CHAPTER 10

EVOLVING ROLES AND MISSIONS FOR THE RESERVE COMPONENTS IN RESPONDING TO INCIDENTS INVOLVING WEAPONS OF MASS DESTRUCTION

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Our nation received a wake-up call with the Oklahoma City, World Trade Center, and Khobar Towers bombing incidents. These seminal events spurred Congress and federal, state, and local government agencies to actively assess the nation's readiness to respond to an incident involving a weapon of mass destruction (WMD). The assessments have led to the development of a plethora of response capabilities, training programs, and research and development initiatives. The federal government has made WMD consequence management (CM) preparedness one of five major program thrusts associated with countering domestic threats, and the President's budget contains $1.5 billion towards defense against WMD in FY01. Almost 42 percent ($630M) is dedicated to preparing for and responding to a WMD incident, another 41 percent to research and development, and nearly 13 percent to physical security of government facilities.

Within the $630M for preparation and response activities, nearly 30 percent is targeted for special response units and between 15-17 percent each for public health infrastructure, first responder equipment, and first responder training and exercising. Combined, the Department of Defense (DoD) has budgeted $86M in FY01. While seemingly small in relation to the total governmental effort, much of what DoD brings to the integrated response effort is already part of its mission funding, so the above represents targeted funding, specifically for WMD. Of this

amount, the DoD funding profile ($75M in FY01) is targeted to Reserve Component (RC) integration into this vital area and on which the remainder of this chapter is focused.

Early in the dialog to establish a seamless and integrated response to a WMD incident, the Deputy Secretary of Defense established that Reserve components needed to be fully integrated into the Department's WMD response capabilities.

Why the Guard and Reserve? In part because the Reserve components have always been a forward-deployed force for responding to domestic disasters. So, their participation in WMD incidents was a natural extension of this existing response capability. But more importantly, Guard and Reserve members live and work in more than four thousand communities nationwide and have a unique community-based legitimacy that encompasses regional language and a knowledge of the local geography and urban terrain. They are a part of the community infrastructure and understand the local culture. Many are already familiar with local emergency response plans and procedures and have close links with the fire, police, and emergency medical personnel who will be first on the scene. They may even be an element of the local response infrastructure. Other RC members are already trained in the combat support/combat service support capabilities that are needed in a disaster response situation. Some have experience in performing disaster response with local communities because of a previous response to natural or man-made disasters. For these reasons, our RCs are an obvious first choice for supporting the local responders in almost every situation.

Since 1997, a number of documents have institutionalized RC involvement in WMD CM activities. The "Tiger Team Report," Defense Reform Initiative #25, and two Defense Planning Guidance documents have identified roles and missions and funding responsibilities for the RC. Specifically, the January 1998 Tiger Team Report identified required response capabilities in the

aftermath of a WMD attack and which Reserve components/functions could augment elements of the Federal Response Plan. The Secretary of Defense accepted and implemented some portions of the report through the program budget decision process, which identified resources to ensure the recommendations were implemented.

Also in January 1998, Defense Reform Initiative #25 requested a DoD plan for integrating the Guard and Reserve into domestic WMD terrorism response. Two subsequent Defense Planning Guidance (DPG) documents directed the Services to "program for equipment, operations, exercises, and sustainment of RC response forces that support civil authorities in managing consequences of terrorist use of WMD." The direction of these two DPG documents was significant because it established WMD CM as a competing priority with other defense initiatives, even though WMD CM response had not been identified as an RC "mission."

On January 26, 1998, the Deputy Secretary of Defense approved DoD's Plan for "Integrating the Guard and Reserve into Domestic Weapons of Mass Destruction Terrorism Response." The approved plan leverages unique Guard and Reserve capabilities to improve DoD's ability to plan for and respond to the significant and growing threat posed to U.S. citizens by WMD, such as nuclear detonation, release of a biological agents such as anthrax, or chemical substances like sarin gas. Concurrently, it created a new type of unit (WMD Civil Support Team [CST]) to help fill the existing gaps in civilian response capabilities, especially those of local responders, who need to rapidly determine the precise nature of WMD attacks.

The Guard and Reserve share many of the same capabilities, which include aviation operations, search and rescue, engineer operations, transportation, maintenance, law enforcement, fire-fighting, mortuary affairs, explosive

ordnance, bridging operations, communications, command and control, medical assets, and chemical capabilities.

