

13 November 2014

**EXECUTIVE SUMMARY**  
**Deputies Committee (DC) Meeting on Ebola**  
**14 November 2014, 0930 - 1100, WHSR**

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

**(U) ENGAGEMENT OBJECTIVES:**

- Confirm with other members that no agencies foresee Personnel Protective Equipment (PPE) supply issues.
- Solicit a commitment from Health and Human Services (HHS) to work with domestic hospitals to resolve waste management issues with respective states sooner, rather than wait for another domestic incident to occur.
- Gain fidelity on potential increase in travelers from Ebola-affected countries during the upcoming holiday season
- Reassure the interagency (IA) that DoD will aggressively enforce controlled monitoring of returning DoD personnel.
- Ascertain from State Department and HHS whether France has the lead in Mali should a larger international response be required.
- If necessary, ensure other participants understand current policy is civilians are not permitted to use DoD Medical Treatment Facilities due to concerns about force health protection, and mission assurance.

**(U) PARTICIPANTS:**

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

**(U) STRATEGIC CONTEXT / BACKGROUND / OVERVIEW:**

- I. Health Care System Preparedness - HHS
  - HHS/CDC continues outreach to US hospitals on Ebola treatment and preparedness. Pending an approved supplemental, HHS intends to have one hospital in every state capable of treating Ebola.
  - NSC hosted a Domestic Resilience Group Interagency Process Committee Tabletop Exercise on 13 Nov to determine any gaps and seams in USG response within the 1<sup>st</sup> 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

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capable of providing bio-containment care as specified by National Institutes of Health and CDC.

- DoD Medical Support Team (MST): 30 personnel total – 5 infectious disease doctors, 10 critical care nurses, 10 registered nurses and 5 infectious disease specialist trainers.
  - MST members can augment U.S. civilian healthcare professionals in treating EVD patients by serving as advisors and trainers for civilian hospital medical staff, and if necessary, serving as care givers.
- NORTHCOM submitted a 2nd Request for Forces (RFF) on 31 Oct 14 for an additional 30-person MST to support the already sourced and trained MST. 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. If approved, training and certification will begin on/about 17 Nov in San Antonio, TX.
- 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 potential DoD capabilities to FEMA and HHS. Potential capabilities need to be reviewed by OSD and JS. Those capabilities could include the MSTs in CONUS, a potential MST with language capabilities that could deploy in the WHEM, and the potential for ground or air transportation.
- II. Mali – CDC/State/USAID
  - According to Reuters, over 90 people have been quarantined across Bamako, Mali on 12 November 2014 after a nurse died of Ebola having treated a Guinea man who succumbed with Ebola-like symptoms that were not recognized.
    - The man was never tested for Ebola, but his body was washed by mourners and returned to Guinea for burial without precautions against Ebola, which could lead to additional cases.
    - A doctor at the Pasteur Clinic where the nurse worked is also suspected to have contracted Ebola and is being monitored.
  - DoD Update:
    - Three US military staff members in Mali under the Multi-dimensional Integrated Stabilization Mission in Mali (MINUSMA) are undergoing a 21-day self-monitoring period after an assessed low risk exposure at the Bamako clinic where a nurse who worked there died of Ebola. The service members were there for X-rays. The Government of Mali has closed the clinic. All US personnel are currently asymptomatic for Ebola and their 21-day incubation period ends on 28 Nov.
- III. Traveler Screening and Active Monitoring – State/DHS/CDC/USAID
  - Current declining trend of persons arriving from West Africa.
  - Potential upward trend due to upcoming holiday season.

