

U.S. – Canada

Public Health Treaties and Agreements

April 2014



U.S. – Canada Public Health Treaties and Agreements

This table summarizes twenty one treaties and agreements applicable to information sharing for public health incidents between and among Canada and the United States. This list was first compiled by U.S. Federal Emergency Management Agency (FEMA) and has been edited and updated by the Public Health Agency of Canada (PHAC) and the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response. This tool is for informational purposes and may not constitute an exhaustive list of all treaties and agreements.

1. Multinational Agreements

- 1-1. World Organisation for Animal Health (OIE) Terrestrial Animal Health Code [2013]
- 1-2. International Health Regulations [2005]
- 1-3. World Trade Organization (WTO) Agreement on the Application of Sanitary and Phytosanitary Measures (SPS Agreement) [1995]
- 1-4. Pan American Sanitary Code [1952]
- 1-5. North Atlantic Treaty [1949]

2. Trilateral Agreements (Canada, Mexico, U.S.)

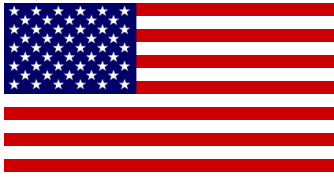
- 2-1. North American Plan for Animal and Pandemic Influenza (NAPAPI) [2012]
- 2-2. Chief Veterinary Officers' Arrangement for the Sharing of Avian Influenza Vaccine when Highly Pathogenic Avian Influenza has been Confirmed in Canada, Mexico or the United States [2008]
- 2-3. Letter of Intent Between the United States, Mexico and Canada to Assist One Another During a Public Health Emergency [2007]

3. Bilateral Agreements, U.S. – Canada

- 3-1. Canada Command – United States Northern Command Civil Assistance Plan [2012]
- 3-2. United States – Canada Beyond the Border: Action Plan [2011]
- 3-3. MOU between Canadian Public Health Laboratory Network (CPHLN) and Association of Public Health Laboratories (APHL) [2011]
- 3-4. Agreement Between the Government of the United States of America and the Government of Canada on Emergency Management Cooperation [2008]
- 3-5. Agreement Between the Government of Canada and the Government of the United States of America on Cooperation in Comprehensive Civil Emergency Planning and Management [1986]
- 3-6. Memorandum of Understanding between Department of Health, Education and Welfare of the United States of America and the Department of National Health and Welfare of Canada regarding the Exchange of Health Manpower in the Event of an Armed Attack on Either Country in North America [1967]

4. Border State Arrangements, U.S. – Canada

- 4-1. United States Public Law Granting the Consent to the State and Province Emergency Management Assistance Memorandum of Understanding [2013]
- 4-2. Washington – British Columbia MOU to Provide Mutual Aid through Sharing Public Health Laboratory Services [2010]
- 4-3. Pacific NorthWest Border Health Alliance Memorandum of Understanding [2009]
- 4-4. Washington – British Columbia MOU to Share and Protect Health Information to Assure Prompt and Effective Identification of Infectious Disease and Other Public Health Threats [2009]
- 4-5. International Emergency Management Assistance Compact (IEMAC) Memorandum of Understanding [2007]
- 4-6. Washington – British Columbia MOU with Respect a Collaborative Approach to the use of Available Public Health and Health Services Resources to Prepare for, Respond to and Recover from Public Health Emergencies [2006]
- 4-7. Pacific Northwest Emergency Management Arrangement [1996]



