WITHDRAWAL SHEET

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Collection Name WHITE HOUSE OFFICE OF RECORDS MANAGEMENT (WHORM): SUBJECT FILE

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ID	Doc Type	Document Description	No of Pages	Doc Date	Restrictions	
252103	MINUTES	DUPLICATE OF #252097; EMPB, 11TH BOARD MEETING	6	11/30/1983	P5	MJD 12/12/00
252104	BREIFING	DUPLICATE OF #252098; AUTOMATED INFORMATION PROCESSING	21	11/30/1983	P5	
252105	LIST	DUPLICATE OF #252099; ATTENDANCE, PARTIAL	1	11/30/1983	B3	
		PAR 8/5/2000 F96-115 #16, CAS				
252106	MEMO	ROBERT SHANKS TO GEORGE JETT, RE: EMPB	5	12/5/1983	P5	MJD 12/12/00
252107	PAPER	NATIONAL DISASTER MEDICAL SYSTEM	5	ND	P5	
252108	LETTER	HARRY WALTERS TO EDWARD BRANDT, RE: NATIONAL DISASTER MEDICAL SYSTEM	4	9/15/1983	P5	

The above documents were not referred for declassification review at time of processing

Freedom of Information Act - [5 U.S.C. 552(b)]

B-1 National security classified information [(b)(1) of the FOIA]
B-2 Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
B-3 Release would violate a Federal statute [(b)(3) of the FOIA]
B-4 Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
B-6 Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
B-7 Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
B-8 Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
B-9 Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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Box Number SYSTEMATIC 274

ID	Doc Type	Document Description	No of Pages	Doc Date	Restrictions
252109	LETTER	WALTERS TO BRANDT, RE: VETERANS ADMINISTRATION'S CONCERNS REGARDING THE PROPOSED NDMS	3	2/17/1984	P5
252110	LETTER	BRANDT TO WALTERS, RE: RESPONSE TO LETTER OF 9/15/1983	2	11/16/1983	P5

MJD 12/12/00

The above documents were not referred for declassification review at time of processing

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THE WHITE HOUSE

WASHINGTON

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FG378

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December 16, 1983

ND008
FG006-12

MEMORANDUM FOR FRED J. VILLELLA
Executive Secretary
Emergency Mobilization Preparedness Board

SUBJECT: Minutes of the Eleventh Board Meeting

The minutes of the Eleventh Board Meeting are approved for distribution to all Board members, Agency Liaison Officers, Working Group Chairmen and Points of Contact.

Robert M. Kimmitt

Robert M. Kimmitt
Executive Secretary
National Security Council

NSC# 8309109

9109

MEMORANDUM

NATIONAL SECURITY COUNCIL

ACTION

December 15, 1983

MEMORANDUM FOR ROBERT C. McFARLANE

FROM: HORACE L. RUSSELL

SUBJECT: Minutes of the Eleventh Board Meeting

Fred Villella has provided the minutes of the Eleventh Emergency Mobilization Preparedness Board Meeting at Tab II.

Ron Lehman concurs.

RECOMMENDATION

Sign the memo at Tab I to Fred Villella approving the minutes.

Approve RCM Disapprove _____

Attachments

Tab I Memo to Fred Villella
Tab II Incoming Correspondence

EMERGENCY MOBILIZATION PREPAREDNESS BOARD
Washington, D.C. 20472

DEC 15 1983

MEMORANDUM FOR: ROBERT C. MCFARLANE
CHAIRMAN

FROM: Fred Villella
Executive Secretary

SUBJECT: Minutes of the Eleventh Board Meeting

Attached for approval are the minutes of the Eleventh Board Meeting.

If you approve, I will make distribution to all Board Members, Agency Liaison Officers, Working Group Chairmen, and Points of Contact.

Attachment

Eleventh Board Meeting
November 30, 1983
Minutes

Classified material has been deleted.

Chairman McFarlane opened the meeting by welcoming the members and observing that this was the first time he had met with them as Chairman of the Board. He stated that he was not a stranger to emergency preparedness, however, in that he had been involved with such planning for 15 years. He indicated that he had the pleasure of working in the area when General Lincoln was head of the Office of Emergency Preparedness.

The Chairman emphasized that emergency preparedness is a matter of deep and abiding interest to both him and the President, and that the President looks to the Board, together with FEMA and its Director, Mr. Giuffrida, for translating a very good Plan of Action into procedures to make emergency management a reality. He indicated that there are enormous challenges in the areas of resources and manpower, among others facing the agencies. He observed, however, that compared to three years ago, he has a sense of confidence that progress is being made toward translating a very solid planning framework into action. In this connection, he suggested that the members again review the National Plan of Action to ascertain that their agencies are following through on their respective milestones, and requested that any intractable problems be brought to his attention. He advised of his intention to take a very active role in the Board, and indicated that he would work to bring influence to bear in helping the agencies fulfill their responsibilities mandated by the Plan.

The Chairman welcomed two new members to the Board, Mr. John O'Shaughnessy from HHS and Mr. Philip Abrams from HUD. He then introduced Mr. Fred Villella, the newly appointed Executive Deputy Director of FEMA, and Executive Secretary of the Board, and requested that he continue the meeting according to the agenda.

Executive Secretary Villella began his remarks by summarizing changes to the Plan of Action which had been proposed subsequent to the last meeting and distributed to the members by memorandum from the Executive Secretary, dated November 18, 1983. Copies of the summary sheet were also distributed at the meeting. In reviewing the proposed changes, he advised that: the Health Working Group had proposed two new milestones for its Threats to Public Health measure and had requested six month extensions to four others; the Economic Stabilization and Public Finance Working Group had requested changes in eight milestones, involving primarily the extension of completion dates; the Military Mobilization Working Group requested the addition of two new milestones; the Government Operations Working Group requested amendments to clarify the development of Federal Preparedness Circulars; and the Earthquakes Working Group, having been transferred recently from OSTP to FEMA, had requested changes to eighteen milestones.

Observing that the Plan is a dynamic document which is intended to be revised and reissued on a quarterly basis, Mr. Villella asked for any comments or objections to the changes proposed for the next revision. Hearing no objections, he advised that the Plan, as revised, was approved effective November 30, and that the third version of the document would be published in approximately two weeks.

Continuing the meeting, Mr. Villella recapped the current status of the milestones. He advised that, except for one deliverable, all milestones were completed for the first reporting period. He indicated that the one outstanding deliverable deals with the clearance of Executive Order 11490 which details the emergency mobilization preparedness responsibilities of departments and agencies. OMB has now indicated that it should be cleared by the end of December. To recap the progress to date, he advised that, of the 227 milestones which were scheduled for completion by the end of FY 83, 220 had been completed and only seven remain incomplete. He commented that this was a truly significant achievement and recommended that the Chairman provide a favorable report to the President.

Mr. Villella then gave an update on some significant actions that have taken place since the Board last met. He advised that a series of Federal Preparedness Circulars is being published to assist in developing emergency policies and plans, and to provide guidance to State and local jurisdictions.

He also advised that although the Federal Reserve Board (FRB) is not an Executive Branch agency, it has taken an active interest in the activities of the EMPB. The FRB recently requested a briefing on the Board and its activities which was presented by the Director of Secretariat Operations. The FRB currently chairs a subgroup of the Economic Stabilization and Public Finance Working Group, concerned with the protection of financial records and telecommunications, the gold stock, and supplies of currency and coin.

As a third matter of interest which occurred subsequent to the previous meeting, Mr. Villella observed that National Security Decision Directive 97 was published on August 8, 1983. He advised that the Directive recognizes the critical need for coordination of national security/emergency preparedness (NS/EP) telecommunications planning to support national leadership requirements. As a result, the NSDD-97 Steering Group approved expansion of the National Communications System (NCS) to include participation by several other agencies having NS/EP operational and policy management roles and responsibilities. He informed the members that this expanded NCS will also function as the Emergency Communications Working Group of this Board.

In reviewing the status of two items that were left from the last Board meeting, Mr. Villella reported that the Defense Production Act extension had been passed as a rider to the Supplemental Appropriations Act. The extension is to March 31, 1984, retroactive to October 1, 1983. The Chairman added that thanks should go to Senator Garn who was responsible in large part for passage of the extension.

A second item involved briefings at the last Board meeting by representatives of the Health Working Group from HHS and the Veterans Administration, concerning the delay in implementing the National Disaster Medical System (NDMS). The briefings ended on the note that there were legislative impediments to full participation by the VA and that Board resolution would probably be necessary.

Mr. Villella advised that attempts to gain resolution had been made with limited progress. He indicated that he anticipated solutions to the remaining problems could be presented at this meeting, but such was not the case. He informed the members that it appeared an interagency task group, composed of HHS, DOD, FEMA and VA, would be convened to work out the remaining problems. He stated that the Secretariat will do everything in its power to address the problem. He suggested that if the situation could not be resolved among the concerned agencies, the Secretariat would prepare a paper apprising the members of the alternatives so that the issue could be developed for presentation to the Board and ultimately to the National Security Council for resolution.

Mr. Villella then introduced Mr. Stephen S. Trott, the Assistant Attorney General, Criminal Division, Department of Justice, and the Chairman of the Law Enforcement and Public Safety Working Group (LEPSWG), who gave a presentation on the Emergency Law Enforcement Resources Survey. Copies of the survey were distributed at the meeting.

Mr. Trott pointed out that in mid-October the LEPSWG sent the survey to approximately 130 Federal agencies having identifiable law enforcement missions. The survey is the first stage of a LEPSWG analysis of Federal law enforcement preparedness for severe regional and national emergencies. He advised that the second stage will involve comparison of the resources identified through the survey with anticipated law enforcement requirements in various emergency scenarios.

