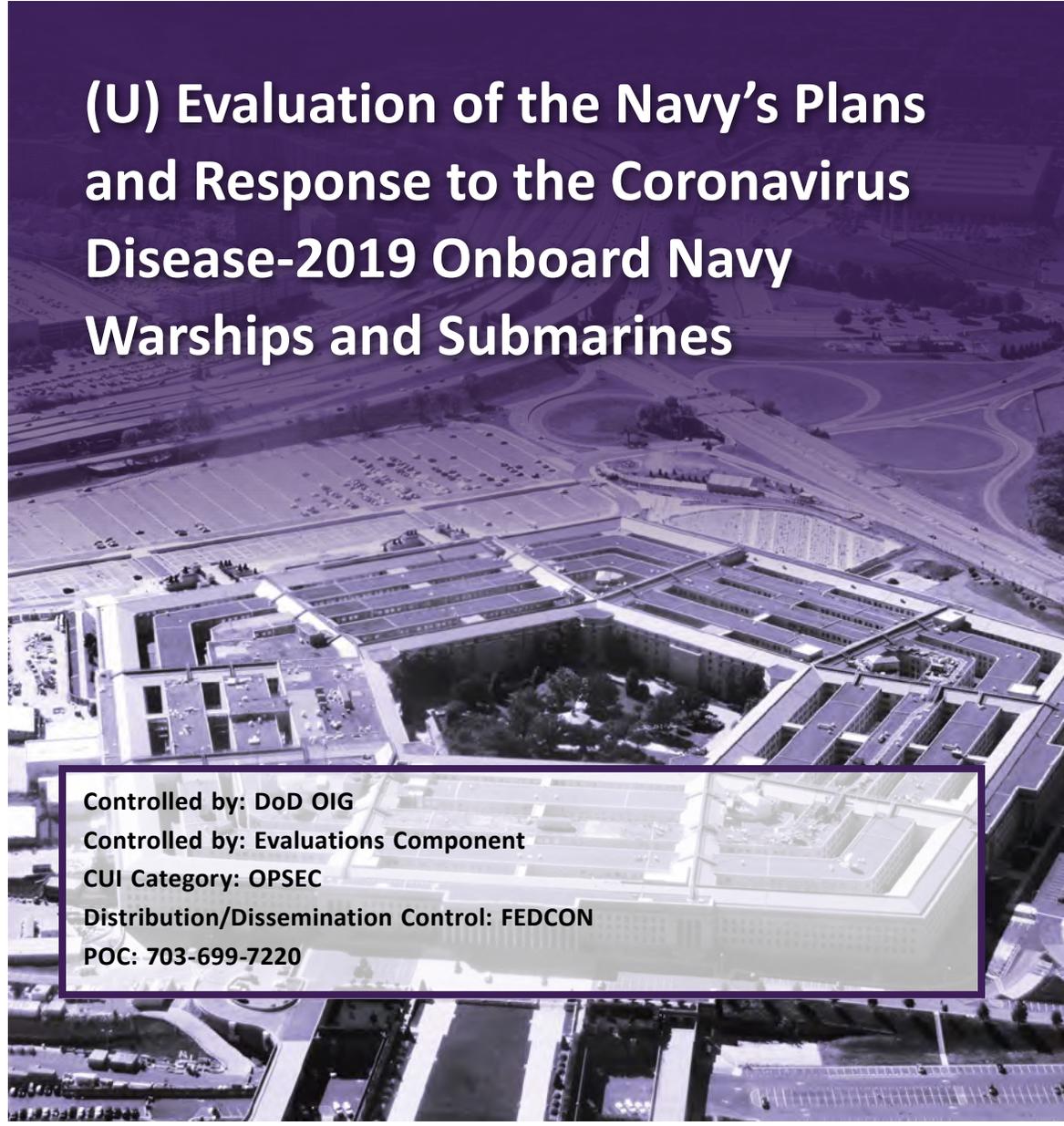


CUI

INSPECTOR GENERAL

U.S. Department of Defense

FEBRUARY 4, 2021



(U) Evaluation of the Navy's Plans and Response to the Coronavirus Disease-2019 Onboard Navy Warships and Submarines

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CUI





(U) Results in Brief

(U) Evaluation of the Navy's Plans and Response to the Coronavirus Disease-2019 Onboard Navy Warships and Submarines

February 4, 2021

(U) Objective

(U) We determined whether the Navy had, and implemented, policies, plans, and procedures to prevent and mitigate the spread of infectious diseases, such as coronavirus disease-2019 (COVID-19), on its warships and submarines. The focus of this evaluation was at the Navy component command level, primarily focusing on U.S. Fleet Forces Command (USFF) and U.S. Pacific Fleet (PACFLT).

(U) Background

(U) COVID-19 is an infectious disease that can cause a wide spectrum of symptoms. On March 11, 2020, the World Health Organization declared the COVID-19 outbreak a pandemic, and on March 13, 2020, the President declared the COVID-19 pandemic a national emergency.¹ Under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) enacted on March 27, 2020, the U.S. Department of Defense (DoD) received \$10.5 billion to prevent, prepare for, and respond to COVID-19, domestically and internationally.

