

**ATP 3-11.42**  
**MCRP 10-10E.10**  
**NTTP 3-11.38**  
**\*AFTTP 3-2.84**



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## **Multi-Service Tactics, Techniques, and Procedures for Domestic Chemical, Biological, Radiological, and Nuclear Response**

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**December 2021**

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## Foreword

\*This publication has been prepared under our direction for use by our respective commanders and other commands as appropriate.



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## **Multi-Service Tactics, Techniques, and Procedures for Domestic Chemical, Biological, Radiological, and Nuclear Response**

1. This change adds the Air Force number of AFTTP 3-2.84 to ATP 3-11.42/MCRP 10-10E.10/NTTP 3-11.38 *Multi-Service Tactics, Techniques, and Procedures for Domestic Chemical, Biological, Radiological, and Nuclear Response* and makes additions to text, this will align with U.S. Air Force requirements.
2. An ( \* ) marks new or changed material.
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# Multi-Service Tactics, Techniques, and Procedures for Domestic Chemical, Biological, Radiological, and Nuclear Response

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## Preface

\*ATP 3-11.42/MCRP 10-10E.10/NTTP 3-11.38/AFTTP 3-2.84 serves as a primary doctrinal reference on domestic chemical, biological, radiological, and nuclear (CBRN) response operational planning, capabilities, and principles of employment. It outlines fundamental tactics, techniques, and procedures for responding to deliberate and unintentional CBRN incidents within the United States (U.S.) and territories.

\*The principal audience for ATP 3-11.42/MCRP 10-10E.10/NTTP 3-11.38/AFTTP 3-2.84 is U.S. Army, U.S. Marine Corps, U.S. Navy, and U.S. Air Force commanders, leaders, and staffs, as well as employees of civilian agencies executing or supporting CBRN response operations in the homeland. This manual supports staff officers, noncommissioned officers, weather officers, medical personnel, and others (including the U.S. Coast Guard) involved in planning, preparing for, executing, and assessing defense support of civil authorities (DSCA) in response to CBRN incidents within the United States and its territories.

Commanders, staffs, and subordinates ensure that their decisions and actions comply with applicable United States, international and, in some cases host-nation laws and regulations. Commanders at all levels ensure that Service members operate in accordance with the law of war and the rules of engagement. (See FM 6-27/MCTP 11-10C.)

\*ATP 3-11.42/MCRP 10-10E.10/NTTP 3-11.38/AFTTP 3-2.84 uses joint terms where applicable. Selected joint, Army, Marine Corps, or Navy terms and definitions appears in both the glossary and the text. Terms where ATP 3-11.42/MCRP 10-10E.10/NTTP 3-11.38 is the proponent publication (the authority) are marked with an asterisk (\*) in the glossary. Definitions where ATP 3-11.42/MCRP 10-10E.10/NTTP 3-11.38/AFTTP 3-2.84 is the proponent publication are boldfaced in the text. For other definitions shown in the text, the term is italicized, and the number of the proponent publication follows the definition.

\*ATP 3-11.42/MCRP 10-10E.10/NTTP 3-11.38/AFTTP 3-2.84 applies to the Active Army, Army National Guard/Air National Guard, United States Army Reserve, United States Marine Corps, Marine Corps Reserve, United States Navy, United States Navy Reserve, United States Air Force, and United States Air Force Reserve unless otherwise stated.

\*The proponent of ATP 3-11.42/MCRP 10-10E.10/NTTP 3-11.38/AFTTP 3-2.84 is the United States Army Chemical, Biological, Radiological, and Nuclear School. The preparing agency is the Doctrine Division, Fielded Force Integration Directorate, Maneuver Support Center of Excellence (MSCoE). Send Army comments and recommendations on Department of the Army (DA) Form 2028 (*Recommended Changes to Publications and Blank Forms*) to Commandant, MSCoE, ATTN: ATZT-FDD, 14000 MSCoE Loop, Suite 270, Fort Leonard Wood, MO 65473-8929 or by e-mail to [usarmy.leonardwood.mscoe.mbx.hddoc@mail.mil](mailto:usarmy.leonardwood.mscoe.mbx.hddoc@mail.mil), or submit an electronic DA Form 2028. The Marine Corps proponent for this document is the Marine Corps Training and Education Command. The Navy proponent for this document is the Navy Warfare Development Command. The Air Force's proponent for this document is the HQ, Air Force Civil Engineer Center.

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# Introduction

\*ATP 3-11.42/MCRP 10-10E.10/NTTP 3-11.38/AFTTP 3-2.84 provides doctrinal guidance for executing domestic CBRN response operations under the auspices of DSCA and describes Department of Defense (DOD) roles and responsibilities in conducting domestic CBRN responses. It also describes the framework for domestic response, operational fundamentals, and DSCA.

\*Chapters are oriented around DOD support for domestic CBRN incidents as a component of the National Response Framework (NRF) to provide organizational understanding and knowledge of response activities in support of a domestic CBRN response. ATP 3-11.42/MCRP 10-10E.10/NTTP 3-11.38/AFTTP 3-2.84 contains appendixes that present additional details on specific domestic CBRN response organizations and their associated capabilities and selected related topics. This publication reflects changes in the capabilities within the CBRN response enterprise and recent changes in associated guidance, methodology, and terminology.

The chapters of this publication describe frameworks, operational phases, functions, organizational structures, considerations, and recommended processes and tactics, techniques, and procedures for leaders to effectively understand roles and responsibilities regarding domestic CBRN response. They reflect the overall joint force CBRN response construct and enhance doctrinal relationships between JP 3-11, JP 3-28, JP 3-40, and JP 3-41. The appendixes of this publication describe the organizations, capabilities, and employment considerations that support domestic CBRN response operations.

Chapter 1 provides an overview of the national frameworks for U.S. domestic response. It includes terms of reference, unique terminology, and an overview of the NRF and DOD supporting roles. It describes the national preparedness core capabilities and how they align with the five mission areas of prevention, protection, mitigation, response, and recovery. It also describes the Federal Emergency Management Agency (FEMA) response phases aligned to the operational phases of domestic response, DOD domestic CBRN response capabilities, interorganizational partners, the range of response, and unique considerations.

Chapter 2 focuses on initial planning and anticipation of CBRN incident response and activities, in line with the CBRN response phases of shape and anticipate. Additionally, this chapter elaborates on interagency coordination; educational and training requirements and supporting exercises; civilian planning processes; base support installation (BSI) identification; and joint reception, staging, onward movement, and integration (JRSOI) actions. Planning has transitioned from broad, process-focused plans to incident-specific plans that address specific threats across all domains. State, tribal, local, nongovernmental, and private sector partners are included within this planning process.

Chapter 3 focuses on the phases of respond and operate. CBRN incidents can occur with little or no warning and can quickly overwhelm local assets in most cases. Local responders might reach out to nearby DOD installations, triggering an immediate response from DOD assets to save lives, prevent human suffering, and prevent great property damage. Local and state CBRN response forces are employed before requesting federal assistance. DOD forces initiate actions to restore conditions at or near the incident site. The command and control (C2) and planning structure are flexible enough to meet DSCA mission requirements while keeping federal forces under federal control and state forces under state control. The chapter includes information and descriptions on state and DOD joint force land component commander (JFLCC), defense coordinating officer (DCO) and defense coordinating element (DCE), dual-status commander (DSC), joint task force–state (JTF–state), and joint task force–civil support (JTF–CS) relationships as well as territorial, tribal, and local relationships.

Chapter 4 focuses on the phases of stabilize and transition. This chapter defines when an incident is stabilized and describes specific tasks that units must perform during and after redeployment back to home station after an incident is stabilized.

The appendixes address specific legal considerations; they describe CBRN response enterprise organizations and their constructs, capabilities, employment considerations, and techniques and procedures for conducting CBRN response enterprise-related functions in support of domestic CBRN response operations. The appendixes also cover federal response assets that support DSCA operations following a domestic catastrophic CBRN incident, along with medical considerations that arise during domestic response operations.

Participating Service command offices of primary responsibility will reference and incorporate the guidance provided within this publication into other Service and command manuals, regulations, and curricula, as appropriate.

Unless this publication states otherwise, masculine nouns and pronouns do not refer exclusively to men.

## Chapter 1

# Framework for Domestic Response

Deliberate and unintentional CBRN incidents present significant challenges to the United States. A terrorist attack or accidental CBRN release in the homeland increases operational risk for civilian authorities and emergency responders with the potential for catastrophic loss. Such events can quickly overwhelm state, local, tribal, and territorial responders. CBRN incidents are complex and require a tiered approach to response activities.

### OVERVIEW

1-1. Recognizing the threat or hazard is the first step in being able to defend against it. The National Strategy for Homeland Security, through HSPD-5, HSPD-7, HSPD-8, and HSPD-18, has shaped a nationwide common approach to incident management, beginning well before the first 911 telephone call is received. The HSPDs direct increased emphasis on prevention, protection, response, and preparedness—which is only possible when a thorough understanding of the adversary and potential threats or hazards are developed, and planning and training are conducted based on those threats or hazards.

1-2. HSPD-5, dated 28 February 2003, directed the establishment of the National Response Plan (NRP). The NRP emphasized a seamless, nationally integrated response rather than a fragmented response effort. The NRP has since been updated and replaced by the NRF, revised October 2019.

1-3. In December 2003, the President of the United States (POTUS) issued HSPD-8 to establish a national policy to strengthen the preparedness of the United States to prevent, protect against, respond to, and recover from terrorist attacks, major disasters, and other emergencies. HSPD-8 required the development of the National Preparedness Guidelines (the Guidelines). The Guidelines define what it means for the Nation to be prepared by providing a vision for preparedness, establishing national priorities, and identifying target capabilities.

1-4. PPD-8 directed the identification of core capabilities to guide the Nation in preparedness. This resulted in the publication of the National Preparedness Goal (NPG) and the National Preparedness System (NPS). The NPG is the cornerstone for the implementation of the NPS. The NPG and NPS identify and define the core capabilities by the mission areas defined in PPD-8 (prevention, protection, mitigation, response, recovery).

- **Prevention.** The capabilities necessary to avoid, prevent, or stop a threatened or actual act of terrorism. Within the context of national preparedness, the term prevention refers to preventing imminent threats.
- **Protection.** The capabilities necessary to secure the homeland against acts of terrorism and man-made or natural disasters.
- **Mitigation.** The capabilities necessary to reduce the loss of life and property by lessening the impact of disasters.
- **Response.** The capabilities necessary to save lives, protect property and the environment, and meet basic human needs after an incident has occurred.
- **Recovery.** The capabilities necessary to assist communities affected by an incident to recover effectively.

## HOMELAND RESPONSE OPERATIONS CONSTRUCT

1-5. The greatest responsibility of the federal government is protecting the American people. As such, great emphasis is placed on homeland security. The DOD contributes to this aspect of national security by conducting homeland defense, DSCA, and emergency preparedness.

1-6. *Homeland defense* is defined as the protection of United States sovereignty, territory, domestic population, and critical infrastructure against external threats and aggression, or other threats as directed by the President (JP 3-27).

1-7. DODD 3025.18 describes DSCA as support provided in response to requests for assistance from civil authorities for domestic emergencies, law enforcement support, and other domestic activities, or from qualifying entities for special events. It includes military assistance for civil law enforcement operations in very limited circumstances. For example, DSCA missions can support the Department of Justice in preventing or defeating terrorist attacks or aiding local agency response to natural disasters and terrorist use of CBRN, among others. In all these missions, various federal, state, or local civilian agencies are responsible for managing the particular incident (see JP 3-28).

1-8. *Emergency preparedness* is defined as the measures taken in advance of an emergency to reduce the loss of life and property and to protect a nation's institutions from all types of hazards through a comprehensive emergency management program of preparedness, mitigation, response, and recovery (JP 3-28). For more information on DSCA, see ATP 3-28.1/MCRP 3-30.2/NTTP 3-57.2/AFTTP 3-2.67/CGTTP 3-57.1 and JP 3-28.

1-9. Homeland response operations is the umbrella construct that includes homeland defense, DSCA, and emergency preparedness. It incorporates all operations planning and execution designed to detect, preempt, respond to, mitigate, and recover from the full spectrum of incidents and threats to the homeland, whether man-made or natural. The geographic homeland boundaries include the 50 states, four territories, and numerous island possessions. The United States also enjoys exclusive sovereignty 12 nautical miles out to sea and exercises responsibilities extending 200 nautical miles from the coast.

1-10. A critical distinction between homeland defense and DSCA is that in homeland defense, the DOD is the lead federal agency (LFA). In contrast, in DSCA, another federal organization is the LFA, with the DOD acting in support. For a representation of homeland operations, see figure 1-1.

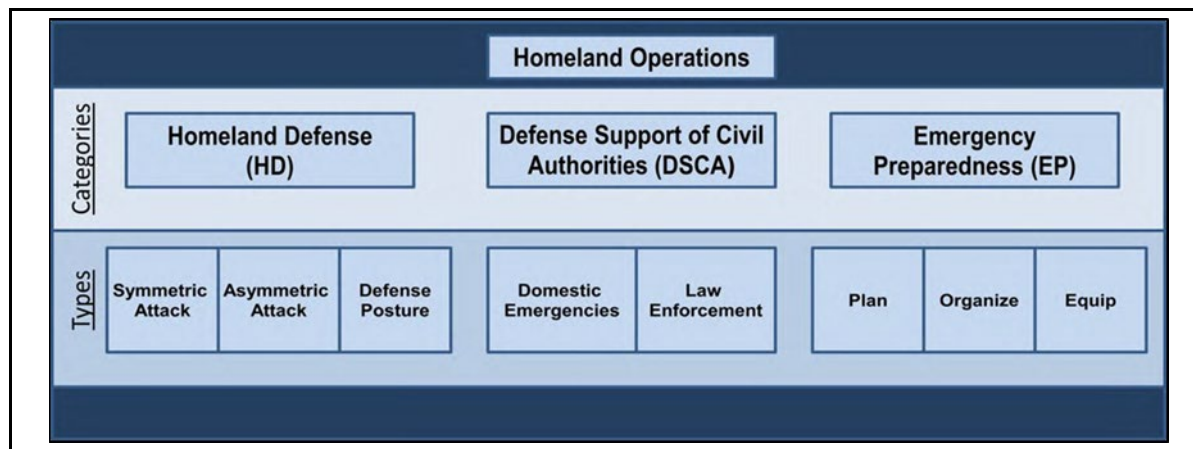


Figure 1-1. Homeland operations construct

## DEFENSE SUPPORT OF CIVIL AUTHORITIES

1-11. DSCA is support provided by federal military forces, DOD civilians, DOD contract personnel, DOD component assets, and National Guard (NG) forces in response to a request for assistance (RFA) from civil authorities for domestic emergencies, law enforcement support, and other domestic activities, or from qualifying entities for special events. DSCA support is only provided when the Secretary of Defense

(SECDEF), in coordination with the governors of the affected states, elects and requests to use those forces in Title 32, United States Code (32 USC) status or when federalized.

1-12. DSCA provides guidelines for DOD participation in these operations, and identifies criteria for evaluating requests to provide an appropriate response to RFA from a LFA. The designation of the LFA depends on several factors, including presidential decisions, national policy, the specific situation, and existing national level frameworks or plans (for example, the NRF). The LFA designation may shift to a different agency during a crisis as facts and situations change. In some instances, United States Northern Command/United States Indo-Pacific Command (USNORTHCOM/USINDOPACOM) may support more than one LFA or primary agency due to multiple mission requirements.

1-13. By definition, DSCA operations are conducted only in the U.S. homeland. The U.S. homeland is the physical region that includes the continental United States (CONUS), Alaska, Hawaii, U.S. territories, and surrounding territorial waters and airspace.

1-14. Under the Unified Command Plan, as approved by POTUS, USNORTHCOM/USINDOPACOM is tasked to provide support to civil authorities, including DSCA, and provides C2 of DOD homeland defense efforts. When DOD units under Title 10, United States Code (10 USC) authority are deployed to provide DSCA, they are allocated to USNORTHCOM/USINDOPACOM for operational control (OPCON) as the supported combatant command (COCOM) except for activities conducted under immediate response authority or emergency authority.

### Defense Support of Civilian Law Enforcement Agencies

1-15. Defense support of civilian law enforcement agencies according to 10 USC and Title 18, United States Code (18 USC) is permitted in extraordinary emergency circumstances where prior authorization is given by the attorney general, U.S. Congress, or POTUS or under insurrection where the duly constituted local authorities cannot control the situation. Federal military personnel may engage temporarily in activities that are necessary to quell large-scale, unexpected civil disturbances for the following reasons:

- When such activities are necessary to prevent significant loss of life or wanton destruction of property and are necessary to restore governmental functions and public order, or,
- When duly constituted federal, state, or local authorities are unable or decline to provide adequate protection for federal property or federal governmental functions. When federal action, including the use of federal military forces, is necessary to protect federal property or functions.

---

*Note.* For a more detailed explanation of defense support of civilian law enforcement agencies, see DODI 3025.21.

---

### IMMEDIATE RESPONSE AUTHORITY

1-16. 10 USC DOD resources are provided only when response or recovery requirements are beyond the capabilities of local, state, and federal civil authorities and when they are requested by a LFA and approved by SECDEF. An exception to this is the immediate response authority (IRA). When requested by civil authorities, and when time does not permit approval from a higher authority, commanders can temporarily employ the resources under their control, subject to any supplemental direction provided by higher headquarters, to respond to save lives, prevent human suffering, or mitigate great property damage under imminently serious conditions within the United States. The commander directing a response under IRA shall notify the National Joint Operations and Intelligence Center immediately through the chain of command.

1-17. The authority of state officials is recognized to direct a state immediate response using NG personnel under state C2 (including personnel in a 32 USC status) according to state law, but NG personnel will not be placed in or extended in 32 USC status to conduct state immediate response. The commander exercising IRA reports all activities using DOD protocols, not a lead agency or local authority mechanisms. The commander directing IRA makes an assessment no later than 72 hours after receipt of a request for DOD assistance and determines if there is a need for continued DOD support; however, support must not exceed 10 days without presidential approval.

1-18. An immediate response shall end when the necessity giving rise to the response is no longer present or when the initiating DOD official or a higher authority directs an end to the response.

1-19. DOD officials must exercise judgment based on available information and resources in determining the maximum allowable distance from the installation or facility at which the immediate response may take place. DOD officials should consider challenges such as sustainment, transportation, communications, mission impact, and increased risk.

1-20. Immediate response requests in the event of a CBRN incident may include but are not limited to—

- Rescue.
- Evacuation.
- Emergency medical treatment of casualties.
- Maintenance and restoration of emergency medical capabilities.
- Safeguarding of public health.
- Emergency clearance of debris, rubble, and explosive ordnance from public facilities and other areas to permit the rescue or movement of personnel and restoration of essential services.
- Detection, assessment, and containment, to include initial steps to facilitate emergency evacuation and public health warnings.
- Roadway and movement control planning.

1-21. A memorandum of understanding (MOU) for mutual assistance is often established between military installations and local communities. If an installation commander receives a RFA directly from local civil authorities prior to POTUS declaring a major disaster or emergency, the requesting agency should be referred to the local/state emergency management channels unless an immediate response condition exists, or unless a mutual assistance agreement is in effect. Installations may have entered into earlier mutual assistance agreements with the local community in the areas of firefighting, hazardous materials (HAZMAT), medical evacuation (MEDEVAC), or other areas, as appropriate. Dependent upon the circumstances, this type of support may not be considered an immediate response. Accordingly, RFAs under mutual assistance MOUs must be considered according to applicable DOD and Service directives.

1-22. Before responding to a civilian authority's RFA, DOD officials should, unless otherwise directed by a higher authority, prioritize resources to DOD requirements first and then address civilian authority requests.

1-23. DOD forces must complete their tasks associated with the immediate response and then redeploy to their home station in the least amount of time needed by civil authorities to resume providing for citizens and carry on the response.

1-24. Support provided under IRA should be provided on a cost-reimbursable basis when appropriate or legally required; however, it will not be delayed or denied based on the requester's inability or unwillingness to commit to reimbursing the DOD.

## **NATIONAL PREPAREDNESS CORE CAPABILITIES**

1-25. The Federal Interagency Operational Plans are part of the NPS and describe how the federal government aligns resources and delivers the core capabilities identified in the NPG. There is one Federal Interagency Operational Plan for each of the five preparedness mission areas. The Federal Interagency Operational Plans describe the concept of operations for integrating and synchronizing existing national-level capabilities to support state, local, tribal, territorial, insular, and federal plans. They are supported by federal department-level operational plans, where appropriate. For more detailed information on the National Preparedness Core Capabilities, see appendix A.

## **NATIONAL PLANNING FRAMEWORKS**

1-26. National Planning Frameworks consist of the National Prevention Framework, National Protection Framework, National Mitigation Framework, NRF, and National Disaster Recovery Framework. For more detailed information on the National Planning Frameworks, see appendix A.



## EMERGENCY SUPPORT FUNCTIONS

1-27. The federal government and many state governments organize much of their resources and capabilities and certain private-sector and nongovernmental organizations under emergency support functions (ESFs). The ESFs bring together the capabilities of federal departments and agencies and other national-level assets.

1-28. ESFs are not based on the capabilities of a single department or agency, and the functions that they are responsible for cannot be accomplished by any single department or agency. Instead, federal ESFs are groups of organizations that deliver core capabilities and support an effective response. ESF coordinating agencies have management oversight for the particular ESF, oversee the preparedness activities for that ESF, and coordinate amongst the primary and support agencies. The ESF primary agency(ies) has specific authorities, roles, resources, or capabilities for a particular ESF function. An ESF may have multiple primary agencies, for which the specific responsibilities for each agency are agreed upon and documented in ESF annexes. ESF support agencies have specific capabilities or resources that support the LFA or primary agencies in executing the ESF mission.

1-29. The ESF annexes group federal resources and capabilities into 15 functional areas most likely needed for national incident response. ESF annexes outline responsibilities agreed to by each participating entity. Each ESF annex designates one entity as the ESF coordinator (sometimes referred to as the lead). Each ESF annex also has primary and supporting agencies. For more detailed information on ESFs, see appendix A.

## CHEMICAL, BIOLOGICAL, RADIOLOGICAL, AND NUCLEAR RESPONSE ENTERPRISE

1-30. The DOD has allotted forces, through assignment, allocation, or apportionment, primarily for the domestic CBRN response mission. CBRN response is a subset of CBRN preparedness, which is a subset of domestic all-hazards preparedness. Civil authorities may request CBRN response and other DSCA capabilities to support their response to an incident. Request for CBRN response enterprise forces may originate at local, state, territory, or national government levels. Under state control, these NG forces consist of weapons of mass destruction–civil support teams (WMD–CSTs), CBRN and high-yield explosives enhanced response force packages (CERFPs), and homeland response forces (HRFs). Under federal control, these forces consist of the defense CBRN response force (DCRF) and two C2 CBRN response elements (C2CREs). These allotted forces are collectively referred to as the CBRN response enterprise.

1-31. USNORTHCOM, in coordination with the Joint Staff, USINDOPACOM, United States Transportation Command (USTRANSCOM), the Services, and the National Guard Bureau (NGB), conducts comprehensive planning for all CBRN response enterprise forces in the USNORTHCOM and USINDOPACOM area of responsibility (AOR).

1-32. The Chief, National Guard Bureau (CNGB), in coordination with USNORTHCOM and USINDOPACOM, develops and implements policy, guidance, training, exercises, and deployment requirements for the NG portion of the CBRN response enterprise. CNGB, through the combating Weapons of Mass Destruction (WMD) Division NGB J39, coordinates and synchronizes the notification and deployment of the nonfederalized NG elements that support the CBRN response enterprise.

1-33. The CBRN response enterprise is a set of forces, both 10 USC and 32 USC, capable of rapidly responding to domestic CBRN incidents or natural disasters. The CBRN response enterprise operates under the authority contained in a presidential directive that was established in 2003. The employment of federal assets is a graduated response that maintains the flexibility to act collectively or independently. See figure 1-2, page 1-6, for a depiction of the CBRN response enterprise force construct.

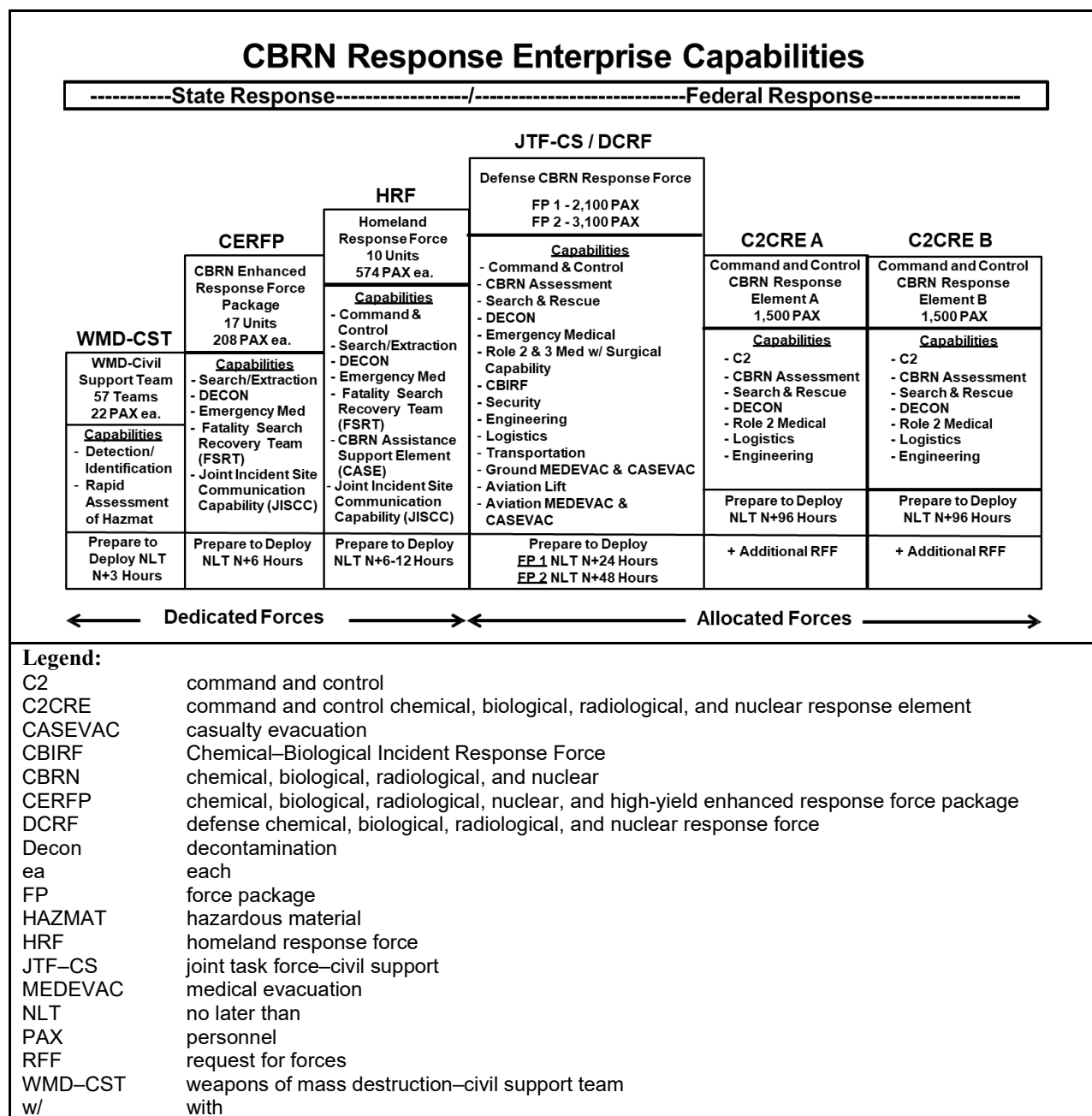


Figure 1-2. CBRN response enterprise

1-34. It is important to note that there are additional unlisted capabilities in the JTF–CS/DCRF column in the above graphic. Those capabilities are preventive medicine, combat operational stress control, and veterinary services. However, these capabilities are primarily for DOD forces and not for integration with civil authorities.

### Combatant Command

1-35. USNORTHCOM and USINDOPACOM, through United States Army, North (USARNORTH) and United States Army Reserve Pacific, utilize the DCO/DCE that serves as the single point of contact for the DOD in the joint field office (JFO) during all federal emergency requests for support from the governor/state. DCOs are collocated with each FEMA region HQ. After receiving the request for federal assistance during a domestic CBRN incident(s), Commander, United States Northern Command (CDRUSNORTHCOM) and

Commander, United States Indo-Pacific Command (CDRUSINDOPACOM) are authorized to activate a federal response; however, employment requires SECDEF approval (approved mission assignment). The responsibilities include the following:

- Manage the CBRN response enterprise to ensure that the force is manned, trained, equipped, and ready.
- Identify and plan for catastrophic incidents in coordination with civil authorities.
- Facilitate situational awareness through rapid assessment, effective liaison, and clear DOD lines of communication.
- Rapidly deploy and employ CBRN response elements and other essential capabilities to conduct direct lifesaving, essential lifesaving enabling, and other CBRN response operational tasks based on stated or anticipated civil authority requirements.
- Rapidly establish a robust joint logistics network to sustain DOD forces/capabilities and support LFA requirements.
- Rapidly establish a C2 construct that facilitates unity of effort with civil authorities and seamlessly integrates DOD capabilities into the response effort.
- Support integration and tracking.

### **Defense Coordinating Officers and Defense Coordinating Elements**

1-36. DCOs are aligned with each of the 10 FEMA regional offices and are the primary DOD points of contact for DSCA within their assigned FEMA region. The DCO is augmented with a staff called the DCE.

1-37. The DCO and DCE are aligned with a FEMA regional response coordination center (RRCC), interim operating facility, or JFO. From these locations, they validate and process requirements for military support, forward mission assignments through proper channels to the appropriate military organizations, and assign military liaisons, as appropriate, to activated ESFs.

1-38. DCOs are responsible for conducting regional planning and coordination for DSCA in support of domestic response operations. They maintain awareness of all DOD preparedness coordination occurring with civil authorities within their respective FEMA region and provide the CDRUSNORTHCOM an assessment of the impact of those activities on the DOD 10 USC relationships with civil authorities within that FEMA region. As necessary, DCOs recommend synchronizing preparedness activities to maximize effectiveness, minimize the impact on partnerships, and ensure support to CDRUSNORTHCOM priorities. DOD 10 USC entities conducting preparedness coordination activities with civil authorities within a FEMA region will ensure that regional DCOs have visibility over those activities; this includes DOD 10 USC entities outside of the USNORTHCOM task organization.

### **Emergency Preparedness Liaison Officer**

1-39. Emergency preparedness liaison officers (EPLOs) are Service-selected, highly qualified, senior-level reserve officers (typically, lieutenant colonel or colonel) specially trained in DSCA. EPLOs are subject to short-fused Reserve orders to active duty status to support a broad range of DSCA missions. They are supported by highly qualified Reserve enlisted EPLO assistant personnel specially trained in DSCA and DSCA web-based management and collaboration systems, to include the DOD DSCA automated support system.

1-1. The DOD EPLO programs facilitate DSCA through participation in integrated interagency and intra-governmental preparedness, planning, and response activities. EPLOs are routinely embedded into the NG joint force headquarters (JFHQ)–state emergency operations center (EOC) to plan and execute responses. For more information on the EPLO program, see ATP 3-28.1/MCRP 3-30.2/NTTP 3-57.2/AFTTP 3-2.67/CGTTP 3-57.1 and DODI 3025.16.

### **Regional Emergency Preparedness Liaison Officer**

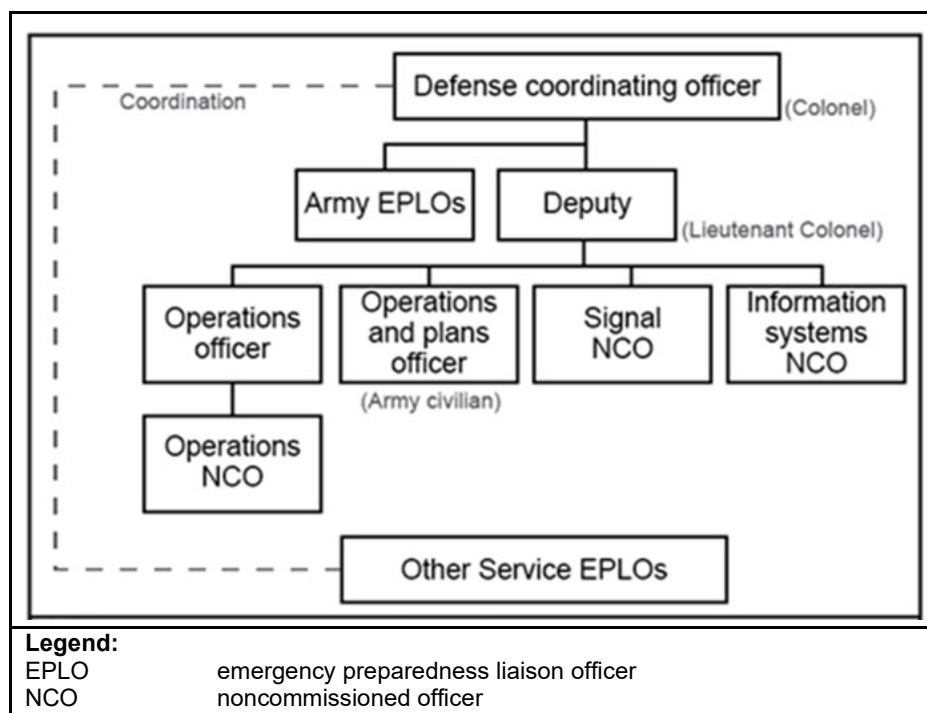
1-40. Regional emergency preparedness liaison officers are senior reserve officers assigned to FEMA regions with the same areas of responsibility as their respective DCO. Regional emergency preparedness liaison officers can be from any Service.

1-41. When activated, regional emergency preparedness liaison officers report to the FEMA RRCC to advise FEMA, coordinate with the DCO, and provide situation reports (SITREPs) to their respective Service components.

### State Emergency Preparedness Liaison Officer

1-42. State emergency preparedness liaison officers are assigned to specific states. Like regional emergency preparedness liaison officers, these officers can be from any Service. State emergency preparedness liaison officers support the state emergency response team and align with their respective regional DCO.

1-43. When activated, state emergency preparedness liaison officers usually report to the state EOCs. State emergency preparedness liaison officers advise civil authorities on Service resources and capabilities within their state, coordinate with the DCO, and provide SITREPs to their respective Service components. See figure 1-3 for a typical DCE organization.



**Figure 1-3. DCE organization chart**

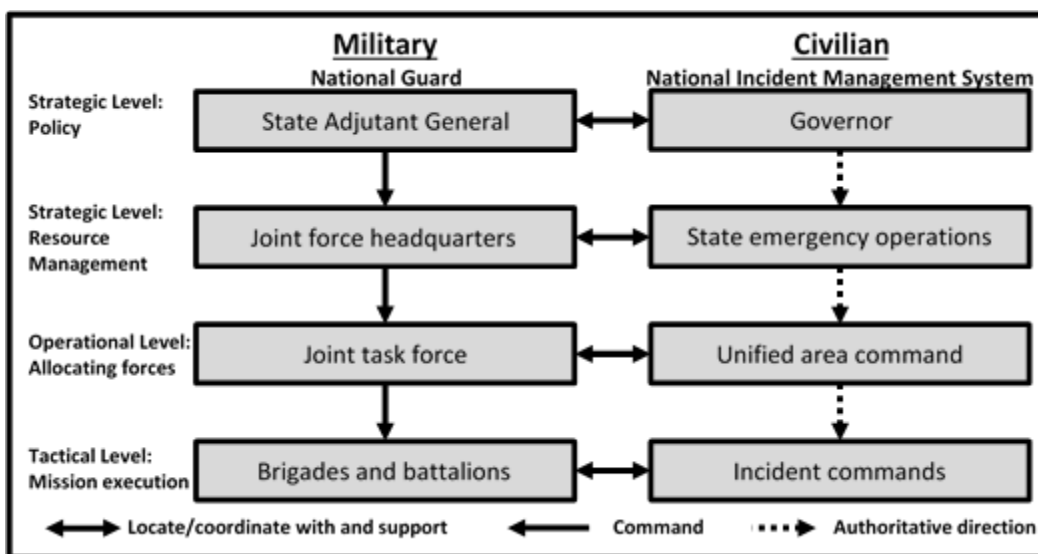
### State Relationships

1-44. State governments develop an all-hazards comprehensive incident response plan using state assets. They also rely on mutual aid agreements with neighboring states. As chief executive officer, the governor is responsible for the public safety and welfare of the people of that state. The state emergency director or the state coordinating officer is the principal advisor to the governor in an all-hazards planning approach that will address all threats, emergencies, or disasters that may impact the state. This person also serves as the principle advisor to the federal coordinating officer or the homeland security administrator.

1-45. The state emergency director is responsible for developing the comprehensive state emergency management plan, and a representation of those roles and responsibilities most likely include—

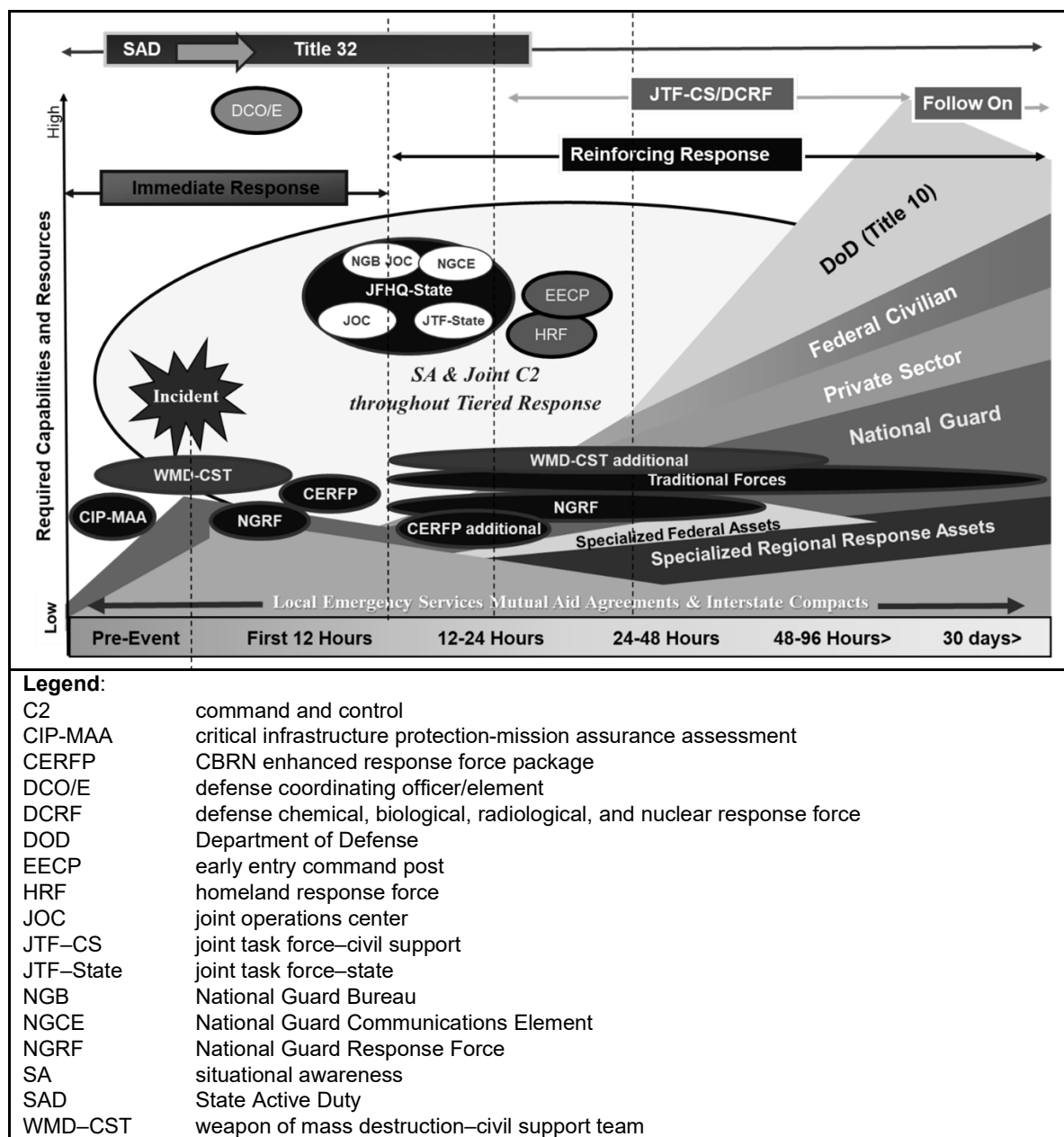
- Developing an all-hazards planning approach that will address all threats, emergencies, or disasters that may impact the state.
- Creating the general planning structure for prevention, protection, response, recovery, and mitigation activities at the state level.
- Reducing vulnerability to loss of life and property damage resulting from natural, technological, and man-made disasters.

- Describing the state's role in supporting local governments during an emergency or disaster.
- Describing the state and federal relationship during response and recovery operations.
- Describing the various types of disasters that are likely to occur, from local events to catastrophic disasters.
- Describing the actions that state ESFs will initiate in coordination with county and federal counterparts.
- Describing the mechanisms to deliver immediate assistance, including the direction and control of intrastate, interstate, and federal response and recovery assistance.
- Describing the state's incorporation of the tenets of the National Incident Management System (NIMS).
- Incorporating the core capabilities developed under PPD-8, which were revised and defined in the NPG, September 2015. See figure 1-4 for military and civilian relationships.



**Figure 1-4. Sample state military and civilian response organizational relationships**

1-46. Although arrangements between states differ, the support follows similar patterns. A notional representation of the concept of operations and associated response timelines is shown in figure 1-5, page 1-10. The adjutant general supports the governor, and the JFHQ–state supports the state EOC. The JTF–state exercises OPCON of committed forces and works with the civilian incident command organization on scene. A catastrophic incident can quickly overwhelm most local and state responses; therefore, limited capabilities cannot meet the increase in demand for response forces. Even if these forces can meet the initial demands for support, over time, the forces will culminate while attempting to conduct continuous operations 24–7. See figure 1-5, page 1-10, for the CBRN response enterprise timeline process.



**Figure 1-5. Domestic CBRN response**

1-47. When the governor of a state mobilizes the NG, the forces are typically in State Active Duty (SAD), under C2 of the governor. SAD forces conduct all missions according to the needs of the state and within the guidelines of state laws and statutes. NG forces, including Army and Air NG, in 32 USC status or SAD status remain under the command of their governor. This includes WMD-CSTs, CERFPs, HRFs, division HQ, and any NG units allocated to the DCRF or C2CREs that remain under the control of their respective governor unless ordered to 10 USC federal active duty. The governor exercises command through the adjutant general and the JFHQ-state. State forces often conduct NG civil support under the OPCON of an Army NG task force or JTF-state made up of Army and Air NG units. The adjutant general in each state may task-organize NG units and exercise C2 over NG forces in SAD status or serving under the provisions of 32 USC. See figure 1-6 for steady-state nondeployed force structure.

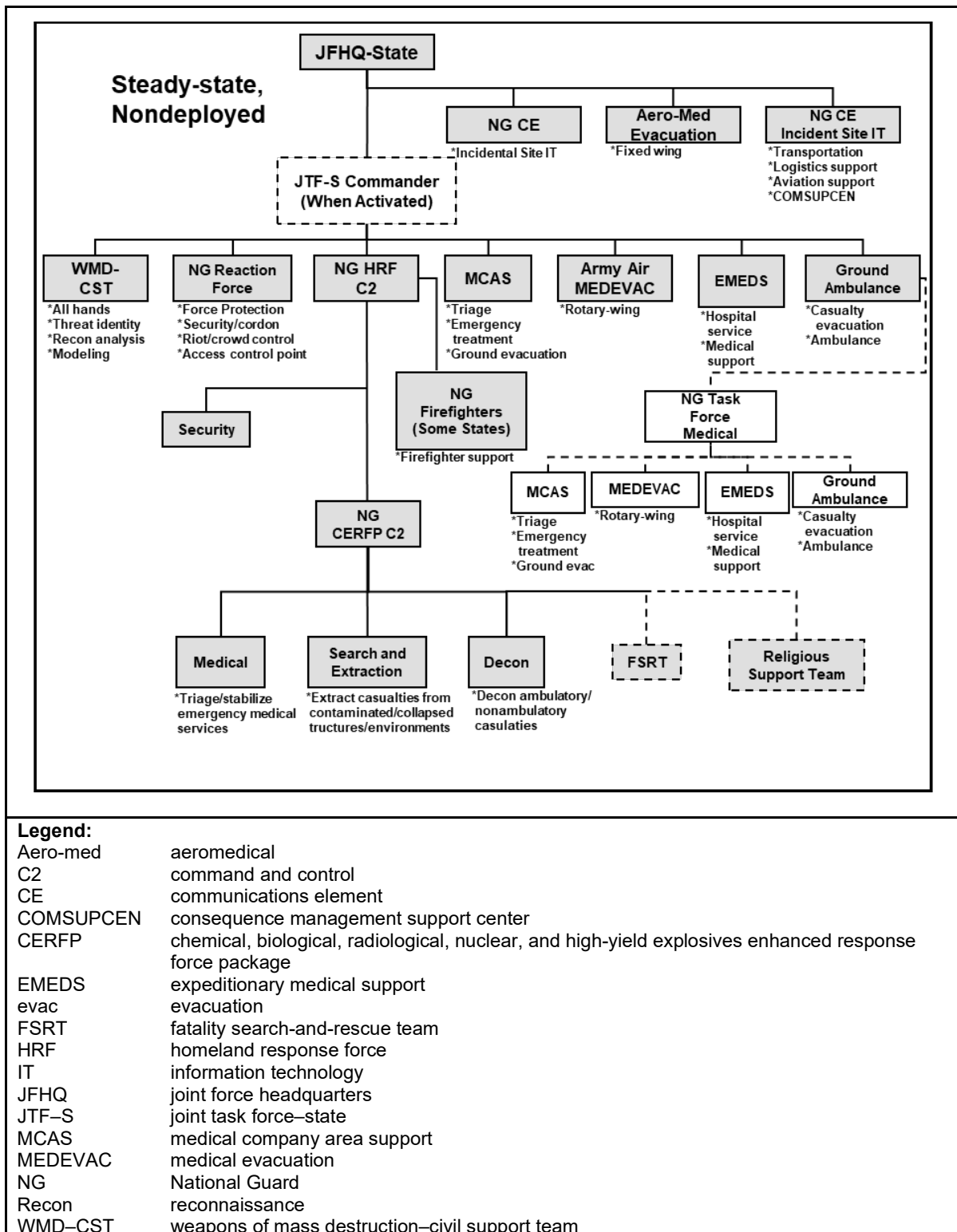


Figure 1-6. Steady-state nondeployed force structure

## UNIQUE CONSIDERATIONS

1-48. The immediate consequences of a catastrophic event are initially a local responsibility. Local governments employ emergency first responders, including fire, police, and emergency medical services personnel, to respond to all types of emergencies. These local first responders and tribal, state, and federal emergency responders utilize the incident command system (ICS) to manage operations at an incident site. The ICS is designed to facilitate C2 during a response by providing a common organizational architecture. ICS is discussed in more detail in paragraph 2-79.

1-49. When local resources are overwhelmed, or specific technical capabilities are not locally available, local leaders implement existing mutual-aid agreements to request additional support from neighboring jurisdictions and seek supplemental assistance through county and state emergency management systems. If a state response asset becomes overwhelmed or is unable to meet a specific/unique need, the state governor requests emergency management asset support from surrounding states through their state governors. Most states have developed state-to-state compacts or memorandums of agreement (MOAs) to facilitate such regional support and responses. States create legislation for emergencies that permit their NG forces to be deployed across state boundaries in 32 USC status based simply on a verbal agreement between the affected state governors rather than requiring formal written agreements. When the state authority (governor) issues a RFA, federal assets may also be deployed in 10 USC status in support of the requesting state/region.

1-50. Governors of states, territories, or the District of Columbia (D.C.) with NG elements of the CBRN response enterprise may use those elements for an all-hazards response as required. In this status, they are not defined as an NG element of the CBRN response enterprise element; at this point, they are another unit being used for all-hazards situations. The NG forces of the CBRN response enterprise are available to the governors for any all-hazards response but will always be prepared to respond to a major or catastrophic CBRN incident. NG elements of the CBRN response enterprise are used outside of their home state, and the elements are subject to MOAs, MOUs, and emergency management assistance compacts (EMACs). CBRN response enterprise units are still subject to recalls during such times and must meet the N-hour timelines. (See chapter 2 for more information on EMAC.)

1-51. CBRN response enterprise units in a 10 USC status are under federal authority and are usually under the OPCON of USNORTHCOM or USINDOPACOM. In the executive order or operation order (OPORD), the combatant commander (CCDR) usually grants direct liaison authority to designated military unit commanders. As such, they contact the joint force commander or DCO as soon as possible after receipt of DSCA deployment orders to obtain mission specifics, process requests for information, and facilitate mission planning.

1-52. A domestic CBRN incident requires the enabling support of forces to operate in a CBRN environment and to recover from CBRN incidents. The process includes—

- Governor requesting federal support from POTUS.
- CNGB coordinating and requesting 32 USC authorization for the NG portion of CBRN response forces through SECDEF.
- CNGB coordinating and synchronizing alert and deployment of the NG portion of CBRN response enterprise forces with supporting and supported governors and their respective adjutant generals.
- POTUS authorizing a Presidential Declaration and assigning a primary federal agency (usually FEMA).
- Other governmental and nongovernmental agencies providing support.
- Key enabling organizations providing a more flexible and deliberate response.
- DOD installations providing an immediate response.
- LFA requesting DOD support (SECDEF approving mission and assigning the mission to USNORTHCOM).
- USNORTHCOM directing deployment, commanding, and controlling 10 USC forces.
- DCO coordinating support between the JFO, JTF, and the Army Service Component Command.



- Employing forces to support the CBRN DSCA mission.
- Commander, United States Special Operations Command providing military resources and forces—when directed by SECDEF—in support of civil authorities to reduce the effect of CBRN incidents within the homeland.

## OPERATIONAL PHASES

1-53. CBRN response is based on a 6-phase construct. These phase names and associated activities differ from the joint operations model. These phases may overlap in execution, but large operations provide a means for planning and synchronizing requirements in terms of forces, resources, time, space, and purpose. Table 1-1 compares the CBRN response phases with the FEMA response phases.

**Table 1-1. Operational CBRN/FEMA phase crosswalk**

<b><i>Chemical, Biological, Radiological, and Nuclear (CBRN) Response Phase</i></b>	<b><i>Federal Emergency Management Agency (FEMA) Response Phase</i></b>
Shape (Phase 0)—continuous phase Ensure that DOD is organized, trained, equipped, and prepared to respond.	1a—Normal Operations
Anticipate (Phase I)—situation assessment and preparation	1b—Increased Likelihood or Elevated Threat 1c—Credible Threat
Respond (Phase II)—deployment of support Phase II begins with the deployment of designated forces and the establishment of formal command relationships between supported and supporting commanders. Phase II ends when the first capability arrives and is operational.	2a—Activation, Situational Assessment, and Movement
Operate (Phase III)—minimize hazard effects Phase III begins with the initialization of efforts to minimize hazard effects. Phase III ends when the on-scene commander determines that the incident site is under positive control.	2b—Employment of Resources and Stabilization  2c—Intermediate Operations ( <b>Note.</b> Initial federal resources have been distributed to the intermediate staging area, the joint field office has been established, and incident management assistance teams have conducted necessary operations for the initial support of basic needs to disaster survivors. Response operations across the impacted area have been coordinated in accordance with National Incident Management System [NIMS].)
Stabilize (Phase IV)—redeployment commences Phase IV begins initiation of the redeployment plan. Phase IV ends when the mitigation of the incident is at such a point where it is determined that no or minimal personnel are needed to maintain security of the site.	3a—(Enabling) Long-Term Recovery Operation ( <b>Note.</b> Recovery activities that occur as part of the response mission area to facilitate the transition and support to the recovery mission area.)
Transition (Phase V)—all operational aspects of mission assignments are complete	

**PHASE 0—SHAPE PHASE**

1-54. The Phase 0—Shape phase involves continuous situational awareness and preparedness. Actions in this phase include interagency coordination, planning, identifying gaps, and exercises. FEMA categorizes this as the 1a. Normal Operations phase (see table 1-1, page 1-13). During this phase, local civil authorities and state and federal entities, including 10 USC and 32 USC military personnel, determine existing logistics and resource capabilities, develop plans and procedures, and conduct training and exercises to validate existing plans. Actions taken during this phase are focused on awareness and NPGs.

1-55. During this phase, conditions are set to permit rapid deployment of capabilities that ultimately leads to more success in phases II and III. CBRN response enterprise units use Phase 0 to sustain and improve their situational awareness and preparation to achieve rapid deployability. These actions also allow them to swiftly transition into phase III operations for a no-notice event. During Phase 0, preparation of the CBRN response enterprise is the responsibility of the force providers. CBRN response enterprise commands and task force commanders also establish and maintain relationships with federal, state, local, and DOD mission partners during Phase 0—Shape operations. CBRN response enterprise units train to proficiency according to joint mission-essential training solutions. Joint mission-essential training solutions incorporate deployment readiness exercises and internal and external USNORTHCOM and USARNORTH exercises to ensure a high readiness posture and timely deployability. This phase ends when a potential CBRN response mission is identified through warning, SECDEF direction, or the occurrence of a no-notice event.

