

DoD Ebola Support in the Homeland Questions and Answers

1. What activities will the 30-person team (20 critical care nurses, 5 doctors, and 5 trainers) be expected to perform? Will they be tasked to provide direct care to those exposed/suspected of being exposed to EVD? [HASC & SASC]

- The DoD team, which consists of 5 infectious disease physicians, 20 registered nurses (10 of which are critical care nurses), and 5 infectious disease specialist trainers, will be prepared to provide direct clinical care of EVD patients hospitalized in the United States, as well as training of U.S. civilian hospital staff to care for EVD patients, when requested by the Department of Health and Human Services (HHS).
- DoD team members can augment U.S. civilian healthcare professionals in treating EVD patients by serving as care givers, and advisors and trainers for civilian hospital medical staff personnel.
- DoD team members can also provide care to those exposed or possibly exposed to EVD, although this is not their primary purpose.

2. Please provide a detailed plan for use of the “expeditionary medical support team.” [HASC]

- Use will depend on HHS requirements. The team is prepared to: (a) provide direct clinical care of EVD patients hospitalized in the United States, and training of U.S. hospital staff to care for EVD patients, when requested by HHS; (b) augment U.S. civilian healthcare professionals in treating EVD patients by providing direct care, and serving as advisors and trainers for civilian hospital medical staff personnel; and (c) provide testing and care to those exposed or possibly exposed to EVD (although this is not their primary purpose).

3. What capability gap is the “expeditionary medical support team” expected to fill? [SASC]

- The establishment of this DoD team is a prudent step in ensuring the USG is prepared, when necessary, to supplement U.S. health care providers if any U.S. hospital cannot adequately cover the medical treatment needs of EVD patients or those exposed or possibly exposed to EVD in their facility.
- The DoD team will augment HHS/CDC’s health care providers and their specialists, filling in any needs for clinical staff that may emerge.

4. These capabilities (nurses, doctors, etc.) do not seem particularly unique from what is resident in HHS/CDC already. Is it purely a bandwidth issue or will this unit provide unique capabilities not resident in other parts of the government? [SASC]

- This is a prudent step in ensuring preparedness.
- The DoD team will augment HHS/CDC's health care providers and their specialists, filling in any clinical staffing gaps in treating EVD patients in U.S. civilian hospitals.

5. How were the personnel assigned to the "expeditionary medical support team" chosen to be part of this team? [HASC]

- DoD chose personnel for this team that were qualified and experienced in the identification, prevention, and treatment of infectious diseases and were highly trained in taking care of seriously ill patients.

6. Do any of the 30 personnel selected to serve as part of the "expeditionary medical support team" already have infectious disease experience? [HASC]

- Yes.
- The five physicians are infectious disease specialists who are board certified in infectious diseases.
- The 20 registered nurses have had extensive training and experience with infection control and isolation procedures.
- The five trainers have significant experience with Personal Protective Equipment (PPE) and infection control procedures.

7. Will the doctors and nurses have to be licensed in the state where they will be working? Will the hospital need to grant them privileges?

- Under the law (i.e., 10 U.S.C. § 1094), specified DoD health care professionals with current health care licenses may perform their health care duties at any location in the United States, so long as these duties are within the scope of authorized DoD duties.
- Yes, the supported hospitals will have to grant privileges, as necessary.

8. Are the home duty stations of the personnel assigned to the “expeditionary medical support team” all different? [HASC]

- The Military Services provided the members of the team (15 Army; 6 Air Force; 9 Navy).
- Most of the people come from installations in the San Antonio area. Navy personnel come from San Diego, Portsmouth, VA, Pensacola, FL, and Beaufort, SC.
- The trainers providing training to the team are coming from the U.S. Army Medical Research Institute of Infectious Disease (USAMRIID), Fort Detrick, Maryland.

9. Why are there five trainers in the team? What and who are they to train?

- To assist in proper use of PPE and infection control procedures, and to provide training to U.S. civilian hospital staffs.
- They would also be available to provide recommendations for improvements.

10. Will these medical personnel treat EVD patients? If so, why the change in policy?

- The intent of this training is to ensure that we have a cadre of military healthcare professionals who are trained and ready to provide direct care for Ebola patients if they are specifically directed to do so by the Secretary of Defense. That would only occur with formal request for assistance from HHS and approval by the Secretary of Defense.

11. How much will it cost to train this team?

- The funds for training this team come from existing Military Service budgets. When a decision is made to deploy the team in support of HHS, all costs of the deployment and employment of the team would be reimbursed by HHS in accordance with the Economy Act.

