Operation UNITED ASSISTANCE Study

Joint and Coalition Operational Analysis
20 August 2015

The overall classification of this briefing is UNCLASSIFIED.

How to Navigate This Brief

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  - Click on hyperlinked buttons ( or ) to “drill down” into more detailed information.
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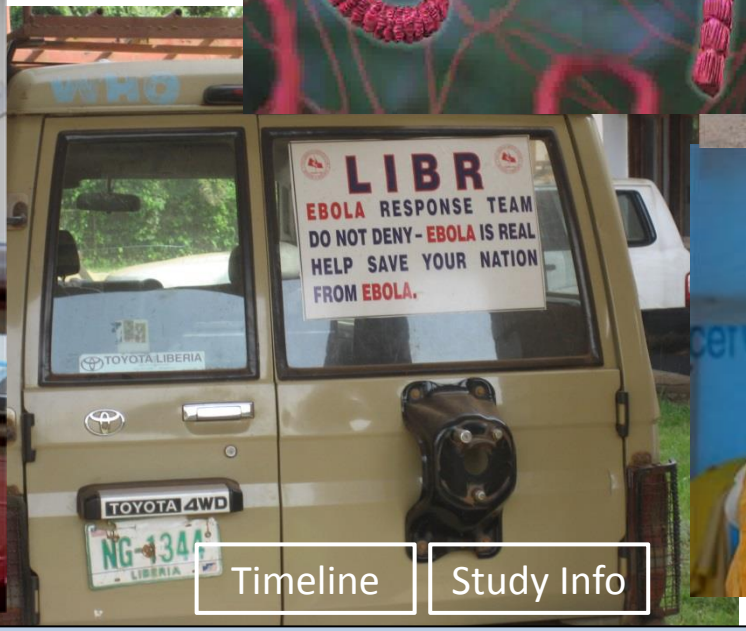
OUA – Briefing Overview

- ☐ Why This Study Is Important
- ☐ Findings
- ☐ Recommendations



Timeline | Study Info

"[You] can't catch a typhoon; can't catch a hurricane; [but you] can catch Ebola."

AFRICOM J-35, JCOA Interview, 9 December 2014

OUA – Why This Study is Important

- The Ebola virus disease (EVD) outbreak in West Africa was the largest to date, infecting more than 27,000 and killing over 11,000 as of 1 July 2015.
- The disease overwhelmed the West African national healthcare systems and strained global health response capabilities.
- Ebola cases in the United States raised public health concerns to the national level and created fear of a domestic outbreak.
- While the EVD outbreak significantly challenged global response capabilities, Ebola is not the most dangerous threat. Other disease outbreaks could be much worse.
- OUA provided valuable insights on the United States Government's strengths and limitations in responding to a biological threat.

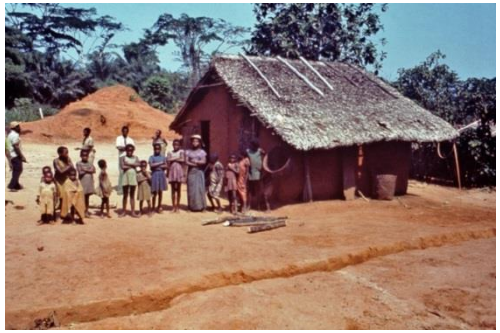
"If something like this were airborne, we could not have remotely afforded the month to month-and-a-half that we spent running around ourselves, trying to figure out who was going to do what. That would just kill us—literally."

Jeremy Konyndyk, OFDA Director, USAID, JCOA Interview, 21 January 2015

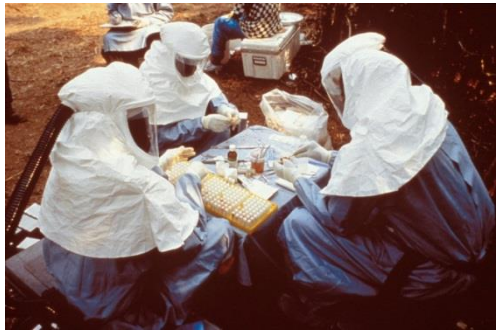
2013-2015 West Africa EVD versus Previous EVD Outbreaks

"The outbreak of Ebola virus disease in parts of West Africa is the largest, longest, most severe, and most complex in the nearly four-decade history of the disease. This was West Africa's first experience with the virus, and it delivered some horrific shocks and surprises. The world, including WHO (the World Health Organization), was too slow to see what was unfolding before us."

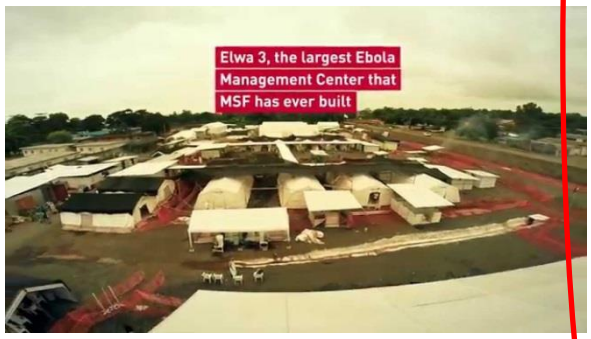
Dr. Margaret Chan, Director General of the World Health Organization, 25 January 2015



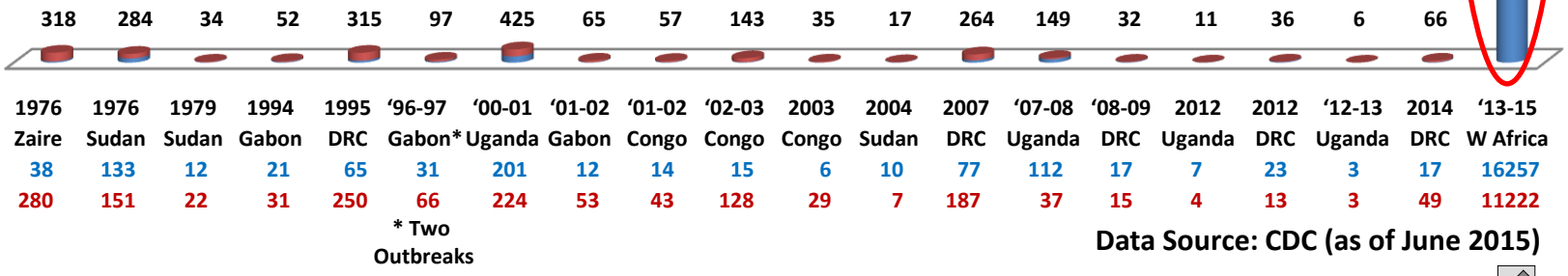
Yambuku villagers being examined during the 1976 Zaire Ebola outbreak.



Scientists taking samples during the 1995 Ebola outbreak in Kikwit, Zaire.



ELWA 3, the largest Ebola Treatment facility to-date, located in Monrovia, Liberia 2014



Total Reported:	1976 Zaire	1976 Sudan	1979 Sudan	1994 Gabon	1995 DRC	'96-97 Gabon*	'00-01 Uganda	'01-02 Gabon	'01-02 Congo	'02-03 Congo	2003 Congo	2004 Sudan	2007 DRC	'07-08 Uganda	'08-09 DRC	2012 Uganda	2012 DRC	'12-13 Uganda	2014 DRC	'13-15 W Africa
Survival Cases	38	133	12	21	65	31	201	12	14	15	6	10	77	112	17	7	23	3	17	16257
Deaths	280	151	22	31	250	66	224	53	43	128	29	7	187	37	15	4	13	3	49	11222

* Two Outbreaks

Data Source: CDC (as of June 2015)

Overwhelmed National Healthcare and Strained Global Response

– "**The health system in Liberia has collapsed**. Pregnant women experiencing complications have nowhere to turn. Malaria and diarrhea, which are easily preventable and treatable, are killing people."

Global OP-ED from MSF President, 16 September 2014

USAID Fighting Ebola banner, 8 October 2014

– "We have learned the importance of capacity. We can mount a highly effective response to small- and medium-sized outbreaks, but **when faced with an emergency of this scale, our current capacities and systems—national and international—simply have not coped**."

WHO Leadership Statement on the Ebola Response and WHO Reforms, 16 April 2015

"We must take the deadly dangerous threat of Ebola as seriously as we take ISIS."

Senator Lamar Alexander, R-Tennessee, Combined Appropriations and Health Committee Hearing, 16 September 2014

Cases in Dallas and New York City Generate Concerns and Fear

– "The American people are reasonably concerned—Ebola is a terrible disease, and the fact that, in an interconnected world, infectious disease can be transported across borders is one of the reasons we have to take it seriously." *President Obama in a Conference Call with State and Local Officials on Ebola, 8 October 2014*

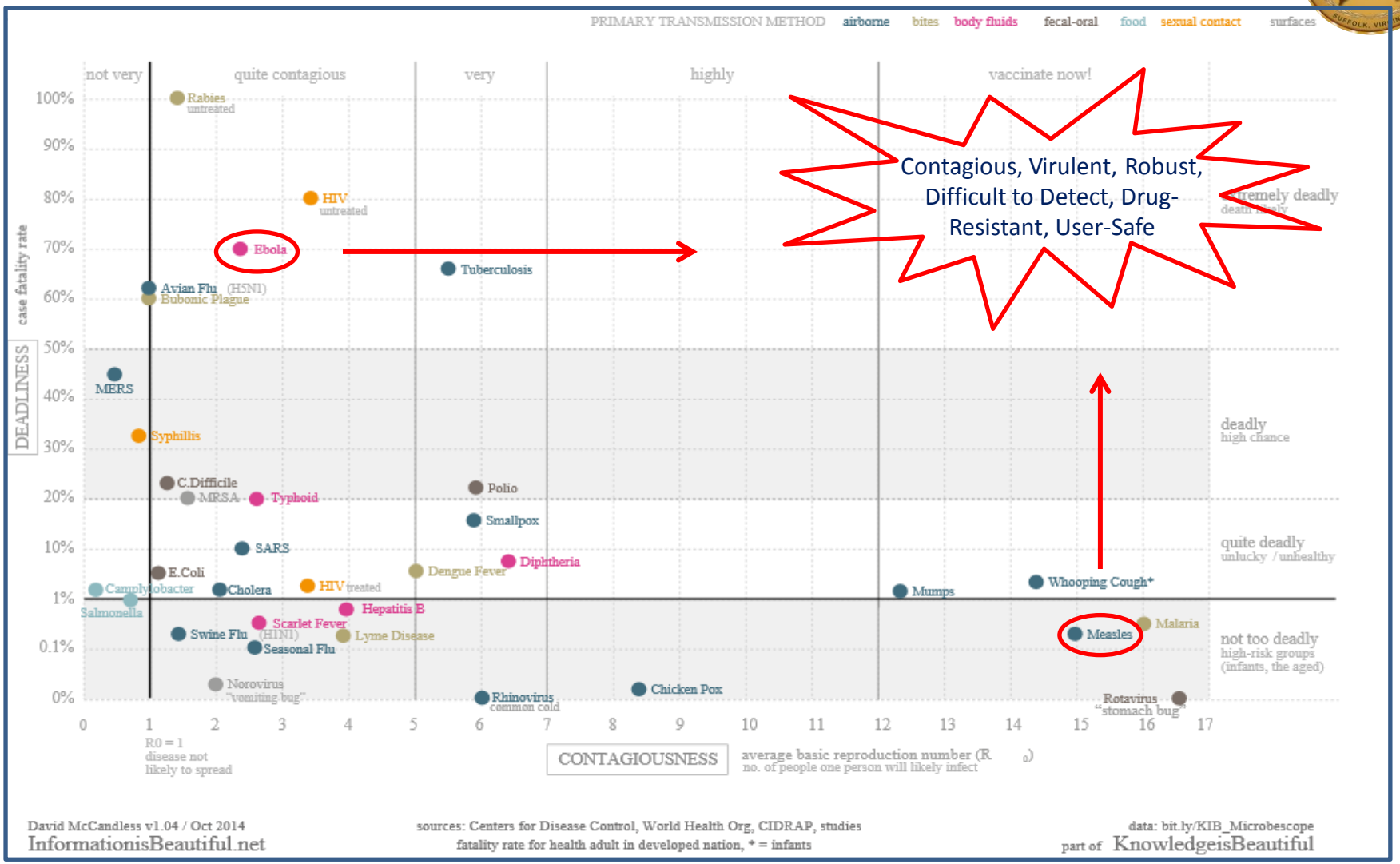
– New protocols were established: individuals traveling from West Africa to the United States were funneled through five US airports and then actively monitored for 21 days by local public health officials.

– "I learned a powerful lesson during my Ebola work, and that is the power of fear. Fear is a natural emotion; it's supposed to protect us from injury or infection . . . but too much fear can be a bad thing. It was our responsibility to understand the science behind Ebola and use that to encourage positive action, not panic."

John Brooks, CDC Website; "CDC Responds to the 2014 Ebola Outbreak," 6 March 2015, http://www.cdc.gov/about/24--7/cdcresponderss/brooks.html

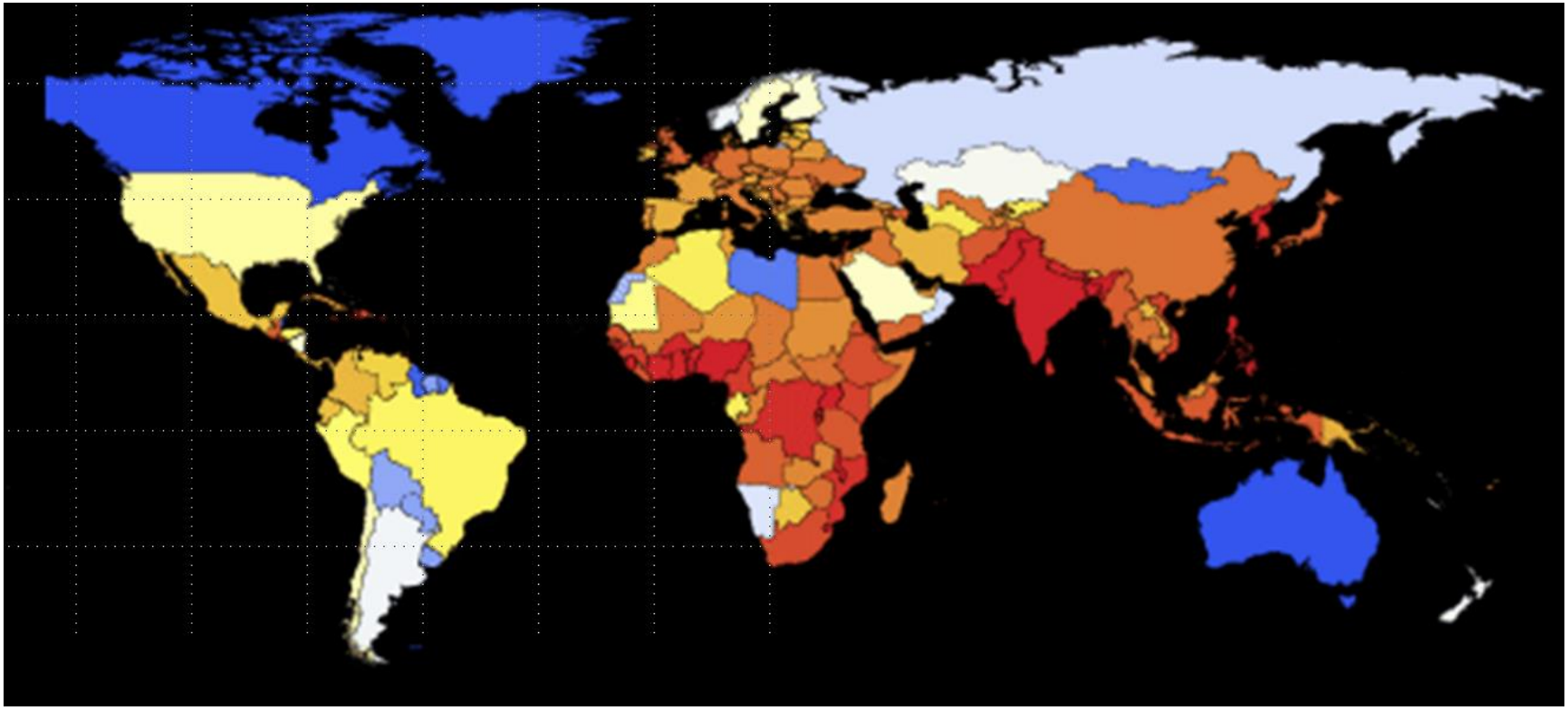
"This [Ebola] is a serious disease, but we can't give in to hysteria or fear."
President Obama, "The President's Weekly Address," 18 October 2014

Spectrum of Diseases



High Mortality + High Contagiousness = Highest Lethality/Most Dangerous

Pandemic Spread



Graphic by David McCandless @ Information is Beautiful
Sources: Centers for Disease Control, World Health Organization, CIDRAP, Public Health Agency of Canada.

"An interconnected world is increasing the opportunities for human, animal, and zoonotic diseases to emerge and spread globally... [sources include] the acceleration of biological science capabilities and the risk that these capabilities may cause the inadvertent or intentional release of pathogens; and continued concerns about terrorist acquisition, development, and use of biological agents."

Global Health Security Agenda: Toward a World Safe and Secure From Infectious Disease Threat, February 2014

Liberia EVD Outbreak Event Timeline

EVD Contracted Guinea
Dec 13
0/0

EVD Confirmed In West Africa
Mar 14
8/6

EVD outbreak Spreads
Apr/May 14
12/9

MSF, "EVD Out of Control"
23 Jun 14
51/34

Liberia Tightens Border Crossings
28 Jul 14
249/129

EVD Case Count Triples
July 14
329/227

US Ambassador Declares Emergency
4 Aug 14
486/255

DOD Stands Up EVD Task Force/USAID DART Arrives in Liberia
5 Aug 14
486/255

Liberia Declares Emergency
6 Aug 2014
486/255

WHO "EVD Int'l Public Health Emergency"
8 Aug 14
554/294

CDC Director Visits Liberia
Late Aug 14
1378/694

USARAF CG In Liberia
15 Sep 14
2481/1137

POTUS Announces DOD Mission
16 Sep 14
2407/1296

EVD Case In Dallas
30 Sep 14
3458/1830

101st Airborne Div RIP/TOA
25 Oct 14
4665/2705

MMU and 1st DOD-built ETU Complete
7 Nov 14
6878/2812

48 Chemical Brigade RIP/TOA
Mar 15
9343/4162

WHO Declare Liberia EVD-Free
9 May 15
10666/4806

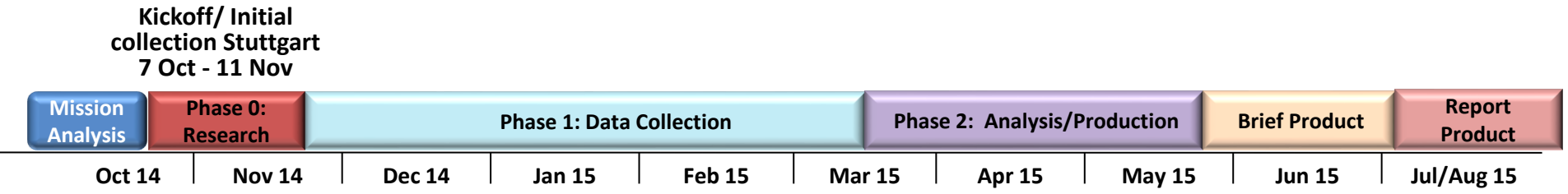
Total EVD Cases/Total EVD Deaths

Study Initiation and Mission

Initiation: Study was initiated by a 6 Oct 2014 memorandum of understanding signed by the USAFRICOM Deputy Commander for Military Operations and the Joint Staff Director for Joint Force Development.

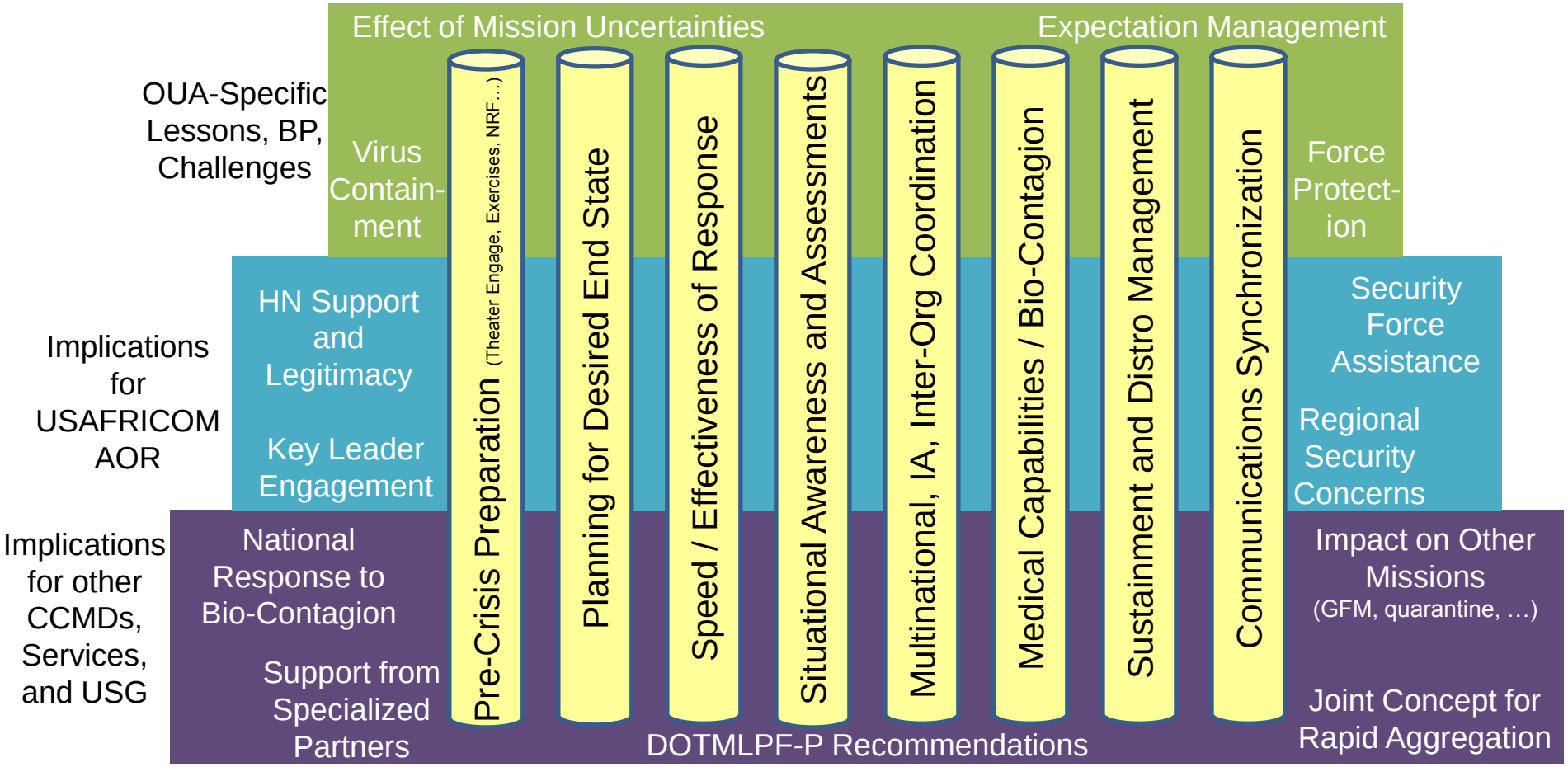
Mission: JCOA conducts a study of Operation UNITED ASSISTANCE planning and initial response to the 2014 African Ebola outbreak in order to identify and document best practices, lessons, and challenges, with a focus on implications and recommendations related to the conduct of similar future joint force operations, the broader USAFRICOM mission, future joint force development, and DOD support to USG National Response to Bio-Contagion plans and processes.

Timeline:



OUA Data Collection Framework

Operation UNITED ASSISTANCE



Note: JCOA Graphic includes potential topic areas which may change based on study collection and analysis.

Summary of OUA Study Interviews

Organization	GO/FO SES AMB	Total
USAFRICOM (Staff/USARAF/SPMAGTF)	8	104
101st	2	28
JS/OSD/NGB	10	42
DTRA/DLA	1	19
N-NC/USTRANSCOM	2	15
48th CBRN Brigade	0	1
AML/NAMRU	0	3
USAID/OFDA/DART/RMT	3	17
DOS	1	2
CDC (USPHS)	2	17
Embassy of Liberia	2	5
UNMIL/UNMEER/NECC	0	3
SASC	0	2
TOTAL	**31**	**258**

Finding Areas

Preparedness

Strategic Decision Making

Initial Military Response

Implications For Future Operations

Main Response – Support & Enable USAID

Transition

Recommendations

All photos are released, either by DOD or the White House.

Preparedness

The affected nations, international community, and the United States Government were ill-prepared to respond to the scale and severity of the Ebola outbreak in West Africa.

Findings:

- Bio-surveillance and modeling efforts were inadequate to rapidly identify, effectively monitor, and accurately predict outbreak trends.
- Initial international response efforts did not contain the spread of the disease, raising the likelihood of expanded DOD participation.
- DOD monitored the worsening situation but had not planned for and did not anticipate the level of response eventually requested.

"The Ebola outbreak that started in December 2013 became a public health, humanitarian, and socioeconomic crisis with a devastating impact on families, communities, and affected countries. It also served as a reminder that the world . . . is ill-prepared for a large and sustained disease outbreak."

World Health Organization (WHO) Leadership Statement on the Ebola Response and WHO Reforms, 15 April 2015

Bio-Surveillance

<u>Finding</u>: Bio-surveillance and modeling efforts were inadequate to rapidly identify, effectively monitor, and accurately predict outbreak trends.

Why it happened:

- Several complicating factors delayed the identification of the West Africa Ebola outbreak for over three months, from the presumed initial case to the formal confirmation of an outbreak.
- Once identified, initial USG response efforts included moving specialized DOD laboratory assets to Liberia, but challenges with specimen collection and reporting impaired outbreak monitoring.
- Incomplete and inconsistent data, limited information sharing, and poorly understood impacts of cultural practices and social migration patterns made predictive modeling efforts challenging.

We don't have enough warnings and indicators around the world. We're relying on host nations and nongovernment organizations (NGOs) to do that. Most won't report outbreaks because of potential repercussions. There is a low capacity, ad hoc capability out there, at best, worldwide.

DTRA CBEP Program Representative (paraphrased), JCOA Interview, 22 January 2015

Delayed Identification of Ebola Outbreak (1 of 2)

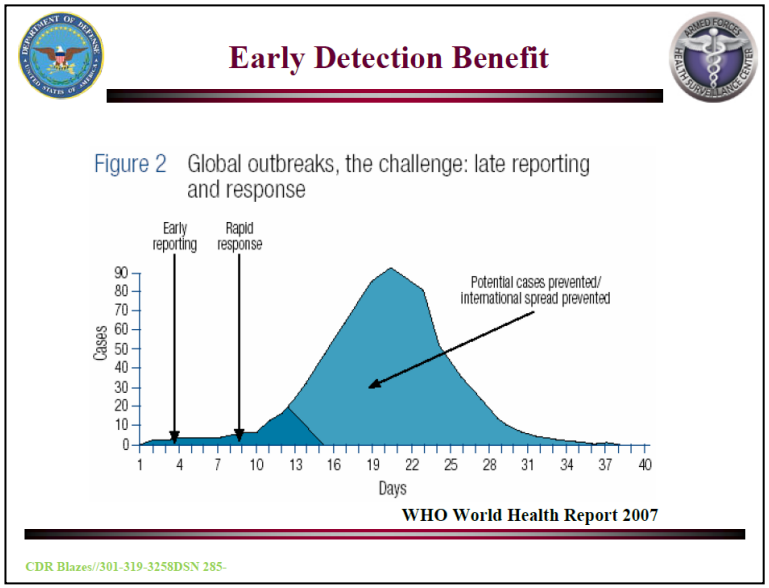
- "On 26 December 2013, a 2-year-old boy in the remote Guinean village of Meliandou fell ill with a mysterious illness characterized by fever, black stools, and vomiting. He died 2 days later . . . **the mysterious disease continued to smoulder undetected, causing several chains of deadly transmission**."
- "**No alarm bells rang for the government or, for that matter, for the international public health community**."
- "Health authorities were on high alert but the causative agent still eluded them, **camouflaged by early symptoms that mimic those of many other endemic diseases**."
- "By early March, Guinea's health officials, MSF [Medecins Sans Frontieres or Doctors Without Borders] staff and WHO [World Health Organization] knew something strange and very worrisome was going on, but no one knew exactly what. **More than three months after that end-December death, Ebola was nowhere on the radar screen of suspects for mysterious deaths in West Africa**."
- "Deeply worried, **MSF sent a report in mid-March** to one of its most experienced and intuitive disease detectives at its office in Geneva . . . . **The Ministry of Health sent samples to the Institut Pasteur in Paris**. The first news was shocking: the causative agent was indeed the Ebola virus."

Ground Zero in Guinea: The Outbreak Smoulders – Undetected – For More Than Three Months, World Health Organization Global Alert and Response, www.who.int/csr/disease/ebola/ebola-6-months/guinea/en/

Delayed Identification of Ebola Outbreak (2 of 2)

"Since March, we have faced a terrible tragedy in our country. Along with our sister Republics of Guinea and Sierra Leone, we continue to battle an **unprecedented outbreak of the Ebola virus disease**. The virus was first noticed in December 2013 in a small village in Guinea. **It was not confirmed as Ebola for three and a half months as no one—not even the world's experts—knew that this was Ebola. By the time it was confirmed the virus had already spread and was in Sierra Leone and on its way to Liberia**."

Statement by President Ellen Johnson Sirleaf, President of Liberia on the Update of the Ebola Crisis, 17 September 2014



Capacity Building: The AFHSC-GEIS Experience, Armed Forces Health Surveillance Center, 13 June 2010

- Although DOD conducted laboratory capacity building in Sierra Leone for years, samples were not sent to the lab, and the disease remained undetected there until May 2014.
- US Army Medical Research Institute of Infectious Diseases (USAMRIID) identified likely Ebola cases from samples collected in Sierra Leone between 2006-2008, but study results met with initial skepticism.

DOD Laboratory Capacity and Use in Sierra Leone

- "An **ongoing effort to help the West African nation of Sierra Leone improve its diagnostic laboratory capability** is paying off – thanks to a diverse group of organizations that includes the US Army Medical Research Institute of Infectious Diseases [USAMRIID] . . . In addition to the Lassa virus diagnostic assays currently in use at the [Kenema Government Hospital] diagnostic laboratory, USAMRIID has supplied reagents for the detection and identification of yellow fever, Chikungunya, Rift Valley fever, and West Nile viruses."

  Caree Vander Linden, "USAMRIID: Supporting Improved Diagnostics in Sierra Leone," 30 April 2009

- "[USAMRIID] had been working the past 8-9 years in **Sierra Leone** . . . We built lab capacity there at the Kenema Government Hospital, and had done, among other things, **Ebola diagnostics** there."

  Dr. Randal Schoepp, US Army Medical Research Institute of Infectious Diseases, JCOA Interview, 22 February 2015

- "WHO [World Health Organization] and the Guinean health ministry documented in March that a handful of people had recently died or been sick with Ebola-like symptoms across the border in Sierra Leone. But information about two of those possible infections never reached senior health officials and the team investigating suspected cases in Sierra Leone . . . **It was not until late May, after more than two months of unchecked contagion, that Sierra Leone recorded its first confirmed cases**."

  Kevin Sack, Sheri Fink, Pam Belluck, and Adam Nossiter, "How Ebola Roared Back," New York Times, 29 December 2014

Earlier Signs of Ebola in West Africa

– "In July [2014] in the *Emerging Infectious Diseases Journal*, I had a paper that came out on our work in Sierra Leone . . . . **Ebola Zaire had been circulating at least since 2006 in West Africa** . . . it took me a long time, almost a half a year to get that published because **everybody said, 'There's no Ebola in West Africa.'**"

Dr. Randal Schoepp, US Army Medical Research Institute of Infectious Diseases, JCOA Interview, 22 February 2015

Table 2. Patients' antibody reactions to arthropod-borne and hemorrhagic fever virus antigens, Lassa Diagnostic Laboratory, Kenema, Sierra Leone, October 2006–October 2008*

Virus	No. positive /total (%)	No. IgM only positive/total (%)
Dengue	11/253 (4.3)	6/250 (2.4)
West Nile	7/253 (2.8)	3/250 (1.2)
Yellow fever	5/201 (2.5)	5/201 (2.5)
Rift Valley fever	5/253 (2.0)	5/253 (2.0)
Chikungunya	10/253 (4.0)	5/253 (2.0)
Ebola	19/220 (8.6)	18/219 (8.2)
Marburg	8/220 (3.6)	7/219 (3.2)
Crimean-Congo hemorrhagic fever	0/220	Not tested
Total	65/253 (25.7)	49/253 (19.4)

*Detected by IgM-capture ELISA in serum samples submitted to Lassa Diagnostic Laboratory (Kenema, Sierra Leon) for suspected Lassa fever. All samples tested were malaria negative by thick blood smear and Lassa virus negative by antigen detection and IgM-capture ELISA when initially tested. Samples with sufficient volumes were tested for the presence of IgG to determine samples that were IgM positive only.

Randal Schoepp, et al., "Undiagnosed Acute Viral Febrile Illnesses, Sierra Leone," DOI:10.3201/eid2007.131265, July 2014

– "In West Africa . . . infectious disease is part of everyday life. **The cause of disease is often unknown or incompletely understood because of nonspecific clinical features, lack of diagnostic laboratory support, or little or no knowledge about disease prevalence in a region.**"

– "Sixty to seventy percent of these patients have acute diseases of unknown origin… Approximately 25 percent of [Lassa]-negative patients had [antibodies] to dengue, West Nile, yellow fever, Rift Valley fever, Chikungunya, **Ebola**, and Marburg viruses…"

Randal Schoepp, et al., "Undiagnosed Acute Viral Febrile Illnesses, Sierra Leone," DOI:10.3201/eid2007.131265, July 2014

USG Early Response

- "Centers for Disease Control and Prevention (CDC) was here in Liberia within a couple weeks of knowing of cases. The US Government responded early. Defense Threat Reduction Agency (DTRA) came from Sierra Leone, where they had been working, to establish lab capacity here. We asked for and got US Government help in the spring of 2014, and we felt good about it."

  Deborah Malac, US Ambassador to Liberia, US Embassy Monrovia, JCOA Interview, 18 February 2015

- "We were [in Sierra Leone] until we were . . . asked to come focus on Liberia exclusively. We were the only lab here [in Liberia] until August of 2014 when the first mobile . . . CDC/NIH [National Institutes for Health] lab at ELWA [Eternal Love Winning Africa] came on. So we were the only testing facility for the country [until August 2014]."

  Dr. Randal Schoepp, US Army Medical Research Institute of Infectious Diseases, JCOA Interview, 22 February 2015

Dr. Randal Schoepp at LIBR, 22 February 2014, JCOA Photo

Sign at Liberia Institute for Biomedical Research (LIBR), 22 February 2014, JCOA Photo

Liberian Public Health Functional Challenges

- "It was difficult to understand what was happening in remote areas where there is not extensive infrastructure. **I don't think that there was a full understanding during the early phase of Ebola about the extent of infections from the virus**."

  Alan Latimer, USARAF POLAD, JCOA Interview, 21 November 2014

- "The only reason I think the hospitals knew that we were here was because… **the Liberian laboratory consultant picked up the phone and just called all the hospitals** and said, 'LIBR [Liberia Institute for Biomedical Research] has a lab and if you get your samples here we can test them.'"

  US Naval Medical Research Unit No. 3 Representative, JCOA Interview, 22 February 2015

- "To add difficulty to the whole situation, . . . **there was no results reporting system,** so we had to **report our results verbally over the phone to the director of the national public health lab, and it was his responsibility to contact the medical providers**. The problem was that we would do the tests and have an answer in 10-12 hours, but **it would take 5-7 days for that information to get down to the provider**—we weren't quite sure why. We also had **difficulty with transcription errors** between the technicians that would call the director and then the director would write it down and call [the medical providers]. . . . We had no internet."

  Dr. Randal Schoepp, US Army Medical Research Institute of Infectious Diseases, JCOA Interview, 22 February 2015

Predictive Modeling Challenges

- Inconsistent and incomplete data
- Information sharing challenges
- Impacts of cultural practices
- Social migration challenges

"A full understanding of the outbreak that will lead to improved response requires detailed analysis of exactly where transmission is occurring (by district level), and of time trends. This analysis is ongoing."

WHO: Ebola Response Roadmap Situation Report 1, 29 August 2014

Suspected	Any person, alive or dead, who has (or had) sudden onset of high fever and had contact with a suspected, probable or confirmed Ebola case, or a dead or sick animal OR any person with sudden onset of high fever and at least three of the following symptoms: headache, vomiting, anorexia/loss of appetite, diarrhea, lethargy, stomach pain, aching muscles or joints, difficulty swallowing, breathing difficulties, or hiccup; or any person with unexplained bleeding OR any sudden, unexplained death.
Probable	Any suspected case evaluated by a clinician OR any person who died from 'suspected' Ebola and had an epidemiological link to a confirmed case but was not tested and did not have laboratory confirmation of the disease.
Confirmed	A probable or suspected case is classified as confirmed when a sample from that person tests positive for Ebola virus in the laboratory.

WHO: Ebola Response Roadmap Update, 26 September 2014

"Modeling efforts require time and information to become accurate. A six-month estimate that is provided two weeks into an outbreak is not useful."

Ebola Lessons Learned, Dr. Aiguo Wu, Defense Threat Reduction Agency, provided via email on 22 January 2015

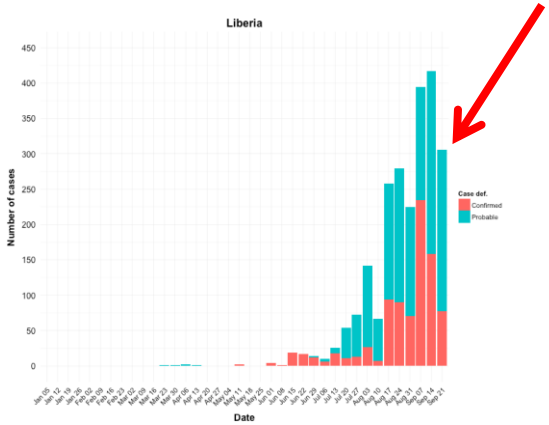
Inconsistent and Incomplete Data (1 of 3)

- "We are unable to predict how the epidemic will spread. We are dealing largely with the unknown. But **we do know that the number of recorded Ebola cases represents only a fraction of the real number of people infected**."

Joanne Liu, Medecins Sans Frontieres President, Speech to United Nations, 16 September 2014

- "The fall in the number of new cases shown in figure 1 is largely attributable to a sharp drop in the number of confirmed new cases reported from Liberia. Notably, there were **no new reported confirmed cases from the capital, Monrovia**, which in previous weeks has reported a surge in cases. **These data differ from credible reports obtained from responders in Liberia**, who indicate a deterioration of the situation in the country, and in Monrovia in particular. In addition, there have been **a large number of suspected new cases (and deaths among suspected cases) reported from Liberia over the past week**, which are **not included in Figure 1, but are set out in table 1**."

WHO: Ebola Response Roadmap Situation Report, 24 September 2014

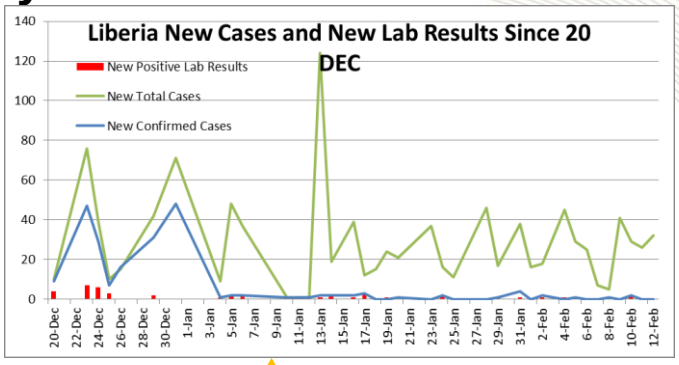


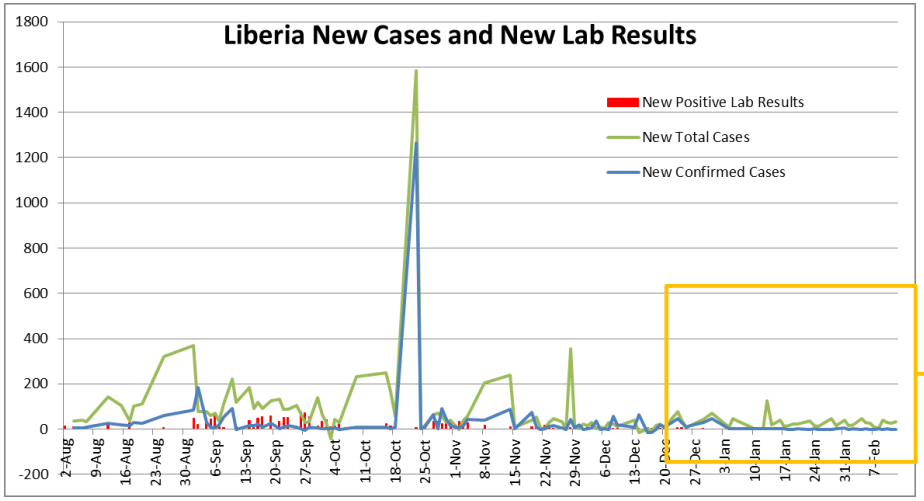
	Case Definition	Cases	Cases in past 21 days	Cases in past 21 days / total cases	Deaths
Liberia	Confirmed	890	469	53%	671
	Probable	1469	648	44%	593
	Suspected	921	590	64%	413
	All	3280	1707	52%	1677

Inconsistent and Incomplete Data (2 of 3)

IDA | Total New Cases, New Confirmed Cases, and New Positive Laboratory Results in Liberia

Graph shows total new cases, new confirmed cases, and new positive laboratory results in Liberia. Cases are confirmed by laboratory testing, so new positive laboratory results should add up to new confirmed cases.





On 1/1/2015, MoHSW revised both Total Ill and Total Confirmed Ill sets down by more than 200

On 1/3/2015, the numbers were revised upwards by more than 200 (but not by an amount equal to the downward shift)

For ease of visualization, the research team assumed that these two corrections roughly equate and removed them from the detailed graph above

Graphs based on data provided in the Liberia MOHSW Situation Reports

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Steps in Modeling Ebola, Institute for Defense Analyses, February 2015

Inconsistent and Incomplete Data (3 of 3)

- The data was unreliable, but we still based decisions on it. With imperfect data, you can't do solid analysis. The data was not coming from CDC or the WHO. It came from the Ministries of Health in the affected countries, who were awful at collecting the data. Everyone likes metrics, but it was based on worthless data.

  OSD Stability and Humanitarian Affairs Representative (paraphrased), JCOA Interview, 15 January 2015

- Terms were not consistently or clearly defined. How WHO, CDC, and the affected countries classified cases as *potential* or *suspected* drove us crazy. The numbers were changed and re-baselined. It wasn't clear what they'd done or why. How do you do projections on garbage?

  DTRA Technical Reachback Branch Representative (paraphrased), JCOA Interview, 22 January, 2014

- There were discrepancies in the numbers reported for the outbreak. There were numbers from so many different agencies being reported. WHO got their numbers from the Ministries of Health in the affected countries. We were trying to identify trends. Was the outbreak going this way or that way? Predictive models needed ground truth for accuracy. *DTRA J-2 Representative (paraphrased), JCOA Interview, 22 January 2015*

- "Although systems of data collection, reporting, and sharing have improved, we know that not all cases, and especially not all deaths, are being detected and reported."

  Dr. Margaret Chan, Director-General of the World Health Organization, "Report by the Director-General to the Special Session of the Executive Board on Ebola," 25 January 2015

Information Sharing Challenges

- "There [was] a reluctance at times to release data because the MOHs [Ministries of Health] were never really comfortable about how this data was going to be used . . . . So, they were really nervous about releasing the data."

  CDC Representative, JCOA Interview, 31 March 2015

- Accurate reporting is important for decisions. There is a hesitancy to share information internationally because there is lots of personal data. As a result, the models were fed by public information and not ground truth, reducing the accuracy of their output. The *unknown* factor was 2.5-3.0 in the models.

  DTRA RCT-Ebola Representatives (paraphrased), JCOA Interview, 22 January 2015

- CDC received information from WHO, but they couldn't share it with us because they didn't own the information. Countries are risk averse in providing information to DOD. WHO said, "No" at their upper echelons.

  DTRA J-2 Representative (paraphrased), JCOA Interview, 22 January 2015

- "We, back in April when we came in, went to the ministry, and I presented the need to take some of the samples back to the US to sequence to make sure what we had was hitting the strains here and we didn't have any variants pop up. . . . We worked through CDC to get an agreement in place. We were told it was an all-USG agreement, but when it came out in September, it was only CDC."

  Dr. Randal Schoepp, US Army Medical Research Institute of Infectious Diseases, JCOA Interview, 22 February 2015

Cultural Practices

- "In part because we just didn't have great EpiData on the spread, it was really hard to know how much of it was driven by [different factors]."

  Jeremy Konyndyk, OFDA Director, USAID, JCOA Interview, 21 January 2015

- "You can't overestimate the importance of societal factors in modeling. For instance, the touching of corpses is part of some African cultures."

  Ebola Lessons Learned, Dr. Aiguo Wu, Defense Threat Reduction Agency, provided via email, 22 January 2015

- "The spread of Ebola was due to a number of cultural practices. There are burial practices which are deeply rooted in West African culture. For example, the body of the deceased is washed and dressed and a ceremonial drink is passed around among the family and friends of the deceased."

  Alan Latimer, USARAF POLAD, JCOA Interview, 21 November 2014

- How do you put reality into the model? We use Virginia Tech University modeling because they do disaggregate modeling. Most models use static databases. Virginia Tech took a different approach that included population behavior.
- Our modeling efforts previous to this have focused on Europe and Asia. Africa was low on the list, so we didn't know a lot about the social aspects of West Africa. We had nothing initially. We needed to know about the roads, how people interacted. There wasn't a lot of cell phone usage, especially in the rural areas. The constructs had to be rethought. We were starving for data.

  DTRA Technical Reachback Branch Representative (paraphrased), JCOA Interview, 22 January, 2014

Social Migration Patterns

- Unlike doing 35 years of outbreak investigation for Ebola in Africa where we might have had an occasional traveler to a capital city, **we had lots of people making it from rural areas (where there is Ebola) to large urban slum areas, with no water or sanitation**. It was a bad combination of poor health infrastructure and porous borders and the ability to get from forested, deep rural areas to a large, urban slum very easily.

CDC Global Health Protection Representative (paraphrased), JCOA Interview, 31 March 2015

- **People flow to and from rural areas and urban centers and into the global travel system. It's important to understand what is driving the people to move**. There is air, land, and sea movement and movement to and from urban centers.
- **Regional, cross-border surveillance is challenging in that area of the world**. There was intelligence on who was coming across the borders in different places. DOD mapping capabilities were helpful in Liberia. **The data we got from the host nations was somewhat suspect in that the statistics came from the small number of formal border crossings**. There were **many informal crossings** that had people crossing the border for medical, commerce, or other reasons. The maps were a key piece and helped us identify areas for disease monitoring.

CDC Global Migration Task Force Representative (paraphrased), JCOA Interview, 30 March 2015

Inadequate Initial Response

<u>Finding</u>: Initial international response efforts did not contain the spread of the disease, raising the likelihood of expanded DOD participation.

Why it happened:

- Initial response efforts tapered off in the spring of 2014, due to the belief that the outbreak had been contained; in fact, the number of cases continued to expand, rapidly overwhelming the existing response capacity.
- Healthcare worker infections caused some organizations to evacuate personnel or refrain from responding.
- World Health Organization developed a strategy, but the spread of the disease outstripped the available resources.
- With civilian capacity being overwhelmed, the likelihood of DOD participation increased.

In July and August, there was very little capacity. People were trying to determine what could be done immediately to affect the outbreak. People naturally asked about what DOD could do.

CDC Global Migration Task Force Representative (paraphrased), JCOA Interview, 30 March 2015

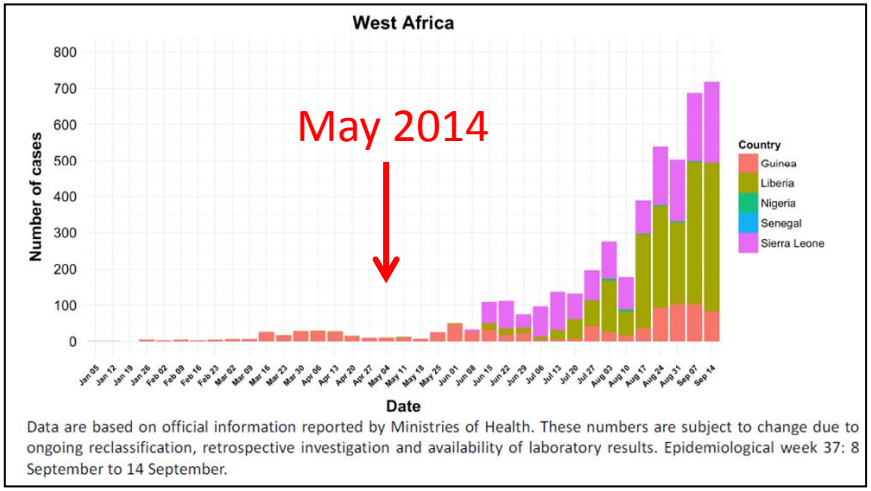
Tapered Response Followed By Expanded Outbreak

- "The first reports of suspected cases of hemorrhagic fever in Liberia were reported to the Ministry of Health and Social Welfare (MOHSW) from Foya County on 17th March 2014. Between 22nd March 2014 and 10th April 2014, 6 confirmed and 2 probable cases were reported from 2 counties (Lofa and Margibi). Implementation of high quality response activities resulted in interruption of 1st wave of EVD transmission in Liberia as there were no reported cases between 10th April 2014 and 25th May 2014."

Republic of Liberia National Ebola Response Strategy, undated [September 2014]

- "The small team of epidemiologists here thought that the outbreak was over and went home. As it turned out, the outbreak wasn't over and we were in the soup."
- "In July, it became apparent that the outbreak was skyrocketing out of control."

Deborah Malac, US Ambassador to Liberia, US Embassy Monrovia, JCOA Interview, 18 February 2015



2014 Ebola Virus Disease (EVD) Outbreak briefing, DTRA Reachback, 23 September 2014

Overwhelmed Capacity

- "**With limited resources and capacity**, the government [of Liberia] responded swiftly and decisively to the outbreak. We declared a health emergency and empowered the Ministry of Health and Social Welfare to lead the response, working with WHO, MSF and other partners . . . . **We acted within the scale of our capacity to contain the scale of an outbreak we could not imagine possible**."

  Statement by Her Excellency President Ellen Johnson Sirleaf on the Update of the Ebola Crisis, 17 September 2014

- "The World Health Organization would not be able to ride in and save the day. **The Government of Liberia, on its own with assistance from Medecins Sans Frontieres (MSF), Samaritan's Purse, and the US, was not keeping up with the numbers of cases**."

  Deborah Malac, US Ambassador to Liberia, US Embassy Monrovia, JCOA Interview, 18 February 2015

- There were too many sparks in different locations and not enough beds for isolation. There weren't enough healthcare workers volunteering to man the facilities that did exist. MSF, despite their great capacity, was overwhelmed. Their facilities were full. People were dropped off in front of Ebola Treatment Units (ETUs) with no beds to be had. There weren't enough burial teams to pick up bodies from homes. **It was an overwhelming problem with not enough burial teams and not enough places to put people into care**.

  CDC Global Health Protection Representative (paraphrased), JCOA Interview, 31 March 2015

Healthcare Workers

- "The outbreak of Ebola virus disease in West Africa is unprecedented in many ways, including **the high proportion of doctors, nurses, and other health care workers who have been infected**."
- "The **loss of so many doctors and nurses has made it difficult for WHO to secure support from sufficient numbers of foreign medical staff**."

"Unprecedented Number of Medical Staff Infected with Ebola: WHO Situation Assessment," 25 August 2014

- "Just to be clear and give a reality check, **the number of organizations that are acting in the field right now can be counted on the fingers of my hands**. So there's not that many. It's not like Haiti after the earthquake, where you had 12,000 NGOs [non-governmental organizations] trying to bustle around and find a way to justify their presence. **The reality is there are very few organizations that are deploying right now**."

Dr. Joanne Liu, President of Medecins Sans Frontieres,
as quoted in "Looking for Leadership in the Ebola Epidemic," by Jena McGregor, 25 August 2014

- "Our **collective ability to rapidly deploy additional health care workers with the skill-set to combat this disease has been minimal**."

Congressional Testimony of Assistant Administrator for Democracy, Conflict and Humanitarian Assistance Nancy Lindborg, House Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations, 17 September 2014

☐ High-profile Evacuations ☐ Effect on NGO Participation

High Profile Healthcare Worker Evacuations

- "After contracting the world's most deadly virus while serving as medical missionaries in Liberia, both **Kent Brantly of Samaritan's Purse and Nancy Writebol of SIM [Serving in Mission] became household names—as did Ebola itself**."
- "**Christian ministries are no longer letting American physicians get so close to Ebola patients**."
- "In Liberia, the Christian relief organization had its expatriate staff switch their focus to Ebola in June, but soon **pulled about 60 people back to the US after Brantly and Writebol contracted the virus in July**."
- "Samaritan's Purse returned American workers to Liberia in September. But their **focus is now not on Ebola patients themselves**, but on managing the health of nearly 400 Liberian staff running 15 community care centers on the front lines."

Deann Alford, "Medical Missionaries' Ebola Pullback: No More Kent Brantlys?," Christianity Today, 21 November 2014

- "**Evacuation fees** can run as high as $200,000 per person. Typically, the **organization that employed the individual (or the organization's insurance company) foots the bill**… WHO [World Health Organization] will approach hospitals on a patient's behalf but will only pay for the evacuation of its own staff."

Nsikan Akpan, "Ebola Evacuees: Who Are They, Where'd They Go, How'd They Fare?," NPR, 15 October 2014

Effect on NGO Response

- "**While some aid agencies are offering money or personnel, most are still reluctant to enter the Ebola region**. . . . Without them, there might not be enough trained staff to operate the 27 new Ebola treatment units that are being urgently built in Liberia over the next few weeks."
- "**Even though hundreds of millions of dollars have been pledged by institutions such as the World Bank and the U.S. aid agency USAID for the Ebola fight, only a 'trickle' of international health organizations have come into West Africa to use those funds**, [the International Medical Corps Ebola emergency response director] said. 'The need is obvious, the money is there, but the agencies aren't coming in and asking for it. There are lots of financial resources but there's nobody to give it to.'"
- "**Leaders of United Nations agencies such as UNICEF [United Nations Children's Fund] are trying to persuade more relief agencies to overcome their fears and prejudices about Ebola. Too many non-governmental organizations are 'sitting on the fence,'** said . . . the UNICEF country representative in Liberia. 'Any health-based NGO [non-governmental organization] that still isn't here needs to take a long hard look at themselves in the mirror and ask themselves why. If that's why you exist, you should be on the ground in Liberia now. This is the biggest public health emergency in many, many years.'"

Geoffrey York, "Only a few aid agencies willing to help fight Ebola in Africa," The Globe and Mail, 3 October 2014

Outbreak Outstripped Resources

- "In the face of this worsening disaster, WHO has delivered a clear [strategy] for Ebola. But huge questions remain about who will implement elements in the plan."

  "Global Op-Ed From MSF President Joanne Liu – A Concrete Response to the Ebola Outbreak Cannot Wait," 16 September 2014

- "This outbreak is moving faster than our efforts to control it."

  WHO Director General Dr. Margaret Chan Speech on the Ebola Virus Disease Outbreak Delivered to Presidents of Guinea, Liberia, Sierra Leone, and Cote d'Ivoire, 1 August 2014

- "WHO and the Governments of Guinea, Liberia, and Sierra Leone are urgently requesting financial support of US $71,053,413 to implement the Ebola outbreak response plans and priority preparedness activities for the period of 6 months to accelerate the response in the region."
- "Previously, WHO had issued funding appeals that totaled US $4.8 million on 27 March and 10 April 2014. WHO has received US $7,006,230 against these appeals . . . . These funds, which supported WHO's activities from March to June 2014, are now exhausted."

  "Ebola Virus Disease Outbreak Response Plan in West Africa," WHO and The Governments of Guinea, Liberia, and Sierra Leone, July-December 2014, 31 July 2014

- "You need people who are operational in the field. You don't just need people sitting in meetings discussing things. You need to come out with a plan with clear priorities and capacity to implement it. This is not happening yet."

  Dr. Joanne Liu, President of Medecins Sans Frontieres, as quoted in article "Looking for Leadership in the Ebola Epidemic," Jena McGregor, 25 August 2014

DOD Support for Humanitarian Assistance

DOD Mission in Foreign Disaster Relief

USAID FROM THE AMERICAN PEOPLE

- The U.S. military is not instrument of first resort humanitarian response but supports civilian relief agencies

- **The U.S. military may be involved when:**
  - The military provides a unique service
  - Civilian response capacity is overwhelmed
  - Civilian authorities request assistance

- **When the U.S. military does become involved:**
  - The military mission should be clearly defined
  - The risks should be minimal
  - Core DOD missions should not be affected

"DoD shall respond to foreign disasters in support of the USAID"

DoD Directive 5100.46, Foreign Disaster Relief, July 6, 2012

Office of US Foreign Disaster Assistance Briefing to 101st AASLT, 4 October 2014

DOD Preparedness

<u>Finding</u>: DOD monitored the worsening situation but had not planned for and did not anticipate the level of response eventually requested.

Why it happened:

- The Office of the Secretary of Defense (OSD), Joint Staff, and USAFRICOM monitored the progression of the outbreak, but did not have or develop applicable contingency plans.
- DOD could have better postured, but believed their response role would remain limited in scope.
- There was disease and regional expertise available in DOD, however:
  - Capacity had been previously reduced
  - Expertise and capacity were not fully leveraged due to lack of awareness

We need to do a better job of identifying situations requiring response so that we can respond quicker, before it gets out of control. We're challenged in identifying tripwires.

Ambassador Phillip Carter III (paraphrased), USAFRICOM Deputy to the Commander for Civil-Military Engagements, JCOA Interview, 9 December 2014

DOD Monitoring

- Office of the Secretary of Defense
  - In late spring/early summer we began watching the outbreak. Assistant Secretary of Defense Lumpkin was concerned early on that this could turn into something, so we started to monitor things. It doesn't have to be USAID asking for help. It was when the CDC sounded the alarm of the inadequacy of the civilian response that we got more engaged.

OSD Stability and Humanitarian Affairs Representative(paraphrased), JCOA Interview, 15 January 2015

- Joint Staff
  - In conversations with the Chairman of the Joint Chiefs of Staff,, I argued that this provided a good opportunity to "kick the tires" to see if we were up to speed for a crisis of this nature or if we needed to make changes after years of operations in Iraq and Afghanistan.

Dr. Christopher Kirchhoff (paraphrased), Special Advisor to the Chairman of the Joint Chiefs of Staff, JCOA Interview, 15 January 2015

- USAFRICOM
  - We'd watched Ebola for some time. In July in Guinea, we saw the spikes in the outbreak and heard the rumblings. We thought then that it could spill over—that we could be asked to do something, but we didn't do anything about it. We've been watching certain crises forever, but haven't taken action.

MG Bryan Watson (paraphrased), USAFRICOM J-3, JCOA Interview, 10 December 2014

Joint Staff

- I have a science background, so I was interested in Ebola and tracked it from the beginning of the outbreak. In the July-August timeframe, I had a conversation with the Chairman about the Ebola disease outbreaks. He was curious; he said, "Tell me more." The Chairman then asked me to look at it more in depth, to do a deeper dive.

Dr. Christopher Kirchhoff (paraphrased), Special Advisor to the Chairman of the Joint Chiefs of Staff, JCOA Interview, 15 January 2015

- We were monitoring but not responding.

MG Nadja West (paraphrased), Joint Staff J-4 Surgeon, JCOA Interview, 11 February 2015

- The US ambassador requested US military resources to build confidence for the outbreak response, but it was not until there was a national outcry that we ramped up in earnest.

Joint Staff J-35 Representative (paraphrased), JCOA Interview, 23 January 2015

USAFRICOM

- Beginning in March 2014, USAID's Global Health Division, the Centers for Disease Control and Prevention (CDC), the Office of Foreign Disaster Assistance (OFDA), Defense Threat Reduction Agency (DTRA), and USAFRICOM tracked the Ebola outbreak response and spoke together on a regular basis. Information was culled from US entities on the ground and international partners such as Medecins Sans Frontieres (MSF), International Federation of the Red Cross (IFRC), and United Nations Children's Fund (UNICEF). The first pieces of the puzzles were known.

  USAID OFDA Advisor to USAFRICOM (paraphrased), JCOA Interview, 23 March 2015

- If you take Operation UNITED ASSISTANCE (OUA), what was the J-5 concept of operations we pulled off the shelf? There wasn't one. The point is, we should be looking at the intelligence, anticipating what might cause us to react, and conducting initial planning for potential crises. For OUA, the operation started and ended in the J-35. *MG Bryan Watson (paraphrased), USAFRICOM J-3, JCOA Interview, 10 December 2014*

- United States Northern Command (USNORTHCOM) had a pandemic contingency plan that we looked at, but it was last updated in 2009. There was no standard USAFRICOM contingency plan we could use; we gathered what info we could.

  USAFRICOM J-35 Representative (paraphrased), JCOA Interview 9 December 2014

- As far as a plan specific to Liberia, there were draft, very preliminary draft, discussions about what we could do.

  USARAF G-3 / JFC-UA J-3 Representative (paraphrased), JCOA Interview, 6 January 2015

Belief DOD Involvement Would Be Limited (1 of 2)

- In the mid-summer of 2014, no one knew DOD would be asked to respond to the Ebola outbreak in West Africa. No one pays attention until there is a crisis.

  Dr. Christopher Kirchhoff (paraphrased), Special Advisor to the Chairman of the Joint Chiefs of Staff, JCOA Interview, 15 January 2015

- Initial efforts before Ebola became an issue for DOD, centered on informing the Chairman and communicating with Africa Command (USAFRICOM). Not until we got the call, did we get involved. Once we get pulled into something, we capitalize on our resources. We did not start planning until we received the call from US Agency for International Development (USAID). We did not plan in earnest until asked because we were not the lead agency.

  MG Nadja West (paraphrased), Joint Staff J-4 Surgeon, JCOA Interview, 11 February 2015

- The policy answer was that we weren't going to do anything about it. It's hard to lock down the national security policy and demand signals. We didn't do enough to get a gauge on the temperature. The Office of the Secretary of Defense (OSD) and the Joint Staff aren't able to judge when DOD will be asked to engage in crises.

  MG Bryan Watson (paraphrased), USAFRICOM J-3, JCOA Interview, 10 December 2014

Belief DOD Involvement Would Be Limited (2 of 2)

- When initial Ebola cases in Guinea were briefed, I raised the issue to try to get people thinking about it. I was concerned that the outbreak could get much worse. I knew that Ebola had never happened in West Africa before. I was concerned about what would happen if it got into population centers. So US Africa Command (USAFRICOM) reached out to other organizations tracking the outbreak, particularly the World Health Organization (WHO), who said, "It will be alright. The outbreak will die out. The systems can handle it." The institutions proved to be feckless in handling it.

  Phillip Carter III (paraphrased), USAFRICOM Deputy to the Commander for Civil-Military Engagements, JCOA Interview, 9 December 2014

- We saw trends with the outbreak, but kept getting told we would not be involved. At first we were told this was not going to be a DOD problem, and then it was, and we had to go broader.

  USAFRICOM J-35 Representative (paraphrased), JCOA Interview, 9 December 2014

- There was an overwhelming reluctance to be involved, and therefore, we did not prepare for it earlier. We needed more support to plan ahead of time.

  USAFRICOM J-4 Surgeon's Office Representative (paraphrased), JCOA Interview, 19 February 2015

DOD Expertise

Disease-Related Expertise

- The Defense Threat Reduction Agency (DTRA) had Ebola and other filovirus expertise due to its countering weapons of mass destruction mission.
- In order to protect the warfighter from biological threats, US Army Medical Research Institute of Infectious Diseases (USAMRIID) developed bio-surveillance and medical countermeasures expertise.

Liberia-Related and Regional Expertise

- Operation ONWARD LIBERTY conducted defense institutional reform with Liberia's Ministry of Defense and security force assistance with the Armed Forces of Liberia (AFL) from 2010.
- USAFRICOM's Disaster Preparedness Planning (DPP) program began engagement with Liberia in 2012 to assist in developing preparedness plans.
- The Michigan National Guard worked with the Armed Forces of Liberia through the State Partnership Program.

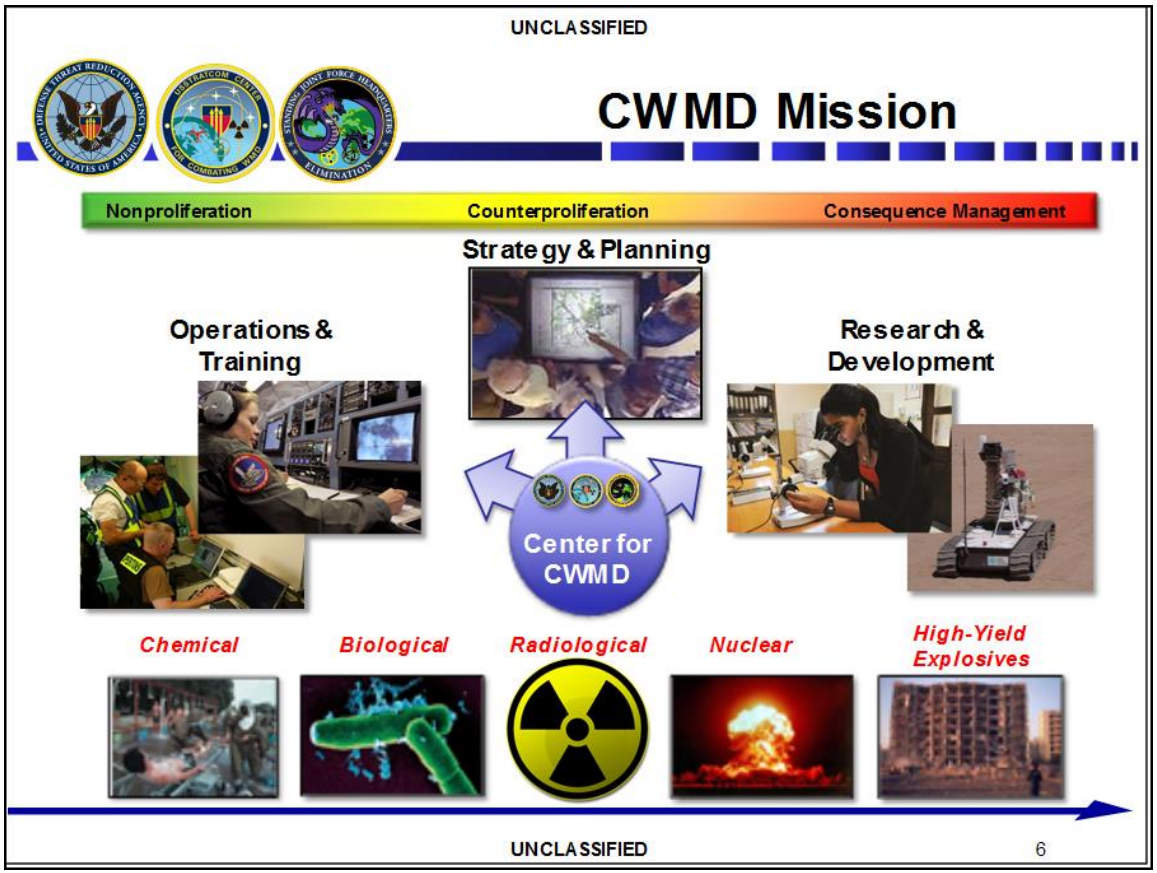
People don't think about DOD as a public health organization, but the department has enormous capabilities. Defense Threat Reduction Agency and others were deeply involved. There are core capabilities like the international labs. I was amazed at how robust the capability is.

Dr. Christopher Kirchhoff (paraphrased), Special Advisor to the Chairman of the Joint Chiefs of Staff, JCOA Interview, 15 January 2015

DTRA Expertise and Operational Information Support (1 of 2)

– Within the context for this Ebola outbreak, we tried to lean forward in the J-9. We needed to be prepared to answer technical questions for the Defense Threat Reduction Agency director, DOD, US Government, and the world. Leaning forward when dealing with infectious disease is important.

DTRA Technical Reachback Representative (paraphrased), JCOA Interview, 22 January 2014



Defense Threat Reduction Agency/USSTRATCOM Center for Combating WMD/Standing Joint Force Headquarters-Elimination, June 2014

DTRA Expertise and Operational Information Support (2 of 2)

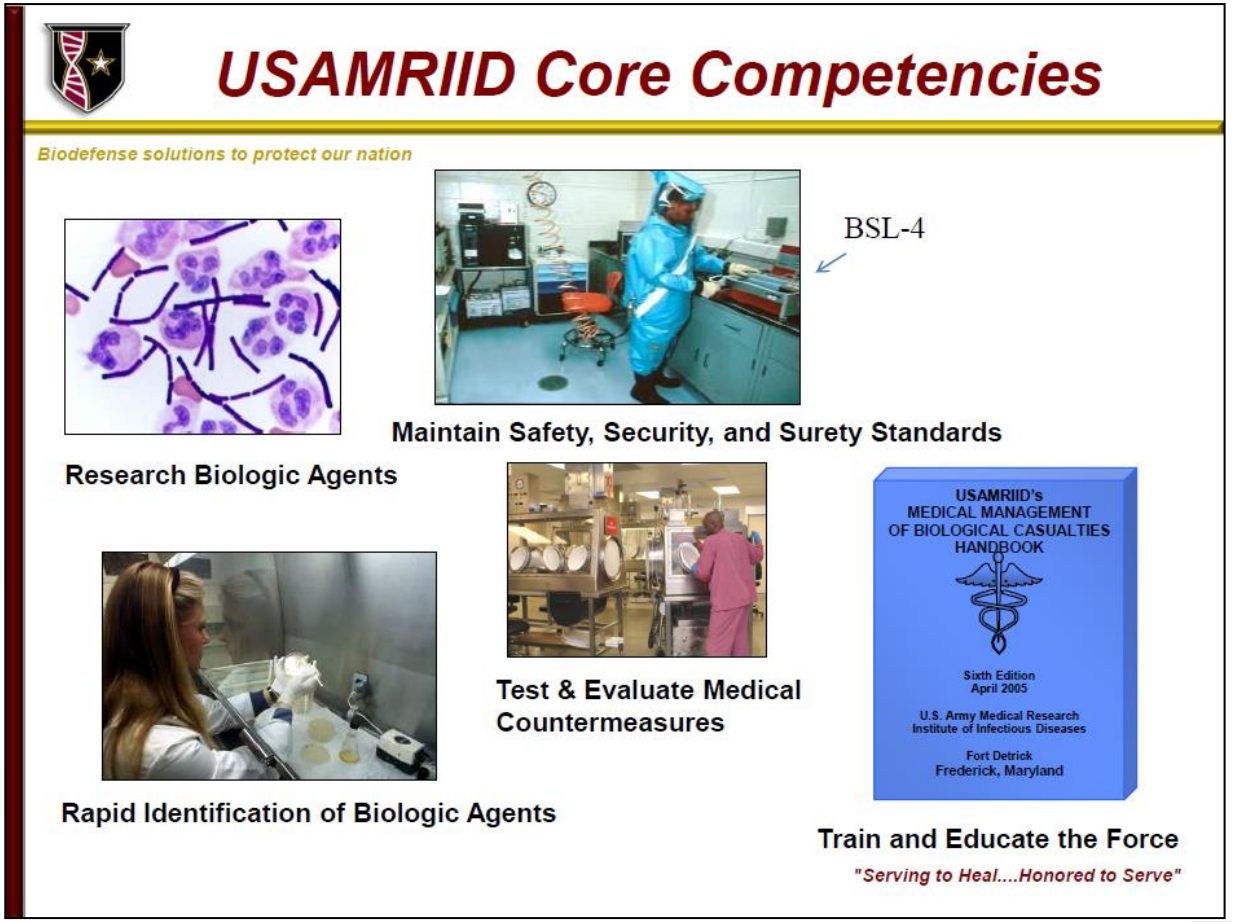
DTRA Regional Contingency Team (RCT)-Ebola Response Efforts for the Ebola Outbreak in West Africa, 15 December 2014

US Army Medical Research Institute of Infectious Diseases (USAMRIID) Biodefense Expertise

– "[For] 12 years, my job was to work with overseas laboratories to make sure they had the type of surveillance assets needed for things that may pop up: fever, Ebola, Marburg, Yellow Fever, anything."

