STRATEGY RESEARCH PROJECT

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THE NATIONAL GUARD'S ROLE IN A WEAPONS OF MASS DESTRUCTION INCIDENT

BY

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The National Guard's Role in a Weapons of Mass Destruction Incident

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ABSTRACT

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In the aftermath of the Cold War, the United States may well be facing its most formidable enemy. The enemy is a faceless individual or group, which has determined the only way the United States will understand their viewpoint, is through the calculated and indiscriminate use of violent acts. Unfortunately, these acts now include the potential to use a weapon of mass destruction (WMD) device. The defining domestic attack that caused the United States to review their laws and policies concerning terrorism occurred on April 19, 1995, in Oklahoma City, OK. The National Guard initially established a Rapid Assessment and Initial Detection (RAID) Element in each of the ten FEMA Regions to assist first responders in a WMD incident. This strategic research paper will identify shortfalls in the existing National Guard policy and provide a more cost effective RAID Element manning model to best support the first responders' needs, and retain the National Guard's inherent responsibility to be the Nation's first military

response against a domestic weapons of mass destruction incident.

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THE NATIONAL GUARD'S ROLE IN A WEAPONS OF MASS DESTRUCTION INCIDENT

In the aftermath of the Cold War, the United States may well be facing its most formidable enemy. The enemy is a faceless individual or group, which has determined the only way the United States can understand their viewpoint is through the calculated and indiscriminate use of violent acts. Unfortunately, these acts now include the potential to use chemical, biological, or nuclear weapons. The enemy comprises a variety of non-aligned adversaries. These adversaries consist of transnational individuals and states, United States' citizens and non-citizens living in the United States. This paper will provide background information concerning domestic terrorism, a review of the existing United States' policy and legislation, and response units to first responders involved in a Weapons of Mass Destruction (WMD) incident. I will then review the National Guard's role in assisting government agencies in a WMD incident and recommend how to provide a more effective response during a domestic WMD incident.

BACKGROUND

The United States has been a target of extremist elements threatening to use a WMD device since 1970. The first threatened use of a nuclear/radiological device occurred in 1970. Over 100 such cases involving threatened use of a

nuclear/radiological device have occurred, but the only known incident in which the individual actually possessed a device occurred in 1979. A distressed, former employee of a nuclear fuel plant threatened to distribute uranium throughout the downtown area of a city. Fortunately, the individual was apprehended before executing his plan.[1]

The use or threatened use of chemical/biological weapons has never been more prevalent. In 1984, members of the Rajneesh religious sect in Oregon produced and dispersed Salmonella in salad bars at restaurants. Seven hundred and fifteen people were injured without any fatalities. In 1991, members of the Patriot's Council in Minnesota used castor beans to manufacture ricin and planned to use the biological agent against a Federal law enforcement officer. They made enough ricin to kill over 100 people.[2] On February 26, 1993, a car bomb at the World Trade Center in New York City exploded killing six and wounding over 1,000 people.[3] Little mention was made concerning the presence of sodium cyanide residue found on debris at the scene.[4] Fortunately, the terrorists placed the sodium cyanide too close to the explosive, thereby evaporating the agent before it could injure anyone. On March 20, 1995, the Japanese cult, Aum Shinrikyo, used the deadly gas, sarin, during rush hour traffic in a busy subway in Tokyo, Japan, killing 12 and injuring 5,500 people.[5]

The defining domestic attack, which caused the United States to review their laws and policies concerning terrorism, occurred on April 19, 1995. A truck full of explosives detonated in front of the Federal Building in Oklahoma City, Oklahoma, killing 168 and injuring over 500 people.[6] Fortunately, there were no chemical or biological agents involved. The bombing in Atlanta, GA on July 27, 1996, reinforced the government's necessity to enact legislation to reduce the United States' vulnerability against terrorist attacks when a bomb placed near a bleacher exploded in an Atlanta park during an Olympic celebration, killing two and injuring 110 people.[7]

