



## **CHAPTER 3**

# **RESPONSE TO RNBC TERRORISM**

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#### RESPONSE TO RNBC INCIDENTS

***“An applied science consisting of a continuing process of systematic observation, analysis and dissemination that allows for the conscious structuring of a series of events or conditions, by the timely and informed application of resources for controlling disasters.”***

In spite of the hype and activity post the Mumbai Terror attack of 26 Nov 2008, India is not yet ready to address systematically the consequences of a “Conventional” Terrorist incident leave alone a WMD event. Detection capabilities are limited, integrated analytical and planning efforts are proclaimed but not fully understood, and the domestic use of military forces needs to be purposefully re-examined. Of great concern is that there still is limited understanding of how all the moving parts of a response to such an attack would function in relation to the requirement and to one another (particularly for a RNBC scenario). The Administrative inertia and initial confusion seen at Mumbai is a living example.

Early detection of and response to RNBC terrorism are crucial. Without special preparation at the local and state levels, a large-scale attack with variola virus, aerosolized anthrax spores, a nerve gas, or a food borne biological or chemical agent could overwhelm the local and perhaps national public health infrastructure. Large numbers of patients, including both infected persons and the "worried well," would seek medical attention, with a corresponding need for medical supplies, diagnostic tests, and hospital beds.

**Key Focus Areas.** <sup>57</sup>Crisis Prevention and Consequence management should be based on the following four focus areas, with each area integrating training and research:

- (a) Preparedness and Prevention.
- (b) Detection and Surveillance.
- (c) Response.
- (d) Mitigation.

**Preparedness and Prevention.** Prevention entails legislations and actions by the nation to prevent proliferation of WMD, foresee terror actions by sound intelligence followed by synergized action by law enforcement agencies. Sound intelligence mechanisms, proliferation detection means and diplomatic alliances with other nations are required to ensure RNBC materials do not fall into the hands of terrorists and to secure and keep ready our response mechanisms.

Preparedness means adequately preparing our intelligence, anti terror forces and the public to deal with RNBC terrorism and at the same time prepare for the aftermath in terms of detection, diagnosis, and mitigation of illness and injury caused. This is a complex process that involves numerous partners and activities. There is a need to prepare and develop coordinated preparedness plans and response protocols. In addition, we should encourage and support applied research to develop innovative tools and strategies to prevent or mitigate illness and injury caused by WMD terrorism.

**Detection and Surveillance.** Crisis prevention relies on real time detection of a crisis and negating it. It depends on the National Intelligence and Police forces to do so. Coordinated and synergized actions with support from International agencies is the order of the day. Early detection is also essential for ensuring a prompt response to a RNBC attack, including the provision of prophylactic medicines, chemical antidotes, or vaccines. As part of this effort, National, state and local health agencies will need to form partnerships with front-line medical personnel in hospital emergency departments, hospital care facilities, poison control centers, and other offices to enhance detection and reporting of unexplained injuries and illnesses as part of routine surveillance mechanisms for WMD terrorism.

**Response.** Response to an incident, especially a RNBC incident, consists of two aspects. First, the Armed or special force response to the incident to contain and neutralize the threat and catch / destroy the perpetrators. Second, the relief or rehab response to prevent spread of damage and minimize casualties. A comprehensive public health response to a WMD terrorist event involves epidemiologic investigation, medical treatment and prophylaxis for affected persons, and the initiation of disease prevention or environmental decontamination measures. Departments of Intelligence, Police, Traffic and Transport management, public services like sanitation, water and electricity will all need to coordinate efforts for successful consequence management of such disasters. Not just Mohallas, but entire cities or districts may have to be isolated/quarantined to prevent spread of contagion.

**Mitigation.** Indian preparedness to mitigate the public health consequences of WMD terrorism depends on the coordinated activities of well-trained health-care and public health personnel throughout the country who have access to up-to-the

minute emergency information. Use of latest technology for disaster relief, antidotes, drugs and shelters are the need of the hour. Effective communication with the public through the news media will also be essential to limit terrorists' ability to induce public panic and disrupt daily life.

India is not fully ready to address systematically the consequences of a WMD event. Detection capabilities are limited, integrated analytical and planning efforts are proclaimed but not fully understood, and the domestic use of military forces need to be purposefully re-examined. Of great concern is that there still is no understanding of the dynamics of how all the stake holders of a response to such an attack would function in relation to the requirement and to one another (particularly for a biological scenario).

The threat is divided into two discrete categories : crisis response and consequence management.<sup>58</sup> Crisis response refers to instances where the perpetrators of an assault have been discovered before an actual WMD release. In this context, there could be one or more "devices" to be rendered safe as a result of uncovering the plan or neutralizing the terrorists. Consequence management, by contrast, describes ways and means to alleviate the short/ and long-term physical, socio-economic, and psychological effects of a chemical or biological attack. It describes the coordination of local, regional, national, and international assets before, during, and after an attack.

Complicating any designated bureaucratic responsibility are the different conceptual approaches that chemical and biological incidents demand. For example, after a chemical attack, there is very short period of time within which to make a difference: those who are going to survive do and those who are not, do not. Once decontaminated and removed from the incident site, or "hot zone," victims can be dispersed to hospitals.

The biological conceptual approach is the opposite: theoretically, the victims must be immediately isolated (for a contagion) in order to prevent the agent from spreading. Potential victims need to be isolated from the definitely uncontaminated public; they also should be isolated from others afflicted with the illness until each individual's degree of exposure can be established. Given today's detection capabilities and the incubation period of biological agents, however, we will never be quite sure when and to what degree we have been contaminated. Hence the diabolical genius of a biological agent attack: we become "the [unknowing] vector of our own death.

