CHAIRMAN OF THE JOINT CHIEFS OF STAFF
Washington, D.C. 20318
XX XXXX 2002

SUBJECT: CJCS CONPLAN 0400-00 (U)

SEE DISTRIBUTION

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

2. ~~(C)~~ (b)(1)

(b)(1)

3. (U) This plan is effective for planning when approved by the Chairman of the Joint Chiefs of Staff and supercedes CJCS CONPLAN 0400-96.

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

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

For the Chairman of the Joint Chiefs of Staff:

JOHN P. ABIZAID
Lieutenant General
Director, Joint Staff

DISTRIBUTION:

1 Enclosure
CJCS CONPLAN 0400-00 (U)

~~Classified By: Multiple Sources~~
~~Reason: 1.5(a)~~
~~Declassify on: n/a~~

CHAIRMAN OF THE JOINT CHIEFS OF STAFF
Washington, D.C. 20318
8 January 2002

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

(U) REFERENCES:
a. Joint Pub 4-02, 30 July 2001, "Doctrine for Health Service Support in Joint Operations (U)"
b. Joint Pub 4-02.1, 6 October 1997, "Joint Tactics, Techniques, and Procedures for Health Service Logistics Support in Joint Operations (U)"
c. Joint Pub 4-02.2, 30 December 1996, "Joint Tactics, Techniques, and Procedures for Patient Evacuation in Joint Operations (U)"
d. Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field (U), 12 August 1949
e. Geneva Convention for Amelioration of the Condition of the Wounded Sick and Shipwrecked Members of the Armed Forces at Sea (U), 12 August 1949
f. Geneva Convention Relative to the Treatment of Prisoners of War (U), 12 August 1949
g. Geneva Convention Relative to the Protection of Civilian Persons in Time of War (U), 12 August 1949
h. Joint Pub 3-11, 11July 2000, "Joint Doctrine for Operations in Nuclear, Biological, and Chemical (NBC) Environments (First Draft) (U)"
i. Joint Pub 3-07, 16 June 1995, "Joint Doctrine for Military Operations Other Than War (U)"
j. Joint Pub 3-07.6, 15 August 2001, "Joint Tactics, Techniques, and Procedures for Foreign Humanitarian Assistance (U)"
k. Joint Pub 5-00.2, 13 January 1999, "Joint Task Force Planning Guidance and Procedures (U)"
l. U.S. Army Medical Research Institute for Infectious Diseases, "Medical Management of Biological Casualties", Current Edition.
m. AMedP-6B, November 1995, "NATO Handbook on the Medical Aspects of NBC Operations (U)
n. DoD Directive 4515.13R, November 1994, "Air Transportation Eligibility (U)"
o. JCS Memorandum, MCM-251-98, 4 December 1998, "Deployment Health Surveillance and Readiness (U)"

~~Classified By: Multiple Sources~~
~~Reason: 1.5(d)~~
~~Declassify on: X1~~

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

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

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

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

d. (U) Assumptions

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

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

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

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

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

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

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

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

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

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

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

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

e. (U) Limitations

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

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

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

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

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

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

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

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

3. (U) Execution

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

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

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

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

(3) (U) Hospitalization

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

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

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

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

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

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

(4) (U) Medical Management

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

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

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

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

(5) (U) Patient Movement

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

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

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

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

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

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

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

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

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

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

(7) (U) Other Health Service Support

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

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

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

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

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

(9) (U) Force Health Protection

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

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

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

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

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

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

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

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

(10) (U) Veterinary Services

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

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

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

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

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

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

(14) (U) Combat Stress Management

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

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

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

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

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

b. (U) Tasks

(1) (U) Common Combatant Command and Service Headquarters Responsibilities

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

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

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

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

(2) (U) Department of the Army

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

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

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

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

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

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

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

(3) (U) Department of the Air Force

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

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

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

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

(4) (U) Department of the Navy

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

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

(5) (U) USTRANSCOM

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

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

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

(6) (U) Other Agencies

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

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

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

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

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

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

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

4. (U) Administration and Logistics

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

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

5. (U) Command and Control

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

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

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

Appendixes

1 -- Joint Patient Movement System (Not Applicable)
2 -- Joint Blood Program (Not Applicable)
3 -- Hospitalization (Not Applicable)

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

OFFICIAL:

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Washington, D.C. 20318
XX Xxxx 2002

APPENDIX 10 TO ANNEX Q TO CJCS CONPLAN 0400-00 (U)
MEDICAL INTELLIGENCE SUPPORT TO COUNTERPROLIFERATION OF WMD

(U) REFERENCES: Refer to Annex B.

