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Description of document: United States Northern Command (USNORTHCOM)  
Concept of Operations Plan (CONPLAN) 3551-09,  
Concept Plan to Synchronize DOD Pandemic Influenza  
Planning, 13 Aug 2009

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Title of document USNORTHCOM CONPLAN 3551-09, Concept Plan to  
Synchronize DOD Pandemic Influenza Planning,  
13 Aug 2009

Source of document: HQ USNORTHCOM/CS  
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## UNITED STATES NORTHERN COMMAND

HQ USNORTHCOM/CS  
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JUN 27 2013

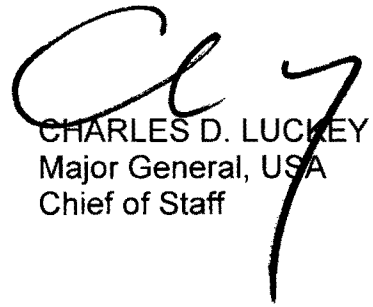
We received your Freedom of Information Act (FOIA) request dated 22 February 2010. Your request was assigned USNORTHCOM FOIA case number FY10-10FEB22USN-17. In your request letter you asked for CONPLAN 3551-09, Pandemic Influenza.

After performing a search of our system of records we were able to locate the one responsive document (attached). The requested document was complex and required extensive review with other Department of Defense components and agencies. After review by multiple agencies, Mark S. Patrick, Chief, Information Management Division, Joint Staff, has determined that portions of the document are exempt from mandatory disclosure under FOIA exemption (b)(5) which disclose inter-agency decision making, and contain subjective evaluations, opinions and recommendations and exemption (b)(7)(E) which disclose investigative techniques and procedures. Joint Staff case number is 12-FC-0028. The authority for these exemptions is United States Code, Title 5, Section 552 (b) (5) and (b)(7)(E). FOIA request FY10-10FEB22USN-17 remains open for additional CONPLAN requests.

As a requester in the "All Others" fee category, you have received the first 2 hours of search and 100 pages of duplication at no cost; therefore there are no assessable fees for processing your request. If you have any further questions concerning your request, please contact our FOIA Request Service Center at the above address.

If you are not satisfied with our Commands' response on your request, you may administratively appeal to Mr. James Hogan, Chief, Policy, Appeals and Litigation Branch, Office of Freedom of Information, 1155 Defense Pentagon, Washington DC 20301-1155. Your appeal should be postmarked within 60 days of the date of this

letter, cite our case number FY10-10FEB22USN-17, and it should be clearly marked "Freedom of Information Act Appeal" on the request.



CHARLES D. LUCKEY  
Major General, USA  
Chief of Staff

Attachment:  
CD with CONPLAN 3551-09

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12-FC-0028

UNITED STATES NORTHERN COMMAND

USNORTHCOM CONPLAN 3551-09, Concept Plan to  
Synchronize DOD Pandemic Influenza Planning.

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HEADQUARTERS, US NORTHERN COMMAND  
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23 March 2009

## UNITED STATES NORTHERN COMMAND CONCECPT PLAN (CONPLAN)3551-09 PLAN SUMMARY

1. Purpose. The potential impact of pandemic influenza (PI) on military operations is significant. Throughout a pandemic, United States (US) military forces must remain dominant across the full spectrum of military operations, preserving combat capabilities in order to protect US interests at home and abroad. The *Department of Defense (DOD) Implementation Plan for Pandemic Influenza (DIP)* directs DOD to prepare for, detect, respond to and contain the effect of a pandemic on military forces, DOD civilians, DOD contractors, dependents and beneficiaries. Additionally, DOD will prepare to address the provision of DOD assistance to civil authorities, foreign and domestic, as well as key security concerns such as humanitarian relief and stabilization operations that may arise. (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

## 2. Conditions for Implementation

### a. Politico-Military Situation

(1) The *National Strategy for Pandemic Influenza* provided guidance to prepare and respond to a pandemic with the intent of:

(a) Stopping, slowing or otherwise limiting the spread of a pandemic to the United States.

(b) Limiting the domestic spread of a pandemic and mitigating disease, suffering and death.

(c) Sustaining infrastructure and mitigating impacts to the economy and the functioning of society.

(2) The *National Strategy* is built upon three pillars that are addressed in CONPLAN 3551:

(a) Ensure preparedness and communication of roles and responsibilities (preparedness and communication).

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(b) Ensure domestic and international systems provide continuous situational awareness to provide the earliest warning possible of outbreaks among animals and humans (surveillance and detection).

(c) Take actions to limit the spread of the outbreak among humans and to mitigate health, national security, social and economic impacts (response and containment).

(3) PI is an environment to operate within, vice an event or traditional enemy. (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

(4) The first priority of DOD support, in the event of a PI, is (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

(b)(5),(b)(7)(E) Additionally, within capabilities, DOD will respond quickly and effectively to civil authority requests to save lives, prevent human suffering and provide security when directed by the Secretary of Defense (SecDef) or the President of the United States.

b. Statement. This summary provides military decision-makers with a brief synopsis of the major aspects of this plan. It is based upon factors and estimates available at the time of preparation and is subject to modification in the context of a specific contingency during a PI.

c. Legal Considerations. Continental US (CONUS) installation commanders are authorized to implement emergency health powers to protect DOD and non-DOD personnel on their installation. These powers include (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

(b)(5),(b)(7)(E) Commanders of outside the continental United States (OCONUS) installations are also authorized to implement emergency health powers, but may be restricted in the implementation of these powers by host nation laws and international agreements. In the event of PI, DOD will provide support to civil authorities, at home or abroad, when directed by the President or the SecDef in accordance with existing US laws, policies and applicable regulations. While providing civil support, DOD forces will comply with the standing rules for the use of force (SRUF). (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

3. Operations to be Considered

a. Force Requirements. (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

(b)(5),(b)(7)(E) Specific force requirements to conduct PI operations under this plan are based upon the nature of support requested by civil authorities and approved by the SecDef or President.

(1) Based upon the nature of the PI operations, USNORTHCOM can request the forces necessary to conduct homeland defense (HD) and civil support (CS) missions via a request for forces (RFF) process through the Joint Staff.

(2) Friendly forces include other combatant commands: US Africa Command (USAFRICOM), US Central Command (USCENTCOM), US European Command (USEUCOM), US Joint Forces Command (USJFCOM), US Northern Command (USNORTHCOM), US Pacific Command (PACOM), US Southern Command (USSOUTHCOM), US Strategic Command (USSTRATCOM), US Transportation Command (USTRANSCOM); the Military Services; supporting Defense agencies such as the Defense Threat Reduction Agency (DTRA), Defense Information Systems Agency (DISA), Defense Logistics Agency (DLA), Defense Contract Management Agency (DCMA) and the National Geospatial-Intelligence Agency (NGA); and various Federal departments including Agriculture, Health and Human Services, Homeland Security and State.

b. Deployment

(1) It is anticipated that (b)(5),(b)(7)(E)


(b)(5),(b)(7)(E)

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(b)(5),(b)(7)(E)




(2) Because of the nature of a PI environment, forces will likely deploy into and out of the various areas of responsibility (AORs) for the entire length/duration of HD and civil support operations.

### c. Employment


(1) Preparing and responding to a PI will require an active, layered defense. This active, layered defense is global, and integrates US capabilities seamlessly in the forward regions of the world, the approaches to the US territory, and within the United States. It is a defense in depth. It includes assisting partner countries to prepare for and detect an outbreak, respond (should one occur), and manage the key second-order effects that could lead to an array of challenges.

(2) The top priority is (b)(5),(b)(7)(E)



(3) CONPLAN 3551 uses a six phase construct to support the US Government's effort to contain and, if necessary, mitigate the effects of a PI. This CONPLAN has taken into account the national level strategy and will amplify those strategic source documents and provide DOD global planning guidance regarding common phasing, objectives, Priority Effects List, definitions of success and key tasks to be accomplished by each phase. Moreover, this CONPLAN will outline desired effects, tasks, roles and responsibilities to coordinate and synchronize the DOD PI planning effort as well as synchronize the decentralized execution of the geographic combatant commanders (GCC)s' theater CONPLANS. (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)





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(4) This is a six-phased CONPLAN driven by operational requirements, the virulence of the influenza virus, and the spread of the virus geographically. It recognizes the approaches adopted by the World Health Organization (WHO) and the US Government (USG) and evaluates their critical elements in an attempt to align portions of these plans with the Global Synchronization CONPLAN as appropriate.

(a) Phase 0 – Shape. Prepare DOD for continued operations in the event of a PI. The priority of effort is surveillance of virus outbreaks. The secondary effort is plan development and synchronization.

(b) Phase 1 – Prevent. DOD supports USG efforts to prevent or inhibit the geographic spread of the virus. The priority of effort is to prepare for and respond to a potential PI, including: surveillance; training, organizing and equipping the force; educating the Key Population; continued planning; strategic communication; (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E) Secondary efforts are actions to maintain situational awareness and coordinate with interagency, state, tribal, local, and international partners.

(c) Phase 2 – Contain. DOD's decisive phase; containing the virus at this point may prevent or delay a PI, potentially alleviating the need for additional phases. The priority of effort is to support USG containment efforts, protect DOD Key Population, and maintain freedom of action to conduct assigned missions within GCC AORs.

(d) Phase 3 – Interdict. DOD supports USG efforts in delaying or halting the spread of the virus geographically. Priority of effort is on preparations to ensure freedom of action to conduct assigned missions in the face of an impending PI.

(e) Phase 4 – Stabilize. DOD maintains continuity of operations. Priority of effort is the protection of Key Population while providing mission assurance of priority missions to protect vital national interest. The secondary effort is support of USG efforts.

(f) Phase 5 – Recover. DOD reconstitutes the force in preparation for the next wave or returns to the inter-pandemic period. Priority of effort is redeployment and reconstitution of the force. Secondary effort is support to USG efforts to re-establish inter/pre-pandemic conditions.

d. Supporting Plans. Commander, USAFRICOM; Commander, USCENTCOM; Commander, USEUCOM; Commander, USJFCOM; Commander, USNORTHCOM; Commander, USPACOM; Commander, USSOUTHCOM;

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Commander, USSTRATCOM; Commander, USTRANSCOM and the Services will develop and maintain supporting plans to CONPLAN 3591.

e. Collateral Plans. The following organizations will support this plan through coordination and the provision of resources and capabilities within their AOR.

- (1) National Guard Bureau
- (2) Defense Commissary Agency
- (3) Defense Contract Management Agency
- (4) Defense Information Systems Agency
- (5) Defense Intelligence Agency National Center for Medical Intelligence
- (6) Defense Logistics Agency
- (7) Defense Threat Reduction Agency
- (8) National Geospatial-Intelligence Agency

#### 4. Key Assumptions

a. Pandemics travel in waves; not all parts of the world will be affected at the same time or affected to the same degree.

b. A PI outbreak will last between 6-12 weeks in one location with PI waves following for a period of 12-24 months. For planning and standardization, two waves will be the baseline planning factor.

c. A vaccine (PI specific strain) will not be available for distribution for a minimum of 4 to 6 months after the clinical confirmation of sustained human-to-human PI transmission. Once a vaccine is developed, current production capability is limited to 1% per week of the total US vaccine required. Foreign manufacturers are not expected to support US demand. Prioritization will be required.

d. Developed countries will be quicker in preparing for, detecting and responding to outbreaks than less developed countries.

e. Some coalition partners, allies and host nation governments will request military assistance and training from the US Government for PI preparedness, surveillance, detection, and response.

f. International and interstate transportation will be restricted to contain the spread of the virus.

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g. Infected people, confirmed (when possible) or suspected, will not be transported to any facilities beyond the affected area unless their medical condition demands movement.

h. An efficient human-to-human outbreak will occur outside of the United States and will not be contained effectively.

i. If a PI starts outside the United States, it will enter the United States at multiple locations and spread quickly to other parts of the country.

j. A PI in the United States will result in 30 % (approximately 90 million) of the population becoming ill, 50 % of those ill seeking treatment, 3 % (approximately 3 million) of those infected being hospitalized, and a case fatality rate of 2 % (approximately 2 million) of those infected over the course of the pandemic.

k. A layered mix of voluntary and mandatory individual, unit and installation-based public health measures, such as limiting public gatherings, closing schools, social distancing, protective sequestration and masking can limit transmission and reduce illness and death if implemented before or at the onset of the event. (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

l. State, Local and Tribal jurisdictions will be overwhelmed and unable to provide or ensure the provision of essential commodities and services.

m. DOD reliance on "just-in-time" procurement will compete adversely with US and foreign civilian businesses for availability of critical supplies.

n. (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

o. The Department of State (DOS) Shelter-in-Place policy will be followed unless other conditions (e.g., civil disturbance or political instability) force an evacuation. If a Shelter-in-Place policy is not feasible, DOD will be called upon to assist in the transportation of American citizens living abroad if deemed necessary.

p. DOS will request DOD support for selective noncombatant evacuation operations (NEO) of designated non-infected individuals from areas abroad

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experiencing outbreaks. This will only be conducted after all other methods of extraction have been exhausted by DOS and only when directed by the SecDef.

q. DOD will (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

r. Civilian mortuary affairs operations will require augmentation.

s. Susceptibility to the PI virus will be universal.

t. The influenza incubation period (time from exposure to signs and symptoms of disease) is typically two days. Persons who become infected may shed virus and can transmit infection for one-half to one day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first two days of illness, but an individual may remain contagious for up to five days.

u. (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

v. (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

w. (b)(5),(b)(7)(E)

x. (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

y. Host nation support to US forces will be impacted by a PI at a rate proportional to the impact of a PI on the host nation's general population.

z. DOS/United States Agency for International Development (USAID) will request support from DOD to provide foreign humanitarian assistance (FHA) support to the international community.

aa. Some military movements, basing, over flight as well as support to coalition operations, will be restricted by other countries. If DOS is going to

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request DOD support of NEO operations, DOS will obtain diplomatic clearances and country access required for military support of NEO operations.

bb. A surge in private demand for consumer goods (stockpiling) will cause DOD shortfalls.

cc. There will be a significant reduction in civilian transportation capacity that could affect DOD acquisition/distribution.

dd. A PI environment will minimize the patient evacuation effectiveness of the National Disaster Medical System (NDMS) due to limited movement and a wide range of pandemic impact.

## 5. Operational Constraints

a. SROE/SRUF will apply during a response to a PI. In addition, any GCC theater specific ROE and SecDef approved mission specific RUF will remain in effect. GCCs may augment the SROE/SRUF as necessary by submitting a request for mission specific ROE/RUF to the CJCS. National Guard Forces performing in a non-federalized status are governed by their respective state's RUF. These will probably differ from the rules governing title ten (T-10) forces.

b. Under existing force health protection (FHP) policy, a combatant commander's (CCDR's) responsibility/authority for FHP is limited to assigned or attached forces under the current forces for and to its subordinate commands/headquarters (See DODD 6200.4, Force Health Protection (FHP), 9 October 2004). GCC/functional combatant commands (FCCs), Services, and DOD agencies will ensure unity of effort in the implementation of FHP in the GCCs' AOR (see Annex Q). Also under current FHP policy, Services retain existing FHP authorities and responsibilities. Under extreme circumstances, the SecDef may choose to transfer to CCDR authority for FHP over all DOD personnel within their AOR.

c. The Federal Government has legal authority to prioritize distribution of vaccines and antivirals (see ref. g.).

d. The Defense Production Act authorizes the Federal government to require manufacturers to give priority for necessary goods and services as appropriate to promote the national defense.

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e. Authorities will remain the same, consistent with existing laws of the US Government, including as primary considerations, the Posse Comitatus Act (PCA) and DODD 5525.5. DOD forces do not have the authority to provide direct law enforcement in support of movement restrictions or enforcement of civil law, unless the President asserts his authorities under the Constitution, directs DOD employment in accordance with the "Enforcement of the Law to Restore Public Order," or another exception to the PCA applies. Intelligence oversight laws, policies, and regulations apply in accordance with DODD 5240.1R and DODD 5240.1.

6. Operations Timeline. The specific circumstances of HD or civil support operations in a PI environment will drive the time it takes to deploy and commence effective operations.

7. Command Relationship. (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

a. DOD command and control (C2) (SecDef with Combatant Commanders) during execution the normal command and control relationships remain the same. Reporting to the SecDef provided via the National Military Command Center (NMCC).

b. CDRUSNORTHCOM is the supported Commander for the synchronization of Global PI planning. Combatant Commands, Services, and Defense agencies are supporting commands/ departments/agencies for coordination and synchronization of Global PI planning.

c. Geographic Combatant Commanders (GCCs) are the supported commanders within their respective AORs. All other combatant commanders are supporting commanders for PI response operations. SecDef will set priority of effort.

d. Services and defense agencies are supporting organizations and their PI plans will conform to GCC plans in case of conflict.

8. Logistics Appraisal. The combatant command Service components are responsible for administrative, logistical, medical, and communication support for forces employed in PI operations. Component commanders will comply with respective Service instructions, existing plans, agreements, and legal authorities. USTRANSCOM and other government/defense agencies will

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authorities. USTRANSCOM and other government/defense agencies will continue to provide the logistics support backbone in the GCC AORs to include: supply, maintenance, transportation, civil engineering, health services and other combat service support to DOD forces.

9. Personnel Appraisal. Per CJCSI 1301.01C, individual augmentation will be requested by the supported commander via a joint manning document (JMD) and forwarded to its Service components to source via Service headquarters. The designated C2 HQ will be responsible for coordinating the joint reception center (JRC), maintaining accountability of deployed DOD personnel, and reporting personnel information.

## 10. Shortfalls and Limiting Factors

a. OCONUS operational commitments will continue at current levels through the next several years.

b. (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

c. (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

d. (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

e. Forces and assets that traditionally support response to critical disasters will not be available.

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(1) Reduced manpower availability due to PI will limit support usually provided to partner nations, states and communities.

(3) (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

(4) Competing demands for low-density units (e.g., medical, mortuary) will decrease the range of options.

(5) High death rate during the pandemic waves will cause delays in burial and overburden morgues.

f. A strain-specific vaccine will not be developed for at least four to six months after the beginning of a pandemic. Following development of an effective vaccine, quantities and methods of distribution will initially be insufficient to meet the demand.

g. Voluntary quarantine of large areas ('cordon sanitaire'), such as borders or entire towns, will not be effective in limiting the spread of a PI.

h. Current and potential enemy forces will be impacted negatively by the PI at a rate similar to that of US Forces, but with potentially dissimilar effects on capability and actions.

i. Non-DOD support to US Forces will be negatively impacted by PI at a rate similar to the impact of PI on the general population.

j. Military movements (e.g., joint reception, staging, onward movement, integration [JRSOI]; basing; over flight; and etc) as well as support to coalition operations may be restricted by other countries.



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## USNORTHCOM CONPLAN 3591-09 CLASSIFICATION GUIDANCE

1. General. The overall classification of this contingency plan is FOR OFFICIAL USE ONLY. However, appendix 1 (Priority Information Requirements) to Annex B is classified and provided separately.
2. Specific Guidance. Classification guidance provides users with specific subjects requiring protection, specific levels of protection and establishes the period during which the protection must be continued.

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## USNORTHCOM CONPLAN 3551-09 SECURITY INSTRUCTIONS AND RECORD OF CHANGES

### 1. Plan Title.

a. Long Title: USNORTHCOM Concept Plan 3551-09: Concept Plan to Synchronize DOD Pandemic Influenza Planning.

b. Short Title: USNORTHCOM CONPLAN 3551-09

2. This CONPLAN is UNCLASSIFIED to ensure ease of use by both military and IA (IA) organizations and personnel whose official duties specifically require knowledge of this plan, including those required to develop support plans. Information in USNORTHCOM CONPLAN 3551-09 may be disseminated to all IA, National Guard Bureau, Federal, tribal, state and local governments as prescribed in Annex V to this plan.

3. Reproduction of this document, in whole or in part, is authorized as required for the preparation of support plans and IA coordination.

### RECORD OF CHANGES

<u>CHANGE NUMBER</u>	<u>COPY NUMBER</u>	<u>DATE OF CHANGE</u>	<u>DATE POSTED</u>	<u>POSTED BY</u>

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## USNORTHCOM CONPLAN 3551-09

USNORTHCOM Concept Plan 3551-09: Concept Plan to Synchronize DOD  
Pandemic Influenza Planning.

### References:

- a. Title 10, "United States Code (USC), Sections 12301-12304, 12306, Statutes Affecting Reserve Components"
- b. Title 10, "USC, Chapter 15, Sections 331-335, Enforcement of the Laws to Restore Public Order (the Insurrection Act) and Chapter 18, Military Support for Civilian Law Enforcement Agencies"
- c. Title 18, "USC, Section 1385, Posse Comitatus Act"
- d. Title 22, "USC, Chapter 32, Foreign Assistance Act of 1961" as amended
- e. Title 31, "USC, Section 1535, Economy Act"
- f. Title 32, "USC, National Guard"
- g. Title 40, "Code of Federal Regulations, Parts 1500 through 1508, The Council on Environmental Quality (CEQ) Regulations for Implementing the Procedural Provisions of the National Environmental Policy Act, 1992"
- h. Title 42, "USC, Sections 201 et seq., Public Health Services, Sections 264 et seq., Quarantines and Inspections, and Sections 5121 et seq., Stafford Act, Disaster Relief and Emergency Assistance Act"
- i. Title 42, "USC, Section 4321 et seq., National Environmental Policy Act of 1969"

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- j. Title 50, "USC, Appendix--War and National Defense, Defense Production Act of 1950 "
- k. "Homeland Security Act of 2002", 25 November 2002
- l. "National Strategy for Pandemic Influenza", November 2005
- m. "National Strategy for Pandemic Influenza Implementation Plan", May 2006
- n. "National Military Strategy of the United States of America", March 2004
- o. "Guidance for Employment of the Force (GEF), 2008-2010", 12 May 2008 (S)
- p. "Unified Command Plan (UCP) 2008", 17 December 2008 (FOUO)
- q. "DOD PI Clinical and Public Health Guidelines for the Military Health System", May 2007.
- r. "DOD Strategy for Homeland Defense and Civil Support", June 2005
- s. "DOD Homeland Security Joint Operating Concept (DOD HS JOC)", February 2004
- t. "US Department of Defense Civil Disturbance Plan", 15 February 1991
- u. "Security and Prosperity Partnership (SPP) of North America", 23 March 2005
- v. "Secretary of Defense Memorandum Forces For Unified Commands, FY06", 13 January 2006
- w. "DODD 1404.10, Emergency Essential (EE) DOD US Citizen Civilian Employees", 10 April 1992
- x. "DODD 3025.1, Military Support to Civil Authorities", 15 January 1993

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- y. "DODD 3025.12, Military Assistance for Civil Disturbances",  
4 February 1994
- z. "DODD 3025.15, Military Assistance to Civil Authorities",  
18 February 1997
- aa. "DODD 3150.8, DOD Response to Radiological Accidents",  
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- bb. "DODD 4715.1E, Environment, Safety, and Occupational Health  
(ESOH)", 19 March 2005
- cc. "DODD 5200.27, Acquisition of Information Concerning Persons  
and Organizations not affiliated with the Department of Defense",  
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- dd. "DODD 5525.5, DOD Cooperation with Civilian Law Enforcement  
Officials", 15 January 1986
- ee. "DODD 6200.3 Emergency Health Powers in Military Installations",  
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- ff. "DODD 6200.04 Force Health Protection", 09 October 2004
- gg. "DODI 1400.32, DOD Civilian Work Force Contingency &  
Emergency Planning Guidelines & Procedures", 24 April 1995
- hh. "DODI 4715.2, Regional Environmental Coordination", 3 May 1996
- ii. "DODI 4715.9, Environmental Planning and Analysis", 3 May 1996
- jj. "DOD Guidance for Preparation and Response to an Influenza  
Pandemic caused by the Bird Flu (Avian Influenza)", 21 September 2004
- kk. "DOD Influenza Pandemic Preparation and Response Health Policy  
Guidance", 25 January 2006
- ll. "DOD Implementation Plan for Pandemic Influenza", August 2006
- mm. "Deputy Secretary of Defense (DepSecDef) MEMO Subject:  
Reporting Immediate Response Request", dtd 25 April 2005

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nn. Chairman of the Joint Chiefs of Staff Instruction (CJCSI) 3110.01g, "Joint Strategic Capabilities Plan FY 2008", 1 March 2008 (S)

oo. (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

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zz. (b)(5),(b)(7)(E)

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bbb. (b)(5),(b)(7)(E)

ccc. (b)(5),(b)(7)(E)  
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hhh. Department of Homeland Security, "National Response Plan - Catastrophic Incident Supplement (NRF-CIS)", September 2005 (FOUO)

iii. Department of Health and Human Services "Pandemic Influenza Plan", November 2005

jjj. Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States, February 2007

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## 1. Situation

### a. General

#### (1) Background on Pandemic Influenza (PI)

(a) The threat of a future PI has serious national security implications for the United States. Three human pandemics occurred in the 20th century, each resulting in illness in approximately 30% of the world population, and death in 0.2% to 2% of those infected. Using this historical information and current models of disease transmission, it is projected that a modern PI could lead to the deaths of two million Americans over the course of the pandemic. Furthermore, at any time when a PI is passing through a community without interventions to block transmission, 40% of the workforce may not be capable of executing their missions during peak weeks due to illness or caring for the ill.

(b) The Avian influenza is a disease of birds. The current avian influenza outbreak, associated with the H5N1 virus, has spread through Asia, Europe and Africa. The virus can infect humans and has in nearly 400 cases since 2003 resulting in death for more than half of them. Almost all of those infected have contracted the disease directly from birds. There has been no sustained spread of human-to-human (H2H) infection from this strain of influenza.

(c) According to the World Health Organization (WHO) it is only a matter of time before a mutation occurs in this, or another strain, that allows efficient H2H transmission. At this point, the influenza virus becomes a disease of humans -- a PI.

(d) No currently developed influenza vaccine can be depended upon to immunize against the next PI strain and an effective vaccine could take 4 to 6 months to develop once the strain is identified. Once a vaccine is developed, current production capability is limited to 1% per week of the total US vaccine required. Foreign manufacturers are not expected to support US demand.

(e) The spread of this disease is increased by the possibility that infected individuals may be contagious before actually showing symptoms of the illness.

(f) The impact of a severe PI may be more comparable to global war than an isolated disaster such as a hurricane, earthquake or an act of terrorism; affecting communities of all sizes and compositions. Consequences

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are difficult to predict in advance because the biological characteristics of the virus are not known and because of changes in medical, social and economic systems since the last pandemic.

(g) Secondary effects of a PI could cause significant economic and security ramifications; potentially including large-scale social unrest due to fear of infection or concerns about safety among individuals, their families, and their associates.

## (2) Potential Impact of a PI on the Department of Defense (DOD)

(a) Impact. The potential impact of a PI on military operations may be significant. If (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

(b)(5),(b)(7) However, throughout a PI outbreak US military forces must remain dominant across the full spectrum of military operations, preserving combat capabilities in order to engage adversaries in any theater around the world. If directed, (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

(b) Environment. DOD must view a PI as an environment to operate within, vice an event or a traditional enemy. This environment, which may last more than a year, will have significant operational consequences. The impacts of a PI across the nation and the world will limit support usually provided by the Federal government and DOD to nations, states and communities, especially when balanced with protection of military capabilities through force health protection (FHP).

(c) Personnel. Large portions of the overall DOD population may contract the (influenza) virus over the lifespan of the pandemic. (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

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(b)(5),(b)(7)(E)

(d) Transportation. There will likely be a significant reduction in transportation capacity affecting DOD acquisition/distribution capabilities. Civil aviation support to strategic deployment will be reduced. Interstate transport of material and equipment to aerial ports or seaports of debarkation (airport of debarkation/seaport of debarkation [APOD/ SPOD]) and international land crossings may decrease. Access to goods OCONUS may be reduced. Therefore, (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

(3) DOD Support. The first priority of DOD support in the event of a PI is to (b)(5),(b)(7)(E)

(b)(5),(b)(7) We will attempt to (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

Additionally, DOD will respond quickly and effectively to the requests of civil authorities in the event of a PI to save lives, prevent human suffering, and provide security, within capabilities, when directed by the Secretary of Defense (SecDef) or the President of the United States.

(4) USNORTHCOM. (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

USNORTHCOM will achieve synchronization through the guidance laid out in this CONPLAN. This is a global CONPLAN directly supporting the USG National Strategy for PI, National Strategy for PI Implementation Plan and the Department of Defense Implementation Plan for PI. It is designed to coordinate the DOD PI planning effort and synchronize the decentralized execution of the geographic combatant commanders' (GCC) theater campaign CONPLANs as the supported commanders. The functional combatant commanders (FCC), Services, and DOD agencies are supporting commanders or agencies. This

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CONPLAN will outline overarching guidance for mitigating and containing the effects of a PI.

(5) National Strategy. The President's National Strategy for PI frames the US national response.

(a) The pillars of the National Strategy for PI include:

- 1 Preparedness and Communication
- 2 Surveillance and Detection
- 3 Response and Containment

(b) The intent of the Federal Government in response to a PI is to:

1 Stop, slow or otherwise limit the spread of PI to the United States.

2 Limit the domestic spread of PI, and mitigate disease, suffering and death.

3 Sustain infrastructure and mitigate impact to the economy and the functioning of society.

(6) US Government (USG) Stages. USG Stages are essentially decision points reflecting geographically driven triggers, tied to the activation of potential federal responses:

- (a) Stage 0 -- New domestic animal outbreak in at-risk country.
- (b) Stage 1 -- Suspected human outbreak from animals overseas
- (c) Stage 2 -- Confirmed human outbreak overseas
- (d) Stage 3 -- Widespread human outbreaks at multiple locations overseas
- (e) Stage 4 -- First human case in North America
- (f) Stage 5 -- Spread throughout the United States
- (g) Stage 6 -- Recovery and preparation for subsequent waves

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(7) World Health Organization (WHO) Phases. WHO phases reflect virus driven trigger points. The WHO has defined six phases, before and during a PI, that are linked to the characteristics of a new influenza virus and its spread through the population. This characterization represents a useful starting point for discussion about Federal Government actions, and true to its international acceptance, links overseas DOD networks to partner nation understanding of the virus.

(a) Inter-Pandemic Period (period of time between pandemics)

1 Phase 1. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.

2 Phases 2. No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

(b) PI Alert Period

1 Phase 3. Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.

2 Phases 4. Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

3 Phase 5. Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial PI risk).

(c) PI Period

1 Phase 6. PI phase, increased and sustained transmission in general population


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(b)(5),(b)(7)(E)




(9) (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)



(10) (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)



## b. Area of Concern

(1) Area of Responsibility (AOR). Each GCC is responsible for its AOR as defined in the Unified Command Plan. Synchronization of GCC plans encompasses all AORs, and is global in scope.

(2) Area of Interest (AOI). The nature of a potential PI requires DOD to maintain a global AOI, specifically focused on those areas where there is an increased potential of a PI developing.

(3) Joint Operations Area (JOA). GCCs may establish JOAs as required to meet mission requirements in their respective AORs.

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c. Deterrent Options. Not Applicable.

d. Enemy. The primary threat for this CONPLAN is the emergence of a PI with effects similar to the 1918 PI. (b)(5),(b)(7)(E)

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(b)(5),(b)(7)(E)

WHO has identified

H5N1 as a leading candidate to cause the next PI. A PI is analogous to a traditional environmental hazard except that it is global in scope. Just as a Chemical, Biological, Radiological, and Nuclear (CBRN) environment is a hazard to be dealt with while accomplishing an assigned mission, a PI will pose a similar challenge with the potential for producing a greater number of casualties.

(1) The primary characteristics of the threat during a PI are the virus' ability to reproduce within a host, its relatively indiscriminate attack rate and ability to exploit the abundant natural hosts, its ability to mutate quickly, and its ability to easily transmit human-to-human. The high transmissibility and rapid onset of severe morbidity can result in large numbers of people becoming sick or absent simultaneously.

(2) Impact of the primary threat may cause political, social, and economic instability and degradation of military readiness. While adversarial forces will be infected, their readiness and operational capability may not be impacted in the same manner or at the same time as US and allied forces. The degree to which countries can mitigate morbidity and mortality during the PI and reintegrate recovering individuals into society will have a considerable impact on military force capabilities. Countries with more advanced and robust health care systems will be better able to mitigate many of the PI effects.

(3) Key security concerns that would arise from the political, social and economic instabilities as discussed above include opportunistic aggression, opportunities for violent extremists to acquire Weapons of Mass Destruction (WMD), reduced partner capacity during and after a PI, instability resulting from a humanitarian disaster, and decreased production and distribution of essential commodities. The prevalence of a PI coupled with political, social and economic instability may result in reduced security capabilities, providing an opportunity for international military conflict, increased terrorist activity, internal unrest, political and or economic collapse, humanitarian crises, and dramatic social change.

(4) (b)(5),(b)(7)(E)

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(b)(5),(b)(7)(E)

Responsibility for supporting the primary agency's assessment of the key second and third order impacts of the PI on AOR countries belongs to GCCs and DOD agencies.

(5) Enemy Center of Gravity (COG). Once the virus is capable of efficient, effective and sustained human-to-human transmission its strengths, or COG, will be the geographic speed at which it can spread and the lethality/efficacy of the virus. A PI will produce cascading effects due to the large number of simultaneous absences over extended periods of time on a global scale. A virus capable of generating these effects will possess unique characteristics that allow it to circumvent mitigation strategies. This will affect the scale and impact of the PI.

(a) Critical Capabilities. The ability to efficiently and effectively reproduce within a host, mutate quickly, and effectively transmit from human-to-human are the key requisites for the occurrence of a PI. The degree of transmissibility depends on a number of key factors such as virus mutation which enables transmission of new viral strain among humans, proximity and behavior of hosts (e.g., travel between population centers), and survivability outside a host (e.g., ability to spread via a fomite).

(b) Critical Requirements. A critical requirement of the virus is the ability to mutate and propagate between hosts. Efficient human-to-human transmission requires respiratory spread, but spread can also occur via fomites (e.g., doorknobs, desktops) where the virus can survive for hours or days. Additionally, the impact of illness is severe enough to incapacitate hosts or generate psychological impact among a population (generating societal effects due to absenteeism, fear, and panic). Furthermore, the infected host must survive long enough to shed virus and infect others. Finally, the virus requires vulnerable populations, which include those that are inadequately trained on preventive health measures allowing for PI disease spread.

(c) Critical Vulnerabilities. The virus must be transmitted to a non-immune host and is susceptible to transmission blocking measures, various forms of environmental disinfection, the development of effective immune response by vaccine or natural infection, and possibly susceptible to pre and post exposure treatment with antiviral medication. Additionally, targeted layered containment (including social distancing, use of Personal Protective Equipment (PPE), non-exposure, hand washing, containment, and other non-pharmaceutical interventions) can impede transmission from human-to-human.



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e. Friendly

(1) Center of Gravity. DOD forces are the friendly center of gravity. They are the key to executing global DOD missions, irrespective of the impact of a PI. The potential for a PI to reduce the number of mission capable forces can place DOD mission accomplishment at risk. Therefore, the friendly center of gravity for this synchronization plan is to prevent/inhibit or reduce transmission and illness within DOD forces to preserve operational capabilities. There are a number of critical capabilities inherent within this COG reflecting those essential enablers which provide DOD freedom of action.

(2) Critical Capabilities. Preservation of capabilities relies heavily on training personnel and families on proper preventive health techniques including proper hand washing, social distancing, etc.

(a) (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

(b) (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

(c) Projection of forces. DOD global mission accomplishment requires the ability to properly position forces with the required numbers, skills, and materiel support within an appropriate C2 structure.

(3) Critical Requirements


(a) (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

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(b)(5),(b)(7)(E)



## (4) Critical Vulnerabilities

(a) Degradation of unit readiness (due to the impact of the virus) that causes the unit to be non-mission capable. (b)(5),(b)(7)(E)


(b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

This is germane to active duty, National Guard and Reserve Component forces and DOD civilian support personnel.


(b) (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)



(c) (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)



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## (5) Friendly Elements

### (a) Federal Departments and Agencies

1 US Department of Agriculture (USDA). The Secretary of USDA is responsible for overall coordination of veterinary response to a domestic animal outbreak of PI virus or virus with PI potential and ongoing surveillance for influenza in domestic animals and animal products. The Secretary of Agriculture will also be responsible for ensuring that the Nation's commercial supply of meat, poultry, and egg products is wholesome, not adulterated, and properly labeled and packaged. USDA is the primary agency for execution of Emergency Support Function (ESF) #11, Agriculture and Natural Resources. Prior to a human PI, USDA will serve as primary agency for Avian Influenza (AI) related activities, some of which will be aimed at preventing or slowing viral infection while still in animals.

2 US Department of Health and Human Services (HHS). In accordance with (IAW) the National Response Framework (NRF), the Secretary of HHS is responsible for coordinating the overall public health and medical response efforts across all federal departments and agencies under ESF#8 Public Health and Medical Services. These responsibilities include coordination of all federal medical support to communities, provision of guidance on infection control and treatment strategies to state and local governments and the public, maintenance, prioritization and distribution of countermeasures in the Strategic National Stockpile (SNS), ongoing epidemiologic assessment, modeling of the spread of a PI and research into the influenza virus and novel countermeasures, among others. Given that health and medical considerations will be the principal drivers for the majority of decision making in a PI, from transportation decisions to continuity decisions within the federal government, it will be essential for the Secretary of HHS to work in close coordination and collaboration with the Secretary of Homeland Security to ensure DOD and USNORTHCOM support are leveraged appropriately and efficiently in support of the national response. The Secretary of HHS will serve as the principal federal spokesperson for the US Government PI health issues.

3 US Department of Homeland Security (DHS). The Secretary of Homeland Security, in accordance with the Homeland Security Act of 2002 and HSPD-5, will coordinate the Federal response to save lives, maintain confidence in the government, sustain critical infrastructure, and recover from Pandemic Influenza in the 54 States, territories, and possessions.

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4 US Department of State (DOS). The Secretary of State is responsible for the coordination of the international preparation and response, including persuading other nations to join our efforts to contain or slow the spread of a PI virus, helping to limit the adverse impacts on trade and commerce, coordinating our efforts to assist other nations that are impacted by the PI. DOS is also responsible for interaction with all official and non-official American citizens overseas.

## 5 US Department of Defense

a The Office of the Secretary of Defense (OSD). OSD is the principal staff element of the Secretary of Defense in the exercise of policy development, planning, resource management, fiscal, and program evaluation responsibilities.

i. The Under Secretary of Defense for Personnel and Readiness (USD P&R). USD P&R leads five areas of responsibilities: Force Management Policy, Reserve Affairs, Health Affairs, Readiness and Program Integration. The Under Secretary is responsible for providing overall leadership of the broad areas of responsibility. Force Management Policy assesses and manages the force and Health Affairs is responsible for sustaining the health of the service members and their families. Reserve Affairs is responsible for preparing reserve forces and Readiness ensures force readiness. Program Integration is responsible for integrating crosscutting functions across P&R

ii. The Assistant Secretary of Defense for Health Affairs (ASD(HA)). ASD(HA) serves as the principal medical advisor to the SecDef. ASD(HA) provides policy and guidance in order to assist the health services in their support to service members during military operations. ASD(HA) establishes FHP guidelines, including prioritization and distribution of vaccines and anti-viral medications which is executed by the Services in cooperation with the GCCs. DOD components will ensure operational considerations are integrated with FHP implementation measures.

iii. The Assistant Secretary of Defense for Homeland Defense and Americas' Security Affairs (ASD(HD&ASA)). The ASD(HD&ASA) was designated by Deputy Secretary of Defense as the overall lead for coordinating the departmental PI effort, and provides policy oversight for DSCA missions. US military forces will support OSD-approved requests for DSCA and provide capabilities to respond to the consequences of a PI situation in the US, its territories and possessions. When directed by the President, or when requested by civil authority and approved by the SecDef, DOD provides DSCA

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and other support. The NRF identifies DOD as a supporting agency to all emergency support functions. DOD may also provide support outside the context of the NRF, when requested by another federal department or agency. As with some support provided under the NRF, this type of federal-to-federal support is ordinarily provided under the Economy Act.

iv. The Assistant Secretary of Defense for Public Affairs (ASD(PA)). The ASD(PA) is the principal advisor to SecDef for public affairs and the focal point for PI media queries.

b The Office of the Chairman of the Joint Chiefs of Staff (OCJCS). The CJCS is the principal military advisor to the President and SecDef, and communicates SecDef guidance to the Combatant Commanders, Services, and DOD agencies.

c Unified Commands.

i. Commander, US Africa Command (CDRUSAFRICOM). Upon Initial Operating Capability (IOC) and when directed by the SecDef, CDRUSAFRICOM is the DOD supported Combatant Commander for operations in a global PI environment.

ii. Commander, US Central Command (CDRUSCENTCOM). When directed by the SecDef, CDRUSCENTCOM is the DOD supported Combatant Commander for operations in a global PI environment.

iii. Commander, US European Command (CDRUSEUCOM). When directed by the SecDef, CDRUSEUCOM is the DOD supported Combatant Commander for operations in a global PI environment.

iv. Commander, US Joint Forces Command (CDRUSJFCOM). When directed by the SecDef, CDRUSJFCOM serves as the joint force provider for operations in a global PI environment.

v. Commander, US Northern Command (CDRUSNORTHCOM). CDRUSNORTHCOM, as the Global Synchronizer, is the primary planner and author of DOD's Global PI Concept Plan to (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E) When directed by the SecDef, CDRUSNORTHCOM is the DOD supported Combatant Commander for operations in a global PI environment.

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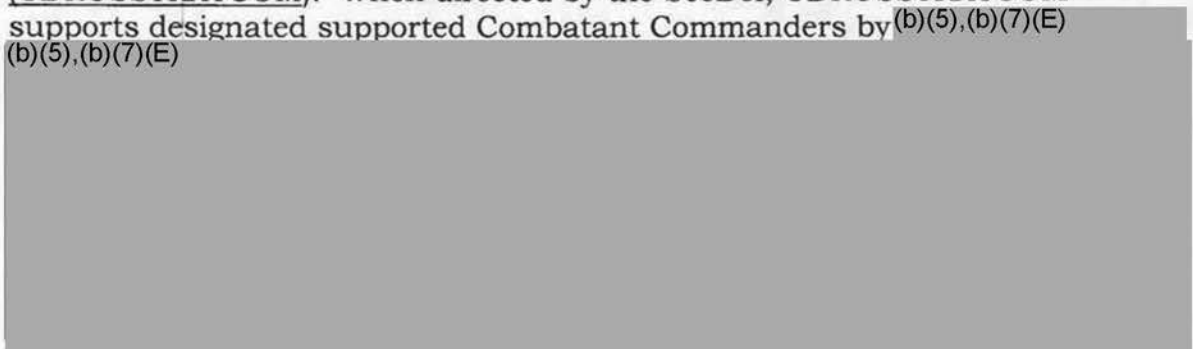
vi. Commander US Element, North American Aerospace Defense Command (CDRNORAD). When directed by the SecDef, Commander US Element, NORAD will coordinate aerospace defense operations with CDRUSNORTHCOM in support of operations in a global PI environment.

vii. Commander, US Pacific Command (CDRUSPACOM). When directed by the SecDef, USPACOM is the DOD supported Combatant Commander for PI operations within their AOR.

viii. Commander, US Southern Command (CDRUSSOUTHCOM). When directed by the SecDef, CDRUSSOUTHCOM is the DOD supported Combatant Commander for PI operations within their AOR.

ix. Commander, US Special Operations Command (CDRUSSOCOM). When directed by the SecDef, CDRUSSOCOM is a supporting Combatant Commander to designated Supported Combatant Commanders for operations in a global PI environment.

x. Commander, US Strategic Command (CDRUSSTRATCOM). When directed by the SecDef, CDRUSSTRATCOM supports designated supported Combatant Commanders by (b)(5),(b)(7)(E)



xi. Commander, US Transportation Command (CDRUSTRANSCOM). When directed by the SecDef, CDRUSTRANSCOM provides deployment, employment, and redeployment of strategic common-user air, land, and sea transportation for forces engaged in operations in a global PI environment, as well as, air refueling and air evacuation of patient movement as required.

d Military Services. Through the appropriate Service component, Services will execute the GCC AOR specific requirements for bases, posts, and installations within each GCC's AOR (to include USNORTHCOM AOR). Military Services will direct their components to develop FHP program elements consistent with the FHP measures aligned by phase and any

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supplemental GCC/FCC FHP guidelines. See Annex Q, Appendix 6 for specific details. Each Service Reserve component will establish guidelines for the recall of Federal reserve personnel IAW policy guidance from ASD(RA) regarding call-up of reserves for emergency response during a PI.

e National Guard Bureau (NGB). The NGB coordinates with National Guard forces and assets through the states' Adjutants General to conduct operations in a PI environment to assist local, state, and tribal authorities; and also assists in ensuring FHP of those forces while under the command and control of the states. NGB shall (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

US Property and Fiscal Officers (Title 10 Officers supporting National Guard activities) are a contracting resource Title 10 forces deploying in CONUS may be able to employ. Existing contracts may be expanded, and existing contracting officers can help support the deployment.

f Other Supporting DOD Agencies. These agencies may provide the following resources and/or capabilities during a PI, as follows:

i. Defense Commissary Agency (DeCA). DeCA will support the local installation-level preparedness and response plan for a PI.

ii. Defense Contract Management Agency (DCMA). DCMA deploys contingency contract administration services (CCAS) to the area of operations (AO) to administer civil augmentation programs (e.g., Army Logistics Civil Augmentation Program (LOGCAP) and the Air Forces Civil Augmentation Program (AFCAP)) external support contracts and weapons system support contracts with place of performance in theater when authority is delegated by the appropriate service contracting agency.

iii. Defense Information Systems Agency (DISA). DISA will ensure commands, services, and agencies receive timely and effective command, control, communications, computers, and intelligence (C4I) and other support.

iv. Defense Intelligence Agency (DIA) National Center for Medical Intelligence (NCMI). NCMI will provide global medical intelligence assessments on the spread of a PI and the latest information on the nature of the threat, current mutative state, affected personnel, and casualty

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information. NCMI will provide foreign medical capability to plan for, report, identify and treat a PI outbreak.

v. Defense Logistics Agency (DLA). DLA coordinates with GCCs and Service components for medical, antiviral, PPE, subsistence, clothing, individual equipment, petroleum, construction materials, personal demand items, medical materials and repair parts support. DLA provides integrated material management and supply support for all DLA managed material. DLA provides property and hazardous material (HAZMAT) disposal services.

vi. Defense Threat Reduction Agency (DTRA): DTRA provides modeling, hazard prediction, technical subject matter expertise, and planning support, upon request of the supported commander. DTRA leverages its Biological Threat Reduction Program to strengthen state capabilities for surveillance, early detection, and rapid response to animal and human pandemic influenza. DTRA also has the capability to provide hazardous avoidance mapping and Consequence Management Advisory Team (CMAT) support.

vii. National Geospatial-Intelligence Agency (NGA). NGA will provide geospatial intelligence (GEOINT) to include imagery, imagery intelligence, and geospatial information and service products data and associated services in support of PI operations for DOD, primary agencies, coordinating agencies, and if appropriate, provide GEOINT release and disclosure guidance to supporting organizations.

## f. Assumptions.

(1) Pandemics travel in waves; not all parts of the world will be affected at the same time or affected to the same degree.

(2) A PI outbreak will last between 6-12 weeks in one location with PI waves following for a period of 12-24 months. For planning and standardization, two waves will be the baseline planning factor.

(3) A vaccine (PI specific strain) will not be available for distribution for a minimum of 4 to 6 months after the clinical confirmation of sustained human-to-human PI transmission. Once a vaccine is developed, current production capability is limited to 1% per week of the total US vaccine required. Foreign manufacturers are not expected to support US demand. Prioritization will be required.



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(4) Developed countries will be quicker in preparing for, detecting, and responding to outbreaks than less developed countries.

(5) Some coalition partners, allies, and host nation governments will request military assistance and training from the US Government for PI preparedness, surveillance, detection, and response.

(6) International and interstate transportation will be restricted to contain the spread of the virus.

(7) Infected people, confirmed (when possible) or suspected, will not be transported to any facilities beyond the affected area unless their medical condition demands movement.

(8) An efficient human-to-human outbreak will occur outside of the United States and will not be contained effectively.

(9) If a PI starts outside the United States, it will enter the United States at multiple locations and spread quickly to other parts of the country.

(10) A PI in the United States will result in 30 % (approximately ninety million) of the population becoming ill, 50 % of those ill seeking treatment, three % (approximately three million) of those infected being hospitalized, and a case fatality rate of two % (approximately two million) of those infected over the course of the pandemic.

(11) (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

(12) State, Local and Tribal jurisdictions will be overwhelmed and unable to provide or ensure the provision of essential commodities and services.

(13) (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

(14) (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

(15) The Department of State (DOS) Shelter-in-Place policy will be followed unless other conditions (e.g., civil disturbance or political instability) force an evacuation. If (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

(16) (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

As stated in the DOD Implementation Plan this will only cover areas experiencing outbreaks. Outbreaks being defined in the National Implementation Plan (p.208) as an epidemic limited to a localized area.

(17) (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

(18) Civilian mortuary affairs operations will require augmentation.

(19) Susceptibility to the PI virus will be universal.

(20) The influenza incubation period (time from exposure to signs and symptoms of disease) is typically two days. Persons who become infected may shed virus and can transmit infection for one-half to one day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first two days of illness, but an individual may remain contagious for up to five days.

(21) National Guard forces, minus those subject to the needs of national security (e.g., CCMRF units called to Title 10 status), will remain in place to provide support to the Governors of the individual states.

(22) (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

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(23) There will be no increase in overall programmed DOD force structure.

(24) (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

(25) Host nation support to US forces will be impacted by a PI at a rate proportional to the impact of a PI on the host nation's general population.

(26) DOS/United States Agency for International Development (USAID) will request support from DOD to provide FHA support to the international community.

(27) (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

(28) (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

(29) (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

(30) A PI environment will minimize the patient evacuation effectiveness of National Disaster Medical System (NDMS) due to limited movement and a wide range of pandemic impact (see Annex Q, Appendix 2).

g. Legal and Policy Considerations. Significant legal and policy issues could arise during operations in a PI. (See annex E)

(1) (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

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(b)(5),(b)(7)(E)

(2) (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

(3) Defense Support of Civil Authorities (DSCA). As directed by SecDef, CCDRs will provide support to civil authorities. CCDRs in coordination with their Staff Judge Advocate will ensure that the support complies with applicable legal authorities and/or policy.

(4) International Support. GCC/FCCs tasked to provide foreign humanitarian assistance or disaster relief to foreign countries within their AOR will, in coordination with their Staff Judge Advocate, ensure that it is done IAW applicable international agreements, laws and policies.

(5) Standing Rules of Engagement (SROE) or Standing Rules for the Use of Force (SRUF) will apply during a response to a PI. In addition, any GCC theater specific ROE and SecDef approved mission specific RUF will remain in effect. GCCs may augment the SROE/SRUF as necessary by submitting a request for mission specific ROE/RUF to the CJCS. National Guard Forces performing in a non-federalized status are governed by their respective state's Rules for Use of Force. These will probably differ from the rules governing T-10 forces.

(6) The Federal Government has legal authority to prioritize the distribution of vaccines and antivirals. Tabs A and B to Appendix 6 of Annex Q provides a prioritization matrix for antiviral administration and use for prevention and treatment.

(7) Defense Production Act authorizes the Federal Government to require manufacturers to give priority for goods and services necessary or appropriate to promote the national defense.

2. Mission. DOD (GCC/FCCs, Services, and agencies) support US Government efforts to mitigate and contain the effects of a pandemic influenza.

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### 3. Execution

a. Concept of Operations. Using a six phase construct this CONPLAN will support the US Government's effort to contain and, if necessary, mitigate the effects of a PI to protect our nation's vital interests. This CONPLAN has taken into account the national level strategy that it will support through the tasks and policy guidance as laid out in the National Implementation Plan and the DOD Implementation Plan. The strategic level tasks put forth in the National Implementation Plan and the DOD Implementation Plan will serve as precursors and enduring tasks that will occur across multiple phases of this plan. This CONPLAN will amplify the strategic source documents and provide synchronization through common phasing, objectives, Priority Effects List, definitions of success and key tasks to be accomplished by each phase. Moreover, this CONPLAN will outline the desired effects, tasks, roles and responsibilities of all DOD components involved in the execution of this plan. Additionally, this plan will define and clarify respective roles of the global synchronizer, OSD, Joint Staff, GCC/FCCs, Services, and DOD agencies. Finally, this CONPLAN is designed to coordinate and synchronize the DOD PI planning effort and synchronize the decentralized execution of the GCCs' theater CONPLANS as the supported commanders during the execution of their plans. The FCCs, Services and DOD agencies will be in a supporting role to the designated commanders during the execution of this plan. This Level III CONPLAN along with the GCC CONPLANS will be developed without a TPFDD. Force closure for response, containment, and sustainment will be calculated during execution planning. CONPLAN 3551-09 will contain the following annexes at a minimum: B, C, D, E, F, K, Q, R, V, Y, and Z. GCC CONPLANS will include these annexes and also annexes J and P.

#### (1) Commander's Intent:

(a) Purpose. The purpose of this CONPLAN is to provide a synchronized, common operating structure and detailed planning guidance for the development and execution of coordinated GCC/FCC, Service, and DOD agency plans to prepare for and respond to a PI. Additionally, this plan will outline information requirements necessary to identify gaps in GCC/FCC, Service, and agency level planning, to identify and resolve policy issues, and to establish reporting requirements to facilitate OSD level decision making with the Joint Staff.

(b) Method. USNORTHCOM, as the global synchronizer, will establish the planning framework for all GCC/FCCs, Services, and DOD agencies, ensure synchronization of GCC/FCC, Service, and DOD agency plans


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by reviewing prior to approval, conduct plan maintenance on the global plan, propose training and exercise guidance for this plan, identify PI policy issues to be resolved by the Joint Staff and OSD, and advocate for resource requirements. This CONPLAN does not replace existing processes for requests from GCC/FCC, Services, and DOD agencies. Commander USNORTHCOM will provide assessments and recommendations to the Secretary of Defense through the Joint Staff on PI related resource and policy decisions in other AORs that may impact homeland defense (HD) and DSCA within the USNORTHCOM AOR. This centralized six-phase CONPLAN will require decentralized execution at the GCC/FCC and Service level. Given variations in the breadth, scope and intensity of a PI and the size of respective AORs, GCCs may be in multiple phases in each of the AORs, and may possibly be in different phases within the respective AORs. While DOD writ large will not be in a specific phase, OSD and the Joint Staff must be able to define policy, prioritize efforts, allocate scarce resources, and ensure continuity of operations across the GCC/FCCs, Services, and DOD agencies in order to ensure DOD is capable of conducting assigned missions worldwide, effects on our society are mitigated, and the impact of a PI on DOD forces is reduced significantly. In support of the SecDef, OSD and the Joint Staff will maintain the continuous situational awareness necessary to provide guidance and direct the timely allocation of resources.

(b)(5).(b)(7)(E)



(c) End State.

1 In the event that civil capacity has been temporarily overwhelmed, the effects of pandemic influenza are mitigated and the disease is effectively contained as a result of DOD contributions.

2 The adverse effects of PI on DOD forces have been minimized and the Department is capable of conducting its assigned missions worldwide.

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3 The Department has provided appropriate support to the primary Federal agency to assist in mitigating the effects of PI on the US population.

4 Where directed to do so, US forces have assisted international partners with mitigating, controlling and containing a pandemic outbreak.

(d) Strategic Objectives. The primary objectives guide the development and execution of the DOD PI global response plan. The DOD objectives are to: 1) (b)(5),(b)(7)(E) 2) (b)(5),(b)(7)(E) 3) Support USG PI response efforts, and 4) Maintain effective communication.

(e) Priority Effects List. The identified Priority Effects to achieve the strategic objectives include:

1 Effect 1. (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

2 Effect 2. Virus does not preclude DOD worldwide operations.  
The PI virus does not degrade DOD critical capabilities beyond that required for mission accomplishment. (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

3 Effect 3. Virus does not negate DOD critical capabilities or supporting infrastructure. (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

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4 Effect 4. DOD, IA, state, tribal, local, and international partners inhibit development of efficient human to human transmission. These efforts will include surveillance and monitoring; timely exchange of information; military to military (mil-to-mil) engagement to improve the capacity of foreign militaries to respond to a PI; and aggressive, coordinated implementation of precautionary measures to protect at-risk populations and contain the virus. DOD components will support USG efforts to contain the virus within a limited area in order to gain time for implementation of additional preparedness measures.

5 Effect 5: DOD, IA, state, tribal, local, and international partners mitigate geographic spread of virus. In support of the nation's vital interests, DOD collaborates with IA, state, tribal, local and international partners to synchronize their efforts in mitigating the geographic spread of the PI virus.

6 Effect 6. DOD, IA, state, tribal, local, and international partners synchronize planning, response, and communications. In support of the nation's vital interests DOD synchronizes its efforts with IA, state, tribal, local, and international partners in mitigating the impact of the PI virus. DOD components will support USG planning and execution of actions to contain the virus in order to gain time for implementation of additional measures. DOD will harmonize its strategic communication with USG. DOD components maintain freedom of action to conduct assigned missions.

7 Effect 7. Traditional and emerging threats do not exploit a PI environment. (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

(2) General. (The DOD Global Concept Plan to Synchronize planning for PI phases)

(a) This Concept Plan, and the GCC/FCC, Service and DOD agency plans, will be synchronized to follow a six-phased construct. The six phases are: Shape, Prevent, Contain, Interdict, Stabilize, and Recover. Each plan developed under this global CONPLAN construct must describe the process for enabling a transition back and forth between phases as multiple waves occur. As stated in the coordinating instructions of this plan, a CCDR must consult with the SecDef prior to declaring a phase change within his AOR.

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(b) This plan recognizes the approaches adopted by the WHO and the USG (See Figure 1) and evaluates their critical elements in an attempt to align portions of these plans with the Global Synchronization CONPLAN as appropriate. The CONPLAN 3551-09 phases, depicted on the left of this diagram, is the phase structure that DOD will use.

DOD Global CONPLAN to Synchronize Response to PI Phases (Response, Virus and Geography Driven)		Federal Government Response Stages (Geography Driven)		WHO Phases (Virus Driven)	
<b>INTER-PANDEMIC PERIOD</b>					
0	No new influenza subtypes have been detected in humans	0	New domestic animal outbreak in at-risk country	1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.
				2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease
<b>PANDEMIC ALERT PERIOD</b>					
1	Receipt of information of human infections with a new viral subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	1	Suspected human outbreak from animals overseas	3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
2	Receipt of information of small cluster(s) with limited human-to-human transmission, but the spread is highly localized suggesting the virus is not well adapted to humans.	2	Confirmed human outbreak overseas	4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans
3	Indications and warnings identify large cluster(s) of human-to-human transmission(s) in an affected region.			5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial PI risk)
<b>PANDEMIC PERIOD</b>					
4	Receipt of information that a highly lethal pandemic influenza virus is spreading globally from human-to-human signaling a breach in containment and failing interdiction efforts.	3	Widespread human outbreaks at multiple locations overseas	6	PI phase, increased and sustained transmission in general population
		4	First human case in North America		
		5	Spread throughout the United States		
<b>RECOVERY PERIOD</b>					
5	Receipt of information that case incident is decreasing, indicating the slowing of the pandemic wave. Reconstitution of DOD assets and conditions established to return to a previous phase.	6	Recovery and preparation for subsequent waves		

Figure 1 – Comparison of Stages/Phases

Given current conditions worldwide with respect to H5N1, the GCCs are in Phase 1, the “Prevent” phase, of the CONPLAN 3551-09 phase framework depicted above. The decentralized execution of this plan allows GCCs to declare different or even multiple phases within their respective AORs. Upon the declaration of a Phase 2 condition in any AOR, the SecDef will designate a supported commander and direct GCC/FCC, Service, and DOD agency responses (through OSD and the Joint Staff, not through the Global Synchronizer) to assess the situation and to allocate the resources required to address the PI and to assure mission accomplishment.

(c) Figure 2 (below) provides a Strategy to Task description of the plan's overall concept. The left of the chart identifies the DOD Assets (organizations) that will either execute or support the execution of the tasks outlined in the National Implementation Plan and the DOD Implementation Plan. Seven lines of effort have been developed that serve to group similar type tasks. Embedded within each of these lines of effort are various tasks that are linked to a specific phase of this CONPLAN and are assigned to DOD assets. Each task within these lines of effort assigns DOD assets to either execute a particular task or support the execution of a particular task. Each of these lines of effort and the tasks associated with them are to be executed throughout the phases of this CONPLAN and assist in the completion of the Federal goals and DOD objectives outlined on the right of the figure.




Figure 2 - Strategy to Tasks

(d) Figure 3 illustrates (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)



(b)(5),(b)(7)(E)



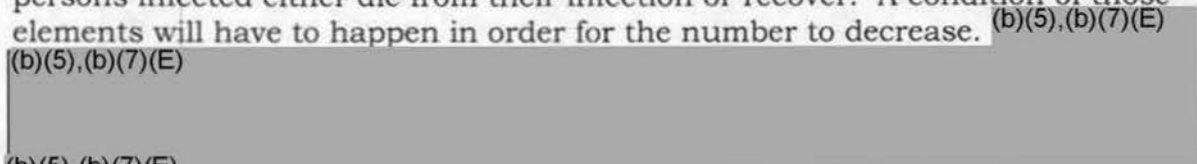


Figure 3 – (b)(5),(b)(7)(E)



As the virus spreads the number of our forces risk for exposure and illness will increase. That increase will continue, dependent upon the effectiveness of existing antivirals, development of new antivirals, and/or a vaccine is developed, preventive health measures are universally adopted (social distancing, frequent hand washing, etc), human immunity is effective, or persons infected either die from their infection or recover. A condition of those elements will have to happen in order for the number to decrease. (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)



(b)(5),(b)(7)(E)

Additionally, it is important to note that GCCs will not necessarily be in the same phase and it is possible that they will be in multiple

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phases within their AORs. GCCs can/will change phases independent of the USG and International agencies. This linkage will be further articulated in the execution paragraph of each phase.

## (3) Phases

### (a) Phase 0 – Shape Phase

1 Commander's Intent. To prepare DOD for continued operations in the event of a PI. The priority of effort is surveillance of virus outbreaks. Secondary efforts are focused on plan development, synchronization and maintenance.

2 Timing. This phase occurs in an inter-pandemic period, (similar to WHO Phase 1 and 2 and USG Stage 0).

3 Phase Objective and Desired Effects. The first objective is, DOD and its partners are prepared for a PI outbreak and the second objective is the ongoing PI threat identification with partner agencies. Desired effects are: a. DOD, IA, state, tribal, local, and international partners synchronize planning, response, and communications. b. DOD, IA, state, tribal, local, and international partners mitigate spread of virus.

### 4 (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

### 5 Key tasks.

a GCC/FCCs will develop strategic estimates, strategies and plans to accomplish their assigned missions (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

Planning will include (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

b. Services will

(b)(5),(b)(7)(E)

develop and maintain Service

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plans that are synchronized with this plan, and assist Service Components in synchronizing support plans with GCCs.

c DOD agencies will develop and maintain plans synchronized with this plan.

6 (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

7 (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

## (b) Phase 1 – Prevent Phase

1 Commander's Intent. DOD will support USG efforts to prevent or inhibit the geographic spread of the virus. The priority of effort is to prepare for and respond to a potential PI, to include: (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

2 Timing. This phase begins upon receipt of information of human infection(s) with a new influenza viral sub-type but no human-to-human spread, or at most rare instances of spread due to close contact (similar to WHO phase 3 and USG Stage 1).

3 Phase Objectives and Desired Effects. The first objective for this phase is to support USG efforts to identify and prevent or inhibit the geographic spread of the virus. The second objective is to ensure protection of DOD Key Population. Desired effects are: a. (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E) b. DOD, IA, state, tribal, local, and international partners synchronize planning, response, and communications; c. DOD, IA, state, tribal, local, and international partners prevent/inhibit development of human-to-human transmission; d. DOD, IA, state, tribal, local, and international partners prevent/inhibit geographic spread of virus.

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4 Execution. Actions taken in this phase include: (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

Success in this phase is defined as: a. the identification of a new influenza viral subtype, and limiting the spread of the virus in geography and numbers; and b. DOD forces remain intact.

5 Key tasks.

(b)(5),(b)(7)(E)

6 (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

7 (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

(c) Phase 2 – Contain Phase

1 Commander's Intent. This is DOD's decisive phase as containing the virus at this point prevents or delays a PI potentially, alleviating the need for additional phases. The priority of effort is to support USG containment efforts, (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

Secondary effort is to prepare for a potential PI.

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2 Timing. This phase begins upon receipt of information of small cluster(s) with limited human-to human transmission but the spread is highly localized suggesting the virus is not well adapted to humans (similar to WHO Phase 4 and USG Stage 2 conditions).

3 Phase Objectives and Desired Effects. The first objective for this phase is to contain the virus geographically. The second objective of this phase is (b)(5),(b)(7)(E) Desired effects are: a. (b)(5),(b)(7) b. DOD, IA, and international partners synchronize planning, response, and communications; c. DOD, IA, state, tribal, local, and international partners prevent/inhibit development of efficient and sustained human-to-human transmission; d. DOD, IA, state, tribal, local, and international partners prevent/inhibit geographic spread of virus; and e. Traditional and emerging threats do not exploit a PI environment.

4 Execution. During this phase (b)(5),(b)(7)(E) (b)(5),(b)(7)(E) As directed, DOD components will support USG efforts to contain the new virus within a limited area in order to prevent/inhibit a PI or gain time for implementation of additional PI preparedness measures. Success in this phase is defined as: a. At risk population protected from human-to-human transmission; b. Virus spread limited to local regions; and c. DOD mission risk mitigated through the use of selected protective measures to allow forces to maintain freedom of action.

## 5 Key Tasks.

a GCCs will continue surveillance; support USG efforts to contain the virus geographically; set the FHP measures (see suggested measures in Annex Q), and support community mitigation measures; identify resource requirements; (b)(5),(b)(7)(E) take actions to ensure freedom of action; and continue strategic communication.

b Services will continue surveillance; provide FHP and community mitigation measures in affected regions.

c As directed, (b)(5),(b)(7)(E) (b)(5),(b)(7)(E)

6 (b)(5),(b)(7)(E) (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)



(d) Phase 3 – Interdict Phase

1 Commander’s Intent. During this phase the intent is to support USG efforts in delaying or halting the spread of the virus geographically. Priority of effort is on preparations to ensure freedom of action to conduct assigned missions in the face of an impending PI.

2 Timing. This phase begins when indications and warnings identify large clusters of human-to-human transmission in an (the) affected region(s) (similar to WHO Phase 5 and USG Stages 2 and 3).

3 Phase Objectives and Desired Effects. The first objective is to support USG efforts to delay or halt the virus geographically. The second objective is to (b)(5),(b)(7)(E) Desired effects are: (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

d. DOD, IA, state, tribal, local, and international partners synchronize planning, response, and communications; e. DOD, IA, state, tribal, local, and international partners inhibit development of more efficient human-to-human transmission f. DOD, IA, state, tribal, local, and international partners prevent/inhibit geographic spread of virus; and g. Traditional and emerging threats do not exploit a PI environment.

4 Execution. During this phase (b)(5),(b)(7)(E) (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E) As directed, DOD components will support USG efforts to delay or halt a PI wave. Success in this phase is defined as: a. (b)(5),(b)(7)(E) p. Virus spread delayed or halted in affected geographic areas; and c. Impact to DOD mission risk mitigated through the use of protective measures to allow forces to retain freedom of action.



