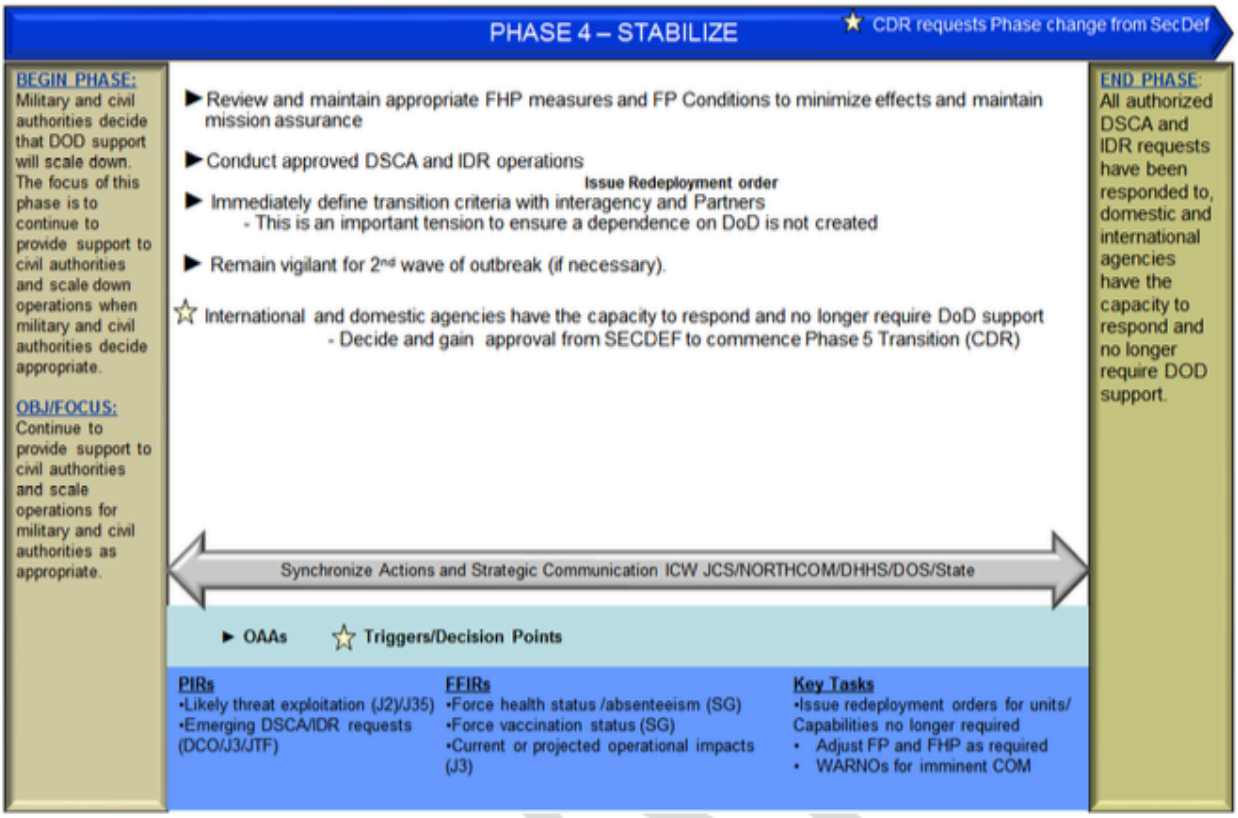

Figure 5, PI&ID Response Phase 4 - Stabilize

(f) Phase 5 – Transition and Recover.

1. Commander's Intent. Redeploy response forces, reconstitute the force, and make any preparations required for follow on waves of the outbreak/event.

2. Timing. Phase V begins when DSCA and IDR response forces have commenced re-deployment to home locations. This phase ends when DSCA and IDR response forces have returned to home locations, have been reconstituted, and returned to original C2 arrangements and/or the disease is no longer of operational significance.

3. Objectives and Effects. The first objective for this phase is the reconstitution of USNORTHCOM assets. The second is to support all efforts to establish conditions that require a return to a previous phase: Disease does not impair key population, preclude operations, negate critical capabilities or supporting infrastructure; USNORTHCOM, interagency, and international partners synchronize planning, response, and communications; and traditional and emerging threats do not exploit a PI&ID environment. Lessons learned are identified and plans are updated accordingly.

4. Risk. The failure to reconstitute the force in time for subsequent outbreak waves will negatively impact the ability of USNORTHCOM to maintain mission assurance and support domestic and international partners.

5. Execution. The focus of this phase is transition from support to domestic and international operations to redeploying the forces to homes stations for reconstitution and preparation for subsequent outbreak waves. USNORTHCOM conducts force recovery operations and as directed will support efforts to re-establish normal support conditions with key partners. Additionally, USNORTHCOM will continue to work with the interagency and PNs, to ensure freedom of movement, and to coordinate strategic communications, conduct AARs from previous operations and update plans accordingly. Success in this phase is defined as: USNORTHCOM and assets returned to Steady-State Operations. See figure 6.

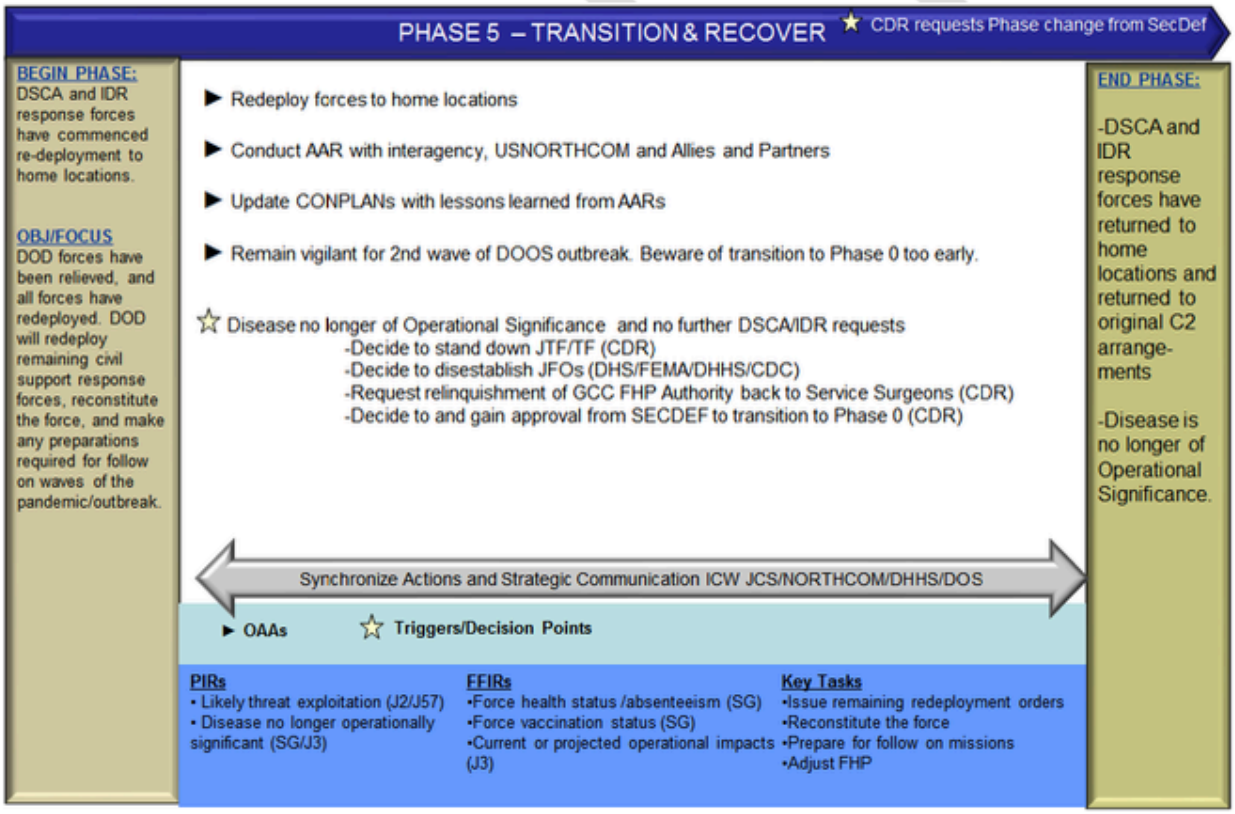

Figure 6, PI&ID Response Phase 5 – Transition & Recover

b. Tasks. Refer to the Base Plan and the CJCS DSCA EXORD, for more details.

