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Emergency Employment of Army and Other Resources  
**RESERVE COMPONENT (RC) COMMANDERS' 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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\*This regulation supersedes Volume II, Mobilization and Sustainment Planning Guidance, Part 3, HSC CAPSTONE Program and Unit Guide, HSC Mobilization Planning System, 27 August 1992.

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**CHAPTER 1**  
**INTRODUCTION**

**1-1. HISTORY.** This issue is the first printing of this publication. It incorporates the information in the Health Service Command Mobilization Planning System, Volume II, Part 3 HSC CAPSTONE Program and Unit Guide, 27 August 1992.

**1-2. PURPOSE.**

This regulation of the U.S. Army Medical Command Mobilization Planning System (MEDCOM-MPS) is a handbook for Reserve Component (RC) Commanders. It provides information, to the RC Table of Distribution and Allowances (TDA) unit commander aligned with U.S. Army Medical Command (MEDCOM) subordinate elements on MEDCOM missions, specific direction to RC aligned units to assist in mobilization planning, and training for wartime missions. The information enhances the WARTRACE relationships between the RC units and gaining MEDCOM subordinate commands and activities. It provides policy and guidance on establishing relationships before mobilization, and promoting a thorough understanding of the gaining activities' procedures and requirements to improve wartime planning and unit readiness.

**1-3. REFERENCES.**

See Appendix F, this regulation.

**1-4. ABBREVIATIONS AND TERMS.**

See Appendix E, this regulation

**1-5. OBJECTIVE.**

This handbook defines the policies, procedures, and responsibilities, that relate specifically to MEDCOM activities and their WARTRACE aligned RC units. It combines information from many sources and directs improved participation between RC and Active Component (AC) units in planning and training together for their wartime mission.

**1-6. APPLICABILITY.**

a. This handbook applies to all MEDCOM WARTRACE aligned RC units and MEDCOM subordinate activities.

b. This handbook covers areas that are unique to the Army Medical Department (AMEDD) RC units with a MEDCOM wartime mission. It provides the WARTRACE commander with peacetime information necessary to meet wartime mission requirements. This handbook clarifies peacetime chain of command and responsibilities for command, control, and supervision of RC units WARTRACE aligned to MEDCOM. This handbook supplements the information in the FORSCOM Regulation 500-3-3.

**1-7. BACKGROUND.**

a. Expansion of the armed forces in time of crisis will result in the mobilization of RC units and personnel. The nature of the crisis governs the level of mobilization and the number of reserve personnel actually called to active duty. When the President directs the Department of Defense (DOD) to mobilize all or part of the Armed Forces, mobilization occurs in a graduated response without distinct escalation through each level of mobilization.

b. The RC's role has evolved from just a wartime expansion mission to becoming an integral part of the deterrent force. Rapid expansion or commitment of American military forces for any major contingency or to satisfy national strategy requirements will demand the use of RC forces.

c. The reserve structure of the Army consists of the Army National Guard (ARNG) and the U.S. Army Reserve (USAR). These forces, together with the AC and the Department of the Army civilians, make up the Total Army. The Total Army Policy places increased dependence on the RC to meet national defense requirements. In recent years,

manpower and equipment reductions in the active force have accelerated the integration of the active Army, the ARNG, and the USAR into a single military force.

d. Reserve Component support to the MEDCOM during mobilization is provided by USAR AMEDD troop program units (TPU), Individual Mobilization Augmentees (IMA), Individual Ready Reserves (IRR), and retirees. WARTRACE aligned TPUs provide the majority of RC support to MEDCOM activities. Upon mobilization, these USAR TPUs fully integrate into MEDCOM activities. Their wartime readiness and ability to mobilize quickly, are important issues for MEDCOM.

#### **1-8. THE ARMY WARTRACE PROGRAM.**

a. Origin of the Army WARTRACE Program. Headquarters, Department of the Army (HQDA) established the Army CAPSTONE Program in 1979. This program established an organizational structure for managing the Total Force by placing all AC and RC units into a wartime organization designed to meet one or more contingencies. A later update of the structure also included the units assigned to operate the Continental United States (CONUS) sustaining and training base. In the summer of 1994, the National Military Strategy changed from the employment of forward deployed forces focused on a global threat to that of a smaller power projection Army focused on regional contingencies. The Army CAPSTONE Program was revised at this time to better support the current National Military Strategy and was renamed the Army WARTRACE Program to acknowledge this change in concept.

(1) The term WARTRACE is not an acronym. It is a program that merges the total force by encouraging peacetime relationships along wartime alignments.

(2) The Army WARTRACE Program is the deliberate alignment of

Army forces (AC and RC) under a single wartime commander for wartime planning to achieve U.S. National Military Strategic goals. The Army WARTRACE program enables units to focus their planning on specific wartime missions. Where possible, they train during peacetime with the organization with which they will operate in wartime. Under the WARTRACE program, the RC units can concentrate their limited training time on tasks bearing directly on their wartime mission. The goal is to create a relationship between RC units and their wartime command before mobilization. This relationship will improve wartime mobilization, planning, training, and resource management.

b. The WARTRACE program aligns RC AMEDD (TDA) units with MEDCOM activities. Once mobilized, these RC units provide backfill or augmentation and become fully integrated into the MEDCOM activities. The Army WARTRACE relationship is enhanced when these RC units train at their aligned activities. This relationship promotes a better understanding of the gaining activity's mobilization missions, policies, procedures, and training requirements.

#### **1-9. CONFLICTING GUIDANCE.**

a. Users of this handbook will report any conflict between this regulation and other source documents to Headquarters (HQ) MEDCOM, ATTN: MCOP-P.

b. If conflicts arise between this regulation and the Army Mobilization and Operations Planning and Execution System (AMOPES) and/or FORMDEPS, those documents have precedence.

#### **1-10. IMPLEMENTING INSTRUCTIONS.**

WARTRACE aligned RC units will use this regulation to assist in developing mobilization plans and training programs.

**1-11. REPRODUCTION.**

Commanders may reproduce MEDCOM-MPS documents, including this regulation, in whole or in part. Commanders will follow proper security procedures for classified portions of the MEDCOM-MPS and other mobilization plans.

**1-12. DISTRIBUTION.**

WARTRACE aligned RC units should request changes to the distribution list as required to support internal planning activities.

