

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

MEDCOM Regulation
 No. 500-5-9

7 JUNE 2000

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

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.

TABLE OF CONTENTS

| <u>PARAGRAPH</u> | <u>PAGE</u> | <u>PARAGRAPH</u> | <u>PAGE</u> |
|---|-------------|--|-------------|
| 1. HISTORY..... | 1 | APPENDIX B - RESPONSIBILITIES AND FUNCTIONS OF PRINCIPAL EOC MEMBERS | 14 |
| 2. PURPOSE..... | 1 | APPENDIX C - OPERATIONAL SECURITY (OPSEC) | 16 |
| 3. REFERENCES..... | 2 | APPENDIX D - EOC ADMINISTRATIVE PROCEDURES | 19 |
| 4. ABBREVIATIONS AND TERMS..... | 2 | APPENDIX E - MEDICAL EOC REPORTS | 21 |
| 5. PROCEDURES..... | 2 | GLOSSARY | 22 |
| APPENDIX A - EMERGENCY OPERATIONS CENTER (EOC) OFFICER ON-CALL STANDARD OPERATING PROCEDURES .. | 12 | | |

1. HISTORY. This is the first printing of the publication. It incorporates the information in the Health Service Command Mobilization Planning System, Volume III, part 2, Emergency Operations, HSC Crisis Action System, October 1990.

2. PURPOSE.

a. General. This regulation provides guidance for the conduct of operations by Headquarters (HQ), U.S. Army Medical Command (MEDCOM) during crises and wartime. It describes crisis management organizations and procedures at Headquarters, Department of the Army (HQDA) and at HQ MEDCOM. It identifies internal HQ MEDCOM responsibilities

and actions for planning and executing MEDCOM tasks during the crisis.

b. This document is the basic reference for HQ MEDCOM Emergency Operations Center (EOC) personnel and for HQ MEDCOM staff agencies and offices involved in crisis actions.

c. Relationships. The MEDCOM Crisis Action System (CAS) specifies procedures that focus staff actions on critical functions and tasks during a crisis.

(1) The CAS prescribes the procedures used by the HQ MEDCOM staff agencies and offices to

*This regulation supersedes HSC-MPS, Part 2, Volume III, Emergency Operations, HSC Crisis Action System, October 1990.

develop timely recommendations for medical support to U.S. Forces during a crisis.

(2) Procedures outlined herein do not override or usurp required coordination on actions between HQ MEDCOM staff offices and the Office of The Surgeon General, (OTSG).

d. Implementing Instructions.

(1) The procedures contained in this regulation are effective upon receipt; implementation could be anticipated through a message/FAX or other written order from Office of the Deputy Chief of Staff, Operations (ODCSOPS) and/or the OTSG.

(2) Major Subordinate Command (MSC) supporting plans, will be prepared in accordance with guidance and procedures contained in the HQ MEDCOM Mobilization Planning System documents.

3. REFERENCES.

a. Army Regulation (AR) 380-5, Department of the Army Information Security Program.

b. HSC Regulation (Reg) 525-3, Emergency Operations Control.

4. ABBREVIATIONS AND TERMS. Abbreviations and special terms used in this publication are explained in the glossary.

5. PROCEDURES.

a. HQ DA Crisis Management Operations.

(1) General Guidance.

(a) HQDA Deputy Chief of Staff for Operations (DCSOPS) has the primary responsibility for developing crisis action procedures (CAP). CAPs are developed and practiced prior to and during a

crisis to ensure the Army and the Army staff have the capability to respond to an increase in readiness of U.S. Forces, to an outbreak of hostilities, or to contingency operations with or without a level of mobilization.

(b) All crisis action procedures will support the Army's mission and concept of operations.

(2) Execution.

(a) When required by the HQDA DCSOPS, Department of the Army Military Operations (DAMO) establishes a HQDA crisis action team (CAT) by message notification with information notification to Major Army Commands (MACOM) and Army Component commands. The CAT will be formed in the Army Operations Center (AOC) and will be responsible for emergency operations relevant only to that crisis for which the CAT was activated. The AOC Watch Team remains on duty in the AOC with responsibility for all other necessary actions.

(b) Daily Situation Report (SITREP). At the direction of HQDA, or automatically at Defense Readiness Condition (DEFCON) 3, the HQDA Daily SITREP will be initiated, with required input from all MACOMs and Army Component commands. The SITREP format is prescribed in Appendix 1 to Appendix R to the Army Mobilization and Operations Planning and Execution System (AMOPES) (U). Paragraph 5, HQDA SITREP, is the Medical paragraph; OTSG, HQDA, will be the responsible agency for collating medical input from MEDCOM and the Army Component commands and providing the text of the medical paragraph of the HQDA SITREP.

b. MEDCOM Crisis Management Operations.

(1) General. This paragraph describes the HQ MEDCOM CAS.

(a) Organization. The HQ MEDCOM crisis management organization is composed of personnel from the Current Operations Branch, Operations Division, Health Care Operations and operations teams provided by designated HQ MEDCOM staff. The Chief, Operations Division is charged with staff supervision of the crisis management teams and coordinates the efforts of the entire staff. Most crisis-related actions are processed or monitored by the Current Operations Branch personnel. The MEDCOM staff and collocated commands interact with crisis management organizations in the Joint Staff; HQDA; U.S. Army Forces Command (FORSCOM); the other services, and U.S. government agencies and departments.

(b) All MEDCOM MSCs have some form of crisis management organization to respond to time-sensitive issues. Commanders at all levels within MEDCOM execute crisis management procedures as they apply to the situations in their area of responsibility.

c. MEDCOM Emergency Operations Center (EOC).

(1) The MEDCOM EOC is the HQ MEDCOM equivalent of the Army Operations Center.

(2) The EOC is operated during normal duty hours and is staffed by personnel assigned to the Current Operations Branch, Operations Division. The EOC is under the routine supervision of the Chief, Current Operations Branch.

(3) During nonduty hours, EOC activities are monitored by the HQ MEDCOM Staff Duty Officer (SDO) and Staff Duty Noncommissioned Officer (SDNCO) of the day.

d. HQ MEDCOM Emergency Operations Center Crisis Functions. On full activation, the EOC:

(1) Operates under the direction of the Assistant Chief of Staff, force Projection, the OTSG, with operational control exercised by the Chief, Operations Division, through the Chief of Current Operations.

(2) Functions as the HQ MEDCOM operating staff for crisis management, and coordinates all crisis actions.

(3) Implements crisis-related command group decisions.

(4) Develops possible courses of action (COA) to developing crises and advises HQDA, unified or specified commands, and supported Army component commands as appropriate.

