

OPORD 14-001

CC-US Response to Ebola

References:

- a. (U) OPORD 24AOA-14 JFC-UA Response to Ebola
- b. (U) OPORD HQ AFL Operation White Shield

1. (U) Situation.

a. (U) General.

(1) (U) As of 15 October 2014, the Ebola virus outbreak continues to expand and has infected nearly 4,249 and killed more than 2,458 people in Liberia. Although the Government of Liberia (GoL) continues an aggressive campaign of trying to inform and educate the population, overburdened medical infrastructure and cultural practices continue to hinder containment efforts. Isolated incidents of unrest have occurred, including demonstrations outside health care clinics and attacks on health care workers. The GoL has declared a National Emergency in order to (IOT) prevent the further spread of Ebola Virus Disease (EVD).

(2) (U) EVD transmission continues to occur through direct contact with blood and bodily fluids of critically ill or recently deceased Ebola patients or infected animals. Ebola Treatment Units (ETU) will greatly contribute to the identification, separation, and treatment of EVD patients. ETUs will also help educate the local governments and population.

b. (U) Area of Concern.

(1) (U) Area of Responsibility. The Operational Area (OA) for OPERATION UNITED SHIELD (OUS) is defined as the country of Liberia and associated coastal areas.

(2) (U) Area of Interest. The OUS Area of Interest (AI) includes the country of Senegal due to Intermediate Staging Base (ISB) located in Dakar.

(3) (U) Joint Operations Area (JOA).

(a) (U) From Senegal/Mauritania border at waterline; Follow Senegal/Mauritania border to Senegal/Mali border; follow Senegal/Mali border to Senegal/Guinea border; follow Senegal/Guinea border to Guinea/Cote D'Ivoire border; follow Guinea/Cote D'Ivoire border to Cote D'Ivoire/Liberia

UNCLASSIFIED

border; follow Cote D'Ivoire/Liberia border to waterline; to n 01 30' / w 007 30'; to n 05 00' / w 015 00'; to n 11 00' / w 020 00'; to n 16 03' / w 020 00'; to start point.

(b) (U) Note: JOA includes the Gambia and Guinea Bissau for the purpose of over flight. No operations are anticipated in these countries.

c. (U) Enemy. See Annex B.

d. (U) Friendly. See Annex B.

(1). (U) Multinational Forces

(a) Armed Forces of Liberia

(b) Armed Forces of the United States

(2). (U) Supporting Commands and Agencies

(a) (U) United Nations Mission in Liberia (UNMIL).

(b) (U) Liberian National Police (LNP).

(c) (U) Liberian Coast Guard (LCG).

(d) (U) Other Liberian Security Agencies.

(e) (U) USMC Forces operating under OPERATION ONWARD LIBERTY.

(f) (U) Defense Logistics Agency (DLA).

(g) (U) United States Department of Health and Human Services (HHS).

(h) (U) World Health Organization.

1. (U) Mission. On order, Armed Forces of Liberia (AFL) in conjunction with the US Marine Corps forces operating in OPERATION ONWARD LIBERTY (OOL), and Joint Force Command-United Assistance (JFC-UA) construct Ebola Treatment Units (ETUs) to facilitate the combined overall GoL and United States Government (USG) effort to contain and erradicate the Ebola Virus Disease (EVD) in Liberia.

2. (U) Execution.

a. (U) Concept of Operations. Combined Command-United Shield (CC-US) deploys to multiple locations within the Republic of Liberia IOT support the effort to contain the spread of EVD. The operation will be conducted in four cyclical stages until all ETUs are complete. The Pre-deployment/Recon stage begins with the preparation and deployment of the CC-US Recon Teams and ends with Notice to Proceed (NTP). The ADVON/Main Body stage begins with

the deployment of the advanced party and ends with the arrival of the CC-US Main Body. The Site Prep/Construction Complete stage begins with the site preparation and ends when ETU construction is complete. The Transition ETU/Redeployment stage begins with the transition of the last ETU to U.S. Assistance for International Development (USAID) and ends with the redeployment and CC-US end of mission.

b. (U) Commander's Intent.

(1) (U) Purpose. Provide combined capabilities in support of GoL and USG efforts to protect the force, contain EVD, alleviate human suffering, increase Liberian and international community response capacity, facilitate international assistance, and promote internal and regional stability.

(2) (U) Key tasks.

(a) (U) Establish Combined Command and Control (C2) in Monrovia, Liberia.

(b) (U) Complete recon of ETU locations.

(c) (U) Complete construction of ETU sites.

(d) (U) Establish and maintain a logistics hub at EBK.

(3) (U) End State. All ETUs are constructed to standard and all combined forces returned to basing locations and prepared for follow on missions.

(4) (U) Objectives.

(a) (U) All requested ETUs are constructed and supported.

(b) (U) Conditions are set to transfer responsibility to USAID.

c. (U) Operational Stages.

i. (U) Pre-deployment/Recon: Stage begins with the pre-deployment planning and preparation of the CC-US Recon Teams (see Annex A for Task Organization). This phase ends with the re-deployment of the Recon Team and the NTP. The trigger to proceed to the next stage is the NTP. Objectives are:

(a) (U) CC-US personnel are identified and ready to deploy.

UNCLASSIFIED

- (b) (U) Suitable ETU sites are identified.
- (c) (U) Military and contract support operations are functional.
- (d) (U) Local government and key local leaders have been engaged and are aware of ETU construction.
- (e) (U) Notice to proceed

(2) (U) ADVON/Main Body: This stage begins with the deployment of the Advanced Party to the site and setting the conditions for receiving the Main Body (see Annex A, Task Organization). This stage ends with the arrival of CC-US Main Body. The trigger to proceed to the next stage is when all key personnel and equipment required to begin site prep arrive at the ETU site. Objectives are:

- (a) (U) Conditions are set to begin site preparation.
- (b) (U) Bill of Materials (BOM) delivery.
- (c) (U) CC-US is on site and fully operational.
- (d) (U) Local Community is aware of new ETU construction.

(3) (U) Site Prep/Construction Complete: Stage begins with site preparation and ground breaking. The stage ends when the ETU construction is complete. The trigger to proceed is when the ETU is ready to be transitioned. Objectives:

- (a) (U) Site Preparation
- (b) (U) Groundbreaking begins with involvement from local Liberian Government and population.
- (c) (U) Tents and Logistical Packages (LOGPAC) arrive.
- (d) (U) All requested ETUs are constructed and supported.

(4) (U) Transition/Redeployment: Begins with the transition of the ETU to USAID. This stage ends when CC-US has redeployed and end of mission is declared. Objectives:

- (a) (U) Conditions are set to transfer ETU to USAID.

UNCLASSIFIED

- (b) (U) Local authorities have the capability and capacity to effectively mitigate EVD.
- (c) (U) Affected population seeks treatment at local ETUs.
- (d) (U) National and international community's capacity to conduct EVD treatment operations is enhanced.
- (e) (U) All CC-US forces have safely redeployed.

(5) (U) Termination Criteria.

- (a) (U) Ebola Virus Disease outbreak is contained.
- (b) (U) Host nation, AFL, and NGO capacity to maintain effective treatment of EVD cases is established.

d. (U) Tasks.

(1) (U) CC-US HQ

- (a) (U) Assess and develop Command, Control, and Communications interoperability within the team with reachback capability.
- (b) (U) Coordinate with USAID and leverage Non-Governmental Organizations (NGO) to ensure mission success.
- (c) (U) Confirm site selection with GoL and USAID prior to construction.
- (d) (U) Conduct Public Affairs and Strategic Communications in support of overall efforts.
- (e) (U) Establish refit and resupply operations at Edward Binyah Kesselly (EBK) Base.
- (f) (U) Establish Combined Command Joint-United Shield at Barclay Training Center (BTC).

(2) (U) Sustainment

UNCLASSIFIED

- (a) (U) Establish contracts as necessary/required.
- (b) (U) Provide sustainment to all teams throughout the operation.
- (c) (U) Execute and maintain Combined RSOI operations at EBK to support deployment, refit, resupply, and redeployment of teams.

(3) (U) Aviation

(a) (U) Be prepared to (BPT) provide 24-hour long range aviation capability ISO CC-US IOT provide Command and Control (C2), medical evacuation, personnel movement, and resupply operations.

(b) (U) Lift assets to transport Class III, IV, and VIII.

(4) (U) Engineer

- (a) (U) Establish and provide engineering support in Liberia to provide site selection and construction in support of validated USAID requests.
- (b) (U) BPT construct one EVD treatment unit (ETU) at training base for training purposes.
- (c) (U) ETUs are based on 100-bed WHO model.
- (d) (U) Maximize the use of commercial sources for services, construction, commodity contracting requirements, and existing facilities supplemented by DoD organic capability, including engineering support.
- (e) (U) BPT establish and sustain Logistic Support Area and operating location for Rotary Wing and MEDEVAC aircraft.
- (f) (U) BPT provide engineer survivability support to protect personnel, equipment, facilities and infrastructure.
- (g) (U) BPT to establish Task Force Engineer to provide continuous life support to USAID.

e. (U) Coordinating Instructions.

- (a) (U) CC-US personnel will coordinate with GoL and LNP to ensure clearance during curfew hours of 2300 to 0600.

UNCLASSIFIED

- (b) (U) Use of weapons/ ROE. Refer to Appendix 2 to Annex C for ROE-guidance.
- (c) CJ2:
 - a. Record GPS locations and photos of key areas along ground routes and in the vicinity of the proposed ETU location.
 - b. Teams will undergo post-mission debriefings.
 - c. Develop a robust plan to ensure teams have the most up to date imagery.
- (d) CJ4:
 - a. Packing list to include mosquito netting, Class I, uniform and personal items to last duration of the mission.
 - b. Provide hygiene kits for team personnel and field sanitation.
 - c. Personnel transportation arranged through CC-US as required.
 - d. Team OIC/NCOIC designated to manage and track logistics, transportation, supply chain management requirements and contact CC-US for re-supply or status as necessary/required.
- (e) CJ6:
 - a. Develop a communications network diagram that reflects how CC-US will communicate.
- (f) Messaging:
 - a. Ensure all media is referred to PAO.
 - b. Monitor and assess information sources and report dis-information and rumors to PAO.
 - c. Work a plan where GoL national and local leaders are invited to groundbreaking and other events.
 - d. Develop a deliberate messaging plan that gets ahead of events; Factor in work to be completed with messaging.
- (g) Force Protection (FP)
 - a. See FP before departure for update to current threat assessment.
 - b. Prior to departure, review Personal Recovery (PR) plan of action.

- c. Rehearse Quick Reaction Force (QRF) plan at site location.
- d. Ensure risk is mitigated at all stages while considering the plan.
- (h) Engineer:
 - a. Conduct ETU site reconnaissance in accordance with (IAW) the ETU site assessment checklist.
 - b. Conduct site adapt and design IOT support construction timeline as prescribed in the synchronization matrix.
 - c. Be prepared to (BPT) receive BOM and engineering services in conjunction with (ICW) the developed synchronization matrix.
 - d. BPT provide Contracting Officer Representative (COR) or technical representative for each ETU project.
 - e. Provide Quality Assurance/Quality Control (QA/QC) through each phase of ETU construction.
 - f. Develop a very aggressive plan that maximizes the use of time (ie. Use of lights for night operations).
 - g. BPT conduct route reconnaissance in order to support delivery of ETU BoM or other sustainment distribution.
 - h. Consider road conditions when factoring estimated ETU completion times.
 - i. Develop a site map for each site as a visual representation.
- (i) Medical:
 - a. Ensure aviation assets are considered for medical support/evacuation during all stages of the operation.
 - b. Ensure plan also considers ground evacuation as well.
- 4. (U) Administration and Logistics.
 - a. (U) Use available planning tools required to ensure visibility over military operations in the JOA.
 - b. (U) Concept of Support. Refer to Annex D.
- (1) (U) Logistics.

(a) (U) Logistics support of forces remains a service responsibility.

(b) (U) CC-US J4 is directed to identify known logistics limitations that negatively impact successful execution of the mission in the daily logistics status report. All units shall deploy with appropriate Days of Supply (DOS) for critical supplies such as food, water, and fuel. Deploy with maximum self sustainment capabilities.

(c) (U) Acquisition and Cross-Servicing Agreements (ACSA). To the maximum extent possible, utilize the ACSA mechanism to facilitate the reciprocal exchange of logistics with partner nations.

- c. (U) Personnel. Refer to Annex E.
- d. (U) Public Affairs. Refer to Annex F.
- e. (U) Medical Services. Refer to Annex Q.

5. (U) Command and Control.

- a. (U) Command. Refer to Annex J.

(1) (U) Command Relationships.

(a) (U) Combined Command and Control (C2) element at BTC.

(b) (U) Government of Liberia (GoL) with assistance from the Department of State and USAID/OFDA are the lead primary federal agencies responsible for provision of efforts.

(c) (U) Liaison Officer Exchange.

(d) (U) Senior Officer and NCO assigned team leader responsibility for each element.

b. (U) Command, Control, Communications, and Computer (C4) Systems. Refer to Annex K for details.

Ziankahn
BG
Chief of Staff
Armed Forces of Liberia

Williams
MG
Commanding
JFC-UA

Annexes:

A--Task Organization

B--Intelligence

C--Operations

D--Logistics

E--Personnel

F--Public Affairs

K--Communications Systems Support

Q--Medical Services

Annex A (Task Org) to OPERATION COMBINED COMMAND - UNITED SHIELD OPORD 14-001 (U)



Task Organization



T: Establish a C2 node in Monrovia, Liberia that supports USAID assistance efforts in order to assist the overall effort to control EVD in Liberia

P: To provide DoD capabilities in support of efforts to contain EVD, alleviate human suffering, increase Liberian and international community response capacity, facilitate international assistance, and promote internal and regional stability.

XX

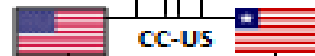
JFC

X

AFL

T: Support civil authorities within Montserrado, Lofa, Bomil, and Cape Mount Counties NLT 07 Aug 14 IOT prevent the spread of the deadly Ebola virus in Liberia

P: To contain and prevent the spread of EBOLA in Montserrado, Lofa, Cape Mount and Bomil Counties respectively.

