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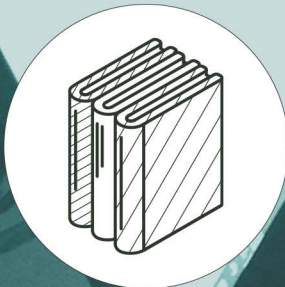
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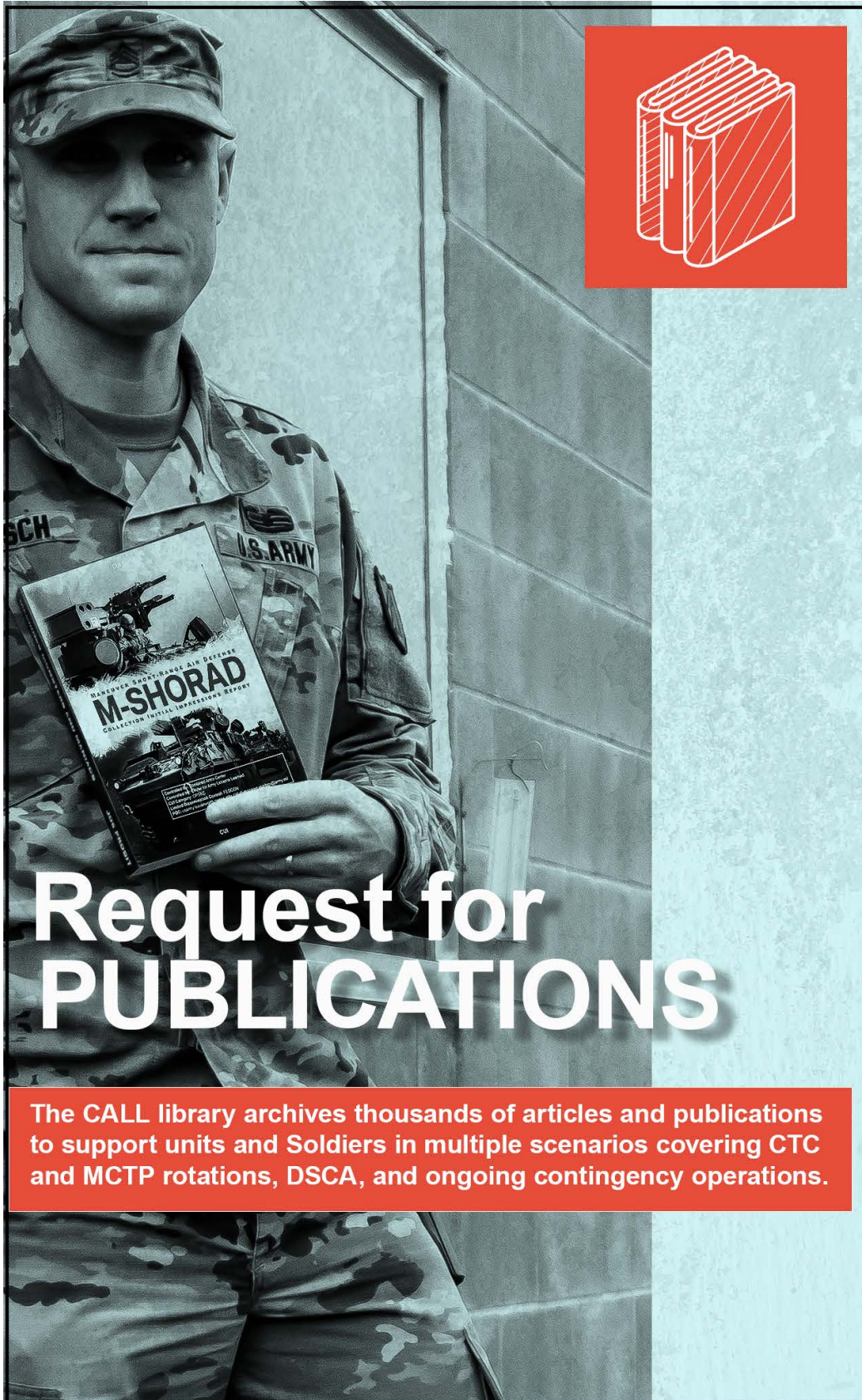
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## Foreword

The III Corps Chaplain section, led by Chaplain (COL) Douglas H. Ball, developed best practices that will be useful to other organizations as they prepare for large-scale combat operations (LSCO). The central best practice revolves around a concept called sustained casualty ministry at echelon (SCME), developed during Warfighter Exercise (WFX) 23-4 in response to needs identified for supporting LSCO. This best practice includes supporting concepts with recommendations and implications for doctrine, organization, training, materiel, leadership and education, personnel, facilities, and policy (DOTMLPF-P) and tactics, techniques, and procedures (TTPs) that may be useful to the Army.

Unit ministry can be an overlooked aspect of military operations; however, it provides a critical component needed to sustain operations in LSCO's high-casualty environment. As seen by the authors included in this publication, WFX casualty trends are consistent with the contemporary LSCO experience in Ukraine and with historic norms for the United States during the major conflicts of the 20th century.

Unit ministry and the Chaplain Corps provide religious support to service members of faith and provide faith examples and counsel to all members of the Army. LSCO requirements will strain this capability just like they will strain every other military capability the Army uses to conduct LSCO. Best practices are necessary to ensure that unit ministry teams can conduct their required duties and meet the needs of service members who are dealing with the demands of a LSCO environment. As seen in these articles and essays, unit ministry spans multiple warfighting functions and warfighting enablers including sustainment, protection, mission command, healthcare, morale, leadership, joint and multinational partnerships, and civil considerations. This publication provides best practices and considerations for a variety of unit ministry topics that units can learn from as they prepare for LSCO needs and care of Soldiers.

MSG John Cushman, the senior unit ministry team (UMT) trainer at Mission Command Training Program (MCTP), describes the concept of sustained casualty ministry at echelon and provides an overview of how it works at echelons above brigade. He shares his thoughts on implementation and training of the concept. He provides a visualization of unit ministry support to Army Health Systems that are needed for LSCO from division to theater army. This visualization requires the Chaplain Corps planners to re-evaluate fundamental assumptions about priorities and requirements for persistent casualty requirements associated with LSCO that were not present in counterinsurgency. Finally, he provides an overview of best practices gathered from each primary training audience in WFX 23-4, how to train this concept, and the implications on doctrine.

Chaplain (MAJ) David Clement and MSG Hector Lopez describe the arrangement of UMTs within corps and division operational areas. During WFX 23-4, III Corps developed a concept of support for casualty ministry at echelon and positioned chaplains at all casualty nodes on the battlefield at

tactical levels from battalion to corps. The authors note that ministry support requirements for casualties identified at division and corps level for LSCO highlight gaps in doctrine and unit execution. Religious support teams (RSTs) designed for counterinsurgency (COIN) lack the personnel, equipment and mobility to handle the numbers of casualties projected during LSCO. The authors provide guidance to religious support planners and personnel for positioning UMTS and adapting to the LSCO environment.

Chaplain (LTC) Jorge Torres provides guidance to assist commanders and RSTs with theater/joint mortuary affairs and temporary interment operations. Temporary interment plans have not been necessary in recent decades. A virtual environment of a WFX cannot replicate the visceral and emotional impact of Soldier deaths. However, Chaplain Torres provides a necessary analysis of LSCO requirements for chaplain support. Authorities for mortuary affairs reside at ground component command authority but require support at all echelons. Chaplain Torres describes coordination required across the staff to conduct planning to support this activity. He also provides considerations that are necessary for RSTs to consider as they prepare to support temporary interment efforts.

Reverend Dr. J. Maddox Woodbery provides a discussion on multinational interoperability and the multinational religious support interoperability (MRSI) concept for the European theater. In January 2020, at the International Military Chiefs of Chaplains Conference, participants ratified the Guidelines for Military Chaplains Co-operation in a Multinational Environment<sup>1</sup> to emphasize the principles and practice of international chaplaincy. In response to this and other interoperability initiatives, the Office of the Chaplain developed a concept for MRSI to operate in all three dimensions of interoperability and describes how religious support will reach increasing levels of interoperability.

SGM Edrena Roberts provides a discussion of home station casualty notifications, based upon an examination of how casualties in LSCO would have impacted Fort Cavazos, TX, during WFX 23-4. SGM Roberts describes the current method for casualty notification. Then she shows how large numbers of casualties in LSCO will overwhelm existing casualty notification practices. She recommends a method that organizes notifications by tiers and accounts for conditions at home station. This method meets regulatory and doctrinal requirements.

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## **Section 1: Religious Support Sustained Casualty Ministry at Echelon MSG John H. Cushman**

### **Overview: History and development.**

The III Armored Corps Chaplain Section developed the sustained casualty ministry at echelon (SCME) concept during WFX 23-4. The MCTP Chaplain Section adopted the term as a best practice approach to the planning, preparation, and execution of caring for the wounded during LSCO.

### **What is it? Definition of Sustained Casualty Ministry at Echelon**

SCME is the integrated approach to planning, preparing, and executing religious support (RS) to the wounded, fallen, and caregivers during LSCO. Integrated care requires a multi-disciplinary approach that addresses the following:

- Numbers of wounded and fallen Soldiers that the U.S. Army has not experienced since World War II
- Meeting the spiritual needs of a religiously diverse Army
- Long-term endurance and effectiveness of Chaplain Corps personnel
- Geographical separation of Chaplain Corps personnel

SCME for the Army Chaplain Corps primarily occurs in the land domain, affects the human dimension, supports the multi-domain operational tenet of endurance and the imperative to understand and manage the effects of operations on units and Soldiers (Field Manual [FM] 3-0, *Operations*, 1 October 2022).

### **Sustained Casualty Ministry at Echelon in Large-scale Combat Operations: What does it look like?**

Visualizations of ministry to Army Health Systems (AHS) operations in LSCO requires Chaplain Corps planners to reevaluate assumptions from COIN operations. One example is the persistent assumption that mass casualty (MASCAL) operations are limited in scope and time. During LSCO, planners should approach MASCAL operations as a state of persistent casualty flow that will routinely overwhelm organic UMT assets.

There is an assumption, that ministry planners should focus on the close area AHS operations with maneuver unit UMTs as the priority of support. However, while casualty collection points, ambulance exchange points, casualty evacuation (CASEVAC) routes, and battalion aid stations (BASs) must be included in ministry planning, most of the non-return to duty casualties will be evacuated to hospital centers within the consolidation area. Ministry planners should weight the priority of ministry based on their commander's planning guidance and orders from higher headquarters. It is important to note that ministry priorities of support may not match with other sustainment function priorities. Critically, SCME planning must account for theater specific requirements.

### **Sustained Casualty Ministry at Echelon for Divisions: Support to casualties in the close and support areas**

Prior to the detailed planning of casualty ministry, division chaplain sections (DCSs) receive their commanders' guidance on weighing the priority of ministry to enabling maneuver against support to AHS operations. The assumption that brigade and battalion UMTs will co-locate with medical support personnel should be validated through additional exercises and experimentation.



Close-area casualty ministry is executed by the maneuver brigade and assigned battalion UMTs. Medical units will generally consist of BASs, a brigade support medical company (BSMC), and a forward resuscitative and surgical detachment (FRSD). Additional medical units may be organized to the brigade as medical planners attempt to establish enduring field care options for commanders. Medical assets may move into a brigade's area of operations to conduct general support (GS) or direct support (DS) missions. The area coverage plan must include UMT support to GS and direct support medical units. The DCS closely monitors the movement and actions of GS and direct support medical units and informs the brigade UMT of changing ministry requirements through the publication of mission orders, products, or during synchronization events.

**Division support area.** Casualty ministry is executed by the organic hospital center UMTs if forward with the field hospital. Medical units will generally consist of a field hospital and possibly a coalition or hospital of an allied force. Support units include a medical brigade (support) and multi-functional medical battalion (MMB). The DCS area coverage plan for the division support area includes support to field hospitals from functional and multi-functional brigades, rear area command posts, and other task-organized brigades/battalions to the division. The division support area coverage plan may be managed by the division sustainment brigade chaplain (DSB). The DCS determines if assigned UMTs located within the division support area receive missions to support close area medical personnel.

Anticipating RS requirements is essential to successful casualty ministry planning. The DCS maintains a 24-48-hour focus ensuring UMTs are prepositioned to execute casualty ministry during casualty-producing operations. The RS common operating picture is essential for ad hoc RS to overwhelmed medical assets and unanticipated enemy actions. Sustainability of Chaplain Corps personnel will be an ongoing challenge. Risk to personnel includes enemy actions, disease and non-battle injury, and caregiver fatigue.

