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WISCONSIN LEGISLATIVE COUNCIL
ACT MEMO

<p align="center">2003 Wisconsin Act 186 [2003 Senate Bill 120]</p>	<p align="center">Emergency Response and Public Health</p>
<p>2003 Acts: www.legis.state.wi.us/2003/data/acts/</p>	<p>Act Memos: www.legis.state.wi.us/lc/act_memo/act_memo.htm</p>

2003 Wisconsin Act 186 resulted from 2003 Senate Bill 120, which was introduced by the Joint Legislative Council on the recommendation of the Special Committee on the Public Health System's Response to Terrorism and Public Health Emergencies. Information about the Special Committee, including a list of committee materials, a list of members, and summaries and audio recordings of meetings, is available at: <http://www.legis.state.wi.us/lc/2002studies/TERR/index.htm>.

Public Health Council

The Act creates a 23-member Public Health Council in the Department of Health and Family Services (DHFS). Members are nominated by the Secretary of DHFS and appointed by the Governor. The council must include representatives of health care consumers, health care providers, health professions educators, local health departments and boards, federally recognized American Indian tribes or bands, public safety agencies, and the Public Health Advisory Committee. The council is required to advise DHFS, the Governor, the Legislature, and the public on progress in implementing DHFS's 10-year public health plan and coordination of responses to public health emergencies.

Reimbursement for Quarantine Costs

The Act requires the state to reimburse local health departments for all of their expenses incurred in quarantining a person outside his or her home during a declared state of emergency related to public health and not reimbursed from federal funds.

Mutual Assistance

The Act creates three new provisions on mutual assistance. The first and second provisions relate to mutual assistance involving *local health departments* and *fire departments*. These provisions

This memo provides a brief description of the Act. For more detailed information, consult the text of the law and related legislative documents.

do not apply during a state of emergency declared by the Governor, since those situations are governed by the provision described in the next paragraph. Under the Act, upon the request of a local health department, the personnel of any other local health department may assist the requester within the requester's jurisdiction. Also, upon the request of a fire department, the personnel of any other fire department may assist the requester within the requester's jurisdiction. If a request for assistance is made under either of these provisions, payment for the requested services is made by one of the following methods: (1) if there is an agreement between the parties under the intergovernmental cooperation statute, or any other agreement between the parties, for the payment of services, the terms of the agreement are to be followed; or (2) if there is no such agreement, the governmental unit that receives the assistance is responsible for the personnel or equipment costs incurred by the responding agency if the responding agency requests payment of those costs.

The third provision, which relates to mutual assistance during a *state of emergency declared by the Governor*, states that upon the request of a city, village, town, or county, or a person acting under an incident command system (ICS), the personnel of any emergency management program, emergency medical services program, fire department, or local health department may assist the requester within the requester's jurisdiction. If such a request is made, the governmental unit that receives the assistance is responsible for the personnel or equipment costs incurred by the responding agency to the extent that federal, state, and other third-party reimbursement is available if: (1) the responding agency meets personnel and equipment requirements in the state plan of emergency management; and (2) the responding agency requests payment of those costs.

Incident Command System

The Act defines "incident command system" as "a functional management system established to control, direct, and manage the roles, responsibilities, and operations of all of the agencies involved in a multi-jurisdictional or multi-agency emergency response.

The Act requires that the state plan of emergency management require use of ICS, and specify the type of ICS, by all emergency response agencies, including local health departments, during an emergency declared by the Governor or by a municipality or in other multi-jurisdictional or multi-agency emergencies. County and municipal emergency management plans are subject to a similar requirement. In addition, DHFS is required to ensure that emergency operations are conducted using ICS during a declared public health emergency in which DHFS is designated as the lead state agency.

The Act also requires the Adjutant General to provide training in use of ICS in managing emergencies to local government officials, officers, and employees whose duties include responding to emergencies, including officers and employees of local health departments. The Adjutant General must consult with DHFS regarding the ICS training for local health department personnel. The Adjutant General is required to utilize federal funding to provide this training, to the extent possible.

Exemption From Liability

The statutes provide an exemption from liability for a person who provides equipment or services during a state of emergency declared by the Governor for the death of or injury to any person or damage to any property caused by his or her actions. The immunity does not apply if the person acted intentionally or with gross negligence. Under prior law, the exemption from liability applied only if the person provides the equipment or services under the direction of the Governor, the Adjutant General, or the head of emergency management services in any county, town, or municipality.

The Act amends the law so that the exemption from liability also applies if the person provides the equipment or services under the direction of DHFS, if that department is designated by the Governor as the lead state agency to address a public health emergency, or under the direction of a local health department that is acting as the agent of DHFS, or under the direction of the head of emergency management services for a federally recognized American Indian tribe or band.

Effective Date: The Act takes effect on April 22, 2004.

Prepared by: Richard Sweet, Senior Staff Attorney

April 20, 2004

RNS:tlujal



**WISCONSIN LEGISLATIVE COUNCIL
AMENDMENT MEMO**

2003 Senate Bill 120

**Senate Amendments 1 (and
Senate Amendments 1 and 2 to
Senate Amendment 1) and 2 and
Assembly Amendment 3**

Memo published: March 11, 2004

Contact: Richard Sweet, Senior Staff Attorney (266-2982)

Senate Bill 120 was introduced by the Joint Legislative Council on the recommendation of the Special Committee on the Public Health System's Response to Terrorism and Public Health Emergencies.

Senate Bill 120 does the following: (1) creates a 17-member Public Health Council in the Department of Health and Family Services (DHFS), with specified types of members; (2) requires the state to reimburse local health departments for expenses in quarantining a person outside his or her home during a declared public health emergency; (3) establishes a statewide system of mutual aid for emergency management programs, emergency medical services programs, fire departments, and local health departments; (4) requires use of the incident command system (ICS) in managing emergencies and training of specified personnel in the use of ICS; (5) amends the statute that creates an exemption from liability for persons acting during a declared emergency to also include persons acting under the direction of DHFS or a local health department that is an agent of DHFS during a declared public health emergency; and (6) prohibits threats to release chemical, biological, or radioactive substances.

Senate Amendment 1 makes the following changes to the bill:

1. The amendment inserts references to "federally recognized American Indian tribes or bands" in provisions of the bill that deal with membership of the Public Health Council, mutual aid, immunity from liability, and reimbursement of quarantine expenses.

2. Under the provisions of the bill dealing with mutual aid, upon request, the personnel of any emergency management program, emergency medical services program, fire department, or local health department may assist the requester within the requester's jurisdiction. The program or department employing the personnel acting in response to the request is responsible for any personnel-related cost.

The amendment modifies the provision of the bill dealing with payment for personnel or equipment costs in mutual aid situations. Under the amendment, if there is an agreement in place under the intergovernmental cooperation statute [s. 66.0301, Stats.] for the payment of the services, the terms of the agreement are to be followed. However, even if there is such an agreement, if the state plan of

emergency management is in effect and a request for assistance is made under the plan, the governmental unit that receives the assistance is responsible for the personnel or equipment costs incurred by the responding agency if the responding agency meets the personnel and equipment requirements in the plan. If there is no intergovernmental cooperation agreement for the payment of those services under s. 66.0301, Stats., the governmental unit that receives the assistance is responsible for the personnel or equipment costs incurred by the responding agency.

3. The bill specifies that the state plan of emergency management (which is developed by the Adjutant General, with the advice of DHFS, and subject to approval by the Governor) must require the use of ICS by all emergency response agencies during declared emergencies or in any other multi-jurisdictional or multi-agency emergency response. The amendment modifies this to require that the state plan of emergency management must specify equipment or personnel standards and must specify the type of ICS to be used.

4. The amendment deletes the provision of the bill that penalizes threats to release chemical, biological, or radioactive substances. (This conduct was already prohibited by 2003 Wisconsin Act 104, which took effect on December 30, 2003.)

Senate Amendment 1 to Senate Amendment 1 modifies the provisions of the amendment that relate to mutual aid. Senate Amendment 1 refers to agreements under the intergovernmental cooperation statute. The amendment to the amendment adds a reference to "any other agreements between the parties."

Senate Amendment 2 to Senate Amendment 1 also modifies the provisions of the amendment that relate to mutual aid. In the provisions of the amendment that specify that the requesting agency is responsible for personnel or equipment costs of the responding agency in certain circumstances, the amendment to the amendment adds "if the responding agency requests payment of those costs."

Senate Amendment 2 increases the size of the Public Health Council from 17 members to 23 members.

Assembly Amendment 3 modifies the provisions of the engrossed bill that relate to mutual assistance to create three provisions on mutual assistance: (1) a provision that applies when there is no state of emergency declared by the Governor and that relates only to services of local health departments; (2) a provision that applies when there is no state of emergency declared by the Governor and that relates only to services of fire departments; and (3) a provision that applies only during a state of emergency declared by the Governor and that relates to services of emergency management programs, emergency medical services programs, fire departments, and local health departments.

The first and second provisions relate to mutual assistance involving *local health departments* and *fire departments*. These provisions do not apply during a state of emergency declared by the Governor, since those situations are governed by the provision described in the next paragraph. Under the amendment, upon the request of a local health department, the personnel of any other local health department may assist the requester within the requester's jurisdiction, notwithstanding any other jurisdictional provision. Also, upon the request of a fire department, the personnel of any other fire department may assist the requester within the requester's jurisdiction, notwithstanding any other jurisdictional provision. If a request for assistance is made under either of these provisions, payment for the requested services is made by one of the following methods: (1) if there is an agreement between the parties under the intergovernmental cooperation statute, or any other agreement between the parties, for the payment of services, the terms of the agreement are to be followed; or (2) if there is no such

agreement, the governmental unit that receives the assistance is responsible for the personnel or equipment costs incurred by the responding agency if the responding agency requests payment of those costs.

