



Department of Defense

INSTRUCTION

NUMBER 3020.41

October 3, 2005

USD(AT&L)

SUBJECT: Contractor Personnel Authorized to Accompany the U.S. Armed Forces

- References:
- (a) Section 133 of title 10, United States Code
 - (b) Deputy Secretary of Defense Memorandum, "DoD Directive Review – Phase II," July 13, 2005
 - (c) Defense Federal Acquisition Regulation Supplement (DFARS), current edition¹
 - (d) DoD Directive 1100.4, "Guidance for Manpower Management," February 12, 2005
 - (e) through (bi), see enclosure 1

1. PURPOSE

Under the authority of references (a) and (b), this Instruction establishes and implements policy and guidance, assigns responsibilities, and serves as a comprehensive source of DoD policy and procedures concerning DoD contractor personnel authorized to accompany the U.S. Armed Forces. This includes defense contractors and employees of defense contractors and their subcontractors at all tiers under DoD contracts, including third country national (TCN) and host nation (HN) personnel, who are authorized to accompany the U.S. Armed Forces under such contracts. Collectively, these persons are hereafter referred to as contingency contractor personnel. One significant sub-category of contingency contractor personnel, called contractors deploying with the force (CDF), is subject to special deployment, redeployment, and accountability requirements and responsibilities. Definitions for these personnel and other key terms are addressed in enclosure 2.

¹ The Defense Federal Acquisition Regulation Supplement (DFARS) can be found at <http://akss.dau.mil/jsp/default.jsp>

2. APPLICABILITY AND SCOPE

This Instruction:

2.1. Applies to the Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities in the Department of Defense (hereafter referred to collectively as the “DoD Components”).

2.2. Applies to contingency contractor personnel who deploy with or otherwise provide support in a theater of operations to U.S. Armed Forces deployed outside the United States conducting contingency operations or other military operations.

2.3. Applies to the geographic Combatant Commanders who may also apply this Instruction, or portions thereof, to exercises, subject to applicable law.

2.4. Does not apply to contracts being performed in the United States and U.S. possessions and territories; nor does it apply to contracts being performed at a location other than where U.S. military forces are deployed for a contingency operation or other military operation.

3. DEFINITIONS

Terms used in this Instruction are defined in enclosure 2.

4. POLICY

It is DoD policy to:

4.1. Implement appropriate contractor planning, visibility, deployment, and redeployment requirements; adhere to theater management procedures; abide by applicable laws, regulations, policies, and international agreements; and use contractor support only in appropriate situations consistent with the Defense Federal Acquisition Regulation Supplement (DFARS) (reference (c)).

4.2. Implement this Instruction in operations plans (OPLANs) and operations orders (OPORDs) and coordinate any proposed contractor logistic support arrangements that may affect the OPLAN/OPORD with the affected geographic Combatant Commands. Contingency plans shall be developed to ensure continuation of services if a defense contractor is unable to perform according to DoD Directive 1100.4 and DoD Instruction 3020.37 (references (d) and (e)).

4.3. Ensure contracts clearly and accurately specify the terms and conditions under which the contractor is to perform, describe the specific support relationship between the contractor and the Department of Defense, and contain standardized clauses to ensure efficient deployment, visibility, protection, authorized levels of health service and other support, sustainment, and redeployment of contingency contractor personnel. The contract shall also specify the appropriate flow-down of these provisions and clauses to subcontracts. Generally, defense contractors are responsible for providing for their own logistical support and logistical support for their employees. Logistical support shall be provided by the Department of Defense only when the commander or the contracting officer determines provision of such support is needed to ensure continuation of essential contractor services and adequate support cannot be obtained by the contractor from other sources.

4.4. Develop a security plan for protection of contingency contractor personnel in locations where there is not sufficient or legitimate civil authority and the commander decides it is in the interests of the Government to provide security because the contractor cannot obtain effective security services, such services are unavailable at a reasonable cost, or threat conditions necessitate security through military means. The contracting officer shall include the level of protection to be provided to contingency contractor personnel in the contract. In appropriate cases, the geographic Combatant Commander may provide security through military means, commensurate with the level of security provided DoD civilians. Specific security measures shall be mission and situation dependent as determined by the geographic Combatant Commander and the following contractor arming policy:

4.4.1. Subject to the approval of the geographic Combatant Commander, contingency contractor personnel may be armed for individual self-defense.

4.4.2. Contracts for security services shall be used cautiously in contingency operations where major combat operations are ongoing or imminent. Authority and armament of contractors providing private security services will be set forth in their contracts.

4.5. Maintain by-name accountability of all CDF personnel and contract capability information in a joint database. This database shall provide a central source of CDF personnel information and a summary of services or capabilities provided by all external support and systems support contracts. This information shall be used to assist planning for the provision of force protection, medical support, personnel recovery, and other support. It should also provide planners an awareness of the nature, extent, and potential risks and capabilities associated with contracted support in the area of responsibility (AOR). This requirement may be waived by the Under Secretary of Defense for Acquisition, Technology and Logistics (USD(AT&L)).

4.6. Designate in all external support and system support contracts the specific deployment center or process CDF must use to prepare for deployment and redeployment.

4.7. Designate the requirement for all CDF to process through the joint reception center (JRC) designated by the geographic Combatant Commander in all external support and system support contracts. This requirement may be waived by USD(AT&L).

4.8. Require defense contractors provide medically and physically qualified contingency contractor personnel to perform duties in contingency operations. Medical support procedures shall be consistent with the following:

4.8.1. All external support and systems support contracts contain or incorporate by reference: minimum medical and dental standards for CDF; a requirement to make available CDF medical and dental records (including current panoramic) for deployment center validation; a requirement to submit a specimen sample suitable for deoxyribonucleic acid (DNA) analysis for CDF; and immunization requirements for the relevant joint operations area (JOA). Selected theater support contracts (e.g., for food handlers) should, as appropriate, contain minimum medical and dental standards and immunization requirements.

4.8.2. Generally, all contingency contractor personnel who support U.S. forces in contingency operations or other military operations may be provided resuscitative care, stabilization, hospitalization at level III military treatment facilities (MTF), and assistance with patient movement in emergencies where loss of life, limb, or eyesight could occur. Hospitalization will be limited to stabilization and short-term medical treatment with an emphasis on return to duty or placement in the patient movement system. The contract and the appropriate medical authorities must specifically authorize medical or dental care beyond this standard.

4.8.3. All costs associated with treatment and transportation of contingency contractor personnel to a selected civilian facility will be the responsibility of the contingency contractor personnel, their employer, or their health insurance provider.

5. RESPONSIBILITIES

5.1. The Under Secretary of Defense for Acquisition, Technology, and Logistics shall:

5.1.1. Serve as the Principal Staff Assistant for this Instruction.

5.1.2. Develop and implement standard DFARS (reference (c)) clauses for inclusion in DoD contracts for which contingency contractor personnel are expected to support contingency operations or other military operations, or exercises designated by the geographic Combatant Commanders, in coordination with the Under Secretary of Defense for Personnel and Readiness (USD (P&R)), the Under Secretary of Defense for Intelligence (USD(I)), and the DoD Components as appropriate. This action will facilitate efficient deployment, visibility, protection, sustainment, and redeployment of contingency contractor personnel. The DFARS clause(s) appropriate for contracts associated with CDF shall require the Letter of Authorization addressed in subparagraph 6.2.7.4. A template of the Letter of Authorization shall be included in the DFARS Procedures, Guidance & Information (reference (f)).

5.1.3. Ensure the joint database addressed in subparagraph 6.2.6. is established.

5.2. The Deputy Under Secretary of Defense for Logistics and Material Readiness, under the USD(AT&L), shall monitor and manage the implementation of this Instruction.

5.3. The Under Secretary of Defense for Personnel and Readiness, in coordination with the USD(AT&L), shall:

5.3.1. Designate or develop a web-based joint database and procedures for its use according to subparagraph 6.2.6. as the central repository of information for all CDF personnel and contract capability information provided by external support and systems support contracts.

5.3.2. Establish procedures to maintain by-name accountability and visibility of CDF personnel and relevant contract capability information.

5.4. The Under Secretary of Defense for Intelligence shall develop and implement, as required, procedures for counterintelligence and security screenings of contingency contractor personnel and assist in drafting appropriate contract clauses for counterintelligence briefings and debriefings, in coordination with the USD(AT&L).

5.5. The Chairman of the Joint Chiefs of Staff shall take appropriate actions to incorporate this Instruction into relevant joint doctrine and training as appropriate.

5.6. The Geographic Combatant Commanders, through the Chairman of the Joint Chiefs of Staff, shall:

5.6.1. Implement this Instruction within their AOR including integration of contingency contractor personnel in OPLANs and OPORDs and provide this information to the DoD Components to incorporate into applicable contracts according to subparagraph 6.2.2.

5.6.2. Develop contingency plans to ensure continuation of essential contractor services according to references (d) and (e) and DoD Instruction 1100.19 (reference (g)).

5.6.3. Establish theater and/or joint operations area (JOA) admission procedures and requirements, including country and theater clearance, waiver authority, immunizations, required training or equipment, and any restrictions necessary to ensure proper deployment, visibility, security, accountability, and redeployment of contingency contractor personnel deploying to their AOR. Update the DoD 4500.54-G (reference (h)), with the specific procedures according to DoD Directive 4500.54 (reference (i)).