Different people espousing varied ideologies carried out each attack. The Rajneesh religious sect used the salmonella attack to effect the outcome of a local election. An Islamic extremist group, upset by our Mideast policy, was responsible for the attack in New York City. The Patriot's Council, a right wing extremist group, was anti-government and anti-taxes. The attack in Oklahoma City was in response to the Federal Government's attack on the Branch Davidian's residence in Waco, Texas. The attack in Atlanta was suspected to be in response to someone's opposition to abortion and the Federal Government. These examples demonstrate the difficulty law enforcement agencies face in identifying potential domestic terrorists. Adding to law enforcement difficulties is the case individuals

have to obtain information on how to manufacture chemical or biological agents. Instability, economic hardships and lax security measures in Russia and several former Russian states have also increased the possibility for a nuclear terrorist incident. As a result of the threat of more terrorist acts, the Clinton Administration and Congress wrote new policies and legislation to address our vulnerabilities.

POLICY AND LEGISLATION

The National Guard's authority to respond to a domestic attack is found in the Constitution of the United States, Article 1, section 8, "To provide for calling for the Militia to execute the laws of the Union, suppress insurrections and repel invasions."[8] President Clinton formally established United States policy concerning Counterterrorism in June 1995 after the Oklahoma City bombing and the subway gas attack in Japan.. Presidential Decision Directive (PDD) 39, U.S. Policy on Counterterrorism, established the United States position on Counterterrorism both abroad and at home.

> "It is the policy of the United States to deter, defeat, and respond vigorously to all terrorist attacks on our territory and against our citizens, or facilities, whether they occur domestically, in international waters or airspace or on foreign territory."[9]

PDD 39 directed each Federal agency to take measures to reduce vulnerabilities affecting security of their personnel and

facilities, to deter and respond to terrorism. Referring to WMD, the policy gives, "the highest priority to developing effective capabilities to detect, prevent, defeat and manage the consequences of nuclear, biological or chemical materials or weapons used by terrorists."[10] Additionally, PDD 39 assigned various Federal departments lead agency responsibility for implementing counterterrorism policy. The Federal Bureau of Investigation (FBI), which is the lead agency in responding to a terrorist incident, was directed to reduce vulnerabilities by an expanding the counterterrorism program. The Federal Emergency Management Agency (FEMA), responsible for consequence management, was tasked to ensure the Federal Response Plan is adequate to respond to the consequences of terrorism.[11]

Congress passed the Defense Against Weapons of Mass Destruction Act in 1996, a part of the National Defense Authorization Act for 1997, to improve the United States' ability to prepare and respond to a WMD incident. The Act defined WMD as:

> "Any weapon or device that is intended, or has the capability, to cause death or serious bodily injury to a significant number of people through the release, dissemination, or impact of-
>
> (A) toxic or poisonous chemicals or their precursors;
>
> (B) a disease organism; or
>
> (C) radiation or radioactivity."[12]

The Defense Against Weapons of Mass Destruction Act, also known as the "Nunn, Luger, Dominici Act" (NLD), Public Law 104-201, Title XIV, authorized the National Guard and Reserve Components to assist the Secretary of Defense in training civilian personnel of Federal, State and local agencies regarding WMD responses. Among the 26 findings identified in this legislation were: "the United States lacks adequate planning and countermeasures to address the threat of nuclear, radiological, biological and chemical terrorism; the Department of Energy has a Nuclear Emergency Response Team to respond to a nuclear or radiological emergencies, but no comparable units exist to deal with emergencies dealing with a chemical or biological incident, and State and local emergency response personnel were not adequately prepared or trained for such incidents" [13]

The Department of Defense was directed to develop and maintain at least one domestic rapid response team comprising both civilian and military personnel. The rapid response team would be responsible for aiding Federal, state, and local officials in "detecting, neutralizing, containing, dismantling, and disposing of weapons of mass destruction or its materials." Funding for the various programs mandated by the legislation totaled $35,000,000. The Department of Health and Human Services received $10,500,000 of the total amount to establish

