

# MEMORANDUM OF UNDERSTANDING

The Region 2/4 Northeast Health District (Adair, Cherokee, Craig, Delaware, Mayes, and Ottawa County Health Departments of Oklahoma) and Cherokee Nation (hereafter referred to "community partner"), hereby voluntarily enter into this Memorandum of Understanding (hereafter referred to as MOU) for the purpose of responding effectively to any disaster or catastrophic public health emergency in the county(ies) of Agency jurisdiction. The Centers for Disease Control and Prevention (hereafter referred to as CDC) has stockpiled sustainable repositories of lifesaving medical countermeasures (hereafter referred to as MCM) needed to respond to an act of terrorism, pandemic, natural disaster or Public Health Emergency (PHE) in the Nations' Strategic National Stockpile Program (hereafter referred to as SNS) at CDC. The health department has developed plans for the Receipt, Distribution, and Dispensing/Administering of Medical Countermeasures (MCM). Said plans are combined into the Region 2/4 Northeast Mass Immunization Prophylaxis Strategy Plan (hereafter referred to as CADCOM MIPS) Annex. This MOU augments those plans, for rapid deployment of those MCM assets. This document represents the entire understanding between the parties and as such, any amendments shall be in writing and agreed upon by both parties. Both parties understand that document constitutes a service arrangement only monetary value, and either party may terminate this memorandum with sixty (60) days advance written notice to the other party

Maria A. Alexander, MHR, MEP

PRINTED NAME

ADAIR, CHEROKEE, CRAIG, DELAWARE, MAYES, AND OTTAWA COUNTY  
HEALTH DEPARTMENTS  
111 FIRST STREET, NE  
PRYOR, OKLA. 74464

SIGNATURE

918.825.4224  
BUSINESS PHONE

EMAIL: MARIAA@HEALTH.OK.GOV

REGIONAL DIRECTOR

TITLE

8-26-2018  
DATE SIGNED:

Cherokee Nation

NAME OF AGENCY

22114 S. BALD HILL ROAD  
TAHLEQUAH, OKLA. 74464

SIGNATURE

918.872.9581  
BUSINESS PHONE

EMAIL: JEREMIE-FISHER@CHEROKEE.ORG

DIRECTOR, EMERGENCY MGMT.

TITLE

8-27-2018  
DATE SIGNED:

All sections and attachments of the CADCOM Mass Immunization Prophylaxis Strategy Plan are subject to revision. Each modification or update to the plan shall be recorded on page II – Recorded Changes Section. Changes affecting services or contributions from partner agencies or individuals shall be discussed and coordinated with that agency and the governing local emergency management.

By signing this form, this agency/business/organization agrees to assist in a public health emergency as event resources allow. Should the time arise when resources are no longer available or this agency wishes to change their role, notification shall be sent to the local county health department to discuss the changes. The health department shall update the CADCOM MIPS to reflect the requested changes.

## ROLES / RESPONSIBILITY OR RESOURCE INFORMATION

POINT OF CONTACT NAME: (IF DIFFERENT THAN ABOVE) AMY SCHULTHEISS – HEALTH SERVICES EM		
PRIMARY NUMBER:	SECONDARY NUMBER: 918.557.9037	EMAIL: AMY-SCHULTHEISS@CHEROKEE.ORG

DESCRIPTION OF RESOURCES AVAILABLE (DESCRIPTION, NUMBER, SIZE)			
NAME OF RESOURCE (IF PERSONNEL, LIST BY NAME)	DESCRIPTION (INCLUDE SIZE, MODEL, SKILLS, TIME AVAILABLE, OR RESPONSIBILITY TO THE INCIDENT COMMAND...)	NUMBER AVAILABLE	SPECIAL INSTRUCTIONS, IF ANY
REGIONAL WAREHOUSE (SEE ATTACHED ROSTER)	WHSE FACILITY W/FORKLIFTS, PALLET JACKETS, DOCKS, SECURITY TO FUNCTION AS A RECEIVE, STORE, SHIP SITE FOR MCM	12	
FOOD DISTRIBUTION CTR (SEE ATTACHED ROSTER)	TEMPERATURE CTRLD FACILITY W/MONITORED REFRIG/FREEZER FOR COLD CHAIN MGMT	24	
SECURITY ASSETS (SEE ATTACHED ROSTER)	TRIBAL MARSHALS AND VEHICLES AS MAY BE AVAILABLE FOR WAREHOUSE & DISTRIBUTION SECURITY	33	SECURITY FOR FACILITIES AND DISTRIBUTION VEHICLES

Signed originals are on file at the Mayes County Health Department as reference to the CADCOM MIPS Plan.