



Report on Wilton Park Conference 855

TRANS-BORDER CONSEQUENCE MANAGEMENT: RESPONDING TO MAJOR ACTS OF CHEMICAL, BIOLOGICAL, RADIOACTIVE OR NUCLEAR TERRORISM

Monday 18 – Wednesday 20 June 2007

Summary

1. Countries across Europe have different levels of preparedness to respond to an act of terrorism involving the use of a chemical, biological, radioactive or nuclear (CBRN) weapon. In the first hours after a CBRN attack the local and national response will be critical. Significant co-operation between the different responding agencies will be needed. Trust built between the agencies can be developed through realistic exercises to test contingencies. Primacy should be given to ensuring public safety and meeting the humanitarian needs of those affected after a CBRN incident ahead of the needs of law-enforcers to solve the crime committed.

2. It is likely that the quality of a national response to a CBRN attack will be of a lower standard than that given in response to a natural disaster due to its added complexity, and may not meet the public's expectations particularly if the attack is catastrophic. Specialist resources are likely to become exhausted, necessitating in the request for assistance from other countries. Many European countries are, however, unused to requesting and receiving external help but should plan for and test this. In the event of a CBRN attack there is also a serious question of the willingness of one country to release its specialist resources, which may involve military assets, to support others when the terrorist threat might remain strong at home. The development to bilateral co-operation and the use of mutual aid, which is currently hampered at a Europe-wide level given the lack of common policies, procedures and capabilities, should be expanded.

3. If more than one European Union (EU) member state were to be affected by a CBRN attack it is not clear how a cross-border response would be co-ordinated. Greater clarity is needed about the EU's appropriate responsibilities, and those of NATO, in supporting a response effort at the request of an affected country. Greater clarity of role is needed to avoid duplication of response effort by such organisations.

4. More work is needed to assess how well prepared individual countries are to cope with a CBRN attack, particularly a catastrophic incident. Many questions remain to be answered: How quickly would national resources become exhausted? What external assistance would be requested from neighbours on a bilateral basis or from multilateral organisations? How could or should the international community assist? How easy would it be for the EU to provide a collective response to support a fellow member state?

Assessing the threat of a CBRN attack and managing the risks

5. In making the appropriate preparations to respond to a CBRN attack a careful assessment is needed of the likely threat based on analysis of the likely actors, their intent, capability and likelihood of using an unconventional weapon. In November 2006 the head of Britain's Security Service warned that the danger to the UK of a terrorist attack was 'serious' and 'growing' and that "tomorrow's threat may, I suggest will, include the use of chemicals, bacteriological agents, radiological materials and even nuclear technology".¹ Whilst the use of such a weapon by a terrorist involving chemical, biological, radioactive or nuclear materials is a viable option it may be self-defeating to try to determine which poses the greater threat. Each potential weapon should also be viewed separately in terms of the likely risks and the potential number of those who might be killed and injured.²

6. For many the question is to what extent Europe should prepare for a low probability but potentially catastrophic event such as a nuclear scenario, as opposed to a potentially more probable, but lower impact attack for instance using a chemical or small level radioactive material. All could have potentially broad economic and infrastructural impacts, creating significant social and business disruption. A low impact but higher probability incident is perhaps easier to prepare for in terms of the immediate response; a catastrophic event would need a higher level of response, would create greater challenges for providing security and protection to those assisting the victims and would potentially result in very significant economic and social shock and fallout.

7. The risks of such an attack, taking into account the potential capability, intent, vulnerabilities and potential consequences need to be carefully communicated to the public. How can the public be alerted without being overly alarmed? This is challenging given that

¹ The CBRN System: Assessing the threat of terrorist use of chemical, biological, radiological and nuclear weapons in the UK; by Paul Cornish, published by Chatham House, February 2007.