5.6.4. Develop a security plan according to subparagraph 6.3.4.

5.7. The Commanders of the Functional Combatant Commands, through the Chairman of the Joint Chiefs of Staff, shall follow the implementing guidance established by the geographic Combatant Commanders pursuant to paragraph 5.6. depending on the geographic location for execution of the contract.

5.8. The Secretaries of the Military Departments and the Directors of the Defense Agencies shall incorporate this Instruction into applicable Component policy, doctrine, programming, training, and contracts and ensure:

5.8.1. The Military Departments plan for the effective retention or replacement of contingency contractors, in wartime or contingency operations, who are performing essential contractor services according to references (d), (e) and (g).

5.8.2. The joint database addressed in subparagraph 6.2.6. is designated and its use required in all external support contracts and systems support contracts where CDF have the potential to support contingency operations or other military operations.

5.8.3. Assigned contracting activities populate the joint database addressed in subparagraph 6.2.6. with a summary of contract services or capability information when external support contracts or systems support contracts are awarded.

5.8.4. Contingency contractor personnel meet all theater and/or JOA admission procedures and requirements prior to entering the theater or JOA.

5.8.5. Contracting officers include in the contract appropriate DFARS clause(s) according to subparagraphs 5.1.2. and 6.1.4.; specific deployment and theater admission requirements according to subparagraphs 6.2.7. and 6.3.1.; specific medical preparation requirements according to subparagraph 6.2.7.5.; and the level of protection to be provided to contingency contractor personnel according to subparagraph 6.3.4.

6. PROCEDURES

This section provides an authoritative and comprehensive roadmap of policy and procedures applicable to contractor personnel authorized to accompany the U.S. Armed Forces. Key areas addressed include: contractor legal status; planning requirements; visibility; deployment, theater reception, and in-theater management processes; force protection and security; and medical. This section is organized in near-chronological sequence to address actions required during phases of contingency operations. These include pre-deployment planning, deployment, reception, management within the theater, and redeployment.

6.1. The DoD Components shall abide by applicable laws, regulations, DoD policy, and international agreements as they relate to contingency contractor personnel supporting contingency operations.

6.1.1. International Law and Contractor Legal Status. Under applicable law, contractors may support military operations as civilians accompanying the force, so long as such personnel have been designated as such by the force they accompany and are provided with an appropriate identification card under the provisions of the 1949 Geneva Convention Relative to the Treatment of Prisoners of War (GPW) (reference (j)). If captured during armed conflict, contingency contractor personnel accompanying the force are entitled to prisoner of war status.

Contingency contractor personnel may be at risk of injury or death incidental to enemy actions while supporting other military operations. Contingency contractor personnel may support contingency operations through the indirect participation in military operations, such as by providing communications support, transporting munitions and other supplies, performing maintenance functions for military equipment, providing security services according to subparagraph 6.3.5. and providing logistic services such as billeting, messing, etc. Contingency contractor personnel retain the inherent right of individual self-defense as addressed in subparagraph 6.3.4. Each service to be performed by contingency contractor personnel in contingency operations shall be reviewed on a case-by-case basis in consultation with the servicing legal office to ensure compliance with relevant laws and international agreements.

6.1.2. HN and TCN Laws. Subject to the application of international agreements, contingency contractor personnel must comply with applicable HN and TCN laws. They may be hired from U.S., HN, or TCN sources. Their legal status may change depending on where they are detailed to work by their employer or under the contract. DoD Component Commanders shall ascertain how HN and TCN laws may affect contract support, to the extent feasible, and consider any limiting factors in both deliberate and crisis action planning and in the development of applicable contracts, in coordination with their planners and contracting officers and with the assistance of the servicing legal office. Limiting factors may include workforce and hour restrictions; medical, life, and disability insurance coverage; taxes, customs and duties; cost of living allowances; hardship differentials; and danger pay.

6.1.3. U.S. Laws. Contingency contractor personnel remain subject to U.S. laws and regulations. For example, contingency contractor personnel fulfilling contracts with the U.S. Armed Forces may be subject to prosecution under Federal law, including but not limited to the Military Extraterritorial Jurisdiction Act (MEJA), 18 U.S.C. 3261 (reference (k)), which extends U.S. Federal criminal jurisdiction to certain DoD contingency contractor personnel, for certain offenses committed outside U.S. territory. For such cases, the DoD regulations to be followed to comply with MEJA are contained in DoD Instruction 5525.11 (reference (l)). Pursuant to the War Crimes Act, 18 U.S.C. 2441 (reference (m)), Federal criminal jurisdiction also extends to conduct that is determined to constitute a violation of the law of war when committed by a civilian national of the United States. In addition, when there is a formal declaration of war by Congress, DoD contingency contractor personnel may be subject to prosecution under the Uniform Code of Military Justice (UCMJ) (reference (n)). Other laws may allow prosecution of offenses by contingency contractor personnel, such as 18 U.S.C. 7(9) (reference (o)), which may provide for prosecution of U.S. nationals who commit offenses on military facilities in foreign countries. Immediate consultation with the servicing legal office and the contracting officer is required in all cases of suspected criminal conduct by contingency contractor personnel.

6.1.4. Contractual Relationships. The contract is the principal legal basis for the relationship between the Department of Defense and the contractor. The contract shall specify the terms and conditions under which the contractor is to perform; the method by which the contractor will be notified of the deployment procedures to process contingency contractor personnel; and the specific support relationship between the contractor and the Department of Defense. The contract shall contain standardized clauses to ensure efficient deployment, visibility, protection, authorized levels of health service and other support, sustainment, and

redeployment of contingency contractor personnel. It shall also specify the appropriate flow-down of these provisions and clauses to subcontracts. Each contract shall also state that the service performed by contingency contractor personnel is not active duty or service under 38 U.S.C. 106 (reference (p)) and DoD Directive 1000.20 (reference (q)).

6.1.5. Restrictions on Contracting Inherently Governmental Functions and Coordination with Manpower Authorities. Functions and duties that are inherently governmental are barred from private sector performance according to the Federal Activities Inventory Reform Act of 1998, Office of Management and Budget Circular A-76 (reference (r)), subpart 7.5 of the Federal Acquisition Regulation (reference (s)), and the Manpower Mix Criteria (reference (t)). In addition, 10 U.S.C. 2383 (reference (u)) requires the contracting officer make certain determinations before entering into a contract for the performance of each function closely associated with inherently governmental functions. There also are functions that are not inherently governmental that should not ordinarily be performed by contractors in areas of operations, as explained in reference (t). Program Managers shall coordinate with the DoD Component manpower authority before contracting for operational support services, to ensure contracts are not awarded for tasks and duties that are designated as inherently governmental, or that should not ordinarily be performed by contractors in areas of operations. The DoD Components shall determine workforce mix according to reference (d) and guided by reference (t).

6.1.6. International and HN Support Agreements. Planners and contracting officers shall take international agreements and HN support agreements into account when planning for contractor support, with the assistance of the servicing legal office and in coordination with the geographic Combatant Commander Staff Judge Advocate's office. These support agreements may affect contracting by restricting services to be contracted, by limiting contracted services to HN contractor sources, or, in some cases, by prohibiting contractor use altogether.

6.1.7. Status of Forces Agreements (SOFAs). Planners and contracting officers shall review applicable SOFAs and related agreements to determine their effect on the status and use of contractors in support of contingency operations, with the assistance of the servicing legal office and in coordination with the geographic Combatant Commander Staff Judge Advocate's office.

6.2. Contractor Planning, Deployment, and Redeployment Requirements. The DoD Components shall accomplish the following planning, deployment, visibility, and redeployment requirements concerning contingency contractor personnel who accompany military forces in support of contingency operations:

6.2.1. Continuation of Essential Contractor Services. The DoD Components shall plan for the continuation of essential contractor services as described in references (d), (e) and (g), CJCS Manual 3141.01A (reference (v)), and CJCS Instruction 3110.03B (reference (w)). Planning for continuation of essential contractor services during contingency operations includes:

6.2.1.1. Determining all services provided overseas by defense contractors that must continue during a contingency operation. Contracts shall obligate defense contractors to ensure the continuity of essential contractor services during a contingency operation.

6.2.1.2. Developing contractor contingency plans for those tasks identified as essential contractor services to provide reasonable assurance of continuation during crisis conditions.

6.2.1.3. Ensuring the Secretaries of the Military Departments and Combatant Commanders plan for effective retention or replacement of contingency contractor personnel who are performing essential contractor services in contingency operations. For situations where the cognizant DoD Component Commander has a reasonable doubt about the continuation of essential services by the incumbent contractor during crisis situations, the commander shall prepare a contingency plan for obtaining the essential services from alternative sources (military, DoD civilian, HN, or contractor(s)). This shall include situations where the commander has concerns the contractor cannot or will no longer fulfill the terms of the contract because the threat level, duration of hostilities, or other factors specified in the contract have changed significantly, or because U.S. laws, international or HN support agreements, or SOFAs have changed in a manner that affect contract arrangements, or due to political or cultural reasons.

6.2.1.4. Encouraging contingency contractor personnel performing essential contractor services overseas to remain in theater.

