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Subject: EXORD 178-11: MOBILIZATION COMMAND SUPPORT RELATIONSHIPS AND REQUIREMENTS BASED DEMOBILIZATION PROCESS

ALARACT: EXORD 178-11: MOBILIZATION COMMAND SUPPORT RELATIONSHIPS AND REQUIREMENTS BASED DEMOBILIZATION PROCESS

References:

REF/A/(U)//DA PERSONNEL POLICY GUIDANCE (PPG) FOR OVERSEAS CONTINGENCY OPERATIONS UPDATED NOV 2010//
REF/B/(U)//FORSCOM REG 500-3-5/FORSCOM MOBILIZATION AND DEPLOYMENT PLANNING SYSTEM, VOLUME V/FORSCOM DEMOBILIZATION PLAN/31 DEC 1998//
REF/C/(U)// AR 10-87/ARMY COMMAND, ARMY SERVICE COMPONENT COMMANDS AND DIRECT REPORTING UNITS/4SEP 2007//
REF/D/(U)//ALARACT 237/ 2010/COMPREHENSIVE BEHAVIORAL HEALTH SYSTEM OF CARE (CBHSOC) CAMPAIGN/5 AUG 2010//
REF/E/(U)// HQDA EXORD 150-08/RESERVE COMPONENT DEPLOYMENT EXPEDITIONARY FORCE PRE AND POST-MOBILIZATION TRAINING STRATEGY/1 MAR 2008//
REF/F/(U)// ARMY REGULATION 500-5 ARMY MOBILIZATION, JULY, 1996 (CURRENTLY UNDER REVISION)//
REF/G/(U)// WARRIOR TRANSITION UNIT CONSOLIDATED GUIDANCE (ADMINISTRATIVE), 20 MARCH 2009//
REF/H/(U)//AR 600-8-101/PERSONNEL PROCESSING (IN-, OUT-, SOLDIER READINESS, MOBILIZATION, AND DEPLOYMENT PROCESSING)/28 MAY 2003//
REF/I/(U)//AR 600-20/ARMY COMMAND POLICY/18 MARCH 2008//

1. (U) SITUATION.

1.A. (U) THIS HQDA EXORD DIRECTS FORSCOM AND SUPPORTING COMMANDS AND ENTITIES TO IMPLEMENT REVISED COMMAND AND SUPPORT RELATIONSHIPS FOR MOBILIZATION AND THE STANDARDIZED, REQUIREMENTS-BASED DEMOBILIZATION PROCESS. THIS EXORD APPLIES TO ANY RESERVE COMPONENT (RC) FORMATION AND IT(S) SUPPORTING MOBILIZATION OR DEMOBILIZATION STATION THAT REQUIRES CG, FORSCOM TO VALIDATE THE UNIT FOR DEPLOYMENT TO OR REDEPLOYMENT FROM AN AREA OF OPERATION. ALL OTHER COMMANDS THAT HAVE SIMILAR AUTHORITIES TO DEPLOY AND REDEPLOY RC FORMATIONS ISO A THEATER COMMANDER MUST ADOPT SIMILAR PROCESSES AND PROCEDURES CONTAINED IN THIS EXORD THIS EXECUTION ORDER PROVIDES MOBILIZATION AND DEMOBILIZATION POLICY AND GUIDANCE TO ARMY SERVICE COMPONENT COMMANDS (ASCC); ARMY COMMANDS (ACOM); DIRECT REPORTING UNITS (DRU); THE STATE ADJUTANTS GENERAL (TAG); DIRECTOR, ARMY NATIONAL GUARD (DARNG); COMMANDER, ARMY HUMAN RESOURCES COMMAND (HRC); AND COMMANDER, US ARMY RESERVE COMMAND (CG USARC). THIS ORDER ESTABLISHES REVISED COMMAND AND SUPPORT RELATIONSHIPS FOR MOBILIZATION. THIS GUIDANCE REFLECTS BEST PRACTICES AND SUPPORTS INCREASED EFFECTIVENESS AND EFFICIENCIES DURING THE DEMOBILIZATION PROCESS. IT CHANGES CURRENT DEMOBILIZATION PROCESSES FROM A TIME-BASED APPROACH FOR DEPLOYED FORMATIONS, TO AN INDIVIDUAL SOLDIER, REQUIREMENTS-BASED MODEL IN ORDER TO BETTER CONNECT THESE PROCESSES TO REINTEGRATE SOLDIERS WITH THEIR FAMILIES, COMMUNITIES AND EMPLOYERS. SPECIFIC GUIDANCE IS PROVIDED TO ADDRESS FORCES COMMAND (FORSCOM) RESPONSIBILITIES IN THE CONTINENTAL UNITED STATES (CONUS) AS A BASELINE. UNITED STATES ARMY EUROPE (USAREUR), UNITED STATES ARMY PACIFIC (USARPAC) AND UNITED STATES ARMY SPECIAL OPERATIONS COMMAND (USASOC) WILL ASSIGN RESPONSIBILITIES AND IMPLEMENT DIRECTED PROCEDURES IN A SIMILAR MANNER AND AS APPROPRIATE TO THEIR MISSION AND FORCES.

DEMobilIZATION ASSESSMENT TIGER TEAM (DAT2) COMPLETED THEIR ASSESSMENT OF THE OVERALL DEMobilIZATION PROCESS BY EVALUATING EIGHT DEMobilIZATION SITES (DMS). DAT2 CONSISTED OF FORSCOM, HQDA G-3/5/7, HQDA G-1, ASA (MRA), INSTALLATION MANAGEMENT COMMAND (IMCOM), UNITED STATES ARMY MEDICAL COMMAND (MEDCOM)/OFFICE OF THE SURGEON GENERAL (OTSG), ARMY NATIONAL GUARD (ARNG), USARC, FIRST ARMY, US ARMY PACIFIC COMMAND (USARPAC), AND US ARMY SPECIAL OPERATIONS COMMAND (USASOC) REPRESENTATIVES. DAT 2 PROVIDED THEIR FINAL BRIEF TO THE VICE-CHIEF OF STAFF OF THE ARMY (VCSA) ON 28 OCTOBER 2010. THIS EXORD REFLECTS THE OUTCOMES OF THE DAT2 AND ACCOMPANYING GUIDANCE FROM THE VCSA DURING THE DAT2 OUT BRIEFS.

1.C. (U) ON 01 OCTOBER 2010 FORSCOM DIRECTED FIRST ARMY TO ESTABLISH THE MOBILIZATION PROCESS ACTION TEAM (MPAT). FORSCOM DIRECTED THE MPAT TO DEVELOP AN EFFECTIVE OPERATING CONCEPT FOR MOBILIZATION THAT WOULD ESTABLISH EFFECTIVE COMMAND AND SUPPORT RELATIONSHIPS, DEFINE ORGANIZATIONAL ROLES AND RESPONSIBILITIES, DESCRIBE STANDARD PROCEDURES, AND PROVIDE THE BASELINE FOR REVISION OF REGULATIONS AND GUIDANCE.

1.D. (U) ON 16 DECEMBER 2010 THE FIRST ARMY LED MOBILIZATION PROCESS ACTION TEAM (MPAT) PROVIDED AN APPROVAL BRIEF TO THE FORSCOM COMMANDING GENERAL FOR REFINEMENT OF COMMAND AND SUPPORT RELATIONSHIPS FOR MOBILIZATION (INCLUDING DEMobilIZATION) AND A REQUIREMENTS-BASED DEMobilIZATION MODEL. THIS EXORD REFLECTS THE OUTCOME OF THE BRIEFING AND ACCOMPANYING GUIDANCE FROM THE FORSCOM COMMANDING GENERAL.

1.E. (U) THE TERM MOBILIZATION, MOBILIZATION OPERATIONS, OR MOBILIZATION PROCESS WHEN USED ALONE REFERS TO ALL PHASES OF MOBILIZATION, INCLUDING DEMobilIZATION.

2. (U) MISSION. THE ARMY IMPLEMENTS REVISED COMMAND AND SUPPORT RELATIONSHIPS FOR MOBILIZATION OPERATIONS AND A STANDARDIZED, REQUIREMENTS-BASED DEMobilIZATION PROCESS TO ENSURE THE EFFECTIVENESS OF OPERATIONS AND THE READINESS OF RESERVE SOLDIERS TRANSITIONING FROM ACTIVE DUTY.

3. (U) EXECUTION.

3.A. (U) INTENT.