### **Sustained Casualty Ministry at Echelon for Corps: RS to the Division Effort and the Support Area**

SCME primarily consists of the tracking, distribution, and acquisition of personnel in support of the division effort and the area coverage plan for the corps support area (CSA). Some of these tasks may be delegated to the expeditionary sustainment command (ESC) chaplain section. During army design methodology (ADM) or the military decision-making process (MDMP), the corps chaplain section (CCS) identifies personnel or capability gaps and submits a request for forces (RFF). The CCS will have additional responsibilities outlined in the theater, joint, and multinational considerations section.

Casualty ministry within the CSA and division support area is similar. One UMT is assigned per hospital center (formerly a combat support hospital [CSH]). However, these assigned UMTs may be forward of the CSA providing casualty ministry with a field hospital. Coalition and allied force hospitals may also be present in the CSA. Support units include a medical brigade (support) and MMB. The CCS area coverage plan for the CSA includes support to hospital centers from the ESC, functional and multi-functional brigades, command nodes, and other task-organized brigades/battalions to the corps. The CCS may request that subordinate UMTs receive missions to support the division support area or division close area medical personnel. Emerging doctrine regarding the dispersion of CSAs and division support areas may have significant impact on a CCS's or DCS's ability to mass RS in the consolidation area. Chaplain planners must carefully consider risk to UMT survivability when massing RS.



As with the DCS, anticipating RS requirements is essential to successful casualty ministry planning. The CCS maintains a 48-hour to 5-day focus to ensure that DCSs are prepared for the execution of ministry during future large-casualty producing operations.

### **Theater/Joint/Multinational Considerations: Allied and Coalition/Host Nation/Echelons above Corps**

Because of the level of anticipated wounded and fallen in LSCO, theater casualty treatment and evacuation plans will influence medical actions taken in the consolidation areas. Different theaters (Pacific versus Europe) will vary widely in how these plans are developed and executed. U.S. Soldiers may be evacuated to host nation (HN) Role 4 hospitals (if not overwhelmed with HN Soldiers and civilians), allied or coalition hospital centers, and joint medical capabilities. National agreements will determine the use of civilian medical infrastructure and will vary by theater. Civilian commercial transport will factor in the theater casualty evacuation plans (railroads, barges, ships, air, wheeled vehicles, etc.). The theater evacuation policy is established by the Secretary of Defense, advised by the Joint Chiefs of Staff and the combatant commander in accordance with host nation treaties and agreements. A theater sustainment command is assigned to the theater Army to synchronize, coordinate, and integrate intra-theater sustainment including AHS operations.

CCSs and DCSs must coordinate RS with allied or coalition and sister service chaplains when establishing consolidation area coverage plans. CCSs and DCSs build upon enduring MRSI initiatives in peacetime. They establish TTPs and standard operating procedures (SOPs) with sister services, allies, partner chaplaincies, and religious/spiritual health and welfare offices. The Regionally Aligned Readiness and Modernization Model (ReARMM) determines the theater to which the corps should focus its MRSI initiatives.

Planning for the presence of U.S. Chaplains (if available) in non-U.S. facilities or at theater aerial ports of debarkation (APOD), seaports of debarkation, and at the integration of RS into the theater casualty plans, is a joint effort executed at echelons above Corps. However, the corps may act as a joint task force headquarters, field army, or it may assume theater army responsibilities (Army forces headquarters). Also, the U.S. may not be the lead planner or executor of military action (e.g., in a North Atlantic Treaty Organization [NATO] Article 5 conflict). CCSs and DCSs require an understanding of these plans to set expectations with commanders, Soldiers, and subordinate UMTs on the theater casualty RS plan.

In LSCO, corps and divisions focus forward on the fight and must rely on higher echelons to produce plans and orders that do not hinder the application of casualty RS in the CSA, division support area, and close areas while informing the tactical formations on the theater casualty RS plan. Battlefield geography will significantly influence any overlap or gaps of theater, corps, and division RS plans (e.g., an APOD within CSAs or multiple support areas on separate islands). Chaplain corps planners at echelon account for these theater specific challenges through ADM and MDMP.

The MCTP and WFX exercises do not account for all host nation, coalition, and allied partner capabilities, responsibilities, and relationships. For more information contact the Army Service Component Command (ASCC) Chaplain Office for the theater of interest.

### **Warfighter Exercise Best Practices and Tactics, Techniques, and Procedures: III Armored Corps (AC)/1st Armored Division (AD)/3rd Infantry Division (ID)/4th ID/10th Mountain Division**

III AC (WFX 23-4) initially ensured UMT coverage in casualty nodes from the BAS to Role 3 hospital centers in the corps area coverage plan. However, as the battle surged, priorities shifted based on enemy actions and UMT losses. Additional assets had to be leveraged from enabler and

functional brigades. Movement during operations provided an additional challenge and highlighted the need for preemptive UMT placement. To ensure the CCS remained focused, Chaplain (COL) Ball created a 120-hour planning tool available for MCTP Chaplain Section observer, coach/trainers (OC/Ts) (see Appendix A). Maintaining awareness of UMT locations for RS surge capabilities required dedicated personnel and significant effort. Mobilization of chaplain detachment (CD) teams was essential for command post (CP) manning while sustaining the corps and division operations.

The 4th ID (WFX 21-2) DCS task organized additional UMTs to the brigade support battalion (BSB), BAS. This took place prior the forward passage of lines. Prepositioning additional UMT assets ensured that personnel were in place prior to operations; however, this removed some flexibility during the operations and did not always account for shifting priorities of support.

The 1st AD (WFX 23-4) DCS conducted detailed RS rehearsals utilizing the terrain model for the division combined arms rehearsal. UMTs at all echelons were present and required to brief. This allowed greater mission command execution of casualty ministry during the battle, freeing the DCS to focus on additional mission requirements.

The 3rd ID (WFX 23-2) DCS utilized the air tasking orders 48-120 hours out to arrange RS in support of the sustainment warfighting function's plan to prolong the division's endurance. Nesting the RS plan with the tactical plan ensured that UMTs were located where they were most needed. The DCS also noted the DSB was the primary integrator of RS in the division support area. This became problematic when the DSB displaced. Area coverage plans should include alternate and back-up chaplains as lead coordinators within the division support area.

All training audiences in the AARs highlighted the need to remain nested with the G-1 and surgeon as a requirement for planning and executing casualty ministry. These capabilities are primarily located at a rear command post and require chaplain sections to carefully consider CP manning. To facilitate this collaborative approach, a demonstrated best practice is the establishment of a casualty affairs synchronization meeting. Participants include the chaplain section, mortuary affairs section, surgeon, G-1, G-3, G-4, G-5, and the air movement officer. Outputs feed the sustainment working group.

The DCS should ensure mission orders and SOPs do not remove a brigade or battalion UMT's ability to exercise disciplined initiative based on mission factors and published priorities of ministry support by phase or type of operation.

### **Sustained Casualty Ministry at Home Station: Coordination and Support**

A peer or near-peer's ability to observe operations, strike the homeland, and mass casualty flows drive the need for a wartime mindset and appropriate planning by Chaplain Corps leaders.

Rear-detachment or home-station CPs act as the intermediary between the forward headquarters CCS or DCS and the home-station community. Chaplain Corps planners must review assumptions regarding the duties and responsibilities of rear-detachment chaplain sections. As of 2023, the Global War on Terror has led to 7,055 service members killed and 53,356 wounded in action (Defense Casualty Analysis System). In LSCO, these numbers may be exceeded in a relatively short period of time. Talent management is critical when considering rear-detachment manning.

Coordinating RS for casualties as well as the fallen and their families, while meeting Title 10 requirements, will require a consolidated effort. It is recommended that the senior command chaplain (if available) or garrison chaplain and senior religious affairs specialist collocate, assume, and execute control of all installation RS assets from the senior mission commander's location and establish an emergency religious operations center (EROC) (a best practice model utilized at Fort Campbell, KY and the 101st Airborne Division). It is also recommended that installation MASCAL



exercises are synchronized with WFX or combat training center (CTC) rotations and include the garrison, military treatment facilities (MTFs), casualty assistance centers (CACs), and tenant UMTs. Casualty notification and military memorials will significantly stress chaplain corps resources.

The EROC is a concept that should be designed to operate while an installation is involved in LSCO. Senior command chaplains or garrison chaplains must conduct an analysis on the proper staffing for the EROC as requirements will vary based on installation capabilities. The number of units deployed from a location will help define the manning requirement for installations that have been identified as mobilization force generating installations (MFGIs) for the theater in conflict or at home as a Role 4 MTF. Generally, the EROC should be staffed to provide manpower to the garrison emergency operations center, MTF operations cell, CAC operations cell, division and/or corps tactical/joint operations centers, and chapels. The provision of RS to wounded personnel and families will require additional MTF and family life center staffing and will increase the number of on-call duty chaplains. The Chaplain Corps should plan manning requirements based on a 24/7 schedule.

Chaplain manning for installations during LSCO will require additional personnel. To meet the increased requirements, Chaplain Corps personnel managers and planners should consider activation of the U.S. Army Reserve (USAR), U.S. National Guard (USARNG), Inactive Ready Reserve Chaplains, and retiree recalls. The priority of installation manning must be considered against the requirements to provide Chaplain Corps personnel to the fight, and during mobilization operations. Installation activities during competition and crisis include community Soldier-leader engagements that enable the senior command chaplain or garrison chaplain to coordinate with religious communities and other non-government organizations (NGOs) as required.

### **Current Doctrine & Suggested Updates: Gaps and Recommendations**

MASCAL is any number of casualties produced over a period of time.<sup>2</sup> Given this definition, it is recommended that sustained casualty ministry executed during a MASCAL be included in Field Manual (FM) 1-05, *Religious Support*, January 2017, with updates to Chapter 4-33, *Religious Support During Large-scale Offensive Operations* and Army Techniques Publication (ATP) 1-05.05 *Religious Support and Casualty Care* August 2019, Chapter 5, *Casualty Care During Large-scale Ground Combat Operations*. Current associated tasks include:

- Determine Religious Support Implications of Casualty Volume and Logistics Flow.<sup>3</sup>
- Integrate Comprehensive Religious Support to Mass Casualties.<sup>4</sup>

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## Section 2: Casualty Ministry and Religious Support

### Chaplain (MAJ) David Clement and MSG Hector Lopez, 13th Corps Support Command

**Intent.** The intent of this section is to identify doctrinal gaps regarding casualty ministry religious support at division and corps levels for LSCO. RS at all levels needs to be fully synchronized to ensure support to each casualty. This publication takes into consideration current products, tools, thoughts, and examples regarding current doctrine, gaps in doctrine, potential realities, and areas for exploration in combat ministry. If the time comes that the Army engages in near-peer LSCO, our RSTs must be ready to provide expert RS.

In casualty estimates and simulation numbers (over 10,400 killed in action [KIA] and 57,000 wounded in action [WIA] throughout the WFX), the LSCO fight is largely a casualty ministry effort for the Chaplain Corps. III AC built on a concept of casualty ministry with a framework of positioning chaplains at all casualty nodes on the battlefield from the most forward aid station through corps support area Role 3 hospitals. The concept was sound, but simplistic, and the team added details and refined it to match employment of medical assets throughout the fight.

**Executive summary.** Casualty ministry at division and corps level during LSCO will require doctrinal updates. RSTs are not prepared to handle the rapid phase progress of LSCO operations, nor the high-projected casualties that will result. RSTs must move from a MASCAL surge mentality to casualty ministry with coordinated coverage at corps and division levels to meet the commander's intent. This will require a nuanced understanding of the battlefield on how units are arrayed in time and space. RST assets in theater must be carefully managed to ensure all levels of command are supported. Enabler and functional units and additional medical assets should be considered, and key casualty nodes must be covered. This coordinated coverage will allow corps and division command chaplain sections to be better able to care for each wounded Soldier and honor fallen heroes, while nurturing the living.

