

THE WHITE HOUSE

Office of Science and Technology Policy

FOR IMMEDIATE RELEASE

June 12, 1996

Contact: (202)456-6020

FACT SHEET

ADDRESSING THE THREAT OF EMERGING INFECTIOUS DISEASES

The President today established a national policy to address the threat of emerging infectious diseases through improved domestic and international surveillance, prevention, and response measures.

Background

Emerging infectious diseases such as Ebola, drug-resistant tuberculosis, and HIV/AIDS present one of the most significant health and security challenges facing the global community. Deaths from infectious disease have risen sharply over the past decade in the United States and globally. In the United States alone, the death rate from infectious diseases, excluding HIV/AIDS, rose by 22 percent between 1980 and 1992. Contributing factors, such as climate change, ecosystem disturbance, increased movement of people and goods, and the deterioration of public health infrastructures, show no sign of abatement. Addressing this challenge requires a global strategy as most cities in the United States are within a 36 hour commercial flight of any area of the world -- less time than the incubation period of many infectious diseases. Furthermore, the United States is vulnerable to a release of biological agents by rogue nations or terrorists, which could result in the spread of infectious diseases.

The National Science and Technology Council (NSTC) has determined that the national and international system of infectious disease surveillance, prevention, and response is inadequate to protect the health of U.S. citizens. The NSTC reports, "Infectious Disease -- A Global Health Threat" (September 1995), "Meeting the Challenge -- A Research Agenda for Health, Safety, and Food" (February 1996), and "Proceedings of the Conference on Human Health and Global Climate Change" (May 1996), make a number of recommendations to improve our surveillance, prevention, and response capabilities which are reflected in this policy.

Policy Goals

1. Strengthen the domestic infectious disease surveillance and response system, both at the Federal, State, and local levels and at ports of entry into the United States, in cooperation with the private sector and with public health and medical communities.
2. Establish a global infectious disease surveillance and response system, based on regional hubs and linked by modern communications.
3. Strengthen research activities to improve diagnostics, treatment, and prevention, and to improve the understanding of the biology of infectious disease agents.
4. Ensure the availability of the drugs, vaccines, and diagnostic tests needed to combat infectious diseases and infectious disease emergencies through public and private sector cooperation.
5. Expand missions and establish the authority of relevant United States Government agencies to contribute to a worldwide infectious disease surveillance, prevention, and response network.
6. Promote public awareness of emerging infectious diseases through cooperation with nongovernmental organizations and the private sector.

U.S. Government Roles and Responsibilities

1. Enhance the surveillance and response components of our domestic and international public health infrastructure.
 - Strengthen Federal and State laboratory and epidemiological response capabilities. The Centers for Disease Control and Prevention (CDC) will coordinate Federal government efforts to strengthen Federal, State and local health departments surveillance and response capabilities.
 - Strengthen research, training, and technology development for establishing new and more effective interventions to combat emerging infectious diseases.
 - The Federal government, in cooperation with State and local governments, international organizations, the private sector, and public health, medical and veterinary communities, will establish a national and international electronic network for surveillance and response regarding emerging infectious diseases.

2. Enhance biomedical and behavioral research efforts on emerging infectious diseases.

- The National Institutes of Health (NIH) will lead Federal government efforts to strengthen research on the development of new tools to detect and control emerging infectious diseases and on the biology and pathology of infectious agents, with particular emphasis on antimicrobial drug resistance. Research will include the development of new mechanisms for the control and prevention of zoonotic infectious agents, which are derived from domesticated and wild animals, and the health effects of climate change.
- Federal agencies will coordinate with the private sector, as appropriate, including representatives of the pharmaceutical industry and the academic, medical, and public health communities.

3. Expand formal training for health care providers.

- Senior United States Government officials will work with health care provider, health research organizations, and professional organizations to urge that emerging infectious diseases be given greater emphasis in fellowship programs and on certifying and re-certifying examinations.
- NIH will work with appropriate medical college and public health school associations, urging them to advise their member institutions to expand training in emerging infectious diseases and antimicrobial drug resistance, in student curricula.

4. Review and update regulations, procedures, and resources for screening and quarantine at ports of entry into the United States.

- CDC will lead an interagency group to review and update current screening and quarantine regulations, procedures, and resources aimed at minimizing the threats disease outbreaks can pose to national health and security. Issues considered should include early warning systems abroad, stricter controls at ports of entry, and improved surveillance after persons, animals, or material have entered the United States.
- The National Security Council (NSC) will ensure that any recommendations support counterterrorism measures.

5. Make information about ill international travelers with communicable diseases more accessible to domestic health authorities.
 - CDC will be the lead agency in the development of cooperative arrangements with the transportation industry to provide needed information when follow-up of passengers with communicable diseases arriving at United States ports of entry is required.
6. Encourage other nations and international organizations to assign higher priority to emerging infectious diseases.
 - The Department of State and Office of Science and Technology Policy (OSTP), in consultation with other agencies, will develop and coordinate a sustained effort to enlist support from other nations and international bodies. State will raise the issue of emerging infectious diseases in bilateral, regional, and multilateral discussions and will negotiate cooperative agreements with other nations to promote the establishment of a global surveillance and response network.
7. Support the World Health Organization (WHO) and other bodies in playing a stronger role in the surveillance, prevention, and response to emerging infectious diseases.
 - The United States will participate in the WHO-proposed revision of the International Health Regulations to ensure improved screening and quarantine capabilities.
 - The United States will urge the WHO to develop regional inventories of resources for combating emerging infectious diseases and will explore joint steps to strengthen surveillance and response capabilities of WHO and other international organizations, as appropriate.
8. Expand United States agency missions and mandates in order to ensure that responsible agencies are provided with the authority, emergency procurement powers, and resources to respond to worldwide disease outbreaks that have the potential to adversely affect the United States.
 - CDC's mandate to protect the health of United States citizens will be more clearly stated to allow conduct of surveillance and response activities, including outbreak investigations and selected responses to epidemics overseas. In disaster relief operations involving infectious diseases, CDC will operate as part of the United States effort, as appropriate.

- The U.S. Agency for International Development (USAID) will continue to address the root causes of emerging diseases through its ongoing portfolio of assistance to developing countries.
- The mission of the Department of Defense (DoD) will be expanded to include support of global surveillance, training, research, and response to emerging infectious disease threats. DoD will strengthen its global disease reduction efforts through: centralized coordination; improved preventive health programs and epidemiological capabilities; and enhanced involvement with military treatment facilities and United States and overseas laboratories.
- DoD will ensure the availability of diagnostic capabilities at its three domestic and six overseas laboratories. DoD will make available its overseas laboratory facilities, as appropriate, to serve as focal points for the training of foreign technicians and epidemiologists.

Coordination by a Standing Task Force

A standing Task Force of the National Science and Technology Council (NSTC) is established to provide strategic planning and further coordination on issues of emerging infectious diseases. The Task Force will establish action groups as necessary to pursue specific topics. In particular, the Task Force will act immediately to realize the objectives and implementing actions described above.

The Task Force will be co-chaired by the Centers for Disease Control and Prevention and the White House Office of Science and Technology Policy. The Task Force will seek the views of the private sector and health service providers in implementing this initiative.

Reporting Requirements

The Task Force will report to the President through the NSTC and will provide annual reports on the progress realized, including recommendations for further action.

THE WHITE HOUSE
Office of the Vice President

FOR IMMEDIATE RELEASE
WEDNESDAY, June 12, 1996

CONTACT: 202-456-7035

VICE PRESIDENT ANNOUNCES POLICY ON INFECTIOUS DISEASES
New Presidential Policy Calls for Coordinated Approach to Global Issue

WASHINGTON -- Calling emerging infectious diseases a growing global health threat, Vice President Gore today (6/12) announced President Clinton's new policy to establish a worldwide infectious disease surveillance and response system, and expand certain federal agency mandates to better protect American citizens.

"Emerging infectious diseases present one of the most significant health and security challenges facing the global community," Vice President Gore said during remarks to the annual meeting of the National Council for International Health in Crystal City, Virginia. "Through President Clinton's leadership, we now have the first national policy to deal with this serious international problem.

"We are committed to ensuring that American citizens have the best protection possible from emerging infectious diseases, and that means a coordinated, comprehensive approach at both the national and international levels," Vice President Gore said.

In the United States, the death rate from infectious diseases, excluding HIV/AIDS, rose by 22 percent between 1980 and 1992. Contributing factors include climate change, increased movements of people and goods, and the deterioration of public health infrastructures. Since most cities in the United States are within a 36-hour commercial flight of any area of the world -- less time than the incubation period of many infectious diseases -- addressing the problem of emerging infectious diseases requires a global strategy.

Specifically, the presidential policy announced by Vice President Gore today (6/12) calls for improved domestic and international surveillance, prevention and response measures to emerging infectious diseases.

For example, the policy directs the United States government to work with other nations and international organizations to establish a global infectious disease surveillance and response system, based on regional hubs and linked by modern communications technologies. It also expands designated federal agency missions and mandates in order to ensure that they have the authority, emergency procurement powers and resources to respond to worldwide disease outbreaks that have the potential to impact the United States.

In addition, the policy calls for strengthening research activities to improve diagnosis, treatment and prevention of emerging infectious diseases; ensuring the availability of the drugs, vaccines, and diagnostic tests needed to combat emerging infectious diseases; and promoting public awareness of emerging infectious diseases through cooperation with nongovernment organizations and the private sector. The policy establishes a standing Task Force of the National Science and Technology Council (NSTC) to provide strategic planning and further coordination on issues of emerging infectious diseases.

"The Clinton Administration has made the war against emerging infectious diseases a priority," said Health and Human Services Secretary Donna E. Shalala who joined the Vice President at today's announcement. "These diseases know no boundaries, and our international pursuit of them must know no end."

Dr. John H. Gibbons, President Clinton's Science and Technology Advisor, said, "This is yet another instance where we must pull together our full range of capabilities -- research, the global information infrastructure, international engagement -- to meet the challenge to the security and health of our society."

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Draft

**REMARKS PREPARED FOR DELIVERY
BY VICE PRESIDENT AL GORE
NATIONAL COUNCIL FOR INTERNATIONAL HEALTH
CRYSTAL CITY, VIRGINIA
JUNE 12, 1996**

Thank you all very much. It is a privilege to be here with you. Yours' truly is a noble cause -- and I am honored to stand with and for you today. I am glad you already have had the chance to hear from several other Administration officials.

And I am particularly glad you've heard from the First Lady at the beginning of your conference. As you all know, Mrs. Clinton has been a tireless and courageous advocate of ensuring that our children and families have access to the best and most affordable health care available. There is very little we can do in public life that is more important than improving public health, and I think we owe Mrs. Clinton a huge debt of gratitude for her selfless dedication to this critical issue.

I am here today to talk to you about our nation's health -- and more specifically, I am here to announce on behalf of President Clinton a series of bold new steps the federal government will take to wage our war against one of the greatest single threats to our health -- emerging infectious diseases.

I think it is extremely timely that we gather to discuss this issue.
In a way our grandparents could never have imagined, today children around the world share

dreams, share opportunities, share destinies -- and also share dangers. Remember the air raid drills we had in school? Crouching under our desks to protect ourselves against the threat of nuclear attack.

Today, guaranteeing the national security means more than just defending our borders at home and our values abroad. It means more than having the best trained armed forces in the world. Today, guaranteeing our national security also means defending our nation's health against all enemies -- foreign and domestic. And while Americans are living longer and living healthier than ever before, there is no more menacing threat to our global health today than emerging infectious diseases.

These new diseases don't stop at the border. They don't respect treaties or trade agreements. They certainly don't carry passports or visas. And they don't discriminate based on age or religion, gender or race. No country -- no person -- is immune. And no country can stand alone in meeting this threat; we need a global effort to protect our global village.

In the last century alone, we've seen death and destruction left in the wake of tragedies like influenza, polio, TB, and AIDS. And, at every turn, this nation has helped lead the fight. Even when it was dangerous. Especially when it was dangerous. Armed with commitment and expertise, time and again, dedicated Americans have traveled where others dared not go, and risked their own lives to save the lives of citizens around the globe.

And we have every reason to be proud of the results. Because of American leadership, smallpox was sent packing. Polio was kicked out of the Western Hemisphere. And, most childhood vaccine-preventable diseases are now at an all-time low. Because of these successes, just 20 years ago, many were predicting that the battle over infectious diseases was coming to end -- that it was time to declare victory, pack up our things, and go home.

