STRATEGY RESEARCH PROJECT

The views expressed in this paper are those of the author and do not necessarily reflect the views of the Department of Defense or any of its agencies. This document may not be released for open publication until it has been cleared by the appropriate military service or government agency.

COMBATING BIOLOGICAL TERRORISM: IS DEPARTMENT OF DEFENSE PREPARED TO SUPPORT U.S. GOVERNMENT INTERAGENCY QUARANTINE OPERATIONS?

BY

LIEUTENANT COLONEL MICHAEL E. STOUT
United States Army

DISTRIBUTION STATEMENT A:
Approved for Public Release.
Distribution is Unlimited.

USAWC CLASS OF 2000

U.S. ARMY WAR COLLEGE, CARLISLE BARRACKS, PA 17013-5050

DTIC QUALITY INSPECTED 4

20000619 010

USAWC STRATEGY RESEARCH PROJECT

Combating Biological Terrorism: Is Department of Defense Prepared to Support U.S. Government Interagency Quarantine Operations?

by

LTC Michael E. Stout
Civil Affairs

COL Joe Robinson
Project Advisor

The views expressed in this academic research paper are those of the author and do not necessarily reflect the official policy or position of the U.S. Government, the Department of Defense, or any of its agencies.

U.S. Army War College
CARLISLE BARRACKS, PENNSYLVANIA 17013

DISTRIBUTION STATEMENT A:
Approved for public release.
Distribution is unlimited.

ABSTRACT

AUTHOR: LTC Michael E. Stout

TITLE: Combating Terrorism: Is Department of Defense Prepared to Support U.S. Government Interagency Quarantine Operations?

FORMAT: Strategy Research Project

DATE: 17 March 2000 PAGES: 29 CLASSIFICATION: Unclassified

The threat of biological terrorism, long ignored and denied, has heightened over the past few years as illustrated by the 1995 Aum Shinrikyo sarin attack in the Tokyo subway system. Many experts in the field of combating terrorism state that it is not "if " but "when" a terrorist will detonate a biological weapon(s) in the United States.

If this is the case, is the Department of Defense prepared to support the U.S. Government's interagency effort to establish, maintain and enforce a quarantine operation? Specifically, is current doctrine, policy, and interagency infrastructure (specifically DoD) adequate to respond to an incident of biological terrorism (to support quarantine operations) in a major U.S. metropolitan city?

As a result of this heightened threat, President Clinton announced a series of sweeping combating terrorism policy initiatives during his remarks at the United States Naval Academy Commencement on May 22, 1998. These initiatives included the signing of Presidential Decision Directives 62 and 63 (follow-up to PDD 39) which among other aspects, set-up the office of the National Coordinator for Security, Infrastructure Protection, and Counter-terrorism within the National Security Council. This was a watershed step in the Federal government's ability to finally assert a collective and coordinated (Interagency) effort in the area of combating terrorism. These land mark initiatives definitely went a long way to solidify the U.S. government's national commitment to protect the nation's critical infrastructure and population from the effects of terrorist's attacks involving weapons of mass destruction to include nuclear, chemical, and biological threats.

As outlined in the Federal Response Plan (FRP) the Department of Defense is a key support partner in the U.S. Government's Interagency fight to combat terrorism and is well equipped to provide both specialized and general-purpose units specifically trained to handle incidents involving nuclear, chemical and biological agents. DoD's technical units include the U.S. Army Technical Escort Unit (TEU), U.S. Marine Chemical Biological Incident Response Force (CBIRF), U. S. Army Medical Research Institute of Infectious Disease (USAMRIID) Aero-medical Isolation Teams, U.S. Army Biological Incident Detection (BIDS) units, and various special mission units (SMUs). Additionally, DoD general-purpose capabilities include, but are not limited to, medical, transportation, military police, civil affairs, and chemical units all trained to operate in a contaminated environment.

Some of the aforementioned units are not specifically trained to conduct quarantine operations per se. However, their day to day assigned mission essential task List (METL) certainly provide the requisite basic and specialized skills to assist the Department of Health and Human Services/Public

Health Services (DHHS/PHS) which are designated as the Interagency lead for quarantine operations. The Department of Agriculture and the Department of Health and Human Services are the only federal agencies with the legal authority to institute quarantines for either animals or humans. However, normally an individual from either the local or state health department, closest to the incident site, will be the one to make the decision to institute a local quarantine operation.

Though DoD is prepared to provide a myriad of support forces to combat terrorism (as outlined above) a request for their specific assistance must originate from the incident site commander (local first responders), to the Lead Federal Agency (FBI-crisis response and FEMA-consequence management), to the National Command Authority (NCA) for approval as outlined in the Federal Response Plan (FRP).

To further prepare for the over all mission of Homeland Defense, DoD established the Joint Task Force- Civil Support at Joint Forces Command in Norfolk, VA in Oct 1999. The establishment of this joint command codifies the DoD commitment to support the federal Interagency response to combating terrorism through a consolidated and collective DoD command. Accordingly, the office of the Assistant to the Secretary of Defense for Civil Support provides the civilian oversight of the JTF-CS.

Current DoD WMD doctrine, policy, and infrastructure initiatives have prepared DoD to fully support any LFA request for assistance in establishing and enforcing a quarantine operations as a result of a biological terrorism incident.

TABLE OF CONTENTS

ABSTRACT III

COMBATING BIOLOGICAL TERRORISM: IS DEPARTMENT OF DEFENSE PREPARED TO SUPPORT U.S. GOVERNEMNT INTERAGENCY QUARANTINE OPERATIONS? 1

EVOLUTION OF U.S. NATIONAL QUARANTINE POLICY FORMULATION 3

U.S. NATIONAL DISASTER/TERRORISM RESPONSE FRAMEWORK (POLICIES AND AUTHORITIES) 4

DOD POLICY FOR DOMESTIC OPERATIONS (MACA AND MACDIS AUTHORITIES) 7

DOD DOCTRINE FOR RESPONSE TO BIOLOGICAL TERRORISM (WMD) 9

DOD CAPABILITIES TO SUPPORT BIOLOGICAL TERRORISM (QUARANTINE OPERATIONS) 10

ANALYSIS OF DOD CAPABILITIES TO SUPPORT BIO-TERRORISM (QUARANTINE OPERATIONS) 11

EXAMPLE OF DOD PREPAREDNESS 11

CONCLUSION 12

ENDNOTES 15

BIBLIOGRAPHY 17

COMBATING BIOLOGICAL TERRORISM: IS DEPARTMENT OF DEFENSE PREPARED TO SUPPORT U.S. GOVERNEMNT INTERAGENCY QUARANTINE OPERATIONS?

