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1 CHAIRMAN OF THE JOINT CHIEFS OF STAFF  
2 Washington, D.C. 20318  
3 [REDACTED]

4  
5 SUBJECT: CJCS CONPLAN 0400-00 (U)  
6

7 SEE DISTRIBUTION  
8

9 1. (U) CJCS CONPLAN 0400-00, which provides responsibilities and  
10 framework for countering the proliferation of weapons of mass  
11 destruction, is attached.

12  
13 2. (U) [REDACTED] (b)(1)  
14 (b)(1)  
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22 3. (U) This plan is effective for planning when approved by the  
23 Chairman of the Joint Chiefs of Staff and supercedes CJCS CONPLAN  
24 0400-96.

25 4. (U) This plan was coordinated with the Services, combatant  
26 commanders, Department of Defense, Joint Staff, and other Departments  
27 and supporting agencies within the Executive Branch.

28 5. (U) When separated from the Enclosure, this letter is confidential.  
29  
30

31 For the Chairman of the Joint Chiefs of Staff:  
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36  
37 JOHN P. ABIZAID  
38 Lieutenant General  
39 Director, Joint Staff  
40  
41 DISTRIBUTION:  
42  
43 1 Enclosure  
44 CJCS CONPLAN 0400-00 (U)

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1       (d) (U) US Marine Corps Chemical/Biological Incident Response Force  
2       (CBIRF). When directed by the President or Secretary of Defense, respond to  
3       chemical or biological incidents to provide initial post incident consequence  
4       management. Coordinate initial relief efforts, provide security and area  
5       isolation at the affected site, detection, identification, and decontamination  
6       support. Provide expert assistance to local medical authorities.  
7

8       c. (U) Coordinating Instructions. Coordination among and between  
9       supported and supporting agencies is authorized.

10      4. (U) Administration and Logistics

11      a. (U) Medical Logistics. Medical logistics requirements will be determined  
12       by the supported combatant commander.

13      b. (U) Reports. All medical reports will be formatted in accordance with  
14       Reference 1.

15      5. (U) Command and Control

16      a. (U) Command. Medical command and control will be fully consistent  
17       with the overall command structure. The theater or JTF Surgeon will exercise  
18       coordinating authority of all deployed medical resources.

19      b. (U) Medical Communications. Medical communication requirements will  
20       be determined by the supported combatant commander. Planners should  
21       include in-transit visibility, patient movement items, and secure versus  
22       nonsecure communications. Refer to Annex K.

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RICHARD B. MYERS  
General, USAF  
Chairman, Joint Chiefs of Staff

33      40      Appendixes

- 34      42      1 -- Joint Patient Movement System (Not Applicable)  
35      43      2 -- Joint Blood Program (Not Applicable)  
36      44      3 -- Hospitalization (Not Applicable)

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1       4 -- Returns to Duty (Not Applicable)  
2       5 -- Medical Logistics (Class 8A) System (Not Applicable)  
3       6 -- Force Health Protection (Not Applicable)  
4       7 -- Medical Command, Control, Communications, and Computers (Not  
5              Applicable)  
6       8 -- Host-Nation Health Support (Not Applicable)  
7       9 -- Medical Sustainability Assessment (Not Applicable)  
8       10 -- Medical Intelligence Support to Military Operations  
9       11 -- Medical Planning Responsibilities and Task Identification (Not  
10              Applicable)

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15      OFFICIAL:

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18      JOHN M. MATECZUN

19      Rear Admiral, MC, USN

20      Deputy Director for Medical Readiness, J-4

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d. (U) Military Healthcare Infrastructure

(1) (U) Identify the location, capabilities, and operational status of the military healthcare infrastructure.

(2) (U) Identify the major military medical treatment facilities, blood banks, research laboratories, and medical logistic and supply depots.

(3) (U) Characterize the medical evacuation system, methodology, and vulnerabilities associated with the system.

(4) (U) Identify casualty mix experienced by enemy forces.

(5) (U) Identify and characterize the blood banking and blood supply system.

(6) (U) Identify the medical logistic and resupply system.

b)(3):10 USC §424

4. (U) **Feedback**. Provide feedback and intelligence reporting on medical EEI using normal intelligence information reporting procedures as set forth in Annex B.

MYERS

## Joint Chiefs of Staff

39 OFFICIAL:  
40 LOWELL E. JACOBY  
41 Rear Admiral, USN  
42 Director for Intelligence, J-2

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2                   Washington, D.C. 20318  
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6                   ANNEX T TO CJCS CONPLAN 0400-00  
7                   MILITARY ASSISTANCE TO FOREIGN CONSEQUENCE MANAGEMENT  
8                   OPERATIONS IN RESPONSE TO A CHEMICAL, BIOLOGICAL, RADIOLOGICAL,  
9                   NUCLEAR, OR HIGH-YIELD EXPLOSIVE SITUATION

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1       f. (U) Meteorological and Oceanographic Services. See Annex H.

2       g. (U) Geospatial Information and Services. See Annex M.

3       h. (U) Medical Services. See Annex Q.

4       5. (U) Command and Control

5       a. (U) Command

6              (1) (U) Command Relationships. See Annex J.

7              (2) (U) Command Posts. Determined in execution planning.

8              (3) (U) Succession to Command. Determined in execution planning.

9       b. (U) Command, Control, Communications, and Computer Systems. See  
10 Annex K.

11                          [REDACTED]  
12                          [REDACTED] Joint Chiefs of Staff

13       Appendices:

14              1 -- JOINT TASK FORCE-CONSEQUENCE MANAGEMENT HEADQUARTERS  
15                      STRUCTURE

16              2 -- JOINT TASK FORCE-CONSEQUENCE MANAGEMENT FUNCTIONAL  
17                      STRUCTURE

18              3 -- INTERAGENCY COOPERATION TO FOREIGN CONSEQUENCE  
19                      MANAGEMENT

20       OFFICIAL:

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24       GREGORY S. NEWBOLD  
25       Lt Gen, U.S. Marine Corps  
26       Director for Operations, J-3

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5 **APPENDIX 1 TO ANNEX T TO CJCS CONPLAN 0400-00 (U)**  
6 JOINT TASK FORCE-CONSEQUENCE MANAGEMENT HEADQUARTERS  
7 STRUCTURE (U)

8 1. (U) General. Tab A provides a recommended structure for a Joint  
9 Task Force for Consequence Management (JTF-CM) Command and Staff  
10 element. The geographic combatant commander should identify  
11 necessary additions, deletions, and modifications.

12 13 2. (U) Core Staff Group. The geographic combatant commanders may  
14 wish to identify and designate a core staff group that forms the nucleus  
15 for the JTF-CM command element. Line numbers and positions denoted  
16 by \* indicate recommendations for core staff members.

17 18 3. (U) Suggested Joint Task Force Headquarters. The following tables  
19 provide a suggested guide for a JTF headquarters conducting CM  
20 operations. The commander responsible for activating a JTF may modify  
21 the organization as required. Each JTF should be modified upon  
22 activation to reflect its mission.

23 24 **NO      TITLE                          RANK**

25 26 27 **(01-08) Command Section**

28 29 30 01 JTF Commander O-8/O-7  
31 02 Aide de Camp O-3  
32 03 \*Deputy Commander O-7/O-6  
33 04 Aide de Camp O-2  
34 05 Chief of Staff O-7/O-6  
35 06 Legal Counsel O-6/O-5  
36 07 Public Affairs Officer O-5/O-4  
37 08 Senior Enlisted Advisor (Command Designated) E-9

38 39 40 **(09-21) Liaison Section (As Needed)**

41 42 09 USA Corps of Engineers O-4/O-3  
43 10 CMST O-5/O-4  
44 11 USAF O-4/O-3  
45 12 DOE CIV  
46 13 DOS CIV

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1	14	DOJ	CIV
2	15	DCI	CIV
3	16	NAVLO	O-4/O-3
4	17	CBIRF	O-4/O-3
5	18	SBCCOM	O-5/O-4
6	19	PM Chem Demil	O-5/O-4
7	20	PM Non-Stockpile Chem Material	O-5/O-4
8	21	Other Liaisons As Needed/If Deployed	
9			
10			
11		<b>(22-23) Legal Section</b>	
12			
13	22	Attorney	O-4/O-3
14	23	Legal NCO	E-7/E-6
15			
16			
17		<b>(24-27) Public Affairs Section</b>	
18			
19	22	Public Affairs Officer	O-5/O-4
20	23	Public Affairs Officer	O-4/O-3
21	24	Public Affairs NCOIC	E-8/E-7
22	25	Public Affairs Specialist	E-7/E-6
23	26	Public Affairs Specialist	E-7/E-6
24	27	Public Affairs Specialist	E-7/E-6
25			
26			
27		<b>(28-33) Civil Affairs Section</b>	
28			
29	28	Civil Affairs Officer	O-6/O-5
30	29	Civil Affairs Officer	O-4/O-3
31	30	Civil Affairs NCOIC	E-8/E-7
32	31	Civil Affairs Specialist	E-7/E-6
33	32	Civil Affairs Specialist	E-7/E-6
34	33	Civil Affairs Specialist	E-7/E-6
35			
36			
37			
38		<b>(34-38) Contracting Section</b>	
39			
40	34	Contracting Officer	O-5
41	35	Contracting Specialist	CIV
42	36	Contracting Specialist	CIV
43	37	Contracting Specialist	CIV
44	38	Contracting Specialist	CIV
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1   **(39-45) J1 (Personnel)**

2	39	Director for Personnel	O-6/O-5
3	40	Officer Personnel Manager	O-4/O-3
4	41	Mortuary Affairs Officer	O-4/O-3
5	42	Senior Enlisted Personnel Advisor	E-9
6	43	NCO Personnel Manager	E-8/E-7
7	44	Administrative NCO	E-8/E-7
8	45	Administrative NCO	E-8/E-7

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12   **(46-70) J2 (Intelligence)**

13	46	*Director for Intelligence	O-6/O-5
14	47	Intelligence Officer, Order of Battle - Air	O-5/O-4
15	48	Intelligence Officer, Order of Battle - Ground	O-5/O-4
16	49	Intelligence Officer, Order of Battle - Missile	O-5/O-4
17	50	Intelligence Officer, Order of Battle - Naval	O-5/O-4
18	51	Collection Management Officer	O-4/O-3
19	52	Intelligence Officer, RFI Manager	O-4
20	53	SSO / Security	O-3
21	54	Senior Enlisted Intelligence Advisor	E-9
22	55	Intelligence Specialist, Targets	E-7/E-6
23	56	Watch NCOIC	E-8
24	57	Intelligence Specialist, Watch NCO	E-6/E-5
25	58	Intelligence Specialist, Watch NCO	E-6/E-5
26	59	Intelligence Specialist, Watch NCO	E-6/E-5
27	60	Intelligence Specialist, Watch NCO	E-6/E-5
28	61	Intelligence Specialist, RFI Manager	E-6/E-5
29	62	Intelligence Specialist, RFI Manager	E-6/E-5
30	63	Security Specialist	E-7
31	64	Intelligence Systems NCOIC	E-7
32	65	Intelligence Systems Specialist	E-6
33	66	Intelligence Systems Specialist	E-6
34	67	Terrain Support Team Chief	WO-2/WO-3
35	68	Terrain Support Team Member	E-7/E-6
36	69	Terrain Support Team Member	E-7/E-6
37	70	Terrain Support Team Member	E-7/E-6

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41   **(71-101) J3 (Operations)**

42	71	*Director for Operations	O-6/O-5
43	72	Current Operations Chief	O-5/O-4
44	73	Battle Captain	O-3
45	74	Battle Captain	O-3

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1 117 Mortuary Affairs Specialist E-8/E-7  
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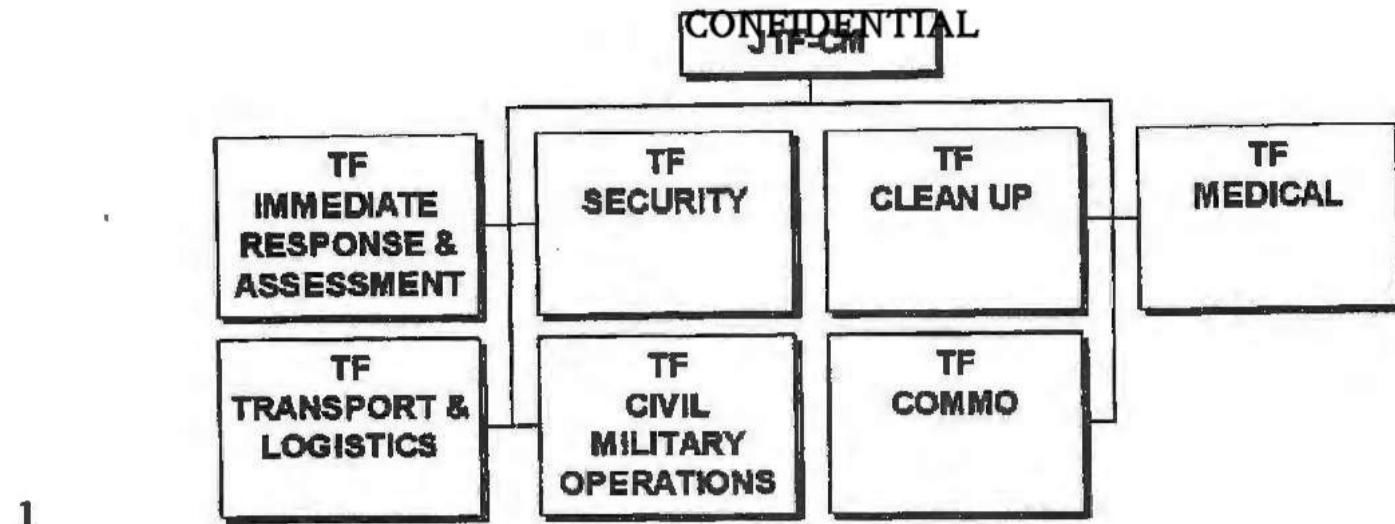
3  
4 (118-130) Medical Section  
5

