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## Overview: The Department of Defense and COVID-19

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

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

Although DOD is a supporting agency in the current national response framework, the U.S. military has a number of unique capabilities that might be applied to the current circumstances, as well as sheer manpower capacity to execute key tasks in a timely fashion. The mission set that allows DOD to contribute to whole-of-government crisis response is called *Defense Support to Civil Authorities* (DSCA). Specific to pandemics, some roles and missions for various DOD components are laid out in *DOD Instruction (DODI) 3025.24, DOD Public Health and Medical Services in Support of Civil Authorities*. These include, but are not limited to the following:

- **The Undersecretary of Defense (Policy)** provides overall coordination for DOD support to DSCA and interfaces with the National Security Council and other agencies of government. In a health crisis, one of their subordinates, the **Assistant Secretary of Defense for Homeland Defense and Global Security** is responsible for the day-to-day coordination of DOD's contribution to the federal response.
- **Combatant Commands (COCOMs)** work with other federal agencies to help plan for crises and provide additional capacity and medical support. For example, on February 13, 2020, General Terrence O'Shaughnessy, commander of U.S. Northern Command (NORTHCOM), testified before the Senate Armed Services Committee that NORTHCOM had at that point helped the Department of Health and Human Services quarantine more than 600 individuals at military facilities across the country, and that 11 DOD facilities near major airports were on standby for additional support if needed.
- **The National Guard.** At the time of writing, elements of the National Guard in 49 states, three territories, and the District of Columbia have been activated. These personnel are performing missions including, but not limited to manning call centers, providing critical

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

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

### What can DOD contribute to COVID-19 diagnostics, vaccines, and other medical countermeasures?

DOD has capabilities to protect troops and military assets from chemical, biological, radiological, and nuclear (CBRN) threats, some of which are supporting the current COVID-19 response. Key components within DOD that have relevant biological defense responsibilities and initiatives include the following:

- **Defense Labs.** Military laboratories conduct research and development of surveillance technologies, vaccines, diagnostics, and other medical countermeasures. For example, the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) at Fort Detrick, MD, and the Walter Reed Army Institute of Research (WRAIR) in Silver Spring, MD, are working to develop and test potential vaccines for COVID-19. The National Center for Medical Intelligence (NCMI) examines worldwide health threats, infectious disease, environmental health risks, biotechnology development, foreign medical capabilities, and biomedical subjects.
- **The Defense Threat Reduction Agency** is a combatant command support agency that provides science, technology, and capability development investments in countering weapons of mass destruction, including biological events. DTRA coordinated an airlift of a half a million COVID-19 diagnostic kits to the United States in mid-March.
- **The Defense Advanced Research Projects Agency** funds research such as advanced vaccine development and medical countermeasures that are being applied to the current response. Since 2017, DARPA's Pandemic Prevention Platform (P3) program has been working to develop a rapid response that would produce "relevant

numbers of doses against any known or previously unknown infectious threat within 60 days of identification of such a threat.” As it relates to COVID-19, P3 is working to identify, develop, and synthetically produce antibodies that would help protect individuals from infection and more rapidly improve the health of individuals who have been infected by COVID-19.

### What are some of DOD’s medical capabilities?

DOD can deploy medical capabilities and facilities to support a range of missions around the world. According to Joint Publication 3-28 *Defense Support of Civil Authorities (DSCA)*, DOD can provide other capabilities to assist with health emergencies, including but not limited to

the management of health services resources, such as manpower, monies, and facilities; preventive and curative health measures; evacuation of the wounded, injured, or sick; selection of the medically fit and disposition of the medically unfit; blood management; medical supply, equipment, and maintenance thereof; combat and operational stress control; and medical, dental, veterinary, laboratory, optometry, nutrition therapy, and medical intelligence services.

Current examples of such capabilities include U.S. Navy hospital ships *USNS Comfort* and *USNS Mercy*. Both ships can provide additional capacity to stressed medical systems, both within the United States and in partner countries. The *USNS Comfort* has deployed from its home port of Norfolk, VA, to New York City, while the *USNS Mercy* is deploying from San Diego to Los Angeles.

DOD also has a number of field hospitals that can be rapidly deployed in the event of the crisis. While those hospitals have primarily been used to support global expeditionary operations over the past two decades, on March 24, 2020, the U.S. Army announced it had issued deployment orders to the 531<sup>st</sup> Hospital from Fort Campbell, KY; the 627<sup>th</sup> Hospital from Fort Carson, CO; and the 9<sup>th</sup> Hospital from Fort Hood, TX, to deploy to New York and Washington state.

Deploying these capabilities could create some tradeoffs to be managed. Most DOD field hospitals are staffed by military reservists who work in the civilian health care field when not activated. Some experts express concern that activating and fielding these capabilities could deprive other civilian health care facilities of doctors, nurses, and a wide range of other medical professionals. The U.S. Army appears to be managing this risk by recruiting retired military medical professionals not currently providing medical services to their local communities to join the pandemic response.

### What are some of DOD’s relevant Humanitarian Assistance/Disaster Relief (HA/DR) capabilities?

U.S. military forces frequently deploy around the globe to provide assistance in the event of national disasters and emergencies. Specific to U.S. government pandemic

responses, the military can transport supplies and other emergency equipment to areas in need. The military can also utilize its own command-and-control networks in support of other agencies and actors to help them coordinate their own responses. Also, DOD personnel can train local medical staff capabilities. According to DOD reporting (*Operation United Assistance: The DOD Response to Ebola in West Africa*, January 6, 2016), all of these capabilities were used in West Africa during the 2014 Ebola crisis.

The military services also have construction and engineering capabilities that could be used, for example, to construct medical facilities. The U.S. Naval Construction Force (“Seabees”) is the Navy’s deployable construction capability. The U.S. Army Corps of Engineers (USACE) consist of approximately 37,000 soldiers and civilians. USACE has developed plans that allow other federal and local government agencies to convert hospitals and other sites into COVID-19-appropriate medical facilities.

### DOD strategy and COVID-19

The 2018 National Defense Strategy (NDS) articulates that DOD is prioritizing the development of capabilities that can help the United States militarily compete with China and Russia. Some observers express the view that the U.S. military should maintain its focus on these strategic challenges. According to this view, the U.S. military’s readiness to respond to actions from these and other aggressors might be compromised should troops become exhausted due to COVID-19 response operations. Others, such as New York Governor Cuomo, contend that combating the effects of the COVID-19 virus is equivalent to a “war” and DOD must therefore robustly participate in pandemic management and mitigation efforts.

Another concern centers around balancing the need to maintain readiness versus the health of the force overall. DOD officials, including Secretary Esper, have stressed the need for U.S. troops to be able to respond to global crises. The recent outbreak of COVID-19 on the U.S.S. *Theodore Roosevelt* has prompted some, including its commanding officer, to argue that current measures to maintain readiness are exposing U.S. military forces to COVID-19. While the 2014 Quadrennial Defense Review—DOD’s leading strategy document prior to the 2018 NDS—discusses DSCA and biological incident responses as a key mission set, the publicly available 2018 NDS summary does not include DSCA or pandemics.

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#### Further Reading

CRS Report RL30802, *Reserve Component Personnel Issues: Questions and Answers*, by Lawrence Kapp and Barbara Salazar Torreon

CRS Insight INI 1273, *COVID-19: The Basics of Domestic Defense Response*, coordinated by Michael J. Vassalotti

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