The thesis of this paper is to present the case that Department of Defense (DoD) is prepared to support interagency requests to assist local incident commanders (first responders) to manage quarantine operation(s) as a result of a terrorist's use of a biological weapon of mass destruction. The scope of this paper is narrowly defined as DoD's consequence management "support role" as part of the total interagency team only. This paper will not attempt to answer if the entire U.S. Interagency Team is prepared for biological quarantine operations, just if DoD is prepared to support their requests for technical and non-technical assistance. The areas of history, policy, doctrine, and response infrastructure will be reviewed to frame the discussion illustrating DoD's preparedness.

In 1918, the Spanish Flu virus caused the worst pandemic the world has even seen. In just eleven months at least twenty four million people died. Most infected individuals never knew what hit them; in the morning they felt fine; by night they could be dead - - drowned as their lungs filled with fluid.[1] There was no explanation, no protection, and no cure. The pandemic produced scenes of death in Gothic proportions. In Philadelphia eleven thousand people died of the flu in one month. The dead were left in gutters, and death carts roamed the city in a surreal scene from a medieval times. As the deaths mounted all over the world, orderly life became to break down. Schools and churches closed; farms and factories shut down; homeless children wandered the streets; their parents vanished. The acting U.S. Surgeon General, Victor Vaugn, calculated that if the pandemic continued its mathematical rate of acceleration, it soon could spell the end of mankind.[2] Could terrorists initiate a similar pandemic?

The twentieth century is replete with a growing trend of disenfranchised individuals resorting to terrorism in an effort to effect change in present society. The first biological terrorist event in the United States occurred in 1984. Followers of Bhagwan Shree, an Indian guru of the Rajneeshee religious cult, attempted to affect the results of a local political election. Their plan of attack was to infect Dalles, Oregon residents with *Salmonella* via the city water source. They conducted a pre-test by contaminating ten local restaurants with *S. Typhimurium* on several occasions. These multiple covert attacks resulted in over seven hundred and fifty one confirmed cases of *Salmonella* in a community that normally reports an average of five cases yearly.[3] In 1995 Shoko Asahara, leader of the doomsday cult Aum Shinryko released sarin gas in the Tokyo subway killing twelve people. He told his followers that in the coming conflict between good and evil they would have to fight with every available weapon.[4] Had the triggering device utilized smallpox vs. sarin the potential kill rate could have been increased exponentially. Though Sarin is not contagious because it is a chemical agent, the attack still illustrates the intent of terrorist to use both manmade and natural weapons to affect change.

These two examples are extremely fourth telling of the potential catastrophic chemical and biological terrorist capabilities of covert cells operating throughout the United States. Is this a new

phenomenon occurring just in the United States? Is this a sign of the coming apocalypse of warfare of the future?

The answer to the first question is a resounding **no**. History is replete with both ancient and recent examples of worldwide biological warfare/terrorism and their devastating results on military and civilian populations. Military leaders in the Middle Ages recognized that victims of infections could become weapons themselves. Gabriel de Mussis, a notary, saw the Tatar attack on Caffa, a well fortified, Genoese-controlled seaport) modern Feodosiya, Ukraine), in 1346.[5] De Mussis described how the plague-weakened aggressors catapulted victims of plague into the town:

> (The Tartars), fatigued by such a plague and pestiferous disease, stupefied and amazed, observing themselves dying without hope of health ordered cadavers placed on hurling machines and thrown into city of Caffa, so that by means of these intolerable passengers the defenders died widely.[6]

An epidemic of plague followed, forcing a retreat of the Genoese forces. Some historians believe this event caused the epidemic of plague that swept across medieval Europe killing 25 million. On several occasions, smallpox has been used as a biological weapon in the New World. Pizzar is said to have presented indigenous peoples of South America with variola-contaminated clothing in the 15th century, and the English did the same when Sir Jefferey Amherst provided Indians loyal to the French with smallpox-laden blankets during the French and Indian War (1754-1767).[7]

More recent historical instances include; Japanese Army's (Unit 731) biological warfare medical experiments against the Chinese during WW II, Russia's alleged use of mycotoxins (yellow rain) in Laos in the 1970s and early 1980s, Aum Shinrikyo's (religious sect) Sarin attack of the Tokyo subway in 1995, 1995 arrest of Texas extremist group members for threatening to kill the U.S. president and Attorney General with bio-agents, and the 1998-1999 Anthrax hoaxes in the United States.[8] The number of countries involved in biological weapons experimentation has grown from four in the 1960s to eleven in the 1990s.[9]

All the above historical examples illustrate the potential "clear and present danger" that the United States currently faces as a result of a terrorist's use of a biological weapons of mass destruction. Though the current intelligence assessment of the probability of a terrorist's use of a bio-agent against the United States is low, the potential catastrophic results of even a single metropolitan biological terrorist incident is almost unthinkable in the amount of death and destruction which could result without prompt medical counter-actions. For this reason, our national quarantine policy must be explicitly documented, well thought out and tested prior to any biological terrorist event or accident.