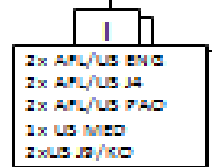


CC-US

2x AFL JS/SC
 2x US JSB/SC
 2x AFL/US MED
 2x AFL/US JA/EN

T: Establish C2 node at BTC that supports combined ETU construction efforts

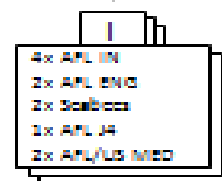
P: To ensure ETU construction efforts are synchronized and capable of achieving the OUS endstate



RECON

T: Conduct bilateral engagements with local leaders, identify BOM/EQP requirements, and conduct site assessments.

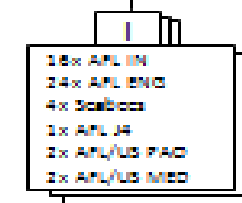
P: To receive local leaders approval, identify ETU site locations, and facilitate the contracting process.



ADVON

T: Establish initial operation capability, receive/secure BOM and survey construction site.

P: To facilitate ETU site construction



Main Body

T: Conduct combined construction of ETUs

P: To build and transition fully operation ETUs to USAID

Copy 1 of 1 copies
HQ, CC-US
Monrovia, Liberia
15OCT14
14-001

Annex B (Intelligence) to OPERATION COMBINED COMMAND - UNITED SHIELD
OPORD 14-001 (U)

(U) References:

- a. (U) See OPORD

(U) Time Zone Used Throughout the OPORD: Zulu

1. (U) Situation.

- a. (U) Area of Interest. See base OPORD.

- b. (U) Area of Operations.

- (1) (U) Terrain. Liberia's coastal regions are highlighted by sandy beaches, a few rocky capes, tidal lagoons, river estuaries, and mangrove swamps. Beyond the coastal lowlands lies a belt of low-lying hills that rises between 60 and 150 meters. These hills are covered in triple canopy jungle interspersed with grassy clearings and human settlements. Most of Liberia's remaining tropical rain forest lies in this region. Northeastern Liberia is mostly made up of plateaus and small mountains between 180 meters and 300 in elevation. A few of the mountains in this region are as high as 600 meters in elevation.
- (2) (U) Weather. Heavy rainfall makes ground travel to many areas in Liberia difficult and in some cases impossible on unimproved roads. As the rain lessens during the next month, conditions will begin to improve slightly, but not likely fast enough to significantly change current road conditions during the ETU build mission. Rotary wing air movement will slowly improve during this season, but poor visibility due to rain and morning fog will occur frequently.
- (3) (U) Enemy Forces. Ebola Virus Disease is the enemy, aided by poor preventive medicine practices in areas where EVD cases are prevalent and difficulties in identifying and treating EVD patients. Adverse effects of the rainy season and negative public perception regarding the timeliness and location of ETUs we build could degrade our ability to respond to EVD.

UNCLASSIFIED

Annex B (Intelligence) to OPERATION COMBINED COMMAND - UNITED SHIELD OPORD 14-001 (U)

- (4) (U) Friendly Forces. The CC-US with support from AFL, JFC-UA and subordinate elements will prepare ETU build teams for their missions, receive reports from teams during missions, and debrief personnel after missions.
 - (5) (U) Interagency, Intergovernmental, and Nongovernmental Organizations. Multiple organizations must be coordinated with in order to accomplish the mission. In many cases, local organizations or NGOs may have the best situational awareness of potential ETU sites, the local area, and lines of communication required to sustain them.
- 2. (U) Mission. See base OPORD.
- 3. (U) Execution.
 - a. (U) Priority Intelligence Requirements.
 - (1) Where, when, and how will criminals or other groups threaten the safety of OPERATION UNIFIED SHIELD forces and supporting organizations?
 - (2) (U) Where do conditions exist that could delay preparations for, construction, or resupply of ETU sites?
 - (3) (U) Where have conditions changed that affect contractor or NGO support to operations?
 - (4) Where are natural or manmade disasters creating or have the potential to create a humanitarian crisis which may require OUS support?
 - b. (U) Requests for Information. Requirements will be managed by the NMRC.
 - c. (U) Measures for Handling Personnel, Documents, and Material. Personnel, documents, and material will be handled in accordance with Liberian law.
 - d. (U) Distribution of Intelligence Products. Information will be disseminated over multiple communication means, to include phone, tactical radio, email, and African Partner's Access Network (APAN).
- 4. (U) Sustainment. See base OPORD.
- 5. (U) Command and Signal. See base OPORD.

ACKNOWLEDGE:

UNCLASSIFIED

ZIANKAHN
BG

WILLIAMS
MG

OFFICIAL:
FORLEH
LTC

SCOTT
COL

UNCLASSIFIED

Annex C (Operations) to OPERATION COMBINED COMMAND - UNITED SHIELD OPORD 14-001 (U)

(U) References:

a. (U) See OPORD

(U) Time Zone Used Throughout the OPORD: Zulu

1. (U) Situation.

2. (U) Mission. See OPORD.

3. (U) Execution.

a. (U) Commander's Intent. See OPORD

(1) (U) Operational Approach: See Appendix 4 (Operational Concept)

4. (U) Coordinating Instructions.

a. (U) Commander's Critical Information Requirements (CCIR):

(1) (U) Death or serious injury to Combined Command-United Shield (CC-US) personnel.

(2) (U) Major US aircraft mishap.

(3) (U) CC-US service member contracts EVD.

(4) (U) CC-US personnel missing, taken hostage or prisoner.

(5) (U) Civilian casualties (CIVCAS) and/or serious damage to host nation property.

(6) (U) Any incident generating high media interest.

(7) (U) Any violent extremist organization activities that may arise due to increased presence in region.

(8) (U) Any mob or riot affecting US personnel.

(9) (U) Any stop/change/serious delay to progress of ETU build sites.

b. (U) Friendly Forces Information Requirements (FFIR):

(1) (U) An allegation of CIVCAS against CC-US personnel.

UNCLASSIFIED

Annex C (Operations) to OPERATION COMBINED COMMAND - UNITED SHIELD OPORD 14-001 (U)

- (2) (U) Loss and potential repair of ports of debarkation in Monrovia or Dakar.
- (3) (U) CC-US personnel arrested or detained by any US or Liberian authorities.
- (4) (U) CC-US personnel contracting serious illness (malaria, cholera, etc).
- (5) (U) CC-US operations where media interest is high.
- (6) (U) Positive or negative trends or indicators regarding EVD.
- (7) (U) Increased HA/DR due to second and third order effects (i.e. food shortages).
- (8) (U) Potential demand for increased support to international efforts in neighboring countries to include Sierra Leone and Guinea.
- (9) (U) Status of mission essential equipment (A/C EN assets).
- c. (U) Host Nation Information Requirements (HNIR):
 - (1) (U) Death or injury to members of our partnered Liberian forces.
 - (2) (U) Partnered force personnel contracting EVD.

Annex C (Operations) to OPERATION COMBINED COMMAND - UNITED SHIELD OPORD 14-001 (U)

- (3) (U) Change of leadership or partnership force chain of command, MoD, or Liberian officials.
- (4) (U) Key Liberian change in operational support affecting Operational priorities.
- d. (U) Use of weapons/Rules of Engagement. See Annex C Appendix 1 ROE.
- e. (U) Force Protection. See Force Protection Annex C Appendix 2.
 - a. (U) MSCs shall include personnel recovery in all plans and orders.

5. (U) Administration and Logistics.

- a. (U) See Annex E.
- b. (U) Concept of Support. Refer to Annex D.
- c. (U) Logistics. See Annex E.

(1) (U) CC-US J4 is directed to identify known logistics limitations that negatively impact successful execution of the mission in the daily logistics status report. All units shall

UNCLASSIFIED

Annex C (Operations) to OPERATION COMBINED COMMAND - UNITED SHIELD OPORD 14-001 (U)

deploy with enough DOS such as food, water, and fuel. Deploy with maximum self sustainment capabilities.

(2) (U) Acquisition and Cross-Servicing Agreements (ACSA). To the maximum extent possible, utilize the ACSA mechanism to facilitate the reciprocal exchange of logistics.

- d. (U) Personnel. Refer to Annex E.
- e. (U) Public Affairs. Refer to Annex F.
- f. (U) Medical Services. Refer to Annex Q.

5. (U) Command and Control.

- a. (U) Command. Refer to Annex A.

(1) (U) Command Relationships.

(2) (U) GoL and USAID/OFDA are the lead primary federal agencies responsible for provision of CC-US efforts.

- b. (U) Communications Systems. Refer to Annex K for details.

ACKNOWLEDGE:

ZIANKAHN
BG

WILLIAMS
MG

OFFICIAL:
FORLEH
LTC

SCOTT
COL

Appendixes

1—Rules Of Engagement

2—Force Protection

Tab A—Anti-Terrorism and Force Protection

Tab B—Physical Security. Not used

3—Risk Assessment

Copy 1 of 1 copies
HQ, CC-US
Monrovia, Liberia
15OCT14
14-001

Annex C Appendix 1 (Rules of Engagement (ROE)) to OPERATION COMBINED COMMAND - UNITED SHIELD 14-001 (U)

(U) References:

- a. (U) See OPORD

(U) Time Zone Used Throughout the OPORD: ZULU

- 1. (U) Situation. See OPORD
- 2. (U) Mission. See OPORD
- 3. (U) Execution.

- a. (U) Commander's Intent for Rules of Engagement.

- (1) (U) Purpose: Provide direction and guidance on the Rules of Engagement (ROE), use of force, and escalation of force procedures while Armed Forces of Liberia (AFL) and Combined Command - United Shield construct Ebola Treatment Unites (ETUs) to facilitate the combined overall Government of Liberia (GoL) and United States Government (USG) effort to contain and eradicate Ebola Virus Disease (EVD) in Liberia.

- (2) (U) General Guidance.

- (a) (U) Intent. CC-US intent is to provide AFL and DOD capabilities ISO Liberian and USG efforts to contain EVD, save lives and alleviate human suffering, and promote internal and regional stability; in the event of breakdown of civil authority, protect Liberian and US personnel facilities.
 - (b) (U) ROE for Non-US Forces to include AFL. ROE for non-US forces to include AFL participating in relief operation efforts may differ from the US ROE. Understanding of partner nation ROE allows the CC-US and subordinate commanders to plan for differences in capabilities and to enable operations. In Operation United Shield, the AFL and US Forces will each respectively prepare an ROE card for dissemination and use among its forces.
 - (c) (U) Training. All commanders will ensure their personnel are trained and familiar with these ROE. Personnel should be trained using realistic training vignettes and practical application.

- b. (U) Use of Force in Self-Defense.

Annex C Appendix 1 (Rules of Engagement (ROE)) to OPERATION COMBINED COMMAND - UNITED SHIELD 14-001 (U)

- (1) (U) Minimize Use of Force: Use of force at any level, up to and including deadly force, should be limited in magnitude and duration to the minimum degree required to effectively de-escalate the threat posed by a hostile act or demonstrated hostile intent.
 - (2) (U) Escalation of Force (EoF): When confronted with a hostile act or demonstration of hostile intent, CC-US personnel may use necessary and proportional force, up to and including deadly force, immediately, without proceeding through EoF measures. When time and circumstances permit, appropriate incremental EoF measures should be used to assist CC-US in determining whether hostile intent exists in a particular situation and to discourage behavior that is threatening.
 - (3) (U) If a potential threat fails to respond to escalation of force measures, personnel may use this failure as a factor in determining whether a potential threat is engaging in a hostile act or a demonstrating hostile intent.
- c. (U) Escalation of Force Procedures: Personnel must evaluate the situation and execute actions based on all circumstances and training. Personnel employing EoF procedures should, but are not required to, follow these procedures in the order listed. The order of selected action may vary depending on the threat dictated by the situation. EoF procedures are as follows:
- (1) (U) Evaluation. Personnel must remain situationally aware IOT judge the level of threat posed by different circumstances.
 - (2) (U) Disengagement. When applicable and appropriate, avoid the threat through disengagement, bypass, or break in contact.
 - (3) (U) Non-Lethal Measures. In response to circumstances that have been determined to pose a threat, the following measures apply:
 - (a) (U) Audible Signals. Shout verbal warnings, horn, siren, bull horns, vehicle mounted PA systems, sound commanders, etc.
 - (b) (U) Visual Signs. Show hand and arm signals, signal flags, spotlights, flares, brandish weapons, etc.
 - (c) (U) Physical Manipulation: Shove, block movement with the use of equipment (e.g. riot control gear) to prevent direct physical contact. For purposes of temporary detention, recommend use of PPE to avoid direct physical contact.

Annex C Appendix 1 (Rules of Engagement (ROE)) to OPERATION COMBINED COMMAND - UNITED SHIELD 14-001 (U)

- (d) (U) Non-Lethal Weapons (NLW). BPT employ NLW IOT protect US and Liberian personnel and facilities in the AO. As part of coordinated DoD response, NLW can be employed to reinforce security measures to protect DoD and Liberian military personnel and health care providers at ETUs while reducing the potential for civilian casualties that will be incurred with the use of lethal capabilities only.
 - (4) (U) Lethal Measures. Lethal use of force applies as a last resort, and only in response to hostile intent or a hostile act. Where time and tactical circumstances permit, personnel should be give a challenge before using deadly force. "Stop or I will fire."
 - (5) (U) Defense of Others.
- d. (U) Defense of Designated Property.
 - (1) (U) Designated Military Property. Necessary and proportional force, up to and including deadly force, may be used against individuals or groups of individuals who commit, or about to commit, an act that is likely to cause damage to or loss of property designated as mission-essential by CDR United Shield. When time and circumstances permit, use of EoF measures. The following property has been designated as "mission essential property" that may be protected with use of force, up to and including deadly force.
 - (a) (U) Aircraft Operated by or On Behalf of The United States or Liberia. This designation includes U.S. and Liberian military aircraft, other government aircraft, and U.S. or Liberia government-leased aircraft.
 - (b) (U) Military Vessels Operated by On Behalf of the United States and the Armed forces of Liberia.
 - (c) (U) Military Weapons.
 - (d) (U) Subordinate commanders can submit requests for additional property to be designated "mission essential property" through the J3.
- e. (U) Definitions

(U) These definitions apply generally throughout the ROE unless specifically defined or clarified in another section. In such cases, the definition/clarification within that section controls.

UNCLASSIFIED

- (1) (U) Civil Disturbance. Group acts of violence and disorder prejudicial to public law and order.