The third provision, which relates to mutual assistance during a *state of emergency declared by the Governor*, states that upon the request of a city, village, town, or county, or a person acting under an incident command system, the personnel of any emergency management program, emergency medical services program, fire department, or local health department may assist the requester within the requester's jurisdiction, notwithstanding any other jurisdictional provision. If a request for assistance is made under this provision, the governmental unit that receives the assistance is responsible for the personnel or equipment costs incurred by the responding agency to the extent that federal, state, and other third-party reimbursement is available if: (1) the responding agency meets personnel and equipment requirements in the state plan of emergency management; and (2) the responding agency requests payment of those costs.

Legislative History

Senate Amendment 1 to Senate Bill 120 was introduced by the Senate Committee on Homeland Security, Veterans and Military Affairs and Government Reform. On December 23, 2003, that committee recommended adoption of the amendment, and passage of the bill as amended, both by votes of Ayes 5, Noes 0.

Senate Amendment 1 to Senate Amendment 1 was introduced by the Joint Committee on Finance. On February 4, 2004, that committee recommended adoption of Senate Amendment 1 to Senate Amendment 1 by a vote of Ayes 16, Noes 0; adoption of Senate Amendment 1 by a vote of Ayes 14, Noes 2; and passage of the bill as amended by a vote of Ayes 15, Noes 1.

Senate Amendment 2 to Senate Amendment 1 and Senate Amendment 2 were introduced by Senator Ronald Brown. On March 2, 2004, the Senate adopted Senate Amendments 1 and 2 to Senate Amendment 1, Senate Amendment 1, and Senate Amendment 2, all by voice votes; and passed the bill as amended by a vote of Ayes 29, Noes 2.

Assembly Amendment 3 was introduced by Representative J.A. Hines. On March 10, 2004, the Assembly adopted the amendment, and concurred in the bill as amended, both by voice votes.

RNS:wu:ksm:jal

MATTEO



COUNTY OF KENOSHA

Dennis R. Schulz, Director
Department of Human Services

Frank G. Matteo, Director
Division of Health
714 52nd Street
Kenosha, WI 53140
Phone: (262) 605-6700
Fax: (262) 605-6715

April 23, 2003

State Senator Ron Brown
State Capitol
Room 104 South
PO Box 7882
Madison, WI 53707-7882

APR 28 2003

RE: Support of Senate Bill 120

Dear State Senator/Chairperson Brown:

I am writing this letter as the local Public Health Officer for Kenosha County to request your support for Senate Bill 120 which has been referred to your "Committee on Homeland Security, Veterans and Military Affairs, and Government Reform" for discussion and possible passage.

This proposed legislation creates a public health council, reimburses local health departments for quarantines, establishes a statewide system for mutual aid for emergency management programs, emergency medical services, fire departments, and local public health departments, exempts liability during a state of emergency, requires the use of an incident command system in emergencies, and establishes penalties for person/s making chemical, biological, or radioactive substance threats.

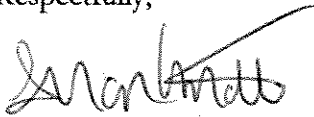
This particular language is very much needed, not only by the public health system, but by all of the first responders to any public health emergency that may include terrorist threats and/or actual events that may occur in the State of Wisconsin.

I testified before the "Special Joint Legislative Committee on the Public Health System's Response to Terrorism and Public Health Emergencies" and many of my concerns and other public health official's issues are satisfactorily addressed in Senate Bill 120.

Page 2

I appreciate your very important function as part of our state system of government and ask that you consider this legislation as a very positive direction to take in protecting the health of the residents of Wisconsin.

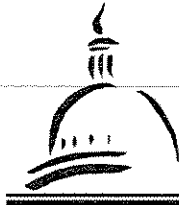
Respectfully,

A handwritten signature in black ink, appearing to read "Frank G. Matteo". The signature is fluid and cursive, with a prominent flourish at the end.

Frank G. Matteo, H.O., M.A.
Health Officer/Director

FGM/kjk

cc: Allan K. Kehl
Michael J. Serpe
Dennis R. Schultz
State Representative Jim Kreuser
State Representative Samantha Kerkman
State Representative John Steinbrink



Wisconsin State Senator

Ron Brown

District 31

May 6, 2003

Senator Fitzgerald and Representative Albers
Joint Review committee on Criminal Penalties
316 South State Capitol
Madison, WI 53707

Dear Senator Fitzgerald:

Pursuant to section 13.525 (5), Wisconsin Statutes, the Co-Chairs of the Joint review committee on Criminal Penalties shall prepare and submit a report in writing setting forth an opinion under the above statute on Senate Bill 120, relating to creating a public health council, reimbursement for quarantine costs, intrastate mutual aid, requiring use of the incident command system in an emergency, exemption from liability during a state of emergency, threats to release or disseminate harmful chemical, biological, or radioactive substances, making appropriations, and providing a penalty.

Sincerely,

Ron Brown
State Senate
31st District

cc: Senate Chief Clerk



May 6, 2003

Representative Albers and Senator Fitzgerald
Joint Review committee on Criminal Penalties
3 North State Capitol
Madison, WI 53707

Dear Representative Albers:

Pursuant to section 13.525 (5), Wisconsin Statutes, the Co-Chairs of the Joint review committee on Criminal Penalties shall prepare and submit a report in writing setting forth an opinion under the above statute on Senate Bill 120, relating to creating a public health council, reimbursement for quarantine costs, intrastate mutual aid, requiring use of the incident command system in an emergency, exemption from liability during a state of emergency, threats to release or disseminate harmful chemical, biological, or radioactive substances, making appropriations, and providing a penalty.

Sincerely,

A handwritten signature in black ink that reads "Ron Brown". The signature is fluid and cursive, written over a light blue horizontal line.

Ron Brown
State Senate
31st District

cc: Senate Chief Clerk

Wawrzyn, James

From: Sweet, Richard
Sent: Thursday, May 08, 2003 9:40 AM
To: Wawrzyn, James
Cc: Shannon, Pam; Offerdahl, Mary
Subject: SB 120 (emergency response)

James:

I got a call from Ken Terrill at DNR about a couple of the provisions in Senate Bill 120, the Leg. Council bill on emergencies. He was specifically interested in the provisions dealing with mutual aid and incident command. Ken volunteered his help as we are working on the bill, as well as the help of Dave Woodbury, the emergency response coordinator for DNR. It sounds like they both have a lot of experience in the emergency response area (primarily regarding fire-fighting) and both have worked with Sen. Brown in the past on this issue.

Dick Sweet

Senior Staff Attorney
Wisconsin Legislative Council
(608)266-2982
richard.sweet@legis.state.wi.us



Phone: (800) 833-9595
FAX: (800) 833-8088

7633 Ganser Way
Suite 200
Madison, WI 53719

June 30, 2003

To: League of Wisconsin Municipalities Insurance Plan Members

From: Dennis Tweedale

Re: Mutual Aid Agreements – Fire/Ambulance Service

Two weeks ago I spoke at the 2003 Wisconsin Clerks, Treasurers & Finance Officers Institute insurance session, and raised a concern about Mutual Aid Agreements – in particular, clauses that obligate the requesting community to assume the liability and employee benefit costs of responding communities. The following are several examples of contract language that would be troublesome from an insurance perspective:

1. The assisted municipality will pay the City within sixty (60) days of invoice all personnel costs associated with a HAZMAT response. Personnel costs shall include, without limitation because of enumeration, regular and overtime compensation, salary and fringe benefits (including contributions to Wisconsin Retirement Fund) and Workers Compensation benefits and disability retirement benefits.
2. The agency requesting mutual aid assistance shall be legally responsible and shall hold harmless a responding municipality from third party actions while they are performing duties at the scene of the emergency in the aided community. Performing duty shall include the movement of any equipment or the use of material at the scene of the emergency in the aided community.
3. The municipality requesting mutual aid agrees to hold harmless a responding municipality, its employees, officials and agents from third party actions arising out of the performance of response services at the scene of an emergency in the aided municipality, or at the scene of a HAZMAT incident

Solution? – Use language similar to the following two examples on the back of this letter. As with all contracts, be sure to seek approval from your city or village legal counsel before making any changes.

Example 1

- a. The fire department furnishing such personnel and/or trucks and equipment, shall keep and maintain necessary workmen's compensation insurance on the personnel furnished - in accordance with Chapter 102 Wisconsin Statutes.
- b. Each party agrees and represents that it has insurance and shall continue to insure its trucks, apparatus, and equipment and activities against claims for injuries or property damage under a commercial liability policy in an amount deemed adequate by the responding party.
- c. No signatory shall be held liable to another signatory for damages, loss of equipment, injury to personnel, or payment of compensation arising as a result of assistance rendered under the terms of this agreement.
- d. If a member of a fire department is killed or injured while officially responding to, or returning from or acting at the emergency under this Mutual Aid agreement, the department of which he is a member shall grant him/her the same compensation and insurance benefits that it would be if the emergency were in his/her own territory.

Example 2

The parties to this Mutual Aid Agreement agree that the requesting fire department's responsibility for loss, damage, legal expense, and claims of any nature arising out assistance provided by responding fire department will be satisfied by payment of the following schedule of charges:

Workers' Compensation	\$ _____ Per \$100 of payroll charged to incident
WI Retirement System, including disability benefit	\$ _____ Per \$100 of payroll charged to incident
Life Insurance	\$ _____ Per \$100 of payroll charged to incident
Accidental Death & Disability Insurance	\$ _____ Per \$100 of payroll charged to incident
Supplemental Long-Term Disability Benefit	\$ _____ Per \$100 of payroll charged to incident
Property Damage	\$ _____ Per Incident
Auto Liability	\$ _____ Per Incident
Commercial General Liability	\$ _____ Per Incident
Pollution Liability	\$ _____ Per Incident

The above schedule of charges reflects insurance industry charges.

Each party to this agreement waives subrogation rights for any payments made to any party as a result of participation in this agreement.

The intent of this amendment is to make the expense for claims and damages cost neutral to both parties.

