

Steve Johnson, lecturer on forensic exploitation and intelligence at Cranfield university, wonders whether anyone is coming to help in the event of an international CBRN incident

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The observant reader will know that it is 2016. The knowledgeable reader might be aware that the first nuclear weapon was detonated nearly 70 years ago (Trinity, not the more famous operational detonations on Hiroshima and Nagasaki). So would you be shocked to learn that in all that time there is still no agreed international response for a country suffering a nuclear attack, much less a CBRN incident? Perhaps it isn't that shocking when you consider that the response to the Ebola outbreak, was, at the outset, haphazard at best. This article explores the issues surrounding mass fatality incidents (MFIs) involving CBRN, and nuclear will not escape attention. The focus will be on the management of fatalities – but the exploration will reveal that mass fatality management (MFM) is not the only area lacking in international CBRN response.

This article was inspired by a recent publication: *An Illusion of Safety: Challenges of Nuclear Weapon Detonations for United Nations Humanitarian Coordination and Response*. Written by John Borrie and Tim Caughley, it sought to examine plans for helping a country hit by a nuclear detonation. As international disaster response is supposed to be coordinated by the UN when a state requests its support, the report focused on UN agencies and mechanisms. The findings are worth repeating: "The United Nations is unlikely to be able to offer much humanitarian assistance in the immediate aftermath of a nuclear weapon detonation event, and it would take time for the humanitarian system to deploy."

The report further observes that the UN cluster system, a really rather good method of trying to corral all the disparate agencies and NGOs to tackle particular challenges in a disaster, would have challenges in providing a "prompt and

effective" response. The report also draws from international committee of the Red Cross (ICRC) discussions in Oslo in March 2013 where it was observed: "It is unlikely that any state or international body could address the immediate humanitarian emergency caused by a nuclear weapon detonation in an adequate manner and provide sufficient assistance to those affected. Moreover, it might not be possible to establish such capacities, even if it were attempted."

Extrapolating from the findings regarding a nuclear detonation, it isn't illogical to deduce that mass casualty chemical or biological attacks would be met with similar poverty of response. If you'd like to get angry about how this situation could exist given the many years countries have bewailed the risk, and the billions spent on CBRN capabilities, then take a moment and rage now. There is a whole lot more coming though...

CBRNe World has always tried to shine a light on under-discussed CBRN issues. Profiles previously raised by the



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editor include CBRN forensic science and CBRN MFM, and the paucity of understanding and capability has become more obvious through so doing. Very few cities have credible plans outside of NY (Writing the first chapter – *CBRNe World*, Aug 2013) and Los Angeles (End of the Line – *CBRNe World* April 2013). The UK has a plan but it's classified, so not that easy for local authorities and health professionals to access. At conferences and in articles the theme is pretty clear – we have spent so much time fretting over the fact that we think we would struggle to cope with all the bodies, we haven't given a lot of thought to helping others. This is despite the fact that if you threw darts in a room full of CBRN policy papers you'd frequent hit the phrases 'mutual support' and 'cross border implications'.

If you are new to MFM, it could be useful to understand some of the key issues. How we handle the dead after an emergency is an important part of the recovery process. Dr Lucy Easthope observed that is deeply connected with the trust between the public and government (Living with Afterwards – *CBRNe World*, Oct 2014). Depending on the incident the challenges are recovery of dead bodies, identification of the dead, recovery of forensic evidence, appropriate legal processing, handling of next of kin and final disposal.

The process varies according to the nature of the incident, but importantly it goes on 24/7/365. People die every day and enter this process. So countries have a natural baseline capacity for handling the dead and some level of surge capacity may exist. Surge capacity isn't a phrase that accountants like. They tend to read it as unused capacity or wasted resources and cut it to the bone. So it doesn't take much to break the system.

Historically, MFIs have been a challenge due to concerns about dead bodies, particularly after natural

disasters. This led the ICRC to produce: *The Management of dead bodies after disasters – a field manual for first responders*. This recognised that the international community would be unable to help for quite a while after a disaster and so local first responders in a natural disaster needed some level of training in dealing with the dead. One of the points it pushed was that the infection threat from dead bodies has been exaggerated.

This was based on a study that, while interesting, wasn't entirely flawless. There was a presumption that the dead have the same risk of carrying a pathogen as the living population after a natural disaster. This has never really been explored and one can think of reasons why the sick may well be disproportionately affected by a disaster. More contentiously, the manual suggests that certain pathogens such as anthrax die a few days after the host has died. Readers will have their sceptical eyebrows up around their hairlines by now – given the survivability of anthrax spores and how dead bodies are one of the major transmission methods for anthrax in the wild [recent studies on Ebola might also be problematic for this too. Ed].

