

Special Report & Survey Results

Mass-Casualty Preparedness & Response

Prepared by Craig Vanderwagen, Former HHS Assistant Secretary Preparedness & Response; Summarized by John F. Morton, DP40



WHO: DomPrep40 plus DomPrep Readers

WHAT: A short survey and report

WHEN: May 2010

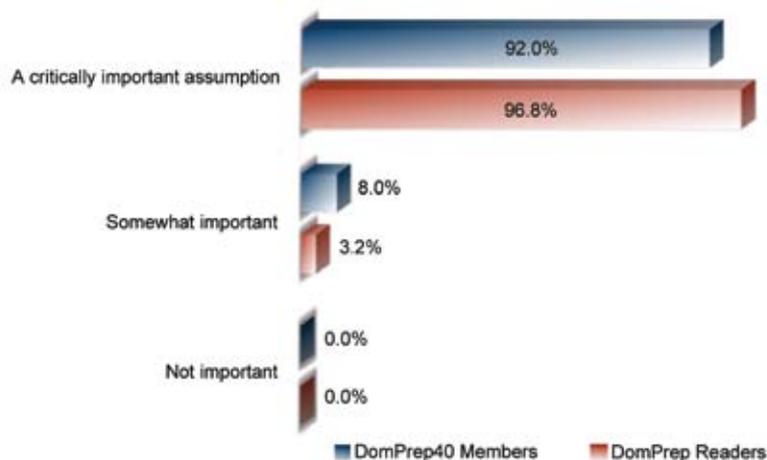
WHERE: Online at DomesticPreparedness.com and SurveyMonkey.com

WHY: To provide policy makers a snapshot of strengths, gaps, and weaknesses

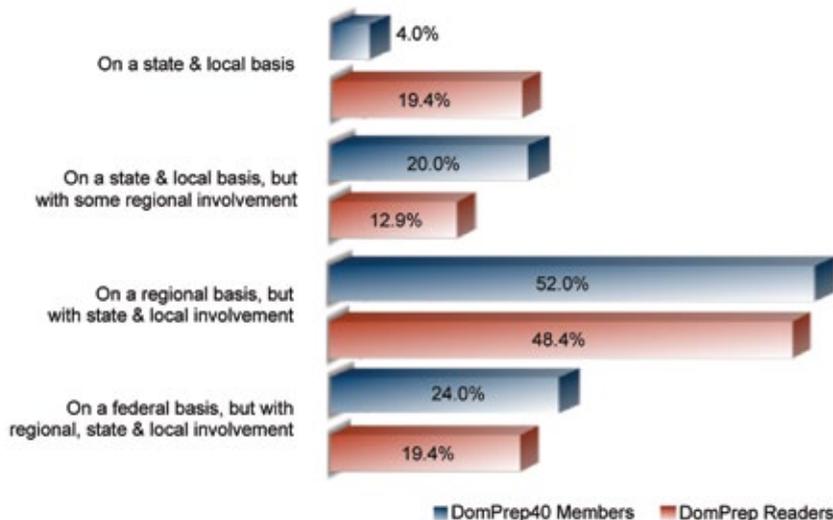
This DomPrep survey focused on mass-casualty preparedness and response in general and responses to a nuclear event in particular. Although many believe that a mass-casualty event caused by a nuclear detonation is highly unlikely, evidence from the intelligence community suggests a high probability of occurrence within the next 3-5 years. This information may have been a key factor in the Obama administration's re-evaluation of the U.S. Government's (USG's) policies in the field of weapons. President Obama has not only recently announced the signing of the Strategic Arms Reduction Treaty document but also released a statement of re-focused USG policy on nuclear threats that highlighted the need to focus on non-state actors and their apparent intent to create a catastrophic event using a nuclear detonation. That threat, of course, has major implications for the U.S. security community and its mission to prevent such an event. It also raises questions about the nation's domestic ability to respond.

