

## Report

---

# Homeland Security in America's Dairyland

---

BENJAMIN HEATH

*Benjamin Heath is a second-year graduate student at the Monterey Institute of International Studies. As a graduate research assistant at the Center for Nonproliferation Studies, Heath focuses on domestic preparedness issues within the Weapons of Mass Destruction Terrorism Project. Within the Chemical and Biological Weapons Nonproliferation Project, Heath researches and analyzes the chemical and biological weapons capabilities of the Islamic Republic of Iran.*

Tucked away in the northern part of the United States, with a population of less than six million people and with only the 27th-largest metropolitan area in the nation, the state of Wisconsin is not generally considered a prime terrorist target. However, like other states around the country, Wisconsin placed weapons of mass destruction (WMD) terrorism preparedness on its formal agenda soon after federal funding became available in 1997 through the Nunn-Lugar-Domenici Defense Against Weapons of Mass Destruction Act (NLDA) terrorism preparedness legislation.<sup>1</sup> The attacks on New York, Virginia, and Pennsylvania in September 2001, coupled with the widespread destruction caused by the foot-and-mouth disease (FMD) epidemic in England earlier that year, have refocused attention on the subject and pose serious questions about terrorism preparedness in this country.

Although this analysis will show that Wisconsin's domestic preparedness efforts appear to be on the right track, other studies of national domestic preparedness efforts have been less positive.<sup>2</sup> In research conducted between 1999 and 2000, the Stimson Center's *Ataxia* describes NLDA as a colossal boondoggle—one growing

out of control with no end in sight, with front-line responders only marginally better prepared now than they were before the program began. This paper attempts to build upon that work, albeit on a much smaller scale, by taking a snapshot look at what Wisconsin has accomplished since 1997. Following a research track similar to that of *Ataxia*, it focuses primarily on interviews with people working in the fields of public health, law enforcement, and emergency management in three Wisconsin counties. The study seeks to identify efforts Wisconsin is making at both the local and state levels, examining state grant proposals, reviewing recent legislation regarding both WMD and terrorism, sifting through open-source media, and speaking with officials in four of the departments and divisions concerned with terrorism preparedness in Wisconsin.

At the onset of this study, numerous questions needed answers. For instance, what type of state apparatus had been devised to plan and prepare for WMD terrorism? Was there a statewide model in use? Did policy makers in Madison have a good idea of how local communities would respond to a WMD terrorist attack? Had the federal money for planning, training, and procuring

equipment made it beyond Madison and Milwaukee, the two Wisconsin cities receiving federal funding through NLD? Before looking further into those questions, it is first helpful to understand the nature of terrorism and the terrorist threat in Wisconsin.

### **A BRIEF HISTORY OF TERRORISM IN WISCONSIN**

Although most people do not think of Wisconsin as a terrorist hot spot, the bombing of Sterling Hall on the University of Wisconsin-Madison campus in 1969 was the most destructive act of terrorism in the United States until the 1995 Oklahoma City bombing. The explosive, a combination of fertilizer and jet fuel, was detonated by four student radicals protesting U.S. policy during the Vietnam War. The blast killed one person and injured four others, damaged 26 buildings, and woke people from their sleep 30 miles away.<sup>3</sup>

In recent years, Wisconsin has been the target of numerous acts of agroterrorism and food terrorism perpetrated by the Animal Liberation Front (ALF),<sup>4</sup> the Earth Liberation Front (ELF),<sup>5</sup> and a lone saboteur whose case is described in Box 1. Wisconsin has apprehended a man for possessing ricin toxin and biological weapons paraphernalia, and has experienced anthrax hoaxes and threats to sabotage food products with rat poison.<sup>6</sup> Also worth mentioning is the 1993 cryptosporidium outbreak in Milwaukee that sickened 430,000 people and contributed to more than 30 fatalities. Although not an incident of terrorism, that outbreak raised serious concerns about water safety and the state's vulnerability to bioterrorism.<sup>7</sup>

### **THE STRUCTURE OF TERRORISM PREPAREDNESS**

The state of Wisconsin has come a long way in the past five years in its ability to respond to a WMD incident. Before 1997, when then Governor Tommy Thompson established the Interagency Working Group on Terrorism (IAWGT), the state had no laws or plans dedicated to dealing with a major terrorism incident. While official state documents note that Governor Thompson founded the IAWGT "to improve coordination and resources among federal, state, and local agencies,"<sup>8</sup> the impetus for its formation was the federal funding that was beginning to flow to Milwaukee and Madison through the NLD legislation.<sup>9</sup> This working group is coordinated by Wisconsin Emergency Management

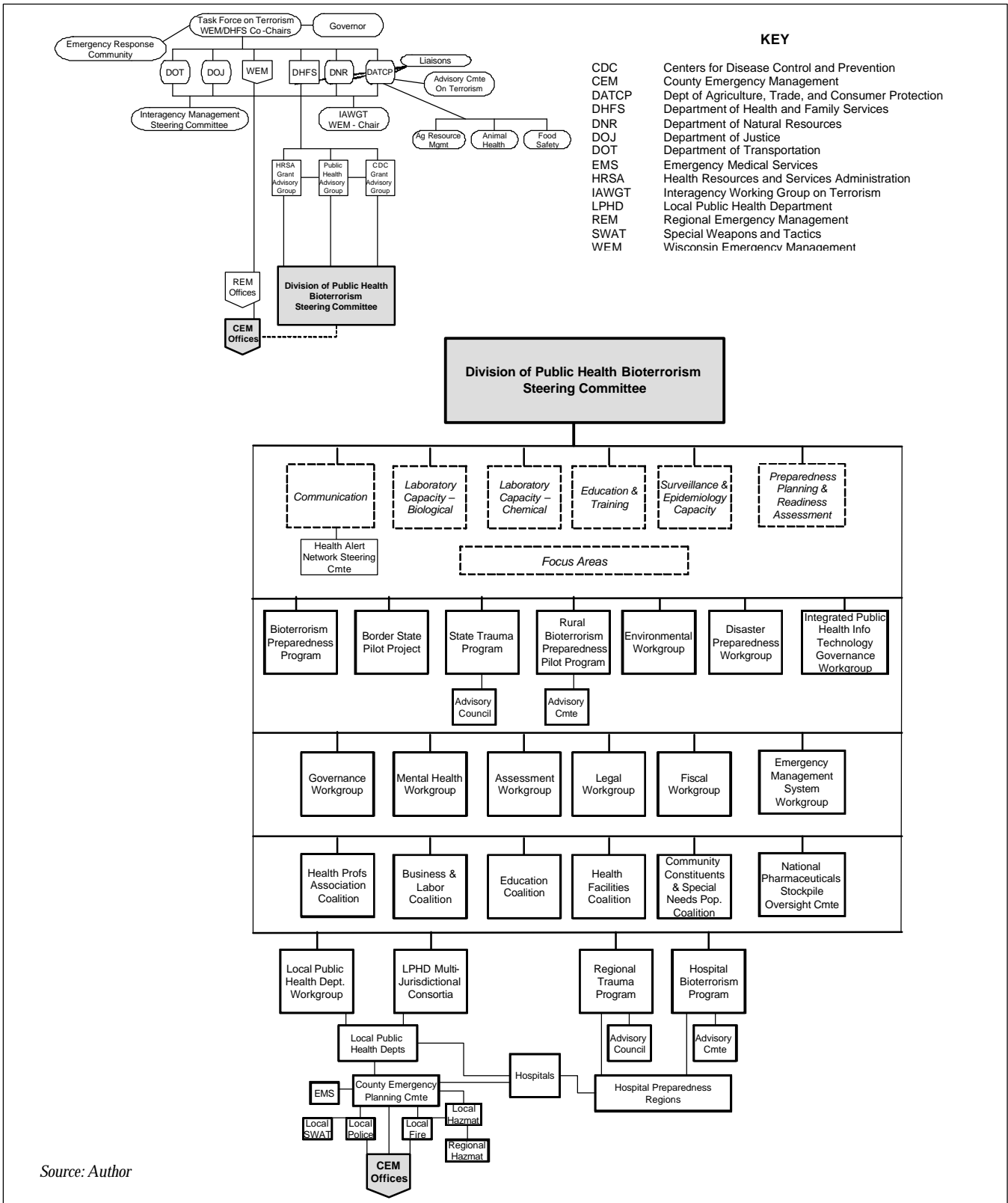
(WEM) and includes mid-level representatives from various state and federal agencies. One of the responsibilities of this group is to develop the terrorism appendix to the state's previously existing Emergency Operations Plan. This appendix delegates roles and responsibilities to the various state agencies in the event of a WMD attack. The state's organizational chart for terrorism preparedness is shown in Figure 1.

In addition to the terrorism appendix, the IAWGT is in charge of gathering information for the Statewide Strategic Plan for Domestic Preparedness. This survey of more than 100 pages, based on a template from the federal Office of Domestic Preparedness (formerly the Office of State and Local Domestic Preparedness Support), was distributed to all 72 County Emergency Management (CEM) offices around the state to identify potential vulnerabilities and to document current local response capabilities.<sup>10</sup> In order to receive federal assistance for training or equipment, counties needed to complete this survey. By August 2001, 53 counties had returned their surveys, permitting the drafting of the Statewide Strategic Plan, which would free up \$2.78 million in federal grants for the state to distribute.<sup>11</sup>

Although the IAWGT is still in existence today, the top governmental body now charged with terrorism preparedness in Wisconsin is the recently created Governor's Task Force on Terrorism Preparedness. Governor Scott McCallum formed this group in September of 2001 in response to the terrorist incidents earlier that month. This task force brings together both representatives from Wisconsin's first responder communities and most of the leaders from those agencies already participating on the IAWGT.<sup>12</sup> The task force seems to have performed its role well. It has the attention of the governor, and its monthly meetings have served to keep WMD terrorism preparedness on the state's formal agenda. A report of the first year of the task force was issued in late September 2002.