Annex C Appendix 1 (Rules of Engagement (ROE)) to OPERATION COMBINED COMMAND - UNITED SHIELD 14-001 (U)

- (2) (U) Hostile Act. An attack or other use of force against US or Liberian forces or other designated persons or property. It Also includes force used directly to preclude or impede the mission and / or duties of US or Liberian forces, including the recovery of US or Liberian personnel or vital US or Liberian property.
- (3) (U) Hostile Intent. The threat of imminent use of force against US or Liberian forces or other designated persons or property. It also includes the threat of force to preclude or impede the mission and / or duties of US or Liberian forces, including the recovery of US or Liberian personnel or vital US or Liberian property.
- (4) (U) Internal Waters. All waters, other than lawfully claimed archipelagic waters, landward of the baseline from which the territorial sea is measured. Archipelagic states may also delimit internal consistent with the 1982 convention on the law of the sea. All states have complete sovereignty over internal waters.
- (5) (U) Non-Lethal Weapons. Weapons, devices and munitions that are explicitly designed and primarily employed to incapacitate targeted personnel or material immediately while minimizing fatalities, permanent injury to personnel, and undesired damage to property in the target area or environment. Non-Lethal Weapons are intended to have reversible effects on personnel and material.
- (6) (U) Personnel Recovery. The sum of military, diplomatic, and civil efforts to prepare for and execute the recovery and reintegration of isolated personnel.
- (7) (U) Riot Control Agent. Any chemical that is not listed in the Chemical Weapons Convention, which can produce rapidly in humans sensory irritate or disabling physical effects which disappear within a short time following termination of exposure.
- (8) (U) Territorial Sea. A belt of ocean space adjacent to and measured from the coastal state's baseline to a maximum width of 12 nm. Throughout the vertical and horizontal planes of the territorial sea, the coastal state exercises sovereign jurisdiction, subject to the right of innocent passage of vessels on the surface and the right of transit passage in, under, and over international straits. Territorial sea areas that arc a continuations of sea lanes through

UNCLASSIFIED

UNCLASSIFIED

archipelagoes are subject to archipelagic sea-lane passage, with the same transit rights as those that apply to international straits.

Annex C Appendix 1 (Rules of Engagement (ROE)) to OPERATION COMBINED COMMAND - UNITED SHIELD 14-001 (U)

ENCLOSURES:

Enclosure 1 - United Shield ROE reference card

ACKNOWLEDGE:

ZIANKAHN
BG

WILLIAMS
MG

OFFICIAL:
FORLEH
LTC

SCOTT
COL

UNCLASSIFIED

OPERATION UNITED SHIELD
RULES OF ENGAGEMENT CARD

1. **SELF-DEFENSE/UNIT SELF-DEFENSE:** You always have the right and duty to defend yourself and U.S. and Liberian forces. **Use escalation of force (EoF) procedures** (see back of card).
2. **HOSTILE FORCES:** No forces have been declared hostile. Use of deadly force must be based on necessity due to hostile acts or clear indicators of hostile intent.
3. **DEFENSE OF U.S. AND LIBERIAN FORCES:** Use of force, up to and including deadly force, is authorized to defend U.S. and Liberian forces in the vicinity in response to a hostile act or demonstrated hostile intent. **Use EoF procedures.**
4. **DEFENSE OF U.S. AND LIBERIAN NATIONALS:** Use of force, up to and including deadly force, is authorized to defend U.S. and Liberian nationals from hostile acts or demonstrated hostile intent, **if authorized by United Shield commander. Use EoF procedures.**
5. **DEFENSE OF OTHERS:** Use of force, up to and including deadly force, is authorized to defend U.S. Forces, **designated** friendly units and personnel, foreign personnel, foreign security personnel, and health care providers, from hostile acts or demonstrated hostile intent. **Use EoF procedures.**
6. **DETENTION:** You may temporarily detain civilians for no more than 24 hours who are threatening designated forces or interfering with mission accomplishment. Use PPE to avoid direct physical contact. Release detainees or transfer to local authorities as soon as detention is no longer required by the immediate circumstances. Report all detentions to United Shield Commander immediately. **Treat all detainees humanely.**
7. **PROTECTING MILITARY PROPERTY:** Use of force, up to and including deadly force, may be used against individuals who commit, or are about to commit, an act that is likely to cause damages to, or loss of, aircraft or maritime vessels operated by or on behalf of the Liberia or the U.S, and military weapons. **Use EoF procedures.**
8. **PROTECTING FOREIGN PROPERTY:** Use of force, up to and including deadly force, is authorized to defend foreign property designated by Commander, United Shield. **Use EoF procedures.**
9. **RIOT CONTROL AGENTS:** Use of non-lethal Riot Control Agents is authorized only in defensive military modes to save lives (e.g., protect U.S. or Liberian personnel from a civil disturbance; during personnel recovery operations; where civilians are used to mask and/or screen an attack) and **as authorized by the on-scene commander.**
10. **WEAPONS:** United Shield personnel will carry weapons and ammunition only upon approval of Commander, United Shield.

→→→ Turn Card for Escalation of Force Procedures →→→

(Back of Card)

**REMEMBER THAT YOU ARE HERE TO HELP THE LIBERIAN PEOPLE.
TREAT ALL CIVILIANS WITH DIGNITY AND RESPECT.
THE CHOICES YOU MAKE WILL HAVE STRATEGIC IMPACT.**

ESCALATION OF FORCE PROCEDURES

This is a humanitarian assistance mission – **MINIMIZE USE OF FORCE** and **DE-ESCALATE ALL SITUATIONS WHENEVER POSSIBLE**. United Shield personnel will adhere to the following escalation of force procedures when faced with a hostile act or demonstrated hostile intent:

- 1) When a tactical situation permits, you **must first attempt to avoid the threat** through disengagement, bypass, or break in contact.
- 2) If avoiding the threat is impossible, utilize escalation of force measures. If the tactical situation permits, begin with non-lethal measures. However, these measures **do not need to be performed in order**, and more aggressive measures, including the use of deadly force, may be the only reasonable option. Evaluate the situation and employ the appropriate measure based on the severity and imminence of the threat. The following escalation of force measures are approved:
 - **Audible signals:** Shout verbal warnings; horn siren; bull horns; vehicle mounted PA system; sound commanders; etc.
 - **Visual signs:** Show hand and arm signals; signal flags; spotlights; flares; brandish of weapons; etc.
 - **Physical manipulation:** Shove or block movement with the use of equipment (e.g., riot control gear) to prevent direct physical contact.
 - **Use of less than deadly force** (temporary detention with PPE to avoid direct physical contact; approved non-lethal weapons)
 - **Deadly force** in self-defense or where specifically authorized.

**REMEMBER THAT YOU ARE HERE TO HELP THE LIBERIAN PEOPLE.
TREAT ALL CIVILIANS WITH DIGNITY AND RESPECT.
THE CHOICES YOU MAKE WILL HAVE STRATEGIC IMPACT.**

UNCLASSIFIED

Appendix 2 Annex C (Operations) to OPERATION COMBINED COMMAND - UNITED SHIELD OPORD 14-001 (U)



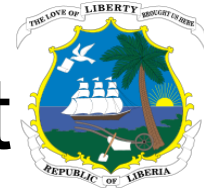
Operation United Shield Decision Support Matrix



DP	Name	Trigger	Action(s)	Remarks
1	New ETU Build	1.GoL request received through USAID	1.Task validated/approved 2.FRAGO issued 3.Review prioritization with USAID 4.Update synch matrix 5.Conduct abbreviated MDMP	CC-US will lead abbreviated MDMP
2	Stop/Change/Delay ETU Build	1.Location untenable 2.New GoL or USAID guidance 3.More resources required 4.Resources not available	1.JOC reports CDR and/or PIR # 2.Contact CDR JFC-UA 3.Contact AFL 4.Contact USAID 5.Analyze alternatives	OUS OPORD CDR# 9
3	Reinforce ETU	1.OSC requires additional support, ie security, supplies 2.USAID requires additional support	1.JOC (FP) prepares estimate 2.G3 approval for supplies	Commitment of AFL and/or JFC-UA. Soldiers or equipment (ie s/c or transport) requires AFL COS and/or CDR JFC-UA approval
4	Conduct CASEVAC	1.CC-US submits casualty report for AFL/SM/DOD 2.Civilians will require CDR JFC approval**	1.Execute IAW evacuation procedures in OUS OPORD 14-01 Annex Q.	Authority at CHOPS level with G3 notification MEDEVAC requires AMC approval

Annex C Appendix 3 (Risk Assessment) To OPERATION COMBINED COMMAND - UNITED SHIELD 14-001 (U)

Protection Risk Assessment



Hazard	Indications and Warnings	Current Assessment	Possible Controls	Residual Risk
SECURITY AT ACCESS CONTROL POINT	PLAN NOT EFFECTIVE, UNWANTED PERSONNEL ON SITE	MODERATE	STAND OFF AT ACP, PARTNER NATION SECURITY FORCE AT ACP	LOW
PERIMETER PHYSICAL BARRIER	DEGRADED PEREMETER STRUCTURE	MODERATE	CONTACT FOR CONSTRUCTION OF PERIMETER WALL IMPROVEMENTS	LOW
LIGHTING ON SITE	DENSE RUAL AREA	HIGH	CONTRACT FOR ADEQUATE LIGHTING SYSTEM	LOW
POLITICAL VIOLENCE IN THE AREA	INTELLEGEENCE REPORTS	MODERATE	MONITORING, DOS INVOLVEMENT, INTEL FROM HN, PREPARATION FOR SAFE HAVEN.	LOW
CRIME IN THE AREA	UP TO DATE CRIME REPORT IN AO	HIGH	PRE-TRAVEL PREPARATION, BUDDY SYSTEM, RESTRICTED MOVEMENT, COORDINATION WITH HN POLICE OR CONTRACT SECURITY .	MODERATE
FORCE HEALTH PROTECTION	PERSONNEL BECOME ILL	HIGH	EDUCATION, PRE-TRAVEL PREPARATION, PROPHYLAXIS, EMPLOYING MEASURES.	MODERATE
FOREIGN OR SECURITY SERVICES	INTELLIGENCE REPORTS	LOW	OPSEC TRAINING, CONTROL ALL DATA, SUPERVISION	LOW
ON SITE SECURITY FORCE	NO SECURITY PLAN REHEARSED	LOW	PN SECURITY ELEMENT OR INITIATE SECURITY PLAN ON SITE	LOW

Annex C Appendix 3 (Risk Assessment) To OPERATION COMBINED COMMAND - UNITED SHIELD 14-001 (U)



Protection Risk Assessment



Hazard	Indications and Warnings	Current Assessment	Possible Controls	Residual Risk
TRAFFIC ACCIDENTS	CURRENT DRIVING CONDITIONS	HIGH	ACCIDENT AVOIDANCE/ DRIVING DURING DAY LIGHT HOURS	MODERATE
WEATHER	WEATHER FORECAST	HIGH	ROUTE PLANNING / RECON BY ASSISTANCE BY HELICOPTER ASSETS	MODERATE
WEAPONS HANDLING	PERSONNEL NOT FOLLOWING WEAPONS SAFETY RULES	HIGH	ESTABLISH WEAPON CLEARING PROCEDURE	LOW
ISOLATION EVENT	COMMAND AND CONTROL	MODERATE	PR PLAN /FFT DEVICE/ PN ESCORT	LOW
OPERATE EQUIPMENT	PERSONNEL NOT TRAINED ON EQUIPMENT	HIGH	PERSONNEL TRAINED ON EQUIPMENT WITH SUPERVISION	LOW
POTENTIAL OBSERVATION	INTELLEGEENCE REPORTS	LOW	INTELLIGENCE, SURVEILLANCE DETECTION, COORDINATION WITH HN, INCREASE HN CAPABILITIES.	LOW
TERRORIST THREAT	INTELLEGEENCE REPORTS	LOW	MONITOR DOS WARNINGS, COORDINATION WITH HN	LOW



Operation United Shield Operational Concept



Pre-deploy/Recon

- Prep and Deploy Recon Teams
- Suitable sites identified
- Contract support operational
- Local Leaders engaged
- Notice to Proceed

Survey Report Prepared

Site Selection

Notice to Proceed

ADVON / Main Body

- ADVON sets conditions
- BOM delivered
- Main Body arrives and fully operational
- Local community is aware of ETU construction

ADVON sets conditions

Main Fully Op

Site Prep/Build Complete

- Site Prep
- Arrival of tents/LOGPAC
- Ground Breaking
- All requested ETUs are constructed and supported

Site Prepared

Tents/LOGPAC arrive

ETU Ready for transition

Transition / Redeploy

- ETU transferred to USAID
- Capacity to mitigate EVD
- Population seeks treatment
- Team redeploy

Resupply/Refit

ETU Transitioned

D+62



Decision Point

Trigger

ETU: Ebola Treatment Unit
ISB: Intermediate Staging Base
AFL: Armed Forces Liberia



Copy 1 of 1 copies
HQ, CC-US
Monrovia, Liberia
15OCT14
14-001

Annex D (Sustainment) to COMBINED COMMAND - UNITED SHIELD OPORD 14-001 (U)

(U) References:

a. (U) See OPORD

(U) Time Zone Used Throughout the OPORD: Zulu

1. (U) Situation.

a. (U) Area of Interest. See OPORD.

b. (U) Friendly Forces. See OPORD.

2. (U) Mission. See OPORD.

3. (U) Execution.

a. (U) Concept Of Support.

(1) (U) Transportation.

(a) (U) Pax Movement. Passenger (PAX) movement will be through the use of organic vehicles from the Armed Forces of Liberia (AFL) and Operation Onward Liberty (OOL).

(b) (U) Cargo and Equipment Movement. Bill of Materials (BOM) and heavy equipment will be moved via commercial contract coordinated through Defense Logistics Agency (DLA) or local procurement contract. ETU teams will move with enough DoS for initial support. Stock levels will be managed by the OIC/NCOIC of the team and requested through prescribed resupply procedures.

(c) (U) Operation Aerial Port of Debarkation/Embarkation (APOD/E).
Roberts
International Airport.

(d) (U) Operation Seaport of Debarkation/Embarkation (SPOD/E). Port of
Buchanan.

(e) (U) Movement Control. All CC-US movements will be monitored and tracked by the CC-US JOC.