Dr. Craig Vanderwagen, former assistant health and human services secretary for preparedness and response (ASPR), who prepared the survey, has pointed out that the current response "environment" may be "more focused on other causes of mass casualties – large earthquakes, chemical exposures, or a bio-event involving a large population and such – but the dynamics of managing a large number of individuals needing medical care and public health interventions apply directly to nuclear detonation." The nation's human and physical assets would be tested severely

In planning for a mass-casualty event, being prepared to manage the event without federal support for the first 48 hours is



Planning for mass-casualty events is carried out



by such large-scale events, and the planning requirements are therefore multi-sectoral – even though the focus will continue to be on saving lives and reducing the additional burden of disease. Also not to be underemphasized are the nation’s ability to recover from such an event and the resiliency of the American people, and institutions, in swiftly ameliorating the impact of the event on everyday functioning.

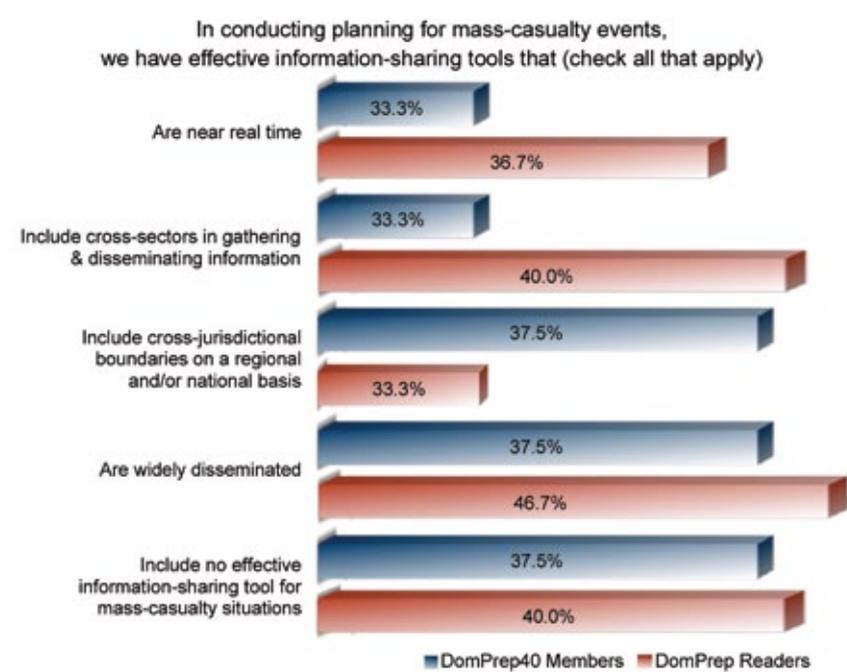
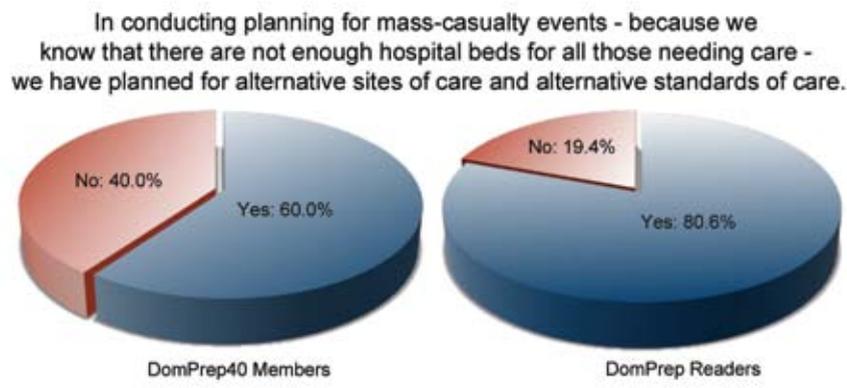
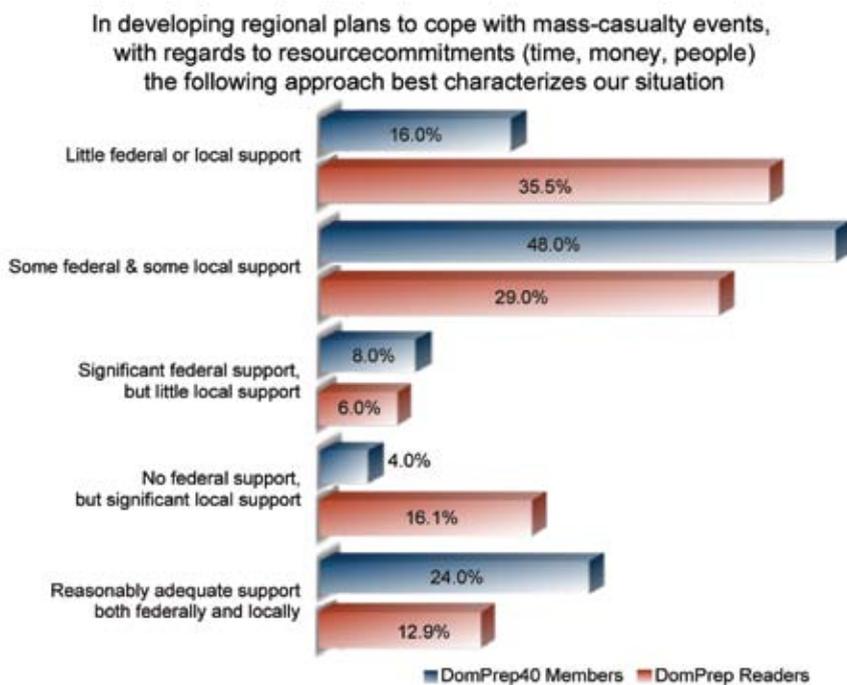
Key Findings

