MEMORANDUM FOR CHIEF MANAGEMENT OFFICER OF THE DEPARTMENT OF DEFENSE
SECRETARIES OF THE MILITARY DEPARTMENTS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
UNDER SECRETARIES OF DEFENSE
CHIEF OF THE NATIONAL GUARD BUREAU
COMMANDERS OF THE COMBATANT COMMANDS
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE
ASSISTANT SECRETARY OF DEFENSE FOR LEGISLATIVE AFFAIRS
ASSISTANT TO THE SECRETARY OF DEFENSE FOR PUBLIC AFFAIRS
DIRECTORS OF DEFENSE AGENCIES
DIRECTORS OF DOD FIELD ACTIVITIES

SUBJECT: Guidance on Activating the National Guard, Reserve, and Individual Ready Reserve for Coronavirus Disease Response

On March 27, 2020, the President authorized the use of section 12302 of title 10, United States Code, Partial Mobilization authority, to activate units and individual Service members in the Selected Reserve and certain members of the Individual Ready Reserve to active duty to augment forces for the effective response to the coronavirus outbreak. This authority, in addition to other authorities currently available to the Department, enables the Department to support the whole-of-government approach to the Novel Coronavirus (COVID-19). My intent for the Services is to use this authority to maximize our ability to support the domestic response to COVID-19, consistent with the guidance that follows.

Activation decisions must advance all three of the priorities I have set for the DoD for the COVID-19 response: 1) Protecting our troops, DoD civilians, and their families; 2) safeguarding our national security capabilities; and 3) supporting President Trump’s whole-of-nation response. We must ensure activations advance our national security, without increasing the risk to the health of the DoD community, or inadvertently diminishing the national coronavirus response. The Military Departments and supported Combatant Commands should do so by leaning forward to anticipate demands in emerging “hot spots” of COVID-19 transmission.

Military Departments have the authority to fill requirements in accordance with DoDI 1235.12, “Accessing the Reserve Components,” June 7, 2016, and access additional deployable capabilities. The authority to waive the requirement in law for at least 30 days advance notice of an involuntary activation rests with me. The Secretaries of the Military Departments will provide recommendations to me through the Joint Staff for inclusion in the Secretary of Defense Orders Book process to waive the requirement for 30 days of advance notification of involuntary activation. The Secretaries of the Military Departments will identify Reserve Component units and individuals based on five prioritized criteria:
1. Ability to deliver high quality health care in order to mitigate the impact of the COVID-19 outbreak on the DoD and the American people;
2. De-confliction with all States' current and planned use of the National Guard, through coordination with the National Guard Bureau;
3. Consideration of impact to federal, state and local capabilities, particularly for removing personnel from or placing in COVID-19 “hot spots” areas; as well as activating Reserve Component members serving in the local healthcare system or the Department of Veterans Affairs;
4. Identification of Individual Ready Reserve and Retired Reserve through a call for volunteers in priority specialties; and
5. Advanced screening of activated Reserve Service members for COVID-19 infection.

Involuntary activation of members in the Individual Ready Reserve and the Retired Reserve should be used sparingly and only when necessary; however, voluntary activation is encouraged. The Secretaries of the Military Departments should include in their planning that my approval, in writing, is required for the involuntary activation of Individual Ready Reserve members, and any member to be activated from his or unit, within 120 days of activation date.

The Military Services are authorized to:

1. Activate members in the Selected Reserve, Individual Ready Reserve, and Retired Reserve;
2. Increase screening of their Ready Reserve to determine deployability and availability;
3. Activate Individual Mobilization Augmentees;
4. Approve travel exceptions for travel required to facilitate individual and unit mobilizations in accordance with the March 11, 2020 and March 13, 2020 Travel Restrictions memorandums.

As the Department responds to the need for Reserve Component units and individuals across our Nation, I will continue to preserve DoD medical capability and capacity to ensure that the United States is prepared at any time to defend vital U.S. national security interests. To do so, the Military Departments, in coordination with the Defense Health Agency, should:

1. Augment DoD military treatment facilities when local healthcare systems are at or near capacity, to provide appropriate care to those entitled to DoD healthcare, so minimal medical workload shifts from DoD to surrounding communities;
2. Present doctrinal medical force elements as described in Joint Publication 4-02, “Joint Health Services,” that can be deployed either to support military operations or to augment local healthcare systems as necessary; and
3. Augment non-military healthcare systems with scalable medical personnel augmentation to work in civilian healthcare facilities and/or use civilian healthcare as required. These packages may be tailored to this mission and not strictly conform to doctrinal organizations.

