CAMBRIDGE PUBLIC HEALTH DEPARTMENT

CONTACT INFORMATION FOR POSSIBLE EXPOSURE

The Cambridge Public Health Department has been notified that a suspicious substance was picked up at this location by the Fire Department and is being tested for anthrax. If you handled the container in which this substance was found (such as a package, envelope, or barrel), you are at low risk even if the substance tests positive for anthrax. People who did not handle the object (even if they were close to it, such as within 3 feet) are at even lower risk.

The following information is being requested of you in case follow-up is necessary. Providing this information to the health department is voluntary. This information will be kept confidential and used only for health department follow-up if needed. Whether or not you decide to complete this form, you should notify your doctor or nurse immediately if you get sick during the next three weeks.

Symptoms to watch for include:

- A skin infection that begins as a raised itchy bump, like an insect bite. Within 1-2 days the bump will develop into a blister, and then a small painless sore with a black area in the center. Also, lymph glands near that area may swell.

OR

- Symptoms such as fever, chills, headache, muscle aches, cough, or breathing problems.

If you would like additional information, please contact the Public Health Nurses at The Cambridge Public Health Department. 617-665-3800.

CAMBRIDGE PUBLIC HEALTH DEPARTMENT

CONTACT INFORMATION FOR POSSIBLE EXPOSURE

Last name: _____ First name: _____

Date of birth: _____ Age: _____ Sex (circle) M F

Home address: _____

Home telephone (area code and number): _____

Work telephone (area code and number): _____

Cell phone or beeper (area code and number): _____

Location of incident: _____

Date of incident: _____

Comments: _____

_____

_____

CPHD Staff: _____

Rev. Thursday, October 18, 2001

This is an official
CDC Health Advisory

Distributed via Health Alert Network
October 12, 2001, 21:00 EDT (9:00 PM EDT)

HOW TO HANDLE ANTHRAX AND OTHER BIOLOGICAL AGENT THREATS

Many facilities in communities around the country have received anthrax threat letters. Most were empty envelopes; some have contained powdery substances. The purpose of these guidelines is to recommend procedures for handling such incidents.

DO NOT PANIC

1. Anthrax organisms can cause infection in the skin, gastrointestinal system, or the lungs. To do so, the organism must be rubbed into abraded skin, swallowed, or inhaled as a fine, aerosolized mist. Disease can be prevented after exposure to the anthrax spores by early treatment with the appropriate antibiotics. Anthrax is not spread from one person to another person.
2. For anthrax to be effective as a covert agent, it must be aerosolized into very small particles. This is difficult to do, and requires a great deal of technical skill and special equipment. If these small particles are inhaled, life-threatening lung infection can occur, but prompt recognition and treatment are effective.

SUSPICIOUS UNOPENED LETTER OR PACKAGE MARKED WITH THREATENING MESSAGE SUCH AS "ANTHRAX":

1. Do not shake or empty the contents of any suspicious envelope or package.
2. PLACE the envelope or package in a plastic bag or some other type of container to prevent leakage of contents.
3. If you do not have any container, then COVER the envelope or package with anything (e.g., clothing, paper, trash can, etc.) and do not remove this cover.
4. Then LEAVE the room and CLOSE the door, or section off the area to prevent others from entering (i.e., keep others away).
5. WASH your hands with **soap and water** to prevent spreading any powder to your face.
6. What to do next...
   - If you are at **HOME**, then report the incident to local police.
   - If you are at **WORK**, then report the incident to local police, **and** notify your building security official or an available supervisor.
7. LIST all people who were in the room or area when this suspicious letter or package was recognized. Give this list to both the local public health authorities and law enforcement officials for follow-up investigations and advice.

ENVELOPE WITH POWDER AND POWDER SPILLS OUT ONTO SURFACE:

1. DO NOT try to CLEAN UP the powder. COVER the spilled contents immediately with anything (e.g., clothing, paper, trash can, etc.) and do not remove this cover!
2. Then LEAVE the room and CLOSE the door, or section off the area to prevent others from entering (i.e., keep others away).
3. WASH your hands with **soap and water** to prevent spreading any powder to your face.
4. What to do next...
   - If you are at **HOME**, then report the incident to local police.
   - If you are at **WORK**, then report the incident to local police, **and** notify your building security official or an available supervisor.
5. REMOVE heavily contaminated clothing as soon as possible and place in a plastic bag, or some other container that can be sealed. This clothing bag should be given to the emergency responders for proper handling.
6. SHOWER with **soap and water** as soon as possible. *Do Not Use Bleach Or Other Disinfectant On Your Skin.*
7. If possible, list all people who were in the room or area, especially those who had actual contact with the powder. Give this list to both the local public health authorities so that proper instructions can be given for medical follow-up, and to law enforcement officials for further investigation.

