herself. Four hours into a flight from Boston to Los Angeles, his arm started flailing and his head fell forward. A flight attendant used an onboard AED and saved his life. The device had been installed on the plane only 2 days before.

There are countless other stories of AED’s saving people’s lives. In the first 6 months after AED’s were installed at Chicago’s O’Hare Airport, 9 out of 11 people who went into cardiac arrest were saved. In Las Vegas, AED’s in hotels and casinos have increased the survival rate from 14 percent to a remarkable 57 percent. Just last week a visitor here at the White House collapsed and would have died if not for one of the AED’s that our medical unit acquired last year.

On the basis of successes like these, it’s time for the National Government to help bring AED’s to public places all over America. Today I’m pleased to announce three major steps to achieve that goal. First, I’m directing the Department of Health and Human Services and the General Services Administration to develop guidelines for putting AED’s in all Federal buildings. To help with this effort, the American Heart Association and the American Red Cross have volunteered to train Federal employees to use AED’s.

Second, I’m working with Congress to complete a vital piece of legislation that would not only encourage the installation of AED’s in Federal buildings but also grant legal immunity to good Samaritans who use them, whether in public or private buildings.

And third, I’m proposing a new rule that would require all commercial planes with at least one flight attendant to include an AED in their in-flight medical kit.

If this entire Nation comes together to place AED’s in airplanes, Federal buildings, and other key locations, we can save more than 20,000 lives every single year. I expect there are very few people listening today who don’t know someone who has been struck down by sudden cardiac arrest. Perhaps a father, a great-aunt, a cherished teacher, a dear friend. With this new technology, we have the ability to turn around the odds.

We can give average citizens the power to restart a heart and save a life. It is now our responsibility to bring this technology, this modern miracle, to every community in America.

Thanks for listening.

NOTE: The address was recorded at 2:50 p.m. on May 19 at the Mayer Sulberger Middle School in Philadelphia, PA, for broadcast at 10:06 a.m. on May 20. In his remarks, he referred to Michael Tighe, community affairs director, Boston Public Health Commission. The transcript was made available by the Office of the Press Secretary on May 19 but was embargoed for release until the broadcast.

Memorandum on Automated External Defibrillators in Federal Buildings

May 19, 2000

Memorandum for the Secretary of Health and Human Services, the Administrator for General Services

Subject: Automated External Defibrillators in Federal Buildings

This country has taken many steps to try to reduce the number of persons who die each year from heart disease. Advances in the field of medicine and private-sector public education campaigns have helped to prevent and treat heart disease, but there is much more work we can do. Recent studies estimate that more than 250,000 persons die each year from sudden cardiac arrest—about 700 a day.

The most common lethal arrhythmia responsible for sudden cardiac arrest and collapse is ventricular fibrillation, which if treated quickly, can be reversed. By some estimates, one-quarter to one-third of people in sudden cardiac arrest might be saved with optimal emergency care. One of the most effective ways to reduce the number of people who die from sudden cardiac arrest is the prompt intervention of defibrillation. Estimates show that for every minute that passes without defibrillation, a victim’s chances of survival decrease by seven to ten percent. After as little as 10 minutes, very few resuscitation attempts are successful. Automated external defibrillators (AEDs), which deliver a shock through the chest wall to the heart and enable the heart to regain its own normal rhythm, may be a helpful adjunct to...
cardiopulmonary resuscitation (CPR) and local Emergency Medical Services (EMS) in saving lives.

Recently, private companies, local governments, and airports have begun instituting programs to put AEDs into place and have provided training programs on how to use the devices for their employees. In June of 1999, the City of Chicago put AEDs within a minute’s walk in airport terminals with accompanying emergency medical support. In the first month after they were made available, the devices saved four lives. Similar results may be found in Las Vegas, where many buildings now provide AEDs.

The Federal Government employs approximately 1.8 million people. Many millions more visit Federal buildings each year. While a number of agencies such as the Department of Transportation and the Environmental Protection Agency have begun putting AEDs in some of their buildings, I believe that we must make a more systematic effort to provide for the safety of Federal employees and the persons who visit Federal buildings each year.

To that end, I direct you to report back to me within 120 days with guidelines on a program for AED placement in Federal buildings. These guidelines should optimize the use of AEDs, putting them in buildings and other Federal areas. These guidelines should include, among other issues, training programs in the use of cardiopulmonary resuscitation (CPR) and AEDs; appropriate physician oversight; integration with the local EMS system; the use and maintenance of AEDs; placement of AEDs in each facility according to each facility’s needs; response system activation and coordination; and legal issues. In creating these guidelines, you should cooperate and consult with interested parties, including other Federal agencies—particularly, the Office of Personnel Management, the Department of Transportation, and the Department of Justice—and State and local agencies focusing on research and public health, consumers, health organizations, and academia. The plan should make special efforts to build on efforts of the private sector, including nonprofits such as the American Heart Association and the American Red Cross, through the use of public-private partnerships or other appropriate mechanisms.

These steps, taken together, will help to protect the lives of Federal employees and the millions of other persons who visit Federal buildings each year.

William J. Clinton

NOTE: This memorandum was made available by the Office of the Press Secretary on May 19 but was embargoed for release until 10:06 a.m. on May 20.

Remarks to the Democratic Leadership Council in Hyde Park, New York

May 21, 2000

Thank you. Bill, thank you for welcoming me back to Hyde Park and the Roosevelt Library. I love coming here. I’m sorry I’ve only come three times. And Al, thank you for your wonderful introduction, and to you and Ginger, thank you for your years of friendship. He’s very good at giving the credit to everybody else, but the truth is it would be hard to think of a single American citizen who, as a private citizen, has had a more positive impact on the progress of American life in the last 25 years than Al.From.

I am delighted to see so many Members of Congress here, Members of the Senate and the House; the Governor; present and former members of the administration. Mack McLarty was Chief of Staff when we did four big DLC things. We did the economic plan, the Brady bill, family leave law, and NAFTA. Somebody said, Mack, the other day—“You know, if it hadn’t been for his first 2 years, Bill Clinton’s approval ratings would be the highest ever recorded.” And Hillary looked at me, and she said, “If it hadn’t been for the first 2 years when you made all the unpopular decisions, the next 6 years would not have happened.”

[Laughter]

Mayor Brown, we’re glad to see you here. And my Mayor, Mayor Williams, thank you. And thank all of you for being here and for what you’re about to do.

Franklin Roosevelt said he often came back to Hyde Park because it gave him,