

ATTACHMENT 1: PUBLIC AFFAIRS GUIDANCE APPROVED TALKING POINTS / Qs and As

OPERATION UNITED ASSISTANCE U.S. AFRICOM Updated October 31, 2014

USAID KEY MESSAGES

Since the first cases of Ebola were reported in West Africa in March 2014, the United States has mounted a whole-of-government response to contain and stop the spread of the virus.

The key to controlling this epidemic is to focus on stopping the spread at its source in the Ebola-affected nations in western Africa.

Containing this Ebola outbreak in western Africa is a fight we cannot afford to lose. We are grateful every day for those heeding the call and rising to the challenge.

This unprecedented outbreak requires an extraordinary international relief effort to control and contain the virus.

Talking Points

- U.S. Africa Command is working as part of a **comprehensive U.S. Government effort**, led by the U.S. Agency for International Development (USAID), to respond to and contain the outbreak of the Ebola virus in countries in western Africa as quickly as possible.
- This is an epidemic that is not just a regional threat -- **it's a potential global threat**.
- Our goal is to enable the most effective international response possible, **using our government-wide capabilities** to fight the epidemic on a regional basis.
- President Obama considers containing the spread of Ebola to be a national security priority that will require mobilizing the collective resources of the international community.
- The safety of our personnel is our highest priority. As we deploy America's sons and daughters to support the comprehensive United States government effort, led by the United States Agency for International Development, we'll do everything in our power to address and mitigate any potential risk to our service members, civilian employees and their families.
- In the end, our equipment, training, procedures and most of all the discipline of our leaders and our force will help us to ensure that our team accomplishes its mission without posing a risk to our nation and our fellow citizens.

Department of Defense Talking Points

- U.S. Africa Command will provide Department of Defense capabilities to **support U.S. Government efforts** to contain the Ebola virus, save lives and alleviate human suffering.
- U.S. military focus will be **coordination of military support efforts in conjunction with the interagency, providing logistics, training, and engineering support.**
- U.S. Africa Command will stand up the **Joint Forces Command-United Assistance** headquarters in Monrovia, Liberia, to provide regional coordination of U.S. military support to U.S. government and international relief efforts.
- U.S. Africa Command will establish a **regional intermediate staging base (ISB)** to facilitate and expedite the transportation of equipment, supplies and personnel.
- Additionally, Joint Forces Command-United Assistance will establish a site to **train up to 500 healthcare support providers per week**, enabling healthcare workers to safely provide direct medical care to patients.
- Africa Command, through U.S. Army Africa, served as the interim lead agency for Joint Forces Command-United Assistance to establish its initial operational capabilities. On October 25, 2014, Maj. Gen. Darryl A. Williams, U.S. Army Africa Commander, officially transferred authority of the military forces assigned to Operation United Assistance to Maj. Gen. Gary J. Volesky, the 101st Airborne commander.
- The Department of Defense is committed to supporting our interagency partners in responding to the Ebola outbreak in countries in western Africa, and will adhere to strict and established safety protocols.
- The President has outlined a stepped-up U.S. response effort, leveraging more thoroughly the unique capabilities of the U.S. military to support the civilian-led response in countries in western Africa.
- In the days and weeks to come, the United States will be scaling-up the U.S. military presence in countries in western Africa to include approximately **3,900 U.S. personnel.**
- Secretary of Defense Hagel to-date has authorized the deployment of **3,900 soldiers, including 700 from the 101st Airborne Division** headquarters element to Liberia.
- This element has begun to deploy to the region to become the headquarters staff for the Joint Forces Command, led by Major General Gary Volesky.
- The Department of Defense has also announced plans to build **up to 17 Ebola Treatment Units** in affected areas for the local populations. The U.S. Government and its international partners are appealing to medical personnel around the world to help staff these facilities.

- Additionally, the Command will establish a site to train up to 500 health care providers per week, enabling healthcare workers to safely provide direct medical care to patients.
- To strengthen our logistics support, the command has established a regional staging base in Senegal to help expedite the U.S. government's surge of equipment, supplies, and personnel to countries in western Africa.
- The Department of Defense has set up a 25-bed hospital in Liberia to help draw qualified medical personnel to the region. This facility will be open to all health care and aid workers who are working in Countries in western Africa on the Ebola crisis, should they fall ill while responding to this crisis. In the coming weeks, the hospital will be staffed by U.S. Public Health Service Commissioned Corps officers.

FORCE PROTECTION QUESTIONS

QUESTIONS ON PREPARATION FOR DEPLOYMENT

Q1. What medical training does the DoD give their people with regard to the virus?

A1. The U.S. Africa Command Surgeon's Office is closely monitoring the situation and complying with guidance from the Centers for Disease Control. We are providing information on the Ebola virus disease and have prepared specialized training by medical professionals for personnel deploying into the region

More information is available on our web site at: <http://www.africom.mil/preventing-and-understanding-ebola>.