Even though Wisconsin has designated WEM administrator Ed Gleason as the state's contact for homeland security, in reality the state has no terrorism czar who controls all of the money flowing into preparedness programs. The reason is that each department and agency at the state level works individually on its own projects. Therefore, the Task Force on Terrorism as a unit is responsible for reporting to the governor about progress the state is making. However, because Wisconsin is a home rule state, each CEM office and each hospital develops its own WMD terrorism plans—more or less

**FIGURE 1**  
**AN ORGANIZATIONAL CHART OF DATCP, WEM, AND DHFS TERRORISM PREPAREDNESS**



independently of each other and the state. (While the state can direct funding, it does not want to appear as though it is telling the counties how to conduct their business.) Because of this structure, this analysis will compartmentalize the various efforts to prepare for terrorism in Wisconsin, beginning with those of the Department of Agriculture, Trade, and Consumer Protection (DATCP) in agroterrorism and food terrorism.

### **FOOD AND AGRICULTURAL TERRORISM PREPAREDNESS**

Shortly after the creation of the Task Force on Terrorism Preparedness, the secretary of the DATCP formed an Advisory Committee on Terrorism. This committee, composed of leaders in Wisconsin's agricultural and food processing communities as well as key figures within the DATCP, advises the department on where to focus its terrorism preparedness efforts.<sup>13</sup> Those efforts primarily fall under the responsibility of the Animal Health, Agricultural Resource Management, and Food Safety divisions. The Animal Health division is headed by the state veterinarian and is primarily responsible for regulating and inspecting the state's farm-based animal population. The Agricultural Resource Management division's terrorism preparedness efforts are concerned with protecting the state's animal feed manufacturing and distribution process, securing fertilizer stockpiles, and guarding against the misuse of pesticides. Finally, the Food Safety division helps dairies and food processors develop strengthened security measures to prevent the intentional sabotage of finished food products. The Food Safety division would be the one primarily involved in food recalls if any products were contaminated. The Animal Health and Agricultural Resource Management divisions' efforts will be discussed in more detail below.

#### **Animal Health Protection**

By virtue of Wisconsin's designation as "America's Dairyland," it is not surprising that the state's primary agroterrorism concern is foot-and-mouth disease. Although the DATCP had begun working with other groups from around the state (such as the National Guard) before the 2001 FMD outbreak in the United Kingdom, that epidemic refocused the state's efforts on developing an agroterrorism plan. Although the state has a separate plan specifically for fighting an FMD epidemic (see Box 2), its more general agro-terrorism plan is also based on infectious disease among the animal popula-

tion. In addition to those efforts, the DATCP is participating with an Illinois-led effort to develop a regional plan for responding to infectious animal diseases. That program encompasses all of the states surrounding Illinois, along with North Carolina, a leading state in the production of animal feed. The DATCP is also using federal funding to develop an incident command system<sup>14</sup> within the department.<sup>15</sup> Once that system is in place, the department should be able to carry out exercises to test its ability to implement its infectious disease response plans.

As part of the more general agroterrorism plan, liaison officers with the DATCP are in communication with numerous private associations and industry trade groups around the state to share information on biosecurity.<sup>16</sup> One product of this communications effort is the biosecurity plan created by the Madison-based World Dairy Expo for its November 2001 expo.<sup>17</sup> Expo officials were concerned at that time because the recent FMD outbreak in England had increased attention to the disease and because the expo typically receives more than 1,000 visitors from FMD-infected countries. Their concerns were given added weight after an animal rights activist threatened to release the virus at the November 2001 expo.<sup>18</sup> The plan they developed included screening all attendees and exhibitors, disinfecting all cattle barns prior to the expo, placing disinfectant-filled pools for cattle to walk through before they entered the barns or the showrooms, and doubling the police and private security presence during the show.<sup>19</sup>

Since the creation of the Advisory Committee on Terrorism, state officials believe that agroterrorism is receiving the attention it needs from leaders in Wisconsin's agricultural community. However, significant gaps still remain. For instance, many farmers around the state are woefully behind the times and vulnerable to bioterrorist attacks.<sup>20</sup> State officials recommend that farmers quarantine new animals they have added to their herds or animals they transport to state or county fairs before they are allowed to come into contact with the rest of the herd. This procedure is intended to lower the possibility of spreading an infectious disease. However, there is little faith among people in the field that farmers actually practice this simple security step. Another concern is the lack of a sustained interest in bioterrorism from either farmers or farm organizations. State officials tend to see a spike in interest only when bioterrorism affecting agriculture is featured in the news.<sup>21</sup> Finally,

**Box 1****PESTICIDE SABOTAGE**

In 1996, more than 4,000 tons of animal feed and 500,000 pounds of animal fat were contaminated by chlordane when a cow carcass sabotaged with the pesticide entered the production line of an animal rendering facility and was ground up for use in animal fat and animal feed products. Soon thereafter, local authorities received an anonymous tip about the contaminated products and were told to expect large numbers of animal deaths. Over 50 percent of the contaminated products made their way to the state's largest animal feed mill, which served 250 of the state's largest dairies. Ultimately, the feed was shipped to more than 4,000 farmers in four midwestern states, prompting a multimillion dollar recall. Fortunately, by that time the chlordane had been diluted enough that it did not cause a health risk either to the animals or to the humans who consumed the dairy products from those animals.<sup>i</sup>

In May 1997, the saboteur struck again, this time targeting poultry feed. One of the firm's largest clients received an anonymous letter claiming that the feed from the plant had been poisoned. This time animal grease from a fast-food restaurant's recycling pickup station had been contaminated with the fungicide folpet. However, more rigorous testing and quality control practices put in place since the first contamination caught the poisoned animal grease before it affected any of the firm's feed products. Had the poison not been discovered, the feed would have made its way to numerous poultry farms around the midwest, including one of the nation's largest turkey producers.<sup>ii</sup>

Both incidents raised huge concerns for Wisconsin. Had DDT been used in the first instance instead of chlordane, the repercussions on the state and the nation from a public relations perspective would have been enormous. Even a small amount of DDT would have caused significant public concern. DDT, like chlordane, is a fat accumulator—a substance that stays in the animal's fat up to nine months without killing it. During that time, the chemical would contaminate the animal's byproducts, rendering them unusable. A farmer would have to either kill the animal or forgo nine months of revenue.<sup>iii</sup>

After two years of continuing to send threatening letters to the firm and its customers, the culprit was apprehended in 1999. Investigators had been called in from the FBI, CIA, FDA, and fourteen other local, state, and federal agencies. The final clue came when one of the firm's customers received a threatening fax from Greece while the prime suspect was traveling in Europe. The perpetrator, the owner of a rival feed producer, had family in Greece. Other clues included a carpet fiber found in the contaminated fast-food animal grease, which matched the carpet found in the suspect's office.<sup>iv</sup>

The perpetrator was tried and convicted under the Federal Food Tampering Act (also known as the Tylenol Act) and given a three-year sentence and a multimillion dollar fine. After serving 30 months, he is now a free man.<sup>v</sup>

<sup>i</sup> N. J. Neher, "The Need for a Coordinated Response to Food Terrorism: The Wisconsin Experience," in Thomas W. Frazier and Drew C. Richardson, eds., *Food and Agricultural Security: Guarding Against Terrorist Attacks Affecting Health, National Food Supplies, and Agricultural Economics* (New York: New York Academy of Sciences, 1999) pp. 181-183.

<sup>ii</sup> *Ibid.*

<sup>iii</sup> Department of Agriculture, Trade, and Consumer Protection official (name withheld), interview by author, Monterey, California, November 23, 2001.

<sup>iv</sup> *Ibid.*

<sup>v</sup> David Fredrickson, Director of Investigations and Compliance, Wisconsin Department of Agriculture, Trade, and Consumer Protection, interview by author, Monterey, California, August 22, 2002.

**Box 2****WISCONSIN'S PLAN FOR FIGHTING  
FOOT-AND-MOUTH DISEASE**

A farmer or a DATCP field inspector who noticed an animal exhibiting symptoms similar to FMD would notify the DATCP to send in a team of federally trained field operation veterinarians to examine the animal. If the symptoms were suspicious, that team would send samples first to Madison and then to the federal biosafety level-4 Foreign Animal Disease Diagnostic Laboratory at Plum Island, New York, for testing. Currently, that federal lab is the only one in the country authorized to test for FMD. Depending on the severity of the symptoms, the sample would either be shipped from Madison through a special arrangement with Federal Express, or it would be hand delivered by a DATCP staff member.

A positive test for FMD would result in a state of emergency and a state veterinarian-imposed quarantine around the farm in question. The state veterinarian has sole authority for initiating an animal quarantine. If the virus were confined to a limited area, a team from the Inspections and Compliance group at the DATCP would enforce the quarantine. The agency's field inspectors would be responsible for killing and burying the animals, while the assistant state veterinarian, who is in charge of field operations, would decide which animals needed to be killed. DATCP has also worked with the Department of Natural Resources to develop maps of the water table throughout the state so that burial would not pose a risk in and of itself.