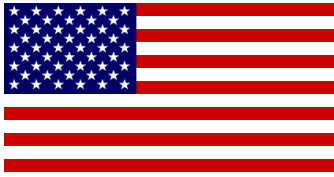
U.S. – Canada

Public Health Treaties and Agreements

April 2014



NAME	YEAR	PARTIES	DESCRIPTION	KEY PROVISIONS	
1. Multinational Agreements					
1-1.	World Organisation for Animal Health (OIE) Terrestrial Animal Health Code	2013	178 OIE Members Countries including Canada and United States of America	<p>“Sets out standards for the improvement of terrestrial animal health and welfare and veterinary public health worldwide, including through standards for safe international trade in terrestrial animals (mammals, birds and bees) and their products.” (i)</p>	<ul style="list-style-type: none"> ▪ Article 1.1.2. (1) “Member Countries shall make available to other Member Countries, through the OIE, whatever information is necessary to minimise the spread of important animal diseases, and their aetiological agents, and to assist [...]” ▪ Article 1.1.3 “[N]otification through the World Animal Health Information System (WAHIS) or by fax or e-mail, within 24 hours of any sudden or occurrence of a listed disease, infection or infestation in a country, a zone or compartment.” ▪ Chapter 1.2. “[D]escribes the criteria for the inclusion of diseases, infections and infestations on the OIE list.” Comprehensive list of diseases, infections, and infestations included in OIE can be found in Article 1.2.3.
1-2.	International Health Regulations	2005	196 States Parties including Canada and United States of America	<p>“The purpose and scope of these Regulations are to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.”</p>	<ul style="list-style-type: none"> ▪ “Not limited to any specific disease or manner of transmission, but covering illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans.” [Page 1] ▪ “Public health emergency of international concern means an extraordinary event which is determined, as [...] (i) to constitute a public health risk to other States through the international spread of disease and (ii) to potentially require a coordinated international response” [Page 9] – <i>Also see Annex 2</i> ▪ Article 6. (1) “Each State Party shall notify WHO [...] within 24 hours of assessment of public health information, of all events which may constitute a public health emergency of international concern within its territory in accordance with the decision instrument, as well as any health measure implemented in response to those events.” ▪ Article 9. (2) “[P]arties shall [...] inform WHO within 24 hours of receipt of evidence of a public health risk identified outside their territory that may cause international disease spread, as manifested by exported or imported human cases, vectors which carry infection or contamination; or goods that are contaminated.”



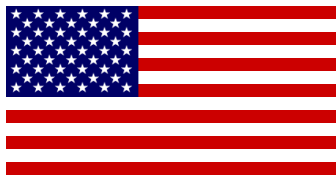
U.S. – Canada

Public Health Treaties and Agreements

April 2014



NAME		YEAR	PARTIES	DESCRIPTION	KEY PROVISIONS
1-3.	World Trade Organization (WTO) Agreement on the Application of Sanitary and Phytosanitary Measures (SPS Agreement)	1995	159 Members including Canada and the United States of America	“This Agreement applies to all sanitary and phytosanitary measures which may, directly or indirectly, affect international trade. Such measures shall be developed and applied in accordance with the provisions of this Agreement.”	<ul style="list-style-type: none"> ▪ Article 3. (1) “To harmonize sanitary and phytosanitary measures [...]” ▪ Article 4. (1) “Members shall accept the sanitary or phytosanitary measures of other Members as equivalent [...]” ▪ Article 5. (1) “Members shall ensure that their sanitary or phytosanitary measures are based on an assessment [...] of the risks to human, animal or plant life or health, taking into account risk assessment techniques developed by the relevant international organizations. (2) In the assessment of risks, Members shall take into account available scientific evidence; [...]” ▪ Article 7. “Members shall notify changes in their sanitary or phytosanitary measures and shall provide information on their sanitary or phytosanitary measures [...]”
1-4.	Pan American Sanitary Code	1952/ 1924	35 Member States including Canada and United States of America	“Some of the objects of the code include: prevention of the international spread of communicable infections of human beings; stimulation of the mutual interchange of information which may be of value in improving public health and combating the diseases of man.” [Page 1]	<ul style="list-style-type: none"> ▪ Article 3. “Each of the Signatory Governments agrees to transmit to each of the other Signatory Governments and to the Pan American Sanitary Bureau, at intervals of not more than two weeks, a statement containing information as to the state of its public health, particularly that of its ports. The following diseases are obligatorily reportable: Plague, cholera, yellow fever, smallpox, typhus, epidemic cerebrospinal meningitis, acute epidemic poliomyelitis, epidemic lethargic encephalitis, influenza or epidemic la grippe, typhoid and paratyphoid fevers, and such other diseases [...]” ▪ Article 4. “Each Signatory Government agrees to notify adjacent countries and the Pan American Sanitary Bureau immediately [...] the appearance in its territory of an authentic or officially suspected case or cases of plague, cholera, yellow fever, smallpox, typhus, or any other dangerous contagion liable to spread through the intermediary agency of international commerce.” ▪ Article 8. “The Signatory Governments agree that in the event of the appearance of [...] cholera, yellow fever, plague, typhus fever, or other pestilential diseases in severe epidemic form in their territory, they will immediately put in force appropriate sanitary measures [...]”
	North Atlantic Treaty	1949	28 Nations including Canada and the United States of America	“Collective defense treaty that establishes the North Atlantic Treaty Organization (NATO).”	<ul style="list-style-type: none"> ▪ Article 4. “[P]arties will consult together whenever [...] the territorial integrity, political independence or security of any of the Parties is threatened.” ▪ Article 5. “The Parties agree that an armed attack against one or more [...] shall be considered an attack against them all and [...] each of them [...] will assist the Party or Parties so attacked by forthwith, individually and in concert with the other Parties, such action as it deems necessary [...] Any such armed attack and all measures taken as a result thereof shall immediately be reported to the Security Council.”



