

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 Worth Road
Fort Sam Houston, Texas 78234-6000

MEDCOM Regulation
No. 500-5-8

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Emergency Employment of Army and Other Resources
U.S. ARMY MEDICAL COMMAND WARTIME PLAN

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1. HISTORY. This is the first printing of this publication. It incorporates the information in the Headquarters, MEDCOM Wartime Plan, Volume VIII, HSC-MPS, that is rescinded.

2. PURPOSE. This regulation presents an overview of the Headquarters (HQ), U.S. Army Medical Command (MEDCOM) Wartime Plan. The plan:

a. Prescribes actions required to organize HQ, MEDCOM to perform its essential missions under crisis or mobilization conditions.

b. Identifies and quantifies essential administrative and

logistical support the HQ, MEDCOM requires during crisis or mobilization conditions.

c. Provides the HQ, MEDCOM staff the guidance and directions in procedures to be followed for planning for crisis or mobilization.

3. REFERENCES. A list of references is provided at Appendix A.

4. ABBREVIATIONS. A list of acronyms and abbreviations is provided in the Glossary at Appendix B.

5. POLICY.

*This regulation supersedes the HSC Wartime Plan, Part 1, Volume III, HSC Mobilization Planning System, October 1990.

a. General wartime staff procedures must be geared to support the following Department of the Army (DA) policy:

(1) Beneficiary health care, inpatient and outpatient, will not be restricted until it is apparent that care to active duty patients is being compromised.

(2) The Veterans Affairs (VA)/Department of Defense (DOD) Contingency Hospital System (PL 97-174) and the National Disaster Medical System (NDMS) (DOD Directive 6010.17) will be sequentially activated at the National Command Authority Level when DOD hospital capacities are exceeded.

(3) Support of the Soldier Readiness Program (SRP) (AR 600-8-101) must be planned for within the limits of presently available resources.

(4) Peacetime research and development missions will be maintained and expanded as required.

(5) Unique medical support missions, such as Preventive Medicine, Regional Laboratory Support, Medical Survey/Assessment, etc. will be continued and expanded as required.

(6) Expansion of the U.S. Army Medical Department (AMEDD) training base will be phased in accordance with the Mobilization Army Program for Individual Training (MOBARPRINT).

6. RESPONSIBILITIES.

a. Upon order of the MEDCOM Commander or Chief of Staff, or on receipt of the mobilization alert notification from the Asst Chief of Staff, Operations, MEDCOM, the headquarters staff will initiate

the following actions to organize for wartime or emergency operations.

(1) Accelerate efforts to realign staff to provide for the most efficient response to mobilization taskings.

(2) Take action to ensure the Assistant Chief of Staff, Personnel, HQ, MEDCOM is aware of increased staff office manning requirements outlined in the HQ MEDCOM Mobilization Table of Distribution and Allowances (MOBTDA).

(3) Use existing available funds to finance immediate mobilization requirements until additional funds are provided.

(4) Notify Individual Mobilization Augmentee (IMA) personnel telephonically that they will be requested for active duty through normal command channels.

(5) Submit previously prepared SF 52's for new hire/overhire to the Assistant Chief of Staff, Personnel, HQ, MEDCOM.

(6) Provide agency representation to the Emergency Operations Center (EOC) and the Crisis Planning Team in accordance with the MEDCOM Crisis Action Plan, MEDCOM Reg 500-5-9.

(7) Implement Wartime Staff Procedures in accordance with Chapter 5, Headquarters, MEDCOM Wartime Plan (HMWP).

b. Nonessential Functions. HQ MEDCOM staff office chiefs will incorporate a list of wartime nonessential functions that can be eliminated into their office SOPs.

7. PROCEDURES.

a. General. This paragraph describes wartime staff procedures that HQ MEDCOM will follow during wartime (at the Declaration of partial or full mobilization), or on the order of the HQ MEDCOM Chief of Staff.

(1) While streamlined and efficient staff procedures are important in day-to-day operations, they become more critical during periods of general war because of the huge increase in the volume of wartime decisions and actions that will be generated. The purpose of the wartime staff action process is to accelerate the process whereby a staff action officer can arrive at a timely decision. The simplified and flexible wartime staff procedures outlined in this annex will assist the action officer and decision maker to meet the MEDCOM wartime staff requirements.

(2) Certain staff functions and procedures will change during wartime because they were designed primarily for use in the peacetime environment. For example the programming function and associated staff procedures will cease during general war and modified procedures for resource management and allocation will begin.

b. Implementation. The delegation of authority to heads of HQ MEDCOM staff agencies decentralizes decision making and gives very broad and significant authority to agency heads. The wartime organization of HQ MEDCOM, along with this chapter, should streamline the staff action and decision process to meet wartime requirements.

(1) Delegation of Authority.

(a) Heads of MEDCOM staff agencies and their designees in the

event of temporary absence have the authority to take final action for the Chief of Staff on all subjects within their functional areas, except those that the Commander or Chief of Staff has expressed a personal interest.

(b) Heads of MEDCOM staff agencies should delegate signature and coordination authority to the lowest level possible. At a minimum, delegate decision and signature authority to division chief level on all subjects within their area of responsibility.

