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TRANSCRIPT

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"Covid-19 and the U.S. Military"

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Kathleen Hicks: Hi, I'm Kathleen Hicks, Senior Vice President and Director of the International Security Program at the Center for Strategic and International Studies, and this is Defense 2020 a CSIS podcast examining critical defense issues in the United States is 2020 election cycle. We bring in defense experts from across the political spectrum to survey the debates over the US military strategy, missions and funding. This podcast is made possible by contributions from BAE systems, Lockheed Martin, Northrop Grumman, and the Thales Group.

Kathleen Hicks: On this episode of Defense 2020, I hosted discussion with four experts on COVID-19 and the US military. Steve Morrison, Senior Vice President and Director of Global Health Policy at CSIS, Mark Cancian, Senior Advisor in the International Security Program at CSIS, Christine Wormuth, Director of the International Security and Defense Policy Center at the RAND Corporation and Rear Admiral (Ret.), Tom Cullison Former Deputy Surgeon General of the US Navy and an Adjunct Fellow in the Global Health Policy Center at CSIS.

Kathleen Hicks: So Steve Morrison, let's start off with just an overview before we get into the defense aspects of this pandemic. Give us a sense overall of where we, the United States are, and the world is, in the course of this Coronavirus.

Steve Morrison: Well, here in the United States and across Europe, we're in a period of sort of wildly uncontrolled outbreak in many places. Obviously in New York city in the United States is the most dramatic case and it's not over, it won't peak for now. It looks like a couple of weeks. Here in the United States, we have a terrible threat where there are a number of major cities, about a dozen major cities that are showing steep increases, where there's the possibility that we could see major explosive outbreaks in those urban centers. So we have one Wuhan equivalent in New York city, inside our borders, we have the possibility of a breakout of roughly a dozen other major urban centers. The US response was quite late and quite imperfect, prone to lots of false starts and confusion around this. There are efforts to try and bring that right, but there's still major problems in having any kind of unified incident command structure at the federal level.

Steve Morrison: There's great problems in still advancing testing, although there's been some recent progress in that area and people are beginning now to look at different scenarios of what may lie ahead, which obviously the President has indicated through Tony Fauci, we can anticipate roughly a hundred to two hundred thousand deaths in this wave.

Steve Morrison: Outside the country, Spain, Italy, other parts of Europe are on fire and that remains highly urgent. In Asia, the epidemic in China has been brought to a point where after eight weeks of a colossal and unprecedented quarantine, it's been brought to almost zero new cases and they're very carefully attempting to reopen society and business there. And there are several other cases like Hong Kong, Korea, Taiwan, Singapore, which you've heard, which acted very aggressively, very early by contrast with our pattern, and they are also in a reasonably good position in trying to get control.

Steve Morrison: So it's a very perilous moment right now. India has gone into a 21-day lockdown. It's done almost zero tests. It's ill prepared and there's quite a bit of a ramp up of infections across Africa where there's a similar problem, a very weak preparedness, very weak capacities for screening and treating.

Kathleen Hicks: So Steve, you run a global health security program and many folks, as they look at national security issues, sometimes they think about the guns and bullets side, which a lot of us focus on. How should we be thinking going forward? How has this pandemic influenced, you think, how Americans should be thinking about what defense means, what national security means?

Steve Morrison: Well, over the last few decades we've had multiple experiences where as a country and outside our borders, we've had to confront dangerous outbreaks, dangerous new pathogens. There's been an accumulation of policy and programs within our government that begin to enshrine the fact that in doctrine and in programs, that preparedness against these sort of pandemic threats is a true health security matter. But what we have not had is continuity and sustained effort and prioritization and investments in this way. We've had a pattern bedevil us and other governments of moving from crisis to complacency, this sort of cycle in which we mobilize when the emergency is fully upon us. But then as the threat fades, we lapse into a period of complacency and negligence. That was the central topic of this two-year CSIS commission on strengthening America's health security, which Christine has been part of, a very important part of Christine Wormuth who's joining us this afternoon. A pandemic of course we haven't seen anything like this dating back to the 1918-1919 Spanish flu. This has a scope and a force and an impact that is at a profound level. Pandemics transform history and institutions and norms. And I think if we don't change our thinking and our habit around pandemic preparedness under the force of this pandemic, I'm not sure when we would change. I think that is going to change us profoundly.

Kathleen Hicks: So Christine, going to you, you've served at top levels of government and the Defense Department [DoD] at the National Security Council [NSC]. How can you summarize what you have seen both from your past experience planning around global health and other disasters and what we're seeing in this pandemic in the Trump Administration?