6.2.2. Integrated Planning. The geographic Combatant Commanders shall identify operational specific contractor policies and requirements in the OPLAN/OPORD, including at a minimum: restrictions imposed by applicable international and HN support agreements; contractor-related deployment, theater reception and accountability reporting; operational security plans and restrictions; force protection; personnel recovery; medical support; and redeployment. The OPLAN/OPORD, or a separate contractor integration plan specifying the operational specific contractor integration requirements, shall be provided to the DoD Components to incorporate into applicable contracts.

6.2.3. Operational Considerations for Contractor Logistics Support (CLS) Decisions. Acquisition program managers shall consider the requirements of subparagraphs 6.1.5 and 6.2.2 when making logistics sustainability decisions according to DoD Directive 5000.1 (reference (x)) and coordinate any proposed CLS arrangements that may affect OPLANs/OPORDs with the affected geographic Combatant Commanders.

6.2.4. Time-Phased Force and Deployment Data (TPFDD) Development. Deployment data for CDF and equipment deploying with the force must be incorporated into TPFDD development and deployment execution processes according to CJCS Manual 3122.02C (reference (y)) and applicable Military Department regulations. These requirements shall be incorporated into contracts and will apply, regardless of whether the defense contractor will provide or arrange their own transportation, to ensure transportation itineraries follow approved lines of communication, do not conflict with other support and operational traffic, and to allow for emergency recall.

6.2.5. Country Entry Requirements. The geographic Combatant Commanders shall coordinate with the Office of the Under Secretary of Defense for Policy to ensure special area, country, and theater personnel clearance requirements are current in reference (h). Contingency contractor personnel in support of a DoD contract are considered DoD-sponsored personnel for Foreign Clearance Guide purposes. The DoD Components shall ensure contracts include a requirement that deploying CDF must meet theater personnel clearance requirements and obtain personnel clearance prior to entering the AOR. All contingency contractor personnel are responsible for obtaining proper identification credentials (e.g., passport, visa). In some cases, contingency contractor personnel hired in the AOR may require specific country clearances to work in other countries.

6.2.6. Visibility of Contingency Contractor Personnel and Contracts. The geographic Combatant Commanders, with assistance from their Component Commanders and applicable DoD Agencies, are responsible for overall contractor visibility within their AOR and integrating contractor support into OPLANs and OPORDs according to Joint Publication 4-0 (reference (z)) and references (g), (v), and (y), and will provide U.S. citizen and U.S. legal alien contractor information according to CJCSM 3150.13 (reference (aa)). To assist the geographic Combatant Commander in having awareness of the nature, extent, and potential risks and capabilities associated with contracted support in the AOR and to facilitate integration of CDF to ensure visibility, force protection, medical support, personnel recovery, and other related support can be accurately forecasted and provided, the following procedures shall apply for establishing, maintaining, and validating a joint contractor database:

6.2.6.1. The USD(P&R), in coordination with the USD(AT&L), shall designate or develop a joint web-based database, and procedures for its use, as the central repository of CDF personnel and contract capability information for all external support contracts and systems support contracts. Contract capability information shall provide planners and Combatant Commanders an awareness of the nature, extent, and potential risks and capabilities associated with the contracted effort supporting OPLANs/OPORDs. This database shall provide by-name accountability of all CDF, and contain, or link to, minimum contract information (e.g., contract number, company contact information, sponsoring military unit contact information, and a summary of services or capability provided by the contract) necessary to establish and maintain CDF personnel accountability and visibility of contract capability in the AOR. It shall comply with the personnel identity protection program requirements of DoD Directive 1000.25 (reference (ab)), be consistent with the DoD Global Information Grid Enterprise Architecture addressed in DoD Directive 8100.1 (reference (ac)), and be compliant with DoD Directive 8320.2, DoD Directive 4630.5 and DoD Directive 8500.1 (references (ad) through (af)).

6.2.6.2. The Military Departments and the Directors of the Defense Agencies shall ensure this joint database is designated, and its use required, in all external support contracts and systems support contracts where CDF have the potential to support contingency operations or other military operations.

6.2.6.3. DoD contracting activities shall populate the joint database with a summary of contract services or capability when external support contracts or systems support contracts are awarded.

6.2.6.4. Defense contractors awarded external support contracts and systems support contracts shall input employee data and maintain by-name accountability of CDF in the joint database designated in the contract. Defense contractors are responsible for knowing the general location of their employees and shall keep the database up-to-date to reflect all CDF actually deployed in the AOR in support of contingency operations. Prime contractors are responsible for ensuring the database contains up-to-date information regarding their subcontractors at all tiers. This requirement also applies to forward-deployed system support and external support contractors designated to remain in place in theater when a contingency is declared.

6.2.6.5. The DoD Components shall validate and update as necessary the personnel information in the joint database at the deployment center or the JRC, and at other times as necessary, and use the information to support the reporting requirements of reference (aa).

6.2.6.6. The geographic Combatant Commander may designate use of the database, stipulated above for CDF, in selected theater support contracts to capture by-name accountability of theater support contractors (e.g., to assist in monitoring contingency contractor personnel who may work on U.S.-controlled facilities, for force protection, or personnel recovery reasons) and visibility of contract capability in the theater.

6.2.7. Deployment and Theater Admission Requirements and Procedures. The geographic Combatant Commanders shall provide specific deployment and theater admission requirements to the DoD Components according to subparagraph 6.2.2. The DoD Components shall ensure these requirements are delineated in contracts. At a minimum, contracts shall state the means by which the Government will inform contractors of the requirements and procedures applicable to a deployment. The DoD Components shall ensure use of one of the formally designated group or individual joint or Military Department deployment centers (e.g., Continental U.S. Replacement Center, Individual Replacement Center, Federal Deployment Center, Unit Deployment Site) to conduct deployment and redeployment processing for CDF, unless contractor-performed theater admission processing is authorized according to subparagraph 6.2.7.11., or waived pursuant to 6.2.7.2. However, a process that incorporates all the functions of a deployment center may be used instead of processing through a deployment center if it is designated in the contract. The following general procedures, waiver, administrative preparation, medical, training, and equipping considerations are applicable during deployment processing of CDF and for theater admission of contingency contractor personnel, where indicated:

6.2.7.1. General Deployment Procedures. All CDF shall report to the deployment center designated in the contract before deploying to a contingency operation to: validate entry of accountability information in the joint database addressed in subparagraph 6.2.6.; be issued or validate possession of proper identification cards; receive applicable Government-furnished equipment; receive medical and dental screening including required military-specific vaccinations/immunizations (e.g., anthrax, smallpox); and validate or complete any required

training (e.g., Geneva Conventions; law of armed conflict; general orders; standards of conduct; force protection; personnel recovery; medical; operational security; anti-terrorism; nuclear, biological and chemical protective gear; country brief and cultural awareness; and other training as appropriate). Upon completion of deployment processing, certified by annotating the Letter of Authorization or providing a separate deployment processing certification letter, CDF shall bring the deployment process certification with them to the JRC. The CDF who are deploying as part of a specific unit shall have their contractor certification documentation included in the appropriate unit manifest. Any CDF deploying individually shall carry this certification with them at all times.

6.2.7.2. Waivers. For less than 30-day deployments, the geographic Combatant Commander, or designee, may waive a portion of these formal requirements, which may include the requirement for processing through a deployment center. However, the requirements to possess proper identification cards and to establish and maintain accountability in the prescribed database shall not be waived, nor shall any medical requirement be waived without the prior approval of qualified medical personnel. If contingency contractor personnel are authorized to be armed, the requirements of 6.3.4 and 6.3.5 cannot be waived. The contracting officer shall document waivers in the Letter of Authorization. The CDF granted waivers shall carry a copy with them at all times.

6.2.7.3. Administrative Preparation. Contingency contractor personnel shall be issued a standard Geneva Convention Card according to DoD Instruction 1000.1 (reference (ag)) and the multi-Service publication, short title Air Force Instruction 36-3026(I) (reference (ah)). U.S. citizens and selected other CDF will be issued a DoD Uniformed Services Identification and Privilege Card, a Common Access Card with Geneva Convention identifier, or other appropriate DoD identity credential according to references (ag) and (ah), DoD Instruction 1000.13 (reference (ai)), and DoD Directive 8190.3 (reference (aj)). All CDF shall fill out DoD emergency data forms according to reference (e), reference (ag), and applicable Military Department regulations. In addition, and to the extent necessary, the contract shall require the defense contractor to provide personnel who have the appropriate security clearance or are able to satisfy the appropriate background investigation to obtain necessary access required for the contingency operation.

6.2.7.4. Letter of Authorization. A Letter of Authorization issued by a Government contracting officer, or designee, shall be necessary for CDF to process through a deployment center; to travel to, from, and within the AOR; and to identify any additional authorizations, privileges, or Government support CDF are entitled to under the contract.

6.2.7.4.1. The contracting officer, or designee, shall verify proper arrangements for Government support at the deployment center and within the AOR have been made before preparing the Letter of Authorization.

6.2.7.4.2. The Letter of Authorization shall provide, at a minimum, the prime contract number; the sub-contract number (if applicable); an emergency contact phone number and email address of the Government contracting officer; an emergency contact 24/7 phone number and email address of the defense contractor point of contact; and the contact information

of the sponsoring in-theater supported unit. A template of a Letter of Authorization is available in reference (f) (see subparagraph 5.1.2.). All CDF shall carry the Letter of Authorization with them at all times.