**1-13. REVIEW, REVISION, AND ENHANCEMENT.**

a. The Chief, Plans Division, Directorate of Operations, HQ MEDCOM is responsible for the overall maintenance and enhancement of the MEDCOM-MPS.

b. The HQ MEDCOM reviews the MEDCOM-MPS 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 other supporting regulations of the MEDCOM-MPS should submit comments and recommendations for changes to HQ MEDCOM, ATTN: MCOP-P.

**1-14. HOW TO USE THIS PUBLICATION.**

Reserve Component commanders should use this regulation to assist in developing their mobilization plans and training programs. This regulation provides information specific to the AMEDD not included in FORSCOM Reg 500-3-3. This information should serve as a checklist for the commander and various staff elements reviewing their plans for completeness.

**CHAPTER 2  
COMMAND AND CONTROL**

**SECTION I  
RESPONSIBILITIES FOR THE ARMY  
WARTRACE PROGRAM**

**2-1. GENERAL.**

Responsibilities for the Army WARTRACE Program are set forth in AR 11-30, Army WARTRACE Program, dated 28 July 1995.

a. Additionally, Commander, MEDCOM will:

(1) Ensure that subordinate commands and activities prepare and issue wartime operations guidance letters to their RC WARTRACE aligned units.

(2) Review wartime operations guidance and RC METL for completeness and accuracy.

(3) Review and recommend to Commander, USARC (in addition to Commander, FORSCOM) revision of authorization documents for USAR AMEDD TDA WARTRACE units and changes in alignments and force structure.

b. Commanders, MEDCOM Subordinate Commands and Activities will:

(1) Provide a welcome letter or notice to their newly aligned WARTRACE RC unit.

(2) Provide wartime operations guidance to WARTRACE aligned units.

(3) Approve WARTRACE aligned unit's METL.

(4) Assist WARTRACE aligned RC units in preparing their TDAs.

(5) Host an annual WARTRACE planning workshop.

(6) Medical and Dental treatment facilities will grant clinical privileges to WARTRACE aligned unit qualified health care providers. Use the information contained in the provider credentials file (PCF) maintained by the RC unit to determine privileges to be granted.

(7) Visit RC WARTRACE aligned units during a schedule Inactive Duty for Training (IDT) unit assembly annually to evaluate training, conduct coordination, present the Medical Treatment Facility (MTF) mobilization briefing, and clarify wartime operations guidance.

c. Commanders, MEDCOM aligned RC WARTRACE units: Paragraph 2-5b, Section II of this chapter, lists RC unit responsibilities.

## **SECTION II COMMAND RELATIONSHIPS**

### **2-2. GENERAL.**

a. The USARC is responsible for the command and control of CONUS based USAR units during peacetime, except for Special Operations Forces (SOF) units that come under the command and control of the U.S. Army Special Operations Command (USASOC). (Note: U.S. Army Pacific (USARPAC) and U.S. Army Europe (USAREUR) exercise command and control over USAR units located in their area of responsibility.) The USARC exercises its control over USAR units through its 10 Regional Support Commands (RSC). The RSCs have the mission to command and supervise the activities of all Army Reserve units in their geographical area of responsibility.

b. Individual USAR soldiers, not assigned to a unit (AC or RC), are assigned to the Individual Ready Reserve (IRR) and are under the command and control of the Chief, Army Reserve (CAR). The CAR manages the IRR through the U.S. Army Reserve Personnel Command (AR-PERSCOM), a direct reporting agency. The AR-PERSCOM also manages the Individual Mobilization Augmentees (IMA) and Army Guard/Reserve (AGR). The IMA and AGR are both categories of the selected reserve.

c. During mobilization, the transition from peacetime to a wartime command and control structure

occurs incrementally. Upon arrival at the mobilization stations, the change in status of RC units is accomplished through submission of a Status of Resources and Training System (SORTS) transaction. It is at the mobilization station that the command and control of the USAR AMEDD TDA units passes to HQ MEDCOM. The USARC publishes orders transferring command and control of the USAR TDA AMEDD units to HQ MEDCOM upon arrival at the mobilization station. The MEDCOM Operations Directorate publishes an order assigning the unit to the appropriate major subordinate command (MSC). The MSC will publish an order further assigning the RC unit to its WARTRACE aligned activity.

### **2-3. WARTRACE COMMAND RELATIONSHIPS.**

The Army WARTRACE Program sets up formal wartime relationships for RC and AC units. All WARTRACE aligned units have a wartime chain of command in addition to a peacetime chain of command.

### **2-4. WARTRACE. THE WARTIME CHAIN OF COMMAND.**

a. WARTRACE gaining commanders within MEDCOM will receive USAR WARTRACE aligned units during a Presidential Selected Reserve Call-up (PSRC) or upon a higher level of mobilization. These USAR WARTRACE units come under the command and control of the MEDCOM activity upon publication of orders by HQ MEDCOM or the appropriate MEDCOM MSC. The MEDCOM activity commanders exercising the WARTRACE wartime chain of command will:

(1) Provide newly aligned WARTRACE units an initial notice or welcome letter within 60 days. After this initial contact, the wartime chain of command will send detailed wartime operations guidance and maintain a dialogue.

(2) The WARTRACE gaining headquarters will provide wartime operations guidance directly to all subordinate WARTRACE aligned units within 90 days. Send information copies to the RC peacetime chain of command. (NOTE: The RC units will develop a METL to support wartime operations training using the WARTRACE wartime operations guidance from the gaining headquarters. They will process the Mission Essential Task Lists (METLs) through the peacetime headquarters to the gaining wartime headquarters for approval. An information copy is to be provided to the appropriate RSC. The WARTRACE gaining headquarters approves and returns the METL to the RC unit.)

(3) Visit aligned WARTRACE units to issue wartime operations guidance, observe training, provide mobilization briefings, and conduct coordination. Coordinate these visits with the peacetime chain of command.

(4) The gaining command will host an annual WARTRACE planning workshop for all immediate subordinate WARTRACE aligned units. This requirement may coincide with installation level planning conferences. It is mandatory that MEDCOM activities have a representative at the installation planning conference. The MEDCOM activities will maintain written records in their mobilization files.

(5) The gaining command will provide a copy of their approved Mobilization Table of Distribution and Allowances (MOBTDA) to the USAR WARTRACE aligned units and help them update their unit TDA.

b. A successful WARTRACE relationship depends on the emphasis the wartime commander places on the program and the relationship maintained with the USAR unit.

