assist ARNG training.

(5) The MACOMs train AC and USAR units for their wartime missions, redistribute resources in accordance with DA policy, and prepare units for movement. They are also responsible for the activation of PPPs/PSPs and the continual updating of transportation requirements. The RSCs implement mobilization plans and move units from home stations to PPPs/PSPs.

(6) Army components of unified commands prepare war plans and develop requirements for the Theater

Force. They also update troop unit requirements and deployment criteria and prepare to implement plans for receiving deploying units.

(7) State Governors command ARNG units in peacetime and upon mobilization provide units for Federal service. When ARNG units are alerted for mobilization, the STARC may be ordered to active duty. When federalized, the STARC becomes a Joint State Area Command (JSAC). The JSAC and other ARNG federalized units are commanded by the CONUSAs. Units allocated for contingencies such as military support to civil defense and land defense of CONUS will be OPCON to the JSAC.

(8) The State Governors, through the TAGs, command ARNG units not yet federalized (even if alerted for mobilization), train ARNG units for wartime missions (evaluated by FORSCOM, USAREUR, USARPAC, and CONUSAs), and supervise the preparation of mobilization plans. The NGB, through TAGs, alerts ARNG units.

4-4. MOBILIZATION OF MILITARY MANPOWER.

The military manpower supporting element ensures full and timely use of all available sources of individual military manpower to fill the requirements of Theater Force units for deployment and to sustain the deployed force with trained fillers and replacements. Sources of Military Manpower are:

a. Prior Service. The three categories of prior-service personnel are pre-trained Individual manpower, AC non-unit, and Retired.

(1) Pre-trained individual manpower is a generic term which

consists of the following Reserve manpower categories: IRR, Inactive National Guard (ING), Individual Mobilization Augmentee (IMA), Standby Reserve, and Active Guard Reserve (AGR) personnel. The individuals in these categories are the primary source of manpower to reinforce AC and RC units during the early phases of mobilization.

(a) The IRR is composed of members of the Ready Reserve not on active duty or in the Selected Reserve who would be recalled to active duty to fill units to wartime strengths in event of a national emergency.

(b) The ING is composed of ARNG members who are unable to attend drills but remain attached to their former units. They attend an annual muster and mobilize with their units in event of a national emergency.

(c) The IMAs are members of the Selected Reserve not assigned to troop program units. They are pre-assigned to specific AC MOBTDA or MTOE wartime positions and train with their respective organizations during peacetime.

(d) The Standby Reserve category consists of officers and enlisted personnel serving a remaining military service obligation in an inactive status without any statutory requirement for peacetime training. Public Law (PL) 96-357 gives the Secretaries of the Military Services the responsibility for screening and determining the availability of the various Standby Reserve members.

(e) The AGR are National Guardsmen and Army Reservists on

active duty to provide full-time support to the RCs. They are paid from the Reserve personnel appropriations of a DoD Military Service.

(2) AC non-unit individuals may require postmobilization training and fall into the following categories:

(a) Individuals such as trainees, transients, holdees, and students.

(b) Members of units to be inactivated on or after M-day, (e.g., Reserve Officers Training Corps [ROTC] units).

(c) Members of units with missions that diminish or disappear over the mobilization period (e.g., recruiting personnel).

(d) Return-to-duty individuals, which includes casualties returned to duty from a patient status and others returned to duty such as prisoners, personnel who were absent without leave, and deserters.

(3) Retirees: Retired Regular Army (RA), Army of the United States (AUS), and USAR personnel are subject to recall to active duty in the event of mobilization. Members of the retired reserve will be preassigned to a mobilization station to which automated personnel accessioning data are prepositioned monthly. The mobilization plans of installation commanders provide for the reception of preassigned retiree personnel.

b. Nonprior Service (NPS).

(1) Selective Service inductees require, by law, a minimum

of 12 weeks of training before deployment. Although not available for assignment to units for several months following the mobilization order, Selective Service inductees constitute the largest single source of postmobilization manpower.

(2) Volunteers, like the Selective Service inductees, require a minimum of 12 weeks of training before deployment.

(3) Delayed Entry Enlistees consist of RA and Selected Reserve Enlistees awaiting training who are high school graduates or are awaiting graduation. This group also includes enlisted members of Selected Reserve units who have completed basic combat training and are awaiting advanced individual training. Like the Selective Service inductees, this group requires postmobilization training before deployment.

c. Active personnel. The CG, PERSCOM is responsible for all mobilization actions affecting Army personnel on active duty. Installation commanders are responsible for the processing and utilization of the active duty personnel who are made available. In the event of a declared national emergency and mobilization:

(1) The period of service for members of the active Armed Forces will normally be extended for the duration of the emergency, plus 6 months.

(2) Specific peacetime military organizations may be inactivated or reduced and the personnel and other assets redistributed to meet mobilization and deployment requirements. Such units will be identified in mobilization plans.

(3) Specific active duty military personnel on detached service will be returned to their parent units or to other AC wartime organizations.

d. Reserve personnel.

(1) ODCSPER is responsible for the mobilization of individual reservists who are not members of the Selected Reserve. This is accomplished through ARPERSCOM, a field operating agency (FOA) of Chief, Army Reserve.

(2) The IRR and Standby Reserve members are not assigned to troop units. On mobilization, the members of the IRR and Standby Reserve are ordered to active duty and employed as fillers or replacements.

(3) Members of the IRR will be preassigned to a mobilization station to which automated personnel accessioning data are pre-positioned monthly. The mobilization plans of installation commanders provide for the reception of preassigned IRR personnel.

e. Volunteers and Inductees.

(1) The ODCSPER, through the Commander, U.S. Military Entrance Processing Command (MEPCOM) is responsible for developing Army policy and planning guidance for the institution of the draft and accession of inductees and volunteers for active duty.

(2) TRADOC is responsible for planning the reception, processing, and training of all Delay Entry Enlistees, volunteer Enlistees, and Selective Service inductees. Detailed plans are published in the TRADOC Mobilization and Operations

Planning System (TMOPS), which is Volume III of the AMP.

f. Retired personnel.

(1) The ODCSPER, through ARPERSCOM, is responsible for the mobilization of retired RA and Reserve individuals. Authority to recall is vested in Title 10, United States Code (USC) Section 688(a) for RA retirees and Reserve retirees who have completed 20 years of active Federal service and section 12301 for the remaining Reserve retirees. Section 688(a) authorizes the Secretary of the Army to involuntarily recall retirees at any time in the interests of national defense. Recall is in accordance with Section 12301 and is contingent upon a congressional declaration of war or national emergency and the SECDEF's concurrence in the Secretary of the Army's determination that no other Reserves are available.

(2) Planning for the management and support of recalled retirees is a MACOM, and installation responsibility with the greatest emphasis needed on detailed installation planning. Installation mobilization plans must reflect this requirement and be geared to efficient reception and utilization of preassigned retired personnel.

g. Major functional responsibilities for mobilizing military manpower.

(1) HQDA.

(a) In accordance with PL 96-584, the Secretary of the Military Service considering the military situation determines how much time members of the IRR will be allowed between the date of alert

and the date for reporting to mobilization stations. If the Office of the Secretary of the Army (OSA) has that responsibility, the Secretary of the Army authorizes the involuntary recall of retirees under the provisions of Title 10 USC, Section 688(a) and determines the requirement for Reserve retirees per Section 12301.

(b) The ODCSOPS has ARSTAF responsibility for force structure development and determining manpower requirements and allocations. In that capacity, ODCSOPS establishes priorities for the allocation of military personnel resources, establishes policies on retraining and training prior and nonprior service volunteers, and designates AC units that will be reduced in manning or inactivated on mobilization.

(c) The ODCSPER has ARSTAF responsibility for manpower utilization, including personnel procurement, management, distribution, and mobilization. In that capacity, ODCSPER establishes Army policy on enlistment and processing of prior and nonprior service volunteers; develops mobilization training requirements; establishes policy for calling individual RC members and Selective Service inductees to active duty; establishes policies and guidance for reassignment; prescribes policy for ARPERSCOM on management of the Standby Reserve; allocates pretrained individual manpower in accordance with DAMPL priorities; establishes criteria for assigning retired individuals; executes plans for processing and training of pretrained individual manpower on mobilization; develops mobilization training requirements for Selective Service inductees; evaluates the need for mobilization

of the Standby Reserve; when necessary, instructs ARPERSCOM to issue mobilization orders to the available members of the Standby Reserve; and monitors implementation of supporting plans.

(d) The ODCSLOG has ARSTAF responsibility for personnel support services. In that capacity, ODCSLOG develops and implements plans for stockage and procurement of items for equipping the manpower force.

(2) ARPERSCOM administers and manages personnel mobilization actions for the IRR, IMA, Standby Reserve, and retired personnel and earmarks for mobilization the majority of pre-trained individual manpower assets.

(3) PERSCOM manages active force personnel to meet mobilization requirements, manages manpower distribution (less chaplain and Judge Advocate Generals Corps officers and less redistribution of MEDCOM personnel located at mobilization stations), implements plans, and issues instructions to installation commanders for changes to personnel distribution. PERSCOM is also responsible for planning the procurement and retention of the Army civilian work force to meet mobilization requirements. Installation commanders are responsible for programming requirements for the civilian work force.

(4) MEPCOM prepares and implements plans to interface with the Selective Service System to furnish inductees, as available, in accordance with DoD requirements.

(5) TRADOC and MEDCOM prepare and implement plans for post-mobilization training of

predicted military occupational specialty (MOS) requirements and supervise expansion of the training base. In coordination with PERSCOM, TRADOC and MEDCOM plan redistribution of selected TDA personnel assigned to them that do not have a continuing postmobilization mission.

(6) Mobilization stations prepare plans to receive and in-process RC units and individuals, train RC units, and assign or transfer mobilized and newly assigned individuals.

CHAPTER 5 MOBILIZATION OF THE CONUS SUSTAINING BASE

5-1. INTRODUCTION.

The CONUS Base consists of elements oriented primarily toward sustaining and reinforcing the theater force: mobilization stations, training bases, logistic support, medical support, and transportation support.

5-2. PURPOSE.

This chapter describes the CONUS Base and outlines the major responsibilities and actions of the principal participants.

SECTION I POWER PROJECTION PLATFORMS (PPP) AND POWER SUPPORT PLATFORMS (PSP)

5-3. OBJECTIVE.

The objective of the PPP/PSP element is to ensure the orderly expansion of Army posts, camps, and stations and their ability to receive, house, supply, train, and deploy units.

5-4. CONCEPT.

a. Command and Control. When mobilized at home station, RC units are assigned to a designated MACOM.

Command of RC units passes to the PPP/PSP Commander (tenant MACOM activities in the case of non-deploying units) when the units report to the PPP/PSP. The MACOMs retain management of their installations and installation commanders are designated by MACOMs. Normally the senior officer maintains or assumes command to ensure continuity of management functions.

b. Manpower.

(1) Installations develop MOBTDAs based on guidance provided by their parent MACOM to enable mobilization stations to meet mobilization population and operation requirements. Expansion of mobilization services is accomplished by deleting non-mission essential services; extending the workday and workweek; executing option clauses in existing contracts; and contracting for personnel and services.

(2) Semi-Active Federal and State Owned and Operated Mobilization Stations (SOMS) will require USAR garrison units or ARNG installation support units to open and operate them in support of mobilization. In situations where an active U.S. Army garrison exists, USAR garrisons will augment the existing garrison in support of mobilization requirements.

(3) PPP/PSP Commanders receive, process, and assign IRR and recalled retirees to units and activities in accordance with instructions, priorities, and policies from their MACOMs. They redistribute personnel based on unit priorities and requirements and in accordance with MACOM policies and guidance.

c. Facilities.

