The **Ryan White Comprehensive AIDS Resources Emergency (CARE) Act (Ryan White Care Act, Ryan White, Pub.L. 101-381, 104 Stat. 576, enacted August 18, 1990)** was an Act of the US Congress named in honor of Ryan White, an Indiana teenager who contracted AIDS through a tainted hemophilia treatment in 1984, and was expelled from school because of the disease. White became a well-known advocate for AIDS research and awareness, until his death on April 8, 1990.

Among other things, the Ryan White Act mandates that EMS personnel can find out whether they were exposed to life threatening diseases while providing care. The clauses protecting emergency personnel were inadvertently removed by congressional staffers in a renewal of the bill. The Bill that was reintroduced this year now includes exposure protection for emergency care providers.

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**Emergency Management and Response Information Sharing and Analysis Center (EMR-ISAC)**

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**NOTE:** This INFOGRAM will be distributed weekly to provide members of the Emergency Services Sector with information concerning the protection of their critical infrastructures. For further information, contact the Emergency Management and Response—Information Sharing and Analysis Center (EMR-ISAC) at (301) 447-1325 or by e-mail at emr-isac@dhs.gov.

**Resilience enhances Preparedness**

Several months ago, Secretary of Homeland Security Janet Napolitano announced her vision for the nation: “a proud, prepared, and resilient America.” In her explanation, Secretary Napolitano validated the long-standing imperative to implement “resilience” as the goal, metric, and means for achieving and sustaining critical infrastructures and national preparedness.

While attending the recent 2009 Annual Critical Infrastructure Protection Congress, the *Emergency Management and Response—Information Sharing and Analysis Center* (EMR-ISAC) learned that infrastructure resilience is the ability to reduce the magnitude and/or duration of disruptive events. “It is the ability to anticipate, absorb, adapt to, and/or rapidly recover from a potentially devastating event.” Conference session leaders discussed that infrastructure protection and resilience represent complementary elements of a comprehensive preparedness strategy, but emphasized that resilience has three key abilities:

- **Robustness:** Maintain critical operations and functions in the face of crisis.
- **Resourcefulness:** Prepare for, respond to, and manage a crisis or disruption as it unfolds.
- **Rapid Recovery:** Return to and/or reconstitute normal operations as quickly and efficiently as possible after a disruption or disaster.

Accepting that many catastrophes cannot be prevented, event speakers concluded the best strategy for mitigating the effects of all hazards is to “fill the gap” caused by unprotected infrastructures through the development and maintenance of resilient organizational critical infrastructures.
The EMR-ISAC reconfirmed that the [2009 National Infrastructure Protection Plan](https://www.emrisac.org/nipp) (NIPP) (PDF, 4.5 Mb) underscores the importance of critical infrastructures and key resources (CIKR) to the nation's survivability and continuity. It clarifies the indispensability of CIKR, such as the Emergency Services Sector (ESS), for the health and safety of the American people as well as the stability and security of the nation's economy. The NIPP further substantiates the necessity for all CIKR, including emergency departments and agencies, to withstand a catastrophe and rapidly return to normal operations in an all-hazards environment.

Chief Officers of first responder organizations understand that without the availability of ESS mission-essential tasks during and after a disaster, there will be a serious reduction in "quality of life" and the potential discontinuation of other local infrastructures that depend on emergency services for survival. Many of these municipal leaders are improving preparedness by ensuring their infrastructure systems can endure all hazards and successfully reconstitute standard services as soon as possible after a man-made or natural disaster.

Additional information regarding critical infrastructure resilience and preparedness can be seen at the 23 September 2008 Backgrounder published by The Heritage Foundation.

**Proposed Guidance for Anthrax Responders**

The Department of Homeland Security (DHS) announced on 27 October, the release of new proposed guidance for protecting the health of personnel responding to an anthrax attack. According to the [Press Release](https://www.dhs.gov/news/2008/10/27/department-homeland-security-releases-proposed-guidance), the draft proposal recommends protective measures such as personal protective equipment, decontamination methods, and hygiene procedures for first responders, public health and medical professionals, skilled support personnel, essential workers in critical infrastructure sectors, federal and private sector employees, and volunteers.

