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Emergency Employment of Army and Other Resources

U.S. ARMY MEDICAL COMMAND COMMANDERS' AND MEDICAL MOBILIZATION PLANNERS' HANDBOOK

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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CHAPTER 1
INTRODUCTION

1-1. HISTORY. This is the first printing of this publication.

1-2. PURPOSE.

a. The U.S. Army Medical Command (MEDCOM) Mobilization Plan (MEDCOM-MP) provides policy and planning guidance to subordinate commands, installations, and activities. It summarizes and supplements the policy and guidance in the Army Mobilization and Operations Planning and Execution System (AMOPES).

b. Major Subordinate Command (MSC) Mobilization Plans supplement the MEDCOM-MP and provide additional guidance and instructions to subordinate activities.

c. This handbook applies to all MEDCOM activities with mobilization responsibilities. It provides guidance, instructions, and procedures for developing activity mobilization plans. It supplements the information in the MEDCOM-MP by presenting a standard format and summarizing the essential planning functions. It will assist activities in developing comprehensive mobilization plans for supporting the expanding Army forces.

1-3. REFERENCES.
A list of references used in mobilization planning is available at Annex Y.

1-4. ABBREVIATIONS AND TERMS.
A list of abbreviations and terms used in this handbook and mobilization planning is available at Annex X.

1-5. RESPONSIBILITIES.

a. Plans Division, Headquarters (HQ) MEDCOM.

(1) The MEDCOM Plans Division has staff responsibility for mobilization planning.

(2) The staff proponent for preparing, publishing, and maintaining the MEDCOM Mobilization Plan.

(3) Will coordinate MEDCOM staff review of Major Subordinate Command mobilization plans.

b. The MEDCOM staff offices.

(1) Review MSC mobilization plans and provide comments and recommendations in their functional areas.

(2) Coordinate with the Plans Division on all policies, guidance, and procedures in their functional areas that affect the MEDCOM-MP before release to subordinate activities.

c. Commanders, Regional Medical Commands (RMC) will:

(1) Coordinate regional health care planning.

(2) Provide command and control, policy, and direction to U.S. Army Medical Center (MEDCEN) and medical department activity (MEDDAC) commanders.

(3) Provide operational guidance and assistance on health care delivery, education, and training.

(4) Ensure managed care programs support transition to war.

(5) Prepare a health care delivery plan which integrates readiness requirements. The plan will project health care demand across the full spectrum of clinical services.

(6) Advise the MEDCOM on patient administration mobilization issues.

d. Commander, U.S. Army Medical Department Center and School (AMEDDC&S) will:

(1) Continue to administer approved AMEDDC&S directed training, including courses at the U.S. Army School of Aviation Medicine (USASAM). Continue to conduct approved courses for Army Medical Department (AMEDD) personnel, and as required, for other Army personnel, members of other services, and for authorized Foreign nationals within policies established by Headquarters, Department of the Army (HQDA).

(2) Plan for training of AMEDD personnel in clinical skills requiring the presence of a special environmental or patient care activity.

(3) Prepare and maintain a current mobilization program of instruction (MOBPOI) for each course to be taught during mobilization.

(4) Expedite the development and fielding of Combat Health Support Systems.

e. Commander, U.S. Army Center for Health Promotion and Preventive Medicine (CHPPM): Continue to perform peacetime functions including support for other services, investigations, and training for the Army health and environment programs encompassing preventive medicine, occupational health, and environmental sciences.

f. Commander, U.S. Army Dental Command (DENCOM) will:

(1) Provide command, control, and direction to the Regional Dental Commands (RDC), Dental Activities (DENTAC), and Dental Clinic Commands (DCC).

(2) Provide dental policy to the RDCs, DENTACs, and DCCs.

(3) Provide operational guidance and assistance regarding dental care delivery, education, and training.

(4) Provide adequate resources to the RDCs for dental care delivery.

(5) Promote dental health and readiness for deployment.

g. Commander, U.S. Army Medical Research and Materiel Command (MRMC):

(1) The MRMC mission will shift from basic research to support of field operations during a contingency operation or mobilization. The geographical area of conflict and Army operations in that area will determine the thrust of the research and development effort after mobilization. Program priorities will be adjusted to meet critical needs.

(2) The MRMC directs and manages Class VIII supply support, and operates as the Army Service Item Control Center (SICC) for medical materiel. These activities are managed through the U.S. Army Medical Materiel Agency (USAMMA), a MRMC subordinate command.

h. U.S. Army Veterinary Command (VETCOM) will: Provide policy and guidance to the Regional Veterinary Commands (RVC).

i. Commander, MEDCOM installations will:

(1) Coordinate with installation tenants for support of assigned missions.

(2) Provide mobilization and deployment support to RC units within the AR 5-9 responsibility of the installation.

j. Major Subordinate Commands. Requirements common to all MSCs are as follows:

(1) Publish and maintain an up-to-date mobilization plan in support of assigned missions.

(2) Develop training guidance for all WARTRACE aligned RC units, and monitor their unit status reports (USR).

(3) Operate an emergency operations center (EOC) during contingency operations or mobilization to coordinate command and control and monitor mobilization actions.

(4) Coordinate and monitor professional cross-leveling, backfill, and special medical missions.

(5) Coordinate contingency/mobilization logistics support requirements.

(6) Establish and maintain links with critical information management systems.

(7) Develop input to officer/enlisted distribution plans. Allocate personnel based on manpower documents and established priorities.

(8) Provide AMEDD officer and enlisted personnel identified in the Professional Filler System (PROFIS) to the deployed and deploying forces as directed by HQDA and HQ MEDCOM. Provide other personnel fillers as directed by Department of the Army, Personnel Command (DA PERSCOM).

(9) Establish a mobilization planning committee in accordance with MEDCOM Reg 500-5. The committee will meet as often as required, but not less than semi-annually, and will maintain written records of committee meetings. Ensure mobilization planning procedures and actions are reviewed and approved by the committee.

1-6. CONFLICTING GUIDANCE.

a. Users of this handbook will notify HQ MEDCOM, ATTN: MCOP-P, of any conflict between this guidance and other source documents.

b. If instructions in this publication conflict with Army regulations or with HQDA guidance, the activities will follow the provisions of this handbook until resolution of the conflict.

c. If conflicts develop between installation guidance and the tenant MEDCOM activity that provides medical support, follow the guidance in MEDCOM Reg 500-5-3, U.S. Army Medical Command Mobilization Plan, until resolution of the conflict.

1-7. BEGINNING INSTRUCTIONS.

a. Mobilization plans will be prepared following guidance contained in this handbook and MEDCOM Reg 500-5-3, U.S. Army Medical Command Mobilization Plan.

b. The sample mobilization plan at enclosure 1 provides the required plan format.

1-8. DISTRIBUTION.

a. The MSCs will review and approve all subordinate activity mobilization plans before general

distribution occurs. Distribute plans as indicated in the plan's Annex Z. Other distribution is on a "need-to-know" basis.

b. Provide copies of approved plans to the Continental United States Armies (CONUSA), State Area Commands (STARC), installations, the U.S. Army Reserve Command (USARC), and WARTRACE aligned U.S. Army Reserve (USAR) units.

c. The Commanding General, U.S. Army Medical Command must approve any distribution of any element of the MEDCOM-MPS outside the Department of Defense (DOD).

1-9. REPRODUCTION.
Commanders may reproduce MEDCOM-MPS documents, including mobilization plans, in whole or in part.

1-10. CLASSIFICATION.
Commanders should use derivative classification procedures from the MEDCOM-MP only for their plan. Do not include classified material from other activity or installation plans without written approval from the MEDCOM Plans Division.

1-11. REVIEW, REVISION, AND ENHANCEMENT.

a. The Chief, Plans Division, Health Care Operations Directorate, HQ MEDCOM is responsible for the overall maintenance and enhancement of the MEDCOM Mobilization Plan.

b. All activities will review and test their mobilization plans during participation in Joint Chiefs of Staff (JCS) exercises, HQDA exercises, and as part of the Medical Mobilization Readiness Program (MMRP).

c. Users of this regulation and the other MEDCOM regulations comprising the MEDCOM-MPS should submit comments and recommendations for changes to HQ MEDCOM, ATTN: MCOP-P.

1-12. HOW TO USE THIS HANDBOOK.
Activities should use this regulation to develop their mobilization plans. The information contained in Chapter 2 provides general guidance. Enclosure 1 provides the format and sample entries for activity use. It includes the required number of annexes and appendices. The regulation will assist the mobilization planners by listing the information each annex should contain. The information should serve as a checklist for the various staff elements and commanders in reviewing their plans for completeness.

CHAPTER 2
MOBILIZATION PLANS AND FORMATS

2-1. GENERAL.

a. The AMOPES directs major Army commands to prepare mobilization plans. It also requires subordinate commands and activities with mobilization responsibilities to prepare mobilization plans. The MEDCOM mobilization plan provides centralized planning and guidance to MSCs that in turn provide guidance to subordinate activities responsible for decentralized execution of the MEDCOM mobilization mission. Subordinate activities' mobilization plans will focus on staff responsibilities for execution of the mission requirements outlined in the 10 supporting regulations of the MEDCOM-MPS.

b. Contingency operations or mobilization actions required will be included in the mobilization plans. The plans will provide detailed guidance in the appropriate functional areas. The plans will

address situations unique to the respective medical activity. Each mobilization plan will be a stand-alone document that includes all essential information. Additional mobilization standing operating procedures (SOP) may be required for internal sections. These SOPs do not need to be part of the mobilization plan, but they should be available in the staff element.

2-2. SCOPE.
Activity plans will address the functional requirements and responsibilities that occur during a contingency operation or mobilization.

2-3. PREPARATION OF MOBILIZATION PLANS.

a. Format. The preparation of mobilization plans will follow the general format prescribed in this handbook. Enclosure 1 provides an outline of the plan format to include a list of appropriate annexes and appendices. A complete plan will consist of the basic plan, supporting annexes, essential appendices, and tabs. All plans will include, in order, a signed directive letter, table of contents, and change sheet for use in recording published changes. These latter items will appear in front of the basic plan.

b. Content. The activities will discuss the requirements unique to their activity in Annex A (Concept of Operations) of their mobilization plan and also in the appropriate functional annex. The plans must provide enough guidance for dispersed execution of the various mobilization functions. Execution is time critical and must align to meet the overall mission requirements of the activity.

c. Activities will publish mobilization plans as follows:

(1) Use the format shown in Enclosure 1 in developing and publishing the mobilization plans. As a minimum, the plans will include the annexes shown in the format.

(2) Each plan will identify the activity's designation and assigned missions in the mission paragraph of the basic plan.

d. Annexes, appendices, and tabs to mobilization plans.

(1) Enclosure 1 provides information to assist in preparing annexes, appendices, and tabs to mobilization plans. The sample mobilization plan provides functional guidance, and will help determine the content of the annexes.

(2) The annex order and format is mandatory; do not omit any annexes. Annexes T and W have been reserved for the activity commander's local use. If an annex is not used, prepare the page header and enter Not Used.

(3) The standard format is also recommended for tabs, however, changes are permitted to the tab format.

2-4. SUBMISSION REQUIREMENTS.

a. Submit four complete bound or fastened copies of the mobilization plan to the next higher headquarters. These copies are for staffing within the headquarters and for the MSC Commander's approval. Submit the mobilization plans transmitted by a signed, dated command memorandum following a schedule developed HQ MEDCOM.

b. Mobilization plans will reflect independent development and will not copy the MEDCOM plan. Plans will be returned without approval if they are mirror images of the MEDCOM

mobilization plan. However, some appendices and tabs in the MEDCOM-MP may contain information that may be extracted as is for mobilization plan development.

2-5. REVIEW AND UPDATE OF MOBILIZATION PLANS.

a. All supporting regulations of MEDCOM-MPS, including activity mobilization plans, will be reviewed annually by the next higher headquarters. A copy of the review will be maintained in the activities' mobilization files.

b. Review and test plans during mobilization exercises.

c. Record all changes to the mobilization plans on the change sheet in front of the plan.

2-6. MOBILIZATION PLANNING ACTIVITIES CHECKLIST.

This is a sample checklist of important actions. It is not intended to be an all-encompassing list. Tailor it to your activity and expand it as necessary.

a. Has the activity mobilization plan been reviewed and updated annually? Is a written record of this review on file?

b. Have subordinate activities' mobilization plans been reviewed annually? Are written records of these reviews on file?

c. Are there active, semi-active and/or state-operated installations located within the activity's health service area (HSA)? If so, does the activity's mobilization plan provide for their support?

d. Does the activity have a copy of the most recent Mobilization Army Program for Individual Training (MOBARPRINT) from the AMEDDC&S which lists mobilization training input for the activity? Is there evidence of planning for mobilization training at the activity?

e. Is a copy of the most recent MEDCOM Resource Management guidance for developing mobilization tables of distribution and allowances (MOBTDA) and the most recent MOBTDA on file?

f. Are copies of intra- and interservice support agreements (ISSA) on file?

g. If the activity is a National Disaster Medical System (NDMS) Federal Coordinating Center (FCC), is there an NDMS Operations Plan on hand? Is there evidence of annual conduct of the required NDMS exercise?

h. Has the activity established a mobilization planning committee (MEDCOM Reg 500-5)? Are written records of committee meetings and follow-up on recommendations on file?

2-7. MOBILIZATION PLANNING FILES. Essential documents required for a complete mobilization file:

a. Activity mobilization plan.

b. Higher HQ Mob Plan.

c. The MEDCOM mobilization plan.

d. Mobilization plans for all subordinate activities.

e. Annex G (medical) to the installation mobilization plan.

f. Annex G (medical) to the installation mobilization plan for

all active, semi-active and state-operated installations within the activity's area of responsibility.

g. Copy of the latest MOBTDA.

h. Copy of the latest TDA for WARTRACE Aligned RC Units.

i. Mobilization planning committee minutes.

j. Mobilization inspection results.

k. Medical mobilization readiness program (MMRP) issues.

l. Mobilization correspondence.

m. WARTRACE correspondence file.

n. Master telephone/FAX listing for points of contact (POCs).

o. Copies of installation support agreements (ISSA) and memorandums of understanding (MOU).

2 Enclosures
1 - Mobilization Plan Format
2 - Medical Annex (Annex G) to Installation Mobilization Plan.

ENCLOSURE 1 - Mobilization Plan Format to the Commanders' and Medical Mobilization Planners' Handbook.

1. The following sample mobilization plan format is provided to assist in mobilization plan development.

2. The format and some standard information are provided, however the plan must be tailored to fit each activity's specific situation.

Sample Mobilization Plan With Annexes

_____MOBILIZATION PLAN (U)
(_____-MP) (U)

The table of contents for the plan should include the basic plan, annexes, appendices, tabs, and the appropriate page numbers.

References. See Annex Y.

1. Situation.

a. General.

(1) The plan should assign staff responsibilities and provide policy, execution guidance, instruction, and procedures. It should support mobilization, deployment, sustainment, redeployment, and demobilization of Army and other Services within the activity's area of responsibility. The plan is directive for assigned personnel and for the USAR WARTRACE unit(s) assigned to the activity after mobilization.

(2) The plan identifies and quantifies the administrative and logistical support required by the activity in preparation for a contingency operation or mobilization.

b. Enemy forces. See Annex N (Operations Security).

c. Friendly forces. The combined military forces of the United States.

d. Assumptions. Use assumptions from the MEDCOM mobilization plan, MEDCOM Reg 500-5, Volume III. Do not develop additional assumptions for the plan without prior approval of HQ MEDCOM, ATTN: MCOP-P.

2. MISSION. Include all missions from the MEDCOM-MP and other directives. Of special importance are those missions that are unique to the activity. The missions might

relate to a specific activity, installation, or the entire health service area (HSA), and apply only during mobilization. Include any current mission to support other service personnel that continues or is expanded during mobilization. Subordinate activities will not accept a mission or tasking or enter into agreement with another command without approval of HQ MEDCOM. All additional missions must meet HQ MEDCOM approval.

(Table 1 provides a sample mission statement for the mission paragraph. The sample mission statement and the Mobilization Mission Matrix at Table 2 should be used to develop the activity's mobilization mission statement.)

3. EXECUTION.

a. Concept of Operations. See Annex A.

b. Policy. This paragraph identifies only those policies that actually affect mission accomplishment. Lengthy and multiple entries should not be necessary. (Example entries are as follows.)

(1) Health care services, inpatient and outpatient, to beneficiaries will not be restricted until it becomes apparent that care of active duty personnel is being compromised due to lack of space and staffing.

(2) Only existing health care facilities "within-the-walls" will be used for inpatient care.

Example Mission Paragraph

2. **Mission.** When directed by HQ MEDCOM, mobilize to provide health care and individual AMEDD training support to the expanded Army to meet wartime or emergency requirements.

a. Expand the health care treatment base to support the mobilizing and deploying forces, the sustaining base population, and returning theater-generated patients.

b. Provide care for eligible beneficiaries within the limitations of available resources.

c. Provide AMEDD filler personnel to the deployed and deploying forces.

d. Expand the AMEDD training base in coordination with the AMEDD Center and School.

e. Provide medical, dental, optometric, and audiology examinations, immunizations, dental treatment, panographic x-rays, required eye, dental, or hearing equipment.

Table 1 (Example Mission Paragraph)

(3) Contracting for civilian services will expand to meet operating requirements. In addition, activities will make maximum use of the Logistics Civil Augmentation Program (LOGCAP) (AR 700-137).

(4) For planning purposes, patients expected to return to duty within 60 days will remain in military medical treatment facilities.

(5) The Department of Veterans Affairs (DVA) hospital system will serve as the primary back up support to the military health care system. Under the provisions of Public Law 97-174, help from the DVA does not require prior mobilization.

(6) The NDMS will provide hospital care for military patients beyond the combined inpatient capacity of the DVA/DOD contingency health care system. The Assistant Secretary of Defense for Health Affairs (ASD-HA) activates NDMS. Prior to activation, use civilian hospitals under the provisions of the managed care program.

(7) The Global Patient Movement Requirements Center (GPMRC) regulates hospitalized patients to and within the Continental United States (CONUS).

(8) Medical treatment facilities (MTF) at semi-active Federal and state-operated mobilization stations/installations will not receive patients from the theater(s) of operation.

c. Tasks. This paragraph will identify the tasks necessary to carry out the activity's mobilization plan. (Some tasking examples follow.)

(1) Chief of Plans, Training, Mobilization, and Security (PTMS).

(a) Develop training guidance for all WARTRACE aligned RC units, and monitor their unit status reports.

(b) Operate the activity emergency operations center (EOC), and coordinate taskings.

(2) Deputy Commander for Clinical Services (DCCS).

(a) Prepare a health care delivery plan that integrates readiness requirements. The plan will project health care demand across the full spectrum of clinical services.

(b) Coordinate and monitor professional cross-leveling, backfill, and special medical mission requirements.

(3) Chief, Resource Management.

(a) Develop, prepare, and maintain a current MOBTDA based on the mobilization missions assigned by the MEDCOM mobilization plan.

(b) Prepare, coordinate, and maintain current mobilization support agreements.

(4) Chief, Personnel.

(a) Manage the AMEDD PROFIS.

(b) Establish and maintain links with critical personnel management systems.

(5) Chief, Logistics. Coordinate contingency operations and/or mobilization logistics support requirements.

(The above entries are only a brief example of the tasks to include. Assign tasks to those staff positions that would complete the work

associated with mobilization and expansion.)

d. Coordinating Instructions.

(1) Develop the activity mobilization plan upon receipt of the MEDCOM mobilization plan and this handbook. Begin execution on receipt of the mobilization order from HQ MEDCOM.

(2) The HQ MEDCOM will issue a letter of instruction to selected activities with specific orders to expand operating beds.

(3) Coordinate with Reserve Component WARTRACE aligned units, installations, mobilization stations, STARCs, RSCs, and CONUSAs.

4. Service Support.

a. Logistics. See Annex D.

b. Personnel. See Annex G.

5. Command and Signal.

a. Command.

(1) The HQ MEDCOM will assume command of mobilized WARTRACE aligned reserve component TDA units upon arrival at the mobilization station/installation. The HQ MEDCOM will publish an order assigning the RC unit to the appropriate MEDCOM MSC.

