



# Department of Defense DIRECTIVE

October 6, 1994  
NUMBER 2205.2

ASD(SO/LIC)

**SUBJECT:** Humanitarian and Civic Assistance (HCA) Provided in Conjunction with Military Operations

**Reference:** (a) Section 401 of title 10, United States Code  
(b) DoD Directive 5111.1, "Under Secretary of Defense for Policy (USD(P))," July 6, 1993  
(c) DoD Directive 5100.3, "Support to the Headquarters of Unified, Specified, and Subordinate Joint Commands," November 1, 1988

## A. PURPOSE

This Directive establishes DoD policy and assigns responsibilities for the conduct of HCA activities governed by reference (a). (See definition 2 in enclosure 1).

## B. APPLICABILITY

This Directive applies to the Office of the Secretary of Defense (OSD), the Military Departments, the Chairman of the Joint Chiefs of Staff, the Unified Combatant Commands, the Inspector General of the Department of Defense, the Defense Agencies, and the DoD Field Activities.

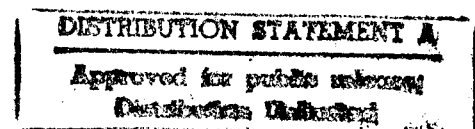
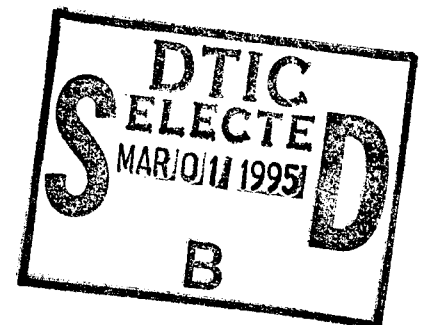
## C. DEFINITIONS

Terms used in this Directive are defined in enclosure 1.

## D. POLICY

It is DoD policy that:

1. HCA activities must promote the following:
  - a. The security interests of both the United States and the country in which the activities are carried out.
  - b. The specific operational readiness skills of the members of the U.S. Armed Forces who participate in the activities.
  - c. The foreign policy interests of the United States.



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2. HCA activities shall complement, and may not duplicate, any other form of social or economic assistance that may be provided to the country concerned by any other Department or Agency of the United States.

3. HCA activities shall serve the basic economic and social needs of the people of the country concerned.

4. HCA may not be provided directly or indirectly to any individual, group, or organization engaged in military or paramilitary activity.

5. HCA activities shall be conducted with the approval of the host country's national and local civilian authorities.

6. HCA activities (other than De Minimis HCA, as defined in item 1 of enclosure 1) conducted in a foreign country require the specific approval of the Secretary of State.

7. U.S. commanders may engage in certain activities essential to the accomplishment of their military operation that result in incidental benefits to the local population, but that are not considered to be activities under 10 U.S.C. 401 (reference (a)). For example, to establish a base camp, a commander may order wells dug, land cleared, and a road cut through the jungle.

8. To ensure that U.S. Armed Forces personnel participate in a particular HCA activity in a meaningful manner, U.S. military occupational specialists must provide services relevant to their specialty. Medical HCA activities, for example, should include personnel such as U.S. military doctors, dentists, nurses, pharmacists, or health administrators. Engineer HCA activities should include personnel such as masons, electricians, carpenters, or heavy construction equipment operators. To ensure that the proper training experience is gained by U.S. forces participating in HCA activities, a reasonable balance must be maintained between U.S. forces and whatever foreign troops are participating.

9. Expenses incurred as a direct result of providing HCA (other than De Minimis HCA) to a foreign country shall be paid out of funds specifically appropriated for such purposes. These incremental expenses shall include the costs of consumable materials, supplies, and services, if any, that are reasonably necessary to provide the HCA. They shall not include costs associated with the military operation (e.g., transportation, personnel expenses, petroleum, oil and lubricants, repair of equipment, etc.), which likely would have been incurred whether or not the HCA was provided.