(5) Directs and manages the preparation and execution of required MEDCOM missions.

(6) Coordinates and exchanges operational information with higher, lateral, and subordinate operations centers.

(7) Publishes SITREPs, executive summaries (EXSUMs), information papers, and other reports required.

e. Concept of Operations.

(1) A crisis comes to the attention of the Current Operations Branch personnel through the initiation of emergency action procedures by higher or subordinate headquarters, through intelligence channels, the news media, or on notification by the SDO during nonduty hours.

(2) When an event occurs that can result in a crisis, the Chief of the Current Operations Branch, Operations Division, or the EOC on-call operations officer will brief the Chief, Operations Division, make necessary notifications

as directed, and continue to monitor the situation.

(3) Based on the briefing from the Current Operations Branch personnel and his assessment of the situation, the Chief, Operations Division may direct expansion of the EOC hours of operation and continuous monitoring of the situation by the current operations personnel, or he may recommend increased staffing of the EOC to the Assistant Chief of Staff Operations.

(4) On direction of the Assistant Chief of Staff Operations, the Chief, Operations Division, initiates crisis operations and specifies the level of staffing and the EOC hours of operation.

(5) The Current Operations Branch personnel or the EOC on-call operations officer will respond to initial emergency action requirements pending activation of the EOC.

(6) When activated, the EOC becomes the HQ MEDCOM focal point for command, control, coordination, and monitoring of MEDCOM activities. All staff actions pertaining to the crisis will be coordinated through the EOC, and all incoming and outgoing crisis-related messages will be received or dispatched by the EOC.

f. MEDCOM EOC Staffing. The MEDCOM EOC is staffed by selected personnel who are responsible for the full spectrum of MEDCOM responses during crises. Depending on the level and nature of the crisis, the EOC staff may include:

(1) Current Operations Branch.

(2) Staff Operation Teams.

(3) Individual Mobilization Augmentees (IMAs).

(4) Administrative and support personnel.

g. EOC Staff Functions:

(1) Current Operations Branch. The Current Operations Branch personnel represent the normal staffing of the EOC. They are the MEDCOM interface and point of contact on routine operational matters with HQDA, other services, unified commands, other MACOMs, and subordinate activities. They also initiate HQ MEDCOM actions in crisis operations.

(2) Staff Operation Teams.

(a) Staff Operation Teams are activated by the Chief of Operations when a developing crisis generates requirements beyond the capabilities of the Current Operations Branch.

(b) Staff Operation Teams are composed of personnel from the Assistant Chief of Staff (ACofS) for Operations, ACofS for Personnel, ACofS for Logistics, ACofS for Health Policy and Services, U.S. Army Dental Command (DENCOM), and U.S. Army Veterinary Command (VETCOM). These personnel will augment the EOC on a fulltime basis. Other general and special staff members may be assigned, as required, to respond to the crisis.

(c) Crisis action personnel in the EOC are authorized to make decisions and represent their commands and staff agencies in all matters dealing with the crisis and to function as the interface between the EOC and HQ MEDCOM staff.

h. HQ MEDCOM Staff responsibilities in support of EOC Operations.

(1) Chief, Operations Division.

(a) Ensures that the Directorate of Operations personnel assigned or detailed to the EOC are thoroughly familiar with:

(b) HQ MEDCOM Crisis Action Plan (this document).

(c) HQ MEDCOM Wartime Plan.

(d) Emergency Operations Center Standing Operating Procedures (SOPs).

(e) Appropriate contingency plans.

(f) Alert notification and recall procedures.

(g) HQ MEDCOM staff organizations and functions.

(h) HQ MEDCOM Emergency Action Procedures.

(i) MEDCOM Regulation 525-3 (Emergency Operations Control).

(j) Report requirements to higher headquarters.

(k) Joint Chiefs of Staff (JCS), HQDA, and HQ MEDCOM Exercise directives (when participating in an actual exercise.

(l) Conducts annual orientation briefings and staff training for action officers and administrative personnel designated for duty in the EOC during a crisis.

(m) Provides an EOC operations officer on-call during nonduty hours.

(2) HQ MEDCOM Staff Agencies, DENCOM, and VETCOM.

(a) Select qualified primary and alternate personnel to staff the EOC.

(b) Maintain qualified action officers for the EOC

and ensure that the individuals detailed to the EOC have a SECRET or higher clearance and are thoroughly familiar with:

(1) This document.

(2) The HQ MEDCOM Wartime Plan.

(3) Their staff office organization, functions, and wartime responsibilities.

(4) Emergency Operations Center SOPs.

(5) Message format, classification, and receipt and dispatch procedures.

(6) Crisis action and wartime staff-action procedures.

(7) Appropriate contingency plans.

(8) Their staff agency emergency action check-lists and procedures.

(c) Ensure internal staff agency notification procedures are current and promptly notify the Current Operations Branch of changes in on-call personnel.

(d) Maintain continuity of personnel assigned to the EOC during crisis action operations or exercises. Any change in personnel assigned to the EOC during a crisis must be coordinated with the EOC team chief.

(e) Provide qualified administrative personnel to support the EOC.

i. MEDCOM CAS. The MEDCOM CAS has six phases that parallel the HQDA CAS, and prescribe actions from the beginning of a crisis through its termination.

(1) Phase I - Monitoring.

(a) All MEDCOM activities continually monitor their areas of responsibility for events that might lead to a crisis. When they identify such an event, they report it to HQ MEDCOM using the Emergency Information Report or an Emergency Situation Message. HQ MEDCOM, in turn, reports the situation to HQDA.

(b) HQ MEDCOM receives copies of all monitoring reports from its subordinate activities and the assessment of events by HQDA. During the time between the initial event report and the assessment by higher headquarters, HQ MEDCOM reviews and evaluates its current mobilization posture and refines its planning to deal with the possible crisis.

(c) If the assessment indicates the possibility of a crisis, higher headquarters will direct HQ MEDCOM to increase monitoring and reporting of the situation. If the assessment does not indicate the possibility of a crisis, all MEDCOM MSCs will return to their normal monitoring status.

(2) Phase II - Crisis Assessment.

(a) The crisis assessment phase begins when higher headquarters directs HQ MEDCOM to increase monitoring and reporting of an event or situation.

(b) HQ MEDCOM will continue to assess the situation and evaluate and refine possible options for the particular situation and make recommendations to higher headquarters.

(c) HQ MEDCOM will receive a warning order if, after assessment, higher headquarters determines that a crisis exists. HQ MEDCOM will then issue a corresponding warning order to its major subordinate commands.

(3) Phase III - Course of Action Development.