(~~FOUO~~) As of May 11, 2020, USFF and PACFLT [REDACTED] with at least 1 positive case of COVID-19. All but two of the ships were in their home port and were not at sea. As of August 1, 2020, the aircraft carrier USS *Theodore Roosevelt* (CVN 71) and the destroyer USS *Kidd* (DDG 100) were the

¹ (U) A pandemic is a global outbreak of a disease that occurs when a new virus emerges to infect people and can spread between people sustainably.

(U) Background (cont'd)

(~~FOUO~~) only Navy warships that had a COVID-19 outbreak while underway at sea, and both had the highest number of cases relative to the crew size.² Both warships were on regularly scheduled overseas deployments in the Pacific Ocean. The USS *Theodore Roosevelt* had just completed a port call in Da Nang, Vietnam when its leadership reported the ship's first COVID-19 case on March 24, 2020. The USS *Kidd* was supporting counternarcotic operations in the U.S. Southern Command area of responsibility in the eastern Pacific Ocean when its leadership reported the ship's first COVID-19 case on April 22, 2020. On April 30, 2020, the Vice Chief of Naval Operations began a Command Investigation Concerning Chain of Command Actions with Regard to COVID-19 Onboard USS *Theodore Roosevelt* (CVN 71).

(U) Finding

(U) We found that DoD and the Navy had policies, plans, and procedures to mitigate the spread of pandemic influenza and infectious disease. Additionally, the Navy issued additional policies, plans, and procedures, and collected and disseminated lessons learned to specifically prevent and mitigate, or combat, COVID-19. These lessons learned can assist in updating existing policies.

(~~FOUO~~) However, the Navy had not fully implemented measures intended to reduce the risk of the spread of infectious diseases. Prior to the COVID-19 pandemic, we found that four out of five Navy Component Commands did not conduct a biennial Pandemic Influenza & Infectious Disease exercise in accordance with the Office of the Chief of Naval Operations (OPNAV) requirements. According to USFF and PACFLT representatives, their respective Navy component commands [REDACTED]

² (U) According to the Centers for Disease Control and Prevention, a COVID-19 outbreak is when two or more patients with COVID-19 are discovered to be linked, and the linkage is established outside of a case investigation and contact tracing (e.g., two patients who received a diagnosis of COVID-19 are found to work in the same office, and only one or neither of the them was listed as a contact to the other).



(U) Results in Brief

(U) Evaluation of the Navy's Plans and Response to the Coronavirus Disease-2019 Onboard Navy Warships and Submarines

(U) Finding (cont'd)

(FOUO) [REDACTED]

As a result of lapses in following mitigation measures, infectious diseases, such as COVID-19, can spread quickly if introduced onboard warships and submarines, which negatively impacts the readiness of naval forces.

(U) As of August 1, 2020, there were only two Navy ships that had a COVID-19 outbreak while at sea on an operational deployment. We examined the Navy's response to these two outbreaks. The Vice Chief of Naval Operations' Command Investigation Concerning Chain of Command Actions with Regard to COVID-19 Onboard USS *Theodore Roosevelt* (CVN 71) determined that the ineffective implementation of social distancing and the premature release of sailors from quarantine were primary causes of increased infection onboard the ship. According to the Vice Chief of Naval Operations, this occurred because the USS *Theodore Roosevelt* leadership did not effectively implement mitigation measures for the majority of their crew. The command investigation further stated that the USS *Theodore Roosevelt* leadership team allowed social gathering areas to remain open, and continued to perform urinalysis testing for illegal substances that the leadership team should have considered non-essential during the COVID-19 outbreak. Furthermore, the USS *Theodore Roosevelt* leadership decided to prematurely release sailors from quarantine because conditions in quarantine were crowded, and they believed that the quarantine caused more sailors to become infected. According to the Navy's Command Investigation Concerning Chain of Command Actions with Regard to COVID-19 Onboard USS *Theodore Roosevelt* (CVN 71), these decisions likely resulted in infection to a larger portion of the crew of the USS *Theodore Roosevelt*. As of August 1, 2020, the

(U) destroyer USS *Kidd* was the only other Navy warship that had a COVID-19 outbreak at sea during an overseas deployment. A destroyer's response to a pandemic event may lead to the development of different lessons learned and best practices for planning, logistics, and medical response than other types of warships and submarines.

(U) Recommendations

(U) We recommend that the Deputy Chief of Naval Operations for Operations, Plans, and Strategy and the Surgeon General of the Navy review and update OPNAV Instruction 3500.41A, "Pandemic Influenza and Infectious Disease Policy," and Navy Technical Reference Publication 4-02.10, "Shipboard Quarantine and Isolation," September 2014, to include guidance and lessons learned from the COVID-19 pandemic. For example implementation of restriction of movement, pre-deployment sequesters, personal protective equipment supply requirements, and shipboard quarantine procedures.

(U) We also recommend that the Deputy Chief of Naval Operations for Operations, Plans, and Strategy and the Surgeon General of the Navy include the observations and analysis identified in the after action review on the COVID-19 outbreak on the USS *Kidd* for use when updating Pandemic Influenza and Infectious Disease policies.

