

HAZARD IDENTIFICATION AND VULNERABILITY ANALYSIS (HIVA)

Walla Walla County, Washington

TERRORISM

HAZARD OVERVIEW

Terrorism is the unlawful use of force or violence against persons or property to intimidate or coerce government or civilian populations in furtherance of political or social objectives. Terrorism incidents may involve mass casualties and damage to buildings or other property. The current threat is mass destruction, which may be carried out by either foreign or domestic groups or individuals. While it is generally assumed that terrorist incidents will occur in large cities, it should be recognized that smaller communities and targets might be used as “test sites” for a future strike at a large city. In addition, even the most remote areas may find themselves to be the location for terrorists planning strikes and for the manufacture of weapons.

The terrorism threat is not only attacks from large, organized elements like Al Qaeda, but may come from small groups or individuals that meet the criteria cited above. These may be local or regional groups or individuals.

There may be no advance warning of a chemical or biological attack. The first indication of an attack may be when people begin to exhibit advanced symptoms.

Chemical and biological agents usually move through the air. Ventilation systems in buildings or transportation facilities may help to speed dissemination by carrying the agent far from its initial source.

Many chemical agents pose an immediate threat to life. Antidotes are available for some, but not all, chemical agents, but must be used within minutes of exposure. In many cases, additional extensive medical emergency treatment is required, especially resuscitation.

Once disseminated, chemical agents require decontamination, tying up resources and increasing media attention.

Some incidents may appear initially to be more routine HazMat incidents, and only later found to be terrorist incidents. At that point, the situation will change, and the incident site will be designated a crime scene.

Local first responders may not be trained in responding to biological or chemical WMD and will not always have the appropriate protective equipment. Because of lack of knowledge and awareness in treating such events, first responders may become victims themselves from secondary devices.

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The number of potential casualties and the extent of the areas involved can quickly overwhelm local capabilities. A WMD incident challenges the confidence of emergency response personnel and the capacity of the health care system. Most local emergency systems require an enhanced capability system to manage a WMD threat. They require a capability for agent identification, personal protection, decontamination, and effective initial and definitive methods of treatment.

Health systems for response to WMD incidents require the capability for: agent identification, safe extraction, and antidote administration; victim decontamination, triage, and primary care; emergency medical transportation; local and regional definitive medical care; forward movement of victims for additional care; and appropriate disposition of the deceased. Health systems personnel must also ensure decontamination of the incident site to safe levels. The political pressure surrounding a WMD event can be intense. Public officials will experience anger and frustration from the public's feelings of helplessness.

NUCLEAR TERRORISM

Few ideas instill as much fear as the thought of nuclear capability in the wrong hands. Since the end of the Cold War, there has been an increase in the amount of radioactive material available and a growing variety of ways in which terrorists can access radioactive substances. The amount of weapons-grade fuel that remains from the dismantling of the former Soviet nuclear forces alone is estimated to be in excess of 10,000 kilograms (kgs) of plutonium and 500,000 kgs of weapons-grade uranium. During the next five years, nuclear power plants are expected to produce 110 metric tons of plutonium, and can be bought on the black market, stolen, hijacked in transit, or acquired by bribing disgruntled employees in the military or scientific communities.

While little probability exists that a terrorist organization would be capable of producing a nuclear warhead, the alternative is simply to construct an explosive device that disperses radioactive materials, often referred to as a "dirty bomb". To date, there have been a few cases of radioactive dispersal attacks, including incidents in both Austria and France, and in the State of Texas.

The most feasible, and therefore most likely, form of nuclear terrorism is a direct assault on a nuclear facility, such as a power station. Considering the amount of radiation housed at such a facility, the magnitude of a single attack of this kind could cause thousands of deaths and the ruin of the surrounding land for decades.

An attack on a nuclear plant could result from penetration of the facility. For example, on February 7, 1993, an intruder was discovered to have penetrated the Three Mile Island Nuclear Generating Station near Harrisburg, Pennsylvania.

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The intruder, a 31-year-old man who suffered from depression, drove into the guarded entrance, crashed his car through a fence and a roll-up door, and proceeded 63 feet inside of a turbine building. The plant continued to operate at full power while the staff monitored gauges and alarms. All access doors were locked by computer control, yet the Nuclear Regulatory Commission (NRC) knew that this measure would delay an intruder armed with a satchel charge by only 15 seconds. This intruder was arrested four hours later. The NRC's Incident Investigation Team (IIT) found more than 40 problems with the response of the staff, and concluded the strategies used would not have precluded an individual from reaching and attempting to enter the vital area before being interdicted by armed responders."

