DRAFT -- PRESIDENT CLINTON UNVEILS NEW EFFORTS TO COMBAT TERRORISM AT THE 17th ANNUAL LEGISLATIVE CONFERENCE OF THE INTERNATIONAL ASSOCIATION OF FIREFIGHTERS -- *DRAFT*

Today, President Clinton addressed the International Association of Firefighters and announced new steps and highlighted our continuing efforts to provide firefighters and other first responders the tools they need to help defend against terrorist attacking using chemical and biological weapons, including: investing an additional $11 million this year in new, rapid medical response teams trained to respond to a biological or chemical weapons emergency; awarding $21 million in grants to help communities training firefighters and other emergency personnel to respond to bioterrorist attacks; and providing $73.5 million to communities purchasing protective gear and specialized communications equipment for "first responders", such as emergency medical personnel, policemen, and firefighters.

THE THREAT OF TERRORIST ATTACKS USING WEAPONS OF MASS DESTRUCTION

America's unrivaled military superiority means that potential enemies are more likely to resort to terror rather than conventional military assault. Adversaries may be tempted to use the deliberate release of chemical or biological agents to target our cities and citizens. The development of new technology makes it easier than ever before for terrorist to produce and disseminate information about agents that can potentially be used in a bioterrorist attack.

STRONG NEW EFFORTS TO HELP FIRST RESPONDERS COMBAT CHEMICAL AND BIOLOGICAL TERRORISM

Today, the President announced new steps and highlighted our continuing efforts to combat the threat of a chemical or biological terrorist attack, including:

- **Investing an additional $11 million in Metropolitan Medical Response Systems in FY 1999.** Today, the President will announce that the Department of Health and Human Services plans to invest an additional $11 million in FY 1999 in new rapid medical response teams trained to respond to a biological or chemical weapons emergency. The Metropolitan Medical Response Systems enhance local HAZMAT and emergency response systems by providing onsite victim extraction, antidote administration, decontamination, primary care, emergency medical transportation, and hospital based medical care and crisis counseling. This new allocation of funding increases the current FY 1999 funding level by almost 400 percent, and will support the development of teams in an additional 12 cities. Today's action takes a significant step towards the Administration's goal of establishing these teams in the most densely populated metropolitan areas nationwide.

- **Providing funds to train emergency personnel to respond to chemical and biological terrorist attacks.** This month, the Department of Justice will award the first funds from their $21 million initiative to combat weapons of mass destruction, designed to help states and local communities train local emergency response personnel (including firefighters) about how to respond to bioterrorist and other terrorist attacks. This program provides $16 million to train emergency response personnel about how to respond to a chemical or biological weapons attack. An additional $5 million is provided to local communities to support chemical and biological weapons awareness training.

- **Funds available to help communities purchase new protective equipment for emergency response personnel during a chemical or biological terrorist attack.** In April, the Department of Justice will make $69.5 million available through grants to States and municipalities to procure personal protective equipment, as well as chemical/biological/radiological agent detection, decontamination, and communications equipment to be used in the event of a terrorist attack. An additional $4 million will be used to address the critical communications needs of "first responders", including firefighters and other emergency services personnel, in the field.

BUILDS ON THE CLINTON ADMINISTRATION'S STRONG COMMITMENT TO PREPARING FOR A CHEMICAL OR BIOLOGICAL WEAPONS ATTACK

- **Safeguarding our citizens from the threat of deadly weapons.** The President's FY 2000 budget makes a significant investment in new programs to combat unconventional threats. The $1.4 billion dedicated to weapons of mass destruction preparedness includes the dedication of an additional $40 million in research and development funding for new vaccines and other therapeutics, including smallpox and anthrax, for eventual use in the national medical stockpile; a 23 percent increase in funding for improvements in the public health surveillance system, including funding for a network of regional labs to provide rapid analysis of select biological agents, and $16 million to develop Metropolitan Medical Response Systems, medical teams who respond to biological and chemical weapons emergencies, in 25 additional cities.

- **Training over 15,000 firemen and other first responders in 52 cities.** The Department of Defense has trained over 15,000 firemen and other first responders in 52 cities to respond effectively to bioterrorist and chemical weapons attacks. The Pentagon also expects to train first responders in 16 more cities before the end of FY 1999. The President's FY 2000 budget invests an additional $31.4 million to fund these training activities in an additional 20 cities.

- **Providing funds to train firefighters and other first responders in their communities.** This year, the Federal Emergency Management Agency will spend $4 million to help States enhance the ability of fire departments and other agencies providing emergency services to respond to a terrorist attack. In addition, FEMA will also provide $8 million to States for terrorism related training exercises and planning activities.

- **Soliciting input from stakeholders and working with communities to improve domestic preparedness.** In August 1998, the Attorney General met with firefighters, emergency rescue and HAZMAT experts, emergency medical services personnel, public health providers, law enforcement, and local emergency managers, who urged the Administration to establish a "one stop shopping" network to improve domestic preparedness for terrorist attacks. In response to their concerns, the Administration annouced plans for the National Domestic Preparedness Office in October 1998, which coordinates Federal, state, and local activities to ensure the effective use of the resources dedicated to our national security.

March 12, 1999

REMARKS TO THE 17TH ANNUAL LEGISLATIVE CONFERENCE OF THE INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

DATE:	March 15, 1999
LOCATION:	Hyatt Regency Hotel Washington, D.C.
BRIEFING TIME:	3:15pm - 3:40pm
EVENT TIME:	4:00pm - 4:40pm
FROM:	Samuel Berger Bruce Reed / Chris Jennings

I. PURPOSE

To thank the International Association of Fire Fighters for their support, and commend them for their bravery, loyalty, and dedication to public service.

You will also announce new efforts to provide firefighters and other first responders the tools they need to help defend against terrorist attacking using chemical and biological weapons, including: new investments in rapid medical response teams trained to respond to a biological or chemical weapons emergency; awarding grants to help communities training firefighters and other emergency personnel to respond to bioterrorist attacks; and providing funds communities purchasing protective gear and specialized communications equipment for first responders, such as emergency medical personnel, policemen, and firefighters.

II. BACKGROUND

The International Association of Firefighters

You will address over 700 participants in the 17th Annual Legislative Conference of the International Association of Fire Fighters (IAFF). IAFF represents more than 225,000 professional career fire fighters and emergency medical personnel. In addition, the association represents state employees (such as the California Forestry fire fighters), federal workers (such as fire fighters on military installations), and fire and emergency medical workers employed at certain industrial facilities. It is affiliated with the AFL-CIO and the Canadian Labor Congress. IAFF members protect more than 85 percent of

the lives and property in the United States, and are the largest providers of pre-hospital emergency care in the U.S. Since its founding in 1918, the IAFF has worked to: create important fire fighting health and safety regulations; enact federal benefits for survivors of fire fighters killed or totally disabled in the line of duty; enhance public safety through national standards; improve the levels of training and education for fire and emergency personnel; and establish training programs for hazardous materials emergencies.

The Threat of Terrorist Attacks Using Weapons of Mass Destruction

America's unrivaled military superiority means that potential enemies are more likely to resort to terror rather than conventional military assault. Adversaries may be tempted to use the deliberate release of chemical or biological agents to target our cities and citizens. The development of new technology makes it easier than ever before for terrorist to produce and disseminate information about agents that can potentially be used in a bioterrorist attack.

Strong New Efforts to Help First Responders Combat Chemical and Biological Terrorism

You will announce new steps to combat the threat of a chemical or biological terrorist attack, including:

Investing an additional $11 million in Metropolitan Medical Response Systems in FY 1999. Today, the President will announce that the Department of Health and Human Services plans to invest an additional $11 million in FY 1999 in new rapid medical response teams trained to respond to a biological or chemical weapons emergency. The Metropolitan Medical Response Systems enhance local HAZMAT and emergency response systems by providing onsite victim extraction, antidote administration, decontamination, primary care, emergency medical transportation, and hospital based medical care and crisis counseling. This new allocation of funding increases the current FY 1999 funding level by almost 400 percent, and will support the development of teams in an additional 12 cities. Today's action takes a significant step towards the Administration's goal of establishing these teams in the most densely populated metropolitan areas nationwide.

Providing funds to train emergency personnel to respond to chemical and biological terrorist attacks. This month, the Department of Justice will award the first funds from their $21 million initiative to combat weapons of mass destruction, designed to help states and local communities train local emergency response personnel (including firefighters) about how to respond to bioterrorist and other terrorist attacks. This program provides $16 million to train emergency response personnel about how to respond to a chemical or biological weapons attack. An additional $5 million is provided to local communities to support chemical and biological weapons awareness training.

Funds available to help communities purchase new protective equipment for emergency response personnel during a chemical or biological terrorist attack. In April, the Department of Justice will make $69.5 million available through grants to States and municipalities to procure personal protective equipment, as well as chemical/biological/radiological agent detection, decontamination, and communications equipment to be used in the event of a terrorist attack. An additional $4 million will be used to address the critical communications needs of "first responders", including firefighters and other emergency services personnel, in the field.

III. PARTICIPANTS

Briefing Participants:
Karen Tramontano
Chris Jennings
Dick Clarke
Minyon Moore
Paul Glastris
William Weschler

Program Participant:
Alfred Whitehead, General President, International Association of Firefighters

Seated On Stage:
Director James Lee Witt
Vincent J. Bollon, General Secretary Treasurer, International Association of Fire Fighters

IV. PRESS PLAN

Open Press.

V. SEQUENCE OF EVENTS

-You will be announced, accompanied by Director James Lee Witt, Alfred Whitehead, President, and Vincent Bollon, General Secretary Treasurer, onto the stage.
-Alfred Whitehead will make remarks and introduce you.
- You will make remarks, work a ropeline, and depart.

VI. REMARKS

To be provided by Speechwriting.

Date: 3/12/99

FAX

Health Division

Office of Management and Budget
Executive Office of the President
Washington, D.C. 20503

To: Deborah Adler
Fax: 459-5557
Phone:

From: Amandeep Mathaun

Number of Pages (not including cover): 3

Subject: Here are edits to the wildfire speed. I've already faxed to NSC also — page 2 we suggest an insert on $ the Administration provided to mitigate firefighter deaths — page 3 minor edits to the description of the $11 million increase

Thanks.
Amandeep
(5-7792)

Please call if there are any problems with this transmission:

Health Division (Front Office)	202/395-4922
Health & Human Services Unit	202/395-4925
Health Programs & Services Branch	202/395-4926
Health Financing Branch	202/395-4930

Fax Numbers:

Health Division (Front Office)	202/395-3910
Health Division (Room 7001)	202/395-7840

Speech page 2

killed in fires has dropped by one-third since 1988, thanks largely to prevention measures that the IAFF has tirelessly advocated. But another factor is the bravery and skill of fire fighters. With the help of better safety equipment the IAFF has fought for, such as flame retardant suits, fire fighters have been able to get to the heart of fires quicker, and pull more victims to safety.

Fire fighting is still an extremely dangerous profession: Fire fighters are six times more likely to be injured on the job than the average private sector worker. That is why, as President, I have worked hard with Al Whitehead and Harold Schaitberger to improve the pay system for federal fire fighters, to support efforts to give all fire fighters the right to join unions and bargain collectively, and to strengthen federal rules that protect the lives of fire fighters—while they are protecting the lives of the rest of us. *Insert

But we must do more as we approach the 21st Century--a century in which a limitless opportunities are linked with dangerous new threats. Open boarders and fast-paced technological change fuel our prosperity and spread the messages and gifts of freedom around the globe. Yet they also give new opportunities to the enemies of freedom. Scientists use the Internet to exchange ideas and make discoveries that can lengthen the lives of millions. Yet small groups of fanatics can also use the Internet to download formulas for substances that can be used to kill millions.

These new threats force us to rethink old distinctions between foreign and domestic policy, law enforcement and national security. In most instances of domestic terror, the first professionals on the scene—those in the best position to save the most lives—will be fire fighters. Therefore, we must start thinking of fire fighters as front line defenders of our national security. The truth of this should be apparent to anyone who ever saw that unforgettable photograph of fire fighter Chris Fields cradling in his arms a tiny victim of the Oklahoma City bombing. Since 1996, the number of weapons of mass destruction threats called into fire fighters, police, and the FBI has increased five-fold. Many were hoaxes, but the increase underscores the growing magnitude of this problem. The threat comes not just from conventional weapons like the bomb used in Oklahoma City, but biological chemical weapons, like the nerve agent that killed 12 and injured 5000 in a Tokyo subway in 1995.

I have been stressing the importance of this issue within my administration for many years, and publicly for many months. As I have said, my aim is to spark not panic but serious, deliberate, disciplined, long-term concern. A chemical or biological attack might never happen on U.S. soil. Nothing would make me happier than for people twenty years from now to look back and say I was being alarmist back in 1999. But I believe we must be better prepared.

Last fall, the Attorney General announced the creation of the National Domestic Preparedness Office, a "one stop shop" where state and local first responders can get the equipment, training, and guidance they need from a variety of federal agencies. We also won from Congress a 39 percent increase in resources for chemical and biological weapons preparedness. And the budget I submitted last month would increase spending on counter-terrorism to over $10 billion, including $1.4 billion to protect citizens against chemical and biological terror.

* insert

Suggested insert

In 1998, I asked NIOSH to direct $2.5 million to investigate every firefighter death in this nation and to conduct the research necessary to prevent the needless toll of death and injury on our nation's 1.2 million firefighters. Last year, 68 incidents were reported to NIOSH including 88 fatalities. NIOSH is conducting investigations to determine what factors caused or contributed to these deaths and the serious injuries suffered in the line-of-duty, and to develop strategies for preventing similar future incidents. NIOSH is working to make its findings readily available to the firefighter community by disseminating each investigation report to fire stations across the nation as well as posting each report on the NIOSH home page. NIOSH is also conducting research with the National Institute for Standards and Technology to improve fire fighter protective clothing and equipment.

Speech page 3

Today, I want to announce the specifics of our domestic anti-terrorism initiatives that will most affect those of you in this room:

First, equipment. Later this year, the Justice Department will provide $69.5 million in grants to all 50 states and the 157 largest cities and counties to buy everything from protective gear for first responders to chemical-biological detection devices to decontamination equipment. Next month, we will be asking you to tell us what you need.

Second, training. Later this year the Justice Department will invest $16 million to establish specialized training centers for state and local first responders. Justice will spend $5 million to develop training programs that will begin this summer. FEMA will provide $4 million in new training grants to states. And the Department of Defense will spend an additional $tk to train fire fighters in 33 more cities. All of these resources will be available through the National Domestic Preparedness Office.

Third, special response teams. The Department of Health and Human Services has been working in 27 metropolitan areas to develop special medical response teams, composed of specially trained individuals from local hospitals and fire and police departments who can be pulled together and deployed at a moment's notice to respond to chemical and biological attacks. Our goal is to train and equip a rapid response team in each of the nation's 120 largest metropolitan areas. My new budget contains more resources to move us in that direction. But the need for this is too urgent to wait for Congress to act on the budget at the end of the year. Therefore, Secretary Shalala will send to Congress today a proposal to spend $11 million already ~~appropriated in tomorrow's budget~~ in order to create Metropolitan Medical Response Systems in 12 more metropolitan areas, including Salt Lake City, home of the 2002 Winter Olympics.

An additional plan

Fourth, governance. Later this year[?] the Department of Defense will name members of a new Weapons of Mass Destruction Advisory Panel. Three of the tk panel members will be fire fighters. And next month, the National Domestic Preparedness Office will hold a conference with fire and police chiefs and hazardous materials experts to develop guidelines for dealing with biological and chemical threats and hoaxes.

With these four steps, we can begin to build a system that can save countless lives while foiling the plans of those who would use the cowardly weapons of terror for their own ends.

I was surprised to learn that today is the first time a President has ever addressed the IAFF in person. I will venture a prediction: the next President who addresses you will be the man you endorsed earlier this year, Al Gore. The IAFF has hardly gone unnoticed by past Presidents. On August 1, 1952, President Harry Truman sent a letter to IAFF President John P. Redmond, in which he described your union in plain words that I cannot improve upon. "Your members are at their posts day and night, ready to accept the call of duty and to protect the lives and property of their fellow citizens. They do so at risk of life and limb. For their devotion and heroism, they deserve the praise of all Americans."

Thank you and God bless you.

FACSIMILE

DATE: 3/10/99

TO: Deborah Adler

FAX#: 456-5557

FROM: Elizabeth Summy / Rebecca
Deputy Chief of Staff

Phone: 202/690-7431 Fax: 202/401-5783

COMMENTS:

Per your conversation w/Liz, here's some initial paper.

① Description of MMRS

② Description of Fire Fighter Fatality Investigation & Prevention Program - CDC

③ Description of CDC's participation in the development of smoke detectors.

One more piece of paper should be to you first thing in the morning.