**PHASE I—ANTICIPATE PHASE**

1-56. The Phase I—Anticipate phase begins when a potential CBRN response mission is identified through a warning, SECDEF direction, or the occurrence of an incident. This phase ends when forces receive prepare-to-deploy orders and are staged and ready to deploy. As shown in table 1-1, FEMA divides the Anticipate phase into an earlier elevated threat stage that commences when an elevated threat is identified and requires additional coordination and planning and a later credible threat stage. The elevated threat stage evolves into the credible threat stage as the indications of a threat become more credible. Throughout the Anticipate phase, plans are revised based on the current situation/credibility of the threat; and situational reports are analyzed and addressed to plan for the potential activation of federal, state, local, tribal, and territorial coordination structures, including DCO/EPLDs, if necessary.

1-57. Additional stakeholders are identified and included in planning efforts, as appropriate during the Anticipate phase. Determination of joint force command structure, the DOD anticipated response, and early and thorough collaboration with federal departments and agencies, state governments (including respective NG adjutant generals, and commanders), and localities are paramount during the Anticipate phase. Alerting and preparing the joint force may be directed through a Chairman of the Joint Chiefs of Staff (CJCS) warning order, planning order, or alert order. CBRN incidents may also occur without warning, resulting in accelerated procedures and the first notification being a warning order. This warning order guidance may even be verbal; in this case, the operations would move directly into the Response phase, with relevant Anticipate phase tasks still requiring to be performed.

**PHASE II—RESPONSE PHASE**

1-58. The Phase II—Response component of all DSCA responses begins when DOD receives a RFA from a LFA asking for DOD support, or POTUS or SECDEF direct support in a federal response to a disaster or emergency in support of a state or tribal government(s) or to support another U.S. government department or agency for specifically authorized events. Correspondingly, the Phase II—Respond phase of a CBRN response operation begins when CBRN response enterprise units are directed to deploy. In all cases, the primary focus of this phase is the deployment of lifesaving capabilities to the affected area. Force providers deploy CBRN response enterprise units with joint mission-essential equipment list equipment and supplies according to force provider orders. All forces complete JRSOI procedures upon arrival in the affected area. Forces train so that they are prepared to immediately commence operations following JRSOI processing. During the response phase, the Commander USNORTHCOM may pre-position CBRN response enterprise units at federal installations near the incident site to prepare employment into the affected area.

### **PHASE III—OPERATE PHASE**

1-59. The Phase III—Operate phase begins when DOD or NG forces begin executing mission assignments within the operational area. The Operate phase ends when lifesaving requirements no longer exceed the capabilities of civilian first responders and the effort shifts to other state or federal mission assignments that have broader application to the joint operations area (JOA). The coordinating agency typically assigns mission assignments to supporting or cooperating agencies for action. DOD accepts mission assignments as RFAs, which become mission assignments only after being received by the Office of the Executive Secretary of DOD, then forwarded to the Assistant SECDEF for Homeland Defense and Global Security and the Joint Staff operations directorate of a joint staff (J-3) for validation and order processing, and finally to SECDEF for approval. Once SECDEF approves the request, an order is issued to combatant commands (CCMDs), services, or agencies to accomplish the mission. In this phase, planning and execution efforts are synchronized and integrated with the efforts of the supported civil authorities, and with other military operations that may be coinciding within the same operational area.

### **PHASE IV—STABILIZE PHASE**

1-60. The Phase IV—Stabilize phase begins when commanders coordinate with the LFA, the incident commander (IC), and the supported state's JFHQ to start the transition process and prepare for redeployment. This phase overlaps with the transition phase because the stabilization phase can go on for months or until all forces and equipment have been reset. Civil authorities and the JTF, as well as the supported CCDR or supporting or supported JTF—state, agree to implement a seamless transition of operational responsibilities to a designated civil authority or a designated command. Civil authorities are postured for full responsibility for NRF recovery operations and can accommodate surge requirements.

### **PHASE V—TRANSITION PHASE**

1-61. The Phase V—Transition phase begins when the effects of the CBRN incident have been minimized and adequate support of civil authorities has been provided until further support is no longer required. This phase ends when the commander has validated unit reconstitution and personnel readiness. The CBRN response enterprise units then depart for home station. This phase consists of resupply, reconstitution, rehabilitation, and resumption of the mission cycle. Leaders initiate appropriate clinical support, counseling, and critical-incident stress management procedures as necessary. Units begin conducting reverse JRSOI, unit movement, and accountability; and lessons learned, and after-action reports are completed. Force health protection, documentation, and reconstitution of CBRN response forces at home station are also conducted. The main effort for the Transition phase is the assembly and redeployment of all personnel, equipment, and units from the incident sites back to the home station and to ensure they are ready to respond when called upon for a catastrophic event.

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## Chapter 2

# Shape and Anticipate Phases

Planning and assessment actions taken during the Shape and Anticipate phases are critical to mission accomplishment. Training, coordination, and conducting exercises are crucial to confirm that members, units, CBRN response enterprise forces, and other DOD organizations are ready to respond if a DOD response is needed.

## OVERVIEW

2-1. CBRN response includes the specialized expertise, forces, and equipment needed to respond to the hazards and effects of a CBRN incident. Leaders, staffs, and units conduct continuous preincident situational awareness, planning, and preparedness activities to prepare for support to civil authorities in a CBRN environment.

2-2. Anticipation begins with the identification of a potential CBRN response mission from a specific threat scenario; a no-notice incident (such as a natural disaster); or when directed by a governor for NG forces, the POTUS (through the presidentially designated LFA to DOD), or the SECDEF for 10 USC forces. This phase ends when the decision is made by the appropriate authority to deploy forces or when the determination is made that there is no requirement to deploy forces. Key tasks during the Anticipate phase are notification, actions to gain awareness, and coordination. The mission-essential task and purpose include preparing to deploy to respond to CBRN incidents in support of civil authorities within directed response times. See table 2-1 for the shape and anticipate operational crosswalk.

**Table 2-1. Phases 0 and I operational CBRN/FEMA phase crosswalk**

<b><i>CBRN Response Phase</i></b>	<b><i>FEMA Response Phase</i></b>
Shape (Phase 0)—continuous phase Ensure that DOD is organized, trained, equipped, and prepared to respond.	1a—Normal Operations
Anticipate (Phase I)—situation assessment and preparation	1b—Increased Likelihood or Elevated Threat 1c—Credible Threat
<b>Legend:</b> CBRN                      chemical, biological, radiological, and nuclear DOD                        Department of Defense FEMA                      Federal Emergency Management Agency	

## SHAPE (PHASE 0)

2-3. The Shape phase focuses on sustaining readiness and situational awareness. Planning, preparedness for assigned/allocated forces, training, coordination with federal and state partners, and public affairs outreach are important during this phase. Planning and preparedness continue through all phases.

2-4. Key efforts during this phase are—

- Awareness (hazard awareness within the domestic operational environment [OE]); education of unique OEs.
- Planning (concept of employment and deployment of forces, C2, logistics, and medical).

- Training (individual and collective training, exercising, and the use of synthetic training environments, modeling, and simulation).
- Equipping forces and maintaining operational readiness of all CBRN response enterprise equipment.
- Conducting evaluations on compliance with laws, policies, and regulations; analyzing CBRN response enterprise forces readiness and capabilities to execute mission requirements.
- Determining communications connectivity and communications capabilities.
- Maintaining specialized CBRN response enterprise-specific logistical support systems.

2-5. Situational awareness is vital to sustaining readiness and developing interagency coordination methods. This includes—

- Identifying environmental conditions such as geography, meteorology, and other factors affecting operational planning and the establishment of command, control, and employment of forces.
- Identifying factors affecting area access, to include supply and resupply of material.
- Determining communications connectivity and communications capabilities within the AO.
- Identifying capabilities and limitations of other participants, including federal and state limitations, on activities driven by national policy, public affairs guidance, or legal restrictions.
- Identifying cultural and local language affecting the common understanding of the situation.
- Determining the health status of the population and the remaining healthcare infrastructure and its capability.
- Supporting force health protection (FHP) by conducting medical risk assessments, identifying potential health threats, developing guidance and countermeasures, establishing medical surveillance criteria and activities, maintaining medical countermeasures, and documenting suspected or known exposures to CBRN or occupational and environmental hazards.
- Determining the safety of navigation for water access.
- Obtaining an assessment of the infrastructure, including utility systems.
- Understanding the population's perception of DOD support.

## **PLANNING**

2-6. Response planning has evolved significantly over the past several years. This evolution is in lockstep with FEMA's disaster response planning evolution. Planning has transitioned from broad process-focused plans to incident-specific planning that addresses specific scenarios applied to particular locations.

2-7. This is a valuable transition because the most detailed planning occurs when planners focus on a specific scenario in a particular location with the participation of all key stakeholder organizations, including federal, state, tribal, local, nongovernmental, and private-sector partners. This allows for the development of the OE, including considerations of the geographical terrain, climate, population, infrastructure, and jurisdictional authorities.

2-8. Most state, local, and tribal/territorial emergency management agencies will plan to utilize local resources, EMAC capabilities, and NG units before incorporating 10 USC resources into their emergency response plans. DOD planners must understand that to conduct lifesaving during a catastrophic CBRN event, they must be on the ground and operational within 24 hours to maximize their effectiveness and contribution to the incident. The greatest potential to save lives following a catastrophic incident occurs within the initial 72 hours after the incident.

2-9. In addition, integrated planning with key partners allows the synergistic development of operational concepts that nest effectively with each other. Even though locations are different, much of the detailed planning information will be transferable to other scenarios in other areas, perhaps with only minor refinements. A catastrophic CBRN incident or accident resulting in numerous casualties and the disruption of normal life-support systems will likely exceed the response capabilities of local and state agencies, causing the state emergency management agency to bring in resources through the EMAC system.

2-10. If additional resources are needed to effectively respond to the incident, the governor will deploy the NG to provide resources to meet the shortfalls. If there are still shortfalls, the governor/state emergency

management agency will reach out to other states via EMAC, previously established MOA, and assistance from the NGB Joint Operations Center (JOC). If the size, scope, and expected duration of the incident is justified, the state will submit a RFA through FEMA to DOD within hours following a catastrophic CBRN incident, requesting specific resources to meet response shortfalls. The CNGB fulfills obligations for meeting NGB Regional Response plans.

2-11. All 10 USC DOD planning with FEMA regions, states, or other organizations within the FEMA regions will be coordinated with the regional DCO. The regional DCOs are DOD single points of contact for their assigned FEMA regions. NG planning at the state level should be coordinated with military and civilian counterparts, including the NGB. Responding units will need to achieve initial operating capability in the operations area with limited setup time. Responding DOD forces may also be required to operate in a contaminated environment. The duration and scope of DOD involvement will be related to the severity and magnitude of the situation and the state, local, tribal/territorial needs for DOD support.

2-12. It is important that when planning contingency operations, the planners are aware of the capabilities that are available from both the state and federal CBRN response enterprise forces. When planners develop contingency plans, it is vital to conduct a gap analysis to determine what forces are needed for each of the different scenarios planned. This gap analysis is used to determine which capabilities are required to respond most effectively to a wide range of possibilities and drives the development of an EMAC plan or MOUs/MOAs between different states. In coordination with the DCO, mission assignments can also be developed to facilitate expeditious deployment of forces to the operational area. Figure 1-2 displays the spectrum of capabilities beginning with 32 USC and ending with 10 USC forces the CBRN response enterprise brings to bear in a CBRN-related domestic incident.

2-13. Leaders utilize the joint operational planning process as a framework for planning required CBRN activities where the threat of CBRN hazards exist. For more information about CBRN planning, see ATP 3-11.36/MCRP 10-10E.1/NTTP 3-11.34/AFTP 3-2.70. See figure 2-1 for the capability identification and access process.

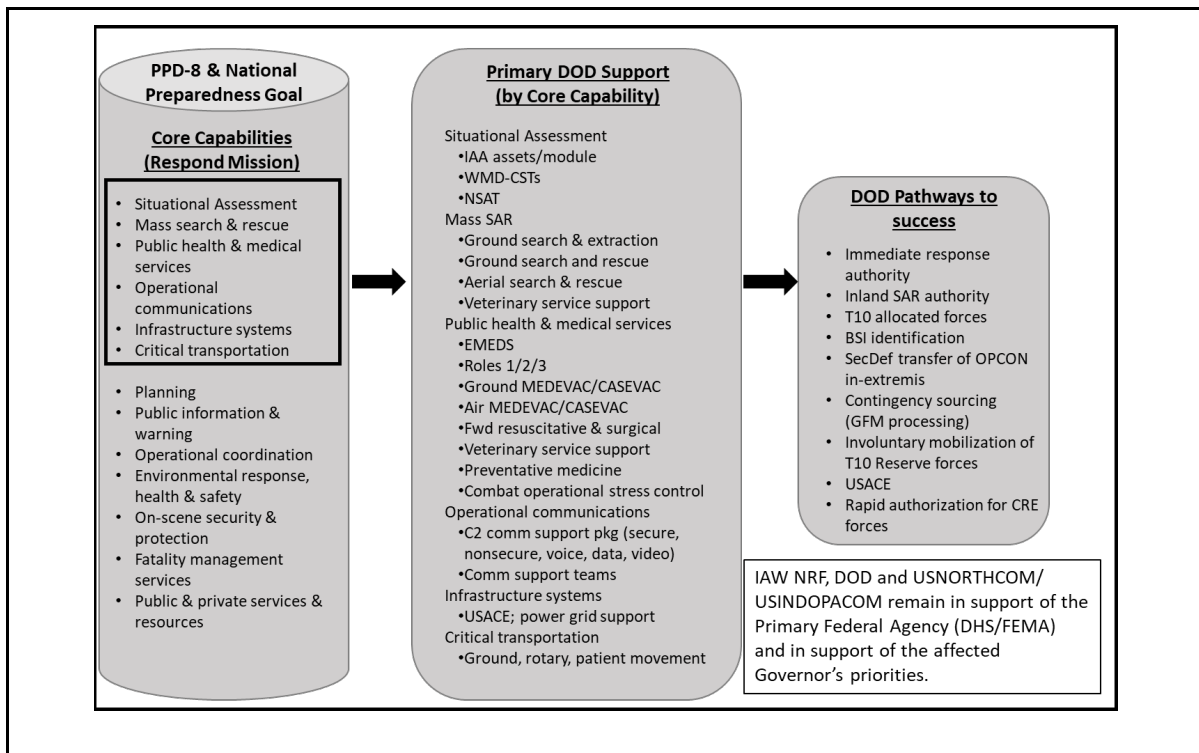


Figure 2-1. Required capability identification and access process

<b>Legend:</b>	
BSI	base support installation
C2	command and control
CASEVAC	casualty evacuation
CDR	commander
COMM	communication
CRE	chemical, biological, radiological, and nuclear response element
DHS	Department of Homeland Security
DOD	Department of Defense
EMEDS	expeditionary medical support
FEMA	Federal Emergency Management Agency
Fwd	forward
GFM	global force management
IAA	incident awareness and assurance
IAW	in accordance with
MEDEVAC	medical evacuation
NSAT	United States Northern Command Situational Awareness Team
NC	Northern Command
NRF	National Response Framework
OPCON	operational control
pkg	package
PPD	Presidential Policy Directive
SAR	search-and-rescue
SECDEF	Secretary Of Defense
USACE	United States Army Corps of Engineers
USINDOPACOM	United States Indo-Pacific Command
USNORTHCOM	United States Army Northern Command
WMD-CST	weapons of mass destruction–civil support team

**Figure 2-1. Required capability identification and access process (continued)**

2-14. The EMAC is a congressionally ratified agreement between the states providing form and structure to interstate mutual aid. Congress approved the EMAC legislation in 1996 as Public Law 104-321. The EMAC applies to NG personnel under SAD or 32 USC authority but not in 10 USC status.

2-15. EMAC is an all-hazards all-disciplines mutual aid compact that serves as the cornerstone of the mutual aid system. EMAC is implemented within the state emergency management agency on behalf of the governor of the state. This provides a consistent and coordinated response across the nation. The NG deploy through EMAC in both SAD and 32 USC to assist member states. Typically, deployments under a state-to-state agreement are limited to a specific period, such as 30 days.

2-16. The CERFP/HRF may be deployed across state boundaries in SAD status or 32 USC authority based on verbal or written agreements between affected governors without enacting the EMAC. States are encouraged to develop specific state-to-state compacts, MOUs, and MOAs outside the EMAC to facilitate regional CERFP/HRF support and response. Establishing supporting relationships permits advanced and detailed planning and preparation, facilitating a more effective response. These agreements may be established through long-range planning and negotiation.

2-17. As the states establish compacts, MOUs, and MOAs, many key issues can be addressed. The CERFP/HRF C2 is conducted according to provisions of the EMAC, MOU, and MOA and the applicable operation plan (OPLAN) or OPORD. Other key issues addressed in the OPLAN or OPORD include CERFP/HRF sustainment requirements and expenses reimbursement.

2-18. In the absence of formal or informal agreements, the governor of an affected state may request assistance through the joint information exchange environment for the deployment of CERFP/HRF. When a CERFP/HRF is requested from another state, the supported and supporting states must notify the NGB JOC of their actions. It is crucial for states without a CERFP/HRF to understand the size, shape, capability, and support requirements of a CERFP/HRF. The following list provides example considerations for the supported and supporting states.



2-19. The supported state—

- Verifies capability requests from the state emergency management agency against EMACs and executes existing EMACs, MOUs, and MOAs.
- Establishes new EMACs for capability shortfalls.
- Requests support for shortfall capabilities from the NGB JOC via the joint information exchange environment and a RFA according to local procedures.
- Ensures that the governor's declaration of emergency authorization is received from the Office of the SECDEF.
- Ensures that a deployment order is issued for designated CBRN response personnel and equipment according to the ICS.
- Ensures that units alert, assemble, prepare, and deploy according to unit procedures, standard operating guidance, and the deployment order.
- Ensures that WMD–CSTs alert, marshal, and deploy upon a CBRN incident notification and serves as the initial DOD CBRN liaison officer (LNO) at the incident site.
- Ensures that the CERFP (if assigned) alerts, marshals, and deploys in response to CBRN incidents.
- Ensures that the JFHQ–state and task force/JTF–state establish the JRSOI process if the process is not identified in the HRF regional response plan for arriving units. The JRSOI evolves and expands from phase III to phase IV of the operation.
- Ensures that, once established, the task force/JTF–state conducts battle handover to the JFHQ–state joint operations center.

2-20. The supporting state—

- Contacts the supported state for situational awareness and EMAC status (such as the decision to execute an EMAC, MOU, or MOA).
- Receives authorization from the state emergency management agency to execute the mission. According to mission requirements, an authorization from the Office of the SECDEF mobilizes designated units (WMD–CSTs, CERFP/HRF).
- Executes existing missions and identifies capability shortfalls to the supported state and NGB.
- Ensures that the adjutant general directs designated units to mobilize and be prepared to deploy within the prescribed timelines.
- Coordinates direct liaison authorization for CERFP/HRF and direct liaison authorized LNOs to JFHQ–state, JTF–state, and the IC.
- Issues a deployment order for designated CBRN personnel and CBRN defense equipment according to mission requirements and coordination with the supported state. The deployment order contains instructions for deployment from the home station to the supported state, such as—
  - Transportation.
  - Routes.
  - Class III and VIII-A (medical materiel) supplies and Class VIII-B (blood) supplies.
  - Security.
  - In-state requirements.
  - Changes in standing rules for use of force (SRUF).
  - Technical information regarding the CBRN incident.
  - JRSOI requirements of the supported state.
  - Ensuring that the CERFP/HRF JFHQ–state coordinates the movement of the units by ground or air based on the situation. Units prepare to deploy by ground if the incident site is less than 600 miles away.
  - Coordinating the HRF direct liaison authorized to the JFHQ–state/JTF–state and the IC.
  - Ensuring that units alert, assemble, prepare, and deploy according to the unit procedures, standard operating guidance, and deployment order.

2-21. The EMAC does not apply to the interstate deployment of a WMD-CST. Legislation creating the WMD-CST program permits WMD-CSTs to be deployed across state boundaries in 32 USC status without a formal written agreement but it is based merely on a verbal agreement between the affected state governors.

2-22. Most states have developed state-to-state compacts or MOAs to facilitate regional WMD-CST support and response. WMD-CST C2 is conducted according to the provisions of the compact, MOAs, and the applicable OPLAN or OPORD. Other key issues addressed in the OPLAN or OPORD may include WMD-CST C2, sustainment requirements, and expenses reimbursement.

2-23. Initially, the WMD-CST may not support a HRF but coordinates with the JFHQ-state/JTF-state. Subsequently, one or more WMD-CST may be allocated as OPGON to the HRFs and then validate follow-on requests for additional assessment requirements from civilian authorities or IC in that area. The WMD-CSTs follow their unit procedures and coordinate tactical control (TACON) with the IC regarding deployments. For more detailed information, see appendix D.

## **ASSESSMENT**

2-24. Leaders and staffs conduct continuous assessments of activities throughout the operations process, regardless of the echelon of command, OE, or operational phase. Effective assessments of threats, the OE, capabilities, and vulnerabilities set conditions that mitigate exposure risk while protecting the force and facilitating plans for response to CBRN environments. Preventive medicine and public health personnel can also provide technical advice to assist local authorities in recovery operations, including technical advice on—

- Clearing hazardous or CBRN-contaminated debris from drainage structures.
- Collecting and disposing of animal carcasses.
- Collecting and disposing of food that has been condemned.
- Preparing homes for reentry by homeowners (focused on technical advice on cleaning, disinfecting, and spraying homes affected by the disaster).

## **Threats and Hazards Assessment**

2-25. The assessments during Phase 0 and Phase 1 include a thorough compilation and examination of information and intelligence that addresses potential threats and hazards in the AO. Threat and hazard assessments are continuously reviewed and updated as the OE changes. Considerations for the assessment include civil disturbances, medical and safety hazards, and toxic and industrial material hazards. When supporting CBRN domestic response operations, preventive medicine and public health support may be requested when a HAZMAT spill occurs, or unexplained contamination is found in surrounding wells or community water systems.

## **Capability Analysis**

2-26. Although the requirements of each particular incident will vary, coordination with civil authorities have identified core capabilities that DOD should focus on during the initial response to a complex catastrophe. Planning analysis is based upon a DOD-centric view of maximizing DOD capabilities to best contribute to the overall federal response effort with realistic resource and environmental constraints. Figure 2-1 graphically depicts the required capability identification and access process.

2-27. Behavioral health personnel play a significant role in CBRN domestic response relief efforts by supporting both the deployed force and civilian disaster survivors when directed. Under ESF-8, the DOD is tasked to provide available emergency medical support, including mental health support, to assist federal, state, tribal, or local officials within the disaster area and the surrounding area. As an ESF-8 partner organization, the DOD may also be requested to—

- Provide assistance in assessing mental health and substance abuse needs (including emotional, psychological, psychological first aid, behavioral, or cognitive limitations requiring assistance or supervision).
- Provide disaster mental health training materials for workers.

- Provide liaison with assessment training and program development activities undertaken by federal, state, tribal, or local mental health and substance abuse officials.
- Provide additional consultation and education as needed.

### **Vulnerability Assessment**

2-28. This evaluation determines the magnitude of a threat/hazard effect against personnel, units, facilities/infrastructures, special events, or operations. It identifies the areas of improvement necessary to withstand or mitigate the hazards or deter acts of violence.

### **Risk Assessment**

2-29. Risk assessment is a process to identify potential hazards (probability and severity) and implement mitigating measures. Injuries from exposure to occupational and environmental health hazards, include those such as toxic industrial materials and noise that pose a significant threat during a disaster.

### **Readiness Assessment**

2-30. When supporting CBRN domestic response, preventive medicine and public health personnel can provide assistance and consultation support for the—

- Control of arthropod vectors, to include (with the concurrence of local authorities) providing technical advice concerning the suppression of mosquitoes, flies, lice, other arthropods, animals, and rodents.
- Investigation of disease outbreaks, to include assisting local authorities by investigating reports of potential outbreaks. Findings from these investigations are used to dispel rumors or provide early warning for local action if the threat is confirmed.
- Determination of immunization/prophylaxis requirements, including assisting local health authorities when needed.
- Control of human waste which, if left unchecked, can lead to many disease outbreaks. Preventive medicine and public health personnel can provide advice on the control of human waste, to include the construction and maintenance of improvised waste disposal devices (such as chemical toilets and other portable latrine systems, which can significantly reduce health hazards), which can be prepared for use until standard sanitary facilities can be restored.

### **Urban Search-and-Rescue**

2-31. During the Shape and Anticipate phases, it is important to consider the personnel's training and qualifications needed to respond. The following paragraphs describe the training and qualifications required to be urban search-and-rescue (US&R)-qualified.

2-32. US&R involves the location, rescue (extrication), and initial medical stabilization of individuals trapped in confined spaces. Structural collapse is often the cause of people being trapped, but individuals may also be trapped in transportation accidents, mines, and collapsed trenches. The CBRN response enterprise includes elements that can perform search-and-rescue operations. The 32 USC (CERFP and HRF) search and extraction elements are trained and certified at level I according to the NFPA 1006 and validated as a unit according to NFPA 1670 at the operations level; the 10 USC (DCRF, C2CRE-A, and C2CRE-B) search-and-rescue elements are trained and certified at the level I and II according to the NFPA 1006 and validated as a unit according to NFPA 1670 at the technician level.

2-33. The operations level represents the capability of organizations to respond to technical search-and-rescue incidents and to identify hazards, use equipment, and apply limited techniques specified in this standard to support and participate in technical search-and-rescue incidents.

2-34. The technician level represents the capability of organizations to respond to technical search-and-rescue incidents and to identify hazards, use equipment, and apply the advanced techniques (specified in this standard) necessary to coordinate, perform, and supervise technical search-and-rescue incidents.

2-35. Per DODI 6055.06, the Air Force Civil Engineer Center, Fire Emergency Services Division, is designated as the lead agency responsible for implementing the DOD Fire and Emergency Services Certification Program. The Air Force Civil Engineer Center is dual accredited by the International Fire Service Accreditation Congress and National Board on Fire Service Professional Qualifications and, as the accredited entity, issues International Fire Service Accreditation Congress and National Board on Fire Service Professional Qualifications sealed DOD certificates for completing certification requirements through the DOD venues.

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**Note.** The U.S. Army CBRN School is accredited under the Fire and Emergency Services Certification Program.

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2-36. Students who complete the certification courses with a test score of 80 percent or higher through this school and receive a GO on the individual skills test will receive DOD certification for specified levels.

The levels available include—

- Common Core.
- Rope Rescue I and II.
- Confined Space Rescue I and II.
- Trench Rescue I and II.
- Structural Collapse Rescue I and II.
- Vehicle Rescue I and II.
- Machinery Rescue I and II.

2-37. DOD certifications with an International Fire Service Accreditation Congress or National Board on Fire Service Professional Qualifications seal and number do not expire. DOD policy states that once an individual is certified, they are always certified. There may or may not be training requirements to maintain proficiency in certifications based on the local authority having jurisdiction determination. For more information, refer to the USNORTHCOM training, exercise, and evaluation plan.

### **Mass Casualty Decontamination**

2-38. The CBRN response enterprise responds to and supports local, state, and federal agencies that manage the consequences of the incident. The 32 USC elements of the CBRN response enterprise (CERFP and the HRF) decontamination elements provide deliberate decontamination of personnel, but not of vehicles or large equipment. The 10 USC units allocated to the CBRN response enterprise (DCRF and C2CREs) can provide forces capable of decontaminating personnel, vehicles, and large equipment.

### **Medical**

2-39. The CBRN response enterprise has significant emergency medical capabilities that can be deployed rapidly, as required. The medical capabilities contained within the CERFPs, HRFs, DCRF, and C2CREs include Role 2 medical care (patient triage, along with trauma and emergency medical care). Also, the DCRF has significant additional medical capability, including patient holding, ground and rotary-wing air patient movement (MEDEVAC and casualty evacuation [CASEVAC]), Role 3 medical care (surgical and intensive care), preventive medicine, behavioral health, and veterinary service support. Mass care services are provided by establishing health service support (HSS) and FHP concepts of operation, priorities, procedures, and guidance to the support commander, joint task force–civil support (CJTF–CS) operational objectives. By maintaining the operational concept for the employment of the patient evacuation coordination cell (PECC) and through assisting with the coordination of Class VIII-A (medical materiel) supply and Class VIII-B (blood) supply requirements with the single integrated medical logistics manager.

2-40. DOD installations, assets, forces, capabilities, and resources may be leveraged to provide critical life-sustaining food, water, and shelter to the exposed population following a complex catastrophe. Rapid and robust mass care services may likely save many more lives than immediate lifesaving capabilities. Planning and preparing for the management of CBRN casualties includes identifying suitable medical treatment facilities and the movement of casualties between treatment areas and out of the contaminated

environment. Efficient casualty movement requires coordination between medical, logistics, transportation, and CBRN defense planners.

2-41. Medical element personnel may be embedded with the search-and-rescue elements to provide triage and stabilization. If casualties expire, mortuary affairs personnel will assume responsibility.

2-42. \*Coordination of patient movement and administrative support requires the patient movement liaison team, medical logistic management, and U.S. Air Force aeromedical evacuation liaison team (AELT). MEDEVAC and medical regulating support during a domestic CBRN incident will differ depending upon the type of activity supported. Some operations occur on a routine basis and are detailed in support agreements with the local community. Commanders must have clearly defined guidelines for the scope of the operation and, where applicable, the funding mechanism for reimbursing the government for expenses incurred.

2-43. During CBRN domestic response, Army MEDEVAC assets are also required to evacuate military personnel deployed to support civil authorities. MEDEVAC from Roles 1 and 2 hospitals is a service component responsibility, while USTRANSCOM accomplishes strategic MEDEVAC from Role 3 hospitals. In the aftermath of a CBRN incident, the health threat includes naturally occurring infectious diseases as well as—

- Epidemics and diseases endemic to humans and animals in the affected area.
- Environmental factors (such as heat, cold, humidity, and significant elevations above sea level).
- Zoonotic diseases transmissible to man.
- Poisonous animals, plants, and insects, which are important considerations as causative agents of disease and nonbattle injury casualties.
- Diseases stemming from the use of weapons of mass destruction.
- Behavioral and emotional health issues caused by prolonged periods of intense, continuous operations under all types of conditions that tax Service members to the limits of their endurance.

2-44. The USNORTHCOM or JFLCC command surgeon establishes a medical surveillance program for all personnel involved with HAZMAT operations as required by Section 120, Part 1910, Title 29, Code of Federal Regulations (29 CFR 1910.120). Service members in hazardous waste operations or WMD incidents perform tasks that may expose them to several potential hazards, including toxic chemicals, safety and biological hazards, and physical agents, such as heat and radiation.

2-45. The USNORTHCOM or JFLCC command surgeon ensures that there is an ongoing medical analysis of environmental hazards and provides the commander with continuous updates of medical threats and recommendations. Additionally, it is crucial to ensure that personnel who wear personal protective equipment (PPE) during CBRN incidents have no preexisting medical conditions that may put them at risk for injury or illness. However, the decision to use Service members with preexisting conditions remains solely with the commander.

2-46. Due to the extreme physical nature of the environment, medical surveillance is necessary before, during, and after an incident. Medical monitoring procedures are used to accomplish this mission. Medical monitoring is the ongoing, systematic evaluation of incident personnel who are at risk of suffering adverse effects from heat or cold exposure, stress, or HAZMAT exposure. Monitoring is done to achieve early recognition and prevention of these effects to maintain on-scene personnel's optimal health and safety. Medical monitoring is performed at the site of a CBRN incident for the following reasons:

- To obtain baseline vital signs and physical assessment on all personnel.
- To identify and preclude from participation in the hot zone and warm zone activities personnel who are at risk for sustaining injury and illness as a result of on-scene activities.
- To provide early recognition and treatment of personnel with adverse physiological responses because of on-scene activities.
- To document known or potential exposures to CBRN hazards for acute, chronic, or latent health effects.

## **Operational Communications**

2-47. Communications for all organizations, civilian and military, are extremely challenging following a complex catastrophe. DOD will likely be called upon to leverage its significant communications assets at strategic, operational, and tactical levels. In addition to supporting civilian communications requirements, responding DOD forces must have interoperable communications with civilian authorities and supporting agencies. Systems such as the joint incident site communications capability (JISCC), Air NG mobile EOC, and the WMD–CST's Unified Command Suite consist of a combination of commercial and existing government off-the-shelf communications equipment (both secure and nonsecure data) that can bridge the gap between military and civilian bandwidths to ensure seamless communication across the OE.

## **Critical Transportation**

2-48. DOD has significant ground and air transportation assets that will be in high demand to support the strategic lift of critical capabilities into the incident area(s) and casualty and patient movement out of the incident area(s) to medical treatment facilities outside the AO. Operational and tactical rotary-wing lift supports the ingress of operational capabilities into incident sites, and tactical ground assets support the ingress of operational forces and ground MEDEVAC and CASEVAC of casualties. Efficient casualty movement requires coordination between medical, logistics, transportation, and CBRN planners.

## **Training**

2-49. CBRN response enterprise personnel obtain specialized individual and collective training during the Shape phase. Personnel are trained according to FEMA guidance, ICS, NIMS standards, HAZMAT, NFPA, and section-specific tasks. CDRUSNORTHCOM provides specified mandatory individual training requirements for individuals assigned within the CBRN response enterprise in the training, exercise, and evaluation plan.

2-50. Units utilize the Training and Doctrine Command-approved Army Training Requirements and Resource System to register and schedule Service members for individual training. Units train to proficiency according to joint mission-essential training solutions. Together with collective tasks, conditions, and standards, joint mission-essential training solutions define a common baseline of requirements for enterprise elements. Units conduct collective mission training and deployment readiness exercises and actively participate in internal and external exercises to ensure high readiness and timely deployability.

## **Equipping Forces**

2-51. 10 USC CBRN response enterprise units are equipped to modification table of organization and equipment (MTOE) minus do-not-deploy items, with validated operational needs statement equipment and mission essential equipment list. Units identify shortfalls and submit requests for additional capabilities through their parent HQ. This includes non-MTOE requirements and sustainment strategy for specialized equipment necessary for technical support forces.

2-52. 32 USC WMD–CSTs are equipped to a table of distribution and allowances. 32 USC HRF/CERFP elements are equipped using a joint mission-essential equipment list. Commercial off-the-shelf (COTS) equipment listed on the table of distribution and allowances/joint mission-essential equipment list is issued from the consequence management support center. Joint mission-essential equipment list military equipment is obtained through MOA/MOU primarily with units providing forces to HRF/CERFP elements and secondarily through other state units.

2-53. COTS equipment for the technical support forces includes US&R equipment, mass casualty decontamination (MCD), HAZMAT PPE ensemble, and CBRN reconnaissance equipment. Attention to interoperability between Services and civilian counterparts is critical when units/commands determine the operational equipment to support the mission. During this phase, units develop and utilize equipment status tracking reports to ensure they have the mission equipment and that it is operational. This information is submitted to higher commands for awareness.

## Conducting Coordination

2-54. Effective coordination mechanisms and liaison relationships during shape phase are essential to effectively transition to anticipate phase and beyond during a CBRN response when time is of the essence. Communications systems are likely impacted, situational awareness is less than perfect, resources must be judiciously committed, and pressure for rapid action is high at all levels among all agencies.

2-55. Within a FEMA region, DOD 10 USC coordination and liaison with civil authorities to plan or coordinate DOD support before an event is conducted in coordination with and in support of the DCO of the respective FEMA region. The DCO will verify the integration of NG support with the domestic coordination cell officer in charge in coordination with the NGB plans directorate of a joint staff (J-5).

2-56. Relationships and procedures developed in the Shape phase are leveraged as designed and practiced during the Shape phase to execute the tasks for the DOD requirements generation process for the Anticipate phase and beyond.

## CRITICAL INFRASTRUCTURE

2-57. Critical infrastructure is identified as essential functions and services vital to the private critical infrastructure sectors to create and sustain effective business continuity plans. These functions and services include privately owned transportation and transit, telecommunications, utilities, financial institutions, hospitals, and other health-related facilities.

2-58. Effective continuity planning helps to ensure the uninterrupted ability to engage partners; to respond appropriately with scaled, flexible, and adaptable operational capabilities; to specify succession to office and delegations of authority to protect the unity of effort and command; and to account for the availability of responders, regardless of the threat or hazard.

2-59. Ensuring the continuity of community lifeline operations is a critical part of responding to a disaster. Continuity planning and operations increase the likelihood of uninterrupted coordination across jurisdictions, levels of government, and the private sector, particularly during catastrophic incidents. For example, effective response operations require the operability, interoperability, and continuity of communications.

2-60. Planning is fundamental to national preparedness. Plans are a continuous, evolving instrument of anticipated actions that maximize opportunities and guide response operations. Because planning is an ongoing process, a plan is a product based on information and understanding at the moment and is subject to revision.

2-61. Locally executed response focuses on how the complex network of local, voluntary, and private sector organizations integrate their capabilities to restore damaged infrastructure, restart the flow of products and services, and place essential items into the hands of survivors. Therefore, local governments and communities provide the actual operational coordination for executing an effective response and can draw on the support of additional state and federal resources when their resources prove insufficient.

## Infrastructure Systems

2-62. During the shape phase, it is critical that planning and coordination to stabilize critical infrastructure systems, such as power, water, and sewer, be addressed. This will minimize health and safety threats and efficiently restore and revitalize systems and services to support a viable, resilient community.

2-63. The U.S. Army Corps of Engineers is a crucial player in this capability. They are the lead for ESF-3, public works, and engineering. DOD is a supporting agency for all ESF annexes, except ESF-3.

2-64. The U.S. Army Corps of Engineers key functions are to coordinate the capabilities and resources to facilitate the delivery of services, technical assistance, engineering expertise, construction management, and other support to prepare for, respond to, or recover from a disaster or an incident.

## ANTICIPATE (PHASE 1)

2-65. Anticipate phase actions begin with identifying a potential CBRN response mission, a no-notice event, or when directed by the POTUS, governor, SECDEF, or COCOM. This phase ends when the decision is made, at the appropriate level, to deploy elements of the CBRN response enterprise, or the determination is made that there is not a CBRN event requiring a dedicated federal CBRN response.

2-66. Key to this phase are the actions taken to minimize the response time of 10 USC DOD assets and provide CDRUSNORTHCOM with commander's assessment to rapidly and effectively tailor the response forces and identify additional required capabilities or forces through predictive request for forces (RFF). It is imperative to plan for and consider logistics, medical, and veterinary support during the anticipate phase.

2-67. Governors intending to alert the CBRN response enterprise elements must work with the proper state emergency management agency authorities to validate the mission before DOD CBRN response enterprise forces can be mobilized. In turn, FEMA and the NGB inform the DOD of the federal nature of the mission request and obtain SECDEF approval for funding.

2-68. Both USNORTHCOM and USARNORTH routinely deploy situational assessment teams to disaster areas in advance of a decision to commit federal military forces. These teams deploy to the incident area and come under the OPCON of the DCO. The DCO facilitates coordination and information sharing between the assessment teams and the various ESFs. If required, the DCO can coordinate information sharing between the assessment team, the state EOC, and the JFHQ—state. Once an assessment team provides its findings to its parent HQ, it becomes part of the DCE. As part of the DCE, assessment teams continue to deliver situation updates to their former HQ through the DCO's SITREP.

### KEY TASKS

2-69. Key tasks during this phase are—

- **Identification** of state and federal health care resources that may be needed to support the local health care response efforts that may be overwhelmed due to a CBRN incident.
- **Mission identification and notification of units.** JFHQ—state informs units within their state of roles and responsibilities to support DSCA operations during a catastrophic incident. Additionally, after JFHQ—state has completed a gap analysis and the resource gaps have been identified, the state can then identify units that could fill those gaps using USC from neighboring states or 10 USC units. Once the units have been determined, they will be identified in the supporting states all-hazards plan as a contingency resource.
- **Notification** of active component response elements are made to force providers via a warning order by CDRUSNORTHCOM and may occur in advance of SECDEF approval of RFA to adequately anticipate and meet response timelines. Also, the DCRF and a C2CRE A and B will be prepared to C2 additional follow-on forces.
- **Within the joint field office.** ESF coordinators analyze the requirements and capabilities in coordination with the federal coordinating officer and DCO. Beginning with the DCO and continuing through the chain of command, each RFA receives an evaluation based on legality, lethality, risk, cost, appropriateness, and impact on readiness. The mission assignment is translated into a mission tasking order for the JTF. The JTF commander translates the mission tasking order into an OPORD.
- **Coordination.** The authorities for provision of DSCA are found in law, DOD policy, and CJCS and/or the supported geographic COCOM orders. The authorities for DOD components to conduct DSCA operations are found in DODDs such as 3025.18 and standing CJCS, USNORTHCOM, and USINDOPACOM DSCA executive orders. Additional guidance for DSCA can be found in joint publications such as JP 3-28 and Service-specific doctrine listed in the references section of this publication. NG authority for providing NG civil support in its state is specified by that state's law. Agreements among states for mutual aid under the EMAC or MOA also fall under state laws.
- **Awareness is vital in preparing for operations.** It assists in understanding the scope and magnitude of the incident, identifying potential theater response forces and requirements to expedite response. Awareness assessment helps commanders and staffs conduct the mission



analysis and prepare the commander's estimate with a recommended DOD support of the incident resources and capabilities for anticipated mission assignments.

- **Incident awareness and assessment (IAA).** IAA synchronizes and integrates the planning and execution of various information capabilities that provide situational awareness and assessment to military leaders and civil authorities. It includes the tasking, acquisition, processing, assessment, and dissemination that provide critical information to the appropriate local, state, tribal, and federal authorities within the operational area. Although IAA is similar to information collection, the distinction is necessary to ensure that military units performing DSCA tasks do not fail to protect constitutional rights and privacy. Military organizations conducting IAA will strictly adhere to all applicable legal frameworks. IAA supports the following mission areas: situational awareness, damage assessment, evacuation monitoring, search-and-rescue, CBRN assessment, hydrographic survey, and dynamic ground coordination. USNORTHCOM and USINDOPACOM planning documents and operating procedures provide specific guidance on the use of intelligence capabilities for conducting IAA. (See DODD 5240.01 for policy on the use of DOD intelligence functions.)
- **Establish logistical support.** The primary focus of the logistics support is to sustain and assist DOD forces employed. Essential elements that are established in support of response are BSI, aerial port of debarkation (APOD), and reception, staging, onward movement, and integration (RSOI). The concept of logistics support is focused on operational to tactical level requirements in providing direct support supply, services, maintenance, and transportation to DOD forces saving lives, preventing further injury, and providing temporary critical life support in support of civil authorities.
- **Reviews and assessments, which include—**
  - Conducting JMET review and updates
  - Conducting MTOE/ joint mission-essential equipment list review and updates to adapt and modify CBRN response enterprise forces to meet changes to OE
  - Conducting capability-based assessments
  - Conducting hazard assessments.

## LOGISTICS

2-70. During domestic CBRN disaster response, the principal logistics function of the military is to move, maintain, and secure capabilities for logistics necessary for the response effort. To a significant extent, logistics capabilities determine the commander's flexibility to complete mission assignments quickly and accept other missions. Logistics personnel will need to maintain situational awareness of expendables such as fuel, water, contaminated waste, PPE, and Class VIII-A (medical materiel) supplies and Class VIII-B (blood) supplies.

2-71. The logistic effort, common to all phases of the CBRN response mission, include act as chair of the joint sustainment board and coordinate sustainment activities between logistic, medical, personnel, legal services, religious support, and financial management activities; and assure sustainment of DCRF and other forces as directed by higher HQ and anticipate actions to satisfy future logistic and engineering requirements.

## MEDICAL

2-72. In CBRN domestic response operations, CASEVAC and MEDEVAC support is dependent upon the situation. If the CBRN incident occurs within a heavily populated area, but there is minor damage/injury done to local medical facilities/personnel, patients may be cared for in existing local facilities. Evacuation to these facilities is through conveyance available (emergency vehicles for the more seriously injured and privately owned or business transportation assets for the less seriously injured). However, if the CBRN incident occurs in a remote area or substantial damage/injury to local medical facilities and personnel, patients may initially require evacuation from the disaster area for definitive treatment. Unless a military unit is in the proximity of the disaster and is a first responder, the initial evacuation of accessible survivors from the immediate disaster area will already be accomplished. However, military evacuation expertise in the extraction of survivors from above and below ground may be required as rescue operations continue. Patients

within the disaster area must be regulated to ensure that one facility does not become overwhelmed while another is sitting idle. However, this does not mean that a formal medical regulating system will be established. If patients are to be evacuated out of the area of operations (AO) by DOD evacuation assets and regulated into U.S. military, Department of Veterans Affairs or civilian hospitals, the Global Patient Movement Requirements Center may be activated. The medical planner must remember that these operations are often headed by other than military personnel. The MEDEVAC plan must be sufficiently flexible to support and complement the overall plan for the operation.

2-73. The management of Class VIII-A (medical materiel) supplies and Class VIII-B (blood) supplies and equipment is critical during a disaster. Medical supplies and equipment may be donated to support relief operations and come in all different types of packaging, sizes, and amounts. These items must be received, sorted, repacked, and distributed to areas in need. Generally, within a disaster area, no one organization is designated to provide this type of support. A task-organized medical logistics element may be deployed to provide the necessary support to include management, receipt, sorting, storage, repackaging, distribution, and accounting for donated medical supplies and equipment. If tasked, this element would also be responsible for the requisition, receipt, and accountability of Class VIII-A (medical materiel) supplies and Class VIII-B (blood) supplies required, which cannot be met through donated materiel.

2-74. Maintain situational awareness and analysis of the CBRN threat and coordinate HSS and FHP with USNORTHCOM, JFLCC, DOD components, and partners at federal, state, and local levels. The Defense Logistics Agency is the DOD executive agent for medical materiel. During DSCA, the United States Army Medical Materiel Agency is the designated lead agent for medical materiel to USNORTHCOM. The CDRUSNORTHCOM may select one of the Service components to be the single integrated medical logistics manager. The lead agent for medical materiel and Single Integrated Medical Logistics Manager (SIMLM) work together to develop the medical logistics support plan that synchronizes medical requirements/capabilities and Class VIII-A (medical materiel) supplies and Class VIII-B (blood) supplies flow/distribution to JTF supported medical units and CBRN domestic response tasks.

## **VETERINARY SERVICES**

2-75. DODI 6200.03, according to DODD 6400.04E, directs veterinary services personnel to coordinate and integrate veterinary public health and veterinary medical planning (such as veterinary medical care, medical logistics, and countermeasure acquisition and distribution) and provide subject matter expertise for animal health issues. DODI 6200.03 also directs operational guidance and support as necessary to LFA during a suspected or confirmed public health emergency, which may include—

- Animal health and welfare include identifying affected or susceptible animals and detecting or controlling animal disease using strategic vaccination and treatment.
- Animal health surveillance.
- Food safety and defense.
- Training.
- Laboratory diagnosis.
- Biosecurity, cleaning, and disinfection.
- Criteria for animal quarantine or isolation (to include consideration of animals if the owner is under restriction of movement orders).
- Animal euthanasia.
- Coordination with wildlife management and vector control personnel.
- Risk communication message content.

## **BASE SUPPORT INSTALLATION**

2-76. The BSI is normally a DOD installation with an airfield and suitable support facilities. It may become the RSOI facility for the joint forces. In addition to RSOI, the BSI may also become a training facility and principal supporting base for federal response efforts. The CDRUSNORTHCOM or CDRUSINDOPACOM designates the BSI after receiving the concurrence of the owning military department's secretary. Units are prepared to conduct RSOI and conduct further movement to a BSI or incident area. Common tasks performed by the BSI include providing an assessment as required to USNORTHCOM or USINDOPACOM and

maintaining and updating installation support plans and stockage levels. The BSI also captures logistics lessons learned and closeout of contracts along with making final payments.

2-77. RSOI is when arriving personnel, with their equipment and materiel, transition into forces capable of meeting operating requirements. RSOI is vital to the success of the mission. The reception process varies by mission but always has accountability for personnel and equipment as key concerns. Various briefings, such as a local area orientation, safety, legal, communications (such as frequencies, call signs, cellular, or automated systems), logistics support and account opening, and chain of command overview may be provided. Also, AORs are delineated, and communications frequencies are deconflicted.

## NATIONAL INCIDENT MANAGEMENT SYSTEM AND THE INCIDENT COMMAND SYSTEM

2-78. The Department of Homeland Security is a Presidential cabinet organization responsible for the security of the homeland, including response to national disasters at the federal level. In 2003 HSPD-5 required the Secretary of Homeland Security to develop and administer a NIMS and a NRP. The NRF replaced the NRP in 2008. The directive requires all federal departments and agencies to adopt NIMS and use it in individual domestic incident management programs and activities and support state, local, or tribal entities. It also provides detail on the authorities of various government officials within the NIMS.

### Incident Command System

2-79. The ICS is developed under the NIMS. An incident command consists of a single IC or a unified command if more than one jurisdiction is involved. Responders from federal, state, tribal, or local levels may become part of the incident command, as led by the local authority IC or unified command. The IC or unified command establishes an incident command post (ICP) as close to the incident as practical. In a small ICP, the command staff typically includes a public information officer, safety officer, and a LNO. Depending on the nature of the incident, the system adds additional staff support as needed, which typically consists of operations, planning, logistics, and finance and administration. Figure 2-2 illustrates the basic incident command staff structure developed under NIMS.

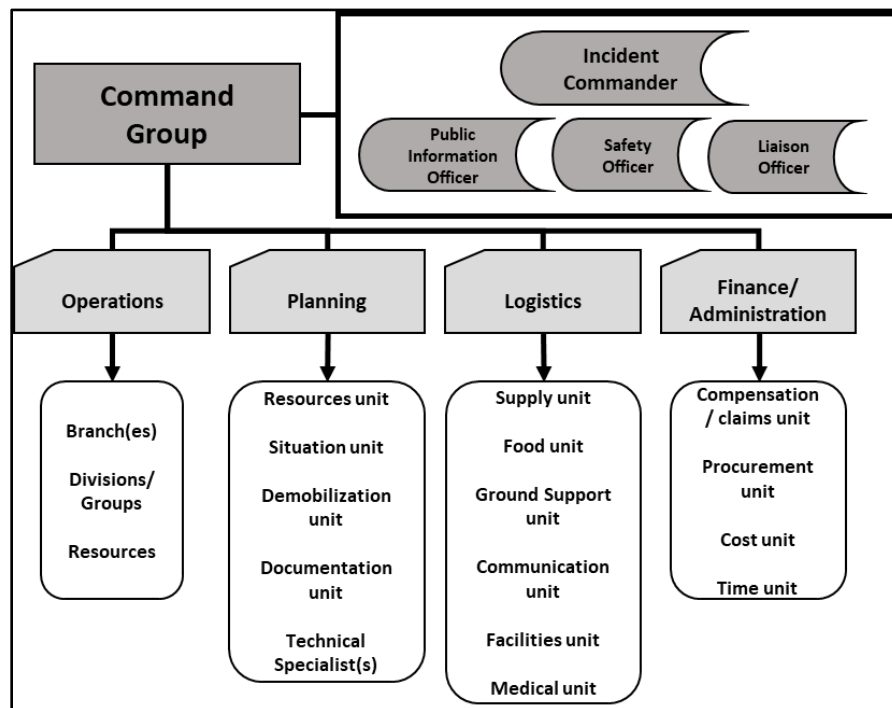


Figure 2-2. ICS

**Incident Action Plan**

2-80. An incident action plan (IAP) formally documents incident goals (known as control objectives in NIMS), operational period objectives, and the response strategy defined by incident command during response planning. NG and 10 USC units responding to an incident must understand the IAP since this is the civilian equivalent of an OPORD for the incident. It contains general tactics to achieve goals and objectives within the overall strategy while providing vital information on event and response parameters.

2-81. Equally important, the IAP facilitates the dissemination of critical information about the status of response assets. Because incident parameters evolve, action plans must be revised regularly (at least once per operational period) to maintain consistent, up-to-date guidance across the system. To support the IAP, the unit will provide a LNO that can inform the planning section chief of resourcing or mission assignment needs/status for the IAP to ensure that they fully understand the capabilities of the NG and DOD elements utilize them appropriately to support the operations. JTF–CS interagency planning cell coordinates through the DCE or directly with FEMA Mission Assignment Managers to shape and clarify mission assignment statements of work, which, once approved, are incorporated into the operational period IAP.