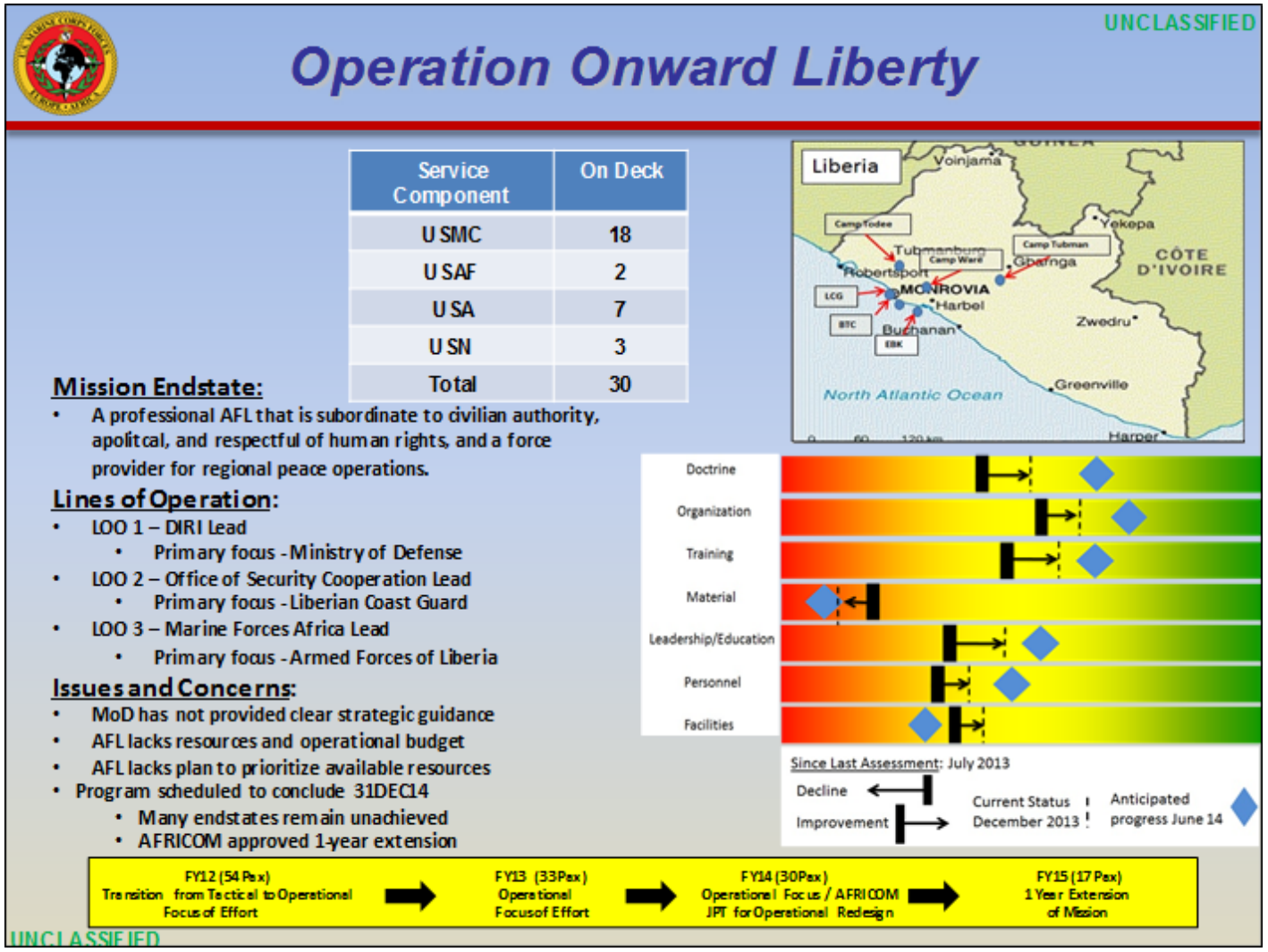
Dr. Randal Schoepp, US Army Medical Research Institute of Infectious Diseases, JCOA Interview, 22 February 2015

USAMRIID Mission and Vision:
"To protect the warfighter from biological threats. Be prepared to investigate disease outbreaks or threats to public health."



USAMRIID Overview, undated

Operation ONWARD LIBERTY (1 OF 2)



Col Cooling Command Visit Briefing, Marine Corps Forces Europe and Africa, 18 April 2014

Operation ONWARD LIBERTY (2 OF 2)

- "We have the best type of theater security cooperation in Operation ONWARD LIBERTY and with the Liberian Coast Guard. These are exactly the kind of programs that we should have. There are unique circumstances in Liberia. We've essentially helped to build their military. You can see the results. The Armed Forces of Liberia (AFL) wants to be like the US military. The doctrine, desire, and professionalism are there. The leadership inculcates civilian control of the military and respect for human rights. We are doing the right things—we just need to do more. Embedding US military, active duty, and noncommissioned officers, with the AFL to live and work with them has really been a plus. We look for these opportunities."

  Deborah Malac, US Ambassador to Liberia, US Embassy Monrovia, JCOA Interview, 18 February 2015

- The seed corn was Operation ONWARD LIBERTY, which was a USMC engagement in Liberia. They have made some inroads with the Armed Forces of Liberia, and we were able to leverage that in the Ebola response.

  MG Bryan Watson (paraphrased), USAFRICOM J-3, JCOA Interview, 10 December 2014

- The relationship between the AFL and DOD was developed long before Ebola hit. There has been a DOD presence in Liberia for quite some time, and they built on that relationship during the outbreak response. They understood how each other worked, so the AFL was quickly part of the solution in helping with logistics and building Ebola treatment units.

  USAID Representative (paraphrased), USEMB Monrovia, JCOA Interview, 19 February 2015

USAFRICOM Disaster Preparedness Planning Program

- We've been engaging various countries in Africa for the last four years, helping them prepare their infectious disease response plans. It was intended for influenza, but can be adapted for other diseases. We were involved with Liberia in this respect and were planning the validation exercise with them when the Ebola outbreak happened. The Government of Liberia requested our support to assist them in modifying the existing plan for Ebola.

USAFRICOM J-5 Disaster Preparedness Planning Program Representative (paraphrased), JCOA Interview, 8 December 2014

- "[The] Ebola scare kicked off in March but we had a disaster preparedness meeting already planned in April. It helped generate good discussion with the government of Liberia… Then in September at the height of what was going on, they literally requested [US]AFRICOM send in the disaster preparedness planners to help them as the government was developing their Ebola strategy."

April 2014 DPP Workshop.

Defense Attaché, USEMB Monrovia, JCOA Interview, 17 November 2014

- "The Disaster Preparedness Planning (DPP) program was moving along well, but it was not far enough along with the necessary Government of Liberia capacity during the Ebola outbreak. The good news about the activities was the discussion of the need for a national structure and how to build that in the long term."

Deborah Malac, US Ambassador to Liberia, US Embassy Monrovia, JCOA Interview, 18 February 2015

State Partnership Program
Michigan National Guard

- "The Republic of Liberia entered in the State Partnership Program in 2010 after years of civil war, and is partnered with Michigan, whose National Guard members conduct military-to-military engagements with the Liberians in support of defense security goals. The partnership encourages whole-of-society relationships and capabilities as well as interagency engagement with the military, government, and social spheres."

Master Sgt Denice Rankin, "Michigan Guard Counterintelligence Soldiers Work with Liberia," 10 July 2014

- "For months at a time—sometimes even a year—soldiers from the [Michigan National Guard] come to [Liberia], uniforms on their shoulders and expertise running through their veins. That experience may be more valuable now than ever, as the extent of the Ebola virus puts the Armed Forces of Liberia—those men and women the Michigan solders are there to mentor and train–to the test."

CPT Doug Halleaux, "Michigan Soldiers Make an Impact in Liberia," 29 October 2014

- One of the big wins for us during pre-deployment was the State Partnership Program that the National Guard has. There are National Guardsmen in Liberia now. The Michigan adjutant general spoke with our commanding general which was a huge homerun. He gave us a rundown of what they were doing and things of which we needed cognizance.

JFC-UA J-9 Representative (paraphrased), JCOA Interview, 16 October 2014

Reduced Capacity

- "[USAMRIID has] been funded through GEIS [Global Emerging Infections Surveillance] for 12 years now. This year [is the] first year I've not been funded. The time we need it the most, there's not sufficient funding. I don't know where we're going to find it; hopefully, DTRA [Defense Threat Reduction Agency] will have funding. All these colors of money . . . are a little bit different. GEIS did a lot of surveillance. DTRA does a lot of capacity building. The JPEO [Joint Program Executive Office] does production of materials. And so you put all those three entities together and it's everything we need to do a job here. Leave any one out and it's going to be an incomplete job."

  Dr. Randal Schoepp, US Army Medical Research Institute of Infectious Diseases, JCOA Interview, 22 February 2015

- The National Medical Intelligence Center's budget had been cut.

  Dr. Christopher Kirchhoff (paraphrased), Special Advisor to the Chairman of the Joint Chiefs of Staff, JCOA Interview, 15 January 2015

- I'm frustrated with what the National Medical Intelligence Center could and couldn't provide. Manning cuts have affected their modeling ability.

  USAFRICOM J-25 Representative (paraphrased), JCOA Interview, 19 November 2014

- We are the only deployable area support lab in Army Forces Command (FORSCOM) and in the Army inventory. There used to be two, but one was deactivated a couple of years ago.

  1st Area Medical Laboratory Representative (paraphrased), JCOA Interview, 19 February 2015

Lack of Awareness

- Our capabilities were not known at the combatant command level or across the department.

  DASD David Smith, et al. (paraphrased), DASD for Force Health Protection and Readiness, JCOA Interview, 11 February 2015

- Each day I learn more about the medical capabilities we, DOD, have. We are so diverse that, if I am constantly learning, I do not believe our senior leadership has a full grasp on our capabilities. We all need to understand them better.

  MG Nadja West (paraphrased), Joint Staff J-4 Surgeon, JCOA Interview, 11 February 2015

- "Were the modeling products that were presented every week here at DTRA [Defense Threat Reduction Agency] actually passed to someone who was responsible for planning (such as where ETUs [Ebola treatment units] should be placed)? If not, why do we do this?"

  Ebola Lessons Learned, Dr. Aiguo Wu, Defense Threat Reduction Agency, provided via email on 22 January 2015

- "[Navy Medical Research Unit-3 (NAMRU-3) has worked in Liberia] for four years, and no one asked us for any [intelligence] for the ground layout. No one approached us, so we just figured they had it."

  US Naval Medical Research Unit No. 3 Representative, JCOA Interview, 22 February 2015

- I should have been more familiar with OOL (Operation ONWARD LIBERTY), but it was a successful exercise, and they were so good that it had turned in to kind of a fire-and-forget event. *USAFRICOM J-35 Representative (paraphrased), JCOA Interview, 9 December 2014*

Strategic Decision Making

Debate about the nature and extent of the USG response consumed critical time while the crisis worsened.

- **July—September 2014 progression toward enhanced response**

Findings:

- Recognizing the seriousness of the outbreak, some called for an enhanced response that included DOD, but it took time to garner a USG decision.
- By the time the decision was made, the consequences of the outbreak demanded an urgent response, limiting time for DOD to react.
- Determining DOD's role in this unique mission caused widespread debate, internal and external to the department.

"People were following the progression of the outbreak, but there was not a coherent response in DC. It took a while. Dr. Frieden, in his calm, cool, non-political way, sounded the wake-up call. People met and discussed how to respond, but with the interagency process, it takes time to get people [aboard], particularly bringing DOD [aboard]."

Deborah Malac, US Ambassador to Liberia, US Embassy Monrovia, JCOA Interview, 18 February 2015

Decision to Increase Response

<u>Finding</u>: Recognizing the seriousness of the outbreak, some called for an enhanced response that included DOD, but it took time to garner a United States Government decision.

Why it happened:

- Over the summer, Medecins sans Frontieres, the US embassy, Centers for Disease Control and Prevention, and affected nations' governments desired an increased response, to include DOD, but had difficulty convincing decision makers.
- Formal disaster and emergency declarations in early August 2014 opened the way to bring enhanced response activities to bear.
- The health-related nature of the crisis complicated normal disaster response decision-making among departments and agencies.
- Senior-level engagement by recognized American experts with firsthand knowledge secured presidential support for an enhanced US response in September.

"I am running out of words to convey the sense of urgency. The despair is so huge and the indifference so incredible."

Dr. Joanne Liu, Director of Medecins sans Frontieres, as quoted by Sophie Arie, "Only the Military Can Get the Ebola Epidemic Under Control, BMJ 2014;349:g6151, published 10 October 2014

Calls for Increased Response but Lack of Attention

– "'**Every meeting where we've been trying to advise something, it's been a challenge**,' Liu says. '**We had the feeling people didn't understand what we were talking about**. They were just looking at the figures. When you look at the figures in absolute, people say, 'Why are we getting so excited?' But Ebola has completely killed the infrastructure of these countries. It is attacking the state and the health structures. We cannot afford to let that continue.'"

Sophie Arie, "Only the Military Can Get the Ebola Epidemic Under Control, BMJ 2014;349:g6151, Published 10 October 2014

– "I remember people [at CDC] saying, 'We need help here.' **It just took a long time until everybody else in the federal government realized it**… . [I don't know] where the disconnect was. I felt like we were saying, 'We need help.'"

CDC Senior Leader, JCOA Interview, 30 March 2015

– "In late July/early August, the outbreak was getting out of control. **We made a plea to DC: 'We need doctors, labs, etc.'"**

Deborah Malac, US Ambassador to Liberia, US Embassy Monrovia, JCOA Interview, 18 February 2015

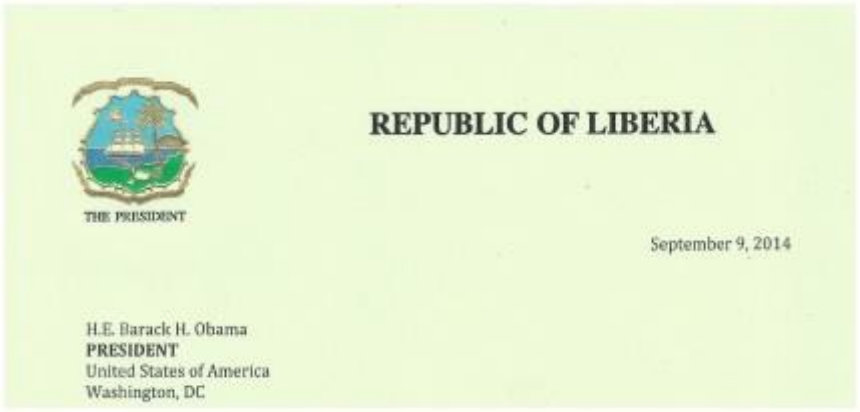
– **It took a lot of effort to convince DC what was going on**.

Sheila Paskman (paraphrased), Deputy Chief of Mission, US Embassy Monrovia, JCOA Interview, 18 February 2015

Calls for Military Involvement

☐ Government of Liberia ☐ Medecins Sans Frontieres ☐ Interagency Partners

Liberia Request for US Assistance



REPUBLIC OF LIBERIA

THE PRESIDENT

September 9, 2014

H.E. Barack H. Obama
PRESIDENT
United States of America
Washington, DC

- "**Without more direct help from your government, we will lose this battle against Ebola**."
- "Mr. President at the current rate of infections, only governments like yours have the resources and assets to deploy at the pace required to arrest the spread. **Branches of your military** and civilian institutions already **have the expertise in dealing with biohazard, infectious disease and chemical agents**. They already **understand appropriate infection control protocols** . . . ."
- "Until private air service returns, we will **require assistance with air bridges** to respond to the crisis."

Letter from President Johnson-Sirleaf to President Obama, dated 9 September 2014, as published by Front Page Africa, http://frontpageafricaonline.com/index.php/news/2997-in-letter-to-obama-liberia-s-sirleaf-pleads-for-direct-ebola-aid

MSF Call for Military Involvement in Response

- "To curb the epidemic, **it is imperative that States immediately deploy civilian and military assets with expertise in biohazard containment**. I call upon you to dispatch your disaster response teams, backed by the full weight of your logistical capabilities. This should be done in close collaboration with the affected countries."
- "**Without this deployment, we will never get the epidemic under control**."

Dr. Joanne Liu, Medecins Sans Frontieres, United Nations Special Briefing on Ebola, 2 September 2014

- "**Only the military**, [Dr. Joanne Liu, President of Medecins Sans Frontieres] said in an interview . . . **has the rapid deployment capability and chain-of-command structure necessary now**. 'Because the response has been so slow, we now have to switch to a mass-casualty respond,' she said."

Lena H. Sun and Juliet Eilperin, "Obama Announces Logistical Support; Move Comes Amid Pressure from Health Advocates," Washington Post, 8 September 2014

- "Liu [states,] **'The military [is] the only body that can be deployed in the numbers needed now and that can organise things fast.'**"

Sophie Arie, "Only the Military Can Get the Ebola Epidemic Under Control, BMJ 2014;349:g6151, Published 10 October 2014

- "In early September, MSF sat in my office and stated, '**We need you to get the US military here**.'"

Deborah Malac, US Ambassador to Liberia, US Embassy Monrovia, JCOA Interview, 18 February 2015

Interagency Partners Call for Military Involvement

- In August, there was very little capacity. People were trying to determine what could be done immediately to affect the outbreak. People naturally asked about what DOD could do. DOD is the "ask of last resort." The problem was that the other pieces were not being handled in country in August.

  CDC Global Migration Task Force Representative (paraphrased), JCOA Interview, 30 March 2015

- "In August, we talked about DOD support. Dr. Frieden visited in late August, so in September, the US Government discussions started to ramp up, and people began to socialize the concept of supporting the response with DOD."

  Deborah Malac, US Ambassador to Liberia, US Embassy Monrovia, JCOA Interview, 18 February 2015

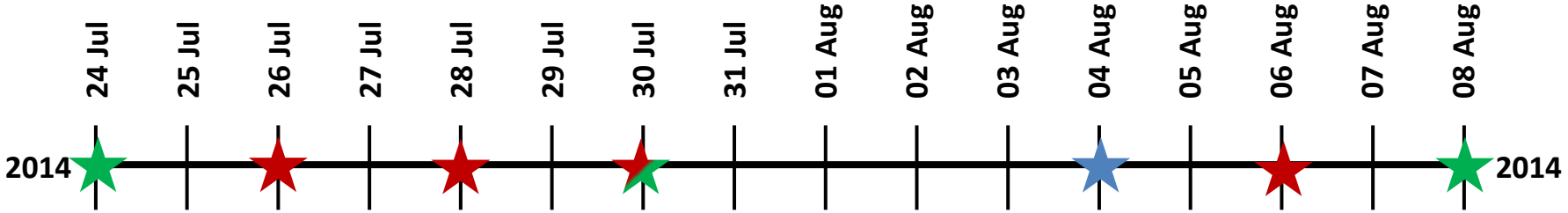
- The scope and magnitude exceeded an epidemiological and lab response. DOD involvement was essential to lay the foundation for the response effort.

  Dr. Dennis Carroll (paraphrased), USAID Bureau for Global Health, JCOA Interview, 21 January 2015

- "The international community, the NGO community, looked to us, and then the US Government looked to the Defense Department. Why? Because [of our] unique capability, in this case—speed and scale."

  Anne Witkowsky, Deputy Assistant Secretary of Defense for Stability and Humanitarian Affairs, JCOA Interview, 16 January 2015

Disaster and Emergency Declaration Timeline

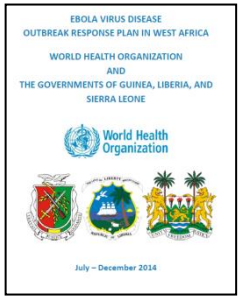


24 Jul: WHO regraded Ebola outbreak as "Level 3"

26 Jul: GOL established National Task Force on Ebola

28 Jul: GOL closed borders except five main entry points and banned public gatherings

30 Jul: GOL and WHO launched Ebola National Action Plan



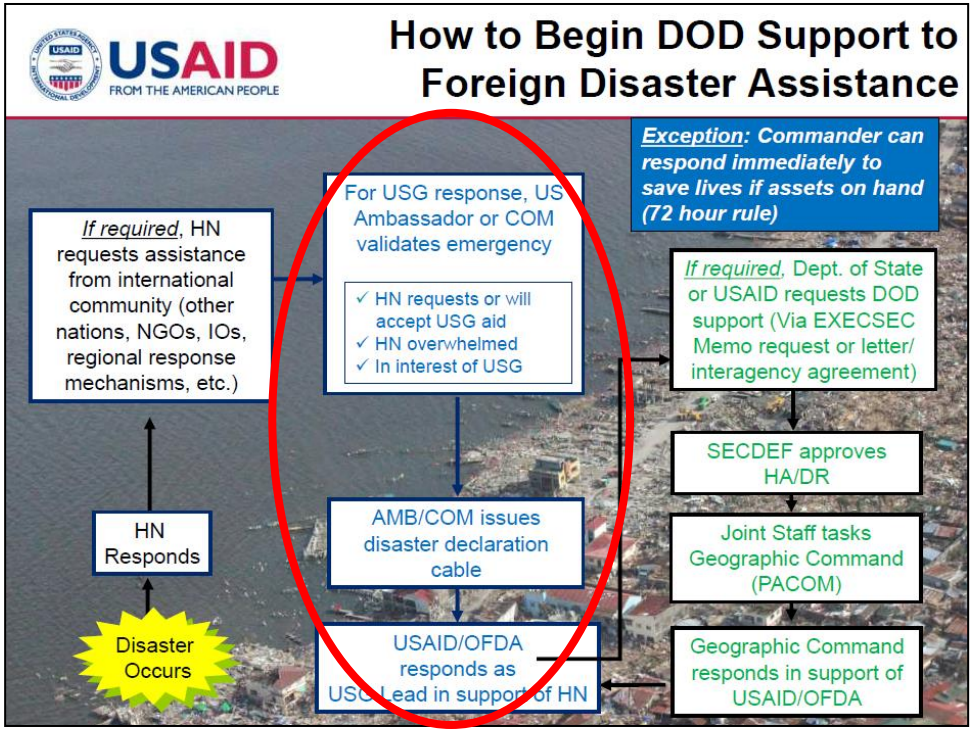
04 Aug: US AMB to Liberia declared disaster; DART stood up

06 Aug: President Sirleaf declares state of emergency in Liberia, invoking emergency powers

06-08 Aug: WHO declared the outbreak a "public health emergency of international concern"

WHO – World Health Organization
GOL – Government of Liberia
US AMB – US Ambassador
DART – Disaster Assistance Response Team

USG Disaster Declarations



Office of US Foreign Disaster Assistance Briefing to 101st AASLT, 4 October 2014

– "**On August 4, the U.S. Ambassador to Liberia declared a disaster due to the effects of the Ebola outbreak**. In response, **USAID [US Agency for International Development] has activated a Disaster Assistance Response Team** (DART). The DART, comprising team members in Monrovia, Liberia, and Conakry, Guinea, will coordinate planning, operations, logistics, administrative issues, and other critical areas of the interagency response."

Hearings Before the House Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations, (7 August 2014) (Testimony of Ariel Pablos-Mendez, Assistant Administrator for Global Health, USAID)

Normal USG Response Mechanisms Complicated by Health Disaster (1 of 2)

- Around late July, the National Security Council began discussions, and the Centers for Disease Control and Prevention (CDC) pushed for additional support based on indications of Ebola virus disease (EVD) spread. **CDC had the technical knowledge for bio-contagion, but the US Agency for International Development (USAID) had the humanitarian assistance and interagency experience to manage the response**.

USAID OFDA Representative (paraphrased), JCOA Interview, 21 January 2015

- The existing architecture for the response was built on precedent. A disaster was declared at the US embassy level and the Office of Disaster Assistance (OFDA) acted as the lead coordinator for the US government (USG) response. **What was different was that it was an unprecedented health disaster**. There was some initial jockeying. The White House was clear that **the USG would operate under the normal crisis response mechanisms with DOD and CDC in support of USAID**.

Dr. Dennis Carroll (paraphrased), USAID Bureau for Global Health, JCOA Interview, 21 January 2015

- It looked like CDC would need assistance with the outbreak. It looked like they would ask for a medical treatment facility provided and staffed by DOD. **We told CDC, "That's not how it works. Requests for DOD foreign disaster assistance have to come through USAID and a DART." We knew about CDC's interest, but we need to do everything according to the proper authorities for disaster response**.

OSD Stability and Humanitarian Affairs Representative (paraphrased), JCOA Interview, 15 January 2015

Normal USG Response Mechanisms Complicated by Health Disaster (2 of 2)

- **The Office of Foreign Disaster Assistance (OFDA) responded as if it were a natural disaster like an earthquake or flood**. They had the mechanisms for natural disaster response, which were the correct mechanisms to a degree, but **they missed the mark on some things in dealing with a disease**. Perhaps it would have been better if they had thought in terms of a series of earthquakes happening as they were trying to respond.

  AMB Phillip Carter III (paraphrased), USAFRICOM Deputy to the Commander for Civil-Military Engagements, JCOA Interview, 9 December 2014

- "When we were designing all of this back in September, there were real **questions about whether the traditional humanitarian partners would come through**. . . . The question was more, 'Would they?' than, 'Could they?' We didn't know if they would. Ultimately, they have come through. . . . It did not look that way in September."

  Jeremy Konyndyk, OFDA Director, USAID, JCOA Interview, 21 January 2015

- DOS had been tracking the outbreak since March through the Health and Biological Defense Office. On August 17, we set up a task force out of the Emergency Operations Center to track the outbreak, determine roles, and provide emergency action support 24/7 to the embassy. We stood it down on August 28. It's great for a short-term crisis, but it can't go more than two weeks. The Africa Bureau then took responsibility for it and put in a special assistant.

  Department of State Representative (paraphrased), JCOA Interview, 21 January 2015

Senior Level Engagement with Firsthand Reporting

- "Tom [Frieden, CDC Director] and others recently returned from the region [West Africa], and the scenes that they describe are just horrific. More than 2,400 men, women and children are known to have died—and we strongly suspect that the actual death toll is higher than that. . . . An already very weak public health system is near collapse in these countries. Patients are being turned away, and people are literally dying in the streets."

President Barack Obama, "Remarks by the President on the Ebola Outbreak," 16 September 2014

- "I was in DC in August for the summit—I was forced to go, but I was able to meet face-to-face with some people, which helped. I imparted the realities of it, so that the outbreak wasn't as abstract to the decision makers in DC."

Deborah Malac, US Ambassador to Liberia, US Embassy Monrovia, JCOA Interview, 18 February 2015

- It was when the Centers for Disease Control and Prevention (CDC) sounded the alarm of the inadequacy of the civilian response that we got more engaged.

OSD Stability and Humanitarian Affairs Representative(paraphrased), JCOA Interview, 15 January 2015

- The CDC assessment is what tipped the scale.

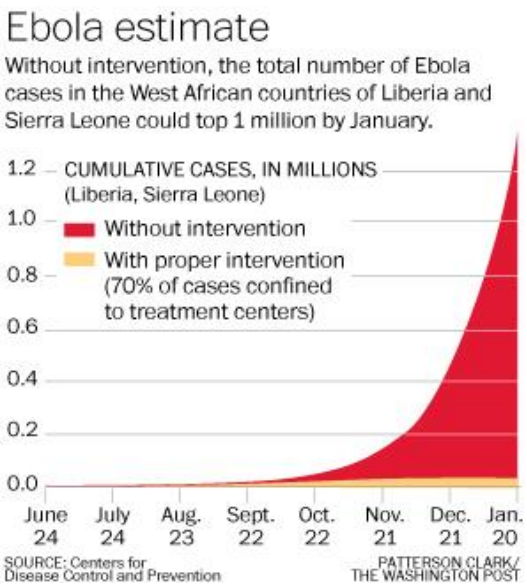
Joint Staff J-5 NW Africa Representative (paraphrased), JCOA Interview, 15 January 2015

- The trigger in the United States for a response effort was when Dr. Kent Brantly, from Samaritan's Purse came back infected, then subsequently testified before Congress—it heightened awareness.

OFDA Public Health LNO to USAFRICOM (paraphrased), JCOA Interview, 30 October 2014

Ebola Outbreak Projected Estimates

Voice of America File Photo



Lena H. Sun, Brady Dennis, and Joel Achenbach, CDC: Ebola Could Infect 1.4 Million in Liberia and Sierra Leone by End of January, Washington Post, 23 September 2014

- "**The virus could potentially infect 1.4 million people in Liberia and Sierra Leone by the end of January**, according to a statistical forecast by the U.S. Centers for Disease Control and Prevention published Tuesday. That number came just hours after a report in the New England Journal of Medicine warned that the epidemic might never be fully controlled and that the virus could become endemic, crippling civic life in the affected countries and presenting an ongoing threat of spreading elsewhere."
- "**CDC Director Tom Frieden cautioned that the estimates** in the new report from his agency **do not take into account the actions taken, or planned**, since August by the United States and the international community. Help is on the way, and it will make a difference, he said—**but time is of the essence**."
- "'**A surge now can break the back of the epidemic, but delay is extremely costly,'** Frieden said."

Lena H. Sun, Brady Dennis, and Joel Achenbach, "CDC: Ebola Could Infect 1.4 Million in Liberia and Sierra Leone by End of January," Washington Post, 23 September 2014

Samaritan's Purse Testimony

Photo: Pete Souza, The White House.

- "As the Ebola virus continued to consume my patients, **I witnessed the horror that this disease visits upon its victims**—the intense pain and humiliation of those who suffer with it, the irrational fear and superstition that pervades communities, and the violence and unrest that now threatens entire nations."
- "This unprecedented outbreak began nine months ago but received very little attention from the international community until the events of mid-July when my friend and colleague, Nancy Writebol, and I became infected. Since that time, there has been intense media attention and therefore increased awareness of the situation on the ground in Liberia, Guinea, Sierra Leone, and neighboring countries. **The response, however, is still unacceptably out-of-step with the size and scope of the problem now before us**."
- "Many have used the analogy of a fire burning out of control to describe this unprecedented Ebola outbreak. Indeed it is a fire—a fire straight from the pit of hell. We cannot fool ourselves into thinking that the vast moat of the Atlantic Ocean will keep the flames away from our shores. Instead, **we must mobilize the resources needed to keep entire nations from being reduced to ashes**."

Ebola in West Africa: A Global Challenge and Public Health Threat,
Before the Senate Committee on Health, Education, Labor and Pensions, 16 September 2014 (statement of Dr. Kent Brantly)

Pressure for Response

<u>Finding</u>: By the time the decision was made, the consequences of the outbreak demanded an urgent response, limiting time for DOD to react.

Why it happened:

- Outbreak trends continued to rise through mid-September, raising visibility of and concern about evolving outbreak effects.
- Convinced of the need, the president directed an enhanced response, pressuring for immediate US government action.
- Congress required clarification of DOD roles and responsibilities, increasing pressure to develop a response strategy despite unknowns.

"Since USAID last testified on the epidemic before this committee August 7, the situation on the ground has significantly deteriorated. In just over a month, both the number of reported cases and of deaths have more than doubled, and the situation has become increasingly grim."

Hearings Before the House Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations, (17 September 2014) (Testimony of Nancy Lindborg, Assistant Administrator for Democracy, Conflict and Humanitarian Assistance)

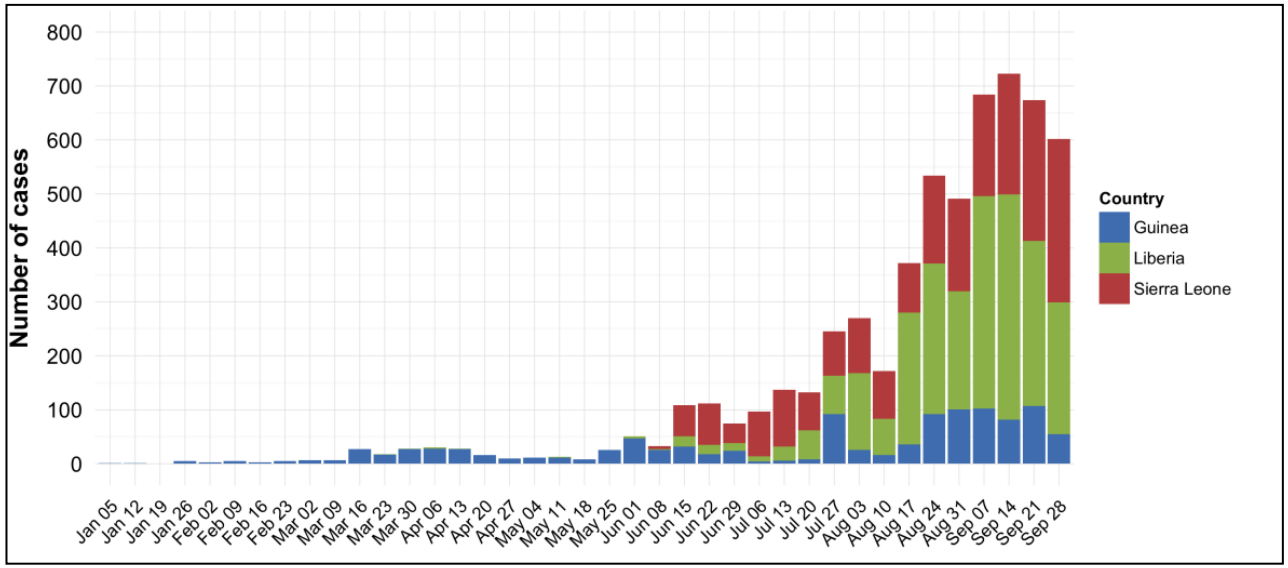
Increasing Outbreak Severity

– "**This crisis continues to escalate exponentially and requires an intensified speed and scale of response to address a rising rate of infection**. That's why yesterday afternoon President Obama announced a significant expansion of our response."

Hearings Before the House Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations, (17 September 2014) (Testimony of Nancy Lindborg, Assistant Administrator for Democracy, Conflict and Humanitarian Assistance)

– "Everything was moving so fast . . . **what was needed by [the] end of August was not what was needed by mid-September**. **In just two weeks, the needs changed**."

Deborah Malac, US Ambassador to Liberia, US Embassy Monrovia, JCOA Interview, 18 February 2015



Confirmed and Probable Cases of Ebola in Guinea, Liberia, and Sierra Leone, Ebola Response Roadmap Situation Report, 1 October 2014

Presidential Emphasis (1 of 2)

- "Now, here's the hard truth: In West Africa, Ebola is now an epidemic of the likes that we have not seen before. **It's spiraling out of control**. It is getting worse. **It's spreading faster and exponentially**. Today, thousands of people in West Africa are infected. That number could rapidly grow to tens of thousands. And **if the outbreak is not stopped now, we could be looking at hundreds of thousands of people infected, with profound political and economic and security implications for all of us**. So this is an epidemic that is not just a threat to regional security—it's a potential threat to global security if these countries break down, if their economies break down, if people panic."
- "And that's why, two months ago, **I directed my team to make this a national security priority**. **We're working this across our entire government**."
- "The world knows how to fight this disease . . . but **we have to act fast**. We **can't dawdle on this one**. We have **to move with force** and make sure that we are catching this as best we can, given that it has already broken out in ways that we had not seen before."

President Barack Obama, "Remarks by the President on the Ebola Outbreak," 16 September 2014

Presidential Emphasis (2 of 2)

– "The President [has] a deep interest in this response and that has had a profound effect on being able to galvanize agencies to respond quickly and effectively."

Anne Witkowsky, Deputy Assistant Secretary of Defense for Stability and Humanitarian Affairs, JCOA Interview, 16 January 2015

President Barack Obama convenes a meeting with cabinet agencies coordinating the government's Ebola response, 15 October 2014 (Official White House Photo by Pete Souza).

– After a bit of time, the outbreak suddenly caught everyone's eye. Then the White House made a public statement and there's a demand for immediate action.

MG Bryan Watson (paraphrased), USAFRICOM J-3, JCOA Interview, 10 December 2014

– There was a lot of involvement at the National Security Staff level. That's where the policy decisions are made. The Ebola response was a very visible effort, and the policy had to be worked out. There was a high level of White House interest.

Maj Gen Steven Shepro (paraphrased), Vice Director Joint Staff J-5, JCOA Interview, 12 January 2015

Congressional Concerns

- "When the Senate Armed Services Committee first received the Administration's request to reprogram $1 billion in defense funding to support the Ebola mission in West Africa, I raised **numerous concerns about the lack of a coherent strategy, insufficient details on how our men and women in uniform would be protected, and a failure to consider a transition of financial and operational responsibility** from our military to a more appropriate entity."

Sen. Jim Inhofe (R-Okla.), ranking member of the Senate Armed Services Committee (SASC), "Inhofe Approves Reprogramming Request for Ebola Response Effort," 10 October 2014, www.inhofe.senate.gov/newsroom/press-releases/inhofe-approves-reprogramming-request-for-ebola-response-effort

- Initially, Congress only allowed $50 million. The $1B was available from OCO [overseas contingency operations] funds and needed to get reprogrammed quickly before the end of FY14. While the funds were reprogrammed, **Congress wouldn't release the money until they got more fidelity to some of their concerns**.

OSD Legislative Affairs Office Representative (paraphrased), JCOA Interview, 15 January 2015

Determining DOD's Role

<u>Finding</u>: Determining DOD's role in this unique mission caused widespread debate, internal and external to the department.

Why it happened:

- DOD concerns included ad hoc and open-ended requests for support without an overarching USG plan, force health protection, and the potentially limited participation of other responders due to reliance on DOD response.
- Different views existed within DOD regarding its appropriate role.
- The early lack of clarity regarding DOD roles impacted support to interagency partners.
- Redlines and eventual delineation of the four lines of effort improved clarity of DOD support.

"The first few months, while we were working together to try to figure out what DOD's role would entail and what some of DOD's redlines were for what they would and wouldn't do, [were] really messy . . . . There were a lot more equities that needed to be engaged in DOD's internal conversation than I think we're used to."

Jeremy Konyndyk, OFDA Director, USAID, JCOA Interview, 21 January 2015

DOD Concerns

- Ad hoc Requests Without a Plan
  - "**We cannot allow convenience to drive demand up** for those capabilities similarly available from other organizations-especially our medical assets. I further recommend that DOD **avoid deploying assets piecemeal in the absence of a mature interagency or international plan**."

GEN Martin Dempsey, Chairman of the Joint Chiefs of Staff, "US Africa Command Response to the Ebola Threat," CJCS Memorandum for SecDef, CM-0259-14, 4 September 2014

- Force Health Protection
  - "While our mission in West Africa will not include direct patient care, the safety and health of the men and women on our Joint Force—and our families—[remain] of the utmost importance to me and the Joint Chiefs."

DOD Photo, 16 September 2014

GEN Martin Dempsey, Chairman of the Joint Chiefs of Staff, "Gen. Dempsey Discusses Military Action in the Ebola Crisis," 21 October 2014

- Ensuring Others Would Respond
  - The Chairman realized, "**DOD is only one part of the response. How we respond will affect others' response**." It needed to be an interagency discussion, not just using what DOD could provide. He was already thinking through the consequences.

Dr. Christopher Kirchhoff (paraphrased), Special Advisor to the Chairman of the Joint Chiefs of Staff, JCOA Interview, 15 January 2015

Ad Hoc Requests Without a Plan

- "The rapid emergence of this outbreak has . . . highlighted the **need for a clearly defined interagency process to facilitate requests for DOD assistance**. Taking on this mission [transport of American citizens exposed to Ebola] sets a new precedent and may pave the way to future requests."

  GEN Martin Dempsey, Chairman of the Joint Chiefs of Staff, "DOD Capabilities to Transport American Citizens Exposed to the Ebola Viral Disease," CJCS Memorandum for SecDef, CM-0221-14, 4 August 2014

- "In my view, **DOD's role should be to help develop a comprehensive strategy** and then to contribute our unique capabilities to enable others to execute it."

  GEN Martin Dempsey, Chairman of the Joint Chiefs of Staff, "US Africa Command Response to the Ebola Threat," CJCS Memorandum for SecDef, CM-0259-14, 4 September 2014

- US Agency for International Development, the Centers for Disease Control and Prevention, and Health and Human Services were going to various generals with requests for support. There was no plan. The Chairman said DOD couldn't do "one-offs." We needed a plan from our partners.

  Joint Staff J-4 Surgeon's Office Representative (paraphrased), JCOA Interview, 14 January 2015

- The entry of the requirements into the process was clumsy and ad hoc. **No one was thinking through the strategy to tackle the outbreak. What is really needed?** I didn't feel that enough of the big questions were being litigated at the level needed.

  Dr. Christopher Kirchhoff (paraphrased), Special Advisor to the Chairman of the Joint Chiefs of Staff, JCOA Interview, 15 January 2015

Force Health Protection

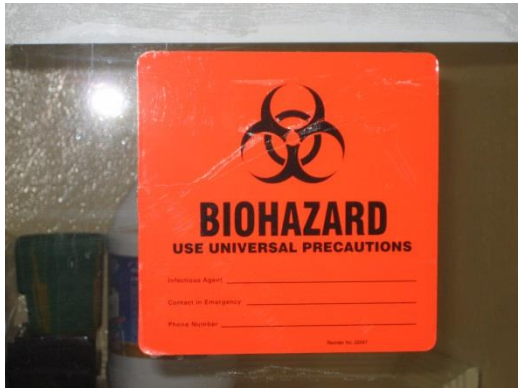
- "Ebola's got a fear factor to it that makes it very different than an earthquake or a tsunami or anything else."

  Anne Witkowsky, Deputy Assistant Secretary of Defense for Stability and Humanitarian Affairs, JCOA Interview, 16 January 2015

- Health affairs are tricky decisions. There's the science, but there are other perspectives to consider.

  Dr. Christopher Kirchhoff (paraphrased), Special Advisor to the Chairman of the Joint Chiefs of Staff, JCOA Interview, 15 January 2015

US Army photo, 15 December 2014



JCOA photo, 22 February 2015

USARAF photo, 3 October 2014

Ensuring Others Would Respond

- "**Our focus for this effort needs to be on providing the unique skills and capabilities inherent to DOD**. Our substantial expertise in operational planning, command and control, and logistics distribution will be effective in assisting NGOs [non-governmental organizations] and international organizations to scale-up efforts to provide effective treatment and containment."

  GEN Martin Dempsey, Chairman of the Joint Chiefs of Staff, "US Africa Command Response to the Ebola Threat," CJCS Memorandum for SecDef, CM-0259-14, 4 September 2014

- The Chairman wanted a regional approach, with DOD providing DOD-unique capabilities. He didn't want to get into things that others could do. **From the Chairman's perspective, if DOD got pulled into a role that others could do, would the others respond to the crisis? The answer was "probably not**."

  Joint Staff J-4 Surgeon's Office Representative (paraphrased), JCOA Interview, 14 January 2015

- There was a desire from the policy prospective that the military wasn't going to become the *EASY* button and a desire to ensure the MITAMs (mission tasking matrix requests) were vetted. We were only going to provide what couldn't be acquired through other means.

  Joint Staff J-5 NW Africa Representative (paraphrased), JCOA Interview, 15 January 2015

Encouraging A Broader International Response

☐ US President ☐ Department of State

Presidential Encouragement of International Response

- "This is a global threat, and it demands a truly global response. International organizations just have to move faster than they have up until this point. More nations need to contribute experienced personnel, supplies, and funding that's needed, and they need to deliver on what they pledge quickly."
- "The reality is that this epidemic is going to get worse before it gets better. But right now, the world still has an opportunity to save countless lives. Right now, the world has the responsibility to act—to step up, and to do more. . . . We're going to do our part, and we're going to continue to make sure that the world understands the need for them to step alongside us as well."
- "This week, the United States will chair an emergency meeting of the UN Security Council. Next week, I'll join UN Secretary General Ban Ki-Moon to continue mobilizing the international community around this effort. And then, at the White House, we're going to bring more nations together to strengthen our global health security so that we can better prevent, detect, and respond to future outbreaks before they become epidemics."

President Barack Obama, "Remarks by the President on the Ebola Outbreak," 16 September 2014

Department of State
Encouraging International Response

- I worked with the country team to engage the National Security Council and other US government principals to get bilateral agreements cued up. I helped determine how to use principals in order to galvanize other countries. The Department of State Ebola coordinator also oversaw all the diplomatic actions for the Ebola response effort. To do the job, I needed to know the region and what was going on with the Centers for Disease Control and Prevention, other US government actors, the United Nations, World Bank, and other international actors.
- The National Security Council had the perception that the Department of State didn't have things under control. Once we were able to mobilize in early September/October, we were able to change that. Separate to the US response, the international response was difficult. How we got the word out on the crisis and the designation of the outbreak as a public health emergency could have been done better and earlier.

Department of State Representative (paraphrased), JCOA Interview, 21 January 2015

. . . Led to DOD Debate over Appropriate Role

- "It didn't look like all those equities internally [in DOD] were communicating terribly well with each other all the time. We would hear . . . from one part of DOD that they have this capacity that they thought could be really useful or this function that they thought they could do, which we weren't necessarily hearing from other parts of DOD. So we would request that, thinking that this had DOD support . . . and then, we would get something [that contradicted it] back from another part of DOD. Mostly it was sort of an OSD/Joint Staff/[US]AFRICOM kind of dynamic."
- "The people who were the actual decision makers at that time weren't entirely clear. It seemed to us like a big tug-of-war between various parties within the Pentagon, and our Pentagon counterparts had very little visibility on or awareness of the conversations that were going on at the field level because that all got mediated by [US]AFRICOM. Our systems' decision making and information flow processes between the field and Washington were aligned very differently, which made it hard to have a clear picture."

Jeremy Konyndyk, OFDA Director, USAID, JCOA Interview, 21 January 2015

- We were getting different answers from different offices on the Joint Staff. I had to elevate things up to the Director so that there was someone who could coordinate across the Joint Staff—and there was only one answer.

Michael Lumpkin (paraphrased), Assistant Secretary of Defense for Special Operations/Low-Intensity Conflict, JCOA Interview, 3 March 2015

Effect of Debate over DOD Role on Partners

- Initial US government lack of clarity regarding what was required to get the outbreak under control was further complicated by not knowing what DOD would be willing to provide.
- Political pressure to use DOD, combined with not knowing what types of requests DOD would consider appropriate, led the US Agency for International Development to formally request everything that might help with the response.
- The normal tactical-level request process (the mission tasking matrix or MITAM) morphed into a less-than-effective strategic-level policy tool, costing time and resulting in frustration.
- At times, policy constraints and DOD's focus on completion of agreed-to tasks limited support to the interagency partners.
- Relationships mitigated the worst of the friction.

US Department of State photo, Public Domain

USG Uncertainty for Way Ahead . . .

- "At the outset, there was no real clear path for what you do, no template. That's really unusual. Most of the time, when we're doing a major response, particularly when it involves DOD, we're doing something that we've done before. . . . Every one is different; every one is particular, but for most responses, the basic tools and tactics that you use are pretty clear . . . but on Ebola, no one in that August-September timeframe knew what was going to work. We knew, in theory, what you needed to do . . . but we didn't know exactly what the balance of investments would yield what. If you had one dollar, should you put 30 cents of it into social mobilization, 20 cents into burials, 10 cents into labs, and 40 cents into ETUs [Ebola treatment units]? What are the right ratios that will give you the best results? We didn't know. We knew roughly what the ingredients were, but we didn't know the recipe."

  Jeremy Konyndyk, OFDA Director, USAID, JCOA Interview, 21 January 2015

- "When the DART [disaster assistance response team] . . . deployed in August it was a much different situation. Things were not normal, there were bodies in the street—people dying right and left—and I think there was a general uncertainty about how we were going to tackle this problem—how we were going to prevent the outbreak from spreading further. It was a doomsday scenario: people thought the sky was falling, and they weren't sure which measures to take that would get us out of a very bad situation."

  DART Team Representative, JCOA Interview, 18 February 2015

. . . Complicated by Uncertainty over DOD Role

- "Some policy issues regarding the parameters of what DOD elements would be allowed to do should have been determined earlier. In the end, the answer from DOD was "no." We lost weeks waiting for the policy debate to play out. We had to look for other partners and probably paid more to contract those tasks out."
  - *Deborah Malac, US Ambassador to Liberia, US Embassy Monrovia, JCOA Interview, 18 February 2015*
- "We [ultimately] realized the degree to which just about everything we were tasking was sparking into bigger policy issues and legal issues within DOD."
- "It was hard for us to know exactly where those redlines were and what they meant and how that . . . should shape what we were asking DOD to do. . . . On last mile distribution, for example, that is normally a basic, standard thing that DOD does with us. . . . So, our expectation was certainly that, if nothing else, last mile [logistics] would be something DOD would do in this response. . . . the joint force command out in the field certainly indicated the capacity and inclination to do that, but . . . that would then have to go up the chain through [US]AFRICOM, back to DOD, get tussled between the Joint Staff and OSD as to whether or not they would actually do it. So it was hard to know what we could actually count on and what we really should be asking for. . . . [For] something like last-mile distribution, we went in circles for weeks over whether DOD would or would not do that."

Jeremy Konyndyk, OFDA Director, USAID, JCOA Interview, 21 January 2015

Asking for Everything (1 of 2)

- "The perception, particularly early on, was DOD had a lot of money and AID [US Agency for International Development] had far less because it was the end of the fiscal year. Even in the new fiscal year, we were on a CR [Continuing Resolution] and didn't know how much we were going to get. . . . The reprogramming [of the Overseas Contingency Operations (OCO) funding] went through pretty fast. . . . So, suddenly DOD has $750M for what is nominally an AID-led response, for which AID has far less money. That was a really weird dynamic. . . . That contributed heavily to the White House, but also CDC and AID leadership, really pressing to just kind of throw everything at the wall and see what sticks in terms of DOD roles. That runs contrary to the way AID and DOD normally work together. . . . 'Unique capability' is the phrasing that we normally use. We don't want, and DOD generally doesn't want, to be sort of an easy 'go-to' anytime AID needs some spare money or some spare personnel."

- "But there was strong White House guidance to AID to make use of DOD. We got dinged a few times for not being forward-leaning or ambitious enough on how we were going to use DOD." *USAID Senior Leader, JCOA Interview, 21 January 2015*

Asking for Everything (2 of 2)

- "We were kind of caught . . . between, on the one hand, [the] White House really pressing us to make use of DOD and DOD, on the other hand, making it really hard to get clear, definitive answers on what DOD would and wouldn't do in this response—beyond the MMU [Monrovia Medical Unit, Ebola treatment unit for healthcare workers] and construction."
- "DOD would be asked directly by the White House, 'Are you going to do thing X?' and even if that had been discussed extensively at field level, the response from DOD would be, 'AID hasn't tasked us to do that.' So that then splashed back on us from the White House, with questions of, 'Why aren't you making use of DOD?'"
- "[As a result,] when we saw something we thought DOD might be able to do, we would put that into what's called the MITAM request—mission tasking matrix request… . That both forced a decision-making process forward within DOD, and as a corollary benefit, it shielded us from the impression that AID was being insufficiently ambitious in how we were collaborating with DOD . . . but it was not an ideal way to do business."

USAID Senior Leader, JCOA Interview, 21 January 2015

MITAM Used as a Policy Tool

- "Normally the MITAM [mission tasking matrix] is a field-to-field tactical and operational tool, but the people who were empowered to decide whether or not DOD would do these MITAMs were not the people in the field. It was people back here in DC, who had not been part of those discussions at all, and had no visibility on what was [discussed]. Because of the communications disconnect between DC and the field, they had no real understanding of what was needed, what was being asked, why it was being asked." *Jeremy Konyndyk, OFDA Director, USAID, JCOA Interview, 21 January 2015*
- "In most disasters, what needs to be done is determined locally. For this outbreak, even routine stuff had to go to DC for approval. . . . It frustrated us here."
  Deborah Malac, US Ambassador to Liberia, US Embassy Monrovia, JCOA Interview, 18 February 2015
- The MITAM is designed as a Disaster Assistance Response Team-Joint Force Command mechanism for normal disaster response. The Ebola outbreak was an unusual event. The Response Management Team and OSD-Policy were essentially doing that function. That was very unusual; it made it more difficult.
  OSD Stability and Humanitarian Affairs Representative (paraphrased), JCOA Interview, 15 January 2015
- In the past the joint force command had full authority to execute the MITAMs. Instead, the decision was at the Pentagon, which greatly slowed the response. OSD was taking 96 hours to review and approve MITAMs, which created churn, cost lives, and sometimes the request was no longer valid due to the delay.
  USAID OFDA Representative (paraphrased), JCOA Interview, 21 January 2015

Impact of DOD Constraints (1 of 2)

- The main issue we have is the transporting of CDC personnel in Liberia. DOD helicopters will take us to remote locations, but will not transport us out of "hot zones." We had people that had to walk out of the jungle, which took days and risked injury. It didn't make medical sense. The people who walked out could turn around and get back on a DOD helicopter to fly somewhere else the next day. Even if we had been exposed to the disease, we wouldn't be symptomatic at that point, so there wasn't any risk to the crew of the helicopter. We wrote protocols for situations where there might be enhanced risk of exposure to the disease, and tried to get the military to change the policy, but the policy hasn't been changed. It would have been much better for the response if DOD would have provided transportation for CDC personnel to and from remote areas.

CDC Representative (paraphrased), JCOA Interview, 20 February 2015

The photo on the left shows Ebola team stuck in mud on an impassable road on the way to John Logan Town. The photo on the right shows a team member making a difficult crossing over a river on the way to Bomota, Photos by Justin Williams and Sampson Dolo, "Rapid Response to Ebola Outbreaks in Remote Areas – Liberia, July-November 2014," CDC Morbidity and Mortality Weekly Report, 64 (27 February 2015): 188-192.

Impact of DOD Constraints (2 of 2)

- **"A strategy developed by the US Centers for Disease Control and Prevention (CDC) and Liberia's health ministry to address the exponential rise in Ebola cases last October helped drive down the number of infections.**"
- "The Rapid Isolation and Treatment of Ebola (RITE) strategy consisted of investigation and response teams that were assembled in advance to **deploy to remote regions as soon as notification of Ebola was received**."
- "CDC director Tom Frieden, MD, MPH, said in the statement, 'Whether it's traveling by air, jeep, canoe, or walking many miles on foot to find every case of Ebola, the RITE teams are helping Liberia get closer to zero cases than ever before.' He added, '**It's critical that we continue to support these teams**.'"

Lisa Schnirring, "WHO Clears Ebola Rapid Test, Report Confirms Rapid Response Strategy," CIDRAP News, 20 February 2015

- DOD wouldn't fly samples or guarantee pickup of our personnel from remote areas. How they got back from remote locations varied. A UN flight might be able to take them. Sometimes they could catch a ride with an embassy driver, but that was usually a week later. Some of these locations were pretty remote. Some people did some hiking; I didn't. Some personnel would be able to get transport through Peace Corps or the United National Mission for Ebola Emergency Response (UNMEER).

CDC Global Health and Migration Representative (paraphrased), JCOA Interview, 30 March 2015

Relationships Mitigated Friction

- "There may have been a little frustration, but no one was fundamentally angry at each other. . . . You could well imagine that this kind of thing could devolve into a lot of back-biting and a lot of ugliness, but it didn't. I think that's really important and notable."
- "As tough as this was, I think it ultimately worked because we had invested, for years now, in a level of interoperability and mutual understanding that ultimately did serve us well and did enable us to work this out. So once we went through that really ugly sausage-making process of defining what the DOD role and mission set would be . . . we had [a] mission set [that] was really useful."

Jeremy Konyndyk, OFDA Director, USAID, JCOA Interview, 21 January 2015

- My office has a close relationship with the OFDA. . . . As we worked through things, it strengthened the relationship. But, we had some ugly discussion on some things during the process.

OSD Stability and Humanitarian Affairs (paraphrased), JCOA Interview, 15 January 2015

- The interagency relationships were excellent. Jeremy Konyndyk is the director of OFDA at USAID. He and I briefed Congress together. We synchronized OSD, Joint Staff, and OFDA messages. DOD didn't used to have a good relationship with USAID; in the last few years, a concerted effort was made to build the relationship. USAID now has a civil-military component.

Joint Staff J-5 Deputy Director for Strategic Initiatives (paraphrased), JCOA Interview, 13 January 2015

Redlines and Lines of Effort Delineated

- The Chairman of the Joint Chiefs of Staff recommended making direct medical care of Ebola patients in West Africa a redline in August 2014, taking DOD overseas Ebola healthcare support out of consideration.
  - Despite the redline on overseas patient treatment, teams of DOD medical professionals were established and trained in October 2014 to treat Ebola patients in the United States, but they were not needed.
- Delineation of the four lines of effort brought some clarity.

"As we continue our support to the broader US government response to the Ebola crisis, I want to emphasize that our operations remain focused on four lines of effort: command and control, logistics support, training, and engineering support."

Rear Admiral John Kirby, Department of Defense Press Briefing, 3 October 2014

Request for DOD Direct Patient Care Overseas and Redline

- "The Department of State requests the support of the Department of Defense and US military forces to render direct patient care to people who are suspected or confirmed to be infected with Ebola in Liberia, following the worst outbreak of Ebola virus disease in history."
- "USAID/OFDA has validated this request for DOD assistance."

Department of State Memorandum for Michael L. Bruhn, DOD Executive Secretary, "Request for DOD Medical Support to Respond to the Ebola Infectious Disease Outbreak in Liberia," 25 August 2014

- USAID said they needed DOD to build and staff a hospital in Monrovia. This was tricky for the Chairman. DOD's doctors were not experienced at treating Ebola patients. He brilliantly used the articulation of "redlines" with the Secretary of Defense. He stated that, even if we moved heaven and earth and got there, the outbreak was way bigger than DOD could handle. We needed to get a broader array of healthcare workers in.

Dr. Christopher Kirchhoff (paraphrased), Special Advisor to the Chairman of the Joint Chiefs of Staff, JCOA Interview, 15 January 2015

- The Chairman's redline was that there would be no direct contact with Ebola patients by Service members. We were able to argue that successfully in interagency discussions once we knew that was a redline.

Maj Gen Steven Shepro (paraphrased), Vice Director Joint Staff J-5, JCOA Interview, 12 January 2015

Medical Support Team Not Subject to Redline for US Patient Care

- "The Defense Department's unprecedented mission of establishing a thirty-member team to rapidly and effectively respond to any potential Ebola virus outbreak in the U.S. has brought some of the U.S. military health system's best medical professionals together."

  Tyrone C. Marshall Jr., "Navy Physician Provides Ebola Treatment Expertise to DOD Team," DOD News, 27 October 2014

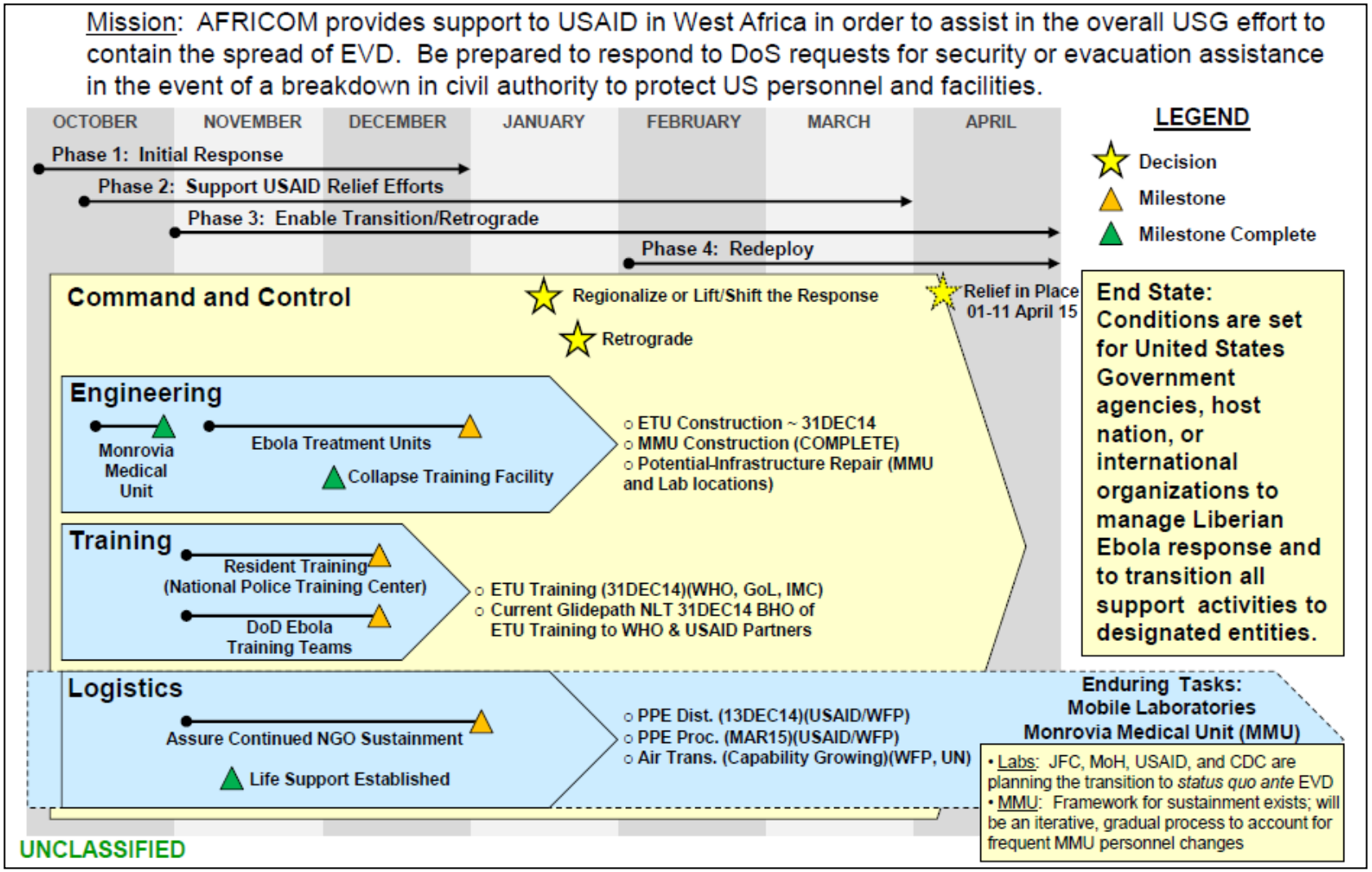
- We realized that we could have a situation of an outbreak in Dallas. In the worst case, could we handle it? The Chairman decided to stage a mobile medical unit in Dallas and establish and train the medical support team (MST). We were postured to treat people in Dallas, if necessary.

  Dr. Christopher Kirchhoff (paraphrased), Special Advisor to the Chairman of the Joint Chiefs of Staff, JCOA Interview, 15 January 2015

- "To my understanding, the offer to create a medical support team and the acceptance of that offer happened at the NSC [National Security Council] level. . . . It came up at the height of the Dallas incident. Two nurses contracted Ebola and the President and the Secretary [of Defense] were looking for a [medical care] capability that could be brought to bear quickly. . . . Things ramped down faster than anybody expected, so it never really got put to the test."

  RDML Michael McAllister, USNORTHCOM J-3 Deputy Director for Operations, JCOA Interview, 22 March 2015

Four Lines of Effort (1 of 2)



US Africa Command OUA Transition CONOPS Briefing, 16 December 2014

Four Lines of Effort (2 of 2)

- **Our argument was for the CJCS to set boundaries of what DOD should and should not do**. The plan was to use DOD speed and scale initially until civilian organizations could take over.

  Joint Staff J-35 Representative (paraphrased), JCOA Interview, 14 January 2015

- There were **iterations with the Chairman that resulted in narrowing our efforts to four military lines of effort**.

  Maj Gen Steven Shepro (paraphrased), Vice Director Joint Staff J-5, JCOA Interview, 12 January 2015

- "**Our forces are going to bring their expertise in command and control, in logistics, in engineering**, and our Department of Defense is better at that, our Armed Services are better at that, than any organization on Earth."

  President Barack Obama, "Remarks by the President on the Ebola Outbreak," 16 September 2014

- With an exponential curve in an outbreak, it becomes hard to isolate who has the disease in order to contain the spread. So building Ebola treatment units (ETU) was a sensible thing to do in that environment. Healthcare workers wouldn't treat the patients if they didn't have assurance that there would be treatment for them if they contracted the disease, so the Monrovia Medical Unit was a realistic thing to do. In most disasters, international and nongovernmental organizations normally show up, but that didn't happen here because of the fear [of contracting the disease]; therefore, DOD provision of logistics was reasonable. **The decisions on the four lines of effort were sensible decisions, given what we knew at the time**.