Metropolitan Medical Strike Force Teams throughout the United States.[14]

RESPONSE UNITS

There are a several organizations that will respond to assist first responders during a WMD incident. First Responders are those trained personnel, such as fire fighters, who are initially called to respond to an incident provide emergency services. The Department of Health and Human Services (HHS) has responsibility for Emergency Support Function (ESF) #8 (Health and Medical Services) under the Federal Response Plan. HHS developed a national strategic counterterrorism plan to better respond to a disaster. The plan includes assistance to local resources, developing partnership to improve medical response capabilities, developing three national NBC response teams, enhancing national surveillance, laboratory support, identifying critical R&D needs and improving communications infrastructure.[15]

HHS has established three National Medical Response Teams (NMRT), with one each located in North Carolina, Colorado and California, to augment state and local medical response teams.[16] Each team consists of approximately 35 specially trained medical personnel capable of working in a hazardous zone. NMRT is capable of providing the incident commander agent detection capability, a medical cache consisting of tertiary treatment facility pharmaceuticals and medical supplies, decontamination

capability for approximately 300 patients per hour; Level A suites; medical triage; and secure communications.[17] Level A suits allow personnel to work safely in a contaminated area.

HHS received several million dollars as part of the NLD to establish Metropolitan Medical Strike Team (MMST) systems to increase the local medical community's capability to cope with a WMD incident. The MMST mission is:

> "At the request of local and/or regional jurisdictions, respond to and assist with medical treatment/management and public health consequences if chemical, biological and nuclear incidents resulting from deliberate or accidental acts."[18]

There are currently 27 MMST systems located throughout the country: Atlanta, GA; Washington, DC; New York, NY; Los Angeles, CA; Chicago, IL; Houston, TX; Philadelphia, PA; Denver, CO; Kansas City, MO; San Diego, CA; San Francisco, CA; Detroit, MI; Dallas, TX; Phoenix, AZ; San Antonio, TX; San Jose, CA; Baltimore, MD; Indianapolis, IN; Jacksonville, FL; Columbus, OH; Milwaukee, WI; Memphis, TN; Boston, MA; Seattle, WA; Honolulu, HI; Miami, FL; Anchorage, AK. The goal is to have a MMST system in each of the 120 largest metropolitan areas.[19]

President Clinton's Year 2000 budget proposes to increase funding by $16 million dollars to add 25 more MMST systems to the existing 27 systems already in place.[20] HHS focuses on developing partnerships with local medical systems, thereby

enhancing the local system's capability to respond in a timely and effective manner when a WMD incident occurs. The MMST system will assist the local agencies in developing plans to improve existing medical systems. HHS has contracted with each of the 27 metropolitan cities to establish its own medical response teams, tailored to the city's existing capabilities and needs. The cities utilize the money to establish plans and procedures to respond to a WMD incident. Additionally, the cities agree to insure that MMST personnel possess capabilities mirroring the MNRT to quickly treat and evacuate victims from the contaminated area to the proper level of medical care.[21]

There are two models used by the cities. The first is the "augmentation model" used by the Washington, D.C. team. In this model, medical personnel working in the civilian community respond to a WMD scene at the request of the Incident Commander and augment the first responders. The estimated response time for the "augmentation model" team is 90 minutes. The second model, and most preferable, is the "integration mode." This model would use the existing first responder and Emergency Medical System (EMS) structure. EMS personnel would receive, as necessary, additional training in the areas of detection, identification and decontamination of a WMD agent. First responders would be capable of establishing decontamination sites, if needed, to treat victims prior to evacuation.[22]