6.2.7.4.3. The Letter of Authorization shall state the intended length of assignment in the AOR and identify Government facilities, equipment, and privileges in the AOR as authorized by the contract. Government authorizations may include, among other support: access to exchange facilities according to DoD Instruction 1330.21 (reference (ak)); access to the commissary, and care and treatment at uniformed service medical and dental facilities on a space available, fully reimbursable basis according to reference (ai); Government messing and billeting; DoD-controlled aircraft passenger movement according to DoD 4515.13-R (reference (al)); and individual protective equipment addressed in subparagraph 6.2.7.6.

6.2.7.5. Medical Preparation. Defense contractors are responsible to provide medically and physically qualified contingency contractor personnel to perform duties in contingency operations as outlined in the contract. Any CDF deemed unsuitable to deploy during the deployment process, due to medical or dental reasons, will not be authorized to deploy with the military force. The Secretary of Defense may direct immunizations as mandatory for CDF performing DoD-essential contractor services per reference (e) and DoD Instruction 6205.4 (reference (am)). The Military Departments shall ensure CDF are not deployed without collection of required medical, dental, and DNA reference specimens for accession into the Armed Forces Repository of Specimen Samples for the Identification of Remains (AFRSSIR) according to DoD Instruction 5154.30 (reference (an)). The DNA collection and other medical requirements are further addressed in enclosure 3. The DoD Components shall ensure all contracts requiring contingency contractor personnel contain, or incorporate by reference, minimum medical standards and immunization requirements. In addition, for CDF, the DoD Components shall require the contractor to make available CDF medical and dental records (including current panograph) according to enclosure 3, reference (e), DoD Directive 6485.1 (reference (ao)), applicable joint force command surgeon guidance and relevant Military Department policy. Medical threat pre-deployment briefings will be provided to all CDF to communicate health risks and countermeasures in the theater or JOA according to DoD Instruction 6490.3 (reference (ap)). The DoD Components shall ensure health service support (HSS), either as a responsibility of the contractor or the DoD Components, is fully delineated in OPLANs, OPORDs, and contracts to ensure appropriate medical staffing in the AOR. The Component Commands and DoD Agencies shall also include CDF, who are providing essential contractor services, in their health surveillance plans as defined in DoD Directive 6490.2 (reference (aq)).

6.2.7.6. Individual Protective Equipment. The contract shall specify the level of Government-furnished support and what support is reimbursable to the Government. Generally, contractors shall be required to provide all life, mission, and administrative support to its employees necessary to perform the contract according to DoD Instruction 4161.2 (reference (ar)). However, in many contingency operations, the Government may decide it is in its interests to provide selected life, mission, and administrative support to some contingency contractor personnel. When necessary, and as determined by the Component Commander, according to the geographic Combatant Commander guidance, contingency contractor personnel may be issued

military individual protective equipment (e.g., chemical defensive gear, body armor, personal protective equipment) according to reference (e), applicable Military Department regulations, and the terms of the contract. This equipment shall typically be issued before deployment to the AOR at the deployment center and must be returned to the Government, otherwise accounted for, or purchased, after use. The Military Departments shall plan and source individual protective equipment as required by the Component Commander and the terms of the contract.

6.2.7.7. Clothing. The individual contractor or contingency contractor personnel are responsible for providing their own personal clothing, including casual and working clothing required by the particular assignment. Generally, commanders shall not issue military clothing to contingency contractor personnel or allow the wearing of military or military look-alike uniforms. However, geographic Combatant Commanders may authorize certain contingency contractor personnel to wear standard uniform items for operational reasons. This authorization shall be in writing and carried by authorized contingency contractor personnel. When commanders issue any type of standard uniform item to contingency contractor personnel, care must be taken to ensure, consistent with force protection measures, the contingency contractor personnel are distinguishable from military personnel through the use of distinctive patches, arm bands, nametags, or headgear.

6.2.7.8. Weapons. Contingency contractor personnel will not be authorized to possess or carry personally owned firearms or ammunition or be armed during contingency operations except as provided under subparagraphs 6.3.4. or 6.3.5.

6.2.7.9. Training. Contracting activities, the Military Departments, and the DoD Components shall ensure any training requirements, including specific training requirements established by the geographic Combatant Commander, and training required according to DoD Directive 2000.12, DoD Instruction 2000.16, DoD Instruction 1300.23 (references (as) through (au)), and reference (e), are contained, or incorporated by reference, in contracts employing CDF. Operational specific training required by non-CDF will be determined and executed by the joint force and Component Commanders.

6.2.7.10. Legal Assistance. The individual contractor or contingency contractor personnel are responsible for preparing and completing personal legal affairs (including powers of attorney, wills, trusts, estate plans, etc.) before reporting to deployment centers. Generally, contingency contractor personnel are not entitled to military legal assistance with personal legal affairs, either in theater or at the deployment center. The DoD Components shall ensure theater admission requirements state contingency contractor personnel should prepare and execute any necessary wills or powers of attorney before reporting to deployment centers.

6.2.7.11. Contractor-Performed Theater Admission Processing. Contracting officers may authorize contractor-performed theater admission processing because of the number of CDF, frequency of CDF deployment, or large amounts of equipment. Contracting officers shall coordinate with and obtain approval from the appropriate Military Department or agency and ensure all requirements of the DoD deployment centers are met. Defense contractors shall establish initial CDF accountability by entering contractor personnel data in the joint database addressed in subparagraph 6.2.6. The DoD Components shall validate CDF accountability

information in the database at the JRC or other points as necessary. The use of contractor-performed theater admission processing does not negate the responsibility for all CDF to process through the JRC.

6.3. Contractor Theater Management Requirements. The DoD Components shall adhere to the following theater management policies in managing contingency contractor personnel in support of contingency operations.

6.3.1. Reception. All CDF shall be processed in and out of the AOR through a JRC or other personnel centers designated by the geographic Combatant Commander. The JRC validates CDF are entered into the joint database addressed in subparagraph 6.2.6. and verifies personnel meet theater specific entrance requirements. The CDF already in the AOR when a contingency is declared must report to the appropriate JRC as soon as the JRC is placed into operation. Any CDF not properly qualified shall be either sent back to their departure point or turned over to the appropriate Component Command or Defense Agency for in-theater processing. Although subcontractor personnel with a formal subcontract relationship under an external support contract or systems support contract must be entered in the contractor database addressed in subparagraph 6.2.6, TCN and HN personnel hired using local procurement (e.g., day laborers) under theater support contracts or hired in theater by external support contractors are not required to process through the JRC.

6.3.2. Contractor Use Restrictions. The geographic Combatant Commanders may place specific restrictions on locations or timing of contractor support based on the prevailing operational situation, in coordination with the Component Commands and applicable DoD Agencies.

6.3.3. Contractor Direction and Discipline. Defense contractors are responsible for ensuring employees perform under the terms of the contract; comply with theater orders, and applicable directives, laws, and regulations; and maintain employee discipline. The contracting officer, or designee, is the liaison between the commander and the defense contractor for directing or controlling contractor performance because commanders have no direct contractual relationship with the defense contractor. However, the ranking military commander may, in emergency situations (e.g., enemy or terrorist actions or natural disaster), direct contingency contractor personnel to take lawful action as long as those actions do not require them to assume inherently governmental responsibilities barred under subparagraph 6.1.5. Contingency contractor personnel shall conform to all general orders applicable to DoD civilian personnel issued by the ranking military commander. Outside the assertion of criminal jurisdiction for misconduct, the contractor is responsible for disciplining contingency contractor personnel. Commanders have limited authority to take disciplinary action against contingency contractor personnel. However, a commander has authority to take certain actions affecting contingency contractor personnel, such as the ability to revoke or suspend security access or impose restriction from installations or facilities. Only the Department of Justice may prosecute misconduct under applicable Federal laws, including references (k) and (m), absent a formal declaration of war by Congress (which would subject civilians accompanying the force to UCMJ jurisdiction). Contingency contractor personnel are subject to the domestic criminal laws of the HN, absent a SOFA or international agreement to the contrary. When confronted with

disciplinary problems involving contingency contractor personnel, commanders shall seek the assistance of their legal staff, the contracting officer responsible for the contract, and the contractor's management team.