If you have any questions, please call.

cc: Sherry Lee, League of Wisconsin Municipalities



Chippewa Falls Fire and Emergency Services Department

211 Bay Street, Chippewa Falls, WI 54729 - (715) 723-5710
Fax: (715) 726-2751

JUL 30 2003

STATE SENATOR RON BROWN
STATE CAPITOL
PO BOX 7882
MADISON WI 53707 - 7882

JULY 28, 2003

Dear Senator Brown,

As fire chief of the Chippewa Falls Fire and Emergency Services Department I am writing this letter with concerns we have of Senate Bill 120 as it relates to the Incident Command System and Mutual Aid reimbursement. I understand this bill is currently in your committee.

This bill has language that will negatively change the way mutual aid assistance is both asked for and given in the state of Wisconsin. Specifically the following:

Page 4, lines 24 and 25 allow "any person in the incident command system" to request mutual assistance. This should be limited to the incident commander or his/her designee.

Page 5, lines 4 and 5 "provide that the agency providing mutual assistance **shall** be responsible for personnel-related costs." This will result in agencies refusing to provide mutual aid assistance and is in direct conflict with how both the regional Level "A" Haz-mat teams have been working along with the entire fire service in the state of Wisconsin.

There is also language in SB 120 that is sensitive to cost recovery issues and other mutual aid language. Please consider these concerns of the fire service as your committee proceeds with this bill.

Sincerely,

Thomas K. Larson, Fire Chief
Chippewa Falls Fire and Emergency Services

Home of The World's Purest Water

Gilbert, Melissa

From: Theresa M. Hottenroth [THottenroth@boardmanlawfirm.com]
Sent: Tuesday, October 07, 2003 4:56 PM
To: melissa.gilbert@legis.state.wi.us
Subject: SB 120

Tuesday 10/7/03

Dear Missy,

As we discussed, I've done a fair amount of exploring re Senate Bill 120, the work product of the Legislative Council Special Committee on the Public Health System's Response to Terrorism and Public Health Emergencies. I found that there are only two points of contention or problem areas, at least one of which is easily resolvable.

1. There are mutual aid provisions in the bill designed to address the situation where a local health department needs the resources of a higher-level counterpart in another municipality. These provisions were intended to mirror the fire department mutual aid arrangements, but something went astray in the drafting. As currently drafted, the bill provides that the agency asking for help doesn't pay the bill, and the agency giving the help does pay the bill. Apparently what was intended was that the agency giving the help would initially absorb the costs, keep track of staff time and other expenses, and at the end of the day seek reimbursement from FEMA, the state if it were a declared public health emergency, or the requesting agency or municipality (not be stuck with the tab itself). However, the agency requesting the help wouldn't have to come up with money on the spot to cover staff salaries and so on. In the drafting process, the draft stopped with having the agency giving the help assume responsibility for the costs. Obviously this would be unfair and a strong disincentive to give aid to less sophisticated departments. Consensus is that the draft doesn't reflect what the study committee or Leg Council meant to do; they meant to mirror the fire departments' usual arrangements, with the caveat that what I've described above is the "default" position which can be overridden by mutual aid agreements, intergovernmental cooperation agreements, etc.

2. The bill calls for a statutory Public Health Advisory Council. Sec. Nelson and Gov. Doyle have now apparently decided that this should not be statutory, but left to the discretion of the administration. There is currently such a Council. The study committee debated at some length whether this should be statutory, and all agreed with one exception (Rep. Hank Urban, who said he disagreed because he thought it was outside the scope of the committee's work assignment, not because he disagreed with the concept - he supported the concept). This is, to us (WALHDAB and the Leg Council committee), an issue of assuring the importance and visibility of public health personnel in a huge department where at any time an administration could decide to disband the council, without statutory directives otherwise. As noted, the current administration has a Public Health Advisory Council; we also have lots of similar bodies mandated by statute, e.g., Statewide Trauma Advisory Committee, EMS Council, many others. My own feeling is that if that's the Administration's only objection to the bill, I can't picture them using a lot of political capital against all the rest of the good stuff in the bill.

In addition, I will be talking with Gary Radloff about the possibility of using SB 120 to bring the Ch. 251 health department level definitions into conformance with the state health plan. DHFS is drafting new administrative rules for what constitutes a Level 1, 2, or 3 health department, but those rules can't go anywhere until they/we fix the

statutes governing that. We'd previously discussed using SB 120 as a vehicle to fix this technical problem. It may well be that DHFS will agree to quieten its opposition to a statutory PHAC if the bill also takes care of the current problem with Ch. 251 definitions of local health department requirements.

(And for what it's worth, even people in the department were apparently surprised - and disheartened - to learn recently that Sec. Nelson and Gov. Doyle didn't like the statutory PHAC proposal. General consensus is that if we're serious about bioterrorism, SARS, emerging outbreaks of environmental illness and communicable diseases, and so on, we better have something like a PHAC at a pretty visible level.)

So - hopefully, with this, we can go forward with a hearing and action on SB 120 in the next few weeks, as we'd discussed. I will plan to work on some amendment language to fix the mutual aid piece, and will follow up with Gary Radloff. Let's touch base after tomorrow's hearing.

Thanks so much -

Terry Hottenroth

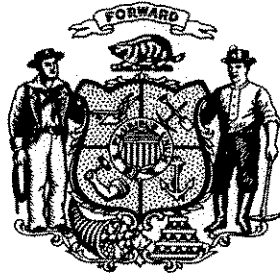
State of Wisconsin
JOINT LEGISLATIVE COUNCIL

OCT 13 2003

Co-Chairs

ALAN LASEE
President, State Senate

STEVE WIECKERT
Representative, State Assembly



LEGISLATIVE COUNCIL STAFF

Terry C. Anderson
Director

Laura D. Rose
Deputy Director

TO: MEMBERS OF THE SENATE COMMITTEE ON HOMELAND SECURITY,
VETERANS AND MILITARY AFFAIRS AND GOVERNMENT REFORM

FROM: Terry C. Anderson, Director *TCA*

RE: Hearing on 2003 Senate Bill 120

DATE: October 13, 2003

Enclosed, for your information, is a copy of Wisconsin Legislative Council Report to the Legislature, RL 2003-02, dated April 23, 2003.

The following recommendation of the Special Committee on the Public Health System's Response to Terrorism and Public Health Emergencies has been referred to your committee:

2003 Senate Bill 120, relating to creating a public health council, reimbursement for quarantine costs, intrastate mutual aid, requiring use of the incident command system in an emergency, exemption from liability during a state of emergency, threats to release or disseminate harmful chemical, biological, or radioactive substances, making appropriations, and providing a penalty.

Senate Bill 120 is scheduled to be considered by your committee at its meeting which will be held on *Wednesday, October 15, 2003, beginning at 1:00 p.m., in Room 330 Southwest, State Capitol.*

If you have any questions relating to the above report or bill, please feel free to contact Richard Sweet, Senior Staff Attorney, at 266-2982 or Pam Shannon, Senior Staff Attorney, at 266-2680.

TCA:wu;ksm

Enclosure



WISCONSIN LEGISLATIVE COUNCIL
REPORT TO THE LEGISLATURE

SPECIAL COMMITTEE ON
THE PUBLIC HEALTH
SYSTEM'S RESPONSE TO
TERRORISM AND PUBLIC
HEALTH EMERGENCIES

April 23, 2003

RL 2003-02

**SPECIAL COMMITTEE ON
THE PUBLIC HEALTH SYSTEM'S RESPONSE TO TERRORISM AND
PUBLIC HEALTH EMERGENCIES**

Prepared by:
Richard Sweet and Pam Shannon, Senior Staff Attorneys
April 23, 2003

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PART I

KEY PROVISIONS OF COMMITTEE RECOMMENDATION

The Joint Legislative Council has introduced the following legislation in the 2003-04 Session of the Legislature based on the recommendations of the Special Committee on the Public Health System's Response to Terrorism and Public Health Emergencies:

2003 SENATE BILL 120, RELATING TO CREATING A PUBLIC HEALTH COUNCIL, REIMBURSEMENT FOR QUARANTINE COSTS, INTRASTATE MUTUAL AID, REQUIRING USE OF THE INCIDENT COMMAND SYSTEM IN AN EMERGENCY, EXEMPTION FROM LIABILITY DURING A STATE OF EMERGENCY, THREATS TO RELEASE OR DISSEMINATE HARMFUL CHEMICAL, BIOLOGICAL, OR RADIOACTIVE SUBSTANCES, MAKING APPROPRIATIONS, AND PROVIDING A PENALTY

- Creates a Public Health Council in the Department of Health and Family Services (DHFS) to monitor implementation of the state's 10-year public health plan, *Healthiest Wisconsin 2010*, and coordination of responses to public health emergencies.
- Reimburses local health departments for their costs in quarantining persons during the period of a public health emergency declared by the Governor.
- Establishes a statewide system of mutual aid for emergency management programs, emergency medical services (EMS) programs, fire departments, and local health departments during periods of emergency.
- Requires use of the incident command system (ICS) (a functional management system for assigning responsibilities of various parties during emergencies) by all emergency response agencies, including local health departments, in responding to emergency situations and inclusion of local government officials and local health department personnel in incident command training.
- Provides immunity from liability to persons acting under the direction of DHFS or a local health department during the period of a public health emergency declared by the Governor in which DHFS is designated as the lead state agency.
- Penalizes threats to release or disseminate chemical, biological, or radioactive substances.

PART II

COMMITTEE ACTIVITY

ASSIGNMENT

The Joint Legislative Council established the Special Committee and appointed the co-chairs by a May 22, 2002 mail ballot and appointed the members by a July 15, 2002 mail ballot. The Special Committee was directed to examine: (1) the capacity of the public health system, and the adequacy of state laws to enable that system, to detect and respond quickly to a terrorist act or public health emergency; (2) the coordination of activities of the public health system with other systems involved in responding to a terrorist act or public health emergency; and (3) the adequacy and flexibility of resources available to these systems that can be used to detect and respond to terrorist acts and public health emergencies.

The membership of the Special Committee consisted of two Senators, four Representatives, and eight public members. [A list of the committee membership is set forth in *Appendix 3*.]