But, now the truth has come home. I heard that the Pulitzer-Prize winning journalist, Laurie Garrett, has been participating in this conference. I have to say, her book, The Coming Plague sent a stern wake-up call that made Camus' novel read like a fairy tale. For, even if you exclude the toll of AIDS, the death rate from infectious diseases in America increased by more than 20 percent between 1980 and 1992. In 1993 alone, outbreaks of E Coli, hantavirus, and cryptosporidium sent shock waves of fear through our nation, costing us precious lives, precious dreams and precious resources.

How do we explain these trends? How do we explain the dramatic emergence of new enemies and the reemergence of old foes like TB, cholera, and malaria?

Part of the reason lies in our very connectedness as human beings as we approach the beginning of a new century -- both in a physical sense, and also in a technological sense.

As we canvass the new world around us, we see a population explosion -- with countless people living in poverty, living without proper sanitation or health care, and living in

overcrowded cities where diseases thrive. We see the weakening of some of our greatest weapons -- as infectious diseases and their carriers build up new resistance to pesticides, vaccines and antibiotics. We see environmental changes -- forests destroyed, rivers redirected, and dangerous shifts in temperature, migration, and rain fall.

We also see changes in human behavior -- from drug abuse and unsafe sex to a revolution in modern travel -- that has opened us up to deadly new diseases. The ship that brings us fresh fruit from distant parts of the globe can carry any number of microbial hitchhikers. The aircraft that allow Americans to travel anywhere in the world from any American city within 36 hours can become a conveyor of deadly disease. Think about it. It is conceivable that a person carrying Ebola can board a plane, travel 12,000 miles, and infect countless people -- all before developing any symptoms or even knowing he was ill.

Add to this a dangerous threat from disease intentionally spread by rogue states or terrorists. The technology of biological warfare is shockingly easy to acquire, and can be used with devastating effect. The deadly nerve gas released by Aum Shinrikyo in the Tokyo subways crossed a new and terrifying threshold -- the terrorist use of weapons of mass destruction.

And, all the while, we have seen in past years a deterioration of our public health infrastructure -- which had threatened to weaken our ability to educate our citizens, protect our water and food, and detect problems early. Why? Because past victories helped plant the seeds for the most powerful, most dangerous enemy of all -- complacency.

We must never forget the hard lesson of drug-resistant TB -- when we celebrated our victory over it by abandoning our surveillance efforts. A decade later, we are still paying the price. We must never forget that every day a disease goes undetected -- whether it's in China or Crystal City -- more of our citizens are placed in harm's way. And, we must remember that the battle against infectious diseases is not over -- and that it will never be over.

We can't sit by and wait for the next AIDS or Ebola to come knocking at our door. We can never rest on our laurels. We can never let down our guard. There will be no victory parades -- but there must be unyielding vigilance.

I am proud to serve with a President who understands the profound implications of this threat. I am also proud that from day one, President Clinton's Administration has made a profound commitment to detect, combat and prevent infectious diseases around the globe. That's why, even in a time of serious budgetary constraints, we've worked hard in a bipartisan spirit for increases in the NIH budget -- not one, not two, not three, but four times. That's why we continue to strengthen our commitment to fighting the pandemic of HIV and AIDS -- with new anti-viral drugs, better prevention efforts, and a promise never to rest, not even for a minute, until we find a cure. And, that's why this President's budget for fiscal year 1997 more than doubles CDC's budget for emerging infectious diseases.

Are these important steps? You bet they are. But, is our journey over? No... we are not

even close. We need a comprehensive strategy -- a blueprint for action to bring us into the 21st century. And, that's why I am so pleased to announce today new Presidential guidelines to strengthen America's role in protecting ourselves and our global community from the threat of emerging infectious diseases -- now and into the future. Let me briefly outline the four key components of our new policy.

First, we must create a global surveillance system.

I am told that in many countries, even our own, centers of expertise often work in isolation -- unable, because of limited technology -- to even talk to one another, let alone to anyone else. When it comes to fighting infectious diseases, communications saves lives.

How many lives could have been saved if we had been quicker to detect the horror that we now call AIDS? The outbreak of Ebola in Zaire? Or the wildfire of meningitis now raging through Western Africa? How many lives could have been saved? We may never know. But, what we do know is this: If we work together, we can help prevent today's outbreaks from turning into tomorrow's tragedies. And, that's exactly what we must do.

Our goal is to create an "international health radar system" -- so that we can always be ready to act quickly and effectively whenever and wherever infectious diseases rear their ugly heads. To do that, we're strengthening our own piece of the puzzle: by ordering our nation's water systems to keep an eye on cryptosporidium... By focusing like a laser beam on ports of

entry into the United States... And by giving the CDC the tools it needs to help detect and prevent outbreaks at home and abroad.

Our aim, very simply, is to put the necessary structures into place -- both electronic and physical -- to build a nationwide system of infectious disease surveillance. For example, the President's new policy will enable the CDC to expand its regional Emerging Infections Programs from four to ten. These programs, initiated under President Clinton, play a critical role in responding to local outbreaks -- like the deadly Type B meningococcus found in Oregon -- as well as international emergencies -- like the fears of flesh-eating bacteria and mad cow disease that swept the nation. And the CDC will expand its program to rebuild the core infrastructure of State and local health departments, providing electronic connections to a nationwide surveillance system, or even a basic microscope for identifying infectious agents.

But, to really link up across continents, cultures, and oceans, we must follow our children's lead -- and start traveling on the information superhighway. Already, the CDC has created an electronic journal focusing solely on emerging infectious diseases. Already, USAID announced a \$15 million effort to connect 20 African countries to the internet -- and to health centers around the world. And thanks to the vision of Frank Lostumbo of the National Council of International Health, people from Kinshasa to Kuala Lumpur are wired to this very conference via the internet. By staying connected through computers, faxes, and modems, we can discover why a disease has appeared, where it's been, and where it plans to go. And, perhaps most important, we can use the power of communication to prevent outbreaks before they occur -- and

get vaccines and experts on the scene before it's too late.

Second, we need research and training that are absolutely the best in the world.

We are often advised to know our enemy. Nowhere is that more important than in the fight against infectious diseases. It is time to strengthen our research efforts at NIH -- so that we can unlock the mysteries behind antibiotic resistance and discover new scientific weapons in the battle to detect and control emerging infectious diseases.

And it is time to train a health care workforce that can respond to a changing world. Here and abroad, we must commit ourselves to training a new generation of health care professionals who can recognize the signs of infectious diseases -- and know what to do about them.

What does that mean? It means working to ensure that infectious diseases have starring roles in our medical school curricula, in our fellowship programs, and on our certifying exams. It means doing even more to train epidemiologists in developing countries and attract young investigators to the field here at home. It means strengthening our public health workforce -- to improve the way we manage our laboratories, educate the public and prevent disease. And, it means undertaking a real education campaign to stop the misuse and overuse of antibiotics that has allowed diseases -- once controlled -- to escape our collective grasp. Internationally, it means the Department of Defense now will make its overseas labs available as training centers. And

our foreign assistance program will continue its efforts to strengthen local health care systems, through training and research. But, the U.S. government will never be able to meet this challenge alone. Which brings me to point number three ...

We must make strong public-private partnerships the steady engine of our domestic and global progress.

-- When Rotary International joined forces with UNICEF and the World Health Organization to eradicate polio from our hemisphere, our citizens were the winners. I congratulate Rotarians world-wide for the award they will receive today for their outstanding service to humankind;

-- when CDC joined with communities across the nation to improve our immunization rates and prevent the spread of AIDS, our citizens were the winners;

-- when the Pharmaceutical Research and Manufacturers of America -- Pharma -- teamed up with WHO to combat drug resistance in Africa, our citizens are the winners. I applaud Pharma for announcing today that it will support this critical program;

-- when American corporations like Merck formed a partnership with USAID and the World Bank to help fight river blindness, our citizens were the winners.

And it will be our citizens -- here and around the globe -- who will be the winners once again when we tap into the deep reservoir of our industry's expertise -- so that we can develop new vaccines and other tools to prevent disease and save lives.

Fourth, we must meet this international challenge with international solutions.

When an outbreak of Ebola strikes in Africa or Asia, in Europe or anywhere else on our planet, it is not someone else's problem. It is our problem. And, it's going to take all of us working together to solve it. It's going to take each and every country putting the fight against emerging infectious diseases on the front burner -- where it belongs.

That was the message we sent to our partners in the European Union and the Asian Pacific Economic Conference. That is the message we will send when we meet with the Japanese under the Common Agenda later this week. And, that is the message we will continue to send -- every hour of the day, every day of the year.

Because we believe that nations can only grow and prosper when their citizens are healthy, we will continue to make the battle against emerging infectious diseases a cornerstone of our sustainable development policies. We will expand the CDC's mandate -- to expressly include tackling infectious diseases worldwide. We will work with the World Health Organization to revise the International Health Regulations. And let me be clear: we will continue to be a reliable partner in this fight, with WHO, and all international bodies committed to preventing

these deadly diseases around the globe.

Let me also be clear that the steps I outlined today make economic sense as well as medical sense. Every dollar spent on the vaccine against measles, mumps, and rubella saves twenty-one dollars in health care expenses down the road. Ridding the world of polio will save three billion dollars in health care costs by 2010 alone -- and the savings thereafter will only grow and grow. But the essence of the President's new policy isn't only measured in money saved -- although money will be saved -- it is measured by the lives that will be saved. It is calculated by how our nation and our government at long last will more effectively be able to harness the extraordinary resources we have available to us to fight and win the global war on emerging infectious diseases.

As we look ahead to meet this challenge, I am reminded of a story about a blind old woman -- and a little boy who decides to play a trick on her. The little boy goes out and captures a bird, places it within his hands, and asks her, "Old woman, is this bird alive or dead?"

He had his scheme planned out this way. If she answered, "Dead," he would set it free and prove her wrong. If she answered, "Alive," he would crush the life out of it, and prove her wrong. She thought for a moment, and then said, "The answer is in your hands."

Yes, the answer is in our hands.

Just like polio. Just like smallpox. Just like the measles. If we work together, we can make the Mission Impossible -- possible. If we work together, we can ring in the new century by bringing home the Gold in the race to save our citizens from the scourge of AIDS, Ebola, and other deadly infectious diseases.

The answer -- and the future -- is in our hands. Thank you.

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THE WHITE HOUSE

WASHINGTON

May 1, 1996

MEMORANDUM TO MEMBERS OF
THE NATIONAL SCIENCE AND TECHNOLOGY COUNCIL

FROM:

JOHN H. GIBBONS 

SUBJECT:

Clearance request of the Presidential Decision Directive on Emerging Infectious Diseases

I am requesting your clearance of the attached Presidential Decision Directive (PDD) on Emerging Infectious Diseases (EID). I would appreciate your final clearance by Wednesday, May 15, 1996.

The PDD would establish national policy and implementing actions to address the threat of emerging infectious diseases by improving domestic and international surveillance, prevention, and response measures. It calls for coordination of basic research, training, public health programs, foreign assistance, and security measures. The PDD is based on the recommendations of the NSTC report, Infectious Diseases: A Global Health Threat, and the agencies' responses to the OSTP/NSC tasker on EID's. The objectives of the PDD include the following:

- Strengthen domestic EID surveillance and response at Federal, State and local levels.
- Work with other nations and international organizations like WHO to establish a global surveillance and response system.
- Strengthen biomedical and biobehavioral research on EID's.
- Ensure availability of drugs, vaccines, and diagnostics.
- Expand missions and mandates of relevant agencies, such as CDC and DoD, to enable them to participate in an international EID surveillance network.

The PDD has been reviewed by the NSTC Committee on International Science, Engineering, and Technology (CISSET) and incorporates CISSET comments. The PDD is being reviewed by OMB as part of the NSTC clearance process.

Your timely review and clearance of this document is appreciated. Please send your clearance using the attached form by facsimile to Angela Phillips Diaz, Executive Secretary of the NSTC (fax: 202-456-6026, phone: 202-456-6100) by close of business Wednesday, May 15, 1996. If we do not receive clearance by this date, your concurrence will be assumed.

Attachments

NATIONAL SCIENCE AND TECHNOLOGY COUNCIL
CONCURRENCE SHEET

RETURN BY WEDNESDAY, MAY 15, 1996

Please check the applicable box and sign in space provided.