(a) The COA development phase is initiated by a warning order issued by higher headquarters. On receipt of a warning order, HQ MEDCOM will:

(b) Finalize its assessment of the resources required and available to support the options identified.

(c) Direct subordinate commands to increase their readiness posture.

(d) HQ MEDCOM responds to other tasking from higher and lateral headquarters as appropriate.

(4) Phase IV - Decision.

(a) The decision phase is initiated by the issue of the Joint Chiefs of Staff (JCS)-approved course of action. The JCS present their COA to the National Command Authority (NCA) and continue to monitor the crisis until directed to issue an alert order.

(b) On receipt of an alert order from higher headquarters, HQ MEDCOM issues a corresponding alert order to its MSCs. MSCs in turn alert their subordinate organizations.

(5) Phase V - Execution Planning.

(a) The execution planning phase is initiated by the issue of an alert order from a higher headquarters.

(b) In conjunction with the alert order, HQDA issues the required mobilization orders and continues to refine force requirements until the JCS issues an execution order or determines that the crisis is over.

(c) If higher headquarters issues an execution order, HQ MEDCOM issues a corresponding order. However, if higher headquarters determines execution is not required, all commands will be directed to return to their normal monitoring status.

(6) Phase VI - Execution.

(a) The execution phase is initiated by the issue of an alert order from a higher headquarters.

(b) On receipt of the execution order, HQ MEDCOM:

(1) Issues an execution order to its subordinate commands.

(2) Coordinates and monitors the status of the health care treatment base in the continental United States (CONUS) to support the mobilizing and deploying forces and returning theater-generated patients.

(3) Implements the continental United States (CONUS)

(c) When the crisis is resolved, the JCS direct all commands to return to their normal readiness posture and normal monitoring status.

j. Internal Staff Operations Support Centers. Depending on the level and scope of the crisis, selected HQ MEDCOM staff offices/directorates may require modification of their respective internal organizations to expedite support of crisis actions. These modifications will result in establishing functional operation centers to provide direct support to their respective staff operation team in the EOC.

k. Crisis and Wartime Staff Action Procedures.

(1) General

(a) This section describes modified staff action procedures HQ MEDCOM will follow during a crisis or war. To ensure compatibility with HQDA and Joint Staff staffing procedures the modified staff procedures will be effective on M-Day or when directed by the MEDCOM Chief of Staff.

(b) Streamlined staff procedures are required during crises and war because of a significant increase in the volume of decisions to be made and the actions that will be generated prior to, during, and after a crisis or mobilization. During these crises, the timeliness of decisions is critical. The purpose of the modified staff action process is to facilitate a prompt and reasonable solution to a problem to make a timely decision. The simplified staff procedures specified in this chapter are designed to assist the action officer and the decision-maker in meeting the crisis and wartime staff requirements of HQ MEDCOM.

(2) Delegation of Authority

(a) The EOC Team Chief is authorized to take final action for the Chief of Staff and other MEDCOM Directorates, DENCOM, VETCOM, and staff office heads who have representatives in the EOC on all issues that require an immediate response when the normal decision maker is not reasonably available.

(b) Heads of MEDCOM staff offices/directorates and individuals designated by them are delegated authority to take final action for the Chief of Staff on all matters within their respective functional areas, except those in which the Commanding General or the Deputy Commanding General have expressed a personal interest.

(c) Heads of MEDCOM staff agencies/directorates should delegate signature and coordination authority to the lowest level possible. As a minimum, decision and signature authority will be delegated to the division chief level on all subjects within their respective areas of responsibility. Line through authority is approval authority and should be used extensively to lower action review and approval levels.

l. Coordination.

(1) 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 issues are complex or time is critical.

(2) All nonconcurrences should be resolved before finalizing an action. The head of the staff agency responsible for the action may override any nonconcurrency of a finalized action if it is in his area of functional responsibility. When a nonconcurrency involves functional responsibility outside the purview of the action agency or involves two or more areas of functional responsibility, the reasons for nonconcurrency, considerations of nonconcurrency, rationale, and recommendations will be expeditiously forwarded to the Command Group for a decision.

m. Staff Actions.

(1) Avoid the rewording of papers at successive organizational levels. Papers will be kept in working draft format until all reviews are completed.

(2) Formal written staff studies will not be required unless

complex issues or important policies are involved.

(3) Whenever possible, decision briefings will be used in lieu of formal written proposals.

(4) Action officers should personally brief their actions up to and including the decision-making level. The action officer should have direct access to the agency or individual providing the initial guidance to expeditiously resolve any questions concerning the guidance.

(5) Review of all actions will be kept at the lowest level consistent with guidance, review requirements, and control.

(6) Lateral tasking is authorized when required. The agency establishing suspense dates for coordination will ensure reasonable time for responding agencies to accomplish the action. Tasked staff agencies will provide the required response by the established suspense date or negotiate with the tasking agency for an extension. If no response is received by the established suspense date, concurrence will be assumed.

n. Operational Functions. To streamline decision making, operational functions will be performed in HQ MEDCOM only when necessary to preclude loss of control or when their performance at a lower level will have an adverse affect on accomplishing the MEDCOM mission. As a matter of policy, operational functions will be decentralized to the lowest level consistent with the requirements for control.

o. HQ MEDCOM EOC SOP. This section outlines the SOP and staff responsibilities for establishing and operating the HQ MEDCOM EOC under actual emergency conditions and participation in exercises.

(1) EOC Activation.

(a) The EOC is operational during normal duty hours and is staffed by the personnel assigned to the Operations Division and Plans Division, Office of the ACoFS Operations. During nonduty hours EOC activities are monitored by the HQ MEDCOM Staff Duty Officer/NCO and the EOC on-call operations officer. Procedures for the EOC on-call operations officer are at Appendix A.

(b) When a crisis begins to develop, the Chief, Operations Division will direct expansion of the EOC hours of operation and continuous monitoring of the situation by the current operations personnel. When the developing crisis generates requirements beyond the capabilities of the current operations personnel, the Chief, Operations Division will recommend full activation and augmentation of the EOC to the Director of Operations or the Chief of Staff.

(c) On full activation, the EOC becomes the HQ MEDCOM focal point for all actions involving crisis or emergency. All staff actions pertaining to the crisis will be coordinated through the EOC and all incoming and outgoing crisis-related messages will be received or dispatched by the EOC.

(d) The EOC will be staffed by personnel from Operations and Plans divisions, ACoFS Operations, and selected personnel from other staff agencies/directorates. Other general and special staff members may be assigned, as required, to respond to the crisis.