SUMMARY OF MEETINGS

The Special Committee held four meetings in Madison on the following dates:

September 4, 2002

October 2, 2002

November 13, 2002

December 17, 2002

September 4, 2002. The Special Committee reviewed a Staff Brief on selected laws and programs in Wisconsin relating to public health emergencies and the emergency management system. The committee heard testimony from speakers from the federal Centers for Disease Control and Prevention, the Division of Emergency Management in the Department of Military Affairs, the Division of Public Health in DHFS, St. Mary's Hospital in Madison, and the Marathon County Health Department in Wausau.

October 2, 2002. The Special Committee held a public hearing. The committee received testimony from the co-chairs of the Governor's Task Force on Terrorism Preparedness, staff of the Division of Public Health in DHFS, a panel representing the Wisconsin Public Health Association, the Wisconsin Association of Local Health Departments and Boards, and the Wisconsin Environmental Health Association, and various local health officials. The committee also heard from two physicians working in the public health area, a representative of the Wisconsin Nurses Association, and a representative of the Survival Coalition of Wisconsin Disability Organizations.

November 13, 2002. The co-chairs of the Governor's Task Force on Terrorism Preparedness presented the Final Report of the Task Force, which was completed in October 2002. The committee reviewed a staff memorandum which compiled the preliminary suggestions made to date by committee members and speakers. The committee directed staff to prepare eight bill drafts on various subjects, several of which incorporated Task Force recommendations, as

well as several letters containing nonlegislative recommendations to various state and federal officials and other persons.

December 17, 2002. The Special Committee reviewed eight bill drafts, voted to approve six of the drafts with some modifications, and directed staff to combine them into a single bill draft for consideration by the Joint Legislative Council. The committee also voted to send letters with committee recommendations that did not require statutory changes to: DHFS Secretary-Designate Helene Nelson; Governor-Elect James E. Doyle; Department of Health and Human Services Secretary Tommy G. Thompson and the Wisconsin Congressional Delegation; and John Laabs of the Wisconsin Broadcasters Association and Thomas S. Hanson of the Wisconsin Cable Communications Association. [The letters are described and reproduced under Part IV.]

PART III

RECOMMENDATION INTRODUCED BY THE JOINT LEGISLATIVE COUNCIL

This part of the report provides background information on, and a description of, the bill recommended by the Special Committee on the Public Health System's Response to Terrorism and Public Health Emergencies for introduction in the 2003-04 Session of the Legislature and subsequently introduced by the Joint Legislative Council.

2003 SENATE BILL 120, RELATING TO CREATING A PUBLIC HEALTH COUNCIL, REIMBURSEMENT FOR QUARANTINE COSTS, INTRASTATE MUTUAL AID, REQUIRING USE OF THE INCIDENT COMMAND SYSTEM IN AN EMERGENCY, EXEMPTION FROM LIABILITY DURING A STATE OF EMERGENCY, THREATS TO RELEASE OR DISSEMINATE HARMFUL CHEMICAL, BIOLOGICAL, OR RADIOACTIVE SUBSTANCES, MAKING APPROPRIATIONS, AND PROVIDING A PENALTY

Public Health Council

Background

Under current s. 15.04 (1) (c), Stats., in addition to any council specifically created by law, departments are given the authority to create and appoint such councils or committees as the operation of the department requires. DHFS has created the Public Health Advisory Committee. That committee consists of 33 members, including two vacant positions, who represent various associations and educational institutions with an interest in public health. The committee advises the Secretary of DHFS on public health matters and also is a mechanism by which member organizations can learn about public health activities at the state level.

Description of the Bill

The bill creates a 17-member Public Health Council in DHFS. The council must include representatives of health care consumers, health care providers, health professions educators, local health departments and boards, public safety agencies, and the Public Health Advisory Committee established by the Secretary of DHFS.

The council is required to advise DHFS, the Governor, the Legislature, and the public on progress in implementing DHFS's 10-year public health plan and coordination of responses to public health emergencies.

Reimbursement for Quarantine Costs

Background

Current law provides DHFS and local officers acting on behalf of DHFS with the authority to require isolation or quarantine of certain individuals as may be necessary. In addition, during the period under which DHFS is designated as the lead state agency in response to a public health emergency that has been declared by the Governor, DHFS may order

individuals to receive vaccinations unless the vaccination is reasonably likely to lead to serious harm to the individual or unless the individual, for reasons of religion or conscience, refuses to obtain the vaccination. During such a declared public health emergency, DHFS may isolate or quarantine any person who is unwilling or unable for any of these reasons to receive a vaccination.

Under current law, expenses for necessary medical care, food, and other articles needed for the care of the infected person are charged against the person or whoever is liable for the person's support. The county or municipality in which a person with a communicable disease resides is liable for the following expenses of the local health department: (1) the expense of employing guards for a quarantine; (2) the expense of maintaining quarantine and enforcing isolation of the quarantined area; (3) the expense of conducting examinations and tests for disease carriers; and (4) the expense of care provided to a dependent person.

Description of the Bill

The bill requires the state to reimburse local health departments for all of their expenses incurred in quarantining a person outside his or her home during a declared state of emergency related to public health and not reimbursed from federal funds.

Reimbursement would be made from one of two state sum sufficient appropriations: (1) a DHFS appropriation created in this bill, if the Governor has called a state of emergency related to public health under s. 166.03 (1) (b) 1., Stats., and has designated DHFS as the lead state agency; or (2) an existing Department of Military Affairs (DMA) appropriation, if the Governor has called a state of emergency related to public health under s. 166.03 (1) (b) 1., Stats., but has not designated DHFS as the lead state agency.

Intrastate Mutual Aid

Background

Currently, law enforcement agencies are authorized to enter into mutual aid agreements with other law enforcement agencies in the state, under s. 66.0313 (2), Stats. The personnel of the agency furnishing assistance are considered employees of the requesting agency while providing assistance. Law enforcement agencies may also enter into mutual aid agreements with law enforcement agencies in adjacent states.

The state is party to a compact for interstate emergency management mutual aid, but there is no specific statutory provision for intrastate emergency management mutual aid. The statutes provide that counties, towns, and municipalities may cooperate through an intergovernmental contract to provide and finance emergency management services and combine offices. Generally, this contracting has been between adjacent counties.

Fire departments throughout the state operate under mutual aid agreements with other in-state fire departments that are not specifically provided for in statutes. These mutual aid agreements appear to fall under the general language of s. 66.0301, Stats., which permits municipalities to enter into intergovernmental cooperation agreements. A provision of the Wisconsin Administrative Code relating to fire department dues provides that a fire department

may use mutual aid agreements as a means of providing fire protection services. [s. Comm 14.48 (1) (b) 1., Wis. Adm. Code.]

Some local fire departments are also parties to interstate fire mutual aid agreements under the general statutory provision authorizing municipal interstate cooperation agreements. [s. 66.0303, Stats.]

Description of the Bill

The bill establishes a statewide system of mutual aid for emergency management programs, EMS programs, fire departments, and local health departments.

Under the bill, upon the request of a county, city, village, or town, or a person acting under an ICS, the personnel of any emergency management program, EMS program, fire department, or local health department may assist the requester within the requester's jurisdiction, without regard to any other jurisdictional provision. The entity employing the personnel acting in response to a request for assistance is responsible for the personnel-related costs incurred in providing the assistance. The bill defines "incident command system" using language from the definition in s. Comm 30.01 (16), Wis. Adm. Code, and from the State of Washington's ICS statutes.

Incident Command System

Background

Under current law:

1. Department of Commerce administrative rules governing fire department incident management require that every public sector fire department establish an ICS which has written guidelines applying to all fire fighters involved in emergency operations and which identifies fire fighter roles and responsibilities relating to the safety of operations. These rules define "incident command system" as an organized system of roles, responsibilities, and suggested operating guidelines used to manage and direct emergency operations. Under these rules, fire departments are required to train all fire fighters involved in emergency operations in the ICS and assign safety responsibilities to supervisory personnel at each level of operations. [ss. Comm 30.14 (1) (a) to (c) and 30.01 (16), Wis. Adm. Code.] A footnote to the incident command rule provision indicates that suggested operating guidelines have been developed and published by the Wisconsin Technical College System Board.

2. Department of Natural Resources administrative rules relating to hazardous substance discharge response provide that when deemed appropriate to effectively coordinate all actions at the scene of a hazardous substance discharge, an ICS shall be implemented. In these rules, "incident command system" is defined as an organized approach used to effectively control and manage operations at the scene of a hazardous substance discharge. [ss. NR 702.09 (2) and 702.03, Wis. Adm. Code].

3. The state Emergency Operations Plan (EOP) developed by the Division of Emergency Management (known as "Wisconsin Emergency Management" or "WEM") provides that an ICS "will be used in disaster response." However, the EOP does not indicate specifically what the ICS

entails or who must use it. The EOP further states that unified command is to be used in situations which affect multiple jurisdictions or multiple agencies within a jurisdiction or which require response by multiple levels of government. The EOP notes that these command and control systems require the participation of the chief elected officials. The EOP also provides that as the lead state agency for direction and control, WEM is to direct and coordinate emergency operations to support incident command at the local level.

At present, there are no statutory provisions pertaining to incident command.

Description of the Bill

This bill does the following:

1. Defines the term "incident command system," using language from the definition in s. Comm 30.01 (16), Wis. Adm. Code, and from the State of Washington's incident command statutes.

2. Requires that an ICS be used by all emergency response agencies, including local health departments, during a state or locally declared emergency or in any other multi-jurisdictional or multi-agency emergency response.

3. Requires the Adjutant General, in developing statewide emergency training and exercise programs, to provide training in managing emergency operations utilizing the ICS to local government officials, officers, and employees whose duties include responding to emergencies, including officers and employees of local health departments. The Adjutant General must consult with DHFS regarding the ICS training for local health department personnel. The bill requires the Adjutant General to utilize federal funding to provide ICS training, to the extent possible.