6.3.4. Force Protection and Weapons Issuance. The geographic Combatant Commanders shall develop a security plan for protection of those contingency contractor personnel in locations where there is not sufficient or legitimate civil authority and the commander decides that it is in the interests of the Government to provide security because the contractor cannot obtain effective security services, such services are unavailable at a reasonable cost, or threat conditions necessitate security through military means. The contracting officer shall include in the contract the level of protection to be provided to contingency contractor personnel. In appropriate cases, the geographic Combatant Commander may provide security through military means, commensurate with the level of security provided DoD civilians. Specific security measures shall be mission and situation dependent as determined by the geographic Combatant Commander. All contingency contractor personnel shall comply with applicable Combatant Commander and local commander force protection policies. Contingency contractor personnel working within a U.S. military facility or in close proximity of U.S. forces may receive incidentally the benefits of measures undertaken to protect U.S. forces according to reference (as). However, it may be necessary for contingency contractor personnel to be armed for individual self-defense. Procedures for arming for individual self-defense are addressed below:

6.3.4.1. According to applicable U.S., HN, and international law, relevant SOFAs or international agreements, or other arrangements with local HN authorities, on a case-by-case basis when military force protection and legitimate civil authority are deemed unavailable or insufficient, the geographic Combatant Commander (or a designee no lower than the general or flag officer level) may authorize contingency contractor personnel to be armed for individual self-defense. In such a case the Government shall provide or ensure weapons familiarization, qualifications, and briefings on the rules regarding the use of force to the contingency contractor personnel. Acceptance of weapons by contractor personnel shall be voluntary and permitted by the defense contractor and the contract. These personnel must not be otherwise prohibited from possessing weapons under U.S. law. The defense contractor shall ensure such personnel are not prohibited under U.S. law to possess firearms. When armed for personal protection, contingency contractor personnel are only authorized to use force for individual self-defense. Unless immune from HN jurisdiction by virtue of an international agreement or international law, contingency contractor personnel shall be advised of the inappropriate use of force could subject them to U.S. or HN prosecution and civil liability.

6.3.4.2. Contingency contractor personnel retain the right of individual self-defense. Any consideration to arm contingency contractor personnel for their individual self-defense shall be reviewed on a case-by-case basis and approved or denied by the geographic Combatant Commander or designee no lower than the general or flag officer level. In reviewing applications to arm contingency contractor personnel for individual self-defense, geographic Combatant Commanders shall apply criteria mandated for arming contingency contractor personnel for security services as provided in subparagraph 6.3.5. All applications for arming contingency contractor personnel shall be reviewed on a case-by-case basis by the appropriate

Staff Judge Advocate to the geographic Combatant Commander to ensure there is a legal basis for approval.

6.3.5. Use of Contingency Contractor Personnel for Security Services. If consistent with applicable U.S., HN, and international law, and relevant SOFAs or other international agreements and this Instruction, a defense contractor may be authorized to provide security services for other than uniquely military functions. Contracts for security services shall contain provisions informing the contractor of any known or potentially hazardous situations. Whether a particular use of contract security personnel to protect military assets is permissible is dependent on the facts and requires legal analysis. Variables such as the nature of the operation, the type of conflict, any applicable status agreement related to the presence of U.S. forces, and the nature of the activity being protected require case-by-case determinations. The use of force by contingency contractor personnel is often strictly limited by laws and not protected by SOFA provisions. Contingency contractor personnel providing security services and who exceed the limits imposed by applicable law may be subject to prosecution. Procedures for arming contingency contractor personnel for security services are addressed below:

6.3.5.1. Requests for permission to arm contingency contractor personnel to provide security services shall be reviewed on a case-by-case basis by the appropriate Staff Judge Advocate to the geographic Combatant Commander to ensure there is a legal basis for approval. The request will then be approved or denied by the geographic Combatant Commander or a specifically identified designee, no lower than the general or flag officer level.

6.3.5.2. Contracts shall be used cautiously in contingency operations where major combat operations are ongoing or imminent. In these situations, contract security services will not be authorized to guard U.S. or coalition military supply routes, military facilities, military personnel, or military property except as specifically authorized by the geographic Combatant Commander (non-delegable).

6.3.5.3. Requests for permission to arm contingency contractor personnel to provide security services shall include:

6.3.5.3.1. A description of where such contractor security personnel will operate, the anticipated threat, and what non-military property or non-military personnel such personnel are intended to protect, if any.

6.3.5.3.2. A description of how the movement of contractor security personnel will be coordinated through areas of increased risk or planned or ongoing military operations including how contractor security personnel will be rapidly identified by members of the Armed Forces.

6.3.5.3.3. A communication plan to include a description of how relevant threat information will be shared between contractor security personnel and U.S. military forces, including how appropriate assistance will be provided to contractor security personnel who become engaged in hostile situations.

6.3.5.3.4. Documentation of individual training covering weapons familiarization, rules for the use of deadly force, limits on the use of force including whether defense of others is consistent with HN law, the distinction between the rules of engagement applicable to military forces and the prescribed rules for the use of deadly force that control the use of weapons by civilians, and the Law of Armed Conflict, including the provisions of reference (j).

6.3.5.3.5. DD Form 2760, "Qualification to Possess Firearms and Ammunitions," certifying the individual is not prohibited under U.S. law from possessing a weapon or ammunition due to conviction in any court of a crime of domestic violence whether a felony or misdemeanor.

6.3.5.3.6. Written acknowledgement by the defense contractor and individual contractor security personnel, after investigation of background and qualifications of contractor security personnel and organizations, certifying such personnel are not prohibited under U.S. law to possess firearms.

6.3.5.3.7. Written acknowledgement by the defense contractor and individual contractor security personnel that: potential civil and criminal liability exists under U.S. and HN law for the use of weapons; proof of authorization to be armed must be carried; contingency contractor personnel may possess only U.S. Government-issued and/or approved weapons and ammunition for which they have been qualified according to subparagraph 6.3.5.3.4; contract security personnel were briefed and understand limitations on the use of force; and authorization to possess weapons and ammunition may be revoked for non-compliance with established rules for the use of force.

6.3.5.4. Upon approval of the request, the geographic Combatant Commander would issue written authorization to the defense contractor identifying who is authorized to be armed and the limits on the use of force.

6.3.6. Personnel Recovery, Missing Persons, and Casualties. Personnel recovery of contingency contractor personnel is covered by the DoD personnel recovery program as described in DoD Directive 1300.7, DoD Directive 2310.2, DoD Directive 2310.7, and DoD Directive 3025.14 (references (av) through (ay)); and their implementing instructions, reference (au), DoD Instruction 2310.3, and DoD Instruction 2310.4 (references (az) through (ba)). The geographic Combatant Commander, or designee, may designate selected other contractor personnel eligible for personnel recovery support. Accounting for missing persons, including contractors, is addressed in reference (ax). Reintegration and support assistance after recovery of contingency contractor personnel is addressed in reference (ba). Evacuation of dependents of contingency contractor personnel is addressed in reference (ay). Contingency contractor personnel casualties shall be reported according to reference (aa).

6.3.7. Mortuary Affairs. Contingency contractor personnel who die while in support of U.S. forces shall fall under the DoD mortuary affairs program as described in DoD Directive 1300.22 (reference (bb)).

6.3.8. Medical Support and Evacuation. During contingency operations in austere/non-permissive environments, contingency contractor personnel may encounter situations where they are unable to access emergency medical support. Generally, the Department of Defense may provide resuscitative care, stabilization, hospitalization at level III MTFs, and assistance with patient movement in emergencies where loss of life, limb or eyesight could occur. Hospitalization will be limited to stabilization and short-term medical treatment with an emphasis on return to duty or placement in the patient movement system according to DoD Instruction 6000.11 (reference (bc)). All costs associated with the treatment and transportation of contingency contractor personnel to the selected civilian facility are reimbursable to the Government and shall be the responsibility of the contingency contractor personnel, their employer, or their health insurance provider. Nothing in the foregoing sentence is intended to affect the allowability of costs incurred under a contingency contract. The following medical support and evacuation procedures shall apply:

6.3.8.1. Resuscitative Care. Contingency contractor personnel may be afforded resuscitative care while supporting contingency operations. Resuscitative care is defined in enclosure 2 and includes medical care when life, limb, or eyesight is jeopardized and for emergency medical and dental care. Examples of an emergency include: refills of prescription/life-dependent drugs, broken bones, lacerations, broken teeth or bridgework, or lost crowns or fillings.

6.3.8.2. Primary Care. Primary medical or dental care is not authorized and will not be provided by MTFs to contingency contractor personnel unless specifically authorized under the terms of the contract and the corresponding Letter of Authorization. Primary care includes inpatient and outpatient services; non-emergency evacuation; pharmaceutical support; dental services and other medical support as determined by appropriate military authorities based on recommendations from the joint force command surgeon and existing capabilities of the forward-deployed MTFs.

6.3.8.3. Long-Term Care. Long-term care, sometimes known as "custodial" care, refers to a variety of services that help a person with comfort, personal, or wellness needs. These services assist in the activities of daily living, including such things as bathing and dressing. Long term care will not be provided to contingency contractor personnel.

6.3.8.4. Quarantine/Restriction of Movement. A geographic Combatant Commander or subordinate Component Commander has the authority to order quarantine or restrict movement of contractor personnel according to DoD Directive 6200.3 (reference (bd)).

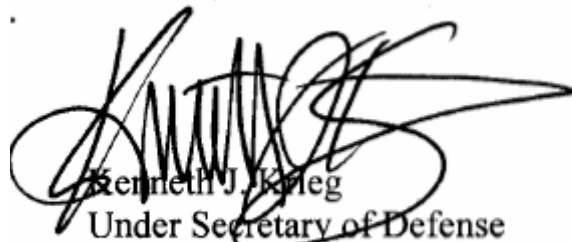
6.3.8.5. Evacuation. Patient movement of contingency contractor personnel shall be according to reference (bc). In cases where contingency contractor personnel are evacuated for medical reasons from the AOR to a MTF funded by the Defense Health Program, normal reimbursement policies will apply for services rendered by the facility. Should contingency contractor personnel require medical evacuation to CONUS, the sending MTF shall assist the contingency contractor personnel in making arrangements for transfer to a civilian facility of their choice. When U.S. forces provide emergency medical care to TCN and HN personnel hired

under theater, systems, or external support contracts, these patients will be evacuated/transported via national means (when possible) to their medical systems.