A major epidemic would require additional action. Because modern practices of buying and transporting animals could potentially cause an FMD-infected cow being shipped in Montana to affect cows in 29 other states within a week's time, states have pledged to work together in the event of an outbreak. Teams from around the country might be brought in to help with the identification and slaughter of disease-infected animals. Also, rather than sending every sample of suspicious material to the federal lab, state labs would be opened for analysis. If the field-test kit for confirming FMD that is currently under development is ever approved for use, field teams would be able to confirm, slaughter, and bury the animals without having to wait for confirmation from the state. Finally, the state veterinarian could call upon local sheriff's departments, the state patrol, and the National Guard to help enforce the widening quarantines. However, once those groups were called upon, they would assume control over their own quarantine areas and would not answer to the state veterinarian.

*Source: Wisconsin Emergency Planner (name withheld), State Veterinarian's Office, interview by author, November 23, 2001.*

little planning has taken place for responding to the intentional release of a disease designed to damage crops.<sup>22</sup>

**Agricultural Resource Management**

The Agricultural Resource Management (ARM) division handles other aspects of agroterrorism preparedness—primarily issues involving pesticides and aerial application, fertilizer, and animal feed. ARM officials are not concerned about terrorists using aerial applicators to spread weapons of mass destruction. However, in the aftermath of the September 11th attacks and the grounding of what the media referred to as crop dusters, they believed it was prudent to address the issue from a public relations perspective.<sup>23</sup> At that time, ARM officials informed the public and the media about the difficulty of using an aerial applicator to spread chemical or biological weapons.

Of greater concern for ARM is keeping stockpiles of nitrogen-based fertilizer around the state out of the hands of terrorists who might like to replicate the Sterling Hall or Oklahoma City bombings. To this end, ARM has coordinated with the fertilizer industry to develop a checklist for distributors so they will take more precautions in how they store and to whom they sell their products. ARM also works to better inform farmers about the importance of securing fertilizer against theft.

In addition to these efforts, ARM is responsible for ensuring the integrity of the animal feed industry. In 1980, the division established a toxic response team after a chemical used for home insulation accidentally killed thousands of cows in Michigan. The chemical contaminated animal feed and ultimately crippled that state's dairy industry for many years. To counter a similar incident in Wisconsin, the toxic response team has worked with the industry to develop better testing practices from the raw materials through to the finished product. Unfortunately, these practices were ignored in the 1996 chlordane sabotage discussed in Box 1. In that incident, the technician detected the abnormality during testing but ignored it as a fluke. As a result, rather than adjust regulations on the animal feed industry, ARM has been focusing on strengthening compliance rates within the industry.<sup>24</sup>

**Agroterrorism Laws**

Even though Wisconsin's economy relies heavily on the agricultural sector—and despite the fact that the state has been the target of ecoterrorists and saboteurs—the

government has been slow to react. To date, the only legislative action against agroterrorism came in the summer of 2001 when the legislature added language to the state's racketeering laws regarding the intentional introduction of infectious disease to livestock and the destruction of commercially grown plants.<sup>25</sup> This new legislation seems to have been created partly in response to the previously mentioned threat posed by an animal rights activist to the World Dairy Expo.

Otherwise, bills brought before the legislature to deal with the threat of vandalism from ecoterrorist groups have died in committee each of the last three years with the excuse that there simply was not enough time to debate them. The sponsor of one of the bills concerning mink farm vandalism, Rep. Steve Kestell (R-Elkhart Lake), resubmitted his bill at the end of 2001 for consideration in the 2002 legislative session so it could no longer be argued that there was not enough time to pass the bill.<sup>26</sup>

### **WMD TERRORISM PREPAREDNESS**

WEM plays a leadership role within Wisconsin's terrorism preparedness apparatus. Its status as the lead agency in the state is confirmed through its coordination of the IAWGT, its cochair position on the Task Force on Terrorism Preparedness, and the designation of WEM administrator Ed Gleason as the federal Department of Homeland Security's contact person in Wisconsin. Furthermore, WEM is the state agency through which federal funding from the Department of Justice and Federal Emergency Management Agency reaches first responders in Wisconsin. WEM also reviews all requests for county equipment purchases and training funding. Finally, WEM is critical to initiating and organizing WMD-related exercises and training in the state. Since the end of last year, officials throughout Wisconsin have participated in WEM-initiated tabletop and full-scale exercises on chemical weapons terrorism, as well as a tabletop exercise on FMD.<sup>27</sup>

While WEM plays a key role at the state level, it has an arguably more important role to play on the local level. To this end, WEM is divided into six regional emergency management (REM) offices throughout the state. These offices serve as liaisons between the state and local governments by working with the counties to develop and maintain emergency plans and assist in training and equipment needs.<sup>28</sup>

The regional offices are important for providing guidelines to the counties; however, the real power for WMD terrorism planning in Wisconsin rests at the

county emergency management (CEM) level. CEM offices identify possible targets and assess their counties' capabilities in dealing with a WMD terrorist attack. They also develop evacuation plans, identify shelters, and assure that those shelters are adequately stocked to meet basic needs. Some communities have identified shelters as possible triage centers in the event of a WMD attack. CEM offices also head countywide efforts to train and equip first responders and to designate incident commanders who would be in charge of responding to a WMD attack. The incident commander would most likely be a sheriff, fire marshal, or hazmat (hazardous materials) chief, and would work with the CEM in the emergency operations center to implement the county's emergency plan. Finally, the CEM is responsible for working with hospitals to develop and coordinate their WMD terrorism response plans.

On paper, this system seems very well developed. In practice, however, the system has the potential to fall apart in key areas, such as planning and coordination. Because each county has the freedom to develop its own terrorism response plan, state and regional officials at WEM are unaware of how in-depth the planning is in each county. Also, because of the decentralized approach, no statewide method or protocol exists for dealing with any given incident. A lack of coordination could pose problems for responders and officials from outside the county when trying to offer assistance. If groups of counties in a given area took the initiative to train together or to share county plans among themselves, the lack of statewide WMD-response protocols would be less important. However, the smaller counties contacted during this study had not even practiced their WMD response plans within their own counties, let alone with outside assets such as the regional hazmat teams or responders from neighboring counties.

This lack of familiarity with WMD planning exists even within the REM apparatus itself. For example, when asked who would be called in each of the counties of the region should a WMD attack occur, the director of one REM office responded that such questions should be directed to each of the CEM offices. Some counties had provided call lists, others had not. When asked if each of the counties had plans in place to share patients and supplies with the regional hospitals, the official again responded that those preparations would be made at the county level. Some of the counties had invited the official to sit on special boards with the hospitals to develop such plans ahead of time, but other counties had not

made the official aware of any plans.<sup>29</sup> When asked whether each of the counties had determined special communications channels in the event of a large incident, the official was unaware of any specific plans. Because of the lack of information filtering through to the regional and state offices, it is not difficult to foresee problems in coordinating a massive response to a large terrorist incident.<sup>30</sup>

### **Preparedness at the County Level**

To determine the efficacy of the system at the county level, the author contacted officials in emergency management, law enforcement, and public health in three counties from different corners of the state. These officials represented rural and mid-sized counties, as well as a densely populated urban county receiving federal funding through the NLD legislation. These counties—which will be referred to as counties X, Y, and Z, respectively—were among the 53 counties that originally participated in the WEM assessment survey. Because of this participation, each was to have developed an emergency plan for terrorism, identified potential targets, and assessed their capabilities for responding to an incident. To establish how advanced their planning and preparedness levels were, the study focuses on a few key questions, namely:

- Would there be a clear chain of command in the event of an incident?
- Had responders received training for WMD terrorism?
- Was the county actively working with the local hospital, and had that hospital established contingency plans for dealing with a WMD attack?
- Had potential communications challenges been addressed?
- Did the county feel it had received the necessary resources to plan, train, and equip itself for a WMD incident?

Not surprisingly, the answers to these questions varied substantially from county to county.

#### **County X**

For a rural county with a small likelihood of being the target of WMD terrorism, County X is remarkably well prepared. The county practices incident command and has identified how it would respond to a WMD incident. County X also possesses a level-B hazmat team and is negotiating with the regional hazmat team for level-A chemical analysis authority.<sup>31</sup> County X has agreements with two neighboring counties to provide hazmat assis-

tance when requested. The county also possesses two fully equipped mobile medical response vehicles capable of serving as mobile incident command centers. Well-equipped rooms that would serve as the county's emergency operations center and joint information center for communicating with the media and the general public reside in a newly constructed sheriff's department.

From a planning perspective, the county seems to be on the right track. Emergency management, law enforcement, fire department, public health, and hospital officials meet regularly on a local task force to plan for mass casualty incidents, including those involving WMD. Some law enforcement and fire department officials have received WMD terrorism awareness training, and the county is studying 911-dispatcher training recently made available by WEM. Also, the CEM in County X is the only one surveyed that actually possesses a copy of its hospital's WMD terrorism plan. However, when asked about specific steps the hospitals have taken to prepare for an attack, the CEM official deferred to hospital personnel directly.<sup>32</sup> The official has not seen and is not familiar with the plans of neighboring counties.