Questions in the survey deal with agency mission, personnel, unique skills, equipment (including vehicles, weapons, and radios), information systems, training programs, and emergency plans. Mr. Trott advised that, while many investigative agencies have reported that their headquarters offices were unable to complete the survey without consultation with field offices, there has been support for the concept of bringing this information together. In fact, several agencies have begun to use their own survey responses for other purposes, such as budget submissions and internal planning.

By December 31, 1984, the LEPSWG will have completed and forwarded to appropriate agencies, an analysis of Federal law enforcement preparedness proposals for individual enforcement agency action in the future. Mr. Trott pointed out that the proposals would be general in nature, advising some agencies of what others have accomplished in particular preparedness areas and encouraging them to do likewise. For instance, he expressed the hope that agencies without emergency plans for such basic functions as relocating large groups of people or coordinating emergency responses with State and local authorities, would initiate such planning efforts as a result of the LEPSWG reports due by the end of 1984.

Mr. Trott related the following additional points concerning the survey: The Department of Defense resources are being surveyed by the Military Mobilization Working Group and were therefore omitted; the primary purpose of the survey is to provide data necessary to perform the resources analysis tasks assigned to the LEPSWG in the National Plan of Action; the survey data might also be used in mobilization exercises and for research purposes; it is envisioned that response data will be stored initially on FBI secure automated data processing facilities; and requests for access to the data should be sent to him (Mr. Trott).

In closing, Mr. Trott requested that each of the members review the recipient agency list (distributed at the meeting) and advise him if any agencies having an identifiable domestic law enforcement mission have been omitted. He also stated that he would appreciate support for the prompt completion of the survey by those member agencies who have not yet responded.

In the ensuing discussion, Mr. Giuffrida asked whether the survey was designed to identify National Guardsmen and military Reservists who would not be available to perform their regular duties in the event of mobilization. He indicated that he knew this to be a problem at the State level, and suggested that it should be taken into account at the Federal level as well.

Mr. Jeffrey Fogel of the Justice EMPB Support Group indicated that this matter had been discussed early in the development of the survey, and it was determined that there were no means within the agencies to readily identify Guardsmen or Reservists. Consequently, it was concluded by the Resources Subworking Group that for the purposes of analysis, such personnel would be determined by estimation, probably utilizing a smaller sample survey. Mr. Trott indicated, however, that this warranted additional consideration by the Working Group.

Introducing the next agenda item, Mr. Villella gave a brief history of the National Security Telecommunications Advisory Committee (NSTAC). He pointed out that NSTAC grew out of the initiatives of PD-53 and is a continuation of the Administration's commitment to enhance national security telecommunications capabilities and to establish public and private partnerships to achieve national goals. The basic function of the NSTAC is to bring to the President the expertise and insight available within industry and to apply this insight to the implementation of NSDD-97 (mentioned previously). He pointed out that, similar to the Board effort, the working level task groups of the NSTAC undertake much of the actual study and are staffed by senior level executives of the industries represented on that body.

He then introduced Mr. E. C. Caldwell, Director of Systems Architecture for the IBM Corporation, and Chairman of the NSTAC Task Force on Automated Information Processing (AIP), who presented a briefing on his Group's work to date.

Mr. Caldwell's presentation, which is summarized in the attached slides, included: a definition of AIP and its resources; a national issue concerning

the survivability of AIP following a period of national crisis; a background of the AIP Task Force and its findings; NSTAC recommendations to the President; the conclusions that AIP vulnerability is a national security issue, that the problem is tractable but will require a long term (5-10 or more years) for solution and requires joint action by government and industry.

During the ensuing discussion, Dr. Ikle, the DOD representative, asked if the Task Force had considered some type of action to assist those entities in the public or private sector who volunteer to improve their systems in the short term.

Mr. Caldwell responded that, at this point, there is neither a central repository of information nor an organization that could set the guidelines for systems survivability. As the initial step, the data that is now known and understood about AIP survivability, and the current work in that area, could be assembled in one place. Access to this might encourage the planners to incorporate survivability, at marginal cost, into systems now in the planning stages. Resources are simply not available to undertake a gross overhaul of all critical AIP systems. Standards must first be developed and both regulatory implementation and legislation will be required.

The Chairman expressed his appreciation to Mr. Caldwell for his presentation and observed that the Task Force was engaged in very important and useful work. He indicated that he would be meeting on December 2, 1983, with the Chairman of NSTAC at which time he expected to discuss this and the other issues the Committee is considering.

Mr. Villella then introduced the Proposed Emergency Preparedness Program/ Budget Tracking System. He called attention to the background paper which had been distributed at the meeting and emphasized that agency comments on the System, as described therein, were requested by January 9, 1984. He then asked Gen. Russell, of the NSC, to comment on the proposed System.

Gen. Russell stated that the members should consider the package illustrative of a system which could be used by policymakers to track the resources devoted by their agencies to emergency preparedness. He indicated that, at present, there is no institutionalized means to identify the resources devoted to emergency preparedness within the Executive Branch. He requested that the members, in reviewing the proposal, provide frank and honest comments, good or bad.

Mr. Villella stated that any questions that might arise during review of the proposal should be directed to Mr. Jack Lilley, Director of Secretariat Operations.

In closing the meeting, Chairman McFarlane again thanked the members and extended his appreciation to the Secretariat Staff for the effort put into preparing the meeting and the reports. Noting that a good deal of work

had been accomplished by the Board, he once again encouraged the members to provide their thoughts as to any areas in which he might be helpful to their agencies. He stated that he looked forward to another meeting next quarter, or sooner if problems arise requiring the attention of the Board.

The meeting was adjourned at 5:00 p.m. Attendance list is attached.

Attachments

AUTOMATED INFORMATION PROCESSING (AIP)

ISSUE FOR

NATIONAL SECURITY TELECOMMUNICATIONS ADVISORY COMMITTEE (NSTAC)

NOVEMBER 30, 1983

E. C. CALDWELL
NSTAC AIP TASK FORCE

Attachment

NSTAC AIP TASK FORCE

- ESTABLISHED SPRING 1983 TO
  - FOCUS AIP ISSUE
  - RECOMMEND HOW TO ADDRESS ISSUE
- TASK FORCE REPORT-JUNE 1983
  - TASK FORCE RECOMMENDATIONS ADOPTED BY NSTAC-JULY 1983

NSTAC AIP TASK FORCE

GOOD MORNING, LADIES AND GENTLEMEN.

IN RESPONSE TO THE DECEMBER 1982 NSTAC PRINCIPALS TASKING, WE ESTABLISHED A TASK FORCE WHICH WAS GIVEN THE JOB OF FOCUSING THE AIP ISSUE FOR TELECOMMUNICATIONS SYSTEMS SURVIVABILITY AND RECOMMENDING HOW THE ISSUE SHOULD BE ADDRESSED. AS TASK FORCE LEADER, I AM HERE TODAY TO BRIEF YOU ON THE WORK OF THE TASK FORCE AND ITS RECOMMENDATIONS.

NATIONAL ISSUE

SURVIVABLE AND SUSTAINED OPERATION OF AIP NECESSARY TO NATIONAL SECURITY/EMERGENCY PREPAREDNESS FUNCTIONS FOLLOWING A NATIONAL CRISIS.

A. PRIVATE SECTOR

1. TELECOMMUNICATIONS
2. POWER GENERATION
3. TRANSPORTATION

.
.
.

N. BANKING

B. PUBLIC SECTOR

1. PRESIDENTIAL DECISION SUPPORT
2. INTELLIGENCE

.
.
.

N. FEDERAL RESERVE

NATIONAL ISSUE

WE DEFINED THE AIP ISSUE IN TERMS OF NATIONAL CONSIDERATIONS AND IN TERMS OF NSTAC RELATIONSHIPS. FIRST, FROM INDUSTRY'S PERSPECTIVE, IT IS CLEAR THAT THE PRIVATE SECTOR MUST PLAY A MAJOR ROLE IN THE SURVIVAL AND SUSTAINMENT OF OPERATIONS WHICH SUPPORT FUNCTIONS CRITICAL TO NS/EP. THEREFORE, WE SAW THE NEED TO FOCUS ON FUNCTIONS OF BOTH THE PRIVATE AND PUBLIC SECTORS. ALMOST EVERY ONE OF THESE PRIVATE SECTORS LISTED HAVE OPERATIONS WHICH ARE CRITICALLY DEPENDENT ON AIP. NO RANKING IS IMPLIED BY THE ORDER AND THE LIST IS CERTAINLY NOT COMPLETE, BUT MEANT TO ILLUSTRATE THE EXISTENCE OF BREADTH OF SCOPE FOR NS/EP DEPENDENCIES. TELECOMMUNICATIONS, WHILE KEY, IS BUT ONE OF MANY PRIVATE SECTOR FUNCTIONS THAT MUST BE SUPPORTED.

THE TASK FORCE WOULD INCLUDE DoD FUNCTIONS IN THE LIST OF PUBLIC SECTOR TASKS BUT WOULD EXCLUDE AIP EMBEDDED IN WEAPONS SYSTEMS.

IT QUICKLY BECAME APPARENT THAT ANY SUSTAINED OPERATIONS OF THE TELECOMMUNICATIONS SYSTEM WILL REQUIRE THE SUPPORT OF OTHER PRIVATE AND PUBLIC SECTORS. SIMILARLY MOST OF THEM ARE DEPENDENT ON TELECOMMUNICATIONS. STATED SIMPLY, "THERE ARE NO ISLANDS OF SELF-SUFFICIENCY" IF OUR SOCIETAL STANDARDS ARE TO APPLY TO ANY EXTENT.

AIP DEFINITION

- AIP IS THE

  - COLLECTION
  - STORAGE
  - MANIPULATION
  - PRESENTATION
  - DISTRIBUTION

  OF DATA PRIMARILY BY MACHINES TO SUPPORT DECISIONS AND OPERATIONS.

