

Conference Report RITN Steering Committee Meeting

Date: February 24, 2010

Participants: Nelson Chao (Chair), Dennis Confer, Theresa Field, George Georges, Robert Hartzman, Ryan Hillgruber, Jennifer Holter, Ann Jakubowski, Maureen Kester, Richard Maziarz, Joanne McManaman, Jane Liesveld, Mark Litzow, Joseph McGuirk, David Porter, George Selby, Sue Short, Joe Uberti, David Weinstock, Dan Weisdorf and Ann Woolfrey

Staff Liaisons: Cullen Case, Robert Krawisz

The meeting was called to order by Dr. Nelson Chao at 1:30 p.m. (EST). This report summarizes the information that was gathered.

I. Joint Task Force Civil Support

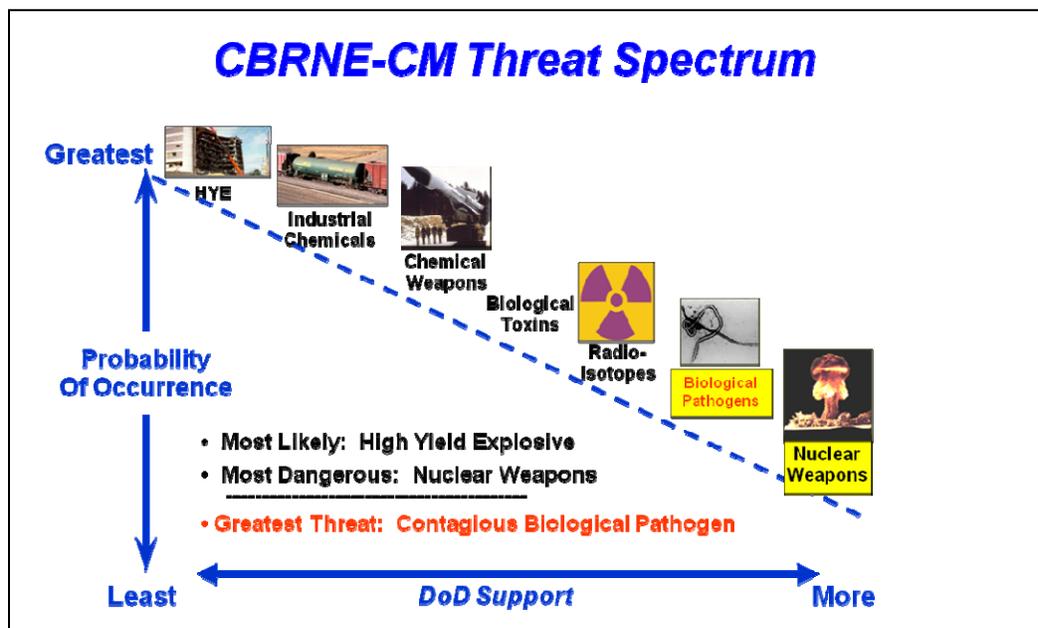
Dr. McManaman started the meeting with an introduction to the Joint Task Force Civil Support Command Surgeon. She covered the JTF-CS mission, threat spectrum and capabilities:

A. Mission

JTF-CS anticipates, plans, and integrates USNORTHCOM chemical, biological, radiological, nuclear, and high-yield explosive (CBRNE) consequence management operations. When directed, JTF-CS commands and controls designated DOD forces to assist federal, state, local, and tribal partners in saving lives, preventing further injury, and providing temporary critical support to enable community recovery. Operations focus on preventing further injury by providing such services as decontamination, medical assistance and temporary critical life support for the local population. Once the situation stabilizes and DoD support is no longer required, JTF-CS withdraws. JTF-CS is a stabilizing force, not a rebuilding or recovery force.

B. Threat Spectrum

Dr. McManaman stated that JTF-CS's planning anticipates that a catastrophic event will happen in the United States by 2013. The threat spectrum utilizes a continuum of seven potential occurrences which are ranked by most likely with corresponding levels of DoD support.



In an incident the effects, not their origin, are the enemy. Instead of focusing on what initiated the incident, the planning process begins with determining the potential effects. The effects of the weapon result in certain types of harm, including injuries, sickness, structural damage, and chemical contamination. These factors assist JTF-CS in assessing the method of response that DoD could potentially be called upon to support. Quickly identifying the types of resources required assists in developing an initial response force. This enables JTF-CS to respond as rapidly as possible to the disaster. The bottom line: the better JTF-CS is able to anticipate requests for federal assistance, the more quickly it will be able to deliver an appropriate response.