(1) NORAD-USNORTHCOM Staff.

(a) Director of Personnel, N-NC/J1. See Base plan and Headquarters Operating Instruction (HOI) 10-170 (reference, ??)

1. Provide planning representation to crisis action planning and boards, centers, cells, and working groups as required.

2. Keep command apprised of existing and emerging OPM guidance as related to operationally significant disease outbreaks. Make available current and subsequent updates to personnel policies and procedures, relative to operationally significant disease outbreaks, for command-wide dissemination via PA developed platforms and command J14 portal.

3. Provide personnel accountability, monitor casualty reporting and maintain accountability of command Individual Medical Readiness (IMR) related to operationally significant disease outbreak.

4. Establish processes for NORAD and USNORTHCOM and its subordinates to have ready access to information on locations and availability of high demand/low density personnel assets relevant to PI&ID (mission assurance).

(b) Director of Intelligence, N-NC/J2. See Enclosure B (Intelligence) to this PI&ID Response Branch Plan.

1. Develop and recommend PIRs as part of CDR's CCIR to provide timely intelligence and open-source reporting in support of this plan and adjust accordingly base on specific disease threats.

2. Task/coordinate theater and request national intelligence collection and other support per Enclosure B to support planning and operations.

3. Coordinate with N-NC/SG for the monitoring of disease occurrence in the AOR. Collaborate annually to identify “top five” potential disease of operational significance for the USNORTHCOM AOR and update Enclosure B to this branch plan accordingly.

(c) Director of Operations, NC/J3.

1. IAW the Battlestaff Standard Operating Procedures (BSOP) establish the USNORTHCOM Future Operations Center (FOC) to conduct crisis action planning in support of this branch plan and lead directorate for Crisis Action Planning and execution in support of PI&ID operations.

2. Develop and recommend FFIRs as part of CCDR's CCIR to provide timely critical status updates on friendly forces IOT aid CCDR decision-making.

3. Recommend decisions for Commander's approval in support of the established operation order as necessary.

4. Conduct Critical Infrastructure Protection (CIP) and Anti-terrorism FP planning with Service component commands and other agencies as necessary to support response.

5. ICW SG and J2, maintain and coordinate theater level all domain situational awareness for the emergence and spread of a disease of operational significance in the USNORTHCOM AOI, trends, events, and activities through all phases ICW components and other USNORTHCOM elements and staffs.

6. In coordination with PA, lead the development of a Strategic Communication framework from which guidance is provided and coordinate activities and internal messaging within USNORTHCOMM and external with other Unified, Sub-Unified commands, Components, Direct Reporting Units and USG agencies as required.

7. Establish N2C2 communication with USG, other GCCs, international and between interagency partners including partnering nation emergency operations centers. Identify preferred unclassified collaboration tools for information sharing. Promote, contribute to, and coordinate PI&ID situational awareness efforts with components, other USG organizations, allies and partners.

8. ICW SG, prioritize FHP to reduce degradation of priority capabilities and implement force posture, FP, FHP and containment strategies to minimize exposure of Joint Forces in disease environments.

9. Act as primary USNORTHCOM point of contact for Lead Federal Agencies (primarily DHHS and FEMA).

10. Notify JS/OSD of phase changes and FHP guidance changes.

11. Advise CDRUSNORTHCOM, who exercises TACON (for FP) authority for DOD elements, on personnel and facilities located within the AOR to ensure effective FP of DOD forces under all operating conditions and environments.

12. ICW J5, SG, and Service Components, facilitate the identification, prioritization, and protection planning of Defense Critical Infrastructure (DCI) in accordance with and synchronized with the AOR pandemic strategy. Act as the Office of Primary Responsibility (OPR) for DCI related concerns.

13. ICW J2/JIOC and SG, prepare threat warning(s) and notify travelers in affected areas.

14. BPT establish and lead crisis action planning and develop an EXORD that implements and directs Phase 1-5 OAAs in response to a disease of operational significance in the USNORTHCOM AOR.

15. Ensure HQ USNORTHCOM, subordinate, and component Continuity Of Operations Plan (COOP) activities enable mission assurance in an operationally significant disease environment when PI&ID effects and associated FHP measures degrade mission capabilities. Key differences from normal COOP activities are that mission related impacts will likely be primarily to the work force and secondarily to infrastructure. The plan must consider the ability to accomplish the mission with a severely degraded workforce due to PI&ID related impacts including but not limited to absenteeism, travel restrictions, containment strategies, and second and third order effects of the disease(s).

16. BPT execute USNORTHCOM CONPLAN 3500, DSCA Response should a PI&ID related DSCA request be received.

17. BPT execute the USNORTHCOM CONPLAN 3729 should a PI&ID related FDR request be received.

18. BPT conduct/support DOD NEO/Repatriation or early return of dependents.

18. Determine command and control relationships with key partner nations and regions.

19. Support all efforts to contain the disease geographically

20. Refine COOP PLAN and include operationally significant disease, social distancing, restriction of movement procedures, medical/logistical support, continuity of operations, mission accomplishment, and support to higher. Identify 2nd and 3rd order effects of PI & ID on ability to conduct COOP, support assigned/attached forces/missions, and ability to provide Force Health Protection (ICW w SG).

(d) Director of Logistics, N-NC/J4.

1. Maintain an updated logistics sustainability analysis for this branch plan.

2. ICW Service Components, plan, coordinate, and manage theater and operational logistics for USNORTHCOM PI&ID operations.

3. ICW DLA, maintain SA on USNORTHCOM critical supplies for PI&ID (PPE, vaccine, antivirals, etc). ICW SG, maintain Joint Medical Asset Repository (JMAR) visibility.

4. ICW Service Components and DLA identify critical supplies, goods, or services that require priority delivery from industry/suppliers to ensure COOP and sustainment of key populations.

5. BPT coordinate large-scale logistics operations to maintain flow of critical supplies to military base installations in the AOR if a disease of operational significance results in interruption of commercial transportation and/or trade.

6. BPT establish vaccine acquisition and distribution networks that acquire vaccine directly from the manufacturers and distribute them to USNORTHCOM components using USNORTHCOM logistics networks.

7. Maintain visibility on US and international airports and seaports that are considered strategic and that may be restricted due to an operationally significant disease outbreak ICW with USTRANSCOM, identify alternatives to ensure freedom of movement for DOD forces into/out of the USNORTHCOM AOR.

8. Assess sustainment stock levels, and mitigate any shortfalls necessary to meet the logistical requirements associated with a significant PI & ID event.

9. ICW J3 BPT implement prioritized medical material distribution plan, to include enroute security, for PI & ID vaccines, anti-virals, and other medical materiel consistent with J3 operational priorities and forces available.

10. BPT coordinate with NDDOC/AMC/USTRANSCOM for MILAIR or commercial air return of dependents/pets to home of record and potentially infected DOD personnel and/or AMCITs from OCONUS.

11. ICW N-NC/SG, BPT establish and/or support appropriate outbreak related medical operations IAW Health and Human Services (HHS) guidelines and screening criteria at aeromedical evacuation (AE) hubs and Aerial Ports of Debarkation (APOD)/Sea Ports of Debarkation (SPOD).

(e) Director of Strategy, Policy, and Plans, N-NC/J5.

1. Submit a strategic assessment to SECDEF as part of its yearly Campaign Assessment describing the Command's progress toward achievement of the GEF prioritized PIID end states via TCP annual assessment.

2. Coordinate PI&ID related policy issues with N-NC/J52, OSD, and Joint Staff respectively.

3. Maintain this branch plan in a "living state" to CONPLAN 3500 and as a supporting plan to the DOD GCP-PI&ID-3551 and adjust as guidance or changes to the environment dictate. Coordinate required policy adjustments with OSD and required authorities and planning support with the Joint Staff.