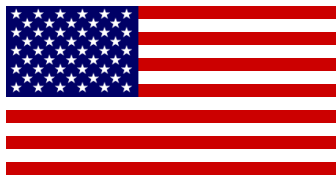
U.S. – Canada

Public Health Treaties and Agreements

April 2014



NAME	YEAR	PARTIES	DESCRIPTION	KEY PROVISIONS	
2. Trilateral Agreements (Canada, Mexico, U.S.)					
2-1.	North American Plan for Animal and Pandemic Influenza (NAPAPI)	2012	United States of America, Canada, and Mexico	<p>“Comprehensive cross-sectoral regional health security framework developed mainly with the input of the health, agriculture, security, and foreign affairs sectors to protect against, control and provide a public health response to animal and pandemic influenza in North America, while avoiding unnecessary interference with international travel and trade.” [Page 5]</p>	<ul style="list-style-type: none"> ▪ “[E]ach country should simultaneously notify the IHR national focal points [...] as well when an IHR notification regarding animal and/or new subtype human influenza is communicated to the WHO via the Pan-American Health Organization (PAHO). In the event of an influenza outbreak [...] where there is a significant zoonotic risk to humans, each country should notify the OIE and implement contingency plans to control and/or eradicate the virus from domestic animal operations. [...]” [Page 19] ▪ “North American Senior Coordinating Body (SCB) is expected to convene and [...] promote coordination among three countries to support rapid and coordinated decision making, facilitate information sharing and address other coordination issues.” [Page 19] ▪ “[R]ecognize that collaboration on communications efforts at all stages of an influenza pandemic, including sharing of communications strategies and activities, helps minimize the possibility of conflicting information or contradictory messages.” [Page 21] ▪ “[R]eview and improve procedures to permit these materials [samples, reagents, and supplies] to cross their borders [...]” [Page 30] ▪ “In preparing for a public health emergency, the three countries intend to collaborate to identify legal and regulatory challenges to the provision of mutual assistance with medical countermeasures and other supplies from national and/or international stockpiles in the event of an actual emergency.” [Page 32] ▪ “Appropriate government agencies should develop a process and mechanism for sharing information on pandemic impacts.” [Page 51]
2-2.	<p>Arrangement for the Sharing of Avian Influenza Vaccine when Highly Pathogenic Avian Influenza has been Confirmed in Canada, Mexico or the United States</p> <p>Note: This document can be found in Annex III (Page 67) of NAPAPI</p>	2008	CFIA, Canada; SAGARPA, Mexico; and USDA APHIS, United States of America	<p>“Chief Veterinary officers of the United States, Mexico, and Canada developed a process for requesting, receiving, sharing and reimbursing each respective country’s stockpiles of avian influenza vaccines.” [Page 67]</p>	<ul style="list-style-type: none"> ▪ Part III. “Each Country will consider the epidemiology of the spread of the disease as part of the criteria needed to make a decision to share stockpiled vaccine. The requesting Country should provide evidence such as the <i>North American Disease Spread Model</i> results as well as surveillance and other epidemiologic data that support containment of the virus and justifies use of vaccine to control and eradicate the remaining infection of the disease.”