(2) See Chapter 6, MEDCOM Reg 500-5-1, System Description, MEDCOM-MPS for additional information on command relationships to include here.

b. Signal. See Annex Q.

ANNEXES:

List the Annexes to your plan here. (See table 2.)

Annex	Title	Proponent
A	Concept of Operations	C, PTMS
B	Health Care Services	DCCS
C	Resource Management	C, RMD
D	Logistics	C, Log Div
E	Facilities	C, Log Div
F	Reserve Components	C, PTMS
G	Personnel	C, Pers Div
H	Preventive Medicine	C, Prev Med Div
I	Safety/Accident Prevention	Safety Officer
J	Dental Services	Cdr, DENTAC/DCC
K	Veterinary Services	Cdr, Vet Activity
L	Training	C, PTMS
M	Security	C, PTMS
N	Operations Security	C, PTMS
O	Chaplain	C, DMPC
P	Public Affairs	PAO
Q	Information Management	C, IMD
R	Demobilization	C, PTMS
S	Provost Marshall	C, PTMS
T	Not Used	
U	Emergency Operations Center	C, PTMS
V	Historical Activities	C, PTMS
W	Not Used	
X	Glossary	C, PTMS
Y	References	C, PTMS
Z	Distribution	C, PTMS

Table 2 (Annexes)

Annex A (Concept of Operations) to _____ _____ Mobilization Plan (U) (_____-MP) (U)

1. References. See Annex Y, items 105 and 133.

2. Purpose. This annex should provide the concept of operations for planning and executing the _____ mobilization mission.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the concept of operations for completing the assigned missions stated in the basic plan. It should present an explanation and provide an understanding of how the activity will complete its missions. The length of the explanation depends on the complexity of the missions and the amount of "how to" information necessary to describe them. A key element will be the thoroughness with which the activity addresses the following points.

a. Transition from peacetime health care to one which supports the mobilizing, deploying, sustaining force, returning theater patients, redeployment, and demobilization.

b. General actions the activity will take during a contingency operation or mobilization.

c. A brief overview covering the relationship between the activity and other Federal, State, city, or civilian health care activities that might help with the mobilization.

d. Describe how the activity will support the mobilization stations within its HSA.

e. Describe how the activity will support the mobilizing and deploying forces after PROFIS personnel depart. What role will individual mobilization augmentees (IMA), Individual Ready Reserve (IRR) Augmentees, retirees, and USAR WARTRACE aligned units have when mobilized?

f. How do you expect expansion to occur? Will it occur in phases?

5. Policy. Add policy statements as applicable. This paragraph identifies only those policies that actually affect mission accomplishment.

6. Responsibilities. Identify those staff sections and positions with specific responsibilities for accomplishing the contingency operation or mobilization mission.

7. Procedures. Develop procedures for accomplishing the annex functions - Appendices. (As necessary to provide adequate information.)

Annex B (Health Care Services) _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 30, 86, 125, and 133.

2. Purpose. This annex should provide guidance and procedures for health care services during a contingency operation or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept on how it will provide health care services in support of a contingency operation or mobilization. Provide information on how the activity will provide health care services for active duty, nonactive duty

beneficiaries, and approved Department of the Army (DA) civilian employees during contingency operations or mobilization. The appendices should discuss hospital care, ambulatory care, the blood program, clinical services, medical regulating, bed status reporting, family assistance, soldier readiness processing, and credentialing and privileging of health care providers.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment.

6. Responsibilities. This paragraph identifies staff responsibilities for providing the health care services required to support the expanded Army forces during a contingency operation or mobilization.

7. Procedures. This paragraph identifies procedures for accomplishing the annex functions. The procedures should include:

a. Appointment of a Director of Health Services (DHS) and Director of Dental Services (DDS) for each active, semi-active, and state-operated installation in the HSA.

(1) Prior to mobilization, the MEDCEN/MEDDAC and Dental Activity/Dental Clinic Command (DENTAC/DCC) Commanders will appoint on orders, by line and paragraph number or position, a Director of Health Services (DHS) and Director of Dental Services (DDS) for each active installation without an MTF, semi-active, and state-operated installation within their area of responsibility. The responsible MTF or DENTAC/DCC commander will provide the appointed DHS/DDS a letter of instruction for assigned duties and incorporate the assigned duties into the activity mobilization and exercise plans. The MTF or DENTAC/DCC commander retains area responsibility for the site. The officer appointed DHS/DDS at the active, semi-active, or state-operated installation is responsible to the MEDCEN/MEDDAC or DENTAC/DCC commander that has overall responsibility for the HSA.

(2) The appointment of a WARTRACE aligned reserve component officer as DHS or DDS does not transfer the responsibility to the reserve components.

b. Intra/interservice support agreements with other Service military, Federal, or agreements with civilian health care facilities for inpatient care should be in place for each installation.

Appendices: 1 - 8 (See Table 3)

Appendix	Title	Proponent
1	Hospitalization	Clinical Operations
2	Ambulatory Care Services	Clinical Operations
3	Blood Program	Clinical Operations
4	Clinical Services	Clinical Operations
5	Contingency Medical Regulating and Bed Status Reporting	C, Patient Admin Div
6	Family Assistance	C, Social Work Service
7	Soldier Readiness Processing	Clinical Operations
8	Credentialing and Privileging of Health Care Providers	Clinical Operations

Table 3 (Appendices)

Appendix 1 (Hospitalization) To Annex B (Health Care Services) To _____ Mobilization Plan (U) (____-MP) (U)

1. **References.** See Annex Y, items 22, 23, and 125.

2. **Purpose.** This appendix should provide information on the activity's core "within-the-walls" operating bed expansion capacity to support contingency operations or mobilization.

3. **Assumptions.** See paragraph 1d, basic plan.

4. **Concept.** This paragraph should describe the activity's concept on how it will accomplish its bed mission. The definitions of patient acuities are at Tab B to this appendix. The plan identifies steps necessary to reach the expanded operating bed level.

5. **Policy.** This paragraph identifies only those policies that actually affect mission accomplishment. (Example statement.)

a. The MTF will plan to operate at least the same number of intensive and intermediate beds that it operates in peacetime.

b. The activity will not plan for inpatient care at active installations without appropriate MTFs, semi-active, or state-operated installations. Inpatient care at these installations will be provided through support agreements with other Service military, Federal, or civilian health care facilities adjacent to the installation.

6. **Responsibilities.** This paragraph identifies the staff responsibilities for accomplishing the appendix functions.

a. Address the responsibility for all inpatient care in the HSA. Use AR 40-4 and MEDCOM Reg 40-21 for guidance.

b. Address the provisions of negotiating Memorandums of Understanding or Interservice Support Agreements with other Service military, Federal, or civilian hospitals to provide inpatient support to the active installations without appropriate MTFs, semi-active Federal or state-operated installations within the activity's area of responsibility. A copy of the agreements should be maintained in the mobilization file.

7. **Procedures.** This paragraph identifies the necessary procedures to accomplish the appendix functions.

Tab A (Bed Requirements) to Appendix 1 (Hospitalization) to Annex B (Health Care Services) to _____ Mobilization Plan (U) (_____-MP) (U)

Activities will address their bed missions, peacetime and expansion, in this Tab.

Tab B (Definition of Patient Categories) To Appendix 1 (Hospitalization) To Annex B (Health Care Services) To _____ Mobilization Plan (U) (____-MP) (U)

Extract the definitions of patient categories from Tab B, Appendix 1, Annex B, MEDCOM Mobilization Plan (MEDCOM-MP), MEDCOM Reg 500-5-3.

Tab C (DVA/DOD Contingency Hospital System) to Appendix 1 (Hospitalization) to Annex B (Health Care Services) to _____ Mobilization Plan (U) (____-MP) (U)

1. **REFERENCES.** See Annex Y, items 4, 6, 11, 87, 131, and 140.

2. Purpose. This paragraph should provide guidance on coordination and implementation of the DVA\DOD Contingency Hospital System before and during mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept for the implementation of the DVA/DOD Contingency Hospital System. The DVA hospital system is the primary alternative for military patient care when the active military hospital system begins nearing its capacity. The DVA/DOD Contingency Hospital System is activated when the Secretary of Defense (SECDEF) requests hospital support from the Secretary of Veteran's Affairs. It does not require mobilization to be set in motion.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment.

6. Responsibilities. This paragraph identifies the staff responsibilities for the DVA/DOD Contingency Hospital System. (Examples.)

a. The MTF will be the conduit for military coordination with the assigned DVA activity.

b. The MTF will provide transportation of military patients from the patient reception sites to the DVA activity.

c. Providing administrative needs of any military patient placed in DVA activities. Plans will include procedures for accomplishing this mission. These plans will consider the full spectrum of patient flow from peacetime through mobilization to demobilization.

7. Procedures. This paragraph will identify the procedures required to implement the DVA/DOD Contingency Hospital System. (Examples)

a. Coordinate with nearby DVA hospitals and incorporate agreements into this document.

b. Initiate actions required to implement the DVA/DOD contingency hospital plan.

c. Prepare appropriate plans for accomplishing the following actions:

(1) Patient reception.

(2) Patient transportation.

(3) Military patient administration and tracking.

Tab D (National Disaster Medical System) to Appendix 1 (Hospitalization) to Annex B (Health Care Services) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 6, 87, 131, 131, and 140.

2. Purpose. This paragraph should provide guidance on coordination and implementation of NDMS before and during mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept for the implementation of NDMS. The NDMS hospital system is the secondary backup for military patient care when the direct military and DVA hospital systems near their capacity. The NDMS Hospital System requires a mobilization or a major national disaster to set it in motion.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment.

6. Responsibilities. This paragraph identifies staff responsibilities for NDMS coordination and implementation. (Examples.)

a. Receive, transport, and track patients entering the NDMS system in your HSA.

b. Accomplish military patient administration team responsibilities. This is necessary for military patients hospitalized in DVA and non-Federal facilities.

7. Procedures. This paragraph identifies required procedures for implementation of NDMS within your HSA. (Coordinate with nearby NDMS associated hospitals. Incorporate agreements into this document.)

NDMS Coordinating Centers for U.S. Army Medical Command
Dwight David Eisenhower Army Medical Center
Madigan Army Medical Center
Tripler Army Medical Center
William Beaumont Army Medical Center
Walter Reed Army Medical Center
MEDDAC, Fort Carson, CO
MEDDAC, Fort Jackson, SC

Table 4 (NDMS Coordinating Centers)

Appendix 2 (Ambulatory Care Services) to Annex B (Health Care Services) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, item 23.

2. Purpose. This appendix should provide guidance on providing ambulatory patient care services during a contingency operation or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, how the activity will accomplish its ambulatory care services mission. During a contingency operation or mobilization there is a requirement to provide primary medical care in a general ambulatory clinic. The staff will consist of non-specialized physicians and other ancillary health care personnel (physician's assistants, nurse practitioners, etc.). Ambulatory care will be provided at active as well as semi-active and state-operated installations.

5. Policy. This paragraph should identify only those policies that actually affect mission accomplishment.

6. Responsibilities. This paragraph should specify staff responsibilities for providing ambulatory care services. Consideration needs to be given not only to ambulatory care services at active installations, but also semi-active and state-operated installations within the activity's health service area.

7. Procedures. This paragraph identifies the procedures required to accomplish the activity's ambulatory care services mission.

a. The activity will prepare to support active, Federal semi-active and state-operated installations. Support involves primary care, medical examinations, and immunizations.

b. The activity must evaluate the necessity to operate troop medical clinics (TMC). Ambulatory care services may be provided in either a TMC or a hospital based clinic setting. Personnel requirements for ambulatory care services must be provided by the activity. Remember, borrowed military manpower may not be available to assist in the operation of the TMC operation or hospital clinics due to deployment preparation.

c. The MTF must identify vehicle and personnel assets necessary to provide routine and emergency patient transportation.

d. Civilian employees will be provided occupational health services in accordance with AR 40-5. Occupational health services will be provided either through an Occupational Health Clinic or Occupational Health Nursing Office in accordance with MEDCOM Reg 10-1. Expanded operations of depots, arsenals, etc., will be planned for and documented.

e. Support requirements for training activities (range firing, etc.) that cannot be met by organic medical resources of the unit conducting the training should be considered.

f. Address the requirement to prepare a medical annex for each supported installation.

Tab A (Medical Support to Active, Semi-Active, and State-Operated Mobilization Stations/Installations) to Appendix 2 (Ambulatory Care Services) to Annex B (Health Care Services) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, item 23.

2. Purpose. To provide procedures and guidance for providing medical support to active, semi-active and state-operated installations.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept of how to support active, semi-active and state-operated mobilization stations/installations within its area of responsibility. Federal semi-active and state-operated installations will be activated to support the mobilizing and deploying force. Forces Command (FORSCOM) has designated selected installations as either a Power Projection Platform (PPP) or a Power Support Platform (PSP). Table 5 lists semi-active and state-operated installations designated as PPPs and PSPs. A significant troop population is expected to mobilize or deploy through the PPPs and PSPs. The MTF responsible for the health service area will provide medical support to these installations. Many of the installations do not have operating medical activities on site, and those that do will require augmentation. In addition, there is a number of other Federal semi-active and state-operated installations which have not been designated as PPPs or PSPs for which medical support must be planned.

5. Policy. Identify only those policies that actually affect mission accomplishment. (Example policy statements.)

a. Medical support to active, semi-active, and state-operated installations will be provided by the MTF responsible for the health service area in which the installation is located.

b. Transportation to the supporting in-patient facility will be provided by the troop medical clinic.

6. Responsibilities. This paragraph should specify staff responsibilities required for medical support of Federal semi-active and state-operated installations.

7. Procedures. This paragraph should identify those procedures required to provide ambulatory care services at Federal semi-active and state-operated installations. (Example.)

a. Plan for health services at active installations without a collocated MEDDAC, semi-active, and state-operated mobilization stations. Inpatient care will be provided through an MOU with contiguous other Federal or civilian hospitals. The MOU will be updated biennially and appended to the appropriate medical annex in the installation plan, with a copy maintained in the activity's mobilization planning file.

b. Appoint on orders, by paragraph and line number or position, a Director of Health Services (DHS) and Director of Dental Services (DDS) for each active, semi-active, and state-operated mobilization station/installation in the activity's health service area. The MTF and Dental Treatment Facility (DTF) Commanders will provide the appointed DHS and DDS a letter of instruction for assigned duties and incorporate the assigned duties into the activity's mobilization and exercise plans. The MTF and DTF Commanders retain responsibility for their respective functions at the site. The officers appointed DHS and DDS at the semi-active mobilization stations (SAMS) and/or state-operated mobilization stations (SOMS) are responsible to the MTF and DTF commanders for those sites.

Semi-Active Federal Mobilization Stations/Installations		
Fort Buchanan, PR (PSP)	Fort Dix, NJ (PPP)	Fort McCoy, WI (PPP)
State-Operated Mobilization Stations/Installations		
Camp Atterbury, IN (PSP)		Gowen Field, ID (PSP)
Camp Roberts, CA (PSP)		Camp Shelby, MS (PSP)

Table 5 (Reserve Component Power Projection and Power Support Platforms)

Appendix 3 (Blood Program) to Annex B (Health Care Services) to _____ Mobilization Plan (U) (____-MP) (U)

1. **References.** See Annex Y, items 2, 8, 9, 10, 12, 21, 135, 141, and 149 through 151.

2. **Purpose.** To provide guidance for executing the mobilization blood program mission.

3. **Assumptions.** See paragraph 1d, basic plan.

4. **Concept.** This paragraph should describe the activity's concept on meeting its mobilization blood missions.

5. **Policy.** Identify only policies that actually affect mission accomplishment. (Examples)

a. All blood units will be prepared as red blood cells unless otherwise directed. Blood shipments will not include fresh frozen plasma, platelets, or group AB red blood cells except as otherwise directed by HQ MEDCOM.

b. The mobilization blood program may not necessarily conform to that of a peacetime blood program, in that various requirements may be waived to accomplish mission requirements.

6. **Responsibilities.** This paragraph should specify staff responsibilities for accomplishing the mobilization blood mission. (Examples.)

a. Designated MTFs will operate blood donor centers to collect, process and prepare red blood cells (RBC) for shipment as tasked by HQ MEDCOM.

b. Determine local blood requirements to support MTF needs including mobilization expansion and casualty receiving missions. Local blood needs are in addition to the blood collected in support of the MEDCOM mobilization plan.

7. **Procedures.** Develop procedures for accomplishing the functions included in the appendix. (Example.)

Blood will be shipped by the most expeditious means of transportation. Blood should arrive at the designated Armed Services Whole Blood Processing Laboratory (ASWBPL) within 72 hours, but not later than 5 days, after collection.

TABS:

A - Mobilization Blood Collection Activities
B - Mobilization Blood Quotas

Tab A (Mobilization Blood Collection Activities) to Appendix 3 (Blood Program) to Annex B (Health Care Services) to _____ Mobilization Plan (U) (_____-MP) (U)

1. **References.** See Annex Y.

2. **Purpose.** To provide procedures and guidance to blood collection activities.

3. **Assumptions.** See paragraph 1d, basic plan.

4. **Concept.** This paragraph should describe, in general terms, the activity's concept on how the blood collection activities will accomplish their mission. The MEDCOM will provide a blood mission memorandum annually identifying MTFs that are required to expand blood collection activities.

5. **Policy.** This paragraph identifies only those policies that actually affect mission accomplishment.

6. Responsibilities.

a. This paragraph identifies staff responsibilities for the blood program.

b. The MTFs responsible for expansion of blood donor operations will be designated by MEDCOM by memorandum.

7. Procedures. This paragraph identifies procedures necessary for blood donor center operations.

Tab B (Mobilization Blood Quotas) to Appendix 3 (Blood Program) to Annex B (Health Care Services) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y.

2. Purpose. To provide information on the command mobilization blood quotas.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept on how it will meet its blood collection quotas. Selected MTFs will be assigned specific daily blood collection quotas to support a contingency operation or mobilization.

5. Policy. This paragraph identifies policies that affect mission accomplishment.

6. Responsibilities. This paragraph should specify staff responsibilities.

7. Procedures. Identify those procedures associated with receiving and filling mobilization blood quotas.

Appendix 4 (Clinical Services) to Annex B (Health Care Services) to _____ _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 21, 22, and 32.

2. Purpose. This appendix provides guidance to clinical and specialty areas of the activity in the performance of their mobilization missions.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe the activity's concept on providing clinical services. The professional staff designs the specialty bed configuration to meet the activity's expansion mission. It is essential to have clinical involvement to plan for PROFIS losses and reserve component backfill and augmentation. The staff must exercise proactive and timely planning for continuity of inpatient services for mobilizing soldiers, eligible beneficiaries, and preparation for returning casualties.

5. Policy. This paragraph identifies policies that affect mission accomplishment.

6. Responsibilities. This paragraph identifies the staff responsibilities for meeting the activity's clinical services mission.

7. Procedures. This paragraph identifies the procedures required for the activity to accomplish its clinical services mission during a contingency operation or mobilization.

TAB:

A - Clinical Services Planning Considerations

TAB A (Clinical Services Planning Guidelines) to Appendix 4 (Clinical Services) to Annex B (Health Care Services) to _____Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 21 and 22.

2. Purpose. To provide clinical issues to be considered in the development of the clinical services annex to the activity mobilization plan.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept on how it will provide required clinical services.

5. Policy. This paragraph identifies polices that affect mission accomplishment.

6. Responsibilities. This paragraph identifies the staff responsibilities for meeting the activity's clinical service mission.

7. Procedures. Review and identify clinical issues that need to be included in the activity's mobilization plan. (Examples of clinical issues.)

a. General.

(1) Determine additional equipment and supplies necessary to expand clinical services.

(2) Determine transportation requirements to support the expansion mission.

(3) Determine availability of local medical assets to support the activity's expansion effort through sharing/affiliation agreements or contracting.

(4) Consider soldier readiness processing requirements for the installation.

(5) Will the mission require shift adjustments to support expansion operations?

b. Pharmacy.

(1) Will the expansion mission and initial pharmaceutical stockage level dictate or preclude establishing satellite pharmacy operations?