DomPrep readers and members of the DomPrep40 are generally doubtful over the nation’s ability to manage the consequences of a mass-casualty event. A solid plurality view regional planning as the crux of a solution.

DomPrep readers overwhelmingly agreed with the DP40 that a critically important assumption in mass-casualty planning is the need to be prepared to manage the event, without federal support, for the first 48 hours.

Readers and DP40 members similarly agreed (at 50 percent) that management of a mass-casualty response requires both a regional effort and regional planning – with state and local involvement. About 20 percent of both groups also believe that planning should be managed primarily at the federal level – supported, though, with regional, state, and local involvement.

As regards the application of resources toward the development of plans for mass-casualty events, readers were less optimistic than the DP40 were. About 30 percent saw some federal and some local support in order to carry out regional planning; only 6.5 percent, though, indicated there is sufficient federal support (but little local support) for regional planning – and only 12.9 percent said both federal and local support are adequate.

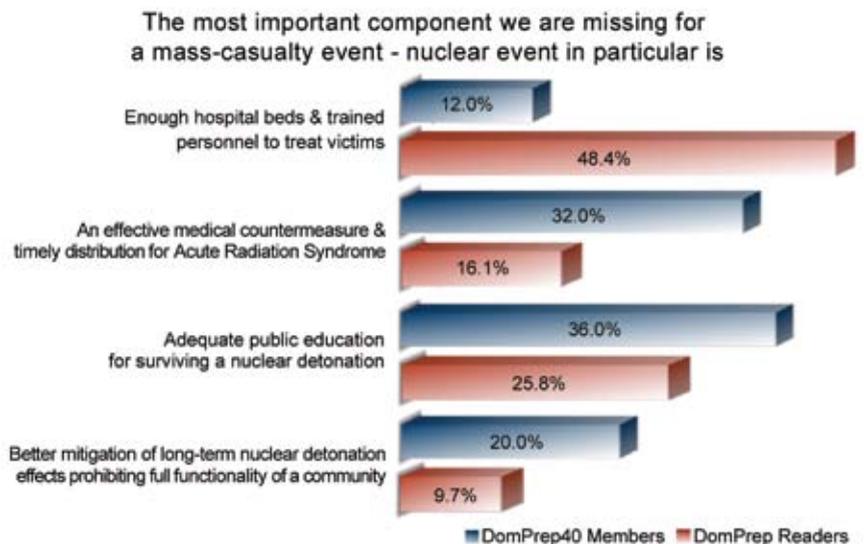
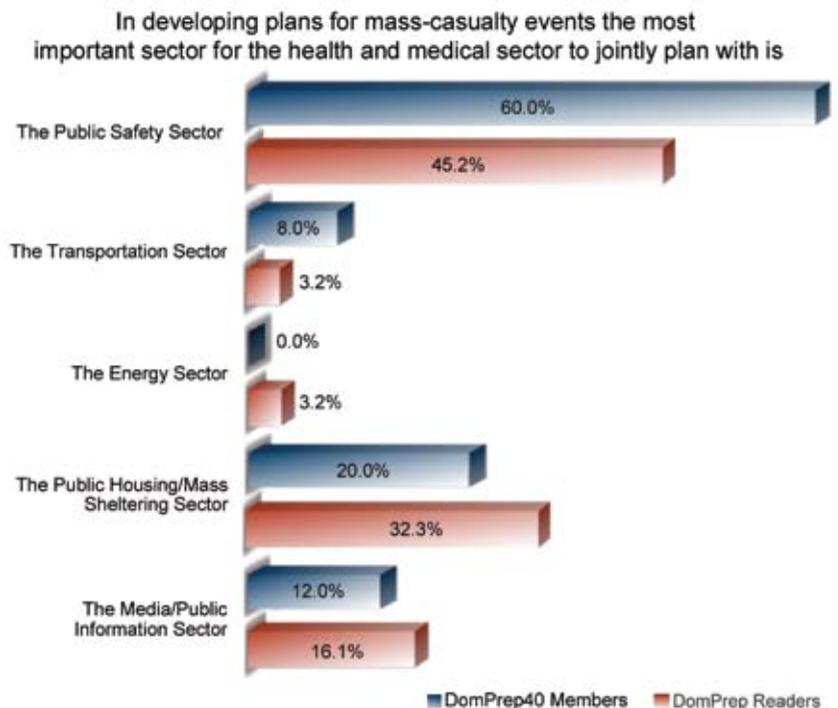


Readers were more optimistic than the DP40 were on the status of plans for alternative sites of care and alternative standards of care. Over 80 percent of readers believe there are adequate plans in place, whereas 60 percent of DP40 members hold the same view. “Preparing for the use of alternate sites and standards is a proactive requirement that must be addressed,” counseled Dr. Vanderwagen. “Plan for these, and exercise their use.”