3.A.1. (U) PURPOSE. ENSURE UNITY OF EFFORT FOR MOBILIZATION OPERATIONS AND ESTABLISH CONDITIONS FOR SOLDIER READINESS AND SUCCESSFUL RE-INTEGRATION AND RESET.

3.A.2. (U) KEY TASKS:

ESTABLISH CLEAR COMMAND AND SUPPORT RELATIONSHIPS APPLICABLE TO BOTH MOBILIZATION AND DEMobilIZATION OPERATIONS.

ENSURE RESERVE COMPONENT DEPLOYMENT EXPEDITIONARY FORCE (DEF) LEADERS ARE ENGAGED IN DEMobilIZATION PLANNING AND SYNCHRONIZATION FROM THE JOINT ASSESSMENT CONFERENCE THROUGH RELEASE FROM ACTIVE DUTY (REFRAD) OR TRANSITION TO THE WARRIOR TRANSITION UNIT (WTU) OR TRANSFER TO ANY OTHER STATUS AWAITING ACTIONS.

ESTABLISH A REQUIREMENTS-BASED DEMobilIZATION PROCESS THAT IS ASSESSED AND UPDATED SEMI-ANNUALLY.

ESTABLISH PROCEDURES TO IDENTIFY, ASSESS AND DOCUMENT A SOLDIER'S MEDICAL, DENTAL, OR BEHAVIORAL HEALTH ISSUES AND ENSURE CONTINUITY OF CARE.

DEVELOP AND IMPLEMENT STANDARDIZED MANDATORY BRIEFINGS FOR THE MOBILIZATION PROCESS THAT ARE REVIEWED EVERY SIX MONTHS TO ENSURE THEY REMAIN CURRENT.

DEVELOP AND EXECUTE A STRATEGIC COMMUNICATIONS PLAN THAT SUPPORTS THE IMPLEMENTATION OF THE REQUIREMENTS-BASED DEMobilIZATION PROCESS.

3.A.3. (U) END STATE. WELL SYNCHRONIZED, STANDARDIZED AND EFFICIENT MOBILIZATION OPERATIONS FOR RESERVE COMPONENT ARMY UNITS AND PERSONNEL AT ALL INSTALLATIONS CONDUCTING MOBILIZATION AND DEMobilIZATION ACTIVITIES BOTH WITHIN THE CONTINENTAL UNITED STATES (CONUS) AND OUTSIDE CONTINENTAL UNITED STATES (OCONUS). EVERY MOBILIZED RESERVE COMPONENT SOLDIER IS EFFECTIVELY ASSESSED, TREATED, PROVIDED CONTINUITY OF CARE, AND INFORMED OF ENTITLEMENTS AND BENEFITS AS THEY TRANSITION ONTO AND OFF OF ACTIVE DUTY. RC UNITS ARE PREPARED FOR DEF MISSIONS IN THEIR AVAILABLE YEAR AND ON REDEPLOYMENT ENTER INTO THEIR ARMY FORCE GENERATION (ARFORGEN) RESET YEAR AND BUILD READINESS FOR FUTURE MISSIONS.

3.B. (U) CONCEPT OF OPERATIONS. THE PURPOSE OF THIS ORDER IS TWO FOLD: ESTABLISH RESPONSIBILITIES AND RELATIONSHIPS THAT ENSURE UNITY OF EFFORT FOR MOBILIZATION AND DEMobilIZATION, AND THE IMPLEMENTATION OF DEMobilIZATION PROCEDURES THAT ESTABLISH CONDITIONS FOR SUCCESSFUL REINTEGRATION, DEPLOYMENT, REDEPLOYMENT,

DEMOBILIZATION, AND UNIT RESET. THE ARMY HAS DESIGNATED FORCES COMMAND (FORSCOM) AS THE EXECUTING AGENT FOR MOBILIZATION IN CONUS TO ENSURE THE SUCCESSFUL PLANNING, PREPARATION, AND EXECUTION OF BOTH MOBILIZATION AND DEMOBILIZATION. IN LINE WITH THESE RESPONSIBILITIES, FORSCOM DESIGNATES FIRST ARMY THE SUPPORTED COMMAND FOR ALL MOBILIZATION AND DEMOBILIZATION OPERATIONS. ALL OTHER COMMANDS AND ENTITIES ARE SUPPORTING AND WILL COORDINATE THEIR ACTIONS WITH FIRST ARMY. FIRST ARMY WILL SYNCHRONIZE AND MANAGE THE OVERALL IMPLEMENTATION OF THIS ORDER IN CONUS. OTHER ASCC(S) AND ACOM(S) WILL IMPLEMENT THESE POLICIES IN THEIR RESPECTIVE AREA OF OPERATIONS.

3.B.1. (U) PREPARING SOLDIERS FOR THEIR RETURN HOME ESTABLISHES READINESS CONDITIONS FOR EFFECTIVE UNIT RESET IN ARFORGEN. DECISIVE TO SUCCESS IN IMPROVING READINESS IS ESTABLISHMENT OF A REQUIREMENTS BASED DEMOBILIZATION MODEL THAT IS RESPONSIVE TO THE SOLDIER'S NEEDS FOR BOTH INFORMATION AND SERVICES IN TRANSITION FROM ACTIVE DUTY. SOLDIER HEALTH AND UNDERSTANDING OF HOW TO ACCESS SUPPORTING SERVICES IS CRITICAL TO A SUCCESSFUL RE-INTEGRATION WITH THE FAMILY, COMMUNITY, AND EMPLOYER. IT IS ALSO THE KEY TO THE UNIT'S ABILITY TO COMPLETE RESET AND PREPARE FOR THE TRAIN/READY PHASE OF ARFORGEN.

3.B.2. (U) IMPLEMENTATION WILL BEGIN IMMEDIATELY AND IS ORGANIZED INTO THREE FUNCTIONS: COMMAND AND SUPPORT RELATIONSHIPS, MEDICAL, AND INFORMATION. EACH FUNCTION IS ASSIGNED TO A HEADQUARTERS TO MANAGE COMPLETION OF IMPLEMENTATION: COMMAND AND CONTROL IS THE RESPONSIBILITY OF FIRST ARMY, MEDCOM IS RESPONSIBLE FOR MEDICAL SERVICES; HQDA RETAINS RESPONSIBILITY FOR PROMULGATION OF ACCURATE INFORMATION.

3.B.2.A. (U) COMMAND AND SUPPORT.

3.B.2.A.1. (U) RC DEPLOYING UNITS WILL BE ATTACHED TO FIRST ARMY AT MOBILIZATION DATE (M-DATE). RC DEPLOYING FORCES REMAIN ATTACHED UNTIL DEPARTING FOR THEATER AND PLACED UNDER THE COMMAND OF THE COMBATANT COMMANDER (COCOM). RC DEPLOYING FORCES ARE ATTACHED TO FIRST ARMY UPON ARRIVING BACK TO CONUS FROM THEATER. UPON DEPARTING THE DEMOBILIZATION SITE, RC DEPLOYING FORCES REMAIN ATTACHED TO FIRST ARMY, AND ARE OPCON TO THEIR ORGANIC UNIT UNTIL THE UNIT/SOLDIERS EFFECTIVE DATE OF DEMOBILIZATION/REFRAD. RC DEPLOYING FORCES ARE DETACHED BACK TO THEIR ORGANIC UNIT FOLLOWING THE EFFECTIVE DATE OF DEMOBILIZATION/REFRAD.

3.B.2.A.2. (U) FIRST ARMY IS DESIGNATED AS THE SUPPORTED COMMAND FOR CONUS BASED FORSCOM MOBILIZATION AND DEMOBILIZATION OPERATIONS IN ACCORDANCE WITH ANNEX A. FIRST ARMY ESTABLISHES REQUIREMENTS, INTEGRATES MULTIPLE ORGANIZATIONS, AND SYNCHRONIZES RESOURCES TO CREATE UNITY OF EFFORT AND EFFICIENT MOBILIZATION OPERATIONS. FIRST ARMY, IN COORDINATION WITH SUPPORTING ORGANIZATIONS AND ENTITIES (IMCOM, MEDCOM, AMC, USARC, ARNG, SENIOR COMMANDERS, AND HRC (FOR IRR)) WILL, IMPLEMENT PROCEDURES TO IMPROVE THE COORDINATION AND EXECUTION OF MOBILIZATION OPERATIONS.