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## 5 Key Tasks.

a. GCCs will continue surveillance; support USG efforts to contain the virus geographically; implement the FHP measures (see suggested measures in Annex O) and support community mitigation measures; (b)(5),(b)(7)(E) take actions to ensure freedom of action to conduct assigned missions; and continue strategic communication.

b. Services will continue surveillance; provide FHP and community mitigation measures.

c. DOD agencies will make preparations to ensure freedom of action to conduct assigned missions in the face of an impending PI.

(b)(5),(b)(7)(E)

## (e) Phase 4 – Stabilize Phase

1 Commander's Intent. Maintain DOD continuity of operations.

(b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

Secondary

effort is support of USG efforts.

2 Timing. This phase begins upon receipt of information that a novel PI virus is spreading globally from human-to-human signaling a breach of containment and interdiction actions (similar to WHO Phase 6 and USG Stage 4 and 5).

3 Phase Objectives and Desired Effects. The first objective for this phase is the ability to maintain Continuity of Operations (COOP) through each PI wave. The second objective is maintaining mission assurance and the third objective is continued support to USG efforts to protect vital national interests. Desired effects are: a. Virus does not impair operational readiness of

units; b. Virus does not preclude DOD worldwide operations; c. Virus does not negate DOD critical capabilities or supporting infrastructure; d. DOD, IA, state, tribal, local, and international partners synchronize planning, response, and communications; and e. Traditional and emerging threats do not exploit a PI environment.

4 Execution. During this phase DOD components will protect the Key Population, maintain freedom of action to conduct assigned missions, and within capabilities, as directed, support USG in mitigating the PI effects in order to minimize human suffering, maintain critical infrastructure, and ensure governments and communities are capable of maintaining social order. (b)(5),(b)(7)(E)

5 Key Tasks.

a GCCs will continue (b)(5),(b)(7)(E) maintain continuity of operations in a PI environment; (b)(5),(b)(7)(E) ensure freedom of action; (b)(5),(b)(7)(E) and continue strategic communication.

b Services will continue (b)(5),(b)(7)(E) and maintain continuity of operations in a PI environment.

c DOD agencies will (b)(5),(b)(7)(E) ensure freedom of action; and maintain continuity of operations in a PI environment.

(b)(5),(b)(7)(E)

(f) Phase 5 – Recovery Phase

1 Commander's Intent. During this phase the intent is to reconstitute the force in preparation for the next wave or return to the inter-pandemic period. (b)(5),(b)(7)(E)

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force. Secondary effort is support to USG efforts to re-establish inter/pre-pandemic conditions.

2 Timing. This phase begins upon receipt of information that case incidence is decreasing, indicating the slowing of the PI wave.

3 Phase Objectives and Desired Effects. The first objective for this phase is the reconstitution of DOD assets. The second is to support USG efforts to establish conditions that allow a return to a previous DOD phase.

Desired effects are: a. (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

d. DOD, IA, state, tribal, local, and international partners synchronize planning, response, and communications; and e. Traditional and emerging threats do not exploit a PI environment.

4 Execution. During this phase DOD conducts force recovery operations and as directed will support USG efforts to re-establish normal support conditions with key partners. Success in this phase is defined as: DOD forces and assets regenerated to pre-pandemic levels.

## 5 Key Tasks.

a GCC/FCCs will: Re-deploy PI response forces; transfer OPCON forces to their respective commands; continue support to USG efforts until transition of support activities can be accomplished with no degradation of operations; and continue to employ command communications strategies (e.g., Public Affairs and Strategic Communications).

b Services will: Re-deploy and reconstitute the PI response forces and prepare for the possibility of a subsequent wave(s).

c DOD agencies will: Regenerate DOD capabilities; and continue support to USG efforts.


(b)(5),(b)(7)(E)

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## b. Specified Planning Tasks

(b)(5),(b)(7)(E)



(3) DOD Implementation Plan Tasks. DOD has primary responsibility for 31 tasks and a support role for the additional 83 tasks. GCC/FCCs, Services, and DOD agencies are tasked in Annex C.

(4) Joint Director of Military Support (JDOMS). JDOMS, on behalf of the SecDef, will coordinate DOD's support through ASD(HD & ASA) to the primary or coordinating agency, issue orders that direct the employment of military assets, and direct the transfer of military personnel and resources.

### (5) Tasks for DOD Components.

(a) Assistant Secretary of Defense, Homeland Defense and Americas' Security Affairs (ASD(HD&ASA)).

1 In cooperation with Joint Staff and USNORTHCOM, receive, catalog and track requests for information (RFIs) from DOD agencies pursuant to refining this plan and assist in the development of supporting agency plans.

2 Identify, track and resolve PI related policy issues within DOD.

3 Conduct biennial table top exercises with the Joint Staff and other necessary DOD agency representatives to identify and refine potential SecDef decisions and decision points.

4 Ensure tasked DOD Components report and complete Defense Implementation Plan tasks per Annex C.

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5 In conjunction with ASD(PA) and ASD(HA), develop and refine the communication strategy guidance for DOD agencies, GCC/FCCs, NGB, and Services in the execution of this plan.

(b)(5),(b)(7)(E)

(b) Assistant Secretary of Defense, Health Affairs (ASD(HA)). ASD(HA) has Tamiflu release authority. Continue to (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

Provide additional clarity, specify completion standards and establish reporting format and frequencies as necessary. Provide public health and clinical guidelines for the military health system and issue policies on the use and distribution of antiviral medications. Refer to Annexes C and Q and reference q.

(c) Under Secretary of Defense, Personnel & Readiness (USD(P&R)). Continue to (b)(5),(b)(7)(E) provide additional clarity, specify completion standards and establish reporting format and frequencies as required (see Annex R).

(d) Assistant Secretary of Defense, Public Affairs (ASD(PA)). Provide public affairs guidance by phase to GCC/FCCs, Services, and DOD agencies within 180 days of the approval of this plan.

(e) Joint Staff.

1 Conduct biennial table top exercises integrating Assistant Secretary of Defense, Homeland Defense and Americas' Security Affairs and other necessary DOD representatives to identify and refine potential SecDef decisions and decision points.

2 Monitor execution of CONPLAN 3551-09 to maintain situational awareness and remain postured to make informed recommendations to the CJCS and SecDef regarding tracking, collating, analyzing and reporting of PI CCIR related events. SecDef will direct GCC/FCCs, Service, and DOD agency responses (through OSD and the Joint Staff, not through the Global Synchronizer) to assess the situation and to allocate the resources required to address the PI and to assure mission accomplishment. For resource requests that may impact HD or DSCA

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missions in the homeland, the Joint Staff/OSD may seek the advice from CDRUSNORTHCOM on the potential impact for those missions.

3 Using the Information Requirements (IR) provided in the base plan decision support template (DST) as a start point, define reporting requirements and frequency from GCCs and Services to the JS to maintain situational awareness of PI-related events and share this data with the Global Synchronizer.

4 ISO the Global Synchronizer, develop and maintain Annex R, PI Reporting Requirements, specifying IR associated responsibilities ISO the DST upon the approval of this plan.

5 Continue to (b)(5),(b)(7)(E) Provide additional clarity, specify completion standards and establish reporting format and frequencies as required (see Annex R).

6 ISO the Global Synchronizer and ASD(HD&ASA), assist in the conduct of periodic reviews and maintenance of this plan, as well as, related planning documents and orders.

7 ISO the Global Synchronizer and ASD(HD&ASA), conduct review of GCC/FCCs and Service planning considerations required by the base plan for issue adjudication and further plan refinement.

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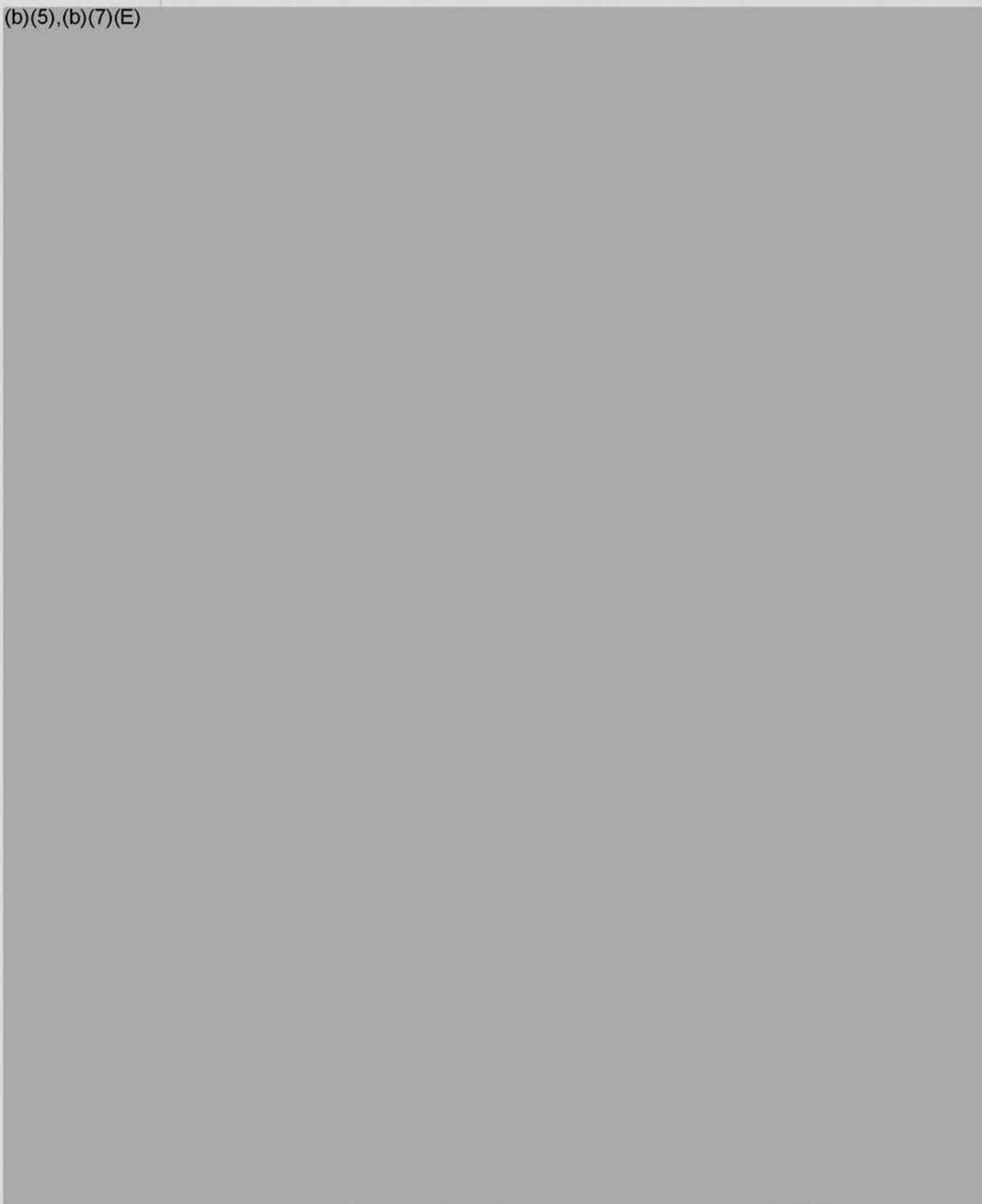
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(j) Supporting and Subordinate Commands and Agencies. Current command structure remains in effect unless changed by SecDef Directive.

(k) DOD Agencies. Provide personnel and detailed planning support to Combatant Commands as required. Be prepared to deploy mobile teams to assist DOD elements.

(b)(5),(b)(7)(E)



(m) Commandant, USCG. Request direct liaison authorized (DIRLAUTH) with USNORTHCOM for global PI synchronization planning.

(n) Defense Logistics Agency. In conjunction with Services and GCCs, identify critical supplies, goods or services that require priority delivery from industry/suppliers to ensure COOP and sustainment of Key Population.

## c. Coordinating Instructions

- (1) JS/OSD - Propose biennial exercises be conducted.

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(a) GCC/FCCs and Military Services - Direct biennial exercises, attend OSD/JS biennial coordination visits, and biennial planning conferences.

(b) DOD Agencies - Conduct biennial exercises in accordance with OSD guidance.

(2) Plans will include measures to:

(a) Mitigate and contain the effects of a PI on military forces (b)(5),(b)(7)(E)

(b) Determine and maintain essential functions, services and COOP in a PI environment.

(c) Provide assistance to civil authorities, both foreign and domestic, as requested and approved by the SecDef.

(d) Ensure effective communications at the tactical, operational and strategic levels in support of DOD personnel and civil authorities as required.

(e) (b)(5),(b)(7)(E)

(f) GCCs and Services provide supporting information for OSD agency DIP task completion as necessary.

(3) DIRLAUTH ALCON. Keep the OSD, Joint Staff, and USNORTHCOM informed. DIRLAUTH is granted with the GCC/FCCs, Services, and DOD agencies listed in this CONPLAN for the purposes of planning, synchronizing and execution of this plan.

(4) Communicate/disseminate common public affairs, strategic communication themes and messages consistent with ASD (PA) and ASD (HD&ASA) guidance, National and DOD policy and guidance.

(5) Conduct exercises and rehearsals with other DOD components and the IA (IA) including state, local and international organizations.

(6) This document is effective for execution planning upon receipt

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(7) Administrative, logistical, medical, and communications support for deployed forces remain a GCC/FCCs and Service Component responsibility.

(8) Service and functional components will capture costs during all phases for reimbursement from the primary agency.

(9) Services will route RFIs to address required planning information gaps to Joint Staff and USNORTHCOM for tracking and follow-up across DOD.

(10) Agencies will route RFIs to address required planning information gaps to ASD (HD&ASA) with courtesy copies to Joint Staff and USNORTHCOM.

(11) Services will prioritize FHP support to GCC/FCC HQs to ensure COOP. GCC/FCCs will identify FHP requirements by priority to the installation/Services.

(12) CCDRs must consult with the SecDef prior to declaring a phase change in his AOR.

(13) All plans developed in accordance with 3551-09 will consider the nineteen Critical Planning Categories outlined in the DOD Implementation Plan.

#### 4. Administration and Logistics

a. Concept of Support. Concept of Logistics Support for PI operations, to include deployment, sustainment, and combat service support (CSS) efforts will be flexible and tailored to support the mission requirements.

b. Logistics. The Combatant Command Service Components are responsible for administrative, logistical, medical, and communication support for forces employed in PI operations. Component Commanders will comply with respective Service instructions, existing plans, agreements, and legal authorities. DLA, DCMA, USTRANSCOM, and other government/Defense agencies will continue to provide the logistics support backbone in the JOAs to include: supply, maintenance, transportation, civil engineering, health services and other combat service support to DOD forces. Efforts must be directed at leveraging the existing infrastructure, contracts, and support relationships with civilian services through innovative information coordination and management, business practices, contracting, and operating procedures. A

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coordinated effort to match prioritization of effort and resources with each operational phase is essential to the success of providing PI support. National Guard United States Property and Fiscal Officers operate contracting offices in each of the 54 States, territories and the District of Columbia. These forward deployed offices, managing existing contracts with certified contracting officers, are a part of the existing infrastructure that can be leveraged.

(1) Civil Engineering. See Annex D

(2) Environmental Considerations. Significant environmental actions are not expected in support of DOD PI Operations. Commanders are responsible to employ environmental practices that minimize adverse impacts to human health and the environment as follows. All DOD forces employed in PI operation will be briefed on their responsibilities for protection of our environment. During all phases of operations, strategies will be developed to avoid, reduce or eliminate negative impacts on the environment. Emergency exemptions may be needed for disposal of contaminated and hazardous material.

(3) Environmental Responsibilities. DOD will be in support of a primary agency. Environmental responsibilities remain with the primary agency. However, this does not release DOD from responsibility to plan and conduct operations in a manner responsive to environmental considerations. Timely response in crisis circumstances may make it necessary to take immediate action without preparing the normal environmental planning documents. Close coordination with local, state, and federal agencies, and host nations during operations is needed to avoid negative environmental consequences. DOD's goal is compliance with all applicable laws.

(4) Environmental Conditions and Transfer to Civil Authorities. Documenting conditions and actions as soon as possible before, during, and after operations will facilitate resolution and closure of environmental issues. An active environmental review of DOD operations should be accomplished to identify possible environmental issues before a negative impact occurs. Environmental impacts will be addressed as soon as possible once operations have stabilized. DOD forces should direct efforts to properly identify, contain, document, and transfer environmental issues to civil authorities as soon as possible.

c. Personnel. Per CJCSI 1301.01C, individual augmentation will be requested by the supported commander via a Joint Manning Document (JMD) and forwarded to its Service components to source via Service headquarters.

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The designated C2 HQ will be responsible for coordinating the Joint Reception Center (JRC), maintaining accountability of deployed DOD personnel, and reporting personnel information.

d. Public Affairs. Proactive communication efforts are essential prior to and during a pandemic. Early dissemination of information and aggressive PA (educational) programs support the US Government's effort to prevent/inhibit or mitigate the spread of the virus, and instill confidence in the Key Population. Successful communications will lead to reduced fear and panic at the onset of a pandemic. It is imperative that we speak with one voice and ensure the themes and messages from the Department of Health and Human Services (HHS) are nested in subordinate plans. The OASD-PA is overall responsible for coordinating the DOD PA response by providing Public Affairs Guidance to GCC/FCCs, Services, and DOD agencies. Delegation of release authority to the GCC/FCCs, Services, and DOD agency Public Affairs Office (PAO) and in turn the appropriate C2 HQ is allowed in support of this plan. See Annex F (Public Affairs) for detailed information.

e. Medical Services. During PI operations, maintenance of the medical and public health infrastructure will be a significant challenge. DOD has a critical role at the national level in fulfilling its NRF responsibilities and equally critical role at the installation level. Commanders, working through their respective public health emergency officers, should consider using the full spectrum of their resources to assist local governments in providing essential services to their citizens. DOD medical capabilities should be requested if it is determined necessary to augment or sustain the local response in order to save lives and minimize human suffering. The time sensitive nature of the requirements necessitates early and rapid inter-agency coordination to be effective. Restrictions on the use of military medical stockpiles and provisions of direct military care to civilians by military personnel may need to be addressed in mission planning. National Guard medical personnel, under State C2, may be able to immunize civilians.

f. Funding Requirements and Tracking. Funding of DOD units participating in PI operations to other government agencies will normally be authorized under the Stafford Act, or reimbursable under the Economy Act, and conducted IAW law and within the established FAR, DOD Directives, policy, and guidance and the NRF. Each DOD component is responsible for capturing and reporting incremental costs to the Defense Agent Comptroller. Standard IA billing procedures will be followed. GCC/FCCs, Services, and agencies will identify resource shortfalls to their respective Executive Agents or

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to OSD as applicable to ensure execution of Phases 0 and 1 and to begin preparation for remaining phases.

g. Planning Schedule.

(1) GCCs will refine existing PI CONPLANS to ensure plans are synchronized with DOD Global Concept Plan to Synchronize Planning for PI 3551-09 NLT 90 days from this plan's approval.

(2) FCCs will refine or develop their plan no later than 180 days from this plan's approval and ensure they are synchronized with the DOD Global Concept Plan to Synchronize Planning for PI 3551-09.

(3) Services will refine or develop Service-level guidelines no later than 180 days from the approval of this plan and ensure guide lines are synchronized with the DOD Global PI CONPLAN 3551-09 and GCC CONPLANS.

(4) DOD agencies will refine or develop appropriate plans no later than 180 days from this plan's approval and ensure they are synchronized with the DOD Global Concept Plan to Synchronize Planning for PI 3551-09.

(5) GCC/FCCs, Services, and DOD agencies will update plans in accordance with this CONPLAN and submit to the Global Synchronizer for coordination before final approval. CONPLAN 3551-09 OPR reserves the right to submit GCC/FCCs, Service, and DOD agency plans to the JPEC review process.

5. Command and Control

(b)(5),(b)(7)(E) Command (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E) until directed otherwise.

(1) Command Relationships.

(a) DOD C2 (SecDef with CCDRs) during execution - no change. Reporting to the SecDef provided via the National Military Command Center (NMCC).

(b) CDRUSNORTHCOM is the supported Commander for the synchronization of Global PI planning. Combatant Commands, Services, and

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Defense agencies are supporting commands/ departments/agencies for coordination and synchronization of Global PI planning.

(c) Commander USNORTHCOM will provide assessments and recommendations to the Secretary of Defense through the Joint Staff on PI related resource and policy decisions in other AORs that may impact HD and DSCA within the USNORTHCOM AOR.

(d) GCCs are the supported commanders within their respective AORs. All other combatant commanders are supporting commanders for PI response operations. SecDef will set priority of effort.

(e) Services and defense agencies are supporting organizations and their PI plans will conform with GCC plans in case of conflict.

(2) Succession to Command. Non-applicable

b. Command, Control, and Communications Systems. Determined by Combatant Commands, Services, and Defense agencies. R3 Guidelines on classification pertaining to operational readiness information (e.g., DRRS data) will not change due to the onset of a PI. Other information that does not deal with readiness can be sent via unclassified means to coordinate with other agencies.

[Victor E. Renuart, Jr.  
General, USAF  
Commander

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## Annexes:

A – Task Organization - Not Used

B – Intelligence

C – Operations

D – Logistics

E – Personnel

F – Public Affairs

G – Civil Affairs - Not Used

H – Meteorological and Oceanographic Operations - Not Used

I – Not Used

J – Command Relationships - Not Used

K – Command, Control, Communications and Computer Systems

L – Environmental Considerations - Not Used

M – Geospatial Information and Services - Not Used

N – Space Operations - Not Used

O – Not used

P – Host-Nation Support - Not Used

Q – Health Service

R – Reports

S – Special Technical Operations - Not Used

T – Consequence Management - Not Used

U – Notional CP Decision Guide - Not Used

V – IA Coordination

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W – Contingency Contractors and Contracting - Not Used

X – Execution Checklist - Not Used

Y – Strategic Communication

Z – Distribution (TBP)

## Glossary

assumption. A supposition on the current situation or a presupposition on the future course of events, either or both assumed to be true in the absence of positive proof, necessary to enable the commander in the process of planning to complete an estimate of the situation and make a decision on the course of action.

center of gravity. The source of power that provides moral or physical strength, freedom of action, or will to act. Also called COG

cluster. An aggregation of cases closely grouped in time and place. Small cluster involves less than 25 human cases lasting less than two weeks. Large cluster involves 25 – 50 human cases lasting from two to four weeks. (World Health Organization)

commander's intent. A concise expression of the purpose of the operation and the desired end state. It may also include the commander's assessment of the adversary commander's intent and an assessment of where and how much risk is acceptable during the operation.

concept of operations (CONOPS). A verbal or graphic statement that clearly and concisely expresses what the joint force commander intends to accomplish and how it will be done using available resources. The concept is designed to give an overall picture of the operation. Also called commander's concept or CONOPS

continuity of operations (COOP). The continuity of operations is the internal effort of an organization, such as a branch of government, department, or office, to assure that the capability exists to continue essential operations in response to a comprehensive array of potential operational interruptions.

containment measures (targeted layered containment). Overlapping measure taken around cases or outbreaks to contain the virus and prevent/inhibit spread.

course of action (COA). 1. Any sequence of activities that an individual or unit may follow. 2. A possible plan open to an individual or commander that would accomplish, or is related to the accomplishment of the mission. 3. The scheme adopted to accomplish a job or mission. 4. A line of conduct in an engagement. 5. A product of the Joint Operation Planning and Execution System concept development phase and the course-of-action determination steps of the joint operation planning process. Also called COA

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critical requirement. An essential condition, resource, and means for a critical capability to be fully operational.

critical vulnerability. An aspect of a critical requirement which is deficient or vulnerable to direct or indirect attack that will create decisive or significant effects.

DOD components. GCC/FCCs, Services, and DOD agencies

effect. 1. The physical or behavioral state of a system that results from an action, a set of actions, or another effect. 2. The result, outcome, or consequence of an action. 3. A change to a condition, behavior, or degree of freedom.

end state. The set of required conditions that defines achievement of the commander's objectives.

epidemic. A clustering of cases of disease within a short period of time in excess of the expected frequency. (National Implementation Plan)

fomite. An object (such as a door knob or surface) that may be contaminated with infectious organisms and serve in their transmission

indications & warning. Those intelligence activities intended to detect and report time-sensitive intelligence information on foreign developments that could involve a threat to the United States or allied and/or coalition military, political, or economic interests or to US citizens abroad. It includes forewarning of enemy actions or intentions; the imminence of hostilities; insurgency; nuclear/non-nuclear attack on the United States, its overseas forces, or allied and/or coalition nations; hostile reactions to US reconnaissance activities; terrorists' attacks; and other similar events. Also called I&W.

isolation. Separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness.

key partner. Host Nations and agencies that share information and resources with the common purpose to support the US Government's efforts to mitigate and contain the effects of a PI. (PI Conference March 2007)

key population (DOD). The (DOD) joint force, civilian components, family members, DOD beneficiaries, and contractors. (PI Conference March 2007)

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line of effort. A logical line that connects [coordinates] actions on nodes and/or decisive points related in time and purpose with an objective(s).

measure of effectiveness. A criterion used to assess changes in system behavior, capability, or operational environment that is tied to measuring the attainment of an end state, achievement of an objective, or creation of an effect. Also called MOE.

measure of performance. A criterion used to assess friendly actions that is tied to measuring task accomplishment. Also called MOP

objective. The clearly defined, decisive, and attainable goal toward which every operation is directed.

outbreak. An epidemic limited to a localized area. (National Implementation Plan)

pandemic. Worldwide epidemic of a new strain of influenza virus in which humans have little or no immunity. (National Implementation Plan)

phase. In joint operation planning, a definitive stage of an operation or campaign during which a large portion of the forces and capabilities are involved in similar or mutually supporting activities for a common purpose.

quarantine. Refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious.

rules for the use of force (RUF). Directives issued to guide United States forces on the use of force during various operations. These directives may take the form of execute orders, deployment orders, memoranda of agreement, or plans. Also called RUF.

rules of engagement (ROE). Directives issued by competent military authority that delineate the circumstances and limitations under which United States forces will initiate and/or continue combat engagement with other forces encountered. Also called ROE. See also law of war.

social distancing. Social distancing refers to methods to reduce the frequency and closeness of contact between people.

sequester. 1. To cause to withdraw into seclusion. 2. To remove or set apart; segregate. In this case to remove from risk of infection.

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supporting commander. 1. A commander who provides augmentation forces or other support to a supported commander or who develops a supporting plan. This includes the designated combatant commands and Department of Defense agencies as appropriate. 2. In the context of a support command relationship, the commander who aids, protects, complements, or sustains another commander's force, and who is responsible for providing the assistance required by the supported commander.

supported commander. 1. The commander having primary responsibility for all aspects of a task assigned by the Joint Strategic Capabilities Plan or other joint operation planning authority. In the context of joint operation planning, this term refers to the commander who prepares operation plans or operation orders in response to requirements of the Chairman of the Joint Chiefs of Staff. 2. In the context of a support command relationship, the commander who receives assistance from another commander's force or capabilities, and who is responsible for ensuring that the supporting commander understands the assistance required.

task. Instructions/Actions for a specific unit to accomplish.

trigger. An event or action that causes results in a phase change.

vector. A living organism that transmits a viral or bacterial infection from one host to another, such as a mosquito carrying and infecting humans with malaria.

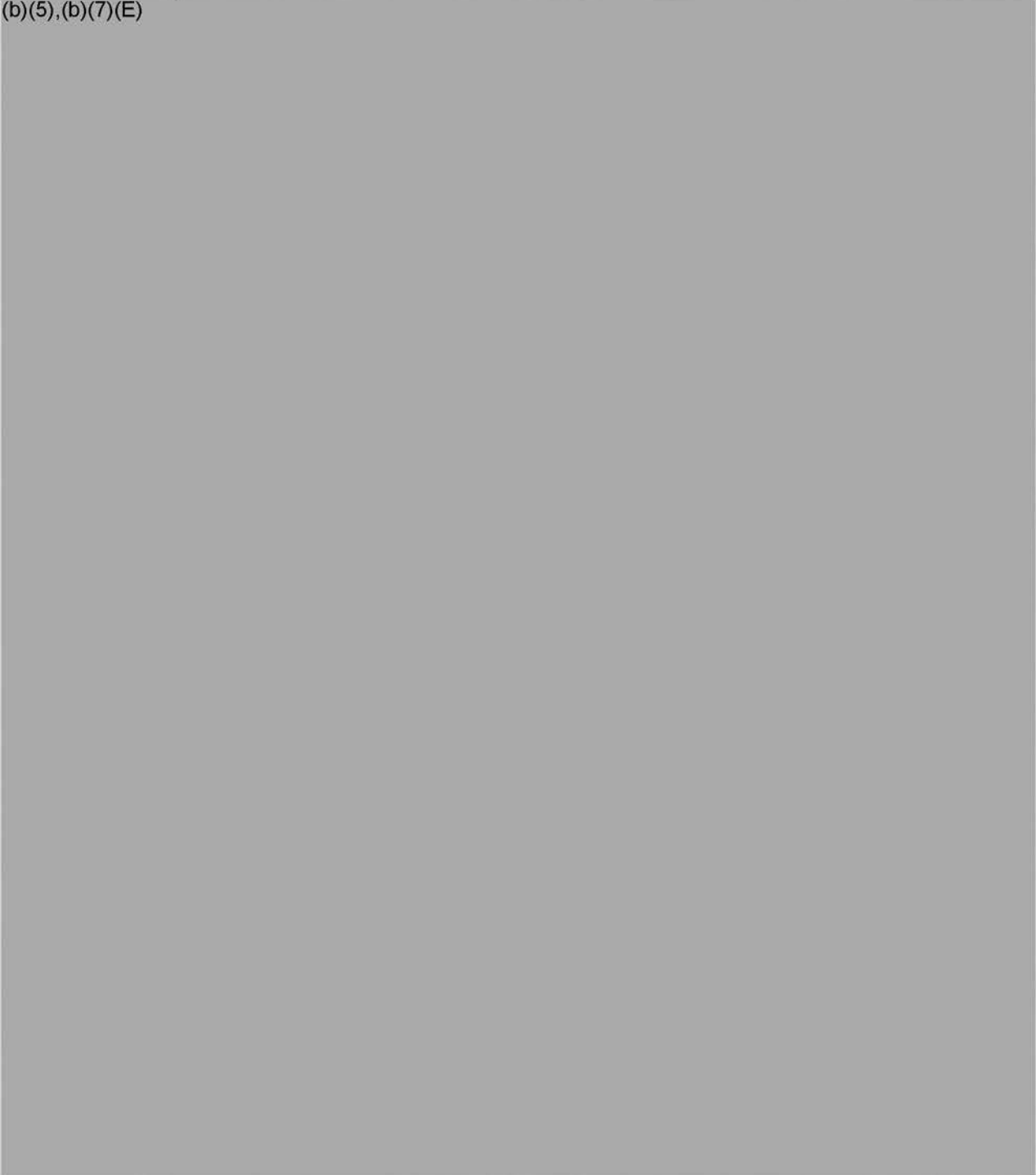


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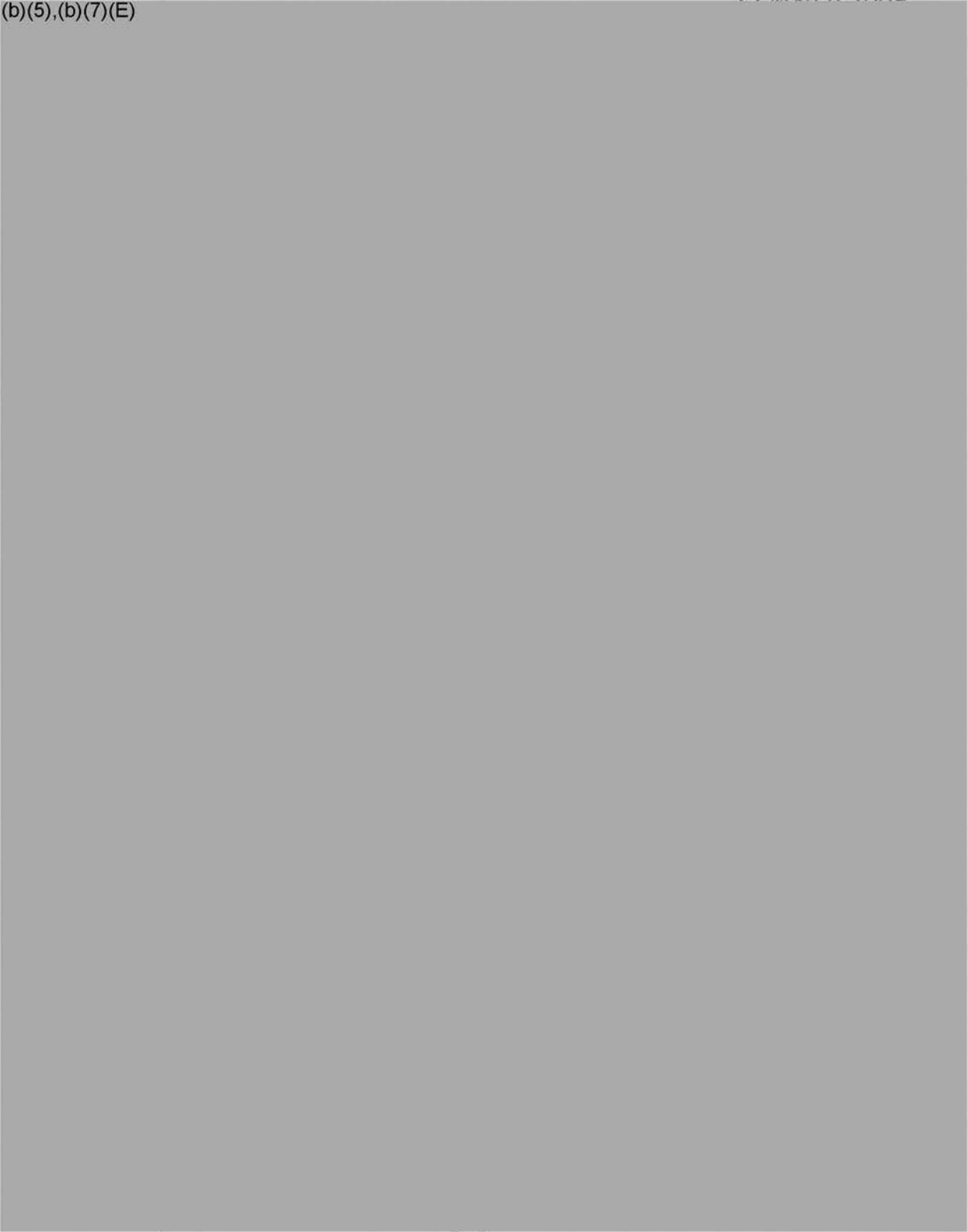
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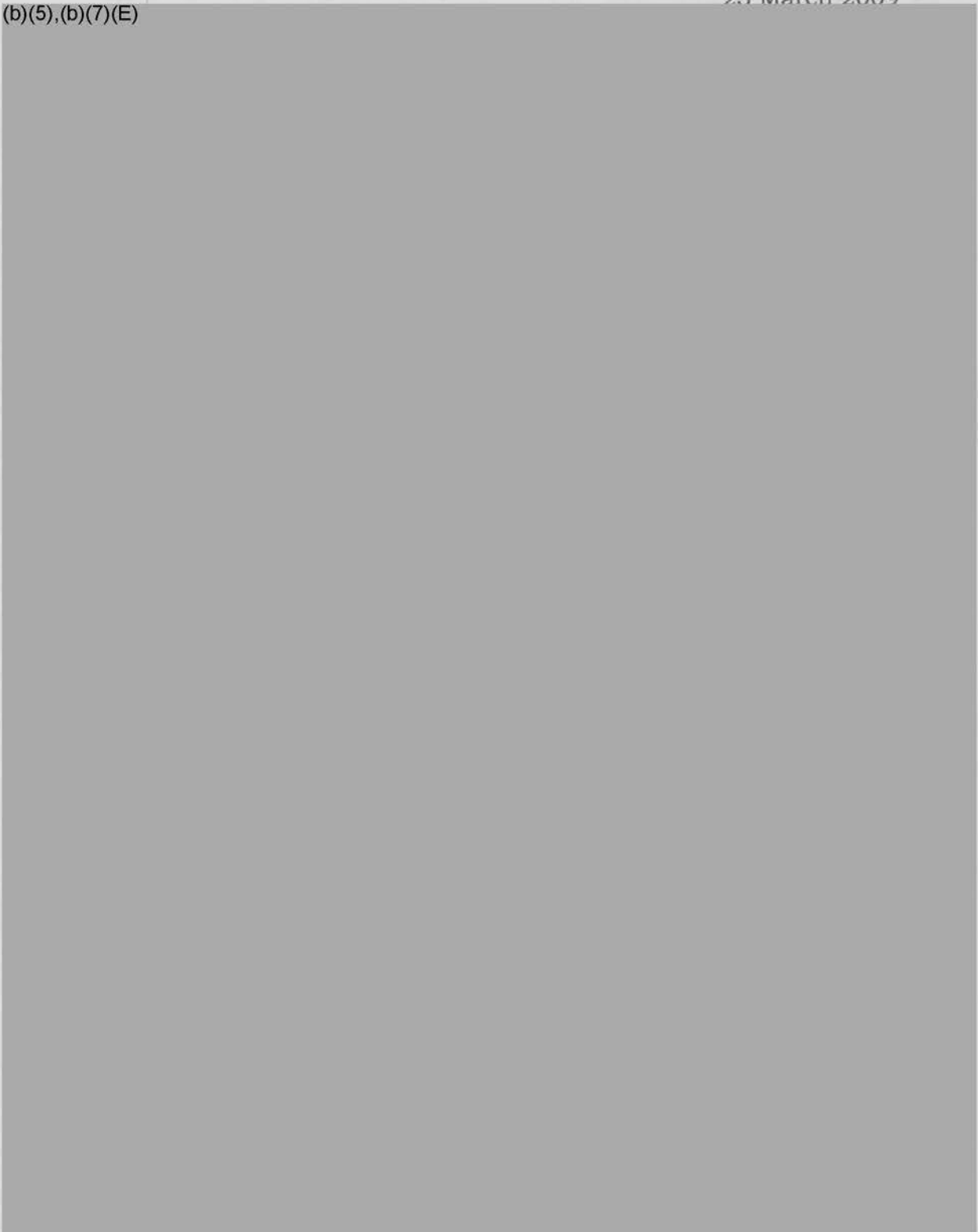
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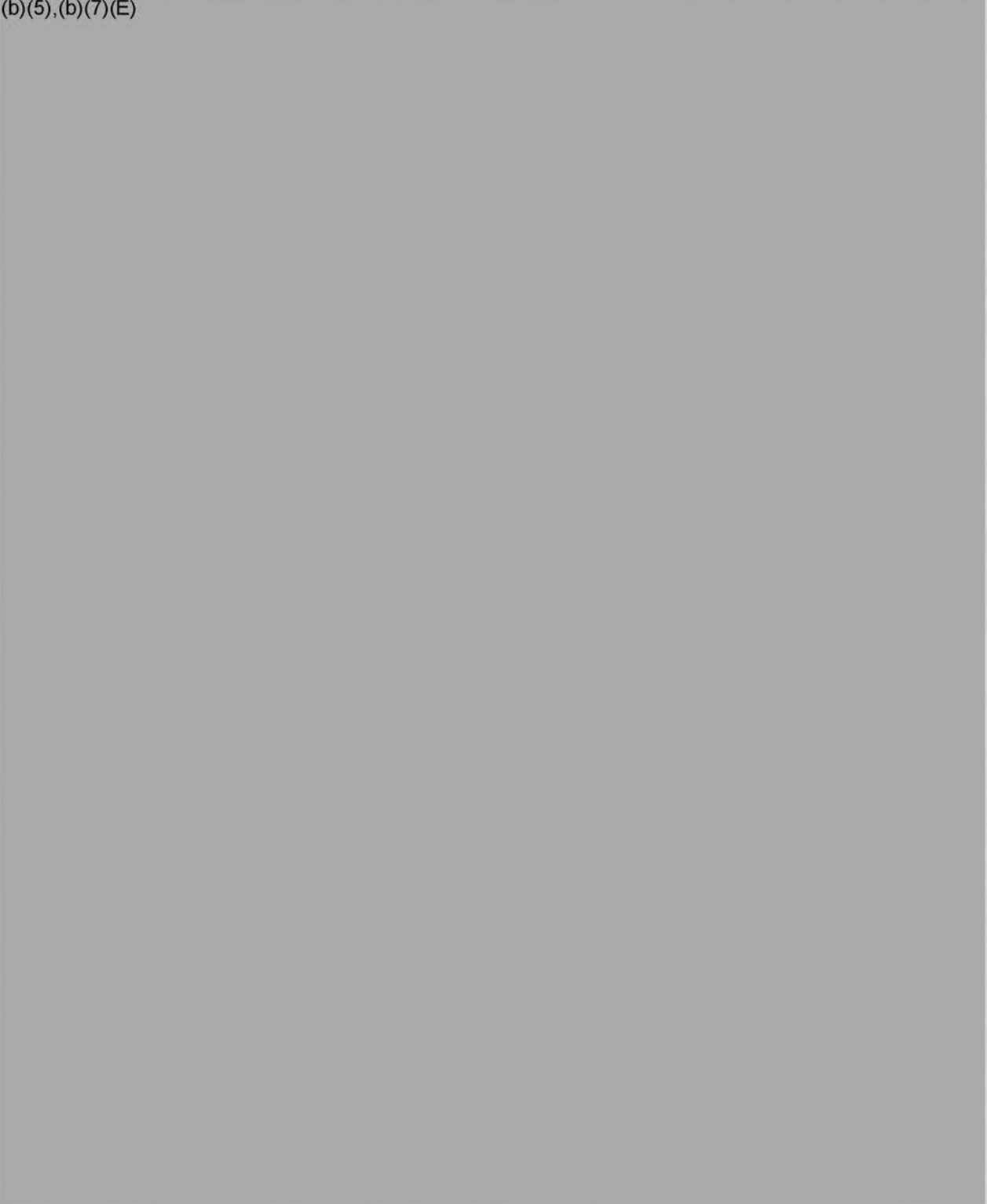
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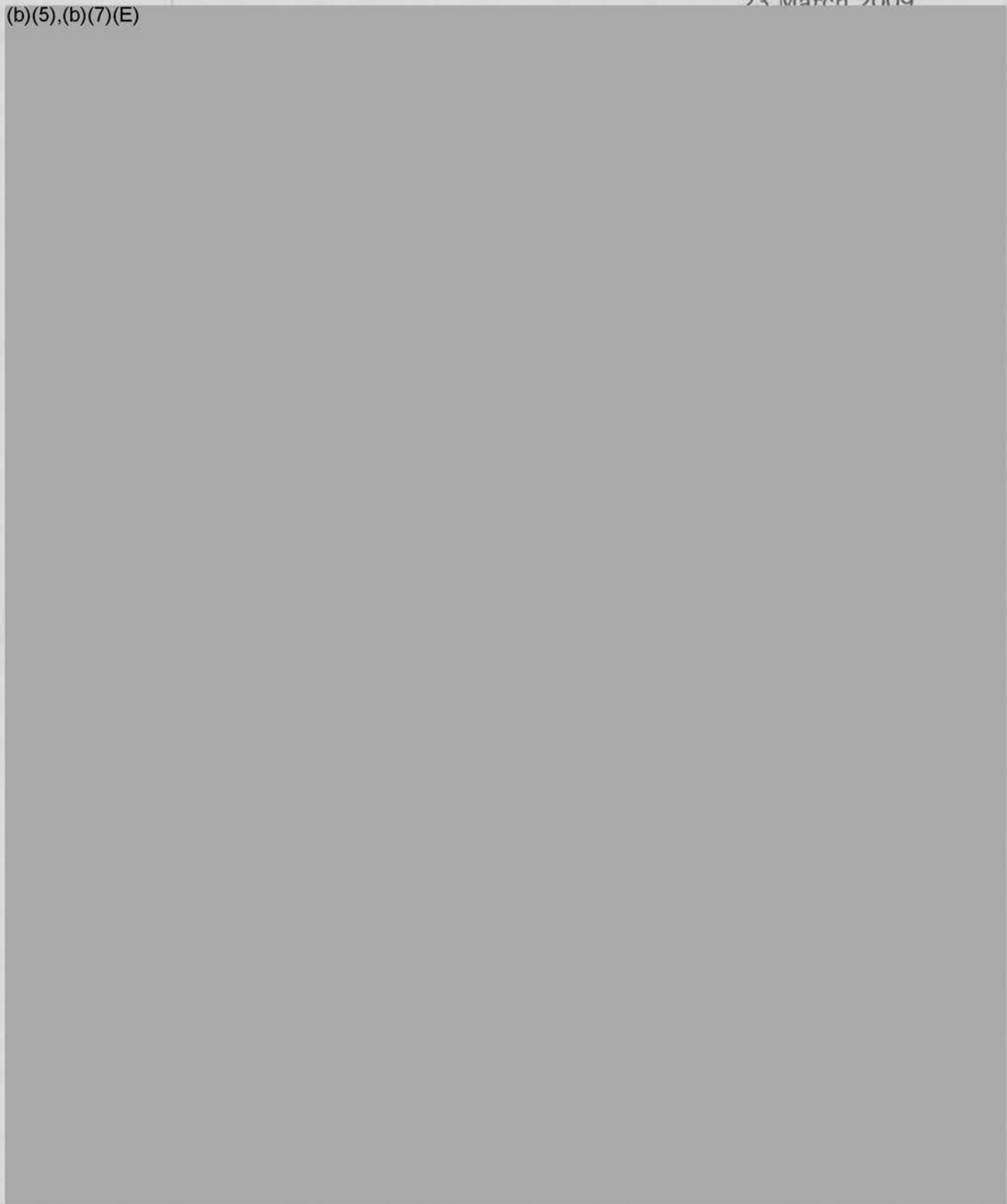
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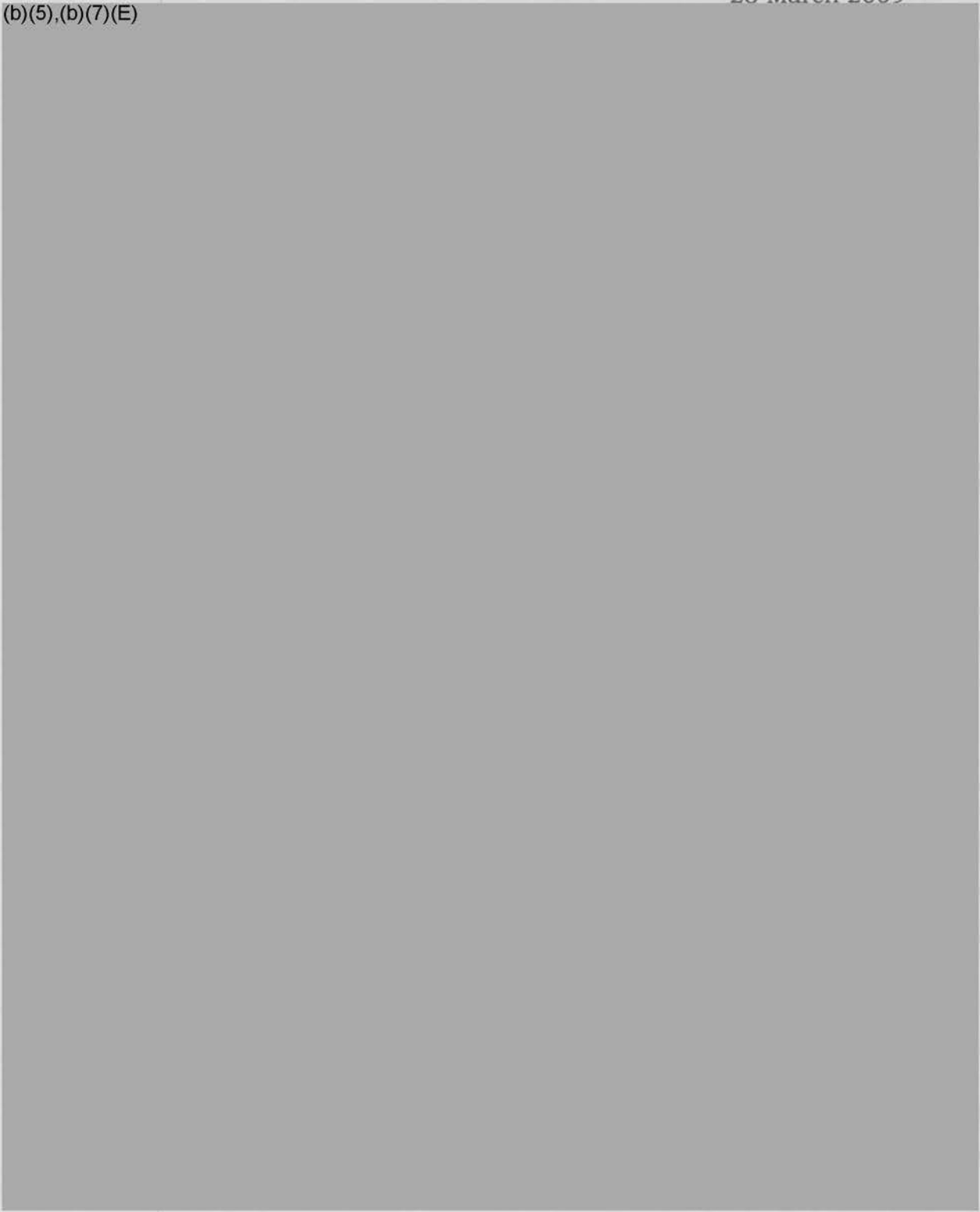
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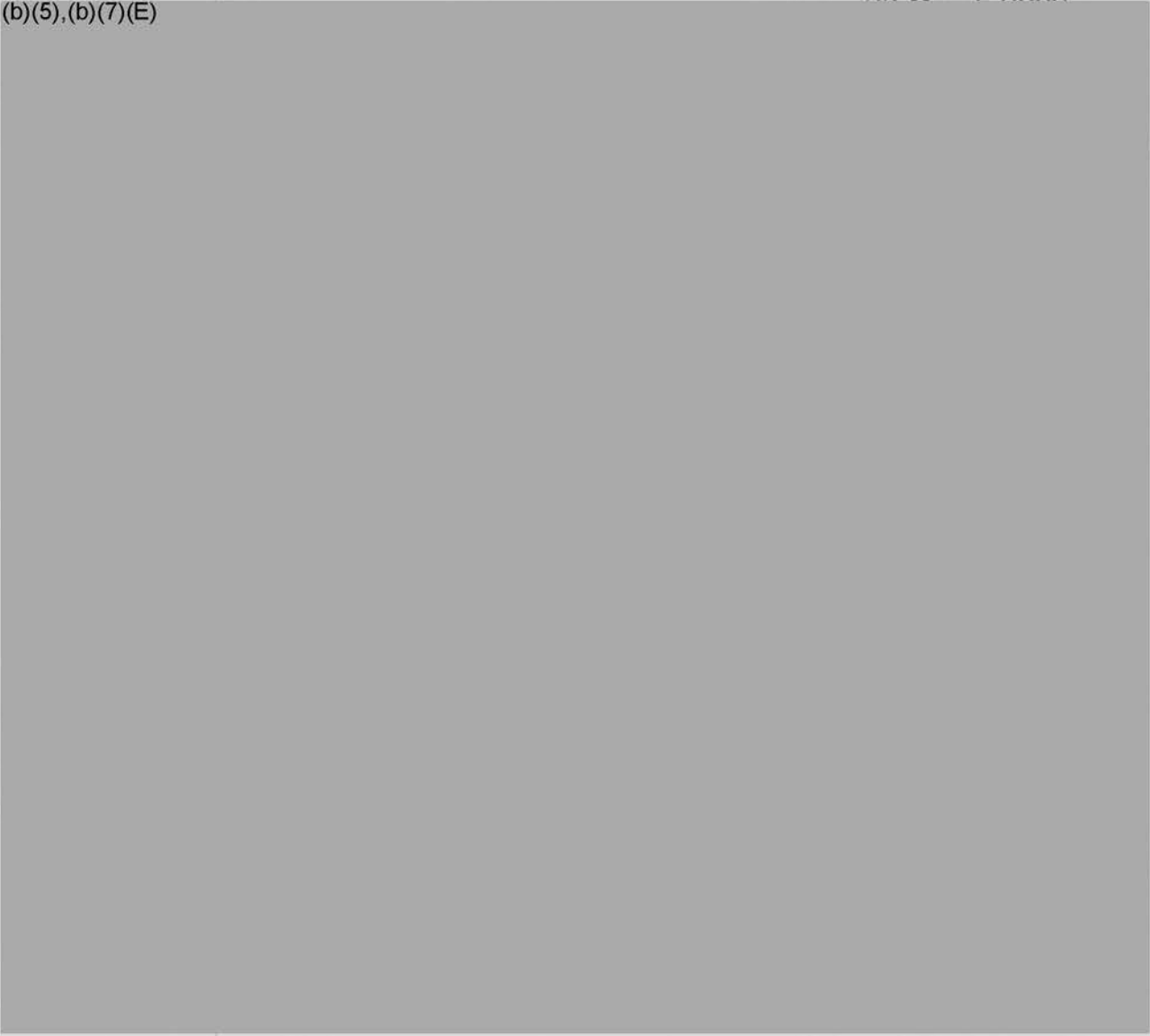
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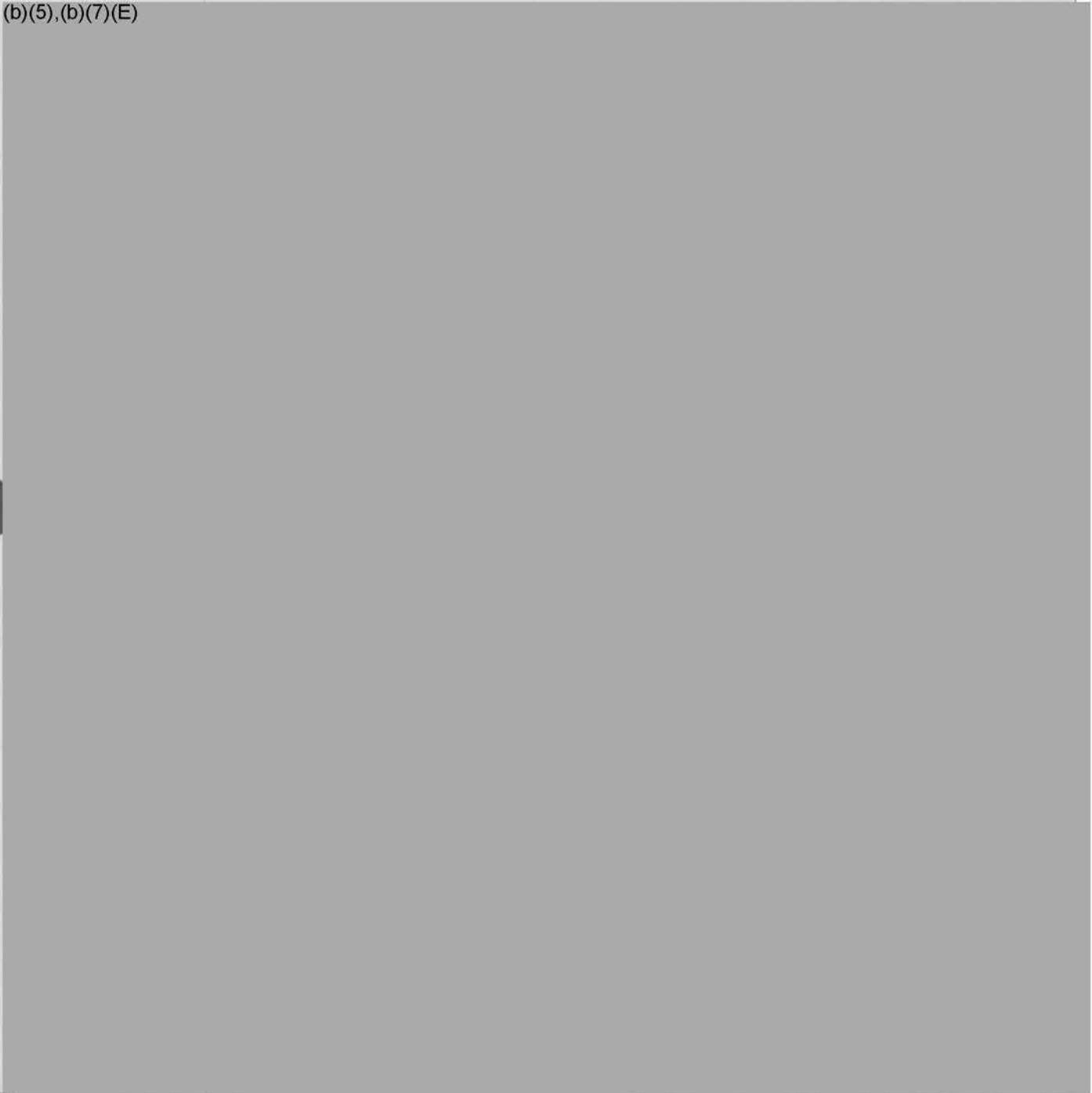
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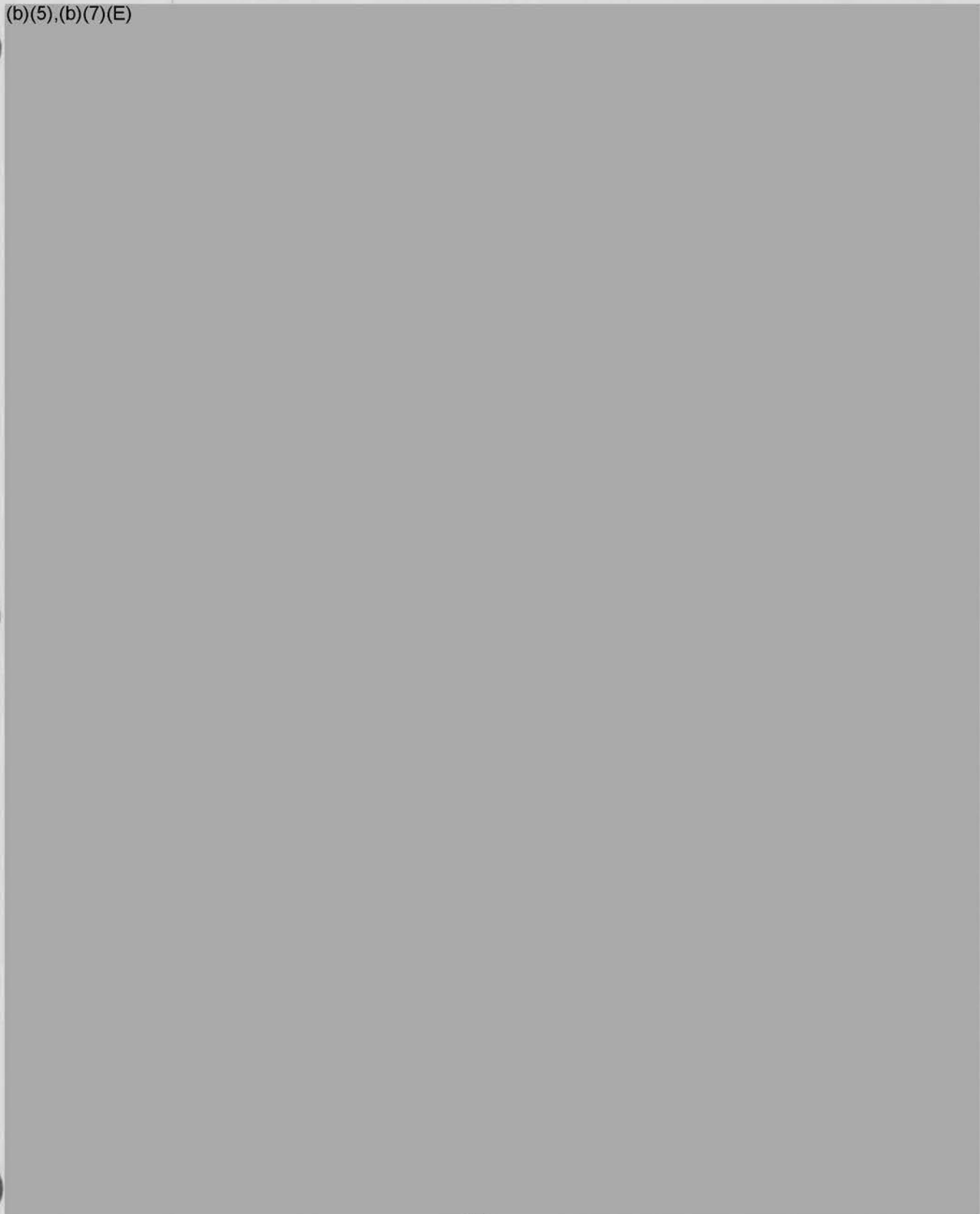
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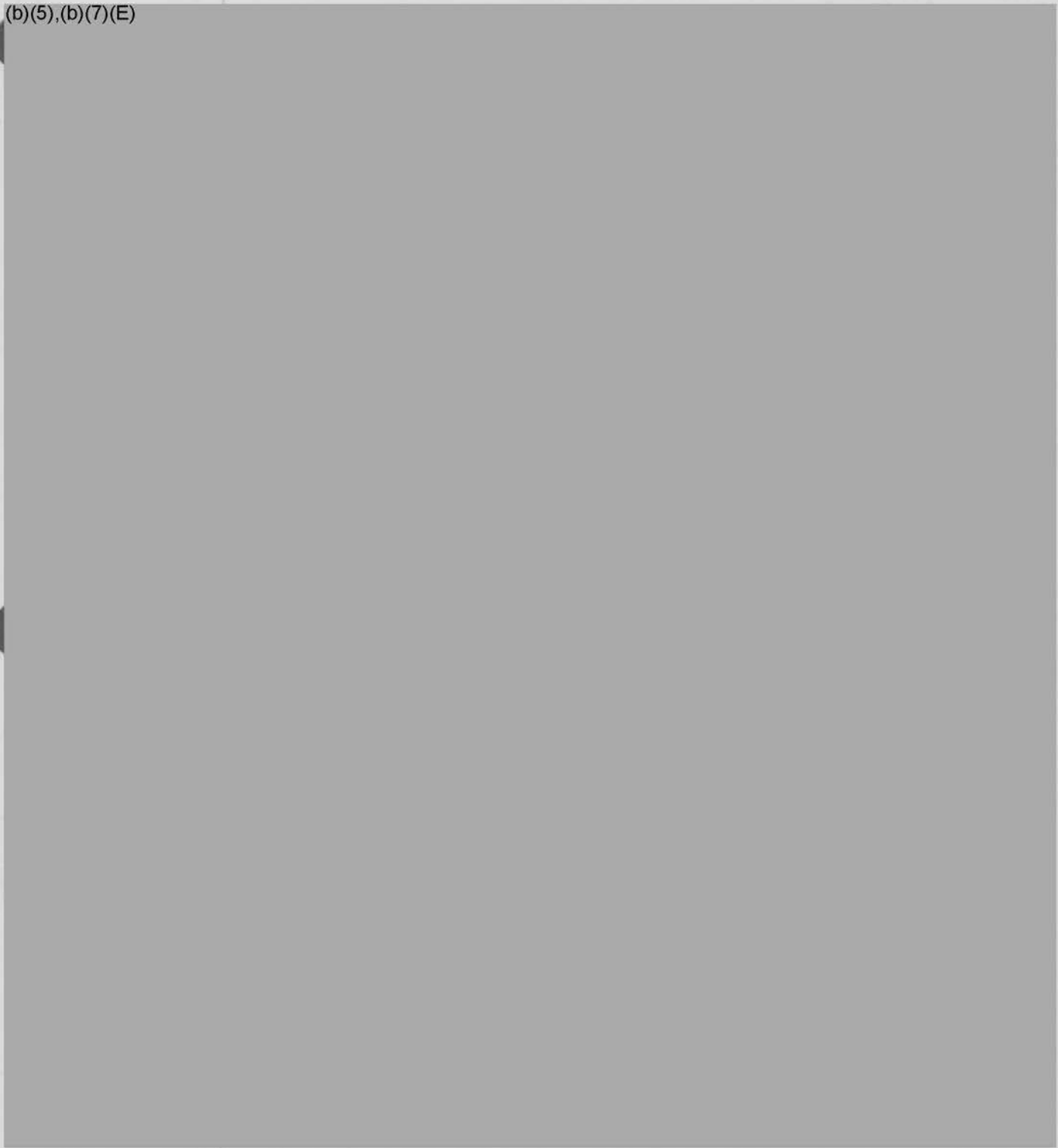
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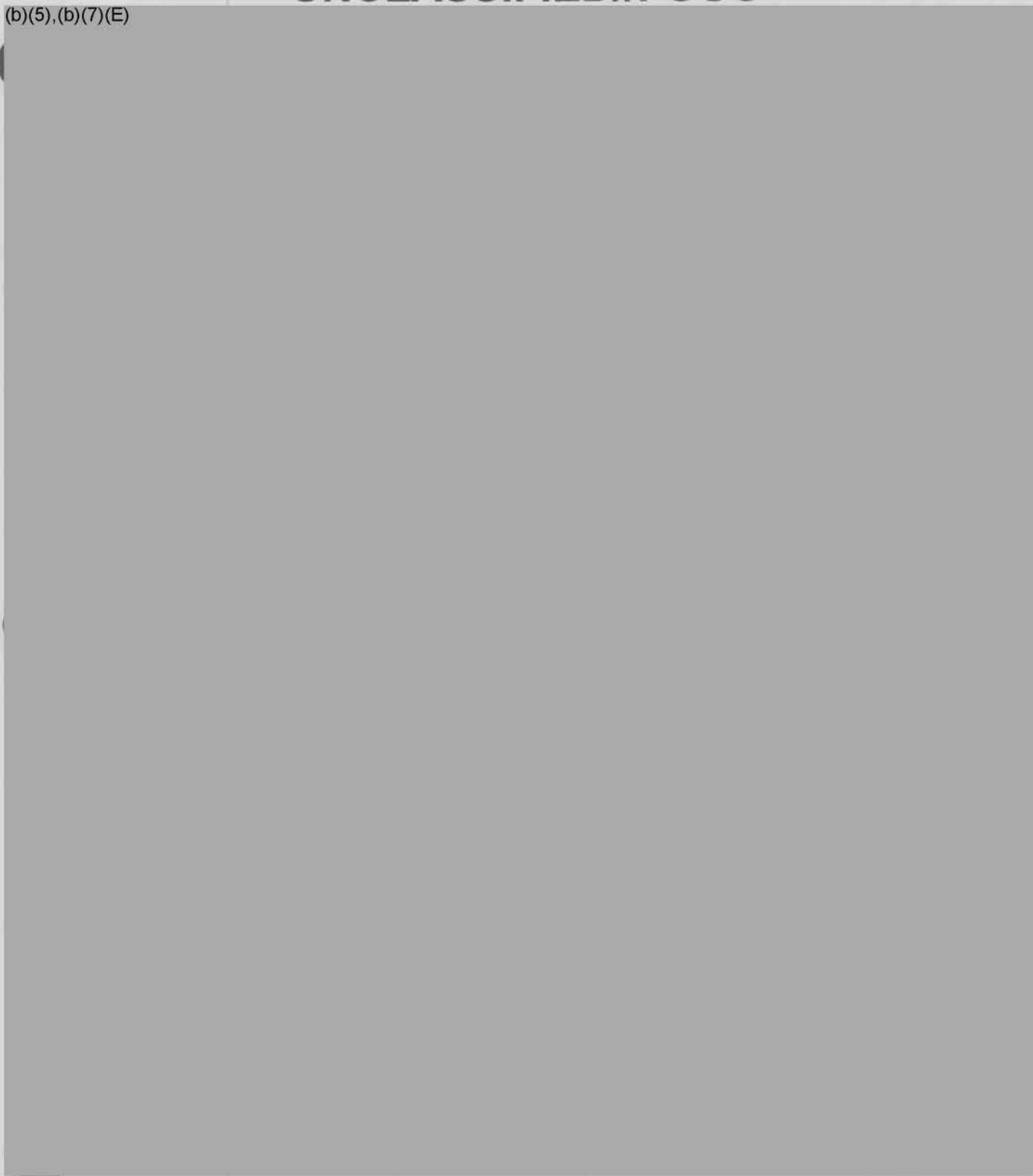
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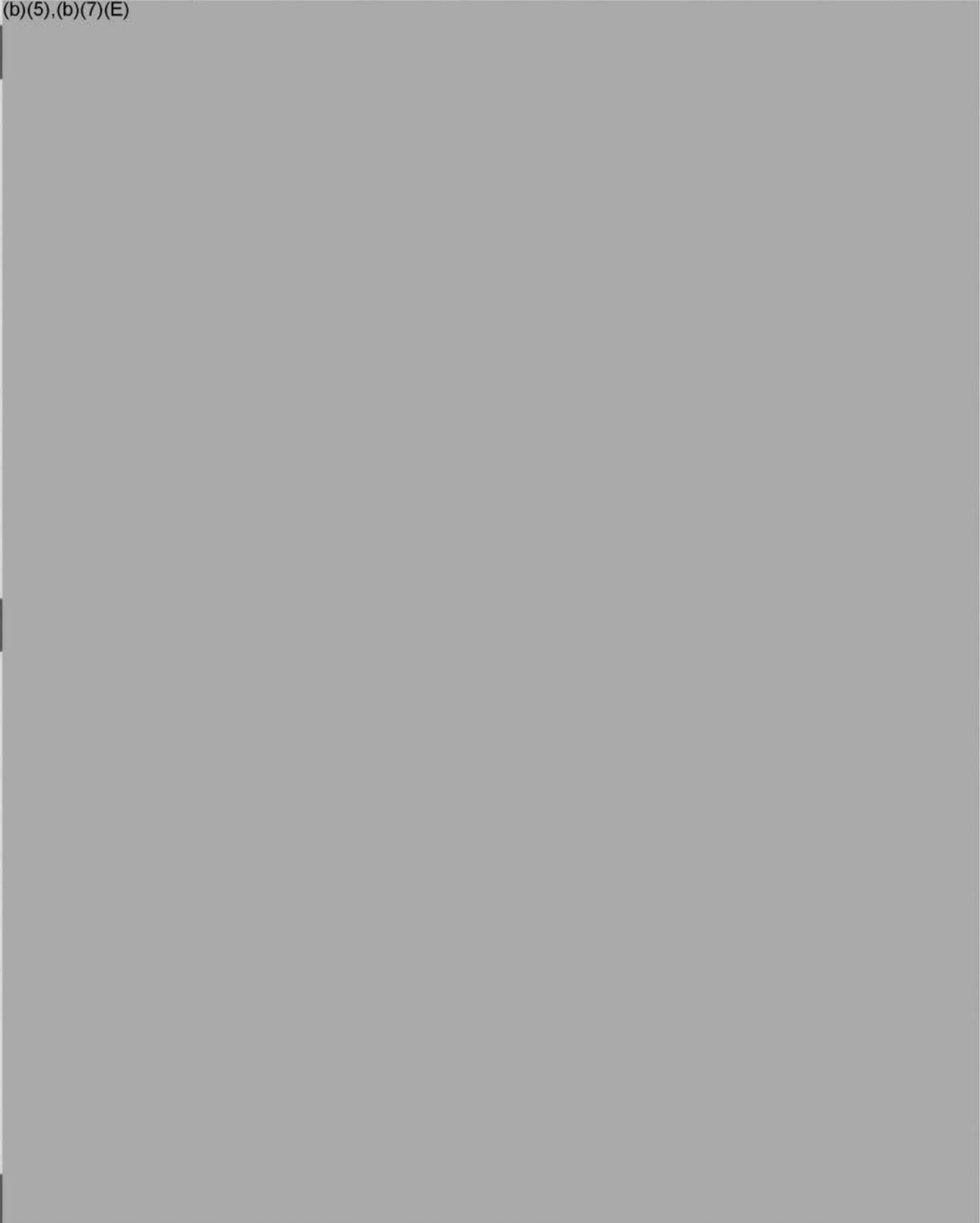


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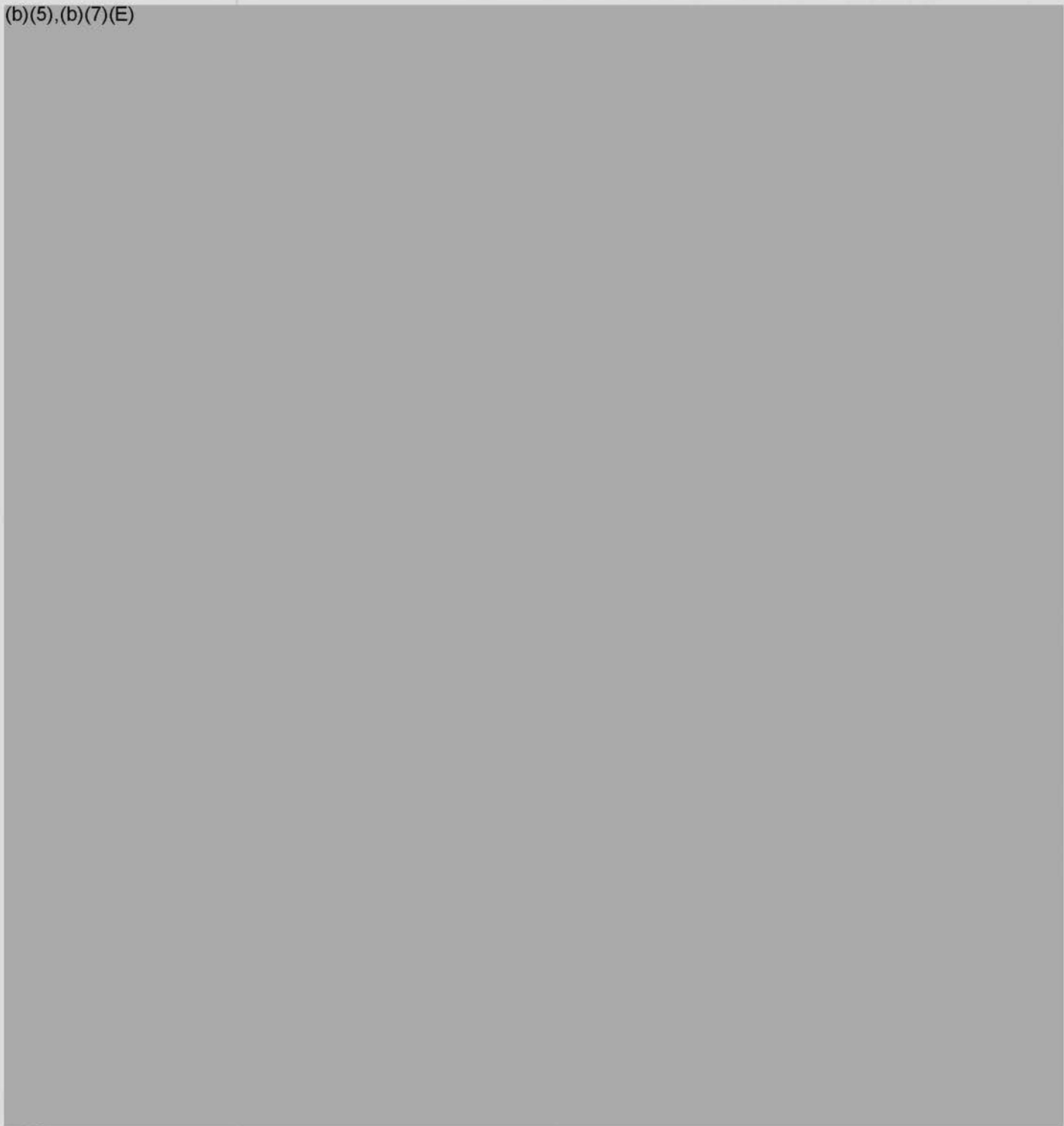
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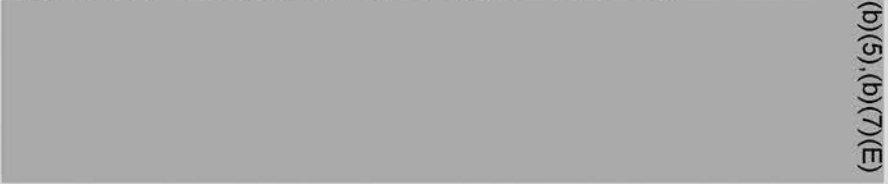


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- b. Tasks. See Annex C, Appendix 31, Consolidated Master Task List.
- c. Coordinating Instructions. See base plan.
- 4. Administration and Logistics. See base plan.
- 5. Command and Control. See base plan.