1. (U) General

a. (U) Purpose. This appendix focuses on the detailed medical intelligence needed to conduct planning and to execute military operations across the spectrum of conflict. The purpose of medical intelligence is to identify environmental and disease threats to US forces, civilian and military healthcare capabilities, infrastructure, and installations. Medical essential elements of information (EEI) are identified in Appendix 1, PIR, to Annex B.

b. (U) Relationships. Specify relationships between the intelligence staff on the one hand and health service support, operations, civil affairs, and special operations staffs on the other to ensure effective coordination of requirements, priorities, and flow of finished intelligence.

2. (U) Mission. The intelligence staff collects, processes, and reports medical information to support planning and conduct of CP operations.

3. (U) Medical Intelligence Estimates. Provide or obtain estimates about the following:

a. (U) Diseases of Operational Importance. Disease threats of operational importance in the area of operations.

(1) (U) Identify disease risks likely to affect US military personnel in the potential areas of operation.

(2) (U) Identify variations in the disease situation associated with geography and climate that can be expected through the projected deployment period.

(3) (U) Identify the disease situation in the population(s) in the potential areas of operation that might influence combat service support planning and civil affairs planning.

(b)(3):10 USC §424

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

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

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

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

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

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

c. (U) Civilian Healthcare Infrastructure

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

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

(b)(3):10 USC §424

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

(b)(3):10 USC §424

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.

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

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

(INTENTIONALLY BLANK)

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XXxxxx 2002

ANNEX T TO CJCS CONPLAN 0400-00
MILITARY ASSISTANCE TO FOREIGN CONSEQUENCE MANAGEMENT OPERATIONS IN RESPONSE TO A CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR, OR HIGH-YIELD EXPLOSIVE SITUATION

REFERENCES: a. CJCS CONPLAN 0300-00, 01 December 2000 ~~(S)~~

b. DOD Directive 3150.8, 13 Jun 1996, "DOD Response to Radiological Accidents"

c. Presidential Decision Directive/NSC-39, 21 June 1995, "US Government Policy on Counterterrorism (U)"

d. Presidential Decision Directive/NSC-62, 22 May 1998, Protection Against Unconventional Threats to the Homeland and Americans Overseas ~~(S)~~"

e. National Security Presidential Directive/NSPD-8, 24 October 2001, "National Director and Deputy National Security Advisor for Combating Terrorism"

f. "Handbook of Department of Defense Assets and Capabilities for Response to a Nuclear, Biological or Chemical Incident" August 1996

g. MCM-24-98, 29 September 1999, "Unified Command Plan (UCP)"

h. "Defense Planning Guidance (DPG)," 09 May 1995

i. CJCSI 3110.01C, 06 October 1998, "Joint Strategic Capabilities Plan-FY 96 (U)"

j. Secretary of Defense Memorandum, 01 June 1994, "DOD Counterproliferation Policy,"

k. Presidential Decision Directive/NSC-56, 20 May 1997, "Managing Complex Contingency Operations (U)"

l. Joint Pub 0-2, 10 July 2001, "Unified Action Armed Forces (UNAAF) (U)"

m. Joint Pub 3-0, 10 September 2001, "Doctrine for Joint Operations"

n. Joint Pub 3-08, 09 October 1996, "Interagency Coordination During Joint Operations, Vol. I"

o. Joint Pub 3-53, 10 July 1996, "Doctrine for Joint Psychological Operations"

p. Joint Pub 3-57, 08 February 2001, "Joint Doctrine for Civil Military Operations"

q. Joint Pub 4-06, 28 August 1996, "Joint Tactics, Techniques and Procedures for Mortuary Affairs in Joint Operations"

r. Joint Pub 5-0, 13 April 1995, "Doctrine for Planning Joint Operations"