3.B.2.A.3. (U) PLANNING FOR DEMOBILIZATION WILL BE PARALLEL TO MOBILIZATION PLANNING AND BEGIN AT THE JOINT ASSESSMENT. PLANS WILL BE REFINED THROUGHOUT THE PREPARATION AND EXECUTION OF DEPLOYMENT. A DEMOBILIZATION COORDINATION VTC OR TELECONFERENCE WILL BE HELD WITH THE UNIT AND SUPPORTING ORGANIZATIONS WHILE THE UNIT IS DEPLOYED AND NOT LATER THAN 90 DAYS BEFORE REDEPLOYMENT TO ORGANIZE THE OPERATION AND SET CONDITIONS FOR SUCCESS. A STANDARDIZED, REQUIREMENTS BASED DEMOBILIZATION MODEL WILL BE IMPLEMENTED TO ENSURE EACH UNIT AND SOLDIER UNDERSTANDS AND IS PROVIDED APPROPRIATE EVALUATION, CARE, AND ALL APPLICABLE SERVICES. SUPPORTING GARRISONS WILL ESTABLISH AND SYNCHRONIZE THE APPROPRIATE RESOURCES TO ALLOW FIRST ARMY TO VALIDATE THROUGH A BOARD PROCESS THAT EACH DEMOBILIZING SOLDIER IS PREPARED FOR TRANSITION AND A POSITIVE HAND OFF OF COMMAND AND CONTROL IS EXECUTED. NON-FORSCOM DEMOBILIZATION ACTIVITIES WILL ALSO ESTABLISH DEMOBILIZATION VALIDATION BOARDS TO ENSURE THESE DEMOBILIZATION STANDARDS ARE MAINTAINED ACROSS ALL ARMY COMMANDS AND INSTALLATIONS IN ORDER TO GUARANTEE THE SAME EFFECT FOR THE SOLDIER ESTABLISHED AT A FIRST ARMY DMS.

3.B.2.A.4. (U) THE DEMOBILIZING UNIT CHAIN OF COMMAND WILL BE INVOLVED THROUGHOUT THE ENTIRE PROCESS AND REMAIN AT THE DEMOBILIZATION SITE UNTIL SOLDIERS RETURN TO HOME STATION OR ARE TRANSFERRED TO THE WARRIOR TRANSITION UNIT OR CHANGED TO ANOTHER STATUS AWAITING ACTION. A DEPLOYMENT SUPPORT CELL
USARMC (FOR IRR) RESERVE COMPONENT WILL BE REDEPLOYED BY THE MOBILIZATION STATION

TO ASSIST RESERVE COMPONENT SOLDIERS IN SUCCESSFULLY COMPLETING MOBILIZATION, REDEPLOYMENT, DEMOBILIZATION AND REINTEGRATION ACTIVITIES FOR EVERY UNIT IN ACCORDANCE WITH ANNEX E.

3.B.2.B. (U) MEDICAL. MEDCOM DIRECTS SYSTEMATIC IMPROVEMENTS TO HEALTH CARE DURING DEMOBILIZATION. MEDCOM ATTENDS THE DEMOBILIZATION COORDINATION VTC OR TELECONFERENCE AND LEVERAGES THE EARLY IDENTIFICATION OF MEDICAL CARE ISSUES THROUGH TOOLS SUCH AS THE DOWNRANGE ASSESSMENT TOOL (DRAT), POST DEPLOYMENT HEALTH ASSESSMENT (PDHA), AND THE COMMANDER'S ANALYSIS OF THE SOLDIER TO ESTABLISH A BASIS FOR EARLY IDENTIFICATION OF RISK AND PREPARE SUPPORT OF SOLDIER NEEDS DURING DEMOBILIZATION. MEDCOM WORKS WITH THE UNIT AND SOLDIER TO ITERATIVELY ASSESS SOLDIERS OVERALL HEALTH, INCLUDING BEHAVIORAL HEALTH, MEDICAL AND DENTAL CONDITIONS, AND STATUS AS THEY BEGIN PROCESSING AT THE DEMOBILIZATION SITE TO DETERMINE WHAT ADDITIONAL ASSESSMENTS OR CARE THE SOLDIER MAY REQUIRE. A PERIODIC HEALTH ASSESSMENT (PHA) WILL BE PROVIDED TO ALL SOLDIERS DURING REVERSE SOLDIER READINESS PROCESSING (RSRP) AT THE DEMOBILIZATION STATION PRIOR TO THEIR RELEASE FROM ACTIVE DUTY (REFRAD). BRIEFINGS WILL ENSURE THAT SOLDIERS UNDERSTAND CLEARLY THEIR OPTIONS FOR CARE, AND ESTABLISH THE APPROPRIATE CONTINUITY OF CARE TO ENSURE SUCCESSFUL RE-INTEGRATION.

3.B.2.C. (U) INFORMATION. HQDA, IN COORDINATION WITH IMCOM, OVERSEES PROMULGATION OF ACCURATE INFORMATION SUPPORTING THE SUCCESSFUL IMPLEMENTATION OF THE REQUIREMENTS BASED DEMOBILIZATION MODEL. THERE ARE TWO ASPECTS TO INFORMATION DISSEMINATION THAT ARE CRITICAL TO SUCCESS. FIRST, MOBILIZATION BRIEFINGS MUST BE CURRENT AND STANDARDIZED TO ENSURE SOLDIERS ARE INFORMED AND ABLE TO ACCESS APPLICABLE SERVICES AND CARE. HQDA WILL DESIGNATE PROPONENTS FOR EACH BRIEFING AND COORDINATE THEIR DISSEMINATION. SECOND, A STRATEGIC INFORMATION PLAN MUST BE DEVELOPED TO ENSURE UNDERSTANDING OF THE REQUIREMENTS BASED DEMOBILIZATION MODEL BY SOLDIERS, ARMY LEADERS, ARMY AND OFFICE OF THE SECRETARY OF DEFENSE STAFF, CONGRESS AND THE PUBLIC.

3.C. (U) TASKS TO SUBORDINATE UNITS.

3.C.1. (U) COMMANDER, FORSCOM

3.C.1.A. (U) EXECUTING AGENT FOR MOBILIZATION AND DEMOBILIZATION.

3.C.1.B. (U) IMPLEMENT ALL MOBILIZATION PROCESS PROCEDURES AND THE STANDARDIZED, REQUIREMENTS-BASED DEMOBILIZATION PROCESS SET FORTH IN THIS EXORD ISO FORSCOM MOBILIZATION AND DEMOBILIZATION.

3.C.1.C. (U) ENSURE THAT EVERY DEPLOYING RC ORGANIZATION INCLUDES DEMOBILIZATION PLANNING FROM THE JOINT ASSESSMENT THROUGH ARRIVAL AT DMS IN THE SINGLE INTEGRATED TRAINING PLAN. IDENTIFY ORGANIZATIONAL DEMOBILIZATION LEADERSHIP DURING THE JOINT ASSESSMENT (JA).

3.C.1.D. (U) RC SOLDIERS IDENTIFIED WITHIN THE FIRST 25-DAYS AS HAVING A PRE-EXISTING MEDICAL CONDITION THAT RENDERS THE INDIVIDUAL NON-DEPLOYABLE MAY BE RELEASED FROM ACTIVE DUTY (REFRAD) IMMEDIATELY. THE 25 DAY REFRAD RULE APPLIES TO ALL RC AND TITLE 32 ARNG SOLDIERS MOBILIZED IN SUPPORT OF CONTINGENCY OPERATIONS. THE RULE DOES NOT APPLY TO RC SOLDIERS INJURED IN THE LINE OF DUTY AFTER MOBILIZATION. ADMINISTRATIVE PROCESSING OF REFRAD ORDERS, SOLDIER OUT-PROCESSING AND RETURN TO HOME OF RECORD MUST BE COMPLETED NO LATER THAN (NLT) 30-DAYS FROM SOLDIER'S M-DATE. THE GOAL OF THE PROCESS IS TO QUICKLY IDENTIFY ANY SOLDIERS THAT ARE NON-DEPLOYABLE SO CROSS-LEVELING ACTIONS MAY BE INITIATED TO ENSURE UNITS GO DOWN-RANGE FULLY MANNED.

3.C.1.E. (U) SYNCHRONIZE DEMOBILIZATION OPERATIONS ICW FIRST ARMY, IMCOM AND MEDCOM TO OPTIMIZE THE REQUIREMENTS-BASED DEMOBILIZATION PROCESS AT EACH DMS.

