

Executive Briefing

Special Report

First Responder

Hazmat/CBRN Training

21 May 2012 The National Press Club Washington, D.C. (Date and Location of the Briefing)



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Publisher's Message

By Martin (Marty) Masiuk, Publisher



Greetings and Welcome!

On behalf of the entire staff, we are proud to host this DomPrep Executive Briefing. By design, these briefings are structured to be half-day, power-packed, by-invitation-only meetings that promote the exchange of ideas and provide networking opportunities. Your participation and

response are greatly appreciated as our distinguished speakers shed light on the gaps discovered by the DomPrep40 surveys and spark discussions for possible solutions.

The important topic of this briefing is *First Responder Hazmat/CBRN (Chemical, Biological, Radiological, Nuclear) Training.* Headed by Brigadier General Stanley H. Lillie, USA (Retired) and a panel of experts will discuss gaps and synergies evident from the survey.

Key points to be addressed include:

- Coordination of response efforts between multiple jurisdictions;
- Availability and frequency of training exercises;
- Funding efforts for developing a fully trained team of responders; and
- Preparedness levels of first responders for hazmat/CBRN events.

Those who are unable to join us in person will have the opportunity to listen to the proceedings in the Webinar section of DomPrep's website: <u>http://www.domesticpreparedness.com/Webinars/</u>.

Your feedback and input on these briefings are always welcome as DomPrep strives to take preparedness to the next level.

Sincerely yours,

Mosinh

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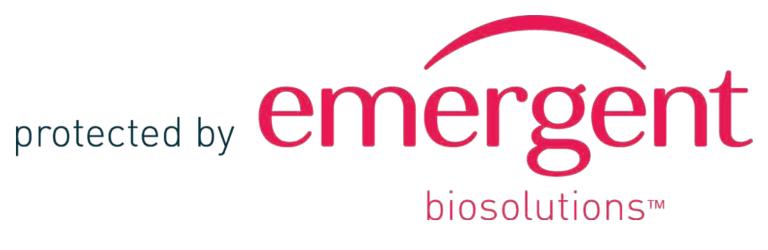
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21 May 2012 AGENDA



The purpose of this briefing is to discuss gaps that were uncovered in a recent DomPrep survey. This survey was created and taken by a panel of experts (DomPrep40 Advisors) as well as the readers of the *DomPrep Journal*, the preliminary results of which were compared to uncover gaps that need to be addressed.

8:00-8:20	Registration & Continental Breakfast
8:20-8:30	Welcome & Introduction of Sponsors Marty Masiuk, Publisher, DomesticPreparedness.com <i>Opening Remarks</i>
8:30-8:45	Stanley H. Lillie, Brigadier General, U.S. Army (Retired) <i>Listen to Presentation</i>
8:45-9:00	James Schwartz, Chief, Arlington County Fire Department
9:00-9:15	Christopher Magrino, Program Manager, Securing the Cities Program, Domestic Nuclear Detection Office, U.S. Department of Homeland Security <i>Listen to Presentation</i>
9:15-9:30	Questions & Answers
9:30-9:50	Break & Networking
9:50-10:05	Joseph A. Barbera, M.D., Co-Director, Institute for Crisis, Disaster, and Risk Management, The George Washington University <i>Listen to Presentation</i>
10:05-10:20	Glen Rudner, Former Northern Virginia Regional Hazardous Materials Officer; DomPrep40 Advisor <i>Listen to Presentation</i>
	Joseph Trindal, Former Director, National Capital Region,
10:20-10:35	 Federal Protective Service, Immigration and Customs Enforcement; DomPrep40 Advisor <i>Listen to Presentation</i>
10:20-10:35 10:35-10:45	DomPrep40 Advisor

Speaker Biographies



Stanley H. Lillie

Brigadier General, U.S. Army (Retired)

Brigadier General Stanley H. Lillie, U.S. Army (Retired), is Owner and Strategic Management Consultant (since 2007) for S.H. Lillie Associates, LLC, a service-disabled-veteran owned small business, providing strategic consulting services to the defense industry. In the U.S. Army, he held various positions: Director of Integration, Headquarters, Department of the Army (2006-2007); Chief of the U.S. Army Chemical Corps and Commandant of the U.S. Army Chemical School (2003-2006); and Commander, U.S. Army Environmental Center. He was also Director of Chemical and Biological Defense Programs at the Office of the Secretary of Defense, where he was the Senior Military advisor for CBRN (chemical, biological, radiological, and nuclear) defense programs in the U.S. Department of Defense.