6 118 \*Command Surgeon O-6/O-5  
7 119 Preventive Medical Officer O-5/O-4  
8 120 Plans / Operations Medical Officer O-4/O-3  
9 121 Medical Intelligence Officer O-4/O-3  
10 122 Medical Supply Officer O-4/O-3  
11 123 Host Nation Medical Coordinator O-5/O-4  
12 124 Senior Enlisted Medical Advisor E-9  
13 125 Medical Specialist E-6/E-5  
14 126 Medical Specialist E-6/E-5  
15 127 Medical Specialist E-6/E-5  
16 128 Medical Specialist E-6/E-5  
17 129 Medical Specialist E-6/E-5  
18 130 Medical Specialist E-6/E-5  
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21 (131-144) J6 (Communications)  
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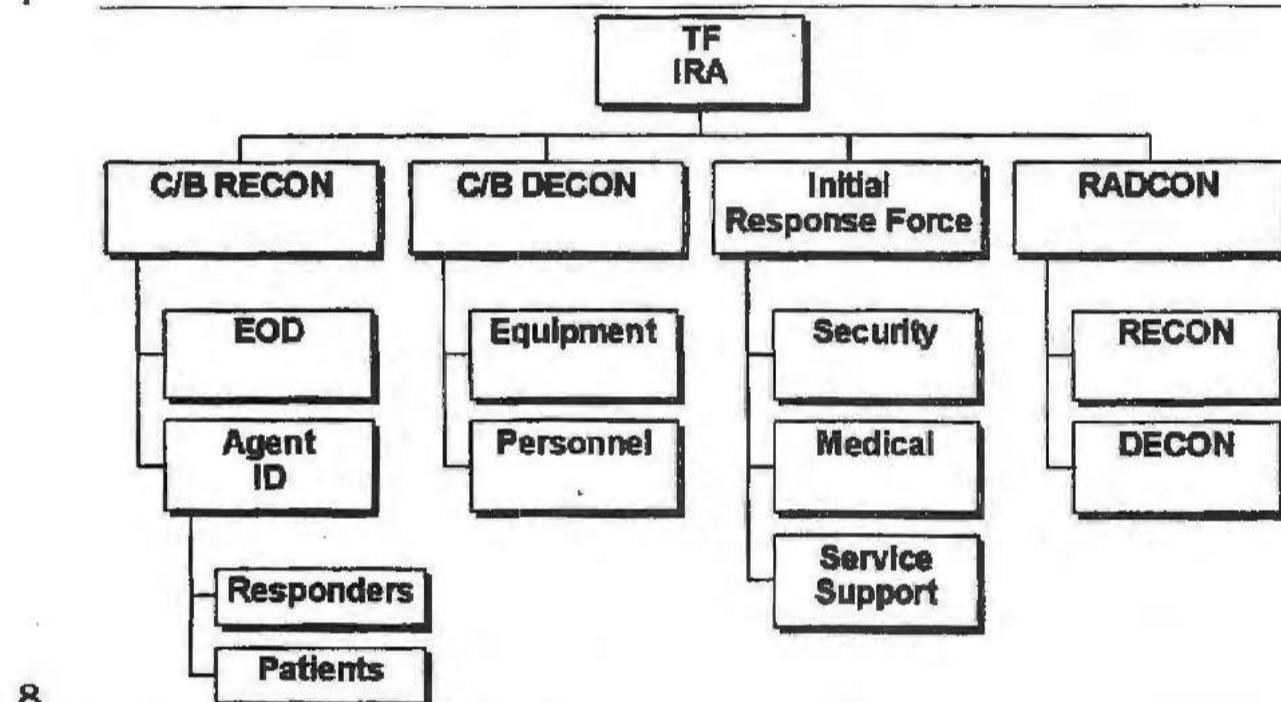
23 131 Director for Communications and Electronics O-5/O-4  
24 132 C-E Officer, Current Operations O-4/O-3  
25 133 C-E Officer, Plans O-3  
26 134 C-E Officer, Signal Manager O-3  
27 135 C-E Officer, Automation Manager O-3  
28 136 Senior Enlisted Communications Advisor E-9  
29 137 C-E Specialist, Automation NCOIC E-8/E-7  
30 138 C-E Specialist, Signals NCOIC E-8/E-7  
31 139 C-E Specialist E-6/E-5  
32 140 C-E Specialist E-6/E-5  
33 141 C-E Specialist E-6/E-5  
34 142 C-E Specialist E-6/E-5  
35 143 C-E Specialist E-6/E-5  
36 144 C-E Specialist E-6/E-5  
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3 Figure 1: Functional JTF-CM Design  
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5 (U) JTF-CM functional categories can be modified or deleted based on  
6 exact mission and requirements.  
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8  
9 Figure 2: Modular Immediate Response, Detection, and Assessment  
10 Component Design  
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12 (U) The Chemical/Biological Reconnaissance element provides technical  
13 assistance and advice to the Task Force commander to make comprehensive  
14 assessment on all chemical/biological incidents.

15 (U) The Chemical/Biological Decontamination element provides rapid assistance  
16 to the Task Force Commander to decontaminate response equipment,  
17 responders, and victims at the incident site.

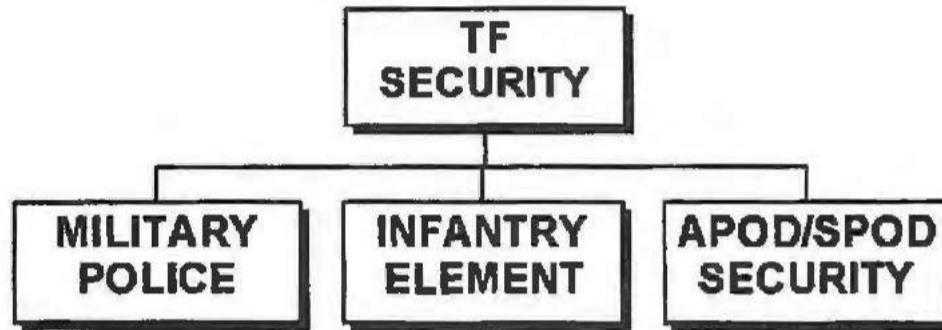
18 (U) The Initial Response Force element deploys as the advon for the TF IRA,  
19 establishes the initial support for follow-on forces, and provides initial JTF eyes-  
20 on assessments to the JTF-CM and TF-IRA commanders.

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1  
2 (U) The Radiological Control element (RADCON) provides technical assistance  
3 and advice to the Task Force commander to make comprehensive assessments  
4 on all nuclear/radiological incidents. In addition the element provides rapid  
5 assistance in the decontamination of response equipment, responders, and  
6 victims at the incident site.  
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12 Figure 3: Modular Security Component Design  
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(U) Military Police organizations are intended for crowd control,  
movement of displaced civilians (DCs), and to assist with security  
operations.

17

(U) Infantry elements are designed to isolate the incident area, provide  
security for relief personnel, and to perform other missions as directed by  
the Joint Task Force Commander.

18

(U) Aerial Port of Debarkation/Sea Port of Debarkation security is  
designed to assist with security at the points of entry of US CM forces

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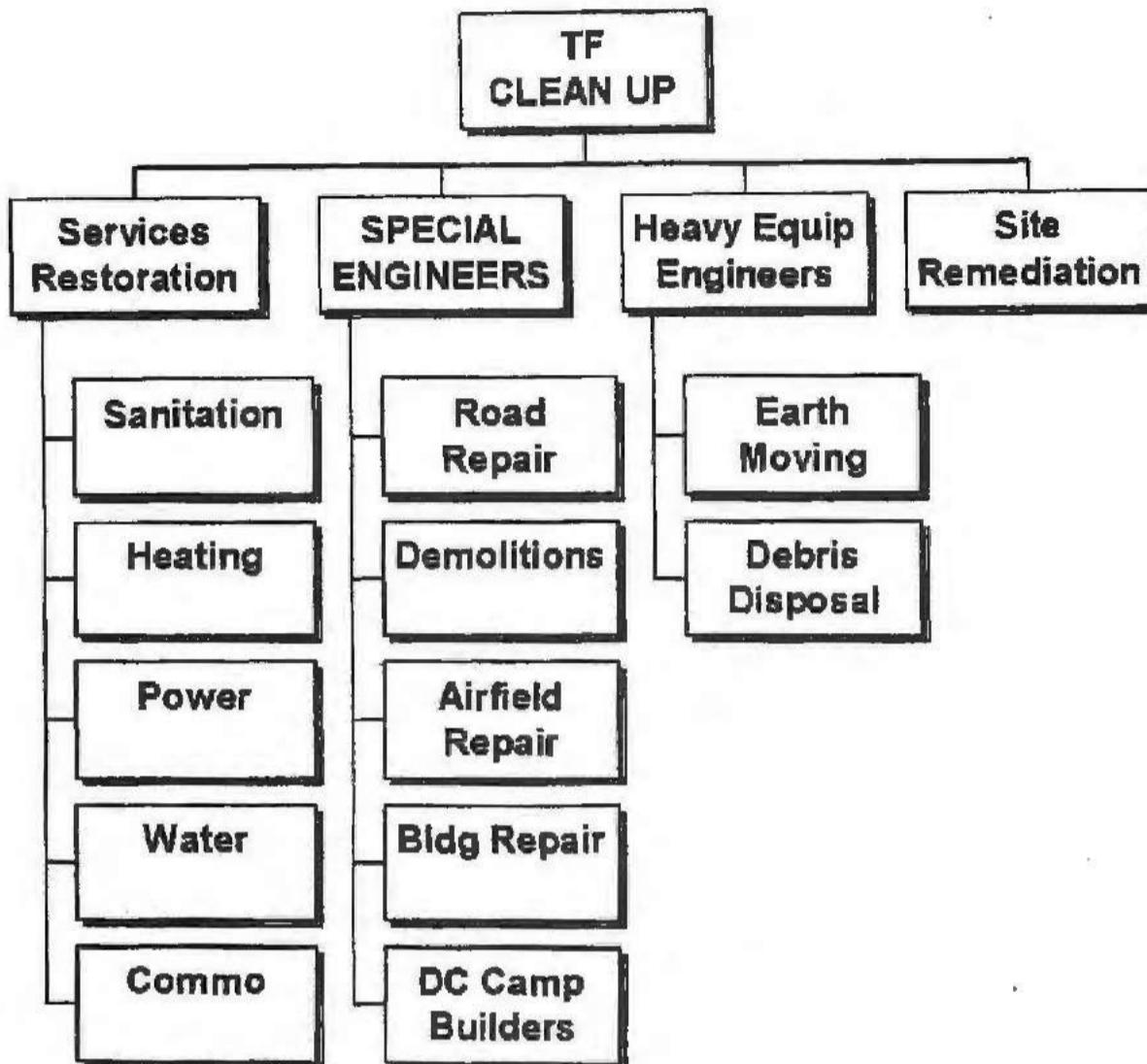


Figure 4: Modular Design Clean-up Component

(U) Service restoration elements are designed to repair essential human services support infrastructures destroyed or damaged by the incident.

(U) Engineer assets fall into three categories:

1. (U) Heavy engineers with equipment for major earth moving and debris disposal.

2. (U) Specialized engineers to repair necessary road and air infrastructures to assist in JTF-CM operations.

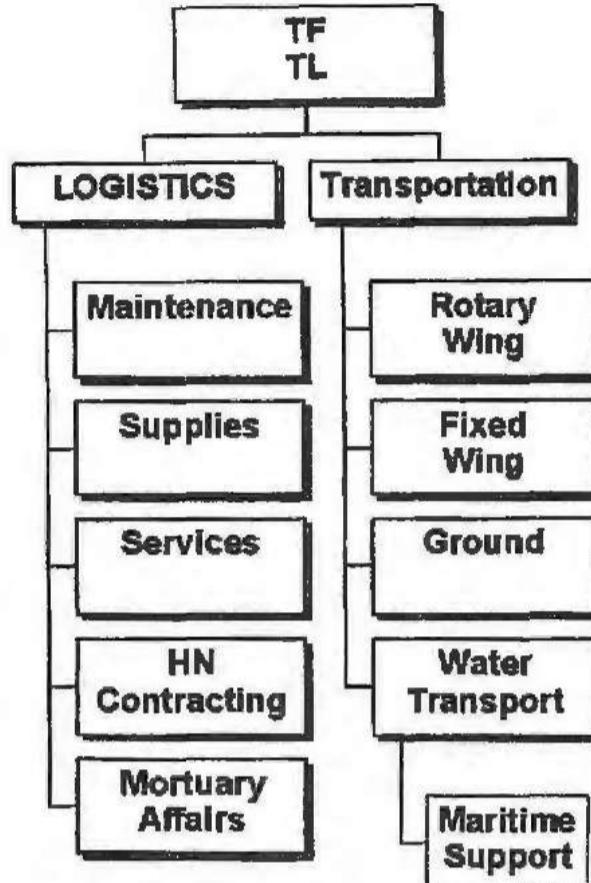
3. (U) Dedicated engineer element to design and build required Displaced Civilian camps.