## Appendixes

- 1 -- Nuclear Operations - Not Used
- 2 -- Combating Weapons of Mass Destruction (WMD) - Not Used
- 3 -- Information Operations (IO)**
- 4 -- Special Operations (SO) - Not Used
- 5 -- Personnel Recovery (PR) Operations - Not Used
- 6 -- Removed from JOPES
- 7 -- Removed from JOPES
- 8 -- Rules of Engagement (ROE)**
- 9 -- Reconnaissance - Not Used
- 10 -- Air Base Operability (ABO) - Not Used
- 11 -- Combat Camera (COMCAM) - Not Used
- 12 -- Noncombatant Evacuation Operations (NEO) - Not Used
- 13 -- Explosive Ordnance Disposal (EOD) - Not Used
- 14 -- Amphibious Operations (AO) - Not Used
- 15 -- Force Protection
- 16 -- Critical Infrastructure Protection (CIP)
- 28 -- SecDef Decision Support Template
- 31 -- Consolidated Master Task List
- 32 -- Installation Format

//SIGNED//  
[FRANK J. GRASS  
Major General, USA  
Director of Operations

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## APPENDIX 3 TO ANNEX C TO CONPLAN 3551-08 (U) INFORMATION OPERATIONS

- References:
- a. Joint Pub 3-13, Information Operations, 13 Feb 06
  - b. Joint Pub 3-13.1, Electronic Warfare, 25 January 2007
  - c. Joint Pub 3-53, Doctrine for Joint Psychological Operations, 5 September 2003
  - d. Joint Pub 3-13.3, Operations Security, 29 June 2006
  - e. Joint Pub 3-13.4, Military Deception, 13 July 2006
  - f. DODD S-3600.01, Information Operations, 14 August 2006 (S)
  - g. CJCSI 3210.01B, Joint Information Operations Policy, 5 January 2007 (S)
  - h. CJCSI 3210.03B, Joint Electronic Warfare Policy, 31 July 2002 (S)
  - i. CJCSI 3213.01C, Joint Operations Security, 17 July 2008
  - j. CJCSI 6510.01E, Information Assurance (IA) and Computer Network Defense (CND), 15 August 2007

### 1. Situation

- a. General. See base plan
- b. Enemy. See base plan
- c. Friendly


(1) (b)(5),(b)(7)(E)  
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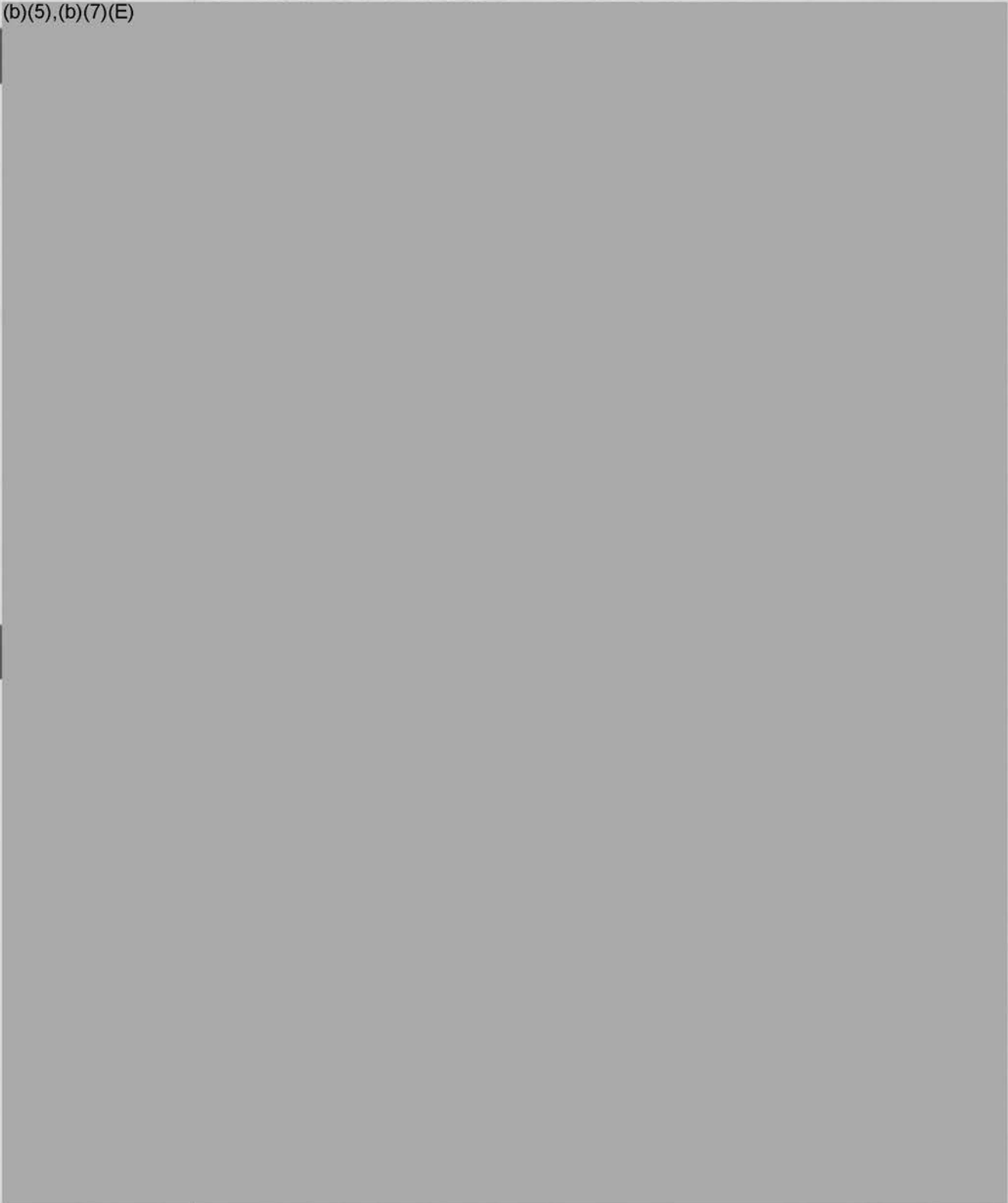


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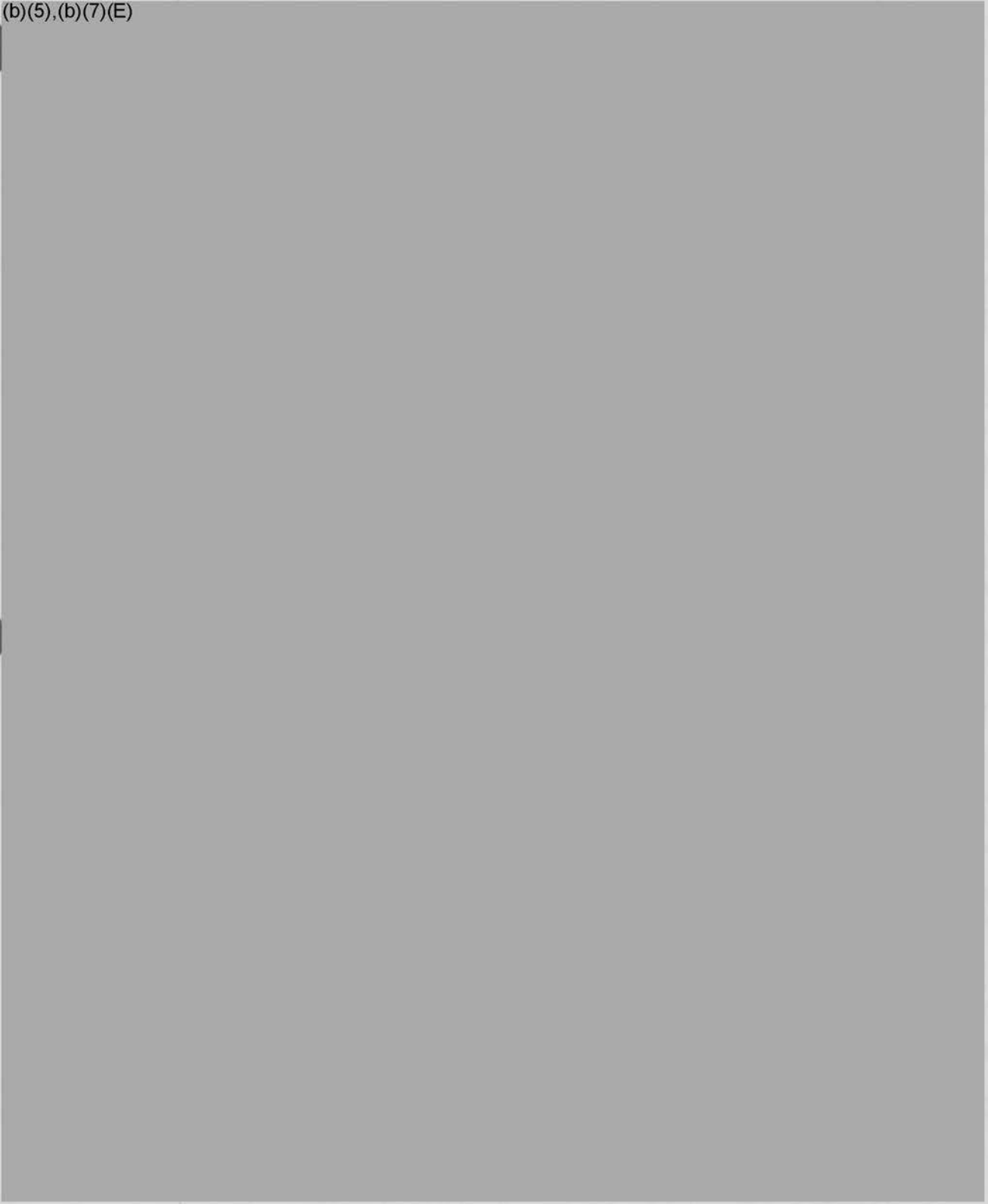


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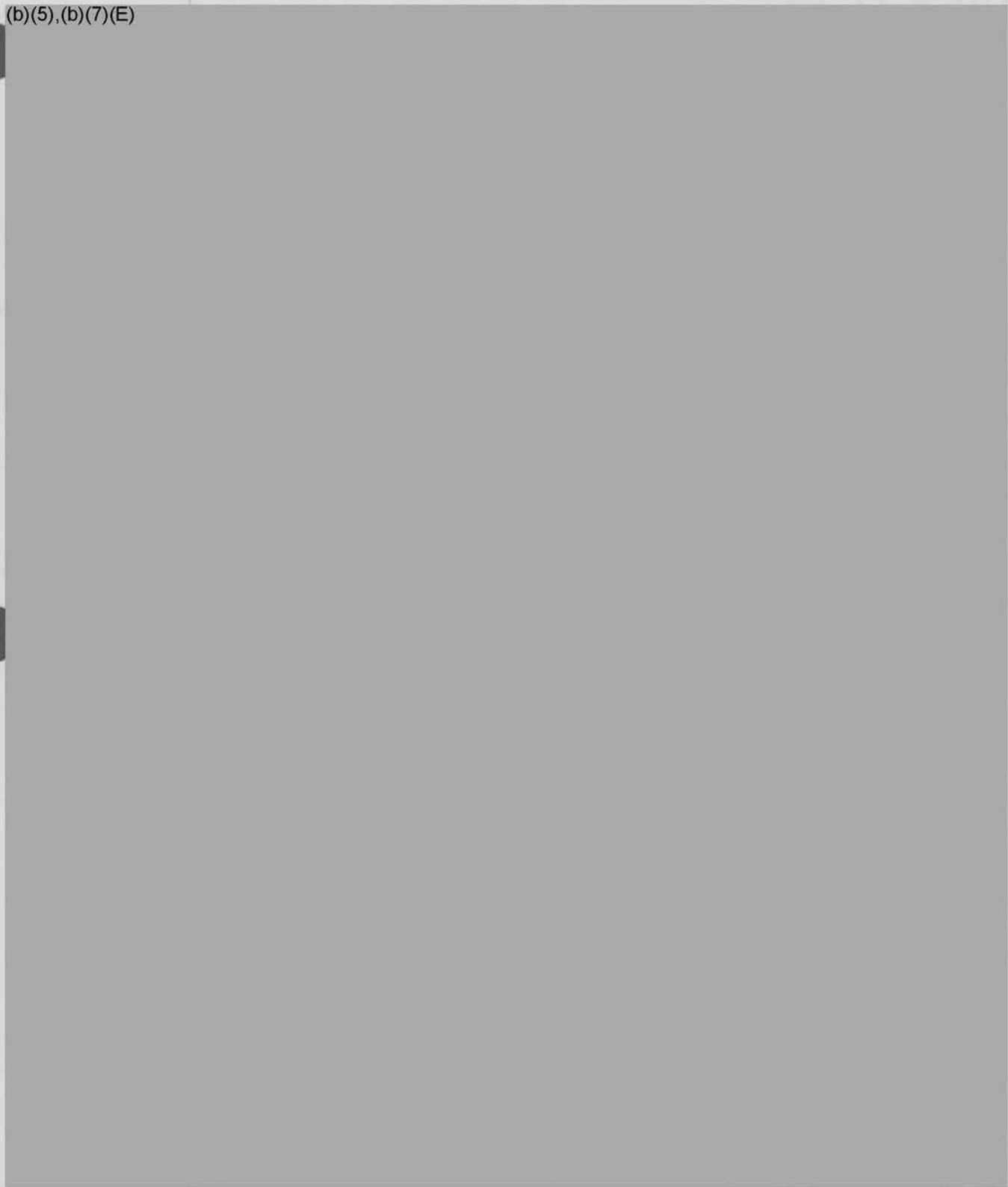
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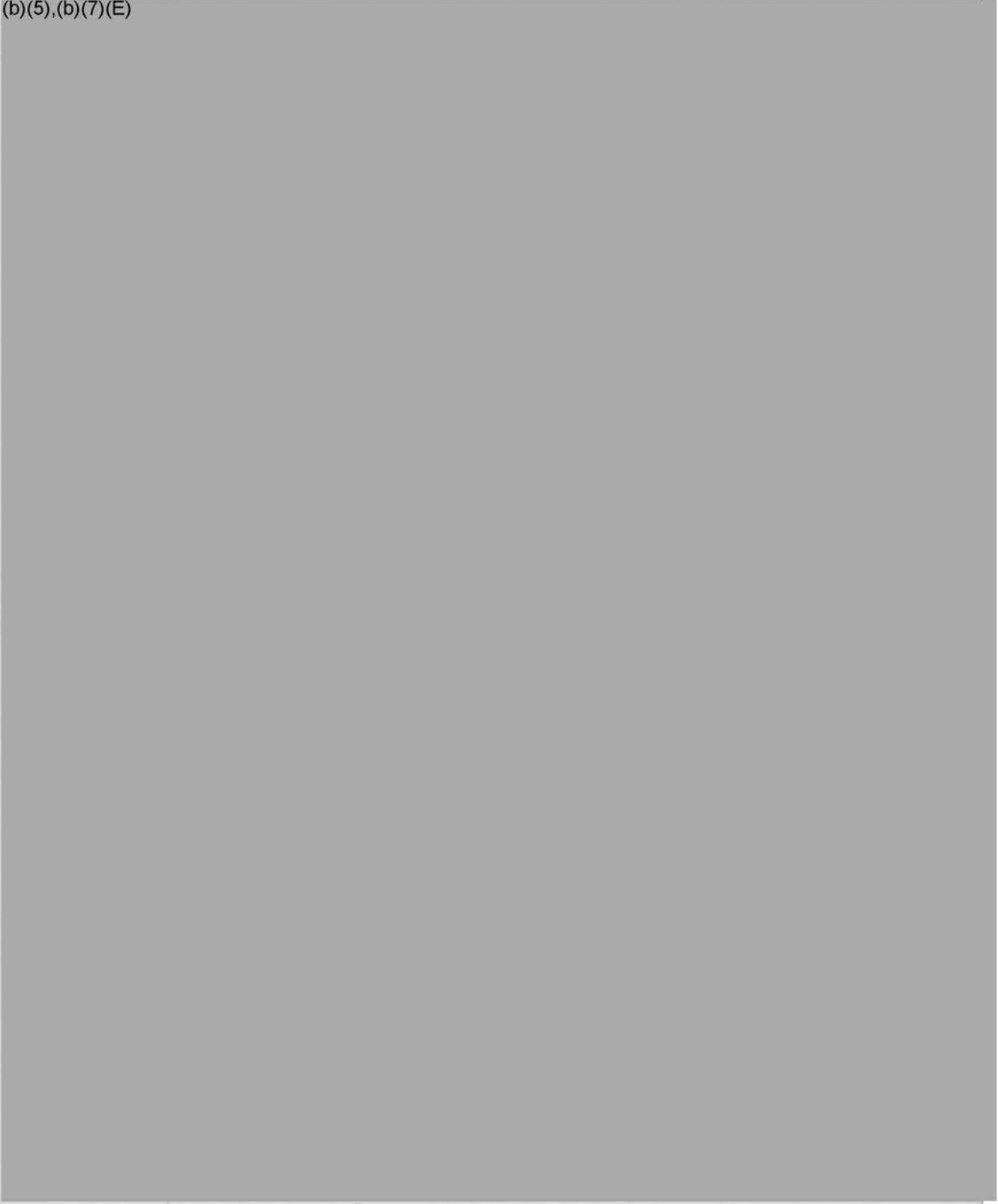
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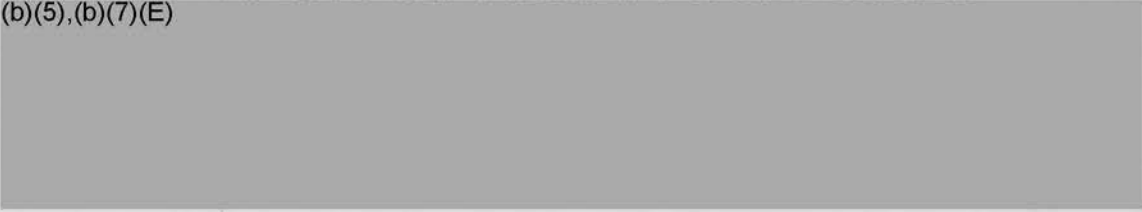
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## APPENDIX 8 TO ANNEX C TO CONPLAN 3551-08 (U)

### RULES OF ENGAGEMENT/RULES FOR THE USE OF FORCE (U)

References: a. CJCSI 3121.01B, Standing Rules of Engagement/Standing Rules for the Use of Force for US Forces (S), 13 June 2005

b. Additional References see base plan

1. Purpose. To provide substantive guidance on the Standing Rules of Engagement/Rules for the Use of Force (SROE/SRUF) during a pandemic influenza in support of Defense Support of Civil Authorities (DSCA) operations.

2. Situation

a. Enemy. See base plan

b. Friendly. See base plan

3. Mission. See base plan

4. General

a. Reference a applies to Title 10 Forces performing DSCA operations.

b. Requests for SROE/SRUF augmentation or mission specific ROE/RUF for Title 10 forces will be staffed through the local Judge Advocate (JA), to the Chairman of the Joint Chiefs of Staff (CJCS) for Secretary of Defense (SecDef) approval.

c. Commanders may restrict SecDef approved SROE/SRUF. Commanders shall notify the SecDef, through the CJCS, as soon as practical, of restrictions (at all levels) placed on SecDef approved SROE/SRUF. In time critical situations, notify SecDef concurrently with the CJCS. When concurrent notification is not possible, notify the CJCS as soon as practicable after SecDef notification.

C-8-1

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d. If the US accepts foreign military support personnel, SRUF should be specified and coordinated through the Department of State (DOS) and Department of Justice (DOJ) prior to the receipt of foreign military personnel support.

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## APPENDIX 15 TO ANNEX C TO CONPLAN 3551-08 (U) FORCE PROTECTION (U)

### (U) References:

- a. (U) DOD Directive 2000.12, "DOD Antiterrorism (AT) Program," 18 August 2003 (U).
- b. (U) DOD Instruction 2000.16, "DOD Antiterrorism Program Standards," 2 Oct 2006 (U).
- c. (FOUO) DOD Handbook O-2000.12-H, "DOD Antiterrorism Handbook," 9 Feb 2004 (U).
- d. (FOUO) Unified Command Plan, 5 May 2006 (U).
- e. (S/NF) Forces For Unified Command FY 2006, February 15, 2006 (U).
- f. (U) CJCSI 5261.01C, "Combating Terrorism Readiness Initiatives Fund," 1 July 2003 (U).
- g. (U) Joint Pub 3-07.2 "Joint Tactics, Techniques, and Procedures (JTTP) for Antiterrorism," 17 March 1998 (U).

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- i. (U) DOD Directive 3020.40, Defense Critical Infrastructure Program.
- j. (U) DOD Directive 4500.54, Official Temporary Duty Travel Abroad, May 91.
1. (U) Situation.
  - a. (U) Hazards: See Annex B, Intelligence.

(1)

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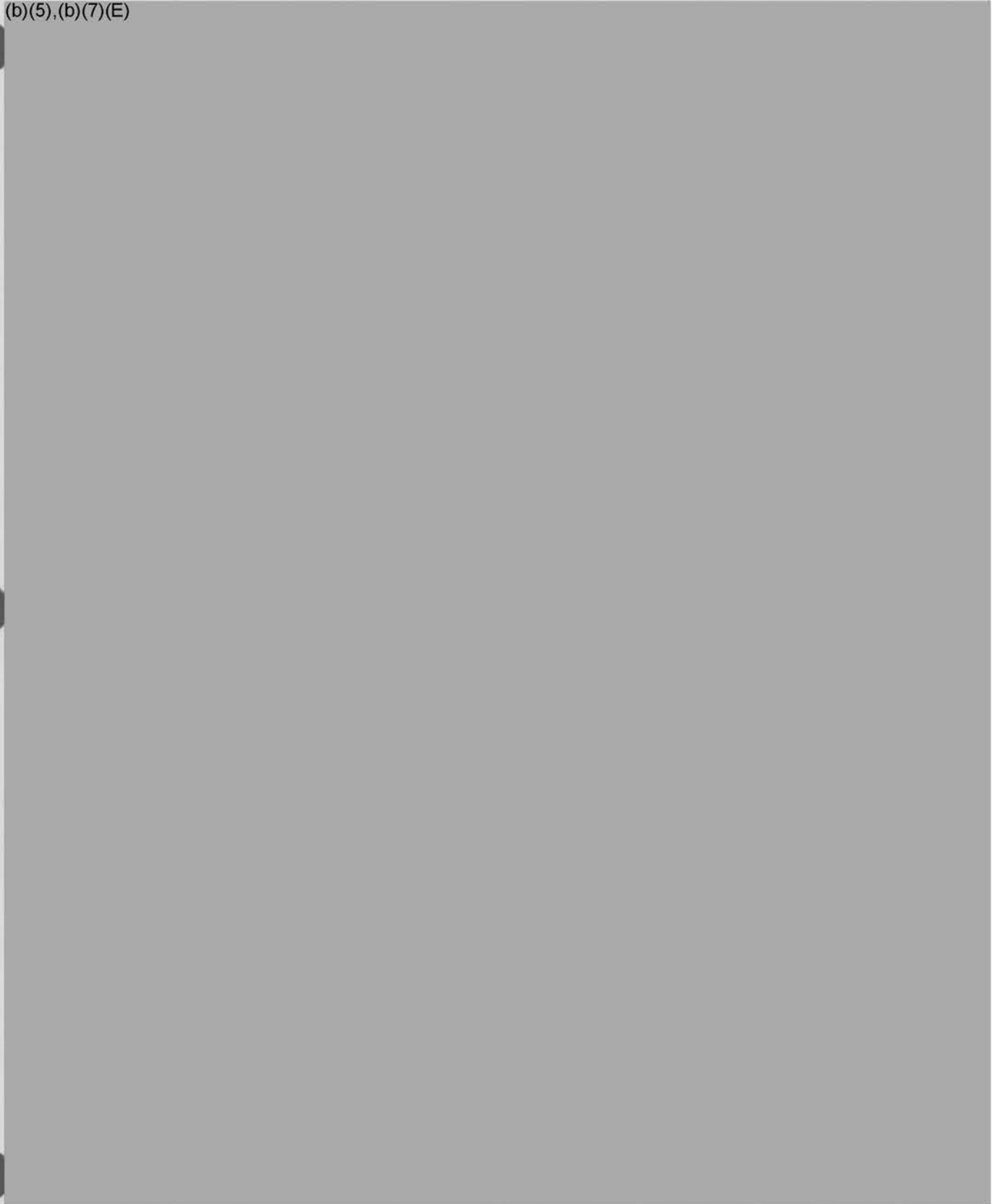
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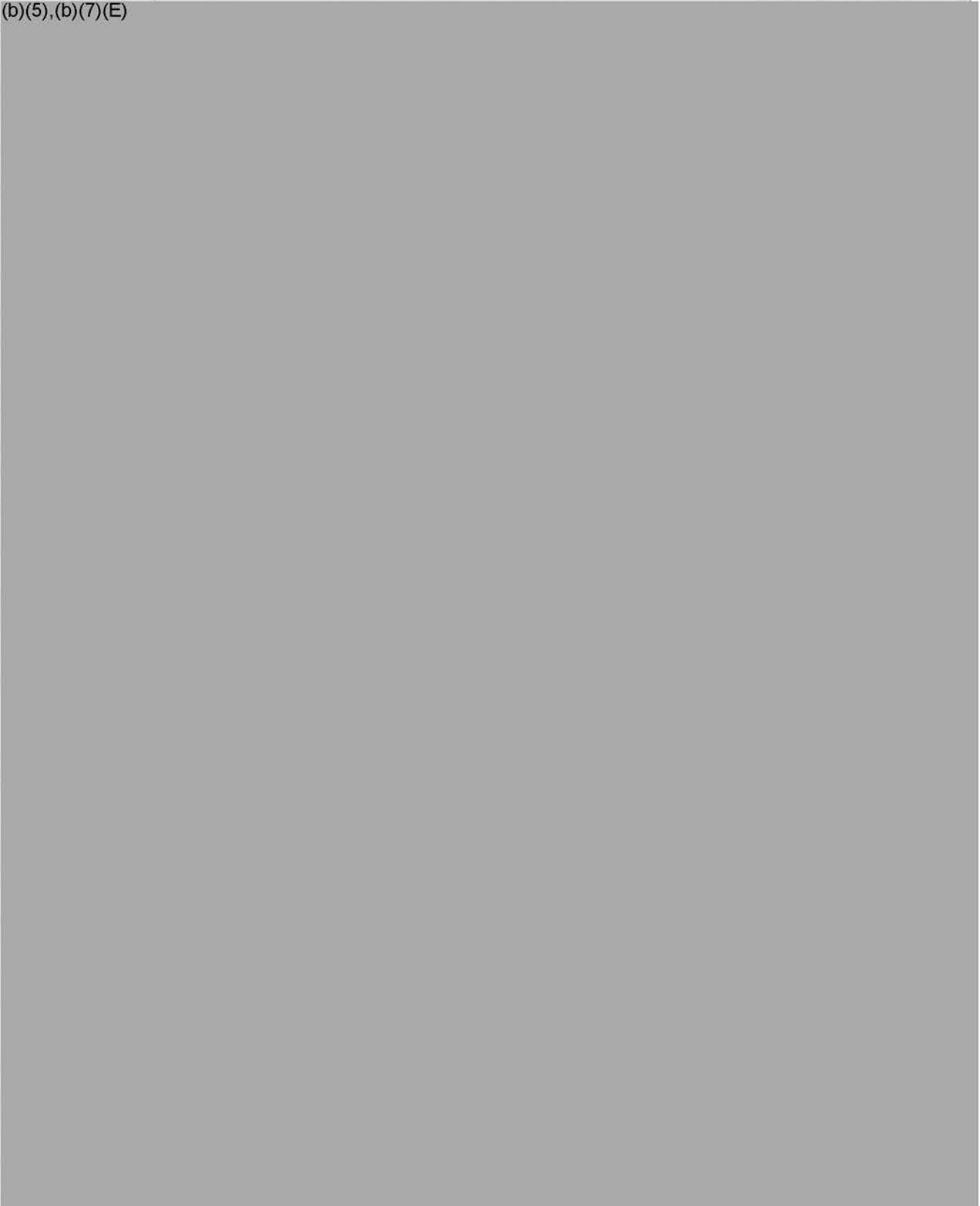
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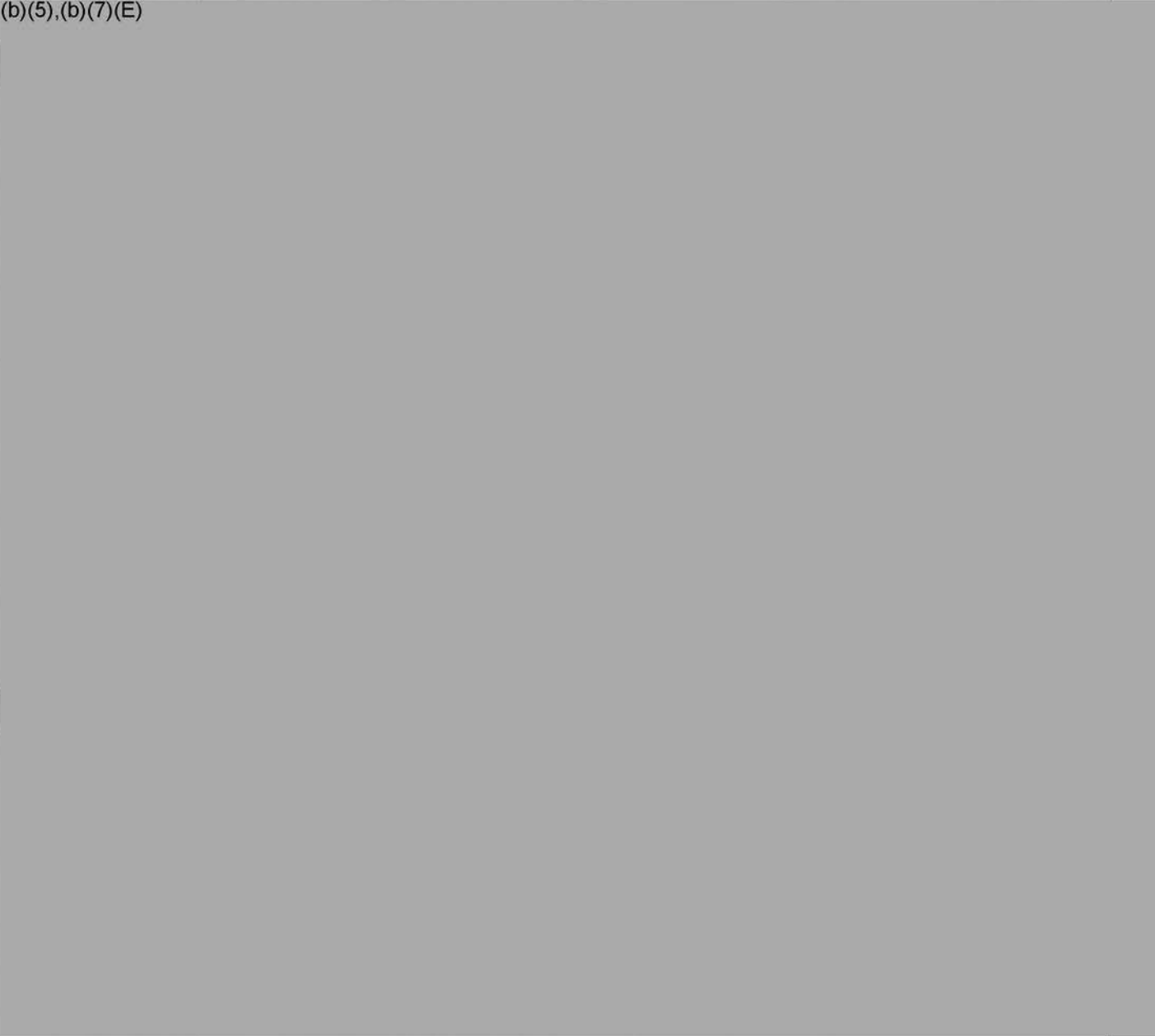
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APPENDIX 16 TO ANNEX C TO NORTHCOM CONPLAN 3551-08  
*DOD Global Concept Plan to Synchronize Response to Pandemic Influenza*  
CRITICAL INFRASTRUCTURE PROTECTION (CIP)

## REFERENCES:

- a. 6 USC 101(9), *Homeland Security Act of 2002: Critical Infrastructure Information Act*.  
[http://www.learningservices.us/DHS/NIPP/docs/hr\\_5005\\_enr.pdf](http://www.learningservices.us/DHS/NIPP/docs/hr_5005_enr.pdf)
- b. 18 USC 1385, *The Posse Comitatus Act*, as amended.  
[http://www4.law.cornell.edu/uscode/search/display.html?terms=The%20Posse%20Comitatus%20Act&url=/uscode/html/uscode18/usc\\_sec\\_18\\_00001385----000-.html](http://www4.law.cornell.edu/uscode/search/display.html?terms=The%20Posse%20Comitatus%20Act&url=/uscode/html/uscode18/usc_sec_18_00001385----000-.html)
- c. 42 USC 5121 et seq, *The Robert T. Stafford Disaster Relief and Emergency Assistance Act*, as amended.  
[http://www.law.cornell.edu/uscode/html/uscode42/usc\\_sec\\_42\\_00005121---000-.html](http://www.law.cornell.edu/uscode/html/uscode42/usc_sec_42_00005121---000-.html)
- d. 42 USC 5195c(e), *USA Patriot Act of 2001*.  
<http://fl1.findlaw.com/news.findlaw.com/cnn/docs/terrorism/hr3162.pdf>
- e. Homeland Security Presidential Directive 7 (HSPD-7), *Critical Infrastructure Identification, Prioritization, and Protection*, 17 Dec 03.  
<http://www.whitehouse.gov/news/releases/2003/12/20031217-5.html>
- f. *National Strategy for the Physical Protection of Critical Infrastructures and Key Assets*, Feb 03. <http://www.whitehouse.gov/pcipb/physical.html>
- g. *National Infrastructure Protection Plan (NIPP)*, 2006.  
[http://www.dhs.gov/xprevprot/programs/editorial\\_0827.shtm](http://www.dhs.gov/xprevprot/programs/editorial_0827.shtm)
- h. *National Response Framework (NRF)*, Jan 08. See especially the Critical Infrastructure/Key Resources (CI/KR) Protection Support Annex.  
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- i. *National Incident Management System (NIMS)*, revised in 2008.  
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- j. DHS, *Pandemic Influenza Preparedness, Response, and Recovery Guide for Critical Infrastructure and Key Resources (CI/KR)*, 19 Sep 06.  
<http://www.pandemicflu.gov/plan/pdf/cikrpandemicinfluenzaguide.pdf>
- k. *Defense Industrial Base (DIB) CI/KR Sector-Specific Plan (SSP)*, 21 May 07.
- l. *Public Health & Healthcare CI/KR SSP*, 21 May 07 (FOUO).
- m. DOD, *Strategy for Defense Critical Infrastructure*, 19 Jun 07 (DRAFT).
- n. DODD 3020.40, *Defense Critical Infrastructure Program (DCIP)*, 19 Aug 05.
- o. DODD 3020.26, *Defense Continuity Program (DCP)*, 8 Sep 04.
- p. DODD 3025.1, *Military Support to Civil Authorities*, 15 Jan 93.

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- q. DODI 2000.16, *DOD Antiterrorism Standards*, 14 Jun 01.
- r. DODI 3020.45, *Defense Critical Infrastructure Program Management*, 21 Apr 08.
- s. Joint Publication 0-2, *Unified Action Armed Forces (UNAAF)*, 10 Jul 02.  
[http://www.dtic.mil/doctrine/jel/new\\_pubs/jp0\\_2.pdf](http://www.dtic.mil/doctrine/jel/new_pubs/jp0_2.pdf)
- t. Joint Publication 3-26, *Homeland Security*, 2 Aug 05 (see especially Chapter IV, *Civil Support*). [http://www.dtic.mil/doctrine/jel/new\\_pubs/jp3\\_26.pdf](http://www.dtic.mil/doctrine/jel/new_pubs/jp3_26.pdf)
- u. *DCIP Security Classification Guide (SCG)*, 15 May 07 (FOUO).
- v. *Defense Continuity Program (DCP) SCG*, 15 Dec 05 (FOUO).
- w. Defense Threat Reduction Agency (DTRA) *SCG for Vulnerability Assessments (JSIVA Program)*, 6 May 05 (FOUO).
- x. DOD, *Defense Industrial Base Critical Infrastructure and Key Resources Sector-Specific Plan as input to the National Infrastructure Protection Plan (DSAP)*, 14 May 07.
- y. US Northern Command Instruction (NCI) 10-207, *USNORTHCOM Emergency Action Procedures*, 1 Oct 04 (S//RELCAN).
- z. NCI 10-211, *Operational Reporting*, 1 Dec 06.
- aa. USNORTHCOM/J34 *CIP Battle Book*, living document posted on NC/J34 NIPRNET Internal portal (accessible to NIPRNET users by registration) at:  
[https://command.noradnorthcom.mil/sites/NCJ3/NCJ34/Assessments\\_Branch/CIP%20Battle%20Book/Forms/AllItems.aspx](https://command.noradnorthcom.mil/sites/NCJ3/NCJ34/Assessments_Branch/CIP%20Battle%20Book/Forms/AllItems.aspx)
- bb. AR 525-26, *Infrastructure Risk Management (Army)*, 22 Jun 04.
- cc. SECNAVINST 3501.1, *Department of the Navy (DON) Critical Infrastructure Protection (CIP)*, 16 Jun 02.
- dd. AFPD 10-24, *Air Force Critical Infrastructure Protection*, 1 Dec 99.
- ee. MCO 3501.36, *Marine Corps Critical Infrastructure Protection (MCCIP) Program*, 5 Oct 04.
- ff. National Infrastructure Advisory Council, *The Prioritization of Critical Infrastructure for a Pandemic Outbreak in the United States Working Group, Final Report and Recommendations*, 16 Jan 07.  
[http://www.dhs.gov/xlibrary/assets/niac/niac-pandemic-wg\\_v8-011707.pdf](http://www.dhs.gov/xlibrary/assets/niac/niac-pandemic-wg_v8-011707.pdf)
- gg. HHS *Pandemic Influenza Plan*, Nov 05 (aka National Pandemic Influenza Plan).  
<http://www.hhs.gov/pandemicflu/plan/pdf/HHSPandemicInfluenzaPlan.pdf>
- hh. HHS National Vaccine Program Office, *Defining Priority Groups for Pandemic Vaccine & Antiviral Drugs: Risk Groups and Critical Infrastructure*, briefing by Dr. Ben Schwartz, MD, at NVAC Meeting 19 Jul 05.  
<http://www.hhs.gov/nvpo/nvac/documents/NVAC705riskgp.ppt>
- ii. US Dept of Labor, *OSHA Guidance on Preparing Workplaces for an Influenza Pandemic*, OSHA 3327-02N 2007.  
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- jj. HHS Centers for Disease Control, *Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States*, Feb 07. <http://www.pandemicflu.gov/plan/community/mitigation.html>

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- kk. National Governors' Association, Center for Best Practices, *Preparing for a Pandemic Influenza: A Primer for Governors and Senior State Officials*, June 2006. <http://www.nga.org/Files/pdf/0607PANDEMICPRIMER.PDF>
- ll. Websites:
- [www.dod.mil/pandemicflu](http://www.dod.mil/pandemicflu) DOD pandemic website
  - [www.cpms.osd.mil/disasters](http://www.cpms.osd.mil/disasters) DOD Human Capital Guide to Pandemic Planning
  - [www.pandemicflu.gov](http://www.pandemicflu.gov) HHS one-stop access to USG pandemic flu information
  - [http://www.whitehouse.gov/homeland/nspi\\_implementation.pdf](http://www.whitehouse.gov/homeland/nspi_implementation.pdf) Nat'l Strategy for PanFlu Implementation Plan
  - [www.cdc.gov/flu/](http://www.cdc.gov/flu/) CDC flu website
  - [www.cdc.gov/niosh](http://www.cdc.gov/niosh) National Institute for Occupational Safety & Health
  - [www.osha.gov/SLTC/respiratoryprotection/index.html](http://www.osha.gov/SLTC/respiratoryprotection/index.html) OSHA Respiratory Protection website
  - <http://www.who.int/csr/disease/influenza/en/index.html> WHO Pandemic Alert & Response website
  - [http://www.hhs.gov/nvpo/influenza\\_vaccines.html](http://www.hhs.gov/nvpo/influenza_vaccines.html) HHS activities on influenza
  - <http://www.pandemicflu.gov/faq/pandemicinfluenza/1973.html> Use of masks during pandemic
- mm. Combatant Command and Armed Services' lists of Task-Critical Assets (TCA). Classified.
- nn. Department of Homeland Security, Office of Infrastructure Protection, Tier 1 and Tier 2 national critical asset lists. Classified.

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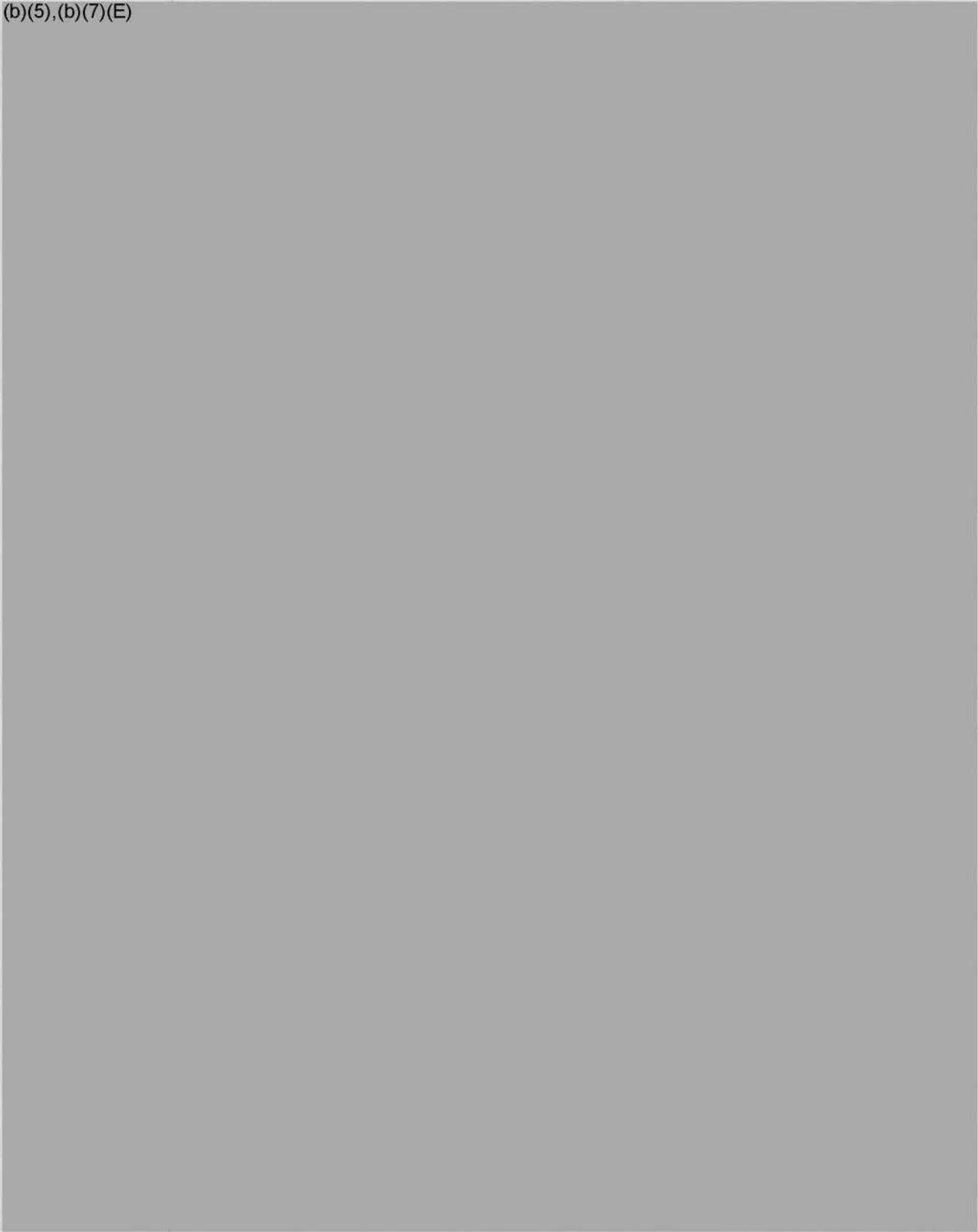
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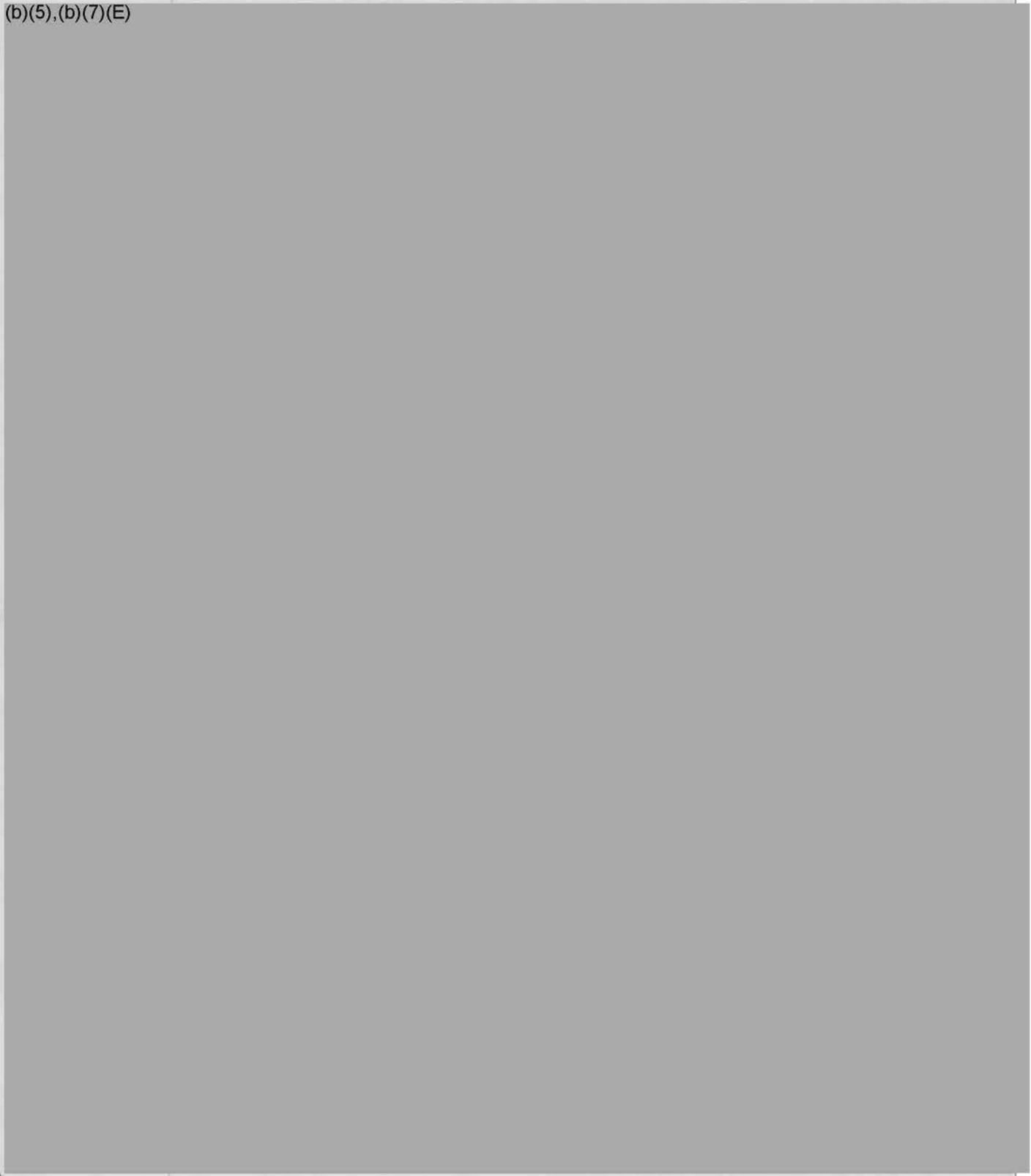
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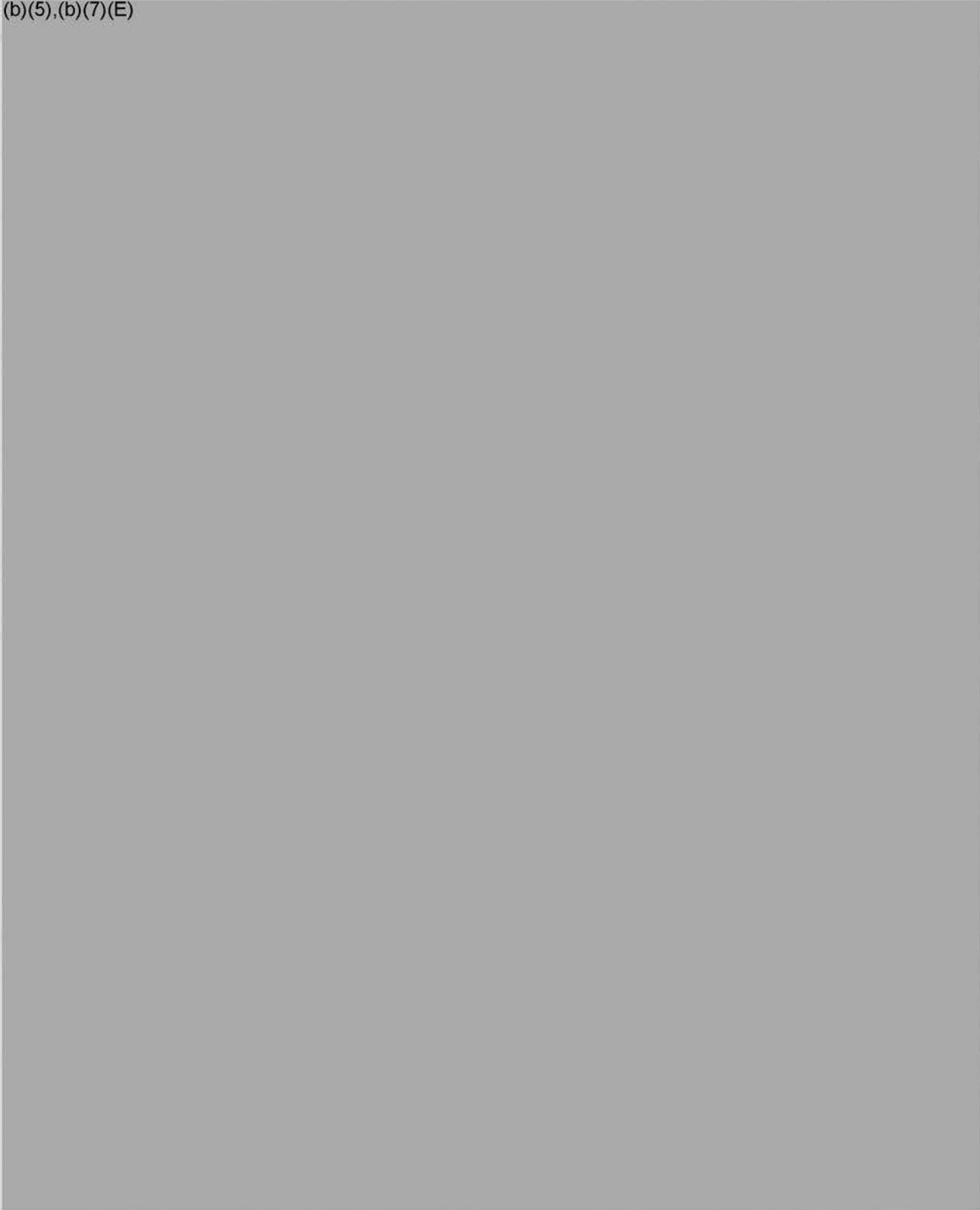


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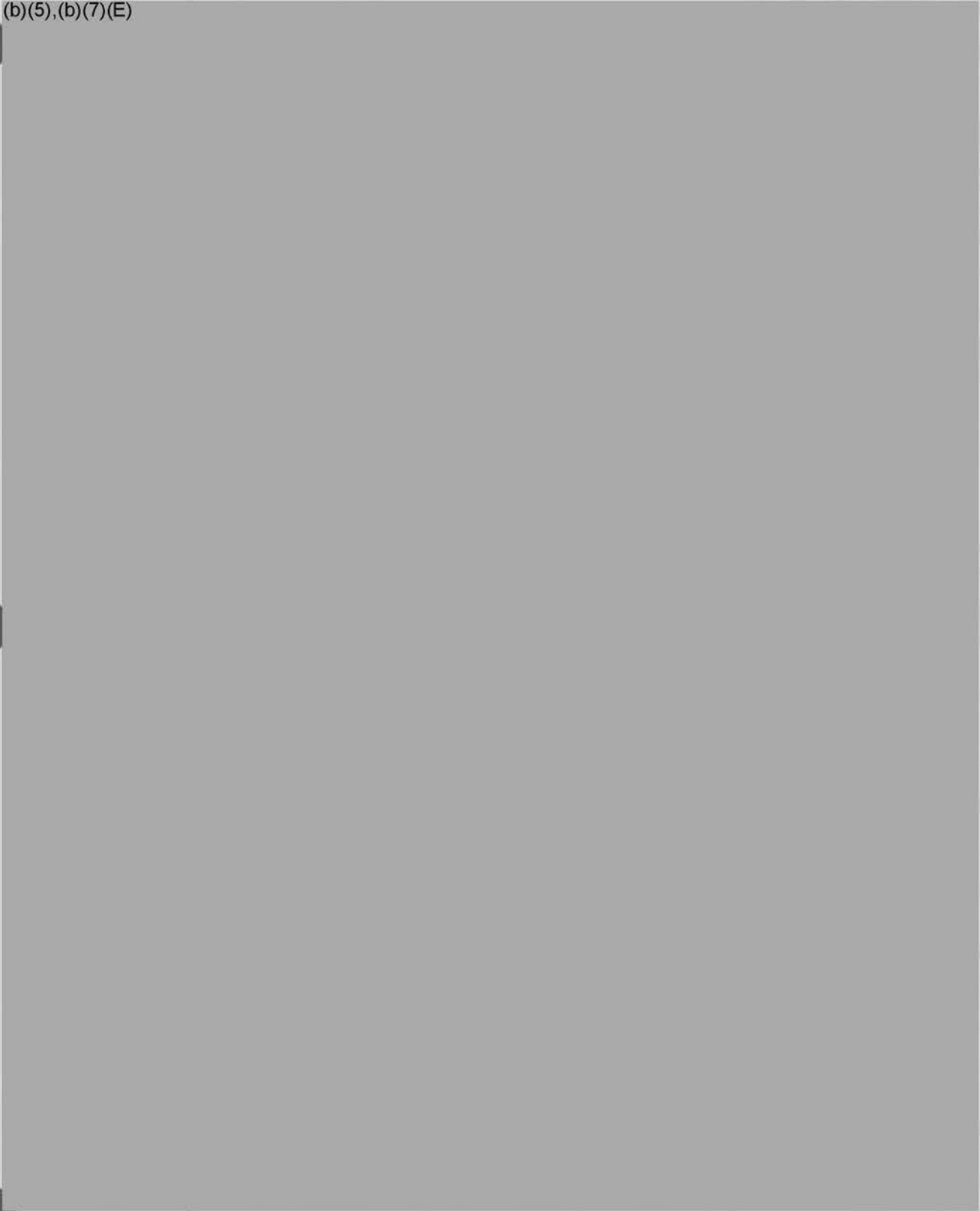