² Recent risk analysis by the International Committee of the Red Cross created a scale of risk based on the probability of a particular type of weapon and the likely numbers of casualties.

threat assessments may come from classified intelligence, and could, by their publication, advertise weaknesses, for instance if a threat highlighted specific risks geographically or by type (eg large public gatherings). Discussing publicly the possibility of a high impact but low probability attack, using nuclear material for instance, may also be beyond the public's 'comfort zone'.

Preparing to respond – developing the model response

8. In preparing to respond to a CBRN attack it is important to assess what would be different from the response to a natural disaster or an industrial accident involving hazardous material such as that which happened with the gas leak in Bhopal in 1984? Differences to the response to a CBRN attack include:

- the fact that this would be a deliberate criminal act, creating a 'crime scene' and involve a significant law-enforcement and security response to identify who carried out the attack, prevent another (who/what is the next target?), ensure public safety and to solve the crime;
- the potential for mass fatalities, and the potential density of victims and those contaminated;
- public health is a major factor not only of those immediately affected but potentially of a wider population;
- CBRN incidents often require specialised skills or teams to respond that may be in short supply and geographically spaced. They need to work closely with the usual 'blue-light' responders;
- scientific evidence relating to natural disasters can advise on the location and frequency of a potential incident providing better understanding of the risk, (such pre-warning is less likely in a CBRN attack).

9. Perhaps significantly, if terrorists were to use any one of the CBRN weapons this could create a significant psychological dimension with the public, involving fear and panic, that is likely to be different from an industrial accident or natural disaster.

10. This makes planning to respond to an attack in which a chemical, biological or radioactive agent or a nuclear device is used, very challenging. Some suggest that about 80% of the required capability for response to a CBRN attack would be the same as that for a natural disaster. Others believe that a higher proportion of additional response would be needed including specialised equipment and skills for each type of weapon used, whether C, B, R or N. In Sweden preparations centre around various scenarios: a local incident,

national fallout (weapon or radioactive), radioactivity in food or agriculture scattered across the country. An external response is now being prepared.

11. Some suspect that no amount of planning will prepare surviving local officials to mount an effective response to a catastrophic event. A large CBRN incident in a major European city for example could present profound short-term challenges for the resilience of the nation affected. If that incident involved a radiological or nuclear device millions could potentially be affected directly by the blast and thermal radiation or indirectly by the radiation, with significant numbers killed, many more injured requiring treatment, and the need for large numbers to be evacuated or relocated (or who would self-evacuate, potentially contaminated). Such an attack could also severely damage communications and energy networks, ports and shipping, air and rail transportation hubs.

12. Each country has its own model for preparing to respond to a CBRN attack. By way of example, in designing its national response the **United Kingdom** aims for a multi-discipline response specific to different threats, based on a locally-driven response with national resources being brought in as needed to provide support. Planning for a CBRN attack is undertaken separately to that for an accident involving a hazardous material. A National Co-ordinator for CBRN Policing has been created to establish a focal point. The UK Police are aiming for at least 5% of its manpower to be trained specifically in CBRN response. It is not planned that the military become involved in domestic civil protection, although they have skills and training in CBRN from their work overseas and may in practice be called in to help. Work is ongoing in the UK to develop response planning, address capability and capacity gaps, increase co-ordination, set national standards for those trained, continually develop tactics of response, including cordon solutions, and quick donning Personal Protective Equipment clothing; protect the welfare of untrained officers and improve forensic analysis.

13. In **France** a national-level CBRN response capacity is able to deploy in support of the national, or Department, or local unit responsible for the initial response. Specialised plans for CBRN response were strengthened after the Twin Towers attack on 11 September 2001 with a new Civil Defence law in 2004 and redrafting of emergency plans specifically including reference to CBRN. France, with a tradition of nuclear power development, has a strong capacity to respond to a nuclear accident with two CBRN units fully ready, mobile detection equipment and forensic facilities. Work to prepare for Avian Influenza has also helped improve health responses. For the future increased integration of medical support into the overall response plan is sought, including a discussion on whether medical support should

be given before or after decontamination after a chemical incident. France could also call on the military to support a response.