The most obvious benefit utilizing this model is the immediate response time of a few minutes to the WMD site by first responders, thereby increasing the victims' chances of survival. Response time to an incident is the most critical factor in saving lives. In the medical community, it is referred to as the "golden hour". It is a well-known medical fact; the most critical time in saving the life of a person critically injured is the first hour after the injury. If the injured person can be transported to a medical facility capable of providing the proper level of care, the patient's chance of survival is greatly enhanced.[23] MMSTs will have advanced life support personnel authorized to conduct invasive procedures and possess pharmaceuticals to treat victims of chemical or biological contamination, chemical agent detection monitoring equipment, and protective equipment.[24]

The Department of Defense has two primary Active Duty special response units to assist the incident commander in a WMD incident. The United States Marine Corps established a Chemical Biological unit prior to passage of NLD. Approximately 360 Marine and Navy personnel are assigned to the Chemical Biological Incident Response Force (CBIRF), located at Camp LeJeune, NC. The unit's mission is to:

> "Provide a highly trained, rapid response force capable of providing consequence management (threat identification, casualty extraction, personnel

> decontamination and medical triage/treatment/ stabilization) for terrorist initiated chemical and biological attacks in order to mitigate the effects of multiple/mass casualty incidents."[25]

CBIRF is comprised of six elements: command, chemical and biological detection/identification and decontamination, medical, security, service support, and explosive ordinance disposal. CBIRF has two components, the Rapid Response Force (RRF) and the follow on force. The RRF consists of 120 Marines and Navy personnel capable of providing initial assessments and limited consequence management. The CBIRF has the capability to "reach back" to various chemical/biological and disaster experts for advice. CBIRF is capable of processing 200 non-ambulatory chemical and trauma patients within six to eight hours and another 100-150 ambulatory patients per hour. Because of to its organic vehicles, CBIRF requires two C-17s for transportation to a WMD scene to maximize their effectiveness. Depending on aircraft availability, the RRF's goal is to be deployed to an incident within four hours. The follow-on force's goal is to deploy within 18 hours.[26]

The United States Army established the Technical Escort Unit (TEU), located at Aberdeen Proving Ground, MD before NLD. NLD directed the Secretary of Defense " to establish at least one domestic rapid response team capable of aiding Federal, State and local officials in the detection, neutralization,

containment, dismantlement, and disposal of weapons of mass destruction containing chemical, biological, or related materials."[27] The former Chemical Biological Defense Command, renamed the Soldier and Biological Chemical Command (SBCCOM), located at Aberdeen Proving Ground, MD utilized the existing TEU to form the basis of the new Chemical/Biological Rapid Response Team (C/B-RRT). TEUs are located in California, Utah, Arkansas and Maryland. The TEU is most effective when used to sample, monitor, detect and transport a WMD agent. They have a deployment response time of four hours.[28]

The National Guard's role in responding to a WMD incident results from the NLD Act. Utilizing the authority provided by the "Nunn, Luger, Dominici Act," the Secretary of Defense designated the Secretary of the Army as the Executive Agent for the Department of Defense for coordination of DOD assistance to Federal, State and local agencies involved in a WMD incident. A Senior Interagency Coordinating Group (SICG), chaired by the Federal Emergency Management Agency (FEMA), was formed to insure that domestic response plans were coordinated. In October 1997, an initial plan developed by several DOD agencies to integrate the RC into the ongoing WMD Domestic Preparedness programs was returned by the Deputy Secretary of Defense requesting a more complete integration model. In November of 1997, the Under Secretary of Defense directed the Under Secretary of the Army to

chair a committee to determine how the RC would be integrated into the Domestic Preparedness plans.[29] The resulting comprehensive "Tiger Team Report" was approved by the Deputy Secretary of Defense in January 1998. [30]

The Tiger Team Report forms the basis for the National Guard's policy for responding to a domestic WMD incident. The key components in the Tiger Team Report to assist federal, state and local agencies are the response elements. The elements will consist of both Active Duty National Guardsman, traditional Guardsman and Reservists from all services. The identified elements are: information and planning; NBC reconnaissance; NBC patient decontamination; NBC medical response; triage medical response; preventive medicine; stress management; security/law enforcement; mass care; mortuary care; engineering; and transportation.[31]