DPJ readers and the DP40 were generally doubtful over the effectiveness of current information-sharing tools for mass-casualty event planning. “It is clear that development of a better information-sharing tool needs to be given priority,” Vanderwagen observed. “The critical need for pre-event communication and joint planning is primary across the sectors, but the lack of an information-sharing capability during an event will be catastrophic. The tools exist; it is time to reach a consensus and move forward on a means to assure that we are all using it.”

Slightly fewer readers than DP40 members – 45.2 percent compared to 60 percent – strongly emphasized the need for the health and medical sector to plan for mass-casualty events with the public safety sector. Slightly more readers than DP40 members – 32.3 percent compared to 20 percent – said that joint planning with the public housing/mass sheltering sector is required. These responses suggest that there has not been enough public discussion on the effect of mass-casualty events on public order and how to preserve it.

When it comes to assessing some of the most important “missing components” of consequence management in nuclear mass-casualty events, the greatest divergence of views can easily be found. Readers were much more upbeat than the DP40 were on the availability of hospital beds. Far fewer readers put emphasis on the need for an effective medical countermeasure for Acute Radiation Syndrome – and a timely way to get it to people. Far fewer readers also were concerned about the long-term environmental mitigation requirements. Close to the same percentage of both groups, though, agreed on the need for better public education on how to survive a nuclear detonation. “Educating the public and assuring that we have means to communicate in near-real time with them about sheltering in place – and where and when to get countermeasures,” Vanderwagen concluded, “must be developed with our public safety partners and the media.”



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