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- DHS data indicates the number of travelers that arrive from affected West African countries fluctuates daily from as low as 9 up to 150.
- IV. Personal Protective Equipment – HHS/USAID/DOC/DOD
  - DoD currently does not foresee any issues with PPE supply. If a shortage occurs in the future, USD(AT&L) could authorize market interventions to prioritize national security purchases of PPE using the Defense Production Act.
- V. Waste Management – CDC/EPA/DOT
  - Managing Ebola waste could potentially be a major issue for domestic hospitals. The ability of hospitals to effectively dispose of waste is a limiting factor on how many Ebola patients they can care for at a time.
    - Suspected or confirmed Ebola contaminated waste must be transported under the terms of a special DOT permit. DOT has granted authority to seven companies to transport Ebola waste under this permit, including Stericycle, Inc.
  - Several States (e.g. Louisiana, Mississippi) have prohibited Stericycle from transporting Ebola waste through their State or disposing of Ebola waste ash in their landfills.
  - Federal solid waste disposal facilities are regulated by State and local authorities under the Resource Recovery and Conservation Act of 1976. POTUS has the authority to waive State and local laws for up to one year.
  - Ebola waste disposal requires an incinerator that has the proper Federal and State permits for incinerating medical waste and a facility that specifically incinerates medical waste as one of its workforce core competencies.
  - Incineration requires air permitting, which can be costly to acquire depending on the State the facility will operate in.

**(U) STAKEHOLDER VIEW AND FRICTION POINTS:** Civilian Use of Military Treatment Facilities (MTF): HHS may push for civilians to be able to use MTFs in the event state or local facilities become overwhelmed. Joint Staff position is the USG should exhaust all civilian capabilities prior to turning to DoD. Civilian use of military MTFs will incur risk to DoD mission assurance.

- Mali: there will be uncertainty as to what country will have the lead, should Mali require international support to contain its outbreak.
- Support to other Ebola-affected countries: the issue may arise as to whether DoD should take a greater role in the other Ebola-affected countries. Joint Staff position is, given other commitments, we should continue to let the UK and France lead efforts in Guinea and Sierra Leone respectively.

**(U) TALKING POINTS:**

Healthcare System preparedness

- We believe the travel and monitoring policies DoD has instituted will be sufficient for the holiday season.
- If asked, returning U.S. military personnel will be under “controlled area monitoring” for 21 days.

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- Returning DoD civilians have the option to participate in DoD's 21-day monitoring program, or be subject to State and local regulations.
- If asked, monitoring locations include (1) Ft Bliss, TX; (2) Ft Hood, TX; (3) Joint Base Langley-Eustis, VA; (4) and Joint Base Lewis-McChord, WA.
- If asked, a tranche of ~90 redeployers is expected to arrive at Langley-Eustis on 13 Nov.
- If asked, DoD will coordinate with DHS, HHS and DoS and local governments for situational awareness of our returning personnel.
- If asked, the USG should exhaust all civilian capabilities prior to turning to DoD for use of MTFs for civilian patients. Civilian use of military MTFs will incur risk to DoD mission assurance and raises force health protections concerns.

Mali

- If asked, DoD has 10 troops in Mali under the Multi-dimensional Integrated Stabilization Mission in Mali (MINUSMA)
- If asked, Three US military staff members in Mali under the Multi-dimensional Integrated Stabilization Mission in Mali (MINUSMA) are undergoing a 21-day self-monitoring period after an assessed low risk exposure at the Bamako clinic where a nurse who worked there died of Ebola. The service members were there for X-rays. The Government of Mali has closed the clinic. All US personnel are currently asymptomatic for Ebola and their 21-day incubation period ends on 28 Nov.

Traveler Screening and Active Monitoring

- If asked, there are 167 DoD personnel in active controlled monitoring: 90 at JBLE; 77 at Vicenza.

PPE

- If asked, DLA has confirmed there are no major supply chain issues related to procuring PPE for DoD personnel. We have a process in place to review and prioritize partner nation requests for PPE to ensure there is no impact to DoD, and to align resources with priorities in West Africa.

Waste Management

- If asked, DoD supports continued HHS/CDC, DoT, and EPA engagement with state and local authorities to remove barriers to Ebola waste disposal.
- If asked, DoD has limited capacity at Fort Detrick to incinerate Ebola waste, which is further restricted by Federal and State laws and regulations. Via long standing relationships with NIH, Fort Detrick handles NIH Ebola waste after it has been autoclaved (rendered sterile).
- DoD intends to use commercial contractors to dispose of Ebola waste from MTFs.

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