The first step in an attempt to determine DoD's ability to support interagency quarantine support operations is to define what quarantine operations are and who is responsible to carry out them out. Webster's II (New Riverside University Dictionary) defines quarantine as follows: **1a**. A period of enforced

isolation at a port of entry that is imposed on a vehicle, a person, or material suspected of carrying a contagious disease. **b.** A place for such isolation. **2.** Enforced isolation or restriction of the spread of movement imposed to prevent contagious disease. **4.** A period of 40 days. The need to effect Quarantine operations to protect civilian populations from disease and pestilence is not a new phenomenon. In fact, quarantine, as we presently understand it, can be traced back to fourteenth century efforts to protect coastal cities from plague epidemics. Ships arriving in Venice were required to wait forty days in the harbor before landing. This practice, called quarantine, was derived from the Latin word *quaresma,* meaning forty.[10]

EVOLUTION OF U.S. NATIONAL QUARANTINE POLICY FORMULATION

Initially, the United States did very little to prevent importation of infectious diseases. However, recurring yellow fever and cholera epidemics lead to the passage of the Federal Quarantine Legislation by Congress in 1878, while not conflicting with state's rights, paved the way for Federal involvement in quarantine operations. 1921 turned over all local quarantine operations to the Federal Government. In 1941 the Public Health Service Act clearly established the Federal Government's quarantine authority for the first time.[11]

Initially, the Department of Treasury contained Quarantine and its parent organization, the Public Health Service. But in 1939 the federal Service Agency was established which included both PHS and quarantine. In 1953, PHS and quarantine joined the Department of Health, Education and Welfare (HEW). Quarantine was then transferred in 1967 to the National Communicable Disease Center, now known as the Centers for Disease Control and Prevention, and the Department of Health and Human Services, a successor to HEW.[12] When CDC assumed responsibility for Quarantine, it was a large organization with over 500 staff members and 55 quarantine stations located at every port, international airport and major border crossings.[13]

In the 1970s CDC reduced the size of the organization and changed its focus from routine inspection to program management and problem intervention. The new focus included an enhanced surveillance system to monitor the onset of epidemics abroad and prepare for the new demands of international traffic.

The Public Health Service Act gave the U.S. Public Health Service responsibility for preventing the introduction, transmission, and spread of communicable diseases from foreign countries into the United States. Under its delegated authority, the Division of Quarantine is empowered to detain, medically examine, or conditionally release individuals and wildlife suspected of carrying a communicable disease. The current list of quarantinable diseases contained in an Executive Order from the President are as follows; cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, and viral hemorrhagic fevers (Marburg, Ebola and Congo-Crimean).[14]

Presently, the Division of Quarantine is part of the CDC's National Center for Infectious Diseases and is headquartered in Atlanta, Georgia. Quarantine stations are located in Atlanta, New York, Miami, Chicago, Los Angeles, San Francisco, Seattle, Honolulu, Frankfurt, and Bangkok.[15]

U.S. NATIONAL DISASTER/TERRORISM RESPONSE FRAMEWORK (POLICIES AND AUTHORITIES)

The combined emergency management authorities, policies, procedures, and resources of local, State, and Federal governments as well as voluntary disaster relief organizations, the private sector, and international sources constitute a national disaster response framework for providing assistance following a major disaster or emergency.[16] There are four key documents that define our National Policy on combating terrorism: National Security Decision Directive (NSDD) 207, Jan 20, 1986, Presidential Decision Directive 39, U.S. Policy on Counterterrorism, June 21, 1995, Presidential Decision Directive 62, Protection Against Unconventional Threats to the Homeland and Americans Overseas, May 22, 1998, Presidential Decision Directive 63, and the Protection of Critical Infrastructure Against Terrorist Attacks, May 22, 1998. This paper will focus mainly on PDD 39 and PDD 62 respectively.

Presidential Decision Directive 39 (PDD-39), U.S. Policy on Counterterrorism, establishes policy to reduce the Nation's vulnerability to terrorism, deter and respond to terrorism, and strengthen capabilities to detect, prevent, defeat, and manage the consequences of terrorist use of weapons of mass destruction (WMD). PDD 39 states that the United States will have the ability to respond rapidly and decisively to terrorism directed against Americans wherever it occurs, arrest, or defeat the perpetrators using all appropriate instruments against the sponsoring organizations and governments, and provide recovery relief to victims, as permitted by law.[17] PDD 39 validates and reaffirms existing lead agency responsibilities for all assets of the U.S. counterterrorism effort. The Department of Justice (DOJ) is designated as the lead agency for threats or acts of terrorism within U.S. territory. DoJ assigns lead responsibility for operational response to the Federal Bureau of Investigation (FBI). Within that role, the FBI operates as the on-scene manager for the Federal government. It is FBI policy that crisis management will involve only those Federal agencies requested by the FBI to provide expert guidance and/or assistance, as described in the PDD-39 Domestic Deployment Guidelines (classified) and the FBI WMD Incident Contingency Plan.[18] This Lead Federal Agency concept is the basic building block of the Federal Response System and paramount for an understanding of the current sequencing of the Federal response system.

The Federal Emergency Management Agency (FEMA) is designated as the lead agency for (terrorism) consequence management within the U.S. territory. FEMA retains authority and responsibility to act as the lead agency for consequence management throughout the Federal response. It is FEMA policy to use FRP structures to coordinate all Federal assistance to State and local governments for consequence management. To insure there is one overall Lead Federal Agency (LFA), PDD-39 directs

FEMA to support the Department of Justice (as designated by FBI) until the Attorney General transfers the overall LFA role to FEMA.

Executive Order number 12656, assigns FEMA as the lead federal agency for all domestic disaster relief. Their Federal Response Plan (FRP) is the corner stone of the U.S. Federal response system. The FRP establishes a process and structure for the systematic, coordinated, and effective delivery of Federal assistance to address the consequences of any major disaster or emergency declared under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (42 U.S.C. 5121 et seq.).[19] The FRP defines 12 Emergency Support Functions (ESFs) for which certain agencies have either a primary or supporting role.

ESF 1 - Transportation. (Department of Transportation)
ESF 2 - Communications. (Office of Science and Technology Policy)
ESF 3 - Public Works and Engineering. (DoD/Army Corps of Engineers)
ESF 4 - Fire fighting. (Department of Agriculture/Forrest Service)
ESF 5 - Information and Planning. (FEMA)
ESF 6 - Mass Care. (American Red Cross)
ESF 7 - Resource Support. (General Services Administration)
ESF 8 - Health and Medical Services. (U.S. Public Health Service)
ESF 9 - Urban Search and Rescue. (FEMA)
ESF 10 - Hazardous Materials. (Environmental Protection Agency)
ESF 11 - Food. (Department of Agriculture)
ESF 12 - Energy. (Department of Energy)

As illustrated above, DoD is just one of the components of the national response "kit bag" available to the Director of FEMA if and when the President declares a major disaster and or an emergency. Normally these requests for Federal assistance are generated at the local and State levels through their respective State Governors. Normally, the State Governors will only request Federal assistance when their combined State assets are depleted or they do not have the organic capability to respond to a specific emergency or disaster. The FRP is built around a Lead Federal Agency response concept that assigns responsibility for crisis management to the Federal Bureau of Investigation and consequence management to the Federal Emergency Management Agency. Crisis management is defined as measures to identify, acquire, and plan the use of resources needed to anticipate, prevent, and/or resolve a threat or act of terrorism. Consequence management is defined as those measures to protect public health and safety, restore essential government services, and provide emergency relief to governments, businesses, and individuals affected by the consequences of terrorism.