## 2-5. WARTRACE PEACETIME RESERVE COMPONENT (RC) COMMAND AND CONTROL.

a. The USARC exercises peacetime command and control of RC WARTRACE units. This command and control is exercised through its 10 RSCs.

b. Commanders of USAR WARTRACE units aligned with MEDCOM activities should:

(1) Coordinate with the MEDCOM activity to ensure successful implementation of the WARTRACE Program. Normally, such coordination will follow established peacetime command channels. However, when appropriate, and with the approval of the commanders involved, informal coordination may follow the WARTRACE wartime alignment. Informal coordination between action officers at all levels of command is strongly encouraged to enhance WARTRACE planning and training efforts.

(2) Develop METLs from the wartime operations guidance provided by the wartime gaining MEDCOM activity or command. Process METLs through the peacetime headquarters to the wartime headquarters for approval in accordance with FORSCOM Reg 11-30.

(3) Direct unit planning and training efforts to accomplish the unit's wartime mission. Only when the unit is fully proficient in all METL requirements will it participate in planning and training directed to other areas. Planning and training in other areas requires approval by the peacetime and wartime chains of command.

(4) Review the approved MOBTDA of its wartime gaining activity or command.

(5) Participate in the scheduled WARTRACE workshops hosted by the wartime gaining activity.

(6) Organize a credentials committee and appoint a quality

assurance coordinator (QAC) for maintenance of PCFs.

**CHAPTER 3  
MEDCOM WARTRACE TRAINING RELATIONSHIP.**

**3-1. GENERAL.**

a. Sustainment of the AMEDD training base during mobilization depends upon receipt of fully trained and qualified MEDCOM WARTRACE aligned RC units. Therefore, WARTRACE unit training should focus on developing the ability to function as an integral part of its wartime command.

b. Policies, procedures, responsibilities, and goals required to train the RC are prescribed in FORSCOM Reg 350-2, Reserve Component Training, and in FORSCOM Reg 350-4, Training Under WARTRACE.

**3-2. POLICY: RESERVE COMPONENT TRAINING READINESS.**

a. Readiness is the ultimate training goal.

b. The WARTRACE relationship focuses on planning and training required for the RC unit to be proficient in its mission essential tasks. The RC unit and its AC WARTRACE activity will mutually develop WARTRACE planning and training programs.

c. The annual training (AT) missions and the annual training sites for WARTRACE aligned RC units will be determined at the Annual Training Date Site Scheduling Conference held annually by each Continental United States Army (CONUSA).

d. Training requirements for MEDCOM WARTRACE aligned units will also include participation in training exercises. These training events, coupled with METL training, will improve training readiness.

(1) Command Post Exercise (CPX). As applicable, RC units will

participate in a CPX with the wartime gaining command once every 4 years. Participation in a higher headquarters' exercise or Command Field Exercise satisfies this requirement.

(2) USAR Mobilization Exercise (MOBEX). As applicable, RC units will participate in a MOBEX every 2 years. Participation in a mobilization station CPX, field training exercise (FTX), or a PSRC Limited Notice Exercise satisfies this requirement.

e. Special Mission Training. During IDT or AT performed at the gaining MEDCOM activity, essential training must include command mission initiatives such as Leadership Development. The gaining MEDCOM activity's training officer will schedule this training for the RC WARTRACE aligned unit.

f. Wartime gaining commands and activities will review their RC WARTRACE aligned unit's training during AT. This includes AT performed at the activity or at a remote site, if the remote training site is within their area of geographical responsibility. Remote sites include RC training sites with troop medical clinics (TMCs), physical examination sites, Army Materiel Command (AMC) depots, and Federal semi-active mobilization stations (SAMS) and state-operated mobilization stations (SOMS) and installations.

g. Wartime gaining commanders who request WARTRACE aligned RC units to expend resources will submit requests through the RC peacetime chain of command. This allows the peacetime command to approve the use of resources. The RC unit commanders should inform their peacetime chain of command when they receive missions from wartime gaining commanders in order to receive approval and funding for participation.

h. When corresponding with aligned WARTRACE units, MEDCOM activities must be sensitive to the lead-time required by RC units to schedule, coordinate, and plan training. The RC units cannot meet the same suspense schedules assigned to AC units.

### 3-3. DEVELOPMENT OF WARTIME OPERATIONS GUIDANCE.

a. Each MEDCOM activity with an aligned USAR WARTRACE unit must provide the unit with a wartime operations guidance memorandum. The wartime operations guidance must provide enough detail that the RC unit can develop its METL, training goals, and training plans.

b. The MEDCOM activity must provide the wartime operations guidance directly to RC WARTRACE units by a formal memorandum. At a minimum, it will contain the following information:

(1) The wartime chain-of-command.

(2) The actual mission and area of employment, if applicable.

(3) The mobilization environment: Installation population, time phased (by type units, for example, combat, combat support, combat service support, and Army service school), the expected workload at the MEDCOM activity, and expected wartime staff increases (WARTRACE, IMA, IRR, and Retired).

(4) The METL for the MEDCOM activity.

(5) Other deployment contingency plans, if applicable.

(6) Add as enclosures the MOBTDA of the MEDCOM activity and the activity mobilization plan, including the medical appendix (Appendix G) to the installation mobilization plan.

c. Furnish copies of the wartime operations guidance memorandum to the RC unit's peacetime chain of command and to the appropriate MEDCOM MSC.

d. Review the wartime operations guidance memorandum for accuracy and completeness annually. An example of wartime operations guidance is at Appendix B.

### 3-4. DEVELOPMENT OF MISSION ESSENTIAL TASK LIST (METL).

a. Wartime requirements determine the unit's training program. These apply to TDA organizations as well as to MTOE organizations. No Army organization can achieve and sustain skill on every possible training task. Therefore, commanders must selectively identify tasks that are essential to accomplishing the organization's wartime mission.

b. There are two primary sources for METL development: War Plans and external directives. The more important of these two sources for METL development is the wartime operations and contingency plans for the organization. External directives, such as mobilization plans, are additional sources of training tasks that relate to the wartime mission. Other external directives include installation wartime transition and deployment plans, mission training plans, and force integration plans.

c. Commanders analyze the applicable tasks contained in external directives. They select for training only those tasks essential to accomplish their wartime mission. This selection process reduces the number of tasks for which the organization must train. The compilation of tasks critical for wartime mission accomplishment is the unit's METL.

