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# RESPONDING TO THE UNTHINKABLE:
## THE RESERVE COMPONENTS' ROLE IN RECOVERING FROM A BIOLOGICAL INCIDENT

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## INTRODUCTION

With the potential proliferation of chemical, biological, radiological, nuclear, and high-yield explosive (CBRNE) capabilities throughout the world an already challenging security environment grows even more daunting every day. Whether occurring naturally, released unintentionally, or dispersed with a deliberately diabolic intent, the effects of a release of these mechanisms can transcend even the immediate devastation they may portend. Beyond massive death and injury, these agents could attack the very core of the Nation's security, economic strength, and physical and mental well-being. As such, the military component of this Nation's defense must begin pondering the "unthinkable," postulating the role it may have to play in mitigating, responding to, and recovering from this kind of catastrophe. With that possibility in mind, the United States Army War College's Center for Strategic Leadership conducted a focused workshop bringing together over 100 participants from local, regional, state, and federal entities to review contemporary plans, policies, and procedures for Disaster Response, and to postulate how those initiatives could meet the required response following the catastrophic introduction of a CBRNE event. Particular focus was directed on how the Army's Reserve Components, the Army Reserve, and the National Guard, would fit into the equation. Three different scenarios were considered—one biological, one radiological, and one nuclear. This paper addresses the workshop's findings related to response following a pandemic biological incident in the United States.

## THE BIOLOGICAL OUTBREAK SCENARIO

The scenario portrayed a pandemic influenza outbreak transmitted to residents of Johnstown, Pennsylvania by a young boy who acquired the virus during a family vacation in Japan. The virus appeared to originate in a small village in south China, from which in two months time the disease spread to Hong Kong, Singapore, South Korea, and Japan. The Center for Disease Control (CDC) tracked the outbreak's introduction to the U.S. through stricken airline passengers arriving from Hong Kong in four major cities. Within weeks local reports of absenteeism in schools and businesses began to rise at an alarming rate. Hospitals were simultaneously overwhelmed and understaffed as physicians, technicians, and nurses alike appeared to succumb to the virus. Schools, government offices, and workplaces closed as a result of a large percentage of students and employees becoming ill. Essential services, such as fire, sanitation, electricity, water treatment, and other general services became constrained as the effects of the pandemic were felt among the workforce in those sectors.

### CONSEQUENCE MANAGEMENT MISSIONS FOR THE MILITARY

The scenario did not contain a terrorist activity and therefore, by definition, would not technically call for "consequence management" procedures. Nevertheless, the potential devastation accompanying the second and third order effects of the pandemic would call for most of the same capabilities and skill sets that would be required of the military in responding to a CBRNE event resulting from the deliberate introduction of a biological agent. Accordingly, workshop participants identified the following mission areas as those which would require at least partial augmentation by uniformed forces:

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- Medical Augmentation, to include personnel, equipment, and specialized forensic capabilities. Triage centers to compensate for saturated civilian emergency room facilities, bed, and shelter compounds to accommodate expected hospital overflow
- Distribution and Transportation Services, to accommodate dispensing of vital vaccines, antitoxins and the like. Security forces to deter violence and disorder in said distribution
- General Infrastructure Service and Maintenance, filling the gaps of a depleted workforce in vital sectors such as water, fire, communications, and energy
- Law Enforcement Augmentation, as required by a depleted force and rising unrest
- Quarantine Enforcement and Support, primarily through transportation and delivery services
- Contaminated Waste Disposal
- Mortuary Affairs Support

## COMMAND AND CONTROL OF MILITARY RESPONSE FORCES

Participants noted that military augmentation could be shared across all four armed services and across the breadth of the Army's active duty, Reserve, and National Guard. They also noted, however, that certain missions recommended themselves better to the active duty component and reserve forces under Title 10 jurisdiction, such as most medical augmentation missions; and some were more suited to the National Guard under Title 32 and/or State Active Duty (SAD) status , such as direct support to law enforcement entities. To ensure the most effective Command and Control of all forces, therefore, the participants recommended that a combined Joint Task Force of active and reserve component forces be established and assigned in response to incidents like the one described in the scenario. In deference to established relationships with state and local officials, command of the Joint Task Force would be delegated to a senior member of the National Guard, who would respond to the U.S. Northern Command in issues surrounding his Title 10 charges, and to the state's governor for issues surrounding control and employment of the Title 32/SAD National Guard elements. Participants noted that this construct was recently exercised in support of the G-8 summit at Sea Island, Georgia, and then again at both Democratic and Republican National Conventions in Boston and New York, respectively.