Despite the fact that County X has spent considerable time working on WMD preparedness, pitfalls still exist. The county official acknowledges that throughout Wisconsin, each locality—and perhaps even the police departments, fire departments, and emergency medical services (EMS) within each locality—may operate different communications equipment with different frequencies. The statewide frequencies operated by the state highway patrol are different from the locally operated frequencies. Selecting a primary response frequency, according to this official, would be addressed at the time of incident, depending on the size and scope of that incident. He acknowledges that the county would be dependent on the phone system to communicate with people outside of the immediate area, and that they would encounter problems if the phone system collapsed.<sup>33</sup> With regard to training and exercises, state officials claim that each county is to allocate resources for practicing their WMD terrorism plans. Also, each regional hazmat team is charged with exercising with each of the counties it serves.<sup>34</sup> However, according to the CEM of County X, no training exercises or even tabletop drills have taken place, either with the regional hazmat team, or simply within the county itself.<sup>35</sup>

The County X law enforcement official interviewed for this study worked closely with the CEM during the assessment of the county's capabilities and vulnerabilities. They also worked closely during the development



of its WMD plan. He believes that domestic terror groups, primarily right-wing groups, would be the most likely to use WMD. However, since his county lacks important federal government buildings and because it is virtually homogeneous, he feels he has little to worry about from such groups.<sup>36</sup> Rather, he cites left-wing groups—such as ALF and ELF—as a greater threat because of the county’s efforts in forestry and mink farming. He is not concerned that these groups will use WMD. He also believes these groups are better addressed on the national level, since they operate in cells all over the country and attack targets throughout the world.<sup>37</sup> Because of these factors, he is satisfied with the level of funding, training, and planning that has taken place to date. For instance, he feels that the local hazmat team is highly competent and very well equipped for the threats it is likely to face.<sup>38</sup>

### **Hospital Planning in County X**

According to the official contacted for this study, the hospital she represents does have a working WMD plan. Her hospital also has negative air pressure units, decontamination equipment, and isolation rooms, and could call upon two other “sister” hospitals within a 40-mile radius for additional resources.<sup>39</sup> She notes that these hospitals are all owned by the same hospital network and share resources on a daily basis, and that the same would be true in a chemical or biological terrorism incident. As for preparing the staff for abnormal disease outbreaks, she states that the infectious disease nurse at the hospital has done a very good job in disseminating treatment information about cryptosporidium, anthrax, smallpox, and other diseases on an ongoing basis. The local public health department has also supplied the hospital with information and protocols for treating potential WMD agents.<sup>40</sup>

The hospital conducts regular training sessions on infectious diseases, but not specific training sessions for what to do in a WMD terrorism incident. The hospital has also never practiced its own WMD plan, although it has practiced a broader hazmat plan with the local hazmat team. Recently, hospital personnel have participated in a bioterrorism response planning meeting that brought together officials from other hospitals within the network.<sup>41</sup>

Although this hospital’s plans are reasonably well developed for a hospital serving a rural community, some significant gaps in the planning need to be addressed. For instance, attending to the mental health of patients and staff has been overlooked in the plan, and when asked if her hospital would automatically lock its doors in the event of a WMD terrorism incident, the hospital official

responded that it would not.<sup>42</sup> Also, doctors coming in from outside of the community to aid the hospital, even those from hospitals within the same network, would be unable to practice medicine there until their credentials were verified. The lack of a system to quickly verify credentials of other doctors rushing to the scene would seriously hamper the hospital’s efforts to treat a large number of victims. It also appears that little planning has taken place for responding to a large number of casualties, such as up to 500 patients, many of whom would likely arrive at the hospital on their own without having been decontaminated. This official guessed that the county would have plans for treating large numbers of patients, and that the county would probably take over a school gymnasium.<sup>43</sup> However, she was not sure under whose jurisdiction the patients in such a facility would fall. Finally, she was not certain whether the pharmacy had made arrangements with its wholesalers to replenish crucial drug stockpiles in the event of a WMD incident.<sup>44</sup> Fortunately, as shown in Box 3, the Department of Health and Family Services has thought of these questions at the state level. By January 1, 2004, each hospital and local public health department will be required to have answers to those questions.

### **County Y**

County Y is a midsized Wisconsin county with a relatively large university and a large city-based population. It is far less prepared than County X for WMD terrorism. As the home of one of Wisconsin’s regional hazmat teams, the county plans to rely heavily on it should a WMD terrorism incident occur. In fact, according to the County Y Emergency Manager, the extent of the county’s plan is simply to have the hazmat team deal with any WMD terrorism incident.<sup>45</sup> As with the CEM official in County X, County Y’s official is not familiar with the WMD terrorism plans of the surrounding counties.<sup>46</sup> Furthermore, when asked about the nature of equipment in his county, he responded that he is unfamiliar with what equipment he can purchase through the state, despite the fact that WEM makes equipment lists available to all counties.<sup>47</sup>

Although these responses indicate little planning has occurred to date, there are reasons to believe the level of preparedness will improve in the near future. Local officials have recently begun meeting in a bioterrorism task force led by the local public health department.<sup>48</sup> Also, the county seems to be on the right track regarding training. The CEM official has received WMD-related training at the Center for Domestic Preparedness in Alabama and has attended

sessions put on by the FBI. Furthermore, all of the 911 dispatchers in the county have received B-NICE (biological, nuclear, incendiary, chemical, and explosives) awareness training, and a tabletop exercise involving an outbreak of plague occurred in September 2002. However, the county has not exercised its plan with either its hospitals or its hazmat team, despite its heavy reliance on the hazmat team.<sup>49</sup>

When a law enforcement representative was contacted for the study and asked about the training level in his department, he responded that approximately 15 percent of the officers have recently attended WEM-sponsored WMD awareness training through the state's technical college system. However, he said his department has not trained or exercised with others in the county on how to respond to a WMD incident, and he is unaware whether the 911 dispatchers in his county have been trained to recognize a possible WMD incident. When asked about his familiarity with the county's terrorism response plan, he responded that he did not know the county even had a plan.<sup>50</sup>

### ***Hospital Planning in County Y***

The hospital official in County Y contacted for this study has spent considerable time thinking about the issue of WMD terrorism. This official had previously been employed at a hospital designated as the backup decontamination facility for a regional nuclear power plant. During her 12 to 13 years at that hospital, she worked closely with the team that planned and prepared for nuclear accidents. For the past few years in her current position, she has taken those nuclear-based plans and modified them for dealing with farm accidents with organophosphate chemicals. In 1998, this official also attended a conference in Minneapolis on WMD. Upon return from that conference, she directed an effort in her hospital to hire an outside contractor to help the hospital develop a chemical and biological weapons response plan. Her hospital adheres to the Hospital Emergency Incident Command System (HEICS) and is working with another outside contractor to develop a realistic hospital evacuation plan. Perhaps because of these plans and the training of hospital staff, no one panicked during the anthrax scare of 2001 when local mail carriers reported to the hospital with flu-like symptoms. However, despite this degree of planning, her hospital has no current plans for quickly checking the credentials of doctors, even those within her hospital's network. Therefore, as with the hospital in County X, this hospital would face difficul-

ties in handling large numbers of doctors arriving on the scene to help treat patients, severely limiting their ability to effectively treat large numbers of casualties. Another potential pitfall is that the network with which her hospital is affiliated has no plan in place for sharing resources or otherwise responding to a large WMD incident.<sup>51</sup>

According to this official, her hospital and the county in which it is located have a long way to go to be prepared for WMD. While her hospital has a decontamination capability, it is geared toward an accident on a farm, not terrorism. She said that her hospital could theoretically decontaminate only two or three people, and that it would exhaust its cyanide kits and atropine stocks after treating just one patient. If the hospital needed to isolate patients, it has the capability to quarantine approximately 40 people in one section of the hospital that could quickly be outfitted with high-efficiency particulate air filtration units. However, she is unaware of any plans, either in her hospital or in the county itself, for isolating large numbers of patients. Furthermore, according to this official, the county has no plans for decontaminating large numbers of victims, and little or no plans for addressing mental health concerns.<sup>52</sup>

### ***County Z***

County Z is one of the 120 largest metropolitan areas in the country and began receiving NLD funding in 1998. Not surprisingly, County Z has a well-developed WMD terrorism preparedness plan. The CEM official interviewed for this study believes that more than 300 emergency response officials from county government, law enforcement, fire departments, hospitals, local public health departments, emergency medical services, and others attended the NLD Train-the-Trainer WMD courses in 1998. Since that time, he estimates that more than 10,000 people within the emergency response community in County Z have received some level of WMD training. Along with those NLD-based training sessions, emergency responders are constantly circulating through state-based WMD terrorism training. The newly developed WEM awareness course, which trains the 911 dispatchers for recognizing a WMD threat, was piloted in County Z. This official said that the state has been very organized and helpful in regard to developing, funding, and conducting training courses and seminars. In addition to these training programs, County Z has also conducted numerous practice exercises responding to WMD incidents. These include NLD-based chemical and

biological tabletop drills and a full-scale chemical exercise in 1999. Other exercises conducted since then—a functional chemical exercise in 2001 and a full-scale chemical exercise in 2002—were initiated by County Z itself. Because key personnel have been trained throughout the county, and because they frequently attend up to three WMD-related meetings per month, this official stated that the degree of professionalism in responding to a WMD incident would be solid.<sup>53</sup>

County Z also feels confident in its ability to divide the response duties during a chemical or biological incident. The regional level A hazmat team would have responsibility for holding down the hot-zone perimeter of the incident. The county's five level B teams would hold down the warm zone, and law enforcement officers would be stationed in the cold zone. If the level A team was overwhelmed, it could call on four other level-A-capable municipal hazmat teams for assistance. Decontamination duties during the cleanup stage would first fall under the responsibility of the level B teams in the county before they were contracted out to the three locally owned level A hazmat companies.<sup>54</sup>