(e) During a major crisis, selected HQ MEDCOM staff agencies may be required to establish functional operation centers. When established, the functional operation centers will provide direct support

to their respective staff operation team in the EOC.

(f) On full activation of the EOC, the designated EOC Team Chief represents the Chief of Staff and is responsible for all EOC operations.

p. EOC Organization.

(1) The organization of the EOC is composed of a command and control section, an operations section, and an administrative and security control section.

(2) The EOC will be operational 24 hours a day and staffed on the basis of two 12-hour shifts or three 8-hour shifts. Normally two 12-hour shifts will be in effect during exercise participation, and three 8-hour shifts during real-world crises. Duty hours for each shift are as follows:

| Real-World Crisis Exercise Participation | |
|--|-------------------|
| Shift 1: | 0730 - 1600 hours |
| Shift 2: | 1530 - 2400 hours |
| Shift 3: | 2330 - 0800 hours |

(3) HQ MEDCOM staff agencies will designate crisis action qualified personnel for multishift operations in the EOC. Once staff agency personnel have been designated as EOC augmentees, they will continue to be augmentees for the duration of their assignments with the designating staff agency.

(4) The following staff agencies will designate responsible qualified personnel to staff the EOC on a three shift/8-hour operation (or operate from their staff office at the discretion of the EOC team chief if the physical layout of the EOC will not accommodate the numbers of personnel involved):

(a) ACoFS for Logistics.

(b) ACoFS for Personnel.

(c) ACoFS for Health Policy and Services.

(d) ACoFS for Information Management.

(5) In addition to its normal operations and functions, the EOC will interface with the Crisis Planning Team (CPT).

q. Crisis Planning Team (CPT).

(1) The CPT is an ad hoc team of multifunctional planners who respond to the ACoFS Operations' taskings for intermediate and long-range crisis action planning.

(a) The CPT is an on-call team, flexible in size and composition, representing HQ MEDCOM staff offices/directorates, and support activities. It is activated by the Chief of Staff on the recommendation of the ACoFS for Operations. The team chief will be appointed by the Chief, Operations Division.

(b) HQ MEDCOM staff agencies provide personnel who are qualified in crisis planning to the CPT. The CPT will normally be composed of one member only from the following staff directorates: ACoFS for Health Policy/Services, ACoFS for Logistics, ACoFS for Personnel, ACoFS for Resource Management, and ACoFS for Information Management (DENCOM and VETCOM may be asked to provide representation if dental of veterinary matters are involved in the crisis at hand.) The CPT may require extended hours of operation but will normally function on an on-call basis.

(2) When the CPT is activated, it becomes the HQ MEDCOM crisis, emergency action, or

exercise focal point through which intermediate and long-range planning of MEDCOM activities are conducted.

(3) All staff actions pertaining to the crisis or emergency will be coordinated with the CPT.

r. Responsibilities.

(1) Chiefs of HQ MEDCOM staff offices/directorates, and Commanders of DENCOM and VETCOM will be prepared to respond to crisis action requirements within their functional areas of responsibility and provide knowledgeable action officers to the EOC.

(2) ACoFS for Operations:

(a) Expands and operates the EOC in response to crises as directed by the Chief of Staff.

(b) Provides the EOC Team Chief and the operational supervision of the EOC.

(c) Provides the briefing officer and coordinates the presentation of daily EOC briefings.

(d) Prepares and distributes copies of the Daily SITREP and Operations Summary to participating staff agencies.

(e) Conducts an annual EOC orientation and contingency plan review for all EOC designated personnel.

(3) ACoFS for Information Management:

(a) Provides necessary administrative services on a 24-hour basis, including messenger service and mail and distribution services.

(b) Provides priority handling of messages pertaining to the emergency or exercise situation

(e.g., FLASH or IMMEDIATE messages (FIM), and ensures rapid distribution of documents on receipt from the U.S. Army Information Systems Command, Fort Sam Houston Information Transfer Facility (USAISC-FSH-ITF).

(c) Provides printing and publication services.

(d) Provides illustrator and graphics support to the EOC briefing officer.

(e) Coordinates with the USAISC-FSH-ITF, to ensure adequate communications support to the EOC.

(f) Provides a staff officer to monitor information management concerns.

(4) ACofS for Operations; ACofS for Personnel, ACofS for Logistics, ACofS for Health Policy and Services, and ACofS for Information Management:

(a) Provide operation teams for 24-hour coverage to the EOC as prescribed in Appendix B.

(b) Participate in daily EOC briefings.

(c) Prepare reports and staff estimates.

(d) Prepare input to coordinated staff EOC actions within their area of responsibility.

(e) Ensure that designated EOC operation team personnel are on the HQ MEDCOM Security Clearance Access Roster and possess, as a minimum, a SECRET clearance.

(5) Responsibilities and functions of principal EOC team members are described in Appendix B.

s. Identification and Reporting of EOC Personnel.

(1) On notification of a crisis or exercise, each staff office will provide a list of personnel designated for EOC duty from their office and other personnel authorized access to the EOC to the Chief, Current Operations Branch.

(2) In accordance with Appendix C, Operations Security (OPSEC) all authorized personnel entering the EOC will display the MEDCOM ID badge on their left pocket at all times.

t. Operations Summary. All action officers on shift in the EOC will prepare an operations summary containing a brief account of actions taken within their respective areas of responsibility. These summaries will be included in each staff agency journal, and a copy will be submitted to the EOC Team Chief at the end of each shift. Copies of the summaries will also be placed in the operations journal and reading file provided to the briefing officer.

u. Briefings.

(1) At the end of each shift, the EOC Team Chief will conduct a briefing for the action officers on the next shift. The briefing will include a situation update, status of actions ongoing and completed, items of special interest, and unusual occurrences.

(2) A briefing for the Commanding General or his designated representative will be presented daily at 1530 in the EOC classified conference room, unless otherwise directed by the Chief, Operations Division. Briefings will not exceed a TOP SECRET classification when presented in the EOC classified conference room.

(3) On-call briefings may be presented at anytime. When briefings are announced during normal duty hours, EOC staff representatives are responsible for notifying their respective offices.

(4) Visual aids will be submitted to the EOC Team Chief at least 15 minutes prior to each briefing. Visual aids should be constructed in accordance with the guidelines established for video teleconference projection.