QUESTION OF ROOM CONTAMINATION BY AEROSOLIZATION:
For example: small device triggered, warning that air handling system is contaminated, or warning that a biological agent released in a public space.

1. Turn off local fans or ventilation units in the area.
2. LEAVE area immediately.
3. CLOSE the door, or section off the area to prevent others from entering (i.e., keep others away).
4. What to do next...
   - If you are at **HOME**, then ***dial "911"*** to report the incident to local police and the local FBI field office.
   - If you are at **WORK**, then ***dial "911"*** to report the incident to local police and the local FBI field office, **and** notify your building security official or an available supervisor.
5. SHUT down air handling system in the building, if possible.
6. If possible, list all people who were in the room or area. Give this list to both the local public health authorities so that proper instructions can be given for medical follow-up, and to law enforcement officials for further investigation.

The Massachusetts Department of Public Health

'Helping People Lead Healthy Lives In Healthy Communities'

Anthrax Questions and Answers

Q. What is anthrax?
A. Anthrax is an infectious disease caused by the spore-forming bacterium *Bacillus anthracis*. The bacteria can infect all warm-blooded animals including man.

Q. How common is anthrax and who can get it?
A. Anthrax is most common in agricultural regions where it occurs in animals. These include South and Central America, Southern and Eastern Europe, Asia, Africa, the Caribbean, and the Middle East. In humans, the disease is usually caused by an occupational exposure to infected animals or their products. Anthrax has not been reported in Massachusetts in over 30 years.

Q. How is anthrax spread?
A. *B. anthracis* spores can live in the soil for decades. A person may become infected with anthrax by inhaling anthrax spores from soil or by handling wool or hair from infected animals (which can cause skin exposures). Infection of the intestinal tract can occur by eating undercooked meat from diseased animals.

Q. What are the symptoms of anthrax?
A.The symptoms vary depending upon the type of exposure.

Cutaneous: Most anthrax infections occur when the bacterium enters a cut or abrasion on the skin, such as when handling contaminated wool, hides, leather or hair products (especially goat hair) of infected animals. A boil-like lesion appears which eventually forms an ulcer with a black center. A swelling of the lymph glands may also occur.

Inhalation: Initial symptoms may resemble influenza. After several days, the symptoms may progress to severe breathing problems and pneumonia. Inhalation anthrax usually results in death in 1-2 days after onset of the acute symptoms.

Intestinal: The intestinal disease form of anthrax may follow the consumption of contaminated meat and is characterized by an acute inflammation of the intestinal tract. Initial signs of nausea, loss of appetite, vomiting, fever are followed by abdominal pain, vomiting of blood and severe diarrhea.

Q. How soon after being infected do symptoms appear?
A. Symptoms of disease usually occur within seven days with most cases occurring within 48 hours. Low doses of exposure can cause longer incubation periods for inhalation anthrax (up to 60 days).

Q. Can anthrax be spread from person-to-person?
A. There are no reports of the disease spreading from person to person.

Q. How is anthrax diagnosed?
A. Anthrax is diagnosed by isolating the bacteria from blood, skin lesions, or respiratory secretions.

Q. What is the treatment for anthrax?

A. Penicillin or ciprofloxacin are the preferred drugs, but erythromycin, tetracycline, or chloramphenicol can also be used. To be effective, treatment should be initiated early. If left untreated, the disease can be fatal.

Q. Is there a vaccine to prevent anthrax?
A. The anthrax vaccine licensed for human use in the United States is a cell-free filtrate vaccine, which means parts of dead bacteria are used as opposed to live bacteria. The vaccine is available for people in high-risk occupations such as military personnel or people who handle animal hides. Anthrax vaccine is not routinely recommended for the general population.

Q. Where can I find more information about anthrax and other infectious diseases?
A. The Massachusetts Department of Public Health has many fact sheets available with information on infectious diseases. Please visit the MDPH website at www.state.ma.us/dph/cdc or call at 617-983-6800.