The CEM official is convinced that he understands the capabilities of his neighboring counties, should they be called in for assistance. Since the creation of the regional hazmat teams in 1991, the counties of his region have worked closely together to develop response plans. Complex mutual-aid agreements are in place, and the counties have trained and exercised together. Should the incident involve nuclear or radiological devices, the county would follow a nuclear/radiological response plan developed in the early 1990s, in which the regional level A hazmat team would respond to the scene first. State resources would be contacted if the situation was larger than the regional hazmat team could handle on its own.<sup>55</sup>

From the medical treatment perspective, the official felt assured that the county's hospitals could deal with critically injured victims. Even though his office did not possess copies of the hospitals' plans, the county fire department and emergency medical services director were familiar with those plans and with capabilities of the hospitals. While the county has not predesignated triage centers for overflow casualties from the county hospitals, it has practiced the National Disaster Medical System plan and could likely organize the transport of noncritically injured victims to other cities participating in the National Disaster Medical System.<sup>56</sup> The CEM official stated that plans are in place to allow doctors and nurses from within his county's region to treat victims

within the county. Mental health response would be coordinated through the American Red Cross.<sup>57</sup>

Finally, to meet the communications challenges of responding to a WMD incident, the official stated that County Z would first rely on the preexisting phone and radio system. The county also possesses a mobile communications vehicle that could operate alongside its mobile command center. If those options failed, the county can fall back on a plan first implemented during Y2K to staff the Emergency Operations Center and all 911 centers with ham radio operators.<sup>58</sup>

### ***Hospital Planning in County Z***

The hospital contacted in County Z has by far the highest degree of WMD preparedness among those surveyed for this study. This hospital has developed chemical and biological weapons response plans and, like the hospital in County Y, practices the HEICS system. These plans also include emergency psychological care of both staff and patients. The hospital has practiced these plans, and another exercise was scheduled for the week following the interview for this study. Also, the hospital hosted a recent bioterrorism seminar for hospitals around the state organized by the Department of Health and Family Services (DHFS). Although physicians in the hospital have received WMD training, the hospital official guessed that much of the nonphysician staff would not be properly prepared for an actual incident. He also is unsure of how many of the laboratory staff in the hospital would recognize anthrax under a microscope.<sup>59</sup>

This hospital has a 2003 budget of \$80,000 specifically for WMD-related equipment purchases. It already possesses one decontamination tent that can be quickly set up outside the hospital and is planning on purchasing a second. The official stated that the hospital possesses some level B hazmat suits and that 200 staff members have been trained in their use. The hospital's ventilation system has 80 different zones in which it can direct airflow. It also has a predetermined location for quarantining patients. This hospital and three of its sister hospitals in the area each has enough antibiotics in house to treat 100 patients. Although the nationwide network this hospital is affiliated with has no plans for sharing resources at the moment, such plans are being discussed. In the meantime, the four affiliated hospitals in the area do have mutual-aid agreements and would implement them in the event of a WMD incident. Even without such agreements, the hospital's goal is to have the equipment necessary to treat 1,000 victims of a WMD attack.<sup>60</sup>

The lack of a sufficient communications strategy presents a potential pitfall in this hospital's preparedness. At the present time, the hospital plans to rely on two-way radios and the phone system during a large-scale incident. If those prove insufficient, the hospital will rely on police and fire department communications equipment.<sup>61</sup>

### **WMD Terrorism Preparations at the DHFS**

Of all the agencies and offices interviewed, the DHFS seems to be the best coordinated. Long before September 11th and the anthrax attacks that followed, the DHFS frequently sent letters to hospitals and labs throughout the state that outlined clinical guidelines, isolation procedures, and treatment protocols for likely bioterrorism diseases such as anthrax, botulism, plague, and smallpox. The DHFS guidelines require all hospitals and labs to notify the state within 24 hours of identifying any likely bioterrorism agent. To help facilitate this requirement and to strengthen communications among all of the state health providers, the DHFS obtained a grant from the federal Centers for Disease Control and Prevention (CDC) to build a high-speed Health Alert Network (HAN) to link local public health departments, emergency responders, laboratories, clinics, and hospitals around the state. Of the 124 hospitals in Wisconsin, 80 percent currently are hooked up to the network. The HAN will be used extensively in conducting disease surveillance, making hospitals aware of health-related news bulletins, and helping hospitals to obtain additional equipment and medication from other hospitals in the state in the event of a WMD incident.<sup>62</sup>

To assure that the state has adequate pharmaceutical stockpiles on hand in an emergency, the DHFS is also talking with drug wholesalers and supply warehouses to build up extra capacity.<sup>63</sup> The official reached for this study stated that Milwaukee had just received a large grant for stockpiling pharmaceuticals and is currently in talks with city hospitals to store those drug stockpiles. According to the official, the hospitals would then use those drugs and replace them as needed, ensuring a continuous fresh supply. He stated that Madison city officials may be thinking about a similar plan.<sup>64</sup>

In April of 2002 the DHFS authored a \$19 million grant proposal, since approved, for systematically strengthening the public health system and hospitals throughout the state in preparedness and planning, disease surveillance, laboratory capacity, communications, and educational capabilities. The DHFS used templates

from the CDC and Health Resources and Services Administration (HRSA), as well as input from a dozen different working groups, to design the proposal. The highlights of the grant are shown in Box 3.

Finally, the DHFS has worked with legal experts to determine if the state's quarantine laws are up to date and sufficient to deal with a bioterrorism incident. Their review revealed that the laws on the books in Wisconsin, while relatively old, are stronger than those currently being recommended to the state—laws based on a model created by the Georgetown Law School through funding from the CDC. Wisconsin's laws have been continually updated, and the official reached for this analysis is confident they would serve the state well in an emergency.

In addition to those laws, the legislature passed a new bill in June 2002 that will give state officials even broader powers to commandeer hospitals and other facilities. It will enable them to quarantine and vaccinate people in the event of a WMD incident or large-scale health emergency.<sup>65</sup>

### **CONCLUSION AND RECOMMENDATIONS**

When this study began in fall 2001, there appeared to be numerous gaps in Wisconsin's terrorism preparedness. No single person was in charge of the statewide effort, the various departments and agencies were overly cautious about infringing on each other's turf, and—without seriously reviewing the counties' plans—staff in the state and regional emergency management offices assumed that a certain degree of planning had been accomplished at the county level.

However, in the eight months since the study began, the state has accomplished much. The new Task Force on Terrorism Preparedness is in charge of the state's preparedness efforts, with the various state departments and agencies beginning to work more closely with each other. Similar task forces are beginning to appear at the local level, encouraged by both the emergency management and public health systems. The more these task forces meet, the fewer gaps will exist at the local level. The key factor will be sustaining the high degree of interest necessary to keep these groups meeting. WEM is doing a fine job of training emergency response officials around the state, and the new WMD assessment due to be distributed to the counties in the fall of 2002 will continue to raise the levels of competence. Lastly, the number of counties in the state that have thus far neglected to develop WMD plans is certain to drop. Despite these

**Box 3****HIGHLIGHTS OF THE DHFS GRANT PROPOSAL**

- DHFS will create 10 to 12 regional consortia of local public health departments. These consortia will create regional medical response plans by pooling capabilities of the local public health departments, hospitals, volunteer organizations, and nongovernmental industry groups and associations. At their discretion, each consortium may eventually employ specialists in HAN/information technology, environmental/occupational health, and mental health; coordinators for planning and education and training; an epidemiologist; and a support staff.
- Each local public health department will receive funding for implementing exercises to practice their plans with local emergency response officials in an incident command setting.
- DHFS will create seven hospital preparedness regions that closely coincide with new hospital trauma regions being developed by the Regional Trauma Advisory Council. These regions will coordinate hospital emergency response plans throughout the state and identify resources to be shared.
- DHFS will institute a system of state planning, oversight, and advisory committees to allow for input from industry and community organizations.
- DHFS will develop statewide plans for quickly distributing to communities medical and pharmaceutical supplies from the National Pharmaceutical Stockpile.
- DHFS would institute near-real-time disease surveillance capabilities through the HAN and all 124 Wisconsin hospitals and further develop the state's epidemiological capabilities.
- The DHFS, DNR, and DATCP will establish permanent liaison officers to monitor food, animal, and water-borne diseases and pathogens.
- The DHFS will establish a statewide registry of physicians with expertise in bioterrorism agents and a second registry of physicians willing to volunteer in the event of a WMD incident.
- Five academic and professional association coalitions will be established to address issues and identify resources and best practices in the areas of education, health professions, health facilities, business/labor, and communities/special populations.
- The number of level B and C laboratories in the state will be expanded to four and the more than 120 level A laboratories will receive upgraded training.<sup>1</sup> Within one year all hospital-based labs in the state will be capable of presumptively identifying or ruling out bioterrorism agents. The plan will also include upgraded security measures for laboratories.
- The DHFS will develop a statewide response plan for managing the health consequences of a disease epidemic affecting up to 10,000 people. The plan will encompass early recognition, incident management, mass patient care, mass immunization and prophylaxis, mass fatality management, and environmental surety. The plan will require hospitals to establish emergency credentialing systems to allow for the rapid expansion of doctors and nurses. Local public health departments will be required to identify regional patient isolation facilities capable of treating and housing up to 500 patients.
- Border State Pilot Projects will be initiated to begin coordinating efforts between communities straddling state lines.