  Joint Staff J-5 Deputy Director for Strategic Initiatives (paraphrased), JCOA Interview, 13 January 2015

Progression Toward Enhanced Response – July 2014

2-3 Jul: **WHO meeting (accelerated response strategy)**

9 Jul: **CDC Ebola EOC stood up, increased deployment**

26 Jul: **GOL established National Task Force on Ebola**

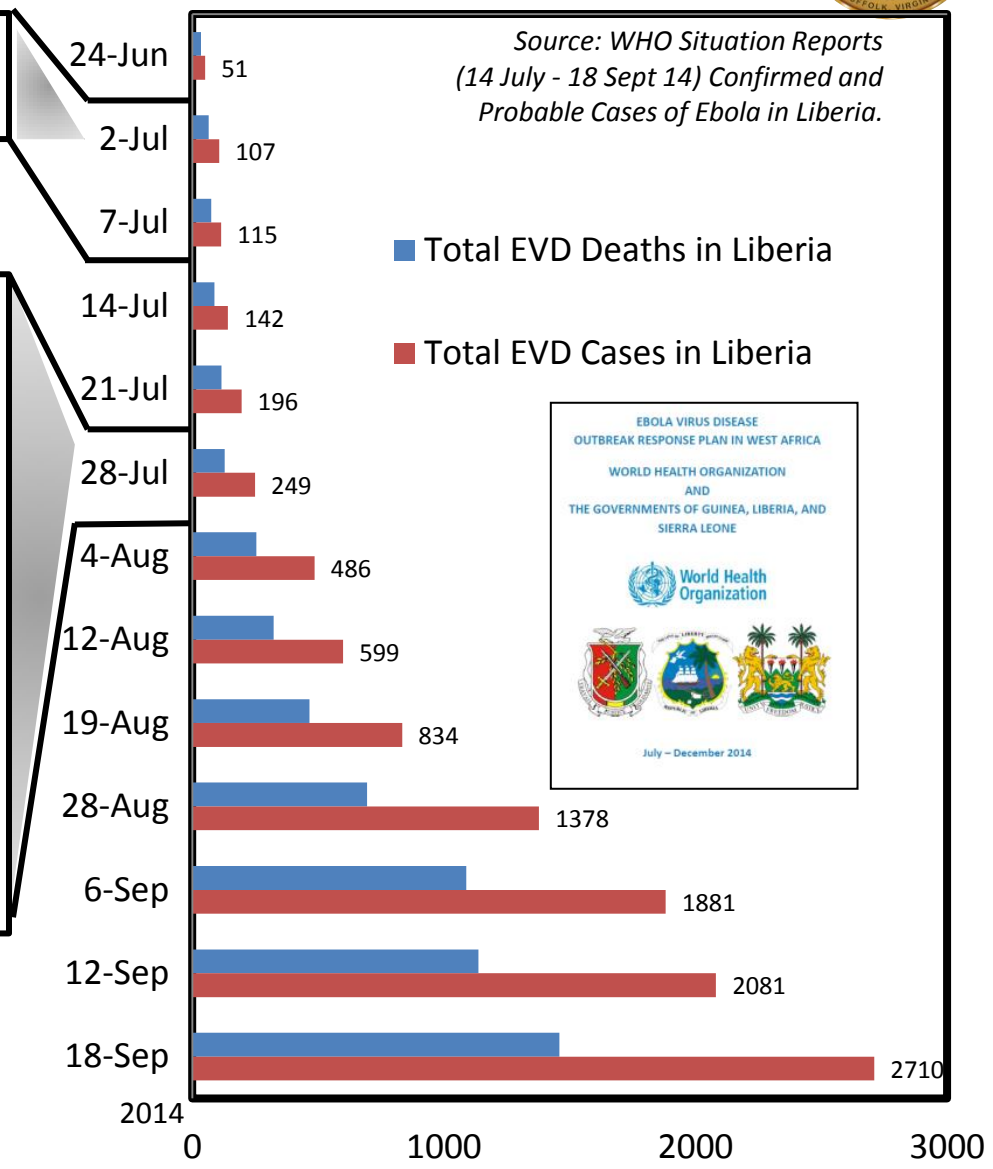
26 Jul: **Two US NGO workers confirmed infected with Ebola in Liberia**

27 Jul: **Government of Nigeria confirms first Ebola case involving individual who had flown from Liberia**

27 Jun: **WHO regraded outbreak as "Level 3"**

28 Jul: **GOL tightened borders, instituted screening of travelers, and banned public gatherings**

30-31 Jul: **GOL (w/WHO) launched National Action Plan to combat Ebola, put non-essential government officials on leave, closed all schools, and closed markets in border areas**



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Progression Toward Enhanced Response – Aug 2014

1 Aug: **WHO Dir-Gen meets with presidents of Guinea, Liberia, Sierra Leone, and Cote d'Ivoire**

1-2 Aug: **Two infected US NGO workers evacuated from Liberia**

4 Aug: **US AMB to Liberia declared disaster; USAID DART established**

5 Aug: **OSD Ebola Task Force established**

6 Aug: **GOL declared state of emergency**

7 Aug: **House Subcommittee hearing with USAID, CDC, DOS, and NGO testimony**

8 Aug: **WHO declared the outbreak a public health emergency of international concern**

8 Aug: **DOD prepared to send planners to DART; DTRA RCT established**

12 Aug: **WHO Dir-Gen briefs Geneva UN missions**

15 Aug: **President Obama phone calls with presidents of Liberia and Sierra Leone**

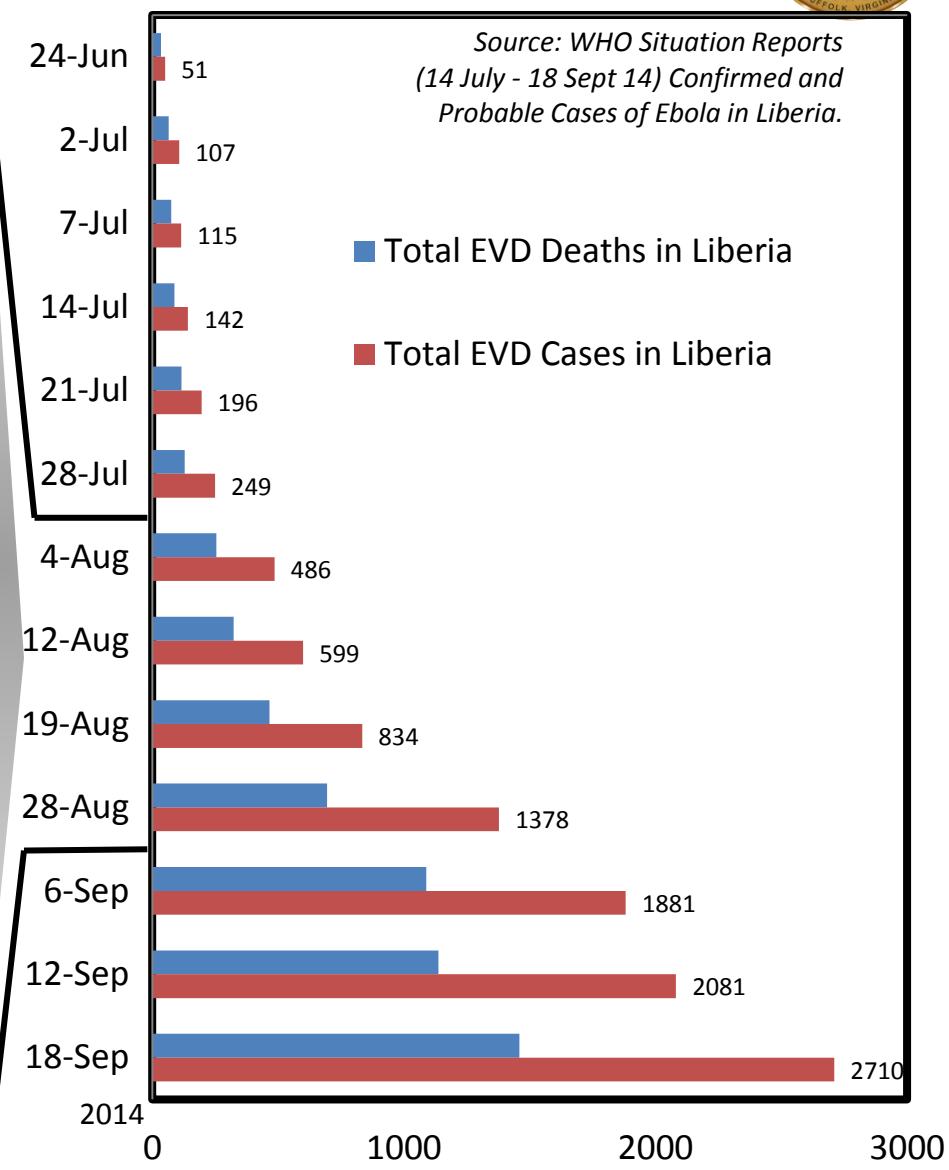
18 Aug: **JS PLANORD for DOD response**

20 Aug: **Liberian teen killed, two individuals wounded by AFL during quarantine of West Point community**

24-27 Aug: **CDC and OFDA directors visit Liberia**

25 Aug: **DOS request for DOD to provide medical facility and patient care**

27 Aug: **SecDef Memo for USAFRICOM HADR, provides $7.5M OHDACA funds**



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Progression Toward Enhanced Response – Sep 2014

2 Sep: **UN special briefing on Ebola**

4 Sep: **CJCS Memo to SecDef recommending DOD role (planning, C2, logistics)**

7 Sep: **President Obama states military would set up isolation units and provide security for HCWs on "Meet the Press"**

8 Sep: **SecDef memo for USAFRICOM to deploy 25-bed medical facility; provided $22M OHDACA funds**

9 Sep: **President Sirleaf letter to President Obama requesting assistance**

10 Sep: **CJCS-hosted interorganizational Ebola Round Table discussion**

11 Sep: **CJCS EXORD to provide 25-bed medical facility**

15 Sep: **SecDef approved Operation UNITED ASSISTANCE; JS EXORD with four lines of effort**

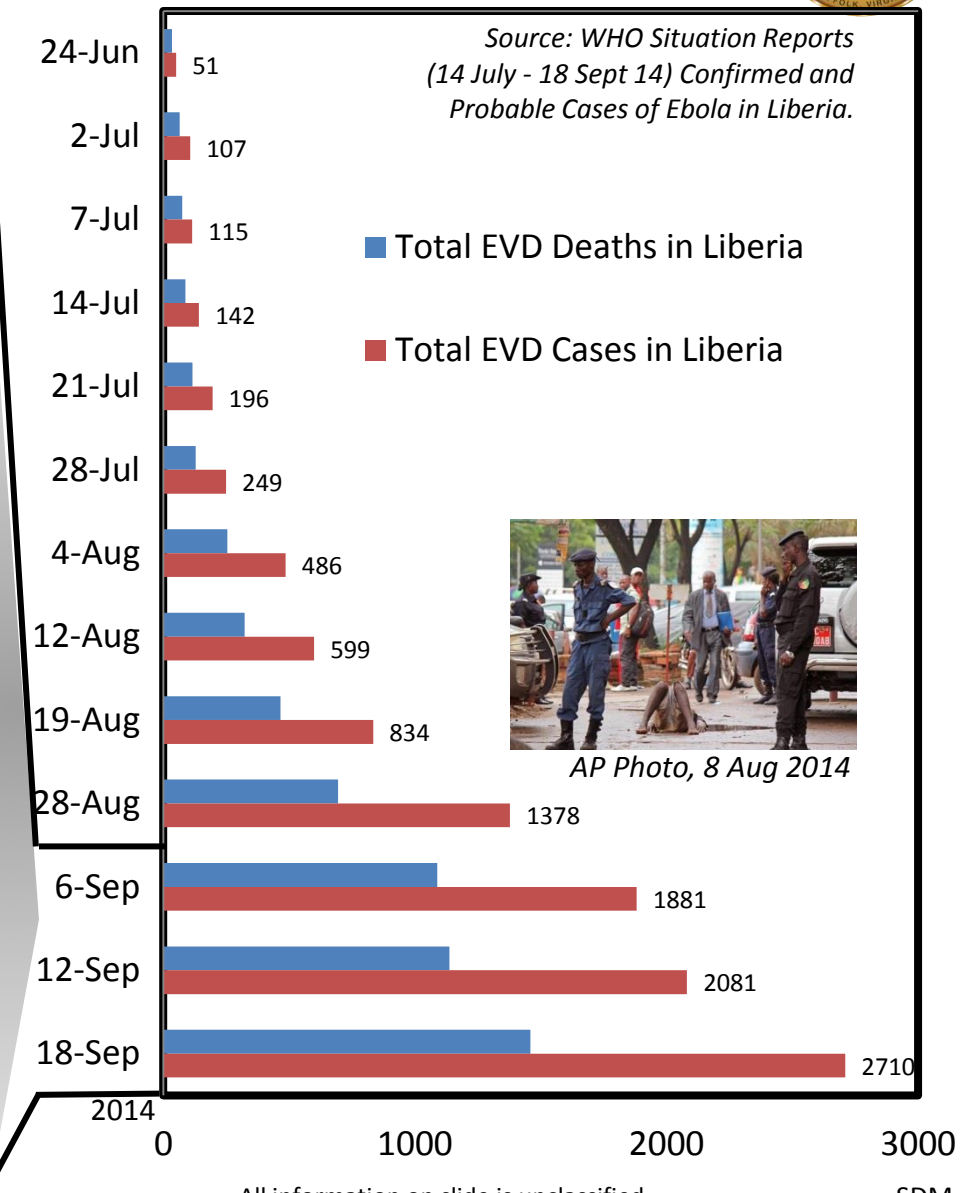
16 Sep: **MSF Global Op-Ed calling for action**

16 Sep: **President Obama announced increased USG response, including 3000 DOD personnel**

16-17 Sep: **Congressional hearings on Ebola**

18 Sep: **Ebola emergency session of UN Security Council**

19 Sep: **UNMEER established by UN General Assembly resolution and Security Council resolution**



AP Photo, 8 Aug 2014

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WHO Level 3 Emergency Grading

– "Grading is an internal WHO process . . . . "

World Health Organization Emergency Response Framework, 2013

Ungraded: an event that is being assessed, tracked or monitored by WHO but that requires no WHO response at the time.

Grade 1: a single or multiple country event with minimal public health consequences that requires a minimal WCO response or a minimal international WHO response. Organizational and/or external support required by the WCO is minimal. The provision of support to the WCO is coordinated by a focal point in the regional office.

Grade 2: a single or multiple country event with moderate public health consequences that requires a moderate WCO response and/or moderate international WHO response. Organizational and/or external support required by the WCO is moderate. An Emergency Support Team, run out of the regional office,[6] coordinates the provision of support to the WCO.

Grade 3: a single or multiple country event with substantial public health consequences that requires a substantial WCO response and/or substantial international WHO response. Organizational and/or external support required by the WCO is substantial. An Emergency Support Team, run out of the regional office, coordinates the provision of support to the WCO.

World Health Organization

"On 24 July 2014, the Director-General took the decision, based on the ongoing severity of the outbreak and a report of a case travelling from Liberia to Nigeria, to regrade the event as a Level 3."

Ebola Virus Disease Outbreak Response Plan in West Africa, WHO and the Governments of Guinea, Liberia, and Sierra Leone, July-December 2014, 31 July 2014

World Health Organization Emergency Response Framework, 2013

Social Restrictions Instituted by Liberian Government

- "Already, working through a National Task Force on Ebola which I co-chair, and after wide-ranging consultations with citizens, health authorities and partners, we have announced a number of stringent preventive measures, issued standing orders to our security forces, and restricted movements internally and externally. We will continue to do more as the situation requires.
  - "All non-essential staff, to be determined by the Minister or Head of Agency, are to be placed on a 30-day compulsory leave.
  - "All borders that are to remain opened are to be directly supervised and controlled by the Bureau of Immigration and Naturalization . . . .
  - "Without exceptions, all schools are ordered closed pending further directive from the Ministry of Education.
  - "All markets at border areas including Foya, Bo Waterside, and Ganta are hereby ordered closed until further notice.
  - "Several communities are being considered to be quarantined . . . .
  - "The security forces, under the directive of the Ministers of Justice and National Defense, are again ordered to enforce all of these measures announced by the National Task Force on Ebola."

Special Statement by President Ellen Johnson Sirleaf
on Additional Measures in the Fight Against the Ebola Viral Disease, 30 July 2014

Liberian Disaster Declarations

Photo from CBC News interview, 2 October 2014

- "The scope and scale of the epidemic, the virulence and deadliness of the virus now exceed the capacity and statutory responsibility of any one government agency or ministry. The Ebola virus disease, the ramifications and consequences thereof, now constitute . . . a clear and present danger. The Government and people of Liberia require extraordinary measures for the very survival of our state and for the protection of the lives of our people."

- "Therefore, and by the virtue of the powers vested in me as President of the Republic of Liberia, I, Ellen Johnson Sirleaf, President of the Republic of Liberia, and in keeping with Article 86(a) (b) of the Constitution of the Republic of Liberia, hereby declare a State of Emergency throughout the Republic of Liberia effective as of August 6, 2014 for a period of 90 days. Under this State of Emergency, the Government will institute extraordinary measures, including, if need be, the suspensions of certain rights and privileges."

Statement on the Declaration of a State of Emergency by President Ellen Johnson Sirleaf, 6 August 2014

World Health Organization Disaster Declarations

- "It was the unanimous view of the [International Health Regulations Emergency] Committee that the **conditions for a Public Health Emergency of International Concern (PHEIC) have been met**."

Statement on the 1st Meeting of the IHR Emergency Committee on the 2014 Ebola Outbreak in West Africa, World Health Organization, 8 August 2014

- "Above all, the Committee's conclusions, and my decisions are a clear call for international solidarity. Countries affected to date simply do not have the capacity to manage an outbreak of this size and complexity on their own. Our collective Health Security depends on support for containment operations in these countries. I urge the international community to provide this support on the most urgent need basis as soon as possible."

Dr. Margaret Chan, WHO Director General, WHO Virtual Press Conference following the Meeting of the International Health Regulations Emergency Committee Regarding the 2014 Ebola Outbreak in West Africa, 8 August 2014

- "MSF was ringing alarm bells in spring about the Ebola outbreak being out of control, but it took until August for WHO to recognise the scale of the threat and declare a 'health emergency of international concern,' a legal mechanism that flips switches in the international community so that funding and expertise are mobilised faster and protection measures are put in place."

Sophie Arie, "Only the Military Can Get the Ebola Epidemic Under Control, BMJ 2014;349:g6151, Published 10 October 2014

Initial Military Response

DOD and USAFRICOM overcame several force projection challenges to establish the theater for Operation UNITED ASSISTANCE.

Findings:

- The unique aspects of the mission, evolving DOD roles, and lack of understanding of the operational environment complicated crisis action planning efforts.
- The required speed of response amplified shortfalls in movement planning, force sequencing, and deployment into an immature theater.
- The use of a Service component headquarters, although limited in capability, enabled immediate operations and allowed time to prepare a tailored headquarters and response force.
- Multiple domains, partners, and networks exacerbated challenges with information technology, knowledge management, and information sharing, which impeded DOD's ability to collaborate.

"So, I think that the Army's got it about right from an Army Service component. They come in, they start to set the theater, but then you bring a division in that is either a JTF or a joint force command."

MG Gary Volesky, JFC-UA, Commanding General 101st AASLT, JCOA Interview, 23 February 2015

Crisis Action Planning Complications

<u>Finding:</u> The unique aspects of the mission, evolving DOD roles, and lack of understanding of the operational environment complicated crisis action planning efforts.

Why it happened:

- DOD struggled to understand its mission and roles in operationalizing broad strategic guidance.
- Inadequate understanding of the operational environment resulted in plans being developed based on worst case scenario(s).
- United States Africa Command and US Army Africa (USARAF) overcame early complications including inexperience in dealing with an operation of this nature to crisis action plan.

So, the order itself I would say it's one of those probably 65 percent product delivered at the time, which served to get us moving in the right direction . . . but it had a lot of holes in it because there were a lot of unknowns. *USARAF G-3 / JFC-UA J-3, (paraphrased), JCOA Interview, 6 January 2015*

Struggle to Implement Strategic Guidance

- DOD struggled to implement strategic guidance, including the redlines, into clear objectives and tasks.
- Decision making initially was centralized in DC due to uniqueness of the mission.
  - Interpretation of redlines resulted in the mission tasking matrix (MITAM) process becoming a strategic policy making tool versus a tactical/operation tool for commanders.

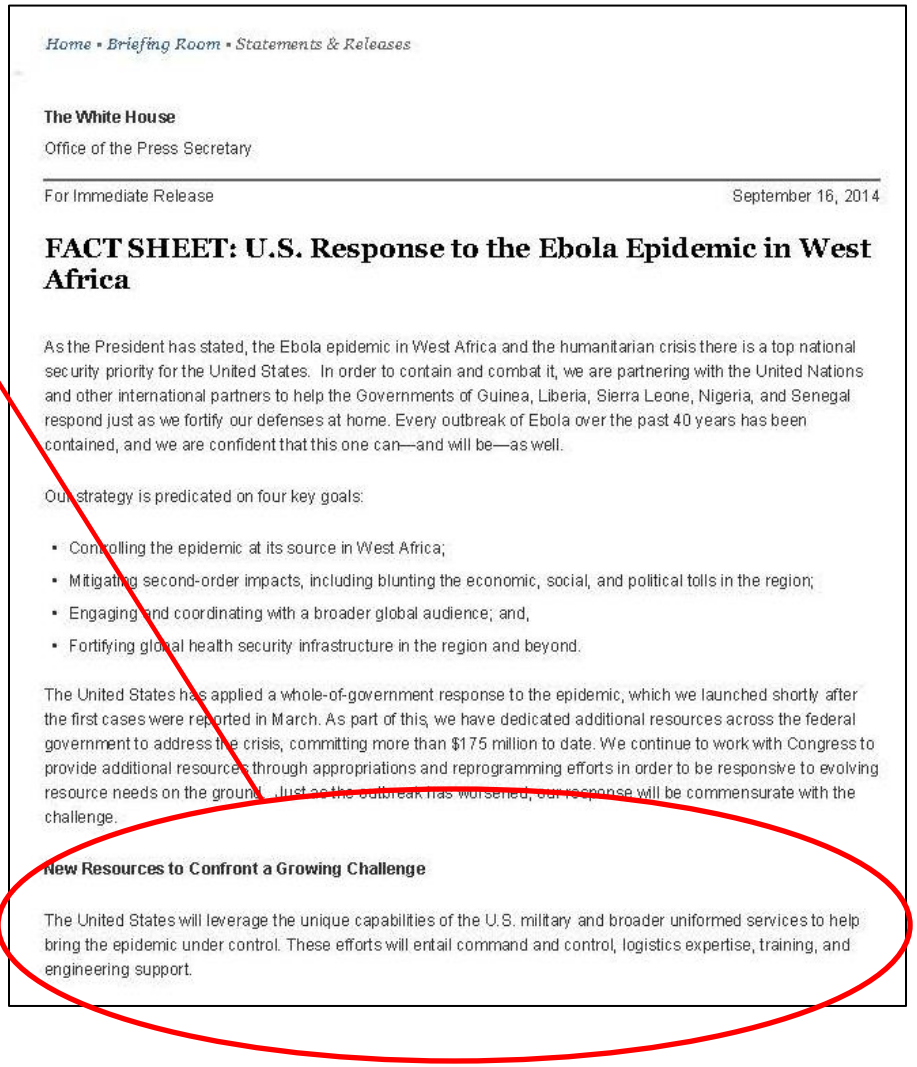
Broad Strategic Guidance (1 of 2)

- "The United States will leverage the **unique capabilities of the US military and broader uniformed Services to help bring the epidemic under control.** These efforts will entail command and control, logistics expertise, training, and engineering support."

  White House Fact Sheet, 16 September 2014

- **What were the strategic objectives?** At what point did someone say, "This is what we will achieve in Africa?" Fighting the disease is an operational or tactical objective, not strategic . . . . **Who owns that strategic objective** when USAID is the lead federal agency? Who owns the crafting of the strategic objectives? It's not DOD.

  Major General Bryan Watson (paraphrased), USAFRICOM J-3, JCOA Interview, 10 December 2014



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The White House

Office of the Press Secretary

For Immediate Release — September 16, 2014

FACT SHEET: U.S. Response to the Ebola Epidemic in West Africa

As the President has stated, the Ebola epidemic in West Africa and the humanitarian crisis there is a top national security priority for the United States. In order to contain and combat it, we are partnering with the United Nations and other international partners to help the Governments of Guinea, Liberia, Sierra Leone, Nigeria, and Senegal respond just as we fortify our defenses at home. Every outbreak of Ebola over the past 40 years has been contained, and we are confident that this one can—and will be—as well.

Our strategy is predicated on four key goals:

- Controlling the epidemic at its source in West Africa;
- Mitigating second-order impacts, including blunting the economic, social, and political tolls in the region;
- Engaging and coordinating with a broader global audience; and,
- Fortifying global health security infrastructure in the region and beyond.

The United States has applied a whole-of-government response to the epidemic, which we launched shortly after the first cases were reported in March. As part of this, we have dedicated additional resources across the federal government to address the crisis, committing more than $175 million to date. We continue to work with Congress to provide additional resources through appropriations and reprogramming efforts in order to be responsive to evolving resource needs on the ground. Just as the outbreak has worsened, our response will be commensurate with the challenge.

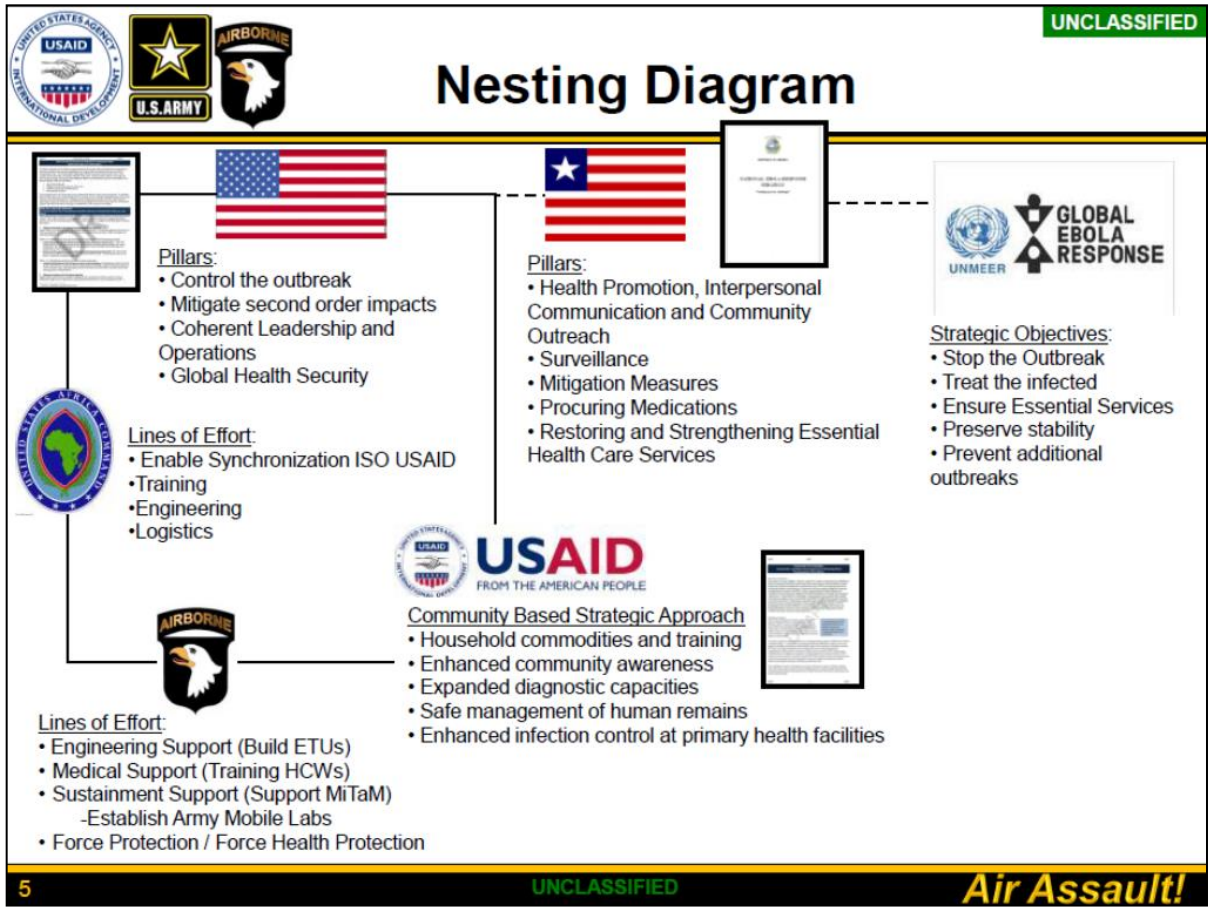
New Resources to Confront a Growing Challenge

The United States will leverage the unique capabilities of the U.S. military and broader uniformed services to help bring the epidemic under control. These efforts will entail command and control, logistics expertise, training, and engineering support.

Broad Strategic Guidance (2 of 2)

– "**The mission was not well-defined** despite the president's statement; besides that, the Disaster Assistance Response Team (DART) would tell the military what to do. The specifics had to be sorted out."

Deborah Malac, US Ambassador to Liberia, US Embassy Monrovia, JCOA Interview, 18 February 2015



JFC-UA CMO and Medical Perspectives Brief, 24 January 2015

Guidance-to-Task Difficulties

- "[Requests would] have to go up the chain through [US]AFRICOM, back to DOD, get tussled between the Joint Staff and OSD as to whether or not they would actually do it. So **it was hard to know what we could actually count on and what we really should be asking for** . . . ."

  Jeremy Konyndyk (paraphrased), OFDA Director, USAID, JCOA Interview, 21 January 2015

- "We didn't have a strategy. We were told to 'build a hospital.' **Build a hospital is not a strategy with which to align ends, ways, and means.** It was an iterative process to develop our lines of effort."

  Joint Staff J-5 Action Officer (paraphrased), JCOA Interview, 13 January 2015

Centralized Decision Making

- **It eventually became clear that the JFC-UA advance team didn't have authority to make decisions regarding DOD support**. The actual decision makers in DOD were not clear to us. There was a tug-of-war at the Pentagon, and the people working in the Pentagon appeared to have little visibility regarding the conversations taking place in the field. **So the initial phase was difficult because our decision-making processes were not aligned with each other**.

Jeremy Konyndyk (paraphrased), OFDA Director, USAID, JCOA Interview, 21 January 2015

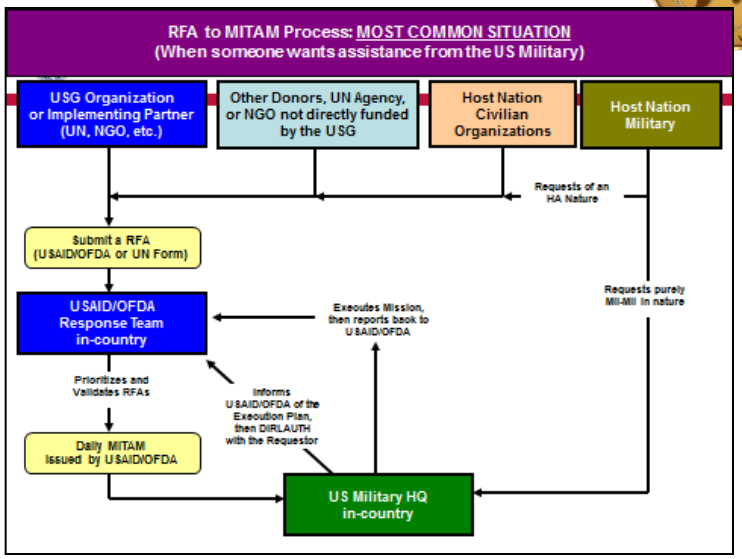
- At first, **all the MITAMs went through a DOD Ebola working group, causing up to a 96-hour delay.** We couldn't support every request, since some crossed the Chairman's redlines (no direct patient care and DOD-unique capability). However, this did allow DOD to "clear fires," but USAFRICOM didn't like this due to the long delays.
- **MOD 2 to the EXORD [Execution Order] codified the procedure**. This is a lesson: we need to codify the criteria.

Joint Staff J-35 JOD-Africa (paraphrased), JCOA Interview, 12 January 2015

MITAMs as a Strategic Tool

– **The MITAM [mission tasking matrix] process was built to be operationally focused. It was not designed to surface and resolve policy issues.** The 'last mile' logistics request discussion went in circles for weeks before it was decided.

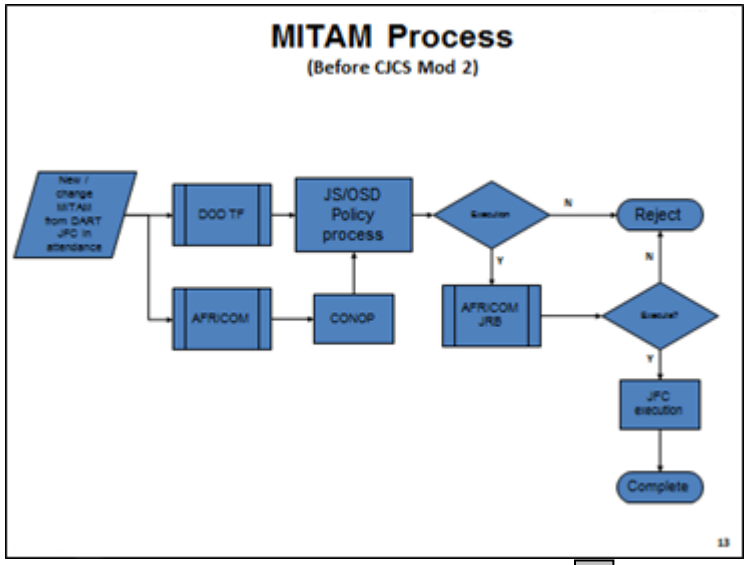
Jeremy Konyndyk (paraphrased), OFDA Director, USAID, JCOA Interview, 21 January 2015



USAID/OFDA Civ-Mil Brief, 2012

– The MITAM process itself within the DOD became a mess again because **policy and strategy were ill-defined.** The result was OSD had to make decisions about the taskings/requests in the MITAMs.

OSD (P) HA-FDR (paraphrased), JCOA Interview, 12 January 2015



16 October 2014 OUA Staff Update Slide

Mission Tasking Matrix (MITAM) as a Strategic Tool

– "OSD was much more heavily involved in the MITAMs because MITAMs are for tactical-level coordination, and they worked well here with the JFC [joint force command]. The problem with policy issues and Ebola, OSD and Joint Staff got heavily involved in those early on MITAMs—and maybe too many cooks in the kitchen in some ways. **OSD was familiar with the MITAM theoretically, but it's a tactical tool, not a strategic tool**. . . . There was heavy involvement and questioning with those MITAMs, especially on the wording because OSD was not physically here and not having those conversations. Sometimes the wording of the MITAMs was understood here, but not understood back in DC. So there was a lot of explanation [needed]."

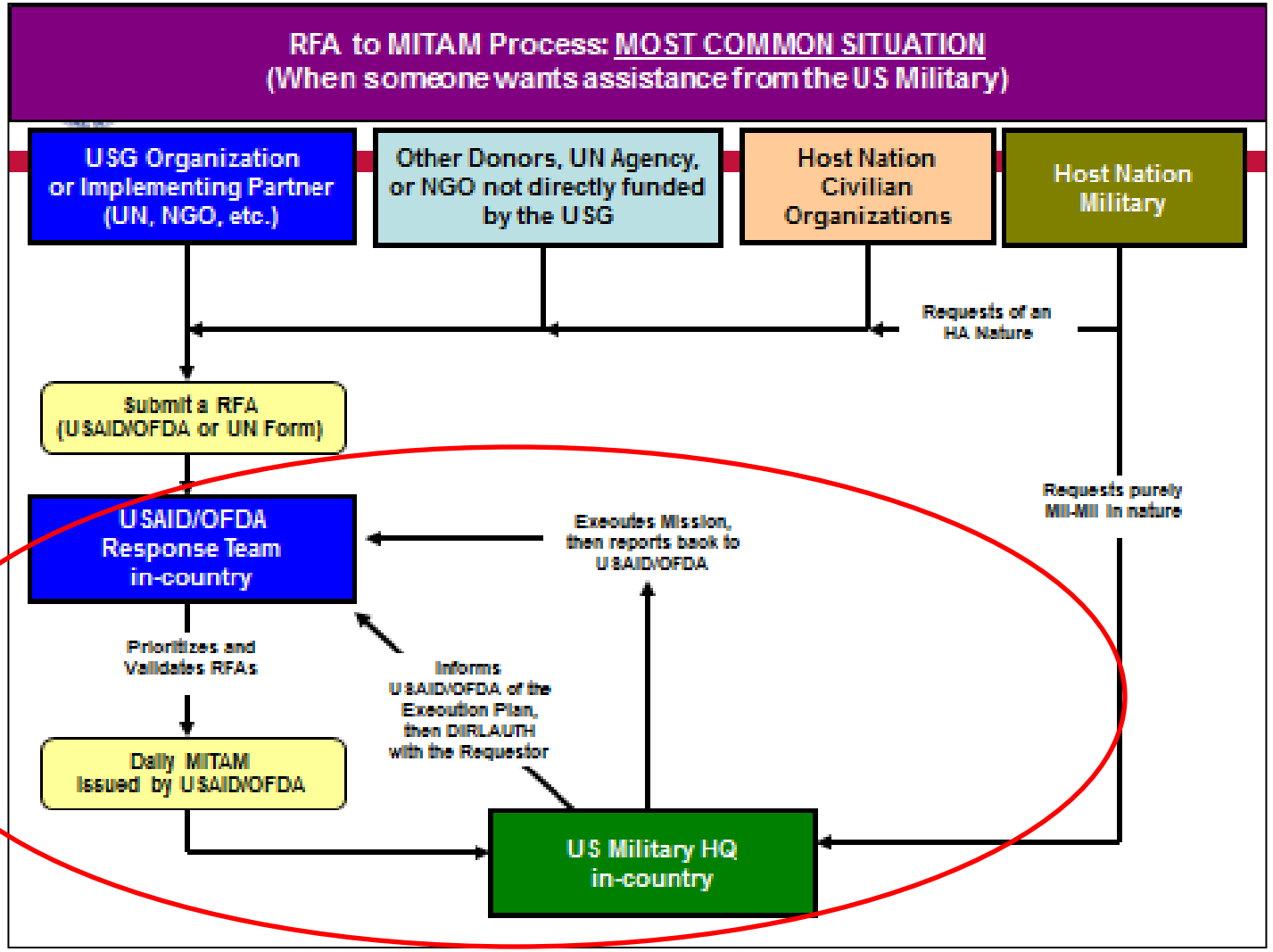
DART Team Member, JCOA Interview, 18 February 2015

– **A MITAM is not a tasking for the DOD; it is a request. This must be understood—it is an "asking mechanism," not a "tasking mechanism."** The problem was USAID presented the MITAMs as a verified/validated requirement, but there was no validation.

– It [MITAM review and acceptance] was a centralized process because the **policy decisions** (e.g., authorities) **were not made first** .

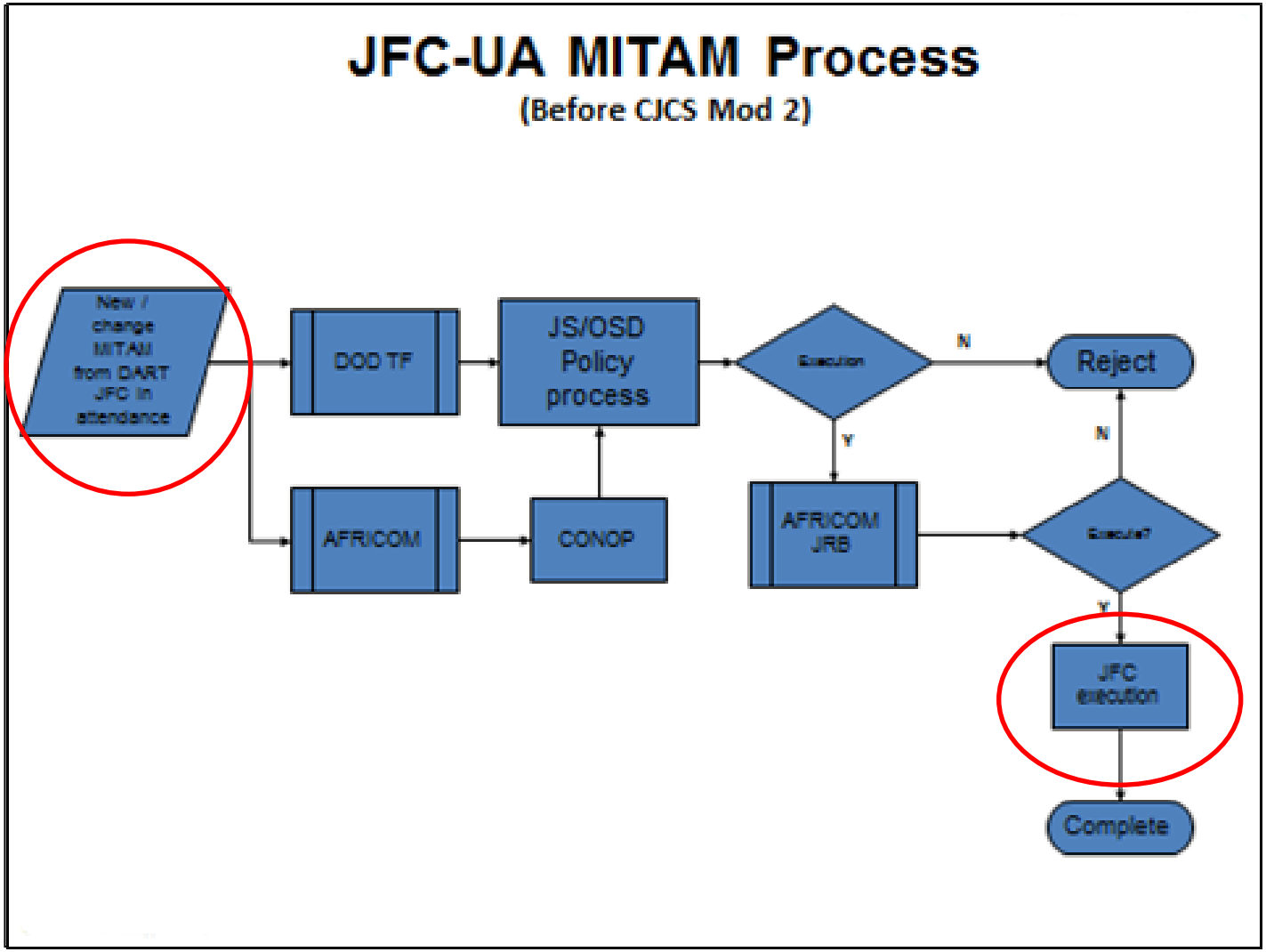
OSD (P) HA-FDR (paraphrased), JCOA Interview, 12 January 2015

USAID/OFDA Process Model



USAID/OFDA Civ-Mil Orientation Brief, 2012

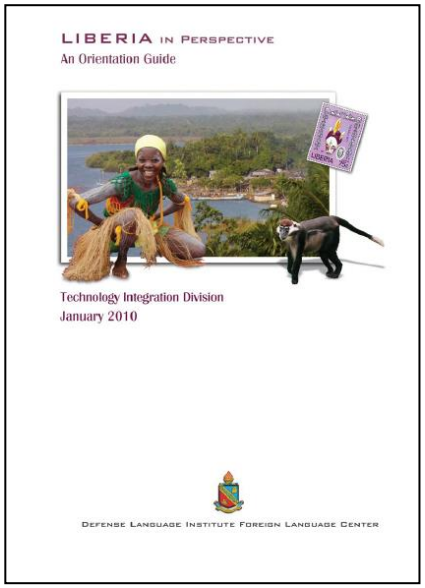
Initial JFC-UA MITAM Process Model



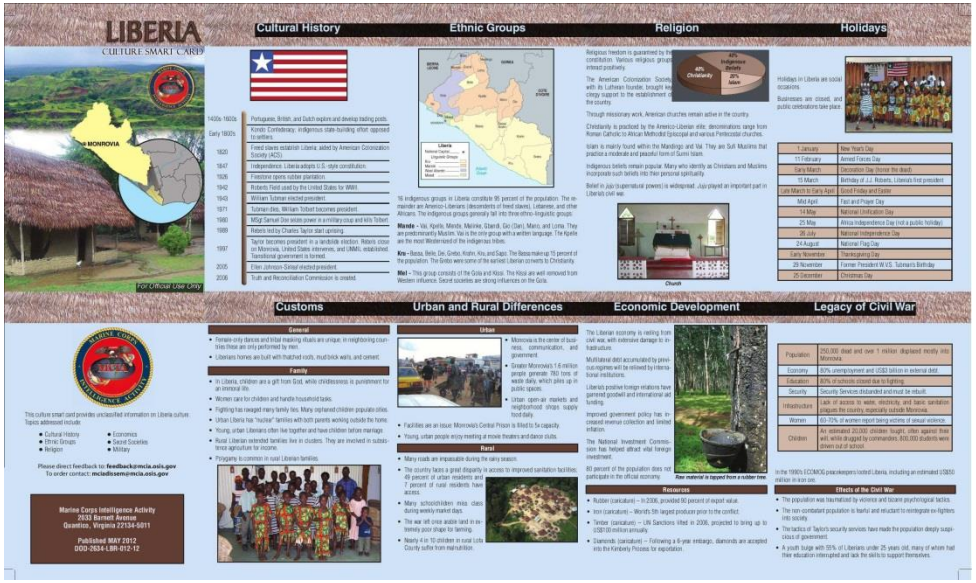
OUA Staff Update Slide, 16 October 2014

Inadequate Understanding of the Operational Environment

- Incomplete and/or outdated assessments for the area of responsibility (AOR) resulted in a lack of understanding of the operational environment.
- Risk analysis was not thoroughly developed before sending DOD assets into theater.
- Years of falling in on prepositioned equipment, has led to unfamiliarity with operations in an austere, permissive, non-hostile environment.



Liberia In Perspective Orientation Guide, Defense Language Institute, January 2010



Liberia Culture Card, Marine Corps Intelligence Activity, published May 2012.

AOR Assessments (1 of 2)

- "I think we did a poor assessment. I think **our assumption going into it was that there was no capacity or very little capacity**, and I think that stems from two things: One is from having a true understanding of what's there, and as a command we ought to have the resources, both in people and funds, to actually do some sort of survey on what's available in each country. That's a tremendous undertaking in Africa—with 53 countries, but that just doesn't exist. Then B, the other piece of it, is that mentality we have that whatever we're going to do, wherever we're going to do it. We have to bring it ourselves and make it happen ourselves. . . . Once we arrived, the DOA folks and our G-9 folks and others started to get engaged; **we quickly realized that there was a hell of a lot more than we had believed there to be.**" *BG Peter Corey, OUA DCG, JCOA Interview, 18 November 2014*

- USAFRICOM is not good at developing standing joint intelligence preparation of the operational environment (JIPOEs). There are too many countries and the demand for current intelligence shorts forward planning, such as standing JIPOEs. **So, they did not have an existing JIPOE. In addition, this was a different type of mission against a disease, not traditional military threat.**

USAFRICOM J-254 (paraphrased), JCOA Interview, 18 November 2014

AOR Assessments (2 of 2)

- "The lesson is that you need to do your homework. There is a tendency to dismiss the embassies. **We have embassies on the ground for a reason. The embassies have people with local knowledge; so use them**. Don't make it up as you go. The coordination between Washington and the field could have been a bit smoother—there were not enough hotels, how many vehicles and buses would be needed? We could have lined some of these things up if we'd known the requirements."

  Deborah Malac, US Ambassador to Liberia, US Embassy Monrovia, JCOA Interview, 18 February 2015

- **No one in DC seemed to appreciate the challenges in working in a country without electricity or water.** They think they can come and just plug equipment in, and we were still in the rainy season, so getting around was a challenge.

  Sheila Paskman (paraphrased), Deputy Chief of Mission, US Embassy Monrovia, JCOA Interview, 18 February 2015

Conflicting Risk Assessment (1 of 2)

– "The leadership was concerned about whether military Service members would be in contact with the Ebola infection. It frustrated us here. We learned a long time ago how to stay safe. **It was hard to get DC to understand the realities of the disease.** Even at the height of the outbreak, when people were running out into the street from the dementia caused by the disease, we weren't at great risk of becoming infected. We knew, unless you were in an Ebola treatment unit (ETU), etc. you weren't at any risk."

Deborah Malac, US Ambassador to Liberia, US Embassy Monrovia, JCOA Interview, 18 February 2015

COA: Operational Risk

Risk ID	Risk Factors			Mitigation	Residual Risk
	Probability	Severity	Risk		
Weather (rainy season, flooding)	Frequent	Marginal	High	Weather forecasting / branch plans and all weather capability	Moderate
Lack of credibility with HN populace inhibits freedom of movement	Occasional	Critical	High	Robust IO campaign, liaison with HN and air transport	Moderate
Diseases of Military Importance	Likely	Critical	High	Increased Force Health Protection measures and surveillance	Moderate
Break down of civil authorities	Seldom	Catastrophic	High	Establish force protection posture & robust IO ICW HN	Low
Insufficient HN contracting capacity	Likely	Critical	High	Strategic Air Lift/Sea Lift DoD engineering capacity	Low
Refusal of HN access to Dakar	Likely	Critical	High	Alternative ISBs and/or Air of Sea Lift and KLE.	Low
Attack on U.S. Forces	Unlikely	Critical	Low	Self defense per ROE / Deterrence; PPE (MEU option off shore)	Low
EVD Spreads to forces	Unlikely	Critical	Low	US Forces do not provide direct patient care	Low
HN infrastructure cannot support USAID training program.	Seldom	Critical	Low	Utilize DOD and contracting assists	Low

Slide POC: JFC-UA J35

As of: 230905ZSEP14

JFC-UA COA Brief Slide, 23 September 2014

Conflicting Risk Assessment (2 of 2)

– "A lot of equipment that people were trying to bring into theater—you know, heavy weapons, armored vehicles, facial recognition software—**a lot of that stuff had no place and no role.** We were spending gobs of time, energy, effort, and funds to enter a theater much like we would any other combat theater. . . . **That was completely unnecessary in this environment.** *BG Peter Corey, OUA DCG, JCOA Interview, 18 November 2014*

Armed US Marines and sailors assigned to Special Purpose Marine Air-Ground Task Force Crisis Response Africa, 9 October 2014, USAFRICOM photo/Released

Conflicting Risk Assessment

COA: Operational Risk

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Slide POC: JFC-UA J35

As of: 230905ZSEP14

Different Mindset

– "**One of the things that really struck me is that, after 13 years of war in Iraq and Afghanistan, we have really developed a warfighter mentality that did not fare us well in a permissive environment**—where there are no insurgents, there are no belligerents who are trying to attack us on a daily basis looking to do us harm. Furthermore, it is a sovereign nation, so you don't have free will to just do whatever you want to do, whenever and wherever you would like to do it. **You've got to ask for authorities and permissions first.** That was a significant challenge to our mindset and to getting things done in the country."

BG Peter Corey, JFC-UA DCG, JCAO Interview, 18 November 2014

– "We emphasized, **"This is not what you're used to. We do not own the country. This isn't Afghanistan."** It was, to a degree, a warning to the CG [commanding general]. This is a sovereign country. **There needs to be attitude adjustments for the command**. We have to work with the President of Liberia, and take her desires into account."

JFC-UA J-9, JCOA Interview, 16 October 2014

Crisis Action Planning Challenges

- USAFRICOM used an operational planning team (OPT), working groups, liaison officers (LNOs), and the Multinational Coordination Center (MNCC) in an effort to galvanize the command for the Operation UNITED ASSISTANCE (OUA) response.
- US Army Africa (USARAF) mitigated shortfalls in planning by incorporating the Joint Enabling Capabilities Command (JECC) during OUA, to bring experience to the process.
- USAFRICOM and USARAF were unfamiliar with the authorities surrounding the use of Overseas Humanitarian, Disaster, and Civic Aid (OHDACA) for this type of mission.

Organization for Planning

- USAFRICOM J-35 was designated as the lead division for planning, and they maintained control throughout Joint Force Command-United Assistance (JFC-UA).
- The accelerated operating tempo (OPTEMPO) quickly began to overwhelm the operational planning team (OPT).
- As the operation matured, working groups were developed to analyze specific functional subjects.
- The early placement of liaisons (LNOs) established relationships across organizations.
- The Multi-National Coordination Cell (MNCC) was not prepared to handle an international response of this scope.

"Prior to the Ebola outbreak in West Africa, there were no requests from USAID for military support to humanitarian assistance/disaster response (HA/DR) activities. . . . The West Africa Ebola outbreak was the first time [US]AFRICOM forces became involved in a HA/DR operation."

Angela Sherbenou, OFDA Regional Advisor-West Africa, former OFDA Advisor to USAFRICOM, JCOA Interview, 23 March 2015

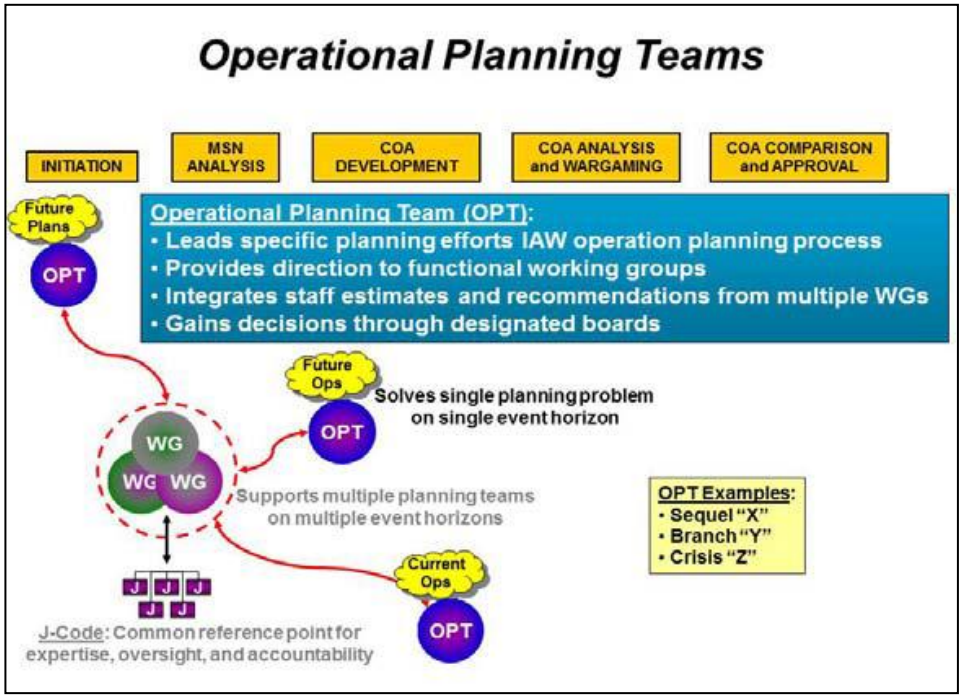
USAFRICOM J-35 as the Lead

- **For OUA, the operation started and ended in the J-35**. We had some involvement from J-5 in the mid-crisis planning to get their agreement, but the operational planning was done by the J-35.

  MG Bryan Watson (paraphrased), USAFRICOM J-3, JCOA Interview, 10 December 2014

- When I got here USAFRICOM did not have a JOC [joint operations center] like other CCMDs, and **there were no handoffs between the J-35 and J-33. We still struggle with that**—handoffs are a problem.

  USAFRICOM J-35 (paraphrased), Future Operations/Strategic Posture, JCOA Interview, 9 December 2014



Joint Headquarters Organization, Staff Integration and Battle Rhythm, 2nd ed. July 2013

Operational Planning Team Quickly Overwhelmed

- "OPT [operational planning team] will continue to meet during normal duty hours with periodic surges as necessary to meet short-term deadlines."

  USAFRICOM Operation UNITED ASSISTANCE Battle Rhythm and Communications Guidance, DTG: 131600Z September 2014

- **We didn't have a good method to transition the command to a crisis footing**. There wasn't a conscious decision . . . for shift work and 24-hour ops. None of that happened; we stayed as OPT. A couple of weeks into it, I told the COS [chief of staff] that we needed the OPT to plan, and that we needed to establish working groups with staff leads that the OPT could then synchronize. We did that, and it worked pretty well for about two-and-a-half weeks. It looked good at first, but **the inertia set in, and people began to not show up for meetings. We sustained the OPTEMPO for about four weeks.**

  MG Watson (paraphrased), USAFRICOM Director, J-3 Operations and Cyber, JCOA Interview, 10 December 2014

- The J-3 and chief of staff decided more needed to be done. **This led to the establishment of 20-plus work groups**. There was some friction on how to set up these work groups: The OPT wanted to align along functional lines. the assistant chief of staff wanted to use the new draft boards, bureaus, centers, cells, and working groups (B2C2WG) **structure. They eventually somewhat overlaid the draft B2C2WG structure.** It was good in the sense it forced more staff participation in the working groups.

  USAFRICOM J-254 (paraphrased), JCOA Interview, 18 November 2014

Working Groups

- "Quickly they determined that they needed to break out into various working groups**, I think they started out with something like 20 of them**, subordinate to the OPT and reporting to the J-35."

  USAFRICOM J-5, Joint Operations Planner, JCOA Interview, 19 February 2015

- "As mission analysis would go, whether at the beginning of the crisis or as it developed, **there was constant mission analysis. . . . There was a formal OPT dedicated strictly to the organization of working groups**—once it was determined the OPT was not the adequate forum to accomplish all the individual tasks: dedicate an OPT session just for the development working groups, identify the working groups that need to be stood up, [and] who needs to be in each one."

  USAFRICOM J-4 representative to J-35, JCOA Interview, 12 December 2014

- **A best practice was setting up work groups for discrete independent problems**. Before, they would discuss and solve problems in larger OPT sessions. They developed the WG structure by brainstorming. They came pretty close to right, but needed to add a few and off-ramp some. For example, they set up an interagency working group when they already had one across USAFRICOM. They pulled in required expertise, such as an individual from TSA and just asked the Interagency Working Group to focus on OUA issues.

  USAFRICOM J-35 (paraphrased), Operational Planner, JCOA Interview, 10 December 2014

LNOs to Build Relationships

- **Even before we showed up on the ground, the three planners USAFRICOM had embedded in the DART (the engineer, logistician, and air planner) were worth their weight in gold** because they functioned as liaisons or interpreters that were able to understand what was going on and **put it in language for us to understand**.

  USARAF G-3 / JFC-UA J-3 (paraphrased), JCOA Interview, 6 January 2015

- "In terms of having 'a place,' you could go to the JTF HQ and see the LNOs; all the LNOs were there. If you go to Liberia now, you will see all those pieces there. You'll see the Brits and the French, the Liberians, and AID. **We had all our partners and worked with them every day."** *MG Williams, CG USARAF, JCOA Interview, 19 November 2014*

- The DART CIV-MIL LNO was always here with us for meetings. It could have been better with collocation of nodes—it would have been more efficient—but it worked. When I'd go to the NECC early on, I'd always see the DART representatives. **Over time, DOD became the continuity because of the more frequent rotation of the other partners. For example, the DART would rotate every 5-8 weeks**. It would have been more optimal if we'd had the same people for the DART lead, CDC lead, DATT [Defense Attaché], WHO lead, and JFC. **We'd send key primaries to meetings if they had anything that touched the discussion**. The J-4 was matched up with the DART logistics person. As the J-3, I interacted with the DART's operations person.

  JFC-UA J-3 (paraphrased), JCOA Interview, 20 February 2015

Multinational Coordination Center Growing Pains

- **The role of the Multinational Coordination Center (MNCC) was not defined.** The new director of the MNCC was in-processing. We had some growing problems. The Ebola OPT stood up, and we were told to participate. We said, 'huh?' We didn't know what Ebola was—that was the first problem. The MNCC had one person at that point. One of our roles was the care and feeding of the nine foreign liaison officers (FLOs), which is a full-time job. . . **We were ill-postured to stand up the MNCC and participate in the Ebola operation's staff activities.**
- We were not capable of responding to requests for information, requests for assistance, or offers of assistance. **We were incapable because we didn't have a process. Requests and offers came in from everywhere: FLOs, emails to senior leadership, OSD. There wasn't a single point of entry into a known process**.

USAFRICOM J-5 MNCC (paraphrased), JCOA Interview, 10 December 2014

- It took the MNCC about two weeks to develop a process for multinational offers of assistance—it got to the point of taking three days. The MNCC was stood up about one and one-half years ago. **They need to convert/institutionalize this organization into a command center.**

USAFRICOM J-5 Chief of Plans (paraphrased), JCOA Interview, 10 December 2014

Incorporation of Joint Enabling Capabilities Command

- The Joint Enabling Capabilities Command (JECC) was here. Exercise LION FOCUS was going on, and they'd started the academic week when the operation hit. They transitioned from academics into operations to help us. **We were in the OPT room, and the JECC came in and said, "We're here to help."** We shared our initial mission analysis, and they listened as we worked through the planning meetings. **They didn't just throw bodies at the OPT; they assessed where we needed help and offered to fill the gaps.** We were more than willing to accept their help. Their approach was to work with us, not tell us what to do or that we were doing things wrong. It was a good team effort. *G-35 FUOPS (paraphrased), USARAF, JCOA Interview, 21 November 2014*
- **It was the JECC planners that did the operational design**. If we'd had a regular mission problem set, instead of a crisis, the JFC J-5 would have been doing the planning soup-to-nuts. Because we were doing Exercise LION FOCUS with the JECC here when we received the mission, the JECC did the operational design for us. It was solid, so we used it as the framework for the operation. The USARAF G-5 planning staff initially focused on the force flow planning effort. **We were given six hours to get the RFF cut. It was crazy. It was great to have the JECC planning experience and their canned work that gave a starting point.** We also had the global force management team. **We had access to the collective planning experience and extra capacity, as well as nuances of working with USAFRICOM.**

JFC-UA J-5 Transition Planning (paraphrased), USARAF, JCOA Interview, 18 November 2014

OHDACA Difficulties

- The big thing was that **DOD was able to reprogram $1 billion early on**. Without having that, we would've wrung our hands. The cash gave us decision space to come up with a plan. **In regards to Overseas Humanitarian, Disaster, And Civic Aid (OHDACA), things just weren't clear. The combatant command needed to have a better understanding**—and not just the commander, but also the staff. At the least, the J-codes should know Accounting 101.

  Michael Lumpkin (paraphrased), Assistant Secretary of Defense (SO-LIC, JCOA Interview, 3 March 2015

- **In the beginning, USAFRICOM struggled with OHDACA funding authorities.** In most disasters, Pacific Command, Southern Command, and European Command know what to do with OHDACA. I am not the one telling them what to do with the funding. **Africa Command did not know what to do with the mission tasking matrix (MITAM) and OHDACA**; they didn't understand it.

  OSD Policy HADR Operations (paraphrased), JCOA Interview, 15 January 2015

- **As a force, we don't all understand what OHDACA can and can't be used for.** We are still learning in this operation. For example, we had to investigate what we could do with regard to repair of the Roberts Airfield.

  Maj Gen Steven Shepro (paraphrased), Vice Director Joint Staff J-5, JCOA Interview, 12 January 2015

Force Movement

<u>Finding</u>: The required speed of response amplified shortfalls in movement planning, force sequencing, and deployment into an immature theater.

Why it happened:

- The immediacy of the response, the need to create time-phased force and deployment data (TPFDD), and a shortage of Joint Operation Planning and Execution (JOPES) system TPFDD expertise complicated movement planning.
- After quickly deploying some initial capabilities, subsequent force flow was hampered by planning, challenges in making adjustments, and visibility issues.
- Enabling capabilities accelerated deployment and theater opening, but several enablers were unavailable when required.
- A degradation of individual and unit-level experience with deployment to and operations in an immature theater highlighted issues with movement preparation, training, and equipping.

"What delayed things the most was, as a joint force, we have forgotten how to deploy the force. Army movement officers resorted to employing what they learned in Afghanistan, where they deploy and fall-in on equipment sets. In this operation, they had to start from scratch."

MG Watson, USAFRICOM Director, J-3 Operations and Cyber, JCOA Interview, 10 December 2014

Complicated Force Movement Planning

- Creating and prioritizing the request for forces (RFF) and building time-phased force and deployment data (TPFDD) from scratch for a short-notice, no plan response were challenging for planners on multiple levels.
- Due to the immediacy of the response, movement planning and execution began before planners had a clear understanding of the operational requirements.
  - USAFRICOM initially produced a large RFF due to unclear requirements; this led to the deployment of considerable excess equipment.
- The shortage of Joint Operation Planning and Execution System (JOPES) TPFDD expertise both at USAFRICOM and in theater impacted the efficiency and effectiveness of deployment planning and execution.
- Planners had poor visibility in the global force management (GFM) system of forces and key capabilities necessary for this type of response.

US Air National Guard photo, 19 October 2014

DOD photo, 15 October 2014

Lack of an Existing Plan and Forces

- Having USARAF as the lead component was a tall task; since **we had no RFF to hand them, they had to create one from scratch.** We had to do crisis planning versus deliberate planning. **The RFF required significant modifications with a short suspense, and even though we got it done, we stumbled along the way.**

USAFRICOM J-43 (paraphrased), JCOA Interview, 11 December 2014

- **The basic problem is lack of forces in USAFRICOM. They did take some forces out of hide**—Seabees (Navy engineers) from Horn of Africa and Special Purpose Marine Air Ground Task Force (SPMAGTF). USEUCOM provided some bridging forces such as the 21st Theater Support Command, a lot of engineers, postal, and finance. There is a force sharing agreement with USEUCOM—a requirement for support. It generally is for short-term support of 30 days or less, but it is a way to get things out the door quickly. It is beyond valuable because there is no red tape in front of it.

USAFRICOM GFM/JOPES Planner J-354 (paraphrased), JCOA Interview, 21 November 2014

Unclear Requirements (1 of 2)

- **The first problem was that political pressures existed to get into country, so they started writing requests for forces (RFF) before the entire mission planning was complete.** We saw the impact of that when we were preparing to send about 500 pieces of equipment home without them ever being used.

  USAFRICOM GFM/JOPES Planners J-354 (paraphrased), JCOA Interview, 21 November 2014

- "**There was pressure for an RFF before the order was even complete. We didn't complete the order until about two weeks into it.** Literally as I was in Liberia, having not finished my order, my boss's staff was pushing us for an RFF. **We didn't have the order completed yet and the RFF zombie was out there**, 'What do you need?' That was a constant demand signal very early to get the right forces there."

  MG Darryl Williams, Commanding General, US Army Africa, JCOA Interview, 19 November 2014

- Eventually it became clear. **The mission was driven by the joint manning document (JMD). We got it pushed before any mission analysis. Got told '3000 folks,' but still didn't know what to do. We were told to get the JMD, and yet we didn't have a mission statement.** We got on the ground and then conducted mission analysis and the global force management process. As a result, when we were there we had a huge push that was not needed and couldn't be stopped.

  US Army Africa Fires PAO (paraphrased), JCOA Interview, 17 November 2014

Unclear Requirements (2 of 2)

- **USAFRICOM definitely had growing pains, specifically with the RFF process.** This was the largest RFF to date, and it was a different mission and the expertise in the process was not aligned. **They recognized the criticality of the process and placed [a colonel] as the lead. [He] ran the RFF process meeting each day and was responsible for working across CCMDs**.

BG Bolduc (paraphrased), USAFRICOM Acting J-3 for OUA, JCOA Interview, 18 March 2015

Large RFF (1 of 2)

- **We planned initially for an all-MIL solution; we planned big, as it easier to taper back.** The problem was that the desired force capability level turned out to be less than planned for. **We didn't know what was available**. We were able to contract engineering actions locally. The GFM/RFF is not adaptable, flexible, or responsive enough; this required constant change.

USAFRICOM J-43 (paraphrased), JCOA Interview, 11 December 2014

- "To write and define operational requirements in a RFF is more than naming organized units within the Department of Defense inventory . . . . **This presented a challenge and was a contributing factor to producing the very large RFF** [force tracking numbers (FTNs) 114, passengers 6,653] submitted to USAFRICOM on 17 September 2014. '**Planners were prevented from completing their analysis and getting questions answered based on their initial planning assumptions, made by individuals not familiar with operating within Liberia. . . . The majority of the requirements were written as a standard force solution, designed within the Army's Force Management System (FMS), instead of expeditious modular forces tailored based upon this specific mission.** The final contributing factor stemmed from the short suspense, which resulted in independent functional inputs without operational integration—which would have provided phasing of capabilities by events instead of notional dates.'"

USARAF Force Flow Working Paper, JCOA Interview, 25 November 2014

Large RFF (2 of 2)

- **They did not hold a force flow conference to sort out requirements—though it was offered.** This is something we usually do, and it solves a lot of problems. **In the end, two-thirds of the 101st equipment never got off the ship.**

USTRANSCOM Planner (paraphrased), JCOA Interview, 16 June 2015

- **"In the end, a lot more equipment was shipped than was actually needed.** This was due in part to the original concept to plan for a military heavy operation, and then dial it back as contract capability was available. Also, the situation on the ground in Liberia and our situational understanding of this unique mission improved."

Operation UNITED ASSISTANCE: Logistics Partnership Success, Page 4 of 9, 12 January 2015, http://www.africom.mil/newsroom/article/25102/operation-united-assistance-logistics-partnership success

Shortage of JOPES Expertise (1 of 2)

- **The JFC should have had JOPES personnel, but they had zero.** They had a whole movement unit—who should all be school-qualified JOPEsters. There is an online course available now, in addition to the resident program. The unit could do load plans, HAZDIPS, and HAZDECs to facilitate force flow. When 101st took over, they just pushed USARAF out. **USARAF is now the executive agent for redeployment. USAFRICOM is basically doing the JOPES work for both 101st and USARAF now.**

  USAFRICOM GFM/JOPES Planners J-354 (paraphrased), JCOA Interview, 21 November 2014

- "**USARAF is resourced with two DA [Department of the Army] civilians as subject matter experts (SMEs) and no military authorizations to provide continuity of operations within a 24-hour work center.** The Branch Chief augmented during OUA with the positions submitted on the joint manning document (JMD) on 18 September [2014]. The positions were not included in the JMD, nor was it sent to the Joint Staff for additional manning to run the joint force headquarters 24-hour work center. **The three DA civilians staggered shifts to cover 18 hours per day to coincide with the Joint Staff and the Services' hours. There were gaps in coverage during the work week as well as the weekends**."

  USARAF Force Flow Working Paper, JCOA Interview, 25 November 2014

Shortage JOPES Expertise (2 of 2)

- "**USAFRICOM J-3 JOPES section was just as undermanned as the USARAF G-3 JOPES section during OUA.** To date, the allocated division headquarters has not deployed a JOPES-capable individual. The G-4 division transportation officer has performed as a tactical-level movement officer, while JFC-OUA headquarters responsibility is fragmented and performed by the JOPES-capable person in the rear. **This is a critical omission for a joint task force-certified division headquarters operating in an austere and immature joint operating area**."

  USARAF Force Flow Working Paper, JCOA Interview, 25 November 2014

- Because the political interest in OUA, the component (USARAF) could not handle it alone with all the additional requirements. **Meanwhile, the RFF was being developed, but was a learning process**.

  BG Bolduc (paraphrased), USAFRICOM Acting J-3 for OUA, JCOA Interview, 18 March 2015

- "**The external improvements needed are:**
  - **USTRANSCOM JECC includes GFM and JOPES specialists as part of their enabling command**
  - **Army grow more enlisted and officers with GFM and JOPES knowledge, and identify the program specialty for developing them**
  - Army create modular force packages in the force management system, and transfer quarterly into the Joint Capabilities Requirements Management System."

  USARAF Force Flow Working Paper, JCOA Interview, 25 November 2014

Visibility of Forces and Key Capabilities (1 of 2)

- **One issue in this area was that the GFMAP would be published, including sourcing by the force providers (FORSCOM, Fleet Forces Command, ACC, TRANSCOM, etc.), but when they started asking for the unit data it wasn't there.** They hadn't identified the actual unit. Why? I am not sure. Once the unit is included in the GFMAP (and can be seen on the JS portal), it should be validated in 5 days or less, but that didn't happen.

  USAFRICOM J-354 (paraphrased), JCOA Interview, 21 November 2014

- **DTRA should be folded in as a force provider for the GFM process, similar to the Services.** As it is now, there is no unity of command. **They aren't even visible to the GFM process.** Reporting is essential; we need a cleaner, easier way to get capabilities to the combatant commands.

  Joint Staff J-35 DDRO (paraphrased), JCOA Interview, 23 January 2015

- **The Service software programs that interface with JOPES are another problem in the process.** There are problems with all of the Service programs (TCAIMES- USA, DCAPES-AF, JFRG-USMC), but particularly the Army's—TCAIMES. **It is too complex, and people don't know how to use it. As a result, the Services were slow in developing the data, and sometimes messed up or locked up JOPES.**

  USAFRICOM J-354 (paraphrased), JCOA Interview, 21 November 2014

Visibility of Forces and Key Capabilities (2 of 2)

- **We did not have a clear picture of the operational environment. We had to synchronize personnel and equipment with the task at hand, then figure out if USTRANSCOM could support. USAFRICOM JOPES normally runs all of the AOR, and it was quickly overwhelmed with OUA/Liberia.** After the 101st ABN deployment was complete, the JOPES at Fort Campbell deployed forward to USAFRICOM. USTRANSCOM has a 21-day validation process/program. USTRANSCOM was able to cut that down to 14 days, and there are instances where it below this number as well. **Units had to build HAZMAT clearances, load plans, etc. into the system since movement falls at a unit level with very short timelines.**

  USAFRICOM J-3 (paraphrased), JCOA Interview, 18 February 2015

- **USAFRICOM J-3 and J-4 staffs were unprepared for USTRANSCOM actions. Both offices were unprepared for the lead-time it required the force providers to populate their assigned deploying forces passenger and cargo data in the TPFDD.** The transfer of forces to USAFRICOM was contingent upon the SecDef's order book approvals to allocate those forces. . . The books added additional lead time, plus each capability had different approved start dates. **OUA provided another opportunity to observe that much more rigor was needed to adjust expectation and processes accustomed to decades of deploying into the USCENTCOM AOR.**

  USARAF G-3 GFM/JOPES Branch Chief (paraphrased), JCOA Interview, 17 November 2014

Force Flow Challenges

- USAFRICOM was able to quickly deploy assigned and shared forces, rapidly building capability as a bridging solution until the RFF process could catch up.
- USAFRICOM built the TPFDL and began to flow the forces based on early assumptions about required capabilities, then had difficulty adjusting the flow once started.
- Providing updates to decision makers at all levels was challenged by difficulties in visualizing the force flow.
- The early Virtual TPFDD conferences for CCMDs/Services/Force Providers, which developed into Daily Force Flow DCO sessions, were a success.

A C-17 U.S. military aircraft arrived in Liberia Thursday with the first shipment of increased U.S. military equipment and personnel for the anti-Ebola fight, which was promised by President Barack Obama in a speech September 16 at the Centers for Disease Control and Prevention in Atlanta, Georgia. USAFRICOM Photo.

Early Deployments (1 of 2)

– "[USAFRICOM] was able to successfully leverage our partnership with sister COCOM, European Command ([US]EUCOM). **Through Force Sharing Agreements, [US]EUCOM could deploy forces in support of contingency operations for up to 30 days without the formal Request For Forces (RFF) process and SecDef approval.** This became an essential tool to rapidly build capability as a bridging solution until the lengthy RFF process could catch up. **We used the Force Sharing Agreement to deploy some key logistical enablers to include the 21st Theater Support Command (TSC) into Senegal to oversee operational logistics and provide command and control for the Initial Staging Base, the Air Force Contingency Response Group (CRG) assets to run the APODS at Dakar and Monrovia, to establish the Director of Mobility Forces (DIRMOBFOR), and to augment USAFRICOM HQ with needed capability.'**

– "**[US]AFRICOM also re-missioned fifteen Seabees from Djibouti to Liberia, with Joint Staff approval, as they were not part of the [US]EUCOM sharing agreement.** The Seabees' experience and expertise was vital..."