These elements or teams are designed to "plug into" the four components (Information and Planning, Operations, Logistics and Finance) of the Incident Command System (ICS) structure and the twelve Emergency Support Functions (ESF) of the Federal Response Plan.[32] The twelve functions are: transportation; communications; public works and engineering; firefighting; information and planning; mass care; resource support; health and medical services; urban search and rescue; hazardous materials; food; and energy.[33]

The Incident Command System is an existing system used by "first responders" to ensure that all assets responding to an emergency situation are effectively coordinated. The Incident Commander is normally the senior "first responder" who would have primary responsibility for the incident.

The lead element in this plan, and the "point of the military response spear, is the National Guard Rapid Assessment and Initial Detection (RAID) Element." The RAID Element's goal is to be on the scene of a WMD incident within four hours of receiving notice to respond.[34] The Element's mission in the report is to: "Provide early assessment, initial detection, and technical advise to the incident commander during an incident involving weapons of mass destruction and facilitate identification of DoD asset requirements."[35]

The current mission statement is to: "assess a suspected nuclear, biological, chemical or radiological event in support of a local incident commander; advise civilian responders regarding appropriate actions; and facilitate requests for assistance to expedite arrival of additional state and Federal assets."[36]

The 22 person, Active Duty Element structure was recently changed from seven cells to six teams with the following tasks:

C2 team	Provide command and control to the RAID Element; provide guidance to an incident commander on the appropriate response to a WMD incident and coordinate with local, state and federal elements for follow on support in response to an incident.
Operations Team	Conducts planning, hazard modeling, interagency coordination and training for RAID Element personnel; participates in the planning and conduct of interagency exercises and provides unit security and air liaison functions when deployed.
Survey Team	Conducts search, survey, surveillance and sampling of a suspected chemical, biological, radiological, or nuclear incident site, and advises the local incident commander on appropriate response protocols.
Medical Team	Provides advice and guidance to the incident commander on the medical implications of a WMD incident, to include suspected agent effects, casualty prediction, decontamination and treatment protocols; provides medical support to RAID Element personnel and coordinates with civilian and Federal health care facilities for follow-on support requirements.
Logistics Team	Provides logistic and administration support to the RAID Element; monitors the maintenance and calibration status of assigned equipment; procures and stores authorized standard and non-standard equipment items, and assist Incident Commander with ICS and establishing JOC (Joint Operations Center).
Communications Team	Maintains element communications equipment; operates internal and external voice and data networks to support the RAID Element's ability to conduct its mission; and maintains communications with the Incident Commander, other state and Federal agencies, and a reach-back capability to obtain technical support for incident response

Table 1. Raid Team Tasks [37]

Secretary of Defense Cohen announced on 1 October 1998 that the RAID teams would be located in each of the 10 FEMA Regions as follows:

Los Almamitos, CA

Aurora, CO

Peoria, IL

Marietta, GA (Dobbins Air Reserve Base)

Natick, MA

Fort Leonard Wood, MO

Scotia, NY (Stratton Air National Guard Base)

Fort Indiantown Gap, PA

Austin, TX

Tacoma, WA

Additionally, Cohen announced that training for the teams would begin in FY 99, and after 15 months of both individual and team training, the RAID Elements would be evaluated for operational certification.[38]

The Tiger Team's recommendation was to field a RAID Element in each state to ensure each Governor had the military, if not the civilian capability, to respond and provide the incident commander the technical ability to identify, detect and treat victims during a WMD incident.