- AIP RESOURCES INCLUDE

  - COMPUTER PROCESSING
  - SYSTEMS AND APPLICATION PROGRAMS
  - DATA BASES
  - PROCEDURES
  - HUMAN RESOURCES

AIP DEFINITION

TO ASSURE WE HAVE A COMMON UNDERSTANDING OF WHAT IS MEANT BY AUTOMATED INFORMATION PROCESSING, LET'S DEFINE OUR TERMS.

AS WE USED IT, AIP IS A FUNCTION INVOLVING THE COLLECTION, STORAGE, ETC., OF DATA TO SUPPORT SOME HIGHER LEVEL ACTIVITY.

THE RESOURCES ESPECIALLY SENSITIVE IN THE NS/EP CONTEXT, ARE THE PEOPLE REQUIRED TO CONDUCT AIP OPERATIONS AND THE PROCEDURES WHICH WOULD PERMIT TRANSPORTABILITY OF AIP DATA BASES AND FUNCTIONS. LATER WE WILL DISCUSS THE DEVELOPMENT OF AN AIP INFRASTRUCTURE. THE FIVE TYPES OF RESOURCES SHOWN ALL ARE IMPORTANT INGREDIENTS OF THE INFRASTRUCTURE, NOT EQUIPMENT ONLY. THE ADDITIONAL INFRASTRUCTURE ELEMENT NOT SHOWN IS A MANAGEMENT CAPABILITY TO HARNESS THESE RESOURCES DURING TIME OF CRISIS.

NSTAC AIP ISSUE STRUCTURE

AIP TYPES	AIP CHARACTERISTICS
TYPE 1: EMBEDDED IN AND CO-LOCATED WITH TELECOMMUNICATIONS	SPECIAL PURPOSE AIP INTEGRAL TO TELECOMMUNICATIONS
TYPE 2: TELECOMMUNICATIONS OPERATIONAL SUPPORT	GENERAL PURPOSE AIP: COMMON CHARACTERISTICS
TYPE 3: NATIONAL SECURITY/EMERGENCY PREPAREDNESS (NS/EP) SUPPORT	

TASK FORCE FINDINGS

NOW TO OUR FINDINGS.

THE FULL REPORT OF THE TASK FORCE DESCRIBES THE TASK FORCE FINDINGS SIGNIFICANT TO NSTAC. THIS AND THE FOLLOWING CHARTS HIGHLIGHT A FEW KEY POINTS.

FOR THE CONTEXT OF NSTAC, THREE TYPES OF AIP WERE IDENTIFIED:

TYPE 1: AIP EMBEDDED IN AND CO-LOCATED WITH TELECOMMUNICATIONS, SUCH AS CONTROLLERS AND SWITCHING PROCESSORS;

TYPE 2: AIP FOR TELECOMMUNICATIONS OPERATIONAL SUPPORT, SUCH AS DATA BASES FOR CONFIGURATION MANAGEMENT AND RESTORAL ACTIVITY; THIS AREA HAS PROVED TO BE A KEY ISSUE.

TYPE 3: OTHER AIP FOR NS/EP SUPPORT IN GENERAL, SUCH AS CRITICAL SUPPORT FOR TRANSPORTATION AND HEALTH SERVICES.

TYPE 1 AIP IS SPECIAL-PURPOSE COMPUTING EQUIPMENT AND IS AN INTEGRAL PART OF THE TELECOMMUNICATIONS FACILITY. MUST BE COLOCATED. TYPES 2 AND 3 USE GENERAL PURPOSE COMPUTING RESOURCES AND THE TWO TYPES HAVE COMMON CHARACTERISTICS FOR AIP SURVIVABILITY. TYPE 2 CAN OPERATE ANYWHERE IN THE WORLD TO WHICH CONNECTIVITY CAN BE ESTABLISHED. REQUIREMENTS FOR SURVIVABILITY OF TYPE 2 EQUIPMENT AND RESTORATION OF THE FUNCTIONS WHICH THEY SUPPORT CAN BE EXPECTED TO APPLY TO TYPE 3 AIP AS WELL.

TASK FORCE FINDINGS
(CONTINUED)

- NATION'S TELECOMMUNICATIONS SYSTEM DEPENDS ON AIP AND IS VULNERABLE DUE TO THAT DEPENDENCE
  - HUNDREDS OF COMPUTER SYSTEM APPLICATIONS INVOLVED
- SOME AIP ASSETS ARE OR CAN BE MADE SURVIVABLE

TASK FORCE FINDINGS
(CONTINUED)

ALL MAJOR ELEMENTS OF THE TELECOMMUNICATIONS SYSTEM, THE SYSTEM AS A WHOLE, ARE EITHER CONTROLLED DIRECTLY BY COMPUTER-BASED FACILITIES OR ELSE ARE DEPENDENT ON COMPUTER-BASED INFORMATION FOR SUSTAINED OPERATIONS OR RESTORAL. THE NATIONAL SYSTEM AS WE KNOW IT SIMPLY CANNOT FUNCTION IN A MEANINGFUL WAY WITHOUT THE AVAILABILITY OF AIP.

OUR PRELIMINARY REVIEW INDICATES THAT SOME AIP COULD SURVIVE OR BE MADE SURVIVABLE, I WILL ILLUSTRATE THIS ON THE NEXT CHART.

HYPOTHETICAL BLAST, THERMAL AND FALLOUT AREAS
ON CONUS FROM COUNTER MILITARY ATTACK

HYPOTHETICAL BLAST AND THERMAL EFFECTS ON CONUS FROM COUNTER MILITARY ATTACK

THIS CHART IS AN EXAMPLE OF THE POTENTIAL DISTRIBUTION OF RESOURCES THAT MIGHT SURVIVE AFTER AN ATTACK ON KEY MILITARY TARGETS. THERMAL OR BLAST AND FALLOUT EFFECTS ARE TAKEN INTO ACCOUNT. THE CHART SHOWS THAT A SUBSTANTIAL PERCENTAGE OF EQUIPMENT RESOURCES MIGHT SURVIVE AS INDICATED BY THE SHADED AREAS.

WE ALSO ASSESSED THE POTENTIAL EMPACT OF EMP. THIS PROBLEM IS PERVASIVE ACROSS THE ENTIRE CONTINENTAL U.S. AND MUST BE ADDRESSED AS A SPECIAL CONSIDERATION APART FROM BLAST AND FALLOUT EFFECT.

THIS RESULT MAY FULLY DESCRIBE OF THE NATIONAL DISTRIBUTION OF DATA PROCESSING GENERALLY SINCE IT IS MADE UP OF INFORMATION FROM THE TASK FORCE COMPANIES ONLY AND THE TARGETING IS HYPOTHETICAL. WE DO BELIEVE IT IS REPRESENTATIVE, HOWEVER.

TASK FORCE FINDINGS
(CONCLUDED)

- SURVIVABLE AND USABLE AIP INFRASTRUCTURE REQUIRES
  - ARCHITECTURE (STANDARDS AND POLICY)
  - MANAGEMENT (PROCESS AND AUTHORITY)
- JOINT GOVERNMENT AND PRIVATE SECTOR NS/EP EFFORTS ARE REQUIRED
  - PRIORITIES
  - EXPERTISE

TASK FORCE FINDINGS
(CONCLUDED)

BUT I WANT TO EMPHASIZE THAT IN ORDER TO ENSURE A SURVIVABLE AIP INFRASTRUCTURE THAT CAN BE USED IN AN EMERGENCY WE MUST HAVE:

- AN ARCHITECTURE THAT INCLUDES DISPERSED, COMPATIBLE RESOURCES; PORTABLE APPLICATIONS; FLEXIBLE CONNECTIVITY BETWEEN RESOURCES;
- AN EMERGENCY MANAGEMENT CAPABILITY FOR AIP IS NEEDED TO PLAN FOR AND CONTROL THE USE OF RESIDUAL ASSETS AND A PROCESS FOR ASSURING THE SUPORT OF THE NECESSARY AIP PROFESSIONALS.

EMERGENCY MOBILIZATION PREPAREDNESS POLICY EMPHASIZES A PARTNERSHIP BETWEEN ALL LEVELS OF GOVERNMENT (FEDERAL, STATE AND LOCAL) AND WITH THE PRIVATE SECTOR. HOWEVER, MOST GOVERNMENT EFFORTS TO DATE ARE FOCUSED PRINCIPALLY ON PUBLIC SECTOR INITIATIVES.

WE FIND IT NECESSARY THAT THE PRIVATE SECTOR INTERFACES AND FUNCTIONS BE CONSIDERED ON A BASIS EQUIVALENT TO THAT OF THE PUBLIC SECTOR ELSE THE GOVERNMENT FUNCTIONS WILL TERMINATE WITH THE INABILITY OF THE PRIVATE SECTOR TO RESPOND.

THE GOVERNMENT MUST TAKE THE LEAD IN ESTABLISHING PRIORITIES OF MAJOR FUNCTIONS, BUT INDUSTRY MUST PROVIDE THEIR EXPERTISE IN DEFINING HOW THESE FUNCTIONS CAN BE PERFORMED. INDUSTRY GENERALLY IS AT A LOW STATE OF AWARENESS OF THE SIGNIFICANCE OF OUR AIP DEPENDENCIES.

NSTAC RECOMMENDATIONS TO PRESIDENT
-JULY 1983-

- o GOVERNMENT WITH INDUSTRY IDENTIFY ESSENTIAL NS/EP FUNCTIONS AND THEIR DEPENDENCE ON AIP

- o GOVERNMENT

  - DEFINE TIME-PHASED PRIORITIES FOR THESE FUNCTIONS

  - ESTABLISH CENTRAL MANAGEMENT ENTITY TO COORDINATE NS/EP AIP

  - ENSURE CENTRAL MANAGEMENT ENTITY HAS NECESSARY AUTHORITY TO IMPLEMENT SURVIVABLE AND USABLE AIP INFRASTRUCTURE

NSTAC RECOMMENDATIONS TO THE PRESIDENT
-JULY 1983-

THE RECOMMENDATIONS SUMMARIZED ON THIS CHART WERE TRANSMITTED TO THE PRESIDENT BY MR. RAND ARASKOG, CEO OF ITT AND CHAIRMAN OF THE NSTAC FOLLOWING THE JULY 1983 MEETING.

