



U.S. Defense and Military Documents on COVID-19

FDLP Academy August 18, 2020

Professor Bert Chapman

Government Information, History, & Political Science Librarian

Purdue University Libraries & School of Information Studies

Defense Health Agency



Health.mil

The official website of the Military Health System

The Defense Health Agency (DHA) is a joint, integrated Combat Support Agency that enables the Army, Navy, and Air Force medical services to provide a medically ready force and ready medical force to Combatant Commands in both peacetime and wartime. The DHA supports the delivery of integrated, affordable, and high quality health services to Military Health System (MHS) beneficiaries and is responsible for driving greater integration of clinical and business processes across the MHS.

CORONAVIRUS DISEASE 2019

COVID-19

What you need to know to keep your family safe and healthy.

COMMUNICATIONS TOOLKIT

BACKGROUND

COVID-19, the disease caused by the new coronavirus, is an increasing force health protection threat in areas where the Department of Defense (DoD) personnel live and work. The Centers for Disease Control and Prevention (CDC) is the leading federal public health agency responding to COVID-19. The CDC continues to assess the risk of COVID-19 and provide guidance for those residing in the U.S. and traveling abroad.

This toolkit provides communicators at military hospitals and clinics important CDC and TRICARE-specific information to share with patients and beneficiaries.

The purpose of this toolkit is for communicators to:

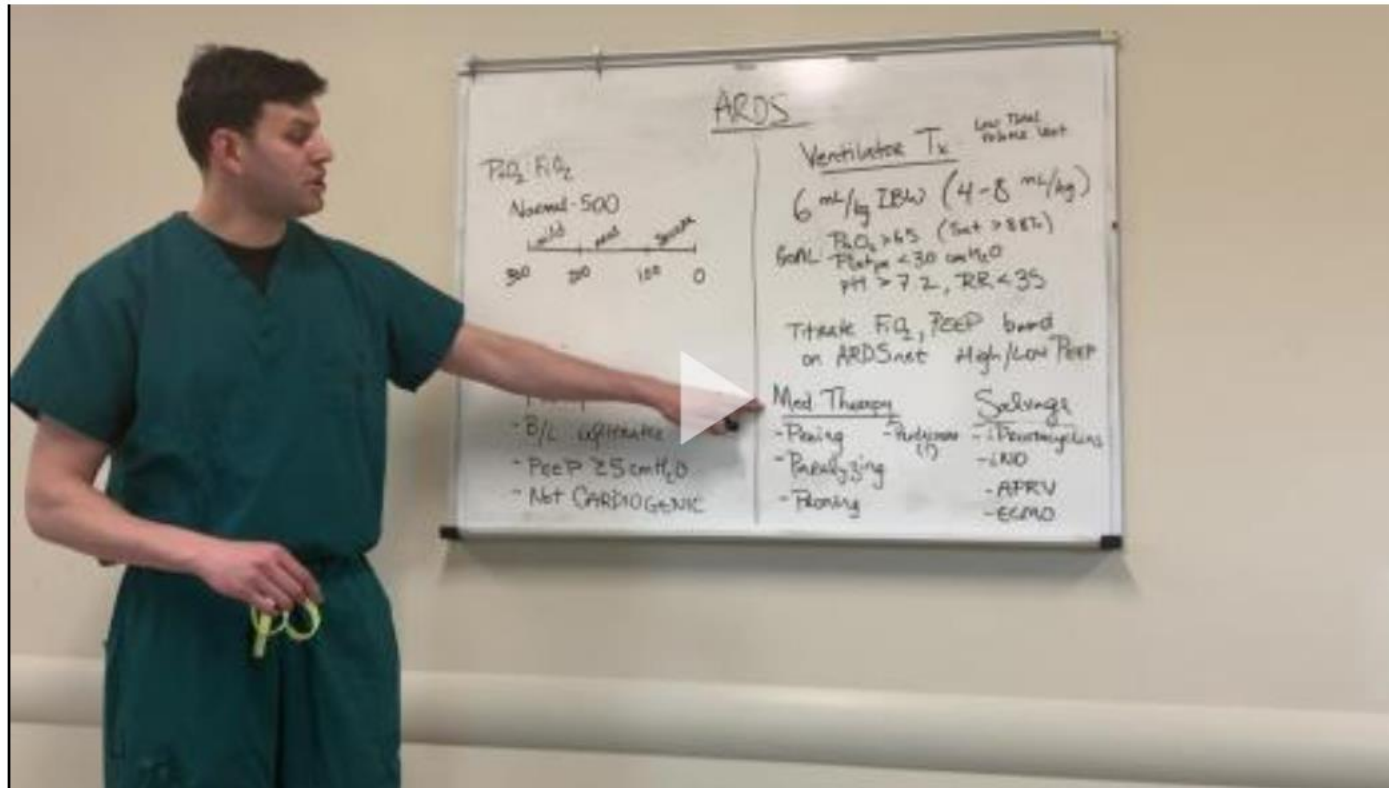
- Educate TRICARE beneficiaries on preventive measures, as recommended by the CDC
- Teach beneficiaries the signs and symptoms of COVID-19, as determined by the CDC
- Instruct beneficiaries what to do within the Military Health System (MHS) if they feel sick or believe they were exposed to the virus that causes COVID-19

Key Messages for Communicators

- The top priority of the MHS is the health and welfare of its 9.5 million beneficiaries. We are prepared to help combat the spread of COVID-19 and are taking measures to ensure that the health of personnel and communities are not impacted by the spread of this virus.
- Force health protection is our top priority. Ensuring a Ready Medical Force and a Medically Ready Force includes mitigating the spread of the virus by following CDC-recommended preventive measures.
- The Military Health System (MHS) remains committed to working with interagency partners to provide support in protecting the American people.
- Follow CDC guidance to stem the spread of the disease.
- If you have COVID-19 symptoms (fever, cough, or shortness of breath) and believe you have been exposed to someone with COVID-19, stay at home and speak to an MHS nurse either using the MHS

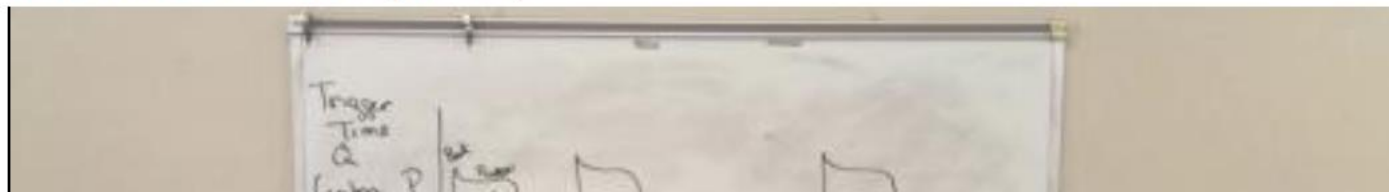
Military COVID-19 Instructional Videos

Acute Respiratory Distress Syndrome Lecture



[View on dvidshub.net](http://dvidshub.net)

Ventilator Basics (ACVC)





Sailors aboard the aircraft carrier USS Theodore Roosevelt participated in voluntary COVID-19 antibody testing.

Thousands of sailors from the aircraft carrier and the embarked staffs signed on to have their blood drawn. It will be analyzed for antibodies indicating whether or not they have been previously exposed to COVID-19.

Navy Lt. Cmdr. Rebecca Pavlicek, a microbiologist from Navy Environmental Preventive Medicine Unit Six in Pearl Harbor, Hawaii, who is embarked aboard Theodore Roosevelt to help administer the tests, said the science behind COVID-19 antibody testing is still in the development

Navy: Former USS Theodore Roosevelt Commander Will Not Be Reinstated

JUNE 19, 2020 | BY [C. TODD LOPEZ](#), DOD NEWS



Following the release of a report into the events surrounding an outbreak of COVID-19 on the aircraft carrier USS Theodore Roosevelt, Navy Capt. Brett E. Crozier, the ship's former commander, will not be reinstated, Navy Adm. Michael M. Gilday, chief of naval operations said at a Pentagon news conference.

