
Joint Public Health – Law Enforcement Investigations: Model Memorandum of Understanding (MOU)

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Developed by:

Public Health and Law Enforcement Emergency Preparedness
Workgroup

Convened by:

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Background and Purpose

This document was developed during 2007-2008 by the Public Health and Law Enforcement Emergency Preparedness Workgroup (hereinafter the Workgroup). The Workgroup received primary resource support by the Coordinating Office for Terrorism Preparedness and Emergency Response of the Centers for Disease Control and Prevention (CDC), and was established by CDC's Public Health Law Program in partnership with the Bureau of Justice Assistance of the U.S. Department of Justice. The Workgroup's composition included experts from local, state, and national organizations representing the sectors of public health, law enforcement, corrections, and the judiciary (see Appendix A).

Workgroup members developed three documents directed toward opportunities and tools for strengthening cross-sector coordination in public health emergency preparedness, including a broad framework report on improving cross-sector coordination, a guide for strengthening coordinated response to influenza pandemics and other infectious diseases threats, and this model memorandum of understanding (MOU) addressing joint investigations of bioterrorism. For copies of the framework report or the guide for strengthening coordinated response to influenza pandemics and other infectious disease threats, please visit either of the following Web site:

- www2a.cdc.gov/phlp/emergencyprep.asp or
- www.ojp.usdoj.gov/BJA/pandemic/pandemic_main.html.

Specifically, this document provides factors and provisions for consideration for adoption by state, tribal, local, and other jurisdictions when developing methods for coordinating joint public health and law enforcement investigations of bioterrorism, suspected bioterrorism, or other public health concerns possibly resulting from deliberate, criminal actions.

In preparing this framework, the Workgroup adapted some of its provisions from agreements previously developed by public health and law enforcement agencies in New York City and in Los Angeles. Public health, law enforcement, and other officials are encouraged to refer to those agreements and to the related Federal Bureau of Investigation (FBI)-CDC "Criminal and Epidemiological Investigation Handbook" — see:

- <http://www2a.cdc.gov/phlp/docs/BTProtocolCover.PDF>
- <http://www2a.cdc.gov/phlp/docs/Investigations.PDF>
- <http://www2a.cdc.gov/phlp/docs/joint%20mouLA.pdf>
- <http://www2a.cdc.gov/phlp/docs/CrimEpiHandbook2006.pdf>

Disclaimer

The information contained in this document does not constitute legal advice. Use of any provision herein should be contemplated only in conjunction with advice from legal counsel. Provisions may need to be modified, supplemented, or replaced to ensure appropriate citation to or compliance with relevant local and state laws, to accurately reflect the intent of parties to a

particular agreement, or to otherwise address the needs or requirement of a specific jurisdiction.

Use of the Model MOU

As noted above, this document contains information, organized into numbered sections, which provide guidance for and/or might be directly adapted in developing inter-agency MOUs for joint public health and law enforcement investigations. In creating such tools, agencies may elect to utilize information contained in all or only some of the following sections.

Disclaimer Statement in an MOU

Parties agree that this MOU does not create any private rights of action to the general public that would provide a basis for civil liability. Additionally, the MOU does not constrain the statutory or regulatory legal authority of the FBI to investigate federal crimes or any existing authorities of public health agencies.

1. Preamble

- a. Foundation for Public Health and Law Enforcement Joint Investigations
 - i. This memorandum of understanding (MOU) formalizes the manner in which joint public health and law enforcement investigations will be conducted following suspected or confirmed intentional acts (e.g., biological, chemical, or radiological events) that pose a threat to the public's health.
 - ii. In the instance of a bioterrorist event or similar public health emergency, public health will be the lead agency for the public health investigation and response; conducting epidemiological and laboratory activities; and directing public health interventions to prevent illness and to stop the spread of disease and disease-causing agents.
 - iii. The Federal Bureau of Investigation (FBI) has the primary authority to conduct criminal investigations of incidents that involve the intentional use of biological, nuclear, radiological, or chemical agents. When appropriate, the FBI will oversee and coordinate criminal investigative actions with the assistance of local and state law enforcement agencies through the use of the Joint Terrorism Task Force. All references to law enforcement or law enforcement activities within this document, therefore, should be considered within this context. These activities may include the collection of evidence for criminal prosecution, intelligence analysis, and forensics analysis.
 - iv. The parties recognize the "chilling effect" the presence of law enforcement officers may have on patients being interviewed, and on the medical professionals with whom public health routinely works and upon

whom traditional public health surveillance – through mandatory disease reporting – depends. Terms in this agreement will address ways to minimize those effects.