(1) Installations prepare detailed capability plans based on the MSPS to support mobilization and deployment requirements included in installation mobilization plans and mobilization master plans. Real property maintenance activities programs are developed to support base expansion plans. New construction will be minimized. Requirements will be met by reducing per capita space, activating inactive or Semi-Active Installations, exercising Memorandums of Understanding (MOUs) for State Owned and Operated Mobilization Stations.

(2) Major Commands and installations request termination of all nonessential construction on M-day and, as required, update wartime requirements for new construction. Construction requirements in support of expansion plans will be consolidated by the Office, Assistant Chief of Engineers (OACE) and coordinated for installations by district engineers. Real estate requirements for training areas are based on TRADOC Army Training and Evaluation Program (ARTEP) criteria and Wartime Program of Instruction/Mobilization Army Program for Individual Training (POI/MOBARPRINT) station loading.

d. Services (Readiness Support).

(1) PPP/PSP Commanders are primarily responsible for correcting deficiencies that restrict deployment of priority units. Upon mobilization, RC units report their status of reportable items to the PPP/PSP Commander. These Commanders maintain and report the status of deploying units through the Deployment, Employment, and Mobilization Status (DEMSTAT) System. PPP/PSP

Commanders redistribute equipment in accordance with established priorities, shortage and condition of equipment, and estimated delivery dates from the wholesale supply system. Major Commands and CONUSAs assist the PPP/PSP Commanders, when requested, with personnel and equipment redistribution and in the deployment validation of units. A major part of this assistance is accomplished by the CONUSA organizing a Mobilization Assistance Team (MAT) and attaching it to the PPP/PSP to assist with unit training and deployment validation. The deployment validation of units will be in accordance with the instructions, priorities, and policies of HQDA.

e. Major functional responsibilities for PPPs/PSPs.

(1) HQDA.

(a) The ODCSOPS has ARSTAF responsibility for developing TPFDLs, time-phased requirements and schedules for total force units to be supported; establishing deployment validation criteria and training requirements; and setting priorities for support through the DAMPL. In that capacity, ODCSOPS reviews HQDA and MACOM mobilization and capabilities plans to identify and correct deficiencies limiting mobilization and deployment. ODCSOPS designates USAR garrison commands to operate activated and recaptured Semi-Active installations designated as PPP/PSP and to expand capabilities at Active Duty stations.

(b) The ODCSPER has ARSTAF responsibility for personnel mobilization, procurement, and distribution. In that capacity, it plans emergency accessions of civilian personnel, reviews general support

force requirements, establishes policies and procedures for postmobilization distribution of personnel among units, develops policies and procedures for preassignment and utilization of individuals, monitors phased accession of personnel to PPPs/PSPs, and monitors progress of redistribution of personnel by MACOMs.

(c) The ODCSLOG has ARSTAF responsibility for support services. In that capacity, ODCSLOG provides staff supervision over base operations support programs including supply, maintenance, transportation, and troop support services. ODCSLOG programs base logistic support to provide materiel and services for mobilization missions. ODCSLOG also makes recommendations on reallocation of resources among PPPs/PSPs to meet mobilization schedules and coordinate logistical unit and station diversions to ensure logistical support is maintained in accordance with established priorities.

(d) The Director of Information Systems for Command, Control, Communications, and Computers (DISC4) develops policy for integrated information systems.

(e) The Office of the Chief of Engineers (OCE) has ARSTAF responsibility for installation planning and utilization, military construction, real estate, and environmental activities. In that capacity, the OCE correlates the Army Stationing and Installations Plan with base operations support programs, develops programming and budgeting to upgrade installation mobilization facilities, establishes policies and procedures for preparing base capabilities and development plans, provides policy guidance for engineer

support to installations, and provides policy and guidance for stationing criteria of mobilized units and individuals.

(2) Major Commands will manage the preparation of PPP/PSP plans for expansion, train RC garrison units to activate installations, activate State-operated and Federal Semi-Active Mobilization Stations, alert and activate units under their jurisdiction, monitor progress of movement of RC units to PPPs/PSPs, and provide temporary augmentation and technical assistance to PPPs/PSPs for reception and initial processing of incoming units and individuals.

SECTION II TRAINING BASE SUPPORT ELEMENT

5-5. OBJECTIVE.

The objective of the training base element of the CONUS Base is to ensure the orderly and timely availability of trained manpower to mobilize for CONUS Base support and Theater Force requirements.

5-6. SUPPORT ELEMENT CONCEPT.

a. Induction centers. The HQDA ODCSPER is the DoD Executive Agent in all matters pertaining to the operation of MEPCOM and MEPS. The MEPCOM, through the MEPS, is responsible for providing facilities for conducting physical and mental examinations and inducting qualified registrants into the armed services.

b. Reception battalions. The Army's capability for receiving and processing Enlistees, inductees, and other accessions will be increased upon mobilization. The existing reception battalions (all collocated with existing TRADOC training

centers) will be expanded. Reception battalions will be mobilized to establish or augment the reception battalion capability required at post-mobilization training centers.

c. Training centers.

(1) The initial entry training capability of the USATCs will be expanded. The USAR training divisions and brigades will be mobilized to increase the capacity of TRADOC training centers and establish training centers at selected FORSCOM installations.

(2) All nonprior service (NPS) accessions into the training base will receive a minimum of 12 weeks of military training or its equivalent prior to deploying overseas (Title 10 USC 671). Initial entry training, which consists of basic combat training (BCT), advanced individual training (AIT), and one station unit training (OSUT), and reclassification training for prior-service personnel will be conducted in the USATC system.

d. Army Service schools. The capacity and capability of Army Service schools will also be expanded. The existing TRADOC and MEDCOM service school structure will be extended to train Army military occupational specialty skill requirements.

e. U.S. Army Reserve training and support elements.

(1) USAR reception battalions mobilize at designated mobilization stations, augment existing reception stations, and establish reception stations to receive and

process individuals into the installation training center.

(2) To increase the capacity of TRADOC training centers and establish training centers at selected FORSCOM installations, USAR Divisions (Individual Training) mobilize at designated PPPs/PSPs.

(3) U.S. Army Reserve Forces (USARF) schools mobilize as a unit at designated mobilization stations and immediately deactivate. Personnel and equipment are programmed to fill MOBTDAs expansion of USATC and Service schools.

(4) The ARNG military academies of each STARC mobilize as part of the STARC. Personnel and equipment of the military academies in CONUS will be transferred to a mobilization station to fill MOBTDAs expansion of USATC and Service schools.

f. Major functional responsibilities for the training base.

(1) HQDA.

(a) The ODCSOPS has ARSTAF policy responsibility for force mobilization, requirements, readiness, and individual and unit training. In that capacity, ODCSOPS determines the requirement to fill USATCs. ODCSOPS apportions available personnel and equipment between theater forces and the training base and reviews the mobilization expansion plans of CONUS reception battalions and training centers. The ODCSOPS directs conversion of the training base to a wartime status and adjusts training programs, if necessary.

(b) The ODCSPER has ARSTAF responsibility for manpower utilization and mobilization. In that capacity, ODCSPER estimates post-mobilization individual manpower requirements for replacements and fillers over time, determines training accession loads, determines the postmobilization individual training requirements, and recommends revision of mobilization training requirements, if necessary.

(c) The ODCSLOG provides for materiel support of training facilities based on the MSPS and TRADOC-TBEP.

(d) The Office of the Assistant Chief of Engineers (OACE) has ARSTAF responsibility for installation planning and utilization. In that capacity, OACE assesses installation capabilities for billets, utilities, ranges, and training areas.

(2) TRADOC develops the TRADOC-TBEP; implements plans to expand the existing training base; executes wartime policies for operation of training activities; and develops wartime mobilization POIs (MOBPOI) for BCT, AIT, OSUT, and other approved postmobilization courses and distributes them to the schools, training centers, USAR Divisions (Individual Training), and appropriate PPPs/PSPs and MACOMs. TRADOC operates CONUS Replacement Centers (CRC) to coordinate movement of individuals to overseas theaters.

(3) The MEPCOM, through MEPS, conducts physical and mental examinations of volunteers and registrants for induction.

(4) The MEDCOM develops the expansion of the AMEDD individual

training base in CONUS. The TSG determines the status of AMEDD courses upon mobilization (those to be deleted and those to be expanded). The MEDCOM implements plans to expand the existing training base and executes wartime policies for operation of training activities in accordance with the MEDCOM-MPS. The MEDCOM, through the AMEDDC&S, develops wartime POIs for AMEDD individual officer and enlisted courses.

SECTION III LOGISTICS SUPPORT ELEMENT

5-7. OBJECTIVE.

The objective of the Logistics Support Element is to provide logistical support to meet mobilization, deployment, and employment requirements of the total Army.

5-8. SUPPORT ELEMENT CONCEPT.

a. Maintenance.

(1) Current policies call for the Army Maintenance System to be expanded and enhanced to increase the supply of equipment assets by restoring unserviceable items, salvaging spare parts from non-repairable items, and adopting standards for serviceability and maintenance to ensure maximum availability and minimum "down" time. Unserviceable equipment will be restored as rapidly as possible at the lowest echelon of maintenance commensurate with the deployment schedule of Theater Force units.

(2) Upon mobilization, the Army maintenance structure has several immediate goals. It absorbs RC combat service support (CSS) units, executes emergency civilian hiring procedures in accordance with MOBTDAs and implements previously

negotiated maintenance contracts and interservice and Federal agency support agreements.

(3) Mission essential items receive the highest priority. First priority will go to equipment items for deployed and deploying Theater Force units. Items in excess to mobilization needs left behind by deploying units are second priority, and third would be specific items identified and managed by HQDA.

b. Facilities.

(1) Army production base. The Army production base is comprised of Army controlled industrial activities: active and inactive ammunition plants, arsenals and proving grounds, missile plants, and other miscellaneous plants. These facilities are to be activated and expanded, or new temporary facilities and installations will be constructed to provide maximum wartime levels of production.

(2) National Industrial Base.

(a) The National Industrial Base is that part of the total privately owned and Government owned industrial production and maintenance capacity of the U.S. expected to be available during emergencies to manufacture and repair items for the armed services. It constitutes the primary means for producing the materiel to sustain the Theater Force and to equip and sustain new units, including CONUS Base units.

(b) Recent industrial preparedness policy has evolved from the Defense Production Act of 1950 and Executive Order 11921 of 15 June

1976, which assign emergency preparedness functions to Federal agencies. The Army performs industrial preparedness planning for about 2,000 major items. Items selected for planning are military end items or components that are essential to combat effectiveness.

(3) Military construction. Expansion of the CONUS training and sustaining base and Army production base will be required under full mobilization. Initially, expansion of capability will be achieved from immediate discontinuation of nonessential activities; relaxation of space, environmental, and other constraining criteria; and the rehabilitation or recapture of facilities using available labor and the self-help effort of using units.

c. Supply. The Army will expand its supply storage, handling, procurement, and production capabilities. Storage policies will be relaxed to permit open storage on improved and unimproved sites, public warehouses, and contractor facilities. Maximum use will be made of contingency clauses in current contracts or in the award of contingency contracts to rapidly obtain goods and services to support mobilization. Suppliers will accelerate deliveries by going to multi-shift production operations. A major objective of the supply system will be to expedite the availability of needed materiel for entry into the transportation subsystem and responsive delivery to the recipient. The Army will call on the existing (wartime) authority to utilize the National industrial base for pre-planned production and buy, lease, or contract for goods and services from any available commercial source.

d. Services. Upon mobilization, it will be necessary to expand troop service support (food services, laundry, dry cleaning, bath, and mortuary) to accommodate the mobilization station population. Service facilities at newly activated mobilization stations will be renovated utilizing available materiel, funds, and manpower. As required, support units will be tasked to provide mobilization stations with unit facilities and equipment until general support force units can assume these functions. It may be necessary and more cost effective to augment Services' capabilities by contracting with civilian firms to accommodate increased requirements.

e. Major functional responsibilities for logistics support.