(5) The briefing order is as follows:

| SUBJECT OFFICE | RESPONSIBLE |
|----------------------------------|--|
| Operations Current | Operations Branch |
| Intelligence and Security Branch | Security Provost Marshal |
| Personnel | ACofS for Personnel |
| Logistics | ACofS for Logistics |
| Medical | ACofS for Health Policy and Services |
| Blood Program | ACofS for Health Policy and Services |
| Red Status | Patient Administration, ACofS for Health Policy and Services |
| Dental | DENCOM |
| Veterinary | VETCOM |

Other Office of Interest

(6) On completion of the briefing, the briefing officer will prepare a summary of taskings and comments from the senior officer attendee and principal staff and present his summary to the EOC Team Chief and the staff operation teams. The EOC Team Chief will

provide guidance and ensure tasking to appropriate staff agencies.

v. Coordinating Instructions. Staff offices/directorates will prepare plans, worksheets, checklists, and status charts to assist them in completing crisis actions in their respective areas of responsibility. Copies of these documents must be furnished the EOC to update the files on the crisis and for use in preparing the after-action report.

w. Administration. See Appendix D.

APPENDICES:

Appendix A: EOC Operations Officer On-Call SOP

Appendix B: Responsibilities and Functions of Principal EOC Members

Appendix C: OPSEC

Appendix D: EOC Administrative Procedures

Appendix E: EOC Report

APPENDIX A (EOC OPERATIONS OFFICER ON-CALL STANDING OPERATING PROCEDURE) TO MEDCOM CRISIS ACTION SYSTEM

A-1. GENERAL

This Appendix describes the standing operating procedure (SOP) to be followed by the Emergency Operations Center (EOC) on-call operations officer. This SOP also applies to headquarters company personnel and staff duty personnel.

A-2. PROCEDURES

a. Military personnel assigned to the Current Operations Branch, Operations Division, will perform the duties of the EOC on-call operations officer. Attached

personnel may perform duties if they are properly cleared.

b. The designated officer will be on-call for a week (7 days) and can be reached via cell phone or beeper. Prior to the close of each duty day, the on-call operations officer will test the beeper and brief the SDO and SDNCO. Once called on the beeper, the on-call operations officer will respond telephonically to the SDO or the SDNCO within 15 minutes. If the on-call officer cannot be contacted, the current list of Operations Branch personnel provided to the SDO will be called in the order shown in TAB C of the SDO book until an operations officer is contacted.

c. The SDO or the SDNCO will contact the on-call operations officer whenever issues arise that require an operations response. Operations issues include, but are not limited to:

(1) Receipt of FIM during nonduty hours.

(2) Changes in MEDCOM installation terrorism threat conditions.

(3) Activation of the Joint Services Interior Intrusion Detection System (JSIIDS) alarms in the EOC.

(4) Emergency preparedness for military and civilian disasters.

(5) Current operations involving MEDCOM personnel or facilities the staff duty personnel believe need immediate action by the on-call operations officer. When in doubt, staff duty personnel will call the on-call operations officer.

a. FIM Processing.

(1) During nonduty hours, initial telephonic FIMs will normally be received by the SDO or the SDNCO from the Army Operations Center (AOC) in the Pentagon. The EOC on-call operations officer will be contacted immediately by telephone by dialing his cell phone or beeper number. During nonduty hours MEDCOM staff duty personnel will be responsible for picking up the "hard copy" FIM from the U.S. Army Garrison, Fort Sam Houston, Information Transfer Facility (USAISC-FSH-ITF), that will follow within minutes. A current copy of the MEDCOM Security Clearance Access Roster is provided to the USAISC-FSH-ITF to ensure staff duty personnel are authorized to pick up such messages.

(2) The EOC on-call operations officer will report to HQ MEDCOM, pick up the FIM from the SDO or SDNCO, read the message, and take appropriate action.

A-3. RESPONSIBILITIES

a. The Chief, Operations Division, will ensure a list identifying operations officers is posted in the SDO reference book. This list will provide information on how to contact each operations officer after duty hours.

b. The Commander, Headquarters Company, MEDCOM, will ensure SDOs and SDNCOs are briefed on the availability of the on-call operations officers.

c. The SDO or the SDNCO will contact the on-call operations officer whenever operational questions arise. The SDO and the SDNCO will be familiar with their responsibilities for receiving FIMs and communicating with the on-call operations officer.

APPENDIX B (RESPONSIBILITIES AND FUNCTIONS OF PRINCIPAL EOC MEMBERS) TO CRISIS ACTION SYSTEM.

B-1. GENERAL.

The responsibilities and functions identified in this Appendix are not all inclusive. Each individual assigned to the EOC will be tasked to support the internal operations of the EOC as well as their respective functional areas of responsibility.

B-2. SUPERVISION OF THE EOC.

The Chief, Operations Division, is directly responsible to the ACofS, Operations, for the overall supervision and operation of the EOC. When directed by ACofS, Operations, or the Chief of Staff, he will expand, as required, EOC operations in response to a crisis or exercise.

B-3. DUTIES OF PRINCIPAL EOC MEMBERS.

a. EOC Team Chief. Each EOC shift will have a team chief appointed by the Chief, Operations Division. The team chief is the senior officer in the EOC during each shift and acts as the direct representative of the Chief of Staff. His duties include:

(1) Assembling the staff required to accomplish the mission and ensuring appropriate staff representatives are notified to report for duty in the EOC.

(2) Ensuring all preparatory actions are accomplished.

(3) Approving release of all messages relating to the crisis.

(4) Conducting a briefing update for incoming shift personnel at the end of his shift.

(5) Notifying the Chief, Operations Division, of crisis actions requiring command decisions.

(6) Ensuring staff coordination internal and external to the EOC.

(7) Supervising the operations of the EOC and acting as the security control officer during his shift.

b. Senior Operations Officer. The senior operations officer works under the supervision of the team chief and in his absence acts as the team chief. His duties are as follows:

(1) Notifies the FSH-ITF of the EOC activation and provides the type and name of the emergency or exercise.

(2) Supervises EOC activities including operation of the Emergency Action Console and the Global Command and Control System (GCCS).

(3) Ensures all actions are completed and coordinated within established suspense dates.

(4) Ensures all classified material is handled and controlled in accordance with AR 380-5.

(5) Assigns duties and responsibilities to the senior operations sergeant.

(6) Prepares and coordinates the daily command briefing and tasks staff representatives to participate in the briefings as appropriate.

(7) Ensures the EOC journal is established and maintained.

(8) Reviews all incoming and outgoing messages, operations summaries, situation reports, and other documents.