(U) Composition of modules will be based upon Service capabilities and availability of assets.

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Figure 6: Transportation and Logistics Component Modular Design

(U) Mortuary Affairs elements will assist with the handling of contaminated fatalities.

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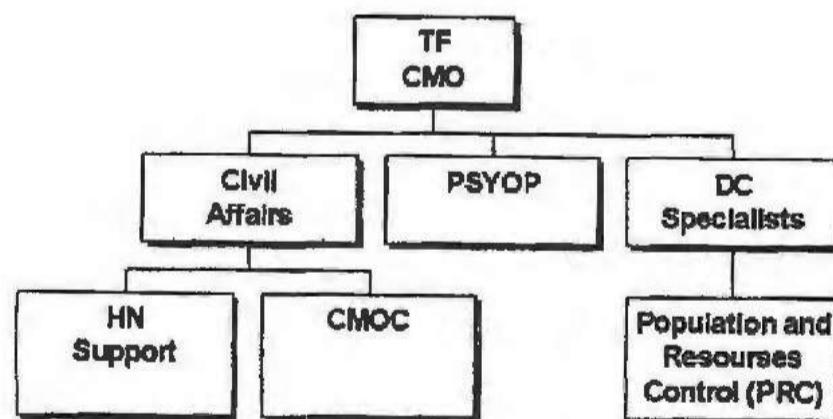
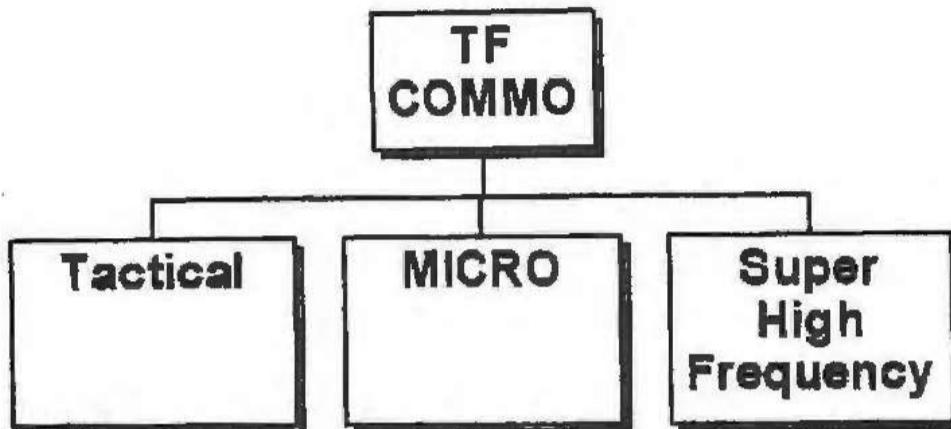


Figure 7: Civil Military Operations Component

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Figure 8: Communications Component

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17 OFFICIAL:  
18 GREGORY S. NEUBOLD  
19 Lt GEN, USMC  
20 Director for Operations, J-3

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[REDACTED] Joint Chiefs of Staff

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- a. (U) Accounting for Personnel and Personal Property. See Annex E.
  - b. (U) Availability of Security. DOD will provide security for its forces and property when deployed on a CM operation. DOS is responsible for providing security for personnel and property located in the JOC. If requested, DOD can assist with the security of the JOC.
  - c. (U) Availability of Medical Care. See Annex Q.
  - d. (U) Availability of Transportation Assets. See Annex D.
  - e. (U) Availability of all Classes of Supply. See Annex D.
  - f. (U) Availability of Maintenance Support for Vehicles, Administrative and Support Equipment. See Annex D.
  - g. (U) Availability and Use of Communication Assets. See Annex K.

MYERS

## Joint Chiefs of Staff

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**GREGORY S. NEWBOLD**  
**Lt Gen, USMC**  
**Director for Operations, J-3**

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1 CHAIRMAN OF THE JOINT CHIEFS OF STAFF  
2 Washington, D.C. 20318  
3  
4

5 ANNEX Q TO CJCS CONPLAN 0400-00 (U)  
6 MEDICAL SERVICES (U)  
7

- 8 (U) REFERENCES: a. Joint Pub 4-02, 30 July 2001, "Doctrine for Health  
9 Service Support in Joint Operations (U)"  
10 b. Joint Pub 4-02.1, 6 October 1997, "Joint Tactics,  
11 Techniques, and Procedures for Health Service  
12 Logistics Support in Joint Operations (U)"  
13 c. Joint Pub 4-02.2, 30 December 1996, "Joint Tactics,  
14 Techniques, and Procedures for Patient Evacuation in  
15 Joint Operations (U)"  
16 d. Geneva Convention for the Amelioration of the  
17 Condition of the Wounded and Sick in Armed Forces in  
18 the Field (U), 12 August 1949  
19 e. Geneva Convention for Amelioration of the Condition of  
20 the Wounded Sick and Shipwrecked Members of the  
21 Armed Forces at Sea (U), 12 August 1949  
22 f. Geneva Convention Relative to the Treatment of  
23 Prisoners of War (U), 12 August 1949  
24 g. [REDACTED]  
25  
26 h. Joint Pub 3-11, 11July 2000, "Joint Doctrine for  
27 Operations in Nuclear, Biological, and Chemical (NBC)  
28 Environments (First Draft) (U)"  
29 i. Joint Pub 3-07, 16 June 1995, "Joint Doctrine for  
30 Military Operations Other Than War (U)"  
31 j. Joint Pub 3-07.6, 15 August 2001, "Joint Tactics,  
32 Techniques, and Procedures for Foreign Humanitarian  
33 Assistance (U)"  
34 k. Joint Pub 5-00.2, 13 January 1999, "Joint Task Force  
35 Planning Guidance and Procedures (U)"  
36 l. U.S. Army Medical Research Institute for Infectious  
37 Diseases, "Medical Management of Biological  
38 Casualties", Current Edition.  
39 m. AMedP-6B, November 1995, "NATO Handbook on the  
40 Medical Aspects of NBC Operations (U)"  
41 n. DoD Directive 4515.13R, November 1994, "Air  
42 Transportation Eligibility (U)"  
43 o. JCS Memorandum, MCM-251-98, 4 December 1998,  
44 "Deployment Health Surveillance and Readiness (U)"

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- p. The Emergency War Surgery NATO Handbook, 1988 (U)
  - q. DOD Instruction 6205.2, 9 October 1986, "Immunization Requirements (U)"
  - r. DOD Instruction 6205.3, 26 November 1993, "Immunization Program for Biological Warfare Defense (U)"
  - s. DOD Instruction 6205.4, 14 April 2000, "Immunization of Other Than U.S. Forces (OTUSF) for Biological Warfare Defense (U)"
  - t. Presidential Decision Directive 39, June 1995, "U.S. Policy on Counterterrorism (S)"
  - u. Presidential Decision Directive 62, May 1998, "Combating Terrorism (S)"
  - v. Presidential Decision Directive 56, May 1997 "Managing Complex Contingency Operations (S)"
  - w. DOD Directive 3025.1, 11 June 1987, "Military Support to Civil Authorities (U)"
  - x. DOD Directive 5100.46, ", 4 December 1975, "Foreign Disaster Relief (U)"
  - y. DOD Directive 5530.3, 15 January 1993, "International Agreements (U)", with Change 1, 18 February 1991
  - z. FM 3-3, 16 November 1992, "Chemical and Biological Contamination Avoidance (U)"
  - aa. FM 3-6, 3 November 1986, "Field Behavior of NBC Agents (Including Smoke and Incendiaries) (U)"
  - ab. FM 3-7, NBC Handbook, 27 September 1990 (U)
  - ac. FM 3-9/NAVMED P-5041, 16 November 1992, "Treatment of Chemical Agent Casualties and Conventional Military Chemical Injuries Avoidance (U)"

## 1. (U) Situation

a. (U) General

37       (1) (U) Purpose. To provide a concept of operations, assign tasks, and  
38 furnish guidance to ensure an effective health service support (HSS) and  
39 medical surveillance system to support CP operations envisioned in this  
40 CONPLAN.

(2) (U) Applicability. The contents of this Annex are applicable to the commands listed in Annex A and will guide planning for all health services provided in support of operations conducted under this plan.

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2 Washington, D.C. 20318  
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5 APPENDIX 2 TO ANNEX T TO CJCS CONPLAN 0400-00 (U)  
6 JOINT TASK FORCE-CONSEQUENCE MANAGEMENT FUNCTIONAL  
7 STRUCTURE (U)

8 1. (U) General. Tab B provides generic force modules for the conduct of  
9 CM operations related to a WMD incident. Size of component elements  
10 depends upon incident severity and mission requirements. Modules can  
11 be resourced with any sized force element based upon mission needs.  
12

13 2. (U) Joint Task Force-CM:

14 a. (U) Figure 1 represents the functional JTF-CM design.  
15

16 b. (U) Figure 2 is modular Immediate Response, Detection, and  
17 Assessment component.

18 c. (U) Figure 3 is modular Security component.  
19

20 d. (U) Figure 4 is modular Clean up component.  
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22 e. (U) Figure 5 represents Medical component organization.  
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24 f. (U) Figure 6 is Transportation & Logistics component organization.  
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26 g. (U) Figure 7 is Civil Military Operations component organization.  
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28 h. (U) Figure 8 is Communications component organization.  
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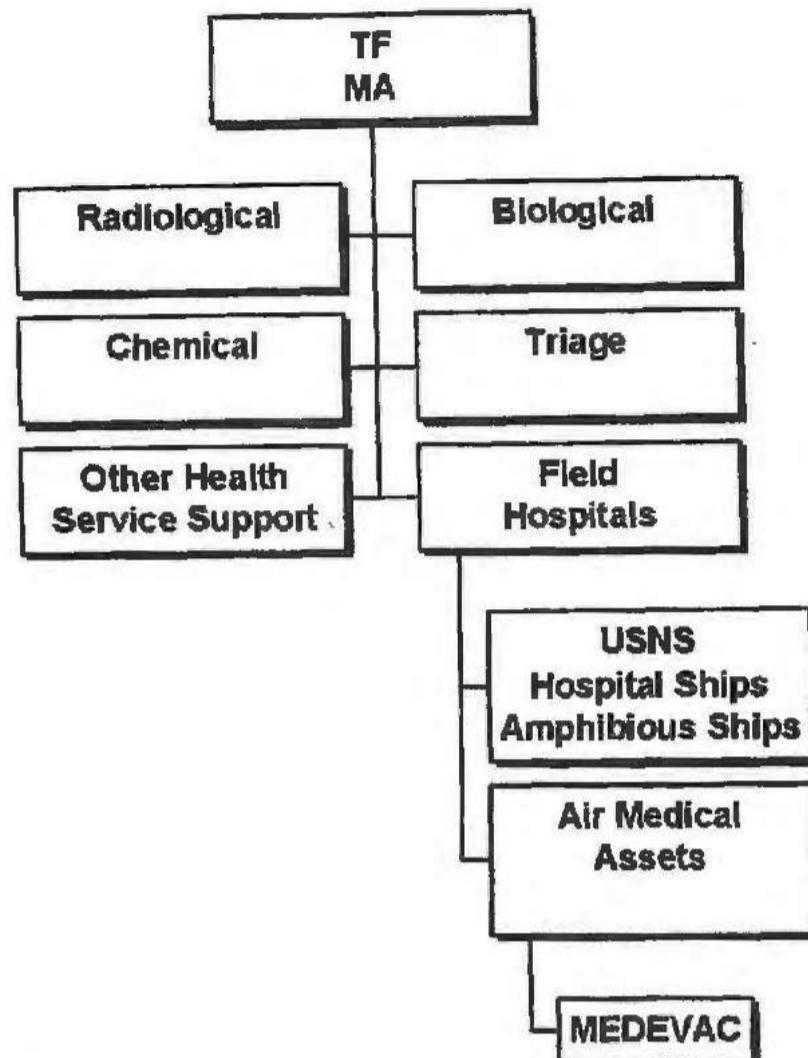


Figure 5: Modular Medical Component Design

(U) Radiological elements are specifically trained in radiological health matters and provide on-site assistance and guidance to the Task Force commander and local medical authorities.

(U) Biological elements are specifically trained in biological health matters and provide on-site assistance to the Task Force commander in identifying agents, assessing, evaluating, and treating the casualties from a biological incident.

(U) Chemical elements are specifically trained in chemical health matters and provide on-site assistance to the Task Force commander in identifying agents, assessing, evaluating, and treating the casualties from a chemical incident.

(U) Other Health Service Support consists of Combat Stress, Preventive Medicine, Veterinary, Dental, and Medical Logistic Support.