WE BELIEVE THAT THESE ISSUES TRANSCEND ANY INDIVIDUAL DEPARTMENT OR AGENCY AND REQUIRE A BROADLY REPRESENTATIVE APPROACH. EMPB'S ENVOLVEMENT IN THE AIP ISSUE NOW ASSIGNED TO THE GOVERNMENT OPERATIONS COMMITTEE HAS THE POTENTIAL FOR BEING AN EFFECTIVE METHOD FOR OBTAINING THAT BROAD PARTICIPATION AND RESOLUTION.

JUST TO EXPAND THE LAST POINT FOR CLAIRITY--THE GOVERNMENT'S AUTHORITY TO ACQUIRE PLANNING INFORMATION AND CONTROL RESOURCE ALLOCATIONS IN A EMERGENCY ARE MUCH LESS CLEAR FOR AIP THAN FOR TELECOMMUNICATIONS. THERE IS NO PARALLEL TO THE TELECOMMUNICATIONS ACT OF 1934 FOR THIS NEW FIELD.

NSTAC CHARGES FOR AIP TASK FORCE
-JULY 1983-

- DEVELOP STRATEGY FOR SURVIVABLE TELECOMMUNICATIONS OPERATIONAL SUPPORT AIP

- TAKE INDUSTRY LEADERSHIP IN DEVELOPING RECOMMENDATIONS ON AIP IN SUPPORT OF NS/EP IN GENERAL

NSTAC CHARGES FOR AIP TASK FORCE
-JULY 1983-

WE ARE CONTINUING TO DEFINE THE TELECOMMUNICATIONS SYSTEMS INTERDEPENDENCY WITH AIP.

CURRENT EFFORTS ARE DIRECTED TOWARD DEFINING OPERATIONAL SUPPORT FUNCTIONS, CHARACTERIZING THE SYSTEMS INVOLVED, ASSESSING THEIR CRITICALITY AND IDENTIFYING SURVIVABILITY DEFICIENCIES.

WE WILL DOCUMENT THESE RESULTS IN AN INTERIM REPORT NEXT SPRING WITH AN FINAL REPORT IDENTIFYING INITIATIVES TO REDUCE TELECOMMUNICATION VULNERABILITIES PLANNED FOR NEXT FALL.

WE ALSO PLAN TO RECOMMEND APPROACHES TO EVOLVE A NATIONAL NS/EP INFRASTRUCTURE IN THE FALL REPORT.

CONCLUDING REMARKS

- AIP VULNERABILITY IS NATIONAL SECURITY ISSUE
- PROBLEM TRACTABLE BUT REQUIRES LONG TERM (5-10 AND MORE YEARS) FOR SOLUTION
- PROBLEM REQUIRES JOINT ACTION BY GOVERNMENT AND INDUSTRY

CONCLUDING REMARKS

WE BELIEVE THAT THE AIP ISSUE IS TRULY SIGNIFICANT AND BROADLY DISTRIBUTED. AIP RESOURCES ARE AS UBIQUITOUS IN OUR LIVES AS THE COMMON TELECOMMUNICATIONS INSTRUMENTS. NO REVERSION TO A "MANUAL MODE" IS OR WILL BE POSSIBLE IN A NATIONAL EMERGENCY SINCE SOME SKILLS ARE BEING REDUCED AND SYSTEMS ARE BEING DEVELOPED BASED ON COMPUTER CONTROL AND OPERATION. SYSTEM PROCESSES ARE IN THEMSELVES TRANSFORMED AS AIP IS INSERTED.

FORTUNATELY, WE UNDERSTAND MANY OF THE MEASURES WHICH WILL ENHANCE OUR AIP SURVIVABILITY. IMPLEMENTING THEM WILL REQUIRE A SIGNIFICANT PERIOD. DUE TO THE FUNDING AND SHEER QUANTITY OF DATA PROCESSING PROFESSIONALS INVOLVED, A CRASH PROGRAM IS NOT FEASIBLE. GIVEN APPROPRIATE AWARENESS, GUIDELINES AND MOTIVATION, HOWEVER, MANY OF THE IMPROVEMENTS CAN BE IMPLEMENTED WITH A SMALL MARGINAL COST AS NEW SYSTEMS ARE DEVELOPED AND OLDER ONES UPGRADED.

FINALLY, THE ISSUE AFFECTS US ALL AND REQUIRES A COORDINATED APPROACH FOR RESOLUTION. GOVERNMENT MUST TAKE THE LEAD IN ACTIVATING BOTH THEMSELVES AND INDUSTRY TO ADDRESS THE ISSUE.

THANK YOU.

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252105	LIST DUPLICATE OF #252099; ATTENDANCE, PARTIAL	1	11/30/1983	B3

Freedom of Information Act - [5 U.S.C. 552(b)]

B-1 National security classified information [(b)(1) of the FOIA]
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B-9 Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

Attachment

CHS F96-115 #16 RELEASED 8/5/00

EMERGENCY MOBILIZATION PREPAREDNESS BOARD
ELEVENTH BOARD MEETING
OLD EXECUTIVE OFFICE BUILDING
INDIAN TREATY ROOM 474
NOVEMBER 30, 1983 - 4:00-4:50 P.M.

ATTENDANCE

	Robert C. McFarlane	Assistant to the President for National Security Affairs
(ALT)	Ronald Spiers	Department of State
(ALT)	Robert J. McBrien	Department of the Treasury
	Fred C. Ikle	Department of Defense
(ALT)	Stephen Trott	Department of Justice
(ALT)	John Morgan	Department of the Interior
(ALT)	Raymond D. Lett	Department of Agriculture
	Lionel H. Olmer	Department of Commerce
	Ford B. Ford	Department of Labor
	John O'Shaughnessy	Department of Health and Human Services
	Philip Abrams	Department of Housing and Urban Development
	Raymond A. Karam	Department of Transportation
(ALT)	Earl Gjelde	Department of Energy
	James E. Jenkins	Office of the Counsellor to the President
(ALT)	Constance Horner	Office of Management and Budget
(ALT)	[redacted]	Central Intelligence Agency
	John A. Svahn	Office of Policy Development
(ALT)	Horace Russell	National Security Council Staff
(ALT)	William J. Cowhill	Organization of the Joint Chiefs of Staff
(ALT)	Maurice A. Roesch, III	Office of Science and Technology Policy
	Louis O. Giuffrida	Federal Emergency Management Agency
	Donald J. Devine	Office of Personnel Management
	Fred J. Villella	Executive Secretary

National Security Council
The White House

RECEIVED
83 DEC 16 P4:38

System # I

Package # 9109

	SEQUENCE TO	HAS SEEN	DISPOSITION
Executive Secretary	1	K	
John Poindexter			
Wilma Hall			
Bud McFarlane			
John Poindexter			
Executive Secretary			
NSC Secretariat	3		D
Situation Room			
Rosie	2	done	A

I = Information | A = Action | R = Retain | D = Dispatch | N = No further Action

cc: VP Meese Baker Deaver Other _____

COMMENTS

Should be seen by: _____ (Date/Time)

Rosie: Type my name, title, and NSC on attachment at Tab I. Then dispatch.

NSC/S PROFILE LU ID 8309109

RECEIVED 16 DEC 83 19

TO MCFARLANE FROM VILLELLA, F DOCDATE 15 DEC 83

RUSSELL 15 DEC 83

KIMMITT 16 DEC 83

KEYWORDS: EMERGENCY PREPARED"S TELECOMMUNICATIONS

SUBJECT: MINUTES / 11TH EMERGENCY PREPAREDNESS BOARD MTG RE TELECOMMUNICATIONS

ACTION: KIMMITT SGD MEMO DUE: STATUS C FILES WH

FOR ACTION FOR CONCURRENCE FOR INFO

KIMMITT

RUSSELL

COMMENTS

REF# LOG NSCIFID (MR MR)

ACTION OFFICER (S)	ASSIGNED	ACTION REQUIRED	DUE	COPIES TO

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DEC 5 1983

MEMORANDUM FOR GEORGE W. JETT
GENERAL COUNSEL
FEDERAL EMERGENCY MANAGEMENT AGENCY

Re: Emergency Mobilization Preparedness Board

This responds to your request of September 21, 1983 for our opinion on the status of the Emergency Mobilization Preparedness Board (Board). The question has arisen because the Federal Emergency Management Agency (FEMA) has recently received requests under the Freedom of Information Act (FOIA), 5 U.S.C. § 552 et seq., for material produced by the Board and its Secretariat, thereby raising issues concerning the status of the Board and its Secretariat under FOIA and the responsibility for answering FOIA requests for material produced by them. We believe that (1) the status of the Board need not be resolved since the National Security Council (NSC) has agreed to handle FOIA requests for the only document the Board has apparently produced; (2) the Secretariat is an agency within the meaning of FOIA; and (3) the Secretariat is part of FEMA, and either FEMA or the Secretariat may handle the Secretariat's FOIA requests.

I. Establishment of the Board and its Secretariat

In early 1981, FEMA and the Department of Defense proposed the establishment of an interdepartmental group whose members, drawn from the highest levels of each agency, would be responsible for overseeing emergency mobilization preparedness on a government-wide basis. 1/ After further consideration, the President issued National Security Decision Directive No. 47 (NSDD #47) establishing the Board in December, 1981, with his Assistant for National Security Affairs as Chairman.

1/ Memorandum for Edwin Meese, III, Counsellor to the President, from Frank C. Carlucci, Deputy Secretary of Defense, and Louis O. Giuffrida, Director, FEMA, May 26, 1981.