____ **Pages [including this cover]**

METROPOLITAN MEDICAL RESPONSE SYSTEMS

The challenges of managing the health consequences of the release of a biological weapon are daunting. A bioterrorist act poses a frightening threat that includes the potential for massive population exposure to the released agent before it is actually detected and identified. There is also the risk of secondary transmission of some infectious agents, creating a larger at-risk population. There may be massive demands on the health care system, requiring the mobilization of total local and State capacity for medical and public health responses. Moreover, there may be massive numbers of deaths before effective, preventive, public health measures can be implemented.

If law enforcement measures are unsuccessful in preventing a bioterrorist attack, communities must rely on the public health surveillance system to detect the signs of such an attack. This means that public health providers such as family physicians, school nurses, infectious disease specialists and emergency room personnel must be able to recognize, as quickly as possible, that an anomalous situation exists and transmit these concerns immediately to State and Federal health authorities for rapid diagnosis.

In recent testimony before the Senate, Attorney General Janet Reno stated that "Terrorists will not confine themselves to the use of conventional weapons. Our intelligence and investigative efforts indicate increasing interest in biological and chemical weapons. A terrorist attack using a biological weapon may not be immediately apparent, and the resulting impact on victims, police, firefighters and emergency medical personnel -- the first responders on the scene -- could be far-reaching."

She further stated that "This underscores the need to train and equip first responders and emergency medical personnel adequately to deal with a range of unconventional weapons, including dual-use substances -- those which have a benign, legitimate use as well as potential use as weapons -- which pose an added risk. We are working with the Department of Health and Human Services, especially the Public Health Service, to strengthen the preparedness of our public health and emergency medical responses to recognize and respond to terrorist events involving biological and chemical agents."

Much of the initial burden and responsibility for providing an appropriate heath system response to a terrorist attack of any kind rests on local governments, as local public health systems will be called on to provide appropriate protective and responsive measures for the affected population. However, depending on the scope and magnitude of the event, appropriate support must be provided by State and Federal agencies. The nature of terrorist attacks requires that assistance be provided in a well-integrated manner to support local public health and medical needs.

HHS's plan to assist communities to deal with the health and medical effects of terrorism includes the development of Metropolitan Medical Response Systems (MMRS) in approximately 120 cities across the country. In the event of a terrorist attack, these systems are designed to provide initial, on-site response and safe patient transportation to hospital emergency rooms. The systems are characterized by: specially trained first responders; special pharmaceuticals and decontamination equipment; on-site health care; and enhanced emergency medical transportation and emergency room capabilities. The systems are also designed to provide definitive care and recovery sites in other cities, through a coordinated effort with the National Disaster Medical System.

Since 1995, HHS has been working with 27 major metropolitan areas to improve their capability to respond to the health consequences of the release of a weapon of mass destruction, particularly through the development of MMRS'. This effort has been closely coordinated with the Departments of Justice, Defense, Energy and Veterans Affairs, as well as with the Federal Emergency Management Agency and the Environmental Protection Agency. The cities include: New York City, Los Angeles, Chicago, Houston, Philadelphia, San Diego, Denver, Detroit, Dallas, Phoenix, San Antonio, San Jose, Baltimore, Indianapolis, San Francisco, Jacksonville, Columbus, Milwaukee, Memphis, Atlanta, Washington DC, Boston, Seattle, Honolulu, Kansas City, Miami and Anchorage.

In FY 1999, the President's budget request for HHS's Office of Emergency Preparedness (OEP) included $14 million for the development of MMRS' in the next set of 24 metropolitan areas. However, the FY 1999 appropriation provided only $3 million for OEP to develop MMRS' development. This amount will support only 7 or 8 areas, with minimal support for an immediate response system primarily capable of responding to a chemical attack. These cities include El Paso, Cleveland, New Orleans, Nashville, Austin, Fort Worth, Oklahoma City, and possibly Portland.

The Secretary has determined that improving the capability of major metropolitan areas to respond to the threat of a weapon of mass destruction through the development of MMRS' is a Departmental priority and therefore will use her one percent authority to transfer $11 million to OEP to develop MMRS' in 12 additional cities.

These funds will also be used to enhance MMRS' in the 27 original cities, to permit further planning and development of their local response systems to address the consequences of a biological attack. These plans will include: conducting rapid, mass prophylaxis campaigns; expanding health care delivery capacity; managing mass fatalities, if necessary; and making the environment safe.

Recent events in the Middle East increase the urgency for action and the justification to continue developing a robust local response capability, so as to ensure maximum preparedness in the event that a weapon of mass destruction is deployed.

Fire Fighter Fatality Investigation and Prevention Program

In October 1997, Congress provided NIOSH with a supplemental appropriation of $2.5 M to investigate all line-of-duty deaths among the nation's 1.2 million career and volunteer firefighters. The purpose of this program is to determine factors that cause or contribute to fire fighter deaths and serious injuries suffered in the line-of-duty, develop recommendations for prevention of similar incidents, formulate strategies for effective intervention, and evaluate the effectiveness of those interventions. The NIOSH investigations include fatalities due to traumatic injuries, e.g, burns, smoke inhalation, and other injuries, as well as deaths due to cardiovascular incidents. Upon completion of each NIOSH investigation, a report is written and disseminated to the fire fighting community. These reports contain recommendations for preventing future fire fighter deaths. The NIOSH initiative involves collaboration with the U.S. Fire Administration, International Association of Fire Fighters, International Association of Fire Chiefs, National Volunteer Fire Council, the National Fire Protection Association, and other related organizations.

Some highlights of the initiative include:

- To date, NIOSH has conducted 51 investigations: 35 traumatic fatalities, 5 nonfatal injuries, and 11 cardiovascular events.

- Response from the fire fighting community about the NIOSH fire fighter initiative has been extremely positive. Reader response cards received after a NIOSH mailing last September indicate that fire departments are using the materials and information being disseminated through the initiative.

- As a result of two nonfatal injury investigations, NIOSH, in collaboration with the Food and Drug Administration, issued a joint public health advisory in January 1999 on the hazards of aluminum regulators used on oxygen resuscitation systems, including steps to reduce the risk of injury. This advisory was distributed to 37,000 fire departments and emergency medical services providers across the country, as well as others in the medical community.

- NIOSH developed a web site, as part of the NIOSH home page, specifically for the fire fighter initiative. This web page (www.cdc.gov/niosh/firehome.html) includes a description of the program, surveillance data, copies of all NIOSH investigative reports, Alerts, and other information related to the prevention of fire fighter injuries and deaths. A number of fire departments, both large and small, career and volunteer, have accessed the site for information.

- On March 10, 11, and 12, 1999, NIOSH, along with the Department of Defense and the Occupational Safety and Health Administration, sponsored a workshop for experts and stakeholders on respiratory protection issues associated with incidents involving nuclear, biological, and/or chemical agents.

Smoke Detectors

More than a third of smoke alarms nationwide are inoperable. One reason for the large number of inoperable alarms is the limited-life of the standard battery that powers the smoke alarm. CDC-funded extramural research supported the development of a long-life battery-operated smoke alarm that extended the operability of the alarm from 1 to 10 years.

CDC-funded extramural research found that smoke-alarm-distribution programs that target low socioeconomic households can be successful in reducing fire-related injuries by up to 80 percent over a four year period.

CDC has provided funding to State and local health departments for the specific purpose of increasing the number of operable smoke alarms in high-risk communities, i.e., communities with high residential fire death rates. Program activities include: (1) fire prevention and smoke alarm maintenance education; (2) survey evaluation and installation of free smoke alarms in the homes of the targeted populations; (3) State-wide public awareness campaigns; and (4) education to high risk groups about the need to have a functioning smoke alarm on every habitable level of the home.

The State-funded programs have established community coalitions of which firefighters are integral members. In the majority of these programs, the firefighters are installing the smoke alarms and providing fire safety education.

FACSIMILE

DATE: 3/12/99

TO: Deborah

FAX #: 456-5557

FROM: Rebecca Werbel
Office of the Chief of Staff
Department of Health and Human Services

Phone: 202/690-7431 Fax: 202/401-5783

COMMENTS:

EDITS for Bioterrorism fact sheet

_____Pages [including this cover]

MASTER

ASL - Okay
OGC - OK
LB - OK

PRESIDENT CLINTON UNVEILS NEW EFFORTS TO COMBAT BIOTERRORISM AT THE 17th ANNUAL LEGISLATIVE CONFERENCE OF THE INTERNATIONAL ASSOCIATION OF FIREFIGHTERS

Today, President Clinton addressed the International Association of Firefighters and unveiled ~~unprecedented~~ new efforts to defend the United States against chemical and biological weapons, including: investing an additional $11 million in new, rapid medical response ~~teams trained~~ systems to respond to a biological or chemical weapons emergency; awarding $5 million in grant funds to communities training emergency personnel, including firefighters, to respond to bioterrorist attacks; and providing $73.5 million to communities purchasing protective gear and specialized communications equipment for "first responders", such as emergency medical personnel, policemen, and firefighters.

plans to
metropolitan
prepared

UNCONVENTIONAL WEAPONS PRESENT A REAL THREAT TO OUR SECURITY

Because of America's military dominance, rogue states and terrorists who seek to harm us ~~are increasingly likely to use~~ might turn to unconventional weapons. There is little experience, especially in the United States, with incidents of deliberate release of chemical or biological agents to cause mass casualties ~~disease~~. However, since 1996, the number of biological and chemical threats called in to law enforcement officials has increased five-fold, indicating the critical need to take whatever steps are necessary to protect our ~~homes~~ families and communities. ***[please help here -- I would like to add additional information on the domestic terrorism threat]***

UNPRECEDENTED NEW EFFORTS TO COMBAT BIOTERRORISM

Today, the President announced new efforts to combat the threat of a bioterrorist attack, including:

- **Investing an additional $11 million in Metropolitan Medical Response ~~Teams~~ Systems in FY 1999.** Today, the President will announce a ~~new~~ $11 million investment in FY 1999 in new rapid medical response teams trained to respond to a biological or chemical weapons emergency. The Metropolitan Medical Response ~~teams~~ enhance local HAZMAT and emergency response ~~systems~~ by providing onsite victim extraction, antidote administration, decontamination, primary care, emergency medical transportation, and definitive, hospital based medical care and crisis counseling. This is an increase of almost ~~400~~ 300 percent over their current FY 1999 funding level, and will support the development of teams in an additional 12 cities. Today's action takes a significant step towards the Administration's goal of establishing these ~~teams~~ systems in the 120 most densely populated metropolitan areas ~~nationwide~~ in the.

plans to invest
an additional
capacity
systems
add a bioterrorism response capability and

- **New funds for communities training emergency personnel to respond to bioterrorist attacks.** This month, the Department of Justice will award the first funds from their $5 million competitive grant program designed to train State and local emergency response personnel (including firefighters) about how to respond to bioterrorist and other terrorist attacks. This program will conduct a community based needs assessment, develop training curricula, and deliver training both locally and at specialized training facilities.

- **New funds available to help communities purchase new protective equipment for**

emergency response personnel during a ~~bio~~terrorist attack. In April, the Department of Justice will make $69.5 million available through grants to States and municipalities to procure personal protective, chemical/biological agent detection, decontamination, and communications equipment to be used in the event of a ~~bio~~terrorist attack. An additional $4 million will be used to address the critical communications needs of "first responders", including firefighters and other emergency services personnel, in the field.

BUILDS ON THE CLINTON ADMINISTRATION'S STRONG COMMITMENT TO INCREASING NATIONAL SECURITY

- **Safeguarding our citizens from the threat of ~~deadly~~ weapons of mass destruction.** The President's FY 2000 budget makes a significant investment in new programs to combat unconventional threats, including the dedication of an additional $30 million in research and development funding for research on improved vaccines against smallpox and anthrax, for eventual use in the national medical stockpile; a 23 percent increase in funding for improvements in the public health surveillance system, including funding for a network of regional labs to provide rapid analysis and identification of select biological agents, and $16 million to train Metropolitan Medical Response teams in 25 ~~cities, medical teams who respond to biological and chemical weapons emergencies~~ medical emergencies, including those involving

- **Training over 15,000 firemen and other first responders in 52 cities.** The Department of Defense has trained over 15,000 firemen and other first responders in 52 cities to respond effectively to bioterrorist and chemical weapons attacks. The President's budget invests an additional __ to fund these training activities in an additional 33 cities, which will reach approximately --,--- emergency personnel.

- **Providing funds to train firefighters and other first responders in their communities.** The President's budget includes $12 million, including $4 million targeted specifically for firefighters, for the Federal Emergency Management Agency to provide training grants to States to enhance the capabilities of fire departments and other law enforcement agencies to respond to a bioterrorist attack.

- **Soliciting input from stakeholders and working with communities to improve domestic preparedness.** In August 1998, the Attorney General met with firefighters, emergency rescue and HAZMAT experts, emergency medical services personnel, public health providers, law enforcement, and local emergency managers, who urged the Administration to establish a "one stop shopping" network to improve domestic preparedness for terrorist attacks. In response to their concerns, the President established the National Domestic Preparedness Office in October 1998, which coordinates Federal, state, and local activities to ensure the effective use of the resources dedicated to our national security.

THE WHITE HOUSE

WASHINGTON

January 21, 1999

SPEECH ON
BIOLOGICAL/CHEMICAL AND CYBER TERRORISM
DATE: January 22, 1999
LOCATION: National Academy of Sciences
TIME: 10:10 - 11:00 a.m.

FROM: SAMUEL BERGER

I. PURPOSE

Promote the Administration's efforts to combat the emerging threats of biological/chemical and cyber terrorism.

II. BACKGROUND

This event follows your Thursday interview with the *New York Times* on the same subject. Your remarks will highlight new 21st century threats and announce your FY00 initiatives to combat them.

You have a strong record on these issues. Last May you announced two new PDDs on counter-terrorism, weapons of mass destruction preparedness and critical infrastructure protection, and named the first-ever National Coordinator, Richard Clarke. Shortly thereafter, you submitted the budget supplemental for biological and chemical weapons preparedness. Your FY00 budget shows a substantial increase in spending on new programs to combat unconventional threats: over a two-year period, you will have nearly doubled funding for programs to prepare for this type of terrorism, raising it to $1.33 billion. You are also proposing a one-year increase of $400 million for critical infrastructure protection, raising it to $1.46 billion.

In your remarks at the National Academy of Sciences, you will announce that this money will help defend against biological or chemical terrorism, and you will announce four initiatives. A new medical R&D effort will focus on developing vaccines and medicines for likely bioterrorism agents. Upgrades to the public health system will help doctors and other medical workers recognize a biological

attack, diagnose the agent, and respond rapidly. National assets including National Guard, Army, Marine Corps and Coast Guard units will be improved to assist local emergency responders if necessary. And the National Domestic Preparedness Office in the Justice Department will help create a national contingency plan for 120 metropolitan areas. This office will also provide a single, integrated federal program to train and equip the "first responder" community across the country.

You will also announce four initiatives on cyber terrorism. A Computer Security Applied Research Initiative will focus on developing new systems for detecting unauthorized computer intrusions and methods for detecting malicious code. Beginning with the Defense Department, we will build a government-wide system of Computer Intrusion Detection Networks to warn and defend all computers against cyber attack. Seed money will be available to stand up Information Sharing and Analysis Centers to facilitate genuine public-private partnerships on critical infrastructure protection. And finally, we will set up the administrative structures for Cyber Corps, a program to address the acute shortage of highly trained computer experts in the government. (One possible model would be a ROTC-like program to trade computer science scholarships for a commitment to government service.)

III. PARTICIPANTS

Speakers: The President, Sandy Berger, Josh Lederberg and Jamie Gorelick. Lederberg, a Nobel Laureate at Rockefeller University, will make remarks on the threat of bioterrorism (he was also a member of your roundtable on biological weapons last year). Gorelick is co-chair (with Sam Nunn) of the Advisory Council to the President's Commission on Critical Infrastructure Protection and will make remarks about the threat of cyber terrorism. We expect some cabinet members to attend: Reno, Shalala, Richardson and Daley.

IV. PRESS PLAN

There will be a press briefing prior to the event by Reno, Shalala, Daley and National Coordinator Richard Clarke. Open press at the event. After the event, press moves to nearby room filled with static displays of equipment.

Press then views decontamination truck outside. Selected press will be scheduled interviews with validators.

V. SEQUENCE

I will make brief introductory remarks (3 minutes). Josh Lederberg speaks on the bioterrorism threat (5 minutes). Jamie Gorelick speaks on the cyber terrorism threat (5 minutes). Your speech (12 minutes). Work the room briefly, then depart. No questions from the press.

Physicians groups. hosp groups
state & local hosp.

HHS FY 2000 Antiterrorism Budget

The President's Budget proposes $230 million, an increase of $71 million (+45%) over the FY 1999 enacted level, for the Department of Health and Human Services for medical and public health preparedness and response activities related to potential terrorist use of chemical and biological weapons.

Vaccine Research and Development

The Budget proposes $30 million in the Office of the Secretary for research and development of smallpox and anthrax vaccine (+ $22 million for scale-up of smallpox; + $8 million for research and development of anthrax) for the civilian stockpile.

Stockpile

The Budget proposes $52 million for CDC to implement the plan developed in FY 1999 that was designed to ensure the ready availability of a national pharmaceutical "stockpile" to respond to terrorist use of potential biological or chemical agents, including the ability to protect 4 million civilians from an anthrax attack.