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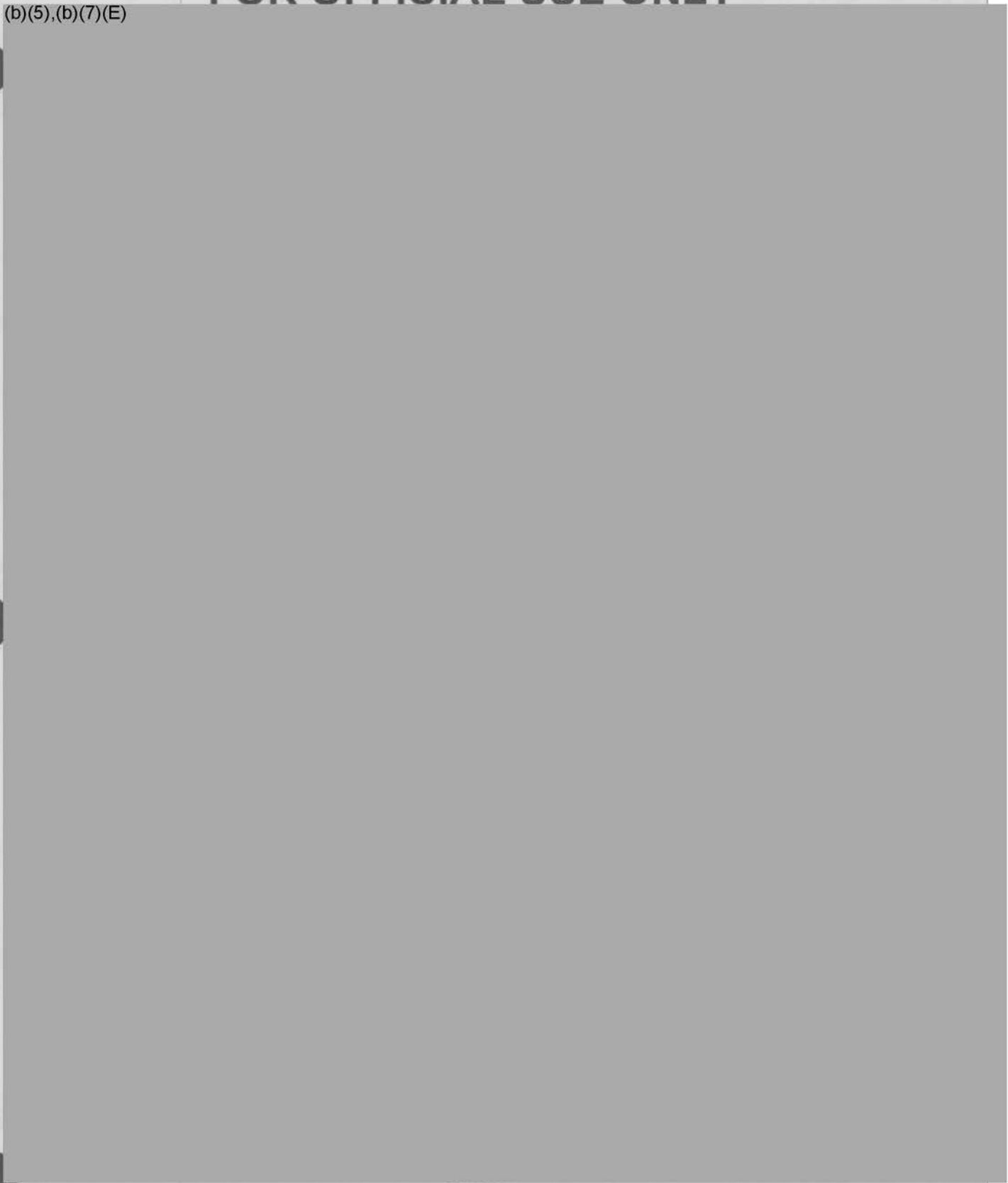
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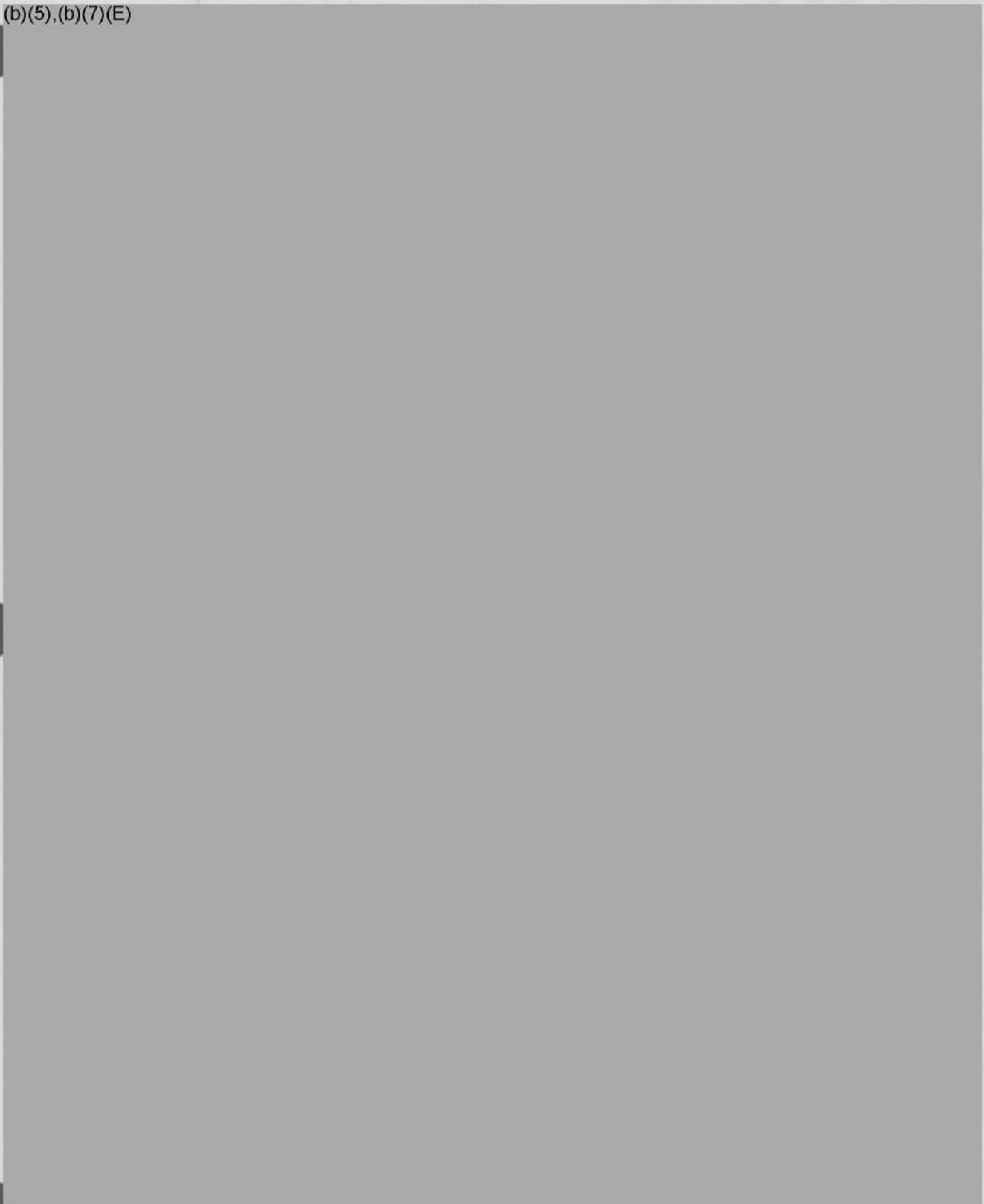
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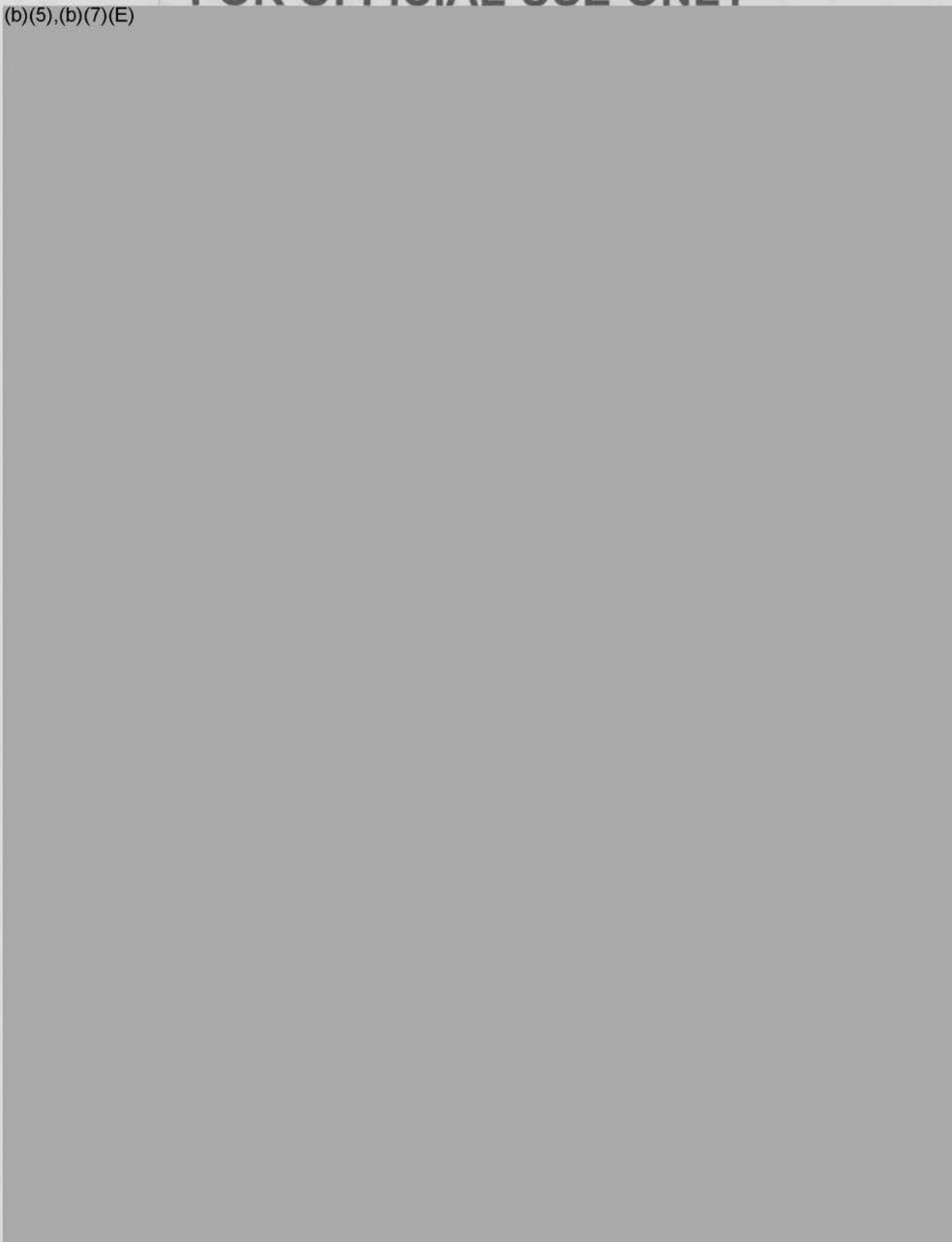


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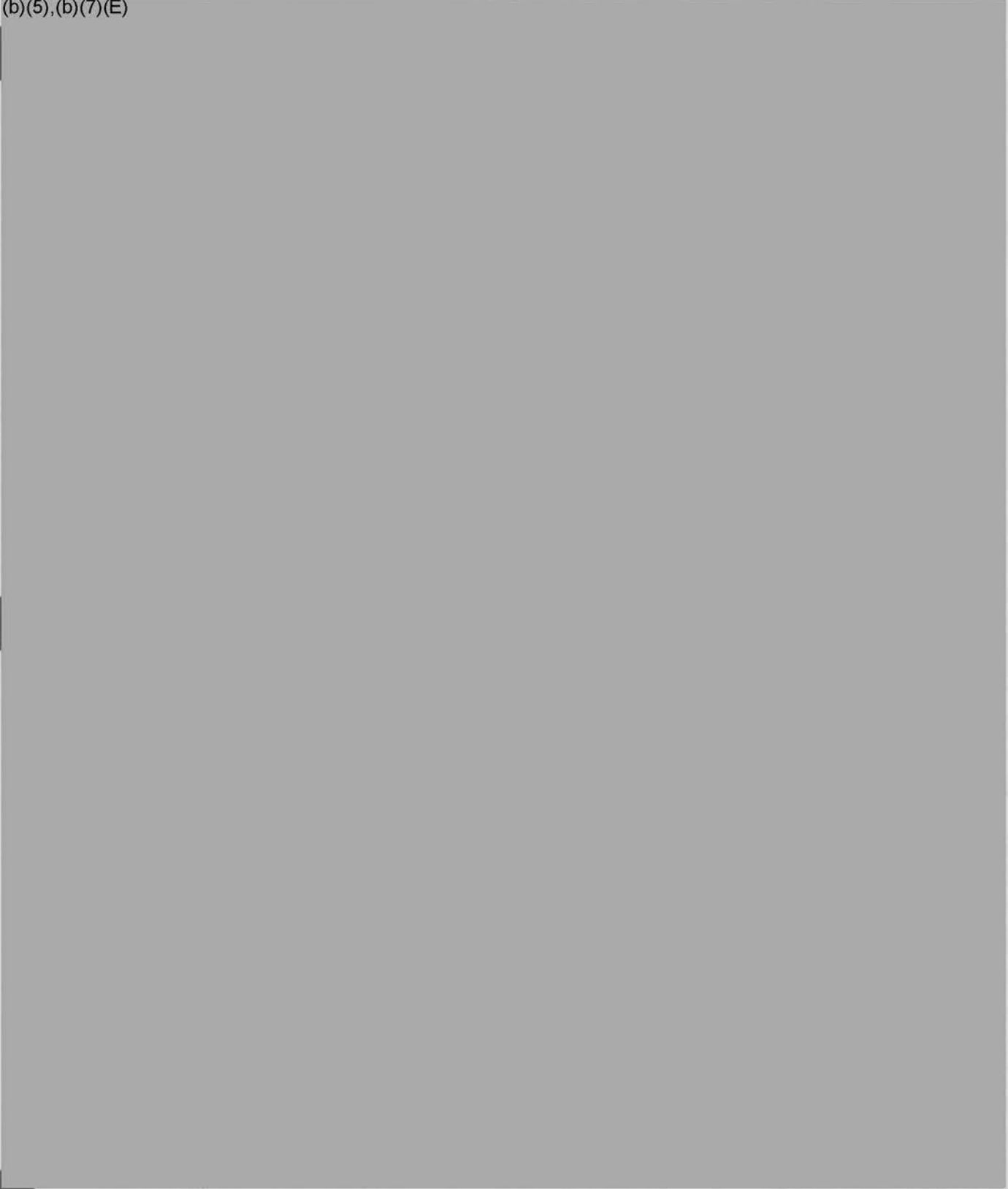


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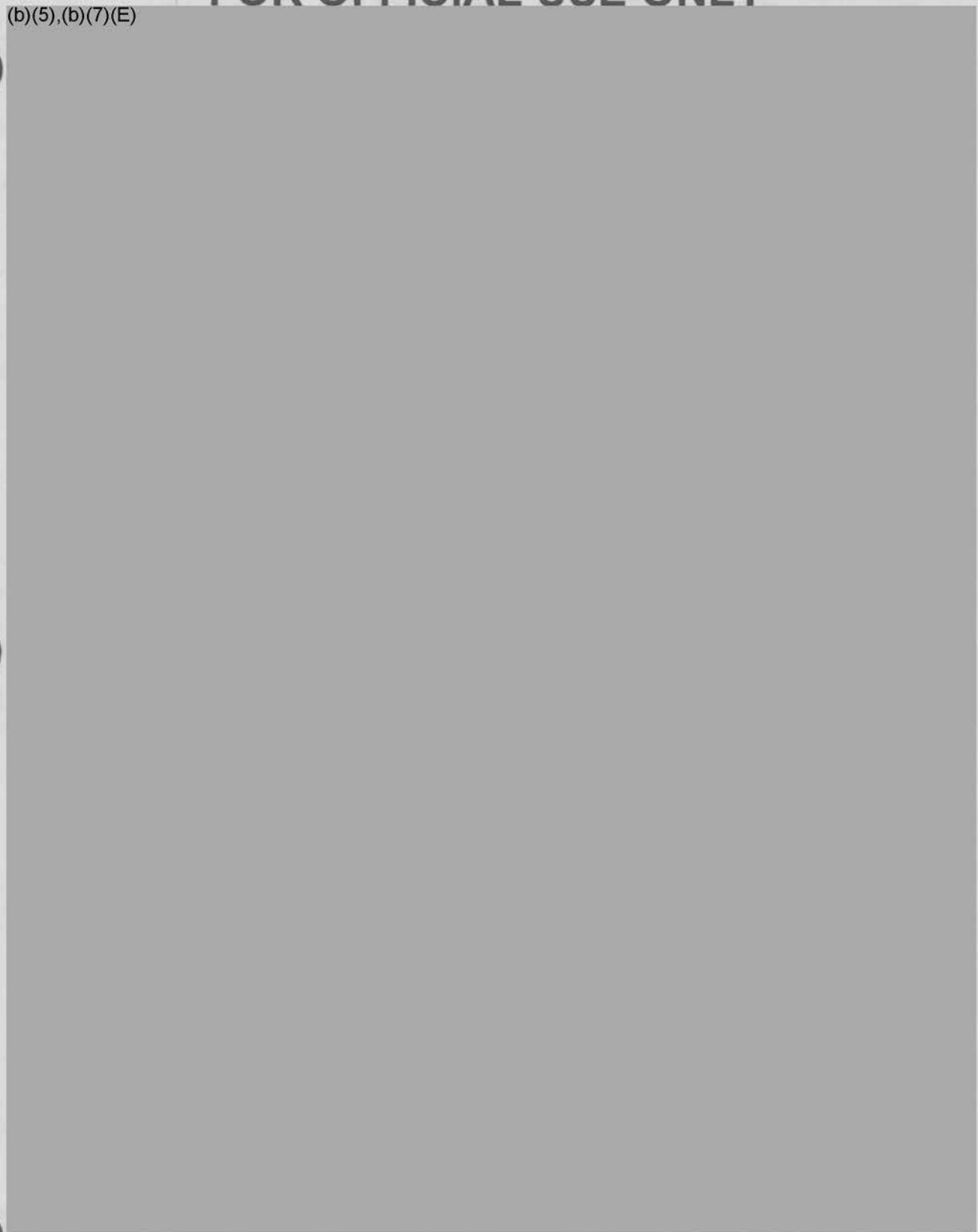
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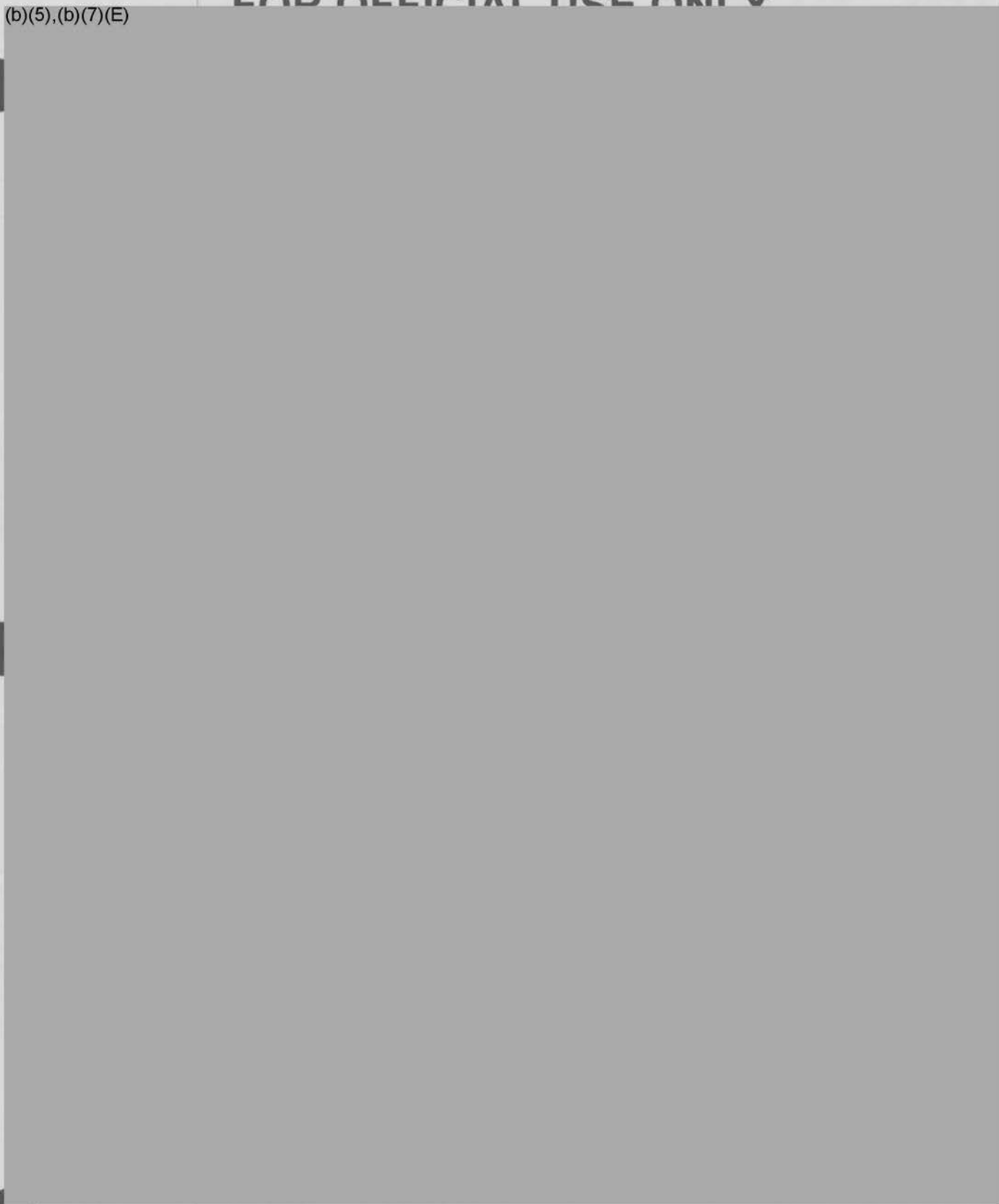


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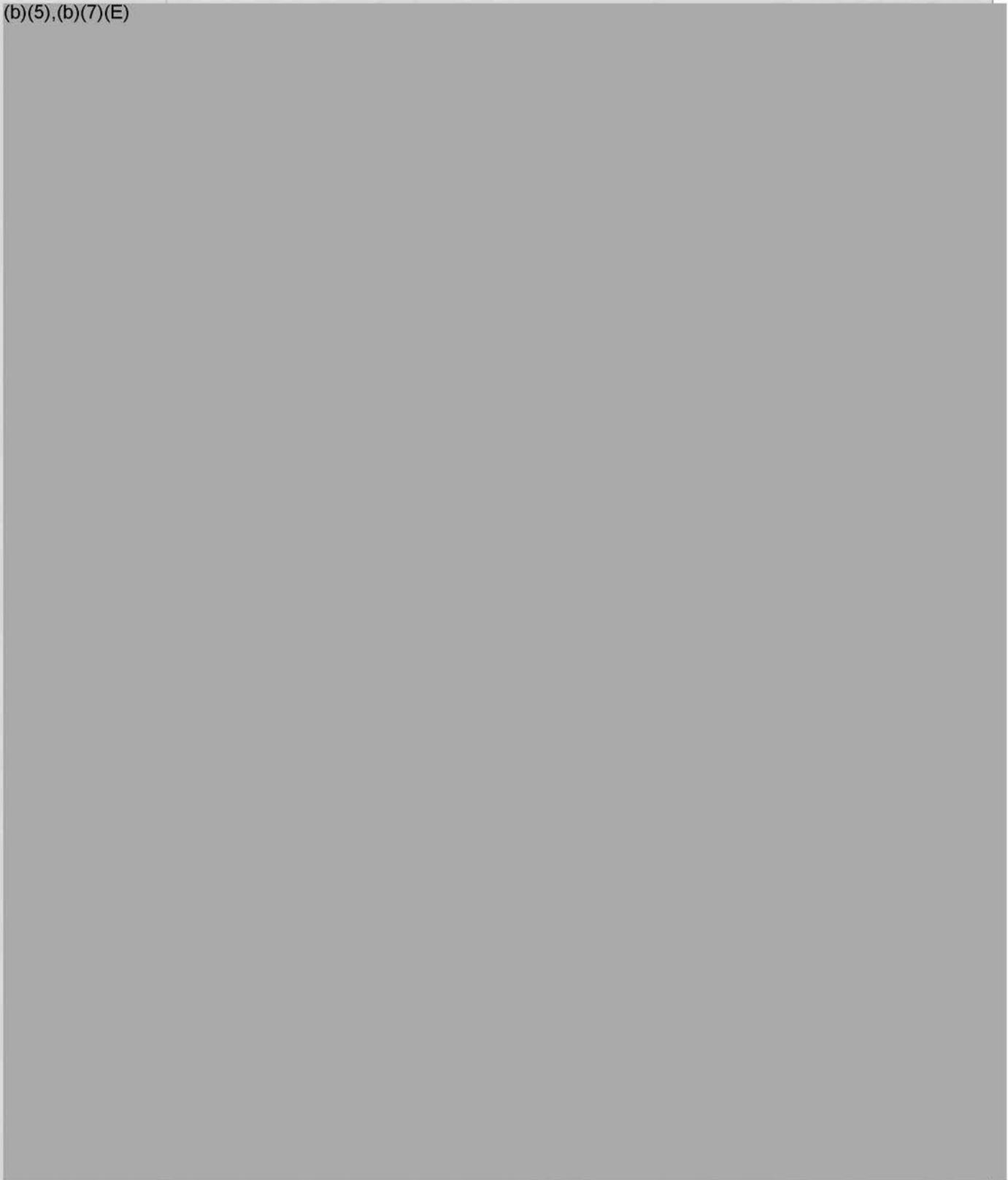
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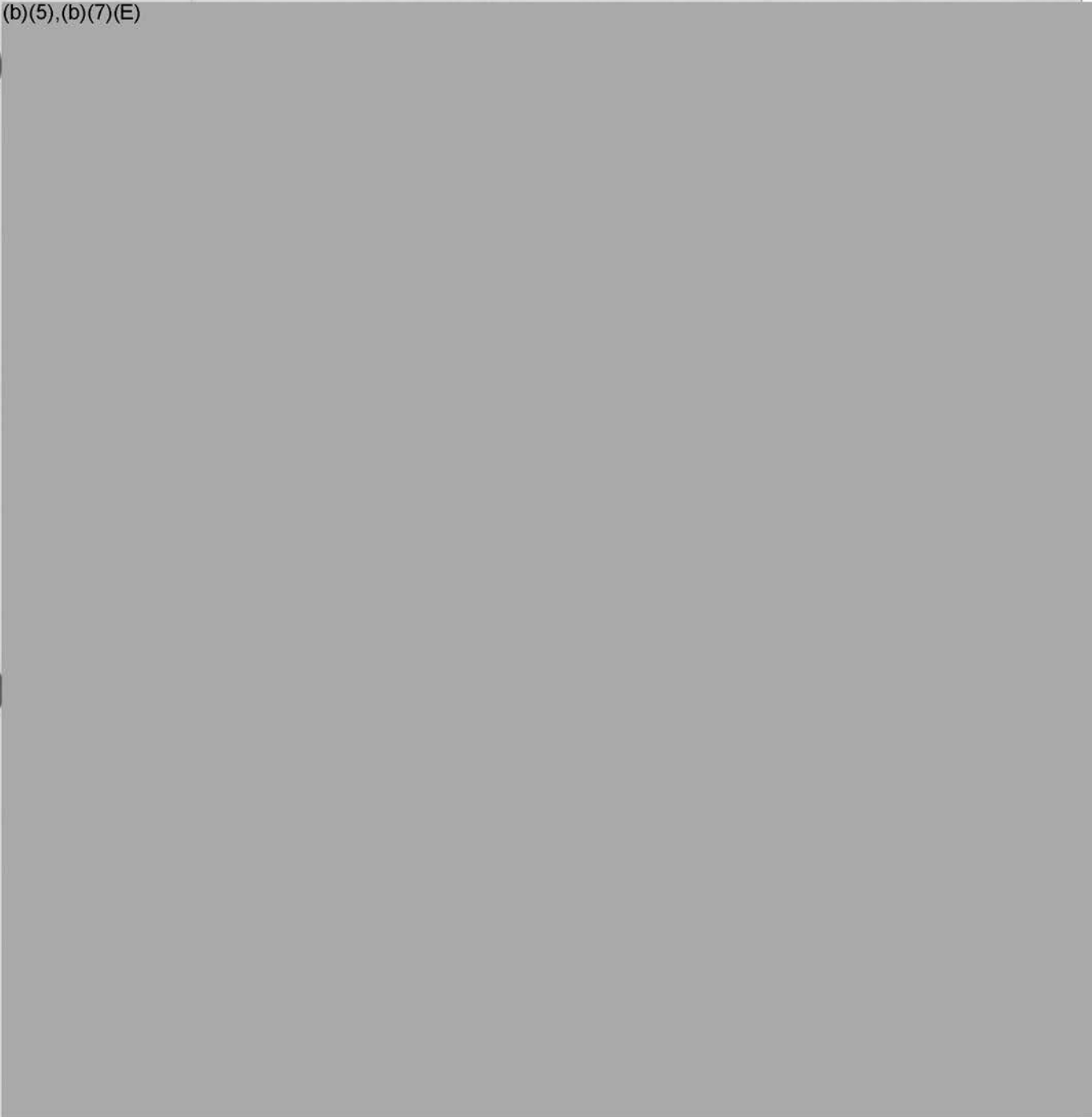
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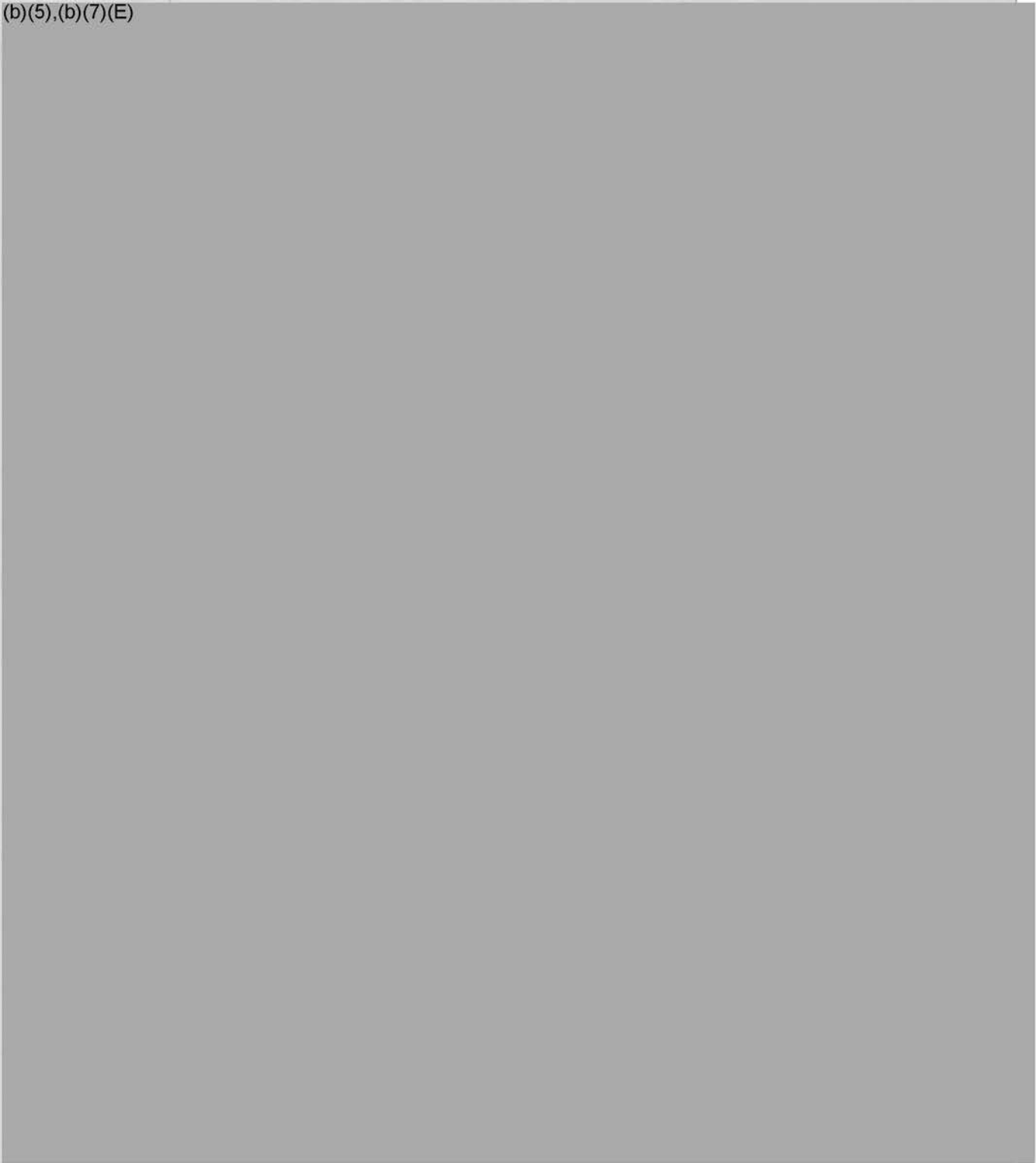
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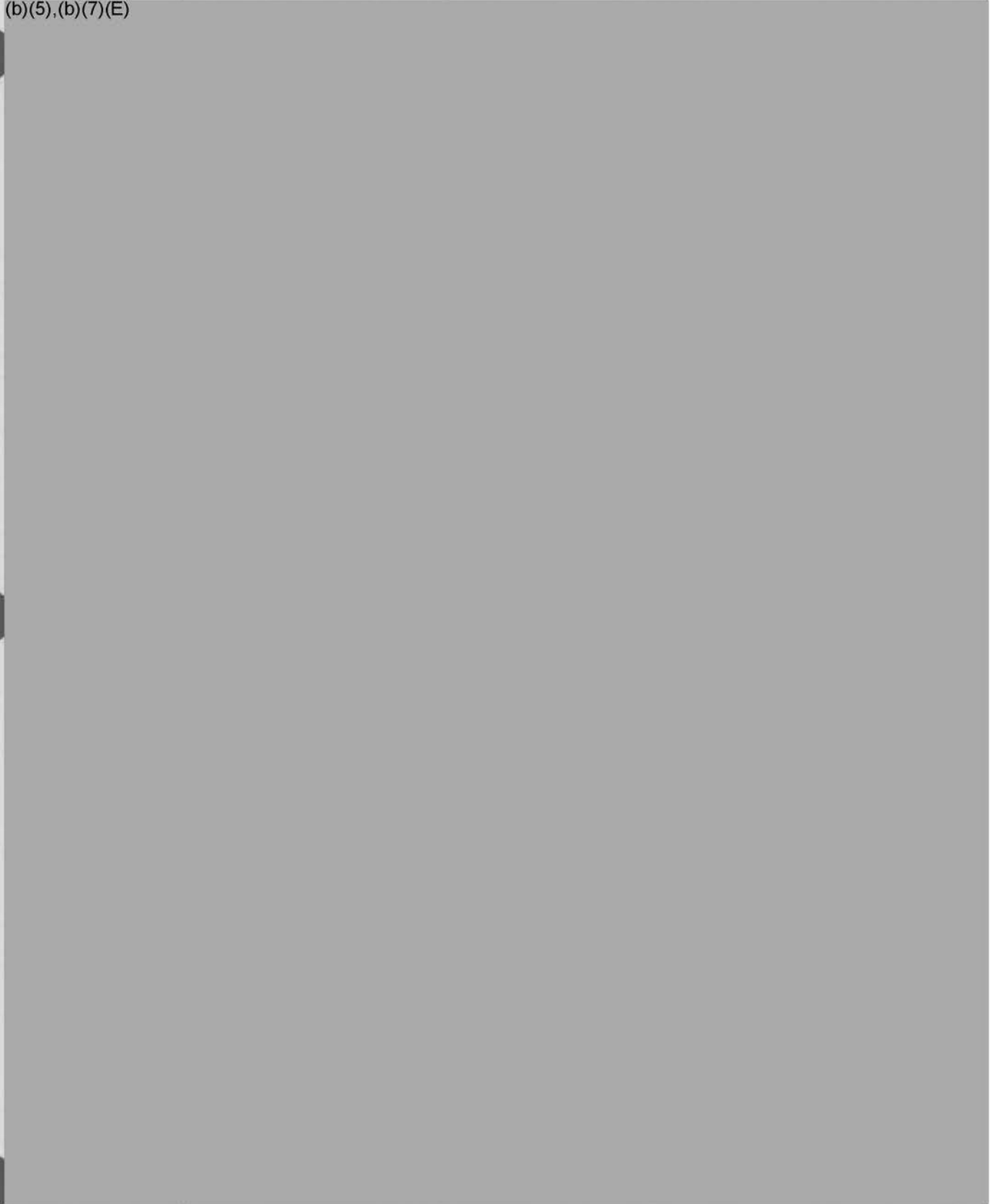
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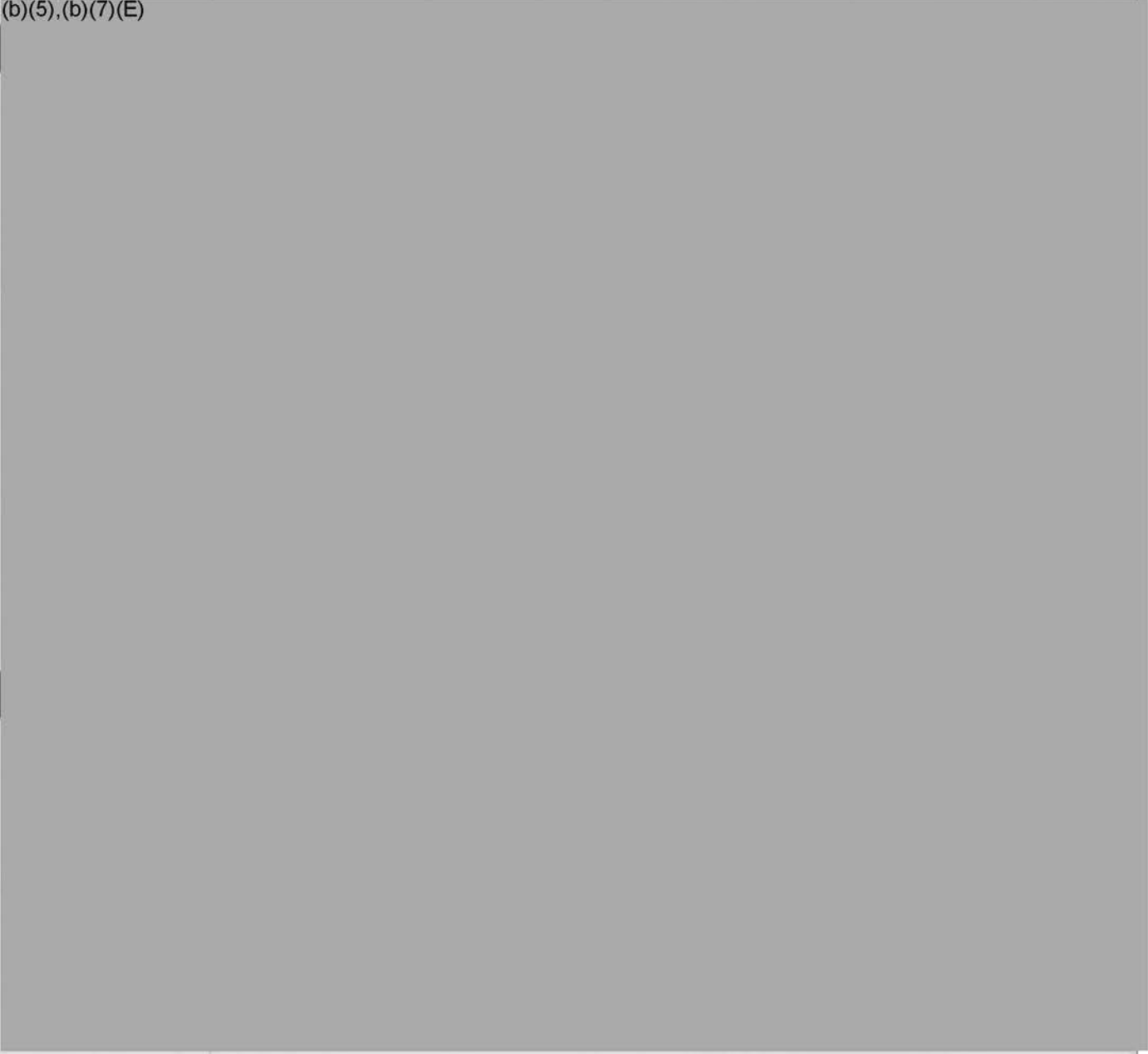
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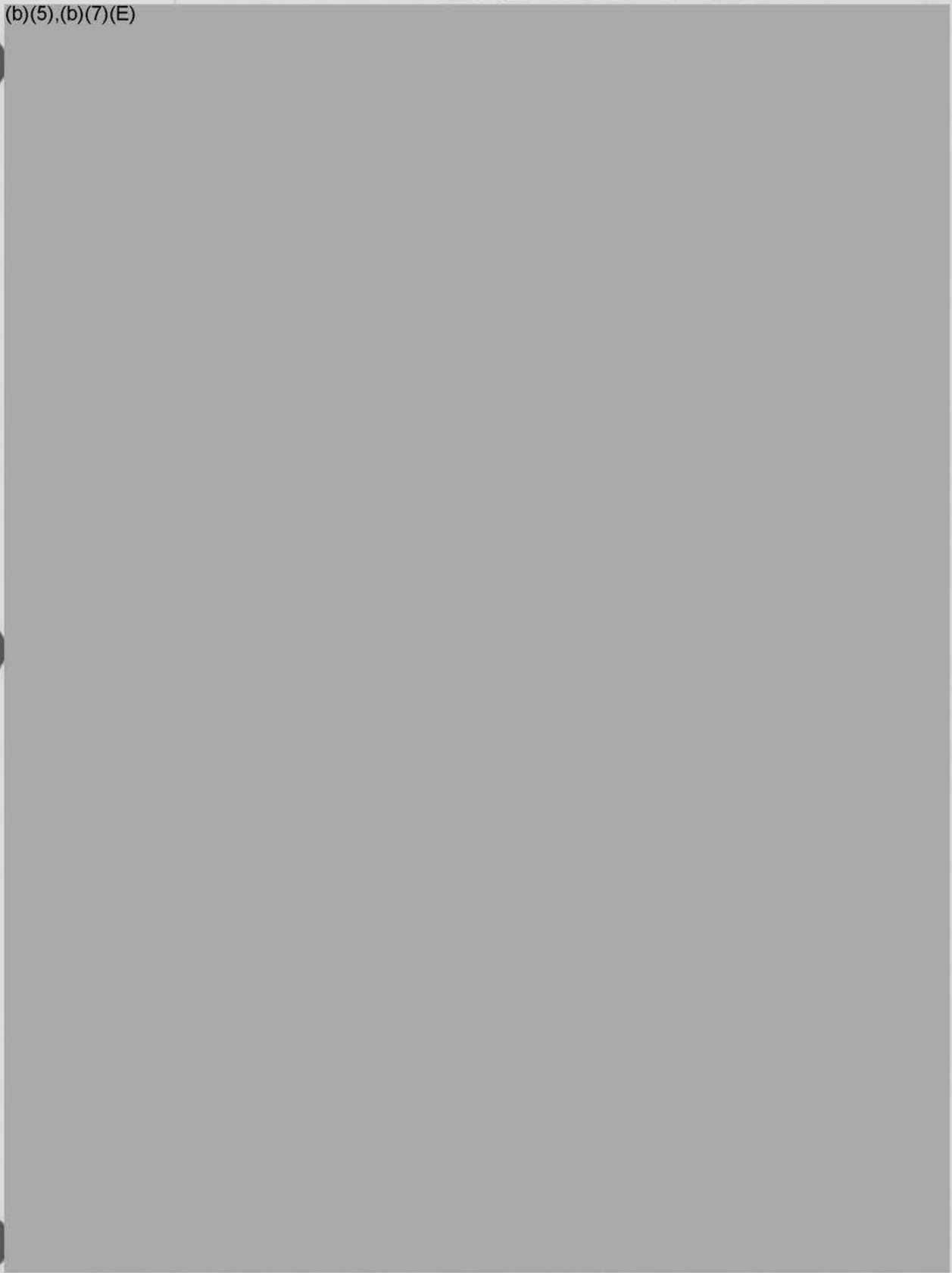


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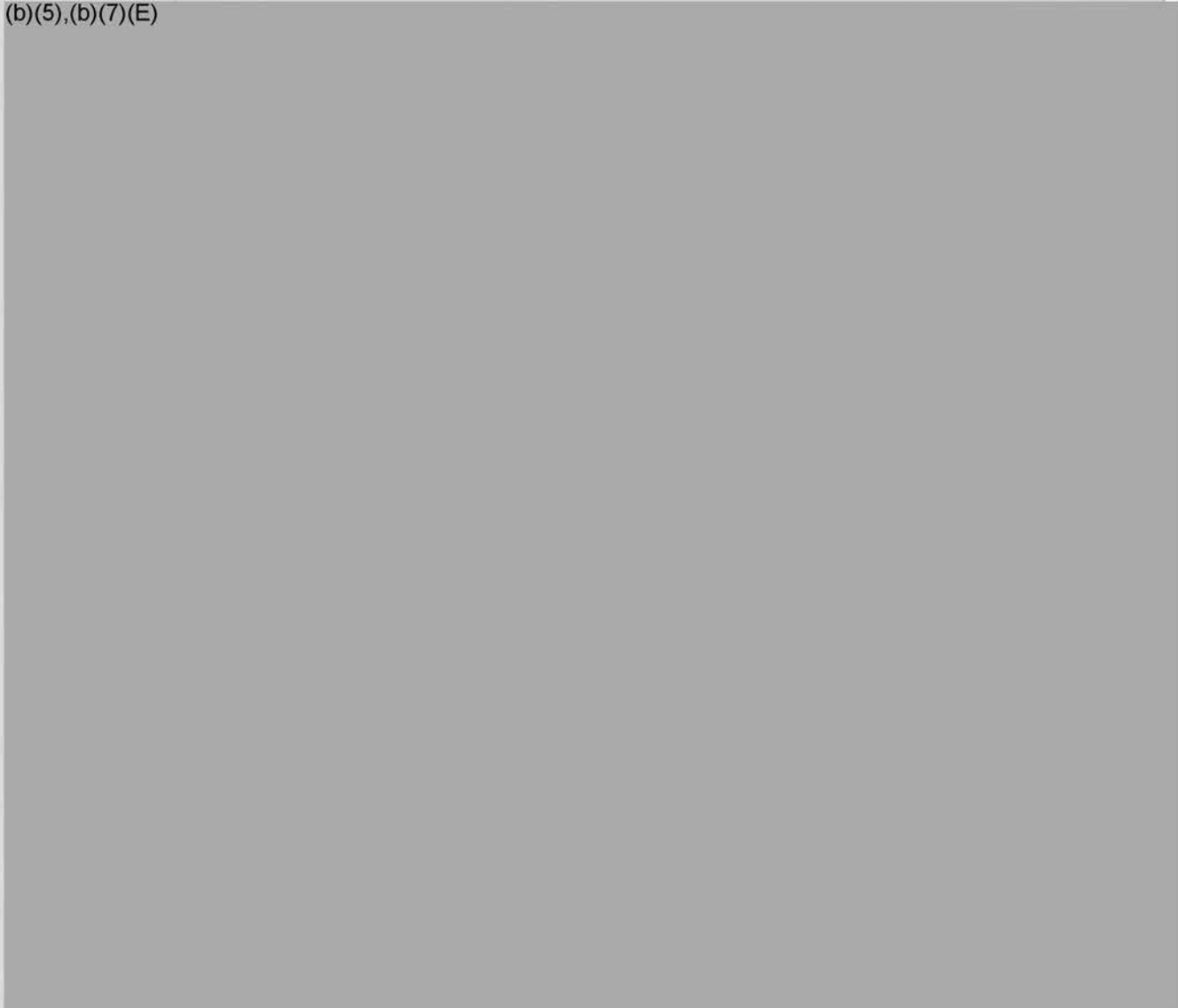
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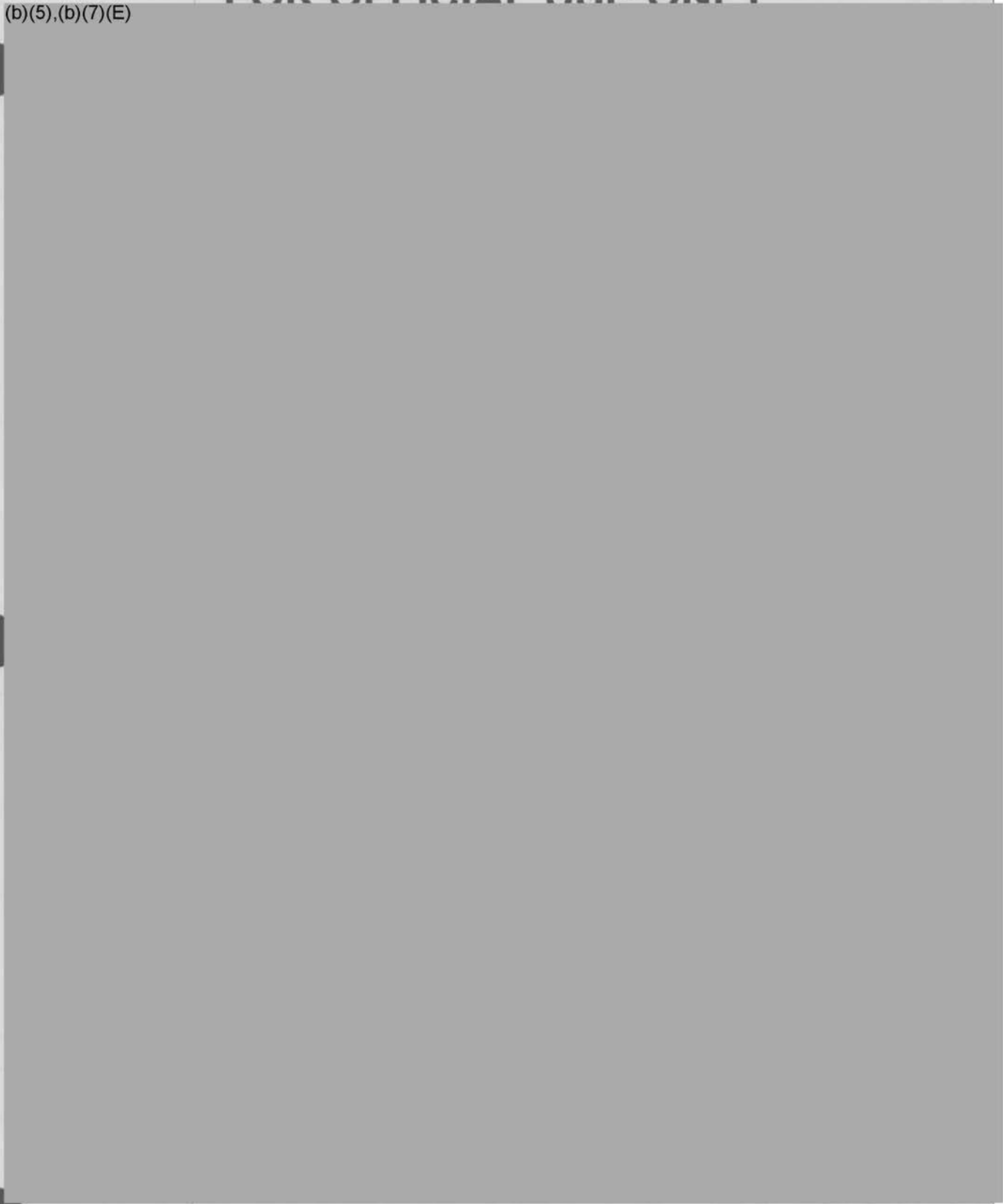
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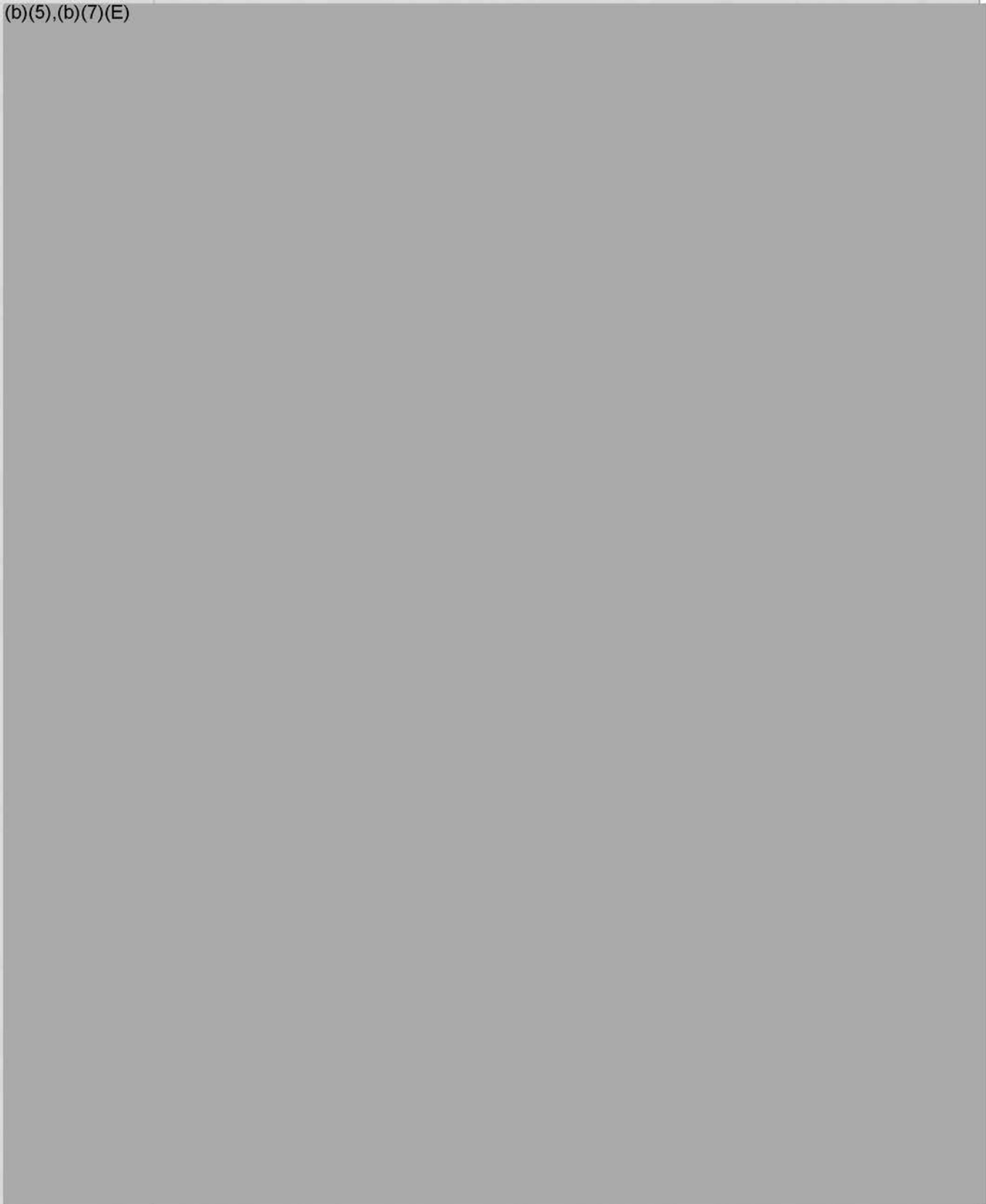
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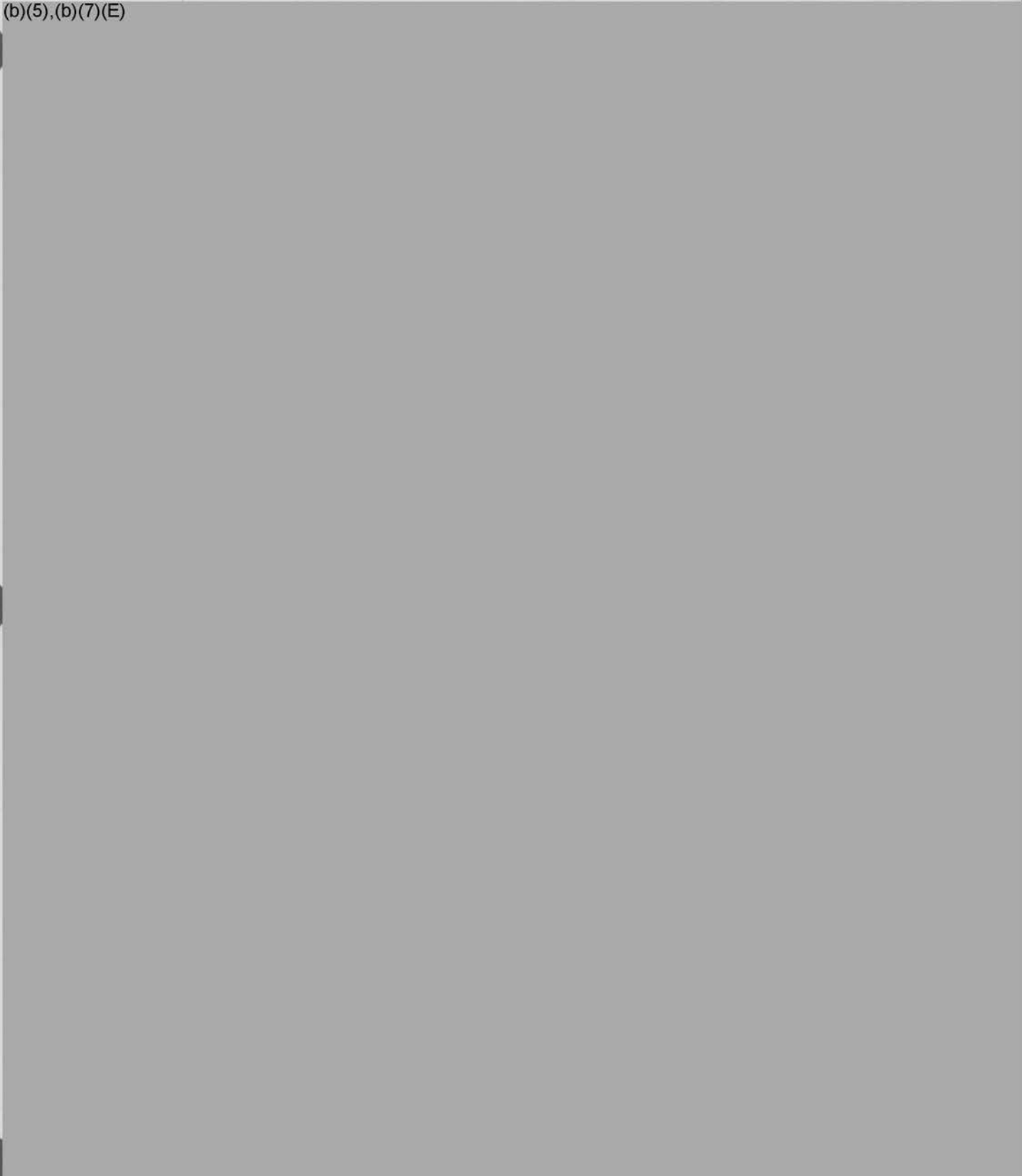
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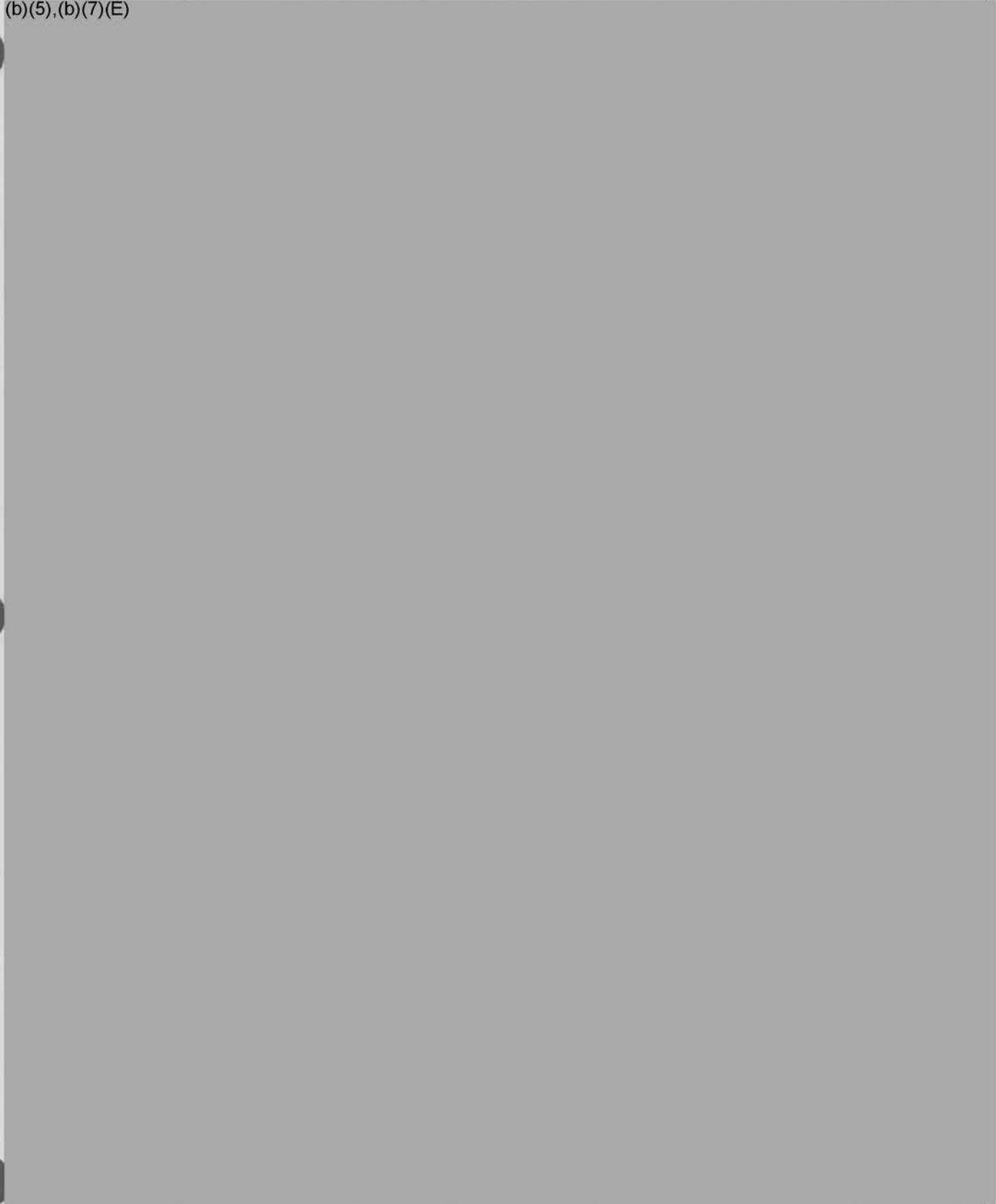
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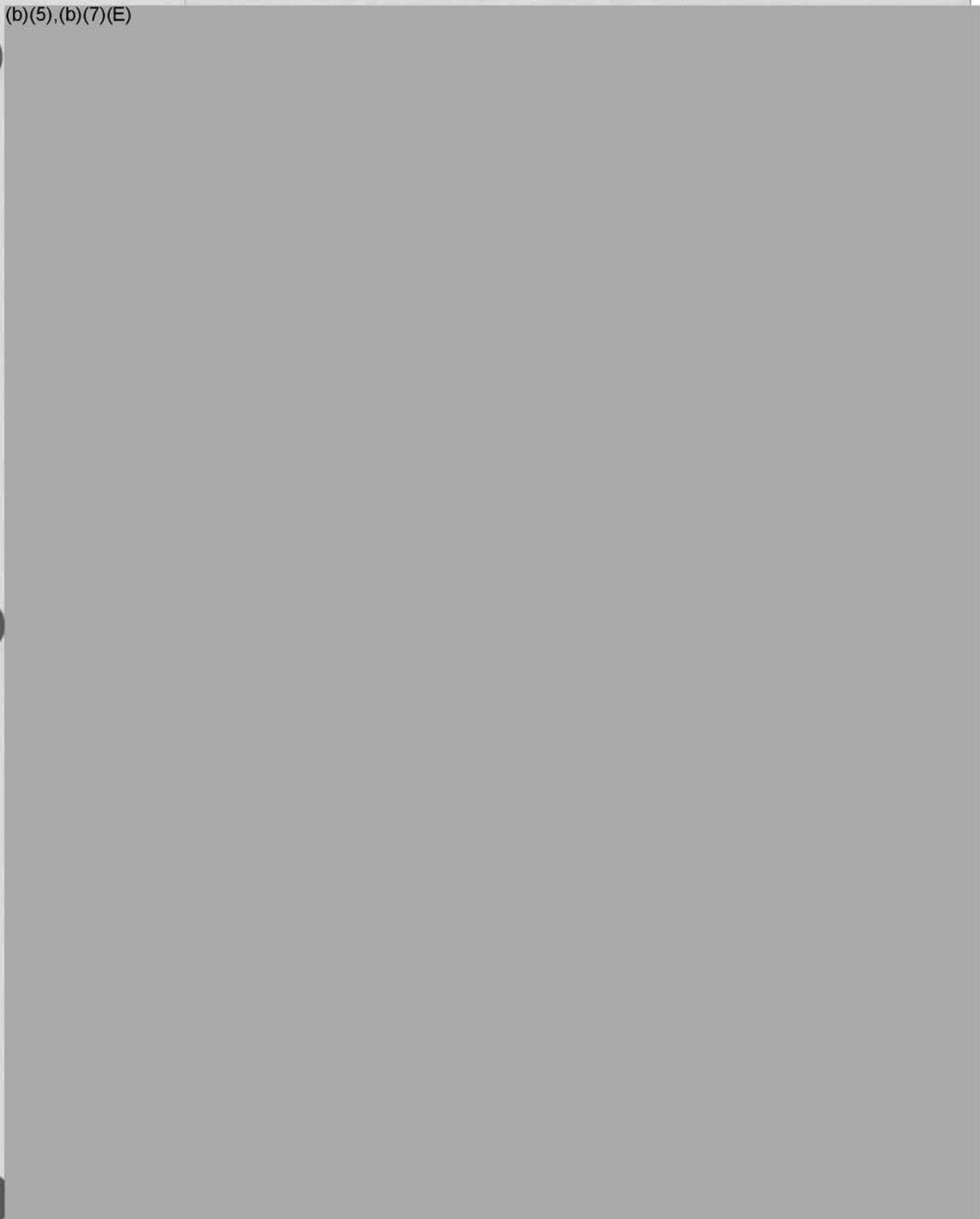
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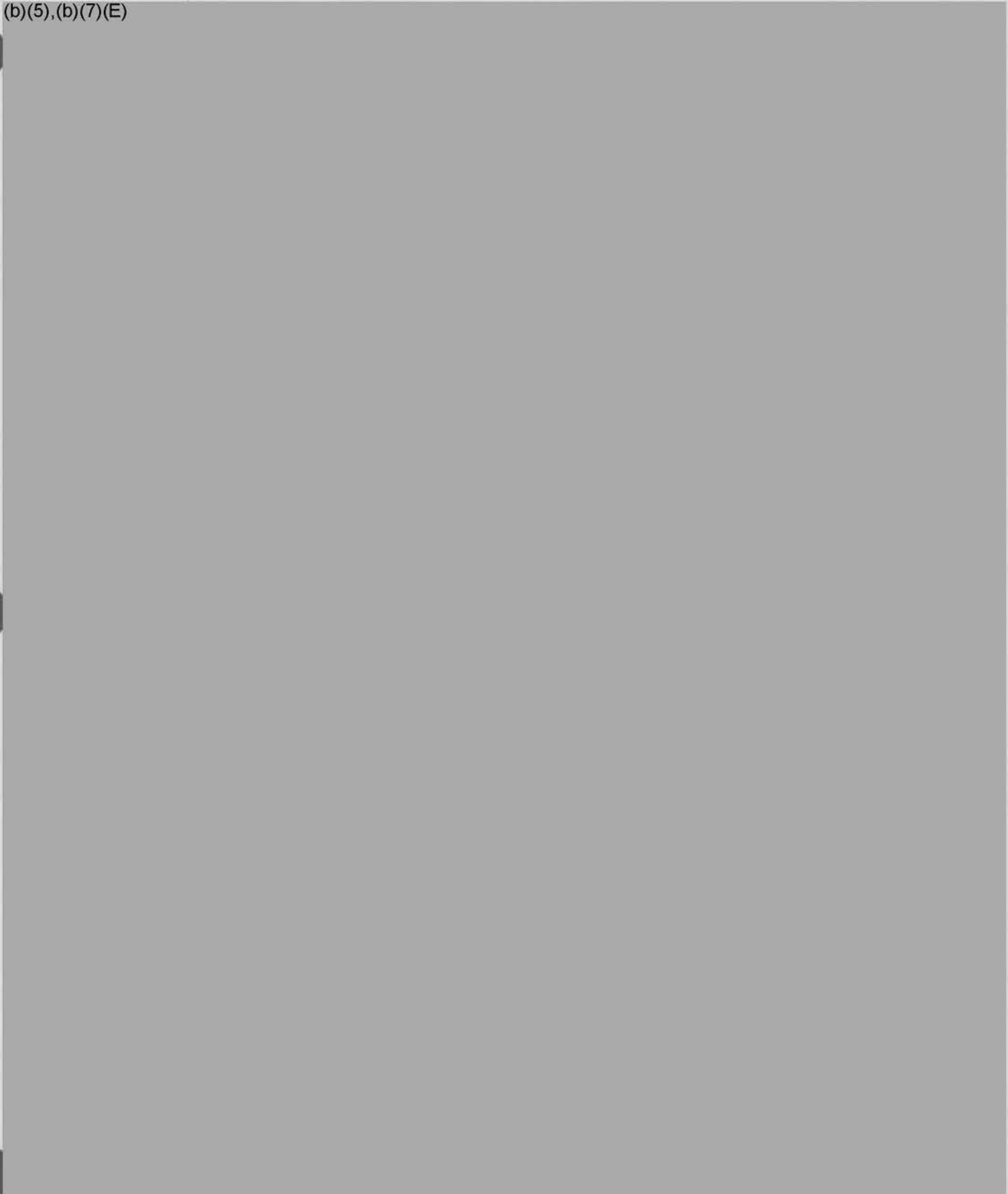
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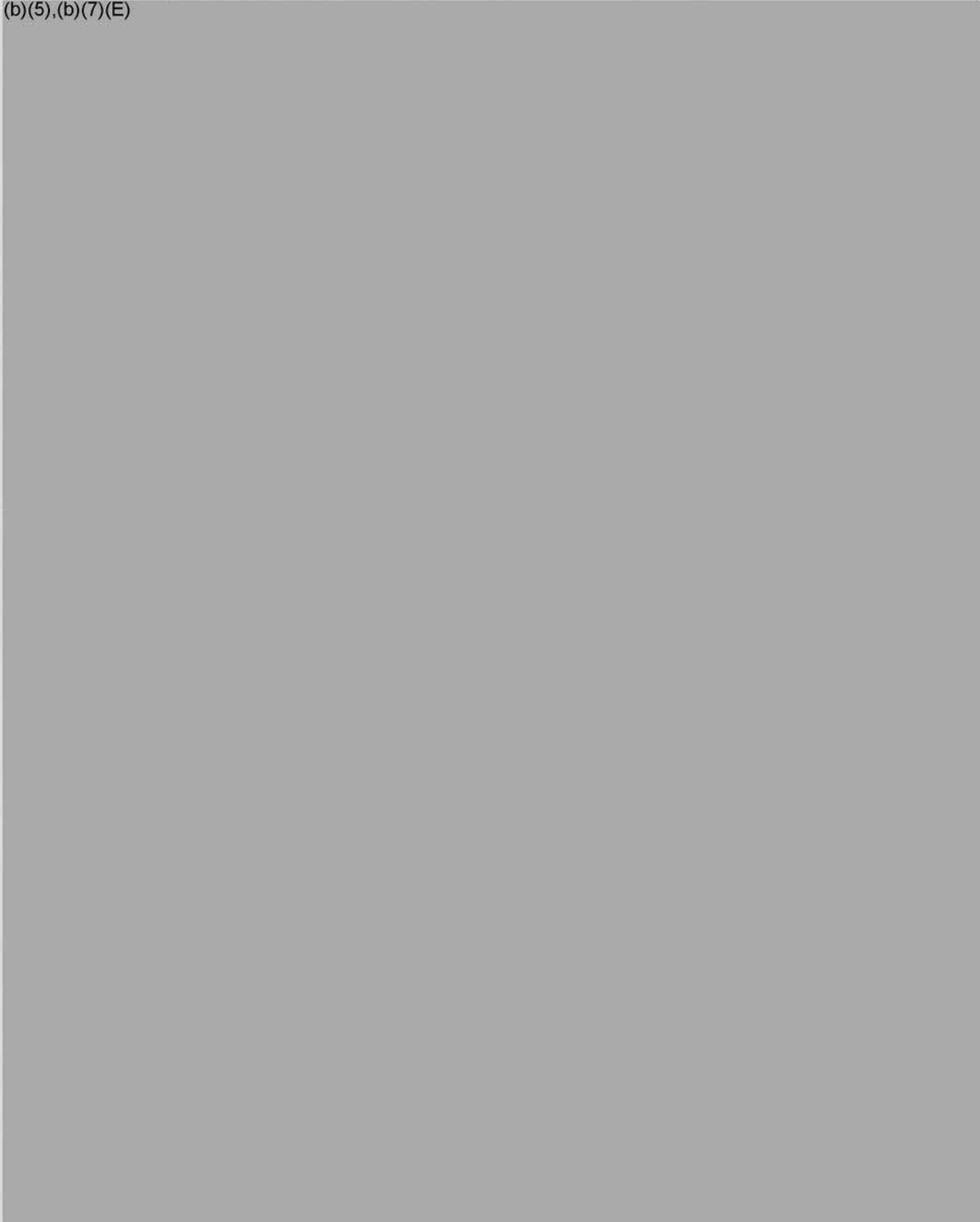
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## ANNEX D TO USNORTHCOM CONPLAN 3551-09 (U) LOGISTICS

a. References: CJCSM 4120.02, Assignment of Movement Priority

### 1. Situation

a. Enemy. See base plan.

b. Friendly. See base plan.

