

7 November 2014

EXECUTIVE SUMMARY
Deputies Committee (DC) Meeting on Ebola
7 November 2014, 1615-1745, WHSR

(U) PURPOSE: Prepare DJ5 and VDJ5 for Ebola DC meeting.

(U) ENGAGEMENT OBJECTIVES: Provide DoD updates, if requested.

(U) PARTICIPANTS:

- (U) NSC; OSD: ASD (HD&GS) Eric Rosenbach; JS: DJ5 and VDJ5

(U) STRATEGIC CONTEXT / BACKGROUND / OVERVIEW:

- I. Traveler Trends Data and Screening (Entry) – DHS/CDC/State
 - Deputies will discuss current USG screening process and provide guidance on what additional steps are necessary to strengthen traveler screening.
 - Current declining trend of persons arriving from West Africa.
 - Potential upward trend due to upcoming holiday season.
 - DHS data indicates the number of travelers that arrive from affected West African countries fluctuates daily from as low as 9 up to 150.
- II. Contact Info for Active Monitoring – DHS/CDC
 - Deputies will determine whether additional measures are necessary to increase compliance with monitoring guidelines.
 - CBP is encountering problems with inaccurate contact information for those individuals arriving from West Africa.

For DoD:

- CONUS controlled monitoring locations for DoD personnel will include Ft. Bliss, TX; Joint Base Langley-Eustis, VA; Ft. Hood, Killeen, TX; Ft. Bragg, NC; Joint Base Lewis-McChord, WA.
- OCONUS controlled monitoring locations for DoD personnel will include Baumholder, Germany, and Vicenza, Italy.
- In CONUS, DoD controlled monitoring is expected to start on 10 Nov 14.
- DoD civilian employees and contractors participating in the 21-day controlled monitoring program will be accommodated at the same standards as uniformed Service members.
- DoD civilian employees and contractors not participating in the 21-day controlled monitoring program will be identified to the CDC, state, and local public health officials for monitoring. DoD civilians and contractors are not exempt from federal, state, and local public health laws governing their return from an EVD outbreak area.

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- III. Health Care Worker Recruitment to West Africa – HHS/USAID
 - Deputies will recommend and approach to balance healthcare worker recruitment and deployment with screening requirements.
 - The governors of NY and NJ created a program of financial incentives and other employment protections to encourage health care professionals to travel to West Africa and provide assistance treating Ebola Virus Disease (EVD) patients – partially to counter the negative reaction to their issuance of movement restrictions on health workers in excess of CDC guidance.
- IV. Health Care System Preparedness – HHS
 - Deputies will provide guidance on what further measures, if any, should be pursued to ensure readiness of the US healthcare system.
 - HHS/CDC continues outreach to US hospitals on Ebola treatment and preparedness.
 - NSC will host a Domestic Resilience Group IPC Tabletop Exercise on 13 Nov to determine any gaps and seams in USG response within the 1st 72 hours of a multi-person Ebola outbreak in one city.
 - This will be followed by either a Deputies or Principals level tabletop tentatively scheduled for 19 Nov.
 - For DoD:
 - If a DoD member tests positive for EVD while in controlled monitoring, personnel will be medically evacuated as soon as possible to a national bio-containment unit (hospital) or, if necessary, to a DoD designated facility capable of providing bio-containment care as specified by National Institutes of Health and CDC.
 - DoD Medical Support Team: 30 personnel total – 5 infectious disease doctors, 10 critical care nurses, 10 registered nurses and 5 infectious disease specialist trainers.
 - Medical Support 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.
 - NORTHCOM submitted a 2nd Request for Forces (RFF) on 31 Oct 14. This RFF is for additional 30 person Medical Support Team to support the already sourced and trained Medical Support Team requested by the Department of Health and Human Services. NORTHCOM requests to conduct this training and certification beginning on/about 17 Nov in San Antonio, TX. The RFF has been validated by the J-35 and is out for sourcing with the Services. The RFF will be in the 13 Nov Secretary of Defense Orders Book for approval. End date will mirror original RFF: 18 Dec 14.
 - TRANSCOM Isolation Pod: Two test kits will be delivered on 1 Dec with testing immediately following on C-17 at Charleston AFB, SC and on C-130 at Keesler AFB, MS. Operational capability is expected late Jan/early Feb 15.
 - NORTHCOM Commander's Estimate on potential DoD support to an Ebola outbreak in CONUS is due to the J3 on 14 Nov. NORTHCOM J5 has socialized

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potential DoD capabilities to FEMA and HHS. Those capabilities include the Medical Support Teams in CONUS, a potential Medical Support Team with language capabilities that could deploy in the WHEM, and the potential for ground or air transportation.

• V. Vaccines – HHS/CDC/State

- Deputies will recommend an approach to address United Kingdom (UK) proposal to indemnify vaccine manufacturers.
- UK has aggressively pursued proposals to indemnify vaccine manufacturers or impose caps on liabilities within national court systems on a global basis as incentive for research.
 - USG has reservations to this approach.
- There is no licensed Ebola vaccine.
- There are two vaccines currently in safety trials in the US. One vaccine (VSV-ZEBOV vaccine) is funded by the Chemical and Biological Defense Program through the Defense Threat Reduction Agency Science and Technology Office.

(U) STAKEHOLDER VIEW AND FRICTION POINTS: The DC is assembled to provide deputies with an update to USG Ebola response efforts in CONUS and West Africa. No friction points are anticipated.

(U) TALKING POINTS:

- If asked, there are between 106 and 126 DoD personnel waiting in the Operation Unified Assistance Joint Operations Area to redeploy once the CJCSI and redeployment procedures are approved.
- If asked, the earliest these personnel can redeploy is Monday, 10 November, based on the expected signing of the CJCSI on 7 Nov and USTRANSCOM requiring 96 hours to coordinate the redeployment.
- If asked, DoD civilian employees and contractors not participating in the 21-day controlled monitoring program will be identified to the CDC, state, and local public health officials for monitoring. DoD civilians and contractors are not exempt from federal, state, and local public health laws governing their return from an EVD outbreak area.
- If asked, DoD's first choice of treatment of DoD patients is to use the CDC selected Ebola treatment hospitals (Emory, NIH, Omaha) followed by DoD Medical Treatment Facilities (Walter Reed National Military Medical Center; William Beaumont Army Medical Center at Fort Bliss, TX; Naval Medical Center Portsmouth in VA; and Wright-Patterson Medical Center in OH).
- If asked, in partnership with HHS, DoD will investigate the personnel and logistics support required to properly conduct the DTRA-sponsored vaccine trial to ensure all safety and regulatory requirements are met.

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