14. In the **Czech Republic** new legislation integrates the rescue services into one national organisation and emergency plans for CBRN have been updated. The Czech Republic has significant experience from responding to natural disasters, such as the large-scale flooding, which occurred in 1997 and 2002. However, like other smaller countries whilst it may be relatively well prepared for a small or medium terrorist attack, a large scale attack might be more difficult to manage, particularly if it is a distance away from where the experts and equipment are located.

15. The challenge for any country is to turn paper-based plans into reality. The UK had to test its response after the death of Alexander Litvinenko on 26 November 2006. The presumed cause of death was poisoning by radioactive Polonium 210. This case became a criminal investigation and remains subjudice. However there are some useful lessons about the response which have wider application for a CBRN incident.

16. Firstly the co-operation needed among the 25 different UK agencies that became involved in the response was critical. Pre-existing Memorandum of Understanding, for instance that between the Metropolitan Police (Met) and Health Protection Agency (HPA), proved very effective. The benefits of previous joint exercises paid off as individuals who had previously practiced together worked on the response; a high level of mutual trust was needed. The high-level co-ordination early on during the investigation between police, security and public health experts was important. The scale of the investigation grew rapidly: 990 people interviewed for risk assessment; 729 urine tests³; 429 people were affected overseas in 49 countries. This created its own logistical nightmare - obtaining evidence from overseas was time consuming and difficult even when co-operation networks already existed.

17. In responding to the death of Alexander Litvinenko there were a number of challenges, including managing the competing health and law enforcement priorities. The Health Protection Agency (HPA) wanted to protect public health and needed significant levels of information from the police. The police needed to identify places where a continuing hazard may have been present, identify the perpetrators and gather forensic evidence for the detection of crime. In this case the priority at times was given to protecting the public's

³ Of these 120 had evidence of exposure with 16 requiring clinical advice and follow up.

health even if it meant the police had to forfeit evidence. The legal basis of other countries might have found this extremely testing.

18. Additional lessons and challenges identified included:

- initial conflicting views on diagnosis between scientists and health experts meant getting an agreed diagnosis of materials, especially chemical and biological, can be slow yet this phase is critical in the overall response;
- resource challenges included sampling large quantities of urine, transport logistics to and from laboratories and maintaining a chain of evidence;
- clinical tests may have forensic value which can assist the Police build up evidence for a criminal case;
- waste disposal is costly, impacts on commercial waste and licensing issues have to be addressed;
- appropriate post-mortem arrangements are needed for contaminated bodies;
- scale of staffing and their health and safety (in this case 4000 police were involved who all turned up for work, and 2000 health care staff worked on the case during the acute phase)
- standard hygiene precautions used by health care workers were critical and effective;
- dealing with the 'worried well' can be a drain on front-line responders;
- joint planning between public health officials and police and security services is essential.

Improving the national response to a CBRN attack: overcoming the 'choke' points

19. Ensuring an adequate **healthcare response** is fundamental to any response, providing the capacity to decontaminate people, make appropriate diagnosis needing adequate laboratory capacity, ensure the treatment of burns or significant sickness. Preparations made for a pandemic flu outbreak could have parallels in preparing for some kinds of CBRN attacks, particularly if a biological agent is used. The impact of a significant flu pandemic is also relevant, if for example in a CBRN attack up to 40% of the healthcare workforce were unavailable this would have real challenges for any health service. Medical stockpiles may be quickly exhausted given the 'just-in-time' delivery of medicines. Those medicines which are stockpiled for an emergency also need to be constantly updated. The healthcare of first responders also has to be a key factor in the planning of the response.