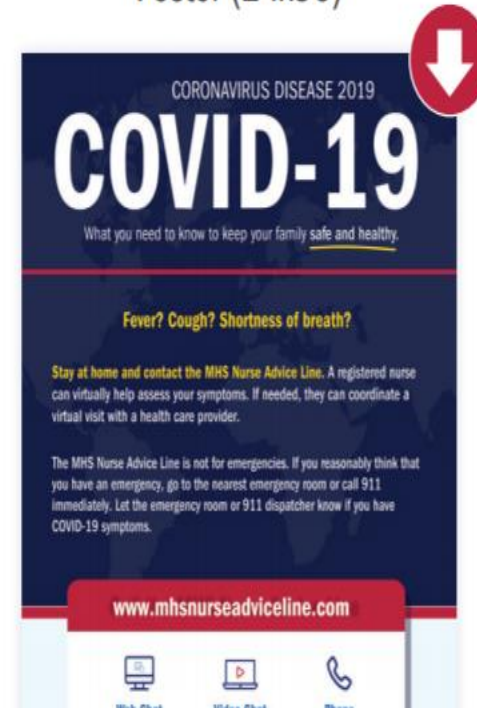
MHS Nurse Advice Line: Screensaver



MHS Nurse Advice Line: Image



MHS Nurse Advice Line: Poster (24x36)



Defense Logistics Agency

Defense Logistics Agency manages the global supply chain – from raw materials to end user to disposition – for the Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, 11 combatant commands, other federal agencies, and partner and allied nations.

DLA also supplies 86 percent of the military's spare parts and nearly 100 percent of fuel and troop support consumables, manages the reutilization of military equipment, provides catalogs and other logistics information products, and offers document automation and production services to a host of military and federal agencies. Headquartered at Fort Belvoir, Virginia, DLA is a global enterprise – wherever the United States has a significant military presence, DLA is there to support.



COVID-19 S U P P O R T

9 PEOPLE EMBEDDED 

- WHITE HOUSE TASK FORCE NATIONAL SUPPLY CHAIN STANDARDIZATION
- FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL LOGISTICS RESPONSE
- HEALTH AND HUMAN SERVICES NATIONAL MEDICAL SUPPLY CHAIN RESPONSE
- OPERATION WARP SPEED NATIONAL VACCINE RESPONSE

15,271 = **\$1.4B**
CONTRACT ACTIONS IN OBLIGATIONS*

			
\$365M	\$134M	\$89M	\$38.5M
N95 DECON EQUIPMENT	NURSING HOME SUPPORT	VENTILATOR SUPPORT	CRITICAL PPE

*DLA also provides multi-commodity support

CRITICAL PARTNERSHIPS

	\$1.87B IN SUPPORT
	\$117M SERVICE DEPLOYABLE HOSPITALS
	\$14.4M IN SUPPORT
	\$776K IN SUPPORT

Reutilization
\$18.3M Reutilized

- 526K MASKS
- 41 VENTILATORS
- 223K GLOVES
- 4.9K GOWNS



CURRENT MISSIONS

SUPPORT TO 15K NURSING HOMES
*Centers for Medicare & Medicaid Services Mission**

- 1.2M EYE PROTECTION
- 643.5M FACE SHIELDS
- 12.8M GOWNS
- 64.4M GLOVES
- 13.8M MASKS

* See Nursing Home Delivery Infographic



WARSTOPPER RELEASE

- 2.9M N95 RESPIRATORS
- 10K FACE SHIELDS
- 140K GOWNS
- 1M GLOVES



ANTICIPATED WARSTOPPER INVESTMENTS

- 7.1M N95 RESPIRATORS
- 150K FACE SHIELDS
- 7.6M MASKS
- 3.3M GOWNS
- 6M GLOVES



PROCUREMENT OF CRITICAL MEDICAL AND PERSONAL PROTECTIVE EQUIPMENT*

	3.5M TEST COMPONENTS	
	143.8M GLOVES	
	5.3M N95 RESPIRATORS	
	1M HAND SANITIZERS	
	18.1M MASKS	
	6.7K VENTILATORS	
	2.8M GOWNS	

*Deliveries ongoing; receipts vary
AS OF 16 JULY 2020



Strategic Initiatives Group/
Public Affairs

DLA Small Business

[DLA Small Business Home](#)

[Doing Business With DLA](#) ▼

[Vendor Opportunities and Forecasts](#)

[DLA Small Business Resources](#) ▼

[Procurement Technical Assistance](#) ▼

[Small Business Innovation Programs](#)

[Other DLA Innovation Programs](#) ▼

NOTICES

- **NEW!** COVID-19 Contingency Store: Exclusive storefront on FedMall for DoD small business contractors to purchase non-medical Personal Protective Equipment (PPE) and similar items
- **NEW!** COVID-19 Contingency Corridor Opportunity: to become a supplier for non-medical PPE and similar material
- **COVID-19 Notice (Updated 4/17/2020):** Small Business Guidance and Resources in response to Coronavirus (COVID-19)
- Notice: Federal Business Opportunities website, www.FBO.gov, transition to beta.SAM.gov
- Notice: Changes to the Procurement Instrument Identification (PIID) Structure
- Notice: Submission of invoices for Fast-Pay Orders in iRAPT
- Notice: Malicious Actor Targeting Private Vendors through GSA STARS II by E-Mail Spoofing
- Additional Vendor Notices

COVID-19 CONTINGENCY STORE - BUYERS

The COVID-19 Contingency Store is a restricted storefront within [FedMall](#) allowing Department of Defense (DoD) Small Business Contractors to exclusively browse and shop for non-medical Personal Protective Equipment (PPE) and similar material offered by the commercial supplier community in support of the Federal COVID-19 relief effort.

Within the FedMall Marketplace, DLA is implementing this store providing the ability for DoD small business contractors to purchase non-medical PPE at or below the micro-purchase threshold of \$10,000 for use while performing on their government contract.



This capability will support reconstitution of our contractor workforce as small businesses have had difficulties purchasing sufficient quantities of non-medical PPE for their employees.

WHAT TYPE OF ITEMS ARE ELIGIBLE FOR PURCHASE IN THE STORE?

Items eligible for purchase are approved commercially supplied non-medical PPE and similar material. For example:

	Non-Medical Face Mask		Hand Sanitizer
	Non-Medical Gloves		Disinfecting Wipes

WHAT DO BUYERS NEED TO REGISTER IN FEDMALL?

DoD Small Business (SBs) Contractor buyers need to ensure that they have the following prior to registering in FedMall:

I am small business with capacity to provide medical supplies/personal protective equipment (for example, masks, hand sanitizer, gowns, gloves, respirators, etc). Who should I contact at DLA?

DLA's medical supply chain supports America's military every day and in every crisis. DLA Troop Support manages our medical supply chain, which includes equipment like ventilators and medical supplies such as personal protective equipment, or PPE. We are always on call to support warfighters and their dependents around the world. We also coordinate with other federal agencies, including the Department of Homeland Security, to support contingencies like the federal response to the coronavirus (COVID-19) pandemic. If you think you can help, send your capability statement to TroopSupportCOVID19@dla.mil.

DLA's [Technology Accelerator Other Transaction Authority \(OTA\) Program](#) is accepting OTA whitepapers on the following problem statements in support of COVID-19:

1. Personal Protection Equipment (PPE) Re-Use and Decontamination
2. Prototype PPE: N95 Equivalent Masks

View instructions on how to submit whitepapers on the Technology Accelerator OTA Program's website - <https://www.dla.mil/HQ/InformationOperations/Accelerate/>

Where else can I look for opportunities to support the response to the COVID-19 pandemic?

The COVID-19 Joint Acquisition Task Force, in partnership with the Department of the Air Force, created an industry portal for companies to submit proposals to meet the urgent need for medical resources. Find the portal at - <https://www.acq.osd.mil/jatf.html>

BAILE CREEK, Mich., June 22, 2020 — Half of all U.S. states have requested excess military medical supplies and equipment from the Defense Logistics Agency since the national pandemic response began in March.

The agency has funneled the supplies, originally worth over \$4.5 million, to qualified state agencies from DLA Disposition Services sites where military units relinquish taxpayer-purchased property they no longer need. By mid-June, states had made about 1,300 requests for 1.5 million medical items, including vital signs monitors, anesthesia machines, gloves, gowns and surgical drapes.

“Some states will typically pull material only from their regional [disposition] sites,” while others request items from distant locations, said Property Disposal Specialist Cassie Gilbert, a 20-year agency employee who supports state customers. She said items DLA donates to the states are free apart from shipping costs.

Tennessee is one of several states to increasingly rely on DLA excess property, Gilbert added. Officials there requested over 450 individual medical items during the pandemic, including defibrillators, monitors, beds, stretchers, masks, and surgical bandages and tape. The items came from 17 surplus property sites in 14 states as far away as Alaska.