<sup>1</sup>Infectious disease laboratories are classified according to their ability to handle dangerous pathogens. Level A labs have minimal protection for laboratory staff and are found at most hospitals. These labs are typically asked to screen clinical test samples and rule out samples that are unlikely to warrant further scrutiny. If they cannot rule out that the sample is dangerous, they refer it to a Level B or Level C laboratory. Level B labs have a higher degree of protection for laboratory staff and have the capability of isolating and identifying many pathogens. These labs are typically found at public health departments. Level C labs have highly trained staff working in a highly protected environment with dangerous pathogens. These labs are found in some public health department and typing facilities. Level D labs are extremely rare, with only a handful found in this country. They offer maximum security and the top scientists in the field. One example is the CDC in Atlanta, Georgia. Most of the Level B labs in Wisconsin also qualify for some of the Level C requirements.

positive aspects, however, each of the departments and agencies profiled for this study have room for improvement.

### **DATCP**

To begin with, more planning is needed in regard to intentional crop failure. This type of agroterrorism has the potential to devastate a large portion of the state's economy, and it has received scant attention to date. Also, the state should do more to stockpile veterinary medicine rather than depend solely on the federal government to step in and assist in the event of a national epidemic. Furthermore, although local control is extremely important to Wisconsin's emergency planning, the fractured structure for enforcing a large-scale quarantine—with hundreds of enforcement personnel all operating independently of each other—could make it more difficult to ensure that a quarantine functions effectively. To remedy this problem, the DATCP should push the legislature to provide it with more power to lead and enforce a quarantine. The state might also reconsider its plan to slaughter and bury animals with FMD on the farm where they were infected. This plan could raise serious logistical problems if an epidemic occurs. In addition, the state should do more to engage farmers so they are more compliant with existing regulations that apply not only to isolating new additions to their herds, but also to securing fertilizer and pesticides to keep them from falling into the wrong hands. Finally, the DATCP should actively practice the plans currently developed. As their colleagues in WEM and the DHFS will certainly confirm, having plans on the books and having all parties efficiently execute those plans are two different things.

In terms of food safety, there appears little more that the state can do regarding new regulations and guidelines. To devise new testing and screening regulations for every possible pathogen or contaminant would be nearly impossible and incredibly expensive. Instead, the state needs to continue to enforce existing regulations and increase WMD awareness among those inspecting Wisconsin's food and animal processing industries.

### **WEM**

The task of ensuring effective homeland security is challenging and difficult. Consequently, no state is fully prepared to deal with the effects of WMD terrorism at the present time. Wisconsin alone has tens of thousands of first responders who need to be trained and equipped. Seventy-two counties and more than

120 hospitals need to have competent and coordinated plans for WMD terrorism. Mostly due to the enormity of the task, the state's preparedness program is very much an ongoing project, one that WEM is well-positioned to direct and coordinate. Based on accounts by the local responders interviewed for this study, WEM has done a good job in distributing funding and offering training courses. Through those efforts, and the simultaneous efforts of the DHFS, Wisconsin should have well-trained and well-equipped first responders relying on a solid state-wide web of WMD terrorism response plans in place by 2004 or 2005. Regardless of this progress, some potential pitfalls remain.

A concern for taxpayers throughout the state, as well as the rest of the country, is the tendency of local officials to overreact to possible WMD threats. One example was the overreaction, in November 2001, by a small town in Pennsylvania to a hoax involving a "suspicious white powder." In that case, a fireman reported to work and informed his colleagues at the station that he had received a letter with white powder in it. The city proceeded to decontaminate 13 of his fellow firefighters and all of the equipment in the fire station. Between that decontamination effort, searching the fireman's home, and calling in backup firefighting personnel to cover for their colleagues who were in quarantine, the city incurred costs exceeding \$11,000. The firefighter's story was a total fabrication—and the white powder that he had planted turned out to be dishwashing detergent.<sup>66</sup>

A similar scenario could easily unfold in Wisconsin. The reason is that, whenever there is a "credible" threat of anthrax, official protocols call for full deployment of hazmat assets, decontamination of people and objects, and response crews dressed in level B suits. In these protocols, the word "credible" means just about any powdery white substance accompanied by a threatening message. The protocols fail to take into account that anthrax is treatable with antibiotics, particularly if it is caught early, and that the disease is not contagious. Furthermore, the protocols ignore the fact that chances are negligible that any powdery white substance in such an incident would actually be anthrax.<sup>67</sup> According to researchers at the Center for Nonproliferation Studies (CNS) in Monterey, California, between 1992 (the year of the first recorded anthrax hoax) and September 11, 2001, no "anthrax letters" actually contained anthrax. From 1992 to the present, just 7 of 1,600 (or 0.4 percent) letter-threat cases recorded by the CNS contained anthrax. These numbers do not include the millions of reports concerning "suspicious

white powder” called into 911 centers in the aftermath of the anthrax attacks in fall 2001.<sup>68</sup>

Because of these facts, officials should assume a substance is not anthrax until lab tests prove otherwise. Protective masks that filter out particles of 0.3 microns and smaller—the kind of mask painters wear—would be adequate for first responders investigating what will most likely be a hoax. Clinical observation, and not decontamination or fumigation, would be the rational step to take in treating people exposed to the substance in question. In addition to these measures, Wisconsin officials should formulate a better strategy for determining what a credible threat is. Needlessly calling in hazmat teams dressed in what appear to be space suits only increases fear in the public and frenzy in the media, leading to psychogenic illnesses among the public and increasing the likelihood that more people will send anthrax hoaxes. Protocols developed since the wave of bomb threats that occurred in the 1980s are good models to follow. Now, instead of evacuating a high school and calling in bomb technicians, officials use a sensible list of questions to assess the credibility of a bomb threat. If officials throughout Wisconsin adopted similar commonsense approaches for dealing with the upsurge in anthrax hoaxes after the fall of 2001, the emotional and monetary costs in responding to these hoaxes would fall substantially, and the media coverage associated with them would decrease.

Another possible area of improvement is Wisconsin’s REM system. In the urban areas in the southern part of the state, officials from neighboring municipalities and counties often train and exercise together and are familiar with each other’s WMD response plans. This cooperation is sensible because large-scale WMD attacks involving mass casualties would seriously challenge the abilities of even the largest counties in the state. Assets from neighboring areas would likely arrive on the scene long before those of state or federal governments. In the rural northern part of the state, those assets would be slower to arrive, making cooperation among counties in a given region even more important.

However, teams from neither County X nor County Y have exercised with their counterparts from neighboring counties, and neither county knows much about how their neighbors plan, train, or exercise for WMD incidents. In addition, neither county has even exercised its WMD plan with the regional hazmat team, nor are there plans for the regional hazmat teams to host WMD response exercises with all of the counties they serve.

Although such training exercises would allow responders from within a region to familiarize themselves with the plans, equipment, tactics, and personnel of other counties in their region—the ones they would most likely turn to first for help—state officials currently have no intention of instituting regional-based training.<sup>69</sup> WEM would be better served if it strengthened its regional structure, much like the DHFS is doing, so that regional officials are well versed in the plans and capabilities of the counties they serve, and county officials and first responders are more familiar with the response assets of their neighbors.

### DHFS

As far as public health is concerned, the DHFS appears to be doing an admirable job in setting forth a statewide WMD response plan. The problem areas noted at the county hospital level will soon be addressed through the planning efforts of the DHFS local public health department multijurisdictional consortia. In addition, communication between the hospitals and the CEM offices should improve with local bioterrorism task forces appearing around the state. Finally, before the end of 2003, Wisconsin will also possess a state-of-the-art communications and disease surveillance network.

One possible criticism of the DHFS plan is that it may become top heavy. As a result of this grant proposal, between 60 and 100 new jobs could eventually be created. A look at the proposal gives one the impression that policy makers could not decide whether new epidemiologists should be based at the state or regional level, so they compromised by hiring twice as many epidemiologists as necessary and placing them at both levels. In addition, a large number of advisory committees, associations, and coalitions will be meeting on average four times a year to make certain the grants are being spent efficiently. While state officials contend input from these groups is essential, the groups will likely slow the process down considerably—especially since some of them operate by consensus.

### On the Right Track

The DATCP, WEM, and the DHFS appear to be well on their way to formulating thoughtful policies for terrorism preparedness in the state. The DHFS in particular is following a very structured approach for encouraging Wisconsin’s hospitals to develop sound terrorism response plans. And even though the state has placed a premium on allowing each state agency and county office complete autonomy in developing their policies, the bottom

line is that the job is getting done for the most part. The most important aspect of all is that the state has placed WMD terrorism preparedness on its formal agenda. Plans are under development at all levels of government—from the most populated cities in the state to the far northern rural hinterlands. Officials are assessing vulnerabilities, capabilities, and are gathering to discuss their findings. This is a huge progression from where the state was in 1997.

<sup>1</sup> The NLD legislation was the federal government's first formal response to the Tokyo subway sarin gas attacks in 1995. The legislation originally provided WMD preparedness training and equipment funding for first responders in the nation's 120 largest cities. Since then, the program has grown to include 157 of the nation's cities and counties.

<sup>2</sup> Unfortunately, the amount of academic material analyzing the WMD terrorism preparedness efforts of the individual U.S. states is almost non-existent. Because of the lack of research in this field, comparisons between the efforts of Wisconsin in WMD terrorism domestic preparedness programs and those of other states are not possible at this time.

<sup>3</sup> Sharif Dumrham and Peter Maller, "30 Years Ago, Bomb Shattered UW campus; Anger over Vietnam Reached Tragic Climax in Sterling Hall Explosion," *Milwaukee Journal Sentinel*, August 20, 2000, p. 1A.