(1) US Transportation Command (USTRANSCOM) provides deployment and re-deployment common-user air, land, and sea transportation for forces engaged in civil support operations and provides aero-medical evacuation and tanker support as required. Additionally, USTRANSCOM has been designated DOD's Distribution Process Owner (DPO), charged to facilitate the integration of the strategic and theater (JOA) distribution. When requested by a federal agency and approved by SecDef, USTRANSCOM may provide transportation support to non-DOD organizations, such as movement of critical capabilities or commodities, or evacuation of personnel.

(2) Defense Logistics Agency (DLA) provides logistics support for the missions of the military departments and the Unified Combatant Commands engaged in civil support operations. It also provides logistics support to other DOD Components and certain federal agencies, foreign governments, international organizations, and others as authorized. Through DLA's defense reutilization and marketing services, DLA provides worldwide reuse, recycling, and disposal solutions, to include hazardous material disposal.

(3) Defense Contract Management Agency (DCMA) provides contract administrative service support and assists combatant commanders (CCDRs) in developing contingency contracting packages as required.

c. Assumptions. See base plan.

(1) International, interstate, and intrastate transportation will be restricted to contain the spread of the virus.

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## d. Resource Availability.

(1) CCDRs will determine the appropriate days of supply forces will depart home station with. This determination will be based on anticipated mission requirements, pre-positioned stocks, and availability of commercial resources.

(2) As mobility asset and crew availability is degraded due to the effects of PI and restrictions are imposed by other nations, continued world-wide operational support will be adversely impacted.

(3) Support to contingency operations takes precedence unless otherwise directed by the SecDef.

## e. Planning Factors.

(1) Sustained relief operations will require logistical support for periods longer than normal civil support operations due to the reduced availability of supplies.

(2) Supply consumption levels for DOD forces will be based on service approved planning factors.

(3) Available commercial resources as well as DOD sources, anticipating reduced availability of basic supplies from all sources.

(4) CONUS/OCONUS port operational capabilities will be degraded, to include restrictions imposed by the governmental authority or Host Nation.

(5) Demand for strategic airlift will far exceed its capacity.

(6) Strategic as well as tactical commercial and organic asset availability may be significantly reduced.

2. Mission. See base plan.

3. Execution

a. Concept of Logistics Support. The Geographical Combatant Commanders (GCCs) will include a theater logistics support plan in their theater specific Pandemic Influenza Response plans. The Functional Combatant Commanders,

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Services and DOD agencies will develop plans to ensure support to the theater plans.

b. Logistics and Engineering Support by Phase.

(1) Phase 0 – Shape Phase. The priority of logistics and engineering efforts will focus on maintaining continuous situational awareness. Key tasks are:

(a) Participation in planning efforts and exercises.

(b) Coordination with appropriate interagency and defense agency staffs to maximize the ability of DOD to respond rapidly to PI missions.

(c) Development of Supply Sustainment Plans.

(2) Phase 1 - Prevent Phase. The priority of logistics and engineering efforts will focus on preparing for and responding to a potential pandemic. Key tasks are:

(a) Conducting training.

(b) Organizing and equipping the force.

(c) Continuation of coordinated planning.

(d) Execution of Supply Sustainment Plans.

(e) Maintain situational awareness and coordinate with interagency and international partners.

(f) Review facilities to determine the degree to which facility construction and environmental management will facilitate disease control during peak transmission periods. Plans for adjustments to operations and use should be developed to assist Commanders in developing Force Health Protection postures and operational plans for these facilities.

(3) Phase 2 - Contain Phase. During this phase, the priority of logistics and engineering efforts are to support USG containment efforts while maintaining freedom of action to conduct assigned logistics missions. Key tasks are:

(a) Preparation for a potential influenza pandemic.

(b) Provide priority support to areas/forces directly involved in disease interdiction/suppression activities.

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(4) Phase 3 - Interdict Phase. The priority of logistics and engineering efforts in this phase is on preparations to ensure freedom of action to conduct assigned logistics missions in the face of an impending pandemic. Key tasks are:

- (a) Sustainment of theater supply flow and mission assurance.
- (b) Execution of approved mission sets.
- (c) Provide priority support to areas/forces directly involved in disease interdiction/suppression activities.

(5) Phase 4 - Stabilize Phase. (b)(5),(b)(7)(E) providing logistics and engineering support to priority missions to protect vital national interest. Key tasks are:

- (a) Execution of approved mission sets.
- (b) Support USG efforts to sustain government operations.

(6) Phase 5 - Recovery Phase. Priority of logistics effort in this phase is support to USG efforts to re-establish inter/pre-pandemic conditions. Key tasks are:

- (a) Reconstitution of forces to prepare for continuing missions.
- (b) Redeployment of forces engaged in approved mission sets.


## c. Tasks.

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## 4. Administration and Logistics

### a. Logistics.

(1) Supply and Distribution. The combatant command service components are responsible for administrative and logistical support for forces employed in PI operations. The support concept will be built around forces deploying with a mission tailored initial level of supply. Local acquisition of supplies and services is encouraged, but may be severely limited in later phases of operations, or in particularly hard hit areas.

(a) Distribution and Allocation. Military Departments and Agencies provide for supply support of their respective forces unless theater specific plans designate alternate processes.

(b) Level of Supply. Forces for DOD PI response will deploy with mission essential supplies, as directed.

(c) Salvage. Not used.

(d) Captured Enemy Materiel. Not used.

(e) Local Acquisition of Supplies and Services. Efforts must be directed at leveraging the existing infrastructure, contracts, and support relationships with non-DOD vendors through innovative information sharing, business practices, contracting, and operating procedures.

(f) Petroleum, Oils, and Lubrication (POL). GCC PI plans will include POL support plans for their theater, integrating all component and DOD agency capabilities, as well as leveraging commercial availability via contracts wherever possible, for both packaged and bulk supplies.

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(g) Inter-Service Logistic Support. GCC PI plans will leverage capabilities of all service components within their theater to ensure that the overarching DOD priorities are met.

(h) Mortuary Affairs. GCC PI plans must address proper authorities and capabilities for handling of deceased key population members, as well as defining the ability of forces within the AOR to provide support to other populations.

(2) Maintenance and Modification. Service components will be responsible to perform equipment maintenance, evacuation, and modification per service procedures and doctrine.

(3) Medical Services. For guidance on release authority for antivirals and/or vaccines, see Appendix 5 to Annex Q.

(4) Mobility and Transportation.

(a) General

(1) (b)(5), (b)(7)(E) [REDACTED]  
(b)(5), (b)(7)(E) [REDACTED]

(2) (b)(5), (b)(7)(E) [REDACTED] GCCs, as the supported Combatant Commander, will validate movement requirements via time-phased force deployment data (TPFDD) and Special Assignment Airlift Mission (SAAM).

(3) CDRUSTRANSCOM will provide lift IAW CJCSI 4120.02, *Assignment of Movement Priority* and DOD guidance.

(4) Strategic lift will be severely curtailed as the result of movement restrictions into and out of PI affected areas. GCCs must plan for reduced availability of strategic lift to support ongoing operations.

(5) Strategic lift forces may be subject to exceptional disease control measures to allow lift to and from affected areas without facilitating disease spread. Preparations for these measures should be included in the planning process.

(b) Mobility Support Force and Movement Feasibility Assessment

(1) GCCs, in coordination with JTF commanders and USTRANSCOM, will designate potential ports of embarkation (POEs)/ports of debarkation (PODs).

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(2) Seaport and aerial port terminals will be assessed with regard to operational capabilities.

(5) Civil Engineering Support Plan. DOD military engineers will be available to support other DOD forces engaged in Global PI operations. This plan does not include DOD military engineer support to non-US civil authorities. Engineer requirements may include, but are not limited to: emergency erection and operation of field hospital infrastructure, emergency assistance/augmentation to critical utility operations, both on and off military installations.

(6) Sustainability Assessment. GCCs will develop sustainability assessments to ensure DOD's ability to maintain logistic support to all users throughout the affected areas for the duration of the operation. Logistic momentum must be maintained to ensure that resources arrive where and when they are needed. In addition, waste of supplies and services must be minimized to prevent a shortage, which may jeopardize continued operations.

b. Administration. GCCs will tailor reporting requirements to the situation, and they will vary depending on both the nature and scope of the DOD response.

5. Command and Control. See base plan and Annex J.

## Appendixes:

- 1 - Petroleum, Oils, and Lubricants Supply [Not used]
- 2 - Joint Subsistence, Food Service Support & Water Management [Not used]
- 3 - Mortuary Affairs [Not used]
- 4 - Sustainability Analysis [Not used]
- 5 - Mobility and Transportation [Not used]
- 6 - Engineering Support Plan [Not used]
- 7 - Non-Nuclear Ammunition [Not used]
- 8 - Logistics Automation [Not used]

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//SIGNED//  
[MICHAEL G. DANA,  
Brigadier General, USMC  
Director of Logistics and Engineering

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ANNEX E TO CONPLAN 3551-09 Global Synchronization for Pandemic  
Influenza  
PERSONNEL

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- l. (U) JP 1-06, 3/4/2008, FINANCIAL MANAGEMENT SUPPORT IN JOINT OPERATIONS

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n. (U) JP 1-0, 1/16/2006, PERSONNEL SUPPORT TO JOINT OPERATIONS

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p. (U) PL 100-707, 6/26/2007, ROBERT T. STAFFORD DISASTER RELIEF AND EMERGENCY ASSISTANCE ACT (PUBLIC LAW 93-288) AS AMENDED

q. (U) 05 USC., 4/17/2007, GOVERNMENT ORGANIZATION AND EMPLOYEES

r. (U) 10 USC., 5/29/2007, ARMED FORCES

s. (U) 37 USC., 11/8/2006, PAY AND ALLOWANCES OF THE UNIFORMED SERVICES

t. (U) 10 USC.§ 377, 5/29/2007, THE ECONOMY ACT

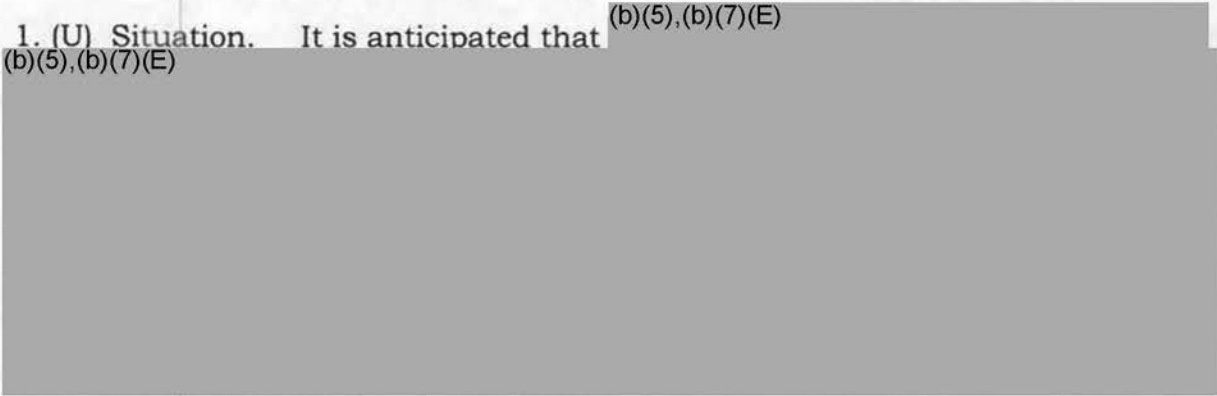
u. (U) JFTR Vol I, 10/1/2008, JOINT FEDERAL TRAVEL REGULATION

v. (U) CJCSM 3122.01A, 9/29/2006, JOINT OPERATION PLANNING AND EXECUTION SYSTEM (JOPES) VOL I (PLANNING POLICIES AND PROCEDURES)

w. (U) 39 USC., 1/3/2007, POSTAL SERVICE

x. (U) AFI 10-215, 12/3/2002, PERSONNEL SUPPORT FOR CONTINGENCY OPERATIONS (PERSCO)


1. (U) Situation. It is anticipated that (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)



(b)(5),(b)(7)(E)

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(b)(5),(b)(7)(E)



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(b)(5),(b)(7)(E)



2. (U) Mission. This annex defines, establishes, and provides policy, planning guidance and responsibilities for personnel support and activities in execution of the basic plan. Individual Service personnel policies (both military and civilian) will apply in the absence of higher level direction. Policies include:

a. (U) Policy and guidance on personnel support to include awards and decorations, pay and allowances, personnel and unit rotation cycles, and deployment status.

b. (U) Roles and responsibilities in execution of this annex to support the basic plan.

c. (U) Policy and guidance on command and control and personnel reporting in execution of the basic plan.

d. (U) Policy and guidance on key support services to include Morale, Welfare and Recreation (MWR), chaplain activities, and legal assistance/support.

3. (U) Execution.

a. (U) Concept of Personnel Support. The PI environment induces unique constraints and mission support issues that will require consideration at execution.

(b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)



(b)(5),(b)(7)(E)

The following issues must be

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considered in planning personnel support:

(1) (U) In the mission responsibilities assigned under this plan, DOD forces and staff will execute unique response actions due to interagency relationships, broad range of responding agencies and constraints and boundaries addressed by public law.

(2) (U) Forces tasked to respond to/support a contingency may be directly affected by the contingency (pay, housing, MWR, other basic and support services). Commanders must mitigate effects on forces and enhance efficiency by providing support to members and any affected family members.

(3) (U) A solid communication chain of command, at all levels, is critical to inform and protect members, their families, and interests in the affected AOR.

b. (U) Responsibilities. Individual Service military and civilian personnel policies and procedures will apply unless otherwise directed.

(1) (U) Personnel Requirements. Includes all US service members DOD civilians directed under this plan. The following responsibilities are assigned IAW applicable policy and guidance:

(a) (U) AOR Commander assigned responsibilities:

(1) (U) Develop and publish policies in support of this plan.

(2) (U) Request Individual Augmentee (IA) backfills to Request For Forces (RFF) IAW CJCSI and Joint Staff (JS) policies.

(3) (U) Provide applicable awards and decorations policy.

(4) (U) Establish reporting requirements and responsibilities within the AOR/joint operations area (JOA).

(5) (U) Coordinate with the Secretary of Defense (SecDef) and JS on personnel issues.

(6) (U) Distribute JMD for sourcing.

(b) (U) Services assigned responsibilities (ICW members' home base and servicing MPF):

(1) (U) Execute pay and allowances with any variations determined or directed.

(2) (U) Monitor, task, and process military and civilian

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evaluations.

(3) (U) Monitor, track, and report casualties.

(4) (U) Provide required personnel when tasked.

(5) (U) Request IAs IAW Service policies and procedures.

(6) (U) Identify shortfalls to N-NC.

(7) (U) Submit requests for RC critical service backfills if AD deployment leaves critical gaps.

(8) (U) Implement contractor backfill processes for gaps left by AD deployment.

(9) (U) Track numbers of days members are deployed. Implement high deployment rate benefits as necessary if reinstated.

(10) (U) Coordinate with home base to ensure personnel complete home station required training, and training required to maintain mobilization status.

(11) (U) Coordinate with home base to provide personnel uniform and/or equipment required to support this plan.

(c) (U) Command Element assigned responsibilities:

(1) (U) Document personnel requirements via the JMD. In the event a Joint Task Force (JTF) is established, the JTF Commander will coordinate the creation of a JMD with the N-NC/J1 and Service components. Regardless of how it is created, the JMD belongs to the JTF Commander and will reflect anticipated mission requirements.

(2) (U) Joint Reception Center (JRC) establishment and management IAW JP 3-33.

(3) (U) Personnel accountability and reporting (to include casualty).

(4) (U) Report (specific skills) to the N-NC J1 (staff or battlestaff) if the strength of any force is forecast or actually reaches a level where mission accomplishment is jeopardized.

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(5) (U) Authorization of any special pay and allowances applicable in support of this plan.

(6) (U) Track and report mission execution trends and personnel variances required to support the plan


(7) (U) Request in-cycle replacements due to injury, illness, emergency leave, away-without-leave (AWOL) IAW AOR Commander policy

(8) (U) Publish applicable personnel policies for Joint Operations Area (JOA) under Operational Control (OPCON).

(2) (U) Joint personnel reception and processing. Contingency response personnel can include (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)



(3) (U) Personnel accountability and strength reporting. Personnel accountability and strength reporting are required for all personnel deployed to or employed in the AOR in support of PI contingency operations. (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)



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(b)(5),(b)(7)(E)

(4) (U) Rotation/replacement policies

(b)(5),(b)(7)(E)



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(b)(5),(b)(7)(E)

(10) (U) MWR. Morale, Welfare and Recreation. It is recognized that opportunities for MWR activities is critical, however the PI environment may prevent traditional group, or shared activities. Alternate recreational activities may have to be explored and implemented that are conducive to the operating environment.

(11) (U) Casualty reporting. Casualty reporting will be in accordance with Service policies. The command element will initiate the reporting process to Service components and AOR Commander. Next of kin notification is a Service responsibility. In the event a Service member is hospitalized, the RTF /JTF (in coordination with medical personnel) will determine the anticipated date that the member can return to duty. If the member's absence is extended and an impact to the mission is expected, a replacement can be requested, however due to PI constraints, replacement requests may not be fulfilled.

(12) (U) Decorations and awards. Member recognition of contributions during support to the AOR will be via SecDef designated approving authorities. The DOD will provide contingency specific guidance to designated approving authorities. Planning factors should incorporate processes to track participants and eligibility for award based on contributions as well as processes for timely submission/approval of recognition.

(13) (U) Pay and allowances. The AOR Commander, in accordance with Presidential approval will establish special entitlement policy. This standard meets the requirement for establishing fair and equitable treatment established by JP 1-0. Policies affecting pay and entitlements will be coordinated with Services, AOR Commander, and the Joint Force Commander (JFC). For pay and allowances unique to the contingency response, the contingency command will validate applicability for members operating in the AOR and coordinate with the Services for execution.

(14)(U) Travel. (passport, visa, theater clearance )

(a) (U) Travel. Travel procedures will be in accordance with the Joint Federal Travel Regulation (JFTR) Volume I (military members) and Joint Travel Regulation (JTR) Volume II (DOD Civilian Personnel). Temporary Additional Duty / Temporary Duty (TAD/TDY) Pay will be in accordance with Service component, DOD and AOR Commander's policies and regulations.

(b) (U) Country access. Access to most countries, Canada and Mexico requires DOD civilian members to possess valid passports or official travel orders. Contractors and non-DOD civilians are required to possess valid

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passports for entry into Canada and Mexico. Although passport requirements are normally not waivable for US Civilians, circumstances may permit some approval of passport waivers. The contingency command element will coordinate with the respective J1 to assist with waiver approval. To facilitate mission success in lieu of waiver approval, planning should pre-identify those individuals who may be required to support plans cross-border. Review of applicable contracts and associated costs should be vetted to encourage procurement of passports.

(c) (U) Split year trip w/o DOD Appropriation Act/resolution. IAW DOD Financial Management Regulation Volume 9, Chapter 5 050301, in the event of a split year funded trip, the traveler must return to his or her official duty station if no DOD Appropriation Act has been signed or continuing resolution has been enacted. Expenses incurred in returning to the traveler's duty station will be posted in the new fiscal year as necessary costs to close down operations.

(15) (U) Medical returnees to duty. Once released and approved for return, all DOD personnel returning to duty after hospitalization will report to a reception station designated by the RTF or JTF Commander, prior to returning to their parent unit. Service members unable to return to duty will be processed per Service procedures.

(16) (U) Leave policy. It is anticipated that ordinary leave requests/approval during personnel support to the PI contingency execution will normally be limited. Leave requests should be evaluated for impact to current or future mission readiness and for individual detriment. Considerations are: first, can the readiness and response of required capabilities and personnel be maximized if the leave is granted, and, second, will the safety of the individual be assured (the situation may warrant minimizing travel or minimizing contact within a contaminated or hazardous environment). If leave is approved, the member may be recalled to duty prior to the end of the approved leave period if mission requirements dictate.

(a) (U) Terminal/separation. Stop-loss may be enacted if mobilization of targeted Reserve Components is implemented. This effectively stops all departures/resignation of personnel on active duty in transition to a non-active duty status.

(b) (U) Emergency/special leave. Emergency and special leave circumstances be considered on a case by case basis with consideration on any environmental, transportation, or personal impacts that would either increase risk to the unit, mission or individual. It is anticipated the RTF/JTF CDR will

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not request replacements for personnel with approved emergency or special leave.

(c) (U) Permissive TDYs. Permissive TDYs that are not in direct support of the CONPLAN execution should be curtailed/disapproved.

(17) (U) Combat zone/contingency operation benefits.

(a) (U) Combat zone. Declaration of combat zone eligibility is required.

(b) (U) Contingency operations. Numerous benefits are available for personnel recalled under Title 10 United States Code (USC.). The contingency operation must be named in a Presidential Executive Order to provide benefits to members. Programs include various medical, benefit, and educational programs such as Early Identification Program, Transitional Assistance Management Program, TRICARE Reserve Select Tier-1 and Reserve Education Assistance Program. The JFC will notify Services of contingency operation declaration. It is the Service and member's responsibility to ensure accurate documentation and implementation of authorized benefits.

(18) (U) Deployability criteria for personnel unique to this operation. All personnel (military and civilian) deployed in support of contingency operations must meet all deployability criteria and training in compliance with personnel skill codes, established medical criteria, contractual agreements, DOD policies and Service policies. Successful screening for deployability criteria adherence must be accomplished prior to deployment. Any equipment, to include personal protective equipment, must be issued from the member's home station.

(19) Benefits and entitlements.

(a) (U) Special leave. Under Title 10 USC. Sec 701f (1) and (2): secretary concerned, under uniform regulations to be prescribed by the SecDef, may authorize a member, who would lose any accumulated leave in excess of 60 days at the end of the fiscal year, to retain an accumulated total of 120 days leave. In consideration of the effective date(s) or length of contingency, the JFC will advocate uniform application across members supporting AOR contingency operations.

(b) (U) Pass program. This program is intended for allowing personnel relief from stressors. Use of this program is dependent on JTF CDR Implementation policies. However availability must be fair and equitable to all members deployed. Most support to contingencies will be sufficiently short to prevent JTF CDR from implementing this program. However in cases of lengthy deployments (rotations beyond 60 days), shift rotations which prevent adequate decompression time or environmental conditions which restrict

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movement (preventing members from taking normal leave), passes should be implemented.

(c) (U) Rest and Recuperation leave. This is not anticipated for use. This chargeable leave is only for eligible members deployed for a 12-month or greater period to a hostile fire/imminent danger zone. The intent is to provide members time away from a stressful environment.

(d) (U) Hostile fire/imminent danger pay (hardship duty pay). Approval of this benefit requires a DOD declaration. If the contingency area of operations meets the specified criteria to be declared an imminent danger pay zone, the AOR Commander will advocate a declaration position to the supported CDR or DOD.

(e) (U) Federal income tax combat zone exclusion. Not anticipated to be applicable. However, in cases where the President of the United States declares combat zone designation for a contingency operation, this exclusion will be addressed.

(f) (U) Free postage. Per 39 USC. Sec 3401, this activity is only available to members of the armed forces on duty in designated combat areas permitting them to send personal correspondence, free of postage, to addresses in the United States.

(g) (U) Sole surviving son or daughter. In the military, a "sole surviving son or daughter" is one who is any son or daughter in a family whose parent or one or more sons or daughters served in the Armed Forces of the United States and was killed in action, died as a result of wounds, accident or disease while serving in the US Armed Forces, is in a captured or Missing-in-action status, is permanently 100 % physically disabled or 100 % mentally disabled due to service connection. In preexisting DOD directives, this policy previously only applied to a hostile fire/imminent danger zone and excluded times of war or national emergency, so it should not be of concern for the Services unless there is such a declaration for the PI response. It is incumbent on the Services to apply Service policies.

(h) (U) Absentee voting/voter information. It is anticipated that the Services in coordination with the Federal Voting Assistance Program (FVAP) will make every effort to ensure that a deploying member has the opportunity to participate in applicable election voting. While technology developments have allowed access to web-based products to enhance this process, some contingency environments may prevent access to some or all deployed members. It is the command elements responsibility to provide access to the FVAP and available web based, or mail programs if feasible.

(i) (U) Red Cross notification/coordination for additional services.

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The contingency commander (RTF, JTF CDR etc.) will ensure events or incidents requiring Red Cross involvement are coordinated with the Red Cross in a timely manner.

(20) (U) Military evaluations. Services retain responsibility for completion and processing of military evaluations. Change of raters is not anticipated due to normally short duration of contingency operations (less than 90 days). To minimize impacts on promotion actions, personnel OPCON to another command for contingency operations for greater than 90 days will be handled on a case by case basis. Services will track evaluation completion dates and notify the contingency command element of required actions.

(21) (U) Civilian personnel policies and Procedures. Allowances and benefits policies, such as danger pay allowances, overtime, compensatory time, shift differential, and Sunday/holiday premium pay and leave will be in accordance with the owning Service. Biweekly Earning Limitation, Annual Limitation on Premium Pay for Emergency Work, and Annual Aggregate Limitation will be executed IAW 5 USC. Sec 5546. For allowances such as danger pay that require appropriate declaration, the JFC will advocate on behalf of all the Services.

(22) (U) Finance and disbursing.

(a) (U) Funding will come from service/agency funds during contingency operations or as reimbursable funding in the case of reimbursable support to a primary agency (PA). In the absence of a reimbursable order from a primary agency, units supporting the PI contingency will fund operations as contingency operations IAW DODI 7000.14-R, Vol 12, chapter 23 from current fiscal year appropriations provided in direct budget authority, independent of the receipt of specific funds for the operation. Incremental costs will be captured using unique special program codes and reported to service/agency comptrollers for potential future reimbursement. Units should also consult any service or agency specific guidance concerning contingency operations and associated cost accumulation/reporting.

(b) (U) The Economy Act (31 USC. 1535) is the funding authority for DOD support to the primary agency in planning, preparing, and conducting federal support to DSCA operations in the absence of a Presidential disaster declaration or determination required by the Stafford Act. For all support rendered by DOD to a primary agency under terms of the economy act, units will accurately capture total costs, including pay and allowances, for reimbursement by the primary agency. Note: the SecDef may waive reimbursement from a primary agency. in this case, units will follow contingency operations funding procedures.

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(c) (U) The Stafford Act (42 USC. 5170b) is the funding authority for disaster declaration support by DOD to a primary agency (PA) when the President has issued a declaration that a major disaster or emergency exists or has determined in the immediate aftermath of an incident that emergency work is essential for the preservation of life and property. Disaster declaration support by DOD to a pa is reimbursable IAW 44 CFR sect 206.8. DOD services and agencies will ensure operational support procedures and funding guidelines are adhered to IAW ref DODD 3025.1 and DODD 3025.15. Units will capture and invoice incremental costs IAW 44 CFR sect 206.8. DOD service and agency comptrollers will report incremental costs to DFAS-DE IAW DOD Financial Management Regulation (FMR) 7100.14r, Vol 12, chapter 23. The use of DOD FMR Vol 12 for conus DSCA FM operations is an authorized exception.

(d) (U) For billing and reimbursement, all components will: post reimbursable budget authority (RBA) in accounting systems using coding structure that identify the specific event; ensure all accounting transaction are recorded for proper identification and reporting; bill the primary agency properly and expeditiously so DOD is reimbursed in a timely manner for support provided; maintain all supporting documentation; ensure supporting documentation amounts equal amounts submitted in intragovernmental payment and collection (IPAC) transactions; provide valid contact information for financial and billing personnel on SF1080, including names and commercial phone numbers for problem resolution.

(23) (U) Legal. See Appendix 4.

(24) (U) Military Postal Services. Not applicable.

(25) (U) Chaplain Activities. See Appendix 6.

4. (U) Administration and Logistics. The length and complexity of the response will determine the requirement for force reconstitution and personnel rotations. Forces will be identified using the Request for Forces process and identifying mission response capabilities.

5. (U) Command and Control. The assigned AOR Commanders exercise command over assigned personnel. Depending on the situation and source, operational control or tactical control may be transferred, however, it is anticipated that administrative control will remain with the sourcing Service or command.

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General, USAF  
Commander

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## Appendixes

- 1 - Detainees, Civilian Internees, and other Detained Persons - Not Used
- 2 - Processing of Formerly Captured, Missing, or Detained US Personnel - Not Used
- 3 - Finance and Disbursement (Financial Management - Not Used
- 4 - Legal
- 5 - Military Postal Services
- 6 - Chaplain Activities
- 7 - Linguist Requirements - Not Used
- 8 - Contingency Contracting - Not Used
- 9 - JEFAC
- 10 - Pandemic Influenza Ethics

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//SIGNED//

[MARILYN H. HOWE

Colonel, USAF

Director of Manpower and Personnel

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23 March 2009

## **APPENDIX 4 TO ANNEX E TO CONPLAN 3551-09 (U)** **CONPLAN FOR GLOBAL PANDEMIC INFLUENZA SYNCHRONIZATION**

LEGAL (U)

(U) References:

- a. (U) Military Justice and Jurisdiction over Civilians. Uniform Code of Military Justice (UCMJ), 10 USC. Chapter 47; Manual for Courts-Martial (MCM), United States (2008); Joint Pub 1, Doctrine for the Armed Forces of the United States, 14 May 2007; DODI 5525.11, Criminal Jurisdiction Over Civilians Employed By or Accompanying the Armed Forces Outside of the United States, Certain Service Members, and Former Service Members, 3 Mar 05; Military Extraterritorial Jurisdiction Act, 18 USC 3261
- b. (U) Status of Forces. Vienna Convention on Diplomatic Relations, 18 Apr 61; DODD 5525.1, Status of Forces Policies and Information, 7 Aug 79
- c. (U) Other Treaties and International Agreements. DA Pam 27-1, Treaties Governing Land Warfare, 7 Dec 56; DA Pam 27-1-1, Protocols to the Geneva Conventions of 12 Aug 49, 1 Sep 79; DA Pam 27-24, Selected International Agreements, Vol. II, 1 Dec 76; DA Pam 27-161-1, Law of Peace, Vol. I, 1979; FM 27-10, The Law of Land Warfare, 18 July 56, with Change 1, 15 Jul 76; NWP 1-14M/MCWP 5-2.1/COMDTPUB P5800.1, Commander's Handbook on the Law of Naval Operations with 1999 Annotated Supplement
- d. (U) Negotiating and Concluding International Agreements. DODD 5530.3, International Agreements, 11 Jun 87; CJCSI 2300.01B, International Agreements, 1 Nov 03
- e. (U) Political Asylum and Temporary Refuge. 1967 Protocol Relating to the Status of Refugees; Refugee Act of 1980, 8 USC 1101; DODD 2000.11, Procedures for Handling Requests for Political Asylum and Temporary Refuge, 3 Mar 72; AR 550-1, Procedures for Handling Requests for Political Asylum and Temporary Refuge, 1 Oct 81; AFI 51-704, Handling Requests for Political Asylum and Temporary Refuge, 19 Jul 94



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- f. (U) Legal Assistance. AR 27-3, The Army Legal Assistance Program, 21 Feb 96; JAGINST 5800.7D, Manual of the Judge Advocate General (JAGMAN), 22 Mar 04, Chapter VII, Legal Assistance); AFI 51-504, Legal Assistance, Notary, and Preventive Law Programs, 27 Oct 03
- g. (U) Contracting. Federal Acquisition Regulation (FAR; Defense Federal Acquisition Regulation Supplement (DFARS)
- h. (U) Inter-Service Support. The Economy Act, 31 USC 1535; DODI 4000.19, Interservice and Intragovernmental Support, 9 Aug 95; FAR Subpart 17.5, DFARS 217.S; Defense Finance and Accounting Service – Indianapolis (DFAS-IN) Regulation 37-1 (DFAS-IN) 37-1
- i. (U) Fiscal Law Considerations. Titles 10, 22, and 31, USC; Defense Authorization and Appropriations Acts; DOD 7000.14-R, Financial Management Regulation, Volumes 1-15, DOD 7110.1-M, DOD Budget Guidance Manual; DFAS-IN Regulation 37- 1; DFAS-IN Manual 37-100-XX (Current Fiscal Year); Comptroller General Decisions (Published and Unpublished)
- j. (U) Standing Rules of Engagement/ Standing Rules for the Use of Force. CJCSI 3121.01B, Standing Rules of Engagement/ Standing Rules for the Use of Force for US Forces, 13 Jun 05
- k. (U) Domestic Support of Civil Authorities. Stafford Disaster Relief and Emergency Act, 42 USC 5121 et seq; Insurrection Act, 10 USC 331-335; Posse Comitatus Act, 18 USC 1385; DODDD 3025.1, Military Support to Civil Authorities (MSCA), 15 Jan 93, DODD 3025.12, Military Assistance for Civil Disturbances (MACDIS), 4 Feb 94; DODD 3025.15, Military Assistance to Civil Authorities, 18 Feb 97; DODD 5525.5, DOD Cooperation with Civilian Law Enforcement, 20 Dec 89; Quarantine statutes, 42 USC 97, 42 USC 243, 42 USC. 264; Executive Order 12656, 19988; Executive Order 13375, 1 Apr 05; Homeland Security Presidential Directive 5, 18 Feb 03; National Response Framework, Jan 2008; ESF and Support Annexes in Support of the National Response Framework, Jan 2008; The National Emergencies Act, 50 USC section 1601 et seq.; DODD 6010.22, National Disaster Medical System (NDMS)
- l. (U) Host Nation and Reciprocal Support. NATO Mutual Support Act, 10 USC 2341-50; DODD 2010.9, Acquisition and Cross-Servicing Agreements, 28 Apr 03
- m. (U) Noncombatant Evacuation Operations. DODD 3025.14, Protection and Evacuation of US Citizens and Designated Aliens in Danger Areas Abroad (Short Title: Noncombatant Evacuation Operations), 5 Nov 90

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- n. (U) Humanitarian and Other Assistance. 10 USC 401-05; DODI 2205.02, Humanitarian and Civic Assistance Activities, 2 Dec 08; DODD 5100.46, Foreign Disaster Relief, 4 Dec 75; DODI 2205.3, Implementing Procedures for the HCA Program, 27 Jan 95
- o. (U) Interaction with the International Committee of the RedCross and other Nongovernmental and Private Voluntary Organizations (NGOs/PVOs). Geneva Conventions of 1949; Protocols Additional to the Geneva Conventions of 1949
- p. (U) Foreign Consequence Management Operations. CJCSI 3214.01C, Military Support to Foreign Consequence Management Operations, 11 Jan 08
- q. (U) Civilian and Contractor Employees. DODD 1404.10, Emergency-Essential (E-E) DOD US Citizen Civilian Employees, 23 Jan 09; DODI 1400.32, DOD Civilian Work Force Contingency and Emergency Planning Guidelines and Procedures, 24 Apr 95; DODI 3020.37, Continuation of Essential DOD Contractor Services During Crisis, 6 Nov 90; DODI 3020.41 Contractor Personnel Authorized to Accompany the US Armed Forces, 3 Oct 05
- r. (U) Administrative Investigations. CJCSI 5901.01B, Conduct of Inspections, Investigations and Intelligence Oversight, 11 Jul 08
- s. (U) Force Health Protection. DODD 6200.4, Force Health Protection, 9 Oct 04
- t. (U) Emergency Health Powers on Military Installations. DODD 6200.3, Emergency Health Powers on Military Installations, 12 May 03; DODI 5200.08, Security of DOD Installations and Resources, 10 Dec 2005
- u. (U) Intelligence Oversight. Executive Order 12333, United States Intelligence Activities, 4 Dec 81; DODD 5240.1, DOD Intelligence Actives 25 Apr 88; DODD 5240.1-R, Procedures Governing the Activities of DOD Intelligence Components that Affect United States Persons 7 Dec 82; DODD 5148.11, Assistant to the Secretary of Defense for Intelligence and Oversight, 1 Jul 94; CJCSI 5901.01B, Conduct of Inspections, Investigations and Intelligence Oversight, 11 Jul 08; DODD 5200.27 Acquisition of Information Concerning Persons and Organizations not Affiliated with the Department of Defense, 7 Jan 80
1. (U) General. Significant legal and policy issues may arise during a DOD response to a Pandemic Influenza (PI). This appendix prescribes general legal and policy guidance that may be applicable during DOD's response to PI and may be considered for use in developing and/or revising legal appendices for PI plans.
2. (U) Specific Guidance

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a. (U) Preserve Operational Effectiveness.

(1) (U) The primary efforts of DOD support in the event of a PI will be to  
(b)(5),(b)(7)(E)

(b)(5),(b)(7)(E) [see paragraph 4 of the Base plan). The implementation of emergency health powers and force health protection (FHP) measures will  
(b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

(2) (U) Combatant Commanders have responsibility for Force Health Protection for forces assigned or attached (see reference (s)).

(3) (U) Commanders of installations at CONUS locations are authorized to implement emergency health powers to protect DOD and non-DOD personnel on their installation. These powers include  
(b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

(b)(5),(b)(7)(E) While commanders of installations located OCONUS are also authorized to implement emergency health powers, they may be restricted in the implementation of these powers by host nation laws and international agreements (see reference (t) and DOD Implementation Plan for Pandemic Influenza, Aug 2006).

b. (U) Support to Civil Authorities - Domestically.

(b)(5),(b)(7)(E)

c. (U) International Legal Considerations

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(1) (U) Status Protections. In coordination with the Department of State (DoS), status protection agreements [e.g., Status of Forces Agreements (SOFAs) or exchange of diplomatic notes that provide adequate status protections, such as Administrative and Technical Agreements (A&T Agreements)] are executed per references (b)-(e) with nations that the US does not currently have SOFAs. Ideally, status protection agreements (SOFAs/A&T Agreements) would be concluded in anticipation of deployment of US forces to these nations, however, agreements may not be in place prior to deployment. For deployments to locations without adequate status protections, commanders need to be cognizant of foreign criminal jurisdiction concerns.

(2) (U) Foreign Criminal Jurisdiction

(a) (U) Commanders have the right to exercise all criminal and disciplinary jurisdiction conferred by US law over members of their commands in accordance with reference (a).

(b) (U) Commander's authority to seek criminal prosecution in US Federal Court of civilians accompanying US Armed forces overseas is contained in reference (a).

(3) (U) Political Asylum and Temporary Refuge. US personnel are not authorized to grant political asylum. Commanders will refer applicants for political asylum in the United States to the nearest US diplomatic mission. The senior officer present at a DOD component shore installation or facility or on board any military vessel may grant temporary refuge for humanitarian reasons to a foreign national who is in imminent danger of loss of life or serious bodily harm. Foreign nationals given temporary refuge by DOD forces will be treated humanely in accordance with common Article Three of the Four Geneva Conventions of 1949. Only the President or Secretary of Defense may terminate temporary refuge once granted. Reference (e) applies.

(4) (U) International Agreements. All international agreements will be in writing. Written authorization of the Combatant Commander is required prior to negotiating or concluding any international agreement in which the United States or a military component is a party. Requests for authorization to negotiate or conclude an international agreement require the written concurrence of the Combatant Commander's SJA and Comptroller. Reference b applies. Commanders shall take into account the requirement to obtain SecDef permission to negotiate certain international agreements when requesting authorization to negotiate. Reference (d) applies.

(5) (U) Rules of Engagement (ROE). While conducting military operations other than war in response to PI, DOD forces will comply with the Standing Rules for the Use of Force (SRUF). The standing ROE and US forces

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contained in reference (j) and any theater specific ROE are applicable. All ROE shall be reviewed by command SJA for compliance with applicable international law. All supplemental ROE requests and authorizations will be coordinated with the supporting SJA.

d. (U) Legal Assistance.

(1) (U) Commanders arrange legal assistance for personnel assigned or attached to their respective commands. Reference (f) applies.

(2) (U) Maximum use shall be made of inter-service support.

e. (U) Military Justice. Combatant Commanders will administer military justice in accordance with theater-specific and Service Component directives. Reference (a) applies.

f. (U) Acquisitions During Military Operations

(1) (U) Host Nation and Reciprocal Support

(a) (U) Host-nations will provide logistical support and other support in accordance with terms of existing bilateral agreements or special arrangements concluded between those nations and the United States.

(b) (U) In coordination with the DoS, Acquisition and Cross Servicing Agreements (ACSAs) are negotiated and executed in accordance with references (c)-(e) with nations that the United States does not currently have ACSAs. Written authorization to negotiate and conclude an ACSA is required from DoS and OSD/CJCS.

(2) (U) Contracting

(a) (U) Only contracting officers may enter into and sign contracts on behalf of the US Government. Only those persons who possess valid contracting warrants may act as contracting officers and then only to the extent authorized. Only those persons who have been appointed as ordering officers by competent authority may make obligations pursuant to contracts.

(b) (U) Although an unauthorized commitment is not binding on the US Government, in appropriate cases it may be ratified by an authorized person in accordance with the FAR. Unratified unauthorized commitments are the responsibility of the person who made the commitment. In appropriate cases, such persons also may be subject to disciplinary action.

g. (U) Fiscal Law Considerations. The legal authority to obligate and

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expend funds incident to the execution of this Concept of Operations is cited in reference k. Combatant Commanders will utilize procedures to prevent unauthorized obligations and expenditures of funds. If an expenditure is not expressly authorized, consult the supporting SJA. Unauthorized obligations and expenditures of funds may result in administrative and/or criminal sanctions.

h. (U) Non-Combatant Evacuation. References (m) and (q) apply.

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APPENDIX 5 TO ANNEX E TO USNORTHCOM CONPLAN 3551-09 (U)  
MILITARY POST OFFICE

- (U) References:
- a. DOD 4525.6-M, DOD Postal Manual, 15 August 2002
  - b. DODD 5101.11, DOD Executive Agent for the Military Postal Service, 31 January 2005
  - c. DODI 4525.8, DOD Official Mail Management, 26 December 2001
  - d. DOD 4525.8-M, DOD Official Mail Manual, 26 December 2001
  - e. AR 600-8-3, Unit Postal Operations, 28 December 1989

## 1. (U) General Guidance

a. (U) Purpose. The purpose is to establish policy and provide guidance for the planning and execution of postal operations support.

b. (U) Concept of Postal Operations. Postal requirements will be based on the minimum support necessary to provide personal and official mail services to all units and personnel. Each Service is responsible for providing or arranging for postal support for its own component forces.

c. (U) Assumptions. Postal support will be required as long as forces are deployed in the area.

(1) (U) United States Postal Service (USPS) will continue to distribute to local Post Offices.

(2) (U) There are no initial restrictions on inbound mail. As the operation matures and the number of forces committed grows restrictions may be implemented, as necessary.

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d. (U) Planning Factors. Not applicable.

e. (U) Responsibilities.

(1) (U) Military Postal Service Agency will provide technical guidance.

(2) (U) CDRUSNORTHCOM will provide overall guidance to supporting commanders as required.

(3) (U) CDRUSNORTHCOM will task a component to be in general and direct support for postal operations.

(4) (U) USARNORTH/Joint Task Force (JTF), in accordance with (IAW) Service Instructions will develop and implement procedures to screen, identify, and handle any and all suspected contaminated mail.

(5) (U) USARNORTH/JTF IAW Service instructions will develop and publish emergency actions procedures in the event a package is suspected of being contaminated.

2. (U) Postal Policies and Procedures. See reference a.



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APPENDIX 6 TO ANNEX E TO USNORTHCOM CONPLAN 3551-09 (U)  
CHAPLAIN ACTIVITIES

## References:

- a. See references a through dd of base plan
- b. DODD 1300.17, 3 February 1988, Accommodation of Religious Practices Within the Military Services, with Change 1, 17 October 1988
- c. DODD 1304.19, Appointment of Chaplains for the Military Departments, 11 June 2004
- d. Joint Pub 1-05, Religious Support in Joint Operations, 2 June 2004
- e. Joint Pub 3-26, Homeland Security, 2 August 2005
- f. Joint Pub 3-33, Joint Task Force Headquarters, 16 February 2007
- g. Joint Pub 4-06, Joint Tactics, Techniques, and Procedures for Mortuary Affairs in Joint Operations, 28 August 1996

## 1. Situation

a. Purpose. This appendix is the Religious Support Plan (RSP) for the DOD Global Concept Plan to Synchronize Response to Pandemic Influenza. This RSP establishes religious support planning guidance. Individual Service

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policies and guidance apply unless otherwise directed. Combatant Commands, DOD activities and the Military Services are responsible to develop religious support plans as part of specific Pandemic Influenza (PI) CONPLANS.

b. See detailed situation in base plan. In addition, religious support plans must consider the following:

(1) Pandemic Influenza will cause unprecedented illness, death, and disruption to normal patterns of life worldwide, resulting in emotional, psychological, spiritual and physical pressures on DOD forces. Thus, a high priority for chaplain activities during PI response will be to mitigate stress upon force providers and deployed military units (b)(5),(b)(7)(E)

(2) Military families will experience the same level of absenteeism, illness and death as the surrounding populace, requiring intentional pastoral care support.

(3) Mission essential personnel will be required to stand duty for the duration of successive waves of PI while their families cope with PI at home alone, giving rise to the potential of morale and emotional issues among the force.

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(4) There may be mass fatality events involving temporary interment, disinterment, and/or mass burial requiring spiritual and psychological intervention and extraordinary levels of religious support to the force.

c. Continuity of Defensive Operations. See base plan.

d. Limitations

(1) Availability of Religious Support Teams (RSTs) may be limited because of competing operational demands and effects of PI on RST members.

(2) RST augmentation and mobilization may be constrained. Many Reserve Component chaplains and chaplain assistants/religious program specialists are civilian clergy or first responders. Community requirements for civilian clergy and quarantines for all citizens may conflict with mobilization requirements.

2. Mission. USNORTHCOM Command Chaplain directs coordinated DOD religious support planning and synchronization in order to ensure the free

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exercise of religion for authorized DOD personnel during the DOD global response to mitigate and contain the effects of a pandemic influenza.

3. Execution. GCC/FCC, Service, and DOD Agency Command Chaplains are required to develop religious support plans during PI response, in order to provide for the free exercise of religion, impart ethical guidance related to PI, advise the commander and staff on religious issues affecting PI operations and civil support, and facilitate spiritual care in support of assigned personnel and their families. This RSP provides planning guidance for DOD chaplains to consider when conducting PI religious support planning efforts in order that plans will be synchronized.

a. PI Global Synchronization Concept of Operations

(1) Considerations common to all phases.

(a) RSTs will provide religious support to authorized DOD personnel during all phases of operations. GCC/FCCs, Service Components and Regional Joint Task Force(s) (RJTFs) provide religious support to service personnel through assigned RSTs.

(b) Service Components will identify and deploy personnel who meet worldwide deployment standards. Deployment taskings are processed through service component Crisis Action Centers (CACs) and Joint Operational Centers (JOCs) IAW DOD joint procedures.

(c) PI Synchronization Support Planning

1. Religious Support to Military Forces. When preparing PI RSPs, Command Chaplains will consider the general planning considerations in JP 1-05 and Appendix A to Annex C of JP 3-33 (Joint Task Force Headquarters), and the following additional PI planning considerations.

2. Additional PI Planning Considerations

a. Mission requirements during a pandemic influenza will exceed available resources; therefore, prioritization of missions and level of pastoral response in each mission must be determined.

b. Shortages of vaccines, anti-virals, food, water, and other life sustaining resources will exist. Therefore, ethical responses must be available to address the prioritization of distribution.

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c. Strategic Communication and Public Information plans will be employed to mitigate fear and miscommunication. Chaplains have a role in advising the command on the impact of religion during PI. Chaplains may also assist in public information efforts as good will ambassadors and perceived trusted agents.

d. Social distancing may be necessary to prevent the spread of PI. The impact of social distancing upon religious support must be considered. Alternative methods for worship gatherings, sacraments or rites, personal visitations, conducting burials and other pastoral responses involving personal contact will need to be devised.

e. Emergency Family Assistance Centers most likely will not be established under a PI scenario due to inadvertent spread of the disease. Consideration should be given to providing such support via telephone or internet.

f. Religious implications of non-combatant evacuations should be considered.

g. Unprecedented levels of PI religious support coordination will be required, involving all GCC/FCCs, Services, DOD Agencies, and other USG agencies, non-governmental organizations (NGOs), national and international faith-based organizations (FBOs), host nation organizations, civilian chaplains and clergy.

h. DOD chaplains may be called upon to provide emergency pastoral care to non-DOD personnel. See Coordinating Instructions in Para 3c. below.

3. Medical Services. RSPs should identify coordination and planning requirements for chaplain activities ISO Annex Q. Additional RST support for medical services under a PI scenario should be identified.

4. Mortuary Affairs. RSPs should consider mortuary affairs IAW JP 4-06. DOD Mortuary Affairs personnel may be tasked to assist other government agencies. During such operations, military chaplains are present to provide pastoral care to DOD personnel. In addition, military chaplains may assist in mitigating stress as part of a multidisciplinary stress management process (CISM or equivalent). Chaplains may render "honors with respect" to the remains of deceased individuals under the guidance provided by the Command Chaplain. In support of a pandemic influenza, additional consideration for fatality management must be given to include religious and pastoral implications of temporary interment, disinterment, and mass burial.

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(1) Commanders will coordinate religious support for their personnel IAW JP 1-05 and JP 3-26, as applicable. The primary role of the RST is to provide religious support to authorized DOD personnel and their families.

(2) RSTs will follow command direction, joint doctrine, chaplain policy and legal counsel when providing religious support during PI operations. RSTs will not normally provide religious support to non-DOD personnel. However, during rare and emergency conditions, and when directed or requested during Civil Support operations, RSTs may provide religious support to non-DOD personnel. In such cases, commanders advised by the senior supervisory RST and legal counsel will consider such requests. RSTs in general may provide such support if these four criteria are met.

a. Support to non-DOD personnel may only be permitted when such support is incidental, meaning that there is generally no significant cost and that such support does not significantly detract from the primary role of the RST as defined above.

b. Support to non-DOD personnel may only be permitted pursuant to an emergency which results in a Presidential Disaster Declaration.

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c. Support to non-DOD personnel may only be permitted when there is an acute need for immediate ministrations which is recognized by appropriate authorities, and directed by a DOD commander.

d. Support to non-DOD personnel may only be permitted when there is a government imposed burden of some sort such as a quarantine on a federal facility, or when there is no reasonable civilian alternative to meet the needs of non-DOD personnel impacted by the emergency.

## 4. Administration and Logistics

a. Chaplain logistics, resupply, and material management are a service component responsibility.

b. Service components will provide religious supplies and materials to support rapid deployment and subsequent sustainment until routine resupply can be accomplished.

5. Chaplain Communication. Communication will be coordinated IAW appropriate authorities.

6. Reports. Reports will be submitted as applicable IAW Annex R of the base plan.

### Tabs

A -- Inter-Service Chaplain Support – Not Used

B -- Host-Nation Religious Support – Use as Applicable

C -- Emergency Family Assistance Center (EFAC) Concept of Operations-Not Used

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## APPENDIX 9 TO ANNEX E TO USNORTHCOM CONPLAN 3551-09 JOINT EMERGENCY FAMILY ASSISTANCE CENTERS (JEFAC) FOR DOD PERSONNEL (U)

### REFERENCES (U):

- a. (U) Department of Defense Instruction 1300.18, *Military Personnel Casualty Matters, Policies, and Procedures*, 18 December 2000.
- b. (U) Department of Defense Directive 1342.17, *Family Policy*, 30 December 1988.
- c. (U) Department of Defense Instruction 1342.22, *Family Centers*, 30 December 1992.
- d. (U) Department of Defense Instruction 3001.02, *Personnel Accountability in Conjunction with Natural or Manmade Disasters*, 8 August 2006.
- e. (U) Joint Publication 1-0, *Personnel Support to Joint Operations*, 16 October 2006.
- f. (U) The Fleet & Family Support Center, *Crisis Response Plan*.
- g. (U) Office of the Under Secretary of Defense (Personnel and Readiness), *Pentagon Family Assistance Center (PFAC) After Action Report*, March 2003.
- h. (U) USNORTHCOM Strategic Action Plan, 16 December 2003.

### 1. (U) Situation.

#### a. (U) General.

(1) (U) If, despite efforts to contain it, an influenza epidemic becomes a pandemic event, communities across the globe will be overwhelmed by a health care emergency that will spread at an unprecedented rate. Fueled by the global

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economy and rapid transportation a pandemic disease could manifest itself near simultaneously around the world, giving little or no warning.

(2) (U) In the event that there should be an outbreak of a pandemic influenza, community services normally available to support DOD and National Guard personnel and their families will be disrupted or rendered insufficient to handle support during recovery from the pandemic event.

(3) (U) Most installations today host multiple Services and civilian personnel creating a joint environment. A joint response to a pandemic event ensures all available DOD resources support a response to the needs of personnel and their families and that all the Services have an opportunity to "take care of their own."

(4) (U) In the event of a pandemic event affecting a significant number of DOD-affiliated personnel (see paragraph 1.e.(3) below), Combatant Commanders may direct the establishment of a Joint Emergency Family Assistance Center (JEFAC) to coordinate the provision of family assistance services to affected DOD-affiliated personnel by their respective Services.

(5) (U) Actions taken to mitigate the effects of Pandemic influenza may adversely affect the ability of JEFACs to conduct its support operations. These mitigation actions (such as social distancing) may require JEFACs to:

(a) Plan and conduct operations in a "virtual" environment.

(b) Operate from satellite facilities.

(c) Develop other methods for conducting business in a pandemic environment.

(6) (U) JEFAC leaders and staff must encourage development of new and innovative means of conducting business, and be open to considering radical means of supporting DOD personnel and their families.

b. (U) Area of Concern.

(1) (U) Area of Responsibility (AOR). See base plan.

(2) (U) Joint Operational Area (JOA). See base plan.

c. (U) Enemy Forces. See Annex B.

d. (U) Friendly Forces.

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(1) (U) Installation Response.

(2) (U) Adjacent Installations.

(3) (U) Local, State and Federal Agencies.

(4) (U) Joint Task Force or Regional Task Force (JTF/RTF).

e. (U) Assumptions.

(1) (U) No-notice execution of this Appendix may be required.

(2) (U) The JEFAC's primary focus of effort will be to support affected DOD-affiliated personnel and their families, which for the purposes of this plan are defined as:

(a) (U) DOD service members (active and reserve).

(b) (U) Civilian Employees of the DOD (both civil service and Non-Appropriated Funds (NAF)).

(c) (U) Eligible DOD family members of (1) and (2) above.

(d) (U) Other personnel per the JTF/RTF/CC's direction, such as: service members assigned to National Guard units; members of the Individual Ready Reserve (IRR) and their families. Any broadening of this definition should be according to guidance issues by the Office of the Secretary of Defense (OSD).

(3) (U) The National Guard Bureau (NGB) will work closely with the Combatant Commands to coordinate and synchronize, as necessary, information obtained by State Guard Family Support Groups regarding affected National Guard personnel and their families. Whenever possible, CDR JEFAC will also work to leverage state National Guard assets to assist DOD personnel and families.

(4) (U) The JEFAC will be the lead organization to coordinate support to affected DOD personnel and their families. JEFAC operations will be independent of and complementary to support being provided by the local and regional government organizations and non-government organizations; however support must be coordinated to reduce redundant efforts and increase the level of support to DOD and National Guard personnel and families.

(5) (U) The Services will provide support personnel and resources to CDR JEFAC to accomplish the mission.

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(6) (U) Reserve mobilization will not be authorized. Reserve augmentation according to Service directives will be utilized as required.

(7) (U) Full accounting of affected personnel will be conducted by Service components IAW Refs l and m. Full accounting includes the muster and status (injury, death, etc.) of members and their families, their location, and updated contact information. Data will be made available to the JEFAC by Combatant Command J1s for assessment purposes, and JEFAC will forward any information received to appropriate J1s for verification and incorporation into the appropriate tracking systems.

(8) (U) (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

(9) (U) Multiple JEFACs may be employed if the magnitude of the event and/or its geographical breadth so dictate.

(10) (U) JFEC operations may be constrained by "social distancing" and other control measures implemented to mitigate against the effects of Pandemic Influenza.

f. (U) Legal Considerations. This plan to provide services and support to the affected DOD and National Guard personnel and their families is based upon existing statutory and regulatory authorities; however, adjustments to these authorities may be indicated to maximize relief and recovery efforts. Accordingly, any commander who identifies changes to laws, regulations, or policies that might better serve affected DOD and National Guard personnel and families should promptly forward proposals for such changes to CDR JEFAC and the Combatant Commander.

g. (U) Immediate Challenges.

(1) (U) DOD's primary mission will not cease in this environment. Planners will need to remember that other plans and activities may not only be executed within the framework of this plan, but may also be a higher priority than activities associated with CONPLAN 3551 and the associated regional plans.

(2) (U) Due to (b)(5),(b)(7)(E) there may be  
(b)(5),(b)(7)(E) There may be  
(b)(5),(b)(7)(E)

(3) (U) Access to the affected population may be hampered by pandemic mitigation efforts.

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(4) (U) Determining required capabilities may be difficult due to limited support infrastructure (transportation, roads, housing etc.) or mitigation efforts.

(5) (U) Competing priorities with other relief services and organizations over distribution of available resources may delay delivery of essential living requirements such as adequate housing (temporary and permanent), clean water, power, food, and health care.

(6) (U) Affected DOD and National Guard personnel and family members may experience a loss of access to financial accounts and receipt of pay and benefits.

(7) (U) Affected DOD and National Guard personnel and family members may experience severe symptoms of stress before assistance can be provided.

(8) (U) Communications outages will limit the ability of the victims to receive information regarding assistance.

2. (U) Mission. Following a determination by the Secretary of Defense that this plan has moved into Phase III, or upon direction from the Combatant Commander or higher authority, the JEFAC will coordinate full-spectrum community service operations in order to facilitate a rapid return to a stable environment for the affected DOD and National Guard personnel and family members.

3. (U) Execution. The JEFAC will be employed to publicize and coordinate all available assistance for all affected DOD and National Guard personnel and their respective family members with the intent to stabilize their lives as soon as possible in the wake of a pandemic event.

a. (U) Concept of Operations.

(1) (U) General.

(a) (U) The JEFAC will provide coordination and advocacy for family assistance services for affected DOD-affiliated personnel and their families. The JEFAC may accomplish its mission concurrently with immediate actions taken by local commanders and/or a JTF/RTF and in coordination with the Services. JEFAC will leverage existing Service components and associated commands' capabilities, coordinate with the National Guard, federal agencies, NGOs, and focus all available resources where needed. The primary focus of the JEFAC is returning all DOD and National Guard personnel and family members to stability and independence, ultimately helping to restore mission readiness of all affected DOD and National Guard units.

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(b) (U) The JEFAC will leverage existing internal and external strengths, request required resources, provide crisis action planning, coordinate activities, provide real-time information, monitor execution by supporting commanders and develop transitional plans. Supporting commanders will manage delivery of support.

(c) (U) CDR, JEFAC in coordination with Combatant Command J1 will develop a Joint Manning Document (JMD) to formalize the structure of the JEFAC.

## (2) (U) Employment.

(a) (U) By direction of the Combatant Commander, the JEFAC will be implemented to coordinate the response to DOD and National Guard victims of a pandemic incident. The JEFAC may be established with or without a JTF/RTF, but will most often be OPCON to a responding JTF/RTF. CDR JEFAC, with assistance from the Combatant Commander, will conduct staff estimates and, where necessary, coordinate a Request for Forces (RFF).

(b) (U) CDR JEFAC will establish a headquarters and be prepared to maintain 24 hour operations during Phase IV. The JEFAC may be stand-alone, co-located with a JTF/RTF, or at a local/state/federal assistance center. Each Service component will provide a minimum of one LNO to the CDR, JEFAC headquarters.

(c) (U) The JEFAC may participate in the Combatant Commander's Command Assessment Element (CAE) to provide situational awareness in the JOA for the JEFAC requirements.

(d) (U) The JEFAC will engage DOD databases administered by the Defense Manpower Data Center (DMDC) to estimate all DOD and National Guard personnel, respective family and civilians possibly affected by the event. In addition, the JEFAC will facilitate the tracking of affected personnel when these personnel are assisted outside their parent Service, for example when an Air Force family receives assistance from the Navy.

(e) (U) The JEFAC will coordinate, to the extent possible, support in the manner of each Service and/or agency represented, but also ensure fair and balanced assistance.

(f) (U) The CDR JEFAC will address any policy or legislative issues that create obstacles.

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(3) (U) Deployment. CDR JEFAC and staff will deploy to the designated command headquarters facility when directed. CDR JEFAC should be a pre-designated O-7 or above. CDR JEFAC will deploy advance personnel to the as required.

(a) (U) The JEFAC will consider a deployment location or locations based upon the needs of the victims and access to the location(s). Considerations should include locations of any federal assistance centers, US General Services Administration (GSA) pre-identified facilities, any Base Support Installation (BSI) suggested by the Combatant Commander, and the requirements of any deployed JTF/RTF.

(b) (U) The Services may identify personnel to be "deployed in place" in the JOA and to assigned to the JEFAC. Required family assistance capabilities in excess to those that are available in the affected area will be requested via Requests for Forces (RFFs) submitted by the JEFAC through the JTF/RTF Commander to the Combatant Command. There currently is no associated Time-Phased Force and Deployment Data (TPFDD) for the JEFAC. The CDR, JEFAC, Combatant Command J1, Headquarters Chaplain and associated component elements will develop a Joint Manning Document (JMD) to identify JEFAC personnel requirements.

(c) (U) The JEFAC will redeploy after transfer of responsibility for remaining JEFAC issues to an appropriate existing DOD Service or agency. An After-action report will outline suggested improvements to the appendix.

b. (U) Tasks. When the JEFAC is established (most likely during Phase III or IV of this plan) the CDR JEFAC will determine what support will be provided. Tab A provides a list of the tasks that a JEFAC would normally expect to synchronize. While it is possible that, at the discretion of the CJEFAC, the JEFAC may be able to expand the support it provides to the DOD community, it is anticipated that the scale of events and the constraints on resources and activities will severely hamper all activities. It is anticipated that during Phase IV of a pandemic the task list for the JEFAC will be reduced to the following:

(1) (U) Dependant Reporting Coordination. The JEFAC must coordinate with the Services and Service Components to ensure that when accountability information for DOD Dependents is obtained by the JEFAC, it is properly processed, and disseminated to the appropriate individuals, agencies, data processing systems.

(2) (U) Family Advocacy. This encompasses the JEFAC's efforts to assist DOD service members and their families locate and obtain the resources they need to deal with the pandemic.

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(3) (U) Coordination with other family assistance assets. The JEFAC must coordinate and communicate with other family assistance assets to provide maximum support to DOD service members and their families, and to eliminate wasteful duplicate efforts to support DOD service members and their families.

(4) (U) Education. The JEFAC is well placed to help educate DOD personnel and their dependants about pandemic influenza and mitigation efforts that will reduce its impacts.

(5) (U) Strategic Communications. The JEFAC will provide the Combatant Commander an excellent channel for distributing their strategic themes and messages to the DOD community.

c. (U) Coordinating Instructions.

(1) (U) Participate in development of a transition plan which will facilitate transfer of responsibility for unresolved affected DOD and National Guard personnel and family member issues to the appropriate service component.

(2) (U) Service components will ensure Installation Disaster plans refer to the JEFAC for joint and pandemic events.

(3) (U) All Service components will track incremental costs associated with support of JEFAC for possible reimbursement.

(4) (U) On order, report all lessons learned to CDR JEFAC.

4. (U) Administration and Logistics.

a. (U) Concept of Support. Based on the needs assessment recommendation of affected personnel by the CDR JEFAC and the Combatant Commander's direction, service components will provide all required support for recovery operations.

b. (U) Civil Affairs. CDR JEFAC and the local government representative (LGR) will determine the level of community engagement necessary.