Christine Wormuth: I think Kath what I see is sort of a two-pronged phenomenon. On the one hand, you do have all of this taking place against the backdrop of the cycle of complacency and crisis that Steve just outlined. So I think it's important to recognize that multiple administrations have been caught flat footed by these global health security threats, and that's a long term problem that we have to fix. I personally would like to see us do a 9/11 Commission-like review after this is largely over, I think we as a nation need to really scrutinize our response at all levels through that kind of a mechanism, which I think was pretty effective after the 9/11 attacks.

Christine Wormuth: The other phenomenon though I think that we see here is essentially, we are stuck in a reactive mode. I think the Trump Administration's response to this has been much more reactive than proactive, and this is exactly the kind of event that it's very difficult to catch up and get ahead when you start from behind. And I think, unfortunately, that reactive posture, fundamentally, I think it's the president who sets the tone and says early on, "This is a critical problem. All hands on deck. Everyone needs to get to work."

Christine Wormuth: But the other challenge here is, this is where you really see the effects of the high level of turnover that we've seen in the Trump Administration, the effects of the high level of turnover that we've seen in the Trump Administration as well as the fact that many people are new in their jobs, are acting in their jobs and I think that's just not kind of the best starting point for dealing with literally a global event like this.

Kathleen Hicks: So Tom, former Deputy Surgeon General for the Navy, the Navy, obviously, very clearly in the news getting hit hard in it's a carrier fleet and we assume we're going to see more of that not only in the Navy but we're seeing in some of the other services. What are the big considerations you think are going on right now or should be going on in the minds of Pentagon leadership around the health of the force?

Tom Cullison: The health of the force is always the number one consideration for military medicine and keeping the United States forces healthy and this is certainly a different situation than we've ever seen before. Military medicine, Navy medicine, Air Force, Army medicine has always focused on having a healthy and able force out to meet the requirements of our country. Usually that means that the force will deploy overseas and that will be basically working from a healthy homeland. This is just the inverse of that. There's been much planning, we could go into that later, about what to do in these situations.

Tom Cullison: However, we've got the problem of keeping the force healthy to meet our external requirements. At the same time, meeting the requirements of the nation as a whole through the defense support to the civilian requirements here such as you're seeing in New York, Los Angeles and other places where the military is supporting. The aircraft carrier, *USS Roosevelt*, off the coast of Guam, which had some infections onboard, pulled into Guam. The dichotomy is does that aircraft carrier meet his need to be where it's supposed to be for

his deployment or does it take care of its crew? How do you balance those two priorities?

Kathleen Hicks: It seems like so much of what we think about, for many of us who are generalists on military health, we're thinking about traumas, we're thinking about combat injuries. Infectious disease is just completely different. Is your sense that the medical community inside the Defense Department is well prepared for, has thought through infectious disease challenges like we're seeing?

Tom Cullison: Absolutely. Infectious disease is one of the hallmarks of military medicine. Aside from the current condition with the COVID virus. The US military deploys all over the world into areas where they are exposed to things like malaria, the fevers that we've seen in the Middle East, other infectious diseases, and always has a preventive medicine research backup to make it safe to go do that. So infectious disease, preventive medicine, industrial hygiene, those types of things is part and parcel of deploying a healthy force.

Tom Cullison: So it's something that the military focus on a lot and much of the basic research that has gone into many of the vaccines that we have in our country has come out of military labs. So it's not new, but usually when we think of deploying for a military activity, it's usually trauma that we think of first. We think of infectious disease in the preventive sense. We don't think so much in the treating sense, and usually the infectious disease doctors, internists and intensivists, are supporting the surgeons like you say. So this is completely inverse of what we normally see.

Kathleen Hicks: Mark, Tom's mentioned already this tension or relationship between force health and force readiness. Do you sense that the Department understands that tension and are they balancing it well?

Mark Cancian: Yeah, tension inside the Department and they're still struggling with it. They have cut back on major exercises, they've cut back on travel, they've cut back on conferences, they're doing remote work, but they've tried to keep the core military training going. So try to keep the basic training going and some of the military skills training going, as well as the overseas deployments, at least with the Navy.

Mark Cancian: But now they're running into a situation where there's illness in those organizations and there are calls that the military should apply the same restrictions that you're seeing in the civilian community that would require shutting down military training and basic training and stopping overseas deployments. The military is struggling with that. Last week, the Commandant of the Marine Corps argued that because the Marine Corps had a statutory mission of being the force and readiness, there was only so much it could cut back on, but I think we're going to see this play out over the next week or two.