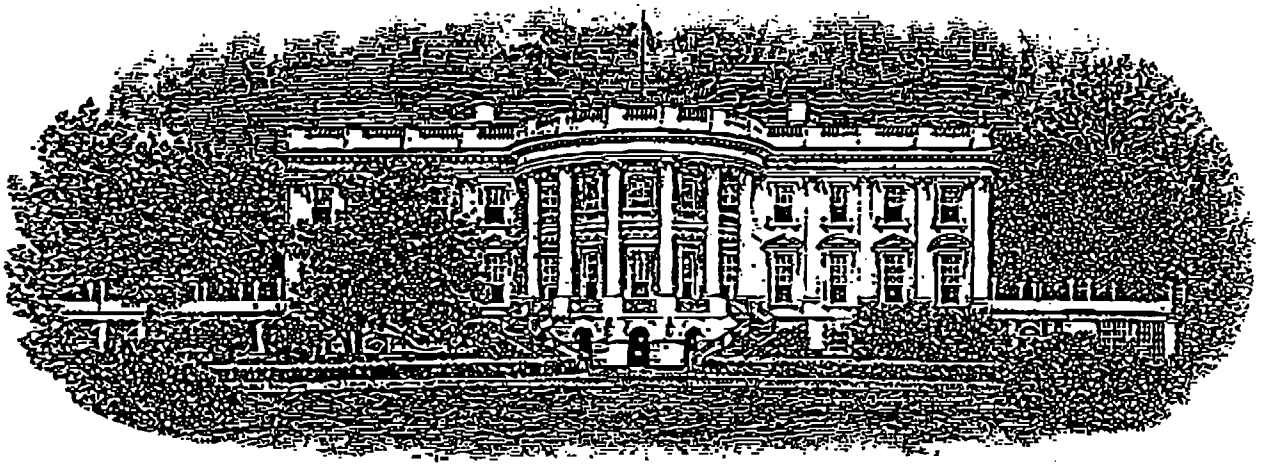
Public Health Surveillance

The Budget proposes $87 million, an increase of $16 million (+23%) from the FY 1999 enacted level, for improved public health surveillance, epidemiological and laboratory capacity to enhance state and local ability to detect, diagnose and respond to medical and public health threats resulting from terrorist use of biological and/or chemical weapons. Among the many activities that will result from this investment, CDC will be able to develop blood and urine analytical chemistry methods that will rapidly measure 50 chemicals likely to be used in chemical terrorism. Also, at this budget level, CDC will create a network of twelve state or major city laboratories to provide rapid and accurate diagnostic and/or reference support for 10-15 select biological agents.

Metropolitan Medical Response Systems

The President's Budget proposes $16.5 million, an increase of $13 million (over 300%), to create 25 new Metropolitan Medical Response Systems (MMRS), which are local health response systems that enhance the public health system, provide training to medical personnel, and help develop systems of mass prophylaxis in localities to improve our ability to respond to chemical or biological weapons incidents.

THE WHITE HOUSE



OFFICE OF LEGISLATIVE AFFAIRS

HOUSE LIAISON

–FAX COVER SHEET–

DATE: 3/12

TO: Deborah Allen / Chris Jennings

FAX: 65557

FROM:

___ CHUCK BRAIN
___ AL MALDON
___ DARIO GOMEZ
___ LISA KOUNTOUPES
___ BRODERICK JOHNSON
___ ELISA MILLSAP
X JADE RILEY

(202)456-6620 (TELEPHONE)
(202)456-2604 (FAX)

SUBJECT: Parnell Info.

Congress of the United States

Washington, DC 20515

March 10, 1999

Dear Colleague:

Every day, we call on our local firefighters and EMTs to come to our rescue - but we don't provide them with adequate resources to protect themselves or the public. That is why we are introducing the FIRE Bill (Firefighter Investment and Response Enhancement Act).

The FIRE Bill, modeled after the successful COPS program, creates a federal grant program for local fire departments. Administered by FEMA, this program gives fire departments grants for hiring more firefighters, training them, purchasing and updating equipment and sponsoring education programs.

Why We Need the FIRE Bill

Fire Departments are our nation's first responders, yet the federal government currently shows no commitment to the fire services. In fact, during this fiscal year, the federal government will spend approximately $32 million on fire prevention and training. Comparatively, the federal government will spend over $11 billion on law enforcement! In the U.S., about 2 million fires are reported annually, giving America one of the highest rates of death from fires in the industrialized world. In 1997 alone, over 4,000 Americans died and almost 24,000 were injured in fires. Direct and indirect costs due to fires is estimated at $100 billion each year. In short, it is time to act.

The FIRE Bill is endorsed by several major organizations including the International Association of Fire Fighters, International Association of Fire Chiefs, National Volunteer Fire Council, International Association of Arson Investigators, International Society of Fire Service Instructors and the National Fire Protection Association. For more information, or to be an original co-sponsor of the FIRE Bill, please call Amy Bressler in Rep. Pascrell's office at 55751.

Sincerely,

Curt Weldon
Member of Congress

Bill Pascrell, Jr.
Member of Congress

National Pharmaceutical Stockpile: HHS will guide the development of a stockpile of pharmaceuticals, to be able to reach victims of an incident within 24 hours. Included in development of the stockpile is an infrastructure for rapid delivery of the pharmaceuticals and development of an adequate monitoring and record-keeping system. The stockpile will require on-going monitoring to assure that the products remains effective over time. In addition, plans will be developed for private sector capacity to produce new or replacement products quickly in the event of an emergency.

Research and Development: HHS will expand support for research related to likely bioterrorism agents. An area of major emphasis at the National Institutes of Health will be the generation of genome sequence information on potential bioterrorism agents -- especially the organisms that cause anthrax, tularemia, and plague. The results of such genomics research, coupled with other biochemical and microbiological information, are expected to help in the development of rapid diagnostic methods, new or improved antibacterial and antiviral therapies, and new vaccines.

Deterrence: HHS has the responsibility to regulate shipment of certain hazardous biological organisms and toxins. CDC will continue efforts toward ensuring that all pertinent laboratories are registered and in compliance with the requirements governing shipment of these select agents.

###

PRESIDENT CLINTON'S INITIATIVE ON BIOLOGICAL AND CHEMICAL WEAPONS PREPAREDNESS

In the face of growing challenges brought by advances in technology and globalization, President Clinton has made defending the United States against chemical and biological weapons a top priority. These weapons represent one of the greatest threats to American security as we enter the 21st century. Because of America's military dominance, unconventional weapons are increasingly likely to be the choice of rogue states and terrorists who seek to harm us. The Administration has sought to defend against these threats through diplomatic and military means abroad and through increasing preparedness at home. In his budget, which includes $10 billion to defend against terrorism, weapons of mass destruction and cyber attacks, President Clinton proposes major increases in funding to strengthen America's defenses against these emerging threats.

INTERNATIONAL

President Clinton has sought to reduce the threat from abroad.

- The United States led the international efforts to ratify the Chemical Weapons Convention, which we signed in 1997, and American diplomats are currently working to strengthen the Biological Weapons Convention.

- The Clinton Administration has also pursued an aggressive policy of cooperative threat reduction with nations of the former Soviet Union, spending $30 million during the last five years. The President's budget proposal seeks more than $150 million to expand these efforts over the next five years.

- Through military action against production facilities for weapons of mass destruction in Iraq and Sudan, the United States has acted to degrade and eliminate the ability of these two nations to build weapons of mass destruction and supply them to terrorists.

DOMESTIC

At home, the President has worked to increase preparedness for a terrorist attack using chemical or biological weapons.

- Beginning in fiscal 1997, the Adminstration began funding a five-year effort to equip and train first responders in the 120 largest metropolitan areas in the nation.

- Earlier this year, this effort was intensified by the creation of a National Domestic Preparedness Office that brings together the many agencies that participate in the equip-and-train program to improve coordination and planning.

- Last year, the President proposed and Congress approved of $300 million in additional funds for weapons of mass destruction preparedness. Among the initiatives begun were:

Background

There is little experience, especially in the United States, with incidents of deliberate release of biological agents to cause mass disease. However events of recent years have focused attention on the increasing possibility of such incidents, with special attention to the possibility of terrorist incidents aimed at the civilian population.

Concern about deliberate use of disease agents presently centers especially on *anthrax*, which can be spread by inhaled spores; *smallpox*, whose release might cause a further chain reaction of person-to-person infection; plus *pneumonic plague* and *tularemia*. While there are vaccines and treatments for these diseases, they do not exist in the quantities that could be needed. It is estimated that an attack involving anthrax might require treatments with vaccine or fluoroquinolone doxycycline for as many as 10 million persons; smallpox with treatment by vaccine or vaccinia immune globulin for as many as 40 million; and pneumonic plague or tularemia with doxycycline or gentamicin for as many as 1 million.

Challenges

In preparing for the possibility of bioterrorist incidents, HHS faces new challenges:

- Silent Attack and the Need for Improved Public Health Network -- Unlike explosives or chemical releases, an attack involving disease agents could be unannounced. Only as individuals presented themselves to physicians or clinics with symptoms would any evidence of the attack occur, and even then the initial symptoms might not appear unusual. Further, those presenting with symptoms could be widespread by the time symptoms occurred. In order to be able to translate the presentation of symptoms into the knowledge that exposure to a given disease has taken place, the United States needs an improved network of disease surveillance, including improved communications, improved laboratory facilities, improved diagnostic techniques and expanded training of health care personnel.

- Local Response Depends on National Leadership, Resources and Coordination -- Responding to medical emergencies falls first and heaviest on local resources. Yet many of the special needs in responding to a bioterrorist attack (from the capacity to identify the problem to the amounts of pharmaceutical products and determination of the correct medical procedures needed) fall outside the capacities of local systems. National leadership and nationally-supported resources need to be prepared and on-hand for use in cooperation with local officials and health personnel, and training for such unusual situations also needs to be developed and carried out with federal leadership. Across the board, new working partnerships between health, public safety and intelligence agencies are needed.

- Unique Potential for Widespread Consequences -- Large numbers of people might be directly exposed from the release of an agent in a dense urban environment, and in some cases further spread of disease could occur person-to-person. In dealing with the consequences, the appropriate measures for treatment and follow-up could be massive, as could problems of disposing of contaminated equipment and medical supplies, and even in carrying out correct mortuary services.

HHS Actions in FY 1999

The HHS Operating Plan for the Anti-Bioterrorism Initiative outlines expanded activities for this fiscal year, rapidly building a stronger base to be prepared for possible bioterrorist acts. The plan relies heavily on cooperation with state and local health agencies as well as local emergency medical response units. It also initiates an unprecedented vaccine and therapeutics "stockpile," including assurance of effectiveness of existing supplies, development and storage of new supplies, and development of "surge" production capacity in the private sector for needed pharmaceuticals. The plan also provides for accelerated research into the diseases, diagnostics and treatments to help address the potential threat.

Disease Surveillance and Public Health Network: In order to better detect and respond to a wide range of infectious disease threats, including possible bioterrorist incidents, the Centers for Disease Control and Prevention will intensify its efforts to upgrade the nation's public health lab and epidemiological capacity. It will also help expand training and communications capacities for state and local health agencies. Five areas will be featured: support for planning by state and local health departments; capacity to detection outbreaks of illness that might have been caused by terrorists; epidemiological analysis of outbreaks to identify the source and modes of transmission; laboratory identification and characterization of causal agents for outbreaks; and improved electronic communications among public health officials regarding occurrences of outbreaks and responses to them. In the February 5, 1999 issue of the Morbidity and Mortality Weekly Report, CDC issued interim guidelines for state and local public health authorities on the appropriate response to bioterrorism threats related to anthrax. These guidelines were included in an article summarizing a series of alleged anthrax threats reported in the fall of 1998, all of which were determined to be hoaxes.

Medical Consequence Management: HHS, through its Office of Emergency Preparedness (OEP), will expand its efforts to develop complementary medical response capabilities at local and national levels. In particular, OEP will increase the number of Metropolitan Medical Response Systems. At present, these systems exist in 27 local areas, with up to 20 more to be established in 1999. Ultimately, 120 of these systems are to be created across the nation. OEP will continue to work closely with the Department of Justice, the Federal Emergency Management Agency, the Department of Defense, and other agencies toward ensuring that plans for managing the medical consequences of terrorist acts are well integrated with other emergency response systems.

Points to include in POTUS remarks to the 17th Annual Legislative Conference of the International Association of Fire Fighters (IAFF)

- Regular points about the threat from chem/bio, etc. Since 1996 the number of WMD threats called into firefighters, police and FBI has increased five-fold. While many are hoaxes, this shows that firefighters like yourselves are often put in harms way.

- Firefighters are a part of national security. Once clear distinctions between domestic and foreign policy, law enforcement and national security, are blurring because of emerging terrorist threats -- especially from chemical and biological weapons. If these kind of weapons are used, the front line will be the homeland and the best defense will be the first responders: police, medical personnel, and firefighters.

- This is a change in our thinking. Previously, programs to defense against chem/bio terrorism were too small, too disorganized, and too separate from wider national security considerations. Last May I signed Presidential Decision Directives 62 and 63 to change all that. I designated the first-ever National Coordinator to bring together all the disparate programs of the U.S. government. Soon thereafter we asked for, and got, a special budget amendment to begin increasing program funding.

- In August the Attorney General held a "stakeholder forum" to solicit advice from emergency responders on our efforts to improve domestic preparedness. Participants included firefighters, emergency rescue and hazmat experts, emergency medical services personnel, public health providers, law enforcement, and local emergency managers. They agreed with the concerns I addressed in PDD-62 about the lack of federal coordination and urged that we develop a process for "one-stop shopping."

- In October, the Attorney General announced the establishment of the National Domestic Preparedness Office (NPDO), an entity with representatives from all federal agencies, and state and local officials, to provide "one stop shopping."

- In January I announced that my budget calls for over $10 billion in counterterrorism programs, including about $1.4 billion for WMD programs. That included an increase in funding by almost 400% to more than $16 million for Metropolitan Medical Response Systems. These local emergency medical teams will respond to a chem/bio weapons emergency. Twenty-five new such teams will be funded.

- Those teams will have to work hand-in-hand with firefighters and other first responders. NPDO's mission will be to ensure that those first responders are equipped to do the job, including the necessary high-tech detection equipment, and that they are fully trained to use that equipment. We will soon be providing such training and nationally standardized equipment to 157 [ck] local jurisdictions.

- That event in January marked a significant change. For the first time the Secretary of Health and Human Services stood by me as a full member of our national security team, evidence of how far we've come since I began this process last May.

$11 mil ~~$12 billion~~ 12 cities
2 27 cities

CDC

CENTERS FOR DISEASE CONTROL AND PREVENTION
"The Nation's Prevention Agency"

CENTERS FOR DISEASE CONTROL
AND PREVENTION
Washington Office
202-690-8598
FAX: 202-690-7519

DATE 3-12-99 PAGES 2 + Cover

TO Chris Jennings

Phone:

Fax: 456-5557

FROM Donald Shriber

Phone:

COMMENTS/NOTES

Hey Chris —
Need some material for the firefighters speech??

Hey, CHRIS We'll send more in firefighters speech?

Proposed

Statement for President Clinton regarding the
Fire Fighter Fatality Investigation and Prevention Program
National Institute for Occupational Safety and Health (NIOSH)

I made a commitment two years ago that this Administration would investigate every line-of-duty death of a fire fighter in this country. I am thrilled to be here today and say that we have fulfilled that promise. The National Institute for Occupational Safety and Health has established the Fire Fighter Fatality Investigation and Prevention Program. To date the program has conducted 51 investigations, including 5 serious, but nonfatal injuries. As a result of two of these nonfatal investigations, NIOSH joined with the Food and Drug Administration to issue a joint public health advisory on the hazards of aluminum regulators used on oxygen resuscitation systems. This advisory was distributed to 37,000 fire departments and emergency medical service providers. This is just one example of how this Administration is applying its best resources to identify hazards and develop prevention strategies to keep another fire fighter from being injured or killed on the job. We are encouraged by the overwhelmingly positive response from the fire fighting community to our efforts so far and we look forward to continuing to work together to improve safety and health for fire fighters.

Background info

Fire Fighter Fatality Investigation

National Institute for Occupational S[illegible] m

In October 1997, Congress provided NIOSH with a su[illegible] 1.5 M to investigate all line-of-duty deaths among the nation's 1[illegible] and volunteer firefighters. The purpose of this program is to determine factors that cause or contribute to fire fighter deaths and serious injuries suffered in the line-of-duty, develop recommendations for prevention of similar incidents, formulate strategies for effective intervention, and evaluate the effectiveness of those interventions. The NIOSH investigations include fatalities due to traumatic injuries, e.g, burns, smoke inhalation, and other injuries, as well as deaths due to cardiovascular incidents. Upon completion of each NIOSH investigation, a report is written and disseminated to the fire fighting community. These reports contain recommendations for preventing future fire fighter deaths. The NIOSH initiative involves collaboration with the U.S. Fire Administration, International Association of Fire Fighters, International Association of Fire Chiefs, National Volunteer Fire Council, the National Fire Protection Association, and other related organizations.