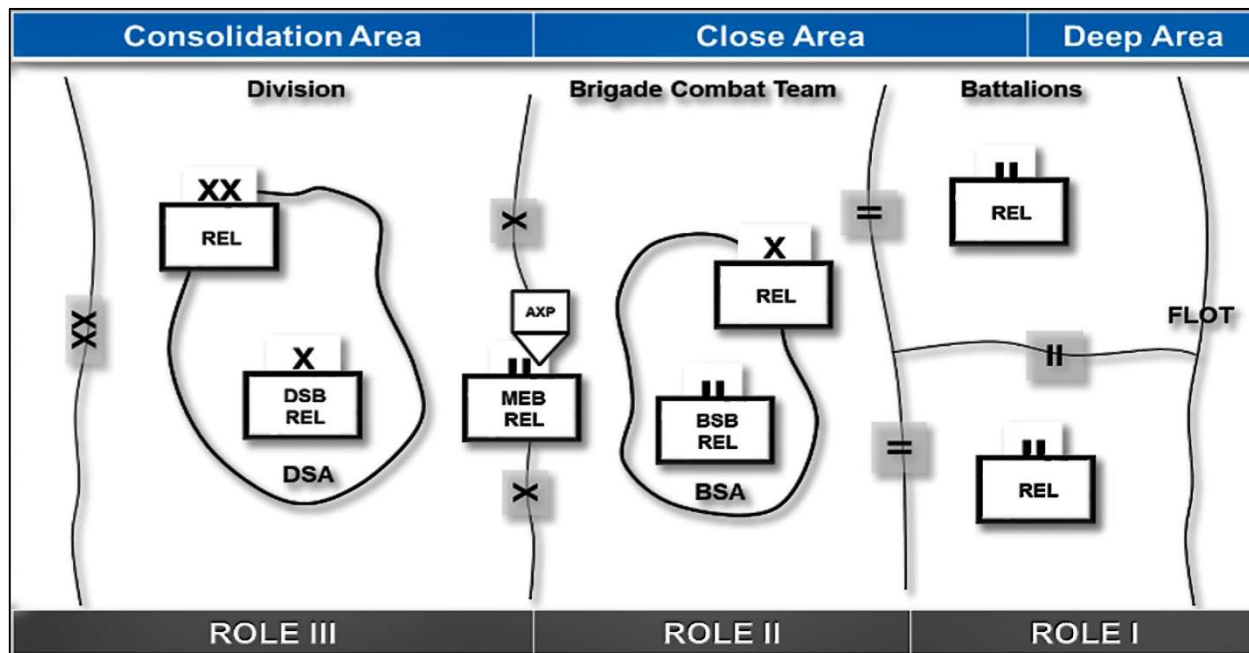
**Framework.** Army doctrine is changing as we attempt to build the Army of 2030. With this framework, it is clear the Chaplain Corps will need to transform to keep pace with the rest of the Army as everyone focuses on LSCO.

#### **Army's Ongoing Transformation and Why This Change is Vital**

We are living in very challenging times. There is not a time in recent history that is so potentially dangerous. Russia, our acute threat, is conducting an unprovoked war on the sovereign country of Ukraine. Our pacing challenge, China, with an economy nearly equal in size to ours, is building a world-class military to challenge us and threatening its neighbors, including Taiwan. As we focus on China and Russia, we cannot take our eyes off our other persistent threats: North Korea, Iran, and violent extremists. In addition, we are still dealing with the challenges of the Coronavirus and unprecedented natural disasters throughout the country. Despite all these challenges and threats, we continue to advance in the Army's greatest transformation in over 40 years, as we pivot from decades of counterinsurgency and counterterrorism to large-scale combat operations.

– FM 3-0, *Operations*, October 2022

**Previous casualty flow.** Under counterinsurgency and counterterrorism, casualty flow and RS were simple. With established, dedicated main supply routes (MSRs) and a robust network of hospitals from Role 1 to Role 3, it was relatively easy to move casualties from the point of injury to the level of care required. RSTs were able to quickly navigate and coordinate within this network of hospitals to provide care for the wounded. RS for these hospitals is depicted in the Figure 2-1.



**Figure 2-1. Casualty Flow**

**Current SOP:** Current RS plans and tactical standard operation procedures (TACSOPs) from brigade and division RSTs are based on this simplified view of the battlefield. Below is a short excerpt from a division TACSOP:

Casualty Operation:

- In the event of MASCAL (10-15 casualties) the senior chaplain at the scene will synchronize RS under the direction of medical personnel.
- At Role II, the BSB chaplain, or a designated chaplain by operations order, will synchronize RS.
- At Role III, the hospital center chaplain, or a designated chaplain by operations order, will synchronize RS.
- RSTs will request additional RS assets in support of MASCAL through technical channels.
- RSTs will provide traumatic event management to the unit based on the operational environment.

### **Challenges with Current Standard Operating Procedures and Past Casualty Flow**

In a LSCO environment, it will be difficult for RSTs to safely move around the battlefield. Anti-access and area denial weapon systems will hinder or preclude movement. Indirect fire and other long-range armaments have the capability to reach deep into our battlespace. With the rapid pace of movement and high casualties, accurate and timely communication may become a challenge. This information will be critical to ensure RSTs are being utilized effectively and preventing unnecessary



or dangerous movement around the battlespace. These challenges will make it difficult to move RSTs around the battlefield and to synchronize efforts to care for large numbers of casualties.

Our current understanding of MASCAL is not sufficient for LSCO. Military planners predict casualties in the hundreds if not thousands each day of combat. As RSTs, we should shift from a doctrinal focus on MASCAL and instead focus on casualty ministry. Doctrinally, a MASCAL event occurs when a specific medical community receives more casualties than they can care for. In LSCO, bed space and casualty flow from the close fight to increasing levels of care will be an ongoing challenge. Without a comprehensive religious support plan (RSP) that considers the challenges and bottlenecks within the medical community, RSTs may find themselves in the wrong place or the right place at the wrong time.

The medical community has updated their doctrine to reflect LSCO considerations through the Army Health System operational framework. It is vital to partner with these medical assets and utilize organic RSTs to care for the wounded and deceased.

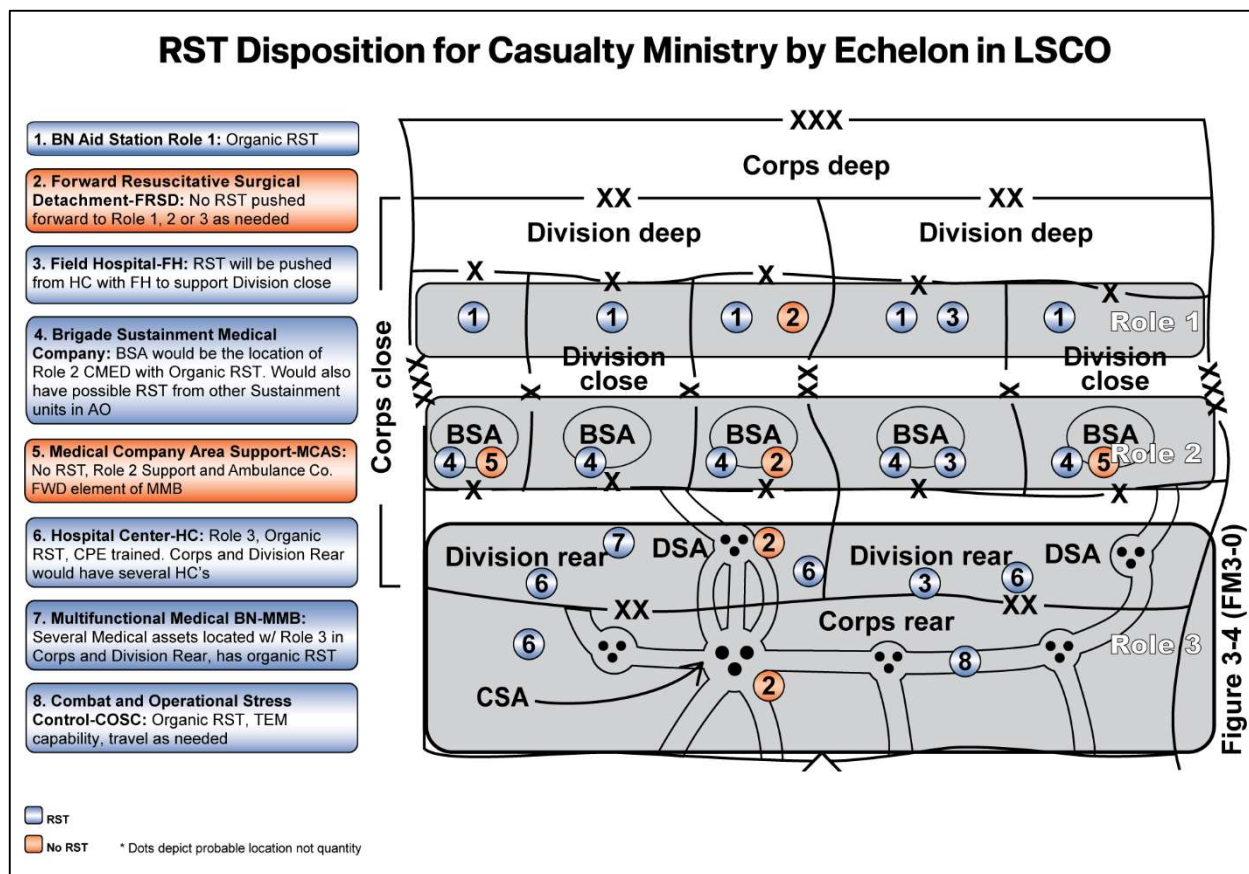
### **Updated Medical Capabilities**

- **Battalion aid station Role 1 (BAS):** Organic RST
- **Forward resuscitative surgical detachment (FRSD):** No RST, pushed forward to Roles 1, 2, or 3 as needed
- **Field hospital:** Role 3, RST pushed from hospital center with field hospital to support division close
- **Brigade sustainment medical company:** Brigade support area would be the location of Role 2 brigade medical company with organic RST and have possible RST from other sustainment units in area of operations (AO)
- **Medical Company Area Support (MCAS):** No RST, Role 2 support and CASEVAC with forward element of MMB, which has 3 MCASs

**Hospital center:** Role 3, organic RST, clinical pastoral education trained, corps and division rear would have several hospital centers

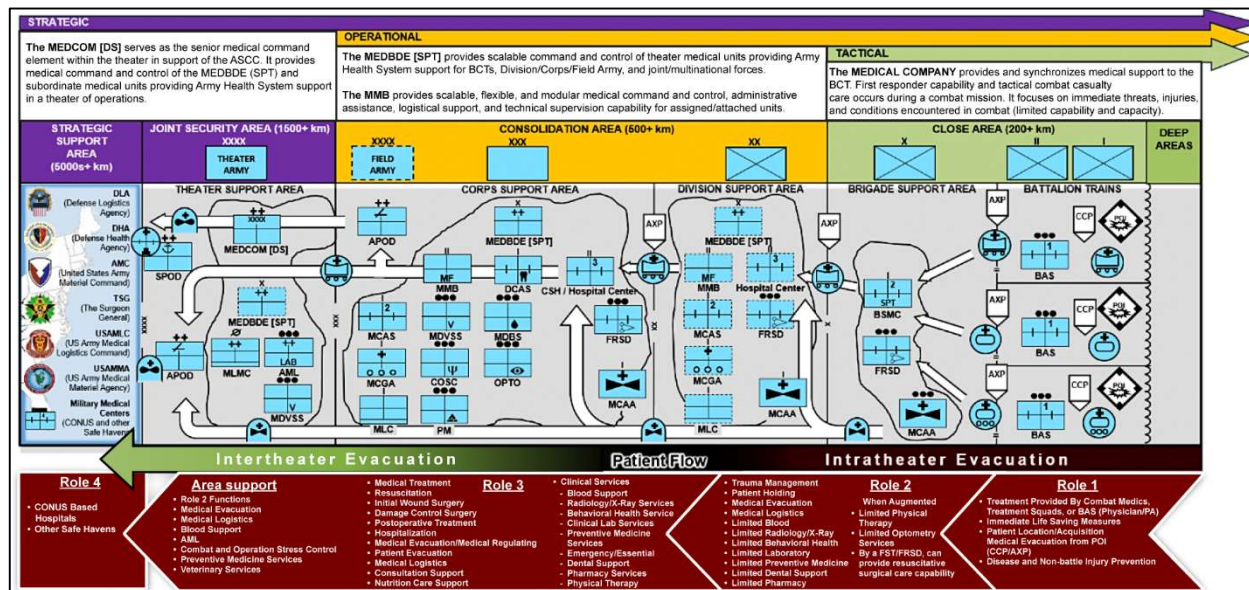
- **Multifunctional medical battalion (MMB):** Organic RST, several medical assets located with Role 3 in corps and division rear
- **Combat and operational stress control:** Organic RST, traumatic event management capability, travel as needed

See Figure 2-2 (revised from FM 3-0) with medical assets and RSTs depicted to help understand RST disposition during LSCO.



**Figure 2-2. Medical Assets**

For more details from the medical community see Figure 2-3.



**Figure 2-3. Army Health System Operational Framework**

**Moving forward.** LSCO demands that RS will adapt to the various phases of battle and be different than what we have seen in the past. The basic framework for LSCO RS is dictated by each phase of the operation and influences how RSTs are arrayed.

During staging and initial phases, the priority will be to offer worship services, religious ordinances, and prayer prior to forward passage of lines. During phases of operations with high casualty numbers, casualty ministry at echelon as far forward as feasibly possible is the priority of effort. Memorial events will be delayed until operational phases in which units are not engaged in combat. Due to the number of expected casualties and the tempo of operations, RSTs must be creative and execute meaningful memorials that may be hasty in nature. This is a big change from how the Chaplain Corps has conducted memorials during the last few years of stability and counterinsurgency (COIN) operations. This RS relies more heavily on unit coverage and is very different from how RSTs have functioned over the past 15 years.

