NOTES FROM THE FIELD

Exercise Top Officials 3

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During 4–6 April 2005, I was an observer at *Exercise Top Officials 3* (T3) that was conducted on the east coast in the United States. T3 was the third in a series of US congressionally mandated homeland security exercises conducted every two years to practice response to Weapons of Mass Destruction (WMD) incidents. This year participation included Canada—their activity titled *Ex Triple Play,* and the United Kingdom with *Exercise Atlantic Blue*. T3 was quoted as being the largest Homeland Security exercise conducted by the US with over 8000 participants at a cost of $16 million. The exercise included a number of lessons that should be considered in Australia's preparations for Chemical, Biological and Radiological (CBR) incidents.

T3 incorporated significant intelligence play that started some months before the actual deployment phase from 4–7 April 2005. The exercise involved two main incident scenarios based on a vehicle bomb and chemical warfare agent (simulated Mustard Gas) release at New London, Connecticut, and a release of Pneumonic Plague in Newark, New Jersey.

Exercise control was facilitated through Venue Control Centres (VCC) located at New London, while Newark New Jersey linked back to a Main Control Centre in Washington DC. Exercise control centres were also located in Ottawa, Canada and in London, England. Venue control centres had approximately 75 staff per shift and included representatives from the key participating agencies.

An important feature of the exercise was the use of the Virtual News Network (VNN) to broadcast information on the incidents. VNN was the exercise television and radio network that broadcasted live eight hours a day. Real-time broadcasts from senior Federal and State government officials including the Secretaries of the Department Homeland Security, Health and Human Services, as well as senior State politicians were accessible through the password-protected internet site. The broadcasts provided real-time information and breaking news as the incidents unfolded adding realism to the exercise. Media interviewers posed some very penetrating questions that would be expected during a real terrorist event. VNN was also used by Canada (CVNN) and the UK (BNN).

Initial detonation of the vehicle bomb at New London, Connecticut

The incident in New London, Connecticut was a result of a terrorist organisation believing its intended operation in Boston had been compromised and therefore relocating to an alternate target at New London. The activity involved the detonation of a vehicle bomb at a county carnival resulting in mass casualties of some 500 people. This was immediately followed by the detonation of a large container of Mustard Blister agent by a suicide bomber that contaminated the mass casualty incident site. This was followed a day later by an overflight of a small plane also spraying Mustard agent.

Responders were faced with victim rescue in a contaminated environment and the potential downwind impact of a persistent and delayed action chemical warfare agent. Casualties were rescued and underwent a decontamination

Mass casualties at the New London site where 500 people role played as casualties

Tents were shredded by the vehicle bomb explosion

process and a range of public protection measures, including sheltering in place were implemented. Area monitoring to determine dirty and clean areas was time consuming and resource intensive and additional federal resources were required. Large quantities of personal protective equipment were required in response to the incident.

The incident in Union County, New Jersey, near Newark's major international airport involved the release of Pneumonic Plague by terrorists along the New Jersey highway adjacent to major convention venues. Victims became symptomatic within a few days and began presenting at hospitals. This resulted in the activation of the United States Strategic National Stockpile, which includes a range of pre-packaged antibiotics that can be shipped to stricken areas within 12 hours of request. The stockpile was transported to a New Jersey National Guard base for use by State health authorities.

I had the opportunity to observe the activities at Union Hospital in Newark that was being exercised. Patients were triaged on arrival and medically treated in emergency facilities set up outside the hospital, with the most serious cases being treated in an isolation ward. We were briefed by the Hospital's CEO and were taken on a guided tour of the hospital facilities. The tours were very professional and included the Hospital Emergency Operation Centre (EOC) that co-ordinated the activities relating to the emergency.

The hospital, as part of the US Homeland security finding program, had received specialised equipment including tents, ventilators and hospital ward facilities to establish sheltered facilities adjacent to the Hospital. Security was tight, with the area cordoned off by State police securing the perimeter around the hospital. The hospital had a comprehensive emergency plan including an EOC based in a staff room that could be quickly converted. It included the basic equipment of phones, faxes, computers, white boards and detailed standing operating procedures to co-ordinate the incident.

Hospital staff were trained for their emergency-related tasks and the hospital had a 'surge capacity' plan to recall staff and divert patients when saturation point was reached. The hospital had a range of emergency equipment to quickly respond to a mass casualty emergency. In a nutshell they appeared to have their 'act together'.

The other activity observed was the functioning of a Point of Distribution (POD) facility established to dispense antibiotics to people potentially exposed to Pneumonic Plague. The POD was established in a primary school assembly hall and could process 90–100 people each hour. People were initially screened on arrival including using a magnetometer for weapons. The seriously ill were diverted to the medical treatment facility located at the POD. Others were directed to a registration

Registration at the Points of Distribution (POD) facility in New Jersey. The POD was managed by fire service personnel

area were they would complete an information sheet. They then moved to health education where they received medical information leaflets before being directed to the dispensing area for issue of their antibiotic treatment (for the exercise this was Jelly Beans). It required approximately 50 personnel to run the POD each working a 12 hour shift. Security was clearly evident.

As antibiotics from the SNS would be highly valued by a frightened population, a large police contingent provided perimeter security, as well as inside the POD.

The POD included a number of fire personnel who acted in supervisory positions to oversee its operation. Many of the POD staff were volunteers and included school teachers and the Red Cross.

The logistic effort for the provision of PODs is extensive. The exercise scenario included up to 100 000 potentially effected persons requiring the issue of antibiotics within 24 hours. Based on a POD throughput of 100 per hour, a 24 hour period equates to 2400 people. For 100 000 personnel, the requirement would be some 25 PODs at a staff level of 100 each POD. This poses a challenge to State Health Departments that may have to establish similar arrangements at very short notice. The need for federal assistance should not be discounted.

T3 was a major undertaking by the US with participation by Canada and the UK. It is anticipated that the US will release a post exercise report in July 2005, which should be considered essential reading by those responsible for planning related to CBR incidents. There are a number of lessons to take away and consider that will help Australia be better prepared for CBR type incidents.

Medical education and antibiotic dispensing at the POD