JTF-CS's response starts and builds from the local level and escalates to the state/federal levels only when available resources are not sufficient (IAW, NIMS, ICS, Stafford Act, and Economy Act). Deployment of JTF-CS would occur only after an established sequence of events:

- Governor's request
- Presidential declaration
- DOD support requested by FEMA
- Force deployment authorized by the Secretary of Defense

C. Capabilities

1. JTF-CS Capabilities

- JTF-CS Deployable Asset:
 - NORTHCOM Situational Awareness Team (NSAT)
 - Joint Planning Augmentation Cell (JPAC)
- Health Service Support Planning Tools:
 - OPLAN 3500 CBRNE CM Annex Q
 - JTF-CS TACSOP Annex Q
 - Emergency Plans Assessment Team (EPAT)
 - CBRNE CM Playbooks
 - CCMRF Battle books

2. Common Cause Medical Research Foundation (CCMRF) Capabilities

The Common Cause Medical Research Foundation (CCMRF) is comprised of about four thousand Soldiers, Sailors, Airmen, and Marines that form the special purpose task forces in response to a CBRNE¹ CM incident.

Task Force Operations would conduct the heavy lifting during CBRNE CM by C2 of the CBRNE specific units and would provide direct and general logistical support to the JTF.

Technical Response

Coord w/local incident Cdr
 Extraction of Injured
 Personnel Decon
 Equipment Decon
 Surveying, Monitoring, and
 Marking of Incident Site
 Security and Protection
 Augment Critical Civilian Skills

Logistics Support

General Support Log
 JRSOI
 Displaced Populace
 Mortuary Affairs
 Transportation
 Maintenance
 Engineering

¹ **C** - Chemical
B - Biological
R - Radiological
N - Nuclear
E - high-yield Explosives

Technical Response would conduct sampling operations to locate the extent of chemical, biological and radiological hazards. The TF would mark the boundaries and submit samples for identification. Emergency decontamination personnel would act to save lives, limit the spread of contamination, conduct search and extraction and general engineering.

Logistics Support would manage the Lead Federal Agency's mission assignments for transportation and mortuary affairs support. Support would be provided to help local authorities in provide temporarily displaced civilians with shelter, sanitation, food, and other forms of assistance.

Task Force Medical would focus on distribution of medical supplies, shot teams, hospital augmentation of special skills, providing definitive medical care and technical support. They would also provide care for civilians rescued by Task Force Operations.

- Triage / Treatment
- Definitive Care
- Medical Logistics
- Hospital Augmentation
- Epidemiological
- Technical Support
- Stress Management
- Preventative Medicine
- Veterinary Support
- Prophylaxis/Immunization

Task Force Aviation would provide CAB-size lift assets for medevac and air movement as needed.

- Helicopter Lift
- Search and Rescue
- Casualty MEDEVAC
- Patient Redistribution
- Aerial Survey
- Aviation Maintenance
- Unmanned Aerial Systems

Headquarters support would include:

- Communications
- Weather
- Public Affairs
- Tech Augmentation
- Threat tracking
- Mapping
- Modeling

D. Summary

1. JTF-CS is USNORTHCOM's *standing joint operational headquarters tasked to plan and integrate DoD forces in response to domestic CBRNE incidents*
2. JTF-CS and the CCMRF are part of USNORTHCOM's *rapid DOD response capability, prepared to deploy and conduct CBRNE CM operations to support the Primary Agency, to mitigate the effects of a CBRNE attack*
3. USNORTHCOM routinely exercises JTF-CS' unique DOD capabilities in *planning, assessment and response to CBRNE incidents with local, tribal, State and Federal partners*

II. 2009/2010 Update

Cullen Case provided and update on RITN activities:

A. 2010 Expansion of RITN

Initiatives are underway to expand the network of RITN transplant centers and cord blood banks.

B. 2010 RITN Tasks

The Deadline for submission of answers to exercise questions for the 2009 RITN Table top Exercise was July 30, 2009. The Exercise Controller revealed additional questions after the previous questions were answered. RITN Centers will be expected to include detailed information answering these questions in the SOP update due at the end of fiscal year 2010.

C. 2010 RITN Educational Activities

- In January, an educational opportunity was sponsored by the National Council on Radiation Protection and Measurements (NCRPM) on “Communication of Radiation Benefits and Risks in Decision Making.” Day One of the conference covered risk communication before, during, and after a radiological emergency. There were also a group of presentations related to communication, terrorism, and homeland security.
- The 2010 Advanced Training - Radiation Medical Emergency Course will take place March 29-30, 2010 in Oakridge, TN (outside Knoxville). This is a special RITN two day course instead of the standard four and a half day configuration. Staff that should consider attending include MDs, RNs, Coordinators, Emergency Managers or other appropriate staff.

D. 2010 RITN Exercises

Cullen Case discussed the 2010 Table Top Exercise, National Level Exercise and Evaluator Exchange.

III. Adjournment

The meeting ended at 3:00 p.m. (EDT).

Submitted by:
Bob Krawisz