James Schwartz

Chief, Arlington County Fire Department

James Schwartz has been with Arlington County Fire Department for 27 years and was appointed Chief in 2004, after serving as Chief of Operations and Director of Emergency Management. His Department was the lead agency for the response to the September 11 attack on the Pentagon, where he led the Unified Command for the incident. He chairs the International Association of Fire Chiefs Committee on Terrorism and Homeland Security and serves on the Advisory Council for the Interagency Threat Assessment Coordinating Group at the National Counter Terrorism Center. In 2009, he was appointed by the Secretary of Homeland Security to the Homeland Security Quadrennial Review Advisory Committee.



Christopher Magrino

Program Manager, Securing the Cities Program, Domestic Nuclear Detection Office, U.S. Department of Homeland Security

Christopher Magrino is the Program Manager for the Securing the Cities Program within the Domestic Nuclear Detection Office (DNDO) of the U.S. Department of Homeland Security (DHS). Prior to this assignment, he served as the Chief of Operations for DNDO's Joint Analysis Center. During his 23 years as a naval officer, he held various flying, management, and leadership positions – on ship and ashore. With extensive operational experience, he is a subject matter expert on developing radiation detection programs. His education includes a Bachelor of Arts degree from Miami University in Oxford, Ohio, and a Master of Science degree from the U.S. Naval Postgraduate School in Monterey, California.

Speaker Biographies



Joseph A. Barbera, M.D.

Co-Director, Institute for Crisis, Disaster, and Risk Management, The George Washington University

Joseph A. Barbera, MD, is Co-Director of the George Washington University Institute for Crisis, Disaster, and Risk Management (ICDRM), Associate Professor of Engineering Management, and Clinical Associate Professor of Emergency Medicine. Through ICDRM, he has accomplished extensive research in emergency management, including an analysis of the Pentagon response to the 11 September 2001 attacks. Previously, he was Medical Director, Bronx Municipal Hospital Center, and Chair, The George Washington University Hospital Emergency Preparedness Committee. He has provided consultation to the Office of the Assistant Secretary for Preparedness and Response (ASPR) Department of Health and Human Services, in the development of medical surge guidance, incident management, and mass casualty response initiatives.



Glen Rudner

Former Northern Virginia Regional Hazardous Materials Officer; DomPrep40 Advisor

Glen Rudner is a Project Manager for CRA-USA, where he works with senior management executives on major corporate issues. He is currently assigned to the management of the Target Capabilities List project for the U.S. Department of Homeland Security. A retired Northern Virginia Regional Hazardous Materials Officer, he has been heavily involved during the past 32 years in the development, management, and delivery of numerous local, state, federal, and international programs for such organizations as the National Fire Academy, the Federal Bureau of Investigation (FBI), and the Defense Threat Reduction Agency.



Joseph Trindal

Former Director, National Capital Region, Federal Protective Service, Immigration and Customs Enforcement; DomPrep40 Advisor

Joseph Trindal is the Managing Director at Defense Group Inc., where he leads the company's risk management services. He also serves on the Board of Directors at InfraGard – Nations Capital Members Alliance. Trindal retired in 2008 from the U.S. Department of Homeland Security, where he had served as Director for the National Capital Region, Federal Protective Service, Immigration and Customs Enforcement (ICE). He previously served, for 20 years, with the U.S. Marshals Service, attaining the position of Chief Deputy U.S. Marshal and Incident Commander of an Emergency Response Team. He is also a veteran of the U.S. Marine Corps.