PRESIDENTIAL DECISION DIRECTIVE ON EMERGING INFECTIOUS
DISEASES

- _____ a. I approve the Presidential Decision Directive.
- _____ b. I approve the Presidential Decision Directive with minor editing
(attach comments).
- _____ c. I would like to have further discussion with the CISET Principals before
approving the Presidential Decision Directive.

Signature

Agency

Date

Telephone #

Return by FAX to:
Angela Phillips Diaz
(202) 456-6026

FAILURE TO RESPOND BY MAY 15, 1996 PRESUMES CONCURRENCE.

Draft

Presidential Decision Directive
on
Emerging Infectious Diseases

For Internal NSTC Review
Only

May 1, 1996

This Directive establishes national policy and implementing actions to address the threat of emerging infectious diseases by improving surveillance, prevention, and response measures.

Background

Emerging infectious diseases -- new, resurgent, or drug-resistant infections of which the incidence in humans has increased within the past two decades or threatens to increase in the near future -- present one of the most significant health challenges facing the global community. Despite the major medical and scientific advances of this century, infectious disease deaths have risen sharply over the past decade in the U.S. and globally. HIV/AIDS has exploded into a global pandemic, while other diseases thought to be under control, such as tuberculosis, cholera, and pneumonia, are reemerging worldwide. The factors that contribute to the resurgence of these diseases, such as the evolution of drug-resistant microbes, population growth and urbanization, unsafe human behaviors, and changes in ecology and climate, show no sign of abatement. Many human activities, such as agriculture and land development, result in the transmission of animal pathogens into human populations, which cannot be overstated as a factor in the emergence of new human infections.

Diseases such as Hantavirus and Lyme disease have emerged within the U.S. At the same time, there is a considerable risk of infectious agents entering unnoticed from overseas. Most cities in the U.S. can be reached by commercial flight from any area of the world within 36 hours -- less time than the incubation period of many infectious diseases. Furthermore, the United States is vulnerable to the risk of biological agents being used by terrorists or nations in conflict, resulting in the spread of infectious diseases.

The National Science and Technology Council has determined that the national and international system of infectious disease surveillance and response is inadequate to protect the health of U.S. citizens from emerging infectious diseases. On the basis of the NSTC report, "Infectious Disease -- A Global Health Threat" (September 1995) and the NSC/OSTP Tasker on emerging infectious diseases, I am calling for a series of actions to improve our surveillance, prevention, and response capability. Where relevant, these actions will be coordinated with PDD 39/U.S. Policy on Counterterrorism.

I. Objectives

The United States will improve domestic and international infectious disease surveillance, prevention, and response. Specifically, the United States will:

- A. Strengthen domestic infectious disease surveillance and response, both at the Federal, state, and local levels and at ports of entry into the United States, in cooperation with the private sector, public health and medical communities.
- B. Work with other nations and international organizations to establish a global infectious disease surveillance and response system, based on regional hubs and linked by modern communications.
- C. Strengthen research activities to improve diagnostics, treatments, and prevention measures, and to improve the understanding of the biology of infectious disease agents.
- D. Ensure the availability of the drugs, vaccines, and diagnostic tests needed to combat infectious diseases and infectious disease emergencies through public and private sector cooperation.
- E. Expand missions and establish the authority of relevant U.S. Government agencies to contribute to a worldwide infectious disease network. In some cases, this will require legislation to extend agency mandates.

A standing Task Force of the National Science and Technology Council will be created immediately to ensure interagency coordination. The specific responsibilities of the Task Force will be as noted below.

II. Implementing Actions

- 1. Enhance the surveillance and response components of our domestic public health infrastructure.
 - Strengthen Federal and State laboratory and epidemiological response capabilities. The Centers for Disease Control and Prevention (CDC) will coordinate Federal government efforts to strengthen State and local health departments surveillance and response capabilities.
 - Strengthen research, training, and technology development for establishing new and more effective interventions to combat emerging infectious diseases.
 - The Federal government, in cooperation with State and local governments, international organizations, the private sector, and public health, medical and veterinary communities, will establish a national and international

electronic network for surveillance and response regarding emerging infectious diseases.

2. Enhance biomedical and behavioral research efforts on emerging infectious diseases.
 - The Federal Government will strengthen research on the development of new tools to detect and control emerging infectious diseases and on the biology and pathology of infectious agents. Research will include the development of new mechanisms for the control and prevention of zoonotic agents, which are derived from domesticated and wild animals.
3. Expand formal training for health care providers.
 - Before the end of June 1996, senior U.S. Government officials will write health care provider, laboratory health research organizations, and professional organizations, urging that emerging infectious diseases be given greater emphasis in fellowship programs and on certifying and re-certifying examinations.
 - The National Institutes of Health (NIH) will write appropriate medical college and public health school associations, urging them to advise their member institutions to include more training in emerging infectious diseases in student curricula and examinations.
4. Review and update regulations for screening and quarantine at ports of entry into the United States.
 - An interagency group led by CDC will review and update current regulations in light of the threats disease outbreaks can pose to national health and security. Issues considered should include early warning systems abroad, stricter controls at ports of entry, and improved surveillance after persons, animals, or material have entered the United States.
 - The National Security Council (NSC) will ensure that any recommendations support the counterterrorism measures called for in PDD 39/U.S. Policy on Counterterrorism.
5. Make information about ill international travelers with communicable diseases more accessible to domestic health authorities.

- CDC will be the lead agency in the development of cooperative arrangements with the transportation industry to provide needed information when follow-up of passengers with communicable diseases arriving at U.S. ports of entry is required.
6. Encourage other nations and international organizations to assign higher priority to emerging infectious diseases.
- Before the end of June 1996, the NSTC will prepare for my review and signature a letter to Heads of State calling for the development of a global surveillance and response network; emphasizing the responsibility of all nations for timely reporting of disease outbreaks to the World Health Organization (WHO); requesting donor country contributions to support research and training aimed at improving prevention, detection and response to emerging infectious diseases; and urging all countries to support to the best of their abilities improvements in their capacities in these areas. The letter will stress the commitment of the U.S. to work with all partners to develop and implement a more effective global strategy on emerging infectious diseases. The Department of State will facilitate and support these Presidential communications in the appropriate manner and fora.
7. Support the World Health Organization and other bodies in playing a stronger role in emerging infectious diseases.
- The United States will participate in the WHO-proposed revision of the International Health Regulations to ensure improved screening and quarantine capabilities.
 - The United States will urge the WHO to develop regional inventories of resources for combating emerging infectious diseases and will explore joint steps to strengthen surveillance and response capabilities of WHO and other international organizations, as appropriate.
8. Expand U.S. agency missions and mandates in order to ensure that responsible agencies are provided with the authority, emergency procurement powers, and resources to respond to foreign disease outbreaks that have the potential to spread globally.
- CDC's mandate to protect the health of U.S. citizens should be more clearly stated to conduct surveillance and response activities, including outbreak investigations and selected responses to epidemics overseas in coordination,

as appropriate, with State and local health departments, the Departments of State and Defense, USAID, and other federal agencies. In disaster relief operations involving infectious diseases, CDC will operate as part of the U.S. effort, as appropriate.

- USAID will continue to address the root causes of emerging diseases through its on-going portfolio of assistance to developing countries.
- The mission of the Department of Defense (DoD) will be expanded to include support of global surveillance, training, research, and response to emerging infectious disease threats. DoD will strengthen its global disease reduction efforts through: centralized coordination; improved preventive health programs and epidemiological capabilities; and enhanced involvement with military treatment facilities and U.S. and overseas laboratories.
- DoD will ensure the availability of diagnostic and treatment capabilities at its three domestic and six overseas laboratories, using existing DoD resources. DoD, in coordination with other government agencies, will develop training for foreign technicians and epidemiologists at these six laboratories, using existing DoD resources. If necessary, DoD will seek Chief of Mission concurrence to raise personnel ceilings at overseas laboratories, in accordance with NSDD-38 procedures.

III. Coordination by a Standing Task Force

A standing Task Force of the National Science and Technology Council will be established to provide strategic planning and further coordination on issues of emerging infectious diseases. The Task Force will establish action groups as necessary to pursue specific topics. In particular, the Task Force will act immediately to realize the objectives and implementing actions described above.

The Task Force will, as necessary and in a timely manner, present to the National Science and Technology Council issues requiring decision by Deputies or Principals.

The Task Force will be co-chaired by the Centers for Disease Control and Prevention and the White House Office of Science and Technology Policy. Members of the Task Force will include, but not be limited to, appropriate representatives of the Departments of State, Defense, Justice, Commerce, Agriculture, and Health and Human Services (including the National Institutes of

Health and the Food and Drug Administration), as well as the U.S. Agency for International Development, the National Aeronautics and Space Administration, the Intelligence Community, the National Security Council, and the Office of Management and Budget. The Task Force will seek the views of the private sector and health service providers in implementing this Directive.

IV. Resources

The Department of Health and Human Services, the Department of State, the Department of Defense, the Department of Commerce, the Department of Justice, the Intelligence Community, the United States Agency for International Development, and the Office of Management and Budget will take appropriate actions to promote the objectives of this Directive. This requires strengthened activities in the Centers for Disease Control and Prevention and the National Institutes of Health, for both basic research on infectious diseases and national and international actions to improve infectious disease surveillance and response. Agencies will seek to achieve the objectives of this Directive with available resources, and to the extent necessary, new resources. Precise funding requirements will be determined in conjunction with the appropriate fiscal year budget cycle.

V. Reporting

The Task Force will report to me through the NSTC and will provide me with annual reports on the progress realized, including recommendations for further action.

The Return of Infectious Disease

Laurie Garrett

THE POST-ANTIBIOTIC ERA

SINCE WORLD WAR II, public health strategy has focused on the eradication of microbes. Using powerful medical weaponry developed during the postwar period—antibiotics, antimalarials, and vaccines—political and scientific leaders in the United States and around the world pursued a military-style campaign to obliterate viral, bacterial, and parasitic enemies. The goal was nothing less than pushing humanity through what was termed the “health transition,” leaving the age of infectious disease permanently behind. By the turn of the century, it was thought, most of the world’s population would live long lives ended only by the “chronics”—cancer, heart disease, and Alzheimer’s.

The optimism culminated in 1978 when the member states of the United Nations signed the “Health for All, 2000” accord. The agreement set ambitious goals for the eradication of disease, predicting that even the poorest nations would undergo a health transition before the millennium, with life expectancies rising markedly. It was certainly reasonable in 1978 to take a rosy view of *Homo sapiens*’ ancient struggle with the microbes; antibiotics, pesticides, chloroquine and other powerful antimicrobials, vaccines, and striking improvements in water treatment and food preparation technologies had provided what seemed an imposing armamentarium. The year before, the World

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Suspected carriers of plague virus in a New Delhi hospital, October 1994.

Health Organization (WHO) had announced that the last known case of smallpox had been tracked down in Ethiopia and cured.

The grandiose optimism rested on two false assumptions: that microbes were biologically stationary targets and that diseases could be geographically sequestered. Each contributed to the smug sense of immunity from infectious diseases that characterized health professionals in North America and Europe.

Anything but stationary, microbes and the insects, rodents, and other animals that transmit them are in a constant state of biological flux and evolution. Darwin noted that certain genetic mutations allow plants and animals to better adapt to environmental conditions and so produce more offspring; this process of natural selection, he argued, was the mechanism of evolution. Less than a decade after the U.S. military first supplied penicillin to its field physicians in the Pacific theater, geneticist Joshua Lederberg demonstrated that natural selection was operating in the bacterial world. Strains of staphylococcus and streptococcus that happened to carry genes for resistance to the drugs arose and flourished where drug-susceptible strains had been driven out. Use of antibiotics was selecting for ever-more-resistant bugs.

More recently scientists have witnessed an alarming mechanism of microbial adaptation and change—one less dependent on random inherited genetic advantage. The genetic blueprints of some microbes contain DNA and RNA codes that command mutation under stress,

medicine thought it
had beaten infectious
disease, until the AIDS
epidemic broke out.

offer escapes from antibiotics and other drugs, marshal collective behaviors conducive to group survival, and allow the microbes and their progeny to scour their environments for potentially useful genetic material. Such material is present in stable rings or pieces of DNA and RNA, known as plasmids and transposons, that move freely

among microorganisms, even jumping between species of bacteria, fungi, and parasites. Some plasmids carry the genes for resistance to five or more different families of antibiotics, or dozens of individual drugs. Others confer greater powers of infectivity, virulence, resistance to disinfectants or chlorine, even such subtly important characteristics as the ability to tolerate higher temperatures or more acidic conditions. Microbes have appeared that can grow on a bar of soap, swim unabashed in bleach, and ignore doses of penicillin logarithmically larger than those effective in 1950.