5. (U) Command and Control. CDR JEFAC must be identified when the Secretary of Defense determines that DOD has moved into Phase II. CDR JEFAC will function under the authority of the combatant commander and JTF/RTF/CC as directed in coordination with the Service components as appropriate.

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## ANNEX F TO USNORTHCOM CONPLAN 3551-09 PUBLIC AFFAIRS (PA)

### References:

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- b. Department of Defense Implementation Plan for Pandemic Influenza, Aug 2006
- c. Department of Defense Integrated Internal Communications Plan, January 2007
- d. Pandemic Influenza, Public Health Communications Plan (United States Government), November 2006
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- h. Assistant Secretary of Defense (Health Affairs) Policy 99-008, "Policy for DOD Global, Laboratory-Based Influenza Surveillance," February 3, 1999, web site [www.ha.osd.mil/policies/1999/clin9908.htm](http://www.ha.osd.mil/policies/1999/clin9908.htm) (as of December 21, 2005).
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- m. Department of Defense Directive 3025.15, "Military Assistance to Civil Authorities," February 18, 1997, web site [www.dtic.mil/whs/directives/corres/pdf/d302515\\_021897/d302515p.pdf](http://www.dtic.mil/whs/directives/corres/pdf/d302515_021897/d302515p.pdf) (as of December 15, 2005).
- n. Department of Defense Directive 6200.2, "Use of Investigational New Drugs for Force Health Protection," August 1, 2000, web site [www.dtic.mil/whs/directives/corres/xml/d62002x.xml](http://www.dtic.mil/whs/directives/corres/xml/d62002x.xml) (as of December 14, 2005).
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- s. Department of Defense, National Defense Strategy of the United States of America, (March 2005).
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- u. Department of Homeland Security, "National Response Plan," December 2004, web site [www.dhs.gov/interweb/assetlibrary/NRP\\_FullText.pdf](http://www.dhs.gov/interweb/assetlibrary/NRP_FullText.pdf) (as of December 15, 2005).
- v. Executive Order 13295: Revised List of Quarantinable Communicable Diseases, (April 4, 2003).
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- ee. National Security Council, National Strategy to Combat Weapons of Mass Destruction, (December 2002).
- ff. Office of Personnel Management, "Human Capital Management Policy for a Pandemic Influenza," June 9, 2006, web site [www.opm.gov/pandemic](http://www.opm.gov/pandemic).

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- gg. US Army Medical Surveillance Activity, "Tri-Service Reportable Events: Guidelines & Case Definitions," version 1.0, July 1998, web site: [http://amsa.army.mil/documents/DOD\\_PDFs/Jul98TriServREGuide.pdf](http://amsa.army.mil/documents/DOD_PDFs/Jul98TriServREGuide.pdf) (as of December 16, 2005).
- hh. US Army Regulation 40-562/BUMEDINST 6230.15/AFJI 48-110/CG COMDTINST M6230.4E, "Immunizations and Chemoprophylaxis," (November 1, 1995).
- ii. United States Code Title 21, Code of Federal Regulations, Parts 50, "Informed Consent of Human Subjects," and 312, "Investigational New Drug Application," current edition.
- jj. World Health Organization, "WHO Global Influenza Preparedness Plan, 2005," web site [www.who.int/csr/resources/publications/influenza/WHO\\_CDS\\_CSR\\_GIP\\_2005\\_5.pdf](http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_5.pdf) (as of December 15, 2005).

## 1. Situation

### a. General.

(1) The current pandemic threat is primarily restricted to the poultry industry in Asia and Europe, as the result of the H5N1 Influenza A virus. While there have not been any reported cases of sustained human-to-human transmission of the H5N1 virus, the current widespread cases of outbreaks in birds and the potential of the virus to mutate have raised concern that the virus will possibly become transmissible between humans with catastrophic results worldwide.

(2) Although the threat of an Influenza Pandemic is global, the focus of media attention will be upon the messages we are sending and what the USG is doing to prevent the spread of disease. It will be crucial to maintain constant and consistent messages and information with our primary audiences during these periods. These messages may be in conjunction with or in coordination with the Center for Disease Control (CDC), the Department of Health and Human Services (HHS), the Department of State (DOS), Department of Defense (DOD), or other applicable US Government agencies.

### b. Enemy. See Annex B (Intelligence)

(1) Friendly. (See Base Plan)

### c. Assumptions.

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(b)(5),(b)(7)(E) (1) A pandemic influenza outbreak will create an intense demand for external sources, and the international community.

(2) Upon confirmation for the first cases of sustained human-to-human transmissions, media organizations will run a 24-hour news cycle.

(3) Public Affairs offices will be overwhelmed with media queries regarding DOD support to civil authorities and host nations.

(4) Establishment of Joint Information Bureaus or Centers in the affected area will be extremely limited due to social distancing and Force Health Protections measures.

d. Policy. DOD policy and principles of information remain the foundation for dealing with our audiences. For policy information or clarification, please contact OASD-PA (Policy).

2. Mission. When directed, DOD will conduct Public Affairs operations to contribute to the overall communication goals of DOD and the USG in order to minimize the spread and effect of a pandemic influenza (PI) and to maintain the conditions of confidence and readiness in the US Armed Forces to conduct global operations.

### 3. Execution

a. Concept of Operations. This PA plan is designed to provide an overarching communication framework, from which all GCC/FCCs, Services, and DOD Agencies can develop detailed PA plans for their specific audiences and local populations. It is not directive in nature, but provides public affairs officers with the common objectives, themes and messages, and construct to ensure we "speak with one voice" and that our efforts are synchronized across all phases of the CONPLAN.

b. Public Affairs Guidance. OASD (PA) will provide USG-approved overarching themes and messages, as well as DOD PAG for all GCC/FCCs, Services, and DOD Agencies. (See Appendix 1, Annex F for the standing PPAG.)

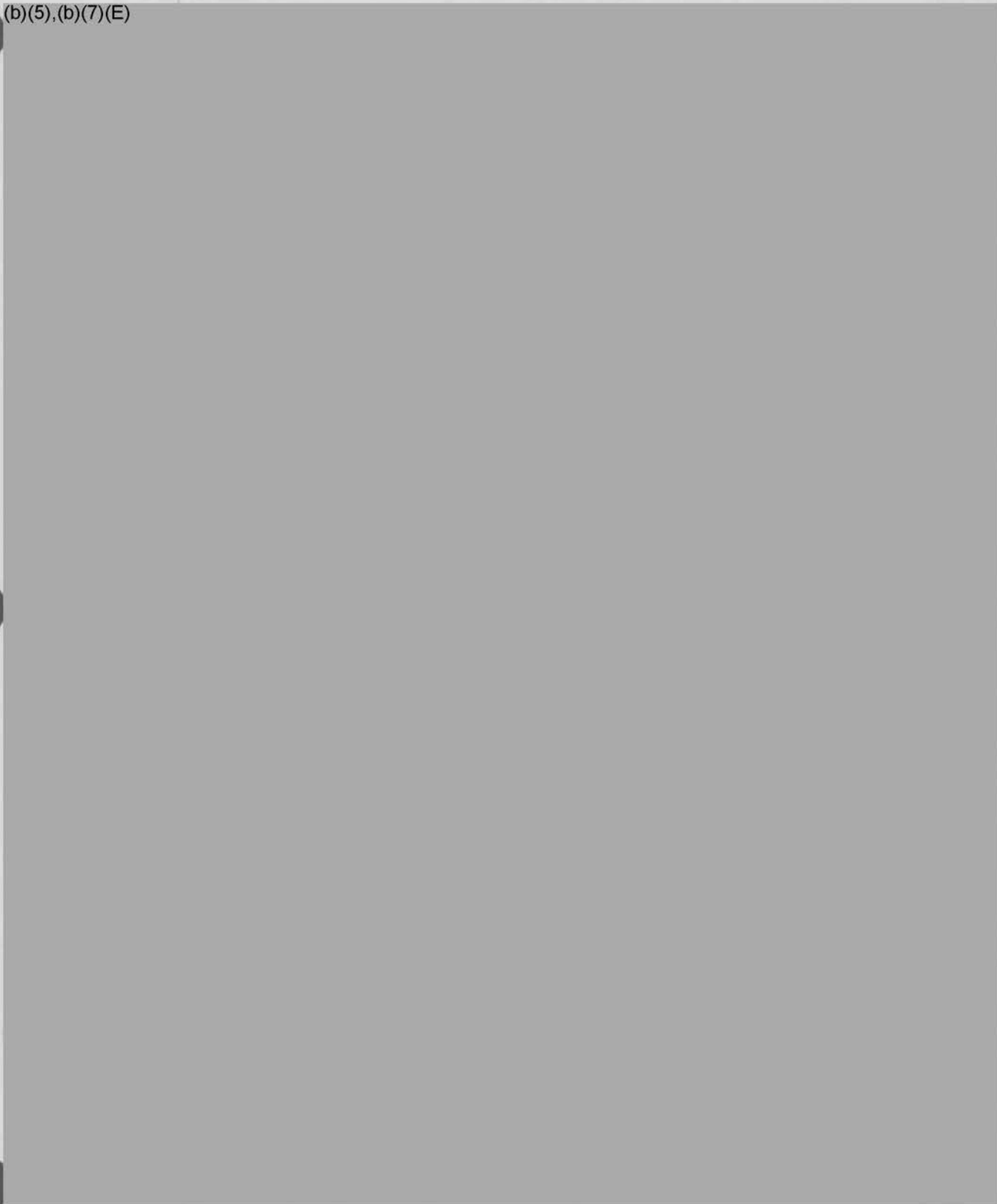
c. DOD Communication Objectives.

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- (1) Build awareness of the potential threat specific to their area.
- (2) Encourage stakeholder audiences to develop individual preparedness skills (social distancing, personal hygiene, mask use, and other infection control precautions individuals should employ during a pandemic).
- (3) Communicate our capacity to respond within their own area of responsibility as well as assisting to coordinate response efforts within an international framework.

g. Coordinating Instructions.

- (1) There will be no initial release of information about any disease outbreak or response operations by any command until after the initial release is made by White House, DOS or DOD spokesperson, or until directed by higher authority.
- (2) If an outbreak occurs, DOD may play supporting roles, consistent with existing agreements and legal authorities, in implementation of movement controls, transportation, logistics and medical support. In this situation, DOD communication efforts would also provide support to the lead federal agency.
- (3) PI information message maps developed in coordination with other federal agencies will be used to ensure consistency, assuage anxiety, and promote realistic expectations about the pandemic. Risk communication

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materials will be current and updated as conditions change and circumstances warrant.

(4) CCDRs shall also develop additional materials unique to their Area of Responsibility (AOR), tailored for their respective military members to be made available through established DOD channels.

h. Media Ground Rules. IAW specified GCC/FCC, Service, and DOD Agencies PI CONPLAN.

4. Administration and Logistics. IAW specified GCC/FCC, Service, and DOD Agencies PI CONPLAN

5. Command and Control. No change to current PA lines of communication and IAW specified GCC/FCC, Service, and DOD Agencies PI CONPLAN.

Commander

## Appendixes

1. Proposed Public Affairs Guidance (Attached)
2. HHS/CDC Message Map (Attached)
3. Personnel Requirements for JIBs and Sub-JIBs (NOT Used)
4. Equipment and Support Requirements for JIBs and Sub-JIBs (Not Used)
5. General Ground Rules for Media (Not Used)
6. DOD National Media Pool (Not Used)

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//SIGNED//  
[JAMES W. GRAYBEAL  
YC-3  
Director, Public Affairs

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## APPENDIX 1 TO ANNEX F TO USNORTHCOM CONPLAN 3551-09 PROPOSED PUBLIC AFFAIRS GUIDANCE

SUBJECT: PROPOSED PUBLIC AFFAIRS GUIDANCE (PAG) ON PANDEMIC INFLUENZA (PI)/AVIAN INFLUENZA (AI)

1. References: Public Health Communications Plan for the US Government dated November 2006
2. Background and Purpose: This document provides broad guidance for responding to media queries and public questions about pandemic influenza and avian influenza. The current H5N1 virus that is considered the most likely pandemic threat has not mutated into a strain that can easily pass from human to human. There have been only about 300 cases of the virus passing from bird to a human with direct contact. Right now, efforts by the Department of Agriculture are insuring that this disease does not affect our domestic poultry population. Because of the increased availability of air travel around the world, there is a real threat for a pandemic influenza, and most experts agree that it is a matter of when, not if. We are not going to wait for a crisis to develop before we take steps to educate and safeguard military personnel and their families. The DOD public affairs mission is to prepare the internal DOD audience for an outbreak, how best to mitigate it if it occurs within DOD, and to inform the general public and base communities on how we would react and support other federal agencies in case of a pandemic influenza. The primary focus of DOD is to support military operations before, during and after a pandemic influenza in CONUS and OCONUS.
3. PA Posture: The public affairs posture is **active** for internal communications and **passive**, response to query only for external media. It is important for DOD communicators to confine their comment to the roles and responsibilities of DOD. DOD is a supporting agency for both avian influenza and pandemic influenza. The Department of Health and Human Services (HHS), the Department of Homeland Security (DHS) and the Department of Agriculture (USDA) are the lead agencies for avian influenza and pandemic influenza in CONUS with the Department of State (DOS) being the lead agency overseas for US response and communication. Combatant commanders (CCDRs) will work with the relevant federal agencies in their specific AOR and how coordination will occur on communication.

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## 4. Talking Points.

4.1. The primary goal of DOD is to preserve the ability of our servicemen and women and DOD civilians to provide for national defense and current worldwide military missions.

4.2. While there is no current pandemic influenza outbreak, there is still reason to be prepared. We aren't going to wait for a crisis to develop before we take steps to educate and safeguard military and civilian personnel.

## 5. Questions and Answers.

Q1. What is DOD's role in the fight against pandemic influenza?

A1. The Department of Defense is working with our interagency and international partners to track and combat the spread of avian flu in areas where it is currently found. Should the current avian influenza mutate into a pandemic strain, our plan for responding includes efforts to preserve combat capabilities and readiness, save lives, and reduce human suffering for all service members, DOD civilians and their families in the face of a pandemic of influenza.

Q2. Does DOD have the fiscal capability to plan for an outbreak of pandemic influenza with an ongoing global war against terror?

A2. Preparing now can limit the effects of a pandemic. Informed public participation and cooperation will be needed for effective public health efforts, so DOD has initiated an education campaign to increase awareness among its members.

Q3. How will DOD assist in preventing a breakdown of basic services in the event of an outbreak?

A3. DOD has begun detailed planning and coordination with various government agencies, which will be key in ensuring that we mitigate the impact on basic services that our citizens need to sustain life.

Q4. Would DOD be able to provide troops for this mission if requested by the states?

A4. In the event of large-scale civil unrest in the United States in the wake of an outbreak, states may call upon their police forces and National Guard units to reinstate order. If necessary, states may also request through the President, federal forces to supplement their ongoing efforts. This would represent a last resort and must be preceded by a presidential declaration of an insurrection.

Q5. How would DOD support other agencies during an outbreak?

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A5. Following presidential approval, DOD would respond to any request for assistance with forces and equipment if they are available.

Q6. What type of support could you provide?

A6. If available, DOD could provide medical personnel and equipment, veterinary services, logistical support, communications capability and aviation support.

Q7. As a service member, will I be involved in dealing with the avian flu, either domestically or abroad?

A7. At this time, an individual service member's involvement in dealing with avian flu is unknown. Depending on our requirements to defend the nation against aggressors, service members and DOD civilians may be required to assist in either domestic or international efforts to control the disease. Service members and DOD civilians will be given instructions regarding personal measures they can take to limit the spread of the disease should it occur.

Q8. Are service members overseas at risk of catching avian flu?

A8. Most cases of avian flu in humans have resulted from prolonged, close contact with infected poultry or contaminated surfaces. Service members and DOD civilians in areas with identified cases of avian flu are encouraged to take appropriate precautions when dealing with poultry, agricultural areas and situations that may include contaminated materials.

Q9. What can I do to protect myself from the avian flu?

A9. Everyone plays a role in prevention. In addition to the suggestions above, DOD requires all active duty personnel to get vaccinated against influenza and encourages all military beneficiaries to get vaccinated against influenza. This will help decrease the chance of further mutation of the pandemic virus. Vaccination against the seasonal flu will not provide protection against pandemic or avian flu.

Q10. Could our enemies use this flu as a weapon?

A10. Many strains of influenza have significant potential for bioterrorism. However, because the flu virus mutates so easily many other organisms would be a better and easier choice for an aggressor to use. It is possible for any flu virus to be weaponized and used by terrorists, with those that can be spread by human-to-human contact being the most dangerous and concerning to officials. Grants from groups, including the US Army Disaster Relief and Emergency Medical Services (DREAMS), have funded studies of this potential threat.

Q11. Are there travel restrictions due to the avian flu?

A11. At this time, US government agencies including the Centers for Disease Control and the Department of State have not issued any travel alerts or

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advisories for avian flu-infected areas. However, surveillance is ongoing in these areas and travelers to these areas are encouraged to check for travel alerts that may be issued for affected areas from these agencies. The Department of Agriculture has imposed import restriction on poultry, poultry products and birds from areas with high path H5N1.

Q12. Where can I find more information and the most recent alerts about the avian flu?

A12. The majority of information is available on Web sites from a number of different organizations. DOD information will be updated as needed and available at <http://www.dod.mil/pandemicflu> . In addition, service members and DOD civilians with concerns about avian influenza can call toll-free at (800) 497-6261.

6. Internal Communication: OASD-PA has developed an internal communication plan to provide guidance on communicating and informing all DOD audiences regarding DOD plans to protect its military forces, civilian workforce, family members, DOD beneficiaries and contractors from effects of PI/AI.

6.1. Three-phased approach: 1). Preparedness Communications based on general awareness and education for preparation and expectations; 2). Risk Communications based on highly coordinated inter-agency public affairs (internal communications coordinated with external) that are executed during an actual pandemic outbreak and 3). Transition Communications that uses all public affairs communication venues to inform and provide reassurance on transition efforts post-pandemic.

Each CCDR will develop robust integrated internal education and information awareness and preparedness campaigns for their servicemen and women and DOD civilians that communicate the details of their command plan.

6.2. The objectives of the DOD internal communication plan:

- Implement a comprehensive communication strategy department-wide
- Manage expectations and encourage preparation and prevention, not panic
- Inform and educate target audiences on the nature of Pandemic Influenza and correlate Avian Flu to pandemic influenza
  - Communicate the supporting role of DOD to other agencies in managing a pandemic threat domestically and abroad
  - Make personnel aware that each command/installation/unit has procedures and guidance for what to do in a pandemic

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6.3. Key internal messages for the preparedness communication phase: 1) Everyone plays a role in prevention and 2) DOD is taking all necessary precautions to prepare for, and if necessary, respond to a PI outbreak.

6.4. Pandemic Flu Brand: OASD-PA has branded an internal communication plan as "Preparation Is Power" and created a corresponding logo that can be used and downloaded from the DOD website.

6.5. Pandemic Flu Web Site: An official DOD website has been created to consolidate DOD PI/AI education and information: [www.dod.mil/pandemicflu](http://www.dod.mil/pandemicflu). Within this website is a public affairs section that archives all multimedia, video, print and web products produced for PI/AI. GCC/FCCs, services and organizations at all levels can contribute their products to the website.

6.6. Media Embed: The appropriate combatant command will develop the guidelines for any embed program implemented during a pandemic influenza outbreak.

### 7. Points of Contact:

7.1. OASD/PA: [Lt Col Almarah Belk] at (703) 697-5134 or DSN 227-5134 or email: [Almarah.belk@osd.mil] for homeland defense (civil support) issues, or [Ms. Cynthia Smith] at commercial (703) 697-5135 or DSN 227-5135 or email: [Cynthia.Smith@osd.mil] for force protection (medical) issues. Installation commanders and public affairs officers are directed to notify OASD (PA) of any concerns or potential problems related to this subject.

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APPENDIX 2 TO ANNEX F TO USNORTHCON CONPLAN 3551-09  
PANDEMIC INFLUENZA (PI) PRE-EVENT MESSAGE MAPS

1. The attached PI pre-event message maps were produced by the US Department of Health and Human Services.



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## ANNEX K TO NC CONPLAN 3551-09 (U)

### COMMAND, CONTROL, COMMUNICATION AND COMPUTER (C4) SYSTEMS

#### (U) References:

- a. Presidential Decision Directive 63 (PDD063), *Critical Infrastructure Protection Policy*, 22 May 98 (U)
- b. Joint Publication 3-0, *Joint Operations*, 17 September 2006 (U)
- c. Joint Publication 3-08 Vol I, *Interagency Intergovernmental Organization and Non Governmental Organization Coordination During Joint Operations*, Vol I, 17 March 2006 (U)
- d. Joint Publication 3-08 Vol II, *Interagency Intergovernmental Organization Coordination and Non Governmental Organization Coordination During Joint Operations*, Vol II, 17 March 2006 (U)
- e. Joint Publication 3-13, *Information Operations*, 13 February 2006
- f. Joint Publication 3-30, *Command and Control for Joint Air Operations*, 5 June 2003(U)
- g. Joint Publication 3-31, *Command and Control for Joint Land Operations*, 23 March 2004 (U)
- h. Joint Publication 3-32, *Command and Control for Joint Maritime Operations*, 8 August 2006 (U)
- i. Joint Publication 6-0, *Joint Communications System*, 20 March 2006”
- j. CJCSM 3115.01a, *Joint Data Networking Operations*, 1 Sept 04 (U)

#### 1. Situation.

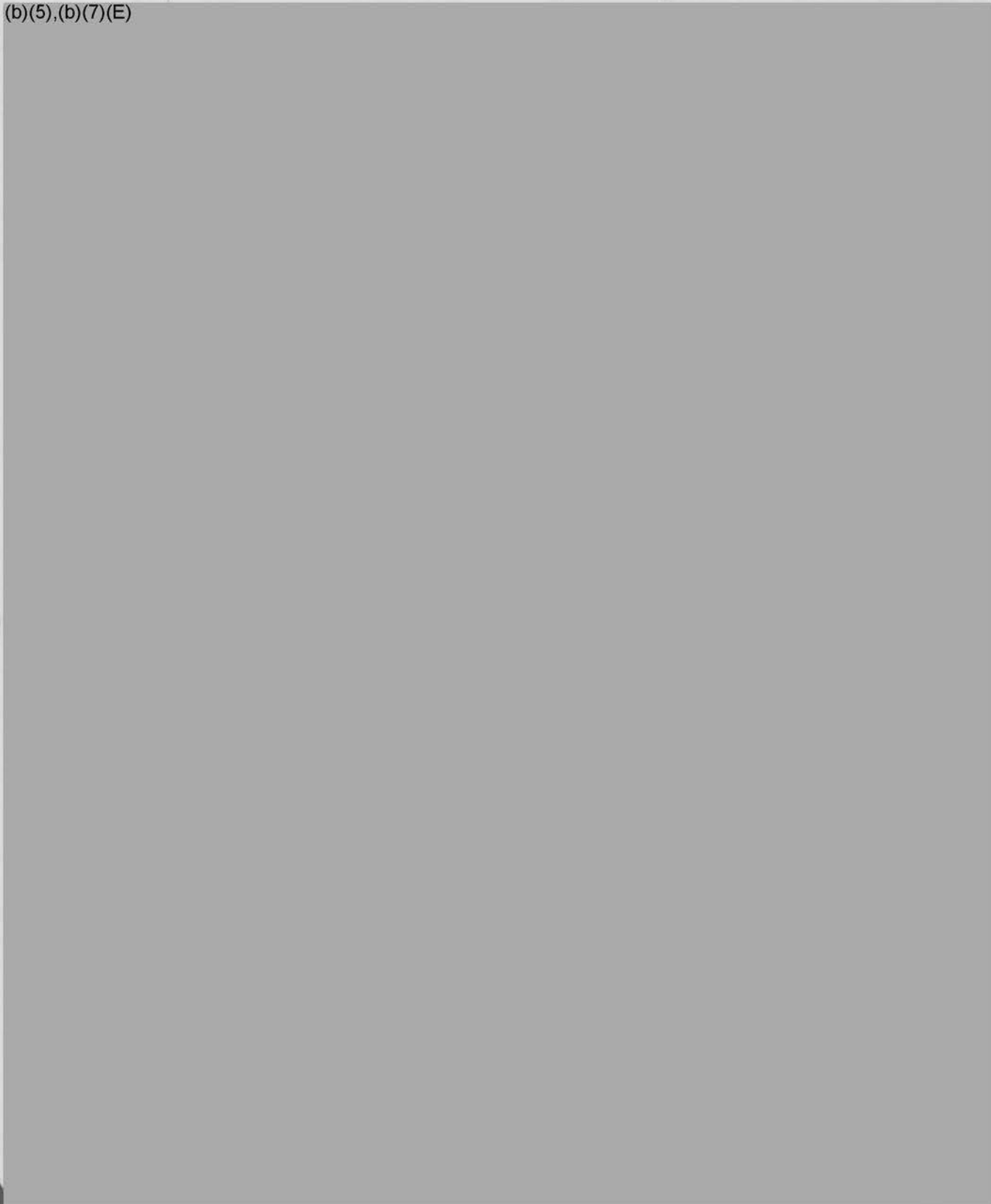
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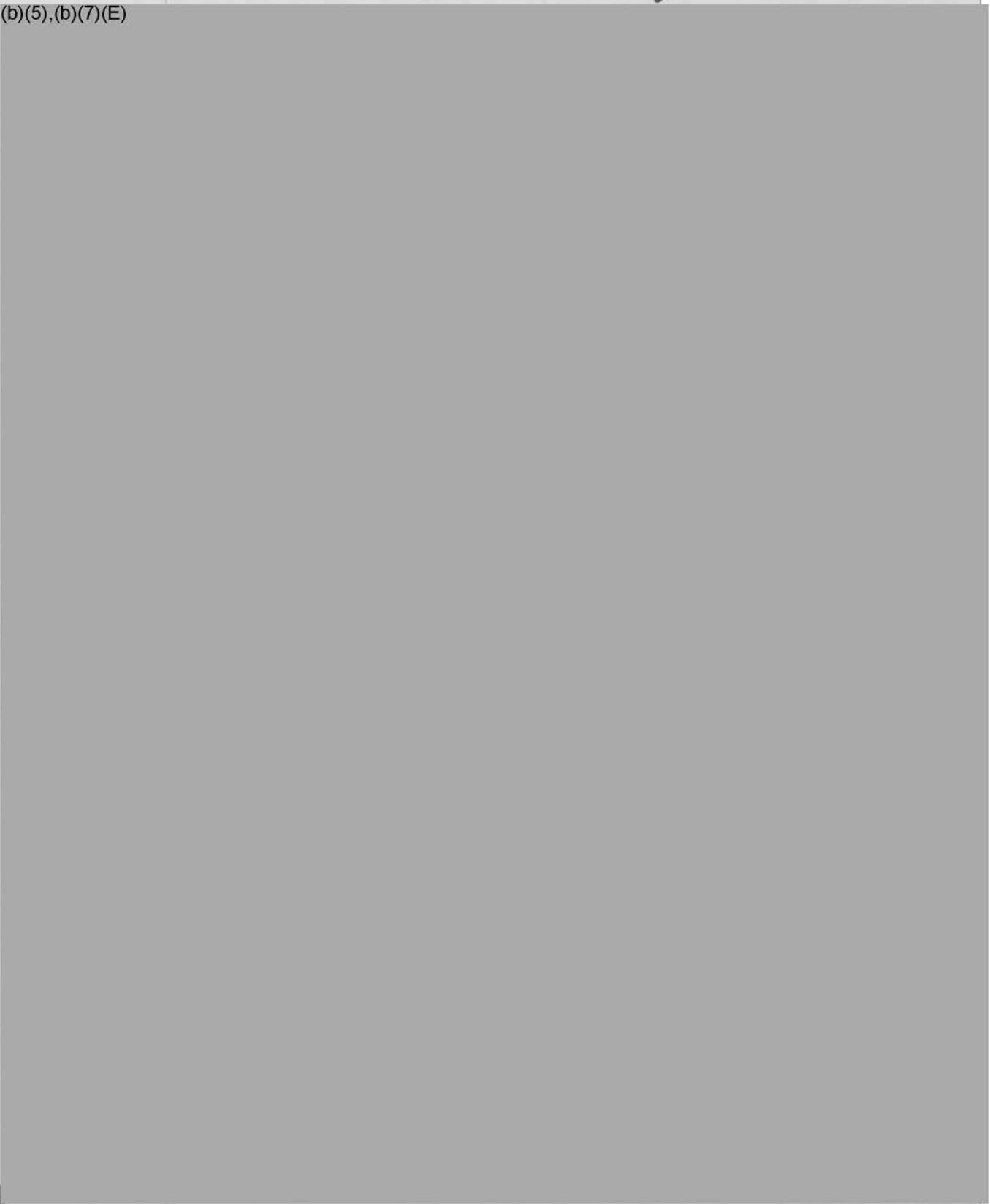


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## Appendices

- 1 -- Information Assurance
- 2 -- Satellite Communications Planning
- 3 -- Defense Courier Service
- 4 -- Foreign Data Exchange
- 5 -- Frequency Spectrum Planning
- 6 -- Command, Control, Communications and Computer Planning

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//SIGNED//

[JANICE M. HAMBY]

Rear Admiral, USN

Director, Command Control Systems

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## APPENDIX 1 TO ANNEX K TO NC CONPLAN 3551-09 (U) INFORMATION ASSURANCE (IA) (U)

### (U) References:

- a. DOD Directive 8500.01, *Information Assurance*, 24 October 2002 (U)
- b. DOD Instruction 8500.02, *Information Assurance Implementation*, 6 February 2003 (U)
- c. DOD Directive O-8530.1, *Computer Network Defense*, 8 January 2001 (U)
- d. DOD Instruction O-8530.2, *Support to Computer Network Defense*, 9 March 2001
- e. *Interim DOD Certification and Accreditation Process Guidance*, 6 July 2006 (U)
- f. NSA Information Assurance Technical Framework Forum, *Information Assurance Technical Framework (IATF)*, Release 3.1, September 3551 (U)
- g. NSTISSI No. 4013, *National Information Assurance Training Standard for System Administrators (SA)*, March 2004 (U)
- h. CJCSI 3210.01B, *Joint Information Operations Policy*, 5 January 2007 (S)
- i. CJCSI 6510.01D, *Information Assurance and Computer Network Defense*, 15 June 2004 (U)
- j. CJCSM 6510.01, *Defense-in-Depth: Information Assurance and Computer Network Defense*, 25 March 03 (U) CH 1 10 Aug 04, CH 2 26 Jan 06, CH 3 8 Mar 06 (Current as of 14 Mar 07)
- k. Joint Pub 3-13, *Information Operations*, 13 February 2006 (U)
- l. Deputy SecDef Memorandum, *DOD Information Assurance Vulnerability Alert (IAVA)*, 30 December 99 (U)

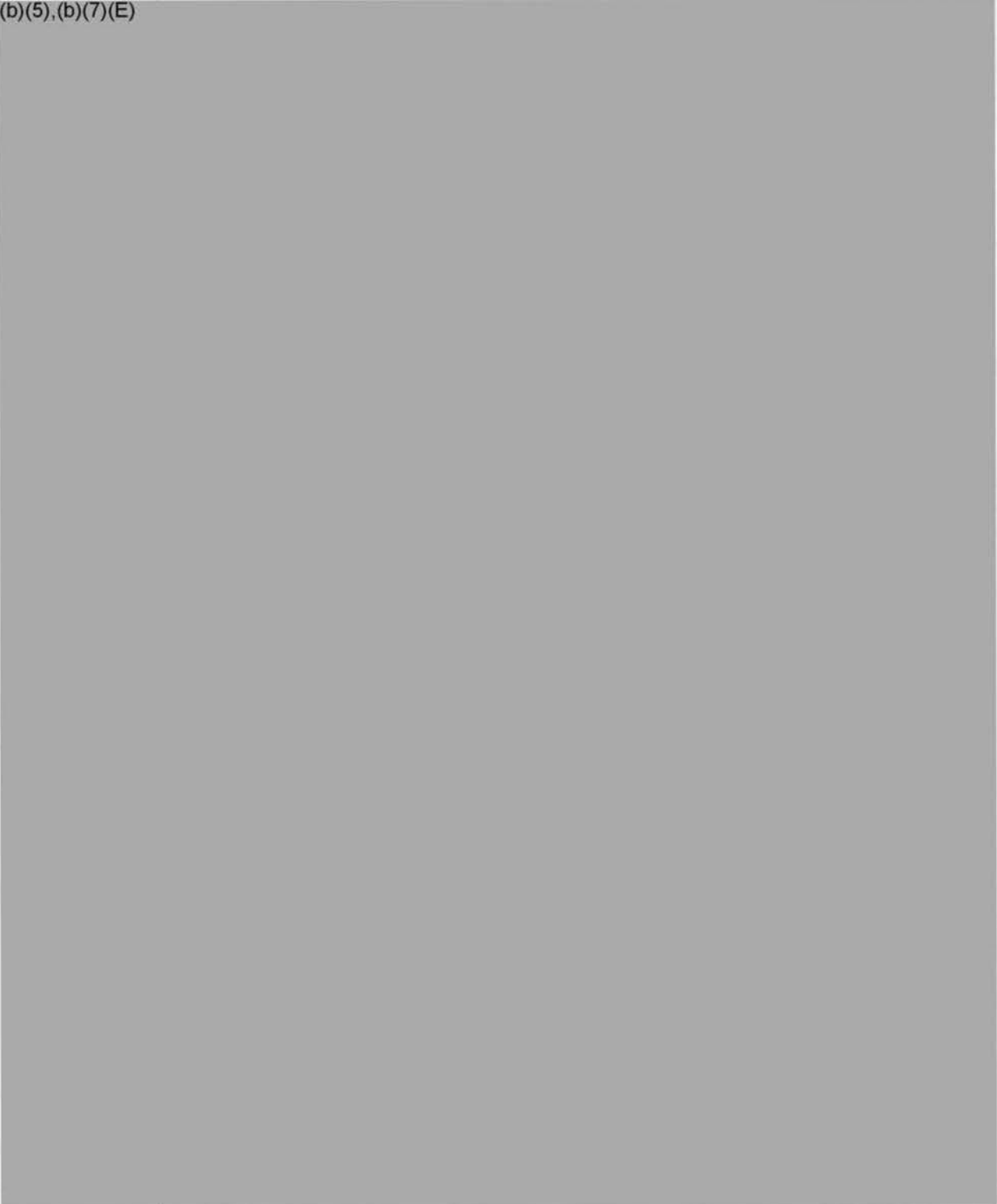
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m. Strategic Command Directive (SD) 527-1, *Department of Defense (DOD) Information Operations Condition (INFOCON) System Procedures*, 27 Jan 2006 (U)

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TAB A TO APPENDIX 1 TO ANNEX K TO NC CONPLAN 3551-09 (U)  
INFORMATION SECURITY (INFOSEC) (U)

References:

- a. DOD Directive C-5200.5, *Communications Security (COMSEC)*, 21 April 90 (C)
- b. DOD Directive 4640.6, *Communication Security Telephone Monitoring and Recording*, 26 June 81 (U)
- c. DOD Directive 8570.1, *Information Assurance Training, Certification And Workforce Management*, 15 Aug 04 (U)
- d. CJCSI 3210.01B, *Joint Information Operations Policy*, 5 Jan 07 (S)
- e. *Interim DOD Certification and Accreditation Process Guidance*, 6 July 2006 (U)
- f. NAG 16, *Field Generation & Over-the-Air Distribution of COMSEC Key in Support of Tactical Operations and Exercises*, January 1999 (U)
- g. NTISSD 600, *Communication Security Monitoring*, 10 Apr 1990 (FOUO)

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TAB B TO APPENDIX 1 TO ANNEX K TO NC CONPLAN 3551-09 (U)  
THEATER COMSEC MANAGEMENT (U)

(U) References:

- a. DOD Directive C-5200.5, *Communications Security (COMSEC)*, 21 April 90 (C)
- b. DOD Directive 4640.6, *Communication Security Telephone Monitoring & Receiving*, 26 June 81 (U)
- c. NTISSD 600, *Communication Security Monitoring*, 10 April 90 (FOUO)
- d. CNSSI 7000, *TEMPEST Countermeasures for Facilities*, May 04 (Conf)


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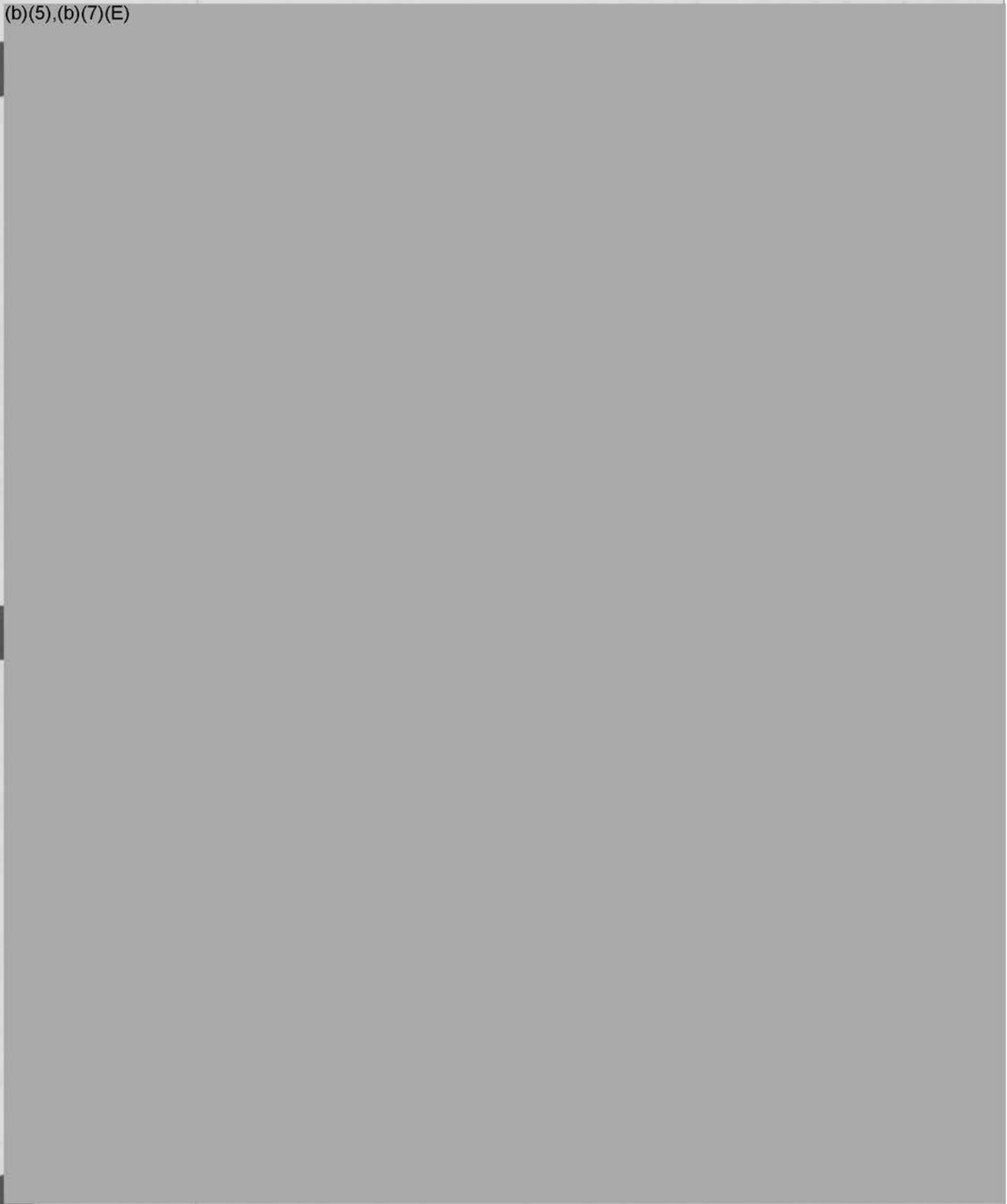
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## APPENDIX 2 TO ANNEX K TO NC CONPLAN 3551-09 (U) SATELLITE COMMUNICATIONS PLANNING

### References:

- a. CJCSI 6250.01C, *Satellite Communications*, 10 December 2006 (draft) (U)
- b. Strategic Command Instruction (SI) 714-4 (draft), 14 December 2006 and SI 714 Series (draft) (U)
- c. *The National Military Strategy for Cyberspace Operations*, 25 Aug 2006 (S)
- d. CJCSI 3320.02C, *Joint Spectrum Interference Resolution Program (JSIR)*, 27 January 2006 (U)
- e. US Joint Forces Command, *Global Broadcast Service Information Guide (U)*, 28 February 2003
- f. DISA CIRCULAR 800-A110-1 APRIL1995 (S),
- g. CJCSI 6251.01B, *Ultra High Frequency (UHF) Satellite Communications Demand Assigned Multiple Access Requirements*, 16 Nov 06 (S)

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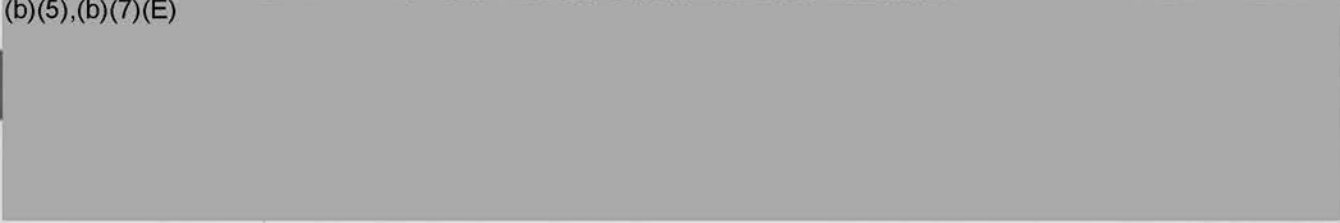


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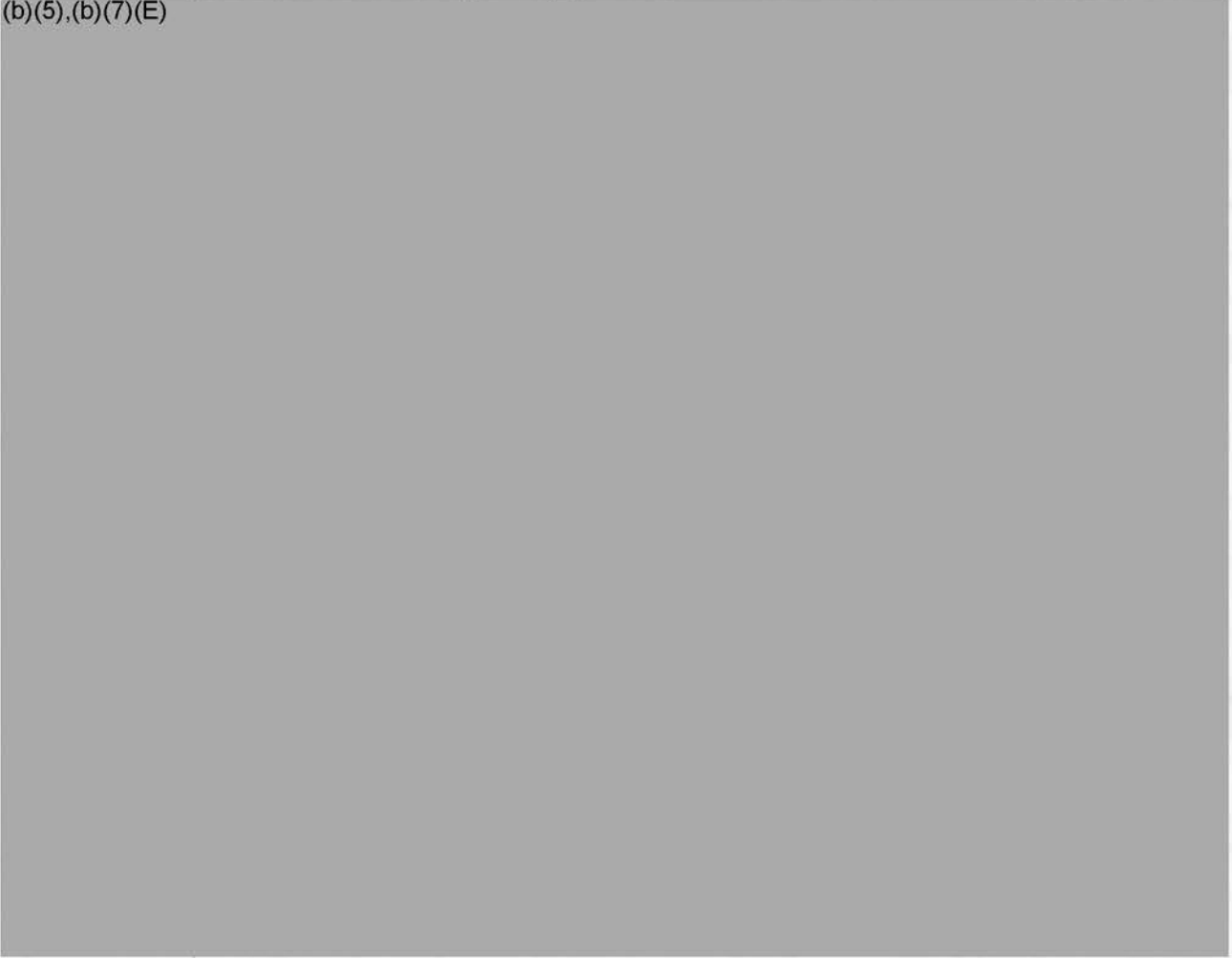
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## APPENDIX 3 TO ANNEX K TO NC CONPLAN 3551-09 (U) DEFENSE COURIER SERVICE

### References:

- a. DOD 5200.33-R, *Defense Courier Service Regulation*, August 1998 (U)
- b. DCS 5200.2-M, *Customer Service Manual*, August 2003 (U)
- c. [www.dcs.ftmeade.army.mil](http://www.dcs.ftmeade.army.mil) (U)

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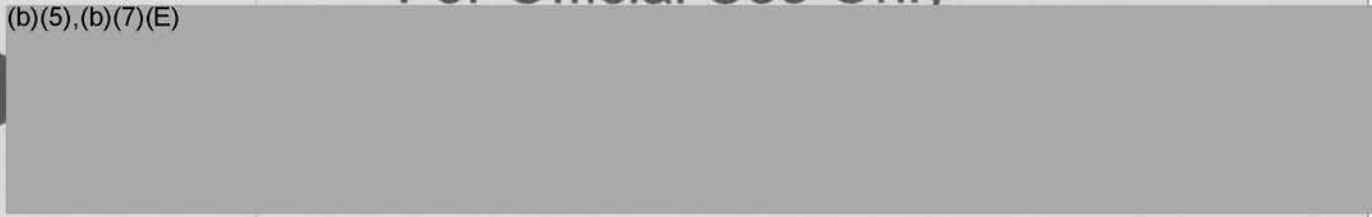
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## APPENDIX 4 TO ANNEX K TO NC CONPLAN 3551-09 FOREIGN DATA EXCHANGES

(U) References:

a. DOD Directive 5230.11, *Disclosure of Classified Military Information to Foreign Governments and International Organizations*, 16 June 1992 (U)


b. NDP-1, *National Policy and Procedures for the Disclosure of Classified Military Information to Foreign Governments and International Organizations*, 2 October 2000

c. DOD Directive C-5230.23, *Intelligence Disclosure Policy*, 18 November 1983 (U)

d. CJCSI 5221.01B, *Delegation of Authority to Commanders of Combatant Commands to Disclose Classified Military Information to Foreign Governments and International Organizations*, 1 December 2003, CH 1 13 Feb 06 (Current as of 18 Jan 07) (U)

e. CJCSI 5714.01C, *Policy for the Release of Joint Information*, 28 Aug 06 (U)

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## APPENDIX 5 TO ANNEX K TO NC CONPLAN 3551-09 SPECTRUM MANAGEMENT, JCEOI, EMI REPORTING (U)

(U) References:

a. USMCEB PUB 7, Version 7, *Standard Frequency Action Format (SFAF)*, 30 June 2005 (U)


b. ACP-190B, *Guide to Spectrum Management in Military Operations*, May 2003 (U)

c. CJCSM 3320.01B, *Joint Operations in the Electromagnetic Battlespace*, 25 March 2006 (U)

d. CJCSM 3320.02A, *Joint Spectrum Interference Resolution (JSIR)*, 20 January 2006 (U)

e. CJCSI 3320.03A, *Joint Communications Electronics Operations Instructions*, 29 June 2006 (U)

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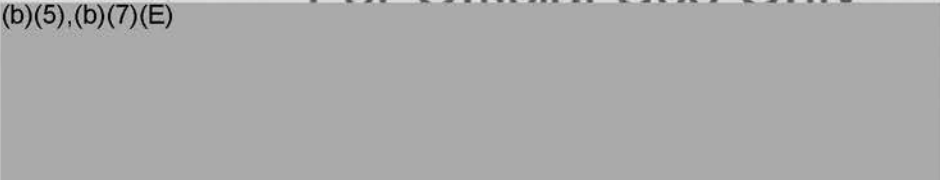
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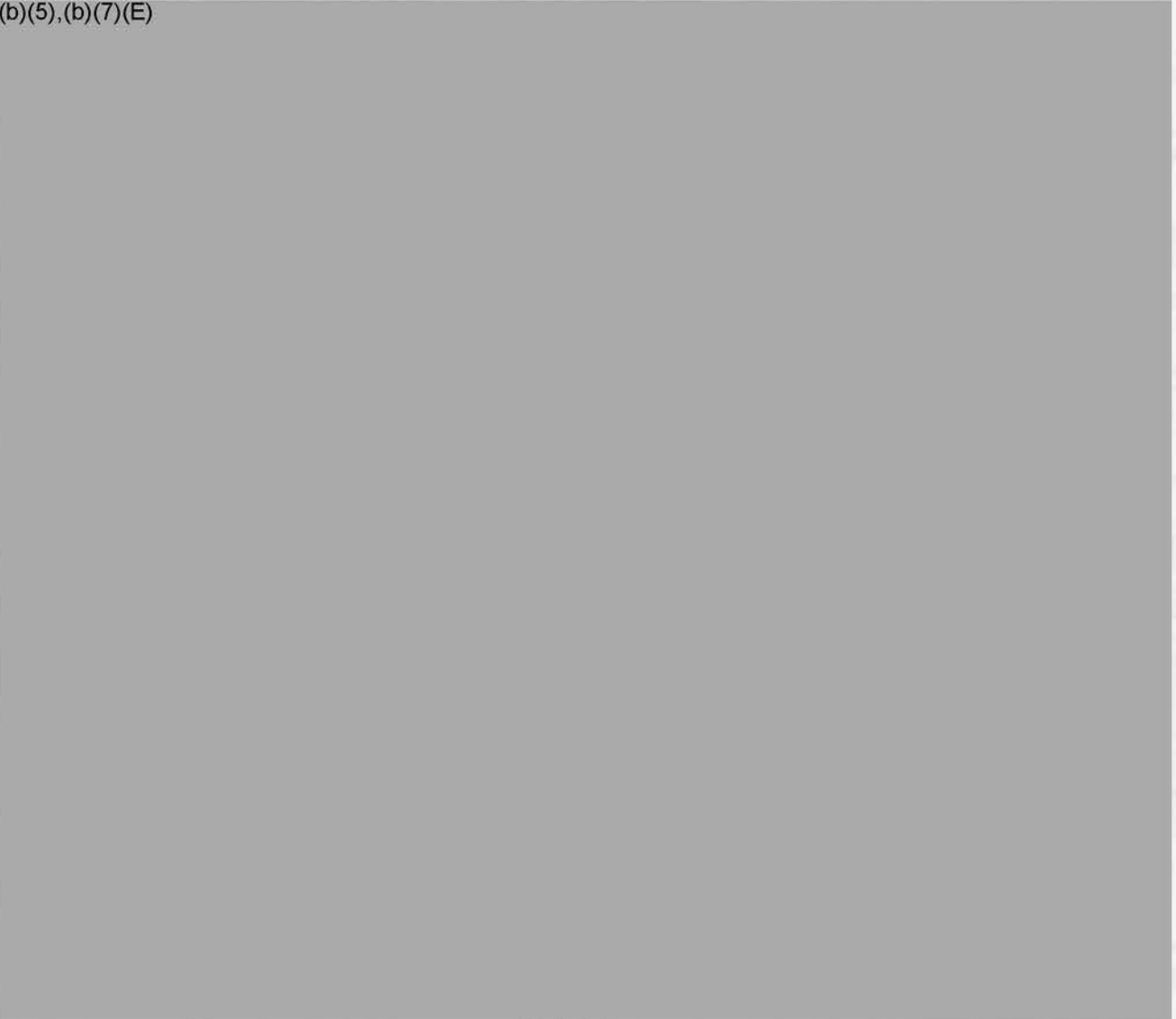
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ELECTROMAGNETIC INTERFERENCE (EMI) REPORTING

(U) Reference:

a. CJCSM 3320.02A, *Joint Spectrum Interference Resolution (JSIR)*, 20 Jan 2006 (U)

b. CJCSI 3320.02C, *JSIR*, 27 Jan 2006

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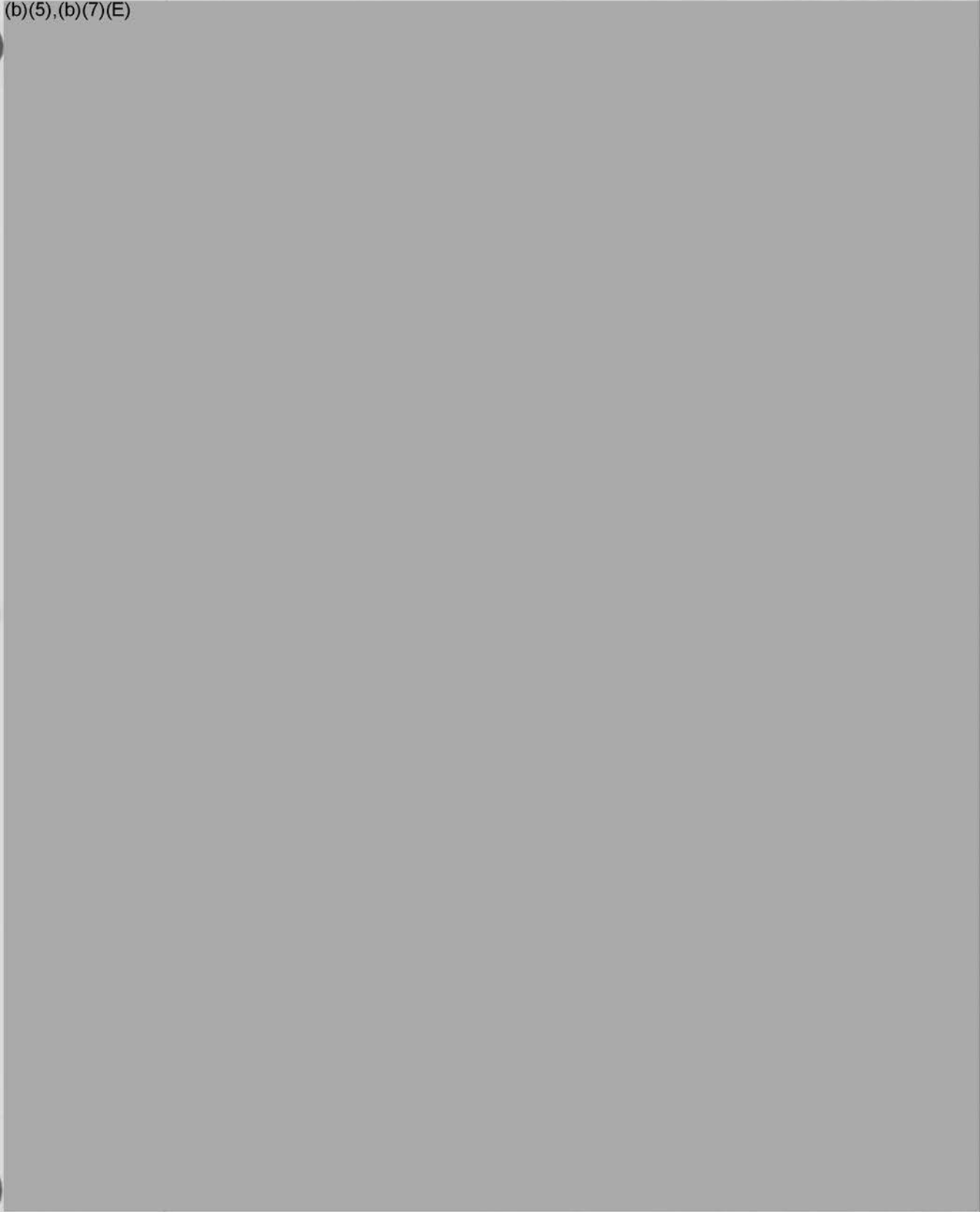
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TAB B TO APPENDIX 5 TO ANNEX K TO NC CONPLAN 3551-09 (U)  
Joint Communications Electronics Operation Instructions (JCEOI) CONCEPT

(U) References:


a. CJCSM 3320.01B, *Joint Operations in the Electromagnetic Battlespace*, 25 March 2006 (U)

b. CJCSI 3320.01B, *Electromagnetic Spectrum Use in Joint Military Operations*, 15 May 2006 (U)

c. CJCSI 3320.03A, *Joint Communications Electronics Operations Instructions*, 29 June 2006 (U)

d. CJCSI 3320.02C, *Joint Spectrum Interference Resolution (JSIR)*, 27 January 2006

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TAB C TO APPENDIX 5 TO ANNEX K TO NC CONPLAN 3551-09 (U)  
FREQUENCY DECONFLICTION (U)

(U) References:

- a. CJCSI 3320.02C, *Joint Spectrum Interference Resolution (JSIR)*, 27 January 2006 (U)
- b. CJCSM 3320.01B, *Joint Operations in the Electromagnetic Battlespace*, 25 March 2006 (U)
- c. CJCSI 3210.03B, *Joint Electronic Warfare Policy*, 25 August 2006
- d. DOD Directive 3222.4 Change 2, *Electronic Warfare (EW) and Command, Control, and Communications Countermeasures (C3CM)*, 20 January 1994 (U)

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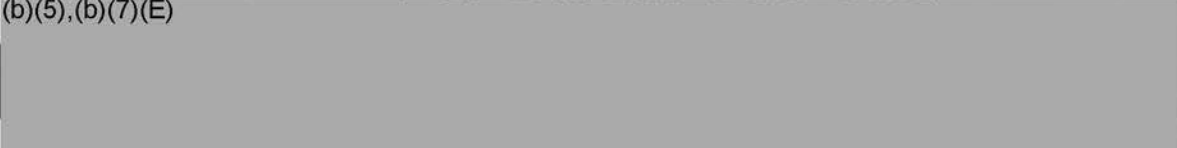


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## APPENDIX 6 TO ANNEX K TO NC CONPLAN 3551-09

COMMAND, CONTROL, COMMUNICATIONS AND COMPUTER PLANNING (U)

(U) References:


a. CJCSM 6231 series, *Manual for Employing Joint Tactical Communications Systems*, March 99 (U)

b. CJCSI 6110.01A, *CJCS-Controlled Communications Assets*, 1 July 2002 (U)

c. <http://gets.ncs.gov> (U)

d. <http://wps@dhs.gov>

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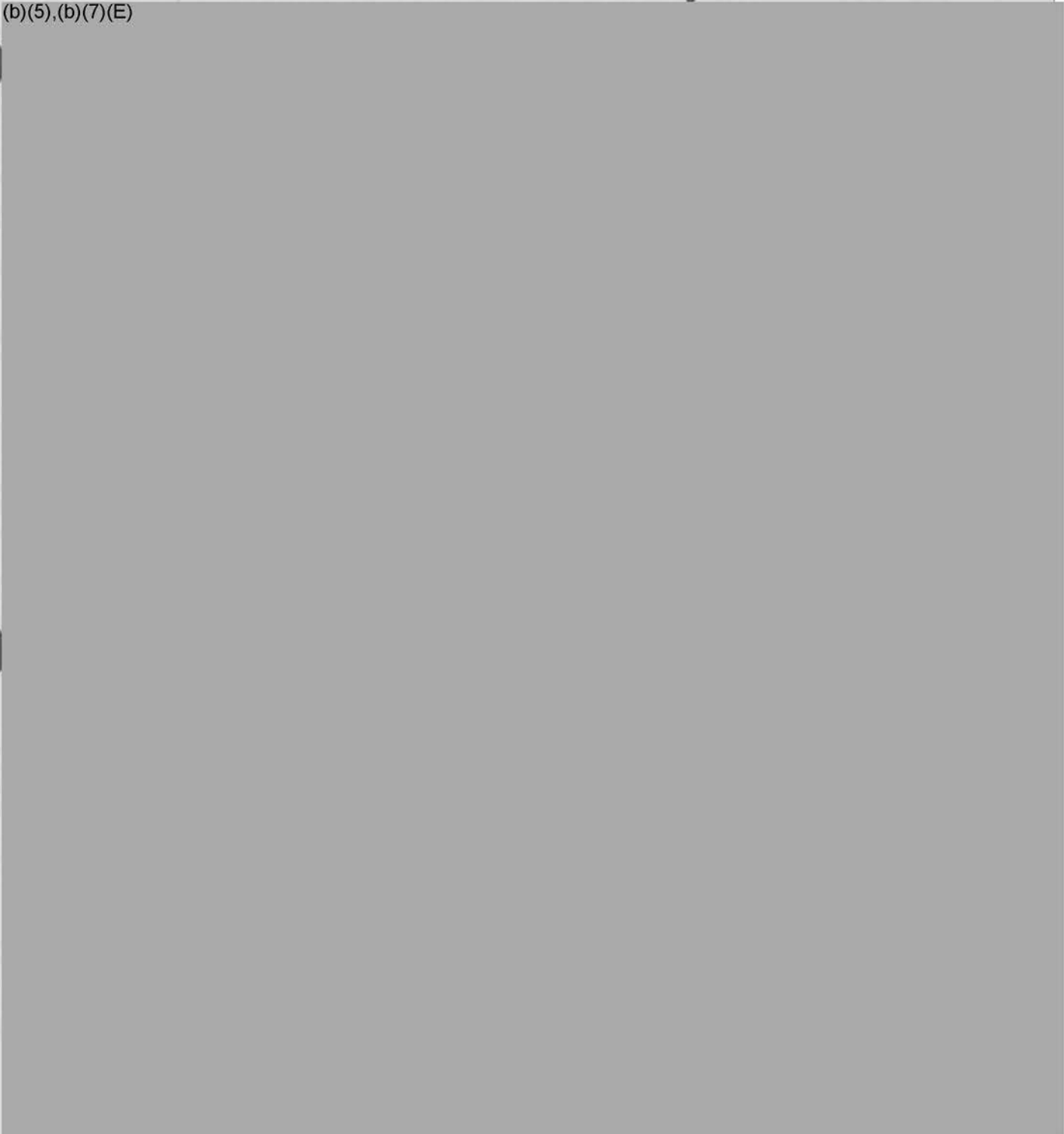
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## ANNEX Q TO USNORTHCOM CONPLAN 3551-09 FOR PANDEMIC INFLUENZA HEALTH SERVICES (U)

### References:

- b. Department of Defense Directive 2000.12, DOD Antiterrorism (AT) Program, 18 Aug 2003
- c. Department of Defense Directive 6200.3, Emergency Health Powers on Military Installations, 12 May 2003
- d. Department of Defense Directive 6010.22, National Disaster Medical System (NDMS), 21 Jan 2003
- e. Department of Defense Instruction 6490.2, Comprehensive Medical Surveillance, 21 Oct 2004
- f. Department of Defense Instruction 6000.11, Patient Movement, 9 Sep 1998
- g. Department of Defense Guidance for Preparation and Response to an Influenza Pandemic caused by the Bird flu (Avian Influenza), 21 Sept 2004
- h. Department of Defense Guidance for Pandemic Influenza: Clinical and Public Health Guidelines for the Military Health System, May 2007
- i. ASD-(HA) Policy for the Release of Antiviral Stockpile during an influenza pandemic, 10 Aug 2007
- j. ASD-(HA) Policy For Pre-Pandemic Influenza Vaccine, 10 Aug 2007
- k. Health Service Support Planning Guidance outlined in CJCSI 3110.10 (Logistics Supplement to the Joint Strategic Capabilities Plan)
- l. Joint Pub 4-02, Doctrine for Health Service Support in Joint Operations. Current Edition
- m. AR 40-12, Quarantine Regulations of the Armed Forces, Jan 1992
- n. AFI 10-2604, Disease Containment Planning Guidance, 6 Apr 07


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- o. WHO Rapid Response and Containment Protocol, 13 Nov 2006
- p. DHS/CDC Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States—Early, Targeted, Layered Use of Nonpharmaceutical Interventions , Feb 2007
- q. Pandemic Influenza: 1918 Lessons Learned, Workshop Report, Defense Threat Reduction Agency (DTRA), 6-7 April 2006
- r. Mass Medical Care with Scarce Resources: A Community Planning Guide, Agency for Healthcare Research and Quality (accessible at [www.ahrq.gov]), February 2007
- s. DHS/HHS Guidance on Allocating and Targeting Pandemic Influenza Vaccine, 23 Jul 2008
- t. CDC Community Strategy for Pandemic Influenza Mitigation, Feb 2007
- u. USTRANSCOM memo, Subject "Policy for Patient Movement of Contaminated Contagious or Potentially Exposed Casualties," 14 Mar 08