NSC# 8309200

Role of Emergency Mobilization Preparedness Board

The Board, composed of senior officials from the major agencies at the deputy secretary or undersecretary level, meets four times a year. Between the meetings, work is carried on by eleven ongoing working groups, each chaired by a Board member, whose work is reviewed by the Board at its meetings. Each working group concentrates on an area that reflects the concerns of a particular agency, such as military mobilization (Department of Defense) and law enforcement and public safety (Department of Justice). Id. at 5. The Board has completed its initial task of preparing a national policy for emergency mobilization preparedness and a plan of action consistent with this policy. Id. at 2. The National Plan of Action (Plan), prepared by the Board acting through its working groups, was presented to the President and approved by him last March. 2/ The Plan sets out various tasks to be completed by each agency by specific dates. The working groups are now overseeing completion of each agency's obligations under the Plan.

The President also established a Secretariat in NSDD #47. The Secretariat was given three formal functions: to provide staff support to the chairman and members of the Board, to coordinate the activities of the working groups and to provide a liaison between the Board and the working groups. Id. at 6. At present, the Secretariat's major task is monitoring the agencies' compliance with the Plan's deadlines and goals. Members of the Secretariat's staff attend working group meetings to ensure that work is being done in a timely fashion. As each task is completed a report is sent by a working group to the Secretariat, which marks it off on a master list. If a working group fails to meet a deadline, the Secretariat staff will request an explanatory memorandum. Serious delays are reported by the staff to the Board's chairman for appropriate action.

The President directed that the Secretariat be funded and chaired by FEMA. 3/ Thus, the Secretariat is physically located in

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2/ The Plan's contents are classified.

3/ "The Secretariat will be chaired by a senior official of FEMA who will be designated by the Director of FEMA and will be referred to as the Executive Secretary of the EMPB." NSDD # 47, at 6. The Executive Secretary is Jeffrey S. Bragg, who in addition holds two positions at FEMA: he is the agency's Executive Deputy Director and the Administrator of the Federal Insurance Administration. His principle deputy on the Secretariat is John R. Lilley, II, Director of Secretariat Operations, a senior FEMA employee.

FEMA's main building and is chaired by a senior FEMA official, whose principle deputy is also a FEMA employee. It is staffed by about twenty people who are a mix of FEMA employees and persons detailed to FEMA from other agencies.

II. Applicability of FOIA

The Board itself has apparently produced only one document: the Plan. The NSC has agreed as an administrative matter to process all FOIA requests for that document. All other documents, such as the Board's agenda and the memoranda requesting timely compliance by the agencies with the master list, have apparently been prepared by the Secretariat. It is to these documents that the FOIA request received by FEMA is addressed. We turn, therefore, to the issue whether the Secretariat is covered by FOIA because it is an "agency" covered by that law.

FOIA defines an "agency" as

> any executive department, military department, Government corporation, Government controlled corporation, or other establishment in the executive branch of the Government (including the Executive Office of the President), or any independent regulatory agency.

5 U.S.C. § 552(e). 4/ There is no dispute that the Secretariat is part of the Executive Branch.

We believe that the Secretariat is an agency under FOIA. First, it falls within the language of the act by being an "establishment in the executive branch." 5 U.S.C. § 552(e). Second, it is an "administrative unit with substantial independent authority in the exercise of specific authority." Soucie v. David, 448 F.2d 1067, 1073 (D.C. Cir. 1971) (footnote omitted). See also Ciba-Geigy Corp. v. Mathews, 428 F. Supp. 523, 527 (S.D. N.Y. 1977). The Secretariat provides staff support to the Board and monitors the implementation by the agencies of the Board's recommendations. As described above, staff members attend working group meetings in order to keep

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4/ This language, enacted in 1974, expanded the governmental units covered by FOIA beyond those traditionally covered by the definition of "agency" in the Administrative Procedure Act, 5 U.S.C. § 551(1).

track of their progress, write memoranda encouraging compliance or detailing non-compliance, require reports to be filed explaining when missed deadlines will be met, and otherwise take steps to make sure the Plan's goals are met on time. Thus, the Secretariat is responsible, on a day-to-day basis, for keeping track, via the working groups, of the agencies' progress in completing the master list. The Secretariat's staff thereby fulfills at least one of the two alternate tests articulated in Soucie: the authority to perform specific governmental functions. Assuring timely compliance with a Plan affecting the entire government is the performance of a specific government function.

Even were we unable to conclude that the Secretariat is itself an agency, however, its documents would still be covered by FOIA because we believe that it is part of a larger agency -- FEMA. The President did not specifically state where the Secretariat belonged when he established it in NSDD #47. 5/ However, he issued directions on its staffing and funding which make the Secretariat legally part of FEMA.

5/ This has led to some confusion. In the course of doing research for this project, it became clear that many of the people familiar with the Secretariat held differing views about where the Secretariat is located. Mr. Lilley, as Director of Operations for the Secretariat, stated that he and his staff believed they were part of the NSC. He pointed out that the Secretariat reported directly to the Assistant to the President for National Security; that the Secretariat's staff was drawn from a number of agencies, not just FEMA (although all are detailed to FEMA) and that FEMA's provision of funding and offices was in response to the President's order in NSDD #47 to do so, and not because the Secretariat was part of FEMA. Others, including NSC staffers, disagreed and stated that they believed the Secretariat is part of FEMA.

There was also a suggestion that the Board and the Secretariat should be viewed as personal White House staff because they were created by Presidential directive. Neither the Board nor the Secretariat is funded by or located in the White House. The Board gives advice to the President, but it also resolves mobilization preparedness issues for the agencies and develops general policy for them in this area. The Secretariat monitors the Working Groups and their related agencies and is officially responsible to the Board. We do not believe a court would view either group as part of the President's personal staff, at least for the purpose of determining their status as an agency under FOIA.

As stated above, see note 3 & text, the President directed that a senior FEMA official chair the Secretariat and that "[m]embers of the Secretariat will come from FEMA and other Federal agencies represented on the Board (detailees)." NSDD #47, supra, at 6. FEMA provides funding for the Secretariat in the form of office space, staff and material. As provided in 31 U.S.C. § 1301, "Appropriations shall be applied only to the objects for which the appropriations were made except as otherwise provided by law." 6/ FEMA's 1984 authorization, Pub. L. No. 98-45, 97 Stat. 219, 227 (1983), provides for FEMA's necessary expenses for salaries and emergency planning. We are not aware of any statute permitting FEMA to expend its appropriation for personnel or material on non-FEMA activities. FEMA's ability to spend money on the Secretariat must, therefore, be premised on the fact that the Secretariat is part of FEMA. Since the Secretariat is legally part of FEMA, an administrative decision on how to handle the Secretariat's documents should be made promptly by FEMA.

III. Conclusion

We believe that the Secretariat is an agency covered by FOIA and that it is part of FEMA. The exact status of the Board need not be resolved at this time since apparently its only document is being handled by the NSC. FEMA should promptly determine who in the agency will be responsible for handling FOIA requests for Secretariat documents.

Please let us know if we can be of further assistance in this matter.

Robert B. Shanks
Deputy Assistant Attorney General
Office of Legal Counsel

cc: Jonathan C. Rose

6/ This section was formerly 31 U.S.C. § 628.

ROUTE PROFILE

ID 8309200

RECD DATE 19 DEC 1983

TO Poindexter FROM Shanks, R DOC DATE 05 DEC 1983

KEYWORDS Emergency Prepared"s

SUBJECT: Role of Emergency Mobilization Preparedness Board

ACTION: Noted by Poindexter DUE STATUS C FILES WH

FOR ACTION	COMMENTS		INFO
			Russell
			North
			Levine
			DeGraffenreid
			Martin

COMMENTS:

REF# LOG# NSCIFID

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EMERGENCY MOBILIZATION PREPAREDNESS BOARD
Washington, D.C. 20472

FEB 21 1984

WS

MEMORANDUM FOR: Board Members

FROM: Fred J. Villella
Executive Secretary

SUBJECT: Twelfth Board Meeting

The twelfth meeting of the Emergency Mobilization Preparedness Board is scheduled for 4:00 - 5:00 p.m. on Wednesday, March 7, 1984, in the Indian Treaty Room (room 474) of the Old Executive Office Building. The agenda for the meeting is at attachment 1.

The principal issue to be addressed at the meeting is the continuing impasse concerning the Veterans Administration's participation in the National Disaster Medical System (NDMS). Board members are urged to fully inform themselves on this matter as a resolution of the issue will be sought at the March 7 meeting. An issue paper on this subject is at attachment 2.

Board liaison officers are being invited to a meeting on March 1, 1984, from 2:30 to 3:30 p.m. in room 208 of the Old Executive Office Building so that they can take part in a preliminary discussion of the NDMS issue.

Approval of the latest changes to the Plan of Action will be requested at the Board meeting. The proposed revisions are classified and will be forwarded under separate cover for your consideration prior to the meeting.

Attachments

ATTACHMENT 1

EMERGENCY MOBILIZATION PREPAREDNESS BOARD

Twelfth Meeting

March 7, 1984
4:00 - 5:00 p.m.

Indian Treaty Room 474
Old Executive Office Building

AGENDA

Opening Remarks	Honorable Robert C. McFarlane
Status Report on Plan of Action	Honorable Fred J. Villella
NATO Involvement	Honorable Louis O. Giuffrida
Issue: VA Participation in the National Disaster Medical System	General Discussion
Closing Remarks	Honorable Robert C. McFarlane

National Disaster Medical System Issue Paper

Introduction

The National Plan of Action on Emergency Mobilization Preparedness (the Plan) includes measures which would establish a National Disaster Medical System (NDMS). It was the result of several years of work by medical planners of the Departments of Defense (DOD) and Health and Human Services (HHS), the Federal Emergency Management Agency (FEMA), and the Veterans Administration (VA). The Health Working Group (HWG) of the EMPB recognized the importance of a single system for medical response to a national disaster and prepared measures calling for implementation of a National Disaster Medical System. During the interagency coordination phase no objections were made to the concept. Following approval of the Plan by the Working Group, and the EMPB, the VA identified several concerns and issues which, in their view, precluded their participation in NDMS.