(1) HQDA.

(a) The Office of the Assistant Secretary of the Army (Installations, Logistics and Environment) (OASA-[IL&E]) reviews programs for expanding mobilization base installations and facilities and coordinates Army logistic requirements with OSD priorities and policies.

(b) The OASA (Research, Development, and Acquisition) (RDA) coordinates the Army Industrial Preparedness Plan with the OSD, secures emergency authority and funds to execute the mobilization procurement program, and ensures that DoD procurement policies and priorities are followed. OASA (RDA) has ARSTAF responsibilities for industrial preparedness and materiel acquisition; integrates industrial preparedness planning and current procurement for the development, maintenance, and retention of an adequate industrial

base for future procurement; issues planning and policy guidance for computing the Army acquisition objective and preparing the Army Materiel Plan.

(c) The OASA Civil Works (CW) prepares recommendations to Congress for the disposition of ongoing CW projects.

(d) The ODCSOPS has ARSTAF responsibility for force and resource requirements and priorities. In this capacity, ODCSOPS approves the tables of organization and equipment (TOEs) and the TDAs for maintenance units and wholesale logistics organizations, establishes maintenance support strategy and resource program requirements and priorities for support of the operational force, and coordinates new priorities and changes to TPFDD and materiel requirements. ODCSOPS monitors materiel readiness and coordinates corrective action, which may include redistribution, unit drawdowns, diversion of equipment, and adjustments in troop lists.

(e) The ODCSLOG has ARSTAF responsibility for materiel distribution, maintenance, and disposal. In that capacity, ODCSLOG manages the Integrated Logistics Support Program, provides policy guidance to materiel developers and MACOMs to ensure that supply and maintenance systems are coordinated, reviews plans for the wholesale maintenance community, programs resources to attain base operations support surge capability, establishes total Army logistics readiness goals for equipment on hand, designates critical equipment items and develops the total Army equipment distribution program (TAEDP), coordinates Army materiel requirements with DoD

integrated materiel, authorizes transfer of war reserve stocks to general stocks according to established priorities, and submits estimates of mobilization expenditures in excess of current ceilings to the Comptroller of the Army.

(f) The ODCSPER orders implementation of emergency authority for civilian personnel accessions to expand the logistic base and suspends hiring restrictions for logistic installations.

(g) The Office of the Comptroller of the Army (OCA) provides MACOMs with emergency funding guidance for procurement, production, and contracting. The OCA, as required, disseminates new fiscal instructions to the MACOMs.

(h) The OTSG provides policy and guidance for distributing major medical items and manages the supply and maintenance systems for medical materiel.

(i) The U.S. Army Corps of Engineers reviews installation and capability plans. OACE manages Army budget programs for military construction and real property maintenance activities.

(2) Major Commands review installation mobilization expansion plans and approve mobilization TDAs to ensure adequate troop service support at mobilization and training installations. In that capacity, MACOMs identify materiel deficiencies; redistribute equipment according to HQDA guidance; commence emergency procurement and construction; and fill deploying units from war reserve, depot, and installation stocks.

(3) Wholesale materiel managers identify M-day procurement and production resources, provide technical assistance to installations in preparation of their expansion and transportation plans, and prepare standby agreements and contracts for inter-Service and non-military maintenance and procurement support. They coordinate common user item and commodity requirements with the Defense Logistics Agency (DLA) and the General Services Administration (GSA), redistribute materiel assets as directed, initiate expansion of depot and facility capability, execute emergency production plans, update transportation requirements, and, on order, commence throughput of ammunition shipments.

SECTION IV MEDICAL SUPPORT ELEMENT

5-9. OBJECTIVE.

The objective of the medical support element is to ensure essential health services are available after M-day.

5-10. SUPPORT ELEMENT CONCEPT.

a. Health Care Services. Health care includes but is not limited to medical, dental, optometry, veterinary, and preventive medical support.

(1) Army Hospitals. On order, MEDCOM MTFs will expand to their maximum within-the-walls bed capacity. The health care treatment base in CONUS will be expanded to support the mobilizing and deploying forces, the CONUS sustaining base population, and returning theater generated patients. Health care services will continue for family members and retirees within the limitations of available resources.

The Assistant Secretary of Defense for Health Affairs (ASD-HA), in coordination with the JCS, will recommend a CONUS return to duty policy to the SECDEF to ensure the efficient use of CONUS hospitalization resources. For planning purposes, patients expected to return to duty within 60 days will be hospitalized in the military direct care system.

(2) Department of Veterans Affairs (DVA) medical centers.

(a) Under the provisions of Public Law 97-174, the DVA is the primary backup to DoD. In the event of mobilization, the DVA/DoD Contingency Hospital System will be activated to augment inpatient and outpatient medical support to the mobilizing CONUS base and provide additional hospitalization support for sick and wounded soldiers evacuated from the theaters of Operations.

(b) The DVA/DoD Contingency Hospital System is activated by a written communication between the SECDEF and the Secretary of Veterans Affairs upon declaration of national emergency by the President or Congress.

(3) Civilian hospitals. The NDMS is a series of agreements that would provide civilian hospital beds for casualties evacuated to CONUS from a major conflict outside of the United States. It is also available in the event of a major natural disaster within CONUS. For mobilization purposes, NDMS would be activated only if military casualties generated in a war exceed the DoD and DVA capability to care for them. The SECDEF has the authority to activate this system in the event of a national emergency. MEDCOM is the

responsible Army agent in CONUS for planning, testing, and implementing the provisions of the NDMS in accordance with guidance from the ASD-HA.

b. Facilities.

(1) Maximum use of existing facilities will be made.

(2) Currently approved projects, not substantially started, will be reviewed by sponsoring agencies to eliminate all construction not essential to the war effort. Design and construction methods will be changed to factor the use of materials that are most plentiful in order to minimize interference with production of combat material; speed up construction; and conserve manpower, materials, and equipment.

(3) Maximum use will be made of all available local resources, including labor, materials, plant, and contractor organizations in order to conserve military resources required for the war effort.

(4) Mobilization expansion planning for AMEDD facilities will be based on mission and phased patient loads determined by MEDCOM.

(5) In addition to current guidance on maintenance of facilities, the following are applicable to mobilization:

(a) Installation mobilization plans will provide that, in the event buildings or facilities have been exposed to chemical, biological, or radiological contamination, measures will be taken to adequately decontaminate them prior to use or occupancy.

(b) Installation plans will provide for the emergency actions required to restore operation of essential utilities and fire protection service disrupted by an attack or other causes.

(c) Equipment required to support bed expansion will be acquired through pre-positioned contingency/exigency contracts.

(6) Following mobilization, hospitals will expand to the maximum within core facilities by restoring administrative space to patient care space and reducing patient bed space to 72 square feet per patient. Patients that cannot be accommodated within existing facilities of the Armed Services will be assigned to DVA medical centers or, upon activation, civilian hospitals participating in NDMS. Certain Army hospitals will be designated as primary receiving centers (PRC) in the MEDCOM-MP. Other Army hospitals could be expected to receive theater-generated patients as well, in accordance with available operating beds (an operating bed is defined as the total system; i.e., staff, equipment, and physical space available for the patient).

c. Major functional responsibilities for medical support.

(1) The OTSG has ARSTAF policy responsibility for health services and standards. In that capacity, OTSG makes pre-hostilities determinations on the wartime level of care to be provided to dependents and retirees and monitors host-nation support agreements of the Commanders-In-Chiefs (CINC) considering their effect on Army health care.

(2) The MEDCOM expands to provide total health care and individual AMEDD training support to the expanded Army. The MEDCOM compares projected medical workloads with capacities of existing and planned wartime medical facilities and takes necessary action to overcome shortfalls (personnel and hospital beds). The MEDCOM determines CONUS drawdown of AMEDD assets for filling theater units and recommends, when necessary, adjustments to evacuation policy and expansion plans. The MEDCOM ensures that Memorandums of Agreement (MOA) and MOUs, between medical treatment facilities (MTF) and installation commanders, are in effect to support medical expansion plans. The MEDCOM provides medical personnel to fill forward deployed and AC early deploying forces through PROFIS. The MEDCOM ensures planning is accomplished for expansion of the AMEDD training base at the AMEDDC&S and selected MTFs to provide initial AMEDD training to new accessions and refresher training of Prior Service personnel.

(3) The MEDCOM is responsible for the following areas:

(a) Expand the health care treatment base to support the increased training population and returning theater-generated patients.

(b) Support the mobilizing and deploying force through provisions of medical and dental examinations, immunizations, optometry services, operation of troop medical clinics, and other base operations medical services.

(c) Operation of the Army Blood Program collection mission in support of the Military Blood Program Office.

SECTION V
TRANSPORTATION SUPPORT ELEMENT

5-11. OBJECTIVE.

The objective of the Transportation Support Element is to move the Total Force (units and materiel) within CONUS and to and from overseas commands.

5-12. SUPPORT ELEMENT CONCEPT.

a. U.S. Transportation Command (TRANSCOM).

(1) TRANSCOM coordinates and monitors time-sensitive planning and execution of force and resupply movements for deployment of CONUS-based Army and Air Force combat forces. It also coordinates deployment planning with Navy and Marine Corps forces. (These deployments should not be confused with the normal rotation of units, ships, squadrons, etc. in peacetime). TRANSCOM assists the Joint Staff in resolving transportation shortfalls with supported and supporting commanders, and the Services.

(2) In addition to its role during crisis, TRANSCOM serves as a focal point for the deliberate development and coordination of contingency plans in peacetime; thus ensuring development and refinement of TPFDLs for the major OPLANs prepared by the unified commands. The Services' plans for Intra-CONUS movement of mobilized RC forces are also coordinated by TRANSCOM.

(3) A further responsibility assigned to TRANSCOM is to operate a computerized system to support crisis management and to effectively use the products of the joint planning process.

b. TRANSCOM TCCs.

(1) Figure 5-1 shows organizational relationships. These relationships are important to deployment planning because the three TCCs manage or control inter-theater and intra-CONUS transportation assets and facilities. TRANSCOM TCCs are:

(a) Military Traffic Management Command (MTMC). MTMC is the single manager for military traffic, CONUS land transportation, common-user ocean terminals, and Inter-Modal Movement. MTMC participates in and is responsible for transportation planning and execution in support of military deployments.

(b) Military Sealift Command (MSC). The MSC operates and manages common-user ocean shipping. The MSC schedules sealift and coordinates port services (tugs, barges, etc.) in support of operations with appropriate port authorities at both the SPOEs and seaports of debarkation (SPODs).

(c) Air Mobility Command (AMC). AMC provides for the worldwide operation of common-user airlift resources and aerial ports. AMC schedules and analyzes the inter-theater airlift segment. The analysis includes an assessment of the adequacy of throughput capabilities of APOEs in CONUS and aerial ports of debarkation (APODs) in theater.

(2) Organizational relationships.

(a) Operation of the surface lines of communication is split among MSC, MTMC, and the theater commanders. MTMC is responsible for CONUS line-haul and ocean terminal operations. The MSC is charged with

ship contracting and scheduling. The theater commander manages intra-theater surface movements. The schedule for cargo movement and port operations must interface with the schedule for ships. Port throughput capacity, both in CONUS and in a theater of operations, is a major consideration and is often a limiting factor. Additionally, surface transportation planning procedures must be flexible enough to allow planners to adjust to exigencies such as ship or port losses.