Kathleen Hicks: Mark that makes me think of the problems we have in the best of times measuring readiness, how to think about readiness, how ready does the force need to be and for what? Is there a standard that you think makes sense to be using with regard to the types of forces we should be prioritizing and what readiness means today versus things like recruit training that affect readiness years down the road?

Mark Cancian: I think there were three things going on here. One of them is what you alluded to, that is, how do you measure readiness? And what the military calls operational readiness. But there are two other things going on here. One is just force size. If the military stops basic training, they'll lose 2% of their strength every month, so the force will begin to shrink. The other piece is if the Navy stops deploying ships, then US global presence will decline. We'll still have some forces [overseas on permanent basis, but the rotational presence that has been a feature of US military policy for the last 70 years will go away.

Mark Cancian: There is that problem about how do you measure operational readiness? That is what the military says is, "The ability of forces to produce the outputs for which they were designed." It's very hard to measure, but that doesn't mean it doesn't exist, and as you scale back a training, those capabilities will deteriorate. Now one month, two months, three months, you'll have some effect. I think that after about three months, you'll have the effects that we saw in 2013 as a result of Sequestration and the furloughs, and the military called that a pretty big dip. But it was something from which they could recover, although it took a couple of years. If you go on longer than that the dip could become quite profound.

Kathleen Hicks: So Christine, now we get to the walk and chew gum challenge, which is the Defense Support of Civil Authorities [DSCA] piece where there's been a significant amount of attention on, of course, federal response in general, but also on DoD's role. Tell us a little bit about what this Defense Support of Civil Authorities is and how it's been used in the past and are there left and right limits around it?

Christine Wormuth: Sure. Fundamentally, Defense Supports to Civil Authorities is about DoD assisting state and local governments through the federal government. So nine times out of 10, when the military gets called to help with the disaster, it's either a natural disaster like major hurricanes, which we've certainly seen many of, something like an earthquake or tornadoes. If those disasters are large enough, sometimes the federal government is brought in to sort of help coordinate the response. The way I think of it is, DoD is frankly both the largest labor pool in the federal government, and also has a large number of very relevant capabilities that it can bring to bear specialized capabilities.

Christine Wormuth: But in our federalist democracy, state governors generally like to be in control of responding to disasters. So the needle that DoD is usually threading is providing it's assistance in support of state governors, and also where DoD is not the lead agency, it's usually in support of the Department

of Homeland Security and FEMA [Federal Emergency Management Agency], and you saw purity and FEMA. You saw us really getting into this DSCA has deep roots in our history, but in the aftermath of the 9/11 attacks, there was a lot of attention on the role that DoD could play. The Hurricane Katrina response in 2005, I think was a major wake up call to the challenges of dealing with a multi-state event. That event showed a lot of weaknesses in how we had unity of effort across a major federal, state, local response. We learned a lot of good lessons there. Then we've carried those lessons forward in our response efforts in dealing with things like Hurricane Sandy on the East coast several years ago. Then more recently, with Hurricanes Maria and Irma. But this is really a fundamentally different thing in that it is nationwide in the United States and it is global obviously, at the same time. So here we are trying to walk and chew gum, continue to have the military be operationally ready, but also be helping out state governors here at home.

Christine Wormuth: I think one of the big challenges is we don't have a command and control construct that's really designed to be nationwide wide. We created something called Dual-Status commanders. That was one of the lessons we learned out of Hurricane Katrina. This is a status that allows National Guardsman to both report directly to a state governor and simultaneously report to an active duty commander. That can work reasonably well in a regional event and it does enhance unity of effort, but it's never been used for a national event like we're experiencing now. I think it will be challenged to provide the same kind of unity of effort that we'd like and would need to see.

Christine Wormuth: The other thing I guess I would say, Kath, in terms of right and left limits. A lot of times in these events, you hear people talk about, "Are we going to federalize the guard? Are we going to see the guard enforce martial law?" The military is not allowed to practice law enforcement in the United States, the active duty military. The National Guard is allowed to serve law enforcement functions, which is one of the reasons why they're particularly well suited to these kinds of homeland events. You can make exceptions to that under the Insurrection Act, but that is extremely rare. It's certainly not been used in the last several decades, but I think it's important that people understand that there is not a lot of reason to fear that we're going to move into a martial law status here. I think the DoD leadership very well understands that it's important to keep the military out of those law enforcement functions.

Kathleen Hicks: So Mark, walk us through then, given that background, what DoD is doing right now. And if you could also just address Christine's point on command and control in particular, what are you seeing there in terms of the DoD command and control structure?