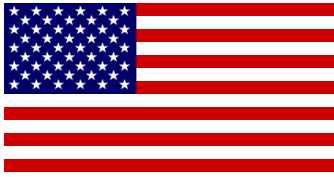
U.S. – Canada

Public Health Treaties and Agreements

April 2014



NAME	YEAR	PARTIES	DESCRIPTION	KEY PROVISIONS
2-3. Letter of Intent Between the United States, Mexico and Canada to Assist One Another During a Public Health Emergency	2007	Department of Health and Human Services of the United States of America, Department of Health of Canada, the Public Health Agency of Canada, and the Ministry of Health of the United Mexican States	“Declares intent to provide assistance in public health emergencies and to cooperate in public health preparedness and response.”	<ul style="list-style-type: none"> ▪ 1. (i) “[E]ach signatory may have to attend to the well being of the people of their respective countries and follow other established national response plans prior to providing assistance to one of the other signatories pursuant to this Declaration. Therefore, the intention set forth in this Declaration is limited to situations in which it is appropriate and possible for the signatories to provide public-health emergency assistance to each other.” ▪ 3. (ii) “Identifying the statutory, regulatory, administrative, operational, logistical challenges to the sharing of medical personnel, countermeasures and supplies in the event of a public-health emergency” ▪ 3. (iii) “Sharing information, on a need-to-know basis, for planning purposes, on the administrative, statutory, regulatory, and logistical requirements when requesting and receiving aid from another signatory” ▪ 3. (vii) “Strengthening operating procedures/processes for the sharing of laboratory information before and during emergency”
3. Bilateral Agreements, U.S. – Canada				
3-1. Canada Command – United States Northern Command Civil Assistance Plan	2012	Canada Command and U.S. Northern Command	“The purpose of the Canada-United States Civil Assistance Plan (CAP) is to provide a framework for the military of one nation to provide support to the military of the other nation while in the performance of civil support operations to the primary agency (e.g., floods, forest fires, hurricanes, earthquakes, and effects of a terrorist attack).” [Page 1]	<ul style="list-style-type: none"> ▪ 1. a. “When approved, military forces from one nation augment the other nation’s forces in civil support operations. Military support under this plan is not provided directly to law enforcement agencies, but rather to the other nation’s military.” ▪ 3. a. “The role of the military in civil emergencies is to provide support to Primary Agencies and first responders. [...] Close coordination and synchronization with the respective lead federal agencies responsible for national and international crisis and consequence response is essential to the provision of effective support.” ▪ 3. d. (2) “Direct liaison is authorized (DIRLAUTH) between the militaries of both nations for planning, information sharing and situational awareness. The state Governors and provincial authorities [...] have established mutual aid compacts for cross-border emergency support [...]. Every effort should be made to maintain situational awareness of these existing bilateral civilian regional planning groups to ensure support to the other nation’s forces is effective and efficient.” ▪ 3. d. (4) “Both nations will take advantage of existing communications infrastructure to maintain situational awareness required to plan for bilateral support and will share information to the maximum extent allowed by national laws, agreements, and policy.”