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Naval Mobile Construction Battalion (NMCB) 133 Detail Horn of Africa Seabees gather in the passenger terminal to await a flight Sept. 19, at Camp Lemonnier, Djibouti. (U.S. Air Force photo by Staff Sgt. Leslie Keopka)

Early Deployments (2 of 2)

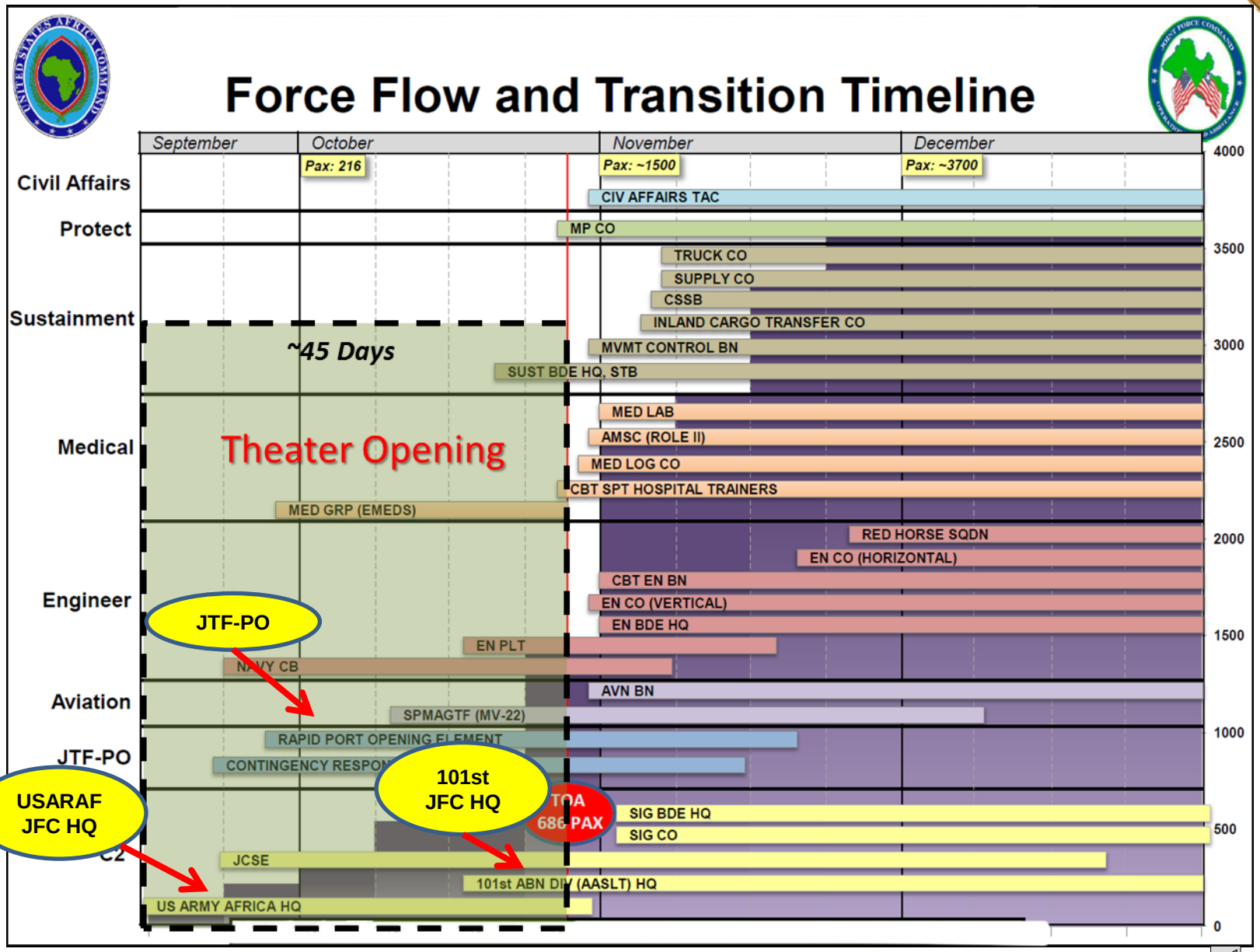
- The J-4 piece set the theater to receive and prepare forces; we required JTF PO support. This was the first time that two JTF PO deployed simultaneously (Dakar and Monrovia) **The JTF PO movement did not require OSD/JS approval; they're on a 96 hour PTDO.** It required an USAFRICOM J-3 to TRANSCOM request. They assessed the port and then deployed the forces.

USAFRICOM J-43 (paraphrased), JCOA Interview, 11 December 2014

- **Rather than wait for an RFF from USAFRICOM, we went ahead and began channel flights.** We moved DLA on these flights—they (DLA) went ahead and contracted their own ship rather than wait…

USTRANSCOM Planner (paraphrased), JCOA Interview, 16 June 2015

Force Flow


Force Flow and Transition Timeline
September
October
November
December
Pax: 216
Pax: ~1500
Pax: ~3700
Civil Affairs
Protect
Sustainment
Medical
Engineer
Aviation
JTF-PO
C2
~45 Days
Theater Opening
CIV AFFAIRS TAC
MP CO
TRUCK CO
SUPPLY CO
CSSB
INLAND CARGO TRANSFER CO
MVMT CONTROL BN
SUST BDE HQ, STB
MED LAB
AMSC (ROLE II)
MED LOG CO
CBT SPT HOSPITAL TRAINERS
MED GRP (EMEDS)
RED HORSE SQDN
EN CO (HORIZONTAL)
CBT EN BN
EN CO (VERTICAL)
EN BDE HQ
EN PLT
NAVY CB
AVN BN
SPMAGTF (MV-22)
RAPID PORT OPENING ELEMENT
CONTINGENCY RESPON
TOA
686 PAX
SIG BDE HQ
SIG CO
JCSE
101st ABN DIV (AASLT) HQ
US ARMY AFRICA HQ
JTF-PO
USARAF JFC HQ
101st JFC HQ
4000
3500
3000
2500
2000
1500
1000
500
0

Adjusting Force Flow (1 of 3)

- "**We . . . built the RFF early on based on the info we had when we were told to execute.** And set things in motion based on the best info we had at the time and our experience doing this in other parts of the world. **What we failed to do as an institution as time progressed was to step back** from what I'll call the whirlwind of day to day operations **and reassess our facts and our assumptions about the environment and decide whether or not what we had determined the RFF needed to be was still valid."**

  BG Corey, DCG, US Army Africa, JCOA Interview, 18 November 2014

- There was limited capacity at the airport in Monrovia and limited infrastructure in general. **USARAF was sensitive to flowing too much in to country too fast. Prioritization of assets in the force flow was needed. Some people they needed sooner rather than later were bumped in Europe.**

  JS J-35 DDRO (paraphrased), JCOA Interview, 23 January 2015

- "**The products that began the force flow issues were the RFFs coupled with the TPFDL. More broadly, the lack of joint knowledge and it processes, contributed significantly to understanding the challenges to flowing forces into the AOR especially the miscommunication by senior leaders on what and when data populates the TPFDD when no Joint Plans Executive Committee (JPEC) plan exists**."

  USARAF Force Flow Working Paper, JCOA Interview, 25 November 2014

Adjusting Force Flow (2 of 3)

- **All orders were "as soon as possible." We abrogated the TPFDD. Instead, it was, "Who's ready? Get on the bus."** It's hard to change things when there is coordination with so many organizations.

JS J-35 DDRO (paraphrased), JCOA Interview, 23 January 2015

- "**Quite frankly, as we got 3 weeks into it we were seeing we probably did not need much of the stuff or many of the people that were destined to come into theater. There was just tremendous inertia and tremendous reluctance on the part of many levels of our military organization/government to turn anything off . . .** You now realized that if didn't take a breather and reevaluate the RFF we were going to have people sitting on the tarmac with no place to eat, no place to sleep, and no [latrines]**.**"

BG Corey, DCG, US Army Africa, JCOA Interview, 18 November 2014

- **The lack of flexibility in getting resources on the ground was frustrating… we were fighting the plan not fighting the set of conditions.** There were a lot of holes in our [initial] assumptions, if you will, that that plan was based off of. **And as we progressed and started filling in those assumptions with facts, I was very frustrated with either the slowness or just downright unwillingness to just accept the fact and change the plan….But there was just a general reluctance, I guess, to change the TPFDD and flow forces without the equipment.**

USARAF G-3 (paraphrased), JCOA Interview, 17 November 2014

Adjusting Force Flow (3 of 3)

- JTF-Port Opening sent two sets of equipment, one to Dakar and one to Liberia. Those things weren't needed that fast. **USTRANSCOM leaned way forward. The port opening equipment was about two weeks earlier than needed**.

  USAFRICOM J-4 ADDOC (paraphrased), 10 December 2014

- There is not wide training or application of planning skills. **For example, no one at USAFRICOM or USARAF knew how to build a total TPFDD – how to split up units and how to load them for quick offload.** The force flow responsibilities are divided between ADDOC, GFM, and J-3.

  USAFRICOM J-35 (paraphrased), JCOA Interview, 9 December 2014

Visibility of Force Flow

- **The force flow process has technical and uncertainty challenges. The RFF is pages and pages of text. We spent a lot of time translating and depicting it in an understandable form. We needed to translate 75 pages of text into PowerPoint slides with mission analysis justification**. **The GFM RFF tool is text, which is not a good way to depict the force flow.** The SecDef approves a "capability" but that translates into sending people into harm's way. It's really about who is going to go. **So there is a disconnect in the way we brief it and in the tools when talking about capabilities versus units or people. Congress is asking about specific units but we were focused on capabilities.** We need better human resources (HR) capabilities applied to the process and a better way to visually depict it. We need to be able to connect JCRM and JOPES.
- **We were trying to provide information to decision makers. There was a thirst for information. Describing force flow is challenging.** The systems involved don't talk to each other well. It's hard to get into JOPES. I can't find anyone in the Joint Staff J-4 who knows how to get into JOPES. It's a horrible stovepiped system. **How do you do gap analysis if you can't determine what is being requested**?

JS J-35 DDRO (paraphrased), JCOA Interview, 23 January 2015

Force Flow Working Group

– "Anyone involved in the force flow process understands how challenging nature of this effort. **Typically, in large operations, TRANSCOM will host a Force Flow Conference at Scott AFB.** We did not have the time or staff to split our operations to participate. **We partnered with TRANSCOM and designed a Virtual Force Flow Conference to painstakingly work through the details to identify forces for lift into the theater.**"

Operation UNITED ASSISTANCE: Logistics Partnership Success, Page 4 of 9, 12 January 2015, http://www.africom.mil/newsroom/article/25102/operation-united-assistance-logistics-partnership success

– **There was some initial confusion over the role of the ADDOC versus J-354. Force flow is J-354 business** because it is operational planning. ADDOC is a J-4 logistical function. Initially, the J-4 staff tried to take on both the logistical and force flow in the FF WG – prior to the VTC. **A best practice was the force flow VTC. This was the first time they have done on such a large scale and it proved useful to discuss issues—** everyone was there so there was common communication and understanding of the issues.

USAFRICOM J-354 (paraphrased), JCOA Interview, 21 November 2014

Enabling Capabilities for Theater Opening

- USAFRICOM established an intermediate staging base (ISB) and a major aerial/sea port of debarkation, setting the theater for success from a mobility perspective.
  - Deployment of two Joint Task Force-Port Opening and two Joint Contingency Acquisition Support Office (JCASO) mission support teams, establishment of a forward DLA deployable depot, and early designation of a DIRMOBFOR, accelerated the establishment of movement and support infrastructure.
    - Inclusion of key logistics decision makers and contracting support in the advance party aided success.
- JTF-PO provided needed capabilities, but left a capability gap upon their redeployment.
- Short-notice requirements for enablers were a challenge for a variety of reasons, including the RFF process and training.

COL Elizabeth Keough, Defense Logistics Agency commander Europe and Africa, speaks with interested local Liberian vendors during the Business Development Forum held in Monrovia, 17 October 2014. DOD Photo

Defense Logistics Agency representatives with Navy Seabees at the airport in Liberia during a site visit to prepare the airfield. (Photo courtesy of Michaella Olson), 27 Sept 2014. DOD Photo

Setting the Theater

– "**The logistical concept of support** for the operation **[established] an intermediate staging base (ISB) at Dakar, Senegal and a major [aerial/sea] port of debarkation in Liberia.** These critical nodes set the theater for success from a mobility perspective. **The ISB gave USAFRICOM operational flexibility** in the event of greater spread of Ebola, requiring a more regional response, and provided redundant capability in the event the airfield in Liberia became unusable. **Two organizations that were critical to this effort were USTRANSCOM and the Defense Logistics Agency.**

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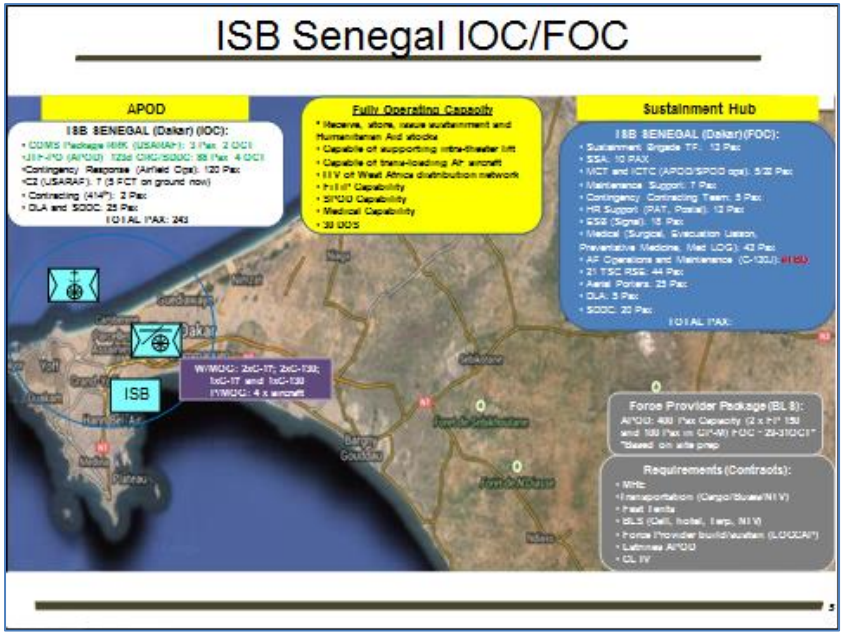

Senegal ISB Working Group, 29 October 2014

Setting the Theater: Early Decision Makers

– "**One of our major success stories from the initial phase was sending key logistics personnel on the ADVON with Major General Williams** [from DLA, the USARAF G-4, and the 414th Contracting Support Brigade]. **Since this would be a heavy contracting and sustainment effort, it was vital to get these eyes on the ground from day one**. . . . It paid huge dividends from the beginning, and the benefits continued throughout the operation. . . . [Early on] they were augmented by additional contracting personnel as well as a 5-person DLA Deployable Depot forward team ."

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– **Synchronization of OCS efforts at GCC and JFC with Operational Contracting Integration Cell (OSCIC) and a common operating picture were invaluable at the start of OUA**. Immediate management of contracts and resource requirements was paramount due to increasing reliance on the use of expedient contract solutions. Establish OCSIC at GCC and JFC (USAFRICOM J-44).

USAFRICOM J-4 Senior Leader AAR Participant (paraphrased), 12 December 2014

– With the new OCS doctrine that just came out, money is very important. . . . **USAFRICOM is far ahead on OCS and the use of the Contract Integration Working Group to implement requirements**.

Commander DLA Europe & Africa (paraphrased), JCOA Interview, 5 March 2015

Joint Task Force-Port Opening (1 of 2)

- "**JTF-PO (Joint Task Force-Port Opening) was another fire-and-forget thing. They came in, set their stuff up, echeloned it. . . . As the mission and the overall force grew, they were able to echelon their support package and tailor it to what they needed.** They had their own command and control structure, and they were able to work at the concept level—did not need to give them orders down to the specific task to preform, **they were able to understand from concepts how to define their own tasks and how to accomplish them to help support the overall effort**."

  JFC-UA J-3, US Army Africa, JCOA Interview, 6 January 2015

- **Something else that worked well: JTF-Port Opening opened airfields, provided a depot team, tied SPODs to APODs, and worked transition to the 101st.**

  USAFRICOM J-4 Enterprise Senior Leader AAR TRANSCOM Participant (paraphrased), 12 December 2014

- **JTF-PO was a great thing, but we know they have a 45-day shelf life**. The plan did not have a plan to replace them for three weeks. **It took a while to figure out who to RFF to replace them.**

  USARAF G-4 (paraphrased), 19 November 2014

- JTF-PO has about 65 people. They are struggling now to RFF pieces to replace this unit. **JTF-PO is a one-line unit designator. The replacement requires combining multiple one-line units to get a similar capability**.

  USAFRICOM J-4 Log Planner (paraphrased), USAFRICOM, 13 November 2014

Joint Task Force-Port Opening (2 of 2)

– "**We quickly worked with USTRANSCOM to deploy a Joint Task Force-Port Opening (JTF-PO) capability.** On 20 September, a 14-person Joint Assessment Team arrived in Monrovia to begin the assessment process in Liberia and then Senegal, which would lead to follow-on JTF-PO forces. On this same day, our Air Force component, US Air Forces in Africa (AFAF), deployed a 6-person Joint Air Command and Control Element (JACCE) team to Vicenza to support air operations. By 28 September JTF-PO Liberia was fully operational capable (FOC) in Monrovia with a working Maximum on Ground (MOG) of two airplanes. Forces then flowed to Senegal, where 101 personnel arrived on 4 October on three C-17 missions to establish JTF-PO Senegal."

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Enablers (1 of 2)

- Contingency Real Estate Support Team (CREST: US Army Corps of Engineers) **was valuable, but hampered by their delayed arrival due to RFF process requirements**.

USAFRICOM J-44 Engineering Planner (paraphrased), JCOA Interview, 21 November 2014

- It seemed to take too long for some engineering assets to get there. Specifically, **the Forward Engineer Support Team from USACE and the Contingency Real Estate Support Team need to be able to get there faster**. **It would have been great to have had their capability from the beginning.**

USARAF Engineering (paraphrased), JCOA Interview, 17 November 2014

- **The 416th CRU (engineering command) was supposed to be a key enabler.** They had been here (Vicenza) three months prior, and their commander promoted them as the engineering crisis response unit. **So we put them on the RFF and found out they would not be ready to deploy for 120 to 180 days.** They had to train; they weren't trained up or ready.

USAFRICOM J-44 Engineering Planner (paraphrased), JCOA Interview, 21 November 2014

Enablers (2 of 2)

- **FEST (Forward Engineer Support Team) was key.** They came on and set up with an eight-man crew to supplement CREST (Contingency Real Estate Support Team). Two real estate, two environmental, a prime power NCO, the commander, and his deputy. It was three military and the rest were civilians. We had to identify their early departure date and their LAD. **Once they were in the GFM process though we had no control to get them here. The Reservist and civilians were not able to move quickly.** The CG ended up writing a letter to USACE about not deploying folks fast enough. USACE then got the real estate folks down in 24-48 hours.

USAFRICOM J-44 Engineering Planner (paraphrased), JCOA Interview, 21 November 2014

- We **needed critical joint enablers like the Joint Communications Support Element**; without them, we couldn't have been talking. **JTF-PO was critical** in getting our capability in here. All of those joint enablers were critical for us to get here in this expeditionary way.

MG Gary Volesky (paraphrased), JFC-UA, Commanding General 101st AASLT, JCOA Interview, 23 February 2015

Immature Theater Highlighted Issues

- Response forces exhibited a degradation of institutional knowledge for deployment to and operations in an austere environment.
- Short-notice deployment to an immature theater exposed shortfalls in movement, training, and equipment preparations.

Joint Task Force-Port Opening member marshals in a C-17 Globemaster III during Operation UNITED ASSISTANCE, 20 October 2014 (US Air Force photo/ Staff Sgt. Gustavo Gonzalez/Released).

Force Providers Being Broken Down, JCOA Photo, February 2015

Operating in an Immature Theater (1 of 3)

- "**I think we probably have lost, as a Department of Defense, . . . a lot of our ability to be truly expeditionary**. We have become . . . reliant upon contractors to do a lot of the early entry stuff that needs to happen in order for people to sustain themselves . . . . **[Over] the last 12 or 13 years, we have become accustomed to arriving in a theater and there is a FOB [forward operating base] all set up for you with a Starbucks® and a Kentucky Fried Chicken.®** . . . **I think we delayed—or our arrival of troops was delayed—because we simply did not have the means to sustain them early on** until such a time as we could get the contract in place [for] force provider and that sort of thing."

BG Corey, USARAF DCG, JCOA Interview, 18 November 2014

- "**We literally had [joint] units roll in there . . . that day two they were asking for 'hot chow'** because their expectation was they were going to fall into a forward operating base and all that stuff was already there. **I said, "Hey, welcome to an immature theater.** Welcome to being expeditionary. You are going to eat MREs and [drink] water for the first 30 days-plus."

USARAF G-4, JCOA Interview, 5 December 2014

Operating in an Immature Theater (2 of 3)

- **We have lost proficiency in setting a theater and log planning.** Logistics and transportation are key US strengths, but those are diluted if we cannot get the theater set up. The lesson is we need to get back to basics. **We have become victims of the OIF/OEF mentality**, where bases and a "permissive" environment is already established. Crisis planning for epidemics is not there. **We also are not used to operating in a non-permissive environment with sovereignty issues—constantly checking with HN [host nation] for approval** ("ask, ask, and ask again"). This can create political strife and requires a WOG [whole-of-government] approach. The deployed unit is practiced in deploying with their basic load and expecting things to be there. **We have lost, and now have the need, for logistics planning and setting the theater**.

  Commander DLA Africa and Europe (paraphrased), JCOA Interview, 5 March 2015

- "**We have used forward operating bases now for so long, that what's in everybody's mindset . . . Literally. . . . 'Okay, I'm here. Where's my desk and my computer so that I can go to work. Where's my theater-provided equipment, where's my truck?'** The realization of actually opening up an immature theater and establishing again… we really haven't done that, in my opinion, since we went into Afghanistan way back when, and then obviously setting our footprint in Iraq. **So, many of the soldiers that did that 12, 14 years ago; lessons learned from that in terms of establishing yourself in that theater have really kind of been lost**."

  USARAF G-4, JCOA Interview, 5 December 2014

Operating in an Immature Theater (3 of 3)

- After 13 years in Iraq and Afghanistan, the US military has certain expectations. **We presume that a medical support network will be there.** The military medical infrastructure and establishment were built in Iraq and Afghanistan, and over time, medical units deployed there didn't bring their own equipment. They fell in on the previous units' equipment. **We got out of the expeditionary mindset. When was the last time we bare-based for a mission? It was 2001 for me, going into Afghanistan.**

USARAF Surgeon (paraphrased), 14 November 2014

Unit and Individual Preparations (1 of 3)

- "**We've got to make sure, you know, that we continue to train our forces on what expeditionary deployments are. . . . We've gone from CONUS to Afghanistan or Iraq [into] fully developed operating bases, combat outposts, [with] full fiber. Everything you see that was here, we put in . . . every bit of it**. . . . [We] shook off a lot of rust over the past 10 years building a footprint, contracting that, getting the architecture up." *MG Gary Volesky, JFC-UA, Commanding General 101st AASLT, JCOA Interview, 23 February 2015*

- **Another issue was deployment training requirements**—these were difficult to define and complete within the standard of GFMAP plus 30 days. **Units are used to deploying to Iraq and Afghanistan, where they had long lead times to prepare. We have lost our ability to deploy rapidly**.

  USAFRICOM GFM/JOPES Planners J-354 (paraphrased), JCOA Interview, 21 November 2014

- There is a terrible presumption that we will be able to use local medical capabilities when conducting operations. **We aren't training our medical people in expeditionary medicine.** We don't have it in our training pipeline.

  USARAF Surgeon (paraphrased), 14 November 2014

Unit and Individual Preparations (2 of 3)

- **You are only as good as your movement guy**. Once you have the unit and cargo identified, you have to develop loads plans—pallet numbers, configuration etc. This has to be done before USTRANSCOM will schedule a mission. **It is typically done by enlisted personnel, E-3—E-4, some of whom don't have a lot of experience or competency. It typically only takes about 20 minutes for a qualified person to develop a load plan, but it is a show stopper.**
- **Another aspect of this issue is that a unit might be identified for a mission, but it wasn't clear what that meant in terms required equipment and supplies.** We need to get better at this. Once a unit is identified, they should send a 4-/5-person advance team forward to get better situational awareness on actual requirements for the unit. This didn't happen.

USAFRICOM GFM/JOPES Planners J-354 (paraphrased), JCOA Interview, 21 November 2014

Unit and Individual Preparations (3 of 3)

- "Subordinates got frustrated, especially with changing policy and doctrine. **For example, PPE (personal protective equipment): some people landed with gas masks. SMEs weren't listened to, which was part of the issue.** PPE was also a monetary issue. Since SMEs were taken out of the conversation about PPE, DASD Smith had to stop the shouting."

USAFRICOM J-4/6, JCOA Interview, 19 February 2015

- "We all have this image of the US military popping in, standing up, and engaging. Not the case. At the embassy here, we provided a lot of support to DOD for a long time. **For example, one of the earliest military guys to arrive showed up with a credit card and no cash, so we had to front some money to him.** We were happy to help, but they should have known better about some things. They should have talked to USAFRICOM."

Deborah Malac, US Ambassador to Liberia, US Embassy Monrovia, JCOA Interview, 18 February 2015

Rapid Response HQ

<u>Finding</u>: The use of a Service component HQ, although limited in capability, enabled immediate operations and allowed time to prepare a tailored HQ and response force.

Why it happened:

- The decision to use an Service component command (SCC) to establish the JFC provided agility, speed, and cohesiveness as a bridging solution, which allowed follow-on forces time to prepare.
- USARAF did not deploy their billeted contingency command post (CCP); they selected personnel as a rapid response HQ.
- An SCC provides limited initial response capabilities; however, sustained use will negatively affect routine steady state operations.

"We were doing exactly what GEN Odierno envisions. We were the right athlete at the right time."

MG Darryl Williams, CG USARAF, JCOA Interview, 19 November 2014

Use of a Service Component HQ

- The decision to use the JFC-UA versus a JTF, hinged on avoiding delays creating and sourcing a JMD.
- The SCC provided the agility, speed, and cohesiveness for the immediate DOD need.
- Initial use of USARAF provided the bridging solution, which allowed follow-on forces to prepare.

Deborah Malac, US Ambassador to Liberia, and MG Darryl Williams, commanding general of USARAF, near Tubmanburg, Liberia. (USARAF photo courtesy US Embassy Liberia)

"It [Theater Army] has limited capabilities to perform two other roles—JTF 11 headquarters for a small contingency and joint force land component command for a small contingency."

FM 3-94, April 2014

Recommended Theater Army Mission and METs

Doctrinal Role	**HQ Mission per MTOE:** The Theater Army Headquarters performs primarily as the Theater Army Headquarters for the Geographical Combatant Commander (GCC). In peacetime and wartime, the geographical Theater Army Headquarters is responsible for administrative control (ADCON) of all Army forces in the Area of Responsibility (AOR); integrates Army forces into the execution of theater engagement plans; and provides Army support to joint forces, interagency elements, and multinational forces as directed by the GCC. Performs operational level functions for land forces within a joint campaign in addition to Theater Army Headquarters responsibilities. The Theater Army Headquarters may serve as a Joint Force Land Component Commander (JFLCC) headquarters for major combat/land operations or theater war. When complexity or span of command necessitates, the Theater Army Headquarters functions as the Theater Army Headquarters and JFLCC simultaneously. (FMSWeb, FY 15/16 approved MTOE) **Doctrinal Mission:** The theater army enables the combatant commander to employ landpower anywhere in the AOR across the range of military operations. It commands all Army forces in the region until the combatant commander attaches selected Army forces to a JFC. When that happens, the theater army divides its responsibilities between the Army component in the joint operations area (the ARFOR) and Army forces operating in other parts of the AOR. Each theater army supports the Army strategic roles—prevent, shape, and win—and facilitates the use of landpower in JTFs. The theater army is deeply involved in security cooperation across the region. The theater army is organized, manned, and equipped to be the ASCC for that geographic combatant command. It has limited capabilities to perform two other roles—JTF headquarters for a limited contingency operation and joint force land component command for a limited contingency operation. (FM 3-94, p 2-1, APR 2014)
HQ capabilities	▪ **Serve as the primary interface between DA, Army Commands, and other ASCCs** ▪ **Develop Army plans to support the theater campaign plan within that AOR** ▪ **Tailor Army forces for employment in AOR** ▪ **Control RSOI for Army forces in the AOR** ▪ **Exercise OPCON of deployed Army forces not subordinated to a JFC** ▪ **Exercise ADCON of all Army forces operating within the AOR** ▪ **Provide support as directed by the combatant commander to other Service forces, multinational forces, and interagency partners** ▪ **Exercise OPCON (Note 1)** ▪ **Provide planning support to the GCC (Note 2)**
Tasks Essential to the HQ Capabilities	▪ **Establish the theater architecture to provide ADCON, ASOS, and Army Executive Agent support.** ▪ **Execute RSOI** ▪ **Execute OPCON of Army forces** ▪ **Control current operations** ▪ **Conduct detailed analysis and develop estimates** ▪ **Plan future operations** ▪ **Form a M/JFLCC or JTF HQ**
Mission Essential Tasks Of the Theater Army	**USARAF Current METL** •OP 1.2.4: Conduct Operations in Depth •OP4: Provide Operational Sustainment •OP 5: Provide Command and Control (C2) •OP 5.5: Establish, Organize, and Operate a Joint Force Headquarters **USARAF Proposed METL** •OP 1.2.4: Conduct Operations in Depth •OP 2.1: Establish the Intelligence Enterprise •ST 4.0: Sustain Forces •OP 5: Provide Command and Control (C2) •OP 5.5: Establish, Organize, and Operate a Joint Force Headquarters •OP 7.3: Conduct Security Cooperation and Partner Activities

JFC versus JTF

- We didn't go with a JTF because of the JMD. JTF JMDs are so hard to fill. The Services have to nominate bodies. **You won't get a coherent staff with the JTF JMD**. That's not the way to go in a crisis if you have to operate quickly. **We needed a coherent staff. That's why we didn't call it a JTF.**

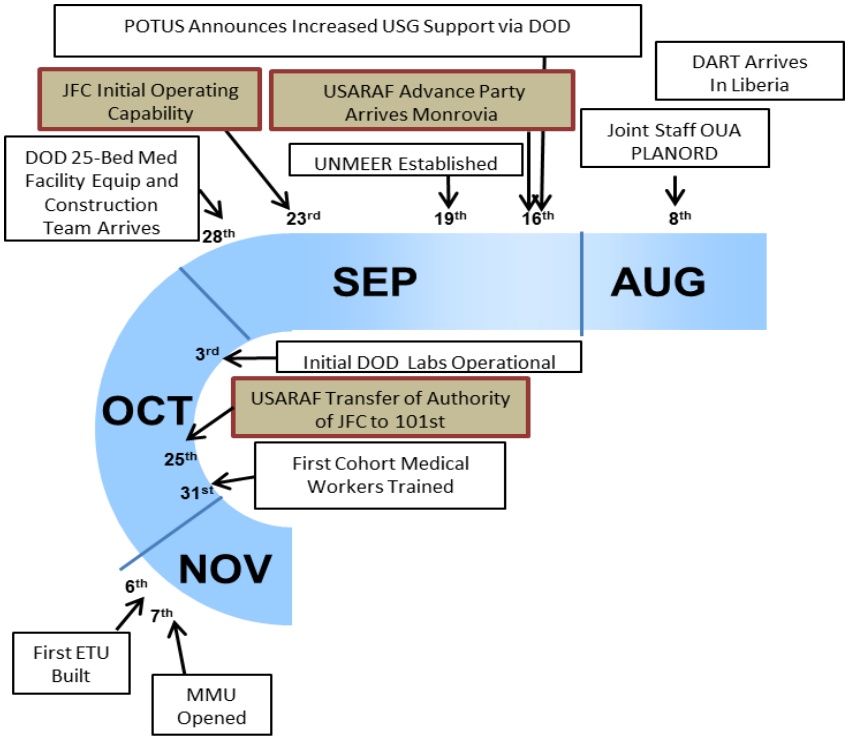
  MG Bryan Watson (paraphrased), USAFRICOM J-3, JCOA Interview, 10 December 2014

- The suggestion to stand up a JFC, and not a JTF, was approved to accommodate the increased political visibility of OUA. The JFC was decided because it would not get bogged-down in JMD/Services/GFM process like a JTF. Additionally, this improved reaction time and could then work on the RFF.

  BG Donald Bolduc (paraphrased), USAFRICOM Deputy J-3, JCOA Interview, 18 February 2015

- General Rodriguez had the authority to standup a JTF. There was no appetite for a JTF. **A JTF means Service adjudication of a JMD, which can easily take 90 days** and is why the Services are JTF-killers. There is tremendous difficulty establishing a JTF for a short- duration operation. *USAFRICOM J-5 (paraphrased), JCOA Interview, 10 December 2014*

Agility, Speed and Cohesiveness



– "The ASCC, this is their sandbox, so he doesn't need a deployment order to come to Liberia. You know, **when the president made the announcement on the 16th, he was here on the 17th. USARAF, as the ASCC, they don't need any permission**. I had to wait until the 26th of September until I got approval to fly, and . . . oh, by the way . . . we had to draw our PPE and conduct all the preparation training."

MG Gary Volesky, JFC-UA, Commanding General 101st AASLT, JCOA Interview, 23 February 2015

– "And I say that because **what really mattered was speed. What the ASCC** [Army Service component command] **provided was the ability for a two-star senior leader [and] heavy command element to come forward, get on the ground, and start setting the theater for the follow on forces**. . . . I personally thought USARAF, under Gen Williams leadership, really did a good job of coming in and being able to do that in a quick and flexible manner, and that was what the mission required at the time—speed and flexibility."

Defense Attaché, US Embassy Monrovia JCOA Interview, 17 November 2014

Bridging Solution

- "**Without the ASCC, we would have been hanging out at the airfield waiting to figure out where we were going to live**. . . . Darrell's [Williams] folks coming in here and . . . his ability to tell me, 'Hey, here's what we're seeing on the ground; here's what the ambassador is thinking; here's what the DART team lead is thinking.' Through this whole process, I'm on the phone with him or doing VTCs, so by the time I am deploying … **It's more of relationship handover than it is trying to figure out what is going on, because he's already been on the ground for 38 days**. . . . If you are going to have to blow out on [a] short timeline, . . . ASCC is going to be critical to do just what Darrell Williams did, and get people on the ground to assist with RSOI [reception, staging, onward movement, and integration]."

  MG Gary Volesky, JFC-UA, Commanding General 101st AASLT, JCOA Interview, 23 February 2015

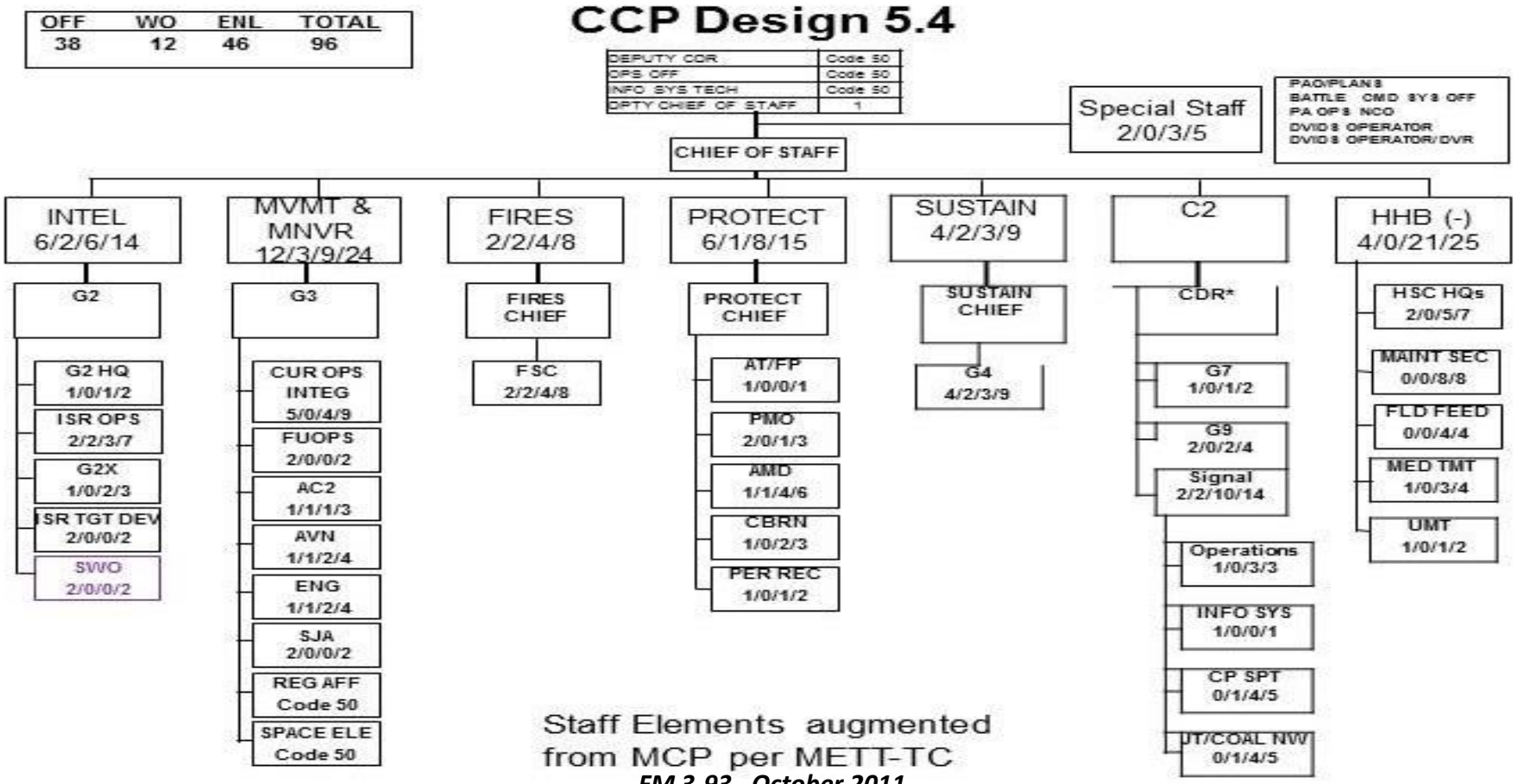
- USARAF went in and did a great job setting up; **they did what they needed to do while we kind of worked the command and control** structure. . . . We wanted a division headquarters base; we didn't ask for Army specifically, but that's what we got. **In my opinion, for future JTFs or future JFC that is probably the best model to follow**.

  BG Donald Bolduc, USAFRICOM Acting J-3 for OUA (paraphrased), JCOA Interview, 18 March 2015

Billeted CCP Composition (1 of 4)

– "They call us the 'Mighty 14,' [those] that went in early—a bunch of colonels and a few enablers with me. We had the ability to move at the speed of trust. We synchronized the hell out of each other every single day, all day."

MG Darryl Williams, CG USARAF, JCOA Interview, 19 November 2014



FM 3-93 , October 2011

Billeted CCP Composition (2 of 4)

- "There needs to be some capability forward; here steady state has people manning the JOC and if something happens, they change their hat, pack their bags, and go. Big Army is reducing the [CCP] capability from 96 billets to 26 spots over next two years. We have a two-year window to have the [CCP] capability. If next month we went to a different country to do this, we would do this differently; it didn't help in OUA. **The operation did more to invalidate the [CCP] concept**. . . ."

MG Darryl Williams, CG USARAF, JCOA Interview, 19 November 2014

- "**The CCP is broke, and we need to figure out what it should be.** Should it be standing or a battle roster. **The CCP has 15 intel billets assigned to G-3. They don't work for me, and they don't train with me.** So those who went, weren't engaged with G-2. G-3 doesn't train and doesn't work for **me. . . . We had the CCP capability, but it wasn't necessarily the right folks.** Had brand new privates."

USARAF G-2, JCOA Interview, 18 November 2014

- **We just need to put the right people in the right place.** The CCP is a capability. Regarding preparation, **we didn't have experience deploying the CCP to the continent.** We need to bring the CCP into the COIC, integrate with the USARAF main staff, and be prepared to pick up and move when needed. **They need to build relationships with the main staff.**

USARAF Command Sergeant Major (paraphrased), JCOA Interview, 19 November 2014

Billeted CCP Composition (3 of 4)

– "By design, we have a contingency command post (CCP) and main command post (MCP). The intent is to have a leadership command and control core that can deploy for operations. The concept CCP would deploy while the MCP drives on with the rest of the continent. **We decide on a case-by-case basis who goes with the CCP**. The JTF can be resourced internally, or we can request a plug. For OUA, we decided that the COS would stay here and run the MCP, while the CG went forward for the operation. **The G-357, COL Minor, serves as the COS for the CCP.** The commander went forward early with the G-3, G-4, engineering lead, surgeon, and civil affairs for a leader's reconnaissance. So we had the core of leadership forward. We built the headquarters forward in an evolutionary way and changed the footprint as the mission evolved. When the CG went down, it was intended to be a 2-day reconnaissance. **COL Minor was still in the rear**. My intent was to focus on the MCP operations. We rapidly realized the extent of the operation, the high level of attention, and the impact of having the CG forward."

USARAF Chief of Staff, JCOA Interview, 18 November 2014

– **The USARAF CCP was employed, but there is no exercise of CCP "as a headquarters" capability.**

USARAF G-3 GFM/JOPES Branch Chief (Paraphrased), JCOA Interview, 17 November 2014

Billeted CCP Composition (4 of 4)

- "We have a contingency command post (CCP) that includes 17 G-6 slots, but they answer to the G-3, not to the G-6. There was a lot of disconnect. They are the ones who have the deployment role for contingency communications. They were brought [aboard] Vicenza only two days before being pushed forward to Liberia. I kept asking where the CCP was. It was eventually brought in to USARAF, but deployed forward quickly subsequent to that. **Three or four of the G-6 personnel assigned to the CCP remained in Vicenza. Meanwhile, USARAF deployed six G-6 from the USARAF garrison main command post** (MCP) to Liberia and one to Senegal."

  USARAF G-6 Planner, JCOA Interview, 18 November 2014

- CCP is already there and ready doing exactly what OUA required. The CCP is modular, meaning it's scalable and tailorable. **CCP MTOE is about 100 people, but we have about 50.** We have many skill sets; so each person in the CCP is "tailorable." They operate at all levels—strategic, operational, and tactical like OUA—which is what we did.

  USARAF Chief of Operations (Paraphrased), JCOA Interview, 21 November 2014

- The problem was the way G-2 is structured. We had 10 people in the CCP. We were disconnected from the G-2; **we were not used to working together with the main G-2. We are normally under the J-3**.

  USARAF J-2 (Paraphrased), JCOA Interview, 17 November 2014

Limited Capability

- "There were two decisions that we struggled with: 1) we never had a real chief of staff there and 2) the planners were here in Vicenza. We had split command and control. We had FUOPS, CUOPS, and other planning horizons. COL Minor was the USAFRICOM RFF JFC chief of staff, but he stayed here in Vicenza. The center of gravity for the planning was here. The G-3 was forward with me. I would have moved the center of gravity forward and brought more people forward in hindsight. . . . **I should have had more planners forward.**"

MG Darryl Williams, CG USARAF, JCOA Interview, 19 November 2014

- "Their challenge is they're not manned to be a JTF. **They don't have a robust staff.** A division has the capacity that they don't have. Planning is one part. **Just the J-codes or G, you know, -1, -2, -3, -4, bring so much more capacity than an ASCC has**." *MG Gary Volesky, JFC-UA, Commanding General 101st AASLT, JCOA Interview, 23 February 2015*

- **There weren't any public affairs people with the CG in the initial group.** The CG arrived in Liberia on 16 September, **the PAO arrived on 1 October**. We focused on the external demand for information. It was what we could do and what would bring the biggest bang. Within DOD channels, there was a lot of pressure for us to provide photographs of ETU construction, etc. There were a lot of internal DOD requests. We took a beating early on. We were getting a large number of requests for interviews and for embeds from the media.

USARAF PAO (Paraphrased), JCOA Interview, 13 November 2014

Problematic Sustained Operations (1 of 2)

4-2. The CCP is capable of providing limited mission command of operations. Normally, mission command requires the CCP to operate continuously 24 hours a day, seven days a week from initiation of the operation until completion, or until it is relieved. The CCP provides two fully functional 12-hour shifts to operate the current operations integration cell. Other staff capabilities, which are not required on a continuous basis, are organized to provide 24-hour on-call services, as required. The design team determined 30 days of continuous operations is the upper limit for the CCP to mission command operations. However, the CCP is capable of operating beyond 30-days, if augmented or performing relatively simple operations. Thus, the decision on whether or not to employ the CCP for a given mission involves taking fully into account the CCP's inherent capabilities and limitations.

FM 3-93 , October 2011.

- We need a Service C2 headquarters. Not a component command, especially not a component that is dual-hatted between two CCMDs. **USARAF went into the tank when we gave them this operation; they couldn't do anything else. They lost all their Title 10 jobs.**

MG Bryan Watson (paraphrased), USAFRICOM J-3, JCOA Interview, 10 December 2014

- "**USARAF has a very limited capacity to perform and sustain multiple operations** while planning and programming for the future execution. **This branch is resourced to support two operations and exercises simultaneously, while performing planning in two future fiscal years' submissions as steady state. OUA with LION FOCUS 14 (JR15) presented the third and exceeded our capacity.**"

USARAF G-3 GFM/JOPES Branch, JCOA Interview, 17 November 2014

Problematic Sustained Operations (2 of 2)

- "But who would run the steady-state activities? . . . We can assume risk with a shorter time duration. **If it lasts longer, there's more risk to the steady-state activities** . . . . I wish we had a deputy COS and a deputy G-357. The deputy CGs are both reserve. We activated one, BG Corey, and pushed him forward. It took a couple of weeks to do. I have to fill the deputy CG role too when we don't have one here, so I was not completely focused on the staff functions. [The deputy CG] knew the staff, so he wasn't unfamiliar with the people or procedures. He's not completely integrated in the staff, but mainly supports exercises. . . . **We're understaffed**."

  USARAF Chief of Staff, JCOA Interview, 18 November 2014

- **We proved they could do it, with DLA partnering, but it is not good doctrine. USARAF took risk with their other Title 10 theater responsibilities**. They could do this because DLA was there.

  Commander DLA Europe & Africa (paraphrased), JCOA Interview, 5 March 2015

- **I was drastically understaffed because my guys were sent forward.** The other J-codes had the same problem. **We're not supposed to deploy. I thought that was the function of the CCP.** The staff works exercises and has experience on the continent so our people were selected to go forward. **The remaining CCP guys manned our JOC here, but they were not well blended with the remaining rear staff.**

  USARAF G-6 Planner (paraphrased), JCOA Interview, 18 November 2014

Collaborative Information Environment

<u>Finding</u>: Multiple domains, partners, and networks exacerbated challenges with information technology, knowledge management, and information sharing, which impeded DOD's ability to collaborate.

Why it happened:

- Information technology challenges (multiple domains, limited bandwidth, etc.) slowed network formation and extended the JFC's timeline to reach full operational capability.
- Inefficient internal information sharing and knowledge management mechanisms and procedures hindered DOD collaboration and effectiveness.
- Cross-organizational information sharing was inhibited by DOD network restrictions and the lack of standardized system for sharing with partners.

"The JCSE equipment that came forward . . . was pointing at the USAFRICOM server. The stuff that we took with us down there, organically, was pointing at USAREUR. So document sharing—being able to see things that people were putting on the collaborative site—was nearly impossible."

JFC-UA J-3, USARAF, JCOA Interview, 6 January 2015

Information Technology Network Challenges

- Forces from commands with different home station networks (USAFRICOM, USEUCOM, and FORSCOM) could not easily join the JFC's network.
- The JFC had to re-baseline computers from outside of the USAFRICOM's domain before they could operate on the network; this took up to 90 days for some units.
- The JFC had limited bandwidth on SIPRNET and CAC-enabled systems, limiting the quantity and speed of the information sharing.

DJC2 used by JFC-UA, JCOA photo, February 2015

Multiple Networks

Forces from commands with different home station networks (USAFRICOM, USEUCOM, and FORSCOM) could not easily join the JFC's network.

- We were pointing at several different networks. **The environments we lived in now were based in Italy and a legacy layover from being a USAREUR-supporting HQ for SETAF; we are still pointed here at the USAREUR backbone**—USEUCOM/USAREUR servers, accounts, things like that. **The JCSE equipment** that came forward, which supported part of our command element, **was pointing at the USAFRICOM server**.

JFC-UA J-3 (paraphrased), JCOA Interview, 6 January 2015

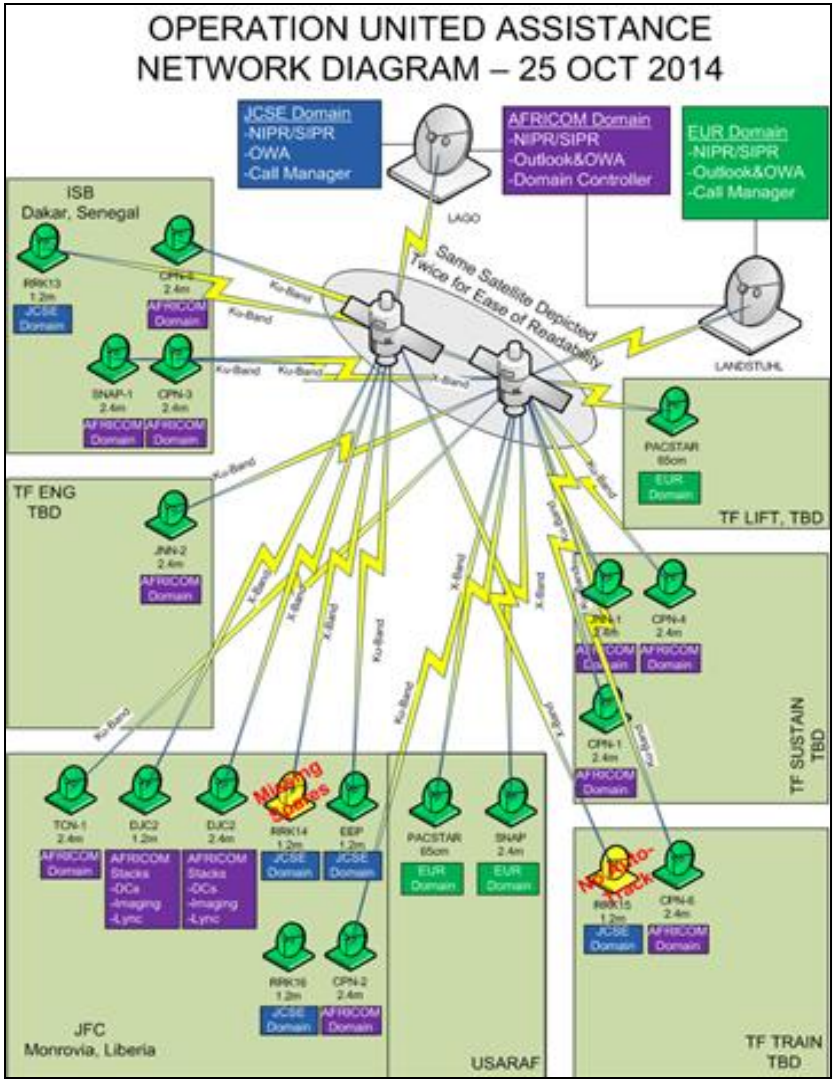
- We have steady-state issues at USARAF since we are on the USEUCOM domain and USAFRICOM is on the USAFRICOM domain. **We have the dynamic of a GCC and component headquarters that reside in another GCC's AOR**.

USARAF G-6 (paraphrased), JCOA Interview, 19 November 2014

- We have templates for Army-centric command posts. This was a joint operation with other Services TACON to us. So, we used the Joint Communications Support Element (JCSE), but because of the nature of the operation, USAFRICOM wanted to have the follow-on forces on the USAFRICOM domain enclave. That was a significant deviation from what DJC2 would normally do. **Our organic communications wouldn't support being on the USAFRICOM enclave**, so we had to set it up for the transition to the 101st.

USARAF G-6 (paraphrased), JCOA Interview 19 November 2014

OUA Network Diagram



Provided by USARAF G-6 email, 9 June 2015

Reconfiguration Challenges

- Our deployed package included three domains. The number of networks and level of interoperability posed some challenges. When we transitioned to the 101st, the intent was to leave them with NIPRNET and SIPRNET within the USAFRICOM enclave with the DJC2. USARAF couldn't take advantage of the DJC2 capability because of the **time constraints and the need to reconfigure it to the USAFRICOM domain**.

  JFC-UA J-6 (paraphrased), JCOA Interview, 19 November 2014

- In order for the 101st systems to work on the USAFRICOM domain, **all baselines had to be programmed on every system.** The USAFRICOM J-6 sent out CDs to baseline all the computers they were bringing. About 60 percent were pre-baselined prior to arrival; this took 90 days. Because a**ll Services have different baselines**, it's complex to create a common baseline. It probably won't happen within the next 5 years.

  USAFRICOM J-6 (paraphrased), JCOA Interview, 19 February 2015

Limited Bandwidth (1 of 2)

- This NIPRNET is going thru a Liberian telecom internet service provider, just like you have in your house. I don't know where else that has been done. **We're using their internet to do operational work**.

JFC-UA J-6 (paraphrased), JCOA Interview, 21 February 2015

- Africa is not digitally enhanced like other areas, so the products are analog (i.e., COP). Information sharing is a problem. First is bandwidth. **Get more bandwidth, get the communications package there. Not just for us but for all (including the embassy)**. We took maps from Google Earth, added data to them and then pushed them forward. We built a slide and faxed it forward. G-2 used GeoInt and created a COP map. We used manual processes for development and distribution.

USARAF G-2 (paraphrased), JCOA Interview, 19 November 2014

Limited Bandwidth (2 of 2)

- You may have to do something with a spreadsheet or a whiteboard because your normal systems may not be operational. It's back to basics. **We eventually got a satellite moved to provide blue force tracking** (BFT) for the aircraft, but it could have been done differently if necessary. There are ways to do it. You don't need all the gee-whiz systems to conduct operations. Figure out what the minimum requirement is to start doing missions now.

JFC UA J-3 (paraphrased), JCOA Interview, 20 February 2015

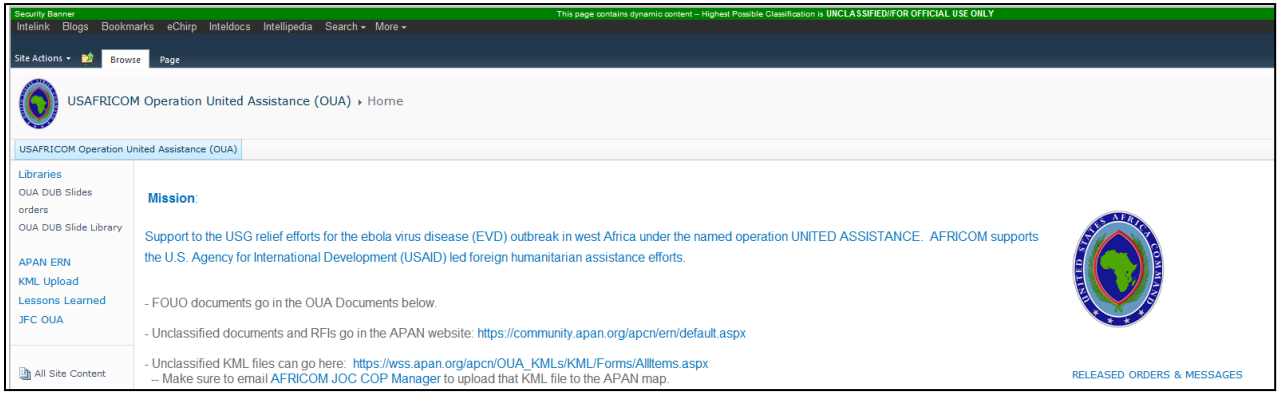
- It starts at the bottom; we used Blue Force Tracker for the helicopter, but **with the initial mission analysis, there is no satellite coverage in Africa for BFT**. We had to get the CCMD to move the satellite, at an enormous price.

JFC UA J-6 (paraphrased), JCOA Interview, 21 February 2015

Dish antenna utilized by JFC-UA communications suite; JCOA Photo, February 2015

DOD Information Sharing and Knowledge Management Challenges

- The use of SIPRNET to generate and pass much of the critical information constrained collaboration and workflow within the JFC.
  - Many of the JFC's subordinates had little or no SIPRNET capability.
  - Much of the information passed over SIPRNET was unclassified and had to be manually recreated and transferred to the NIPRNET.
- The lack of commonly used information sharing and knowledge management tools, such as a portal and standard operating procedures, made information sharing difficult and inconsistent.



USAFRICOM OUA NIPRNET Intelink Portal and APAN Portal

Internal SIPRNET Constraints (1 of 2)

- The use of classified systems is absurd. **Everything is on SIPRNET, even if it is unclassified information**. It's a mindset, and the resultant amount of time spent on SIPRNET is ridiculous. It's an 80/20 SIPRNET/NIPRNET ratio of where the work gets done. How do you shove stuff from SIPRNET to NIPRNET? I was wasting time retyping information on NIPRNET. The October brief to the MNCC was unclassified. **We need to get out of the mindset and force ourselves to exercise in an unclassified environment**.

USAFRICOM J-4 (paraphrased), JCOA Interview, 11 December 2014

- Everybody that we were working with down there was operating off of what we came to affectionately refer to as the dirty internet and so there was **not a lot of utility in SIPRNET**. We made the decision to take out the hard drives and stuff like that and reconfigure most of our computers to work off of the NIPRNET because that's where most of the information we were operating with was located. Still **USAFRICOM, USARAF rear, Joint Staff, everybody else was pushing documents on the SIPRNET side**.

USAFRICOM J-3 (paraphrased), JCOA Interview, 6 January 2015

Internal SIPRNET Constraints (2 of 2)

– We had a very limited number of SIPRNET computers, so we had a lot of latency in getting a piece of information, of being able to access a computer in order to get the information we needed to respond. It was a **very, very cumbersome process to try and take those critical pieces of information from SIPRNET and get them into a realm where they could be used by the community**, which was not operating off the SIPRNET or anything like it.

JFC UA J-3 (paraphrased), JCOA Interview, 6 January 2015

JFC-UA JOC, JCOA photo, February 2015

Portals and Procedures Challenges (1 of 2)

- **It's really knowledge management, not communications**. With enterprise email you can access email from other locations. **It's the SharePoint portals that are the problem across domains**. They are currently very restricted; they need to be addressed DOD-wide.
- Enterprise email is a good example. You get on the computer with your CAC, and you can access email through Outlook Web Access. That kind of enterprise solution has not been applied to SharePoint portals. **We need a deliberate decision by the command to move our SharePoint to an enterprise SharePoint.**

USARAF G-6 (paraphrased), JCOA Interview, 19 November 2014

- If there is a standard in USARAF, we didn't use it. No standard. It was difficult to find stuff. **A document was posted, and then we had to go find it. Some terminals were on the EUR domain and some were on the USAFRICOM domain.** Intel worked on SIPRNET, so there very few NIPRNET terminals.

USARAF G-2 (paraphrased), JCOA Interview, 17 November 2014

Portals and Procedures Challenges (2 of 2)

- T**he USAFRICOM folks were hanging documents *over here* on SharePoint**, and they are living, breathing documents, to include the different mods that came out to the base order that we were operating off of. So that's *over there*. **And you had to be on one set of computers in order to be able to access those shared documents**. There were a very limited number of those at our JOC.

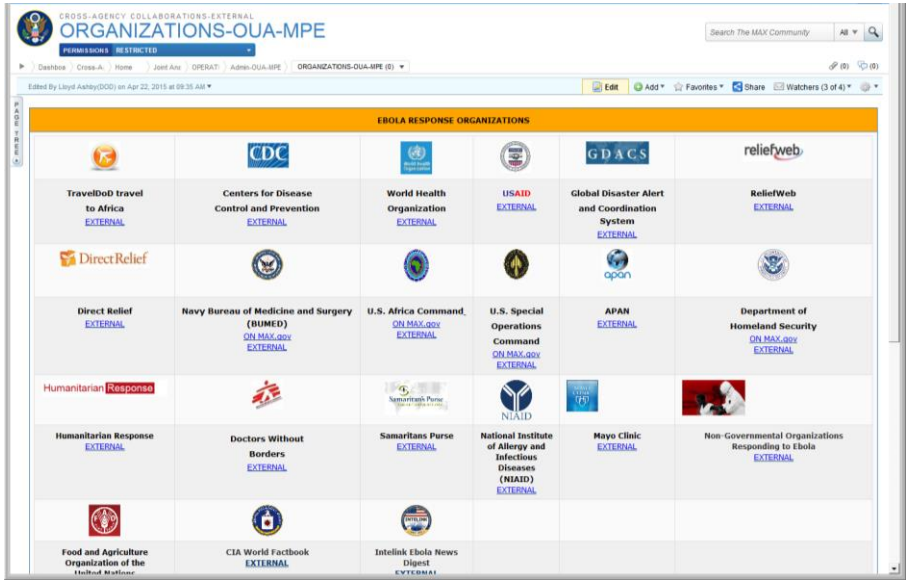
  USARAF G-3 (paraphrased), JCOA Interview, 5 January 2015

- There were two SIPRNET and two NIPRNET computers that were pointed at USAFRICOM, and **if I wanted to collaborate on SharePoint with the folks back here in the rear, then I had to be on a different system. I had to physically get up from one location, move to another, log on to a different computer in order to be able to look at—to contribute to—these documents**. Of course, I couldn't walk a product between the two—it had to be recreated. All that was problematic, and **SharePoint was not very useful. It all came back to email.** We would download a large presentation, make modifications, send it out by email, and then rely on others to upload it in a timely manner into SharePoint.

  JFC-UA J-3 (paraphrased), JCOA Interview, 6 January 2015

Cross-Organizational Collaboration

- Using SIPRNET and CAC-enabled NIPRNET systems in austere HADR environments excludes other agency partners from collaboration.
- Online collaboration tools, such as APAN, are not widely utilized or accepted across all agencies, which inhibits effective collaboration.



Max.Gov listing of Ebola Response-Related Sites

National Ebola Command Center, Monrovia, Liberia; JCOA photo, February 2015

Cross-Network Sharing

- Everybody was operating on what came to be referred to as "the dirty internet." We made the decision to point and take out hard drives and reconfigure most of our computers to work off of the NIPRNET. A very cumbersome process to try and **take critical pieces of information from SIPRNET and get them into a realm where they could be used by the community**, which is not operating off of the SIPRNET or anything like it.

  JFC UA J-3 (paraphrased), JCOA Interview, 6 January 2015

- Knowledge management was difficult for us because **we initially used SIPRNET and worked with DOS and USAID who use NIPRNET.** Most of the stuff for the operation was unclassified, so why do we use SIPRNET?

  USARAF G-3 (paraphrased), JCOA Interview, 14 November 2014

- **USAFRICOM uses SIPRNET for the most part**. We had to defend why we needed two SIPRNET terminals. Then when things would come on SIPRNET, my guys were bumped off SIPRNET to check it. **The things from the UN, NGOs, et al. were on UNCLASS networks.**

  JFC-UA J-2 (paraphrased), JCOA Interview, 17 November 2014

Collaboration Networks and Sites (1 of 2)

- "Develop a common communication network within the USG that will facilitate unclassified data sharing between interagency and external entities ([e.g.,] UN, NGOs)."

  MG Darryl Williams, JFC-UA CG, Forming a JFC in Response to a HA Mission, 4 November 2014

- One example of a **problem is information management**. There is a lot of information out there. **OFDA funds ReliefWeb and it is internationally recognized**, yet DOD tries to develop unclassified systems to provide a single source of information. **APAN for example**—it is not DOD's role to coordinate with NGOs etc. There have been a number of studies by RAND and others showing the system **does not work**. Yet, the USAFRICOM J-6 pushed this solution because he had used it in Afghanistan.

  USAID/OFDA Representative (paraphrased), JCOA Interview, 24 November 2014

- As far as APAN goes, it's been the collaboration tool of choice. Also available was UN ReliefWeb, Intelink, and WASP. You need to pick one and stick with it to do the commercialized (dirty) collaboration with NGOs or whoever I want on this side.

  JFC-UA J-6 (paraphrased), JCOA Interview, 21 February 2015

Collaboration Networks and Sites (2 of 2)

- **APAN was the accepted solution for USARAF. It was not a very effective tool. It was not embraced by our interagency partners**. People were hesitant to use it because the rules of disclosure were not well-defined. Spillage to the public domain was a valid concern. There were foreign disclosure concerns.

USARAF G-6 (paraphrased), JCOA Interview, 19 November 2014

- **Use of APAN was implemented although needlessly controversial**. APAN is a very easy cloud-based service tool, very similar to a blog. Individuals believed that the information they posted could not be controlled and would be used against their career and **didn't see it as a collaboration tool**. APAN was the best tool to use in this information permissive environment. Other UNCLASS systems require extensive work defining what portals, email systems and collaboration tools (non-CAC) to use. APAN can be a completely closed system with individual access given on a request/verification basis or open to all.

JFC-UA J-6 (paraphrased), JCOA Interview, 19 February 2015

Main Response – Support and Enable USAID

Overcoming initial complications, DOD supported and enabled successful USAID-led whole-of-government (WOG) efforts to contain EVD.

Findings:

- Policy shortfalls, highlighted by the unique nature of the mission, as well as a competition for resources, resulted in centralized decision-making, slowing the response and limiting mission command.
- DOD's initial presence inspired confidence and fostered quick wins while proactive, on-the-ground leadership managed expectations.
- Personal engagement and adaptive mechanisms mitigated persistent difficulties coordinating and collaborating in a complex interorganizational environment.
- DOD overcame complex challenges to establish requested EVD healthcare and logistical support.

DOD brought speed and scale to the problem during the interim—until other government departments could respond. We were fortunate in keeping it limited in scope, and we stuck to the narrative. *Michael D. Lumpkin (paraphrased), ASD/SOLIC, JCOA Interview, 3 March 2015*

Response and Mission Command

<u>Finding</u>: Policy shortfalls, highlighted by the unique nature of the mission, as well as a competition for resources, resulted in centralized decision-making, slowing the response and limiting mission command.

Why it happened:

- Other global priorities led to a competition for key resources requiring high-level adjudication of DOD-unique capabilities.
- Policy and guidance shortfalls resulted in centralized decision-making.
- Centralized decision-making delayed execution.
- Constraints on subordinate decision-making limited mission command.

There came a point when there was churn in DC to do something. The guidance wasn't clear what we should do, but there was demand to do something in response to the outbreak.

Ambassador Phillip Carter III (paraphrased), USAFRICOM Deputy to the Commander for Civil-Military Engagements, JCOA Interview, 9 December 2014

Potential Impact to Other Military Operations and National Security Situations

- DOD does have other national security priorities. Sequestration was raising its head again. The military was busy.
- For the Ebola Round Table discussion, I outlined the contours of the debate, described the concerns about mission creep and the potential for impact on other military responsibilities.

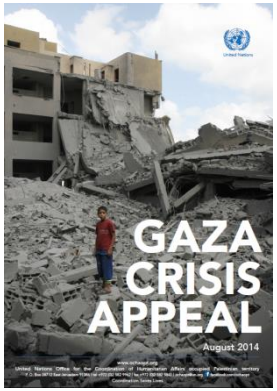
Dr. Christopher Kirchhoff (paraphrased), Special Advisor to the Chairman of the Joint Chiefs of Staff, JCOA Interview, 15 January 2015

ISIL Crisis in Iraq and Syria. Photo: Reuters

Schoolgirls kidnapped by Boko Haram, April 2014

Afghanistan Operations

Nuclear Negotiations with Iran, November 2014. Photo: AFP Joe Klamar



Israel-Gaza Crisis, 2014

Russia-Ukraine Crisis Negotiations, August 2014. Photo: EU

Centralized Decision-Making due to Policy Shortfall (1 of 3)

- It was a **centralized process** because the **policy decisions were not made first** (e.g., authorities). *OSD(P) Stability Ops Officer (paraphrased), JCOA Interview, 12 January 2015*
- **Normally, the policy is set** and then the J-3 writes the EXORD using execution language. Administratively, they were **reluctant to set a policy**. We expected a memo but they thought a meeting sufficed. For OSD, they would discuss policy at a meeting, but **not write** out a formal policy on paper.
- This was done **backwards**; OSD used the staffing process of the EXORD to get the policy discussion out—if we decided that we wanted to build ETU or not do any patient care, they would say let's staff the EXORD instead of setting policy. Policy should come out, and then the EXORD. *JS J-35 (paraphrased), JCOA Interview, 14 January 2015*
- **Where was the decision making body** for what DOD could or couldn't do in OUA? The decision making body was the Ebola Task Force **in the Pentagon**, so every requirement went from USAID to the DOD Task Force in the Pentagon and came out as modifications to the EXORD for USAFRICOM.
- We have **centralized decision making** because we're worried about constraining forces and funding, so in the beginning it was cumbersome.

MG Bryan Watson (paraphrased), USAFRICOM J-3, JCOA Interview, 10 December 2014

Centralized Decision-Making due to Policy Shortfall (2 of 3)

– "DOD would be asked by the White House, 'Are you going to do X?' They would reply, 'USAID hasn't tasked us to do X.' That would result in blowback on us. So, as soon as we saw something that we thought DOD could do, we put it in the MITAM. We threw **everything onto the MITAM to politically protect ourselves**. DOD had been using the MITAM as a political shield to say that they were only doing what USAID had officially asked for. . . . The MITAM is a tactical and operational tool with discussion and decision in the field. **DC is not normally part of the discussions.** There was a disconnect between DC and the field. . . . It should have been a field decision from our vantage point. But **everything we [were] asking DOD for was sparking into policy decisions**."

USAID Senior Leader, JCOA Interview, January 2015

Centralized Decision-Making due to Policy Shortfall (3 of 3)

- The MITAM process itself, within the DOD, became a mess again because **policy and strategy were ill-defined**. The result was **OSD had to make decisions about the taskings/requests** in the MITAMs. . . . It was used to drive policy, and JS and OSD would argue about the language in the MITAMs.