State officials’ exposure to military surplus can depend on base proximity. Those with few or no major installations may not factor federal excess property into contingency planning compared to those with a large military presence. Idaho, for example, requested various medical supplies and equipment from DLA for its coronavirus response but sourced



July 2020 DOD Analysis on Implementation of 2018 National Defense Strategy

Supporting Whole-of-Nation COVID-19 Response

Global COVID-19 response efforts have reinforced the necessity of a rules-based, international order rooted in transparency, openness, honesty, and other shared values. While the Chinese Communist Party spent the critical, early days of the coronavirus outbreak suppressing information, clamping down on dissent, and misleading the international community, the U.S. military was on the frontlines of the battle against the virus since day one in January.

I am tremendously proud of the more than 60,000 uniformed and civilian personnel who have been engaged in the Nation's response to the coronavirus pandemic since January, including more than 47,000 National Guard members and roughly 4,200 medical personnel who often risked their own lives to help their fellow Americans. Their efforts include the following achievements:

- Provided \$2.9 billion in life-saving supplies and equipment to Service members and Federal departments and agencies as part of the whole-of-nation response, and assisted dozens of partner nations with diagnostics support and the provision of personal protective equipment;
- Engaged in the fight against coronavirus from week one, on January 29, when we received the first planeload of hundreds of Americans from China into March Reserve Air Base in California, and then cared for them over a period of weeks;
- Provided housing at 13 military installations – including Travis Air Force Base, Marine Corps Air Station Miramar, and Lackland Air Force Base – to Americans returning from abroad, allowing them to quarantine safely;

AS OF JUNE 17, 2020



DOD OIG COVID-19 OVERSIGHT PLAN

TOP COVID-19 MANAGEMENT CHALLENGES FACING THE DEPARTMENT OF DEFENSE

The DoD received more than \$10.5 billion in appropriated funds in the “Families First Coronavirus Response Act” (Public Law 116-127) and the “Coronavirus Aid, Relief, and Economic Security Act” (CARES Act, Public Law 116-136) to prevent, prepare for, and respond to COVID-19, domestically and internationally.

The DoD faces management and performance challenges as it seeks to ensure pandemic funds are timely and appropriately spent to meet the goals of the emergency legislation. The DoD OIG has proactively engaged with the DoD to provide insights from prior oversight projects during contingencies. The DoD OIG provided the DoD three memorandums with best practices and lessons learned and proactively encouraged individuals to report to the DoD Hotline concerns or complaints related to the DoD’s response to COVID-19 and use of funding.

Secretary of Defense Mark Esper stated that his top three priorities during the COVID-19 pandemic are protecting DoD personnel, maintaining military readiness, and supporting the whole-of-government interagency response.

The DoD OIG sees the top challenges facing the DoD in performing pandemic-related responsibilities and spending any response funds as: maintaining readiness and conducting ongoing operations while adhering to COVID-19 restrictions; ensuring access to and quality of healthcare for service members and their families; and ensuring appropriate financial management and accountability of COVID-19 spending.

The following sections discuss each of the COVID-19-related challenges and oversight projects the DoD OIG is undertaking to address each challenge.

Audit of the Disinfection of DoD Facilities in Response to the Coronavirus

The objective of this audit is to determine whether DoD officials adequately cleaned and disinfected DoD facilities that were occupied by individuals suspected of, or confirmed as being positive for COVID-19.

<https://media.defense.gov/2020/May/15/2002300592/-1/-1/1/D2020-D000RH-0128.000.PDF>

Audit of the Impact of COVID-19 on Basic Military Training

The objective of this audit is to determine whether the DoD followed guidance and implemented procedures to prevent and reduce the spread of COVID-19 at basic training facilities, while maintaining military readiness.

<https://media.defense.gov/2020/Jun/09/2002313143/-1/-1/1/D2020-D000RL-0118.000.PDF>

Audit of Maintaining Cybersecurity in the COVID-19 Telework Environment

The objective of this audit is to determine whether DoD components maintained network protections as the DoD workforce maximized the use of telework capabilities to ensure the continuity of mission essential tasks during the coronavirus disease pandemic.

<https://media.defense.gov/2020/Jun/09/2002313147/-1/-1/1/D2020-D000CR-0119.000.PDF>

Audit of Dual-Status Commanders for use in Defense Support of Civil Authorities

The objective of this audit is to determine whether DoD components complied with the process to nominate, certify, and appoint Dual-Status Commanders in accordance with legal authorities and DoD policies for use in Defense Support of Civil Authorities missions in response to the outbreak of COVID-19.

<https://media.defense.gov/2020/May/11/2002297479/-1/-1/1/D2020-D000RM-0122.000.PDF>

Audit of Screening and Quarantine Procedures at Al Udeid Air Base

The objective of this audit is to determine whether the Air Force has implemented screening and quarantine procedures for personnel entering Al Udeid Air Base in accordance with applicable criteria in the event of an infectious disease outbreak.

<https://media.defense.gov/2020/May/11/2002297477/-1/-1/1/D2020-D000RJ-0123.000.PDF>

FRAUDULENT ACTIVITY RELATED TO COVID-19:

CONTRACT FRAUD

- Fraudulently billing for goods or services

HEALTHCARE FRAUD (TRICARE)

- Offering TRICARE members fraudulent tests and cures
 - Fraudulent billings
- Violating the Anti-Kickback Statute

PRODUCT SUBSTITUTION

- Selling counterfeit or faulty medical equipment or supplies

CORRUPTION

- Bribes, kickbacks, or gifts
 - Bid rigging
- Antitrust and collusion

REPORT COVID-19 FRAUD AGAINST THE DOD

WAYS TO REPORT FRAUDULENT ACTIVITIES:



MILITARY • CIVILIAN • CONTRACTOR



Disaster **Fraud** Hotline

866-720-5721

www.justice.gov/DisasterComplainForm

Ongoing Projects

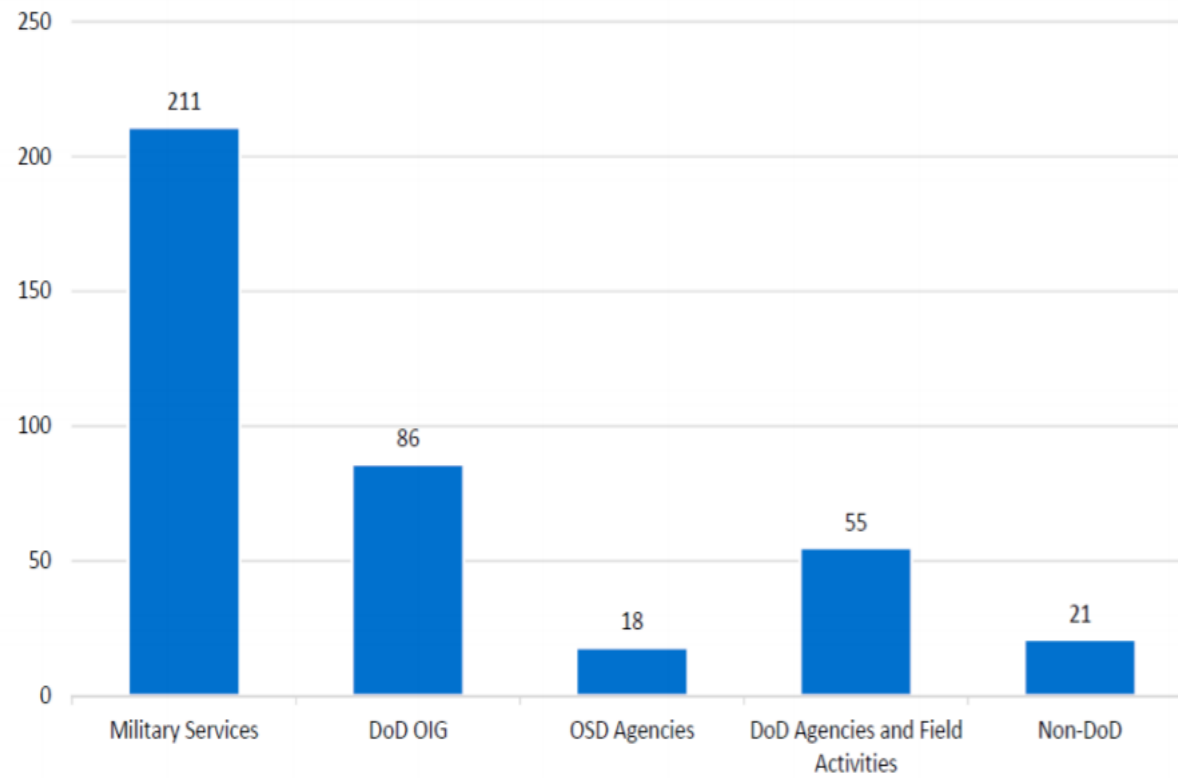
Evaluation of the Navy's Plans and Response to the COVID-19 Outbreak Onboard Ships

The objective of this evaluation is to determine whether the Navy has implemented policies and procedures to prevent and mitigate the spread of infectious diseases, such as COVID-19, on ships and submarines.