(U) We further recommend that the Deputy Chief of Naval Operations for Operations, Plans, and Strategy develop a plan of action and milestones for Navy Component Commands to conduct biennial Pandemic Influenza and Infectious Disease exercises in accordance with OPNAV Instruction 3500.41A.



(U) Results in Brief

(U) Evaluation of the Navy's Plans and Response to the Coronavirus Disease-2019 Onboard Navy Warships and Submarines

(U) Management Comments and Our Response

(U) The Deputy Chief of Naval Operations for Operations, Plans, and Strategy, in coordination with the Surgeon General of the Navy, agreed with our recommendation to review and update OPNAV Instruction 3500.41A and Navy Technical Reference Publication 4-02.10 to include guidance and lessons learned from the COVID-19 pandemic. Specifically, the Deputy Chief of Naval Operations stated that updates are currently in progress to update revised publications. Therefore, the recommendation is considered resolved, but will remain open until we can verify that both publications are updated with guidance and lessons learned from the COVID-19 pandemic.

(U) The Deputy Chief of Naval Operations for Operations, Plans, and Strategy, in coordination with the Surgeon General of the Navy, also agreed with our recommendation to include the observations and analysis identified in the after action review on the COVID-19 outbreak on the USS *Kidd* when updating pandemic influenza and infectious disease policies. Specifically, the Deputy Chief stated that lessons learned from the USS *Kidd* and USS *Theodore Roosevelt* have

(U) been incorporated into the current standardized operating guidance for the fleet. According to management comments and a review of the documentation, the Navy has incorporated the lessons learned into updated Navy Guidance. Therefore, we consider this recommendation closed.

(U) The Deputy Chief of Naval Operations also agreed with our recommendation to develop a plan of action and milestones for Navy Component Commands to conduct biennial Pandemic Influenza and Infectious Disease exercises in accordance with OPNAV Instruction 3500.41A. Specifically, OPNAV N3 [Operations] will plan and execute a table-top exercise to meet the objectives of OPNAV Instruction 3500.41A. Naval Component Commands will conduct the table-top exercise with OPNAV between March 1, 2021, and June 30, 2021. Finally, the Naval Component Commands that are not able to participate will execute internal table-top exercises no later than August 31, 2021. Therefore, the recommendation is considered resolved, but will remain open until we receive documentation verifying that Naval Component Commands completed the biannual Table Top Exercise. Please see the Recommendations Table on the next page for the status of recommendations.

(U) Recommendations Table

Management	Recommendations Unresolved	Recommendations Resolved	Recommendations Closed
(U) Deputy Chief of Naval Operations for Operations, Plans and Strategy	None	1, 3	2
(U) Surgeon General of the Navy	None	1	2

(U) Note: The following categories are used to describe agency management’s comments to individual recommendations.

- **(U) Unresolved** – Management has not agreed to implement the recommendation or has not proposed actions that will address the recommendation.
- **(U) Resolved** – Management agreed to implement the recommendation or has proposed actions that will address the underlying finding that generated the recommendation.
- **(U) Closed** – OIG verified that the agreed upon corrective actions were implemented.



INSPECTOR GENERAL
DEPARTMENT OF DEFENSE
 4800 MARK CENTER DRIVE
 ALEXANDRIA, VIRGINIA 22350-1500

February 4, 2021

MEMORANDUM FOR AUDITOR GENERAL, DEPARTMENT OF THE NAVY

SUBJECT: (U) Evaluation of the Navy's Plans and Response to the
 Coronavirus Disease-2019 Outbreak Onboard Navy Warships
 and Submarines (Report No. DODIG-2021-049)

(U) This final report provides the results of the DoD Office of Inspector General's evaluation. We previously provided copies of the draft report and requested comments on the recommendations. We considered management's comments on the draft report when preparing the final report. These comments are included in the report.

(U) The Deputy Chief of Naval Operations for Operations, Plans, and Strategy, in coordination with the Surgeon General of the Navy, addressed the recommendation to include the observations and analysis identified in the after action review on the COVID-19 outbreak on the USS *Kidd* for use when updating Pandemic Influenza and Infectious Disease policies and we consider this recommendation closed. The Deputy Chief of Naval Operations for Operations, Plans, and Strategy, in coordination with the Surgeon General for the Navy, agreed to address the remaining recommendations presented in the report; therefore, we consider those recommendations resolved and open. As described in the Recommendations, Management Comments, and Our Response section of this report, we will close the recommendations when you provide us documentation showing that all agreed-upon actions to implement the recommendations are completed. Therefore, please provide us your response within 90 days concerning specific actions in process or completed on the recommendations. Send your response to either followup@dodig.mil if unclassified or rfunet@dodig.smil.mil if classified SECRET.

(U) If you have any questions, please contact [REDACTED]

A handwritten signature in black ink, appearing to read "Randolph R. Stone".