20. Whilst a rapid-onset chemical attack would be less likely to affect the health of large numbers there are few antidotes, and the fear factor could increase the numbers of 'worried well' presenting themselves for medical attention. A biological attack could have a longer onset and would be more difficult to detect, particularly if it has been covertly introduced into

the population. Antibiotics will help a bacterial incident; there is less that can be done for a viral attack. Taking non-health measures such as creating quarantine areas, and taking preventative actions at borders could help prevent the spread. If a radiological or nuclear attack occurs treating high levels of burns or sickness is very labour intensive and each country has limited resources. It is suggested that most hospitals can cope with only 4 cases of critically treatable burns or orthopaedic trauma at a time; a large-scale incident would quickly use up the medical capacity of a city, and create difficult decisions over the management of scarce medical resources and the priorities for treatment and care. Palliative care is less resource intensive and more people may need to be nursed in their homes.

21. The **public's response and resilience** following a CBRN incident will be critical. The public will have high expectations of any official response whether for accurate information or instant humanitarian support. Keeping the public informed is critical to answer questions such as are they safe, what should they do to protect themselves, are food products safe, should they be monitored? Spontaneous self-organisation however is also highly likely to develop (as with the boats offered to help ferry people away from Manhattan after 9/11). Some publics are better prepared than others: Finland has retained its home shelters as part of its civil defence structures; many new EU member states may be better prepared having been trained throughout the Cold War. Education is needed to improve the resilience of the public to deal with all risks rather than focused specifically on terrorist incidents including that involving a CBRN attack.

22. A major incident quickly overstretches official government resources and the **voluntary sector** remains a critical player in helping people help themselves. Civil society organisations can provide a variety of technical, humanitarian and psychological support. During the 2005 London bombings they gave support to the Ambulance Service and hospitals, at first aid posts and casualty clearing stations, provided support at rail stations, temporary mortuaries and at the Humanitarian Assistance Centre where they worked to support the Police and local authorities to meet the needs of individuals affected. Their support can also be 'virtual', staffing support lines and providing information on websites. To prepare for a CBRN attack many are now training volunteers for a CBRN response, for instance to provide immediate support for individuals after decontamination. Volunteers need to be professional, reliable, confident and competent. ⁴

⁴ Guidance for UK emergency planners and responders can be found at www.ukresilience.info/upload/assets and www.ukresilience.info/dataprotection.pdf

23. Consideration of the needs of the survivors and bereaved is very important in any response plan; the needs of individuals may vary but include the need for clear information, practical assistance and emotional support. There are calls from those who represent the survivors and bereaved, and who know what it is like to have been caught up in a disaster response, to ensure that support is based on the rights of the individual, and that those involved in the response note the sensitivities of victim identification, body recovery, personal effects, post mortem reports etc.⁵

24. Other sectors such as the military and the private sector can provide support to a response. The **military** can support a civilian-led response with manpower and capabilities, for example air transport and medical evacuation. In some countries the military are automatically involved in a response to a terrorist incident. Whilst recognising that the military can operate in a damaged environment, they are not experienced at providing humanitarian support to victims.

25. The **private sector** can also assist if requested either by governments or private clients. For instance specialist companies can assist with removing human remains from a holding area, setting up mortuaries, supporting decontamination areas, and the documentation of evidence or personal effects. Whilst they may not have decontamination or other specialist equipment in store they will have identified private sector providers.

26. **Managing the information flow** through media and governments will be critical as a terrorist attack involving a CBRN weapon will have a mass psychological impact. How the public responds will be critical to the success of the response. Distributing information to the public, particularly providing ongoing threat assessments to their health as well as safety will therefore be crucial and, it is argued, should not be left to intelligence/security experts. In the Litvinenko case health professionals took the lead in disseminating the risks to the public and fronting media interviews and this tactic reduced the 'fear' factor of the public. A UK Government-wide Common Recognised Information Picture (CRIP) was produced daily and disseminated to government offices and the media. In Italy the use of text messages was successfully used in a law and order context and could be used in such incidents.⁶

⁵ For further information see www.disasteraction.org.uk ; and <http://www.ukresilience.info/upload/assets/www.ukresilience.info/fatalities.pdf>

⁶ (It was noted that the International Red Cross/Red Crescent movement responded after Hiroshima with bandages etc, but current mandates would not see them deployed overseas to respond to a CBRN attack).