4. In the designated DOD Global Synchronizer for PI&ID role, coordinate the revision and review of GCC, SVC, and select DA supporting plans to the DOD GCP-PI&ID-3551.

5. Develop and execute USNORTHCOM led global synch conferences and planning efforts for GCP 3551.

6. Coordinate with component commands to review supporting plans and planning activities in a recurring information sharing forum.

7. N-NC/J59, Security Cooperation Division.

a. ICW SG coordinate Phase 0 health engagements across the USNORTHCOM AOR. Engagements shall align with planning guidance from the TCP and shall build the capacity for partner nations and partner nation militaries to reduce susceptibility to diseases and mitigate the effects of operationally significant outbreaks should one occur.

b. Establish Phase 0 - Security Cooperation and Partner Activities (SCPA) priorities and incorporate planning and opportunities into annual TCP, Theater Security Cooperation Annex (Annex P, TCP).

c. Work with target nation militaries to assess existing laboratory capacity, rapid response teams and portable field assay testing

equipment. ICW international military partners develop solutions for identified national and regional military gaps.

(g) Director, Cyberspace Operations, N-NC/J6.

1. Provide Command, Control, Communications, and Computer (C4) systems planning to enable a common operating picture by mapping/fusing extant information flows and resources to fulfill C2 and C4 requirements in support of mission execution.

2. Establish plans to ensure communication with all PI&ID response elements to include liaisons with DoS, international organizations and partner nations.

3. Develop and test Social Distancing/Telework plans ISO mission critical and support functions (phase 0/1).

4. Coordinate the synchronization of the cyberspace domain and provide decision makers and mission partners with the processes and architecture that facilitate relevant, accurate, and timely information in order to achieve decisive levels of shared and accessible knowledge.

(h) Director of Joint Training and Exercises, N-NC/J7.

1. Support branch plan with the overall exercise program that delineates the planning, execution, and assessment of joint training and is consistent with the Commander's training vision.

2. ICW NC/J3, N-NC/J5, and N-NC/SG, determine exercise requirements for CONPLAN 3500, PI&ID Branch Plan, and assist in developing appropriate mechanisms to exercise the plan within existing Joint Exercise Program and service component events.

3. As required, establish linkages with interagency (DHHS/CDC/FEMA) PI&ID exercise programs.

(i) Director of Requirements, Analysis, and Resources, N-NC/J8.

1. Synchronize ongoing USNORTHCOM PI&ID assessments and analyze plan maintenance activities. Capture capability requirements and shortfalls and integrate with appropriate DOD programmatic activities.

2. Advocate for PI&ID resources through the Planning, Programming, Budget and Execution (PPBE), Integrated Priority List (IPL) and

Joint Capabilities Integration Development System (JCIDS) processes when directed by CDRUSNORTHCOM.

3. Assist in the alignment of security cooperation activities (that will be used to achieve CONPLAN Phase 0 end states) with TCP All Hazards Sub-campaign IMOs, and assist in the development of a framework to monitor and assess the performance of these through the TCP assessment. In coordination with the J55, review changes or modifications needed to the TCP and produce a strategic assessment as required.

(j) Director of Interagency Coordination, N-NC/J9.

1. Facilitate USNORTHCOM interface and information sharing with interagency partners, specifically DHHS, the LFA for Medical and Public Health response.

2. ICW N-NC/SG, N-NC/J4, and N-NC/J59, establish Phase 0 - SCPA priorities and incorporate PI&ID planning and IMOs into the TCP.

3. Support pandemic Surveillance and Detection through consolidation, documentation and reporting of USG agency, International organizations, NGOs and private sector surveillance and detection programs.

4. ICW the N-NC/SG and established BSOP procedures, monitor and report, as necessary, PI&ID related results of USG infectious disease surveillance programs: Global Disease Detection (GDD), Field Epidemiology Training Program (FETP), Integrated Disease Surveillance and Response (IDSR), and Global Emerging Infections Surveillance and Response System (GEIS).

(k) Staff Judge Advocate (N-NC/JA).

1. Support the conduct of PI&ID response operations IAW Appendix 4 to Annex E-Legal.

2. Monitor USNORTHCOM PI&ID activities and advise CDRUSNORTHCOM and JTF or MILFOR Commander of legal/regulatory implications on current and planned activities, policies, and procedures through all operational phases.

3. Provide guidance to component commands and JTFs on handling of IDPs, refugees, modification to SROE, treatment of civilian casualties and any additional requested items through all operational phases.

4. Coordinate with N-NC/J4 and N-NC/J9 to confirm that diplomatic clearances, over flight, basing rights, access agreements and facility/ equipment usage authorizations have been requested and obtained to the extent possible.

(l) Public Affairs, N-NC/PA.

1. Educate key audiences on the importance of preparation in the event an operationally significant disease is identified (during Phases 0 through II), develop fact sheets or other general information on USNORTHCOM outbreak preparation and mitigation activities ICW N-NC/SG for distribution to various target groups, including professional and community groups. Ensure national consistency of locally produced fact sheets and ensure N-NC PA does not message ahead of local, state, and federal messaging when inappropriate to do so.

2. Monitor public affairs teams deployed ISO outbreak operations.

3. Act as focal point of all CDRUSNORTHCOM public announcements concerning foreign outbreak efforts. Prepare public affairs guidance, as required.

4. Coordinate for the dispatch of news stories and photographs with the Office of the Assistant SECDEF (Public Affairs) for release to national and local media as well as USNORTHCOM command/internal information media.

5. Refine themes and messages for communication activities (protect, mitigate, respond, and stabilize).

a. DoD's first priority is focused on protecting the force and sustaining DoD mission assurance.

b. Education and understanding will enhance preparedness.

c. Preparedness is essential to mitigate effects of an outbreak.

d. During an outbreak, the protection of DoD personnel and their families is a high DoD priority.

e. Openness and communication among mission partners will enhance preparedness for an outbreak.

f. Adverse effects of PI – ID on DoD forces will be minimized and DoD is capable of conducting its assigned missions worldwide.

g. The Department is capable of providing appropriate support to the primary Federal agency to assist in mitigating the effects when requested and directed.

h. When directed to do so, US forces are capable of assisting international partners to mitigate and respond to PI – ID.

(m) Command Surgeon, N-NC/SG.

1. Monitor disease occurrence in the AOR. ICW J2, DIA/NCMI, and AFHSB utilize medical intelligence, environmental surveillance, health surveillance, and early warning system efforts to identify, monitor, and track the emergence and spread of a disease of operational significance in the USNORTHCOM AOI. This includes analysis and evaluation of the environment, and prioritization of regional threats based on epidemiology, infrastructure, and potential for operational impact. This work is to be done in collaboration with DOD components and other international and federal agencies (WHO, DHS/NBIC, and HHS/CDC, etc.).

2. IAW DODI 6200.03 (Public Health Emergency Management within the Department of Defense) reporting requirements for Biological Events to include USNORTHCOM.

3. IAW DODD 6200.04 (Force Health Protection) develop and promulgate FHP guidelines for assigned/attached forces and/or AOR (either upon receipt of JS EXORD granted AOR authority, or ICW JS Surgeon and SVC Surgeons) to ensure baseline FHP is being met. Protect forces and preserve operational readiness through FHP education and training on the operationally significant threats, personal protective measures, MCM, non-medical therapeutics treatment, prophylaxis, and personnel protective equipment (PPE). As required, recommend implementation of FHP protocols.

3. Establish priorities for immunization/prophylaxis against operationally significant disease outbreaks (particular attention to Novel Influenza).

4. Assess USNORTHCOM force health preparedness status.

5. Update recommendations for prophylaxis and treatment with antivirals/MCM (if available).

6. Assess effectiveness of treatment and infection control measures in the AOR.

7. Ensure IMR addresses and includes the administration of prophylaxis for personnel traveling to affected areas.

8. ICW the NC/J3 coordinate medical requests for public health and preventive medicine assistance with the USG lead.

9. ICW the N-NC/J4 coordinate medical aspects of patient evacuation.

10. Coordinate medical assets as required and monitor medical support requirements during an operationally significant disease outbreak.

11. Synchronize and coordinate DOD medical activities with local, interagency, partner nation and NGO/IO medical activities.