Some highlights of the initiative include:

- To date, NIOSH has conducted 51 investigations: 35 traumatic fatalities, 5 nonfatal injuries, and 11 cardiovascular events.

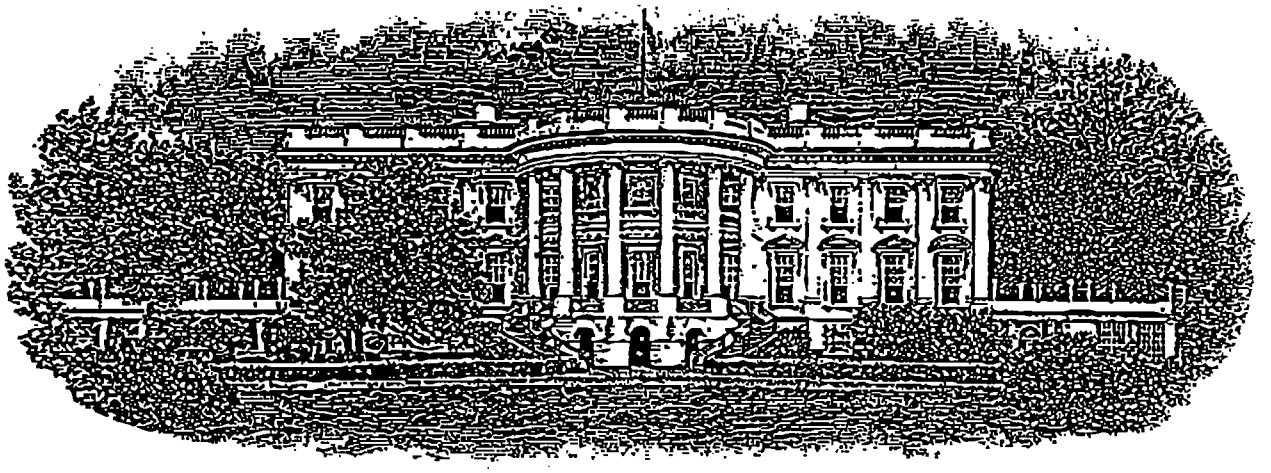
- Response from the fire fighting community about the NIOSH fire fighter initiative has been extremely positive. Reader response cards received after a NIOSH mailing last September indicate that fire departments are using the materials and information being disseminated through the initiative.

- As a result of two nonfatal injury investigations, NIOSH, in collaboration with the Food and Drug Administration, issued a joint public health advisory in January 1999 on the hazards of aluminum regulators used on oxygen resuscitation systems, including steps to reduce the risk of injury. This advisory was distributed to 37,000 fire departments and emergency medical services providers across the country, as well as others in the medical community.

- NIOSH developed a web site, as part of the NIOSH home page, specifically for the fire fighter initiative. This web page (www.cdc.gov/niosh/firehome.html) includes a description of the program, surveillance data, copies of all NIOSH investigative reports, Alerts, and other information related to the prevention of fire fighter injuries and deaths. A number of fire departments, both large and small, career and volunteer, have accessed the site for information.

- On March 10, 11, and 12, 1999, NIOSH, along with the Department of Defense and the Occupational Safety and Health Administration, sponsored a workshop for experts and stakeholders on respiratory protection issues associated with incidents involving nuclear, biological, and/or chemical agents.

THE WHITE HOUSE



OFFICE OF LEGISLATIVE AFFAIRS
HOUSE LIAISON
–FAX COVER SHEET–

DATE: 3/12

TO: Deborah Allen / Chris Jennings

FAX: 65557

FROM:

___ CHUCK BRAIN
___ AL MALDON
___ DARIO GOMEZ
___ LISA KOUNTOUPES
___ BRODERICK JOHNSON
___ ELISA MILLSAP
X JADE RILEY

(202)456-6620 (TELEPHONE)
(202)456-2604 (FAX)

SUBJECT: Parnell Resp.

1 OF 2

.....
(Original Signature of Member)

106TH CONGRESS
1ST SESSION

H. R. _____

IN THE HOUSE OF REPRESENTATIVES

Mr. PASCRELL introduced the following bill; which was referred to the Committee on _____

A BILL

To authorize a Federal grant program to local governments for the purpose of protecting the public and firefighting personnel against fire and fire-related hazards.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Firefighter Investment and Response Enhancement (FIRE) Act".

March 12, 1999

SEC. 2. FINDINGS.

Congress finds the following:

(1) Increased demands on firefighting personnel have made it difficult for local governments to adequately fund necessary fire safety precautions.

(2) The Federal government has an obligation to protect the health and safety of the firefighting personnel of the United States and to ensure that they have the financial resources to protect the public.

(3) The high rates in the United States of death, injury, and property damage caused by fires demonstrates a critical need for Federal investment in support of firefighting personnel.

SEC. 3. GRANT PROGRAM.

(a) AUTHORITY.—In accordance with this Act, the Director of the Federal Emergency Management Agency (in this Act referred to as the "Director") may make grants on a competitive basis to local governments for the purpose of protecting the health and safety of the public and firefighting personnel against fire and fire-related hazards.

(b) ESTABLISHMENT OF OFFICE FOR ADMINISTRATION OF GRANTS.—Before making grants under this Act, the Director shall establish an office in the Federal Emergency Management Agency to administer the grants, in-

including establishing specific criteria for the selection of grant recipients.

(c) USE OF GRANT FUNDS.—The Administrator may make a grant under subsection (a) only if the applicant for the grant agrees to use grant funds for any of the following:

(1) To hire additional firefighting personnel.

(2) To train firefighting personnel in firefighting, emergency response, arson prevention and detection, or the handling of hazardous materials, or to train such personnel to provide any of the training described in this paragraph.

(3) To fund the creation of rapid intervention teams to protect firefighting personnel at the scenes of fires and other emergencies.

(4) To certify fire inspectors.

(5) To establish wellness and fitness programs for firefighting personnel to ensure that such personnel can carry out their duties.

(6) To fund emergency medical services provided by fire departments.

(7) To acquire additional firefighting vehicles, including fire trucks.

(8) To acquire additional firefighting equipment, including equipment for communications and monitoring.

(9) To acquire personal protective equipment required for firefighting personnel by the Occupational Safety and Health Administration, and other personal protective equipment for firefighting personnel.

(10) To modify fire stations, fire training facilities, and other facilities to protect the health and safety of firefighting personnel.

(11) To enforce fire codes.

(12) To fund fire prevention programs.

(13) To educate the public about arson prevention and detection.

(d) MATCHING REQUIREMENT.—The Administrator may make a grant under subsection (a) only if the applicant for the grant agrees to match 10 percent of the Federal funds for the fiscal year in which the grant will be received

(e) MAINTENANCE OF EXPENDITURES—The Administrator may make a grant under subsection (a) only if the applicant for the grant agrees to maintain for the fiscal year in which the grant will be received its aggregate expenditures for uses described in subsection (c) at or

above the average level of such expenditures in the 2 fiscal years preceding the fiscal year in which the grant will be received.

(f) LIMITATION ON ADMINISTRATIVE COSTS.—The Administrator may make a grant under subsection (a) only if the applicant for the grant agrees to use not more than 10 percent of the total amount of the grant in a fiscal year for the administrative costs of carrying out this Act.

(g) REPORT TO THE ADMINISTRATOR.—The Administrator may make a grant under subsection (a) only if the applicant for the grant agrees to submit a report, including a description of how grant funds were used, to the Administrator with respect to each fiscal year for which a grant was received.

(h) VARIETY OF GRANT RECIPIENTS.—The Administrator shall ensure that grants under subsection (a) for a fiscal year are made to a variety of local governments representing to the extent that there are eligible applicants—

(1) communities of varying size;

(2) urban, suburban, and rural communities; and

(3) communities with paid fire departments and communities with volunteer fire departments.

(i) LIMITATION ON FIREFIGHTING VEHICLES.—The Administrator shall ensure that not more than 25 percent of the assistance made available under subsection (a) in a fiscal year is used for purposes authorized under section (c)(7).

(j) APPLICATION.—The Administrator may make a grant under subsection (a) only if the local government seeking the grant submits to the Administrator an application in such form and containing such information as the Administrator may require.

(k) FIREFIGHTING PERSONNEL DEFINED.—In this Act the term "firefighting personnel" means firefighters, officers of fire departments, and emergency medical service personnel employed by fire departments.

SEC. 4. AUTHORIZATION OF APPROPRIATIONS.

For the purposes of carrying out this Act, there are authorized to be appropriated to the Administrator $1,000,000,000 for each of the fiscal years 2000 through 2005.

medical workers employed at certain industrial facilities. It is affiliated with the AFL-CIO and the Canadian Labor Congress. IAFF members protect more than 85 percent of the lives and property in the United States, and are the largest providers of pre-hospital emergency care in the U.S. Since its founding in 1918, the IAFF has worked to: create important fire fighting health and safety regulations; enact federal benefits for survivors of fire fighters killed or totally disabled in the line of duty; enhance public safety through national standards; improve the levels of training and education for fire and emergency personnel; and establish training programs for hazardous materials emergencies.

The Threat of Terrorist Attacks Using Weapons of Mass Destruction

America's unrivaled military superiority means that potential enemies are more likely to resort to terror rather than conventional military assault. Adversaries may be tempted to use the deliberate release of chemical or biological agents to target our cities and citizens. The development of new technology makes it easier than ever before for terrorist to produce and disseminate information about agents that can potentially be used in a bioterrorist attack.

Strong New Efforts to Help First Responders Combat Chemical and Biological Terrorism

You will announce new steps to combat the threat of a chemical or biological terrorist attack, including:

Investing an additional $11 million in Metropolitan Medical Response Systems in FY 1999. Today, the President will announce that the Department of Health and Human Services plans to invest an additional $11 million in FY 1999 in new rapid medical response teams trained to respond to a biological or chemical weapons emergency. The Metropolitan Medical Response Systems enhance local HAZMAT and emergency response systems by providing onsite victim extraction, antidote administration, decontamination, primary care, emergency medical transportation, and hospital based medical care and crisis counseling. This new allocation of funding increases the current FY 1999 funding level by almost 400 percent, and will support the development of teams in an additional 12 cities. Today's action takes a significant step towards the Administration's goal of establishing these teams in the most densely populated metropolitan areas nationwide.

Providing funds to train emergency personnel to respond to chemical and biological terrorist attacks. This month, the Department of Justice will award

March 12, 1999

REMARKS TO THE 17TH ANNUAL LEGISLATIVE CONFERENCE OF THE INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

DATE: March 15, 1999
LOCATION: Hyatt Regency Hotel
Washington, D.C.
BRIEFING TIME: 3:15pm - 3:40pm
EVENT TIME: 4:00pm - 4:40pm
FROM: Samuel Berger
Bruce Reed / Chris Jennings

I. PURPOSE

To thank the International Association of Fire Fighters for their support and commend them for their bravery, loyalty, and dedication to public service; and to ~~You will also~~ announce new efforts to provide firefighters and other ~~first~~ emergency response personnel with ~~responders~~ the tools they need to ~~help~~ defend against terrorist attacks involving ~~using~~ chemical and biological weapons, ~~including: new investments in rapid medical response teams trained to respond to a biological or chemical weapons emergency; awarding grants to help communities training firefighters and other emergency personnel to respond to bioterrorist attacks; and providing funds communities purchasing protective gear and specialized communications equipment for first responders, such as emergency medical personnel, policemen, and firefighters.~~

II. BACKGROUND

The International Association of Firefighters

You will address over 700 participants ~~in~~ at the 17th Annual Legislative Conference of the International Association of Fire Fighters (IAFF). IAFF represents more than 225,000 professional career fire fighters and emergency medical personnel. ~~In addition,~~ The association represents local and state employees, ~~(such as the California Forestry fire fighters),~~ federal workers, ~~(such as fire fighters on military installations),~~ and fire and emergency

the first funds from their $21 million initiative to combat weapons of mass destruction, designed to help states and local communities train local emergency response personnel (including firefighters) about how to respond to bioterrorist and other terrorist attacks. This program provides $16 million to train emergency response personnel about how to respond to a chemical or biological weapons attack. An additional $5 million is provided to local communities to support chemical and biological weapons awareness training.

Funds available to help communities purchase new protective equipment for emergency response personnel during a chemical or biological terrorist attack. In April, the Department of Justice will make $69.5 million available through grants to States and municipalities to procure personal protective equipment, as well as chemical/biological/radiological agent detection, decontamination, and communications equipment to be used in the event of a terrorist attack. An additional $4 million will be used to address the critical communications needs of first responders, including firefighters and other emergency services personnel, in the field.

III. PARTICIPANTS

Briefing Participants:
Karen Tramontano
Chris Jennings
Dick Clarke
Minyon Moore
Paul Glastris
William Weschler

Program Participant:
Alfred Whitehead, General President, International Association of Firefighters

Seated On Stage:
Director James Lee Witt
Vincent J. Bollon, General Secretary Treasurer, International Association of Fire Fighters

IV. PRESS PLAN

Open Press.

V. SEQUENCE OF EVENTS

-You will be announced, accompanied by Director James Lee Witt, Alfred Whitehead, President, and Vincent Bollon, General Secretary Treasurer, onto the

stage.

-Alfred Whitehead will make remarks and introduce you.
- You will make remarks, work a ropeline, and depart.

VI. REMARKS

To be provided by Speechwriting.

~~invests an additional $31.4 million to fund these training activities in an additional 20 cities.~~ In addition, this year

- ~~**Providing funds to train firefighters and other first responders in their communities.** This year,~~ the Federal Emergency Management Agency will spend ~~$4~~ million to help States ~~enhance~~ the ability of fire departments and other agencies providing emergency services to respond to a terrorist attack. ~~In addition, FEMA will also provide $8 million to States for terrorism related training exercises and planning activities.~~ conduct training exercises and other activities to improve

- **Soliciting input from stakeholders and working with communities** ~~**to improve domestic preparedness.**~~ In August 1998, the Attorney General met with firefighters, emergency rescue ~~and HAZMAT~~ experts, emergency medical services personnel, public health providers, law enforcement, and local emergency managers, who urged the Administration to establish a "one stop shopping" network to improve domestic preparedness for terrorist attacks. In response to their concerns, the Administration annouced plans for the National Domestic Preparedness Office in October 1998, which coordinates Federal, state, and local activities to ensure the effective use of ~~the~~ resources ~~dedicated to our national security.~~

- **Leadership from the top.** ~~Last May,~~ President Clinton signed Presidential Decision Directive 62, ~~which~~ defines the Administration's policies on preparedness against weapons of mass destruction ~~preparedness and defense against~~ and other unconventional threats. ~~At that time, he also designated the first National Coordinator to bring together the Federal government's various programs on unconventional threats.~~ Soon the President asked for and recieved a special budget amendment to ~~begin~~ increasing funding for programs to combat biological terrorism. In January, the President announced that his budget calls for over $10 billion in counterterrorism and related programs, including about $1.4 billion for weapons of mass destruction ~~programs.~~

Providing

in May to

soon afterward

programs to defend against

establishing these teams in the most densely populated metropolitan areas ~~nationwide~~.

- **Providing funds to train emergency personnel to respond to chemical and biological ~~terrorist~~ attacks.** ~~This month~~, the Department of Justice will award ~~the~~ this month the first funds from ~~their~~ $21 million initiative to combat weapons of mass destruction, ~~designed to~~ help states and local communities train local emergency response personnel (including firefighters) about ~~how to~~ responding to bioterrorist and other terrorist attacks. ~~This program provides $16 million to train emergency response personnel about how to respond to a chemical or biological weapons attack. An additional $5 million is provided to~~ local communities to ~~support~~ chemical and biological ~~weapons awareness training~~.