In the microbial soup, then, is a vast, constantly changing lending library of genetic material that offers humanity's minute predators myriad ways to outmaneuver the drug arsenal. And the arsenal, large as it might seem, is limited. In 1994 the Food and Drug Administration licensed only three new antimicrobial drugs, two of them for the treatment of AIDS and none an antibacterial. Research and development has ground to a near halt now that the easy approaches to killing viruses, bacteria, fungi, and parasites—those that mimic the ways competing microbes kill one another in their endless tiny battles throughout the human gastrointestinal tract—have been exploited. Researchers have run out of ideas for countering many microbial scourges, and the lack of profitability has stifled the development of drugs to combat organisms that are currently found predominantly in poor countries. "The pipeline is dry. We really have a global crisis," James Hughes, director of the National Center for Infectious Diseases at the Centers for Disease Control and Prevention (CDC) in Atlanta, said recently.

DURING THE 1960s, 1970s, and 1980s, the World Bank and the International Monetary Fund devised investment policies based on the assumption that economic modernization should come first and improved health would naturally follow. Today the World Bank recognizes that a nation in which more than ten percent of the working-age population is chronically ill cannot be expected to reach higher levels of development without investment in health infrastructure. Furthermore, the bank acknowledges that few societies spend health care dollars effectively for the poor, among whom the potential for the outbreak of infectious disease is greatest. Most of the achievements in infectious disease control have resulted from grand international efforts such as the expanded program for childhood immunization mounted by the U.N. Children's Emergency Fund and WHO's smallpox eradication drive. At the local level, particularly in politically unstable poor countries, few genuine successes can be cited.

Geographic sequestration was crucial in all postwar health planning, but diseases can no longer be expected to remain in their country or region of origin. Even before commercial air travel, swine flu in 1918-19 managed to circumnavigate the planet five times in 18 months, killing 22 million people, 500,000 in the United States. How many more victims could a similarly lethal strain of influenza claim in 1996, when some half a billion passengers will board airline flights?

Every day one million people cross an international border. One million a week travel between the industrial and developing worlds. And as people move, unwanted microbial hitchhikers tag along. In the nineteenth century most diseases and infections that travelers carried manifested themselves during the long sea voyages that were the primary means of covering great distances. Recognizing the symptoms, the authorities at ports of entry could quarantine contagious individuals or take other action. In the age of jet travel, however, a person incubating a disease such as Ebola can board a plane, travel 12,000 miles, pass unnoticed through customs and immigration, take a domestic carrier to a remote destination, and still not develop symptoms for several days, infecting many other people before his condition is noticeable.

Surveillance at airports has proved grossly inadequate and is often biologically irrational, given that incubation periods for many incurable contagious diseases may exceed 21 days. And when a recent traveler's symptoms become apparent, days or weeks after his journey, the task of identifying fellow passengers, locating them, and bringing them to the authorities for medical examination is costly and sometimes impossible. The British and U.S. governments both spent millions of dollars in 1976 trying to track down 522 people exposed during a flight from Sierra Leone to Washington, D.C., to a Peace Corps volunteer infected with the Lassa virus, an organism that produces gruesome hemorrhagic disease in its victims. The U.S. government eventually tracked down 505 passengers, scattered over 21 states; British Airways and the British government located 95, some of whom were also on the U.S. list. None tested positive for the virus.

In the fall of 1994 the New York City Department of Health and the U.S. Immigration and Naturalization Service took steps to prevent plague-infected passengers from India from disembarking at New York's John F. Kennedy International Airport. All airport and federal personnel who had direct contact with passengers were trained to recognize symptoms of *Yersinia pestis* infection. Potential plague carriers were, if possible, to be identified while still on the tarmac, so fellow passengers could be examined. Of ten putative carriers identified in New York, only two were discovered at the airport; the majority had long since entered the community. Fortunately, none of the ten proved to have plague. Health authorities came away with the lesson that airport-based screening is expensive and does not work.

Humanity is on the move worldwide, fleeing impoverishment, religious and ethnic intolerance, and high-intensity localized warfare that targets civilians. People are abandoning their homes for new destinations on an unprecedented scale, both in terms of absolute numbers and as a percentage of population. In 1994 at least 110 million people immigrated, another 30 million moved from rural to urban areas within their own country, and 23 million more were displaced by war or social unrest, according to the U.N. High Commissioner for Refugees and the Worldwatch Institute. This human mobility affords microbes greatly increased opportunities for movement.

THE CITY AS VECTOR

POPULATION EXPANSION raises the statistical probability that pathogens will be transmitted, whether from person to person or vector—insect, rodent, or other—to person. Human density is rising rapidly worldwide. Seven countries now have overall population densities exceeding 2,000 people per square mile, and 43 have densities greater than 500 people per square mile. (The U.S. average, by contrast, is 74.)

High density need not doom a nation to epidemics and unusual outbreaks of disease if sewage and water systems, housing, and public health provisions are adequate. The Netherlands, for example, with 1,180 people per square mile, ranks among the top 20 countries for good health and life expectancy. But the areas in which density is increasing most are not those capable of providing such infrastructural support. They are, rather, the poorest on earth. Even countries with low overall density may have cities that have become focuses for extraordinary overpopulation, from the point of view of public health. Some of these urban agglomerations have only one toilet for every 750 or more people.

Most people on the move around the world come to burgeoning metropolises like India's Surat (where pneumonic plague struck in 1994) and Zaire's Kikwit (site of the 1995 Ebola epidemic) that offer few fundamental amenities. These new centers of urbanization typically lack sewage systems, paved roads, housing, safe drinking water, medical facilities, and schools adequate to serve even the most affluent residents. They are squalid sites of destitution where hundreds of thousands live much as they would in poor villages, yet so jammed together as to ensure astronomical transmission rates for airborne, waterborne, sexually transmitted, and contact-transmission microbes.

But such centers are often only staging areas for the waves of impoverished people that are drawn there. The next stop is a megacity with a population of ten million or more. In the nineteenth century only two cities on earth—London and New York—even approached that size. Five years from now there will be 24 megacities, most in poor developing countries: São Paulo, Calcutta, Bombay, Istanbul, Bangkok, Tehran, Jakarta, Cairo, Mexico City, Karachi, and the like. There the woes of cities like Surat are magnified many times

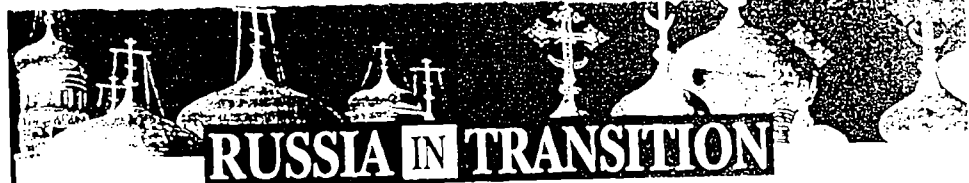
over. Yet even the developing world's megacities are way stations for those who most aggressively seek a better life. All paths ultimately lead these people—and the microbes they may carry—to the United States, Canada, and Western Europe.

Urbanization and global migration propel radical changes in human behavior as well as in the ecological relationship between microbes and humans. Almost invariably in large cities, sex industries arise and multiple-partner sex becomes more common, prompting rapid increases in sexually transmitted diseases. Black market access to antimicrobials is greater in urban centers, leading to overuse or outright misuse of the precious drugs and the emergence of resistant bacteria and parasites. Intravenous drug abusers' practice of sharing syringes is a ready vehicle for the transmission of microbes. Underfunded urban health facilities often become unhygienic centers for the dissemination of disease rather than its control.

THE EMBLEMATIC NEW DISEASE

ALL THESE factors played out dramatically during the 1980s, allowing an obscure organism to amplify and spread to the point that who estimates it has infected a cumulative total of 30 million people and become endemic to every country in the world. Genetic studies of the human immunodeficiency virus that causes AIDS indicate that it is probably more than a century old, yet HIV infected perhaps less than .001 percent of the world population until the mid-1970s. Then the virus surged because of sweeping social changes: African urbanization; American and European intravenous drug use and homosexual bathhouse activity; the Uganda-Tanzania war of 1977-79, in which rape was used as a tool of ethnic cleansing; and the growth of the American blood products industry and the international marketing of its contaminated goods. Government denial and societal prejudice everywhere in the world led to inappropriate public health interventions or plain inaction, further abetting HIV transmission and slowing research for treatment or a cure.

The estimated direct (medical) and indirect (loss of productive labor force and family-impact) costs of the disease are expected to top \$500 billion by the year 2000, according to the Global AIDS Policy



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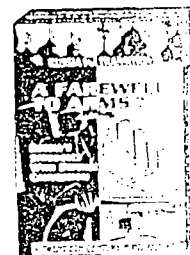
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Coalition at Harvard University. The U.S. Agency for International Development predicts that by then some 11 percent of children under 15 in sub-Saharan Africa will be AIDS orphans, and that infant mortality will soar fivefold in some African and Asian nations, due to the loss of parental care among children orphaned by AIDS and its most common opportunistic infection, tuberculosis. Life expectancy in the African and Asian nations hit hardest by AIDS will plummet to an astonishing low of 25 years by 2010, the agency forecasts.

Medical experts now recognize that any microbe, including ones previously unknown to science, can take similar advantage of conditions in human society, going from isolated cases camouflaged by generally high levels of disease to become a global threat. Furthermore, old organisms, aided by mankind's misuse of disinfectants and drugs, can take on new, more lethal forms.

A White House-appointed interagency working group on emerging and reemerging infectious diseases estimates that at least 29 previously unknown diseases have appeared since 1973 and 20 well-known ones have reemerged, often in new drug-resistant or deadlier forms. According to the group, total direct and indirect costs of infectious disease in the United States in 1993 were more than \$120 billion; combined federal, state, and municipal government expenditures that year for infectious disease control were only \$74.2 million (neither figure includes AIDS, other sexually transmitted diseases, or tuberculosis).

THE REAL THREAT OF BIOWARFARE

THE WORLD was lucky in the September 1994 pneumonic plague epidemic in Surat. Independent studies in the United States, France, and Russia revealed that the bacterial strain that caused the outbreak was unusually weak, and although the precise figures for plague cases and deaths remain a matter of debate, the numbers certainly fall below 200. Yet the epidemic vividly illustrated three crucial national security issues in disease emergence: human mobility, transparency, and tensions between states up to and including the threat of biological warfare.

When word got out that an airborne disease was loose in the city, some 500,000 residents of Surat boarded trains and within 48 hours dispersed to every corner of the subcontinent. Had the microbe that

caused the plague been a virus or drug-resistant bacterium, the world would have witnessed an immediate Asian pandemic. As it was, the epidemic sparked a global panic that cost the Indian economy a minimum of \$2 billion in lost sales and losses on the Bombay stock market, predominantly the result of international boycotts of Indian goods and travelers.

As the number of countries banning trade with India mounted that fall, the Hindi-language press insisted that there was no plague, accusing Pakistan of a smear campaign aimed at bringing India's economy to its knees. After international scientific investigations concluded that *Yersinia pestis* had indeed been the culprit in this bona fide epidemic, attention turned to the bacteria's origin. By last June several Indian scientists claimed to have evidence that the bacteria in Surat had been genetically engineered for biowarfare purposes. Though no credible evidence exists to support it, and Indian government authorities vigorously deny such claims, the charge is almost impossible to disprove, particularly in a region rife with military and political tensions of long standing.