[https://media.defense.gov/2020/May/11/2002297866/-1/-1/1/D2020-DEV0SI-127.000 REDACTED.PDF](https://media.defense.gov/2020/May/11/2002297866/-1/-1/1/D2020-DEV0SI-127.000%20REDACTED.PDF)

COVID-19 CASES REFERRED BY COMPONENT

AS OF JUNE 6, 2020



MEMORANDUM FOR AUDITOR GENERAL, DEPARTMENT OF THE NAVY

SUBJECT: Evaluation of the Navy's Plans and Response to the Coronavirus-Disease-2019
Outbreak Onboard Ships (Project No. D2020-DEV0SI-0127.000)

We plan to begin the subject evaluation in May 2020. The objective of this evaluation is to determine whether the Navy has implemented policies and procedures to prevent and mitigate the spread of infectious diseases, such as coronavirus-disease-2019 (COVID-19), on ships and submarines. In addition, we will determine whether mitigation measures that are effective in preventing the spread of COVID-19 were implemented across the fleet. We may revise the objective as the evaluation proceeds, and we will also consider suggestions from management for additional or revised objectives.

We will perform the evaluation at relevant offices of the Office of the Chief of Naval Operations, U.S. Fleet Forces Command, and U.S. Pacific Fleet. Due to the current health protection condition level, meetings and discussions will be facilitated by video and teleconference. We may identify additional organizations during the evaluation.

Please provide us with a point of contact for the evaluation within **5 days** of the date of this memorandum. The point of contact should be a Government employee—a GS-15, pay band equivalent, or the military equivalent. Send the contact's name, title, grade/pay band, phone number, and e-mail address to [REDACTED]

You can obtain information about the Department of Defense Office of Inspector General from DoD Directive 5106.01, "Inspector General of the Department of Defense (IG DoD)," April 20, 2012, as amended; and DoD Instruction 7050.03, "Office of the Inspector General of the Department of Defense Access to Records and Information," March 22, 2013. Our website is www.dodig.mil.



MAY 26 2020

MEMORANDUM FOR CHIEF MANAGEMENT OFFICE OF THE DEPARTMENT OF
DEFENSE
SECRETARIES OF THE MILITARY DEPARTMENTS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
UNDER SECRETARIES OF DEFENSE
CHIEF OF THE NATIONAL GUARD BUREAU
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE
DIRECTOR OF COST ASSESSMENT AND PROGRAM
EVALUATION
INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE
DIRECTOR OF OPERATIONAL TEST AND EVALUATION
CHIEF INFORMATION OFFICER OF THE DEPARTMENT OF
DEFENSE
ASSISTANT SECRETARY OF DEFENSE FOR LEGISLATIVE
AFFAIRS
ASSISTANT TO THE SECRETARY OF DEFENSE FOR PUBLIC
AFFAIRS
DIRECTOR OF NET ASSESSMENT
DIRECTORS OF DEFENSE AGENCIES
DIRECTORS OF DOD FIELD ACTIVITIES

SUBJECT: Pentagon Reservation Plan for Resilience and Aligning with National Guidelines for
Opening Up America Again

The Department of Defense and the Federal Government's aggressive approach to stop the spread and defeat the threat of the coronavirus disease 2019 (COVID-19) has saved thousands of lives and mitigated the potential disruption and damage caused by the virus to our Nation's

Pentagon Reservation Resilience Plan Summary:

The Pentagon Reservation Resilience Plan is provided at Attachments 1 & 2. The purpose of the plan is to provide guidance to commanders, supervisors, and employees to safely and effectively return to Pentagon Reservation offices. The plan has five phases, with phases after Phase Zero to start once gating criteria established in the national guidelines for *Opening Up America Again*, have been met. Phases 1 through 3 directly align with the White House and OMB/OPM plans. The Five Phases are as follows:


- Phase Zero (Now)
- Phase One (Restricted)
- Phase Two (Moderate)
- Phase Three (Normal)
- Phase Four (Resilience)

Attachment 1 provides background and alignment with the White House and other agencies. It also provides the guiding principles for returning the Pentagon Reservation to normal operating conditions. Lastly, it provides measures that all personnel should take during all phases of the plan. Attachment 2 provides recommendations for commanders and supervisors for each phase as we return the workforce to office spaces in the Pentagon Reservation. The attached plan also identifies three mandatory actions to be taken regarding face coverings, social distancing, and actions for symptomatic personnel.

Should the Department of Defense, working collaboratively with State, regional and local leaders, and public health experts, detect a resurgence in the spread of COVID-19, we will reassess our Force Health Protection measures as well as workforce phase and HPCON status, and respond appropriately to protect the workforce. Force Health Protection Guidance and HPCON-related guidance will continue to be implemented to ensure protection for the workforce, including those who are most vulnerable to serious complications from the virus. It focuses on



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Recent DoD Issuances and Forms

The recent publications webpage lists the newest DoD Issuances and Forms.

DoD Issuances Cancellation Database

Full copies of cancelled DoD Issuances can be downloaded at the Cancellations Database. Valid DoD ID required.

DoD Directives Twitter



Published: Change to DoDI 1010.16, "Technical Procedures for the Military"

ANNOUNCEMENTS

- Effective January 1st, the DoD Issuances template has been updated to incorporate Section 508 requirements. See [how the changes affect your issuance here](#).
- Now Available: [Issuance Process Summary Training Video](#)
- New DoD Issuances and Forms can be found on the [Recent Publications](#) webpage
- For help working with the signed DD Form 818, see [DD 818 Signature Tips](#).
- Are you making a second, third, or fifteenth change to your issuance? How to get it ready by "clearing" previous changes can be found [here](#).
- Do you need to recoordinate your issuance? See the [flowchart](#) to decide.
- Help on how to turn off autoformatting and create multi-page tables is available in the Issuance Toolbox. Go to FAQs in [Forms](#), [Templates](#), and [Resources](#).

Issuance Templates & Standards

DOD Form 2910 Victim Reporting Preference Statement 2020 (Form is primarily a sexual assault reporting form, but includes COVID notes)

3.A. SIGNATURE OF VICTIM		B. DATE (YYYYMMDD)	4.A. SIGNATURE OF SARC/SAPR VA		B. DATE (YYYYMMDD)
		COVID NOTES			
<input type="checkbox"/> COVID RESPONSE					
5. I have reconsidered my previous selection of Restricted Reporting and am now choosing to make an Unrestricted Report.					
A. SIGNATURE OF VICTIM		B. DATE (YYYYMMDD)	C. SIGNATURE OF SARC/SAPR VA		D. DATE (YYYYMMDD)
		COVID NOTES			
<input type="checkbox"/> COVID RESPONSE					
6. My reason for converting my Restricted Report to an Unrestricted Reporting is: <input type="checkbox"/> CATCH Program <input type="checkbox"/> Other, please explain:					



DoD INSTRUCTION 6490.03

DEPLOYMENT HEALTH

Originating Component: Office of the Under Secretary of Defense for Personnel and Readiness

Effective: June 19, 2019

Releasability: Cleared for public release. Available on the Directives Division Website at <http://www.esd.whs.mil/DD>.

Reissues and Cancels: DoD Instruction 6490.03, "Deployment Health," August 11, 2006

Incorporates and Cancels: DoD Instruction 6490.12, "Mental Health Assessments for Service Members Deployed in Connection with a Contingency Operation," February 26, 2013
Assistant Secretary of Defense for Health Affairs Memorandum, 07-029, "Policy on Analysis of Metal Fragments Removed from Department of Defense Personnel," December 18, 2007

2.2. ASSISTANT SECRETARY OF DEFENSE FOR MANPOWER AND RESERVE AFFAIRS. Under the authority, direction, and control of the USD(P&R), the Assistant Secretary of Defense for Manpower and Reserve Affairs ensures deployment health policies for the Reserve Components are consistent with the policies established for the Active Components.

