

17 November 2014

**EXECUTIVE SUMMARY**  
**Homeland Security Council (HSC) Meeting on Ebola Response**  
**18 November 2014, 1050 - 1150, WHSR**

**(U) PURPOSE:** Prepare VCJCS for Ebola HSC meeting.

**(U) ENGAGEMENT OBJECTIVES:**

- Gain interagency agreement that DoD facilities, due to mission assurance concerns, should be the provider of last resort.

**(U) PARTICIPANTS:**

- (U) NSC; OSD: DepSecDef; JS: VCJCS

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

- I. US Arrivals, Screening, and Monitoring – HHS/DHS/DNI/CDC
  - If a DoD member tests positive for Ebola Virus Disease (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.
- II. US Health System Preparedness – HHS/CDC
  - HHS has developed tiered approach to assure identified hospitals are prepared to definitively treat persons diagnosed with Ebola. Hospitals will be designated Infectious Disease Treatment Facilities or Ebola Receiving Facilities.
  - For DoD:
  - During NSC IPC Tabletop exercise on 13 Nov, HHS inquired about DoD domestic treatment capacity for non-DoD civilian Ebola patients. DoD should be a provider of last resort.
  - 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.
  - TRANSCOM Isolation Pod: Two test kits will be delivered on 1 Dec. Upon completion of testing, 2x units will be operational. 22 systems available by 1 Feb 15 on 24-hr PTDO.
- III. Developments in Liberia, Guinea, and Sierra Leone – USAID/CDC
  - Data suggest favorable trends in Liberia are real and attributable in part to USG intervention. Cases continue to increase in Sierra Leone, but UK has significantly increased its response actions there. Ebola cases in Guinea remain lower than Sierra Leone and Liberia.

Derived From: N/A  
Declassify On: N/A

- IV. Developments in Mali: Imposition of Screening and Monitoring Measures – All
  - Based on a new Ebola cluster, on 17 Nov, DHS/CDC implemented enhanced screening for passengers arriving from Mali. Approximately 20 passengers arrive from Mali each day.
- V. Next Steps – NSC

**(U) STAKEHOLDER VIEW AND FRICTION POINTS:** HHS may push for civilians to be able to use domestic Military Treatment Facilities (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 MTFs will incur risk to DoD mission assurance.

**(U) TALKING POINTS:**

US Arrivals Screening, and Monitoring

- If asked, 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, Baumholder, Germany and Vicenza, Italy.
- If asked, there are 157 DoD personnel in active controlled monitoring: 90 at JBLE; 67 at Vicenza.

US Health System Preparedness

- 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.
- 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.
- If asked, Joint Staff received USNORTHCOM's commander's estimate with respect to preventing an Ebola outbreak in the U.S. on Friday, 14 Nov. The Joint Staff is currently reviewing the document.
- If asked, NORTHCOM requested 30 person augmentation team for MST will begin training on 18 Nov.

Developments in Liberia, Guinea, and Sierra Leone

- DoD supporting construction of 10 ETUs, 3 w/AFL and 7 via contract. 9 of 10 ETUs under construction. 1st ETU IOC; 4 x IOC late Nov; 5 X IOC in Dec.
- Monrovia Medical Unit completed, turned over to US Public Health Service staff
- Four DoD mobile labs in Liberia; effective in expeditiously identifying actual Ebola cases.

Developments in Mali: Imposition of Screening and Monitoring Measures

- 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 under MINUSMA are undergoing a 21-day self-monitoring period after an assessed low risk exposure at a Bamako clinic. All US personnel are currently asymptomatic for Ebola and their 21-day monitoring period ends on 28 Nov.
- US Embassy requested DTRA funding to establish emergency operations center (EOC) in Bamako, Mali. DTRA and DoS Biological Engagement Program are sending a team within the week to assess situation on the ground to determine requirements.

Derived From: N/A  
Declassify On: N/A