3.C.1.F. (U) DEMOBILIZE UNITS AT THE UNIT'S MOBILIZATION LOCATION TO REDUCE FRICTION, ENHANCE PREDICTABILITY IN PLANNING AND PROGRAMMING, LEVERAGE THE RELATIONSHIPS ESTABLISHED DURING MOBILIZATION AND PROVIDE THE BEST POSSIBLE SUPPORT TO THE DEMOBILIZING UNIT. UNITS WILL DEMOBILIZE AT A LOCATION DIFFERENT FROM THEIR MOBILIZATION SITE ONLY UPON APPROVAL FROM FIRST ARMY. FIRST ARMY WILL STAFF CHANGES TO DEMOBILIZATION LOCATIONS WITH IMCOM AND MEDCOM PRIOR TO APPROVAL.

3.C.1.G. (U) ENSURE REDEPLOYING UNITS RECEIVE NECESSARY INFORMATION REQUIREMENTS

NECESSARY TO SUCCESSFULLY COMPLETE THE DEMOBILIZATION PROCESS IAW ANNEX D.
3.C.1.H. (U) VALIDATE THE RESULTS OF THE DEMOBILIZATION VALIDATION BOARD (DVB) FOR EVERY DEMOBILIZING ORGANIZATION IAW ANNEX F. THE BOARD WILL REVIEW EACH DEMOBILIZING SOLDIER'S MEDICAL STATUS, CONDITION, AND ADMINISTRATIVE POSTURE TO ENSURE EVERY SOLDIER MEETS THE REQUIREMENTS FOR RELEASE TO HOME STATION OR MOVEMENT INTO A DIFFERENT PATH OF CARE. THE DEMOBILIZATION VALIDATION BOARD WILL ENSURE A POSITIVE-CONTROL HANDOFF TO THE GAINING ORGANIZATION OF ANY SOLDIER REQUIRING ADDITIONAL MEDICAL EVALUATION, CARE OR ADMINISTRATIVE ACTIONS. THE BOARD WILL INFORM THE DEMOBILIZING UNIT LEADERSHIP OF EACH SOLDIER'S DISPOSITION AND CONDITION BY NAME.

3.C.1.I. (U) ENSURE THAT APPROPRIATE CHAIN OF COMMAND REMAINS WITH THE ORGANIZATION THROUGHOUT THE DEMOBILIZATION PROCESS UNTIL THE LAST RC SOLDIER'S STATUS (RETURNED TO HOME STATION, TRANSFERRED TO THE WARRIOR TRANSITION UNIT, OR DESIGNATED AS AN ADMINISTRATIVE HOLD AND TRANSFERRED TO THE FIRST ARMY OPERATIONS BDE) HAS BEEN VALIDATED BY THE DVB PER RC LEADERSHIP GUIDANCE CONTAINED IN COORDINATING INSTRUCTIONS AND COMMAND AND CONTROL OF THIS EXORD.

3.C.1.J. (U) ENSURE THAT A SENIOR LEADER GREETES EACH FLIGHT AND AS PART OF THE WELCOME BRIEFING EMPHASIZES TO ALL RESERVE COMPONENT SOLDIERS THAT THEIR MEDICAL CONCERNS WILL BE IDENTIFIED AND EVALUATED SO CONTINUITY OF CARE IS ESTABLISHED. THE SENIOR LEADER WILL ALSO PROVIDE SOLDIERS INFORMATION ON HOW THEY CAN CONTACT AN INSPECTOR GENERAL FOR ASSISTANCE.

3.C.1.K. (U) COORDINATE WITH THE ORGANIZATIONS IDENTIFIED IN THIS EXORD TO IMPLEMENT STANDARDIZED, REQUIREMENTS-BASED DEMOBILIZATION PROCEDURES.

3.C.1.L. (U) CONTINUALLY EVALUATE DEMOBILIZATION PROCESSES AND PROCEDURES. IF MODIFICATIONS ARE REQUIRED, COORDINATE WITH STAKEHOLDERS AND PRESENT A UNIFIED RECOMMENDATION TO HQDA G3/5/7 (DAMO-OD) FOR IMPLEMENTING MODIFICATIONS.

3.C.1.M. (U) PROVIDE ASSISTANCE TO OTHER COMMANDS CONDUCTING UNIT DEMOBILIZATION TO DEVELOP A COMMON UNDERSTANDING OF REQUIREMENTS AND STANDARDIZATION OF OPERATIONS.

3.C.1.N. (U) REVIEW THE PROCESS FOR INDIVIDUAL DEMOBILIZATION NOT CONDUCTED WITH UNITS AT A MOBILIZATION FORCE GENERATION INSTALLATION (MFGI), AND PROVIDE SYSTEMATIC RECOMMENDATIONS TO ESTABLISH COMMON RELEVANT STANDARDS AND CARE TO SOLDIERS DEMOBILIZING WITH UNITS.

3.C.1.O. (U) INTEGRATE RC DEPLOYMENT SUPPORT CELLS (DSC) INTO THE DEMOBILIZATION PROCESS ICW ANNEX E.

3.C.1.P. (U) ENSURE THAT DMS CONTINUES TO PROCESS OR INITIATE LINE OF DUTY (LOD) IN THE MEDICAL OPERATIONAL DATA SYSTEM (MODS) LOD MODULE ICW ANNEX H.

3.C.1.Q. (U) ENSURE EVERY RC SOLDIER UNDERSTANDS HIS MEDICAL ENTITLEMENTS AND BENEFITS, ACCESS TO APPROPRIATE CARE AND THE DEPARTMENT OF VETERANS ADMINISTRATION (DVA).

3.C.1.R. (U) ENSURE FORSCOM REG 500-3-5 (REF B) IS SYNCHRONIZED WITH THIS EXORD.

3.C.1.S. (U) ELIMINATE AD HOC MEDICAL HOLDOVER ELEMENTS AND TRANSITION SOLDIERS WITH MEDICAL CARE OR EVALUATION REQUIREMENTS TO THE WTU IAW ANNEX B.

3.C.1.T. (U) PROVIDE AN EXIT BRIEFING PRIOR TO RC FORCES DEPARTING THE DEMOBILIZATION SITE THAT EXPLAINS COMMAND AND CONTROL (PER 3.B.2.A.1.), AND FIRST ARMY REPORTING REQUIREMENTS IN THE EVENT OF AN INCIDENT DURING THE TRANSITION FROM DEMOBILIZATION TO REFRAD.

3.C.1.U. (U) MODIFY THE DEPLOYMENT AND RECONSTITUTION TRACKING SYSTEM (DARTS) IN COORDINATION WITH MEDCOM TO INCORPORATE MEDICAL DATA AND PROCESSES DEFINED BY THE REQUIREMENTS BASED DEMOBILIZATION MODEL TO INCLUDE A DEMOBILIZATION VALIDATION BOARD.

3.C.2. (U) COMMANDER, TRADOC.

3.C.2.A. (U) SUPPORT AND IMPLEMENT ALL MOBILIZATION PROCESS PROCEDURES AND THE STANDARDIZED, REQUIREMENTS-BASED DEMOBILIZATION PROCESS SET FORTH IN THIS EXORD

3.C.3. (U) COMMANDER, THEATER ASCC.

3.C.3.A. (U) SUPPORT AND IMPLEMENT ALL MOBILIZATION PROCESS PROCEDURES AND THE STANDARDIZED, REQUIREMENTS-BASED DEMOBILIZATION PROCESS SET FORTH IN THIS EXORD.

3.C.3.B. (U) IMPLEMENT THE REQUIREMENTS ESTABLISHED IN ANNEX G FOR MANDATORY BRIEFINGS TO ENSURE THAT LEADERS AND SOLDIERS, WHILE IN THEATER, RECEIVE THE DA STANDARDIZED BRIEFINGS ON MEDICAL OPTIONS AND RESOURCES.

3.C.3.C. (U) SUPPORT COMMUNICATION BETWEEN THE DEPLOYED UNIT AND DMS TO PROVIDE DEMOBILIZATION INFORMATION REQUIREMENTS (SPECIFICALLY MEDICAL) ESTABLISHED AT ANNEX D AT REDEPLOYMENT-90, 60, AND 30 TO THE DMS.

3.C.3.D. (U) ENSURE REDEPLOYING UNITS HAVE AN ADEQUATE MOVEMENT PLAN TO SUPPORT THEIR COMMAND AND CONTROL SCHEME OF MANEUVER AT DMS AND EARLY RETURN OF SOLDIERS REQUIRING ADDITIONAL MEDICAL EVALUATION AND CARE.