- v. The parties recognize that public health should not be used as an agent of law enforcement when conducting a joint investigation.
- vi. The parties also recognize that protecting the health and safety of the public and response personnel is paramount in the conduct of joint investigations.

b. Public Health and Law Enforcement Goals for Joint Investigations

- i. Public health goals are to: (a) protect the public health and safety; (b) prevent the spread of disease; and (c) ensure the health and safety of all responders.
- ii. Law enforcement goals are to: (a) protect the public safety and maintain order; (b) prevent and investigate criminal acts; and (c) ensure the physical safety of all responders.

c. Public Health Activities for Joint Investigations

- i. Detect unusual events (e.g., cluster of illness among persons with a link in time and place, or a single case of illness with unusual characteristics [e.g., severely ill patient with pustular rash on face and chest suggestive of smallpox])
- ii. Confirm diagnosis by clinical and laboratory evaluation
- iii. Expand disease surveillance
 - Determine whether additional cases are occurring
 - Determine whether there are secondary cases (i.e., persons who become ill after exposure to known cases)
- iv. Investigate and characterize additional cases
- v. Collect and test clinical and non-clinical specimens (e.g., potential sources of contaminated food for suspected botulism cases), as appropriate
- vi. Evaluate epidemiologic data to determine cause, risk factors, extent, and mode of spread of disease
- vii. Develop and implement interventions

- viii. Communicate findings to law enforcement and other agencies as appropriate through the establishment of command posts, a Joint Information Center, or other procedures

d. Law Enforcement Activities for Joint Investigations

- i. Conduct threat identification and assessments, including intelligence collection and analysis
- ii. Gather, preserve, process, and analyze evidence, including forensic examination
- iii. Conduct interviews, and identify and verify facts
- iv. Identify potential suspects
- v. Apprehend suspects
- vi. Testify to investigative findings during criminal prosecution

e. Selected Terminology

Agreements between public health and law enforcement agencies should recognize differences in meaning of terms used by each respective field and, to the extent possible, seek to clarify such terms as a means to minimize associated confusion or ambiguity. Examples of such terms are:

- “case(s)” and “victim(s)” – when used in a public health context, means a person or persons who, based on medical and public health criteria, are confirmed to have a disease of concern or are suspected to have a disease of concern
- “case” – when used in a law enforcement context, means a criminal investigation; “victim” means the person who is the object of a crime
- “overt” bioterrorism threats are scenarios where information is either derived from law enforcement intelligence and investigative sources, the perpetrator(s) announces responsibility for an act through an articulated threat, or the nature of the event reveals itself (e.g. a dissemination device is detected or witness reports)
- “covert” bioterrorism is characterized by an unannounced attack/release in which the presence of ill persons may be the first sign that something has occurred
- “chain of custody” is the methodology used to track and maintain control and accountability of all evidentiary items

- “surveillance” – when used in a public health context, refers to the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health
- “surveillance” – when used in a law enforcement context, means observation of premises or person(s) under suspicion

2. Terms of MOUs

Examples of options for specifying the terms of interagency MOUs for conducting joint investigations:

- a. Such instruments may be in force indefinitely, but may be terminated by either party with adequate written notice.
- b. Such instruments may be reviewed on an annual basis and modified as appropriate.
- c. Modifications must be in writing and signed by authorized representatives of each participating agency.

3. Legal References and Authorities

The parties to this agreement should review legal and jurisdictional authorities, and ensure compliance with applicable laws, rules, and regulations. Some of the categories for review may include:

- a. Federal laws
 - U.S. Constitution (e.g., 4th and 5th amendments regarding liberty and privacy)
 - Applicable federal statutes related to biological, chemical, or radiological materials as weapons, including:
 - Title 18 U.S.C. §2332a (Use of Weapons of Mass Destruction)
 - Title 18 U.S.C. §175 (Biological Weapons Anti-Terrorism Statute)
 - Title 18 U.S.C. §229 (Chemical Weapons Convention Implementation Act)
 - Title 18 U.S.C. §832 (Unlawful Use of Radiological Agents as Weapons)
 - Federal privacy laws (e.g., The Privacy Act, 5 U.S.C. § 552a, and the Health Insurance Portability and Accountability Act [HIPAA] Privacy Rule [45 C.F.R. §§ 164.512(b) {public health activities}, (f) {law enforcement purposes}, and (j) {serious threat to health or safety}])