The [Emergency Management and Response—Information Sharing and Analysis Center](https://www.emrisac.org) (EMR-ISAC) confirmed the proposal was prepared by a working group of experts from more than a dozen agencies relating to biodefense, infectious diseases, and occupational health and safety. This special team developed the guidance “to reflect the most current understanding of the unique environment that would exist after a wide-area anthrax attack.”

DHS invites first responders to examine the 24-page [document](https://www.dhs.gov/news/2008/10/27/department-homeland-security-releases-proposed-guidance), and to provide comments by 27 November. Recommendations must be identified by docket number DHS–2009–0091, and can be submitted by one of the following methods: (1) Mail: David V. Adams, U.S. Department of Homeland Security, Office of Health Affairs, Mail Stop 0315, Washington, DC 20528; (2) Federal Rulemaking Portal: [http://www.regulations.gov](http://www.regulations.gov). Follow the instructions for submitting comments.

**The Ryan White Treatment Extension Act**

The [Ryan White Treatment Extension Act](https://www.whitehouse.gov/the-press-office/2009/10/27/federal-department-homeland-security-announced-release-new-proposed-guidance) (PDF, 39.6 Kb) includes a provision requiring hospitals to alert EMS workers within 48 hours of exposure to infectious diseases. Considering there are several new additions to this Act that affect emergency responders, the [Emergency Management and Response—Information Sharing and Analysis Center](https://www.emrisac.org) (EMR-ISAC) examined the document.

The National Association of Emergency Medical Technicians (NAEMT) [news brief](https://www.naemt.org/emsnews/newsbriefs) states members of Advocates for EMS, including NAEMT, the National Volunteer Fire Council, the International Association of Fire Fighters, the International Association of Fire Chiefs, and the National Association of Government Employees, successfully advocated to have the notification provision again included into the Act.

The bill adds a new section to the Ryan White Act—Part G “Notification of Possible Exposure to Infectious Diseases.” According to the National Association of State EMS Officials [Summary](https://www.naemsponline.org/2010/01/27/ryan-white-treatment-extension-act-summary), a list will be established to determine what infectious diseases should be considered “potentially life-threatening” and whether or not a first responder must be notified of an
exposure. The EMR-ISAC noted that the Secretary of Health and Human Service has up to 180 days after enactment to complete the development of the following:

- A list of potential life-threatening diseases that emergency responders may be exposed to when responding to emergencies. This list will be distributed to the public and the states.
- Guidelines describing the circumstances in which such employees may be exposed to listed diseases.
- Guidelines describing the manner in which medical facilities should make requested determinations as to whether or not a patient had an infectious disease.

The EMR-ISAC will prepare a follow-on report when the list and guidelines have been published.

**Phone Applications**

The Emergency Management and Response—Information Sharing and Analysis Center (EMR-ISAC) researched the following mobile phone applications that have the capability to monitor and possibly disrupt the operations Emergency Services Sector (ESS) departments and agencies:

- **Emergency Radio** has over 1,500 live police, EMS, and other emergency frequencies.
- **Police Scanner**’s broadcast 1,100 national and international police, fire, and emergency streams with more added daily.
- **iScan Police and Fire Scanner** lets you listen to radio scans from around the country. This was widely advertised recently by the staff of the Apple Online Store.
- **SpoofCard** offers the ability to change the caller ID display on receiver’s phone. It is a mobile application for a Blackberry, but also via iTunes.com.
- **Trapster** web site states Wi-Fi or GPS can pinpoint a user’s current location and then send an audio alert or text message when approaching a ticket threat area, such as red light cameras or police patrols.

**2010 Harvard Fire Executive Fellowship**

The U.S. Fire Administration’s October 23, 2009 memo announced the opening of the application period for the 2010 Harvard Fire Executive Fellowship Program (PDF, 770 Kb). The Emergency Management and Response—Information Sharing and Analysis Center (EMR-ISAC) learned that the program is once again sponsored through a partnership between the International Association of Fire Chiefs (IAFC), Fire Protection Publication/International Fire Service Training Association (FPP/IFSTA), the National Fire Protection Association (NFPA), and the U.S. Fire Administration (USFA).

Senior fire executives who are selected will be awarded fellowships to attend Harvard’s annual “Program for Senior Executives in State and Local Government” as a 3-week program conducted on-campus. According to U.S. Fire Administrator Kelvin Cochran, “the program can provide tools and experiences in confronting the collective challenges which fire executives face.”

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