12. ICW N-NC/J59 coordinate Phase 0 health engagements across the USNORTHCOM AOR. Engagements shall align with planning guidance from the TCP and shall build the capacity for partner nations and partner nation militaries to reduce susceptibility to diseases and mitigate the effects of operationally significant outbreaks should one occur.

13. Coordinate with JS and the OSD to develop theater stockpiles and for access to and release of the DOD stockpile of MCM/PPE, through Office of the Assistant Secretary of Defense for Health Affairs (ASD-HA) and Joint Staff IAW existing policies and guidelines.

14. BPT to establish priorities for allocation and distribution of FHP materials. Authorize and direct the distribution of MCM and other stockpiled assets to installations within the USNORTHCOM AOR.

15. ICW Component Surgeons, identify the requirement for components to develop, maintain, and coordinate (for non-medical support/requirements) installation-level medical response plans to include evaluation and prioritization of medical requirements and to estimate medical capabilities and surge capacities.

16. Develop and execute a theater distribution and tracking plan for medications, vaccines, ventilators, and other medical supplies/equipment in coordination with USTRANSCOM, Defense Logistics Agency (DLA), N-NC/J4, Single Integrated Medical Logistics Management (SIMLM), and Theater Lead Agent for Medical Materiel (TLAMM).

17. Ensure awareness of bed capacity across respective AORs. Obtain surge capacity data with National Disaster Medical System (NDMS) partners, as applicable, on a recurring basis, while also pursuing ways to incorporate community/PN efforts that are not included in this data.

18. Coordinate with USTRANSCOM and NDMS service coordinators, as applicable, in patient movement planning efforts.

19. ICW N-NC/J4, BPT establish and/or support appropriate outbreak related medical operations IAW Health and Human Services (HHS) guidelines and screening criteria at aeromedical evacuation (AE) hubs and Aerial Ports of Debarkation (APOD)/Sea Ports of Debarkation (SPOD).

20. ICW the JS Surgeon and Service Surgeons, ensure DoD/Service guidance and clinical practice guidelines specific to the outbreak event are adequate and being disseminated.

(n) Deputy Chief of Staff for Communications Synchronization, N-NC/ CSSC. Support the conduct of PI&ID response operations IAW Annex Y-Communications Synchronization and Annex C-Operations.

(o) Director, Office of the Command Chaplain, N-NC/HC.

1. Provide and coordinate religious support to the Command and authorized DOD personnel, in order to ensure the free exercise of religion for forces conducting PI&ID response operations IAW Appendix 6 (Chaplain Activities) to Annex E-Personnel.

2. USNORTHCOM/HC establishes theater religious support (RS) policy, provides RS to the Command, and coordinates RS activities of subordinate commands and joint task force(s) for all phases of PI&ID operations.

3. RSTs provide RS to authorized DOD personnel during all phases of PI&ID operations. Service components and JTFs provide religious support to service personnel through assigned RSTs.

4. CDRUSNORTHCOM will employ strategic communication and public information plans in coordination with civil authorities in order to mitigate fear and miscommunication. Chaplains will contribute to this mission by advising the command on the impact of religion during operationally significant disease outbreak operations.

5. Establish guidelines for pastoral care in a reduction contact environment.

(p) Director, Washington Office, (N-NC/WO). As the situation dictates and in response to the CDR's requirements, the N-NC/WO Director deploys appropriate representation to DOD and non-DOD operations centers that may include, but are not limited to: DHHS Secretary's Operations Center (SOC), FEMA National Operations Center (NOC).

(2) USNORTHCOM Components. See Base plan Component Tasks.

(a) Commander, - Air Forces Northern (CDRAFNORTH).

1. Conduct planning and develop supporting plan(s) for PI&ID response that at a minimum:

a. Detail actions for mission assurance, USG support, and PN support operations.

b. Submit supporting plan to USNORTHCOM J5. Provide supporting planback-brief to USNORTHCOM leadership.

2. IAW Annex J and the base plan, BPT to be designated as a CDR-DOD Title 10 HQs overall operational level commander to execute C2 and synchronize efforts to provide DOD support within the affected area and/or provide forces IAW Global Force Management (GFM) guidance to conduct operations in support of directed efforts to respond to a PI&ID event.

3. As directed in the USNORTHCOM TCP and TSC Annex, and in consultation with N-NC/SG, N-NC/J4, and N-NC/J59, coordinate and conduct Phase 0 health engagements across the USNORTHCOM AOR IOT build the capacity for partner nations and partner nation militaries to reduce the host nation's susceptibility to diseases and mitigate the effects of an operationally significant outbreak should one occur.

4. BPT lead, or participate in, responses in the AOR as directed ISO the Lead Federal Agency (DHHS and/or FEMA) efforts in affected areas of operational significance.

5. IAW DODI 6200.03 (reference x.), and ICW N-NC/SG, protect assigned forces and preserve operational readiness through education and training on the PI&ID threat, personal protective measures, prophylaxis, and PPE. As required, implement FP/FHP measures to protect forces, families and readiness.

6. Monitor for potential operationally significant outbreaks (N-NC/SG, NCMI, Center for Disease Control, WHO) to establish and maintain situational awareness.

7. Coordinate public affairs messages with USNORTHCOM on activities that will impact USNORTHCOM AOR in order to ensure synchronization of CDRs communications strategy.

8. As required, monitor and report to USNORTHCOM health of forces assigned/attached to USNORTHCOM IOT support situation awareness/understanding and support requisite decision points IAW Annex R.

9. As required, report status to USNORTHCOM of installations/bases/posts in USNORTHCOM AOR to support situational awareness and anticipate capabilities IAW Annex R.

10. Advise CDRUSNORTHCOM on the impact of PI on the operational status of Service installations in the NC AOR IOT provide SA to CDRUSNORTHCOM.

11. Serve as the USNORTHCOM designated theater JFACC. BPT provide theater support to CDRUSNORTHCOM and localized support for established JTF(s), the JFLCC (to include the DCO), or other components as designated in conducting PI&ID operations in the USNORTHCOM AOR. Coordinate with JFLCC, JFMCC, and Alaskan Command (ALCOM) JFACC (11th Air Force).

12. BPT rapidly establish theater airlift of international relief supplies, USNORTHCOM assets and/or other assets into countries affected by PI&ID outbreak. Conduct planning and take actions during Prepare Phase to establish necessary agreements, or if unable, at least lay the groundwork for such agreements, in order to rapidly establish operations during Mitigate and/or Respond Phase. Coordinate with N-NC/J4 (NDOC) and USTRANSCOM as required. Assume limited or no PN support would be available to support operations.

(b) Commander, - U.S. Army North (CDRUSARNORTH).

1. Conduct planning and develop supporting plan(s) for PI&ID response that at a minimum:

a. Detail actions for mission assurance, USG support, and PN support operations.

b. Submit supporting plan to USNORTHCOM J5. Provide supporting plan back-brief to USNORTHCOM leadership.

2. IAW Annex J and the base plan, BPT to be designated as a CDR-DOD Title 10 HQs overall operational level commander to execute C2 and synchronize efforts to provide DOD support within the affected area and/or provide forces IAW Global Force Management (GFM) guidance to conduct operations in support of directed efforts to respond to a PI&ID event.

3. As directed in the USNORTHCOM TCP and TSC Annex, and in consultation with N-NC/SG, N-NC/J4, and N-NC/J59, coordinate and conduct Phase 0 health engagements across the USNORTHCOM AOR IOT build the capacity for partner nations and partner nation militaries to reduce the host nation's susceptibility to diseases and mitigate the effects of an operationally significant outbreak should one occur.

4. BPT lead, or participate in, responses in the AOR as directed ISO the Lead Federal Agency (DHHS and/or FEMA) efforts in affected areas of operational significance.

5. IAW DODI 6200.03 (reference x.), and ICW N-NC/SG, protect assigned forces and preserve operational readiness through education and training on the PI&ID threat, personal protective measures, prophylaxis, and PPE. As required, implement FP/FHP measures to protect forces, families and readiness.

6. Monitor for potential operationally significant outbreaks (N-NC/SG, NCMI, Center for Disease Control, WHO) to establish and maintain situational awareness.