- ~~Giving funds to~~ **~~Funds available to help~~ communities purchase new ~~protective~~ equipment for emergency response personnel ~~during~~ a chemical or biological terrorist attack.** ~~In April~~, the Department of Justice will make ~~$69.5 million~~ available in April ~~through~~ grants to states and municipalities to procure ~~personal protective equipment, as well as chemical/biological/radiological agent detection, decontamination, and communications equipment to be used in the event of a terrorist attack. An additional $4 million will be used to address the critical communications needs of first responders, including firefighters and other emergency services personnel, in the field.~~

BUILDS ON ~~THE CLINTON ADMINISTRATION'S~~ STRONG COMMITMENT TO PREPARING FOR A CHEMICAL OR BIOLOGICAL WEAPONS ATTACK

- **Safeguarding our citizens from the threat of deadly weapons.** The President's FY 2000 budget makes a significant investment in new programs to combat unconventional threats. The $1.4 billion dedicated to weapons of mass destruction ~~preparedness~~ includes ~~the dedication of an additional $40 million to fund in research and development funding for~~ new vaccines and other therapeutics, ~~including smallpox and anthrax, for eventual use in the national medical stockpile; a 23 percent increase in funding for improvements in the~~ public health surveillance system, ~~including funding for~~ a network of regional labs to provide rapid analysis of select biological agents, ~~and $16 million to develop Metropolitan Medical Response Systems, medical teams who respond to biological and chemical weapons emergencies, in 25 additional cities.~~

- **Training ~~over 15,000~~ firemen and other ~~first~~ responders ~~in 52 cities.~~** The Department of Defense has trained over 15,000 firemen and other ~~first responders~~ in 52 cities to respond ~~effectively~~ to bioterrorist and chemical weapons attacks. The Pentagon ~~also~~ expects to train ~~first responders~~ in 16 more cities before the end of FY 1999. ~~The President's FY 2000 budget~~

PRESIDENT CLINTON UNVEILS NEW EFFORTS TO COMBAT TERRORISM ~~AT THE 17th ANNUAL LEGISLATIVE CONFERENCE OF~~ THE INTERNATIONAL ASSOCIATION OF FIREFIGHTERS

~~Today, President Clinton~~ addressed the International Association of Firefighters ~~and~~ announced new steps ~~and highlighted our continuing efforts~~ to provide firefighters and other ~~first responders~~ the tools they need to ~~help~~ defend against terrorist attacking using chemical and biological weapons, including: investing an additional $11 million this year in ~~new~~ rapid medical response teams trained to respond to a biological or chemical weapons emergency; awarding $21 million in grants to help communities training firefighters and other emergency personnel to respond to bioterrorist attacks; and providing $73.5 million to communities ~~purchasing protective gear and specialized~~ communications equipment for ~~first responders such as~~ emergency ~~medical~~ personnel, ~~policemen, and firefighters. This announcement provides additional detail on the President's FY 2000 budget proposals, which provide $1.4 billion for weapons of mass destruction preparedness programs.~~

~~THE THREAT OF TERRORIST ATTACKS USING WEAPONS OF MASS DESTRUCTION~~

America's unrivaled military ~~superiority means that~~ potential enemies ~~are more likely~~ to resort to terror ~~rather~~ than conventional military assault. ~~Adversaries may be tempted to use the deliberate~~ release of chemical or biological agents ~~to target~~ our ~~cities and citizens. The development of new technology makes it easier than ever before for terrorists to produce and disseminate information about agents that can potentially be used in a bioterrorist attack.~~

STRONG ~~NEW~~ EFFORTS TO HELP ~~FIRST~~ RESPONDERS COMBAT CHEMICAL AND BIOLOGICAL TERRORISM

~~Today,~~ the President announced new steps and highlighted ~~our~~ continuing efforts to combat the threat of a chemical or biological terrorist attack, including:

- **Investing an additional $11 million in Metropolitan Medical Response Systems in FY 1999.** ~~Today, The President will announced that the~~ The Department of Health and Human Services plans to invest an additional $11 million in FY 1999 in new rapid medical response teams trained to respond to a biological or chemical weapons emergency. The Metropolitan Medical Response Systems enhance local ~~HAZMAT and~~ emergency response systems by ~~providing onsite~~ victim ~~extraction, antidote~~ administration, antidotes, decontamination, ~~primary care,~~ emergency medical transportation, ~~and~~ primary medical care, and hospital-based medical care and crisis counseling. This new ~~allocation of~~ funding increases ~~the current~~ FY 1999 funding level by almost 400 percent, ~~and will~~ support the development of teams in an additional 12 cities. Today's action takes a significant step toward the Administration's goal of

building a
The PI's limitating record
and prior ~~Administration~~
budget proposals.

his

FAX TRANSMITTAL SHEET

DATE: 12 MARCH 1999

TO: DEVORAH ADLER

ORGANIZATION: DOMESTIC POLICY COUNCIL

VOICE: 202/456-5707

FAX: 202/456-5557

FROM: BILL RAUB

ORGANIZATION: DEPARTMENT OF HEALTH
AND HUMAN SERVICES

VOICE: 202/690-5874

FAX: 202/205-8835

E-MAIL: wraub@osaspe.dhhs.gov

NUMBER OF PAGES FOLLOWING: 2

MESSAGE: PER TELEPHONE CONVERSATION TODAY RE METROPOLITAN MEDICAL RESPONSE SYSTEMS

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Emergency Preparedness

Metropolitan Medical Response Systems Development

- DHHS plans and preparations for a national response to medical emergencies arising from the terrorist use of a WMD include improving local health and medical capability to respond effectively, and improving federal health and medical capability to rapidly augment the state and local response.

- The Department has taken a "bottom-up" systems approach, working with local response agencies to develop and field Metropolitan Medical Response Systems (formerly MMST) to achieve these objectives.

- Metropolitan medical response systems development is already underway in 27 cities (shown on the following page).

- During FY 1997, DHHS entered into fixed price contracts with 25 of these cities for medical response systems development. (Systems have already been developed in Washington, D.C. and Atlanta, GA.) The contracts requires each city to formulate an implementation plan tailored to its existing system and needs. The plan includes equipment, supply, pharmaceutical and training requirements. A concept of operations plan, integrating federal health and medical support, will also be developed with each city. These contracts require the systems to be in place by the end of 1998.

- The systems are designed to provide initial, on-site response and provide for safe patient transportation to hospital emergency rooms in the event of a terrorist attack. The systems are characterized by specially trained responders; available special pharmaceuticals and decontamination equipment; on-site health care; and enhanced emergency medical transportation and emergency room capabilities.

- The FY 1999 appropriation provides $3.5 million to begin medical response systems in 8 new cities.

- The FY 2000 President's Budget request includes a total of $16.5 million to begin 25 new city systems and to supplement systems previously started for specific bioterrorism needs.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Emergency Preparedness

Metropolitan Medical Response System Cities

•	FY 1995	Washington, D.C. Metropolitan Area
•	FY 1996	Atlanta, GA
•	FY 1997	New York, NY; Los Angeles, CA; Chicago, IL; Houston, TX; Philadelphia, PA; San Diego, CA; Detroit, MI; Dallas, TX; Phoenix, AZ; San Antonio, TX; San Jose, CA; San Francisco, CA; Baltimore, MD; Indianapolis, IN; Jacksonville, FL; Columbus, OH; Milwaukee, WI; Memphis, TN; Boston, MA; Denver, CO; Anchorage, AK; Honolulu, HI; Kansas City, MO; Miami, FL; and Seattle, WA.
•	FY 1998	None
•	FY 1999	8 cities, including: Salt Lake City, UT; Cleveland, OH; New Orleans, LA; Nashville, TN; Oklahoma City, OK; and Austin, El Paso, and Ft. Worth, TX.

The coordinated list for FY 2000 has not been finalized.

Suggested points on key deliverables for POTUS speech to 17th Annual Legislative Conference of the International Association of Fire Fighters (IAFF)

Justice

This year, the Justice Department will provide $69.5 million in grants to all 50 states and the 157 largest cities and counties to provide personal protective equipment, chemical/biological detection devices, decontamination equipment, and communications gear to firefighters and other first responders, for use in the event of a terrorist attack with weapons of mass destruction. Next month we will be asking you to tell us what you need and how we could best allocate these funds. An additional $4 million will help address important communications interoperability problems.

This year Justice will also spend $16 million to establish specialized training centers for state and local first responders through the National Domestic Preparedness Consortium. Justice will also spend $5 million to develop training programs that will begin this Summer.

Next month the FBI's National Domestic Preparedness Office will hold a conference with firefighters battalion commanders.... [coming from Rick Shapiro}

Defense

The Department of Defense has trained over 15,000 firemen and other first responders in 52 cities. This year we will train 33 cities.

The Department of Defense is creating a Weapons of Mass Destruction Advisory Panel, made up of state and local experts, to assess the U.S. capabilities to respond to a WMD terrorist act. Of 17 people on the panel, three are firefighters.

FEMA

In FY99, FEMA is providing $4 million in training grants to the States to enhance the capabilities of fire department to respond to terrorist attacks. This is in addition to the $8 million in FEMA grants to the States to improve their preparedness with planning, training and exercises in responding to the consequences of terrorist attacks.

HHS

Since 1995 HHS has been working with 27 major metropolitan areas to develop special teams -- Metropolitan Medical Response Systems -- to help respond to a terrorist use of weapons of mass destruction. Last year Congress sharply cut back on the funds I requested to build similar response systems in more American cities, from the $14 million I wanted to only $3 million. So last month I announced that my budget proposal this year requests even more funding -- an increase of over 400% to more than $16 million -- so that 25 more cities can have Metropolitan Medical Response Systems

Now I have decided that we just can't wait for Congress to act on the budget at the end of the year. We must begin now to expand this program to new cities. Therefore, Secretary Shalala will today send to the Congress a request to reprogram existing FY99 funds to provide an additional $11 million for new Metropolitan Medical Response Systems. This new money will be enough to bring the this year's funding up to the level I originally requested from Congress. This will allow expansion into twelve additional cities this year, beyond the eight we had already planned. The new cities will be: Long Beach, Tucson, St. Louis, Charlotte, Tidewater (VA), Albuquerque, Oakland, Pitsburgh, Sacramento, Minneapolis, Tulsa and, critically, the home of the 2002 Winter Olympics, Salt Lake City.

Office of the Assistant Secretary of Defense

for Reserve Affairs

TO: Will Wesler

FAX#: 202 456-9360

FROM: Col Drew for Col Nietman

OFFICE PHONE #: 703 693-2164 FAX #: 703 692-9768

COMMENTS: Input to Pres 15 March address to firefighters

COPY SENT: DATE: 3/11/99 TIME: 1415

THIS CASE CONSISTS OF 2 PAGES INCLUDING THIS COVER SHEET

DOD INPUT FOR PRESIDENT'S MARCH 15 ADDRESS TO FIREFIGHTERS

1. The Domestic Preparedness Program

- We have trained 52 cities, including Santa Ana, CA, which is receiving training this week (March 8-12).
- To date, more than 15,000 state and local firefighters, law enforcement officials, emergency managers, incident command personnel, city officials, and emergency medical services personnel to include hospital personnel have been trained.
- We have conducted 59 initial city visits.
- We have approved 27 training equipment sets.
- We have scheduled to train a total of 33 cities in Fiscal Year 1999.

2. The Weapons of Mass Destruction Advisory Panel

Background:

- The National Defense Authorization Act of FY1999 (the Act) required DoD to enter into a contract with a federally funded research and development center (FFRDC) to establish a panel to assess the capabilities for domestic response to terrorism involving weapons of mass destruction (WMD).
- The panel is comprised of private citizens (defined as citizens of the United States who are not currently employed by the United States Government or members of the United States Armed Forces on active duty) with knowledge and expertise in emergency response matters.
- The panel is to:
- assess Federal agency efforts to enhance domestic preparedness for WMD incidents.
- assess the progress of Federal training programs for local emergency responses to WMD incidents.
- assess deficiencies in programs, including a review of unfunded communications, equipment, and planning requirements, and the needs of maritime regions.
- recommend strategies for effective coordination among Federal agency WMD response efforts, and for ensuring fully effective local response capabilities for WMD incidents.
- assess the appropriate roles of state and local government in funding effective local response capabilities.
- The panel is to submit to the President and Congress an initial report and three subsequent annual reports on its findings, conclusions and recommendations.

Status:

- As required by the Act, after consultation with representatives from the Attorney General, the Secretary of Energy, the Secretary of Health and Human Services, and the Director of the Federal Emergency Management Agency, DoD entered into a contract with RAND, to establish and support the WMD Advisory Panel.
- RAND has selected 17 panel members
  - Ten panel members represent state and local first responders; seven of the members represent the federal level.
  - Three members represent the firefighter community.
- The formal announcement is expected within a week.

Federal Emergency Management Agency
Office of National Security Affairs
Program Coordination Division
500 C Street, SW, Room 515
Washington, D.C. 20472
Voice: 202-646-3617
Fax: 202-646-7042

DATE: March 11, 1999

NUMBER OF PAGES: COVER SHEET

FROM: Tom Antush, 202-646-3617

TO: Will Wexler, NSC, Fax 202-456-9360

MESSAGE:

Will:

Per our discussion.

In FY 1999, FEMA is providing $4.0 million in training grants to the States to enhance the capabilities of fire departments to respond to terrorist attacks.

This is in addition to the $8.0 million in grants to the States to improve their preparedness with planning, training and exercises in responding to the consequences of terrorist attacks.

Tom Antush

NATIONAL DOMESTIC PREPAREDNESS OFFICE
935 Pennsylvania Avenue, NW, Room 11741
Washington, DC 20535

3/10/99
Date

3
Number of Pages
(Including Cover)

2:00 P
Time

PRECEDENCE
- ☐ Immediate
- ☒ Priority
- ☐ Routine

CLASSIFICATION
- ☐ Top Secret
- ☐ Secret
- ☐ Confidential
- ☒ Unclassified

TO: Will Wexler
NSC

PHONE: 456-9351 FAX: 202-456-9360

FROM: Rickey Shapiro

PHONE: 202-324-8186 FAX: 202-324-8686

NATIONAL DOMESTIC PREPAREDNESS OFFICE

ADVISORY GROUP

STATUS and VISION

State and Local authorities may participate in the NPDO in a number of ways.

NDPO currently has arrangements or ongoing dialogue with the following five individuals for full time reimburseable agreements:

Sam Gonzales, representing Major City Chiefs of Police, formerly the Chief of Oklahoma City Police Department

Jerry Wheeler, representing the International Association of Chiefs of Police, formerly of Michigan State Police Office of Emergency Management

William Terry, representing the International Association of Fire Chiefs, currently at Prince Georges Fire Department

Phillip Chovan, Marietta Georgia Fire Department

Mike Guerin, Office of Emergency Services, State of California

In addition, approximately twenty experts from the state and local agencies may contract on a part time basis on specific projects. Initial consideration for nomination to these contracts will be obtained through the professional organizations as needed.

STATE AND LOCAL ADVISORY GROUP

As recommended by our state and local stakeholders, the NDPO is currently establishing the State and Local Advisory Group made up of representatives from each response discipline. The Advisory Group will be constituted to provide guidance to the NDPO Director on strategic initiatives. The members will meet approximately quarterly to review federal programs for domestic preparedness. It is also expected slag will maintain a continuing dialogue with members of the NDPO to provide direction and advice.

The State and Local Advisory Group will be comprised of state and local officials knowledgeable and experienced in the diverse functional areas of the public safety community who will be involved in the planning and response to a terrorist incident. As the goal of the NDPO and its federal partners is to enhance the capabilities of state and local response agencies the advice and input from the State and Local Advisory Group will be critical to the NDPO's success in coordinating a viable, integrated national domestic preparedness program. Their unique operational and policy perspectives and practical insight will greatly contribute to a more effective and useful federal effort to enhance domestic preparedness across the Nation.

It is projected that by the end of March 99, the first planning session will be held by Advisory Board members to determine their scope of work and organization structure.

State and Local Advisory Group (continued)

It is projected that by the April 99, the first planning session will be held by individuals to determine their scope of work and organizational structure.

At the present time the following members have been identified to participate in the planning session:

P. Michael Freeman, Fire Chief Los Angeles County Fire Department
Steve Ennis, First Vice Chairman National Volunteer Fire Council
Smokey Dyer, Chief Lee's Summit Fire Department
David Lesak, Lehigh HazMat Team
John Eversole, Deputy Chief Chicago Fire Department
Stan McKinney, Director Emergneyc Preparedness Division State of South Carolina
George Foresman, Assistant State Coordinator, Virginia Department of Emergency Services
Mark Sparks, Director Wayne County Emergency Management
Peter S. Beering,
Richard H. Stilp, District Chief, Orlando Fire Department
Joe Waeckerly, Emergency Room Physician American College of Emergency Physicians
Dr. Michael Osterholm, State Epidemiologist and Chief, Acute Disease Minnesota Deparmtne of Health
Michael S. Ascher, M.D., FACP, Chief Division of communicable Disease Control California Department of Healther Services
Mark Oxley, Louisiana State Police
Patrick J. Sullivan, Sheriff, Arapahoe County
Charles Stumpf, Sergeant Orange County Sheriff's Department
Charles Ramsey, Chief, Metropolitan Police Deparmtnet, Washington DC

In addition, the following agencies are among those being contacted to provide representation:

National Governors' Association (NGA)
National Emergency Management Agency (NEMA)
Council of Mayors
National League of Cities
etc.

It should be noted that the Advisory Board may be augmented at any time. This was the case as recently as March 5, 1999 when EPA, a participating agency in the NDPO, requested the addition of two members. These members are: Timothy Gablehouse, Chair of Jefferson County LEPC and County representative; and Bert Lanley, Ph.D. Emergency Response and SARA Title III Coordinator, Georgia Environmental Protection Division.

Federal Leadership Advisory Group

Federal departments and agencies with responsibilities and resources to provide assistance to state and local authorities will coordinate their activities through the NDPO.

Participation form federal agencies involved in preparedness, planning, and response is essential to ensuring that federal programs meet the needs of states and local communications. The primary federal agencies involved will be DoD, FEMA, DOE, HHS, EPA, and OJP however, additional federal departments and agencies will include US Coast Guard, the Department of Transportation, the Department of Veterans Affairs and others.