Mark Cancian: Yeah. I think you're seeing four main elements in the DOD Support to Civil Authorities. The first and the most visible is the National Guard, as Christine pointed out there, about 15,000 guardsmen on active duty and that number is going to rise. But there's a lot of capabilities still there since the National

Guard, both Army and Air Force total about 440,000. They've been doing a lot of support kinds of activities in hospitals, transportation testing and reminding citizens about quarantine. Although they can engage in law enforcement if the governor directs, as Christine pointed out, the guard doesn't like to do that. The head of the National Guard, General Lengyel, has said that he wants to avoid having the guard involved in law enforcement. The reason is that soldiers make lousy policemen. They're not trained right and as a result, they don't like to do that.

Mark Cancian: But if the governor's direct, National Guard could enforce quarantines with arrest powers. DoD's been providing supplies to the civil sector, most notably protective gear and ventilators. With the authorities of the Defense Production Act (DPA), DoD is pushing production in the steel mill spill, provided DoD with about two and a half billion dollars for those purposes. DoD has provided some active duty forces. The most visible have been the hospital ships, Comfort and Mercy. There've also been some active duty field hospitals established, for example in Central Park in New York city, but there's very little slack in DoD's active duty military health system. It's sized and structured to take care of active duty personnel, retirees and their dependents, and I think that's where their focus is going to be during the crisis.

Mark Cancian: Finally, there's a lot being done by the Army Corps of Engineers. Although they don't have any organic construction capabilities, it is adept at letting contracts to civilian firms to get facilities built and reportedly, it's looking at building over 300 temporary facilities across the country. On the question of command and control, I think the one thing I would add is that in a situation like this, it's a very sensitive issue because you have the federal government intruding on the prerogative of the states. The states and National Guard have made it clear that they want to stay in what's called, Title 32 status. They don't want to be federalized into a Title 10 status, so that it will be difficult to provide a unified command and control. That said, I'm a little surprised, and this is a point that Kath made the other day, that NORTHCOM (United States Northern Command) hasn't stood up some sort of joint task force to handle at least the active duty military side.

Kathleen Hicks: So Tom, given all that we see that is happening today, there still seem to be quite a few gaps both in terms of the readiness and health side and then of course, in terms the defense support civil authority side. What do you think [DoD has gotten right so far and where do you think DoD can be doing more as part of its national security role here at home and abroad?

Tom Cullison: Well, going back to what Mark just said about NORTHCOM, United States Northern Command is the combat and command that is in charge of the military in helping the civilian authorities within the United States. And going back to 2009, there was a concept plan developed for pandemic influenza planning, which is the model that we've all used for many, many years for how to deal with a pandemic. In preparation for this and reading back through that, the assumptions made in that document of things that

might likely happen of infecting the entire country, of limitations of supply, of purchasing of certain quantities of lots of quantities of things, they didn't specifically mention toilet paper, the difficulties with supply lines and personnel available due to illness are all very right on target about what's going on today so that's fascinating. But in being involved in the exercising of plans like this over the years, I have not seen these types of plans in major exercises being done that would prepare us for the day...

Tom Cullison: They'd been on the shelf. We kind of know what to do, but I'm not sure that exercising in the past has helped us to the present. Having said that, the biggest... Your comments about DoD support, one is that with the nationalized support such as DoD, which is unlimited quantities, the choices need to be made where to best apply that. The idea of putting a hospital ship with a thousand beds in New York City that currently is overwhelmed and getting worse, it makes a lot of sense. Having that hospital ship see patients that are not infected with the COVID as far as we know, and take care of basic trauma cases and so on to unload the other hospitals makes a lot of sense. The reticence that Secretary (of Defense) Esper had made [00:24:00] earlier this week about not giving granularity on earlier this week about not giving granularity on which units around the world had been effected, so as not to detriment our ability to, the defense job overseas I think is right on target. The difficulty that's faced with hospitals today, the military hospitals today is as Mark mentioned, they're size basically to take care of the folks on the base, around the base, the retirees such as myself.

Tom Cullison: I live in North Carolina about 10 miles from campus union, which has a military medical center on board. They're faced with about 45 to 50 thousand Marines in the area and their families and retirees and dealing with their illnesses. At the same time, they're deploying their staff to go other places to take care of needs that the country may have. When it comes to calling up the reserves, the reserve medical force, which the Army, Navy, and Air Force have many members of those people, the medical professionals all have day jobs in civilian hospitals, largely in places where they may be taking care of their own populations. So the question comes up, who to call up, when to call up and what is the detriment if we do call somebody up from say university of Pennsylvania in Philadelphia to go work in New York, what's an impact on Pennsylvania? I think DoD is doing a very good job currently in terms of maintaining medical capability in the communities in which they serve. Being able to deploy within the country and overseas at the same time and being a bit reticent to spend all of our reserve capability at all at once early on in this process. As everybody seems to think we're still in the early stages of this, so committing everything we have to one location may not be the smartest thing.