UNCLASSIFIED

Annex D (Sustainment) to COMBINED COMMAND - UNITED SHIELD OPORD 14-001 (U)

- (f) (U) Onward Movement in the Republic of Liberia. Any onward movement to or from the prescribed ETU location must be approved through the CC-US via Transportation Movement Request (TMR) or Air Movement Request (AMR).
- (g) (U) Cargo Documentation. All BOM and heavy equipment documentation will be carried with the contracted commercial carrier and MUST be signed for by a US Service Member on site prior to departure of the carrier.
- (h) (U) Pax Manifests. All PAX manifests will be turned in to the CC-US JOC and managed by name via each ETU task force OIC/NCOIC.

(2) (U) Maintenance. Maintenance of contractor owned vehicles will be conducted in accordance with each respective contract. Maintenance of organic military vehicles will be fixed forward if possible. Maintenance requirements that exceed the capability of the ETU team will be immediately articulated to the respective Headquarters/Contracting Officer Representative/Contracting Officer (HQ/COR/KO) for dispatch of an acceptable maintenance contact team solution to be determined by the CC-US JOC.

(3) (U) Supply.

- (a) (U) CL I Rations. MRE-MRE-MRE. LOGPAC resupply as necessary/required.
- (b) (U) Water (Bottled). Bottled water. Adequate supply of bottled water will be determined by each OIC/NCOIC at a minimum of the following ratio: 6 liters per Soldier per day. LOGPAC resupply as necessary/required.
- (c) (U) Water (Bulk). Not available for personnel. Bulk water required during build of the ETU will be provisioned as per the BOM contract.
- (d) (U) Class II. Procured as required.
- (e) (U) Class III (Bulk). Will be coordinated through DLA-Energy services as required.
 - 1. (U) Ground Fuel. Organic AFL and OOL vehicles will be fueled via current internal Standard Operating Procedures. Additional rental vehicles, as required, will be fueled per existing contract. Heavy equipment will be fueled per contract. Generator fuel will be provided as per pre-determined demand signal by DLA-Energy.
 - 2. (U) Air Fuel. Coordinated through appropriate channels to meet specifications and needs of supporting aircraft.
- (f) (U) Class III (Package). Each respective ETU team will work with the contracted requirements process for delivery of BOM and heavy equipment—

UNCLASSIFIED

UNCLASSIFIED

Annex D (Sustainment) to COMBINED COMMAND - UNITED SHIELD OPORD 14-001 (U)

IAW with heavy equipment contract; in addition to DLA Energy for Class III requirements.

- (g) (U) Class IV (Barrier and Construction Material). Per BOM.
 - (h) (U) Class V (Ammunition). As per Rules of Engagement (ROE).
 - (i) (U) Class VI (Personal Demand Items). Operation United Shield participants should deploy with enough personal demand items to last the duration of each respective ETU build.
 - (j) (U) Class VII (Major End Items). This is a contracted requirement fulfilled by either DLA or local procurement contract. Future potential contract via LOGCAP.
 - (k) (U) Class VIII (Medical Items). Personal Protective Equipment in support of ETUs will be ordered through the appropriate supply channels to sustain the demand signal for all supported ETUs. Medical supplies for assigned ETU team medics should deploy with appropriate support items necessary to sustain the team.
 - (l) (U) Class IX (Repair Parts). AFL and OOL organic vehicles will carry a field expedient kit of repair parts as per internal SOP.
- (4) (U) Field Services.
- (a) (U) Laundry. Laundry will be performed personally if facilities permit or contracted locally where necessary.
 - (b) (U) Hygiene Services. Hygiene services (toilets, showers, etc...) will be determined during each site RECON and agreed upon by ETU team leadership.
 - (c) (U) Vector Control. Field sanitation.
 - (d) (U) Grey Water Disposal. If provided via contract, the vendor providing portable toilet/shower service is responsible for grey water removal. Field sanitation guidelines and requirements will be adhered to by all ETU team members.
 - (e) (U) Vehicle/Equipment Washing. Will be conducted IAW prescribed regulatory guidance mandated by customs requirements and procedures.
- (5) (U) Contract Support Integration. Each ETU team will have a primary and alternate COR and identify to the CC-US J4. BOM and heavy equipment delivery will be contracted prior to each ETU build project. Scheduled delivery and receipt must be closely coordinated between each ETU project manager (ENG) and the COR.

UNCLASSIFIED

UNCLASSIFIED

Annex D (Sustainment) to COMBINED COMMAND - UNITED SHIELD OPORD 14-001 (U)

- (6) (U) Local Purchases. CC-US FOO/PA teams will remain at CC-US JOC HQ. Unforecast, emergent local purchase requirements will be handled case by case.
- (7) (U) Mortuary Affairs (MA). Death on an ETU project will be treated as current death and managed by respective AFL / CC-US HQ theater MA plan.
- (8) (U) Billeting. Billeting will be determined after respective site recons and vary for each location. Cots and mosquito netting are an individual/team responsibility.
- b. (U) Tasks to Subordinate Units.
 - (1) (U) ETU build team.
 - (A) (U) U.S. OIC/NCOIC track, distribute, and monitor all classes of supply and bottled water to all U.S. participants. AFL OIC/NCOIC will track, distribute, and monitor all classes of supply requirements for their Soldiers.
 - (b) (U) COR will coordinate and track all contracted requirements, quality of work and communicate required changes to the KO daily.
 - (c) (U) OIC/NCOIC will provide recommended packing list to all US participants.
 - (d) (U) OIC/NCOIC will provide required LOGSTAT report that the CC-US JOC will use to report sustainment, transportation and logistics status AND requests through the CC-US J4.
 - (e) (U) Provide qualified COR as additional duty for at least one (1) member of each ETU team.
 - (f) (U) Notify the CC-US JOC at +231-(0)775-037-169 immediately in the event of an illness, injury, urgent medical event, death or mass fatality.

4. (U) Sustainment. N/A.

5. (U) Command and Control. See OPORD.

ACKNOWLEDGE:

ZIANKAHN
BG

WILLIAMS
MG

OFFICIAL:
FORLEH
LTC

SCOTT
COL

UNCLASSIFIED

Annex E (Personnel (HR)) to COMBINED COMMAND - UNITED SHIELD OPORD 14-001 (U)

(U) References:

a. (U) See OPORD

(U) Time Zone Used Throughout the OPORD: Zulu

1. (U) Situation. See OPORD

2. (U) Mission. See OPORD

3. (U) Execution. See OPORD

4. (U) Scheme of support. As required, Combine Command-United Shield (CC-US) will account for and track personnel movement throughout the area of operation

5. (U) Pre-deployment / RECON.

a. (U) Man the Force.

b. (U) Personnel Readiness Management.

c. (U) Manning Requirement. Collect and consolidate manning requirements for each ETU team.

d. (U) Team leads is responsible for the accountability of all personnel under their command and/or control from deployment through redeployment including those processed through medical channels.

e. (U) Slot personnel into consolidated manning roster NLT 24 hours prior to departure, ensuring personnel requirements are met.

6. (U) Track the Force.

a. (U) Manifesting. Manifest personnel prior to team departure to ensure accurate tracking and all essential personnel are present

7. (U) ADVON / Main Body.

a. (U) Man the Force:

b. (U) Personnel Readiness Management:

c. (U) Maintain accountability of personnel deployed to ETU sites.

UNCLASSIFIED

Annex E (Personnel (HR)) to COMBINED COMMAND - UNITED SHIELD OPORD 14-001 (U)

8. (U) Transition / Re-deploy.

- a. (U) Man the Force:
- b. (U) Personnel Readiness Management:
- c. (U) Receive personnel returning from ETU sites.
- d. (U) Personnel Accounting and Strength Reporting: Provide closeout report of personnel upon return from mission.

9. (U) Coordinating Instructions.

- a. (U) Receive manning requirements from all sections.
- b. (U) Receive standard name line of personnel filling manning requirements NLT 24 hours prior to departure.

10. Sustainment. See OPORD.

11. Command and Control. See OPORD.

ACKNOWLEDGE:

ZIANKAHN
BG

WILLIAMS
MG

OFFICIAL:
FORLEH
LTC

SCOTT
COL

Appendix
1—Religious Affairs

UNCLASSIFIED

Copy 1 of 1 copies
HQ, CC-US
Monrovia, Liberia
15OCT14
14-001

Appendix 1(Religious Affairs) to Annex E (Personnel HR) to OPERATION COMBINED
COMMAND - UNITED SHIELD (CC-US) 14-001 (U)

(U) References:

- a. (U) See OPORD

(U) Time Zone Used Throughout the OPORD: Zulu

1. (U) Situation. No Change
2. (U) Mission. Partner with Armed Forces of Liberia (AFL) Chaplains, in order to combine efforts to alleviate human suffering in Liberian communities.
3. (U) Execution. Concept of Religious External Advisement. On order, JFC-UA Chaplain will liaise with the AFL Chief of Chaplains and establish a place to meet, in order to develop Religious External Advisement concepts that would communicate and enable safe and sacred religious practices within Liberian communities. Practices include, but not limited to: counseling, burial rites, memorials.
4. (U) Sustainment. No Change
5. (U) Command and Signal.
 - a. (U) Command. See Annex A.
 - b. (U) All units will conduct daily communication checks at 0800 and 2000 and will report to CC-United Shield HQ before commencing and upon completion of movement
 - c. (U) Communications PACE. See Annex K.

ACKNOWLEDGE:

Ziankahn
BG

Williams
MG

OFFICIAL:
Forleh
LTC

SCOTT
COL

UNCLASSIFIED

Annex F (Messaging) to COMBINED COMMAND - UNITED SHIELD OPORD 14-001 (U)

1. Situation: See OPORD.
2. Mission: See OPORD.
3. Execution.
 - a. Intent: Synchronize messaging activities with recognizable progress in order to encourage them to support the construction and not interfere with future medical activities.
 - b. Method: AFL and U.S. forces will assess the situation and plan engagements based on that assessment and continue to coordinate and message in a combined effort at all sites using an aggressive outreach program in an effort to reduce the possibility of violence, interference and misunderstanding. The AFL PAO will assume the lead on all interactions to include community outreach at local and national levels.
 - c. Endstate: The ETUs are built and operating with active support and no interference from the local population.
 - d. Planning Considerations:
 - (1) AFL PAO guidance and U.S. Military PAO guidance are different and bound by the laws of their respective governments however CC-US needs to speak with one voice.
 - (2) Issues impacting the mission include the fact that many people are scared that they will catch Ebola and are operating in panic based on rumors and bad information.
 - (3) All US efforts must be coordinated through UNMIL and AFL authorities.
 - (4) Many people have confidence in the AFL and the U.S. Government.
 - (5) New stories need to be published within 24 hours of the event, do not delay on getting storyboards to the PAO.
 - e. Communication Risks:
 - (1) Mis-information about the ETUs and what they are meant to accomplish.
 - (2) Misunderstanding of the reason for the CC-US especially if they believe that CC-US team members are there to begin immediate construction.
 - (3) Say-do gap if ETUs are constructed but not filled by staff immediately

UNCLASSIFIED

Annex F (Messaging) to COMBINED COMMAND - UNITED SHIELD OPORD 14-001 (U)

f. Concept of Operations:

- (1) This is predominately a Public Affairs and community outreach effort. Public Affairs will focus on the building and running of the ETUs and Laboratories. Community outreach will focus on gaining and maintaining an active dialog with the community and reporting any issues to the CC-US PAO as they arise. The messaging effort starts with the first recon. During the first recon the information environment will be assessed. Then Messaging lead must develop a program to shape the cognitive environment to where it is favorable to construction and medical operations. They will then conduct an assessment of their efforts at a later date and adapt their messaging accordingly. Messaging will be accompanied by supporting images to the local audiences. CC-US will aggressively highlight all ETU construction and openings. Priority of coverage is the ground breaking, any rapid progress, completion of a facility and the opening of any facility CC-UA is involved in. Highlighting involvement of local community members in the EVD fight is also a priority. Keeping local audiences informed is paramount IOT minimize interference with construction, health care workers, and their operations. AFL and US Military forces will inform key communicators and encourage them to communicate with their communities.

g. Tasks.

(1) Public Affairs:

- Provide guidance and talking points for all members of CC-US.
- The PA posture will be active with messaging at the local and national level.
- The AFL PAO will be the main point of interaction with the key communicators within each region.
- US PAO will provide assistance upon request from the AFL and be prepared to cover major events as directed.
- ICW USAID DART,USCDC and GoL, CC-US PAO will cover all ground breaking ceremonies, facility completion ceremonies, opening day and any examples of local community participation.

(2) Senior Leader Engagement:

- Within CC-US, AFL will take the lead to identify key leaders to include the Mayor, County Minister of Health, local Police chief and other leaders as necessary for each ETU site.
- Identify any available print and radio assets and maintain contact information for each in a common database for use by the combined forces.
- Conduct aggressive outreach efforts, keep a record of each engagement and conduct follow up in an effective manner.
- Key message to the communities: what is being done, approximately when it will be completed and what the community can and should not do in order to

UNCLASSIFIED

UNCLASSIFIED

Annex F (Messaging) to COMBINED COMMAND - UNITED SHIELD OPORD 14-001 (U)

help the effort. Communications should also address expectation management. All communication must be honest and conservative on all timelines IOT manage expectations and reduce the say-do gap.

(3) Combat Camera:

- Due to the lack of Combat Camera assets all available cameras will be used and all relevant images will be given to the PAO to vet and use.
- Release authority for all imagery dictated by Operation United Assistance and Operation White Shield OPORDs.

h. Coordinating Instructions:

- (1) Messaging will be centrally planned and executed by the CC-US messaging forces.
- (2) Messaging activities will be coordinated through the CC-US messaging cell.
- (3) The AFL will provide a PAO or designated representative during all recon missions.
- (4) Any images taken will be vetted through their respective PAO for release and/or use.
- (5) All site commanders will be prepared to generate storyboards upon request from higher.