(U) MEDEVAC is not organic to naval HSS platforms.

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1        b. (U) Enemy Forces. Refer Basic Plan.  
2

3        c. (U) Friendly Forces. Refer Basic Plan.  
4

5        d. (U) Assumptions  
6

7              (1) (U) Within their geographical areas of responsibility, combatant  
8 commanders are responsible for HSS coordination.  
9

10          (2) (U) WMD use will produce major consequences that will severely  
11 degrade health care delivery and overwhelm the medical infrastructure at the  
12 incident site and within the region.  
13

14          (3) (U) Within CONUS, FEMA will be responsible for the coordination of  
15 health service support from all US Government agencies.  
16

17          (4) (U) Contaminated individuals who are uninjured will be  
18 decontaminated without medical assistance.  
19

20          (5) (U) Lines of Communication (LOCs) will remain open for aeromedical  
21 evacuation. Necessary overflight rights will be granted.  
22

23          (6) (U) Other than limited unit capability for a prescribed number of  
24 patients, medical units are not equipped to provide general decontamination  
25 support.  
26

27          (7) (U) In the event of biological warfare/biological terrorism, quarantine  
28 and isolation are possible options.  
29

30          (8) (U) HN support may be used in planning to meet bed requirements if  
31 formal agreements exist.  
32

33          (9) (U) US military casualties may be treated by coalition or allied medical  
34 personnel in emergency situations where US military personnel are not  
35 available.  
36

37          (10) (U) For every chemical or biological casualty, there will be no less than  
38 two stress related cases.  
39

40          (11) (U) A US medical response to an OCONUS WMD event will not occur  
41 until N+12 hours at the earliest. The HN will have to respond to the immediate  
42 crisis with whatever assets exist within country and possibly with some  
43 support from neighboring nations.  
44

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1       (12) (U) Deploying forces are healthy, fit, and have received necessary  
2 vaccinations and appropriate chemoprophylaxis.

3       e. (U) Limitations

4       (1) (U) In mass casualty situations, the capacity of hospitals and  
5 pharmaceutics for advanced treatment and detection equipment will be  
6 overwhelmed. Refer to Annex T, Consequence Management and CONPLAN  
7 0500.

8       (2) (U) Current policy dictates that only decontaminated or non-infectious  
9 patients will be put on aeromedical evacuation aircraft destined for  
10 communications zone (COMMZ) or CONUS medical treatment facilities unless  
11 the aircraft and receiving facilities are prepared and authorized to receive  
12 contaminated or infected casualties. Should, contaminated casualties be put  
13 on aircraft prior to detection, aircraft and receiving facilities must have in place  
14 appropriate procedures and protocols to properly manage the situation.

15       (3) (U) Planners should anticipate long lines of communication for  
16 aeromedical evacuation, in many cases directly to CONUS, as many nations  
17 may not accept contaminated or infected casualties within their borders, even  
18 on US military installations. In some cases, nations may not accept the  
19 potential for contaminated or infected casualties within their borders.

20       (4) (U) Due to limits of surveillance capability, sufficient warning of  
21 significant disease outbreaks may not occur. A robust disease surveillance  
22 system program is essential to CP preparedness.

23       (5) (U) Biodetection capability, as well as stocks of existing inventory (i.e.  
24 medications and vaccines) are sub-optimal.

25       (6) (U) Legal authorization may be required before US medical forces  
26 provide any non-emergent care to foreign nationals.

27       (7) (U) The IIN, as well as United States and territorial support, may be  
28 overwhelmed and unavailable to support US forces.

29       2. (U) Mission. Joint Health Services Support provides health service  
30 planning and support to combatant commanders to protect US forces and  
31 others during conduct of CP operations worldwide.

32       3. (U) Execution

33       a. (U) Concept of Operations. HSS will be integrated into the four phases of  
34 CP operations described in the base plan and in Annex C. HSS within this

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1 plan may be limited to essential care in the theater of operations and  
2 evacuation to appropriate facilities in the area of operations or CONUS. Force  
3 Health Protection (FHP) of deployed forces is the responsibility of line  
4 commanders with the support of the medical staff.

5  
6       (1) (U) Transition. The transition from normal operations to contingency  
7 operations may be rapid. Hostile intentions rather than actions may lead to  
8 this transition. In the case of a communicable agent, such as smallpox or  
9 plague, containment of the hazard may be difficult or impossible.

10  
11       (2) (U) Responsibility and Command Relationships. HSS is a national and  
12 Service responsibility. Operational control of HSS forces will normally stay  
13 within geographical combatant commanders and JTF channels unless transfer  
14 of authority (TOA) has occurred. Where practical, joint use of available medical  
15 assets will be accomplished to support the combatant commander's objectives.  
16 All US medical assets are considered to be joint assets and are subject to  
17 movement or redistribution by the combatant commander upon the advice of  
18 the Theater or JTF Surgeon.

19  
20       (3) (U) Hospitalization

21  
22       (a) (U) Planners must anticipate use of both HN and US hospitalization  
23 assets commensurate with the phase of the operation. Except in emergency  
24 situations, US forces will not use HN facilities unless specifically approved by  
25 the Theater or JTF Surgeon.

26  
27       (b) (U) Although HSS is a Service responsibility, military medical  
28 treatment facilities (MTF) will serve as joint assets. Although joint staffing is  
29 not a prerequisite for use, joint augmentation of MTFs may be required. To  
30 meet wartime or contingency needs, the combatant commander may authorize  
31 movement of in-theater medical assets from any Service to meet mission  
32 requirements.

33  
34       (c) (U) HSS will be provided to indigenous civilians on an emergency  
35 basis or, resources permitting, when the HN medical infrastructure is  
36 insufficient to support its population and no other alternatives (i.e. non  
37 government organizations (NGO) or private volunteer organizations (PVO)) are  
38 available to relieve pain and suffering.

39  
40       (d) (U) Force protection and resources permitting, indigenous personnel  
41 injured either as a result of US actions or through providing direct assistance  
42 to US forces will be treated in US MTFs. When a local national is treated in a  
43 US MTF, the individual will be evacuated to a HN medical facility as soon as  
44 conditions permit. However, evacuation of HN personnel must be IAW  
45 established Department of Defense and Department of State guidelines.

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1                   (e) (U) DOD civilians and members of the American Red Cross who are  
2 deployed with US forces are eligible for treatment in US MTFs. Contractor  
3 personnel may receive emergency care to save life, limb, or eyesight and any  
4 other level of care specified by contract.

5  
6                   (f) (U) Peace Corps volunteers working in the area of operations are  
7 eligible for treatment in US MTFs.

8  
9                   (4) (U) Medical Management

10                  (a) (U) US medical standards of care will be used as the basis for all  
11 treatment rendered both by US and HN personnel so long as resources and  
12 conditions permit.

13                  (b) (U) Medical assets may be overwhelmed and standard triage  
14 priorities may need to be altered by the on-scene medical commander.

15                  (c) (U) Non-US beneficiaries receiving emergency treatment will be  
16 transferred to host nation facilities as soon as possible.

17                  (d) (U) Combatant Commanders will establish area of responsibility  
18 (AOR) medical requirements for inbound US forces.

19  
20                  (5) (U) Patient Movement

21                  (a) (U) Movement of casualties to Level I and II HSS is a unit  
22 responsibility. Patient movement to Level III HSS may be accomplished by  
23 common-user assets. Skipping of levels may be required in certain operations.  
24 Rotary or fixed wing evacuation assets are the preferred method of patient  
25 movement.

26                  (b) (U) Decontamination of patients will be performed before entering  
27 patients onto any aeromedical evacuation aircraft.

28                  (c) (U) Caution must be exercised when aeromedical evacuation assets  
29 are used in a chemical, biological, or nuclear environment. Should it become  
30 necessary to commit air evacuation resources into a contaminated area, these  
31 resources should remain dedicated to operations within the contaminated area  
32 until appropriate decontamination can be accomplished.

33                  (d) (U) Caution should be exercised when ventilation systems in assets  
34 used for aeromedical evacuation (AE) are not properly functioning or do not  
35 have HEPA filters as these aircraft can be venues for increased attack rates for  
36 airborne viruses.

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1                   (e) (U) The AE of a small number of BW agents would present significant  
2 difficulties in infection control. Pneumonic plague and smallpox would require  
3 additional precautions.

4  
5                   (f) (U) The AE of BW casualties would always be best after the period of  
6 communicability has passed.

7  
8                   (g) (U) Intertheater patient movement will be initially coordinated by the  
9 supported geographical combatant commander, CJTF and the JTF Surgeon in  
10 collaboration with USTRANSCOM and the Theater Patient Movement  
11 Requirements Center (TPMRC) (if available) until a Joint Patient Movement  
12 Requirements Center (JPMRC) is established.

13  
14                 (6) (U) Host Nation Support (HNS)

15  
16                 (a) (U) HNS may be used to provide HSS for US forces if that capability  
17 is judged to be comparable to US standards by the Theater or JTF Surgeon.

18  
19                 (b) (U) HN laboratories and medical supply sources may be used if  
20 approved by the Theater or JTF Surgeon.

21  
22                 (7) (U) Other Health Service Support

23  
24                 (a) (U) Enemy Prisoners of War and Detainees. Refer Annex E. HSS to  
25 these individuals will be provided under the provisions of References d-g.

26  
27                 (b) (U) Search and Rescue. Component commanders will ensure search  
28 and rescue missions are supported medically.

29  
30                 (c) (U) Noncombatant Evacuation Operations. Provide HSS to  
31 noncombatant personnel as required.

32  
33                 (d) (U) Civil Affairs. In the event of a WMD release, all medical units  
34 must be prepared to care for displaced civilians and civilian casualties that are  
35 beyond the HN capability to handle. The Theater or JTF Surgeon must  
36 establish liaison with the appropriate US government agencies such as  
37 USAID/OFDA and other key International Organizations and agencies  
38 operating within the area of operations in order to synchronize and execute  
39 Consequence Management and Humanitarian Assistance missions.

40  
41                 (8) (U) Joint Blood Program. Joint blood program support requirements  
42 will be determined by the supported combatant commander and the Armed  
43 Services Blood Program Office (ASBPO). HN blood and blood products are not  
44 to be used unless specific authorization is provided by ASBPO.

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1  
2       (9) (U) Force Health Protection  
3

4       (a) (U) Service components will ensure a vigorous force health protection  
5 program will be instituted to reduce the disease and non-battle injury (DNBI)  
6 risk. Programs will be conducted in accordance with applicable service  
7 directives. Combatant commander's surgeons are responsible for developing  
8 pre- and post-deployment health assessment and appropriate mental health  
9 evaluations as well as collection of serum samples depending upon the length  
10 of deployment and health threat exposure assessment. In the event of an  
11 outbreak of illness, special emphasis should be placed on epidemiological  
12 analytic capability for identification of index cases or outbreak source and  
13 estimation of potential epidemic extent.

14  
15       (b) (U) The priority of health risks will vary among locations and seasons  
16 and will also change as the operation matures. Several disease categories can  
17 be predicted and should be anticipated during planning. The combatant  
18 commander and JTF surgeons are responsible for identifying and assessing  
19 known health threats and hazards including environmental, disease,  
20 occupational, and toxic substances. In addition, an assessment of mental  
21 health stressors must be conducted. In all cases, both acute and potential  
22 long-term health effects to the service member must be considered.  
23

24       (c) (U) The main preventive force health protection elements are disease  
25 surveillance, disease outbreak investigation, pre-deployment and initial  
26 deployment preparation, climatic injury prevention, potable water, food safety,  
27 personal hygiene measures, dental hygiene, theater insect/arthropod control,  
28 combat stress, and field sanitation teams.  
29

30       (d) (U) Personnel will be immunized IAW Service directives. Additional  
31 requirements may be published in the geographic combatant commanders pre-  
32 deployment guidance.  
33

34       (e) (U) Commanders must establish procedures to comply with the  
35 geographic combatant commanders DNBI reporting requirements.  
36

37       (f) (U) Exposure to low levels of ionizing radiation will increase  
38 susceptibility to endemic pathogens.  
39

40       (g) (U) Food and water contaminated with radionuclides will require a  
41 health physics assessment.  
42

43       (h) (U) Supporting plans will outline Theater Laboratory Support  
44 capabilities not discussed in this annex or its appendixes.  
45

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1       (10) (U) Veterinary Services

2  
3           (a) (U) Veterinary personnel will certify food and food source safety in  
4       the case of items potentially contaminated by biological agents.

5  
6           (b) (U) Veterinary personnel will conduct an initial assessment of the  
7       area of operations to evaluate animal control, domestic animal care, and  
8       military working dog requirements, and the threat from zoonotic diseases.  
9       Combatant commanders and CJTF may authorize veterinary support to HN  
10      livestock sources and food processing centers as required.

11  
12          (c) (U) Veterinary support personnel will investigate unexplained or  
13       unusual animal morbidity and mortality. These may be sentinel events of a  
14       biological weapons release or a natural epidemic. Quarantine of animals may  
15       be required.

16  
17          (11) (U) Theater Evacuation Policy. The Theater Evacuation Policy will be  
18       determined by the Secretary of Defense upon the advice of CJCS and  
19       recommendation of the geographic combatant commander.