Exemption From Liability

Background

Current law provides an exemption from liability for a person who provides equipment or services during a state of emergency declared by the Governor for the death of or injury to any person or damage to any property caused by his or her actions. The immunity does not apply if the person acted intentionally or with gross negligence. Under current law, the exemption from liability applies if the person provides the equipment or services under the direction of the Governor, the Adjutant General, or the head of emergency management services in any county, town, or municipality.

Description of the Bill

The bill amends the law so that the exemption from liability also applies if the person provides the equipment or services under the direction of DHFS, if that department is designated by the Governor as the lead state agency to address a public health emergency, or at the direction of a local health department that is acting as the agent of DHFS.

Chemical, Biological, or Radioactive Substance Threats

Background

Current s. 947.015, Stats., penalizes persons who cause bomb scares. Under that statute, whoever intentionally conveys or causes to be conveyed any threat or false information, knowing that it is false, concerning an attempt or alleged attempt being made or to be made to destroy any property by the means of explosives is guilty of a Class I felony.

Description of the Bill

The bill prohibits a person from intentionally making a threat to release or disseminate a harmful substance, knowing that the threat is false, if the threat induces a reasonable expectation or fear that the person will release or disseminate a harmful substance. The term "harmful substance" is defined as radioactive material that is harmful to human life, a toxic chemical or its precursor, or a biological agent. A person who violates this prohibition is guilty of a Class I felony, which is punishable by a fine of not more than \$10,000, imprisonment for not more than 3-1/2 years, or both.

The bill further requires that persons who violate this prohibition are to be assessed by the court for moneys expended by a state or local government agency for activities in connection with the threat, including: (1) the response to the threat by emergency medical personnel; (2) the analysis of any substance alleged to be a harmful substance; and (3) the medical treatment of persons who are alleged to have been exposed to an alleged harmful substance. The moneys assessed are to be reimbursed to the state or local agency that incurred the expense.

PART IV

OTHER COMMITTEE RECOMMENDATIONS

The committee sent four letters addressing various issues related to preparedness for terrorism and public health emergencies.

Item 1 - Letter dated December 18, 2002, to Secretary-Designate Helene Nelson of DHFS, regarding support for a statewide database of persons who are willing and trained to assist during public health emergencies, development of a real-time disease surveillance system, recognition of the needs of persons with disabilities in emergency preparedness planning, and continued funding for a statewide trauma system.

Secretary-Designate Helene Nelson
Department of Health and Family Services
One West Wilson Street, Room 650
Madison, WI 53703

Dear Secretary-Designate Nelson:

We are writing to you in our capacity as co-chairs of the Special Committee on the Public Health System's Response to Terrorism and Public Health Emergencies. The committee was established by the Joint Legislative Council to examine issues relating to preparedness for terrorist attacks and public health emergencies and coordination of the public health system with other systems involved in responding to terrorism and public health emergencies. A list of members of the Special Committee is enclosed.

We are writing in support of several informal recommendations of the Special Committee that affect the Department of Health and Family Services (DHFS). Those are as follows:

1. The committee supports the establishment and maintenance by the department of a database of persons who are willing to assist during public health emergencies and are trained to do so. In addition to health care providers such as physicians, physician assistants, and nurses, the database should include first responders, emergency medical technicians, members of the clergy, mental health counselors, and representatives of mortuaries. Furthermore, in compiling the database, the committee encourages the department to contact the American Red Cross and other volunteer organizations active in disaster (VOAD) to coordinate the department's efforts with the efforts by those organizations to compile a database of volunteers.
2. The committee supports the development by the department of a real-time syndromic disease surveillance system, which would allow local health departments and DHFS to monitor diseases through electronic connections between hospitals and other health care providers, DHFS, and the State Laboratory of Hygiene. Early identification of a

public health emergency will help mitigate its adverse consequences and the committee applauds the department's efforts in this regard.

3. Emergency preparedness planning by DHFS and others must recognize the needs of persons with disabilities, including chronic illnesses, especially persons who are immuno-compromised, who are living independently. Needs such as transportation, communication, and services at emergency shelters must be taken into account in developing emergency preparedness plans. Therefore, the committee encourages the department and regional public health emergency preparedness consortia to include representatives of those persons in preparedness planning.

The committee also encourages the department to review its rules to determine whether the rules include any impediments to provision of, or payment for, health care in emergency shelters or other housing situations outside the person's home. For example, could services that are typically provided in a person's own home (e.g., home health or personal care) be provided to a person with disabilities and paid for by DHFS when the person is relocated to an emergency living situation, whether in Wisconsin or in another state, during a public health emergency? Appropriate changes should be made in the rules to address this.

4. The committee supports continued funding of a statewide trauma system.

Thank you for your consideration of these recommendations and we look forward to your response.

Sincerely,

Senator Judy Robson, Co-Chair
Special Committee on the Public Health
System's Response to Terrorism and
Public Health Emergencies

Representative Frank Urban, Co-Chair
Special Committee on the Public Health
System's Response to Terrorism and
Public Health Emergencies

Item 2 - Letter dated December 18, 2002, to Governor-Elect James E. Doyle, regarding continuation of the Governor's Task Force on Terrorism Preparedness, use by state agencies of the incident command system, and continuation of the Public Health Advisory Committee.

Governor-Elect James E. Doyle
140 East Wilson Street
Madison, WI 53702

Dear Governor-Elect Doyle:

We are writing to you in our capacity as co-chairs of the Special Committee on the Public Health System's Response to Terrorism and Public Health Emergencies. The committee was established by the Joint Legislative Council to examine issues relating to preparedness for terrorist attacks and public health emergencies and coordination of the public health system with other systems involved in responding to terrorism and public health emergencies. A list of members of the Special Committee is enclosed.

As you know, the current Governor established the Task Force on Terrorism Preparedness following the events of September 11, 2001, to continue an ongoing assessment of Wisconsin's level of preparedness and provide recommendations for additional action and planning. The Task Force completed its work in October and its Co-Chairs, Ed Gleason, Administrator of the Division of Emergency Management, and Phyllis Dubé, Secretary of the Department of Health and Family Services (DHFS), presented the Final Report of the Task Force to the Special Committee at its November 13, 2002 meeting. A copy of the Task Force Report is enclosed for your reference.

At its final meeting yesterday, the Special Committee voted to recommend to the Joint Legislative Council proposed legislation to implement a number of recommendations in the Task Force Report that require statutory changes. In addition, the committee directed us to correspond with you to indicate its support for two items in the Task Force Report that are particularly within the Governor's purview, as well as two additional recommendations originating with the Special Committee.

First, the Task Force recommended, and the Special Committee concurs, that the Governor establish an ongoing working group to continue the Task Force's progress on planning and preparedness and monitor implementation of the Task Force recommendations. The Special Committee believes that, like the Task Force, this entity should include representatives from government agencies at all levels involved in emergency planning and response, as well as persons outside of government who have expertise in this subject. The Task Force Report indicates that it is of paramount importance that the work on preventing and managing the consequences of terrorist attacks continue.

Second, the Task Force recommended that the Governor consider issuing an Executive Order mandating that state agencies utilize the incident command system (ICS) in responding to emergencies. The Task Force indicated, and the Special Committee concurs, that incident command provides a commonly understood framework for emergency response, in order to effectively and efficiently command, control, and coordinate the deployment of response

resources and assets during an emergency. Training in use of ICS is critical for all types of emergency responders, including local health department personnel who may be called upon in public health emergencies.

The committee's proposed legislation includes a requirement that all emergency response agencies, including local health departments, use ICS for multi-jurisdiction and multi-agency emergency operations. The Adjutant General would be directed to provide ICS training programs, including training for local officials and local health department personnel, utilizing federal funding to the extent possible. The committee believes that an Executive Order would hasten implementation of ICS.

Third, the Special Committee would like to encourage you to retain the current DHFS Public Health Advisory Committee. The committee believes that the advisory committee can play a key role in implementing the DHFS' 10-year public health plan, *Healthiest Wisconsin 2010*, as well as advising the Division of Public Health on public health infrastructure needs and emerging public health care issues. In addition, the committee's proposed legislation calls for the creation of a statutory public health council.

Finally, the Special Committee supports the continued funding of the statewide trauma system.

We appreciate your consideration of these recommendations and would be happy to discuss them with you at any time.

Sincerely,

Senator Judy Robson, Co-Chair
Special Committee on the Public Health
System's Response to Terrorism and
Public Health Emergencies

Representative Frank Urban, Co-Chair
Special Committee on the Public Health
System's Response to Terrorism and
Public Health Emergencies

Item 3 - Letter dated December 18, 2002, to Secretary Tommy G. Thompson of the Department of Health and Human Services, and members of the Wisconsin Congressional Delegation, regarding continued federal funding for public health preparedness and use of this funding at a local level.

Secretary Tommy G. Thompson, Department of Health and Human Services
Senator Russell D. Feingold
Senator Herbert H. Kohl
Representative Tammy Baldwin
Representative Mark A. Green
Representative Ron Kind
Representative Jerry Kleczka
Representative David R. Obey
Representative Thomas E. Petri
Representative Paul Ryan
Representative F. James Sensenbrenner, Jr.

Dear Secretary Thompson and Members of the Wisconsin Congressional Delegation:

We are writing to you in our capacity as co-chairs of the Special Committee on the Public Health System's Response to Terrorism and Public Health Emergencies. The committee was established by the Joint Legislative Council to examine issues relating to preparedness for terrorist attacks and public health emergencies and coordination of the public health system with other systems involved in responding to terrorism and public health emergencies. A list of members of the Special Committee is enclosed.

The committee wishes to express its support for past federal resources that have been appropriated to develop public health infrastructure and thereby prepare the public health system, in conjunction with its private sector partners, to deal with public health emergencies. The committee also wishes to express its strong support for continued appropriation of federal resources for these purposes.