Other attempts at penetration of nuclear facilities have included:

- North Korea. Four North Korean commandos were killed by a South Korean naval patrol when they attempted to come ashore near a nuclear power plant.
- South Africa. At the Koeberg plant near Cape Town, guerillas penetrated the heavily guarded plant and damaged the control room.
- France. Attackers launched rocket-propelled grenades and anti-tank missiles at the Super Phoenix plant.

Nuclear plants can also be threatened by sabotage. Some examples of this type of threat have occurred in:

- Virginia. Control room operators at the Surry plant poured sodium hydroxide onto new fuel assemblies.
- New Jersey. Someone intentionally tripped a steam generator feedwater pump. This event imitated the Three Mile Island trip that had led to a serious accident at that plant.
- Pennsylvania. A major portion of the emergency core cooling system was disabled at the Beaver Valley nuclear plant.
- New York. Someone sabotaged the emergency diesel generators at the Nine Mile Point Reactor.
- Idaho. A worker intentionally caused a damaging condition known as a "power excursion" by withdrawing a control rod too far. The resulting steam explosion destroyed the reactor, killing the saboteur and two other workers. The event was classified a murder/suicide.

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- Texas. An employee who was about to be laid off cut central alarm station wires at the South Texas plant.
- Illinois. A fire watch employee at the Braidwood facility vandalized wires and fireproofing.
- Florida. An employee suspected of being disgruntled because of alleged cost-cutting measures poured glue into three lockable switches on the backup control panel at Florida Power and Light Company's St. Lucie nuclear power plant.

Truck Bombs (Radiation Dispersal)

Shortly after the bombing of the U.S. marine barracks in Beirut (1984), the NRC commissioned "An Analysis of Truck Bomb Threats at Nuclear Facilities," which was performed by the Sandia National Laboratories. One of the results of the analysis was that, at some plants, a large bomb that is detonated offsite could cause enough damage to lead to a deadly release of radiation or even a meltdown. Some plants, however, are too small to erect barriers with proper setback distances to preclude this kind of attack.

Lost and Stolen Nuclear Materials. Radioactive sources are lost, stolen, mistakenly shipped, or illegally discarded regularly in the United States. The potential exists for some of these sources to be intentionally placed to cause harm. Cases of lost, stolen, mistakenly shipped or illegally discarded radiation sources occurred in:

- Ohio. Cesium-137 was found in the trunk of a crushed car at a scrap yard in Cincinnati.
- Pennsylvania. 33,000 shovel blades were made of steel contaminated with radioactive thorium near Harrisburg.
- Indiana. Radioactive iodine was found in diapers at a garbage dump in Indianapolis.
- Pennsylvania. A plutonium pacemaker was reported missing by a hospital near Philadelphia.
- Minnesota. A hospital in Minneapolis received three radioactive-contaminated packages from the same corporation within two months.
- Arizona. Five men were videotaped stealing radioactive tritium from a glow-in-the-dark exit sign at Arizona State University.

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- Unknown location. A huge source-term of radioactive iridium was reported lost in shipment by a private courier.
- California. A package of radioactive Xenon was lost when it fell out of an unsecured back door of a private delivery service's van in Sacramento.
- Michigan and Massachusetts. Packages of radioactive thallium fell from vehicles of a private delivery service and were struck by cars, releasing their contents.
- Virginia. A Russian-produced fuel assembly with 12 fuel rods containing 2% enriched uranium was unaccounted for by a U.S. crew in Lynchburg.

A nuclear terrorist strike on a community would have multiple impacts. A successful attack, whether by penetration, sabotage, or truck bomb, on a facility such as a nuclear power plant would cause widespread destruction and render the area uninhabitable for the foreseeable future.

Given warning, evacuation of a population within the threatened radius would require a massive effort, considering that schools, hospitals, nursing homes, and prisons could be affected. Transportation and shelter requirements could place a tremendous strain on both the endangered community and those that surround it. Provisions for medical treatment and handling of contaminated material and human remains would tax personnel and facilities. The spread of panic through rumors and misinformation could hinder an effective response.

The structural damage that could result from an explosion intended to release radioactive material could pose additional danger. A bomb on a rail car, in a subway, or at an airport would close those routes of transportation for an extended period of time. Bridges, overpasses, and tunnels could not only be contaminated but could be incapacitated as means of ingress and egress.