(b) The AMC is responsible for airlift operations. To meet response times postulated in the JSCP, planners must be able to develop and maintain flow plans that are capable of rapid execution. This capability requires detailed planning among the users of common user airlift assets. In addition, AMC requires 3 to 4 days to achieve a full surge airlift capability. This time is required to marshal active Air Force elements and to mobilize and position essential Air National Guard and Air Reserve units. Therefore, to develop realistic flow plans, planners must carefully balance airlift requirements with capabilities until a full surge capability can be achieved and maintained.

(c) Movement planning generally is accomplished in a sequential process. Air movement schedules are prepared first. Then, AMC provides the schedules and APOEs to the TRANSCOM deployment directorate and appropriate commands and agencies. MTMC prepares intra-CONUS movement schedules to interface with the inter-theater air movement schedules. MTMC also selects SPOEs and provides sealift requirements to MSC. In essence, MTMC cannot develop CONUS movement schedules until

AMC provides APOEs and air movement schedules, and MSC cannot develop sealift movement schedules until MTMC provides SPOEs and sealift requirements.

c. Major functional responsibilities for transportation support.

(1) HQDA.

(a) The Assistant Secretary of the Army (ASA-[I&L]) provides broad policy guidance and supervises the operations of MTMC. The ASA (I&L) also confers as necessary with the Department of Transportation for potential use of commercial transportation assets and facilities during emergencies.

(b) The ODCSOPS has ARSTAF responsibility for developing time-phased requirements, military operations, and force readiness. In that capacity, ODCSOPS assists in the development and refinement of TPFDDs and TPFDLs, analyzes OPLANs, ensures the readiness status of units scheduled for deployment is commensurate with OPLAN priorities, and participates in the intensive management of the Joint Deployment System data base for 5 to 15 day increments.

(c) The ODCSLOG provides the Army representative to the Joint Transportation Board and direct liaison to TRANSCOM. The ODCSLOG will monitor mobilization and deployment movements and resolve transportation policy disputes as required.

(d) The OTSG provides guidance for casualty evacuation transportation requirements.

(2) FORSCOM translates RC COMPASS data into movement requirements, reviews unit DEMSTAT reports,

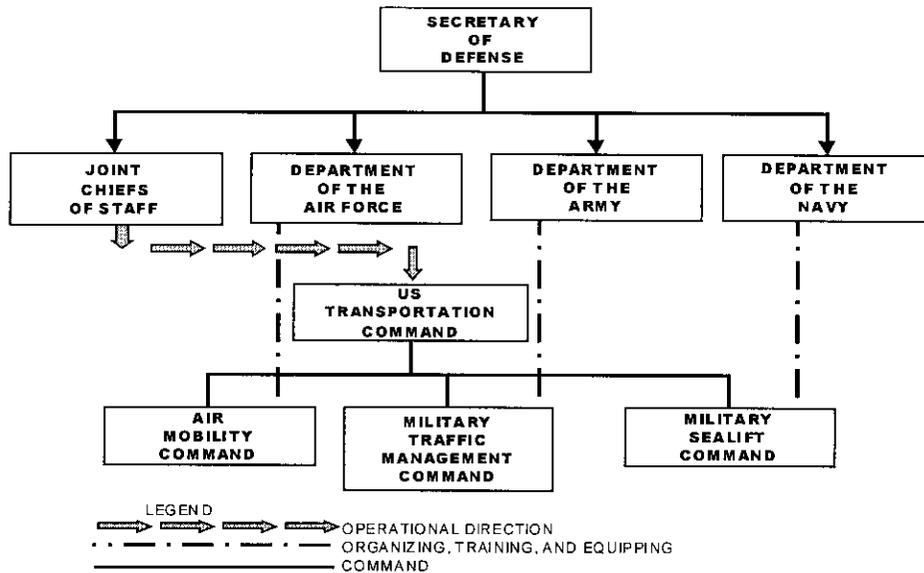


Figure 5-1. Organization of the transportation component command (TCC).

and coordinates changes to movement plans with HQDA and TRANSCOM.

(3) The Army Materiel Command prepares requests for non-unit movements of supply classes II, IV, V, VII, and IX. The AMC offers materiel to MTMC for shipment based on the needs of overseas commands, stocks on hand, and shipping facilities.

(4) The DLA provides transportation data to AMC for supply classes I and III.

(5) The U.S. Army Medical Materiel Agency will submit transportation data on supply class VIII materiel to the AMC Logistics System Support Activity in JOPES reporting format.

(6) TRANSCOM integrates data to create a database for deployment plans and assures

interface of intra-CONUS lift schedules with inter-theater lift schedules. TRANSCOM monitors deployments using the JOPES; maintains the data base; coordinates movement requirements with supporting CINCs, and provides deployment data to the Joint Staff and supported commands, supporting commands, and Services. TRANSCOM also coordinates the movement sequence changes for forces and materiel required by the supported and supporting CINCs.

**CHAPTER 6
COMMAND RELATIONSHIPS**

6-1. PURPOSE.

This chapter defines the mobilization responsibilities, limitations, and relationships of commands and activities as they pertain to the MEDCOM.

6-2. HQDA, FORSCOM, AND MEDCOM.

The CG, MEDCOM is supervised by the

Chief of Staff of the Army. In addition, he responds to the CG, FORSCOM in furtherance of FORSCOM's responsibilities as the Army Executive Agent for contingency plans and mobilization execution in CONUS. In the joint role, the CG, FORSCOM is the Army Component Commander to Joint Forces Command (JFCOM), a unified command.

6-3. CG, MEDCOM/TSG.

The CG, MEDCOM/TSG exercises his authority as follows:

a. Commands assigned installations (Fort Detrick, Fort Sam Houston, and Walter Reed Army Medical Center).

b. Provides guidance to other MACOM installation commanders for missions, reports, resources, functional support, and mobilization for MEDCOM units and activities stationed at other MACOM installations.

c. Commands assigned units and activities that are tenants on other MACOM installations.

d. Establishes the format for the medical Annex to the installation mobilization plan (Annex G) and reviews and approves for the CONUSAs on request.

6-4. FORSCOM.

FORSCOM, as the Army Component Commander of a unified command, has the responsibility for the planning, coordination, and execution of all Army medical mobilization planning and associated support from the civil sector. The planning and coordination functions for medical mobilization will be carried out by the CONUS Army commanders on a regional basis, who, during wartime, become regional defense commanders

for the Land Defense of CONUS (LDC) and Military Support of Civil Defense (MSCD).

6-5. CONTINENTAL U.S. ARMIES (CONUSAS).

The CONUSAs are commanded by CG, FORSCOM and exercise authority as follows:

a. Command training brigades.

b. Exercise OPGON over FORSCOM and other MACOM installations for execution of CONUS mobilization, deployment, and contingency plans.

c. Command federalized STARCs.

d. Command mobilization assistance teams.

e. Exercise command and control of units allocated for execution of CONUS contingency plans in accordance with the authority specified in each plan.

6-6. TRAINING SUPPORT BRIGADES.

Training Support Brigades, commanded by CONUSAs, form MATs and attach them to mobilization stations to help with the validation of deploying units, including medical units.

6-7. WARTRACE.

The term WARTRACE is not an acronym. It is a description of the role of the program for the Total Force concept by encouraging peacetime relationships along wartime alignments.

a. Within MEDCOM, the WARTRACE program is accomplished by aligning RC AMEDD TDA units with gaining MEDCOM MSCs and MTFs.

b. The CG, MEDCOM:

(1) Provides general post-mobilization mission planning through the MEDCOM-MP.

(2) Maintains a current list of WARTRACE alignments and coordinates changes with HQ, FORSCOM and the USARC.

(3) Assumes command and control of the RC AMEDD TDA units WARTRACE aligned to MEDCOM upon their arrival at their mobilization stations.

6-8. STARCs. Upon mobilization, STARCs are commanded by CONUSAs. The STARCs will:

a. Exercise command and control over federalized ARNG units as directed by CONUSAs.

b. Exercise OPCON over forces allocated by CONUSAs for CONUS contingency plan implementation of LDC, MSCD, civil assistance, and disaster relief missions.

c. Coordinate family assistance for all Service dependents in the State and provide assistance for those areas beyond the support capability of military facilities.

d. Remain in Federal status to help CONUSAs with MSCD missions, LDC, dependent assistance, and other operations.

6-9. MOBILIZATION STATIONS.

The mobilization stations will:

a. Plan for and receive mobilized units as projected by the FORSCOM Mobilization Planning and Execution System (MPES).

b. Receive, process, assign, and distribute individual ready

reservists and retirees ordered to active duty.

c. Execute planned personnel and materiel resource cross-leveling actions and report shortfalls not resolved with installation assets.

d. Validate units for deployment, except U.S. Army Reserve General Officer Commands.

e. Deploy units as directed by FORSCOM and in response to MTMC portcalls and AMC airflow schedules.

f. Plan for and support domestic emergencies as directed by CONUSAs.

g. Assume command of mobilized RC units upon arrival at mobilization stations.

h. Provide guidance, administrative and logistical support to the MAT.

6-10. MEDCOM INSTALLATIONS.

MEDCOM installations are commanded by CG, MEDCOM. The MEDCOM installations:

a. Are under OPCON of CONUSAs for CONUS contingency support.

b. Are under OPCON of CONUSAs for mobilization and deployment execution as it pertains to CG, FORSCOM.

c. Command MEDCOM activities.

d. Provide and receive functional support to and from tenant activities.

e. Provide directions and administrative and logistical support to MATs.

6-11. MEDCOM ACTIVITIES ON OTHER MACOM INSTALLATIONS.

The MEDCOM activity commanders will communicate mobilization expansion requirements to host installation commanders and develop mobilization support agreements (as required by AMOPES) providing for maintenance support, transportation, and other support.

6-12. U.S. ARMY MEDICAL MATERIEL AGENCY (USAMMA).

USAMMA, a subordinate command of MRMC, will function as the primary DA liaison agent in all matters affecting supply of medical materiel. Liaison will be maintained with the Defense Supply Center Philadelphia (DSCP) and other Defense supply centers, comparable agencies of the U.S. Navy and U.S. Air Force, retail customers, and other agencies.

6-13. DEFENSE PERSONNEL SUPPORT CENTER (DPSC).

The DPSC is the national inventory control point for medical materiel. During mobilization, DPSC will continue to meet the supply support requirements of the Military Services for centrally managed medical items.

CHAPTER 7

THE JOINT PLANNING PROCESS

7-1. PURPOSE.

This chapter provides an overview of the planning process of the DoD and describes the CJCS planning system with which Army agencies interface in the joint area.

7-2. THE PLANNING, PROGRAMMING, AND BUDGETING SYSTEM (PPBS).

The PPBS focuses on objectives and the long-term alternative means for achieving them. The principal purpose of PPBS is to manage the

allocation of defense resources through the Secretaries of the Military Services and DoD agencies to meet national defense needs and specific Service and agency programs. The PPBS provides a means for establishing requirements for land, sea, and air forces and, at the same time, programming the individuals, materiel, and facilities needed to support them. The PPBS focuses on the out years, which is the 6-year period following the current and budget years. The Army portion of this system is called the Planning, Programming, Budgeting, and Execution System (PPBES).

7-3. THE JOINT STRATEGIC PLANNING SYSTEM (JSPS).