USAFRICOM J-35 (paraphrased), JCOA Interview, 9 December 2014

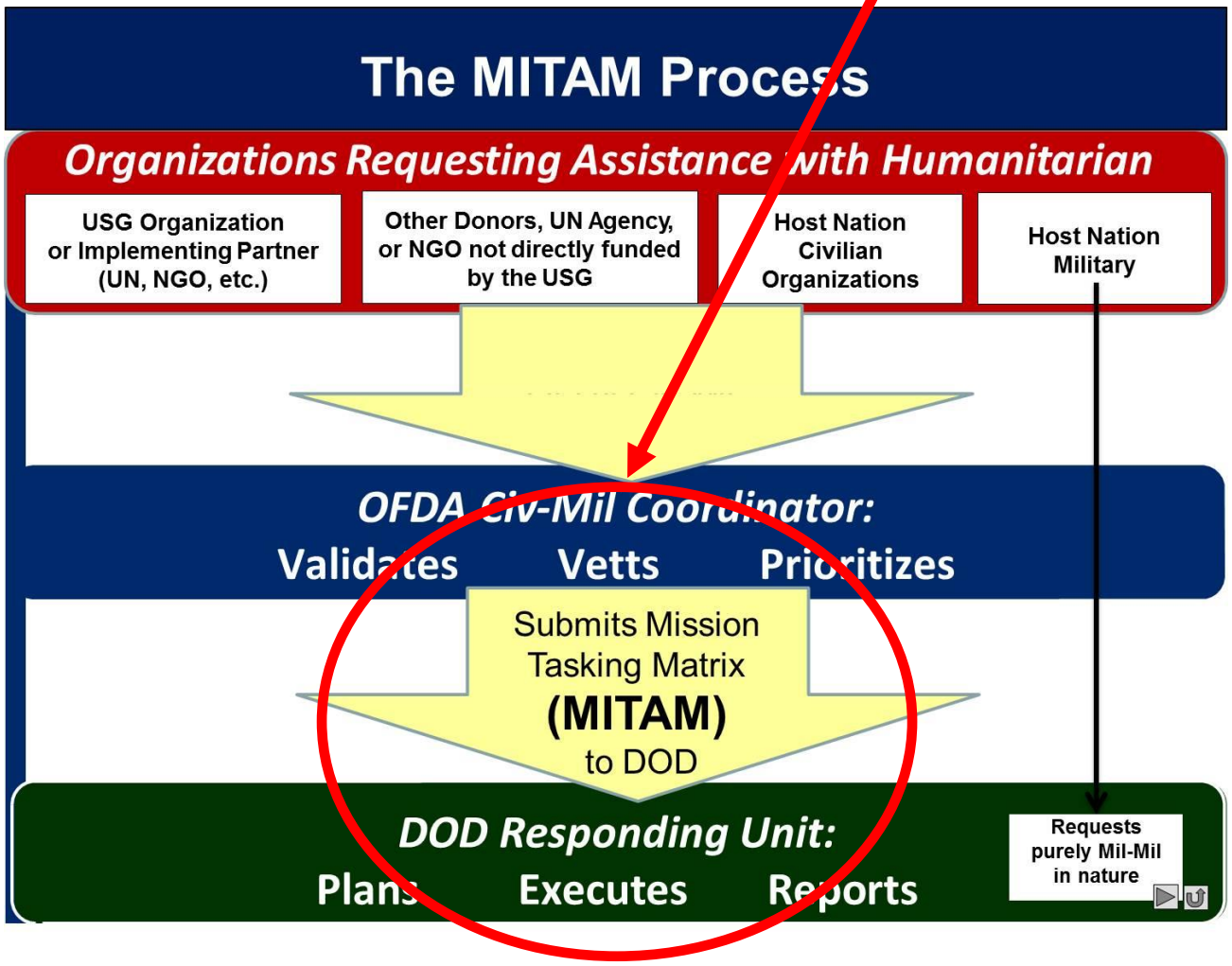
- Additionally, the MITAM process was intended to be a tactical tool. DOD needed to review the policy on MITAMs since **ASD wanted MITAMs to streamline the normal EXEC SEC process**. The normal process is to use an Executive Secretary request process, which goes to an OSD office for response determination, and then an action memo—this is **too bureaucratic and untimely**.

JS J-35 (paraphrased), JCOA Interview, 12 January 2015

MITAM Process

MITAM Process (Generic)

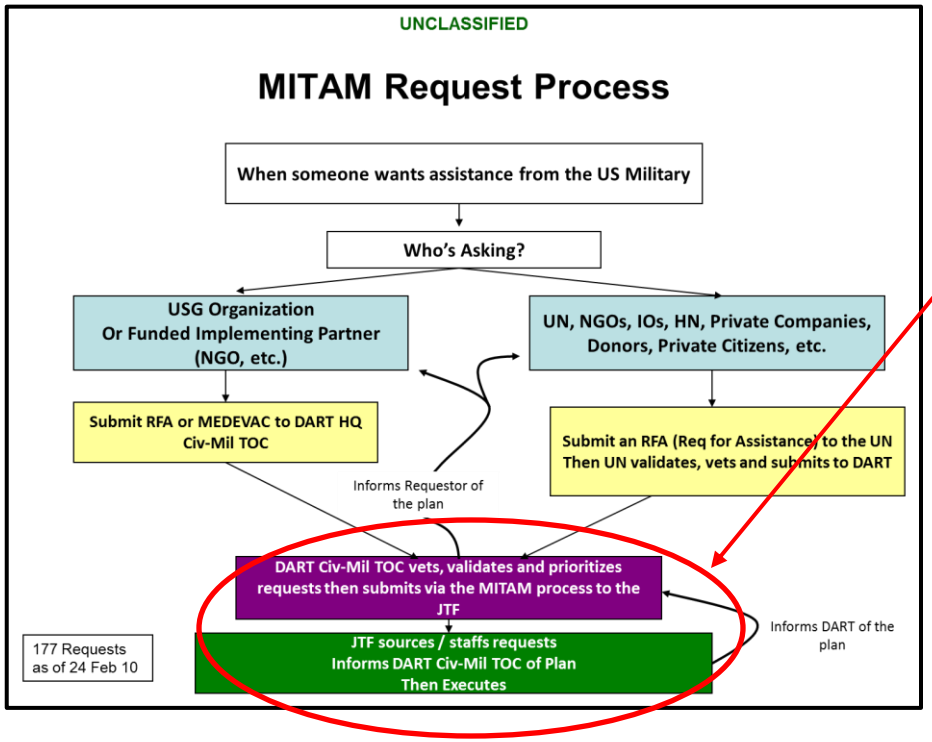
USAID (DART) requests to DOD



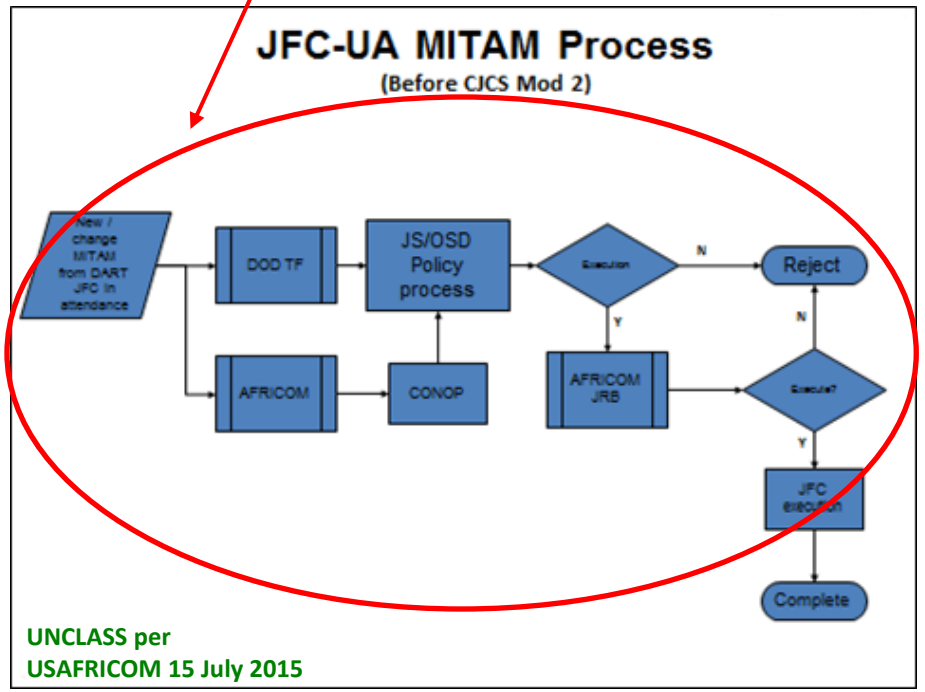
MITAM Decision Making Differences

MITAM decision process in Haiti
(DART request to JTF who executes = one step)

MITAM decision process in Liberia
(DART request to OSD (Ebola TF) = multi-step starting in Pentagon)



Haiti - January 2010



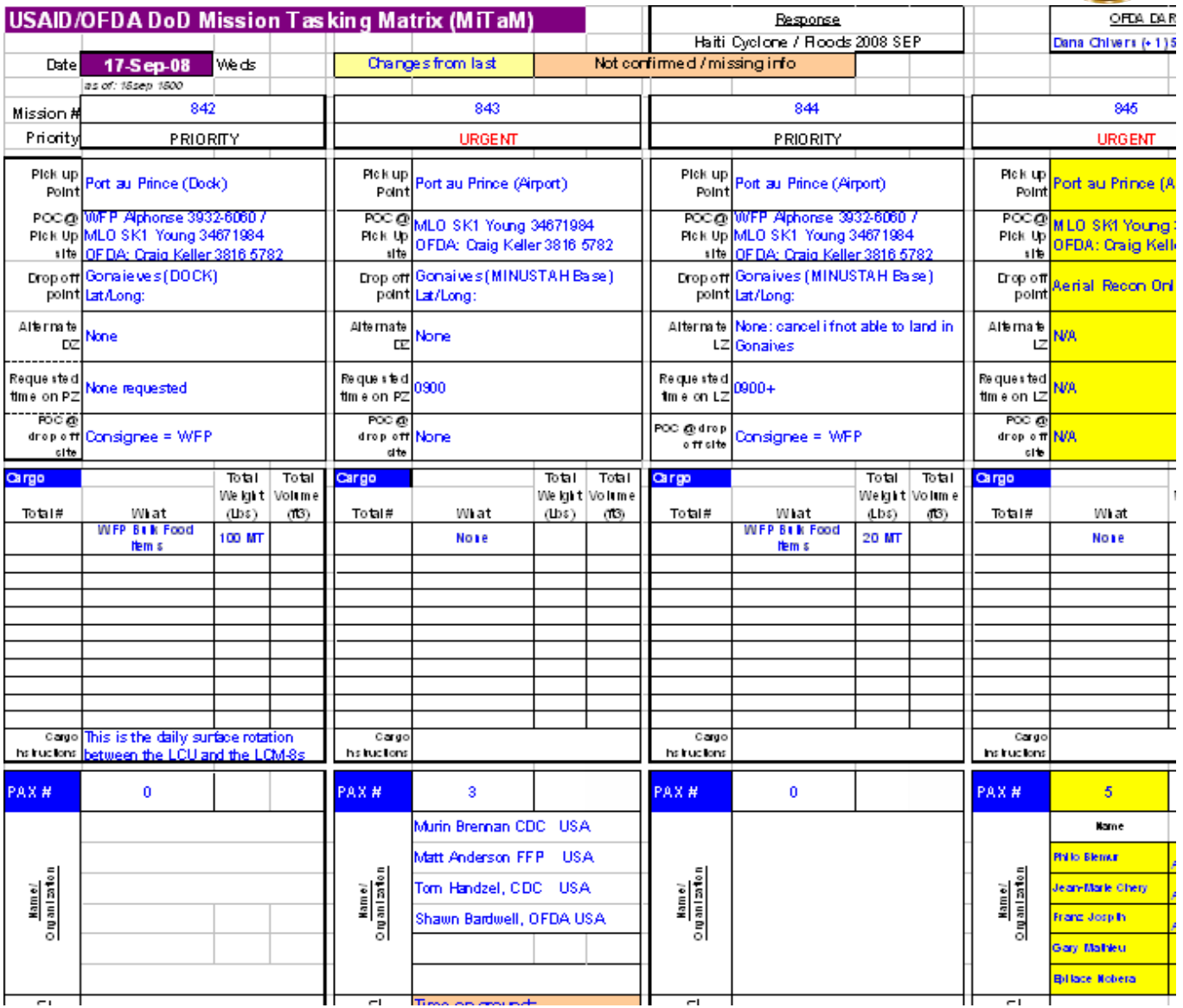
Liberia – October 2014

MITAM request process used in Liberia is likened to a US Army CBT requesting CAS by sending a request from the CBT TOC to AFSTAFF in Pentagon for adjudication.

USAID (ODFA) MITAM

"Standard, field-tested process for validating, prioritizing, and submitting requests **for DOD tactical-level support** during disaster response."

-- USAID



USAID/OFDA DoD Mission Tasking Matrix (MiTaM)

Response: Haiti Cyclone / Floods 2008 SEP

OFDA DAR: Dana Chivers (+1)5

Date: 17-Sep-08 Weds (as of: 16sep 1600) — Changes from last — Not confirmed / missing info

	842	843	844	845
Priority	PRIORITY	URGENT	PRIORITY	URGENT
Pick up Point	Port au Prince (Dock)	Port au Prince (Airport)	Port au Prince (Airport)	Port au Prince (A
POC@ Pick Up site	WFP Alphonse 3932-6060 / MLO SK1 Young 34671984 OFDA: Craig Keller 3816 5782	MLO SK1 Young 34671984 OFDA: Craig Keller 3816 5782	WFP Alphonse 3932-6060 / MLO SK1 Young 34671984 OFDA: Craig Keller 3816 5782	MLO SK1 Young OFDA: Craig Kell
Drop off point	Gonaieves (DOCK) Lat/Long:	Gonaives (MINUSTAH Base) Lat/Long:	Gonaives (MINUSTAH Base) Lat/Long:	Aerial Recon Onl
Alternate DZ/LZ	None	None	None: cancel if not able to land in Gonaives	N/A
Requested time on PZ/LZ	None requested	0900	0900+	N/A
POC @ drop off site	Consignee = WFP	None	Consignee = WFP	N/A

Cargo

Total #	What	Total Weight (Lbs)	Total Volume (ft3)
	WFP Bulk Food Items	100 MT	

Cargo Instructions: This is the daily surface rotation between the LCU and the LCM-8s

Cargo

Total #	What	Total Weight (Lbs)	Total Volume (ft3)
	None		

Cargo Instructions:

Cargo

Total #	What	Total Weight (Lbs)	Total Volume (ft3)
	WFP Bulk Food Items	20 MT	

Cargo Instructions:

Cargo

Total #	What
	None

Cargo Instructions:

PAX #	0	3	0	5
Name/ Organization		Murin Brennan CDC USA Matt Anderson FFP USA Tom Handzel, CDC USA Shawn Bardwell, OFDA USA		Name Philo Blemur Jean-Marie Chery Franz Joseph Gary Mathieu Wallace Ribera

MITAM Tracker (Requests for Support From the US Military): DART-Monrovia

as of: **5/21/2015**

Mission #	Prioritization & Type: URGENT Priority	Routine	Mission Details: Consignee/ Requestor	Task	Submitted Date	STATUS as of NOW: Complete (Date)	Working / On -Going	Cancelled by Requestor	Not Done / specify Reason	Submitted
1	X		DART	Monrovia Medical Unit	09.04.14		Expect to be operational on or about 20 October			
1.1	X		DART	ADVON Team	9.10.14					
1.2	X		DART	Med Planner for 25 Bed	9.10.14					
1.3		X	DART	Life sustainment for staff of 25-Bed	9.28.14					
2	X		DART	3 Person DART Augmentation	9.07.14					
3	X		DART	1200 Cots sourced and transport	9.09.14	x				
4	X		DART	2 Mobile Labs	9.10.14	2/2 Ooperational on 3 OCT 14	x			x
5	X		DART	1000 Cots sourced and transport	9.11.14	X				
6	X		DART	Med Planner on the DART	9.15.14			Arrived. MITAM CANX by DART		
7	X		DART	75 GP Medium Tents,	9.16.14	Arrived 1 OCT. Army has postive control at Crowley				
8	X		DART	131 GP Large Tents	9.16.14	Arrived 1 OCT. Army has postive control at Crowley wharehouse				
9	X		DART	ETU Construction	9.25.14		X			
9.1	X		DART	Tubmanberg ETU Construction	9.25.14		X			
9.2	X		DART	Gbarnga ETU Construction	9.25.14		X			
9.3	X		DART	Site Survey	9.28.14	X				
9.3.1	X		DART	Ganta ETU Construction	10.01.14					X
9.4	X		DART	Site Survey	9.28.14		ETC 5 OCT			
9.4.1	X		DART	Tappita Construction	10.01.14					
9.5	X		DART	Site Survey	9.28.14		ETC 5 OCT			
9.5.1	X		DART	Zorzor Construction	10.01.14					X
9.6	X		DART	Site Survey Cesto	9.28.14		ETC 9 OCT			
9.6.1		X	DART	Cesto City Construction	10.01.14					X
9.7	X		DART	Site Survey	9.28.14		ETC 5 OCT			
9.7.1	X		DART	Voinjama Construction	10.01.14					X
9.8	X		DART	Buchanan Construction	9.30.14					X
9.9		X	DART	Site Survey	9.30.14		ETC 9 OCT			
9.9.1		X	DART	Barclayville Construction	10.01.14					X
9.10		X	DART	Site Survey Bopolu	9.30.14		ETC 9 OCT			
9.10.1		X	DART	Bopolu Construction	10.01.14					X
10	X		Save the Children	ETU Gravels	9.25.14		Delivery scheduled 6-7 OCT			
11		X	DART	2200 Cots	9.25.14	Arrived 2 OCT storing at WFP				
12	X		DART	4 Mobile EVD Test Labs	9.26.14		RFF at AFRICOM ETA 01 NOV			

OFDA/DART

Centralized Decision-Making Delaying Execution (1 of 3)

- Some **policy issues, such as those regarding the parameters of what DOD elements would be allowed to do, should have been determined earlier**. In the end, the answer from DOD was 'no.' We **lost weeks waiting** for the policy debate to play out.

  Deborah Malac (paraphrased), US Ambassador to Liberia, US Embassy Monrovia, JCOA Interview, 18 February 2015

- Policy **discussion went on a long time**. Questions weren't easily resolved, in that people had not thought about it **delayed responses**. So at the operational and tactical levels **they were waiting** to get issues resolved.

  Beth Cole (paraphrased), USAID CMC Director, JCOA Interview, 20 January 2015

- I think broad **policy issues had not been worked out** . . . for example, the MMU—who can use it and what is its purpose? Instead, we **spent time worrying about what uniforms** civilians are going to wear.

  USARAF G-3 (paraphrased), JCOA Interview, 17 November 2014

- There was a lack of national guidance, so it was hard to determine policy. USAFRICOM was, rightly, asking for guidance, but **Joint Staff didn't have answers** right away because of the lack of national guidance and definitions. The process was **not quick enough for crisis action**.

  JS J-4 (paraphrased), JCOA Interview, 14 January 2015

Centralized Decision-Making Delaying Execution (2 of 3)

- "Initially [the **largest consumption of time** was] **policy decisions** that had to be made. USAFRICOM would give [a] swag and send it up to JS/OSD. Example: disposition of equipment that could be purchased and used by [the] host nation that were bought by OHDACA funds." *USAFRICOM J-3, JCOA Interview, 18 February 2015*

- "The request was put through the DOD chain of command to USAFRICOM, and then to the Joint Staff and OSD. There was a lot of discussion as to whether DOD would do it. **It was hard for us to know what we could count on.** The Joint Staff was nervous, fearing that activities would raise the risk of forces contracting Ebola. It **was an overarching theme.** Most operations don't require such difficult policy decisions. The MITAM process was built to be operationally focused. It was not designed to surface and resolve policy issues. The "last mile" logistics request **discussion went in circles for weeks before it was decided**."

  Jeremy Konyndyk, OFDA Director, USAID, JCOA Interview, 21 January 2015

- At first, all the MITAMs **went thru a DOD Ebola WG**, causing up to **a 96-hour delay**. We couldn't support every request since some crossed the Chairman's redlines (no direct patient care and DOD-unique capability). However, this did allow DOD to "clear fires," but **USAFRICOM didn't like this due to the long delays**. MOD 2 to the EXORD codified the procedure. This is a lesson: **we need to codify the criteria**.

  JS J-35 (paraphrased), JCOA Interview, 12 January 2015

Centralized Decision-Making Delaying Execution (3 of 3)

– "We [JS J-5] were in support to USAID, and not the lead. There was a desire from the policy prospective that the **military wasn't going to become the 'EASY button**,' and a desire to ensure MITAMs were vetted. We were only going to provide what couldn't be acquired through other means. We attempted to vet MITAMs to ensure requests were for unique capabilities and that DOD was able to provide them. This **created a lag**."

JS J-5, JCOA Interview, 15 January 2015

Adverse Impact on Mission Command (1 of 2)

"Mission command is the conduct of military operations through decentralized execution based upon mission-type orders. Successful mission command demands that subordinate leaders at all echelons exercise disciplined initiative and act aggressively and independently to accomplish the mission."

Joint Publication (JP) 3-0, Joint Operations, 11 August 2011

- "**Our need to pursue, instill, and foster mission command is critical to our future success** in defending the Nation in an increasingly complex and uncertain environment."

  GEN Martin Dempsey, CJCS, Mission Command White Paper, 3 April 2012

- It was a real challenge in setting the theater with what some people refer to as the 8000-mile screwdriver—people inside the Pentagon wanting to control what people would say. [These issues] are really operational- and tactical-level things.

  JFC-UA J-3 (paraphrase), JCOA Interview, 6 January 2015

Adverse Impact on Mission Command (2 of 2)

– "The **basic principles of mission command—commander's intent, mission type orders and decentralized execution**—are not new concepts. They are part of current joint and Service doctrine. But this is not enough; we will ask more of our leaders in the future. Conduct of mission command requires adaptable leaders at every echelon."

GEN Martin Dempsey, CJCS, Mission Command White Paper, 3 April 2012

"**Commander's intent** represents a unifying idea that allows **decentralized execution within centralized, overarching guidance**. It is a clear and concise expression of the purpose of the operation and the military end state. It provides focus to the staff and helps subordinate and supporting commanders take actions to achieve the military end state without further orders, even when operations do not unfold as planned."

JP 1-0, "Doctrine for the Armed Forces of the United States," Joint Command and Control, 25 March 2013

"Essential to mission command is the thorough knowledge and **understanding** of the **commander's intent** at every level of command and a command climate of mutual **trust** and **understanding**. Under mission command, commanders issue mission-type orders, use implicit communications, delegate most decisions to subordinates wherever possible and minimize detailed control.

JP 3-31, "Command and Control for Joint Land Operations," Chapter IV, Operations, 24 February 2014

"**Combatant Commands** rely on mission command to set conditions for numerous subordinate actions. These higher headquarters focus on design and planning activities and **share their understanding** and **provide guidance and intent** to help set conditions for their **subordinates to execute**."

Mission Command and Cross-Domain Synergy," JS J7 Insights and Best Practices Focus Paper, March 2013

Adverse Impact on Mission Command (Guidance) (1 of 3)

- It [**execution guidance] was unclear**. Specifically, what I remember was in the beginning with OUA there was a **disconnec**t between the USAID director and DART on the ground in Liberia. The USAID Director said one thing, and DART in Liberia said requirements were something else. There was a further disconnect in that the JS J-5 and OSD-P **did not trust** the MITAMs and wanted to turn it [the matrix] into a process for policy. So neither USAID nor DOD had their house in order.

  USAFRICOM J-35 (paraphrased), JCOA Interview, 9 December 2014

- "Basically **tactical level drove policy**. Policy was then defined through the EXORDs. The operational/tactical level was moving fast but the policy/strategic level moved slower. The pace of the operations **did not allow for clear guidance** to the CCMDs due to the policy lag (i.e., strategy lag). Multiple EXORD changes were required for clarification."

  OSD(P) Stability Operations, JCOA Interview, 12 January 2015

- "[In order to have had a better response, I would have changed] **policy.** Specifically, strategic **guidance on 'what is DOD supposed to do,'** and get it earlier. We spent a month planning to do everything, then were just told to plan for a 25-bed MMU."

  USAFRICOM J-4 JLOT Team, JCOA Interview, 12 December 2014

Adverse Impact on Mission Command (Guidance) (2 of 3)

- The "bumper sticker" ones (strategic guidance issuances) were clear. The technical **understanding (explanation) direction** that came with it **was ornamental and not helpful**. It was like a "Christmas tree" that everyone had to hang their ornaments on. **Everyone was looking at it from their point of view**.

USARAF J-33 (paraphrased), JCOA Interview, 17 November 2014

- At first we were told this was not going to be a DOD problem, and then it was and we had to go broader. **Strategic guidance did not catch up** with us. The **thought process** was geared to a generic crisis response. A pandemic is different: you can't catch a typhoon; you can't catch a hurricane; you CAN catch Ebola. Guidance was needed.

USAFRICOM J-35 (paraphrased), JCOA Interview, 9 December 2014

Adverse Impact on Mission Command (Guidance) (3 of 3)

- "OUA was just an EVD response; we were planning just to plan, with nothing on the shelf. We **planned for everything** and **had no guidance**. What would the response be? How many troops on the ground? We were bouncing all around. We then thought of the concept of LOG support, **without any J-3 guidance**."

  USAFRICOM J-4 Plans Team, JCOA Interview, 12 December 2014

- "**The biggest problem** was—and it seemed to be true for most of these African crises—**strategic guidance doesn't really crystallize until they want something 'now.'** The events kind of come to a boil and then higher headquarters (wherever that comes from) all of a sudden know what they want, then they want it right away**. We spun**; we did several planning efforts for weeks on stuff; we never even executed."

  USAFRICOM J-4 Plans Team, JCOA Interview, 12 December 2014

- "What **change** would there be in order to have a better response? Policy. Specifically, strategic guidance on '**what is DOD supposed to do**' and **get it earlier.** We spent a month planning to do everything, then just told to plan for a 25-bed MMU."

  USAFRICOM J-4 Plans Team, JCOA Interview, 12 December 2014

Adverse Impact on Mission Command (Mission Orders) (1 of 4)

- You want policy objectives that overlap at some point so that commensurate authorities for forces and funding can be given. In the current environment it is all about focus on giving forces and giving dollars. With Mission Command, there is a flow of overlapping policy to broad authorities to use forces and dollars. You then **trust people to execute**. But starting with the focus on the dollars and force, the flow is **upside down**. And you end up with **micro-policy crafting micro-authorities** to constrain the dollars and forces. It's amazing to me.

  MG Bryan Watson (paraphrased), USAFRICOM J-3, JCOA Interview, 10 December 2014

- "OSD 'hijacked' a tactical process because **they wanted more visibility to monitor what USAFRICOM was going to do** for USAID."

  USAFRICOM J-35, JCOA Interview, 9 December 2014

- "**It wasn't really strategic guidance**, but really crisis response. It was clear that we would support combatting the virus. That's what we did do. There were iterations with the Chairman that resulted in narrowing our efforts to four military lines of effort."

  Maj Gen Shepro, JS J-5, JCOA Interview, 12 January 2015

Adverse Impact on Mission Command (Mission Orders) (2 of 4)

- One of our challenges was that **we weren't given a good problem definition** by national authorities. For example, we were told to build ETUs, but no one had a plan. There weren't any defined requirements for what an ETU needed to be.

  AMB Phillip Carter III (paraphrased), USAFRICOM Deputy to the Commander for Civil-Military Engagements, JCOA Interview, 9 December 2014

- "It was almost like **knee jerk policy statements -** like we will not be involved in this we'll just send a hospital, but now we're going to put thousands of people on the ground, but no one's going to touch/you won't do anything. Ok, you might manage the ETUs and the hospital but you'll not come into any contact with the patients or people. So we started asking if you want us to manage the hospitals, are we doing security? Absolutely not. Well we have to do some force protection. So the **policy statement would come out and we'd ask the follow-on questions** and you understand the implications of what you're telling us we might have to do is…and it almost seemed **like they didn't think of that** and well, **let's churn on this some more**."

  USAFRICOM J-4 Plans, JCOA Interview, 12 December 2014

Adverse Impact on Mission Command (Mission Orders) (3 of 4)

- "**Trust the field**. DC made a lot of decisions for this operation. They should remain strategic and not get into the tactical decisions. **DC needs to do the strategic decision-making and give direction, but not dictate the color of t-shirt**s that should be worn. We didn't do a good job of keeping the strategic out of the tactical in Haiti. I saw the same sorts of things happening for the Ebola outbreak."

  Former USAID OFDA Advisor to USAFRICOM Commander, JCOA Interview, 23 March 2015

- "The **guidance was,** come up with some COAs to **support the efforts against the Ebola** in Africa. And they specifically asked for the ISB option and afloat staging base option. And what was so funny was inside the OPT I asked, and I've asked this question before, 'well **what's the mission**?' 'We want you to do some stuff and the COAs are using an afloat staging base or an ISB.' 'Well what's the mission? **What do you mean do something** to help the effort against Ebola?' The **mission was pretty thin** so the COAs we developed were very generic in nature and just, we can put these capabilities nearby which can do stuff. It briefs well but it was a lot of work and time and, of course, it didn't really translate into what we ended up doing."

  USAFRICOM J-4 Plans, JCOA Interview, 12 December 2014

Adverse Impact on Mission Command (Mission Orders) (4 of 4)

- **What were the strategic objectives**? At what point did someone say, "This is what we will achieve in Africa? Except for fighting the disease. That, bending the curve in cases, is **an operational or tactical objective, not strategic**. No one said we are going to spend $750M. No one said this is what we want you to accomplish as a strategic objective. We went from 5000 to 8500 personnel on the continent in a short period and no one stated a strategic objective. Who owns that strategic objective when USAID is the lead federal agency under Department of State. Who owns the crafting of the strategic objectives? It's not DOD.

- The **National Security Council wants to focus down here** on forces and dollars and from that craft policy and objectives. I'm frustrated by the National Security Staff process. The focus is on the number of forces, amount of funding, and time it will take. Having **a strategic objective and clear signal** from the national security level **would have helped** to drive the Services to cooperate. All the Services saw this operation as an irritant. The Department of Defense didn't stand up and say, "Services, you will do this." The Joint Staff has lost the gumption to force the source.

MG Bryan Watson (paraphrased), USAFRICOM J-3, JCOA Interview, 10 December 2014

Adverse Impact on Mission Command (Decentralized Execution) (1 of 2)

- The issue there was the use of MITAMs to do aid, it's **a tactical coordination tool not a policy process tool**. MITAMs **had to go to the SecDef and Joint Staff** for approval. If you had OSD policy guidance you could do it; if you didn't you had to go up and get it. MITAMs couldn't serve two masters. We need to put speed back in the process.

USAFRICOM J-3 (paraphrased), JCOA Interview, 9 December 2014

- "The MITAM is great **when the decision authority is in the field**. It's not designed for approval decisions. It formalizes taskings agreed to in the field. It **doesn't work well as a policy resolution tool**. Factors that impacted this operation were: **a disconnect** in the **decision making** structure, **policy** issues, and a part of DOD leaning back. It forced us to be creative and pushed the MITAM into a role that it was not designed to do."

Jeremy Konyndyk, OFDA Director, USAID, JCOA Interview, 21 January 2015

Adverse Impact on Mission Command (Decentralized Execution) (2 of 2)

– "The meaningful decisions are made in the field. It eventually became clear that **the JFC-US advance team didn't have authority to make decisions** regarding DOD support. The actual decision makers in DOD were **not clear** to us. There was a tug-of-war at the Pentagon. And the people working in the Pentagon appeared to have little visibility regarding the conversations taking place in the field. So the initial phase was **exceptionally difficult and not productive.** We need a better system to ensure that the right levels of authority are talking to each other."

Jeremy Konyndyk, USAID OFDA Director, JCOA Interview, 21 January 2015

Confidence, Leadership, and Quick Wins

<u>Finding:</u> DOD's initial presence inspired confidence and fostered quick wins while proactive, on-the-ground leadership managed expectations.

Why it happened:

- The announcement of DOD involvement and its immediate presence provided hope, but created unrealistic expectations.
- In-theater leadership engagement reinforced roles as well as set and managed expectations.
- "Quick wins" demonstrated early success and created necessary space for the arrival of follow-on forces and activities.

They hadn't had hope for months. The US military arrival provided more than hope of survival; it allowed them to believe that they could beat the disease.

JFC-UA Chief of Staff (paraphrased), JCOA Interview, 23 February 2015

Hope and Expectation

AMB Malac with AFL, USARAF photo/ Released, 15 October 2014

HOPE

– "The biggest impact was the announcement itself and having those boots on the ground, even if the US military hadn't done anything else. The psychological impact was transformative to the Liberians. You have to understand the environment at that point in time: by July, August, September there were dead bodies in the street, in the ocean. People were beyond afraid; they were despairing. The change was palpable within 24 hours of the president's announcement. The US military could have just shown up and not done anything else."

Deborah Malac, US Ambassador to Liberia, JCOA Interview, 18 February 2015

BUT WITH…

EXPECTATION

– "We discovered here that it took longer than expected to respond. It took time to determine who would respond (i.e., the designation of the 101st AASLT) and time, once the 101st got on the ground, to get going on outbreak-related activities. We all have this image of the US military popping in, standing up, and engaging. That's not the case. . . ."

Deborah Malac, US Ambassador to Liberia, JCOA Interview, 18 February 2015

AMB Malac on site visit with Liberian President Sirleaf , USMC SP-MAGTF Combat Camera, 20 October 2014, Released

Hope (1 of 3)

– Our presence provided an immediate impact as it gave a feeling of hope and that the world cared. Being there in uniform didn't change the number of cases, but it changed what had been a great sense of hopelessness to one of hope and the feeling that there was something that would provide a fix to what had seemed to be without a solution. . . .

USARAF Chaplain (paraphrased), JCOA interview, 13 November 2014

Dear Colonel Reynolds,

… It is said it that anybody can run towards the light. However it takes courage and wisdom to run towards darkness and shine your own light on it. This is exactly what you and the United States Army has done. ***While the rest of the world were running away and shutting their [borders] on us, you ran towards the darkest part of our history and had thrown your own light on it. As a result, everybody in the street of Monrovia is now saying things are getting better.*** *This is not because the deadly infection is going down, but because the fear that crippled us initially is no more because of the presence of your "light"*

Please extend our love and appreciation to General Williams and his men and women in uniform. God bless you and God bless America!

Toni Kumi, Liberia Embassy Worker

Armed Forces of Liberia officer speaks with the community members about an Ebola treatment unit to be built in their village. (U.S. Army Africa photo by Pfc. Craig Philbrick/ Released)

– "Of all the things the military did, 90% of the battle was just showing up."

Deborah Malac, US Ambassador to Liberia, JCOA Interview, 18 February 2015

Hope (2 of 3)

– One thing I didn't appreciate until I was on the ground in Liberia was the level of despair in the country. There was **very little hope**.

USARAF Surgeon (paraphrased), JCOA Interview, 14 November 2014

– "The announcement happened in the evening here because of the time difference. The next morning, there was **a buzz that was amazing**. It gave the **Liberians the belief that they would get out of this**, that they were not alone. Prior to this, the borders had been closed, some commercial aircraft had quit flying here, the country was being isolated because of the outbreak. The **announcement was a game-changer**."

Deborah Malac, US Ambassador to Liberia, JCOA Interview, 18 February 2015

– "That cannot be underestimated. [They would say,] 'Sir, you are the US military; **you always win. You give us hope**.' That's what people were saying to me."

MG Darryl Williams, JFC-UA Commanding General, JCOA Interview, 19 November 2014

Hope (3 of 3)

– "[In Liberia] the fact the **United States** was coming **brought hope** to the country. In September, the Minister of Defense was literally at the Security Council, speaking in front of the Security Council saying that **the country's existence was in jeopardy**. He might have been exaggerating a little bit, but it was pretty dire. The fact that we chose to send the military . . . in Liberia it was very well received, and in general, what **we did was we brought hope**. Liberians like having the US military here, they like seeing the **helicopters flying around** visible to **show the US is here**."

Defense Attaché, US Embassy in Liberia, JCOA Interview, 17 November 2015

Locals in Ganta, Liberia, observe a CH-47F Chinook helicopter deliver supplies to an Ebola treatment unit, 9 December 2014. US Army photo by Sgt. Jose Ramirez

– We hear two things over and over. Every week, the Deputy Minister of Defense says, 'When we saw the **US Army show up**, we **had hope**, and we knew we **could beat it**.' They hadn't had hope for months. The US military's arrival provided more than hope of survival; it allowed them to believe that they could beat the disease.

JFC-UA Chief of Staff (paraphrased), JCOA Interview, 23 February 2015

Expectation (1 of 2)

- We had **no idea** that **the president was going to announce** our role in OUA and name MG Williams as his commander on the ground. We had only come down **for a quick recon** visit. The announcement caused **a media storm** for us. As soon as we stepped off the plane, we were **caught off guard**.

  USARAF PAO (paraphrased), JCOA Interview, 17 November 2014

- "There is an ability to **accommodate** these challenges **in other types of disasters**. People can sleep in the cold for a few days **until the response gets going**. With this **health crisis**, people were **dying while we collectively tried to figure out** what to do."

- "Everything was moving so fast that **what was needed by end of August was not what was needed by mid-September**. In just two weeks, the needs changed. I told DOD, 'ETUs were **needed six weeks** ago. **How quickly** can you build them?'"

  Deborah Malac, US Ambassador to Liberia, JCOA Interview, 18 February 2015

- "The DOD presence there dwarfs that of DOS/USAID, but they have been there all summer. It takes time to energize the system. The question was '**whose expectations needed to be managed**?" Initially, we just **stuck our finger in the gap**; we needed to understand the problem from the **perspective of USAID. We were slow and late** getting there, but this type operation is not a core mission."

  Brig Gen Oliver, USAFRICOM J-5, JCOA Interview, 10 December 2014

Expectation (2 of 2)

- "The mission was **not well-defined**, **despite the president's statement**, besides that the DART would tell the military what to do."

  Deborah Malac, US Ambassador to Liberia, JCOA Interview, 18 February 2015

- What you say about **expectation management** is true. We provided **support to the lead federal agency**. We only moved tactical vehicles at night. The only people that knew we were out were the Liberian National Police who provided our escort. Even early on in the deployment, people didn't see our movements. They saw the helicopters, but we **always explained how the helicopter operations were tied to the DART tasking.**

  JFC-UA Chief of Staff (paraphrased), JCOA Interview, 23 February 2015

- Prevent the spread of Ebola . . . yeah. Establish an ISB . . . yeah. Build a 25-bed hospital . . . yeah. It (taskings) **shifted**, and that started with the 25-bed hospital, then it went to build and establish medical training and training facilities, **then** build 17 ETUs. The **tasks were clear, but the timeline was not realistic**: MMU completed by 1 Oct, ETUs by mid-Oct, medical training facility by end of October. There was **no expectation management**. They wanted us to have it here **now**. That was the driving factor for engineers by October 15.

  USARAF G-4 (paraphrased), JCOA Interview, 19 November 2014

Leadership Engagement and Roles (1 of 2)

– "When I came in, there was **high, high expectations**. There was some sense, **by the ambassador** and others, that . . . we, the military were **late to this**. You may have heard some of that. I couldn't disagree with that more. The US had been there for some time—CDC, AID. The military was asked to come in. When we were asked to come in, we came in, and **we came in strong** . . . **but** I knew it would be **sequenced over time**."

MG Darryl Williams, JFC-UA Commanding General, USARAF, JCOA Interview, 19 November 2014

– We had four lines of effort, which did not change. We had our 30-day wins identified that we wanted to accomplish before we popped smoke and left. That clarity was valuable. It became more difficult as time went along. We had at least 80 percent success on the four lines of effort within the 30 days.

USARAF G-9 (paraphrased), JCOA Interview, 13 November 2014

– "As MG Volesky would say, '**We aren't the lead sled dog**.'"

Deborah Malac, US Ambassador to Liberia, JCOA Interview, 18 February 2015

Leadership Engagement and Roles (2 of 2)

- "That [early team on ground with senior experience] was important as well as getting them money. We got the $1B OCO reprogrammed money in tranches so that they could begin providing support. For crisis response, it was a good **confidence booster having a two-star** on the ground. Also, MG Williams was personally the **right guy at the right time**. . . . I can't say that it slowed the pressure. It **produced a positive expectation**, engendered **confidence**, and **incentivized** international participation."

  Maj Gen Shepro, JS J-5, JCOA Interview, 12 January 2015

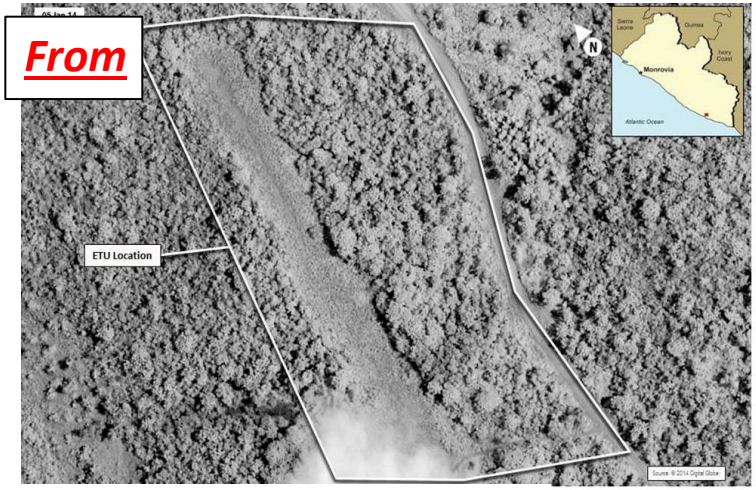
- "That's another thing that was helpful when things began to move quickly; the CG gave **good guidance to the staff**. He told us to make a point of **separating this operation** from other previous efforts. His guidance emphasized that this operation is happening, and it will be big. As a planner, seeing the staff operate outside of normal working hours showed that this was **not routine business as usual**. The CG said that the operation would require a lot of effort from the staff. He brought **focus to the planning efforts** and **high level attention**. The CG **led the effort** and was the **first to go to Liberia**. The operation would be the priority, and the staff needed to be 100% in. We did a hasty mission analysis on a Saturday. The **CG came personally** to the planning cell at Del Din [CG's office is at Ederle]. We got **live guidance instead of a VTC or DCO**. It was meaningful from my perspective."

  USARAF G-35, JCOA Interview, 21 November 2014

Managing Expectations (1 of 2)

Barclayville ETU (Preconstruction)

From



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Constructed Barclayville ETU

To Get

JFC-UA Public Affairs Released

Through

Bridge to Barclayville ETU Site

US Army Contracting Command Briefing

Managing Expectations (2 of 2)

- "Our coordination teams would be engaged by the Ministry of Education officials at local sites. They'd want us to repair school fences. We had to **tell them no** because that **wasn't our mission**. They understood, even if they didn't like the answer."

  JFC-UA CA Team, JCOA Interview, 17 February 2015

- "The **UN was unhappy** that we couldn't go out with them to locations. We had to **be careful about false expectations**."

  JFC-UA CA Team, JCOA Interview, 17 February 2015

- "We got a lot of requests—transport, patient care, etc.—that were not DOD-unique capabilities. We got a lot of support from the White House, actually. They were sensitive to how stretched DOD was. In one deputies' committee meeting, we were discussing the logistics 'last tactical mile.' Some understood what we meant by that, while others considered it the last 5280 feet. It's **important to bound expectations early on**. It was good that we did. It turned out that there was a lot more UN capability, Liberian movement capability, the dry season was about to set in so that movement conditions improved. . . . So, we **did an assessment** phase and then **bounded what support** was appropriate."

  Maj Gen Shepro, JS D/J5, JCOA Interview, 12 January 2015

Quick Wins (1 of 2)

- The USMC **V-22s** were brought in **fairly quickly** and were **a visible sign** to the people of Liberia that the **US had come** to help.

  Defense Attaché (paraphrased), US Embassy Monrovia, JCOA Interview, 18 February 2015

- "It was important to **get some** quick **wins early** to give us **decision space** to get the rest of the forces. Those quick wins, such as the **MV-22s, were a clear signal of US resolve**."
- "The USAFRICOM **commander broke bread** and moved **15 pipe-swinging Seabees** over to Liberia—that was **huge**. They got off the plane with their tool belts on, and **stuff started to go up**. They were **like beavers, putting things up**."

  MG Darryl Williams, JFC-UA Commanding General, USARAF, JCOA Interview, 19 November 2014

- Movement made the **optics** look like we were down there doing things. The Seabees from HOA **were there**, and **they constructed ETU**s.

  JFC-UA J-4 (paraphrased), JCOA Interview, 19 November 2014

A team of US Navy engineers survey the site they chose to build a 25-bed medical facility next to the airport in Monrovia, Liberia, on Saturday, Sept. 27, 2014. About 1,400 soldiers will head to Liberia in October to help support the fight against the Ebola virus. (Photo: Jerome Delay, AP)

Quick Wins (2 of 2)

- MG Williams laid out the goals for a **30-day quick win** for the USARAF part of the operation: we needed to have **C2** [command and control] in place, the force provider **camp built**, things **up and running for the 101st**. There was some pressure to complete tasks, but I didn't perceive it as coming from outside USARAF.

  USARAF G-9 Officer (paraphrased), JCOA Interview, 13 November 2014

- "And so the **mobile labs** and the **hospital** were two things that I knew I could turn **relatively quickly**, so we put a lot of focus on building something. People would ask, 'What have you done, general?' [I'd say,] "Right there, see the hospital right there? It **got up in two weeks**. See those two mobile labs?' These **mobile labs were key** because, when a Liberian shows up in an Ebola treatment unit and he or she thinks they have the disease, the ability to confirm or deny that they have that disease was somewhat suspect because the labs, the laboratory ability to do that. . . ." *MG Darryl Williams, JFC-UA Commanding General, USARAF, JCOA Interview, 19 November 2014*

Coordination and Collaboration

<u>Finding</u>: Personal engagement and adaptive mechanisms mitigated persistent difficulties coordinating and collaborating in a complex interorganizational environment.

Why it happened:

- In addition to the mission uniqueness, the operation was plagued by frequent turnover of non-DOD personnel and organizational differences.
- Multiple domains, partners, and networks continued to impede collaboration and exacerbate challenges with IT, knowledge management, and information sharing.
- The JFC-UA, working with partners, bridged coordination and collaboration gaps through relationship building and communication synchronization.
- Expanded use of LNOs increased familiarity, situational awareness (SA), and trust.
- Synchronization tools and matrices, collaborative work projects, and common operational pictures fostered shared understanding.

"The first reality that faces operational commanders is that their staffs must share information with agencies and partners with whom they do not normally share information."

US Army, Center of Army Lessons Learned, #15-09, "Creating Conditions for Success in West Africa," June 2015

Rapid Personnel Turnover (1 of 3)

– "I think the other challenge is . . . DOD, whether we like it or not, is going to be the **continuity**. I mean I'm on my **third DART team leader**. So, the first DART team leader was there; he left four weeks after I got there. The new person comes in, and they've got a bunch of **their own impressions about DOD** . . . so, you've got to rebuild the team. Then Abir leaves, and now a new team leader . . . Mercado comes. He's got a little different perspective by the things he's heard before; he comes in with a different perspective of DOD. . . . We just farewelled our **fourth CDC person**. **PHS/MME they are on a 30-day** cycle. So, I've got my team here until it's over, relatively speaking, but the other agencies, they are **rotating every four-to-six weeks.**" *MG Gary Volesky, JFC-UA, Commanding General 101st AASLT, JCOA Interview, 23 February 2015*

– The DART initially resisted embedding DOD LNOs and planners. The CDC and DART **quick rotation schedule was unhelpful**. The initial DART lead extended and was here about two months. The next two were here for short periods of time. The fourth DART lead is here now. It wasn't just the lead that rotated, but all the personnel on the DART. **There wasn't continuity**.

Defense Attaché (paraphrased), US Embassy Monrovia, JCOA Interview, 18 February 2015

Rapid Personnel Turnover (2 of 3)

- "Part of the problem was that the **DART personnel changed out frequently**. We were the continuity because we were there for the whole mission. They also didn't have a large enough staff to really do everything that we were originally told that they were going to do. So we **ended up taking on a larger burden** of that piece."

  86th Combat Support Hospital, JFC-UA, JCOA Interview, 21 February 2015

- The CDC is responsible for health messaging for the US efforts. We advised the CDC health folks. There were six people here when we arrived in October; **they are now on their sixth rotation**. We were the continuity. Upon arrival, it takes a week to adjust, then they get sick, then they're good for the last week on the ground before they rotate out. They are **lucky if there is any turnover time with the next group arriving**.

  JFC-UA J-39 (paraphrased), JCOA Interview, 17 February 2015

- The **CDC, WHO, and MSF rotate frequently, and are only here for a short time period**. Because we are here longer, the Liberians look to us for the continuity. There are people here that are at a much higher level of expertise and understanding of the disease than we are. There are epidemiologists and medical doctors.

  JFC-UA J-2 (paraphrased), LNO to Liberia Ministry of Health and Social Welfare, JCOA Interview, 20 February 2015

Rapid Personnel Turnover (3 of 3)

- "Over time, **DOD became the continuity** because of the more **frequent rotation of the other** partners. The DART would rotate every 5-8 weeks."

  JFC-UA J-3, JCOA Interview, 17 February 2015

- "When the leadership of the DART rotated, **we had gotten smarter** and developed the sync matrix. The second DART crew liked it. The third DART crew also liked it, and decided to have us run the meetings. By that point, **we were the continuity** and had the historical knowledge base. Every time a person rotated, we had to start the relationship over. **We became the de facto chair or continuity** and knowledge base, the guys who made it happen. Their leadership came and went. When they came, it took them a while to figure out all that was going on."

  JFC-UA J-9), JCOA Interview, 17 February 2015

- The **JFC** headquarters provided **continuity.**

  JFC-UA Chief of Staff (paraphrased), JCOA Interview, 23 February 2015

Organization Differences (1 of 2)

- The biggest problem we've seen is that all **the NGOs and IGO**s are trying to do the right thing, but the **specialties are stovepiped**. The radio and print **communications are disconnected**, for example. It is **difficult to coordinate** efforts. They didn't want to combine their money with others'. We helped the MOI get people to work together on tasks and products. We made suggestions to the MOI.

- We, **DOD, bring multiple courses of action**. **USAID and others don't**. Some organizations didn't send the **right person** to the health messaging meetings. The other organizations have a small number of people here, so they provide the **available person** to attend the meetings. That person may or may not know anything about messaging. The **rotation** was every 4-6 weeks for the other organizations. As a result, there was **no continuity, standard operating procedures, standards, or turnover time**.

JFC-UA J-39 (paraphrased), JCOA Interview, 17 February 2015

Organization Differences (2 of 2)

- "They did unearth some things we didn't know about. The lesson is that you need to do your homework. There is a **tendency to dismiss the embassies**. We have embassies on the ground for a reason. The embassies have people with local knowledge, so use them. Don't make it up as you go. The coordination could have been a bit smoother."
- "Another critical thing the military brought was **planning capacity**. They **worked with** the GOL **ministries** at the emergency operations center and with the logistics cluster. They helped set up spaces **for the government and response community** to work. The logistics piece was a nightmare."

Deborah Malac, US Ambassador to Liberia, JCOA Interview, 18 February 2015

- "We say that the Government of Liberia had a plan, but lacked the ability to implement it. The **US Government provided the organizing construct**. There were other **NGOs** on the ground doing things, but they **weren't well coordinated**."

MG Darryl Williams, JFC-UA Commanding General, USARAF, JCOA Interview, 19 November 2014

Persistent Information Sharing Problems

- Lack of Interoperability Among IT Domains.
  - Major DOD commands operated in different network domains/sub-nets (e.g., USARAF, USAFRICOM, 101st ABN (ASSLT), JS/DOD) that precluded seamless interaction.
- Barriers with Protected/Classification Networks.
  - DOD and Joint Staff primary network was classified while LFA and supporting community operated in unclassified architecture for relevant battlefield information.
- Lack of a Common Collaboration Architecture.
  - Plethora of collaboration systems and tools employed without an integrating concept (e.g., APAN, WASP, ReliefWeb, Juniper/DTRA, SharePoint, Intelink)

Lack of Interoperability Among IT Domains

- We were pointing at several different networks. **The environments we live in now are based in Italy, and a legacy layover from being a USAREUR supporting HQ for SETAF, we are still pointed here at USAREUR backbone**. . . . USEUCOM/USAREUR servers, accounts, things like that. **The JCSE equipment** that came forward, that supported part of our command element, **was pointing at the USAFRICOM server**.

JFC-UA J-3 (paraphrased), JCOA Interview, 6 January 2015

- We have steady-state issues at USARAF since we are on the USEUCOM domain and USAFRICOM is on the USAFRICOM domain. **We have the dynamic of a GCC and component headquarters that reside in another GCC's AOR.**

USARAF G-6 (paraphrased), JCOA Interview, 19 November 2014

- We have templates for Army-centric command posts. This was a joint operation with other Services TACON to us . . . so, we used the Joint Communications Support Element (JCSE). But because of the nature of the operation, USAFRICOM wanted to have the follow-on forces on the USAFRICOM domain enclave. That was a significant deviation from what DJC2 would normally do. **Our organic communications wouldn't support being on the USAFRICOM enclave**, so we had to set it up for the transition to the 101st.

USARAF G-6 (paraphrased), JCOA Interview, 19 November 2014

Barriers With Classified Domains (1 of 2)

- The vast majority of products and planning within the command are **done on SIPRNET**. There was a **problem with that (access) as we started**. Our **NIPRNET** was almost the same thing—it is **so well protected, no one can get to it**. So that was the problem.

  USARAF KMO (paraphrased), JCOA Interview, 19 November 2014

- About classified systems, it is absurd. **Everything is on SIPRNET, even if it is unclassified information**. It's a mindset. . .. It's an 80/20 SIPRNET/NIPRNET ratio of where the work gets done. . . . How do you shove stuff from SIPRNET to NIPRNET? I was wasting time retyping information on NIPRNET. The October brief to the MNCC was unclassified. The amount of time spent on SIPRNET is ridiculous. **We need to get out of the mindset and force ourselves to exercise in an unclassified environment**.

  USAFRICOM J-4 (paraphrased), JCOA Interview, 11 December 2014

- Everybody that we were working with down there was operating off of what we came to affectionately refer to as the dirty internet and so there was **not a lot of utility in SIPRNET**. We made the decision to take out the hard drives and stuff like that and reconfigure most of our computers to work off of the NIPRNET because that's where most of the information we were operating with was located. Still **USAFRICOM, USARAF rear, Joint Staff, everybody else was pushing documents on the SIPRNET side**.

  USAFRICOM J-3 (paraphrased), JCOA Interview, 6 January 2015

Barriers With Classified Domains (2 of 2)

- **USAFRICOM is on SIPRNET for the most part**. We had to defend why we needed two SIPRNET terminals. Then when things would come on SIPRNET; my guys were bumped off SIPRNET to check it. **The things from the UN, NGOs, et al. were on UNCLASS networks.**

JFC-UA J-2 (paraphrased), JCOA Interview, 17 November 2014

- We supported both SIPRNET and NIPRNET. **Prior to** the crisis, most USARAF work was done **on SIPRNET**. For the **operation**, we had to **move a lot of it to NIPRNET**. There was a lot of discussion and **consternation** about whether we would need **to use "dirty internet"** for anything.

USARAF G-6 Officer (paraphrased), JCOA Interview, 18 November 2014

- Initially, all traffic was coming **via SIPRNET**. When something came in SIPRNET, even though it is fully UNCLAS, **we can't unclassify** it, because it came from them. If it starts at the JS that way, **you're already losing the battle .**

JFC-UA J-6 (paraphrased), JCOA Interview, 21 February 2015

Lack of Common Collaboration Architecture (1 of 3)

- **It's not communications, but is really knowledge management**. We have enterprise email. You can access your email from other locations. **It's the SharePoint portals that are the problem across domains**. It is currently very restricted. It needs to be addressed DOD-wide.
- Enterprise email is a good example. You get on the computer with your CAC, and you can access through Outlook Web Access. That kind of enterprise solution has not been applied to SharePoint portals. **We need a deliberate decision by the command to move our SharePoint to an enterprise SharePoint**.

USARAF G-6 (paraphrased) JCOA Interview, 19 November 2014

- If there is a standard in USARAF, we didn't use it. No standard. It was difficult to find stuff. **A document was posted, and then we had to go find it. Some terminals were on EUR domain and some were on the USAFRICOM domain.** Intel worked on SIPRNET. So there very few NIPRNET terminals.

USARAF G-2 (paraphrased), JCOA Interview, 17 November 2014

Lack of a Common Collaboration Architecture (2 of 3)

– The **USAFRICOM** folks were hanging **documents *over here* on SharePoint**, and they are living, breathing documents, to include the different mods that came out to the base order that we were operating off of. So that's *over there,* **and you had** to be on **one set of (computers)** in order to be able **to access those shared documents, . . .** but there were a very limited amount of those at our JOC [joint operations center].

USARAF G-3 (paraphrased), JCOA Interview, 5 January 2015

– So there were two SIPRNET and two NIPRNET (computers) that were pointed at USAFRICOM, and if I wanted **to collaborate** on SharePoint with the folks back here in the rear . . . then **I had to be on a different system**. I had to **physically get up** from one location, move to another, **log on to a different computer** in order to be able to look at—**to contribute to**—these documents. Of course, I couldn't walk a product **between the two; it had to be recreated**. So all that was somewhat problematic. So the **default** was back to **SharePoint**, which was **not a very useful product**—it all **came back to email.** So download large presentation, make a modification, and send it out by email, and then rely on others to be able to upload those things in a timely manner into SharePoint.

JFC UA J-3 (paraphrased), JCOA Interview, 6 January 2015

Lack of Common Collaboration Architecture (3 of 3)

- A NIPRNET command portal would have helped. We need to have our tools and information database on a CAC-enabled NIPRNET site.

USARAF G-2 (paraphrased), JCOA Interview, 14 November 2014

- We have **two collaboration sites**: 1) an Intelink site, which is CAC-enabled, and 2) the APAN site for unclassified, non-FOUO information. CALL has been on the Intelink site and asked us questions related to the information there.
- USAFRICOM originally created the Ebola Response Site and handed it off to us. We are now in the process of transitioning it back to them since we have completed our tasks and are redeploying. The **NIPRNET Intelink** site is our **SharePoint site**. **APAN** is where we post finished products that are unclassified. The **SIPRNET Intelink** site is only used by a few people for OUA.

JFC-UA KMO (paraphrased), JCOA Interview, 17 February 2015

Bridging Collaboration and Communications Gaps

- Building Relationships
- Personal Outreach
- Communications Synchronization

U.S. Army photo, Combat Camera/ Released

U.S. Army photo, Combat Camera/ Released

U.S. Army photo, Combat Camera/ Released

Relationships (1 of 3)

U.S. Army photo, Combat Camera/ Released

U.S. Army photo, Combat Camera/ Released.

– "In early September, MSF sat in my office and stated, '**We need you to get the US military here**.' MSF has been extraordinarily helpful. When MG Williams came, he had lunch with the DART, MSF, and embassy staff. We went over the specifics for planning response activities such as the building of ETUs. **It was extraordinary."**

Deborah Malac, US Ambassador to Liberia, JCOA Interview, 18 February 2015

A health worker (far right) from Doctors without Borders briefs (starting second from left) MG Darryl A. Williams, commander of U.S. Army Africa; GEN David M. Rodriguez, commander of U.S. Africa Command; and U.S. Ambassador to Liberia, Deborah R. Malac. on the operation of Ebola treatment unit. (U.S. Army Africa photo by Cmdr. Peter Niles/Released), 7 October 2014

Relationships (2 of 3)

- The president first told us what to do. DOD was to bring **command and control, engineering, and logistics**. He said that we do those things better than anyone in the world. We can let that statement go to our egos or **realize that we are in support** of the lead federal agency. We asked ourselves how to best do those tasks in support of them.
- One of the resounding things here was the **cooperation among partners**. I don't know why it worked here, but it worked. I think I know what one of the critical factors was. The **CG's emphasis** on being in support of the lead federal agency was important. We put checks in place to see that we didn't take the lead. The CG said, "The mission will succeed if you don't care about who takes the credit." We **don't care about who gets the credit as long as the mission is a success**.

JFC-UA Chief of Staff (paraphrased), JCOA Interview, 23 February 2015

*From left, LTC Michael Baker, commander of **the 62nd Engineer Battalion**, Emmanuel Tucker, site engineer, Joel Freeman Sr., site project manager, MG Gary Volesky, commander of Joint Force Command – United Assistance, Sam Sells, military liaison for **U.S. Agency for International Development**, and Richard Sloop Jr., project manager for a **contracting company**, pose for a photo on the site of a new Ebola treatment unit in Zorzor, Liberia, 18 November 2014. (US Army Photo by Sgt. 1st Class Brien Vorhees, 55th Signal Company (Combat Camera) / Released)*

Relationships (3 of 3)

- "The willingness to **partner with the AFL** was really good. We were working with the GOL to get the AFL out of the quarantine patrol business and into something more positive. It wasn't a given when USARAF showed up. The US military helped the AFL build ETUs, thereby **increasing the building capacity for the response**. We matched them up together."

  Deborah Malac, US Ambassador to Liberia, JCOA Interview, 18 February 2015

- "One of the things we got out of academics was this perception that there was going to be all this animosity between us and USAID, between us and the State Department based on some previous operations apparently. That was made very clear as a potential pitfall and problem. I think, perhaps because of that or perhaps because of how this group of people does business, **we were extraordinarily conscious** of that right from day one. One of the things **MG Volesky says** is, 'If you take the attitude that **it doesn't matter who gets the credit**, that's important; that helps build relationships.' The idea of **leading from the rear**. . . ."

  BG Frank Tate, JFC-UA, 101st AASLT Deputy Commanding General-Support, JCOA Interview, 23 February 2015

- The existing **relationships** of UNMIL helped **reduce local resistance** to ETUs and kept the potential for **violence down**.

  JFC-UA J-9 Civil Affairs (paraphrased), JCOA Interview, 17 February 2015

Personal Outreach (1 of 2)

- "The benefit was that **I have known** General Rodriguez for quite some time. I worked with him when he was a colonel promotable at Benning. **I knew and served in combat** with the J-3, General Watson, so the relationship-building piece was really powerful. The USARAF commander and **I have known** each other for a number of years. In fact, this course that I am going to pitch to, we both attended together. So Darryl Williams and I know that **those relationships really matter**, and you have heard that before."

  MG Gary Volesky, JFC-UA, Commanding General 101st AASLT, JCOA Interview, 23 February 2015

- "Our role was clear, but it needed to be continually reinforced. The **communication you have with your teammates**, those being the DART, the DATT, and CDC, is **important**. We needed to understand and acknowledge UNMIL and UNMEER. They assisted us with multiple transportation requirements, especially with the training teams."

  JFC-UA J-3, JCOA Interview, 20 February 2015

Personal Outreach (2 of 2)

- "You're not engaging with someone unless you're **face-to-face** in front of them. Email and phone is okay, but face-to-face is more effective."

JFC OUA Command Surgeon, JCOA Interview, 11 November 2014

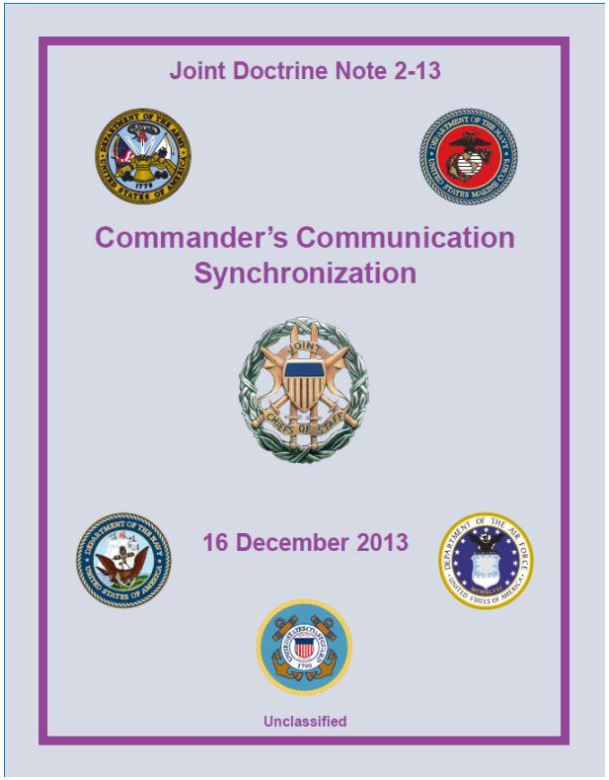
- When I left KEYSTONE, I believed that operations were about more than just relationships. They emphasized the importance of relationships, but I was skeptical. After this operation, I understand. **It's all about relationships**. The first night, we had dinner with the ambassador and the leads from WHO, CDC, and the DART. They were skeptical about the military. In the US, when you say the military is supporting, everyone is glad. The NGOs and interagency personnel are more skeptical of DOD's support. When we had dinner, weeks later, with Peter Graff from WHO, he said, "**This is how it is supposed to work**."

USARAF Command Sergeant Major (paraphrased), JCOA Interview, 19 November 2015

Communications Synchronization (1 of 4)

"Commander's **Communication Synchronization**. A joint force commander's process for coordinating and synchronizing themes, messages, images, operations, and actions to support strategic communication-related objectives and ensure the integrity and consistency of themes and messages to the lowest tactical level through the integration and synchronization of all relevant communications activities."

Joint Doctrine Note 2-13, Commander's Communication Synchronization, 16 December 2013



Communication Synchronization (2 of 4)

– During the first week all reports were "**doom and gloom**." The CG recognized the need to **change the message**. The PAO was given guidance to turn that around. For the indigenous population, education, and getting the message out was done by the Government of Liberia (GOL). The GOL was well ahead on information operations and did a good job.

JFC-UA Chaplain (paraphrased), JCOA Interview, 13 November 2014

MG Darryl A. Williams responds to reporters during a news conference in Monrovia, Liberia. (U.S. Army Africa photo by Lt Col David Doherty/Released), 2 October 2014

– "IO messaging was done by the **US Embassy PAO and USARAF's PAO** through **joint collaboration, to cover fast breaking developments** regarding the effort to contain the spread of Ebola in Liberia."

AMB Alan Latimer, USARAF POLAD, JCOA Interview, 21 November 2014

Communication Synchronization (3 of 4)

- "A two-star or higher military rank has the ability to **bring people together**. The embassy and Government of Liberia had a plan. **DOD helped synchronize the ends, ways, and means**. *MG Darryl Williams, JFC-UA Commanding General, USARAF, JCOA Interview, 19 November 2014*

- **Did well with messaging** and trying to get out in front of it. Biggest lesson was that **quick US response didn't help the strategic comms** piece, meaning we got there quick but **nothing was initially happening** after we got down there.

  USARAF G-2 (Paraphrased), JCOA Interview, 17 November 2014

- "We **messaged that from the beginning**: 'The military is here to do specific tasks. When it makes sense, they will hand off to civilian entities.' DC agreed that with the tasks done, **no one** wanted the **military sitting around** or being **subjected to mission creep**." *Deborah Malac, US Ambassador to Liberia, JCOA Interview, 18 February 2015*

Communication Synchronization (4 of 4)

"What we had to do was **we had to tell our story**. The local media here is free, almost too free, because **it is a rumor-driven society**, and it is so free that anybody can pay twenty bucks and get a story written. . . . There are a lot of rumors that are driven. So in the very beginning there was all these rumors: 'Oh hey, 3000 soldiers, the United States is coming to take over the country.' Of course that wasn't the case. So despite those initial rumors, we countered those just by actions. So what we did was we worked through the embassy to **have our PAO get engaged** with the JFC, and whenever we did stuff, we would publish stories about what we were doing."

Defense Attaché, US Embassy Monrovia, JCOA Interview, 17 November 2015

MG Darryl A. Williams (right) and U.S. Ambassador to Liberia, Deborah R. Malac participate in a news conference in Monrovia, Liberia. (U.S. Army Africa photo by Lt. Col. David Doherty/Released), 2 October 2014

Familiarity, Awareness, and Trust Using LNOs (1 of 2)

- **LNOs** (liaison officers) were **everywhere** and had established relationships enabling **good communication**.

  JS J-35 (paraphrased), JCOA Interview, 12 January 2015

- We had an **LNO with the DART, which is unusual**. We were fortunate with the current lead. There was a MITAM to develop products for them to explain what they have been doing here. We **should have had an LNO with the CDC folks here**, too. **Most major USG** organizations participating in the response have a representative that participates in the DART, or at least participates in the DART meetings. **All I did was pass information** along. With the rapid rotation schedule, the other organizations don't think ahead very far.

  JFC-UA J-39 (paraphrased), JCOA Interview, 17 February 2015

JFC-UA LNOs

IN JOC

DART
Dana Chivers
AFL
CPT Preston
LNP-rotates
OOL
CPT Vasser
USMC-V22
CPT Legere
AMLO
LTC Sheldon
MARFOR
LTC Munoz
AELT (APOD)
USPHS
CAPT Cote
36 EN
CPT Loftin
101 SBDE
CPT Payne
2-501 GSAB
CPT Paris
UK
LTC Piggot
Germany
MAJ Grochtmann

USAFRICOM
STUGGART
Ops- LTC Goodson
Ops- LTC Crispino
Intel-CPT Froelich
Ops- SGM Gan No backfill
Taylor RIP Crispino NLT 1 JAN

USARAF
VINCENZA
J8- MAJ McMurchie*: SSG Guy

SBDE- CPT Oliver
(PCS for CMD in NOV-DEC)
36th EN – CPTs Boyce and Nonnan
Established

USEMB
MONROVIA
MAJ PUTNAM
MAJ FLOWERS

T: POC for JFC-UA in USEMB
P: Synchronize JFC Operations with USG/LFA
Established

OUT

National Ebola Coord Center (NECC)
MONROVIA (USARAF)
CA: CPT Elwood, CPT Tunning, MSG Dunwoody, SSG Flores
J2: CW2 Mitre, CPL Byers, Mr Miller
T: Monitor ongoing operations in Liberia
P: Synchronize JFC Operations with all parties (NGO, AID, UN)
Established

LNP
MSG Norris
T: Coord Police Support
P: Synchronize FP/Security Operations
No permanent presence
Weekly Coordination
Established

UNMIL
MONROVIA
SFC Villia, SPC Mims
T: Coord Sec OPNs w UNMIL
P: facilitate freedom of movement
Established

NMRC
BTC (USAFRICOM)
CPT Schiver (FIRES)
SFC Smith/SFC Jones
T: Monitor AFL Operations Center
P: Synchronize JFC Operations with AFL
Established

Landstul (LRMC)
Landstul, Germany
SSG Sanders

Medical Reception
Established

MoH
CW2 Fisher
SPC Mario Cosby

T: Conduct analytical support
P: facilitate EVD understanding
Established

UNMEER
MONROVIA
CPT Zizz, SFC Gernandt
T: Coord Sec OPNs w UNMIL
P: facilitate freedom of movement
Established

Familiarity, Awareness, and Trust Using LNOs (2 of 2)

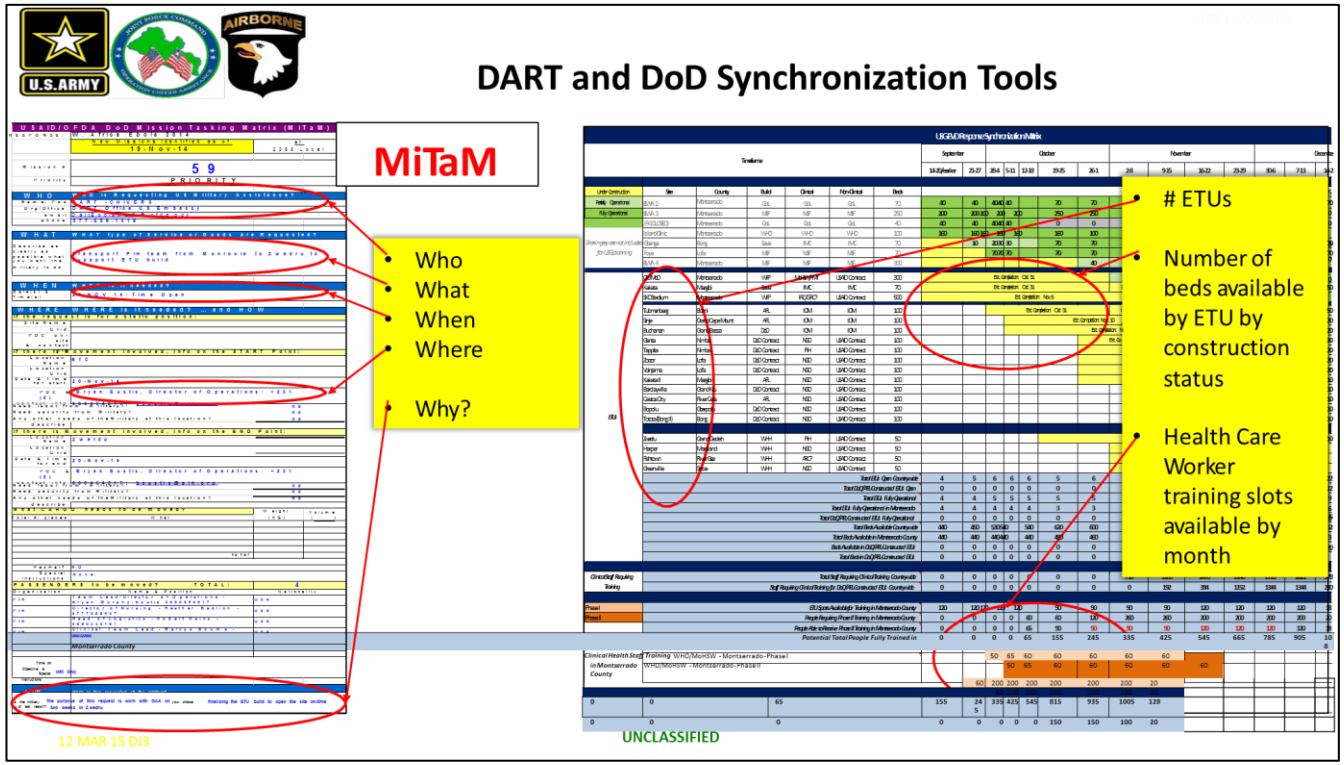
– "The **LNOs worked well**. This was the first time a DART was used for a disease response. We all learned as we went along. We would have brought the DART out to Liberia sooner, but **we had to convince DC that they were needed**. None of us are health experts; we relied on the CDC heavily**. When DOD came, it gave us the ability to plan**. I had conversations with OFDA (Konyndyk) regarding the placement of military planners in the DART. Even before we knew how many DOD would be assigned to the operation, we were asking for people who knew how to plan. OFDA responded that the assignment of **military planners to a DART had never been done before**. In the end, they did allow the planners to be assigned, and it was helpful. Later they took them out. The **coordination worked well with the exchange of LNOs**."