3.C.3.E. (U) COORDINATE WITH MEDCOM AND FORSCOM TO ENSURE THAT SOLDIER'S MEDICAL EVALUATION AND TREATMENT DOCUMENTATION IS UPLOADED INTO THE MODS LOD MODULE PRIOR TO REDEPLOYING.

3.C.3.F. (U) COORDINATE WITH MEDCOM TO IMPLEMENT THE COMPLETION OF ESSENTIAL ASSESSMENT TOOLS TO SHAPE SOLDIER PATH OF CARE REQUIREMENTS AT DMS.

3.C.3.G. (U) ENSURE LOD IS INITIATED WHEN NECESSARY IN THE MODS LOD MODULE IAW ANNEX H PRIOR TO REDEPLOYMENT.

3.C.4. (U) COMMANDER, USARPAC.

3.C.4.A. (U) SUPPORT AND IMPLEMENT ALL MOBILIZATION PROCESS PROCEDURES AND THE STANDARDIZED, REQUIREMENTS-BASED DEMOBILIZATION PROCESS SET FORTH IN THIS EXORD.

3.C.5. (U) COMMANDER, USASOC.

3.C.5.A. (U) SUPPORT AND IMPLEMENT ALL MOBILIZATION PROCESS PROCEDURES AND THE STANDARDIZED, REQUIREMENTS-BASED DEMOBILIZATION PROCESS SET FORTH IN THIS EXORD ISO USASOC MOBILIZATION AND DEMOBILIZATION.

3.C.6. (U) COMMANDER, USAREUR.

3.C.6.A. (U) SUPPORT AND IMPLEMENT ALL MOBILIZATION PROCESS PROCEDURES AND THE STANDARDIZED REQUIREMENTS BASED DEMOBILIZATION PROCESS SET FORTH IN THIS EXORD.

3.C.7. (U) COMMANDER, IMCOM.

3.C.7.A. (U) SUPPORT AND IMPLEMENT ALL MOBILIZATION PROCESS PROCEDURES AND THE STANDARDIZED, REQUIREMENTS-BASED DEMOBILIZATION PROCESS SET FORTH IN THIS EXORD.

3.C.7.B. (U) UPDATE THE STANDARDIZED DEMOBILIZATION INFORMATION EXCHANGE (REDEPLOYMENT-90,60,30) AT ANNEX D, AS REQUIRED. INTENT OF THIS ANNEX IS TO ENSURE INPUT TO THE REQUIREMENTS BASED DEMOBILIZATION MODEL AT THE DMS PRIOR TO UNIT'S ARRIVAL.

3.C.7.C. (U) EXERCISE ADCON RESPONSIBILITIES, WHILE SUPPORTING FORSCOM, FIRST ARMY, TRADOC, USASOC AND SISTER SERVICES IN THE DEMOBILIZATION OF RC UNITS AND SOLDIERS. SEE APPENDIX 2 TO ANNEX A FOR INFORMATION REGARDING THE UNIFORM CODE OF MILITARY JUSTICE JURISDICTION OVER DEPLOYING RC FORCES.

3.C.7.D. (U) ASSIST IN DEMOBILIZATION ACTIVITIES TO INCLUDE PARTICIPATION IN POLICY AND REGULATORY DEVELOPMENT, PARTICIPATION IN PROCESS ASSESSMENTS AND SUPPORT OTHER INITIATIVES THAT INSTITUTIONALIZE BEST PRACTICES THAT SUPPORT INCREASED EFFECTIVENESS AND EFFICIENCIES OF THE DEMOBILIZATION PROCESS.

3.C.7.E. (U) COORDINATE MOBILIZATION AND DEMOBILIZATION CAPACITY REQUIREMENTS, INFRASTRUCTURE AND TENANT SUPPORT. THE CHIEF, MILITARY PERSONNEL DIVISION (MPD) (INSTALLATION OR COMMUNITY LEVEL), SUPERVISES AND DIRECTS OVERALL OPERATIONS OF THE SUPPLIER READINESS PROCESS (SRP). ENSURE THE SRP SUPPORTS THE DEBRIEF OF

PERFORMING LOD INPUT INTO THE LOD MODULE.

3.C.7.F. (U) IN SUPPORT OF FIRST ARMY PROVIDE INPUT AND SUPPORT EXECUTION OF THE DEMOBILIZATION VALIDATION BOARD. IAW AR 600-8-101, CONDUCT THE APPROPRIATE SRP PROCESSING BRIEFINGS, DESIGNATE THE STATIONS THROUGH WHICH EACH SOLDIER MUST PROCESS, DO APPROPRIATE COORDINATION WITH THE OTHER INSTALLATION/COMMUNITY-LEVEL PROCESSING STATIONS, PROVIDE ANY REQUIRED SPECIAL GUIDANCE, AND ENSURE THAT EACH SOLDIER HAS PROCESSED PROPERLY.

3.C.7.G. (U) ESTABLISH AND MANAGE THE SUPPORT BASE SERVICES CONTRACT AS THE PRIMARY IMCOM MEANS TO PROVIDE IMCOM GARRISONS THE FLEXIBILITY TO ACQUIRE STAFF AUGMENTATION SUPPORT SERVICES FOR NON-GOVERNMENTAL IN NATURE (NON-GIN) TASKS THAT EXCEED ORGANIC CAPABILITIES.

3.C.7.H. (U) MANAGE AND SUPERVISE THE PROCESSING AND SUBMISSION OF IMCOM INSTALLATION DAMPS PACKETS FOR CONUS SUPPORT MISSIONS.

3.C.7.I. (U) PROVIDE FUNDING DOCUMENTATION FOR ALL TEMPORARY CHANGE OF STATION (TCS) AND MOBILIZATION ORDERS.

3.C.7.J. (U) ENSURE THAT GARRISON DEMOBILIZATION PROCESS WILL INCORPORATE ARNG AND USARC RC DSC(S) BY COORDINATING WITH RESERVE COMPONENT HIGHER HEADQUARTERS AND INTEGRATING RESERVE COMPONENT DEPLOYMENT SUPPORT CELLS AT THE DEMOBILIZATION STATION IAW ANNEX E.

3.C.7.K. (U) ATTACH CONUS GARRISON SUPPORT ORGANIZATIONS TO THE GARRISON OF THE DMS WHICH THEY SUPPORT.

3.C.8. (U) COMMANDER, MEDCOM.

3.C.8.A. (U) SUPPORT AND IMPLEMENT ALL MOBILIZATION PROCESS PROCEDURES AND THE STANDARDIZED, REQUIREMENTS-BASED DEMOBILIZATION PROCESS SET FORTH IN THIS EXORD.

3.C.8.B. (U) DEVELOP MECHANISMS TO ENSURE RC SOLDIERS HAVE REACHED MEDICAL RETENTION DECISION POINT FOR MEDICAL, DENTAL AND BEHAVIORAL HEALTH, AND UNDERSTAND THEIR TREATMENT OPTIONS PRIOR TO REFRAD.

3.C.8.C. (U) IMPLEMENT A STANDARDIZED MEDICAL PROCESSING PLAN, ENSURING CONTINUITY OF CARE FOR RC SOLDIERS THAT WILL ADDRESS THEIR MEDICAL, DENTAL AND BEHAVIORAL HEALTH NEEDS BEFORE THEY ARE RELEASED FROM THE DMS.

3.C.8.D. (U) DEVELOP AND IMPLEMENT AN ENDURING PROGRAM TO ENSURE THAT STANDARDIZED MEDICAL PROCESSES ARE UNIFORMLY APPLIED ACROSS SRP SITES.

3.C.8.E. (U) ENSURE THAT SOLDIERS REQUIRING MEDICAL CARE OR EVALUATION IN ACCORDANCE WITH WARRIOR TRANSITION UNIT CONSOLIDATED GUIDANCE (ADMINISTRATIVE), REFERENCE G, WHO VOLUNTEER TO REMAIN ON ACTIVE DUTY ARE PUT ON THE APPROPRIATE 12301(H) ORDER TYPE (MRP OR MRP-E) AND TRANSFERRED TO THE WTU. SOLDIERS THAT DO NOT MEET THE CRITERIA OR CHOOSE NOT TO REMAIN ON ACTIVE DUTY ARE REFRAD WITH AN INITIAL TREATMENT PLAN AND IMMEDIATE ACCESS TO CARE INSTRUCTIONS.