U.S. Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30333 (800) 311-3435
http://www.cdc.gov/

The Massachusetts Department of Public Health

'Helping People Lead Healthy Lives In Healthy Communities'

Biological Terrorism FAQs

Q. What is bioterrorism?
A. Bioterrorism is the intentional use of (or threat to use) biological agents like anthrax or salmonella to hurt people, create fear, and/or disrupt society.

Q. Have any bioterrorism incidents occurred in Massachusetts?
A. There have been many hoaxes, but no evidence of any intentional release of dangerous microbes. In order to make organisms small enough to actually cause infection and to make someone sick, a person would have to have access to highly specialized equipment and processes. It would be very difficult to successfully disperse a biological agent into the air in a way that could harm many people.

Q. Is Massachusetts at risk for a biological terrorism attack?
A. Biological terrorism, or bioterrorism, is a remote possibility in any given location. The threat of bioterrorism is continuously monitored in every jurisdiction of the United States. Massachusetts is at no greater risk than any other state of comparable size and is at no greater risk today than it was last year at this time.

Q. What is MDPH doing to prepare for a bioterrorism attack?
A. For several years, the MDPH has been improving laboratory, surveillance and communication capabilities to be better prepared for a bioterrorism attack. The MDPH offers trainings for clinicians and laboratorians in the identification and diagnosis of diseases that may be caused by bioterrorism agents. Coordination with other key agencies such as the Massachusetts Emergency Management Agency (MEMA) and the FBI are ongoing.

Q. What are symptoms of disease from bioterrorism?
A. Many organisms could be used for bioterrorism. The resulting symptoms could range from a minor gastrointestinal illness to much more severe symptoms such as difficulty breathing or shock.

Q. What is anthrax?
A. Anthrax is a disease caused by naturally occurring bacteria called *Bacillus anthracis*. It is a common disease of cattle in many parts of the world but has not been seen in Massachusetts in over 30 years. Anthrax has been considered as a biologic weapon in the past, but there are many technical reasons that the release of anthrax would have a limited impact.

Q. Should I keep a supply of antibiotics in my home in case there is a biological attack?
A. No, it is not recommended that anyone store or consume antibiotics unless they are prescribed for the treatment of a specific condition. Antibiotics can be harmful if not used appropriately and can actually mask symptoms of disease if the incorrect ones are used. In addition, many strains of bacteria are resistant to antibiotics. Bacteria that could be used in a terrorist attack may be resistant to specific antibiotics, thereby making them useless. There is a current stockpile of antibiotics for two million people, so that the most effective antibiotics could be delivered to wherever necessary.

Q. What about smallpox? Should I be immunized?
A. There have been no cases of smallpox in the world in over 20 years. The only two places where the virus is known to exist are in secure facilities in the United States and Russia. There is currently a supply of 15 million doses of smallpox vaccine that could be used to prevent spread of virus should there be a release. This type of use of vaccine was how smallpox was eliminated. Smallpox vaccine is not recommended because it is not available and can cause sever side effects.

Q. Is there an anthrax vaccine?
A. Anthrax vaccine is not available to health care providers or the public. Unless a person is at significant risk of exposure to anthrax, the difficulties associated with getting this vaccine and its side effects are worse than the risk to anthrax.

Q. Does MDPH recommend the purchase of gas masks?
A. No, neither the federal Centers for Disease Control nor the Massachusetts Department of Public Health recommend the purchase or use of gas masks. In the remote event of a terrorist successfully releasing an organism into the air, a gas mask would have to be worn 24 hours a day to be effective. Because it is not feasible or healthy to wear gas masks for extended periods of time, it is not recommended that individuals purchase gas masks for this type of use. Used incorrectly, gas masks can cause more harm than good.

Q. Is there a website with more information?
A. Please go to http://www.cdc.gov/ for more information about bioterrorism and public health topics. For information on terrorism preparedness for you and your family, please visit http://www.redcross.org/services/disaster/keepsafe/unexpected.html

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Please note: All files in PDF format require Adobe Acrobat Reader.