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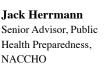
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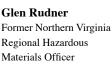
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Joseph Trindal Former Director. National Capital Region, Federal Protective Service, ICE















Former Chief, West

Hartford (CT) Fire

Joseph Cahill

Medicolegal Investigator,

Massachusetts Office

of the Chief Medical

Department

Examiner











DomPrep Survey

First Responder Hazmat/CBRN Training

Prepared by Brigadier General Stanley H. Lillie, U.S. Army (Retired)



In a 10-year span (2002-2011), there were a total of 162,215 accidents related to hazardous materials (hazmat) across the United States – i.e., an average of more than 1,300 incidents per month – according to the Department of Transportation Pipeline and Hazardous Materials Safety Administration (PHMSA). These incidents resulted in 128 deaths, 2,665 injuries, and more than \$688 million in damages. Every state had to

respond to – and share the consequences of – at least a portion of these incidents. Therefore, the frequency and scope of hazmat-related incidents predicates the need for more responder training in order to manage such events.

A related threat is the terrorist use of chemical, biological, radiological, or nuclear (CBRN) warfare materials. Although CBRN attacks are much less likely to occur than the hazmat incidents reported by PHMSA, federal, state, and local governments must still assess the risk within their jurisdictions and be prepared to respond to such threats.

Whether planning for a hazmat accident or a CBRN attack, one of the most important components of fielding an effective response is obtaining and maintaining trained personnel. Not only do well-trained individuals and teams know how to protect themselves and others from incident hazards, they can also prevent small incidents from developing into catastrophes. Regarding individual and team training, there are many issues that have been very challenging in past budget environments, but even more so today with reduced or nonexistent funding from the federal government.

Key Findings

- The vast majority of respondents agree that coordination between federal, state, and local authorities for events related to hazardous materials (hazmat) and chemical, biological, radiological, and nuclear (CBRN) events is inadequate to ensure a proper response.
- A large majority of respondents believe the quantity of exercises conducted is not sufficient to guarantee a coordinated response by all levels of government.
- More than three-quarters of the respondents believe funding for fully training responders is insufficient, possibly indicating the greatest problem identified in the survey.
- Although ensuring adequate responses to hazmat events remains a concern, more than half of respondents believe first responders are prepared to manage events until the hazmat teams arrive.

Survey Results

The survey was designed to explore widespread challenges in training and maintaining adequate hazmat- and CBRN-related response capabilities. Specific areas of integration, coordination, resources, training facilities and standards, and adequate equipment are vital for ensuring that first responders and hazmat teams are knowledgeable and proficient in handling this type of incident.

Depending on the severity of the event, federal, state, and local governments must be prepared to work together to mitigate the effects of a hazmat- or CBRN-related event. Question 1 reveals a general agreement between the readers and advisors that more needs to be done in intra-governmental coordination (64 percent and 71 percent, respectively). Closely related and just as important,

Question 2 reinforces the idea that exercises are an effective way to encourage better coordination between different levels of government, so it is not surprising that readers and advisors believe that more exercises should be conducted (82 percent and 57 percent, respectively).

Resources, particularly funding, are always a challenge. However, in recent years, budgetary constraints have been more severe than in the past. State and local leaders are faced with budgetary shortfalls that must be addressed, while at the same time fewer federal dollars are available. A resounding response from both readers and advisors indicates that the amount of funding available to ensure responders are fully trained is inadequate (79 percent and 86 percent, respectively). As potentially the greatest concern related to training and maintaining an adequate response capability, funding is also probably the most difficult hurdle to overcome at this time (Question 3).

Questions 4 and 5 get to the heart of the training itself by asking about standards and facilities. Standards define specific skills that must be learned, whereas facilities, if adequate, provide the proper environment to train and practice those skills in order to better respond to real life events. Readers and advisors generally agree that some work needs to be done to improve standards – only 27 percent and 21 percent, respectively, agree that standards are both sufficient and attainable. Training facilities must be both adequate to prepare trainees and reasonably accessible to save time and money. Again, both readers and advisors general advisors believe that some issues exist with facilities. Only 23 percent of readers and 21 percent of advisors believe that facilities are adequate and accessible, leaving the majority of respondents facing challenges with adequacy and/or accessibility of facilities (67 percent and 57 percent, respectively).