Deborah Malac, US Ambassador to Liberia, JCOA Interview, 18 February 2015

Sync Tools – Sync Matrix (1 of 3)

– DOD brings a culture of fixing an end-date and holding people accountable for completing tasks. The **sync matrix tool** allowed us **to drive the tasks to completion**. If you had been here a few months ago, you would have seen a different set of slides for the update briefings. The tasking was driven by USAID, but if something was behind schedule, it was us trying to drive it to completion. Not everything was in our purview, but the CG wasn't afraid to ask, "AID, where do we stand on that?"

JFC-UA Chief of Staff (paraphrased), JCOA Interview, 23 February 2015



Sync Tools – Sync Matrix (2 of 3)

– "There were some systems in place like the MITAMs, the tasking matrix that USAID DART developed during operations in Haiti, that we carried over and were able to use from the very beginning. We were able to evolve a **synchronization matrix**, so I think that is something that is going to come out of UNITED ASSISTANCE— for future operations there will be a MITAM**, a tasking matrix, and a synchronization matrix** that goes along with it and in an effort in the future that will help populate a common [operational] picture. I think initially DART did not see the value of the synchronization matrix for the common [operational] picture, but they very quickly, once we started building it, . . . started using it, and using it as a common basis to be able to talk to nongovernmental organizations."

COL Scott, JFC-UA J-3, JCOA Interview, 6 January 2015

– "We helped them **develop a twice-a-week synchronization matrix**. That kind of thing is **foreign to other agencies**. We do this synchronization matrix every Wednesday and Saturday."

MG Darryl Williams, JFC-UA Commanding General, USARAF, JCOA Interview, 19 November 2014

Sync Tools – Sync Matrix (3 of 3)

- Some of our suggestions on how best to use DOD fall on deaf ears with our USAID counterparts. The non-synchronization of the ETU standup is an example. We were given **multiple tasks without any priority or synchronization planning**. It is impossible to do everything at once. MG Williams and our J-3 worked with our partners to **develop a sync matrix**; it baffled USAID. It was like we were talking Klingon. Once they saw what we were talking about, they appreciated it. The only negative thing was that the sync matrix was "leaked" to DC. The leadership in DC saw it as the definitive way forward. USAID representatives are check-writers, not planners.

  JFC-UA J-9 (paraphrased), JCOA Interview 13 November 2015

- "When the leadership of the DART rotated, we had gotten smarter and developed the **sync matrix**. The second DART crew liked it. The third DART crew also liked it and decided to have us run the meetings. By that point, we were the continuity and **had the historical knowledge base**. Every time a person rotated, we had to start the relationship over. We became the de facto chair or continuity and knowledge base—the **guys who made it happen**. Their leadership came and went. When they came, it took them a while to figure out all that was going on."

  JFC-UA J9, JCOA Interview,17 February 2015

Sync Tools – Common Operational Picture (1 of 3)

- "CPOF is really just an excel spreadsheet, a database. We took that**, made** it into **an Excel spreadsheet,** and gave it to the NGOs, who **then put it into Google Earth**. That's the road here: use something simple. We went to Google Earth straight off the bat here. It's intuitive and easy to use; **that's the COP [common operational picture]** going into APAN—it's nothing more than Google Earth and is probably the **best way to share the info**."

  JFC-UA J-6, JCOA Interview, 21 February 2015

- There was a synch meeting that gave situational awareness understanding feeds into the development of **a COP to provide a good picture**. There was an operations meeting daily where the J-3 met with USAID and the engineers to **facilitate understanding**.

  USARAF G-5 (paraphrased), JCOA Interview, 13 November 2015

- Africa is not a digital environment; so the products are analog—such as the COP. We took **maps from Google Earth and put data on them and then pushed them forward**. We built a slide and faxed it forward. G-2 used **GeoInt and created a COP map**, used a manual process for development and distribution.

  USARAF KMO (paraphrased), JCOA Interview,19 November 2015

Sync Tools – Common Operational Picture (2 of 3)

- There's a move to **rely too heavily** on a having a **digital COP** at the expense of just a good map overlay. We realized this in the operation. Luckily J-2 had prepared maps. **We built overlays, and that was the COP**. That was better for us than a digital COP. The 101st is going to use a digital COP. We didn't.

JFC-UA J-33 (paraphrased), JCOA Interview, 14 November 2015

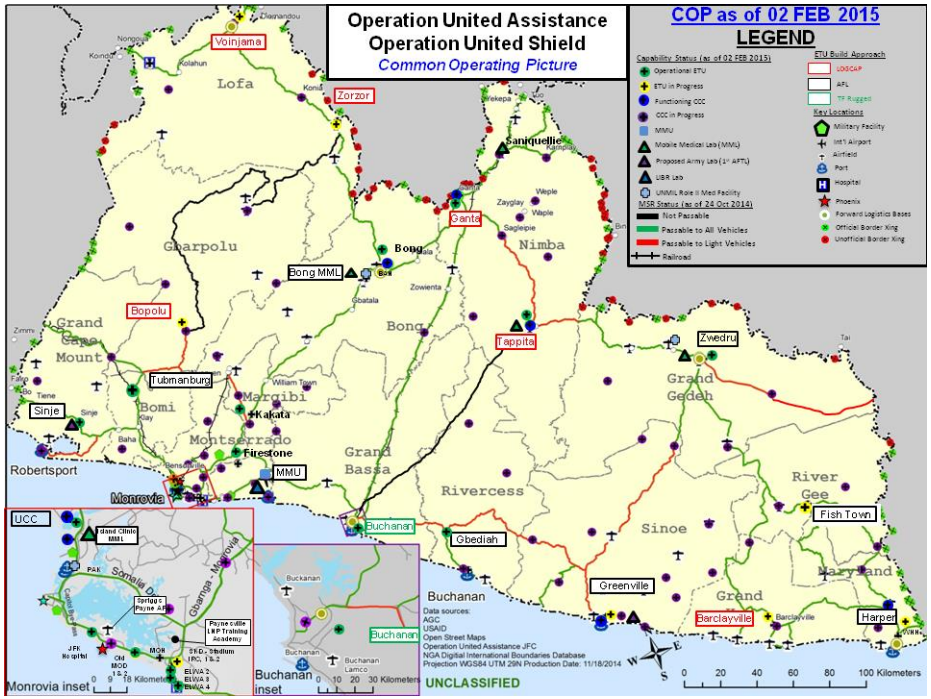
- The APAN Ebola Response Network site has 700 users, including CDC and USAID members. We have access to a good support team from APAN. They dedicated two people to give us 24/7 response. I created the folders for the site. **The COP development was a collaborative effort with APAN**. The civil affairs team puts in the information. It's not a time-intensive task.

JFC-UA KMO (paraphrased), JCOA Interview, 17 February 2015

Sync Tools – Common Operational Picture (3 of 3)

- ReliefWeb didn't have an interactive COP. It's hard to navigate. They have a slew of information, but it's hard to find specific things. On **our COP**, you are able to click on an ETU and **related reports pop up**. Everything is **geo-referenced**. We have it so that users can't change information, such as the location of landing zones for example. That's our information, so we retain the permissions. I will be giving suggestions to APAN for future development, based on our experience in using it for OUA. **There is great capability on APAN**.

JFC-UA KMO (paraphrased), JCOA Interview, 17 February 2015



Establishment of EVD Healthcare

Finding: DOD overcame complex challenges to establish requested EVD healthcare and logistical support.

Why it happened:

- JFC-UA encountered significant obstacles due to the environment and the uniqueness of Ebola treatment units (ETUs), including scalability and agility.
- DOD had to create mobile medical laboratories to support testing at ETUs.
- JFC-UA had to establish a healthcare facility and develop an agreed-upon training program to protect and prepare EVD healthcare workers (HCW).
- JFC-UA worked with partners to leverage logistics capabilities.

"Building an ETU was not just erecting a tent. It was an education for everyone. If it isn't done correctly, it could be bad for the patients and the healthcare workers."

Deborah Malac, US Ambassador to Liberia, US Embassy Monrovia, JCOA Interview, 18 February 2015

ETUs

- Initial ETU design challenges were mitigated through cooperation with MSF and observation of an existing operational ETU.
- The requested number of ETUs and the bed capacity for DOD-constructed ETUs changed as circumstances on the ground changed.
- Specific ETU designs had to be adjusted to accommodate terrain constraints.
- Weather, terrain, and building supply challenges delayed ETU construction; as a result, optimistic construction schedules could not be met.
- Partnership with the AFL and contracting of the majority of the DOD-assigned ETUs allowed simultaneous construction.

An aerial photo of the Gbediah Ebola treatment unit, the last scheduled ETU to be built by JFC-UA, 22 December, 2014. US Army photo, JFC–UA Public Affairs/Released

Soldiers of the 62nd Battalion, 36th Engineer Brigade, from Fort Hood, Texas and the Armed Forces of Liberia work together to complete the Sinje ETU, 19 November 2014. US Army photo/Released

ETUs: Design Challenges (1 of 2)

- We had the official **ETU requirements from the WHO**. We **based** our initial building materials and design **off of that**. What we didn't know was what would be available locally.
- There were **major changes to the ETU design**. The WHO requirements we were first given were a "Cadillac" model, with air conditioning and other bells and whistles. Once we were **on-site, the reality** dictated a **more basic model** for the ETUs **to meet the needs**. When planning a site design, the infrastructure elements must meld to support all the requirements. For example, the number of air conditioning units will drive the power requirements; the same thing goes for water and sewage. So when we were planning for the original WHO design, we ordered material that we ultimately didn't need. We were able to repurpose the material, but the biggest thing was the lost time.

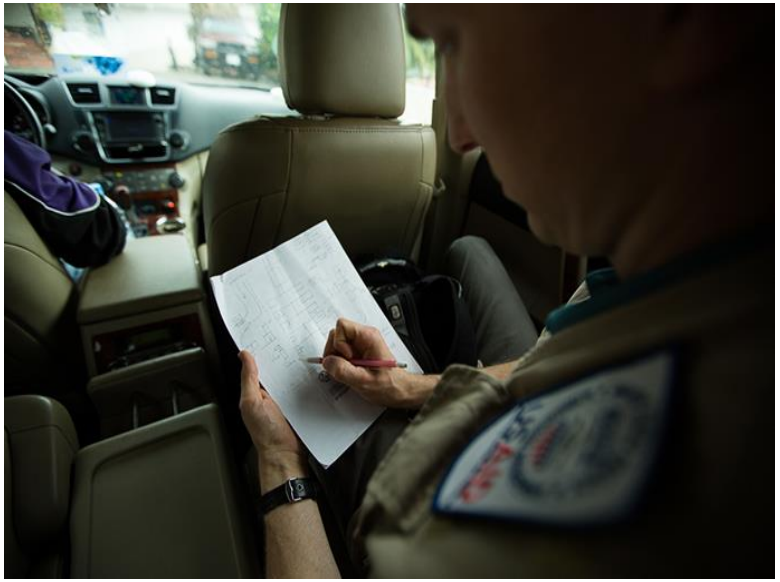
  USARAF Engineer (paraphrased), JCOA Interview, 17 November 2014

- **Initially**, the **ETU design was not scalable**; 100-bed ETUs reduced agility.

  MG Watson (paraphrased), 25 June 2015

ETUs: Design Challenges (2 of 2)

- "On the ground in Liberia, one of **the first tasks** by Andrew [Hill, a DoD planner] and the U.S. military engineers was to **conceptualize and design an ETU**. Working hand-in-hand with members of the Armed Forces of Liberia (AFL), they consulted the experts with a gold standard ETU model: Médecins Sans Frontières (MSF) and the World Health Organization (WHO). Building off of their expertise, **they tailored the designs** to create Department of Defense and AFL-specific versions, which could be built and implemented with their resources."
- "The plans **started with a hand-drawn sketch** that Andrew created while driving in a car on his way to various sites. That sketch **formed the basis** for what would become a full concept and material list needed to begin ETU construction." *Andrew Hill, "There's no standard blueprint for an Ebola treatment unit," 1 October 2014*



Andrew Hill, "There's no standard blueprint for an Ebola treatment unit," 1 October 2014, posted by Morgana Wingard, http://blog.usaid.gov/2014/10/andrew-hill-theres-no-standard-blueprint-for-an-ebola-treatment-unit/

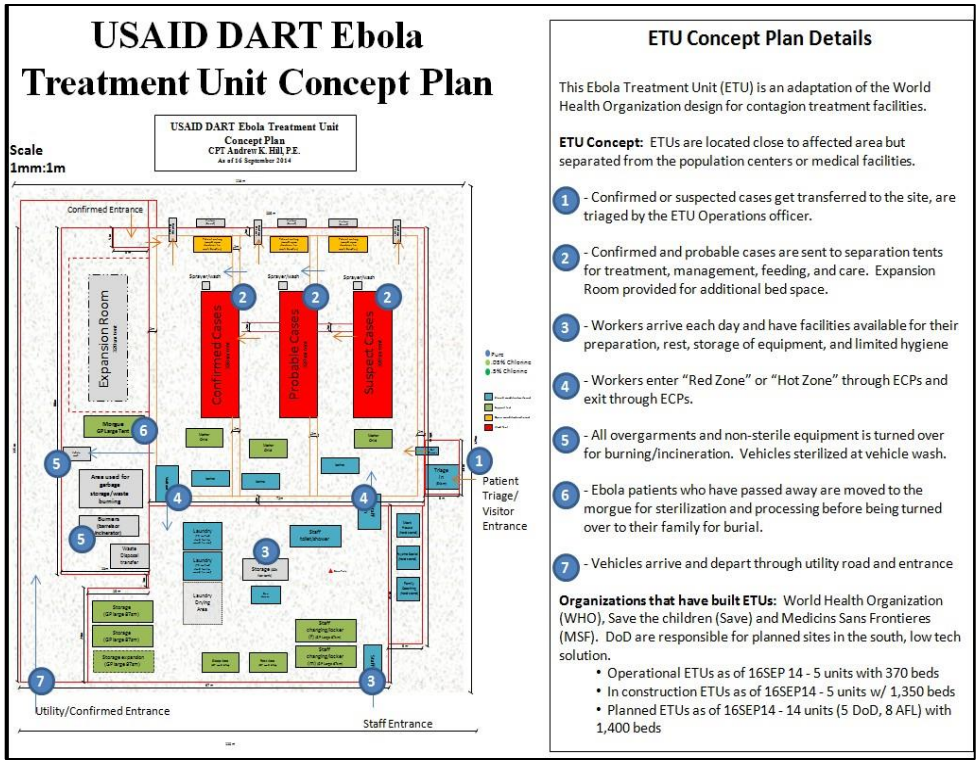
Ebola Treatment Unit Design

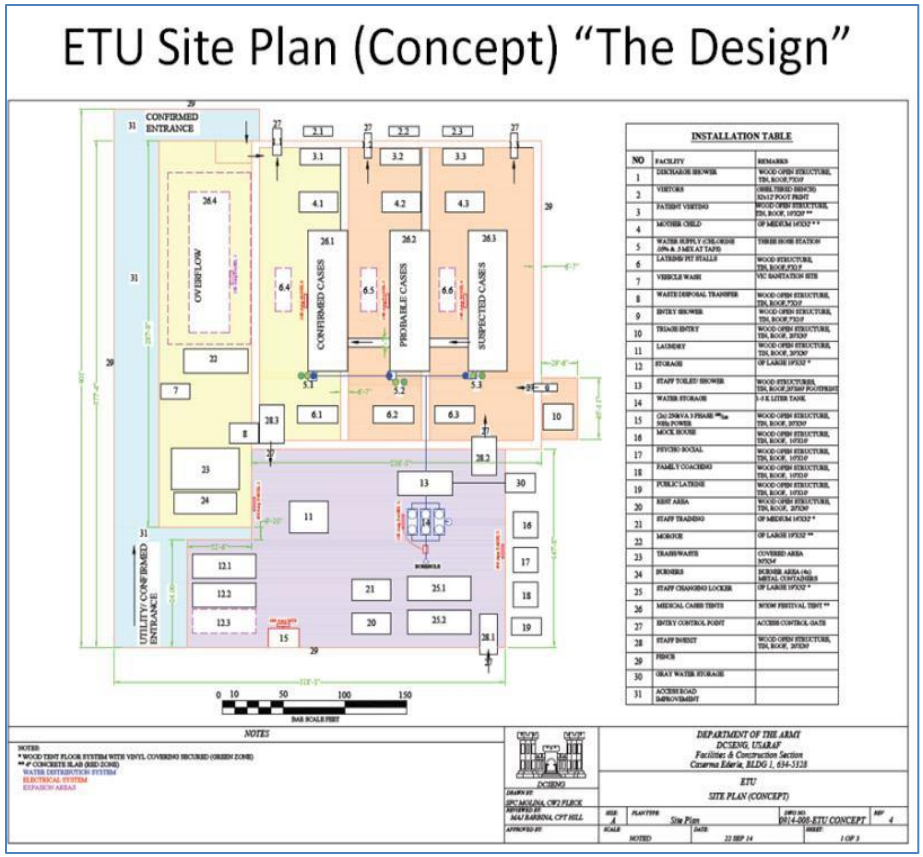
Developed Concept Design (100-Bed ETU)

- World Health Organization
- USAID/DART
- DOD
- Liberian Ministry of Health

DOD-Executable Base Design

- USAID approval authority for design changes





USACE Provided Slides

Challenges Mitigated Through Cooperation

- "When MG Williams came, he had lunch with the DART, MSF, and embassy staff. We went over the specifics for planning response activities such as the building of ETUs. It was extraordinary."

  Deborah Malac, US Ambassador to Liberia, US Embassy Monrovia, JCOA Interview, 18 February 2015

- Once we were on the ground, we went to see an ETU operating at the old MOD and realized that we didn't need to do the more extensive design. If we'd had photos of existing ETUs in operation earlier, it would have helped.

  USARAF Engineer (paraphrased), JCOA Interview, 17 November 2014

- We asked to visit an operational ETU. MSF's only request was that we not wear uniforms. The two hours we spent with them at the ETU was very informative. We called them several times, requesting to see specific things. They said, "Sure."

  USARAF Engineer (paraphrased), JCOA Interview, 21 November 2014

US Army Africa photo /Released, 7 October 2014

US Army Africa photo /Released, 7 October 2014

ETUs: Number and Capacity Changes

- The number of ETUs were reduced, the number of beds in an ETU were reduced, and the design was changed for a smaller size but with expansion capability.

  Dirk Dijkerman (paraphrased), USAID Executive Coordinator for Ebola Task Force, JCOA Interview, 21 January 2015

- We were initially told we'd have to build 27 ETUs, then it was reduced to 19, then to 17 since others committed to build some.

  USARAF G-4 (paraphrased), JCOA Interview, 13 November 2014

- The task to build 17 ETUs in six weeks came two weeks after receiving the mission, but we didn't even know what makes up an ETU or what an ETU looks like.

  USAFRICOM J-4 (paraphrased), JCOA Interview, 8 December 2014

- We went from 17 ETUs down to 10, as well as the size changed from 100 beds to 50 beds.

  USAFRICOM J-35 (paraphrased), JCOA Interview, 9 December 2014

- The original request was for 17 ETUs; we built 10 ETUs. The environment changed, and the MOH said they didn't need some of the ETUs requested. A German NGO took on four of them. We helped them with supplies, but they built the four. So, we were responsible for building 10 ETUs.

  JFC-UA J-9 (paraphrased), JCOA Interview, 17 February 2015

ETUs: Terrain Changed Design

- The MOH wanted an ETU in each county, but did not consider terrain, infrastructure, and skills in the area. You needed flat ground, materials, and a generator.

  JFC-UA Engineers (paraphrased), JCOA Interview, 17 February 2015

- When some of the sites were too small for the standard design, we modified the design to accommodate what the land dictated.
- When you had suspected cases which hadn't been confirmed, you want them in a different area from confirmed cases. There were isolation and flow requirements that drove the design. Essentially, we just needed to increase the space between structures. When the land wouldn't support that, we tried to redesign to accommodate. One of our proposed designs was not approved; we just reduced the capacity that the ETU could handle instead.

  USARAF Engineer (paraphrased), JCOA Interview, 14 November 2014

ETUs: Factors Affecting Schedule (1 of 2)

- "We failed to properly take into consideration the effect of weather on the operations. . . . Having lived in that part of the world and having lived in the rainy season, I understood full-well it's not just a little bit of rain. It dramatically changes the landscape. It changes everything that you can do in terms of trafficability. That was a major player for us in terms of planning factors for [ETU] construction and mobility and that type of thing."

  BG Peter Corey, USARAF Deputy Commander, JCOA Interview, 18 November 2014

- "Some of these places were basically cut out in the middle of a jungle; the roads are incredibly horrible. They are trying to get gravel out there, there are literally some places in this country you can't get gravel. Wells were a huge issue all the way to the end, and there was only a few well companies. I think DOD at one point had a contract with every one of them. Equipment would break down, and they would bring someone in. It was a nonstop issue: rain, bridge collapse here that held up supplies for three or four days. . . . They airlifted supplies where they could. They threw the resources at it. We'd sit in these meetings twice a week with all the players—30-40-50 people in this room, and we'd go down each ETU and each little issue [and] timelines, . . . but, there are some things you just couldn't physically get done. . . . In one case, stuff was held up at the port, and [we]couldn't get it out of the container. A lot of it was West Africa." *DART Team, JCOA Interview, 18 February 2015*

ETUs: Factors Affecting Schedule (2 of 2)

- There was no “slack time” built into the plan. To date, none of the ETU schedules have been met. Things not in our control (weather, local supply inventories, ship’s movements/dockings, etc.) slowed things down, but the tight scheduling didn’t take these into consideration.

  USAFRICOM Logistics Planner (paraphrased), JCOA Interview, 13 November 2014

- They had estimated 33 days to build an ETU, but some took up to 60 days due to the need for more extensive ground preparation. The delays complicated the synchronization of healthcare worker training, personal protective equipment, etc.

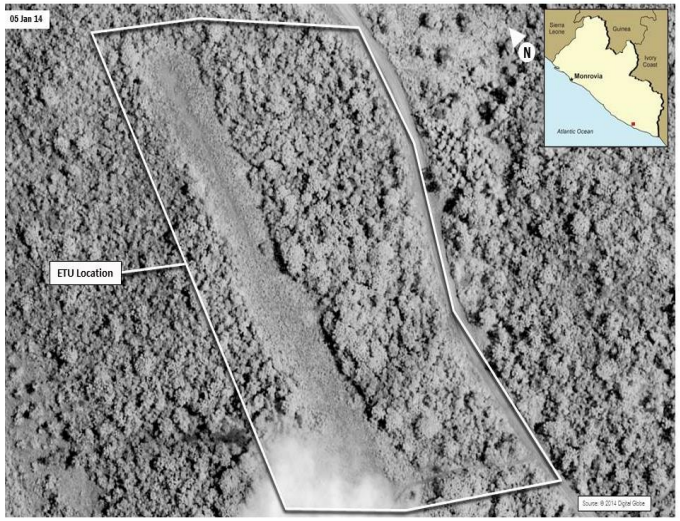
  JFC-UA Engineers (paraphrased), JCOA Interview, 17 February 2015

- We fought the plan for doing a 30-day ETU build. . . . Buchanan was probably done right at 30 days by a company of engineers, but we were better able to get to that site as it had a good road and supply network. Gbediah was challenging. It was one of the final ETUs that we built. . . . It was January before all the ETUs were done.

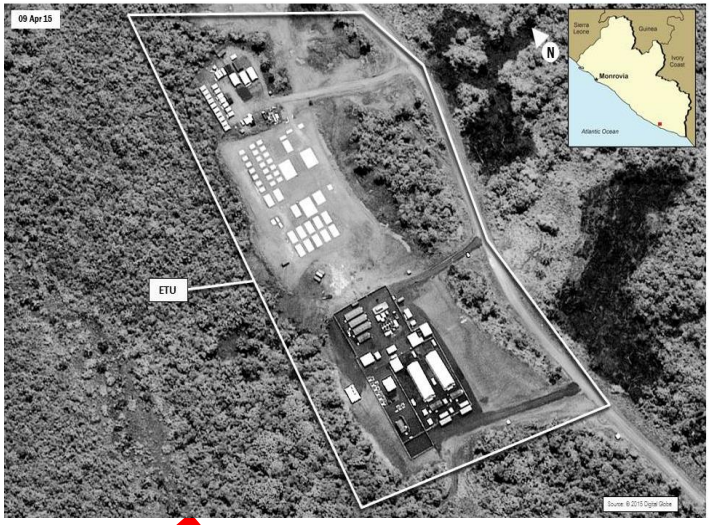
  JFC-UA J-3 (paraphrased), JCOA Interview, 20 February 2015

Building the Barclayville ETU

4 January 2014



9 April 2015



11 December 2014

30 December 2014

Photos NGA Released, © Digital Globe

ETUs: Partnership with AFL and Contracting

- The AFL knocked out two of [the ETUs]. They did Tubmanburg completely. F or Sinjay, we augmented their final days of construction with electrical and plumbing specialists.
- LOGCAP allowed us to do six near-simultaneous ETUs with FLUOR and individual sub-contractors.

JFC-UA J-3 (paraphrased), JCOA Interview, 20 February 2015

- "The willingness to partner with the AFL was really good. We were working with the GOL to get the AFL out of the quarantine patrol business and into something more positive. The US military helped the AFL build ETUs, thereby increasing the building capacity for the response."

Deborah Malac, US Ambassador to Liberia, US Embassy Monrovia, JCOA Interview, 18 February 2015

USARAF photo , 7 October 2014

- We built a separate OPORD with the AFL for Operation UNITED SHIELD that proved very useful. The operation was designed to establish the agreement with the AFL to build the ETUs, but it also created a good partnership and working relationship with the AFL. UNITED SHIELD was a combination of UNITED ASSISTANCE and WHITE SHIELD (the AFL operation).

USARAF CCP Communications (paraphrased), JCOA Interview, 14 November 2014

DOD Medical Labs

- DOD medical labs provided critical capability to quickly identify Ebola cases for isolation and treatment.
  - Six DOD medical laboratories were created from existing resources to support testing at ETUs as "Task Force Scientist."
    - Two labs were deployed in September with equipment funded by DTRA and personnel provided by Navy research labs.
    - In October, four labs and a headquarters element were created from assets in the US Army's 1st Area Medical Laboratory (AML).

"You are right in that DOD doesn't have a button you can push to say 'Here are the labs to go deploy,' especially in an expeditionary manner."

Area Medical Laboratory Commander, JCOA Interview, 19 February 2015

Medical Labs

- The labs were a unique and limited capability. It was appropriate for DOD to provide that capability.

  AMB Phillip Carter III (paraphrased), USAFRICOM Deputy Commander for Civil-Military Engagements JCOA Interview, 9 December 2014

- The labs played a critical role in separating friend from foe with the disease.

  Joint Staff J-5 (paraphrased), JCOA Interview, 13 January 2015

- At the OPT, the subject came up to discuss laboratories for Liberia and needing them to determine who has what illness/disease - need to figure out if EVD or something else. GEN Rodriguez went to DTRA and said "I need labs there and need them immediately." *DTRA LNO to USAFRICOM (paraphrased), JCOA Interview, 11 December 2014*

- The labs were important to be able to confirm or deny if someone had the disease. Ebola's symptoms are similar to other diseases. The labs helped quite a bit. Before the labs got here, samples had to be transported long distances for testing. The roads suck, especially during the rainy season so it took a long time to get results. With the addition of the remote labs, we narrowed the time for test results from a week to four hours. The Army contributed four labs, plus the two from the Navy. *JFC-UA J-9 (paraphrased), JCOA Interview, 17 February 2015*

Navy Medical Labs (1 of 2)

Operation United Assistance
Medical Efforts, 16SEP14-7OCT14

Mobile Labs

JFC-OUA Briefing, 7 October 2014

Mobile Labs: The mobile labs quickly analyze patient samples to confirm or deny Ebola cases. This is critical for the following reasons:

1. Provides the means for patients to quickly confirm/deny Ebola providing peace of mind.
2. Frees up ETU beds for infected patients; maximizes bed space.
3. Mitigates sending non-infected Liberians into 'hot' areas.

Facts:

- 2 x mobile labs provide support in two locations: Island Clinic and Cuttington University, Bon.
- Labs processed over 200 lab samples in only a few days and reduced the diagnosis time from 12-24 hours to 3-5 hours.
- An additional 4 x mobile labs have been requested to support Ebola Treatment Units in outlying areas.

"The mobile labs that came out of the Navy – fantastic, very quick, very expeditionary." *BG Peter Corey, USARAF Deputy Commander, JCOA Interview, 18 November 2014*

Navy Medical Labs (2 of 2)

- DOD initially sent labs, which provided great assistance. There were two labs on the ground before the Joint Force Command (JFC) was established.

  Defense Attaché (paraphrased), US Embassy Monrovia, JCOA Interview, 18 February 2015

- The two Navy labs came through a MITAM, but it was incredibly difficult to get them out. DTRA and NMRC are traditional partners, but DOD was not aware of their capability.

  DTRA RCT-Ebola (paraphrased), JCOA Interview, 22 January 2015

- The Navy labs are ad hoc labs. They grabbed them out of the Naval Medical Research Center, gave them some equipment, and said, "Go do this mission." They aren't an MTOE. You can't grab them on an RFF. DTRA bought a bunch of equipment and put it in a box, the Navy got the people with the expertise, and they married them up.

  US Army Area Medical Laboratory (paraphrased), JCOA Interview, 19 February 2015

US Army Area Medical Labs

- Our specific mission here is to set up small Ebola testing labs in austere locations, places that don't have electricity or water. We task-organized to bring over microbiologists and laboratory technicians to be able to run those laboratories, and then [we brought] a headquarters section to help coordinate and supply and maintain those labs.
- For this mission, they explicitly said they needed four labs. So I had to task organize within my unit and put people together with the appropriate equipment, pack it up, and bring it over so that we could do the four labs.
- With our MTOE, we could test maybe 12 samples every three to four hours. Before we came over, we augmented our equipment with the three agents necessary to test the Zaire strain in West Africa and we went out and got equipment transferred to us that could test up to 96 samples within a four-hour period.
- This requires specialized training. We train year-round. We did a week of refresher training at USAMRIID before we deployed. Each of my people has a USAMRIID certificate for Ebola testing.
- It's better to have the labs near the ETUs. You have less transport time.

US Army Area Medical Laboratory (paraphrased), JCOA Interview, 19 February 2015

Care and Training for Healthcare Workers

- Due to the number of healthcare workers becoming infected with EVD, providing adequate training to lower the risk of infection and access to a higher standard of healthcare in-country, if infected, was crucial to recruitment.
- Despite challenges, DOD medical personnel quickly developed a program of instruction and trained healthcare workers at a fixed location in Monrovia and at remote locations close to ETUs.
- DOD and the US Public Health Service overcame challenges to bring treatment for Ebola-infected healthcare workers in the Monrovia Medical Unit.

Need for HCW Training and Local Treatment Capability

- "**Exposure of health-care workers (HCWs) to EVD continues to be an alarming feature of this outbreak**. As of 1 October, 382 HCWs are known to have developed EVD (69 in Guinea, 188 in Liberia, 11 in Nigeria and 114 in Sierra Leone). 216 HCWs have died as a result of EVD infection (35 in Guinea, 94 in Liberia, five in Nigeria, 82 in Sierra Leone)."

  WHO Ebola Response Roadmap Update, 3 October 2014

- "The **severe shortage of health staff trained in Ebola response techniques in affected countries has resulted in Ebola infections among health workers** and patients unable to receive care. The U.S. government plans to support a range of efforts to address infections among healthcare workers and ensure a sufficient number of trained healthcare workers to staff ETUs and CCCs. This request will support the deployment of Commissioned Corps Officers from the U.S. Public Health Service, who will staff **a specialized treatment center for healthcare workers who contract Ebola**. Assistance will also **support healthcare worker training**."

  Emergency Request Justification, Department of State, Foreign Operations, and Related Programs, Fiscal Year 2015

- In Liberia, DOD's involvement brought confidence. DOD provided the Monrovia Medical Unit (MMU) for healthcare workers to get treatment if they became infected. I pulled the trigger for the MMU. There was a dramatic shift in others being willing to come once DOD involvement was announced.

  CDC Representative (paraphrased), JCOA Interview, 31 March 2015

Need for Local Treatment Capability – MMU

- "As part of its broader support to the international community's efforts to fight Ebola, the United States has built and staffed a 25-bed hospital for health workers near Monrovia. **The Monrovia Medical Unit (MMU) is principally designed to care for international and Liberian healthcare workers and responders who may be infected with Ebola, and serves as a means of critical reassurance aimed at attracting these essential volunteers**."

  Department of State Demarche, United States Opens Ebola Medical Unit, 25 November 2014

- In Liberia, DOD's involvement brought confidence. **DOD provided the MMU for healthcare workers to get treatment if they became infected**. I pulled the trigger for the MMU. **There was a dramatic shift in others being willing to come** once DOD involvement was announced. *CDC Representative (paraphrased), JCOA Interview, 31 March 2015*

- "**Doctors, nurses and other health care workers, some 179 of whom died, are no longer at risk because quality treatment facilities are available to them**."

  Address by Her Excellency, President Ellen Johnson Sirleaf at an Event Hosted by Congressman Chris Coons and The US Institute of Peace, 26 February 2015

HCW Training Challenges

- A standardized program of instruction did not exist and subject matter experts disagreed over training specifics.
- The mix of personnel had to be adjusted based on training requirements, once identified.
- Remote site mobile training team requirements evolved, which were synchronized to support the opening of ETUs.
- The need to “train the trainer” to provide an enduring capability for the organizations manning the ETUs was identified late in the healthcare worker training program.



No Standard Program of Instruction

- The base order stated that we needed to train health care workers to the WHO/MSF approved training. It didn't exist. And the two organizations differed on their PPE standards and how to use the PPE. There was a conference to discuss what the standard should be and MSF walked out of the meeting. CDC is also working on their own program of instruction, which is different from WHO and MSF. So we took the first couple of weeks to hammer out a program of instruction (POI) we could use for training these health care workers. We then sat down with the Government of Liberia leads for the Ebola outbreak to get their approval of our POI.

  USARAF Surgeon (paraphrased), JCOA Interview, 14 November 2014

- There wasn't anything already existing that could be used for the training. They went to WHO and MSF to get an idea of what should be done, but they couldn't agree. In the end, it was the Government of Liberia who approved the POI.

  Joint Staff J-4 Surgeon's Office (paraphrased), JCOA Interview, 14 January 2015

- At CDC, we based our training program off of MSF's very successful course. They maintain a very high standard for how they operate in ETUs. So that was what we modeled this program after. Our training actually covered both MSF and WHO protocols since the people we trained could have been going to work in an ETU the protocols of either organization. *CDC Representative (paraphrased), JCOA Interview, 31 March 2015*

Personnel Requirements Adjusted

- For the healthcare worker training task, it really helped getting someone on the ground early. The original RFF was for 60 people (20 Army, 20 Navy, and 20 Air Force), primarily made up of enlisted medics. We got the lead trainer on the ground the second week of October. She coordinated with WHO, went through their training, and adopted their program of instruction. In that process, it became clear that we needed to modify the RFF. We **needed more health providers and clinicians** and **fewer medic-type** personnel. The assumption for the RFF was that the training entailed just PPE donning, use, and removal. The **training included PPE but it was only 1/3rd of the training. The training also included diagnostics and triage / execution in a mock ETU.**

  JFC-UA J-3 (paraphrased), JCOA Interview, 20 February 2015

- The original requirement was for 60 medics: 20 Army, 20 Air Force, and 20 Navy medics. We didn't think the mix would be right. I got in country on 13 October 2014 and on the 14th, I met with the WHO and I sat through part of their training program. The way the WHO was teaching it, they were using clinicians, medical personnel, and nurses to teach the program. We were originally planning on bringing about 10 officers and 60 enlisted medics over, which wouldn't have worked. We requested professional support to teach the course because **it was a clinical-heavy course** as opposed to how to put on and take off PPE.

  86th Combat Support Hospital (paraphrased), JCOA Interview, 21 February 2014

Mobile Training Teams

- It became evident in the first two weeks that we would need to do mobile training teams. It was in the USARAF plan, I think. I had the right mix of leadership to be able to do the mobile training. I got an infectious disease physician and I had some very experienced officers that did reconnaissance missions. We were able to put together some very strong teams to do the training. They were very flexible because things happened in every location. The venue would change or they would be asked to stay another week. The key was having the right people who could be flexible in handling issues on the spot.
- The training is tied to the ETU completion dates. People were coming over to be trained so that they could work in the ETUs. When the ETUs were not finished on schedule, it caused some logistics issues. Some of the ETUs were not being finished until January, but the training mission did not go into January. So, we had to hand off some of the training requirements to others.

86th Combat Support Hospital (paraphrased), JCOA Interview, 21 February 2014

- The four mobile training teams were synchronized with the ETU builds and recruitment of the healthcare workers (which was done by USAID and NGOs). The mobile training teams would spend about a week at the remote training sites.

JFC-UA J-3 (paraphrased), JCOA Interview, 20 February 2015

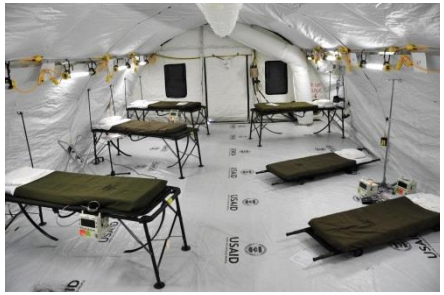
Train the Trainer

- This guidance to train trainers and hand off the training program to the NGOs was given out **nearly three-quarters of the way through the training program** that we executed from late October through December.
- The Train the Trainer program needed to be established prior to the initial mobile team activation and in coordination with the NGO partner manning the ETU. If it had been done weeks in advance, it would have resulted in a more successful ongoing program. There is a **high turnover rate for ETU employees**, so there is a continuing need to train new people.
- In a few instances, we were able to notify the ETU unit in advance that we wanted to leave a program behind so that they could maintain it themselves and we were able to work out the training and validation of trainers. For a couple of places, we did have people who went through Monrovia training first so that when we got to the remote location, they were prepared to be side-by-side instructors with us.
- In two locations, we ended up having too many students, so we ended up doing two back-to-back courses. We were able to cherry-pick students from the first course to follow on as instructors in the second course. We could mentor them and see how they taught.
- But the **people that we had already taught didn't have the capability or the tools to provide follow-on training**.

86th Combat Support Hospital (paraphrased), JCOA Interview, 21 February 2014

Monrovia Medical Unit Challenges

- Monrovia Medical Unit (MMU) challenges included:
  - Changing Requirements and Location
  - Staffing and Maintenance in Light of Redline for Direct Patient Care
  - Accountability and Responsibility for Equipment in Interagency Environment



Ellen Johnson Sirleaf, the President of Liberia, speaks at the opening ceremony of the Monrovia Medical Unit, 5 November 2014

MMU Challenges: Changing Requirements and Location

- "Initially, they . . . said, 'We want two 75-bed hospitals.' And we said, 'Okay, the cost is going to be $59M.' They [gasped]. Then they came up with the EMEDs, which was only $25M. But, initially, they wanted it to be an 'everything' hospital, then they wanted it to be an Ebola hospital, then they wanted it to be a research hospital just for vaccines, then it turned into an Ebola hospital again."

  Joint Staff J-4 Surgeon's Office, JCOA Interview, 14 January 2015

- "The President [of Liberia] and US Ambassador to Liberia, they had sited the location [for the MMU]. Well, I sent my engineers… to go out and assess where they were putting it. It was a terrible place; it was a swamp. It would have been a failure."

  MG Darryl Williams, JFC-UA Commanding General, USARAF, JCOA Interview, 19 November 2014

- We found other sites through relationships. For example, we'd met the port and airport authorities and they said we could put the MMU at the airport. We asked the President of Liberia for approval and she said yes. We hadn't originally planned to put it there, but it worked out better.

  USARAF Command Sergeant Major (paraphrased), JCOA Interview, 19 November 2014

A team of US Navy engineers survey the site they chose to build a 25-bed medical facility next to the airport in Monrovia, Liberia, 27 September 2014 (Photo: Jerome Delay, AP)

MMU Challenges: Staffing and Maintenance

- The MMU was a capability we could provide, but there was a staffing challenge that delayed deployment and the ability to make it operational. It took a while to get the staffing with uniformed public health worked out. It could have been deployed and operational much faster if not for the staffing challenge.

  AMB Phillip Carter III (paraphrased), USAFRICOM Deputy to the Commander for Civil-Military Engagements, JCOA Interview, 9 December 2014

- One of the interesting things was a broken air conditioner in the hot zone of the MMU. DOD and DOD contractors couldn't go into the hot zone to repair it, based on the DOD policy restrictions. A USAID contractor could go into the hot zone to repair it, but wasn't allowed to work on DOD equipment. We finally found a workable solution in that USPHS personnel removed the equipment from the hot zone, decontaminated it, got DOD to repair it, and then USPHS reinstalled it in the MMU. So, we resolved it eventually. *USPHS LNO to JFC-UA (paraphrased), JCOA Interview, 19 February 2015*

A U.S. Public Health Service officer helps put the final touches on the administrative area of the Monrovia Medical Unit, 4 November 2014

MMU Challenges: Accountability

- There was a point when the equipment got here and was dropped off at the APOD. No one was formally signed for or tracking any of this equipment. The MMU took their portion and the rest got put at the DLA warehouse. There was a period of time while it was at the DLA warehouse that it was unaccounted for. **People could grab what they wanted** and walk away with it.
- Eventually accountability was established by our logistics company. They took all the excess equipment and inventoried it. It has since been shifted back to the MMU and it is their responsibility to maintain it. They basically gave them the containers with all the supplies in them and a list of everything.
- I don't think there is clear guidance on how to take DOD property and have accountability transferred to another federal agency. The military is still accounting for that equipment, even though we are not using it or seeing it on a daily basis.
- A medical property accountability system needs to be put in place for these types of mission. It's very easy to lose track of expensive pieces of equipment. There are also the medical considerations for use on patients. There **are requirements for calibration and maintenance**. If no one is tracking the equipment for accountability, then **no one is ensuring that it is being properly maintained**.

86th Combat Support Hospital Representative (paraphrased), JCOA Interview, 21 February 2014

Partnerships for Logistics

- Despite challenges of operating in an austere environment, JFC-UA aircraft sped logistics and personnel to remote locations and supported other response organizations when requested through a MITAM.
- JFC-UA partnered with the lead for the UN Logistics Cluster, the World Food Programme, for "last mile" logistics to ETUs.
- UN Mission in Liberia (UNMIL) shared information and landing sites.

"I traveled to the region thinking we faced a healthcare crisis with a logistics challenge. In reality, we face a logistics crisis focused on a healthcare challenge. The shortage of local transportation, passible roadways, and inadequate infrastructure to facilitate the movement of essential supplies and equipment are hindering the overall global community response to contain and combat the Ebola outbreak."

Michael Lumpkin, Assistant Secretary of Defense for Special Operations and Low-Intensity Conflict, Statement for the Record before the 113th Congress US Senate Appropriations Committee, 12 November 2014

JFC-UA Aircraft Expedited Movement

- The aircraft were needed to speed response at the more remote sites. It took our aircraft two hours to deliver material that would have taken weeks to deliver by other means.
- We carried building material and an incinerator.
- Since this was a humanitarian mission, we were able to use the MEDEVAC aircraft for more general support missions. We took the medical trainers for the healthcare workers to their remote training sites. We flew missions to the labs and ETUs. We were able to spread the load across the entire task force. It really hasn't been done before like we did it. We had to do significant legal reviews with the Red Cross to make sure that we weren't misusing the aircraft.

Aviation Brigade 2-501st Battalion Commander (paraphrased), JCOA Interview, 22 February 2015

- We tied 88% of the flight hours directly to MITAMs. Every AMR was tied to a MITAM if it was related to building an ETU, for example, or to training healthcare workers. The other 12% of flight hours not tied to MITAMs were for maintenance and the like

JFC-UA J-3 Air Operations (paraphrased), JCOA Interview, 20 February 2015

Challenges in an Austere Environment

- Initially, all we had was a Bing map of the area. People would tell me about different areas and I would go visit the suggested sites for operations.
- We needed to create a helicopter landing zone book. The HLZs needed to be near where we thought the ETUs would be. Some of the places had UNMIL landing zones, but some didn't. Some of the landing zones had been used once, or the last use had been in 2009. We did that for two weeks until we got better imagery with Google Earth and could do better mission planning.
- We identified approximately 200+ landing zones, about 40 of which were used frequently. We got the air crews to take photographs of the landing zones as they came in to land.

JFC-UA J-3 Air Operations (paraphrased), JCOA Interview, 20 February 2015

- The air structure here is very undeveloped. They don't have radar. There are no permanent weather sensors. It took us a few days to figure out the weather patterns. We were able to use SATCOM radio, which is something we don't typically train with. SATCOM radio was a huge benefit for us in a country like this. Our normal blue force tracking mechanisms didn't work very well here. So SATCOM radio saved the day by allowing us to talk between aircraft and to the TOC.

Aviation Brigade 2-501st Battalion Commander (paraphrased), JCOA Interview, 22 February 2015

Partnership with World Food Programme (1 of 2)

- The World Food Programme is the go-to UN organization for logistics. They are the lead for the logistics cluster. Disasters are logistics-dependent.

Former USAID OFDA Advisor to USAFRICOM Commander (paraphrased), JCOA Interview, 23 March 2015

- The World Food Programme was used to move food. They were not used to doing this kind of distribution. They were a money-maker with partners in the response. A single hub was established at the stadium in Monrovia to house the supplies coming in. A lot of supplies were coming in to the stadium, but not a lot were going forward to more remote areas. WFP established 4-5 logistics bases in the countryside. They encouraged partners to push supplies out forward so that they would be closer to the areas that needed them. But, there was mistrust, fear of not being in control. As a result, the other organizations were reluctant and slow to push the supplies forward. We (DOD) were the first to take advantage of the WFP's forward distribution points. It was especially beneficial for us, because the WFP agreed to do the last tactical mile distribution of supplies to the ETUs we built.

JFC-UA J-4 (paraphrased), JCOA Interview, 21 February 2015

Partnership with World Food Programme (2 of 2)

- "World Food Programme is a great example. We always knew that that was our likely exit strategy when it came to logistics support for the ETUs. They already have a strong capacity in this country to move heavy logistics. They had trucking; they had warehousing capability. They were building more warehousing capability. And so, we looked for how do we augment what they have? We provided them with forklifts. We provided them with training on how to maintain and use those forklifts . . . . All of those things just made their capacity stronger to pick up the logistics piece and made it easier for us then to hand it to them… Then, with our mobility with rotary wing, we were then able to fly out to every one of their warehouses and then take a look at what was working and what wasn't, and offer advice. They could take it or leave it. In most cases, they took it. That worked out very well."

BG Frank Tate, JFC-UA, 101st AASLT Deputy Commanding General-Support, JCOA Interview, 23 February 2015

Coordination with UNMIL

- Our "go-to" organization was UNMIL. On 7 October, I attended a UNMIL meeting that had everyone there, including some higher-level people. The Chief of Aviation for Spriggs-Payne Airfield was there. Aviators have a common bond. UNMIL's aviators knew the area. They handed me a DVD with a lot of their LZs on it. I have subsequently handed it back to them, updated based on our experience with the operation. For example, we included the photos of the LZs that we took.

  JFC-UA J-3 Air Operations (paraphrased), JCOA Interview, 20 February 2015

- Some of UNMIL's landing zones were pretty small. After about three weeks, we tried to find out where and when they were flying so that we could deconflict and synchronize efforts. If we were all going to the same location, we sequenced it over time so that we weren't getting in each other's way or damaging property.

  Aviation Brigade 2-501st Battalion Commander (paraphrased), JCOA Interview, 22 February 2015

- We had to coordinate ground movement. We didn't have points of contact at remote locations to help coordinate the ground movement, so we used the NECC to do the coordination. UNMIL had the local contacts and were able to move. They were helpful partners.

  JFC-UA J-9 Civil Affairs (paraphrased), JCOA Interview, 17 February 2015

Transition

Transition efforts were planned in advance and executed effectively; however, early force-sourcing decisions created complications.

Findings:

- Early emphasis on transition, with the use of a decision support matrix and continual refinement of handover criteria and tasks, facilitated a timely and successful transition.
- Uncertain mission requirements and follow-on force sourcing factors complicated combatant commander planning.

"This is an interim response—an interim effort until the international community, civilian agencies, other organizations, [and] NGOs could come in behind us. It's very much how disaster response should be designed."

Anne Witkowsky, Deputy Assistant Secretary of Defense for Stability and Humanitarian Affairs, JCOA Interview, 16 January 2015

Transition to Non-DOD Entities

<u>Finding:</u> Early emphasis on transition, with the use of a decision support matrix and continual refinement of handover criteria and tasks, facilitated a timely and successful transition.

Why it happened:

- Early in the operation, JFC-UA and the DART refined tasks and milestones to lay the foundation for mission transition.
- As the mission progressed, JFC-UA coordinated with the DART and gaining organizations to develop handover criteria and ensure they could sustain the required functions and activities.
- As tasks were completed, JFC-UA proactively rightsized the force.

"The JFC is leaving at exactly the right time. They accomplished their tasks without mission creep. They did it right, in that they filled the gap until others could."

UN Mission in Liberia Officer, JCOA Interview, 23 February 2015

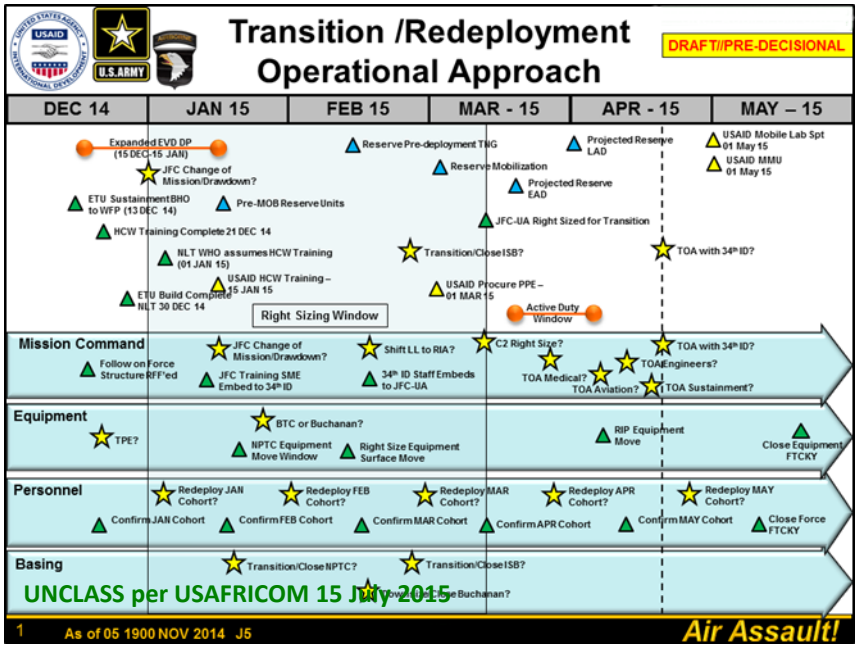
Tasks and Milestones (1 of 2)

– "I think, big idea-wise, one of the biggest successes here—MG Volesky was absolutely rigid in the idea that **we are not going to have any mission creep**. We are not going to expand what we were sent here to do. . . . **It would have been very easy to start saying, 'Well, we can also do this or we can do that.' But then the next thing you know, we could never leave.**"

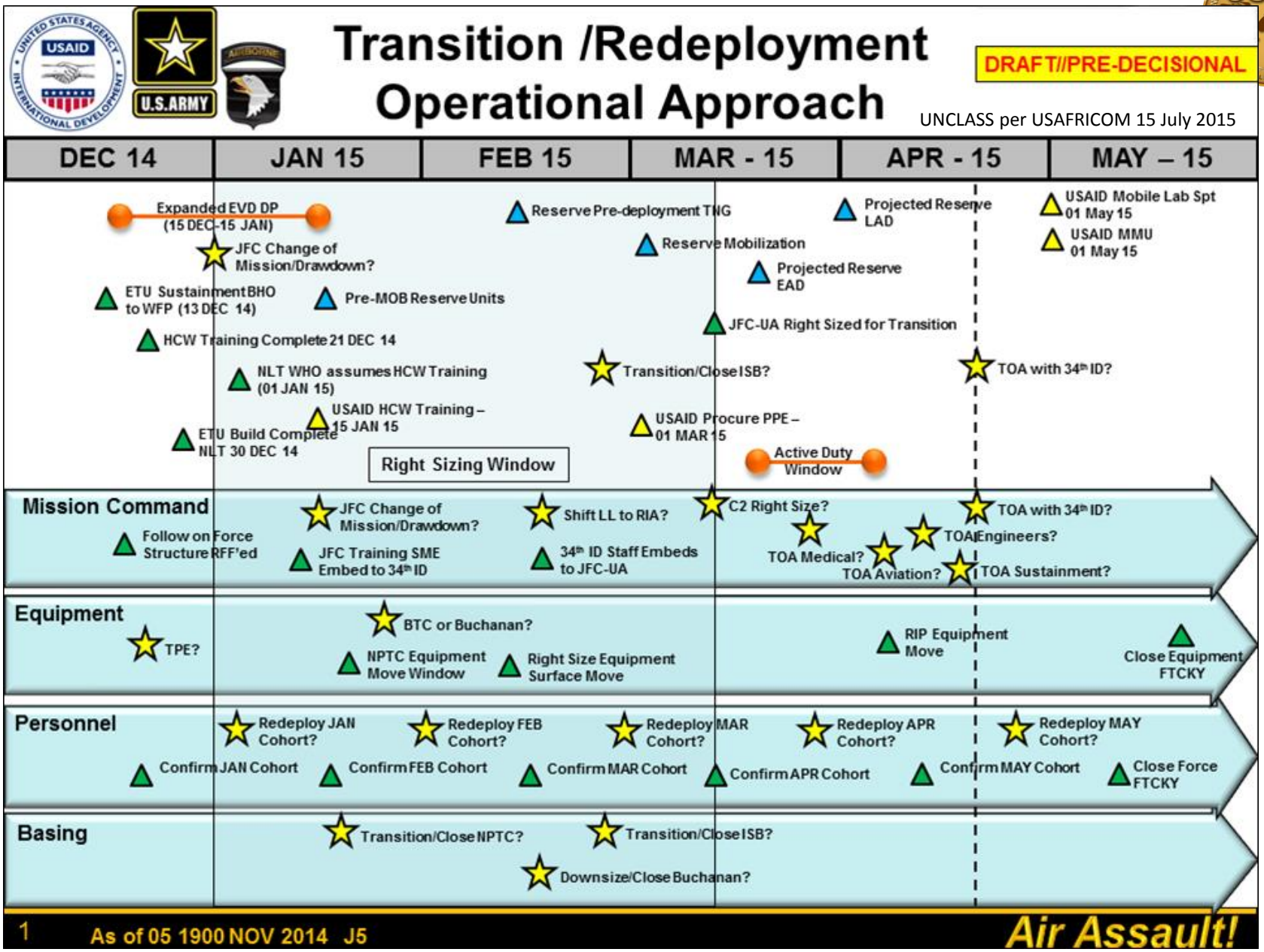
BG Frank Tate, JFC-UA, 101st AASLT Deputy Commanding General-Support, JCOA Interview, 23 February 2015

– "We drove transition. We said [we will hand over] 31 December. Sustainment and handover of the World Food Programme, we said 31 December. **We drove suspenses for completions of Ebola treatment units.** Not because our partners did not want to necessarily do it, but **we had the capacity and ability to plan and to see all of that, and then to work with them to synchronize these efforts**."

MG Gary Volesky, JFC-UA, 101st AASLT Commanding General, JCOA Interview, 23 February 2015



JFC-UA Commander's Conference Brief, 6 December 2014



JFC-UA Commander's Conference Brief, 6 December 2014

Tasks and Milestones (2 of 2)

– "Let's **plan the transition** near simultaneously with [the] ground tactical plan and **then establish milestones.** One of the things, from a DOD perspective, that I think we offer is clear ability to say here is the mark on the wall when most people won't want to put marks on the wall."

MG Gary Volesky, JFC-UA, Commanding General 101st AASLT, JCOA Interview, 23 February 2015

– "The overall duration of this mission has still not been determined. However, at the end of the year we are scheduled to have all ETUs built, all required health care workers trained, and the sustainment of ETUs and other facilities turned over to the World Food Programme."

"JFC-UA PA Communications Plan," 23 December 2014

Decision	Conditions	Action	Tasks	CCIR		
				PIR (EVD)	HNIR	FFIR
Terminate Op United Assistance	IF: All DART-validated requests are met or mitigated.(Met) AND: No additional DOD assistance required /requested. (Met) AND: EVD outbreak downward trend continues; regional nations and int'l community able to manage local incidents/prevent spread. (Met) AND: NGOs and GoL are able to maintain and sustain operations. (Met) AND: All long term efforts are transitioned to DART-validated follow-on entities (NGO, IO, GOL). (Met)	THEN: AFRICOM terminates OUA.	• Complete all transition tasks. • Ensure proper disposition of all FHA material in the JOA. • Rescind / redepord RFF for follow-on forces. • Redeploy OUA forces. • Transition to phase Zero/Capacity building efforts	• EVD transmission contained or continues downward trend. • IR: EVD cases remain in single digits. • IR: EVD cases confined to current countries.	• Host Nation and/or NGOs able to sustain all ongoing efforts (ETU, MMU, logistics) without DOD support. • IR: ~1500 Health Care workers trained • IR: ETU construction complete; ETUS operational • IR: Regional Nations updated Disaster Plans	• USAID/OFDA stated no further DoD assistance required. • All MITAMs complete. • No additional request for assistance from Country Teams or Regional nations. • Diagnostics labs turned over to DTRA/CBEP. • Residual DOD Labs under COM authority. • Logistics and supply chain for ETUs and MMU transitioned to DART-validated entities. • ISB transitioned to long-term posture plan. • Healthcare worker training fully transitioned. • Capacity building plan developed.

USAFRICOM Decision Support Matrix for OUA Termination, undated

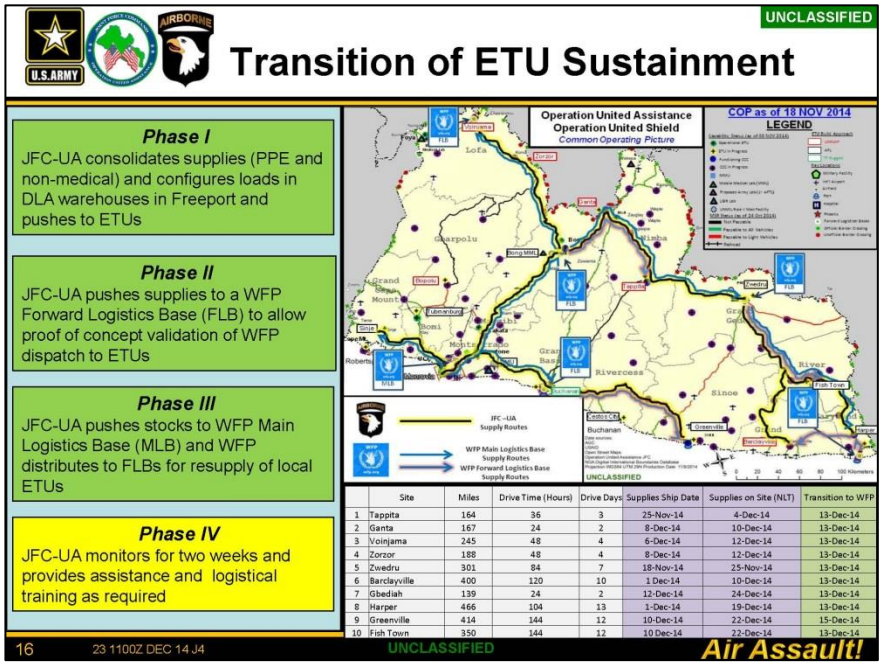
Handover Criteria (1 of 2)

– "We never envisioned that the military would be here a long time. At the height of the outbreak, other people were running away from the fire. **We always wanted the military to handoff as soon as possible to civilian entities.** We needed to get things moving and build civilian capacity so that we could eventually handoff to GOL systems. We messaged that from the beginning: **the military is here to do specific tasks. When it makes sense, they will handoff to civilian entities**."

Deborah Malac, US Ambassador to Liberia, USEMB-Monrovia, JCOA Interview, 18 February 2015

– "JFC-UA transitioned military tasks to civilian partners as they attained sufficient capacity."

"USAFRICOM Posture statement to Congress," 17 March 2015



JFC-UA Command Brief, 23 December 2014

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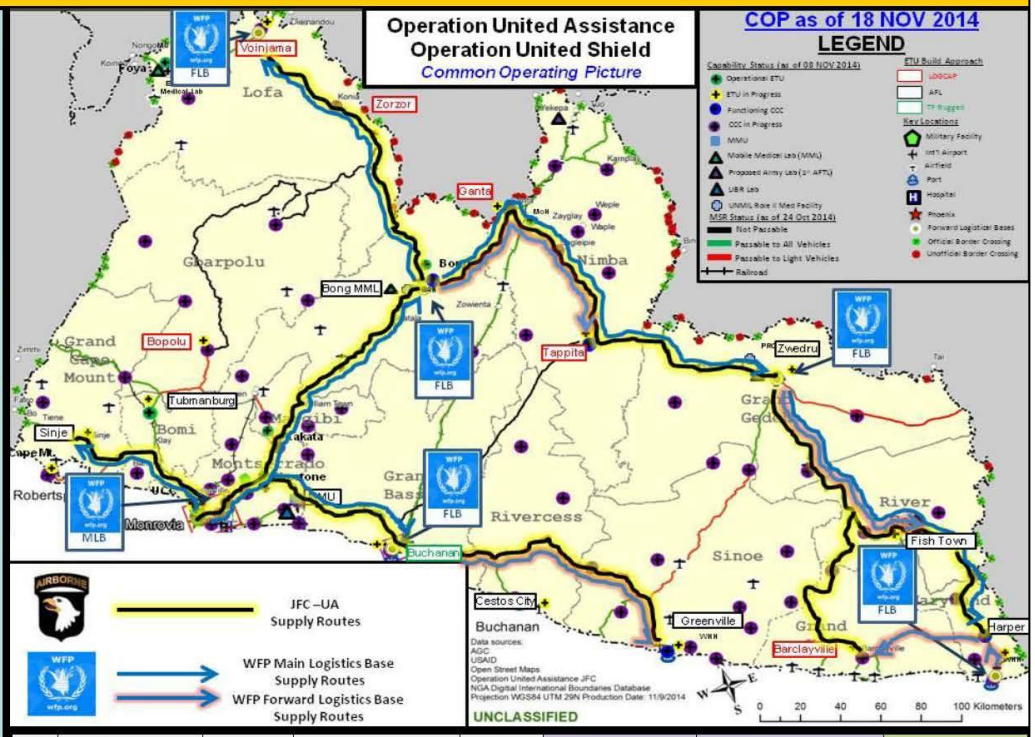
Transition of ETU Sustainment

Phase I
JFC-UA consolidates supplies (PPE and non-medical) and configures loads in DLA warehouses in Freeport and pushes to ETUs

Phase II
JFC-UA pushes supplies to a WFP Forward Logistics Base (FLB) to allow proof of concept validation of WFP dispatch to ETUs

Phase III
JFC-UA pushes stocks to WFP Main Logistics Base (MLB) and WFP distributes to FLBs for resupply of local ETUs

Phase IV
JFC-UA monitors for two weeks and provides assistance and logistical training as required



	Site	Miles	Drive Time (Hours)	Drive Days	Supplies Ship Date	Supplies on Site (NLT)	Transition to WFP
1	Tappita	164	36	3	25-Nov-14	4-Dec-14	13-Dec-14
2	Ganta	167	24	2	8-Dec-14	10-Dec-14	13-Dec-14
3	Voinjama	245	48	4	6-Dec-14	12-Dec-14	13-Dec-14
4	Zorzor	188	48	4	8-Dec-14	12-Dec-14	13-Dec-14
5	Zwedru	301	84	7	18-Nov-14	25-Nov-14	13-Dec-14
6	Barclayville	400	120	10	1 Dec-14	10-Dec-14	13-Dec-14
7	Gbediah	139	24	2	12-Dec-14	24-Dec-14	13-Dec-14
8	Harper	466	104	13	1-Dec-14	19-Dec-14	13-Dec-14
9	Greenville	414	144	12	10-Dec-14	22-Dec-14	15-Dec-14
10	Fish Town	350	144	12	10 Dec-14	22-Dec-14	13-Dec-14

JFC-UA Command Brief, 23 December 2014

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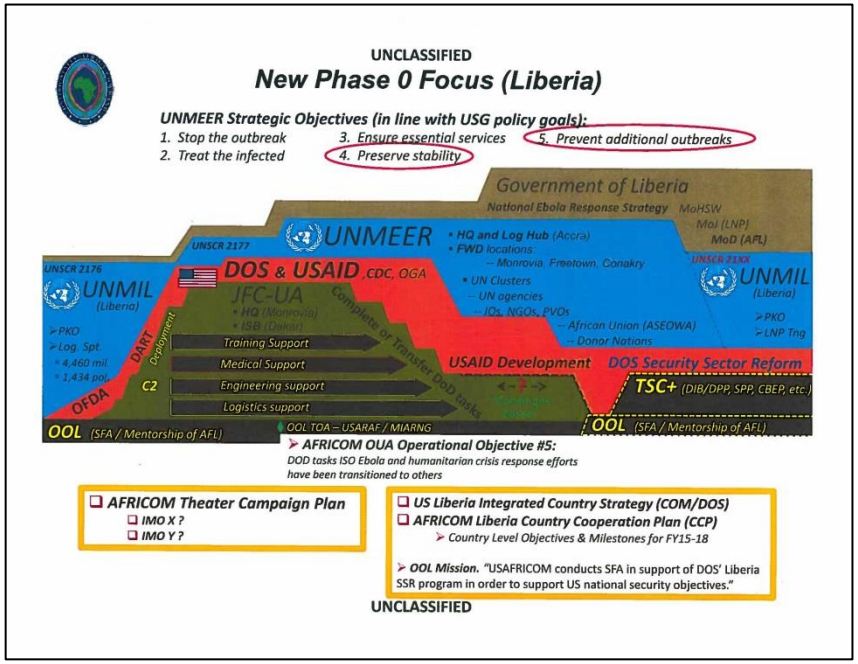
Handover Criteria (2 of 2)

– "For what is a short-term, or desired to be a short-term, mission like this, **you've got to come in already thinking about what your transition plan is**. Who are the partners you should be working with **toward the eventual goal of transitioning to them taking over**?"

BG Frank Tate, JFC-UA, 101st AASLT Deputy Commanding General-Support, JCOA Interview, 23 February 2015

– "We were trying to say, **'Who are the USAID partners that we might be transitioning what to and what are the target dates for doing so?'** Finally we got all that information together, and we put together this slide, which ended up being . . . **essentially the same slide [that was] briefed to the president**."

USAFRICOM J-5 Planner, JCOA Interview, 19 February 2015



USAID-DOD OUA Transition Plan, undated

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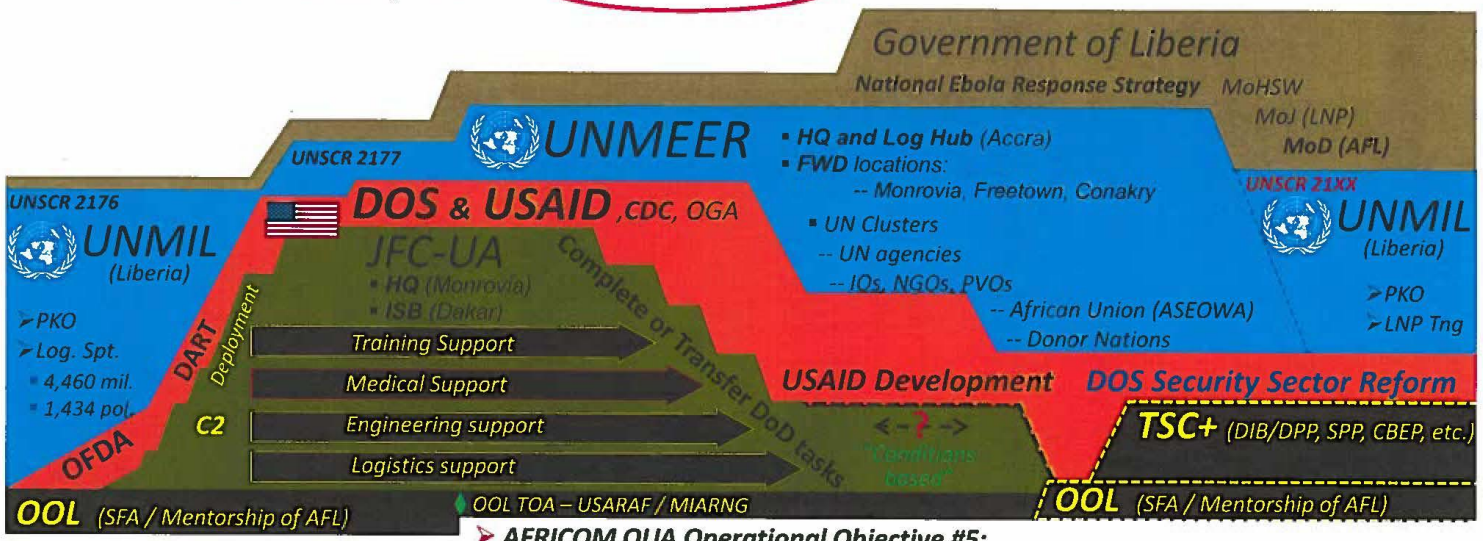
New Phase 0 Focus (Liberia)

UNMEER Strategic Objectives (in line with USG policy goals):

1. Stop the outbreak
2. Treat the infected
3. Ensure essential services
4. Preserve stability
5. Prevent additional outbreaks



➢ **AFRICOM OUA Operational Objective #5:**
DOD tasks ISO Ebola and humanitarian crisis response efforts have been transitioned to others

- ❑ **AFRICOM Theater Campaign Plan**
  - ❑ IMO X ?
  - ❑ IMO Y ?