2.3. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)). Under the authority, direction, and control of the USD(P&R), the ASD(HA):

- a. Directs the provisions of deployment health-related policy.
- b. Establishes medical requirements for individual and population health risks and exposures of deployers and military working animals to industrial, occupational, operational, and environmental hazards (including CBRN agents) at deployment locations.
- c. Coordinates policies with the Department of Veterans Affairs (VA) to share deployment health information between the VA and the DoD.
- d. Coordinates with the Office of the Under Secretary of Defense for Acquisition and Sustainment (USD(A&S)) for acquisition and fielding of new and existing technologies and programs to support deployment health activities.
- e. Requires that deployment health information is shared (except where limited by law, policy, or security classification) throughout the DoD and other federal agencies, using applicable systems of record including, but not limited to, the systems listed in Paragraph 3.4.
- f. Ensures that policies on the collection, use, and disclosure of protected health information about deploying U.S. military and DoD civilian personnel by DoD Components comply with all applicable laws, regulations, or policies. Enables the appropriate release and use of protected

Air Force Covid-19 Resources



RESPONDING TO COVID-19

BASIC MILITARY TRAINING UPDATE

In response to the COVID-19 pandemic, the U.S. Air Force has made updates to Basic Military Training to ensure the safety of our new recruits, our active-duty Airmen, and their families. BMT has now been accelerated from eight and a half weeks to seven weeks, and graduation ceremonies are now live-streamed. To get the latest information about BMT, please read the 37th Training Wing's FAQ.

[GET UPDATES](#)

UPDATE FAQ: COVID-19 Impacts to BMT and Technical Training

Key Terms

Restriction of Movement (ROM) vs Quarantine:

Healthy individuals with no known exposure or illness, administratively placed on restriction of movement. This is to “prove their health” prior to introducing them into a previously healthy population. Separate living quarters and limiting their exposure to other populations is imposed. There is no medical requirement for temperature checking or other active surveillance. Members are to monitor their own health status and immediately notify their Chain of Command of any decline in their health.

Quarantine is a medical form of Restriction of Movement for healthy individuals who were exposed to contagious material (e.g. COVID-19). Quarantined individuals are separated from others until a sufficient incubation time from their potential exposure occurs (for COVID-19 14 days).

Persons-Under-Investigation:

Individuals who have become symptomatic and are awaiting test results for COVID-19 (currently 24-48 hours). These members need to be isolated while awaiting test results.

What if someone is feeling sick but doesn't tell anyone for fear of getting held back in training?

Our concern is for the greater good and health of our entire population – student, instructor, and all our support personnel from civil engineering to our food service teams in the dining facilities. To that end, we highly encourage all our Airmen to be mindful of the risk they could pose if they don't self-report or seek medical attention as soon as possible. The 37th Training Wing and leadership at all levels highly encourages all members of the wing to self-report symptoms of COVID-19 to their chain of command as soon as possible.

Additionally, a drive through screen process has been established at Wilford Hall by the 59th Medical Wing, more information can be found at <https://www.37trw.af.mil/News/Article-Display/Article/2119059/whasc-opens-drive-thru-covid-19-screening-testing/>.

The United States and South Korea in the Indo-Pacific after COVID-19

By Kyle Ferrier / Published June 18, 2020



PRINT | E-MAIL

Journal of Indo-Pacific Affairs, Air University Press --

Abstract

No matter who is in the White House come January, there is a clear and pressing need to update the US approach to the Indo-Pacific region. The scope of the damage from COVID-19 has emphasized the need for the US Free and Open Pacific strategy to better encompass nontraditional security concerns, particularly global health and climate change. While sufficiently addressing these challenges will only become more difficult as the rivalry between Washington and Beijing intensifies, all signs point to South Korea as not only being a crucial actor to help substantively address these issues but also to potentially bridge the cooperation gap with China in these areas. To illustrate why South Korea should be crucial in US Indo-Pacific policy after the pandemic, this article first outlines the limitations to Seoul's participation under the current US approach and how South Korea's contributions toward the same goals as the United States are currently undervalued. It then outlines why the needed changes to the US regional approach after the coronavirus will be most effectively pursued by greater cooperation with South Korea—or at the very least better recognizing Seoul's positive role in the region.

Introduction

The COVID-19 pandemic is shaping up to be the most transformative development of our time. How the virus quickly spread across the world and brought the global economy to a sudden halt will have a lasting, sweeping impact. Though we are still in throes of the disease and its fallout, there are expectations of widespread change, as the virus exposes fundamental weaknesses in social, political, and economic systems alike.

Washington's relationships in the Indo-Pacific region are, of course, not exempted from these coronavirus-induced changes. In this regard, perhaps the most significant consequence has been the heightening of tensions in the already strained ties with Beijing. US president Donald Trump has taken to blaming the Chinese Communist Party's (CCP) attempt to initially cover up the virus in Wuhan for the worldwide spread of the disease, withholding funding for the World Health Organization for its alleged complicity in the CCP's dishonesty and insisting on referring to the disease as "Chinese." Existing sources of friction in the relationship have also been heating up, with both countries ratcheting up measures against each other's media outlets and more assertive Chinese naval activity in the South China Sea. In short, great-power competition is intensifying.

Much as it is doing for nearly everything else, COVID-19 is likewise laying bare the shortcomings of existing US policy toward the region. The Trump administration's Free and Open Indo-Pacific (FOIP) strategy may be multifaceted, but traditional security concerns have by far received the most attention, directed toward a rising China. However, the scope of the damage from the pandemic has emphasized the need for the FOIP agenda to better encompass nontraditional security concerns, particularly health. The current inflection point provides an opportunity to incorporate another important, hitherto underappreciated nontraditional security concern in the current strategy: climate change.

Wild Blue Yonder-Air University Press ezine

Biohazard: A Look at China's Biological Capabilities and the Recent Coronavirus Outbreak

by Corey Pfluke / Published March 02, 2020



[PRINT](#) | [E-MAIL](#)

Wild Blue Yonder / Maxwell AFB, AL --

When people think about weapons of mass destruction (WMD), they tend to think of things that go “boom.” The bigger the weapon, the bigger the boom, and the worse the impact. Past generations were taught to prepare for nuclear war. At the height of nuclear development, Bert the Turtle graced the television screens in schools across the United States, teaching children to “duck and cover” if there was an imminent attack. Nearly 70 years later, the nation still remembers Bert and his teachings. However, not all weapons need a big boom to be effective. Every day, millions of people are affected by a weapon that has the potential to do far more damage than a nuclear bomb, a weapon we cannot see, a weapon we call germs.

According to the *Encyclopedia Britannica*, “biological weapons, also called germ weapons, are any number of disease-producing agents, such as bacteria, viruses, rickettsiae, fungi, toxins, or other biological agents, that may be utilized as weapons against humans, animals, or plants.”¹ Throughout history, pathogens have proven to be the most destructive weapon of all. Nearly 300 million people died from smallpox in the twentieth century alone, and that was from a natural outbreak. The destructive power of an intentional attack could reach and possibly surpass that of smallpox.

However, such a weapon’s potential for destruction acts as its own deterrent to use. Biological weapons are unique in that an attempt to infect an enemy could lead to a pandemic of one’s own troops and people. Diseases have no discrimination techniques, so a small *unintentional* release could have large *unintentional* side effects. Or worse, a small *unintentional* release could have large *unintentional* consequences. For example, it was speculated that the coronavirus outbreak that began in China in 2019 could have been an unintentional

Army COVID Resources

Army senior leaders discuss lessons learned from COVID-19

By Devon Suits, Army News Service July 17, 2020

WASHINGTON -- The Army is considering adjustments to its fiscal year 2022 budget request, as senior leaders look to invest in the service's ability to fight against infectious diseases or other chemical, biological, radiological, nuclear, and explosive threats.

The rapid spread of COVID-19 across the globe has spurred many internal discussions concerning the Army's future operating budget, said Secretary of the Army Ryan D. McCarthy Thursday during the NatSec 2020: Coronavirus

JULY 17, 2020

Once an Olympic hopeful, Army captain finds victory in nursing

JULY 16, 2020

'Verge of collapsing': Soldiers describe initial fight against COVID-19

JULY 16, 2020

Special Commentary: COVID-19

SSI research professors and faculty consider the COVID-19 pandemic and its long-term, strategic implications for the U.S. Army and national security. Each essay provides an independent, specialized view on a particular aspect of the challenges posed by COVID-19 and includes recommendations on how the Army and DoD should address those issues.

Post-COVID Transformation: DOD Goes into the Matrix?