Despite these few issues the manual tries to tackle the same problem as CBRN MFM – how do you prepare responders for the fact they will probably have to handle this alone, especially if it is overwhelming? Concerns about pandemics and more recently the Ebola outbreak highlight that the absence of a scientific paper does not prove that there is no threat. Other guidance documents online (unlike the classified British methods) include New York State's mass fatality annex with emphasis on pandemic influenza preparedness (2011). It stresses that even at a local level counties shouldn't expect much help from their neighbours. It was prompted,

like so many others across the US, by the Department of Health and Human Services report which noted that pandemic influenza outbreaks have the potential to cause more deaths than any other public health threat. Even if you doubt the 1918 figure of 40 million 'flu deaths, the figures are still impressive for 1957 and 1968 with 2 million and 1.5 million deaths worldwide respectively.

All this preparation for handling CBRN MFIs focuses at the national level. Yet the process of identification is governed by principles subject to international agreement through Interpol, which maintains a command centre and a crisis management support group. This recognises the fact that MFIs may well involve citizens from many countries. The UK's College of Policing observes that: "In the event of a mass fatality incident in a member country, Interpol coordinates the international response". Yet we already know from the UN report that Interpol is among the many agencies without a plan for handling high end CBRN incidents.

What we see from countries instead is a watch and wait approach to CBRN or a focus on capabilities which seemed more attractive to develop. Health surveillance and monitoring operations receive strong investment. A huge amount of the support to Japan after Fukushima was about monitoring and detection equipment and operations. The UN system-wide study on the implications of the accident at Fukushima Daiichi nuclear power plant not only reflected this but was one of the most analysis-free documents I have ever seen with the secretary general's name attached.

Amidst blandishments about how well everyone did, it observes that more money should be spent on more monitoring equipment and nuclear plants should have emergency plans. At no point does it consider what the implications might have been if the

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"Mass" is an elastic term, some morgues might be overwhelmed by 20 fatalities ©CBRNe World

explosion had caused widespread loss of life and how quickly support might have been forthcoming. Instead it proudly observes how many video conferences were held so that countries around Japan could know if they were at risk. Threat reduction programmes never really addressed the issue of dead bodies either. Perhaps it feels like an admission of failure and so programmes focus on preventing the incident or a successful initial response.

A report for which the author was consulted observes that the US would want to help if another country suffered a CBRN incident. It doesn't really get into the technical issues around that support. Nato has for many years maintained at some cost a multi-national CBRN battalion. Launched with fanfare by Lord Robertson in 2003, its missions include support to member states if they are struck by CBRN.

So how much mortuary capability does it provide? None. The focus is on recon, decon, advice and command and control. Exercises focus on the sexy

side of CBRN: expensive detection equipment, labs and teams. Even decontamination isn't neglected. No fault of Nato alone, because few countries exercise what to do about all the dead after a CBRN incident. Those that do, and the UK and USA [See *CBRNe World*, February 2015 article on JMAC. Ed.] have carried out exercises, often use a classic trick of decontamination exercises: a wilful neglect of the vicissitudes of mass. Decontamination times are glossed over or the number to be decontaminated falls within the capability limits.

This article contains a lot of complaints, so it is fitting to end with some suggestions that could, and in fact should, be taken up. The recommendations of the UN report on nuclear incidents should not only be enacted but should be expanded to include chemical and biological attacks. They are very reasonable and seek only for international bodies to clarify their planning and jurisdiction. The interagency standing committee (the

body that supports the co-ordination of disaster response) should task a sub-group to look at this. The inter-agency committee on radiological and nuclear emergencies (IACRNE) (Part of the UN inter-agency standing committee) should be invited to comment because it hasn't previously done anything on nuclear detonations. Finally it recommends that there should be a review of plans and procedures.

As regards the MFI theme, further points should be addressed. In particular Interpol should, at the very least, produce a positioning paper on how it would handle disaster victim identification in a CBRN MFI. No one is asking them to solve all the problems, but at the very least to open up the discussion about what the issues would be and options to consider. CBRN incidents are hopefully a low probability, but when we already know that our response may struggle we should at least try to ensure that we can provide support where it is needed when dealing with overwhelming fatalities.

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The Emperor's new shroud: international response to CBRN

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