6.3.9. Other Government Furnished Support. U.S. citizen contingency contractor personnel may be authorized postal support according to DoD 4525.6-M (reference (be)). U.S. citizen contingency contractor personnel that are issued Uniformed Services Identification and Privilege Card or Common Access Cards may be authorized commissary, morale welfare and recreation, and exchange services according to reference (ai). Other Government furnished support, such as religious support, may be made available to contractor personnel according to the DoD Component policy consistent with applicable laws and international agreements.

7. EFFECTIVE DATE

This Instruction is effective immediately.



Kenneth J. Kiege
Under Secretary of Defense
(Acquisition, Technology, and Logistics)

Enclosures - 3

- E1. References, continued
- E2. Definitions
- E3. Minimum Medical Screening Requirements

E1. ENCLOSURE 1

REFERENCES, continued

- (e) DoD Instruction 3020.37, "Continuation of Essential DoD Contractor Services During Crises," November 6, 1990
- (f) DFARS Procedures, Guidance and Information, current edition²
- (g) DoD Instruction 1100.19, "Wartime Manpower Mobilization Planning Policies and Procedures," February 20, 1986
- (h) DoD 4500.54-G, "DoD Foreign Clearance Guide (FCG)"³
- (i) DoD Directive 4500.54, "Official Temporary Travel Abroad," May 1, 1991
- (j) Geneva Convention Relative to the Treatment of Prisoners of War, August 12, 1949⁴
- (k) Section 3261 of title 18, United States Code
- (l) DoD Instruction 5525.11, "Criminal Jurisdiction Over Civilians Employed By or Accompanying the Armed Forces Outside the United States, Certain Service Members, and Former Service Members, March 3, 2005
- (m) Section 2441 of title 18, United States Code
- (n) Chapter 47 of Title 10, United States Code
- (o) Section 7(9) of title 18, United States Code
- (p) Section 106 of title 38, United States Code
- (q) DoD Directive 1000.20, "Active Duty Service Determinations for Civilian or Contractual Groups," September 11, 1989
- (r) Office of Management and Budget Circular A-76, "Performance of Commercial Activities," May 29, 2003⁵
- (s) Federal Acquisition Regulation, Subpart 7.5, Inherently Governmental Functions, current edition⁶
- (t) Under Secretary of Defense (Personnel and Readiness) Memorandum, "Use of the Manpower Mix Criteria," December 15, 2003⁷
- (u) Section 2383 of title 10, United States Code
- (v) CJCSM 3141.01A, "Procedures for the Review of Operations Plans," September 15, 1998⁸
- (w) CJCSI 3110.03B, "Logistics Supplement to the Joint Strategic Capabilities Plan (JSCP) FY 2002, Enclosure G," December 1, 2002
- (x) DoD Directive 5000.1, "The Defense Acquisition System," May 12, 2003
- (y) CJCSM 3122.02C, "Joint Operation Planning and Execution

² The DFARS PGI can be found at: <http://www.acq.osd.mil/dpap/dars/pgi/index.htm> (The relevant PGI is found at PGI 225.74, Defense Contractors Outside the United States)

³ The DoD Foreign Clearance Guide can be found at: www.fcg.pentagon.mil

⁴ Geneva Convention Relative to the Treatment of Prisoners of War, Articles 2, 3, and 4, 12 August 1949 (Available at: www.yale.edu/lawweb/avalon/lawofwar/)

⁵ OMB Circular No. A-76 is found at: www.whitehouse.gov/omb/circulars/

⁶ The Federal Acquisition Regulation (FAR) can be found at: <http://akss.dau.mil/jsp/default.jsp>

⁷ The DoD Manpower Mix Criteria can be found at www.dod.mil/prhome/pi.html within the USD(Personnel and Readiness) website under the tab for "Program Integration."

⁸ This Chairman of the Joint Chiefs of Staff Manual and all other Chairman of the Joint Chiefs of Staff Manuals and Instructions can be found at: <http://www.dtic.mil/doctrine/>.

- System (JOPES), Volume III, (Crisis Action Time-Phased Force and Deployment Data Development and Deployment Execution),” March 22, 2004
- (z) Joint Pub 4-0, “Doctrine for Logistic Support of Joint Operations,” Chapter V, April 6, 2000
 - (aa) CJCSM 3150.13, “Joint Reporting Structure -- Personnel Manual,” August 1, 1999
 - (ab) DoD Directive 1000.25, “DoD Personnel Identity Protection (PIP) Program,” July 19, 2004
 - (ac) DoD Directive 8100.1, "GIG Overarching Policy," September 19, 2002
 - (ad) DoD Directive 8320.2, "Data Sharing in a Net-Centric Department of Defense," December 2, 2004
 - (ae) DoD Directive 4630.5, "Interoperability and Supportability of Information Technology and National Security Systems," May 5, 2004
 - (af) DoD Directive 8500.1, "Information Assurance," October 24, 2002
 - (ag) DoD Instruction 1000.1, “Identity Cards Required by the Geneva Convention,” January 30, 1974
 - (ah) Air Force Instruction 36-3026(I); Army Regulation 600-8-14; U.S. Navy BUPERS Instruction 1750.10B; Marine Corps Order P5512.11C; Commandant Instruction M5512.1; Commissioned Corps Personnel Manual 29.2, Instructions 1 and 2; NOAA Corps Regulations, Chapter 1, Part 4, “Identification Cards for Members of the Uniformed Services, Their Eligible Family Members, and Other Eligible Personnel,” December 20, 2002⁹
 - (ai) DoD Instruction 1000.13, “Identification (ID) Cards for Members of the Uniformed Services, Their Dependents, and Other Eligible Individuals,” December 5, 1997
 - (aj) DoD Directive 8190.3, “Smart Card Technology,” August 31, 2002
 - (ak) DoD Instruction 1330.21, “Armed Services Exchange Regulations (ASER),” July 14, 2005
 - (al) DoD 4515.13-R, “Air Transportation Eligibility,” November 1994
 - (am) DoD Instruction 6205.4, “Immunization of Other Than U.S. Forces (OTUSF) for Biological Warfare Defense,” April 14, 2000
 - (an) DoD Instruction 5154.30, “Armed Forces Institute of Pathology Operations,” March 18, 2003
 - (ao) DoD Directive 6485.1, “Human Immunodeficiency Virus-1,” March 19, 1991
 - (ap) DoD Instruction 6490.3, “Implementation and Application of Joint Medical Surveillance for Deployments,” August 7, 1997
 - (aq) DoD Directive 6490.2, “Comprehensive Health Surveillance,” October 21, 2004
 - (ar) DoD Instruction 4161.2, “Management, Control and Disposal of Government Property in the Possession of Contractors,” September 26, 1997
 - (as) DoD Directive 2000.12, “DoD Antiterrorism (AT) Program,” August 18, 2003
 - (at) DoD Instruction 2000.16, “DoD Antiterrorism Standards,” June 14, 2001
 - (au) DoD Instruction 1300.23, “Isolated Personnel Training for DoD Civilian and Contractors,” August 20, 2003
 - (av) DoD Directive 1300.7, “Training and Education To Support the Code of Conduct (CoC),” December 8, 2000
 - (aw) DoD Directive 2310.2, “Personnel Recovery,” December 22, 2000

⁹ This is a multi-Service publication that implements various Service instructions and DoD directives. Publication is available at: <http://www.e-publishing.af.mil>.

- (ax) DoD Directive 2310.7, "Personnel Accounting – Losses Due to Hostile Acts," November 10, 2003
- (ay) DoD Directive 3025.14, "Protection and Evacuation of U.S. Citizens and Designated Aliens in Danger Areas Abroad," November 5, 1990
- (az) DoD Instruction 2310.3, "Personnel Recovery Response Cell (PRRC) Procedures," June 6, 1997
- (ba) DoD Instruction 2310.4, "Repatriation of Prisoners of War (POW), Hostages, Peacetime Government Detainees and Other Missing or Isolated Personnel," November 21, 2000
- (bb) DoD Directive 1300.22, "Mortuary Affairs Policy," February 3, 2000
- (bc) DoD Instruction 6000.11, "Patient Movement," September 9, 1998
- (bd) DoD Directive 6200.3, "Emergency Health Powers on Military Installations," May 12, 2003
- (be) DoD 4525.6-M, "Department of Defense Postal Manual," August 15, 2002
- (bf) JP 1-02, "DoD Dictionary of Military and Associated Terms," April 12, 2001
- (bg) Section 101(a)(13) of Title 10, United States Code
- (bh) Section 101(a)(13)(B) of Title 10, United States Code
- (bi) Sections 331-335, 688, 12301(a), 12302, 12304, 12305 or 12406 of Title 10, United States Code

E2. ENCLOSURE 2

DEFINITIONS*

E2.1.1. Continental United States Replacement Center. The processing centers at selected Army installations through which individual personnel will be processed to ensure that personnel readiness processing actions have been completed prior to reporting to the aerial port of embarkation for deployment to a theater of operations. See Joint Pub 01-2 (reference (bf)).