First meeting of the FLAG is scheduled for March 10, 1999. Participating agencies, will be asked once again to review the membership of the SLAG allowing them to make addition recommendations for membership.

U.S. Department of Justice
Office of Justice Programs

Office for State and Local Domestic Preparedness Support
810 7th Street, NW
Washington, DC 20531
Phone: (202) 305-9887
Fax: (202) 616-2922

FACSIMILE TRANSMISSION COVER SHEET

TO: Will Wechler

OFFICE: NSC

TELEPHONE NO.: _____ **FAX#:** 456-9362

PAGES: 2 (Includes cover sheet) **DATE:** 3/11/99

FROM: Andy Mitchell

TELEPHONE NO.: 305-9889

NOTES: Here are talking points per our telecon this am for DEP assistant initiatives.

The item that Mr. Clark took exception to is designed to provide massive support in States where no Federal training or other support has been targeted, as well as to address the needs of more rural areas a concern of the Attorney General. The majority of firefighters are volunteers, not paid staff which are more likely in the urban areas. This may be a concern of the IAFF, ie Fed focus only on urban jurisdictions —

A. Mitchell

H:IAFFINFO.WH
3/10/99

FY 1999 OJP Domestic Preparedness Support Funding Relevant to Fire Fighters and EMS Personnel

EQUIPMENT SUPPORT

- $69.5 million-for grants to the 157 largest counties and cities in the US and the 50 states for personal protective equipment, decontamination equipment, chemical and biological detection devices, and communications equipment. Grant applications to be mailed early April; grants to be made by August 1999.

  $16 million-for grants to an additional 113 cities for fire and emergency support agencies for similar equipment. Grant applications to be mailed early April; grants to be made by August 1999.

  These two program combined will provide a total of 320 grants in FY 1999; with all 50 state capitals receiving funding and at least the 3 largest cities in every state.

  $4 million to provide approximately 125 grants to assist local first response agencies to address the communications interoperability problem. OJP and NIJ to conduct pilot assessment of promising technology Spring 1999 with grants to be made by September 1999.

FIRST RESPONDER TRAINING

$5 million to continue OJP's awareness training to fire and emergency medical services personnel to develop new training for delivery starting summer 1999. All NLD cities not in OJP's original 120 metro target group will be offerred the opportunity to participate in this program in starting this Spring of this year. OJP is discussing with IAFF funding for an IAFF proposal to provide firefighter safety training for fire fighters responding to a terrorist incident.

$16 million to establish specialized training centers for state and local first responders through the National Domestic Preparedness Consortium.

FY 2000 Budget Outlook

Continuation of equipment program at over $81 million; $5 million to continue the fire and ems training program; $6 million for technical assistance to help local and state first response agencies address site-specific needs; $18 million to continue.

Office for State and Local
Domestic Preparedness Support

Fiscal Year 1999
First Responders Equipment Acquisition Program
($69.5 million)

Background:

As a part of the Office of Justice Programs first responder domestic preparedness initiative, the Conference Report (H. Rapt. 105-825 p. 998) accompanying the Justice Department's Fiscal Year 1999 appropriations Act provides $75.5 million to ensure that first responders are properly equipped and prepared to respond to incidents of domestic terrorism involving chemical and biological agents,, as well as radiological and explosive devices. Pursuant to the Conference Report language, equipment acquisition assistance will be provided to the nation's 157 largest cities and localities, as well as the States.

Program:

Of the $75.5 million, $69.5 million will be used to provide personal protective gear, and detection, decontamination, and communications equipment to first responders; $4 million is for the purchase of equipment for the National Domestic Preparedness Consortium (per instructions of the Conference); and $2 million is for transfer to the Office of Justice Programs for management and administration per instructions of the Conference).

The First Responder Equipment Acquisition Program will provide $69.5 million in grants to the 157 largest cities and localities, as well as the States, to procure personal protective, chemical/biological detection, decontamination, and communications equipment. This equipment will enable fire departments, law enforcement agencies, emergency medical services, hazardous materials response units, and other emergency response agencies to enhance their response capabilities to incidents of domestic terrorism. The design and implementation of this program will be coordinated with the National Domestic Preparedness Office (NDPO) within the Federal Bureau of Investigation (FBI). The Standardized Equipment List (SEL) jointly developed by the DOD and the FBI, will be a critical component of OJP's Application Kits developed for this program. The Application Kit, originally developed for the FY 1998 Equipment Grant Program in cooperation with the FBI, will be reviewed and finalized for both components of the FY 1999 Program in cooperation with the NDPO.

PART I

Of the $69.5 million, approximately $46 million will be provided to the 157 largest cities and localities, which will be divided into three award categories. The number of jurisdictions in each category will be based on population. Those cities and counties with the highest populations will receive the largest awards, and those with the lowest populations the smallest awards. A breakdown of the preliminary award amount categories and number of jurisdictions is as follows:

First Responder Equipment Acquisition Program (PART I contd.)

$450,000 (50 jurisdictions) = $22,500,000
$200,000 (50 jurisdictions) = $10,000,000
$125,000 (57 jurisdictions) = $ 7,125,000
Total = $45,525,000

PART II

The remaining approximately $24 million will be provided to the 50 States. A baseline amount of $250,000 will be allocated to with the balance distributed to the states on a population share basis. Governors will be contacted to designate an agency to administer the program.

FIRST RESPONDER EQUIPMENT ACQUISITION PROGRAM

TIME LINE:

August 15, 1999	—	Grant awards made. Grant award documents must be signed out in order to allow time for final Comptroller review, Congressional notifications, and announcements prior to the September 15, 1999 cut-off date for Office of the Comptroller grant processing for FY 1999.
July 1, 1999	—	Decisions on grant recipients and awards made. Allows time for contacts back with grantees to settle any financial or programmatic issues requiring resolution; for Comptroller Office review of proposed budgets for allowable costs, etc.; and for preparation of grant award packages.
May 15, 1999	—	Deadline for OJP receipt of applications. Allows for OJP staff review, peer review, and preparation of recommendations to the AAG.
Tentative → **March ~~15~~ 30, 1999**	—	Grant solicitation document released to the field for state and local jurisdictions to have time to prepare and submit their proposals.
Tentative → **Mid March**	—	(Governors asked to designate agency to apply for state grants)
February 1, 1999	—	Decision/consensus must be reached through NDPO or others as required on (a) an equipment list; (b) jurisdictions that are eligible under the Appropriations Act; (c) any other predicate criteria that may be imposed; and (d) time allowed for drafting and circulation of the draft solicitation document.

3

Office for State and Local
Domestic Preparedness Support

Fiscal Year 1999
Municipal Fire and Emergency Services Equipment Program
($20 million)

Background:

As part of the Office of Justice Programs' (OJP) first responder domestic preparedness initiative, the Conference Report (H. Rpt. 105-825 p. 998) accompanying the Justice Department's Fiscal Year 1999 Appropriations Act provides $25 million to expand equipment and training programs targeted specifically to municipal fire and emergency services departments.

Program:

Of the $25 million, $16 million is was earmarked to assist municipal fire and emergency medical services departments to acquire equipment; $4 million was earmarked for interoperable radio equipment for local emergency response agencies; and $5 million was earmarked for training for these same agencies. As the $16 million equipment program is integrated with the $69.5 million equipment acquisition program, the planning for its implementation will also be coordinated with the NDPO, and the NDPO SEL will be incorporated into the application package.

Municipal Fire and Emergency Services Equipment Acquisition Program

Part I:

This program component will provide $7.5 million in grants to the remaining 55 cities which have been designated for training under the Nunn-Lugar-Domenici Domestic Preparedness Program that are not eligible for funding under OJP's FY 1999 69.5 million First Responder Equipment Acquisition Program. Grants up to $125,000 will be awarded to each of the 55 jurisdictions.

Part II:

Of the remaining funds, $4.3 million will be available to the state capitols not receiving grants under the First Responder Equipment Program or the above Part I program , and the largest cities and state capital in those 12 states not reached by the FY 1999 First Responder Equipment Acquisition Program. This approach will address one of the major deficiencies of both DOD and OJP's current program targeting lists by reaching the 12 states currently not served through either program. Grants up to $100,000 will be awarded to each of these 43 jurisdictions.

Municipal Fire and Emergency Services Interoperable Communications Equipment Program

Through a joint initiative with the National Institute of Justice's Office of Science and Technology, OJP will conduct an assessment of new communications equipment designed to help address the interoperable communication problem facing state and local agencies. Tests of equipment will conducted in 10-12 cities and, if proven successful, the technology, at a cost of $25,000 to $30,000 per site, will be made available to approximately 140 jurisdictions around the country from the $4 million available for this program.

MUNICIPAL FIRE AND EMERGENCY SERVICES EQUIPMENT ACQUISITION PROGRAM

TIME LINE:

August 15, 1999	–	Grant awards made. Grant award documents must be signed out in order to allow time for final Comptroller review, Congressional notifications, and announcements prior to the September 15, 1999 cut-off date for O.P. grant processing for FY 1999.
July 1, 1999	–	Decisions on grant recipients and awards made. Allows time for contacts back with grantees to settle any financial or programmatic issues requiring resolution; for Comptroller Office review of proposed budgets for allowable costs, etc.; and for preparation of grant award packages.
May 15, 1999	–	Deadline for OJP receipt of applications. Allows for OJP staff review, peer review, and preparation of recommendations to the AAG.
March 15, 1999	–	Grant solicitation document released to the field for state and local jurisdictions to have time to prepare and submit their proposals.
February 1, 1999	–	Decision/consensus must be reached through NDPO or others as required on (a) an equipment list; (b) jurisdictions that are eligible under the Appropriations Act; (c) any other predicate criteria that may be imposed; and (d) time allowed for drafting and circulation of the draft solicitation document.

MUNICIPAL FIRE AND EMERGENCY SERVICES INTEROPERABLE COMMUNICATIONS EQUIPMENT PROGRAM

TIME LINE:

May 15, 1999	--	Application kits distributed or Federal Register announcement made for computer application.
April 30, 1999	--	NIJ assessment completed. Final report published.
Mid-February 1999	--	Applications for demonstration sites awarded. - This step behind schedule - likely 4/1 @ earliest.
Mid-January 1999	--	Convene meeting of demonstration sites to review requirements for test participation, time line for NIJ assessment, and application requirements.

Office for State and Local
Domestic Preparedness Support

Fiscal Year 1999
State and Local Domestic Preparedness-First Responder Training Program
[$16 million]

Backgrounnd:

As part of OJP's first responder/domestic preparedness initiative, the Conference Report (H. Rpt. 105-825, pp. 998-999) accompanying the Justice Department's Fiscal Year 1999 Appropriations Act, provides $16 million to provide training to state and local emergency response personnel (first responders and other emergency personnel) to enhance their capability to respond to incidents of domestic terrorism involving chemical and biological agents and radiological and explosive devices.

Program:

This training will be carried out through the National Domestic Preparedness Consortium which is comprised of OJP's Center for Domestic Preparedness, located at Fort McClellan, Alabama; the National Energetic Materials Research and Testing Center located at the New Mexico Institute of Mining and Technology; the National Center for Bio-Medical Research and Training located at the Louisiana State University; the National Emergency and Response and Rescue Training Center located at the Texas A&M University; and U.S. Department of Energy's National Exercise, Test, and Training Center (Nevada Test Site). Coordination of program development and execution will be coordinated with the Training Program Section of the National Domestic Preparedness Office to ensure coordination across the Federal interagency family and to leverage existing training curricula which can be modified or integrated into the Consortiums training program.

The National Domestic Preparedness Consortium was formally organized on June 11, 1998 in order to bring together the various entities receiving funding under OJP's domestic preparedness initiative into a singular, coordinated, and integrated training program. OJP's Center for Domestic Preparedness (CDP) at Fort McClellan, Alabama was formally established as an OJP component on June 1, 1998. The CDP operates as part of OJP's Office for State and Local Domestic Preparedness Support.

OJP's domestic preparedness training program will: 1) identify the training needs of the emergency response community both by discipline (law enforcement, fire service, etc.) and by personnel level within those disciplines (fireman, HAZMAT technician, etc.); 2) identify existing and/or develop curricula to meet those training needs; 3) evaluate and standardize training curricula with the assistance of experts from the field; 4) deliver training both locally (through on-site or distance learning capabilities) and at specialized training facilities (such as the CDP at

State and Local Domestic Preparedness-First Responder Training Program (cont.)

Fort McClellan) for more advance training; 5) review and modify training to meet new needs, new technologies, or new threats; and 6) identify emergency response personnel and match them to proper training courses based on their individual and their communities' needs.

Although training needs will be further identified through the OJP Needs Assessment of State and Local Jurisdictions, much is already known about the type of training required by many in the emergency response community. Further, there are a number of existing training curricula geared for various levels and types of emergency response personnel. Much of this exists within (and has been identified by) the expertise and resources of the National Domestic Preparedness Consortium. During Fiscal Year 1999 the Consortium will focus on the identification of training needs, the development of training courses and the delivery of courses to emergency response personnel in four major areas: 1) Awareness, 2) Responder Operations, 3) Technician Response, 4) Weapons of Mass Destruction Incident Management. Within each of these areas several different course will be taught. Each Consortium member will be responsible for the delivery of a different set of courses depending on their expertise and facilities. [A chart listing specific courses within these areas and the Consortium member responsible for their delivery is attached.]

Per the instructions of the Conference Report, OJP will provide $2 million (each) to the New Mexico Institute of Mining and Technology, the Louisiana State University, the Texas A&M University, and the Nevada Test Site (through the Department of Energy). Each of these sites will also receive an additional $1 million (per instructions of the Conference Report to be taken form the First Responder Equipment Acquisition Program) to purchase equipment associated with their training of emergency response personnel. The CDP at Fort McClellan will receive $8 million to support both its operations cost (as an OJP facility) and to support first responder training.

To ensure coordination of OJP's domestic preparedness training program, OJP staff and Consortium representatives meet on a frequent and regular basis and maintain weekly, if not daily, communication. Both OJP and the Consortium members see the Consortium as an entity that can provide leadership, expertise, and resources to the emergency response community on a nation wide level. To this end OJP will also provide technical assistance funds to the Consortium to support its development and outreach to the emergency response community. OJP is coordinating its entire training program with the NDPO, and other Federal agencies, state and local agencies, and the emergency response community.

State and Local Domestic Preparedness-First Responder Training Program (cont.)

Time Line:

March 15, 1999	Consortium development and support funds awarded.
March 15, 1999	Training and Equipment Support funds awarded.
December 21, 1998	Consortium proposals and budgets received.

Note: Meetings of Consortium representatives are scheduled monthly. NDPO staff will be invited to participate in these meetings. Planning and development of training programs and Consortium activities are continuous and ongoing.

Office for State and Local
Domestic Preparedness Support

Fiscal Year 1999
State and Local Situational Exercise Program
[$3.5 million]

Background:

As part of OJP's first responder training/domestic preparedness initiative, the Conference Report (H. Rpt. 105-825, p. 999) accompanying the Justice Department's Fiscal Year 1999 Appropriations Act provides $3.5 million for situational exercises for state and local emergency response personnel.

The Conference language further directs that a portion of these funds be used to comply with language found in the Senate Report (S. Rpt. 105-235) requiring that a "Topoff" exercise be included under any exercise initiative. Under the Senate Report, two types of exercises are discussed. The first is a major, national level "topoff" exercise. The other is to incorporate situational exercises as part of OJP's efforts to improve the capabilities of state and local emergency personnel respond to incidents of domestic terrorism (see page 12).

Similar language is found in the House Reports (H.Rpt. 105 - 636, at 13) which directs the use of "confidence building exercises based on threat driven scenarios" be incorporated into OJP's training efforts.

Program:

Program development on hold pending OMB decision on which agency should administer this program.

Office of Justice Programs
Office for State and Local Domestic Preparedness Support

Improving State and Local Response Capabilities

Overview:

Based upon a delegation by the Attorney General, the Assistant Attorney General for the Office of Justice Programs (OJP) has responsibility for the administration of the the Justice Department's state and local domestic preparedness assistance programs for the purpose of enhancing the capabilities of state and local jurisdictions respond to incidents of domestic terrorism including incidents involving chemical and biological agents and nuclear and explosive devices.

Legislative History:

The Fiscal Year 1998 Appropriations Act, [Pub.L. 105-119], signed November 26, 1997, provided $16,000,000 under the Counterterrorism Fund for three purposes: 1) $12,000,000 to provide grants for acquisition of terrorism-related equipment for state and local agencies; 2) $2,000,000 for support operations of the state and local training center for First Responders at Fort McClellan, Alabama; and 3) $2,000,000 for operations of a similar training center at the New Mexico Institute of Mining and Technology.