s. DOD Directive 5100.46, 04 December 1975 "Foreign Disaster Relief (U)"

t. Joint Pub 5-00, 13 January 1999, "Joint Task Force Planning Guidance and Procedures"

u. DOD Directive 5100.52, 21 December 1989, "DOD Response to an Accident or Significant Incident Involving Radioactive Materials"

v. DOD Directive 3020.36, 02 November 1988, "Assignment of National Security Emergency Preparedness (NSEP) Responsibilities to DOD Components"
w. Title 10, United States Code, 31 December 1988, "Armed Forces"
x. CJCSM 3113.01, 01 April 98, "Responsibility for the Management and Review of Theater Engagement Planning"
y. CJCSI 3214.01, 30 June 98, "Military Support to Foreign Consequence Management"
z. CJCSI 3110.16, 10 November 00, "Military Capabilities, Assets, and Units for CBRNE Consequence Management Operations"
aa. Federal Emergency Management Agency, "Federal Response Plan, Federal Emergency Management Agency (FEMA), April 1999
ab. Foreign Consequence Management Planning Guide, January 2001
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"
ad. CJCS CONPLAN 0500-98, 11 February 2002 "Military Assistance to Domestic Consequence Management Operations in Response to a Chemical, Biological, Radiological, Nuclear, or High-Yield Explosive Situation,"

1. (U) Situation

a. (U) General

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

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

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

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

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

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

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

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

b. (U) Area of Concern

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

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

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

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

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

e. (U) Friendly Forces

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

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

(a) (U) Department of State

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

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

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

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

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

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

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

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

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

(c) (U) US Agency for International Development (USAID). Through the Office of Foreign Disaster Assistance (OFDA), USAID serves as a supporting office to DOS in its function as a LFA for CM. OFDA provides planning and response assistance to DOS regarding foreign populations victimized by incidents or events covered by Presidential Decision Directives (PDDs) 39 and 62.

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

f. (U) Assumptions. See Basic Plan.

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

h. (U) Definitions. See Enclosure 1.

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

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.

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

(2) (U) Employment

(a) (U) General

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

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

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

b. (U) Phases of CM

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

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

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

1. (U) Determine incident type.

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

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

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

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

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

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

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

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

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

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

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

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

(2) (U) Phase II: Deployment

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

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

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

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

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

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

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

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

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

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

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

3. (U) Validate HN sampling efforts.

4. (U) Determine downwind/fallout hazard.

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

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

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

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

9. (U) Assist in firefighting operations.

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

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

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

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

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

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

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

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

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

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

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

c. (U) Tasks

(1) (U) Geographic Combatant Commanders

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

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

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

a. (U) Scope of the anticipated mission.

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

c. (U) Forecast reaction time.

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

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

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

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

h. (U) Availability of communications support.

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

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

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

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

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

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

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

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

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

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

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

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

(2) (U) Functional Combatant Commanders

(a) (U) USCINCJFCOM

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) (U) Combat Support and Defense Agencies

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(4) (U) Other Defense Agencies

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

(5) (U) Military Services

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

1. (U) US Army

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

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

2. (U) US Navy

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

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

3. (U) US Air Force

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

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

4. (U) US Marine Corps

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

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

d. (U) Coordinating Instructions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4. (U) Administration and Logistics

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

b. (U) Logistics. See Annex D.

c. (U) Personnel. See Annex E.

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

e. (U) Civil Affairs

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

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

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

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

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

5. (U) Command and Control

a. (U) Command

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

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

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

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

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Appendixes:
1 -- JOINT TASK FORCE-CONSEQUENCE MANAGEMENT HEADQUARTERS STRUCTURE
2 -- JOINT TASK FORCE-CONSEQUENCE MANAGEMENT FUNCTIONAL STRUCTURE
3 -- INTERAGENCY COOPERATION TO FOREIGN CONSEQUENCE MANAGEMENT