2-82. This phase ends when forces receive prepare-to-deploy orders and are staged and ready to deploy. Units and personnel—

- Review the response plans.
- Establish communications with DCO/DCE, JFO operations and planning sections, JFHQ–state, and the DOD state emergency preparedness liaison officers located at the state EOC.
- Continually determine LNO requirements, nominate LNOs to the commander, and establish LNO support relationships.
- Establish and maintain communications with military units/organizations and appropriate military commands in the operational area, including state NG command post and units operating adjacent or in route to JTF operations, BSI support nodes.
- Determine the 10 USC military, federal response, state NG chains of command, and the state civilian command organization.
- Coordinate with staff judge advocate to determine SRUF.
- Establish battle rhythm in coordination with other staff elements; determine reporting requirements and timelines.
- Verify the means to share and disseminate information shared portals, web pages, e-mail lists, chat locations, and shared drives.
- Prepare to deploy personnel and other resources as needed to enable the unit or JTF to capture all costs, which will be handed off to higher HQ for DOD reimbursement.

## **Chapter 3**

# **Response and Operate Phases**

CBRN incidents may occur without warning and at a time and location that can produce chaos, confusion, and casualties. In a no-notice incident, local emergency services and, possibly, state, and federal agency personnel might respond. Notification from local responders to a nearby DOD military command may trigger an immediate response. Notification of an approved RFA or direction by the SECDEF triggers the domestic emergency response provided by DOD. The primary functions performed by CBRN response units are to save lives, minimize human suffering, prepare for follow-on forces in support of civil authorities, and maintaining public confidence in the ability of the government to respond to a CBRN incident. Responding forces initiate actions to restore conditions at and near the incident site. Transition and redeployment plans are developed once the role of the DOD force is established and follow-on local, state, and federal assets have been determined. Primary coordination between USNORTHCOM and the governor(s) of the affected state(s) should occur through the C2 HQ within the affected area. The functions of sustainment, JRSOI, and reporting should be strictly established within C2 channels and not be confused with coordination.

## **OVERVIEW**

3-1. Responders from local jurisdictions, fire rescue, law enforcement, and emergency medical services are the first on-scene at any incident and are supported by emergency management organizations. When the operation exceeds capabilities, mayors, or county government request incident support from the state governor (state police, NG). If the state response assets are overwhelmed or unable to meet a specific/unique need, the governor requests support from other state governors (other state emergency management assets through the EMAC and NG assets).

3-2. Governors employ NG forces under their control before requesting federal assistance. This includes requesting assistance from other states for those CBRN response forces to fill a gap in resources. The military concept of unity of command facilitates unity of effort with other federal, state, and local responders. The military command structures used in domestic responses to an incident are dependent on the nature, scale, and location of the incident. The command structure upon execution (post-incident) is scalable, flexible, and adaptable to meet the federal event/incident management field structure requirements. It integrates into the Unified Command structure (such as JFO) to facilitate unified action and maximize unity of effort. Military forces remain under the military chain of command, but state NG and federal forces can have different chains of command. CNGB coordinates and synchronizes NG forces in coordination with the supported and supporting states through the state adjutant generals. Unless directed by POTUS as specified in law, the state and federal chains of command remain separate, even though they are often intermixed geographically.

3-3. Federal forces are either attached or under operational or TACON of the 10 USC JTF. The JTF commander further task organizes subordinate units based on mission assignments, typically specifying OPCON by the gaining HQ. Administrative control remains with the original providing component HQ and is subject to modification by the Secretary of the Army. Support relationships can facilitate unified action when federal and state NG forces operate in the same area, subject to mission assignments. Following requests from FEMA or the state, a federal military installation or unit may support a NG force, particularly in cases where the federal installation is supporting FEMA efforts. However, because the command lines

remain separate, any support relationship requires approval by both DOD and the affected state's governor in coordination with their respective federal and state coordinating officers. See table 3-1 for respond and operate operational crosswalk.

**Table 3-1. Phases II and III operational CBRN/FEMA phase crosswalk**

<b><i>CBRN Response Phase</i></b>	<b><i>FEMA Response Phase</i></b>
<p>Respond (Phase II)—deployment of support</p> <p>Phase II begins with the deployment of designated forces and the establishment of formal command relationships between supported and supporting commanders.</p> <p>Phase II ends when the first capability arrives and is operational.</p>	<p>2a—Activation, Situational Assessment, and Movement</p>
<p>Operate (Phase III)—minimize hazard effects</p> <p>Phase III begins with the initialization of efforts to minimize hazard effects.</p> <p>Phase III ends when the on-scene commander determines that the incident site is under positive control.</p>	<p>2b—Employment of Resources and Stabilization</p> <p>2c—Intermediate Operations</p> <p><b>(Note.</b> Initial Federal resources have been distributed to the ISB, the JFO has been established, and incident management assistance teams have conducted necessary operations for the initial support of basic needs to disaster survivors. Response operations across the impacted area have been coordinated in accordance with NIMS.)</p>
<p><b>Legend:</b></p> <p>CBRN            chemical, biological, radiological, and nuclear</p> <p>FEMA            Federal Emergency Management Agency</p> <p>ISB              incident support base</p> <p>JFO              joint field office</p> <p>NIMS            national incident management system</p>	

## SITUATIONAL ASSESSMENT

3-4. DOD personnel can be quickly sent to perform liaison functions to contribute to shared situational awareness and perform command center/tactical operations center functions. DOD platforms can be utilized to perform IAA functions. DOD platforms have unique sensors, long loiter times, and robust, real-time communications that will be particularly valuable to facilitating situational assessment in a complex catastrophe. Command staffs strive to provide a perspective of the interrelated variables that make up their specific OE. The OE is a composite of the conditions, circumstances, and influences that affect the employment of capabilities and bear on the commander's decisions. Joint Intelligence Preparation of the OE is the analytical process used by joint intelligence organizations to produce intelligence estimates and other intelligence products supporting the Joint Force Commander's decision-making process. A continuous process includes defining the OE; describing its impact; evaluating the adversary and other relevant actors; and determining adversary and other relevant actor courses of action. As such, Joint Intelligence Preparation of the OE should include a detailed analysis of the various CBRN threats and hazards.

3-5. Command estimates, staff estimates, and collaborative information sharing help commanders refine and deepen their knowledge and shared understanding of the OE. Estimates may require a constant reexamination of the OE that adopts a broader perspective of the situation, problems, and local challenges within the operational area. In joint doctrine, operational variables that commanders and staffs at all levels should consider using for estimating and analyzing OE information are political, military, economic, social, information, infrastructure, physical environment, and time.

3-6. During mission analysis at the tactical level, commanders and staffs can draw most of the relevant information needed for mission analysis from the more comprehensive analysis of their OE, using the variables of area, structures, capabilities, organizations, people, and events to get a more refined view of the OE. In addition, under the capabilities portion, it is also useful to look at sewer, water, electricity, academics, trash, medical, security, and other services which provide an assessment of a community's basic needs.

3-7. Commanders and staffs must continuously analyze their OE, progress of operations, and relevant CBRN factors, comparing them to the commander's initial vision and intent. Understanding the operational variables, their interaction with each other, and how relationships among those variables change over time helps commanders and staffs realize how, for example, the effects of CBRN threats and hazards on one or more operational variables can affect their OE and their ability to support civilian entities.

3-8. While DOD has many platforms to facilitate assessment, proper use memorandums must be in place to ensure no unlawful collection of information on U.S. persons.

3-9. Military medical personnel will provide emergency medical care for the civilian population to save life, limb, or eyesight. DOD medical personnel may provide care directed by CJTF-CS—or other assigned commander—and/or an approved mission assignment. Every attempt will be made to return civilians to non-DOD facilities as soon as possible.

3-10. DOD medical providers interacting and treating displaced citizens CONUS are protected under the Gonzalez Act. When authorized by the SECDEF per Section 1091 of 10 USC, healthcare providers possessing a current, valid, and unrestricted license to practice medicine, osteopathic medicine, dentistry, or other health professions may practice their trade on non-DOD personnel at any location, including outside their state of licensure and off a federal installation. When the DCO validates this DOD mission, all required criteria have been met, including the waiver of specific state licensure requirements. However, DOD healthcare providers must be credentialed in the specific medical treatment facility before providing medical care for civilian patients.

## STATE COMMAND RELATIONSHIPS

3-11. The following paragraphs describe the state command relationships as it pertains to the NGB, task force/JTF–state, SAD, and employment of capabilities.

### NATIONAL GUARD BUREAU

3-12. The CNGB is the principal advisor to the SECDEF, through the CJCS, on matters relating to the NG. The CNGB is the principal adviser to the Secretary and Chief of Staff of the Army and the Secretary and Chief of Staff of the Air Force on all NG issues. As CNGB, he serves as the departments' official communication channel with the governors and the adjutant generals of the 50 states and four territories (District of Columbia, Puerto Rico, Virgin Islands, and Guam). The CNGB facilitates and coordinates among states and the DOD for the integration of NG support in domestic incidents and requests for support.

3-13. The NGB provides the integrated support necessary to ensure success. Following a major or catastrophic CBRN incident, the CNGB will facilitate and deconflict the alert and deployment of the NG elements of the CBRN response enterprise to ensure adequate and balanced NG forces of the CBRN response enterprise are available for supported governors.

3-14. The NGB JOC consolidates information from the state NG joint operations centers to maintain situational awareness of the response and operations in support of the state according to the NRF and the NIMS. The NGB JOC, as directed, distributes the consolidated assessments and activities of the NG employed by the states to the Assistant SECDEF for Homeland Defense and Global Security, USNORTHCOM, USINDOPACOM, United States Army Forces Command, USARNORTH, the Air Force Office of the Civil Engineer, and the Air Force North National Security Emergency Preparedness office who currently dispatch and employ federal forces to support validated DCO requirements. This communication helps preclude many direct queries of response forces from diverse federal and state agencies.

3-15. As per CNGBI 3510.01A and CNGBM 3510.01, each state maintains a HQ (JFHQ–state) to unify command of its Air and Army NG forces. The JFHQ–state functions as the joint staff for TAG, who directs

the state NG operations. JFHQ–state coordinates requests for state NG assistance. As it processes requests, the JFHQ–state provides SITREPs to the NGB’s joint operations center in Washington D.C. During a disaster response, however, states exercise OPCON of their deployed forces through their JTF–state HQ.

3-16. NG commanders may enhance unity of effort through judicious use of support relationships, which differ from command relationships under Army doctrine. For example, the JTF–state may place a NG unit in direct support of a local IC. The NG unit then receives priorities directly from the IC, but the NG commander retains OPCON over all NG Soldiers within the unit. Unity of effort for DOD forces at the tactical level is achieved through the appointed DSC. The DSC has OPCON over all military forces operating in support of mission assignments within his/her JOA.

### **TASK FORCE/JOINT TASK FORCE–STATE**

3-17. The JFHQ–state commands all assigned military units ordered to support contingency operations and coordinates situational awareness and resource requirements with CCDRs. JFHQs–state are also responsible for providing situational awareness and a common operational picture to national level HQ before and during contingency operations. Also, it is responsible for providing JRSOI of all inbound forces. For small operations, task force functions are performed by the adjutant general using existing JFHQ–state staff, without any augmentation, and with small troop elements, such as transportation or aviation units or WMD–CSTs.

- **Roles and responsibilities.** During a disaster response, most states exercise OPCON of their deployed forces. This usually takes place through a task force/JTF–state in the operational area.
- **Mission.** The task force/JTF–state exercises OPCON of committed forces, sources response forces and capabilities, and works with the civilian incident command organization on scene. If a NG response only involves Army NG, the state may use a task force rather than a JTF.
- **Organization.** Subordinate to the state joint forces HQ. The task force/JTF commander is the senior military commander on the scene and appointed by the adjutant general. Even in states where the adjutant general is also the state emergency management administrator, NG forces remain in support of civil authority. State constitutions echo the principles in the Constitution of the United States and respect the authorities of elected and appointed officials within their jurisdictions. The relationship between NG leaders and their civilian counterparts may intertwine considerably. NG and state officials work closely together for years and often form multiagency teams to respond to incidents. The JTF–state commanders may, with the consent of the governor and approval of the SECDEF, be called into both federal and state service as a DCS so that they may command both regular and NG forces, thus facilitating a unity of effort for all military forces at the incident site.
- **Capabilities.** C2 of state military forces.
- **Employment.** The governor, usually acting through a state emergency management agency/office/department or TAG, will establish an overall objective or set of objectives. The task force/JTF often will have a role in achieving more than one objective. The task force/JTF must work closely with the civilian leadership to ensure a clearly defined end state is established when possible. Often this end state is uncertain and difficult to determine with clarity or an estimate based on assumptions and unpredictable conditions in the OE. In some situations, operations must begin before a clear understanding of the end state is determined.

3-18. The JFHQ–state provides C2 of all assigned Army and Air NG forces in the state or territory for the governor, or in the case of the District of Columbia, the Secretary of the Army. The JTF–state Commander ensures domestic operations are performed according to appropriate state and federal laws and statutes based upon the location (state, federal, or tribal land) and operation type. The JTF–state command element works closely with the IC to determine if additional NG forces or resources are required and ensures they can be safely and effectively integrated into the overall response upon their arrival.

3-19. The responsibility of the JFHQ–state is to support JTF–state commanders and all of the deployed units within the state; it coordinates any additional support required, such as mobilization of extra forces or providing other logistical support. Per policies and procedures established by the Secretary of the Army and the Secretary of the Air Force, JFHQ–state will establish the capability to provide one or more JTF command



elements able to exercise C2 of domestic emergency missions in a SAD or 32 USC status. Also, JFHQ–state, in coordination with the CNGB, provides expertise and situational awareness to DOD and interagency authorities to facilitate the integration of federal and state activities. The JFHQ–state can also act as a joint service HQ for national-level response efforts during contingency operations.

## STATE ACTIVE DUTY

3-20. The state emergency management agency relies on the state NG for expertise in critical areas, including communications; logistics; search-and-rescue; civil engineering; and CBRN response. As a state resource, a governor may activate NG units (serving in SAD status) to support local or state authorities. If NG forces under their state’s authority support another state based on an EMAC agreement, they usually serve in a SAD status. NG units operating under state authority, in SAD status, have disadvantages for employment. Some of the disadvantages are limited endurance and the limited ability of the states to fund them for extended periods.

## EMPLOYMENT OF CAPABILITIES

3-21. Governors have the authority to deploy and employ NG forces under their control in response to domestic incidents. NG portions of the CBRN response enterprise are deployed and used under state control unless ordered to federal 10 USC active duty. States also have other legal instruments to leverage, such as EMAC and other agreements, in order to get resources to cover unmet needs. Other NG assets, such as a division HQ, may also support a domestic CBRN response. For more information, see CJCSI 3125.01D.

3-22. State and local officials are responsible for preparing for and coordinating assistance to their populace for domestic emergencies and disasters, including CBRN incidents. If the state, including its NG, lacks sufficient assets in quantity or technical response capability to mitigate an incident, the governor may request outside (state or federal) assistance. If federal support is required and the POTUS directs a federal response to the incident, WMD–CSTs may be deployed in 10 USC status as part of the federal response.

3-23. The CERFPs/HRFs are task forces developed as measures implemented to support response to the threat against the homeland. While primarily designed for use at a CBRN incident site, CERFPs/HRFs are also available for use in natural or man-made disasters (all-hazards response).

3-24. The HRF is key to the concept of regional response to CBRN incidents. They are a brigade-level command HQ and a casualty assistance support element that enable the HRF to receive and command multiple WMD–CSTs, CERFPs, and HRFs that may arrive from other states. HRFs contain the same core lifesaving capabilities as a CERFP. The HRF alerts and deploys when directed by the SECDEF, coordinated by the CNGB, and upon the governor's consent during major or catastrophic CBRN incidents, just like the CERFP.

3-25. Requests for NG support can be received from the state and federal agencies specified to assist in response efforts. The processes for requesting and validating requests for assistance must be delineated and understood. State and regional requests for assistance are validated through established JFHQ–state or ICS emergency response channels. Requests for assistance typically follow established emergency management procedures in which local officials contact the state emergency management agency. The authority to alert and deploy the NG in SAD, including the CERFP/HRF, rests with the governor.

3-26. The CERFP and HRF can be prepositioned or respond to an incident using existing organic transportation and Army NG/Air NG units in SAD status or 32 USC status. These units are trained and equipped to integrate under the NIMS to support the IC. The CERFP supports the IC by planning and exercising C2, casualty search and extraction in support of US&R tasks, ambulatory and nonambulatory MCD, emergency medical triage and patient stabilization, and fatality search and recovery. The HRF supports the IC by planning and conducting C2, security operations, and CERFP operations (when the CERFP is attached).

## Weapons of Mass Destruction-Civil Support Team

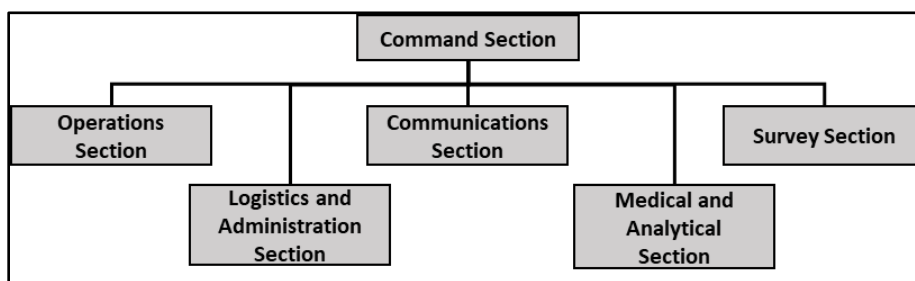
3-27. TAG employs the WMD–CST to support state response under the supported governor. Based on the guidance to prepare or respond to domestic incidents, states should develop state-to-state compacts to

facilitate WMD–CST deployments between states. The adjutant general may also request additional WMD–CST from the NGB according to WMD–CST management. If an event involves DOD, the DCO may call upon a WMD–CST for its CBRN response capabilities.

3-28. WMD–CSTs play a crucial role in deterrence, protection, response, and preparedness efforts through their ability to plan for and respond to incidents involving the intentional or unintentional incident of CBRN, natural, or man-made incidents. WMD–CSTs can help develop contingency and emergency plans, including identifying vulnerabilities, subsequent corrective actions, and recovery plans.

3-29. WMD–CST are assigned to the state and operationally committed to an incident by the military chain of command. At the incident site, the WMD–CST operates in direct support of civil authorities. In this role, the WMD–CST supports the goals and objectives developed by the IC in the IAP. As the incident expands, the size and functions of the ICS change. How a WMD–CST is organized and the nature of a CBRN incident or natural or man-made incident may determine a progressive series of command relationships during the incident response. The chain of command for the WMD–CST depends on the duty status of the team.

3-30. The WMD–CST is organized and operates according to 32 USC, under which the governor and adjutant general provide C2 for the unit. If federalized under 10 USC, the WMD–CST is subject to employment according to applicable command relationships established by the governing C2 HQ. A WMD–CST is typically requested by civil authorities, and it receives operational assignments from the ICP. However, a WMD–CST may fall under the direct C2 of the JFHQ–state. See figure 3-1, WMD–CST organizational structure under 32 USC and 10 USC status.



**Figure 3-1. WMD-CST organizational structure**

## CERFP

3-31. The CERFP C2 element is composed of personnel from Army NG and Air NG units. Their responsibilities are to—

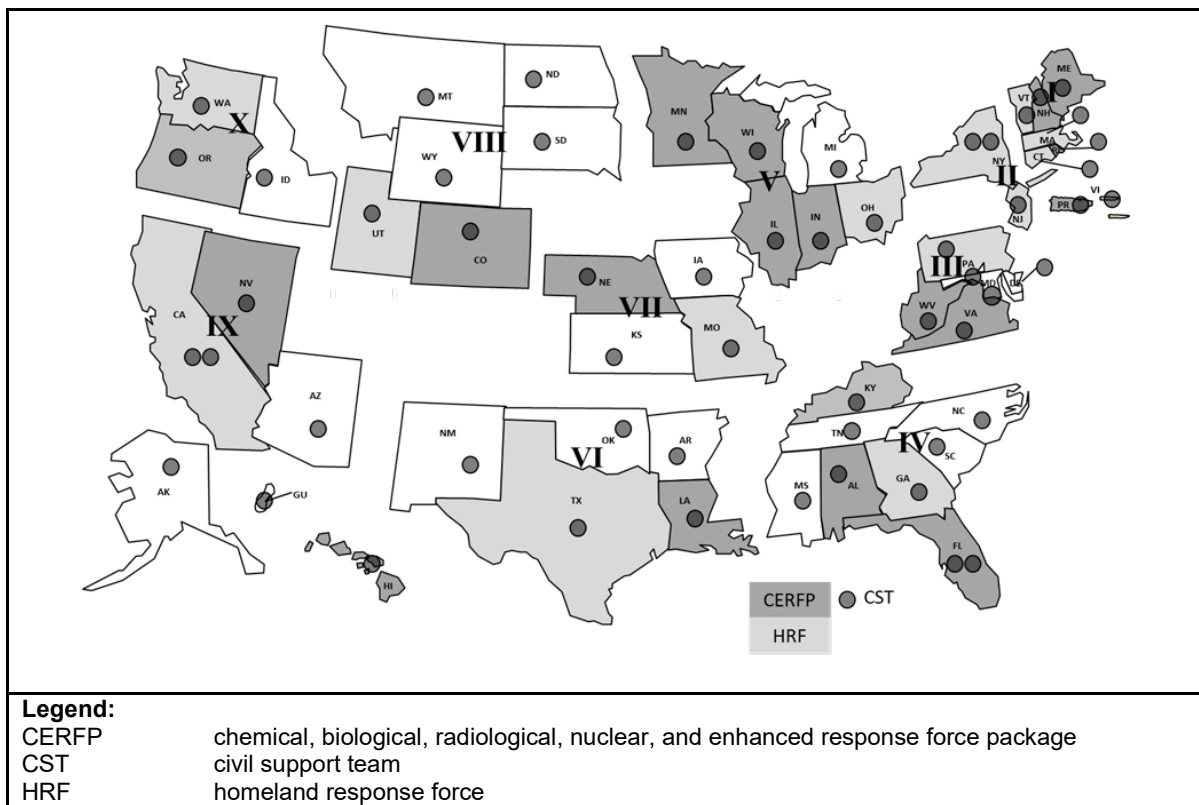
- Ensure that personnel seamlessly integrate into the local ICS and NIMS.
- Ensure that the CERFP C2 element is prepared to execute and manage the recall of the CERFP.
- Direct CERFP deployment.
- Coordinate the liaisons and information reporting with the incident command staff and the JTF–state the CERFP C2 element is assigned.
- Employ appropriate CERFP capabilities to accomplish the IAP of the IC.
- Perform intelligence preparation of the OE.
- Conduct ICS reporting to ensure situational awareness of the threat environment.
- Maintain communications at the incident site with the IC, HRF, and JTF state commander to ensure the synchronization of CERFP actions, including safety and support operations in the cold zone and staging area.
- Monitor the redeployment planning of the CERFP to provide closeout and other reports as required when the objectives of the IC are accomplished.

3-32. The CERFP C2 element integrates ICS functions and DOD response planning to conduct continuous operations. It is composed of a commander and staff covering administrative, finance, supply, logistics, operations, and planning. Additionally, there is a safety officer; a liaison to the IC; and liaisons from subordinate CERFP elements, communications, and adequate personnel to conduct continuous operations.

3-33. When requested by a governor and approved by the adjutant general and governor of the supporting state, the CERFP alerts, recalls, and deploys critical C2 and lifesaving capabilities.

### Homeland Response Force

3-34. The HRF can exercise C2 over multiple CBRN response forces over a dispersed geographic footprint and coordinate and synchronize response operations with the required military commanders and ICS staff. The HRF C2 element deploys in the cold zone far enough away to avoid possible contamination. The HRF C2 element is usually located away from CERFP. The HRF C2 operations center may have liaisons from the supported state, ICS, and other logistics management, scientific, or law enforcement organizations as appropriate. The HRF has communications with the CERFP, casualty assistance support element, and other CBRN units and elements applicable to their AO. Each HRF C2 element includes planners that coordinate and synchronize CBRN response plans within their assigned FEMA region to which they are attached. In addition to CBRN operations, HRF C2 elements maintain communication security/information security, including cyber and electronic security measures to ensure uninterrupted operations and prevent the loss of sensitive information. Other duties of a HRF C2 element include conducting intratheater deployment and redeployment of forces within the joint operations area; coordinating the deployment and redeployment of tactical units; and providing operational C2. Responsibilities also include planning operations, conducting command post operations to support tactical operations, and managing information and data. HRFs also establish secure information management networks and systems, provide interface or liaison among military and civilian organizations, protect the force, and provide operational logistics and personnel support that includes providing medical treatment. Figure 3-2 depicts the WMD–CSTs, CERFPs, and HRFs within the 10 FEMA regions.



**Figure 3-2. Location of WMD–CSTs, CERFPs, and HRFs within the FEMA regions**

3-35. Local responders are responsible for all-hazards awareness, response, recovery, and mitigation, along with activating local and state organizations. Local responders leverage mutual aid agreements or compacts to address gaps in resources. The state will request assistance from federal agencies to cover requirements outside of state, local, tribal, or territorial capability or purview. The FEMA NRF sets forth that “the responsibility for responding to natural and man-made incidents that have recognizable geographic

boundaries generally begins at the local level with individuals and public officials in the county, parish, city, or town affected by an incident.” As resources are overwhelmed or unavailable at a lower level, requests for assistance should be forwarded to the next higher level to address unmet needs. Mutual aid agreements between local and state organizations address gaps or provide additional capabilities to assist in response operations. These operations should be at the lowest level possible (local, state, tribal, or territorial).

## **LOCAL/TRIBAL RELATIONSHIPS**

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*Note.* The following paragraphs explain some of the unique relationships of local and tribal governments with the state. It includes notable differences in the way tribal governments may request assistance.

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### **LOCAL RELATIONSHIPS**

3-36. Local governments (such as counties, cities, or towns) routinely respond to emergencies using their resources. They also rely on mutual aid agreements with neighboring jurisdictions when they need additional resources. As chief executive officer, a mayor or county manager is responsible for the public safety and welfare of the people of that jurisdiction. This individual may also serve as the principal advisor to the state emergency director or homeland security administrator.

3-37. A representation of the roles and responsibilities of the local chief executive officer include—

- Coordinating local resources to prevent, prepare for, mitigate, respond to, and recover from disasters.
- Suspending local laws and ordinances (according to appropriate laws and procedures), if necessary, during an emergency.
- Establishing a curfew, orders evacuations, and, in coordination with the local health authority, orders a quarantine, if necessary.
- Providing leadership to the local government, responders, and community.
- Playing a pivotal role in communicating to the public and helping people, businesses, and organizations cope with the consequences of any type of disaster.
- Negotiating and entering into mutual aid agreements with other jurisdictions to facilitate resource sharing.
- Requesting state assistance through the governor when the situation exceeds local capabilities.
- Requesting immediate response support from a nearby military installation if needed to prevent loss of life or property.

### **TRIBAL RELATIONSHIPS**

3-38. Tribal governments respond to the same range of incidents that other jurisdictions face. They may request support from neighboring jurisdictions or provide support under mutual aid agreements. The United States has a trust relationship with Native American tribes and recognizes their right to self-government. As such, tribal governments are responsible for coordinating resources to address actual or potential incidents. When local resources are not adequate, tribal leaders seek help from states or the federal government. Tribal governments usually work with the state, but they can seek federal government support directly as sovereign entities. Native American reservations have a special status within incident response operations. They are neither federal property nor are they part of the state in which they are located. Within the reservation, each Indian Nation controls its affairs. Most tribes have agreements in place with surrounding jurisdictions for emergency assistance such as medical, fire, and HAZMAT response.

3-39. Both the tribal authorities and the Department of the Interior, specifically the Bureau of Indian Affairs, must approve any military response into a Native American reservation. In a reversal of the expected response sequence, the POTUS could commit federal resources to an emergency on a reservation. Simultaneously, the NG of the surrounding state remained in a supporting role outside the reservation. The tribal chief executive officer is responsible for the public safety and welfare of the people of that tribe.

3-40. A representation of the roles and responsibilities of the tribal chief executive officer, as authorized by the tribal government—

- Coordinates tribal resources to address all actions to prevent, prepare for, mitigate, respond to, and recover from disasters involving all hazards, including terrorism, natural disasters, accidents, and other contingencies.
- Suspends tribal laws and ordinances and takes actions, such as establishing a curfew, directing evacuations, and initiating quarantine.
- Provides leadership and plays a crucial role in communicating to the tribe and helping people, businesses, and organizations cope with the consequences of any type of domestic emergency or disaster within their jurisdiction.
- Negotiates and enters into mutual aid agreements with other tribes and jurisdictions to facilitate resource sharing.
- Requests support directly from the federal government (other than under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, known as the Stafford Act), generally through the Bureau of Indian Affairs.
- Requests state support through the governor of the state.

## REQUEST FOR FEDERAL ASSISTANCE

3-41. Normally, NG forces in state status and under the governor's control will constitute the first military responders at the disaster site. Before federal help is provided, state and local resources must be exhausted, and the governor of the affected state must issue a RFA. The RFA process is further explained in ATP 3-28.1/MCRP 3-30.2/NTTP 3-57.2/AFTTP 3-2.67/CGTTP 3-57.1.

3-42. Integrated federal support is implemented when the requesting authority has exhausted all efforts within its capabilities. The DCO is a 10 USC active duty officer permanently assigned to each FEMA region and will serve as the DOD point of contact for coordinating federal support. The DCO has a DCE consisting of staff and military LNOs to facilitate coordination and support to include augmentation of the DCE depending on the incident.

## INTEGRATED FEDERAL SUPPORT-COMMAND AND SUPPORT RELATIONSHIPS

3-43. Each Service has some capability to conduct or support CBRN response. These capabilities may be called upon, when approved by SECDEF, to provide forces, facilities, and assets to the supported CCDR as part of the DOD response to a CBRN incident. Service chiefs provide the Joint Staff J-3 with information on assigned CBRN response capabilities, assets, and support facilities capable of providing reachback or on-scene support. They identify units available to the supported CCDR consistent with 10 USC and provide designated forces, to include Reserve Component forces, to prepare for and respond to a CBRN incident through the appropriate Service component commanders.

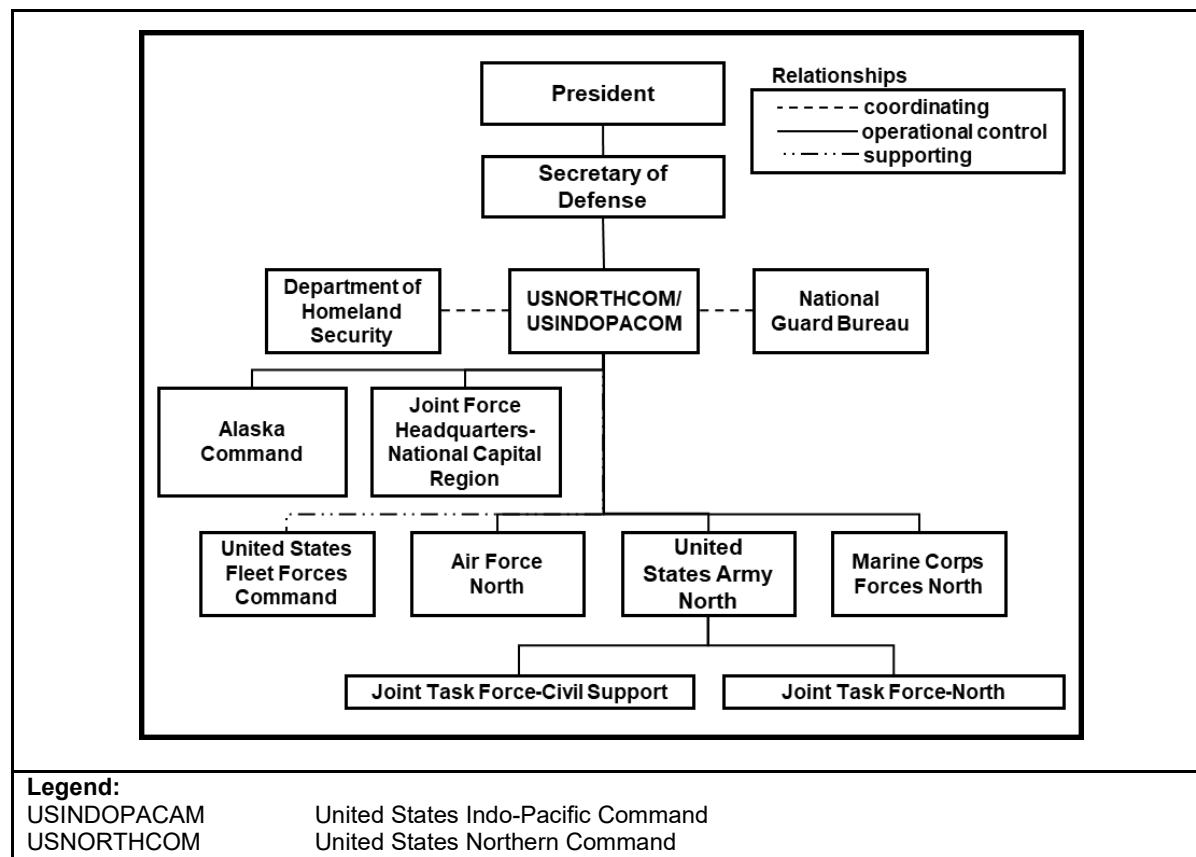
3-44. Military Health System (MHS) support requirements will be tailored to meet the specific mission during domestic CBRN response. Determining factors include the type, severity, and geographic location of the incident; capabilities available within the local community; health threat; magnitude of the operation (local versus state or federal); and the anticipated patient workload. The support provided can range from routine MHS support for military personnel to forces employed in law enforcement operations and on-site triage, treatment, and hospitalization or evacuation of disaster survivors. Specific guidance, authority, and legal advice should be obtained from assigned legal advisors before beginning operations to ascertain eligibility criteria for treatment, what specific support can be provided, and where funding or reimbursement can be obtained.

3-45. During domestic CBRN response, military forces are operating in support of federal, state, and local authorities, which will require that the medical C2 system, organizations, and procedures be adapted to function within a noncombat, civilian-led structure. When supporting CBRN domestic response, an essential function of medical C2 is to coordinate, integrate, and synchronize MHS resources in support of interagency

efforts. This support consists of designated military medical treatment facilities (MTFs) activated to function as National Disaster Medical System (NDMS) federal coordinating centers.

## GEOGRAPHIC COMBATANT COMMANDS

3-46. The POTUS and SECDEF command federal military forces through the COCOMs. Two geographic COCOMs have primary DSCA responsibilities: USNORTHCOM and USINDOPACOM. The other COCOMs provide capabilities to USNORTHCOM and USINDOPACOM for DSCA as directed by the SECDEF. Figure 3-3 is an example of command relationships.



**Figure 3-3. An example of federal command structure**

## USINDOPACOM, UNITED STATES INDO-PACIFIC COMMAND

3-47. USINDOPACOM is prepared to designate a BSI and, in coordination with Commander, USTRANSCOM, an APOD no later than 12 hours after a CBRN incident occurs within the domestic portion of the USINDOPACOM AOR. To the maximum extent possible, USINDOPACOM will be prepared to conduct CBRN response operations with assigned assets until the arrival of requested CBRN response enterprise forces. The unique geography of the USINDOPACOM AOR may preclude the rapid arrival of CONUS-based CBRN response enterprise forces. Due to the large distances within the USINDOPACOM AOR and the distribution of U.S. forces in the region, USINDOPACOM maintains flexible C2 arrangements for DSCA. In response to an actual or potential CBRN incident, USINDOPACOM coordinates directly with CDRUSNORTHCOM for recommended CBRN response posture level changes to the DCRF or C2CRES. USINDOPACOM coordinates with Commander, USTRANSCOM, and Hawaii NG, as required, to transport NG forces (operating in a 32 USC status as part of a DOD CBRN response authorized by SECDEF) and DOD forces to and within the USINDOPACOM AOR.

3-48. USINDOPACOM conducts DSCA in Hawaii, Guam, American Samoa, Commonwealth of Northern Mariana Islands, and the U.S. territories within its AOR. USINDOPACOM conducts DSCA through assigned Service components and designated functional components. It has one standing JTF that supports civilian law enforcement agencies in USINDOPACOM's AOR. It can also activate a standing JTF to perform DSCA and homeland defense missions.

## UNITED STATES NORTHERN COMMAND

3-49. USNORTHCOM anticipates and conducts homeland defense and DSCA within its AOR. The USNORTHCOM AOR includes air, land, and sea approaches and encompasses the continental United States, Alaska, Puerto Rico, the Bahamas, Turks and Caicos Islands, British Virgin Islands, and the U.S. Virgin Islands. It also includes the Gulf of Mexico, the Straits of Florida, and the water surrounding CONUS out to approximately 200 nautical miles. Additionally, the USNORTHCOM AOR includes Canada and Mexico. As directed by the POTUS or SECDEF, USNORTHCOM conducts operations through assigned Service components, designated functional commands, and subordinate standing JTFs.

3-50. When approved by SECDEF and directed by CDRUSNORTHCOM, Commander, United States Army, North deploys a mission-specific task force or JTF and conducts CBRN response operations to support federal, state, local, and tribal authorities. Commander, United States Army, North serves as the USNORTHCOM standing JFLCC and has OPCON of JTF-CS. It is also prepared to deploy additional JTF-level, mission-specific HQ for multiple CBRN incidents to provide appropriate C2 based on the magnitude of the response. USARNORTH can be augmented by other services to establish a joint force commander over subordinate JTFs and functional components when required by the scope and magnitude of the incident. It supports single or multiple incidents with communication zone coordination and logistics operations. USARNORTH maintains liaison with federal agency partners to quickly support requests across a broad spectrum of contingencies. The command responds with civilian interagency partners to CBRN incidents and natural or man-made disasters, such as hurricanes, wildland fires, or other events that may temporarily exceed the capabilities of local, tribal, state, and nonmilitary federal agencies.

## JOINT TASK FORCE-CIVIL SUPPORT

3-51. JTF-CS is a standing JTF and subordinate command of USARNORTH and serves as the CBRN response HQ for the DCRF. JTF-CS conducts planning, training, and coordination for CBRN response operations. It serves as the lead planning authority to develop operational JTF and tactical task force level CBRN response OPLANS and produces projected CBRN response and DSCA force requirements and structures to support mission requirements for all CBRN national planning scenarios. JTF-CS is the C2 element responsible for executing domestic CBRN response by responding to RFA according to the NRF and DOD policy to provide immediate actions to save lives, mitigate human suffering, prevent further injury, and provide temporary critical support to enable community recovery, and ultimately, conduct a transition of responsibility to follow on forces or civil authority. Deployment of JTF-CS, at the direction of the Commander, United States Army, North and USNORTHCOM, and the SECDEF's authority, would occur only after a governor requests federal assistance from the POTUS and issue of a Presidential Disaster Declaration. JTF-CS accomplishes response operations in strict adherence to the Constitution and public law. JTF-CS always supports civil authorities integrating the DOD response with other interagency capabilities to achieve unity of effort under the NRF.

3-52. JTF-CS, in domestic CBRN response operations, will leverage the DCRF's six core capabilities. These capabilities include the following:

- C2.
- Hazard identification and detection.
- Technical and nontechnical search and extraction.
- Mass casualty and noncasualty decontamination.
- Medical triage and stabilization.
- Medical and non MEDEVAC.

3-53. When requested and upon the SECDEF's approval, DOD supports the LFA to support overwhelmed first responders during domestic CBRN incidents. JTF-CS and DCRF will respond quickly in the JTF-CS

AO to save lives and mitigate human suffering. When this happens, JTF-CS becomes responsible for the following:

- **Roles/responsibilities.**
  - **Rapid deployment.** JTF-CS and subordinate units deploy according to the established N-Hour sequence.
  - **Employment.** DCRF capabilities integrate into response operations to meet mission assignments on time.
  - **C2.** JTF-CS leverages C2 systems to provide situational awareness and direction to DCRF units operating in response to a request from the LFA.
  - **Operational assessments.** JTF-CS staff and DCRF forces, as part of planning, will develop measures of performance and measures of effectiveness for evaluating the degree of success in accomplishing the mission.
- **Mission.** Anticipates, plans, and prepares for CBRN DSCA response operations. When directed, deploys within 24 hours of notification to C2 DOD forces and conducts CBRN response operations to support civil authority response operations to save lives, prevent further injury, and provide temporary critical support to enable community recovery. Provides C2 for the DCRF.
- **Organization.** The JFLCC (USARNORTH) determines the required capabilities and the appropriate command relationships, depending on the situation. In the USARNORTH AOR, the CDRUSNORTHCOM identifies the BSI. See figure 3-4 for current JTF-CS task organization.
- **Capabilities.** Will be coordinated through JFLCC and ARNORTH and under the order of the SECDEF. JTF-CS will task organize the DCRF according to the current situation and threat picture.
- **Employment of capabilities.** USNORTHCOM will direct USARNORTH, as the standing JFLCC (or USINDOPACOM when necessary), to deploy a contingency command post or JTF to provide C2 for federal forces conducting DSCA missions in support of the state or region. The JFLCC is designated as the main supported effort. In a large response, separate JTFs could be employed simultaneously, under OPCON of the JFLCC. Should a catastrophic event occur, a corps HQ could become the main supported effort, with the JFLCC under OPCON of the CDRUSNORTHCOM. In that case, the JFLCC would set the theater and provide theater sustainment. Figure 3-4 is a graphical representation of DCRF task organization.



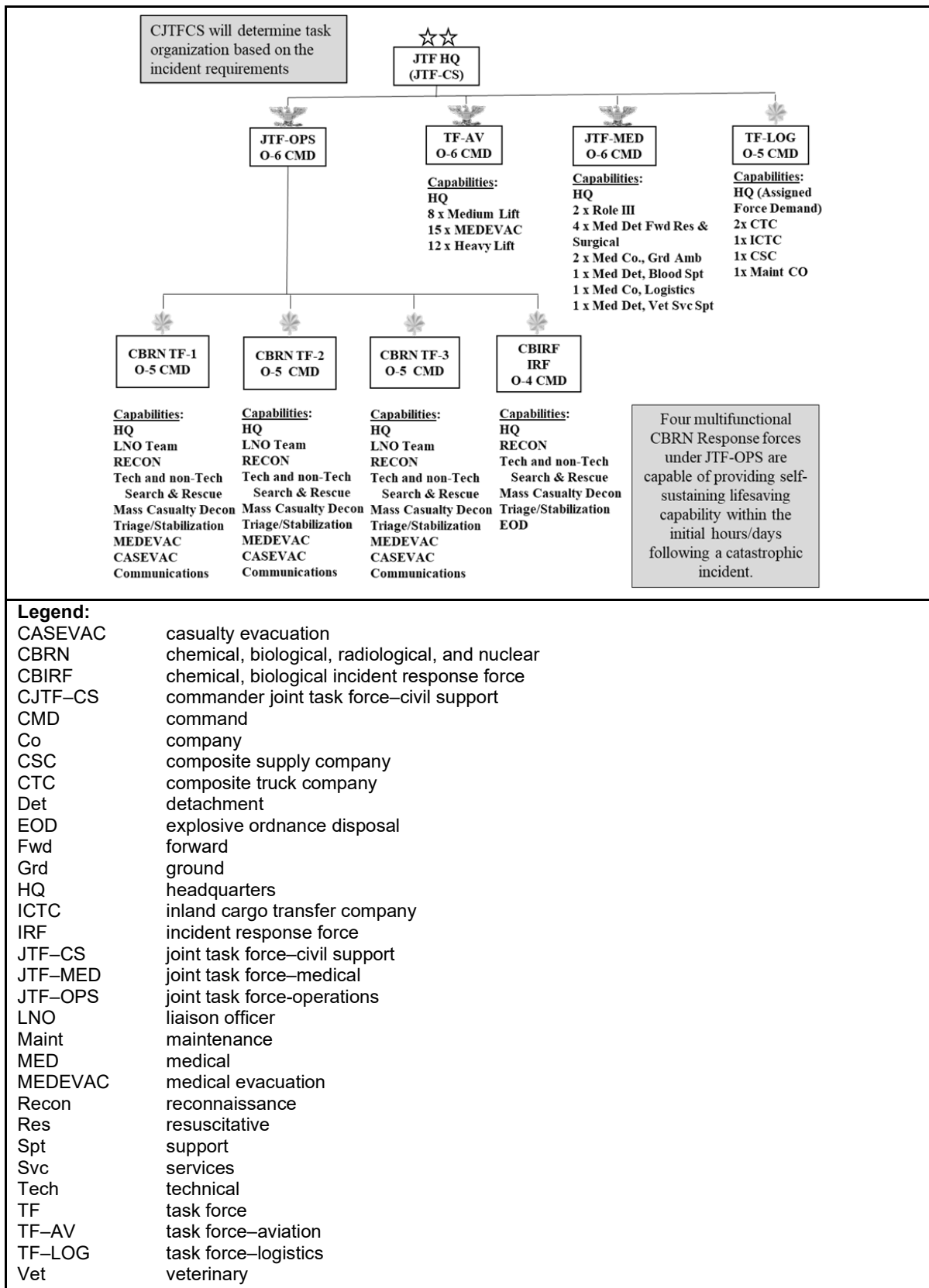


Figure 3-4. DCRF task organization

3-54. USNORTHCOM or USARNORTH also sends liaison teams to DOD installations nearby to assess the potential basing requirements. If the deployment of federal forces is likely, USARNORTH deploys a contingency command post to the vicinity of the joint (multiagency) field office. From there, the contingency command post usually coordinates requirements between the DCO and USARNORTH, assists the DCE, and begins tying in command of federal military forces with the JFO.

## DEFENSE CBRN RESPONSE FORCE

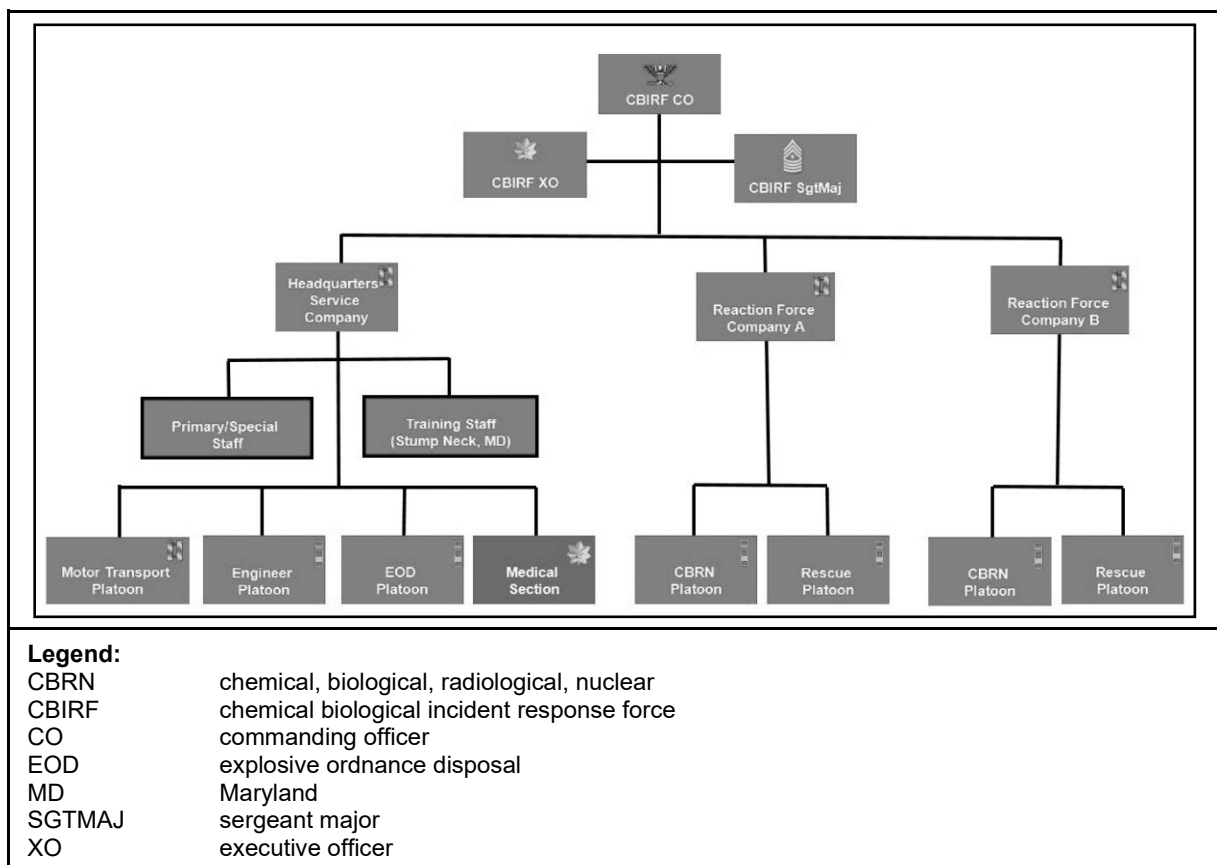
3-55. The DCRF is a joint active duty military organization that responds to large CBRN incidents to save lives and minimize human suffering. It represents a significant DOD commitment to CBRN response as a 2 star (such as JTF-CS) orchestrates the efforts of multiple active duty subordinate brigades, which are task-organized to provide the technical CBRN, aviation, medical, and logistics functions necessary in the aftermath of a large incident. Representing a large portion of the military's CBRN response enterprise, the DCRF is enabled by required theater-level logistics support to link the tactical response to the strategic supply chains to deliver equipment and supplies. The major DCRF attributes are—

- **Capabilities.**
  - C2.
  - CBRN hazard identification and detection.
  - Technical and nontechnical search-and-rescue.
  - Personnel decontamination—mass casualty, technical for responders.
  - Medical triage and stabilization.
  - Emergency Medical Care Role 2 (patient triage, trauma and emergency medical care, patient holding, ground and rotary wing air patient movement, MEDEVAC/CASEVAC).
  - Emergency Medical Care Role 3 (surgical and intensive care).
  - Air and ground evacuation.
  - Medical logistics support.
  - FHP (preventive medicine/public health, veterinary services, and combat operational stress control).
  - Operational security.
  - Force sustainment
  - Horizontal engineering for site access.
  - Interoperable communications.
- **Organization.**
  - DCRF is organized in multifunctional battalion-sized task forces trained, equipped, and ready to rapidly deploy to conduct CBRN response operations, particularly during a catastrophic event. The force packages are below.
  - Force package 1 must be prepared to deploy within 24 hours of notification.
  - Force package 2 must be prepared to deploy within 48 hours of notification.
- **Deployment.** When directed, will deploy to an incident site, establish C2 of DOD forces, and provide military assistance and support to civil authorities. Deployment is at the direction of the JFLCC and USNORTHCOM/USINDOPACOM and on the authority of the SECDEF.
- **Employment.** When the state authority (governor) or a state/ incident issues a RFA. The DCRF is a scalable force that can respond to local, state, tribal, and federal agencies to support efforts in a CBRN incident.

3-56. The JTF-CS provides C2 of the DCRF, which has military units located throughout the United States. The DCRF is broken down into battalion task forces and provides various lifesaving and sustaining response capabilities focused around six core capabilities: C2, identification and detection, search-and-rescue, decontamination, medical triage and stabilization, and MEDEVAC. The DCRF is designed to employ these capabilities in multifunction packages to provide critical lifesaving capabilities in a synchronized manner. Commander, JTF-CS, has the flexibility to task organize the DCRF based on the CBRN situation and mission to provide the most effective support to a CBRN response.

## CHEMICAL BIOLOGICAL INCIDENT RESPONSE FORCE

3-57. The U.S. Marine Corps Chemical-Biological Incident Response Force (CBIRF) is uniquely structured to provide chemical, biological, radiological, nuclear, and explosives (CBRNE) incident crisis response and lifesaving capabilities. CBIRF is a battalion-sized unit of Marines, Sailors, and government civilians specially organized into a HQ and two companies—a service company and a reaction force company. Within the reaction force company, two standing task-organized incident response forces are the principal units of action within the command. Each incident response force (IRF) is manned (approximately 150 personnel) and equipped to provide the full range of incident response capabilities for contaminated-environment operations, to include C2, agent detection and identification, search, casualty extraction, decontamination, emergency medical care and stabilization, technical rescue, and explosive ordnance disposal (EOD). One IRF is comparable to a FEMA-certified US&R task force with the significant ability to operate within and assess a HAZMAT-contaminated environment. See figure 3-5 for CBIRF organization structure.

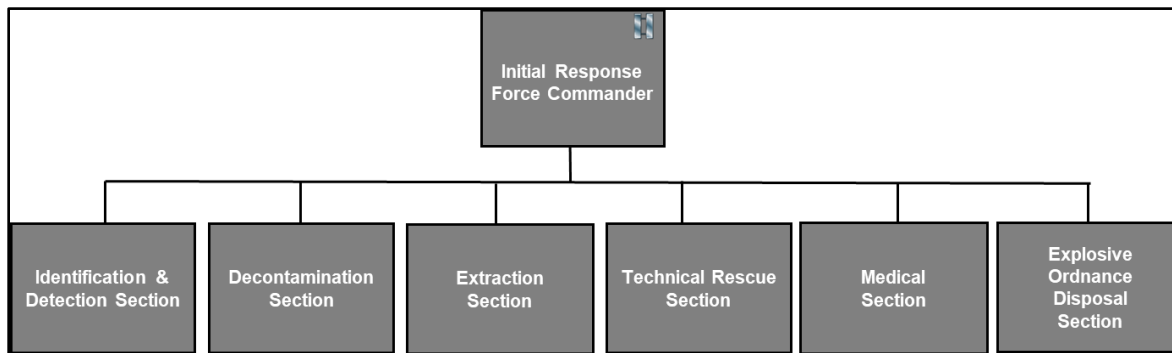


**Figure 3-5. CBIRF organization structure**

3-58. The CBIRF is responsible for countering the effects of a CBRNE event and is made up of approximately 500 active duty personnel. CBIRF is manned and equipped with specially trained personnel and specialized equipment suited for operations in a wide range of contingencies. CBIRF conducts internal basic and advanced CBRNE crisis first-responder training at the Downey Responder Training Facility; all personnel are trained to FEMA and NFPA standards for hot-zone first-response operations.