E2.1.2. Contingency Operation. A military operation that is either designated by the Secretary of Defense as a contingency operation or becomes a contingency operation as a matter of law (10 United States Code (U.S.C.) 101(a)(13)) (reference (bg)). It is a military operation that is:

E2.1.2.1. Designated by the Secretary of Defense as an operation in which members of the Armed Forces are or may become involved in military actions, operations, or hostilities against an enemy of the United States or against an opposing force; or

E2.1.2.2. Created by definition of law. Under 10 U.S.C. 101 (a)(13)(B) (reference (bh)), a contingency operation exists if a military operation results in the call-up to (or retention on):

E2.1.2.2.1. Active duty of members of the uniformed Services under certain enumerated statutes (10 U.S.C. Sections 331-335, 688, 12301(a), 12302, 12304, 12305, or 12406) (reference (bi));

E2.1.2.2.2. Active duty of members of the uniformed Services under other (non-enumerated) statutes during war or national emergency declared by the President or Congress. See reference (bf).

E2.1.3. Contingency Contractor Personnel*. Defense contractors and employees of defense contractors and associated subcontractors, including U.S. citizens, U.S. legal aliens, TCNs, and citizens of HNs who are authorized to accompany U.S. military forces in contingency operations or other military operations, or exercises designated by the geographic Combatant Commander. This includes employees of external support, systems support, and theater support contractors. Such personnel are provided with an appropriate identification card under the Geneva Conventions.

E2.1.4. Contractors Deploying with the Force (CDF)*. A sub-category of “contingency contractor personnel” defined above. CDF are employees of system support and external support contractors, and associated subcontractors, at all tiers, who are specifically authorized in their contract to deploy through a deployment center or process and provide support to U.S. military forces in contingency operations or in other military operations, or exercises designated by a geographic Combatant Commander. CDF includes forward-deployed system support and external support contractors designated to remain in place in theater when a contingency is declared. Such

* Terms with an asterisk will be submitted for inclusion or revision in the next version of the Joint Pub 1-02 (reference (bf)) after the Instruction has been signed.

personnel are provided with an appropriate identification card under the Geneva Conventions. CDF usually work for the U.S. military forces under a deployable contract agreement in peacetime and in many cases have a long-term relationship with a specific unit. They usually live with and provide services directly to U.S. military forces and receive Government-furnished support similar to DoD civilians. CDF do not include TCN or local national personnel hired in theater using local procurement (e.g., day laborers).

E2.1.5. Defense Contractor*. Any individual, firm, corporation, partnership, association, or other legal non-Federal entity that enters into a contract directly with the Department of Defense to furnish services, supplies, or construction. For purposes of this Instruction, foreign governments, representatives of foreign governments, or foreign corporations wholly owned by foreign governments that have entered into contracts with the Department of Defense are not Defense contractors.

E2.1.6. Essential Contractor Services*. A service provided by a firm or an individual under contract to the Department of Defense to support vital systems in support of military missions considered of utmost importance to the U.S. mobilization and wartime mission. The services, which shall be designated in the contract, are essential because the DoD Components may not have military or DoD civilians to perform these services immediately or the effectiveness of defense systems or operations may be seriously impaired, and interruption is unacceptable when those services are not immediately available. Most support under external support and systems support contracts falls into this category as well as some support under theater support contracts.

E2.1.7. External Support Contract*. Contracts awarded by a supporting headquarters outside the contingency operation area that provide support for deployed operational forces. These contracts are usually prearranged, but may be awarded or modified during the mission based on the commanders' needs. Examples include the Army Logistics Civil Augmentation Program, the Air Force Contract Augmentation Program, the Navy Construction Capabilities Contract, Civil Reserve Air Fleet contracts, and war reserve materiel contracts. Support under external support contracts is often designated as "essential contractor services" under the contract.

E2.1.8. External Support Contractors*. Contract personnel under external support contracts who are hired predominantly from outside the operational area to support deployed operational forces. External support contractors include TCN personnel and local national personnel who are hired under a subcontract relationship of a prime external support contract; while these TCN and local national subcontractor personnel may not deploy through a deployment center or process, they are considered CDF for joint contractor database purposes and the prime external support contractor shall ensure their applicable personnel data is reflected in the joint contractor database. See also systems support contractors; theater support contractors.

E2.1.9. Health Service Support (HSS). All services performed, provided, or arranged by the Services to promote, improve, conserve, or restore the mental or physical well-being of personnel. These services include but are not limited to the management of health services resources, such as manpower, monies, and facilities; preventive and curative health measures; evacuation of the wounded, injured, or sick; selection of the medically fit and disposition of the medically unfit; blood management; medical supply, equipment, and maintenance thereof; combat stress control;

and medical, dental, veterinary, laboratory, optometric, medical food, and medical intelligence services. See reference (bf).

E2.1.10. Joint Reception Center (JRC). The center established in the operational area (as directed by the joint force commander), with responsibility for the reception, accountability, training, and processing, of military and civilian individual augmentees upon their arrival in the operational area. It is also the center where augmentees will normally be outprocessed through upon departure from the operational area. See reference (bf).

E2.1.11. Local Procurement. The process of obtaining personnel, services, supplies, and equipment from local or indigenous sources. See reference (bf).

E2.1.12. Other Military Operations*. A range of military force responses that can be projected to accomplish assigned tasks. Such operations may include one or a combination of the following: civic action, humanitarian assistance, civil affairs, and other military activities to develop positive relationships with other countries; confidence building and other measures to reduce military tensions; military presence; activities to convey messages to adversaries; military deceptions and psychological operations; quarantines, blockades, and harassment operations; raids; intervention operations; armed conflict involving air, land, maritime, and strategic warfare operations; support for law enforcement authorities to counter international criminal activities (terrorism, narcotics trafficking, slavery, and piracy); support for law enforcement authorities to suppress domestic rebellion; and support for insurgency, counterinsurgency, and civil war in foreign countries.

E2.1.13. Program Manager. The designated individual with responsibility and authority to accomplish program objectives for development, production, and sustainment to meet the user's operational needs. The program manager shall be accountable for credible cost, schedule, and performance reporting to the milestone decision authority.

E2.1.14. Resuscitative Care. The aggressive management of life and limb-threatening injuries. Interventions include emergency medical treatment, advanced trauma management, and lifesaving surgery to enable the patient to tolerate evacuation to the next level of care. See reference (bf).

E2.1.15. Systems Support Contract*. Contracts awarded by Military Department program managers or by Component Commands outside the contingency operation area to support deployed operational forces. They provide essential support to specific systems throughout the system's life cycle (including spare parts and maintenance for key weapons systems, command and control infrastructure, and communications systems) across the range of military operations. Support under systems support contracts is often designated as "essential contractor services" under the contract.

E2.1.16. Systems Support Contractors*. Contract personnel under systems support contracts, normally with high levels of technical expertise, hired to support specific military systems. See also external support contractors; theater support contractors.

E2.1.17. Theater Support Contract*. Contracts awarded within the contingency operation area to support deployed operational forces. Military contracting personnel with the deployed force,

working under the contracting authority of the theater, component, or joint forces command contracting chief, normally award and administer these contracts. Theater support contracts provide goods, services, and minor construction, usually from the local vendor base, to meet the immediate needs of operational commanders. Most of these contracts do not provide essential contractor services; however, there are exceptions such as fuel and transportation support.

E2.1.18. Theater Support Contractors*. Contract personnel under theater support contracts that are hired in, and operating in, a specific operational area. See also external support contractors; systems support contractors.

E3. ENCLOSURE 3

MINIMUM MEDICAL SCREENING REQUIREMENTS

E3.1. PRIOR MEDICAL EVALUATION

All personnel (military members, DoD civilians, and contingency contractor personnel) deploying to theater must be medically and psychologically fit for deployment. Fitness specifically includes the ability to accomplish the tasks and duties unique to a particular operation, and the ability to tolerate the environmental and operational conditions of the deployed location. It is the responsibility of the Defense contractor to provide medically and psychologically fit contingency contractor personnel to perform contracted duties. Just as military personnel must pass a complete medical evaluation, contingency contractor personnel shall have a similar evaluation based on the functional requirements of the job. Emphasis should be placed on diagnosing cardiovascular, pulmonary, orthopedic, neurologic, endocrinologic, dermatologic, psychological, visual and auditory conditions, which may preclude performing the functional requirements of the contract, especially in austere work environments encountered in some contingency operations. Additionally, contingency contractor personnel shall have a thorough dental exam and complete all necessary dental work prior to deployment. **INDIVIDUALS WHO ARE DEEMED NOT MEDICALLY QUALIFIED AT THE DEPLOYMENT CENTER OR DURING THE DEPLOYMENT PROCESS OR REQUIRE EXTENSIVE PREVENTATIVE DENTAL CARE WILL NOT BE AUTHORIZED TO DEPLOY.** The contingency contractor personnel's own physician shall complete medical and dental requirements prior to arrival at the deployment center, unless otherwise specified in the contract.

