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CODE SILVER

L-3 Government Services, Inc.

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STINFO FINAL REPORT

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APPROVED: /s/

JONATHAN GREGORY
Project Engineer

FOR THE DIRECTOR: /s/

JOSEPH CAMERA
Chief, Information & Intelligence Exploitation Division
Information Directorate

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6. AUTHOR(S) Adam Christmann				
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1. EXECUTIVE SUMMARY

CODE SILVER is a medically centric tabletop seminar gaming program chartered by the Air Force Surgeon General to address integration of United States Air Force (USAF) medical personnel and other emergency organizations (security forces, hazmat, fire/rescue, state public health, state laboratory, etc.) in response to chemical and biological incidents on USAF installations. The program is designed to enhance installations' planning and response activities and achieve USAF goals for incident response and installation force protection with an emphasis on consequence management.

CODE SILVER is conducted through a scenario-driven, facilitator-moderated, seminar-style discussion focused on consequence management in chemical-biological environments, exacerbated by mass casualties and other high stress factors. This exercise methodology is ideal for promoting a productive exchange without imposing undue preparatory burdens on participants.

Forty eight installations participated in CODE SILVER. Participants came from medical groups, other wing and installation agencies, other U.S. Air Force and Department of Defense representatives, National Guard and Reserve representatives, and a variety of representatives from local, state, and federal agencies.

2. PROGRAMMATIC SUMMARY

This contract included the original forty eight bases for CODE SILVER and BLACK WOLF. Also included were the three additional bases for CODE SILVER, LOADED DICE conference and JUNNIPER STALLION '05.

Forty one active duty bases (includes pilot bases) were completed as follows:

- Air Combat Command – 9
- Air Mobility Command – 4
- Air Education and Training Command – 7
- Air Force Materiel Command – 4
- Air Force Space Command – 2
- U.S. Air Forces Europe – 5
- U.S. Pacific Air Forces – 9
- Air National Guard – 10

2.1 SCHEDULE

Despite many obstacles (50 bases scheduled to be completed in 37 weeks), virtually no problems were encountered. Bases were generally able to adjust to fit the CODE SILVER schedule. Where necessary, the CODE SILVER team was flexible with dates to facilitate timely execution of the exercises (three exercises were actually completed in November 2005 due to available funds). Most bases were on schedule and "locked in" two-to-three months prior to the exercise. The lessons learned from CODE SILVER '04 made scheduling an easier process and coordination with MAJCOMs began early enough to avoid any unpleasant situations. Three exercises were added to the original program halfway through the year, to cover some requests from MAJCOMs and the bases themselves. The CODE SILVER team had no trouble meeting this request.

Despite high operational tempo, most bases were able to make all necessary arrangements and had all required personnel available for the exercise. As in 2005, however, some bases had inspections or other exercises concurrently, or immediately before/after CODE SILVER, which sometimes reduced player turnout and focus.

2.2 TYPICAL CODE SILVER BASE VISIT

Day One: In-brief to the Medical Group Commander (MDG/CC), in-brief to the Wing Commander (WG/CC), and inspection and setup of exercise facilities.

Day Two: CODE SILVER medically-centric exercise (8 hours).

Day Three: Command and Control biological exercise (4 hours).

Out-brief.

Team departs.

2.3 COMMAND AND CONTROL EXERCISE

The addition to the CODE SILVER program in 2005 was the Command and Control (C2) exercise, which was conducted on Day Three of the CODE SILVER visit. The positive feedback from senior leadership in 2004, led to the implementation of the C2 portion for the FY'05 program. This C2 module allowed Wing Commanders, Group Commanders and other senior leadership to experience a contagious disease scenario, thereby increasing their awareness of the difficult decisions they may face in such an event.

2.4 PARTICIPANTS

Base Personnel:

Total USAF: 2093 (793 MDG)

Total ANG: 557 (140 MDG)

Command and Control

Senior Leadership: 586

Other:

Total other DoD: 155 (includes other USAF, USAFR, other ANG, USA, USN)

Total U.S. Civilian: 592 (federal, state, local)

Total HN Personnel: 74 (military and civilian) (UK, Germany, Turkey, Japan)

Total:

4,057 personnel trained

2.5 AGENCIES REPRESENTED

CODE SILVER was considered a “medically-centric exercise,” but the range of participants illustrates the scope of issues covered during the scenarios:

Medical Group
 Commander/Vice
 AMDS/CC
 MDOS/CC
 MDSS/CC
 SGP
 BEE
 Medical Defense

WG Agencies
 MSG/CC
 EOD
 Security Forces Sqd
 Services Sqd
 Fire Department
 HAZMAT
 CE/CEX
 OSI
 Judge Advocate
 Public Affairs
 Chaplain

Off-Base Agencies
 Local Health Department
 State Health Department
 Emergency Management
 Fire Department
 Local Police
 Public Health
 Medical Intelligence
 Manpower
 Security Team
 Laboratory Team
 Patient Decon
 Triage Team
 Clinical Teams
 State Police
 Local Hospitals
 Epidemiologist
 EMS
 Red Cross
 Civil Support Team
 EPLO
 State Laboratory
 FBI

C2
 WG/CC
 WG/CV
 MSG/CC
 MDG/CC
 SFS/CC
 OSI
 CES/CC
 Judge Advocate
 Public Affairs
 Field Treatment Teams
 Casualty Management
 Patient Admin Team
 Pharmacy Team
 Crisis Response/Life Skills
 Medical Logistics
 Infection Control
 Chaplain
 Senior Local Officials
 Fire Department

Most bases had good civilian participants who were more than willing to join in the discussion as it pertained to their capabilities, often before they were asked to provide their opinions. At several bases, however, the local community participation was quite limited which adversely affected the exercise, as the base was then forced to engage the scenario on its own. Despite efforts to simulate the local community role, these exercises were not as valuable as those where the local community was fully represented.