- **Roles/responsibilities/mission.** When directed, CBIRF forward deploys and responds, with minimal notice, to CBRNE threats or events to assist local, state, or federal agencies and the GCC in the conduct of CBRNE response or consequence management operations.
- **Organization and capabilities.** Determined by DOD and based at Naval Support Facility Indian Head and falls under the command of the U.S. Marine Corps Forces Command. The organization of CBIRF is composed of a battalion-sized element—a HQ and service company and a reaction force company. HQ and service company includes the primary and special staff, a training center,

and four platoons: motor transport, engineer, EOD, and medical. The primary and special staffs provide the CBIRF commanding officer with the means to effectively C2 subordinate units. The motor transport, engineer, EOD, and medical platoons provide critical enablers to the IRF in the performance of consequence management operations. The training center and associated staff provide entry-level and sustainment training for all personnel assigned to CBIRF. The reaction force company comprises four platoons (search and extraction, identification and detection, technical rescue, and decontamination) that form the nucleus of two IRF's that are assigned to perform consequence management operations. CBIRF's standard deployable maneuver element is the IRF, a task-organized, company-size element, which combines and synchronizes the various capabilities resident in CBIRF. When requested, CBIRF prestages response units for national security special events and other national interest events to be more responsive in a consequence management event. See figure 3-6 for notational IRF organizational response structure.



**Figure 3-6. Notational IRF organizational response structure**

3-59. CBIRF mission sets—

- Provide CBRN reconnaissance teams to conduct identification, detection, sampling, and quantification of toxic industrial chemical/materials, chemical warfare agents, biological agents, and radiological contamination.
- Provide casualty search and extraction to remove ambulatory and nonambulatory casualties from severely damaged structures and vehicles in a contaminated or uncontaminated environment.
- Provide technical search-and-rescue to include confined space, trench rescue, vehicle/equipment extrication, advanced rope rescue, and collapsed structure rescue; these functions can be performed in a contaminated environment.
- Provide a decontamination site to process ambulatory and nonambulatory casualties.
- Provide the CBIRF access to bulk water for decontamination via a water truck, fire hydrant system, or any body of water.
- Provide emergency medical triage in contaminated or uncontaminated area and perform emergency medical stabilization for all types of casualties.
- Conduct EOD operations in a contaminated environment.
- Adjusts task organization to meet emergent requirements.

3-60. **Employment.** When the state authority (governor) or a state/incident issues a RFA that has been approved by the POTUS, SECDEF, their designee, or other appropriate authority. Considerations for employment:

- An IRF can deploy as a complete response force package or as task-organized per mission set.
- An IRF is ready to deploy via military airlift or sealift to respond to crises worldwide.
- An IRF will be self-sufficient and self-mobile for the first 5 days of operations; specifically deploying with initial supply loads of Classes I, II, III, IV, V, VII, VIII-A (medical materiel) supplies and Class VIII-B (blood) and IX supplies, and the ability to conduct limited field-expedient maintenance on its equipment and vehicles. The CBIRF logistics cell will satisfy any IRF shortfalls; executing a concept of support through push packages from CBIRF HQ in Indian Head, MD, local contracting, local vendors, and relationships established with federal,

state, and local agencies if the supporting JTF or civilian agency has not established a BSI to push logistics to the CBIRF. See figure 3-7 for notational IRF layout.

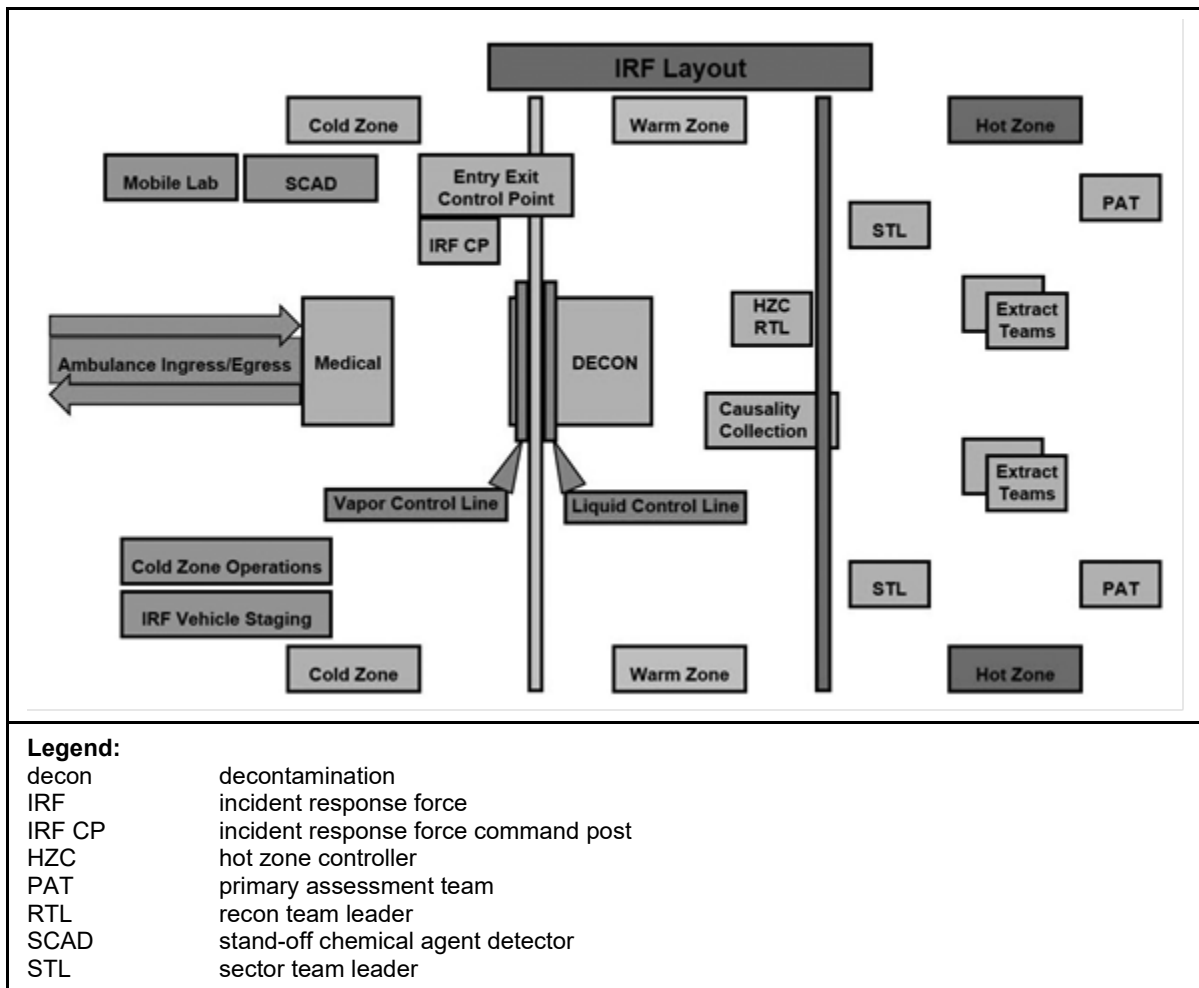


Figure 3-7. Notational IRF layout

## COMMAND AND CONTROL CBRN RESPONSE ELEMENT ALPHA AND BRAVO

3-61. The C2CREs are multicomponent military organizations allocated to USNORTHCOM. These units provide the Nation with the capability to respond to a catastrophic CBRN incident in concert with the DCRF or to subsequent/additional CBRN incidents that may occur nearly simultaneously, to save lives, minimize human suffering, and maintain public confidence. C2CREs are designed to—

- Include smaller numbers but many of the same functions as the DCRF: CBRN assessment, search-and-rescue, casualty decontamination, emergency medical role, Role 2 medical, security, C2 logistics, and transportation.
- Mitigate effects of CBRN incidents.
- Provide C2, CBRN assessment, search-and-rescue, decontamination, emergency medical care, physical security, engineering, logistics, and transportation.
- Deploy, begin response operations, then quickly expand as additional capabilities are identified and provided. C2CREs are on CBRN response posture level 4, ready to deploy within 96 hours of notification when the state authority (governor) or a state/incident issues a RFA. See figure 3-8 for C2CRE structure.

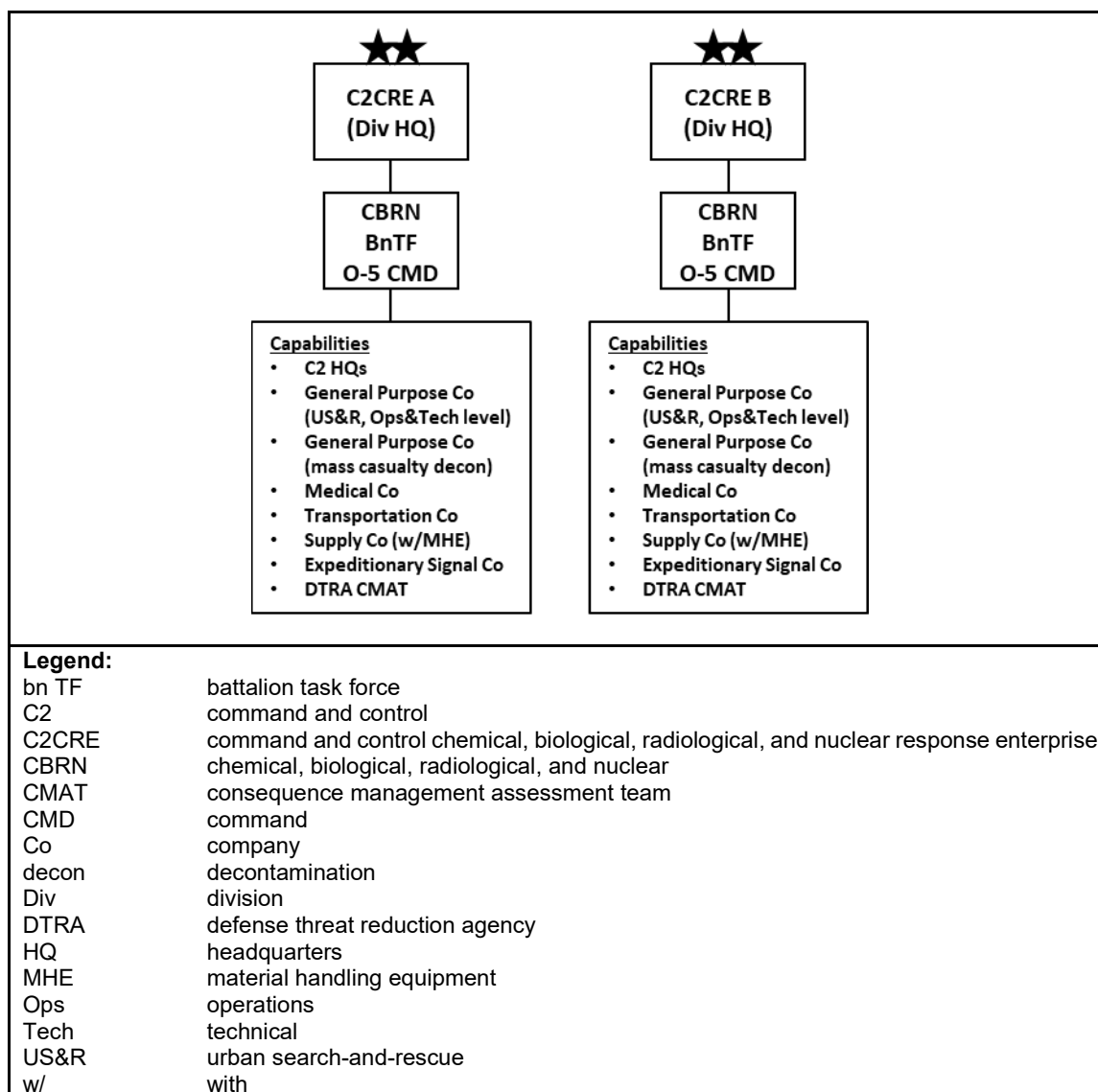


Figure 3-8. C2CRE A and B structure

3-62. The two C2CREs will be sourced from the Reserve Component and the NG. C2CRE A and C2CRE B will contain smaller elements of many of the capabilities contained in the DCRF. When directed, the C2CREs will begin initial operations but must be quickly augmented with additional capabilities to sustain operations through the RFF process. These additional capabilities may include federalized NG assets (including WMD–CSTs, CERFPs, and HRFs) or forces from the Active Component, Reserve Component, and NG. Dedicated C2CRE capabilities include CBRN assessment, search-and-rescue, decontamination, emergency medical, Role 2 medical, engineering, C2, logistics, and transportation.

### DEFENSE COORDINATING OFFICER/EMERGENCY PREPAREDNESS LIAISON OFFICER

3-63. The DOD appoints 12 full-time DCOs, one in each of the 10 FEMA regions and 2 in the outlying territories. Each DCO works closely with federal and state emergency management entities in each FEMA region. Over time, the DCO can develop personal ties with the representatives of key partners. Each DCO has a permanent workspace inside the RRCC, near the ESF managers. The DCO for the affected region or the designated backup DCO/DCE serves as the DOD’s representative for the federal response. Each DCO manages a DCE, a staff, and military LNOs who facilitate federal military support to activated ESFs. Responsibilities of the DCO usually include coordinating requests for assistance, forwarding mission

assignments to military organizations through DOD channels, and assigning military liaisons, as appropriate, to activated ESFs. Generally, requests for DSCA originating at a JFO are initially processed through the DCO. In some situations, the DOD may commit small military detachments when state authorities request specialized federal military support. When directed by USNORTHCOM, a DCO exercises TACON over these forces and coordinates with USARNORTH for their sustainment.

3-64. The DOD EPLO programs facilitate DSCA through participation in integrated interagency and intragovernmental preparedness, planning, and response activities. EPLOs are routinely embedded into the NG JFHQ—state EOC for the planning and execution of responses. For more information on the EPLO program, see DODI 3025.16 and ATP 3-28.1/MCRP 3-30.2/NTTP 3-57.2/AFTTP 3-2.67/CGTTP 3-57.1.

3-65. During operations, DCOs and DCEs are usually under OPCON to USARNORTH in the USNORTHCOM AOR or the designated JFLCC in the USINDOPACOM AOR. The JFLCC may also place the DCOs and DCEs under the OPCON/TACON of the JTF commander to increase unity of effort and streamline reporting. In this role, they provide the conduit to flow of information (planning efforts, regional concerns, preevent requests for assistance, and prescribed requests for assistance and mission assignments) into USNORTHCOM/USINDOPACOM. DCOs review, validate, and provide a recommendation for FEMA-submitted requests for aid to the CDRUSNORTHCOM. The DCO has the authority to determine if a RFA is appropriate for the DOD.

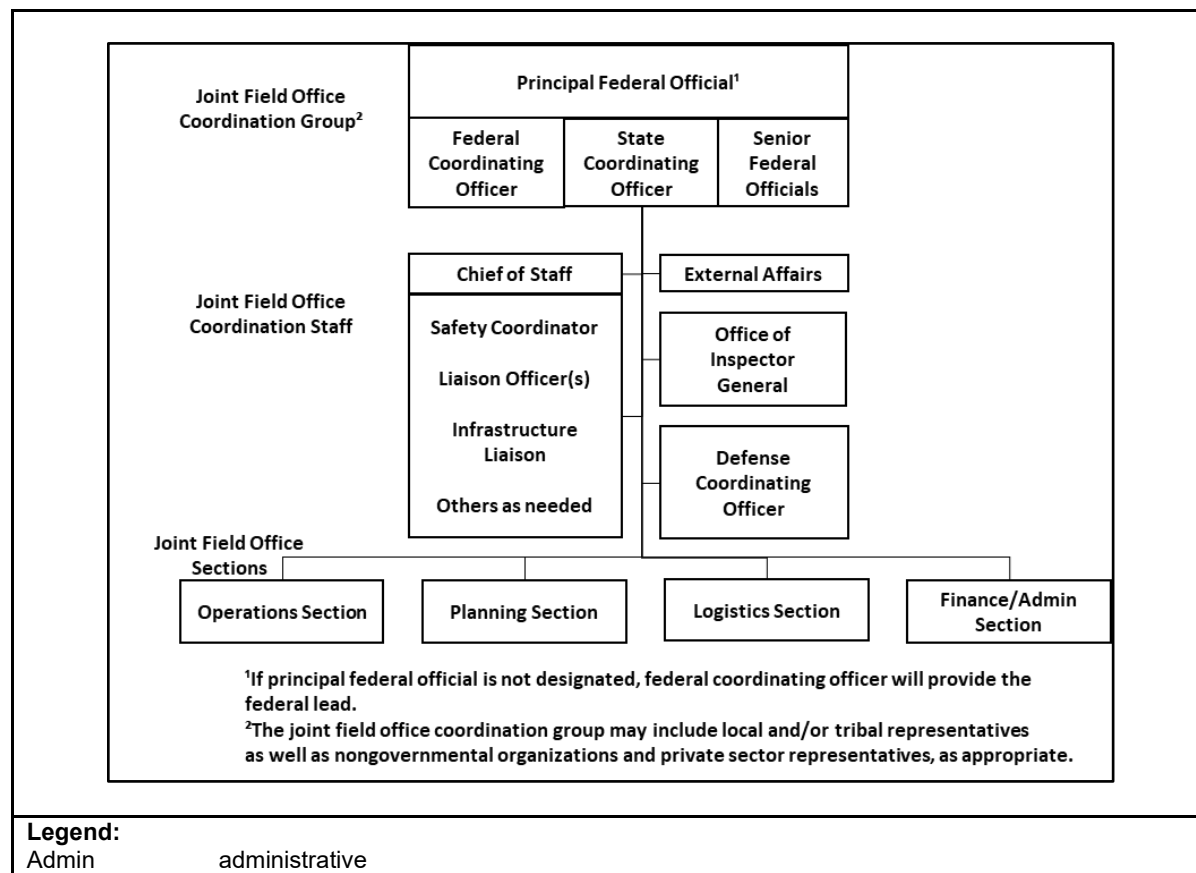
3-66. EPLOs are Service assets and may be activated and employed by their Services. Once activated, EPLOs are under OPCON to the service component commander. Those EPLOs requested by and provided to CDRUSNORTHCOM are under TACON to the DCO. Services ensure that their EPLOs are trained, equipped, and knowledgeable on the NRF, NIMS, DSCA procedures and applicable laws and regulations, and their service components regionally available resources. EPLOs are trained in disaster preparedness and DSCA operations. They advise DOD and civil authorities on service resources and capabilities and facilitate coordination between civil authorities and DOD during state or federal exercises or DSCA operations. Once activated, EPLOs may work at various locations based on DOD needs.

3-67. Key tasks include—

- Establishing initial communication and coordination links between DOD and civil authorities at the regional, state, and local levels.
- Assisting DOD forces in establishing connections with appropriate local civil authorities.
- Conducting preemergency coordination with military and civilian leaders within their region or state.
- Maintaining effective communication between the DOD components and other state or federal governmental agencies.
- Promoting mutual understanding among various organizations tasked with providing support in civil emergencies.
- Coordinating and establishing relationships between the NG and DOD federal forces.
- Representing DOD federal forces in coordinating with civil authorities at the state and regional level.

## REQUEST FOR ASSISTANCE/MISSION ASSIGNMENT PROCESS

3-68. JFO is an interagency coordination center established to provide a central location for coordinating local, tribal, state, federal, nongovernmental, and private sector organizations with responsibilities for incident response. The JFO does not manage operations; instead, it supports on-scene efforts and conducts broad support operations. A coordinating officer and staff will assist each political level of jurisdiction (state and federal) in a typical incident. See figure 3-9 for typical structure for major presidentially declared disasters.



**Figure 3-9. Typical structure for major presidentially declared disasters**

3-69. Generally, any DSCA requests originating at the JFO are coordinated with and processed through the DCO for SECDEF approval. The DCO coordinates with state emergency management officials, the state NG, and FEMA to assist in the preparation and review of suitability for DOD to perform an RFA. FEMA coordinates the federal response to a disaster and will issue a RFA to other federal agencies.

## REQUEST FOR FORCES

3-70. DOD resources generally fall into the categories of capabilities, authorities, funding, and posture. CCMDs request CBRN capabilities through the global force management processes. Some authorities and funding are typically associated with strategic communication programs. To fully leverage these programs, CCMDs need to coordinate with strategic communication program managers located in the Office of the SECDEF Joint Staff, DOD agencies, Combat Support Agencies, and the Services. CCMDs address baseline requirements within their Global Campaign Plan. Additional resourcing during operations can be obtained via a RFF. CCDRs may also advocate for Services and Office of the SECDEF to pursue CBRN capabilities and resources that are lacking but necessary for their mission via joint urgent operational needs and joint emerging operational needs requests.

## LIAISON WITH STATE AUTHORITIES

3-71. Liaison with state authorities will be determined by the DCE or JTF, depending on the situation. When the state issues a RFA to include U.S. territories and surrounding territorial waters and airspace, a valid response is requested for a catastrophic incident mission. For more detailed information about domestic defense liaison with civil authorities, please refer to DODI 3025.23, enclosure 3.



## LIAISON WITH INCIDENT COMMANDER

3-72. Liaison with the IC will be conducted by the DCE in that FEMA region when the state issues a RFA to include U.S. territories and surrounding territorial waters and airspace and when a valid response is requested for a catastrophic incident mission.

3-73. The CBRN response unit may need to coordinate with the operations, planning, and resources sections within the incident/area command post. The individual should have a complete understanding of the operational aspects of the unit and can be chosen regardless of rank. The unit conducts liaison by obtaining reports to remain updated on key operational, personnel, and logistical information. The information collected is provided to the IC in a timely and effective way. Consideration should be given to the differences in terminology and operational concepts between military and civilian agencies.

## COMMAND IN MULTISTATE INCIDENT

3-74. A catastrophic event, such as a major earthquake, may affect several states simultaneously. The participation of civil and military responders from different levels of authority and various jurisdictions makes a coordinated national response imperative. The military commitment could involve thousands of Service members from every component of DOD. Within affected areas, NG forces normally support their respective states' first responders. However, in a multistate disaster, existing agreements for support from adjacent states may be overridden by the extent of the catastrophe. In such a situation, the NGB works with all unaffected states to coordinate for additional NG forces to deploy and reinforce the state NG forces within the affected states. In a multistate disaster, FEMA sets up at least one JFO per state. In states where federal military forces join the response effort, a DCO serves in each JFO. DCOs from other FEMA regions deploy to additional JFOs since the region's DCO remains with the regional response team and principal federal official. FEMA may expand the RRCC within the disaster area (if still operational) to direct the regional response efforts.

## FOLLOW ON FORCES

3-75. A catastrophic incident may require significant contingency requirements that must be sourced from follow-on forces. The type of incident will determine these forces, the forces already deployed, and the forces available for deployment at the time.

## DUAL STATUS COMMANDER

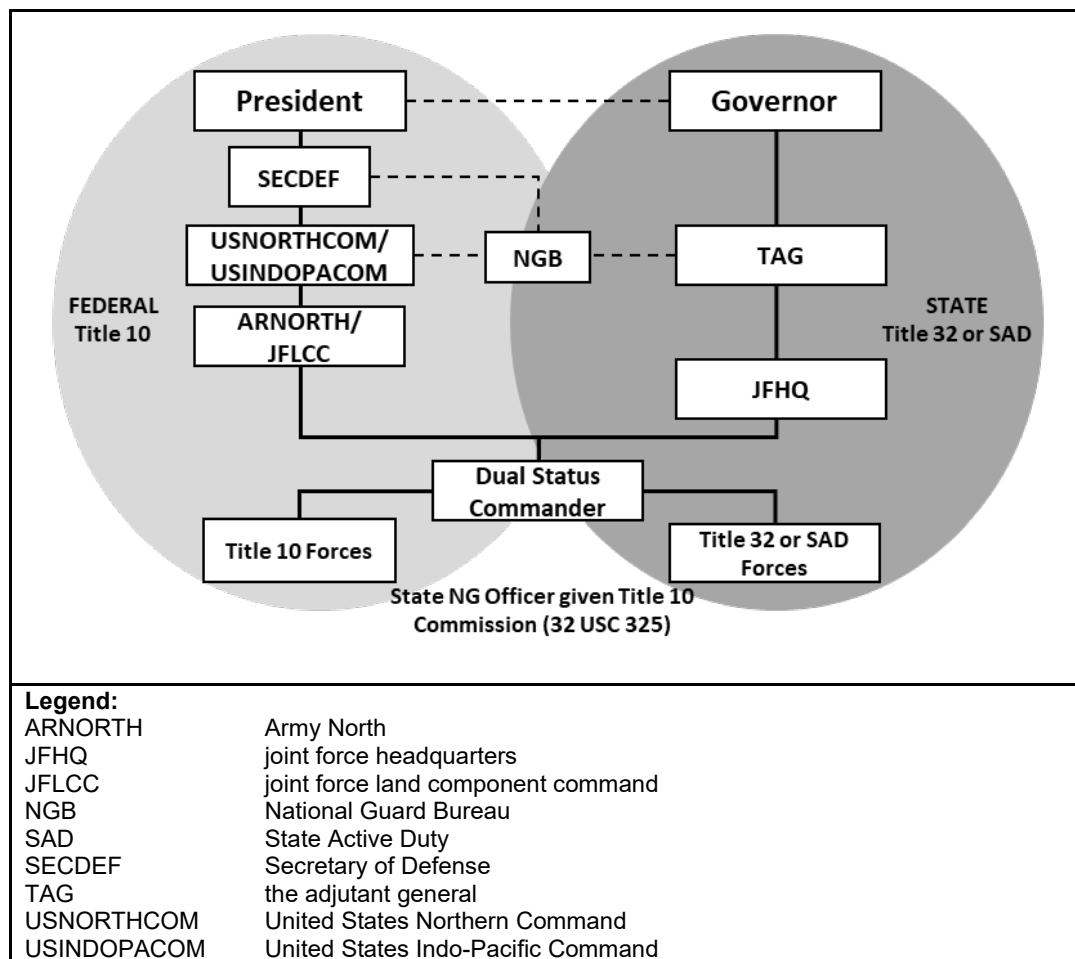
3-76. Under dual status command, a single commissioned officer serves in both federal and nonfederal status. A NG officer may serve in 10 USC status while retaining state status (SAD or 32 USC) if the SECDEF authorizes service in both duty statuses and if the governor of the affected state consents. Conversely, the POTUS may approve a 10 USC active duty officer detailed to duty with the state NG by a Service Secretary to accept a governor's commission into the state NG. In this case, only the commander is in a dual status; subordinate commanders and forces are not. In a large, protracted response, the SECDEF and the state governor or governors may agree to appoint a DSC. The dual status command is unique to DSCA. In an extreme emergency, and particularly when also conducting homeland defense, the POTUS may consolidate all military forces under the DOD by federalizing the NG and exercising command through USNORTHCOM or USINDOPACOM; this is not dual status command.

3-77. The DSC may elect to combine, or keep separate, both federal and nonfederal sections of the staff. The following four documents are necessary to implement dual status command:

- Authorization by the President.
- Authorization by the POTUS.
- Consent of the governor.
- Order by the appropriate Service secretary bringing the designated commander onto dual status.
- A MOA between the two chains of command.

3-78. When in a federal duty status, the DSC takes orders from the POTUS, or those officers the POTUS and the SECDEF have ordered to act on their behalf. The DSC may issue orders to federal forces under his

or her command. When in a state duty status, the DSC takes orders from the governor through the adjutant general and may issue orders only to NG Soldiers serving in a state duty status (32 USC or SAD). However, both chains of command recognize and respect that the DSC cannot exercise dual authority simultaneously on behalf of two mutually exclusive sovereign governments. Instead, a DSC exercises authority in a mutually exclusive manner (either in a federal or state status) but never in both statuses at the same time. In other words, a DSC holds a federal hat in one hand and a state hat in the other hand but can wear only one hat at a time. Figure 3-10 illustrates an example of a dual status command structure.



**Figure 3-10. Dual status command structure**

## Chapter 4

# Stabilize and Transition Phases

Stabilization and transition phases begin when civil authorities have determined that local, state, and federal resources are sufficient to continue without DOD response.

### OVERVIEW

4-1. The stabilization phase begins when civil authorities have determined that local, state, and federal resources are sufficient or projected to continue without DOD response. DOD forces begin to disengage from CBRN response operations and are directed to start redeployment operations. Given the OE and the fact that DOD is in support of an LFA, assessing DSCA differs in some ways. In the end, however, DOD support is initiated based on an assessment of the situation (usually from the LFA). It continues until a decision is made to transition all operations back to civil authorities. Although DOD does not generally support recovery, it is possible DOD could support specific aspects of recovery.

4-2. The transition phase begins when DOD response forces are scheduled for redeployment operations and the reconstitution of response forces at home station. This phase ends when all DOD forces have transitioned all operations back to civil authorities and are redeployed with C2 transferred back to their respective home station commands. See table 4-1 for stabilize and transition operational crosswalk.

**Table 4-1. Phases IV and V operational CBRN/FEMA phase crosswalk**

<i><b>CBRN Response Phase</b></i>	<i><b>FEMA Response Phase</b></i>
Stabilize (Phase IV)—redeployment commences Phase IV begins initiation of the redeployment plan. Phase IV ends when the mitigation of the incident is at such a point where it is determined that no or minimal personnel are needed to maintain security of the site.	2c—Intermediate Operations <i>(Note.</i> Initial Federal resources have been distributed to the ISB, the JFO has been established, and IMATs have conducted necessary operations for the initial support of basic needs to disaster survivors. Response operations across the impacted area have been coordinated according to NIMS.)
	3a—(Enabling) Long-Term Recovery Operation <i>(Note.</i> Recovery activities that occur as a part of the response mission area to facilitate the transition and support to the Recovery mission area.)
Transition (Phase V)—all operational aspects of mission assignments are complete	
<b>Legend:</b> CBRN                      chemical, biological, radiological, and nuclear FEMA                      Federal Emergency Management Agency IMAT                      incident management assistance team ISB                         intermediate staging base JFO                         joint field office NIMS                      National Incident Management System	

## **STABILIZE**

4-3. Stabilize phase begins when DOD response forces are directed to start redeployment operations and disengage from CBRN response operations. Upon notification of the completion of operations, the commander will begin the transition planning for redeployment and reconstitution of their elements.

4-4. Key tasks during this phase are liaising, coordinating, assessing, gaining situational awareness, and supporting logistics to facilitate the handover of operations to civil authorities. The mission-essential tasks that enable lifesaving operations remain. The medical examiner, or other IC-designated authority, will direct proper recovery and disposition of fatalities until the handover is complete.

## **TACTICAL LEVEL LEADERSHIP**

4-5. The commander will coordinate with CBRN response enterprise elements, the incident command staff, and LFA LNOs to identify any additional resources needed to dispose of HAZMAT according to guidelines determined by the Environmental Protection Agency, ESF-10, and the state for each incident. The commander will develop a closeout and redeployment plan with an operational HQ and transfer responsibility for the incident site to civilian control. Personnel exposed to contamination/hazards will also be documented. Tasks to be completed are—

- Compiling and consolidating the data collected during the operation into a historical record of events, logs, message traffic, hazard prediction models, and pertinent photographs and images according to the unit standard operating procedure.
- Compiling and consolidating all data from support operations. The unit will anticipate reporting total man-hours; the amount and type of equipment and fuel used; maintenance performed; equipment lost, damaged, or destroyed; and the specific resources expended during support.
- Coordinating 10 USC forces with the DCO or DCE and IC or federal coordination officer upon mission completion before departing the AO. Transition the mission and inform the IC or federal coordination officer who is assuming the mission support.
- Developing a plan to leave a clean footprint. The unit will not leave HAZMAT and will document the condition of properties used during operations.
- Preparing an after-action report (AAR) and documenting lessons learned according to Service level policy or guidance to appropriate lessons learned communities.
- Conducting a termination briefing with the IC representative to address the final assessment, which includes a review of assigned objectives; a final analysis; a list of completed, incomplete, or in-process objectives; the medical status report of casualties or evacuees; identified safety issues; and lessons learned.
- Coordinate an immediate release from the response tasking and continuing with appropriate preparations for redeployment to home station once the IC representative indicates concurrence with or approval of the briefing.

## **PERSONNEL AND ADMINISTRATION**

4-6. Personnel assigned to perform personnel and administrative functions will, at a minimum, execute the below tasks. Tasks to be completed are:

- Tracking units as they depart the operating area.
- Outprocessing personnel through reverse RSOL.
- Responding to approved requests for personnel information on unit members (for example, unit accountability of injured personnel and medical claims reimbursement).
- Ensuring all assigned military and DOD civilian personnel, if required, complete a DD Form 2796 (*Post Deployment Health Assessment [PDHA]*) before leaving the operating area. If the situation does not allow for completing the health screening prior to departure, the individual's unit commander will ensure the completion and submission of the DD Form 2796. The assessment must be submitted to the local MTF commander within 30 days of the individual's return.

- Ensuring all assigned military and DOD civilian personnel, if required, complete a DD Form 2900 (*Post Deployment Health Re-Assessment [PDHRA]*) 90 to 180 days after redeployment to home station.
- Preparing an AAR and document lessons learned.

## INFORMATION ANALYSIS

4-7. Personnel assigned to perform intelligence functions will, at a minimum, execute the below tasks. Tasks to be completed are:

- Determining and executing closeout and transition activities.
- Safeguarding and transferring sensitive information and imagery collected during the operation, according to DSCA guidance.
- Preparing an AAR and document lessons learned.

## PLANS AND OPERATIONS

4-8. Personnel assigned to perform plans and operations functions will, at a minimum, execute the below tasks. Tasks to be completed are—

- Setting end-state conditions according to DCO or the adjutant general's directives.
- Notifying authorities of the demobilization timeline.
- Coordinating with DCE to compile all data from support operations (for example, total man-hours; fuel and number and type of equipment used; maintenance performed; and equipment lost, damaged, or destroyed).
- Coordinating with base operations for turn-in of issued equipment and clearing of all facilities.
- Consolidating all journals, reports, records, notes, and supporting documents for input into the AAR to document lessons learned according to Service guidance.

## LOGISTICS AND RESOURCE MANAGEMENT

4-9. Personnel assigned to perform logistics and resource management functions will, at a minimum, execute the below tasks. Tasks to be completed are—

- Compiling all data from support operations (for example, total man-hours; fuel and amount of equipment used; maintenance performed; and equipment lost, damaged, or destroyed) in coordination with the DCE.
- Completing accounting and turning in any unused supplies, especially Class V (ammunition) supplies.
- Closing all remaining contracts.
- Submitting reports and request reimbursement.
- Clearing base camp of equipment provided by civilian authorities in demobilization procedures.
- Preparing an AAR and document lessons learned.

## COMMUNICATIONS AND PUBLIC AFFAIRS

4-10. Personnel assigned to perform communications and public affairs functions will, at a minimum, execute the below tasks. Tasks to be completed are—

- Ensuring accountability for all communications equipment.
- Implementing a public affairs strategy for the departure of military forces and placing civil responders in the forefront.
- Closing all civil and military actions, if possible, before redeployment.
- Conducting critical event debriefings or other critical incident stress management requirements.
- Advising the command on the community's capabilities to resume normal functions without military support.
- Coordinating with local MTFs to transition civilian medical records.

- Transferring logistical and personnel support information to the civilian MTF.
- Assisting with line-of-duty determinations.
- Providing follow-up care for injured personnel.

## **TRANSITION**

4-11. The transition phase begins when elements prepare for redeployment according to unit standard operating procedure. When elements of the response are ready to start redeployment, the commander will coordinate through their appropriate C2 element to ensure a safe withdrawal from the response.

4-12. Elements will conduct contamination checks and recover all noncontaminated equipment, including Class II (clothing and individual equipment) supplies, Class VII (major end items) supplies, and Class VIII-A (medical materiel) and Class VIII-B (blood) supplies, to reconstitute the unit.

4-13. Key tasks during this phase are—

- Accountability of personnel and equipment.
- Coordination of medical evaluation.
- Follow-on treatment for assigned military personnel.
- Movement of the elements.
- Initiation of reconstitution activities.
- Conduct of redeployment and recovery operations.
- Completing an operational AAR.

## Appendix A

# National Response Framework Resources

The NRF provides foundational emergency management doctrine for how the Nation responds to all types of incidents. The NRF is built on scalable, flexible, and adaptable concepts identified in the NIMS to align key roles and responsibilities across the Nation. The structures, roles, and responsibilities described in this framework can be partially or fully implemented in a threat or hazard context, anticipating a significant event or response to an incident. Implementation of the structures and procedures described herein allows for a scaled response, delivery of specific resources and capabilities, and a level of coordination appropriate to each incident.

## OVERVIEW

A-1. The unprecedented scale of recent disasters has spurred continued innovation in response operations. It has highlighted the need for further progress to build resilient capabilities to respond to disasters of increasing frequency and magnitude.

A-2. Responding to disasters and emergencies requires the cooperation of various organizations; the larger or more complex the incident, the greater the number and variety of organizations that must respond. From the civilian perspective, the following headings explain the planning and response consideration used to develop a response to an incident.

## NATIONAL PREPAREDNESS CORE CAPABILITIES

A-3. There are 32 Core Capabilities identified in the NPG. Table A-1 lists their titles and incorporates the updated descriptions. See table A-1 for the National Preparedness Core Capabilities.

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*Note.* These Core Capabilities were pulled directly from FEMA.

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**Table A-1. The 32 National Preparedness Core Capabilities**

<b><i>Core Capability #1: Planning</i></b>
Conduct a systematic process engaging the whole community as appropriate in the development of executable strategic, operational, and/or community-based approaches to meet defined objectives.
<b><i>Core Capability #2: Public Information and Warning</i></b>
Deliver coordinated, prompt, reliable, and actionable information to the whole community through the use of clear, consistent, accessible, and culturally and linguistically appropriate methods to effectively relay information regarding any threat or hazard, as well as the actions being taken and the assistance being made available, as appropriate.
<b><i>Core Capability #3: Operational Coordination</i></b>
Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities.
<b><i>Core Capability #4: Forensics and Attribution</i></b>
Conduct forensic analysis and attribute terrorist acts (including the means and methods of terrorism) to their source, to include forensic analysis as well as attribution for an attack and for the preparation for an attack in an effort to prevent initial or follow-on acts and/or swiftly develop counter-options.

**Table A-1. The 32 National Preparedness Core Capabilities (continued)**

<b><i>Core Capability #5: Intelligence and Information Sharing</i></b>
Provide timely, accurate, and actionable information resulting from the planning, direction, collection, exploitation, processing, analysis, production, dissemination, evaluation, and feedback of available information concerning physical and cyber threats to the United States, its people, property, or interests; the development, proliferation, or use of weapons of mass destruction; or any other matter bearing on U.S. national or homeland security by local, state, tribal, territorial, federal, and other stakeholders. Information sharing is the ability to exchange intelligence, information, data, or knowledge among government or private sector entities, as appropriate.
<b><i>Core Capability #6: Interdiction and Disruption</i></b>
Delay, divert, intercept, halt, apprehend, or secure threats and/or hazards.
<b><i>Core Capability #7: Screening, Search, and Detection</i></b>
Identify, discover, or locate threats and/or hazards through active and passive surveillance and search procedures. This may include the use of systematic examinations and assessments, bio surveillance, sensor technologies, or physical investigation and intelligence.
<b><i>Core Capability #8: Access Control and Identity Verification</i></b>
Apply and support necessary physical, technological, and cyber measures to control admittance to critical locations and systems.
<b><i>Core Capability #9: Cybersecurity</i></b>
Protect (and if needed, restore) electronic communications systems, information, and services from damage, unauthorized use, and exploitation.
<b><i>Core Capability #10: Physical Protective Measures</i></b>
Implement and maintain risk-informed countermeasures, and policies protecting people, borders, structures, materials, products, and systems associated with key operational activities and critical infrastructure sectors.
<b><i>Core Capability #11: Risk Management for Protection Programs and Activities</i></b>
Identify, assess, and prioritize risks to inform Protection activities, countermeasures, and investments.
<b><i>Core Capability #12: Supply Chain Integrity and Security</i></b>
Strengthen the security and resilience of the supply chain.
<b><i>Core Capability #13: Community Resilience</i></b>
Enable the recognition, understanding, communication of, and planning for risk and empower individuals and communities to make informed risk management decisions necessary to adapt to, withstand, and quickly recover from future incidents.
<b><i>Core Capability #14: Long-Term Vulnerability Reduction</i></b>
Build and sustain resilient systems, communities, and critical infrastructure and key resources lifelines so as to reduce their vulnerability to natural, technological, and human-caused threats and hazards by lessening the likelihood, severity, and duration of the adverse consequences.
<b><i>Core Capability #15: Risk and Disaster Resilience Assessment</i></b>
Assess risk and disaster resilience so that decision makers, responders, and community members can take informed action to reduce their entity's risk and increase their resilience.
<b><i>Core Capability #16: Threats and Hazards Identification</i></b>
Identify the threats and hazards that occur in the geographic area; determine the frequency and magnitude; and incorporate this into analysis and planning processes so as to clearly understand the needs of a community or entity.
<b><i>Core Capability #17: Critical Transportation</i></b>
Provide transportation (including infrastructure access and accessible transportation services) for response priority objectives, including the evacuation of people and animals, and the delivery of vital response personnel, equipment, and services into the affected areas.
<b><i>Core Capability #18: Environmental Response/Health and Safety</i></b>
Conduct appropriate measures to ensure the protection of the health and safety of the public and workers, as well as the environment, from all-hazards in support of responder operations and the affected communities.



**Table A-1. The 32 National Preparedness Core Capabilities (continued)**

<b><i>Core Capability #19: Fatality Management Services</i></b>
Provide fatality management services, including decedent remains recovery and victim identification, working with local, state, tribal, territorial, insular area, and federal authorities to provide mortuary processes, temporary storage or permanent internment solutions, sharing information with mass care services for the purpose of reunifying family members and caregivers with missing persons/remains, and providing counseling to the bereaved.
<b><i>Core Capability #20: Fire Management and Suppression</i></b>
Provide structural, wildland, and specialized firefighting capabilities to manage and suppress fires of all types, kinds, and complexities while protecting the lives, property, and the environment in the affected area.
<b><i>Core Capability #21: Infrastructure Systems</i></b>
Stabilize critical infrastructure functions, minimize health and safety threats, and efficiently restore and revitalize systems and services to support a viable, resilient community.
<b><i>Core Capability #22: Logistics and Supply Chain Management</i></b>
Deliver essential commodities, equipment, and services in support of impacted communities and survivors, to include emergency power and fuel support, as well as the coordination of access to community staples. Synchronize logistics capabilities and enable the restoration of impacted supply chains.
<b><i>Core Capability #23: Mass Care Services</i></b>
Provide life-sustaining and human services to the affected population, to include hydration, feeding, sheltering, temporary housing, evacuee support, reunification, and distribution of emergency supplies.
<b><i>Core Capability #24: Mass Search-and-Rescue Operations</i></b>
Deliver traditional and atypical search-and-rescue capabilities, including personnel, services, animals, and assets to survivors in need, with the goal of saving the greatest number of endangered lives in the shortest time possible.
<b><i>Core Capability #25: On-Scene Security, Protection, and Law Enforcement</i></b>
Ensure a safe and secure environment through law enforcement and related security and protection operations for people and communities located within affected areas and also for response personnel engaged in lifesaving and life-sustaining operations.
<b><i>Core Capability #26: Operational Communications</i></b>
Ensure the capacity for timely communications in support of security, situational awareness, and operations by any and all means available, among and between affected communities in the impact area and all response forces.
<b><i>Core Capability #27: Public Health, Healthcare, and Emergency Medical Services</i></b>
Provide lifesaving medical treatment via Emergency Medical Services and related operations and avoid additional disease and injury by providing targeted public health, medical, and behavioral health support, and products to all affected populations.
<b><i>Core Capability #28: Situational Assessment</i></b>
Provide all decision makers with decision-relevant information regarding the nature and extent of the hazard, any cascading effects, and the status of the response.
<b><i>Core Capability #29: Economic Recovery</i></b>
Return economic and business activities (including food and agriculture) to a healthy state and develop new business and employment opportunities that result in an economically viable community.
<b><i>Core Capability #30: Health and Social Services</i></b>
Restore and improve health and social services capabilities and networks to promote the resilience, independence, health (including behavioral health), and well-being of the whole community.
<b><i>Core Capability #31: Housing</i></b>
Implement housing solutions that effectively support the needs of the whole community and contribute to its sustainability and resilience.
<b><i>Core Capability #32: Natural and Cultural Resources</i></b>
Protect natural and cultural resources and historic properties through appropriate planning, mitigation, response, and recovery actions to preserve, conserve, rehabilitate, and restore them consistent with post-disaster community priorities and best practices and in compliance with applicable environmental and historic preservation laws and executive orders.

A-4. Some capabilities fall into only one of the five mission areas, while others apply to several mission areas. Table A-2 illustrates the core capabilities and how they apply within the five preparedness mission areas.

**Table A-2. National preparedness core capabilities alignment with the five mission areas**

MISSION AREAS																		
Prevention	Protection	Mitigation	Response	Recovery														
1 Planning																		
2 Public Information and Warning																		
3 Operational Coordination																		
5 Intelligence and Information Sharing		13 Community Resilience	21 Infrastructure Systems															
6 Interdiction and Disruption			17 Critical Transportation	29 Economic Recovery														
7 Screening, Search, and Detection					18 Environmental Response/Health and Safety													
4 Forensics and Attribution	8 Access Control and Identity Verification					14 Long-Term Vulnerability Reduction	19 Fatality Management Services											
		9 Cybersecurity						20 Fire Management and Suppression										
			10 Physical Protective Measures	22 Logistics and Supply Chain Management														
					11 Risk Management for Protection Programs and Activities				23 Mass Care Services									
										12 Supply Chain Integrity and Security	24 Mass Search and Rescue Operations							
												15 Risk and Disaster Resilience Assessment	25 On-Scene Security, Protection, and Law Enforcement					
														16 Threats and Hazards Identification	26 Operational Communications			
																27 Public Health, Healthcare, and Emergency Medical Services		
																	28 Situational Assessment	
																		32 CORE CAPABILITIES

A-5. FEMA was created under EO 12127 in 1979. FEMA coordinates response support through National and RRCCs and establishes incident management field structures to coordinate the federal response. FEMA's mission statement is to support our citizens and first responders to ensure that as a Nation, we work together to build, sustain, and improve our capability to prepare for, protect against, respond to, recover from, and mitigate all hazards. The JFO is the primary federal incident management field structure for coordinating incident support operations in the field.

A-6. All DSCA capabilities support a set of core capabilities identified during integrated planning in conjunction with civil authorities. This is accomplished at the local, tribal, state, and FEMA regional levels through the ESF construct or during an actual incident when a civil authority submits a RFA. This includes complex catastrophe branch plans built according to the NRF. DOD participates in response operations in support of a LFA. DOD 10 USC capabilities must remain under a DOD 10 USC chain of command at all times; however, in DSCA operations, the 10 USC capabilities are employed through a civil authority such as a DSC under approved mission assignments.

A-7. The SECDEF domestic CBRN response executive order directs CDRUSNORTHCOM and CNGB to plan, prepare for, and support the NPS core capabilities through the ESF construct.

## NATIONAL PLANNING FRAMEWORKS

A-8. National Planning Frameworks consist of the National Prevention Framework, National Protection Framework, National Mitigation Framework, NRF, and the National Disaster Recovery Framework. These frameworks are described in the following paragraphs.

### NATIONAL PREVENTION FRAMEWORK

A-9. The National Prevention Framework sets the strategy and doctrine for how the whole community builds, sustains, and delivers the prevention core capabilities identified in the NPG in an integrated manner with the other mission areas. It describes what the whole community, from community members to senior leaders in government, should do upon the discovery of an imminent threat to the homeland. An imminent threat is intelligence or operational information that warns of a credible, specific, and impending terrorist threat or ongoing attack against the United States.

A-10. The National Prevention Framework provides guidance to individuals and communities, the private and nonprofit sectors, faith-based organizations, and all levels of government (local, regional/metropolitan, state, tribal, territorial, and federal) to prevent, avoid, or stop a threatened or actual act of terrorism by—

- Describing the core capabilities needed to prevent an imminent act of terrorism.
- Aligning key roles and responsibilities to deliver prevention capabilities in time-sensitive situations.
- Describing coordinating structures that enable all stakeholders to work together.
- Laying the foundation for further operational coordination and planning that will synchronize prevention efforts within the whole community and across the protection, mitigation, response, and recovery mission areas.

### NATIONAL PROTECTION FRAMEWORK

A-11. The National Protection Framework describes how the whole community safeguards against acts of terrorism, natural disasters, and other threats or hazards. The Protection processes and guiding principles in this Framework provide a unifying approach that is adaptable to specific Protection mission requirements, mission activities, jurisdictions, and sectors.

A-12. This Framework describes the core capabilities, roles and responsibilities, and network of coordinating structures that facilitate the protection of individuals, communities, and the Nation. The dynamic nature of risks facing the Nation requires a national approach that is adaptable to this changing and increasingly volatile landscape. The National Protection Framework relies on existing coordinating structures to promote integration, synchronization, and resilience across various jurisdictions and AOR.

## **NATIONAL MITIGATION FRAMEWORK**

A-13. The National Mitigation Framework establishes a common platform and forum for coordinating and addressing how the Nation manages risk through mitigation capabilities. This framework describes mitigation roles across the whole community. Individuals, families, businesses, nonprofit organizations, and local, state, tribal, territorial, and the federal government share responsibility for preparedness.

A-14. The 4 guiding principles are demonstrated by the culture of preparedness, which includes resilience and sustainability, leadership and locally focused implementation, engaged partnerships and inclusiveness, and risk-conscious culture. These principles lay the foundation for the mitigation mission and the execution of its core capabilities.

## **NATIONAL RESPONSE FRAMEWORK**

A-15. The NRF was developed to build upon the NRP and establish a more comprehensive and streamlined national all-hazards approach to domestic incident management. The NRF forms how the federal government coordinates with state, local, and tribal governments, and the private sector during incidents.

A-16. The NRF is a guide describing how the Nation conducts all-hazards response and provides a comprehensive approach to domestic incident management utilizing the NIMS. NIMS is built upon scalable, flexible, and adaptable coordinating structures to align key roles and responsibilities across the Nation. It describes specific authorities and best practices for managing incidents that range from serious, but purely local, to large-scale terrorist attacks or catastrophic natural disasters.

A-17. As used in the NRF, the term response includes immediate actions to save lives, protect property and the environment, and meet basic human needs. In response to a RFA from a civilian authority, under imminently serious conditions, and if time does not permit approval from higher authority, DOD officials may provide an immediate response by temporarily employing the resources under their control, subject to any supplemental direction provided by higher HQ, to save lives, prevent human suffering, or mitigate significant property damage within the United States. Response also includes the execution of emergency plans and actions to support short-term recovery.

A-18. The NRF is always in effect, and elements can be implemented as needed on a flexible, scalable basis to improve response. It is written primarily for government executives, private sector and nongovernmental organization leaders, and emergency management practitioners. First, it is addressed to senior elected and appointed leaders, such as federal department or agency heads, state governors, mayors, tribal leaders, and city or county officials responsible for providing effective responses. For the nation to be prepared for any and all-hazards, its leaders should have a baseline familiarity with the concepts and mechanics of the NRF.

A-19. The NRF defines the principles, roles, and structures that organize how the United States responds as a nation. The NRF—

- Describes how communities, tribes, states, the federal government, private sectors, and nongovernmental partners work together to coordinate a national response.
- Describes specific authorities and best practices for managing incidents.
- Builds upon the NIMS, which provides a consistent template for managing incidents.

A-20. The NRF is composed of a core document, ESF annexes, support annexes, and incident annexes. The ESF annexes present missions, policies, structures, and responsibilities of federal agencies for support during an incident, grouped into 15 functional areas. The support annexes describe how partners coordinate and execute standard support processes. The incident annexes describe 7 specific contingency or hazard situations. See the NRF for specific details.

A-21. Although some CBRN incidents may not overwhelm local response capabilities, technical advice and specialized technical equipment not readily available from local agencies may be required. This assistance comes from state and federal CBRN-trained response agencies and organizations. The state emergency management agency coordinates the movement of state response assets to an incident scene, filling requirements not supported by local responders. Local and state governments routinely respond to a wide array of domestic emergencies without federal assistance. Still, a large-scale incident may overwhelm local and state responders, requiring considerable federal support.

A-22. State or federal involvement is usually contingent on a request for support from local authorities. Terrorist events, however, such as 9/11 or those preceded by substantial threat warning, may involve overlapping authorities of local, state, and federal agencies. Each of these agencies has a role in data collection, analysis, threat response, and operational response and recovery. While every attempt is made to maintain local and state control of domestic incidents, attacks and disasters deemed significant to national security may be managed under federal jurisdiction. The NRF guides the collaborative process that orchestrates the actions of federal agencies.