(2) Plan for a rapid stockage plan for a 3-month supply of maintenance medications for deploying soldiers.

c. Radiology. Coordinate with logistics to ensure planning for site preparation and electrical requirements for additional equipment that may be required to support the expansion mission.

d. Pathology (Laboratory).

(1) Consider specimen transportation requirements and results reporting. (Consider drawing specimens at the Soldier Readiness Processing [SRP] site.)

(2) Ensure all laboratory personnel are appropriately trained for the complexity of laboratory testing performed.

Appendix 5 (Contingency Medical Regulating and Bed Status Reporting) to Annex B (Health Care Services) to _____ Mobilization Plan (U) (____-MP) (U)

1. Reference. See Annex Y, items 26, 31, 33 and 156.

2. Purpose. This appendix defines how the activity will receive theater patients and report its hospital bed status.

3. Assumption. See paragraph 1d, basic plan.

4. Concept. The purpose of medical regulating is to evacuate patients from the theater hospital system when they require care exceeding the evacuation policy. Contingency regulating becomes necessary when large numbers of patients occur over short time periods and communication difficulties or other problems preclude standard medical regulating. Patient information required for contingency movement is reduced from "by name" and medical specialty to aggregate patient counts by 13 specialty groups. Receiving hospitals also report bed availability in these 13 groups. The Theater Patient Movement Requirements Center (TPMRC) normally requests the change to contingency regulating.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment. (Example.)

A physician or other competent medical attendant will meet all incoming aircraft with urgent or seriously ill patients aboard for briefing by the flight nurse.

6. Responsibilities. This paragraph identifies the staff responsibilities for receiving and transporting patients from the airhead to the hospital. It should also state who collects and reports bed status information to the Global Patient Movement Requirements Center. The primary receiving centers (PRC) should plan to return patients to their home station as soon as their medical condition and the capability of their home station MTF permit. This requires coordination with GPMRC and coordinating for ground and air transport.

7. Procedures. This paragraph identifies the procedures for receiving and transferring patients under contingency medical regulating. (Example procedures follow.)

a. On implementation of contingency medical regulating and bed status reporting, MTFs will report the total beds available in each of the 13 contingency specialty categories. The report will be submitted as of 2400 local time using the Defense Medical Regulating Information System (DMRIS) or immediate precedence message with appropriate classification. The initial report will include both operating and available beds. Subsequent reports include only available beds unless there has been a change in the number of operating beds.

(1) Operating and available beds must be reported by the 13 contingency regulating categories. All 13 contingency categories must be included in the report. If no operating or available beds exist within the category, this is indicated by a "0" in the appropriate column.

(2) On activation of the National Disaster Medical System (NDMS), MTFs designated as Federal Coordinating Centers will include NDMS associated civilian hospital beds in the bed status report.

b. The receiving MTF will affect liaison with the appropriate air terminal facility to determine the estimated time of arrival (ETA) and patient load. The receiving MTF must provide personnel to assist with patient off loading and transportation.

TAB:

A - Patient Movement

Tab A (Patient Movement) to Appendix 5 (Contingency Medical Regulating and Bed Status Reporting) to Annex B (Health Care Services) to _____ Mobilization Plan (U) (____-MP) (U)

1. **Reference.** See Annex Y, item 156.

2. **Purpose.** This Tab provides procedures and guidance on patient movement in and between health service areas.

3. **Assumptions.** See paragraph 1d, basic plan.

4. **Concept.** This paragraph should describe the activity's concept on accomplishing its patient movement mission. A regional concept of patient movement will be used for patients returning from a theater outside the Continental United States (OCONUS). Regulating patients to a primary receiving center will assure better patient care during periods of limited specialty staff availability. Patients no longer needing specialty care will be transferred to an MTF at or near their home station.

5. **Policy.** This paragraph identifies only those policies that actually affect mission accomplishment. (Example statement.)

Patients will be returned to their home station as soon as their medical condition and the capability of the home station MTF permits.

6. **Responsibilities.** This paragraph identifies the staff responsibilities for patient movement. (Example.)

The Chief, Patient Administration Division is responsible for planning for and managing patient movement to include: reception, evacuation, transfers, and referrals of patients to and between MTFs.

7. **Procedures.** This paragraph identifies the procedures required to accomplish the patient movement function. Patient movement procedures will follow the concept outlined in paragraph 4.

Appendix 6 (Family Assistance) to Annex B (Health Care Services) to __ Mobilization (U) Plan (____-MP) (U)

1. **References.** See Annex Y, items 100, 101, 102, 111, and 117.

2. **Purpose.** This appendix should provide guidance for determining Social Work Services' (SWS) family support requirements. It should cover all phases of preparation, deployment, sustainment, redeployment, and demobilization.

3. **Assumptions.** See paragraph 1d, basic plan.

4. **Concept.** This paragraph should describe, in general terms, the activity's concept of how it will accomplish its SWS mission. The purpose of SWS is to provide responsive and continuous service to soldiers and family members during peacetime and mobilization. This service is provided within and outside of the medical treatment facility. It requires coordination with many volunteer and nonappropriated funds activities. The SWS should be integrated into the installation mobilization support plan.

5. **Policy.** Identify only those policies that actually affect mission accomplishment.

6. Responsibilities. This paragraph identifies staff responsibilities for SWS. The SWS must have written plans prepared for contingencies to sustain patient care throughout any mobilized period. All support should be integrated into both unit and community family support operations.

7. Procedures. This paragraph identifies procedures in support of the SWS mission. (Examples.)

a. The SWS will prepare a Memorandum of Agreement (MOA) with the American Red Cross concerning support to families. The SWS should also plan services with Army Community Services, other installation agencies, and community agencies.

b. It is imperative that coordination occurs with Army Reserve and National Guard members who mobilize at the installation to assure support to their families.

c. Copies of documents prepared under this section will be included in the plan as tabs to this appendix.

Appendix 7 (Soldier Readiness Processing) to Annex B (Health Care Services) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 86, 84, and 98.

2. Purpose. This appendix provides guidance and procedures for SRP.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept of how it will accomplish its SRP mission. The SRP should be an ongoing process at all installations. The SRP teams in place and functioning prior to a contingency operation or mobilization will require augmentation by the MTF to support the expanding force. Following a Presidential Selected Reserve Call-up (PSRC), a Reserve Component Installation Medical Support Unit (IMSU) **may** be available to augment the medical SRP team.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment. (Example statements.)

a. The medical portion of SRP is an MTF mission; the dental portion of SRP is a DTF mission.

b. Professional Filler System (PROFIS) designees will complete SRP processing through Phase 2, to the maximum extent possible, within 30 days of assignment to a PROFIS position.

c. Depending on the scenario and the level of operational tempo, it may be necessary for either the Regional Medical Command or HQ MEDCOM to relocate IMSUs to other than aligned installations. The MTFs must be prepared to conduct SRP operations without the support of an IMSU.

6. Responsibilities. The MTF Commander is responsible for the medical SRP program, which includes immunizations. The MTF Commander or designated representative will coordinate dental care with the DENTAC/DCC Commander and medical staffing for the mobilization SRP processing site with the Chief, Department of Nursing. The Chief, PTMS writes the plans, including the medical annex to the installation mobilization plan. The Chief, Logistics Division, assures that appropriate equipment is available and in working order.

7. Procedures. This paragraph identifies standardized procedures required for the SRP. Medical support to the mobilization SRP site begins when the Directorate, Personnel and Community Activities (DPCA) requests support.

(NOTE: Planning for SRP support must include all installations in your HSA. Do not rely on the aligned IMSU to accomplish SRP at these installations. The IMSU is designed to augment the MTF in meeting its SRP mission; it is not staffed to assume the entire responsibility. In addition, the earliest an IMSU can be available is after the PSRC, and only then depending on the scenario and the allocation of Reserve Component assets to the MEDCOM.)

TAB:

A - Medical and Dental Soldier Readiness Processing Considerations for Deployment

TAB A (Medical and Dental Soldier Readiness Processing Considerations for Deployment) to Appendix 7 (Soldier Readiness Processing) to Annex B (Health Care Services) to _____ Mobilization Plan (U) (____-MP)(U)

1. References. See Annex Y.

2. Purpose. To provide planning considerations for the execution of medical and dental soldier readiness processing for deployment under contingency operations or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the planning considerations for the medical and dental soldier readiness processing.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment. (Example statements.)

a. Soldiers must have a negative Human Immunodeficiency Virus (HIV) test within 24 months, or within 5 years for RC soldiers, posted in their medical record. Soldiers scheduled to deploy with Special Operations units must have a negative HIV test within the past 6 months. Soldiers who are HIV positive will not deploy.

b. Soldiers who are pregnant will not deploy until fit for duty following delivery.

c. Soldiers on quarters or hospitalized will not deploy until returned to duty.

d. Soldiers will receive immunizations required for the deployment area.

e. Soldiers required to wear eyeglasses must have two pair (one of which may be civilian type design) and one pair protective mask lens inserts.

f. Soldiers requiring a hearing aid (one or two) must have it (them) with extra batteries.

g. Soldiers requiring medical warning tags will wear two tags to alert personnel in event of the soldier's incapacitation.

h. Soldiers will have a current periodic physical examinations.

i. Soldiers will be screened for the Exceptional Family Member Program and enrolled if appropriate.

Enrollment does not make the soldier nondeployable.

j. Soldiers in dental class 3 or 4 will not deploy until dental care improves their readiness to dental class 2 or 1. The first General Officer in the soldier's chain of command may waive this requirement.

k. Soldiers will have a Panographic X-ray in their dental records.

l. Soldiers must have a deoxyribonucleic acid (DNA) specimen on file at the DOD Specimen Repository. Verification of DNA on file can be accomplished through the Defense Eligibility Enrollment System (DEERS). If no DNA specimen is on file, a specimen must be collected prior to deployment.

6. Responsibilities. This paragraph identifies the staff responsibilities for the SRP program. (Examples.)

a. The installation Director of Personnel and Community Activities, as in peacetime, is responsible for SRP and SRP site activation.

b. The Director of Health Services and the Director of Dental Services is responsible for providing personnel, material, and expertise to execute the medical and dental portion of the SRP in support of established deployment criteria.

7. Procedures. This paragraph identifies the procedures required to accomplish the SRP mission. (Example.)

The SRP procedures will be established in local standard operating procedures (SOP).

APPENDIX 8 (Credentialing and Privileging of Health Care Providers) to Annex B (Health Care Services) to __ Mobilization Plan (U) (___-MP) (U)

1. References. See Annex Y.

2. Purpose. This appendix should provide guidance and procedures on the credentials requirement and privileging process of health care providers during mobilization and deployment.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe the activity's concept on how it will provide the credentials review and privileging of health care providers. Credentials review and privileging of health care providers are integral parts of the MEDCOM Quality Management Program and a cornerstone to quality health care delivery.

5. Policy. This paragraph identifies only policy statements that actually affect mission accomplishment.

6. Responsibilities. This paragraph identifies staff responsibilities for credentialing and privileging of health care providers. (Examples.)

a. The activity commander is responsible for credentials review and granting of privileges to providers assigned to their activity.

b. The MTF and DENTAC/DCC commander, as appropriate, is responsible for maintaining current credentials files on all assigned Individual Mobilization Augmentees (IMA), and granting privileges as appropriate.

c. Commanders of Reserve Component medical units mobilized intact will be responsible for ensuring all their providers are appropriately credentialed.

7. Procedures. This paragraph identifies procedures for credentialing and privileging health care providers during mobilization and deployment. (Examples.)

a. Forward the appropriate credentials documents for personnel losses to the gaining activities. The Interfacility Credentials Transfer Brief (ICTB) will be used except when a permanent change of station (PCS) move is involved.

b. Provide copies of the ICTB and current privileges on deploying PROFIS to the gaining activity.

c. Individual Ready Reserve providers or practitioners mobilized to backfill or augment MTFs will have their credentials forwarded from AR-PERSCOM. The provider or practitioner will have their credentials reviewed and appropriate privileges granted based upon clinical competency.

d. The USAR hospitals, caretaker or augmentation will forward appropriate credential documents for personnel to the gaining activities. A review by the credentials committee will not be required if privileges are current.

e. Reserve Component provider/ practitioner credentials files (PCFs) should be retained and maintained by the credentials coordinator at the medical treatment facility.

Annex C (Resource Management) to ___ Mobilization Plan (U) (_____-MP) (U)

1. References. See Annex Y.

2. Purpose. To provide direction for Resource Management in support of the activity's mobilization and expansion mission.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the concept as to how resource management will support contingency operations or mobilization. (Examples.)

a. Peacetime resource management guidance and controls will remain in effect in the initial phases of mobilization, and will be lifted only on the directions of HQ MEDCOM.

b. The MOBTDA will reflect minimum essential manpower and equipment requirements, and organizational structure to support mobilization.

5. Policy. Identify only those policies that actually affect mission accomplishment.

6. Responsibilities. This paragraph identifies staff responsibilities for accomplishing the resource management functions during a contingency or mobilization. (Examples.)

a. Chief, Manpower, Equipment, & Operations Branch. Responsible for development of the MOBTDA.

b. Chief, Budget Branch. Responsible for all funding matters concerning mobilization. (The following are examples of responsibilities that might apply at a medical activity.)

(1) Determine extent of funding responsibility.

(2) Collect and identify costs resulting from emergency operations.

(3) Submit cost reports.

(4) Request additional funds as required.

(5) Continue existing funding programs and procedures until HQ MEDCOM approves changes.

c. Chief, Management Branch. Develop support agreements with the installation commander or heads of agencies not in DOD. These agreements will cover support to be received and support to be provided. Copies of these agreements will become part of this plan.

7. Procedures. This paragraph identifies procedures to be followed or reference resource material where procedures are identified.

APPENDICES:

1 - Mobilization TDA (MOBTDA) Development Guidance
2 - Financial Management

Appendix 1 (Mobilization TDA [MOBTDA] Development Guidance) to Annex C (Resource Management) to ___ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 47, 91, 118, 120, and 133.

2. Purpose. This appendix defines the goals and considerations required for MOBTDA development.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept on how the MOBTDA will be developed. The MOBTDA should reflect the minimum essential manpower and equipment requirements to support mobilization. The expected theater patient workload will come from HQ MEDCOM. The mobilization population estimates to be supported by outpatient clinics and other non-inpatient functions are available at the Installation DPTMS.

5. Policy. Identify only those policies that actually affect mission accomplishment. (Example policy statements.)

a. The update guidance provided by HQ MEDCOM Assistant Chief of Staff for Resource Management (ACSRM) will be used for MOBTDA development.

b. Mobilization TDAs will be developed to reflect resource requirements for Presidential Selected Reserve Call-up (PSRC) and partial mobilization as separate and distinct requirements.

6. Responsibilities. This paragraph should reflect staff responsibilities for MOBTDA development. (Examples.)

a. The Chief, RMD will prepare and document the MOBTDA for the activity and for any organization for which they have mobilization responsibility.

b. Manpower is responsible to:

(1) Coordinate with each activity to ensure the MOBTDA accurately reflects their manpower and equipment needs.

(2) Review the mission matrix, Table 2 in the basic plan, in coordination with PTMS to ensure all valid mobilization missions are considered in the development of the MOBTDA.

7. Procedures. This paragraph identifies procedures necessary in the development of the MOBTDA.

(NOTE:) The detailed guidance to the activity will be received before the annual MOBTDA review and update. The document serves as a guide for determining mobilization manpower requirements. The activity must provide written justification for any changes from the guidance.

Appendix 2 (Financial Management) to Annex C (Resource Management) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 47, 91, 118, 120, and 133.

2. Purpose. This appendix describes how the activity will conduct financial management operations during contingency operations or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the concept of how the activity will perform resource management functions during contingency operations or mobilization.

5. Policy. Identify policies that affect mission accomplishment. (Example statements.)

a. Peacetime financial controls remain in effect during mobilization until otherwise directed by HQ MEDCOM.

b. During mobilization, activities will use existing funds that MEDCOM and HQDA have not restricted.

6. Responsibilities. This paragraph identifies staff responsibilities.

7. Procedures. This paragraph should describe local actions required to execute the mobilization guidance.

a. Funding Authority. Remains formal with normal reporting procedures until directed otherwise. The activity should start special account codes to separately identify mobilization and deployment costs. The commander is responsible to assign costs to the mobilization and to maintain a documented audit trail. Special rules apply to Army Reserve and National Guard unit financial support.

b. Fund Citations. When funds are unavailable, the Secretary of Defense invokes 41 U.S.C. 11, commonly called the Feed and Forage Act. This statute authorizes the military departments to incur obligations in excess of appropriations. The HQDA and HQ MEDCOM will provide additional instructions when R.S. 3732 authority begins.

Annex D (Logistics) to _____ Mobilization Plan (U) (_____-MP) (U)

1. References. See Annex Y, items 27, 108, 109, and 128.

2. Purpose. This annex provides direction, guidance, and defines responsibilities for planning and executing logistical support for the mobilization and expansion mission.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph describes the activity's concept for providing logistical support to ensure that essential services and

materiel to support the mobilization missions are available and maintained. The concept is to have all necessary durable and nonexpendable items available locally that are required to support mobilization. Equipment items that are patient dependent and/or subject to obsolescence (patient monitors, infusion pumps, etc.) must be identified and local coordination made to ensure availability of the items through lease or procurement. Logistical support planning will be accomplished in two steps: installation/deployment support and hospital expansion.

5. Policy. Identify only those policies that actually affect mission accomplishment.

6. Responsibilities. This paragraph identifies staff responsibilities for logistics. (Examples.)

a. The Chief, Logistics Division is responsible for developing the logistics support plan for the activity.

b. The Mobilization Planning Committee is responsible for reviewing all mobilization support plans prior to their being submitted to the activity commander.

c. Areas for which staff responsibilities need to be identified.

(1) Supply Management.

(2) Property Management.

(3) Transportation Support.

(4) Service Support.

(5) Medical Equipment Maintenance Support.

(6) Prime Vendor and Contingency/Exigency Contracts.

7. Procedures. This paragraph identifies the procedures required to provide logistics support to a contingency operation or mobilization. (Examples.)

a. Installation deployment support. Requirements to support soldier readiness processing sites and other deployment related medical/dental missions should be identified and planned for on-site storage pending implementation of Prime Vendor Contracts.

b. Expansion to core. The MTFs/DTFs with an expansion mission will identify equipment necessary to expand. Items on hand in excess of core expansion requirements, even if potentially needed to meet requirements after mobilization, should be identified as excess.

c. Intraservice Support Agreement (ISSA). Facilities for housing and feeding augmentation staff must be identified and coordinated with the installation. Transportation, dining facilities, custodial services, etc, must be considered in the activity-installation mobilization ISSA.

d. Establish policies to be followed in securing priorities for acquisition of medical and nonmedical material.

APPENDICES:

1 - Supply Management
2 - Property Management
3 - Transportation Plan
4 - Environmental Services
5 - Medical Equipment Maintenance
6 - Prime Vendor and Contingency/ Exigency Contracts

Appendix 1 (Supply Management) to Annex D (Logistics) to _____ Mobilization Plan (U) (_____-MP) (U)

1. References. See Annex Y, items 27 and 108.

2. Purpose. This appendix provides the supply management procedures and guidance required to support contingency operations or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept for accomplishing supply management during a contingency operation or mobilization. Supply management operations will continue to follow prescribed regulatory policies and guidelines during contingency operations or mobilization. The change to wartime polices will be at the direction of the Secretary of the Army.

5. Policy. Identify those policies that affect mission accomplishment. (Example statements.)

a. Medical materiel required to support early deploying units will be made available from peacetime stocks. Items not available will be activated or requisitioned from the most appropriate source of supply.

b. Medical materiel deficiencies from the installation and supported activities will be provided to the Installation Medical Supply Activity (IMSA).

6. Responsibilities. This paragraph identifies those staff responsibilities required to perform supply management functions during a contingency operation or mobilization. (Examples.)

a. The activity commander must ensure:

(1) The IMSA remains adequately staffed in order to fulfill the installation medical supply support mission.

(2) Mobilization planning is included in the Command Supply Discipline Program.

(3) Emphasis is placed on providing the annual training and coordination needed to maintain familiarity with supported units (Active Army and Reserve Components).

b. Supply Managers will ensure:

(1) They have a full understanding of their role and responsibilities as the installation level supply support activity. This includes procedures for processing requisitions for regulated materiel and the preparation and maintenance of prepositioned requisitions.

