# [***Cities plan for bioterror attacks U.S. communities test preparedness for anthrax, smallpox outbreaks***](https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:47KH-XTW0-010F-R20S-00000-00&context=1516831)

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**Body**

TUCSON, Ariz. - Jeanne Williquett is playing her part well in a bioterrorism drama meant to test this city's readiness for an attack. She desperately tells anyone who will listen that she has anthrax.

"I have a fever," she tells a nurse, who nods along, trying to calm her. "They say anthrax starts with a fever."

Volunteers like Williquett, a hospice nurse, are helping local planners test Tucson's ability to quickly distribute antibiotics to a large number of people in response to a bioterrorist attack.

It's the sort of exercise other states and cities are likely to run as they work to upgrade and test their response systems. The federal government already has handed out $ 1 billion to help states plan for bioterrorism, with more on the way, and states are required to show they are making progress.

Just this month, federal officials conducted their own bioterrorism war game at the White House, playing out their response to a hypothetical international smallpox attack.

In Tucson, the three-day drill in November illustrated both the power and limitations of bioterrorism planning. Real nurses worked to calm Williquett and deal with other crises. But those in charge knew even before the test began exactly how the disaster was to unfold and just how they would handle it.

Local officials say simply planning the exercise helped them prepare for a real disaster, forcing coordination among police, fire, public health, pharmacists and others.

"When the big event happens, you have to know the person on the other end of that line is someone you can trust and is going to do the job," said Les Caid, a battalion chief for the Tucson Fire Department, a chief organizer.

But outside experts caution that if exercises aren't challenging enough, they can offer a false sense of security.

In Tucson, local planners are ahead of much of the nation, but it isn't clear whether the exercise actually tested their readiness for the worst.

Nationally, there is much work to be done.

Just one state, Florida, is ready to receive the federal stockpile of drugs and medical supplies needed in a disaster, according to a federal assessment this fall, although other states may have improved since then.

At the same time, many communities have little clue how they would handle a surge of injured patients or produce enough isolation beds to keep a crush of infectious people away from others.

A slew of new hires in public health, upgraded computer systems, detailed planning and drills like Tucson's are aimed at helping communities move ahead.

Bioterrorism planners from around the country came to watch Tucson's drill, looking for ideas.

"If something were to happen now, everyone has plans in place," said Vernon Jones, lead coordinator for the Fresco, Calif., Metropolitan Medical Response System. But independent plans developed by various local agencies aren't integrated, he said.

Jones plans to develop plans to deliver mass smallpox vaccinations and conduct a drill. Asked if he could vaccinate the 600,000 people in his community within a few days of an attack, he said bluntly: "No, nobody can."

In Montgomery County, Md., officials staged an exercise this fall that county police Capt. Mike Collins said identified several problems: Hospitals couldn't reach the public health department because someone had turned off the telephone ringer, and while they identified needed medical supplies, they didn't know how to get them.

In rural Graham County, Ariz., bioterrorism coordinator Dolores Herrera says the preparations are overwhelming. "It's so vague," she said. "Everything is a concept."

She said the county does not yet have a plan to dispense medicine in a mass attack.

Being in an isolated rural county two hours northeast of Tucson makes preparation particularly challenging, she said. "You only have so many nurses, so many doctors, so many pharmacists." And county officials have contacts but "no solid relationships" on Indian reservations.

The Tucson drill begins on a Wednesday when two men wielding fire extinguishers spray white gas representing anthrax spores onto a luncheon crowd.

Officials confirm that it's anthrax, and Arizona's governor immediately calls the federal Centers for Disease Control and Prevention in Atlanta to request backup medical supplies. The CDC's National Pharmaceutical Stockpile has 50-ton mobile pharmacies located at 12 sites across the country. These "push packs," which contain antibiotics, vaccines and medical supplies, can be delivered to any town in America inside 12 hours.

Early Thursday, a smaller version with pretend medicines arrives at an Arizona Air National Guard hanger.

There's no way to know who inhaled the anthrax spores, so anyone at the conference center during the attack will be given antibiotics, just in case.

The system works: By the end of the day, antibiotics are distributed to nearly 2,000 people.

The drill also succeeds in identifying at least a few holes in the system.

The push pack of medicines was driven to Arizona from neighboring New Mexico, and local officials were at the state line to meet it. But the truck driver was operating on Eastern Standard Time while the people waiting were on Mountain Time. They didn't have a ***cell phone*** number to reach the driver.

At the convention center, the instructional videos played so softly that they were inaudible to anyone more than a foot from the TV.

And in the midst of placing orders from the pharmaceutical stockpile, the phone lines went down.

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