The "bedrock" operating premise for DoD is that it will always be a supporting agency to the LFAs and never in a lead response role. Because of DoD's significant resources (personnel, equipment, and

supplies) and their ability to rapidly mobilize these assets, the assumption is that DoD will be rapidly called upon to support the Federal response to a major disaster or emergency. DoD will normally provide support only when other resources are unavailable and only if such support does not interfere with its primary missions or ability to respond to operational contingencies.[20]

Though FBI and FEMA are charged as the LFAs for all continental U.S. responses to disasters and emergencies the fact remains that they do not have the adequate resources or technical expertise to deal with the myriad of all the possible disasters by themselves. Normally, other interagency partners are designated as the leads because of their agency's and charter i.e. DHHS/PHS for health related issues. The bottom line is that the FRP allows the Federal government to "task organize" an interagency response based on the parameters of the specific disaster or emergency and the exact capability that the State Governor has requested.

As directed in PDD-39, the Department of Health and Human Services (HHS) will activate technical operations capabilities to support the Federal response to threats or acts of WMD terrorism. HHS may coordinate with individual agencies identified in the HHS Health and Medical Services Support Plan for the Federal Response Plan for the Federal response to Acts of Chemical/Biological (C/B) terrorism, to use the structure, relationships, and capabilities described in the HHS plan to support response operations. Under this plan, the HHS on-scene representative will coordinate, through the ESF #8 (see diagram below) - - Health and Medical Services Leader, the HHS plan response with the FEMA official (either ROC Director or FCO), who is responsible under PDD-39 for on-scene coordination for all Federal support to State and local governments.

The HHS response may include threat assessment, consultation, agent identification, epidemiological investigation, hazard detection and reduction, decontamination, public health support, and pharmaceutical support operations.[21] Clearly, the Public Health Service (PHS) has the Federal lead for quarantine policy/operations as outlined in PDD-39 and the FRP. As such, HHS/PHS has established the Office of Emergency Preparedness to facilitate this area of specialized responsibility. However, the Centers for Disease Control (CDC) will most likely continue to provide the actual technical expertise to the HHS/PHS lead effort in support of the LFA, either FBI or FEMA. The CDC has recently established the Office of Bioterrorism to provide this function.

PDD-62 re-affirms and enhances the tenets of PDD-39. It establishes an overarching policy and assignment of responsibilities to terrorist acts involving WMD. The most important impact of PDD 62 is in the policy arena. It designated a National Coordinator for Security, Infrastructure Protection, and Counter-terrorism at the National Security Council. It also established three NSC sub-groups: Counter Terrorism Security Group (CSG), Critical Infrastructure Coordination Group (CICG), and Weapons of Mass Destruction Protection (WMDP) Group. These key focus of these NSC groups are to coordinate local, State, and Federal response, funding, and provide first responder training.[22]

The creation of the WMDP is especially noteworthy concerning the complex legal, operational, and public affairs issues concerning any biological terrorism quarantine (consequence management)

operation. The sub-groups within the WMDP are chaired by the lead Federal agencies with responsibilities in the areas of; Assistance to State and Local Authorities (NSC chair), Preventing WMD From Entering the U.S. (Treasury chair), Contingency Planning & Exercises (DoD/FBI co-chairs), Intelligence (CIA/FBI co-chairs), Research & Development (OSTP chair), Security of WMD Related Materials in the U.S. (DOE/HHS co-chair), and Legislative & Legal Issues (DoJ chair). Together PDD-39 and PDD-62 clearly define the authorities, responsibilities, funding (approval/constraints), command and the control infrastructure of the interagency team to combat terrorism on a national level in a coordinated and fiscally responsible manner.[23]

The result of PDD-39, PDD-62 is that there is finally one single individual at the NSC level responsible to oversee and coordinate the full spectrum of possible interagency response capabilities to combat terrorism on the National level.

DOD POLICY FOR DOMESTIC OPERATIONS (MACA AND MACDIS AUTHORITIES)

The starting point for all DoD support for domestic operations is DoDD 3025.15. This directive governs all DoD military assistance provided to civil authorities within the 50 states, District of Columbia, Puerto Rico, U.S. possessions and territories. It provides criteria against which all requests for support are evaluated. ***The Secretary of Defense has reserved to himself the authority to approve DOD support for civil disturbances and responses to acts of terrorism.***[24]

The statutory basis for providing immediate relief is the Stafford Act. Under the U.S. constitutional system the state has primary responsibility for responding to disasters. The Stafford Act its predecessors (which date back to 1950) provide a means by which the Federal government can assist State governments in fulfilling those responsibilities. [25] There are five mechanisms which trigger involvement of Federal troops (excludes National Guard troops under their assigned Title 32 State role);

- President's emergency 10-day authority. (42 U.S.C. 5170b(c)
- Presidential declaration of a major disaster. (42 U.S.C. 5170)
- Presidential declaration of an emergency. (U.S.C. 5191(a)
- Federal primary responsibility. (42 U.S.C. 5191(b)
- Immediate Response Authority. (DoD 3025.1) not Stafford Act.

In DoD 3025.1 the SECDEF appointed the Secretary of the Army as the DoD Executive Agent for disaster relief operations. As, such he is the approval authority for all such support, unless it involves CINC assigned forces. The Director of Military Support (DOMS) is the Secretary of the Army's action agent. DOMS coordinates and monitors the DoD effort through the DCO.[26]

Based on the magnitude and type of disaster and the anticipated level of resources involvement, DoD may establish a Joint Task Force (JTF) or Response Task Forces (RTF) to consolidate and manage supporting operational military activities. Both task forces are temporary, multi-service organizations

created to provide a consequence management response to a major natural or manmade disaster or emergency. The JTF responds to major disasters such as hurricanes or floods. The RTF responds to events involving the use o, or possible use, of chemical, biological, and/or highly explosive agents/materials. A JTF or RTF commander exercises operational control of all allocated DoD assets (except USACE personnel executing ESF # 3 missions and Joint Special Operations Task Force).[27]

As of 1 Oct 1999 the United States Forces Command (USJTFCOM) Joint Task Force Civil Support (JTF/CS) has assumed the role of disaster response for all incidents involving weapons of mass destruction. Army DOMS retains the action agent for natural disasters. The mission of the JTF/CS is to on order deploy to vicinity of a WMD incident site in support of the LFA, establish command and control of designated DoD forces and provide military assistance to civil authorities to save lives, prevent human suffering, and establish critical life support systems. On order conduct transition operations and redeploy.