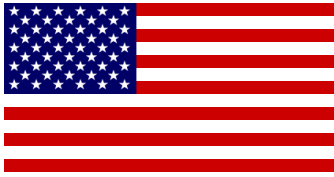
U.S. – Canada

Public Health Treaties and Agreements

April 2014



NAME	YEAR	PARTIES	DESCRIPTION	KEY PROVISIONS
3-2. United States – Canada Beyond the Border: Action Plan	2011	Canada and the United States of America	“Action Plan sets out joint priorities for achieving that vision within the four areas of cooperation identified in the Beyond the Border Declaration: addressing threats early; trade facilitation, economic growth, and jobs; cross-border law enforcement; and critical infrastructure and cyber security.” [Page 1]	<ul style="list-style-type: none"> ▪ “Better protect the United States and Canada from offshore food safety and animal and plant health risks [...]” [Page 7] ▪ “Rapidly Respond to and Recover from Disasters and Emergencies on Either Side of the Border: <ol style="list-style-type: none"> (1) Mitigate the impacts of disruptions on communities and the economy by managing traffic in the event of an emergency at affected border crossings. (2) Enhance our collective preparedness and response capacity for health security threats. [...] [E]nhance preparedness and response capacity through a risk-based approach to planning, which will be supported by appropriate information-, personnel-, and equipment-sharing arrangements and partnerships [...] by summer 2013. (3) Establish binational plans and capabilities for emergency management, with a focus on chemical, biological, radiological, nuclear, and explosives (CBRNE) events.” [Page 25]
3-3. MOU between Canadian Public Health Laboratory Network (CPHLN) and Association of Public Health Laboratories (APHL) Note: This document is not available online and can be requested from the Public Health Agency of Canada’s National Microbiology Laboratory.	2011/2004	APHL, U.S., and CPHLN, Canada	“The purpose of this MOU is to share best practice and important information between APHL and CPHLN as it relates to public health laboratories and infectious diseases.”	<ul style="list-style-type: none"> ▪ C. (2) “Promote the development and use of consistent and quality laboratory practices at the national and international level [...]” ▪ C. (4) “Improve the capability of public health laboratories to capture, process and communicate information through the creation of a network for international sharing of information” ▪ C. (5) “Increase overall capability for responding to infectious disease outbreaks”



U.S. – Canada

Public Health Treaties and Agreements

April 2014



NAME	YEAR	PARTIES	DESCRIPTION	KEY PROVISIONS
3-4. Agreement Between the Government of the United States of America and the Government of Canada on Emergency Management Cooperation Note: Please copy and paste the link below onto any browser. http://www.state.gov/documents/organization/142916.pdf	2008	Government of the United States of America and Government of Canada	Supersedes 1986 agreement. Strengthening cooperation in emergency management, both natural and man-made, incidents, emergencies and disasters to prepare, prevent, protect, respond, recover, and mitigate such events. Chief mechanism for coordination is the Consultative Group.	<ul style="list-style-type: none"> ▪ Article 2. (a) “[A]uthorities of either Party may request the assistance of the other Party in seeking appropriate alleviation [...]” ▪ Article 2. (c) Each Party [...] to facilitate the movement of evacuees, refugees, civil emergency personnel, equipment or other resources into its territory or across its territory when it is agreed that such movement will facilitate civil emergency operations by both countries.” ▪ Article 2. (d) “In times of emergency [...] each Party shall use its best efforts to ensure that those citizens or residents of the other country present in its territory are treated, with respect to health and welfare services, in a manner no less favorable than its own citizens.” ▪ Article 2. (g) “Each Party shall plan for adequate security and care for the personnel, equipment and resources of the other Party entering its territory by mutual agreement [...]” ▪ Article 2. (j) “Each Party shall [...] facilitate cooperative emergency arrangements among state, provincial, and local authorities on matters falling within their competence.” ▪ Article 3. “[P]arties shall ensure that all emergency management plans and arrangements relating to situations of declared or undeclared hostilities: (a) provide [...] support [...] for the defense of North America; (c) mitigate the effects of any armed attack on the civilian population of the Parties”

DRAFT



U.S. – Canada

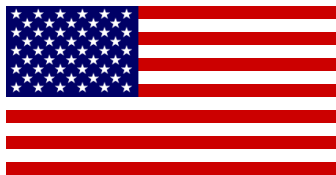
Public Health Treaties and Agreements

April 2014



NAME	YEAR	PARTIES	DESCRIPTION	KEY PROVISIONS
3-5. Agreement Between the Government of Canada and the Government of the United States of America on Cooperation in Comprehensive Civil Emergency Planning and Management	1986	Government of Canada and the Government of the United States of America	“This Agreement is intended as a comprehensive agreement on civil emergency planning and management.”	<ul style="list-style-type: none"> ▪ Article II. (c) “Each government will use its best efforts to facilitate the movement of evacuees, refugees, civil emergency personnel, equipment or other resources into its territory or across its territory when it is agreed that such movement will facilitate civil emergency operations by both countries.” ▪ Article II. (d) “In times of emergency, for the purposes of emergency relief, each government will use its best efforts to ensure that those citizens or residents of the other country present in its territory are treated, with respect to health and welfare services, in a manner no less favorable than its own citizens.” ▪ Article II. (g) “In its emergency planning, each government will include provisions for adequate security and care for the personnel, equipment and resources of the other country entering by mutual agreement in pursuance of authorized civil emergency activities. The two governments will use their best efforts to ensure that such provisions provide access to supplies necessary for their return.” ▪ “Article III. Consultative Group shall ensure that all plans for comprehensive civil emergency management relating to this Agreement are consistent with the commitments of the Parties under the North Atlantic Treaty and other applicable agreements. [C]onsultative Group shall ensure that all civil emergency plans and arrangements relating to situations of declared or undeclared hostilities will: (a) provide necessary, appropriate and timely civil support for the defence of North America; [...] (c) mitigate the effects [sic] of any armed attack on the civilian populations in Canada or the United States.”