- Title 42 U.S.C. §264 (Federal Isolation and Quarantine Authority under the Public Health Service Act) and 42 C.F.R. parts 70 and 71
- Section 2801 of the Public Health Service Act, 42 U.S.C. 300hh (provides that HHS Secretary “shall lead all federal public health and medical response to public health emergencies and incidents covered by the National Response Framework”)
- Select Agent Regulations (42 C.F.R. 73, HHS Final Rule regarding possession, use, and transfer of select agents and toxins)
- Federal Policy:
 - Homeland Security Presidential Decision Directive 5 (HSPD-5): designates that “The Attorney General has lead responsibilities for criminal investigations of terrorist acts or terrorist threats by individuals or groups inside the U.S., or directed against U.S. citizens abroad...” “Generally acting through the Federal Bureau of Investigation, the Attorney General, in cooperation with other federal departments and agencies engaged in activities to protect our national security, shall also coordinate the activities of the other members of the law enforcement community to detect, prevent, and disrupt terrorist attacks against the U.S.”
 - Biodefense for the 21st Century: designates that “The Department of Health and Human Services, in coordination with other appropriate federal departments and agencies, is the principal federal agency responsible for coordinating all federal-level assets activated to support and augment the state and local medical and public health response to mass casualty events.”
 - National Response Framework: establishes a comprehensive, national, all-hazards approach to domestic incident response and presents the guiding principles that enable all response partners to prepare for and provide a unified national response to disasters and emergencies.

b. State laws

- State Constitution
- Applicable health code
- Reportable disease laws
- Authority for investigating and controlling disease
- State/local privacy and confidentiality laws including restrictions, if any, on when confidential information can be disclosed to others in order to protect the public’s health, or to protect information related to an ongoing criminal investigation

- Applicable rules implementing laws mentioned above
- c. Local laws (if applicable)

4. Shared Principles and Assumptions

- a. During joint investigations, public health will not act as an agent of law enforcement.
- b. All activities and data sharing that occur under this MOU will comply with all applicable laws, rules, and regulations (*list and specify here*) that govern when routinely collected public health and law enforcement data can be shared with other parties.
- c. Aims of joint investigations primarily are to: (i) identify disease- and injury-causing biological, chemical, or radiological agents (e.g., specific bacteria, viruses, chemicals, isotopes or other toxic agents); (ii) determine the mode(s) of spread or transmission of the disease-causing agent(s) and whether instances of disease are the results of intentional acts; (iii) determine where and when exposures to suspected or confirmed agents may have occurred; (iv) identify who may have been exposed to disease-causing agents; and (v) develop a firm basis for implementing interventions and control measures to reduce the risk of disease or injury occurrence among exposed persons and, as indicated, among the community at-large.
- d. Aspects of joint investigations that are of paramount importance and especially are addressed by this MOU are: (i) sharing of information associated with detection of a public health problem or disease threat that may be due to an intentional (e.g., terrorist) act; (ii) conducting interviews (e.g., patients or victims, relatives, and potential contacts); (iii) collection of biological and clinical specimens from patients and others, and collection of environmental samples; (iv) establishing and preserving a chain of custody of evidence for specimens and samples; (v) protecting the privacy and confidentiality of information developed during the public health phases of the joint investigation; (vi) protecting and safeguarding the health of the public health and law enforcement workforces during the joint investigation; and (vii) coordinating the release of information to public or third parties.
- e. Absent unusual circumstances as agreed upon by all of the parties, joint investigation interviews will occur in a location adequately removed from potentially contaminated areas or crime scenes.
- f. When possible, FBI and/or appropriate state and local law enforcement personnel will be assigned to train with public health field investigation teams beforehand to facilitate familiarity among team members.
- g. When possible, FBI and/or appropriate state and local law enforcement personnel will be assigned to work with the same public health field investigation teams for the duration of a joint investigation.

- h. FBI and/or appropriate state and local law enforcement are responsible for evaluating and addressing security needs of public health field investigators.
- i. Public health has primary responsibility for evaluating the risk of exposure and addressing health and safety needs of both public health and law enforcement personnel.