### 3-5. MISSION ESSENTIAL TASK LIST (METL).

a. The following rules apply to METL development:

(1) The METL derives from wartime missions of the unit and related tasks from external directives.

(2) Mission essential tasks must apply to the entire organization. The METL does not include tasks assigned solely to specific sections of the unit.

(3) Each organization's METL must support and complement METLs of higher headquarters.

(4) The availability of resources does not affect METL development. The METL is an unconstrained statement of the tasks required to accomplish wartime missions.

b. The next higher commander in the wartime chain of command approves the METL for the unit.

c. The commander is responsible for developing a training strategy that will maintain unit skills for accomplishment of all mission essential tasks. All tasks within the METL have the same priority. By definition, all METL tasks are essential to mission accomplishment.

d. The RC peacetime chain of command also reviews and coordinates RC METLs. Peacetime commanders provide the training resources. They ensure that units plan and execute training and evaluate training plans and schedules for mission essential tasks. The wartime and peacetime chains of command work together to keep training of the RC WARTRACE aligned unit focused on the METL.

e. After identifying mission essential tasks, commanders set up supporting conditions and standards for each task. The resulting training goal is a set of conditions and standards that relates to a specified task and provides a clear statement of the expected performance.

**3-6. FUNDING OF THE MEDCOM WARTRACE PROGRAM.** Specific funding guidance comes from FORSCOM Reg 350-4 (Training Under WARTRACE) and guidance from other peacetime commanders.

a. Planning and training under the WARTRACE Program are supported by the following accounts:

(1) Operations and Maintenance, Defense mission funds (Active Component) (OMD).

(2) Operations and Maintenance, Army Reserve funds and Reserve Personnel, Army funds (USAR). (OMAR/RPA.)

b. The MEDCOM WARTRACE funding primarily concerns temporary duty (TDY) costs for attendance at conferences and workshops. Requirements for RC are submitted through the RSC to USARC who combines all requirements into an overall budget request. That request goes to HQ FORSCOM for resources. Funding requirements should be for individual participation in WARTRACE conferences, workshops, and visits for developing plans and issuing wartime operations guidance, and training recommendations.

c. Funding for WARTRACE liaison visits is included in the activities annual budget. New mission requirements will be forwarded through the Assistant Chief of Staff, Operations (ACSOPS) to the Assistant Chief of Staff, Resource Management (ACSRM) for funding consideration.

#### **CHAPTER 4 MEDCOM MISSIONS AND RC SUPPORT PLANNING.**

##### **4-1. GENERAL PLANNING FACTORS.**

a. Selected RC TDA units have been designed to provide augmentation or backfill personnel to support Medical Center/Medical Department Activity (MEDCFN/MEDDAC)

mobilization missions. Each aligned RC TDA medical unit has been designed to provide personnel support to a specific mission only.

b. Since all of the missions identified in paragraph 4-2 are "MEDCOM MTF missions," all logistical requirements associated with these missions are the responsibility of the supported MTF. All RC TDA TPUs supporting these missions will not have an equipment requirement associated with their mobilization mission. This eliminates equipment maintenance and storage problems that are common concerns for RC units.

c. RC TDA TPU units aligned with the MEDCOM MTFs are not designed to operate independently. These units, when mobilized, are completely integrated into the structure of the MTF. As such, they require the same support from the installation and the MTF itself, as any other element of the MTF.

d. During the course of mobilization, it may be expected that certain missions will present requirements early while others may be based on an actual military confrontation, which may never occur. Correspondingly some RC units should expect to be called early or later on into a mobilization event. In addition, the pace that mobilization events proceed may vary widely.

**4-2. MEDCEN/MEDDAC MISSION REQUIREMENTS.** MEDCOM MEDCENS/MEDDACs may have the following mobilization missions:

a. Provide professional Filler System (PROFIS)/Caretaker-PROFIS fillers to deploying units. Many AC units have, by design, vacant medical positions not authorized for fill until ordered for deployment. The sources of these medical fillers are the MEDCENS and MEDDACs of the MEDCOM. This method of providing fillers is known as PROFIS. The MEDCOM is missioned to provide qualified

medical staff. In many AC units the number of PROFIS fillers required is small. In the AC Caretaker hospitals the PROFIS requirement may range from 60 to 80% of the required staff.

b. Provide the Medical and Dental aspects of Soldier Readiness Processing (SRP) at Power Projection/Support Platforms. All soldiers, regardless of component, will undergo SRP prior to deployment. While the installation SRP consists of many stations and a variety of support function operations, the medical and dental stations would be considered two of the most important for the welfare of the soldier. The large majority of unit deployments, regardless of component, will deploy from installations designated as Power Projection and Power Support Platforms. Medical treatment facilities (MTFs) supporting these locations will have a significant SRP mission requirement.

c. Increased Blood Donor Quotas. During an active conflict, the demand for packed red cells and blood fractions will increase. To meet this projected increase MTFs currently having a blood drawing mission may have increased requirements to support the theater needs and the increase of surgical procedures in CONUS. The Armed Services Whole Blood Processing Laboratories (ASWBPLs) will also have additional staffing needs with the increased blood processing and shipping requirements.

d. Expansion of Inpatient Capabilities. The Army Mobilization Operations and Planning and Execution System (AMOPES) directs the MEDCOM to plan the care of all injured soldiers able to return to duty within 60 days. Soldiers returning from theater will present an additional inpatient requirement on military medical facilities. Selected MTFs have the mission to expand their

inpatient bed capability within the exiting physical plant through the recapture of presently unused ward space. Special inpatient bed expansion mission consideration was given to the MTF on Army installations having sizeable tactical forces with a high probability of involvement in a confrontation with respect to the likelihood of returning casualties to that installation.

e. Additional Veterinary Food Inspection Support. When any Army force deploys to a theater of operations Class 1 supply becomes a concern. The use of a large volume of Meals, Ready to Eat (MREs), especially during transition, will place a large food inspection requirement on the U.S. Army Veterinary Command to ensure the wholesomeness of the food provided to the force.