The Conference Report [H. Rpt. 105-405] which accompanied the FY 1998 Appropriations Act provided more detailed guidance and directs the Justice Department to develop and implement a coordinated effort to enhance state and local capabilities to respond to incidents of domestic terrorism. The Conference Report directs the implementation of four (4) new initiatives. The first, establishes a program to assist state and local jurisdictions in purchasing equipment needed to respond to terrorist incidents. The second is to establish a specialized training facility for state and local First Responder at Fort McClellan, Alabama. The third is to provide additional training by utilizing the facilities at the New Mexico Institute of Mining and Technology in Socorro, New Mexico. The fourth is to provide additional assistance to state and local first responders through the facilities of the Texas A&M University's National Emergency Response and Rescue Training Center and through the Nevada Test Site.

There is strong Congressional support for these domestic preparedness initiatives, particularly on the part of the Senate. A principal supporter is Senator Judd Gregg (R-NH) who chairs the Justice Department's Appropriations Subcommittee. Other Senate supporters include: Senator Jeff Bingaman (D-NM), Senator Paul Coverdale (R-GA), Senator Pete Domenici (R-NM), Senator Kay Bailey-Hutchinson (R-TX), Senator Harry Reid (D-NV), Senator Jeff Sessions (R-AL), and Senator Richard Shelby (R-AL).

The Office for State and Local Domestic Preparedness Support:

On April 30, 1998, the Attorney General signed the delegation of authority designating the Assistant Attorney General for the Office of Justice Programs (OJP) as the Justice Department official responsible for the implementation and administration of these initiatives. OJP's long history and experience working with state and local jurisdictions provides the knowledge and infrastructure to effectively and efficiently administer these programs.

Immediately thereafter the Office of Justice Programs (OJP) proposed the establishment of the Office for State and Local Domestic Preparedness Support (OSLDPS) as a component within the Office of the Assistant Attorney General for OJP. Also included within the proposed office was OJP's existing Metropolitan Firefighter and Emergency Medical Services Training Program which since its inception in 1997 had been administered by OJP's Bureau of Justice Assistance.

On August 21, 1998, the Attorney General approved the reorganization plan and officially established OSLDPS as an OJP component located within the Office of the Assistant Attorney General/OJP. The Director, OSLDPS, reports directly to the Assistant Attorney General/OJP.

Under OJP, OSLDPS' mission is to:

- Provide financial assistance (grant funding) to enable state and local jurisdictions buy the equipment needed to respond to incidents of domestic terrorism.

- Offer a broad spectrum of training, including the use of field exercises, to ensure that state and local emergency response personnel (including law enforcement, fire and emergency medical services, public works, public health, state and local officials, and others) have the skills, knowledge, and abilities to respond well if incidents of domestic terrorism occur.

- Offer technical assistance to provide guidance, advice, and share the information required to make the critical decisions domestic preparedness requires.

Since the Attorney General signed the delegation of authority vesting responsibility for these efforts within OJP, OSLDPS' has:

- Developed, designed and implemented the "State and Local Domestic Preparedness Equipment Support Program" to distribute the $12 million appropriated in FY 1998 to local jurisdictions to assist in the purchasing of equipment needed to respond to incidents of domestic terrorism. On September 18, 1998, grant awards ranging from $117,686 to $500,000 were awarded to 41 jurisdictions across the nation. Out of 120 jurisdictions eligible under this competitive grant program, 85 submitted applications for consideration.

- On June 1, 1998, opened the Center for Domestic Preparedness" at Fort McClellan, Alabama dedicated to training state and local emergency responders in both basic and advanced methods of responding to incidents of domestic terrorism. The Center, through its "live agent" training facility (the Chemical Defense Training Facility) offers advanced

training in the handling, management, and decontamination of incidents involving live chemical agents such as nerve agents and other toxins. Since opening on June 1, the Center has trained 550 First Responders in basic awareness, incident command, and incident management.

- In accordance with the FY 1998 Appropriations Conference Report language, a partnership has been formed with Texas A&M University, the Nevada Test Site, and the New Mexico Institute of Mining and Technology, as well as with the Louisiana State University and the OJP Center for Domestic Preparedness at Fort McClellan, to, through the combined assets of these entities, further assist state and local jurisdictions prepare for incidents of domestic terrorism. This partnership has been formalized by an agreement signed by all parties on June 11, 1998 which formally organized the "National Domestic Preparedness Consortium." The Consortium was formed to better coordinate the efforts of these individual entities and to maximize the use of their resources.

- On August 27th and 28th, 1998 convened a conference for state and local stakeholders which brought together over 200 state and local officials and representatives from the Federal government to discuss how the Federal government can best assist state and local jurisdictions respond to incidents of domestic terrorism. An executive Summary of the conferences significant findings and recommendations has already been produced and a full final report will soon be available.

OJP and OSLDPS are committed to working in partnership and cooperation with other Justice Department components, including the FBI, the Deputy Attorney General's Executive Office for National Security, the National Institute of Justice's Office of Science and Technology, and the Criminal Division's Antiterrorism and Violent Crime Section, as well as with other Federal agencies and departments, including FEMA, DOD, DOE and EPA, to ensure a coordinated Federal effort to assist state and local jurisdictions.

DEPARTMENT OF HEALTH AND HUMAN SERVICE

ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

Facsimile Transmission

Date: March 11, 1999

From: Dr. Hamburg	**To:** Will Wechsler
Division: ASPE Front Office	**Division:**
City & State: Washington, D.C. 20201	**City & State:**
Office Number: (202) 690-7858	**Office Number:** 456-9351
Fax Number: (202) 690-7383	**Fax Number:** 456-9360

Number of Pages + Cover 13

Remarks:

See attachment

* IMMEDIATE ATTN

March 11, 1999

NOTE TO WILL WECHSLER

Here is more information on the MMRS teams than you ever wnanted to know. It includes a listing of the cities and a map of the cities.

For FY 99 there will be a total of $14million in the MMRS program ($3million in the existing budget, plus the $11million which will be transferred by the Secretary form other sources)
A total of 20 additional cities will be added thanks to these monies(12 additional cities because of the new $11million). Those cities are listed on the map page, under the heading of "cities under immediate consideration). As I mentioned, some of the money is being used to create new MMRS teams and some to expand the bio component of both the old and the new teams.

The money will move out quickly through contract once transfer is achieved. This does require congressional sign-off, and I believe the plan is to send the documents up to the hill right before the President's speech.

Please call if you have questions or need additional info.

Peggy

BIOTERRORIST INITIATIVES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NEW ANNOUNCEMENT:

- A total of $11 million will be transferred to two accounts in the Department. These funds will be used to develop Metropolitan Medical Response Systems (MMRS) in 12 additional cities and to enhance the current MMRS' in 27 cities throughout the United States (see enclosure 1). In the event of a terrorist attack, the systems are designed to provide initial, on-site response and safe patient transportation to hospital emergency rooms. The systems are characterized by: specially trained first responders; special pharmaceuticals and decontamination equipment; on-site health care; and enhanced emergency medical transportation and emergency room capabilities. The systems are also designed to provide definitive care and recovery sites in other cities, through a coordinated effort with the National Disaster Medical System.

The threat of bioterrorism calls for vigilance and justifies the continued development of an effective local response capability to ensure maximum preparedness in the event that a weapon of mass destruction is deployed.

OTHER ACTIONS BEING TAKEN DURING FY 1999:

- The Department contracted with the Institute of Medicine to develop research strategies for improving civilian medical responses to chemical and biological terrorism incidents. These recommended strategies will directly benefit the Fire Service in the areas of agent detection, mass decontamination, and personal protective equipment requirements. This research could lead to the development of equipment that could better protect our first responders as they deal with these weapons of mass destruction incidents.

- The Department is working with the American College of Emergency Physicians through a multi-disciplinary task force to develop educational objectives and course competencies for the training of physicians, nurses, and emergency medical services providers. The International Association of Fire Chiefs serves as an active member of this task force.

METROPOLITAN MEDICAL RESPONSE SYSTEMS

The challenges of managing the health consequences of the release of a biological weapon are daunting. A bioterrorist act poses a frightening threat that includes the potential for massive population exposure to the released agent before it is actually detected and identified. There is also the risk of secondary transmission of some infectious agents, creating a larger at-risk population. There may be massive demands on the health care system, requiring the mobilization of total local and State capacity for medical and public health responses. Moreover, there may be massive numbers of deaths before effective, preventive, public health measures can be implemented.

If law enforcement measures are unsuccessful in preventing a bioterrorist attack, communities must rely on the public health surveillance system to detect the signs of such an attack. This means that public health providers such as family physicians, school nurses, infectious disease specialists and emergency room personnel must be able to recognize, as quickly as possible, that an anomalous situation exists and transmit these concerns immediately to State and Federal health authorities for rapid diagnosis.

In recent testimony before the Senate, Attorney General Janet Reno stated that "Terrorists will not confine themselves to the use of conventional weapons. Our intelligence and investigative efforts indicate increasing interest in biological and chemical weapons. A terrorist attack using a biological weapon may not be immediately apparent, and the resulting impact on victims, police, firefighters and emergency medical personnel -- the first responders on the scene -- could be far-reaching."

She further stated that "This underscores the need to train and equip first responders and emergency medical personnel adequately to deal with a range of unconventional weapons, including dual-use substances -- those which have a benign, legitimate use as well as potential use as weapons -- which pose an added risk. We are working with the Department of Health and Human Services, especially the Public Health Service, to strengthen the preparedness of our public health and emergency medical responses to recognize and respond to terrorist events involving biological and chemical agents."

Much of the initial burden and responsibility for providing an appropriate heath system response to a terrorist attack of any kind rests on local governments, as local public health systems will be called on to provide appropriate protective and responsive measures for the affected population. However, depending on the scope and magnitude of the event, appropriate support must be provided by State and Federal agencies. The nature of terrorist attacks requires that assistance be provided in a well-integrated manner to support local public health and medical needs.

HHS's plan to assist communities to deal with the health and medical effects of terrorism includes the development of Metropolitan Medical Response Systems (MMRS) in approximately 120 cities across the country. In the event of a terrorist attack, these systems are designed to provide initial, on-site response and safe patient transportation to hospital emergency rooms. The systems are characterized by: specially trained first responders; special pharmaceuticals and decontamination equipment; on-site health care; and enhanced emergency medical transportation and emergency room capabilities. The systems are also designed to provide definitive care and recovery sites in other cities, through a coordinated effort with the National Disaster Medical System.

Since 1995, HHS has been working with 27 major metropolitan areas to improve their capability to respond to the health consequences of the release of a weapon of mass destruction, particularly through the development of MMRS'. This effort has been closely coordinated with the Departments of Justice, Defense, Energy and Veterans Affairs, as well as with the Federal Emergency Management Agency and the Environmental Protection Agency. The cities include: New York City, Los Angeles, Chicago, Houston, Philadelphia, San Diego, Denver, Detroit, Dallas, Phoenix, San Antonio, San Jose, Baltimore, Indianapolis, San Francisco, Jacksonville, Columbus, Milwaukee, Memphis, Atlanta, Washington DC, Boston, Seattle, Honolulu, Kansas City, Miami and Anchorage.

In FY 1999, the President's budget request for HHS's Office of Emergency Preparedness (OEP) included $14 million for the development of MMRS' in the next set of 24 metropolitan areas. However, the FY 1999 appropriation provided only $3 million for OEP to develop MMRS' development. This amount will support only 7 or 8 areas, with minimal support for an immediate response system primarily capable of responding to a chemical attack. These cities include El Paso, Cleveland, New Orleans, Nashville, Austin, Fort Worth, Oklahoma City, and possibly Portland.

The Secretary has determined that improving the capability of major metropolitan areas to respond to the threat of a weapon of mass destruction through the development of MMRS' is a Departmental priority and therefore will use her one percent authority to transfer $11 million to OEP to develop MMRS' in 12 additional cities:

These funds will also be used to enhance MMRS' in the 27 original cities, to permit further planning and development of their local response systems to address the consequences of a biological attack. These plans will include: conducting rapid, mass prophylaxis campaigns; expanding health care delivery capacity; managing mass fatalities, if necessary; and making the environment safe.

Recent events in the Middle East increase the urgency for action and the justification to continue developing a robust local response capability, so as to ensure maximum preparedness in the event that a weapon of mass destruction is deployed.

(2)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Emergency Preparedness

Metropolitan Medical Strike Team Systems Development

CHANGED TO "Response"

- DHHS plans and preparations for a national response to medical emergencies arising from the terrorist use of a WMD include improving local health and medical capability to respond effectively, and improving federal health and medical capability to rapidly augment the state and local response.

- The Department has taken a "bottom-up" systems approach, working with local response agencies to develop and field Metropolitan Medical Strike Team (MMST) systems, to achieve these objectives.

- MMST systems development is already underway in 27 cities (shown on the following page).

- During FY 1997, DHHS entered into fixed price contracts with 25 of these cities for MMST systems development. (MMST systems have already been developed in Washington, D.C. and Atlanta, GA.) The contracts requires each city to formulate an implementation plan tailored to its existing system and needs. The plan includes equipment, supply, pharmaceutical and training requirements. A concept of operations plan, integrating federal health and medical support, will also be developed with each city. These contracts require MMST systems to be in place by the end of 1998.

- The teams are designed to provide initial, on-site response and provide for safe patient transportation to hospital emergency rooms in the event of a terrorist attack. The systems are characterized by specially trained responders; available special pharmaceuticals and decontamination equipment; on-site health care; and enhanced emergency medical transportation and emergency room capabilities.

(3)

Question: Why should HHS continue to have a lead role in managing the Federal response to the health consequences of a terrorist attack using a weapon of mass destruction (WMD)? What should the role of the VA and DoD be? What are the roles of the HHS OPDIVS?

Answer: HHS is responsible for addressing the health and medical needs of all citizens of the U.S. This Department is the most logical choice in managing the health and medical Federal response of a terrorist attack. Our agencies, such as CDC, FDA and ATSDR maintain ongoing surveillance systems that collect data in every state, and are in constant communication with State and local health departments. If an attack occurred with a biologic weapon, the victims could be disbursed throughout the Nation before any symptoms would be noticed. HHS agencies such as CDC, would be the first to receive national data from many health departments, and would be in a position to determine if a biological attack had occurred. No other Federal department has this capability. Other HHS agencies, such as the Administration on Aging and the Administration for Children and Families provide critical support to our most vulnerable populations during disasters. The Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, and the Indian Health Service have clinics and health centers across the country, and help ensure that primary health care and mental health care are maintained. The National Institutes of Health is assisting OEP and other in HHS with research issues such as vaccine and antidote development.

DoD and VA have extremely important roles during disaster. DoD is responsible for patient transportation of disaster victims. The VA provides doctors, nurses, and pharmacists in the emergency health clinics. It can also provide pharmaceuticals, medical supplies, and even portable health clinics. In addition, the DoD and VA system of Federal Coordinating Centers arrange for hospital care outside the immediate disaster area in one or more of the 2,000 participating civilian facilities.

Question: How has HHS engaged other departments and agencies in developing a system for responding to an attack using a WMD?

Answer: HHS is part of a Senior Interagency Coordinating Group (SICG) that meets at least monthly to ensure that the Federal government's WMD response is a coordinated effort, and that the agencies do not waste time and money duplicating other agency efforts. Our partners in the SICG include FEMA, FBI, and DoD.

Question: What has HHS done to develop State and local resources to respond to a terrorist attack?

Answer: HHS, through the Office of Emergency Preparedness (OEP) and our regional emergency coordinators, is working with State and local governments to initiate Metropolitan Medical Strike Team (MMSTs) Systems in 25 major cities during FY 1997. Our long range plan is to have MMSTs in 120 of our most populous cities within the next five to seven years. A

(3)

prototype team was begun in the Washington, D.C. metropolitan area in 1995, and a team was started in FY.1996 in Atlanta, because of the Olympic games.

In addition, we are also working with the DoD, FEMA, FBI, and other Federal agencies to coordinate training, equipment needs, and other activities in these State and local areas.