The DoD civilian oversight of the JTF/CS is provided by the newly activated Office of the Assistant Secretary of Defense for Civil Support that reports directly to the Secretary of Defense (SECDEF).[28]

Civil Disturbance is the second major area in which DoD may become involved in as directed by the President of the United States (the first is Disaster Relief as described above). The President has constitutional (Art IV, 4) and statutory authority (10 U.S.C. 3310334) to use the Armed Forces to suppress insurrection and domestic violence, the primary responsibility for protecting life and property and maintaining law and order in the civilian community is vested in the State and local governments. Military resources may be employed <u>in support</u> **of** civilian law enforcement operations in the fifty (50) States, the District of Columbia, the Commonwealth of Puerto Rico, and the U.S. territories and possessions. Any employment of military forces in support of law enforcement operations shall maintain primacy of civilian authority (DoD Directive 3025.12).

Upon the request of a Governor or State Legislature, the President may permit the use of Armed Forces to enforce the law. However, the President must first issue a proclamation, prepared by the Attorney General, to the insurgents directing them to disperse within a limited time. At the end of the time period the President may issue an executive order directing the use of the armed forces i.e. Executive Order 12804 (1 May 1992) for the EO issued for the use of armed forces in connection with the Los Angeles riots.[29]

Upon SECDEF approval, directs the SECARMY, along with DOMS, in coordination with CJCS, direct the required DoD assistance, normally by designating supported and supporting CINCs. The DoD Civil Disturbance Plan GARDEN PLOT will be implemented, with modifications as necessary.[30]

The Insurrection Act (10 U.S.C. 331-334) is the only exception to the normal restrictions of the Posse Comitatus Act (18 U.S.C. 1385) which normally prohibits use of Army and Air Force personnel to execute the civilian laws of the United States. "except in cases and under circumstances expressly authorized by the Constitution or Act of Congress." This prohibition is applicable to Navy and Marine Corps personnel as a matter of DoD policy (see DoD Directive 5525.5). Posse Comitatus does not apply to National Guard personnel operating under their Title 32 duties to the State Governor). Consequently,

during civil disturbance operations, forces may directly enforce the law. However, the overarching policy of providing support to civilian officials should be kept in mind.

DOD DOCTRINE FOR RESPONSE TO BIOLOGICAL TERRORISM (WMD)

DoD response doctrine has evolved from ADHOC Task Forces (XVIII Airborne Corps, II MEF, 2nd Flt, 8th AF) to Response Task Forces (1st Army RTF-East and 5th Army RTF-West) to a standing Joint Command (Joint Task Force Civil Support). The result of this evolutionary process is a joint command and control response mechanism that, by design, is totally integrated in the tiered federal response system.[31]

The JTF-CS Mission is on order to deploy the JTF to vicinity of a WMD incident in support of the LFA, establish command and control of designated DoD forces and provide military assistance to civil authorities to save lives, prevent human suffering, and establish critical life support systems. On order conduct transition operations and re-deploy.[32] The JTF has a standing staff of 38 (+) plus battle rostered staff and augmentation. It includes all Services from all components and is responsible for equipping, training, and exercising issues. The JTF is designed to respond to chemical, nuclear, radiological, high yield explosives, and biological scenarios. The key to the JTF-CS is that it is a full spectrum response capability that it is a functional Joint Task Force subordinate to USJFCOM. It clearly is subordinate to civilian control, always in support of a lead federal agency, and committed to preserving and protecting individual dignity and freedom.

The initiation of the JTF-CS brought about fundamental changes to the systemic way DoD responds to incidents involving WMD and the way support requests are routed (for approval) within DoD. The Secretary of Defense directed the Secretary of the Army to act as the DoD executive agent to plan for and commit DoD resources in response to requests from civil authorities. This includes military support to civil authorities (MSCA), Military Assistance for Civil Disturbances (MACDIS), Special Events, Domestic Preparedness Training Program, Consequence management Program Integration Office (COMPIO), critical asset assurance program (CAAP), and Continuity of operations program (COOP).[33] Though it may seem that the JTF-CS and DOMS are in direct conflict to facilitate support requests from the National Command Authority to SECDEF because they both are in the coordination line, there is a distinct line between their respective authorities. The Director of Military Support (DOMS) serves as the SECARMY's action agent that tasks Services, CINCs and Defense Agencies.

DOMS handles all generic requests for military support to civilian authorities except when the requests involve a deliberate or unintentional event involving a nuclear, biological, chemical or radiological weapon or device, or large conventional explosives, that produces catastrophic loss of life or property. Simply stated, the support request comes into the DoD via the NCA then hits a fork in the road, if it is WMD in nature it goes to USJFCOM, if it is generic military support i.e. helicopters to support hurricane relief operations then it goes to DOMS for action (see diagram 1-3). This clear line of DoD responsibility to facilitate a support request is transparent to the LFA requester. It is important to

remember that this system deals with all federal forces with the exception of National Guard forces operating in their state role or Title 32 status. A State governor "owns" his own National Guard assets and call them up independently from the process described above.

DOD CAPABILITIES TO SUPPORT BIOLOGICAL TERRORISM (QUARANTINE OPERATIONS)

For the purpose of this thesis, there are two areas that define DoD areas of expertise to respond to bio-terrorism - - technical expertise and general response. The technical expertise includes all those capabilities that involve technical skills specially designed and tailored for biological response i.e. specialized explosive (52nd EOD), special mission units (SMUs) and DoD research labs (USAMRIID, USAMRIC, NMRI). General response are those support activities that can assist manpower intensive areas such as; military police, public affairs, medical, transportation, communications, engineer, chemical brigades, mortuary affairs, civil affairs, and logistics units. Most of these type units are located throughout the U.S. in USAR and NG community Armories and Reserve Centers.

