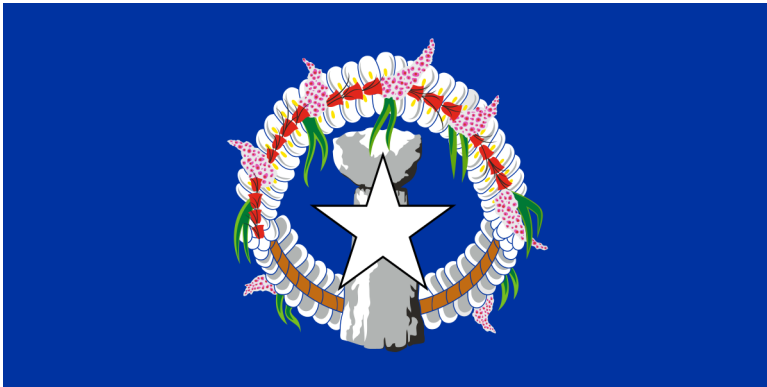


2025

Tinian Patient Movement Tabletop Exercise (TTX) After-Action Report/Improvement Plan



Exercise Date: September 2, 2025
Report Date: September 11, 2025



EXERCISE OVERVIEW

Exercise Name	Tinian Patient Movement Tabletop Exercise (TTX)
Exercise Date	September 2, 2025
Mission Area(s)	Response
Capabilities	HPP: Medical Surge, Healthcare and Medical Response Coordination
Objective	<ol style="list-style-type: none">1. Evaluate the ability of local responders (Tinian Health Center, Fire/Emergency Medical Services [EMS], Commonwealth Healthcare Corporation [CHCC]) to conduct initial triage, decontamination, and medical care following a Radiological Dispersal Device (RDD) detonation.2. Examine how local agencies coordinate with each other and with external partners (e.g., CHCC, Saipan, Guam) during the early stages of a radiological emergency.3. Identify the processes for activating mutual aid agreements and requesting additional resources, including medical personnel, equipment, and radiological expertise.4. Assess the planning and execution of patient transfers from Tinian to Saipan and Guam, including prioritization, contamination control, and continuity of care.
Hazard	Radiological (Dirty Bomb)
Scenario	<ul style="list-style-type: none">• Date/Time: A weekday morning, 10:00 AM• Location: Tinian Port area, near the commercial dock and adjacent to a small market district Incident: An RDD — commonly known as a “dirty bomb” — is detonated in a crowded area near the port.• Initial Impacts<ul style="list-style-type: none">– Population Exposure:<ul style="list-style-type: none">• Approx. 150 people in the immediate vicinity• 50 individuals with potential radiological contamination• 20 critically injured from blast trauma– Infrastructure Damage:



- Partial damage to the port facilities
- Disruption of local power grid and communications
- Road access to the port area is restricted due to debris and emergency response
- Healthcare Impact:
 - Tinian Health Center is operational but overwhelmed
 - Limited decontamination capabilities
 - EMS resources are stretched thin

Sponsor

Radiation Injury Treatment Network® (RITN)
Office of Naval Research (ONR)

Participating Organization

- Tinian Lucia "Chiang" Villagomez Arizapa Health Center
- Public Health & Hospital Emergency Preparedness Program
- Environmental Health & Disease Prevention (EHDP)
- Department of Public Safety (DPS)
- Department of Fire & Emergency Medical Services (DFEMS)
- Commonwealth Ports Authority (CPA)
- Air Force Red Horse Engineering Group
- Navy Seabees
- Commonwealth Bureau of Military Affairs (CBMA)
- Office of Homeland Security and Emergency Management
- Office Of the Mayor of Tinian
- Radiation Injury Treatment Network (RITN)

Point of Contact

RITN Control Cell
RITN@NMDP.ORG
(612) 884-8276

EXERCISE SUMMARY

On September 2, 2025, participants from the CNMI (Tinian and Saipan) representing a multitude of public safety agencies convened for a tabletop to evaluate response to a radiation incident on Tinian. A facilitated scenario discussion and associated tasks were delivered in two modules, with particular focus on patient screening, management, and transfers.

Major Strengths

The major strengths identified are as follows:

1. Multi-agency coordination: Strong collaboration among local, territorial, and federal entities.
2. Operational Tinian Health Center: Able to manage minor injuries and stabilize critical patients.
3. Existing air transport options: Star Marianas and air ambulance services provide evacuation pathways.
4. CHCC capabilities: Saipan offers comprehensive care and serves as a regional medical hub.
5. Surge support: Although limited, the DoD Seabees can provide some medical support at Tinian Health Center.
6. REAC/TS availability: 24/7 expert consultation for radiological emergencies.

Opportunities for Improvement

The primary opportunities for improvement, including recommendations are as follows:

1. While most contamination could be mitigated through clothing removal, full decontamination would require external personnel trained in First Receiver protocols. However, the mobilization time for such teams would hinder timely response, highlighting a critical gap in local capability. It is recommended that Tinian establish a rapid-response/first receiver cadre on-island with periodic training and pre-positioned supplies.
2. There are limited general pediatric or pediatric surgical services on Tinian. It is recommended that Tinian Health Center develop telehealth pediatric consults and formalize rapid transfer protocols for children and guardians.