Randolph R. Stone
 Assistant Inspector General for Evaluations
 Space, Intelligence, Engineering, and Oversight

(U) Contents

(U) Introduction

(U) Objective.....	1
(U) Background.....	1

(U) Finding. The DoD and the Navy Had Policies, Plans, and Procedures to Mitigate the Spread of Pandemic Influenza and Infectious Disease; However, the Navy Did Not Fully Implement Measures Intended to Reduce the Spread of COVID-19.....7

(U) The DoD and the Navy Had Policies, Plans, and Procedures to Combat the Spread of Pandemic Influenza and Infectious Disease on Warships and Submarines.....	8
(U) USFF and PACFLT Instituted 14 Day Restriction of Movement Requirements, with Some Waivers to Ensure Maintenance and Mission Readiness.....	17
(U) The Navy Did Not Conduct Biennial PI&ID Exercises in Accordance with OPNAV Instruction 3500.41A.....	18
(U) USS <i>Theodore Roosevelt</i> Leadership Decisions Were Inconsistent with Existing Guidance.....	21
(U) Additional COVID-19 Outbreaks Can Occur If Mitigation Measures are Not Followed.....	22
(U) Recommendations, Management Comments, and Our Response.....	23

(U) Appendixes

(U) Appendix A. (U) Scope and Methodology.....	26
(U) Use of Computer-Processed Data.....	28
(U) Prior Coverage.....	28
(U) Appendix B. (CUI) [REDACTED].....	30

(U) Management Comments

(U) Deputy Chief of Naval Operations for Operations, Plans and Strategy.....	37
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(U) Acronyms and Abbreviations.....38

(U) Glossary.....39

(U) Introduction

(U) Objective

(U) The objective of this evaluation was to determine whether the Navy had, and implemented, policies, plans, and procedures to prevent and mitigate the spread of infectious diseases, such as the Coronavirus Disease-2019 (COVID-19), on its warships and submarines. The focus of this evaluation was at the Navy component command level, primarily focusing on U.S. Fleet Forces Command (USFF) and U.S. Pacific Fleet (PACFLT).

(U) Background

(U) Coronavirus

(U) COVID-19 is an infectious disease that can cause a wide spectrum of symptoms. On March 11, 2020, the World Health Organization declared the COVID-19 outbreak a pandemic, and on March 13, 2020, the President declared the COVID-19 pandemic a national emergency.³ Under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) enacted on March 27, 2020, the U.S. Department of Defense (DoD) received \$10.5 billion to prevent, prepare for, and respond to COVID-19, domestically and internationally.

(U) COVID-19 on Navy Warships and Submarines

(FOUO) As of May 11, 2020, USFF and PACFLT reported [REDACTED] [REDACTED] with at least 1 positive case of COVID-19. All but two of the ships were in their home port and were not at sea. The USS *Theodore Roosevelt* (CVN 71) reported [REDACTED] and the USS *Kidd* (DDG 100) reported [REDACTED]. The *Theodore Roosevelt* and the USS *Kidd* were the only two warships on an overseas deployment when their COVID-19 outbreaks occurred.^{4,5} Our evaluation focused on these two ships because they had the highest number of cases relative to their crew size. The Navy’s ability to control a COVID-19 outbreak on a ship at sea shows that the Navy is able to control the virus even if there is community spread in a ship’s home port. See Appendix B for a complete listing of all U.S. Navy warships that had at least one positive COVID-19 case.

³ (U) A pandemic is a global outbreak of a disease that occurs when a new virus emerges to infect people and can spread between people sustainably.

⁴ (FOUO) [REDACTED]

⁵ (FOUO) [REDACTED]

~~(CUI)~~ The USS *Theodore Roosevelt* is a Nimitz-class nuclear-powered aircraft carrier with a crew of approximately 4,800 sailors. The USS *Theodore Roosevelt* completed a port call in Da Nang, Vietnam from March 5-9, 2020. On March 24, 2020, the first sailors tested positive for COVID-19, while the ship was underway at sea to Guam. On March 27, 2020 the USS *Theodore Roosevelt* arrived in Guam to receive medical care for the crew and to clean and disinfect the ship. On April 30, 2020, the Vice Chief of Naval Operations began a Command Investigation Concerning Chain of Command Actions with Regard to COVID-19 Onboard USS *Theodore Roosevelt* (CVN 71). [REDACTED]

[REDACTED] including one sailor who died due to complications attributed to COVID-19.

~~(CUI)~~ The USS *Kidd* is an Arleigh Burke-class destroyer with a crew of approximately 330 sailors. The USS *Kidd* deployed in January 2020 as part of the USS *Theodore Roosevelt* Carrier Strike Group, and was later assigned to conduct enhanced counternarcotic operations missions in the Caribbean Sea and Eastern Pacific Ocean. On April 22, 2020, USS *Kidd* leadership reported the first of [REDACTED]. On April 28, 2020, the USS *Kidd* arrived at Naval Base San Diego to receive medical care for the crew and to clean and disinfect the ship.

(U) The Roles and Responsibilities of Navy Organizations

(U) The Navy's ships and submarines have two chains of command, administrative and operational. The administrative chain of command is led by the Chief of Naval Operations (CNO) and focuses on manning, training, and equipping warships and submarines for the Navy. The operational chain of command is led by a unified combatant command, such as U.S. Northern Command (USNORTHCOM) or U.S. Indo-Pacific Command (USINDOPACOM) that employs the naval forces assigned to the combatant command's area of responsibility. USFF and PACFLT received PI&ID guidance from both their administrative and operational chains of command.