- ❑ **US Liberia Integrated Country Strategy (COM/DOS)**
- ❑ **AFRICOM Liberia Country Cooperation Plan (CCP)**
  - ➢ Country Level Objectives & Milestones for FY15-18
- ➢ **OOL Mission.** "USAFRICOM conducts SFA in support of DOS' Liberia SSR program in order to support US national security objectives."

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USAID-DOD OUA Transition Plan, undated

Sustainability

- "JFC-UA will monitor the logistics systems built with our U.S. partners and the World Food Programme to **ensure those systems are reliable, sustainable, and remain to the standard established.**" *"JFC-UA PA Communications Plan," 23 December 2014*
- "[The thing that] General Rodriguez told me when I was coming over here was you are going to bring speed, flexibility, and confidence. That's what you are going to bring to Liberia from the DOD perspective and the joint force. But **what I want to make sure you don't do is put in a capacity or capability that can't be sustained**."
- "We also said at the transition point [the gaining organizations] are going to take it over, but **we are going to go three weeks to the left of that and watch to make sure the system that you are bringing in is reliable, sustainable, and to the standard that we expect that if we were providing it, it would achieve**."

  MG Gary Volesky, JFC-UA, Commanding General 101st AASLT, JCOA Interview, 23 February 2015
- The CG was good about thinking about the transitions from the start. For example, **how to make the healthcare worker training sustainable for Liberia** was a question from the beginning. *JFC-UA Chief of Staff (paraphrased), JCOA Interview, 23 February 2015*
- We intentionally did not want to set something in place that couldn't be sustained by the country after we left. *JFC-UA J-9 (paraphrased), JCOA Interview, 20 February 2015*

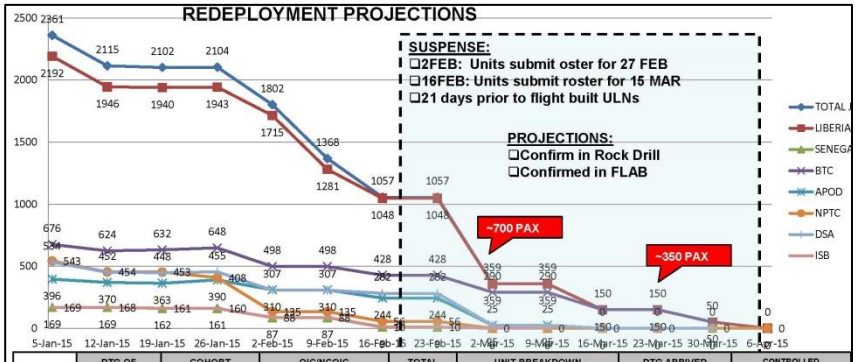
Rightsizing the Force (1 of 2)

– "The commander's got to drive the assessment to continually get the staff to look at the new conditions to see what the impact on what your campaign plan lines of effort are. **That is why we were able to send people home and rightsize the force**, which is what I think we were able to do for this residual force which is coming."

MG Gary Volesky, JFC-UA, Commanding General 101st AASLT, JCOA Interview, 23 February 2015

– We are about 2600-strong now, which may be the height of the footprint. **We have a conceptual waterfall chart for a drawdown to about 600**.

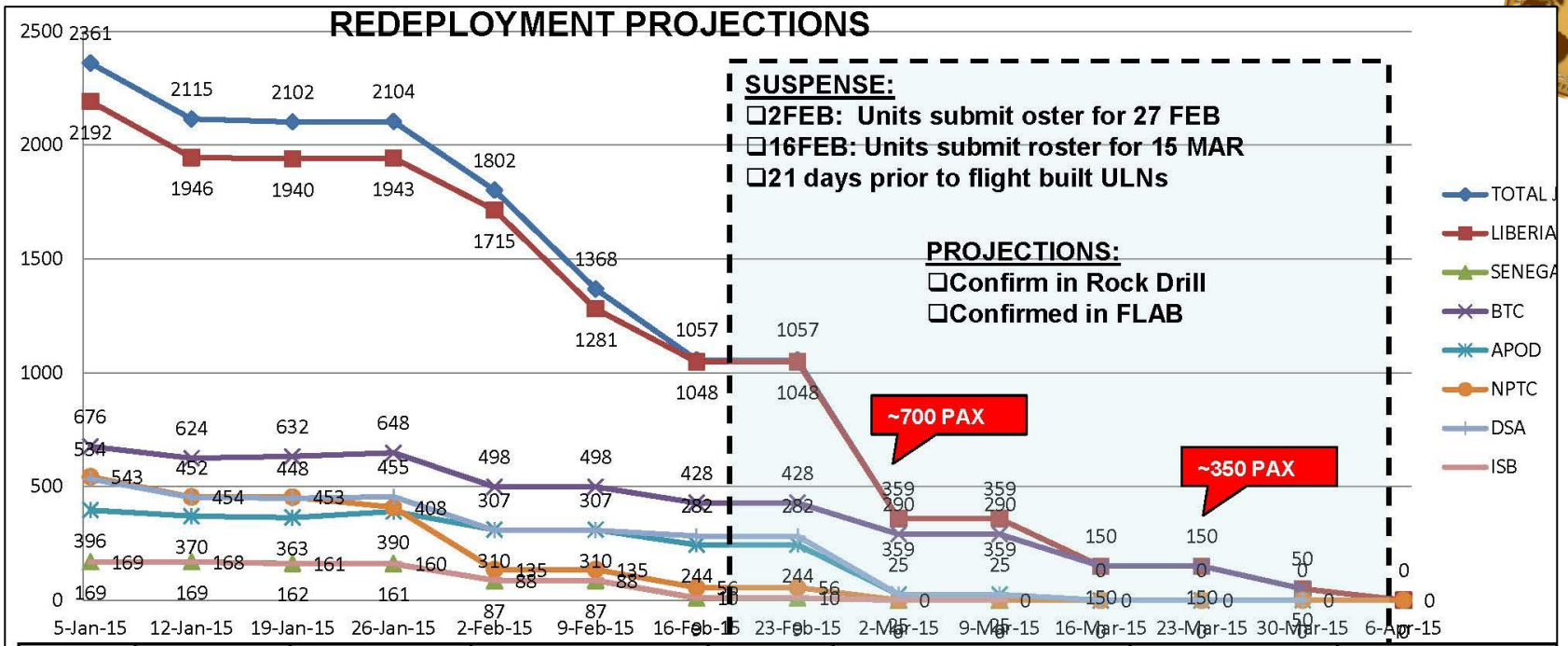
JFC-UA J-9 (paraphrased), JCOA Interview, 3 December 2014



	DTG OF DEPARTURE	COHORT LOCATION	OIC/NCOIC	TOTAL PAX	UNIT BREAKDOWN	DTG ARRIVED	CONTROLLED MONITORING/ (21 DAYS)
FLIGHT 2 6JAN	061558JAN15	FBTX COHORT 3 AND 4	CPT WHISTLER/MSG PRIDE	163	COH 3: 101 SBDE- 84; COH 4: HHB- 15, 86CSH- 9, 2-501- 55	071515JAN15Z	6JAN-27JAN DEP: 271020JAN14
	061558JAN15	FHTX COHORT 5	CPT TOWNS/SGM MILES	87	36ENG-87	071009JAN15Z	6JAN-27JAN DEP: 270800JAN14
FLIGHT 3 2FEB15	020150FEB15	FBTX COHORT6-8	LTC GALLEGOS/CSM GRAHAM	225	86 CSH- 23; HHBN-24; 2-501 AVN-39; 101 SB-139		2FEB-22FEB DEP:230800FEB15
FLIGHT 4 3FEB15	040150FEB15	JBLE/FBTX COHORT 9-10	CPT CHASE/1SG RATTON// MAJ GAGE/SFC GOODNER	110/117	922 CCT: 1; 101SBDE- 12; HHBN- 49, 86CSH- 38, DLA- 3, AML-5// 86 CSH- 56; HHBN- 50		4FEB-24FEB DEP:250800FEB15
FLIGHT 5 5FEB15	050335FEB15	FHTX COHORT 11-12	LTC BAKER/SGM MCADAMS	207	36ENG-203, HHBN-4		5FEB-25FEB DEP:260800FEB15
FLIGHT 6 15FEB15	(T)16XXXXFEB DDHHM	JBLM/FBNC COHORT 13-15	COL BAILEY/ CSM DOYLE MAJ UPSHAW/1SG MARR	234	FBNC: 64: HHBN-35; 1st AML: 6; 86 CSH-8; 101 SB-12; DLA-3;// JBLM: 170: 922CCT- 1; HHBN-23; 86 CSH-19; 36 ENG-41; 2-501 AVN- 62; 101 SB- 24:		

JFC-UA Commander's Update Brief, 27 January 2015

REDEPLOYMENT PROJECTIONS



	DTG OF DEPARTURE	COHORT LOCATION	OIC/NCOIC	TOTAL PAX	UNIT BREAKDOWN	DTG ARRIVED	CONTROLLED MONITORING/ (21 DAYS)
FLIGHT 2 6JAN	061558JAN15	FBTX COHORT 3 AND 4	CPT WHISTLER/MSG PRIDE	163	COH 3: 101 SBDE- 84; COH 4: HHB- 15, 86CSH- 9, 2-501- 55	071515JAN15Z	6JAN-27JAN DEP: 271020JAN14
	061558JAN15	FHTX COHORT 5	CPT TOWNS/SGM MILES	87	36ENG-87	071009JAN15Z	6JAN-27JAN DEP: 270800JAN14
FLIGHT 3 2FEB15	020150FEB15	FBTX COHORT6-8	LTC GALLEGOS/CSM GRAHAM	225	86 CSH- 23; HHBN-24; 2-501 AVN-39; 101 SB-139		2FEB-22FEB DEP:230800FEB15
FLIGHT 4 3FEB15	040150FEB15	JBLE/FBTX COHORT 9-10	CPT CHASE/1SG RATTON// MAJ GAGE/SFC GOODNER	110/117	922 CCT: 1; 101SBDE- 12; HHBN- 49, 86CSH- 38, DLA- 3, AML-5// 86 CSH- 56; HHBN- 50		4FEB-24FEB DEP:250800FEB15
FLIGHT 5 5FEB15	050335FEB15	FHTX COHORT 11-12	LTC BAKER/SGM MCADAMS	207	36ENG-203, HHBN-4		5FEB-25FEB DEP:260800FEB15
FLIGHT 6 15FEB15	(T)16XXXXFEB DDHHM	JBLM/FBNC COHORT 13-15	COL BAILEY/ CSM DOYLE MAJ UPSHAW/1SG MARR	234	FBNC: 64: HHBN-35; 1st AML: 6; 86 CSH-8; 101 SB-12; DLA-3;// JBLM: 170: 922CCT- 1; HHBN-23; 86 CSH-19; 36 ENG-41; 2-501 AVN- 62; 101 SB- 24:		

JFC-UA Commander's Update Brief, 27 January 2015

Right-Sizing the Force (2 of 2)

- By January, we just needed to wrap up some wells (for ETUs) and logistics responsibilities to NGOs and IGOs. Things were calming down so **we were able to start sending some people home**.

  JFC-UA J-9 (paraphrased), JCOA Interview, 17 February 2015

- "FORSCOM was going to have to source who was going to replace us. We worked with USAFRICOM to continually adjust the size of the unit replacing us. Because of the progress we made, **we replaced 2500 Servicemen and women with 32**." *MG Gary Volesky, JFC-UA, Commanding General 101st AASLT, JCOA Interview, 23 February 2015*

Sourcing Follow-On Forces

<u>Finding:</u> Uncertain mission requirements and follow-on force sourcing factors complicated combatant commander planning.

Why it happened:

- Uncertainty of the breadth and duration of the operation complicated defining requirements for the follow-on force.
- The desire to relieve stress on active component resources impacted the decision to source follow-on forces from the Reserve Component (RC).
  - For some, funding for the RC was also a consideration.
- Interpretation of laws and policies forced the combatant commander into an early, but inaccurate, determination of follow-on requirements.

The 101st needed to start planning the transition to the reserve follow-on force before they had fully arrived in theater. *Joint Staff J-35 (paraphrased), JCOA Interview, 12 January 2015*

Uncertain Future Requirements (1 of 2)

- We anticipate a **January decision point** regarding whether the **operation might shift to another location in West Africa**. The Liberians are getting the outbreak under control here, but numbers seem to be increasing in Sierra Leone, and there is also concern about Guinea. **I don't know if we'll "lift and shift" to one of those countries**, but we're doing some contingency planning just in case.

  JFC-UA J-9 (paraphrased), JCOA Interview, 3 December 2014

- **We need to decide if we are going to shift operations into Sierra Leone and/or Guinea.** The Joint Staff wanted the Reserve Component. The Joint Staff wrote the RFF for the reserve force taking over from the 101st at the 3,000-personnel level. USAFRICOM didn't write the RFF.

  MG Bryan Watson (paraphrased), USAFRICOM J-3, JCOA Interview, 10 December 2014

- "The other thing that people forget is that early on, there was a great deal of talk, not just early on, but all the way into January—**a great deal of discussion—about whether we were also going to expand into Sierra Leone and Guinea.**"

  BG Frank Tate, JFC-UA, 101st AASLT Deputy Commanding General-Support, JCOA Interview, 23 February 2015

Uncertain Future Requirements (2 of 2)

– We built the RFF for the follow-on force in December. We realized that an approach would be National Guard, so we were trying to get ahead of their policy and cycle. That was our best guess. We went through multiple iterations with USAFRICOM**. We tried not to paint the follow-on force into any arbitrary conditions. Not knowing where we were going to be in the April timeframe, it was a mark on the wall.** It was a churn post-Thanksgiving in building that RFF.

JFC-UA J-3 (paraphrased), JCOA Interview, 20 February 2015

Active Component Preservation

- "We have a **smaller active force to respond worldwide against a 'fight tonight-type' scenario**, and we need to preserve that. Our army has between two and six brigade combat teams, ready at any moment to go . . . **why would we divert any capability to an OUA-type mission**, when the RC can do that kind of thing?"
- "The 101st Airborne, who was **preparing for a mission in Afghanistan at the highest level of readiness** to go fight a counterinsurgency, is now being diverted to a mission, which really [an] RC two-star command could have done, I think, in a very fine manner." *MG W. Scott Gorske, ACJS for NG Matters, JCOA Interview, 9 February 2015*
- **We were on glidepath to be TAC-South or TAC-East in Afghanistan**. The 101st sustainment brigade was also going to Afghanistan. [The] 86th CSH was probably three weeks from going to Afghanistan, but got off-ramped. Guidance came down to try to fill the RFFs, where applicable, from units at Fort Campbell if we could, to facilitate unity of effort. It ended up being the Division TAC, plus the 86th CSH, and the contracting battalion that came from Fort Campbell. **If you back up seven months from when we were supposed to deploy to Afghanistan, that's when this operation hit**. *JFC-UA J-3 (paraphrased), JCOA Interview, 20 February 2015*

Decision Timelines (1 of 2)

- **We thought it would be a six-month problem** according to DOD and USAID estimates, so the **Army decided to make it a six-month rotation** which had the reserves coming in about April. It takes 180 day notification if from Service. The SecDef can accomplish this in 120 days, but that has political implications. This meant **the 101st needed to start planning the transition to the reserve follow-on force before they had fully arrived in theater**.

Joint Staff J-35 (paraphrased), JCOA Interview, 12 January 2015

- **We let the Services make the decisions on the six-month deployment and on the Reserve component** without anyone saying that it doesn't make sense. We are living with the consequences of this now. It looks like the outbreak response will be successful and **DOD will be able to begin drawing down in January—but the Reserve Component is already on orders**. We spent political capital to accelerate the activation and now we may not need them. So now we're discussing what we can do with the Reserve Component that has been activated.

MG Bryan Watson (paraphrased), USAFRICOM J-3, JCOA Interview, 10 December 2014

Decision Timelines (2 of 2)

- As a result of the Army request to mobilize reserves as the follow-on to the 101st, OUA was declared a 'contingency operation' in December. At the outset of the RFF for an Army Division headquarters, **the Army said that a follow-on division headquarters would not be available**. Within the first week, there were conversations about Presidential authority to mobilize the reserves . . . . The point is that the contingency operation declaration was not a deliberate choice made by the department's senior leadership. I don't know of any document that lists all the consequences of a contingency declaration.

  Joint Staff J-35 (paraphrased), JCOA Interview, 23 January 2015

- "The lesson is that if you are going to use reserves, you need to do it outside the 180-day window to **provide time for the commander to do assessments and plan**. COL Robbins developed the RFF for the Guard in about a week – it was brilliant, but forced."

  Joint Staff J-35 (paraphrased), JCOA Interview, 12 January 2015

Funding Reserve Forces (1 of 2)

- "From my foxhole, accessing the RC is always a money issue . . . mobilizing the Reserve Component versus the Active Component does cost the federal government more dollars." *BG Ivan Denton, J-1, National Guard Bureau, JCOA Interview, 28 May 2015*
- **We need a long-term, agile fund to avert this in the future**. The SecDef has a EEE (triple E—emergency and extraordinary expense) fund, but it has limited funding, approximately $30 million. Outside of OCO, we have no central transfer account. We need to contemplate agility for global international crises, if even to support IA (interagency partners).

  Michael Lumpkin (paraphrased), Assistant Secretary of Defense (SO-LIC), JCOA Interview, 3 March 2015
- "Some capability only resides in the RC, at least in the Army for example. . . . If we're going to do these humanitarian assistance type missions and you're going to need the DOD to be part of that response, then **we may need more immediate access to funds that support that type mission.**"

  MG W. Scott Gorske, ACJS for National Guard Matters, JCOA Interview, 9 February 2015

Funding Reserve Forces (2 of 2)

- A specific restriction is **[OHDACA] cannot be used for resource pay** (personnel pay/benefits). It also does not pay for controlled monitoring; Services have to pay for that. This brings up the use of reserves. It costs a lot more than using active duty, which is considered sunk cost. **The delta between active duty and activating the reserves (and all the benefits, pay, family benefits, etc.) eat through budgets quickly**. Service components could have selected the use of reserves, but they had to eat the cost.
- The usage of **OHDACA not paying for resource pay** (reserve pay and benefits) is a **policy, not a law**. This **could be changed should the need arise** in a contingency.

Monique Dilworth (paraphrased), SES, OSD Comptroller, JCOA Interview, 10 February 2015

Policy & Legal Issues Related to use of OHDACA for Operation UNITED ASSISTANCE (OUA)

The following is a list of decisions related to the use of OHDACA funding in support of Operation UNITED ASSISTANCE (OUA). Noting the unique nature of OUA, these decisions are specific to OUA and may not be interpreted as guidance applicable to all DoD Foreign Disaster Relief (FDR) efforts funded by OHDACA. Furthermore, many of these decisions are specific to a unique OUA question. All related issues should be addressed on a case-by-case basis. These decisions do not serve, and should not be considered, as blanket policies.

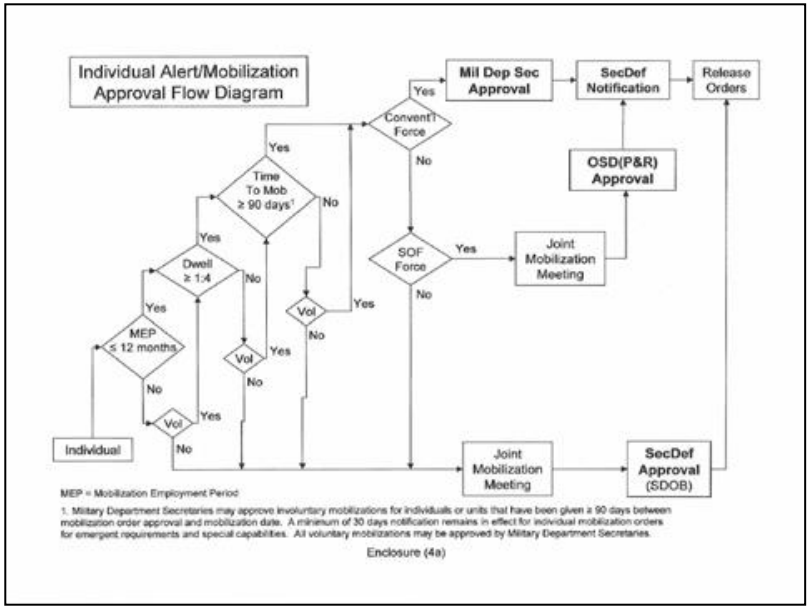
ISSUE (Decision)	Legal/Policy Input	Source	Date
Reserve Base Pay and Allowances (NO)	DSCA/OGC advised: "While there is no written DoD or DSCA guidance that explicity answers this question, as a matter of long standing practice, DoD has not premitted the use of OHDACA funds to pay for the base pay of military personnel and the salaries of DoD civilian employees providing humanitarian assistance." "Pursuant to (10 USC 2561), ODHACA funds are appropriated for the purpose of providing humanitarian assistance. Whether OHDACA funds may be used to pay for the salaries of DoD personnel providing humanitarian assistance is both a question of statutory interpretation and a policy matter. Even if Title 10 USC 2561 can be legally interpreted to allow the use of OHDACA funds to pay for the base pay of military members, including Reservists, such a practice poses serious policy concerns beause this practice would significantly diminish DoD's overall ability to provide HA...If OHDACA appropriations are expended for DoD salaries there will be significantly less resources to pay for other costs in (HA). For this reason, and the reasons explained below, any decision to use OHDACA to reimburse Reserve or civilian salaries merits close scrutiny."	DSCA/OGC Memo	1-Oct-14

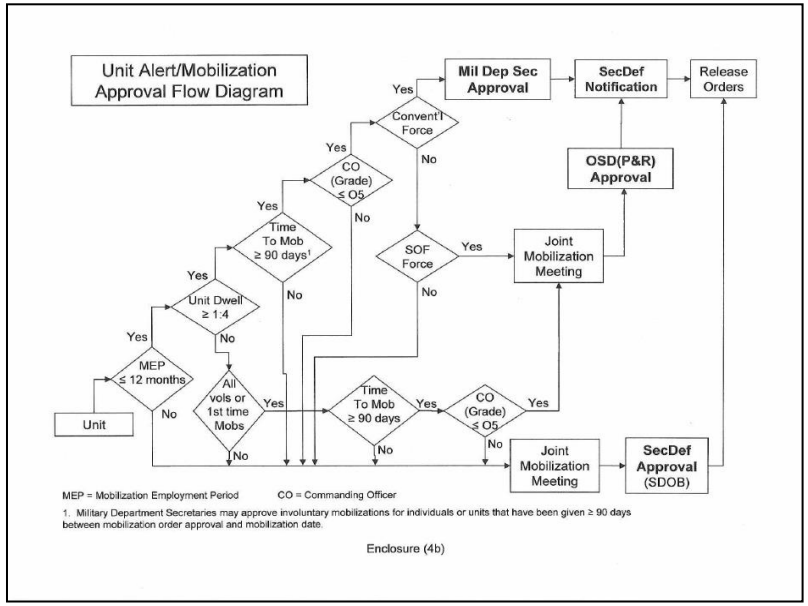
USAFRICOM J5-87 Working Paper, undated

Policy Misunderstood

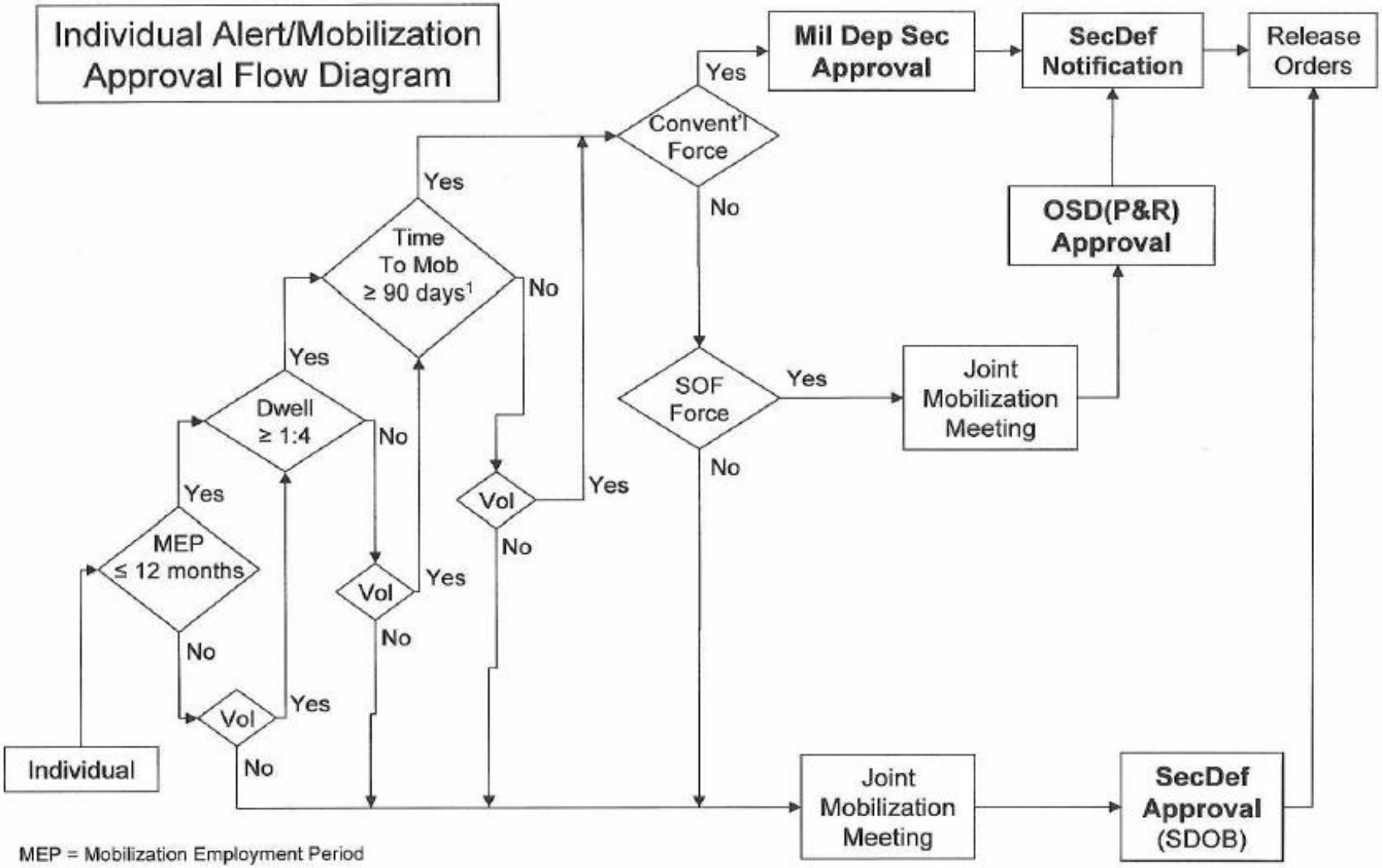
- For 14 years, we've been fighting the global war on terror. The Services know how to tap into the Reserve component to do that. **What we forgot how to do is the emergent—the total surprise**.
- We can't project an emergent crisis. How would we ever give somebody 180-days notice for the next Hurricane Katrina or Hurricane Sandy? **The 180 days was built for the rotational, predictable things that we know about**, but the 180 days has become so engrained that it's, "Oh my God, it's inside 180 days; we have to go to the SecDef."

OUSD P&R (paraphrased), JCOA Interview, 30 May 2015





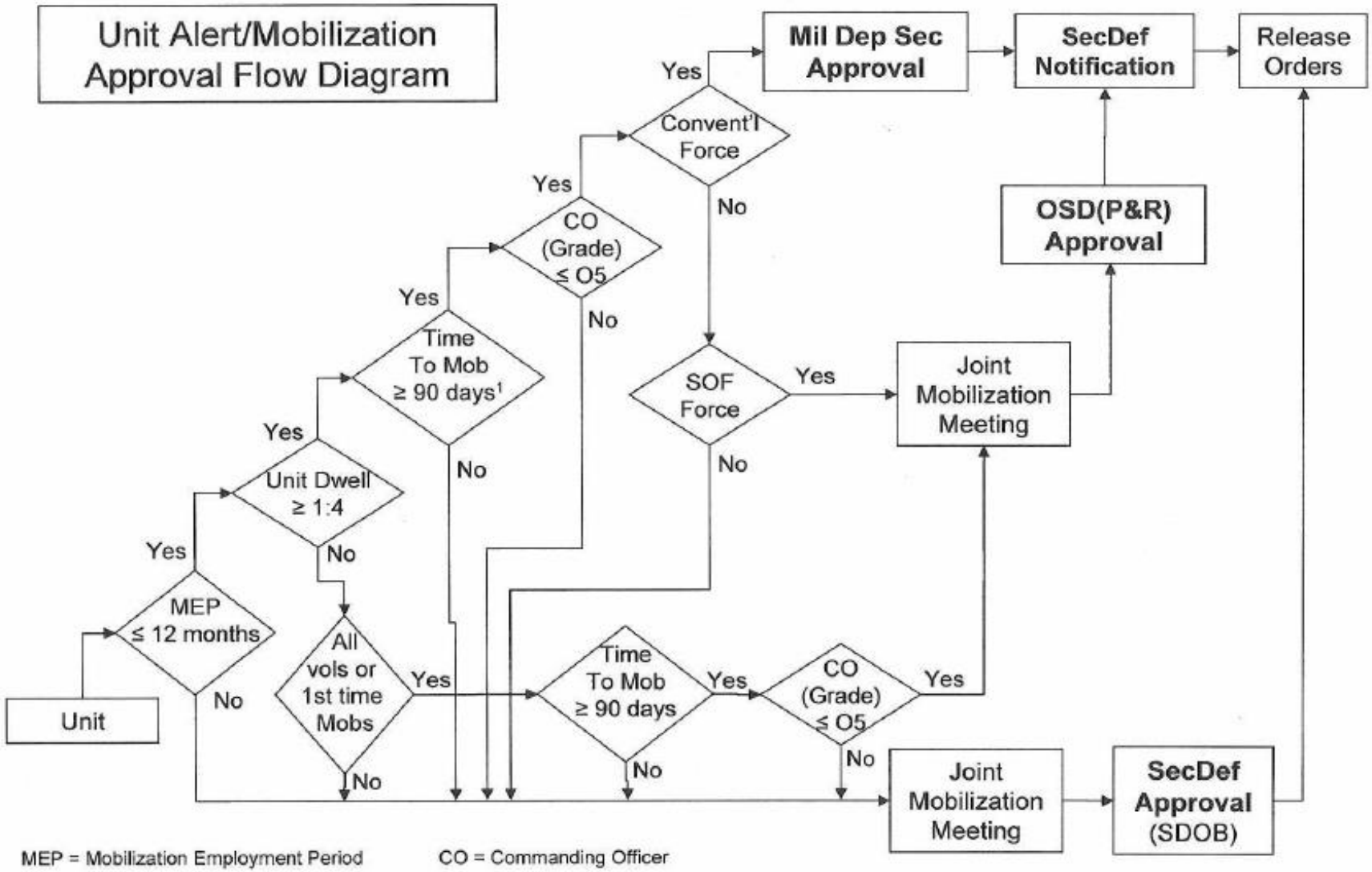
ASD(RA) Memo, Reserve Component Alert/Mobilization Decision Process, 20 August 2008



1. Military Department Secretaries may approve involuntary mobilizations for individuals or units that have been given ≥ 90 days between mobilization order approval and mobilization date. A minimum of 30 days notification remains in effect for individual mobilization orders for emergent requirements and special capabilities. All voluntary mobilizations may be approved by Military Department Secretaries.

Enclosure (4a)

ASD(RA) Memo, Reserve Component Alert/Mobilization Decision Process, 20 August 2008



Enclosure (4b)

ASD(RA) Memo, Reserve Component Alert/Mobilization Decision Process, 20 August 2008

Accessing the Reserve Components

– "A member of a RC who will be ordered to active duty for more than 30 days in support of a contingency operation (as defined in section 101(a)(13) of title 10, United States Code) receives notice in advance of the mobilization date. In so far as is practicable, the **notice shall be provided not less than 30 days before the mobilization date, with a goal of 90 days** before the mobilization date."

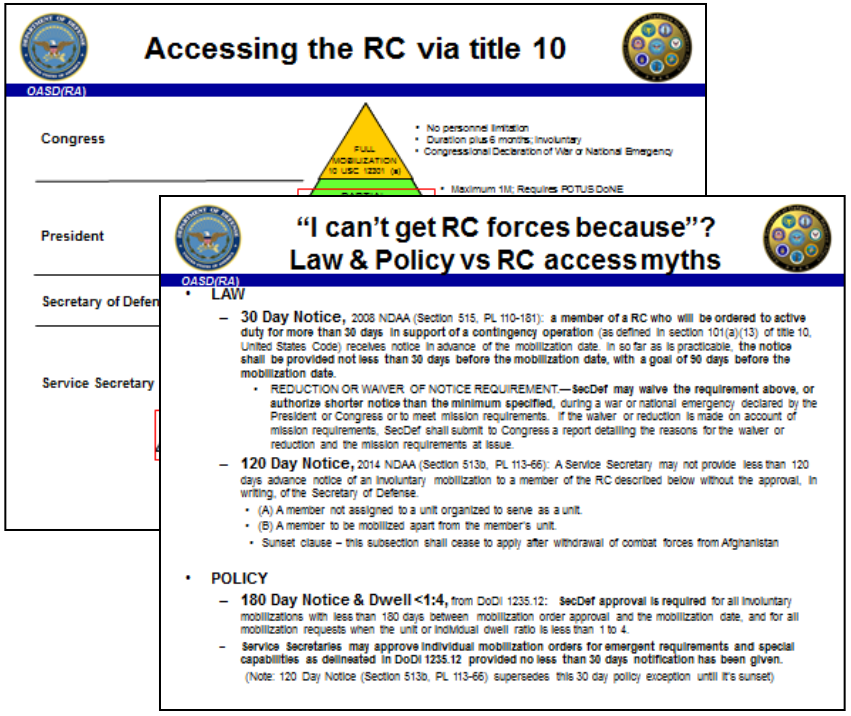
2008 National Defense Authorization Act (Section 515, PL 110-181)

– "A **Service Secretary** may not provide **less than 120 days advance notice** of an **involuntary** mobilization to a member of the RC described below without the approval, in writing, of the SecDef.

(A) **A member not assigned to a unit organized to serve as a unit**.

(B) **A member to be mobilized apart from the member's unit**."

2014 National Defense Authorization Act (Section 513b, PL 113-66)



RC Access Brief, ASD(RC), 15 May 2015

"I can't get RC forces because"? Law & Policy vs RC access myths

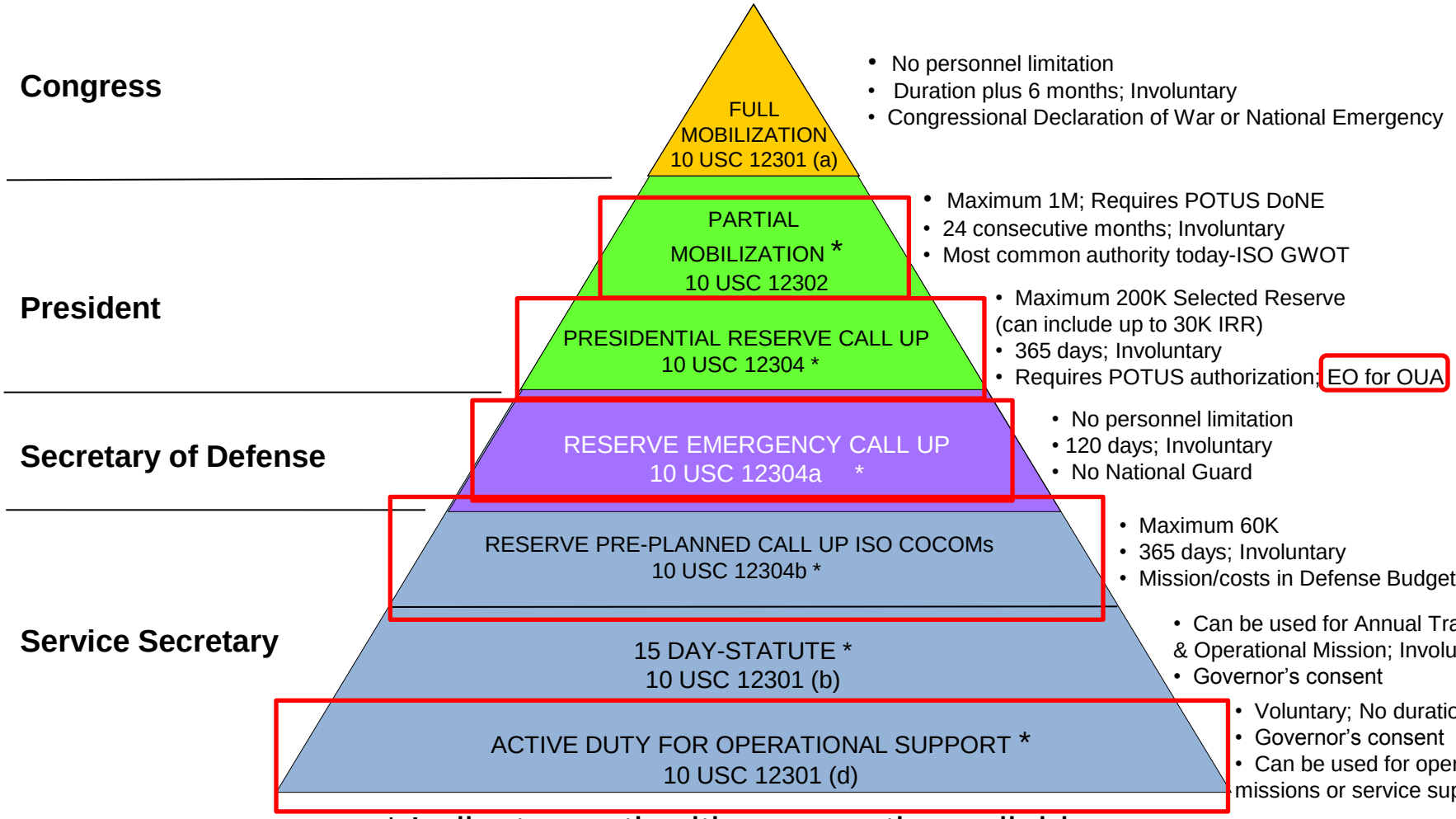
OASD(RA)

- **LAW**
  - **30 Day Notice,** 2008 NDAA (Section 515, PL 110-181): **a member of a RC who will be ordered to active duty for more than 30 days in support of a contingency operation** (as defined in section 101(a)(13) of title 10, United States Code) receives notice in advance of the mobilization date. In so far as is practicable, **the notice shall be provided not less than 30 days before the mobilization date, with a goal of 90 days before the mobilization date.**
    - REDUCTION OR WAIVER OF NOTICE REQUIREMENT.—**SecDef may waive the requirement above, or authorize shorter notice than the minimum specified,** during a war or national emergency declared by the President or Congress or to meet mission requirements. If the waiver or reduction is made on account of mission requirements, SecDef shall submit to Congress a report detailing the reasons for the waiver or reduction and the mission requirements at issue.
  - **120 Day Notice,** 2014 NDAA (Section 513b, PL 113-66): A Service Secretary may not provide less than 120 days advance notice of an involuntary mobilization to a member of the RC described below without the approval, in writing, of the Secretary of Defense.
    - (A) A member not assigned to a unit organized to serve as a unit.
    - (B) A member to be mobilized apart from the member's unit.
    - Sunset clause – this subsection shall cease to apply after withdrawal of combat forces from Afghanistan
- **POLICY**
  - **180 Day Notice & Dwell <1:4,** from DoDI 1235.12**: SecDef approval is required** for all involuntary mobilizations with less than 180 days between mobilization order approval and the mobilization date, and for all mobilization requests when the unit or individual dwell ratio is less than 1 to 4.
  - **Service Secretaries may approve individual mobilization orders for emergent requirements and special capabilities as delineated in DoDI 1235.12 provided no less than 30 days notification has been given.**

    (Note: 120 Day Notice (Section 513b, PL 113-66) supersedes this 30 day policy exception until it's sunset)

RC Access Brief, ASD(RC), 15 May 2015

Accessing the RC via Title 10



* Indicates authorities currently available

RC Access Brief, ASD(RC), 15 May 2015

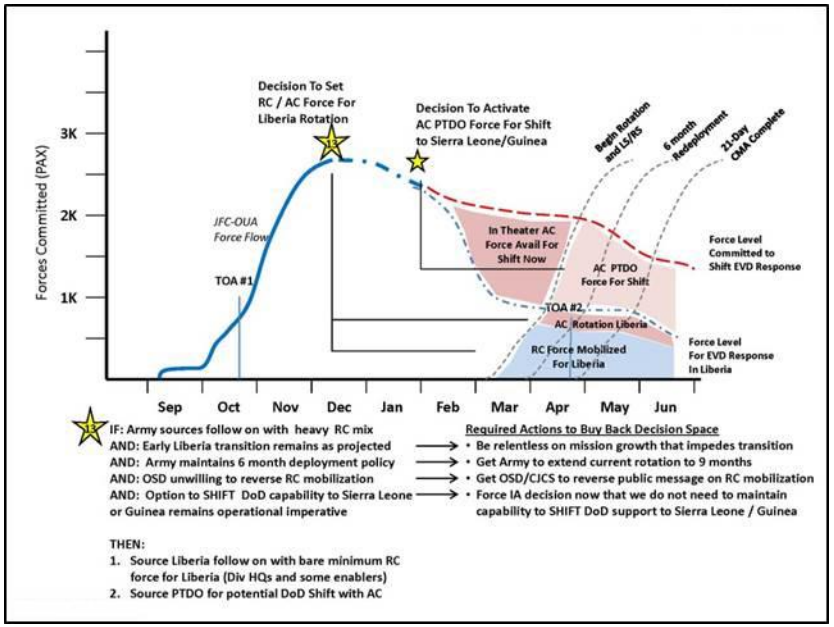
Policy Misunderstood

– We built the RFF for the follow-on force in December. We realized that an approach would be National Guard, so we were trying to get ahead of their policy and cycle. That was our best guess. We went through multiple iterations with USAFRICOM**. We tried not to paint the follow-on force into any arbitrary conditions. Not knowing where we were going to be in the April timeframe, it was a mark on the wall.** It was a churn post-Thanksgiving in building that RFF.

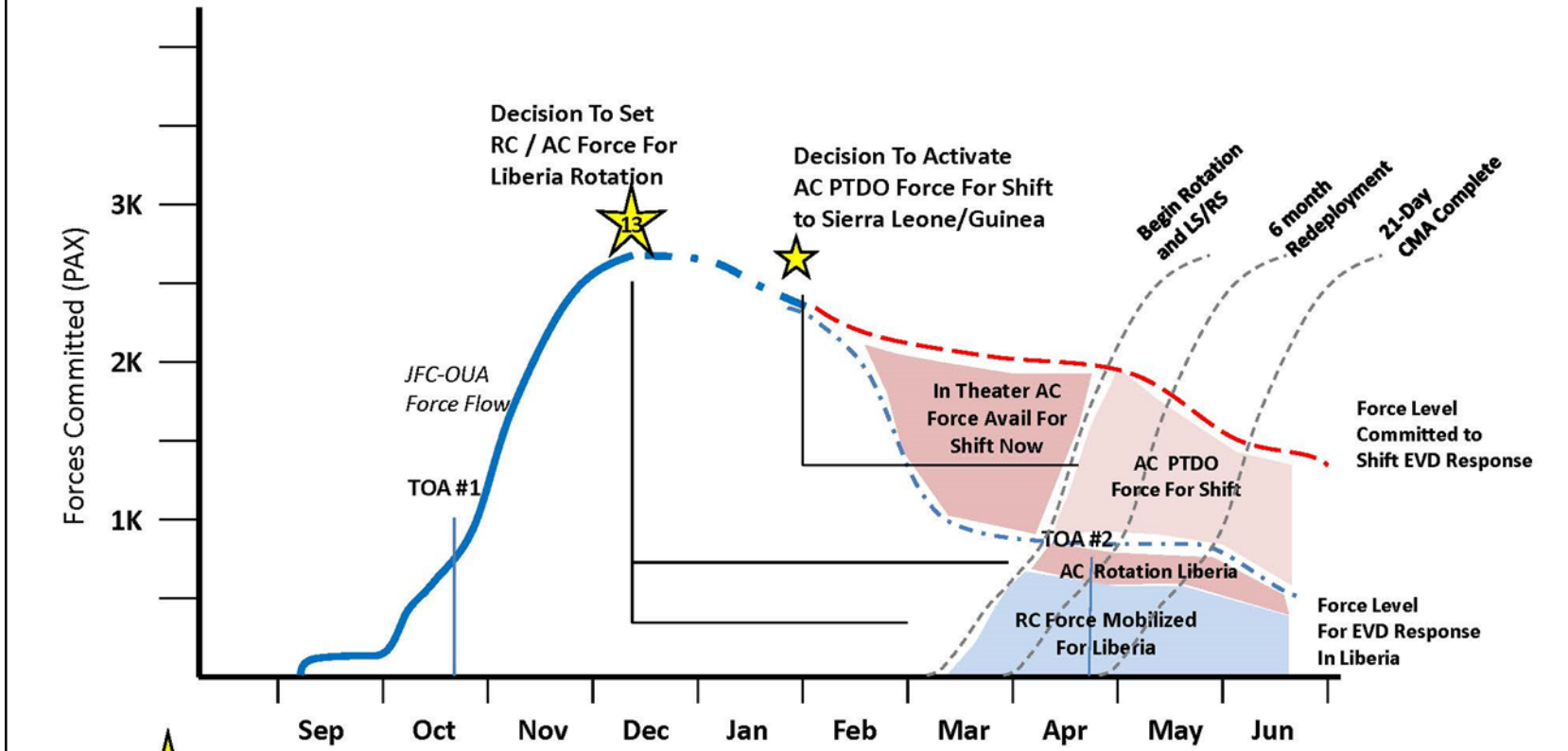
JFC-UA J-3 (paraphrased), JCOA Interview, 20 February 2015

– Next lesson learned is about the viability of using the Reserve Component as the follow-on force after the 101st. We developed a graphic to drive senior leader discussion about force flow… **The Army decided that the 101st would have a six-month deployment, but their follow-on force will be a Reserve Component**. 101st forces turn into pumpkins at six months. **You would have to make the decision about the 101st's follow-on before they were even fully on the ground in Liberia.** It's crazy.

MG Bryan Watson (paraphrased), USAFRICOM J-3, JCOA Interview, 10 December 2014



OUA Force Flow Slide, USAFRICOM, undated



13 IF: Army sources follow on with heavy RC mix
AND: Early Liberia transition remains as projected
AND: Army maintains 6 month deployment policy
AND: OSD unwilling to reverse RC mobilization
AND: Option to SHIFT DoD capability to Sierra Leone or Guinea remains operational imperative

<u>Required Actions to Buy Back Decision Space</u>

- → Be relentless on mission growth that impedes transition
- → Get Army to extend current rotation to 9 months
- → Get OSD/CJCS to reverse public message on RC mobilization
- → Force IA decision now that we do not need to maintain capability to SHIFT DoD support to Sierra Leone / Guinea

THEN:

1. Source Liberia follow on with bare minimum RC force for Liberia (Div HQs and some enablers)
2. Source PTDO for potential DoD Shift with AC

OUA Force Flow Slide, USAFRICOM, undated

Implications For Future Operations

The EVD crisis highlighted shortfalls in planning, policies, and preparedness across the DOD for response to global infectious disease outbreaks.

Findings:

- Observed DOD and combatant command plans contained limited guidance to address the requirements for an infectious disease such as Ebola.
- Shortfalls in existing policies for a mission of this nature led to reactionary policy development.
- OUA revealed DOD gaps for responding to infectious disease outbreaks.

"Assistant Secretary of Defense Lumpkin was aware of the outbreak being on a direct trade route to Brazil and was concerned about the potential of the outbreak spreading to this hemisphere and . . . showing up at our borders."

OSD(P) Ebola Response Team Representative, JCOA Notes, 15 January 2015

Cross-Combatant Command Risks

Factors such as global air/sea travel routes, diasporas, periodic migration flows, and special events increase the risk that an infectious disease will expand beyond the initial location and across geographic combatant command areas, requiring integrated planning.

- Commercial flights and shipping
- Diasporas
- Periodic mass migrations
- Special events, such as the Hajj

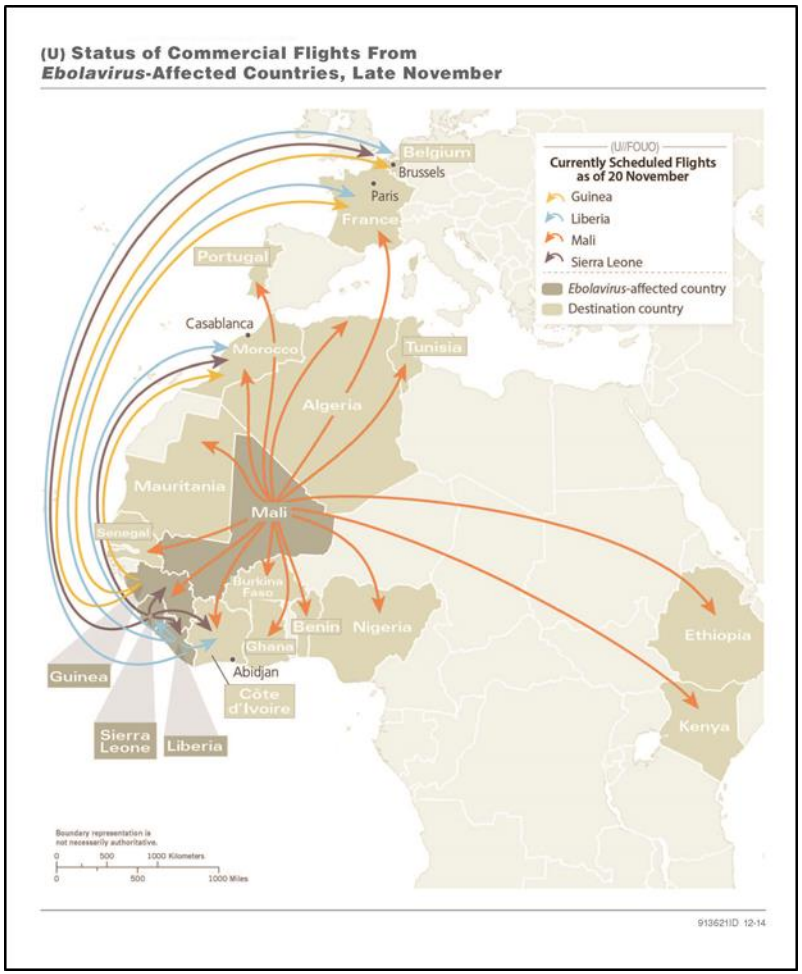
Officials from CDC, Clark County Fire Dept. and Southern Nevada Health District board a plane in Las Vegas, NV, after reports of an ill passenger. Latin America & Caribbean Ebola Virus Disease Contingency Plan, 27 October 2014

DHS personnel screen passenger at O'Hare International Airport. Photo Credit: CBP

Commercial Flights and Shipping

– "The recently confirmed Ebola virus cases in Mali this month [increase] the number of commercial flights from countries experiencing local transmission of the virus."

Ebola Situation Update as of 21 November 2014, 1400 EST, CIA, 21 November 2014



Ebola Situation Update as of 21 November 2014, 1400 EST, CIA, 21 November 2014

Ship Destinations After Port Calls in Ebola-Affected Countries, CIA Wire, November 2014

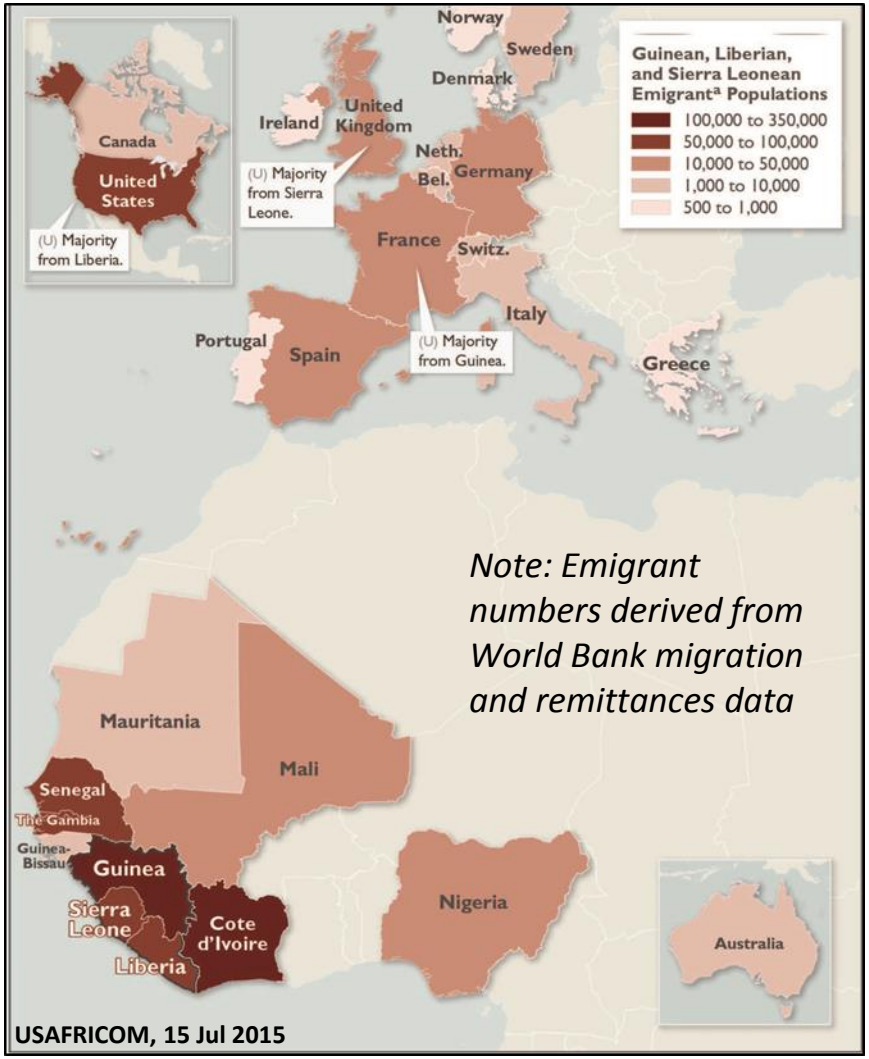
Diaspora Risk

– "The majority of Guinean, Liberian, and Sierra Leonean emigrants live in other West African countries, although **more than 200,000 have also emigrated to Europe, North America, and Australia**."

CIA Wire 2014-9846, 1 October 2014

– "About 20,000 professionals—doctors, university lecturers, engineers, and scientists—have left Africa every year since 1990, according to the International Organization for Migration. **The number of African-trained health-care workers that have emigrated in particular has increased 40 percent from 2002 to 2011**, according to the International Organization for Migration."

Emerging Trends in Africa, Issue 2, Intelligence Periodical, 2 December 2014



CIA Wire 2014-9846, 1 October 2014

USSOUTHCOM and USNORTHCOM Migration Concerns

Historical Context

- **Operation Freedom Flotilla ("Mariel Boatlift"), 1980**
  - Dealt with Cuban migrants sent by Fidel Castro
- **Operation Safe Haven, September 1994**
  - Dealt with hosting of Cuban migrants in Panama, Guantanamo Bay, and CONUS
- **Operation Able Manner, Jan-Feb 1994**
  - Also called "Operation Sea Signal," this mass migration dealt with Haitian migrants seeking asylum, who became refugees at Guantanamo Bay, Cuba
- **Operation Able Vigil, Aug-Sep 1994**
  - Dealt with Cuban migrants seeking asylum; Led to implementation of so-called, "Wet Feet Dry Feet Policy"
- **Operation Safe Passage, February 1995**
  - Dealt with return of Cuban migrants
- **Operation Able Sentry, 2004**
  - In response to destabilization of Aristide government in Haiti
- **Operation Unified Response, 2010**
  - USCG, DoD, and interagency response to the Haiti Earthquake
- **Unaccompanied Children, 2014**

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Latin America and Caribbean Ebola Virus Disease (LAC-EVD) Contingency Plan Information Analysis Brief, USG Pre-Decisional Draft, 4 November 2014

Special Events - Hajj Concerns

- "**Saudi Arabia has made contingency plans in the event of an Ebola outbreak**, including deploying medical staff at airports and setting up isolation units, as nearly three million Muslims from across the world flock to perform the hajj pilgrimage."
- "Earlier in the year, Saudi Arabia had announced it will not issue visas to pilgrims coming from Sierra Leone, Liberia, and Guinea due to the spread of Ebola in those countries."

Saeed Kamali Dehghan, "Saudi Arabia Plans for Ebola as Millions Visit for Hajj Pilgrimage," The Guardian, 1 October 2014

- "**Despite the [Ebola] outbreak, Nigerian officials are calling on Saudi Arabia to keep its borders open to Nigerian Muslims for this year's pilgrimage to Mecca,** after the Kingdom suspended thousands of visas in other countries in West Africa."
- "On Wednesday, a man in Saudi Arabia died after traveling to Sierra Leone on a business trip, raising fears that Ebola may have traveled by plane again, and this time to another continent."

Heather Murdock, "Nigerians Hope to Complete Hajj Amid Ebola Outbreak," Voice of America, 8 August 2014

Muslim pilgrims pray on the Mountain of Mercy in Mecca, October 2012. Photograph: Hassan Ammar/AP

Combatant Command Planning

<u>Finding</u>: Observed DOD and combatant command plans contained limited guidance to address the requirements for an infectious disease such as Ebola.

Why it happened:

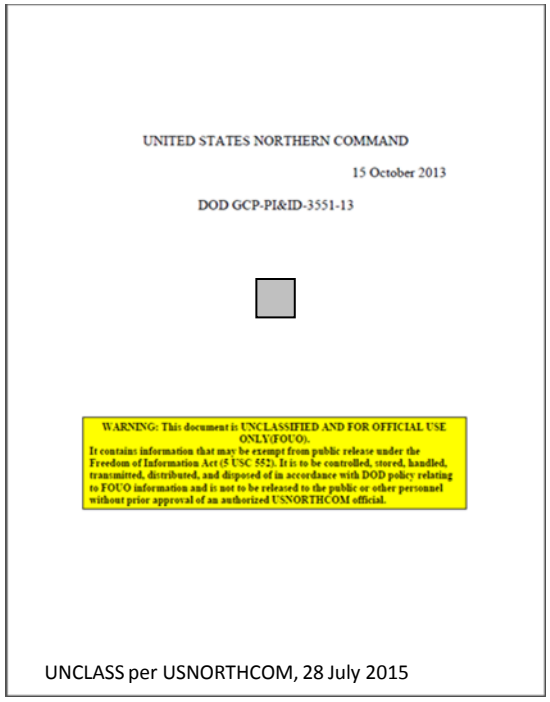
- USNORTHCOM's synchronization of global pandemic influenza and infectious disease (PI&ID) planning provided a common framework.
  - OUA raised questions regarding roles and authorities for synchronizing PI&ID planning and execution.
- OUA exposed shortfalls in combatant command supporting plans.
  - PI&ID planning was a lower priority against other planning requirements.
  - Plans lacked the level of detail for application to the response phase.
  - GCP and subordinate plans focused effort on mission assurance, as opposed to the other lines of operation for USG and partner-nation response support.
  - In an effort to fill gaps in their PI&ID planning, USSOUTHCOM deployed planners to USAFRICOM during OUA.

"While there are really valuable lessons to be learned from USAFRICOM's response . . . there's just as important lessons, . . . from a domestic response and readiness perspective—just in terms of DOD capability, or lack thereof, against a PI&ID threat or a [biological] threat."

RDML McAllister, USNORTHCOM J-3 Deputy Director for Operations, JCOA Interview, 22 March 2015

Global Campaign Plan Framework

– "Concept of Operations. The GCP-PI&ID **coordinates the DOD global PI&ID planning effort and, upon SecDef direction, facilitates decentralized execution** of supporting GCC plans to achieve DOD strategic end states. It **provides synchronization through common phasing constructs, objectives, assumptions, and key tasks to be accomplished**, and supports the National Strategy for Pandemic Influenza as well as the National Strategy for Countering Biological Threats through the tasks and policy guidance in the supporting national and DOD implementation plans."



UNITED STATES NORTHERN COMMAND

15 October 2013

DOD GCP-PI&ID-3551-13

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UNCLASS per USNORTHCOM, 28 July 2015

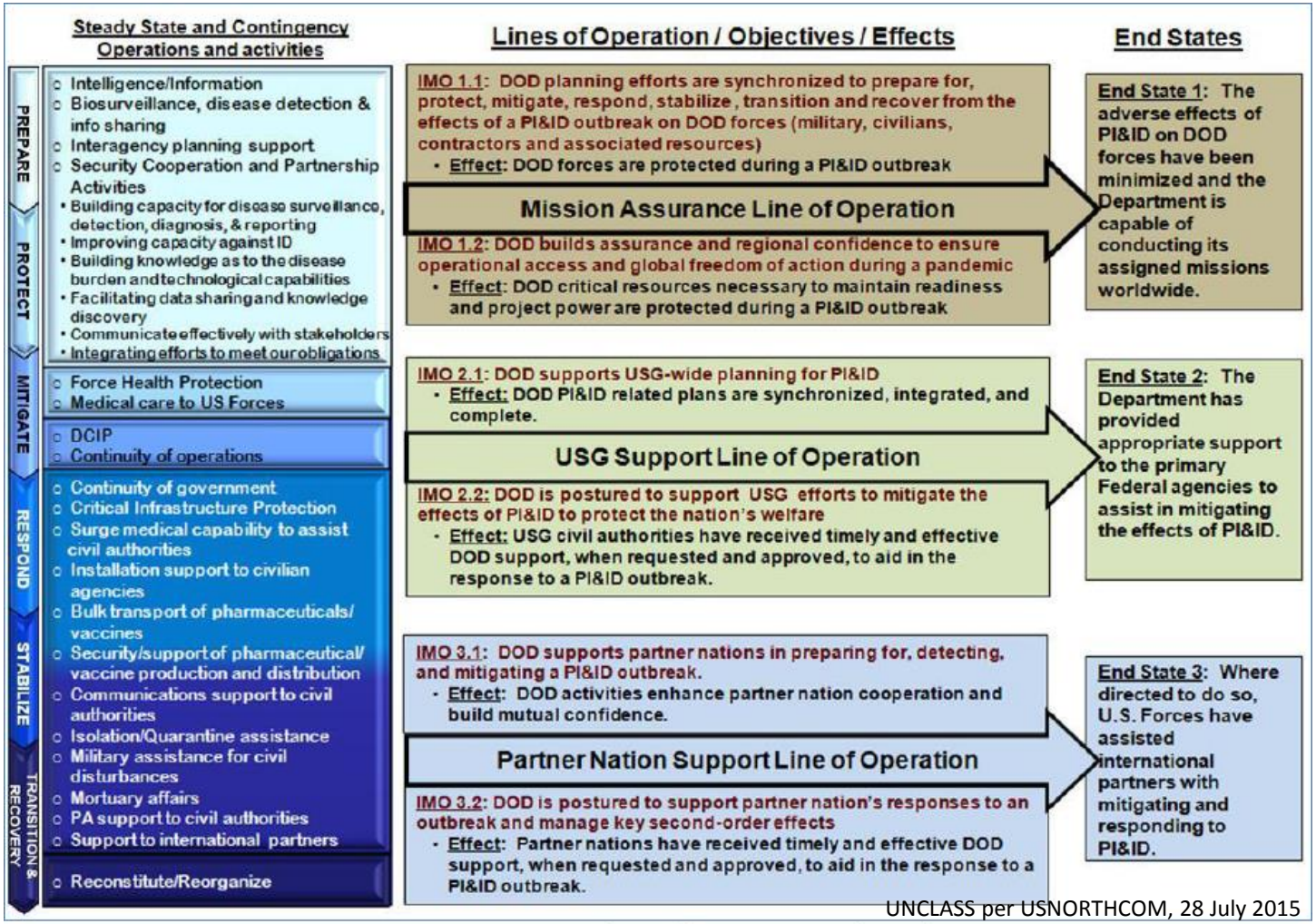
DOD GCP-PI&ID 3551-13 (Final), USNORTHCOM, 15 October 2013

– "The **disease must be operationally significant**: it **threatens DOD mission assurance**, has a **high likelihood of impact on force health protection** . . . and/or **causes significant requests for DOD assistance** from domestic civil authorities or international partners."

– **"Joint Staff J3 . . . is the lead for synchronizing DOD PI&ID execution."**

DOD GCP-PI&ID 3551-13 (FINAL), USNORTHCOM, 15 October 2013

DOD Global Campaign Plan

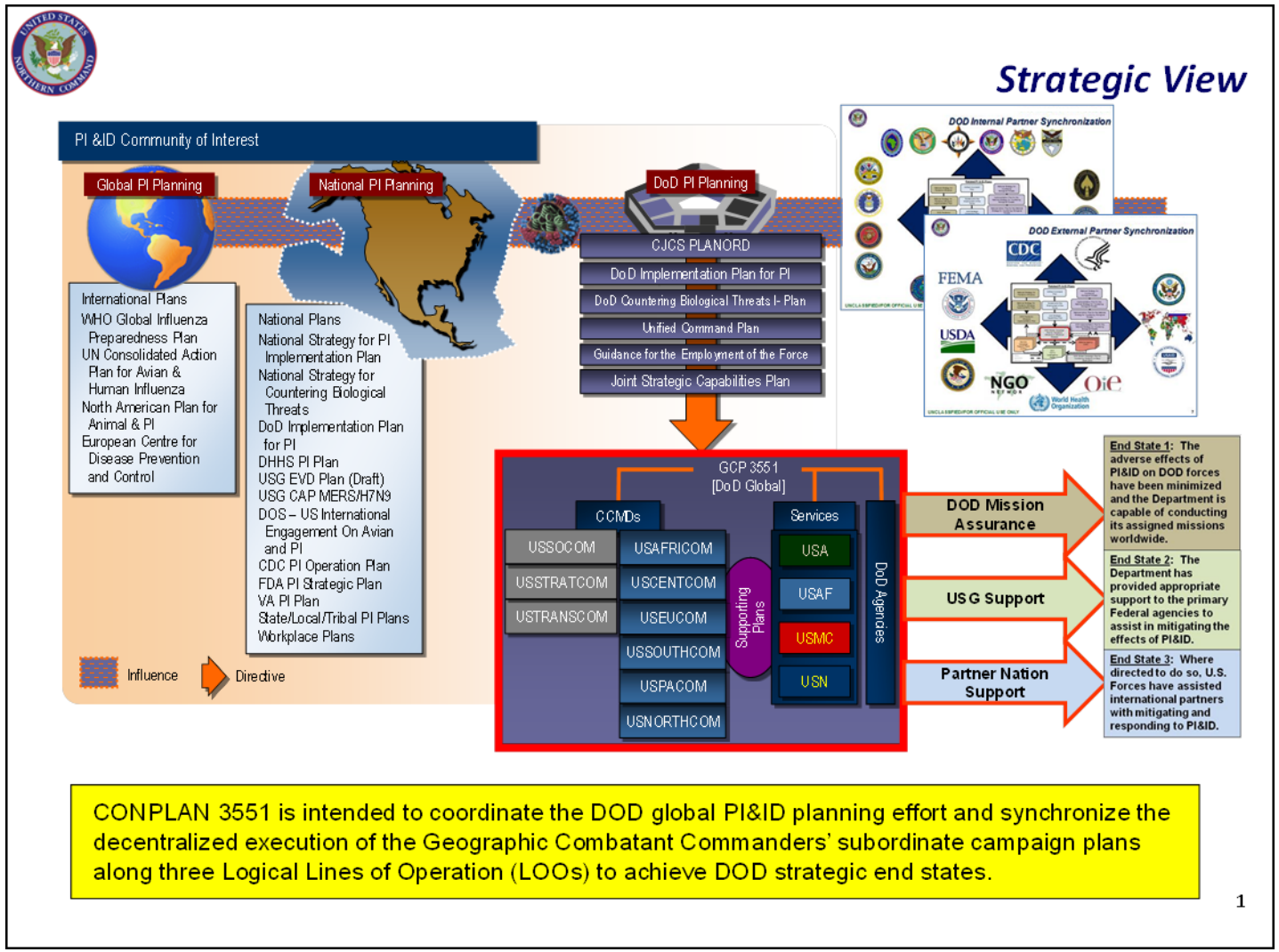


UNCLASS per USNORTHCOM, 28 July 2015

Figure 2. Tasks, Objectives and End States

DOD GCP-PI&ID 3551-13 (Final), USNORTHCOM, 15 October 2013

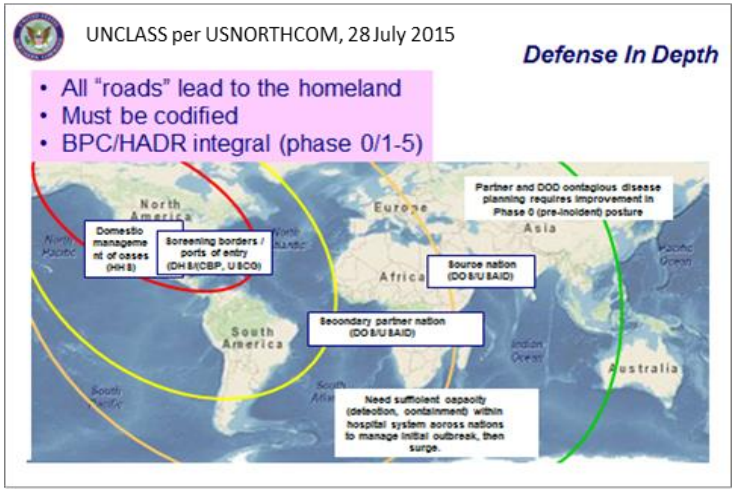
USNORTHCOM Global Campaign Plan



Slide provided by USNORTHCOM, March 2015

Questions on Authorities

- The intersection of international and domestic response aspects, combined with the non-traditional nature of the response, requiring technical expertise, highlighted issues with who should be the lead organizations to synchronize WOG planning and execution.
- Similar issues were highlighted on authorities within DOD to synchronize efforts.