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XX Xxxx 2002

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

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

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

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

NO	TITLE	RANK
(01-08)	**Command Section**	
01	JTF Commander	O-8/O-7
02	Aide de Camp	O-3
03	*Deputy Commander	O-7/O-6
04	Aide de Camp	O-2
05	Chief of Staff	O-7/O-6
06	Legal Counsel	O-6/O-5
07	Public Affairs Officer	O-5/O-4
08	Senior Enlisted Advisor (Command Designated)	E-9
(09-21)	**Liaison Section (As Needed)**	
09	USA Corps of Engineers	O-4/O-3
10	CMST	O-5/O-4
11	USAF	O-4/O-3
12	DOE	CIV
13	DOS	CIV

14	DOJ	CIV
15	DCI	CIV
16	NAVLO	O-4/O-3
17	CBIRF	O-4/O-3
18	SBCCOM	O-5/O-4
19	PM Chem Demil	O-5/O-4
20	PM Non-Stockpile Chem Material	O-5/O-4
21	Other Liaisons As Needed/If Deployed	

(22-23) Legal Section

22	Attorney	O-4/O-3
23	Legal NCO	E-7/E-6

(24-27) Public Affairs Section

22	Public Affairs Officer	O-5/O-4
23	Public Affairs Officer	O-4/O-3
24	Public Affairs NCOIC	E-8/E-7
25	Public Affairs Specialist	E-7/E-6
26	Public Affairs Specialist	E-7/E-6
27	Public Affairs Specialist	E-7/E-6

(28-33) Civil Affairs Section

28	Civil Affairs Officer	O-6/O-5
29	Civil Affairs Officer	O-4/O-3
30	Civil Affairs NCOIC	E-8/E-7
31	Civil Affairs Specialist	E-7/E-6
32	Civil Affairs Specialist	E-7/E-6
33	Civil Affairs Specialist	E-7/E-6

(34-38) Contracting Section

34	Contracting Officer	O-5
35	Contracting Specialist	CIV
36	Contracting Specialist	CIV
37	Contracting Specialist	CIV
38	Contracting Specialist	CIV

(39-45) J1 (Personnel)

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

(46-70) J2 (Intelligence)

46	*Director for Intelligence	O-6/O-5
47	Intelligence Officer, Order of Battle - Air	O-5/O-4
48	Intelligence Officer, Order of Battle - Ground	O-5/O-4
49	Intelligence Officer, Order of Battle - Missile	O-5/O-4
50	Intelligence Officer, Order of Battle - Naval	O-5/O-4
51	Collection Management Officer	O-4/O-3
52	Intelligence Officer, RFI Manager	O-4
53	SSO / Security	O-3
54	Senior Enlisted Intelligence Advisor	E-9
55	Intelligence Specialist, Targets	E-7/E-6
56	Watch NCOIC	E-8
57	Intelligence Specialist, Watch NCO	E-6/E-5
58	Intelligence Specialist, Watch NCO	E-6/E-5
59	Intelligence Specialist, Watch NCO	E-6/E-5
60	Intelligence Specialist, Watch NCO	E-6/E-5
61	Intelligence Specialist, RFI Manager	E-6/E-5
62	Intelligence Specialist, RFI Manager	E-6/E-5
63	Security Specialist	E-7
64	Intelligence Systems NCOIC	E-7
65	Intelligence Systems Specialist	E-6
66	Intelligence Systems Specialist	E-6
67	Terrain Support Team Chief	WO-2/WO-3
68	Terrain Support Team Member	E-7/E-6
69	Terrain Support Team Member	E-7/E-6
70	Terrain Support Team Member	E-7/E-6

(71-101) J3 (Operations)

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

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	**(102-117) J4 (Logistics)**		
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

117	Mortuary Affairs Specialist	E-8/E-7

(118-130) Medical Section

118	*Command Surgeon	O-6/O-5
119	Preventive Medical Officer	O-5/O-4
120	Plans / Operations Medical Officer	O-4/O-3
121	Medical Intelligence Officer	O-4/O-3
122	Medical Supply Officer	O-4/O-3
123	Host Nation Medical Coordinator	O-5/O-4
124	Senior Enlisted Medical Advisor	E-9
125	Medical Specialist	E-6/E-5
126	Medical Specialist	E-6/E-5
127	Medical Specialist	E-6/E-5
128	Medical Specialist	E-6/E-5
129	Medical Specialist	E-6/E-5
130	Medical Specialist	E-6/E-5

(131-144) J6 (Communications)