#### **4-3. MEDCOM MISSIONS AND THE CORRESPONDING RC TDA TPU SUPPORT.**

a. Provide PROFIS/Caretaker PROFIS fillers to deploying units. Individual PROFIS backfill is planned through the use of IMAs. TDA units aligned with the MEDCOM are not intended for use as PROFIS backfill. Active Component Caretaker hospitals will require hundreds of medical staff personnel from a designated MTF. To offset this large loss of staff from the MTF there are TDA TPU units organized to provide the needed backfill in each case. Typically these units are some of the largest TDA TPUs that support the MEDCOM.

b. Provide the Medical and Dental aspects of SRP at Power Projection/ Support Platforms. There are 15 Power Projection Platforms and 12 Power Support Platforms identified by FORSCOM. These installations will serve as the primary mobilization stations involved in the deployment of AC and RC units. To assist the MEDCOM MTF with the medical and dental aspects of the predeployment

SRP activities, Installation Medical Support Units (IMSUs) were developed. The IMSUs range in size from 38 to over 90 personnel. Since there are medical and dental requirements in the SRP activity, IMSUs have both medical and dental personnel. The primary mission of the IMSU is medical and dental aspects of SRP.

c. Increased Blood Donor Quotas. Selected MEDCOM MTFs having an existing blood donor requirement have an expanded quota during a conflict. Based on the magnitude of quota increased aligned RC TDA TPUs have been established to assist with the requirement. Several TDA TPU have been established to augment the ASWBPLs.

d. Expansion of Inpatient Capabilities. The care of patients returning from a theater will require additional inpatient beds to be available. The staffing of the additional inpatient beds, to be established at selected MTFs, will be by TDA TPU. This is a considerable personnel requirement. In some cases there may be more than one unit providing the inpatient expansion staffing. Each RC unit will have its own authorized direct care providers. Multiple unit support allows the option of a gradual build-up of inpatient capability.

e. Veterinary Food Inspection Support MOBTDAs enable HQDA to set up and maintain a mobilization database of unit personnel and equipment requirements to satisfy unit missions. The MOBTDAs allows HQDA to ensure RC TDA units are aligned with selected subordinate elements of the VETCOM to assist in their "tri-service" veterinary mission. The food inspection mission, in response to the needs of a deploying force, is the mission of these units.

#### **4-4. SUMMARY OF KEY POINTS REGARDING RC SUPPORT TO MEDCOM MISSIONS.**

a. There are basically five types of RC TDA TPUs that support the five principal MEDCOM direct health care missions:

- (1) Caretaker Backfill Units.
- (2) IMSU.
- (3) Blood Donor.
- (4) Inpatient Bed Expansion.
- (5) Veterinary Services.

b. A given MEDCEN/MEDDAC may not have all missions listed. Other MEDCEN/ MEDDAC missions, not identified here, will not be resourced by RC TDA TPUs.

c. None of the RC TDA TPUs aligned with MEDCOM elements have mission related equipment in section 3 of their TDA. The overall missions are the direct responsibility of the AC MTF; this includes the acquisition of the necessary equipment and supplies needed to support those missions.

d. None of the identified TDA TPUs are intended to function as a "stand alone" unit. They will receive all necessary support in the same manner as the present staff of the MTF.

## CHAPTER 5 INTERFACE WITH FORSCOM REGULATION 500-3-3, RC UNIT COMMANDER'S HANDBOOK.

### 5-1. GENERAL.

a. FORSCOM is the executive agent for DA for Army Mobilization. The 500-3 series of FORSCOM Regulations, known collectively as the FORSCOM Mobilization Deployment and Execution Planning System (FORMDEPS) provides standard mobilization planning guidance to all Army organizations and installations. FORSCOM Regulation 500-3-3, Reserve Component Unit Commander's Handbook provides

guidance and standard mobilization planning formats to all RC units on the development of their Mobilization Plans. The Concept of Operations in FORSCOM Regulation 500-3-3 divides the RC mobilization process into five phases, as follows:

- (1) Phase I - Planning.
- (2) Phase II - Alert.
- (3) Phase III - Home Station.
- (4) Phase IV - Mobilization Station.
- (5) Phase V - Port of Embarkation.

b. This five-phase mobilization breakout describes the unit situation from the peacetime planning stage to activities at the port of embarkation. This 5-phase breakout meets the requirements of all deploying RC units. MEDCOM aligned RC units mobilize to support a MEDCEN/MEDDAC mobilization mission on an installation. These units are considered base operations (BASOPS) support, and will not deploy. The fourth phase, Mobilization Station, will address the issues involved with the transition into the Medical Treatment Facility organization rather than that described in FORSCOM Reg 500-3-3. Phase V, Port of Embarkation guidance which is found in FORSCOM Regulation 500-3-3 is not applicable to MEDCOM aligned RC units.

**5-2. MEDCOM RC TDA TPU PHASED PLANNING.** The first three phases (Planning, Alert, and Home Station) will be completed as indicated in FORSCOM Reg 500-3-3. Phase IV, Mobilization Station, will pertain to the integration of the RC unit into the supported MEDCOM MTF. There will be no Phase V of the plan, since Port of Embarkation is not meaningful in the planning of a MEDCOM BASOPS RC unit.

5-3. FORMAT FOR PHASE IV, MOBILIZATION STATION. Phase IV Mobilization

Station section format of the RC TDA units' MobPlan is at Appendix C.

APPENDIX A (SAMPLE MTF WARTIME OPERATIONS GUIDANCE MEMORANDUM) TO THE RESERVE COMPONENT COMMANDERS' HANDBOOK.

MEDCOM Activity Letterhead

(Office Symbol) (500-5a)

date

MEMORANDUM FOR Commander (WARTRACE Aligned Unit)

SUBJECT: Wartime Operations Guidance

1. Your unit is WARTRACE aligned with the (enter your activity designation). At mobilization you will come under my command and control.
2. The mission of your unit is to (enter Reserve Component unit's wartime mission).
3. The MEDDAC has the following missions:
  - a. Inpatient expansion mission of \_\_\_\_\_ .
  - b. Fort \_\_\_\_\_ is a (PPP/PSP) with a maximum planned population. This installation designation spawns a Soldier Readiness Processing requirement (medical and dental aspects).
  - c. A Blood Donation mission of \_\_\_\_\_ units per day.
  - d. The provision of \_\_\_\_\_ PROFIS/Caretaker PROFIS personnel.
4. Your unit is tasked to directly assist the MTF with the mission item 3\_, an inpatient mobilization bed requirement of \_\_\_\_\_ patients.
5. Additional Reserve Component assets aligned with this activity are listed with their respective supporting mission.
6. The tasks that I have identified for the MEDDAC as critical for our wartime mission accomplishment are:

\*List actual MEDDAC METL.