By Professors Nathan Freier, Robert Hume, Al Lord, and John Schaus
nathan.freier@armvwarcollege.edu

Not So Fast: Why the Call to Expand the Reserve Components is Premature

By COL Matt Lawrence

TELL ME HOW THIS ENDS: THE US ARMY IN THE PANDEMIC ERA

June 2020

Michael E. Lynch, PhD
Senior Historian

Conrad C. Crane, PhD
Chief, Historical Services Division

Douglas I. Bell, PhD
Post-Doctoral Fellow

Jessica J. Sheets, PhD
Research Historian

Shane P. Reilly
Contract Research Analyst



THE UNITED STATES ARMY WAR COLLEGE

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Special Commentary:

Domestic Politics and the Military's COVID-19 Response

May 27, 2020 | Professor William "Trey" Braun

INTRODUCTION

The COVID-19 crisis has laid bare several long-dormant vulnerabilities, and opportunities, associated with US national security and military business practices. Military leaders must consider political context when making resource prioritization decisions that attend to these new perspectives. Three controversial political themes dominate the national security dialogue in the wake of the COVID-19 crisis. First, the nation's initial focus will likely be on the [economic recovery effort](#), while incorporating preparations to mitigate the reemergence of COVID-19 or a future pandemic. Second, the nation may experience a prolonged period of austerity, possibly combined with greater taxation, to recover [COVID-19 related mitigation debt](#). Finally, because of these first two issues, [defense budgets are likely to experience cuts](#). Defense spending is the only viable discretionary spending category subject to belt-tightening measures amid the divisive political gridlock and vitriol of a highly contentious election year.

Emerging analysis suggests the probability of economic stagnation, uneven sector and state economic recovery, mounting national debt, and political infighting in the shadow of a contentious election will underpin these themes. However, analyses of military implications are

POTENTIAL MILITARY IMPLICATIONS

The public's appreciation of US vulnerabilities starts with the direct impact of the virus. Military leaders should consider the potential military implications of future public concerns. The first subjects to consider are the implications of using military stocks and distribution capabilities to augment life-sustaining equipment shortages and to bolster fragile supply chains. Other important topics concern the ethical choices associated with the [military's involvement in a range of potential pandemic mitigation strategies](#). Two particularly vexing scenarios with ethical implications involve the employment of the military's extensive surveillance and tracking capabilities to assist in contact tracing, and the use of military assistance to augment police enforcement of state and federal social distance and isolation protocols.

On the positive side, the public is becoming more familiar with new means of communication, information gathering, and remote learning from kindergarten through college. Businesses are also embracing new or expanded business models. Many managers (out of necessity) are embracing the [virtues of telework](#) for a portion of their workforce. Defense managers and military leaders should overcome their fear of losing direct face-to-face control

Marine Corps COVID-19 Resources

» CONDITIONS-BASED PHASED
APPROACH TO PERSONNEL
MOVEMENT AND TRAVEL

» MCCAT HOMEPORT PORTAL

» PCS KEY POINTS

» EVALUATION TESTING
FLOWCHART

» LEADERS REFERENCE CARD

» KEY TERMS

» CMC WHITE LETTER - PRESERVE
THE FORCE; CONTINUE THE
MISSION

» RETURN TO WORK GUIDANCE

» MCCOG HOMEPORT PORTAL





Fact Sheet

Conditions-based Phased Approach to Personnel Movement and Travel

[MARADMIN 333/20](#) outlines a conditions-based, phased approach to personnel movement and travel, which provides the framework for lifting the current stop movement order that has limited official travel, permanent change of station moves, and leave/liberty as part of comprehensive mitigations to slow the spread of the COVID-19 pandemic. The message outlines two factors that must be met for unrestricted travel: (1) state and/or regional criteria (OSD P&R decision), and (2) installation-level criteria based on conditions in and surrounding DoD installations, facilities, and locations (Service decision).

“The safety and welfare of Marines and their families is our primary concern. Transition to a conditions-based, phased approach balances safety and security of our personnel, their families, and our communities with the competing need to advance Service member career opportunities, unit rotational deployments, and other personal imperatives.”

LtGen Michael A. Rocco, Deputy Commandant of the Marine Corps,
Manpower and Reserve Affairs

What you need to know

“Green” Means “GO”	Exceptions Still Apply	Waivers
<p>The Marine Corps will maintain a report on the Marine Corps COVID-19 Crisis Action Team website that will update the status of installations as either RED or GREEN. As outlined in MARADMIN 333/20, a Marine may travel/take leave without a waiver when both the departure and the destination are identified as GREEN. Review and update of red/green status will occur weekly.</p>	<p>The Marine Corps recognizes there is a range of mission essential travel that needs to take place as we continue to assess optimal conditions. The below circumstances are exceptions that do not need waivers:</p> <ol style="list-style-type: none"> 1. Attendance to accession schools or other schools in a Marine’s entry-level training pipeline, such as boot camp and follow-on school that are 	<p>Waivers to travel restrictions may be granted in cases where the travel is:</p> <ol style="list-style-type: none"> 1. Determined to be mission- essential 2. Necessary for humanitarian reasons 3. Warranted due to extreme hardship <p>Installation Conditions</p>

Journal of Advanced Military Studies, 11 (1)(2020): 65-66

for proxy armies and insurgencies.

The PRC's political warfare is both defensive and offensive in nature: it takes the form of unrestricted warfare, and it is conducted on a global scale.¹⁰

Gershaneck

65

Journal of Advanced Military Studies

Most recently, the world has seen Beijing's political warfare apparatus engaged in a massive global effort "aimed at redirecting blame [for the COVID-19 crisis] away from China and sowing confusion and discord among China's detractors."¹¹

FROM: Marine Corps Research Library

TO: MCU Faculty, Staff, and Students

SUBJ: Available Resources and Services During COVID Remote Operations

Ladies and Gentlemen,

The Marine Corps Research Library will conduct remote operations beginning 19 March 2020 until at least 11 May 2020. The decision to close was a the Commanding General, Marine Corps University, and reflects concern for the health and well-being of our patrons and employees, in light of USM on the COVID-19 outbreak.

This website outlines resources and services available to MCU students, faculty, and staff at this time. Real-time updates will be posted on this webs social media outlets.

BLUF:

- The academic year continues and the Library will continue to provide services to MCU students, faculty, and staff during the COVID shutdown understand you have papers to write and research to do. We are here for you - just conducting remote ops!
- Reference and Virtual branch staff are available to support from 0800-1600, seven days/week.

We will make adjustments as we determine how to provide the best possible access to resources and services. Thank you in advance for your patier

Please take time to review the Resources and Services sections below, especially our contact information. And remember:

- If you need something... *please ask!*

Expect Future Marine Corps University Student Papers on COVID Military Implications

MCU Student Papers

Marine Corps University student research papers include the following:

- Master of Military Studies theses from [Command and Staff College \(CSC\)](#)
- Master of Operational Studies theses from the [School of Advanced Warfighting \(SAW\)](#)
- Research papers from the [Marine Corps War College \(MCWAR\)](#)

Important to know:

- Student papers prior to academic year 2000-2001 are housed in the [Archives Branch](#).
- All available papers for MCWAR are currently available in our [online catalog](#).
- SAW papers for academic years 2000-2001 to 2001-2002 and CSC papers for academic years 2000-2001 to 2010-2006 are currently being prepared for ingestion into our catalog (project expected to be completed by the end of AY 2020-2021).
- Papers are available as PDF files.
- If a paper was marked as FOUO or Classified when submitted, it is not available online.

For assistance with MCU student papers please contact the Marine Corps Research Library Reference Branch at (703) 784-4411 or mcu_grc_reference@usmcu.edu or the Virtual Branch at mcu_grc_virtual@usmcu.edu.



Navy COVID-19 Resources

Latest

Weekly Update: July 15, 2020

***Beginning Monday, June 22, this daily update will transition to a once-weekly update.**

The Navy commissioned the USS Tripoli (LHA 7) administratively and the ship transitioned to normal operations, today, July 15. The Navy canceled the traditional public commissioning ceremony due to public health risks associated with COVID-19. [Release posted here.](#)

On July 14, the Navy announced the cancellation of the 2020 Naval Air Station (NAS) Oceana Air Show originally scheduled for Sept. 19 – 20 due to public health risks associated with COVID-19. [Release posted at here.](#)

Vice Adm. John B. Nowell, Chief of Naval Personnel, issued further guidance in NAVADMIN 194/20 on face coverings that can be worn in uniform, July 8. [Release posted here.](#)

	Cases	Hospitalized	Recovered	Deaths	Cumulative Total	COVID Cases*
MIL	1,720	10	3,363	1	5,084	
CIV	441	14	542	11	994	
DEP	178	0	276	0	454	
CTR	206	8	219	3	428	

Navy Updates Face Covering Rules: What You Need to Know

Story Number: NNS200708-10 Release Date: 7/8/2020 6:41:00 PM



By MC1 Mark D. Faram, Chief of Naval Personnel Public Affairs,

WASHINGTON (NNS) -- Since April 5, the Navy has required the wearing of cloth face coverings for all military, Navy civilian and contractors as well as family members while on DoD property, installations and facilities when maintaining proper social distancing between people isn't possible.