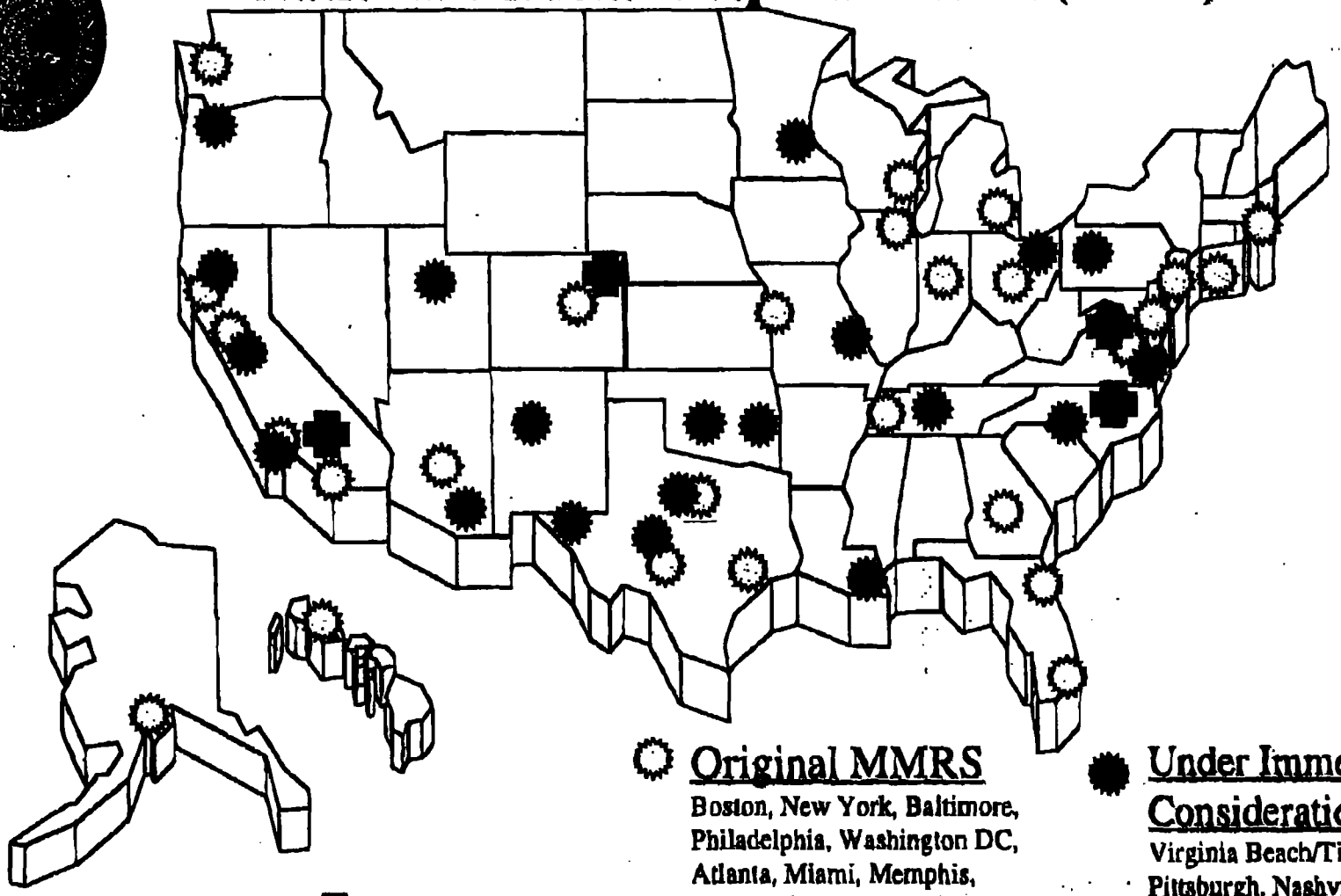
Question: Why has no money been requested in the President's FY 1998 Budget for the continued development of Metropolitan Medical Strike Team (MMST) Systems?

Answer: Because of competing demands on limited funds, the Administration decided not to request MMST funding in FY 1998. In addition, FY 1997 funding for MMSTs will carry the participating cities until early FY 1999.

Question: What is HHS doing to assist the National Transportation Safety Board in responding to commercial airline crashes?

Answer: The Office of Emergency Preparedness (OEP) works directly with the NTSB to provide mortuary services, victim identification, assistance to local medical examiners after major airline or other transportation disasters. Our teams also assist the families of the victims to deal with their losses.

Metropolitan Medical Response Systems (Local)
National Medical Response Teams (NDMS)



NMRTs
Los Angeles
Denver
Winston-Salem
Washington, DC
Metro Area

Original MMRS
Boston, New York, Baltimore, Philadelphia, Washington DC, Atlanta, Miami, Memphis, Jacksonville, Detroit, Chicago, Milwaukee, Indianapolis, Columbus, San Antonio, Houston, Dallas, Kansas City, Denver, Phoenix, San Jose, Honolulu, Los Angeles, San Diego, San Francisco, Anchorage, and Seattle

Under Immediate Consideration
Virginia Beach/Tidewater Area, Pittsburgh, Nashville, Charlotte, Cleveland, El Paso, New Orleans, Austin, Fort Worth, Oklahoma City, Albuquerque, St. Louis, Salt Lake City, Long Beach, Tucson, Oakland, Portland (OR), Minneapolis, Tulsa, Sacramento

HHS FACT SHEET

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

February 9, 1999

Contact: HHS Press Office
(202) 690-6343

HHS INITIATIVE PREPARES FOR POSSIBLE BIOTERRORISM THREAT

Overview: While the likelihood is unknown, the possible use of biological weapons by terrorists could inflict life-threatening illness on a large scale. Even a lone terrorist could cause disease in a significant population group -- and in the case of communicable disease, the illness could spread in successive waves of infection.

Unlike explosions or chemical releases, a bioterrorist attack could be surreptitious, and thus difficult and time-consuming to detect. Symptoms might not occur among victims for days or weeks, and those initially presenting themselves to physicians and clinics would not all be in one place. A strong public health network would be needed to piece together early reports and determine quickly what had happened. And once detected, the situation could overwhelm traditional local health systems, faced not only with the tasks of caring for mass casualties but also with the demands of even larger numbers of the "worried well" for treatment or vaccination.

On May 18, 1998, President Clinton issued Presidential Decision Directive 62, ordering federal agencies to take significantly expanded and better-coordinated steps to protect against the consequences of biological and other unconventional attacks, especially potential bioterrorism directed at civilian populations. Special new funding of $144 million was added for HHS efforts in FY 1999, bringing total HHS spending on bioterrorism preparedness to $158 million this year.

Today, President Clinton announced that his FY 2000 budget will propose another significant increase in the HHS anti-bioterrorism initiative, increasing the investment by $72 million to a total $230 million.

HHS efforts are directed especially in four areas:

- *improving the nation's public health surveillance network, in order to be able to detect quickly, based on the appearance of disease symptoms, whether a biologic agent has been released*
- *strengthening the capacities for medical response, especially at the local level*
- *creating and maintaining a stockpile of pharmaceuticals for use if mass treatment is needed*
- *expanding research into the disease agents that might be released, into quick methods for diagnosing these diseases, and into improved treatments and vaccines.*

Background

There is little experience, especially in the United States, with incidents of deliberate release of biological agents to cause mass disease. However events of recent years have focused attention on the increasing possibility of such incidents, with special attention to the possibility of terrorist incidents aimed at the civilian population.

Concern about deliberate use of disease agents presently centers especially on *anthrax*, which can be spread by inhaled spores; *smallpox*, whose release might cause a further chain reaction of person-to-person infection; plus *pneumonic plague* and *tularemia*. While there are vaccines and treatments for these diseases, they do not exist in the quantities that could be needed. It is estimated that an attack involving anthrax might require treatments with vaccine or fluoroquinolone doxycycline for as many as 10 million persons; smallpox with treatment by vaccine or vaccinia immune globulin for as many as 40 million; and pneumonic plague or tularemia with doxycycline or gentamicin for as many as 1 million.

Challenges

In preparing for the possibility of bioterrorist incidents, HHS faces new challenges:

- Silent Attack and the Need for Improved Public Health Network -- Unlike explosives or chemical releases, an attack involving disease agents could be unannounced. Only as individuals presented themselves to physicians or clinics with symptoms would any evidence of the attack occur, and even then the initial symptoms might not appear unusual. Further, those presenting with symptoms could be widespread by the time symptoms occurred. In order to be able to translate the presentation of symptoms into the knowledge that exposure to a given disease has taken place, the United States needs an improved network of disease surveillance, including improved communications, improved laboratory facilities, improved diagnostic techniques and expanded training of health care personnel.

- Local Response Depends on National Leadership, Resources and Coordination -- Responding to medical emergencies falls first and heaviest on local resources. Yet many of the special needs in responding to a bioterrorist attack (from the capacity to identify the problem to the amounts of pharmaceutical products and determination of the correct medical procedures needed) fall outside the capacities of local systems. National leadership and nationally-supported resources need to be prepared and on-hand for use in cooperation with local officials and health personnel, and training for such unusual situations also needs to be developed and carried out with federal leadership. Across the board, new working partnerships between health, public safety and intelligence agencies are needed.

- Unique Potential for Widespread Consequences -- Large numbers of people might be directly exposed from the release of an agent in a dense urban environment, and in some cases further spread of disease could occur person-to-person. In dealing with the consequences, the appropriate measures for treatment and follow-up could be massive, as could problems of disposing of contaminated equipment and medical supplies, and even in carrying out correct mortuary services.

HHS Actions in FY 1999

The HHS Operating Plan for the Anti-Bioterrorism Initiative outlines expanded activities for this fiscal year, rapidly building a stronger base to be prepared for possible bioterrorist acts. The plan relies heavily on cooperation with state and local health agencies as well as local emergency medical response units. It also initiates an unprecedented vaccine and therapeutics "stockpile," including assurance of effectiveness of existing supplies, development and storage of new supplies, and development of "surge" production capacity in the private sector for needed pharmaceuticals. The plan also provides for accelerated research into the diseases, diagnostics and treatments to help address the potential threat.

Disease Surveillance and Public Health Network: In order to better detect and respond to a wide range of infectious disease threats, including possible bioterrorist incidents, the Centers for Disease Control and Prevention will intensify its efforts to upgrade the nation's public health lab and epidemiological capacity. It will also help expand training and communications capacities for state and local health agencies. Five areas will be featured: support for planning by state and local health departments; capacity to detection outbreaks of illness that might have been caused by terrorists; epidemiological analysis of outbreaks to identify the source and modes of transmission; laboratory identification and characterization of causal agents for outbreaks; and improved electronic communications among public health officials regarding occurrences of outbreaks and responses to them. In the February 5, 1999 issue of the Morbidity and Mortality Weekly Report, CDC issued interim guidelines for state and local public health authorities on the appropriate response to bioterrorism threats related to anthrax. These guidelines were included in an article summarizing a series of alleged anthrax threats reported in the fall of 1998, all of which were determined to be hoaxes.

Medical Consequence Management: HHS, through its Office of Emergency Preparedness (OEP), will expand its efforts to develop complementary medical response capabilities at local and national levels. In particular, OEP will increase the number of Metropolitan Medical Response Systems. At present, these systems exist in 27 local areas, with up to 20 more to be established in 1999. Ultimately, 120 of these systems are to be created across the nation. OEP will continue to work closely with the Department of Justice, the Federal Emergency Management Agency, the Department of Defense, and other agencies toward ensuring that plans for managing the medical consequences of terrorist acts are well integrated with other emergency response systems.

National Pharmaceutical Stockpile: HHS will guide the development of a stockpile of pharmaceuticals, to be able to reach victims of an incident within 24 hours. Included in development of the stockpile is an infrastructure for rapid delivery of the pharmaceuticals and development of an adequate monitoring and record-keeping system. The stockpile will require on-going monitoring to assure that the products remains effective over time. In addition, plans will be developed for private sector capacity to produce new or replacement products quickly in the event of an emergency.

Research and Development: HHS will expand support for research related to likely bioterrorism agents. An area of major emphasis at the National Institutes of Health will be the generation of genome sequence information on potential bioterrorism agents -- especially the organisms that cause anthrax, tularemia, and plague. The results of such genomics research, coupled with other biochemical and microbiological information, are expected to help in the development of rapid diagnostic methods, new or improved antibacterial and antiviral therapies, and new vaccines.

Deterrence: HHS has the responsibility to regulate shipment of certain hazardous biological organisms and toxins. CDC will continue efforts toward ensuring that all pertinent laboratories are registered and in compliance with the requirements governing shipment of these select agents.

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Date: _____

FAX

Health Division

Office of Management and Budget
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Subject: Per discussion, here is the list HHS suggests of the 12 new MMRS cities.

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salary

HHS's plan to assist communities to deal with the health and medical effects of terrorism includes the development of Metropolitan Medical Response Systems (MMRS) in approximately 120 cities across the country. In the event of a terrorist attack, these systems are designed to provide initial, on-site response and safe patient transportation to hospital emergency rooms. The systems are characterized by: specially trained first responders; special pharmaceuticals and decontamination equipment; on-site health care; and enhanced emergency medical transportation and emergency room capabilities. The systems are also designed to provide definitive care and recovery sites in other cities, through a coordinated effort with the National Disaster Medical System.

Since 1995, HHS has been working with 27 major metropolitan areas to improve their capability to respond to the health consequences of the release of a weapon of mass destruction, particularly through the development of MMRS'. This effort has been closely coordinated with the Departments of Justice, Defense, Energy and Veterans Affairs, as well as with the Federal Emergency Management Agency and the Environmental Protection Agency. The cities include: New York City, Los Angeles, Chicago, Houston, Philadelphia, San Diego, Denver, Detroit, Dallas, Phoenix, San Antonio, San Jose, Baltimore, Indianapolis, San Francisco, Jacksonville, Columbus, Milwaukee, Memphis, Atlanta, Washington DC, Boston, Seattle, Honolulu, Kansas City, Miami and Anchorage.

$13.5

In FY 1999, the President's budget request for HHS's Office of Emergency Preparedness (OEP) included $14 million for the development of MMRS' in the next set of 24 metropolitan areas. However, the FY 1999 appropriation provided only $3 million for OEP to develop MMRS' development. This amount will support only [redacted], with minimal support for an immediate response system primarily capable of responding to a chemical attack. These cities include El Paso, Cleveland, New Orleans, Nashville, Austin, Fort Worth, Oklahoma City, and possibly Portland.

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36 (new)

The Secretary has determined that improving the capability of major metropolitan areas to respond to the threat of a weapon of mass destruction through the development of MMRS' is a Departmental priority and therefore will use her one percent authority to transfer $11 million to OEP to develop MMRS' in 12 additional cities: Long Beach, Tucson, St. Louis, Charlotte, the Tidewater Virginia area, Albuquerque, Oakland, Pittsburgh, Sacramento, Minneapolis, Tulsa and Salt Lake City. These funds will also be used to enhance MMRS' in the 27 original cities, to permit further planning and development of their local response systems to address the consequences of a biological attack. These plans will include: conducting rapid, mass prophylaxis campaigns; expanding health care delivery capacity; managing mass fatalities, if necessary; and making the environment safe.

Recent events in the Middle East increase the urgency for action and the justification to continue developing a robust local response capability, so as to ensure maximum preparedness in the event that a weapon of mass destruction is deployed.

THE WHITE HOUSE

Office of the Press Secretary

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FACT SHEET

Keeping America Secure for the 21st Century:
President Clinton's Initiative on
Biological and Chemical Weapons Preparedness

President Clinton has made defending the United States against chemical and biological weapons a top national security priority. The possibility that outlaw nations and terrorist groups will seek to use these weapons represents one of the greatest threats to American security in the 21st century. The Administration has sought to defend against these threats through diplomatic and military means abroad and through increased preparedness at home. In his Fiscal Year 2000 budget -- which includes $10 billion to defend against terrorism and weapons of mass destruction -- President Clinton will propose major increases in funding to strengthen America's defenses against the threat of biological and chemical weapons.

- **Vaccine Research and Development** - The Department of Health and Human Services will receive an additional $43.4 million for research and development to defend against biological weapons - almost a 150% increase. The bulk of it - $30 million - will go to research on new vaccines, including vaccines for smallpox and anthrax for eventual use in the national medical stockpile. The Food and Drug Administration will receive $13.4 million for enhanced regulatory review of vaccines and therapeutics. In addition, the National Institutes of Health will receive $24 million for research on diagnostics, vaccines, antimicrobials and genomic research.

- **Public Health Surveillance** - President Clinton will propose that funding for improvements in the public health surveillance system and public health infrastructure increase by 22% to $86 million. This will translate into increased lab capacity, strengthened epidemiological capabilities for state and local health departments and more resources for communications and information technology. The Center for Disease Control will create a network of regional labs to provide rapid analysis and identification of select biological agents.

- **Metropolitan Medical Response Systems** - President Clinton will propose increasing funding by almost 400% to more than $16 million for Metropolitan Medical Response Systems. These local emergency medical teams will respond to a biological or chemical weapons emergency. Twenty-five new such teams will be funded.

President Clinton's new initiatives build upon a record of accomplishment in confronting the dangers of emerging threats at home and abroad.

- Beginning in fiscal 1997, the Administration began funding a five-year effort to equip and train first responders in the 120 largest metropolitan areas in the nation.

- Last year, the President proposed and Congress approved of more than $300 million in additional funds for weapons of mass destruction preparedness. Among the initiatives begun were the renovation of the public health surveillance system so medical personnel can detect a biological weapons release early and save lives. This appropriation also went to establish the first ever civilian medical stockpile, which will contain necessary medication to treat those exposed to biological or chemical weapons. Funding levels for the medical stockpile will be maintained in the President's FY2000 budget.

- The United States led international efforts to ratify the Chemical Weapons Convention, which we signed in 1997, and American diplomats are currently working to strengthen the Biological Weapons Convention.

- The Clinton Administration has also pursued cooperative programs and activities aimed at reducing the threat of proliferation of biological weapons expertise with nations of the former Soviet Union, spending $30 million in these areas during the last five years. The President's budget proposal seeks more than $150 million to expand these efforts over the next five years.

- Through military action against production facilities for weapons of mass destruction in Iraq and Sudan, the United States has acted to degrade and eliminate the ability of these two nations to build weapons of mass destruction and supply them to terrorists.

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