E3.2. GLASSES AND CONTACTS

If vision correction is required, contingency contractor personnel will be required to have two replacement pairs of glasses. A written prescription may also be provided to the supporting military medical component so that eyeglass inserts for use in a compatible chemical protective mask can be prepared. If the type of protective mask to be issued is known and time permits the preparation of eyeglass inserts should be completed prior to deployment. Wearing of contact lenses in a field environment is not recommended and is at the contingency contractor personnel's own risk due to the potential for irreversible eye damage caused by debris, chemical, or other hazards present and the lack of ophthalmologic care in a field environment.

E3.3. MEDICATIONS

Contingency contractor personnel shall deploy with a minimum 180-day supply of any required medications, obtained at their own expense. Contingency contractor personnel must be aware that deployed MTF are equipped and staffed to provide emergency care to healthy adults. They will not be able to provide or replace many medications required for routine treatment of chronic

medical conditions, such as high blood pressure, heart conditions and arthritis. Contingency contractor personnel shall review both the amount of the medication and its suitability in the foreign area with their personal physician and make any necessary adjustments before deploying.

E3.4. COMFORT ITEMS

Contingency contractor personnel shall take spare hearing aid batteries, sunglasses, insect repellent, sunscreen and any other supplies related to their individual physical requirements. These items will not be provided by DoD sources.

E3.5. IMMUNIZATIONS

A list of immunizations, both those required for entry into the area of operations and those recommended by medical authorities, is produced for each deployment. The geographic Combatant Commander, upon the recommendation of the appropriate medical authority (e.g., combatant command surgeon), provides guidance and a list of immunizations required to protect against communicable diseases judged to be a potential hazard to the health of those deploying to that theater of operation. The combatant command surgeon of the deployed location prepares and maintains this list. Contingency contractor personnel shall be appropriately immunized before completing the deployment process. The Government shall provide military specific vaccinations/ immunizations (e.g., anthrax, smallpox) during deployment processing. However, contingency contractor personnel shall obtain all other immunizations (e.g., yellow fever, tetanus, typhoid, flu, hepatitis A & B, meningococcal, and tuberculin (TB) skin testing) prior to arrival at the deployment center. Theater specific medical supplies and medications, such as anti-malarials, will be provided on the same basis as active duty military members. Additionally, CDF will be issued Deployment Medication Information Sheets for all vaccines or deployment related medications that are dispensed, or administered. A TB skin test is required within 3 months of deployment. Additionally, contingency contractor personnel shall bring a copy of their "International Certificate of Vaccination" (i.e., shot record) to the JOA.

E3.6. HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING

HIV testing is not mandatory for contingency contractor personnel unless specified by a status of forces agreement SOFA or by HN requirements. HIV testing, if required, shall occur within 1 year before deployment.

E3.7. ARMED FORCES REPOSITORY OF SPECIMEN SAMPLES FOR THE IDENTIFICATION OF REMAINS (AFRSSIR) COLLECTION

For identification of remains purposes, all CDF shall obtain a dental panograph and provide a specimen sample suitable for DNA analysis prior to deployment processing. The DoD Components shall ensure that systems support contracts and external support contracts require CDF to provide specimens for the AFRSSIR as a condition of employment according to reference (an). Specimens shall be collected and managed as follows:

E3.7.1. All CDF personnel processing through a deployment center will have a sample collected and forwarded to the AFRSSIR for storage.

E3.7.2. If CDF personnel do not process through a deployment center or the defense contractor elects, the defense contractor shall make its own arrangements for collection and storage of the DNA reference specimen through a private facility or arrange for the storage of the specimen by contacting the AFRSSIR. Regardless of what specimen collection and storage arrangements are made, all defense contractors deploying CDF must provide the name, SSN, location of sample, contact information, and retrieval plan to the AFRSSIR. If the AFRSSIR is not used and a CDF becomes a casualty the defense contractor shall have the ability to retrieve identification media for use by the Armed Forces Medical Examiner (AFME) or other competent authority to conduct a medical-legal investigation of the incident and identification of the victims. This information and records must be retrievable within 24 hours for forwarding to the AFME of any reported incident that would necessitate its use for human remains identification purposes. The defense contractor shall have available the following information: the completed DD Form 93 (Record of Emergency Data) or equivalent record; the location of employee medical and dental records including panograph, if available; and the location of the employee fingerprint record.

E3.7.3. A notation will be made by the AFRSSIR in the individual CDF record of the joint database addressed in subparagraph 6.2.6. upon receipt of the CDF sample at the AFRSSIR or verification of the DNA reference specimen sample collection by the contractor.

E3.7.4. According to reference (an), the AFRSSIR is responsible to implement special rules and procedures to ensure the protection of privacy interests in the specimen samples and any DNA analysis of those samples. Specimen samples shall only be used for the purposes outlined in reference (an). Other details, including retention and destruction requirements of DNA samples, are addressed in reference (an).

E3.8. MEDICAL DOCUMENTATION

Medical screening for CDF will include completion of DD Form 2766, "Adult Preventive and Chronic Care Flowsheet." A completed copy of this form must be included in the individual's deployment paperwork. This will be the medical record for CDF when deployed.

E3.9. EXISTING MEDICAL CONDITIONS

Personnel who have existing medical conditions may deploy if all of the following conditions are met:

E3.9.1. The condition is not of such a nature that an unexpected worsening is likely to have a medically grave outcome.

E3.9.2. The condition is stable (currently under medical care) and reasonably anticipated by the pre-deployment medical evaluator not to worsen during the deployment under available care in theater, in light of physical, physiological, psychological and nutritional effects of the duties and location.

E3.9.3. Any required ongoing health care or medications must be immediately available in-theater within the military health system, and have no special handling, storage or other requirements (e.g., cold chain, electrical power required).

E3.9.4. There is no need for duty limitations or accommodation imposed by the medical condition. (The nature of the accommodation must be considered. The theater component joint task force surgeon is the appropriate authority to evaluate the suitability of the individual's limitations in theater.)

E3.10. CONDITIONS USUALLY PRECLUDING MEDICAL CLEARANCE

Although a list of all possible diagnoses and their severity that should not be approved would be too expansive to list here, the conditions noted in paragraphs E3.10.1. through E3.10.25., in general, will not normally be approved. The medical evaluator must carefully consider whether there is any question whether the climate, the altitude, the nature of available food and housing, the availability of medical, behavioral health, dental, and surgical services, or whether other environmental and operational factors may be hazardous to the deploying person's health because of a known physical condition. Medical clearance to deploy for persons with any of the following conditions shall be granted only after consultation with theater medical authority. The theater surgeon makes recommendations and serves as the combatant commander's advisor; however, the combatant commander is the final approval/disapproval authority. The theater medical authority can determine if adequate treatment facilities and specialist support is available at the duty station for:

E3.10.1. Conditions resulting in inability to wear personal protective equipment, including protective mask, ballistic helmet, body armor, and chemical/biological protective garments, regardless of the nature of the condition that causes the inability.

E3.10.2. Conditions that prohibit required theater immunizations (other than smallpox and anthrax per current guidance) or medications (such as antimalarials and other chemoprophylactic antibiotics).

E3.10.3. Conditions or current medical treatment or medications that contraindicate or preclude the use of chemical and biological protectives and antidotes, including oximes (2PAM-chloride), pyridostigmine bromide, atropine or granisetron.

E3.10.4. Diabetes mellitus, Type I or Type II, regardless of need for medication or means of control.

E3.10.5. Symptomatic coronary artery disease, or with myocardial infarction within one year prior to deployment, or within six months of coronary artery bypass graft, coronary artery angioplasty, carotid endarterectomy or other arterial stenting, or aneurysm repair.

E3.10.6. Dysrhythmias or arrhythmias, either symptomatic or requiring medical or electrophysiologic control.

E3.10.7. Uncontrolled hypertension.

E3.10.8. Heart failure, current.

E3.10.9. Automatic implantable cardiac defibrillator.

E3.10.10. Malignancy newly diagnosed or under current treatment.

E3.10.11. Dental and oral conditions requiring or likely to require urgent dental care within six months' time: active orthodontic care; conditions requiring endodontic care; uncontrolled periodontal disease; conditions requiring prosthodontic care; conditions with immediate restorative dentistry needs; conditions with a current requirement for oral-maxillofacial surgery.

E3.10.12. New-onset (less than one year) seizure disorder, or seizure within one year prior to deployment.

E3.10.13. History of heat stroke.

E3.10.14. Meniere's disease or other vertiginous/motion sickness disorder, unless well controlled on medications available in theater.

E3.10.15. Recurrent syncope.

E3.10.16. Ataxias.

E3.10.17. New diagnosis (less than one year) of mood disorder, thought disorder, anxiety, somatoform, or dissociative disorder, or personality disorder with mood or thought manifestations.

E3.10.18. HIV antibody positivity, confirmed, with the presence of progressive clinical illness or immunological deficiency. (HN requirements for notification of HIV-positive personnel in country will be observed.) The theater surgeon should be consulted in all instances of HIV seropositivity before medical clearance for deployment.

E3.10.19. Un-repaired hernia.

E3.10.20. Tracheostomy or aphonia.

E3.10.21. Renolithiasis, current.

E3.10.22. Active tuberculosis.

E3.10.23. Pregnancy.

E3.10.24. Unclosed surgical defect, such as external fixeter placement.

E3.10.25. Requirement for medical devices using AC power (should be able to function with 100-220 voltage, 50-60 hertz).