Those rules, laid out in NAVADMIN message 100/20, remain in effect. Now, the Navy's top uniformed personnel official, Vice Adm. John B. Nowell has issued further guidance in NAVADMIN 194/20 on face coverings which can be worn in uniform and how to get them.

"Initial face covering guidance facilitated immediate wear and availability of face coverings as one of several COVID-19 protective measures," Nowell wrote. "Procurement, design and wear guidance was less defined pending the availability of more durable and conservative designed government procured face coverings."

This initial flexibility was by necessity, Nowell said, to quickly put personal protective equipment (PPE) in the hands of Sailors and provided unit commanders flexibility in procuring face coverings through "multiple sources, designs, colors and durability," allowing them to "rapidly field face

RELATED PHOTOS



[Download High Resolution](#)

200706-N-PH222-1099 PACIFIC OCEAN (July 6, 2020) Retail Services Specialist 3rd Class Giovannie A. Martes, from San Juan, Puerto Rico, mans the ships stores aboard the amphibious dock landing ship USS Comstock (LSD 45). Comstock is underway in the western Pacific Ocean conducting routine maritime operations. (U.S. Navy photo by Mass Communication Specialist 2nd Class Ryan M. Breeden/Released)

**US NAVY
COVID-19
LEADERS' HANDBOOK
JUNE 30, 2020**

The US Navy COVID-19 Leaders' Handbook will arm naval leaders at all levels with key information to educate their teams on the threat, provide data informed risk prevention and mitigation procedures, and distill key high level guidance so that we thrive within the COVID-19 environment.

The COVID-19 global pandemic has presented our Navy and nation unprecedented challenges and stressed the entire force. With grit, resiliency, initiative, and rapid application of lessons learned we survived first contact with this insidious enemy, protected the health of our Sailors, civilians, and families, and remained agile while generating, deploying, and sustaining combat ready naval forces.

As the world is potentially months away from a COVID-19 vaccine and wide-spread immunity, we expect COVID-19 to impact all aspects of our Navy well into calendar year 2021.

CONTACT TRACING



U.S. Navy photo by RS2 Callie Riley



U.S. Navy photo by MC1 Kyle Steckler

Contact tracing is the process of methodically assessing all individuals that may have been in close contact (i.e., within 6 feet for

becoming spreaders of COVID-19.

Contact tracing is currently a manual endeavor. As such, it is time consuming, relies

Naval War College Review, 73 (2)(Summer 2020): 146. “It’s a Gray, Gray World”

if they are to be considered part of war.

One need glance at only a few weeks’ worth of news to see the range of strategically competitive activities that fit into neither the war nor peace paradigm. These include China’s recent decisions to buy up U.S. firms going bankrupt because of COVID-19, so as to acquire key technologies, as well as Beijing’s disinformation campaigns related to the virus. The authors’ binary view of the geopolitical landscape seems to ignore Sun Tzu’s observation that “the perfection of strategy would be to produce a decision without any serious fighting.”

Before COVID-19, U.S. Naval
War College War Game
Examined Epidemic
Response

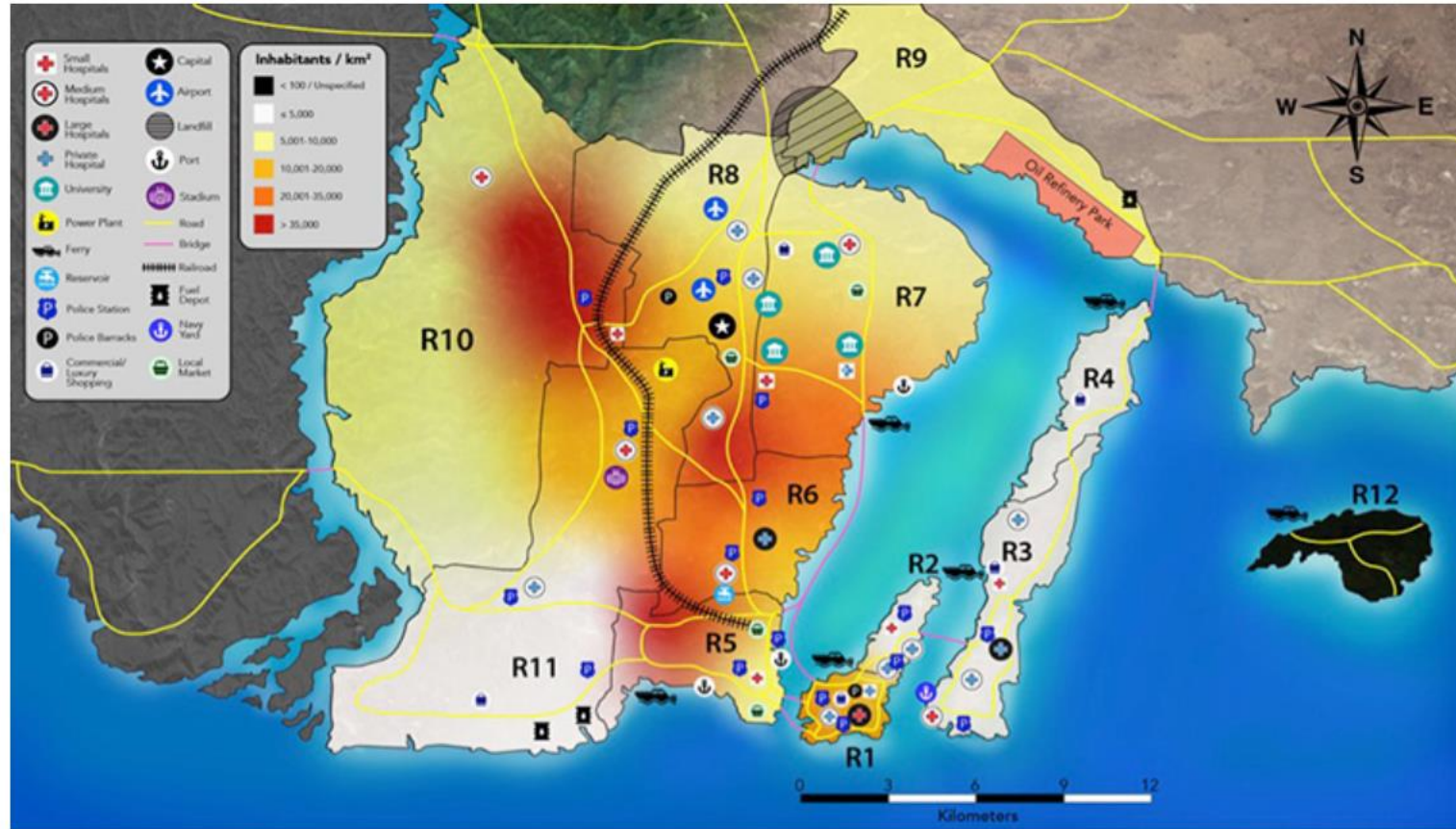
Some key findings were that nongovernmental organizations were willing to accept higher risk for their personnel than military commands and that local government and local authorities remained the primary agents for a successful response.

Another finding focused on disagreement about the realities of quarantine. While some players viewed forced mass quarantine as an obvious political reality, many medical professionals said that it could drive the infected underground and actually spread the disease faster.

It was instructive to watch the interplay of arguments in the quarantine example, Davies said.

“We had people say that, naturally, we’re going to go into enforced mass quarantine. Other people said, you absolutely shouldn’t for this disease because it will be harder to find the infected,” Davies said. “So now we have different opinions. Does this mean we know whether or not to quarantine? Probably not. But does it mean we’re a little smarter about the things we’re going to face if we do? Yes.”

The game's scenario involved a fictional nation of 21 million people hit by a rapidly spreading disease that can lead to respiratory failure and death. The players were told to coordinate initial and ongoing responses and then a transition to post-crisis conditions.