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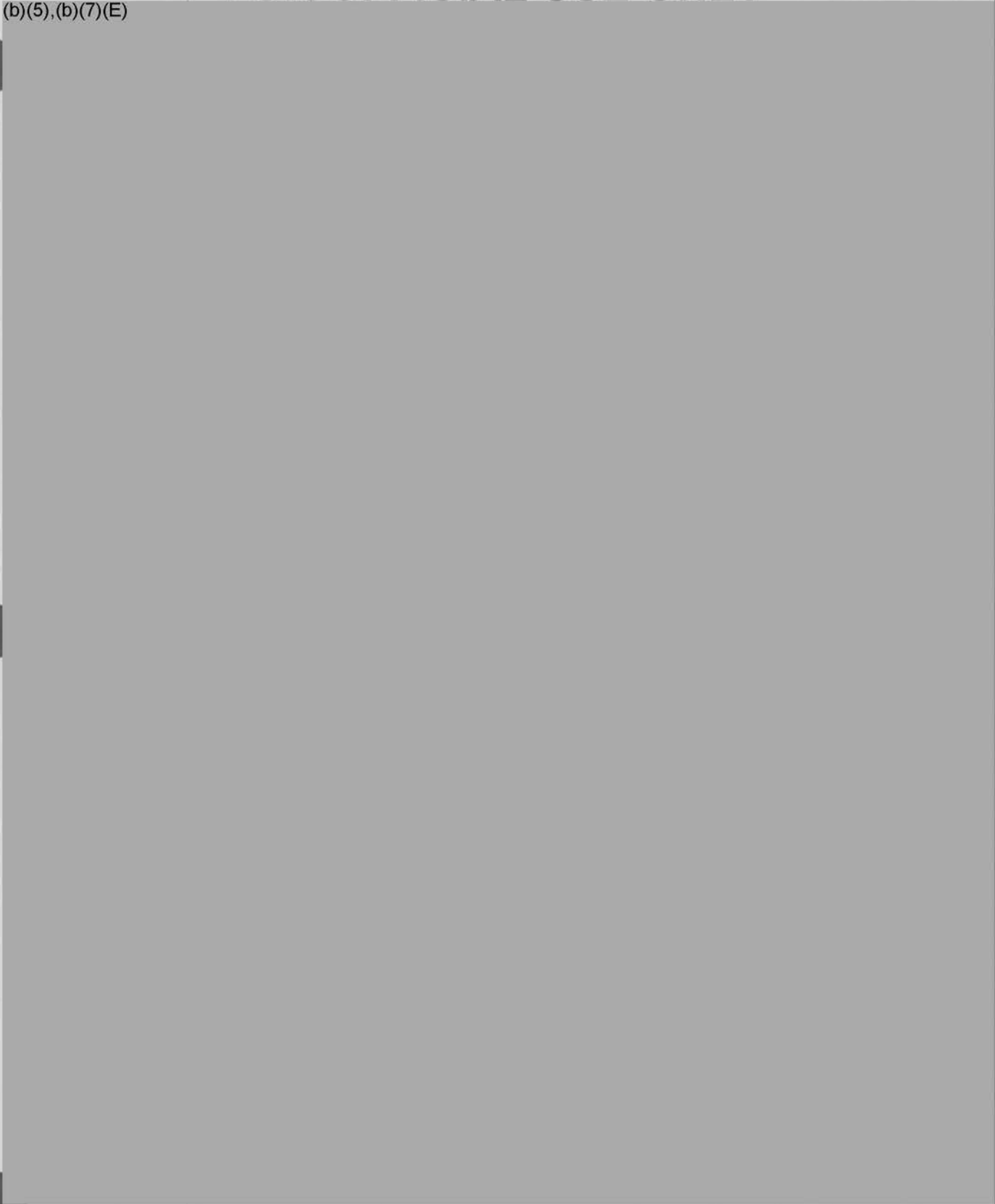
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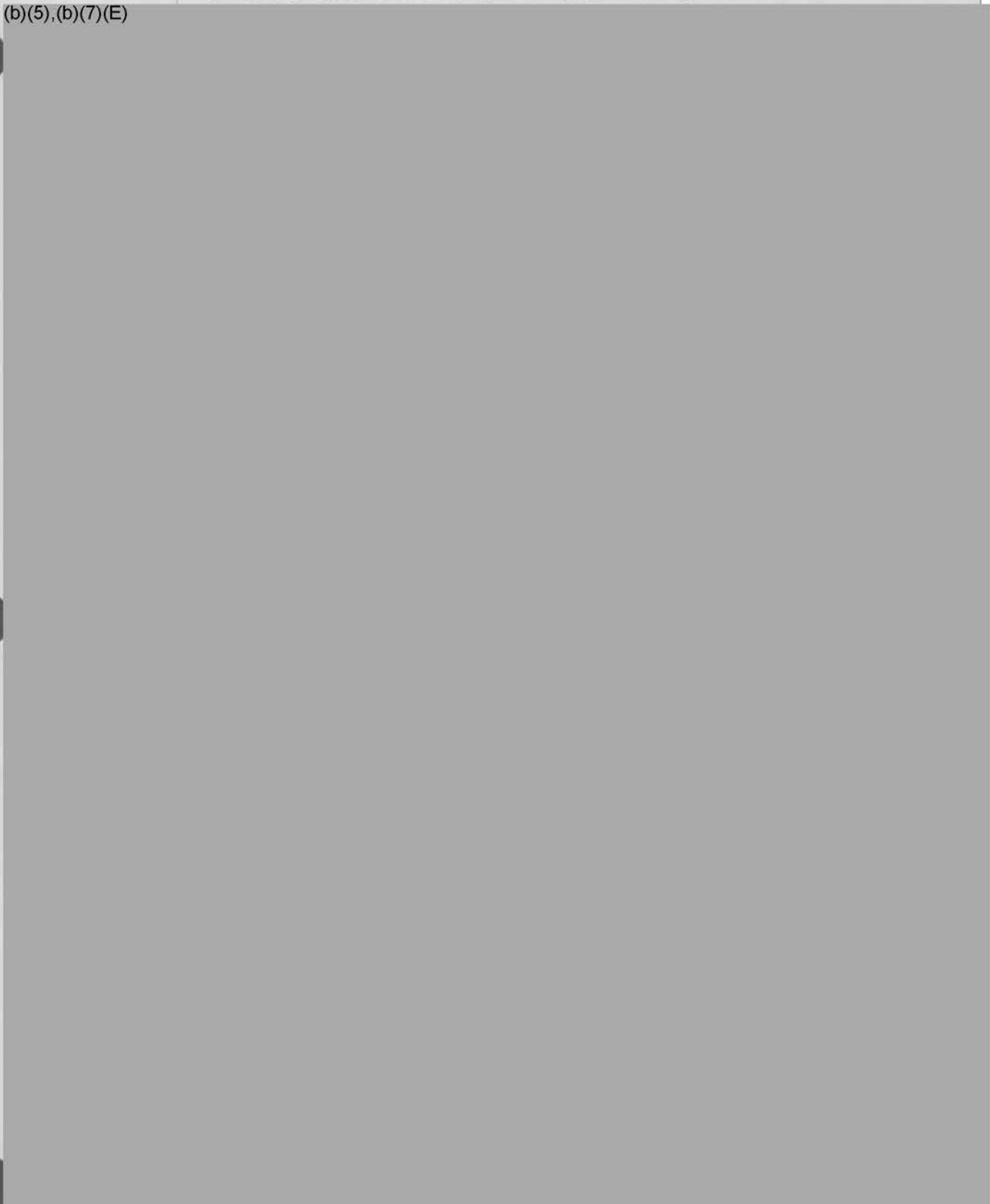


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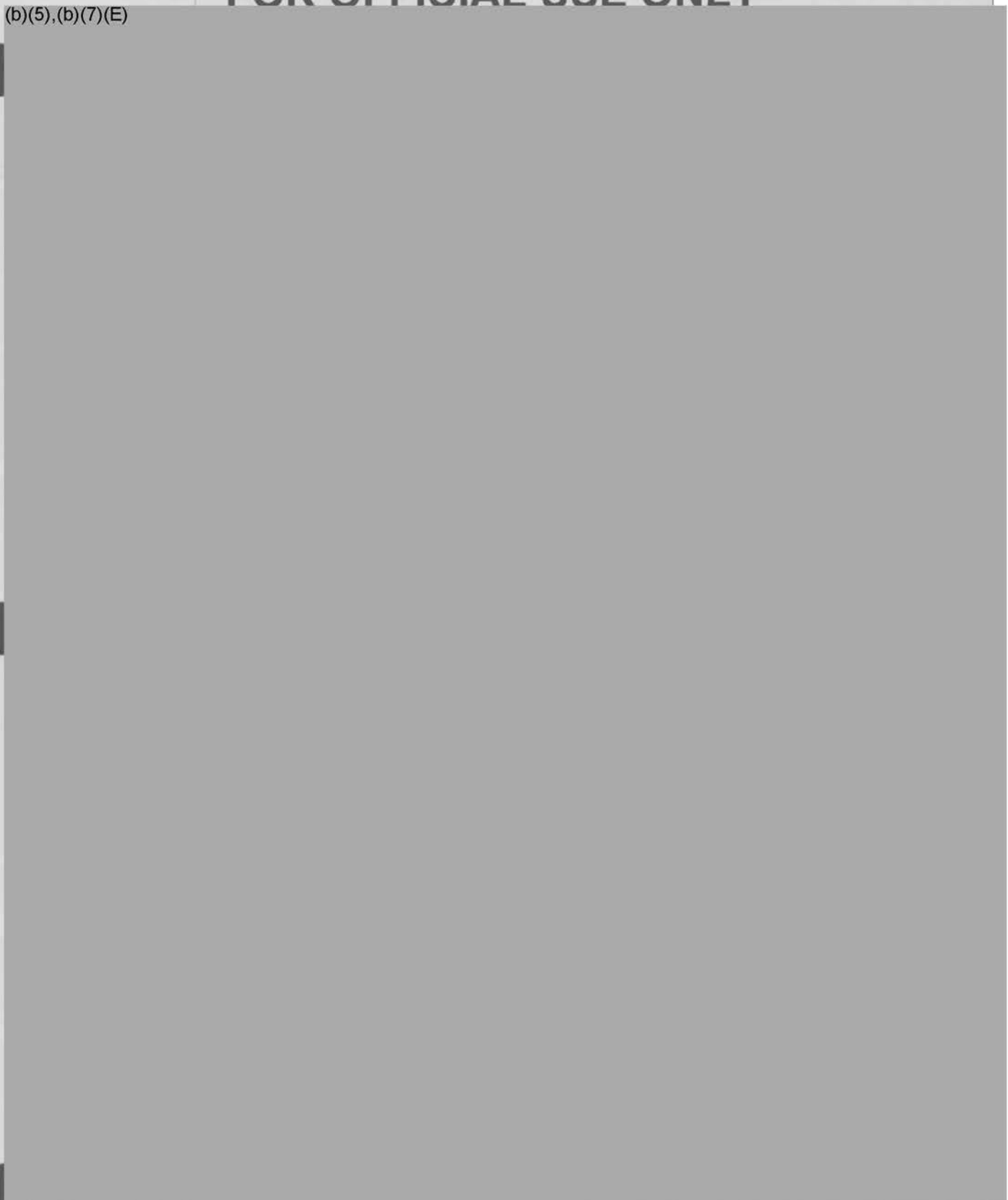
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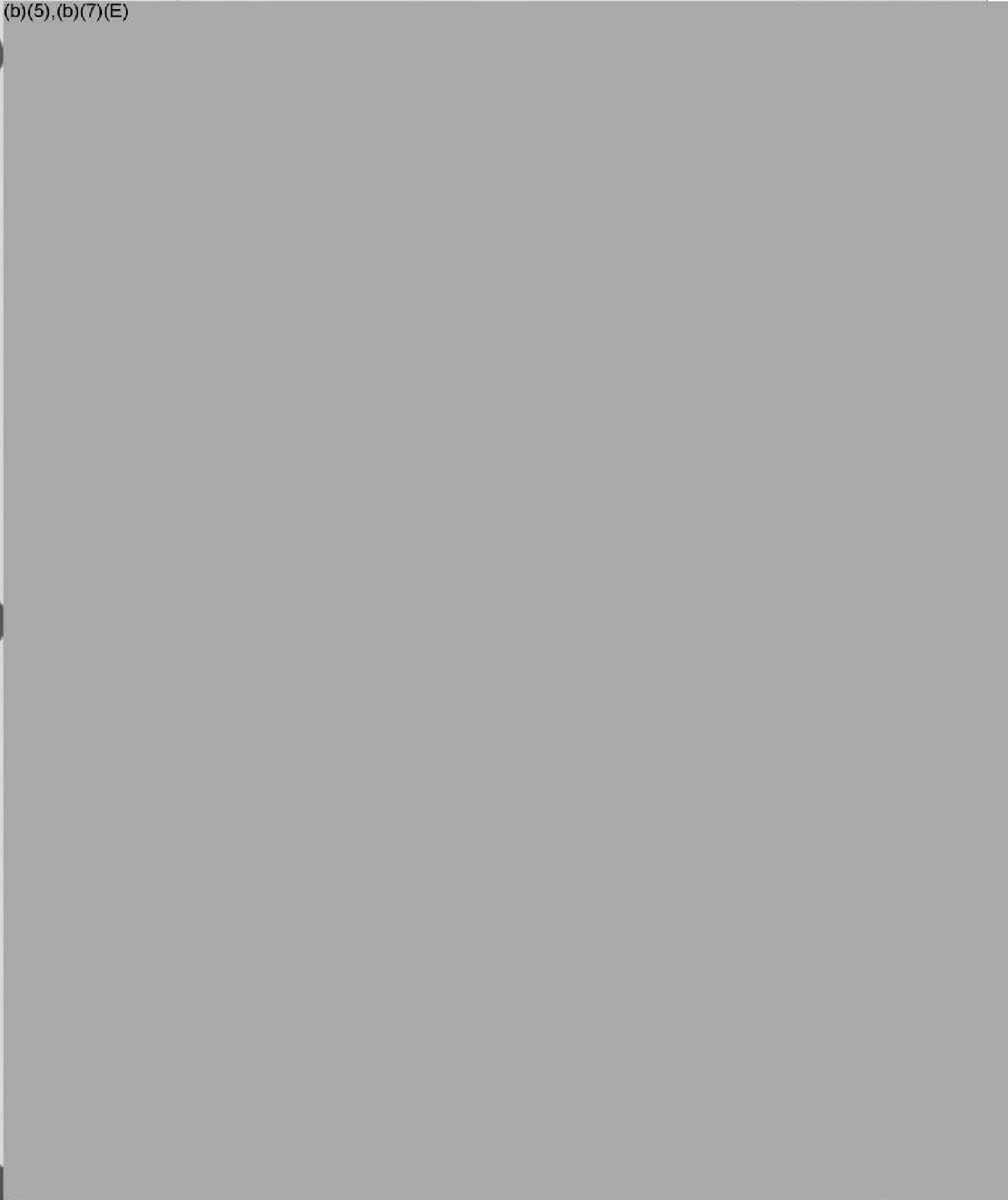
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APPENDIX 1 TO ANNEX Q TO USNORTHCOM CONPLAN 3551-09 FOR  
PANDEMIC INFLUENZA  
JOINT PATIENT MOVEMENT SYSTEM (U)

(U) References:

- a. DOD Instruction 6000.11 Patient Movement
- b. DOD Directive 6010.22 National Disaster Medical System
- c. USTRANSCOM Policy, October 2003
- d. DOD Directive 6000.12 Health Services Operations and Readiness
- e. DOD Directive 4500.9 Transportation and Traffic Management
- f. DOD Directive 5158.4 United States Transportation Command
- g. CJCS Instruction 4120.02, "Assignment of Movement Priority", 15 April 2005
- h. Joint Publication 4-01, Joint Doctrine for the Defense Transportation System, 19 March 2000
- (7) i. Joint Publication 4-02, Health Service Support, Appendix A, Patient Movement, 31 October 2006
- j. Field Manual 8.8/NAVMED 5047/AF Manual 160-20, Medical Support in Joint Operations, 1 June 1972
- k. Army Regulation 40-538/BUMED Instruction 6700.2/AF Regulation 167-5, Property Management During Patient Evacuation, 1 Jun 1980
- l. Army Regulation 40-350/BUMED Instruction 6320.1E/AF Regulation 168-11, Patient Regulating To and Within the Continental United States, 30 March 1990
- m. DOD Regulation 4515.13-R, Air Transportation Eligibility, November 1994
- n. MILSTD 6040, Message Text Formats, 31 March 2000

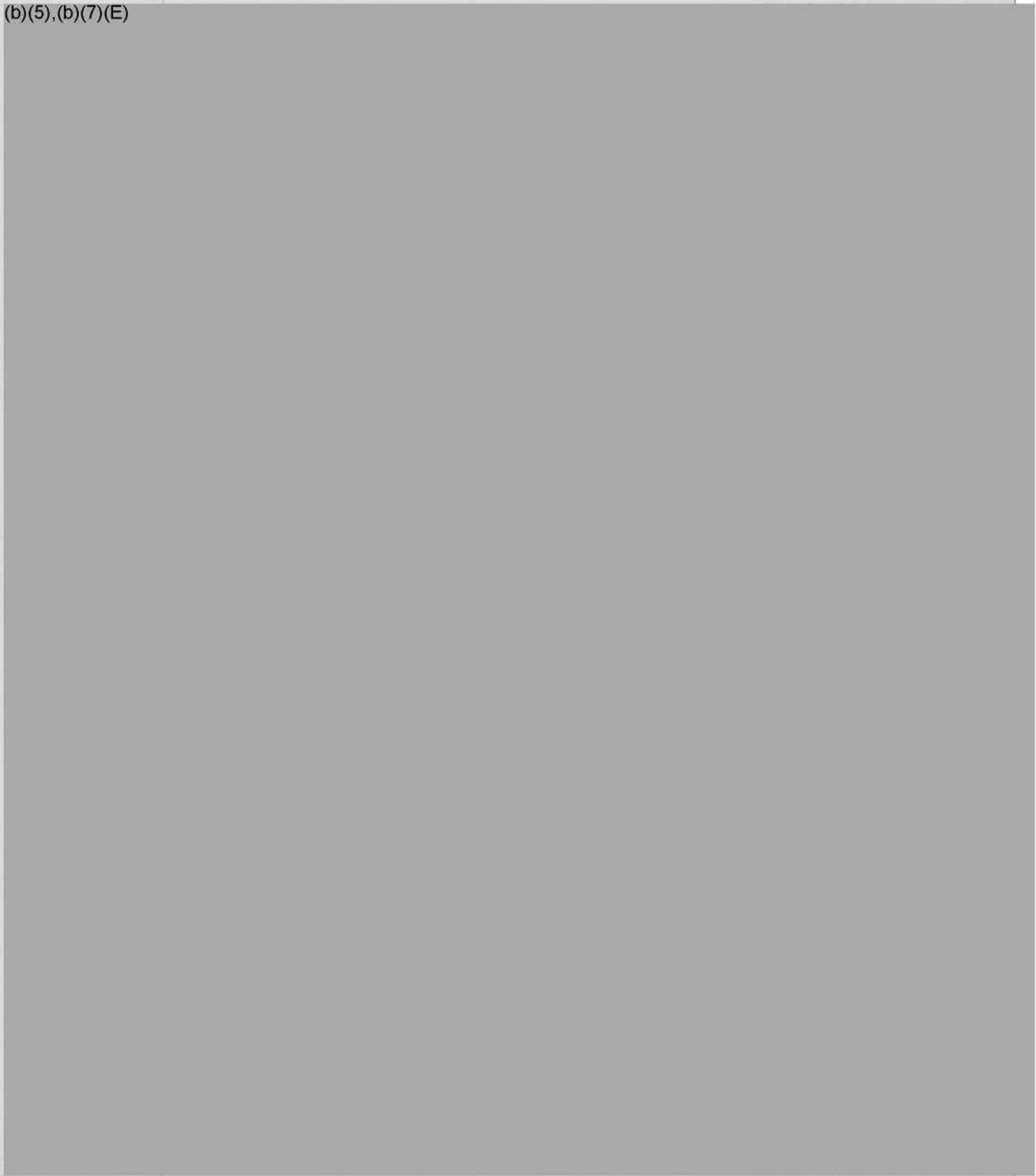
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APPENDIX 3 TO ANNEX Q to USNORTHCOM CONPLAN 3551-09 for Pandemic  
Influenza  
HOSPITALIZATION (U)

(U) REFERENCES:

- a. The Public Health Security and Bioterrorism Preparedness and Response Act of 2002, 42 USC., 300h-11, as amended by the Homeland Security Act of 2002, 6 USC., 313(5) (The NDMS Statute).
- b. National Disaster Medical System Memorandum of Agreement: For Definitive Medical Care, 30 September 2005.
- c. TRI-CARE Help E-Mail Service Newsletter (THEMS) October 2004. Volume 3, Issue 1.

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APPENDIX 4 TO ANNEX Q to USNORTHCOM CONPLAN 3551-09 for Pandemic  
Influenza  
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APPENDIX 5 TO ANNEX Q TO USNORTHCOM CONPLAN 3551-09 FOR  
PANDEMIC INFLUENZA  
MEDICAL LOGISTICS (CLASS VIII) SUPPORT (U)

(U) References:

- a. ASD/HA Policy "Policy for Release of Department of Defense Antiviral Stockpile during an Influenza Pandemic," 10 Aug 2007.
- b. ASD/HA Memorandum "Centrally Funded Influenza Pandemic Response Materiel Guidance," 29 Sep 2006.
- c. JP 4-02, Health Service Support, Appendix C, Health Service Logistics Support, 21 Oct 2006..
- d. Department of Defense Influenza Pandemic Preparation and Response Health Policy Guidance,"25 Jan 2006.
- e. AR 40-61, "Medical Logistics Policies and Procedures", 1995

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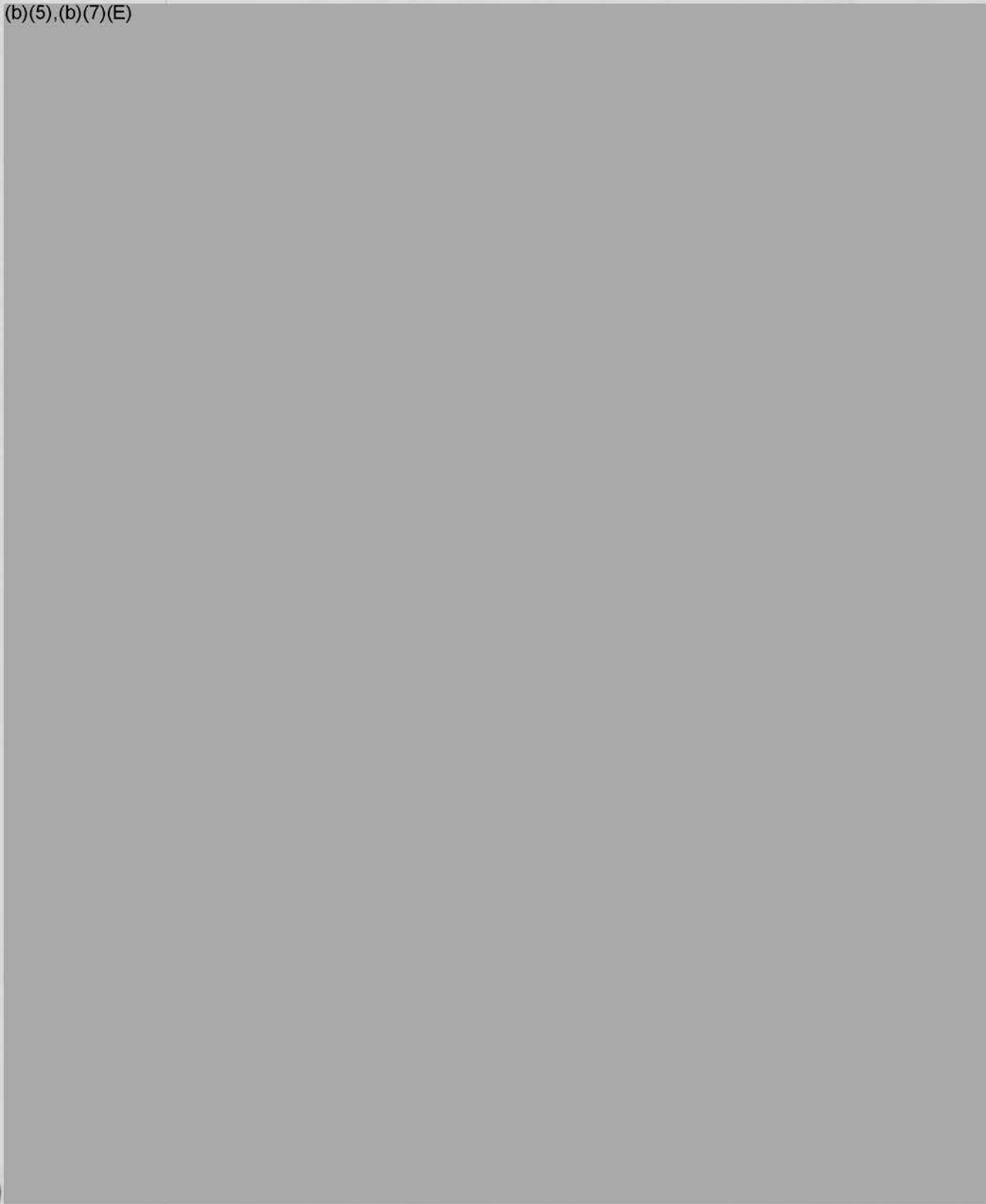
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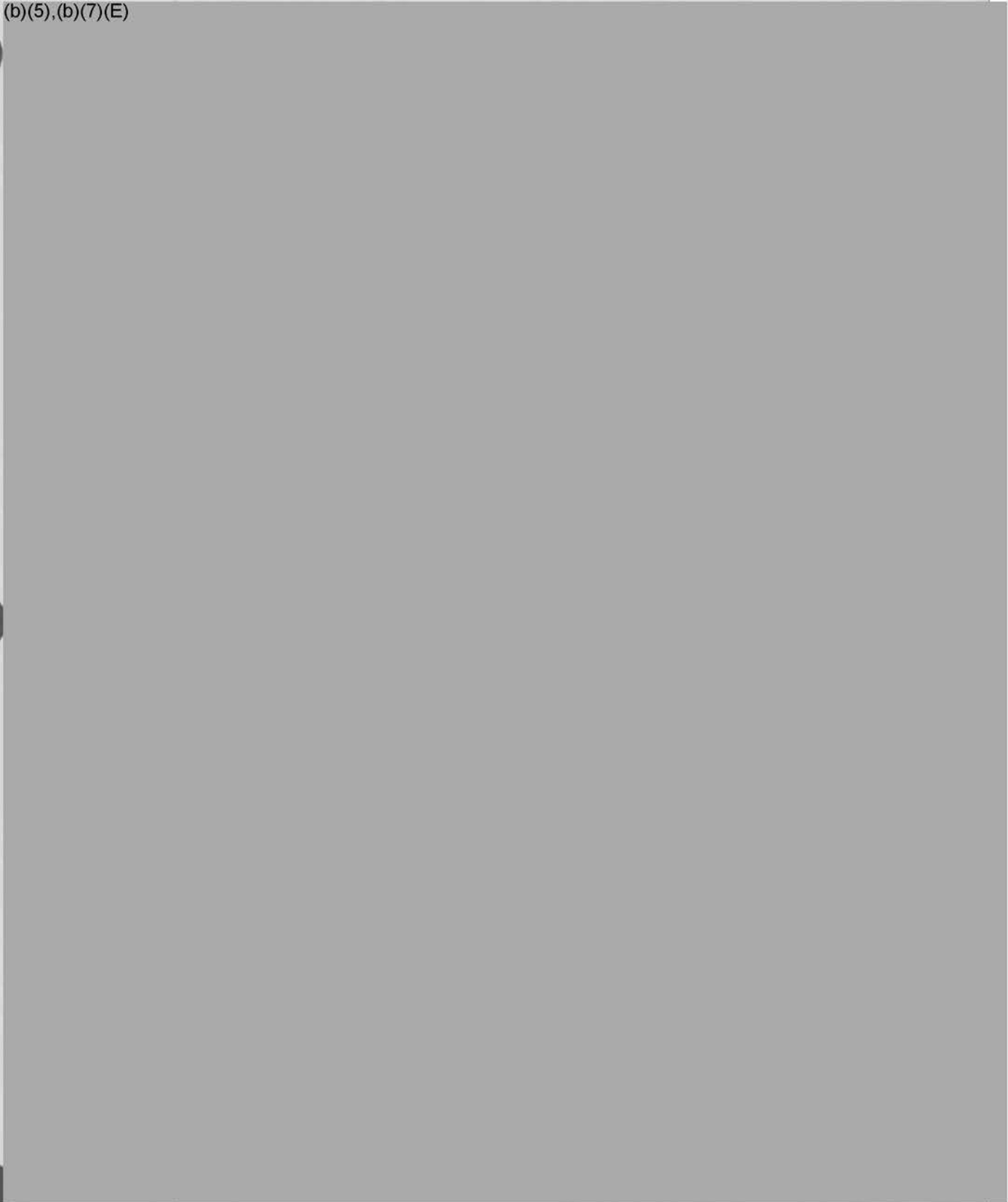


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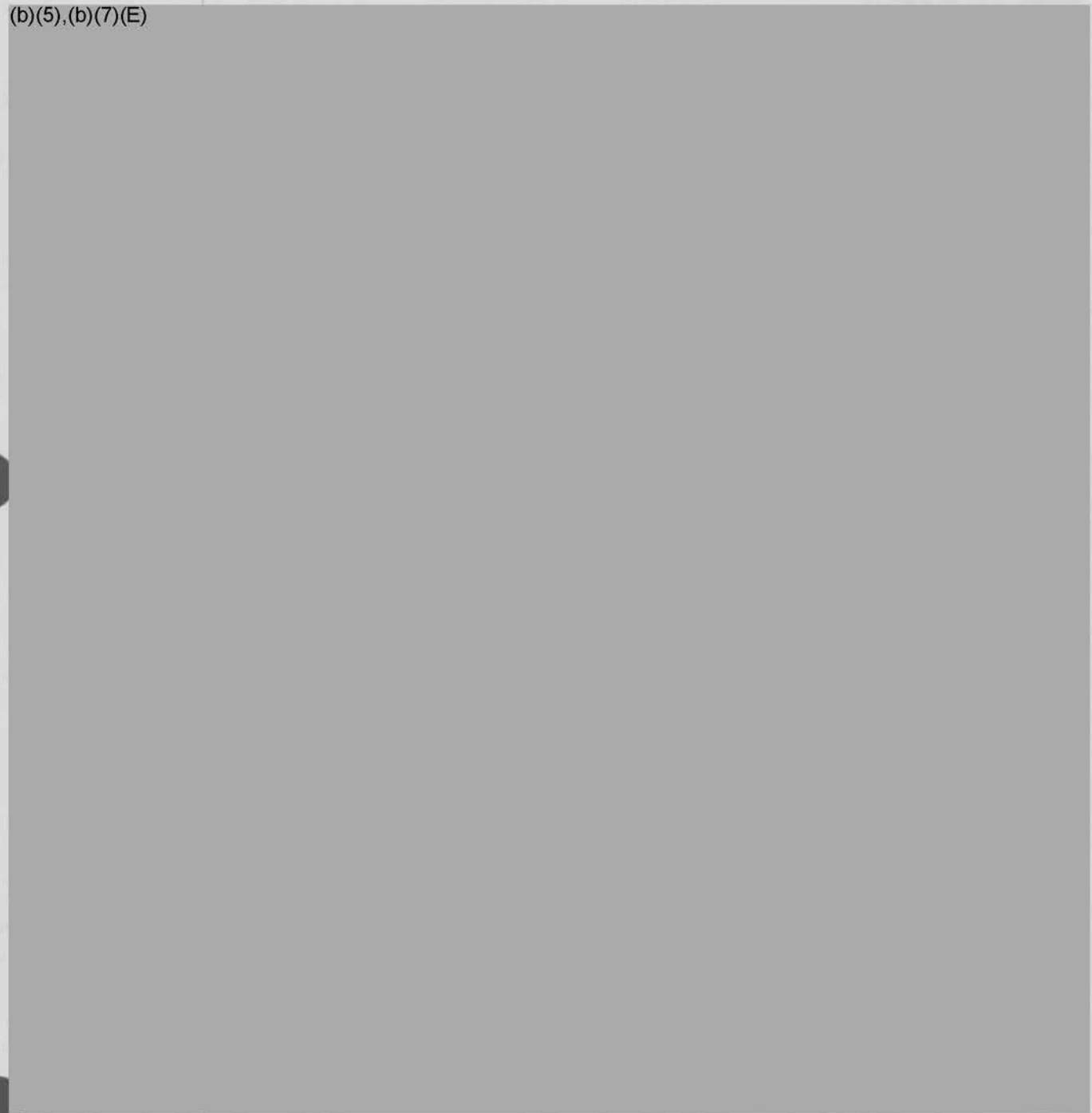
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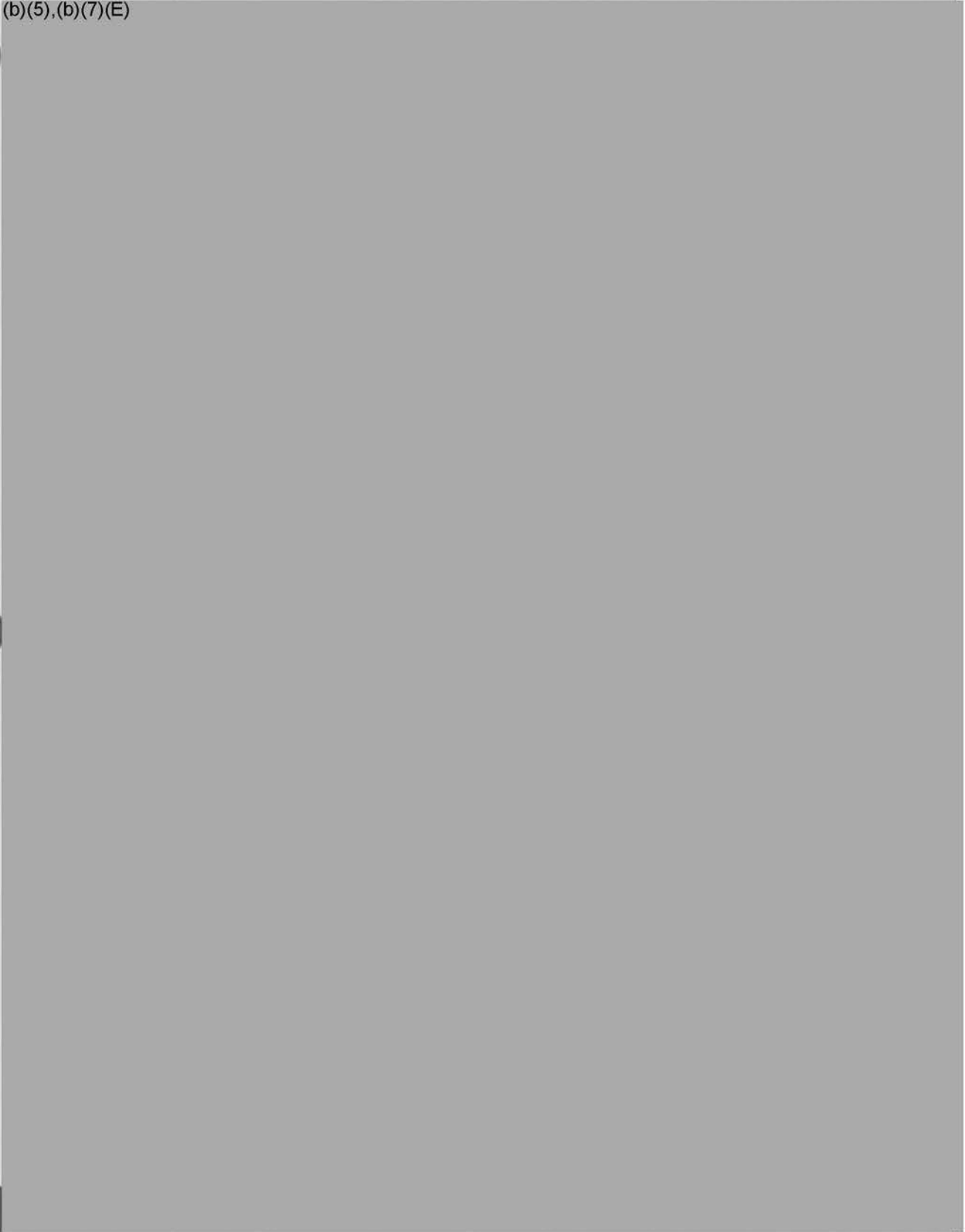
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## TAB A TO APPENDIX 6 TO ANNEX Q USNORTHCOM CONPLAN 3551-09 FOR PANDEMIC INFLUENZA

ANTIVIRAL ADMINISTRATION AND USE FOR PREVENTION AND TREATMENT  
(U) References: See Annex Q

1. Provider Guidance. Providers should review <http://www.cdc.gov/flu/professional/treatment> for the most current CDC guidance on medications and dosages as this may supercede guidance listed below. DOD has approved bulk purchase and stockpiling of Oseltamivir phosphate (oseltamivir, Tamiflu®) for DOD personnel during a PI outbreak for treatment and prophylaxis. Appropriate use is essential to gain maximal benefit while preserving supplies of this limited resource.

2. Antivirals. Antivirals can be used for both treatment and as prophylaxis. The objective of treatment with antivirals is to restore health in infected people, while the primary objectives of prophylaxis is to diminish the spread of disease and allow personnel to return to duty without being subject to quarantine restrictions.

### c. Treatment:

(1) Proven effective at reducing complications of influenza but only reduces lost work time by one day on average.

(2) Appropriate dosage is 75mg orally, twice daily for 5 days, beginning within two days of onset of symptoms.

### d. Prophylaxis of contacts of ill individuals:

(1) Proven effective at reducing transmission of influenza to family members of exposed individuals.

(2) Appropriate dosage is 75mg orally, once daily for 10 days, beginning as soon as illness in a close contact is presumed.

(3) Children may shed virus longer than adults; therefore, contacts of ill children will require 10 days of prophylaxis.

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## e. Prophylaxis of unexposed individuals

(1) This strategy should be primarily for use in operational units and essential personnel due to the potentially long duration of prophylaxis, and rapid consumption of limited drug supplies.

(2) The dose of Oseltamivir is 75mg orally once daily.

(3) The duration is 6 weeks, or for the period of each pandemic wave, or for 7 days following departure from the affected area.

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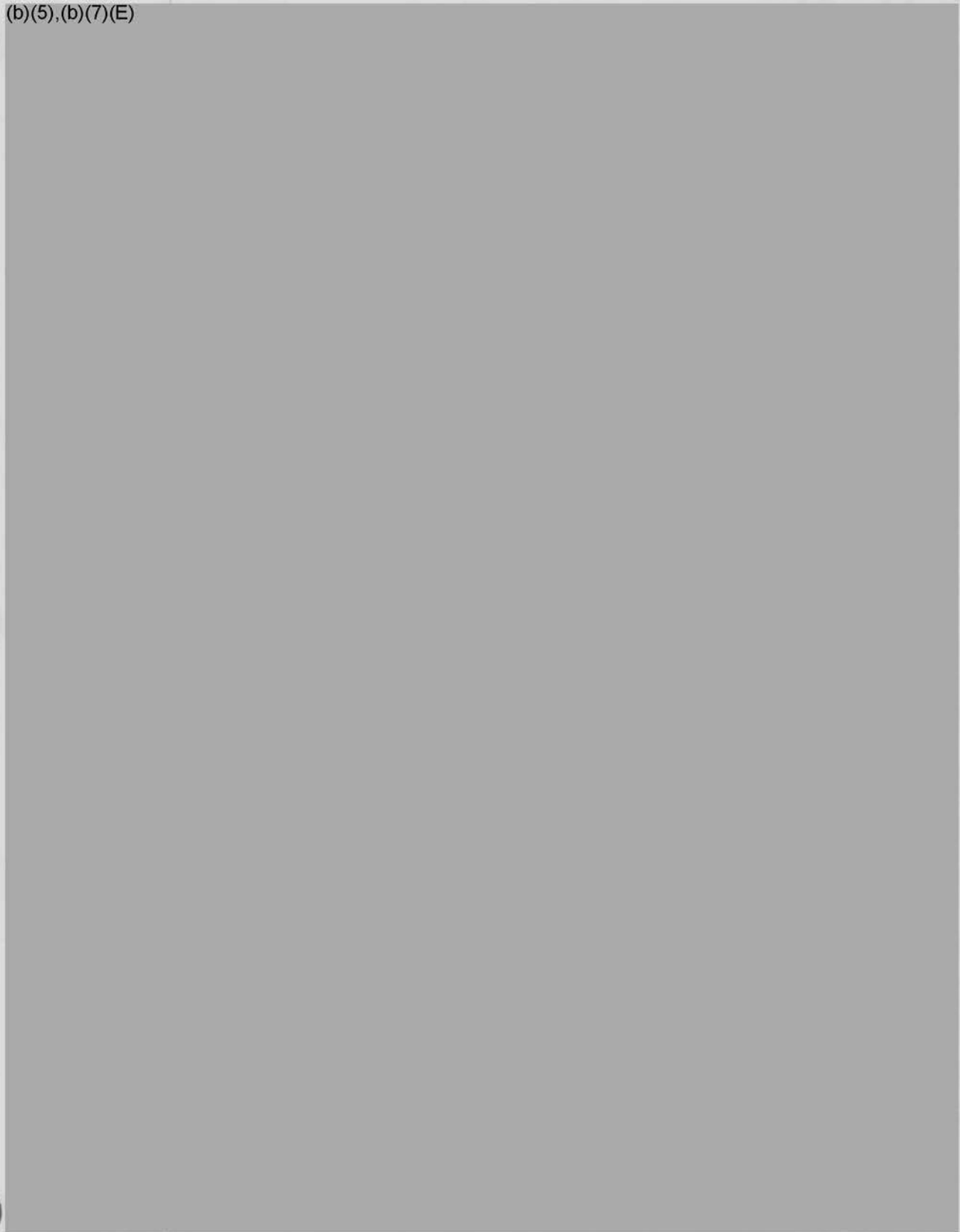
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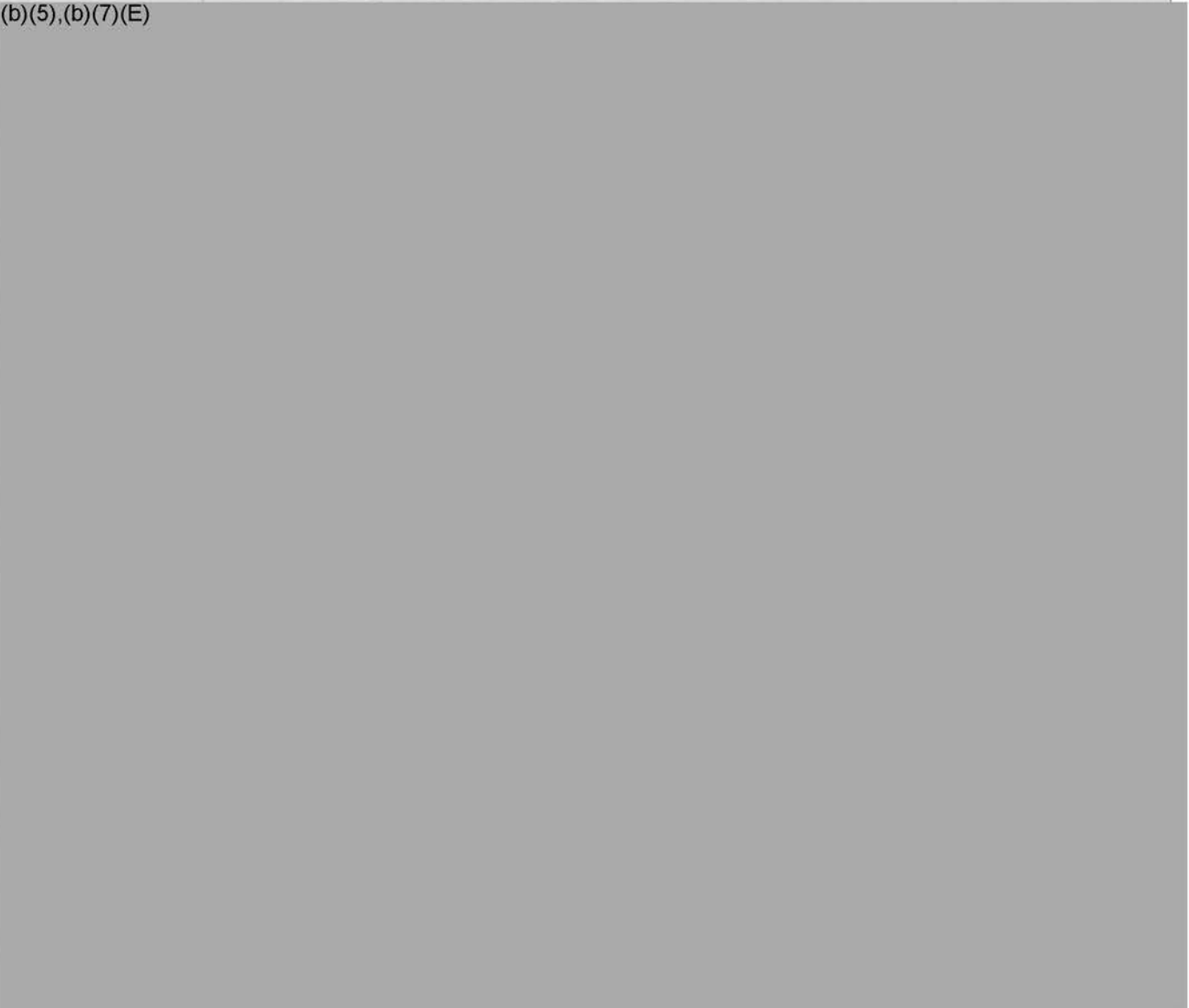
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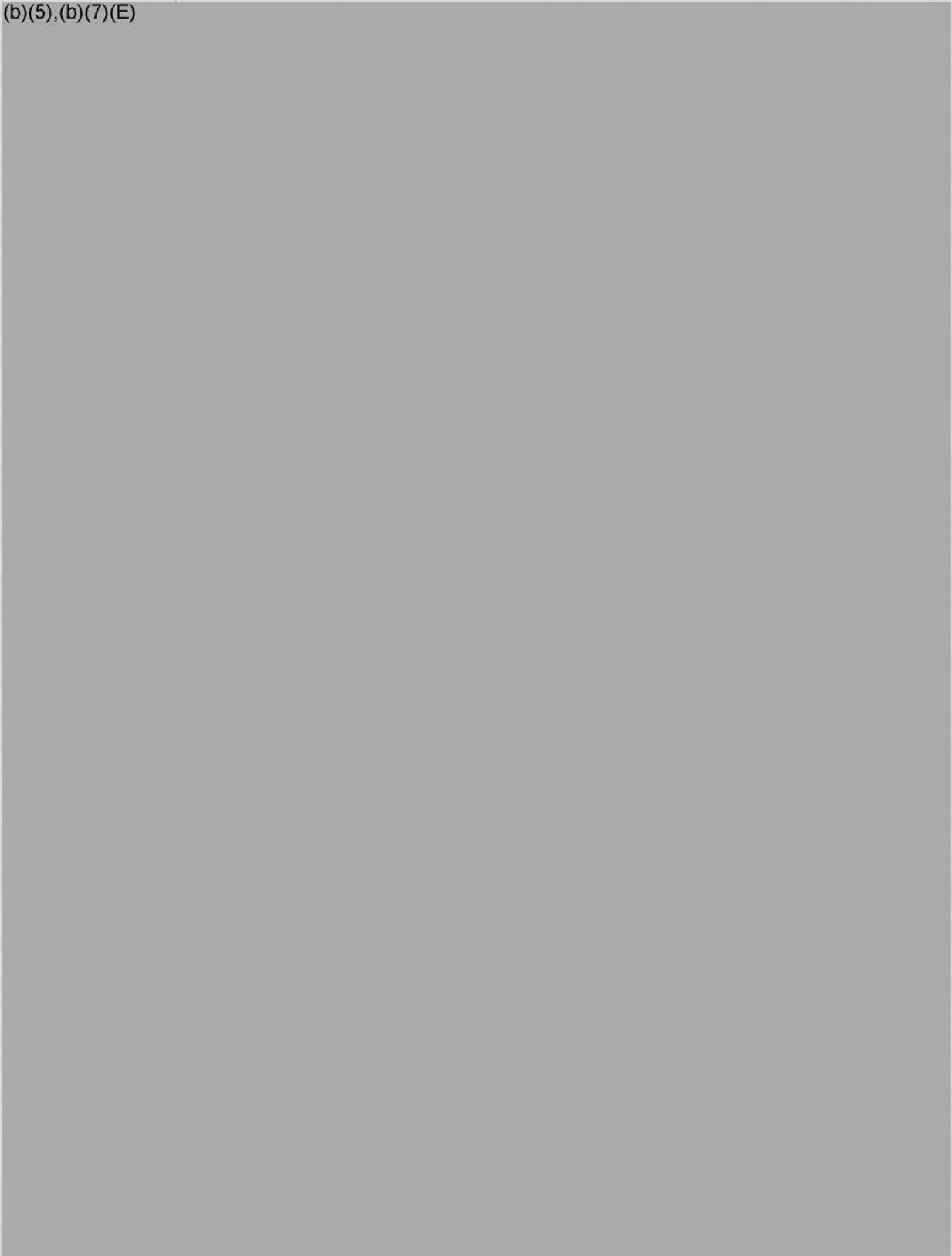


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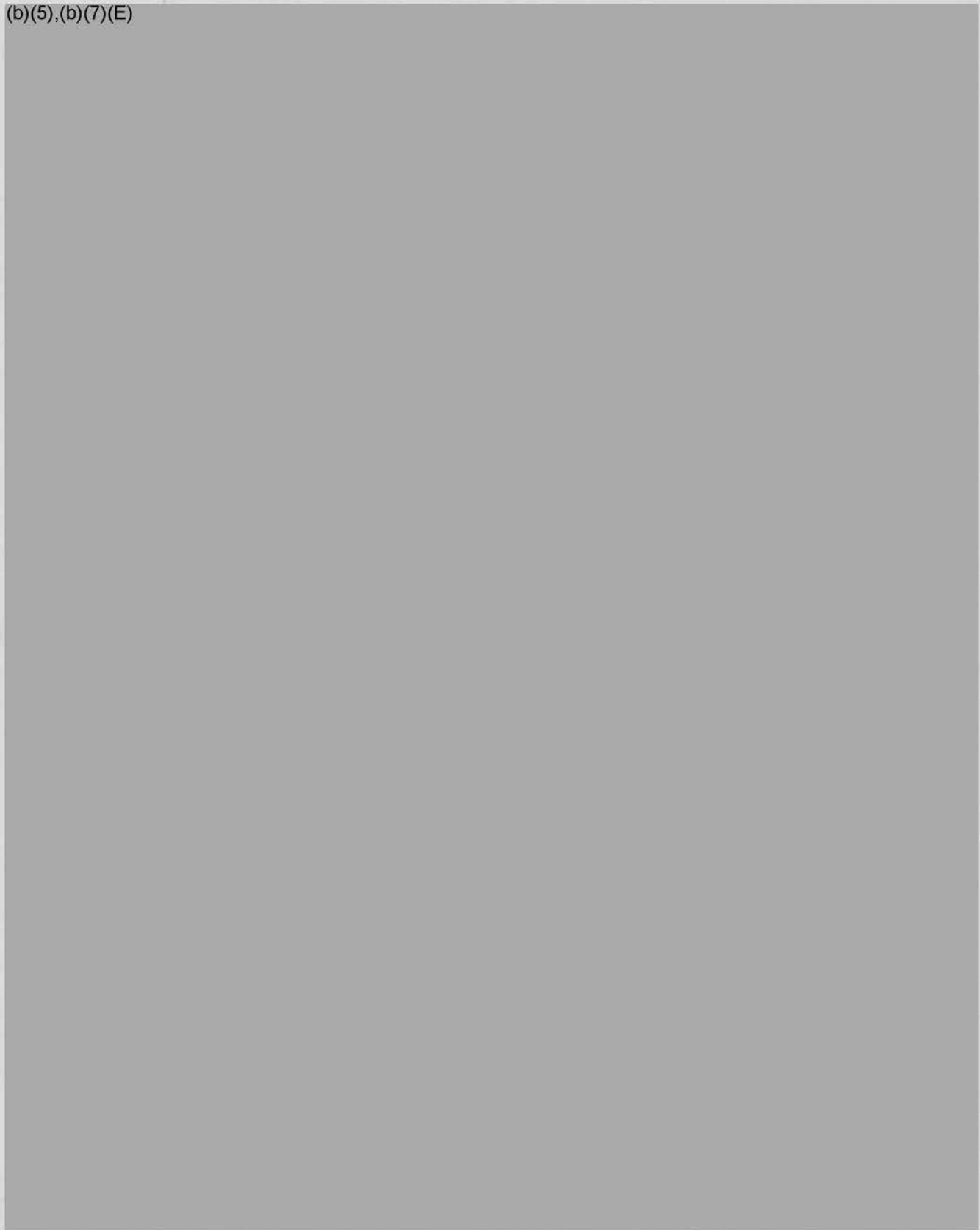
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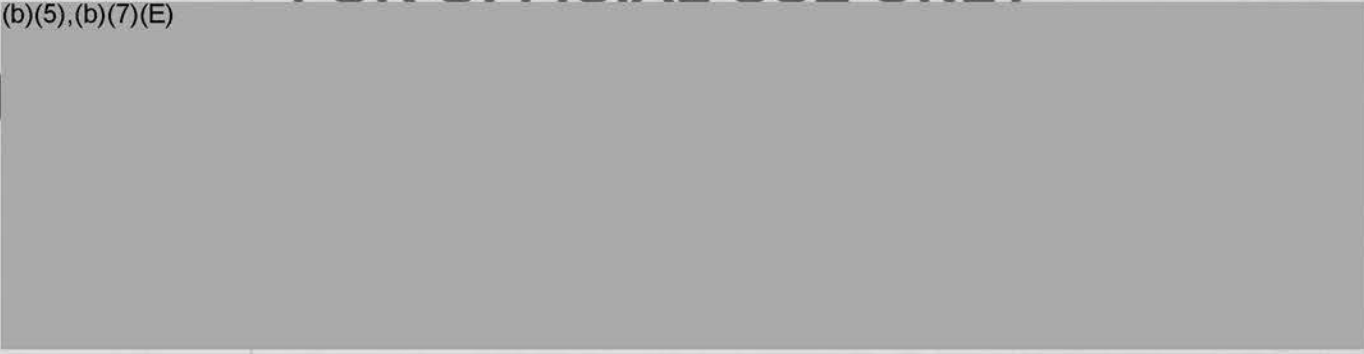
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## APPENDIX 7 TO ANNEX Q TO USNORTHCOM CONPLAN 3551-09 FOR PANDEMIC INFLUENZA

### MEDICAL COMMAND, CONTROL, COMMUNICATIONS, AND COMPUTERS

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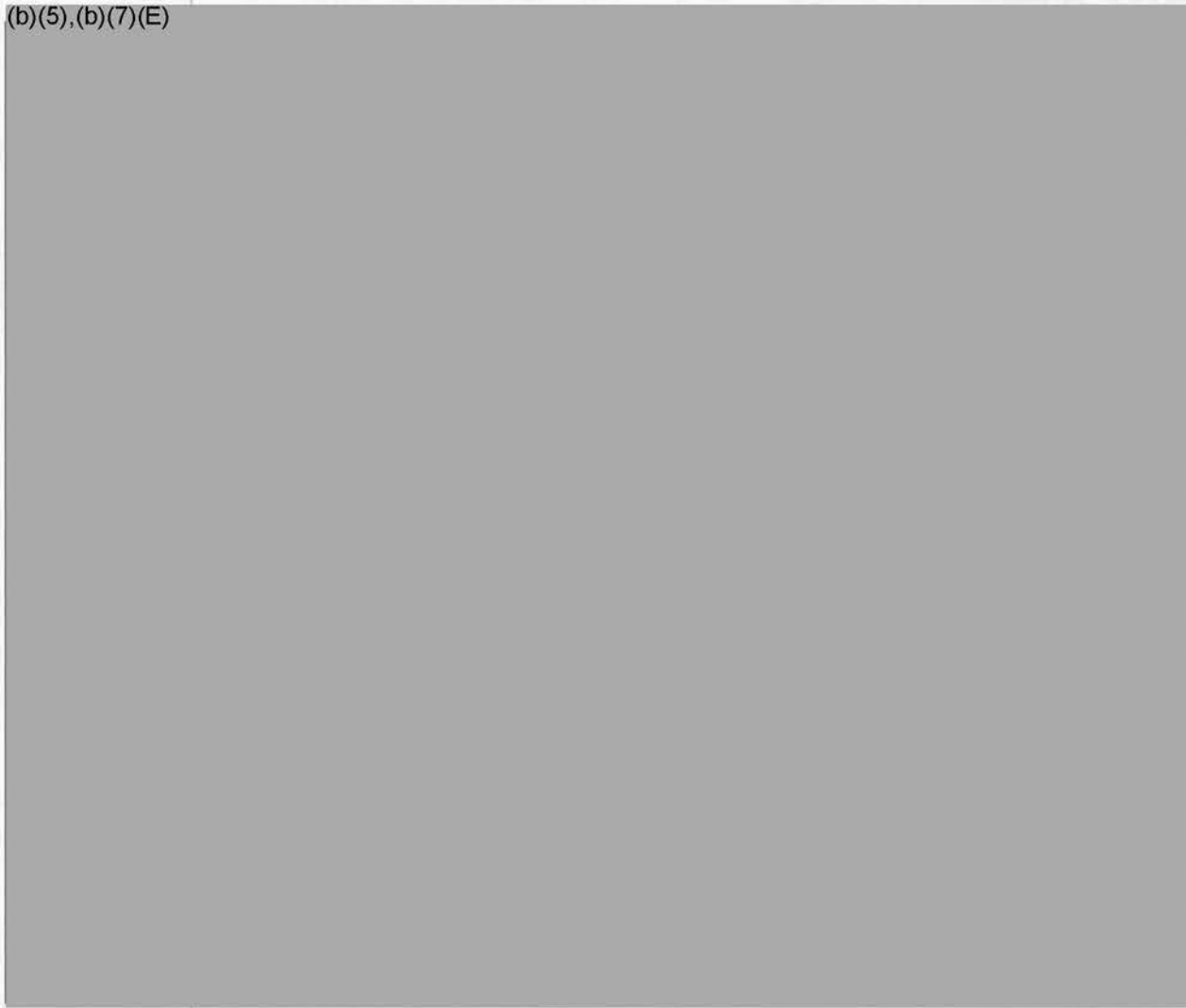
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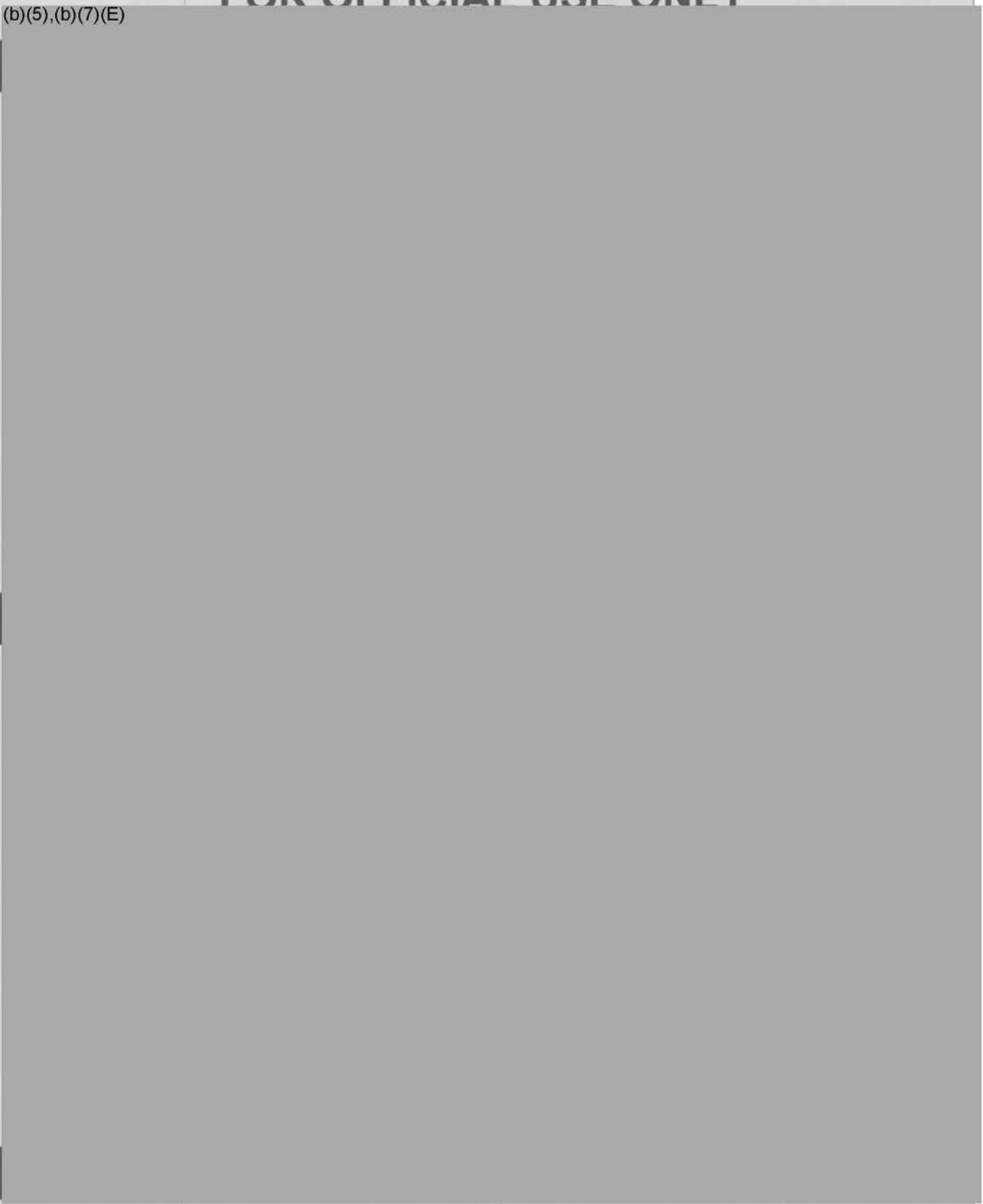
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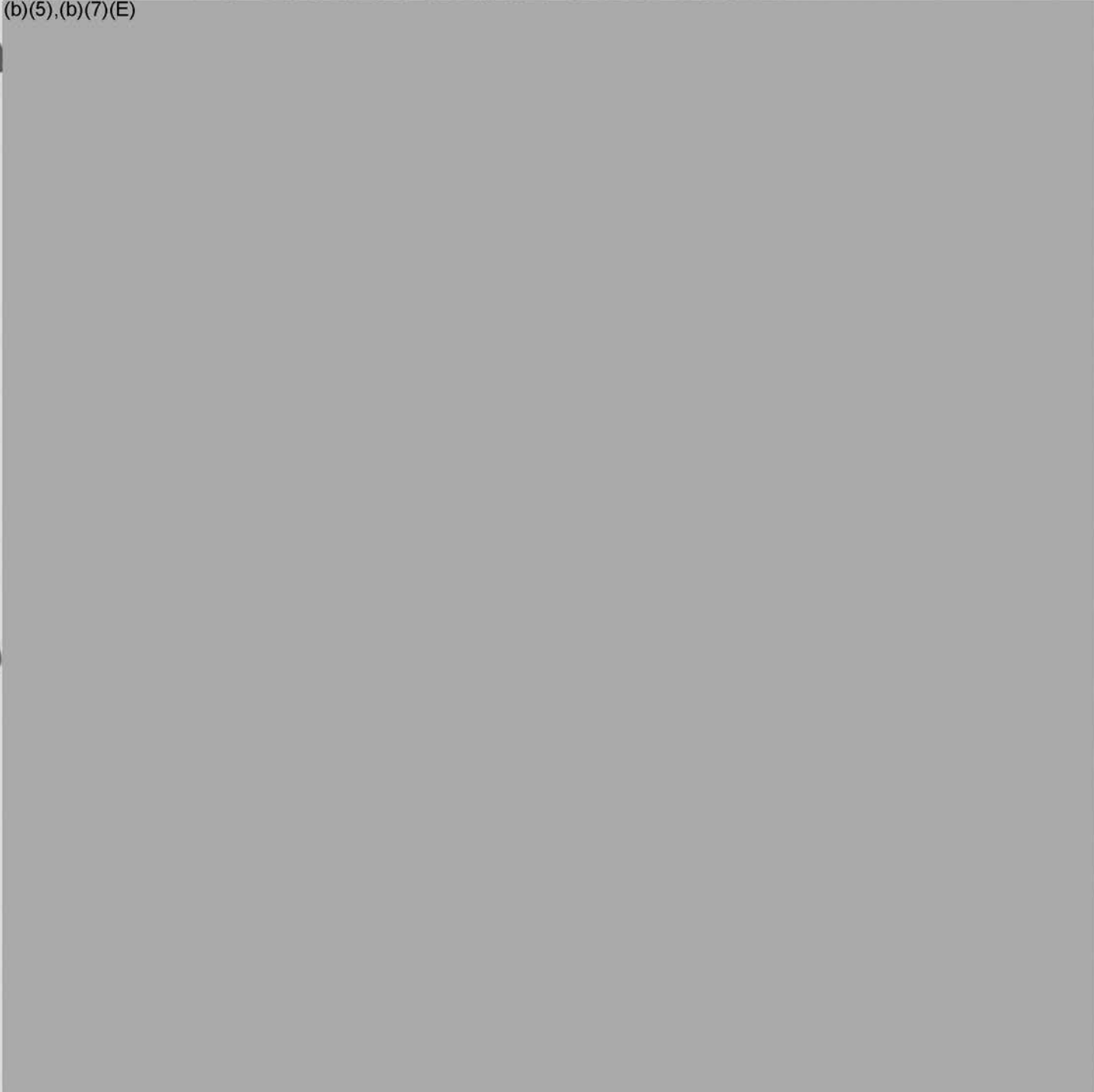
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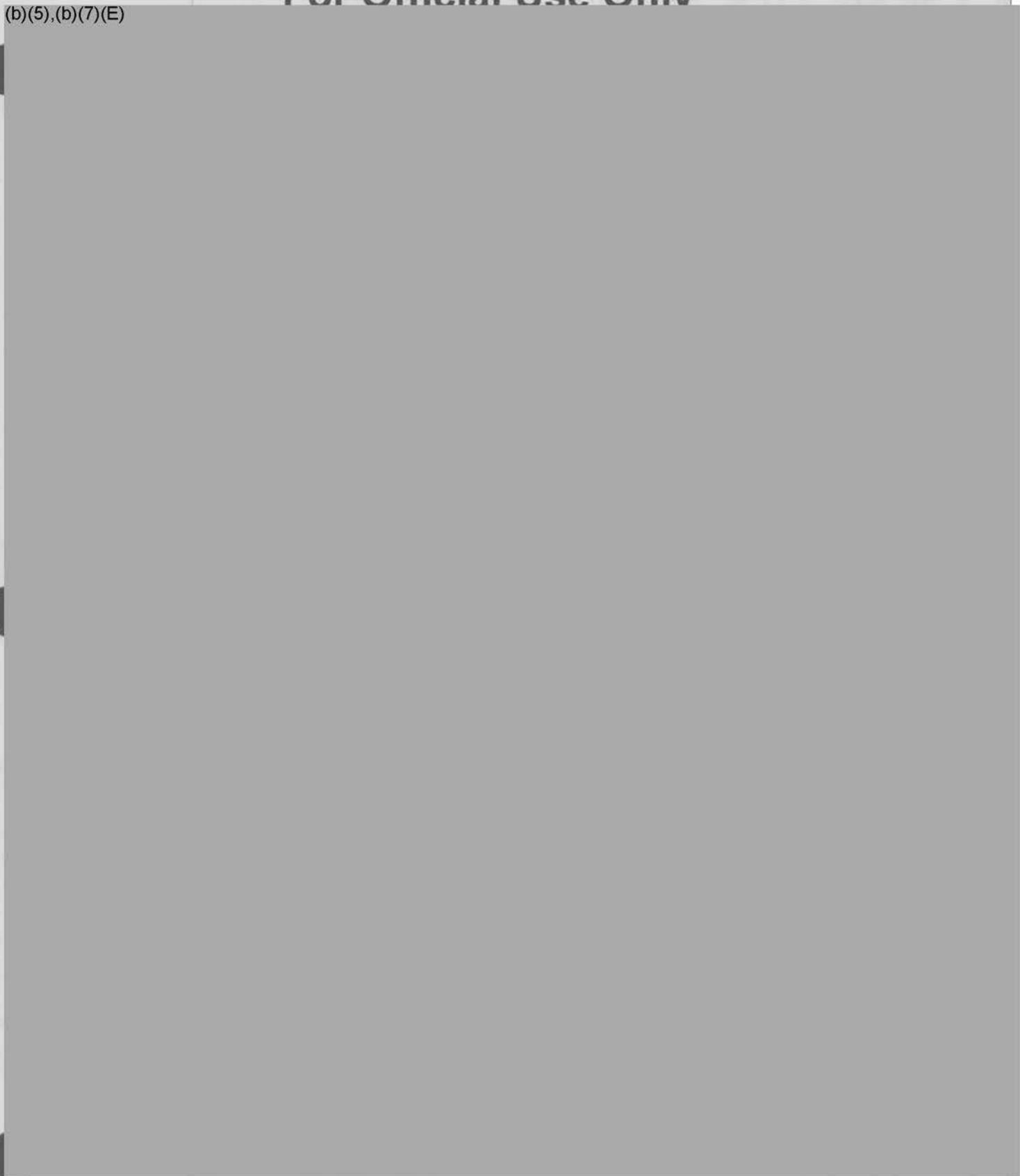
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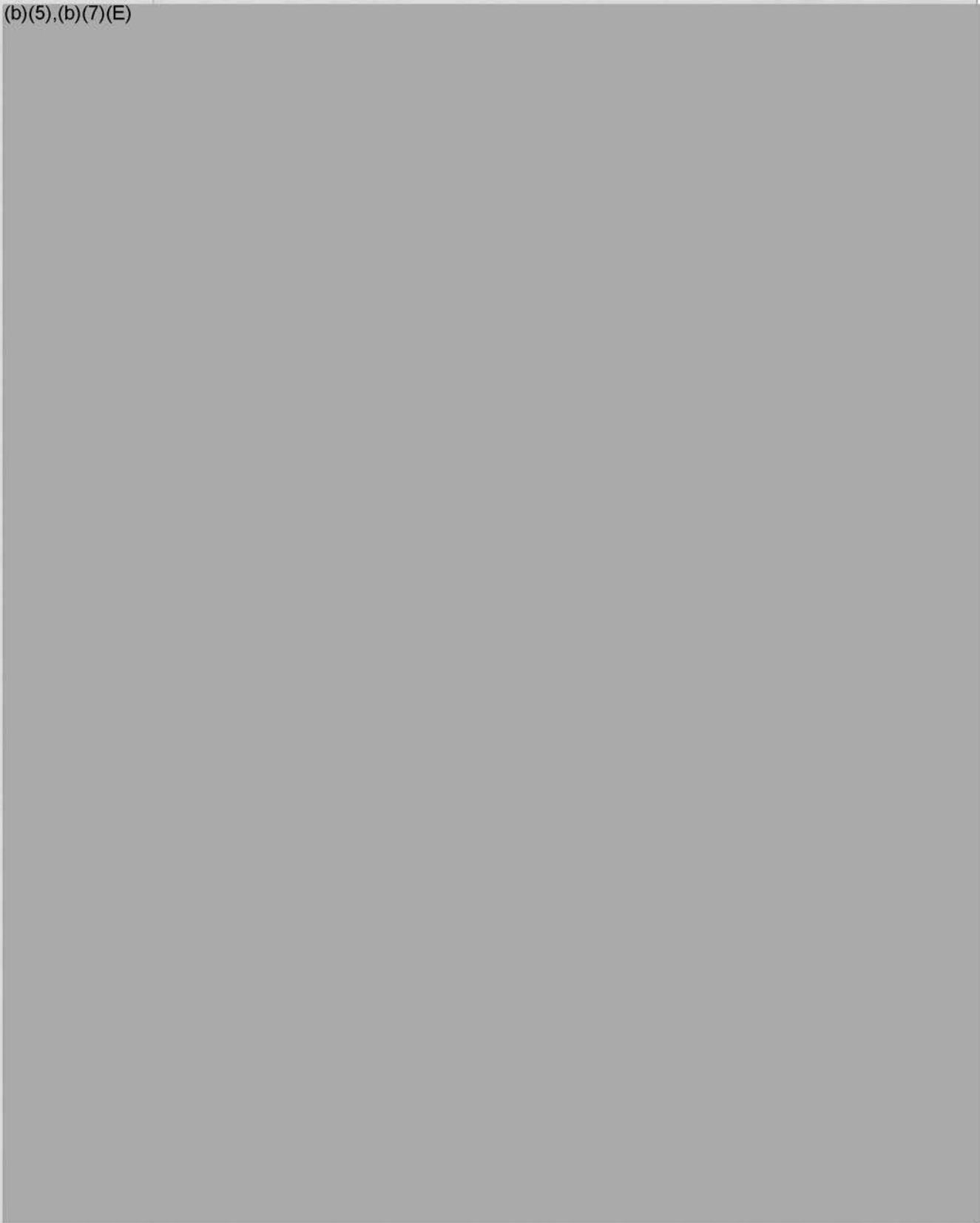
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ANNEX V TO USNORTHCOM CONPLAN 3551-07 DOD GLOBAL PANDEMIC  
INFLUENZA CONCEPT PLAN  
INTERAGENCY COORDINATION

References:

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- b. Title 10, USC, Chapter 15, Sections 331-335, Enforcement of the Laws to Restore Public Order (the Insurrection Act) and Chapter 18, Military Support for Civilian Law Enforcement Agencies
- c. Title 18, USC, Section 1385, Posse Comitatus Act
- d. Title 22, USC, Chapter 32, Foreign Assistance Act of 1961 as amended
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- aa. DODD 3150.8, DOD Response to Radiological Accidents, 13 June 1996
- bb. DODD 4715.1E, Environment, Safety, and Occupational Health (ESOH), 19 March 2005
- cc. DODD 5200.27, Acquisition of Information Concerning Persons and Organizations not affiliated with the Department of Defense, 7 January 1980
- dd. DODD 5525.5, DOD Cooperation with Civilian Law Enforcement Officials, 15 January 1986
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- ff. DODD 6200.04 Force Health Protection, 09 October 2004
- gg. DODI 1400.32, DOD Civilian Work Force Contingency & Emergency Planning Guidelines & Procedures, 24 April 1995
- hh. DODI 4715.2, Regional Environmental Coordination, 3 May 1996
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- jj. DOD Guidance for Preparation and Response to an Influenza Pandemic caused by the Bird Flu (Avian Influenza), 21 September 2004.
- kk. DOD Influenza Pandemic Preparation and Response Health Policy Guidance, 25 January 2006
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- nn. Chairman of the Joint Chiefs of Staff Instruction (CJCSI) 3110.01F, Joint Strategic Capabilities Plan FY 2006, 1 September 2006 (TS)
- oo. CJCSI 3110.16, 10 November 2000, Military Capabilities, Assets, and Units for Chemical, Biological, Radiological, Nuclear, and High Yield Explosive Consequence Management Operations.
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- eee. Department of Homeland Security, National Incident Management System (NIMS), 1 March 2004
- fff. Department of Homeland Security, National Response Plan (NRP), 15 December 2004
- ggg. Department of Homeland Security, National Response Plan - Catastrophic Incident Supplement (NRP-CIS), September 2005 (FOUO)
- hhh. Department of Health and Human Services Pandemic Influenza Plan, November 2005
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- jjj. WHO Global Influenza Plan, 1 Jun 2005
- kkk. Presidential Executive Order 12333

## 1. Situation

a. General The very real possibility of a global influenza pandemic, primarily from, but not exclusive to, the H5N1 virus, has serious medical, economic and security implications for the United States and the entire International community. Therefore, it is important that the global community work together, with common goals and objectives, as we plan and prepare our nations for the potential of Pandemic Influenza (PI). For the United States, it is vital that the Federal government synchronizes its efforts throughout all of its

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departments, agencies and organizations as it plans activities and actions to respond to PI. The interagency process facilitates integrated planning and clarifies lines of responsibility between Department of Defense (DOD) and many governmental and non-governmental agencies. CONPLAN 3551 execution requires the support of all appropriate government agencies. Failure to integrate planning early will cause seams in synchronization of agency and military efforts, may cause shortfalls in resources needed to support mission accomplishment, and could jeopardize the overall success of operations.

b. Purpose This annex provides a single source reference for interagency coordination and support for Commander, USNORTHCOM CONPLAN 3551, DOD Global Pandemic Influenza Plan. It provides a framework for coordination between DOD and other Federal agencies engaged in activities supporting the conduct of PI planning and operations to prepare for, prevent, respond to, mitigate and recover from the incidence and effects of an influenza pandemic.

c. Threat

(1) The current pandemic threat stems from an unprecedented outbreak of avian influenza in Asia and Europe caused by the H5N1 strain of the Influenza A virus. H5N1 has infected approximately 300 people since 2003 - over half of them fatally. Almost all of those infected have contracted the disease directly from birds. Currently there is no sustained spread of human-to-human infection from this strain of influenza. The World Health Organization (WHO) maintains that it is only a matter of time before a mutation occurs which will enable easy transfer between humans. The spread of this disease is promulgated by the fact that infected individuals are able to be contagious before actually showing symptoms of illness. The anticipated rapid spread of pandemic influenza to multiple countries is expected to lead to the near simultaneous occurrence of multiple community outbreaks in an escalating fashion. No other infectious disease threat poses the same current threat for causing increases in infections, illnesses, and deaths so quickly in the US and worldwide.