Q2. What is being done to train and prepare deploying service members to ensure they can avoid catching the Ebola virus disease and other killers like malaria?

A2. For our service members prior to deployment, we'll provide them the best equipment and training that we can. We are assessing risk based on the service members' mission, their location, and their activities in execution of the operations. We're implementing procedures to reduce or eliminate the risk of transmission as service members go about their daily missions, including the use of personal protective equipment, hygiene protocols and monitoring.

QUESTIONS ON THE TRAINING EFFORT

Q1. What is the role of the military members supporting the training of healthcare support personnel working in the ETUs? How many will they train?

A1. Military medical professionals will assist in the training of healthcare support personnel for Ebola Treatment Units. The current goal is to be able to accommodate up to 500 students for a week-long training course.

Q2. What program of instruction will be used?

A2. Trainers will use a program of instruction (POI) approved by the interagency Disaster Assistance Response Team (DART) currently in Liberia, and based on World Health Organization and Médecins Sans Frontières (MSF) (Doctors without Borders) POIs.

Q3. How will they be trained?

A3. The training will include classroom instruction and there are plans to provide a model Ebola Treatment Unit for hands on training purposes.

QUESTIONS ON SECURITY, PROTECTION AND HEALTHCARE IN THEATER

Q1. The President mentioned security – will you be sending armed soldiers to accompany the teams?

A1. This is a humanitarian mission, and that is the primary focus. Military members will deploy with their individual weapons for self defense only and have them available should the situation warrant.

Q2. What kind of medical care will be available for military personnel who are injured supporting the operation?

A2 Department of Defense medical personnel will deploy as part of the force and, just as with any other deployment, will provide standard basic medical care for service members.

Q3. Will DoD/AFRICOM issue unique or special protective gear to DoD personnel?

A3. U.S. service personnel will follow the protection guidelines issued by the CDC, and if needed, will be issued appropriate personal protective gear.

Q4. Are we conducting any on-site screening for those conducting training in the affected areas?

A4. Personnel are subject to screening processes being implemented in the host nation. For questions on screening measures being implemented by host nations, I would refer you to that nation.

Additionally, deploying service members will be trained in preventive measures, to include how to recognize symptoms associated with the disease. A “buddy” system will be utilized so that service members will monitor each other for symptoms and leaders will conduct regular welfare checks to watch for warning signs.

Q5. What is being done to ensure military personnel don’t get sick? And if they do get sick, how will you ensure it doesn’t spread?

A5. . The core objective of this mission is to stop the spread of Ebola. As part of their deployment training, military personnel will receive training in how to avoid catching the Ebola virus disease. Military personnel will be prepared for the mission and will receive world class medical care for any injuries or illnesses they may face.

Q6. What are the procedures that will be followed if a military member becomes sick with Ebola?

A6. People who contract the disease are isolated to prevent spread and then treated. Treatment for a service member suspected of or confirmed to be infected with Ebola would begin in theater and could be continued elsewhere, similar to healthcare workers who contracted the disease and have subsequently been returned to the U.S. for further care.

Q7. What will the protocol be if a troop presents with a fever? Test for malaria, Ebola, both?

A7. The first goal for the DoD is to prevent injury and illness through a comprehensive risk mitigation plan. A service member who presents with fever would be assessed with a thorough history and physical exam with particular focus on activities and potential contacts. Based on that assessment, U.S. military medical personnel have the ability to test for malaria and other diseases that could present with fever. In the event their symptoms indicate possible Ebola, they are quarantined so as not to come in contact with other people. Using proper personal protective equipment (PPE), a blood sample is drawn and tested.

Q8. Where will tests take place? Who would do them? Where will the lab be and how soon will the results come back?

A8. The test would be conducted by a laboratory team from the United States Army Medical Research Institute for Infectious Diseases (USAMRIID) located at the Liberia Institute of Biomedical Research (LIBR) in Monrovia. They have the ability to return results in about 4-5 hours.

Q9. There will be a lot of personnel and materiel / equipment transiting to and from Countries in western Africa to support this operation. How can you be sure you won't spread the Ebola virus disease even further?

A9. Prior to redeploying service members back home, we will screen and identify anyone with an elevated risk of exposure. We take all necessary steps to minimize any potential transmission, in accordance with the international standards that our medical professionals have given us.

Countries supporting this effort should rest assured the virus cannot be contracted from personnel or non-medical materiel and equipment that returns from one of the countries with the Ebola outbreak.

Q10. Troops were provided with medication [ciprofloxacin] for bloody diarrhea and fever. Aren't those Ebola symptoms? Shouldn't troops with those symptoms go get checked?