DPH Homepage | What's New | Search DPH | Publications/Statistics | Programs | For Providers | In The Press | Employment| Directory | Related Sites | Commissioner | Privacy Policy

Emotional Reactions After September 11th

Since September 11th many individuals have been talking about how the events of that day have affected them. In the weeks since then, we have seen the start of bombing in Afghanistan and bioterrorism threats here in the U.S. Many people have spoken about living with anxiety, anger and some confusion. The information below will help you to do something to reduce the impact that this stress has upon you.

- ***Reducing anxiety.*** Anxiety may be fueled by the continuing media coverage of the disaster and the new threats. Reducing the amount of time spent watching TV, reading and listening to news reports, can lower your overall level of stress. Stay informed, but do so with news summaries rather than continually listening to the radio.
- ***Focus on the positive.*** Think about the courage and commitment of the responders, police, fire, EMT's, medical staff and volunteers, etc. Remember that people of all nationalities, faiths and cultures have worked tirelessly to stand with and for those affected.
- ***Recognize your own feelings.*** Knowing that the emotional and physical symptoms you are experiencing are stress related helps to reduce their effect on you.
- ***Talk to others about your feelings.*** Remember that many others share this experience with you and you can support one another.
- ***Accept help from others.*** If you feel you need help putting things into perspective, or that you are continuing to have strong reactions and problems sleeping or working, talk to a mental health professional. Your coping skills are being stretched and your EAP is available to help.
- ***Deal with your anger.*** Do not take out your anger on family or other people. Strenuous physical activity is one way to deal with anger. Take a brisk walk, go for a run, kick a football or a tennis ball, scrub the floor, etc. Or try stress reduction techniques such as deep breathing exercises or meditation.
- ***Reach out.*** Listen to others who need to talk. Do not blame many for the acts of a few. Reach out to others of different nationalities who are also struggling at this time.
- ***Do something you enjoy.*** Take a few moments to look out the window at the sunshine, to enjoy being with your family and friends. It is OK to smile and to laugh; in fact, it is good for you and is in no way disrespectful.
- ***Stay connected with your usual support systems.*** Go out with your friends; keep in touch with family members. Many people find support in religious activities. Share a meal or movie. Be together for mutual support.

Information included here is adapted from the American Red Cross, Disaster Services web site.

Cambridge Public Health Department
Cambridge Health Alliance

119 Windsor Street • Ground Level • Cambridge, MA 02139
617.665.3800 • Fax 617.665.3888

October 15, 2001

Dear Healthcare Provider,

The Cambridge Public Health Department is asking all healthcare personnel to be aware of any unusual disease patterns, especially those that could be the result of intentional use of chemical or biological agents. We are distributing this alert to assist providers in the recognition and management of suspected bioterroism events.

This attachments below include:

- information on the clinical presentation, laboratory diagnosis, medical management, and preventive measures for the more likely bioterrorist agents (*e.g., anthrax, plague or smallpox)*
- Massachusetts Public Health Department guidelines for testing for anthrax and prescribing antibiotics
- Web site references with additional and more detailed information about bioterroist events and health care

We continue to work with state and local authorities to prepare for such an event and will provide you with up to date information as soon as it becomes available.

Please distribute this information to all key personnel in your department.

Sincerely,

Harold Cox
Chief Public Health Officer

Clinical Recognition and Management of Suspected Bioterrorism Events

Healthcare providers in Massachusetts should be alert to the illness patterns and diagnostic clues that might signal an unusual infectious disease outbreak due to the intentional release of a biological agent or a chemical agent, such as nerve and blister agents and should report these concerns immediately to your local health department.

Unlike a chemical or nuclear release, the covert release of a biological agent will not have an immediate impact because of the delay between exposure and illness onset. Consequently, the first indication of a biologic attack may only be identified when ill patients present to physicians or other healthcare providers for clinical care.

Look for the following clinical and epidemiological clues that may be suggestive of a possible bioterrorist event:

- Any unusual increase or clustering in patients presenting with clinical symptoms that suggest an infectious disease outbreak (e.g., $\geq$ *2 patients presenting with an unexplained febrile illness associated with sepsis, pneumonia, adult respiratory distress, mediastinitis, or rash; or a botulism-like syndrome with flaccid muscle paralysis especially if occurring in otherwise healthy individuals).*

- Any case of a suspected or confirmed communicable disease that is not endemic in Massachusetts (e.g., *anthrax, plague, smallpox, or viral hemorrhagic fever*) and that occurs in a person without a travel history to an endemic area.