**Casualty ministry rethought.** The answer to the challenges above is casualty ministry at echelon in accordance with combat phase. Division and corps RSTs must coordinate with each other and work with all medical assets and RSTs in their AO. RSP will be nuanced to track small elements and direct reporting units which are spread across the corps AO, ensuring they have coverage where needed, planning where to feasibly surge in the phase that makes the most sense.

### **Looking at Each Echelon**

**Battalion RSTs** in the close fight will be engaged in casualty ministry at the BAS, while those operating in the brigade support area, the division support area, or engaged in the deep fight may not see large number of casualties and will be able to be more selective in their RS.

**Brigade RSTs** are near the rear of the division close fight, tracking and caring for battalion RSTs, with sustainment brigade RSTs working with BSMC. Additional medical assets in the AO must be considered, such as the MCAS, which will be separate from the MMB and organic RST. Field hospitals establishing Role 3 capability will have organic RSTs from the hospital centers. FRSD will generally supplement other casualty nodes where they should have RST coverage based on considerations listed above.

**Division and corps** consolidation area of the fight will be like Brigade RS to Roles 2 and 3 hospital centers in both the division and corps rear areas. division and corps RSTs will need to leverage and coordinate enabler and functional units (aviation, military police, engineer, air defense artillery, etc.) to cover and mass at Role 2 and Role 3 locations in both the close and consolidation areas, rotating RSTs as needed.

**Area Coverage** will be complex, and RSTs should consider the following primary, alternate, contingency, emergency (PACE) plan:

P= Organic assigned RST

A= Area RS coverage coordinated with adjacent RST in the AO

C= Shift organic brigade medical RST

E= RFF/precoordinated support from organization outside medical brigade

At this level of casualty ministry, we will be able to offer last rites, prayer for the wounded, and ministry to all casualties, medical staff, surviving squad members, and leadership.

### **Conclusion**

As the Chaplain Corps continues to prepare for LSCO, it must reexamine doctrine to ensure casualty ministry in accordance with each combat phase. Division and corps RSTs must coordinate with each other and work with all medical assets and RSTs in their AO. RSP will be nuanced to track small elements and direct reporting units who are spread across the corps AO, ensuring they have coverage where needed and planning to feasibly surge RSTs during the phases of LSCO. Corps and division



command chaplain sections will be able to care for each wounded Soldier, honor fallen heroes, and nurture the living.

## **References**

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### Section 3: Religious Support for Temporary Interment

#### Chaplain (LTC) Jorge L. Torres, 1st Cavalry Division Chaplain Section

On the battlefield, the military pledges to leave no soldier behind. As a nation, let it be our pledge that when they return home, we leave no veteran behind.

- Dan Lipinski

American politician and political scientist, U.S. Representative for Illinois's 3rd District from 2005 to 2021

### Introduction

The longest military conflict in American history (Afghanistan) lasted 20 years. As a result, our RSTs became very competent at executing religious support in COIN operations. The pace during COIN was slow and deliberate with low casualty rates. In contrast, future multidomain operations will be faster with higher casualty rates. The pace and complexities of multidomain operations will challenge commanders and their RSTs, especially as they relate to casualty care in LSCO. The forecasted casualties in a peer-to-peer conflict are overwhelming and unfamiliar to RSTs currently serving in the military.

The purpose of this section is to assist commanders and RSTs in developing a religious support plan for temporary interment operations. Collectively, the Chaplain Corps has never had to consider developing a religious support plan for temporary interment operations because it has not been necessary in the past 20 years of COIN. We will examine the necessary authorization, coordination, and some considerations.

### Authorization

Due to the pace and projected casualties in LSCO, it is imperative that commanders and RSTs understand the processes, procedures, and approving authority for temporary interment.

The geographic combatant commander (GCC) gives direction and guidance on providing mortuary affairs (MA) support to all assigned and attached forces physically present in their area of responsibility (AOR). The GCC ensures the accomplishment of the following tasks:

- Establish a joint mortuary affairs office (JMAO) to provide oversight of MA support within the AOR. The GCC authorizes a theater mortuary affairs office (TMAO) when the JMAO has an extended AO.
- Designate a service component to serve as the lead service for the theater MA support program for the AOR. When military operations are trans-regional, the GCC may designate a lead service at selected subordinate joint force commander levels and assign responsibilities, tasks, and assets.
- Authorize temporary interment in an overseas location during LSCO when the number of fatalities overwhelm immediate evacuation capabilities from the AOR.

**Note:** The JMAO and TMAO are responsible for detailed MA planning and execution of the MA support mission, guidance, and policy within the AOR.

**Note:** The lead service may also have the responsibility for establishing a TMAO.

The GCC, through the JMAO, is the approving authority for interment operations (ATP 4-46, *Multi-service Tactics, Techniques, and Procedures for Mortuary Affairs in Theaters of Operations*, 3 August 2022). Forward planning with the JMAO and TMAO is essential to provide commanders and RSTs with a common operational picture and shared visualization of possible temporary interment locations. Therefore, coordination must take place with other staff sections.

## Coordination

The RSTs execute their mission through their two capabilities as religious leader and religious staff advisor. As a religious staff advisor, the chaplain advises the commander on the religious support plan for casualty care, including temporary interment, but this is not done in isolation. Coordination with the following sections must precede internal advisement with the commander:

- Mortuary affairs is one of our military's most challenging and demanding occupations. One of their tasks is to operate MA processing points during military operations. MA processing points include transfer points, MACPs (mortuary affairs collection points), theater mortuary evacuation points (TMEPs), mortuary affairs contaminated remains mitigation sites (MACRMS), temporary interment sites, and personal effects depots.<sup>5</sup> Therefore, it is vital as RSTs, to coordinate with mortuary affairs to be aware of the locations of the different nodes to provide casualty care to the MA teams and assist in the planning of temporary interment.
- G-1 section assists in the regeneration of the force. It can aid the RSTs in giving them projected losses, which in turn will assist them in updating their running estimate and religious support plan.
- Chemical section informs the commander and RSTs on the limitations due to biological or chemical warfare.
  - MA unit leaders responsible for temporary interment site personnel should consult with operational public health and preventive medicine personnel for occupational and environment health site assessments. They should also be documenting suspected or known occupational and environmental health or chemical, biological, radiological, or nuclear (CBRN) exposures.<sup>6</sup> Commanders responsible for temporary interment site personnel should coordinate behavioral health support for the temporary interment operations team.<sup>7</sup>
- Engineer section assists as part of the JMAO planners. The JMAO planner should incorporate air reconnaissance for a survey team to visit proposed sites, and coordinate clearance for the proposed locations with the HN. The team will be required to survey the large land mass that will potentially be used for the temporary interment site. The team should consist of MA personnel, preventive medicine personnel, and engineers to determine if the locations meet the requirements for an interment operation. During the survey of the site, ensure that pilot holes are dug to check for underlying rock formations and ease of digging. Use preexisting sites when available. Engineer support (personnel and equipment) is required for establishing temporary interment sites.<sup>8</sup> RSTs provide RS to the engineers executing this mission and the engineers will assist in providing protection, as they are part of the protection cell, to enable the RSTs to execute RS.

## Considerations

There are many aspects to consider as we think of temporary interment and religious support. The first consideration is that temporary interment should only be used as a last resort to protect unit health and safety, but only after exploring all other courses of action. In an overseas location, authority for temporary interment in an overseas location rest with the GCC for their respective AOR. The GCC may not delegate this responsibility to subordinate commander.<sup>9</sup>

Secondly, MA personnel strive to avoid risk while returning human remains contaminated with CBRN agents through routine MA channels unless mitigation of the contaminant is not possible. Safely returning deceased personnel is a high priority. If mitigation to a safe level is not possible, protecting the health of service members and the public must take precedence over the rapid repatriation of remains. Temporary interment of those contaminated remains that pose a threat to public health is the recommended method of disposition until safe processing is possible with the approval of the GCC.<sup>10</sup>

Other considerations are the need for an ecumenical approach to honoring the temporarily interred Soldiers or Department of Defense (DOD) civilians. Not everyone will be of the same faith or belief. Multiple Chaplains of different faith groups can be present to offer up a blessing.

Prior to interment, or upon removal of human remains at disinterment, chaplains or religious leaders generally offer prayers and other rituals and services specific to their faith to consecrate those sites as sacred.<sup>11</sup>

Decisions for mass burial dispositions should consider practical alternatives to burying people of many faith groups together.<sup>12</sup>

The RSTs must ensure that cultural and religious practices related to death and burial are respected and observed during the operation and provide training to the MA teams as needed.

The RSTs provide emotional and spiritual support to Soldiers who may be experiencing grief, trauma, or other emotional challenges related to the operation. Executing this religious support alongside embedded behavioral health will enhance support and promote holistic care.

Furthermore, we must ascertain whether the Soldiers, including the RSTs, carrying out these MA operations are dealing with compassion fatigue. This could trigger a commander's decision point to send replacements for those suffering from compassion fatigue.

Advising the commanders on ethical and moral considerations is of utmost importance. The RSTs provide guidance to commanders on ethical and moral considerations related to the handling of human remains and ensure these factors are considered in decision making regarding those that will assist and are not MA.

Lastly, considerations should be made for interment and disinterment operations. RSTs are available to advise MA personnel on the religious impacts of interment and disinterment operations, to include advisement regarding appropriate religious elements offered in conjunction with these operations. Examples of these services include prayers to consecrate sites and appropriate memorials, and prayers for the dead and their families.<sup>13</sup>

## **Conclusion**

As we enter a new era of warfare, we must intentionally anticipate the need for RS in our formations. We will not be able to revert to our experiences in COIN, so we must seek to understand the intricacies of multidomain operations and how to provide RS in LSCO. Plan for the worst-case scenario while hoping for the best.

Planning for the worst-case scenario, in which temporary interment will occur, requires us to understand the approving authority, integrate with staff to coordinate effectively, and consider the challenges and opportunities to execute RS as we honor the fallen, nurture the living, and care for the wounded.



## **References**

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## **Section 4: Multinational Religious Support Interoperability in the European Theater**

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**Office of the Command Chaplain, U.S. Army Europe and Africa**

For more than 71 years in NATO, and after the last 20 years of continuous warfare in numerous theaters, the U.S. Army Chaplain Corps has enjoyed much success in sharing the care of warriors and family members with international chaplain colleagues in Europe and on the battlefield.

Cooperation has been the watchword among this unique clergy group for offering hope, peace, and tools for spiritual resilience during danger and shared adversity. Because of appreciation and mutual respect among military chaplains, warriors enjoyed opportunities to practice the freedom of religion that they swore to protect and defend.

At the International Military Chiefs of Chaplains Conference in Berlin, Germany in January 2020, senior chaplains took another step in reinforcing the spirit of cooperation. Participants in that conference ratified the Guidelines for Military Chaplains Cooperation in a Multinational Environment. The purpose is to emphasize the principles of chaplaincy on an international level and enhance the importance and practice of international cooperation of chaplaincies in a multinational environment. The common principles were captured in the preamble of the guidelines: Freedom of thought, belief and religion and to manifest its unhindered practice is a human right.<sup>14</sup>

Therefore, the religious tradition of each person must be respected and protected, according to the Guidelines for Military Chaplains, which further addresses four areas where cooperation is practiced:

- Religious ministry
- Coordination and cooperation
- Structure of coordination
- Competencies of cooperation

However, cooperation is only a first step toward the levels of interaction that the rest of the military strives to achieve. Interoperability is defined as the ability to operate in synergy in the execution of assigned tasks.<sup>15</sup>

The U.S. Army further defines interoperability as the ability to act together coherently, effectively, and efficiently to achieve tactical, operational, and strategic objectives. Interoperability activities are any initiative, forum, agreement, or operation that improves the Army's ability to operate effectively and efficiently. The Army level of ambition for achieving interoperability with a particular partner will depend on the Army-partner relationship; combatant command and ASCC interoperability objectives; the type of operations the United States is likely to conduct with the partner; and the partner's capability, willingness, and ambition for interoperability with the Army.<sup>16</sup>

**Note:** The foundation of interoperability assumes an open and trusting alliance where partner nations speak frankly about national interests, willingness, and desired outcomes of working toward interoperability. Thus relationships, at personal and professional levels, are an essential step in achieving interoperability.

## Dimensions of Interoperability

The three different dimensions of interoperability are:

- Human
- Procedural
- Technical

According to Army Regulation (AR) 34-1, *Interoperability*, 9 April 2020, the human dimension builds the basis of the mutual understanding and respect that is fundamental to unity of effort and operational success at all levels of execution (tactical, operational, and strategic).