Long-term health effects from the exposure to radiation would be a consideration, and long-term cleanup efforts would be costly.

Because a nuclear terrorist strike would have such widespread community impact, local officials must be aware of the potential for such an attack. Effective planning, along with coordination among local, State and Federal agencies for the response to a survivable nuclear radiation attack, is essential to a successful response.

CHEMICAL TERRORISM

The deliberate release of a chemical warfare agent, such as Sarin, would have a highly debilitating and largely unpredictable impact within a community. The

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probable choice of a densely populated, highly visible target, such as a place of public assembly, public buildings, mass transit system, or a location with historical or symbolic significance, would imperil large numbers of people in the target area and incapacitate the support and infrastructure systems that serve them. The victims in the target area could suffer the effects of certain chemical attacks within seconds, requiring immediate evacuation and treatment. Conversely, some agents have a more delayed effect, causing casualties hours or days after the initial impact of an attack would seem to have subsided, thus widely enlarging the area of impact.

The evacuation and treatment of the known victims of a chemical release, with the inherent risk of contamination, would tax the community's emergency transport system and medical facilities. Further, positive identification of the agent is a difficult task because, as in the case of Sarin, some liquid agents can evaporate, leaving little, if any, trace. Local health officials may be required to make a decision to provide immediate treatment for victims based on information at hand, rather than wait for positive identification of the agent. The collection and disposal of contaminated material, including human remains, would present additional problems.

Introduction of a chemical agent into a vital segment of a community's infrastructure would not only incapacitate that segment, but also could be a means for further dissemination of the agent. For example, in the Tokyo incident, liquid Sarin was placed on the floor of subway cars. When an agent is dispersed inside in this manner, its vapor will remain until it is ventilated away. If, however, an agent is placed inside a ventilation system, the system itself could disseminate the agent, contaminating the entire structure that it serves. An agent introduced into the ventilation system of a large medical facility would incapacitate the means of treatment and endanger both those who seek aid and those who provide it. A secondary attack of this type could imperil those who might seek shelter (e.g., in a public building) or a means of escape (e.g., in a public transportation system).

The psychological effects of a chemical weapons attack could have a severe impact on the community well. The implications of such an attack could cause panic among a wider population than actually is affected, with greater numbers of people seeking treatment than have been physically harmed. For instance, although 5,500 people sought medical attention after the Sarin attack in Tokyo, only 1,000 (500 of which were first responders) were actual casualties, and most had mild effects. Hysterical citizens could clog medical facilities, hampering the treatment of the victims suffering physical effects of the agent and overwhelming emergency management capabilities.

The unpredictability of a chemical attack with regard to the choice of target, the ability to identify the agent, the danger of widespread contamination, the damage

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to infrastructure, and the reaction of victims and responders requires a predictable and effective emergency response.

Because there is no known means of protection of the civilian population against the effects of chemical agents impracticality for populations not specifically at risk—preparedness for a potential release of chemical agents is essential. Historically, chemical warfare agents have been considered a military responsibility; the first response to their release on a civilian population in an American city will be the responsibility of local officials.

Essential to the planning process is an awareness of the agents that exist, their symptoms, and the hazards that they would present to the community. The following list of common chemical agents includes these aspects of each agent.

AGENTS	PERSISTENCY (BY AGENT)	SYMPTOMS (ALL AGENTS)	HAZARDS (ALL AGENTS)
Nerve Agents			
GA (Tabun) GB (Sarin) GD (Soman)	Minutes to hours Minutes to hours Hours	Pinpointing of pupils Tachycardia Dimness of vision, Vomiting Runny nose/salivation Loss of consciousness Tightness of chest, Convulsions Difficulty breathing Incontinence Twitching and/or paralysis Death	Respiratory dose is effective Within seconds to minutes. Skin dose is effective within Minutes to hours. Extremely toxic lethal agents.
VX	Hours to days	Sweating, Nausea Convulsions Vomiting and Diarrhea Incontinence Loss of consciousness Death	Predominantly a liquid hazard. Effective 10 minutes to 18 hours after exposure
Blister Agents			
H (Mustard) HD (Mustard) HN (Mustard)	Hours to days Hours to days Hours to days	Reddening of skin Eye damage Blisters Coughing Eye pain and reddening Airway irritation and damage	Damage begins within minutes Eye effects may appear in a few Hours, respiratory effects and Blisters in 2-24 hours. Lethal in large doses