12. Under what circumstances will the “expeditionary medical support team” be called upon to provide support? [SASC]

- When to call on the DoD team for support will be an HHS decision.
- HHS could make this call when it needs:
 - Clinical care support because a U.S. civilian hospital does not have the resources to care for an EVD patient;
 - Expert advice on clinic care and/or PPE use for a U.S. hospital;
 - Assistance at HHS/CDC selected EVD treatment hospitals; or
 - Assistance with personnel exposed to the EVD.

13. Is the support provided by the “expeditionary medical support team” expected to be of short-duration until other USG entities can move into place? [SASC]

- Yes.
- Once trained, the DoD team is approved by the Secretary of Defense to support medical treatment of EVD patients in a U.S. hospital for up to 30 days when requested by HHS.
- The DoD team is not intended to replace the civilian staff at the hospital. The highly-qualified team can rapidly respond to assist with improving safety of the civilian staff by providing training, staff augmentation for direct patient treatment of EVD patients, and infectious disease expertise.

14. When will the “expeditionary medical support team” be prepared to start providing assistance?

- We expect the team to be prepared to provide assistance not later than the 25th of October, which is when HHS requested the team be ready to augment civilian healthcare professionals treating Ebola patients.

15. How quickly will the “expeditionary medical support team” deploy once it receives a request for assistance?

- The team will deploy within 72 hours of notification.

16. Why not deploy sooner than 72 hours after notification?

- HHS specified this response time in its request.

17. How long will the team be on PTDO status?

- 30 days.
- Any changes to this timeline will be driven by emerging national requirements, based upon additional requests from HHS, and would have to be approved by the Secretary of Defense to extend beyond the currently approved support period.

18. Under what authorities is this “Prepared-to-Deploy Order” being done?

- The Commander, U.S. Northern Command, has standing authorities that enable him to request, train, pre-position, and place in a prepare-to-deploy status any forces that could be called upon in advance of formal Mission Assignment from the Secretary of Defense. This is the same way we prepare our forces for other civil support missions, such as hurricanes or wildfires.

19. Is 30 personnel enough for this important mission?

- DoD worked very closely with HHS to analyze this mission and its requirements, and to structure the team with the right capabilities to meet these requirements.
- As with any operation, DoD will work with HHS to evaluate ongoing mission requirements and results and adapt as necessary.

20. Are there plans or thought given to expanding the team over time?

- In accordance with the HHS request, the current plan is to train and prepare this team of 30 personnel. While there is not currently a plan to expand this number, having a cadre of personnel who are already trained in providing care under rigorous infection control conditions for viral hemorrhagic fevers would enable us to expand quickly if directed.

21. Is one “expeditionary medical support team” enough?

- At present, given the number of Ebola cases in the United States, HHS requested one Department of Defense team.
- DoD is committed to ensuring it is prepared to provide appropriate capabilities, as required, to support our government's response to this deadly disease.

22. Will the “expeditionary medical support team” support Federal or State government quarantine activities?

- No. In its request, HHS was very specific that DoD personnel will not be requested to support or enforce quarantine measures.

23. What will be the living arrangements and daily logistical support (e.g., meals) for the team, when deployed?

- The details of the concept of employment are still being developed. The detailed plan will be reflective of the risk associated with the team’s activities. For example, team members providing direct patient care with known EVD patients may require more conservative controls than those providing training and consultation without direct exposure to patients.

24. Who will be in charge of the “expeditionary medical support team”?

- General Jacoby, the Commander of U.S. Northern Command, whose primary missions are homeland defense and defense support of civil authorities in the United States.

25. What will be the operational chain of command -- tactical and strategic – for this team? [HASC]

- General Jacoby, the Commander of U.S. Northern Command, is the supported combatant commander. As such, the expeditionary medical support team will operate under his authority.
- General Jacoby has directed the Commander of U.S. Army North, LTG Perry Wiggins, to be the operational commander.
- The team will provide patient treatment support, as requested by HHS and approved by the Secretary of Defense.

26. How will DoD ensure the “expeditionary medical support team” is synchronized with the U.S. Government’s overall effort?

- The DoD team will be supporting HHS, at the request of HHS and with the approval of the Secretary of Defense.
- DoD works very closely with its partners at HHS and CDC.
- DoD has liaisons at both HHS and CDC.
- DoD has also asked HHS to provide an HHS representative to accompany the DoD expeditionary medical support team during training and on deployments.

27. What is the team being trained in Texas? Is it because of the EVD case in Dallas?

- Fort Sam Houston is home to U.S. Army North headquarters, which is our primary headquarters for overseeing Defense Support to Civil Authorities (DSCA) missions, as well as the Defense Health Agency’s Medical Education and Training Campus and the San Antonio Military Medical Center.
- Although the team is training at Fort Sam Houston, they will be ready to respond anywhere in the United States when requested by HHS.