3.C.8.F. (U) PARTICIPATE ON THE DEMOBILIZATION VALIDATION BOARD REQUIREMENTS IN SUPPORT OF FORSCOM FOR ALL MOBILIZED RESERVE COMPONENT SOLDIERS.

3.C.8.G. (U) IMPLEMENT G-1 POLICY GUIDANCE TO ENSURE USARC, ARNG, AND HRC (FOR IRR) HAVE THE APPROPRIATE RESTRICTIONS IN THE LOD MODULE TO DOCUMENT SOLDIERS INJURIES IN THEATER, AT THE DEMOBILIZATION STATION, AT HOME STATION, AND AFTER REFRAD. IN ADDITION, ENSURE SUPPORTING CLINICIANS AND PHYSICIANS HAVE THE APPROPRIATE RESTRICTIONS IN THE LOD MODULE WHEN APPLICABLE IAW ANNEX H.

3.C.8.H. (U) DIRECTOR, ARMY NATIONAL GUARD.

3.C.9.A (U) SUPPORT AND IMPLEMENT ALL MOBILIZATION PROCESS PROCEDURES AND THE STANDARDIZED, REQUIREMENTS-BASED DEMOBILIZATION PROCESS SET FORTH IN THIS EXORD.

3.C.9.B. (U) THE STATE (JOINT FORCE HEADQUARTERS) IS RESPONSIBLE FOR MEDICALLY SCREENING THEIR SOLDIERS PRIOR TO MOBILIZATION. ARNG SOLDIERS WHO FAIL TO MEET MEDICAL RETENTION STANDARDS IAW AR 40-501, CHAPTER 3 WILL NOT BE SENT TO THE MOBILIZATION STATION. ALL SOLDIERS ON MOBILIZATION ORDERS WILL UNDERGO COMPLETE SOLDIER READINESS PROCESSING (SRP) TO INCLUDE MEDICAL, BEHAVIORAL, AND DENTAL SCREENING FOR DEPLOYABILITY DURING THE PRE-MOBILIZATION PERIOD PRIOR TO REPORTING TO THE MOBILIZATION STATION (MS). IT IS THE STATE ADJUTANT GENERAL'S (TAG) RESPONSIBILITY TO ENSURE THE UNIT ARRIVES AT THE MS 100% MEDICALLY READY.

3.C.9.C. (U) SUPPORT THE DMS LEADERSHIP WHILE AT DMS TO FACILITATE PROCESSING OF DEMOBILIZING SOLDIERS THROUGH THE DEMOBILIZATION PROCESS.

3.C.9.D. (U) ENSURE THE DEPLOYED UNIT LEADERSHIP DOCUMENTS SOLDIER'S LOD INTO THE LOD MODULE IN MODS, IF A SOLDIER REQUIRES AN LOD DUE TO A CONDITION NOT RECOGNIZED AT DEMOBILIZATION OR A CONDITION IN WHICH THE LOD WAS NOT COMPLETED AT THE DMS. MONITOR THE PROPER ROUTING OF ELECTRONIC LOD.

3.C.9.E. (U) ENSURE ALL SOLDIERS ARE PROVIDED THE GUIDANCE TO RECEIVE IMMEDIATE ACCESS TO CARE AT ANY TIME UNTIL LOD DETERMINATION IS DETERMINED "NOT IN THE LOD".

3.C.9.F. (U) PROVIDE A DEPLOYMENT SUPPORT CELL (COMMONLY REFERRED TO BY THE ARNG AS A "WHITE CELL") AT THE DMS IN ACCORDANCE WITH ANNEX E. THE COMPOSITION OF THE DSC WILL BE BASED ON FACTORS SUCH AS UNIT SIZE, MISSION WHILE DEPLOYED, PERCENTAGE OF CROSS-LEVELED SOLDIERS, FUNCTIONAL REQUIREMENTS, AND NUMBER OF LOD/BEHAVIORAL HEALTH ISSUES IDENTIFIED BY THE UNIT THAT MAY IMPACT THE NEED FOR ADDITIONAL ASSISTANCE DURING THE DEMOBILIZATION PROCESS. COORDINATE WITH STATE JFHQ(S) TO ENSURE SOLDIERS' CONTINUITY OF CARE, ENTITLEMENTS AND BENEFITS CONTINUE AFTER REFRAD AT THE SOLDIER'S HOME OF RECORD.

3.C.9.G. (U) CONDUCT HS WELCOME HOME CEREMONIES FOR ALL UNITS AND INDIVIDUALS. ENSURE HOME STATION WELCOME HOME CEREMONIES NEITHER IMPACT NOR INFLUENCE THE DEMOBILIZATION PROCESS AT THE DMS.

3.C.9.H. (U) PROVIDE DEMOBILIZING ARNG SOLDIERS INSPECTOR GENERAL (IG) RESOURCE CONTACT INFORMATION FOR SUPPORT AT HOME STATION PRIOR TO THE UNIT DEPARTING THE DEMOBILIZATION STATION.

3.C.10. (U) COMMANDER, USARC.

3.C.10.A (U) SUPPORT AND IMPLEMENT ALL MOBILIZATION PROCESS PROCEDURES AND THE STANDARDIZED, REQUIREMENTS-BASED DEMOBILIZATION PROCESS SET FORTH IN THIS EXORD.

3.C.10.B. (U) ENSURE USARC SOLDIERS WHO FAIL TO MEET MEDICAL RETENTION STANDARDS IAW AR 40-501, CHAPTER 3 ARE NOT SENT TO THE MOBILIZATION STATION. ALL SOLDIERS ON MOBILIZATION ORDERS WILL UNDERGO COMPLETE SRP TO INCLUDE MEDICAL, BEHAVIORAL, AND DENTAL SCREENING FOR DEPLOYABILITY DURING THE PRE-MOBILIZATION PERIOD PRIOR TO REPORTING TO THE MOBILIZATION STATION. IT IS THE USARC COMMANDERS RESPONSIBILITY TO ENSURE UNITS ARRIVE AT THE MOBILIZATION STATION 100% MEDICALLY READY.

3.C.10.C. (U) SUPPORT THE DMS LEADERSHIP WHILE AT DMS TO FACILITATE PROCESSING OF DEMOBILIZING SOLDIERS THROUGH THE DEMOBILIZATION PROCESS.

3.C.10.D. (U) ENSURE THE DEPLOYED UNIT LEADERSHIP DOCUMENTS SOLDIER'S LOD INTO THE LOD MODULE IN MODS. IF A SOLDIER REQUIRES A LOD DUE TO A CONDITION NOT RECOGNIZED AT DEMOBILIZATION OR A CONDITION IN WHICH THE LOD WAS NOT COMPLETED AT THE DMS, MONITOR THE PROPER ROUTING OF ELECTRONIC LOD.

3.C.10.E. (U) ENSURE ALL SOLDIERS ARE PROVIDED THE GUIDANCE TO RECEIVE IMMEDIATE ACCESS TO CARE AT ANY TIME UNTIL LOD DETERMINATION IS DETERMINED "NOT IN THE LOD".

3.C.10.F. (U) PROVIDE A DEPLOYMENT SUPPORT CELL AT THE DMS IN ACCORDANCE WITH ANNEX E. THE DSC IS A SUPPORTING ELEMENT TO FORSCOM'S DEMOBILIZATION MISSION AT DMS. THE COMPOSITION OF THE DSC WILL BE BASED ON FACTORS SUCH AS UNIT SIZE, MISSION WHILE DEPLOYED, PERCENTAGE OF CROSS-LEVELED SOLDIERS, AND NUMBER OF

ADDITIONAL ASSISTANCE DURING THE DEMOBILIZATION PROCESS. COORDINATE WITH OPERATIONAL AND FUNCTIONAL COMMANDS TO ENSURE SOLDIERS' CONTINUITY OF CARE, ENTITLEMENTS AND BENEFITS CONTINUE AFTER REFRAD AT THE SOLDIER'S HOME OF RECORD.

3.C.10.G. (U) CONDUCT HS WELCOME HOME CEREMONIES FOR ALL UNITS AND INDIVIDUALS. ENSURE HS WELCOME HOME CEREMONIES NEITHER IMPACT NOR INFLUENCE THE DEMOBILIZATION PROCESS AT THE DMS.

3.C.10.H. (U) PROVIDE DEMOBILIZING USAR SOLDIERS IG RESOURCE CONTACT INFORMATION FOR SUPPORT AT HOME STATION PRIOR TO THE UNIT DEPARTING THE DEMOBILIZATION STATION.

3.C.11. (U) HQDA G-1.