The JSPS is the means by which the CJCS translates national security policy into strategic guidance, direction, force structure objectives, resource planning, and operational planning. As a part of the JSPS, the Joint Staff annually prepares seven planning documents of specific application at the unified command level and in programming and budgeting at the Military Department level.

7-4. THE JOINT STRATEGIC CAPABILITIES PLAN (JSCP).

The JSCP, published biennially, is a short-range planning directive to unified and specified commands and the Services. It provides planning tasks and planning guidance and identifies major combat forces available for planning. The JSCP consists of two volumes with Annexes.

a. Volume I contains strategic concepts, assigns planning tasks to commanders of unified and specified commands, and provides guidance

to the Services for their support of the unified and specified commands.

b. Volume II specifies the major combat forces available to the commanders of unified and specified commands.

c. The Annexes to the JSCP prescribe planning guidance, indicate capabilities, and assign tasks within functional areas.

7-5. THE JOINT PLANNING PROCESS (JPP).

a. The Joint Planning Process is comprised of the JSPS and the JOPEs. The Joint Planning Process is continuous. It begins when the task

is assigned and ends when the plan is implemented or when the requirement for the plan is canceled. Planners must consider many factors, which can have a significant effect on the accomplishment of the mission. Planning for the anticipated contingencies is normally deliberate. Deliberate planning has five formal phases as depicted in figure 7-1. These phases produce a family of plans that have been prepared, reviewed, and approved.

b. The Joint Planning Process applied to peacetime planning is called deliberate planning, which is described in JOPEs. It requires the total participation and support of the supported commander, his staff,

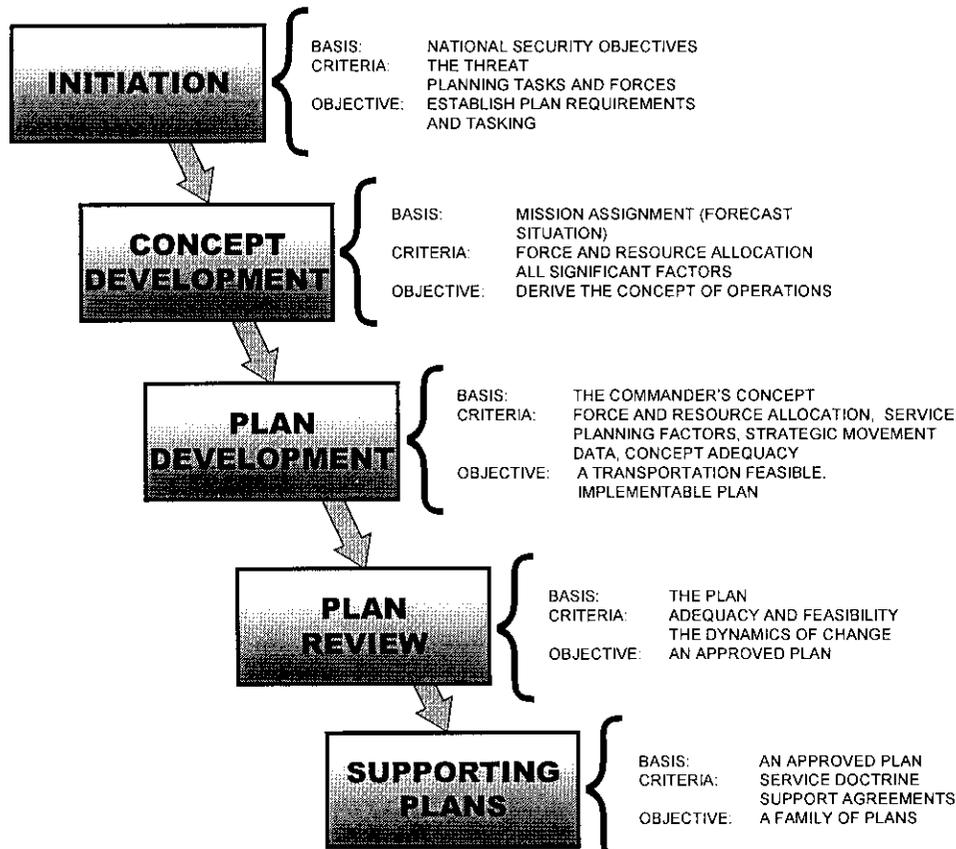


Figure 7-1. The Joint Planning Process.

his component commanders, other supporting commanders, and other DoD agencies. Although it may take more than a year to generate a deployment plan, the time invested is justified. Meticulous, deliberate deployment planning facilitates expeditious deployment in a crisis.

c. Time-sensitive planning is planning conducted under the Crisis Action System. In this planning process, activities are combined and corners are cut, but the process remains controlled and orderly with staffs using the experience gained from deliberate planning.

7-6. THE JOINT OPERATION PLANNING AND EXECUTION SYSTEM (JOPES).

JOPES establishes policies and procedures for the development, coordination, dissemination, review, and approval of operations plans (OPLANs). It also provides policies and procedures for execution planning in emergency or time-sensitive situations, including the creation of an operations order. JOPES uses uniform planning procedures and formats. Additionally, JOPES facilitates review of OPLANs, incorporates automatic data processing techniques and interchange of data, minimizes the number of OPLANs, and provides for reporting any force shortfalls and limiting factors discovered during the planning process. The primary medical system within JOPES is the Medical Analysis Tool.

CHAPTER 8 MEDICAL MOBILIZATION AGENCIES

8-1. PURPOSE.

This chapter provides an overview of the various Federal and military agencies and organizations that are involved in the medical mobilization

process and broadly describes their responsibilities.

8-2. FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA).

FEMA responsibilities include the development of Federal program policy guidance and plans to ensure that government at all levels is able to respond to and recover from national emergencies. This includes arrangements for succession to office, emergency organization of departments and agencies, and the provision of plans to ensure a coordinated effort. FEMA is responsible for assessing national mobilization capabilities and developing concepts, plans, and systems for management of resources in a wide range of national and civil emergencies. The agency also identifies shortages of natural, industrial, or economic resources that could constitute a threat to national security, develops plans to mitigate the effect of resource shortages, and establishes programs to reduce the nation's vulnerability to resource shortfalls.

8-3. DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS).

Health and Human Services will:

a. Develop national plans and programs to mobilize the health industry and health resources for the provision of health, mental health, and medical services in national security emergencies.

b. Promote the development of State and local plans and programs for provision of health, mental health, and medical services in national security emergencies.

c. Develop national plans to set priorities and allocate health,

mental health, and medical services resources among civilian and military claimants.

d. Develop guidelines that will assure reasonable and prudent standards of purity and safety in the manufacture and distribution of food, drugs, biological products, medical devices, food additives, and radiological products in national security emergencies.

e. Develop plans and procedures, in coordination with heads of Federal departments and agencies, for assistance to United States citizens and others evacuated from overseas areas.

8-4. DEPARTMENT OF VETERANS AFFAIRS (DVA).

The Secretary of Veterans' Affairs:

a. Develops plans to provide emergency health care services to veteran beneficiaries in DVA medical facilities, to active-duty military personnel and, as resources permit, to civilians in communities affected by national security emergencies.

b. Assists the Secretary of Health and Human Services in:

(1) Promoting the development of State and local plans to provide medical services in national security emergencies and develops plans to support State and local plans.

(2) Developing national plans to mobilize the health care industry and medical resources during national security emergencies.

(3) Developing national plans to set priorities and allocate

medical resources among civilian and military claimants.

8-5. OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (OASD(HA)).

The OASD(HA):

a. Is the program manager for all health activities and resources in the DoD.

b. Coordinates and integrates the Services' medical resource plans.

c. Maintains cognizance of the Services' overall plans and policies for employing medical resources.

d. Presents to Congress the defense of the medical portions of plans and resources of the Defense budget that are adequate to support the operating forces if they are committed to a conflict.

e. Assures that medical resources are not excessive, redundant, or unnecessarily compromised by other Service priorities.

f. Represents DoD in coordinating with the DVA in developing DVA-DoD contingency plans.

g. Activates the NDMS for support of military contingencies when casualties exceed the combined capabilities of the DVA and DoD health care systems.

8-6. THE JOINT MEDICAL MOBILIZATION OFFICE (JMMO), JOINT STAFF.

The JMMO was established as a Joint Service organization, responsible to the Joint Chiefs of Staff, to develop joint policies and procedures for the effective and efficient utilization of the health care

resources of the military medical departments in CONUS and to facilitate coordination and utilization of the health care resources of the DVA and NDMS in the event of a national security emergency.

8-7. COMMANDER, FORCES COMMAND.

a. Land Defense of CONUS (LDC). The FORSCOM Commander, is the Army Component Commander responsible for the planning and execution of land defense within CONUS. The CONUSAs are responsible for the planning and execution of the LDC within their assigned areas of operation. All DoD forces are considered potentially available for LDC.

b. Military Support of Civil Defense (MSCD). The National Security Decision Directive 259, approved by the President on 4 February 1987, lays out national policy on civil defense. DoD and the Armed Forces are indirectly involved in the execution of this policy through MSCD. By DoD directive the CG, FORSCOM is the senior Army Component commander for forces providing military support to civil defense.

CHAPTER 9

VA/DoD CONTINGENCY HOSPITAL SYSTEM.

9-1. ORGANIZATIONAL STRUCTURE.

The VA/DoD Contingency Hospital System is a multi-hospital contingency system composed of DVA, DoD, and civilian components.

a. The DVA-DoD component was initiated in May 1982 with the enactment of Public Law 97-174. The law specified that the DVA will serve as the primary health care backup system to DoD in the event of

war or national emergency as declared by the President or Congress.

b. The civilian component is known as the NDMS. This component is the primary recipient of casualties from a national civil disaster and will provide health care backup to the DVA-DoD Contingency Hospital System in the event of an overseas conventional war or national emergency (see chapter 10).

9-2. DVA CONTINGENCY MISSION.

As the legislatively mandated primary backup to the military health care system, local DVA medical centers act as the initial and principal source of non-DoD support for military casualties. DVA medical centers serve as: primary receiving centers, secondary support centers, installation support centers, and NDMS Federal coordinating centers.

a. Primary receiving centers. Designated areas of the United States have been identified as primary receiving areas for the treatment of sick and wounded personnel returning from an overseas theater. A number of DVA medical centers located in these primary receiving areas have been designated as primary receiving centers.

b. Secondary support centers. Other DVA medical centers have been designated as secondary support centers in order to accept transfers and share resources with primary receiving centers in an effort to maximize the availability of DVA beds. The designation of secondary support centers is determined by DVA medical districts and regions in designated primary receiving areas.

c. Installation support centers. DVA medical facilities in the

vicinity of military bases are directed to develop local contingency plans to provide health care services (inpatient and outpatient) to military forces assigned to the bases in the event of war or national emergency.

d. NDMS Federal coordinating centers (FCC). The DVA has designated certain DVA medical centers to act as NDMS FCCs in selected primary receiving areas. Guidelines for the operations of NDMS FCCs are in the National Disaster Medical System Federal Coordinating Center Guide, August 1999.

9-3. DVA LIAISON OFFICER TO THE GLOBAL PATIENT MOVEMENT REQUIREMENTS CENTER (GPMRC).

A full-time DVA health systems specialist is assigned to GPMRC and performs three major functions: coordination of emergency preparedness planning, national regulating and transfer of patients, and development of DVA-DoD resource sharing agreements.

9-4. PRIOR TO DECLARATION OF NATIONAL EMERGENCY.

During this period, the ASD(HA) would establish and maintain continuous communications and liaison with the DVA Chief Medical Director. The purpose of these communications would be to develop current medical care delivery capability projections, determine possible medical care delivery deficiencies in military and DVA systems, initiate plans or actions to resolve deficiencies, and refine patient discharge or transfer plans for Non-Active Duty and Non-Service connected DVA patients.