20  
21          (12) (U) Dental Services. Dental service requirements will be determined  
22       by the supported combatant commander. Dental care during operations will  
23       be limited to that treatment necessary to relieve pain and alleviate impairment  
24       of an individual's ability to perform the mission. Dental officers and  
25       technicians may be used to provide direct patient care in other areas IAW  
26       Service doctrine.

27  
28          (13) (U) Other Areas. Personnel assigned tasks in areas in which  
29       exposures to ionizing radiation are anticipated will be deployed with  
30       dosimeters. Radiation exposures will be restricted to levels in accordance with  
31       the Operational Exposure Guidance as promulgated by the supported  
32       geographic combatant commander.

33  
34       (14) (U) Combat Stress Management

35  
36          (a) (U) While operating under the threat of or actual WMD conditions,  
37       both civilian and military personnel will be at higher risk of suffering stress  
38       related conditions. The invisible, pervasive nature of many of these weapons  
39       creates a high degree of uncertainty and ambiguity, presenting fertile  
40       opportunities for false alarms, mass panic, and other maladaptive stress  
41       reactions. The persistent or delayed effects of some NBC weapons will create  
42       fear for the future, the homeland, and perhaps even for the survival of  
43       civilization. Therefore, commanders must take actions to prevent and reduce  
44       the numbers of stress cases. The symptoms and signs caused by excessive  
45       stress are similar to signs of a true NBC agent injury. In World War I,

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1 inexperienced units sustained two stress cases for every true chemical  
2 casualty. Therefore, far forward triage is essential to prevent over-evacuation  
3 and strain upon the medical infrastructure.

4                 5 (b) (U) Service components will provide qualified combat stress  
6 personnel to staff stress management teams as required and will work closely  
7 with other medical personnel, chaplains, and unit leaders as required.  
8 Personnel will respond to the needs of the HN when directed.

9                 10 (15) (U) Health Risk Communication. Medical authorities will designate a  
11 health risk communicator to work with the public affairs office in  
12 communicating with the public.

13                 14 (16) (U) Mortuary Affairs. Refer Annex D.

15                 16 b. (U) Tasks

17                 18 (1) (U) Common Combatant Command and Service Headquarters  
19 Responsibilities

20                 21 (a) (U) Ensure a comprehensive HSS system is developed to support this  
22 plan. Supporting plans will outline specific medical NBC defense measures for  
23 deployed personnel.

24                 25 (b) (U) Services will provide resources as required to support this plan  
26 and ensure eligible beneficiaries continue to receive uninterrupted medical  
27 support after medical forces have deployed forward.

28                 29 (c) (U) Ensure all deployable Service medical assets within a geographic  
30 combatant commanders are available to support any facet of contingency  
31 operations as directed by the geographic combatant commanders regardless of  
32 Service supported.

33                 34 (d) (U) Combatant commanders will determine other than US forces  
35 (OTUSF) requirements for their AORs and develop implementation guidance.

36                 37 (2) (U) Department of the Army

38                 39 (a) (U) Act as the Executive Agent for rotary wing evacuation, veterinary  
40 support, medical support to internees and enemy prisoners of war, and provide  
41 a single integrated medical logistics manager (SIMLM) for all DOD forces  
42 deployed in support of this CONPLAN. Direct coordination between Service  
43 components, Service Headquarters, and geographic combatant commanders  
44 Surgeon's staff is authorized.

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1       (b) (U) Be prepared to supply special medical augmentation teams  
2 (SMART) in the areas of: medical command, control, communications and  
3 telemedicine (SMART-MC3T), preventive medicine/disease surveillance  
4 (SMART-PM), Veterinary (SMART-V), health systems assessment and  
5 assistance team (SMART-HS), and stress management (SMART-SM). These  
6 teams would be used for short periods and to conduct assessments, provide  
7 technical expertise, consultation, and assist in transitional planning.  
8

9       (c) (U) Commander, USAMRIID will provide advice and personnel  
10 support as required.

11       (d) (U) Commander, USAMRICD will provide advice and personnel  
12 support as required.

13       (e) (U) Commander, US Army Center for Health Promotion and  
14 Preventive Medicine (USACHPPM) will provide advice and personnel support as  
15 required.

16       (f) (U) Commander, US Army Soldier and Biological Chemical Command  
17 (SBCCOM) will provide advice and personnel support as required.

18       (g) (U) Commander, US Army Medical Materiel Agency (USAMMA).  
19 Provide humanitarian assistance sets to the AOR as required; deploy a medical  
20 logistics support team (MLST) upon request; provides Class VIIIB through the  
21 established SIMLM, and provides patient decon and patient treatment sets as  
22 required.

23       (3) (U) Department of the Air Force

24       (a) (U) Act as the Executive Agent for inter-theater aeromedical  
25 evacuation in support of this plan.

26       (b) (U) Establish and operate blood transshipment centers (BTCs) when  
27 directed by the geographic combatant commander.

28       (c) (U) Identify veterinary, rotary wing, and logistics requirements to the  
29 Department of the Army.

30       (d) (U) Be prepared to supply rapid deployable medical/surgical  
31 treatment teams (expeditionary medical support units - EMEDS, small portable  
32 expeditionary aeromedical rapid response - SPEARR, and critical care  
33 aeromedical transport - CCAT teams) as directed by the JTF Surgeon.

34       (4) (U) Department of the Navy

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1       (a) (U) Identify veterinary, rotary wing, and logistics requirements to the  
2 Department of the Army.

4       (b) (U) Develop a HSS system for Marine forces deployed in support of  
5 this operation.

7       (5) (U) USTRANSCOM

9       (a) (U) Coordinate and provide for inter-theater aeromedical evacuation  
10 through the Global Patient Movement Requirements Center (GPMRC) and HQ  
11 AMC.

13       (b) (U) If requested by the geographical combatant commander, provide  
14 a Joint Patient Movement Requirements Center (JPMRC) to the area of  
15 operations.

17       (c) (U) Request activation of Civil Reserve Air Fleet Stage II and  
18 recommend Stage III activation when shortfalls of military lift exist for  
19 aeromedical evacuation.

21       (6) (U) Other Agencies

23       (a) (U) Armed Forces Medical Intelligence Center (AFMIC). Provide  
24 medical intelligence products to the geographical combatant commanders and  
25 Services as required. Be prepared to provide estimates on medical capabilities  
26 in and around the incident location, HN medical capabilities, capability of the  
27 HN to respond to a WMD incident, percentage of medical personnel trained to  
28 respond to a WMD incident, the amount and availability of medications, and  
29 identification of disease that may pose an operational risk to US forces.

31       (b) (U) Armed Forces Institute of Pathology (AFIP). Provide subject  
32 matter expertise in the area of handling contaminated remains and the  
33 pathology of NBC effects.

35       (c) (U) Armed Forces Radiobiology Research Institute (AFRRRI). Provide  
36 advice and personnel support as required.

38       1. (U) Deployable/comlink expert medical advice concerning  
39 treatment of radiation injuries; experimental therapeutic agents as available for  
40 patients internally contaminated with radionuclides, and for treatment of  
41 external exposure to high radiation doses.

43       2. (U) Deployable radiation detection instrumentation as required for  
44 identification of contaminated areas and personnel.

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1                    CHAIRMAN OF THE JOINT CHIEFS OF STAFF  
2                    Washington, D.C. 20318  
3  
4  
5                    APPENDIX 10 TO ANNEX Q TO CJCS CONPLAN 0400-00 (U)  
6                    MEDICAL INTELLIGENCE SUPPORT TO COUNTERPROLIFERATION OF  
7                    WMD  
8  
9                    (U) REFERENCES: Refer to Annex B.  
10  
11                  1. (U) General  
12  
13                  a. (U) Purpose. This appendix focuses on the detailed medical  
14                  intelligence needed to conduct planning and to execute military  
15                  operations across the spectrum of conflict. The purpose of medical  
16                  intelligence is to identify environmental and disease threats to US forces,  
17                  civilian and military healthcare capabilities, infrastructure, and  
18                  installations. Medical essential elements of information (EEI) are  
19                  identified in Appendix 1, PIR, to Annex B.  
20  
21                  b. (U) Relationships. Specify relationships between the intelligence  
22                  staff on the one hand and health service support, operations, civil affairs,  
23                  and special operations staffs on the other to ensure effective coordination  
24                  of requirements, priorities, and flow of finished intelligence.  
25  
26                  2. (U) Mission. The intelligence staff collects, processes, and reports  
27                  medical information to support planning and conduct of CP operations.  
28  
29                  3. (U) Medical Intelligence Estimates. Provide or obtain estimates about  
30                  the following:  
31  
32                  a. (U) Diseases of Operational Importance. Disease threats of  
33                  operational importance in the area of operations.  
34  
35                  (1) (U) Identify disease risks likely to affect US military personnel in  
36                  the potential areas of operation.  
37  
38                  (2) (U) Identify variations in the disease situation associated with  
39                  geography and climate that can be expected through the projected  
40                  deployment period.  
41  
42                  (3) (U) Identify the disease situation in the population(s) in the  
43                  potential areas of operation that might influence combat service support  
44                  planning and civil affairs planning.  
45

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(b)(3):10 USC §424

1  
2  
3  
4

5        b. (U) Environmental Health Factors. Environmental health factors of  
6 operational importance.

7

8        (1) (U) Identify the environmental characteristics in the areas of  
9 operation that could have an impact on the health of US military  
10 personnel.

11

12        (2) (U) Identify the status of public infrastructures such as piped  
13 water supply, surface water supply, water treatment systems, or sewage  
14 treatment systems that could influence the health and well-being of US  
15 forces and indigenous populations.

16

17        (3) (U) Identify the major sources of industrial and agricultural  
18 pollutants.

19

20        (4) (U) Identify the poisonous plants and animals that could be  
21 hazardous to US military personnel in a field environment.

22

23        (5) (U) Identify other environmental factors as they pertain to the  
24 health, welfare, and the specific mission of US forces.

25

26        c. (U) Civilian Healthcare Infrastructure

27

28        (1) (U) Detail the status of the healthcare infrastructure in the area  
29 of operations.

30

31        (2) (U) Identify the location, operational status, and capabilities of  
32 major medical treatment facilities (hospitals) and other healthcare-  
33 related installations.

34

35

(b)(3):10 USC §424

36

37

38

39

40

41        (4) (U) Identify the major pharmaceutical and medical equipment  
42 manufacturing plants and their operational status, capabilities, and  
43 amounts of vaccines and antibiotics on hand.

44

45

(b)(3):10 USC §424

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- 1    REFERENCES: a. CJCS CONPLAN 0300-00, 01 December 2000 (S)  
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40                       Disaster Relief (U)"  
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42                       Planning Guidance and Procedures"  
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  - ac. CJCSI 3125-01, 03 August 2001, "Military Support to Domestic Consequence Management Operations in Response to a Chemical, Biological, Radiological, Nuclear, or High-Yield Explosive Situation"
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27  
28 1. (U) Situation

29  
30 a. (U) General

31  
32 (1) (U) Each nation in the world community has the primary responsibility  
33 within its borders to respond to a WMD attack or to the accidental release of  
34 CBRNE materials. Each nation also has the responsibility to mitigate the  
35 effects of such incidents. A foreign government may request US or  
36 international support in responding to, or in mitigating the effects of, such an  
37 incident. The President of the United States may have many reasons to offer  
38 US Government (USG) assistance to a host nation (HN).

39  
40 (a) (U) Such assistance may support national or foreign interests. The  
41 assistance may counter HN or regional destabilization caused by the incident.

42  
43 (b) (U) The incident may directly affect US diplomatic posts, US military  
44 installations or activities abroad, or US citizens.

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1           (c) (U) The spread of contaminants, pathogens, or radiological fallout  
2 may affect US interests.

3           (d) (U) The scope of the incident may make humanitarian concerns vital.

4           (e) (U) The USG may have the only capability to seriously affect the  
5 response or mitigation.

6           (2) (U) The cause of an incident and the HN ability to respond will shape  
7 the USG plan to support, the assets to be committed, and the actions to be  
8 taken to prevent future incidents. When a host nation requests consequence  
9 management (CM) support from the United States through the responsible  
10 Chief of Mission (COM), the President may direct USG support. When directed  
11 by the President, the Department of Defense (DOD) will provide support to the  
12 USG effort. The Department of State (DOS) is designated as the lead federal  
13 agency (LFA) for foreign CM operations in support of a foreign government. All  
14 DOD support will be coordinated through the responsible COM.

15           (3) (U) In the event a US military installation is the target of a WMD attack,  
16 military assistance may be provided by the geographic combatant commander.  
17 All DOD support to respond to the consequences of a WMD attack on a US  
18 installation will be coordinated by the combatant commander in consultation  
19 with the responsible COM. During crisis or conflict, geographic combatant  
20 commanders will be prepared to conduct immediate CM operations to limit the  
21 effects of WMD against US forces, installations, and military operations.

22           b. (U) Area of Concern

23           (1) (U) Area of Responsibility (AOR). The AOR encompassed by the  
24 geographic combatant commander's CM plan will include the land, sea, and air  
25 space as defined in reference g. For actual CM operations, the President or  
26 Secretary of Defense may designate, limit, or redefine existing AOR boundaries.  
27 The specific operational area for CM operations will be designated in the CJCS  
28 Warning, Alert, or Execute Order as appropriate.