Christine Wormuth: I just wanted to jump in on that. I had some experience working with the NORTHCOM in the ... back in 2009 when they were doing an iteration of the pandemic planning and I think one of the challenges that's worth remembering is, NORTHCOM has the lead inside of the Department of Defense, working closely with the Office of the Secretary of Defense (OSD) of

course. But, even in those circumstances, frankly it could be challenging to get the attention of the leadership in the building as well as the other Combatant Commands that in real life would be impacted by an event like what we're experiencing and would potentially have roles to play.

Christine Wormuth: But, often as Steve well knows, going back to the crisis of complacency, a lot of those stakeholders inside of DoD don't necessarily give the problem the kind of attention that it would need. And then you have to remember again, the Department is just one player in the much broader federal tapestry that has to be brought to bear on a problem like this. And NORTHCOM frankly, isn't empowered to force the Department of Health and Human Services (HSS) or the Department of Homeland Security (DHS) or CDC or other players that are going to be necessary, that's outside of their scope.

Christine Wormuth: So I think one of the real challenges for us in developing a national strategy for pandemic influenza, which we actually have on the books as a federal government, bringing forward that incredibly complex quilt of actors in a coherent way and solving once and for all some of the turf battles, frankly, and budget battles that come into play that has not happened to date. And again, that's why I think something like a 9/11 Commission on the backside of this would perhaps force us to face down those problems and solve them once and for all.

Christine Wormuth: I would not say in this case the DoD is the third line of defense. I absolutely think DoD is in support of FEMA, DHS, but in this case, in a nationwide event that is fundamentally about a logistics problem, a supply chain problem, a planning problem, a command and control problem, those are all things that DoD has tremendous expertise that almost no one else in the government has.

Christine Wormuth: And in all the years I've done homeland security and homeland defense, I've always been very reluctant to see DoD play a very prominent role. But here I really think that we need a more coordinated national approach and I think DoD has a lot of the enabling capabilities that could put that backbone in place. And I don't see it happening. It may be frankly at this point a bit too late.

Kathleen Hicks: Yeah. And I also, honestly I think it's a foregone conclusion at this point. I'd be shocked, really shocked if we didn't come out of this crisis with that kind of lessons learned documents that are recommendations being foisted, if you will, if nothing else on the government. Mark, I'm going to let you have the final word. What do you think has gone well and where do you think DoD [can or should be doing more than you see it doing today?

Mark Cancian: Well, I'm going to start with reinforcing something that Secretary Esper has said and that Christina had mentioned, which is DoD is the third line of defense here. And its capabilities are much more limited than people appreciate because we have a military that's designed to fight overseas and you have the robbing Peter to pay Paul problem in the United States. You

have the problem that military capabilities are focused on keeping forces deployed and taking care of their own.

Mark Cancian: Having said that, I think that there are a couple of things that the military might do more of and one of them we're seeing, which is the Defense Production Act. There's two and half billion dollars for that in the stimulus bill and it's a very powerful tool to get industry to produce what's needed. The President did invoke that once with General Motors and I think behind the scenes you see more of that and there should be even more of that.

Mark Cancian: The other thing is I'm inclined to say [Army] Corps of Engineers is building facilities, but what we are short of is military or rather medical professionals and I'm inclined to say where is Eric Prince now that we need him? In other words, DoD has been very skilled in getting services overseas to support military forces. Now we need to get services here in the United States and do it aggressively and do it rapidly.

Mark Cancian: We also need to do it in a way it doesn't cannibalize existing system, existing personnel. But there are people who are retired, retired people who are no longer in the workforce and we need to get those people out and helping out at medical facilities and DoD contracting has a lot of experience there and I think they could bring that to bear, also.

Kathleen Hicks: Steve Morrison, Tom Cullison, Christine Wormuth, and Mark Cancian, they so much for joining me today. On behalf of CSIS I'd like to thank our sponsors, BAE Systems, Lockheed Martin, Northrop Grumman, and the Thales Group for contributing to Defense 2020. If you enjoyed this podcast, check out some of our other CSIS podcasts, including Smart Women, Smart Power, The Truth off The Matter, The Asia Chessboard and more. You can listen to them all on major streaming platforms like iTunes and Spotify. Visit csis.org/podcasts to see our full catalog and for all of CSIS' defense related content, visit defense360/csis.org.