(2) The direct and indirect health costs alone (not including disruptions in trade and other costs to business and industry) have been estimated to approach \$181 billion for a moderate pandemic (similar to those in 1957 and 1968) with no interventions. An annual influenza season in the US, on average, results in approximately 36,000 deaths, 226,000 hospitalizations, and between \$1 billion and \$3 billion in direct costs for medical care. Secondary effects of a PI could potentially include large-scale social unrest due to fear of infection or concerns about safety among individuals, their families, and their associates. Faced with such a threat, the US and its international partners will need to respond quickly and forcefully to reduce the scope and magnitude of the potentially catastrophic consequences.

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(3) The effects of seasonal influenza are moderated because most individuals have some underlying degree of immunity to recently circulating influenza viruses either from previous infections or from vaccination. Unfortunately, there is no vaccine or previous strain of the H5N1 virus. A reliable, effective vaccine could take six months or more to develop. Additionally, certain modern trends could increase the potential for an H5N1 pandemic to cause more illnesses and deaths than occurred in earlier pandemics. First, the global population is larger and increasingly urbanized, allowing viruses to be transmitted within populations more easily. Second, levels of international travel are much greater than in the past, allowing viruses to spread globally more quickly than in the past. Third, populations in many countries consist of increasing numbers of elderly persons and those with chronic medical conditions, thus increasing the potential for more complicated illnesses and deaths to occur. This combination of factors suggests that the next pandemic may lead to more illnesses occurring more quickly than in the past, overwhelming countries and health systems that are not adequately prepared.

(4) Although it is unpredictable when the next pandemic will occur and what strain may cause it, the continued and expanded spread of a highly pathogenic avian H5N1 virus across much of eastern Asia, Russia, and Eastern Europe represents a significant pandemic threat. Many, if not most, countries will have minimal time to implement preparations and responses once pandemic viruses have crossed their borders. It is certain that without adequate planning and preparations, an influenza pandemic has the potential to cause enough illnesses to overwhelm current public health and medical care capacities at all levels, cause economic crises, and put countries' security in jeopardy. Pre-crisis coordination and interagency deliberate planning is necessary to build relationships, share operating norms, and coordinate planned activities. Deliberate planning within the interagency arena will improve the responsiveness and appropriateness of US actions.

### d. US Goals, Objectives, Priorities

(1) National Strategy. The President's National Strategy for Pandemic Influenza frames how the US response to PI will be accomplished.

(a) The pillars of the National Strategy for Pandemic Influenza include:

- 1 Preparedness and Communication
- 2 Surveillance and Detection
- 3 Response and Containment

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(b) The intent of the Federal government in response to an influenza pandemic is to:

1 Stop, slow or otherwise limit the spread of a pandemic to the United States.

2 Limit the domestic spread of a pandemic, and mitigate disease, suffering and death.

3 Sustain infrastructure and mitigate impact to the economy and the functioning of society.

(2) US Government (USG) Stages. USG Stages are trigger points that reflect geography driven triggers tied to when potential federal responses will take effect:

(a) Stage 0 - New domestic animal outbreak in at-risk country.

(b) Stage 1 - Suspected human outbreak from animals overseas

(c) Stage 2 - Confirmed human outbreak overseas

(d) Stage 3 - Widespread human outbreaks at multiple locations overseas

(e) Stage 4 - First human case in North America

(f) Stage 5 - Spread throughout the United States

(g) Stage 6 - Recovery and preparation for subsequent waves

(3) Secretary of Defense (SecDef) and DOD Guidance. The SecDef and the Office of the Secretary of Defense (OSD) outlined that DOD would take action by establishing clear mission parameters which preserve combat capabilities and readiness, save lives and reduce human suffering. Accordingly, assets and resources provided by DOD for support will be accomplished with these priorities in mind. The first priority of DOD support in the event of a pandemic will be to (b)(5),(b)(7)(E)

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Additionally DOD will respond quickly and effectively to the requests of civil authorities in the event of a PI to save lives, prevent human suffering, and provide security, within capabilities, when directed by the SecDef or the President of the United States.

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(4) DOD Strategic Objectives. The DOD objectives are to:

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(c) Support USG PI response efforts

(d) Maintain effective communication

(5) Priority Effects List. The identified Priority Effects to achieve the strategic objectives include:

(a) Effect 1. Virus does not (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

(b) Effect 2. Virus does not (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

(c) Effect 3. Virus does not (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

(d) Effect 4. DOD, interagency, state, tribal, local and international partners mitigate spread of virus. In support of the nation's vital interests, DOD collaborates with interagency, state, tribal, local and international partners to synchronize their efforts in mitigating the spread of the PI virus. These efforts will include surveillance and monitoring; timely exchange of information; military to military (Mil to Mil) engagement to improve the capacity

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of foreign militaries to respond to PI; and aggressive, coordinated implementation of precautionary measures to protect at risk populations and contain the virus. DOD components will support USG efforts to contain the virus within a limited area in order to gain time for implementation of additional preparedness measures. This effect includes two related, nested effects: a. DOD, interagency, state, tribal, local and international partners inhibit development of efficient human-to-human transmission. b. DOD, interagency, state, tribal, local and international partners mitigate geographic spread and impact of virus.

(e) Effect 5. DOD, interagency, state, tribal, local and international partners synchronize planning, response, and communications. In support of the nation's vital interests DOD synchronizes its efforts with interagency, state, tribal, local and international partners in mitigating the impact of the PI virus. DOD components will support USG planning and execution of actions to contain the virus in order to gain time for implementation of additional measures. DOD will harmonize its strategic communication with USG. DOD components maintain freedom of action to conduct assigned missions.

(f) Effect 6. Traditional and emerging threats do not exploit PI environment. Threat actors, whether traditional or asymmetric, domestic or international, are deterred or prevented from exploiting perceived or actual opportunities created by the PI environment to negatively affect US national interests. Upon direction from appropriate authority, this effect can include social disorder.

### e. Federal Department and Agency Partner Plans and Objectives

#### (1) Department of State (DOS)

(a) The Secretary of State is responsible for the coordination of the international preparation and response, including persuading other nations to join in our efforts to contain or slow the spread of a pandemic virus, helping to limit the adverse impacts on trade and commerce, and coordinating our efforts to assist other nations that are impacted by the pandemic, and interaction with all official and non-official American Citizens (AMCITs) overseas.

(b) DOD can expect coordination with and potential support to DOS in the following areas:

1 Encouraging countries and regions to develop PI response plans and associated exercise programs.

2 The identification and development of an implementation plan for DOD capabilities to support US international efforts to rapidly respond to

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assessing and containing outbreaks of avian influenza with pandemic potential.

3 Participation in the implementation of international response to and containment strategy of PI.

4 Development and identification of capability gaps within a coordinated, integrated and prioritized distribution plan for PI assistance to include:

a Strategic lift of WHO stockpiles and response teams

b Theater distribution to high-risk countries

c In-country coordination to key distribution areas

d Establishment of internal mechanisms within each country for distribution to urban, rural, and remote populations.

5 Supporting the collaboration with foreign counterparts and the implementation of pre-existing passenger screening protocols in the event of an outbreak of PI.

6 Prompt and effective delivery of countermeasures to affected countries consistent with US law and regulations and the agreed upon doctrine for international action to respond to and contain an outbreak of influenza with pandemic potential.

7 Participation in an interagency public diplomacy group in order to develop a coordinated, integrated, and prioritized plan to communicate US foreign policy objectives relating to our international engagement on avian and pandemic influenza to key stakeholders.

8 Support DOS efforts with host countries, to implement agreed upon pre-departure screening based on disease characteristics and availability of rapid detection methods and equipment.

### (2) Department of Health and Human Services (HHS)

(a) In accordance with (IAW) the National Response Plan (NRP), the Secretary of HHS will be the primary agency coordinating the overall public health and medical response efforts across all federal departments and agencies under ESF#8, Public Health and Medical Services. These responsibilities include coordination of all federal medical support to communities, provision of guidance on infection control and treatment



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strategies to state and local governments and the public, maintenance, prioritization and distribution of countermeasures in the Strategic National Stockpile (SNS), ongoing epidemiologic assessment, modeling of the spread of a PI and research into the influenza virus and novel countermeasures, among others. Given that health and medical considerations will be the principal drivers for the majority of decision making in a pandemic, from transportation decisions to continuity decisions within the federal government, it will be essential for the Secretary of HHS to work in close coordination and collaboration with the Secretary of Homeland Security to ensure DOD and USNORTHCOM support are leveraged appropriately and efficiently in support of the national response. The Secretary of HHS will serve as the principal federal spokesperson for the US Government PI health issues.

(b) DOD can expect coordination with and potential support to HHS in the following areas:

1 Assist HHS as it supports Naval Medical Research Units (NAMRU) 2 and 3 and the Armed Forces Research Institute of Medical Sciences to expand and expedite geographic surveillance of human populations at-risk for H5N1 infections in the host and neighboring countries through training, enhanced surveillance, and enhancement of the Early Warning Outbreak Recognition System.

2 Coordination of the deployment of HHS disease surveillance and control teams that will investigate possible human outbreaks of pandemic potential influenza.

3 Coordination in the establishment of and possible participation in an interagency modeling group to examine the effects of transportation and border decisions on delaying spread of PI and the associated health benefits, the societal and economic consequences, and the international implications.

4 Assistance in the development and dissemination of decontamination guidelines and timeframes for transportation and border assets and facilities (e.g., airframes, emergency medical services transport vehicles, trains, trucks, stations, port of entry detention facilities) specific to PI.

5 Assistance in the review of existing transportation and border notification protocols to ensure timely information sharing in cases of quarantinable disease.

6 Development of en route protocols for crewmembers onboard aircraft and vessels to identify and respond to passengers who become ill en route and to make timely notification to Federal agencies, health care providers, and other relevant authorities.

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7 Development of vessel, aircraft, and truck cargo protocols to support safe loading and unloading of cargo while preventing transmission of influenza to crew or shore-side personnel.

8 Development of a joint strategy which defines the objectives, conditions, and mechanisms for deployment under which NDMS assets, US Public Health Service (PHS) Commissioned Corps, Epidemic Intelligence Service officers and DOD/VA health care personnel and public health officers would be deployed during a pandemic.

9 Development of protocols for distribution of critical medical materiel in times of medical emergency.

10 Development of guidance for allocating scarce health and medical resources during a pandemic.

11 Preparation of guidance for local Medical Reserve Corps coordinators describing the role of the medical Reserve Corps during a pandemic.

12 Development, testing and implementation of a Federal government public health emergency communications plan. The plan will describe the government's strategy for responding to a pandemic, outline US international commitments and intentions, and review containment measures that the government believes will be effective as well as those it regards as likely to be ineffective, excessively costly, or harmful.

13 Selection and retention of opinion leaders and medical experts to serve as credible spokespersons to coordinate and effectively communicate important and informative messages to the public.

14 Definition of the mix of antiviral medications to include in the Strategic National Stockpile (SNS) and State stockpiles and development of recommendations of how the different agents are to be used.

15 Definition of critical medical material requirements for stockpiling by the SNS and States to respond to the diversity of needs presented by a pandemic.

16 Assessment of whether the use of the Defense Production Act or other authorities would provide sustained advantages in procuring medical countermeasures.

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17 Assisting HHS ensure that States, localities, and tribal entities have developed and exercised pandemic influenza countermeasure distribution plans and can enact security protocols if necessary IAW pre-determined priorities.

18 Coordination of the use of antiviral drug stockpiles maintained by different organizations.

19 Assist HHS in the development of distribution plans for medical countermeasure stockpiles to ensure that delivery and distribution algorithms have been planned for antiviral distribution.

20 Development of plans for the allocation, distribution, and administration of pre-pandemic vaccine.

21 Development and testing of plans to allocate and distribute critical medical materiel in a health emergency.

22 Development and refinement of mechanisms to:

a Track adverse events following vaccine and antiviral administration.

b Ensure that individuals obtain additional doses of vaccine if necessary.

c Define protocols for conducting vaccine and antiviral effectiveness studies during a pandemic.

23 Development of objectives for the use of, and strategy for allocating, vaccine and antiviral drug stockpiles during pre-pandemic severity.

24 Identification of personnel and high-risk groups who should be considered for priority access to medical countermeasure, under various pandemic scenarios, IAW the strategy developed in para. 1.e.(2)(b)23.

25 Establishment of a strategy for shifting priorities based on at-risk populations, supplies and efficacy of countermeasures against the circulating pandemic strain and characteristics of the virus.

26 Provide recommendations on target groups for vaccine and antiviral drugs when sustained and efficient human-to-human transmission of a potential pandemic influenza strain is documented anywhere in the world. These recommendations will reflect data from the pandemic and available supplies of medical countermeasures.

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27 Assist HHS in its preparation to conduct laboratory analyses to detect pandemic subtypes and strains in referred specimens and conduct confirmatory testing.

28 Assist HHS in expanding the number of hospitals and cities participating in the BioSenseRT program to improve the Nation's capabilities for disease detection, monitoring, and situational awareness.

29 Assist HHS with its be prepared mission to collect, analyze, integrate, and report information about the status of hospitals and health care systems, health care critical infrastructure, and medical materiel requirements.

30 Assist HHS as it works with pharmaceutical and medical device company partners to develop and evaluate rapid diagnostic tests for novel influenza subtypes including H5N1.

31 Assist HHS in compiling a list of all research and product development work on rapid diagnostic testing for influenza. Assist in reaching a consensus on sets of requirements meeting national needs and a common test methodology to drive further private sector investment and product development.

32 Assist HHS in encouraging and expediting private-sector development of rapid subtype and strain specific influenza point-of-care tests.

33 Assist HHS preparation to continuously evaluate surveillance and disease reporting data to determine whether ongoing disease containment and medical countermeasure distribution and allocation strategies need to be altered as a pandemic evolves.

34 Development and maintenance of a real-time epidemic analysis and modeling hub that will explore and characterize response options as a support to policy and decision makers.

35 Development of guidance on the combination, timing, evaluation, and sequencing of community containment strategies (including travel restrictions, school closings, snow days, self-shielding, and quarantine during a pandemic) based on available data.

36 Assist HHS with research identifying optimal strategies for using voluntary home quarantine, school closure, snow day restrictions, and other community infection control measures.

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37 Development and dissemination of guidance that explains steps individuals can take to decrease their risk of acquiring or transmitting influenza infection during a pandemic.

38 Development and dissemination of social distancing behaviors that individuals may adopt during a pandemic. Update guidance as additional data becomes available.

39 Development of strategies and protocols for expanding hospital and home health care delivery capacity in order to provide care as effectively and equitably as possible.

40 Development and dissemination of guidance and educational tools that explain steps individuals can take to decrease their risk of acquiring or transmitting influenza infection during a pandemic.

41 Identification of public health and medical capabilities required to support a pandemic response. Assist HHS as it identifies and deploys or delivers the required capability or asset if available.

42 Development and dissemination of a risk communication strategy. Assist in updating as required.

43 Development of sector-specific infection control guidance to protect personnel, governmental and public entities, private sector businesses, and CBOs and FBOs.

44 Development of interim guidance regarding environmental management and cleaning practices including the handling of potentially contaminated waste material. Assist in revision as required.

### (3) Department of Homeland Security (DHS)

(a) The Secretary of DHS, IAW the Homeland Security Act of 2002 and Homeland Security Presidential Directive (HSPD) 5, will coordinate the Federal response to save lives, maintain confidence in the government, sustain critical infrastructure, and recover from Pandemic Influenza in the 56 States, territories, and possessions.

(b) DOD can expect coordination with and potential support to DHS in the following areas:

1 Establishment of and participation as a core member in an interagency transportation and border preparedness working group. The working group will develop planning assumptions for the transportation and

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border sectors, review products and their distribution, and develop a coordinated outreach plan for stakeholders.

2 Coordination in the establishment of and possible participation in an interagency modeling group to examine the effects of transportation and border decisions on delaying spread of PI and the associated health benefits, the societal and economic consequences, and the international implications.

3 Assist DHS in an assessment of its ability to maintain critical Federal transportation and border services during a pandemic. Assist DHS in revision of contingency plans and the conduct of exercises.

4 Development of detailed operational plans and protocols to respond to potential pandemic-related scenarios, including inbound aircraft/vessel/land border traffic with suspected cases of pandemic influenza, international outbreak, multiple domestic outbreaks and potential mass migration.

5 Development of a range of options to cope with potential shortages of commodities and demand for essential services, such as building reserves of essential goods.

6 Deployment of human influenza rapid diagnostic tests at borders and ports of entry to allow real-time health screening.

7 Assist DHS as it works with domestic and international air carriers and cruise lines to develop and implement protocols (IAW US privacy law) to retrieve and rapidly share information on travelers who may be carrying or may have been exposed to a pandemic strain of influenza.

8 Development of protocols to manage and/or divert inbound international flights and vessels with suspected cases of pandemic influenza that identify roles, actions, relevant authorities, and events that trigger response.

9 Development of vessel, aircraft, and truck cargo protocols to support safe loading and unloading of cargo while preventing transmission of influenza to crew or shore-side personnel.

10 Coordinate with DHS as it implements screening protocols at US ports of entry based on disease characteristics and availability of rapid detection methods and equipment.

11 Assist DHS as it considers implementing response or screening protocols at domestic airports and other transport modes as appropriate, based

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on disease characteristics and availability of rapid detections methods and equipment.

12 Assist DHS as it works with major commercial shipping fleets and the international community to ensure continuation of maritime transport and commerce. This may include activation of plans, as needed, to provide emergency medical support to crews of vessels that are not capable of safe navigation.

13 Assist DHS provide the public and business community with relevant travel information, including shipping advisories, restrictions, and potential closing of domestic and international transportation hubs.

14 Assist DHS with its be prepared mission to provide emergency response element training and exercise assistance upon request of State, local, and tribal communities and public health entities.

15 Assist DHS in the enhancement of NBIS capabilities to ensure the availability of a comprehensive and all-source biosurveillance common operating picture throughout the Interagency.

16 Assist DHS with its be prepared mission to track integrity of critical infrastructure function, including the health care sector, to determine whether ongoing strategies of ensuring workplace safety and operational continuity need to be altered as a pandemic evolves.

17 Development of (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

18 Support DHS as it conducts forums, conferences, and exercises with key critical infrastructure private sector entities and international partners to identify essential functions and critical planning, response and mitigation needs within and across sectors, and validate planning guidelines.

19 Development and coordination of guidance regarding business continuity planning and preparedness with the owners/operators of critical infrastructure and development of a Critical Infrastructure Influenza Pandemic Preparedness, Response, and Recovery Guide tailored to national goals and capabilities and to the specific needs identified by the private sector.

#### (4) Department of Agriculture (USDA)

(a) The Secretary of USDA is responsible for overall coordination of veterinary response to a domestic animal outbreak of a pandemic virus or virus with pandemic potential and ongoing surveillance for influenza in domestic

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animals and animal products. The Secretary of Agriculture will also be responsible for ensuring that the Nation's commercial supply of meat, poultry, and egg products is wholesome, not adulterated, and properly labeled and packaged. USDA is the primary agency for execution of Emergency Support Function (ESF) #11, Agriculture and Natural Resources. Prior to a human pandemic, USDA will serve as primary agency for Avian Influenza (AI) related activities, some of which will be aimed at preventing or slowing viral infection while still in animals.

(b) DOD can expect coordination with and potential support to USDA in the following areas:

1 Support operational deployment of rapid response teams and provide technical expertise and technology to support avian influenza assessment and response teams in priority countries as required.

2 Assistance in the review of existing transportation and border notification protocols to ensure timely information sharing in cases of quarantinable disease.

3 Establishment and exercising of animal influenza response plans.

4 Assist USDA as it ensures sufficient veterinary diagnostic laboratory surge capacity for response to an outbreak of avian or other influenza virus with human pandemic potential.

5 Refinement of disease mitigation strategies for avian influenza in poultry or other animals through outbreak simulation modeling.

6 Assessment of the outbreak response surge capacity activities that DOD may be able to support during an outbreak of influenza in animals and ensure that mechanisms are in place to request such support.

(5) Department of Transportation (DOT)

(a) DOD can expect coordination with and potential support to DOT in the following areas:

1 Establishment of and participation as a core member in an interagency transportation and border preparedness working group. The working group will develop planning assumptions for the transportation and border sectors, review products and their distribution, and develop a coordinated outreach plan for stakeholders.



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2 Assist DOT in an assessment of its ability to maintain critical Federal transportation and border services during a pandemic. Assist DOT in revision of contingency plans and the conduct of exercises.

3 Development of detailed operational plans and protocols to respond to potential pandemic-related scenarios, including inbound aircraft/vessel/land border traffic with suspected cases of pandemic influenza, international outbreak, multiple domestic outbreaks and potential mass migration.

4 Assessment of the Federal government's ability to provide emergency transportation support during a pandemic under NRP ESF #1 and development of a contingency plan.

5 Development of a range of options to cope with potential shortages of commodities and demand for essential services, such as building reserves of essential goods.

6 Development of protocols to manage and/or divert inbound international flights and vessels with suspected cases of pandemic influenza that identify roles, actions, relevant authorities, and events that trigger response.

7 Assist DOT provide the public and business community with relevant travel information, including shipping advisories, restrictions, and potential closing of domestic and international transportation hubs.

### (6) Office of Personnel Management (OPM)

(a) Assist OPM in (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

(b) Assist OPM in providing guidance to Federal departments regarding workplace options during a pandemic. Specific focus will be on telecommuting or teleworking.

(7) USAID - Support operational deployment of rapid response teams and provide technical expertise and technology to support avian influenza assessment and response teams in priority countries as required.

(8) Major medical societies and organizations - Development and dissemination protocols for changing clinical care algorithms in settings of severe medical surge.

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## f. Key Assumptions

(1) Pandemics travel in waves; not all parts of the world will be affected at the same time or affected to the same degree (i.e. multiple waves).

(2) A pandemic outbreak will last between 6-12 weeks in one location with multiple pandemic waves following for a period of 12-24 months.

(3) Developed countries will be quicker in preparing for, detecting, and responding to outbreaks than less developed countries.

(4) Some coalition partners, allies, and host nation governments will request military assistance and training from the US Government for pandemic influenza preparedness, surveillance, detection, and response.

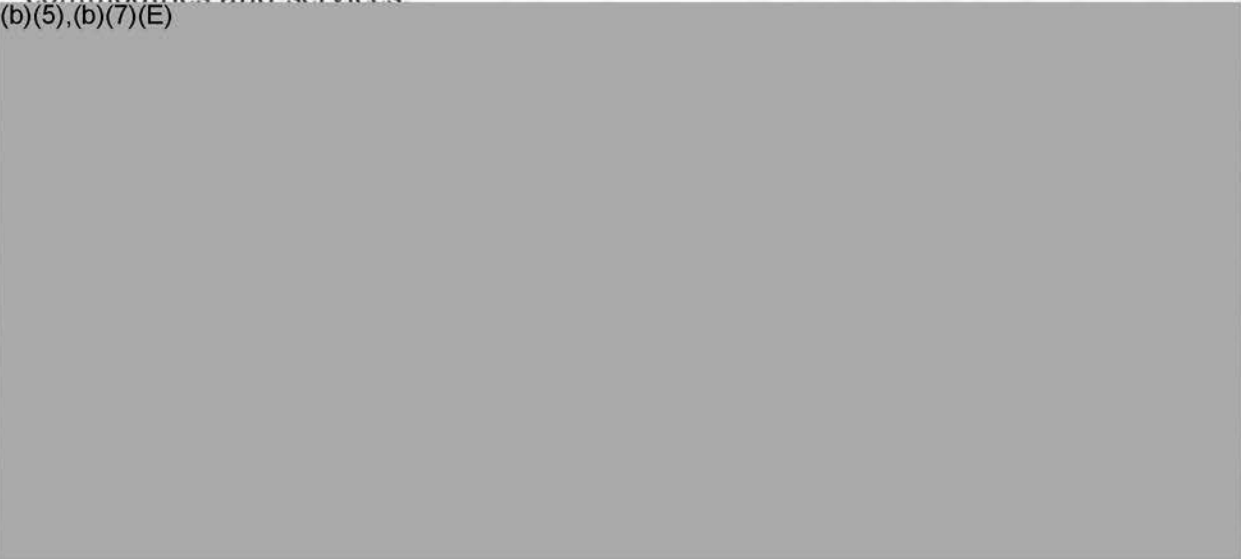
(5) International and interstate transportation will be restricted to contain the spread of the virus.

(6) An efficient human-to-human outbreak will most likely occur outside of the United States and may not be contained effectively.

(7) If a pandemic influenza starts outside the United States, it will enter the United States at multiple locations and spread quickly to other parts of the country.

(8) United States Government and host nation jurisdictions will be overwhelmed and unable to provide or ensure the provision of essential commodities and services

(b)(5),(b)(7)(E)



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(13) A pandemic will exceed the capabilities of national and international authorities.


(14) Host nation support to US forces will be impacted by PI at a rate proportional to the impact of PI on the host nation's general population.

(15) DOS / United States Agency for International Development (USAID) will request support from DOD to provide Humanitarian Assistance / Disaster Relief support to the international community.


(16) Some military movements, basing, over flight as well as support to coalition operations, will be restricted by other countries.

g. Legal and Policy Considerations. Significant legal and policy issues could arise during operations in a PI.

(b)(5),(b)(7)(E)



(b)(5),(b)(7)(E)



(3) Defense Support of Civil Authorities (DSCA). As directed by SecDef, CCDR will provide support to civil authorities. CCDRs in coordination with their Staff Judge Advocate will ensure that the support complies with applicable legal authorities and/or policy.

(4) International Support. GCC/FCCs tasked to provide foreign humanitarian assistance or disaster relief to foreign countries within its AOR

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will, in coordination with their Staff Judge Advocate, ensure that it is done IAW applicable international agreements, laws and policies.

2. Mission The Global Synchronizer, USNORTHCOM, directs the coordinated planning and synchronization for the DOD global response, and GCC/FCCs, Services and DOD Agencies support and conduct operations to protect our Nation's vital interests in support of US Government efforts to mitigate and contain the effects of an influenza pandemic.

### 3. Execution

#### a. Commander's Intent

(1) Purpose. The purpose of this CONPLAN is to provide a synchronized, common operating structure and detailed planning guidance for the development and execution of coordinated GCC/FCC, Service, and DOD Agency plans to prepare for and respond to PI. Additionally, this plan will outline information requirements necessary to identify gaps in GCC/FCC, Service and Agency level planning, to identify and resolve policy issues, and to establish reporting requirements to facilitate OSD level decision making with the Joint Staff.

(2) End State. DOD is capable of conducting assigned missions worldwide, effects on our society are mitigated, and the impact of PI on DOD forces significantly reduced.

#### b. Concept of DOD Operations

(1) Preparing and responding to a pandemic will require an active, layered defense. This active, layered defense is global, integrating seamlessly, US capabilities in the forward regions of the world, the approaches to the US territory, and within the United States. It is a defense in depth. It includes assisting partner countries to prepare for and detect an outbreak, respond should one occur, and manage the key second-order effects that could lead to an array of challenges. The top priority is the protection of DOD forces, comprised of the military, DOD civilians and contractors performing critical roles, as well as the associated resources necessary to maintain readiness. Also, it is critical to ensure DOD is able to sustain mission assurance and the ability to meet our strategic objectives. Priority consideration is also given to protect the health of DOD beneficiaries and dependents.

(2) The DOD Global Concept Plan to Synchronize Response to PI will support the US Government's effort to contain and, if necessary, mitigate the effects of a pandemic influenza to protect our nation's vital interests. The CONPLAN and supporting plans developed under this CONPLAN will follow a

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six-phased construct. The six phases that will be utilized are: Shape, Prevent, Contain, Interdict, Stabilize, and Recover.

(3) This plan recognizes the approaches adopted by the WHO and the USG (See Diagram 1) and evaluates their critical elements in an attempt to align portions of these plans with the Global Synchronization CONPLAN as appropriate. The phase structure depicted on the right side of Diagram 1 is the phase structure that DOD will use.

DOD Global CONPLAN to Synchronize Response to PI Phases (Response, Virus and Geography Driven)		Federal Government Response Stages (Geography Driven)		WHO Phases (Virus Driven)	
<b>INTER-PANDEMIC PERIOD</b>					
0	No new influenza subtypes have been detected in humans	0	New domestic animal outbreak in at-risk country	1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.
				2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease
<b>PANDEMIC ALERT PERIOD</b>					
1	Receipt of information of human infections with a new viral subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	1	Suspected human outbreak from animals overseas	3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
2	Receipt of information of small cluster(s) with limited human-to-human transmission, but the spread is highly localized suggesting the virus is not well adapted to humans.	2	Confirmed human outbreak overseas	4	Small cluster(s) with limited human-to-human transmission, but spread is highly localized, suggesting that the virus is not well adapted to humans.
3	Indications and warnings identify large cluster(s) of human-to-human transmission(s) in an affected region.			5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial PI risk).
<b>PANDEMIC PERIOD</b>					
4	Receipt of information that a highly lethal pandemic influenza virus is spreading globally from human-to-human signaling a breach in containment and failing interdiction efforts.	3	Widespread human outbreaks at multiple locations overseas	6	PI phase, increased and sustained transmission in general population
		4	First human case in North America		
		5	Spread throughout the United States		
<b>RECOVERY PERIOD</b>					
5	Receipt of information that case incident is decreasing, indicating the slowing of the pandemic wave. Reconstitution of DOD assets and conditions established to return to a previous phase.	6	Recovery and preparation for subsequent waves		

Diagram 1

## (4) Phases

### (a) Phase 0 – Shape Phase

1 Commander's Intent Prepare DOD for continued operations in the event of a PI. The priority of effort is surveillance of virus outbreaks. Secondary efforts are focused on plan development, synchronization and maintenance.

### 2 Phase Objective and Desired Effects

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a Objective 1: DOD is prepared for PI

b Objective 2: Efforts to identify PI threat virus are supported.

c Desired effects are:

1 DOD, interagency, state, tribal, local and international partners synchronize planning, response, and communications.

2 DOD, interagency, state, tribal, local and international partners mitigate spread of virus.

## 3 Execution

a Actions taken in this phase will continue through all phases. Actions will include adaptive planning, routine surveillance and engagement activities to assure and solidify collaborative relationships, shape perceptions, and influence behavior in order to prepare for a new influenza viral subtype. Actions taken in this phase includes education and training for the Key Population, host nations, interagency, state, tribal, local and international partners.

b Success in this phase is defined as:

1 DOD is prepared for the onset of a new viral sub-type.

2 DOD forces are intact.

## 4 Key tasks

a GCC/FCCs will develop strategic estimates, strategies and plans to accomplish their assigned missions based on strategic guidance in accordance with JP 5-0. Planning will include DOD linkage into interagency / international surveillance networks in the region, adaptive plan development, synchronization and maintenance, and establish coordination linkages to USG interagency, state, tribal, local and international key partners in region.

b Services will conduct threat surveillance in support of service activities, facilities and Key Population, develop and maintain Service plans that are synchronized with this plan, and assist Service Components in synchronizing support plans with GCC/FCCs.

c DOD Agencies will develop and maintain plans synchronized with this plan.

(b) Phase 1- Prevent Phase

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1 Commander's Intent DOD will support USG efforts to prevent or limit the spread of the virus. The priority of effort is to prepare for and respond to potential PI, to include: surveillance; training, organizing and equipping the force; educating the Key Population; continued planning; strategic communication; (b)(5),(b)(7)(E) Secondary efforts are actions to maintain situational awareness and coordinate with interagency, state, tribal, local and international partners.

## 2 Phase Objectives and Desired Effects

a Objective 1: Support USG efforts to identify and prevent or limit the spread of the virus.

b Objective 2: (b)(5),(b)(7)(E)

c Desired effects are:

1 (b)(5),(b)(7)(E)

2 DOD, interagency, state, tribal, local and international partners synchronize planning, response, and communications.

3 DOD, interagency, state, tribal, local and international partners inhibit development of human-to-human transmission.

4 DOD, interagency, state, tribal, local and international partners prevent geographic spread of virus.

## 3 Execution

a Actions taken in this phase include: (b)(5),(b)(7)(E) refinement of plans; (b)(5),(b)(7)(E) close coordination with host nations, interagency, and international partners; and strategic communication.

b Success in this phase is defined as:

1 The identification of a new influenza viral subtype, and limiting the spread of the virus in geography and numbers.

2 DOD forces remain intact.

## 4 Key tasks

a CCDRs will: (b)(5),(b)(7)(E) refine and exercise plans; enhance surveillance; support community

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mitigation measures and enhance interagency, state, tribal, local and international coordination (To include mil to mil containment with host nations to improve PI response capacity).

b Services will train and equip the force on protective measures against the new strain; refine and exercise plans; and enhance surveillance.

c DOD Agencies will refine and exercise plans; enhance surveillance; and enhance interagency, state, tribal, local and international coordination.

## (c) Phase 2- Contain Phase (Decisive Transition)

1 Commander's Intent This is DOD's decisive phase as containing the virus at this point prevents or delays a PI, alleviating the need for additional phases. The priority of effort is to support USG containment efforts, (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E) 5 Secondary effort is to prepare for a potential PI.

## 2 Phase Objectives and Desired Effects

a Objective 1: Contain the virus.

b Objective 2: (b)(5),(b)(7)(E)

c Desired effects are:

1 (b)(5),(b)(7)(E)

2 DOD, interagency, and international partners synchronize planning, response, and communications.

3 DOD, interagency, state, tribal, local and international partners prevent development of efficient and sustained human-to-human transmission.

4 DOD, interagency, state, tribal, local and international partners prevent geographic spread of virus.

5 Traditional and emerging threats do not exploit PI environment.

## 3 Execution

a During this phase DOD components will (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)



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(b)(5),(b)(7)(E)

As directed, DOD components will support USG efforts to contain the new virus within a limited area in order to prevent PI or gain time for implementation of additional PI preparedness measures.

b Success in this phase is defined as:

1 At risk population protected from human-to-human transmission.

2 Virus spread limited to local regions.

3 (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

## 4 Key Tasks

a CCDRs will continue surveillance; support USG efforts to contain the virus; and support community mitigation measures; identify resource requirements; pre-position key capabilities to protect DOD; take actions to ensure freedom of action; and continue strategic communication.

b Services will continue surveillance; provide FHP and community mitigation measures in affected regions.

c (b)(5),(b)(7)(E)

(b)(5),  
(b)(7)

## (d) Phase 3 - Interdict Phase

1 Commander's Intent During this phase the intent is to support USG efforts in delaying or halting the spread of the virus. Priority of effort is on preparations to ensure freedom of action to conduct assigned missions in the face of an impending PI.

## 2 Phase Objectives and Desired Effects

a Objective 1: Support USG efforts to delay or halt the virus.

b Objective 2: (b)(5),(b)(7)(E)

c Desired effects are:

1 (b)(5),(b)(7)(E)

2 (b)(5),(b)(7)(E)

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3 (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

4 DOD, interagency, state, tribal, local and international partners synchronize planning, response, and communications.

5 DOD, interagency, state, tribal, local and international partners inhibit development of more efficient human-to-human transmission.

6 DOD, interagency, state, tribal, local and international partners prevent geographic spread of virus.

7 Traditional and emerging threats do not exploit PI environment.

## 3 Execution

a During this phase DOD components will (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

As directed, DOD components will support USG efforts to delay or halt a PI wave.

b Success in this phase is defined as:

(b)(5),(b)(7)(E)

1 (b)(5),(b)(7)(E)

2 Virus spread delayed or halted in affected areas.

3 Impact to DOD mission risk mitigated through the use of protective measures to allow forces to retain freedom of action.

## 4 Key Tasks

a CCDRs will continue surveillance; support USG efforts to contain the virus; set the FHP conditions and support community mitigation measures; (b)(5),(b)(7)(E) take actions to ensure freedom of action in order to continue to conduct assigned missions; and continue strategic communication.

b Services will continue surveillance; provide FHP and community mitigation measures.

c DOD Agencies will make preparations to ensure freedom of action to conduct assigned missions in the face of an impending PI.

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## (e) Phase 4 - Stabilize Phase

1 Commander's Intent Maintain DOD continuity of operations.

Priority of effort is (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

### 2 Phase Objectives and Desired Effects

a Objective 1: Continued mission assurance through the ability to maintain Continuity of Operations (COOP) through each PI wave.

b Objective 2: Continued support to USG efforts to protect vital national interests.

#### c Desired effects are:

1 Virus does not impair operational readiness of units.

2 (b)(5),(b)(7)(E)

3

(b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

4 DOD, interagency, state, tribal, local and international partners synchronize planning, response, and communications.

5 Traditional and emerging threats do not exploit PI environment.

### 3 Execution

a During this phase DOD components will (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

support USG in mitigating the PI effects in order to minimize human suffering, maintain critical infrastructure, and to ensure governments and communities are capable of maintaining social order.

b Success in this phase is defined as: (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

### 4 Key Tasks

a CCDRs will continue surveillance; (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

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(b)(5),(b)(7)(E) and continue strategic communication.

(b)(5),(b)(7)(E) b Services will continue surveillance. (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E) c DOD Agencies will (b)(5),(b)(7)(E)

## (f) Phase 5 - Recovery Phase

1 Commander's Intent During this phase the intent is to reconstitute the force in preparation for the next wave or return to the inter-pandemic period. Priority of effort is redeployment and reconstitution of the force. Secondary effort is support to USG efforts to re-establish inter / pre-pandemic conditions.

### 2 Phase Objectives and Desired Effects

a Objective 1: Reconstitution of DOD assets.

b Objective 2: Support USG efforts to establish conditions that allow a return to a previous phase.

c Desired effects are:

1 (b)(5),(b)(7)(E)

2 (b)(5),(b)(7)(E)

3 (b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

4 DOD, interagency, state, tribal, local and international partners synchronize planning, response, and communications.

5 Traditional and emerging threats do not exploit PI environment.

### 3 Execution

a During this phase DOD conducts force recovery operations and as directed will support USG efforts to re-establish normal support conditions with key partners.

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b Success in this phase is defined as: DOD forces and assets regenerated to pre-pandemic levels.

## 4 Key Tasks

a CCDRs will: Re-deploy PI response forces; OPCON forces transferred to their respective commands; continue support to USG efforts until transition of support activities can be accomplished with no degradation of operations; and continue to employ command communications strategies (e.g., Public Affairs and Strategic Communications).

b Services will: Re-deploy and reconstitute the PI response forces and prepare for the possibility of a subsequent wave.

c DOD Agencies will: Regenerate DOD capabilities; and continue support to USG efforts.

c. Anticipated Coordination and Support from Federal Department and Agency Partners with DOD as the Primary Agency or Co-Primary Agency.

(1) DOS - Assist and support DOD in the following areas:

(a) Conducting bilateral and multilateral assessments of the avian and pandemic preparedness and response plans of the militaries in partner nations or regional alliances such as NATO focused on preparing for and mitigating the effects of an outbreak on assigned mission accomplishment.

(b) Developing solutions for identified national and regional military gaps.

(c) Developing and executing bilateral and multilateral military-to-military influenza exercises to validate preparedness and response plans.

(d) Developing priority country military infection control and case management capability through training programs.

(e) Enhancing open source information sharing efforts with international organizations and agencies to facilitate the characterization of genetic sequences of circulating strains of novel influenza viruses.

(f) Coordination with allied, coalition, and host nation public health communities to investigate and respond to confirmed infectious disease outbreaks on DOD installations.

(g) Influenza surveillance of host nation populations IAW existing treaties and international agreements.

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(b)(5), (b)(7)(E) (h) (b)(5), (b)(7)(E)

(i) Conducting an assessment of military support related to transportation and borders that may be requested during a pandemic and developing a comprehensive contingency plan for DSCA.

(j) (b)(5), (b)(7)(E) (b)(5), (b)(7)(E)

(2) HHS - Assist and support DOD in the following areas:

(a) Enhancing open source information sharing efforts with international organizations and agencies to facilitate the characterization of genetic sequences of circulating strains of novel influenza viruses.

(b) Developing and refining DOD's overseas virologic and bacteriologic surveillance infrastructure through Global Emerging Infections Surveillance and Response System (GEIS) and the DOD network of overseas labs, including fully developing and implementing seasonal influenza laboratory surveillance and an animal/vector surveillance plan linked with WHO pandemic phases.

(c) Prioritizing international DOD laboratory research efforts to develop, refine, and validate diagnostic methods to rapidly identify pathogens.

(d) (b)(5), (b)(7)(E) (b)(5), (b)(7)

(e) Maintaining antiviral and vaccine stockpiles in a manner consistent with the requirements of FDA's Shelf Life Extension Program (SLEP) and exploring the possibility of broadening SLEP to include equivalently maintained State stockpiles.

(f) Ensuring HHS-, DOD-, and VA-funded hospitals and health facilities have access to improved rapid diagnostic tests for influenza A, including influenza with pandemic potential.

(g) Ensuring HHS-, DOD-, and VA-funded hospitals and health facilities develop, test, and are prepared to implement infection control campaigns for pandemic influenza.

(h) Developing and disseminating educational materials, coordinated with and complementary to messages developed by HHS but tailored for DOD.

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## (3) DHS - Assist and support DOD in the following areas:

(b)(5),(b)(7)(E) (a) [REDACTED]

(b) Conducting an assessment of military support related to transportation and borders that may be requested during a pandemic and developing a comprehensive contingency plan for DSCA.

(b)(5),(b)(7)(E) (c) [REDACTED]

(d) Engaging in contingency planning and related exercises to ensure preparation to maintain essential operations and conduct missions, as permitted by law, in support of quarantine enforcement and/or assist State, local, and tribal entities in law enforcement emergencies that may arise in the course of an outbreak.

## (4) DOT - Assist and support DOD in the following areas:

(b)(5),(b)(7)(E) (a) [REDACTED]

(b) Conducting an assessment of military support related to transportation and borders that may be requested during a pandemic and developing a comprehensive contingency plan for DSCA.

## (5) Department of Justice (DOJ) - Assist and support DOD in the following areas:

(a) Conducting an assessment of military support related to transportation and borders that may be requested during a pandemic and developing a comprehensive contingency plan for DSCA.

(b) Assessing the training needs for National Guard forces in providing operational assistance to State under either Federal (Title 10) or State (Title 32 or State Active Duty) in a pandemic influenza outbreak and providing appropriate training guidance to the States and Territories for units and personnel who will be tasked to provide this support.

(c) Advising State Governors of the procedures for requesting military equipment and facilities, training and maintenance support as authorized by 10 USC. 372-74.

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(d) Engaging in contingency planning and related exercises to ensure preparation to maintain essential operations and conduct missions, as permitted by law, in support of quarantine enforcement and/or assist State, local, and tribal entities in law enforcement emergencies that may arise in the course of an outbreak.

(6) Department of Veteran Affairs (VA) - Assist and support DOD in the following areas:

(a) Ensuring HHS-, DOD-, and VA-funded hospitals and health facilities have access to improved rapid diagnostic tests for influenza A, including influenza with pandemic potential.

(b) (b)(5), (b)(7)(E)  
(b)(5), (b)(7)(E)

(c) Maintaining antiviral and vaccine stockpiles in a manner consistent with the requirements of FDA's Shelf Life Extension Program (SLEP) and exploring the possibility of broadening SLEP to include equivalently maintained State stockpiles.

(d) Ensuring HHS-, DOD-, and VA-funded hospitals and health facilities develop, test, and are prepared to implement infection control campaigns for pandemic influenza.

(e) Ensuring assets and capabilities are postured to provide care for military personnel and eligible civilians, contractors, dependants, other beneficiaries, and veterans.

(f) Augmenting the medical response of State, territorial, tribal, or local governments and other Federal agencies consistent with their ESF #8 support roles.

(g) Developing and disseminating educational materials, coordinated with and complementary to messages developed by HHS but tailored for DOD.

d. Specified DOD Tasks.

(1) Develop active and passive systems for inpatient and outpatient disease surveillance at DOD institutions worldwide, with an emphasis on index case and cluster identification.



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(2) Develop mechanisms for utilizing DOD epidemiological investigation experts in international support efforts, to include validation of systems/tools and improved outpatient/inpatient surveillance capabilities.

(3) Work with priority nations' military forces to assess existing laboratory capacity, rapid response teams, and portable field assay testing equipment, and fund essential commodities and training necessary to achieve an effective national military diagnostic capability.

(4) Incorporate international public health reporting requirements for exposed or ill military international travelers into the GCC's PI plans.

(5) When directed by SecDef and IAW law, monitor and report the status of the military transportation system and those military assets that may be requested to protect the borders, assess impacts (to include operational impacts), and coordinated military services in support of Federal agencies and State, local, and tribal entities.

(6) Conduct a medical materiel requirements gap analysis and procure necessary materiel to enhance Military Health System surge capacity.

(7) Establish stockpiles of vaccine against H5N1 and other influenza subtypes determined to represent a pandemic threat adequate to immunize approximately 1.35 million persons for military use.

(8) Procure 2.4 million treatment courses of antiviral medications and position them at locations worldwide.

(9) Supply military units and posts, installations, bases, and stations with vaccine and antiviral medications according to the schedule of priorities listed in the DOD PI policy and planning guidance.

(10) Enhance influenza surveillance efforts by:

(a) Ensuring that MTFs monitor the Electronic Surveillance System for Early Notification of Community-based Epidemics (ESSENCE) and provide additional information on suspected or confirmed cases of PI through Service surveillance activities.

(b) Ensuring that Public Health Emergency Officers (PHEOs) report all suspected or actual cases through appropriate DOD reporting channels, as well as to CDC, State public health authorities and host nations.

(c) (b)(5),(b)(7)(E)

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(d) Ensuring that the Reserve components have a mechanism in place to report actual or suspected cases to the respective Services.

(b)(5),(b)(7)(E)

(11)  
(b)(5),(b)(7)(E)

(b)(5),(b)(7)(E)

DOD personnel and beneficiaries living off-base should comply with local community containment guidance with respect to activities not directly related to the installation.

(12) Enhance public health response capabilities by:

(a) Continuing to assign epidemiologists and preventive medicine physicians within key operational settings.

(b) Expanding ongoing DOD participation in CDC's Epidemic Intelligence Service (EIS) Program.

(c) Fielding specific training programs for PHEOs that address their roles and responsibilities during a public health emergency.

(d) Ensuring that the Reserve components have a mechanism in place to report actual or suspected cases to their respective Services.

(13) Develop and implement guidelines defining conditions under which Reserve Component medical personnel providing health care in non-military health care facilities should be mobilized and deployed.

(14) Identify, track and resolve PI related policy issues.

(15) GCCs must coordinate with DOS:

(a) Number of American Citizens expected to need evacuation in a PI environment (i.e., validated F-77 data base information).

(b) Ensure DOS list of affected priority countries is compared to the DOD key partner list and any inconsistencies are addressed.

(16)  
(b)(5),(b)(7)(E)

(17) Within PI plans consider the potential impact of PI using at least 5 conditions of support from host nations (no change, limited air/seas

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movement, no air/sea movement, limited external sustainment assistance, no external sustainment support).

(18) Include an evaluation of PI impact on Political, Military, Economic, Social, Infrastructure, Information (PMESII) systems on select key partners and priority countries within PI plans.

(19) In coordination with DOS, negotiate necessary arrangements with host nations to overfly and access these nations with PI related aircraft and vessels to perform missions.

(20) (b)(5),(b)(7)(E)  
(b)(5),(b)(7)(E)

## e. Coordinating Instructions

(1) DIRLAUTH ALCON. Keep the OSD, Joint Staff, and USNORTHCOM informed. Direct liaison authorized (DIRLAUTH) is granted with the Federal Department and Agency partners listed in this CONPLAN for the purposes of planning, synchronizing and execution of this plan.

(2) Communicate/disseminate common public affairs, strategic communication themes and messages consistent with ASD (PA) and ASD (HD&ASA) guidance, National and DOD policy and guidance.

(3) Conduct exercises and rehearsals with other DOD components and the Interagency (IA) including state and local organizations.

## 4. Policy Issues.

### a. PI Policy Issue Process.

(1) The process provides a formal structure for addressing and resolving issues associated with Pandemic Influenza.

(2) Issues are derived from all DOD Components, Congressional inquiries, and Government Accountability Office Reports.

(3) Issues are received by the Office of the Assistant Secretary of Defense for Homeland Defense and Americas' Security Affairs and the Joint Staff.

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(4) All issues are vetted at the monthly Pandemic Influenza Task Force (PITF) meeting where the appropriate lead and supporting DOD Component are assigned.

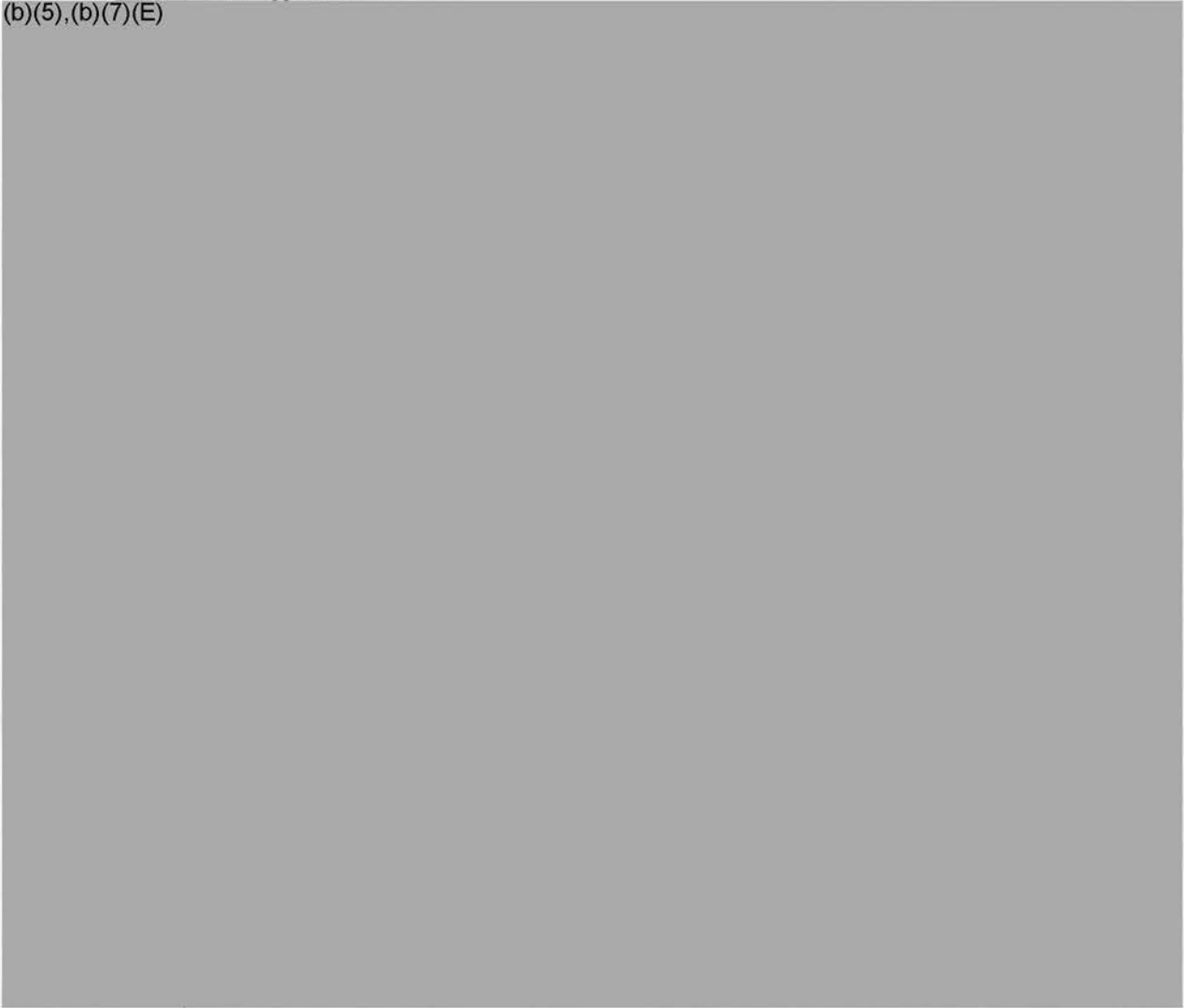
(5) Issues that cannot be successfully resolved by the PITF or require senior official guidance are presented at the Pandemic Influenza Steering Committee quarterly meeting.

(6) An official response to each issue will be drafted to the appropriate organization(s) to close out the issue.

(7) The Pandemic Influenza Steering Committee will determine if issues have been successfully resolved and closed out.


### b. Outstanding Issues.

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a. Command.  
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## (1) Command Relationships.

(a) CDRUSNORTHCOM is the supported Commander for the synchronization of Global PI planning. Combatant Commands, Services, and Defense Agencies are supporting commands/ departments/agencies for coordination and synchronization of Global PI planning.

(b) Commander USNORTHCOM will provide assessments and recommendations to the Secretary of Defense through the Joint Staff on PI related resource and policy decisions in other AORs that may impact Homeland Defense (HLD) and Defense Support of Civil Authorities (DSCA) within the USNORTHCOM AOR.

(c) GCCs are the supported commanders within their respective AORs. All other combatant commanders are supporting commanders for PI response operations.

(d) Services and defense agencies are supporting organizations and their PI plans will conform with GCC plans in case of conflict.

## (2) Succession to Command. Non-applicable

## b. Communication.

(1) Direct communication with Federal Department and Agency representatives is authorized as appropriate to plan, coordinate, integrate, synchronize and execute PI plans. Keep the OSD, Joint Staff, and USNORTHCOM informed.

(2) Requests for Assistance (RFAs) from Federal Departments and Agencies must follow existing policy contained within the National Response Plan (NRP) and IAW the Economy Act. Approval or disapproval will be routed back through the Executive Secretary, DOD. Further discussion is found in Appendix 1 to Annex V.

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## Appendix 1 to Annex V Request for Assistance Coordination Process


### 1. Request For Assistance (RFA).

a. An RFA is when one Federal Department or Agency requests assistance from another Federal Department or Agency. The National Response Plan (NRP) describes the circumstances when this occurs. The Economy Act governs financial reimbursement.

b. An RFA asking for DOD assistance is normally staffed via letter from the Primary Agency to the DOD Executive Secretary. For DOD the RFA routing process usually begins at senior commander level and then forwarded up the military chain to the Executive Secretary. USNORTHCOM is provided courtesy copy.

c. The basic information that is required in an RFA should include the task, purpose and the five W's. RFAs should identify a capability for a specific event and specific location vice a specific asset.

(b)(5),(b)(7)(E)



### 2. Approved RFA.

a. If approved by the Secretary of Defense, DOD designates a supported combatant commander to execute the requested assistance.



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b. Determines the appropriate level of command and control for each response. The supported combatant commander designates a senior military officer to be DOD's single point of contact to and for the supported Federal Department or Agency during the duration of the support.

c. The supported combatant commander must maintain detailed accounting data. Reimbursement is made under the authorities of the Economy Act.

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23 March 2009

## ANNEX Y TO USNORTHCOM CONPLAN 3551-09 Strategic Communication

### References:

- v. 2006 Quadrennial Defense Review Strategic Communication Execution Road Map, 25 September 2006
- w. Doctrine for the Armed Forces of the United States, Joint Publication 1, 14 May 2007
- x. US National Strategy for Public Diplomacy and Strategic Communication, June 2007

(b)(5),(b)(7)(E)



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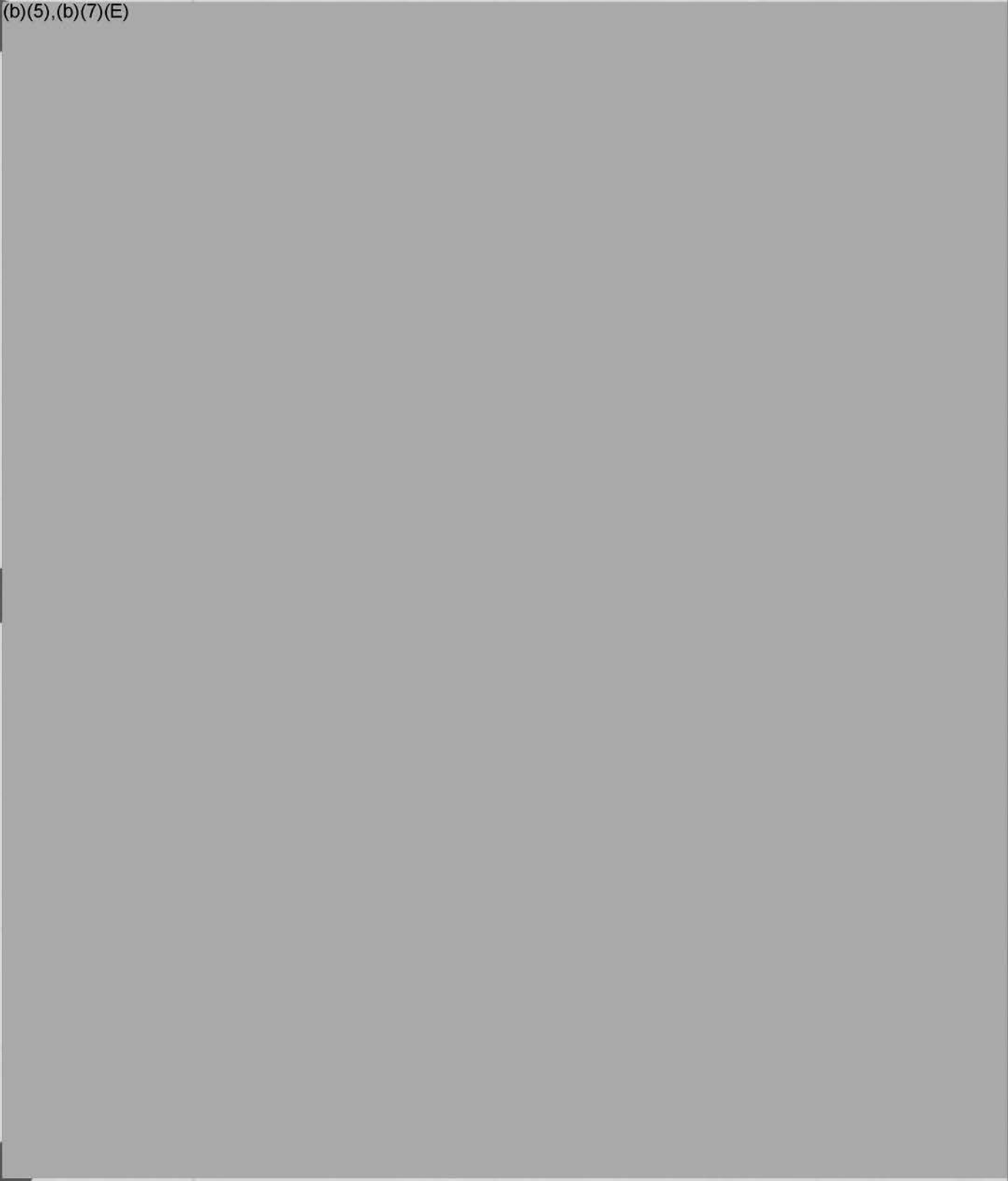
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TAB A TO APPENDIX 2 TO ANNEX Y TO CONPLAN 3551-09  
SC Tasking Matrix (Synchronization Matrix)

The following tasking matrix cross-walks SC Themes to linked Effects, Nodes, Actions, and Resources (E-N-A-R Linkage).

(TBP, if deemed necessary)

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