7. I have enclosed a copy of our MOBTDA, the activity mobilization plan, and the medical appendix to the (identify installation) mobilization plan. These contain detailed information about our wartime missions and resources, and implementation guidance.

8. Point of contact is (provide primary and alternate points of contact).

I. M. INCHARGE  
COL, MC  
Commanding

CF:  
USAR unit peacetime chain of command  
HQ MEDCOM, ATTN: MCOP-P

**APPENDIX B (SAMPLE MISSION ESSENTIAL TASK LIST (METL) FOR AMEDD WARTRACE ALIGNED UNITS) TO THE RESERVE COMPONENT COMMANDERS' HANDBOOK.**

Example of a METL for Reserve Component AMEDD WARTRACE Aligned Units

1. Train unit members to standard in AMEDD individual skill(s).
2. Train unit members to standard in individual and collective tasks.
3. Maintain all unit and individual skills at the standard.
4. Move to mobilization station/wartime command according to mobilization and contingency plan time frames, as applicable.
5. Merge with WARTRACE wartime command.
6. Provide medical and dental services in support of the WARTRACE aligned activity and installation during mobilization.

Signature Block	Date	Authority Signature Block	Date
-----------------	------	---------------------------	------

**APPENDIX C (FORMAT FOR PHASE IV OF RC TDA TPU MOBILIZATION PLAN) TO THE RESERVE COMPONENT COMMANDERS' HANDBOOK.**

1. General Information.
  - a. Name and UTC of this RC TDA medical unit.
  - b. Installation: Name and Location.
  - c. Name and UIC of the supported MEDCOM MTF.
2. Installation Information.
  - a. Building numbers for the following functions (names may vary due to functional reorganization):
    - (1) Reserve Component Reception Center (receiving the RC unit advance party).
    - (2) Location of Housing and Dining Facilities (preplanned by MTF and the installation for this unit).
    - (3) Location of Soldier Readiness Processing facilities.
  - b. The installation is designated as a Power Projection Platform/Power Support Platform/NA (select which applies).
  - c. Major tenant active component units.
3. MEDCEN/MEDDAC information:
  - a. Present information.
    - (1) Population supported.
    - (2) Inpatient Bed Capacity.
    - (3) Number of TMC or other clinics operated.
    - (4) Other special missions (blood donor operations).
  - b. Contingency/Mobilization missions.
    - (1) Expanded Inpatient Bed Requirement.
    - (2) Medical and Dental aspects of Soldier Readiness Processing (at PPP/PSP).
    - (3) Blood Donor Quotas.
    - (4) Provide PROFIS/Caretaker Fillers to deploying units.
  - c. Other medical requirements within the Health Service Area (HSA) of the MEDCEN/MEDDAC.

- (1) Semi-Active Mobilization Stations (SAMS) within the MEDCEN/MEDDAC HSA?
- (2) State Owned Mobilization Stations (SOMS) within the MEDCEN/MEDDAC HSA?
- (3) SAMS or SOMS within the HSA classed as PPP or PSP?

4. RC Unit Information. This unit will support which of the Contingency/Mobilization missions listed in 3b?

5. Readiness WARTRACE Coordination. The following topic listing will reflect the MEDCEN/MEDDAC and corresponding RC unit POC by position.

TOPIC	MEDCEN/AC POC	Unit POC
Housing and dining		
Orientation briefing		
Command and control issues		
Functional working duties		
SRP for unit members at the installation		
Other specific issues		

**APPENDIX D (CHECKLIST OF CRITICAL DOCUMENTATION) TO THE RESERVE COMPONENT COMMANDERS' HANDBOOK.**

The records listed below are referenced in this regulation. Several of these are required to be maintained as part of RC unit's mobilization file. It is recommended the balance be maintained in a binder or set of tabbed binders as required for ease of maintenance and accessibility.

1. Documents required by Appendix G: (Required Documents Checklist) to RC Unit Commander's Handbook, FORSCOM Reg 500-3-3.

a. Record of Wartime gaining activity's review of their RC WARTRACE aligned units training during AT performed at their medical treatment facility. This includes AT performed at remote sites, if the

remote sites are within their area of geographical responsibility. Remote sites include RC training sites with troop medical clinics, physical examination sites, Army Materiel Command (AMC) depots, Federal semi-active and state-operated mobilization stations and installations.

b. Copy of the unit's MTOE/TDA and letters of authorization. (MOB-TDA and change requests as applicable.)

c. Location/custodian of PCFs maintained by the RC unit (IAW the provisions of AR 40-68) to determine privileges to be granted. (See Appendix C for contents of PCFs and checklist.)

2. Other Important Documents not included above.

a. Copy of order assigning the RC unit to its WARTRACE activity.

b. Copy of welcome letter or notice to unit from the gaining MEDCOM Subordinate Command/Activity.

c. Copy of wartime operations guidance to unit from gaining MEDCOM Subordinate Command/Activity.

d. Copy of the METL for the gaining MEDCOM activity.

e. Copy of RC unit's METL. (Submitted through peacetime command to and approved by gaining MEDCOM Subordinate Command/Activity.

f. Copy of other deployment contingency plans, if applicable.

g. Copy of the MOBTDA of the gaining MEDCOM activity.

h. Copy of unit's MOBTDA.

i. Copy of the activity mobilization plan to include the medical appendix (Appendix G) of the installation mobilization plan.

j. Copy unit's training goals, and training plans.

k. Copy of AAR/Trip Report to annual WARTRACE planning workshop hosted by gaining MEDCOM Subordinate Commands/Activity.

l. Copies of AAR/Trip Report of assistance/evaluation of training/coordination visits from gaining MEDCOM Subordinate Commands/Activity along with unit follow-up actions/responses as appropriate.

m. Copies of WARTRACE planning and training programs mutually developed by the RC unit and its AC WARTRACE activity.

n. Record of attendance/AAR of Annual Training Date Site Scheduling Conference held annually by each Continental United States Army (CONUSA).

o. Record of participation Command Post Exercise (CPX). The RC units will participate in a CPX with the wartime gaining command once every 4 years. Participation in a higher headquarters' exercise or Command Field Exercise satisfies this requirement.

p. Record of participation in USAR Mobilization Exercise (MOBEX). The RC units will participate in a MOBEX every 2 years. Participation in a mobilization station CPX, field training exercise (FTX), or a PSRC Limited Notice Exercise satisfies this requirement.

q. Record of participation in Special Mission Training. During IDT or AT performed at the gaining MEDCOM activity. Essential training must include command mission initiatives such as Leadership Development. The MEDCOM gaining activity's training officer will schedule this training for the RC WARTRACE aligned unit.

r. Record of Wartime gaining commander's request for WARTRACE aligned RC units to expend resources through the RC peacetime chain of command (if applicable) with the peacetime command's approval for the use of resources

s. Copy of the wartime operations and contingency plans for the Wartime gaining commander's organization.