4. Sustainment: Refer to Annex F.

5. Command and Signal: Refer to Base Order.

ACKNOWLEDGE:

ZIANKAHN
BG

WILLIAMS
MG

OFFICIAL
FORLEH
LTC

SCOTT
COL

UNCLASSIFIED

UNCLASSIFIED

Copy 1 of 1 copies
HQ, CC-US
Monrovia, Liberia
15OCT14
14-001

Annex K (Communications Systems) to COMBINED COMMAND - UNITED SHIELD
OPORD 14-001 (U)

1. Situation: See OPORD.
2. Mission: See OPORD.
3. Execution.
 - a. Intent: Publish guidelines for the provisioning of communications in support of the elimination of Ebola in Liberia through the execution of Operation United Shield (OUS).
 - b. Method: AFL and U.S. forces will combine efforts to provide reliable, redundant communications networks in support of Ebola Treatment Unit (ETU) construction projects throughout Liberia.
 - c. Endstate: The ETUs are built and operating with positive communication between forward elements and the OUS command center.
 - d. Planning Considerations:
 - (1) The primary method of communication between US Forces and AFL is cellular phone. Coverage areas differ amongst local providers, and not all ETU sites are covered by a fixed tower.
 - (2) The AFL uses high frequency (HF) radio as its primary long-distance communications system. US Forces have limited capability to interoperate with AFL HF systems.
 - (3) US Forces possess significant satellite capability that is not organic in AFL units.
 - e. Risks:
 - (1) The use of disparate communications equipment within AFL and US force formations can cause "stovepiping" of information.
 - (2) Improper / inefficient reporting procedures can be detrimental to effective mission command.
 - f. Concept of Operations:
 - (1) This operation will be conducted in four iterative phases:
 - Phase 1 – Recon. This phase consists of aerial/map reconnaissance followed by a site survey conducted by a combined team of AFL and US forces. Once reconnaissance activities are complete, the recon team will move to another site

UNCLASSIFIED

Annex K (Communications Systems) to COMBINED COMMAND - UNITED SHIELD OPORD 14-001 (U)

designated by the command. Communications during this phase will consist of cellular phones, AFL-provided VHF and HF radio systems, and US provided Iridium satellite phones and DeLorme personnel locators.

- Phase 2 – ADVON. This phase consists of forward staging of building materials and construction equipment along with a small combined force to receive this material. The ADVON team will begin site preparation in anticipation of the main body arrival within approximately 24 hours. Communications during this phase will consist of cellular phones, AFL-provided VHF and HF radio systems, and US provided Iridium satellite phones and DeLorme personnel locators.
- Phase 3 – Main Body. This phase consists of the main construction team arriving on site, merging with the ADVON and beginning construction of the ETU. In addition to the communications already emplaced by the ADVON, the main body may (depending on mission requirements) bring additional communications assets to be determined later.
- Phase 4 – Recovery / Refit. This phase consists of redeployment of the ADVON and main body personnel, recovery of equipment and supplies, and preparation for follow-on missions. Communications during this phase will consist of cellular phones, AFL-provided VHF and HF radio systems, and US provided Iridium satellite phones and DeLorme personnel locators. All personnel will participate in after action reviews that will assist in refining tactics, techniques, and procedures for future missions.

g. Tasks.

(1) AFL J6:

- Prepare and issue VHF and HF radio systems.
- Prepare and publish communications card and phone roster.
- Be prepared to conduct communications equipment maintenance.

(2) JFC-UA J6:

- Prepare and issue Iridium phones and DeLorme systems.
- Prepare and publish communications card and phone roster.
- Be prepared to conduct communications equipment maintenance.

h. Coordinating Instructions:

- (1) Units will transmit SITREP through Bde to AFL HQ (CCC).
- (2) Monitor and respond to all communications as directed.
- (3) Give updated information to the Bde as events unfold.

UNCLASSIFIED

UNCLASSIFIED

Annex K (Communications Systems) to COMBINED COMMAND - UNITED SHIELD
OPORD 14-001 (U)

- (4) All communication must go through the proper chain to AFL HQ (CCC).
- (5) Only approved call signs by Signal Unit must be used during the operation.
- (6) Malfunctions or lack of understanding to operate communications equipment should be referred to Signal soldiers.
- (7) Call Signs, Nick names and Appointment Titles from the Bde down will be prepared by the Bde G6 and Communication Platoon and provided to the Combined Command Center.
- (8) All communication equipment must be signed for and turned over after the operation to the Signal Plt.
- (9) Frequency and Radio allocation:
 - HF Frequencies
 - Daytime Primary – 6.5000 MHz CH-2
 - Daytime Alternate – 5.5000 MHz CH-2
 - Nighttime Primary – 8.4000 MHz CH-3
 - Nighttime Primary – 9.4000 MHz CH-3
 - VHF Frequencies
 - Daytime Primary – 34.725 MHz CH-1
 - Daytime Alternate – 47.300 MHz CH-2
 - Nighttime Primary – 54.721 MHz CH-3
 - Nighttime Primary – 80.725 MHz CH-4
 - Radio allocation per ETU
 - 1x HF base radio
 - 1x HF manpack radio
 - 5x PRC-1070 VHF radio

4. Sustainment: Refer to Annex F.

5. Command and Signal:

a. Command. See Appendix 2 for communications diagram.

b. Signal. AFL personnel will use the following code words / call signs for all radio traffic:

<u>ITEM / UNIT NAME</u>	<u>CODEWORDS</u>
WEAPON	BLOOD
AK47	SUN
TRUCK	RIVER
FORD RANGER	BOOK
CHOW TIME	ROCK
GENERATOR	SCREEN
TANK	NET

UNCLASSIFIED

UNCLASSIFIED

Annex K (Communications Systems) to COMBINED COMMAND - UNITED SHIELD
OPORD 14-001 (U)

CABLE
WATER
TROOPS
RADIO
SUPPLY
COMMUNICATION
LIGHT
DRIVER
CELL PHONE
MAP
EBOLA

GROUND
GOLD
WAVE
COLOR
BLANK
ROLLINGCAT
SOUND
DOWN
PLAY TIME
MOUSE
ARMSTRONG

CDRS/OTHER ITEMS

Commander in chief (Liberia)
Defense Minister (Liberia)
Chief of Staff (Liberia)
Deputy Chief of Staff (Liberia)
Network Control Station
EBK Sub Station
Monrovia
American Troops
JTF-UA

CALL SIGN

PEACE
SMALLMAN
BULLDOZER-6
BULLDOZER-5
GATEWAY
TIGER BASE
CRIB-HOL
MOON
LION

ACKNOWLEDGE:

ZIANKAHN
BG

WILLIAMS
MG

OFFICIAL
FORLEH
LTC

SCOTT
COL

ENCLOSURES:

(U) Appendix 1: AFL Phone Roster
(U) Appendix 2: Communications Diagram
(U) Appendix 3: JFC-UA Phone Roster

UNCLASSIFIED

CELL PHONE NUMBERS OF OFFICERS AND ACOS J STAFFS OF THE ARMED FORCES OF LIBERIA

Serial (a)	Position (b)	Rank (c)	Name (d)	Phone # (e)	Email (f)
1.	Cos	Bde/Gen	Ziankahn	0886464388	
2.	Dcos	Col	Dennis	0886488896	
3.	DyCosJ1	Lt Col	George	0886521761	
4.	DyCosJ3	Lt Col	Forleh	0886711322	davidsonforleh@yahoo.com
5.	DyCosJ7	Maj	Williams	0886576786	wnyankun@yahoo.com
6	MA/Cos	Maj	Gwesa	0886581763	
7	ADC/Cos	Capt	Killen	0886797547	
8	DyCosJ2	Capt	Johnson	0886519446	
9	DyCosJ4	Capt	Sirleaf	0886333973	Sirleaf81@yahoo.com
10	DyCosJ5	Capt	Varkpeh	0886593890	prestonvarkpeh@hotmail.com
11	DyCosJ6	Capt	Zayzay	0886690021	zayzay_john@yahoo.com
12	DyCosJ8	Capt	Brown	0886888424	
<u>ALPHA</u>					
13	DyAcosJ1	Capt	Jardoe	0880748905	rtjardoejr@yahoo.com
14	DyAcosJ2				
15	DyAcosJ3	Capt	Wilson	0886595253	Bmwilson8023@gmail.com
16	DyAcosJ4				
17	DyAcosJ5	Capt	Kortu	0886377236	saimolove@gmail.com
18	DyAcosJ6				
19	DyAcosJ7	Capt	Jallay	0886568128	Et.jall.1@gmail.com
20	DyAcosJ8				
<u>BDE</u>					
21	CDR	Col	P.C Johnson	0886579611	
<u>AFTC</u>					
22	CDR	Lt Col	T.A Dana	0886-512-961	
<u>LCG</u>					
23	CDR	Maj	Gboe		

Appendix 1 (AFL Phone Rosters) to Annex K (Communications) OUS OPORD 14-001 (U)

<u>LOGCOM</u>					
24	CDR	Maj	R.T Murphy	0886-829-041	
<u>MEDCOM</u>					
25	CDR	Capt	J. KOWO	0886405595	



Appendix 2 (Communications Diagram) to ANNEX K of OPERATION COMBINED COMMAND - UNITED SHIELD
OPORD 14-001 (U)

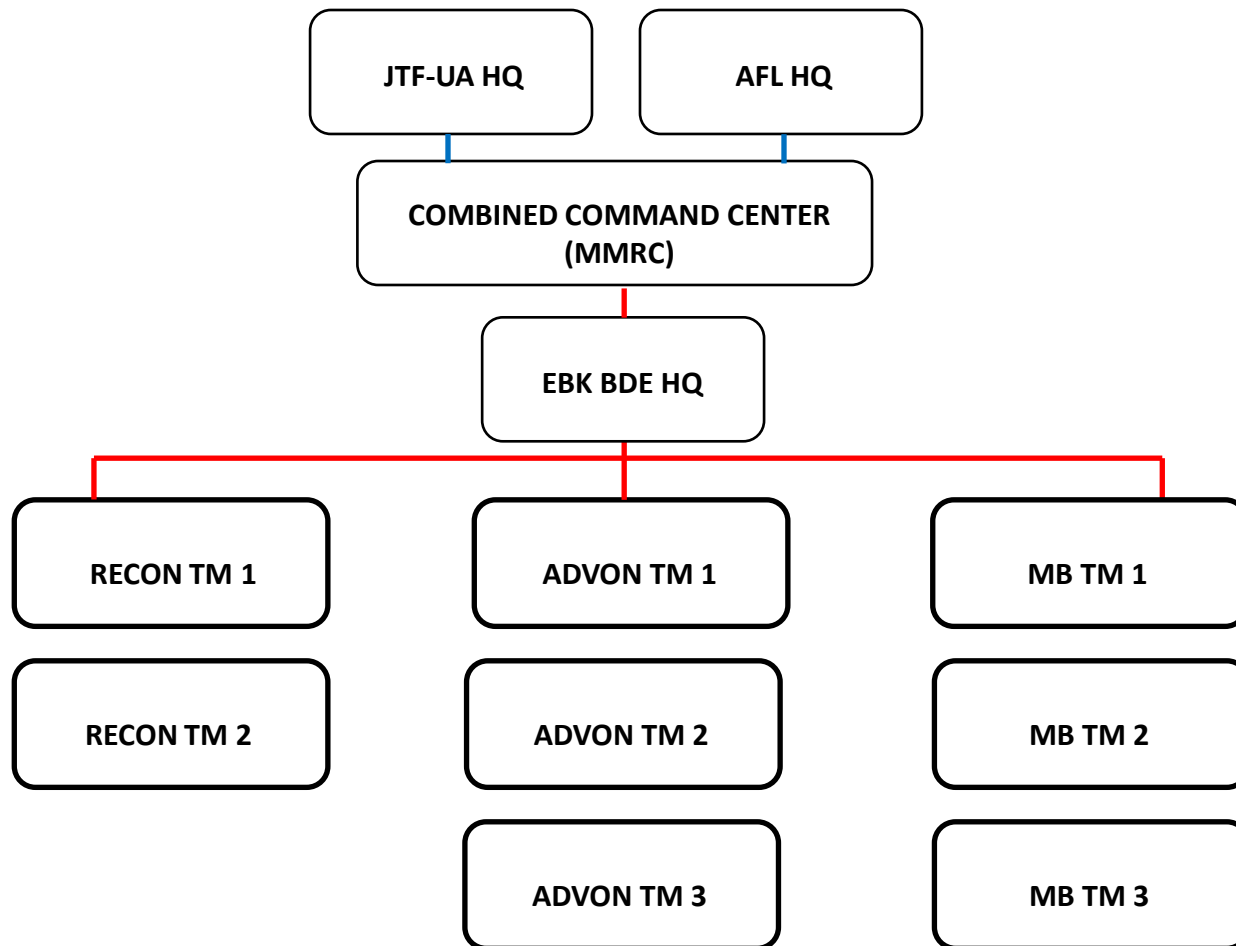
OPN UNITED SHIELD

COMMUNICATIONS DIAGRAM

P: EMAIL
A: CELLPHONE
*: IRIDIUM
*: DELORME

P: HF VOICE
A: CELLPHONE
C: CELL DATA

P: RUNNER
A: VHF
C: CELLPHONE
*: IRIDIUM (US PAX)
*: DELORME (US PAX)





UNCLASSIFIED

Appendix 2 (Communications Diagram) to ANNEX K of OPERATION COMBINED COMMAND - UNITED SHIELD
OPORD 14-001 (U)



RESOURCES

(BY COUNTRY)

REQUIREMENT	ACTIVITY	TASKING
Tactical Systems	<ul style="list-style-type: none">➤ HF Radios Total:➤ VHF Radios Total:➤ TACSAT RADIO	<ul style="list-style-type: none">-USARAF(1), LIBERIA (12)-USARAF (8), LIBERIA (40)-USARAF (0)
Phones	<ul style="list-style-type: none">➤ Cell phones Total:➤ SIM Cards Total:➤ Iridium Phones:	<ul style="list-style-type: none">-USARAF (20), LIBERIA (25)-USARAF (20), LIBERIA (25)-USARAF (9)
Personnel Recovery	<ul style="list-style-type: none">➤ Delorme➤ Delorme Tablet	<ul style="list-style-type: none">-USARAF (12)-USARAF (1)
Computers	<ul style="list-style-type: none">➤ Laptops Total:➤ Switches:	<ul style="list-style-type: none">-USARAF (2-4), LIBERIA (?)
Supplies		