Questions 6-8 address organization and equipment. With an average of more than 16,000 hazmat incidents occurring each year, virtually every response organization in the nation will have an opportunity to use their specialized training. Thus an adequate number of teams – equipped with the right tools and gear – is vital for containing and controlling an incident. Somewhat divergent views emerge from Question 6, with only 26 percent of readers and 43 percent of advisors believing there are already enough trained teams to handle the volume of incidents. Only 5 percent of readers and 8 percent of advisors believe that first responders are fully prepared to manage a hazmat incident until the hazmat teams arrive (Question 7).

Question 8 reveals that 50 percent of advisors and 62 percent of readers believe they have adequate equipment, while the remaining respondents do not have adequate equipment. Equipment continues to be a concern – one directly related to lack of resources.

Conclusion

Challenges remain in fielding and maintaining well-trained hazmat- and CBRN-related response capabilities at all levels of government. In light of the number of incidents occurring across the nation plus the subsequent cost in lives and property damage, an adequate response capability to mitigate hazards and protect the public must obviously be provided. Ironically, the greatest issue hindering adequate capabilities appears to be funding, yet considering the enormous cost of the incidents themselves the cost of ensuring fully trained responders can be justified.

The second major concern uncovered in the survey is ensuring an adequate and appropriate collaborative response from all levels of government to bring the capabilities needed into a coordinated, integrated, and timely effort. This can be accomplished most effectively with multi-level exercises – i.e., expensive "full participation" exercises to relatively inexpensive tabletop exercises – which can help first responders hone their skills and abilities.





Handheld CWA, TICs/TIMs chemical detection in confidence

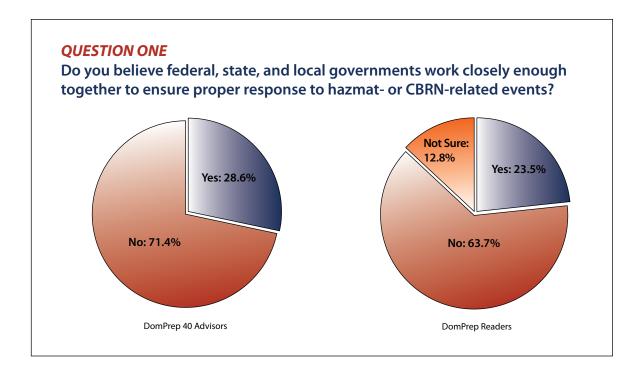
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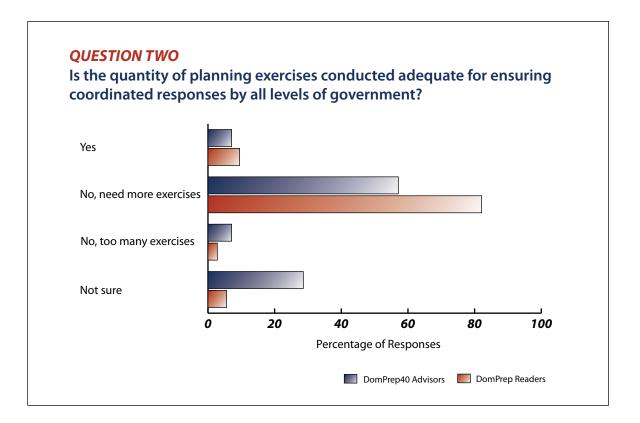
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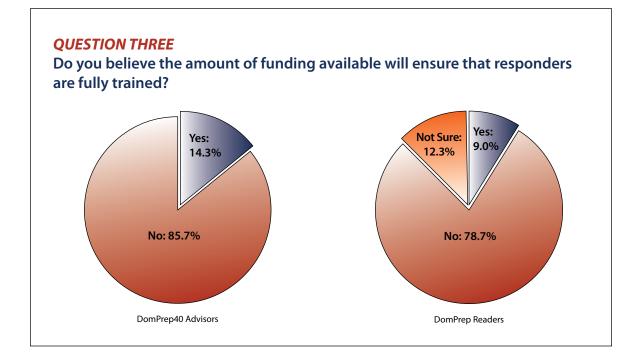