29           (2) (U) Area of Interest. See Basic Plan.

30           (3) (U) Operational Area. Not Applicable.

31           c. (U) Deterrent Options. See Annex A.

32           d. (U) Enemy Forces. See Basic Plan.

33           e. (U) Friendly Forces

34           (1) (U) Centers of Gravity. See Basic Plan

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1  
2       (2) (U) Other Government Agencies (OGA)

3  
4       (a) (U) Department of State

5  
6       1. (U) DOS is the LFA responsible for foreign CM operations in  
7 support of a host government. DOS retains authority and responsibility to act  
8 as the LFA throughout the incident response. The Office of the Coordinator for  
9 Counterterrorism (S/CT), DOS exercises responsibility for the management of  
10 the Foreign Emergency Support Team (FEST). It can be task organized to  
11 deploy and support the COM and country team and the HN, contingent upon  
12 the incident or request. Aided by the FEST, the responsible COM and country  
13 team will coordinate all USG support. The FEST:

14  
15       a (U) Assesses the situation, characterizes the incident, and  
16 recommends resource requirements to provide safe and efficient response  
17 management.

18  
19       b (U) Assists the COM and country team in implementing the  
20 response management, including crisis management and CM.

21  
22       c (U) Advises the COM, country team, and host nation officials on  
23 appropriate response management matters and resource requirements.

24  
25       2. (U) DOS also exercises responsibility for the management of the  
26 Consequence Management Support (CMST) team through its Bureau of  
27 Political-Military Affairs (PM). PM, while coordinating with S/CT on CM  
28 activities, has primary responsibility for other CM related cooperation and  
29 activities, including managing the CMST. Specifically PM:

30  
31       a (U) In concert with the FEST or independently, supports CM  
32 activities to facilitate and ensure effective USG CM response overseas.

33  
34       b (U) Develops initiatives pertaining to CM and international  
35 coalition response development.

36  
37       c (U) Develops and negotiates international CM cooperation and  
38 planning agreements with foreign governments.

39  
40       (b) (U) Department of Energy (DOE). DOE serves as a support agency to  
41 DOS for technical operations and consequence management. DOE assistance  
42 can support CM activities with capabilities such as threat assessment,  
43 participation in FEST deployment, technical and procedural requirements  
44 advice to the LFA, and operational support.

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8 (3) (U) Non-Governmental Organizations (NGOs). See Basic Plan.

10 f. (U) Assumptions. See Basic Plan.

12 g. (U) Legal Considerations. See Basic Plan.

14 h. (U) Definitions. See Enclosure 1.

16 2. (U) Mission. When directed by the President or Secretary of Defense, DOD  
17 forces will conduct rapid foreign CM operations in support of the LFA to  
18 mitigate the effects of CBRNE situations.

### 20 3. (U) Execution

a. (U) Concept of Operations. This annex provides the basis for the implementation and execution of military operations in response to LFA requests for support in mitigating the consequences of a foreign CBRNE CM situation.

27       (1) (U) Chairman's Intent. Military support to foreign CM operations has  
28 three major objectives: first, to plan for and, if necessary, employ a force  
29 capable of managing the consequences caused by the use of WMD; second, to  
30 transfer control to civil authority and return US military forces to their previous  
31 posture; and third, to re-institute regional deterrence through the return to  
32 Continual Deterrence Operations. Since CM operations may be initiated  
33 independently at any time, and may be conducted before, during, or after the  
34 conduct of combat operations, combatant commanders must be prepared to  
35 conduct them across the spectrum of conflict. During CM operations,  
36 geographic combatant commanders will support DOS. The desired end state is  
37 that DOD CM support operations are no longer required, US military forces  
38 return to their previous posture, and Continual Deterrence Operations are re-  
39 instituted.

#### (2) (ii) Employment

43 (a) (ii) General

44  
45       1. (U) Consequence Management and Weapons of Mass Destruction.  
46       CM planning is premised on the assumption that the entire range of

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1 international efforts has failed to prevent an adversary from deploying a  
2 credible WMD threat or actually employing a WMD. CM, by minimizing the  
3 effects of WMD, may help to deter WMD proliferation and use. Strategically,  
4 CM operations facilitate a return to stability through provision of timely  
5 assistance to affected national governments in order to minimize or mitigate  
6 the effects from incidents involving chemical, biological, or radiological  
7 contaminants or the detonation of nuclear or high-yield explosives . CM  
8 operations are intended to assist affected governments in reducing a  
9 population's vulnerability to the effects of CBRNE incidents by assisting with  
10 preventive or precautionary measures (e.g. vaccines, personal decontamination  
11 supplies, and decontamination expertise) and restoring necessary life-  
12 sustaining services (e.g., medical care, electrical power, and transportation  
13 infrastructures) while demonstrating United States resolve to come to the  
14 assistance of allies in the event that other CP efforts fail.  
15

16       **2. (U) Consequence Management Operations.** Geographic combatant  
17 commanders' foreign CM planning must identify, train, and exercise a theater-  
18 based headquarters element to command the initial incident response and  
19 serve as the initial command and control element for subsequent DOD support  
20 to the LFA. Planning must also identify the combatant command's organic  
21 designated forces to support CM operations and identify additional DOD forces  
22 that are likely to be required, such as specialized extra-theater and high-  
23 demand/low-density (HD/LD) assets. Geographic combatant commanders  
24 should designate a component or subordinate commander responsible for  
25 training and employing the geographic combatant command's organic  
26 designated forces to support CM operations. Personnel and equipment  
27 shortfalls and augmentation requests must be identified to the Joint Staff for  
28 additional force prioritization and allocation.  
29

30       **b. (U) Phases of CM**

31       **(1) (U) Phase I: Situation Assessment and Preparation**

32       (a) (U) Phase I includes those actions required to conduct situation  
33 assessment and preparation, including the timely and accurate assessment of  
34 the CBRNE situation, preparation for deployment, and the deployment of  
35 selected advance elements. The geographic combatant commander, in  
36 coordination with the COM, may deploy in-theater CBRNE assessment,  
37 detection, and identification survey teams, as required. Phase I ends upon  
38 deployment of advance elements.  
39

40       (b) (U) Geographic Combatant Commander Phase I Tasks

41       1. (U) Determine incident type.  
42

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1       2. (U) Conduct mission analysis and activate command and control  
2 structure and CM forces for immediate response. Determine asset  
3 requirements. Request required liaison and advisory personnel from  
4 supporting commands and agencies or through the Joint Staff as appropriate.  
5

6       3. (U) Deploy, in coordination with COM, CBRNE assessment,  
7 detection, and identification survey team, from in-theater assets.  
8

9       4. (U) Determine availability of command and CONUS based assets.  
10

11       5. (U) Determine adequacy of existing HN plans to resolve WMD  
12 incidents and status of HN, allied, international, and non-governmental assets  
13 responding to the incident.  
14

15       6. (U) Determine status and availability of required movement assets.  
16

17       7. (U) Conduct necessary medical preparation of US forces.  
18

19       8. (U) Prepare initial public affairs guidance and plan formulation.  
20

21       9. (U) Identify deficiencies in status of forces agreements (SOFA) that  
22 provide for protection of US personnel.  
23

24       10. (U) Identify and prepare required forces for deployment.  
25

26       11. (U) Establish liaison with HN and allied assets.  
27

28       12. (U) Establish a Civil Military Operations Center (CMOC) to  
29 coordinate military operations with the civilian response effort.  
30

31       13. (U) Identify the status of US personnel who may be held or  
32 detained by foreign authorities or entities.  
33

34       (2) (U) Phase II: Deployment  
35

36       (a) (U) Phase II begins with the CJCS Deployment/Execute Order  
37 designating the base support installation (BSI), and establishing formal  
38 command relationships (i.e. supported and supporting commanders). The order  
39 serves as the formal authority for the deployment of forces. Phase II ends when  
40 all forces have completed movement to the designated incident location and  
41 supporting locations.  
42

43       (b) (U) Geographic Combatant Commander Phase II Tasks  
44

45       1. (U) Deploy, or coordinate with TRANSCOM for the deployment of  
46 required DOD assets by the most effective means available.

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1           2. (U) Phase the flow of personnel, equipment, and supplies to meet  
2 requirements in priority without overwhelming reception and on-site support  
3 capabilities. The deployment priorities for a foreign CM operation are  
4 assessment elements; personnel and resources capable of providing support in  
5 areas that have immediate critical shortfalls; and personnel and resources  
6 required to provide secondary support to other necessary functions for relief of  
7 the foreign CM situation.

8  
9           10         3. (U) Ensure the deployment priority of DOD units and assets  
11 supports the requests for action received from the LFA.

12  
13         14         4. (U) The Secretary of Defense may direct that CM forces be located  
14 at the site of a potential incident or at an intermediate staging location.  
15 Geographic combatant commanders' planning will include stipulations for  
16 activating, marshaling, and moving CM forces to a particular site or staging  
17 base.

18  
19         (3) (U) Phase III: Assistance to Civil Authorities

20  
21         (a) (U) Phase III begins with the arrival of requested military assistance  
22 at the incident location and supporting locations and ends with the  
23 determination that DOD support is no longer required. Begin planning  
24 immediately for transition to civilian agencies. Identify the conditions which  
25 will initiate transition.

26  
27         (b) (U) Geographic Combatant Commander Phase III Tasks

28  
29         1. (U) Transport recovered WMDs, agents, or materials to pre-  
30 designated point(s) of disposition.

31         2. (U) Assist HN forces to isolate the incident area.

32         3. (U) Validate HN sampling efforts.

33         4. (U) Determine downwind/fallout hazard.

34         5. (U) Assist HN forces in evacuating civilians from the incident site  
35 and surrounding area to facilitate operations.

36         6. (U) Provide security for relief personnel and facilities involved in  
37 incident response.

38         7. (U) Provide advice and assistance to local medical authorities.

39         8. (U) Assist in search and rescue (SAR) operations.

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1  
2       9. (U) Assist in firefighting operations.  
3

4       10. (U) Assist HN in decontaminating personnel, equipment, and  
5 facilities involved in initial response operations as required.  
6

7       11. (U) Assist HN forces in initiating a public information campaign to  
8 provide necessary information to affected civilians as well as to global and  
9 regional media if possible.  
10

11       12. (U) Be prepared to receive additional forces based upon incident  
12 severity. The geographic combatant command's initial response force will  
13 assume control of follow-on DOD forces and deployed military assets.  
14

15       13. (U) Assist HN in establishing displaced civilian centers (DCCs)  
16 with adequate shelter and food for civilians affected by the incident area if  
17 possible.  
18

19       14. (U) Assist HN forces with mortuary affairs and casualty recovery,  
20 classification, and processing if possible.  
21

22       15. (U) Assist in removal and disposal of contaminated debris if  
23 required.  
24

25       16. (U) Assist in infrastructure repair to facilitate CM operations if  
26 possible.  
27

28       17. (U) Assist HN in reconstruction efforts to minimize long-term  
29 disruption to civil society if possible.  
30

31       18. (U) Assist in decontaminating US, HN, and allied personnel and  
32 equipment engaged in CM operations.  
33

34       (4) (U) Phase IV: Transition to Civilian Agencies. Although planning for  
35 transition of CM begins as soon as practical following the initial response,  
36 Phase IV begins with formal implementation of the transition plan for those  
37 tasks and responsibilities being accomplished by US military.  
38

39       (5) (U) Phase V: Redeployment. Phase V begins with the redeployment of  
40 the US military forces involved in the foreign CM operation and will be  
41 completed when all forces have returned to their previous military postures.  
42

43       c. (U) Tasks  
44

45       (1) (U) Geographic Combatant Commanders  
46

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1       (a) (U) The Consequence Management Plan. Each geographic combatant  
2 commander will develop a plan for response to foreign WMD incidents. Plans  
3 will consider the unique differences for different types of WMD incidents and,  
4 when possible, will reflect different capabilities of countries in the AOR.

5  
6       1. (U) Force Identification and Training. Geographic combatant  
7 command CM planning will identify and train a JTF-CM HQ element to direct  
8 DOD response. This element will have the capability to serve as the C2  
9 element for all subsequent DOD support. Planning must identify organic  
10 designated forces to support CM operations and additional DOD forces likely to  
11 be required, such as specialized extra-theater and HD/LD CM assets.  
12 Geographic combatant commanders will designate a component or subordinate  
13 commander responsible for training and employing organic CM forces.

14  
15       2. (U) Force Allocations. To support CM Operations, geographic  
16 combatant commanders will first identify personnel and equipment already  
17 allocated under other existing plans and identify capabilities and limitations.  
18 Forces designated for activation and employment by the geographic combatant  
19 commander's HA/DR Functional Plan may form the basis for the theater's CM  
20 plan. Personnel and equipment shortfalls (such as specialized extra-theater  
21 and HD/LD CM assets not identified under existing plans) and augmentation  
22 requests must be identified to the Joint Staff for additional force prioritization  
23 and allocation. Factors affecting force allocations include:

24  
25           a. (U) Scope of the anticipated mission.

26  
27           b. (U) Anticipated threat during deployment, employment, and  
28 redeployment.

29  
30           c. (U) Forecast reaction time.

31  
32           d. (U) Geographic location, size, and nature of the management  
33 task and objective.