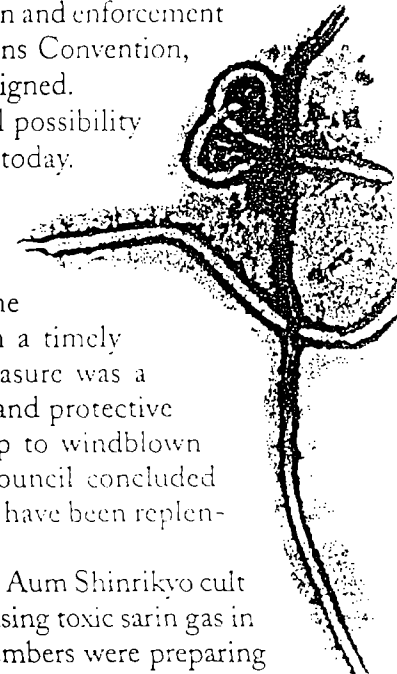
Even when allegations of biological warfare are not flying, it is often exceedingly difficult to obtain accurate information about outbreaks of disease, particularly from countries dependent on foreign investment or tourism or both. Transparency is a common problem; though there is usually no suggestion of covert action or malevolent intent, many countries are reluctant to disclose complete information about contagious illness. For example, nearly every country initially denied or covered up the presence of the HIV virus within its borders. Even now, at least ten nations known to be in the midst of HIV epidemics refuse to cooperate with WHO, deliberately obfuscating incidence reports or declining to provide any statistics. Similarly, Egypt denies the existence of cholera bacteria in the Nile's waters; Saudi Arabia has asked WHO not to warn that travelers to Mecca may be bitten by mosquitoes carrying viruses that cause the new, superlethal dengue hemorrhagic fever; few countries report the appearance of antibiotic-resistant strains of deadly bacteria; and central authorities in Serbia recently rescinded an international epidemic alert when they learned that all the scientists WHO planned to send to the tense Kosovo region to halt a large outbreak of Crimean-Congo hemorrhagic fever were from the United States, a nation Serbia viewed with hostility.

The specter of biological warfare having raised its head, Brad Roberts of the Center for Strategic and International Studies is particularly concerned that the New Tier nations—developing states such as China, Iran, and Iraq that possess technological know-how but lack an organized civil society that might put some restraints on its use—might be tempted to employ bioweapons. The Federation of American Scientists has sought, so far in vain, a scientific solution to the acute weaknesses of verification and enforcement provisions in the 1972 Biological Weapons Convention, which most of the world's nations have signed.

That treaty's flaws, and the very real possibility of bioweapons use, stand in sharp focus today. Iraq's threat in 1990-91 to use biological weapons in the Persian Gulf conflict found allied forces in the region virtually powerless to respond: the weapons' existence was not verified in a timely manner, the only available countermeasure was a vaccine against one type of organism, and protective gear and equipment failed to stand up to windblown sand. Last June the U.N. Security Council concluded that Iraqi stocks of bioweaponry might have been replenished after the Gulf War settlement.

More alarming were the actions of the Aum Shinrikyo cult in Japan in early 1995. In addition to releasing toxic sarin gas in the Tokyo subway on March 18, cult members were preparing vast quantities of *Clostridium difficile* bacterial spores for terrorist use. Though rarely fatal, clostridium infections often worsen as a result of improper antibiotic use, and long bouts of bloody diarrhea can lead to dangerous colon inflammations. Clostridium was a good choice for biological terrorism: the spores can survive for months and may be spread with any aerosol device, and even slight exposure can make vulnerable people (particularly children and the elderly) sick enough to cost a crowded society like Japan hundreds of millions of dollars for hospitalizations and lost productivity.

The U.S. Office of Technology Assessment has calculated what it would take to produce a spectacular terrorist bioweapon: 100 kilo-



The Ebola

grams of a lethal sporulating organism such as anthrax spread over Washington, D.C., by a crop duster could cause well over two million deaths. Enough anthrax spores to kill five or six million people could be loaded into a taxi and pumped out its tailpipe as it meandered through Manhattan. Vulnerability to terrorist attacks, as well as to the natural emergence of disease, increase with population density.

A WORLD AT RISK

A 1995 WHO survey of global capacity to identify and respond to threats from emerging disease reached troubling conclusions. Only six laboratories in the world, the study found, met security and safety standards that would make them suitable sites for research on the world's deadliest microbes, including those that cause Ebola, Marburg, and Lassa fever. Local political instability threatens to compromise the security of the two labs in Russia, and budget cuts threaten to do the same to the two in the United States (the army's facility at Fort Detrick and the CDC in Atlanta) and the one in Britain. In another survey, WHO sent samples of hantaviruses (such as Sin Nombre, which caused the 1993 outbreak in New Mexico) and organisms that cause dengue, yellow fever, malaria, and other diseases to the world's 35 leading disease-monitoring facilities. Only one—the CDC—correctly identified all the organisms; most got fewer than half right.

Convinced that newly emerging diseases, whether natural or engineered, could endanger national security, the CDC requested \$125 million from Congress in 1994 to bolster what it termed a grossly inadequate system of surveillance and response; it received \$7.3 million. After two years of inquiry by a panel of experts, the Institute of Medicine, a division of the National Academy of Sciences, declared the situation a crisis.

Today's reality is best reflected in New York City's battle with tuberculosis. Control of the W-strain of the disease—which first appeared in the city in 1991-92, is resistant to every available drug, and kills half its victims—has already cost more than \$1 billion. Despite such spending, there were 3,000 TB cases in the city in 1994, some of which were the W-strain. According to the surgeon general's annual

reports from the 1970s and 1980s, tuberculosis was supposed to be eradicated from the United States by 2000. During the Bush administration the CDC told state authorities they could safely lower their fiscal commitments to TB control because victory was imminent. Now public health officials are fighting to get levels down to where they were in 1985—a far cry from elimination. New York's crisis is a result of both immigration pressure (some cases originated overseas) and the collapse of the local public health infrastructure.

National preparedness has further eroded over the past five years in the face of budgetary constraints. Just as WHO cannot intercede in an epidemic unless it receives an invitation from the afflicted country, the CDC may not enter a U.S. state without a request from the state government. The U.S. system rests on an increasingly shaky network of disease surveillance and response by states and territories. A 1992 survey for the CDC showed that 12 states had no one on staff to monitor microbial contamination of local food and water; 67 percent of the states and territories had less than one employee monitoring the food and water of every one million residents. And only a handful of states were monitoring hospitals for the appearance of unusual or drug-resistant microbes.

State capacity rests on county and municipal public health, and there too weaknesses are acute. In October, dengue hemorrhagic fever, which had been creeping steadily northward from Brazil over the past eight years, with devastating results, struck in Texas. Most Texas counties had slashed their mosquito control budgets and were ill prepared to combat the aggressive Tiger mosquitoes from Southeast Asia that carry the virus. In Los Angeles County that month, a \$2 billion budget shortfall drove officials to close all but 10 of the 45 public health clinics and to attempt to sell four of the county's six public hospitals. Congress is contemplating enormous cuts in Medicare and Medicaid spending, which the American Public Health Association predicts would result in a widespread increase in infectious disease.

Migration and megacities have made mankind more vulnerable to microbes, in peacetime and in biowarfare.

BOLSTERING research capacity, enhancing disease surveillance capabilities, revitalizing sagging basic public health systems, rationing powerful drugs to avoid the emergence of drug-resistant organisms, and improving infection control practices at hospitals are only stop-gap measures. National security warrants bolder steps.

One priority is finding scientifically valid ways to use polymerase chain reaction (popularly known as DNA fingerprinting), field investigations, chemical and biological export records, and local legal instruments to track the development of new or reemergent lethal organisms, whether natural or bioweapons. The effort should focus not only on microbes directly dangerous to humans but on those that could pose major threats to crops or livestock.

Most emerging diseases are first detected by health providers working at the primary-care level. Currently there is no system, even in the United States, whereby the providers can notify relevant authorities and be assured that their alarm will be investigated promptly. In much of the world, the notifiers' reward is penalties levied against them, primarily because states want to hush up the problem. But Internet access is improving worldwide, and a small investment would give physicians an electronic highway to international health authorities that bypassed government roadblocks and obfuscation.

Only three diseases—cholera, plague, and yellow fever—are subject to international regulation, permitting U.N. and national authorities to interfere as necessary in the global traffic of goods and persons to stave off cross-border epidemics. The World Health Assembly, the legislative arm of WHO, recommended at its 1995 annual meeting in Geneva that the United Nations consider both expanding the list of regulated diseases and finding new ways to monitor the broad movement of disease. The Ebola outbreak in Kikwit demonstrated that a team of international scientists can be mobilized to swiftly contain a remote, localized epidemic caused by known nonairborne agents.

Were a major epidemic to imperil the United States, the Office of Emergency Preparedness and the National Disaster Medical System (part of the Department of Health and Human Services) would be at the helm. The office has 4,200 private-sector doctors and nurses throughout

the 50 states who are at its disposal and committed to rapid mobilization in case of emergency. The system is sound but should be bolstered. Participants should be supplied with protective suits, respirators, mobile containment laboratories, and adequate local isolation facilities.

As for potential threats from biological weapons, the U.S. Department of Energy has identified serious lapses in Russian and Ukrainian compliance with the Biological Weapons Convention. Large stockpiles of bioweapons are believed to remain, and employees of the Soviet program for biological warfare are still on the state payroll. Arsenals are also thought to exist in other nations, although intelligence on this is weak. The location and destruction of such weapons is a critical priority. Meanwhile, scientists in the United States and

Europe are identifying the genes in bacteria and viruses that code for virulence and modes of transmission. Better understanding of the genetic mechanisms will allow scientists to manipulate existing organisms, endowing them with dangerous capabilities. It would seem prudent for the United States and the international community to examine that potential now and consider options for the control of such research or its fruits.

To guard against the proliferation of blood-associated diseases, the blood and animal exports industries must be closely regulated, plasma donors must be screened for infections, and an internationally acceptable watchdog agency must be designated to monitor reports of the appearance of new forms of such diseases. The export of research animals played a role in a serious incident in Germany in which vaccine workers were infected with the Marburg virus and in an Ebola scare in Virginia in which imported monkeys died from the disease.

Nobel laureate Joshua Lederberg of Rockefeller University has characterized the solutions to the threat of disease emergence as multitudinous, largely straightforward and commonsensical, and international in scope; "the bad news," he says, "is they will cost money."

Budgets, particularly for health care, are being cut at all levels of government. Dustin Hoffman made more money last year playing a disease control scientist in the movie *Outbreak* than the combined annual budgets for the U.S. National Center for Infectious Diseases and the U.N. Programme on AIDS/HIV.❷

Few countries are eager to tell the world about contagious outbreaks.

*File (new)
Emerging Infectious Diseases*

THE WHITE HOUSE

WASHINGTON

May 1, 1996

MEMORANDUM TO MEMBERS OF
THE NATIONAL SCIENCE AND TECHNOLOGY COUNCIL

FROM: JOHN H. GIBBONS 

SUBJECT: Clearance request of the Presidential Decision Directive on Emerging Infectious Diseases

I am requesting your clearance of the attached Presidential Decision Directive (PDD) on Emerging Infectious Diseases (EID). I would appreciate your final clearance by Wednesday, May 15, 1996.

The PDD would establish national policy and implementing actions to address the threat of emerging infectious diseases by improving domestic and international surveillance, prevention, and response measures. It calls for coordination of basic research, training, public health programs, foreign assistance, and security measures. The PDD is based on the recommendations of the NSTC report, Infectious Diseases: A Global Health Threat, and the agencies' responses to the OSTP/NSC tasker on EID's. The objectives of the PDD include the following:

- Strengthen domestic EID surveillance and response at Federal, State and local levels.
- Work with other nations and international organizations like WHO to establish a global surveillance and response system.
- Strengthen biomedical and biobehavioral research on EID's.
- Ensure availability of drugs, vaccines, and diagnostics.
- Expand missions and mandates of relevant agencies, such as CDC and DoD, to enable them to participate in an international EID surveillance network.

The PDD has been reviewed by the NSTC Committee on International Science, Engineering, and Technology (CISSET) and incorporates CISSET comments. The PDD is being reviewed by OMB as part of the NSTC clearance process.

Your timely review and clearance of this document is appreciated. Please send your clearance using the attached form by facsimile to Angela Phillips Diaz, Executive Secretary of the NSTC (fax: 202-456-6026, phone: 202-456-6100) by close of business Wednesday, May 15, 1996. If we do not receive clearance by this date, your concurrence will be assumed.

Attachments

NATIONAL SCIENCE AND TECHNOLOGY COUNCIL
CONCURRENCE SHEET

RETURN BY WEDNESDAY, MAY 15, 1996

Please check the applicable box and sign in space provided.

PRESIDENTIAL DECISION DIRECTIVE ON EMERGING INFECTIOUS
DISEASES

- _____ a. I approve the Presidential Decision Directive.
- _____ b. I approve the Presidential Decision Directive with minor editing
(attach comments).
- _____ c. I would like to have further discussion with the CISET Principals before
approving the Presidential Decision Directive.

Signature

Agency

Date

Telephone #

Return by FAX to:
Angela Phillips Diaz
(202) 456-6026

FAILURE TO RESPOND BY MAY 15, 1996 PRESUMES CONCURRENCE.