(2) They coordinate supply support requirements and deficiencies with supported units and the installation.

(3) They coordinate the prepositioning of requisitions for the installation with U.S. Army Medical Materiel Agency.

(4) They conduct an annual review/validation of mobilization requirements.

(5) The most practical and responsive source of supply will be considered for use in filling contingency/mobilization requirements.

(6) Maintain visibility of surge lists from supporting Prime Vendors.

7. Procedures. This paragraph identifies those procedures required to accomplish the supply management functions. (Examples.)

a. Procedures will mirror those established during peacetime until otherwise directed.

b. The Logistics Division will develop plans to provide medical supply support to designated units and activities on the installation and within the assigned geographical support area.

Appendix 2 (Property Management) to Annex D (Logistics) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 27, 108, 110, 119, 145, and 156.

2. Purpose. This appendix provides guidance and direction for the management, procurement, and accounting of capital equipment during contingency operations or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept for accomplishing property management function during a contingency operation or mobilization.

5. Policy. Identify only those policies that actually affect mission accomplishment. (Example policy statements.)

Property Management activities will follow current regulatory policies and guidelines for procurement, accounting, and management of capital equipment.

6. Responsibilities. This paragraph identifies staff responsibilities for accomplishing the command's property management functions during a contingency operation or mobilization.

7. Procedures. This paragraph identifies procedures required to accomplish the command's property management functions during a contingency operation or mobilization. (Example procedures are as follows.)

a. Current regulatory guidance, procedures, and policies will continue to be followed.

b. The Logistics Division will develop plans to assure that the command follows property accountability regulations. Plans should provide procedures on how new capital equipment requirements are identified and submitted through the Medical Care Support Equipment (MEDCASE) Program channels. Requirements include:

(1) Maintain property accountability in accordance with regulatory guidelines.

(2) Ensure regulatory procedures are followed for relief of responsibility involving the loss, damage, or destruction of property.

(3) Submitting new equipment requirements in accordance with established regulations and supply bulletins.

(4) Coordinating with local and regional contracting offices to develop procedures to facilitate the purchase and/or lease of equipment required to support mobilization equipment shortages.

(5) Identifying and reporting mobilization equipment shortages through the Regional Medical Command

to Property Management Division, Assistant Chief of Staff, Logistics (ACSLOG), HQ MEDCOM.

Appendix 3 (Transportation Plan) to Annex D (Logistics) to _____ Mobilization Plan (U) (____-MP) (U)

1. **References.** See Annex Y, items 21, 38, and 146.

2. **Purpose.** This appendix provides transportation planning guidance for patient transportation.

3. **Assumptions.** See paragraph 1d, basic plan.

4. **Concept.** This paragraph should describe, in general terms, the activity's concept for movement of staff, patients, and materiel during a contingency operation or mobilization.

5. **Policy.** This paragraph identifies only those policies that actually affect mission accomplishment. (Example of policy statement.)

The activity will develop and maintain a transportation plan as a subset of the mobilization plan.

6. **Responsibilities.** This paragraph identifies staff responsibilities for accomplishing the activity's transportation functions during a contingency operation or mobilization. (Examples of staff responsibilities are as follows.)

a. Chief, Logistics Division. Develops and maintains the activity mobilization transportation requirements. The lead proponent for the transportation plan to include the sub-areas of personnel and materiel movement.

b. Chief, PTMS. Ensures plans are on hand or developed for ground transport and air evacuation (by Army aircraft) support mobilization requirements.

c. Chief, Patient Administration Division (PAD). Plans and manages those activities involving the receipt, evacuation, transfer, and referring of patients in and between MTFs/DTFs. The lead proponent for patient movement within the transportation plan.

7. **Procedures.** This paragraph identifies procedures required to accomplish region transportation functions during a contingency operation or mobilization. (Examples.)

a. Mobilization plans must consider additional transportation requirements.

b. The contingency operation and core expansion transportation requirement list will be included in the transportation appendix to Annex D (Logistics) of the mobilization plan. Patient movement planning will be included in Tab A to Appendix 5 to Annex B.

c. The Chiefs of Logistics, PTMS, and PAD will coordinate closely to develop the transportation plan and local transportation requirement.

d. The transportation requirement will be reviewed and approved by the mobilization planning committee.

e. The Chief, Logistics Division will provide the approved mobilization requirement to the supporting Transportation Motor Pool (TMP). (NOTE: Regional transportation procedures at MEDCOM installations will differ from those at activities that are tenants on other Major Command [MACOM] installations.)

Appendix 4 (Environmental Services) to Annex D (Logistics) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 27 and 28.

2. Purpose. This annex should provide procedures and guidance for implementing Logistic Environmental Service requirements under contingency operations or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept for expanded environmental services during a contingency operation or mobilization. Areas to address include:

a. Hospital housekeeping services.

b. Precious metals recovery management.

c. Linen management.

d. Medical regulated waste

e. Ophthalmic service.

f. Engineer work orders.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment. (Example statement.)

Existing procedures to support the operation will be maintained. The Deputy Chief of Staff for Logistics will issue additional guidance by message, memorandum, or by Environmental Services Bulletins to support implementation of expanded service management related functions.

6. Responsibilities. This paragraph identifies staff responsibilities for accomplishing Environmental Services functions.

7. Procedures. This paragraph identifies procedures required to accomplish the Environmental Services functions. (Examples.)

a. Hospital housekeeping services. Existing contracts will contain applicable clauses to expand square footage cleaning requirements. Coordinate with the supporting Directorate of Contracting as required for modifications, adding, and subtracting facilities as requirements change. Additionally, the contractor will have contingency plans to demonstrate the ability to meet the activity's requirements. If housekeeping services have not been contracted, the activity will maintain procedures to hire additional personnel to clean the expanded square footage required to support the additional beds.

b. Precious metals recovery management. The precious metals coordinator (PMC) will maintain a working relationship with the Defense Reutilization and Marketing System (DRMS) regional representative to request, upon expansion, additional recovery equipment to support new requirements. Existing procedures will remain in place to maximize recovery of precious metals and not harm the environment. If silver recovery services are provided by contract, the PMC will maintain a working relationship with the vendor to cover contingencies.

c. Linen management. Planning will include a 7-day linen stockage for the expanded bed capability. Alternate sources of commercial supply will be maintained to supplement Department of the Army requisitions. A primary and alternate

source for laundry operations will be identified to support anticipated expansion requirements. Contracts, if applicable, will contain contingency clauses and requirements.

d. Medical regulated waste. Existing procedures will be maintained. Compliance with local, state, and Federal laws will be maintained to minimize the hazard to individuals and the environment. Alternate sources of disposal will be identified to include other Federal agencies, private commercial vendors, or state agencies. Alternate approved storage sites, alternate approved methods of disposal, and approved collection procedures to minimize waste will be maintained.

Appendix 5 (Medical Equipment Maintenance) to Annex D (Logistics) to ___ Mobilization Plan (U) (_-MP) (U)

1. References. See Annex Y, items 27, 111, 142, 147, 148, 153, and 156.

2. Purpose. This appendix provides requirements and guidance for the maintenance of medical equipment in the activity under contingency operations or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe the command's concept for providing medical equipment maintenance in the activity's area of responsibility.

(NOTE: Need to consider the requirement to provide medical equipment maintenance support to the Military Entrance Processing Stations (MEPS) within the MTF's area of responsibility.)

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment. (Example policy statements.)

a. Medical equipment maintenance support will continue to be provided within assigned geographical areas as delineated in AR 5-9 and MEDCOM Reg 40-21.

b. Medical equipment repairers will not be utilized in a health care facility's labor pool.

6. Responsibilities. This paragraph identifies staff responsibilities. (Example staff responsibilities.)

a. The Logistics Division will develop plans to assure that medical equipment repairers are primarily used for the repair and service of medical equipment.

b. Equipment operators should perform the before, during, and after use maintenance. Medical maintenance personnel should inspect equipment before initial use.

7. Procedures. This paragraph identifies the procedures required to accomplish the medical equipment maintenance functions during a contingency or mobilization. (Examples procedures.)

a. All medical equipment will receive a thorough inspection prior to being placed in use. Equipment requiring scheduled services will be included in the Army Medical Department Property Accounting System (AMEDDPAS) database.

b. The use of maintenance contracts will be utilized when qualified medical maintenance personnel are not available.

Appendix 6 (Prime Vendor and Contingency/ Exigency Contracts) to Annex D (Logistics) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 27, 107, and 108.

2. Purpose. This appendix provides guidance for implementation and management of prime vendor and contingency/exigency contracts to support a contingency operation or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe the command's concept for implementing and monitoring prime vendor and contingency/exigency within their area of responsibility. (Example of a concept statement.)

The MEDCOM mission no longer envisions expansion to large trauma and convalescent facilities. This expansion requirement necessitated the storage of a large amount of equipment with which to rapidly expand. The current concept is to expand only to the maximum capacity for which the hospital chassis were designed. This "with-in-the-walls" expansion reduced the requirement to have large stockpiles of equipment on hand. The MEDCOM took a critical look at the aged equipment stored for this mission and began questioning its ability to be functional, operational, and technically capable by today's standards. The MEDCOM established contingency/exigency contracts in order to meet its expansion requirement for nonexpendable/durable equipment. The prime vendor initiative has also reduced the requirement to have expansion expendable stocks on hand. Each contract contains contingency clauses.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment.

6. Responsibilities. This paragraph identifies staff responsibilities for prime vendor and contingency/exigency contracts. (Example statement.)

The Chief, Logistics Division will develop plans to assure that the Mobilization Planning Committee has identified equipment requirements.

7. Procedures. This paragraph identifies procedures required to implement and monitor prime vendor and contingency/exigency within the command.

Annex E (Facilities) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 85, 86, and 123.

2. Purpose. This annex should provide direction and assign responsibilities to define requirements for facilities to support expected patient workloads during mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept for medical facility management during a contingency operation or mobilization.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment. (Example policy statements.)

a. The medical treatment facilities will expand to core "within-the-walls" capacity only.

b. Nonmedical buildings of opportunity will not be used for hospitalization (inpatient) purposes.

c. Facility requirements for outpatient troop health, dental, or medical clinics will be determined and resolved at the installation level by the responsible MTF through full-time use (multiple shift) of existing clinics.

6. Responsibilities. This paragraph identifies staff responsibilities for facility management and use.

7. Procedures. This paragraph identifies the procedures required for expansion and management of medical facilities during a contingency operation or mobilization.

Annex F (Reserve Components) to ____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, item 46 and 55.

2. Purpose. This annex should provide information on the RC forces of the U.S. Army that support the activity during contingency operations or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the concept of how the activity will use its WARTRACE aligned RC mobilization assets to accomplish its mobilization mission. (The activity **may** be supported by one, a combination of two or more, or all of the RC asset categories listed below.)

a. U.S. Army Reserve Hospital (Caretaker Backfill). This is usually a single mission U.S. Army Reserve (USAR) unit that backfills a designated MTF that provides caretaker professional filler system (CT-PROFIS) personnel to an Active Component (AC) caretaker hospital. The USAR caretaker backfill hospital's structure matches that of the AC caretaker hospital.

b. U.S. Army Reserve Hospital (Augmentation). Usually a single mission USAR unit that augments a designated MTF. The USAR hospital is tailored to support the MTF's specific mobilization mission.

c. Installation and Deployment Support Unit (IDSU). The IDSU is a multiple mission unit that augments an MTF's capability to provide installation and deployment support. Its structure consists of up to three distinct elements, an Installation Medical Support Unit (IMSU), Veterinary Cell, and a Blood Donor Center (BDC). The IDSU's organizational structure may contain one, two, or all three of these elements. It has a unique unit identification code (UIC) with each element assigned a derivative UIC permitting it to be mobilized as a complete unit or each element to mobilize independently.

(1) Whether mobilized with the IDSU or independently, the IMSU comes under the command and control of the MTF responsible for the health service area. The DENTAC/DCC Commander will have technical control over the dental personnel in the IMSU. The IMSU will be assimilated into the MTF, but will remain intact and retain its unit integrity.

(2) The IMSU's primary mission is to augment the MTF responsible for soldier readiness processing at the mobilization station. This support will span the full spectrum

from a Presidential Selected Reserve Call-up through demobilization.

(3) Depending on the scenario and the level of operational tempo, it may be necessary for either the Regional Medical Command or HQ MEDCOM to relocate the IMSU to a different mobilization station. The MTFs must prepare to conduct SRP operations without the support of an IMSU.

d. Individual Reserve Component Personnel. In addition to medical units, the USAR provides individuals in the following categories to backfill or augment the activity.

(1) Individual Mobilization Augmentee (IMA). Personnel in the IMA program are USAR members of the Ready Reserve designated to fill positions within the activity during a contingency operation or mobilization. With very few exceptions, the IMA authorizations are designated for backfill of PROFIS losses.

(2) Individual Ready Reserve (IRR). The IRR consists of pretrained individual soldiers not assigned to RC units. The IRR will provide MTF augmentation and the majority of fillers required to bring both the AC and RC units up to wartime required strength in the event of a contingency operation or mobilization.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment.

6. Responsibilities. This paragraph identifies staff responsibilities for the mobilization, support, and use of RC WARTRACE aligned units. (Example areas of responsibility to be considered.)

a. Prior to mobilization.

(1) Provide mission guidance.

(2) Monitor training and readiness status.

b. Following mobilization.

(1) Billeting requirements.

(2) Transportation requirements.

(3) Post mobilization training requirements.

7. Procedures. The plan identifies the RC assets programmed for assignment to the activity. The plan should describe how the activity will receive, integrate, train, billet, transport, and equip the personnel of the unit. It should discuss command and control relationships after mobilization and peacetime coordination between the unit and the activity to be supported.

Appendices:

1 - Individual Mobilization and Individual Ready Reserve (IRR) Augmentees
2 - AMEDD USAR WARTRACE Alignment
3 - Other AMEDD Base Operations (BASOPS) Augmentation

Appendix 1 (Individual Mobilization and Individual Ready Reserve (IRR) Augmentees) to Annex F (Reserve Components) to _____ Mobilization Plan (U) (_____-MP) (U)

1. References. See Annex Y, items 44 and 47.

2. Purpose. This appendix should explain the Army Individual Mobilization and Individual Ready Reserve Augmentee Programs as it affects your activity.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe the activity's concept on training and utilization of assigned IMA and IRR augmentee personnel.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment. (Example statement.)

Individual Mobilization and IRR Augmentee personnel are assigned on a one-for-one backfill basis for PROFIS losses or individual augmentation for specific programs.

6. Responsibilities. This paragraph identifies staff responsibilities for the IMA program.

7. Procedures. This paragraph identifies the procedures required to accomplish the management and training of the activity's assigned IMA personnel.

Appendix 2 (AMEDD USAR WARTRACE Alignment) to Annex F (Reserve Components) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, item 44.

2. Purpose. This appendix identifies the RC WARTRACE unit(s) which support the activity during a contingency operation or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This appendix should describe, in general terms, the activity's concept on training and utilization of WARTRACE aligned RC units.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment.

6. Responsibilities. This paragraph identifies staff responsibilities for the management and training of WARTRACE aligned RC unit(s).

7. Procedures. This paragraph identifies the procedures required to accomplish the management and training of the activity's WARTRACE aligned RC unit(s).

a. List the WARTRACE aligned RC units for your activity.

b. Provide a concise mission statement for each unit.

c. Provide a concise mission letter to each aligned RC WARTRACE unit.

Appendix 3 (Other AMEDD Base Operations (BASOPS) Augmentation) to Annex F (Reserve Components) to ____ Mobilization Plan (U) (_____-MP) (U)

1. References. See Annex Y, items 86, 127, and 130.

2. Purpose. This appendix identifies RC AMEDD units that might provide assistance during contingency operations or mobilization. (Note: If there are no such units mobilizing at your installation, omit this appendix.)

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. Some RC AMEDD units may arrive at their mobilization station well before their deployment date. With the Installation Commander's approval, these units could assist in providing BASOPS support to the mobilization station. The units could assist in troop medical

clinics, inpatient facilities, and evacuating patients from training areas and ranges.

5. Policy. This paragraph identifies policies that affect mission accomplishment.

6. Responsibilities. This paragraph identifies staff responsibilities for identifying and coordination with these early mobilizing/late-deploying units.

7. Procedures. This paragraph identifies procedures to be used in coordinating assistance from early mobilizing/late deploying AMEDD units.

a. Develop a listing of early mobilizing and/or late deploying units at your installation.

b. Describe how the activity might employ the unit between its reporting and departure dates.

Annex G (Personnel) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, item 86.

2. Purpose. This annex should provide personnel policies for contingency operations or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe the activity's concept on managing personnel losses, backfill, and augmentation during a contingency operation or mobilization.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment.

6. Responsibilities. This paragraph identifies staff responsibilities for personnel functions during a contingency or mobilization.

7. Procedures. This paragraph identifies the procedures required for personnel functions during a contingency operation or mobilization. (Example procedures.)

a. Plans should include procedures for cross-leveling of personnel between functional areas within the activity.

b. Plans should include receiving, managing, and employing military and civilian personnel gains after mobilization.

c. Report personnel status in the Medical Situation Report (MEDSITREP).

Appendices:

1 - Professional Filler System (PROFIS)
2 - Cross-Leveling of AMEDD Personnel
3 - Civilian Personnel Management in Mobilization

Appendix 1 (Professional Filler System [PROFIS]) to Annex G (Personnel) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 98 and 126.

2. Purpose. To provide guidance and procedures for the Professional Filler System (PROFIS) during a contingency operation or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the command's concept on managing

PROFIS. (In the event of contingency operations or mobilization, The Surgeon General is responsible for the management of AMEDD personnel, and to bring deploying and deployed forces up to required AMEDD strength. This responsibility will be met primarily through the designation of AMEDD personnel, within MEDCOM and its subordinate activities, as PROFIS fillers.)

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment. (Example policy statements.)

a. All PROFIS assignments will be stabilized for a minimum of 18 months. This policy does not preclude assignments for longer periods of time.

b. The PROFIS personnel must be prepared for movement and arrival on station in the designated time after initial notification.

c. All PROFIS designees will complete the SRP processing through phase 2, to the maximum extent possible, within 30 days of assignment to a PROFIS position.

6. Responsibilities. This paragraph identifies staff responsibilities for PROFIS implementation. It should outline specific staff responsibilities for notification, training, readiness processing, roster maintenance, and unit assignments.

7. Procedures. This paragraph identifies the procedures for PROFIS implementation.

Appendix 2 (Cross-leveling of AMEDD Personnel) to Annex G (Personnel) to ____ Mobilization Plan (____-MP) (U)

1. References. See Annex Y, item 86.

2. Purpose. This appendix should provide guidance on cross-leveling to support a contingency operation or mobilization requirement with existing installation assets.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept of cross-leveling during a contingency operation or mobilization. (Example Concept Statement.)

During a contingency operation or mobilization, it will be necessary to cross-level personnel within and between Major Army Commands (MACOM) to bring deploying units up to deployable standards. The Installation Strength Management Officer will identify shortfall requirements to DA PERSCOM. DA PERSCOM will validate the shortfall requirements and coordinate personnel taskings with MEDCOM prior to directing MEDCOM to provide personnel to the deploying unit.

5. Policy. Identify only those policies that affect mission accomplishment. (Example.)

a. The Army Mobilization and Operations Planning and Executions System (AMOPES) exempts MEDCOM AMEDD personnel from being cross-leveled across MACOMs at the installation level. Cross-leveling AMEDD personnel across MACOMs requires DA PERSCOM approval following coordination with MEDCOM.

b. Personnel losses due to cross-leveling within the activity will not be backfilled on a one-for-one basis. The goal for personnel

backfill is 80 percent of losses. Backfill should be requested for essential positions only.

6. Responsibilities. This paragraph identifies staff responsibilities for accomplishing the cross-leveling function. (Example responsibility statements.)

a. The MEDCOM will monitor cross-leveling actions within the command.

b. The RMC commander is responsible for, and the approving authority for cross-leveling with the RMC.

