

A biological attack on an unprepared nation is likely to disrupt the nation's security and harm the functioning of critical infrastructure. Virtually every service required in a modern society could be affected including all emergency services that keep a city functioning. The Graham-Talent commission stated "it is more likely than not that a weapon of mass destruction [most likely a biological weapon] will be used in a terrorist attack somewhere in the world by the end of 2013."

In an age of asymmetrical threats, where the "battlefield" extends far from foreign fields into communities around the globe, the US must take advantage of its strengths. Innovations in medical protection and stockpiling can be brought to bear to protect US cities more completely than they do currently. The US must prepare now in order to ensure that it builds resilient communities before a significant attack occurs. Resilient communities are defined by how prepared their emergency services are to return to action in the immediate aftermath of a crisis. Emergency services personnel provide security, care for the sick and injured, extinguish fires, ensure gas and electricity continue unabated, haul trash, provide sanitation and water (in other words, all the basic services in a community). Emergency services are at the front lines for the preservation of human life and infrastructure. Currently there is no strategic plan to protect the emergency services sector from a CBRNE attack, this proposal aims to address this gap. The nature and ubiquity of the threat means we must start workers and their families who provide these critical services must be protected in order to ensure a return to normalcy as quickly as possible (and so as to avoid civil unrest and social chaos).

The Working Group on Medical Countermeasures and Emergency Services (Working Group) was formed in June of 2010. The group was a self-identified and selected coalition of emergency services association members and staff, think tank staff, and pharmaceutical company staff. The group has met six times primarily in Washington, DC and via conference call. On August 28, 2010 an expanded group met in Chicago and drafted a position paper on the issues confronting the nation without a strategy for protecting its emergency services capacity.

In January 2011 the Working Group leadership drafted a goals for the year:

1. Actively participate in the reauthorization of the Pandemic and All Hazards Preparedness Act, ensuring the Act passes with a stated commitment to protecting emergency services with countermeasures.
2. Develop an strategic vision of the size, cost and scope of a medical protection plan for the emergency services sector.
3. Establish a Emergency Services Sector and MCM advisory board and formalize the technical capacity of the group to provide education on these issues.

The International Association of Emergency Managers (IAEM) has agreed to provide the administrative home for the group. In this role the IAEM has agreed to convene and manage the meetings of the advisory board; provide an identity and web presence for the group; and develop a budget and manage the resources of the group.

The budget would be raised from non-governmental sources to ensure that the group can main. All organizations involved in the initial meetings Working Group will be approached to determine their interest and ability to participate. (Federal) governmental resources would be considered in future years, only if they did not compete with requests made by the associations or local governments.