34  
35           e. (U) Political situation in the region and nation involved.

36  
37           f. (U) Special requirements such as equipment and technical  
38 expertise.

39  
40           g. (U) Availability and readiness of combat support and  
41 augmentation forces.

42  
43           h. (U) Availability of communications support.

44  
45           i. (U) Presence of a permanent geographic combatant command  
46 headquarters in theater.

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1  
2       j. (U) Availability, deployability, and sophistication of allied, HN,  
3 and other resources.

4  
5       k. (U) Availability of pre-positioned stocks (e.g., protective clothing,  
6 decontamination supplies and equipment, chemical-biological detection  
7 equipment, and vaccines).

8  
9       (c) (U) Training. Geographic combatant commanders must evaluate the  
10 current training level of assigned forces. Each geographic combatant  
11 commander will establish Joint Mission Essential Tasks (JMETS), including  
12 Universal Joint Task List (UJTL) tasks associated with foreign CM, based on  
13 the Joint War Fighting Center's foreign CM UJTL. Identify linked and  
14 supporting tasks that will ensure that other combatant commands, supporting  
15 Service components, and potential JTF with CM responsibilities are  
16 comparably trained. USCINCPAC will include foreign CM-associated  
17 operational and tactical level tasks in the common task lists used as the basis  
18 for their JTF headquarters training and joint interoperability training  
19 programs.

20  
21       (d) (U) Readiness Evaluation. Geographic combatant commanders will  
22 use criteria established by USCINCPAC to evaluate and govern the  
23 readiness of their Joint Task Force – Consequence Management (JTF-CM)  
24 headquarters using standardized UJTLs.

25  
26       (e) (U) Anticipated Augmentation from Allied Nations. Each geographic  
27 combatant commander's plan will contain provisions for the inclusion of allied  
28 forces agreed to under the auspices of existing treaties as well as regional and  
29 international agreements. In most cases, US CM operations will be conducted  
30 in collaboration with a host nation, allied forces, or as part of multinational  
31 relief efforts. Consequently, each combatant command's existing multinational  
32 and bilateral agreements should contain stipulations for providing emergency  
33 or disaster assistance and must be thoroughly understood at the geographic  
34 combatant command level. Engagement with HNs to determine their non-  
35 military CM capabilities must be coordinated with DOS. At a minimum,  
36 geographic combatant commanders will consider the following items in  
37 developing their regional CM plans.

38  
39       1. (U) Exact composition, disposition and readiness of potential allied  
40 relief personnel and equipment. An accurate assessment of US, allied, and HN  
41 capabilities and limitations to conduct CM related operations should indicate  
42 what additional or special personnel and equipment may be requested.

43  
44       2. (U) Precise delineation of what each alliance member has agreed to  
45 provide (e.g., personnel, equipment, or supplies) under the auspices of existing  
46 bilateral agreements.

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1           3. (U) Alliance procedures for activating, mobilizing, and deploying  
2 relief forces. Individual alliance member mobilization capabilities and  
3 adequacy of organic transportation assets must be understood to forecast  
4 alliance response times.  
5

6           4. (U) Validating and, where necessary, establishing liaison with  
7 allied relief agencies and military commands.  
8

9           (f) (U) Anticipated Support from International Contracting. See Annex  
10 D.

11           (g) (U) Activation and Deployment Requirements. See Basic Plan.  
12

13           (2) (U) Functional Combatant Commanders  
14

15           (a) (U) USCINCJFCOM  
16

17           1. (U) Identify, coordinate, exercise and upon President or Secretary  
18 of Defense directive, deploy a joint cadre of technical experts to advise and  
19 assist geographic combatant commanders tasked to conduct foreign CM  
20 operations. The USCINCJFCOM cadre of deployable technical experts will be  
21 tailored based on WMD incident type and supported command requirements.  
22

23           2. (U) When directed by the Secretary of Defense, act as executive  
24 agent for CM support to all regional exercises. Included within this  
25 responsibility is the authority to issue directives and order movement of  
26 selected combatant command and Service assigned personnel and assets to  
27 participate in CM training and exercises.  
28

29           3. (U) When directed by the President or Secretary of Defense, deploy  
30 specialized extra-theater and HD/LD assets to augment the affected geographic  
31 combatant commander to conduct foreign CM.  
32

33           (b) (U) United States Transportation Command (USTRANSCOM)  
34

35           1. (U) Provide air, ground, and maritime mobility resources to meet  
36 the supported commander's CM transportation requirement.  
37

38           2. (U) Provide aeromedical evacuation, air refueling, and aerial port  
39 services to support CM operations.  
40

41           3. (U) Be prepared to move selected forces and identified forces of  
42 other government agencies to support the President or Secretary of Defense-  
43 directed foreign CM operations.  
44

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1       4. (U) Provide liaison officers (LNOs) and other assistance to the  
2 supported commander and lead agency as required.

3       4     (c) (U) United States Special Operations Command (USSOCOM)

4       5     1. (U) Be prepared to deploy selected forces to support the President  
6 or Secretary of Defense-directed foreign CM operations.

7       9     2. (U) Provide Special Operations assets to the supported commander  
10 as requested and approved by the President or Secretary of Defense.

11     12     (d) (U) United States Space Command (USSPACECOM)

13     14     1. (U) Provide priority support for dedicated communications,  
15 navigation, meteorological, and computer network defense as directed by the  
16 President or Secretary of Defense.

17     18     2. (U) Provide notification of degradation or enhancement of US space  
19 systems that may affect planned or on-going foreign CM operations.

20     21     (3) (U) Combat Support and Defense Agencies

22     23     (a) (U) Defense Intelligence Agency (DIA)

25     26     1. (U) Serve as the DOD agency for satisfying combatant commander-  
27 validated intelligence requirements, prioritizing requirements relative to other  
28 DOD requirements, and producing tailored, finished foreign intelligence  
products to support the planning for and conduct of foreign CM operations.

29     30     2. (U) Provide appropriate intelligence support to DOD leadership and  
31 combatant commands.

32     33     3. (U) Coordinate all DOD national-level intelligence activities for this  
34 plan and maintain liaison with non-DOD intelligence agencies.

35

36     37     (b) (U) Defense Information Systems Agency (DISA). Be prepared to  
38 provide commanders with command, control, communications, computers, and  
intelligence (C4I) support and other support as required.

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1

2           (c) (U) Defense Logistics Agency (DLA). Ensure the supported and  
3 supporting commands receive timely and effective logistic support in planning  
4 and executing foreign CM operations.

5

6           (d) (U) Defense Threat Reduction Agency (DTRA)

7

8           1. (U) Support CM training exercises and the operational deployments  
9 of DOD elements in response to CBRNE situations. Provide expertise in CM to  
10 joint task force commanders, key DOD components, and other USG agencies  
11 through the deployment, upon President or Secretary of Defense approval, of a  
12 Consequence Management Assistance Team (CMAT), including public affairs,  
13 general counsel, explosive ordnance disposal (EOD), medical, and other DTRA  
14 assets as required.

15

16           2. (U) Sponsor studies and Advanced Concept Technology  
17 Demonstrations (ACTD) to support development and acquisition of CBRNE  
18 doctrine, training, and equipment. Provide modeling, assessments,  
19 publications, and other support as required.

20

21           3. (U) Provide a single point of contact, through the DTRA Operations  
22 Center, for all technical support required for the agency.

23

24           (e) (U) National Imagery and Mapping Agency (NIMA). Be prepared to  
25 provide imagery, imagery intelligence, geospatial information, and other  
26 support as required.

27

28           (f) (U) Defense Contract Management Agency (DCMA)

29

30           1. (U) Ensure the supported and supporting commands receive timely  
31 and effective contract administration services.

32

33           2. (U) When directed, provide an initial response team (IRT) to the  
34 AOR to perform contract administration services and act as the single point of  
35 contract for DCMA matters. The follow-on teams will be tailored to  
36 complement any operation in accomplishing various contract management  
37 services. See Annex D.

38

39           (4) (U) Other Defense Agencies

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1  
2       (a) (U) National Security Agency (NSA). Provide selected support as  
3 requested and specifically approved by the appropriate authorities for foreign  
4 CM operations.

5  
6       (5) (U) Military Services

7  
8       (a) (U) Provide, as directed by the President or Secretary of Defense,  
9 reserve component (RC) forces that are capable of conducting a wide range of  
10 foreign CM operations. A presidential reserve call-up (PRC) can be used to  
11 activate RC forces in response to the use or threatened use of a chemical,  
12 biological, radiological, or nuclear device.

13  
14       1. (U) US Army

15  
16       a. (U) Provide forces to assist the lead agency for CM as part of the  
17 supported geographic combatant commander's response during a foreign CM  
18 situation.

19  
20       b. (U) Provide specialized chemical and biological units, chemical  
21 detachments, EOD units, specialized medical units and research capabilities,  
22 and military working dogs to the supported combatant commander or JTF-CM.

23  
24       2. (U) US Navy

25  
26       a. (U) Provide forces to assist the lead agency for CM as part of the  
27 supported geographic combatant commander's response during a foreign CM  
28 situation.

29  
30       b. (U) Provide specialized environmental and radiological units,  
31 EOD units, military working dogs, specialized medical units, and medical  
32 research capabilities to the supported geographic combatant commander or  
33 JTF-CM.

34       3. (U) US Air Force

35  
36       a. (U) Provide forces to assist the lead agency for CM as part of the  
37 supported geographic combatant commander's response during a CBRNE CM  
38 situation.

39  
40       b. (U) Provide biological, chemical, and radiological detection  
41 capabilities, hazardous material (HAZMAT) first responders, EOD units,  
42 military working dogs, and response tailored specialty medical assets, to  
43 include but not limited to, aeromedical rapid response units and specialized  
44 environmental surveillance assets to the supported geographic combatant  
45 commander or JTF-CM.

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1       4. (U) US Marine Corps

2  
3           a. (U) Provide forces to assist the lead agency for CM as part of the  
4 supported geographic combatant commander's response during a foreign  
5 CBRNE CM situation.

6  
7           b. (U) Provide specialized chemical and biological units to the  
8 supported geographic combatant commander or JTF-CM.

9  
10          d. (U) Coordinating Instructions

11  
12          (1) (U) DOD will always be in support of civil authorities during foreign CM  
13 operations. While in support of the LFA, DOD forces will remain under military  
14 command and control.

15  
16          (2) (U) Interagency CM coordination, required by the combatant  
17 commanders, prior to a CBRNE situation will be coordinated through the Joint  
18 Staff, J-3/Joint Operations Division. Direct liaison between all commands and  
19 DOD agencies will be as authorized by CJCS during all phases of CM  
20 operations.

21  
22          (3) (U) PA guidance is set by the LFA. Media inquiries concerning DOD  
23 support will be referred to the Office of Assistant Secretary of Defense (Public  
24 Affairs (OASD (PA)). See Annex F.

25  
26          (4) (U) Operational Constraints. Supported combatant commanders will  
27 list any constraints to the conduct of foreign CM operations not enumerated  
28 elsewhere in their respective CONPLANS 0400. Estimate the impact of these  
29 operational constraints and indicate how the concept of operations could be  
30 modified if these constraints were removed. State the effect of removing the  
31 constraints incrementally. Existing operational constraints are:

32  
33           (a) (U) Availability of CM Capabilities. DOD units possess capabilities  
34 that can provide foreign CM assistance during a foreign CBRNE situation.  
35 Response times and resources vary for every situation. Additionally, several of  
36 these units may be committed to potential or current military operations  
37 worldwide. Based upon adjusted priorities, the Secretary of Defense could  
38 redirect these units to foreign CM operations. The required time to disengage  
39 and redeploy the units and the impact on on-going military operations are key  
40 planning considerations.

41  
42           (b) (U) Factors Affecting the Timeliness of DOD Support. For situations  
43 other than immediate response, DOD is not typically a "first responder" and,  
44 except for immediate crisis response, can not begin support operations until  
45 properly directed. Timely arrival of DOD support is affected by time-distance  
46 factors, transportation, logistics limitations and mobilization timelines.

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1                   (c) (U) Intelligence. The LFA has the overall responsibility for the  
2 collection, analysis, and dissemination of information on the operating  
3 environment.

4  
5                   (d) (U) Media Impact. The media will play an important role in reporting  
6 and shaping public opinion concerning a CBRNE situation and CM response  
7 operations. Any DOD response must take into account possible media  
8 repercussions. The LFA is the lead for PA guidance. The Interagency Joint  
9 Information Center (JIC) will provide information to the media. The OASD (PA)  
10 is the point of contact for all media inquiries concerning DOD support to the  
11 LFA.

12  
13                   (e) (U) Medical Services. During a CBRNE situation, medical and public  
14 health needs may be significant factors. The time sensitive nature of the  
15 requirements necessitates early and rapid interagency coordination to be  
16 effective. Restrictions on the use of military medical stockpiles and on the  
17 military vaccinating civilians may need to be addressed in mission planning.  
18 DOD unit commanders, upon notification of deployment in support of the LFA,  
19 will need to ensure full implementation of appropriate force health protection  
20 measures.

21  
22                   (f) (U) Mortuary Affairs (MA). Despite efforts to save lives and prevent  
23 injury, CBRNE situations may create mass fatalities. DOD may be requested  
24 to assist the LFA in mitigating the potential health risks posed by mass  
25 fatalities.