A10. Given the distributive nature of operations in Africa, some service members are not regularly next to a medical provider and, therefore, are given medications for use after radio or telephone referral if able. In Liberia, everyone with these symptoms will be seen by a provider and an appropriate plan put in place.

Q11. Will troops be expected to take their anti-malaria medication on their own? Under direct observation?

A11. Keeping our service members safe is about leadership, discipline and chain of command. The decision on how malarial prophylaxis is followed is a commander's responsibility. Options for compliance such as direct observation by leadership, buddy teams, or daily reminders at every echelon exist.

Q12. Which troops would be required to wear protective equipment?

A12. The use of protective equipment is based on risk. Risk is the measure of the severity of an event and balanced against the probability of that event occurring. For example, service members working around loud equipment like aircraft are required to wear hearing protection. With regard to Ebola, only those laboratory teams that are testing blood samples will routinely be wearing Personal Protective Equipment (PPE). All other personnel will have access to PPE as required. However, the vast majority of DoD personnel in Liberia will have no contact with patients with Ebola.

Q13. What about troops redeploying to areas other than the United States?

Q13. We are working closely with our partner nations. In addition to the minimum screening requirements DoD has put in place for service members, those service members will be subject to the specific requirements outlined by our partner nations.

Q14. For all these plans, I'm assuming DOD will follow CDC guidelines, correct? Whose task is it to devise these plans?

A16. The Centers for Disease Control (CDC) has provided excellent resources for the DOD. The DoD has developed their plans in close cooperation with the CDC as this current response is leveraging a US government approach.

GENERAL QUESTIONS

Q1. What is DoD's role?

A1. U.S. Africa Command, through U.S. Army Africa will coordinate logistics, training and engineering support to the USAID-led comprehensive U.S. Government effort to help the United Nations and the Governments of Guinea, Liberia, and Sierra Leone respond to and contain the outbreak of the Ebola virus in Countries in western Africa.

Q2. Who directed or authorized AFRICOM to support the international effort to mitigate Ebola?

A2. AFRICOM receives direction and guidance from the Secretary of Defense. AFRICOM activities will occur in coordination with the Department of State and the U.S. Agency for International Development's Office of U.S. Foreign Disaster Assistance (the Lead Federal Agency), and the affected host nations. AFRICOM is prepared to support our interagency and international partners, as directed, in their long-term efforts to contain the Ebola outbreak in Countries in western Africa.

Q3. How long will DoD provide support; what's the endstate? Describe 'mission success'?

A3. Ultimately, our goal is to provide specific military capabilities and expertise that will support the U.S. Government effort to contain the Ebola Virus Disease (EVD) .

Q4. What are the key roles the U.S. military members are playing in support of this operation? Which military functions and specialties will we see supporting this humanitarian support mission?

A4. Military support will be primarily in the areas of training, engineering and logistics support. You will see transportation professionals managing the movement of personnel and the delivery of humanitarian support materiel. You will see engineers building temporary living and work quarters and supporting construction or infrastructure improvement. You will see military medical personnel supporting the training of medical support staff for the ETUs. As with any humanitarian support mission, a broad range of military functions will support the effort.

Q5. What is the Monrovia Medical Unit?

A5. The Monrovia Medical Unit (MMU) will only care for EVD-infected health workers, not those injured or ill with other diseases. They will triage all patients showing symptoms for EVD, but will only admit those who test positive.

Q6. Why are we sending the military to support a mission that should be handled by doctors and healthcare workers?

A6. The U.S. military has training and expertise in humanitarian assistance and disaster response and unique capabilities like transportation, engineering, and medical training expertise that will assist the overall USAID-led effort. President Obama directed the military to provide support to complement work already being done by the interagency.

Q7. What sort of accommodations will troops have? Tents? Will they have AC? What will they be eating?

A7. Most service members will be living in force provider tents which include shower facilities, bathrooms, and environmental control units for cooling. They will be eating food from only approved sources, including Meals Ready to Eat (MREs).

Q8. What would you say to family members of those service members supporting OUA?

Q8. There has been a strong campaign by the DOD through multiple agencies to inform family members and the public about the low risk of EVD infection to the service members. These include, among others, informational videos, personal outreach and town hall meetings for service members, their families and local communities.

Q9. Troops aren't volunteers, usually, so I'm assuming no one got to opt out, right? Maybe the medical providers?

A9. No one deployed to Operation United Assistance has requested to opt out, including medical providers. In fact, more than 1,600 members from the US Public Health Service volunteered for the mission when it was announced.

For the latest information on troop numbers, movements and OUA, please see the **AFRICOM PAO operational OUA update** or visit <http://www.africom.mil/operation-united-assistance>

PROTECTING DOD PERSONNEL (OSD Approved)

Q1. What are you doing to protect DoD personnel from contracting Ebola?