(U) Our evaluation focused on the Office of the Chief of Naval Operations (OPNAV), USFF, and PACFLT. Since USFF and PACFLT also operate in the areas of responsibility of USNORTHCOM and USINDOPACOM respectively, they report operationally to the geographic combatant commander and are referred to as Navy component commands.⁶

⁶ (U) A service component command (Navy component command) is "a command consisting of the service (Navy) component commander and all those service forces, such as individuals, units, detachments, organizations, and installations under that command, including the support forces that have been assigned to a combatant command or further assigned to a subordinate unified command or joint task force."

(U) Chief of Naval Operations

(U) The CNO leads the Navy's administrative chain of command and is the Navy's senior officer and adviser to the Secretary of the Navy. The CNO is a four-star admiral and also serves as a member of the Joint Chiefs of Staff and as a military adviser to the Secretary of Defense. The CNO provides plans and recommendations to the Secretary of the Navy and, upon approval, implements them. The CNO leads the OPNAV staff, which assists the CNO in performing CNO responsibilities and also supervises numerous organizations in the Navy.

(U) Office of the Chief of Naval Operations

(U) OPNAV is a Navy organization led by the CNO that assists the Secretary of the Navy in carrying out the Secretary's responsibilities. These responsibilities include recruiting, training, organizing, equipping, supplying, mobilizing, demobilizing, servicing, administering, and maintaining the Navy. Additionally, OPNAV prepares instructions and plans, investigates and reports on the Navy's efficiency, and coordinates the actions of the Navy's organizations. Specifically, OPNAV is responsible for issuing policies, identifying responsibilities, and setting standards for PI&ID planning within the Navy.

(U) To accomplish its duties, OPNAV is composed of the following senior personnel: the CNO, the Vice Chief of Naval Operations, the Deputy Chiefs of Naval Operations, the Assistant Chiefs of Naval Operations, the Surgeon General of the Navy, the Chief of Naval Personnel, the Chief of Chaplains of the Navy, and assigned Navy, Marine Corps, and civilian employees.

(U) OPNAV provided policies and guidance through OPNAV Instructions and Navy administrative messages (NAVADMINs). Specifically, the OPNAV staff issued 46 COVID-19 related NAVADMIN messages between February 7, 2020, and August 14, 2020, to the Navy through the administrative chain of command. For example, on March 27, 2020, the Navy issued NAVADMIN 092/20, stating that commands would continue random urinalysis specimen collection "to the greatest extent possible," but that Commanding Officers could "pause collection and/or reduce collection percentages and numbers of days collected if he/she deems it necessary to support maximum operational flexibility and/or COVID-19 mitigation efforts."⁷

⁷ (U) NAVADMIN 092/20, "Urinalysis Policy Update," 272107Z MAR 20.

(U) United States Fleet Forces Command

(U) USFF is the Navy component command for USNORTHCOM, and is led by a four-star admiral. In its administrative chain of command responsibilities to the CNO, USFF focuses on manning, training, and equipping naval forces in support of combatant commanders to meet geographic or functional missions. In its operational role, USFF serves as the Commander of the U.S. Naval Forces Northern Command (NAVNORTH) and provides naval support to USNORTHCOM. USFF is also the Navy component command for the U.S. Strategic Command.

(U) United States Pacific Fleet

(U) PACFLT is the Navy component command for USINDOPACOM, and is led by a four-star admiral. PACFLT is the largest fleet command in the world, covering more than 100 million square miles from the West Coast of the U.S. into the Indian Ocean. Administratively, PACFLT reports to the CNO, but operationally, PACFLT reports to the USINDOPACOM.

(U) DoD and Navy Policies, Plans, and Procedures for Pandemic Response

(U) There were several DoD and Navy policies, plans, and procedures for pandemic response in place prior to the COVID-19 pandemic.

(U) DoD Global Campaign Plan 3551.13 (2013)

(U) The DoD's GCP for PI&ID, developed by USNORTHCOM in 2013, synchronizes and integrates DoD planning to contain and mitigate the effects of a PI&ID outbreak. Each of the geographic combatant commands (operational chain of command) are required to develop their own supporting campaign plans for PI&ID.⁸

(U) The Naval component commands of the geographic combatant commands issued fragmentary orders (FRAGORDs) to their subordinates through their operational chain of command. For example, USFF, in its supporting role to USNORTHCOM issued at least 32 FRAGORDs concerning COVID-19 between February 7, 2020, and April 30, 2020.

(U) The Services (administrative chain of command) are supporting organizations and force providers to the combatant commands. The DoD's GCP for PI&ID requires the Services, in their roles as force providers, to "develop campaign support plans (CSPs) or applicable instructions that include activities conducted

⁸ (U) The DoD OIG is conducting the Evaluation of the U.S. Combatant Commands' Responses to the Coronavirus-Disease-2019 (Project No. D2020-DEVOPD-0130.000), to determine how combatant commands and their component commands executed pandemic response plans.