28. Please provide more details on what the “up to seven days of specialized training in infection control and personal protective equipment (PPE)” will specifically entail. [SASC]

- 30 hours of training by U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) experts in infection prevention for the clinical team; outbreak control measures; personal protective equipment and associated procedures; specimen collection and transport for diagnostic testing; lessons learned from Emory University; experimental treatments and vaccines; and a culminating exercise.
- For other groups with less infectious disease expertise, the training would likely take up to 48 hours longer.

29. How does the training this team will receive compare to the training given to our troops deploying to Africa?

- The intent of this training is to ensure that we have a cadre of military healthcare professionals who are trained and ready to provide direct care for Ebola patients in hospitals in the United States when requested by HHS and when directed to do so by the Secretary.
- This training is different because this team's mission is different from that of troops deploying to Africa. The troops deploying to Africa will not be involved in direct care for Ebola patients, but instead will be building up to 17 100-bed medical treatment units and a 25-bed hospital.

30. What does the formation of this team say about our confidence in the health system and infectious control mechanisms in this country?

- The formation of this team is nothing more than a prudent planning step to allow us to be as ready as possible to respond if needed.

31. How many infectious disease experts are there in the US military?

- Approximately 100 board-certified infectious disease physicians DoD wide.

32. Why not use the National Guard WMD-CST to perform this support mission for HHS?

- National Guard WMD-CSTs perform missions primarily at the direction of their governors – not the Secretary of Defense. HHS requested support from the Secretary of Defense.
- Moreover, WMD-CSTs are trained, equipped, and certified to detect WMD threats and provide emergency management advice to first responders – not to deal with highly contagious infectious diseases or provide direct care to patients known or suspected of being infected.

33. Why not use elements of the 18,000-person strong CBRN Response Enterprise to support HHS?

- The medical teams associated with the CBRN Response Enterprise perform triage and provide field medical care at the site of a CBRN incident.
- HHS requested support from a team that could augment U.S. civilian healthcare professionals in treating EVD patients in U.S. civilian hospitals by providing direct care, and serving as advisors and trainers for hospital medical staff personnel.

34. What is the purpose of the four domestic Medical Treatment Facilities (MTFs) being established by DoD?

- Currently, DoD will first rely on the four CDC-identified EVD treatment facilities across the country.
- However, in case these four facilities are not available, DoD is establishing four Medical Treatment Facilities capable of treating Military Service members should they contract the EVD.

35. What is the status of DoD's progress toward identifying the four domestic Medical Treatment Facilities (MTFs) that would treat any Service members who contract Ebola? [HASC]

- DoD has identified all four MTFs: the Walter Reed National Military Medical Center at Bethesda, Maryland (the primary DoD MTF for treating EVD patients); the Womack Army Medical Center at Fort Bragg, North Carolina; Naval Medical Center Portsmouth in Portsmouth, Virginia; and the Wright-Patterson Medical Center at Wright-Patterson Air Force Base, Ohio.

36. When does DoD expect the four MTFs to be operational?

- The four DoD MTFs are intended as contingency facilities, the dates when the MTFs will be ready to receive DoD EVD patients is still being determined.

37. If there were a major pandemic in the US, would that be a job for JTF-Civil Support?

- JTF-Civil Support is a command and control headquarters that is trained to respond to catastrophic chemical, biological, radiological, and nuclear events. It could provide command and control for DoD operational response in a pandemic. The current requirement is for trained medical professionals to assist HHS if requested.

**38. Does USNORTHCOM include pandemic disease scenarios in its exercises?
Can you give us any examples?**

- U.S. Army North's Civil Support Training Activity conducts training for units that respond to incidents involving chemical, biological, radiological, or nuclear incidents. The training includes identifying the agent in question, performing decontamination, providing medical support, and conducting urban search and rescue, as well as donning and doffing procedures for personal protective equipment.

**39. What is the monitoring protocol for military members returning from Africa?
Will they be quarantined or isolated? If so, where?**

- The Military Services are responsible for handling the returning military members. The monitoring protocols for military members are based on the CDC's Risk Exposures Guidance. This will ensure protection of the returning military member and the general public.

40. Upon return to the United States, is it anticipated that units and service members from this mission will be quarantined before granted leave?

- All DoD personnel moved out of theater due to elevated exposure risk will be quarantined for 21 days at a DoD facility (reference DoDI 6200.03) designated to monitor for signs and symptoms and/or care for EVD patients.
- During the 21-day monitoring period, no leave or Temporary Duty/Temporary Additional Duty will be authorized outside the local area to assure continued face-to-face monitoring.