(9) On termination of the crisis or exercise, ensures all administrative requirements of the

EOC are accomplished prior to the release of the EOC augmentation personnel.

c. Staff Office Action Officer. (Note: Due to the limited space in the EOC facility, staff agency personnel designated to support the EOC will be physically located in their normal duty location. The Chiefs of staff offices/agencies, and Commanders DENCOM and VETCOM, will provide a roster of their designated on-call action officer for each operational shift to the Chief, Current Operations Branch. Continuity of action must be maintained by designating the appropriate grade of military or civilian for this action position and substitution of designated personnel will not be made unless approved by the EOC Team Chief on shift.) Staff office action officers, although they may not be physically located in the EOC due to space limitations, are directly responsible to the EOC Team Chief for actions in their area of responsibility during their duty shift. It is their responsibility to physically come to the EOC at least twice during their shift responsibility to ascertain if they have actions to be worked. Their duties include:

(1) Acting as the primary representative of their staff agency.

(2) Ensuring all actions within their area of responsibility is accomplished in a prompt manner and coordinated with other staff agencies and commands.

(3) Keeping the senior operations officer informed of actions being taken in response to messages involving functions of their staff agency.

(4) Preparing an operations summary covering significant occurrences and actions within their functional area of responsibility

during their shift and submitting the summary to the senior operations officer at the close of the shift.

(5) Maintaining worksheets and copies of incoming and outgoing correspondence for use in preparing reports.

(6) Preparing outgoing correspondence, indicating the necessity for approval by the chief of staff when appropriate, and referring the completed action to the senior operations officer.

(7) Briefing visitors in their functional area and providing information to the senior operations officer for the daily command briefing. Preparing and presenting their staff agency portion of the daily command briefing.

(8) Notifying their respective staff principals of scheduled and unscheduled briefings and briefing their replacements on all actions taken on their shift.

(9) Being familiar with the procedures established by this SOP, the HQ MEDCOM Wartime Plan, and other directed special reports.

(10) Displaying operational data within their functional area of responsibility, thus ensuring better coordination and understanding of the various operational requirements in the EOC.

d. Senior Operations Sergeant. The senior operations sergeant is the senior non-commissioned officer (NCO) in the EOC and works under the direct supervision of the senior operations officer. His duties include:

(1) Supervising the operations sergeant, other enlisted personnel, and civilian administrative personnel assigned to the EOC.

(2) Maintaining EOC access rosters.

(3) Arranging for rations and relief from company details for EM assigned to duty in the EOC.

(4) Establishing and maintaining shift rosters for the EM and civilian administrative personnel under his supervision.

(5) Establishing a consolidated listing of points of contact for appropriate staff offices and installations on full activation of the EOC.

(6) Obtaining necessary supplies and equipment for continued operation in the EOC.

(7) Supervising the preparation of operations plans, orders, and overlays and posting situation maps and charts.

(8) Ensuring a reading file of all incoming message traffic is maintained for the EOC Team Chief.

(9) Performing duty as the security NCO in the EOC.

(10) Establishing uniform routing procedures to distribute and pickup correspondence within the EOC.

(11) Providing the telecommunications center with a list of personnel authorized to release outgoing messages.

(12) Providing appropriate staff agencies with information on the work hours completed by civilian personnel detailed to the EOC.

e. Operations Sergeant. The operations sergeant works under the supervision of the senior operations sergeant and assists him in accomplishing the administrative tasks within the EOC. Duties include:

(1) Receipting for all messages from the DCSIM mail and distribution section.

(2) Screening material received for precedence to determine action priorities.

(3) Assigning a log number to each incoming and outgoing message and making the appropriate entry in the message log.

(4) Referring documents to the senior operations officer when appropriate.

(5) Reviewing outgoing documents ensuring they are administratively correct and complete.

(6) Ensuring the timely routing of correspondence and messages to appropriate staff offices as directed by the senior operations officer.

(7) Posting the timely routing of correspondence and messages to appropriate staff offices as directed by the senior operations officer.

(8) Maintaining the staff journal, journal file, and reading file.

(9) Ensuring the list of telephone numbers posted in the EOC is current and copies are available for action officers during EOC operations.

APPENDIX C (OPERATIONS SECURITY (OPSEC) (U.S. ARMY MEDCOM EMERGENCY OPERATIONS CENTER SOP)) TO MEDCOM CRISIS ACTION SYSTEM.

1. **GENERAL.** The EOC Complex (Room G-108 and G-113, Building 2792, MEDCOM headquarters) is designated a RESTRICTED AREA.

a. All furniture, equipment, toolboxes, and other paraphernalia will be physically inspected prior

to being introduced into the EOC complex to ensure listening devices are not contained therein.

b. Sensitive operations plans and procedures will not be discussed with unauthorized personnel, and care must be taken to prevent uncleared personnel from overhearing classified conversations.

(1) If a request for classified information is received from an unknown source, a need-to-know must be established prior to releasing the information. Upon receipt of such a request, the title, position, and organization of the requestor and his need for the information must be ascertained. Personnel are cautioned that telephones are not a secure means of communication for classified information, and any efforts to "double talk" are prohibited.

(2) Information on clearances and access is available from the Access List furnished to the EOC. If phone calls must be made to verify a clearance for access to classified information or the EOC, an appropriate directory for the phone number should be used rather than accepting or relying on information furnished by the intended recipient or visitor.

2. SECURITY CONTROL OFFICER.

a. The EOC Team Chief is the security control officer and is responsible for classified material and the physical security of the EOC. The senior operations officer is the alternate security control officer. He is responsible for briefing the clerk assigned to the security desk concerning access procedures. He will conduct inspections to ensure compliance with the provisions of paragraph 4 below.

b. The security control officer is responsible for:

(1) Briefing personnel on the security requirements outlined in this Appendix prior to each operation or exercise.

(2) Conducting frequent inspections of classified documents, logs, and files to ensure they are being handled in accordance with applicable procedures and regulations.

(3) Ensuring any security violations (e.g., missing documents, penetration of the EOC by unauthorized personnel) are reported to the Chief, Operations Division and the Chief, Current Operations Branch, immediately on detection.

(4) Ensuring classified material is not removed from the EOC (Room G-108 and G-113) without the approval of the control officer and/or the EOC Team Chief. Before releasing classified material from the EOC, the security control officer must be sure that all prescribed administrative procedures have been performed.

3. CLASSIFIED DOCUMENT CUSTODIANS.

Control of SECRET material will be in accordance with applicable provisions of AR 380-5.

4. PHYSICAL SECURITY.

Access to the EOC will be controlled at all times. The outer door to the EOC will be secured whenever the EOC inner door is open. Personnel will be allowed access only upon proper recognition or identification.

a. Staff offices will provide the EOC with an updated EOC Access List at the beginning of each crisis or exercise.

b. General officers will be admitted to the EOC complex upon recognition.

c. A visitor's log will be used for recording all non-Access list personnel entering the EOC.

d. All authorized personnel entering the EOC under the conditions covered by this SOP will display a MEDCOM ID badge on their left pocket.