The Soldiers Biological and Chemical Command (SBCCOM) is the key provider for technical response capabilities for biological terrorism and weapons of mass destruction. These capabilities include detection (biological identification and detection units-BIDS units/Portal Shield), mitigation, transportation and rendering safe capability of chemical and biological devices (U.S. Army Technical Escort Unit -TEU), technical reach-back response (USAMRIC-technical labs), and initial technical command and control elements (Chemical, biological, rapid response team-CBRRT and military support detachment rapid assessment and initial detection teams-MSD RAIDs). These units represent organic DoD chemical and biological capabilities/assets with primary responsibility for supporting DoD's war fighting mission, but can and do support national, state, and local missions as directed from the NCA and SECDEF.

The second area of technical expertise is medical laboratory support. The U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID), U.S. Naval Medical Research Institute (NMRI), and the Defense Threat Reduction Agency (DTRA) provide the bulk of DoD's ability for "shooter to scientist" reach-back capability for experts in biological weapons, agents, and modeling. Additionally, USAMRIID also provides the capability to stabilize and transport biological casualties under high-level biosafety containment via their Aeromedical Isolation Team. USAMRIID routinely works in support of PHS/HHS and CDC head agency efforts in biological type incidents.

The general response area includes both active duty (AC) and reserve component (RC) assets. However, due to the proximity of National Guard (Air Guard) and other reserve component forces (Army, Navy, Marine, Air Force, and Coast Guard) to the biological incident site - - the RC will probably be the first units of choice for general support. The RC is especially robust in the areas of combat support and combat service support (military police, water purification, chemical decontamination, medical, transportation, civil affairs, communications, engineer, and public affairs units to name a few). These forces are exactly the assets that the civilian first responders will run out of first, due to extended operations and possible biological contamination.

ANALYSIS OF DOD CAPABILITIES TO SUPPORT BIO-TERRORISM (QUARANTINE OPERATIONS)

An analysis of DoD's capability to support an interagency biological quarantine effort is a complex matter at best. This is due to the absence of any terrorist initiated biological incidents resulting in interagency quarantine operations to measure quantitative results. However, there are two key indicators that provide a "dip stick" to measure DoD's expertise - - real world technical assistance and various government reports i.e. GAO Combating Terrorism Report –June 1999. DoD technical (TEU) and medical (USAMRIID) assets are regularly involved in operations both domestically and internationally in support of real-world biological incidents and offer operational "snap shops" of DoD 's bio-capabilities. USAMRIID routinely provides diagnostic and epidemiological support to federal, state, and local agencies such as:[34]

- massive immunization program instituted during the Venezuelan equine encephalitis outbreak in the Americas in 1971;
- support to PHS during the Legionnaire's disease in Philadelphia in 1976;
- management of patients suspected of having African viral hemorratic fever in Sweden during the 1980s;
- international support during the outbreak of Rift Valley fever in Mauritania in 1989;
- assistance with the outbreak of Ebola infections among monkeys imported to Reston, Virginia, in 1990;
- epidemiological and diagnostic support to the World Health Organization-Centers for Disease Control and Prevention field team that studied the Ebola outbreak in Zaire in 1995

The U.S. Army TEU is also heavily requested and utilized by federal, state, and local first responders. Their mission is to identify, isolate, render-safe, mitigate, transportation, and/or destroy biological agents and devices i.e. brucella bomblets dug up at Wright Patterson AFB, Dayton, Ohio in 1995 (TEU). The TEU has executed this mission for both chemical and biological incidents since the 1940s and is extremely experienced.

EXAMPLE OF DOD PREPAREDNESS

On October 4, 1989 an event occurred ten miles west of Washington, DC, just beyond the beltway that had profound potential for catastrophic biological devastation - - The Reston Monkey House incident.[35] The event involved a company called Hazelton Research Products, a Division of Corning, Inc. which imported and sold laboratory animals to research facilities throughout the U.S. During a routine inspection of their Reston Primate Quarantine Unit, a consultant veterinarian discovered two monkeys dead in their crates. This was not unusual, since monkeys die during shipments. However, in the next three weeks an unusual number of monkeys started to die from the October shipment of Philippine monkeys from the Ferlite Farms. After a medical examination of one of the dead monkeys, the vet consultant called a virologist at USAMRIID at Ft. Detrick for help in the identification of a suspected simian hemorrhagic fever. As a result of USAMRIID's positive identification of an Ebola (Marburg)

variant, USAMRIID deployed a team to Reston to isolate and contain the outbreak. This event was the defining moment that showcased DoD's quick technical response capability to support a potential national or regional biological crisis. The Reston incident is probably the closest the U.S. has come to a full-blown biological disaster since the pandemic flu outbreak of 1918. Few people understand how close this nation really came to the reality of a potential second national disaster. The only saving grace was that the Ebola (Marburg) variant (now known as the Ebola Reston) did not species jump from monkeys to humans. This has not always been the case in Africa.

The Reston Monkey House incident only measured DoD's technical capability to respond in support of interagency mitigation efforts of a biological incident as it pertains to the collection, sampling, isolation, identification, containment, and destruction activities of a virus. There is another potential side of any biological incident -quarantine operations. This will normally result from a failure to recognize that a biological incident has even taken place, due to the incubation period of the virus or misdiagnosis of the on-setting disease symptoms of victims. Certainly the challenges for local, state, and federal agencies to institute and enforce quarantine operations are numerous. However, any requests for DoD to support interagency quarantine operations would be very similar to any other complex contingency that the Active or Reserve Component s routinely respond to on any given day throughout the year i.e. floods, hurricanes, building collapses, tornadoes, and peacekeeping operations to name a few. The difference is that the response would be in a contaminated environment. The fact that DoD routinely trains for their war fighting missions in chemical and biological environments provides for a high level of expertise in any civilian capacity.