#### E. RESPONSIBILITIES

1. The Under Secretary of Defense for Policy shall:

a. Develop, coordinate, and oversee the implementation of policy for the provision of

humanitarian assistance under DoD Directive 5111.1 (reference (b)).

b. Ensure that the Assistant Secretary of Defense for Special Operations and Low-Intensity Conflict acts as the program manager for the HCA program, with responsibility to:

(1) Serve as the sole DoD point of contact for HCA with other Executive Branch Agencies, unless otherwise stated herein.

(2) Develop and prescribe procedures for implementing this Directive to ensure that all HCA activities to which this Directive applies meet its policy requirements.

(3) Review and approve HCA activities (other than De Minimis HCA) and oversee their implementation, including:

(a) Reviewing, recommending changes to, and approving annual HCA activity plans proposed by the Unified Combatant Commands to ensure, in particular, that the activities proposed conform to the policy requirements of this Directive.

(b) Reviewing, recommending, and approving proposed changes to the annual HCA program in response to mid-year assessments of program execution, changes in foreign policy priorities, changes in scheduled U.S. military exercises or operations, and other factors.

(c) Coordinating proposed HCA activities, including annual activity plans and changes to them, with and obtaining the concurrence of the Secretaries of the Military Departments; the Assistant Secretaries of Defense for International Security Affairs, International Security Policy, Reserve Affairs, and Health Affairs; the General Counsel of the Department of Defense; and the Comptroller of the Department of Defense, as appropriate.

(d) Seeking the Secretary of State's approval of DoD-proposed HCA activities.

(e) Monitoring execution of HCA to ensure that completed activities have achieved the desired results and continue to reflect the policy requirements of this Directive.

(4) Review mid-year and end-of-year status reports, prepared by the Unified Combatant Commands and forwarded by the Chairman of the Joint Chiefs of Staff, concerning HCA activities (other than De Minimis HCA) to provide effective oversight of the execution of the approved annual HCA program, make mid-year adjustment recommendations, and better understand the program to develop effective policy and strategy for implementing future HCA activities.

(5) Serve as the DoD principal point of contact with Congress about HCA, including coordinating responses to congressional inquiries and audits and preparing and submitting reports to Congress in compliance with statutory requirements.

2. The General Counsel of the Department of Defense shall review and advise Under Secretary of Defense for Policy (USD(P)) regarding compliance with statutory and other legal requirements applicable to HCA activities.

3. The Comptroller of the Department of Defense shall review and advise USD(P) about programming and budgeting for HCA activities.

4. The Under Secretary of Defense for Personnel and Readiness shall ensure that:

a. The Assistant Secretary of Defense for Reserve Affairs reviews and recommends to USD(P) changes, as appropriate, to HCA activities (other than De Minimis HCA) proposed by the Unified Combatant Commands to ensure that HCA activities involving Reserve Component personnel enhance the operational readiness skills of these personnel.

b. The Assistant Secretary of Defense for Health Affairs reviews and recommends to USD(P) changes, as appropriate, to HCA activities (other than De Minimis HCA) proposed by the Unified Combatant Commands to ensure that HCA activities involving Medical personnel enhance the operational readiness skills of these personnel.

5. The Chairman of the Joint Chiefs of Staff shall:

a. Review, coordinate, and forward with recommendations, as appropriate, to USD(P) for approval, annual execution plans proposed by the Unified Combatant Commands for HCA (other than De Minimis HCA).

b. Review, coordinate, and forward with recommendations, as appropriate, to USD(P) for approval, changes to the previously approved annual execution plans for HCA that are proposed by the Unified Combatant Commands in response to mid-year assessments of program execution, changes in foreign policy priorities, changes in scheduled U.S. military exercises or operations, or other factors.

c. Ensure that Unified Combatant Commands monitor results of HCA activities and forward to USD(P) Unified Combatant Command reports concerning the overall effectiveness and long-term impact of such activities.

d. Review and forward to USD(P) and the Secretaries of the Military Departments mid-year and end-of-year status reports submitted by the Unified Combatant Commands concerning those HCA activities (other than De Minimis HCA), approved under subparagraph E.1.b.(3), above, that were performed during the fiscal year, including information about projects completed and in progress, and cost and obligation data relevant to these projects.