9-5. DECLARATION OF NATIONAL EMERGENCY.

a. Upon declaration of a national emergency, the SECDEF will request in writing that the Secretary of Veterans Affairs authorize the admission and/or treatment on a priority basis of active duty military personnel at DVA medical facilities. Concurrent with this request, a daily liaison will be established between the OASD(HA) and the Office of the Chief Medical Director, DVA.

b. Upon receipt of the SECDEF's request, the Secretary of Veterans Affairs will prescribe the priorities for treating active duty military personnel in DVA medical facilities. The SECDEF will be notified of this decision.

c. Upon receipt of the Secretary's decision on treatment priorities, the following actions occur:

(1) The SECDEF will notify the Military Departments of the DVA medical support. This notification will authorize military hospitals to coordinate directly with designated DVA medical facilities.

(2) The Secretary, DVA or his designee will notify DVA medical facilities of the medical support prescribed for treating active duty military personnel on a priority basis. This notification will authorize DVA medical facilities to coordinate directly with designated military medical facilities to provide care.

(3) The OASD(HA) and the DVA Chief Medical Director will be responsible for daily operations and interagency coordination. This will include designating liaison officials at OASD(HA) and Chief Medical Director.

(4) The Chief Medical Director will designate a senior Department of Medicine and Surgery official as a member of the Medical Mobilization and Deployment Steering Committee.

9-6. OPERATIONS DURING A NATIONAL EMERGENCY.

a. The DVA Chief Medical Director and OASD(HA) will ensure the continual flow of critical information between the DVA and DoD. This will include, as a minimum:

(1) Reports on the status of operating bed and manpower capabilities at military hospitals.

(2) Reports on the status of operating bed and manpower capabilities at DVA medical centers.

(3) Projections on casualty workloads.

(4) Reports on availability of medical supplies.

(5) Reports on availability of patient transportation.

b. Within 30 days of the declaration of a national emergency, the Secretary of Veterans Affairs will submit a report to Congress on the allocation of facilities and personnel in order to provide priority hospital care, nursing home care, and medical services to members of the Armed Forces.

c. Liaison will be maintained by both agencies with FEMA, the Department of Health and Human Services, and other appropriate Government agencies.

**CHAPTER 10
NATIONAL DISASTER MEDICAL SYSTEM**

10-1. INTRODUCTION.

The NDMS is a joint Federal, State, and local mutual assistance system for a coordinated medical response in time of war, national emergency, or major domestic disaster.

10-2. POLICY.

It is DoD policy that:

a. The NDMS shall respond to the health care requirements of major mass casualty incidents resulting from a catastrophic disaster within the United States or a conventional military conflict involving U.S. Armed Forces.

b. The NDMS is activated by the ASD(HA) for support of military contingencies when casualties exceed the combined capabilities of the DVA-DoD Contingency Hospital System.

c. The NDMS may be activated by the Director of FEMA or the DHHS in response to a domestic disaster. DoD components will participate in relief operations to the extent compatible with U.S. national security.

10-3. RESPONSIBILITIES.

a. The ASD(HA):

(1) Coordinates DoD NDMS functions with other Federal civilian Agencies and the Military Departments.

(2) Provides NDMS policy and planning guidance to the appropriate DoD components.

(3) Ensures the Military Departments implement and manage assigned NDMS responsibilities.

(4) Establishes and oversees an NDMS claims processing system.

(5) Maintains liaison with the American Red Cross, the American Hospital Association, the American Medical Association, the National Association of State Emergency Medical System Directors, and other emergency preparedness organizations.

(6) Activates the NDMS in time of war or national emergency when DoD and DVA bed capacity is insufficient to provide for casualties returning from an overseas combat theater.

(7) Monitors implementation, testing, and operation of the NDMS by developing and maintaining an automated capability to monitor organization, facility, and personnel participation, as well as patient distribution and administration through the Defense Medical System Support Center.

b. The Chairman, Joint Chiefs of Staff:

(1) Ensures the integration of the NDMS with contingency and mobilization plans.

(2) Participates in evaluating and testing of the NDMS activation and system operation during command post and field training exercises.

(3) Assumes overall responsibility for providing military support to the U.S. civilian population during wartime.

c. The Secretaries of the Military Departments:

(1) Issue departmental regulations covering NDMS activities, in accordance with the policies of the OSD.

(2) Operate and manage assigned NDMS responsibilities.

(3) Program and budget for assigned NDMS responsibilities.

(4) Establish and maintain military patient administration teams to provide personnel, financial, and medical record support for military patients in DVA, civilian, and military hospitals.

d. The Secretary of the Army serves as the DoD Executive Agent for military support of civilian disaster relief to ensure DoD planning and responses include military health care commitments to the NDMS.

e. The Director, Global Patient Movement Requirements Center (GPMRC):

(1) Serves as the medical regulating agency for the NDMS.

(2) Supports the planning, testing, and operation of the NDMS.

f. The U.S. Transportation Command:

(1) Coordinates patient movement for the NDMS through the Air Mobility Command, Military Sealift Command, and Military Traffic Management Command.

(2) Coordinates planning to meet the transportation requirements of the supported commanders in chief and other agencies.

(3) Coordinates with the Department of Transportation for the movement of medical supplies and equipment following peacetime disasters.

(4) Supports the planning, testing, and operation of the NDMS.

g. The Defense Logistics Agency:

(1) Assists in identifying and providing excess and surplus military equipment and other materiel to the DoD Executive Agent for use by civilian elements of the NDMS.

(2) Coordinates the procurement and acquisition or provides from existing inventory: consumable military medical supplies, equipment, and other items needed for the medical response to a domestic disaster.

h. The MEDCOM is the responsible Army agent in CONUS for planning, testing, and implementing the provisions of the NDMS in accordance with guidance from the ASD(HA) and HQDA.

10-4. MEDCOM'S ROLE IN NDMS.

The MEDCOM's role in NDMS is to establish FCCs at selected MEDCOM installations and MTFs.

a. All MEDCOM subordinate activities designated as FCCs will perform the following functions:

(1) Represent the NDMS as liaison for participating civilian hospitals; health professional organizations; and applicable Federal, State, and local officials within the assigned NDMS region.

(2) Execute cooperative agreements for participation of civilian health care organizations in the NDMS.

(3) Develop and maintain plans for the management of NDMS patients transferred into the area.

(4) Support the DVA, DHHS, and FEMA in developing and maintaining civilian elements of the NDMS.

(5) Coordinate NDMS education and training programs for participating hospitals and area health personnel.

(6) Maintain required documentation of NDMS area status according to the National Disaster Medical System Coordinating Center Guide, August 1999.

(7) Coordinate an annual NDMS area exercise.

(8) Formulate, submit, and justify requests for NDMS resource requirements for assigned NDMS responsibilities.

b. Guidelines for operation of the NDMS are in the National Disaster Medical System Federal Coordinating Center Guide, August 1999, and the National Disaster Medical System Team Handbook, March 1999.

**ANNEX A (GLOSSARY) TO MEDCOM-MPS
SYSTEM DESCRIPTION**

This Annex consists of two sections. Section I is an alphabetical listing of abbreviations and acronyms. Section II is a list of standard terms.

SECTION I - ABBREVIATIONS

-A-

AC..... Active Component

ACAS..... Army Crisis Action System

ACE..... Army Corps of Engineers

AG..... Adjutant General

AGR..... Active Guard/ Reserve

AIT..... Advanced Individual Training

AMC..... Army Materiel Command/Air Mobility Command

AMEDD..... Army Medical Department

AMEDDC&S..... U.S. Army Medical Department Center and School

AMOPES..... Army Mobilization and Operations Planning and Execution System

AMP..... Army Mobilization Plan

APOD..... Aerial Port of Debar-kation

APOE..... Aerial Port of Embar-kation

ARNG..... Army National Guard

ARPERSCOM.... Army Reserve Person-nel Command

ARSTAFF..... Army Staff

ARTEP..... Army Training Evalua-tion Program

ASA(I&L)..... Assistant Secretary of Army (Installa-tions and Logistics)

ASD(HA)..... Assistant Secretary of Defense (Health Affairs)

AUS..... Army of the United States

-B-

BCT..... Basic Combat Training

-C-

CAR..... Chief, Army Reserve

C-Day..... Deployment Day (24 hours)

CG..... Commanding General

CINC..... Commander-in-Chief

CINCPAC..... Commander-in-Chief Pacific Command

CJCS..... Chairman, Joint Chiefs of Staff

CNGB..... Chief, National Guard Bureau

COE..... Chief of Engineers

COMPASS..... Computerized Movement Planning and Status System

CONUS.....	Continental United States	DISC4.....	Director of Information Systems for Command, Control Communications and Computers
CONUSA.....	Continental United States Army		
CRC.....	CONUS Replacement Center	DLA.....	Defense Logistics Agency
CSA.....	Chief of Staff, U.S. Army	DLOGS.....	Division Logistics System
CSS.....	Combat Service Support	DoD.....	Department of Defense
CW.....	Civil Works	DPSC.....	Defense Personnel Support Center
	-D-	DVA.....	Department of Veterans Affairs
DA.....	Department of the Army		-E-
DAMPL.....	Department of the Army Master Priority Listing	EDRE.....	Emergency Deployment Readiness Exercise
DCSLOG.....	Deputy Chief of Staff, Logistics	EOC.....	Emergency Operations Center
DCSOPS.....	Deputy Chief of Staff, Operations	EPP.....	Emergency Preparedness Plan
			-F-
DCSPER.....	Deputy Chief of Staff, Personnel	FCC.....	Federal Coordinating Center
D-Day.....	The Beginning of a Contingency Operation or Hostilities	FEMA.....	Federal Emergency Management Agency
DEMSTAT.....	Deployment, Employment, and Mobilization Status	FMP.....	FORSCOM Mobilization Plan
DHHS.....	Department of Health and Human Services	FOA.....	Field Operating Agency
DHS.....	Director of Health Services	FORSCOM.....	Forces Command
		FORMDEPS.....	Forces Command Mobilization and Deployment Planning System

	-G-	JSPS.....	Joint Strategic Plan- ning System
GCCS.....	Global Command and Control System		-K-
GMR.....	Graduated Mobiliza- tion Response		-L-
GSA.....	General Services Administration	LDC.....	Land Defense of CONUS
	-H-		-M-
HQ.....	Headquarters	MACOM.....	Major Army Command
HQDA.....	Headquarters, Depart- ment of the Army	MAT.....	Mobilization Assis- tance Team
	-I-	M-Day.....	Mobilization Day
ICMOP.....	Integrated Continen- tal United States (CONUS) Medical Op- erations Plan	MEDCEN.....	Medical Center
IMA.....	Individual Mobiliza- tion Augmentee	MEDCOM.....	U.S. Army Medical Command
ING.....	Inactive National Guard	MEDCOM-MP....	MEDCOM Mobilization Plan
IRR.....	Individual Ready Re- serve	MEDCOM-MPS...	MEDCOM Mobilization Planning System
	-J-	MEDDAC.....	Medical Department Activity
JCS.....	Joint Chiefs of Staff	MEPCOM.....	Military Entrance Processing Command
JMMO.....	Joint Medical Mobili- zation Office	MEPS.....	Military Entrance Processing Station
JOPEs.....	Joint Operations Planning and Execu- tion System	MMP.....	Master Mobilization Plan
JSAC.....	Joint State Area Com- mand	MMRP.....	Medical Mobilization Readiness Program
JSCP.....	Joint Strategic Capa- bilities Plan	MOA.....	Memorandum of Agree- ment
		MOBARPRINT...	Mobilization Army Program for Individ- ual Training