UNCLASSIFIED

OPERATION UNITED ASSISTANCE STAFF
COMMAND GROUP

Commander	MG Williams	DSN	314.637.2559	darryl.a.williams4@mail.mil
		VOSIP	304.474.2322	
		Local Cell	+231 077.503.7173	
Command Sergeant Major	CSM Stitzel	Embassy Office	+231 077.677.7296	
		Blackberry	+39 334.997.3414	jeffery.t.stitzel@mail.mil
		Local Cell	+231 077.503.7174	
CG's Executive Officer	LTC Knazovich	Embassy Office	+231 077.677.7491	
		Blackberry	+39 077.677.7041	seth.a.knazovich@mail.mil
		Local Cell	+231 077.503.7175	
CG's Deputy Executive Officer	MAJ Koehler	Embassy Office	+231 077.677.7041	
		Local Cell	+231 077.503.7176	
CG's Aide	CPT Causey	Embassy Office	+231 077.677.7041	
		Gov Cell	+39 331.698.1085	alan.c.causey@mail.mil
CG's Communications Team	SSG Cardoza	Local Cell	+231 077.503.7202	
		DSN	314.637.2559	
		Local Cell	+231 077.503.7141	
Deputy Commanding General	BG Corey	Embassy Office	+231 077.677.7202	
		DSN	314.254.3434	peter.l.corey@mail.mil
		VOSIP	304.624.3441	
		Local Cell	+231 077.503.7134	
DCG's Aide	1LT Fritts	Local Cell	+231 077.503.7178	emily.b.fritts@mail.mil
DCG's Communications Team	CW2 Rosenthal	Local Cell	+231 077.503.7160	
	SSG Diaz	Local Cell	+231 077.503.7083	

PERSONNEL

Personnel Officer, J1	MAJ Willeford	DSN	408.647.0402	kenneth.a.willeford@mail.mil
		Local Cell	+231 077.503.7133	

INTELLIGENCE

Intelligence Officer, J2	LTC Williams	Local Cell	+231 077.503.7132	
J2 NCOIC	MSG Frank	Local Cell	+231 077.503.7135	
J2 Shop		DSN	+231 077.503.7132	
		VOSIP	304.624.3442	
		Local Cell	+231 077.503.7136	

OPERATIONS

JFC		DSN	314.254.3445	
		VOSIP	304.624.3442	
		Local Cell	+231 077.503.7169	
Operations Officer, J3	COL Scott	DSN	314.254.3431	tory.l.scott@mail.mil
		VOSIP	304.624.3431	
		Local Cell	+231 077.503.7155	
CHOPS	MAJ Burden	Local Cell	+231 077.503.7154	william.m.burden2@mail.mil
Operations NCO	SFC Gonzalez	Local Cell	+231 077.503.7152	
Engineer Officer	LTC Sendmeyer	DSN	408.647.0409	scott.a.sendmeyer@mail.mil
		Local Cell	+231 077.503.7163	
Deputy Engineer Officer	LTC Lewton	Local Cell	+231 077.503.7162	martin.a.lewton@mail.mil
Engineer Sergeant Major	SGM Hall	Local Cell	+231 077.503.7131	
Op Protect	CPT Williams	Local Cell	+231 077.503.7184	
JFC Conference Room		DSN	314.254.3432	
		VOSIP	304.624.3432	

LOGISTICS

Logistics Officer, J4	COL Beckner	DSN	408.647.0412	timothy.d.beckner@mail.mil
		Local Cell	+231 077.503.7151	
Support Operations Chief	LTC Mbonu	Local Cell	+231 077.503.7158	ambrose.u.mbonu@mail.mil
Logistics Planner	MAJ Allen	DSN	408.647.0408	coren.j.allen@mail.mil
		Local Cell	+231 077.503.7137	
Logistics Chief	Chief Folks	Local Cell	+231 077.503.7170	john.g.folks@mail.mil
Defense Logistics Agency	COL Keough	Local Cell	+231 077.503.7161	
DLA CCO	Michaela Olson	Local Cell	+231 077.040.2427	
DLA LNO	Tim Robinson	Local Cell	+231 077.503.7182	
DLA Distribution	Peter Todd	Local Cell	+231 077.503.7183	
414th Contracting	LTC Campbell	Local Cell	+231 077.503.7181	william.j.campbell103@mail.mil
		Local Cell	+231 055.595.9512	
414th Contracting NCOIC	MSG Muriel Yealu	Local Cell	+231 077.798.8723	muriel.yealu@mail.mil

MEDICAL

CMD Surgeon	COL Czarnik, Jim	DSN	408.647.0401	james.e.czarnik2@mail.mil
		Local Cell	+231 077.503.7150	
Medical Support Planner	CPT Damarais, Richard	DSN	408.647.0407	richard.a.demarais@mail.mil
		Local Cell	+231 077.503.7129	
Preventive Medicine/Veterinarian	LTC Leach, Daniel	Local Cell	+231 077.021.9797	daniel.a.leach@mail.mil

Physicians Assistant	CPT Auchincloss, Paul	Local Cell	+231 077.503.7159	paul.j.auchincloss.mil@mail.mil
Medical Logistics NCO	SSG Bruno, McPherson	Local Cell	+231 077.503.7153	mcpherson.j.bruno.mil@mail.mil

COMMUNICATIONS

Communications Officer, J6	MAJ Musgrove	DSN	408.647.0411	jason.m.musgrove.mil@mail.mil
		Local Cell	+231 077.503.7127	
		Gov Cell	+39 331.698.1093	
J6 Plans	CPT Sandstrum	Local Cell	+231 077.798.9097	andrew.r.sandstrum.mil@mail.mil
		Gov Cell	+39 335.793.0547	
Help Desk/NETOPS	CW3 Kruger	DSN	757.204.4921	
		VOSIP	304.624.3440	

CIVIL-MILITARY OPERATIONS

Civil-Military Operations Officer, J9	Mr. David Knapp	DSN	408.647.0410	david.g.knapp2.civ@mail.mil
		Blackberry	+39 331.570.1042	
		Local Cell	+231 077.503.7129	
J9 NCOIC	SFC Willis	DSN	408.647.0410	
		Local Cell	+231 077.040.2429	

SPECIAL STAFF

Public Affairs OIC	LTC Doherty	Local Cell	+231 077.503.7140	
Public Affairs NCOIC	SFC Patterson	Local Cell	+231 077.503.7142	
Public Affairs Officer	MAJ Brown	Local Cell	+231 077.503.7128	jason.s.brown22.mil@mail.mil
Media Operations Center OIC	LTC Indovina	Local Cell	+231 077.503.7143	
Information Operations	LTC Pace	Local Cell	+231 077.503.7177	
Staff Judge Advocate	MAJ Robson	Local Cell	+231 077.503.7171	

UNCLASSIFIED

Copy 1 of 1 copies
HQ, CC-US
Monrovia, Liberia
15OCT14
14-001

Annex Q (Medical Services) to Operation United Shield OPORD 14-001 (Combined Command - United Shield)(U)

(U) REFERENCES:

- a. (U) See OPORD

(U) Time Zone Used Throughout the OPORD: ZULU

1. (U) Situation.

- a. (U) General.

(1) (U) See OPORD.

- b. (U) Enemy Forces.

(1) (U) Medical Threats. See Force Health Protection (FHP) Appendix 2 to this Annex.

(2) (U) Biothreats. See FHP Appendix 2 to this Annex.

- c. (U) Friendly Forces. Armed Forces of Liberia.

(1) (U) Friendly Host Nation Health Support. AFL will provide AFL medics to accompany US medics/corpsmen to assist in medical coverage.

- d. (U) US Military Medical Capability.

(1) (U) Each recon and construction team will consist of Role I care from at a minimum, 1 x US medic/corpsman and 1 x AFL medic during operations. Host nation medical facilities may be used for AFL Soldiers and in extremis for US service members.

(2) (U) Role II care will be provided by 501st ASMC with forward surgical capability o/a 13 October at Roberts International Airport (APOD).

UNCLASSIFIED

UNCLASSIFIED

ANNEX Q TO JFC-UA OPOD UNITED SHIELD

- (3) (U) Surgical Team at Monrovia. Establish surgical care augmentation to the Role II medical company.
- (4) (U) Initial surgical capability will be provided by the Special Marine Air Ground Task Force Crisis Response (SPMAGTF-CR) Forward Resuscitative Surgical System (FRSS) tentatively located at Roberts International Airport o/a 10 October.
- (5) (U) Medical Evacuation (MEDEVAC) or casualty evacuation (CASEVAC). Primary means of CASEVAC will be via air from USMC CV-22 Ospreys until HH-60s are available. Once HH-60s are available, CV-22s will be secondary means of CASEVAC. If air MEDEVAC / CASEVAC is unavailable, ground transport will be required. Once stabilized, a patient movement request (PMR) will be submitted to Theater Patient Movement Requirement Center-Europe (TPMRC-E) for regulated patient movement to either LPMC or Continental United States (CONUS) based medical facilities. Full coordination with TPMRC-E at Ramstein Air Base, Germany via TRAC2ES is required in order to optimize the utilization of US assets and International SOS (ISOS). See Appendix 1 for patient evacuation / movement and Appendix 4 for evacuation battle drill.
- (6) (U) Aeromedical Evacuation Liaison Team at ISB. Provides direct communications and coordination between the health care provider and the AE system via TRAC2ES for patient flight/movement requirements.

Team will be prepared to work in an austere environment. Collocate with a Role II medical facility. Expected FOC date is o/a 12 October.

e. (U) Assumptions.

- (1) (U) All RFFs requested will be approved and sourced.
- (2) (U) DoD will not transport Local Nationals (LN)/Third Country Nationals (TCN) EVD infected patients.
- (3) (U) Medical Host Nation Support (HNS) in the Joint Operational Area (JOA) will be extremely limited.
- (4) (U) DoD will only provide medical care to designated beneficiaries. See Appendix 3 for Medical Rules of Eligibility (MEDROE).

UNCLASSIFIED

ANNEX Q TO JFC-UA OPOD UNITED SHIELD

(5) (U) Medical evacuation of US personnel will be authorized across international borders.

(6) (U) Sufficient medical personnel will be available throughout the mission.

f. (U) Limitations.

(1) (U) Availability of US medical personnel. Currently 1 x USN Corpsman and 1 x Physician Assistant in the JOA.

(2) (U) Remote areas may have difficulty finding suitable landing zones (LZ) for USMC CV-22 or HH-60 Blackhawks.

2. (U) Mission. See base plan.

3. (U) Execution. See base plan.

a. (U) Services.

(1) (U) Care of Host Nation Civilians. JFC UA Guidelines for Medical Care Eligibility is located under Tab A, Appendix 7, to Annex C.

(2) (U) Force Health Protection. See Appendix 2 to this Annex.

(a) (U) The procedures contained in Appendix 2 to Annex Q to CDRUSAFRICOM Theater Campaign Plan 7000-12 dated 29 June 2012 and USARAF regulation 40-5 will be followed before official travel to and before, during, and after deployments to African countries within the USAFRICOM AOR. Deployment health surveillance requirements, based on length of deployment are outlined throughout these documents.

(b) (U) Both medical and environmental components of deployment health surveillance must be addressed early in the planning and deployment process IAW ref h, i, m and p.

(c) (U) Medical surveillance programs will be established according to the specific guidance contained in DA Pam 40-8, DA Pam 40-173 and/or the most current published guidance. All employees with the potential for exposure to chemical agent will be enrolled in the medical surveillance program. Recommended pre-placement, periodic, and termination medical surveillance results

UNCLASSIFIED

ANNEX Q TO JFC-UA OPOD UNITED SHIELD

will be managed in accordance with DA Pam 40–173 and DA Pam 40–8.

- (3) (U) Theater Evacuation Policy. (U) Theater evacuation policy is determined by the Secretary of Defense (SECDEF) upon the advice of the Chairman, Joint Chiefs of Staff (CJCS), and Theater Commander. This standard will be revised to properly support the operation as required. For general planning requirements, emphasis should be on rapid stabilization and early AE. See Appendix 1 for further guidance.
- (4) (U) Dental Services. Limited dental capability exists within the Role II medical facilities.
- (5) (U) Mortuary Affairs. Senior Medical Officer will complete a DD Form 2064, Death Certificate, for deceased personnel and foreign nationals IAW AR 638-2. Remains of deceased patients will be handled per Annex D (Logistics). Casualty notification procedures will be conducted per Appendix E (Personnel) for deceased service members and Appendix D (Logistics) for deceased evacuees.

4. (U) Administration and Logistics.

a. (U) Medical Materiel.

- (1) All personnel will deploy with their individual IFAKs, mosquito bug net, malaria prophylaxis, and sufficient necessary chronic medications as needed.
- (2) Medical personnel will deploy with 3 x DOS of CL VIII for each mission.
- (3) CL VIII resupply will be through the JFC-UA Medical Logistics NCO.

5. (U) Command and Control.

a. (U) Command.

- (1) (U) The Force Surgeon serves as special staff to CDR.
- (2) (U) Medical units will fall under the Sustainment Brigade for all other OPCON/ADCON responsibilities.

b. (U) Communications. The Surgeon shall establish communication procedures with Component Command surgeons as needed.

ANNEX Q TO JFC-UA OPORD UNITED SHIELD

ACKNOWLEDGE:

Ziankahn
BG

Williams
MG

OFFICIAL:

Forleh
LTC

Czarnik
SURGEON

APPENDICES:

- Appendix 1 – Joint Patient Movement System
- Appendix 2 – Force Health Protection
- Appendix 3 – Care Eligibility
- Appendix 4 – Evac Battle Drill

Copy 1 of 1 copies
HQ, CC-US
Monrovia, Liberia
15OCT14
14-001

Appendix 1 (Joint Patient Movement System) to Annex Q (Medical Service) for Operation United Shield OPORD 14-001 (Combined Command - United Shield)(U)

(U) References:

- a. See OPORD

(U) Time Zone Used Throughout the Order: ZULU

1. (U) Situation.

- a. (U) This appendix establishes policy and provides guidance concerning the intra- or inter-theater movement of ill or injured personnel. This appendix also identifies the process to be used for both eligible and non-eligible patient movements generated within the Joint Operational Area (JOA) of Operation United Assistance (OUA). For Ebola Virus Disease (EVD) infected or exposed patients, see 3(a)(ii). United States Northern Command (USNORTHCOM) has responsibility for EVD policy and treatment and the care and placement of EVD infected or exposed patients if or when such patients are transported to the Continental United States (CONUS) from OUA JOA.

- b. (U) Definitions.

- (1) (U) Aeromedical Evacuation (AE). The movement of patients under medical supervision to and between medical treatment facilities by air transportation. Specifically refers to United States Air Force fixed wing movement of regulated casualties, using organic and/or contracted mobility airframes, with AE aircrew trained explicitly for this mission.

- (2) (U) Patient Movement Priorities.