6. The Commanders of the Unified Combatant Commands, under guidance promulgated by OSD, shall:

a. Develop a proposed annual execution plan for HCA activities (other than De Minimis HCA) to be conducted within their areas of responsibility (AOR). This proposal shall be submitted to the Chairman of the Joint Chiefs of Staff for review and forwarding to USD(P) for approval.

b. Develop and submit to the Chairman of the Joint Chiefs of Staff for review and forwarding to USD(P) for approval, proposed changes to the previously approved annual execution plan for HCA made in response to mid-year assessments of program implementation, changes in foreign policy priorities, changes in scheduled U.S. military exercises or operations, and other factors.

c. Execute HCA activities in conjunction with military operations conducted in their AORs.

d. Ensure that HCA activities in their AORs conform to U.S. policy as outlined in section D., above, as well as to any other applicable policies and statutes; meet host-country needs and are conducted with the approval of the host-country's civilian authorities; and enhance the specific operational readiness skills of the members of the U.S. military who participate in these activities.

e. Ensure that HCA activities (other than De Minimis HCA) are conducted with the approval of the appropriate U.S. Ambassadors and obtain any required diplomatic notes, temporary status of forces agreements, and/or memoranda of agreement required to conduct HCA activities.

f. Monitor results of HCA activities and report through the Chairman of the Joint Chiefs of Staff to USD(P) on the overall effectiveness and long-term impact of such activities.

g. Submit through the Chairman of the Joint Chiefs of Staff to USD(P), mid-year and end-of-year status reports, prepared in coordination with cognizant Military Departments, on those HCA activities (other than De Minimis HCA) approved under subparagraph E.1.b.(3), above, that were performed during the fiscal year, including information on projects completed and in progress, and cost and obligation data relevant to these projects.

7. The Secretaries of the Military Departments shall:


a. Include in their programming and budget requests amounts for HCA activities (other than De Minimis HCA) conducted by those Unified Combatant Commands for which the Secretaries serve as Executive Agents, pursuant to DoD Directive 5100.3 (reference (c)).

b. Review and recommend to USD(P) changes, as appropriate, to HCA activities (other than De Minimis HCA) proposed by the Unified Combatant Commands to ensure that those activities enhance the specific operational readiness skills of the U.S. military personnel who participate in such activities.

c. Coordinate with the Unified Combatant Commands that they support, pursuant to reference (c), in the preparation of Unified Combatant Command-submitted HCA mid-year and end-of-year status reports.

F. EFFECTIVE DATE

This Directive is effective immediately.



John M. Deutch  
Deputy Secretary of Defense

Enclosure  
Definitions

DEFINITIONS

1. De Minimis Humanitarian and Civic Assistance (HCA). HCA provided under 10 U.S.C. 401(c)(2) (reference (a)) and incurring only minimal expenditures for incidental costs. The determination that an expenditure is "minimal" shall be made by the Commanders of the Unified Combatant Commands, for activities in countries falling within their respective areas of responsibility: in the exercise of the Commander's reasonable judgement, in light of the overall cost of the military operation in which such expenditure is incurred, for an activity that is merely incidental to the military operation, by taking into account the amount of time spent on such activity during the course of the military operation, and by reflecting the Congressional intent that modest activities not be subject to burdensome paperwork and other requirements. The following activities constitute examples of De Minimis HCA:

- a. A unit doctor's examination of villagers for a few hours, with the administration of several shots and the issuance of some medicine, but not the deployment of a medical team for the purpose of providing mass inoculations to the local populace.
- b. The opening of an access road through trees and underbrush for several hundred yards, but not the asphaltting of a roadway.

2. Humanitarian and Civic Assistance (HCA). The following activities, conducted under the authority of reference (a) and this Directive and related Instructions, that are performed in conjunction with authorized military operations:

- a. Medical, dental, and veterinary care provided in rural areas of a country.
- b. Construction of rudimentary surface transportation systems.
- c. Well-drilling and construction of basic sanitation facilities.
- d. Rudimentary construction and repair of public facilities.

3. Military Operation. A military action or the carrying out of a strategic, tactical, service, training, exercise, or administrative military mission.

4. Operational Readiness Skills. Skills possessed by Service members that enable them to contribute effectively to the capability of their unit and/or formation, ship, weapon system, or equipment to perform the missions or functions for which it was organized or designed.

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