MOBERS.....	Mobilization Equip- ment Redistribution System		
			-N-
		NCA.....	National Command Authority
MOBEX.....	Mobilization Exercise		
		NDMS.....	National Disaster Medical System
MOBPOI.....	Mobilization Program of Instruction		
		NGB.....	National Guard Bureau
MOBTDA.....	Mobilization Table of Distribution and Allowances		-O-
		OACE.....	Office, Assistant Chief of Engineers
MOU.....	Memorandum of Under- standing		
		OASA(CW).....	Office of the Assis- tant Secretary of the Army (Civil Works)
MPES.....	Mobilization Planning and Execution System		
		OASA(IL).....	Office of the Assis- tant Secretary of the Army (Installations and Logistics)
MPW.....	Mobilization Planning Workshop		
		OASA(RDA) ...	Office of the Assis- tant Secretary of the Army (Research, De- velopment, and Acqui- sition)
MRMC.....	U.S. Army Medical Re- search and Materiel Command		
		OCE.....	Office, Chief of En- gineers
MSC.....	Military Sealift Com- mand/Major Subordi- nate Command		
		OCOA.....	Office of the Comp- troller of the Army
MSCD.....	Military Support to Civil Defense		
		ODCSLOG.....	Office of the Deputy Chief of Staff for Logistics
MSPS.....	Mobilization Station- ing Planning System		
		ODCSOPS.....	Office of the Deputy Chief of Staff for Operations and Plans
MTF.....	Medical Treatment Facility		
		ODCSPER.....	Office of the Deputy Chief of Staff for Personnel
MTMC.....	Military Traffic Management Command		
		OPCON.....	Operational Control
MTOE.....	Modified Table of Or- ganization and Equip- ment		
MUSARC.....	Major United States Army Command		

OPLAN.....	Operation Plan		
			-R-
OSA.....	Office of the Secretary of The Army	RA.....	Regular Army
		RC.....	Reserve Component
OSD.....	Office of the Secretary of Defense	RCUCH.....	Reserve Component Unit Commanders Handbook
OSUT.....	One Station Unit Training	RSC.....	Regional Support Command
OTSG.....	Office of The Surgeon General		
			-S-
	-P-	SECDEF.....	Secretary of Defense
PACOM.....	U.S. Army Pacific Command	SMA.....	Staff Medical Advisor
PERSCOM.....	U.S. Army Personnel Command	SOCOM.....	Special Operations Command
POE.....	Port of Embarkation	SOMS.....	State Owned and Operated Mobilization Stations
POI.....	Program of Instruction	SOF.....	Special Operations Forces
PPBES.....	Planning, Programming, Budgeting, and Execution System	SPOD.....	Seaport of Debarkation
PPBS.....	Planning, Programming, and Budgeting System	SPOE.....	Seaport of Embarkation
PPP.....	Power Projection Platform	SRRP.....	Survival, Recovery, and Reconstitution Plan
PSP.....	Power Support Platform	STARC.....	State Area Command
PROFIS.....	Professional Filler System		
			-T-
PTSR.....	Postmobilization Training Support Requirements	TAG.....	The Adjutant General
		TBEP.....	Training Base Expansion Plan
		TCC.....	Transportation Component Command
	-Q-		

TDA.....Table of Distribution
and Allowances

TMOPS.....TRADOC Mobilization
and Operations Plan-
ning System

TOE.....Table of Organization
and Equipment

TPFDD.....Time-Phased Force and
.Deployment Data

TPFDL.....Time-Phased Force and
.Deployment List

TRADOC.....Training and Doctrine
.Command

TRANSCOM.....U.S. Transportation
Command

TSG.....The Surgeon General

-U-

U.S.....United States

USACE.....U.S. Army Corps of
Engineers

USAMMA.....U.S. Army Medical Ma-
teriel Agency

USAR.....U.S. Army Reserve

USARC.....U.S. Army Reserve
Command

USAREC.....U.S. Army Recruiting
Command

USAREUR.....U.S. Army Europe

USARF.....U.S. Army Reserve
.Forces

USARPAC.....U.S. Army Pacific
Command

USARSO.....U.S. Army Southern
.Command

USATC.....U.S. Army Training
Center

USC.....United States Code

-V-, -W-, -X-, -Y-, -Z-

SECTION II - TERMS

Activate. To put into existence by official order a unit, post, camp, station, base, or naval ship which has previously been inactive or in a Reserve status.

Active Component. All full-time elements of the Armed Forces expected to maintain permanent status, as differentiated from RC forces.

Active Duty. Full-time duty in the active military service of the United States. It is a general term applied to all active military service with the active force without regard to duration or purpose.

Active Guard/Reserve. Army National Guard and Army Reserve members on active duty to provide full-time support primarily to RC units and who are paid from the Reserve personnel appropriations of a DoD Military Service.

Alert. Readiness for action: the period of time during which troops stand by in response to an alarm; any form of communication used by HQDA or other competent authority to notify ARNG or USAR unit commanders that orders to active duty are pending for the units.

Availability date. The date developed by FORSCOM, after notification

of AC units or mobilization of RC units, by which AC Army forces will be marshaled at their home stations and RC units at their mobilization stations and are available for deployment.

C-Day. The unnamed day for planning on which movement from origin in a deployment operation in support of a crisis commences or is to commence. The deployment may be movement of troops, cargo, weapon systems, or a combination of these elements utilizing any or all types of transport. All movement required for C-day preparatory actions or pre-positioning of deployment support are expressed relative to this day as negative days. For execution, the actual day is established under the authority and direction of the Secretary of Defense.

Coordinating installation. An installation assigned to coordinate specified types of intra-Service support within a prescribed geographical area.

Date required to load. The date a unit would be required to depart an installation in order to meet its required arrival schedule in the objective area to support the specific OPLAN. This date reflects an unconstrained deployment requirement projected for a unit to pinpoint requirements for management decision.

D-Day. The unnamed day on which a particular operation (e.g., land assault, air strike, naval bombardment, parachute assault, or amphibious assault) commences or is to commence.

Deployment. In a strategic sense, the relocation of forces to desired areas of operation.

Deployment plan. A plan for the conduct of deployment, which supports the deployment phase of an operation or contingency plan.

Direct Deployment Unit. A unit that deploys (personnel and equipment) from home station direct to the POE. Such units will not move through a mobilization station.

Domestic Emergencies. Emergencies affecting the public welfare and occurring within the 50 States as a result of enemy attack, insurrection, or civil disturbance which endanger life and property or disrupt the usual process of government.

Drawdown. The process of transferring personnel or equipment from one unit to another, which causes the losing unit to be not deployable (less than C3).

Earliest arrival date. The earliest date that a unit is permitted to arrive at the port of debarkation (POD) in support of a specific OPLAN.

Effective Date (E-Date). The effective date of any change in unit status. (For mobilization planning two E-dates are critical: first, the date that an RC unit is ordered to Federal active status; e.g., transferred from Army OPCON to the OPCON of a unified command upon attainment of an operationally ready or deployable status.)

Estimated Deployment Date (EDD). A projected date after M-day when a unit is estimated to be available to deploy from the MS en route to a POE. Movement date to an APOE is labeled as estimated deployment date by air (EDDA) and to a SPOE as estimated deployment date by sea (EDDS).

F-Hour. The effective time of announcement to the Military Department by the Secretary of Defense of a decision to mobilize Reserve units.

Filler. An individual assigned to a unit to bring it to full MTOE or TDA/MOBTDA wartime strength or other specified level.

Force development. The process of translating projected DA resources (manpower, fiscal, and materiel) into time-phased programs and structure (expressed in dollars, equipment, and units) necessary to accomplish assigned missions and functions.

FORMDEPS. Provides guidance and procedures and assigns responsibilities for planning with HQ FORSCOM, subordinate commands, MSs, and RC units.

Full Mobilization. A state of force activation that is achieved when action by the Congress and the President mobilizes all RC units in the existing approved current force structure, all individual reservists, retired military personnel, and the resources needed for their support to meet the requirements of a war or other national emergency involving an external threat to the national security.

H-Hour. The specific hour on D-day at which a particular operation commences. The highest command or headquarters coordinating the planning will specify the exact meaning of H-hour within the aforementioned definition.

Home Station. Assigned permanent location of ARNG/USAR units (location of armory or training center).

Inactive duty training. Authorized training performed by a member of an RC not on active duty or active duty for training and consisting of regularly scheduled unit training assemblies, additional training assemblies, periods of appropriate duty or equivalent training, and any special additional duties authorized for RC personnel.

Individual Mobilization Augmentee (IMA). Individual members of the Service's Selected Reserve who have an annual training requirement and are preassigned to a wartime required manpower authorization. In addition to filling these authorizations upon mobilization, IMAs may also be ordered to active duty under the 200,000 Presidential Call-up Authority when deemed necessary.

Individual Ready Reserve (IRR). Members of the Ready Reserve who are not assigned to the Selected Reserve and who are not on active duty.

Industrial mobilization. The transformation of industry from peacetime activity to the industrial program necessary to support the national military objectives. It includes the mobilization of materiel, labor, capital, production facilities, and contributory items and services essential to the industrial program.

Industrial Preparedness Program. Plans, actions, or measures for the transformation of the industrial base, both government owned and civilian owned, from its peacetime activity to the emergency program necessary to support the national military objectives. It includes industrial preparedness measures such as modernization, expansion, and preservation of the production facilities, and contributory items

and services for planning with industry.

Initial active duty for training. The first period of active duty for initial individual training prescribed by law or regulation (for non-prior service Enlistees).

Joint State Area Command (JSAC). The organization that transitions from the peacetime STARC to assume the joint wartime mission within the State area of operation. JSAC is commanded by the Joint Regional Defense Command (JRDC/CONUSA) and functions as the Army component for mobilization and land defense.

Materiel requirements. Those quantities of items of equipment and supplies necessary to equip, provide a materiel pipeline, and sustain a Service formation, organization, or unit in the fulfillment of its purpose or tasks during a specified period.

M-Day. The day on which mobilization is to begin. All mobilization planning (e.g., alert, movement, transportation, and deployment or employment) is based on this date.

Mobilization.

a. The act of assembling and organizing national resources to support national objectives in time of war or other emergencies.

b. The process by which the Armed Forces or part of them are brought to a state of readiness for war or other national emergency. This includes activating all or part of the Reserve Components as well as assembling and organizing personnel, supplies, and materiel. Mobilization of the Armed Forces includes

but is not limited to partial, full, and total mobilization.

Movement requirement. A stated movement mode and time-phased need for transport of units, personnel, and materiel from a specified origin to a specified destination.

Operational readiness. The capability of a unit/formation, ship, weapon system, or equipment to perform the missions or functions for which it is organized or designed.

Operation plan (OPLAN). Any plan, except the Single Integrated Operational Plan (SIOP), for the conduct of military operations in a hostile environment prepared by the commander of a unified or specified command in response to a requirement established by the JCS. OPLANs are prepared in either complete or concept format.

Partial Mobilization. Expansion of the active Armed Forces resulting from action by the President (not more than 1,000,000 individuals) or the Congress (up to the attainment of full mobilization) to mobilize Ready Reserve component units, individual reservists, and the resources needed for their support to meet the requirements of a war or other national emergency involving an external threat to the national security.

Power Projection Platform/Power Support Platform. The designated military installation (Active, Semi-Active, or State Operated) to which, upon mobilization, an RC unit is moved for further processing, organizing, equipping, and training or employment and from which the unit may move to an SPOE and/or an APOE.