Draft

Presidential Decision Directive
on
Emerging Infectious Diseases

For Internal NSTC Review
Only

May 1, 1996

This Directive establishes national policy and implementing actions to address the threat of emerging infectious diseases by improving surveillance, prevention, and response measures.

Background

Emerging infectious diseases -- new, resurgent, or drug-resistant infections of which the incidence in humans has increased within the past two decades or threatens to increase in the near future -- present one of the most significant health challenges facing the global community. Despite the major medical and scientific advances of this century, infectious disease deaths have risen sharply over the past decade in the U.S. and globally. HIV/AIDS has exploded into a global pandemic, while other diseases thought to be under control, such as tuberculosis, cholera, and pneumonia, are reemerging worldwide. The factors that contribute to the resurgence of these diseases, such as the evolution of drug-resistant microbes, population growth and urbanization, unsafe human behaviors, and changes in ecology and climate, show no sign of abatement. Many human activities, such as agriculture and land development, result in the transmission of animal pathogens into human populations, which cannot be overstated as a factor in the emergence of new human infections. *and vague*

Diseases such as Hantavirus and Lyme disease have emerged within the U.S. At the same time, there is a considerable risk of infectious agents entering unnoticed from overseas. Most cities in the U.S. can be reached by commercial flight from any area of the world within 36 hours -- less time than the incubation period of many infectious diseases. Furthermore, the United States is vulnerable to the risk of biological agents being used by terrorists or nations in conflict, resulting in the spread of infectious diseases.

The National Science and Technology Council has determined that the national and international system of infectious disease surveillance and response is inadequate to protect the health of U.S. citizens from emerging infectious diseases. On the basis of the NSTC report, "Infectious Disease -- A Global Health Threat" (September 1995) and the NSC/OSTP Tasker on emerging infectious diseases, I am calling for a series of actions to improve our surveillance, prevention, and response capability. Where relevant, these actions will be coordinated with PDD 39/U.S. Policy on Counterterrorism.

I. Objectives

The United States will improve domestic and international infectious disease surveillance, prevention, and response. Specifically, the United States will:

- A. Strengthen domestic infectious disease surveillance and response, both at the Federal, state, and local levels and at ports of entry into the United States, in cooperation with the private sector, public health and medical communities.
- B. Work with other nations and international organizations to establish a global infectious disease surveillance and response system, based on regional hubs and linked by modern communications.
- C. Strengthen research activities to improve diagnostics, treatments, and prevention measures, and to improve the understanding of the biology of infectious disease agents.
- D. Ensure the availability of the drugs, vaccines, and diagnostic tests needed to combat infectious diseases and infectious disease emergencies through public and private sector cooperation.
- E. Expand missions and establish the authority of relevant U.S. Government agencies to contribute to a worldwide infectious disease network. In some cases, this will require legislation to extend agency mandates.

A standing Task Force of the National Science and Technology Council will be created immediately to ensure interagency coordination. The specific responsibilities of the Task Force will be as noted below.

II. Implementing Actions

- 1. Enhance the surveillance and response components of our domestic public health infrastructure.
 - Strengthen Federal and State laboratory and epidemiological response capabilities. The Centers for Disease Control and Prevention (CDC) will coordinate Federal government efforts to strengthen State and local health departments surveillance and response capabilities.
 - Strengthen research, training, and technology development for establishing new and more effective interventions to combat emerging infectious diseases.
 - The Federal government, in cooperation with State and local governments, international organizations, the private sector, and public health, medical and veterinary communities, will establish a national and international

electronic network for surveillance and response regarding emerging infectious diseases.

2. Enhance biomedical and behavioral research efforts on emerging infectious diseases.
 - The Federal Government will strengthen research on the development of new tools to detect and control emerging infectious diseases and on the biology and pathology of infectious agents. Research will include the development of new mechanisms for the control and prevention of zoonotic agents, which are derived from domesticated and wild animals.
3. Expand formal training for health care providers.
 - Before the end of June 1996, senior U.S. Government officials will write health care provider, laboratory health research organizations, and professional organizations, urging that emerging infectious diseases be given greater emphasis in fellowship programs and on certifying and re-certifying examinations. *me tropical*
 - The National Institutes of Health (NIH) will write appropriate medical college and public health school associations, urging them to advise their member institutions to include more training in emerging infectious diseases in student curricula and examinations.
4. Review and update regulations for screening and quarantine at ports of entry into the United States.
 - An interagency group led by CDC will review and update current regulations in light of the threats disease outbreaks can pose to national health and security. Issues considered should include early warning systems abroad, stricter controls at ports of entry, and improved surveillance after persons, animals, or material have entered the United States.
 - The National Security Council (NSC) will ensure that any recommendations support the counterterrorism measures called for in PDD 39/U.S. Policy on Counterterrorism.
5. Make information about ill international travelers with communicable diseases more accessible to domestic health authorities.

- CDC will be the lead agency in the development of cooperative arrangements with the transportation industry to provide needed information when follow-up of passengers with communicable diseases arriving at U.S. ports of entry is required.
6. Encourage other nations and international organizations to assign higher priority to emerging infectious diseases.
- Before the end of June 1996, the NSTC will prepare for my review and signature a letter to Heads of State calling for the development of a global surveillance and response network; emphasizing the responsibility of all nations for timely reporting of disease outbreaks to the World Health Organization (WHO); requesting donor country contributions to support research and training aimed at improving prevention, detection and response to emerging infectious diseases; and urging all countries to support to the best of their abilities improvements in their capacities in these areas. The letter will stress the commitment of the U.S. to work with all partners to develop and implement a more effective global strategy on emerging infectious diseases. The Department of State will facilitate and support these Presidential communications in the appropriate manner and fora.
7. Support the World Health Organization and other bodies in playing a stronger role in emerging infectious diseases.
- The United States will participate in the WHO-proposed revision of the International Health Regulations to ensure improved screening and quarantine capabilities.
 - The United States will urge the WHO to develop regional inventories of resources for combating emerging infectious diseases and will explore joint steps to strengthen surveillance and response capabilities of WHO and other international organizations, as appropriate.
8. Expand U.S. agency missions and mandates in order to ensure that responsible agencies are provided with the authority, emergency procurement powers, and resources to respond to foreign disease outbreaks that have the potential to spread globally.
- CDC's mandate to protect the health of U.S. citizens should be more clearly stated to conduct surveillance and response activities, including outbreak investigations and selected responses to epidemics overseas in coordination,

as appropriate, with State and local health departments, the Departments of State and Defense, USAID, and other federal agencies. In disaster relief operations involving infectious diseases, CDC will operate as part of the U.S. effort, as appropriate.

- USAID will continue to address the root causes of emerging diseases through its on-going portfolio of assistance to developing countries.
- The mission of the Department of Defense (DoD) will be expanded to include support of global surveillance, training, research, and response to emerging infectious disease threats. DoD will strengthen its global disease reduction efforts through: centralized coordination; improved preventive health programs and epidemiological capabilities; and enhanced involvement with military treatment facilities and U.S. and overseas laboratories.
- DoD will ensure the availability of diagnostic and treatment capabilities at its three domestic and six overseas laboratories, using existing DoD resources. DoD, in coordination with other government agencies, will develop training for foreign technicians and epidemiologists at these six laboratories, using existing DoD resources. If necessary, DoD will seek Chief of Mission concurrence to raise personnel ceilings at overseas laboratories, in accordance with NSDD-38 procedures.

III. Coordination by a Standing Task Force

A standing Task Force of the National Science and Technology Council will be established to provide strategic planning and further coordination on issues of emerging infectious diseases. The Task Force will establish action groups as necessary to pursue specific topics. In particular, the Task Force will act immediately to realize the objectives and implementing actions described above.

The Task Force will, as necessary and in a timely manner, present to the National Science and Technology Council issues requiring decision by Deputies or Principals.

The Task Force will be co-chaired by the Centers for Disease Control and Prevention and the White House Office of Science and Technology Policy. Members of the Task Force will include, but not be limited to, appropriate representatives of the Departments of State, Defense, Justice, Commerce, Agriculture, and Health and Human Services (including the National Institutes of

Health and the Food and Drug Administration), as well as the U.S. Agency for International Development, the National Aeronautics and Space Administration, the Intelligence Community, the National Security Council, and the Office of Management and Budget. The Task Force will seek the views of the private sector and health service providers in implementing this Directive.

IV. Resources

The Department of Health and Human Services, the Department of State, the Department of Defense, the Department of Commerce, the Department of Justice, the Intelligence Community, the United States Agency for International Development, and the Office of Management and Budget will take appropriate actions to promote the objectives of this Directive. This requires strengthened activities in the Centers for Disease Control and Prevention and the National Institutes of Health, for both basic research on infectious diseases and national and international actions to improve infectious disease surveillance and response. Agencies will seek to achieve the objectives of this Directive with available resources, and to the extent necessary, new resources. Precise funding requirements will be determined in conjunction with the appropriate fiscal year budget cycle.

V. Reporting

The Task Force will report to me through the NSTC and will provide me with annual reports on the progress realized, including recommendations for further action.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF SCIENCE AND TECHNOLOGY POLICY
WASHINGTON, DC 20500

May 31, 1996

CC: ELIZ
DIANA
DIANE
JEFF L.
JEN K.

MEMORANDUM FOR DISTRIBUTION

FROM: SAM SEIDEL *SS*

SUBJECT: PDD on Emerging Infectious Diseases

Attached please find the Presidential Decision Directive on Emerging and Infectious Diseases which was transmitted to Staff Secretary's office today.

Distribution:

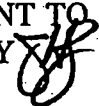
✓ Sue Bachtel, OSTP
✓ Jeremy Benami, DPC
Richard Clarke, NSC
Leon Fuerth, OVP
Kerri Ann Jones, OSTP
Tim Newell, OSTP
Angela Phillips-Diaz, NSTC
Greg Simon, OVP

THE WHITE HOUSE

WASHINGTON

May 22, 1996

MEMORANDUM FOR THE PRESIDENT

FROM: JOHN H. GIBBONS, ASSISTANT TO THE PRESIDENT FOR
SCIENCE AND TECHNOLOGY 

SUBJECT: U.S. Policy on Emerging Infectious Diseases

PURPOSE

To approve the Decision Directive at Tab A on emerging infectious diseases.

BACKGROUND

Emerging infectious diseases (EID), such as Ebola, drug-resistant tuberculosis, and HIV/AIDS, present one of the most significant health and security challenges facing the global community. Infectious disease deaths have risen sharply over the past decade in the U.S. and globally. In the U.S. alone, the death rate from infectious diseases, excluding HIV/AIDS, rose by 22% between 1980 and 1992. Contributing factors, such as climate change, ecosystem disturbance, increased movement of people and goods, and the deterioration of public health infrastructures, show no sign of abatement. Furthermore, the U.S. is vulnerable to a release of biological agents by rogue nations or terrorists, resulting in the spread of infectious diseases.

The National Science and Technology Council (NSTC) has determined that the national and international system of infectious disease surveillance, prevention, and response is inadequate to protect the health of U.S. citizens. The NSTC reports, "Infectious Disease -- A Global Health Threat" (September 1995), "Meeting the Challenge -- A Research Agenda for Health, Safety, and Food" (February 1996), and "Proceedings of the Conference on Human Health and Global Climate Change" (May 1996), make a number of recommendations to improve our surveillance, prevention, and response capabilities. These recommendations form the basis for the Decision Directive at Tab A.

The objectives of the Decision Directive include:

- Strengthening domestic EID surveillance and response system at Federal, State and local levels.
- Working with other nations and international organizations like WHO to establish a

global surveillance and response system.

- Strengthening biomedical and behavioral research on EID's.
- Ensuring availability of drugs, vaccines, and diagnostics.
- Expanding missions and mandates of relevant agencies, such as CDC and DoD, to enable them to participate effectively in an international EID surveillance network.

RECOMMENDATION

That you sign the Decision Directive at Tab A.