Annex C Appendix 1 (Joint Patient Movement System) To Operation United Shield OPORD 14-001 (Combined Command - United Shield)(U)

- (a) (U) Routine. A patient who requires AE on a regularly scheduled AE mission, a scheduled military airlift channel mission, or commercially procured airlift service. This movement typically occurs within 72 hours.

UNCLASSIFIED

Annex C Appendix 1 (Joint Patient Movement System) To Operation United Shield OPORD 14-001 (Combined Command - United Shield)(U)

- (b) (U) Priority. A patient who requires AE sooner than the next scheduled channel mission or sooner than can be accommodated using scheduled military airlift channel mission, or commercially procured airlift service. This movement typically occurs within 24 hours.
- (c) (U) Urgent. AE required as soon as possible saving life, limb, or eyesight. Immediate action shall be taken to obtain AE or other suitable transportation to meet patient requirements. Terminally ill or psychiatric patients are not considered urgent patients.
- (3) (U) Patient Movement (PM). The act or process of moving sick, injured, wounded, or other person to obtain medical and/or dental care or treatment. Functions include medical regulating, patient evacuation, and en route medical care (Reference d); the following are different methods of patient movement (Medical Evacuation and Casualty Evacuation).
- (4) (U) Medical Evacuation (MEDEVAC). The dedicated medical evacuation platforms staffed and equipped to provide en route medical care using pre-designated tactical or logistic aircraft, boats, ships, and other water craft temporarily equipped and staffed with medical attendants (MAs) for en route care.
- (5) (U) Casualty Evacuation (CASEVAC). The unregulated movement of casualties that can include movement both to and between medical treatment facilities.
- (6) (U) Competent Medical Authority (CMA). A military, civilian, or contract physician of the Department of Defense (DoD), the United States Coast Guard, the United States Public Health Service, or Department of Veterans Affairs. This individual has the responsibility to provide or arrange the necessary medical care of a patient and attest to the medical need to move a patient through AE.
- (7) (U) Secretarial Designee Program. The program established pursuant to section 1074(c) to create by regulation eligibility for health care services

Annex C Appendix 1 (Joint Patient Movement System) To Operation United Shield OPORD 14-001 (Combined Command - United Shield)(U)

in military medical treatment facilities (MTF) as well as dental treatment facilities for individuals who have no such eligibility under 10 U.S.C. chapter 55.

UNCLASSIFIED

Annex C Appendix 1 (Joint Patient Movement System) To Operation United Shield OPORD 14-001 (Combined Command - United Shield)(U)

(8) (U) Secretarial Designee. A person not normally a DoD healthcare beneficiary, who is designated a Military Department healthcare beneficiary by the Secretary of Defense or the Secretary of the Military Department concerned. (Reference c, d, e, f)

2. (U) Mission. See OPORD.

3. (U) Execution.

- a. (U) Concept of Support. The medical policy is that all movement of patients, who in the opinion of responsible medical officers, cannot be returned to duty status within a reasonable amount of time, will be evacuated by the first available means, provided the travel involved will not aggravate their condition and ensures patient confidentiality, safety, quality of care and in-transit visibility. CASEVAC may be accomplished by an unregulated means of movement. MEDEVAC will occur via HH-60 helicopters when arrived and will be positioned in Monrovia, Liberia. Before the HH-60s arrive, primary means of patient movement to Monrovia will be via USMC CV-22 Osprey aircraft. Persons authorized medical care in DoD MTFs are not necessarily entitled to AE and each individual's status must be determined using appropriate protocols as established in this appendix as well as in applicable DoD guidance. The Theater Patient Movement Requirements Center – Europe (TPMRC-E) coordinates all fixed wing patient movements within, to and from the OUA JOA. All categories of patients will be reported to TPMRC-E via the Aeromedical Evacuation Liaison Team (AELT) located with Role II capability at Monrovia, Liberia, the AELT located with Role II capability at Intermediate Staging Base (ISB)/Dakar, Senegal, the Joint Operations Center (JOC) or other appropriate unit personnel (e.g. Surgeon). TPMRC-E and International SOS (ISOS) will determine the appropriate AE option to include potential movement to Landstuhl Regional Medical Center (LRMC) in Germany, an OCONUS medical facility, as well as an alternative European or African designated medical center of excellence. Deployed (afloat or ashore) facilities must be prepared to move patients to a fixed-wing capable airfield. The originating and destination hospitals are responsible for coordinating patient delivery/pick-up from the Airport of Debarkation (APOD). Theater evacuation policy is determined by the Secretary of Defense (SECDEF) upon the advice of the Chairman, Joint Chiefs of Staff (CJCS), and Theater Commander. The standard PM Policy is 3 days in forward

Annex C Appendix 1 (Joint Patient Movement System) To Operation United Shield OPORD 14-001 (Combined Command - United Shield)(U)

UNCLASSIFIED

Annex C Appendix 1 (Joint Patient Movement System) To Operation United Shield OPORD 14-001 (Combined Command - United Shield)(U)

resuscitative care facilities and 7 days in theater hospitals. Definitive care capabilities usually reside outside the Theater/Operational Area. Therefore, if applicable, planners will use a 15 day PM policy for en route inpatient definitive care facilities.

- (1) (a) (U) Federal Civilian Employees (including retired military) are not eligible for AE via International SOS (ISOS) through TRICARE contract but can obtain private medical insurance on an individual basis. United States Africa Command (USAFRICOM) is currently sourcing a contracted capability to bridge this gap however a resolution date is not currently available.
- (2) (b) (U) Contractors are not eligible for AE via ISOS. A clause for healthcare and AE in the USAFRICOM Theater of Operations must be specified in all contracts prior to deployment of individuals.
- (3) (1) (U) Movement of EVD patients. United States Transportation Command (USTRANSCOM) has directed that patients symptomatic of EVD will be transported via the procedures outlined in Appendix 4. If the patient is determined to be too great a risk to crew, passengers, other patients, clinical staff, equipment, or aircraft, an alternate plan must be developed through close collaboration between HQ JFC OUA and the Theater Patient Movement Requirements Center-A (TPMRC-A) through TPMRC-A.
- (4) (2) (U) Movement of contaminated patients (other than EVD; see 3(a)(ii) for EVD procedures). Patients contaminated with either chemical or biological materials are not routinely moved via the patient movement system. If the patient is determined to be too great a risk to crew, passengers, other patients, clinical staff, equipment, or aircraft, an alternate plan must be developed through close collaboration between HQ and GPMRC through TPMRC-A.

(a) (U) Patient Movement Management. TPMRC-E provides primary management of all AE missions originating from within the JOA.

4. (U) Coordinating Instructions.

a.

[Type text]

UNCLASSIFIED

Annex C Appendix 1 (Joint Patient Movement System) To Operation United Shield OPORD 14-001 (Combined Command - United Shield)(U)

Annex C Appendix 1 (Joint Patient Movement System) To Operation United Shield OPORD 14-001 (Combined Command - United Shield)(U)

(U) Units must ensure patient movement requirements are included in all Health Service Support (HSS) concepts of support for all operations, exercises and security cooperation activities.

- b. (2) (U) Units (as established) are authorized direct coordination with TPMRC-E.
- c. (3) (U) Units (as established) must maintain redundant access to the TRANSCOM Regulating and Command and Control Evacuation System (TRAC2ES) and Theater Medical Data Store (TMDS) to track patient movement in-transit and while admitted to a MTF.
- d. (U) Assessment. Patient movement missions are continually assessed and lessons learned captured and disseminated through collaboration among TPMRC-E and OUA medical operations.

5. (U) Administration and Logistics. See OPORD.

6. (U) Command and Control.

- a. (U) Command. As the principal Medical Advisor to the Commander, the Surgeon exercises coordinating authority for CDR over all HSS resources allocated for operations.
- b. (U) Communications. TRAC2ES is the primary means of requesting patient movements originating from within the JOA.

ACKNOWLEDGE:

Ziankahn
BG

Williams
MG

OFFICIAL:
Forleh
LTC

Czarnik
SURGEON

[Type text]



UNCLASSIFIED

Appendix 2 (Force Health Protection) to ANNEX Q of OPERATION COMBINED COMMAND - UNITED SHIELD
OPORD 14-001 (U)



Liberia



UNCLASSIFIED



UNCLASSIFIED

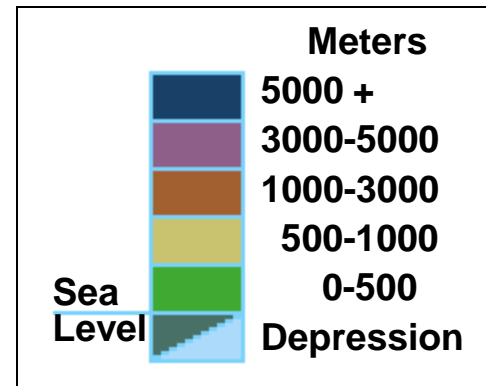
Appendix 2 (Force Health Protection) to ANNEX Q of OPERATION COMBINED COMMAND - UNITED SHIELD
OPORD 14-001 (U)



Liberia: Environmental Issues

- Topography
- Climate

Climate tropical;
hot, humid; dry
winters with hot
days and cool
to cold nights;
wet, cloudy
summers with
frequent heavy
showers



Terrain: mostly flat to
rolling coastal plains
rising to rolling plateau
and low mountains in
northeast

lowest point: Atlantic Ocean 0 m

highest point: Mount Wuteve 1,380 m

UNCLASSIFIED



UNCLASSIFIED

Appendix 2 (Force Health Protection) to ANNEX Q of OPERATION COMBINED COMMAND - UNITED SHIELD
OPORD 14-001 (U)



Liberia: Environmental Issues

- Air
 - Low risk
 - Some pollution near specific industrial and urban areas.
- Soil
 - Low risk but should be avoided when possible.
 - Soil contamination near industrial facilities and waste disposal sites.
 - Significant exposure unlikely in the absence of wind, active digging, or leakage into ground water.

UNCLASSIFIED



UNCLASSIFIED

Appendix 2 (Force Health Protection) to ANNEX Q of OPERATION COMBINED COMMAND - UNITED SHIELD
OPORD 14-001 (U)



Liberia: Environmental Issues

- Food
 - Food may also be contaminated with industrial particulates, chemicals from soil, pesticides, fertilizers, and fecal pathogens.
- Water
 - Water contaminated with raw sewage and microbes
 - Water sources near diamond mines may be contaminated with mercury and arsenic.

UNCLASSIFIED



UNCLASSIFIED

Appendix 2 (Force Health Protection) to ANNEX Q of OPERATION COMBINED COMMAND - UNITED SHIELD
OPORD 14-001 (U)



Liberia: Environmental Issues

- Greatest short-term environmental health risks
 - Water contaminated with raw sewage
 - Runoff containing fecal pathogens,

UNCLASSIFIED



UNCLASSIFIED

Appendix 2 (Force Health Protection) to ANNEX Q of OPERATION COMBINED COMMAND - UNITED SHIELD
OPORD 14-001 (U)



Liberia: Diseases of Operational Importance

- **Highest risk** country
- Diseases of greatest risk
 - Food and Waterborne Diseases: Bacterial diarrhea, Hepatitis A, Protozoal diarrhea and Typhoid/paratyphoid fever
 - Vector-borne Diseases: **Malaria and Yellow fever.**
 - Sexually Transmitted Diseases: HIV/AIDS, Hepatitis B.
 - Soil Contact Diseases: **Lassa Fever**
 - Water-contact Diseases: Schistosomiasis

UNCLASSIFIED



UNCLASSIFIED

Appendix 2 (Force Health Protection) to ANNEX Q of OPERATION COMBINED COMMAND - UNITED SHIELD
OPORD 14-001 (U)



Liberia: Diseases of Operational Importance

- Diseases of **potential** risk
 - Food and waterborne Diseases: Brucellosis, Cholera, Hepatitis E
 - Vector-borne Diseases: Boutonneuse fever (Mediterranean spotted fever), Chikungunya, Crimean-Congo hemorrhagic fever, Dengue fever, Leishmaniasis, Rift Valley fever, Sindbis (Ockelbo) virus, Gambiense trypanosomiasis (African), Murine typhus (flea-borne) and West Nile fever
 - Sexually Transmitted Diseases: Gonorrhea and Chlamydia.
 - Water-contact Diseases: Leptospirosis
 - Respiratory Diseases: Meningococcal meningitis and Tuberculosis
 - Animal-contact: Anthrax, Q-Fever and Rabies
 - Person to Person: Ebola hemorrhagic fever

UNCLASSIFIED



UNCLASSIFIED

Appendix 2 (Force Health Protection) to ANNEX Q of OPERATION COMBINED COMMAND - UNITED SHIELD
OPORD 14-001 (U)



Staying Healthy

- **Avoid foods and water from unapproved sources.** Exercise caution when eating foods from local markets, etc.; do eat raw and undercooked meats.
- **Avoid the consumption of water from unapproved sources;** use approved bottled water for consumption.
- Do not swim/bath in non-treated fresh water streams/lakes to minimize the risk of infection; swim in chlorinated pools.
- **Ensure personnel are current on their vaccinations/immunizations for missions to this area; issue/take anti-malarial medications when applicable.**
- **Use insect/mosquito netting around bedding; use repellants and approved insecticides on clothing; cover skin (long-sleeve shirts and pants).**
- Avoid long term (weeks, months, years) co-habitation/close quartering with local nationals, when possible.
- **Avoid contact with rodents:** choose lodging locations that are (reasonably) rodent free; sleep off of the ground; store food stuffs in areas where rodents cannot easily access (containers, etc.); keep bedding and work areas reasonably clutter-free/trash-free to prevent harborage issues.
- **BLUF: When mitigation measures are employed the risk of negative consequences decreases!!!**

UNCLASSIFIED

Appendix 3 (Care Eligibility) to Annex Q (Medical Service) for Operation United Shield OPORD
14-001 (Combined Command - United Shield)(U)