(c) Use line through authority extensively to minimize the review and approval process.

(d) The EOC Team Chief has the authority to take final action for the Chief of Staff and MEDCOM Staff agency heads who have representation in the EOC on all actions requiring immediate response that cannot await normal business hours.

(e) Action officers must brief their actions at the highest level and have access to policy decisions that will affect future actions.

(2) Coordination.

(a) The key to wartime coordination processes is to always remember accomplishment of the MEDCOM and Army mission in a timely manner overrides all other considerations.

(b) Coordination should be kept informal. Use of conference calls can accelerate the coordination of complex issues when timing is critical.

(c) All nonconcurrences should be resolved before completion of an action; a nonconcurrence

may be overridden by the head of a staff agency (or the Chief of Staff) in his area of functional responsibility when timing is critical.

(3) Staff Actions.

(a) Use the "working draft concept" to the maximum to avoid rewording papers at successive organizational levels.

(b) The formal written staff study process will occur only for complex or highly important issues.

(c) Use decision briefings to the maximum in lieu of formal written proposals.

(d) Keep review of actions at the lowest level consistent with guidance and control.

(e) Record actions in writing only when it is essential to document the issue. Emphasis will be on substance rather than form.

(4) Taskings.

(a) Minimize the number of direct taskings to the field; utilize the daily Situation Report for gathering information in lieu of individual taskings.

(b) Utilize informal lateral tasking as much as possible; assume telephonic input on informal taskings is accurate and supportable.

(5) Committees.

(a) The use of committees can be time consuming and burdensome and should be reduced to the minimum in wartime.

(b) Staff agencies should review the list of standing committees and incorporate in their SOPs a listing of committees to be discontinued upon mobilization.

(6) Reports.

(a) Review the list of recurring reports and retain only those necessary to accomplish the HQ MEDCOM wartime functions.

(b) No additional reporting requirements should be placed on subordinate commands. Information should be gathered through the medium of the daily situation report (SITREP).

8. RESOURCE MANAGEMENT. Under wartime conditions, Congress will authorize and appropriate funds for the emergency. Anticipate expanded use of the Working Program Budget Advisory Committee (PBAC) concept to prioritize allocation of available funds to support the wartime effort.

APPENDICES:

Appendix A - Reference
Appendix B - Glossary
Appendix C - Staff SOP Format

APPENDIX A REFERENCES TO THE HQ MEDCOM WARTIME PLAN

Army Mobilization Operations Planning and Execution System (AMOPES)

AR 600-8-101 Soldier Readiness Processing (SRP).

MEDCOM Regulation 500-5, MEDCOM Mobilization Planning System (MPS) including Regulations 500-5-1 thru 500-5-10.

FORSCOM Reg 500-3, FORSCOM Mobilization and Deployment Planning System (FORMDEPS).

FM 100-17 Mobilization, Deployment, Redeployment, Demobilization.

FM 101-5 Staff Organization and Operations.

APPENDIX B GLOSSARY TO THE HQ MEDCOM WARTIME PLAN

AMEDD.....U.S. Army Medical Department

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

DA.....Department of the Army

DOD.....Department of Defense

EOC.....Emergency Operations Center

FORMDEPS.....FORSCOM Mobilization and Deployment Planning System

HQ.....Headquarters

ICMOP.....Integrated CONUS Medical Operations Plan

JCS.....Joint Chiefs of Staff

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

MOBARPRINT.....Mobilization Army Program for Individual Training

MTF.....Medical Treatment Facility

MPS.....Mobilization Planning System

NDMS.....National Disaster Medical System

OTSG.....Office of The Surgeon General

PBAC.....Program Budget Advisory Committee

RC.....Reserve Components

SITREP.....Situation Report

SRP.....Soldier Readiness Processing

VA.....Veterans Administration

APPENDIX C STAFF SOP FORMAT TO THE HQ MEDCOM WARTIME PLAN

1. **GENERAL.** The staff agency wartime SOP should be a "how to" document that explains how wartime operations are to be administered and should identify support requirements (space, personnel, equipment, etc) required for the expanded mission. Staff agency SOPs must be totally unclassified to permit widest dissemination and understanding.

2. **FORMAT.** The staff agency SOP will include, but not be limited to, the following:

a. Task Organization - include a schematic of the agency wartime organization down to branch level and include the primary functions performed by each level.

b. Security and Intelligence - include as needed.

c. Concept of Operations - describe how the agency transitions from peace to wartime operations and delineate new and discontinued activities and responsibilities.

d. Crisis Action Operations - identify specific actions or responsibilities the staff agency will undertake to comply with the MEDCOM Crisis Action Plan.

e. Alert Procedures identify how key members can be contacted after normal duty hours.

f. Personnel - identify new spaces that must be filled with faces in the agency.

g. Information Management - Describe requirements for information management support and set priorities for systems; coordinate with Assistant Chief of Staff for Information Management.

h. Records and Reports - Delineate which peacetime records and reports will be deleted and what new data is required (and the anticipated source, e.g. SITREP) to complete the wartime mission.

i. Distribution. Self Explanatory.

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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