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L (Lewisite)	Hours to days	Immediate pain or skin Other symptoms Irritation similar to the H Agents	Immediate pain. Other Symptoms in about 12 hours. Lethal in large doses Immediate pain and damage to eyes, skin, and airways.
CX (Phosgene Oxime)	Hours to days	Immediate burning Eye and airway irritation and damage	Immediate pain and damage to eyes, skin, and airways. Lethal in large doses
Blood Agents			
AC (Hydrogen Cyanide) CK (Cyanogen Chloride)	Minutes to hours	Cherry red skin or lips Dizziness (Caucasians only) Nausea, vomiting Blue lips (African American or Dark-skinned people) Headache Frothing Rapid breathing Convulsions Death	Can cause death within 6-8 Minutes
Choking Agents			
CG (Phosgene)	Minutes to hours	Eye and airway irritation Choking Dizziness Vomiting Tightness of chest Delayed pulmonary edema	Effects are delayed several Hours. In very high doses can result in death after several days.
Chlorine	Minutes to hours	Coughing	Effects begin seconds after exposure.

BIOLOGICAL TERRORISM

The deliberate release of a biological agent such as anthrax would have a highly debilitating and largely unpredictable impact within a community. The probable

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choice of a densely populated, highly visible target, such as a place of public assembly, public building, mass transit system, or an area with historical or symbolic significance, would imperil great numbers of people in and beyond the target area and overwhelm the support systems that serve them.

Because some of the symptoms of biological agent infection are common to many diseases, diagnosis and treatment of mass casualties are extremely difficult. The lag time from exposure to the exhibition of initial symptoms and signs, coupled with the potential for misdiagnosis, could enable widespread dispersion of victims, far beyond the initial target area and for an unpredictable period of time after the release, depending on the incubation period of the disease and the number of people initially infected. In some cases, treatment of victims after the exhibition of symptoms and signs and delays in diagnosis could prove fatal to great numbers of people. For example, almost all cases of inhalation anthrax in which treatment begins after the exhibition of symptoms and signs result in death, regardless of treatment.

A widespread outbreak of an infectious disease would threaten the ability of emergency and medical facilities to respond. Personnel within these facilities should be at risk of infection themselves, especially prior to a certain diagnosis of the disease. (For biological warfare agents, concern for person-to-person contamination is limited to two agents: smallpox and pneumonic plague.) The collection and disposal of contaminated material, including human remains, would present additional long-term problems.

The psychological effects of a biological agent release could have a severe impact. A panic response by the population, including potentially widespread psychosomatic reactions, would magnify the crisis by further overwhelming treatment facilities and possibly clogging transportation systems in the search for treatment or escape from a perceived target area. Also, the sense of obligation to provide immediate assistance could endanger untrained or unprotected personnel who would be compelled to deal with an unknown, highly transmissible disease. Trained healthcare personnel employing proper protective practices for airborne (e.g., TB) and bloodborne (e.g., HIV) diseases could expect to care for patients' safety with negligible risk.

There is no reasonable means of protecting a city's population against the effects of a release of a biological agent. Vaccination of a population not specifically at risk against so many potentially harmful agents is impractical, as is continuous wear of personal protective equipment (PPE). Furthermore, no known means of immunization exists for several of the recognized agents. Local public health authorities and private health care providers must be aware and vigilant and communicate with each other where and when suspicious cases arise. Only by early diagnosis and communication of suspicion and developing a detailed plan to combat an attack of this nature will officials be able to respond effectively.

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Essential to the planning process is an awareness of the agents that exist, their symptoms, incubation periods, and limitations on laboratory diagnosis and mortality rates. The following listing of common biological agents includes these aspects of each agent.