#### **APPENDIX E (GLOSSARY) TO THE RESERVE COMPONENT COMMANDERS' HANDBOOK.**

1. Purpose. This appendix provides a listing of standard abbreviations, terms, and phrases.

2. Description. This appendix 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.

## SECTION I - ABBREVIATIONS

-A-

AAR.....After Action Review  
 AC.....Active Component  
 ACLS.....Advanced Cardiac  
 Life Support  
 ACSOPS.....Assistant Chief of  
 Staff, Operations  
 ACSRM.....Assistant Chief of  
 Staff, Resource Man-  
 agement  
 AG.....Adjutant General  
 AGR.....Active Guard/Reserve  
 AMC.....Army Materiel  
 Command  
 AMEDD.....Army Medical  
 Department  
 AMOPES.....Army Mobilization  
 and Operations  
 Planning and  
 Execution System  
 AR.....Army Regulation  
 ARNG.....Army National Guard  
 ARPERSCOM.....U.S. Army Reserve  
 Personnel Command  
 ASWBPL.....Armed Services Whole  
 Blood Processing  
 Laboratory  
 AT.....Annual Training  
 ATLS.....Advanced Trauma  
 Life Support

-B-

BASOPS.....Base Operations  
 BCLS.....Basic Cardiac Life  
 Support

-C-

CAR.....Chief, Army Reserve  
 CTNC.....Commander-in-Chief  
 CJCS.....Chairman, Joint  
 Chiefs of Staff  
 CONUS.....Continental United  
 States  
 CONUSA.....Continental United  
 States Army  
 CPX.....Command Post  
 Exercise  
 CTA.....Common Table of  
 Allowances  
 CT-PROFIS.....Care Taker - Profes-  
 sional Filler System

-D-

DCSOPS.....Deputy Chief of  
 Staff, Operations  
 DDS.....Director of Dental  
 Services  
 DHS.....Director of Health  
 Services  
 DOD.....Department of  
 Defense  
 DTF.....Dental Treatment  
 Facility

-E-

-F-

FORMDEPS.....Forces Command  
 Mobilization and  
 Deployment Planning  
 System  
 FORSCOM.....U.S. Army Forces  
 Command  
 FTX.....Field Training  
 Exercise

-G-

GME.....Graduate Medical  
Education

-H-

HQ.....Headquarters

HQDA.....Headquarters,  
Department of the  
Army

HSA.....Health Service Area

-I-

IAW.....In Accordance With

IDT.....Inactive Duty for  
Training

IMA.....Individual Mobili-  
zation Augmentee

IMSU.....Installation Mobili-  
zation Support Unit

IRR.....Individual Ready Re-  
serve

-J-

JCS.....Joint Chiefs of  
Staff

JSCP.....Joint Strategic  
Capabilities Plan

-K-

-L-

-M-

MACOM.....Major Army Command

MEDCEN.....U.S. Army Medical  
Center

MEDCOM.....U.S. Army Medical  
Command

MEDDAC.....Medical Department  
Activity

MEDCOM-MPS.....Medical Command Mo-  
bilization Planning  
System

METL.....Mission Essential  
Task List

MMRP.....Medical Mobilization  
Readiness Program

MOBEX.....Mobilization  
Exercise

MOBTDA.....Mobilization Table  
of Distribution and  
Allowances

MSC.....Major Subordinate  
Command

MRE.....Meal, Ready to Eat

MTF.....Medical Treatment  
Facility

MTOE.....Modified Table of  
Organization and  
Equipment

-N-

-O-

OMA.....Operations and  
Maintenance, Army

OMAR.....Operations and  
Maintenance, Army  
Reserve

OMD.....Operations and Main-  
tenance, Defense

OPLAN.....Operations Plan

ORB.....Officer Record Brief

-P-

PCF.....Provider  
Credentials File

PIASSN.....Planning Association

PROFIS.....Professional Filler  
System

PSRC.....Presidential  
Selected Reserve  
Call-up  
-Q-  
QAC.....Quality Assurance  
Coordinator  
-R-  
RC.....Reserve Component  
RCUCH.....Reserve Component  
Unit Commander's  
Handbook  
REG.....Regulation  
RMC.....Regional Medical  
Command  
ROBCO.....Requirement  
Objective Code  
RPA.....Reserve Personnel  
Army  
RSC.....Regional Support  
Command  
-S-  
SAMS.....Semi-active Mobili-  
zation Station  
SOF.....Special Operations  
Forces  
SOMS.....State-Operated Mobi-  
lization Station  
SORTS.....Status of Resource  
and Training System  
SRP.....Soldier Readiness  
Processing  
-T-  
TAADS.....The Army Authoriza-  
tion Document System  
TAPSM.....Total AMEDD Person-  
nel Structure Model

TDA.....Table of Distribu-  
tion and Allowances  
TDY.....Temporary Duty  
TMC.....Troop Medical Clinic  
TPU.....Troop Program Unit  
-U-  
US.....United States  
USAR.....U.S. Army Reserve  
USARC.....U.S. Army Reserve  
Command  
USAREUR.....U.S. Army Europe  
USARPAC.....U.S. Army Pacific  
USASOC.....U.S. Army Special  
Operations Command

-V, W, X, Y, Z-

SECTION 11 - 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 advice from the CJCS for execution planning or actual execution.

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.

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. (Formerly ARPERCEN)

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 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 HQDA or proponent approved records that reflect personnel and equipment requirements and authorizations for one or more units. Authorization documents also provide unit

organizational information. Authorization documents include TDAs, MOBTDAs, and CTAs.

CI (Coordinating Installation). An installation assigned to coordinate intra-service support within a prescribed geographical area.