26  
27                   (g) (U) Transportation Assets. Transportation of DOD and other federal  
28 personnel and assets to a CBRNE situation will be critical to a successful  
29 response. DOD transportation assets are in high demand and require planning  
30 time. All transportation modes should be considered to support CM  
31 operations.

32  
33                   (h) (U) Force Reception Capabilities. Airfield availability, adequacy of  
34 seaports of debarkation, on-site logistical support, and the status of  
35 transportation infrastructure may affect the phased deployment of DOD  
36 resources.

37  
38                   (i) (U) NBC Contamination. The effects of chemical, biological, or  
39 radiological contamination on the operational environment may severely  
40 restrict CM response options. Site containment, decontamination, and  
41 casualty activities may require more detailed planning, special reconnaissance,  
42 and additional specialized support assets. NBC contamination will greatly slow  
43 operational activity, while increasing the logistics burden.

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1                   (j) (U) Reserve Component Forces. RC forces are capable of conducting  
2 a wide range of CBRNE CM operations and augmenting active duty forces. The  
3 timeline associated with RC call-up or mobilization is a key planning  
4 consideration.

5  
6                   (k) (U) Communications with Other Agencies. Planners should take the  
7 potential requirement for the use of military tactical communications into  
8 account and ensure through coordination with the LFA that liaison and  
9 communications with all agencies is sufficient to accomplish the mission.

10  
11                  (l) (U) Current force allocation and level of training for CM missions.

12  
13                  4. (U) Administration and Logistics

14  
15                  a. (U) Concept of Support. The Services, through component commanders  
16 or agencies, will provide support as directed by the Secretary of Defense.

17  
18                  b. (U) Logistics. See Annex D.

19  
20                  c. (U) Personnel. See Annex E.

21  
22                  d. (U) Public Affairs. Each geographic combatant command CM plan will  
23 include an Annex F, Public Affairs. The annex will include procedures for  
24 production and dissemination of information on agents and their effects. The  
25 annex will also consider procedures for minimizing panic and preventing  
26 further spread of contamination or diseases. See Annex F.

27  
28                  e. (U) Civil Affairs

29  
30                  (1) (U) A majority of the Civil Affairs (CA) capabilities within DOD resides in  
31 the RC. Certain CA units are task-organized around functional specialty areas,  
32 such as public health, public welfare, public transportation, public  
33 communications, and dislocated civilians, which may correspond to  
34 government agencies' responsibilities in CBRNE CM operations. This  
35 functional expertise can greatly assist commanders in detailed planning for  
36 specific emergency support function (ESF)-related RFAs. CA personnel are  
37 trained to conduct assessments of disaster situations and humanitarian needs,  
38 which can provide commanders valuable insight in planning for CM support  
39 and restoration of vital public services.

40  
41                  (2) (U) CA units contain extensive expertise in foreign humanitarian  
42 assistance operations. CA units also contain extensive expertise in  
43 establishing and operating CMOCs. This CMOC expertise can assist  
44 commanders in coordination between the military and civil authorities, NGOs,  
45 and the civilian populace during CM operations.

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1	75	Battle Captain	O-3
2	76	Operations Officer, Ground Operations	O-4/O-3
3	77	Ground Operations NCO	E-7/E-6
4	78	Operations Officer, Air Operations	O-4/O-3
5	79	Air Operations NCO	E-7/E-6
6	80	Operations Officer, Naval Operations	O-4/O-3
7	81	Naval Operations NCO	E-7/E-6
8	82	Operations Officer, Special Projects	O-5/O-4
9	83	Senior Enlisted Operations Advisor	E-9
10	84	Operations Specialist, JOC NCOIC	E-8/E-7
11	85	Operations Specialist, Special Projects	E-6/E-5
12	86	Operations Specialist	E-6/E-5
13	87	Future Operations Officer	O-4/O-3
14	88	Future Operations NCO	E-7/E-6
15	89	PSYOP Officer	O-4/O-3
16	90	PSYOP NCO	E-7/E-6
17	91	NBC Officer	O-5/O-4
18	92	NBC NCO	E-7/E-6
19	93	Provost Marshall Officer	O-5/O-4
20	94	Provost Marshall NCO	E-7/E-6
21	95	Weather Officer	O-3
22	96	Weather Forecaster	E-7/E-6
23	97	Weather Forecaster	E-7/E-6
24	98	Radiological Safety Advisor (As Needed)	CIV/MIL
25	99	Nuclear Weapons Advisor (As Needed)	CIV/MIL
26	100	Chemical Weapons Advisor (As Needed)	CIV/MIL
27	101	Biological Weapons Advisor (As Needed)	CIV/MIL
28			
29			
30		<b>(102-117) J4 (Logistics)</b>	
31			
32	102	*Director for Logistics	O-6/O-5
33	103	Logistics Officer, Material	O-4/O-3
34	104	Logistics Officer, Supplies	O-4/O-3
35	105	Logistics Officer, Transportation	O-4/O-3
36	106	*Logistics Officer	O-4/O-3
37	107	Transportation Officer	O-4/O-3
38	108	Transportation Officer	O-4/O-3
39	109	Transportation Officer	O-4/O-3
40	110	Transportation Officer	O-4/O-3
41	111	Senior Enlisted Logistics Advisor	E-9
42	112	Logistics Specialist, Materials	E-7/E-6
43	113	Logistics Specialist, Supplies	E-6/E-5
44	114	Logistics Specialist, Transportation	E-6/E-5
45	115	Logistics Specialist	E-6/E-5
46	116	Mortuary Affairs Specialist	E-8/E-7

T-1-4  
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1  
2  
3  
4  
5  
6 Appendix 3 to ANNEX T TO CJCS CONPLAN 0400-00  
7 INTERAGENCY COORDINATION FOR FOREIGN CONSEQUENCE  
8 MANAGEMENT

9  
10 References: See Basic Plan.

11  
12 1. (U) Interests and Mission

13  
14 a. (U) Assessment of US Interests. A disastrous CBRNE situation will  
15 present daunting challenges for HN civilian and military authorities. The  
16 DOD CM response must be timely and designed to work in concert with  
17 the USG CM response. Interagency planning and coordination at all  
18 levels is critical to the success of the USG response in saving lives,  
19 property, and mitigating damage.

20  
21 b. (U) Mission Statement. See Basic Plan.

22  
23 c. (U) Objectives

24  
25 (1) (U) Define DOD responsibilities ISO USG foreign CM operations.

26  
27 (2) (U) Provide guidance to geographic combatant commanders for  
28 planning and conducting foreign CM operations.

29  
30 d. (U) The desired end state is that DOD CM support operations are  
31 no longer required, US military forces return to their previous posture,  
32 and Continual Deterrence Operations are re-instituted.

33  
34 e. (U) Transition/Exit Criteria. The transition/exit criteria depend on  
35 the mission and requirements tasked to DOD. Upon the commencement  
36 of CM operations, DOD will coordinate with DOS/COM on the measures  
37 of effectiveness to evaluate each task. When these measures of  
38 effectiveness have been met, the Commander JTF will then coordinate on  
39 the transfer of responsibilities to the appropriate USG agency, HN, or  
40 NGO/PVO as soon as possible. Redeployment timelines will be  
41 coordinated as soon as practical.

42  
43 2. (U) Execution

44  
45 a. (U) Concept of Operations. DOD support to USG CM operations  
46 require close coordination with the LFA and other USG agencies involved.

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1           3. (U) Provides follow-on assets capable of assisting DOS in  
2 responding technically, such as the identification of on-site  
3 contaminants, sample collection and analysis, and limited  
4 decontamination capabilities, hazard prediction and assessment, and  
5 nuclear accident and incident emergency response procedures.  
6

7           8       (c) (U) Department of Justice/Federal Bureau of Investigation  
9

10          11      1. (U) Designates and assigns appropriate FBI personnel and  
11 resources to participate in the FEST.

12          13      2. (U) Provides criminal, legal, and technical assistance and  
14 support to the COM/Country Team.

15          16      3. (U) Functions as the lead responsible USG agency for  
17 evidence collection and criminal investigation under the authority of the  
18 COM.

19          20      4. (U) Conducts coordination with HN law enforcement and  
21 investigation authorities at the incident scene.

22          23      (d) (U) Department of Energy  
24

25          26      1. (U) Designates technical personnel and supporting  
26 equipment for deployment with the FEST or CMST, as requested by DOS.

27          28      2. (U) Provides scientific-technical assistance and for CM. DOE  
29 provides expertise in effect modeling, protective action guides, radiation  
30 monitoring, sampling, analysis, assessment, health and safety, and  
31 medical advice on radiation induced injuries.

32          33      3. (U) Acquires, maintains, and makes available any special  
34 equipment and capabilities required to provide the necessary scientific  
35 and technical assistance.

36          37      (e) (U) The Department of Health and Human Services  
38

39          40      1. (U) Provides support to DOS if requested.

41          42      2. (U) Designates technical personnel and supporting  
42 equipment to deploy with the FEST or CMST, as requested by DOS.

43          44      3. (U) Provides technical advice and assistance, such as agent  
45 threat assessment, identification of contaminants, sample collection and

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1 During Phase I, Initial Assessment and Preparation, the objective is to  
2 establish contact with the DOS, support situation assessment, and begin  
3 to identify capabilities that DOD may provide. Phase II, Deployment,  
4 occurs through constant coordination with the DOS and supporting  
5 agencies to ensure proper and efficient arrival of DOD assets and  
6 integration into the USG effort. Phase III, Assistance to Civil Authorities,  
7 is conducted in support of DOS and in concert with US, HN, and other  
8 agencies and activities. Phase IV, Transition to Civilian Agencies, is  
9 planned with DOS and executed in coordination with relieving agencies.  
10 Phase V, Redeployment, is also planned in coordination with the LFA.

11           (1) (U) Chairman's Intent. DOD will provide resources to  
12 complement and augment DOS in executing CM operations to provide  
13 assistance to overwhelmed HN authorities at the direction of the  
14 President. DOD provides assistance after an approved request and will  
15 be in support of DOS in foreign CM operations.

16           (2) (U) Major Areas of USG Interagency Response

17           (a) (U) Department of State. DOS is the LFA for all foreign CM  
18 operations.

19           1. (U) Chief of Mission. The COM is the senior USG official for  
20 foreign CM operations. All USG and DOD support will be coordinated  
21 through the COM and Country Team.

22           2. (U) Foreign Emergency Support Team. The FEST is a DOS-  
23 led specialized interagency USG team designed to provide expert advice  
24 and guidance expeditiously to the COM on the capabilities of supporting  
25 agencies and to coordinate follow-on response assets. The FEST consists  
26 only of those agencies needed to respond to a specific incident. When  
27 appropriate, the FEST includes specialists from other government  
28 agencies for specific types of incidents.

29           3. (U) Consequence Management Support Team. The CMST is  
30 a DOS led specialized interagency USG team responsible for the  
31 coordination of USG response to foreign CM operations. The CMST  
32 advises the COM/Country Team, HN, geographic combatant commander,  
33 and CJTF on foreign CM operations and support.

34           (b) (U) Department of Defense

35           1. (U) Provides military assets that can assist in CM operations.  
36           2. (U) Provides designated personnel to deploy with the FEST or  
37 CMST who possess the expertise requested by DOS.

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1 analysis, and on-site safety and protection activities, medical  
2 management plans, and the provision of health and medical care.

3  
4       4. (U) Provides appropriate advice on public health  
5 surveillance, medical treatment protocols, decontamination capabilities,  
6 mental health services, pharmaceuticals support operations (National  
7 Pharmaceutical Stockpile), assistance for mass patient care, mass  
8 prophylaxis of exposed or potentially exposed populations, and the  
9 handling of mass fatalities.

10  
11       (f) (U) Federal Emergency Management Agency. Provides support  
12 to DOS if requested.

13  
14       (g) (U) Department of Transportation. Provides assistance in  
15 facilitating the movement of US forces through contingency planning in  
16 coordination with DOD.

17  
18       (h) (U) Environmental Protection Agency. Provides technical  
19 expertise to US and HN authorities in containing contaminants and in  
20 evaluating the impact of hazardous material releases on the local  
21 environment.

22       b. (U) Interagency Chain of Authority

23  
24       (1) (U) DOS is responsible for the coordination of all USG actions in  
25 support of foreign CM. All USG agencies responding to a CBRNE CM  
26 situation will coordinate their actions through DOS.

27  
28       (2) (U) The FBI is responsible for developing and advising the COM  
29 on a structure to coordinate incident objectives, strategies, and priorities  
30 for the use of critical resources assigned to the incident.

31       3. (U) Coordinating Instructions

32  
33       a. (U) Units, Services, and activities within DOD that have  
34 memoranda of agreement with other USG agencies or with HN  
35 governments or militaries will execute those agreements as appropriate.

36  
37       b. (U) Initial requests for DOD support from civilian agencies must  
38 enter through the DOD Executive Secretary, the single point of contact  
39 for all CM support requests.

40  
41       c. (U) Once DOD forces have been deployed, requests for additional  
42 DOD support will be coordinated through the Commander JTF.

43  
44       4. (U) Administration and Logistics. See Annex D.