The August 27, 1983, meeting of the EMPB included presentations by the representatives of HHS and the VA highlighting their views on the issues. The EMPB Chairman stated that the issue now stands for Board resolution.

The December 16, 1983, meeting of the EMPB included remarks by the Executive Secretary that attempts to gain resolution had been made with limited progress and that an interagency task force was to be formed, composed of DOD, HHS, FEMA, and VA, which would develop detailed plans for implementing NDMS, and would attempt to work out the remaining problems. In addition, it was noted that if the situation could not be resolved among the concerned agencies, the Secretariat would prepare a paper apprising the members of the Board, so that the issue could be developed for presentation to the Board, and if necessary, to the National Security Council for resolution and Presidential decision. The interagency task force has been meeting and is developing detailed plans and procedures for establishment of the NDMS. The VA, however, has not yet indicated its level of support for the NDMS.

To this point, the insurmountable issues appear to be: VA's reluctance to the proposed incorporation of the DOD's Civilian Military Contingency Hospital System (CMCHS) into NDMS; the proposed roles assigned to HHS and FEMA in NDMS; and statutory constraints on VA's ability to engage in activities not directly related to their primary mission (i.e. care of VA beneficiaries and active duty military personnel in a national emergency).

Background:

The Civilian-Military Contingency Hospital System (CMCHS) is a DOD program. When initially established in May 1980, it was designed to provide medical care backup to DOD hospitals for returning military casualties from overseas conventional conflicts. At the time of its establishment, VA determined that it could not assist DOD with direct casualty care without legislative authority. In May 1982 the VA/DOD Health Resources Sharing and Emergency Operations Act (Public Law 97-174) was enacted. The law requires VA to provide backup medical care in its 172 hospitals (85,000 acute care beds) to active-duty military personnel during war or national security emergency (VA/DOD CHS). With the passage of (PL 97-174), VA received a mandate to participate in wartime contingency

planning. In the meantime, the CMCHS effort had developed a significant medical backup capability in the private sector. As of January 1, 1984, 760 civilian hospitals have voluntarily agreed to provide 61,323 acute care beds to care for military casualties if Federal capability is unable to provide the needed care. Following passage of P.L. 97-174 the VA has assisted DOD in providing Federal coordinating centers for 8 of the 48 CMCHS patient reception areas. The Secretary of Defense activates the VA/DOD CHS and its backup the CMCHS.

VA Position

The VA wants to participate fully in a National Disaster Medical System (NDMS). The VA has previously agreed to participate in the implementation task force to work out procedures for the operation of the NDMS with DOD and HHS. The VA's level of participation will be determined when the task force completes its work.

Two letters from the Administrator of Veterans Affairs to the Chairman of the Health Working Group are at tabs 1 and 2 and set out some serious areas of concern.

Synopsis by the Executive Secretary of VA Concerns

VA strongly objects to the implementation of the system for two principal reasons. First, the VA has indicated that incorporation of CMCHS into NDMS can adversely impact the ability to access civilian beds for medical assistance to active duty military casualties.

The other reason pertains to control. The Administrator of Veterans Affairs in a letter dated September 15, 1983 to the Chairman of the Health Working Group stated: "The VA simply would be unable to participate in a plan that is designed to subject the Agency's health care system to external control."

VA is concerned that based on the NDMS System Design, HHS and FEMA would attempt to direct the VA as to the use of its own and support resources. The VA has indicated that if they were directed to provide medical care to non-VA beneficiaries (exclusive of active duty military casualties) in non-life threatening situations, and to the medical detriment of eligible beneficiaries, it would be contrary to existing law. In order to be able to provide such care, corrective legislation would be necessary and could be extremely difficult to enact because of the concerns of Veterans' service organizations about use and control of VA medical assets.

DOD, HHS, and FEMA Position

The task force which is developing procedures for operation of the NDMS has the full support of DOD, HHS, and FEMA. These agencies have committed both personnel and dollars to implement the program, and approved a Memorandum to Agreement of that effect (Tab 2).

DOD does not agree with the VA position concerning the ability to access

civilian beds for casualty care and states that NDMS will significantly enhance the medical readiness posture of DOD.

NDMS is designed to provide a single Federal medical response system which would supplement state and local medical resources in response to major peacetime disasters and to provide backup medical support to the military medical care system (DOD and VA/DOD CHS) during a national security emergency in accordance with National policy as stated in NSDD-47.

The NDMS system design includes the activation of a National Disaster Medical Operations Center (NDMOC) during a national emergency. The center would coordinate the Federal medical response to the emergency. A request would be received, resource needs determined, and a response mutually developed among the various participating Federal agencies and certain national and professional organizations.

Each participating element in NDMS would retain full authority, direction, and control of its own resources, but would voluntarily agree to utilize those resources, or a portion thereof, in assisting in a national medical response at the discretion of the participating agency. NDMOC, when activated, would be operated by designated high-level policy and operations officials of the participating Federal departments and agencies and non-governmental organizations, using detailed operating procedures which would protect the independent authorities of the participants, and which are being developed jointly by the interagency task force at this time.

NDMS could be implemented without VA participation, by substituting non-Federal assets for those which VA might provide.

A letter from the Chairman of the Health Working Group to the Administrator of Veterans Affairs (November 16, 1983) is at Tab 4. The Health Working Group Chairman's response to the letter of the Administrator of Veterans Affairs of February 17, 1984 (Tab 2) will be provided as soon as it is available

Current Status

Today, the situation vis-a-vis VA participation in the NDMS, remains at an impasse: the NDMS task force is proceding with detailed plans for system establishment; VA has a representative on the task force, but in spite of that, VA has not formally indicated how, or if, it will function as part of the NDMS. The desired role for VA according to the original concept developed by the Health Working Group might include:

- o continue to act in a coordinating role in the eight patient reception areas that VA coordinates under CMCHS, and which are scheduled to become part of NDMS;
- o acting in a coordinating role in several additional NDMS patient reception areas;
- o sponsoring Disaster Medical Assistance Teams capable of providing medical assistance in disaster areas, and/or reception of patients from the disaster area;

- o assisting in providing medical supplies and equipment during a disaster (with reimbursement therefor).

Discussion

We are on the verge of establishing a Federal disaster medical response system that does not include the agency (VA) with the greatest medical resources in the Federal government. However, it should be noted that, despite its vast resources, the VA ability to provide medical care is narrowly constrained, at present, to very specific beneficiaries (i.e. VA beneficiaries and certain active duty military personnel).

The National Policy Statement on Emergency Moblization Preparedness, issued as NSDD-47, on page seven, clearly states that:

> "It is the policy of the United States to ensure that sufficient medical personnel, supplies, equipment, and facilities will be available and deployed to meet essential civilian and military health care needs in an emergency.
>
> The program will:
>
> - enhance the Nation's ability to recover from major emergencies and protect the population from the spread of disease;
>
> - supplement medical services provided by State and local governments and the private sector with medical resources during a domestic emergency;
>
> - provide medical care to military casualties in civilian and Federal facilities; and
>
> - allocate scarce supplies and skilled professionals (specialists) to the highest priority needs."

The National Plan of Action, a supplement to NSDD-47, is being used by the departments and agencies as a guide in implementing the National policy and states that, in order to develop plans for improved utilization of existing medical care facilities to cover emergencies, CMCHS facilities will be incorporated into a National emergency medical care system.

It was the intent of the President, as recommended by this Board, that a single National emergency medical care system be developed. Now it is the job of the departments and agencies to develop that system.

The question before the Board is whether or not VA should be expected to participate to the fullest extent possible, within its current statutory authority, in the NDMS. This is a question of National policy rather than one of procedure. The interagency task force, including VA, is developing detailed procedures for operation of the NDMS including the NDMOC. If these procedures are written so as to assure VA that no agency other than VA would be in control of their resources, one major VA concern might be resolved.

Depending on the answers to the following questions on the part of the EMPB, the issue of VA participation in the NDMS might be resolved without having to raise it to the National Security Council for Presidential decision.

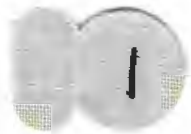
1. If the procedures for operation of the NDMS and the NDMOC, currently being prepared, are written so as to assure VA that it will be able to fulfill its legislative mission, and no agency other than VA would be in control of their resources, will the VA agree to participate in NDMS?

2. Can the NDMS be implemented without participation by the VA, in view of current constraints on VA authority to engage in activities involving the provision of medical care to non-beneficiaries (i.e. persons who are not service-connected disabled veterans or active-duty military personnel and who are not in life-threatening situations)?

3. If legislation is necessary to permit VA participation in the NDMS, should the VA be asked to draft such legislation, beginning immdediately, and should the EMPB set a target date for Administration submission of such legislation to Congress of no later than June 30, 1984?

4. Will all of the departments and agencies support VA draft legislation?

If the impasse remains at the end of the Board meeting, members will be requested to provide written comments on behalf of their Departments and agencies. These comments will be made part of an issue paper that will to be forwarded to the National Security Council for Presidential consideration and decision.



TAB 1

Office of the
Administrator
of Veterans Affairs

Washington DC 20420

Veterans
Administration

September 15, 1983

Edward N. Brandt, Jr., M.D.
Assistant Secretary for Health
(Chairman, Principal Working Group on Health)
Emergency Mobilization Preparedness Board
Washington, D.C. 20201

Dear Dr. Brandt:

I am writing you in your capacity as Chairman of the Principal Working Group on Health (PWGH), Emergency Mobilization Preparedness Board (EMPB), to express the Veterans Administration's (VA) views regarding the proposed National Disaster Medical System (NDMS).