7. Coordinate public affairs messages with USNORTHCOM on activities that will impact USNORTHCOM AOR in order to ensure synchronization of CDRs communications strategy.

8. As required, monitor and report to USNORTHCOM health of forces assigned/attached to USNORTHCOM IOT support situation awareness/understanding and support requisite decision points IAW Annex R.

9. As required, report status to USNORTHCOM of installations/bases/posts in USNORTHCOM AOR to support situational awareness and anticipate capabilities IAW Annex R.

10. Advise CDRUSNORTHCOM on the impact of PI on the operational status of Service installations in the NC AOR IOT provide SA to CDRUSNORTHCOM.

11. Serve as the USNORTHCOM designated theater JFLCC. BPT provide theater support to CDRUSNORTHCOM and localized support for established JTF(s) or other components as designated in conducting PI&ID operations in the USNORTHCOM AOR. Coordinate with JFMCC, JFACC, and ALCOM.

12. BPT source additional JTFs headquarters upon identification of force requirements and as requested by USNORTHCOM and directed by SecDef IOT ensure HQ elements rapid availability to support potential USG efforts in multiple regions.

(c) Commander, U.S. Navy North (COMUSNAVNORTH).

1. Conduct planning and develop supporting plan(s) for PI&ID response that at a minimum:

a. Detail actions for mission assurance, USG support, and PN support operations.

b. Submit supporting plan to USNORTHCOM J5. Provide supporting plan back-brief to USNORTHCOM leadership.

2. IAW Annex J and the base plan, BPT to be designated as a CDR-DOD Title 10 HQs overall operational level commander to execute C2 and synchronize efforts to provide DOD support within the affected area and/or provide forces IAW Global Force Management (GFM) guidance to conduct operations in support of directed efforts to respond to a PI&ID event.

3. BPT lead, or participate in, responses in the AOR as directed ISO the Lead Federal Agency (DHHS and/or FEMA) efforts in affected areas of operational significance.

4. IAW DODI 6200.03 (reference x.), and ICW N-NC/SG, protect assigned forces and preserve operational readiness through education and training on the PI&ID threat, personal protective measures, prophylaxis, and PPE. As required, implement FP/FHP measures to protect forces, families and readiness.

5. Monitor for potential operationally significant outbreaks (N-NC/SG, NCMI, Center for Disease Control, WHO) to establish and maintain situational awareness.

6. Coordinate public affairs messages with USNORTHCOM on activities that will impact USNORTHCOM AOR in order to ensure synchronization of CDRs communications strategy.

7. As required, monitor and report to USNORTHCOM health of forces assigned/attached to USNORTHCOM IOT support situation awareness/understanding and support requisite decision points IAW Annex R.

8. As required, report status to USNORTHCOM of installations/bases/posts in USNORTHCOM AOR to support situational awareness and anticipate capabilities IAW Annex R.

9. Advise CDRUSNORTHCOM on the impact of PI on the operational status of Service installations in the NC AOR IOT provide SA to CDRUSNORTHCOM.

10. Identify major seaports which are considered strategic junctures for major military deployments, access preparedness and response capabilities.

11. BPT rapidly establish movement of international relief supplies, USNORTHCOM assets and Sea Port of Embarkation / Debarkation SPOE/SPOD operations in countries affected by PI&ID outbreak. Assume limited PN support would be available for port operations.

12. BPT resupply ships for long-term sequester. Coordinate for resupply for ships for at least 45 days.

13. BPT cancel ports visits or utilize alternate major seaports that are considered strategic junctures for major military deployments, access preparedness and response capabilities.

14. Consider re-routing vessels and aircraft where countries prohibit arrival or alternatives to provision of sovereign information required to preserve and protect health.

15. Serve as the USNORTHCOM designated theater JFMCC. BPT provide theater support to CDRUSNORTHCOM and localized support for established JTF(s), the JFLCC, or other components as designated in conducting PI&ID operations in the USNORTHCOM AOR. Coordinate with JFLCC, JFACC, and ALCOM.

(d) Commander, U.S. Marine Forces North (COMMARFORNORTH).

1. Conduct planning and develop supporting plan(s) for PI&ID response that at a minimum:

a. Detail actions for mission assurance, USG support, and PN support operations.

b. Submit supporting plan to USNORTHCOM J5. Provide supporting planback-brief to USNORTHCOM leadership.

2. IAW Annex J and the base plan, BPT to be designated as a CDR-DOD Title 10 HQs overall operational level commander to execute C2 and synchronize efforts to provide DOD support within the affected area and/or provide forces IAW Global Force Management (GFM) guidance to conduct operations in support of directed efforts to respond to a PI&ID event.

3. As directed in the USNORTHCOM TCP and TSC Annex, and in consultation with N-NC/SG, N-NC/J4, and N-NC/J59, coordinate and conduct Phase 0 health engagements across the USNORTHCOM AOR IOT build the capacity for partner nations and partner nation militaries to reduce the host nation's susceptibility to diseases and mitigate the effects of an operationally significant outbreak should one occur.

4. BPT lead, or participate in, responses in the AOR as directed ISO the Lead Federal Agency (DHHS and/or FEMA) efforts in affected areas of operational significance.

5. IAW DODI 6200.03 (reference x.), and ICW N-NC/SG, protect assigned forces and preserve operational readiness through education and training on the PI&ID threat, personal protective measures, prophylaxis, and PPE. As required, implement FP/FHP measures to protect forces, families and readiness.

6. Monitor for potential operationally significant outbreaks (N-NC/SG, NCMI, Center for Disease Control, WHO) to establish and maintain situational awareness.

7. Coordinate public affairs messages with USNORTHCOM on activities that will impact USNORTHCOM AOR in order to ensure synchronization of CDRs communications strategy.

8. As required, monitor and report to USNORTHCOM health of forces assigned/attached to USNORTHCOM IOT support situation awareness/understanding and support requisite decision points IAW Annex R.

9. As required, report status to USNORTHCOM of installations/bases/posts in USNORTHCOM AOR to support situational awareness and anticipate capabilities IAW Annex R.

10. Advise CDRUSNORTHCOM on the impact of PI on the operational status of Service installations in the NC AOR IOT provide SA to CDRUSNORTHCOM.

11. BPT serve as the USNORTHCOM designated theater JFLCC and provide theater support to CDRUSNORTHCOM and localized support for established JTF(s) or other components as designated in conducting PI&ID operations in the USNORTHCOM AOR. Coordinate with JFMCC, JFACC, and ALCOM.

(e) Commander, Special Operations Command North (CDRSOCNORTH).

1. As directed in the USNORTHCOM TCP, TSC Annex, and in consultation with the N-NC/SG, N-NC/J4, and N-NC/J59, coordinate and conduct Phase 0 health engagements across the AOR IOT build the capacity for partner nations and partner nation militaries to reduce the host nation's susceptibility to diseases and mitigate the effects of a PI&ID outbreak should one occur.

2. BPT lead, or participate in, PI&ID responses in the AOR as directed ISO the Lead Federal Agency (DHHS, FEMA or USAID/OFDA) and international efforts in affected areas in response to a disease of operational significance.

3. IAW DODI 6200.03 (reference x.), and ICW N-NC/SG, protect assigned forces and preserve operational readiness through education and training on the PI&ID threat, personal protective measures, prophylaxis, and PPE. As required, implement FP/FHP measures to protect forces, families and readiness.

4. Serve as the Joint Special Operations Component Commander (JFSOCC) in the USNORTHCOM AOR. BPT execute C2 of SOF supporting PI&ID operations.

(f) Commander, Alaskan Command (CDRALCOM).

1. Conduct planning and develop supporting plan(s) for PI&ID response that at a minimum:

a. Detail actions for mission assurance, USG support, and PN support operations.

b. Submit supporting plan to USNORTHCOM J5. Provide supporting plan back-brief to USNORTHCOM leadership.

2. IAW Annex J and the base plan, BPT to be designated as a CDR-DOD Title 10 HQs overall operational level commander to execute C2 and synchronize efforts to provide DOD support within the ALCOM JOA to conduct operations in support of directed efforts to respond to a PI&ID event.