131	Director for Communications and Electronics	O-5/O-4
132	C-E Officer, Current Operations	O-4/O-3
133	C-E Officer, Plans	O-3
134	C-E Officer, Signal Manager	O-3
135	C-E Officer, Automation Manager	O-3
136	Senior Enlisted Communications Advisor	E-9
137	C-E Specialist, Automation NCOIC	E-8/E-7
138	C-E Specialist, Signals NCOIC	E-8/E-7
139	C-E Specialist	E-6/E-5
140	C-E Specialist	E-6/E-5
141	C-E Specialist	E-6/E-5
142	C-E Specialist	E-6/E-5
143	C-E Specialist	E-6/E-5
144	C-E Specialist	E-6/E-5

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XX Xxxx 2002

APPENDIX 2 TO ANNEX T TO CJCS CONPLAN 0400-00 (U)
JOINT TASK FORCE-CONSEQUENCE MANAGEMENT FUNCTIONAL STRUCTURE (U)

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

2. (U) Joint Task Force-CM:

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

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

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

d. (U) Figure 4 is modular Clean up component.

e. (U) Figure 5 represents Medical component organization.

f. (U) Figure 6 is Transportation & Logistics component organization.

g. (U) Figure 7 is Civil Military Operations component organization.

h. (U) Figure 8 is Communications component organization.

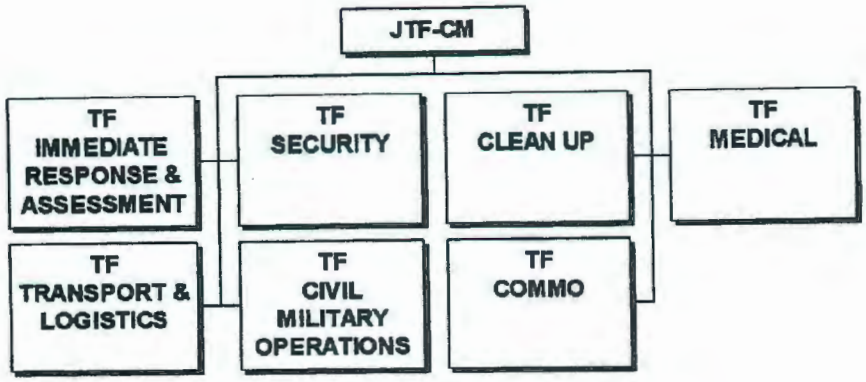

Figure 1: Functional JTF-CM Design

(U) JTF-CM functional categories can be modified or deleted based on exact mission and requirements.

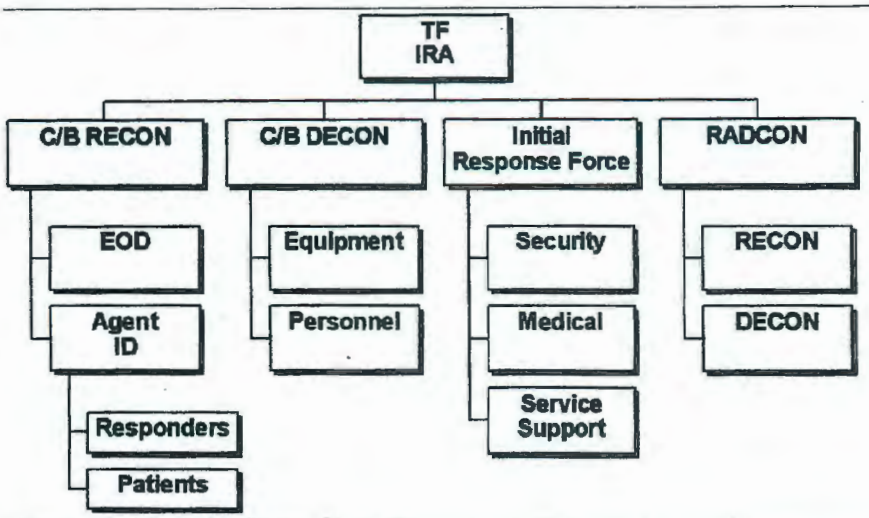

Figure 2: Modular Immediate Response, Detection, and Assessment Component Design

(U) The Chemical/Biological Reconnaissance element provides technical assistance and advice to the Task Force commander to make comprehensive assessment on all chemical/biological incidents.