At the outset, let me underscore that the VA understands the importance of developing a Federally coordinated national emergency medical care system to supplement regional, State, and local efforts to respond to a major catastrophic disaster. However, certain legal impediments as well as conceptual flaws in the proposed National Disaster Medical System make it impossible to commit this Agency to the proposed implementation of that System. We would urge that the proposed plan be revised to address our concerns including the possibility and advisability of proposed legislation.

Our concerns center around the proposed incorporation of the Department of Defense's Civilian Military Contingency Hospital System (CMCHS) into NDMS, and the proposed roles assigned to the Federal Emergency Management Agency (FEMA) and the Department of Health and Human Services (DHHS) for management of NDMS. We believe these matters go to the heart of developing an effective national emergency medical care system. These two issues also highlight an apparent failure to appreciate fully the role Congress has charted for VA as a national emergency health care planner and provider.

The VA's responsibilities under law for the provision of health care need to be fully understood by the drafters of any national plan. In peacetime, the VA is mandated to staff and maintain sufficient beds and other treatment capacities to immediately accept, accommodate, and provide timely care to eligible veterans. In doing so, the

Agency is to provide specific treatment priorities for veterans. While VA may furnish care as a humanitarian service in life threatening cases, the law requires that we charge for such care. Provisions of law also require that VA's health care system maintain a contingency capacity to support the Department of Defense (DOD) in the event of war or a national emergency involving the use of the Armed Forces in armed conflict. During a war or such a national emergency VA, under Public Law 97-174, is to serve as the primary health care resource to DOD and give a priority to furnishing care to active duty members second only to that accorded service-connected veterans.

The proposed plan for implementing NDMS does not adequately take account of Public Law 97-174 and VA's and DOD's extensive efforts to implement it. We would note, in that connection, that under a VA/DOD memorandum of understanding executed pursuant to Public Law 97-174, CMCHS is to be a "backup" to the VA/DOD contingency hospital system contemplated by that law. Current NDMS implementing plans, however, call for incorporating CMCHS into NDMS. CMCHS, of course, is a resource base developed by the Department of Defense. That resource base is now an integral part of the VA/DOD contingency hospital system. If it becomes necessary to mobilize that hospital system, it will operate through VA and DOD coordination and without direction from FEMA or DHHS. NDMS planners did not satisfactorily address the longstanding contingency care role CMCHS is to play under the direction of the VA and DOD when those planners assigned it a similar role in a FEMA- and DHHS-administered system. It is not clear in light of this and other problems, how the NDMS plan can be operationally effective.

As planned, NDMS appears to place primary reliance on CMCHS, a hospital system developed for wartime and national emergency care of military members and subject to VA and DOD coordination and control. By incorporating CMCHS into NDMS, planners are effectively creating overlapping emergency care systems under separate administrative structures. The ambiguity and potential confusion in such a design raises serious questions about the viability of the current NDMS plan. We see no countervailing benefit to be gained from establishing potentially competing Federal administrative structures to manage related aspects of emergency medical care.

In that connection, the difficulties which led to the enactment of Public Law 97-174 are both directly relevant and instructive with regard to the VA's concerns respecting

the proposed plan. In part, Public Law 97-174 grew out of a bill, S. 2613, introduced by Senator Charles Percy in the second session of the 96th Congress. S. 2613 did not address the issue of military casualty medical care, but was concerned with the issue of sharing medical resources among Federal departments and agencies. The bill provided for the creation of a Federal committee made up of representatives of VA, DOD, and DHHS to administer its sharing provisions. During the course of congressional consideration, and in view of the strong opposition to the composition of the proposed committee, a substitute bill, S. 2958, which deleted DHHS representation and provided for VA and DOD alone to establish a mechanism for health resource sharing, was introduced. Congress determined that any DHHS control over, or substantial participation in, VA resource use or allocation was unacceptable. This decision was embodied in law with the enactment of Public Law 97-174.

We offer this legislative background to explain that a plan that places DHHS and FEMA in control of a system which purports to address itself, in part, to providing emergency care to military casualties is fundamentally unacceptable. The VA simply would be unable to participate in a plan that is designed to subject the Agency's health care system to external control. Such control would be even more untenable in connection with the congressionally mandated VA role in Public Law 97-174.

As I have noted, we support the goal of developing an emergency medical care system and urge that the plan be revised to eliminate its flaws. Such changes are surely needed to make the system viable. For example, NDMS planners appear to place heavy reliance on CHCHS as an emergency care mechanism. If VA participation is foreclosed, it is not clear how CHCHS could function effectively. We would point out that in assigning VA a health-care role as a primary backup to DOD in war or national emergency, Congress expressly recognized that a system like CHCHS could not adequately meet such contingency needs. We have no reason to think that a national emergency medical care system from which VA is precluded from supporting to the fullest could be any more effective.

4.

Dr. Edward N. Brandt, Jr.

As regards VA's role, I must point out that this agency lacks appropriation authority for the coordinating role envisioned for it under NDMS. The VA's existing appropriation language does not now allow obligation of appropriated funds for such a purpose. This impediment may be overcome through interagency agreements which provide for the reimbursement to the VA for the expenditure of the funds necessary.

Further, as noted above, to the extent the proposed plan, or any plan, envisions the provision of medical care by the VA to nonveterans, legislation would be necessary to allow modification of the VA's medical care priority statutes. Such legislation would have to be very carefully drafted and coordinated so as to ensure that the VA medical system is not subjected to external control or operation. I believe the absence of such assurances would make unlikely the enactment of any legislation authorizing a VA role in NDMS. In any case, it may be difficult to achieve enactment of such legislation.

Given the gravity and importance of this subject to all involved, we believe these concerns should be resolved so that NDMS can be set back on a sound course. To that end, I suggest that we jointly reexamine the roles charted for the respective agencies and departments under NDMS in light of concerns I have noted.

I would urge you to contact Dr. Donald Custis, the VA's Chief Medical Director, to arrange such a meeting to explore these issues further and work toward developing an effective national emergency medical system.

Sincerely,

Harry N. Walters

HARRY N. WALTERS
Administrator

TAB 2

Office of the
Administrator
of Veterans Affairs

Washington DC 20420

Veterans
Administration

FEB 17 1984

Edward N. Brandt, Jr., M.D.
Assistant Secretary for Health
Chairman, Principal Working Group on Health
Department of Health and Human Services
Washington, D.C. 20201

Dear Dr. Brandt:

I am writing in response to your letter of November 16, 1983, concerning the proposed National Disaster Medical System (NDMS). Your letter, regrettably, discloses a substantial lack of understanding of the Veterans Administration's (VA) concerns regarding the proposed NDMS.

Our concerns are basically twofold. First, we are of the opinion that the proposed NDMS will fail to meet the President's guidance for improved national planning and programs to meet the needs of major peacetime disasters and national security emergencies. Secondly, we believe the proposed NDMS operation as explained in your letter is contrary to the Principal Working Group on Health's (PWGH) decision that a single national medical response system is the best approach for achieving the President's objective.

The NDMS, by definition, will become operational only in national security emergencies or when State and local capabilities have been overwhelmed by a catastrophic disaster or civil emergency. The circumstances to be addressed are those of emergency and crisis. We firmly believe that the very nature of the issue demands the formulation of a coherent administrative structure with clearly delineated lines of authority and control, including the necessary assignments of responsibility. We believe that the convening of a voluntary cooperative committee is the antithesis of what is necessary to achieve a reasonable or realistic Federal response. We also note that the proposed plan, unlike your recent correspondence, states that operation of the NDMS would be the responsibility of the Department of Health and Human Services (DHHS).

Adequately addressing a national security emergency or the occurrence of a catastrophic civil disaster obviously entails the effective marshaling and allocation of resources. The principal resources required are the ability to transport patients, materials, and supplies and the ability to provide

medical services. The capability to provide the requisite logistical support is possessed by the DoD. The VA, through its geographically dispersed system of hospitals, outpatient clinics, and related facilities and personnel, possesses the ability to provide the necessary medical services. Neither DHHS nor the Federal Emergency Management Agency (FEMA) possesses either the logistical or medical services capability or resources required. Given that both DoD and VA, independently and in conjunction with each other pursuant to Public Law 97-174, have existing organizational and administrative lines of authority and control, we have difficulty understanding, in terms of the issue being addressed, what role, if any, a multi-agency committee would have in NDMS.

We fully agree with the PWGH's decision that a single medical response system is the best approach to achieving the objective of the President's guidance. The proposed NDMS, however, attempts to establish a dual, not a single, medical response system.

As set forth in my letter of September 15, 1983, medical care needs of military personnel arising from an armed conflict involving the Armed Forces of the United States, i.e., a national security emergency, are governed by the provisions of Public Law 97-174. That statute specifically requires that the care of military casualties be provided by and under the direction of the VA and DoD. In addition, a memorandum of understanding between the VA and DoD implementing Public Law 97-174 incorporates the Civilian Military Contingency Hospital System (CMCHS), a DoD resource base, into the VA/DoD system. Accordingly, a medical response system for national security emergencies already exists and is well in the process of being implemented. The system does not involve either DHHS or FEMA and is mandated by law.

Given that Public Law 97-174 mandates the creation by DoD/VA of a national security emergency medical system and given that such a system is well into the process of implementation, we consider it obvious that the proposal for the creation of a cooperative committee system, different from and inconsistent with the national security emergency system, does not create a <u>single</u> medical response system. The proposed NDMS, accordingly, cannot be reconciled with the PWGH's basic decision.

