



WISCONSIN NAVAL MILITIA

AB 587

Senator Mary Panzer

I am here today to testify in favor of the Naval Militia bill. Representative Townsend and I have introduced companion bills on this subject, Assembly Bill 587 and Senate Bill 293. This legislation was originally proposed as part of the last state budget, and was one of the last items removed when the conference committee failed to agree on its inclusion. The events of September 11<sup>th</sup> have only underscored the need for the naval militia.

Naval militias have a long tradition, dating all the way back to the Revolutionary War. Wisconsin's naval militia was active from 1909 until 1955. In the 1950's and 1960's most naval militias were absorbed into what is now the naval reserve. The Wisconsin Naval Militia would be available for call up by the Governor to provide support in the event of terrorist attack, natural disaster or other public emergency. They would also be available for other public support missions, such as environmental cleanup.

The naval militia would be a volunteer organization, recruited from existing naval reserve members in Wisconsin. These members would be asked to volunteer to be part of the Wisconsin Naval Militia. The training, personnel and equipment would all be paid for by

the federal government. The state would only pay for personnel when they are called into duty by the Governor.

I first became aware of the naval militia in searching for sources of brownfields cleanup funding. The state of New Jersey reactivated their naval militia in 1999, and has participated in a multi-million dollar cleanup with money from the Environmental Protection Agency (EPA). Wisconsin does not currently have an organization that can apply for these same types of funds.

Wisconsin ranks at the bottom in terms of federal dollars spent in the state. The naval militia would be one tool to direct more federal dollars back to Wisconsin. More importantly, they would be a valuable resource to have in the event of terrorist attack, natural disaster or other public emergency. Wisconsin recently lost an Army Reserve medical unit. There does exist a naval reserve medical unit in Wisconsin, but this unit can only be called into action by the federal government. Incorporating the naval reservists who make up the hospital unit into the naval militia would fill a very important need, particularly in the event of chemical or biological attack.

Recent events have underscored the necessity of having trained personnel available in case of disaster. Naval reservists, who would make up the militia, have specialized training in a number of activities including port security and medical treatment. The naval militia is, in effect, a very inexpensive insurance policy. Like any good insurance policy, you hope you never have to use it, but it's nice to know it's there.

## Wake-Up Call: A Bioterrorism Exercise

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Operation Wake-Up Call was a simulated bioterrorism exercise conducted in Waukesha County, Wisconsin (Metropolitan Milwaukee) on November 6, 1999. The purpose of the exercise was to test and evaluate the emergency response capability of local municipal, county, state, federal, and reserve military agencies to a weapons of mass destruction terrorist act. The exercise simulated a biological agent (*Bacillus anthracis* spores) release, a hostage-taking event, and the management of multiple biological and conventional weapons casualties that overwhelmed local first responders' capability. The exercise involved local, county, state, and federal agencies in a joint operational environment featuring integrated command and control systems. This report describes the primary purpose, goals, and assumptions of the exercise and reports on the evaluation of Wake-Up Call by the participating agencies.

### Introduction

There is substantial concern about the use of weapons of mass destruction (WMD) within the United States. Recent mass casualty events (World Trade Center and Oklahoma City bombings) have made the reality of property destruction and loss of life to U.S. citizens at home clear. On September 15, 1999, the U.S. Commission on National Security/21st Century published a report, which stated, "States, terrorists, and other disaffected groups will acquire weapons of mass destruction and mass disruption, and some will use them. Americans will likely die on American soil, possibly in large numbers."

The Department of Defense (DoD) offers promise of considerable technical expertise to the civilian lead consequence management agency, the Federal Emergency Management Agency (FEMA), for WMD in the United States. Specifically, there is now a Joint Task Force-Civil Support military headquarters located at Fort Monroe, Virginia, which is tasked to coordinate and integrate DoD support to FEMA when requested. Detection, decontamination, logistical, and medical support are primary capabilities of the DoD relative to WMD. A unique asset within DoD is the various reserve units located throughout the United States, often geographically proximal to population centers. Reservists with medical expertise (Hospital Augmentation Units) provide the special perspective of "my home community" in addition to skill sets actively practiced in both civilian and military duties. Operational exercises involving WMD with joint civilian-military response are uncommon.

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In an effort to combine these resources and test the ability to plan, integrate, and execute a joint response to a WMD scenario, Operation Wake-Up Call was developed in the summer of 1999. A combined effort involving emergency government, law enforcement, and reserve military personnel, this exercise provided a realistic response to a carefully rehearsed terrorist attack involving a biological weapon and gunshot casualties at a large municipal courthouse complex. The exercise was carefully evaluated with a control team of evaluators from pertinent professional backgrounds matched to the area assigned for study. The control team members were tasked to study eight separate exercise components, which included the following:

1. Integrated command and control;
2. Medical triage;
3. Decontamination procedures and turnover of cases from military to civilian EMS;
4. Overall civilian-military interaction and coordination;
5. Hospital emergency room response to WMD;
6. County public health service and medical examiner's office responses to WMD;
7. Law enforcement and special weapons tactical unit (SWAT) reaction to WMD; and
8. Public affairs response to a joint military-civilian public information office.

In addition to the control team evaluation, all exercise participants were asked to complete a post-exercise questionnaire that yielded satisfaction ratings regarding the efficacy of prior training for WMD and attitudes regarding participation in Wake-Up Call.