URBAN OUTBREAK 2019



Urban Outbreak 2019 Pre-Analytic “Quick Look”

[Benjamin Davies](#)
[Heath Brightman](#)
[Jacob Brostuen](#)
[David Polatty](#)
[Brittany Card](#)

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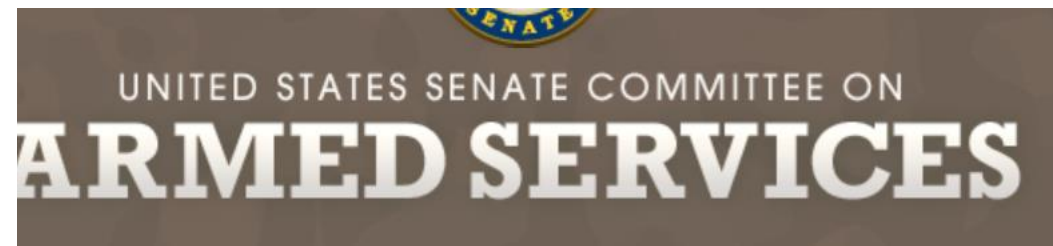
Description

From 17-18 September 2019, the Uniformed Services University of the Health Sciences (USUHS) - National Center for Disaster Medicine and Public Health (NCDMPH) and the United States Naval War College (NWC) conducted a game at Johns Hopkins University's Applied Physics Lab (JHU-APL) in Laurel, Maryland. Titled “Urban Outbreak 2019,” this two-day, three-move analytic game was internally developed by the NWC’s Humanitarian Response Program (HRP) and emerged as an

SHARE



Congressional COVID-19 Military Responses



Senate Armed Services Committee June 23, 2020 report on FY 2021 National Defense Spending Authorization Act (NDAA)

Calendar No. _____

116TH CONGRESS
2D SESSION

S. _____

[Report No. 116-____]

To authorize appropriations for fiscal year 2021 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

4 **SEC. 704. MENTAL HEALTH RESOURCES FOR MEMBERS OF**
5 **THE ARMED FORCES AND THEIR DEPEND-**
6 **ENTS DURING THE COVID-19 PANDEMIC.**

7 (a) PLAN.—Not later than 180 days after the date
8 of the enactment of this Act, the Secretary of Defense
9 shall develop a plan to protect and promote the mental
10 health and well-being of members of the Armed Forces
11 and their dependents, which shall include the following:

12 (1) A strategy to combat existing stigma sur-
13 rounding mental health conditions that might deter
14 such individuals from seeking care.

... 3166. Energy Resource Management Program for the Operations Program ...

8 **SEC. 3166. USE OF HIGH PERFORMANCE COMPUTING CAPA-**
9 **BILITIES FOR COVID-19 RESEARCH.**

10 The Secretary of Energy shall make the unclassified
11 high performance computing capabilities of the Depart-
12 ment of Energy available for research relating to the
13 coronavirus disease 2019 (commonly known as “COVID-
14 19”) so long as and to the extent that doing so does not
15 negatively affect the stockpile stewardship mission of the
16 National Nuclear Security Administration.

--

Reshaping Pentagon Management to Maximize Performance, Accountability, and Lethality

For too long, the Pentagon has operated as a lethargic bureaucracy. Since the FY15 NDAA, Congress has implemented numerous reforms to make the Pentagon more efficient, responsive, and agile. This year, the NDAA prioritizes accountability, with flexibility, for the Department of Defense – setting up management structure and processes that better harness innovation, operate at the speed of relevance, and effectively steward taxpayer dollars. The FY21 NDAA improves the Pentagon’s budget process, adjusts hiring practices to recruit and retain top talent in critical fields like advanced technology, acquisition, health care, management, and more, strengthens the defense acquisition system, and reshapes the Defense Industrial Base as a more resilient, advanced National Security Innovation Base. The COVID-19 pandemic exposed and exacerbated supply chain deficiencies across the government, and the FY21 NDAA takes numerous steps to secure the supply chain – both from overreliance on foreign nations and from infiltration by our adversaries.

June 10, 2020 House Armed Svcs. Committee Hearing “COVID-19 and the Defense Industrial

June 10, 2020

Full Committee Hearing: “Department of Defense COVID-19 Response to Defense Industrial Base Challenges”

Wednesday, June 10, 2020

(2:00PM ET – Longworth 1100/Virtual – Open)

Purpose: The committee will receive testimony from the Under Secretary of Defense for Acquisition and Sustainment, Ellen Lord, on the Department of Defense’s response efforts during COVID-19. The hearing will focus on the Department’s efforts regarding Defense Industrial Base challenges, contribution to interagency efforts, and use of existing acquisition authorities, including the Defense Production Act, to respond to challenges presented by COVID-19 and meet the Department’s readiness needs.

Witness:

The Honorable Ellen Lord

Under Secretary of Defense for Acquisition and Sustainment

Department of Defense

###



20200610 Full Committee Hearing: "DoD COVID-1..."



Watch later



Share



Congressional Support Agencies



NATIONAL BIODEFENSE STRATEGY:

Opportunities and Challenges with Early Implementation

GAO-20-483T: Published: Mar 11, 2020. Publicly Released: Mar 11, 2020.

FAST FACTS

HIGHLIGHTS

[VIEW REPORT \(PDF, 13 PAGES\)](#) 

Biological threats can be manmade biological weapons, naturally occurring diseases such as novel coronavirus COVID-19, and more.

The National Biodefense Strategy, issued in 2018 along with implementation guidance, spells out the nation's plan to address these threats. It calls for a joint effort by multiple agencies and private sector partners.

We testified about how well the strategy has worked so far. We found there are no clear processes, roles, or responsibilities for joint decision making. In February, we made **4 recommendations**, including that Health and Human Services (the lead agency for the strategy) clearly document these factors.

Signed into law in December 2016, the National Defense Authorization Act for Fiscal Year 2017 (NDAA) required the departments of Defense (DOD), Health and Human Services (HHS), Homeland Security (DHS), and Agriculture (USDA) to jointly develop a national biodefense strategy and associated implementation plan.³ In September 2018, the White House issued the National Biodefense Strategy (Strategy) and characterized it as a new direction to protect the nation against biological threats, stating that its implementation would promote a more efficient, coordinated, and accountable biodefense enterprise. At the same time, the President issued the Presidential Memorandum on the Support for National Biodefense/National Security Presidential Memorandum-14 (NSPM-14), which details a governance structure and implementation process to achieve the Strategy's goals. For example, it established two governing bodies: the Biodefense Steering Committee—chaired by the Secretary of HHS—and the Biodefense Coordination Team to support the efforts of the Steering Committee.⁴



March 31, 2020

Overview: The Department of Defense and COVID-19

The Department of Defense (DOD) is one of many U.S. government agencies participating in the Federal Emergency Management Agency (FEMA)-led COVID-19 national response framework. As developments unfold, interest has grown regarding what DOD might be able to contribute to the U.S. government's COVID-19 response. On March 24, 2020, Secretary of Defense Esper stated that DOD's top COVID-19 priorities are protecting the Defense Department's people, maintaining military readiness, and supporting the whole-of-government interagency response. With respect to whole-of-government response, below is a non-exhaustive survey of some DOD capabilities that might be applied to the current situation if directed to do so.

What are DOD's roles and missions with respect to domestic pandemic response?

Although DOD is a supporting agency in the current national response framework, the U.S. military has a

Personal Protective Equipment (PPE) training and sample collection and delivery to first responders and hospital personnel, helping local emergency managers with their COVID-19 planning, and assisting with disinfecting of common spaces.

- **The Defense Health Agency (DHA)** is a Combat Support Agency that enables the Army, Navy, and Air Force medical services to provide a ready medical force to Combatant Commands. According to *DODI 3025.24*, DHA also assists federal government medical responses by acting as an information clearinghouse between relevant agencies and actors.
- **The Defense Logistics Agency (DLA)** works with other U.S. government departments and agencies to facilitate medical logistics support (e.g., the transportation of personal protective equipment, doctors, and nurses) to and between critical areas.

Benefits of DOD & Military Resources on COVID-19

- Learn about how DOD & individual armed services are addressing pandemic impacts on their operations.
- Learn how pandemic is impacting force health and protection.
- Learn how pandemic is impacting force readiness.
- Learn how pandemic is impacting defense industrial base and supply chain
- Discover how open source military literature is addressing current and potential future military operational impacts of COVID-19.
- Learn about financial impacts of COVID-19 on military operations and planning.
- Learn how these impacts may affect U.S. relations with China and other countries.
- Learn how effectively or ineffectively DOD and armed service branches are addressing COVID-19?

Questions?

