

JAN 3 1 2015

Indian Health Service Rockville MD 20852

Ms. Marilynn Malerba Chief, Mohegan Tribe Chairwoman, Tribal Self-Governance Advisory Committee (TSGAC) P.O. Box 1734 McAlester, OK 74501

## Dear Chairwoman Malerba:

I am responding to your October 17, 2014, letter submitted on behalf of the Indian Health Service (IHS) Tribal Self-Governance Advisory Committee (TSGAC). This letter acknowledges IHS receipt of the concerns and recommendations submitted by the TSGAC regarding the Agency's response to the ongoing and unprecedented international Ebola crisis.

Specifically, your letter shares Tribal and TSGAC concerns and recommendations about the following: Ebola deployment costs; staffing issues arising as a result of deployment; the potential for diminished health care services; health facility preparedness and capabilities; community safety; and ongoing communication with Tribal leadership on Ebola and related matters.

The 2014 Ebola outbreak is the largest Ebola outbreak in history, the first in West Africa, and is now an epidemic of unprecedented proportions. The United States has applied a whole-of-Government response to address the Ebola crisis. The IHS is actively participating in the Federal response in support of *Operation United Assistance* through deployment of the Agency's Public Health Service Commissioned Corps Officers.

The IHS is partnering with the Office of the Surgeon General (OSG) and is effectively using the Agency's internal deployment authorization process, which enhances the Agency's ability to minimize the effect of deployment-related staff vacancies on our day-to-day health care mission, while also helping to assure the Department's response to this epidemic is fully achieved. All Commissioned Corps Officer deployment-related travel, lodging, and per diem expenses will be paid by the Office of the Assistant Secretary for Preparedness and Response (ASPR). The deploying Officer's permanent duty station will continue to fund routine pay and allowance costs during the deployment. The overall cost of the deployment to the IHS is undetermined at this time and will depend on the number of Commissioned Corps Officers that are deployed and the duration of the response.

The Agency is also providing the training and supplies needed to protect Indian health system employees and the communities they serve from Ebola. The Agency's Office of Clinical and Preventive Services (OCPS), Office of Public Health Support (OPHS), and Office of Environmental Health and Engineering (OEHE) have coordinated with the Centers for Disease Control and Prevention (CDC) and other Federal agencies to distribute a series of webinars to educate IHS/Tribal/Urban (I/T/U) clinical and administrative staff regarding Ebola preparedness and clinical management, should any patient suspected of having Ebola present for health care in our communities. In addition to the above training, the Agency has issued Facility Preparedness

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Plan templates to each Area to set expectations and guide preparations for identification, triage, stabilization, and transfer of potentially affected individuals.

Protecting our communities and I/T/U employees is of utmost importance. The IHS is partnering with the Department's OSG and the Division of Commissioned Corps Personnel and Readiness (DCCPR) to prepare for the safe redeployment of Commissioned Corps Officers back into our communities.

All returning Commissioned Corps Officers will have been screened before departure from one of the West African countries affected by Ebola. Returning staff will also undergo entrance screening upon return to the United States and before continuing travel back to their home. In addition, during the 21-day incubation period, Officers will be monitored for symptoms twice daily. The Agency will work to ensure that Commissioned Corps Officers comply with the CDC guidelines, as well as any additional requirements or expectations that may arise from Tribal, State, and local decisions on exposure monitoring and restrictions on movement.

Before each Commissioned Corps Officer is approved for deployment to West Africa, Area Directors consult with the affected Tribe(s) to assure they are informed of the potential deployment. I will continue to update Tribal leadership and communities through a variety of routine communication methods to ensure the most up-to-date and accurate information is being disseminated.

I trust this information is helpful and thank you and the TSGAC for providing your feedback and recommendations.

Sincerely,

Yvette Roubideaux, M.D., M.P.H.

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Acting Director