Congress, realizing not all states would immediately have RAID Elements, provided guidance to "establish and equip small

organizations in each of the 44 states and territories not receiving an initial RAID element in 1999 to provide a limited chemical/biological response capability."[39] BG Blum, Assistant Adjutant General (Army) for Maryland, chaired a meeting on November 23, 1998, at the National Guard Bureau Readiness Center concerning the structure, manning and equipping for the new RAID (Light) Elements. Although the affected states will be able to have these elements, no additional structure and full time manning will be authorized by National Guard Bureau (NGB) to allow for the increased requirement. RAID (Light) elements will consist of traditional soldiers. Approximately $180,000 of equipment will be provided by NGB for the new RAID (L) Elements, providing the same capability to respond to a WMD incident as the Full Time RAID, although their response time will be longer.

DISCUSSION

The concept to have the National Guard be the "tip of the military response" in a WMD incident is not a new concept. The National Guard has always been the first military organization to respond during a domestic incident requiring military assets. The National Guard is the Governor's "state militia" and therefore the first choice of military forces to be used during a domestic incident to assist civilian agencies.

The shortfalls, as I see it, concerning the current National Guard policy are twofold. First are the locations of the

existing ten RAID Elements and the related effectiveness of a RAID Element to the first responder, and more importantly, the public. Second is the fiscal reality of funding a RAID Element in each state and territory.

As stated in the Executive Summary accompanying the Tiger Team Report, "The first year program sets the foundation to establish a Rapid Assessment and Initial Detection capability in every state and territory." [40] The initial RAID Elements were positioned to ensure that each of the 10 FEMA Regions would have a RAID Element. Overlaying the myriad of units identified to detect, identify and treat victims as responders to a WMD incident, one would notice that there are 11 states which are not scheduled to receive either Domestic Preparedness training, MMSTs, or initial RAID Element: Connecticut, Idaho, Maine, Montana New Hampshire, North Dakota, South Carolina, South Dakota, Vermont, West Virginia, and Wyoming. The Tiger Team Report mentioned the lack of DOD units and NLD cities dispersed throughout the United States. RAID Elements are all located in, or in close proximity to, the 120 cities in the Domestic Preparedness Training Program being conducted by SBCCOM. Additionally, the RAIDs are similarly located near the 27 cities already possessing MMST systems.

What has occurred, as a result of no single agency having overall responsibility to coordinate various Federal agency

efforts, is the protection of the 120 most populated cities. The result is an over saturation of response units in a relatively small portion of the geographical United States. Forest "Mike" Ramsey's recent article in National Guard Review provides some interesting supporting statistics to the problem. Ramsey states the 120 most populated cities "cover only about 44% of the population, and including the additional cities covered by the Department of Justice (DOJ) programs to148 cities/jurisdictions, still less than 50 % of the population is covered."[41] Ramsey goes on to say, conceptually, the RAID filled a shortfall in the first responder's capabilities, but because of their location, their effectiveness is minimized. He uses a 200 nautical mile radius to make his point. The 200-mile radius is his estimate of the distance a RAID Element could travel in four hours to get to a WMD incident scene. Using Ramsey's distance, he calculated that 40 RAID Elements would be required to cover 96% of the United States population.[42]

To help analyze the RAID's employment and effectiveness as now structured during a WMD incident, let's use a real terrorist incident, such as the Oklahoma City bombing. (All times and speeds are approximate for illustration purposes and supposes the best case availability of personnel, aircraft and weather in this scenario).

At approximately 9:02 A.M. on April 19, 1995, a truck carrying explosives, parked in front of the Murrah Federal Building in Oklahoma City, OK, exploded. Within minutes of the explosion, Emergency Medical System (EMS) personnel rushed to the scene. By 9:27 A.M., victims were being transported to area hospitals and by 10:30 A.M. (1 ½ hour after the explosion), the last victim, not trapped in the debris, was transported to a hospital. Within 13 hours of the explosion, all persons still alive in the debris were rescued. EMS personnel treated between 800 and 1,000 people at the various triage centers at the scene.[43]