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

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

(U) The Radiological Control element (RADCON) provides technical assistance and advice to the Task Force commander to make comprehensive assessments on all nuclear/radiological incidents. In addition the element provides rapid assistance in the decontamination of response equipment, responders, and victims at the incident site.

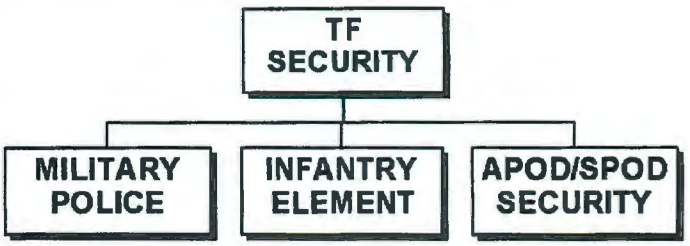

Figure 3: Modular Security Component Design

(U) Military Police organizations are intended for crowd control, movement of displaced civilians (DCs), and to assist with security operations.

(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.

(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

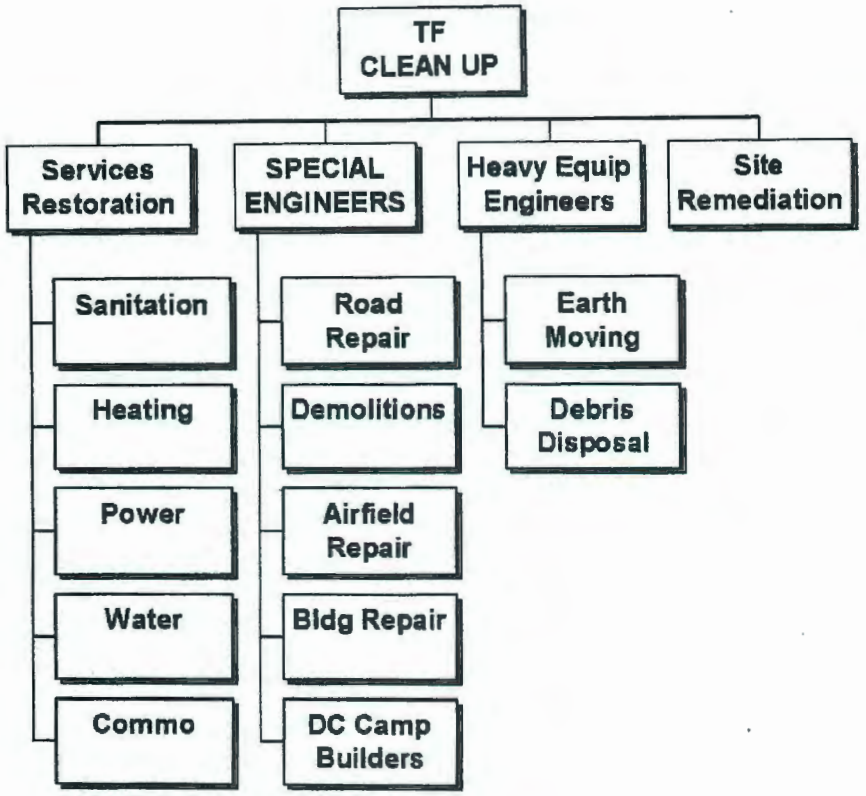

Figure 4: Modular Design Clean-up Component

(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.