(U) in support of campaign and contingency plans.” OPNAV Instruction 3500.41A, “Pandemic Influenza and Infectious Disease Policy,” November 19, 2018, is the Navy instruction that supports the DoD’s GCP for PI&ID.⁹

(U) OPNAV Instruction 3500.41A (2018)

(U) OPNAV Instruction 3500.41A establishes the Navy’s overall service policy and identifies responsibilities in accordance with the DoD’s GCP for PI&ID. The purpose of this instruction is to issue policy, identify responsibilities, and set forth standards for PI&ID planning within the Navy. For example, the instruction states that Navy component commands will exercise PI&ID plans biennially in coordination with appropriate combatant commands and conduct exercises and rehearsals with other DoD components, State, local, and interagency partners.

(U) Navy Tactical Reference Publication 4-02.10 (2014)

(U) The Navy Tactical Reference Publication (NTRP) 4-02.10, “Shipboard Quarantine and Isolation,” September 2014, provides detailed guidance for “tactical employment related to the need and establishment of isolation and quarantine precautions onboard” Navy ships, while also taking into consideration the challenges and constraints encountered onboard ships at sea.¹⁰ The NTRP 4-02.10 provides techniques and tactics that support disease prevention, mitigation, and containment of an infectious disease outbreak. The NTRP 4-02.10 states that quarantine and isolation are techniques to impede the spread of a disease or to protect a person from infection.

(U) Additionally, NTRP 4-02.10 “provides guidance for commanding officers, executive officers, department heads, and afloat medical personnel to plan for and implement effective quarantine and isolation measures to protect the staff and maintain mission readiness.” For example, NTRP 4-02.10 lists special powers that ship commanding officers may exercise relating to a declared shipboard health emergency, such as implementing a restriction of movement (ROM), destroying any material that endangers a crew, and ordering individuals to submit to physical examination or testing.

⁹ (U) OPNAV Instruction 3500.41A, “Pandemic Influenza and Infectious Disease Policy,” November 19, 2018.

¹⁰ (U) Navy Tactical Reference Publication (NTRP) 4-02.10, “Shipboard Quarantine and Isolation,” September 2014.

(U) Vice Chief of Naval Operations Command Investigation Concerning Chain of Command Actions with Regard to COVID-19 Onboard USS Theodore Roosevelt (CVN 71)

(U) On April 30, 2020, the Vice Chief of Naval Operations began the Command Investigation Concerning Chain of Command Actions with Regard to COVID-19 Onboard USS *Theodore Roosevelt* (CVN 71) (hereafter referred to as the Command Investigation).¹¹ The Command Investigation report stated, in part, that:

1. (U) social distancing and the closing of social gathering areas were not handled effectively, and
2. (U) sailors were prematurely released from quarantine.

(U) According to the Command Investigation team, these actions “were inconsistent with existing guidance at the time and had significant consequences for the spread of the virus throughout the ship.”

¹¹ (U) Report of the Command Investigation Concerning Chain of Command Actions With Regard to COVID-19 Onboard USS *Theodore Roosevelt* (CVN 71), May 27, 2020.

(U) Finding

(U) The DoD and the Navy Had Policies, Plans, and Procedures to Mitigate the Spread of Pandemic Influenza and Infectious Disease; However, the Navy Did Not Fully Implement Measures Intended to Reduce the Spread of COVID-19

(U) The DoD and the Navy had policies, plans, and procedures in place, such as the DoD’s GCP for Pandemic Influenza and Infectious Disease (PI&ID), OPNAV Instruction 3500.41A, and NTRP 4-02.10, that are intended to mitigate the spread of PI&ID on warships and submarines. Additionally, the Navy issued additional policies, plans, and procedures, and collected and disseminated lessons learned to specifically prevent and mitigate, or combat, COVID-19.

~~(FOUO)~~ However, the Navy had not fully implemented measures intended to reduce the risk of the spread of infectious diseases. Prior to the COVID-19 pandemic, according to OPNAV staff, “four out of five Navy component commands did not conduct a biennial PI&ID exercise in accordance with OPNAV Instruction 3500.41A.”¹² [REDACTED]

(U) As of August 1, 2020, there were only two Navy ships that had a COVID-19 outbreak while on an overseas deployment. The Navy examined these outbreaks to learn from them and to apply lessons from these incidents to other warships. The Command Investigation determined that the ineffective implementation of social distancing and the premature release of sailors from quarantine were primary causes of increased infection onboard the *USS Theodore Roosevelt*.¹³ According to the Vice Chief of Naval Operations, this occurred because the *USS Theodore Roosevelt* leadership did not effectively implement mitigation measures for the majority of their crew. For example, according to the Command Investigation, the *USS Theodore Roosevelt* leadership team allowed social gathering areas to remain open, and continued to perform urinalysis testing for illegal substances that the leadership team should have considered non-essential during the COVID-19 outbreak. Also, according to the Command Investigation, the *USS Theodore Roosevelt*

¹² ~~(FOUO)~~ [REDACTED]

¹³ (U) Report of the Command Investigation Concerning Chain of Command Actions With Regard to COVID-19 Onboard *USS Theodore Roosevelt* (CVN 71), May 27, 2020.

(U) leadership decided to prematurely release sailors from shipboard quarantine because conditions in quarantine were crowded, and believed that the quarantine was causing more sailors to become infected. According to the Command Investigation, these decisions likely resulted in an increased infection rate of the crew of the USS *Theodore Roosevelt*. Lessons learned from the COVID-19 outbreak on the USS *Kidd* were still being collected as of August 1, 2020.