COMPO (Component Code). A numeric code that identifies the duty status of military units: (1 = Active Army; 2 = ARNG, 3 = USAR; 4 = Unresourced.)

Contingency Plan. A plan for major contingencies that can reasonably be anticipated in the principal geographic sub-areas of a command.

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.

CTA (Common Table of Allowances). An equipment allowance document which prescribes 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.)

FORMDEPS (FORSCOM Mobilization and Deployment Planning System). A set of FORSCOM Regulations that provide guidance and procedures, and assigns responsibilities for planning within HQ FORSCOM, subordinate commands, mobilization stations, and RC units.

IRR (Individual Ready Reserve). Consists of members of the Ready Reserve not assigned to the Selected Reserve and not on active duty. May be mobilized as individuals to provide filler requirements of active force units, to form new active

force units, or to replace combat losses.

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. The 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 WARTFACE aligned 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.

Mobilization. The process by which the Armed Forces or part(s) thereof 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: planning, alert, home station, mobilization station, port of embarkation. Mobilization categories include:

1. Presidential Selected Reserve Call-up (PSRC). Augmentation of the Armed Forces through a provision 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.

2. 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, for up to 24 months.

3. 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 needed for their support to meet the requirements of a war or other national emergency involving an external threat to the national security.

4. 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 where 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.

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.

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. (May include civilian personnel.)

MTOE (Modified Table of Organization and Equipment). An MTOE is a modified version of the TOE that prescribes the unit organization, personnel and equipment needed to perform an assigned mission in a specific geographical or operational environment. The MTOE also contains the ALO, which the TOE lacks. (Does not include civilian personnel.)

National Emergency. A condition declared by the President or Congress, which authorizes certain emergency actions to be undertaken in the national interest. Actions to be taken may include partial or total mobilization of national resources.

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 CJCS.

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 PPPs is to RC units in Force Support Packages 1 and 2 followed by units on Major Regional Contingencies East and West TPFDDs. Non-TPFDD aligned RC units will also be assigned to PPPs, but only after assignment of all TPFDD units.

Power Support Platforms (PSP). Installations which have been designated to perform TRADOC's 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 Augmentee members who have been preassigned by ARPERSCOM 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 individuals where and when to report. Orders for IMA personnel may be issued by ARPERSCOM upon announcement of the Presidential Selected Reserve Call-up.

Presidential Selected Reserve Call-up Authority. 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.

PROFIS (Professional Filler System). A system which designates qualified active duty AMEDD personnel serving in TDA units to fill active Army MTOE units upon mobilization or execution of a contingency operation.

RC (Reserve Components). Reserve Components of the Armed Forces of the United States are the Army National Guard, Army Reserve, the Naval Reserve, the Marine Corps Reserve, the Air National Guard, the Air Force Reserve, and the Coast Guard Reserve. Each Reserve 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 preassigns CONUS military retirees to CONUS installations.

RSC (Regional Support Command). A USAR area Command that is directly subordinate to the USARC. There are 10 RSCs in CONUS.

Selected Reserve. Members of the Ready Reserve in the following categories: Unit members, IMAs, and AGR personnel.

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

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 MOBTDA are products of TAADS.

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 TOE or MTOE may not. All TDAs are stored, processed, or modified in the TAADS data system.

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 (MTOE).

TPFDD (Time-Phased Force and Deployment Data). A computer listing of selected data that specifically includes the information required in Appendix 1 to Appendix 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 organized to serve as such upon mobilization. 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.

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 and a reservoir of trained units and individual reservists to be ordered to active duty in the event of a national emergency.

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. The Task Organization for a unit within the WARTRACE Program.

**APPENDIX F (REFERENCES) TO THE RESERVE COMPONENT COMMANDERS' HANDBOOK**

SECTION I  
REQUIRED PUBLICATIONS

AR 11-30, Army WARTRACE Program. (Cited in para 2-1.)

FORSCOM Reg 500-3-3, Reserve Components Unit Commander's Handbook. (cited in paras 1-13, 5-1b, 5-2, and Appendix D, para 1.)

SECTION II  
RELATED PUBLICATIONS

1. Purpose. This appendix should provide a listing of references applicable to contingency, mobilization, and deployment.

2. Description. References are listed by appendixes.

Army Regulations

AR 40-1, Composition, Mission, and Functions of the Army Medical Department.

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

AR 40-3, Medical, Dental, and Veterinary Care.

AR 40-4, Army Medical Department Facility Activities.

AR 40-5, Preventive Medicine.

AR 40-35, Preventive Dentistry.

AR 40-66, Medical Record Administration and Health Care Documentation.

AR 40-68, Quality Assurance Administration.

AR 40-501, Standards of Medical Fitness.

AR 135-200, Active Duty for Training, Annual Training, and Active Duty for Special Work of Individual Soldiers.

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

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

AR 140-10, Assignments, Attachments, Details, and Transfers.

AR 140-145, Individual Mobilization Augmentee (IMA) Program.

AR 350-1, Army Training.

AR 350-10, Management of Army Individual Training Requirements and Resources.

AR 500-5, Army Mobilization and Operations Planning Execution System (AMOPES).

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

AR 601-10, Mobilization of Retired Members of the Army.

AR 601-141, AMEDD Professional Filler System.

AR 690-11, Mobilization Planning and Management.

FORSCOM

FORSCOM Reg 11-30, The Army WARTRACE Program: Program Guidance.

FORSCOM Reg 350-2, Reserve Component Training.

FORSCOM Reg 350-4, Training Under WARTRACE.

FORSCOM Reg 500-3-1, Mobilization Plan.

FORSCOM Reg 500-3-4, Installation Commander's Handbook.

Medical Command (MEDCOM)

MEDCOM Reg 10-1, Operation and Functions Policy.

MEDCOM Reg 40-21, Health Service Regions and Health Service Areas.

MEDCOM Reg 350-4, Readiness Training Requirements.

Manuals

FM 101-5, Staff Organization and Operations.

**APPENDIX G (DISTRIBUTION) TO THE RESERVE COMPONENT COMMANDERS' HANDBOOK**

1. Purpose. To provide a distribution listing for this handbook.

2. Procedure. This handbook will be distributed to the FORSCOM Surgeon, and each, MEDCOM Major Subordinate Command, MEDCOM Installation, MEDCOM activity, USARC Surgeon, all RSC Surgeon and each MEDCOM WARTRACE aligned Reserve Component unit.

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