- Any unusual age distributions for common diseases (e.g., *a cluster of severe chickenpox-like illness among adult patients who all report a previous history of varicella infection).*

- Any unusual temporal and/or geographic clustering of illness (e.g., *persons who attended the same public event or religious gathering*).

- Any sudden increase in the following non-specific syndromes, especially if illness is occurring in previously healthy individuals and if there is an obvious common site of exposure:
    - Respiratory illness with fever
    - Gastrointestinal illness
    - Encephalitis or meningitis
    - Neuromuscular illness (e.g., botulism)
    - Fever with rash
    - Bleeding disorders
- Simultaneous disease outbreaks in human and animal populations.

Some infections caused by potential bioterrorist agents present with distinctive signs that can provide valuable diagnostic clues. *In previously healthy persons presenting with a febrile illness,* the following signs and symptoms are highly suggestive of infection with certain biological agents:

Diagnostic sign	Disease
▪ Widened mediastinum with fever and sepsis:	Inhalational anthrax
▪ Pneumonia with hemoptysis:	Pneumonic plague
▪ Vesicular/pustular rash starting on face and hands, with all lesions at the same stage of development:	Smallpox

Laboratory Information

Similarly, laboratories should be alert to microbiologic clues that may indicate the presence of a potential bioterrorist agent. For example, blood cultures growing Gram-positive rods, especially if found in multiple cultures and/or the clinical syndrome is suggestive of anthrax, should be evaluated for *Bacillus anthracis*. Characteristics of *B. anthracis* include the following: Gram-positive rods, often in chains; non-motile; non-hemolytic on sheep blood agar; positive for India Ink capsule stain if obtained from blood; and a characteristic consistency of "beaten egg whites" when colonies are picked with an inoculating loop. All suspect cultures should be immediately referred to the Public Health Laboratory for further testing at the contact number listed below.

Most pathogens that could be used as a biologic weapon (*e.g., anthrax, plague, and smallpox*) would present initially as a non-specific influenza-like illness. Therefore, an unusual pattern of respiratory or influenza-like illness (e.g., occurring out of season or in large numbers of previously healthy patients presenting simultaneously) should prompt clinicians to alert your local health department. These disease patterns might represent an early start to the influenza season or the introduction of a new pandemic strain of influenza, or could be the initial warning of a bioterrorist event.

The Massachusetts Department of Public Health (MDPH)Strongly Recommends Against Prescribing Prophylactic Antibiotics

The Massachusetts Department of Public Health (MDPH) has the capacity and capability to identify infectious disease outbreaks, including outbreaks caused by the deliberate use of biological agents by terrorists. Working with partners at the Centers for Disease Control and Prevention and other state agencies, this effort has been evolving for the past three years. The activities that have been initiated by MDPH in Massachusetts include:

- Rapid reporting of clinical illnesses from hospitals.
- Rapid molecular testing for potential bioterrorism threat agents.
- Enhanced electronic communication systems to link local, state and federal health agencies.
- Participation in the National Laboratory Response Network.
- Expert Laboratory Bioterrorism Response Team to assist first responders.
- Training for clinicians and laboratorians in the identification and diagnosis of diseases that may be caused by bioterrorism agents.

The CDC holds a national stockpile of pharmaceuticals, including antibiotics that are effective against the most likely bacterial bioterrorist agents. This stockpile would be made available in the event of a bioterrorist attack.

MDPH is advising against the use of prophylactic antibiotics. Inappropriate use of antibiotics will lead to increased antibiotic resistance among microorganisms causing common bacterial infections and may result in serious adverse effects, including allergic reactions and interactions with other medications. Stockpiling of antibiotics is also strongly discouraged because it could lead to inappropriate patient decisions to self medicate, incomplete courses of antibiotics that might select for resistant organisms, the eventual use of expired medications and to the depletion of national supplies for medically indicated uses. **In addition, anthrax and smallpox vaccines are not currently available and are not recommended.**

Response to Suspected Bioterrorism Event

Any unusual cluster or manifestations of illness should be reported immediately to the Cambridge Public Health Department or the Massachusetts Department of Public Health.

Cambridge Public Health Deparment
617-665-3800, Fax 617-665-3888

Massachusetts Department of Public Health 617-983-6800

There is **24 hour access** to an epidemiologist through MDPH at the above number.