(U) As a result of not conducting biennial PI&ID exercises, most Navy component commands did not exercise pandemic response in coordination with their supported combatant commanders.¹⁴ In addition, failure to fully implement mitigation measures could result in infectious diseases, such as COVID-19, spreading quickly if introduced onboard warships and submarines, which could negatively impact the readiness of naval forces.

(U) The DoD and the Navy Had Policies, Plans, and Procedures to Combat the Spread of Pandemic Influenza and Infectious Disease on Warships and Submarines

(U) The DoD and the Navy had policies, plans, and procedures in place, such as DoD's GCP for PI&ID, OPNAV Instruction 3500.41A, and NTRP 4-02.10, to mitigate the spread of PI&ID on warships and submarines. Additionally, the Navy issued additional policies, plans, and procedures, and collected and disseminated lessons learned to specifically prevent and mitigate, or combat, COVID-19.

(U) The DoD and the Navy Had Policies, Plans, and Procedures to Combat Pandemic Influenza and Infectious Diseases Prior to COVID-19

(U) The DoD and Navy had policies, plans, and procedures in place to combat the spread of influenza and infectious diseases prior to the COVID-19 pandemic. The following examples describe guidance that was issued prior to the COVID-19 pandemic.

¹⁴ (FOUO)



(U) DoD Global Campaign Plan 3551.13

(U) On February 1, 2020, the Secretary of Defense approved the Chairman of the Joint Chiefs of Staff order to initiate the DoD's GCP for PI&ID. The geographic combatant commands are required to develop their own supporting campaign plans for PI&ID. USFF, under its operational chain of command from USNORTHCOM, issued orders in the form of execute orders and FRAGORDs to its subordinate ships and submarines. From January 31, 2020, to May 11, 2020, USFF issued over 43 orders to Navy commands related to COVID-19 response. For example, on March 4, 2020, in FRAGORD 20-019.004, USFF directed service members in the USNORTHCOM area of responsibility returning from China, Iran, South Korea, and Italy to "remain at home or in a comparable setting for 14 days [Restriction of Movement (ROM)] from the day of departure, avoid congregate settings, limit close contact with people and pets or other animals to the greatest extent possible, avoid traveling, self-monitor, and seek medical care if symptoms (such as a cough or shortness of breath) develop."¹⁵ In turn, the Commander of Submarine Forces Atlantic (a subordinate command of USFF) received the FRAGORD and relayed it, and other updated information, such as submarine-specific readiness reporting, to its subordinate commands in a message on March 6, 2020, ensuring the submarines under its operational command received the latest guidance.

(U) OPNAV Instruction 3500.41A

(U) OPNAV Instruction 3500.41A establishes the Navy's overall PI&ID policy and identifies responsibilities in accordance with the DoD's GCP for PI&ID. The instruction provides responsibilities for Navy service components such as OPNAV, the Navy Bureau of Medicine and Surgery (BUMED), Naval Installations, and subordinate naval components. For example, according to the instruction, Navy component commands are required to exercise PI&ID plans "biennially in coordination with appropriate [Combatant Commanders]" and "conduct exercises and rehearsals with other DoD Components, State, local, and interagency partners."

(U) Navy Tactical Reference Publication 4-02.10

(U) NTRP 4-02.10 is the Navy's primary resource to prepare for any infectious disease outbreak on warships and submarines. NTRP 4-02.10 provides specific guidance for care management precautions such as, proper procedures for using personal protective equipment (PPE), hygiene management, and laundry procedures. The PACFLT surgeon stated that during the early stages of the COVID-19 pandemic, when not much was known about the virus, healthcare

¹⁵ (U) Commander, U.S. Fleet Forces Command FRAGO 20-019.004, March 4, 2020. According to NAVADMIN 083/20, ROM is a general DoD term referring to the limitation of personal liberty for the purpose of ensuring health, safety and welfare. ROM is inclusive of quarantine and isolation.

(U) personnel relied on NTRP 4-02.10 guidance on shipboard quarantine and isolation “to guide their approach to the newly-emerged respiratory pathogen.” For example, the Commander of Submarine Forces, Atlantic issued a general administrative message to all subordinate commands on March 6, 2020, with force health protection measures for COVID-19. The message stated that, in the event isolation is required, isolation will be conducted in accordance with Shipboard Quarantine and Isolation (NTRP 4-02.10).

(U) Navy Issued Additional Guidance and Lessons Learned to Specifically Combat COVID-19

~~(FOUO)~~ As more information became available about the COVID-19 pandemic, the Navy administrative chain of command issued additional guidance and lessons learned from ships in the fleet, and sent over 100 communications messages to Navy warships, submarines, and other commands. For example, the Navy issued guidance designed to deploy a ship with no COVID-19 infected personnel, leadership handbooks for COVID-19, and Navy administrative messages to the force. In addition, the Navy instituted 14 day ROM requirements, with some waivers, to ensure maintenance and mission readiness. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

(U) The Navy Issued Three COVID-19 “Frameworks” and a Standardized Pre-Deployment Guidance Document

(U) In April, 2020, the Navy issued the first of three COVID-19 “framework” documents and issued standardized pre-deployment guidance. The Navy updated these documents frequently. They contain specific guidance for warships and submarines for COVID-19 prevention, mitigation, and recovery:

- (U) U.S. Navy COVID-19 Prevention Framework, April 7, 2020,
- (U) U.S. Navy COVID-19 Mitigation Framework: Protect the Force and Preserve War Fighting Readiness, April 7, 2020,
- (U) U.S. Navy Recovery Framework: Recover the Force and Restore War Fighting Readiness, April 15, 2020, and
- (U) U.S. Navy COVID-19 Standardized Pre-Deployment Guidance: Clean Crew, Ready for Mission, April 15, 2020.