## INTEGRATION WITH FEDERAL STATE AND LOCAL AGENCIES

Whatever the command and control composition may be, the fact that the military is capable of responding to calls for assistance from the civil sector is only part of the requirement. The proper interaction with engaged agencies at the federal, state, and local level will do much to determine the ultimate efficacy of military support. Participants noted that each of the mission areas identified above demands this sort of interaction, with general requirements being delineated by local Incident Commanders; initial coordination of those requirements orchestrated through state emergency management agencies; and final coordination of the federal multi-agency response (to include the military) under Federal Emergency Management Agency (FEMA) oversight of the appropriate elements of the National Response Plan. Workshop participants noted particular elements of the state, local, and federal governments that would be essential in addressing the concerns of an epidemic such as the one portrayed in the scenario. At the state and local levels this included law enforcement officials, public health authorities, and public and private sector officials in charge of essential municipal service infrastructure. Regarding federal jurisdiction, participants discussed essential interaction with FEMA's Disaster Mortuary Services, the CDC, and other elements of the Department of Health and Human Services. At all levels, the workshop members pointed to the importance of "tapping" state and local emergency operations centers for access to vital databases and practiced coordination links throughout the public and private sectors.

## MITIGATING SHORTFALLS

Despite their best efforts, resource constraints, fiscal realities, and the relative likelihood of an incident such as the one described here preclude local, state, and federal officials from being totally prepared for "all hazards, all the time." Nevertheless, workshop participants did identify certain shortfalls for which additional steps should be taken:

- Bed Spaces are a recurring concern in every mass casualty discussion. Civilian hospitals consistently operate at 85% to 95% of capacity. Discussions on the issue frequently include recommendations for augmenting these scarce resources with excess capacity available through the Veteran's Administration hospital system, but these too are a finite resource. Participants suggested that immediate attention be devoted to preparing "field expedient" capabilities for augmenting this basic requirement, ranging from setting up beds in indoor stadiums to setting up tent cities in the field.
- Mortuary Affair demands may quickly outstrip capabilities, even with armed forces augmentation. In the Army, for instance, there are only three Mortuary Affairs units: one in the active component, and two in the reserves. Should a mass casualty event occur, such as that one envisioned here, these will be almost immediately overwhelmed, leaving the Departments of Homeland Security and Health and Human Services little in the way of additional specialized capacity. However, participants noted that other types of mobilized forces could be counted upon to perform some of the "lower end" aspects of mortuary service, to include assisting in "bagging and tagging" the massive numbers of casualties this situation could portend.
- Reserve Force Composition is seldom optimized for domestic support. Workshop participants suggested that a significant element of that component should be adjusted toward that end, focusing particularly on the transportation, communication, and distribution capabilities frequently envisioned in mass casualty exercises. These kinds of forces should be reasonably distributed to allow for a certain capability within all states and territories, building upon Emergency Management Assistance Compacts (EMACs) and other cooperative measures where possible.
- Contingency Planning tends to be inadequate. For much of the population, including its leadership, the circumstances described in all three of the workshop's scenarios remain in the realm of the "unthinkable." While this may be understandable, it is undoubtedly irresponsible. Rudimentary contingency plans for meeting these kinds of disasters must be begun. In as much as the military contains more of the requisite skills and experience than any other segment of society in developing contingency plans, the offer for assistance to state and local officials should be immediately forthcoming—especially from the ranks of the Guard and Reserves.

## CONCLUSION

Pandemic catastrophe in the United States is not without precedent. In 1968 and 1969 over 34,000 deaths occurred in this country from the so-called "Hong Kong flu" and in 1957-58 well over twice that number were lost to the "Asian flu." The most horrible example was experienced in the 1918 Influenza Pandemic, where 28% of the American population was infected resulting in an estimated 675,000 deaths.

In spite of the advances in medicinal science, today's transient society–wherein hundreds upon hundreds of air, land, and sea travelers could serve as the unsuspecting "vectors"–may prove more vulnerable to pandemic diseases than any before. That ominous forecast comes before the acknowledgement that walking among us are men who would deliberately, dispassionately, and indiscriminately decimate untold numbers of men, women, and children in pursuit of a radical fundamentalist dream. The threat to our people may not be immediate, but it is ominously real. Federal, state, and local governments must devote themselves to cold assessments and dedicated preparations for that reality. Our leadership must be prepared to make calculated decisions that will on the one hand force raw prioritization of life saving resources, and on the other hand impose strict constraints on a society for whom constraints are rare. Academic and experiential learning environments must be prepared and exercised to bring our leaders to a level of knowledge that will prepare them for the decisions we hope they will never face. And the military must be prepared to serve them, with disciplined forces and unique capabilities, wherever and however they legally can.

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