27. The media's insatiable hunt for information makes it an "expensive beast to feed" for officials and first responders. With a very tight and short cycle on the news and with the proliferation of portable technology allowing citizens to provide immediate and first hand video clips to media outlets and downloading onto the Internet information can be available for public viewing well before it can be analysed by the policy makers. In the minutes and hours after the bombings in London on 7 July 2005 the BBC had received 1000 images, 20 video clips and 20,000 e-mails talking about bombs whilst the official view was still that a power surge had taken place. This 'real-time' media, which challenges the media outlets themselves, can have a de-stabilising affect, significantly affecting public perception and challenging the credibility of what responders are doing, or have not done. This creates a new level of transparency for politicians and responders. One person with one image can devastate the government's credibility to respond. A CBRN attack could increase the nervousness and fear of the public and the media skills of officials and others therefore becomes imperative in order to deliver timely and accurate information and advice to calm the public and squash rumours.

28. Whatever the risk or hazard there are significant challenges in **scaling up** the response to suit the situation. What if there were 100,000 casualties from one or more incidents over a 7 day period? None of the existing emergency services are dimensioned to treat such large numbers of contaminated persons or burns victims. A large enough cadre of trained strategic commanders needs to be available together with adequate resources. CBRN events may depend on military capacity to scale up a response, for example if a city centre had to be closed to create cordons and evacuate large numbers.

29. **Exercises** need to be realistic to test plans and contingencies including on a large scale, involving multi-agency work. There also needs to be a single repository of lessons learned from exercises and responses to incidents to ensure continued learning and the implementation of lessons learned.

30. A **remediation** strategy is needed for contaminated areas. In the response to the Litvinenko case significant effort was put into keeping businesses running rather than closing them which could lead to the collapse of a business if it had the stigma of having been closed. The longer-term consequence management also needs to be considered during the first response phase to mitigate the potential longer term economic impacts.

31. In any incident there are likely to be international dimensions, with foreign citizens caught up in an incident. This demands close liaison with embassies and consulates, as

happened for example after the London bombings. This adds pressures and is time-consuming work.

32. Additional challenges in building up a national response to a CBRN attack include:

- the involvement of the security and intelligence organisations; their desire for secrecy to protect covert sources and technical capabilities create tensions with those trying to ensure public safety and give accurate and reassuring information to the public;
- the first responders at local level are already saturated by day to day missions, and it is hard to motivate them on CBRN responses. Central direction and funding is usually needed to ensure adequate training and planning;
- national agencies may have competing or redundant capabilities; each with a particular role to play, sometimes overlapping

A Transborder response

33. A CBRN attack could quickly saturate the capacity to one country to respond, in particular laboratory analysis or the treatment of burns. Within the EU the question is asked who would respond across a border and how? Would any country be willing to offer scarce and skilled assets to a neighbouring country or elsewhere in the EU if they might subsequently be needed at home? If so, what kind of resources? Military, laboratory support, treatment of burns victims? Would any humanitarian organisation offer any form of support?

34. EU members have significant experience at supporting humanitarian operations overseas, particularly to those affected by disasters in developing countries. Some argue that EU governments now need to concentrate on the response mechanisms closer to home, and consider how they could support a neighbouring country. With a CBRN attack the limitations of co-operation are recognised. Altruism to support a neighbour in need could come at a significant political cost at home. How much would Europe's leaders be prepared to commit resources to a common pool and offer mutual aid in the event of a disaster?