## NATIONAL RECOVERY FRAMEWORK

A-23. The National Disaster Recovery Framework enables effective recovery support to disaster-impacted states, tribes, territorial, and local jurisdictions. It provides a flexible structure that enables disaster recovery managers to operate in a unified and collaborative manner. The National Disaster Recovery Framework focuses on how best to restore, redevelop, and revitalize the health, social, economic, natural, and environmental fabric of the community and build a more resilient Nation.

## TIERED RESPONSE OVERVIEW

A-24. The primary responsibility for responding to domestic disasters and emergencies rests with the lowest level of government able to manage the response. If local and state capabilities are insufficient, state authorities may ask for assistance from other states under existing agreements and compacts. State authorities normally exhaust state resources, existing mutual aid agreements, and EMAC before requesting federal assistance. This is known as a tiered response. See ATP 3-28.1/MCRP 3-30.2/NTTP 3-57.2/AFTTP 3-2.67/CGTTP 3-57.1.

A-25. Although the tiered response is the guiding principle, an actual response can be compressed to such a degree it begins almost simultaneously at all levels. NG forces may receive an alert order through state channels, while federal military forces receive an alert and prepare-to-deploy orders through DOD channels.

A-26. The DOD has a prominent role in support of the NRF. When requested by a civil authority and approved by the SECDEF or directed by the POTUS, commanders of USNORTHCOM/USINDOPACOM will conduct DSCA under the NRF. DODD 3025.18 provides guidelines for DOD participation in these operations. It identifies criteria for evaluating requests to provide appropriate responses to RFA from a LFA or state governors. The designation of the LFA will depend upon several factors, including presidential decisions, national policy, the specific situation, and existing national level frameworks or plans (such as the NRF). The LFA designation may shift to a different agency during a crisis as facts and situations change. In some instances, USNORTHCOM may support more than one LFA or primary agency due to multiple missions or ESF response activation.

A-27. The NRF contains several incident annexes that specifically apply to CBRN incidents in which DOD is a cooperating agency. The DOD will support the NRF primary, cooperating, and coordinating agencies during domestic CBRN response operations, except when executing a CBRN response on a federal installation. For more information on the NRF, and the DOD role in support of the NRF, see JP 3-28 and ATP 3-28. 1/MCRP 3-36.2/NTTP 3-57.2/AFTTP 3-2.67/CGTTP 3-57.1.

## NATIONAL INCIDENT MANAGEMENT SYSTEM

A-28. The NIMS provides a consistent nationwide approach for federal, state, tribal, and local governments to work effectively and efficiently together to prepare for, prevent, respond to, recover from, and mitigate domestic incidents, regardless of cause, size, or complexity. NIMS includes a core set of concepts, principles, terminology, and technologies covering the ICS; Multiagency Coordination Systems; unified command; training; identification and management of resources (including systems for classifying types of resources); qualifications and certification; and the collection, tracking, and reporting of incident information and incident resources. This framework forms the basis for interoperability and compatibility, enabling a diverse set of public and private organizations to conduct well-integrated and effective incident management operations.

A-29. \*The U.S. Air Force established the Air Force Incident Management System in AFI 10-2501. The Air Force Incident Management System is based on the NIMS methodology and aligns Air Force emergency management planning and response with the NRF directed by HSPD-5.

A-30. NG forces operate consistent with NIMS, as implemented within each state unless doing so would lead to compromising operational missions or disrupting military command authority.

## **EMERGENCY MANAGEMENT ASSISTANCE COMPACT**

A-31. The EMAC is a congressionally approved interstate mutual aid compact that provides a legal structure by which states affected by an emergency may request assistance from other states. Signatories to the compact resolve potential legal and financial obstacles that states might otherwise encounter as they assist the stricken state or states. The compact sets out the responsibilities of the signatory states provide authority to officials responding from other states (except the power of arrest) equal to that held by residents of the affected state, ensures reciprocity in recognizing professional licenses or permits for professional skills, and provides liability protection (in certain areas) to responders from other states. The National Emergency Management Association, a professional association of state emergency managers, administers the compact.

A-32. The EMAC establishes immunities, authorities, and liabilities for missions executed under its jurisdiction. It allows the states to rely upon each other in responding to, among other things, emergencies such as man-made or natural disasters, insurgencies, or enemy attack.

A-33. Through their TAG, JFHQs, NGB, and the EMAC, the states may request specialized personnel and equipment resources to support their domestic response planning and operations.

## **ROLES AND RESPONSIBILITIES**

A-34. The whole government approach engages entire communities, providing equal access to acquire and use the necessary knowledge and skills to enable the entire community to contribute to and benefit from national preparedness. Communities affected or unaffected, the private sector, and the federal government are all stakeholders in the prevention, protection, mitigation, response, and recovery planning for a domestic CBRN incident.

A-35. Individuals, families, and households identify and report potential terrorism-related activity to law enforcement and maintain vigilance and awareness to help their communities remain safer and bolster prevention efforts. Private sector entities operate in all business sectors, commerce, private universities, and industry that support the operation, security, and resilience of global trade systems.

A-36. Communities are the unified groups that share goals, values, or purposes and may operate independently of geographic boundaries or jurisdictions. They foster the development of organizations and organizational capacity that act toward a common goal, such as a local neighborhood watch. These groups may possess the knowledge and understanding of the threats they face and alert authorities of potential terrorism-related information or suspicious activities.

A-37. Nongovernmental organizations, including nonprofit entities, faith-based organizations, and academia, support activities through information sharing by identifying and reporting potential terrorism-related information to law enforcement and providing assistance during and following disasters. Local governments provide leadership for law enforcement, fire, public safety, environmental response, public health, emergency management, emergency medical services, and public works for all manner of threats, hazards, and emergencies. They coordinate prevention resources and capabilities with neighboring jurisdictions, the state, and the private and nonprofit sectors.

A-38. State and territorial governments coordinate activities in support of cities, counties, and intrastate regions. State law enforcement agencies are responsible for protecting life and property, preserving peace, preventing crime, and arresting violators of the law. They engage in community, private industry, and interagency partnerships to identify and prevent criminal acts, including terrorism and transnational threats, and are responsible for overseeing their state's threat prevention activities.

A-39. Governors command their states' and territories' NG forces and call them up to assist under SAD. Except when federalized, NG units remain under governors' command. When faced with a threat, governors

also make decisions regarding the provision of mutual aid and calls for federal assistance. States and territories also administer federal homeland security grants to local governments under specific grant programs, allocating essential resources to bolster their prevention and preparedness capabilities.

A-40. Tribal governments engage in government-to-government relationships with local, state, other tribal, territorial, and federal governments and have special status under federal laws and treaties. Tribal governments provide essential services to members and nonmembers residing within their jurisdictional boundaries. Depending on the availability of resources and jurisdictional issues, tribal governments may provide law enforcement services for their members, in addition to fire and emergency services throughout their jurisdictions. Tribal leaders are responsible for overseeing their tribe's engagement with local, state, territorial, and federal programs.

A-41. Under the leadership of POTUS, the Nation prepares for all-hazards. The federal government carries out statutory and regulatory responsibilities for a wide array of prevention programs. It assists in several areas, including funding, research, coordination, oversight, and implementation. The following departments and agencies have specific roles regarding terrorism prevention:

- **DOD.** The SECDEF conducts homeland defense and civil support missions to prevent an imminent terrorist attack from occurring. DOD is responsible for domestic military activities that protect U.S. sovereignty, U.S. territory, the domestic population, and the critical defense infrastructure against external threats and aggression or other threats directed by POTUS or the SECDEF. DOD also provides DSCA for domestic incidents directed by POTUS or SECDEF, when consistent with military readiness and appropriate under the circumstances and the law.
- **Department of Homeland Security.** By directive of POTUS, the Secretary of Homeland Security is the principal federal official for domestic incident management. Pursuant to the Homeland Security Act of 2002, the Secretary is the focal point regarding natural and man-made crises and emergency planning. The statutory mission of the Department of Homeland Security is to act as a focal point regarding both natural and man-made crises and emergency planning.
- **Department of Justice and the Federal Bureau of Investigation.** The Department of Justice and Federal Bureau of Investigation coordinate their activities with other law enforcement community members and with members of the intelligence community to achieve maximum cooperation consistent with the law and operational necessity. Generally acting through the Federal Bureau of Investigation, the Attorney General, in partnership with other federal departments and agencies engaged in activities to protect our national security, coordinates the activities of the other members of the law enforcement community to detect, prevent, preempt, and disrupt terrorist attacks against the United States. The Attorney General has the primary responsibility to search for, find, and neutralize WMD within the United States.

## EMERGENCY SUPPORT FUNCTIONS

A-42. Table A-3, page A-10, lists the ESF annexes with the ESF coordinator for each. DOD is a supporting agency for all ESF annexes except #3, Public Works and Engineering, through the United States Army Corps of Engineers.

Table A-3. ESF annexes and coordinators

<b><i>ESF Annex #1: Transportation. Coordinator: Department of Transportation</i></b>
Coordinates the support of the management of transportation systems and infrastructure, the regulation of transportation, management of the Nation's airspace, and ensures the safety and security of the national transportation system.
<b><i>ESF Annex #2: Communications. Coordinator: Department of Homeland Security (DHS)</i></b>
Coordinates government and industry efforts to reestablish and provide critical communications infrastructure and services, facilitates the stabilization of systems and applications from malicious activity, and coordinates communications support to response efforts.
<b><i>ESF Annex #3: Public Works and Engineering. Coordinator: Department of Defense/United States Army Corps of Engineers</i></b>
Coordinates the capabilities and resources to facilitate the delivery of services, technical assistance, engineering expertise, construction management, and other support to prepare for, respond to, or recover from a disaster or an incident.
<b><i>ESF Annex #4: Firefighting. Coordinator: United States Department of Agriculture/United States Forest Service and DHS/FEMA/United States Fire Administration</i></b>
Coordinates the support for the detection and suppression of wildland, rural, and urban fires.
<b><i>ESF Annex #5: Information and Planning. Coordinator: DHS/FEMA</i></b>
Supports and facilitates multiagency planning and coordination for operations involving incidents requiring federal coordination.
<b><i>ESF Annex #6: Mass Care, Emergency Assistance, Temporary Housing, and Human Services. Coordinator: DHS/FEMA</i></b>
Coordinates the delivery of mass care and emergency assistance.
<b><i>ESF Annex #7: Logistics. Coordinator: GSA/DHS/FEMA</i></b>
Coordinates comprehensive incident resource planning, management, and sustainment capability to meet the needs of disaster survivors and responders.
<b><i>ESF Annex #8: Public Health and Medical Services. Coordinator: Department of Health and Human Services (HHS)</i></b>
Coordinates the mechanisms for assistance in response to an actual or potential public health and medical disaster or incident.
<b><i>ESF Annex #9: Search-and-Rescue. Coordinator: DHS/FEMA</i></b>
Coordinates the rapid deployment of search-and-rescue resources to provide specialized lifesaving assistance.
<b><i>ESF Annex #10: Oil and Hazardous Materials Response. Coordinator: Environmental Protection Agency (EPA)</i></b>
Coordinates support in response to an actual or potential discharge or release of oil or hazardous materials.
<b><i>ESF Annex #11: Agriculture and Natural Resources. Coordinator: U.S. Department of Agriculture</i></b>
Coordinates various functions designed to protect the Nation's food supply, responds to pest and disease incidents impacting agriculture, and protects natural and cultural resources.
<b><i>ESF Annex #12: Energy. Coordinator: Department of Energy</i></b>
Facilitates the reestablishment of damaged energy systems and components and provides technical expertise during an incident involving radiological/nuclear materials.
<b><i>ESF Annex #13: Public Safety and Security. Coordinator: Department of Justice/Bureau of Alcohol, Tobacco, Firearms and Explosives</i></b>
Coordinates public safety and security capabilities and resources to support the full range of incident management activities.
<b><i>ESF Annex #14: Cross-Sector Business and Infrastructure. Coordinator: DHS/Cybersecurity and Infrastructure Security Agency</i></b>
Coordinates cross-sector operations with infrastructure owners and operators, businesses, and their government partners, focusing on actions taken by businesses and infrastructure owners and operators in one sector to assist other sectors to better prevent or mitigate cascading failures between them.
<b><i>ESF Annex #15: External Affairs. Coordinator: DHS</i></b>
Coordinates the release of accurate, coordinated, timely, and accessible public information to affected audiences, including the government, media, nongovernmental organizations, and the private sector. Works closely with state and local officials to ensure outreach to the whole community.



**Table A-3. ESF annexes and coordinators (continued)**

<b>Legend:</b>	
DHS	Department of Homeland Security
ESF	emergency support function
FEMA	Federal Emergency Management Agency
GSA	General Services Administration
HHS	Health and Human Services
EPA	Environmental Protection Agency

A-43. During a response, ESFs are a critical mechanism for coordinating functional capabilities and resources provided during a response. Most emergency management organizations, at all levels, are organized according to the NIMS and are comfortable and familiar with the ESF construct. State ESFs may not precisely match federal ESFs, or states may have additional ESFs.

A-44. The NRF comprises a core document with ESF annexes, support annexes, and incident annexes. ESF annexes present missions, policies, structures, and responsibilities of federal agencies for support during an incident, grouped into 15 functional areas. The support annexes describe how partners coordinate and execute standard support processes. The incident annexes address 7 specific contingencies or hazard situations. See the NRF for more information on the ESFs.

A-45. The ESF Leaders' Group comprises the federal departments and agencies designated as coordinators for ESFs or coordinating agencies for other NRF annexes. The FEMA leads the ESF Leaders' Group and is responsible for calling meetings and other administrative functions. The ESF Leaders' Group provides a forum for departments and agencies with roles in federal incident response to jointly address topics such as policies, preparedness, and training.

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## **Appendix B**

# **Legal Considerations**

This appendix provides a synopsis of the legal considerations applicable to domestic CBRN response operations or while preparing and training for those missions. The guidance in this appendix is not all-inclusive. It provides a framework to evaluate specific issues so that the decision-maker or supporting staff can better articulate the issue and request more detailed guidance from the supporting judge advocate. For greater detail, see *Domestic Operational Law 2021 Handbook for Judge Advocates*, chapter 6.

## **OVERVIEW**

B-1. Per the 10th Amendment of the U.S. Constitution, the primary responsibility for protecting life and property and maintaining law and order in the civilian community is vested in state and local governments. Additional responsibility is vested by statute in specific agencies of the federal government other than DOD. The federal military's role in DSCA operations is well defined and is limited by federal law and regulation in scope and duration. Based on the limited authorities and express limitations placed on the scope of the federal military's role, all military members (10 USC, 32 USC, and SAD) should be aware of the legal considerations and the legal authority under which they are operating.

## **INTELLIGENCE AND INFORMATION SHARING**

B-2. Intelligence oversight is a vital topic in DSCA operations. The rules regarding sensitive information are different for DSCA operations than for operations outside the U.S. or foreign nations. Information sharing has unique aspects in DSCA operations and is discussed later in this section.

## **INTELLIGENCE OVERSIGHT**

B-3. Intelligence oversight refers to the laws, policies, and regulations that enable DOD intelligence personnel to effectively carry out legitimate intelligence collection functions while protecting U.S. persons' constitutional rights and privacy. Commanders must understand that DOD directives and Service regulations restrict military intelligence capabilities from collecting or possessing information on U.S. persons except as permitted by EO 12333 as amended, DODD 5148.13, DODD 5240.01, DODM 5240.01, and DOD 5240.1-R. Due to the difficulty of determining an individual's legal status, DOD imposes restrictions on collecting and storing any civilian personal identifying information or information on groups of citizens that make up a civilian organization (such as a church congregation or service clubs). Military units cannot collect or retain information that identifies individuals with businesses, voluntary organizations, or civilian agencies, except as authorized by DOD directives and regulations. The following individuals and groups are considered U.S. persons (per AR 381-10) protected by intelligence oversight rules:

- U.S. citizens.
- Lawful permanent resident aliens.
- Unincorporated associations substantially composed of U.S. citizens or permanent resident aliens.
- Corporations incorporated in the United States, except for those directed and controlled by a foreign government.

B-4. The below documents contain some of the most important legal authorities for intelligence oversight:

- Constitution of the United States.
- EO 12333 (as amended).
- National Security Act of 1947.
- Foreign Intelligence Surveillance Act of 1978 (Public Law 95-511).
- DODD 5240.01.
- DOD 5240.1-R (procedures 11 through 13 remain).
- DODD 5148.13 (replaced Intelligence Oversight Procedures 14 and 15 of DOD 5240.1-R).
- DODM 5240.01.
- AR 381-10.

B-5. Collection, retention, and further dissemination of information and intelligence derived from law enforcement officials are permissible only according to DODD 5200.27 and DODI 3025.21. Military police or force protection units may only retain information if there is a direct and articulable threat to DOD missions, personnel, or resources, according to DODD 5200.27. Civilian police may ask Soldiers to report any illegal activity they observe through their chain of command to civilian law enforcement. However, this information may only be acquired incidentally since military personnel may not directly assist civilian police in developing criminal information. Such information may be reported by Army intelligence or military police and force protection units according to DODI 3025.21, DOD 5240.1-R, procedure 12; and DODD 5200.27, paragraphs 3, 4, and 5. A unit may retain law enforcement intelligence that is provided by civilian law enforcement according to DODI 3025.21, DODM 5240.01; and DODD 5200.27; and log any information provided to civilian law enforcement agencies under intelligence oversight or other sensitive information program standards, as long as no identifying information about U.S. persons is retained. Before any further dissemination, the staff should confirm with the staff judge advocate that the staff can distribute the information to subordinate units.

B-6. Space-based, airborne, and unmanned aircraft sensors may provide commanders and civil authorities with powerful tools to help them assess the situation on the ground, particularly in the initial stages of a response. However, information gathered by these systems can conflict with the intelligence oversight restrictions. For example, an Army helicopter equipped with forward-looking infrared may be tasked to assess the stability of flood control constructed earlier in the day. During the surveillance mission, the aircrew may spot a group of looters near the flooding. They may legally report this to their chain of command, without identifying the looters, according to DOD 5240.1-R, procedure 12. The unit may retain no identifying information about U.S. persons. According to DODM 5240.01, information of this nature may be temporarily retained, destroyed, evaluated for permanent retention, and disseminated according to procedures 3 and 4.

## **UNITED STATES PERSONS INFORMATION**

B-7. Any information acquired on civilians and civilian organizations by military personnel or DOD law enforcement, antiterrorism, or force protection personnel is considered sensitive information. Its collection must be authorized, and all information collected must be provided directly to the supported civilian law enforcement agency, unless separate exceptions permit retention by DOD. Otherwise, the military unit may not retain this information. Commanders report violations for improper collection activities by provost marshal, antiterrorism, or force protection personnel according to DODD 5200.27. DODD 5148.13 and DODD 5200.27 govern the release of sensitive information. Any waivers or exceptions to these restrictions may only be granted by the SECDEF or the respective branch secretaries.

B-8. Sensitive information includes criminal intelligence generated by civilian law enforcement agencies and passed to military units involved in DSCA. Similarly, it includes information and reports from Soldiers who witness what they believe to be criminal activity. Military forces may help civilian and military law enforcement agencies disseminate incidentally acquired information reasonably believed to reveal federal, state, or local law violations. Support must be consistent with DOD 5240.1-R and DODD 5200.27, depending on which DOD assets or capabilities were involved in the collection activity, intelligence or nonintelligence resources.

B-9. Nonintelligence field military personnel may handle information developed by civilian law enforcement agencies regarding persons not affiliated with DOD during DSCA according to AR 380-13 and DODD 5200.27. Most of this information is derived from law enforcement activities. DOD policy limits collecting, reporting, processing, or storing such information on individuals or organizations not affiliated with DOD. This is a significant difference between stability and DSCA tasks. These directives and regulations ensure compliance with various laws intended to protect citizens' rights and restrict military intelligence collection to external threats. Although not discussed here, similar restrictions limit the activities of NG forces operating in either SAD or 32 USC duty status. Each state and territory have specific instructions governing the collection and processing of information on U.S. citizens, legal aliens, and illegal aliens. In general, these are not as restrictive as DODDs and Service regulations applicable to federal military forces. The adjutant general of the state works with the state attorney general to clarify instructions pertaining to NG civil support.

B-10. There are legal restrictions on using information about individuals and organizations physically located within the United States and its territories unless they are part of DOD (military, civilian, or contractor). The core regulations about these restrictions are AR 380-13 and DODD 5200.27. The restrictions on the use of law enforcement information govern all DOD members (uniformed members and civilians). These restrictions are designed to ensure that the rights of, and information on, individuals or organizations not affiliated with DOD are protected unless such information is essential to the accomplishment of specified DOD missions. Any information collected on people not affiliated with DOD must pertain only to the protection of DOD functions and property, personnel security, or operations related to civil disturbance. Seven specific prohibitions regarding information acquisition are that—

- Information acquired on individuals or organizations not affiliated with DOD is restricted to that which is essential to accomplishing assigned DOD missions.
- No information shall be acquired about a person or organization solely because that person or organization lawfully advocates measures in opposition to government policy.
- Physical or electronic surveillance of federal, state, or local officials or candidates for such offices is prohibited.
- Electronic surveillance of any individual or organization is prohibited, except as otherwise authorized by law (such as by warrant).
- Covert or otherwise deceptive surveillance or penetration of civilian organizations is strictly prohibited unless specifically authorized by the SECDEF (or designee).
- Absolutely no computerized data banks shall be maintained relating to individuals or organizations not affiliated with DOD unless authorized explicitly by the SECDEF (or designee).
- No DOD personnel shall be assigned to attend public or private meetings, demonstrations, or other similar activities to acquire information without specific prior approval by the SECDEF (or designee).

B-11. Limited exceptions are possible but not recommended, according to DODD 5200.27. Commanders should consult a supporting judge advocate.

## DOMESTIC IMAGERY

B-12. DOD space-based, high altitude, airborne surveillance, and reconnaissance imagery capabilities can be used for IAA through a proper use memorandum. A request to use more technical classified domestic national reconnaissance imagery and Overhead Nonimaging Infrared products may be granted by the proper use memorandums if proper justification criteria are met.

B-13. Distribution of DOD domestic imagery is prohibited except to those parties identified by the proper use memorandums. Imagery from other than DOD sources may also be used for IAA purposes. This commercial imagery does not fall under DOD authorities, and therefore authorities and responsibilities for the use of this open-source imagery are retained by each user organization.

B-14. Generally, commercial imagery is more responsive than DOD sources due to the availability of sensors and no proper use memorandums requirement for exploitation.

## **SHARING INFORMATION**

B-15. Because of these restrictions, commanders should ensure information and sensitive information are not only lawfully collected or acquired but is also lawfully retained and disseminated. DOD operates under the common Congressional mandate to ensure all agencies share homeland security and homeland defense information and intelligence with the proper authorities to identify threats rapidly and effectively. The key is to understand rules and the requirement to protect civil rights. Because information acquired during DSCA missions often refers to persons not affiliated with DOD, commanders require their subordinates to segregate and label electronic and paper files generated during a DSCA mission. This facilitates efficient disposal of all information on persons and organizations not affiliated with DOD when missions are completed.

B-16. After any DSCA mission, commanders should direct their subordinates to inspect printed and electronically stored information acquired during the operation. There is a 90-day window for disposal of sensitive information related to U.S. citizens not affiliated with DOD (measured from the time of acquisition). (See DODD 5200.27 for more details.)

B-17. All staff sections and subordinate units should inspect their paper and electronic archives. The purpose of this inspection is to ensure that the unit has not inadvertently retained personal information on any civilian or civilian organization. In general, units should only keep operational records and documents related to expenditures. They should delete or destroy any information containing civilian names, phone numbers, addresses, or any other personal identifying information, even if acquired incidental to the mission (such as from an aircraft manifest). Data on U.S. persons not affiliated with DOD contained in files, databases, and repositories is retained according to disposition criteria in AR 25-400-2. Information about U.S. persons deleted from user electronic files but remaining on servers or archived files may remain until systems administrators purge or retire them according to systems maintenance policies, AR 25-400-2, or Archivist of the United States disposition instructions. Commanders should ensure their subordinates who have taken any photographic images, audio, or video of U.S. persons during the operation purge their military and personal electronic devices of that sensitive information.

B-18. In deployed operations, many units reconfigure command post processes to create a fusion center for different intelligence types, particularly in a counterinsurgency mission. Any information received from various sources is funneled to the fusion center, analyzed, and used in databases. While a powerful tool in combat situations, units engaged in DSCA should not use a fusion center to combine operational information with any sensitive information, including criminal intelligence or law enforcement information. Fusing information using combat information techniques and procedures with information received from civilian police authorities on any persons not affiliated with DOD will invariably lead to violations of intelligence oversight and sensitive information restrictions. In a DSCA mission, commanders and their staffs segregate any sensitive information into appropriate law enforcement channels and keep it there only until the mission is complete.

## **SAMPLE COLLECTION**

B-19. Understanding proper CBRN sample collection, handling, packaging, documentation, safely transporting, and tracking procedures help ensure the samples' strict preservation. The response team should understand the challenges with displaced civilians when operating on their property. For more on this, see ATP 3-11.37/MCRP 10-10E.7/NTTP 3-11.29/AFTTP 3-2.44.

## **MARITIME OPERATIONS**

B-20. DOD organizations operating in areas adjacent to bodies of water on the U.S. border should seek detailed guidance from their supporting judge advocate to identify limitations in their abilities to respond, whether in 32 USC or 10 USC status. The United States makes a maritime claim to the three following identified zones:

- The territorial waters around the United States that extend out 12 nautical miles.
- A contiguous zone that extends out 24 nautical miles.
- An exclusive economic zone that extends out 200 nautical miles.

B-21. 32 USC NG personnel may conduct operations within the United States, which has jurisdiction extending 12 nautical miles offshore. Under the United Nations Convention on the Law of the Sea, a territorial sea is the belt of coastal waters extending at most 12 nautical miles from a country's baseline. 32 USC NG personnel may not go beyond 12 nautical miles while conducting operations or must otherwise be in 10 USC status with the appropriate authority.

## STANDING RULES FOR THE USE OF FORCE

B-22. Standing rules for the use of force are different than rules of engagement. SRUF apply to domestic operations, whereas rules of engagement apply to combat operations.

B-23. DOD employees must know the applicable SRUF at an incident site. In the absence of mission-specific SRUF, DOD members in SAD and 32 USC status operate under the SRUF of the state in which the incident occurs. When in 10 USC status, personnel may not be engaged in law enforcement or security duties due to restrictions placed on 10 USC personnel under the Posse Comitatus Act unless authorized explicitly by a Constitutional or statutory exception (see Domestic Operational Law 2021 Handbook for Judge Advocates, chapter 4.B.4.c.1.b.iii-iv.).

B-24. How a DOD organization receives rules governing the use of force depends on how it has been called to an incident, either through its respective state under SAD or 32 USC (with approval of the SECDEF) or through federalization under 10 USC. When responding under SAD and 32 USC, the SRUF is governed by the state law under which the DOD organization is operational.

B-25. When activated under 10 USC, the SRUF is governed by DOD or federal directives or as determined on a case-by-case basis for specific missions by the LFA. In all cases, the SRUF provided should be reviewed by the appropriate DOD legal office or supporting judge advocate or designated legal advisor for applicability and legality.

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*Note.* See CJCSI 3125.01D for additional guidance on the SRUF for WMD-CSTs activated under 10 USC.

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## POSSE COMITATUS ACT, 18 USC § 1385

B-26. The phrase Posse Comitatus refers to the historical authority wielded by a county sheriff to deputize any able-bodied male over the age of 15 to assist in keeping the peace. Due to friction between the state and federal governments over the Army's use of Posse Comitatus during reconstruction in the South after the American Civil War, Congress passed the Posse Comitatus Act. The Act was an effort to prevent federal troops from performing in a law enforcement capacity, except when authorized by the Constitution or an Act of Congress.

B-27. The Posse Comitatus Act is the primary statute restricting federal military enforcement of civil laws. The Act applies to all Armed Forces components except the U.S. Coast Guard (Title 14). Furthermore, evidence of criminal activity obtained by DOD personnel in violation of the Posse Comitatus Act may be inadmissible in a criminal trial, thereby preventing a successful prosecution. Acting in violation of the Posse Comitatus Act may also expose DOD personnel to criminal prosecution or civil liability.

### POSSE COMITATUS ACT APPLICABILITY

B-28. Although the Posse Comitatus Act seems to only apply to the Army and Air Force, Congress required the SECDEF to prescribe regulations restricting the use of equipment and the direct participation of Army, Navy, Air Force, or Marine Corps personnel in supporting civilian law enforcement agencies. Consequently, through federal law and resulting DODDs, the Posse Comitatus Act applies to all DOD members of the federal armed forces and their respective DOD Reserve Components serving in a federal status. The applicable directives are as follows:

- DODI 3025.21.
- DODD 3025.18.

B-29. The Posse Comitatus Act does not apply to the U.S. Coast Guard except during times of war and operating as a Service within the Navy when the Secretary of the Navy directs application. The Posse Comitatus Act does not apply to Coast Guard forces unless under DOD TACON.

B-30. Whether the Posse Comitatus Act applies to Army NG or Air NG personnel depends upon the legal authority under which the Guardsmen are serving. It is imperative personnel know the various legal restrictions associated with the legal authority under which they are serving when engaged in a DSCA operation. NG personnel may be ordered to duty under one of the following three statutory frameworks:

- **SAD.** NG personnel are state-funded and under state control. This is typically the authority in which NG personnel perform duties when a governor mobilizes the NG to respond to emergencies, civil disturbances, disasters, or perform other tasks authorized by state law. The federal government may reimburse costs associated with a SAD response under a Presidential major disaster or emergency declaration. NG personnel on SAD authority do not fall under Posse Comitatus Act restrictions and may perform those law enforcement duties authorized by state law.
- **32 USC,** NG personnel are federally funded and typically perform training for their federal mission but remain under the state's control. Because NG members serving under 32 USC fall under state control, they do not fall under Posse Comitatus Act restrictions and may, therefore, perform law enforcement duties authorized by state law.
- **10 USC,** NG personnel are federally funded and under federal C2; consequently, they are subject to the Posse Comitatus Act.

B-31. Based on the language in the Posse Comitatus Act and 10 USC § 275, the SECDEF has determined (see DODI 3025.21) to not permit direct participation by a member of the Army, Navy, Air Force, or Marine Corps in the following activities (based on the current interpretation):

- Arresting persons.
- Apprehending persons.
- Acting as an undercover agent, interrogator, or investigator.
- Interdicting vehicles, vessels, or aircraft.
- Conducting searches.
- Seizing items or contraband.
- Conducting surveillance.
- Conducting a stop and frisk.
- Conducting security patrols to prevent looting.
- Enforcing quarantine and isolation orders issued after a CBRN event.

B-32. A military courtesy patrol conducted in the local community is not considered a Posse Comitatus Act violation. To avoid running afoul of the Posse Comitatus Act, the military courtesy patrol's prescribed duties must fall short of law enforcement. Military courtesy patrols are intended to preserve good order and discipline and to serve as liaisons with local law enforcement, not to enforce the law.

## **PERMITTED ASSISTANCE UNDER POSSE COMITATUS ACT**

B-33. The Posse Comitatus Act is not an absolute ban on all DOD involvement with civilian law enforcement agencies. According to the guidance provided in DODI 3025.21, DOD personnel may provide support to civilian law enforcement agencies as long as the support is passive and indirect. Indirect and passive assistance allowing various forms of support to civilian law enforcement agencies include—

- Sharing information indicates the existence of a threat to life or property or the violation of law that is incidentally collected during the normal course of military training or operations. This does not permit units or personnel to be specifically tasked to collect intelligence within the United States.
- Using military equipment, spare parts, supplies, and facilities.
- Training and advising on using equipment that may be unique to the military, such as detection, monitoring, or communications equipment; and aerial platforms to support counterdrug, counterterrorism, and immigration and customs laws.



- Providing personnel for maintenance and operation of equipment.
- Providing support to CBRN incidents.

B-34. According to DODI 3025.21, certain forms of direct assistance are considered exceptions to the Posse Comitatus Act and are, therefore, permissible. Specifically, action taken for the primary purpose of furthering a military or foreign affairs function of the United States under the military purpose doctrine or federal purpose doctrine is permissible direct assistance. Such actions include—

- Investigations and other actions related to the commander's inherent authority to maintain law and order on a military installation or facility.
- Protection of classified military information or equipment.
- Protection of federal personnel, federal equipment, federal facilities, and official guests of the federal government.

## CONSTITUTIONAL EXCEPTIONS TO THE POSSE COMITATUS ACT

B-35. POTUS has inherent authority under Articles II and IV of the Constitution to declare a national emergency. The National Emergency Act further defines this authority, which permits POTUS to declare an emergency to preserve order, ensure public health and safety during a time of war, insurrection, or national crisis. If POTUS declares a national emergency, an executive order could be issued to permit federalized military forces to perform law enforcement functions to—

- Protect federal facilities, property, and personnel.
- Protect a function of the federal government.

B-36. Most national emergency declarations pertain to situations and transactions involving foreign countries. However, three resulted from events in the United States. They are as follows:

- President Nixon issued a national emergency declaration on 23 March 1970, when faced with the postal strike. He mobilized 30,000 Soldiers in the Ready Reserve to assist in moving the mail (a federal function).
- President Bush issued a national emergency declaration on 14 September 2001 due to the terrorist attacks at the World Trade Center and Pentagon. He mobilized units in the Ready Reserve as part of the Global War on Terrorism (a federal homeland defense function).
- President Obama issued a national emergency declaration on 23 October 2009 to provide additional authority to the Secretary of Health and Human Services to address the H1N1 influenza pandemic (waiver of federal health care standards for medical facilities). This permitted the Secretary to grant waivers under Section 1135 of the Social Security Act, so healthcare facilities could use alternate care sites, modify triage protocols and patient transfer procedures, and take other measures to implement emergency plans more quickly.

## DECLARATION OF MARTIAL LAW

B-37. When civil authorities are unable or unwilling to perform their duties, POTUS has the power to declare martial law to fulfill his Article II responsibility under the Constitution. Article II obligates POTUS to “take care that the laws are faithfully executed.” The Supreme Court has consistently held that for a president to avoid a finding that the martial law declaration was improper, the local courts must not be open and capable of performing their law enforcement and judicial functions. The proclamation declaring martial law should identify the public necessity justifying martial law, define the scope of the military commander's authority, detail the geographic limits, and provide rules of conduct for the population to follow.

## HOMELAND DEFENSE MISSION

B-38. Military forces while conducting homeland defense missions are not violating the Posse Comitatus Act. POTUS has responsibility and authority under Article II of the Constitution as the Commander-in-Chief to defend the homeland. The use of military forces in defense of the United States does not support civilian law enforcement authorities.

## INSURRECTION ACT

B-39. POTUS must first issue a disperse-and-retire-peaceably proclamation ordering a cessation of the unlawful behavior. If the unlawful behavior continues, the Insurrection Act permits POTUS to use the armed forces, including the NG in federal service (10 USC), to perform law enforcement functions within a state to restore law and order under the three following circumstances:

- There is an insurrection within a state, and the state legislature (or governor, if the legislature cannot be convened) requests assistance from POTUS.
- When there are unlawful obstructions, or rebellions preventing enforcement of the laws by the ordinary course of judicial proceedings, POTUS may act unilaterally without a request from state or local authorities.
- An insurrection or domestic violence results in the deprivation of constitutional rights, and the states are unable or unwilling to protect those rights; POTUS may act unilaterally without a request from state or local authorities.

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*Note.* POTUS has used the authority under the Insurrection Act twice in recent history. In September 1989, POTUS ordered federal troops to the U.S. Virgin Islands to restore order in Hurricane Hugo's aftermath. In April 1992, POTUS ordered federal troops to restore order in Los Angeles during the Rodney King Verdict Riots.

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## STAFFORD ACT

B-40. Full Name, Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended, 42 U.S.C. 5121 et seq., and Related Authorities. United States Code, Title 42 (42 USC). The Public Health and Welfare, chapter 68. Disaster Relief.

B-41. The Stafford Act authorizes POTUS to declare a major disaster or emergency in response to an incident or threatened incident that overwhelms state or local governments' response capability. A Presidential declaration under the Stafford Act enables access to disaster relief assistance and funds as appropriated by Congress. The Presidential declaration specifies the types of authorized aid.

B-42. POTUS may declare an emergency without first receiving a gubernatorial request if the crisis involves an area of federal responsibility. The principal responsibility for response rests with the federal government because the emergency consists of an area for which the United States exercises exclusive responsibility and authority. A Stafford Act declaration can trigger other public health emergency response authorities.

## OTHER EXCEPTIONS

B-43. **Emergencies involving WMD.** Upon the Attorney General's request, the SECDEF may authorize DOD personnel to arrest, search, seize, and conduct any other law enforcement activity to protect persons and property from WMD. For this exception to apply, civilian law enforcement must be unable to enforce the law.

B-44. **Posse Comitatus Act legal advisors.** DOD installations and JFHQ-states should have a Posse Comitatus Act legal advisor assigned to the installation's staff judge advocate office. The Posse Comitatus Act legal advisor should first review all local civilian law enforcement requests for military support. The Posse Comitatus Act legal advisor should also be available to provide Posse Comitatus Act training, most likely to military police and DOD civilian law enforcement personnel.

## MEDICAL SUPPORT

B-45. Medical licensure is a crucial consideration in the domestic response environment, as many states do not have reciprocal agreements that recognize another state's medical license. For deploying forces, an active medical license can be held in any state as long as the medical professional operates on a DOD installation. However, medical professionals are not authorized to practice off a DOD installation unless licensed in that state and must stay within the mission assignment for practice. Medical personnel assigned to DOD response

organizations should not perform medical monitoring on first responders unless specifically directed by the proper authority if the situation warrants extending the normal scope of duties.

B-46. Health care provider privileges define the specific scope and type of patient care services (delineated clinical privileges) that DOD medical personnel can provide. The privileging authority is the U.S. Army Reserve unit commander, NG unit commander, or state surgeon general. There are three categories of clinical privileges:

- **Regular.** Permission to independently provide medical and other beneficiary health care services. Regular privileges shall be granted for periods not to exceed 24 months.
- **Temporary.** Granted in situations in which time constraints will not allow a full review of credentials. Temporary privileges are valid for periods not to exceed 30 days. The granting of temporary privileges should occur infrequently, and then only, to fulfill pressing patient care needs. Temporary privileges may be granted with or without a temporary appointment to the medical staff.
- **Supervised.** Status of nonlicensed and noncertified providers who are not appointed to the medical staff or practice independently. Supervised privileges may be granted for periods not to exceed 24 months.

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**Note.** See AR 40-68 for additional information concerning privileges and privileging.

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B-47. Health care provider privileges can vary significantly, depending on the setting. Although temporary and supervised privileges may be needed in some cases, it is expected that health care providers maintain regular privileges with the facilities and activities they support. DOD health care provider privileges at home station and in training settings are typically more restricted than their privileges in an operational environment. Health care providers practicing in multiple facilities must be privileged in each facility.

## MEDICAL CREDENTIALING AND PRIVILEGING CONSIDERATIONS

B-48. Home station considerations include the following:

- Credentialing and privileging documents must be complete, up to date, and submitted to the proper authorities according to AR 40-68 and applicable state laws.
- Occupational medical surveillance monitoring procedures and examinations at medical treatment facilities must be completed.
- Minor health complaints and issues must be coordinated.
- Health safety aspects of training operations must be overseen.
- Physician oversight must be available by electronic communication (according to state laws).
- The lack of routine care (sick call) facilities at home station armories must be addressed.
- Health care providers may provide emergency medical care to preserve life, limb, or eyesight as needed during emergencies.

B-49. In-state training deployment considerations include the following:

- Physician oversight must be available by electronic communication (according to state laws) during training deployments.
- The health care provider may be authorized and privileged to provide care at remote sites in division support areas. A military treatment facility commander grants this privilege according to AR 40-68.
- Medical care must be coordinated for injuries (ambulatory and nonambulatory) and illnesses that occur during training.
- Health care providers may provide emergency medical care to preserve life, limb, or eyesight as needed during emergencies.

B-50. In-state numbered mission deployment considerations include the following:

- The supervising physician must be in a federal status for the duration of the deployment.
- Physician oversight must be available by electronic communication (according to state laws) during patient care functions.
- The health care provider must be authorized and privileged to provide emergency and nonemergency medical treatment at remote sites for the duration of the mission deployment.
- The scope of practice and employment, and privileges must match to provide care and be covered under the Federal Tort Claims Act.
- Health care providers must provide emergency medical care to preserve life, limb, or eyesight as needed during emergencies.

B-51. Out-of-state-training considerations include the following:

- Physician oversight must be available by electronic communication (according to state laws) during out-of-state training.
- The health care provider may be credentialed and privileged by the local medical treatment facility via an inter-facility credentials transfer to provide nonemergency medical treatment for the duration of the deployment if the health care provider performs patient care functions on federal property.
- Health care providers may provide emergency medical care to preserve life, limb, or eyesight as needed during emergencies.

B-52. Out-of-state numbered mission considerations include the following:

- The supervising physician must be in a federal status.
- Health care providers may provide emergency medical care to preserve life, limb, or eyesight as needed during emergencies.
- Health care providers should ensure that they practice within their scope of employment; their scope of practice; and the limits of their license, training, and experience.
- Require all active duty and Reserve medical professionals to maintain current credentials in the Joint Centralized Credentials Quality Assurance System.
- Applicable laws and regulations about health care providers operating in federally declared disaster areas must be followed.
- Health care providers should provide copies of their licenses, Drug Enforcement Agency registrations, certification, the delegation of services agreements, supervision agreements, and protocols when deployed. (Copies of these documents should be kept in the medical recovery vehicle and office.)

## **LEGAL CONSIDERATIONS FOR MASS CASUALTY INCIDENTS**

B-53. There are many legal issues surrounding the response to chemical, biological, and radiological mass casualty incidents. The following issues should be considered when planning emergency response and decontamination procedures:

- The violation of civil liberties, such as detainment, forced decontamination, or controlling people's actions at the scene.
- The collection, confiscation, or damage of private property.
- Public health regulations, particularly those related to quarantine.

## **RELIGIOUS SUPPORT**

B-54. The paragraphs below explain some of the legal considerations regarding religious support.

### **AUTHORITY**

B-55. The First Amendment of the U.S. Constitution guarantees the free exercise of religion. Chaplains traditionally accompany U.S. forces to assist joint force commanders in providing for the right of free exercise of religion to personnel. (10, USC, Sections 3547 and 6031 provide authority for religious support

team activity.) Religious support teams deploy during domestic response operations for the primary purpose of providing religious support to authorized DOD personnel, operating under the authority of the IC, who are conducting cold, warm, and hot zone operations.

B-56. The Establishment Clause of the U.S. Constitution and current DOD legal guidance prohibit chaplains from providing religious support to civilians. However, during catastrophic, large-scale disasters, local and state capabilities (including spiritual care) may be overwhelmed. In these situations, religious support teams may serve as a liaison to nongovernmental organizations and faith-based organizations when directed by the joint forces command.

B-57. Religious support teams usually do not provide religious support to persons not affiliated with responding military forces. However, incidental support may be provided to nonmilitary persons during the execution of an authorized mission when the following criteria are met:

- The support is individually and personally requested in an emergency, whereby the need is immediate, unusual, and unplanned.
- The needs are acute. Acute needs are of short duration, prone to rapid deterioration, and in need of urgent and immediate care. The necessary provision of last rites is the clearest but not the only example of such needs.
- The requested support is incapable of being reasonably rendered by clergy members unaffiliated with military response forces. Time, distance, and the state of communications may require that such a determination be made on the spot by the chaplain, based on the information available at the time.
- The support is incidental. Such support incurs no incremental monetary cost and does not significantly detract from the religious support team's primary role.

B-58. The religious needs of non-DOD-authorized personnel would generally be met by civilian ministers operating in the area. The American National Red Cross assumed this responsibility in the past, but more recently, the task has been delegated to other organizations.

B-59. In the joint operational area, additional restrictions may be imposed by the joint forces command. The imposition of such restrictions could hold significant implications for clergy access to temporary morgues or medical treatment facilities. In some cases, the JFHQ, JTF commander, or IC may ask the religious support team to serve as a liaison with local, faith-based organizations and clergy to ensure that the religious and emotional needs of non-DOD personnel are adequately addressed.

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## **Appendix C**

# **Medical Considerations**

This appendix describes MHS considerations that generally arise during domestic response operations. Commanders, staffs, and medical planners utilize these tools, among others, to ensure the best quality of FHP and HSS to enhance mission success. For detailed information on HSS in a CBRN environment, see ATP 4-02.7/MCRP 4-11.1F/NTTP 4-02.7/AFTTP 3-42.3 and ATP 4-02.42 or AFTTP 3-42.32 or BUMEDINST 3440.10A.

## **OVERVIEW**

C-1. Medical emergencies of national significance, such as CBRN incidents or pandemic influenza, are likely to result in surge requirements that overwhelm the response capacity and resources of medical facilities and health care providers. DODD 3150.08, DODI 3020.52, and DODI 6200.03 establish policy and assign responsibilities for DOD consequence management response to a CBRN incident.

C-2. Medical support during a domestic CBRN response may include, but is not limited to—

- Providing medical care to casualties at the MCD site and supervising the patient decontamination process at the patient decontamination site to ensure that no further injuries are caused.
- Providing en route care for patients from the incident site to an MTF or designated location for further care.
- Providing guidance to local responders in the management of CBRN casualties. This guidance may be on the correct use of antidotes, chemoprophylaxis, prevention of contamination spread in the MTF, patient decontamination at the MTF, and other related medical management procedures.
- Providing CBRN levels of identification and analysis.
- Providing guidance on applying standard precautions for CBRN, especially preventive measures to prevent the spread of contagious agents.
- Managing, triaging, and treating mass casualties.
- Assisting with behavioral health issues due to operating in a CBRN environment.
- Providing psychological first aid.
- Ensuring Service members with suspected or known CBRN hazard exposures have the incident documented in their medical records in case of acute, chronic, or latent health effects.
- Conducting food inspection and providing guidance of food decontamination as needed.
- Conducting medical, occupational, and environmental health surveillance.
- Providing veterinary medical care for federally owned working animals.

C-3. When a CBRN incident occurs on a military installation, the installation medical authority (medical commander, installation MTF emergency manager, or the Public Health Emergency Officer) provides the initial medical response to the event site. The installation medical authority initiates RFA from deployable medical organizations and staffs through military channels. Refer to AR 40-13 and DODI 6055.17 for more information.

C-4. Installation or base protection is a homeland defense mission. Medical treatment facilities have the unique capability to support the installation and installation of responders through medical CBRN defense materiel, planning, and guidance provided by the public health emergency officers and applying the full range of available medical capability.

C-5. Under the Public Health Service Act, 42 USC, a state health office may request activation of the NDMS by the Department of Health and Human Services in a public health emergency without a Presidential disaster declaration. However, the state may be liable for costs incurred in this type of activation.

## **MISSION**

C-6. During CBRN domestic response, MHS support requirements will be tailored to meet the specific mission. Determining factors include the type, severity, and geographic location of the incident; capabilities available within the local community; health threat; magnitude of the operation (local versus state or federal); and the anticipated patient workload. The support provided can range from routine MHS support for military personnel to forces employed in support of law enforcement operations and on-site triage, treatment, and hospitalization or evacuation of disaster survivors. Specific guidance, authority, and legal advice should be obtained before beginning operations to ascertain eligibility criteria for treatment, what specific support can be provided, and where funding or reimbursement can be obtained.

## **ORGANIZATION**

C-7. During an incident, it is assumed that the local health care system will be overwhelmed due to a CBRN incident and will not be able to manage the number of casualties and other health care requirements. State and federal health care resources will be requested to support the local health care response efforts but will not be able to manage the entire health care demand.

C-8. In a domestic incident, the Department of Health and Human Services will activate the NDMS. The SECDEF may order a full expansion or activation of all fixed MTFs to care for casualties. MCD (for example, clothing change, showering of unprotected civilians) will be conducted before arrival at a medical facility or until more robust capabilities arrive. Assumptions for medical support may include the following:

- Initial ground MEDEVAC/CASEVAC may be limited to a 10-mile transport.
- Medical companies' area support will initially deploy with enough Class VIII-A (medical materiel) supplies and Class VIII-B (blood) supplies to sustain medical operations for approximately four hours.
- Medical logistics lines of communication with the Defense Logistics Agency should be available throughout Phases II through V to establish Class VIII-A (medical materiel) and Class VIII-B (blood) resupply.
- DOD prime vendors should be capable of supporting the level of demand for all Class VIII-A (medical materiel) supplies and Class VIII-B (blood) supplies.
- There may be limitations to the transportation of Class VIII-A (medical materiel) supplies and Class VIII-B (blood) supplies and blood products into and throughout the affected area.
- Medical units may be required to provide triage, treatment, and transportation to displaced citizens in a CBRN environment.

## **CAPABILITIES**

C-9. In the event of a CBRN incident, POTUS will direct any DOD response in support of a primary agency. The SECDEF retains approval authority for the use of military personnel, units, and equipment for DSCA, to include support to CBRN response. When the SECDEF approves a request for DSCA during a CBRN incident, the CDRUSNORTHCOM and CDRUSINDOPACOM are the supported CCDRs for CBRN response within their respective AOR as designated in the Unified Command Plan for a federal response. DOD supports the NRF primary and coordinating agencies during domestic CBRN response operations. Refer to JP 3-41 and FM 3-11 for more information regarding CBRN response.

C-10. The CBRN response enterprise has significant emergency medical capabilities that can be deployed rapidly, as required. The medical capabilities contained within the CERFPs, HRFs, DCRF, and C2CREs include Role 2 medical care (patient triage, along with trauma and emergency medical care). Also, the DCRF has significant additional medical capability, including patient holding, ground, and rotary-wing air patient and casualty movement (MEDEVAC and CASEVAC, respectively), and Role 3 medical care (surgical and



intensive care), blood support, medical logistic support, preventive medicine/public health support, veterinary service support, and combat operational stress control.

C-11. DOD installations, assets, forces, capabilities, and resources may be leveraged to provide critical life-sustaining food, water, and shelter to the exposed population following a complex catastrophe. Rapid and robust mass care services may likely save more lives than immediate lifesaving capabilities. Planning and preparing for the management of CBRN casualties includes identifying suitable medical treatment facilities and the movement of casualties between treatment areas and out of the contaminated environment. Efficient casualty movement requires coordination between medical, logistics, transportation, and CBRN defense planners. The medical communications for combat casualty care integrate and fields the Army's capability to digitally capture medical treatment data in OEs, enabling a comprehensive lifelong electronic health record for Service members.

## LIAISON

C-12. \*The joint regional medical planner is responsible for preparing and implementing DOD, USNORTHCOM, and USINDOPACOM command policies, procedures, directives, instructions, plans, and orders in support of Homeland Defense, Homeland Security, and DSCA tasks. Joint regional medical planners support the DCO/DCE and joint force commander by facilitating the medical capabilities necessary to save lives, reduce suffering, and preserve critical infrastructure. There are four joint regional medical plans and operations branches. Each branch is represented by an officer from the U.S. Army, U.S. Navy, and the U.S. Air Force, providing joint medical plans and operations expertise.

## EMPLOYMENT

C-13. During CBRN domestic response, military forces are operating in support of federal, state, and local authorities, which will require that the medical C2 system, organizations, and procedures be adapted to function within a noncombat, civilian-led structure. When supporting CBRN domestic response, an essential function of medical C2 is to coordinate, integrate, and synchronize MHS resources in support of interagency efforts. This support consists of designated military MTFs activated to function as NDMS federal coordinating centers.

C-14. The two stages of activation for NDMS federal coordinating centers are alerted and activated. Each designation represents specific requirements for patient reception, tracking, and reimbursement. The alerted stage is the first stage when weather or events indicate a possible need for support. Should patient requirements dictate the need for NDMS beds, a patient reception area under the management of one of the Army federal coordinating centers could be among the next to receive patients. However, patients would not be relegated to this patient reception area during the alerted stage. This status does not authorize reimbursement of federal coordinating center or patient reception area expenses incurred while preparing for the possible reception of patients. During this stage, the federal coordinating centers could expect at least 24-hour notice of patient arrival. Once alerted, the federal coordinating center performs the following critical tasks:

- Establishes communications with the Global Patient Movement Requirements Center and coordinates periodic bed reporting according to applicable instructions.
- Maintains daily monitoring of the USTRANSCOM Regulating and Command and Control Evacuation System.
- Establishes communications with all patient reception team leaders, Global Patient Movement Requirements Center, participating civilian hospitals, and other elements involved with federal coordinating center operations, including alerting Army Reserve personnel assigned to the federal coordinating center.
- Validates patient reception areas' capacity, including receiving, triage, and distributing patients to participating hospitals.