CONCLUSION

Probably the most telling indicator of current DoD terrorism response capability is the findings included in the Combating Terrorism: "Analysis of Federal Countererrorist Exercises" Briefing Report to Congressional Committees published by the Government Accounting Office (GAO) dated June 1999. The report outlines DoD's participation in over 143 interagency exercises, of which they led 97 (68%) of the exercises. Of the DoD-led exercises, 53 (55%) were tabletop and 44 (45%) were field exercises. Most included WMD scenarios and 62 (66%) included 3 or more federal agencies which included State, FBI, DOE, HHS and EPA. DoD also sponsored the four exercises that included foreign government participants, as well as three no-notice exercises.[36]

DoD also sponsors the Domestic Preparedness Program exercises carried out in major U.S. cities. This program also included major federal, state, and local field exercises (chemical and biological) in Denver in 1997 and Philadelphia in 1998. DoD also established the Interagency Terrorism Response Awareness Program, which includes tabletop exercises that bring together senior agency officials within the counterterrorism community to coordinate policy issues. DoD schedules several interagency field exercises, including the Eligible Receiver series, which are sponsored by the Chairman of the Joint Chiefs of Staff, and the Eligible series, which are field exercises conducted by one of the geographic theater commanders (CINCs). These major exercises usually include participation by other federal agencies.

For example, in June of 1998, DOD conducted a weeklong WMD crisis management exercise, which included FBI, State, FEMA, DOE, and HHS. [37]

DoD is fully prepared ***to support*** interagency WMD biological quarantine operations from both a technical and a general response perspective because of its investments in WMD policy, doctrine, and infrastructure in the 1980s and 1990s. DoD's robust organic ability to operate in both a chemical and biological environment provides the National Command Authority (NCA) an interagency option that is second to none in both worldwide civilian and military arenas. This technical ability coupled with the myriad of National (PDD 39, 62, 63), DoD (DoDDs i.e. 3025.15) policies provides a baseline expertise that can fully integrate and cooperate with local, state, and federal incident commanders in a timely manner.

Day to day, current and future research and development investments in both civilian and military research laboratories are resulting in more and more advanced prototypes of biological agent detection, identification, and mitigation equipment. Tentative Medical biotech breakthroughs in the area of genometherapy could lead to quantum leaps in medical protocols and procedures in the early years of the 21st century.

Biological terrorism and warfare have been around for ages and will continue to be a threat well into the next century. Only through a continued commitment by DoD and the federal government to fund military and civilian biological research and development programs can we hope to survive the coming storm of biological terrorism. Senator Sam Nunn may be prophetic in his quote "I, like many of my colleagues, believe there is a high likelihood that a chemical or biological incident will take place on American soil in the next several years.[38] We must be prepared as a nation to respond and survive.

DoD is fully prepared to support the Lead Federal Agencies (LFA) responsible for crisis and consequence management to include response to biological quarantine operations. This enstate is a result of in-depth analysis of DoD's organic specialized chemical, biological, and medical assets (U.S. Army Technical Escort Unit, Marine Corps Chemical Biological Incident Response Force, and U.S. Army Medical Research Institute of Infectious Diseases) coupled to a robust response infrastructure (Joint Task Force Civil Support -United States Joint Forces Command, Norfolk, VA).

WORD COUNT=6,206

ENDNOTES

[1] Donna Shalala, "Collaboration in the Fight Against Infectious Diseases," Emerging Infectious Diseases, 4 (July-September 1998): 1.

[2] Ibid.

[3] Joseph E. McDade and David Franz, "Bioterrorism as a Public Health Threat," Emerging Infectious Diseases, 4 (July-September 1998): 1.

[4] Jessica Stern, " The Prospect of Domestic Bioterrorism," Emerging Infectious Diseases, 5 (July-August 1999): 2.

[5] W.C. Patrick, Overview of Biological Warfare (Fredrick, MD: Unpublished manuscript, Oct 0,1992), quoted in Borden Institute, Office of the Surgeon General, United States Army, Medical Aspects of Chemical and Biological Warfare, Washington, DC: TMM Publications, 1997.

[6] Ibid.

[7] Ibid.

[8] Ibid.

[9] D.A. Henderson, "Bioterrorism as a Public Threat," Emerging Infectious Diseases, 4 (July-September 1998): 1.

[10] "Division of Quarantine History", available from HTTP://www.cdc.gov/nciDoD/dq/history.htm: Internet; accessed 15 October 1999.

[11] Ibid.

[12] Ibid.

[13] Ibid.

[14] Ibid.

[15] Ibid.

[16] Ibid.

[17] Office of the Federal Emergency Management Agency, Federal Response Plan, (Washington, DC.: U.S. Government Printing Office, April 1999, 1.

[18] Ibid.

[19] Ibid.

[20] Ibid.

[21] Ibid.

[22] Joseph, Rozek, " Combating Terrorism US Army War College Briefing" briefing slides with no scripted commentary, Pentagon, Office of the Assistant Secretary of Defense for Special Operations and Low Intensity Conflict, Combating Terrorism Directorate, 6 May 1999.

[23] Ibid.

[24] Federal Response Plan, Chapter 27, "Domestic Operations," April 1999, 1-3.

[25] Ibid.

[26] Ibid.

[27] Federal Response Plan, April 1999, 16.

[28] Joint Task Force Civil Support Information Briefing for Jan 2000.

[29] Federal Response Plan, April 1999, 1.

[30] Ibid.

[31] Joint Task Force Civil Support Information Briefing for Jan 2000.

[32] Ibid.

[33] Weapons of Mass Destruction (WMD), briefing slides with no scripted commentary, Pentagon, Washington, DC, U.S. Army Director of Military Support.

[34] Borden Institute, Office of the Surgeon General, United States Army, Medical Aspects of Chemical and Biological Warfare, Washington, DC: TMM Publications, 1997, 434-435.

[35] Preston, Richard, The Hot Zone, New York: Bantam Doubleday Dell Publishing Group, Inc., 1994, 157.

[36] U.S. General Accounting Office, Combating Terrorism: Analysis of Federal Counterterrorist Exercises: Briefing Report to Congressional Committees. Washington, DC.: U.S. General Accounting Office, June 1999, 37.

[37] Ibid.

[38] Borden Institute, Office of the Surgeon General, United States Army, Medical Aspects of Chemical and Biological Warfare, Washington, DC: TMM Publications, 1997, 75.

BIBLIOGRAPHY

Bardi, Jason "Aftermath of a Hypothetical Smallpox Disaster," Emerging Infectious Diseases 5 (July-August 1999): 1-9.