We must therefore think of crisis response and consequence management as parallel and overlapping continuums.<sup>59</sup> Arbitrary distinctions between activities before and after a WMD attack cannot be extended into planning and operational

activities. Should we allow those two continuous and overlapping processes to be compartmentalized--and thus expressed in a simple linear logic because they are considered mutually exclusive--we will fail in our response and thus invite future attacks.

Moreover, we can never forget that there is a fundamental difference between consequence management and what public health officials have long known as technological disasters (e.g., accidents such as Chernobyl). The actions taken in an attempt to manage the consequences of a WMD attack, while perhaps similar to a response to a technological disaster, must account for the political objectives of the terrorist. Any consequence management action may or may not play into future actions already planned by the terrorists who launched the WMD assault (such as a second or third attack). We should keep in mind that consequence management, like war, is very much about political ends, strategy, and the interaction of two wills: our own and that of the terrorist planning an attack. Therefore, we must attempt to discern the terrorist's political objective (e.g., proving a government ineffective or causing it to over-react) and conduct our consequence management activities in such a way as to deprive the terrorist of any political return for their action. Accordingly, perception management is critical.

The distinction between crisis response and consequence management could encourage linear thinking and the conclusion that once the "crisis" is over, consequence management begins. Nothing could be further from the truth. In a terrorist-initiated WMD event, domestic or international, *consequence management is the crisis*. It is an exceptionally formidable task.

**Stages of Consequence Management.** Consequence management is a complex procedure and seeks detailed planning and preparation. The distinct yet overlapping stages of consequence management are as given below :-

- a) Prevention and prep stage.
  - (i) Event prediction.
  - (ii) Alert and warning system.
  - (iii) Preventive measures.
  - (iv) Issue of contingency plans, SOPs and check lists for potential events.
  - (v) Plans are made and reviewed.
  - (vi) Resources allocated, trg and rehearsals conducted.
  
- b) Emergency stage.
  - (i) Commences from the time alert is sounded and incl tasks for period immediately after an event occurs.

- (ii) Aims at providing imdt succour to affected people and to bring in a semblance of order in the disaster affected area.
- c) Rehabilitation stage. This period covers short term measures to restore essential services, comn and normal community life.
- d) Reconstruction stage. Long term measures to provide adequate relief to affected people to restore complete normalcy.

### **Structure of an Ideal Consequence Management Plan.**

Any consequence management plan must have the under mentioned components :-

- (a) Risk analysis and vulnerability assessment.
- (b) Response plan.
- (c) Mitigation strategy.

**Risk Analysis and Vulnerability.** Risk and vulnerability analysis are essential forerunners for evolving appropriate preventive doctrine and mitigation strategies. Such an analysis shows how the various areas are vulnerable to different disasters in varied degrees, thereby facilitating area and risk specific preparedness and mitigation plans.

**Response Plan.** The response plan calls for preparedness to cope with RNBC events which cannot be avoided, and focuses on how to respond to a RNBC threat or occurrence. It takes into account emergency needs and identifies the resources to meet them. Preparedness also involves preparation of plans to structure the entire post-event response and familiarize stakeholders, particularly the communities through training and simulation exercises.

**Mitigation Strategy.** Mitigation focuses on hazards that could cause a disaster and tries to eliminate or drastically reduce its direct effects. Such mitigation measures can be integrated with normal development activities at no cost, as it pays for itself in the long run and saves lives. Thus, mitigation is recognized as an integral part of sustainable development.

**Guiding Principles.** The response to an emergency needs to be managed flexibly to reflect circumstances at the time, but in all cases are underpinned by the

same guiding principles :

- (a) Preparedness. All those individuals and organisations that might have to respond to emergencies should be properly prepared, including having clarity of roles and responsibilities.
- (b) Continuity. Response to emergencies should be grounded in the existing functions of organisations and familiar ways of working, albeit delivered at a greater tempo, on a larger scale and in more testing circumstances.
- (c) Subsidiarity. Decisions should be taken at the lowest appropriate level, with co-ordination at the highest necessary level. Local responders should be the building block of response on any scale.
- (d) Direction. Clarity of purpose should be delivered through a strategic aim and supporting objectives that are agreed and understood by all involved to prioritise and focus the response.
- (e) Integration. Effective co-ordination should be exercised between and within organisations and tiers of response as well as timely access to appropriate guidance and appropriate support for the local or regional level.
- (f) Communication. Good two-way communication is critical to an effective response. Reliable information must be passed correctly and without delay between those who need to know, including the public.
- (g) Co-operation. Positive engagement based on mutual trust and understanding will facilitate information sharing and deliver effective solutions to issues arising.
- (h) Anticipation. Risk identification and analysis is needed of potential direct and indirect developments to anticipate and thus manage the consequences.

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<sup>57</sup> Ram Athavale, Terror Forecast : RNBC Terrorism?, CBW Magazine, IDSA, Vol 2, Issue 3, April 2009.

<sup>58</sup> Chris Seiple, Consequence Management: Domestic Response to Weapons of Mass Destruction, Parameters, (US Army War College Quarterly, Autumn 1997), pp. 119-34.

<sup>59</sup> Chris Seiple, Another Perspective On The Domestic Role Of The Military In Consequence Management, [http://wearcam.org/decon/victims\\_videotaped\\_trough\\_decon\\_line.htm](http://wearcam.org/decon/victims_videotaped_trough_decon_line.htm)