2.6 ADMINISTRATION AND LOGISTICS

The administrative and logistical burden of implementing each CODE SILVER exercise fell primarily upon the Medical Group point of contact (POC), but also a Wing POC (usually from Wing Plans). At most bases the POC was the Bio-Environmental Engineer (BEE) Team Chief or Medical Readiness Team Chief. These individuals performed admirably and ensured the CODE SILVER team was well-supported. At bases where CODE SILVER had command focus, all aspects (administration, logistics, and participation) were exceptional. When the POC put together a CODE SILVER itinerary, with all relevant items scheduled, the program was flawless.

The inclusion of the Command and Control exercise complicated the installations' administrative and logistical burden. Having two POCs occasionally led to confusion at the base as to what tasks had been accomplished. Additionally, the need to schedule quite early to gain access to senior wing leadership was quickly noted. The typical base "spin-up" timeframe for CODE SILVER was 1-2 months. This was sometimes inadequate for the Command and Control administrative issues.

One of the keys to CODE SILVER was the facility in which the exercise would be held. The best facilities were in a central/easy to find location, were large enough and unobstructed

enough for all personnel to easily see the screen, and had a large central table to fit as many key participants as possible. Good acoustics were obviously critical, and facilities with loud heating and cooling systems detracted from the exercise.

2.7 FEEDBACK RECEIVED

The feedback received from CODE SILVER participants was generally outstanding. One of the most common remarks was that the non-linear aspect of the program allowed for greater interaction and discussions than most exercises. The fact that the CODE SILVER team had conducted 45 exercises in 2004 provided a huge body of knowledge and expertise to the team. With the 2005 program encompassing 50 bases, again the team was able to rapidly integrate improvements and changes from previous bases, which quickly eliminated problem areas and the possibility of any negative feedback.

Feedback from the Medical Group continued to be good, as this was one of the first exercises that most MDG personnel had attended that focused Wing attention on the medical aspects of consequence management. The possibility of doing functional area exercises (e.g. a TTX specifically focusing on the patient decontamination process) also seemed to be desired by many of the disaster teams. These comments led the CODE SILVER team to suggest a medically-focused TTX program, where most Wing and traditional first responder activities are simulated and the material would focus exclusively on the medical aspects of consequence management. (This will be implemented in 2006 at eight AMC and AETC installations. A strong possibility of an entirely new medically-focused program from HQ USAF/SGX also exists).

While the limited amount of time allowed for CODE SILVER (total of 8 hours) was seen as a negative by some personnel, four hours per scenario allowed participants ample time to explore all the major and many smaller issues. The broad scope also kept the exercise moving quickly enough to keep everyone in the room interested even when their specialty was not being discussed. Four hours was appropriate for the C2 exercise, as it was the maximum amount of time senior Wing staff could typically afford.

2.8 CODE SILVER COMMUNICATIONS

Communications between the L-3 team and both Air Staff and MAJCOM POCs was again outstanding during the year. No issues were left unresolved for any length of time due to communications. Communications with installation POCs was again uneven, but primarily driven by the personality/aggressiveness of the individuals involved. Rarely did any communications issue result in any negative impact upon the program. Whenever any problems with installations were encountered, MAJCOM and Air Staff personnel were always able to assist.

The use of monthly teleconferences to prepare upcoming base POCs for their role appeared to be effective. These telecons facilitated the L-3 team's contact with bases and provided an excellent point of departure for base POCs. In conjunction with the CODE SILVER website, it appeared all POCs were well prepared for their roles. With the advent of the C2 exercise, with its additional day and senior level participation, having the teleconferences two months prior may have been more appropriate – this lesson will be carried forward for the future.

3. LOADED DICE

The CMS team conducted six exercises in support of HQ USAF/SGX during the annual Medical CBRNE conference in Las Vegas, Nevada. Over 600 Air Force, Air National Guard and Army personnel participated in the exercises during the five day event. A new and extremely detailed medical scenario was designed and implemented at the event. Feedback was outstanding and the CMS team has already been invited to conduct the exercise again in 2006.

4. BLACK WOLF

The success of CODE SILVER 2004 led to an effort called BLACK WOLF for HQ USAF/XO. The CODE SILVER team designed a war time biological scenario for this exercise, conducted at Kunsan AB, South Korea. The 8th Fighter Wing at Kunsan was the participating agency (80 participants) and a host of doctrinal concepts were tested during the event. The exercise was postponed several times and required a great deal of coordination with senior staff within the USAF, but was otherwise not much unlike a typical CODE SILVER effort.

5. JUNNIPER STALLION

The CMS team conducted a biological exercise with for the Air National Guard Surgeon General's Office at an air base in Israel (location is classified) in support of JUNNIPER STALLION '05. The exercise took place over two days and included more than fifty participants from the ANG, USAF, the Israeli Home Front Command, the Israeli Defense Forces and other experts. The CMS team has been invited to again conduct an exercise in Israel in 2006.