3.C.11.A. (U) SUPPORT AND IMPLEMENT ALL MOBILIZATION PROCESS PROCEDURES AND THE STANDARDIZED, REQUIREMENTS-BASED DEMOBILIZATION PROCESS SET FORTH IN THIS EXORD.

3.C.11.B. (U) DEVELOP POLICY GUIDANCE TO ENSURE ALL STAKEHOLDERS UNDERSTAND THEIR RESPONSIBILITY OF DOCUMENTATION OF INJURIES DISCLOSED BY RC SOLDIERS.

3.C.11.C. (U) PROVIDE OVERSIGHT FOR POLICY AND REGULATORY DEVELOPMENT OF RC WOUNDED ILL AND INJURED MANAGEMENT.

3.C.11.D. (U) PROVIDE POLICY OVERSIGHT TO OTSG TO DEVELOP CLINICAL PRACTICE GUIDELINES (CPGS) TO MANAGE DEMOBILIZING RC SOLDIERS, DEPICTING VALIDATION AND DECISION POINT FOR REFERRAL TO WTU.

3.C.11.E. (U) UPDATE THE PPG AND OTHER REGULATORY GUIDANCE TO INCLUDE ALL CHANGES CONTAINED IN THIS EXORD

3.C.12. (U) HQDA G-3/5/7.

3.C.12.A. (U) SUPPORT AND IMPLEMENT ALL MOBILIZATION PROCESS PROCEDURES AND THE STANDARDIZED, REQUIREMENTS-BASED DEMOBILIZATION PROCESS SET FORTH IN THIS EXORD.

3.C.12.B. (U) ENSURE OTHER REGULATIONS AND POLICIES THAT EFFECT MOBILIZATION (I.E. AR 500-5 ARMY MOBILIZATION AND OPERATIONS PLANNING AND EXECUTION SYSTEM (AMOPES), HQDA EXORD 150-08 PRE AND POST MOBILIZATION TRAINING (PPMT), ETC.) ARE SYNCHRONIZED AND UPDATED TO REFLECT CURRENT MOBILIZATION AND DEMOBILIZATION DOCTRINE, ORGANIZATION, AND TRAINING.

3.C.13. (U) HQDA G-8.

3.C.13.A. (U) REVIEW VALIDATED AND CRITICAL REQUIREMENTS ASSOCIATED WITH MANNING AND RESOURCING THE DEMOBILIZATION REQUIREMENTS- BASED MODEL IN THE YEAR OF EXECUTION TO INCLUDE DEPLOYMENT SUPPORT CELL OPERATIONS BY ARNG AND USARC AS DETERMINED BY EACH PROGRAM EVALUATION GROUP (PEG).

3.C.13.B. (U) ALLOW CRITICAL REQUIREMENTS TO COMPETE FOR FUNDING IN THE PROGRAM OBJECTIVE MEMORANDUM (POM) PROCESS.

3.C.14. (U) HQDA OFFICE OF THE CHIEF OF PUBLIC AFFAIRS (OCPA).

3.C.14.A. (U) ASSIST ARMY G-3/FORCES COMMAND/FIRST ARMY TEAM WITH THE ESTABLISHMENT OF A COMMUNICATION PLANNING GROUP WHEN REQUIRED TO DEVELOP A STRATEGIC COMMUNICATION PLAN THAT SYNCHRONIZES WITH IMPLEMENTATION STRATEGY OF THE REQUIREMENTS BASED DEMOBILIZATION PROCESS (RBDP). COORDINATE PLANNING EFFORT WITH ARMY RESERVE AND ARMY NATIONAL GUARD. ENSURE PLAN IDENTIFIES KEY AUDIENCES, METHODS/MEDIA TO REACH TARGETED AUDIENCES, AND TIMED IN CONJUNCTION WITH THE PHASED IMPLEMENTATION OF STRATEGY. PRODUCE THEMES, MESSAGES AND TALKING POINTS, AND ASSOCIATED PRODUCTS TO SUPPORT THE IMPLEMENTATION OF THE RBDP AND FACILITATE USE BY LEADERS ACROSS ALL COMPONENTS TO ENSURE WE SPEAK WITH ONE VOICE ON THIS ISSUE.

3.C.14.B. (U) COORDINATE AND FACILITATE THE PUBLIC INFORMATION, COMMAND INFORMATION, COMMUNITY RELATIONS/OUTREACH EFFORTS ACROSS ALL COMPONENTS TO HIGHLIGHT THE REQUIREMENTS BASED DEMOBILIZATION PROCESS TO INTERNAL AND EXTERNAL AUDIENCES IN CONJUNCTION WITH PHASED IMPLEMENTATION STRATEGY LED BY FORSCOM/FIRST ARMY.

3.C.15. (U) OFFICE OF CHIEF OF LEGISLATIVE LIAISON (OCLL).

3.C.15.A. (U) PARTICIPATE IN COMMUNICATION PLANNING GROUP TO ESTABLISH STRATEGIC COMMUNICATION PLAN. ENSURE CONGRESSIONAL NOTIFICATIONS AND ENGAGEMENTS ARE INCORPORATED INTO THE ENGAGEMENT/EXECUTION MATRIX AND THAT THESE ENGAGEMENTS PRECEDE PUBLIC RELEASE OF INFORMATION, ESPECIALLY ON SENSITIVE ISSUES.

3.C.15.B. (U) FACILITATE CONGRESSIONAL ENGAGEMENTS AS PLANNED IN CONJUNCTION WITH STRATEGY. ESCORT KEY LEADERS TO MEET KEY CONGRESSIONAL REPRESENTATIVE TO

3.C.16. (U) HUMAN RESOURCES COMMAND (HRC).

3.C.16.A. (U) SUPPORT AND IMPLEMENT ALL MOBILIZATION PROCESS PROCEDURES AND THE STANDARDIZED, REQUIREMENTS-BASED DEMOBILIZATION PROCESS SET FORTH IN THIS EXORD.

3.C.16.B. (U) ENSURE ALL IRR SOLDIERS ARE APPROPRIATELY SCREENED FOR MOBILIZATION. IRR SOLDIERS ON MOBILIZATION ORDERS WILL UNDERGO COMPLETE SRP TO INCLUDE MEDICAL, BEHAVIORAL, AND DENTAL SCREENING FOR DEPLOYABILITY UPON REPORTING TO THE MOBILIZATION STATION. IRR SOLDIERS WHO FAIL TO MEET RETENTION STANDARDS IAW AR 40-501, CHAPTER 3 OR THE COMBATANT COMMANDER'S MEDICAL REQUIREMENTS WILL BE PROCESSED IAW THE 25 DAY REFRAID RULE.

3.C.16.C. (U) PROVIDE GUIDANCE TO THE DEMOBILIZATION STATION (DMS) LEADERSHIP UPON REQUEST AS FOLLOWS:

3.C.16.C.1. (U) IN GENERAL, FACILITATE THE PROCESSING OF IRR SOLDIERS THROUGH THE MOBILIZATION PROCESS.

3.C.16.C.2. (U) PROVIDE POINT OF CONTACT INFORMATION AT EACH DMS CAPABLE OF ADDRESSING IRR SOLDIERS ISSUES THROUGHOUT THE MOBILIZATION PROCESS.

3.C.16.C.3. (U) DEVELOP STANDARDIZED BRIEFING MATERIAL TO THE DMS THAT WILL BE PRESENTED TO DEMOBILIZING IRR SOLDIERS. THIS MATERIAL WILL INCLUDE INFORMATION ON ORDERS, PAY ISSUES, PROMOTIONS, MENTAL AND PHYSICAL HEALTH CARE, DENTAL CARE, ENTITLEMENTS, "YELLOW RIBBON" EVENTS IN THEIR AREA, UNIT AFFILIATION PROGRAM, IG RESOURCE CONTACT INFORMATION, AND GENERAL SOLDIER PERSONNEL MANAGEMENT. IN ADDITION, PROVIDE THE SOLDIERS HRC CONTACT INFORMATION FOR SUPPORT AT HOME STATION.

3.C.16.D. (U) THE HRC SURGEON'S OFFICE WILL, WHEN NOTIFIED BY A IRR SOLDIER OF AN INCOMPLETE LINE OF DUTY INVESTIGATION (LODI), A CONDITION NOT RECOGNIZED/DECLARED AT THE TIME OF HIS/HER DEMOBILIZATION, OR A CONDITION FOR WHICH THE LODI WAS NOT COMPLETED AT THE DEMOBILIZATION STATION, CONTACT THE DEPLOYED UNIT LEADERSHIP AND/OR DEMOBILIZATION STATION TO PROPERLY DOCUMENT THE SOLDIER'S LODI INTO MODS. IN ADDITION, PROVIDE GUIDANCE TO THESE SOLDIERS TO RECEIVE IMMEDIATE ACCESS TO CARE.