3. Blood supplies are limited in Tinian and collections in a disaster would be complex. It is recommended that they create a regional blood bank agreement with Saipan and Guam; explore mobile donation drives.
4. Transfers could be delayed. It is recommended that CNMI pre-develop MOUs with MACS and Marianas Airways for priority medical logistics.
5. Tinian does not have an ample supply of medical specialists on the island necessary to assess and treat radiation or complex trauma injuries. Policies for surgeon and medical expert deployment protocol from Saipan/Guam with airlift prioritization should be developed.
6. CNMI/Tinian should ensure that REAC/TS is included as a resource in their response plans. REAC/TS maintains a 24/7 national and international response capability for radiological/nuclear emergencies. They provide expert consultation on:
 - Medical management of radiation injuries
 - Decontamination procedures
 - Biodosimetry and dose assessment
 - Use of decorporation agents (e.g., DTPA, Prussian Blue)
 - a. Contact Information - Routine business hours: (865) 576-3131; reacts@ornl.gov
 - b. After-hours and emergencies: (865) 576-1005 (Ask for REAC/TS via the DOE Oak Ridge Operations Center)
7. There are numerous free trainings listed below that could support preparedness in the CNMI for a radiation incident. It is recommended that these be provided to those who would be involved in radiation surge. All can be found at: <https://ritn.net/training/web-based-training>
 - Basic Radiation Training For Healthcare Professionals
 - Non-Medical Personnel Radiation Awareness
 - Radiation Safety Communication
 - Initial Care of Patients with Suspected Radiation

ANALYSIS OF CAPABILITIES

Infrastructure Impacts

The explosion caused partial damage to port facilities, impeding maritime operations and logistics. The local power grid and communications systems were disrupted, complicating coordination among emergency responders. Additionally, road access to the port area was restricted due to debris and active emergency operations, further delaying response efforts and movement of personnel and supplies.

Healthcare System Impacts

The Tinian Health Center, while remaining operational, was quickly overwhelmed by the influx of casualties and contaminated individuals. The facility had limited decontamination capabilities, relying primarily on basic measures such as clothing removal. Emergency Medical Services (EMS) were stretched thin, with minimal personnel and transport assets available to manage the surge.

Crucially, orthopedic and pediatric care were unavailable locally, necessitating off-island referrals for specialized treatment. The blood supply was insufficient to meet trauma needs, posing a risk to critically injured patients.

Medical Evacuation and Referral

Patients requiring advanced care had to be stabilized and transferred to Saipan or Guam. Star Marianas Air provided routine inter-island transport, while air ambulance services such as AeroMD offered critical care evacuation, albeit with limited capacity. In extreme cases, the U.S. Coast Guard could assist with emergency medical evacuations from remote or inaccessible areas.

The Medical Referral Services (MRS) program coordinated off-island care logistics, including travel and financial arrangements. In some cases, deploying surgeons and specialists directly to Tinian was considered more efficient than transferring patients, especially when transport delays posed risks to patient outcomes.

Transfer Pathways

Origin	Destination	Mode of Transport	Use Case
Tinian	Saipan	Star Marianas Air	Routine transfers, outpatient care
Tinian	Guam	Air Ambulance / MRS	Specialty care, critical cases
Remote CNMI Islands	Saipan	U.S. Coast Guard	Emergency evacuation

Origin	Destination	Mode of Transport	Use Case
Tinian	Saipan / Guam	Ferry (future capability)	Non-emergency, mass transport

Saipan’s Medical Surge Capacity

The Commonwealth Health Center (CHCC) in Saipan served as the primary referral hospital, with 86 beds and a 24/7 emergency department. While Saipan had moderate surge capacity, a large-scale event would strain its resources. CHCC benefited from federal funding and telehealth partnerships, but faced staffing shortages and infrastructure limitations that could impact its ability to absorb a significant influx of patients from neighboring islands.

Support for CNMI and Pacific Territories

REAC/TS provides international consultation, so CNMI responders can directly reach out using the same contact numbers. Coordination with local emergency management (e.g., CNMI EOC or CHCC) is recommended to streamline communication and logistics.



ACRONYMS

Acronym	Term
AAR	After Action Report
ASPR	Administration for Strategic Preparedness and Response
CBMA	Commonwealth Bureau of Military Affairs
CDC	Centers for Disease Control and Prevention
CHCC	Commonwealth Healthcare Corporation
CNMI	Commonwealth of the Northern Marianas Islands
CPA	Commonwealth Ports Authority
DFEMS	Department of Fire and Emergency Medical Services
DOE	Department of Environment
EHDP	Environmental Health and Disease Prevention
EOC	Emergency Operations Center
MACS	Micronesia Air Connection Services
MRS	Medical Referral Service
ONR	Office of Naval Research
REAC/TS	Radiation Emergency Assistance Center/Training Site
RITN	Radiation Injury Treatment Network
TTX	Tabletop Exercise