In the aftermath of the September 11, 2001 attacks and the anthrax threats and attacks that followed shortly thereafter, preparedness to address public health emergencies became an increasingly important issue. Congress and the President responded by appropriating funds to address this issue, with the bulk of the funds to be used by state and local public health agencies and hospitals. The federal government recognized the importance of developing and maintaining a public health infrastructure that can address a variety of public health needs and that is therefore prepared to deal with public health emergencies such as those that result from acts of bioterrorism and chemical terrorism. We also recognize that local public health agencies require major investment to upgrade their capabilities and capacity to meet the challenge of bioterrorism, chemical terrorism, and other public health emergencies, and we support a majority of federal emergency preparedness public health funding being expended at the local level.

As we move forward from September 11, 2001 and the subsequent anthrax threats and attacks, it is important not to lose sight of the importance of public health preparedness.

Therefore, the committee encourages Congress and the Department of Health and Human Services to continue federal support for public health preparedness.

Sincerely,

Senator Judy Robson, Co-Chair
Special Committee on the Public Health
System's Response to Terrorism and
Public Health Emergencies

Representative Frank Urban, Co-Chair
Special Committee on the Public Health
System's Response to Terrorism and
Public Health Emergencies

Item 4 - Letter dated December 18, 2002, to John Laabs of the Wisconsin Broadcasters Association and Thomas S. Hanson of the Wisconsin Cable Communications Association, regarding federal regulations that require video programming distributors to make emergency information available to persons who are hearing impaired or visually impaired.

Mr. John Laabs, President
Wisconsin Broadcasters Association
44 East Mifflin Street, Suite 900
Madison, WI 53703

Mr. Thomas S. Hanson, Executive Director
Wisconsin Cable Communications Association
One South Pinckney Street, Suite 725
Madison, WI 53703

Dear Mr. Laabs and Mr. Hanson:

We are writing to you in our capacity as co-chairs of the Special Committee on the Public Health System's Response to Terrorism and Public Health Emergencies. The committee was established by the Joint Legislative Council to examine issues relating to preparedness for terrorist attacks and public health emergencies and coordination of the public health system with other systems involved in responding to terrorism and public health emergencies. A list of members of the Special Committee is enclosed.

During emergencies, whether caused by factors related to public health or other factors, it is vitally important that persons with disabilities receive all of the necessary information in a timely manner. Therefore, the committee supports having video programming distributors, such as members of your organizations, make necessary emergency information available in a manner that is accessible by persons who are hearing impaired or visually impaired.

This is not only good public policy, but is also required under regulations of the Federal Communications Commission (FCC). Those regulations require video programming distributors to make emergency information available as prescribed in the regulations. (47 C.F.R. s. 79.2.) Emergency information that is provided in the audio portion of the programming must be made accessible to persons with hearing disabilities by closed captioning or another method of visual presentation. Emergency information that is provided in the video portion of a regularly scheduled newscast, or a newscast that interrupts regular programming, must be made accessible to persons with visual disabilities. Finally, the regulations specify that emergency information that is provided in the video portion of programming that is not part of such a newscast must be accompanied by an aural tone. An FCC publication describing the requirements is enclosed.

It is important that you remind your members of their obligations under the FCC regulations to provide the emergency information to persons with disabilities. It would also be helpful if you could provide this committee with information regarding compliance of your members with the requirements under the FCC regulations.

Thank you for considering this recommendation and we look forward to your response.

Sincerely,

**Senator Judy Robson, Co-Chair
Special Committee on the Public Health
System's Response to Terrorism and
Public Health Emergencies**

**Representative Frank Urban, Co-Chair
Special Committee on the Public Health
System's Response to Terrorism and
Public Health Emergencies**

Committee and Joint Legislative Council Votes

The following draft was recommended by the Special Committee on the Public Health System's Response to Terrorism and Public Health Emergencies for introduction in the 2003-04 Session of the Legislature:

- WLC: 0103/1, relating to creating a public health council, reimbursement for quarantine costs, intrastate mutual aid, requiring use of the incident command system in emergency response, exemption from liability during a state of emergency, threats to release or disseminate harmful chemical, biological, or radioactive substances, providing a penalty, and making appropriations.

SPECIAL COMMITTEE VOTES

The above draft is a *composite of six drafts* recommended by the Special Committee. Those drafts and the Special Committee's votes on them are as follows:

- WLC: 0068/1, relating to requiring use of the incident command system in emergency response, was recommended, as amended, by a vote of Ayes, 12 (Sens. Robson and Harsdorf; Reps. Urban and Schooff; and Public Members Birlingmair, Brown, Foldy, Hansen, Hargarten, Laessig, Reseburg, and Rozar); Noes, 0; and Absent, 2 (Reps. Kreibich and Miller).
- WLC: 0062/1, relating to creating a public health advisory council, was recommended, as amended, by a vote of Ayes, 11 (Sen. Robson; Reps. Miller and Schooff; and Public Members Birlingmair, Brown, Foldy, Hansen, Hargarten, Laessig, Reseburg, and Rozar); Noes, 1 (Rep. Urban); and Absent, 2 (Sen. Harsdorf; and Rep. Kreibich).
- WLC: 0061/1, relating to threats to release or disseminate harmful chemical, biological, or radioactive substances and providing a penalty, was recommended, as amended, by a vote of Ayes, 11 (Sen. Robson; Reps. Urban, Miller, and Schooff; and Public Members Birlingmair, Brown, Foldy, Hansen, Laessig, Reseburg, and Rozar); Noes, 0; and Absent, 3 (Sen. Harsdorf; Rep. Kreibich; and Public Member Hargarten).
- WLC: 0063/1, relating to reimbursement for quarantine costs, was recommended, as amended, by a vote of Ayes, 12 (Sen. Robson; Reps. Urban, Miller, and Schooff; and Public Members Birlingmair, Brown, Foldy, Hansen, Hargarten, Laessig, Reseburg, and Rozar); Noes, 0; and Absent, 2 (Sen. Harsdorf; and Rep. Kreibich).
- WLC: 0066/1, relating to intrastate mutual aid, was recommended, as amended, by a vote of Ayes, 12 (Sen. Robson; Reps. Urban, Miller, and Schooff; and Public Members Birlingmair, Brown, Foldy, Hansen, Hargarten, Laessig, Reseburg, and Rozar); Noes, 0; and Absent, 2 (Sen. Harsdorf; and Rep. Kreibich).

- WLC: 0067/1, relating to exemption from liability during a state of emergency, was recommended by a vote of Ayes, 12 (Sen. Robson; Reps. Urban, Miller, and Schooff; and Public Members Birlingmair, Brown, Foldy, Hansen, Hargarten, Laessig, Reseburg, and Rozar); Noes, 0; and Absent, 2 (Sen. Harsdorf; and Rep. Kreibich).

JOINT LEGISLATIVE COUNCIL VOTES

At its February 19, 2003 meeting, the Joint Legislature Council voted to introduce WLC: 0103/1 on a roll call vote as follows: Ayes, 15 (Reps. Wieckert, Coggs, Foti, Freese, Kreuser, Lehman, Schneider, Townsend, and Travis; Sens. Lasee, Darling, Erpenbach, Harsdorf, Panzer, and Welch); Noes, 3 (Reps. Gard and Kaufert; and Sen. Lazich); and Absent, 4 (Sens. Decker, Ellis, George, and Risser).

WLC: 0103/1 was subsequently introduced as 2003 Senate Bill 120.

APPENDIX 2

JOINT LEGISLATIVE COUNCIL
s. 13.81, Stats.

CO-CHAIR

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CO-CHAIR

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297 Roosevelt Street
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310 East North Street
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MICHAEL LEHMAN
1317 Honeysuckle Road
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DAVID TRAVIS
5440 Willow Road
Waunakee, WI 53597

JOHN GARD

Speaker
481 Aubin Street
P.O. Box 119
Peshtigo, WI 54157

This 22-member committee consists of the majority and minority party leadership of both houses of the Legislature, the cochairs and ranking minority members of the Joint Committee on Finance, and 5 Senators and 5 Representatives appointed as are members of standing committees.

**THE PUBLIC HEALTH SYSTEM'S RESPONSE TO
TERRORISM AND PUBLIC HEALTH EMERGENCIES
SPECIAL COMMITTEE ON**

Senator Sheila Harsdorf
N6627 County Road E
River Falls, WI 54022

Representative Rob Kreibich
3437 Nimitz Street
Eau Claire, WI 54701

Representative Mark Miller
4903 Roigan Terrace
Monona, WI 53716

Senator Judith Robson, **Co-Chair**
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Representative Dan Schooff
744 Wisconsin Avenue
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Representative Frank H. Urban, **Co-Chair**
3645 Emberwood Drive
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Doug Birlingmair
Waukesha Memorial Hospital
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Donna Rozar, Wood Co. Bd of Supervisors
Chair, Wood County Board of Health
1126 Ridge Road
Marshfield, WI 54449

STUDY ASSIGNMENT: The Committee is directed to examine: (1) the capacity of the public health system, and the adequacy of state laws to enable that system, to detect and respond quickly to a terrorist act or public health emergency; (2) the coordination of activities of the public health system with other systems involved in responding to a terrorist act or public health emergency; and (3) the adequacy and flexibility of resources available to these systems that can be used to detect and respond to terrorist acts and public health emergencies. Established and Co-Chairs appointed by a May 22, 2002 mail ballot; members appointed by a July 15, 2002 mail ballot.

14 MEMBERS: 2 Senators, 4 Representatives, and 8 Public Members.

LEGISLATIVE COUNCIL STAFF: Richard Sweet and Pam Shannon, Senior Staff Attorneys, and Julie Learned, Support Staff.

Committee Materials List

December 17, 2002 Meeting

WLC: 0061/1, relating to threats to release or disseminate harmful chemical, biological, or radioactive substances and providing a penalty

WLC: 0062/1, relating to creating a public health advisory council

WLC: 0095/1, an amendment to WLC: 0062/1

WLC: 0063/1, relating to reimbursement for quarantine costs

WLC: 0064/1, relating to creating a hospital preparedness grant program and making an appropriation

WLC: 0065/1, relating to hospital involvement in local emergency management planning

WLC: 0066/1, relating to intrastate mutual aid

WLC: 0067/1, relating to exemption from liability during a state of emergency

WLC: 0068/1, relating to requiring use of the incident command system in emergency response

Draft letter to Mr. Steve Brenton, President, Wisconsin Health and Hospital Association, Inc.