A

THE WHITE HOUSE
WASHINGTON

PRESIDENTIAL DECISION DIRECTIVE NSTC-7

MEMORANDUM FOR THE VICE PRESIDENT

THE SECRETARY OF STATE
THE SECRETARY OF DEFENSE
THE SECRETARY OF THE INTERIOR
THE SECRETARY OF AGRICULTURE
THE SECRETARY OF COMMERCE
THE SECRETARY OF HEALTH AND HUMAN SERVICES
THE SECRETARY OF TRANSPORTATION
THE SECRETARY OF ENERGY
THE SECRETARY OF EDUCATION
THE SECRETARY OF VETERANS AFFAIRS
THE ADMINISTRATOR OF THE ENVIRONMENTAL
PROTECTION AGENCY
THE DIRECTOR OF THE OFFICE OF MANAGEMENT AND
BUDGET
THE CHAIRMAN OF THE COUNCIL OF ECONOMIC
ADVISORS
THE DIRECTOR OF CENTRAL INTELLIGENCE
THE ASSISTANT TO THE PRESIDENT FOR NATIONAL
SECURITY AFFAIRS
THE ASSISTANT TO THE PRESIDENT FOR DOMESTIC
POLICY
THE ASSISTANT TO THE PRESIDENT FOR ECONOMIC
POLICY
THE ASSISTANT TO THE PRESIDENT FOR SCIENCE AND
TECHNOLOGY
THE ADMINISTRATOR OF THE AGENCY FOR
INTERNATIONAL DEVELOPMENT
THE DIRECTOR OF THE ARMS CONTROL AND
DISARMAMENT AGENCY
THE CHAIRMAN OF THE COUNCIL ON ENVIRONMENTAL
QUALITY
THE CHAIRMAN OF THE JOINT CHIEFS OF STAFF
THE ADMINISTRATOR OF THE NATIONAL AERONAUTICS
AND SPACE ADMINISTRATION
THE DIRECTOR OF THE PEACE CORPS
THE DIRECTOR OF THE NATIONAL SCIENCE FOUNDATION

THE DIRECTOR OF THE NATIONAL INSTITUTES OF
HEALTH
THE ADMINISTRATOR OF THE NATIONAL OCEANIC AND
ATMOSPHERIC ADMINISTRATION
THE DIRECTOR OF THE NATIONAL INSTITUTE OF
STANDARDS AND TECHNOLOGY
THE DIRECTOR OF THE CENTERS FOR DISEASE CONTROL
AND PREVENTION
THE COMMISSIONER OF THE FOOD AND DRUG
ADMINISTRATION

SUBJECT: Emerging Infectious Diseases

This Directive establishes national policy and implementing actions to address the threat of emerging infectious diseases by improving surveillance, prevention, and response measures.

Background

Emerging infectious diseases -- new, resurgent, or drug-resistant infections of which the incidence in humans has increased within the past two decades or threatens to increase in the near future -- present one of the most significant health challenges facing the global community. Despite the major medical and scientific advances of this century, infectious disease deaths have risen sharply over the past decade in the United States and globally. HIV/AIDS has exploded into a global pandemic, while other diseases thought to be under control, such as tuberculosis, cholera, and pneumonia, are reemerging worldwide. The factors that contribute to the resurgence of these diseases, such as the evolution of drug-resistant microbes, population growth and urbanization, unsafe human behaviors, and changes in ecology and climate, show no sign of abatement.

Diseases such as Hantavirus and Lyme disease have emerged within the United States. At the same time, there is a considerable risk of infectious agents entering unnoticed from overseas. Most cities in the United States can be reached by commercial flight from any area of the world within 36 hours -- less time than the incubation period of many infectious diseases. Furthermore, the United States is vulnerable to a release of biological agents by rogue nations or terrorists, which could result in the spread of infectious diseases.

I have determined that the national and international system of infectious disease surveillance, prevention, and response is inadequate to protect the health of United States citizens from emerging infectious diseases. On the basis of the National Science and Technology Council reports, "Infectious Disease -- A Global Health Threat" (September 1995), "Meeting the Challenge -- A Research Agenda for America's Health, Safety Food" (February 1996), "Proceedings of the Conference on Human Health and Global Climate Change" (May 1996), and the National Security Council (NSC)/Office of Science and Technology Policy (OSTP) Tasker on emerging infectious diseases, I am calling for a series of actions to improve our surveillance, prevention, and response capability. Where relevant, these actions will be coordinated with Presidential Decision Directive (PDD) 39/United States Policy on Counterterrorism.

I. Objectives

The United States will improve domestic and international infectious disease surveillance, prevention, and response. Specifically, the United States will:

- A. Strengthen domestic infectious disease surveillance and response, both at the Federal, State, and local levels and at ports of entry into the United States, in cooperation with the private sector and with public health and medical communities.
- B. Work with other nations and international organizations to establish a global infectious disease surveillance and response system, based on regional hubs and linked by modern communications.
- C. Strengthen research activities to improve diagnostics, treatment, and prevention, and to improve the understanding of the biology of infectious disease agents.
- D. Ensure the availability of the drugs, vaccines, and diagnostic tests needed to combat infectious diseases and infectious disease emergencies through public and private sector cooperation.
- E. Expand missions and establish the authority of relevant United States Government agencies to contribute to a worldwide infectious disease surveillance, prevention, and response network. In some cases, this will require legislation to extend agency mandates.
- F. Promote public awareness of emerging infectious diseases through cooperation with nongovernmental organizations and the private sector.

II. Implementing Actions

Departments and agencies are directed as follows:

1. Enhance the surveillance and response components of our domestic and international public health infrastructure.
 - Strengthen Federal and State laboratory and epidemiological response capabilities. The Centers for Disease Control and Prevention (CDC) will coordinate Federal government efforts to strengthen Federal, State and local health departments surveillance and response capabilities.
 - Strengthen research, training, and technology development for establishing new and more effective interventions to combat emerging infectious diseases.
 - The Federal government, in cooperation with State and local governments, international organizations, the private sector, and public health, medical and veterinary communities, will establish a national and international electronic

network for surveillance and response regarding emerging infectious diseases.

2. Enhance biomedical and behavioral research efforts on emerging infectious diseases.

- The National Institutes of Health (NIH) will lead Federal government efforts to strengthen research on the development of new tools to detect and control emerging infectious diseases and on the biology and pathology of infectious agents, including antimicrobial drug resistance. Research will include the development of new mechanisms for the control and prevention of zoonotic infectious agents, which are derived from domesticated and wild animals, and the health effects of climate change.
- Federal agencies will coordinate with the private sector, as appropriate, including representatives of the pharmaceutical industry and the academic, medical, and public health communities.

3. Expand formal training and outreach to health care providers.

- The Public Health Service will strengthen efforts to work with professional organizations and health care providers to reduce inappropriate use of antibiotics.
- Before the end of June 1996, senior United States Government officials will write health care provider, health research, and professional organizations to urge that emerging infectious diseases be given greater emphasis in fellowship programs and on certifying and re-certifying examinations.
- NIH will write appropriate medical college and public health school associations, urging them to advise their member institutions to expand training in emerging infectious diseases and antimicrobial drug resistance in student curricula.

4. Review and update regulations, procedures, and resources for screening and quarantine at ports of entry into the United States.

- An interagency group led by CDC will review and update current screening and quarantine regulations, procedures, and resources aimed at minimizing the threats disease outbreaks can pose to national health and security. Issues considered should include early warning systems abroad, stricter controls at ports of entry, and improved surveillance after persons, animals, or material have entered the United States.
- NSC will ensure that any recommendations support the counterterrorism measures called for in PDD 39/United States Policy on Counterterrorism.

5. Make information about ill international travelers with communicable diseases more accessible to domestic health authorities.

- CDC will be the lead agency in the development of cooperative arrangements with the transportation industry to provide needed information when follow-up is required of passengers with communicable diseases arriving at United States ports of entry.

6. Encourage other nations and international organizations to assign higher priority to emerging infectious diseases.

- The Department of State and OSTP, in consultation with other agencies, will develop and coordinate a sustained effort to enlist support from other nations and international bodies. State will raise the issue of emerging infectious diseases in bilateral, regional, and multilateral discussions and will negotiate cooperative agreements with other nations to promote the establishment of a global surveillance and response network.

7. Support the World Health Organization and other bodies in playing a stronger role in the surveillance, prevention, and response to emerging infectious diseases.

- The United States will participate in the WHO-proposed revision of the International Health Regulations to ensure improved screening and quarantine capabilities.
- The United States will urge the WHO to develop regional inventories of resources for combating emerging infectious diseases and will explore joint steps to strengthen surveillance and response capabilities of WHO and other international organizations, as appropriate.

8. Expand United States agency missions and mandates in order to ensure that responsible agencies are provided with the authority, emergency procurement powers, and resources to respond to worldwide disease outbreaks that have the potential to adversely affect the United States.

- CDC's mandate to protect the health of United States citizens will be more clearly stated to allow conduct of surveillance and response activities, including outbreak investigations and selected responses to epidemics overseas in coordination, as appropriate, with State and local health departments, the Departments of State and Defense (DoD), the United States Agency for International Development (USAID), and other Federal agencies. In disaster relief operations involving infectious diseases, CDC will operate as part of the United States effort, as appropriate.
- USAID will continue to address the root causes of emerging diseases through its on-going portfolio of assistance to developing countries.
- The mission of DoD will be expanded to include support of global surveillance, training, research, and response to emerging infectious disease threats. DoD will strengthen its global disease reduction efforts through: centralized coordination;

improved preventive health programs and epidemiological capabilities; and enhanced involvement with military treatment facilities and United States and overseas laboratories.

- DoD will ensure the availability of diagnostic capabilities at its three domestic and six overseas laboratories, using existing DoD resources. DoD will make available its overseas laboratory facilities, as appropriate, to serve as focal points for the training of foreign technicians and epidemiologists. If necessary, DoD will seek Chief of Mission concurrence to raise personnel ceilings at overseas laboratories, in accordance with NSDD-38 procedures.

III. Coordination by a Standing Task Force

A standing Task Force of the National Science and Technology Council (NSTC) is hereby established to provide strategic planning and further coordination on issues of emerging infectious diseases. The Task Force will establish action groups as necessary to pursue specific topics. In particular, the Task Force will act immediately to realize the objectives and implementing actions described above. The Task Force will, as necessary and in a timely manner, present to the NSTC issues requiring decision by Principals.

The Task Force will be co-chaired by the Centers for Disease Control and Prevention and the White House Office of Science and Technology Policy. Members of the Task Force will include, but not be limited to, appropriate representatives of the Departments of Health and Human Services (including the National Institutes of Health and the Food and Drug Administration), State, Defense, Justice, Commerce, Agriculture, Interior, and Energy, as well as the United States Agency for International Development, the National Aeronautics and Space Administration, the Environmental Protection Agency, the Intelligence Community, the National Security Council, the Domestic Policy Council, and the Office of Management and Budget. The Task Force will seek the views of the private sector and health service providers in implementing this Directive.

IV. Resources

The Departments of Health and Human Services, State, Defense, Justice, Commerce, Agriculture, Interior, and Energy, the United States Agency for International Development, the National Aeronautics and Space Administration, the Environmental Protection Agency, the Intelligence Community, the White House Office of Science and Technology Policy, the National Security Council, the Domestic Policy Council, and the Office of Management and Budget will take appropriate actions to promote the objectives of this Directive. This requires strengthened activities in appropriate Federal agencies. Agencies will seek to achieve the objectives of this Directive with available resources, and to the extent necessary, new resources, which will be determined during the normal budget process in the appropriate fiscal year.

V. Reporting

The Task Force will report to me through the NSTC and will provide me with annual reports on the progress realized, including recommendations for further action.

THE WHITE HOUSE
WASHINGTON

May 22, 1996

MEMORANDUM FOR THE PRESIDENT

FROM: JOHN H. GIBBONS, ASSISTANT TO THE PRESIDENT FOR
SCIENCE AND TECHNOLOGY 
SUBJECT: U.S. Policy on Emerging Infectious Diseases

PURPOSE

To approve the Decision Directive at Tab A on emerging infectious diseases.

BACKGROUND

Emerging infectious diseases (EID), such as Ebola, drug-resistant tuberculosis, and HIV/AIDS, present one of the most significant health and security challenges facing the global community. Infectious disease deaths have risen sharply over the past decade in the U.S. and globally. In the U.S. alone, the death rate from infectious diseases, excluding HIV/AIDS, rose by 22% between 1980 and 1992. Contributing factors, such as climate change, ecosystem disturbance, increased movement of people and goods, and the deterioration of public health infrastructures, show no sign of abatement. Furthermore, the U.S. is vulnerable to a release of biological agents by rogue nations or terrorists, resulting in the spread of infectious diseases.