The RAID Element responsible for providing support to Oklahoma City is located at Bergstrom Airport in Austin, TX. Austin is located 345 air miles from Oklahoma City. The quickest and most viable means to Oklahoma City, Tinker AFB, would probably be a C-130 aircraft. Cruise speed for a C-130 is 190 MPH, equaling 2 hours of air flight time. It is 6 miles from Tinker AFB to the site and the UH1H helicopter (65 MPH cruise speed) will be used to transport the Element to the site. A reasonable time for the RAID to assemble, load, move and load their personnel and equipment on the C-130 is one hour. Let's compare the RAID's timeline to the actual timeline described above:

Oklahoma City Events	RAID Response Time
0902: Bomb explodes	
0903: Medical units begin to arrive	
	0910: Receive call to respond to Oklahoma City
0927: Casualties transported to hospital	
	1010: Take off from airport
1030: Last untrapped victim transported	
	1210: Arrive at Tinker AFB, OK
	1240: Depart via UH1H to scene
	1250: Arrive at bombing scene
1300: Most EMS units depart	
	1310: Begin conducting designated missions

Table 2. RAID Element Response Timeline

Fortunately, the terrorist did not include a chemical or biological agent with the bomb. Total time to scene from time of explosion is four hours. Utilizing Ramsey's timeframe would have added possibly another hour to the RAID's arrival time. The point is not whether the RAID would have arrived at the scene in four or five hours. The important considerations to first responders are how soon can the support get to the scene and what force multipliers will be brought to help. How relevant would the RAID have been if this was a WMD incident? Certainly there would have been hundreds, maybe even thousands more casualties. Depending on the wind and agent, casualties could have been spread over several miles before the RAID

arrived. What role would they have fulfilled that either other civilian agencies, Oklahoma National Guardsmen or Army Reserve soldiers would not have already filled? During the Oklahoma City bombing, Oklahoma National Guard liaison personnel were positioned at the Oklahoma State Emergency Operations Center (EOC) by 10:00 AM coordinating the use of National Guard assets.[44]

As stated earlier, the RAID's original mission is to "provide early assessment, initial detection, and technical advice to the incident commander." BG Schultz, Deputy Director of Military Support, in his memorandum attached to the "Tiger Team Report" states, "We recommend fielding teams in every state. We were reminded frequently during our survey process, if the responders were not in the geographic proximity, then they were likely to be too late."[45]

The implementation plan announced by Secretary of Defense Cohen does not support BG Schultz's recommendation nor does Cohen's plan support the first responder's and medical community's requirement for a timely response to minimize causalities.

The second important issue is the eventual cost of having a RAID Element in each state and territory. I have estimated the pay, allowances and retirement pay accrual cost in 1999 for each Element to be $1.3 million or $13 million for all ten Elements.

When you include a full time soldier (estimating an E-7 costing $58,000 each) authorized for each RAID (Light), the total personnel cost for FY 99 is approximately $15.5 million. If Congress authorized 54 Full Time RAID Elements starting in FY 2000, the cost will be approximately $73 million with annual projected increases equaling nearly $3 million.

I believe there are several reasons Congress will not support funding RAID Elements in all states and territories. First, there continues to be support for maintaining a balanced budget. As a result, Defense spending will be at best zero growth, or if any growth, spending will be allocated for pay increases, quality of life issues or research and development. Second, the National Guard continues to be underfunded, resulting in most units not meeting minimum readiness standards due to insufficient training and equipment funds. With no foreseeable major increases in the National Guard budget, it is doubtful the National Guard will support spending $73 million, and increasing every year, on a small, less than platoon size element in every state and territory. Lastly, as the Domestic Preparedness training continues throughout the 120 cities and more MMSTs are established, the rationale for spending $73 million per year whose primary mission is to be available for a potential domestic WMD incident, becomes more difficult to justify.

COURSES OF ACTION

There are three courses of action the National Guard can take to enhance their effectiveness during a WMD incident.

Course of Action One: The National Guard can continue to maintain the current strategy. Fund the 10 National Guard RAID Elements, one in each of the FEMA Regions. Fill the remaining 44 states and territories with traditional Guardsman in the RAID (Light) positions authorized by the National Guard Bureau.

