STATEMENT FOR THE RECORD

HONORABLE MICHAEL D. LUMPKIN

ASSISTANT SECRETARY OF DEFENSE

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Introduction

Chairman Royce, Ranking Member Engel, and distinguished Members of the Committee – Thank you for the opportunity to testify today regarding the Department of Defense role in the comprehensive U.S. response to the Ebola epidemic. As President Obama affirmed in September, the Ebola epidemic in West Africa is not only a global threat, but a national security priority for the United States. Due to the U.S. military's unique capabilities, specifically speed and scale, the Department has been called upon to provide interim solutions that give the United States Agency for International Development (USAID) and other U.S. Government (USG) departments and agencies the time necessary to expand and deploy their own capabilities. Additionally, U.S. military efforts are helping galvanize a more robust and coordinated international effort, which is urgently needed to contain this threat and reduce human suffering in West Africa.

Before addressing the specific elements of the Department of Defense (DoD) Ebola response efforts, I would like to share my observations of the evolving crisis in West Africa and our increasing response. At the end of September, USAID Assistant Administrator Nancy Lindborg and I visited Liberia. Meeting with the country's civilian and military leaders, United Nations officials, nongovernmental organizations, and our civilian and military responders already operating in the region, I was left with a number of overarching impressions that are shaping the Department's role in our comprehensive, interagency response.

First, the USG has deployed a top-notch team with vast experience in dealing with disasters and humanitarian assistance. The Disaster Assistance Response Team (DART), deployed by USAID, is leading the USG effort to address the Ebola epidemic abroad, and the Joint Force Commander is in direct support of USAID's leading role. This collaborative effort is

making a real difference. This interagency team is synchronizing its activities with the local and international response efforts, which are increasing due to the USG response. The USG, led by the Department of State's diplomatic outreach efforts, USAID's engagement with healthcare and humanitarian organizations, and the Centers for Disease Control and Prevention's public health response activities, continues to see an upswing in international efforts, particularly in the wake of President Obama's remarks in September and with the advent of the United Nations Mission for Ebola Emergency Response (UNMEER).

Second, the Liberian government, although significantly overburdened by this crisis, is doing what it can with every resource available. There is little transportation or health infrastructure outside Liberia's capital, Monrovia. Moreover, the existing infrastructure is in disrepair and dangerously overstressed. With almost 200 inches of rain each year, the roads in many locations are impassible for any movement beyond foot travel and – concomitantly – the Ebola virus.

Third, 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. This global threat, with increased international response efforts and contributions, can be overcome.

Fourth, our four lines of effort - Command and Control, Logistics Support, Engineering Support, and Training Assistance – are in support of the DART and well within DoD's capabilities. To date, we have deployed more than 1,900 DoD personnel to the region who are safely executing their assigned missions on a daily basis. Our ability to execute this mission with

speed and a scaled response is critical. Incremental responses will be outpaced by an epidemic dynamic in nature, and that has the potential to increase dramatically with the onset of only a few new cases.

The Ebola epidemic we face is a national security issue – one that requires coordinated domestic and international efforts. Neither the U.S. nor the international community can build a moat around this issue in West Africa, and DoD's efforts in the region are an essential component to contain and reduce the epidemic. Absent our government's continuing response in West Africa, the virus' spread brings the risk of more cases in the United States.

Before summarizing DoD's role in the USG's USAID-led Ebola response efforts, I would like to thank this Committee and the other defense oversight committees for their decision to authorize obligation of up to $750 million of the $1 billion reprogrammed from Overseas Contingency Operations funding to DoD's Overseas Humanitarian, Disaster, and Civic Aid Program. This obligation authority has provided DoD the ability to deploy a joint task force to the region and rapidly undertake logistical, engineering, training, laboratory testing, and other support missions that are helping to turn the tide of this terrible epidemic.