DRAFT



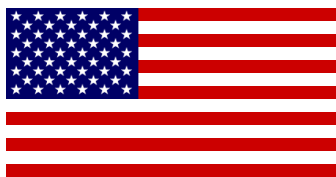
U.S. – Canada

Public Health Treaties and Agreements

April 2014



NAME	YEAR	PARTIES	DESCRIPTION	KEY PROVISIONS
3-6. Memorandum of Understanding between Department of Health, Education and Welfare of the United States of America and the Department of National Health and Welfare of Canada regarding the Exchange of Health Manpower in the Event of an Armed Attack on Either Country in North America	1967	Department of Health, Education, and Welfare of the United States of America and the Department of National Health and Welfare of Canada	[...] “This memorandum has been prepared to facilitate the post-attack exchange of health manpower to care for the sick and injured and to alleviate and prevent the spread of health hazards.” [Page 1]	<ul style="list-style-type: none"> ▪ (2) A. [...] “[L]imited to those professions and occupations listed in the annexure hereto, for which a common standard is acceptable to both countries.” [Page 2] ▪ (2) B. “Operational procedures in this memorandum will be effective only in a post-attack period. They will apply both to mutual support for dealing with a common survival problem and to the provision of health services, if necessary, for groups of refugees who many have crossed the International Boundary, voluntarily or by direction, to escape the effects of nuclear attack.” ▪ (5) “If national priorities in either country [...] permit the exchange of health manpower, emergency health officials of both countries shall be guided by the following general procedures: <ul style="list-style-type: none"> A. Health personnel shall, while in other country, be under the functional direction of the emergency health authority in charge of emergency operations in the area in which they are serving. [...] C. Transborder communication shall be between US and Canadian Regional headquarters, adjacent border municipalities, and political or command subdivisions. Within each country health service officials will report upward [...] action taken or additional health manpower needed to comply with a request from the other country.” ▪ (6) A. “Each of the government departments concerned shall routinely provide to the other all pertinent emergency issuances.”
4. Border State Arrangements, U.S. – Canada				
4-1. United States Congress Joint Resolution Giving Consent to the State and Province Emergency Management Assistance Memorandum of Understanding	2013	Illinois, Indiana, Ohio, Michigan, Minnesota, Montana, North Dakota, Pennsylvania, New York, Wisconsin, Alberta, Manitoba, Ontario, and Saskatchewan	“The purpose of this compact is to provide for the possibility of mutual assistance among the participating jurisdictions in managing any emergency or disaster when the affected jurisdiction or jurisdictions ask for assistance, whether arising from natural disaster, technological hazard, manmade disaster or civil emergency aspects of resources shortages.” [Page 1]	<ul style="list-style-type: none"> ▪ Article III a) “[R]esponsibility of each participating jurisdiction to formulate procedural plans and programs for inter-jurisdictional cooperation in the performance [...]” This includes sharing individual jurisdiction hazards analyses, emergency operations plans, procedures, protocols, and polices; considering joint planning, training, exercising, and procedures to facilitative movement of evacuees, refugees, civil emergency personnel, equipment, or other resources into or across boundaries, or to a designated staging area. ▪ Article III (b) (1) “[D]escription of the emergency service function for which assistance is needed and of the mission or missions, including [...] fire services, emergency medical, transportation, communications, public works and engineering, building inspection, planning and information assistance, mass care, resource support, health and medical services, and search and rescue.” ▪ Article V. “Whenever a person holds a license, certificate, or other permit [...] evidencing the meeting of qualifications for professional, mechanical, or other skills, and when such assistance is requested [...] such person is deemed to be licensed, certified, or permitted by the jurisdiction requesting assistance to render aid involving such skill to meet an emergency or disaster [...]”