7. Procedures. This paragraph identifies procedures required to accomplish the cross-leveling mission.

Appendix 3 (Civilian Personnel Management in Mobilization) to Annex G (Personnel) to _____ Mobilization Plan (____-MP) (U)

1. References. See Annex Y, items 5, 91, and 105.

2. Purpose. This appendix should provide guidance for civilian work force replacement due to a contingency operation or mobilization.

3. Assumption. See paragraph 1d, basic plan.

4. Concept. This paragraph describes, in general terms, the activity's concept for civilian personnel management during a contingency operation or mobilization. Civilian work force plans must complement the military mobilization plans. Portions of the civilian work force will become losses during a contingency operation or mobilization due to membership in the RC or recall to active duty under a retiree recall. These personnel will need to be replaced in order to provide continuity of care. In addition, personnel may need to be hired to support expanded operations. Planners must operate with an understanding of the effects of mobilization on the activity and the community.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment. (Example policy statement.)

Expansion under contingency operations or mobilization will be accomplished by expanding the military force. However, planners must establish plans and procedures for expansion of the civilian work force to augment expansion efforts.

6. Responsibilities. The activity commander will ensure plans are developed to hire personnel to replace losses and a possible expansion requirement.

7. Procedures. This paragraph should provide the procedures to be accomplished in meeting the activity's civilian personnel management function.

Annex H (Preventive Medicine) to ___ Mobilization Plan (U) (_____-MP) (U)

1. References. See Annex Y, items 24, and 143.

2. Purpose. This annex should provide policy and guidance for a preventive medicine program to support a contingency operation or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph describes, in general terms, the activity's concept for accomplishing its Preventive Medicine mission.

(Example statement.)

The preventive medicine program continues during mobilization, but with increased support to deployment operations. The preventive medicine workload will increase due to a higher incidence of communicable diseases; a greater demand on water, waste, and sewage systems; and risk of more food-borne illnesses from untrained food handlers.

5. Policy. Identify only those policies that affect mission accomplishment. (Example.)

Mobilization planning for preventive medicine support must encompass support for all active, semi-active, and state-operated installations in the Health Service Area.

6. Responsibilities. This paragraph identifies the staff responsibilities for accomplishing the activity's preventive medicine functions.

7. Procedures. This paragraph identifies the procedures required to accomplish the preventive medicine mission during a contingency operation or mobilization.

Annex I (Safety/Accident Prevention) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 2, 82 through 84, 153, and 157 through 161.

2. Purpose. This annex should provide guidance for safety and accident prevention during a contingency operation or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept for accomplishing its safety and accident prevention mission. (Example concept statement.)

Initial response to mobilization uses existing accident prevention resources. All functions within the activity will continue to operate under peacetime regulations unless otherwise directed. Priority goes to the problems involving the highest risk to the most personnel or equipment for the longest exposure time.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment. (Example policy statement.)

A qualified member of each activity will be designated by the commander to represent the activity on all safety matters.

6. Responsibilities. This paragraph identifies the staff responsibilities for accomplishing the activity's safety and accident prevention functions. (Examples.)

a. Chief, Plans, Training, Mobilization, and Security will ensure:

(1) Adequate safety provisions are included in all contingency/mobilization plans.

(2) Personnel have received periodic safety training in the performance of their assigned contingency or mobilization functions.

b. Chief, Logistics Division will ensure:

(1) Coordination of transportation and material handling

requirements with the host installation, and ensure equipment designated for use is adequate and safe.

(2) Assigned equipment operator personnel are qualified and trained in safety.

(3) Adherence to supply, equipment, and personnel loading plans during movements.

(4) The preparation of a damage control plan for outside supplies and equipment storage areas. Sites will not be located in low level areas subject to flooding, and will be covered to protect sensitive items from the weather.

c. The Safety Officer will ensure the mobilization SOPs address safety issues.

7. Procedures. This paragraph identifies procedures for safety and accident prevention functions during a contingency operation or mobilization. (Examples.)

a. Anticipate and plan for increased safety problems in ground and air ambulance transport, reconfigured structures used for medical care, weapons handling and storage, fire prevention, increased numbers of untrained personnel, and medical storage.

b. Activity designated mobilization safety personnel will be trained to provide safety support to all operations during mobilization. They will include provisions for safe operations into all plans and ensure operating personnel adhere to safety SOPs during activities. When they identify accident-producing conditions during operations, they must be qualified to provide effective countermeasures without delaying progress in contingency/mobilization operations.

c. Personnel selected as motor vehicle operators will be qualified and licensed to operate vehicles to which assigned. Each vehicle operator is responsible to ensure the assigned vehicle is road safe and adequate to transport supplies, equipment, or personnel designated in the loading plan.

d. Accidents will be reported to the safety officer. The safety officer will investigate each reported accident and assist the supervisor in preparing the formal report in accordance with AR 385-40 and MEDCOM Supplement thereto.

e. Fire safety within the activity must be stressed during contingency/mobilization. The safety officer is responsible for certifying new operational areas safe for use.

Annex J (Dental Services) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 21, 25, 29, 45, 94, and 104.

2. Purpose. This annex should provide basic mobilization concepts of dental operations within the health service area during a contingency operation or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph describes the concept of how dental care will be provided to the mobilizing, deploying, redeploying, and demobilizing soldiers. (Example comments.)

Support the installation soldier readiness processing and provide dental care to all mobilized soldiers to place them in dental Class 1 or 2. In peacetime routine, emergency, and preventive dental care is

provided to the active component soldiers to maintain their dental health. The reserve component soldiers, however, will not arrive with the same level of dental care.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment. (Example policy statements.)

a. All deploying soldiers will be placed in a dental class 1 or 2 prior to deployment unless proper authority waives the requirement.

b. For planning purposes, dental care should be made available at whatever time the soldiers are available.

c. The DENTAC/DCC Commander will serve as the Director of Dental Services (DDS) for the installation supported by the DTF. The DENTAC Commander will appoint a DDS for any other installation within the dental service area. The commander may delegate authority for the DDS duties to another dental officer, if appropriate. Should the DDS authority be delegated, the Commander will ensure the complete information and instructions are provided to accomplish mobilization planning for the installation.

d. All demobilizing soldiers will receive a dental examination/screening prior to separation from active Federal service.

6. Responsibilities. This paragraph identifies staff responsibilities for the accomplishment of the dental mobilization mission.

The DDS advises the installation commander on dental related issues, plans, and executes the dental support mobilization plan for the DENTAC's/DCC's geographic area.

7. Procedures. This paragraph identifies those procedures required to accomplish the dental service mission. (Examples.)

a. DENTAC/DCC. The DDS will, in close coordination with the collocated MTF, develop plans to provide dental care to all mobilizing and deploying forces within the dental service area. Activities will include, but not be limited to:

(1) Provide dental care within the DENTAC/DCC's geographical area of responsibility.

(2) Review dental records of all mobilizing and deploying soldiers and DOD personnel to identify those in need of an examination and pre-deployment dental readiness care.

(3) Ensure commanders of supported units are aware of the dental profiles of their soldiers, and the consequences of foregoing dental care.

(4) Provide training programs for military and civilian augmentation personnel.

(5) Ensure that the dental portion of subordinate activities mobilization plans and the MOBTDAs are current.

b. U.S. Area Dental Laboratory (USADL).

(1) Ensure expeditious fabrication of all essential dental prostheses.

(2) Identify active duty cases that belong to early deploying units, and have been assigned a high priority by the DENTAC/DCC Commander.

(3) Implement a procedure that permits the ADL to expedite those cases previously identified as high priority.

(4) Create a priority system of fabrication based on:

(a) Simplicity of fabrication.

(b) Available technician skill.

(c) Availability of materials.

(5) Develop a plan to use alternate materials, equipment, and techniques to compensate for potential shortages of dental materials used for fabrication of prosthodontic appliances.

(6) Provide training programs for augmentation personnel, both military and civilian.

Annex K (Veterinary Services) to ___ Mobilization Plan (U) (_____-MP) (U)

1. References. See Annex Y, items 7, 20, 22, 24, 35, and 36.

2. Purpose. This annex should provide guidance for Veterinary Services during a contingency operation or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the concept for veterinary services in the health service area. (Example Concept Statement.)

The Veterinary Command serves as Executive Agent for veterinary medical care and will provide services to ensure the safety and quality of the food supply to all military departments. The mission of the VETCOM will expand significantly to support all military services and other DOD activities in their area of operations during mobilization.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment.

6. Responsibilities. This paragraph identifies staff command and staff responsibilities for the Veterinary Service mission within the command. (Example statement.)

The veterinary activity is responsible for providing veterinary service support. The activity will develop plans to support the expanded veterinary service mission within the health service area.

7. Procedures. This paragraph identifies the procedures for providing veterinary support within the command during a contingency operation or mobilization. (Veterinary mobilization requirements of each Service will be reviewed and updated annually to ensure they are valid and supported in the plan.)

Annex L (Training) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 20, 67, 68, 86, 127, 130, and 138.

2. Purpose. This annex should provide procedures and guidance for the conduct of training under contingency operations or mobilization conditions.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept for providing training in support during a contingency operation or mobilization. (Example Concept Statement.)

During a contingency or mobilization, the activity will continue to provide all peacetime training while expanding training as necessary to meet requirements. Phase II training will continue at the peacetime training sites. If the activity is a mobilization teaching location that does not provide Phase II training in peacetime, it will initiate this training following mobilization, as directed by MEDCOM.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment. (Example policy statement.)

Refresher training for enlisted personnel will be conducted at the AMEDDC&S. Priority for refresher training will be given to enlisted specialists designated as combat replacements.

6. Responsibilities. This paragraph should provide staff responsibilities for accomplishment of training functions. (Example.)

a. The proponent teaching division at the AMEDDC&S is responsible for providing mobilization programs of instruction (MOBPOI), lesson plans, and other supporting material to the mobilization teaching location.

b. Chief, PTMS.

(1) Develop training plans in coordination with other functional areas of the activity. The plan should include staff and faculty resourcing, securing of classrooms, transportation, and other BASOPS support requirements.

(2) Assist unit commanders at the host installation with AMEDD refresher training through identification of resources available within the activity.

7. Procedures. This paragraph identifies the procedures required to accomplish training functions during a contingency operation or mobilization. (Examples.)

a. Review the activity's portion of the Mobilization Army Program of Individual Training (MOBARPRINT) for projected mobilization teaching loads.

b. The activity commander has discretionary authority to extend the training week and establish training shifts as best meets local conditions.

c. The status of training will be an item of input in the Commander's Narrative paragraph in the HQ MEDCOM Medical Situation Report, when implemented.

Appendix:

1 - Graduate Medical Education

Appendix 1 (Graduate Medical Education) to Annex L (Training) to _____ Mobilization Plan (U) (_____-MP) (U)

1. References. See Annex Y.

2. Purpose. This appendix should provide guidance for the conduct of Graduate Medical Education (GME) during a contingency operation or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept for supporting the GME program. Graduate medical education encompasses the professional training of physicians to

improve readiness and accomplish the Army's health care mission by ensuring the appropriate balance of physician specialties is maintained.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment. (Example policy statements.)

a. The GME program will function following mobilization as directed by The Surgeon General.

b. Physicians in GME programs fall into the last category of providers used for PROFIS. The intent is to minimize the disruption of GME training to the greatest extent possible.

6. Responsibilities. This paragraph identifies staff responsibilities for the GME program within the activity.

7. Procedures. This paragraph identifies the procedures for assignment of AMEDD officers participating in GME training programs to PROFIS positions. The procedures should follow the policy as outlined in paragraph 1.5e, AR 601-142.

Annex M (Security) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 37, 73, 74, 78 through 81, 90 and 99.

2. Purpose. This annex should provide guidance for the activity's security program during a contingency operation or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept for accomplishing its security mission during a contingency operation or mobilization. A contingency operation or mobilization has the potential for an increased threat to the command, not only by opposing forces but also by dissident/disloyal personnel within the military service and civilian population. This increased threat can be countered by an enhanced security posture and intelligence collection activity within the activity.

5. Policy. This paragraph identifies policies that affect mission accomplishment.

6. Responsibilities. This paragraph identifies the staff responsibilities for Security. Security requires the coordinated effort of the Security Manager and Operations Security (OPSEC) Officer. This annex and Annex N (OPSEC) should address their responsibilities in responding to increased security levels.

7. Procedures. This paragraph identifies the procedures necessary to accomplish the contingency/mobilization Security functions. The security plan should cover the following points. During periods with increased threat it is important to enhance personnel security capabilities. The security section should expand liaison with military intelligence offices and Defense and other Federal security agencies to get current threat information. It is also necessary to intensify command surveillance of personnel in sensitive positions. The command should review the risks associated with the continuation of official visits by foreign nationals. The final item is an expanded scope and collection effort for medical intelligence information.

Annex N (Operations Security [OPSEC]) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 76, 77, and 90.

2. Purpose. This annex should provide guidance for secure planning in support of contingency operations or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept for accomplishing its operations security mission. Operations security requires that the activity analyze its operations to identify activities which would signal intentions to hostile intelligence. The activity should then execute measures which will reduce those signal activities to an acceptable risk level. Operations security requires emphasis at all levels of command throughout mobilization.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment.

6. Responsibilities. This paragraph identifies the staff responsibilities for Operations Security during a contingency operation or mobilization. The activity commander is responsible to ensure the development of plans for OPSEC implementation with the start of mobilization. The plan should cover employment of counter-measures to protect essential elements of friendly information (EEFI).

7. Procedures. This paragraph identifies the procedures necessary to accomplish OPSEC functions during a contingency operation or mobilization. (Examples.)

a. Conduct and evaluate periodic OPSEC surveys based upon the mission, the local threat, and the activity vulnerabilities. Incorporate the results of the evaluation into command OPSEC briefings.

b. Brief all personnel on intelligence, electronic warfare, terrorist threats, and EEFI.

c. Coordinate with physical, signal, computer and communications security organizations for support during mobilization.

d. Request a current hostile intelligence threat statement or briefing from the local Military Intelligence agency.

Appendix:

1 - Essential Elements of Friendly Information (EEFI)

Appendix 1 (Essential Elements of Friendly Information [EEFI]) to Annex N (Operations Security [OPSEC]) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 76, 77, and 90.

2. Purpose. This appendix should provide a listing of Essential Elements of Friendly Information for operations that should not be discussed in unsecure communications.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept on securing EEFI. Essential Elements of Friendly

Information is defined as any information that reveals friendly capabilities and intentions.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment.

6. Responsibilities. This paragraph identifies the staff responsibilities for monitoring EEFI. It is the responsibility of all concerned to bring vulnerabilities to the attention of their local security manager or Operations Security officer immediately.

7. Procedures. This paragraph identifies those procedures necessary to make personnel aware of EEFI. (Examples of EEFI) The attached example listing should be supplemented locally as it pertains to day-to-day operations. Post the EEFI listing in each office, close to the telephones. Do not make reference to the EEFI items when using unsecured communications systems.

a. Personnel/Administration.

(1) Critical personnel shortages by Military Occupational Specialty (MOS) and/or AOC. (Mobilization only.)

(2) Top Secret Control Officer. (Mobilization only.)

(3) AMEDD Filler personnel requirements. (Mobilization only.)

(4) Standard Installation/ Division Personnel System (SIDPERS) Data. (Mobilization only.)

(5) Medical information relating to very important persons (VIP) patients.

(6) Designated commanders by name. (Mobilization only.)

(7) Casualty figures. (Mobilization only.)

(8) Arrival dates of personnel. (Mobilization only.)

(9) Itinerary involving OCONUS travel by U.S. General Officers and civilian equivalents. Itineraries of heads of state, foreign General Officers, or civilian equivalents.

(10) Recognized manpower requirements, allocations, and authorizations. (Mobilization only.)

b. Operations.

(1) Sensitive compartmentalized information (SCI) position and degree of access.

(2) Identification of personnel with special access security clearances.

(3) Future personnel assignments (by name) which require special access prior to arrival at new duty station.

(4) Specific support to units identified in the Sensitive Unit Installation Listing (SUIL) or special operations/tactical units.

(5) Sensitive unclassified contingency plans. (Mobilization only.)

(6) Details of alert notification plan procedures.

(7) Specific vulnerabilities, weaknesses, or recommendations.

(8) Specific sensitive unclassified operational commitments to provide support to commands.

c. Logistics.

(1) Discussion of critical shortages of sensitive medical items. (Mobilization only.)

(2) Support of specific items to Research and Development (R&D) units.

(3) Port activities. Increased levels of medical support for port activities during mobilization and deployment preparation and execution.

(4) Specific Common Table of Allowances (CTA). CTA 8-100 items for defense against biological and chemical agents when addressing logistics management of these items for specific AC or RC units. (Mobilization/deployment only.)

(5) Discussion of specific modified table of organizational equipment (MTOE) shortages/overages for a specific unit. (Mobilization only.)

Annex O (Chaplain) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 47, 48, 86, 97, 103, 126, and 133.

2. Purpose. This annex should provide guidance for the Department of Ministry and Pastoral Care (DMPC) during contingency operations or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the concept for providing pastoral support for the mobilizing and deploying forces and their families. Planning must focus on pastoral care for the patient and patient's family from premobilization through demobilization.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment.

6. Responsibilities. This paragraph identifies DMPC responsibilities. The staff chaplain should assure wartime readiness of the DMPC military staff and provide high quality theologically and clinically based spiritual health care. This plan should address any unique or special circumstances affecting the activity. (Examples.)

a. Familiarity with the HQ MEDCOM, Activity, and installation mobilization plans.

b. Ensure adequate religious coverage for patients, staff members, and their families.

c. Establish liaison with civilian churches and religious organizations to develop support ministry during contingency operations or mobilization.

7. Procedures. This paragraph identifies the procedures required to accomplish the mobilization mission. (Example.)

a. No change in procedures from peacetime is envisioned, however, several additional actions may be required.

b. Contract assistance may be required due to a chaplain shortage for some specific faith groups.

Annex P (Public Affairs) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 70, 71, and 72.

2. Purpose. To provide direction and define responsibilities for planning an effective Public Affairs

(PA) program for contingency operations or mobilization.

3. Assumptions. See paragraph 1d, basic plan. (Examples.)

a. Local and national media interest will intensify.

b. A concerted program of public information and community relations will be required to educate and inform internal and external audiences, and dissipate misinformation and speculation.

c. Media visits to the medical facility and/or installation will increase.

4. Concept. This paragraph should describe, in general terms, how the activity will conduct its PA program. (Examples.)

a. PA offices should coordinate with and or advise installation offices and MEDCOM headquarters PA office of sensitive or controversial issues.

b. PA offices should coordinate with and/or advise installation PA office and MEDCOM PA office of local and national media interest.

c. PA offices should coordinate the release of information of sensitive and or controversial issues with MEDCOM headquarters PA office, and adhere to PA guidance provided by MEDCOM, DA or DOD PA.

d. The activity should maximize the flow of cleared and releasable information to the internal and external publics.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment. (Example policy statements.)

a. Unless otherwise notified, the Freedom of Information and Privacy Acts will remain in force through the command.

b. Contact MEDCOM headquarters PA for additional information regarding other policy issues or assistance with patient confidentiality waiver process or media accreditation.

6. Responsibilities. This paragraph identifies the staff responsibility for the PA functions during contingency operations or mobilization. (Examples.)

a. Accurate and timely responses to internal and external inquiries.

b. Assess and educate senior leaders and staff on internal and external concerns to include recommendations for education/information programs.

c. Provide media training as necessary.

d. Coordinate closely and in concert with agency operations officers.

e. With regard to sensitive and controversial issues, coordinate with and advise MEDCOM headquarters and installation PA offices.

7. Procedures. This paragraph identifies the procedures required to accomplish the activity's PA mission during a contingency operation or mobilization.

a. Authority to locally release information to internal and external publics will be based on this plan, DOD and Army regulations, local agreements and directives, and other policies and guidance regarding specific mobilizations. Unless

otherwise notified, PA personnel will continue to use the normal PA chain of command channels.

b. Coordination with MEDOCOM headquarters PA and RMC PA is required when the following activities are considered to have regional and/or national interest:

(1) News briefings or press conferences.

(2) VIP visits or briefings.

c. PA Officers will use internal bulletins, installation newspapers, commander's calls, web sites, and media interviews to keep internal and external audiences informed.

d. PA Officers will assist with media visits and/or Joint Information Centers as necessary.

e. Provide PA guidance to command and subject matter expert spokespeople.

