

Dear Governor:

I am writing in follow-up to my letter of January 11, 2002 to advise you of comprehensive financial resources that your State will be receiving in support of State and local public health measures to strengthen the nation against the threat of biological weapons. Because the threat of further bioterrorist attacks and other public health emergencies are all too real, the needs for preparedness at State and local levels are substantial. These resources will be made available to you as rapidly as possible.

The Emergency Supplemental Act, 2002 and the Departments of Labor, Health and Human Services and Related Agencies Appropriations Act, 2002, signed by the President three weeks ago, provide more than a billion dollars to foster State and local preparedness. These funds are intended to upgrade infectious disease surveillance and investigation, enhance the readiness of hospital systems to deal with large numbers of casualties and expand public health laboratory and communications systems capacities. The funds represent vital investments in our nation's public health and hospital preparedness, and it is essential that you utilize them fully for the purposes designated.

A portion of the funds will be available immediately so that preparedness measures may be accelerated with the least possible delay. To facilitate this, the funds will be made available through Cooperative Agreements with State Health Departments, to be awarded by the Centers for Disease Control and Prevention and the Health Resources and Services Administration, and through contracts with cities for the Metropolitan Medical Response System (MMRS) initiative.

The allocation for your State via Cooperative Agreements is made up of two parts. The first part is for the support of State and local public health departments. Each State will receive a base amount of \$5,000,000. In addition, your State will receive funding based on your share of the Nation's population. This funding is intended to defend against bioterrorism related events and to deal with other public health emergencies throughout your State. The second part, for regional hospital planning and preparedness, will be based on a formula similar to that described above. Your State Health Director will receive separate application materials related to this program. In addition, your State may contain one or more cities previously identified as part of the MMRS but which have never received funding, or which received partial funding in FY01. Priority for use of the MMRS funds will emphasize regional preparedness planning, including provisions for hospital care should large numbers of casualties occur. The amounts allocated for your State and the agency responsible for transfer of funds are shown in Enclosure 1. Twenty percent of the total allocation is available for immediate expenditure, with up to half of this amount allowed for planning, development of your implementation plan and addressing critical benchmarks. Provision will be made for the remaining eighty percent to be released as soon as your implementation plans for addressing the program guidance

and critical benchmarks are approved by the Department. (See Enclosure 2 for details of the critical benchmarks.)

The formal notices about the grant awards and associated program guidance for use in developing your implementation plans will be sent directly to your State Health Director no later than February 15. Your State's implementation plans should be reviewed and submitted by your office. I would note that the Congressional reports accompanying the appropriations bills emphasize the importance of careful monitoring of the use of these funds and accountability for achievements under this program to assure that the investments are being made where they are most needed.

Until such time as your implementation plan is received and approved for the full expenditure of funds, immediate steps should be taken to assure that progress is made to address the critical benchmarks. These benchmarks are essential to ensuring States' preparedness in the coming months. In particular, I would urge that there is 24-hour per day, 7-day per week accessibility of State and local health departments for reporting possible cases of disease, for the receipt and distribution, if necessary, of large quantities of antibiotics and vaccines, and to begin plans for accommodating, if necessary, at least 500 acutely ill patients in each municipal area.

HHS will be prepared to receive implementation plans as early as March 15, 2002. Your State's implementation plans should be submitted no later than April 15, 2002. We will complete our review of each plan within thirty days of receipt. Instructions for submitting the implementation plans will be addressed in the grant guidance being sent to your State Health Director. Should there be a need for technical assistance in preparing your implementation plans, your designated officials may call Andrea Wooddall, Bioterrorism and Preparedness Response Program, CDC, at (404) 639-6495, Richard Niska, M.D., Director of the Bioterrorism Hospital Preparedness Program, HRSA, at (301) 443-4996, or James F. Sabatinos at the Office of Emergency Preparedness at (301) 443-3102.

I look forward to a sustained and productive partnership with all the States as we strive to strengthen security and preparedness within our communities.

Sincerely,

Tommy G. Thompson

Enclosures