AGENTS	SYMPTOMS	INCUBATION PERIODS	UNTREATED MORTALITY
Bacterial Agents			
Anthrax (<i>B. anthracis</i>)	Fever, malaise, fatigue, cough and mild chest discomfort followed by severe respiratory distress with painful breathing, sweating, wheezing and cyanosis	1-6 days	Skin 5-20% Respiratory: 100%
Plague ◆ Bubonic ◆ Pneumonic	Malaise, high fever, and tender lymph nodes. High fever, chills, headache, coughing up blood, and toxemia, progressing rapidly to painful breathing, wheezing and cyanosis	2-10 days 2-3 days	50% 100%
Bacterial/Viral Agent			
Q-Fever (rickettsia)	Fever, cough and chest pain	>10 days	Less than 1%
Viral Agents			
Smallpox	Malaise, fever, rigors, vomiting, headache, backache, and lesions	7-17 days	30%
Viral Hemorrhagic Fevers (Ebola, Marburg, Lassa, Rift Valley, Dengue, etc.)	Fever, bleeding, vomiting, and diarrhea	3-21 days	Up to 90%, Depending on the virus
Venezuelan Equine Encephalitis (VEE)	Malaise, fever, rigors, headache, nausea, vomiting, cough, sore throat, and diarrhea	2-6 days	Less than 1%
Toxins			
Staphylococcus Enterotoxin B (SEB) (Cytotoxin)	Fever, chills, headache, aches, and cough if inhaled; nausea, vomiting and diarrhea if swallowed	3-12 hours	Less than 1%
Botulinum (Neurotoxin)	Weakness, dizziness, dry mouth and throat, blurred and double vision, descending paralysis, and respiratory failure	24 hours to several days	60%
Ricin	Weakness, fever, cough, and hypothermia	4-8 hours ¹	High, with death occurring after 36-72 hours

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CYBER TERRORISM

Cyber terrorism might be used to disrupt our society and exploit our increasing reliance on computers and telecommunication networks. It threatens the electronic infrastructure that supports the social, health and economic well being of our citizens. Networks regulate the flow of power, water, financial services, medical care, telecommunications and transportation systems.

History and Probability of Occurrence. There have been no reported major incidences of terrorism in Walla Walla County, however numerous examples of terrorist actions may indicate the likelihood of an occurrence here.

In 1972, members of a U.S. Fascist group called Order of the Rising Sun were found to be in possession of 30-40 kilograms of typhoid bacteria cultures, with which they planned to contaminate water supplies in Chicago, St. Louis, and other Midwestern cities.

In April and May of 1979, an anthrax epidemic broke out among residents in the city of Sverdlovsk in the former Soviet Union. Soviet officials claimed at the time that the outbreak stemmed from contaminated meat. The windborne spread of anthrax caused a 6-week epidemic that claimed approximately 66 lives. Some of the deaths occurred at victims' homes, in the streets, and in fields. Soviet officials later admitted that the incident resulted from leakage from a biological weapons facility.

In 1984, two members of an Oregon cult, headed by Bhagwan Shree Rajneesh, cultivated salmonella (food poisoning) bacteria and used it to contaminate restaurant salad bars in an attempt to affect the outcome of a local election. Although 751 people became ill and 45 were hospitalized, there were no fatalities.

The World Trade Center is the second largest building in the world and housed 100,000 workers and visitors each day. On February 29, 1993, a bombing in the parking garage of the World Trade Center in New York City resulted in the deaths of five people and injuries to thousands. The bomb left a crater 200 by 100 feet wide and five stories deep. The initial plan was to topple the bombed tower into the other tower in a domino like effect. The only reason this did not happen is because the terrorists were unable to position the explosive in its planned location. The World Trade Center bombing included multiple threats. The plan was for the initial conventional bomb to detonate a chemical device containing hydrogen cyanide. Fortunately the conventional bomb destroyed the chemical device.

In July 1993, a Skinhead group set off two bombings in Tacoma, Washington. Both bombings occurred within three days of each other and caused only property damage.

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In June 1994, terrorists released the nerve agent Sarin outside an apartment building in the city of Matsomoto, Japan. Then, on March 20, 1995, the same agent was released in the Tokyo subway system, causing more than 5,500 people to seek medical attention.

In March 1995, four members of the Minnesota Patriots Council, a right-wing militia organization advocating violent overthrow of the U.S. government, were convicted of conspiracy charges under the Biological Weapons Antiterrorism Act for planning to use Ricin, a lethal biological toxin. The four men – Douglas Baker, Richard Oelrich, Dennis Henderson, and Leroy Wheeler—allegedly conspired to assassinate federal agents who had served papers on one of them for tax violation.

In April 1995, a truck bomb killing 168 people and injured 759 others destroyed the Alfred P. Murrah Federal Building in Oklahoma City.

In May 1995, Larry Wayne Harris, a member of the neo-Nazi organization Aryan Nations, was arrested in Ohio on charges of mail fraud and fraud by wire after allegedly misrepresenting himself when ordering three vials of freeze-dried *Yersinia pestis*, the bacteria which causes bubonic plague, from a Maryland biological laboratory.