Annex Q (Information Management) to __ Mobilization Plan (U) (__-MP) (U)

1. References. See Annex Y, items 13, 16 through 19, 39, 66, 75, 86, 114, 115, and 152.

2. Purpose. This annex should provide policy and guidance on expanding the Information Management services during a contingency operation or mobilization. This includes guidance on automation, communications-electronics, publication and printing, and records management.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept for accomplishing its information management functions.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment. (Example policy statements.)

a. Common user telecommunications services will be maximized.

b. Information management functions will continue to operate under peacetime regulations and policies until changed.

6. Responsibilities. Some of the responsibilities that should be covered are shown here:

a. Information Management Officer.

(1) Maintain separate copies of current files for all applications (especially data for mobilization essential systems) at a remote site. This includes applications on stand-alone computers in staff offices.

(2) Identify alternate sources of automated data processing systems, supplies, and maintenance.

(3) Maintain a stock of blank forms for processing commercial publishing and printing to prevent delays during mobilization.

b. Staff proponents.

(1) Develop manual procedures for all automated applications in case automation support ceases.

(2) Specify for each automated application whether or not it is essential for mobilization.

(3) Comply with the Privacy Act and Freedom of Information program.

7. Procedures. The plan should describe actions required to provide information management support.

Appendices:

1 - Communications
2 - Automation
3 - Publications and Printing
4 - Records Management

Appendix 1 (Communications) to Annex Q (Information Management) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 13, 16, 37, 86, and 152.

2. Purpose. This appendix should provide policy and guidance for utilization and expansion of communications-electronics services and facilities during mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept on how communications requirements will be provided.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment.

6. Responsibilities. This paragraph identifies staff responsibilities for the accomplishment of communications functions.

7. Procedures. This paragraph identifies procedures for accomplishing the communications function during a contingency operation or mobilization. Only procedures that differ from peacetime procedures should be described.

Appendix 2 (Automation) to Annex Q (Information Management) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 16, 66, 75, 86, and 115.

2. Purpose. This appendix should provide policy and guidance for automation planning to support the command's mobilization mission.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe the activity's concept on how automation activities will provide required support under a contingency operation or mobilization.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment.

6. Responsibilities. This paragraph identifies staff responsibilities for the accomplishment of automation functions.

7. Procedures. This paragraph identifies procedures for accomplishing the automation function during a contingency operation or mobilization. Only procedures that differ from peacetime procedures should be described.

Appendix 3 (Publications and Printing) to Annex Q (Information Management) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 16, 17, 66, and 86.

2. Purpose. This appendix should provide policy and guidance for the activity's publications and printing programs during a contingency operation or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept on how the publications and printing program will expand, as necessary, to support its mobilization mission.

5. Policy. This paragraph identifies policies that affect mission accomplishment.

6. Responsibilities. This paragraph identifies staff responsibilities for publications and printing functions under contingency operations or mobilization conditions.

7. Procedures. This paragraph identifies procedures for accomplishing the publications and printing functions during a contingency operation or mobilization. Only procedures that differ from peacetime procedures should be described.

Appendix 4 (Records Management) to Annex Q (Information Management) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 18, 19, 66, and 86.

2. Purpose. This appendix should provide policy and guidance for the activity's records management program during a contingency operation or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept of how the records management program will support the activity under mobilization conditions.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment.

6. Responsibilities. This paragraph identifies staff responsibilities for the accomplishment of records management functions.

7. Procedures. This paragraph identifies procedures for accomplishing the records management functions during a contingency operations or mobilization. Only procedures that differ from peacetime procedures should be described.

Annex R (Demobilization) to _____ Mobilization Plan (U) (_____-MP) (U)

1. References. See Annex Y, items 29, 32, 42, 92, 94, 96, and 104.

2. Purpose. This annex should provide guidance and procedures for the demobilization process to include medical/dental processing and treatment of demobilizing AC and RC soldiers.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept for accomplishing the demobilization mission.

a. Medical and dental examinations will be available to all demobilizing soldiers. Medical examinations are mandatory for the Army National Guard (ARNG); however, AC and USAR personnel require only a medical screening and may waive the medical and dental examination.

b. A medical examination will be provided to demobilizing AC and USAR personnel upon request or when an examination is indicated. All demobilizing soldiers will receive

counseling regarding latent health risks and health care benefits.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment. (Example policy statements.)

a. Normal peacetime health care services will be maintained for eligible beneficiaries while the demobilization process is being accomplished.

b. Depending on the scenario and the level of operational tempo during demobilization, it may be necessary for either the Regional Medical Command or HQ MEDCOM to relocate USAR Installation Medical Support Units (IMSU) to mobilization stations other than to which they are WARTRACE aligned. The medical treatment activity must be prepared to conduct demobilization operations without the support of an IMSU.

6. Responsibilities. This paragraph identifies staff responsibilities for the accomplishment of demobilization functions. (Examples of responsibilities.)

a. The medical examination/screening is the responsibility of the local MTF.

b. The dental examination/screening is the responsibility of the local DTF.

7. Procedures. This paragraph identifies procedures for accomplishing the demobilization functions during a contingency operation or mobilization. These procedures will be in accordance with Paragraph 8-23, AR 40-501. (Example.)

a. ARNG or USAR soldiers ordered to active duty for war, national emergency, or Presidential Selected Reserve Call-up (10 USC 12301(a), 12302, or 12304) will undergo medical screening prior to mustering out of Federal service (ARNG) or release from active duty (USAR). The scope of this screening (for example, medical interview with an examination if clinically indicated versus a complete medical examination) will be determined by TSG prior to separation based on length of the mobilization/contingency operation and occupational exposures of the soldiers. However, all soldiers, as a minimum, will complete DD Form 2697 prior to mustering out of Federal service or release from active duty in accordance with Paragraph 8-23a, AR 40-501.

b. Refer to Paragraph 2-4, AR 635-10 for specific requirements for RC soldiers who served for periods greater than 180 days.

Appendices.

1 - Medical Examination
2 - Dental Examination
3 - Patient Administration

Appendix 1 (Medical Examination) to Annex R (Demobilization) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 29, 32, 42, 94, 96, and 104.

2. Purpose. This annex should provide policy and guidance in the conduct of medical examinations for demobilizing personnel.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept for accomplishing demobilization medical examinations/screenings.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment. See Paragraph 8-23, AR 40-501.

6. Responsibilities. This paragraph identifies staff responsibilities for demobilization medical examinations. (Example statement.)

The MTF is responsible for supporting the demobilization process by participating in the SRP process providing required medical examinations/screenings.

7. Procedures. This paragraph identifies procedures for accomplishing the demobilization medical examinations during or following a contingency operation or mobilization. See Paragraph 8-23, AR 40-501.

Appendix 2 (Dental Examination) to Annex R (Demobilization) to _____ Mobilization Plan (U) (_____-MP) (U)

1. References. See Annex Y, items 29, 32, 42, 94, 96, and 104.

2. Purpose. This annex should provide policy and guidance in the conduct of dental examinations for demobilizing personnel.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe the concept for accomplishing demobilization dental examinations or screenings.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment. (Example policy statements.)

a. All demobilizing soldiers will receive a dental examination or screening prior to separation from active Federal service.

b. Dental conditions that existed prior to service (EPTS) cannot be treated at government expense after separation from active Federal service. Prior to separation, RC soldiers are eligible to have dental conditions treated in the dental treatment facility. After separation, RC soldiers are only eligible for in line of duty (LOD) conditions to be treated in the dental treatment facility or at government expense.

6. Responsibilities. This paragraph identifies staff responsibilities for the accomplishment of demobilization dental examinations and/or screenings.

7. Procedures. This paragraph identifies procedures for accomplishing the demobilization dental examinations and/or screenings during or following a contingency operation or mobilization.

Appendix 3 (Patient Administration) to Annex R (Demobilization) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 29, 32, 92, 94, and 104.

2. Purpose. This annex should provide policy and guidance on demobilization patient administration issues.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept on patient administration during the demobilization process.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment. (Example policy statement.)

Soldiers who become ill or are injured during the demobilization process will be treated at the appropriate medical facility and returned to duty or regulated to the medical treatment facility (MTF) closest to their mobilization station with the necessary treatment capabilities.

6. Responsibilities. This paragraph identifies staff responsibilities for the accomplishment of demobilization patient administration functions. (Example.)

The Patient Administration Officer is responsible for regulating patients to the appropriate medical treatment facility.

7. Procedures. This paragraph identifies procedures for accomplishing the demobilization patient administration functions during or following a contingency operation or mobilization. (Examples.)

a. Soldiers who are hospitalized or still under medical treatment when their active duty ends may request to remain on active duty by extending their orders beyond the current expiration date in accordance with paragraph 4-21, AR 135-381. Normally, these soldiers will be assigned to the Medical Holding Company at the treating MTF. Extension of active duty status is not automatic; the soldier must be briefed on the need to request extension of active duty and must request the extension before their orders expire. Requests require submission of a completed line of duty (LOD).

b. Health record accountability and reuniting the medical, dental, and Military Personnel Record Jacket (MPRJ) from the mobilization station with the demobilizing soldier.

(1) In most cases, records will be consolidated at the mobilization station.

(2) Reserve component records will normally be kept under personnel (Adjutant General [AG]) control.

(3) Active component records. When the home station is also the mobilization station, records accountability is the responsibility of the local MEDDAC/DENTAC/DCC/AG. When the home station is not the mobilization station, instructions will be provided directing that such records be forwarded to the mobilization station.

(4) Acquiring and filing outpatient treatment documents generated during redeployment and/or demobilization.

(a) Outpatient treatment record documents for care rendered in the theater of operations could arrive with the soldier or his/her unit commander. In these instances, the documents will be incorporated with the existing health record.

(b) Documents received after demobilization will be forwarded to the location where the health record is maintained.

Annex S (Provost Marshal) to _____ Mobilization Plan (U) (_____-MP) (U)

1. References. See Annex Y, item 3, 50 through 65, 89, 131 through 133, and 136.

2. Purpose. This annex should provide law enforcement and security planning guidance for contingency operations or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concepts. This paragraph should describe, in general terms, the activity's concept for accomplishing its Provost Marshal functions during a contingency operation or mobilization. Law enforcement and security activities provide a secure environment to expedite the mobilization process. With changes of mission, planners must consider expansion of certain functions. Some of these are physical security, crime prevention, and confinement operations in medical channels. Military police deployment will strain law enforcement resources. Prior planning is essential to ensure effective security is established to support contingency operations or mobilization.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment.

6. Responsibilities. Identify staff responsibilities for the accomplishment of Provost Marshal functions. The Provost Marshal and Security Officer will prepare the security annexes to the activity mobilization plan.

7. Procedures. This paragraph identifies procedures for accomplishing the Provost Marshal functions during a contingency operation or mobilization. (Examples.)

a. The following areas should be considered in development of mobilization plans.

(1) Expansion of law enforcement and security functions to include physical security; crime prevention; and confinement operations, if applicable.

(2) Provide expansion requirements for input into the activity MOBTDA to support law enforcement and security from mobilization through demobilization.

(3) It cannot be assumed that required mobilization resources will be available. The source for personnel, supplies, and equipment not already available to the activity, should be coordinated with the installation and facility planners. Planners must ensure the same resources are not committed to mutually exclusive functions.

(4) Whenever mission requirements exceed resource availability, tasks will be prioritized to ensure essential tasks are accomplished. Installation and facility planners must be informed whenever tasks exceed the activity's capacity for execution.

b. Access control. Consider the requirement to restrict access to the activity, or portions thereof during contingency operations or mobilization. Consideration will be given to the feasibility of, and problems associated with, restricting access. The decision to restrict access to the activity may be executed at the direction of HQ MEDCOM based on threat assessment.

c. Combating terrorism. Develop and be prepared to implement activity crisis management plans to combat acts of terrorism, sabotage, and civil unrest directed against the activity or personnel.

d. Mission essential vulnerable activities (MEVA). Identify and prioritize those facilities that require additional protection. Plans should outline the source of personnel and equipment required to secure identified MEVAs.

e. Crime prevention. Provide for an expanded crime prevention program. Crime prevention information should be updated at least annually and provided to RC WARTRACE aligned unit(s).

Appendices:
1 - Physical Security
2 - Confinement Operations

Appendix 1 (Physical Security) to Annex S (Provost Marshal) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, item 54.

2. Purpose. This appendix should provide guidance for protecting personnel, preventing unauthorized access to property or facilities, and reducing the risks from espionage or sabotage during a contingency operation or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept on how the physical security mission will be accomplished. (Example concept statement.)

An increased population and level of activity can be expected during the transition from peacetime to contingency operations or mobilization. This increased activity requires that physical security programs be capable of meeting the increased threat to persons and property.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment.

6. Responsibilities. This paragraph identifies staff responsibilities for the accomplishment of physical security functions.

7. Procedures. This paragraph identifies procedures for accomplishing the physical security functions during a contingency operation or mobilization. Only procedures that differ from peacetime procedures should be described.

Appendix 2 (Confinement Operations) to Annex S (Provost Marshal) to ____ Mobilization Plan (U) (___-MP) (U)

1. References. See Annex Y, items 3, 51, 53, 55, 56, 62, and 78.

2. Purpose. This appendix should provide guidance for confinement procedures under a contingency operation or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept for accomplishing its confinement operations mission. Selected installations and medical activities may have a confinement mission. The increased population and level of activity experienced during mobilization may result in an increase in these confinement operations.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment.

6. Responsibilities. This paragraph identifies staff responsibilities for the accomplishment of the confinement operations mission.

7. Procedures. This paragraph identifies procedures for accomplishing the confinement operations mission during mobilization. Only procedures that differ from peacetime procedures should be described.

Annex T to _____ Mobilization Plan (U) (____-MP) (U)

(NOT USED)

(This Annex reserved for activity use.)

Annex U (Emergency Operations Center) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. See Annex Y, items 88, 139 through 141, and 152 through 153.

2. Purpose. This annex should provide policy and guidance for the activity's Emergency Operations Center (EOC) during a contingency operation or mobilization.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the concept of how the activity will operate its emergency operation center during a contingency operation or mobilization.

a. The EOC, when activated, becomes the focal point for command, control, coordination, and monitoring of contingency operations and mobilization actions. All staff actions pertaining to the crisis will be coordinated through the EOC, and all incoming and outgoing crisis related messages will be transmitted through the EOC after being entered in the appropriate message log.

b. Streamlined staff procedures are required during contingency operation or mobilization due to the significant increase in the volume of decisions to be made and the actions that will be generated prior to, during, and after a contingency operation or mobilization. During the contingency operation or mobilization, the timeliness of decisions is critical.

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment. (Example.)

The activity will establish an EOC in response to a contingency operation or mobilization.

6. Responsibilities. This paragraph identifies staff responsibilities for the accomplishment of EOC operations. (Examples.)

a. The Commander or Chief of Staff/ Deputy Commander for Administration (DCA) is responsible for directing activation of the EOC.

b. The Chief, PTMS is responsible for operational control of the EOC. This responsibility includes:

(1) Maintaining a current roster of qualified action officers, NCOs, and Department of the Army civilians for the EOC, who hold at least a secret clearance, who are familiar with:

(a) The MEDCOM Mobilization Plan, the MSC Mobilization Plan, and the supported installations Mobilization Plan.

(b) Their respective staff organization, functions, and crisis/ contingency/mobilization procedures and responsibilities.

(c) Message format, classification and declassification

procedures, and message receipt and dispatch procedures.

(d) Appropriate operation plan or contingency plan.

(e) Their staff agency emergency action checklist and procedures.

(2) Ensure internal staff office notification procedures are current.

(3) Provide administrative personnel to support the EOC as may be required or coordinate with other offices for the support.

7. Procedures. This paragraph identifies procedures for accomplishing EOC operations during a contingency operation or mobilization. (Examples.)

a. Streamlined staff procedures. The purpose of the modified staff action process is to facilitate a prompt and reasonable solution to a problem in order to make a timely decision.

(1) The EOC Team Chief should be authorized to take final action for the staff agency heads who have representatives in the EOC on all issues that require an immediate response when the normal decision maker is not reasonably available.

(2) Heads of staff offices and individuals designated by them should be delegated authority to take final action for the command on all matters within their respective functional areas, except those in which the Commander, Deputy Commander, and Chief of Staff have expressed a personal interest.

(3) Heads of staff offices should delegate signature and coordination authority to the lowest level possible. As a minimum, decision and signature authority should be delegated to the branch or section chief level on all subjects within their respective areas of responsibility. Line through authority is approval authority and should be used extensively.

(4) The requirement for formal written concurrences will be held to a minimum. Coordination will be accomplished by the quickest and most informal method appropriate to the subject and its security classification. The coordination-by-conference technique should be used when action and/or issues are complex or time is critical.

(5) Nonconcurrence should be resolved before finalizing an action. The head of the staff office responsible for the action may override the nonconcurrence of a final action if it is in his/her area of functional responsibility. When a nonconcurrence involves functional responsibility outside the purview of the action office or involves two or more areas of functional responsibility, the reasons for nonconcurrence, consideration of nonconcurrence, rationale, and recommendations will be expeditiously forwarded to the command group for a decision.

b. Staffing the EOC with personnel.

(1) The Operations personnel represent the normal staffing of the EOC. They are the command interface and point of contact on routine operational matters with HQ MEDCOM, supported installations, other medical activities, and subordinate activities. They initiate actions in a crisis situation.

(2) Staff Operations Team. The commander or DCA/Chief of Staff activates the staff operations team when a developing crisis generates requirements beyond the capabilities of the current operations personnel. The staff operations team is composed of personnel from PTMS and other staff offices. Members of the staff operations team in the EOC are authorized to make decisions and represent their staff offices in all matters dealing with the crisis and to function as the interface between the EOC and the activity's staff members.

c. Messages.

(1) All incoming messages related to the crisis will be received and entered in the message log, and then reviewed for content and necessary action. The message is then distributed to the appropriate staff office(s), folder(s) for action, problem resolution, or information, as appropriate.

(2) All outgoing messages related to the crisis will be brought to the EOC, at which time a date-time-group is assigned. The messages will be signed for release and dispatched to the mail and distribution office for delivery to the supporting information processing facility (IPF) (message center).

d. Avoid the rewording of papers at successive office (in-house) levels. Papers will be kept in working-draft format until all reviews are completed.

e. Formal written staff studies will not be required unless complex issues or important policies are involved and time is of no consequence.

f. Whenever possible, decision briefings will be used in lieu of formal written proposals in staff action process.

g. Action officers should personally brief their actions up to and including the decision making level. Action officers should have direct access to the agency or individual providing the initial guidance to expeditiously resolve any questions concerning guidance.

h. Review of actions will be kept at the lowest level consistence with guidance, review requirements, control, and response requirements.

i. Lateral taskings are authorized when required. The office establishing suspense dates for coordination will ensure reasonable time for responding offices to accomplish the action. Tasked staff offices will provide the required response by the scheduled suspense date or negotiate with the tasking office for an extension. If no response is received by the suspense hour or date, concurrence will be assumed and the staff action is then completed and dispatched to the appropriate office, agency, headquarters, or tasking organization.

Annex V (Historical Activities) to ___ Mobilization Plan (U) (_-MP) (U)

1. References. See Annex Y, items 30 and 144.

2. Purpose. This annex should provide guidance for transition from peacetime historical operations to a contingency operation or mobilization program.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This paragraph should describe, in general terms, the activity's concept for how it will accomplish its historical activities functions. Historical material is useful to commanders and staff in analyzing and evaluating past operations. Since important events and developments may be nearly impossible to authoritatively reconstruct long after the event, contemporaneous research and writing are needed to adequately describe such developments. Historical records become the basis for "lessons learned."

5. Policy. This paragraph identifies only those policies that actually affect mission accomplishment. (Example policy statement.)

All offices will establish and maintain current historical activities operations to assist in the preparation and submission of a historical report.