I would also like to highlight the necessity and urgency of the resources sought by the President in his Emergency Appropriations Request for Ebola of last week. Of the $4.64 billion for immediate needs to combat this epidemic, the Department seeks $112 million that will provide immediate funding for Defense Advanced Research Projects Agency (DARPA) initiatives to develop technologies aimed at providing immediate, temporary immunity against Ebola while vaccines are developed. Additional initiatives are working to foster technologies to curtail the development timelines of these same vaccines.

The Department of Defense's Role in United States Government Ebola Response Efforts

In mid-September, President Obama ordered DoD to undertake military operations in West Africa to support USAID-led Ebola response efforts. The comprehensive USG response is predicated upon a multi-pillared strategy: control the outbreak, mitigate second-order impacts of the crisis, foster coherent international leadership and response operations, and improve mechanisms for global health security.

As Secretary Hagel noted at the September 26th meeting of the Global Health Security Agenda, DoD is operating in support of USAID as part of the USG's coordinated response to the Ebola Virus Disease (EVD) outbreak. The Secretary directed that U.S. military forces undertake a two-fold mission – first, support USAID in the overall USG efforts to contain the spread and reduce the threat of EVD; and, second, respond to Department of State requests for security or evacuation assistance if required. Direct patient care of Ebola-exposed patients in West Africa is not a part of the DoD mission.

In support of the mission's main element, Secretary Hagel approved military activities falling under the four lines of effort I mentioned earlier: Command and Control, Logistics Support, Engineering Support, and Training Assistance.

Command and Control are being conducted by a U.S. military joint force command deployed to the region. On September 15th, Secretary Hagel approved a named operation, OPERATION UNITED ASSISTANCE (OUA), for U.S. military efforts in response to EVD. On October 25th, Major General Gary Volesky, the Commander of the Army's 101st Airborne Division, assumed command of the mission from Major General Darryl Williams, the Commander of U.S. Army Africa.

Major General Volesky and the deploying elements of his command bring not only significant operational capabilities to support the mission's lines of effort, but also the command-and-control structure necessary to coordinate U.S. military efforts with other entities. These include: other USG departments and agencies; the Government of Liberia and – in particular – the Armed Forces of Liberia; the United Nations, other intergovernmental organizations, and nongovernmental organizations providing relief in the region; and bilateral partners providing a military response to the epidemic.

DoD's logistics activities are primarily improving transportation capabilities regionally and immediate care capabilities in Liberia. To support transportation efforts, the U.S. military has worked with regional and international partners to establish an intermediate staging base in Dakar, Senegal. U.S. military aircraft are providing strategic airlift into West Africa and tactical airlift within Liberia to move supplies and personnel. To support immediate care capabilities, U.S. military forces constructed a 25-bed hospital in Monrovia as a treatment facility for Liberia-based, non-U.S., non-military healthcare providers exposed to Ebola. This hospital is being manned by United States Public Health Service healthcare professionals, and is prepared to provide care to patients.

Our third line of effort is Engineering Support. In this effort, we have established our joint force headquarters in Monrovia and a training facility proximate to the headquarters, and are prepared to construct up to 17 Ebola Treatment Units (ETUs) in Liberia at which non-U.S. military healthcare professionals can isolate and treat Ebola-infected patients. U.S. military engineers are facilitating site selection and construction of ETUs, and are working closely with Armed Forces of Liberia engineers who are committing their efforts to ETU construction.

Training activities are an additional facet of the joint force command's focus. U.S. military personnel are prepared to train up to 500 healthcare support personnel at a time, enabling the healthcare workers to serve as the first responders in ETUs throughout Liberia. As of November 9th, 133 healthcare workers and support staff had been trained, and a third class of 121 students is scheduled to begin on November 10th. Again, U.S. military personnel will not provide direct care to Ebola patients in West Africa.

In addition to OUA's efforts, the Department continues its enduring programs in the region. In Liberia, OPERATION ONWARD LIBERTY, consisting of approximately 25 U.S. military personnel, partners with the Armed Forces of Liberia to improve the professionalization and capabilities of Liberia's military.

