

MUTUAL ASSISTANCE AGREEMENT
BETWEEN THE
CHIPPEWA COUNTY HEALTH DEPARTMENT,
And

THE SAULT TRIBE HEALTH CENTER

This agreement is made and entered into this _____ day of _____ by and between the Chippewa County Health Department and the Sault Tribe Health Center.

Whereas:

- 1) The parties hereto are geographically located in proximity to each other in Chippewa County;
- 2) Health related emergencies such as epidemics, outbreaks of disease and bio-terrorist events are likely to be geographically dispersed and evolve over time, are not site specific and may not be immediately identifiable;
- 3) Spread of communicable disease, particularly food-borne illness, may be widespread before the agent is confirmed;
- 4) Sault Tribe Health Center and the Chippewa County Health Department have separate teams of investigators who respond to illness outbreaks; and
- 5) It is to the mutual advantage and benefit of Sault Tribe Health Center and Chippewa County Health Department to rapidly contain, control and identify if possible, these health related incidents.

Now therefore, the parties hereto agree as follows:

In the event there is an occurrence of disease that may cause widespread illness, including possible food-borne illness, the party that first is made aware of the case will report the case to the other entity within 24 hours of becoming aware of the potential illness and will keep the other entity apprised of the ensuing investigation to ensure coordination of investigation if necessary.

NO WAIVER OF SOVEREIGNTY

It is understood by the parties that this agreement in no way waives the sovereignty of the Sault Tribe Health Center, nor of the State of Michigan, nor affects the existing authority of the Chippewa County Health Department.

AMENDMENT AND TERMINATION

This Mutual Assistance Agreement will remain in effect for an indefinite period, subject to renegotiation at the request of any of the parties, and subject to cancellation upon 30 days written notice by any of the parties.

Dr. James Terrian, _____, Medical Officer, Chippewa County
Health Department
Date _____

Name _____, Health Director, Sault Tribe
Indian Community

Date _____