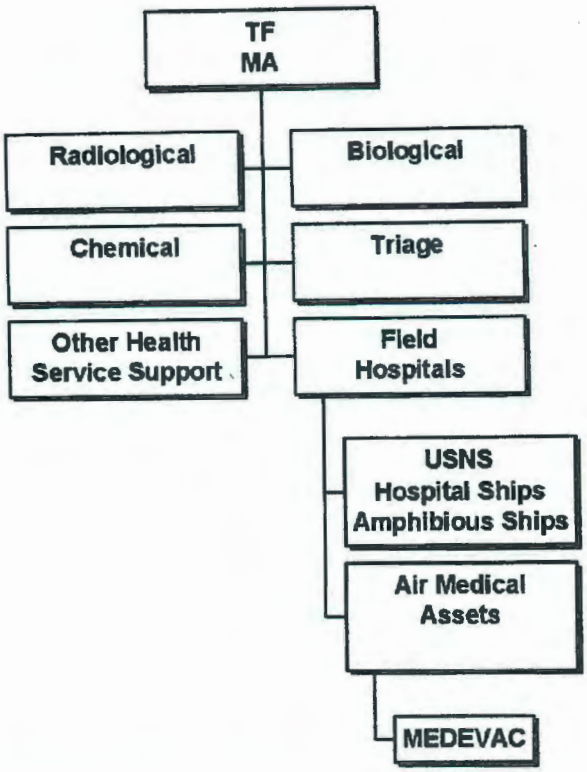

Figure 5: Modular Medical Component Design

(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.

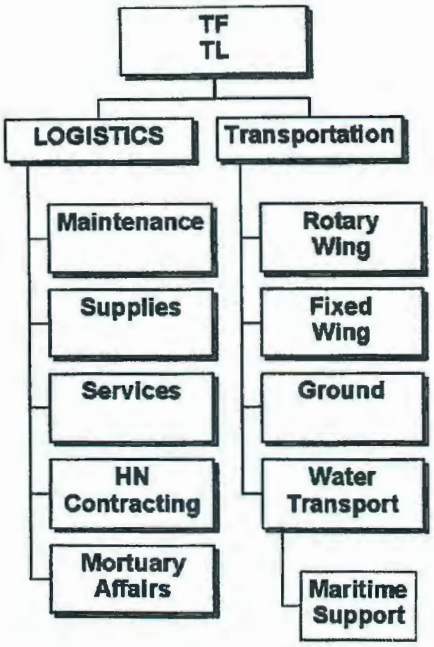

Figure 6: Transportation and Logistics Component Modular Design

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

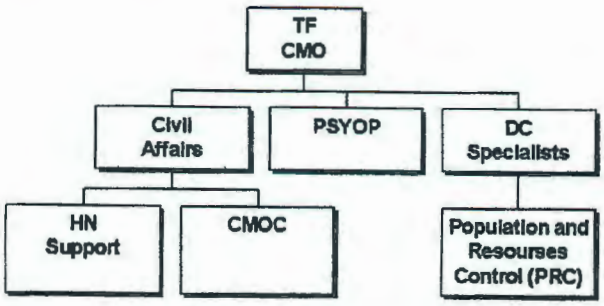

Figure 7: Civil Military Operations Component

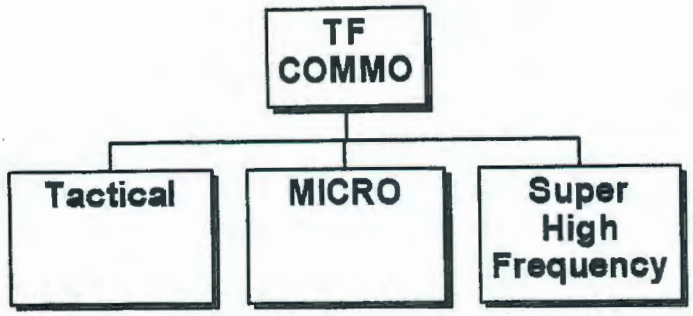

Figure 8: Communications Component

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Appendix 3 to ANNEX T TO CJCS CONPLAN 0400-00
INTERAGENCY COORDINATION FOR FOREIGN CONSEQUENCE MANAGEMENT

References: See Basic Plan.

1. (U) Interests and Mission

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

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

c. (U) Objectives

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

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

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

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

2. (U) Execution

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

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

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

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

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

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

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

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

(b) (U) Department of Defense

1. (U) Provides military assets that can assist in CM operations.

2. (U) Provides designated personnel to deploy with the FEST or CMST who possess the expertise requested by DOS.

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

(c) (U) Department of Justice/Federal Bureau of Investigation

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

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

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

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

(d) (U) Department of Energy

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

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

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

(e) (U) The Department of Health and Human Services

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

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

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

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

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

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

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

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

b. (U) Interagency Chain of Authority

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

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

3. (U) Coordinating Instructions

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

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

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

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

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.

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