C-15. The activated stage is when federal coordinating center reimbursement for all patient reception activities is authorized based on the FEMA mission assignment. This status signifies that patients are to be relegated to a patient reception area under a federal coordinating center's management. During this phase, patients can be expected to arrive within 24 hours. During activation, the federal coordinating center performs the following critical tasks:

- Monitors the USTRANSCOM Regulating and Command and Control Evacuation System and the Joint Patient Assessment and Tracking System to determine arrival time(s) and the medical condition of patients.
- Conducts periodic USTRANSCOM Regulating and Command and Control Evacuation System bed reporting according to Global Patient Movement Requirements Center instructions.
- Prepositions required equipment and a minimum number of personnel at the patient reception area.
- Ensures that patient reception team members are notified and standing by to assemble at the patient reception area.
- Ensures ground transportation assets are prepared to transport patients.
- Ensures receiving member hospitals are prepared to receive patients.
- Ensures other support elements are prepared to assemble at the patient reception area according to the established reception plan.

## **PREMISSION**

C-16. The NRF activates the NDMS under ESF-8 to manage and coordinate the federal medical response to major emergencies and federally declared disasters, including natural disasters, major transportation accidents, technological disasters, and acts of terrorism (to include weapons of mass destruction). Upon activation of the NDMS, DOD may be required to employ assets to provide definitive medical care and MEDEVAC or address a military health emergency.

C-17. NDMS patients moved from a disaster area for definitive medical care are taken to a federal coordinating center patient reception area. The mission of the federal coordinating centers is to receive, triage, stage, track, and transport patients affected by the disaster to a participating hospital capable of providing the required definitive care. There are 15 MTFs within DOD designated as federal coordinating centers.

C-18. When providing medical support during a domestic CBRN incident, the MHS may be called upon to give each medical function assets to support the activation of an MTF designated as a federal coordinating center, support a military health emergency, or provide personnel to assist in the medical response.

## **DURING INCIDENT**

C-19. The medical treatment function includes Role 1 and 2 medical support provided by organic assets or on an area support basis by medical companies or detachments. The medical treatment capability encompasses first aid, emergency medical treatment, advanced trauma management, forward resuscitative surgery, routine sick call, patient holding, emergency dental care, casualty prevention measures, and combat operational stress control support.

C-20. A medical force package, such as a Role 2 medical company, may be task-organized based on specific mission requirements to provide triage and treatment, augmented with a surgical capability to stabilize disaster survivors for evacuation out of the AO. This support could also involve emergency medical treatment or trauma care provided by a fixed MTF functioning as an activated NDMS federal coordinating center in response to a disaster. A Role 2 medical company may also be deployed to provide medical treatment for military personnel operating in support of CBRN domestic response.

C-21. MEDEVAC occurs at the tactical, operational, and strategic levels and requires coordination and integration of Service component MEDEVAC assets and processes with DOD worldwide aeromedical evacuation system operated by United States Transportation Command. Army MEDEVAC is accomplished by a combination of dedicated ground and air ambulances organized to provide direct, general, and area support within the joint operations area.

C-22. \*U.S. Air Force aeromedical evacuation is the movement of patients under medical supervision to and between medical treatment facilities by air transportation. The aeromedical evacuation system administered by the U.S. Air Force Air Mobility Command has unique aeromedical evacuation capabilities and plays a significant role in the NDMS patient movement process. Aeromedical evacuation support is coordinated by the USTRANSCOM Global Patient Movement Requirements Center and is used for day-to-day transportation of DOD patients. When necessary, the system can also be expanded to support the NDMS during a domestic disaster.

## **POST INCIDENT**

C-23. Comprehensive health (medical, occupational, and environmental) surveillance is an essential element of FHP programs to promote, protect, and restore the physical and mental health of DOD personnel. Comprehensive, continuous, and consistent health surveillance shall be conducted by the military Services to implement early intervention and control strategies using technologies, practices, and procedures consistently across DOD components.

C-24. Medical surveillance systems shall continuously capture data about individual and population health status, instances of disease and injury, medical interventions (such as treatments and medications), stress-induced casualties, combat casualties, and MEDEVACs (post-incident) to permit analysis, interpretation, and reporting of population-based information for identifying, characterizing, and countering threats to DOD population's health, well-being, and performance.

C-25. During an incident, health surveillance systems should continuously capture data on occupational and environmental exposures to potential and actual health hazards, and link with medical surveillance data to monitor the health of the military personnel and identify potential risks to health, thereby enabling timely interventions to prevent and or treat personnel with optimal medical care.

## **SPECIAL CONSIDERATIONS**

C-26. The following paragraphs describe some of the unique special medical considerations when planning for and responding to a domestic CBRN event.

## **COMMUNICATIONS**

C-27. The Medical Communications for Combat Casualty Care System is the deployable medical recording system for the Army Health System. The Medical Communications for Combat Casualty Care System is a ruggedized system-of-systems that integrates, fields, and supports a comprehensive medical information system, enabling documentation and maintenance of electronic medical records and streamlined medical logistics and enhanced situational understanding for operational Army medical forces. The system consists of joint software and government and commercial off-the-shelf products, which provide the tools needed to digitally record and transfer critical medical data from the point of injury or illness to medical treatment facilities worldwide.

C-28. Deployable medical forces use the Medical Communications for Combat Casualty Care System to gain access to patient histories, forward casualty resuscitation information and deliver health care services remotely through system teleconferencing capabilities. The Medical Communications for Combat Casualty Care System also provides Army units with automated tools to facilitate patient tracking, medical reporting, and medical logistical support. Data captured via Medical Communications for Combat Casualty Care System populates databases are used to make scientific and operational improvements to combat equipment and medical treatment techniques. Also, CCDRs use the Medical Communications for Combat Casualty Care System to access near real-time medical surveillance data, resulting in enhanced C2 and medical situational understanding.

C-29. The Army Health System communications network has interconnectivity with Army and joint global automated architecture systems to access Army C2 and sustainment systems. DOD on-line portals are also available to provide access to information, forms, and e-mail.

C-30. Access is restricted to eligible personnel (active duty military, reserve, civilian, retired, and guests). Federal coordinating center directors and coordinators may wish to gain access to the following on-line portals:

- Northern Command external portal.
- Homeland Security Information Network is a national secure web-based portal for information sharing and collaboration between federal, state, local, tribal, territorial, private sector, and international partners engaged in the homeland security mission.
- USTRANSCOM regulating and Command and Control Evacuation System website.
- DHS/FEMA lessons learned information-sharing website. Registration is also required for access.

## **LOGISTICS**

C-31. During a disaster, medical supplies and equipment are deployed from the Centers for Disease Control and Prevention's Strategic National Stockpile to protect the American public if there is a public health emergency (such as a terrorist attack, influenza outbreak, earthquake, or other disasters) severe enough to cause local supplies to run out. ESF-8 may also request additional assistance from DOD or Department of Veterans Affairs to provide medical equipment, durable medical equipment, and supplies (including medical, diagnostic, and radiation-detecting devices, pharmaceuticals, and biologic products) in support of immediate medical response operations and for restocking health care facilities in an area affected by a major disaster or emergency.

C-32. The primary DOD requisitioning system is the Defense Medical Logistics Standard Support. Deployed medical units requiring Class VIII-A (medical materiel) supplies and Class VIII-B (blood) supplies must establish their supporting activity accounts. Supported units use the Defense Medical Logistics Standard Support Customer Assistance Module to requisition Class VIII-A (medical materiel) supplies and Class VIII-B (blood) supplies. Class VIII-A (medical materiel) supply and Class VIII-B (blood) supply requisitions flow through the theater lead agent for medical materiel designated master ordering facilities to Defense Logistics Agency prime vendor medical supply contracts to fill the requisitions. The supporting master ordering facilities are part of the defense working capital fund used for financial accounting, tracking, reimbursement, and auditing Class VIII-A (medical materiel) supplies and Class VIII-B (blood) supplies expended in support of deployed Army forces. The theater lead agent for medical materiel conducts a post-operational financial reconciliation with other Service components as required. Units deploy with their full unit basic load of Class VIII-A (medical materiel) supplies and Class VIII-B (blood) supplies. The Service component's responsibility is to provide Class VIII-A (medical materiel) and Class VIII-B (blood) resupply for their forces until the theater lead agent for medical materiel/SIMLM supply chain is established and operational.

## Appendix D

# Weapons of Mass Destruction–Civil Support Team

This appendix provides an overview of the NG WMD–CSTs with the mission to respond in support of DSCA operations following a suspected CBRN incident or catastrophic domestic CBRN incident. This appendix provides the organizational structure and capabilities, employment, mission command, and planning considerations for WMD–CST units and staffs. Specific details regarding the composition, roles, responsibilities, and tactical employment planning factors for the WMD–CST is found in ATP 3-11.46/AFTTP 3-2.81.

## OVERVIEW

D-1. In 1995, POTUS requested the SECDEF to analyze the ability of the United States military to respond to a sarin-like attack that had occurred in the Tokyo Subway System. The DOD analysis team concluded that significant capability gaps existed in DOD ability to respond to a domestic CBRN incident. In 1998, upon DOD recommendations and Congressional approval, the NG was directed to establish the WMD–CST program. Initially, the NG stood up 10 WMD–CSTs, one per FEMA region, then expanded to include another 17 before 11 September 2001. Upon the devastating terrorist attack on the Twin Towers in New York City, SECDEF directed CNGB to stand up five more teams for a total of 32 units. Subsequently, Congress mandated that WMD–CSTs would be established in every state, territory, and the District of Columbia, with two each in California, Florida, and New York.

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*Note.* The stationing of these units was a SECDEF decision based on the 32 USAIS cities considered the most likely targets of our enemies.

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D-2. Congress established the WMD–CST program in law. According to 10 USC 12310 (c), the members of these units would serve on full-time NG duty under 32 USC 502 and perform duties supporting emergency preparedness programs to prepare for or respond to an emergency involving the use of WMDs. The 57 WMD–CSTs provide an immediate response capability for CBRN incidents under the control of the governor of every state, territory, and the District of Columbia.

D-3. The SECDEF certified, to the Committees on Armed Services of the Senate and the House of Representatives, that these units are organized, manned, equipped, and trained to execute their designated mission. This certification verified the WMD–CSTs ability to perform their mission within the geographical limits of the United States, its territories and possessions, the District of Columbia, and the Commonwealth of Puerto Rico.

D-4. Based on the military operations conducted after Hurricane Katrina, the capabilities of WMD–CST mission support in 10 U.S.C. § 12310 (c), was expanded from: “The use or threatened use of a WMD (as defined in 10 USC, Section 15 12304 (i) (2)).” To read: “An actual or suspected terrorist attack in the United States that results, or could result, in a catastrophic loss of life or property.” To include—

- The intentional or unintentional release of toxic or poisonous chemicals, biological, radiological, or nuclear, materials in the United States that results, or could result, in catastrophic loss of life or property.
- A natural or man-made disaster in the United States that results in, or could result in, catastrophic loss of life or property.

D-5. WMD–CSTs operate within the United States, its territories, and its possessions under 32 USC, 502(f) status and may be federalized under 10 USC status. A WMD–CST can deploy across state lines to assist in

an immediate response based on a governor-to-governor request. Although an EMAC is preferable, it is not necessary to deploy. Each WMD–CST is assigned 22 personnel and is jointly manned by both ARNG and ANG personnel.

D-6. Responding under the governor’s authority, WMD–CSTs provide significant capabilities to assist local and state agencies that may be overwhelmed or require specific technical capabilities that are not available. The WMD–CSTs also can provide support for smaller-scale incidents where specific technical abilities are required. At the incident site, the WMD–CST operates in direct support of civil authorities. In this role, the WMD–CST supports the goals and objectives developed by the IC in the IAP. As the incident expands, the size and functions of the ICS change. How a WMD–CST is organized and the nature of a CBRN incident or natural or man-made incident may determine a progressive series of command relationships during the incident response. The chain of command for the WMD–CST depends on the duty status of the team.

## **ROLES AND RESPONSIBILITIES**

D-7. WMD–CSTs were established to enhance but not duplicate domestic civilian response capabilities. If the state lacks sufficient assets in quantity or technical response capability to mitigate an incident, the governor may request outside (state or federal) assistance. The adjutant general employs the WMD–CST to support state response under the supported governor. Based on the guidance to prepare or respond to domestic incidents, states should develop state-to-state compacts to facilitate WMD–CST deployments between states. The adjutant general may also request additional WMD–CST from NGB according to WMD–CST management. If an event involves DOD, the DCO may call upon a WMD–CST for its consequence management capabilities. If federal support is required, the WMD–CST can be federalized by POTUS as part of the federal response according to guidelines of the NRF.

D-8. WMD–CSTs play a crucial role in deterrence, protection, response, and preparedness efforts through their ability to plan for and respond to incidents involving the intentional or unintentional CBRN, natural, or man-made events. WMD–CSTs can help develop contingency and emergency plans, including identifying vulnerabilities, subsequent corrective actions, and recovery plans.

## **MISSION**

D-9. The WMD–CST mission, as directed by the SECDEF, is to support civil authorities at a domestic incident site during specified events, which include use or threatened use of a WMD; terrorist attack or threatened terrorist attack; intentional or unintentional release of nuclear, biological, radiological, or toxic or poisonous chemicals; natural or man-made disasters in the United States that result or could result in the catastrophic loss of life or property. This is accomplished by identifying hazards, assessing current and projected consequences, advising on response measures, and assisting with appropriate requests for additional support.

## **CAPABILITIES**

D-10. The nature and scope of WMD–CSTs support vary widely based on the response, desires, and capabilities of civil authorities. The WMD–CST is generally integrated into the ICS structure, and the IC will dictate the WMD–CST support requirements. This may require that the WMD–CST perform decentralized support operations in one or more areas, potentially becoming entirely integrated by function into the ICS structure. This employment technique is most likely to be used when support is best performed by augmenting an existing ICS structure with uniquely skilled, highly trained WMD–CST members. WMD–CST commanders must plan for the unit’s flexible employment to fully utilize the WMD–CST capabilities and provide the maximum benefit to the IC.

D-11. Once at an incident site, the WMD–CST performs the following functions:

- **Identification.** The WMD–CST uses its equipment to detect, characterize, identify, and monitor unknown hazards. WMD–CSTs generate the best possible analysis and field confirmatory identification in a field environment by leveraging multiple detection technologies. The identification process links to the other WMD–CST functions (assess, advise, and assist). (See appendix A for further information regarding legal considerations)
- **Assessment.** Assessments occur with local, tribal, state, and federal response organizations to ensure that the WMD–CST is appropriately integrated into local and state emergency plans. The assessment capability supports deliberate and crisis action planning. The WMD–CSTs will collect information from appropriate sources, identify pertinent data, and evaluate information to determine the mission threat, including hazards, risks, possible adversary courses of action, potential targets, the probability of an incident, the severity of the level of the threat, and target vulnerability. These assessments will evaluate the impact on the local population, infrastructure, and environment and will continuously update the IC, local first responders, and other response organizations.
- **Reachback.** Reachback is provided through the Unified Command Suite from the incident site to the National Command Authority, which supports the processing of situational reports and the CBRN identification process. Technical Reachback for the Analytical Laboratory is coordinated through the Defense Threat Reduction Agency, the U.S. Army Edgewood Chemical Biological Center, and the Laboratory Response Network, all of which can provide the WMD–CSTs additional assistance and subject matter expertise to review CBRN assessments.
- **Advisement.** The WMD–CST advises the IC and emergency responders on the assessed hazards and countermeasures associated with an all-hazard incident. The WMD–CST may recommend follow-on forces based on capabilities and assist with these forces' request process.
- **Assistance.** The WMD–CST provides the IC with multifaceted operational and planning support to augment the IC. Support includes site characterization, hazard prediction modeling, liaison, communications support, joint downrange survey operations, recommend decontamination procedures, medical implications, mitigation measures, recovery planning, and scope of liaison across local, tribal, state, and federal agencies. WMD–CSTs can assist with interoperability among DOD and federal responding agencies.

## ORGANIZATION

D-12. The WMD–CST organizational structure consists of six sections: command, operations, logistics, communications, medical, and survey. Figure D-1, page D-4, depicts the organizational structure and essential characteristics of the WMD–CST.

### Command Section

D-13. The command section provides internal C2 capabilities for the WMD–CST. It offers a varied span of control for additional personnel, sections, or units attached to, or placed under, its operational control, depending on mission requirements. The command section also conducts liaison and will provide the on-scene integration of follow-on state and federal force.

### Operations Section

The operation section maintains the commander's common operational picture by tracking the status of missions and mission elements and provides situational awareness from the incident site to the National Command Authority. WMD–CST has organic hazard modeling and assessment capabilities. The hazard prediction modeler's role is to advise the commander on the incident site's operation environment using geospatial information, hazard analysis, and meteorological data to minimize casualties and possible hazard effects.

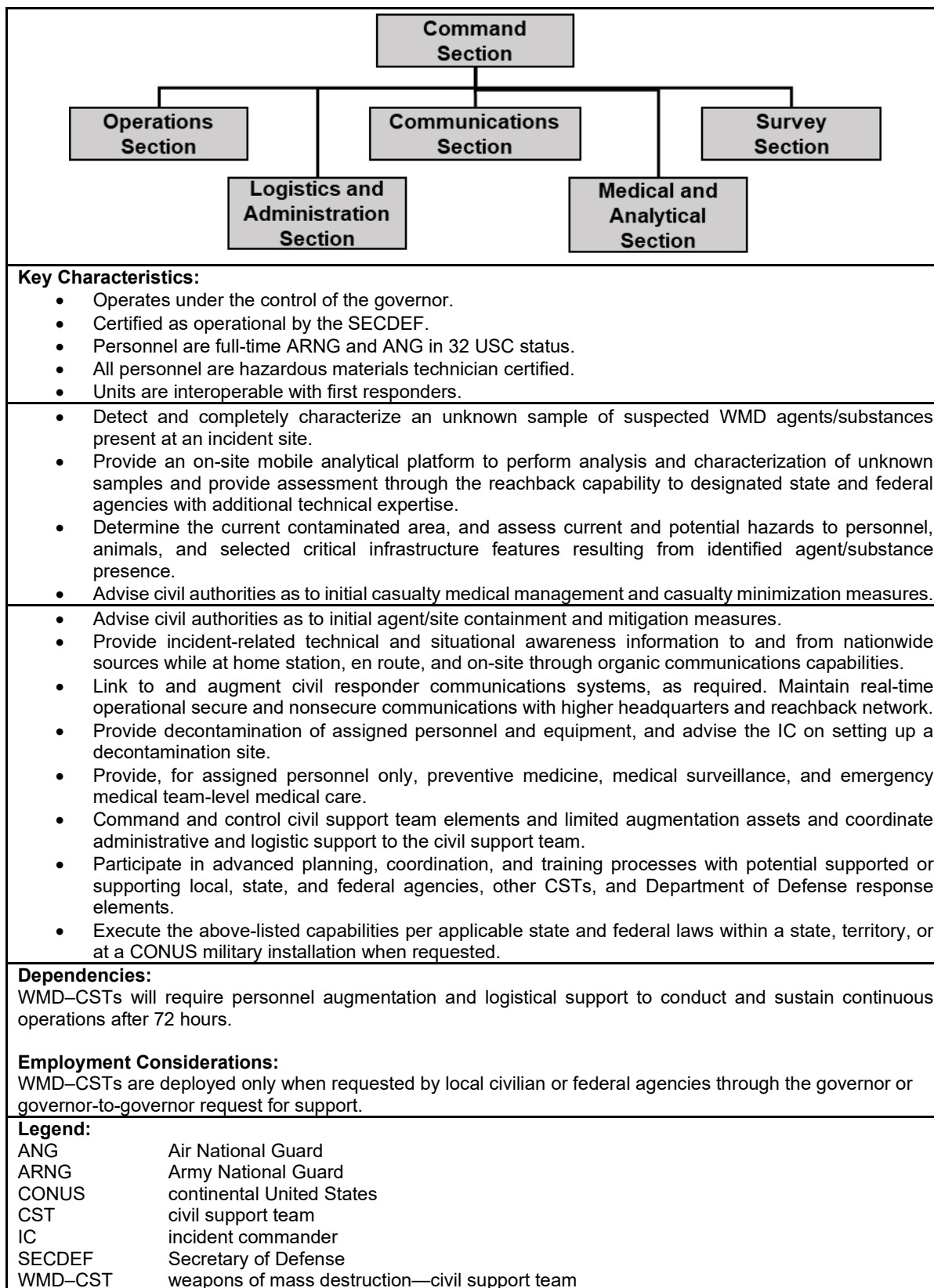


Figure D-1. WMD-CST organization



## **Administration and Logistics Section**

D-14. The administration and logistics section provides sustainment of operations capabilities and develops requisitions for critical resupply items, specific end items, and maintenance requirements. At the incident site, the administration and logistics section personnel will usually help perform personnel decontamination.

## **Communications Section**

D-15. The communication section, equipped with the Unified Command Suite, provides the entire range of secure and nonsecure communication across a broad spectrum of emergency responder technologies in compliance with HSPD-5. Upon arrival, the communications section assists in the establishment of communication with the IC. The communications section enables satellite reachback access, public switched telephone network access, commercial Internet access, facsimile transmissions, radio interoperability or cross-banding, and local area and wireless local area network access during a response to an incident.

## **Medical and Analytical Section**

D-16. The medical and analytical section conducts both medical assessment and treatment of WMD–CST personnel on-site and coordinates with local medical treatment facilities and operates the Analytical Laboratory System. The Analytical Laboratory System is a mobile, field confirmatory platform for the laboratory analysis of chemical and biological hazards at an incident site. The Analytical Laboratory System can completely characterize unknown chemical and biological agents or substances in multimedia environmental samples gathered by the survey section in downrange operations. Analytical Laboratory System operators can analyze radiological data collected by WMD–CST survey personnel to assess and presumptively identify radiological hazards. Radiological assessments are used to guide operational decision-making and ensure that operational activities are consistent with safety principles.

## **Survey Section**

D-17. The survey section, upon arrival, conducts site survey and characterization to determine the presence and extent of contamination. The survey personnel will develop an assessment plan for the incident site and then send entry teams downrange to gather initial agent identification and collect samples to be analyzed by the Analytical Laboratory System personnel.

D-18. The survey section uses entry teams to perform continuous site characterizations, surveys, and sampling operations within or around the suspected contamination area. The survey section has two survey teams, is equipped with multiple downrange technologies, and performs multiple entries or split operations between sites, depending on the IC objectives and mission, enemy, terrain and weather, troops and support available, time available, and civil considerations.

## **EMPLOYMENT/REDEPLOYMENT**

D-19. WMD–CSTs are the lead element of the NG CBRN response. When directed by the governor, the WMD–CST will deploy the advanced echelon (ADVON) within 90 minutes of notification and the main body within three hours. The WMD–CSTs can respond from their respective home stations by ground, air, rail, commercial line haul, or maritime transportation.

D-20. The ADVON normally consists of a small C2 element with a survey, analysis, communications capability, and organic transportation. The ADVON leader will initiate liaison with key agencies and the IC to facilitate assessment, advice, assistance, and possible identification and support. Upon meeting the IC, the ADVON leader will receive the IC objectives and update the situation. Based on this exchange, the ADVON leader will prepare a plan to best support the IC.

D-21. The main body consists of the remaining WMD–CST organic equipment and personnel. The main body typically occupies a staging area identified by the ADVON. After coordination with the ADVON is complete, the main body moves into the designated WMD–CST base, commences occupation, and achieves initial operability. The WMD–CST then begins operations to support the IC's goals and objectives. Once these goals and objectives have been satisfied, the mission termination process begins.

D-22. The IC determines WMD–CST mission termination. When the IC releases the WMD–CST on-site, the unit commander will initiate the plan for either departure or handoff of operations to another WMD–CST. Upon release from the mission, the WMD–CST provides a closure report to the IC, prepares to redeploy, and then redeploys to the home station to immediately begin reconstitution for future missions.

D-23. The WMD–CSTs conduct operations in three designated response categories driven by information received or the event’s magnitude. State or federal civilian and military authorities dictate the use of each status; they are—

- **Emergency Response Employment.** This is an immediate response deployment to an emergency or an actual or suspected threat. There may be multiple emergencies during a steady-state mission.
- **Steady State Employment.** This is a standby status where the unit is employed for staging, monitoring, or Joint Hazard Assessment Team activities at planned events (Special Event Assessment Rating events, National Special Security Events, professional sporting events, and large public gatherings). A broad-area search, survey, or routine sweeps are considered steady-state missions, not a response mission. Steady-state missions can transition to emergency response missions.
- **Assist.** This is an educational or training opportunity to actively support civil authorities by providing capabilities briefs, expertise to support writing state or territory emergency and disaster response plans, participating in military open houses or recruiting events, and advising civil authorities over the phone during active events.

### Transition to a Federal Mission

D-24. The WMD–CST will deploy in 32 USC status under the control of the governor. When civil authorities request a WMD–CST, the WMD–CST will deploy and initially receive operational missions from the ICP. However, a WMD–CST may also fall under the direct C2 of the JFHQ–state. The ADVON team will coordinate with the JFHQs–state and JTF–state to accomplish JRSOI.

D-25. WMD–CSTs assist NG CBRN response enterprise commanders by continuously monitoring changes in the environment and the impact on threat levels. Depending on the situation, WMD–CSTs may be placed TACON to a HRF commander during the mission’s lifesaving period.

D-26. If federalized under 10 USC, the WMD–CST is subject to employment according to applicable command relationships established by the governing mission command HQ. During the transition from 32 USC to 10 USC status, the WMD–CST leadership will initiate planning to continue operations effectively. These planning factors include—

- **Logistic support.** Will WMD–CSTs receive logistic support from other DOD resources?
- **Support relationships.** WMD–CST will identify the DOD HQ they will receive C2 guidance from.
- **Other support.** While operating in 10 USC status, other functional areas may be impacted. These could include administrative support, priorities of work, SRUF, medical support, and force protection. The Posse Comitatus Act may apply to WMD–CSTs in 10 USC status, depending on the authority under which 10 USC was invoked.

D-27. The transition from 10 USC to 32 USC status involves—

- **Mission termination/completion.** Upon mission completion and release by the 10 USC command HQ, the WMD–CST will immediately notify their state higher command for further guidance and instructions.
- **Redeployment.** When ordered to redeploy, the WMD–CST returns to its home station and conducts post-operation activities.
- **Post-deployment AAR.** The unit will develop an AAR on the conduct of the 10 USC mission and submit that report through State into the Joint Information Lessons Learned System portal.

D-28. Conducting liaison is essential to the successful planning and execution of WMD–CST missions. Liaison activities occur throughout all three phases of the WMD–CST operations and ensure a seamless and synchronized effort between WMD–CSTs and local, tribal, state, and federal first responders.

## TYPES OF OPERATIONS

D-29. WMD–CST will usually be deployed as a single unit to an incident site. However, if the incident becomes more extensive, WMD–CSTs will conduct several other types of operations. WMD–CSTs can conduct split unit operations, multiple team operations, or relief in place. The supported WMD–CST will operate as the designated coordination element and hub for WMD–CST operations in the AO. Establishing and maintaining a unity of effort throughout these operations are vital. Information management systems should be adapted to ensure that data can be shared between WMD–CSTs and the next higher HQ.

D-30. Because of the unique capabilities of each WMD–CST, these units have in the past been requested to support other operations. WMD–CST commanders should consider these before establishing operations. These considerations include—

- Department of Homeland Security BioWatch.
- Maritime operations.
- Natural disasters such as hurricanes, tornadoes, and mudslides.
- Man-made disasters such as chemical spills and chemical fires.
- Radiological survey operations or assessments.
- National special security events, such as Presidential Inaugurations, Super Bowl, large city sporting events and marathons.
- Counterdrug operations (meth labs, fentanyl).
- Public health emergencies. Clinical testing support supports State Public Health Laboratories when properly accredited through Clinical Laboratory Improvement Program or Clinical Laboratory Improvement Amendments.

## SPECIFIC OPERATIONAL CONSIDERATIONS

D-31. The following subparagraphs contain special operational considerations unique to each respective header.

### COMMAND AND CONTROL

D-32. Governors are the employment authority for WMD–CST missions executed in a 32 USC status. Governors may delegate this authority. In the case of Washington D.C., the WMD–CST is under the C2 of the Secretary of the Army and the Washington D.C. commanding general. If a WMD–CST is requested to support another state, it must be initiated through a governor-to-governor request before deployment occurs. This request does not require a MOA or understanding, an EMAC, or other agreements to determine the legal status of the forces. However, if there has been a state-to-state support agreement developed, the WMD–CST deployment and use are made more accessible.

D-33. The WMD–CSTs also operate under a Response Management Plan. This national contingency plan and response management plan rotation ensures that a designated number of WMD–CSTs are always ready to respond to a national need or fill a request of a state that has no available WMD–CST. The 57 WMD–CSTs across the nation are allocated and aligned to six response regions with 9-10 units each. The WMD–CSTs fall into one of three response management plan rotation statuses. These include—

- **Immediate Response Status (Gold).** These six units are fully manned, trained, and equipped. This status requires that the team deploy its ADVON within 90 minutes and the remainder of the team within three hours of notification.
- **Reinforcing Response.** These six units are prepared to be available for deployment of the ADVON within 12 hours and the remainder of the team within 24 hours of notification.
- **Follow-on Response.** The remaining 45 WMD–CSTs are prepared for deployment of the ADVON within 48 hours and the rest of the team within 72 hours of notification. Teams will complete individual and collective training, equipment preparation, leave, and execution of the commander's training guidance.

## **COMMUNICATIONS**

D-34. Each WMD–CST has a Unified Command Suite that provides both NIPRNET and SIPRNET voice and digital capabilities. This system allows the WMD–CST to operate with First responders at the incident site and provides a method to inform leadership from the incident site to the National Command Authority. Further, this system supports rapid and real-time coordination with other DOD and NIMS/ICS CBRN response forces. The WMD–CST Unified Command Suite includes the modular communications package with components comparable to the JISCC, and the system ensures that valuable civil-military information for coordination with additional follow-on response forces as they move into the incident site.

## **MEDICAL**

D-35. Each WMD–CST has a medical and analytical capability. The medical capability supports the monitoring of members operating downrange and personnel triage in the event of a medical emergency. The analytical capability is provided by an assigned science officer and assistant who operate the Analytical Laboratory System. This system is operated according to the guidance, policies, and procedures of the International Organization for Standardization (ISO 17025). It provides an environmental sampling analysis of suspected chemical and biological agents that might be present at the incident site.

## **LOGISTICS AND SUSTAINMENT**

D-36. Each WMD–CST maintains supplies to support operations for 3 days. Upon request, the consequence management support center provides the WMD–CSTs with a forward area support team (FAST) package to support immediate resupply of consumable items, replacement of select COTS equipment, and maintenance support for commercial equipment. The FAST package provides an additional 3 days of resupply for two teams.

D-37. Supporting States also have the responsibility to ensure that equipment and expendables required to support WMD–CST operations are available and maintained. The supported states have an obligation to provide resupply and services when organic supplies are depleted.

## **LIAISON**

D-38. WMD–CST commanders perform liaison activities with appropriate federal agencies within their AO, including but not limited to the DHS, Environmental Protection Agency, Department of Energy, United States Secret Service, Department of State, regional FBI WMD coordinators, and DOD regional DCO. Some goals of this liaison include—

- Providing federal agencies with an adequate understanding of WMD–CST capabilities, employment consideration, sustainment requirements, and employment means.
- Identifying and deconflicting jurisdictional boundaries and limits of the AO.
- Generating WMD–CST assets that are appropriately included in applicable federal response plans.
- Provide other WMD–CSTs a detailed understanding of the capabilities, employment considerations, and employment means of federal agencies.
- Generating tactics, techniques, and procedures; equipment adaptations; and additional training requirements to support the federal agency.
- Clearly articulating and delineating the specific line of WMD–CST support and control.

## **Appendix E**

# **CBRN Enhanced Response Force Package**

This appendix provides a mission overview of the NG CERFP elements to respond in support of DSCA operations following a suspected CBRN incident or domestic catastrophic CBRN incident. This appendix provides the organizational structure and capabilities, employment, mission command, and planning considerations for CERFP units and staffs. Specific details regarding the composition, roles, responsibilities, and tactical employment planning factors for the CERFP can be found in ATP 3-11.47/AFTTP 3-2.79.

## **OVERVIEW**

E-1. In 2010, the NG established 17 CERFPs, organized from existing ARNG and ANG units located throughout the 10 FEMA regions. These dual mission units are provided additional equipment and specialized training to respond (ready to deploy no later than six hours after notification) to CBRN incidents inside the United States rapidly.

E-2. The CERFP supports civil and military requirements essential to the defense of the United States in response to CBRN incidents outlined in the National Strategy for Homeland Security and provides civil support outlined in DODD 3025.18. The CERFP further implements the concepts originated in Defense Reform Initiative Directive 25.

E-3. The CERFP operates in either SAD status or under 32 USC/10 USC authorities depending on the incident's size and scope and the SECDEF's orders.

E-4. The states maintain overall responsibility for ensuring that the CERFP is trained, validated, exercised, and prepared to respond in support of domestic incidents at civil and military locations. The CERFP can be tailored for specific mission requirements and may operate under the IC, JFHQ–state, JTF–state, or a response force assigned to a federal response organization (10 USC). Following an incident, two primary concerns exist; the initial response and augmentation of the local capability to meet the challenges posed by multiple locations or large-scale incidents involving mass casualties from CBRN hazards. Very specialized units from civil and military organizations are regularly requested to help fill these technical gaps or provide augmentation to the existing capabilities of first-response organizations when responding to minor incidents. The CERFP capabilities are specifically tailored to augment, support, or relieve existing local, state, and federal capabilities and fill the void where none of those resources are present.

E-5. The CERFP is tailored for mission requirements and will operate under the JFHQ–state, a NG task force, or as part of a response force assigned to a federal (10 USC) JTF. These task forces will coordinate the support required to deploy the CERFP into the incident site and sustain operations in the AOR. The CERFP will operate within the NIMS framework and is a follow-on force that, in coordination with a WMD–CST, can provide essential medical triage, decontamination, and search and extraction capabilities to an IC.

## **MISSION**

E-6. When directed and upon the consent of the governor(s) during major or catastrophic disasters or CBRN incidents, the CERFP deploys to save lives and mitigate human suffering.

## CAPABILITIES

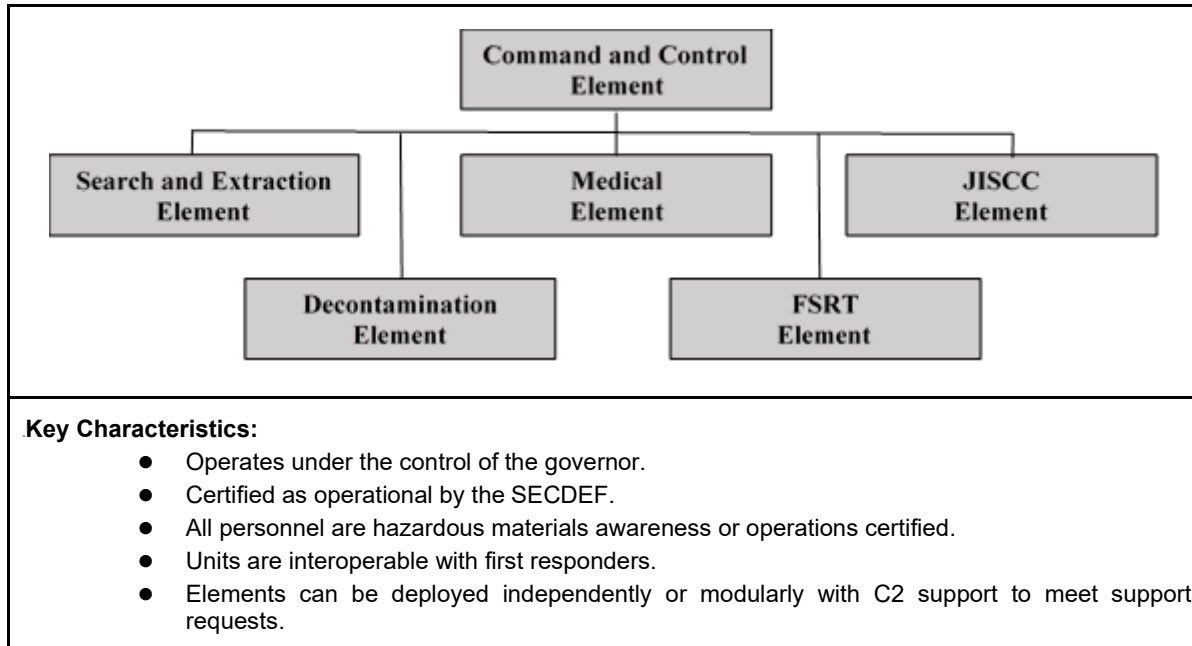
E-7. Listed below are the essential capabilities provided by a CERFP:

- Conduct planning and coordination.
- Develop an IAP and oversee its execution.
- Conduct sustainment operations.
- Conduct search, rope rescue, lifting/loading, and confined space operations.
- Conduct ambulatory/nonambulatory clothing removal, decontamination stations.
- Establish equipment and personal property decontamination stations.
- Conduct technical decontamination.
- Perform mass casualty triage and lifesaving medical stabilization.
- Coordinate with IC for patient movement to higher roles of care.
- Collect, catalog, and hold human remains until the appropriate medical examiner takes custody.
- Conduct search and recovery operations for human remains in the contaminated area.

## ORGANIZATION

E-8. The CERFP is composed of a joint C2 element, an ARNG decontamination element, an ARNG search and extraction element, an ANG medical element, an ANG communications element (JISCC), and an ANG fatality search and recovery team. See figure E-1. This task force is trained and equipped to provide—

- Casualty search and extraction.
- Injury triage, emergency medical treatment, and patient stabilization.
- Casualty decontamination operations at or near a CBRN incident site.
- Fatality search and recovery.
- Joint incident site communications capability.



**Figure E-1. CERFP organization**

<b>Dependencies:</b> CERFPs will require support to conduct and sustain continuous operations after 5 days.	
<b>Employment Considerations:</b> CERFPs and CERFP elements are deployed only when requested by local civilian or federal agencies through the governor.	
<b>Legend:</b>	
CERFP	chemical, biological, radiological, nuclear and high-yield explosives enhanced response force package
FSRT	fatality search and recovery team
JISCC	joint incident site communications capability
SECDEF	Secretary of Defense

**Figure E-1. CERFP organization (continued)**

## COMMAND AND CONTROL

E-9. The CERFP C2 accomplishes required incident response coordination actions with the incident command, WMD-CST, JTF-state, JFHQ-state or CCDRs, and JTF-CS chain of command unless or until a HRF is assigned to provide C2 and liaison missions. Other organizations that may be attached to the JTF-state and can provide direct support to the CERFP include a CBRN-trained firefighting element, air and ground casualty transportation assets, and ANG medical support teams. WMD-CSTs work in coordination with CERFP but are not an organic element of the team package.

## JOINT INCIDENT SITE COMMUNICATIONS CAPABILITY

E-10. CERFP communications are provided by one JISCC. The JISCC ensures interoperability with ICS responders and partners and supports voice, data, and video communications. CERFP JISCC also facilitates the centralized planning and coordinated employment of casualty search, medical triage, mass decontamination, casualty assistance, and force protection assets. The JISCC equipment set provides both standard military satellite communications and ultra-high frequency/very high frequency communications systems. This allows interoperability with follow-on DOD support provided for civil support/consequence management for domestic operations.

## SEARCH AND EXTRACTION

E-11. Search and extraction provides rapid response to conduct lifesaving operations in a hazardous or CBRN environment with a relatively light equipment package. The search and extraction element is prepared to operate and perform technical search-and-rescue in a CBRN contaminated environment while wearing PPE up to Level C, as described in applicable NGB, NFPA, and Occupational Safety and Health Administration standard, regulations, and policies, according to 29 CFR 1910.120 and 44 CFR 208. Before employing this element, a WMD-CST will have done a threat assessment of the CERFP operational area.

## DECONTAMINATION

E-12. The CERFP decontamination element provides decontamination capabilities for mass casualty, ambulatory, nonambulatory, and technical decontamination after a CBRN incident. The technical decontamination lane is used to decontaminate military and first responder personnel as needed. The personal effects of casualties are processed through the lane as required or as instructed by the IC. The CERFP is equipped with a mobile decontamination system (response trailer) that can be set up and operational with minimal manpower and can be used as a stand-alone decontamination site or used to replace one lane within the decontamination site. The mobile decontamination trailer can be used for rapid-response decontamination for small-scale CBRN events or when time is of the essence. It is critical for the decontamination element to maintain fluid operations because the decontamination lanes are the transitional point between the search and extraction and medical elements.

## **MEDICAL**

E-13. The medical element provides the emergency treatment of CBRN-related injuries for CERFP personnel and the civilian population and helps mitigate health risks. The element is trained to conduct operations in warm and cold zones. Specialized medical capabilities that provide lifesaving measures include mass casualty triage, initial stabilization for transport, medical logistics, and FHP for military and civilian populations. Some medical elements can conduct emergency medical operations support to search and extraction in the hot zone. The medical element coordinates with the search and extraction element to provide situational-dependent, emergency medical triage and emergency medical care in a contaminated or collapsed-structure environment.

## **FATALITY SEARCH AND RECOVERY TEAM**

E-14. The FSRT element is an embedded modular ANG capability TACON to the CERFP. Multiple FSRTs may be deployed to a single incident based on need. The primary mission of the FSRT is the expeditious and dignified removal of fatalities throughout the CERFP operational area. FSRT will manage the movement of decedents to the transfer point designated by an IC representative or as directed by the medical examiner/coroner or fatality management branch. Remains will not be removed from casualty collection points and search and extraction operation areas until the CERFP commander determines that moving the remains will not hinder overall CERFP lifesaving efforts.

## **EMPLOYMENT/REDEPLOYMENT**

E-15. Several validated concepts frame CERFP operations. The following are some of the employment considerations:

- The CERFP is usually employed as an element of the state response under NG JFHQ administrative control.
- Initially, the CERFP will coordinate either with the state JTF or JFHQ—state or with the deployed WMD—CST for situational awareness.
- The CERFP (SAD or 32 USC) operates within the state emergency management ICS in a supporting modular configuration (C2 plus casualty search and extraction, C2 plus decontamination team, C2 plus medical team) when requested through the state emergency management system.
- Some degree of perimeter security is needed to allow the CERFP commander time to quickly set up without external interference from victims seeking aid or assistance.
- Multiple CERFPs are required to sustain and maintain continuous operations.
- If the CERFP is federalized (10 USC), the unit will fall under the OPCON of the supported COCOM JTF (JTF—CS or appropriate dual-status JTF).

E-16. Upon notification, a CERFP will deploy an ADVON in three hours and the main body no later than six hours. The primary method of deployment to an incident site will be by ground transportation with organic vehicles. If air transportation is needed, it is coordinated through the JTF—state to the NGB and then through DOD to the transportation command.

E-17. The ADVON is a tailored element typically organized to include personnel from the C2 element (liaisons, logistics, personnel, and operations), search and extraction, decontamination, medical, and JISCC elements. The ADVON leader will initiate liaison with key agencies and the IC to facilitate support. Upon meeting the IC, the ADVON leader will receive the IC objectives and an update of the situation. Based on this exchange, the ADVON leader will prepare a plan to best support the IC.

E-18. The main body consists of the remainder of the C2, search and extraction, decontamination, FSRT, and JISCC elements. The main body usually occupies a staging area identified by the ADVON. After coordination with the ADVON is complete, the main body moves into the designated operational area, commences occupation, and achieves initial operability. The CERFP then begins operations to support the IC's goals and objectives. Once these goals and objectives have been satisfied, the mission termination process begins.



E-19. The IC determines CERFP mission termination. When the IC releases the CERFP on-site, the Commander will initiate the plan for either departure or transition and handoff operations to another CERFP. The CERFP conducts redeployment operations within the AO or will deploy to home station and begin reconstitution for future missions.

## TYPES OF OPERATIONS

E-20. The CERFP may be used in three designated response statuses that are driven by information received or the magnitude of the event. State or federal civilian and military authorities dictate the use of each status; they are as follows:

- **No-notice.** This is the standard response when an incident occurs.
  - Support is requested, and the CERFP is notified, assembled, and deployed. This response method is the least preferred and the most challenging, as CERFP personnel may be out of the area and must assemble and then move to the incident.
  - This response upon notification requires time to assemble, movement time, and the time needed to place service members on orders.
- **Standby.** The standby status allows a quicker response than a no-notice response. Response modes are—
  - Personnel have been notified that an event has occurred or is imminent and are prepared to receive notification of deployment.
  - Personnel are placed on orders and assembled at the home station, but they do not deploy.
- **Predeployed (staged).** This response is typically used for national special security events and has the advantage of being the most responsive operation.
  - Personnel receive orders, assemble, and moved to a designated location near the event.
  - This response allows for deliberate planning and prior coordination by all elements.
  - A predeployed (staged) event is both time and manpower-intensive; it is not sustainable for long periods.

## SPECIFIC OPERATIONAL CONSIDERATIONS

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*Note.* The following subparagraphs contain special operational considerations unique to each respective header.

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### COMMAND AND CONTROL

E-21. Governors of states with a CERFP may use these elements for an all-hazards response as necessary. However, if a CERFP is used outside of the assigned state, it is subject to a MOA or understanding, an EMAC, or other agreements to determine the legal status of the forces. CERFP elements are still subject to recall in the event of a CBRN incident and are still required to meet the N-hour timelines.

E-22. If a CERFP is requested to support an incident, the NGB JOC identifies available assets to satisfy the request and notifies JFHQ—state of the appropriate state to activate the forces. The NGB JOC coordinates the activation and deployment of requested forces with the state and the requesting organization.

E-23. CERFP members may deploy SAD, 32 USC, or 10 USC orders. Table E-1, page E-6, lists the command authority, duty locations, funding responsibility, authorized mission types, authority for discipline, and authority to support state law enforcement for each duty status type.

Table E-1. CERFP duty status

<i>Functional Area</i>	<i>State Active Duty</i>	<i>32 United States Code Status</i>	<i>10 United States Code Status</i>
Command authority	Governor	Governor	President
Location of duty	State	United States/territories	Continental United States/outside the continental United States
Funding	State	Federal	Federal
Mission types	Training and state authorized missions	Training and other authorized missions	Federally authorized missions and training
Military discipline	State military code	State military code	Uniform Code of Military Justice
Support to law enforcement	Yes, within authority extended by state law	Yes, within authority extended by state law	Yes, according to the Posse Comitatus Act or other federal authority

## COMMUNICATIONS

E-24. The JISCC system supports CERFP elements with rapid and real-time coordination with other DOD and NIMS/ICS CBRN response forces. JISCC is a modular communications package with components comparable to the WMD–CST Unified Command Suite. The JISCC can provide valuable civil-military information for coordination with additional follow-on incident response forces at the incident site.

## MEDICAL

E-25. The Services legally credential and privilege NG medical forces. During domestic operations, the State Surgeon and the State Medical Authority can grant privileging to medical forces.

E-26. The medical element has five days of supply to support initial response operations. Upon notification of a response to an AO, medical logistics personnel from the CERFP or the HRF, if the HRF is active, request formulary resupply to ship to the operation staging area. The consequence management support center provides a medical FAST package to support immediate resupply of Class VIII-A (medical materiel) supplies and Class VIII-B (blood) supplies, minus formulary, when engaged in domestic operations. Access to the National Stockpile may be available and requested through the proper authorities. Additional lines of supply to augment medical resupply are Defense Logistics Agency, the Minnesota Medical Warehouse, and other ESF-8 Health and Human Services partners.

## LOGISTICS AND SUSTAINMENT

E-27. CERFPs maintain five days of supply (PPE, water, and rations). CERFP elements are required to maintain and transport their five days of supply to the incident site. After five days, support must be coordinated between the supported and supporting JFHQ–state or JTF–state. The consequence management support center provides a CERFP FAST package to support immediate resupply of consumable items, select COTS equipment, and maintain commercial equipment support. The FAST package provides one additional day of PPE for two CERFPs. Consideration must be given to the FAST package’s staging requirements, which are approximately four tractor-trailers carrying around 76 pallets of material and located in the cold zone but near enough to support the CERFP operations quick resupply.

E-28. The CERFP is equipped with COTS and standard military equipment based on a joint mission-essential equipment list. CERFPs are responsible for obtaining through MOA/MOU with MTOE and table of distribution and allowances units any equipment not issued from the consequence management support center.

E-29. Supporting states have the responsibility to ensure that the equipment and expendables required to support CERFP operations are available and maintained. Supported states are responsible for providing

supply and services once the CERFP is deployed to their AO and organic supplies are depleted. The consequence management support center supports nonstandard COTS equipment replacement and repairs.

E-30. CERFPs will submit an ICS Form 213 RR (*Resource Request Message*) for common user services or materials not supported through other channels (such as liquid and solid HAZMAT waste removal, bulk operational water for decontamination, chemical latrines, and lumber packages).

## **LIAISON**

E-31. Establishing and maintaining a liaison with the IC, JFHQ–state, or JTF–state is vital to the CBRN response mission’s success. The CERFP will provide a liaison to the IC, JFHQ–state, and JTF–state. Some of the tasks of the liaison are to—

- Act as the bridge between the IC staff, JFHQ–state, JTF–state, and the CERFP C2 element.
- Establish and maintain communications with the IC staff, JFHQ–state, or JTF–state as soon as the CERFP is authorized to deploy.
- Advise the IC staff, JFHQ–state, or JTF–state on the capabilities and limitations of the CERFP.
- Follow up on requests for information or resource requests from the CERFP.

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## Appendix F

# Homeland Response Force

This appendix provides a mission overview of the NG HRF elements to respond in support of DSCA operations following a suspected CBRN incident or domestic catastrophic CBRN incident. This appendix provides the organizational structure and capabilities, employment, mission command, and planning considerations for HRF units and staffs. Specific details regarding the composition, roles, responsibilities, and tactical employment planning factors for the HRF is in ATP 3-11.47/AFTTP 3-2.79.

### OVERVIEW

F-1. In 2010, the NG established 10 HRFs, organized from existing ARNG and ANG units and 10 FEMA regions. These dual mission units are provided additional equipment and specialized training to respond (ready to deploy within 6-12 hours) to CBRN incidents within the United States rapidly. These NG units are designed and organized to provide governors and DOD—

- Faster response times.
- Personnel dedicated to lifesaving.
- Regional distribution and integration of forces.
- Balance between state and federal control.
- An enterprise approach to training, evaluations, and exercises.

F-2. Each HRF provides a regional CBRN response capability, focusing on C2, casualty assistance, and security. The HRF also has an embedded CERFP known as a CBRN task force that provides the same lifesaving capabilities as a stand-alone CERFP.

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*Note.* All references to CERFP throughout this publication also refer to the CBRN task force.

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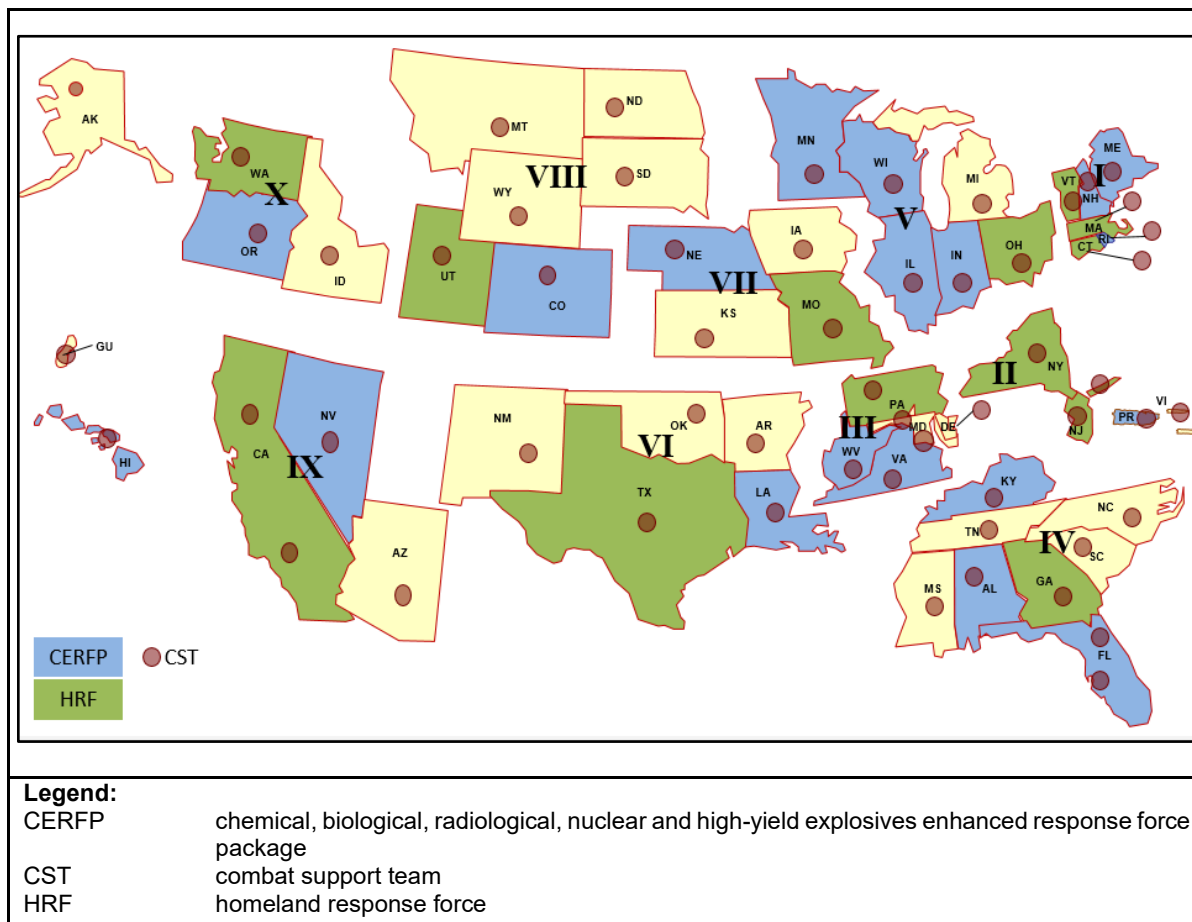
F-3. HRFs serve in each FEMA region as a key organization in attaining coordinated, regionally focused military planning, training, exercises, and other efforts supporting unity of effort among federal, state, tribal, and local responders. HRFs are specifically tailored to augment, support, or relieve existing local, state, and federal capabilities and fill the void where none of these resources are present.