3. BPT lead, or participate in, responses in the AOR as directed ISO the Lead Federal Agency (DHHS and/or FEMA) efforts in the ALCOM JOA.

4. IAW DODI 6200.03 (reference x.), and ICW N-NC/SG, protect assigned forces and preserve operational readiness through education and training on the PI&ID threat, personal protective measures, prophylaxis, and PPE. As required, implement FP/FHP measures to protect forces, families and readiness.

5. Monitor for potential operationally significant outbreaks (N-NC/SG, NCMI, Center for Disease Control, WHO) to establish and maintain situational awareness in the ALCOM JOA.

6. Coordinate public affairs messages with USNORTHCOM on activities that will impact ALCOM JOA in order to ensure synchronization of CDRs communications strategy.

7. As required, monitor and report to USNORTHCOM health of forces assigned/attached to ALCOM IOT support situation awareness/understanding and support requisite decision points IAW Annex R.

(g) Commander, Joint Force Headquarters National Capital Region (CDR JFHQ-NCR).

1. Conduct planning and develop supporting plan(s) for PI&ID response that at a minimum:

a. Detail actions for mission assurance, USG support, and PN support operations.

b. Submit supporting plan to USNORTHCOM J5. Provide supporting plan back-brief to USNORTHCOM leadership.

2. IAW Annex J and the base plan, BPT to be designated as a CDR-DOD Title 10 HQs overall operational level commander to execute C2 and synchronize efforts to provide DOD support within the JFHQ-NCR JOA to conduct operations in support of directed efforts to respond to a PI&ID event.

3. BPT lead, or participate in, responses in the AOR as directed ISO the Lead Federal Agency (DHHS and/or FEMA) efforts in the JFHQ-NCR JOA.

4. IAW DODI 6200.03 (reference x.), and ICW N-NC/SG, protect assigned forces and preserve operational readiness through education and training on the PI&ID threat, personal protective measures, prophylaxis, and PPE. As required, implement FP/FHP measures to protect forces, families and readiness.

5. Monitor for potential operationally significant outbreaks (N-NC/SG, NCMI, Center for Disease Control, WHO) to establish and maintain situational awareness in the JFHQ-NCRJOA.

6. Coordinate public affairs messages with USNORTHCOM on activities that will impact JFHQ-NCR JOA in order to ensure synchronization of CDRs communications strategy.

7. As required, monitor and report to USNORTHCOM health of forces assigned/attached to JFHQ-NCR IOT support situation awareness/understanding and support requisite decision points IAW Annex R.

(3) Joint and Service Force Providers (JFPs). The Joint Staff J3 serves as the primary joint force coordinator for conventional forces and in this capacity provides recommended global sourcing solutions and associated force sourcing risk assessments for SecDef approval. When directed by SecDef, the Joint Staff sources conventional forces and resources to assist civil authorities within the USNORTHCOM AOR. CDRUSSOCOM is the joint force provider for SOF.

(4) Services.

(a) Ensure all MTFs:

1. Review plans/infection control procedures

2. Coordinate with local health officials for PH guidance during outbreaks

3. Conduct facility gap analysis (surge resources)

4. Validate Tamiflu and PPE stock levels.

5. BPT leverage medical and public health surge capacity.

6. Report shortfalls of staff and supplies through installation commanders.

(b) Ensure Installation Commanders:

1. Plan for supply and resupply in a PI&ID environment where they will be subject to prolonged COOP execution and shelter-in-place policy, restricted transportation capabilities, and shortages of critical supplies.

2. Update PI&ID plans to address operationally significant diesease.

(c) Services are responsible for coordinating FHP actions (e.g., movement restrictions, appropriate staffing of medical facilities, isolation) with USNORTHCOM to ensure minimal impact to operations in the AO. Assigned personnel will fall under the FHP actions of the JTF/TF Commander.

(5) Geographic Combatant Commands. Geographic Combatant Commanders (GCCs) are the supported commanders within their respective AORs. All other combatant commanders are supporting commanders for PI&ID response operations. When directed by the SecDef, GCCs are supporting CCDRs to CDRUSNORTHCOM for PI&ID operations in the USNORTHCOM OA. SecDef will set priority of effort.

(6) CDRUSTRATCOM.

(a) When directed by the SecDef, CDRUSSTRATCOM supports designated supported Combatant Commanders by ensuring the conduct of assigned missions and by making recommendations on the allocation of intelligence, surveillance and reconnaissance (ISR) assets during operations in a global PI&ID environment. Additionally, USSTRATCOM will oversee the deployment of strategic, high priority assets to ensure Continuity of Operations (COOP) and will synchronize global CWMD planning efforts in accordance with UCP responsibilities as they relate to biological threats.

(b) When directed by the SecDef, CDRUSSTRATCOM supports CDRUSNORTHCOM by conducting space operations, space control support and Nuclear Weapons Control during PI operations in the USNORTHCOM OA and managing FHP and deployment of strategic, high priority assets to ensure COOP. USSTRATCOM, through the Center for Combating Weapons of Mass Destruction (SCC-WMD), will provide situational awareness and planning

support upon request. Situational awareness support includes the biological (BIO) common operational picture

(7) CDRUSTRANSCOM. When directed by the SecDef, CDRUSTRANSCOM employs strategic common-user air, land, and sea transportation for deployment and redeployment of forces engaged in contingency response operations in a global PI&ID environment. Additionally CDRUSTRANSCOM provides air refueling assets and air evacuation assets for patient movement as required.

(8) Chief, National Guard Bureau (CNGB).

(a) Exchange daily SITREPs with the NORAD-USNORTHCOM Command Center on National Guard activities in the USNORTHCOM AOR.

(b) Share COP information concerning National Guard forces responding to a PI&ID event in a State status or Title 32 status to the NORAD-USNORTHCOM Command Center, to include forces responding under EMAC.

(c) Coordinate with USNORTHCOM and subordinate headquarters with integrating/synchronizing Federal and non-Federal military planning, response, deployment/redeployment and transition efforts.

(d) Coordinate with USNORTHCOM for liaison with the CDRUSNORTHCOM designated TF/JTF to avoid on-site duplication of missions, ensure unity of effort, and share force protection and COP information.

(9) Supporting Defense Agencies. As directed by SecDef, provide the following resources and/or capabilities:

(a) Defense Threat Reduction Agency (DTRA). Provide support and technical advice to assist with developing scenarios to prepare for and models for operationally significant outbreaks in concert with USG and public/private counterparts.

1. Provide support and technical expertise to PI&ID operations to include 24 hours a day/7 days a week technical reach back assistance to federal, state and local agencies.

2. Provide deployable planning, technical support and consequence management teams as required.

3. Provide CBRNE (specifically disease) modeling as requested.

4. Leverage Cooperative Biological Engagement Program to strengthen partner nation's capabilities for biosurveillance, early detection, diagnostic and reporting, and biological safety and security for Especially Dangerous Pathogens (EDP).

(b) National Geospatial Intelligence Agency (NGA). Provide geospatial intelligence (GEOINT) to include imagery, imagery intelligence, and geospatial information and service products data and associated services in support of PI&ID contingency response operations for USNORTHCOM as directed.

(c) Defense Information Systems Agency (DISA). Ensure USNORTHCOM, supporting commands and agencies receive timely and effective command, control, communications, computers, and intelligence (C4I) support, and other support as required.

(d) Defense Logistics Agency (DLA). Coordinate with USNORTHCOM and Service components for subsistence, clothing, individual equipment, petroleum, construction materials, personal demand items, medical materials and repair parts support. Provide integrated material management and supply support for all DLA managed material. Provide property and hazardous material (HAZMAT) disposal services. Provide USNORTHCOM visibility over general support to a LFA per interagency agreement that is not directly providing DSCA. Execute DSCA within the USNORTHCOM AOR ISO CDRUSNORTHCOM.

(e) Defense Intelligence Agency (DIA), National Center for Medical Intelligence (NCMI). Provide support to USNORTHCOM PI&ID missions to include: situational awareness, disease impact characterization assessments, disease operational risk assessments, and dynamic threat assessment. If information is unclassified results should be consolidated with and distributed by AFHSB (or other appropriate Defense Health Agency or SG office) to allow maximum dissemination with USNORTHCOM stakeholders and integrate FHP recommendations from DHA and elsewhere (see annex B).

c. Coordinating Instructions.