A1. As we deploy America's sons and daughters to support the comprehensive United States government effort, led by the United States Agency for International Development, we'll do everything in our power to address and mitigate any potential risk to our service members, civilian employees and their families.

We are making every effort to ensure that U.S. personnel on the ground and all health care workers are working in an environment where their personal safety and security are protected. Deployed U.S. personnel contracting Ebola would be treated in the most effective manner possible, including evacuation to the U.S. We are confident that this a risk we can manage through protective measures in the field as well as screening measures both overseas and here at home.

Q2: Will DOD personnel be going into hot zones and at risk for contracting Ebola? Will they be in contact with infected individuals?

A2. We are not planning for U.S. military personnel to provide direct patient care. In the event there is a requirement for U.S. military personnel to work in areas where there is a risk of contracting Ebola, U.S. military personnel will follow the protection guidelines issued by the CDC, and if needed, will be issued appropriate personnel gear.

Q3. What type of pre-deployment medical care are troops receiving? What type of instruction are they getting to prevent vector-borne infections?

A3. All DoD personnel receive regionally-specific training before deploying. Personnel are receiving training on Ebola prevention, malaria prevention, other medical threats, and medical readiness requirements.

Here is the prescribed list of required immunizations for a deployment to the Africa region: Chickenpox; Hepatitis A/Hepatitis B; Influenza, Meningococcal; Yellow Fever; Tetanus; Typhoid; Measles; Mumps, Rubella (MMR), Polio; Rabies (for veterinary and certain other personnel); and Pneumococcal (for any specific health issues or anyone over 65 years of age).

Q4. When would someone be evacuated? How long would it take to get the necessary transport? Where would evacuated troops be taken?

Q4. Patient evacuation is one of the most important missions for military professionals to perform. A closely coordinated and rehearsed system for medical evacuation is one of the first tasks any deployed force must establish. We will incorporate the same procedures developed over the last 13 years that have resulted in a 95% survival rate. Locations and times of evacuations are dependent on many variables, including where the injury happened, the type of injury, and the location of evacuation platforms. After stabilization in a level 2 DoD facility in Liberia, evacuation to Landstuhl Regional Medical Center would be primary for non-Ebola related patients. Possible Ebola patients would be evacuated back to an appropriate facility in the United States.

Q5. Have you estimated how many, if any, troops would need to be evacuated for medical reasons, including trauma, malaria, or even Ebola?

A5. This humanitarian operation puts our Service Members at much less risk to injury than the combat operations we have experienced over the past 13 years. Additionally, the Services have developed tremendous platforms which allow for treatment in country for many illnesses and evacuation as needed. We use lessons learned from previous humanitarian efforts in order to predict evacuations.

Q6. Given that a number of public health volunteers have come under attack for trying to treat Ebola patients, what are the security concerns here and what types of precautions will U.S. troops take to ensure their own safety?

A6. As we deploy America's sons and daughters to support the comprehensive United States government effort, led by the United States Agency for International Development, we'll do everything in our power to address and mitigate any potential risk to our service members, civilian employees and their families.

TEMPORARY HALT OF REDEPLOYMENTS

Q1: Why has AFRICOM suspended redeployments from Liberia (or other location in the JOA)?

A1: The U.S. Africa Command Commander, Gen. David Rodriguez, has authorized a temporary halt of personnel re-deploying from the Operation United Assistance area of operations in order to ensure procedures are in place to implement the controlled monitoring policy announced by the Department of Defense on Oct. 29.

Q2: How long will this temporary halt be in place?

A3: We expect to resume redeployments from the Operation United Assistance area of operations in a week's time. The suspension was effective starting Friday, October 31, 2014.

Q3: What do you expect to accomplish during the temporary halt?

A4: During this temporary halt, the various military service branches and affected combatant commands (AFRICOM, EUCOM, NORTHCOM, TRANSCOM), in coordination with our partner nations in Africa and Europe, will determine the implementation requirements for the 21-day controlled monitoring policy. The Secretary of Defense has given 15 days until the Joint Chiefs of Staff will provide a detailed implementation plan on how this controlled monitoring will be applied.

Q4: Are there any exceptions to the temporary halt?

A5: The only exception is the final group of U.S. Army Africa personnel scheduled to return to Vicenza, Italy. This group already has Government of Italy approval to implement the controlled monitoring in Vicenza.

Q5: How will this affect the new requirements for the redeployment policy?

We are awaiting specific details on the policy, since the Secretary of Defense has given 15 days until the Joint Chiefs of Staff will provide a detailed implementation plan on how this controlled

monitoring will be applied. We share the Secretary of Defense's highest priority, which is the safety and security of our men and women in uniform and their families. Please refer to the statement for further details. Further queries will need to go to the OSD-PA Press Desk.

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