6. Responsibilities. This paragraph identifies staff responsibilities for the historical activities functions.

7. Procedures. This paragraph identifies the procedures for accomplishing the historical activities functions. (Examples.)

a. Key to the preparation of any history is the capture of important supporting documents. A historical file should be maintained at the activity level. The historical file consists of messages, memorandums, charts, graphs, situation reports, activation orders, etc., that form the basis for historical reports and lessons learned. The entire activity staff must be aware of the importance of building these historical files, and submit input to the historian on a regular basis.

b. The annual historical report of AMEDD activities is the principal historical vehicle for activities to provide HQ MEDCOM with historical activities.

c. Periodic special historical reports. Recognizing that the duration of a contingency operation may not fit the timing of the annual historical report, HQ MEDCOM may require the submission of a one-time special historical report covering the contingency operation.

Annex W to _____
Mobilization Plan (U) (____-MP) (U)

(NOT USED)

(This Annex reserved for activity use.)

Annex X (Glossary) to _____
Mobilization Plan (U) (____-MP) (U)

1. References. Not applicable.

2. Purpose. This annex should provide a listing of standard abbreviations, terms, and phrases.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. This annex consists of two sections. Section I is an alphabetical listing of abbreviations and acronyms used in this handbook and mobilization planning. Section II is a list of standard terms and phrases.

5. Policy. Not applicable.

6. Responsibilities. Not applicable.

7. Procedures. Not applicable.

SECTION I - ABBREVIATIONS

-A-

AC..... Active Component
ACSRM..... Assistant Chief of Staff, Resource Management
ADL..... Area Dental Laboratory
AG..... Adjutant General
ALO..... Authorized Level of Organization
AMEDD..... Army Medical Department
AMEDDC&S..... U.S. Army Medical Department Center and School
AMEDDPAS..... Army Medical Department Property Accounting System
AMOPES..... Army Mobilization and Operations Planning and Execution System
AOC..... Area of Concentration
AR..... Army Regulation
ARNG..... Army National Guard
ASD(HA)..... Assistant Secretary of Defense (Health Affairs)
ASWBPL..... Armed Services Whole Blood Processing Laboratory
AT..... Annual Training
ATTN..... Attention

-B-

BASOPS..... Base Operations
BDC..... Blood Donor Center
BPPBES..... Biennial Planning, Programming, Budgeting, and Execution System

-C-

CAR..... Chief, Army Reserve
CHPPM..... U.S. Army Center for Health Promotion and Preventive Medicine
CI..... Coordinating Installation
CJCS..... Chairman, Joint Chiefs of Staff
COMPO..... Component code
CONUS..... Continental United States
CONUSA..... Continental United States Army
CTA..... Common Table of Allowances
CT-PROFIS.... Caretaker Professional Filler System

-D-

DA..... Department of the Army
DCA..... Deputy Commander for Administration
DCC..... Dental Clinic Command
DCCS..... Deputy Commander for Clinical Services
DDS..... Director of Dental Services
DEERS..... Defense Eligibility Enrollment System
DENCOM..... U.S. Army Dental Command
DENTAC..... Dental Activity
DHS..... Director of Health Services
DMPC..... Department of Ministry and Pastoral Care
DMRIS..... Defense Medical Regulating Information System
DNA..... Deoxyribonucleic Acid
DOD..... Department of Defense
DPCA..... Directorate, Personnel and Community Activities
DPTMS..... Directorate, Plans, Training, Mobilization, and Security
DRMS..... Defense Reutilization and Marketing System
DTF..... Dental Treatment Facility
DVA..... Department of Veterans Affairs

-E-

EEFI..... Essential Elements of Friendly Information
EOC..... Emergency Operations Center
EPTS..... Existed Prior to Service
ETA..... Estimated Time of Arrival

-F-

FCC..... Federal Coordinating Center
FORSCOM..... U.S. Army Forces Command

-G-

GME..... Graduate Medical Education
GPMRC..... Global Patient Movement Requirements Center

-H-

HIV..... Human Immunodeficiency Virus
HQ..... Headquarters
HQDA..... Headquarters, Department of the Army
HREC..... Health Record
HSA..... Health Service Area

-I-

ICTB..... Interfacility Credentials Transfer Brief
IDSU..... Installation Deployment Support Unit
ILD..... In Line of Duty
IMA..... Individual Mobilization Augmentee
IMSA..... Installation Medical Supply Activity
IMSU..... Installation Medical Support Unit
IRR..... Individual Ready Reserve
ISSA..... Intra-/Inter-Service Support Agreement

-J-

JCS..... Joint Chiefs of Staff
JSCP..... Joint Strategic Capabilities Plan

-K-

-L-

LOD..... Line of Duty
LOGCAP..... Logistics Civil Augmentation Program

-M-

MACOM..... Major Army Command
MEDCASE..... Medical Care and Support Equipment
MEDCEN..... Medical Center
MEDCOM..... U.S. Army Medical Command
MEDCOM-MP.... US Army Medical Command Mobilization Plan
MEDCOM-MPS... U.S. Army Medical Command Mobilization Planning System
MEDDAC..... Medical Department Activity
MEDSITREP.... Medical Situation Report
MEPS..... Military Entrance Processing Station
MEVA..... Mission Essential Vulnerable Activities
MMRP..... Medical Mobilization Readiness Program
MOA..... Memorandum of Agreement
MOBARPRINT... Mobilization Army Program for Individual Training
MOBPOI..... Mobilization Program of Instruction
MOBTDA..... Mobilization Table of Distribution and Allowances
MOS..... Military Occupational Specialty
MOU..... Memorandum of Understanding
MPRJ..... Military Personnel Records Jacket

MRMC..... U.S. Army Medical Research and Materiel Command
MSC..... Major Subordinate Command
MTF..... Medical Treatment Facility
MTOE..... Modified Table of Organization and Equipment

-N-

NCA..... National Command Authority
NCO..... Noncommissioned Officer
NDMS..... National Disaster Medical System

-O-

OCONUS..... Outside the Continental United States
OPSEC..... Operations Security

-P-

PA..... Public Affairs
PAD..... Patient Administration Division
PCS..... Permanent Change of Station
PERSCOM..... U.S. Army Personnel Command
PMC..... Precious Metals Coordinator
POC..... Point of Contact
PPP..... Power Projection Platform
PRC..... Primary Receiving Center
PROFIS..... Professional Filler System
PSP..... Power Support Platform
PSRC..... Presidential Selected Reserve Call-up
PTMS..... Plans, Training, Mobilization, and Security

-Q-

-R-

R&D..... Research and Development
RBC..... Red Blood Cells
RC..... Reserve Component
RDC..... Regional Dental Command
REFRAD..... Release from Active Duty
REG..... Regulation
RMC..... Regional Medical Command
RMD..... Resource Management Division
RVC..... Regional Veterinary Command

-S-

SAMS..... Semi-Active Mobilization Station
SECDEF..... Secretary of Defense
SF..... Standard Form
SICC..... Service Inventory Control Center
SIDPERS..... Standard Installation/
..... Division Personnel System
SOMS..... State-Operated Mobilization Station
SOP..... Standing Operating Procedures
SRP..... Soldier Readiness Processing
STARC..... State Area Command
SUIL..... Sensitive Unit Installation Listing
SWS..... Social Work Service

-T-

TDA..... Table of Distribution and Allowances
TMC..... Troop Medical Clinic
TMP..... Transportation Motor Pool
TPMRC..... Theater Patient Movement Requirements Center

-U-

UIC..... Unit Identification Code
USAMMA..... U.S. Army Medical Materiel Agency
USAR..... U.S. Army Reserve
USARC..... U.S. Army Reserve Command
USASAM..... U.S. Army School of Aviation Medicine
USC..... United States Code
USR..... Unit Status Report

-V-

VETCOM..... U.S. Army Veterinary Command
VIP..... Very Important Person

-W, X, Y, Z-

SECTION II - STANDARD TERMS AND PHRASES

AGR (Active Guard/Reserve). USAR and ARNG members on full-time active duty (other than for training) for more than 179 days solely to provide full time support to the Ready Reserve.

Alert. Readiness for action. The period of time during which troops stand by in response to an alarm. Also any form of communication used by the Department of the Army, or other competent authority, to notify reserve component unit commanders that orders to active duty are pending.

Alert Order. A formal directive issued by the Chairman of the Joint Chiefs of Staff that follows a National Command Authority (NCA) decision that U.S. military forces may be required, and gives essential guidance for planning in the prevailing situation.

Allocation. The resources provided to the commander of a unified or specified command by the NCA with advise from the Chairman, Joint Chiefs of Staff (CJCS) for execution planning or actual execution.

ALO (Authorized Level of Organization). The ALO establishes the authorized strength and equipment level for units. The ALO may be expressed in numerical or letter designated levels representing percentages of full manpower spaces (e.g., ALO 1 is 100 percent, ALO 2 approximately 90 percent, ALO 3 approximately 80 percent, ALO 4 approximately 70 percent). The JCS term "Readiness Rating Limitations" is synonymous with ALO for Army unit status reporting.

AMOPES (Army Mobilization and Operations Planning and Execution System). The single integrated mobilization plan and deployment planning system used as the Army implementer of the Joint Strategic Capabilities Plan (JSCP). The AMOPES provides administrative and operational guidance to Army agencies, Army commands, and Army component commanders of unified commands for the employment and support of Army forces.

Apportionment (of funds). The funds appropriated by Congress that are allocated by the Office of Management and Budget to a Federal department.

Apportionment (of resources). Resources made available to the unified or specified command for deliberate planning. Appropriated resources are used in the development of operation plans and may be more or less than those allocated for execution planning or actual execution.

AR-PERSCOM (Army Reserve Personnel Command). A field operating agency of the Chief, Army Reserve (CAR) which manages the professional

career development of individual USAR members for mobilization. This agency commands the IRR and Standby Reserve, and administers the AGR and IMA programs.

AT (Annual Training). A period of full-time duty for members of the Army National Guard and a period of active duty for training for members of the U. S. Army Reserve, required to be performed each calendar year. May be accomplished at installations or other areas as may be appropriate for gaining or sustaining individual or unit skills. The USAR training will be a duration of not less than 14 days a year (exclusive of travel time). Army National Guard training will be a duration of 15 days a year.

Augmentation Forces. Forces to be transferred to the operational command of a supported commander during the execution of an operation.

Authorization Documents. The Headquarters Department of the Army or proponent approved document that reflects personnel and equipment requirements and authorizations for one or more units. Authorization documents also provide unit organizational information to include: TOEs, TDAs, CTAs, MTOEs, and MOBTDAs.

BPPBES (Biennial Planning, Programming, Budgeting, and Execution System). Used by the NCA to manage the allocation of defense resources through the Service Secretaries and DOD agencies to meet national defense needs and specific Service and agency programs. The BPPBES provides a means for establishing requirements for land, sea, and air forces, while at the same time, programming the individuals, materiel, and facilities needed to support them.

Caretaker PROFIS (CT-PROFIS). A system which designates positions within a TDA MEDCEN or MEDDAC to fill active positions within an Active Component cadre level caretaker hospital. The personnel are assigned to the MEDCEN or MEDDAC, but will train with and be available to deploy with the caretaker hospital under emergency or contingency operations.

CI (Coordinating Installation). An installation assigned to coordinate intra-service support within a prescribed geographical area.

COMPO (Component Code). A numeric code which identifies the duty status of military units: (1 = Active Army; 2 = ARNG, 3 = USAR; 4 = Unresourced.)

CONPLAN (Concept Plan). An operation plan in an abbreviated format that would require considerable expansion or alteration to convert it to an OPLAN or OPORD

Contingency Plan. A plan for major contingencies that can reasonably be anticipated in the principal geographic subareas of a command.

CONUS Replacement Center (CRC). A portion of the wartime Army replacement system used for marshaling nonunit personnel in preparation for deployment.

CONUSA (Continental United States Army). A FORSCOM subordinate command that supervises and assists ARNG and USAR training within its geographic area. The CONUSAs are the FORSCOM agents for mobilization planning and execution, for execution of General War Plan contingencies and DOD disaster relief activities.

Cross-Level. Reallocation or reassignment of personnel, or the act of effecting transfer in control, utilization, or location of materiel at an installation, regardless of MACOM, as directed by the installation.

CTA (Common Table of Allowances). An equipment allowance document which pre-scribes basic allowances of organizational equipment and provides the control to develop, revise, or change equipment authorization inventory data. (Does not pertain to major military equipment.)

DAMPL (Department of the Army Master Priority Listing). This computerized listing sets the priorities for which units receive equipment first. It is set by the deployment date of each unit as contained in the time-phased force and deployment list (TPFDL).

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

Execution Planning. The phase of operational planning in which an approved operation plan or other NCA designated course of action is adjusted and refined, as required by the situation, and converted into an operations order that can be executed at a designated time. Execution planning can proceed on the basis of prior deliberate planning, or it can take place under a NOPLAN situation.

Federal Recognition. Acknowledgment by the Federal Government that an officer appointed to an authorized rank and position vacancy in the Army National Guard by a State Governor meets the prescribed Federal standards for such grade and position.

F-Hour. The time specified by the SECDEF that the military departments will initiate mobilization.

Filler. Personnel from the IRR, Selected Reserve, and AC who are assigned as reinforcements to mobilized RC or AC units to fill TOE or TDA (wartime) strength.

FMP (FORSCOM Mobilization Plan). The FORSCOM mobilization plan published as Volume I of FORMDEPS. It provides priorities, guidance, procedures, and schedules for the mobilization of RC units and individuals.

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 (FORSCOM Mobilization and Deployment Planning System). A ten volume set of documents that provide guidance and procedures, and assigns responsibilities for planning within HQ FORSCOM, subordinate commands, mobilization stations, and RC units.

GCCS (Global Command and Control System). Provides the means for operational direction and technical administrative support for command and control of military forces. It includes the facilities, equipment, personnel, procedures, data processing systems, display systems, message preparation systems, intercomputer networks, and voice, data and record communications systems.

HS (Home Station). The assigned permanent location or assembly point of ARNG and USAR units, or initial active duty station for individuals reporting separately.

ING (Inactive National Guard). A temporary military status for those qualified officers, warrant officers, and enlisted personnel temporarily prevented from participating in National Guard training. Individuals so assigned can continue in this status for a 6-month period, and then will be placed in another status or discharged.

Interservice Support. Action by one Service or element to furnish logistic and/or administrative support to another. Such action can be recurring or nonrecurring in character.

IRR (Individual Ready Reserve). Consists of members of the Ready Reserve not assigned to the Selected Reserve and not on active duty. They may be mobilized as individuals to provide filler requirements of active force units, to form new active force units, or to replace combat losses.

M-Day. The term used to designate the day on which full mobilization is to begin.

MEPS (Military Entrance Processing Station). A facility that processes and classifies recruits for all Services. While at the MEPS, recruits will be identified with a training course and a reception station.

METL (Mission Essential Task List). A prioritized list of tasks developed for each unit. The METL reflects the most important tasks in terms of accomplishing the unit's mission. Reserve component units provide their METL to the unit evaluator at annual training. The unit's performance on the tasks on the METL is graded and recorded by the evaluator.

Mission Letters. Formal written documents provided by all Wartrace commands to subordinate commands. The mission letter defines the specific mission of the subordinate command. Required supporting material, such as training or planning documents, is also supplied along with the mission letter.

MOBARPRINT (Mobilization Army Program for Individual Training). A TRADOC program for individual training. The program is activated upon full mobilization. The mobilization program of instruction (MOBPOI) forms the basis for all courses included in the MOBARPRINT. Under this program, existing courses may be condensed, accelerated, or terminated in order to provide trained soldiers and unit packages as soon as possible.

Mobilization. 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 part or all of the RC as well as assembling and organizing personnel, supplies, and materiel. Mobilization takes place in five phases: preparatory, alert, mobilization at home station, movement to mobilization station, operational readiness improvement. Mobilization categories include:

1. Selective Mobilization for Support to Civil Authorities. For a domestic emergency, the President (or Congress upon special action) may order expansion of the active Armed Forces by mobilization of RC units or individual reservists to deal with a situation where they must protect life, Federal property

and functions, or to prevent disruption of Federal activities. A selective mobilization normally would not involve contingency plans for external threats to the national security.

2. Presidential Selected Reserve Call-up (PSRC). Provisions of a public law that gives the President a means to activate, without a 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.

3. Partial Mobilization. Expansion of the active Armed Forces resulting from action by Congress (up to full mobilization) or by the President (not more than 1,000,000) 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.

4. Full Mobilization. Expansion of the active Armed Forces resulting from action by Congress and the President to mobilize all RC units in the existing approved force structure, all individual reservists, retired military personnel, and the resources need for their support to meet the requirements of a war or other national emergency involving an external threat to the national security.

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

Mobilization Site. The designated location to which an RC unit mobilizes or moves to after mobilization for further processing, training, and employment. Differs from a mobilization station in that it is not necessarily a military installation.

MOBPERS (Mobilization Personnel Processing System). A computer assisted procedural system that speeds the preparation and dispatch of mobilization orders for IRR personnel and pre-positions personnel accessing data for members of RC units, retirees, and the IRR at mobilization stations. It is maintained by ARPERCEN.

MOBPOI (Mobilization Program of Instruction). That portion of a program of instruction that establishes the content and training support requirements for individual training during mobilization.

MOBTDA (Mobilization Table of Distribution and Allowances). An authorization document that shows the planned mobilization mission, organizational structure, and personnel and equipment requirements for TDA units.

MPES (Mobilization Planning and Execution System). A FORSCOM computer subsystem supported by GCCS. It is designed to support mobilization stationing planning with the operation planning system and to provide the base line planning for executing mobilization operations.

MS (Mobilization Station). The designated military installation (active, semi-active, or inactive) to which the RC is moved for further processing, organizing, equipping,

training, and employing after mobilization.

MTMC (Military Traffic Management Command). The single manager operating agency for military traffic, land transportation, and common-user ocean terminals.

MTOE (Modified Table of Organization and Equipment). An MTOE is a modified version of the TOE that prescribes the unit organization, personnel, equipment, and authorization level needed to perform an assigned mission in a specific geographical or operational environment.

MUSARC (Major U.S. Army Reserve Command). A collective term used to describe a USAR General Officer Command directly subordinate to the USARC.

National Emergency. A condition declared by the President or Congress that authorizes certain emergency actions to be undertaken in the national interest. Actions to be taken may include partial or total mobilization of national resources.

NCA (National Command Authority). The President and SECDEF or their duly deputized alternates or successors.

NOPLAN. A contingency for which no operations plan has been published.

On-The-Shelf Contracts. Department of Defense contracts drawn up and ready for execution on order.

OPLAN (Operation Plan). A plan prepared for the conduct of military operations in a hostile environment by the commander of a unified or specified command in response to a requirement established by the JCS.

PCF (provider or practitioner credentials file). Records maintained of a provider/practitioner's certifications to practice.

POD (Port of Debarkation). The geographic point (seaport or airport) in the routing scheme where a movement requirement will complete its strategic deployment.

POE (Port of Embarkation). An air or sea terminal where troops, units, military sponsored personnel, unit equipment, and materiel board and/or loaded.

Power Projection Platform (PPP). A major installation which has been designated to mobilize high priority Reserve Component units. The priority for assignment to one of the Power Projection Platforms is to Reserve Component units in Force Support Packages 1 and 2 followed by units on Major Regional Contingencies East and West TPFDLs. Non-TPFDL aligned Reserve Component units will also be assigned to PPPs, but only after assignment of all TPFDL units.

Power Support Platforms (PSP). A Installation designated to perform TRADOCs training base expansion mission, mobilize individuals, serve as the initial mobilization station for certain Enhanced Brigades (E-Bde) prior to post mobilization training, and to assist Power Projection Platforms during operations.

Preassigned Personnel. Individual Mobilization and IRR Augmentee personnel who have been preassigned by AR-PERSCOM to specific mobilization positions and retired active duty personnel who have been issued orders to a mobilization station in peacetime which are effective upon media announcement of full mobilization. Orders issued to retired

personnel direct individual where and when to report. Orders for IMA personnel may be issued by ARPERSCOM upon announcement of the Presidential Selected Reserve Call-up.

PROFIS (Professional Filler System). A system which designates qualified active duty AMEDD personnel serving in TDA units to fill active Army MTOE units upon execution of a contingency operation or mobilization.