The procedural dimension ensures that the Army achieves sufficient harmony in policies and doctrine that will enable it to operate effectively with mission partners.

The technical dimension focuses on mission command, command and control (C2) systems, methods, and protocols.

## Levels of Interoperability

In addition to dimensions of interoperability, an assessment of interoperability involves determining where along a progressive scale any two parties are enjoying interoperability. As seen in Figure 4-1, these levels are scaled from Level 0 Not Interoperable to Level 3 Integrated.

**Note:** Partners might enjoy very strong capabilities of interoperability in the human dimension, but not necessarily in the procedural or technical dimensions.

		Level 0	Level 1	Level 2	Level 3
Focus Area	Domains	Not Interoperable	De-Conflicted	Compatible	Integrated
Characterization Principles		<ul style="list-style-type: none"> <li>- Partner has no demonstrated capability for interoperability with other partnered nations</li> <li>- No commonality of procedure or compatibility of processes</li> <li>- No command relationships</li> </ul>	<ul style="list-style-type: none"> <li>- Human intervention enables alignment of dissimilar procedures and technical capabilities to address differences between partnered nations</li> <li>- Procedural and technical friction</li> <li>- CMD characterized by detailed control of subordinate units</li> </ul>	<ul style="list-style-type: none"> <li>- Human interaction facilitates standardized procedure and temporary technical bridging solutions, synchronizing dissimilar capabilities between partners to establish situational operating norms across MN formations</li> <li>- Command characterized by mix of detailed and directive control of subordinate units</li> </ul>	<ul style="list-style-type: none"> <li>- Common doctrine and SOPs reduce the need for LNOs</li> <li>- Permanent technical bridging solutions synch partner equip across MN formations</li> <li>- CMD characterized by MSN CMD of subordinate units</li> </ul>
	Human	<ul style="list-style-type: none"> <li>- No ability for higher HQ to C2 lower</li> <li>- No common language</li> </ul>	<ul style="list-style-type: none"> <li>- Units LNO functions as an RTO only</li> <li>- Command functions through tight control of subordinate units (no autonomy/initiative)</li> <li>- Communication through interpreters only</li> </ul>	<ul style="list-style-type: none"> <li>- Partnered forces push / pull common orders information</li> <li>- Partnered forces incorporated into WFFs as parallel chain to organic staff</li> <li>- Communication facilitated through a common language (could be the second language of both partners)</li> <li>- MSN Command possible through face to face interaction only</li> </ul>	<ul style="list-style-type: none"> <li>- Units LNOs fully integrated into unit operations to facilitate CMD decisions</li> <li>- Partnered Forces function as a member of the staff (CUOPS/FUOPS)</li> <li>- Communication through use of common language</li> <li>- MSN CMD possible through direct / indirect interaction</li> </ul>
	Procedural	<ul style="list-style-type: none"> <li>- No common doctrine</li> <li>- No commonality of procedures</li> <li>- No SOPs exchanged</li> </ul>	<ul style="list-style-type: none"> <li>- No formalized commonality of procedures</li> <li>- SOPs exchanged, but not rehearsed</li> <li>- No common doctrine</li> </ul>	<ul style="list-style-type: none"> <li>- Common SOP established for situational mission</li> <li>- Common doctrinal framework facilitates baseline SA</li> </ul>	<ul style="list-style-type: none"> <li>- Common SOPs shared across formations</li> <li>- Common doctrinal framework supports combined training / operations</li> <li>- Institutionalized common training background facilitates rapid integration of formations</li> </ul>
	Technical	<ul style="list-style-type: none"> <li>- Technical incompatibility of equipment completely prevents interface</li> </ul>	<ul style="list-style-type: none"> <li>- Equipment not compatible</li> <li>- Communications facilitated through US forces communications</li> </ul>	<ul style="list-style-type: none"> <li>- Indirect compatibility of equipment; communication facilitated through temporary bridging solutions</li> <li>- Minimal equipment required to complete combined PACE</li> </ul>	<ul style="list-style-type: none"> <li>- Direct compatibility of systems; communications architecture facilitated through permanent / common bridging solutions</li> <li>- U.S equipment is not needed to facilitate complete PACE</li> </ul>

Figure 4-1. Levels of Interoperability

## Multinational Religious Support Interoperability

Indeed, in Army Chaplaincy doctrine and policy, there is frequent use of the words interoperability and multinational but there is no doctrinal definition of what religious support interoperability means and what it would entail. What would be the strengths and limitations of interoperable chaplaincies, across a spectrum of capabilities and national desires, to commit to a state of interoperability? What would be the mechanisms for beginning bilateral conversations that sought to assess and plan for steps toward real interoperability?

Furthermore, one of the top lines of effort for U.S. Army Europe and Africa (USAREUR-AF) is interoperability and building partnerships. For this service component command, interoperability is about people, processes, and technology. USAREUR-AF uses an extensive exercise program to develop and validate practical solutions within the European theater and among our NATO allies and partners. Those mutual experiences enhance interoperability with allies and partners, foster overmatch, and enhance lethality. Training together now provides shared understanding when conflict occurs. As the old maxim says, “We train as we expect to fight.”

In absence of clear doctrinal definition (yet with a clear mission to develop authentic, lasting, and sustainable relationships with our chaplain counterparts in Europe and Africa) USAREUR-AF Office of the Chaplain (OCHAP) has developed the multinational religious support interoperability concept referred to as MRSI.

Following the guiding principles of interoperability from the larger joint and Army enterprises, and understanding the USAREUR-AF mission, MRSI takes into consideration the numerous factors of the complex environment of the European theater for chaplains, providing and performing religious support and internal and external advisement to the commander in:

- National values and norms of allies and partners (e.g., national churches and government-sanctioned religious bodies; interpretations of non-combatant status of chaplains, etc.)
- Denominational emphases and transnational relationships
- Treaties, policies, and military rules of engagement
- Military leadership understanding and value of the role of the chaplain as staff officer versus provider/performer of religious rites, rituals, services, and spiritual care and counsel
- The process of recruiting, assessing, training, and fielding chaplains and to this end, the following definition of MRSI is offered:

MRSI is the positive capacity that exists between allied and partner chaplaincies when shared values and missions are combined with tactics, techniques, and procedures (TTPs) across all three levels of interoperability (human, procedural, and technical) to ensure seamless cooperation between chaplaincies while providing/performing religious services and religious advisement across the range of military operations (tactical, operational, strategic, cyber).

MRSI’s task and purpose would then be the following:

**Task.** Practice MRSI using TTPs across all three levels of interoperability: human, procedural, and technical.

**Purpose.** 1) Ensure seamless cooperation between chaplaincies while planning for providing/performing religious services and religious advisement for service members and leaders across the range of military operations, and 2) preserve the positive capacity that exists between allied and partner chaplaincies.



## Dimensions of Multinational Religious Support Interoperability

Just as militaries seek to gain efficiencies for mission success in human, procedural, and technical interoperability, so would chaplaincies. Those dimensions are consistent with the principles found in the International Military Chiefs of Chaplains Conference (Chaplain Cooperation Guidelines) toward a framework of religious support interoperability.

### Definition of Multinational Religious Support Interoperability Dimensions

The **human dimension** in MRSI is by far the dimension that characterizes the levels of cooperation and collegiality already enjoyed by the chaplaincies in Europe. Near the core of the chaplain's vocation, is a deep and abiding sense of the preciousness of human life and richness of the human experience. Many faith traditions express this preciousness as sacred or divine. From this point of shared value, chaplains naturally move toward each other as they serve service members, forging personal and professional relationships around a shared vocation of caring for people in service to the divine and humanity.

The **procedural dimension** among chaplains in Europe is complex given the varied tapestry of cultural and national differences regarding religion and religion's integration into society. However, given a focus on the overarching mission and purpose upon which the alliances are built and the corresponding shared principles of freedom of thought, belief, and religion and to manifest its unhindered practice as a human right, chaplaincies have the potential to unify via standardization of procedures and techniques of organizing and communicating ministry needs and solutions. This is according to the Guidelines for Military Chaplains Co-operation in a Multinational Environment.

Although focusing on technological interoperability (e.g., shared information technologies, equipment, internet platforms, etc.) is important on the 21st century multidomain battlefield, it may be better to consider the **technical dimension** of MRSI to be more interested in the bureaucratic touchpoints between chaplaincies. As seen in Figure 4-2, the technical dimension of MRSI would be more interested in synchronizing how chaplains manage chaplains, internal to their own military as well as how they would interact with allied chaplaincies in shared missions. This includes how chaplains are credentialed, vetted, recruited, accessed, professionally developed, etc. It also includes a deeper understanding of the chaplain's relationship with the faith group for whom they represent and who sends them to serve among the warrior community.

**Human:** Focuses on integrating the behaviors, abilities, and relationships on all levels of execution with an emphasis on

- 1) religion/spiritual/moral/ethical/morale of the military institution, and
- 2) the practice of professional ministry in a military context.

**Procedural:** Focuses on techniques and procedures on all levels of execution (tactical, operational, strategic). Focuses on shared value of religious freedoms preserved by nations, professed by faith communities, directed by commanders, and entrusted to chaplaincies.

**Technical:** Focuses on...

- 1) the institutional structure and how to effectively integrate religious ministry with command and the military institution, and...
- 2) how chaplaincies practice the principles of Mission Command and methods and protocols for supervising, training, organizing, professional development, and equipping.
- 3) faith community equities in integrating religious professionals as chaplains in the armed forces.

**Figure 4-2. Multinational Religious Support Interoperability Dimensions**

### **Assessment and Process of Increasing Levels of Multinational Religious Support Interoperability**

A rule of land navigation is before you know where to go, you must know where you are. A similar principle of leadership is to develop the ability to see oneself and one's organization. Thus, methods of assessment are required to move beyond informal levels of cooperation and instead, work toward MRSI.

Each chaplaincy must examine national values and land component command leadership's commitment to interoperability with allies. Once capability, willingness, and ambition for interoperability have been assessed by chaplain leadership, then chaplaincies may turn to each other to enter conversations to assess the levels of or MRSI that are feasible and achievable between chaplaincies.<sup>17</sup>

Figure 4-3 has suggestions of what the levels of MRSI would look like, cross-examined by the three dimensions of MRSI. Integrating into existing allied/bilateral/multilateral training, exercises, and operations will serve as the laboratories for assessment.

Focus Area	Domains	Not Interoperable	De-Conflicted	Compatible	Integrated
<b>Characterization Principles For Religious Support/Religious Affairs Interoperability</b>		<p>Partner has no demonstrated capability for RS interoperability with other partnered nations.</p> <p>No commonality of RS procedure or compatibility of processes</p> <p>No or limited chaplaincy relationships</p>	<p>Human intervention enables alignment of dissimilar procedures and technical capabilities to address differences between partnered nations' chaplaincies</p> <p>Procedural and technical friction remains but mitigated through routine interaction and cooperation.</p>	<p>Human interaction facilitates standardized procedure and temporary religious support bridging solutions, synchronizing dissimilar capabilities between partners to establish situational operating norms across MN formations</p>	<p>Common RS/RA doctrine and SOPs reduce the need for LNOs</p> <p>Permanent religious support bridging solutions synch partner equip across MN formations</p>
<b>Focus Area</b>	<b>Human</b>	<p>No ability for strategic and operational level chaplains to supervise tactical level chaplains</p> <p>No common language</p>	<p>- Chaplaincies function through tight control of subordinate chaplains (no autonomy/initiative)</p> <p>- Communication through interpreters only</p>	<p>- Partnered chaplaincies push / pull common orders re: RS/RA information and actions</p> <p>- Partnered chaplaincies incorporated into WFFs provision of RS/RA as parallel chain to organic staff</p> <p>- Communication facilitated through a common language (could be the second language of both partners)</p>	<p>Chaplains fully integrated into unit operations to provide/perform CMD directed RS/RA</p> <p>Partnered chaplains function as a member of the staff (CUOPS/FUOPS)</p> <p>Communication through use of common language</p>
	<b>Procedural</b>	<p>No common religious support/affairs doctrine</p> <p>No commonality of procedures</p> <p>No SOPs exchanged</p>	<p>- No formalized commonality of procedures</p> <p>- SOPs exchanged, but not rehearsed</p> <p>- No common doctrine</p>	<p>- Common RS/RA SOP established for situational mission</p> <p>- Common doctrinal RS/RA framework facilitates baseline SA</p>	<p>Common SOPs shared across all chaplaincies</p> <p>Common RS/RA doctrinal framework supports combined training / operations</p> <p>Institutionalized common training background facilitates rapid integration of chaplaincies</p>
	<b>Technical</b>	<p>Differences in religious, cultural, and governmental expectations and provisions, and practices for exercise of religious freedoms cause friction and lack of cooperation.</p>	<p>- Differences in providing/performing RS/RA mitigated through formal/informal interaction to gain mutual respect and understanding.</p> <p>- Communications facilitated through US forces communications</p>	<p>Chaplaincies recognize national RS/RA differences and apply understanding into mission planning, applying agreed to TTPs.</p>	<p>Chaplaincies are mutually respectful and both CMD and personnel served recognize capability of all chaplains.</p>

**Figure 4-3. Assessing Religious Support Interoperability**

## The Way Ahead

Working toward standards of, and regular practices of, interoperability will take time. In the coming years, efforts to define MRSI among land force chaplaincies in the European theater will involve multiple forums inviting key stakeholders in refining this concept and finding ways to integrate MRSI into exercises and training experiences, counting on the spirit of cooperation as the foundation to build success.