<sup>4</sup> In October 1997, Justin Clayton Samuel and Peter D. Young, both of Washington state, embarked on a cross-country road trip in which they "liberated" approximately 3,600 mink from multiple Wisconsin farms. The ALF targeted Wisconsin because it leads the nation in mink production, and the organization provided the list of mink farm addresses around the state that Samuel and Young used. Although they were indicted in 1998, Samuel was not apprehended until he was arrested in Belgium in September 1999. Young is still a fugitive. According to the U.S. Attorney's Office for the Western District of Wisconsin, Samuel was the first person convicted under the federal animal enterprise terrorism statute. He was sentenced to two years in federal prison with one year of supervised release and fined over \$360,000. United States Attorney, Western District of Wisconsin, Press Release, November 3, 2000, "Animal Rights Activist Sentenced to Maximum Term for Mink Releases in Nation's First Prosecution of Animal Enterprise Terrorism." Reprinted from < www.furcommission.com >. In separate incidents in August 1999, ALF activists released 2,400 mink from Krieger's Fur Farm in Bristol, Wisconsin. They also destroyed the farm's breeding records, greatly contributing to the damage. One week later an additional 3,000 mink were released from a farm in Plymouth, Wisconsin. That same night, the animal feed company that supplied the farm was set on fire, causing over \$1.5 million in damage. Rick Barrett, "Wisconsin Mink Farmers to Improve Security Measures After Vandalism," *Wisconsin State Journal*, August 10, 1999. Reprinted from < www.furcommission.com >.

<sup>5</sup> On July 20, 2000, ELF activists destroyed more than 500 pine and broadleaf trees and damaged ten vehicles at an experimental nursery run by the United States Forestry Service's Biotechnology Lab in Rhinelander, Wisconsin. The incident caused over \$750,000 in damage and erased 10 to 15 years of research. Ironically, the trees were being bred through natural screening methods, not genetics. The scientists were working on a cure for a cancer-type disease affecting trees. VandalWatch, "2000 Chronology of Vandalism," < www.cffar.org/vandalwatch/chronology/2000.html >.

<sup>6</sup> For ricin, see Kathleen Ostrander, "Janesville Man Charged With Possession of Toxin," *Milwaukee Journal Sentinel*, April 29, 1997. For anthrax hoaxes, see "Man Gets Prison for Anthrax Threat," *Milwaukee Journal Sentinel*, September 27, 2000, p. 3B. For the rat poison case, see Bob Secter, "Sausage Sizzles At Center Of Milwaukee Racial Tension Civil Rights: An Activist Black Alderman is Censured in a Product-Tampering Scare. His Defenders Say Real Issues are Ignored," *Los Angeles Times*, June 30, 1990, p. A22.

<sup>7</sup> "Water Officials Criticized for Slow Reaction," *Capital Times*, December 4, 1993, p. 6A.

<sup>8</sup> State of Wisconsin, Office of the Governor, "Governor's Task Force Compiles 'Frequently Asked Questions' Guide on Terrorism," October 13, 2001, < www.wisgov.state.wi.us/new\_detail.asp?prid=663 >.

<sup>9</sup> Wisconsin Emergency Management official (name withheld), interview with author, Monterey, California, July 10, 2002. According to this official, the state government felt compelled to establish a coordinating body to manage funds flowing to these two cities and any other money coming to the state for WMD terrorism preparedness.

<sup>10</sup> Ibid.

<sup>11</sup> Once the 53 counties reported back to the state, Wisconsin was able to update its statewide domestic preparedness plan. This plan was then forwarded to the federal Department of Justice in October 2001, making Wisconsin just the 10th state in the nation to submit its plan. When the Department of Justice approved that plan, the \$2.78 million was made available for the state to distribute back to the individual Wisconsin counties that had participated in the survey. State of Wisconsin, Office of the Governor, "Governor Announces Federal Approval of State Terrorism Plan: Approval Means Nearly \$2.8 million for Local Responders," November 5, 2001, < www.wisgov.state.wi.us/news\_detail.asp?prid=686 >. After the terrorist events of September 11th, there was renewed interest among the remaining counties that had not participated in the original survey. Now, 71 of the 72 counties have responded. Wisconsin Emergency Management official, (name withheld) interview by author, Monterey, California, July 10, 2002.

<sup>12</sup> The one notable exception is the leader of Wisconsin's Department of Justice, Attorney General James Doyle. Shortly after the creation of the task force, one editorial criticized the exclusion of the attorney general as a political ploy and suggested that Governor McCallum left Doyle off the task force only because he happened to be the governor's chief rival in the upcoming gubernatorial election. "Terrorism Task Farce," *Capital Times*, Madison, Wisconsin, September 27, 2001, p. 12A. Others suggest that the makeup of Wisconsin's statewide elected offices is to blame. The governor, attorney general, and two other positions are the only positions with a statewide constituency. Consequently, it is not likely that any governor would want an attorney general to head such a prominent task force; a governor would prefer to have one of his or her appointees head the task force. Similarly, it would be unlikely that any attorney general would want to serve on a committee led by an appointee of the governor. Senior WEM official, (name withheld), interview by author, Monterey, California, August 30, 2002. Although this seems a more plausible answer, the state should find a way to put its top law enforcement officer on its top terrorism panel. In September 2002, a permanent body will replace the Task Force on Terrorism Preparedness, providing an opportunity for the state to remedy this problem.

<sup>13</sup> Agricultural Resource Management official, (name withheld), interview by author, Monterey, California, July 12, 2002.

<sup>14</sup> The incident command system is a method used to coordinate not only facilities, equipment, and personnel, but also communication, procedures, and leadership within a distinct organizational structure. First pioneered in the California fire-fighting structure, incident command has found widespread support in police, fire, and emergency response departments throughout the country as a means to manage crisis situations.

<sup>15</sup> Agricultural Resource Management official, (name withheld), interview by author, Monterey, California, July 12, 2002.

<sup>16</sup> However, due to internal differences among the groups, it was not possible to have them all actively working together on the plan's development. Wisconsin Emergency Planner, State Veterinarian office (name withheld), interview by author, Monterey, California, November 23, 2001.

<sup>17</sup> World Dairy Expo, Press Release, July 9 2001.

<sup>18</sup> Bruce Friedrich, a vegan coordinator for the People for the Ethical Treatment of Animals (PETA), made these threats in a letter to the World Dairy Expo in summer 2001. In that letter, Friedrich informed the expo that he would be traveling to England shortly (during the FMD epidemic) and would be returning just in time for the international expo in October. He then made a thinly veiled threat to intentionally release FMD in Wisconsin because the destruction brought by the disease would convert more Americans into vegans and vegetarians. Dennis Chaptman, "Crop, livestock safeguards sought; Assembly GOP adds 'agri-terrorism' measure to budget," *Milwaukee Journal Sentinel*, June 22, 2001, p. 1B.

<sup>19</sup> World Dairy Expo, Press Release, July 9 2001, "World Dairy Expo Biosecurity Plan."



<sup>20</sup> Wisconsin Emergency Planner, State Veterinarian Office (name withheld), interview by author, Monterey, California, November 23, 2001.

<sup>21</sup> *Ibid.*

<sup>22</sup> Agricultural Resource Management official, (name withheld), interview by author, Monterey, California, July 12, 2002.

<sup>23</sup> Unless otherwise noted, all information regarding ARM stems from an Agricultural Resource Management official (name withheld), Department of Agriculture, Trade, and Consumer Protection, interview by author, Monterey, California, November 23, 2001.

<sup>24</sup> If the state determined additional substances needed to be tested, or that testing needed to occur more frequently, this official felt the demands would be too great to place on industry. Industry currently tests for substances that have a reasonable likelihood of actually being present. If industry was required to test for every possible poisonous substance, such as radioactive strontium, they would quickly lose their competitive advantage, and compliance rates would plummet. In the late 1980s, the federal Department of Agriculture attempted to address this problem by requesting that states send in their tested materials for an additional analysis of uncommon substances. For the first few years, the program was funded well and participation by the states was high. But during the recession of the early 1990s, funding dried up and states lost their interest. By the fifth year, the program ended completely because of lack of participation. Agricultural Resource Management official (name withheld), interview with author, Monterey, California, July 12, 2002.

<sup>25</sup> State of Wisconsin, 2001-2002 Budget, p. 441, < [www.legis.state.wi.us/2001/data/acts/01Act16.pdf](http://www.legis.state.wi.us/2001/data/acts/01Act16.pdf) > .

<sup>26</sup> This bill, AB613, died in the Wisconsin Senate after being approved by the state assembly. Wisconsin State Legislature, "History of Assembly Bill 613," < [www.legis.state.wi.us/2001/data/AB613hst.html](http://www.legis.state.wi.us/2001/data/AB613hst.html) > . Rep. Kestell may reintroduce this bill during the next legislative session. Staff member (name withheld), Office of Representative Steve Kestell, interview by author, Monterey, California, August 14, 2002.

<sup>27</sup> Wisconsin Emergency Management official (name withheld), interview by author, Monterey, California, August 29, 2002.

<sup>28</sup> The REM official frequently shares information to his or her counties via email. Regional Emergency Management official (name withheld), interview by author, Monterey, California, November 23, 2001.

<sup>29</sup> *Ibid.* In one particular area, the hospitals had created a system to keep track of the number of patients each hospital had and to share resources in the event of a large-scale incident. Each hospital had appointed a special coordinator who met with regional and county emergency management officials to discuss planning.