Reference:

1. Virginia Department of Health, E. Anne Peterson, MD, MPH
2. Massachusetts Department of Public Health, Alfred DeMaria, Jr., MD

For more detailed clinical information on specific pathogens that might be used in a bioterrorist event, please consult the following references or Websites:

MDPH Bioterrorism Preparedness and Response
www.state.ma.us/dph

Boston Public Health Commission Bioterrorism Fact Sheets
www.tiac.net/users/bdph/bioterror/bioterrorism.htm

USAMRIID's Biological Casualties Handbook
www.usamriid.army.mil/education/bluebook.html

US Army Medical Research Institute of Chemical Defense
http://chemdef.apgea.army.mil/

ACIP Smallpox vaccine recommendations
www.cdc.gov/mmwr/preview/mmwrhtml/rr5010a1.htm

ACIP Anthrax vaccine recommendations
www.cdc.gov/mmwr/preview/mmwrhtml/rr4915a1.htm

Johns Hopkins Center for Civilian Biodefense Studies
www.hopkns-biodefense.org

APIC/CDC Recommendations for healthcare facilities
www.apic.org/bioterror/

Emerging Infectious Diseases Journal issue
www.cdc.gov/ncidod/eid/vol5no4/pdf/v5n4.pdf

CDC BT agents list **www.bt.cdc.gov/Agent/Agentlist.asp**

American College of Physicians - **www.acponline.org/bioterr/**

American Society of Microbiology - **www.asmusa.org/pcsrc/bioprep.htm**

CDC Bioterrorism Preparedness and Response - **www.bt.cdc.gov**

Infectious Disease Society of America - **www.idsociety.org**

JAMA archived guildelines – **http://jama.ama-assn.org**

The Commonwealth of Massachusetts
Department of Public Health
Clinical Advisory

"The Massachusetts Department of Public Health, prompted by reports from hospital emergency rooms and physician's offices about people seeking nasal swab testing for anthrax and antibiotics used to treat anthrax, is advising the public that such requests are unnecessary in the absence of a known anthrax exposure. Nasal swab testing is not a reliable way to diagnose anthrax. This testing has been used in Florida only for research purposes as part of the ongoing edipemiologic and criminal investigation. The public is advised not to seek these tests.

MDPH is also advising against the use of prophylactic antibiotics. Inappropriate use of antibiotics will lead to increased antibiotic resistance among microorganisms causing common bacterial infections and may result in serious adverse effects, including allergic reactions and interactions with other medications. Stockpiling of antibiotics is also strongly discouraged because it could lead to inappropriate patient diagnosis to self medicate, incomplete courses of antibiotics that might select for resistant organisms, the eventual use of expired medications and to the depletion of national supplies for medically indicated uses. Antibiotics should be selected according to the specific infection of concern."

October 11, 2001
Alfred DeMaria, Jr., MD
Director, Bureau of Communicable Disease Control

CITY OF CAMBRIDGE • EXECUTIVE DEPARTMENT

Robert W. Healy, City Manager *Richard C. Rossi, Deputy City Manager*

October 17, 2001

To The Honorable, The City Council:

Please find below my Agenda for the City Council Roundtable of October 22, 2001 on security related issues in the City.

FIRE – 1.) Local Emergency Planning Committee
2.) Hazmat Team capabilities
3.) Mail and/or package incident response
4.) Coordination with MBTA

POLICE – 1.) Interagency cooperation
2.) FBI briefing presence
3.) Retaliatory incident prevention

SCHOOLS – 1.) Shelter availability
2.) Evacuation and transportation

HEALTH - 1.) Anthrax response
2.) Emergency Room data project

EMERGENCY MANAGEMENT – 1.) Massachusetts Emergency Management Agency & Federal Emergency Management Agency Coordination
2.) MIT Nuclear Reactor

WATER – 1.) MWRA and City system safety

ECC – 1.) Call volume and dispatch increases
2.) Addressing caller concerns

Very truly yours,

Robert W. Healy
City Manager

RWH/mec

795 Massachusetts Avenue, Cambridge, Massachusetts 02139 Voice: 617.349.4300 Fax: 617.349.4307 TTY: 617.349.4242 Web: www.ci.cambridge.ma.us

3135

Roundtable meeting on October 22, 2001 regarding security related issues in the City of Cambridge.