F-4. The HRF will operate in either SAD status or under 32 USC/10 USC authorities depending on the size and scope of the incident and the SECDEF's orders.

F-5. The states maintain overall responsibility for ensuring that the HRF is trained, validated, exercised, and prepared to respond to incidents at civil and military locations and respond in support of domestic incidents at civil and military locations. The HRF can be tailored for specific mission requirements and may operate under the JFHQ–state, JTF–state, or a response force assigned to a federal response organization (10 USC). Following an incident, two primary concerns exist; the initial response and then augmentation of the local capability to meet the challenges posed by multiple locations or large-scale incidents involving mass casualties from CBRN hazards. Very specialized units from civil and military organizations are regularly requested to help fill these technical gaps or provide augmentation to the existing capabilities of first-response organizations when responding to minor incidents. HRFs operate as a follow-on force within NIMS. The HRF works in coordination with an IC, JFHQ–state, WMD–CST, and CERFPs at the incident site. The HRF provides essential C2 management and sustainment of NG CBRN response enterprise forces in the AOR. Additionally, the CBRN task force provides all the capabilities of the CERFP.

F-6. The HRF is tailored for mission requirements and will operate under the IC, JFHQ–state, JFHQ–JTF, or as part of a response force assigned to a federal (10 USC) JTF–CS. These organizations will coordinate the support required to deploy the HRF into the incident site and sustain operations in the AOR.

F-7. One HRF is assigned to each of the 10 FEMA regions. Each HRF exercises and operates with multiple CERFPs and WMD–CSTs that are assigned through the region. The HRF is responsible for developing and maintaining a regional response plan to facilitate the effective execution of a unified CBRN response effort. Figure F-1 depicts locations of HRFs, CERFPs, and WMD–CSTs.



**Figure F-1. NG CBRN response enterprise unit locations**

## MISSION

F-8. When directed and upon the consent of the governor(s) during major or catastrophic disasters or CBRN incidents, the HRF deploys to save lives and mitigate human suffering.

## CAPABILITIES

F-9. The HRF can coordinate support for multiple NG CBRN response enterprise units over a dispersed geographic footprint and coordinates and synchronizes NG CBRN response enterprise unit operations with the appropriate military commanders and IC staff. Listed below are the essential capabilities provided by an HRF:

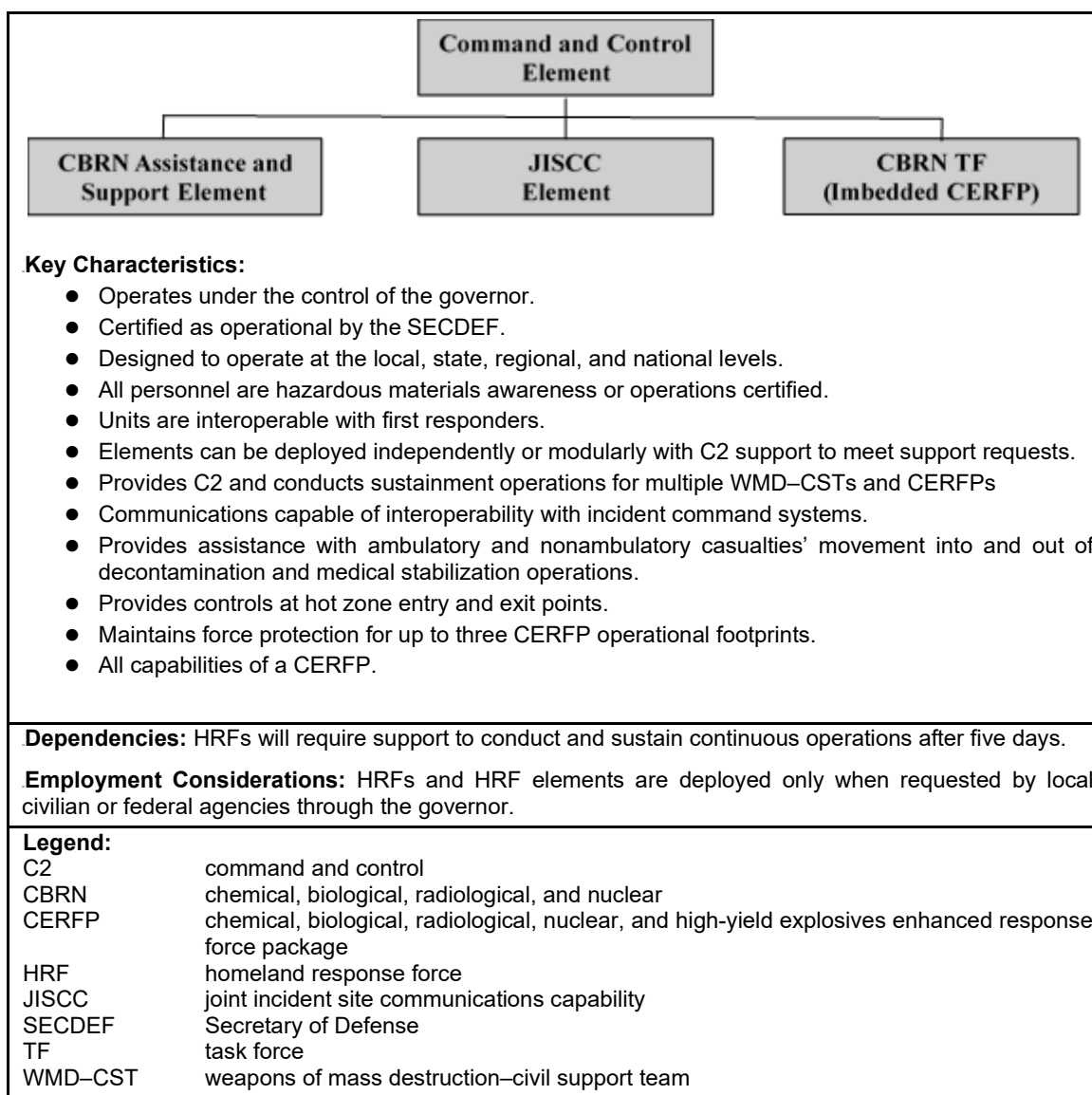
- Conduct planning and coordination.
- Develop an IAP and oversee its execution.
- Support JRSOI activities for NG CBRN response enterprise elements arriving to or departing the incident site.

- Provide C2 and conduct sustainment operations for 2-9 WMD–CSTs, 1-9 CERFPs, and up to three decontamination corridors within an incident area.
- Provide controls at hot zone entry and exit points.
- Maintain force protection for up to three CERFP operational footprints.
- Provide assistance with ambulatory and nonambulatory casualties' movement into and out of decontamination and medical stabilization operations.

**Note.** All capabilities of a CERFP as listed in appendix E.

## ORGANIZATION

F-10. The HRF has four core elements: the C2 element, a JISCC, the CBRN assistance and support element, and a CBRN task force (embedded CERFP). The HRF is modular; elements can be employed individually or be scaled to meet the IC's needs at an incident site. The CBRN task force provides all capabilities and follows the same timelines as a stand-alone CERFP. See figure F-2.



**Figure F-2. HRF organization**

## **COMMAND AND CONTROL ELEMENT**

F-11. The HRF C2 accomplishes required incident response coordination actions with the incident command, WMD-CST, CERFP, JTF–state, JFHQ–state, or CCDRs and JTF–CS chain of command. The HRF C2 provides a robust sustainment support capability that is tailorable to meet mission requirements.

F-12. The HRF C2 element deploys in the cold zone far enough away from the incident site to avoid contamination. The HRF C2 is typically not located near the CERFPs it is supporting.

F-13. The HRF may receive liaison personnel from the supported state, IC, and other logistics management, scientific, or law enforcement organizations as applicable.

## **JOINT INCIDENT COMMUNICATIONS SUPPORT SYSTEM**

F-14. One additional ANG JISCC provides HRF communications. The JISCC ensures interoperability with ICS responders and partners and supports voice, data, and video communications. HRF JISCC facilitates the centralized planning and coordinated employment of HRF elements and facilitates a common operating system between NG CBRN response enterprise forces and the IC. The JISCC equipment set provides both standard military satellite communications and ultra-high frequency/very high frequency communications systems. This allows interoperability with HRF and follow-on DOD support for civil support/consequence management for domestic operations. The HRF has two JISCC elements; one is assigned to the CBRN task force per figure E-1, page E-2, CERFP organization, and the other is assigned to the HRF C2 as depicted in figure F-2, page F-3, HRF organization.

## **CBRN TASK FORCE**

F-15. The CBRN task force is a fully functional CERFP embedded within the HRF organization. It retains its identity and adheres to all CERFP standards for training, operations, and response timelines. The intent is that the CBRN task force remains intact as a CERFP; operational elements are not separated unless approved by the CBRN task force commander to meet the IC's specific needs. Refer to appendix E for details on the CBRN task force organizational structure and capabilities.

## **CBRN ASSISTANCE SUPPORT ELEMENT**

F-16. The CBRN assistance and support element provides protection and support to up to three CERFPs. The CBRN assistance and support element's primary role is to assist in moving casualties from the search and extraction elements operating locations to the CCP, through the decontamination line, and medical stabilization. Other duties of the CBRN assistance and support element include protection and crowd control within the CERFP AO. Duties are based on situational assessment and the needs of the CERFP. Priority is given to protecting NG CBRN response enterprise forces. The CBRN assistance and support element is generally composed of a C2 element, including a support section and three platoon-sized elements. CBRN assistance and support element platoons may operate in an incident site's cold, warm, and hot zones.

## **EMPLOYMENT/REDEPLOYMENT**

F-17. Several validated concepts frame HRF operations. The following are some of the employment considerations:

- The HRF is typically employed as an element of the state response under NG JFHQ administrative control.
- Initially, the HRF will coordinate either with the state JTF or JFHQ–state or with the deployed WMD–CSTs or CERFPs already on-site for situational awareness.
- The HRF (SAD or 32 USC) operates within the state emergency management ICS in a supporting modular configuration (for example, C2 sustainment support, C2 plus CBRN assistance and support element, reduced personnel for smaller response) when requested through the state emergency management system.
- The HRF C2 primarily manages unit rotations and sustains elements to support continuous operations for multiple WMD–CSTs and CERFPs within an AO.



- The CBRN assistance and support element provides management of the flow of civilians within the CERFP AOR to prevent unauthorized entry into the hot zone and the CERFP operational footprint and to direct casualties to decontamination lanes.
- IF the HRF is federalized (10 USC), the unit will fall under the OPCON of the supported COCOM JTF (JTF-CS or appropriate dual status JTF).

F-18. Upon notification, a HRF will deploy an ADVON in six hours and the last of its elements no later than 12 hours. The key to HRF response is that it is phased and modular depending on the IC's needs. The primary method of deployment to an incident site will be ground transportation with organic vehicles. If air transportation is needed, it is coordinated through the JTF-state to the NGB and then through DOD to the transportation command.

F-19. The ADVON is a tailored element usually organized to include personnel from the C2 element (liaisons, logistics, personnel, and operations), JISCC, and CBRN task force. The ADVON leader will initiate liaison with key agencies and the IC to facilitate support. Upon meeting the IC, the ADVON leader will receive the IC objectives and an update of the situation. Based on this exchange, the ADVON leader will prepare a plan to best support the IC.

F-20. The main body consists of the remainder of the HRF C2, CBRN task force, JISCC elements, and the CBRN assistance and support elements. The main body normally occupies a staging area identified by the ADVON. Depending on operational and logistical considerations, the HRF may deploy the main body and leave a trail party to complete additional support operations to expedite main body movements. After coordination with the ADVON is complete, the main body moves into the designated operational area, commences occupation, and achieves initial operability. The HRF then begins operations to support the IC's goals and objectives. Once these goals and objectives have been satisfied, the mission termination process begins.

F-21. The IC determines HRF mission termination. When the IC releases the CERFP on-site, the commander will initiate the plan for either departure or transition and handoff operations to another CERFP. The CERFP conducts redeployment operations within the AO or will deploy to home station and begin reconstitution for future missions.

## TYPES OF OPERATIONS

F-22. The HRF may be used in three designated response statuses driven by information received or the magnitude of the event. State or federal civilian and military authorities dictate the use of each status; they are as follows:

- **No-notice.** This is the standard response when an incident occurs.
  - Support is requested, and the HRF is notified, assembled, and deployed. This response method is the least preferred and the most challenging, as HRF personnel may be out of the area and must assemble and then move to the incident.
  - This is the slowest type of response after notification due to the time needed to assemble, movement time, and the time required to place service members on orders.
- **Standby.** Standby status allows a quicker response than a no-notice response.
  - Personnel have been notified that an event has occurred or is imminent and are prepared to receive notification of deployment.
  - Personnel are placed on orders and assembled at the home station, but they do not deploy.
- **Predeployed (staged).** This response is typically used for national special security events and has the advantage of being the most responsive operation.
  - Personnel receive orders, assemble, and move to a designated location near the event.
  - This response allows for deliberate planning and prior coordination by all elements.
  - A predeployed (staged) event is both time and manpower-intensive; it is not sustainable for long periods.

## **SPECIFIC OPERATIONAL CONSIDERATIONS**

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*Note.* The following subparagraphs contain specific operational considerations.

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### **COMMAND AND CONTROL**

F-23. Governors of states with a HRF may use these elements for an all-hazards response as necessary. However, if a HRF is used outside of the assigned state, it is subject to a MOA or understanding, an EMAC, or other agreements to determine the legal status of the forces. HRF elements are still subject to recall in the event of a CBRN incident and are still required to meet the N-hour timelines.

F-24. If a HRF is requested to support an incident, the NGB JOC identifies available assets to satisfy the request and notifies JFHQ—state of the appropriate state to activate the forces. The NGB JOC coordinates the activation and deployment of requested forces with the state and the requesting organization.

F-25. HRF members may deploy SAD, 32 USC, or 10 USC orders. Table E-1 lists the command authority, duty locations, funding responsibility, authorized mission types, authority for discipline, and authority to support state law enforcement for each duty status type.

F-26. During steady-state operations, the HRF C2 full time staff coordinates and synchronizes CBRN response plans within their assigned FEMA region. This coordination increases the rapid integration and interoperability of NG CBRN response enterprise forces assigned within the same FEMA region.

F-27. Consideration should be given to the operational location of the HRF C2; unlike the CERFP, it is not tactical in nature and will require facilities to operate from and will need a staging area for vehicles and trailers.

### **COMMUNICATIONS**

F-28. The HRF has two JISCC elements and systems assigned to it; one JISCC is assigned to the HRF C2 and another to the CBRN task force C2. The JISCC system supports HRF elements with rapid and real-time coordination with other DOD and NIMS/ICS CBRN response forces. JISCC is a modular communications package with components comparable to the WMD—CST Unified Command Suite.

F-29. At the incident site, the JISCC can provide valuable civil-military information for coordination with additional incident response forces. The JISCC can provide the link between nonsecure and unclassified communications used by civilian response entities and, when employed, approved encryption communications used by NG CBRN response enterprise forces.

### **MEDICAL**

F-30. Refer to appendix E for special medical considerations of the CERFP. Upon notification of a response to an AO, medical logistics personnel from the HRF will communicate with on-site CERFPs or HRFs on the status for requests for formulary resupply to ship to the operation staging area. The HRF will take over this function from the CERFPs for the assigned AO. The consequence management support center provides resupply to the medical element when engaged in domestic operations. Access to the National Stockpile may be available and requested through the proper authorities. Additional lines of supply to augment medical resupply are Defense Logistics Agency, the Minnesota Medical Warehouse, and other ESF-8 Health and Human Services partners.

### **LOGISTICS AND SUSTAINMENT**

F-31. HRFs maintain five days of supply (PPE, water, and rations). HRF elements are required to maintain and transport their five days of supply to the incident site. After five days, support must be coordinated between the supported and supporting JFHQ—state or JTF—state. The consequence management support center provides a HRF FAST package to support immediate resupply of consumable items, replacement of select COTS equipment, and maintenance support for commercial equipment. A medical FAST package is included when requesting a HRF FAST unless otherwise requested. The HRF FAST package provides one

additional day of PPE for the HRF plus a CERFP. Consideration must be given to the FAST package's staging requirements, which are approximately five tractor-trailers carrying around 95 pallets of material and located near the HRF C2 operations.

F-32. Supporting states are responsible for ensuring that the equipment and expendables required to support HRF operations are available and maintained. Supported states are responsible for providing supply and services once the HRF is deployed to their AO and organic supplies are depleted. HRF elements that deploy independent of the HRF C2 report directly to the next higher C2 as the senior HQ on the ground for support requirements.

F-33. HRF C2 capabilities include an expansive logistical support element in the J-4 section that is capable of supporting supply chain activities, consequence management support center FAST package management, materials management, supply distribution, refueling operations, limited recovery, and maintenance support for military vehicles, and operational cost estimating.

F-34. HRFs will submit a ICS Form 213 RR for common user services or materials not supported through other channels (such as liquid and solid HAZMAT waste removal, bulk operational water for decontamination, chemical latrines, and lumber packages) for the HRF and supported CERFPs and WMD-CSTs as necessary.

## LIAISON

F-35. Establishing and maintaining a liaison with the IC, JFHQ-state, or JTF-state is vital to the success of the CBRN response mission. The HRF will provide liaison personnel to the IC, JFHQ-state, JTF-state, and JTF-CS. Some of the tasks of the liaison are to—

- Act as the bridge between the IC staff, JFHQ-state, JTF-state, JTF-CS, and the HRF C2 element.
- Establish and maintain communications with the IC staff, JFHQ-state, JTF-state, or JTF-CS as soon as the HRF is authorized to deploy.
- Advise the IC staff, JFHQ-state, JTF-state, or JTF-CS on the capabilities and limitations of the HRF.
- Follow up on requests for information and resource requests from the HRF.

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## Appendix G

# Federal Response Assets

This appendix provides an overview of federal response assets supporting DSCA operations following a domestic catastrophic CBRN incident. The DCRF serves as the primary DOD response asset during a domestic CBRN incident. The DCRF organizational structure, doctrinal mission, corresponding key tasks, organizational capabilities, dependencies, and tactical employment considerations for DCRF units and staffs, from platoon to division level, are provided. Tables of organization and equipment and tables of distribution and allowances data are excluded as they may change during force transformation initiatives. Users can research the latest automated, approved authorization documents on the U.S. Army Force Management Support Agency website.

## OVERVIEW

G-1. DOD has allotted forces primarily for the homeland CBRN response mission. Under state control, these forces consist of WMD–CST, CERFP, and HRF. Under federal control, these forces consist of the DCRF with JTF–CS as its core and two C2CRE. These forces are collectively referred to as the CBRN response enterprise.

G-2. The DCRF is a joint services military organization. It represents a significant DOD commitment to CBRN response. JTF–CS is assigned as the two-star command HQ. The DCRF orchestrates the efforts of multiple active duty subordinate brigades that are task-organized to provide critical functions necessary in the aftermath of a significant incident. The DCRF is prepared to deploy within 24-48 hours following notification.

G-3. The DCRF is sourced primarily from the active component, multi-Services, and allocated to USNORTHCOM. It provides C2, force protection, technical CBRN response (detection, identification, and decontamination), aviation, logistics, transportation, engineering, air/ground evacuation, Role 2 and Role 3 medical, search, and extraction.

G-4. ARNG and ANG forces, including WMD–CSTs, CERFPs, HRFs, division HQs, and any NG units allocated to the DCRF or C2CREs, remain under the control of their respective governor unless ordered to federal 10 USC active duty. A DSC may be appointed by federal and state authorities to provide unity of effort for 10 USC and 32 USC forces simultaneously employed in the United States to support civil authorities.

## ROLES AND RESPONSIBILITIES

G-5. The DCRF conducts collaborative planning, exercises, and training (local through national level) to refine plans, communication, and coordination processes and concepts of operations.

G-6. The DCRF continuously monitors subordinate unit capabilities and readiness, including developing mitigation strategies in coordination with service providers and balancing CBRN response mission requirements with competing external mission requirements. The DCRF conducts the following key tasks in performing its mission:

- Provide C2 at a CBRN incident.
- Integrate into the NIMS/ICS.
- Conduct CBRN reconnaissance, surveillance, and sample management.
- Conduct survivor and casualty search-and-rescue operations.

- Conduct casualty collection, stabilization/triage procedures.
- Conduct ambulatory and nonambulatory casualty decontamination.
- Provide additional enabling components; C2, aviation, Role 2 and 3 medical, logistics, and engineering support.

## MISSION

G-7. The DCRF mission is to save lives, mitigate human suffering, and facilitate recovery operations in a CBRN environment.

## ORGANIZATION

G-8. The DCRF is a joint organization including Soldiers, Sailors, Airmen, Marines, and civilians from active duty and reserve units. The DCRF is a scalable force with four operational brigade task forces—task force operations, task force aviation, task force medical, and task force logistics and can accept augmentation to increase capabilities as required. The DCRF task organization is indicated in figure G-1.

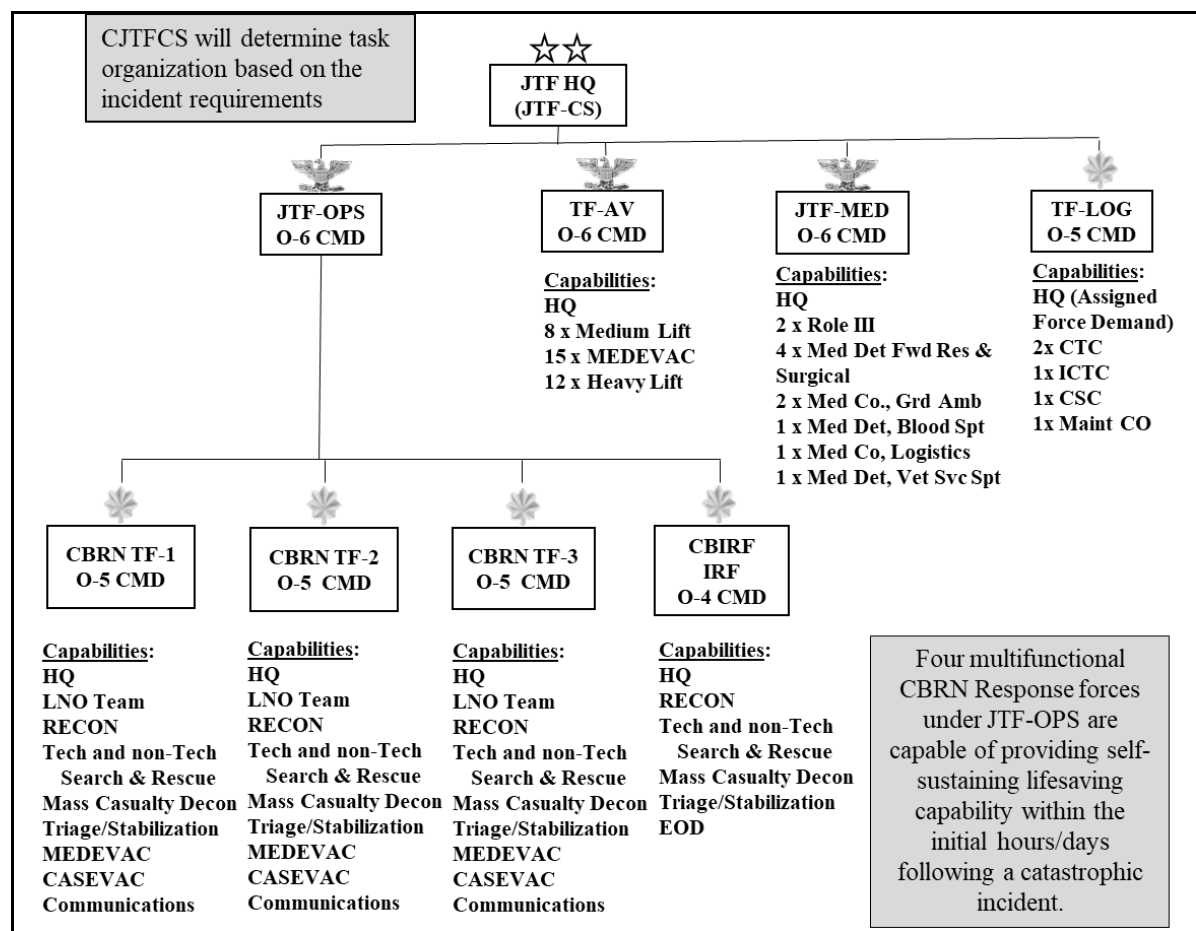


Figure G-1. DCRF task organization

<b>Legend:</b>	
CASEVAC	casualty evacuation
CBRN	chemical, biological, radiological and nuclear
CBIRF	chemical, biological incident response force
CJTF-CS	commander joint task force civil support
CMD	command
Co	company
CSC	composite supply company
CTC	composite truck company
Det	detachment
EOD	explosive ordnance disposal
Fwd	forward
Grd	ground
HQ	headquarters
ICTC	inland cargo transfer company
IRF	Incident Response Force
JTF-CS	joint task force civil support
JTF HQ	joint task force headquarters
JTF-MED	joint task force medical
JTF-OPS	joint task force operations
LNO	liaison officer
Maint	maintenance
MED	medical
MEDEVAC	medical evacuation
RECON	reconnaissance
Res	resuscitative
Spt	support
Svc	services
Tech	technical
TF	task force
TF-AV	task force aviation
TF-LOG	task force logistics
Vet	veterinary

**Figure G-1. DCRF task organization (continued)**

G-9. The DCRF has two deployment force packages. Force Package 1 is prepared to deploy within 24 hours following notification. Force Package 2 is ready to deploy within 48 hours following notification. The DCRF consists of staffs, units, detachments, specialized teams, and task forces.

G-10. JTF-CS is the division level C2 element of the DCRF, a standing JTF HQ assigned to USNORTHCOM and under the OPCON of USARNORTH, which functions as the JFLCC. JTF-CS plans and integrates DOD support for CBRN incidents and employs military capabilities to support federal civilian law enforcement agencies in the homeland.

G-11. During support for CBRN incidents, JTF-CS forces consist mainly of DCRF units allocated to USNORTHCOM in the Global Force Management Allocation Plan.

G-12. When directed by the SECDEF, the CDRUSNORTHCOM deploys JTF-CS to establish control of federal military forces supporting a CBRN incident. USNORTHCOM may deploy JTF-CS to the USINDOPACOM AOR to provide CBRN response support when requested.

G-13. JTF-CS and the USARNORTH contingency command post can form as a JTF to C2 federal forces. The JFLCC, designated as the main supported effort, C2 federal military forces and JTFs operating in small and medium scale DSCA missions.

## TASK FORCE OPERATIONS

G-14. The task force operations consist of a brigade HQ and four subordinate, battalion-sized, multifunctional CBRN response task forces. Each battalion task force consists of one battalion HQ; one CBRN company to provide hazard identification and mitigation, technical decontamination, MCD, and can operate in Occupational Safety and Health Administration levels A, B, and C PPE; one general support

company that supports MCD, ground transport, survivor transport, and general support; one medical company that provides triage, stabilization, and ambulance transport; one US&R platoon that provides structural collapse search-and-rescue. These battalion task forces have self-sustaining lifesaving capability within the initial hours/days following a catastrophic incident. The specific functional type of battalion HQ or general support company may vary, depending on the force provider's availability during an assignment cycle; however, this does not impact the task forces' capabilities.

G-15. The three CBRN task forces are the backbone of the federal CBRN lifesaving response. Each CBRN task force incorporates technical and nontechnical skills to conduct US&R; medical triage, treatment, stabilization, and evacuation of survivors in a contaminated environment; establish and extract or direct survivors to decontamination points; then conduct decontamination and process survivors for higher medical role of care or evacuation.

G-16. The brigade HQ of the DCRF also has aligned units that include—

- **U.S. Marine Corps CBIRF IRF attached.** An IRF, the fourth CBRN task force, is a U.S. Marine Corps element that conducts lifesaving skills in a CBRN environment. There are two established IRFs within the U.S. Marine Corps CBIRF. Each IRF incorporates technical and nontechnical skills to find and conduct medical triage and stabilization of survivors in a contaminated environment, establish and extract or direct survivors to decontamination points, then conduct decontamination and process survivors for higher echelon medical care or evacuation. The IRF incorporates five technical skills to maximize lifesaving potential: all hazards reconnaissance, casualty search and extraction, patient decontamination, technical rescue, and EOD. Technical rescue provides the capability to save a person from a confined space, collapsed structure—below or aboveground—or from a vehicle. The IRF's EOD team provides a limited capability to render safe chemical and biological improvised explosive devices and improvised dispersal devices so the unit can continue its lifesaving mission. All five technical skills are conducted in the CBRN environment. One IRF from the CBIRF is assigned to this mission and deploys within 24 hours.
- **Engineer Support Company (horizontal).** This company provides horizontal engineer construction support for emergency route opening, incidental debris removal, and damage assessment to assist responder access. It provides construction support for semipermanent tent camps, marshaling areas, and converting existing fixed facilities into operational areas.
- **Engineer Red Horse squadron (vertical).** The Red Horse squadron provides vertical construction support for decontamination, medical, search and extraction, and camp set operations and assists horizontal engineer activities such as site access, land clearing, route opening, and utility isolation. Tasked teams will provide damage assessments on facilities and infrastructure to enable safe entry during rescue and recovery operations. Teams will also conduct emergency stabilization and expedient repair of damaged facilities and utilities, including water and waste, electrical distribution, gas and petroleum storage/distribution. Teams can establish/support contingency, forward, and main operating bases. If base assets are provided, teams can conduct field force bed-down and sustain forward camps/bases.
- **Mortuary Affairs Company.** The Mortuary Affairs Company is composed of two U.S. Army quartermaster platoons that conduct mortuary affairs operations within direct support of the DCRF mission. The Mortuary Affairs Company will respond when survivors expire while under control of the DCRF during lifesaving operations, such as US&R, MCD, and emergency medical services. Each Mortuary Affairs Company may establish up to eight mortuary affairs collection points, which can process up to 120 noncontaminated human remains, provided temporary storage, limited transport, and aid in tentative identification and final disposition operations. The Mortuary Affairs platoon also supports both military and civilian fatalities while supporting DCRF missions. Assuming proper utilization of Mobile Integrated Collection Systems, a Mortuary Affairs Company can process up to 16 contaminated human remains per 24-hour period offering proper refrigerated storage for the daily human remains processed.



## **TASK FORCE AVIATION**

G-17. The task force aviation is a brigade-sized organization that provides an aviation operational task force HQ with a LNO team to provide C2 for subordinate aviation units, including rotary wing and potentially assigned light fixed-wing aircraft supporting the DCRF.

G-18. The task force aviation task force HQ advanced party includes airspace C2 cell, aviation weather forecasting team, and joint, multiagency communications capability. Task force aviation capabilities include—

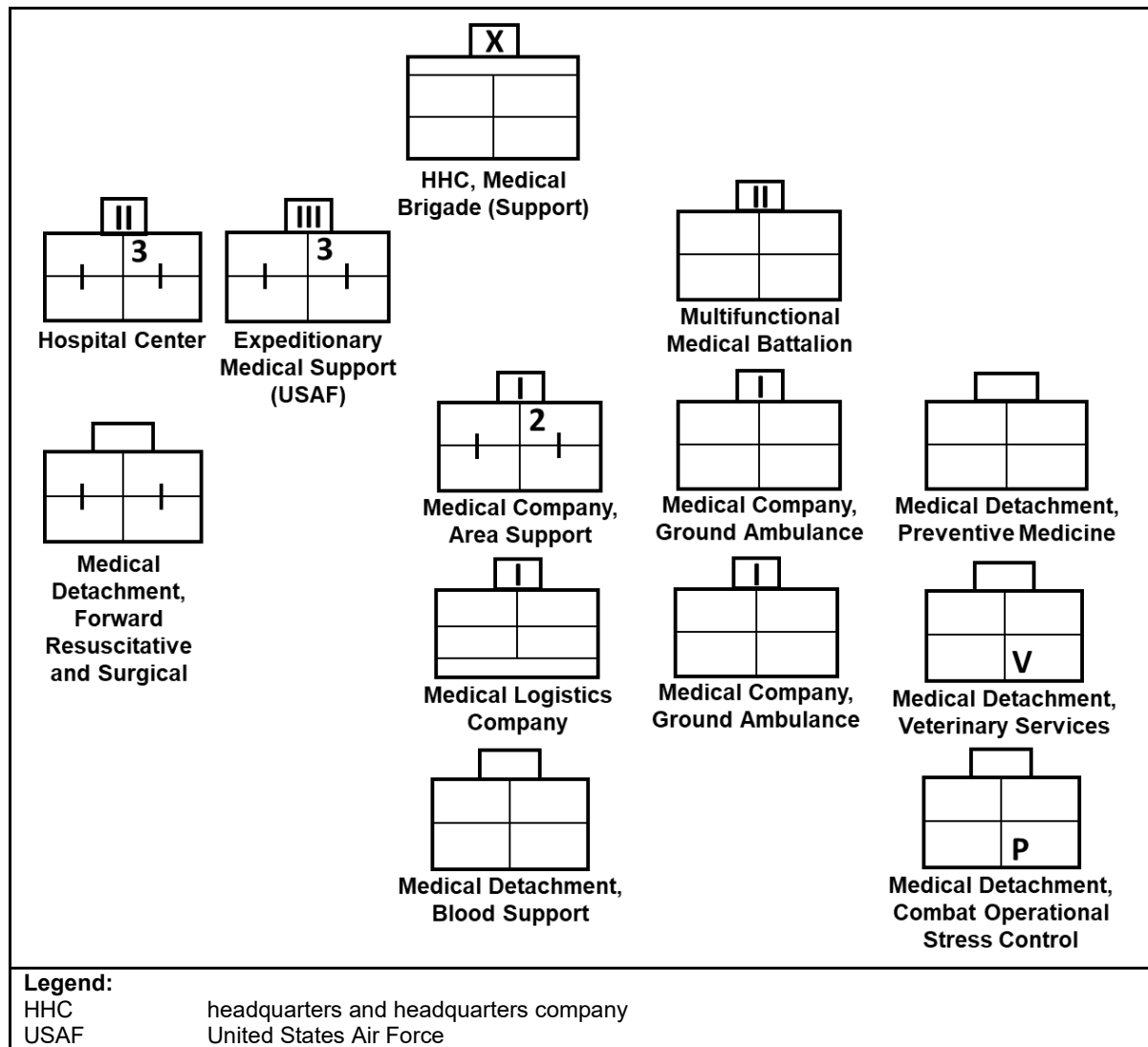
- Medium-lift aircraft with a capacity of 12 people, 2,640 pounds internal load, and 9,000 pounds external load.
- Heavy-lift aircraft with a capacity of 33 people or 24 litters, a forward load of 17,000 pounds, a center load of 26,000 pounds, and an aft load of 17,000 pounds.
- Type-1 air ambulances with a capacity of three litters each.

G-19. Missions conducted by task force aviation include CASEVAC and MEDEVAC, air transport personnel, search-and-rescue, and a host of other critical missions.

G-20. The task force aviation typically has one assigned general support aviation battalion assigned. The general support aviation battalion provides C2, communications flights, aerial movement of troops, supplies and equipment (heavy and medium lift), aeromedical evacuation support, and air traffic services. The general support aviation battalion deploys with organic field maintenance and required logistical and distribution support.

## **TASK FORCE MEDICAL**

G-21. Task force medical is a brigade-sized organization that synchronizes HSS and FHP throughout the JOA and operates the JTF–CS patient evacuation coordination cell. The brigade HQ provides C2 to task force medical units and administrative assistance/technical supervision of all assigned and attached medical units supporting CBRN response operations. See figure G-2, page G-6, for a typical task force medical task organization diagram.



**Figure G-2. Task force medical task organization**

G-22. Task force medical capabilities include forward resuscitative and surgical support, blood support, medical logistics, preventive medicine, veterinary support, combat and operational stress control, triage and stabilization, and ground ambulance support. See table G-1, page G-8, for details on task force medical capabilities cross-referenced to FEMA designated capabilities.

G-23. At the time of the incident, local, state, and federal medical assets' status may not be fully known in detail. These assets include—

- Civilian healthcare systems.
- Emergency responders.
- NG medical assets operating in 32 USC.
- National disaster medical system.
- Deployable medical assistance teams.
- U.S. public health service deployable teams.
- Federal medical shelters.
- National veterinary response teams.
- Military medical assets located in or near the incident site.

G-24. Assumptions for DCRF medical support may include the following:

- Initial ground MEDEVAC/CASEVAC may be limited to a 10-mile transport.
- Medical companies area support will initially deploy with enough Class VIII-A (medical materiel) supplies and Class VIII-B (blood) supplies to sustain medical operations for approximately four hours.
- Medical logistics lines of communication with the Defense Logistics Agency should be available throughout Phases II through V to establish Class VIII-A (medical materiel) and Class VIII-B (blood) resupply.
- DOD prime vendors should be capable of supporting the level of demand for all Class VIII-A (medical materiel) supplies and Class VIII-B (blood) supplies.
- There may be limitations to the transportation of Class VIII-A (medical materiel) supplies and Class VIII-B (blood) supplies and blood products into and throughout the affected area.
- Medical units may be required to provide triage, treatment, and transportation to displaced citizens in a CBRN environment.

G-25. Medical roles and capabilities are spread throughout to DCRF. Table G-1 depicts task force medical to FEMA capabilities.

- Task force medical can provide Role 1-3 medical care, patient movement, medical logistics, stress management, preventive medicine, veterinary services, blood support, and C2 of all above medical assets. Additional capabilities require a RFF.
- Task force aviation can provide rotary wing for patient or casualty movement to include MEDEVAC or CASEVAC.
- Task force operations can provide Role 1-2 medical care and patient movement (MEDEVAC) in a CBRN environment.
- Expeditionary signal battalion supports all task forces with secure communications in support of all medical efforts.
- U.S. Air Force radiation assessment team provides active dosimeters to monitor radiological exposure to DCRF forces and make recommendations for continued operations.  
U.S. Air Force AELT monitors epidemiological issues affecting DCRF force readiness and makes recommendations to minimize operational impact.

**Table G-1. Task force medical—FEMA capabilities cross reference**

<i><b>DOD Team</b></i>	<i><b>FEMA capabilities</b></i>	<i><b>Number available</b></i>
EMED	Expeditionary medical support: DMAT basic Type 1 (with 3 surgeons and dental care unit).	1
Forward resuscitation and surgery	Medical detachment, forward resuscitative and surgical	1
Blood	Medical detachment, blood support to perform all blood operations.	1
MEDLOG	Medical logistics company responsible for medical supplies and medical equipment maintenance.	1
Preventive Medicine	Medical detachment, preventive medicine provides occupational and environmental health, disease and injury surveillance, epidemiology, entomology, industrial hygiene, and field sanitation support.	1
Veterinary Services	Medical detachment, veterinary service support provides medical and surgical care for working dogs, epidemiology surveillance and control, microbiological and chemical laboratory diagnostics, and food/water/sanitation safety assessments/inspections.	1
COSC	Medical detachment, combat and operational stress control = DMAT- mental health specialty Type I consultations, triage, prevention, and treatment.	1
MCAS	Type 1 DMAT basic; triage and stabilization for internal support. One Type 3 ambulance strike team consisting of 8 ambulances.	1
Ground Amb	Medical company, ground ambulance consisting of Type 3 ambulance strike teams (4x) with 6 ambulances per strike team.	2
<b>Legend:</b> Amb ambulance COSC combat operational stress control DMAT disaster medical assistance team DOD Department of Defense EMED emergency medical FEMA Federal Emergency Management Agency FST forward surgical team MCAS medical company area support MEDLOG medical logistics		

## TASK FORCE LOGISTICS

G-26. Task force logistics consists of a battalion-sized HQ and five companies. Task force logistics provides maintenance, transportation, and supply functions in support of the DCRF.

G-27. Task force logistics battalion HQ provides a support HQ with an LNO team to provide C2 for up to seven subordinate companies. Task force logistics capabilities include—

- The ability to provide automotive repair and recovery support for wheeled vehicles and military handling equipment, limited ground support maintenance capabilities, including but not limited to generators, pumps, refrigeration, hydraulics, and electronics.
- General and direct support to DCRF units. Receive, store and issue supplies to include Class I (perishable and semi-perishable) supplies, Class II supplies, Class III supplies, Class IV supplies, Class VII supplies, Class IX supplies, maps, and bottled water.
- Transportation assets for the movement and distribution of dry and refrigerated containerized cargo, general noncontainerized cargo, bottled water, and bulk water.
- The capability to discharge, load, and transship cargo at air, rail, or truck terminals; theater distribution centers; and central receiving and shipping points.

## CAPABILITIES

G-28. The DCRF provides extensive capabilities to assist in recovery efforts following a catastrophic CBRN incident. These include CBRN incident assessment, search-and-rescue (trained to technician level), decontamination of DOD personnel and equipment, evacuee and casualty decontamination, first responder and emergency equipment decontamination, emergency medical, Role 2 medical care (patient triage, along with trauma and emergency medical care), patient holding, ground, and rotary-wing air patient movement (MEDEVAC and CASEVAC), Role 3 medical care (surgical and intensive care), FHP measures, preventive medicine, veterinary service support, blood support, combat and operational stress control support, military personnel and equipment operational security, site accessibility horizontal engineering, logistics, general-purpose support to enhance lifesaving and reduce human suffering, C2 aviation lift, mortuary affairs, and transportation. These capabilities include abilities to—

- Support the IC and local authorities.
- Provide C2 function tasks for DCRF elements.
- Conduct planning and coordination.
- Support an IAP and oversee its execution.
- Assist CBRN detection, identification, and monitoring.

## EMPLOYMENT CONSIDERATIONS

G-29. DOD units possess capabilities that can aid during a CBRN incident in the homeland. However, response times and resources may vary. The following considerations influence the size and array of DCRF forces that are employed. Actual forces received in an incident area depend upon—

- The scope of the mission.
- The threat during deployment, employment, and redeployment.
- The reaction time.
- The geographic location, size, and nature of the situation.
- Special requirements, such as equipment, training, or technical expertise.
- The availability and readiness of forces.
- Other worldwide commitments.
- Required force protection conditions.

G-30. JTF–CS’s CBRN response capabilities may be positioned at a BSI in anticipation of a domestic CBRN response at a national special security event or special event locations to facilitate a rapid response.

G-31. The DCRF is enabled by and required theater level logistics support to link the tactical response to strategic supply chains to deliver equipment and supplies, such as replacement CBRN personal protective equipment, fuel, and food.

## LIAISON

G-32. DCRF liaisons with DOD organizations to maintain a ready-to-deploy JTF–CS command assessment element to provide immediate CBRN expertise when an incident or warning occurs.

## ALERT AND DEPLOY

G-33. Force Package 1 of the DCRF is ready to deploy within 24 hours of notification. Force Package 2 is ready to deploy within 48 hours of notification.

G-34. A joint reception center will be established as soon as practical in the JOA. All forces arriving in the JOA will be received into the area via the JRSOI process when possible.

G-35. JTF–CS will provide arriving units arriving early in the flow with C2, communications, and life support information (billeting, maintenance, fuel, and messing). According to CBRN executive order, units arriving in the operations area are expected to be self-sustaining during initial operations. An assigned

theater support command/expeditionary sustainment command will assume theater opening and reception roles once it achieves initial operating capability.

## **EMPLOYMENT OF TASK FORCES**

G-36. DCRF units typically move from the APOD to the BSI but may also move from the APOD directly to the incident site, depending on the situation's urgency. Units moving via ground convoy or organic aviation assets will generally move directly to the incident site and BSI.

G-37. JTF-CS may direct units to report directly to an alternate site closer to the incident, to prevent unnecessary travel. At the APOD, BSI, or designated alternate reporting location, all units must complete JRSOI.

G-38. Task force operations are the main effort with the other task forces operating in a direct or general support role directed by JTF-CS based on incident response details.

## **BATTALION TASK FORCE EMPLOYMENT**

G-39. The DCRF utilizes three constructs in which CBRN task forces may be employed during response operations. Each construct can be tailored to meet C2 requirements, mission needs, terrain limitations, logistics, and strategic lift constraints. See figure G-3. The three constructs are—

- Three CBRN task forces operating independently.
- Two CBRN task forces mutually supporting with one independent.
- Three CBRN task forces operating mutually supported.

### **Three Battalions Operating Independently**

G-40. Three CBRN task forces are arrayed parallel to one another in the same geographical area or geographically dispersed within the affected area to maximize flexibility, increase response speed, and increase survivor throughput capacity over a short period. CBRN task forces may also be employed in different parts of the same affected area under this construct under some unique circumstances. Using this employment option permits the DCRF to respond to the most significant amount of terrain at a single point in time. On order, CBRN Task Force 1 either replaces the CBIRF IRF or incorporates them into the battalion. CBRN task forces 2 and 3 are received into the affected area upon completion of JRSOI at the BSI and incorporated into the response effort. The risk to parallel employment is the premature culmination of DCRF forces because the CBRN task forces operate without a reserve.

### **Two Battalions Operating Mutually Supporting With One Operating Independently**

G-41. This operational concept permits the task force operations commander to conduct 24-hour operations in a specific sector while allowing the third CBRN task force to be used at the CJTF-CS discretion. Once CBRN Task Force 1 closes into the affected area, they will either replace or incorporate the CBIRF IRF into their response operations. Upon arrival at the incident site, CBRN Task Force 2 integrates operations with CBRN Task Force 1 to enable robust 24-hour operations; the IRF reconstitutes and prepares for follow-on missions. CBRN Task Force 3 and the reconstituted CBIF IRF are used as a force to respond to emergent needs, high population centers, or as determined by CJTF-CS. Mutually supporting CBRN task forces continue to alternate work schedules with one another until mission assignment completion or culmination. The independent CBRN task force or CBIRF IRF continues to operate until mission assignment completion or culmination.

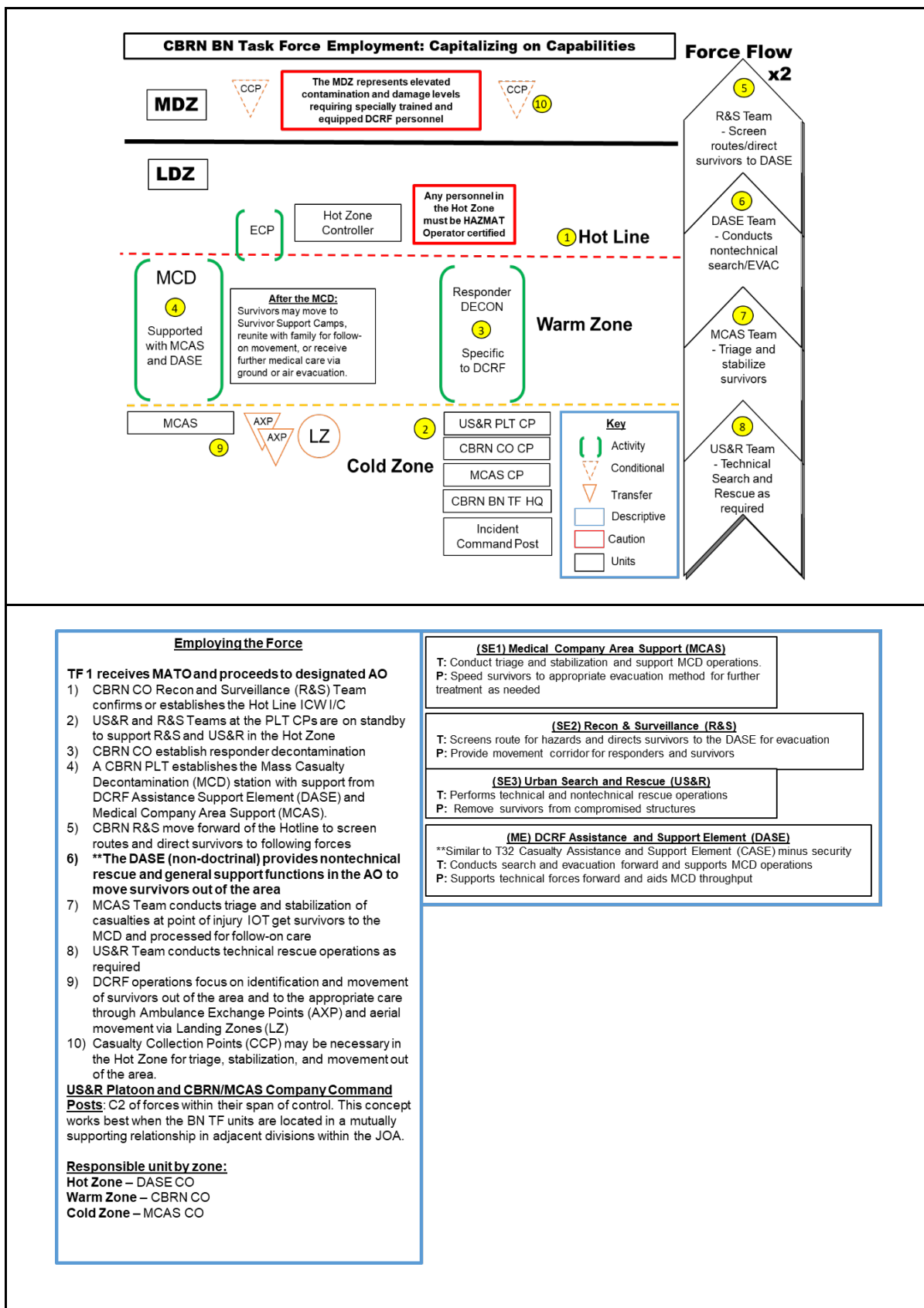


Figure G-3. CBRN task force employment

<b>Legend:</b>	
AO	area of operations
AXP	ambulance exchange point
CBRN	chemical, biological, radiological, and nuclear
Bn	battalion
C2	command and control
CCP	casualty collection point
Co	company
DASE	DCRF assistance and support element
DECON	decontamination
DCRF	defense chemical, biological, radiological, and nuclear response force
ECP	entry control point
Evac	evacuation
HQ	headquarters
I/C	incident commander
ICW	in coordination with
IOT	in order to
JOA	joint operation area
LDZ	light damage zone
LZ	landing zone
MCAS	medical company area support
MATO	mission assignment tasking order
MCD	mass casualty decontamination
MDZ	moderate damage zone
ME	main effort
PLT	platoon
R&S	reconnaissance and surveillance
SE (SE1, SE2)	supporting effort
TF	task force
US&R	urban search-and-rescue

Figure G-3. CBRN task force employment (continued)

## EMPLOY TECHNICAL SUPPORT FORCES

G-42. DCRF technical support forces may be employed in direct support of designated incident sites. These support force capabilities include CBRN reconnaissance, US&R, and medical.

## Conduct CBRN Reconnaissance

G-43. The primary task and purpose of CBRN reconnaissance is FHP of the DCRF units. CBRN reconnaissance supports civil authorities at a domestic CBRN incident site by identifying CBRN agents/substances, assessing current and projected consequences, advising on response measures, and assisting with appropriate requests for support. The reconnaissance element provides the capability to conduct CBRN route, zone, area, point reconnaissance, surveillance, sample management, and limited searches and extraction in a CBRN incident. They are trained/certified to the HAZMAT responder technician level. Key tasks of the CBRN reconnaissance element are—

- Plan CBRN reconnaissance and surveillance mission.
- Conduct dismounted CBRN surveillance.
- Conduct CBRN reconnaissance.
- Conduct casualty recovery in the hot zone.
- Conduct technical decontamination.
- Establish a Consequence Management/Operations Center.
- Conduct logistics/sustainment operations.
- Conduct medical operations.

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**Note.** For additional information on CBRN reconnaissance see ATP 3-11.37/MCRP 10-10E.7/NTTP 3-11.29/AFTTP 3-2.44.

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## Conduct Urban Search-and-Rescue

G-44. CBRN ground search-and-rescue elements provide technical rescue and hot zone search and extraction capabilities trained and equipped to the technician level of technical rescue capability according to NFPA 1670 standards in the following rescue disciplines: structural collapse rescue, confined space rescue, rope rescue, trench rescue, and vehicle and machinery rescue operations. Personnel are trained/certified at the HAZMAT responder operations level. Personnel can execute basic packaging and care of casualties for extraction and trained in FEMA marking, sectoring, and search pattern. The US&R element can conduct technical decontamination of assigned personnel, establish a hazardous waste site, and extract casualties without causing further injury to the casualty.