5. Illustrative Criteria for Joint Investigations

- a. Procedures outlined in this MOU would apply in the following potential scenarios:
 - i. Reports of one or more patients with a potential disease, injury, or illness that suggests the intentional use of biological, chemical, or radiological agents.
 - ii. Recognition of either a suspected or confirmed intentional act that poses a threat to public health (e.g., biological, chemical, or radiological event) prompting the need to interview persons who may have the illness of concern and to determine when, where, and how they may have been exposed. (Note: following a covert release or attack, such epidemiologic information would be essential to determine the time, place, and method of release.)
- b. In developing more specific criteria in this MOU for what will trigger a joint investigation, the following examples are provided for consideration:
 - i. Triggers for joint investigations could be suspected or confirmed cases of specific diseases, including:
 - (a) Single case (or suspected case) of disease caused by an uncommon agent (i.e., *Burkholderia mallei* or *B. pseudomallei*, smallpox, viral hemorrhagic fever, anthrax)
 - (b) Endemic disease with unexplained increase in incidence (i.e., tularemia, plague)
 - ii. Examples of other factors or considerations potentially triggering joint investigations:
 - (a) No known natural or unintentionally-acquired source to explain cluster of infection and no known risk factors
 - (b) Cluster of cases of an undiagnosed syndrome
 - (c) Intelligence suggests a potential intentional threat or event

6. Notification and Information-sharing Following Detection of Problem

- a. Public health steps: Steps for consideration by public health following detection of problems (e.g., through public health surveillance, laboratory reporting, physician notification) that require notification of and/or sharing of information with law enforcement
 - i. Notification of law enforcement
 - Law enforcement should be notified upon recognition of specific diseases, and/or other factors and considerations triggering joint investigations (see element 5 above)
 - Specific public health official(s) should be designated as responsible for notifying law enforcement
 - Specific law enforcement official(s) should be identified for the purpose of being contacted for notification (e.g., the FBI Field Office Weapons of Mass Destruction Coordinator)
 - Methods of contact and information sharing on a 24/7 basis should be determined
 - ii. Sharing information with law enforcement
 - Categories of information that might be shared should be specified and might include identifying information (note: when identifying patient information is available, public health should be aware that law enforcement may want to cross-check names through law enforcement databases); brief summary of clinical information; and brief summary of epidemiological information (e.g., case counts, dates of onset, demographics, relevant location information [places of residence, work, avocational activities, other])
 - Legal privacy protections and procedures to protect privacy and confidentiality of information should be specified
 - Reports describing specimens collected, analytical methods used, and results of analytical procedures should be shared if such information will assist law enforcement investigations
- b. Law enforcement steps: Steps for consideration by law enforcement following detection of potential threats (e.g., through intelligence reports, law enforcement inter-agency reporting) that require notification of and/or sharing of information with public health

i. Notification of public health

- Public health should be notified upon recognition of specific factors/considerations triggering joint investigations (also see element 5 above)
- Specific law enforcement official(s) (office/position) should be designated as responsible for notifying public health
- Specific public health official(s) (office/position) should be identified for the purpose of being contacted for notification on a 24/7 basis

ii. Sharing information with public health

- Information that might be shared includes briefings or assessments of a potential threat(s) deemed potentially credible by law enforcement
- Information may include relevant facts from intelligence reporting or ongoing criminal investigations
- Limitations regarding what can be shared with public health should be identified and may include: classified information requiring security clearances; sensitive case information regarding potential subjects (particularly prior to arrest) or law enforcement operations; confidential informants; intelligence collection sources and methods; and Grand Jury protected information
- Legal privacy protections and procedures to protect privacy and confidentiality of information should be specified

- c. Threat identification process: Local jurisdictions should consider developing a process for evaluating potential threats as identified by public health, and/or law enforcement, and/or FBI. For example, if public health identifies a case of anthrax, then the identified point of contact (i.e., Weapons of Mass Destruction [WMD] Coordinator or FBI liaison) would be notified and convene a conference call (involving the local WMD Coordinator, law enforcement, and designated public health representatives) for the purposes of assessing a possible WMD threat and determining the subsequent course of action (e.g., information sharing only; further background checks; on-scene response; or joint investigation). If a potential credible threat is identified locally, the FBI's national-level WMD threat assessment process (activated through the FBI WMD Coordinator) will further assist local response agency representatives with evaluation by relevant federal agency law enforcement, technical, and public health experts.