5. DOCUMENTATION AND INFORMATION SECURITY.

a. Department of the Army (DA) Labels 23 and 24 will be used to cover classified documents when they are not in a security container.

b. Classified discussions will not be held near a telephone when it is in use (an "open line"). Telephone instruments will be placed in the "HOLD" position when not in use.

6. CLANDESTINE DEVICES. In the event a clandestine device is located or suspected, the team chief will depart from the EOC and immediately notify the Director of Security of his suspicions or findings. Unauthorized personnel will not remove or tamper with the suspected device. All classified discussions will be terminated, and no mention of the device will be made within the EOC.

7. COUNTERMEASURES. Periodic briefings will be presented by the Counterintelligence and Signal Security Detachment, Region III, in using operations codes and secure voice communications prior to all exercises and when requested by the EOC team chief during a crisis. All action officer, team chiefs, and other personnel who staff the EOC will attend this briefing. The Chief, Operations Division, is responsible for scheduling the briefing.

8. ESSENTIAL ELEMENTS OF FRIENDLY INFORMATION.

a. Personnel and Administration.

(1) Critical personnel shortages by area of concentration (AOC) and military occupational specialty (MOS).

(2) Duty Assignments.

(a) TOP SECRET CONTROL OFFICER (TSCO)/document control personnel.

(b) AMEDD filler personnel requirements. [Professional Filler System (PROFIS)].

(c) Standard Installation/Division Personnel System (SIDPERS) data.

(d) Medical information relating to very important person (VIP) patients.

(e) Designated commanders by name.

(f) Casualty figures.

(g) Arrival dates of personnel.

(h) Arrival dates and the number of casualties from the theater of operations.

b. Operations.

(1) Sensitive Compartmented Information (SCI) positions and the degree of access.

(2) Identification of classified documents by classified titles.

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

(4) Future personnel assignments that require special access prior to arrival at a new duty station.

(5) Specific support by medical personnel to units identified in the Sensitive Unit Installation Listing (SUIL) or special operations and tactical units.

(6) Contingency plans.

(7) Alert notification plans.

(8) Specific vulnerabilities and weaknesses or findings and recommendations (results) of OPSEC surveys.

(9) Specific operational commitments to supported commands.

(10) Specific expertise of selected personnel.

c. Logistics.

(1) Discussion of sensitive medical items shortages.

(2) Support of specific items to research and development units.

(3) Special requests for medical items with a required delivery date.

(4) Increased use of medical items.

(5) Port activities (aerial ports and seaports).

(6) Medical materiel management aspects of the Medical Materiel Program for Defense Against Biological and Chemical Agents (MMPDABC).

(7) Discussion of the issue of medical materiel contained in Common Table of Allowances (CTA) 8-100 as it relates to a particular Active, Reserve, or National Guard Army unit.

APPENDIX D (EOC ADMINISTRATIVE PROCEDURES) (U.S. ARMY MEDICAL COMMAND

EMERGENCY OPERATIONS CENTER SOP) TO MEDCOM CRISIS ACTION SYSTEM.

D-1. GENERAL. This Appendix provides guidance for preparing, dispatching, and receipting messages; preparing reports; and maintaining necessary records in the day-to-day operation of the EOC. Correspondence other than messages will be handled in a manner similar to that used for routine headquarters operations.

a. Incoming Message Traffic. The Message Control Center will indicate action and information addressees on all messages before delivering to EOC personnel. Three action copies will be provided to the Operations Officer in the EOC. On receipt, the operations sergeant will provide two copies of incoming messages to the general or special staff office concerned. During exercises, an additional copy will be given to the controller. For SECRET, CONFIDENTIAL, OR UNCLASS messages, the operations sergeant will:

(1) Place one copy of the action message in the EOC briefing list.

(2) Log messages.

(3) Enter messages on the appropriate form maintained for staff offices.

(4) Assign copy numbers to action messages.

(5) Assign journal entry numbers to all copies of action messages.

(6) Ensure proper entries are made in the Daily Staff Journal (DA Form 1594).

(7) Place one copy of action messages in the staff office reading file.

(8) Deliver copies of the message to the senior operations officer for necessary action. The senior operations officer will indicate which staff office is to take action. A copy of the message will be placed in the appropriate staff office's incoming message file box.

(9) Upon completion of the required action, messages with associated material will be returned to the operations officer on duty for filing in the journal file.

b. Outgoing Message Traffic. Outgoing messages will be released by the EOC Team Chief. Copies (Record, briefing file) will contain a "Memorandum for Record" describing the basis for the action.

c. Outgoing messages classified SECRET, CONFIDENTIAL, UNCLASS. Outgoing messages so classified will be delivered to the Message Control Center for processing and dispatch. For all EOC messages, the operations officer will:

(1) Assign a journal entry number to the record copy and the briefing file copy in the lower right hand corner.

(2) Ensure proper entry is made in the Daily Staff Journal. The citation number and date-time group (DTG) of the message will be filled in when the record copy is returned from the Message Control Center.

(3) Place the briefing file copy in the briefing file.

(4) Prepare and deliver sufficient copies for dispatch to the Message Control Center.

2. DAILY STAFF JOURNAL.

a. On activation of the EOC, the operations sergeant and each staff agency action officer in the

EOC will open a Daily Staff Journal. The Journal will include the time and source of notification causing activation. DA Form 1594 (Daily Staff Journal) will be used and cover a 24-hour period (0001 to 2400) local time. The journal will reflect all incoming and outgoing communications, actions taken or originated by members of the EOC, and all significant events (e.g., briefings, visitors, etc.).

b. The operations officer is responsible for closing the EOC Daily Staff Journal at 2400 daily and having the journal signed by the EOC Team Chief. A new Daily Staff Journal will be opened at 0001 by the operations officer. Staff agency action officers will sign the Daily Staff Journal pages prepared by them during their tours of duty. Preparation instructions are:

(1) Block 1: Enter the appropriate staff office (e.g., ACofS Operations, ACofS Log, ACofS Personnel, HQ MEDCOM) and the exercise of operation name.

(2) Block 2: Enter room G-113, Building 2792, Fort Sam Houston, TX 78234-6007.

(3) Block 3 and 4: Self-explanatory.

(4) Block 5: The period covered will be from 0001 to 2400 (local time) of the same day) e.g., 0001 10 Aug 91 to 2400 10 Aug 91).

