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Contact: HASC Communications 5-2539

## HASC Update: DOD Response to the Ebola Outbreak in West Africa

**Operation United Assistance.** The White House has announced plans to deploy over 3,000 U.S. military personnel to West Africa in support of Operation United Assistance, the U.S. military's response to the Ebola outbreak in West Africa.

**Deployment Orders.** On September 30, 2014, the Secretary of Defense signed a deployment order for approximately 1,500 soldiers from the 101st Airborne Division at Fort Campbell, KY, consisting of a Division headquarters element and subordinate sustainment units that will deploy to Liberia in late October to provide command and control of ongoing operations. These 1,500 soldiers will join the 350 DOD personnel already in West Africa. The remaining Army personnel will deploy in October and November to bring the total number to roughly 3,200.

**Mission.** According to DOD, U.S. troops will be supporting four lines of effort: command and control, logistics support, training, and engineering support. This includes overseeing the construction of 17 100-bed Ebola Treatment Units (ETUs), a 25-bed hospital for health care workers that was delivered last week, and a training site for medical personnel. They will also be providing command and control, and conducting air and sealift. Additionally, some U.S. troops will train medical personnel but will not provide direct care to infected West African patients.

**House Oversight.** Chairman McKeon recognizes the emergency nature of the ongoing Ebola crisis in West Africa and supports efforts by the U.S. government and international community to curb the spread of Ebola to the United States and within Africa. He also recognizes that DOD has unique capabilities that no other federal agency can provide including command and control, logistics, and air and sealift.

However, the committee raised the following concerns with DOD:

- The need for a firm strategy associated with the role of the military in the U.S. response to the Ebola outbreak;
- A disproportionate reliance on DOD in lieu of other government agencies and international partners with greater expertise to deal with public health emergencies;
- A need for detailed plans to ensure the safety and security of U.S. military personnel, who will be working in proximity of Ebola patients and in a region of escalating violence;
- The need for a detailed execution plan for the \$1 billion (the estimated 6 month cost of an operation anticipated to last more than 1 year) requested in humanitarian aid and understanding of how overall military readiness will be impacted;
- This new mission represents a substantial shift in USAFRICOM mission priorities, shifting its focus and assets from combating violent extremism to providing humanitarian assistance;
- This new mission would require more budget and manpower to fight the Ebola virus than to counter terrorist threats in Africa.

**Funding.** As an initial step, the Chairman approved \$100 million of the Administration's emergency reprogramming requests to provide humanitarian assistance to West African countries.



After an interagency briefing this week by representatives of the Secretary of Defense, Chairman of the Joint Chiefs of Staff, DOD Comptroller, USAID, and State Department to address the Committee's oversight concerns, the Chairman is approving an additional \$650 million of the \$1 billion reprogramming request. The total release of \$750 million is consistent with the DOD 6-month spend plan provided to the committee, based on its cost estimates and cost data from supporting prior humanitarian relief efforts. However, the Chairman's letter to the Department specifically does not authorize funding for activities that violate the CDC standards for biosecurity that have been briefed to the committee.

**Briefing Readout.** The briefing provided the committee with much of the information it requested, included detailed plans for the operation, including bio-security of U.S. personnel, controlling access to U.S. military assets and facilities to minimize risk of contamination to military personnel, force protection measures, contributions by other elements of US government and partner nations, and a spend plan. While Chairman McKeon continues to maintain concerns, particularly regarding the safety and security of our military personnel supporting this operation, he recognizes the urgent need for these requested funds. He will continue to require frequent updates and exercise robust committee oversight.

The following was provided during the interagency brief:

- **Training:** According to the Joint Staff, deploying personnel will receive security and health training. Security training will include: service-prescribed training, anti-terrorism/force protection (AT/FP) – Level 1; Survival, Evasion, Resistance, and Escape (SERE) rules of engagement (ROEs) specific to Operation United Assistance, and Escalation of Force. Health pre-deployment training will include AFRICOM-specific training requirements and Ebola specific-training Personal Protective Equipment (PPE).
- **Biosecurity precautions to ensure the bio-security of personnel**, including non-medical personnel;
  - Unit muster
  - Morning and evening health checks - personnel will have their temperature taken every 12 hours to monitor changes
  - Chlorine hand washing stations at all buildings and tents
  - There is a no contact order in Liberia including no handshakes or hugs
  - There will be a unit field medic accompanying all convoys and groups that leave the base
  - Medical screenings of Armed Forces of Liberia (AFL)/Contractors/Liberian Nationals
  - Increased food/water safety measures
  - At the end of their deployment, personnel will enter a controlled environment for a set period of time (0-10 days) for monitoring.
- **Controlling access to U.S. military assets and facilities to minimize the risk of contamination;**
  - DOD will be providing security and controlled access to the U.S. military facilities. Standard ID check will apply.
- **Deployment timelines;**
  - Most of the personnel being deployed will be in country by early November
  - DOD is anticipating a November 30 completion date of the 17 Ebola Treatment Units (ETUs) they have committed to building and getting online.
- **Sourcing plans for air and sealift, as well as personnel;**
  - TRANSCOM has the lead for all sources of air and sealift
- **Force protection measures;**
  - DOD personnel will be carrying a sidearm as a safety precaution
  - Assistant Secretary Lumpkin emphasized the permissive environment in Liberia from both the Liberian government and population for the help and assistance of the United States Government

- **Bio-security for the Continental United States upon the return of personnel deployed under Operation United Assistance;**
  - When returning home from deployment, there will be 21 day in-person health checks including temperature and overall health examinations
  - Asymptomatic and symptomatic personnel that have experienced some risk of exposure will have to stay in country for controlled movement and treatment with the plan for aeromedical transport to CONUS
- **Impact of USAFRICOM's mission to combat violent extremism;**
  - DOD is maintaining the priorities of USAFRICOM's mission to combat violent extremism. Major General Darryl Williams will be returning to USAFRICOM headquarters imminently and Major General Volesky (Commander, 101<sup>st</sup> Airborne Division) will be taking over the DOD Joint Task Force.
- **Changes in the Overseas, Humanitarian, Disaster Assistance and Civic Aid (OHDACA) office to ensure funds can be properly executed;**
  - DOD has assured HASC staff that OHDACA staffing and resourcing is sufficient to execute funding for the Ebola outbreak effort.

**Additional Resources:**

- White House Fact Sheet: "[U.S. Response to the Ebola Epidemic in West Africa](#)"
- 7 October: "[Department of Defense Press Briefing by General Rodriguez in the Pentagon Briefing Room](#)"

**HASC Contacts for Member Offices:**

- HASC Ebola Response [Catherine.Sendak@mail.house.gov](mailto:Catherine.Sendak@mail.house.gov)
- HASC Military Personnel Staff Lead [Jeanette.James@mail.house.gov](mailto:Jeanette.James@mail.house.gov)
- HASC Policy Director [Kari.Bingen@mail.house.gov](mailto:Kari.Bingen@mail.house.gov)
- Senior Advisor to the Chairman [Jaime.Cheshire@mail.house.gov](mailto:Jaime.Cheshire@mail.house.gov)
- Communications Director [Claude.Chafin@mail.house.gov](mailto:Claude.Chafin@mail.house.gov)

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Courtesy of the House Armed Services Committee  
Rep. Howard P. "Buck" McKeon (R-Calif.), Chairman