## Conclusion

Interoperability is about more than just equipment and systems. It is also about processes and relationships. In the volatile, uncertain, complex, and ambiguous environment of modern warfare, chaplains must know who they are working with and who they may be ministering alongside. Chaplains need to know the processes and systems of our allies, so they can work best within their systems. Integrating MRSI into a USAREUR-AF exercise program will ensure development and validation of practical solutions between European chaplaincies. Training together provides shared understanding when crisis or contingency operations occur.

Enhancing interoperability with allies and partner chaplaincies fosters unity of care and enhances the humanity of service members and their families. MRSI is about chaplains developing basic battlefield-critical capabilities like communicating with and understanding our allies and partners to ensure seamless care for Soldiers and families. Pursuing interoperability, by engaging with the military chaplaincies of other nations, gives our UMTs the opportunity to learn new skills that further strengthen our capability to nurture the living, care for the wounded, and honor the dead.

From the outset, it is understood that not every nation or chaplaincy will be able to commit to striving to achieve all levels of interoperability across all dimensions. Equally true is that there are already chaplaincies postured for deeper and more effective levels of interoperability. Developing a framework to move informal pledges of cooperation to intentional conversations and methods of assessing levels of MRSI between chaplaincies, brings honor to the history of the alliance and partnerships, while ensuring enhanced quality of ministry provided to the warriors and families served.

Cooperation will continue to be the watchword among chaplain colleagues, whether interoperability is pursued. However, considering the wealth of goodwill and success over the history of the alliances and partnerships, and taking those successes and using them to propel the effectiveness of serving Soldiers and Families, MRSI demonstrates faithful stewardship of goodwill and shared commitment to freedom and democracy in general, and religious freedom in particular.

**Note:** Reverend Dr. J. Maddox Woodbery, Jr., Dr. of Ministry, is the Office of Religious Support Mobilization and Interoperability Officer, Office of the Command Chaplain, USAREUR-AF, Wiesbaden, Germany. Dr. Woodbery is a retired U.S. Army Chaplain (Colonel) with assignments as Deputy Joint Staff Chaplain, and Command Chaplain for U.S. Army Japan and U.S. Army Intelligence and Security Command.

## **Section 5: Casualty Notifications at Home Station**

### **SGM Edrena Roberts, III Armored Corps Chaplain Section**

#### **Background**

To support the Army's shift from COIN operations to fighting near-peer or peer adversaries, the III AC conducted a WFX in April 2023 that simulated the predicted losses associated with LSCO. The WFX involved troops from units worldwide with a goal to project power and lethality against a formidable adversary while strengthening international partnerships. During the buildup of the exercise, the III AC Chaplain Section (CS) identified a gap that could cause mission failure if the U.S. engages in a LSCO conflict. Thus, the problem statement for the home-station mission command chaplain section became how will LSCO affect Fort Cavazos, TX (FCTX)? The problem supported an expansion of the training beyond the notional battlefield to also encompass the home front with a narrowed focus on casualty notifications. Initial discussions conjured up thoughts centered around World War II and Vietnam which included some form of impersonal telegrams or cab drivers as methods of casualty notifications because home stations were not ready for the extreme numbers of wounded and dead. While casualty notifications for the III AC footprint and the Army at large must be assessed, the primary focus of this section pinpoints the FCTX community and theorizes how a LSCO conflict would affect a federal requirement to perform casualty notifications for Soldiers KIA or WIA.

#### **Executive Summary**

The III AC CS assesses that the current method of casualty notifications will result in detrimental failure if the U.S. engages in a multi-domain conflict against a near-peer or peer adversary in a LSCO environment. It is the recommendation of the III AC CS that casualty notifications during LSCO are conducted in three tiers with specified actions for multiple offices involved.

**Current Notification Processes.** The casualty notification process is established to conduct timely notifications to the primary next of kin (PNOK) and secondary next of kin (SNOK) for Soldiers who are KIA. Below are current responsibilities, processes, and requirements outlined in DOD policy and Army doctrine.

#### **Responsibilities**

While there are multiple steps and agencies involved throughout the casualty notification process, the responsibilities described below are the primary focal points of this paper:

- **Casualty and mortuary affairs operation division (CMAOD).** The CMAOD is the lead agency for the Army Casualty Program and has technical supervision and oversight of Casualty Assistance Centers worldwide.
- **CAC.** the CAC is responsible for the coordination of casualty notifications of the PNOK and SNOK. The CACs are poised to operate 24 hours a day, 7 days a week.
- **Casualty notification officer (CNO).** the CNO is responsible for notifications for multiple Soldier statuses; however, within this paper, the CNO is primarily appointed to notify the next of kin (NOK) of casualties who are deceased or their whereabouts are unknown. The CMAOD, CAC, or the Soldier's rear detachment or parent command will notify the NOK when Soldiers become ill or injured.
- **Chief of Chaplains (CCH).** the CCH will establish standards and training requirements for chaplains assigned to serve with CNO teams and will coordinate such standards and training with the CMAOD.



## Processes

Below is the current process for casualty notifications for Soldiers who are reported deceased or their whereabouts are unknown during wartime. According to Department of Defense Instruction (DODI) 1300-18, *DOD Personnel Casualty Matters, Policies, and Procedures*, 8 January 2008 with Change 2 on 29 March 2023, it is DOD policy to make personal notifications to the NOK for deceased Soldiers. Notifications or condolences are required for all reportable casualties:

- When a casualty occurs, the unit or contingency CAC will submit a report to the CMAOD.
- The CMAOD will identify the location of all persons requiring notification and alert the supporting CACs within the geographic area where the NOK resides.
- The CAC will appoint the CNO and coordinate for chaplain support.
- The CNO and chaplain will complete the casualty notification within four hours of the CAC receiving authorization from the CMAOD.
- Following the notification of the PNOK, the CMAOD will authorize notification of the SNOK.

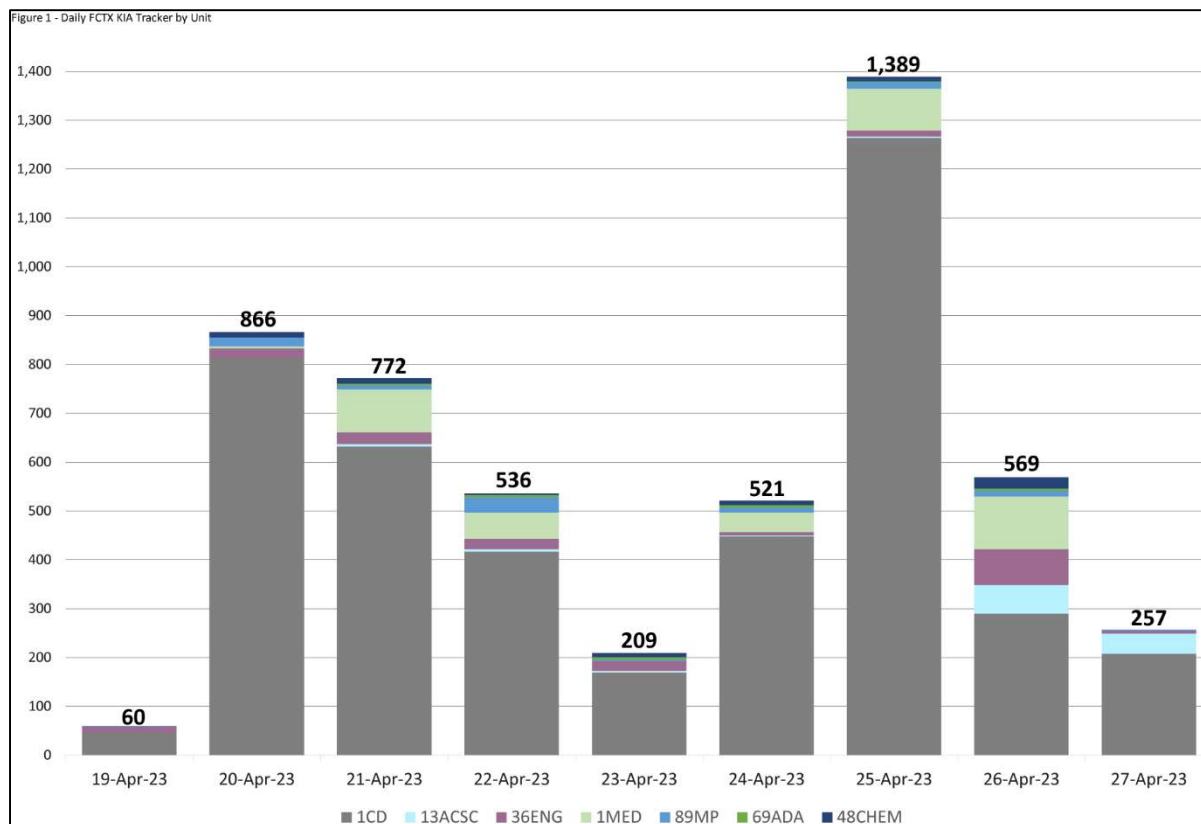
## Requirements

- A uniformed Service representative will make personal notifications to the PNOK, SNOK, and all others as applicable, in all death cases or when their whereabouts are unknown between the hours of 0500 and 2400 local time.
- The PNOK must be notified in person within four hours of the CAC's receipt of authorization from the CMAOD.
- The CNO will be accompanied by a chaplain. During the notification, the chaplain will assess the situation to determine how best to assist the NOK. This process can take hours when waiting for friends or neighbors to arrive and comfort the NOK or if the chaplain provides religious or spiritual care to the NOK.
- Telephonic notifications of ill or injured Soldiers will be conducted by the CMAOD, CAC, or the Soldier's rear detachment or parent command within two hours of receiving authorization.

## Projected Casualties

The data described below is derived from casualties sustained during WFX 23-4. While the data is notional, it is expected that a LSCO conflict will produce similar if not higher numbers of casualties. Additionally, the original data collection of casualties was from 22 units who participated in the WFX; however, only seven units assigned to FCTX are assessed for this discussion.

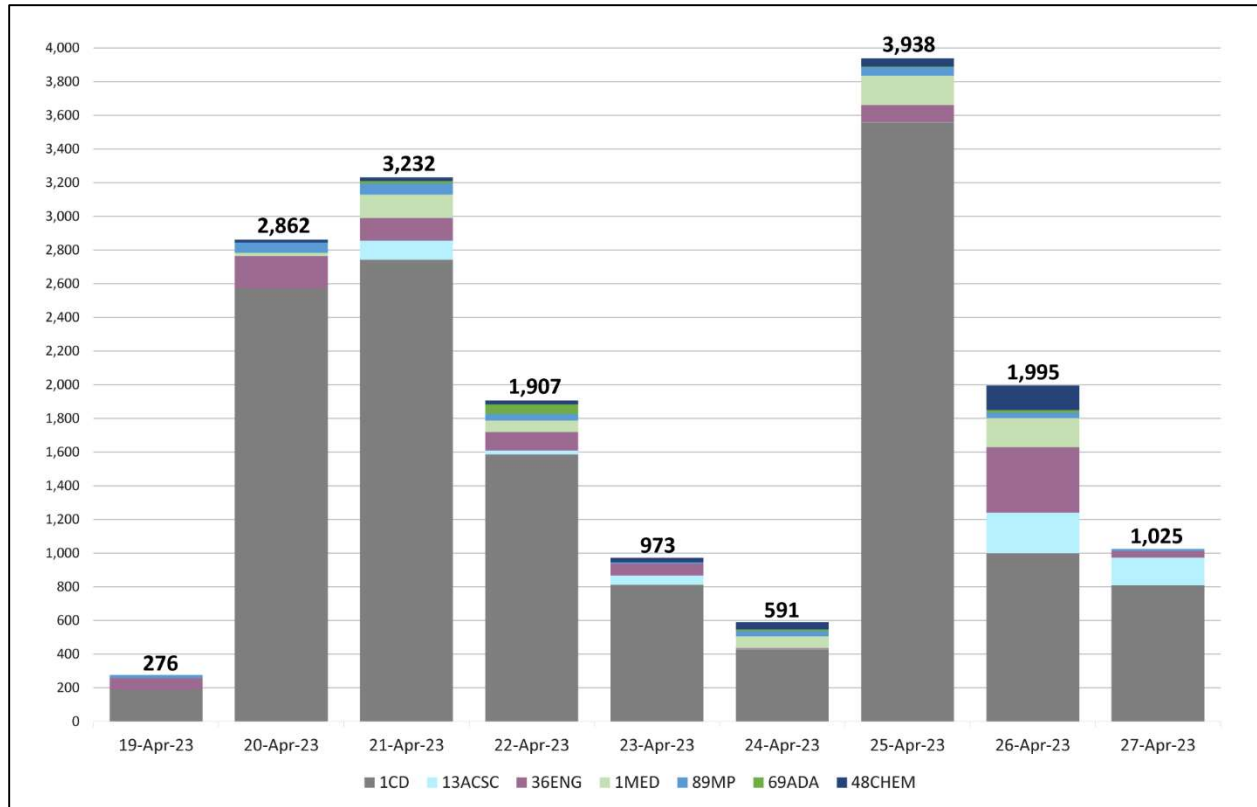
While it is estimated that nearly all FCTX units would drastically increase in numbers upon arrival in theater, it is expected that nearly 31,000 Soldiers will deploy from FCTX, thus their PNOK base is more likely to reside within the local community. Upon the end of the WFX 23-4, the snapshot in time during a nine-day LSCO conflict (from staging forces for enabling the forward passage of lines to the ebb and flow between offensive, defensive, and regeneration operations) showed the total KIA equaled 10,264 and the total WIA equaled 56,421.