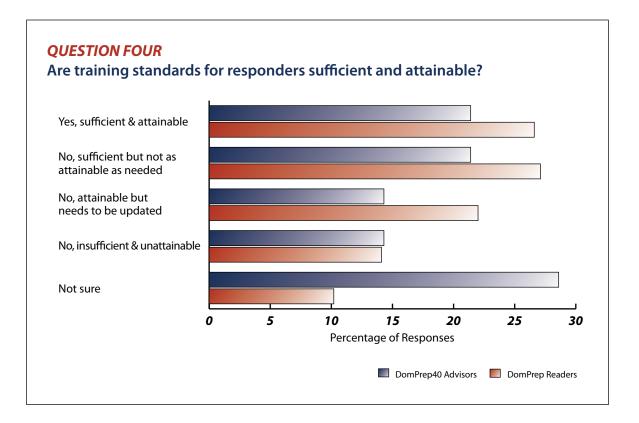
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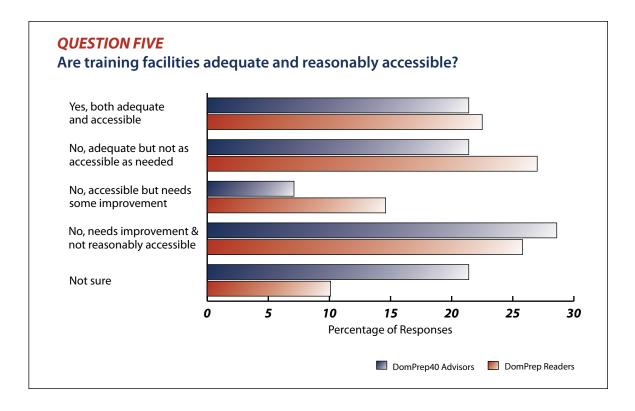
Survey Results

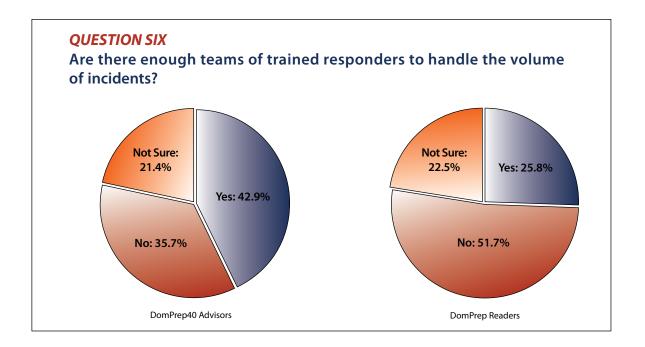


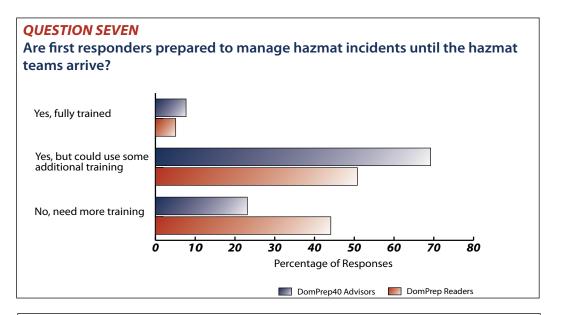




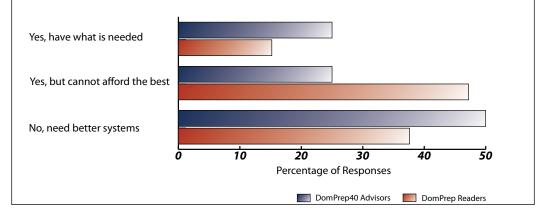








QUESTION EIGHT In the current stages of technology, is equipment (detectors, decontamination equipment, etc.) adequate?



Disciplines of Survey Respondents		
Fire Service	18.4%	
Law Enforcement	8.0%	
EMS	3.4%	
Emergency Management	10.9%	
Public Health	7.5%	
Hospital (including VA)	6.9%	
Federal Government	9.2%	
Military	3.4%	
State/Local Government	9.8%	
Non-Government Organizations	1.7%	
Privately Owned Company	12.1%	
Publicly Traded Company	1.1%	
Academic Institution	2.9%	
Student	0.6%	
Other	4.1%	

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From August 2006 until July 2009, **Dr. Vanderwagen** was the founding Assistant Secretary for Preparedness and Response (ASPR), U.S. Department of Health and Human Services.

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