

Clive Gowdy CB  
Permanent Secretary

Department of Health, Social  
Services & Public Safety

An Roinn Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí

FROM: D C GOWDY  
DATE: 26 September 2001

cc: Permanent Secretaries  
Mr Watkins  
Mr Hill  
**Mr Haire**  
Dr McMahan

Mr Loughran

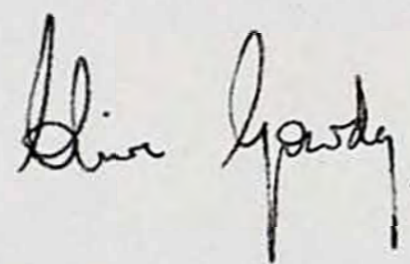
### 11 SEPTEMBER 2001

1. I am responding to your minute of 24 September seeking departmental perspectives on the potential impact and possible consequences of the attacks on the US on 11 September.
2. We have already been looking at some of the emergency planning scenarios in this Department in the light of post-11 September events. There are a number of dimensions to this.
3. The first dimension we focused on was the immediate aftermath of the attacks on the US, with particular reference to the attacks on the World Trade Centre in New York. We had initially feared that there might have been Northern Ireland people caught up in the attacks whose families and friends here would require counselling and support. As it has turned out to date, there has not been any call for this service, but our social services people remain on standby in case any cases emerge.
4. The Fire Service have of course been particularly affected by what they have seen happen in the US. There is something of a world wide "brotherhood" of fire service personnel and our fire fighters have felt a sense of solidarity and bereavement in the light of what happened to so many fire personnel in New York. Fire fighters here have organised a collection to provide funds to support the families of those fire fighters killed in New York. They held a car wash at a series of fire stations across Northern Ireland last weekend and further events are planned. More prosaically, the Chief Fire Officer and his senior colleagues have been evaluating what happened in New York to see whether there are any lessons for fire fighting and rescue efforts if anything of a similar nature occurred here. They are already familiar with all major buildings in the Province and have a good understanding of the structural characteristics, etc, so their level of preparedness is good.
5. The second dimension of the issue is of course the potential consequences of the follow-up action being launched by the US to root out terrorism in the aftermath of this atrocity. While it is still unclear what form of action will be taken, there must be speculation that it will range from action of a conventional war-like kind, such as the Gulf War, to more widespread and unconventional attacks which have world wide implications and, in either scenario, there is the very real threat of reprisals and retaliatory action.



6. If we are looking at the possibility of more conventional activity, the possibility of call-up of auxiliary military personnel has a potential impact on us. Quite a number of medical, nursing and paramedic staff are members of the Territorial Army Medical Corps and if they were called up for action abroad, then it would have some effect on our local services. Hopefully, these would be kept to a minimum but we do need to be aware of the possible disruption if there was widespread call-up of all such staff. Our working assumption, however, has been that we are looking at a more unconventional campaign with our focus of attention being on dealing with possible attacks on the local population.
7. In planning to deal with this latter scenario, there are a number of possibilities to be addressed. The first is that we would be subject to conventional attacks, such as bombing, gun attack or the use of planes or other vehicles to attack heavily populated areas. The implications for us are essentially the difficulties of having to handle mass casualties with all the problems of capacity in our hospitals and on both the Ambulance Service and the Blood Transfusion Service. The Fire Service would also be heavily involved. The second possibility is that we would be faced with some form of nuclear attack. In this scenario, the nuclear device might be exploded directly within the Province or we might suffer the after effects of the radiation discharged from a nuclear device exploded across the water in Scotland or England. Again, this would raise issues of capacity in our hospitals and in the Ambulance Service and Fire Service. There would also be issues around the use of protective clothing and decontamination units. The third possibility would be the use of chemical or biological weapons. From our contacts with the Department of Health in London, the main risks identified here are anthrax, smallpox, botulism and nerve gases such as sarin. As before, the hospitals, Ambulance Service and Fire Service would be heavily involved and there would be a need for protective clothing and antibiotics and antidotes to whatever agents were used. There would also be issues around the nature of the transmission procedures used for the agents in question. For example, a chemical or biological weapon released into the air in a crowded area would create different circumstances from a weapon of this type released into the water supply or released by airborne transmission over a wide area.
8. What is clear is that we will need to stockpile sufficient supplies of materials for combating these various possibilities. We will need to build up our supplies of antibiotics and antidotes, needles and syringes and protective clothing, etc. We will also need to ensure that we have sufficient decontamination capacity and that staff are properly trained to deal with the possible weapons and outcomes they might face.
9. There is also a clear social services dimension. In the event of a mass attack, the need for temporary shelter for those displaced from their homes will be a major consideration. There will also be a need for meals and clothing. If the attacks are substantial, there will be the need for counselling both at the time and subsequently. Our social services staff have built up quite a reserve of expertise on these issues over the years of the troubles here.

10. Finally, I have to point out that there will be resources issues. We do not have the money to stockpile on the scale which may be required. A judgement would have to be formed as to the scale of the stockpiling undertaken, but we understand from our colleagues in the Department of Health in London that they have been given an extra £15m for the stockpiling of supplies there. Our rough estimate of our need if we were to match this is £0.75m. We would also face clear difficulties in coping with the increased level of demand in our hospitals and we would need to bring in extra nursing and medical staff. Ideally, we would prepare by creating some new capacity, particularly in Intensive Care Units and in isolation units in the event of biological devices being used. We simply cannot afford to do any of these things on our present budget and I would wish to flag this up as an issue at the outset.
11. I hope that these comments are helpful in assessing the issues to be addressed.



**D C GOWDY**