G-45. Key tasks of the US&R element are—

- Conduct technical decontamination.
- Perform vehicle rescue.
- Perform machinery rescue.
- Support confined space rescue operations.
- Support structural collapse rescue operations.
- Support trench rescue operations.
- Employ shoring techniques.
- Perform rope rescue operations.
- Perform trench rescue operations.
- Perform confined space rescue operations.
- Perform a structural collapse rescue operation.
- Establish a consequence management/operations center.
- Support people with special needs (physical, mental disabilities, non-English speaking) requiring medical attention or personal care.

G-46. For additional information on US&R, see NFPA 1670. Civilian population may not be familiar with military CBRN markings and signs posted to protect and avoid the contamination area. The CBRN Response team properly marking sites such as cleared buildings and boundaries. Include in the planning that the population understands the meaning of the CBRN markings.

## Conduct Mass Casualty Decontamination

G-47. MCD supports civil authorities at a domestic CBRN incident site with MCD support. Personnel are trained/certified at the HAZMAT responder operations level. Key tasks of the element are—

- Establish a MCD site.
- Conduct ambulatory casualty decontamination.
- Conduct nonambulatory casualty decontamination.
- Disassemble the MCD site.
- Conduct incident tracking.
- Conduct casualty collection procedures.
- Establish AO.
- Conduct technical decontamination.
- Establish a consequence management/operations center.
- Conduct logistics/sustainment operations.
- Prepare for treatment of CBRN casualties.
- Provide emergency care.
- Establish temporary fatality storage.

## **MEDICAL SUPPORT AND CONSIDERATIONS FOR MASS CASUALTY DECONTAMINATION**

G-48. The DCRF Role 2 medical company, area support provides triage and stabilization of mass casualties and supports patient decontamination in a technical support role. The capabilities include monitoring and caring for patients throughout the decontamination process and triaging casualties for MEDEVAC/CASEVAC out of the contaminated area.

G-49. The medical company, area support is also prepared to conduct ground evacuation of both DOD and civilian patients. It will assist with the movement of casualties to a casualty collection point. The medical company, area support can provide medical treatment to first responders operating in the contaminated environment to include pre- and post-entry monitoring for FHP; provide limited trauma care for civilian and responder casualties; initial triage, resuscitation, and stabilization; treatment of patients with disease and minor injuries; triage of mass casualties; support patient decontamination; advanced trauma life support; and preparation for further evacuation.

G-50. The medical company, area support can provide eight ambulances with crews capable of single lift evacuation of 32 litter patients or 64 ambulatory patients. This unit is typically OPCON to task force medical.

## **REDEPLOY**

G-51. Transition focuses on completing response support requirements meeting the primary agency's responsibility for coordination of that function. Ideally, military support ends as a community can perform emergency services needed to save lives, protect property, and transition to recovery operations without further 10 USC DOD support.

G-52. Upon release by the operational commander, all units will process out of the operations area by providing a summary of mission accomplishment, AAR input for critical issues, and conduct full accountability of sensitive items. Units will turn in special equipment purchased by or loaned from FEMA or the primary agency. Detailed tasks and instructions for Phase V will be promulgated through separate fragmentary orders. Upon arrival at home station, units will provide a closure report to CJTF-CS.

## **PLANNING**

G-53. Planning considerations for each phase of response may include but are not limited to the phases discussed below.

### **PHASE 0, SHAPE**

G-54. Phase 0, Shape, DCRF units establish and maintain relationships with federal, state, local, and DOD mission partners.

G-55. JTF-CS joint medical operations center (JMOC). The JTF-CS JMOC—

- Establishes HSS and FHP concepts of operation, priorities, procedures, and guidance to support JTF-CS operational objectives.
- Maintains the operational concept for the employment of the PECC.
- Supports FHP by conducting medical risk assessments, identifying potential health threats, developing guidance and countermeasures, establishing medical surveillance criteria and activities, and maintaining medical countermeasures.
- Assists with Class VIII-A (medical materiel) supply coordination and Class VIII-B (blood) supply requirements with the SIMLM, theater lead agent for medical materiel and task forces.
- Coordinates patient movement item support requirements.
- Coordinates blood product requirements with the USNORTHCOM joint blood program office.
- Ensures medical CBRN response specific training requirements for medical units and personnel are completed.
- Synchronizes medical objectives with JFLCC surgeon and DCRF units and personnel.
- Maintains medical readiness points of contact for subordinate units.

- \*Coordinates administrative requirements with patient movement liaison team, medical logistics management center (MLMC), and U.S. Air Force radiation assessment team personnel.
- Conducts monthly telephone synchronization meetings with task force medical personnel.

G-56. Task force medical, aviation, operations, logistics, and expeditionary signal battalion provide weekly individual medical readiness reports to JTF–CS operations directorate of a joint staff (J-3)/JOC and participate in the monthly JMOC synch teleconference.

## PHASE I, ANTICIPATE

G-57. Phase I, Anticipate, focuses on heightened awareness and planning. Planning should focus on shared situational awareness and positioning/posturing response forces to facilitate a quick response. Under these circumstances, situational awareness following a no-notice catastrophic event will require substantial incident analysis and environmental assessments to be completed before deployment.

G-58. The JTF–CS JMOC—

- Maintains situational awareness and analysis of CBRN threat.
- Plans and coordinates HSS and FHP with USNORTHCOM, JFLCC, DOD components and partners at the federal, state, and local levels.
- Initiates DD Form 2795 (*Pre-Deployment Health Assessment*).
- Prepares and loads medical countermeasures and supplies.
- Provides medical planning support to early entry command post, joint planning assistance cell, and the crisis action team. Be prepared to provide augmentation to the interagency planning cell.
- Conducts predeployment FHP tasks.
- Modifies medical annex to the specific incident.

G-59. The task forces medical, aviation, operations, logistics, and expeditionary signal battalion—

- Initiates predeployment health assessments (DD Form 2795).
- Activates medical countermeasures procedures.
- Conducts predeployment FHP tasks.

## PHASE II, RESPOND

G-60. Phase II, Respond, begins when JTF–CS/DCRF is directed to deploy. Planning considerations include deploying to the affected area with joint mission-essential equipment list equipment and supplies. The objective for rapid employment is to minimize time conducting Phase II operations. All forces must complete JRSOI through the joint personnel processing center.

G-61. The JTF–CS JMOC—

- Maintains situational awareness and analysis of CBRN threat.
- Coordinates HSS and FHP with USNORTHCOM, JFLCC, DOD components, and partners at the federal, state, and local levels.
- Distributes medical countermeasures and supplies.
- Provides Surgeon General representative as required to any boards, centers, cells, and working groups.
- Establishes and staffs the JMOC.
- \*Requests JTF–CS medical enablers from the U.S. Air Force radiation assessment team and MLMC.
- Implements deployment FHP tasks.
- Articulates Class VIII-A (medical materiel) supply and Class VIII-B (blood) supply requirements.
- Publishes incident-specific annex Q.
- Gathers metrological, terrain, and imagery data of the affected area.
- Determines the health and welfare of the global position system constellation and identifies areas of decreased positional accuracy.

G-62. The task force medical—

- Implements deployment FHP tasks.
- Coordinates EMEDS logistics and sustainment requirements (including life support) with task forces operations, task force logistics, and JTF–CS JSC/JLOC.
- Initiates Class VIII-A (medical materiel) and Class VIII-B (blood) resupply plan.

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**Note.** The task force aviation, operations, logistics, and expeditionary signal battalion implements deployment FHP tasks.

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### PHASE III, OPERATE

G-63. Phase III, Operate, begins when JTF–CS/DCRF is prepared to begin response operations as directed by the LFA and higher HQ in support of civil authorities within the affected area. Lifesaving activities are the focus of phase III. Because response actions vary with each CBRN threat, the specific lifesaving actions performed will be adjusted by the event type.

G-64. DCRF units must be prepared to adjust the task organization as directed to meet the situation's demands.

G-65. By the direction of the LFA, the DCRF may collaborate, via the DCO/DCE, with state/local authorities to establish its responder support camps or fall in on previously established state or federal responder support camps which, for operational purposes, are as close to the affected area as feasible.

G-66. Phase III ends when JTF–CS/DCRF elements have completed lifesaving mission assignments, assigned or expected future mission assignments focus on life sustaining or long-term recovery operations, and when directed to begin redeployment operations by higher HQ. Logistics support and sustainment requirements of response forces are stable and capable of being forecasted and transition responsibility to either DCO/DCE or an incoming HQ. Either entity is prepared to take OPCON of designated forces to complete any remaining mission assignments or begin recovery operations.

G-67. The JTF–CS JMOC—

- Serves as the deployed centralized medical coordination center for all DCRF HSS and FHP operations.
- Manages DOD HSS and FHP Operations.
- Receives SITREPs from subordinate units, analyzes information provided, and complies with all SITREP requirements to higher HQ according to the battle rhythm.
- Determines RFF as necessary to support CBRN task force medical operations or in response to mission assignments.
- Produces and responds to RFAs.
- \*Maintains FHP program for DCRF personnel and amend, as required, according to the U.S. Air Force radiation assessment team.
- Establishes baseline occupational and environmental health exposure data for the JOA, collects environmental samples, monitors disease trends, and develops occupational and environmental health exposure data documentation.
- Establishes contact with CBRN response enterprise forces (WMD–CST, CBIRF) to obtain incident-specific environmental exposure data.
- Monitors and analyzes environmental exposure data gathered from medical SITREPs and other sources to identify health risks to personnel and provide recommendations for protective measures and mitigation of hazards.
- Develops occupational and environmental health exposure data assessment documentation (SF 600 [*Chronological Record of Medical Care*]) for review and approval by the JTF–CS JMOC.
- Synchronizes medical logistics operations with the SIMLM and the theater lead agent for medical materiel.

- Coordinates Class VIII-A (medical materiel) supplies and Class VIII-B (blood) supplies support in the affected area with master ordering facility; SIMLM; Theater Lead Agent for Medical Materiel; MLMC; theater support command; task forces medical, aviation, operations, and logistics.
- Coordinates with USTRANSCOM for patient movement items and other USTRANSCOM required Class VIII-A (medical materiel) supplies and Class VIII-B (blood) supplies supporting aeromedical evacuations.
- Synchronizes with the 6th MLMC early entry team's elements collocated with the JFLCC SIMLM to provide centralized theater level management of Class VIII-A (medical materiel) supplies and Class VIII-B (blood) supplies biomedical maintenance, medical logistics information services, and coordination of materiel distribution within the affected area.
- Provides guidance on tactical and strategic patient movement.

G-68. \*The JTF-CS surgeon synchronizes patient movement concepts with the task force commanders utilizing the U.S. Air Force AELT, the PECC, and the medical brigade's medical regulating officer to perform patient movement.

G-69. \*The U.S. Air Force AELT is an Air Force medical team that provides enhanced liaison support between the forward user and the aeromedical evacuation system. The Air Force AELT provides operational, clinical, and communication links necessary to prepare patients for flight and initiates fixed-wing evacuation of casualties.

G-70. The PECC refers to a capability within the DCRF that includes coordination of both ground and air evacuation assets at the same geographic location(s).

G-71. The task force medical—

- Provides Role 1 medical care to task force operations, task force expeditionary signal battalion, and task force logistics.
- Provides Role 2-3 care for the DCRF.
- Executes medical-related mission assignments as directed.
- Conducts HSS and FHP operations.
- Establishes and executes PECC operations.
- Submits daily medical SITREPs to JTF-CS JMOC.

G-72. The task force operations—

- Provides Role 1 medical care for task force personnel.
- Provides initial triage, treatment, and patient evacuation in support of mass casualty operations.
- Coordinates Role 1-3 medical care for task force personnel with task force medical.
- Coordinates HSS and FHP requirements with task force medical.
- Submits daily medical SITREPs to JTF-CS JMOC.
- Participates in daily JMOC medical synchronization teleconferences.

G-73. The task force aviation—

- Provides Role 1 care to task force personnel.
- Prepares to execute MEDEVAC, whether in response to mission assignments or 9-line MEDEVAC requests.
- Prepares to perform CASEVAC with available platforms in response to mission assignments.
- Assists with Class VIII-A (medical materiel) supply and Class VIII-B (blood) supply or medical personnel movement.
- Provides staff and laptop computer augmentation to the PECC.
- Participates in daily JMOC teleconferences.

G-74. The task force logistics—

- Supports task force medical or task force operations CBRN task forces as necessary with Class VIII-A (medical materiel) supply and Class VIII-B (blood) supply movement.
- Coordinates Role 1 care with task force medical.

G-75. The expeditionary signal battalion—

- Supports all task forces with secure communications in support of all medical efforts.
- Provides direct communications and technical support to the PECC.

G-76. \*The U.S. Air Force radiation assessment team provides active dosimeters to monitor radiological exposure to DCRF forces and makes recommendations for continued operations.

G-77. \*The U.S. Air Force radiation assessment team monitors epidemiological issues affecting DCRF force readiness and makes recommendations to minimize operational impact.

G-78. The MLMC assists DCRF medical logistics in establishing communications with the master ordering facility to expedite Class VIII-A (medical materiel) supply and Class VIII-B (blood) supply support.

## **PHASE IV, STABILIZE**

G-79. Phase IV, Stabilize, begins when JTF-CS/DCRF are directed to begin redeployment operations by higher HQ and begin to disengage from CBRN response operations. A transition of authority may be conducted between DCRF units to either follow-on forces or interagency partners to continue the remainder of mission assignments as directed by higher HQ during stabilization/recovery operations. This phase ends when personnel and equipment from DCRF units are accounted for and staged at the BSI, ready to redeploy. Lifesaving operations are complete, and mission assignments transition to recovery operations. DOD support to domestic incidents requires timely application of capabilities while also planning for contingencies in the event of multiple incidents. The risks that must be weighed in planning for transition between operational phases may include, but are not limited to—

- Specially trained DCRF personnel employed for extended periods to accomplish mission assignments, which do not require unique skillsets or capabilities. A slow transition to civil authorities or follow-on HQ or forces delays DCRF reset and posture for another incident.
- A negative impact on public opinion during redeployment preparation. JTF-CS/DCRF must adhere to published and authorized higher HQ and LFA strategic communication. Public affairs guidance will be disseminated to the lowest level, and media will be referred to the joint information center.
- Equipment and personnel shortages. DCRF must track shortfalls and report to JTF-CS and force provider to reconstitute equipment and personnel shortages.
- DOD clearance criteria requirement/completion is delayed by civil authorities, delaying redeployment. DCRF will follow and not violate clearance standards. JTF-CS will ensure standards are met before movement and coordinate with response partners.

G-80. The JTF-CS JMOC—

- Assists command with medical services transition planning.
- Conducts HSS and FHP operations.
- Coordinates redeployment medical requirements with JFLCC and task forces.

G-81. The task force medical—

- Participates and assists in transition planning with JTF-CS HQ.
- Conducts HSS and FHP operations.

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**Note.** Task force aviation, operations, logistics, and expeditionary signal battalion coordinate redeployment medical requirements with task force medical and JTF-CS JMOC.

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## PHASE V, TRANSITION

G-82. Phase V, Transition, begins when units are directed to depart the area and begin reconstitution in preparation for future operations and return to shape phase. Preparation for relinquishing OPCON of DCRF units as they return to service force providers. DCRF will be given instructions to redeploy by USNORTHCOM/USINDOPACOM. DCRF units will report movement to force provider as directed. Once at home station, DCRF units will provide force closure reports to their force provider.

G-83. Key tasks include—

- Submitting redeployment time-phased force deployment data.
- Reassigning OPCON of DCRF units returned to service force providers or as directed by higher HQ.
- Conducting reverse JRSOI of deploying units and providing force closure reports to the force provider, and courtesy copy JTF-CS.
- Assessing equipment and personnel shortages of JTF-CS and DCRF units.
- Transferring contaminated equipment as directed to the theater support command.
- Submitting lessons learned to USNORTHCOM/USINDOPACOM through USARNORTH.
- Coordinating with force providers to track contaminated equipment.
- Generating a report containing personnel who received exposure more significant than the operational exposure guidance.

G-84. Risks include—

- Personnel exceeding operational exposure guidance levels.
- The rapid consumption of PPE and contaminated vehicles given to theater support command that results in an extended reset period to train new personnel and reequip units limiting DCRF ability to respond to future events in the subsequent Shape phase.
- A degraded C2 integrity of DCRF units as forces redeploy back to home station(s).

G-85. The JTF-CS JMOC—

- Completes post-deployment health screening procedures using DD Form 2796 and a healthcare provider interview according to DODI 6490.03.
- Completes documentation of environmental and occupational health exposures.
- Ensures the completion of post deployment health reassessment (DD Form 2900) according to DODI 6490.03 of JTF-CS HQ personnel between 90-180 days of redeployment.

G-86. The task force medical—

- Assists with the transfer of HSS and FHP operations to designated authority.
- Implements post-deployment health screening procedures according to DODI 6490.03.
- Documents environmental and occupational health exposures.

G-87. The task force aviation, operations, logistics, and expeditionary signal battalion—

- Implements post-deployment health screening procedures according to DODI 6490.03.
- Documents environmental and occupational health exposures.

G-88. The JTF-CS JMOC coordinates and synchronizes joint HSS and FHP with federal, state, local, and tribal partners within the designated affected area. It will coordinate HSS and FHP concept of operations with the task forces medical, aviation, operations, logistics, and expeditionary signal battalion.

## LOGISTICS AND SUSTAINMENT CONSIDERATIONS

G-89. Task force logistics will prioritize its initial/opening sustainment capability to task force operations via a forward logistics element around N+30. The task force logistics/CDR is responsible for constructing the forward logistics element's make-up and retains OPCON over its resources. The forward logistics element generally provides transport, refueling, bulk water transport, maintenance, and cargo handling/trans load capabilities to the receiver task force. Follow-on, more robust logistics capabilities arrive in the operational area at N+72 through N+120.

## **MISSION COMMAND**

G-90. The C2 approach enables operations in a decentralized manner according to doctrine and concepts based on mission-type orders. Mission-type orders focus on the purpose of the operation rather than details of how to perform assigned tasks. In current joint and service doctrine, key attributes of the C2 approach are trust, understanding, and intent. Mission command is essential to setting conditions for subordinates and their units to ensure success.

G-91. During the early stages of a complex catastrophe, C2 will play an essential role in establishing a base of operations, maintaining the operations center, and sustaining communications.

G-92. The JTF-CS JMOC is the principal HSS and FHP advisor to JTF-CS and establishes HSS and FHP policy for assigned DOD 10 USC forces. DOD medical forces are under the C2 of U.S. military commanders but will support other federal agencies as outlined in the base plan.

## **ESTABLISH BASE OF OPERATIONS**

G-93. When the decision is made to deploy the DCRF, all affected elements will alert, marshal, and deploy according to their established timelines. The response may straddle different phases at certain times. During phase II, Respond, the CDRUSNORTHCOM may preposition DCRF units, including the JTF-CS early entry command post or other JTF-CS elements at Federal installations as required, in preparation to receive forces for employment into the affected area.

G-94. The potential confusion surrounding a surprise complex catastrophe coupled with the unknown posture of strategic airlift assets, and the requirement of USTRANSCOM to move movement on the ground enablers to facilitate DCRF deployment, could result in slower deployment of lifesaving assets to the affected area.

G-95. CDR JTF-CS will task organize the DCRF according to the current situation and threat picture. Initial DCRF elements may arrive simultaneously as the JTF-CS advance party so that employment plans may take place en route by wireless communications. The JTF-CS ADVON will establish initial logistics C2 and conduct early-entry JRSOI in coordination with the BSI, APOD, and elements of the JFLCC RSOI team to receive and control DCRF elements on arrival for immediate employment.

G-96. The IC's staging area will be the principal geographic point for assembly and integration of the initial DCRF elements being committed to the response. Operational coordination between the state response, civilian federal response, and the 10 USC military CBRN response is through the JFO. However, JTF-CS may establish direct liaison with the IC and direct coordination with the JTF-state of the supported state. If a JTF is established, consistent with operational requirements, its C2 element will be collocated with the senior on-scene leadership at the JFO to ensure coordination and unity of effort.

G-97. While initial DCRF elements conduct direct lifesaving tasks follow on DCRF Force Package 2 capabilities may move to the BSI as designated by JTF-CS, in coordination with USARNORTH and USNORTHCOM. Additional forces from RFF generated in coordination with JTF-CS, supported state, supported federal agency, USARNORTH, and the 167th Theater Support Command will deploy into the affected area and will link up and coordinate with the current logistics support structure to rapidly conduct JRSOI and introduce forces.

## **MAINTAINING OPERATIONS CENTER**

G-98. JTF-CS elements will conduct liaison, C2, coordination, assessment, situational awareness, casualty search and extraction/rescue, patient decontamination, emergency medical services, air and ground MEDEVAC and CASEVAC, and logistical support. The DCRF units will conduct direct lifesaving tasks (search-and-rescue, casualty decontamination, and emergency medical triage, treatment, to include Role 2 and Role 3 medical treatment, and air and ground MEDEVAC and CASEVAC) in response to CBRN incidents in support of civil authorities, to save lives and minimize human suffering.



## COMMUNICATIONS

G-99. The DCRF will require dedicated networks with access to Nonsecure Internet Protocol Router (NIPR) and SECRET Internet Protocol Router (SIPR) services, voice and secure-voice communications consisting of cellular, ultra-high frequency tactical satellite, Iridium, and line of sight radio capabilities.

G-100. Satellite communications channels and frequencies will be requested and filled upon notification of a deployable incident, in addition to required deployable communications capabilities with reach-back capability into appropriate networks.

G-101. The relay of patient identification and specific medical details over open communication methods should be according to the Health Insurance Portability and Accountability Act of 1996. The Health Insurance Portability and Accountability Act requires that individuals' health information be adequately protected while allowing the flow of health information needed to provide and promote high quality health care.

## TRAINING CONSIDERATIONS

G-102. Units assuming the role as the DCRF must adhere to a comprehensive joint training plan. DCRF units must maintain a high level of readiness and deployability while on mission. To achieve rapid deployability, DCRF units must improve and sustain continuous situational awareness and preparation. This provides the ability to swiftly transition when directed into Phase III operations as needed for a no-notice event. Preparation of the DCRF is the responsibility of the force providers during shape phase to ensure readiness is attained for the execution of CBRN response operations. Once on mission, the Services or Corps commanders are responsible for necessary sustainment training to keep the perishable technical skills trained to the appropriate level of proficiency.

G-103. Training considerations for DCRF units include—

- Training to proficiency according to joint mission-essential training solutions.
- Conducting deployment readiness exercises and actively participating in internal and external exercises to ensure high readiness and timely deployability.
- Conducting joint planning process.
- Rapidly establishing initial operating capability at an event site.
- Submitting joint personnel status reports.
- Adjusting the task organization to meet situational demands.
- Developing and tracking burn rate estimates for consumables to include PPE.
- Conducting transition of authority procedures in coordination with federal regulations
- Conducting redeployment planning.
- Executing relief in place.
- Maintaining accountability.
- Executing clearance criteria.
- Conducting reverse JRSOI, unit movement, and accountability.
- Conducting FHP, documentation, and reconstitution.

G-104. JTF–CS HQ staff training tasks should focus on the following:

- **Director of Manpower and Personnel, Joint Personnel Operations Center (manpower and personnel directorate of a joint staff [J-1]).** They—
  - Manage personnel reporting and accountability for the conduct of JTF–CS operations.
  - Process RFF and local 10 USC forces through the joint personnel and processing center (JPPC) upon arrival in the JOA. Initial reception and staging is established and conducted by the JTF–CS, by either the BSI or APOD teams until the supporting sustainment command's forward team arrives to take responsibility for JRSOI from the joint personnel operations center J-1.
  - Process DCRF forces, RFF, and local 10 USC forces through the JPPC.
  - Lead the joint personnel operations center, provide liaison to the JPPC.

- Serve as a member for the joint sustainment cell for coordination with the BSI coordination cell.
- Provide manpower to JPPC and lead BSI coordination cell and provide support to APOD coordination cell.
- Transition responsibility for managing the BSI coordination cell to the supporting sustainment brigade when it arrives to assume responsibility for JRSOI.
- Report casualties by both the operation and service chains of command.
- **Director of Operations, JOC/J-3.** They—
  - Conduct joint planning process activities.
  - Direct and synchronize the execution of OPLAN operations according to branch plans.
  - Provide USARNORTH/JFLCC with timely, accurate assessments of conditions and reports.
  - Issue orders and fragmentary orders to published OPORDs to the OPLAN.
  - Employ JTF-CS capabilities for C2 and sustainment according to the established N-hour sequence and the JTF-CS tactical standard operating procedures.
  - Prepare risk assessments for operations within the affected area.
  - Provide guidance for planning, implementation, and execution of DCRF mission and anti-terrorism measures to all OPCON, TACON, and assigned units.
  - Develop and conduct IAA to collect information about and analyze the impact of events and conditions involved in DSCA operations.
  - Conduct planning and coordination required for executing IAA to support the OPLAN and branch plans.

## **INDIVIDUAL**

G-105. Individual training for DCRF focuses on utilizing the Training and Doctrine Command approved Army Training Requirements and Resource System to register and schedule Soldiers for training.

G-106. CDRUSNORTHCOM provides specified mandatory individual training requirements for individuals assigned within DCRF technical support forces, including—

- MCD.
- CBRN responder.
- US&R.
- DSCA Phase 1 and Phase 2 and training recommendations for senior staff and leaders.

G-107. HAZMAT training is incorporated within these courses as appropriate: MCD provides HAZMAT at the operations level, and CBRN responder and Civil Support Skills Course provide HAZMAT at the technical level. Units must maintain 90 percent qualified personnel during their time on mission. These courses were developed and funded specifically for the CBRN response enterprise and ensure all CBRN response enterprise members are training to one standard across the enterprise and are appropriately accredited at DOD level.

## **COLLECTIVE**

G-108. Collective training is critical to ensuring that responding elements are well prepared to perform their assigned tasks to save lives and minimize human suffering. Collective training should include—

- Establishing C2 of OPCON forces.
- Coordinating and executing sustainment operations for the DCRF.
- Employing and sustaining the ability to conduct MCD and provide 24-hour coverage per day.
- Utilizing air and ground capabilities to move survivors out of the affected area.
- Employing and sustaining the capability to measure the amount of radiation forces are exposed to continuously.
- Employing and sustaining the capability to protect forces and secure lines of communication.

- Providing joint planning assistance cell support to state-JTF commanders and DSCs.
- Deploying the appropriate C2 element.
- Conducting a rapid deployment of DCRF initial operating capability and an immediate establishment of DCRF full operational capability.
- Initiating continuity of operations plan.
- Recommending change to the CBRN response posture level.
- Selecting the locations for JTF–CS command posts.
- Changing the concept of operation, task organization, or request additional forces/resources to accomplish the mission.
- Recommending change to the force protection condition and information operation condition measures.
- Planning for a refit period after the initial 72 to 100 hours of operation, as intense work cycles of lifesaving operations may lead CBRN task forces to culminate at this point. This window also coincides with an anticipated steep decline in the survivability rate of at-risk victims remaining in the moderate damage zone.
- Implementing field-expedient PPE measures.
- Publishing fragmentary orders to standing OPORDs.

## OTHER DEPARTMENT OF DEFENSE RESPONSE ASSETS

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*Note.* This section explains the other DOD assets that can be utilized during a domestic CBRN event.

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### UNITED STATES NAVY MEDICINE ROLE

G-109. The Navy medicine's tactical medical capabilities, medical and scientific expertise, and federal coordinating centers contribute significantly to homeland security. This includes tactical medical capabilities that the forward-deployable preventive medical unit can provide. The forward-deployable preventive medical unit mission is to enhance HSS by anticipating and rapidly assessing, preventing, and reducing or controlling health threats in a theater by characterizing those health threats and focusing the efforts of other organic preventive medicine assets to reduce or mitigate the hazards.

G-110. The forward-deployable preventive medical unit is a joint service asset. It provides specialized preventative medicine support to forward deployed U.S. forces and JTF commanders. It is mobile, agile, and rapidly deployable with state-of-the-art detection and diagnostic equipment that yields real-time analytical capabilities. The forward-deployable preventive medical unit has a minimal footprint, has self-sustaining consumables for up to 60 days, and has the flexibility to task organize to meet any contingency from small-scale humanitarian support to major combat operations. It is adaptable to operate from fixed or mobile land bases to maritime platforms; however, it requires joint functions and C2, communications, and computer integration within the theater.

### NAVAL MEDICAL RESEARCH CENTER

G-111. The Naval Medical Research Center's mission is to conduct health and medical research, development, testing, evaluation, and surveillance to enhance deployment readiness of DOD personnel worldwide. The NMRC laboratory focuses on solutions to operational medical problems such as battlefield neurotrauma and wound infections, decompression sickness, naturally occurring infectious diseases, and biological threat agents; and is home to the DOD bone marrow registry.

### BIOLOGICAL DEFENSE RESEARCH DIRECTORATE

G-112. The Naval Medical Research Center Biological Defense Research Directorate has light expeditionary biological field laboratories for the diagnosis and detection of infectious diseases including biowarfare agents. Laboratory testing platforms are based on molecular (to include sequencing capabilities),

immunological and serological assays produced in our International Organization for Standards accredited production laboratories. The expeditionary labs are comprised primarily of commercially available scientific laboratory equipment for use in traditional lab and austere settings. Highly-specific lateral flow immunoassays against biowarfare agents are prepared in our laboratories.

## **UNITED STATES MARINE CORPS ROLE**

G-113. In response to PPD-39, the Commandant of the Marine Corps created the CBIRF to counter CBRN adversary threats. The force is entirely self-contained and self-sufficient, capable of deploying anywhere in the world on short notice.

G-114. The CBIRF is capable of rapid response to CBRN threats. Should an incident occur, CBIRF would immediately deploy to the affected site and provide many significant capabilities to coordinate initial relief efforts, security, detection, identification, expert medical advice, mass casualty triage, treatment, decontamination, and stabilization from the point of injury until evacuation occurs. The CBIRF has robust reconnaissance, as well as technical rescue capabilities. The CBIRF provides decontamination only for equipment organic to the unit.

G-115. When directed, the CBIRF forward deploys and responds to a credible threat of a CBRN incident to assist local, state, or federal agencies and designated CCDRs in the conduct of consequence management operations. The CBIRF consists of specially trained personnel and specialized equipment suited for operations in a wide range of contingencies. Through detection, decontamination, and emergency medical services, the CBIRF capabilities are intended to minimize the effects of a CBRN incident.

## **MEDICAL**

G-116. The CBIRF medical team is staffed to initiate treatment in the hot or warm zone (scenario dependent). Members are capable of operating in Levels B, C, and D PPE. Treatment continues through decontamination triage to medical stabilization. Each IRF has trauma supplies for approximately 50 critical or 100 moderate-to-minor patients and carries the equivalent of 1,500 nerve-agent antidotes.

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**Note.** USNORTHCOM operationally controls the CBIRF. If coordination is required during a response, USNORTHCOM will establish the requirement and method.

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## **UNITED STATES AIR FORCE ROLE**

G-117. \*U.S. Air Force home station medical response (for example, in-garrison) to CBRN incidents (also known as medical countermeasures–CBRN) includes the capabilities listed below:

- Patient decontamination (886A)—capable of being operational in 20 minutes of activation. System is a four-lane tent with supplies to decontaminate up to 100 casualties without resupply.
- Nursing services (886D)—augments AS 886L and provides equipment and supplies for medical units with inpatient treatment capabilities.
- Pharmaceutical team (886E)—provides medication and first responder antidotes for CBRN threats.
- Bioenvironmental engineering surveillance team (886H)—capable of using equipment to perform health risk assessments for CBRN threats and toxic industrial materials. This team also has sampling and analysis capability.
- Laboratory biological detection team (886I)—about half (50 percent) of our CONUS installations locations provide a capability through polymerase chain reaction diagnostics for field confirmation identification of biological agents.
- Field response (886J)—refers to the immediate medical CBRN response capability provided by 886J supplies.
- Triage (in-place) (886K)—includes primary triage of self-presenters to the MTF before patient decontamination; evidence preservation at the medical decontamination zone; retriage of decontaminated casualties; post-event prophylaxis dispensing; and documentation and reporting

of asset status through medical readiness decision support system and Defense Medical Logistics Standard Support after the incident.

- Clinical (886L)—includes treatment of CBRN casualties; evidence preservation at the medical unit; treatment of decontaminated casualties arriving at receiving medical units; clinical sample collection; disposition of casualties after emergency treatment; assisting in coordination with civilian treatment facilities on patient-specific clinical information; hospitalization of survivors or disposition to self- or home-care; preparation for MEDEVAC; crisis and military community counseling; assistance in mass, pre- and post-event prophylaxis dispensing or vaccination; and documentation and reporting of asset status through medical readiness decision support system and Defense Medical Logistics Standard Support after the incident.
- Manpower/security (886M)—responsible for providing security and manpower for the patient decontamination team and ensuring that all entrances to the medical unit are locked to prevent contaminated patients from entering.
- Public health (886P)—provides support activities at the scene of the biological event, at the installation's medical unit, and other locations on the installation (such as shelters and food-serving facilities). Each public health team must maintain, in ready status, the knowledge, skills, equipment and supplies required for initial response to a biological event, including investigating food-borne illness outbreaks, performing vector-borne disease surveillance, and performing epidemiologic analysis to identify suspected biological agents.

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**Note.** \*The U.S. Air Force home station medical response program is now transitioning from capability development to capability sustainment. Each installation can now tailor its capability to better match local threats and the unit's ability to respond to CBRN events on the installation.

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G-118. \*The U.S. Air Force CBRN force module can also provide in-garrison CBRN response capabilities if needed. They integrate, coordinate, deploy, and provide Joint and Air Force commanders and LFA with trained and ready forces to execute specialized CBRN operations. It provides overarching expeditionary CBRN capabilities, with the capacity to execute simultaneous missions within CONUS. These teams are rapidly deployable, equipped with rugged and specialized equipment, and ready to support the DOD worldwide.

## ARMED FORCES RADIOBIOLOGY RESEARCH INSTITUTE

G-119. The Armed Forces Radiobiology Research Institute is a tri-Service laboratory chartered by the United States Congress and is charged with executing the DOD Medical Radiological Defense Research Program. Armed Forces Radiobiology Research Institute maintains a Medical Radiobiology Advisory Team that provides state-of-the-art medical radiobiology advice supporting a nuclear accident response. This team consists of physicians and scientists working in radiobiology research. Their mission is to provide the medical units/teams responding to radiobiological emergencies with the most current medical guidance regarding radiation casualties. This advice is derived from validated, military-relevant radiobiology research and is within reasonably accepted standards of care.

G-120. The Medical Radiobiology Advisory Team provides health physics, medical, and radiobiological advice to military and civilian C2 operations worldwide in response to nuclear and radiological incidents requiring a coordinated federal response. Through reachback, the deployed team of radiation medicine physicians and senior health physicists can call on the knowledge and skills of radiobiologists, biodosimetrists, and other research professionals at Armed Forces Radiobiology Research Institute. The Medical Radiobiology Advisory Team—

- Augments the Defense Threat Reduction Agency Consequence Management Advisory Team.
- Provides direct support to the National Military Command Center, the Office of the Assistant to the SECDEF (Nuclear Matters), response task force commanders, and CCDRs.
- Participates in the planning and execution of DOD and U.S. interagency exercises involving radiological and nuclear scenarios.

- Supports two to three Army command post and field training exercises each year.
- Collaborates with other operational experts to conduct graduate-level continuing education through the Medical Effects of Ionizing Radiation Course and develop relevant information products.

## CHEMICAL STOCKPILE EMERGENCY PREPAREDNESS PROGRAM

G-121. The Chemical Stockpile Emergency Preparedness Program is a joint FEMA and Army program that provides emergency preparedness assistance and resources to communities surrounding the Army's chemical warfare agent stockpiles. The Army offers technical assistance and required resources in developing and implementing emergency-response plans and related preparedness capabilities, integrating the on- and off-post planning process through this program.

### THE UNITED STATES ARMY MEDICAL RESEARCH INSTITUTE OF CHEMICAL DEFENSE

G-122. The U.S. Army Medical Research Institute of Chemical Defense is actively engaged in support of homeland defense. The U.S. Army Medical Research Institute of Chemical Defense stood up a course to prepare international partners to respond effectively to WMD incidents. The Public Health Service includes the Medical Management of Chemical and Biological Casualties Course as required training for its Emergency Management Teams. The U.S. Army Medical Research Institute of Chemical Defense is actively engaged with both the military and the civilian medical and first responder communities to be fully equipped and confident in their ability to medically manage chemical agent incidents. As DOD lead laboratory for developing medical countermeasures against chemical threat agents, this organization is increasingly called upon to provide expert analytical and consultative services related to medical chemical defense research and the medical management of chemical casualties.

### THE UNITED STATES ARMY MEDICAL RESEARCH INSTITUTE OF INFECTIOUS DISEASES

G-123. The U.S. Army Medical Research Institute of Infectious Diseases has active research programs to develop medical solutions—vaccines, drugs, diagnostics, and information—to protect Service members and civilians from biological and infectious threats. The U.S. Army Medical Research Institute of Infectious Diseases unique capabilities include biosafety Levels 3 and 4 laboratories, expertise in the generation of biological aerosols for testing candidate vaccines and therapeutics, and fully accredited animal research facilities. The U.S. Army Medical Research Institute of Infectious Diseases works alongside the CDC and the World Health Organization. It supports the FBI, DHS, and other agencies in their role as a national reference laboratory with expertise in extremely dangerous biological agents.

G-124. Table G-2 provides a list of federal assets that could be called upon as the situation calls for. This list is not meant to be complete, but a sampling of assets available.

**Table G-2. United States federal assets for CBRN response**

<b>Asset</b>	<b>Department/Agency</b>	<b>Description</b>
Incident Management Assistance Teams (IMATs)	DHS/FEMA	Provide on-scene incident command capabilities and identify and satisfy initial requirements for federal assistance. Serve in core responsibilities in ICS structure in local disasters and for federally led incidents.
Federal Coordination Officers (FCOs)	DHS/FEMA	Coordinate all federal assistance to affected state(s)/tribe(s) in Stafford Act declared emergencies or disasters.
Urban Search-and-Rescue (US&R) Teams	DHS/FEMA	Provide specialized assistance locating and rescuing victims after buildings or other structures collapse or respond to natural hazards such as landslides or earthquakes.

Table G-2. United States federal assets for CBRN response (continued)

<b>Asset</b>	<b>Department/Agency</b>	<b>Description</b>
Consequence Management Coordination Unit (CMCU)	DHS/FEMA	Ensures information sharing and coordination between FBI-led Protection and Prevention operations and FEMA-coordinated consequence management Response operations.
Visible Intermodal Prevention and Response (VIPR) Teams	DHS/TSA	Deploys transportation security assets (such as security inspectors, air marshals, and canine teams) to specific locations and events as needed.
Protective Security Advisors (PSAs)	DHS/NPPD	Anticipate and assess damage to the area's critical infrastructure assets, including evaluating the potential for cascading effects due to interdependencies among those assets. Also helps prioritize reentry and recovery efforts related to critical infrastructure.
National Response System	DHS/USCG/EPA	Coordinate federal actions and deployment of federal assets to respond to discharge of oil into U.S. waters and adjoining shorelines and releases of hazardous substances, pollutants, or contaminants into the environment.
U.S. Public Health Service Commissioned Corps	HHS/ASH	Provide medical and public health workforce surge capacity in response to mass casualty incidents and other public health emergencies.
Strategic National Stockpile (SNS)	HHS/ASPR	Provide medicine and medical supplies when a public health emergency has overwhelmed local supplies. Also contains unique supplies to respond to specific CBRN agents.
*U.S. Air Force aeromedical evacuation liaison team (AELT)	DOD	Monitors epidemiological issues affecting DCRF force readiness and makes recommendations to minimize operational impact.
National Veterinary Response Team (NVRT)	HHS/NDMS	Assess the veterinary medical needs of animals and communities. Provide veterinary medical support to working animals, including search-and-rescue dogs and animals used for law enforcement. Assess environmental and zoonotic diseases. Provide veterinary support to other deployed NDMS teams.
Disaster Medical Assistance Team (DMAT)	HHS/NDMS	Provide medical care at a fixed or temporary medical care site. Special teams include pharmacy, nurse, burn, pediatric, crush, and mental health.
Disaster Mortuary Operations Response Teams (DMORT)	HHS/NDMS	Provide temporary morgue facilities, victim identification, forensic dental pathology, forensic anthropology, processing, preparation, and disposition of remains.
Planning and Response Teams (PRTs)	DOD/USACE	Provision of ice, water, power, debris removal, temporary housing, temporary roofing, and structural safety assessments.
249th Engineer Battalion (Prime Power)	DOD/USACE	Operational assistance in power generation and distribution for facilities like hospitals, shelters, water and sewer facilities, police, and fire stations.
WMD Coordination Element (WCE)	DOD	A command-and-control group that can support local commanders or lead federal agencies with significant CBRNE expertise and communication assets.

**Table G-2. United States federal assets for CBRN response (continued)**

<b>Asset</b>	<b>Department/Agency</b>	<b>Description</b>
Nuclear Disablement Team (NDT)	DOD	Nuclear experts trained and equipped to disable nuclear WMD infrastructure and conduct sensitive site exploitation operations on nuclear sites.
CBRNE Response Teams (CRT)	DOD	Each CRT is capable of sampling, limited decontamination, detection, munitions assessment, explosive threat mitigation, and contaminated sensitive site exploitation.
CBRNE Analytical and Remediation Activity (CARA)	DOD	CARA has four remediation response teams, multiple mobile exploitation laboratories, and an aviation section that provides the Army with the full spectrum of specialized CBRN forces and capabilities.
Heavy Mobile Expeditionary Laboratory (HMEL)	DOD	Provides staff and commanders the rapid and specific identification of chemical, biological, and explosive precursor and degradation products associated with threat agents.
Lite Mobile Expeditionary Laboratory (LMEL)	DOD	The lite mobile expeditionary laboratory configuration is for short-duration missions and utilizes the HMEL for theater sample validation.
Domestic Emergency Support Team (DEST)	DOJ/FBI	Rapidly deployable team of interagency CBRN experts.
Forest Service Firefighting Assets	USDA/FS	Response assistance can be delivered in many forms, including firefighting support, fire suppression and assistance planning, C2 support, emergency road clearing, logistics facility support, radio/communications systems support, and cache support for mass care shelters.
National Transportation Safety Board Disaster Assistance	NTSB	Provides assistance to families of passengers involved in major aviation and mass transit disasters.
Environmental Response Team (ERT)	EPA	Offers expertise in such areas as treatment, biology, chemistry, hydrology, geology, and engineering.
Emergency Communications and Outreach Team (ECOT)	EPA	Provides public outreach for extended periods. Community involvement and public affairs specialists who have experience in emergency and removal responses. Set up or function in a Joint Information Center, handling the media, public inquiries, community involvement issues, communication strategies, and writing press releases and fact sheets.
Advisory Team for Environment, Food, and Health (A-Team)	EPA/USDA	Develops recommendations on environmental, food, health, and animal health matters.
Airborne Spectral Photometric Environmental Collection Technology (ASPECT)	EPA	Provides images with chemical and radiological information.
Nuclear Incident Response Team (NIRT)	DHS/FEMA	Operationally controls the listed DOE and EPA teams.
Radiological Assistance Program (RAP) Teams	DOE	RAP teams are in all 9 DOE regions. They can provide first responder radiological assistance to protect health and safety and assist in identifying, analyzing, and responding. RAP teams provide field monitoring, assessment support, and a search capability.



Table G-2. United States federal assets for CBRN response (continued)

Asset	Department/Agency	Description
Aerial Measuring System (AMS)	DOE/NNSA	Characterize the ground deposited radiation from an aerial platform, locate lost radioactive sources, or map contamination.
Radiation Emergency Assistance Center/Training Site (REAC/TS)	DOE/NNSA	Medical education teams to support just-in-time local clinical training for radiation response.
Nuclear Emergency Support Teams (NEST)	DOE/NNSA	Assist in the identification, characterization, rendering safe, and final disposition of any radioactive devices.
Radiological Emergency Response Teams (RERT)	EPA	RERT provides onsite and lab-based radiation risk monitoring services.
Consequence Management Advance Command (CMAC)	DOE	Deploys within 2 hours to establish the consequence management plan element in the incident command post.
Consequence Management Response Team (CMRT)	DOE/NNSA	Rapidly deployable team focused on obtaining and assessing gross field monitoring measurements.
Nuclear/Radiological Advisory Team (NRAT)	DOE/NNSA	Provide on-scene scientific and technical advice for nuclear or radiological incidents.
Medical Emergency Radiological Response Team (MERRT)	VA/VHA	Provide medical support, including direct patient treatment and technical advice.
Victim Information Center (VIC)	HHS/NDMS	Provide technical assistance and consultation on the collection of management of antemortem data (such as pictures, fingerprints, dental x-rays, and other medical records) and related issues.
Trauma and Critical Care Teams (TCCTs)	HHS/NDMS	Provide critical, operative, and emergency care to help people in the wake of disaster or emergency.
Legend: AMS Aerial Measuring System ARNORTH Army North ASH Assistant Secretary for Health ASPECT Airborne Spectral Photometric Environmental Collection Technology ASPR Assistant Secretary for Preparedness and Response DEST Domestic Emergency Support Team DHS Department of Homeland Security DODI Department of Defense Instruction DOE Department of Energy DOJ Department of Justice EPA Environmental Protection Agency FBI Federal Bureau of Investigation FEMA Federal Emergency Management Agency FS Forest Service MERRT Medical Emergency Radiological Response Team NTSB National Transportation Safety Board NNSA National Nuclear Security Administration NPPD National Protection & Programs Directorate TSA Transportation Security Administration USACE United States Army Corps of Engineers		

**Table G-2. United States federal assets for CBRN response (continued)**

USCG	United States Coast Guard
USDA	United States Department of Agriculture
USMC	United States Marine Corps
VA	Veterans Administration
VHA	Veterans Health Administration
WMD	weapons of mass destruction

# Glossary

The glossary lists acronyms and terms with Army or joint definitions. Where Army and joint definitions differ, (Army) precedes the definition. Terms for which ATP 3-11.42/MCRP 10-10E.10/NTTP 3-11.38/AFTTP 3-2.84 is the proponent are marked with an asterisk (\*). The proponent publication for other terms is listed in parentheses after the definition.

## SECTION I—ACRONYMS AND ABBREVIATIONS

<b>AAR</b>	after action report
<b>ADVON</b>	advanced echelon
<b>AELT</b>	aeromedical evacuation liaison team
<b>AFTTP</b>	Air Force tactics, techniques, and procedures
<b>ANG</b>	Air National Guard
<b>AO</b>	area of operations
<b>AOR</b>	area of responsibility
<b>APOD</b>	aerial port of debarkation
<b>AR</b>	Army regulation
<b>ARNG</b>	Army National Guard
<b>ATP</b>	Army tactics, techniques, and procedures
<b>BSI</b>	base support installation
<b>C2</b>	command and control
<b>C2CRE</b>	command and control chemical, biological, radiological, and nuclear response element
<b>CASEVAC</b>	casualty evacuation
<b>CBIRF</b>	Chemical-Biological Incident Response Force
<b>CBRN</b>	chemical, biological, radiological, and nuclear
<b>CBRNE</b>	chemical, biological, radiological, nuclear, and explosives (USMC)
<b>CCDR</b>	combatant commander
<b>CCMD</b>	combatant command
<b>CDRUSINDOPACOM</b>	Commander, United States Indo-Pacific Command
<b>CDRUSNORTHCOM</b>	Commander, United States Northern Command
<b>CERFP</b>	chemical, biological, radiological, nuclear and high-yield explosives enhanced response force package
<b>CJCS</b>	Chairman of the Joint Chiefs of Staff
<b>CJCSI</b>	Chairman of the Joints Chief of Staff instruction
<b>CJTF-CS</b>	commander, joint task force-civil support
<b>CNGB</b>	Chief, National Guard Bureau
<b>CNGBI</b>	Chief, National Guard Bureau Instruction

<b>CNGBM</b>	Chief, National Guard Bureau Manual
<b>COCOM</b>	combatant command (command authority)
<b>CONUS</b>	continental United States
<b>DA</b>	Department of the Army
<b>D.C.</b>	District of Columbia
<b>DCE</b>	defense coordinating element
<b>DCO</b>	defense coordinating officer
<b>DCRF</b>	defense chemical, biological, radiological, and nuclear response force
<b>DOD</b>	Department of Defense
<b>DODD</b>	Department of Defense directive
<b>DODI</b>	Department of Defense instruction
<b>DSC</b>	dual-status commander
<b>DSCA</b>	defense support of civil authorities
<b>DSN</b>	Defense Switched Network
<b>EMAC</b>	emergency management assistance compact
<b>EO</b>	executive order
<b>EOC</b>	Emergency operations center
<b>EOD</b>	explosive ordnance disposal
<b>EPLO</b>	emergency preparedness liaison officer
<b>ESF</b>	emergency support function
<b>FAST</b>	Forward Area Support Team
<b>FEMA</b>	Federal Emergency Management Agency
<b>FHP</b>	force health protection
<b>FL</b>	Florida
<b>GSA</b>	general services administration
<b>HAZMAT</b>	hazardous materials
<b>HRF</b>	homeland response force
<b>HSPD</b>	Homeland Security Presidential directive
<b>HSS</b>	health service support
<b>HQ</b>	headquarters
<b>IAA</b>	incident awareness and assessment
<b>IAP</b>	incident action plan
<b>IC</b>	incident commander
<b>ICP</b>	incident command post
<b>ICS</b>	incident command system
<b>IRA</b>	immediate response authority
<b>IRF</b>	incident response force
<b>J-1</b>	manpower and personnel directorate of a joint staff
<b>J-3</b>	operations directorate of a joint staff
<b>J-4</b>	logistics directorate of a joint staff
<b>J-5</b>	plans directorate of a joint staff

<b>JFHQ</b>	joint force headquarters
<b>JFLCC</b>	joint force land component commander
<b>JFO</b>	joint field office
<b>JISCC</b>	joint incident site communications capability
<b>JMOC</b>	joint medical operations center
<b>JOA</b>	joint operations area
<b>JOC</b>	joint operations center
<b>JP</b>	joint publication
<b>JPPC</b>	Joint Personnel and Processing Center
<b>JRSOI</b>	joint reception, staging, onward movement, and integration
<b>JTF</b>	joint task force
<b>JTF-CS</b>	joint task force-civil support
<b>JTF-state</b>	joint task force-state
<b>JR</b>	junior
<b>LFA</b>	lead federal agency
<b>LNO</b>	liaison officer
<b>MCD</b>	mass casualty decontamination
<b>MCRP</b>	Marine Corps reference publication
<b>MEDEVAC</b>	medical evacuation
<b>MHS</b>	military health system
<b>MLMC</b>	medical logistics management center
<b>MO</b>	Missouri
<b>MOA</b>	memorandum of agreement
<b>MOU</b>	memorandum of understanding
<b>MTF</b>	medical treatment facility
<b>MTOE</b>	modify table of organization and equipment
<b>NDMS</b>	National Disaster Medical System
<b>NDP</b>	Naval doctrine publication
<b>NFPA</b>	National Fire Protection Association
<b>NG</b>	National Guard
<b>NGB</b>	National Guard Bureau
<b>NIMS</b>	National Incident Management System
<b>NIPR</b>	Nonsecure Internet Protocol Router
<b>No.</b>	number
<b>NPG</b>	National Preparedness Goal
<b>NPS</b>	National Preparedness System
<b>NRF</b>	National Response Framework
<b>NRP</b>	National Response Plan
<b>NTTP</b>	Navy tactics, techniques, and procedures
<b>OE</b>	operational environment
<b>OF</b>	optional form

<b>OPCON</b>	operational control
<b>OPLAN</b>	operation plan
<b>OPORD</b>	operation order
<b>PECC</b>	patient evacuation coordination cell
<b>POTUS</b>	President of the United States
<b>PPD</b>	Presidential policy directive
<b>PPE</b>	personal protective equipment
<b>RFA</b>	request for assistance
<b>RFF</b>	request for forces
<b>RRCC</b>	regional response coordination center
<b>RSOI</b>	reception, staging, onward movement, and integration
<b>SAD</b>	state active duty
<b>SECDEF</b>	Secretary of Defense
<b>SF</b>	standard form
<b>SIMLM</b>	Single Integrated Medical Logistics Manager
<b>SIPR</b>	SECRET Internet Protocol Router
<b>SITREP</b>	situation report
<b>SRUF</b>	standing rules for the use of force
<b>TACON</b>	tactical control
<b>TF</b>	task force
<b>U.S.</b>	United States
<b>US&amp;R</b>	urban search-and-rescue
<b>USARNORTH</b>	United States Army, North
<b>USINDOPACOM</b>	United States Indo-Pacific Command
<b>USNORTHCOM</b>	United States Northern Command
<b>USTRANSCOM</b>	United States Transportation Command
<b>VA</b>	Virginia
<b>WMD</b>	weapons of mass destruction
<b>WMD-CST</b>	weapons of mass destruction-civil support team

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**22 December 2021**

By Order of the Secretary of the Army:

**JAMES C. MCCONVILLE**  
*General, United States Army*  
*Chief of Staff*

Official:

A handwritten signature in black ink, appearing to read 'Mark F. Averill', written in a cursive style.

**MARK F. AVERILL**  
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