**Figure 5-1. Killed in Action, Warfighter Exercise 23-4**

Furthermore, 70 percent of the casualties originated from FCTX with over 5,000 KIA and over 16,000 WIA.

Figures 7 and 8 show the daily casualty counts broken down by unit from each day of WFX 23-4. The number above each column is the combined number of casualties for each day of the conflict.



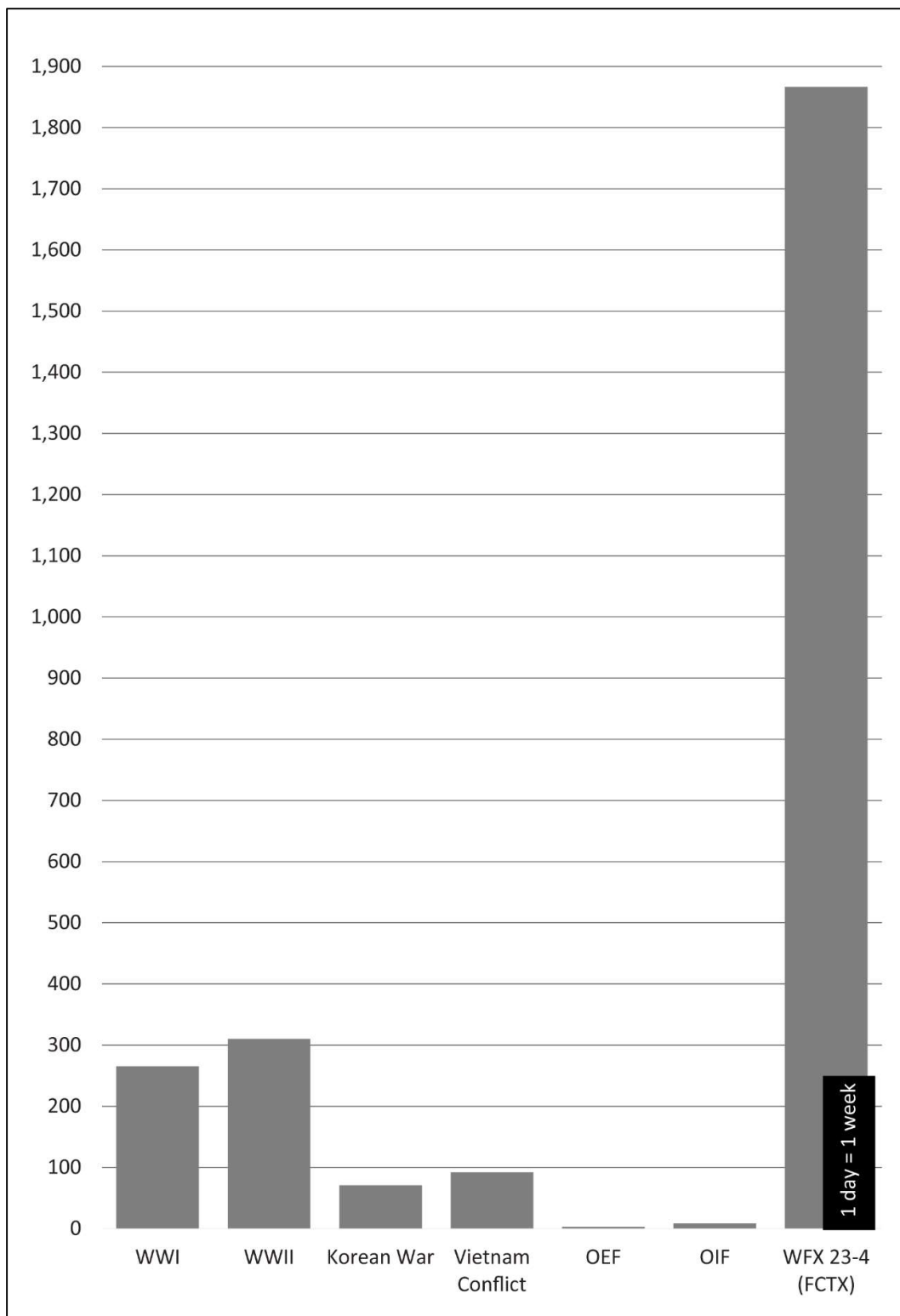
**Figure 5-2. Wounded in Action, Warfighter Exercise 23-4**

Comparatively, 60 KIA and 276 WIA on the first day of the WFX create the appearance of manageable casualty notification procedures with minimal exceptions to policy. However, by day two, casualty notifications would be completely unmanageable with the current procedures.

If the reader of this discussion assesses these casualty numbers are too unreasonable, even for a LSCO conflict, then simply drop the numbers to 10 percent. For example, 6 KIA on the first day, 87 KIA on the second day, and so on.

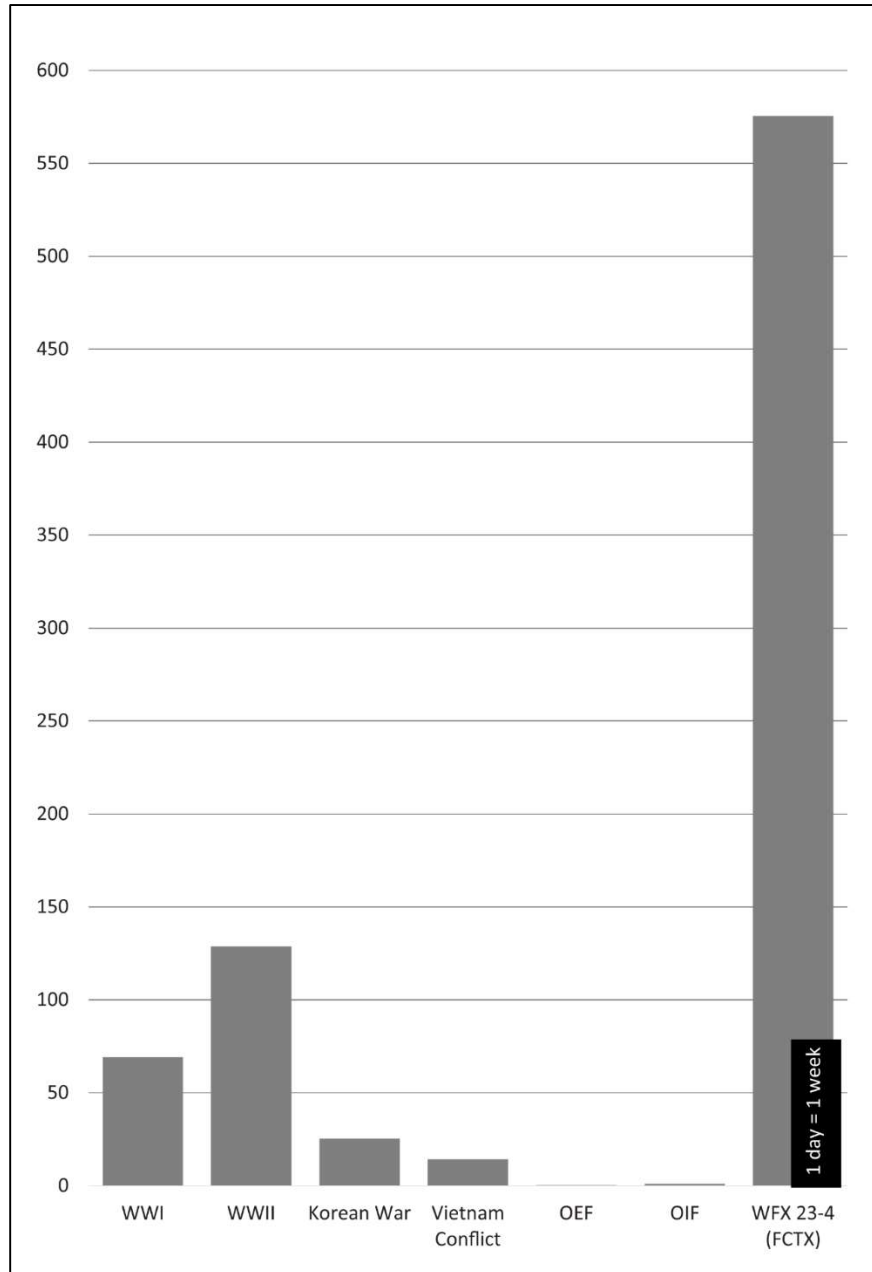
Even with a 10 percent reduction in the number of casualties, the daily totals of KIAs from FCTX would cause unsustainable casualty notifications with the current process.

Figures 9 and 10 depict the cumulative daily U.S. Army KIAs and WIAs of prior major conflicts as a comparison to the nine-day LSCO conflict during WFX 23-4. The data of the past conflicts and wars equals all Soldiers who were KIA or WIA from all engaged U.S. Army installations. This is then used to compare the numbers of expected casualties from just FCTX during a LSCO conflict. These numbers were calculated by dividing the total number of casualties by the approximate number of days that forces are engaged in the war or conflict for both KIAs and WIAs. Using World War II as an example, the total number of U.S. Army Soldiers KIA was over 230,000 within just over five years. Assessing these data points reveals approximately 129 Army Soldiers were KIA every day during World War II. While numbers of casualties will never be uniform, collecting daily casualty counts from past conflicts will be extensively laborious and time consuming, thus the cumulative comparison was selected for this analysis.



**Figure 5-3. Cumulative Daily Killed in Action in Conflicts and Warfighter 23-4**

Observable in these two figures is not only the drastic difference in the WFX casualties, but the drastic increase in daily casualties from what the U.S. Army, and FCTX in general, has experienced since the 1970s. For the reader who assesses the WFX data is too extreme to be realistic, there is an added portion of the graph which shows what daily casualties would be if one day of WFX 23-4 equaled one week in a LSCO conflict. This comparison shows U.S. Army has not seen daily casualties at 82 KIAs and 267 WIAs per day since World War II. Finally, the comparisons show the relatively low casualty notifications over the last 21 years during COIN has drastically reduced casualty notification requirements from every involved agency. This data further shows that current casualty notification procedures will fail and must be addressed prior to U.S. Forces engaging in a LSCO conflict.



**Figure 5-4. Cumulative Daily Wounded in Action in Conflicts and Warfighter 23-4**



## Recommendations

The III AC CS recommends a shift from a one-size-fits-all approach, with exceptions assessed on a case-by-case basis, to an intentionally established tiered-based approach to casualty notifications. The below recommended tiers would provide reasonable and prudent changes to processes based on capabilities at the tactical, operational, and strategic levels without making such an extreme change that does not support current fluctuating and unknown numbers of casualties. This approach will take intentional coordination and planning to ensure a seamless change between each of the tiers and to reduce the chaos that will be in place with higher numbers of casualties.

Additional recommendations are provided to support a shift to a tiered approach for casualty notifications.

**Tier 1. No change.** The CMAOD and local CAC assess they are not overwhelmed by the number of casualty notifications and continue with normal operating procedures.

**Tier 2. Surging capabilities.** The CMAOD and CAC assess they need more personnel to support the standard casualty notification process.

The CMAOD will consolidate capabilities and increase the number of personnel at the overwhelmed CAC. These additional personnel would be pulled from other centers that are not currently experiencing (or are not expected to experience) high casualty numbers. The local CAC would also request an increase in CNOs through local tasking procedures that include mass training events for all authorized and available personnel remaining at home station.