- d. Considerations for deciding on a joint investigation: Factors to take into account by key parties (public health, FBI) in deciding on whether and when to initiate a joint investigation might include designation of an official within each agency who has authority for making such a decision; agency- or sector-specific threshold determinants for initiating a joint investigation (e.g., preliminary findings from a public health investigation or preliminary conclusions from a threat assessment process); and a specified process involving consultation between designated officials.
- e. To facilitate the coordination of joint interviews and analysis, FBI/law enforcement and public health should assign liaisons at respective public health and law enforcement operations centers
 - i. If the FBI establishes a Joint Operations Center (JOC) for law enforcement activities, a public health representative (who has a security clearance) should be assigned as a liaison to the Investigations Unit or Intelligence Unit within the Operations Group
 - ii. If public health establishes a Department Operations Center, an FBI liaison should be assigned to the component overseeing the epidemiological investigation

7. Initiation of Investigation

- a. Procedures for joint interviews of “victims/cases”
 - i. Prior to conducting interviews, public health will advise law enforcement/FBI on appropriate personal protective equipment (PPE) measures.
 - ii. Prior to conducting interviews, standard operating procedures require the FBI to conduct background checks to determine if the interviewee has a criminal history. In cases where this information is relevant to the current joint investigation and/or where this information is necessary to be shared for safety purposes, the FBI will provide the results to public health.
 - iii. Public health and law enforcement investigators should meet prior to conducting the patient interview at an offsite location other than where the interview is to take place to discuss relevant information, develop priority questions, and discuss the interview approach
 - iv. If subject is hospitalized:
 - Public health notifies the proper authority at the hospital/facility of the need for a joint public health and law enforcement interview of the hospitalized patient(s)

- Efforts should be directed toward minimal disruption of the hospital environment whenever possible
- Consultation is held with the patient's primary/attending physician and other physicians when necessary/appropriate prior to interview of the patient
- The number of involved joint investigative team personnel is minimized to extent possible (law enforcement should wear plain clothes and firearms should not be visible)
- The joint public health and law enforcement team meets at staging area with equipment, for briefing, and for transport to hospital (or other facilities)
- Public health notifies the on-call administrator about which joint investigative personnel will be present
- Only public health will review medical records and/or interview medical staff to independently identify other potential patients with symptoms consistent with disease of concern (Note: to protect patient confidentiality, FBI and local law enforcement should not be present.)

v. If subject is not hospitalized:

- Efforts should be made to interview patients/cases away from other persons in a private, comfortable setting removed from distractions
- For an in-home or other such residential interview:
 - Person(s) should be contacted by telephone in advance to inform them about the joint interview
 - Consent to enter must be obtained (or a warrant must be secured)
 - The number of personnel should be minimized
 - Law enforcement should wear plain clothes
 - Law enforcement should not be present during a physical examination by public health

vi. During the interview:

- All joint investigative team members introduce themselves to patient and explain that they need to ask questions to determine where and when the patient may have become exposed/infected
- Absent unusual circumstances as agreed upon between all of the parties, public health will interview the patient first, while the FBI/law enforcement are present in the room. The data collection tool that will be used will be a public health prepared questionnaire developed in consultation with law enforcement prior to the interview. At the conclusion of the public health interview, and if necessary, the FBI/law enforcement personnel will further interview the patient while public health remains in the room
- Public health questions may be limited to symptoms and other clinical features to determine onset of illness, and how patient might have become exposed/infected (e.g., details of where patient had been prior to presumed period of exposure, exposure to potential risk factors, travel history, and other relevant factors)
 - To extent possible and upon agreement, no sensitive or private medical information should be discussed during joint interview
 - Physical examination of the patient should not be conducted when law enforcement personnel are in the room
- Requests made by a patient for public health or law enforcement personnel to leave the room before or during the interview should be accommodated (although personnel may return later to interview the subject separately)

8. Procedures for Collection and Analysis of Clinical Specimens and Environmental Samples

All parties agree that information obtained from clinical specimens and environmental samples will be shared to the extent possible under the purview of the joint investigation, including the results of tests on biological and clinical specimens from patients and others. Parties further agree that environmental sampling operations should be conducted in a manner that addresses urgent public health considerations, while preserving and promoting criminal investigative and evidentiary requirements.

a. Clinical Specimens

Appropriate medical and public health personnel will be responsible for the collection of any clinical samples from patients taken for health purposes. As appropriate, and in

coordination with FBI/law enforcement, a chain of custody will be established based upon standard laboratory documentation and procedures. Parties agree that a chain of custody will be built back in the event that previously-collected clinical samples become evidentiary for a criminal investigation.

