

28 October 2014

**EXECUTIVE SUMMARY**  
**Deputies Committee (DC) Meeting on Ebola Response**  
**28 October 2014, 1715-1845, WHSR**

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

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

**(U) PARTICIPANTS:**

- (U) NSC: Ron Klain; OSD: Eric Rosenbach (ASD HD&GS); JS: DJ5.

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

• **DoD Domestic Response Activities**

• **DOD Medical Support Team:**

- In response to an HHS request for assistance.
- SecDef VOCO approval on Sunday, 19 Oct.
- 30 personnel total – 5 infectious disease doctors, 10 critical care nurses, 10 registered nurses and 5 infectious disease specialist trainers.
- Breakout by Service – 15 Army, 6 Air Force, 9 Navy.
- Most from installations around San Antonio. Navy personnel come from San Diego, Portsmouth, VA, Pensacola, FL and Beaufort, SC.
- Training began in San Antonio on Wednesday, 22 Oct and was completed on Monday, 27 Oct.
- Personnel will return to home station and be on PTDO orders for 60 days with a potential deployment in CONUS of up to 30 days. Once HHS requests support, they must deploy within 72 hours.
- 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.

• **Transport of EVD Blood Samples**

- DoD provided Presidentially-directed, short-notice airlift support to transport Ebola samples from New York and New Jersey to the CDC in Atlanta, GA on 23 and 24 October 2014.
- Aircraft used was the standby DV aircraft at Andrews AFB. OSD, JS and TRANSCOM are engaged with the White House Military Office and HHS/CDC to identify ongoing requirements and determine more optimal sourcing solutions for any future missions.

**Follow-up Action Items from the HSC Meeting**

- At 26 Oct HSC meeting, POTUS directed departments and agencies to provide him with policy options for monitoring people with potential Ebola exposure,

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ways to enact that policy, and ways to garner support so as to not disincentivize healthcare workers from joining efforts in Africa.

- Deputies will brief the NSC on efforts to reverse or soften the quarantine orders by some states and efforts to dissuade others from following what the NSC perceives as “overly aggressive implementation” of authorities.
- DoD is reviewing current policy for Service members returning from affected countries in Africa with “no known” exposure risk. Current policy exceeds CDC’s guidelines. Service members with “some” or “high” risk will be processed through the medical system.
- **DoD Preparedness Activities**
  - DoD Training and Education for Healthcare Workers
    - Medical Support Team trained at centralized location at Ft Sam Houston, Texas. Training based on Doctors Without Borders/World Health Organization/CDC and USAMRIID guidelines. Where any protocols deviated the USAMRIID protocols (higher) were chosen for training.
    - OASD(HA) is developing guidance for training and education of DoD healthcare workers. Services are responsible for the training.
    - Medical Treatment Facilities are conducting clinical reviews of how to identify and care for Ebola patients and conducting PPE training and validation.
  - Unified Federal Response to the EVD:
    - FEMA, HHS and interagency planners (to include OSD, JS and NORTHCOM) are updating a FEMA/HHS draft plan for domestic response.
    - Plan to be provided to the NSC on 29 Oct.
    - We expect it will go to the Domestic Resilience Group IPC for coordination on Thursday, 30 Oct.
  - Latin America & Caribbean EVD Contingency Plan:
    - Led by FEMA and nested under the Unified Federal Response to the EVD.
    - OSD, JS, NORTHCOM and SOUTHCOM participating.
    - Will address the potential spread of EVD into the US through the southern approaches and ports of entry and ensure the USG is prepared to contain the spread of EVD in Latin America and the Caribbean.
  - TRANSCOM Isolation Pod
    - Critical design review 8 Oct. Test unit delivery mid-Nov. Test and evaluation complete 23 Dec. Expected delivery date mid/late Jan 15.

**(U) STAKEHOLDER VIEW AND FRICTION POINTS:** The DC is assembled to provide Deputies with an update to USG Ebola response efforts in CONUS. Friction points may include contrast in policy between US Army response and USG domestic response, specifically, US Army “controlled monitoring” of returning service members to Vicenza, Italy, and potential DoD-wide “controlled monitoring” of returning service members stateside.

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**(U) TALKING POINTS:**

- If asked, 11 USARAF personnel returned to Italy and are undergoing “controlled monitoring” in Vicenza.
- If asked, DoD continues to review our policies and plans for service members returning from Ebola affected countries.
- DoD has trained the 30 person Medical Support Team in Ebola Virus Disease (EVD) infection control, clinical management, psychological support, experimental treatments, safety and personal protective equipment (PPE).
- Based on OSD guidelines, individual Services are responsible for the education and training of their healthcare workers in EVD identification, triage and infection control procedures, clinical management, safety, and PPE usage.
- 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; Womack Army Medical Center at Fort Bragg, NC; Naval Medical Center Portsmouth in VA; and Wright-Patterson Medical Center in OH). Walter Reed completed an exercise on 27 October to validate its procedures.
- If asked, DoD has 106 infectious disease doctors in the Active Component and less than 10 in the Reserve Component.
- If asked, the DoD CBRN Enterprise is comprised of 5,200 Active Duty; 10,076 National Guard and 3,000 Reserve Component. A total of 18, 276 personnel.
  - The focus of the CBRN Enterprise is to respond to WMD threats and provide emergency management advice to civilian first responders and unique DoD CBRN capabilities (decon, detection, identification, search and rescue, aviation lift, MEDEVAC, etc). The medical teams of the CBRN Enterprise do not have expertise in highly contagious infectious diseases. They perform triage and provide field medical care at the site of a CBRN incident.

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