We are quite surprised by the statement in your letter that your proposed cooperative committee approach would be activated for the care of military casualties after VA/DoD resource sharing arrangements had been fully activated. As noted, the

established VA/DoD contingency plan includes CMCHS. Thus, there is no reason or justification for an attempt to inject a layer of administrative processing in the form of an inter-agency committee apparatus into an already complete medical system. This is particularly true when the additional administrative layer is inconsistent with the legally mandated existing system. In addition, it was our understanding from earlier discussions that NDMS would not encroach on or be involved in military medicine. The statement in your letter is inconsistent with this understanding and tends to confirm our concern that NDMS has been defined at such a level of generality that we are unable to fully address what is contemplated or intended.

In your letter, you state your belief that NDMS does not require a specific legislative mandate. Because NDMS has not been clearly defined, it is difficult to comment on your statement. There is no question, however, that VA participation in the presently proposed NDMS would require legislative authorization for the reasons set forth in my letter of September 15. To the extent that your comment intended to imply an NDMS not involving VA participation, we do not believe that the VA is the appropriate agency to make that legal determination. We note, however, that Public Law 97-174 was enacted in part because of the determination that CMCHS, without VA participation, was inadequate to meet the medical needs of a national security emergency. An NDMS without VA participation would suffer from the same infirmity.

I hope that this letter will assist your understanding of the VA's concerns regarding the proposed NDMS. I welcome your continued dialogue with Dr. Donald L. Custis to work out the details of the VA's participation in NDMS.

Sincerely,

Harry N. Walters

HARRY N. WALTERS
Administrator

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

TAB 3

Office of the Assistant Secretary for Health
Washington DC 20201

NOV 16 1983

The Honorable Harry N. Walters
Administrator of Veterans Affairs
Veterans Administration
Washington, D.C. 20420

Dear Mr. Walters:

This letter is in response to your correspondence of September 15 regarding Veterans Administration (VA) participation in the National Disaster Medical System (NDMS).

As you are aware, the NDMS was developed in response to guidance issued by the President in establishing the Emergency Mobilization Preparedness Board (EMPB). That guidance called for improved national planning and programs to meet the needs of major peacetime disasters and national security emergencies. The Principal Working Group on Health (PWGH) decided that the best approach to meeting the President's guidance was to develop a single national medical response system, utilizing existing resources to the maximum possible extent.

We believed that the statutory authorities currently in existence and contained in P.L. 93-288, as amended; Executive Order 11490, as amended; and related legislation and executive branch directives, provide an adequate mandate for the planning and establishment of NDMS. Moreover, we were aware of the establishment, several years ago, of the Civilian-Military Contingency Hospital System (CMCHS) and that CMCHS did not require specific legislative authorization. Likewise, we do not feel that NDMS requires a specific legislative mandate.

Since much of the discussion in your September 15 letter relates to "direction, coordination, and control" of resources to be included in NDMS, let me comment on these matters. First, NDMS is designed as a <u>cooperative</u> national medical response system, involving cooperation among participating Federal Departments and Agencies, and cooperation between the public and private sectors. It will not be the intent of NDMS that any Federal Department or Agency "direct" or "control" the resources or authorities of any other department or agency, or that the public sector "direct" or "control" the private sector, or vice-versa. Each participating element in NDMS will retain authority, direction, and control over its own resources, but will voluntarily agree to utilize those resources, or a portion thereof, in assisting in a national medical response. Actual participation at the time of an emergency would be at the discretion of the participating NDMS element.

Second, in the event the system is activated, operation of NDMS at the National level will be a cooperative effort of the participating Federal Departments and Agencies. Although, the NDMS System Design calls for the establishment of a National Disaster Medical Operations Center (NDMOC) at the Department of Health and Human Services (HHS), this does not imply that HHS alone will "direct" or "control" the national response. Rather, the NDMOC will be operated by designated high-level officials of the participating Federal Departments and Agencies, and will coordinate the national response by means of cooperative effort and detailed operating procedures which will be developed and approved by those Departments and Agencies.

Finally, with respect to the provision of care to military casualties, under the NDMS the Department of Defense (DoD) and the VA would retain their primary responsibility for such care. NDMS would be activated for the care of military casualties only after DoD medical resources, and DoD-VA resource sharing arrangements, had been fully activated but were unable to care for the number of such casualties. In such event, it would be necessary to utilize private-sector civilian hospitals which had agreed to participate in NDMS as a backup source of care. Upon such utilization of private-sector hospitals, DoD and VA would maintain control of their resources and retain their primary responsibilities for the care of military casualties.

Recognizing that the VA did pursue legislative authorization from the Congress in order to support the Department of Defense (P.L. 97-174), the Principal Working Group on Health will support the VA in seeking any additional authority it deems necessary to participate in NDMS. We would hope that members of your staff will actively participate in the detailed planning of NDMS operating procedures, thereby ensuring that VA's concerns receive thorough and satisfactory resolution.

I look forward to working with Dr. Custis and members of his staff in the further development of this critical national medical response system.

Sincerely yours,

Edward N. Brandt, Jr., M.D.
Assistant Secretary for Health
Chairman, Principal Working
Group on Health

TAB 4

INTERAGENCY AGREEMENT

Among

The Department of Defense;

The Federal Emergency Management Agency;

and

The United States Public Health Service,
Department of Health and Human Services

relating to

Establishment of an Interagency Task Force
for Implementation of the National Disaster
Medical System (NDMS)

1. Purpose and Scope

The purpose of this Agreement is to provide for interagency cooperation in the establishment of a Task Force for the purpose of carrying out activities necessary to the implementation of the National Disaster Medical System (NDMS) in conjunction with the National Plan of Action on Emergency Mobilization Preparedness, and under the aegis of the Principal Working Group on Health, Emergency Mobilization Preparedness Board.

The overall purpose of the NDMS is to establish a single national medical response capability for:

- assisting State and local authorities in dealing with the medical and public health effects of major peacetime disasters; and
- providing support to the military medical system in caring for casualties resulting from overseas conventional armed conflicts.

In fulfillment of its purpose, the implementation of NDMS will assist the parties hereto in carrying out their responsibilities as authorized by P.L. 93-288, Executive Order 11490, as amended, and other pertinent statutory authorities and administrative directives. Moreover, the NDMS will significantly enhance our Nation's capability to respond to the medical and public health aspects of major peacetime disasters and national security emergencies, as envisioned in National Security Decision Directive (NSDD)-47, dated July 22, 1982.

2. Authority

The parties have entered into this Agreement pursuant to the authority provided by Section 201(a) of the Disaster Relief Act of 1974, as amended, (42 USC 5131), Section 1 of Public Law 97-258 (31 USC 1346), and other pertinent statutory authorities and administrative directives.

3. Substance of Agreement

It is hereby agreed that a full-time Interagency Task Force will be established for the purpose of carrying out activities necessary to the implementation of the National Disaster Medical System. These activities will include, but not be limited to:

- Development of public information material. This will include various information papers, fact sheets and booklets on NDMS.
- Development of a detailed schedule for NDMS implementation, including incorporation of the Civilian-Military Contingency Hospital System (CMCHS) and implementation briefings for additional patient reception locations.
- Drafting of the system operations manual. This manual will be used as a guide in the development of local NDMS area operations plans.
- Development of an exercise manual for the system. This manual will provide guidance for the planning and conduct of medical disaster exercises.
- Development of a procedures manual for the National Disaster Medical Operations Center. This will include a command structure, outline of information system, training schedule for agency representatives, etc.
- Insuring coordination of the NDMS and Principal Working Groups (i.e., Earthquakes, Social Services), and with national health organizations or professional societies, as appropriate.
- Development (with Contractor assistance) of a data system for use in operating NDMS.

In support of the foregoing activities, the Parties to this Agreement agree to provide the following:

Department of Defense

- One professional full time staff member to work as a member of the task force on a non-reimbursable basis; and
- subject to availability of funds, a pro-rata share of the Fiscal Year 1984 budget (for non-salary expense) in support of the Task Force's efforts (total Fiscal Year 1984 Budget: $102,000).

Federal Emergency Management Agency

- One professional full time staff member to work as a member of the Task Force on a non-reimbursable basis; and
- subject to availability of funds, a pro-rata share of the Fiscal Year 1984 budget (for non-salary expense) in support of the Task Force's efforts (total Fiscal Year 1984 Budget: $102,000).

U.S. Public Health Service/Department of Health and Human Services

- One full time professional staff member and one part-time professional staff member to work as members of the Task Force on a non-reimbursable basis;
- subject to availability of funds and personnel ceiling, suitable clerical support for the Task Force;
- subject to availability of funds, a pro-rata share of the Fiscal Year 1984 budget (for non-salary expenses) in support of the Task Force's efforts (total Fiscal Year 1984 Budget: $102,000);
- supervision of the day-to-day operations of the Task Force by the Emergency Coordinator, U.S. Public Health Service (this official also serves as chief staff officer for the Principal Working Group on Health);
- suitable office space for use by the Task Force;
- subject to availability, suitable office furniture and ordinary office equipment for use by the Task Force; and
- appropriate financial and accounting mechanisms for management of the Task Force Budget.

Immediately upon activation, the Task Force will prepare a detailed work plan and expenditure projection for Fiscal Year 1984 non-salary expenses, including estimated expenditures for travel, equipment rental, consultant and/or contractor services, etc. This work plan and expenditure estimate will be submitted to the Principal Working Group on Health for approval.

4. Period of Agreement

This Agreement shall be effective as of the date of the last signature hereto, and shall terminate on September 30, 1984, unless the parties hereto agree to extension.

5. Modification/Termination

This Agreement may be modified, terminated, or extended by the Parties by execution of a written Amendment hereto.

E. N. Brandt — 1/31/84
Assistant Secretary for Health
U.S. Public Health Service
Department of Health and Human Services
Date

B A Maguire — 2/9/84
Associate Director
National Preparedness Programs
Federal Emergency Management Agency
Date

William Mayer, MD — 13 Jan 84
Assistant Secretary of Defense
(Health Affairs)
Department of Defense
Date

[signature] — 1/20/84
Director
Federal Emergency Management Agency
Date