35. There is already a lot of experience in sharing resources to respond to natural disasters or industrial accidents on a bilateral basis across Europe, for example work between law enforcement or scientists, and particularly between neighbouring countries. This has also involved small groups of countries, for example a number of Mediterranean countries, working together under the co-ordination of the EU mechanism, to prepare to fight forest fires collectively.⁷ Italy, France and Portugal provided support to put out the fires in

⁷ Italy, Spain, Portugal, France, Greece, Croatia and Slovenia

Galicia in Spain in 2006 for example. In the Baltic area civil protection co-operation has developed on a regional basis to focus on large-scale disasters and building transnational capacity. Eurobaltic, involving 11 countries, has created a network of experts, developed training and exercises, and increased mutual trust.⁸

36. On the law enforcement side a number of countries are working more closely together through the Prum Treaty, involving seven countries initially.⁹ This aims to enhance the exchange of information between authorities responsible for the prevention, detection and investigation of criminal offences. These measures go beyond the Schengen-type police co-operation and allow for joint investigation teams in one or more territories, cross border pursuits in the event of imminent danger or following a major disaster. The Police Working Group on Terrorism (PWGT) involves 29 EU States (the EU 27 plus Switzerland and Norway) and is a self-regulatory network of counter terrorist investigation units allowing swift and direct exchange of information and criminal intelligence on terrorist groups, plots and offences and allows operational co-operation through a secure communication system, thus satisfying the operational needs of the CT investigators. This group would presumably serve as a major asset in the event of a CBRN attack in Europe.

37. Experts continue to seek ways to co-operate informally with one another across borders. Sharing resources across borders however does have its limitations. Chief amongst these are the problems first responders have in relation to radio communications operating on different systems. Differences in cultures, languages, standards, legislation, discipline of first responders and their lack of familiarity with the local surroundings and regulations all make co-operation across borders very challenging. For example, there are different approaches to fighting forest fires in the Mediterranean even when using the same Canadair planes, and simple actions such as refuelling in a small airfield in another country can be complex, with the question of who pays for what, and who provides food and shelter for those involved from elsewhere. Organising such logistical questions can tie up scarce local resources and should be thought through in the planning stages and agreed before deployment.

⁸ (Estonia, Latvia, Lithuania, Poland, Germany, Sweden, Finland and Denmark and two non-EU members Norway and NW Russia).

⁹ Footnote: Belgium, France, Germany, Spain, Luxembourg, the Netherlands and Austria; since its signature in 2005 ten more EU member states have expressed their willingness to accede to the Prum Treaty. The Council of Europe of the EU has recently reached political agreement on incorporating the substance of the provisions of the Prum Treaty into the legal framework of the EU; the formal adoption is expected in the second half of 2007.

The challenges for European countries of requesting, offering or receiving assistance

38. A high impact incident is more likely to overwhelm the affected country and encourage them to seek assistance from abroad. Many EU countries are more experienced at sending support to others than receiving assistance. Much was learnt during the response to Hurricane Katrina in the USA in 2005 in terms of receiving external aid. The key is that the affected country must request assistance and remain in control. Assistance offered by other countries should be demand driven, and is there to support the local response. The international support provided to the Czech Republic after the floods of 2002 involved 34 countries but counted for only 3-4% of the overall effort deployed in the first month. In such instances it is the specialist skills can prove extremely useful.

39. In planning to receive external assistance a large number of issues need to be worked through relating to:

- the reception of international teams and equipment, establishing procedures at airports, ensuring logistical arrangements can be put in place to reach the affected area(s);
- the creation of camps and facilities for teams from outside;
- radio communications on site, which need to ensure interoperability;
- considering professional insurance of teams and their safety;
- agreeing procedures such as victim identification.

Multilateral approaches: who should take the lead?