Course of Action Two: Reduce the full time manning in each of the current RAID Elements to ten personnel and authorize each RAID (L) to have ten full time positions. In large States, such as Texas and California, one additional RAID (L) Element and ten full time personnel would be hired. Hiring additional teams in large States allow for a more immediate response time in those states. The RAID(L)'s full time structure would consist of: two-three man survey teams, two medical NCOs, an OIC (CPT) and NCOIC (E-7).

Cost savings can be made by eliminating the 0-5 Commander and 0-4 Deputy, the Operations, Administrative and Logistics, Communications Teams and the three medical officers from the full time force since one will only be commanding only ten soldiers on a basis ten soldiers. The remaining RAID (L) positions would be filled by traditional National Guardsman, who would be called to duty upon notification of an incident. This

structure models the current full time, Title 32 force manning. The eliminated positions do not directly effect the RAID's primary mission to "assess a suspected nuclear biological, chemical or radiological event, advise the Incident Commander or facilitate requests for federal assets."[46] Having ten personnel allows for 24 hour on call operations and considers administrative and training requirements, which will at times, make the soldier unavailable for normal duty. The 56 RAID (Light)'s personnel costs will be approximately $24 million or $8.5 million more than is currently programmed.

Course of Action Three: Maintain the current National Guard RAID strategy of ten RAID Elements and fund ten positions in each of the 44 RAID (L) locations. The RAID elements would respond to reinforce the state/territory's RAID (L)'s element as necessary. Personnel costs for this course of action will be approximately $33 million.

RECOMMENDATION

Recommend Course of Action Two: My discussions with first responders support their need to have assistance within 60-90 minutes to save lives; otherwise assistance is needed primarily to restore normalcy as quickly as possible. This course of action provides two benefits. First, all personnel are directly related to the tasks of supporting either the Federal, state or local agencies on the WMD scene. Second, and most importantly,

each Governor will have an National Guard unit within his or her state that can provide an immediate response to a WMD incident, thus helping the first responders improve the victim's chance of survival. As BG Schultz stated in his survey process, "if the responders were not in the geographical proximity, then they were likely to be too late."[47] The eliminated teams/members generally provide support and oversight to the survey and medical teams. The eliminated personnel's tasks can be adequately accomplished by the remaining full time personnel from organizations within their state, and traditional guardsman, who would fill the remaining vacant positions. All my research leads me to believe that by the time the RAID arrives on the scene, MMST skilled personnel will have been on the scene early on "reaching back" to medical facilities capable of assisting in providing the correct medical advice.

CONCLUSION

The personnel, who in a two-month timeframe wrote the comprehensive "Tiger Team Report", should be proud of their efforts. Today's fiscal realities probably will not support a full time RAID Element in each state and territory as originally envisioned. The National Guard leadership has the opportunity to make adjustments for the fiscal realities of today's budget constraints. By doing so, the leadership will demonstrate to

Congress and the Governors their intent for the National Guard to remain a cost effective, relevant force into the 21st Century.

The National Guard plays an important role in Homeland Defense. The National Guard's credibility as a viable, relevant force is on the line. Our "end state" is valid. We need to find a timely and long term cost effective "ways and means" to respond immediately to a WMD incident. The benefits of course of action two restore the "R"(for Rapid) back into the RAID and best demonstrates the National Guard's reliability and relevance to the Nation and Governor in each state and territory.

The National Guard and its forerunner, the militia, has always been this nation's first military response to a domestic incident. Assisting the first responders to the new threat posed by a weapon of mass destruction should be no different. The National Guard will maintain its more than 260 year old, inherent responsibility, to be the first military response to defend this Nation's homeland. This will be accomplished by establishing a smaller, full time force in each state and territory, trained and equipped to meet the first responders needs during a weapons of mass destruction incident.

Word Count 5,621

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