Draft letter to Secretary Phyllis Dubé, Department of Health and Family Services

Draft letter to Secretary Tommy G. Thompson, Department of Health and Human Services, and Members of the Wisconsin Congressional Delegation

Draft letter to Governor-Elect James E. Doyle

Draft letter to Mr. John Laabs, President, Wisconsin Broadcasters Association, and Mr. Thomas S. Hanson, Executive Director, Wisconsin Cable Communications Association

Final letter to Secretary Tommy G. Thompson, Department of Health and Human Services, and Members of the Wisconsin Congressional Delegation

Final letter to Secretary-Designate Helene Nelson, Department of Health and Family Services

Final letter to Governor-Elect James E. Doyle

Final letter to Mr. John Laabs, President, Wisconsin Broadcasters Association, and Mr. Thomas S. Hanson, Executive Director, Wisconsin Cable Communications Association

November 13, 2002 Meeting

Memo No. 1, Recommendations Related to Public Health Emergencies (11-4-02)

Recommendations submitted by committee members:

Doug Birlingmair

Seth Foldy

Jim Reseburg

Donna Rozar

Final Report, Governor's Task Force on Terrorism Preparedness, Phyllis Dubé and Ed Gleason (10-02)

October 2, 2002 Public Hearing

Testimony, Phyllis Dubé, Secretary, Department of Health and Family Services (DHFS)

Testimony, Ed Gleason, Administrator, Division of Emergency Management, Department of Military Affairs

Report and Executive Summary, Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public

Testimony, Representative MaryAnn Lippert, 70th Assembly District

Testimony, Gina Dennik-Champion, Executive Director, Wisconsin Nurses Association

Testimony, Terry Brandenburg, City of West Allis, Melody Bockenfeld, Outagamie County, Jim Ryder, Eau Claire City-County Health Department, and Julie Patefield-Halvorsen, Dane County Health Department

Testimony, Frank G. Matteo, Health Office/Director, Kenosha County Division of Health

Testimony, Doug Mormann, Director, La Crosse County Health Department

Testimony, Janet Lewellyn, Health Officer/Administrator, Shawano County Health Department

Testimony, Helen Krause, Director, Rock County Health Department

Testimony, Nancy Anderson, Survival Coalition of Wisconsin Disability Organizations

Testimony, Dr. William Scheckler, on behalf of the Public Health Advisory Committee

Materials submitted by Dr. Seth Foldy, Milwaukee City Health Commissioner:

Milwaukee Biosurveillance Project

Preparation for Bioterrorism and Other Outbreaks

Alternate Mass Care Sites for Emergencies in Milwaukee County

September 4, 2002 Meeting

Staff Brief 02-4, Overview of Selected Laws and Programs in Wisconsin Relating to Public Health Emergencies and Emergency Managements (8-27-02)

Testimony, Christine Bacon, Director, Bureau of Technological Hazards, Division of Emergency Management, Department of Military Affairs (acronyms used in presentation)

Testimony, John Chapin, Administrator; and Steven Marshall, Bioterrorism Preparedness Coordinator; Division of Public Health, Department of Health and Family Services

Gilbert, Melissa

From: Sweet, Richard
Sent: Tuesday, October 14, 2003 9:35 AM
To: 'Jim Hawkins'
Cc: Gilbert, Melissa; Shannon, Pam; Offerdahl, Mary
Subject: RE: SB 120

Jim,

Thanks for the heads-up on this issue and I am looking forward to your testimony. I am also sending this e-mail message to Senator Brown's office and to a couple of my colleagues who are involved with Senate Bill 120.

Dick Sweet
Senior Staff Attorney
Wisconsin Legislative Council
(608)266-2982
richard.sweet@legis.state.wi.us

-----Original Message-----

From: Jim Hawkins [mailto:jhawk@glitc.org]
Sent: Monday, October 13, 2003 4:47 PM
To: Richard Sweet
Subject: SB 120

Mr. Sweet-

I attended a meeting of the Homeland Security Council at the Department of Military Affairs on October 3 and offered some comments about some legislation currently being circulated in which Representative Wieckert is interested, regarding mutual assistance agreements. At the Great Lakes Inter-tribal Council we have been interested in SB 120 and in Rep. Wieckert's drafts from the point of view of the various Indian tribes in Wisconsin. The tribes have an interest in both emergency planning and emergency response, and in some cases are closely connected to municipal emergency services, responding to local emergencies. Such is the case at the St. Croix reservation and the Menominee reservation. There have also been occasions where situations have called for municipal or county emergency response to a reservation. I am told that the Bad River Tribe and Ashland County have also begun consultations under Smart Growth Planning that will encompass discussions about emergency planning and response.

In advance of the 10/15/03 hearing to be held concerning SB 120, I wanted to alert you to the tribes' interest in participation in emergency planning activities and to ask for consideration of including the tribes in the emergency planning councils. I will be attending the 10/15 hearing to present some testimony along those lines, but I wanted to bring the matter to your attention in advance. The response at the Homeland Security Council was one of interest, but Rep. Wieckert and his legislative staff assistant expressed a need to consult with the Legislative Reference Bureau about inclusion of Indian tribes in state legislation. While the state is not in a position to require tribal participation, I believe that there is sufficient interest among the tribal governments, along with a realization that in response to an emergency, a request for mutual aid does not necessarily stop at the reservation boundary. It may therefore be wise to include Indian tribal governments as stakeholders in local emergency planning discussions and to remove any doubt about counties' and municipalities' authority to enter into emergency planning and mutual aid agreements with Indian tribes.

10/14/2003

James Hawkins, Attorney
Great Lakes Inter-tribal Council

Dr. Frank H. "Hank" Urban, MD

3845 Emberwood Drive

Brookfield, WI 53005

(262) 783-5448

2003 Senate Bill 120

October 15, 2003

**Written testimony of Former Representative Frank Urban
Co-chair of the Special Committee on the Public Health System's Response to
Terrorism and Public Health Emergencies**

During the last legislative interim, before I retired from the Legislature, I had the opportunity to co-chair, with my colleague Senator Judy Robson, the Legislative Council Special Committee on the Public Health System's Response to Terrorism and Public Health Emergencies.

The Special Committee was established to examine the ability of the state to deal with actual or suspected public health emergencies such as those that occurred on September 11, 2001 or during the anthrax attacks and threats that followed.

The Committee consisted of legislators as well as citizen members who represented public and private safety and health organizations. Although much was done in this area in the 2001-02 Legislative Session, both our Committee and a Governor's task force on this issue concluded that there was more to be done.

The Committee recommended 6 bill drafts, which were combined and became Senate Bill 120. Of particular interest are provisions in the Bill that relate to communication and coordination between agencies and jurisdictions. The Committee recommended a statewide system of mutual aid between various public health and safety organizations.

The Committee also gave a strong endorsement to an incident command system under which the roles of various players are established in advance rather than at the scene of an emergency. Advance planning, communication, and coordination are essential components of an effective emergency preparedness system.

I hope that the Committee will give its support to Senate Bill 120 and move it forward in the legislative process.



Wisconsin State Fire Chiefs' Association, Inc.

Together We Can Make A Difference

- Education
- Prevention
- Safety
- Suppression
- EMS

DATE: October 15, 2003

TO: Senate Committee on Homeland Security, Veterans Affairs and
Government Reform

FROM: Wisconsin State Fire Chiefs Association

RE: Senate Bill 120

The Wisconsin State Fire Chiefs Association supports the inclusion of all six components of Senate Bill 120, which includes a public health council, reimbursement for quarantine costs, intrastate mutual aid, an incident command system, exemption from liability and the prohibition of persons making chemical, biological or radioactive substance threats. We would like you to consider a couple of concerns in specific areas of Senate Bill 120.

The intrastate mutual aid component is very important to the fire service in the State of Wisconsin. There are currently many mutual aid agreements between fire departments throughout the state but we do not have a mutual aid plan that encompasses the entire State of Wisconsin. Currently mutual aid plans between various fire departments in Wisconsin do not, for the most part, include a fee structure for fire departments to charge fees to the requesting department. We are aware of possible legislation that would change that and require a fee structure for mutual aid between fire departments. A fee structure for everyday mutual aid between fire departments could place some very good cooperative resource sharing efforts in jeopardy because of the cost to the requesting community. The Wisconsin State Fire Chiefs Association is not opposed to language allowing fire departments to charge a fee for extended incidents such as a disaster, which involves the mutual aid units for an extended period of time in mitigating the incident and/or the responding fire department experiencing extensive costs during the incident. We do support a well-organized intrastate mutual aid plan to be developed for the State of Wisconsin.

P.O Box 44743, Madison, WI 53744-4743
Phone: 1-800-375-5886 Fax: 608-274-8262

The incident command system language in SB 120 is left open to interpretation at this time. The incident command system primarily being taught in Wisconsin at this time is the National Wildland Incident Command System and the incident command system being discussed at the national level at this time is the National Incident Management System (NIMS). It is critical that there be one nationally adopted and implemented incident management system used by all agencies that respond to emergencies. This system must be capable of dealing with the management of a wide variety of emergencies, disasters, natural and man-made catastrophic events and acts of terrorism. The Wisconsin State Fire Chiefs Association will work diligently with the other emergency response organizations in the State of Wisconsin to implement one incident command system.

The Wisconsin State Fire Chiefs Association thanks your committee for the opportunity to provide input into this important bill and looks forward to working with you on these issues. If you have any questions or concerns, please contact Dave Bloom, Legislative Liaison at 608-444-3324.



Eau Claire City-County
Health Department

720 Second Avenue, Eau Claire, Wisconsin 54703

James.Ryder@co.eau-claire.wi.us

OCT 20 2003

James Ryder, MPH
Department Director
Phone: 715-839-4718
FAX: 715-839-1674

10/22/03
10/17/03
Senator Ron Brown

Thanks for allowing me to speak before the Homeland Security Committee regarding SB 120. You give people all your attention and have great listening skills. The SB 88, 89, on annexation with Townships/Municipalities is the "conflict" of the future (and present)!