In December 1995, Thomas Lewis Lavy from Arkansas was charged with possession of the toxin Ricin in violation of the Biological Weapons Antiterrorism Act of 1989. In 1993, Canadian customs officials had intercepted a stack of currency with a white powder interspersed between the bills. Suspecting cocaine, customs had the material analyzed, and discovered that it was not cocaine but Ricin. Lavy was arrested and the next day hanged himself in his jail cell.

In 1996, a threat was made to release Sarin at Disneyland on Easter Sunday.

The Phineas Priesthood exploded a pipe bomb at the Valley Branch offices of *The Spokane-Review* newspaper on April 1, 1996 and robbed a branch of the US Bank in Spokane ten minutes later. The Phineas Priesthood repeated this mode of operation three months later when they placed a pipe bomb at a Planned Parenthood office in Spokane on July 12. They then robbed the same branch of the US Bank using an AK-47, a 12-gauge shotgun, a revolver, and a 25-pound propane tank bomb.

In July 1996, the Centennial Olympic Park-Olympic Games bombing in Atlanta, Georgia resulted in two deaths and 110 injuries.

In 1997 in Fulton County Georgia an explosive device was used on a family planning clinic. This was the first terrorist incident in the United States where a secondary device was used with the purpose of harming first responders.

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In 1997 in Fulton County Georgia, an explosive device was used on a Social Club. This incident also had a secondary device that was found by police before doing any damage.

On September 11, 2001 Islamic fundamentalists took control of three aircraft and crashed two into New York City's World Trade Center and one into Washington, DC's Pentagon. The crashes caused the WTC to collapse. Over 4,000 people were killed.

In September and October, 2001 letters containing anthrax spores were delivered to several facilities including Senatorial offices in Washington, DC and news organizations in Florida. Several people contaminated with the spores died and thousands were treated with antibiotics. The resulting fear affected mail delivery nation-wide.

In the United States, most terrorist incidents have involved small extremist groups who use terrorism to achieve a designated objective. Local, State, and Federal law enforcement officials monitor suspected terrorist groups to try to prevent or protect against a suspected attack. Only one in three planned terrorist events are discovered and stopped before a terrorist incident occurs.

A terrorist attack can take several forms, depending on the technological means available to the terrorist, the nature of the political issue motivating the attack, and the points of weakness of the terrorist's target. Bombings are the most frequently used terrorist method in the United States.

In the summer of 2003 a Terrorism and Weapons of Mass Destruction Working Group examined the risk and vulnerability of Walla Walla County to terrorism. The group consisted of local representatives from Law Enforcement, Fire Service, Emergency Medical, Emergency Management, Public Works, Public Health, Health Care and Public Safety Communications. The results were provided to Washington State and the U.S. Department of Homeland Security. The group examined the threat, identified possible targets and assessed vulnerable sites. Current and needed capabilities were identified and assessed. Planning, organization, equipment, training, exercises and technical assistance were assessed and reported.

Although there have been no reported major incidences of terrorism in Walla Walla County, the likelihood of a terrorist incidence is not particularly likely, but not out of the possibility. The probability of a major terrorist incident is rated at LOW.

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Vulnerability.

Over 100 possible targets in Walla Walla County have been identified. Of those 10 have been assessed in detail. Factors used in the assessment include:

- Level of visibility
- Criticality of target site to the jurisdiction
- Impact outside of the jurisdiction
- Access to target
- Potential target threat of the hazard
- Target site population
- Potential for mass casualties

Considerations were made for sites in Walla Walla County that store certain materials. The results were based on specific criteria for each type of material.

Material	Sites
Chemical	56
Biological	0
Radiological	11
Nuclear	0
Explosive	8

Several factors increase Walla Walla County vulnerability to a terrorist attack and the resulting death, injuries and damage. Local response capabilities to manage the threat or use of Weapons of Mass Destruction are limited. Issues that may be commonly encountered include:

- Difficulty in recognizing an attack as such.
- Difficulty in identifying the agent.
- Determining the most appropriate means of protection.
- Decontaminating and treating (victims, incident sites, and the environment).
- Identifying and providing appropriate treatment (initial and definitive).
- Identifying and providing diverse collateral requirements (public safety, mental health, etc.).
- Determining the appropriate disposition of the deceased.

The ambiguity of the effects of a terrorist attack makes an assessment difficult. As a worst case, Walla Walla County is rated at a MEDIUM vulnerability.

Risk Rating. Walla Walla County's risk to a terrorist attack is rated at MEDIUM.