<sup>30</sup> As mentioned above, the regional offices are expected to serve as liaisons between the county and state offices. Therefore, if the regional offices were unaware of such planning, the state office would be as well. Not surprisingly, a similar problem existed at the state level. Even though WEM has been given the status of lead agency for coordinating all terrorism planning and preparations within each of the various state departments, no one at WEM could help put together an organizational chart of terrorism preparedness in the state. The senior official contacted in December 2001 said that, while WEM had an understanding of the roles, responsibilities, and capabilities of each of the departments on the Interagency Working Group on Terrorism, WEM did not know about specific offices or divisions in the other state agencies. For instance, this official had not heard of the Coordinating Council on Bioterrorism in DFHS. Wisconsin Emergency Management official (name withheld), interview by author, Monterey, California, December 10, 2001.

<sup>31</sup> Personal protective gear worn in hazmat duty is broken down into four categories, levels A-D. Level-D gear relates to ordinary clothing, which offers no particular protection from hazardous materials. Level-C gear typically includes a hazardous material-resistant, non-airtight suit, a respirator and mask capable of filtering out particulates .02 microns and smaller, and two layers of hazardous material-resistant gloves. Level-B gear consists of similar equipment to that of level C, with the exception of a self-contained breathing apparatus in lieu of a respirator. Level-A gear includes an airtight suit worn over the entire body, a self-contained breathing apparatus, and hazardous material-proof gloves. Accompanying these levels of protection are corresponding levels of hazmat training.

<sup>32</sup> For instance, the CEM was unaware whether the hospital would automatically lock down after a chem/bio attack, whether it had a negative air pres-

sure unit or decontamination facilities, or whether the hospital had worked out agreements with other hospitals in the area to lend assistance during an incident. He was also unsure whether hospital staff had received training on how to recognize and treat rare diseases such as anthrax or smallpox. County Emergency Management official (name withheld), interview by author, Monterey, California, November 23, 2001. This lack of knowledge was a concern because the regional WEM official I had spoken with about the same topics referred me to the CEM for specifics, since the counties are in charge of working out training, planning, and preparedness protocols with their individual hospitals. However, that regional official also conceded that public health previously had not received as much scrutiny and was just now beginning to receive attention. Regional Emergency Management official (name withheld), interview by author, Monterey, California, November 23, 2001.

<sup>33</sup> County X Emergency Management official (name withheld), interview by author, Monterey, California, July 3, 2002.

<sup>34</sup> Wisconsin Emergency Management official (name withheld), interview by author, Monterey, California, July 11, 2002.

<sup>35</sup> County X Emergency Management official (name withheld), interview by author, Monterey, California, July 3, 2002.

<sup>36</sup> The potential pitfall is that many rural and homogeneous counties such as his have produced numerous anti-government militia groups—groups that have shown interest in chemical and biological weapons in the past. One example is the 1994/95 case involving members of the Minnesota Patriots Council. That case resulted in the first, and only, conviction under the federal Biological Weapons Anti-Terrorism Act. The county involved in that case was nearly identical to County X in every demographic category. For a well-written analysis of that case, see Jonathan B. Tucker and Jason Pate, "The Minnesota Patriots Council (1991)," in Jonathan B. Tucker, ed., *Toxic Terror: Assessing Terrorist Use of Chemical and Biological Weapons* (Cambridge, MA: MIT Press, 2000), pp. 159-184.

<sup>37</sup> "My jurisdiction stops at the county line, so if the government gave me \$200,000 to \$300,000 to fight these groups, it would be a waste of money. That money would be better spent on three to four FBI agents." County X Chief Deputy Sheriff (name withheld), interview by author, Monterey, California, December 10, 2001.

<sup>38</sup> *Ibid.*

<sup>39</sup> County X Hospital official (name withheld), interview by author, Monterey, California, November 27, 2001.

<sup>40</sup> *Ibid.*

<sup>41</sup> County X Hospital official (name withheld), interview by author, Monterey, California, June 23, 2002.

<sup>42</sup> A hospital's main priority after a WMD incident is to protect its noncontaminated doctors, nurses, support staff, and patients from becoming contaminated. Therefore, it is necessary to fully decontaminate all WMD victims before they enter the hospital facilities. In a small-scale incident involving a chemical spill or the poisoning of a person by organophosphate chemicals, it is reasonable to believe that the victim(s) will arrive at the hospital already decontaminated by EMS. However, in a large WMD incident, more than 90 percent of the victims are likely to reach the hospital on their own. In order to prevent those individuals from entering the hospital before they are forced through a decontamination process, many hospitals have a policy to automatically lock down or otherwise control entry to their premises. Hospitals that do not have a lock-down plan in place are likely to be operating under the assumption that all victims will arrive at the hospital fully decontaminated. As seen in the aftermath of the sarin nerve gas attack in Tokyo in 1995, this is an unrealistic assumption.

<sup>43</sup> The county X emergency manager was also perplexed by this question. He was interested in what the hospital had to say about it. Clearly, no planning has been done in County X for decontaminating or treating a large number of victims. County X Emergency Management official (name withheld), interview with author, Monterey, California, July 3, 2002.

<sup>44</sup> *Ibid.*

<sup>45</sup> If the incident was too much for the regional hazmat team to control, he thought the federal government would be called in for assistance. However, he was unsure what types of resources they would bring to the table or who would actually be in charge of those federal assets. County Y Emergency Management

official (name withheld), interview with the author, Monterey, California, July 12, 2002.

<sup>46</sup> Ibid. However, he did express optimism that responders from his county would be able to work well with others from neighboring counties. This is because they are familiar with each other through other types of exercises and training.

<sup>47</sup> Ibid.

<sup>48</sup> Ibid. For instance, the County Y emergency manager was unsure whether the county had predetermined triage sites away from the hospitals to care for patients affected by the incident. He was also unsure about whether the hospital had an internal plan for chemical or biological terrorism, or whether its staff had received WMD-related training. He knew the hospital's decontamination capabilities were limited, but he was unsure how victims would be decontaminated if the hazmat teams were otherwise occupied. Finally, he was unsure how the county would deal with all of the people who were "worried-well." He hoped they would be able to keep that to a minimum through good information from the authorities.

<sup>49</sup> Ibid.

<sup>50</sup> County Y Sheriff's Department official (name withheld), interview with author, Monterey, California, July 9, 2002. When speaking with a hospital official from that county, she complained that law enforcement's idea of WMD preparedness in her county was the procurement of respirators. They did not know what make or model they wanted, they did not know what kind of filter they wanted, and they did not talk about training. "They just wanted masks." County Y Hospital official (name withheld), interview by author, Monterey, California, July 10, 2002.

<sup>51</sup> County Y Hospital official (name withheld), interview by author, Monterey, California, July 3, 2002.

<sup>52</sup> Ibid.

<sup>53</sup> County Z Emergency Management official (name withheld), interview by author, Monterey, California, July 15, 2002.

<sup>54</sup> Ibid.

<sup>55</sup> Ibid.

<sup>56</sup> The National Disaster Medical System is a federal program to share assets among federal government agencies, the states, volunteer organizations, and private industry in the event of a large-scale medical emergency. The thought is that no one city could effectively deal with an exceptionally large number of casualties. One aspect of the plan is to airlift noncritical patients to participating hospitals around the country to alleviate the pressure on the hospitals in the city or region that is affected. More information is available at the National Disaster Medical System website: < <http://ndms.dhhs.gov/NDMS/ndms.html> > .

<sup>57</sup> County Z Emergency Management official (name withheld), interview by

author, Monterey, California, July 15, 2002.

<sup>58</sup> Ibid.

<sup>59</sup> County Z Hospital Official (name withheld), interview by author, Monterey, CA, July 12, 2002.

<sup>60</sup> Ibid.

<sup>61</sup> Ibid.

<sup>62</sup> Department of Health and Family Services Official (name withheld), interview by author, Monterey, CA, July 10, 2002.

<sup>63</sup> However, this official expressed doubt that in a time of need, the warehouses would have adequate supplies on hand. He noted that Florida had similar arrangements with the various suppliers in that state. However, when the first anthrax case was reported last September, and the state moved to secure those drug stockpiles, it was informed that the warehouses had already sold out of the drugs because of a run on pharmacies from private citizens. Consequently, he believed the state would ultimately need to rely on the National Drug Stockpiles run by the CDC. Department of Health and Family Services official (name withheld), interview by author, Monterey, California, November 23, 2001.

<sup>64</sup> Ibid.

<sup>65</sup> Department of Health and Family Services official (name withheld), interview by author, Monterey, California, July 10, 2002.

<sup>66</sup> Associated Press, "Firefighter admits to anthrax hoax," in Lexis-Nexis, Academic Universe, < <http://web.lexis-nexis.com> > , October 18, 2001. Another classic example of overreaction by local officials occurred in Janesville, Wisconsin, in May 2002. In that instance, officials decided to drain a 5-million-gallon water reservoir after they discovered security had been breached at the reservoir. They drained the reservoir, which could have posed a serious problem to the city had a fire broken out, after all tests conducted on water samples from the reservoir came back negative. To contaminate a reservoir of that size would require more than two tons of some of the most toxic substances known to man—and most WMD terrorism agents are not even viable in water. Office of the Governor, "Responding to the September 11th Terrorist Attacks: Wisconsin's Terrorism Preparedness Efforts," June 14, 2002.

<sup>67</sup> State of Wisconsin, "General Anthrax Response Protocol," May 24, 2002, pp. 1-3.

<sup>68</sup> Anthrax expert, Center for Nonproliferation Studies (name withheld), interview by author, Monterey, California, July 15, 2002.

<sup>69</sup> The WEM official who was asked this question responded that, in his opinion, very little would be gained from having counties exercise together—or that much would be gained from the regional hazmat units exercising with all of the counties they serve in one large drill. WEM official (name withheld), interview by author, Monterey, California, July 12, 2002.