It is expected that FCTX would have 9 of 93 assigned chaplains available due to the high number of deployed personnel and chaplains involved with mobilization operations. In this tier, the Chaplain Corps would surge chaplains from all components to supplement casualty notifications and post-notification RS. This effort must be supported by the U.S. Army Reserve Command (USARC) Chaplain Directorate and National Guard Bureau (NGB) Religious Affairs Office who maintain rosters of chaplains within the geographic areas to include annotations of chaplains who volunteer to react on short notice. The Office of the Chief of Chaplains (OCCH) will maintain rosters of chaplains from other branches, retired chaplains, Department of Veterans Affairs (VA) Chaplains, and chaplain candidates who reside in the local area. This effort will provide a pool of chaplains to call upon if there are no assigned chaplains available from any components or the few remaining chaplains at home station are overwhelmed with community and rear detachment RS for chapel services, pastoral counseling to families, and providing care to wounded Soldiers returning from the conflict area. Additionally, the CMAOD will reach out to non-military religious leaders within the geographic area. The coordination will begin with local police and fire department chaplains then to civilian clergy.

The CMAOD will initiate modifications of casualty notification procedures such as maintaining telephonic notifications for ill or injured Soldiers at the CMAOD, reducing the casualty notifications to just PNOK, lengthening the time allotted to conduct notifications to greater than four hours, and enforcing notification procedures to take no longer than 30 minutes.

**Tier 3. Centralizing notifications.** The CMAOD assesses they cannot surge enough personnel to conduct casualty notifications in the geographic area within a reasonable amount of time.

The CMAOD will coordinate for one centralized area to conduct mass notifications to the PNOK. This location would be an indoor stadium, gym, or center located off post to ease access for the PNOK and surged RS providers.

As most chaplains from all components will likely be deployed or enroute, OCCH will provide post-notification RS through rosters of chaplains from other branches, retired chaplains, VA Chaplains, and chaplain candidates who reside in the local area.

Once unit deployment operations are complete, commanders should ensure all qualified personnel on rear detachment receive CNO training from the CAC.

Upon reaching Tier 2, the senior chaplain should establish an operations center to manage and track available chaplains, any volunteer civilian clergy, and to coordinate with OCCH, USARC Chaplain Directorate and NGB Religious Affairs Office to request additional forces when necessary.

The USARC Chaplain Directorate and NGB Religious Affairs Office should ensure their rosters of chaplain's locations is updated quarterly. These CS should also ask Compo 2 and 3 (Reserve/Guard) chaplains about their interest in short notice mobilizations to support a depleted home station in their geographic area.

During the annual Endorser Conference, the OCCH should discuss the reality of LSCO conflicts with a focus on RS to home stations including casualty notifications. OCCH should begin developing a roster with locations of retired chaplains and chaplain candidates to establish a pool of available religious leaders within different geographic areas.

OCCH should develop a roster of religious affairs specialists from all components or those retired ordained clergy or lay ministers and take appropriate steps to authorize their support during Tier 2 casualty notifications or RS to the depleted installation.

OCCH should coordinate with the Department of Veterans Affairs to establish a memorandum of agreement to request VA Chaplain support during a Tier 2 surge of RS assets.

The U.S. Army Installation Management Command CS should coordinate with OCCH to develop a training package for civilian clergy. The training should be distributed through local clergy outreach programs established by the garrison religious support office (RSO) or senior mission command chaplain at each installation prior to engagement by U.S. Forces in a LSCO conflict.

As the U.S. Army Institute of Religious Leadership transitions programs of instruction from a COIN-centric learning environment to incorporating LSCO warfighting, the Institute of Religious Leadership should develop programs of instruction that address home station RS during mobilization operations.

OCCH should conduct a greater assessment of how a LSCO conflict would affect casualty notifications. Specifically, OCCH should move beyond theoretical analysis and assess how LSCO would change Chaplain Corps support at each geographic area while identifying what chaplain surge capabilities will be available.

OCCH should take necessary steps to authorize chaplain candidates to support home station religious support during Tier 2 and 3. In doing so, OCCH should change AR 165-1, *Army Chaplain Corps Activities*, 5 February 2024, to read, "Chaplain candidates will not perform memorial events, or next of kin notifications during normal military operations. In the event of a mobilization

operations for a LSCO conflict, chaplain candidates may be called upon to help provide RS to nearby installations by providing religious services, conducting memorial events, or supporting casualty notifications.”

CMAOD should update doctrine within the Casualty and Mortuary Affairs Program regarding casualty preparation, disposition of remains, casualty transportation, and casualty notifications to reflect a larger casualty flow during LSCO.

OCCH should update ATP 1-05.05, *Religious Support and Casualty Care*, 28 August 2019, and ATP 1-05.01, *Religious Support and the Operations Process*, 31 July 2018, to outline actions required at home station during mobilization operations for a LSCO conflict such as recommendations listed above.

As the Army continues to shift warfighting capabilities to address the challenges of a LSCO conflict, the potential challenges to the home front must not be ignored, as doing so will lose the trust and support of the American people. The Chaplain Corps and CMAOD must work together to develop a way forward to provide respectful casualty notifications in a timely manner regardless of the number of casualties. It is the recommendation of the III AC CS that future notifications are addressed using a tiered approach with increasing requirements and capabilities at each level. However, with this shift, the Chaplain Corps and CMAOD must be able to adequately plan and prepare for extreme numbers of casualties by adjusting doctrine and training.

## References

American War and Military Operations Casualties: Lists and Statistics, Congressional Research Service, 29 July 2020.

Army Regulation (AR) 638-2, *Casualty and Mortuary Affairs, Army Mortuary Affairs Program*, 3 April 2023.

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DODI 1300-18, *DOD Personnel Casualty Matters, Policies, and Procedures*, 8 January 2018.

Field Manual (FM) 3-0, *Operations*, October 2022.

## Appendix A

### Casualty Ministry and Religious Support

#### Large Scale Combat Operations 120 Hour Religious Support Planning Tool

Casualty Ministry and Religious Support in Large Scale Combat Operations - 120 Hour RS Planning Tool									
TIME HORIZON	FOCUS	OUTPUTS	24-Apr	25-Apr	26-Apr	27-Apr	28-Apr	29-Apr	
Current Day	SUPPORT	Lessons Learned, Updates, Adjustments, Resources	PH IIIA - 1AD ME 3UK RLE in KAUNAS	PH IIIB - 1CD as ME, 3UK RLE in KAUNAS	PH IV - 1CD as ME, 1AD RLE in KAUNAS	1CD RLE in Klaipeda	Transition to Defense - TEM, Rel Svc, Memorial/Grief Events, RFF for TEM assets, Refit/Rest plan	TAB D for Transition to Stability, Planning Priorities for Stability, Low Density Area Coverage	
Next 24	CONDITIONS CHECK	Distros FRAGOs, implement and Communicate T/A/R/P	PH IIIB - 1CD as ME, 3UK RLE in VILNIUS	PH IV - 1CD as ME, 1AD RLE in KAUNAS	1CD RLE in Klaipeda	Transition to Defense - TEM, Rel Svc, Memorial/Grief Events, RFF for TEM assets, Refit/Rest plan	TAB D for Transition to Stability, Planning Priorities for Stability, Low Density Area Coverage		
Next 48	DECIDE	Submit ME/PH FRAGO, Submit RLE FRAGO, Approve T/A/R/P	PH IV - 1CD as ME, 1AD RLE in KAUNAS	1CD RLE in Klaipeda	Transition to Defense - TEM, Rel Svc, Memorial/Grief Events, RFF for TEM assets, Refit/Rest plan	TAB D for Transition to Stability, Planning Priorities for Stability, Low Density Area Coverage			
Next 72	REFINE	Draft ME/PH FRAGO, Draft RLE FRAGO, DRAFT/Feedback T/A/R/P	1CD RLE in Klaipeda	Transition to Defense - TEM, Rel Svc, Memorial/Grief Events, RFF for TEM assets, Refit/Rest plan	TAB D for Transition to Stability, Planning Priorities for Stability, Low Density Area Coverage				
Next 96	COORDINATE	Coordinate Reinforcement for ME/Phase Change, WARNO RLE to Units, Start Movement on T/A/R/P	Transition to Defense - TEM, Rel Svc, Memorial/Grief Events, RFF for TEM assets, Refit/Rest plan	TAB D for Transition to Stability, Planning Priorities for Stability, Low Density Area Coverage					
Next 120	IDENTIFY	Identify Main Effort/Phase Change, RLE opportunities, needed Tasks/Actions/Research/Processes	TAB D for Transition to Stability, Planning Priorities for Stability, Low Density Area Coverage						

**Legend**

CD	chaplain detachment
FRAGORD	fragmentary order
TEM	traumatic event management



## Appendix B

### Glossary

AD	armored division
ADM	army design methodology
AHS	Army Health System
AO	area of operation
AOR	area of responsibility
APOD	aerial port of debarkation
AR	Army regulation
ASCC	Army Service Component Command
ATP	Army techniques publication
BAS	battalion aid station
BSB	brigade support battalion
BSMC	brigade support medical company
CAC	casualty assistance center
CASEVAC	casualty evacuation
CBRN	chemical, biological, radiological, or nuclear
CCH	Chief of Chaplains
CCS	corps chaplain section
CD	chaplain detachment
CMAOD	casualty and mortuary affairs operation division
CNO	casualty notification officer
COIN	counter insurgency
CP	command post
CS	chaplain section
CSA	corps support area
CSH	combat support hospital
CTC	combat training center
DCS	division chaplain section
DOD	Department of Defense
DODD	Department of Defense Directive
DODI	Department of Defense Instruction
DOTMLPF-P	doctrine, organization, training, materiel, leadership and education, personnel, facilities, and policy
DS	direct support
DSB	division sustainment brigade
EROC	emergency religious operations center
ESC	expeditionary sustainment command
FCTX	Fort Cavazos, TX
FM	field manual
FRSD	forward resuscitative and surgical detachment
GCC	geographic combatant commander
GS	general support

HN	host nation
ID	infantry division
IMCOM	U.S. Army Installation Management Command
JMAO	joint mortuary affairs office
JP	joint publication
KIA	killed in action
LSCO	large-scale combat operations
MA	mortuary affairs
MACRMS	mortuary affairs contaminated remains mitigation sites
MASCAL	mass casualty
MCAS	medical company area support
MCTP	Mission Command Training Program
MDMP	military decision-making process
MFGI	mobilization force generating installations
MMB	multi-functional medical battalion
MRSI	multinational religious support interoperability
MTF	military treatment facilities
NATO	North Atlantic Treaty Organization
NGB	National Guard Bureau
NOK	next of kin
OC/T	observer, coach/trainer
OCCH	Office of Chief of Chaplains
OCHAP	Office of the Chaplain
PACE	primary, alternate, contingency, emergency (plan)
PNOK	primary next of kin
RFF	request for forces
RS	religious support
RSO	religious support officer
RSP	religious support plan
RST	religious support team
SCME	sustained casualty ministry at echelon
SNOK	secondary next of kin
SOP	standard operating procedure
TACSOP	tactical standard operating procedure
TEM	traumatic event management
TMAO	theater mortuary affairs office
TRADOC	U.S. Army Training and Doctrine Command
UMT	unit ministry team
USAR	U.S. Army Reserve
USARC	U.S. Army Reserve Command
USAREUR-AF	U.S. Army Europe and Africa
USARNG	U.S. Army National Guard

VA	Department of Veteran's Affairs
WFX	Warfighter exercise
WIA	wounded in action

## Notes

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<sup>1</sup> Guidelines for Military Chaplains Co-operation in a Multinational Environment.

<sup>2</sup> Joint Publication (JP) 4-02, *Joint Health Services*, December 2017.

<sup>3</sup> 805D-56M-3604, Individual Critical Task, 2017.

<sup>4</sup> 16-brigade-4800 and 16-battalion-3807, 2019.

<sup>5</sup> Army Techniques Publication (ATP) 4-46, *Multi-service Tactics, Techniques, and Procedures for Mortuary Affairs in Theaters of Operations*, 3 August 2022.

<sup>6</sup> Department of Defense Directive (DODD) 6490.02E.

<sup>7</sup> Ibid.

<sup>8</sup> ATP 4-46.

<sup>9</sup> Ibid.

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

<sup>14</sup> Guidelines for Military Chaplains Cooperation in a Multinational Environment (also known as, Chaplains Cooperation Guidelines), International Chiefs of Chaplains' Conference, January 2020.

<sup>15</sup> Joint Publication (JP) 3.0, *Joint Campaigns and Operations*, 18 June 2022.

<sup>16</sup> Army Regulation (AR) 34-1 *Interoperability*, 9 April 2020.

<sup>17</sup> Ibid.



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