RC (Reserve Components). The Reserve Components of the United States Armed Forces consists of the Army National Guard; the Army Reserve; the Naval Reserve; the Marine Corps Reserve; the Air National Guard; the Air Force Reserve; and the Coast Guard Reserve. Each Component has three reserve categories: Ready Reserve, Standby Reserve, and Retired Reserve.

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

Retired Reserve. Members of the reserve forces who have been determined eligible for retirement, with or without pay, and are assigned at their request or by law to the Retired Reserve. In certain circumstances, they can be involuntarily ordered to active duty.

Retiree Recall Program. This program pre-assigns military retirees to CONUS installations.

Selected Reserve. The Selected Reserve consists of members of the Ready Reserve in the following categories: Unit members, IMAs, and AGR personnel.

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

SIDPERS (Standard Installation/Division Personnel System). A computer database that contains personnel information on mobilization assets. Variations on the basic SIDPERS database include SIDPERS-USAR for the Army Reserve and SIDPERS-ARNG for the Army National Guard.

Specified Command. A command assigned a broad continuing mission, and that is established and designated by the President through the SECDEF with the advice and assistance of the CJCS. It is normally composed of forces from one Service.

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

Supporting Commander. A commander who provides augmentation forces or other support to a supported command or who develops a supporting plan.

Sustainment Training. The provision of instruction to ensure that individual or collective task proficiency is maintained at a required level. The frequency will vary with the individual and collective tasks, the role, location, and personnel to fill the unit, and the desires of the commander.

TAADS (The Army Authorization Documents System). An automated system that supports the development and

documentation of organizational structures. It also supports the requirements for and authorizations of personnel and equipment needed to accomplish the assigned missions of Army units. The TDA and MTDA are products of TAADS.

TBEP (Training Base Expansion Plan). A plan to structure the expansion of Army training centers upon mobilization. Every Army training center will have a TBEP designed for that center.

TDA (Table of Distribution and Allowances). A TDA is an authorization document which prescribes unit organization, personnel and equipment for units which are generally support or training base units. A TDA may contain civilian positions whereas a MTOE may not. All TDAs are stored, processed, or modified in the TAADS data system.

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

TMOPS (TRADOC Mobilization and Operations Planning System). The TRADOC mobilization and training base expansion plan.

TOE (Table of Organization and Equipment). A document prescribing the organization, personnel, and equipment required for a particular type of unit. Actual field units may vary in some respect from this model. Fielded units operate in terms of a modification TOE.

TPFDD (Time-Phased Force and Deployment Data). A computer listing of selected data that specifically includes the information required in Appendix 1 to Annex A of the OPLAN. This information includes: types and/or actual units required to support the OPLAN, Origin, POD or ocean area, cargo, non-unit related personnel, and non-unit cargo requirements, etc.

TPFDL (Time-Phased Force and Deployment List). Identifies units, by Unit Identification Code (UIC), to support a particular operations plan and provides data concerning their routing from origin to destination.

TPU (Troop Program Unit). A TOE, MTOE or TDA unit of the reserve components. The types and numbers of units are based on the mobilization requirements of DA as prescribed in the RC troop basis and may include Selective Service System Detachments, Regional Support Commands, Regional Support Groups, and U.S. Army Reserve Forces Schools.

TTHS (Trainees, Transients, Holdees, and Students). The only source of personnel directly managed by PERSCOM for mobilization and war planning. The TTHS account is used to provide theater filler and casualty replacement personnel in support of an OPLAN.

Unified Command. A command assigned a broad and continuing mission under a single commander, with a significant portion composed of components of two or more Services. The Unified Command is established and designated by the President, through the Secretary of Defense with the advice and assistance of the CJCS, or when authorized by the CJCS or by the commander of an existing unified command established by the President.

USAR (United States Army Reserve). A Federal force, consisting of individual reinforcements and combat, combat support, combat service

support, and training type units organized and maintained to provide military training in peacetime to serve as a reservoir of trained units and individual reservists to be ordered to active duty in the event of a national emergency.

USPFO (United States Property and Fiscal Officer). An officer in each state, the Commonwealth of Puerto Rico, the Virgin Islands, and the District of Columbia who is an officer of the National Guard of that jurisdiction and of the Army or Air National Guard of the United States and who is on active duty for the purpose of receiving and accounting for all funds and property of the United States in possession of the National Guard of that State.

USR (Unit Status Report). A system for re-porting the current readiness status of AC and RC units.

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

Wartime Mission. The unit's mission based on the contingency to which it is task organized. A unit may be required to prepare for two or more OPLAN missions if it is needed in the mix of forces required within the projected area of operations.

Wartime Mission Alignment. Task Organization for a unit within the Wartrace Program.

Within-The-Walls Expansion. Expansion using only the core capacity "within-the-walls" of the existing operating structure.

Annex Y (References) to _____ Mobilization Plan (____-MP) (U)

1. References. This annex.

2. Purpose. This annex should provide a listing of references applicable to contingency, mobilization, and deployment.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. References are listed by annexes.

5. Policy. Not applicable.

6. Responsibilities. Each staff office is responsible for keeping the references for their applicable annex/appendix current.

7. Procedures. Not applicable.

International Agreements

1. Protocol I, Article 10, Geneva Convention, 1949.

United States Code

2. Code of Federal Regulations (CFR), Title 21, parts 600 to 799 and Title 29, parts 1900 to 1910.

3. Manual for Courts-Martial, 1969 (REV).

Public Law

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

5. Federal Personnel Manual, Chapter 910.

Department of Defense

6. DODD 6010.17, National Disaster Medical System.

7. DODD 6015.5, Joint Use of Military Health and Medical Facilities.

8. DODI 6480.4, Blood Program Mobilization Planning Factors, Blood Products, and Resuscitation Fluids.

9. DODI 6480.5, Armed Services Blood Program.

10. DOD Military Blood Program Mobilization Plan.

Department of Veterans Affairs

11. Department of Medicine and Surgery Circular 10-951-007, DVA-DOD Contingency Planning and National Disaster Medical System.

Joint Chiefs of Staff

12. JCS Pub 33, Volume I, Section IV, Military Blood Program.

Army Regulations

13. AR 1-29, Telephone and Intercommunications Service in the National Capitol Region.

14. AR 5-9, Area Support Responsibilities.

15. AR 11-30, WARTRACE Program.

16. AR 25-1, The Army Information Resource Management Program.

17. AR 25-30, The Army Publishing and Printing Program.

18. AR 25-55, The Department of the Army Freedom of Information Act Program.

19. AR 25-400-2, The Modern Army Record Keeping System (MARKS).

20. AR 40-1, Composition, Mission, and Functions of the Army Medical Department.

21. AR 40-2, Army Medical Treatment Facilities, General Administration, with MEDCOM Suppl 1.

22. AR 40-3, Medical, Dental, and Veterinary Care.

23. AR 40-4, Army Medical Department Facilities/Activities.

24. AR 40-5, Preventive Medicine.

25. AR 40-35, Preventive Dentistry.

26. AR 40-40, Documentation Accompanying Patients Aboard Military Common Carriers.

27. AR 40-61, Medical Logistics Policies and Procedures.

28. AR 40-63, Ophthalmic Services.

29. AR 40-66, Medical Record Administration and Health Care Documentation.

30. AR 40-68, Quality Assurance Administration.

31. AR 40-226, Annual Historical Report-AMEDD Activities (Reports Control System (MED-41 (RM)).

32. AR 40-350, Medical Regulating to and within the Continental United States.

33. AR 40-501, Standards of Medical Fitness.

34. AR 40-535, Worldwide Aeromedical Evacuation.

35. AR 40-656, Veterinary Surveillance of Subsistence.

36. AR 40-657, Veterinary/Medical Food Inspection and Laboratory Services.

37. AR 40-905, Veterinary Health Services.

38. AR 50-5, Nuclear Surety.

39. AR 58-1, Management, Acquisition, and Use of Motor Vehicles.

40. AR 71-32, Force Development and Documentation - Consolidated Policies.

41. AR 135-200, Active Duty for Training, Annual Training, and Active Duty Special Work of Individual Soldiers.

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

43. AR 135-381, Incapacitation of Reserve Component Soldiers.

44. AR 135-200, Active Duty for Training, Annual Training, and Active Duty for Special Work of Individual Soldiers.

45. AR 135-210, Order to Active Duty as Individuals During Peacetime, National Emergency, or Time of War.

46. AR 140-1, Mission, Organization, and Training.

47. AR 140-10, Assignments, Attachments, Details, and Transfers.

48. AR 140-145, Individual Mobilization Augmentation (IMA) Program.

49. AR 165-1, Chaplain Activities in the U.S. Army.

50. AR 190-5, Motor Vehicle Traffic Supervision.

51. AR 190-8, Enemy Prisoner of War, Retained Personnel, Civilian Internees and Other Detainees.

52. AR 190-11, Physical Security of Arms, Ammunition, and Explosives, with MEDCOM Suppl 1.

53. AR 190-12, Military Working Dogs.

54. AR 190-13, The Army Physical Security Program, with HSC Suppl 1.

55. AR 190-22, Searches, Seizures, and Disposition of Property, with MEDCOM Suppl 1.

56. AR 190-24, Armed Forces Disciplinary Control Boards and Off-Installation Liaison and Operations.

57. AR 190-27, Army Participation in National Crime Information Center (NCIC).

58. AR 190-29, Minor Offenses and Uniform Violation Notices Referred to U.S. Magistrates District Courts.

59. AR 190-30, Military Police Investigations, with MEDCOM Suppl 1.

60. AR 190-40, Serious Incident Report, with MEDCOM Suppl 1.

61. AR 190-45, Law Enforcement Reporting, with MEDCOM Suppl 1.

62. AR 190-47, The U.S. Army Corrections System.

63. AR 190-48, Protection of Federal Witnesses on Active Army Installations.

64. AR 190-51, Security of Unclassified Army Property (Sensitive and Nonsensitive).

65. AR 190-53, Interception of Wire and Oral Communications for Law Enforcement Purposes.

66. AR 340-21, The Army Privacy Program.

67. AR 350-1, Army Training.

68. AR 350-10, Management of Army Individual Training Requirements and Resources.

69. AR 350-28, Army Exercises.

70. AR 360-5, Public Information.

71. AR 360-61, Community Relations.

72. AR 360-81, Command Information Program.

73. AR 380-5, Department of the Army Information Security Program, with HSC Suppl 1.

74. AR 380-10, Technology Transfer, Disclosure of Information and Contacts with Foreign Representatives.

75. AR 380-19, Information Systems Security.

76. AR 380-19-1, Control of Compromising Emanations.

77. AR 380-40, Policy for Safeguarding and Controlling COMSEC Material.

78. AR 380-53, Information Systems Security Monitoring.

79. AR 380-67, Personnel Security Program.

80. AR 380-150, Access to and Dissemination of Restricted Data, with HSC Suppl 1.

81. AR 381-12, Subversion and Espionage Directed Against the U.S. Army.

82. AR 385-10, The Army Safety Program, with HSC Suppl 1.

83. AR 385-40, Accident Reporting and Records.

84. AR 385-55, Prevention of Motor Vehicle Accidents, with MEDCOM Suppl 1.

85. AR 415-15, Army Military Construction Program Development and Execution.

86. AR 500-5, Army Mobilization.

87. AR 500-60, Disaster Relief.

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

89. AR 525-13, Antiterrorism Force Protection (AT/FP): Security of Personnel Information and Critical Resources.

90. AR 530-1, Operations Security (OPSEC), with HSC Suppl 1.

91. AR 570-4, Manpower Management.

92. AR 600-8-1, Army Casualty Operations/Assistance/Insurance.

93. AR 600-8-14, Identification Cards for Members of the Uniformed Services, Their Family Members, and Other Eligible Personnel.

94. AR 600-8-101, Personnel Processing (In- and Out- and Mobilization Processing).

95. AR 600-8-105, Military Orders.

96. AR 600-110, Identification, Surveillance, and Administration of Personnel Infected with Human Immunodeficiency Virus (HIV).

97. AR 601-10, Mobilization of Retired Members of the Army.

98. AR 601-142, Army Medical Department Professional Officer Filler System.

99. AR 604-10, Military Personnel Security Program.

100. AR 608-1, Army Community Service Program.

101. AR 608-10, Child Development Services.

102. AR 608-18, The Army Family Advocacy Program.

103. AR 614-30, Overseas Service.

104. AR 635-10, Processing Personnel for Separation.

105. AR 690-11, Mobilization Planning and Management.

106. AR 700-137, Logistics Civil Augmentation Program (LOGCAP).

107. AR 710-1, Centralized Inventory Management of the Army Supply System.

108. AR 710-2, Supply Policy Below the Wholesale Level.

109. AR 725-50, Requisition, Receipt, and Issue System.

110. AR 735-3, Policies and Procedures for Property Management.

111. AR 750-1, Army Materiel Maintenance Policy and Retail Maintenance Operations.

112. AR 870-5, Military History: Responsibilities, Policies, and Procedures.

HQDA

113. AMOPES (See Item 86).

114. HQDA Mobilization Plan.

115. DA Pam 25-5, Preparing and Processing Requests for Lon-Haul Information Transfer Services.

116. DA Pam 360-3, Army Hometown News Program.

117. DA Pam 360-525, Family Assistance Handbook for Mobilization.

118. DA Pam 570-557, Staffing Guide for U.S. Army Medical Department Activities. (Under Revision by Proponent).

119. SB 8-75-MEDCASE, Army Medical Department Supply Information.

120. Military Occupational Classification and Structure UPDATE (AR 611-1).

121. Physical Security Handbook UPDATE.

122. HQDA MSG (DAPE-MPE-DR) 271433Z MAR 90, Subject: Preparation of Soldiers for Overseas Movement.

123. HQDA MSG (DACS-ZB) 112215Z DEC 90, Subject: Facilities Reduction.

124. Memo, DASG-HCO-F, Office of The Surgeon General, Subject: Protocol I, Article 10, Geneva Convention, (no date).

125. Memo, DASG-HCO-F, Office of The Surgeon General, Subject: HSC Mobilization Requirements, 12 Aug 91.

FORSCOM

126. FORSCOM Reg 40-3, PROFIS.

127. FORSCOM Reg 500-3-1, FORSCOM Mobilization and Deployment System, Volume I, FORSCOM Mobilization Plan.

128. FORSCOM Reg 500-3-3, FORSCOM Mobilization and Deployment System, Volume III, Reserve Components Unit Commander's Handbook.

129. FORSCOM Reg 500-3-4, FORSCOM Mobilization and Deployment System, Volume IV, Installation Commander's Handbook.

TRADOC

130. TMOPES (TRADOC Mobilization and Operations Planning and Execution System).

National Disaster Medical System

131. National Disaster Medical System Coordinating Center Guide, March 1985.

132. National Disaster Medical System Disaster Exercise Guide, October, 1988.

Medical Command (MEDCOM)

133. MEDCOM Reg 10-1, Organization and Functions Policy.

134. MEDCOM Reg 40-21, Regional Medical Commands and Regional Dental Commands.

135. MEDCOM Reg 40-30, HSC Operating Program, Preventive Medicine Program for MEDCEN/MEDDAC.

136. MEDCOM Reg 190-1, MEDCOM Key and Lock Control and Physical Security Standards.

137. MEDCOM Reg 350-4, Readiness Training Requirements.

138. MEDCOM Reg 500-2, National Disaster Medical System (NDMS).

139. MEDCOM Reg 500-3, Veterans Administration (VA) and the Department of Defense (DOD) Contingency Hospital System Plan.

140. MEDCOM Reg 500-5, The U.S. Army Medical Command Mobilization Planning System.

141. MEDCOM Reg 525-3, Emergency Operations Control.

142. MEDCOM Reg 750-1, Maintenance of Medical Equipment.

143. MEDCOM Pam 40-3, Environmental Health Program.

144. MEDCOM Pam 870-1, A Guide for the Additional-Duty HSC Historian.

145. Capital Equipment Programs.

146. Memo, HQ, MEDCOM, (HSLO-PS), (undated) Subject: Regional Patient Transportation.

147. Memorandum of Understanding, MEDCOM, FORSCOM, TRADOC (Medical Maintenance).

148. Memorandum of Understanding, MEDCOM, MEPCOM (Medical Maintenance).

Manuals

149. FM 8-70, Standards of the American Association of Blood Banks.

150. FM 8-227-3, The Technical Manual of the American Association of Blood Banks.

151. FM 8-227-11, Operational Procedures for the Armed Services Blood Program Elements.

152. FM 24-35, Signal Operation Instructions (SOI).

153. FM 100-17, Mobilization, Deployment, Redeployment, and Demobilization.

154. FM 101-5, Staff Organization and Operations.

155. TB 38-750-2, Maintenance Management Procedures for Medical Equipment.

156. TB MED 289, Aeromedical Evacuation: A Guide for Health Care Providers.

Other

157. ADSM 18-HL3-RPB-IBM-UM, AMEDDPAS User's Manual.

158. American National Standards Institute.

159. Joint Commission on Accreditation of Health Care Organizations.

160. National Fire Protection Association (NFPA) Pubs 3M, 10, 56A, 56B, 56C, 70, 76A, and 82.

161. UMT Information Handbook on Mobilization.

Annex Z (Distribution) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. Not applicable.

2. Purpose. To provide a distribution listing for this plan.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. Distribution is listed by Headquarters, agencies, and activities.

5. Policy. Not applicable.

6. Responsibilities. Not applicable.

7. Procedures. This handbook will be distributed to each MEDCOM Major Subordinate Command, Installation, and activity.

Enclosure 2 - Annex G (Medical Annex to the Installation Mobilization Plan to Commanders and Medical Mobilization Planners Handbook

1. Requirements. Requirements for Annex G (Medical) to Installation Mobilization Plan.

a. Annex G to the installation mobilization plan should be an execution style document stating clearly who, what, when, where, and how.

b. The annex requires close coordination between installation staff and the MTF and DTF, and should address the following points:

(1) Population to be supported.

(2) Installation missions to be supported.

(3) Critical support requirements for deploying forces.

2. Format. Format and content of Annex G (Medical) to Installation Mobilization Plan.

a. General.

(1) Command and control.

(2) AMEDD Tasks and policies (MEDCOM Reg 10-1 and 40-21).

(3) Appointment of a Director of Health Services (DHS) and Director of Dental Services (DDS) for supported installations.

b. Health care services for mobilization.

(1) Hospital Care.

(2) Outpatient care and services.

(a) Troop medical clinics.

(b) Occupational health clinics.

(c) Preventive medicine.

(d) Dental services.

(e) Veterinary services.

(f) Military blood program.

(g) Patient evacuation.

c. Health care facilities.

d. AMEDD logistics support.

e. AMEDD personnel.

(1) PROFIS impact.

(2) Cross-leveling.

(3) Backfill and/or augmentation at MTF/DTF.

(4) MOBTDA development and requirements.

(5) Practitioner's credentials files (PCF). (AR 40-68).

(6) Training requirements.

(a) Mobilizing backfill personnel.

(b) Mobilizing augmentation unit medical and/or dental personnel.

(c) Individual mobilization augmentee (IMA) and individual ready reserve (IRR) augmentation personnel.

f. Soldier readiness processing (SRP) requirements.

(1) Health records review (medical and dental).

(2) Medical profile evaluation.

(3) HIV screening status.

(4) Immunizations (AR 40-562). (NOTE: Blood donation is an important element of mobilization, however it is not a part of SRP. Soldiers who receive inoculations are not eligible to donate blood for several weeks. It is recommended that blood donations be drawn at the SRP site prior to immunization.)

(5) Spectacles/protective mask inserts.

(6) Dental fitness status.

(7) Panographic X-ray status.

(8) DNA Sample draw.

(9) Medical warning tags.

(10) Geneva Convention identification card (DD Form 1934).

(11) Other.

g. Medical care en route (AR 40-3).

(1) Home station to mobilization station.

(2) Mobilization station to airport of embarkation (APOE) or seaport of embarkation (SPOE).

h. Installation service support agreements (AR 5-9).

(1) Active Army support installations.

(2) Active installations without a collocated medical treatment facility.

(3) Supported semi-active Federal installations.

(4) Supported state-operated mobilization stations/installations.

i. Memoranda of agreement and/or understanding.

(1) Civilian hospital support agreements.

(2) Civilian medical evacuation services.

(3) Mobilizing medical unit support services.

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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