Beginning April 2, 2020, the Secretaries of the Military Departments and the Commanders of the Combatant Commands are instructed to provide daily updates to the Joint Staff on the number and types of activated Reserve Component personnel, any constraints to
rapid mobilization, and the employment of Military Service-retained activated personnel. Additionally, the National Guard Bureau will report daily the number of National Guard personnel in title 32 or State Active Duty Status in Direct Support of COVID-19 Response. The Joint Staff will consolidate reporting using the Joint Staff daily report and provide updates to the DoD COVID-19 Task Force every Friday. The Joint Staff will coordinate with the Under Secretary of Defense for Personnel and Readiness on Reserve Component activation policy recommended changes. The Joint Staff will support the Combatant Commands, U.S. Northern Command in particular, to repurpose these forces once local healthcare system capacity is able to meet local demand, in accordance with applicable authorities governing Reserve Component activations. Use the attached table, which provides a framework of currently available reserve authorities for COVID-19 response efforts.

My point of contact for this guidance is Judd Lyons, Deputy Assistant Secretary of Defense Reserve Integration, at (703) 693-2423.

Attachment:
As stated
<table>
<thead>
<tr>
<th>Authority</th>
<th>Approval Authority</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>32 U.S.C. 502(f)(2) (with Governor’s consent)</td>
<td>ASD(HD&amp;GS) IAW criteria established in SD March 27, 2020 memorandum “Use of the National Guard to Provide Essential Assistance to States Combating COVID-19”</td>
<td>(1) the States and territories or FEMA identify specific requirements for COVID-19 response in accordance with the Stafford Act; (2) requests originating from the States and territories must be submitted to FEMA; (3) FEMA approves and provides the Department of Defense with a fully reimbursable mission assignment.</td>
</tr>
<tr>
<td>10 U.S.C. 12301(d) Voluntary Active Duty</td>
<td>Secretaries of the Military Departments</td>
<td>Volunteers in the Selected Reserve (drilling NG/RC and Individual Ready Reserve (IRR)) and Retired Reserve</td>
</tr>
<tr>
<td>Reserve Emergency Call up (10 U.S.C. 12304a) (in support of a Governor’s request in response to a Stafford Act major disaster or emergency)</td>
<td>Secretaries of the Military Departments for orders of 30 days or less Secretary of Defense for extensions beyond 30 days or up to 120 days</td>
<td>Only applies to the Reserves of the Army, Navy, Marine Corps, and Air Force. Excludes the NG and Coast Guard 120 days statutory limitation</td>
</tr>
<tr>
<td>Partial Mobilization (10 U.S.C. 12302) Must be authorized by the President as part of a Declaration of National Emergency</td>
<td>Secretary of Defense Delegated to Secretaries of the Military Departments (within timelines established in DODI 1235.12) in Dec 9, 2015 memorandum “Partial Mobilization and Redelegation of Authority under Title 10, United States Code, Sec. 123, 123a, 527, 12006, 12011, 12012, 12302, and 12305”.</td>
<td>Up to 24 consecutive months; 1 million members on active duty at any one time Includes the National Guard and Reserves Includes the IRR Authority for IMA involuntary activation Waiving or reduction of 30 days advance notification of involuntary activation requires SecDef approval.</td>
</tr>
<tr>
<td>Voluntary Activation of Retired Reserve (10 U.S.C. 688a)</td>
<td>Secretaries of the Military Departments</td>
<td>Secretaries of Military Departments can each activate up to 1,000 volunteers who are in high-demand, low-density military capability or in any other specialty designated by the Secretary of Defense as critical to meet wartime or peacetime requirements. (Authority expires December 31, 2022.)</td>
</tr>
<tr>
<td>Involuntary Activation of Retired Reserve (10 U.S.C. 688)</td>
<td>Requires Secretary of Defense approval if under 120 days advance notice; this authority may not be delegated.</td>
<td>If medical, consider impact on civilian medical system This is recommended only after voluntary activations do not meet requirements.</td>
</tr>
<tr>
<td>Involuntary Activation of IRR, and members to be activated apart from their unit.</td>
<td>Requires Secretary of Defense approval if under 120 days advance notice; this authority may not be delegated.</td>
<td>If medical, consider impact on civilian medical system</td>
</tr>
</tbody>
</table>

References:

(a) DODI 1235.12, Accessing the Reserve Components
(b) DODD 1235.18, Defense Support to Civil Authorities (DSCA)
(c) DODI 1235.22, The Use of the National Guard in DSCA
(d) Secretary of Defense memorandum, dated 27 March 2020, SUBJECT: Use of the National Guard to Provide Essential Assistance to States Combating COVID-19