Presidential Selected Reserve Call-Up (PSRC) Authority. Provision of a public law that provides the President a means to activate not more than 200,000 members of the Selected Reserve from all Services for up to 270 days. PSRC authority is to meet the support requirements of any operational mission without a declaration of a national emergency. Note: This authority has particular utility when international signals of partial or full mobilization would be undesirable. Forces available under this authority can provide a tailored, limited scope, low visibility, or pre-conflict or operational response, or they may be used as a precursor to any subsequent mobilization.

Preassigned Personnel. IMA members who have been preassigned by ARPERSCOM to specific mobilization positions and RA and AUS retired personnel who have been issued orders to an MS in peacetime, which are effective upon media announcement of full mobilization. Orders issued to retired personnel direct individuals where and when to report. IMA personnel will be notified by their respective commands or agencies of when to report, as authorized by their pre-assignment order when authority is provided in the Presidential Selected Reserve call-up authority or partial/full mobilization.

Presidential Call-Up. Authority of the President to bring into Federal service members and units of the ARNG under Chapter 15 of Title 10 USC to repel invasion, suppress rebellion, or execute Federal laws.

Production base. The total national industrial production capacity

available for the manufacture of materiel requirement items.

Ready Reserve. Units and members of the Reserve Components and individuals liable for involuntary active duty in time of war, national emergency as declared by Congress, national emergency declared by the President, or when otherwise authorized by law.

Ready to load date. The date a unit is projected as capable of departing an installation (origin or MS) en route to a POE.

Redistribution.

a. Personnel. Reallocation or reassignment of personnel between Army installations directed by an intermediate or MACOM headquarters.

b. Equipment. The transfer of excess equipment from units or activities to authorized claimants.

Regional Support Command. An Army Reserve Headquarter which provides command and control for all assigned USAR units within its Area of Responsibility (AOR). It supports mobilization and deployment mission training, supports mobilization and demobilization planning and operations, and provides base operations support to its entire AOR.

Required Delivery Date. The date a unit is required to arrive at a specific destination (major unit's assembly area or operational area) and complete unloading in support of a specific OPLAN.

Reserve Components. Reserve Components of the Armed Forces of the United States are: (1) the Army National Guard of the United States;

(2) the Army Reserve; (3) the Naval Reserve; (4) the Marine Corps Reserve; (5) the Air National Guard of the United States; (6) the Air Force Reserve; and (7) the Coast Guard Reserve. In each Reserve Component are three reserve categories: a Ready Reserve, a Standby Reserve, and a Retired Reserve.

Selected Reserve. That portion of the Ready Reserve consisting of units and individual reservists required to participate in inactive duty training and annual training, both of which are in a pay status. The Selected Reserve also includes persons performing initial active duty for training (10 USC 268(B)) and AGR members.

Selective Mobilization. Expansion of the active Armed Forces resulting from action by Congress and/or the President to mobilize RC units, IRRs, and the resources needed for their support to meet the requirements of a domestic emergency, not the result of an enemy attack.

Special Operations Forces. Include Special Forces, Rangers, and psychological operations, CA, and SO aviation units.

Standby Reserve. Those units and members of the Reserve Components (other than those in the Ready Reserve or Retired Reserve) who are liable for active duty when requested by the Secretary of Defense.

State Area Command (STARC). A mobilization entity within the ARNG state headquarters and headquarters detachment that is ordered to active duty when ARNG units in that state are alerted for mobilization. It provides for control of mobilized ARNG units from home station until

arrival at mobilization station. It is also responsible for planning and executing military support for civil defense land defense plans under the respective area commander, and military family assistance.

Strategic Reserve. That quantity of materiel placed in a particular geographic location due to strategic considerations or in anticipation of major interruptions in the supply distribution system (over and above the stockage objective).

Supported Commander. The commander having primary responsibility for all aspects of a task assigned by the JSCP or by other authority. This term also refers to the commander who originates OPLANS in response to requirements of the JCS.

Supporting Commander. A commander who provides augmentation forces or other support to a supported commander or who develops a supporting plan. This term includes the TCCs.

Supporting Installations. An installation or activity that provides specified types of support to off-post units and activities as assigned by a coordinating installation.

Sustainability. The ability to provide and maintain those levels of force, manpower, materiel, and consumables necessary to support a military effort.

Theater. The geographical area outside CONUS for which a commander of a unified or specified command has been assigned military responsibility.

Time-Phased Force Deployment List. The computer-supported data base

portion of an OPLAN; it contains time-phased force data, non-unit-related cargo and personnel data, and movement data for the OPLAN, including:

- a. In-place units.
- b. Units to be deployed to support the OPLAN, with a priority indicating the desired sequence for their arrival at the POD.
- c. Routing of forces to be deployed.
- d. Movement data associated with deploying forces.
- e. Estimates of non-unit-related cargo and personnel movements.
- f. Retrograde personnel movement data.

Total mobilization. Expansion of the active Armed Forces resulting from action by Congress and the President to organize additional units and generate personnel beyond the existing force structure, and the resources needed for their support to meet the total requirements of a war or other national emergency involving an external threat to the national security.

Trainees, Transients, Holdees, Students (TTHS). The TTHS Account is the only source of personnel managed by PERSCOM for mobilization and war planning. The account is used to provide theater filler and casualty replacement personnel in support of an OPLAN. The account during peacetime contains approximately 200,000 personnel on any given day. However, the number planned for and the number actually available for support of an OPLAN is substantially reduced

based on the fully trained portions of the account made available by Chapter 5, AMOPES, Volume III and ODCSPER Decision Definition Statements. This is broadly discussed in each of the sub-element definitions below:

a. Trainees. All enlisted personnel attending initial entry training (IET) or initial active duty training (IADT). Personnel in this category are not available for application as fillers or replacements until graduation from their MOS producing course.

b. Transients. All personnel en route to a permanent change of station (PCS) assignment. Per AMOPES III, the only portion of this category used for fillers or replacements is personnel en route from CONUS to overseas. The HQDA ODCSPER stop movement action will divert CONUS to outside the continental United States (OCONUS) transients to one or more CONUS installations. The installation military personnel office will report these personnel to PERSCOM as immediately available for reassignment. This is planned to occur on M-Day. Personnel en route to a CONUS assignment are directed to immediately continue to that assignment and thus are not available for use as theater fillers or replacement.

c. Holdees. Active duty personnel dropped from the assigned strength of a force structure unit and attached to a holding activity because of medical, disciplinary, or pre-separation non-availability. Medical and disciplinary holdees become available only after being appropriately released from patient or prisoner status and reported to PERSCOM. Pre-separation holdees

become available upon declaration of stop loss.

d. Students. All PCS and temporary duty (TDY) en route students in officer and enlisted professional development courses and civil schooling, and commissioned officers attending an Officer Basic Course. Personnel are available for use as fillers and replacements upon graduation or termination of the course as outlined in Chapter 5, AMOPES, Volume III. Warrant and commissioned officers in IET become available upon successful completion of the course. Officer candidates are not available.

Training Brigade. Element of a CONUSA that contains branch and functional teams that provide assistance to RC units.

War reserve materiel requirement. The quantity of an item, in addition to the M-day force materiel requirement, required to be in the military supply system on M-day in order to support and sustain planned mobilization.

War reserves. Stocks of materiel to meet the increase of military requirements caused by an outbreak of war. War reserves are intended to provide the interim support essential to sustain operations until resupply can be effected.

ANNEX B (REFERENCES) TO MEDCOM-MPS SYSTEM DESCRIPTION

Presidential Document

Executive Order 12656 (Assignment of Emergency Preparedness Responsibilities).

United States Code

Title 10

Title 32

Public Law

PL 97-174 (Department of Veterans Affairs and Department of Defense Health Resources Sharing and Emergency Operations Act).

Department of Defense

DoDI 1145.2 (Armed Forces Examining and Entrance Stations Program Policy).

DoDD 1145.1 (Qualitative Distribution of Military Manpower).

DoDD 1235.9 (Management and Mobilization of the Standby Reserve).

DoDD 1235.10 (Mobilization of the Ready Reserve).

DoDD 1352.1 (Management and Mobilization of Regular and Reserve Retired Military Members).

DoDD 1400.16 (Interdepartmental Civilian Personnel Administration Support).

DoDD 3005.7 (Emergency Requirements, Allocations, Priorities, and Permits for DoD Use of Domestic Civil Transportation).

DoDD 4140.1 (Materiel Management Policy).

DoDD 4275.5 (Acquisition and Management of Industrial Facilities).

DoDD 5100.1 (Functions of the Department of Defense and its Major Components).

DoDD 5105.22 (Defense Logistics Agency (DLA)).

DoDD 6000.11 (Patient Movement).

DoDD 6000.12 (Health Services Operations and Readiness).

Presidential Emergency Action Document 6, Federal Emergency Plan D. Defense Guidance (DG).

Department of Veterans Affairs

Department of Medicine and Surgery Circular 10-95-107 (DVA-DoD Contingency Planning and National Disaster Medical System).

Joint Staff

Joint Strategic Planning Document Supporting Analysis (JSPDSA), Part I.

Joint Strategic Planning Document Supporting Analysis (JSPDSA), Part II.

Joint Strategic Capabilities Plan (JSCP), Volume I and II with Annexes.

JP 1 Joint Warfare of the Armed Forces of the United States.

JP 0-2 (Unified Action Armed Forces (UNAAF)).

JP 1-02 (DoD Dictionary of Military and Associated Terms).

JP 1-03.3 (JRS, Status of Resources and Training Systems (SORTS)).

JP 4-0, (Doctrine for Logistic Support of Joint Operations).

JP 4-01, (Joint Doctrine for the Defense Transportation System).

JP 4-02, (Doctrine for Health Service Support in Joint Operations).

JP 4-5, (Joint Doctrine for Mobilization Planning).

JP 5.03.1, (Joint Operation Planning and Execution System (JOPES), Volume I).

Army Regulations

AR 1-1 The Army Planning, Programming, and Budgeting System.

AR 10-5 Organization and Functions, Department of the Army.

AR 11-30 Army WARTRACE Program.

AR 40-2 Army Medical Treatment Facilities: General Administration, with HSC Suppl 1.

AR 40-61 Medical Logistic Policies and Procedures.

AR 40-350 Medical Regulating to and within CONUS.

AR 135-18 The Active Guard/Reserve Program.

MEDCOM Reg 500-5-1

AR 135-210 Order to Active Duty as Individuals for Other than a Presidential Selected Reserve Call-Up, Partial or Full Mobilization.

AR 140-1 Army Reserve Mission, Organization, and Training.

AR 220-1 Unit Status Reporting (USR).

AR 500-5 Army Mobilization.

AR 525-1 The Department of the Army Command and Control System (DACCS).

AR 601-10 Mobilization of Retired Soldiers of the Army.

AR 614-30 Overseas Service.

HQDA

AMOPES Army Mobilization and Operations Planning and Execution System.

FORSCOM

FORSCOM Reg 11-30 Army WARTRACE Programs.

FORSCOM Reg 500-3 FORMDEPS.

National Disaster Medical System

National Disaster Medical System Coordinating Center Guide, August 1999.

National Disaster Medical System Team Handbook, March 1999.

Annex C (Distribution) to MEDCOM-MPS System Description

This document will be distributed to each MEDCOM subordinate command, activity, OTSG, HQDA Agencies, Army Installations, Commanders-in-Chief of Unified and Specified Commands, Department of Veterans Affairs, and each WARTRACE aligned reserve component unit.

The proponent of this publication is the Office of the Assistant Chief of Staff for Operations. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Command, ATTN: MCOP-P, 2050 Worth Road, Fort Sam Houston, TX 78234-6007.

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