40. The European Union has increasingly become involved in certain aspects of disaster response. In response to the September 11 attacks in New York the Mechanism for Multilateral Assistance during major emergencies was established in October 2001.¹⁰ This was strengthened after the Madrid bombings of March 2005 following the request for the European Commission to look at the EU's ability collectively to respond to requests for assistance from one other country. Additional work will be undertaken during the Portuguese Presidency of the EU in the latter part of 2007 to increase bio-preparedness to work with the private sector to prevent and detect, and improve co-ordination in the event of an attack. An EU-wide peer review is also to be conducted of national capacity to deal with a crisis created by terrorists. Preparedness for a CBRN attack will be assessed.

41. A major aspect of co-operation involves sharing of information at the EU level of threats, capacities and skills. The Monitoring Information Centre (MIC) based in Brussels

¹⁰ Footnote: Council Decision 2001/792/EC

acts as a communications hub, provides information and supports co-ordination across the EU for civil protection.¹¹ The Common Emergency Communication and Information System (CECIS) facilitates communication between the MIC with National Authorities, making response to disasters faster and more effective.¹² For specific CBRN incidents also in place to assist EU Member States is the Rapid Alert System for Biological and Chemical Agent Attacks (Ras Bichat).

42. Some suggest that different models of assistance might be developed within the EU depending on need, for example the provision of mobile laboratories, airlift capacity, hospital beds (rather than mobile hospitals) etc. The European Commission currently believes that sending decontamination units into an affected country would be less useful because they would arrive too late. Some question this policy.

43. The European Commission could do more to encourage best practice and planning. Continued improvements could be made by the Commission for example:

- to counter the different standards of equipment and procedures currently found across EU Member States;
- to further encourage common cross-border training;
- to continue to organise and support the running of realistic table top and field exercises to test cross-border co-operation should be encouraged. Such exercises, including those without prior warning and involving joint search and rescue teams in contaminated areas, should involve the politicians in decision-making to test the political mechanisms; politicians should be discouraged from just viewing an exercise and using it for a photo-call. The exercises should also be open to those agencies beyond the first responders;¹³
- to disseminate the lessons learnt from such exercises across the EU;
- to develop a single point of contact in the EU for CBRN information, and help create links between countries rather than necessarily becoming a centre for information itself; (this would also support newer EU member states);
- to consider the creation of a training academy within the EU specifically for CBRN, and continuing to support NGOs to build resilience and develop cross-border projects.

44. If EU Member states are to increase their ability to offer mutual aid to another state when requested they need to develop experienced well-trained teams capable of operating

¹¹ Footnote: <http://ec.europa.eu/environment/civil/prote/mic.htm#intro>

¹² Footnote: see <http://ec.europa.eu/environment/civil/cecis.htm>

¹³ Footnote: a list of exercises financed by the EU mechanism can be found at <http://europa.eu.int/comm/environment/civil/prote/cp15>. This website also includes information about EU training programmes, workshops, conferences and materials to facilitate information exchange and mutual learning.

overseas, have good equipment, and ideally be self-contained with food etc for at least two days.

45. But what is the natural role for the EU, particularly if the incident were to be a catastrophic one? How might the EU best assist an affected member country, whether during or after a CBRN attack? What role would the EU have in assuring political continuity and stability in the immediate aftermath of an attack in one or more member states? What role should it play in co-ordinating any external assistance requested by a member state? How could it help rebuild political and economic institutions in the affected country? Such questions should be addressed now at the political level it is argued, rather than waiting until a real-time crisis. Small countries in the EU may be keener to seek an EU-wide co-ordinated response to a CBRN attack than their larger counterparts who have usually felt more self-reliant in responding to disasters at home.

46. NATO could be asked by any of its Member States to provide assistance to them in the event of an attack. NATO has developed a level of preparedness and expertise. The Civil Emergency Planning team Action plan includes memorandums of understanding (MOUs) on border crossings, recommendations for information to be passed to the public, identified non-binding guidelines and minimum standards (working primarily with Nordic countries), developed a training programme for first responders, drawn up an inventory of national capabilities (civil and military) which could be offered in time of need for rapid deployment. NATO can, of course, draw on the military assistance of its member countries bringing manpower and kit. However, it should be remembered that a terrorist attack is a crime scene and the military are not law enforcement officers.