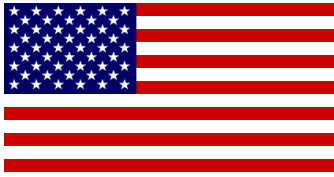
U.S. – Canada

Public Health Treaties and Agreements

April 2014



NAME	YEAR	PARTIES	DESCRIPTION	KEY PROVISIONS
4-2. Washington – British Columbia MOU to Provide Mutual Aid through Sharing Public Health Laboratory Services	2010	Ministry of Healthy Living and Sport, Province of British Columbia and Secretary Department of Health, State of Washington	<p>[...] “This Memorandum is intended to facilitate mutual aid and cooperation during an outbreak of disease, food borne contamination or suspected bio or chemical terrorism that spans borders, or requires the expertise of capacity of the other Party’s laboratories. Such cooperation may include the sharing of materials, expertise, resources, requirement or facilities.” [Page 1]</p>	<ul style="list-style-type: none"> ▪ “The Parties agree to provide surge capacity, including personnel, equipment, and testing facilities for each other as requested. [...] The request will be documented in writing [...] no more than 45 calendar days from the date of the initial request. The response will be documented in writing [...] no more than 45 calendar days from the days the response is completed.” [Page 4] ▪ “Arrangements for the use of a Party’s equipment by the other Party will be made by the primary contacts, who will coordinate the use of one Party’s equipment by the other prior to the submission of any specimens for testing. A Party will provide its equipment for use only when the equipment is documented to be in good working order, unless otherwise agreed to by the Requestor.” [Page 5] ▪ “Each Party will be responsible for adhering its own chain of custody protocols.” [Page 6]
4-3. Pacific Northwest Border Health Alliance Memorandum of Understanding	2009	Alberta, British Columbia, Saskatchewan, Yukon, Alaska, Idaho, Montana, Oregon, Washington	<p>“The purpose of this Memorandum of Understanding (MOU) among the Parties is to engage in a collaborative approach to using available health services resources to prepare for, respond to and recover from public health emergencies.” [Page 2]</p>	<ul style="list-style-type: none"> ▪ (1). a. “Prevent and/or mitigate an occurrence or imminent threat of an illness or health condition, caused by bioterrorism, epidemic/pandemic disease outbreak, or a novel/highly fatal infectious agent or biological toxin through integrated surveillance and early notification.” ▪ (1). b. “Respond to surge capacity demands on health systems and health resources efficiently and in a cost effective manner when public health emergencies arise in any jurisdiction party to this MOU.” ▪ (3). b. “Review jurisdictional emergency plans and consider developing mutual assistance plans, relevant to: prioritized emergencies for public health, mass care and treatment, patient transportation, and interoperable communications services.” ▪ (3). c. “Determine the mechanism for management and provision of assistance.” ▪ (3). e. “Explore strategies to minimize disruption to delivery of services, medicines, critical lifeline equipment and other resources, both human and material.”