b. Environmental Samples

- i. In the event that location(s) must be sampled for the presence of a biological, chemical, or radiological hazard for both public health and law enforcement purposes, the parties agree to develop a joint sampling plan prior to entry that addresses both law enforcement and public health requirements.
- ii. Parties agree to address the following prior to sampling:
 - To adopt sampling plans that consider Laboratory Response Network (LRN) capacity for collecting, transporting, testing, reporting and retaining of samples
 - To adhere to any applicable evidentiary requirements for all samples collected
 - To conduct an appropriate hazard risk assessment prior to PPE selection, entry and sampling operations
 - To agree to procedures that will govern access to designated crime scenes by only the appropriate sampling personnel identified in the joint sampling plan

9. Subsequent Steps during Joint Investigation

- a. Post interview/during the ongoing investigation: Parties agree to use procedures that protect the privacy and confidentiality of information developed during the joint investigation
 - i. Public health and law enforcement team members review data collected from interviews and other sources, and share as appropriate. Each agency will document the results of the interview in accordance with their standard operating procedures (for example, public health may complete an epidemiological questionnaire, and the FBI will document its results on an FD-302). Law enforcement and public health should review these documents to ensure they accurately document the information obtained during joint interviews.
 - ii. If agreed upon by public health and as appropriate and consistent with applicable laws, copies of completed public health questionnaires will be shared with FBI and local law enforcement upon request. If it is decided that parts of the questionnaire may not be relevant to the joint investigation and

may contain sensitive medical information, steps should be taken to redact this information before sharing.

- iii. Records containing confidential patient information will be maintained by public health, FBI, and local law enforcement in a manner agreed upon by all parties.
- iv. During the period of the joint investigation, parties (i.e., public health, FBI, and local law enforcement) should inform each other in a timely fashion of any new information that may have an impact on the joint investigation. Such information may include key details (e.g., the possible time, location, and/or mode of release of a biological agent) and should be shared consistent with applicable laws.
- v. The parties (public health, FBI, appropriate state and local law enforcement) will consult to determine the best course of action to complete the joint investigation.
- vi. During the course of a joint investigation, any information or documents provided by public health to FBI and/or state and local law enforcement, or vice versa, should be maintained in a manner consistent with established requirements protecting against unauthorized release.
 - Any documents marked as “Confidential” (in the sense of unclassified but medically sensitive information, such as patient care records, as opposed to “secret” or classified information) and/or “Law Enforcement Sensitive” should be protected and maintained per stipulations provided by the originator.
- vii. If parties mutually agree that the joint investigation is concluded, or that bioterrorism or a public health event resulting from intentional actions are no longer suspected, all confidential public health and law enforcement documents will be maintained in a secure manner to preserve their confidential status.
 - Dissemination of these records shall be in compliance with all local, state, and federal laws and regulations.
 - Prior to dissemination, the originating agency shall be contacted and consulted with about the release.

10. Media Releases

- a. All media releases related to joint investigative activities addressed in the MOU will be mutually agreed upon and jointly handled according to each agency’s guidelines and ideally through a Joint Information Center (JIC) if an Incident Command Center/Emergency Operations Center (ICC/EOC) is activated.

- b. No release regarding the joint investigation will be issued without separate approval from each agency conducting the joint investigation.

11. Maintaining Preparedness for Joint Investigations

All parties agree to consider:

- Periodically reviewing and, if necessary, updating the MOU
- Establishing interagency oversight for joint investigative preparedness
- Holding periodic/regularly scheduled joint training or exercises
- Identifying job categories of and personnel in public health and law enforcement for whom periodic joint training or exercises are required
- Determining operational objectives for, curriculum and contents of, and approaches to periodic joint training or exercises (e.g., periodic joint public health-law enforcement investigation exercises, sometimes called “forensic epidemiology” exercises)
- Periodic review of procedures

Appendix A: Organizations Represented within the Workgroup

Please note that representatives of the organizations listed below participated in development of the Workgroup materials. The language and content of the materials do not represent the official policy, endorsement, or views of these organizations.

Administrative Office of U.S. Courts
Association of Public Health Laboratories
Association of State Correctional Administrators
Association of State and Territorial Health Officials
Council of State and Territorial Epidemiologists
Federal Bureau of Investigation, Weapons of Mass Destruction Directorate
National Association of Attorneys General
National Association of County and City Health Officials
National Center for State Courts
U.S. Department of Health and Human Services, Centers for Disease Control and Prevention
U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response
U.S. Department of Homeland Security
U.S. Department of Justice, Bureau of Justice Assistance
U.S. Department of Justice, Counterterrorism Section

Other:

City, County, University, and Transit Law Enforcement Agencies
State Departments of Public Safety