The National Science and Technology Council (NSTC) has determined that the national and international system of infectious disease surveillance, prevention, and response is inadequate to protect the health of U.S. citizens. The NSTC reports, "Infectious Disease -- A Global Health Threat" (September 1995), "Meeting the Challenge -- A Research Agenda for Health, Safety, and Food" (February 1996), and "Proceedings of the Conference on Human Health and Global Climate Change" (May 1996), make a number of recommendations to improve our surveillance, prevention, and response capabilities. These recommendations form the basis for the Decision Directive at Tab A.

The objectives of the Decision Directive include:

- Strengthening domestic EID surveillance and response system at Federal, State and local levels.
- Working with other nations and international organizations like WHO to establish a

global surveillance and response system.

- Strengthening biomedical and behavioral research on EID's.
- Ensuring availability of drugs, vaccines, and diagnostics.
- Expanding missions and mandates of relevant agencies, such as CDC and DoD, to enable them to participate effectively in an international EID surveillance network.

RECOMMENDATION

That you sign the Decision Directive at Tab A.

DRAFT

PRESIDENTIAL DECISION DIRECTIVE NSTC-7

MEMORANDUM FOR THE VICE PRESIDENT

THE SECRETARY OF STATE
THE SECRETARY OF DEFENSE
THE SECRETARY OF THE INTERIOR
THE SECRETARY OF AGRICULTURE
THE SECRETARY OF COMMERCE
THE SECRETARY OF HEALTH AND HUMAN SERVICES
THE SECRETARY OF TRANSPORTATION
THE SECRETARY OF ENERGY
THE SECRETARY OF EDUCATION
THE SECRETARY OF VETERANS AFFAIRS
THE ADMINISTRATOR OF THE ENVIRONMENTAL
PROTECTION AGENCY
THE DIRECTOR OF THE OFFICE OF MANAGEMENT AND
BUDGET
THE CHAIRMAN OF THE COUNCIL OF ECONOMIC
ADVISORS
THE DIRECTOR OF CENTRAL INTELLIGENCE
THE ASSISTANT TO THE PRESIDENT FOR NATIONAL
SECURITY AFFAIRS
THE ASSISTANT TO THE PRESIDENT FOR DOMESTIC
POLICY
THE ASSISTANT TO THE PRESIDENT FOR ECONOMIC
POLICY
THE ASSISTANT TO THE PRESIDENT FOR SCIENCE AND
TECHNOLOGY
THE ADMINISTRATOR OF THE AGENCY FOR
INTERNATIONAL DEVELOPMENT
THE DIRECTOR OF THE ARMS CONTROL AND
DISARMAMENT AGENCY
THE CHAIRMAN OF THE COUNCIL ON ENVIRONMENTAL
QUALITY
THE CHAIRMAN OF THE JOINT CHIEFS OF STAFF
THE ADMINISTRATOR OF THE NATIONAL AERONAUTICS
AND SPACE ADMINISTRATION
THE DIRECTOR OF THE PEACE CORPS
THE DIRECTOR OF THE NATIONAL SCIENCE FOUNDATION

THE DIRECTOR OF THE NATIONAL INSTITUTES OF
HEALTH
THE ADMINISTRATOR OF THE NATIONAL OCEANIC AND
ATMOSPHERIC ADMINISTRATION
THE DIRECTOR OF THE NATIONAL INSTITUTE OF
STANDARDS AND TECHNOLOGY
THE DIRECTOR OF THE CENTERS FOR DISEASE CONTROL
AND PREVENTION
THE COMMISSIONER OF THE FOOD AND DRUG
ADMINISTRATION

SUBJECT: Emerging Infectious Diseases

This Directive establishes national policy and implementing actions to address the threat of emerging infectious diseases by improving surveillance, prevention, and response measures.

Background

Emerging infectious diseases -- new, resurgent, or drug-resistant infections of which the incidence in humans has increased within the past two decades or threatens to increase in the near future -- present one of the most significant health challenges facing the global community. Despite the major medical and scientific advances of this century, infectious disease deaths have risen sharply over the past decade in the United States and globally. HIV/AIDS has exploded into a global pandemic, while other diseases thought to be under control, such as tuberculosis, cholera, and pneumonia, are reemerging worldwide. The factors that contribute to the resurgence of these diseases, such as the evolution of drug-resistant microbes, population growth and urbanization, unsafe human behaviors, and changes in ecology and climate, show no sign of abatement.

Diseases such as Hantavirus and Lyme disease have emerged within the United States. At the same time, there is a considerable risk of infectious agents entering unnoticed from overseas. Most cities in the United States can be reached by commercial flight from any area of the world within 36 hours -- less time than the incubation period of many infectious diseases. Furthermore, the United States is vulnerable to a release of biological agents by rogue nations or terrorists, which could result in the spread of infectious diseases.

I have determined that the national and international system of infectious disease surveillance, prevention, and response is inadequate to protect the health of United States citizens from emerging infectious diseases. On the basis of the National Science and Technology Council reports, "Infectious Disease -- A Global Health Threat" (September 1995), "Meeting the Challenge -- A Research Agenda for America's Health, Safety Food" (February 1996), "Proceedings of the Conference on Human Health and Global Climate Change" (May 1996), and the National Security Council (NSC)/Office of Science and Technology Policy (OSTP) Tasker on emerging infectious diseases, I am calling for a series of actions to improve our surveillance, prevention, and response capability. Where relevant, these actions will be coordinated with Presidential Decision Directive (PDD) 39/United States Policy on Counterterrorism.

I. Objectives

The United States will improve domestic and international infectious disease surveillance, prevention, and response. Specifically, the United States will:

- A. Strengthen domestic infectious disease surveillance and response, both at the Federal, State, and local levels and at ports of entry into the United States, in cooperation with the private sector and with public health and medical communities.
- B. Work with other nations and international organizations to establish a global infectious disease surveillance and response system, based on regional hubs and linked by modern communications.
- C. Strengthen research activities to improve diagnostics, treatment, and prevention, and to improve the understanding of the biology of infectious disease agents.
- D. Ensure the availability of the drugs, vaccines, and diagnostic tests needed to combat infectious diseases and infectious disease emergencies through public and private sector cooperation.
- E. Expand missions and establish the authority of relevant United States Government agencies to contribute to a worldwide infectious disease surveillance, prevention, and response network. In some cases, this will require legislation to extend agency mandates.
- F. Promote public awareness of emerging infectious diseases through cooperation with nongovernmental organizations and the private sector.

II. Implementing Actions

Departments and agencies are directed as follows:

- 1. Enhance the surveillance and response components of our domestic and international public health infrastructure.
 - Strengthen Federal and State laboratory and epidemiological response capabilities. The Centers for Disease Control and Prevention (CDC) will coordinate Federal government efforts to strengthen Federal, State and local health departments surveillance and response capabilities.
 - Strengthen research, training, and technology development for establishing new and more effective interventions to combat emerging infectious diseases.
 - The Federal government, in cooperation with State and local governments, international organizations, the private sector, and public health, medical and veterinary communities, will establish a national and international electronic

network for surveillance and response regarding emerging infectious diseases.

2. Enhance biomedical and behavioral research efforts on emerging infectious diseases.

- The National Institutes of Health (NIH) will lead Federal government efforts to strengthen research on the development of new tools to detect and control emerging infectious diseases and on the biology and pathology of infectious agents, including antimicrobial drug resistance. Research will include the development of new mechanisms for the control and prevention of zoonotic infectious agents, which are derived from domesticated and wild animals, and the health effects of climate change.
- Federal agencies will coordinate with the private sector, as appropriate, including representatives of the pharmaceutical industry and the academic, medical, and public health communities.

3. Expand formal training and outreach to health care providers.

- The Public Health Service will strengthen efforts to work with professional organizations and health care providers to reduce inappropriate use of antibiotics.
- Before the end of June 1996, senior United States Government officials will write health care provider, health research, and professional organizations to urge that emerging infectious diseases be given greater emphasis in fellowship programs and on certifying and re-certifying examinations.
- NIH will write appropriate medical college and public health school associations, urging them to advise their member institutions to expand training in emerging infectious diseases and antimicrobial drug resistance in student curricula.

4. Review and update regulations, procedures, and resources for screening and quarantine at ports of entry into the United States.

- An interagency group led by CDC will review and update current screening and quarantine regulations, procedures, and resources aimed at minimizing the threats disease outbreaks can pose to national health and security. Issues considered should include early warning systems abroad, stricter controls at ports of entry, and improved surveillance after persons, animals, or material have entered the United States.
- NSC will ensure that any recommendations support the counterterrorism measures called for in PDD 39/United States Policy on Counterterrorism.

5. Make information about ill international travelers with communicable diseases more accessible to domestic health authorities.

- CDC will be the lead agency in the development of cooperative arrangements with the transportation industry to provide needed information when follow-up is required of passengers with communicable diseases arriving at United States ports of entry.
6. Encourage other nations and international organizations to assign higher priority to emerging infectious diseases.
- The Department of State and OSTP, in consultation with other agencies, will develop and coordinate a sustained effort to enlist support from other nations and international bodies. State will raise the issue of emerging infectious diseases in bilateral, regional, and multilateral discussions and will negotiate cooperative agreements with other nations to promote the establishment of a global surveillance and response network.
7. Support the World Health Organization and other bodies in playing a stronger role in the surveillance, prevention, and response to emerging infectious diseases.
- The United States will participate in the WHO-proposed revision of the International Health Regulations to ensure improved screening and quarantine capabilities.
 - The United States will urge the WHO to develop regional inventories of resources for combating emerging infectious diseases and will explore joint steps to strengthen surveillance and response capabilities of WHO and other international organizations, as appropriate.
8. Expand United States agency missions and mandates in order to ensure that responsible agencies are provided with the authority, emergency procurement powers, and resources to respond to worldwide disease outbreaks that have the potential to adversely affect the United States.
- CDC's mandate to protect the health of United States citizens will be more clearly stated to allow conduct of surveillance and response activities, including outbreak investigations and selected responses to epidemics overseas in coordination, as appropriate, with State and local health departments, the Departments of State and Defense (DoD), the United States Agency for International Development (USAID), and other Federal agencies. In disaster relief operations involving infectious diseases, CDC will operate as part of the United States effort, as appropriate.
 - USAID will continue to address the root causes of emerging diseases through its on-going portfolio of assistance to developing countries.
 - The mission of DoD will be expanded to include support of global surveillance, training, research, and response to emerging infectious disease threats. DoD will strengthen its global disease reduction efforts through: centralized coordination;

improved preventive health programs and epidemiological capabilities; and enhanced involvement with military treatment facilities and United States and overseas laboratories.

- DoD will ensure the availability of diagnostic capabilities at its three domestic and six overseas laboratories, using existing DoD resources. DoD will make available its overseas laboratory facilities, as appropriate, to serve as focal points for the training of foreign technicians and epidemiologists. If necessary, DoD will seek Chief of Mission concurrence to raise personnel ceilings at overseas laboratories, in accordance with NSDD-38 procedures.

III. Coordination by a Standing Task Force

A standing Task Force of the National Science and Technology Council (NSTC) is hereby established to provide strategic planning and further coordination on issues of emerging infectious diseases. The Task Force will establish action groups as necessary to pursue specific topics. In particular, the Task Force will act immediately to realize the objectives and implementing actions described above. The Task Force will, as necessary and in a timely manner, present to the NSTC issues requiring decision by Principals.

The Task Force will be co-chaired by the Centers for Disease Control and Prevention and the White House Office of Science and Technology Policy. Members of the Task Force will include, but not be limited to, appropriate representatives of the Departments of Health and Human Services (including the National Institutes of Health and the Food and Drug Administration), State, Defense, Justice, Commerce, Agriculture, Interior, and Energy, as well as the United States Agency for International Development, the National Aeronautics and Space Administration, the Environmental Protection Agency, the Intelligence Community, the National Security Council, the Domestic Policy Council, and the Office of Management and Budget. The Task Force will seek the views of the private sector and health service providers in implementing this Directive.

IV. Resources

The Departments of Health and Human Services, State, Defense, Justice, Commerce, Agriculture, Interior, and Energy, the United States Agency for International Development, the National Aeronautics and Space Administration, the Environmental Protection Agency, the Intelligence Community, the White House Office of Science and Technology Policy, the National Security Council, the Domestic Policy Council, and the Office of Management and Budget will take appropriate actions to promote the objectives of this Directive. This requires strengthened activities in appropriate Federal agencies. Agencies will seek to achieve the objectives of this Directive with available resources, and to the extent necessary, new resources, which will be determined during the normal budget process in the appropriate fiscal year.

V. Reporting

The Task Force will report to me through the NSTC and will provide me with annual reports on the progress realized, including recommendations for further action.