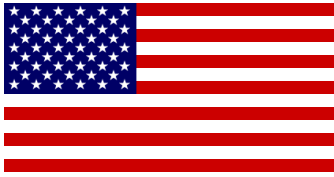
U.S. – Canada

Public Health Treaties and Agreements

April 2014



NAME	YEAR	PARTIES	DESCRIPTION	KEY PROVISIONS
4-4. Washington – British Columbia MOU to Share and Protect Health Information to Assure Prompt and Effective Identification of Infectious Disease and Other Public Health Threats	2009	Ministry of Health Living and Sport, Province of British Columbia and Secretary Department of Health State of Washington	“The purpose of this Memorandum is to further the goals of the MOU between the Parties with respect to public health emergencies and the Pacific Northwest Border Health Alliance MOU, by facilitating the sharing of health information, both individually identified and population related, between Parties for the purpose of assuring prompt and effective identification of infectious disease and other agents hazardous to public health that could lead to public health concerns in the Pacific Northwest region of North America.” [Page 1]	<ul style="list-style-type: none"> ▪ “The Parties will establish a joint working group. [...] The group will meet and confer at least annually.” [Page 1] ▪ “[P]arties recognize that sharing Health Information safeguards the health of their populations, and facilitates emergency preparedness and response. [E]ach Party will endeavor to provide to the other party all Health Information relevant to a Public Health Event, as authorized by its laws.” This includes Individually Identifiable Information.” [Page 2] ▪ “Each Party will make reasonable arrangements to maintain the security of the individually Identifiable Information it receives from the other Party by protecting it against such risks as unauthorized access, collection, use, disclosure or disposal.” [Page 3] ▪ “Each Party will advise the other Party within two (2) business days of any circumstances, incidents or events which, to its knowledge, have jeopardized or may in the future jeopardize: The privacy of individuals to whom the Individually Identifiable Information relates and the security of any system in its control that is used to access Individually Identifiable Information” [Page 3]
4-5. United States Congress Joint Resolution Giving Consent to the International Emergency Management Assistance Compact	2007/2000	States of Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, and Connecticut and the Provinces of Québec, New Brunswick, Prince Edward Island, Nova Scotia and Newfoundland and Labrador	“The purpose of this compact is to provide for the possibility of mutual assistance among the jurisdictions entering into this compact in managing any emergency or disaster when the affected jurisdiction or jurisdictions ask for assistance, whether arising from natural disaster, technological hazard, manmade disaster or civil emergency aspects of resources shortages.” [Page 1]	<ul style="list-style-type: none"> ▪ Article II. [...] “Each jurisdiction further recognizes that there will be emergencies that may require immediate access and present procedures to apply outside resources to make a prompt and effective response to such an emergency because few, if any, individual jurisdictions have all the resources they need in all types of emergencies or the capability of delivering resources to areas where emergencies exist.” ▪ Article III. (1) “It is the responsibility of each party jurisdiction to formulate procedural plans and programs for inter-jurisdictional cooperation in the performance of the responsibilities listed in this section. [...] This includes delivery of services and various resources.” ▪ Article III. (2) “The authorized representative of a party jurisdiction may request assistance of another party jurisdiction by contacting the authorized representative of that jurisdiction. These provisions only apply to requests for assistance made by and to authorized representatives. [...] If verbal, the request must be confirmed in writing within 15 days of the verbal request.”



U.S. – Canada

Public Health Treaties and Agreements

April 2014



NAME	YEAR	PARTIES	DESCRIPTION	KEY PROVISIONS
4-6. Washington – British Columbia MOU with Respect a Collaborative Approach to the use of Available Public Health and Health Services Resources to Prepare for, Respond to and Recover from Public Health Emergencies	2006	State of Washington Department of Health and British Columbia Ministry of Health	“Collaborative approach to resource utilization to respond to surge capacity demands on public health systems and health resources efficiently and in a cost effective manner when public health emergencies arise.” [Page 1]	<ul style="list-style-type: none"> ▪ (2). a. “Review jurisdictional emergency plans and consider developing mutual assistance plans, relevant to prioritized emergencies, for public health, mass care and treatment, patient transportation, and interoperable communications services that could determine the mechanism for management and provision of assistance.” ▪ (2). c. “Develop processes necessary to minimize disruption to the delivery of services, medicines, critical lifeline equipment and other resources, both human and material.” ▪ “The parties will report progress, results, and recommendations (as available) to their respective leadership periodically.” [Page 2]
4-7. United States Public Law Granting the Consent of Congress to the Pacific Northwest Emergency Management Arrangement	1996	Government of the States of: Alaska, Idaho, Oregon, and Washington; Government of the Province of British Columbia and Yukon Territory	“This document is a comprehensive arrangement on civil emergency planning and management.” [Page 4]	<ul style="list-style-type: none"> ▪ “[S]ignatories recognize the importance of comprehensive and coordinated civil emergency preparedness, response and recovery measures for natural and technological emergencies or disasters, and for declared or undeclared hostilities including enemy attack.” ▪ (3) (A) “The authorities of each Signatory may seek the advice, cooperation, or assistance of any other Signatory in any civil emergency matter.” ▪ (3) (C) “Each Signatory will use its best efforts to facilitate the movement of evacuees, refugees, civil emergency personnel, equipment or other resources into or across its territory, or to a designated staging area when it is agreed that such movement or staging will facilitate civil emergency operations by the affected or participating Signatories.”