During my testimony I said I'd send you an article from the NACCHO newsletter on risk communication on SARS incident at San Diego airport. Remember I said "120 reorganizations" were on the doorstep of the health dept. Huge stress and responsibility. Talk me. Jim Ryder

kris/jimscratch

N A C C H O Exchange

Promoting Effective Local Public Health Practice

SUMMER 2003
Volume 2 Issue 2

Meeting the Challenge of SARS

By Alonzo Plough, PhD, MPH, Director and Health Officer,
Public Health Seattle and King County

Severe Acute Respiratory Syndrome (SARS) has shown the world that we are living in an era of emerging infectious diseases, and public health departments are expected to react with the speed of a hospital emergency room. People may not be rolling in on stretchers, but international travel and trade can quickly move infections from anywhere in the world right to our doorstep.

SARS has had a dual impact in the U.S. First, the virus quietly stowed away in human hosts and hitchhiked around the globe as individuals became stricken. Then, at an even faster clip, dramatic images of its effect on specific countries flooded the media, generating a tempest of rumors, speculation, and fear. People who were sick and people who feared getting sick clamored for health officials to take control, stop the outbreaks, defuse panic, and return communities to normal.

What follows is the story of how SARS tested the ability of one local health department, Public Health Seattle and King County, to launch a comprehensive response to this emerging infection. SARS traversed 7,000 miles to King County where Seattle is located, an international port of entry with a high level of threat for infectious diseases.

King County is home to 1.8 million people, a population equal to or greater than 14 of the 50 states in the U.S. It is also a significant transportation hub. Each year nearly 30 million passengers travel through SeaTac Airport, 1.1 million of these originating from international destinations. SeaTac is a nine-hour flight from both Tokyo and

Continued on page 2

When Infectious Diseases Are News

By Leslie Ridgeway, Media Specialist, San Diego County Health and Human Services Agency

"You've got a call from a reporter."

These words can strike a chord of apprehension in the heart of the most seasoned public health professional—particularly if you happen to be in the middle of a health situation such as the Severe Acute Respiratory Syndrome (SARS) epidemic.

Balancing the public's right to know about infectious disease cases with the need to preserve calm and treat patients confidentially can be challenging. Federal and state law prohibits public health officials from identifying patients and their locations, but the rest of the population may not understand as they read headlines and see television news stories that have them wondering if their sick neighbor might have that mystery virus that everyone's talking about.

Add to that the seemingly endless need for news, with 24-hour, seven-day-a-week news channels and cutthroat competition between news agencies, and the flame can be

Continued on page 7

*National Assoc
of County City
Health Officials
NACCHO*

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When Infectious Diseases Are News

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quickly fanned into a conflagration. Following are examples of how two counties—Santa Clara County and San Diego County—handled the media challenges posed to them by the ever-changing SARS situation.

No Fooling

Teresa Chagoya, marketing coordinator and public information officer for the Santa Clara County Public Health Department, and other staffers found themselves in the middle of a media firestorm when the crew of a jet arriving in San Jose, CA from Japan informed authorities that some passengers might be exhibiting symptoms of SARS. The date was April 1, 2003, but it was no joke.

A local radio reporter who had been monitoring the police scanner called at 9:45 A.M. to ask about a plane that had been quarantined at San Jose International Airport. Moments later, a call came from the Santa Clara County Emergency Medical Services department saying that a crew was rushing to the airport. Then the phone started to ring in earnest.

"Over a two-day period, we were contacted by 120 news organizations," Chagoya says. "The first day we had 600 to 700 calls. We saw news outlets that we had never seen before. CNN was here, the *Wall Street Journal*, *New York Times* ... it was crazy."

The assistant public health officer was immediately dispatched to the airport. Other employees were marshaled to help answer the rapidly growing number of calls. A press release with basic information was hurriedly drawn up and sent to news media in less than two hours; as anyone who has ever worked in a public health agency knows, that is record time.

Santa Clara Public Health pre-empted a meeting that was taking place in the county hospital auditorium and established a pressroom there, providing press conferences and briefings. The Department Emergency Operations Center was activated.

Just the Facts

Meanwhile, Chagoya, her supervisors, and the rest of their staff had to assemble all the facts and brief officials who would speak to the media. "The biggest interest (from media) was around the quarantine," Chagoya says. "They wanted to know who called it and why, and how a quarantine is handled, among other things."

At first media only wanted basic facts, but later they became more investigative and controversial. This follows most risk communication scenarios, which state that the media will be behind you the first day of a crisis, asking few probing questions. As the crisis goes on, reporters will ask tougher questions.

There were a few missteps along the way. Chagoya says she wished she had accompanied the assistant public health officer to the airport instead of following 20 minutes later. Public information officers for the airport, fire department, and police deferred all questions to the assistant public health officer, who was deluged.

The health department didn't have "blast fax" capabilities, allowing them to send a fax to news media all at once, which meant that faxes took time to get to the media. Some news outlets also expressed frustration that faxes went to their home offices, instead of information going to the reporters in the field.

Continued on page 8

Tips for Handling News Media in a Crisis

- Make your health officer(s) accessible to news media as soon as possible.
- Ensure a public information officer presence with any officials sent to respond to a crisis scene.
- Inform key county officials and experts, and identify and invite key community partners and experts to press conferences; provide adequate briefing in advance.
- Update your Web site as quickly as possible; change the Web page if necessary.
- Have access to "blast fax" technology to send faxes quickly to news media.
- Follow up faxes with telephone calls to media.
- Monitor the news media; this will help you determine staffing needs.
- Be able to quickly assemble a team of employees who can answer media calls on the first day; provide them with basic information and ask them to take down a name and number for more detailed questions.
- Accommodate listeners or readers of other languages by providing multilingual interview subjects.

When Infectious Diseases Are News

Continued from page 7

Public Reaction

The public reacted harshly to the health officer's decision to release the more than 100 passengers on the plane, including the five who were considered at risk for SARS—although none of these people ever turned up with symptoms. "[The public] sent us e-mails asking how we could sleep after letting these people go," Chagoya says. "They also called the board of supervisors to complain."

With pressure coming from the media and the public, it was essential to have a strong public health officer who followed federal and state law, and gave direction on what information could and could not be released, she says. "It comes down to protecting privacy but providing enough information to calm fears," Chagoya says. "They will all push. You need to know your limits."

With pressure coming from the media and the public, it was essential to have a strong public health officer who...gave direction on what information could and could not be released.

Santa Clara County's SARS saga wasn't over when the airplane incident ended. Two suspect cases had previously been announced, and the public health department was preparing to send a press release out about three additional suspect cases. Later, two county residents tested positive for the coronavirus that causes SARS, attracting even more media attention. The county sent out regular updates through May, and each update prompted a smattering of media calls. In the early stages, the county accommodated all interview requests, but as interest waned, they turned down the few requests they got. "We considered it old news at that point and (the media) understood," Chagoya says.

The airplane incident helped the public

health department refine the media response policy they were in the middle of finalizing, Chagoya says. It's always good to have a plan, but Chagoya found there's nothing like hands-on experience to firmly entrench the lessons. "When you turn on CNN and see your (public health officer) going into a plane, you know it's big."

SARS in San Diego County

In San Diego County, press conferences were held to announce two suspect cases of SARS. All local news media outlets attended both. San Diego's public health officer led the first press conference, deferring to county or community experts whenever necessary. Inviting community partners to the press conference emphasized the county's partnerships. San Diego does not have a county hospital system; rather the county relies

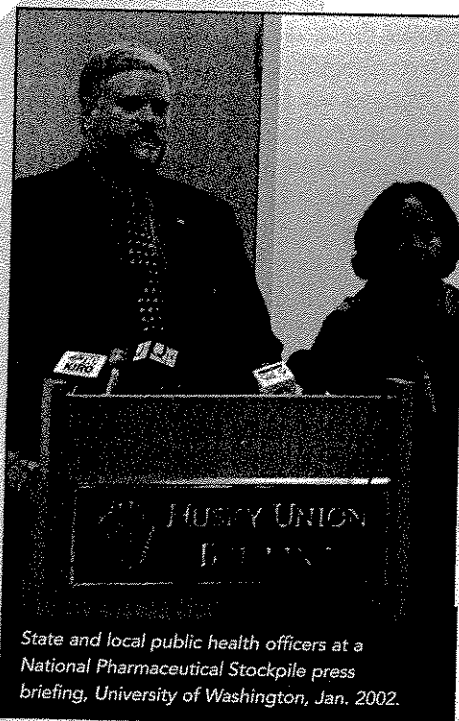
complaints from reporters about the late hour of their press conferences, and would rather hold press conferences earlier in the day. However, it took time to inform all necessary officials and to strategize about what information would be presented.

San Diego's situation was less complicated than Santa Clara County's, but they did learn several lessons about who needs to be briefed and when. As a result, they created a new emergency press conference checklist, which is different from the press conference checklist they use for events that can be planned well in advance. This helps ensure that they inform the right people in emergency situations, so that there are no surprises and all of the appropriate experts are ready to help explain the situation to the media. ■

For more information, contact Leslie Ridgeway, Media Specialist, San Diego County Health and Human Services Agency, at (619) 685-2239, Leslie.Ridgeway@sdcounty.ca.gov.

on partnerships with a local hospital association and hospitals. As a result, they include their hospital partners in any high-profile event that they have. San Diego's deputy public health officer led the second press conference. As it was the second case, just informing, not inviting, community partners and key county officials was sufficient.

Since the press conferences took place late in the afternoon—one was at 5:45 P.M.—San Diego County followed up on faxed media advisories with telephone calls to media. Newsrooms are deep in preparation for or in the middle of newscasts or print deadlines from about 3:30 P.M. to 7:00 P.M. each day, and editors might miss a fax during that time period. San Diego received a few



State and local public health officers at a National Pharmaceutical Stockpile press briefing, University of Washington, Jan. 2002.