(1) Planning should involve other USG departments and agencies, including but not limited to DHHS, CDC, FEMA, and USDA for domestic operations DOS, USAID/OFDA, and HHS for foreign operations, and account for the integration of USG and NGO efforts within the AOR.

(2) CDRUSNORTHCOM shall be the coordinating authority for any USNORTHCOM members (military and civilian) conducting PI&ID operations in the USNORTHCOM AO. Such forces, with the exception of US Transportation Command (USTRANSCOM) forces not assigned to the NORTHCOM Deployment

and Distribution Operations Center (NDDOC) shall become OPCON to CDRUSNORTHCOM upon arrival at duty location for PI&ID.

(3) Military, DOD civilian and contract personnel will deploy in accordance with NORAD and USNORTHCOM Instruction 44-163, Individual Medical Readiness, and FHP guidance per Department of Defense Instruction (DoDI) 6025.19, Individual Medical Readiness (IMR), and DoDI 6490.03, Deployment Health.

(4) All strategic communications and public affairs messaging will be consistent with ASD(PA) and ASD (HD&ASA) guidance which will support the overall USG messaging.

(5) This document is effective for planning upon receipt and for execution upon notification. Subordinate plan revisions are due NLT 60 days following approval of the plan.

(6) CDRUSNORTHCOM will notify the SECDEF of phase changes, and coordinate requirements with Joint Staff.

(7) CJCSI 3121.018, Standing Rules of Engagement/Standing Rules for the Use of Force for U.S. Forces are in effect until superseded by competent authority.

(8) Service components will capture costs during all phases of the response for ultimate reimbursement from the primary agency.

(9) DIRLAUTH is granted for subordinate coordination with external organizations and agencies, as appropriate. However, the chain of command must maintain accurate awareness of what external coordination is taking place to ensure an overall unified effort and consistency of policy implementation. Subordinate organizations must keep this headquarters informed of these external coordination.

(10) Commander's Critical Information Requirements (CCIRs).

(a) Priority Intelligence Requirements (PIR). See Annex B.

1. PIR 1: What are the efforts of international partners, countries or organizations to detect, mitigate or respond to an infectious disease outbreak of operational significance (epidemic or of pandemic potential)? (OPR: DIA/NCMI)

2. PIR 2: Identify the new or novel influenza virus or other respiratory pathogen (emerging or engineered) with pandemic potential. (OPR: DIA/NCMI)

3. PIR 3: Has an infectious disease of operational significance (epidemic or of pandemic potential) been detected in or introduced into a geographic area where there is little or no assessed population immunity? (OPR: DIA/NCMI)

4. PIR 4: Provide medical intelligence analysis concerning the health and medical threat implications of a pandemic caused by either influenza or another emerging respiratory pathogen. (OPR: DIA/NCMI)

5. PIR 5: What are the foreign governments' political, military, medical and social responses to infectious disease outbreaks? (OPR: JIOC-N)

6. PIR 6: Will a state, non-state or transnational actor take advantage of the PI&ID situation? (OPR: JIOC-N)

(b) Friendly Force Information Requirements (FFIR).

1. Are Force Health Protection capabilities available?

2. Have DOD personnel been potentially exposed to disease?

3. Is operational Readiness affected?

4. Requirements for possible NEO/ Repat support?

5. Civil unrest another GCC—NC AOR?

6. Effects to Mission Assurance?

7. Are key population and critical staff absenteeism rates above normal?

8. Are priority missions not being performed?

9. What is the status and adequacy of essential supplies?

9. Localized public health measures implemented?

10. What is the health status of the force?

11. Are RFAs for domestic/international support?

12. Are critical infrastructure/operations being impacted?

13. Have key partner nation/s readiness been impacted?

14. Change in disease behavior?

15. FHP guidance issued by another GCC?

16. Introduction with section of indigent population?

17. Exposed US Citizen returning to CONUS?

(11) Decision Support Framework.

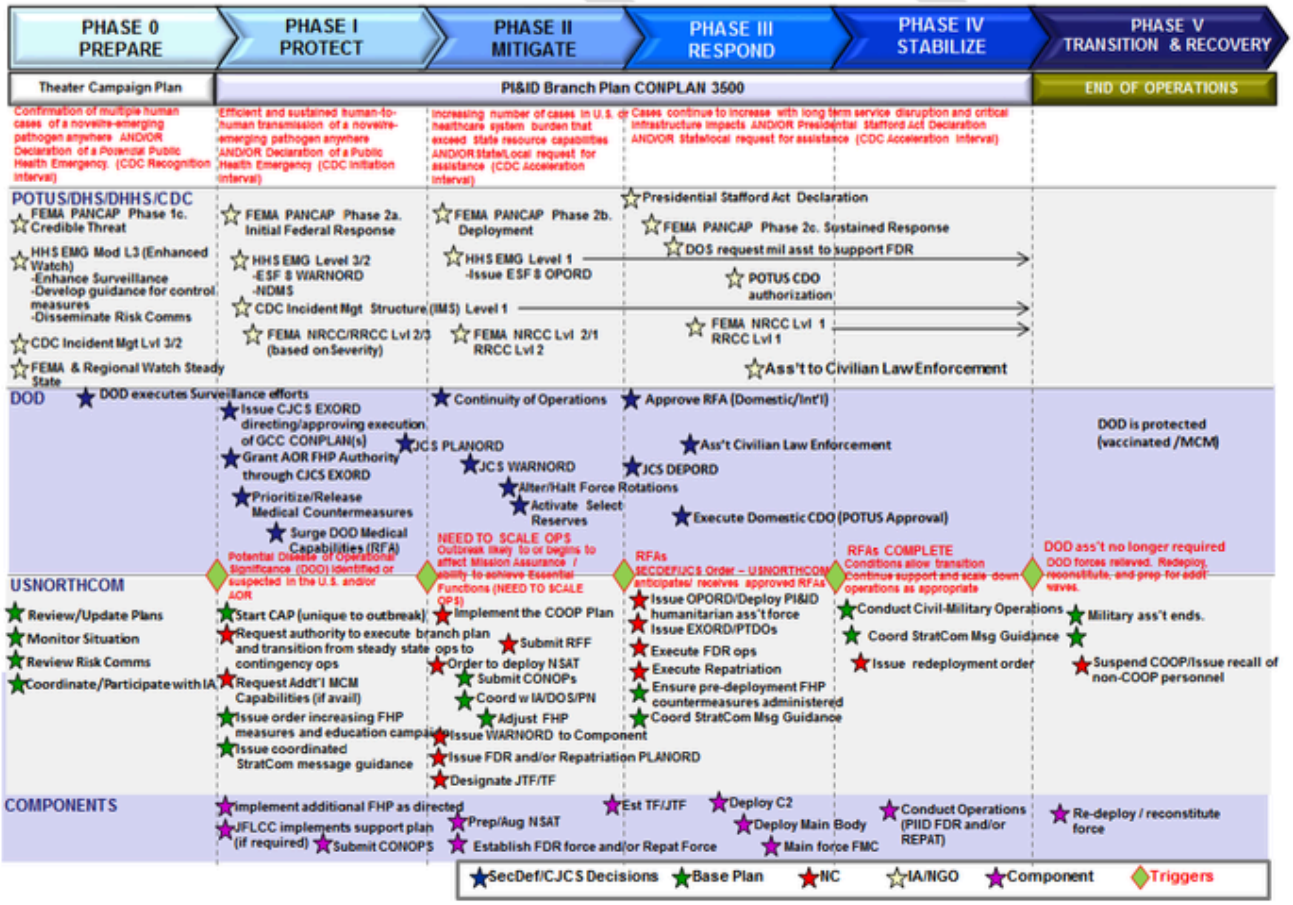

Figure 7, PI&ID Response Decision Support Framework

4. Administration and Logistics.

a. Concept of Support. The concept of logistics for PI&ID operations, to

include deployment, sustainment, and combat service support (CSS) efforts will be flexible and tailored to support the mission requirements. At the tactical level, support will be provided, to the extent possible, using the designated BSI (or multiple installations) as the hub supporting JTF/TF operations. See Annex D for more detail.