Medical Rules of Eligibility (MEDROE) for Operation United Shield

Table A - US Personnel							
Category of Patient	Documents Required	Extent of Care					Additional Information
		Sickcall/ Routine Medical Care	Emergency Care in Military Treatment Facilities ¹	Routine Intratheater ² Patient Movement	Emergency Intratheater Patient Movement	Emergency Intertheater ² Patient Movement	
1. US Active Service Members (AD).	ID Card	Yes	Yes, In order to save Life, Limb or Eyesight	Yes	Yes, In order to save Life, Limb or Eyesight, If adequate care is locally unavailable, and suitable commercial AE is neither available, feasible, nor adequate.	Yes	
2. US Reserve Component Service Members serving in a Title 10 status.	ID Card and AD Orders	Yes		Yes		Yes	
3. DoD TRICARE Beneficiaries of Active Duty Service Members.	ID Card	No		Yes		Yes ³	
4. Retired (US) Service Members (regardless of present employer). See DoD 4515.13-R, para C5.6.2.2.1.	ID Card and Travel Orders	Yes		Yes		Yes	Care authorized at no cost, but non-emergent care may be subject to availability of services
5. Federal Employees Assigned - USAFRICOM Civilians. JTR para 7020, A, 1, a. and DoD 4515.13-R, para C5.6.2.2.1.	ID Card and Travel Orders	Yes, on a space available, fully reimbursable basis.		No		Yes, Intent to Pay Memo coordinated between USEMB and HQs USAFRICOM as necessary.	AE determinations for civilians on official travel must be referred to the Theater Patient Movement Requirements Center Europe (TPMRC-E) for validation, determination of the availability and appropriateness of local treatment, and the necessity for evacuation. ^{4,5}
6. Federal Civilian Employees (Other Than USAFRICOM). See DoD 4515.13-R, para C5.5.4. and	ID Card and Orders	Yes, on a space available, fully reimbursable basis.		No		Yes	Care authorized at no cost, but non-emergent care may be subject to availability of

Appendix 3 (Care Eligibility) to Annex Q (Medical Service) for Operation United Shield OPORD
14-001 (Combined Command - United Shield)(U)

Medical Rules of Eligibility (MEDROE) for Operation United Shield

C5.6.2.2.1.; DODI 1000.13.							services. Unless contract for services in place or under New Normal authorities.
7. Peace Corps. See DoD 4515.13-R, para C5.6.2.2.1.	Picture ID and Authorization Letter from Peace Corps	No		No		No ⁶ . Arrange through US Embassy.	Stabilize patient, and then refer to their health care system as soon as the emergency period ends. Notify Component Surgeon for decision on referral and transport after stabilization.
8. US Citizens not otherwise covered. See DoD 4515.13-R, para C5.6.2.2.1.	Picture ID	No	Yes, In order to save Life, Limb or Eyesight	No	Yes, In order to save Life, Limb or Eyesight, If adequate care is locally unavailable, and suitable commercial AE is neither available, feasible, nor adequate.	No ⁶ . Requires Secretarial Designation (SECDES) See DoDI 6025.23 Or Yes, during execution of New Normal Authorities. ⁷	Component Commanders, under advisement of a competent medical authority, may approve the movement of non-eligible US citizens when adequate care is locally unavailable, and suitable commercial (ground or air) evacuation support is neither available, feasible nor adequate.
9. US Citizens not otherwise covered. See DoD 4515.13-R, para C5.6.2.2.1.	Picture ID	No	Yes, In order to save Life, Limb or Eyesight	No		No ⁶ . Requires Secretarial Designation (SECDES) See DoDI 6025.23 Or Yes, during execution of Authorized	

Appendix 3 (Care Eligibility) to Annex Q (Medical Service) for Operation United Shield OPORD 14-001 (Combined Command - United Shield)(U)

Medical Rules of Eligibility (MEDROE) for Operation United Shield

						Departure Authorities. ⁸	
--	--	--	--	--	--	-------------------------------------	--

Note:

1. Includes any other applicable governmental provided medical program such as the Department of State Medical Program.
2. Joint Publication 1-02, Department of Defense Dictionary of Military and Associated Terms, defines intertheater patient movement as “Moving patients between, into, and out of the different theaters of the geographic combatant commands and into the continental United States or another supporting theater (source: JP 4-02), and, intratheater patient movement as “Moving patients within the theater of a combatant command or in the continental United States” (source: JP 4-02).
3. Available on a non interference basis.
4. If TPMRC-E determines evacuation is necessary, HQs USAFRICOM will arrange, coordinate and fund evacuation with the US Embassy. (JTR Paragraph 7020, A, 1, a, “Eligibility,” specifically authorizes approval of travel and transportation expenses when an employee discontinues or interrupts a TDY/TAD travel assignment before completion due to an incapacitating illness/injury that is not due to the employee’s misconduct.) This authority includes the entire cost of Medical Evacuation for a civilian on official TDY/TAD.
5. Only Federal Civilians participating in contingency locations or as members of the Contingency Expeditionary Workforce are provided the same level and scope of care as active duty service members per DoDI 1404.10.
6. DoD may provide AE to other US Government Civilians on a reimbursable basis. For DoD personnel assigned to organizations (other than USAFRICOM) the parent command must agree to fund IAW JFTR and should coordinate payment with the specific US Embassy.
7. Authorized Departure is defined as – A procedure, short of ordered departure, by which mission employees or dependents or both, are permitted to leave post in advance of normal rotation when the national interests or imminent threat to life require it (source: JP 3-68)

Category of Patient	Documents Required	Extent of Care					Additional Information
		Sickcall/ Routine Medical Care ¹	Emergency Care in Military Treatment Facilities ²	Routine Evacuation intratheater ³	Emergency Evacuation intratheater ⁴	Emergency Evacuation intertheater	
1. African Union (AU) Forces. ¹	ID Card and Travel Orders	No	No	No	No	No	Refer to local hospital (non-DoD treatment center). The authority to treat personnel other than U.S. personnel is still being discussed on the CJCS level.
2. North Atlantic Treaty Organization (NATO). See DoD 4515.13-R and DoD 1000.13.	ID Card and Travel Orders	Yes, for outpatient care only on a reimbursable basis.	In order to save Life, Limb or Eyesight	No	In order to save Life, Limb or Eyesight	Requires PMRC Approval	Refer to local hospital (non-DoD treatment center). The authority to treat personnel other than U.S. personnel is still being discussed on the CJCS level.
3. Partner Nation Forces with an Acquisition Cross Service Agreement (ACSA) ^{1,2,4} with	ID Card and Travel Orders	No	No	No	In order to save Life, Limb or Eyesight ⁴	No	Refer to local hospital (non-DoD treatment center). The authority to treat personnel other than U.S.

Appendix 3 (Care Eligibility) to Annex Q (Medical Service) for Operation United Shield OPORD
14-001 (Combined Command - United Shield)(U)

Medical Rules of Eligibility (MEDROE) for Operation United Shield

the US.							personnel is still being discussed on the CJCS level.
4. United Nations (UN). ¹	ID Card and Travel Orders	No	In order to save Life, Limb or Eyesight	No	In order to save Life, Limb or Eyesight	Use UN coordinated assets. USAF evacuation requires PMRC approval.	Refer to local hospital (non-DoD treatment center). The authority to treat personnel other than U.S. personnel is still being discussed on the CJCS level.
5. Foreign Nationals under New Normal Execution	ID Card	See New Normal CY14 OPORD, paragraph 3.C.11., DTG 2009162 Dec 13					

Note:

1. Sickcall/Routine Medical Care: Routine sick call for AFL members will be provided by resident AFL medical personnel. This is considered a Level I (organic) of a military health system and is a contributing nation's responsibility unless an Acquisition and Cross-Servicing Agreement (ACSA), implementing arrangement or other agreement instrument has been coordinated and approved.
2. Includes any other applicable governmental provided medical program such as the Department of State Medical Program.
3. ACSA: Current status of ACSAs can be obtained from the HQs USAFRICOM J45 Branch, DSN 314-421-3746, COM (49) 711-729-3746.
4. The following signs / symptoms will prohibit the use of a US CASEVAC / MEDEVAC platform or aircraft: fever (>38.6C / 101.5F) and or with Symptoms - vomiting, diarrhea, abdominal pain, muscle / joint pain, rash, red eyes, chest pain, cough, difficulty breathing, difficulty swallowing, unexplained bleeding / bruising. Should a partner nation SM present these symptoms they will be referred to the nearest local hospital or clinic.

Appendix 3 (Care Eligibility) to Annex Q (Medical Service) for Operation United Shield OPORD
14-001 (Combined Command - United Shield)(U)

Medical Rules of Eligibility (MEDROE) for Operation United Shield

Table C - Other Personnel in The USAFRICOM Theater							
Category of Patient	Documents Required	Extent of Care					Additional Information
		Sickcall/ Routine Medical Care ¹	Emergency Care in Military Treatment Facilities ²	Routine Evacuation intratheater ¹	Emergency Evacuation intratheater ¹	Emergency Evacuation intertheater ¹	
1. Army and Air Force Exchange (AAFES). See DoD 4515.13-R, para C5.6.2.2.1.	Picture ID and Travel Orders	Yes	Yes, In order to save Life, Limb or Eyesight Stabilize patient, and then refer to their health care system as soon as the emergency period ends.	Yes	Yes, In order to save Life, Limb or Eyesight Stabilize patient, and then refer to their health care system as soon as the emergency period ends.	Requires PMRC approval.	Review contract to verify medical care entitlements, reimbursement, and to confirm extent of care authorized. Contract may fall under Department of State; initial health screen is authorized if directed by Commander and approved by a Competent Medical Authority, pending review of contract.
2. Contractor. See DoD 4515.13-R, para C5.6.2.2.1. and C5.6.2.2.2.	ID Card and US Passport. Copy of contract with insurance information. Must have Letter of Authorization (LOA)	No, unless specifically stated under the terms of the contract and on the contractors individual LOA.	Yes, In order to save Life, Limb or Eyesight Stabilize patient, and then refer to their health care system as soon as the emergency period ends.	Yes	Yes, In order to save Life, Limb or Eyesight Stabilize patient, and then refer to their health care system as soon as the emergency period ends.	Requires PMRC Approval.	Review contract to verify medical care entitlements, reimbursement and to confirm extent of care authorized. Contract may fall under Department of State; initial health screen is authorized if directed by Commander and approved by a Competent Medical Authority, pending review of contract.
3. Detainees under US control.	Detainee Form	Yes	Yes	Yes	Yes	TBD as directed	Refer to local hospital (non-DoD treatment center). The authority to treat personnel other than U.S. personnel is still being discussed on the CJCS level.
4. Diplomats. See DoD 4515.13-R, para C5.6.2.2.2.	Diplomatic Passport	If directed by JFC Commander	Yes, In order to save Life, Limb or Eyesight Stabilize patient, and then refer to their health care system as soon as the emergency period ends.	Yes	Yes, In order to save Life, Limb or Eyesight Stabilize patient, and then refer to their health care system as soon as the emergency period ends.	If directed by JFC Commander	Refer to local hospital (non-DoD treatment center). The authority to treat personnel other than U.S. personnel is still being discussed on the CJCS level.
5. Local Nationals, Local Press, Non-affiliated Civilian and Local Hires. See DoD 4515.13-R, para C5.6.2.2.2.	Picture ID if available.	No	No	No	No	No. Requires Secretarial Designation (SECDES). See DoDI 6025.23	Refer to local hospital (non-DoD treatment center). The authority to treat personnel other than U.S. personnel is still being discussed on the CJCS level.
6. Local	IAW established	No	No	No	No	No. Requires	Refer to local hospital (non-

Appendix 3 (Care Eligibility) to Annex Q (Medical Service) for Operation United Shield OPORD
14-001 (Combined Command - United Shield)(U)

Medical Rules of Eligibility (MEDROE) for Operation United Shield

Nationals – Care during a Medical Civic Action/Combined Exercise.	Exercise Directive.					Secretarial Designation (SECDES)/ EXECSEC Memo. See DoDI 6025.23	DoD treatment center). The authority to treat personnel other than U.S. personnel is still being discussed on the CJCS level.
7. Morale, Welfare and Recreation (MWR) Civilian religious leaders and groups; celebrities and entertainers; athletic consultants or instructors; and representatives of the social agencies and education institutions providing service to the military. See DoD 4515.13-R, para C5.6.2.2.1.	Picture ID and invitational Travel Orders.	No	Yes, In order to save Life, Limb or Eyesight Stabilize patient, and then refer to their health care system as soon as the emergency period ends.	Yes	Yes, In order to save Life, Limb or Eyesight Stabilize patient, and then refer to their health care system as soon as the emergency period ends.	Yes Requires PMRC Approval	
8. Non-Governmental Organizations (NGO) and Private Volunteer Organizations (PVO). See DoD 4515.13-R, para C5.6.2.2.1. and C5.6.2.2.2.	Picture ID	No	Yes, In order to save Life, Limb or Eyesight Stabilize patient, and then refer to their health care system as soon as the emergency period ends.	Pursuant to Invitational Travel Orders	Yes, In order to save Life, Limb or Eyesight Stabilize patient, and then refer to their health care system as soon as the emergency period ends.	No	
9. Non-Profit Service Organizations (American Red Cross, USO). C5.6.2.2.1. and C5.6.2.2.1.; DoDI 1000.13.	Picture ID and Orders	USO – No ARC-Yes, on a space-available basis at rates specified in Uniformed Services instructions.	Yes, In order to save Life, Limb or Eyesight Stabilize patient, and then refer to their health care system as soon as the emergency period ends.	No	Yes, In order to save Life, Limb or Eyesight Stabilize patient, and then refer to their health care system as soon as the emergency period ends.	No	
10. United Services Organization (USO)	USO ID and USO Form 2F1-19029-F (Claim Form). Insurance information	Yes, on a space-available, fully reimbursable basis.	Yes, In order to save Life, Limb or Eyesight Stabilize	Yes	Yes, In order to save Life, Limb or Eyesight Stabilize	Requires PMRC Approval	Stabilize patient, and then refer to their health care system as soon as the emergency period ends.

Appendix 3 (Care Eligibility) to Annex Q (Medical Service) for Operation United Shield OPORD
14-001 (Combined Command - United Shield)(U)

Medical Rules of Eligibility (MEDROE) for Operation United Shield

Professionals. See DoD 4515- 13-R, para C5.6.2.2.1.; DoDI 1000.13.	needed.		patient, and then refer to their health care system as soon as the emergency period ends.		patient, and then refer to their health care system as soon as the emergency period ends.		
--	---------	--	---	--	---	--	--

Note:

1. Services may be provided for deployed/contingency settings. Any health care services by the US Military Health System to employees of DoD non-appropriated fund instrumentalities shall be on a reimbursable basis. References - DoDI 1404.10 and DoDI 6025.23.
2. Includes any other applicable governmental provided medical program such as the Department of State Medical Program.