"Biological Warfare," Available from http://www.calpoly.edu/~dr jones/biowar-e3.html. Internet. Accessed 9/21/1999.

Borden Institute, Office of the Surgeon General, United States Army, Medical Aspects of Chemical and Biological Warfare, Washington, DC: TMM Publications, 1997.

Carus, Seth W., "The Poor Man's Atomic Bomb"? Biological Weapons in the Middle East, The Washington Institute Policy Papers, no 23 (1991).

Chandler Robert W. Tomorrow's War, Today's Decisions, McLean, VA: AMCODA Press, 1996.

Christopher, George W. and Eitzen, Edward M. Jr. "Air Evacuation Under High-Level Biosafety Containment: The Aeromedical Isolation Team," Emerging Infectious Diseases 5 (March-April 1999): 1-7.

Dando, Malcolm, Biological Warfare In The 21st Century, Riverside, NJ, Macmillan Publishing Company, 1994.

Department of Defense, "Integrating National Guard and Reserve Component Support for Response to Attacks Using Weapons of Mass Destruction," Department of the Army Director of Military Support, January 1998.

"Division of Quarantine History," Available from http://www.cdc.gov/nciDoD/dq/history.htm. Internet. Accessed 10/15/1999.

Edicott, Stephen, and Hagerman, Edward, The United States and Biological Warfare, Bloomington: Indiana University Press, 1998.

Fitton, COL, "Department of Defense Domestic Preparedness Support for Weapons of Mass Destruction," briefing slides without commentary, Pentagon: Department of Defense-Department of Military Support, May 1999.

Geissler, Erhard, Biological and Toxin Weapons of Today, New York: Oxford University Press, 1986.

Hamburg, Margret A. "Addressing Bioterrorism Threats: Where Do We Go From Here?" Emerging Infectious Diseases 5 (July-August 1999): 1-4.

Henderson, D.A. "Bioterrorism as a Public Health Threat," Emerging Infectious Diseases 4 (July-September 1998): 1-6.

Joint Task Force Civil Support Information Brief", briefing slides with no scripted commentary, U.S. Joint Forces Command, Joint Task Force Civil Support, Jan 2000.

Laurie, Clayton D. and Cole, Ronald H., The Role of Federal Military Forces In Domestic Disorders 1877-1945, Washington, DC: Center of Military History United States Army, 1954.

Lesser, Ian O. and Tellis, Ashley J. Strategic Exposure, Santa Monica, CA: Rand, 1996

McDade, Joseph E. and Franz, David "Bioterrorism as a Public Health Threat," Emerging Infectious Diseases 4 (July-September 1998): 1-3.

O'Toole, Tara "Smallpox: An Attack Scenario," Emerging Infectious Diseases 5 (July-August 1999): 1-14.

Preston, Richard, The Cobra Event. New York: Ballentine Publishing Group, 1997.

Preston, Richard, The Hot Zone, New York: Bantam Doubleday Dell Publishing Group, Inc., 1994.

Pringle, Laurence, Chemical and Biological Warfare: The Cruelest Weapons, Hillside, NJ: Enslow Publishing, INC., 1993.

"Protocols," Available from http://www.bt.cdc.gov/protocols.asp. Internet. Accessed 10/14/1999.

"Quarantine Operations," Available from http://www.cdc.gov/nciDoD/dq/operatio.htm. Internet. Accessed 10/15/1999.

Remarks By The President At The United States Naval Academy Commencement," Available from http://www.pub.whitehouse.gov/uri-res/12R?urn:pdi://oma.eop.go.../18.text.html. Internet. Accessed 10/14/1999.

Roberts, Brad, "Biological Weapons: Weapons of the Future?" Significant Issues Series XV, no. 1 (1993): 5-70.

Rozek, Joseph, COL, " Combating Terrorism The DoD Contribution," briefing slides with no commentary, Pentagon, Office of the Assistant Secretary of Defense for Special Operations and Low Intensity Conflict, Combating Terrorism Directorate, 3 March 1999.

Rozek, Joseph, COL, " Combating Terrorism US Army War College Briefing" briefing slides with no commentary, Pentagon, Office of the Assistant Secretary of Defense for Special Operations and Low Intensity Conflict, Combating Terrorism Directorate, 6 May, 1999.

Shalala, Donna E. "Bioterrorism: How Prepared Are We?" Emerging Infectious Diseases 5 (July-August 1999): 1-3.

Shalala, Donna E. "Collaboration in the Fight Against Infectious Diseases," Emerging Infectious Diseases 4 (July-September 1998): 1-5.

Spiers, Edward M. Chemical and Biological Weapons: A Study of Proliferation, New York: St. Martin's Press, 1994.

Stark, Dave, LTC, "Consequence Management Operations," briefing slides with no commentary, Pentagon, J-33 Special Operations Division/Counterproliferation Division, 1999.

Steinmetz, Jay, COL, "Military Support For Civil Response to Attacks Using Weapons of Mass Destruction, " briefing slides without commentary, Pentagon: Consequence Management Program Integration Office, 8 June 1999.

Stern, Jessica "The Prospect of Domestic Bioterrorism," Emerging Infectious Diseases 5 (July-August 1999): 1-9.

The Interagency Working Group On Domestic Weapons of Mass Destruction Terrorism, Strategic Plan For Developing A Weapon Of Mass Destruction Domestic Terrorism Preparedness and Response Capability, Washington, DC. 29 August 1997.

"The Other Holocaust: Nanjing Massacre, Unit 731 & 100," Available from http://www.interlog.com/~yuan/japan.html. Internet. Accessed on 9/21/1999.

U.S. Department of Justice, "Terrorism in the United States: 1995," Federal Bureau of Investigations Terrorist Research and Analytical Center National Security Division, Washington, D.C. 1995.

U.S. Federal Emergency Management Agency, Federal Response Plan, Basic Plan and Terrorism Annex, Washington, DC, April 1999.

U.S. General Accounting Office, Combating Terrorism: Analysis of Federal Counterterrorist Exercises: Briefing Report to Congressional Committees. Washington, DC.: U.S. General Accounting Office, June 1999.

Weaver, Greg and Glaes, David J. Inviting Disaster, McLean, VA: AMCODA Press, 1997.