47. There is real concern that NATO and the EU are currently operating separately and creating duplication. There are calls for discussions and co-operation to be developed between the two institutions both at a political and official level. For many the key question is who will be called on to help. What if more than one country was affected, which institution would each country turn to? For example, would the Netherlands and Germany ask NATO for assistance and Belgium ask the EU? This messy situation would only lead to confusion on the ground in the event of a real incident.

48. Other international organisations are well-placed to contribute to a CBRN attack. The International Atomic Energy Agency (IAEA) has done much to develop international conventions on mutual assistance and guidelines for first responders to nuclear accidents applicable to a nuclear attack. The IAEA's Incident and Emergency Centre can act as a

global focal point for international preparedness, communication and response for nuclear and radiological related incidents. ¹⁴ and can provide advice, assessment, monitoring and recovery to countries through the Response Assistance Network (RANET) using expertise and equipment offered by Member States in support of one another.

49. There is a call for the Organisation for the Prohibition of Chemical Weapons (OPCW) to provide a single contact point for information and guidance for chemical incidents in the same way as the IAEA does. The World Health Organisation (WHO) has expanded 'diseases' to include radiological and seeks information from member states. However some question how helpful this is given the role IAEA plays.

50. Significant questions remain unanswered and challenge the international community. What if the incident involves a number of countries, including those inside and those outside the EU? Who will take the lead in co-ordinating such a response? Who at international level ensures a common agreed second diagnosis, particularly in the case of an attack that is not obviously a CBRN one at first? How can the WHO, IAEA, OPCW and UN Security Council be linked? In the case of a biological incident, at what stage does a public health issue transfer to a security issue? Whilst there is good co-operation across borders at a technical level of scientists, law enforcement etc how can the broader link be made at the international level between the health and security communities? To what extent would the USA, either independently or as part of a NATO requested response be willing to co-operate in a CBRN response in Europe? Which US actors might engage; the military or Federal Emergency Management Agency? Would the UN OCHA be asked to play a role? How should the varying international organisations which could be involved in a response co-operate? Who takes the lead?

51. To avoid duplication of effort and response there is a call to use existing mechanisms and institutions with clearer mandates and operating guidelines than the creation of new institutions.

Conclusion

52. The perception of threat will determine how much money and training should be devoted to preparing first responders, who are already overstretched in their day to day work, to respond to a terrorist attack using an unconventional weapon. The probability of an attack has to be balanced against the possible consequence. Whilst the response to a CBRN attack will remain a national responsibility, the question needs to be addressed before a

¹⁴ Footnote www.iaea.org

disaster as to when an affected country would ask for assistance, and how that response, driven by demand, can be best integrated and co-ordinated into the local response. Many EU countries could handle 100-300 casualties; but are they really prepared for many thousands of victims? What if there was a catastrophic attack?

53. Governments and publics are encouraged to move outside their 'comfort zones' and prepare for the worst case-scenario. The UK may have tested its response in part after the Litvinenko case; however this resulted in just one casualty. Moreover the event was not generally perceived to be a CBRN event. The complexity and potential magnitude of a CBRN attack with its unpredictable nature and potentially significant psychological impact cannot be underestimated. If multinational organisations, such as the European Union and NATO, but also other specialist organisations such as WHO, IAEA etc are to become involved in supporting a national response then serious work at political and official level is needed to clarify responsibilities, increase their co-operation and avoid duplication.

54. Whilst preparations can be made to respond to an attack significant efforts are also needed to prevent an attack using a CBRN material taking place including the use of deterrence by denying the prospects of success to a potential or actual terrorist.

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August 2007

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