(5) Block 6: Enter a number for the action taken or received. This number will be assigned by the operations sergeant on duty. The journal entry number will be the opening of the journal at the beginning of an exercise, operation, or daily at 0001. Journal entry numbers will reflect the day of the month of the entry; e.g., 22-1 indicates the first entry on the 22nd.

(6) Block 7: Enter time of receipt by action offices or time of dispatch from the EOC.

(7) Block 8: Enter a brief description of the action.

(8) Block 9: Enter a short concise statement of the action taken.

(9) Block 10: Enter the initials of the action officer who signed.

(10) Block 11: The staff action officer on duty at the time the journal is closed will authenticate all copies of the journal for his/her staff agency.

c. The appropriate form will be used by EOC personnel to record telephone calls or verbal actions.

APPENDIX E (MEDCOM EOC REPORTS) TO MEDCOM CRISIS ACTION SYSTEM.

1. EMERGENCY INFORMATION REPORT (EIR). During natural disasters, selected contingency plan operations, or implementation of local emergency plans, U.S. Army Medical Centers (MEDCENS), medical department activities (MEDDACs), and dental activities (DENTACs) will initiate a telephonic EIR summarizing the local situation. Hardcopy EIR will be forwarded to HQ MEDCOM, ATTN: MCOP-O with an information copy to HQDA, ATTN: DASG-HCO. This EIR must include, but not be limited to:

- a. Reporting organization.
- b. Date and time.
- c. Brief description of the situation.
- d. Assistance or support required.

2. EMERGENCY SITUATION MESSAGE. All MEDCOM activities and installations will submit an IMMEDIATE precedence message to HQ MEDCOM, ATTN: MCOP-O, when situations arise that have a major effect on mission performance. This report is normally submitted during period of mobilization (real or exercise, unless otherwise directed by the Commanding General (CG), MEDCOM. The message will briefly describe the situation and additional information deemed appropriate. Classification will be in accordance with AR 380-5. Depending on the local situation, direct communication via DSN may be used. When communication expediency is required, contact the MEDCOM EOC during duty hours (DSN 471-6424/6241), the SDO, or the SDNCO after duty hours (DSN 471-8445/6770).

3. MEDICAL SITUATION REPORT (MEDSITREP), RCS HSOP-44.

a. MEDCOM major subordinate commands and installations will submit a MEDSITREP in accordance with the MEDCOM mobilization plan or as directed by the CG, MEDCOM. It will include information from all assigned, attached, and supported elements.

b. The MEDSITREP will cover a 24-hour period. The report will be submitted on order initially and daily thereafter as of 2400Z, so as to arrive at HQ MEDCOM, ATTN: MCOP-O, not later than 0600Z. The submission times are subject to change during exercises.

c. The report will be in the format to be published separately.

4. EIR AND MEDSITREP. The EIR and MEDSITREP will:

- a. Identify specific medical requirements.
- b. Identify supply, equipment, and facility problem areas.

c. Be used to determine personnel requirements.

d. Facilitate decision making concerning the management of patients.

GLOSSARY

-A-

ACofS.....Assistant Chief of Staff
 AMEDD.....U.S. Army Medical Department
 AMOPES.....Army Mobilization and Operations Planning and Execution System
 AOC.....Area of Concentration
 AOCArmy Operations Center
 AR.....Army Regulation

-B-

-C-

CAP.....Crisis Action Procedure
 CAS.....Crisis Action System
 CAT.....Crisis Action Team
 CG.....Commanding General
 COA.....Course of Action
 CONUS.....Continental United States
 CPT.....Crisis Planning Team
 CTA.....Common Table of Allowances

-D-

DAMO.....Department of the Army Military Operations
 DCSOPS.....Deputy Chief of Staff for Operations
 DEFCON.....Defense Readiness Condition
 DENCOM.....U.S. Army Dental Command
 DENTAC.....U.S. Army Dental Activity
 DTG.....Date-Time Group

-E-

EIR.....Emergency Information Report
 EOC.....Emergency Operations Center
 EXSUM.....Executive Summary

-F-

FIM.....FLASH or IMMEDIATE Message
 FORSCOM.....U.S. Army Forces Command

-G-

GCCS.....Global Command and Control System

-H-

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

-I-

IMA.....Individual Mobilization Augmentee

-J-

JCS.....Joint Chiefs of Staff
 JSIIDS.....Joint Services Interior Intrusion Detection System

-K-

-L-

-M-

MACOM.....Major Army Command
 MEDCEN.....U.S. Army Medical Center
 MEDCOM.....U.S. Army Medical Command
 MEDDAC.....U.S. Army Medical Department Activity
 MEDSITREP.....Medical Situation Report

MMPDABC.....Medical Materiel
Program for Defense
Against Biological
and Chemical Agents
MOS.....Military Occupa-
tional Specialty
MSC.....Major Subordinate
Command

-N-

NCA.....National Command
Authority
NCO.....Noncommissioned Of-
ficer

-O-

ODCSOPS.....Office of the Deputy
Chief of Staff, Op-
erations
OPSEC.....OPERATIONS SECURITY
OTSG.....Office of The Sur-
geon General

-P-

PROFISProfessional Filler
System

-Q-

-R-

-S-

SCI.....Sensitive Compart-
mented Information
SDNCO.....Staff, Noncommis-
sioned Officer
SDO.....Staff Duty Officer
SIDPERS..Standard
Installa-
tion/Division Per-
sonnel System
SITREP.....Situation Report
SOP.....Standing Operating
Procedures
SUIL.....Sensitive Unit In-
stallation Listing

-T-

TSCO.....TOP SECRET Control
Officer

-U-

USAISC-FSH-ITF...U.S. Army
Information Systems
Command, Fort Sam
Houston, Information
Transfer Facility

-V-

VETCOM.....U.S. Army Veterinary
Command
VIP.....Very Important Per-
son

-W,X,Y,Z-

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.

FOR THE COMMANDER:



PATRICK D. SCULLEY
Major General
Chief of Staff

THOMAS J. SEMARGE
Colonel, MS
Assistant Chief of Staff for
Information Management

DISTRIBUTION:

As (6) 1, (7) 25, (8) 1; Bs (1) 1, (3 and 4) 1 ea; Cs (1 thru 11) 1 ea;
Ds (1 thru 9) 1 ea, (11 thru 25) 1 ea, (28 thru 33) 1 ea, (38 and 39) 1
ea; Es (1 thru 31) 1 ea; Fs (1 thru 6) 1 ea

SPECIAL DISTRIBUTION:

MCHC (Stockroom) (25 cy)
MCHC (Library) (1 cy)
MCHS-AS (Forms Mgr) (1 cy)
MCHS-AS (Editor) (2 cy)