### Primary Goals and Exercise Assumptions

The primary goals of Wake-Up Call involved readiness testing for a joint civilian-military response to a bioterrorism act. Evaluations focused on integrated command and control and tracking of biological contamination cases. The reactions of local, county, and federal law enforcement units to hostage taking, weapons of mass destruction threat, and biological weapons release were of particular interest.

There were two primary assumptions covered in the 100-page Wake-Up Call operations plan: (1) A memorandum of understanding (MOU) was developed between a U.S. Navy Reserve Fleet Hospital detachment trained in chemical, biological, and radiological decontamination and medical triage and a County Director of Emergency Government. Department of Defense Navy Reserve asset use in an MOU format is atypical. (2) Deployment of a U.S. Navy Reserve Asset (Navy Decontamination Team) would have variable response time depending upon circumstance, readiness, and MOU specifics.

## Primary Exercise Findings

### Military Interaction with Civilian Emergency Response and Hospital Resources

A highly professional emergency transport by the Fire Service and well-organized, appropriate medical care at the local hospital were reported by control team evaluators during the exercise. This evaluation result included both proper antibiotic management of suspected exposure cases to *B. anthracis* and proper treatment of gunshot wounds, which were realistically prepared with moulage. A smooth custody transfer between the military decontamination team and the Fire Department ambulance crews was also noted. Problems involving inadequate security at the hospital facility developed surrounding an exercise-generated effort to test the likely event of walk-in contamination cases. No adequate preparation was in evidence for victims who "by-passed" the decontamination perimeter. The hospital has modified its emergency plan to anticipate such a contingency as a result of Wake-Up Call.

### Psychiatric Support and Management of Civilian Response to WMD Events

A problem was noted in this area. There was no evidence of adequate preparation for this critical issue. Although a civilian hospital social worker was mobilized for Wake-Up Call, no comprehensive plan for management of large-scale anxiety reactions or family issues resolution was noted by evaluators. Previous experiences with WMD events have revealed that management of panic and coordination of support for family members is a critical need area. Coordination with Red Cross, Salvation Army, and county emergency agencies with both interest in and experience with this area is highly recommended.

### Consideration of the Press and Media Representatives as a Preparedness Asset

There is strong evidence from Wake-Up Call that with proper pre-exercise briefing and well-organized informational releases the media can be an asset in communicating with the civilian community. Media coverage can become a significant source of positive influence for military involvement in homeland defense.

### Integrated Command and Control with Military Support

Poor coordination was exercised between the Incident Commander and the SWAT relative to integration of military support. Specifically, the Fleet Hospital detachment and its small security force were delayed in performing medical triage and decontamination because the SWAT unit was not alerted to its presence. Members of the Fleet Hospital security team were arrested and detained by the SWAT unit until proper communication regarding the military mutual aid role was accomplished. Clear, unambiguous communication from the Incident Commander to all operational units in this sort of event is critical for proper use of DoD assets in a mutual aid role.

### First-Responder Contamination

Law enforcement personnel who were first to arrive on the scene were contaminated by the hostages they handled. Increased awareness regarding chemical and biological weapons among courthouse bailiffs, sworn patrol officers, and related first-responder personnel is critical.

### Participant Response to Wake-Up Call

A uniformly high level of satisfaction with practical and realistic training of this type was reported by all agencies participating in the exercise. Strong expression of interest in annual WMD training exercises was noted.

## Summary and Recommendations

The WMD threat is current and formidable. Close coordination between law enforcement and consequence management agencies will be essential to properly respond in the event of WMD attack in this country. The DoD has unique assets available to support civilian agencies in a time of mass casualties and property loss following a WMD event. Reserve military assets are particularly important to consider for rapid medical triage and related civil support roles because of the geographic accessibility to these units in and around our major population centers. Exercises of the scope and joint operational quality of Wake-Up Call are highly recommended to ensure efficient integration of such resources. Careful evaluation and distribution of findings is also encouraged so that readiness is enhanced.

# Vote Record

## Senate - Committee on Health, Utilities, Veterans and Military Affairs

Date: 1/16/02  
Bill Number: AB 587  
Moved by: Meyer Seconded by: Breske  
Motion: Concurrence

| <u>Committee Member</u> | <u>Aye</u>                          | <u>No</u>                           | <u>Absent</u>               | <u>Not Voting</u>           |
|-------------------------|-------------------------------------|-------------------------------------|-----------------------------|-----------------------------|
| Sen. Rodney Moen, Chair | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>    | <input type="checkbox"/>    |
| Sen. Roger Breske       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>    | <input type="checkbox"/>    |
| Sen. Judith Robson      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>    | <input type="checkbox"/>    |
| Sen. Jon Erpenbach      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>    | <input type="checkbox"/>    |
| Sen. Mark Meyer         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>    | <input type="checkbox"/>    |
| Sen. Peggy Rosenzweig   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>    | <input type="checkbox"/>    |
| Sen. Robert Cowles      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>    |
| Sen. Scott Fitzgerald   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>    | <input type="checkbox"/>    |
| Sen. Mary Lazich        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>    |
| Totals:                 | <u>8</u>                            | <u>1</u>                            | <u>                    </u> | <u>                    </u> |

Motion Carried

Motion Failed