The National Guard has an additional organizational asset unique to the Guard. In many states, the Adjutant General is also responsible for state emergency management. This "dual hat" is often the key to a timely and effective response. Additionally, the Guard, as a state controlled and directed asset, has the ability to get to the disaster event well before other federal assets could respond. Concurrently, the Reserves are part of our federal force and do not report to the governors. Therefore, while they have similar kinds of capabilities, such as airlift and medical forces, as well as unique capabilities, such as Civil Affairs, they are part of the federal response and cannot be engaged until there is a federally declared emergency. This slows the response time but does not diminish their contribution once on the scene. Together, the Guard and Reserve forge a formidable team, already uniquely trained and pre-positioned throughout the United States, ready to respond within hours of a disaster event. Because of these inherent advantages, the DoD is aggressively evaluating how it can leverage existing Guard and Reserve capabilities for a WMD response.

Prior to the initiative to fully integrate the RCs, the Active Components had a variety of response capabilities, most of which were found in the Army: two response task forces, technical escort and explosive ordnance disposal units, defense coordinating officers, and the congressionally-mandated Chemical/biological Rapid Response Team. Additionally, the Marine Corps had a 370-member Chemical-Biological Incident Response Force. Emergency Preparedness Liaison Officers (EPLOs), who are Selected Reserve officers, augmented this WMD response capability. These elements, with the exception of the EPLOs, have a war fighting requirement, but can perform their functions in the United States as part of the regular hazard response for normal disasters, and would be called upon in a WMD incident as well. This assumes a

presidential disaster declaration. But, as was discussed earlier, when time is of the essence, the Guard can be mobilized faster to provide the support that's needed quickly in an initial state response. And key to this initiative was to fully integrate the RCs.

With that goal in mind, some of the capabilities currently in development are primarily state assets. The WMD CSTs (formally known as Rapid Assessment and Initial Detection [RAID] Teams) were designed to be state assets, operating within federal doctrine, but under the command and control of the state governor, via the State Adjutant General; and therefore, they are able to respond to a local/state disaster or emergency well before federal response assets could be brought to bear. Their primary mission is to rapidly respond/move to the incident site to assist the local incident commanders in assessing the nature of the emergency/disaster, to advise local authorities on how to proceed, and to facilitate the application of appropriate DoD support and technical assistance. Ten teams were established in 1999, one in each of the ten Federal Emergency Management Agency (FEMA) Regions. An additional 17 teams have been authorized and will be placed in areas of high population density or in remote areas such as Alaska and Hawaii. FY2000 funding for these teams was $74.7 million, and the FY 2001 budget request is $47.9. The existing teams have been undergoing a vigorous training and exercise program, and the final pieces of their equipment are being procured and integrated.

In addition to the CSTs, DoD is also equipping and training existing Guard and Reserve units that already have decontamination and reconnaissance type war-fighting skills on how to work with civilian first responders as part of the incident command system. During the next several years, DoD will complete the training and equipping of over 100 decontamination and nearly 50 reconnaissance elements units in the Army Reserve and Army National Guard. Medical Patient Decontamination Teams in the Air National Guard and Air Force Reserve will

also receive additional training in domestic response casualty decontamination and will be provided with both military and commercial off-the-shelf equipment and enhanced training in civilian HAZMAT procedures.

Finally, the "Tiger Team" report identified 13 additional areas where DoD would most likely be asked to provide support to the civilian community. All are areas where the Guard and Reserve maintain considerable mission capability and are areas we are going to explore in more depth. These include support in five medical areas: stress management, NBC medical response, medical decontamination, preventive medicine, and pharmacology. In the next few years, DoD will also examine leveraging existing Guard and Reserve capabilities in communications, transportation, logistics, mortuary affairs, information, security, and engineering.

While we can point to notable successes in establishing and integrating our RCs into the WMD response, there are still significant challenges to overcome before we reach full integration. The stand-up of the Joint Task Force Civil Support at United States Joint Forces Command will provide an on-scene standing military organization structure and command and control capability. The recently published RC Employment-2005 Study identified several WMD CM roles for the RC, but also pointed out that there is a severe shortage of force protection equipment for our forces, both active and reserve, which may limit their ability to effectively respond. This is an area that must be addressed quickly. Finally, it is likely that any WMD incident will require a regional response rather than a local or state effort. Effecting this response will require better coordination and organizational integration, and additional training and exercising, if we are to be successful.

Security is a national imperative. DoD is taking comprehensive steps to execute policies and plans to better prepare and respond to an ever increasing array of threats, including the domestic use of WMD. DoD will continue to

explore ways to make our RCs a fully integrated part of our national WMD threat response.