b. Logistics. See Base Plan and Annex D. The principle materiel requirements for a PIID event include specially formulated influenza vaccine, antiviral drugs, ventilators and personal protective equipment. The DOD will coordinate its purchases of antiviral drugs and influenza vaccine through the Defense Supply Center Philadelphia. The DOD has begun to stockpile Tamiflu, which is used to prevent and treat influenza and believed to be effective against pandemic influenza (PI). Stockpiles are not released to the Services or Geographical Combatant Commanders, but remain within the control of the Assistant Secretary of Defense (Health Affairs) (ASD (HA)), and may be transported to different locations depending on the overall risk and mission. The ASD (HA) is vested with the authority to release all or a portion of the stockpile to JCS and/ or the Services after PIID event is confirmed.

c. Personnel. See Annex E.

d. Public Affairs. See Annex F. A comprehensive information campaign should begin immediately for USNORTHCOM and the US interagency to build cooperation to with regard to the PI&ID risk. Objectives of this information campaign should include building awareness and encouraging. Populations in and around affected areas must be educated on the characteristics of the threat, personal protective measures, and government plans to respond to outbreaks. Appropriate responses and compliance to instructions by civilian populations in affected areas will be essential to the ability to successfully mitigate outbreak impacts. The public information campaign to support education on the threat and appropriate actions is a critical element of an effective comprehensive partnership effort to combat the risk of PI&ID.

e. Meteorological and Oceanographic (METOC) Operations. Refer to USNORTHCOM Theater Campaign Plan - Annex H.

f. Geospatial Information and Services. See Annex B.

g. Medical Services. See Enclosure B to this Branch Plan. During PI&ID operations, medical and public health needs will be significant factors. The National Disaster Medical System (NDMS), which includes DOD coordination with participating non-Federal fixed hospitals and DOD provided patient evacuation, will provide Federal-level medical response when applicable and able. A pandemic or large scale operationally significant disease environment will reduce the effectiveness of NDMS. Therefore, NDMS will not be used for

movement of influenza patients and will be of limited functionality in the event of a mass casualty event requiring patient movement/regulation from an area impacted by another disaster. Other DOD medical capabilities external to NDMS should be requested if it is determined necessary to augment or sustain the NDMS/local response in order to save lives and minimize human suffering. The time sensitive nature of the requirements necessitates early and rapid interagency coordination to be effective. Restrictions on the use of military medical stockpiles and on the military immunizing civilians may need to be addressed in mission planning. JFHQ-State accessing Strategic National Stockpile resources through respective state health departments is encouraged.

5. Command and Control.

a. Command. See Base Plan and Annex J.

(1) Command Relationships. See Base Plan and Annex J.

(2) Command Posts. NORAD-USNORTHCOM Command Center (N2C2). The N2C2, USNORTHCOM's primary incident awareness center, is situated in Building 2 on Peterson Air Force Base, Colorado. The N2C2 monitors and coordinates domestic event activities, initiates activation messages and drafts the Commander's estimate. The NORAD and USNORTHCOM battle staffs operate under three core operational centers, current operations, future operations and future plans. The core centers plan and conduct current and future operations, establish appropriate C2, and oversee the execution of operations orders.

(3) Succession of Command. See Base Plan and Annex A.

b. Command, Control, Communications, and Computer (C4) Systems. See Annex K.

LORI J. ROBINSON
General, USAF
Commander

Enclosures

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ENCLOSURE A TO TAB D PI&ID RESPONSE BRANCH PLAN TO APPENDIX 1 TO ANNEX C TO USNORTHCOM CONPLAN 3500 – 14
INTELLIGENCE

References:

a. (U) DIA/NCMI, Defense Intelligence Study DIA-16-1405-629.B, "Dynamic Threat Assessment 3551: Pandemic Influenza", 3 Jun 2014 (S//REL TO USA, FVEY)

b. (U) DIA/NCMI, Defense Intelligence Reference Document DIA-16-1204-533, "Evaluating the Operational Impact of Emerging Infectious Diseases in the U.S. Military", 26 Apr 2012 (U)

c. (U) CJCSM 3150.01B, "Joint Reporting Structure General Instructions", 16 Jun 2008 (U)

d. (U) DIA, Defense Intelligence Agency Instruction 5240.400, "Information Security Program", 2 Apr 2014 (U)

e. (U) DIA/NCMI DI-1812-1533-09 "Warning Assessment for Pandemic influenza", 28 April 2009 (U)

1. Situation.

a. Characteristics of the Operational Environment (OE). See Annex B to CONPLAN 3500.

(1) Physical Areas and Factors. See Annex B to CONPLAN 3500.

(2) Information Environment. See Annex B to CONPLAN 3500.

(3) Systems Perspective. See Annex B to CONPLAN 3500.

b. Crisis Environment.

(1) DIA assesses with high confidence that any highly contagious infectious disease resulting in near simultaneous debilitating illness across multiple geographic commands will, at a minimum, negatively impact the availability of U.S. military personnel for duty. Novel respiratory diseases with a short incubation period, such as influenza viruses, pose the most likely

pandemic threat. An influenza pandemic is a global event that affects all populations to varying degrees, and transmission can occur in waves over many months. DIA assesses that a pandemic, which would entail a multiyear new operating environment, will give rise to political, social, and economic instabilities that could, in turn, lead to opportunistic aggression, increased terrorist activity, internal unrest, political/economic collapse, humanitarian crises, and dramatic social change, especially when coupled with high morbidity and mortality.

(2) Although novel influenza viruses currently pose the most likely pandemic threat, any pathogen that has a short incubation period and is readily transmissible among an almost universally susceptible population has the potential to become a pandemic.

(3) Initial recognition, identification and characterization of an emerging or re-emerging pathogen can take several weeks or possibly months, during which time regional and/or global movement of infected individuals will occur, thereby facilitating disease spread.

(4) Mitigating morbidity and mortality will define how a country will emerge post-pandemic. Even the most industrialized countries will have insufficient hospital beds, specialized equipment such as mechanical ventilators, and pharmaceuticals readily available to adequately treat their populations during a clinically severe pandemic. The degree to which countries can mitigate morbidity and mortality and affect messaging during a pandemic and reintegrate recovering people back into society with have considerable impact on the magnitude of secondary and tertiary economic , political, security and social effects.

(5) The top concerns for emerging/re-emerging infectious diseases of operational significance and diseases with pandemic potential in the USNORTHCOM AOR are depicted in the table listed below. The top five priorities, in no particular order, are highlighted in orange. The prioritization and content is based on our assessment using NCMI's "Evaluating the Operational Impact of Emerging Infectious Diseases in the U.S. Military" (ref b), "Guide to Emerging Infectious Disease Threats" (linked to ref a) and CDC's Category A agents and diseases listing. See CDC's site at http://emergency.cdc.gov/agent/agentlist-category.asp for more information on categories.

Pathogen/Agent/Disease	Pathogen Characteristics	Population/Host Factors	Environmental Factors
Avian Influenza A Virus (H7N9)	- H2H transmissible, but not sustained at this time - Mutation tendencies of the virus may enable sustained H2H transmission and trigger a potential pandemic	Treatment with antivirals; no vaccine currently available; social interactions will contribute to spread if the virus mutates to enable sustained H2H transmission	If a mutation enables sustained H2H transmission, then crowded living conditions will contribute to the spread of the disease
Corona Virus	- H2H transmissible; however, no sustained H2H transmission with MERS-CoV - Corona virus infections common around the world; exceptions are MERS-CoV and SARS-CoV - Specific host unknown	No specific treatment or vaccine	For MERS-CoV: close contact such as care-giver situation increases exposure to virus and illness
Plague (Yersinia pestis)	- Several forms: Pneumonic (H2H transmissible), Bubonic (most common, not H2H) and Septicemic (not H2H) - Early identification and treatment of pneumonic plague is essential	No human immunity; treatment available; no vaccine; social interactions and travel patterns contribute to increased spread of bacteria	Crowded living conditions favorable to spread of pneumonic plague