Regionally, we are expanding the efforts of DoD's Cooperative Biological Engagement Program (CBEP) to address urgent needs in the affected countries, and to provide robust and sustainable enhancements to biosafety, biosecurity, and biosurveillance systems in neighboring and at-risk countries in West Africa. The program will also seek to leverage existing partnerships with South Africa, Kenya, and Uganda to bolster regional capacities to mitigate threats associated with the current and potential future infectious disease outbreaks. As an immediate example of these efforts, CBEP, the U.S. Navy, and the U.S. Army have deployed six mobile labs to Liberia that provide diagnostic capabilities essential to containing and reducing EVD. These labs augment the capacity of the Liberian Institute for Biomedical Research lab, at which CBEP has funded the work of three experts. The Department is working through the approval processes for deploying two additional labs to support the UK-led Ebola response efforts in Sierra Leone.

DoD has also expanded its activities to support domestic response capabilities here at home. Last month, at the request of the Department of Health and Human Services (HHS), the Department activated a 30-member medical support team that is prepared to deploy anywhere in the continental United States within 72 hours to augment HHS Centers for Disease Control and Prevention (CDC) public health experts and hospital staff, filling in any clinical staffing gaps in treating EVD patients in U.S. civilian hospitals.

Throughout all of our planning and operations, the safety and well-being of our deployed forces remain of particular importance. On October 10th, the Department disseminated policy regarding the training, screening, and monitoring DoD personnel undergo prior to, during, and after deployments to West Africa. Based on the assessments of our initial operations, we recently updated our force health protection policy to include the addition of controlled monitoring and evaluation procedures for DoD personnel redeploying from the affected region.

Before deployment, all DoD personnel receive a medical threat briefing covering regional health threats and countermeasures. In addition, they receive information on EVD and safety precautions, prevention/protection measures, personal protective equipment use, and symptom recognition and monitoring. DoD medical personnel receive advanced Ebola-related training in the unlikely event they must treat our personnel possibly exposed to the virus.

During the operation, DoD personnel are equipped based on their mission requirements and the likelihood of interacting with local personnel. At a minimum, DoD members have advanced protective masks, gloves, personal protective suits, and sanitizer immediately available. DoD supervisors and healthcare workers monitor personnel for early detection of possible symptoms.

To treat DoD personnel who are injured or fall ill while deployed, we have advanced medical care capabilities deployed in Liberia, and are deploying additional capabilities to Liberia and Senegal. Should the unfortunate occur and a DoD member be exposed to Ebola, we have procedures in place to evacuate DoD patients to CDC-designated advanced care facilities in the United States.

When the mission is complete, DoD will continue to monitor the health of our personnel. Within 12 hours of departure from West Africa, trained DoD healthcare personnel will interview and assess DoD personnel to determine possible exposure. After returning from deployment, our personnel will undergo twice-a-day medical monitoring for 21 days – the maximum incubation period of EVD. Military servicemembers' monitoring will take place at controlled locations at pre-designated military installations in the United States. DoD civilians and contractors will have the option to voluntarily participate in the military's monitoring regimen, or they may follow the guidelines established on October 27th by the CDC. This policy provides exemptions for senior civilian and military officials to ensure that they can continue to discharge their mission oversight responsibilities. In all circumstances, the protection of our personnel and the prevention of any additional transmission of the disease remain paramount planning factors for U.S. military response efforts.

Conclusion

West Africa's Ebola epidemic remains dangerous, but we have a comprehensive United States Government response and – increasingly – a coordinated international response to contain the threat and mitigate its effects. The Department of Defense's interim measures are an essential element of the U.S. response, without which it will be extremely difficult to block the

epidemic's rapid expansion. As President Obama has noted, this global threat requires a global response. He has committed U.S. leadership to international Ebola response efforts, but the United States cannot unilaterally address the situation. Now is the time to devote appropriate U.S. resources – military and civilian – necessary to contain the threat, to reduce and mitigate the suffering of the afflicted, and to establish the mechanisms and processes for better future responses.