



Operation UNITED ASSISTANCE (OUA) Study

Joint and Coalition Operational Analysis
20 August 2015
Executive-Level Summary

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 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 (USG'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



Finding Areas

Preparedness

Strategic Decision Making



Transition

Implications For Future Operations

Main Response – Support & Enable USAID

Initial Military Response



– 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:

- Biosurveillance 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



Biosurveillance

Finding: Biosurveillance 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



Inadequate Initial Response

Finding: 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 that would normally respond to instead 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



DOD Preparedness

Finding: 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 were disease and regional expertise available in DOD, however:
 - Capacity had been previously reduced
 - Expertise and capacity was 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



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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 on-board, particularly bringing DOD on-board.”

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



Decision to Increase Response

Finding: 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:

- Medecins sans Frontieres, the US embassy, Centers for Disease Control and Prevention, and affected nations’ governments desired an increased response, to include DOD, July through September 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



Pressure for Response

Finding: 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 USG 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)



Determining DOD's Role

Finding: 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 adversely impacted interagency partners.
- Redlines and eventual delineation of the four lines of effort improved clarity of DOD support, but some confusion remained.

“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, was 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



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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

Finding: 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*



Force Movement

Finding: 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



Rapid Response HQ

Finding: 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 a 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

Collaborative Information Environment



Finding: 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 AFRICOM 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



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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 and agencies could respond. We were fortunate in keeping it limited in scope, and we stuck to the narrative. Honorable Michael D. Lumpkin (paraphrased), ASD/SOLIC, JCOA Interview, 3 March 2015

Response and Mission Command



Finding: 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*



Confidence, Leadership, and Quick Wins



Finding: 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



Coordination and Collaboration



Finding: 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



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 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





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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, 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



Finding: 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 “right-sized” 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





Sourcing Follow-On Forces

Finding: 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



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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

Combatant Command Planning



Finding: 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/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 AFRICOM’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

New Policies Required, but Not Enduring



Finding: 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

“SUBJECT: Transportation Policy Delegation of Authority for Movement of DoD Personnel Potentially Exposed to Ebola While Supporting Operations in West Africa”

TO THE SECRETARY OF DEFENSE
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

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

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.



Finding Areas

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– Recommendations

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Recommendations



- Preparedness
- Strategic Decision Making
- Initial Military Response
- Main Response: Support and Enable USAID
- Transition
- Implications for Future Operations



Recommendations for Preparedness Finding Area

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

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

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

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



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. (OSD DHA, JS J-4 Surgeon's Office)
- Develop a process to identify significant disease outbreaks and conditions that may result in DOD crisis response. (NCMI, AFHSC, J-2s)



Recommendations for Preparedness Finding Area

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



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

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

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 whole of community (government, private sector, academia).



Recommendations for Strategic Decision Making Finding Area

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

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

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

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

What Should Be Done:

- USAFRICOM should continue to develop and update AOR assessments, to include leveraging personnel currently operating on the continent. (Cont.)
 - 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 CONPLAN 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

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

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 Manager (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

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

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

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

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. (J-3)
- 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. (USARAF)
- CCMDs examine various conditions and criteria for using a SCC to rapidly establish crisis response headquarters. (CCMD J-3)



Recommendations for Initial Military Response Finding Area

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

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

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

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

What Should Be Done:

- Joint Staff validate the use of CCMD SCCs as a rapidly deployable joint force headquarters to provide C2 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 (i.e., 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

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

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

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. (DHA and Services)
- 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 right-sizing 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

What Should Be Done:

- Support interagency clarification of roles and responsibilities integrating USG efforts for PI&ID planning, execution, and authorities. (OSD(P), OSD(HA), JS J-5, USNORTHCOM).
 - 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. (JS J-7, JS J-5).
 - War game the DOD global campaign plan, CCMD plans, etc.
- Reevaluate the priorities for DOD PI&ID planning and preparedness. (JS J-5, JS J-3)
- Increase DOD PI&ID planning emphasis on the GCP lines of effort that address:
 - DOD support to the USG.
 - DOD support to partner nations. (CCMDs)
- Clarify the roles and authorities for the global synchronization of PI&ID planning and execution. (OSD/JS)
 - Define CCMD and Service force health protection authorities and responsibilities.



Recommendations for Implications for Future Operations Finding Area

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. (USNORTHCOM, other CCMDs)
 - Incorporate these categories into PI&ID plans.
- Continue to exchange planners and other experts between CCMDs to share PI&ID planning insights. (CCMDs)
- Examine policies developed specific to OUA for applicability to future PI&ID operations; institutionalize as appropriate.



Recommendations for Implications for Future Operations Finding Area

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. (DHA and Services)
- Conduct a capability based assessment to identify gaps in DOD’s ability to respond to infectious disease outbreaks, both domestically and internationally. (DHA, USNORTHCOM, JS J-8)
 - 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)



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