3.C.16.E. (U) BE PREPARED TO COORDINATE HOME STATION "YELLOW RIBBON" EVENTS FOR ALL IRR SOLDIERS AND THEIR FAMILIES.

3.D. (U) COORDINATING INSTRUCTIONS.

3.D.1. (U) DIRECT COORDINATION FOR ALL IS AUTHORIZED.

3.D.2. (U) SOLDIERS DEPLOYING TO CENTCOM'S AREA OF RESPONSIBILITY (AOR) MUST MEET THE MEDICAL REQUIREMENTS OUTLINED IN MOD 10 TO CENTCOM, USCINCCENT INDIVIDUAL PROTECTION AND INDIVIDUAL/UNIT DEPLOYMENT POLICY, AND TAB A TO MOD 10, AMPLIFICATION OF THE MINIMAL STANDARDS OF FITNESS FOR DEPLOYMENT TO THE CENTCOM AOR.

3.D.3. (U) RESERVE COMPONENT LEADERSHIP GUIDANCE FOR MOBILIZATION. UNIT CHAIN OF COMMAND WILL REMAIN AT THE DEMOBILIZATION STATION UNTIL ALL SOLDIERS HAVE COMPLETED DEMOBILIZATION PROCESSING AND RETURNED TO HOME STATION OR TRANSFERRED INTO THE WARRIOR TRANSITION UNIT (WTU) OR TRANSFERRED TO ANOTHER STATUS FOR ACTION IN ACCORDANCE WITH ANNEX B. FOR NON-TRADITIONAL UNITS AND UNITS WITH DERIVATIVE UIC(S), THE HIGHEST RANKING MEMBER OF THE ORGANIZATION WILL PERFORM DUTIES AS THE CHAIN OF COMMAND AND REMAIN AT THE DEMOBILIZATION STATION UNTIL ALL SOLDIERS HAVE DEPARTED FOR HOME STATION OR TRANSFERRED TO THE WARRIOR TRANSITION UNIT OR TRANSFERRED TO ANOTHER STATUS FOR ACTION IN ACCORDANCE WITH ANNEX B. TAB A IS A PRELIMINARY POINT WHERE ANY SOLDIER WHO FAILS TO MEET THE

CHANGED TO MEDICAL RETENTION PROCESS (MRP), MEDICAL RETENTION PROCESS-EVALUATION (MRP-E) OR WTU ORDERS; CHANGED TO ADMIN ORDERS (UCMJ ACTION) OR RELEASE FROM ACTIVE DUTY (REFRAD). THUS, ON DAY 15, NO SOLDIER IS LEFT ON THE ORIGINAL ORDER. SOLDIERS ON ADMINISTRATIVE HOLD WOULD BE UNDER THE COMMAND AND CONTROL OF THE FIRST ARMY OPERATIONS BRIGADE (OPS BDE).

3.D.4. (U) LEADERS REQUIRING MOBILIZATION ORDER EXTENSIONS OR CONTINGENCY ACTIVE DUTY OPERATIONAL SUPPORT (CO-ADOS) ORDERS IN ORDER TO OVERSEE UNIT DEMOBILIZATION OPERATIONS AND REQUIREMENTS WILL REFER TO HQDA G-1 PPG (SEE REFERENCE A), CHAPTER 11-ORDERS, PARA 11-7, DEMOBILIZATION ORDERS. THE MOBILIZATION STATION COMMANDER WILL NOTIFY HRC, ATTN: AHRC-PLM-S (REFRAD SECTION) VIA EMAIL HRCSREFRAD@CONUS.ARMY.MIL OF ANY LEADERS REQUIRING ORDERS TO CONTINUE ON ACTIVE DUTY FOR THE PURPOSE OF OVERSEEING UNIT DEMOBILIZATION ACTIVITIES AND TAKING ANY ACCRUED LEAVE AND OR POST DEPLOYMENT/MOBILIZATION RESPITE ABSENCE (PDMRA). ONCE APPROVED, LEADERS WILL RECEIVE AMENDED ORDERS WITH HIS/HER NEW REFRAD DATE AND THE TOTAL MOBILIZATION TIME WILL BE REFLECTED ON THE SOLDIERS DD FORM 214.

3.D.5. (U) FORSCOM, TRADOC, IMCOM, MEDCOM, AMC, NGB, USARC, HRC (IRR) AND ESSENTIAL DA STAFF ENSURE ATTENDANCE AT ALL MOBILIZATION PROCESS ACTION TEAM EVENTS AND FOLLOW ON ATTENDANCE IN SEMI-ANNUAL MOBILIZATION PROCESS REVIEWS.

4. (U) SERVICE SUPPORT. N/A.

5. (U) COMMAND AND CONTROL.

5.A. (U) COMMAND.

5.A.1. (U) FORSCOM. HQDA(S) EXECUTING AGENT FOR UNIT MOBILIZATION, DEPLOYMENT AND DEMOBILIZATION PLANNING AND EXECUTION WITHIN CONUS.

5.A.2. (U) USARC AND ARNG. SUPPORTED COMMANDS DURING PRE-MOBILIZATION. SUPPORTING COMMANDS DURING POST-MOBILIZATION. RC COMMANDS ENSURE DEVELOPMENT OF COMMAND AND CONTROL PLAN THROUGHOUT THE MOBILIZATION PROCESS. THE DEMOBILIZATION C2 STRUCTURE IS IDENTIFIED AT THE JOINT ASSESSMENT, CONFIRMED AT THE MFGI, FINALIZED IN THEATER, AND EXECUTED AT THE DEMOBILIZATION SITE.

5.A.3. (U) TRADOC IS THE SUPPORTED COMMAND FOR DEMOBILIZATION OF TRADOC SOLDIERS AND UNITS.

5.A.4. (U) USASOC IS THE SUPPORTED COMMAND FOR DEMOBILIZATION OF USASOC SOLDIERS AND UNITS.

5.A.5. (U) FIRST ARMY. FORSCOM(S) DESIGNATED LEAD AGENT AND SUPPORTED COMMAND DURING POST-MOBILIZATION.

5.A.6. (U) MEDCOM. SUPPORTING COMMAND FOR MOBILIZATION OF RC DEPLOYING FORCES.

5.A.7. (U) AMC. SUPPORTING COMMAND FOR MOBILIZATION OF RC DEPLOYING FORCES.

5.A.8. (U) IMCOM. SUPPORTING COMMAND FOR MOBILIZATION OF RC DEPLOYING FORCES.

5.A.9. (U) SENIOR COMMANDER. SUPPORTING ENTITY FOR MOBILIZATION OF RC DEPLOYING FORCES.

5.A.10. (U) HRC. SUPPORTING COMMAND FOR THE DEMOBILIZATION OF IRR SOLDIERS.

5.B. (U) POINTS OF CONTACT (POC).

5.B.1. (U) HQDA G-3/5/7 POC: LTC ALBERTO KERCADO, COMM 703-697-2002, EMAIL: ALBERTO.KERCADO@CONUS.ARMY.MIL.

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ACKNOWLEDGE

OFFICIAL: LTG BOLGER

ANNEX A: COMMAND AND SUPPORT RELATIONSHIPS
ANNEX B: REQUIREMENTS BASED DEMOBILIZATION MODEL
ANNEX C: MEDICAL PROCESSING
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ANNEX E: DEPLOYMENT SUPPORT CELL
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ANNEX G: MANDATORY DEMOBILIZATION BRIEFINGS
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U.S. Army Special Operations Command

Military Surface Deployment and Distribution Command
U.S. Army Space and Missile Defense Command/Army Forces Strategic Command
Eighth U. S. Army
U.S. Army Network Enterprise Technology Command/9th Signal Command (Army)
U.S. Army Medical Command
U.S. Army Intelligence and Security Command
U.S. Army Criminal Investigation Command
U.S. Army Corps of Engineers
U.S. Army Military District of Washington
U.S. Army Test and Evaluation Command
U.S. Army Reserve Command
U.S. Army Installation Management Command
Superintendent, United States Military Academy
Director, U.S. Army Acquisition Support Center

EXPIRATION DATE CANNOT BE DETERMINED