DOD EVD 3551-3591 After Action Review, undated

Our advice to HHS and FEMA at that time was, we need to integrate this unified interagency plan *they were developing at that time . . . to* ***address geographic lines of operation starting with the source nation, then second and third party nations, then the borders and approaches where DHS, Coast Guard, and CBP come into play, and then the domestic issue of managing, treating, transporting, etc. domestically.***

NORTHCOM Future PI&ID Plans (paraphrased), JCOA Interview, 4 March 2015

Global Planning Gaps – USG Authorities (1 of 2)

– "I think that despite some of the criticisms that I just laid out, **for the most part, I think department and agencies, DOD included, reached out very well and communicated a lot, but because there weren't formal processes in place** for that, it either created a whirling dervish of multiple redundant communications. . . . Synchronization quickly got elevated up to the White House level. . . . That's why **we pushed for the National Security Council staff to designate a lead agency to synchronize across** [the government], and **while I mention interagency plan, I think it's still falling short of saying, 'HHS, you are in the lead to synchronize USAID and DHS, or DHS you are in the lead to synchronize.'"**

NORTHCOM Future PI&ID Plans, JCOA Interview, 4 March 2015

– It was **not clear initially who was leading the USG effort**. Initially, CDC was identified as the lead, and then it was USAID OFDA.

AMB Phillip Carter III (paraphrased), USAFRICOM Deputy to the Commander for Civil-Military Engagements, JCOA Interview, 9 December 2014

– **Who is the lead dog?** That's a good question. HHS is involved. For domestic crises, the states are very involved. International? Would it be DHS or HHS that leads in a domestic outbreak? CDC also has expertise. **Do you go with the resident knowledge or with who will lead the response effort?** Yes [you could use FEMA under the National Response Framework], as long as the coordinator used the subject matter expertise of other entities.

DOD LNO to CDC (paraphrased), JCOA Interview, 30 March 2015

Global Planning Gaps – USG Authorities (2 of 2)

– The international response framework is well established, at least in the minds of OFDA personnel. . . . We pushed for an international response framework to codify USG response processes for international HA/DR. . . . **We've tried to determine who in the USG had funding and authorities to work overseas. I think it was about 20 departments and agencies that had both funding and authorities for overseas work and about another 20 that had either funding or authorities.** That's a lot of folks to coordinate. . . . **We want to have a congruent government response in crises.**

Former USAID OFDA Advisor to USAFRICOM Commander (paraphrased), JCOA Interview, 23 March 2015

– "**We have an entire CBRN response element**—National Guard forces are involved, active duty forces, reserve forces; it's 18,000 people. Again, **very little of it is focused on bio-response**. We've already taken some steps to improve our capability within our own authorities, but **there's a larger effort required out there to identify a whole of nation capabilities and what we do there."**

RDML Michael McAllister, USNORTHCOM J-3 Deputy Director for Operations, JCOA Interview, 22 March 2015

Global Planning Gaps – DOD Authorities

- USNORTHCOM is the global synchronizer for planning, not execution. **There should be a discussion about what USNORTHCOM's authorities are in this type of situation**. Obviously, USNORTHCOM is not going to direct the operation in USAFRICOM's AOR.

  JS J-4 Surgeon's Office (paraphrased), JCOA Interview, 11 February 2015

- "Global pandemics, regardless of source nation, impact the homeland, **requiring additional authorities to effectively synchronize operations within the USNORTHCOM AOR**." *USNORTHCOM Ebola Virus Disease Response GO/FO Hotwash, 25 February 2015*

- Their responsibility in other CCMD's is undefined. **USNORTHCOM wanted to coordinate the controlled monitoring for the five sites in the US, but the Services did not want USNORTHCOM to participate.** How does a single CCMD coordinate other CCMDs in this area? USNORTHCOM's task should be narrowed to only be concerned with the US, and not globally. The current plan puts USNORTHCOM in a "bad place". It places a seam between USNORTHCOM and the other CCMDs. **We need to relook at the task in the OPLAN . . . and define how synchronization should occur, possibly narrowing USNORTHCOM to domestic response only.**

  JS J-35 (paraphrased), JCOA Interview, 12 January 2015

DOD Force Health Protection Roles and Authorities (1 of 2)

- "So policy related issues to that—**there was no determination ahead of time whether Services were going to be responsible for their returning members who needed to go into controlled monitoring or might be at risk, or whether there was a NC [USNORTHCOM] role in that.** As we talked through it at the OPSDEP- and TANK-level, we **NC made the decision that we weren't going to push to be the synchronizer of those activities because when we learned, just by looking at the details, that the Services were all handling their people similarly then that really met our primary concern."**

  RDML Michael McAllister, USNORTHCOM J-3 Deputy Director for Operations, JCOA Interview, 22 March 2015

- "**<u>Recommendation</u>: Make permanent, and expand to operations, the authority granted in the Joint Staff PLANORD to USNORTHCOM . . . to synchronize FHP [force health protection] for planning**. . . . Assign USNORTHCOM the responsibility and authority to synchronize CONUS DOD operations, including for PI&ID, including force health protection authority. . . ."

  USNORTHCOM Ebola Virus Disease Response GO/FO Hotwash, 25 February 2015

DOD Force Health Protection Roles and Authorities (2 of 2)

– "[US]**NORTHCOM has a role in the US for force protection; when a unit goes from a force protection condition Alpha to Bravo, we know it**. We have TACON (tactical control) for some force protection activities for all installations in the US, no matter who they're assigned to. **We do not have force health protection authorities**, and this event caused us to have a conversation as to whether not NC should have force health protection authorities in the same way as force protection. You **could make the argument that force health protection is just one element of all force protection, but there's nothing there—no policy guide**. So, that would be a good conversation to have."

RDML Michael McAllister, USNORTHCOM J-3 Deputy Director for Operations, JCOA Interview, 22 March 2015

PI&ID Planning Low Priority

- "Of note, [OSD participants] . . . said the **current GEF** was signed and would be released soon and that it was **'light' with regard to PI&ID** (only one paragraph); however, they were **working with the JS to include added fidelity for the GCCs/SVCs in the DRAFT JSCP [Joint Strategic Capabilities Plan]."**

  USNORTHCOM Notes from Pandemic Influenza and Infectious Disease Synchronization Work Group, 5 March 2015

- The joint planning team **worked through the mission analysis for PI&ID plan, and then were told to stop**. When the EVD crisis occurred, we wrote a draft plan in two days. **Prioritization is a problem**; the threat is huge, with lots of different diseases and migration. As a result, we will likely always be surprised.

  USAFRICOM J-5 Planner (paraphrased), JCOA Interview, 8 May 2015

- USAFRICOM had a pandemic influenza **contingency plan, but it never percolated—seemed not to have been a priority in the past.**

  DOD LNO to USAID Response Management Team (paraphrased), JCOA Interview, 5 December 2014

- **Many of the plans run through the JPEC [joint planning and execution community], so they are thoroughly viewed.** USNORTHCOM vets GCC plans. There **hasn't been a lot of pushback, possibly because the GCCs have thought this doesn't matter.**

  USNORTHCOM Future PI&ID Plans (paraphrased), JCOA Interview, 18 March 2015

Inadequate Base for Response (1 of 2)

- "From a domestic perspective, we do need to have a whole of government plan for responding to a highly contagious bio threat. We **have a pandemic influenza plan, but it doesn't apply well to other infectious diseases**, and as part of that, **we need to have a Western Hemisphere plan for migration and border security issues** in the event there is a very significant outbreak of a contagious disease."

  RDML Michael McAllister, USNORTHCOM J-3 Deputy Director for Operations, JCOA Interview, 22 March 2015

- "Now by **definition EVD didn't really fit into that definition [AOR operationally significant disease**]. It kind of had one foot in, one foot out, but it affected multiple GCCs, including our AOR even though it wasn't endemic here. So it's **causing us to take a look at those definitions again**—how would we want to go forward, **grouping disease if you will so that we could develop kind of response strategies against** [their spread]."

  NORTHCOM Future PI&ID Plans, JCOA Interview, 4 March 2015

- "**Can, and should we, bin certain infectious diseases together** to better address the force health protection aspects pertaining to the "mission assurance" LOO [line of operation] in GCP-PI&ID?"

  USNORTHCOM Notes from Pandemic Influenza and Infectious Disease Synchronization Work Group, 5 March 2015

Inadequate Base for Response (2 of 2)

- There was a **draft influenza plan** that was based on our support to USNORTHCOM. There was **not enough, even in the basics in the draft plan**. Then there was a couple of broad documents from J-5, but I had to hunt for them.

  USAFRICOM J-35 (paraphrased), JCOA Interview, 9 December 2014

- We had contingency planning for pandemic influenza and CWMD. They **weren't very deep plans**. We have very shallow planning.

  USAFRICOM J-5 Strategic Plans (paraphrased), JCOA Interview, 8 December 2014

- If there were [FHA or other] **plans, they were not leveraged**.

  USARAF Fires (paraphrased), JCOA Interview, 14 November 2014

- They **attempted to [use the existing draft plan], but it was not leveraged** because it was meant for a pandemic; it didn't fully support the Ebola crisis.

  USAFRICOM Logistics Planner (paraphrased), JCOA Interview, 12 December 2014

Global Plans Focus on Force Health Protection

- "The USNORTHCOM Concept of Operations Plan for Pandemic Influenza and Infectious Diseases 3591, synchronizing planning for regional execution by Combatant Commands, **was not activated for OUA. It is primarily concerned with force health protection, and is not entirely a good fit for global health security crisis**." *DOD role in Global Health Security (GHS), Threat Reduction Advisory committee (TRAC), 22 April 2015*
- "[The Global Campaign Plan] **focuses on DOD mission assurance** and **secondarily on providing support to USG and partner countries** efforts related to PI&ID"

  DOD GCP for PI&ID, USNORTHCOM Briefing, undated
- "**[USAFRICOM] Command priority is to implement comprehensive FHP [force health protection] measures** to protect the workforce."

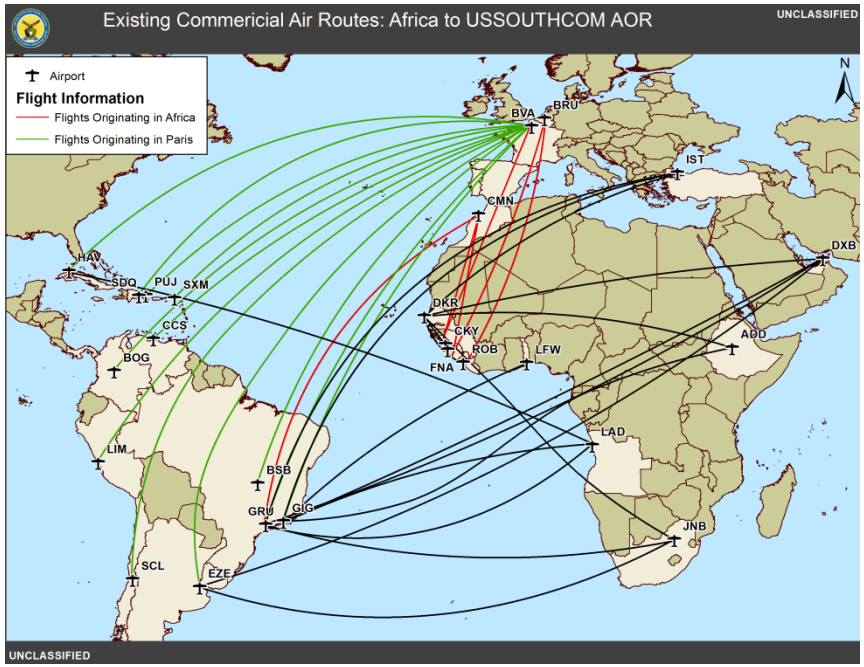
  CDR USAFRICOM PI&ID CONPLAN 2302-14
- "Additionally, the USSOUTHCOM PI&ID Plan plans for the sustainment of **DOD's top priority: protection of US forces assigned or attached to USSOUTHCOM and associated resources necessary to maintain readiness** and the conduct of assigned missions in a PI&ID environment."

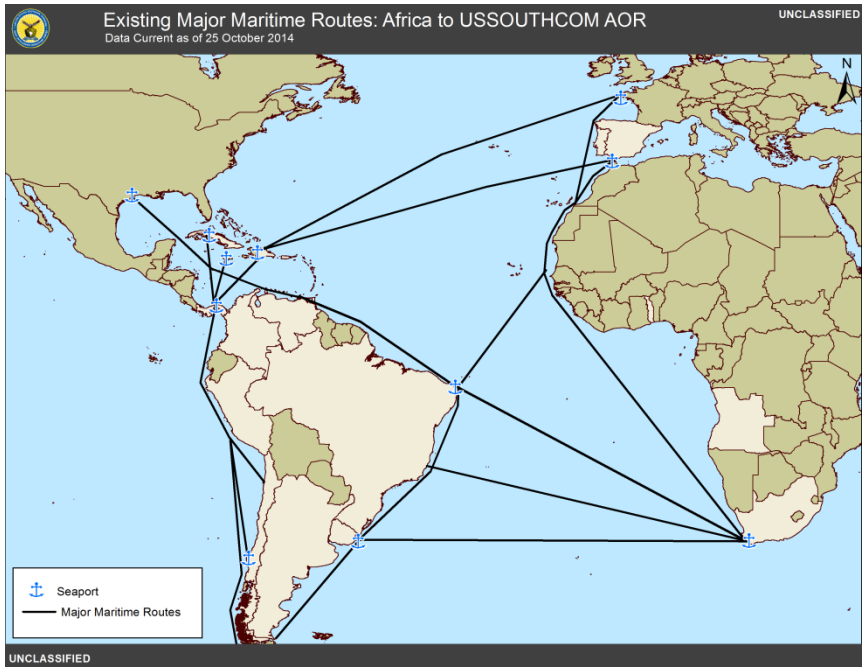
  CDR USSOUTHCOM PI&ID CONPLAN 6160-14, 28 April 2014, 5

Global Travel Route Risk

"If it comes to the Western Hemisphere, the countries that we're talking about have almost no ability to deal with it—particularly in Haiti and [in] Central America…. **It will make the 68,000 unaccompanied minors look like a small problem."**

General Kelly, USSOUTHCOM Commander, as quoted in DOD News, 8 October 2014



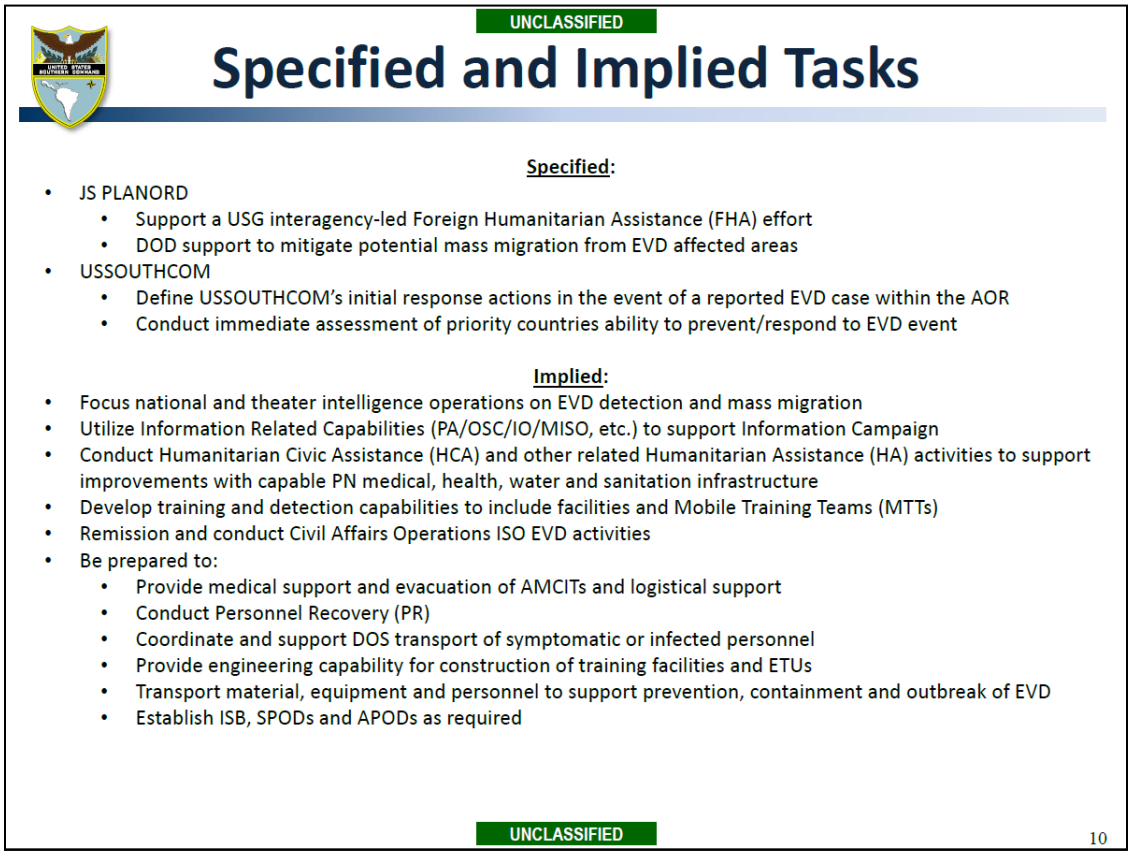


Slides provided by USSOUTHCOM, 30 July 2015

USSOUTHCOM Planning (1 of 2)

– "Situation. Concern over the spread of the EVD in the Western Hemisphere **requires increased DOD planning and preparation** necessary to inform senior leadership and prepare for a potential crisis."

Joint Staff PLANORD, 17 October 2014



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Specified and Implied Tasks

Specified:

- JS PLANORD
  - Support a USG interagency-led Foreign Humanitarian Assistance (FHA) effort
  - DOD support to mitigate potential mass migration from EVD affected areas
- USSOUTHCOM
  - Define USSOUTHCOM's initial response actions in the event of a reported EVD case within the AOR
  - Conduct immediate assessment of priority countries ability to prevent/respond to EVD event

Implied:

- Focus national and theater intelligence operations on EVD detection and mass migration
- Utilize Information Related Capabilities (PA/OSC/IO/MISO, etc.) to support Information Campaign
- Conduct Humanitarian Civic Assistance (HCA) and other related Humanitarian Assistance (HA) activities to support improvements with capable PN medical, health, water and sanitation infrastructure
- Develop training and detection capabilities to include facilities and Mobile Training Teams (MTTs)
- Remission and conduct Civil Affairs Operations ISO EVD activities
- Be prepared to:
  - Provide medical support and evacuation of AMCITs and logistical support
  - Conduct Personnel Recovery (PR)
  - Coordinate and support DOS transport of symptomatic or infected personnel
  - Provide engineering capability for construction of training facilities and ETUs
  - Transport material, equipment and personnel to support prevention, containment and outbreak of EVD
  - Establish ISB, SPODs and APODs as required

UNCLASSIFIED

10

Ebola Virus Disease Commander's Estimate, USSOUTHCOM, 31 October 2014

"[General] Kelly said his command is in close contact with [USAFRICOM] to see what works and what does not as it prepares for a possible outbreak. . . ."

DOD News, 8 October 2014

USSOUTHCOM Planning (2 of 2)

– "Often times I'll **take lessons learned from [US]SOUTHCOM, . . . and I'll share it with the USARAF staff** and say, 'Here's how they do it at [US]SOUTHCOM. and you should consider this.'"

– "We **were [also] lucky to be augmented by [US]SOUTHCOM planners.** The J-35 was getting burned out with the pace of operations."

BG Corey, Deputy Commander, USARAF, JCOA Interview, 14 November 2014

– **We learned tremendously from observing and participating with USAFRICOM on OUA.**

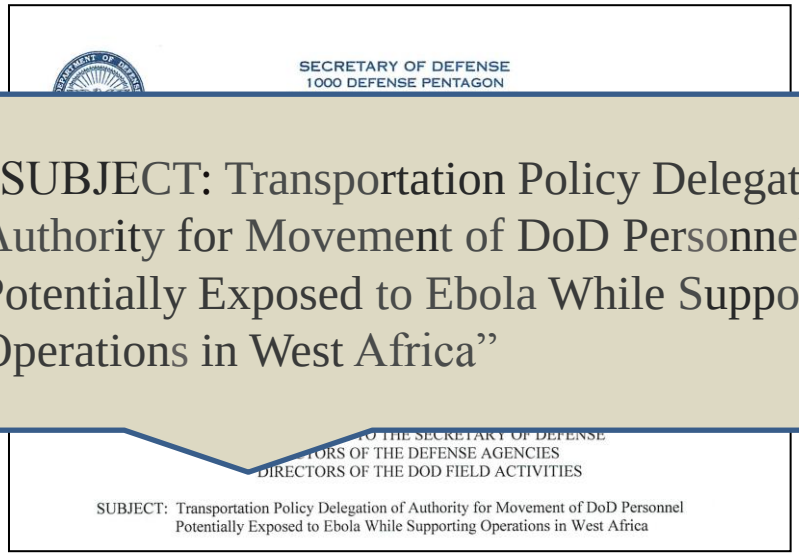
USSOUTHCOM Representative (paraphrased), USAFRICOM J-4 Logistics Roundtable, JCOA Notes, 12 December 2014

New Policies Required, but Not Enduring

<u>Finding</u>: Shortfalls in existing policies for a mission of this nature led to reactionary policy development.

Why it happened:

- New policies had to be developed specifically for OUA.
- These policies had to be developed in haste and were based on OUA conditions, limiting their direct application to future operations.



SECRETARY OF DEFENSE
1000 DEFENSE PENTAGON

DIRECTORS OF THE DEFENSE AGENCIES
DIRECTORS OF THE DOD FIELD ACTIVITIES

SUBJECT: Transportation Policy Delegation of Authority for Movement of DoD Personnel Potentially Exposed to Ebola While Supporting Operations in West Africa

"SUBJECT: Transportation Policy Delegation of Authority for Movement of DoD Personnel Potentially Exposed to Ebola While Supporting Operations in West Africa"

OSD (P) Memo, 8 January 2015

All disasters have gray areas, when we have to sit down with lawyers and come up with the policies. We want that to happen as little as possible.

OSD Policy for Stability and Humanitarian Affairs (paraphrased), JCOA Interview, 15 January 2015

Policies Needed to be Developed

- "**Would it have been better to have the policy at the front end? Sure**. . . ."
- "Every policy decision along the way, the big ones, they were very difficult to work through. Those are difficult, hard questions."

Anne Witkowsky, Deputy Assistant Secretary of Defense for Stability and Humanitarian Affairs, JCOA Interview, 16 January 2015

- There is a **gap in policy and planning for these types of operations**. We **need to use this opportunity to address the gaps and codify the policy and planning for health crises and pandemics**. There is a **need for interagency strategy, capability, and training against pandemic outbreaks**. This is an opportunity to take that seriously.

Maj Gen Steven Shepro (paraphrased), Vice Director Joint Staff J-5, JCOA Interview, 12 January 2015

- I've been doing biologics for 18 years. **We put off determining policy questions like the transport of contaminated remains or infected patients. People said, "We'll worry about it when it happens." It finally happened**. The silver lining with this outbreak and response is that we finally did get written policy.
- The transport policy was really good. It would take only a slight modification of the policy write-up to make it broader than just Ebola.

OSD Stability and Humanitarian Affairs Representative (paraphrased), JCOA Interview, 15 January 2015

MEDEVAC of Infectious Patients

- We didn't plan to move infected people. That was a big policy change.

Joint Staff J-4 Surgeon's Office (paraphrased), JCOA Interview, 14 January 2015

- The TIS (transportation isolation system) has been an unfunded requirement for a while. It could have been done years ago. We knew that it would be needed eventually, but it wasn't an imperative until the Ebola outbreak.

Joint Staff J-4 Surgeon's Office (paraphrased), JCOA Interview, 14 January 2015

- TIS had been fought over since 2008, and this event caused it to finally be funded. Where policy came in was USTRANSCOM would not move patients back to the US without SecDef approval. However, that was a USTRANSCOM policy, not a SecDef policy. The next question came about contaminated human remains. OSD had to write several policies mostly coming out of Health Affairs (HA). The problem is that most are not enduring, and are only Ebola specific.

Joint Staff J-4 Surgeon's Office (paraphrased), JCOA Interview, 11 February 2015

- Having the policy has value now that we have the capability to MEDEVAC with TIS. But the policy is only one part of the equation. Where would the MEDEVAC patient go? You have to have that piece, too. Walter Reed and other medical facilities have also been designated as being able to accept patients.

JTF-UA Surgeon's Office (paraphrased), 101st AASLT, JCOA Interview, 17 February 2015

Policies Not Enduring (1 of 2)

Some MITAMs involved policy decisions and were addressed in non-enduring EXORDs

As of 15 OCT

DoD LNO to USAID Response Management Team (RMT)
Policy Tracker

POC: LTC E. Lee Bryan, rmtebola_al2@ofda.gov

#	Open/ Closed/ Anticipated	MITAM Linkage	Policy Issue/Discussion	Status/Notes
1	Closed	MITAM 1.3	Provision of sustainment for PHS personnel staffing the 25-bed medical facility.	Mod 2 to the EXORD authorizes AFRICOM to provide this support.
2	Closed	MITAM 15	Provision of food for trainees	Mod 2 to the EXORD authorizes AFRICOM to provide this support.
2a	Closed	MITAM 15.1	Provide food and lodging for regional training teams when deployed	Mod 2 to the EXORD authorizes AFRICOM to provide this support.
3	Open	MITAM 16	Provision of non-medical management and re-supply for up to 19 ETUs for 9 months.	Mod 3 to the EXORD released on 14 OCT. Provides non-medical management of 10x ETUs for 60 days; BPT provide for 17 ETUs for 180 days. Provides supply chain management and re-supply for 10x ETUs for 120 days; BPT provide for 17xETUs for 180 days.
4	Closed	N/A	AFRICOM request to be delegated the authority to execute MITAMs that are "routine" to allow focus on bigger MITAMs that require policy discussions. They would like to have business rules established that outlines which types of MITAMS can be answered/executed immediately.	Mod 2 to the EXORD provides business rules for MITAMs.
5	Closed	N/A	AFRICOM request for policy on tactical MEDEVAC operations and potential use of mil medical aircraft for MEDEVAC and enroute care for trauma type casualties.	Mod 2 to the EXORD provides guidance on this subject.
6	Open	MITAM 21	Logistics Cluster's CCC and ETU supply chain operations. "Last Mile"	Discussion on DOD role for intra-theater distribution/"last mile" logistics based on SOC from the mid-September PC.

Legend	Open
	Closed

Policies Not Enduring (2 of 2)

- **Some of the policies were generated by hysteria, and should not be carried forward**. I hope that when people are more clear-eyed, they will reconsider the policy of controlled monitoring. **The MEDEVAC was a good policy**.

  DTRA LNO to OSD (paraphrased), JCOA Interview, 15 January 2015

- **The transport policy was really good. It would take only a slight modification of the policy write-up to make it broader than just Ebola.**

  OSD(P) Ebola Response Team Representative (paraphrased), JCOA Interview, 15 January 2015

- **A lot of policies for contracting were needed, but weren't already on paper.** There is a requirement for SPOT [Synchronized Predeployment and Operational Tracker] accountability system for contractor personnel. It has only been implemented in JTF-HOA.

  USAFRICOM J-43 (paraphrased), JCOA Interview, 17 November 2014

- **Controlled monitoring policies need to be considered for potential future operations.** We need to pre-identify sites for CMAs like we do for NEO evacuation areas.

  J-1 Personnel Policy (paraphrased), JCOA Interview, 10 November 2014

- **The problem is most OUA-developed policies are not enduring and only Ebola specific.**

  JS J-4 Surgeon's Office (paraphrased), JCOA Interview, 11 February 2015

DOD Gaps for Infectious Disease Response

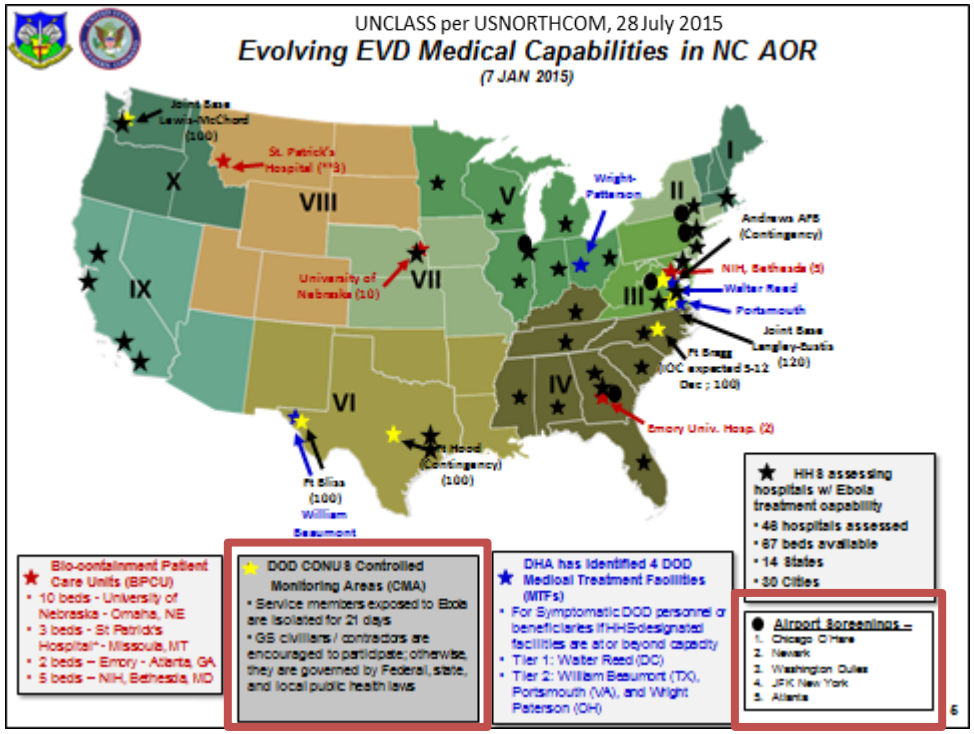
Finding: OUA revealed DOD gaps for responding to infectious disease outbreaks.

Why it happened:

- The rushed implementation of controlled monitoring programs created complications, but provided a basis for future operations.
- Senior USG leaders did not have sufficient awareness of existing DOD medical capabilities.
- OUA revealed gaps in medical support capabilities.
  - DOD used the opportunity to accelerate development of patient transport systems, vaccinations, and therapeutics.
- OUA restrictions prevented DOD from gaining selective experience in treatment of hemorrhagic fever patients, which could have enhanced DOD CBRNE response and force health protection capabilities.

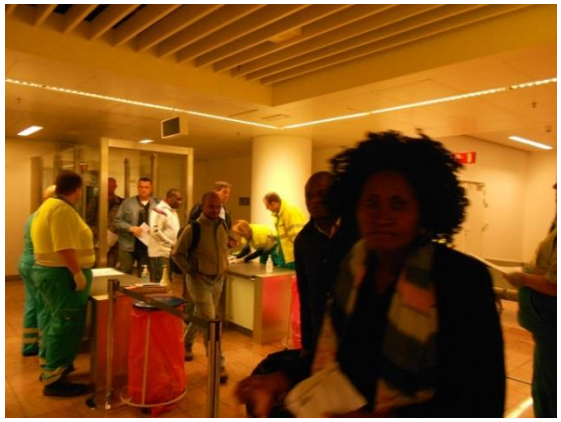
Monitoring Programs

– **The rushed implementation of controlled monitoring programs:**
  - ☐ Caused confusion
  - ☐ Complicated operations
  - ☐ Impacted relations with other countries
- ☐ However, they provided a basis for future operations



Building USNORTHCOM Bio-Response Capabilities, 28 January 2015

Controlled monitoring facility at Langley AFB, VA, US Air Force Photo



DOD civilian transiting through Brussels Ebola checkpoint while en route to one of five US entry points, JCOA photo

Travel Policies Caused Confusion (1 of 3)

- There was an impact. **DOD took an approach** for people returning from Africa that they had to be self-isolated and under controlled monitoring for 21 days regardless of their level of exposure in the country where widespread transmission was occurring. That was **in contrast to what our recommendations for civilian persons** would have been. . . . I **don't think we ever faced a communications problem over that, but we were worried that it might create one**: "Why is the military being more protective, when you aren't?" *CDC Representative (paraphrased), JCOA Interview, 30 March 2015*

- **CDC wanted a roster of DOD-affiliated people who were coming back and going into 21-day controlled monitoring. They knew who was coming back commercially and doing active monitoring, but didn't have visibility into DOD's process**. USAFRICOM was good about letting CDC know if DOD personnel were coming back on emergency leave. Yes, **there was some confusion. What is the right way to track someone coming back?** Someone is coming back for emergency leave, flying commercially, and under state responsibility for active monitoring, but the Army says that it will also monitor. Does he have to report to both?

  DOD LNO to CDC (paraphrased), JCOA Interview, 30 March 2015

Travel Policies Caused Confusion (2 of 3)

- **If there were DOD civilians coming back from Liberia on military transport** (at least in part), **we wouldn't have visibility** to get them into the active monitoring process.

  CDC Representative (paraphrased), JCOA Interview, 30 March 2015

- **It [controlled monitoring] was not synchronized**. Once the policy was out, it was not easily translated. There were pros and cons to the counter messaging. . . . The **problem actually was that everyone got caught flat-footed with the Army's announcement**. Things had not been finalized, such as where the controlled monitoring facilities would be located stateside. Once stateside was decided, different problems and questions arose from state governors. USARAF did not think of the larger impact that the 21-day policy entailed. Timing was everything with strategic messaging, and this decision took the eye off the mission. Also, **CCMDs did not know this was going to happen, and this forced OSD (PA) to retake the lead PA messaging**. USARAF stepped out. MG Williams started skyping before RADM Kirby held his press conference. It created a challenge in getting the focus back on the mission.

  OSD (PA) (paraphrased), JCOA Interview, 16 January 2015

Travel Policies Caused Confusion (3 of 3)

- **Initially, the policy was poorly articulated which spun members out of control. Once it was fully explained, the members felt different**. . . . In this community, there are very specific meanings associated with different terms: A "quarantine" is serious; "monitoring" is a different thing. Controlled monitoring is a different thing. He [RDML Kirby] **did not articulate the nuances of any of these things, which led to mass confusion**, both in the public and in the CNN-factor. That leads staffers to chase their tails to figure out "he said this and now we hear this;" which one is actually true?

  SASC Professional Staffer (paraphrased), JCOA Interview, 4 March 2015

- There have been some issues with Services. For example, MG Williams went to controlled monitoring prior to the USAFRICOM order, **which caused some confusion**.

  USAFRICOM JOC Chief (paraphrased), JCOA Interview, 16 November 2014

- **There was no perceived friction between USNORTHCOM and USAFRICOM, but perhaps between USNORTHCOM and the Services**. The reason is the Services are responsible for redeployment and consequently controlled monitoring. The issue could arrive if an EVD is brought into USNORTHCOM.

  JS J-5 WHEM (paraphrased), JCOA Interview, 13 January 2015

Travel Policies Complications

- The controlled monitoring **policy complicated everything**. People are hesitant to come back to Liberia from Europe to help us.

JFC-UA J-4 (paraphrased), JCOA Interview, 21 February 2015

- **For the redeployment and CMA [controlled monitoring area], the limitation is available barracks space. It drove the flow of the retrograde**. The elements we sent home in February will come out of controlled monitoring today. That drives the timeline for the next flights at the end of this week.

JFC-UA Chief of Staff (paraphrased), JCOA Interview, 23 February 2015

- One big problem was **how the sick were being handled at the controlled monitoring areas. There were problems getting people off the continent**.

USAFRICOM Surgeon's Office (paraphrased), JCOA Interview, 19 February 2015

- **I was a strong proponent of the idea of pushing out an USAFRICOM team to visit the different countries and explain the situation. The idea "fizzled out" because it was seen as not needed—just prior to Spain announcing their hold on traffic until 21 days of controlled monitoring had occurred**. I wonder if this would have happened if they had gone ahead with their plan.

AMB Phillip Carter III (paraphrased), USAFRICOM Deputy to the Commander for Civil-Military Engagements, JCOA Interview, 9 December 2014

Travel Policies Impacted Relations

- **The J-4 got it done—BUT—the J-5 spent political capital in getting the CMAs [controlled monitoring areas] in Italy and Germany**. I don't think we have a lot of political capital left with Italy after jerking them around in Sigonella.

  USEUCOM Representative (paraphrased), USAFRICOM J-4 Enterprise Senior Leader AAR, JCOA Notes, 12 December 2014

- One other thing **we weren't prepared for was the retrograde of the equipment**. There was discussion and concern about the cleaning of the equipment to **ensure no Ebola-infected residue was present before arriving back at European bases.**

  AMB Phillip Carter III (paraphrased), USAFRICOM Deputy to the Commander for Civil-Military Engagements, JCOA Interview, 9 December 2014

- **For the 21-day controlled monitoring: Spain said they [SPMAGTF-CR] couldn't come back until after the 21-day monitoring**. Germany and Italy only allowed US forces stationed in their countries to come in for the 21-day monitoring. **So, the plan is to send the Marines back to CONUS for the monitoring. They are going to [Joint Base] Langley-Eustis**. There is also the question of how to get the MV-22 aircraft back to Spain. What needs to be done so that Spain will allow them to fly back in? **USEUCOM is helping to coordinate. Each country operates differently.**

  SPMAGTF LNO to USARAF (paraphrased), JCOA Interview, 13 November 2014

Travel Policies Provide Basis for Improvement

- From a big picture perspective, there are **positive outcomes from the controlled monitoring policy** in terms learning about: monitoring/isolation, cohorting, reassuring the population, and state-of-the-art testing capability at the Service hospitals.

  USNORTHCOM Surgeon (paraphrased), JCOA Interview, 18 March 2015

- The **system we put in place** afterwards, the **funneling of passengers into the five airports . . . the pre-screening . . . created a registry of travelers**, which we **shared with the health departments that we then tracked those people on a daily basis** and sometimes more than once a day. That really evolved during the course of October, and **I think we know now what that looks like**, what it takes to resource it, that's kind of an after action item that got built on the fly. I think **that's not going to work for every disease, but for something that's not super transmissible, that is the domestic intervention**.

  CDC Senior Leader (paraphrased), JCOA Interview, 31 March 2015

- "**An interagency study team is needed to diagnose traveler flows more precisely, to characterize implications for security in regions where governance precludes public health responses**, and to catalyze a sophisticated strategy of policy action across the region. Ebola's spread into Islamic communities also has obvious security implications if interpreted as a conspiracy of the West."

  CJCS Red Cell Report, 18 December 2015, 5

Knowledge of Medical Capabilities (1 of 3)

Big Rocks

- Coordinate with OSD to establish level of decisions requiring OSD involvement
- Lack of an inventory of DoD laboratory capabilities. Need an INDRAC-like capability to understand USG and DoD capabilities
- Establish level of leadership involvement at each level within DTRA/SCC-WMD/SJFHQ
- Provisions for increased sharing with international and NGO partners

RCT Ebola Hotwash, DTRA Briefing, 19 March 2015

You are right in that DOD doesn't have a button you can push to say, "Here are the labs to go deploy," especially in an expeditionary manner.

US Army Area Medical Laboratory Representative (paraphrased), JCOA Interview, 19 February 2015

Knowledge of Medical Capabilities (2 of 3)

- Each day I learn more about the medical capabilities we have. We are so diverse that, if I am constantly learning, **I do not believe our senior leadership has a full grasp on our capabilities.**

  MG Nadja West (paraphrased), Joint Staff Surgeon, JCOA Interview, 11 February 2015

- **People don't think about DOD as a public health organization, but the department has enormous capabilities. . . .** The Round Table was extraordinary. Participants included interagency individuals involved in the Ebola response. It became clear a few days before the Round Table that USAID would ask for DOD support in the response, in addition to CDC. **Nancy Lindborg, the USAID Assistant Administrator**, participated in the Round Table. This is what I found most interesting. **Nancy asked what capabilities did DOD have that would be useful in the response.**

  Dr. Christopher Kirchhoff (paraphrased), Special Advisor to the Chairman of the Joint Chiefs of Staff, JCOA Interview, 15 January 2015

- So, **DOD needs to have a planning exercise** with the other agencies to go through this; so the request/requirements can have understanding of military to civilian operations and **predetermine what DOD can bring to the table**.

  DTRA/J-3 CTB (paraphrased), JCOA Interview, 22 January 2015

Knowledge of Medical Capabilities (3 of 3)

- Jeff Lee, DTRA LNO, was fantastic and connected us with a modeling and vaccine study. **Lack of awareness of assets in USAFRICOM became very evident**.

  USAFRICOM ACSG (paraphrased), JCOA Interview, 19 February 2015

- **Previously they [USAFRICOM] didn't understand CBEP**, and the Surgeon's office was our point of entry and was not aware. After the time we spent there, they are now aware.

  DTRA/J-3 CTB (paraphrased), JCOA Interview, 22 January 2015

- Leadership at USNORTHCOM is **not well informed on CRE capabilities**.

  NORTHCOM Future PI&ID Plans (paraphrased), JCOA Interview, 4 March 2015

Pre-Crisis Preparedness

- The **table top exercises (TTXs) have not reached the federal response level for biological events**. The **basic question is what the "B" in CBRNE [chemical, biological, radiological, nuclear, and high-yield explosives]should cover**. It is currently a "little B"—mostly non-contagious, Soviet-era threats. . . . Should the "B" cover infectious diseases as well? NC is leaning towards expanding the "B" to medium—have some capability for infectious disease response.

  USNORTHCOM CBRNE Planner (paraphrased), JCOA Interview, 17 March 2015

- "Issue: **The nation and DOD are underinvested in biological incident preparedness**."

  USNORTHCOM Ebola Virus Disease (EVD) Response GO/FO Hotwash, 25 February 2015

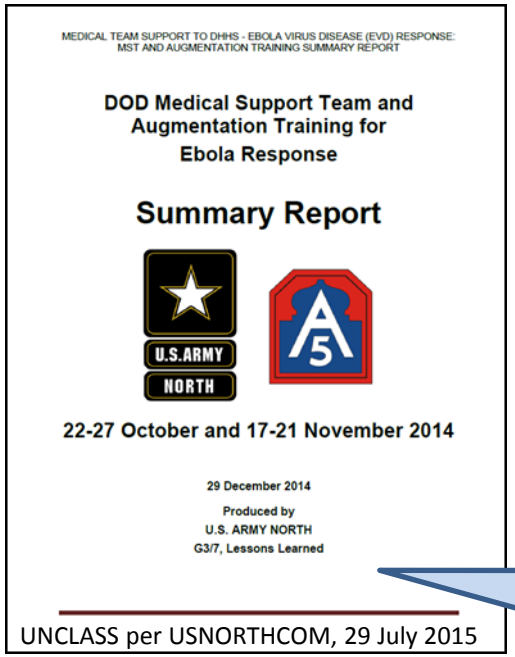
- **All the love was going to USAFRICOM** because they were responding to the outbreak. **USSOUTHCOM also wanted PPE to train and/or to give** to their partner countries. We also **had to make sure we had enough PPE for USNORTHCOM** because of Dallas and the standup of the MST.

  OSD(P) Ebola Response Team Representative (paraphrased), JCOA Interview, 15 January 2015

- **One lesson is we are underinvested in the B in CBRNE**. . . . We need to look across DOTMLPF and develop a DCR for needed changes. **We need to conduct a CBA across the government**. This would lead to a better definition of the USNORTHCOM CRE role.

  BG Taylor (paraphrased), USNORTHCOM Deputy J-5, JCOA Interview, 17 March 2015

Medical Support Team Gaps


MEDICAL TEAM SUPPORT TO DHHS - EBOLA VIRUS DISEASE (EVD) RESPONSE:
MST AND AUGMENTATION TRAINING SUMMARY REPORT

DOD Medical Support Team and Augmentation Training for Ebola Response

Summary Report

U.S.ARMY NORTH

22-27 October and 17-21 November 2014

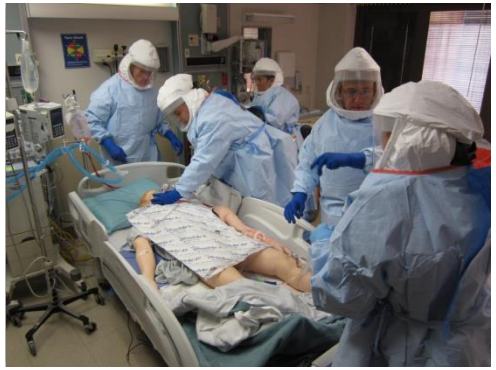
29 December 2014

Produced by
U.S. ARMY NORTH
G3/7, Lessons Learned

UNCLASS per USNORTHCOM, 29 July 2015

– On 18 October 2014, **the Department of Health and Human Services requested**, "**[DOD] place on standby** five infectious disease doctors, 20 registered nurses, 10 of which are ICU nurses, and five trainers in infection control and Personal Protective Equipment (PPE) to **augment existing Ebola prevention and response capabilities for initial deployment in the U.S.** within 72 hours of notification for a period not to exceed 30 days."

- Need better definition of task and purpose
- Need more preparation time
- No training program existed
- Team composition and equipment requirements should be reviewed



Developed Capabilities – Patient Transport

- A **joint urgent operational need statement was developed** around the end of September to provide a system capable of isolating airborne and fluid threats, . . . provide a capability for transport of 8 to 12 isolated patients, . . . and **provide DOD organic capacity** to transport biohazard patients. The system is **valid for multiple diseases** and provides both airborne and liquid isolation.

  DTRA J-9 (paraphrased), JCOA Interview, 5 December 2014

- The **TIS has been an unfunded requirement for a while**. It could have been done years ago. We knew that it would be needed eventually, but it wasn't an imperative until the Ebola outbreak.

  JS J-4 Surgeon's Office (paraphrased), JCOA Interview, 14 January 2015

Developed Capabilities – Vaccine & Therapeutics (2 of 2)

- We started a contract with MAPP on the vaccine in 2013. In August, we were **part of a working group** that included DTRA, JPEO, NIAID (National Institute of Allergy and Infectious Diseases), and BARDA. The **goal of the working group was to take stock of the drugs and vaccines being developed that might apply to the Ebola outbreak**. The working group provided **recommendations to go forward with trials for two vaccines and one therapeutic**.

DTRA CB Countermeasures (paraphrased), JCOA Interview, 22 January 2015

- Newsweek recently blasted DTRA because the **vaccine had been available for two years but wasn't readily available.** The **reason things get shelved or delayed is because of prioritization.** The Disease was not a priority two years ago, it did not have the funding because of this and it was not predicted.

DTRA Contracting (paraphrased), JCOA Interview, 21 January 2015

- The Chairman asked me to look at it more in depth, to do a deeper dive. So I went to Fort Detrick, the National Medical Intelligence Center, OSD-Homeland Defense (who synchronizes and does domestic response planning)… **I found that a lot of things were happening; rapid diagnostics were being developed, etc. But there was no institutional emphasis.**

Dr. Christopher Kirchhoff (paraphrased), Special Advisor to the Chairman of the Joint Chiefs of Staff, JCOA Interview, 15 January 2015

Developed Capabilities – Vaccine & Therapeutics (2 of 2)

- The ZMAPP vaccine is an example. The **decision to use it was outside of what we were doing, but it had an impact on our theater of operations. We found out about it when it was publicly announced.**

  AMB Phillip Carter III (paraphrased), USAFRICOM Deputy to the Commander for Civil-Military Engagements, JCOA Interview, 9 December 2014

- There was a vacuum regarding PPE standards and requirements for OUA. There is a cost to that. **Whether it's a vaccine, equipment, or intellectual property, the industrial base doesn't have time to meet the requirement if you don't have definitive guidance**. You need to send a clear signal to the commercial base so that they can ramp up when needed. *JS J-4 (paraphrased), JCOA Interview, 14 January 2015*

We need to move to more deliberate planning for capacity in both the public and private sectors. *USNORTHCOM Surgeon (paraphrased), JCOA Interview, 18 March 2015*

Medical Experience Missed Opportunity

- One of the things that got the ball rolling and helped define DOD support was the establishment of the red line and money/dollar figure. The strength of the red line strategically got others engaged. **The downside was that for our infectious disease guys, this was their Afghanistan**.

  Office of Deputy Assistant Secretary of Defense for Force Health Protection and Readiness (paraphrased), JCOA Interview, 11 February 2015

- OSD Health Affairs wanted to be very involved in the decision on direct patient care. I believe "doctor" is a verb, so I think it would have been great, but that's not what I do right now. I think **OSD Health Affairs wanted to be involved, as in going over and providing direct medical care and epidemiologic services** and things that we all know how to do, but that might not be our role right now.

  Joint Staff J-4 Surgeon's Office (paraphrased), JCOA Interview, 14 January 2015

- "From a bigger picture standpoint, I had also briefed the commander on my concerns about bio-response capability writ-large in the [US]NORTHCOM AOR. . . . **I wondered how well we could execute medical care in a bio-challenged environment. We weren't training for it**."
- "So, now you get Ebola coming, where there is no medical countermeasure, . . . and use of PPE, [which] not only could prevent infection but it might save your life, **we didn't really have any proficiency with that, per se, or experience thereof**."

  USNORTHCOM Surgeon, JCOA Interview, 18 March 2015

Benefits of Using the Limited DOD Expertise that Existed

- There is a military doctor by the name of James Lawler. He's **one of two DOD doctors who have actually treated Ebola patients**, so he is a **definitive source of information**. The Director of the Joint Staff was thinking through the **education of the Joint Chiefs and the Joint Staff on the science**. He **used James Lawler to brief the OPSDEPS and Tank**. Dr. Lawler explained the science in a clear way.

  Dr. Christopher Kirchhoff (paraphrased), Special Advisor to the Chairman of the Joint Chiefs of Staff, JCOA Interview, 15 January 2015

- "[To help train the MST,] **we brought in CDR (Dr.) [James] Lawler who had actually taken care of patients in Guinea**. He was outstanding. I could have done the textbook [training], but I hadn't taken care of [Ebola patients]. **It added a lot of credibility**."

  USNORTHCOM Surgeon, JCOA Interview, 18 March 2015

- "**One member of the joint team brings real-world experience treating Ebola patients to the DOD training course that will assist in advancing the group's proficiency**."
- "'I've had the opportunity to work in a couple of isolation treatment units in sub-Saharan Africa,' [Dr. James Lawler] said, 'and recently, in May, I was at the Ebola treatment unit in Conakry, Guinea, as a consultant for the World Health Organization.' He also worked with the local health ministry and with Doctors Without Borders, which runs the Ebola treatment unit in Conakry."

  Tyrone C. Marshall Jr., "Navy Physician Provides Ebola Treatment Expertise to DOD Team," DOD News, 27 October 2014

Recommendations

- Preparedness
- Strategic Decision Making
- Initial Military Response
- Main Response: Support and Enable USAID
- Transition
- Implications for Future Operations

Recommendations for Preparedness Finding Area (1 of 6)

What Should Be Done:

- DOD should work with CDC and other stakeholders to develop a strategic plan for a global laboratory network and improved information sharing.
  - Assess DOD laboratory footprint in context of broader global network of capabilities and adjust DOD assets, as appropriate.
- DOD review and expand list of “diseases of operational significance.”
  - As required, expand assays deployed with laboratories.
- Identify and leverage opportunities to expand sampling programs to enhance OCONUS disease surveillance and gain an improved understanding of disease prevalence in different geographic areas.
  - Work with CDC and other stakeholders to prioritize efforts where diseases are more likely to overwhelm local public health capabilities.

Recommendations for Preparedness Finding Area (2 of 6)

What Should Be Done:

- DOD should support the continued development of USG strategic plans that increase the public health and biosurveillance capacities of partner nations.
- Participate with USG and international public health organizations to improve laboratory integration with host-nation public health systems.
- OUA revealed gaps in specimen collection and reporting procedures. Review and examine specimen collection and reporting procedures used by partner nations to inform capacity building and PI&ID plans.
- Sustain the resourcing of biological hazard and force health protection and public health-related capabilities (e.g., DTRA, USAMRIID, AML, OCONUS labs).
- Sustain DOD labs and enhance their ability to rapidly respond with the capabilities to operate in a biological hazardous environment.
- Review the prepositioning of biological response equipment and supplies.

Recommendations for Preparedness Finding Area (3 of 6)

What Should Be Done:

- In PI&ID planning, clearly identify the training requirements for DOD force healthcare and healthcare workers.
  - Expand the requirements for epidemiological and public health courses for DOD healthcare providers.
  - Expand the specialized training to include support personnel working in close proximity to contaminated environments.
  - Review training programs developed for DOD healthcare providers, Service members, and civilian responders in support of OUA and, as appropriate, institutionalize.
- DOD should work with partners to:
  - Standardize terms, increase transparency, and improve sharing of public health data.
  - Improve disease modeling to better account for variables in changing behavioral patterns, local cultural practices, and regional migration.
  - Study regional migration patterns in areas of concern to improve understanding of population movement and monitor for changes.

Recommendations for Preparedness Finding Area (4 of 6)

What Should Be Done:

- IAW CJCS Ebola Red Cell Report (10 December 2014):
  - Develop language for DOD's Guidance for Employment of the Force (GEF) that highlights the importance of CCMD phase 0, steady-state global health security and global health engagement activities and programs.
  - Reassess the definition of a 'disease of operational significance' to account for regional variations.
- Geographic CCMDs sustain, and expand if possible:
  - Public health-related capacity building for the full range of infectious diseases with partner countries as conditions allow.
  - Collaborative disaster preparedness planning (DPP) program, to include all hazard events, with partner nations in coordination with USAID.
- Use existing OCONUS DOD labs to help international partners confirm the conditions of an outbreak.

Recommendations for Preparedness Finding Area (5 of 6)

What Should Be Done:

- DOD participate in or facilitate interagency meetings to synchronize Global Health Security Agenda plans and activities. Support Global Health Security Agenda initiatives in partner countries.
- Develop a process to identify significant disease outbreaks and conditions that may result in DOD crisis response.

Recommendations for Preparedness Finding Area (6 of 6)

What Should Be Done:

- "In future reviews of the UCP, the Guidance for Employment of the Force, the Joint Strategic Capabilities Plan, and other guidance documents, DOD should consider how to approach disaster response efforts which involve chemical, biological, radiological or nuclear environment impacts alongside PI&ID force health protection and mission assurance requirements." [OSD Rec.]
- "The role and responsibilities of the global campaign plan synchronizer for PI&ID should be clarified." [OSD Rec.]
- In coordination with interorganizational partners, CCMDs conduct deliberate planning for prioritized sets of potential disease-related scenarios, with greater emphasis on the more likely scenarios.
- Increase awareness of health-related DOD expertise and capabilities within the department, as well as with applicable partners.
  - DOD leverage clinical and research expertise and capabilities in planning and decision-making.

Recommendations for Strategic Decision Making Finding Area (1 of 6)

What Should Be Done:

- DOD support USG efforts to work with international organizations, NGOs, partner nations, and other stakeholders to clearly define roles and responsibilities during international crisis response, to include infectious disease outbreaks.
- JPME requires greater emphasis on the coordination and efforts used in international response to infectious disease outbreaks.

Recommendations for Strategic Decision Making Finding Area (2 of 6)

What Should Be Done:

- DOD advocate for a USG examination of disaster response procedures to determine what changes need to be made to support a health-related crisis. Examination should include:
  - The Federal Emergency Management Agency's National Response Framework (NRF). As applicable, incorporate elements of the NRF in planning for, responding to, and recovering from a global health crisis.
  - Domestic and international USG responders' interaction during a global health crisis. Where possible, standardize procedures to mitigate potential disconnects.
- DOD participate with strategic partners to establish a set of core capabilities needed for all phases of contagious biological outbreaks.
  - Define emergency support functions and the core capabilities necessary for an effective response.
  - Outline emergency support function roles and responsibilities for whole-of-community response (government, private sector, and academia) during a contagious biological outbreak.

Recommendations for Strategic Decision Making Finding Area (3 of 6)

What Should Be Done:

- DOD participate with USG and key partners to develop a national-level, contagious biological outbreak plan for domestic and international response that, at a minimum:
  - Establishes priorities.
  - Identifies expected levels of performance and capability requirements.
  - Provides standards for assessing needed capabilities.
  - Ensures the exchange of critical information.
- Regularly exercise the plan with participants from the whole of community (government, private sector, academia).

Recommendations for Strategic Decision Making Finding Area (4 of 6)

What Should Be Done:

- DOD support the development of a structure for a cross-organizational USG team that can coordinate a scalable, whole-of-community contagious biological response.
  - Identify positions within organizations that can activate the cross-organizational team in order to elevate a local level of response prior to an official disaster declaration.
- DOD review procedures for operating with USPHS, CDC, HHS, USAID, and other key partners during contagious biological response.
- Based on the experience of OUA, examine the placement of liaisons between DOD and partner organizations, both enduring and temporary, and their required training and experience.

Recommendations for Strategic Decision Making Finding Area (5 of 6)

What Should Be Done:

- Based on the experience of OUA, examine the interagency decision-making process to expedite the whole-of-government response.
- DOD develop and exercise a decision support matrix in PI&ID plans that supports a graduated response.
- PI&ID plans and policy should promote increased participation of DOD public health and medical experts in environments with highly infectious diseases to gain training and experience.
- Sustain, and continue the development of, DOD capabilities to transport highly infectious personnel, contaminated remains and materials, and infectious medical specimens.
- Develop enduring policy for DOD transport of highly infectious personnel, contaminated remains and materials, and infectious medical specimens.

Recommendations for Strategic Decision Making Finding Area (6 of 6)

What Should Be Done:

- Develop and codify predeployment training and PPE standards, adjusted for the risk of infection by disease category and the individual's work environment.
- Develop policy and procedures for intra-theater transport of response personnel and infectious medical specimens.
- Develop and institutionalize reintegration procedures for redeploying personnel, adjusted for the risk of infection by disease category, to ensure force health protection.

Recommendations for Initial Military Response Finding Area (1 of 11)

What Should Be Done:

- Revise the GEF and JSCP to provide more specific strategic objectives and end states to the combatant commands and the Services for PI&ID missions.
- Ensure infectious disease response crisis-action planning guidance (orders and directives) clearly provides acceptable risk in task execution (e.g., unique DOD capabilities), response expectations (timelines), and force allocation of niche capabilities.
- USAFRICOM should continue to develop and update AOR assessments, to include leveraging personnel currently operating on the continent.
  - Ensure crisis action planning process includes the capability to rapidly update assessments so that forces can be tailored to meet specific mission needs and risks.
  - Leverage expertise from DOD regional centers, such as the African Center for Strategic Studies, to improve staff training and cultural awareness.

Recommendations for Initial Military Response Finding Area (2 of 11)

What Should Be Done:

- USAFRICOM should continue to develop and update AOR assessments, to include leveraging personnel currently operating on the continent.
- Leverage embassy-based personnel to improve access and increase understanding of partner-nation capabilities and capacities.
  - Continue to coordinate with the National Guard Bureau to expand the number of African nations in the State Partnership Program and leverage the US Army's regionally aligned force to enhance forward presence.
- Develop, rehearse, and continually evaluate the PI&ID response contingency plan for the USAFRICOM AOR.
- Continue to integrate working groups, the MNCC, and LNOs into the planning process for operations and exercises.
- Incorporate joint force enablers, such as the JECC, throughout planning and execution. Sustain these capabilities.
- Incorporate USAID in all phases of planning and execution for operations and exercises.

Recommendations for Initial Military Response Finding Area (3 of 11)

What Should Be Done:

- Expand virtual and physical collaboration among supporting commands and agencies to allow for shared situational understanding and for the collective capacity of organizations to quickly coordinate and plan.
- Increase participation by DOD planners in the USAID Joint Humanitarian Operations Course; track and utilize graduates in emergent crisis planning.
- Improve understanding of OHDACA funding through development of a short guide, PME, and training.

Recommendations for Initial Military Response Finding Area (4 of 11)

What Should Be Done:

- CCMDs develop generic crisis response force packages, to include a base set of HQ (with JMDs) and key enablers (e.g., JECC, CREST, DLA deployable depot, FP-150, JTF-PO), and a draft initial force flow plan (TPFDL) for any emerging response.
  - Add these force packages to the Joint Capabilities Requirements Management (JCRM) system as required.
- CCMDs identify staff augmentation and liaisons to fill the crisis JMDs for themselves and the response HQ; include response timelines in internal staff readiness plans and existing force sharing agreements.
- Expand the JOPES capacity of USAFRICOM, USARAF, and the JECC; ensure the cells are capable of 24-hour operations during times of crisis.
- Improve GFM and JOPES training for USAFRICOM and USARAF.
- Review GFM and JOPES training and capacity across the Services and CCMDs.
- Improve the interface of Services' existing movement planning tools and policies (TCAIMES-USA; DCAPES-AF; JFRG-USMC) with the joint systems (JOPES), with an ultimate aim of replacing the current segregated Service systems with a single common joint application.

Recommendations for Initial Military Response Finding Area (5 of 11)

What Should Be Done:

- Improve the ability to conduct in-stride force tailoring and deployment sequencing.
  - Develop a force flow visualization tool that aligns the capabilities in the JCRM with the force tracking numbers (FTNs) in JOPES, helps decision makers manage multi-modal deployment, and depicts capability formation in theater.
  - Document in doctrine, SOPs, etc., the best practice of the Virtual Force Flow Working Group and Conference.
- Review the USAFRICOM-USEUCOM force sharing agreements and address capability gaps and response timeline shortfalls as identified during OUA.
- Update the current GFM management tools to improve visibility of unique capabilities, such as those from DTRA and DLA.

Recommendations for Initial Military Response Finding Area (6 of 11)

What Should Be Done:

- Improve force flow integration of USTRANSCOM's early enabler packages (e.g. JTF-PO) with the CCMD's early deployers.
- Review the response timelines of critical early entry enablers to ensure they are available when required.
- Incorporate capabilities of logistics enablers such as operational contract support (OCS), LOGCAP, and DLA into FDR plans, training, and exercises.
  - Document in doctrine, SOPs, etc., the best practice of establishing a GCC and JFC operational contracting support integration cell (OCSIC).
- Increase individual preparations and unit-level planning, training, and exercises that replicate the conditions of rapid deployment and operations in an austere environment in an immature theater.
- Review training, required equipment, and preparations (e.g., PPE, shots) specific to operations in a biological-threat environment.
- Increase training and exercises centered on theater opening and the associated actions of early entry forces and capabilities.

Recommendations for Initial Military Response Finding Area (7 of 11)

What Should Be Done:

- Document USAFRICOM's use of the USARAF CCP as the core of a rapid response joint headquarters, including its manning, C2 authorities, interorganizational relationships, and its utility as a short-duration, bridging solution to a more robust follow-on HQ.
- Continue to use elements from the SCC as the core of a rapid response joint HQ for short-duration requirements; establish a set of conditions and employment criteria for its use.

Recommendations for Initial Military Response Finding Area (8 of 11)

What Should Be Done:

- Examine the construct of joint force command (JFC) as used by USAFRICOM during OUA and, as appropriate, incorporate into joint doctrine.
- Joint Staff validate the use of CCMD SCCs as a rapidly deployable joint force headquarters to provide command and control of all DOD forces in the JOA, execute time-sensitive operations, and set the conditions for follow-on DOD response.
- USARAF should examine the manning, training, and employment of billeted CCP personnel in accordance with the Theater Army concept.
- CCMDs examine various conditions and criteria for using a SCC to rapidly establish crisis response headquarters.

Recommendations for Initial Military Response Finding Area (9 of 11)

What Should Be Done:

- Fully implement the joint information environment (JIE) and mission partner environment across the DOD and interorganizational partners.
- Until implementation of the JIE, identify and implement in CCMD planning and operations orders a single IT domain for all JOA and CCMD elements prior to deployment into the JOA.
  - Dedicate deployable IT architecture specifically for FDR operations in unclassified, non-CAC enabled environments.
- Leverage routine and crisis-specific assessments, to include DOD and non-DOD sources, to identify and train for bandwidth limitations in the AOR.

Recommendations for Initial Military Response Finding Area (10 of 11)

What Should Be Done:

- Utilize existing procedures, policies, and tools to ensure accurate and timely communication throughout DOD in unclassified operations.
  - Reduce the amount of information originating on SIPRNET that is unclassified, such as EXORDs.
  - Increase the capacity of and access to FDOs to reduce time to enable sharing.
- DOD must plan and execute FDR operations in an unclassified environment; codify practice in appropriate DOD guidance, policy, and doctrine.
- Develop procedures and policies to improve information sharing with non-DOD partners.
  - Ensure orders and documents are written “for release” to partners.

Recommendations for Initial Military Response Finding Area (11 of 11)

What Should Be Done:

- During pre-crisis preparations, DOD use knowledge management tools and procedures (e.g., portals, collaboration tools) as established by the LFA, and adjust as required during execution.
  - Exercise the use of the tools and procedures with the LFA during phase 0.

Recommendations for Main Response Finding Area (1 of 5)

What Should Be Done:

- Based on experiences during OUA, review and revise DOD policies with regards to authorities and processes while in support of other USG agencies.
  - Review should include, at a minimum, requirements validation, transfer of equipment, and transport of infectious personnel, and contaminated remains and materials.
  - Incorporate changes into CCMD theater strategy, campaign planning, and exercise programs.

Recommendations for Main Response Finding Area (2 of 5)

What Should Be Done:

- Joint Staff validate the use of CCMD SCCs as a rapidly deployable joint force headquarters to provide command and control of all DOD forces in the JOA, execute time-sensitive operations, and set the conditions for follow-on DOD response.
- CCMDs examine various conditions and criteria for using a SCC to rapidly establish a crisis response headquarters.
- In CCMD PI&ID planning, incorporate assessments to identify specific actions that can be taken in the initial phases of an operation to produce immediate desired effects.
- DOD must clearly articulate commitments and boundaries at all levels, both internally and externally, when supporting other USG agencies in order to aid in managing expectations, in writing if required.
- In senior-leader JPME (e.g., senior Service colleges, CAPSTONE, PINNACLE) and CTC-level training, sustain senior-leader personal engagement with key leaders from non-DOD organizations during all phases of an operation.
- Promote as a best practice, the incorporation of senior-leader personal engagement early into the operational battle rhythm.

Recommendations for Main Response Finding Area (3 of 5)

What Should Be Done:

- CCMDs identify, plan, and exercise communication methods that are not reliant on advanced technology and network operations, such as programmed increased human interaction, to communicate and share information in a complex FDR environment with non-DOD partners; revisit during crisis planning.
- CCMD plan and exercise information architecture as established by and coordinated with the lead agency, to include, IT systems, networks, and TTP.
- Identify in CCMD execution OPORD and annex (i.e., OPORD para. 5, Annex K) the information system architecture capabilities; share with LFA during crisis action planning, and work in rehearsal of concept (ROC) drills, as feasible.
- Until implementation of the JIE, identify and implement in CCMD planning and operations orders a single IT domain for all JOA and CCMD elements prior to deployment into the JOA.
  - Dedicate deployable IT architecture specifically for FDR operations in unclassified, non-CAC enabled environments.

Recommendations for Main Response Finding Area (4 of 5)

What Should Be Done:

- CCMDs include the exchange of liaisons with internal and external partners in PI&ID Phase 0 planning and rehearsal activities.
- CCMDs in coordination with the lead USG agency, host nation, and country team, develop a deliberate communication synchronization plan; reinforce engagement as a senior-leader personal responsibility.
- Capture as a best practice the use of synchronization matrices and a common operational picture (COP) that can be hosted and shared in an unclassified environment to support LFA coordination of DOD and partner efforts.
- DOD must plan and execute FDR operations in an unclassified environment; codify practice in appropriate DOD guidance, policy, and doctrine.
- During pre-crisis preparations, DOD use knowledge management tools and procedures (e.g., portals, collaboration tools) as established by the lead agency and adjust as required during execution.
    - Exercise the use of the tools and procedures with the LFA during Phase 0.

Recommendations for Main Response Finding Area (5 of 5)

What Should Be Done:

- Establish a JLLIS community of practice for PI&ID to capture the plans, documents, lessons, observations, and best practices from the OUA EVD response (expandable to other disease events) and integrate into PI&ID global synchronization planning conferences.
- Develop a database and planning primer of all DOD niche medical capabilities, to include mobile laboratories and non-deployable assets, for quick access by senior leaders and planners.
- In PI&ID planning, clearly identify the training requirements for DOD force healthcare and healthcare workers.
  - Expand the requirements for epidemiological and public health courses for DOD healthcare providers.
  - Expand the specialized training to include support personnel working in close proximity to contaminated environments.
  - Review training programs developed for DOD healthcare providers, Service members, and civilian responders in support of OUA and, as appropriate, institutionalize.
- Incorporate capabilities of logistics enablers such as operational contract support (OCS), LOGCAP, and DLA into FDR plans, training, and exercises.

Recommendations for Transition Finding Area

What Should Be Done:

- Continue the practice of:
  - Early coordination with the lead federal agency to bound operational tasks and develop milestones toward transition.
  - Defining criteria for the transfer of tasks to gaining organizations (e.g., WFP, HN) and monitoring their ability to sustain the function.
  - Proactively rightsizing the force for the mission as efforts are completed or transitioned.
- In emergent operations, balance the desire for early force-sourcing decisions with the time required to determine follow-on force requirements.
  - Review and revise mobilization policy to clarify rotation for emergent operations.
  - Allow time for an assessment prior to determining the rotation schedule.
- Revise OHDACA funding policy and authorities to permit more agile funding (e.g., Reserve pay).
- In JPME, emphasize Reserve Component mobilization laws, policies, and timelines as they apply to emergent and contingency requirements.

Recommendations for Implications for Future Operations Finding Area (1 of 3)

What Should Be Done:

- Support interagency clarification of roles and responsibilities integrating USG efforts for PI&ID planning, execution, and authorities.
  - Identify and address gaps and seams between international and domestic PI&ID planning, execution, and authorities.
  - Support further development of integrated interagency PI&ID planning begun by HHS.
- Assess current DOD and other USG PI&ID exercise programs; advocate for integrated national-level exercises.
  - War game the DOD global campaign plan, CCMD plans, etc.
- Reevaluate the priorities for DOD PI&ID planning and preparedness.
- Increase DOD PI&ID planning emphasis on the GCP lines of effort that address:
  - DOD support to the USG
  - DOD support to partner nations
- Clarify the roles and authorities for the global synchronization of PI&ID planning and execution.
  - Define CCMD and Service force health protection authorities and responsibilities.

Recommendations for Implications for Future Operations Finding Area (2 of 3)

What Should Be Done:

- In support of PI&ID planning and response, DOD investigate creating a limited number of categories for biologically contagious diseases based on factors such as mechanisms of disease transmission, morbidity, and mortality.
  - Incorporate these categories into PI&ID plans.
- Continue to exchange planners and other experts between CCMDs to share PI&ID planning insights.
- Examine policies developed specific to OUA for applicability to future PI&ID operations; institutionalize as appropriate.

Recommendations for Implications for Future Operations Finding Area (3 of 3)

What Should Be Done:

- Update current GFM management tools to include visibility of unique capabilities, such as those from DTRA and DLA.
- Develop a database and planning primer of all DOD niche medical capabilities, to include non-deployable assets, for quick access by senior leaders and planners.
- Conduct a capability-based assessment to identify gaps in DOD's ability to respond to infectious disease outbreaks, both domestically and internationally.
  - Formulate a DOTMLPF change recommendation (DCR) to address gaps.
- DOD review the prioritization of supply management and distribution of infectious disease-related medical countermeasures and PPE; coordinate with USG partners and industry to ensure supply availability in time of crisis.
- PI&ID plans and policy should promote increased participation of DOD public health and medical experts in environments with highly infectious diseases to gain training and experience.
- Develop and institutionalize reintegration procedures for redeploying personnel, adjusted for the risk of infection by disease category, to ensure force health protection.

Joint and Coalition Operational Analysis (JCOA)

Address
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Suffolk, Virginia 23435-2697

Requests for Information

Requests for information can be sent to the email addresses listed below. We will respond to your request as soon as possible. Please indicate the type of information you require and the context of how the information will be used. If there is an urgent time requirement, please include that information as well.

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