(U) The Navy’s COVID-19 Prevention Framework provides guidance to protect the health of the Navy’s sailors, civilians, contractors, and their families by preventing the spread of COVID-19. The guidance includes prevention measures for off-duty

(U) sailors and their families, for warship and submarine crews while not deployed, for crews while preparing for a deployment, and for crew while at sea on a deployment. An example of a pre-underway preparation activity is crew sequestration to establish a COVID-free ‘bubble.’ The Navy defines a ‘bubble’ as a crew that has been at sea, or ROM-sequestered at the pier, for greater than 14 days without COVID-19 positive personnel and without COVID-19 symptoms.¹⁶

(U) The Navy’s COVID-19 Mitigation Framework also provides guidance for warships and submarines for a response if a crew member has COVID-19 symptoms while deployed or underway. The COVID-19 Mitigation Framework also includes shipboard protocols for patient isolation. For example, it states that if a patient starts showing signs of possible COVID-19 infection, to isolate that crew member until they are cleared by a medical department representative.

(U) The Navy’s COVID-19 Recovery Framework provides guidance for warships and submarines to recover from a COVID-19 outbreak. The measures to recover from a COVID-19 outbreak include attaining a ‘clean’ crew and a ‘clean’ ship free of COVID-19. For example, measures to attain a clean ship include dividing the ship’s spaces into different areas of importance and disinfecting spaces based on importance.

(U) The Navy’s COVID-19 Standardized Pre-Deployment Guidance lists requirements that warships and submarines should meet prior to going on deployment to ensure the crew is free of COVID-19 and ready for their mission. These requirements, taken from the three framework documents, include screening, testing, and instituting a 14 day ROM. The COVID-19 Standardized Pre-Deployment Guidance also provides direction if a crew member has signs of COVID-19 during their 14 day ROM. Specifically, it directs the isolation and screening of crew members; identification, quarantine, and screening of close contacts; and continued evaluation of the crew member and close contacts.

(U) The U.S. Navy COVID-19 Leader’s Handbook

(U) On June 30, 2020, the Navy issued the COVID-19 Leader’s Handbook. The intent of the handbook is to provide Commanding Officers with the information they need to provide data-informed risk prevention and mitigation procedures. The handbook provides information for commanders on COVID-19 prevention and containment, contact tracing, testing, COVID-19 guidance, and information reference documents. The handbook also includes excerpts from fleet lessons learned and stresses the importance of social distancing and adhering to

¹⁶ (U) The frameworks identify “crew members” and “personnel.” Personnel can be more inclusive than just crew, for example Department of the Navy civilians and contractors.

(U) the ROM protocols. For example, the handbook states, “The requirement to wear proper personal protective equipment (PPE), rigorously follow ROM sequester protocol, limit interaction with others to the absolute minimum, to quickly disclose any COVID-19 symptoms cannot be overstated. An entire unit can be temporarily disabled by a single contagious individual if not quickly identified and contained.”

(U) NAVADMINs Messages

(U) On February 7, 2020, OPNAV issued the first of many NAVADMINs providing reporting procedures, DoD guidance, and mitigation measures.¹⁷ For example, on March 23, 2020, NAVADMIN 083/20 provided, “amplifying guidance, and delineates responsibilities for execution of ROM” when returning from Centers for Disease Control and Prevention (CDC) level 2 or level 3 countries.

(U) Due to the large amount of new information that has been learned about the prevention and mitigation of PI&ID on Navy warships and submarines during the COVID-19 pandemic, such as the implementation of ROM, pre-deployment sequesters, PPE supply requirements, and shipboard quarantine procedures, a review of existing Navy guidance is necessary. The Deputy Chief of Naval Operations for Operations, Plans, and Strategy and the Surgeon General of the Navy, should review and update OPNAV Instruction 3500.41A “Pandemic Influenza and Infectious Disease,” November 19, 2018, and NTRP 4-02.10 “Shipboard Quarantine and Isolation,” September 2014, to include guidance and lessons learned from COVID-19.

(U) Navy Ship Commanders Developed Concept of Operations Plans to Implement Navy’s COVID-19 Guidance

~~(FOUO)~~ To determine how warship and submarine Commanders intended to implement the Navy’s COVID-19 guidance, we reviewed the Navy’s concept of operations (CONOPS) for COVID-19 prevention, mitigation, recovery, and pre-deployment preparations for [REDACTED]

[REDACTED]

.¹⁸

The CONOPS detailed how Commanders intended to implement the guidance discussed above on specific warships.

(U) The CONOPS identified how Commanders intended to create bubbles with a low probability of COVID-19 infection utilizing ROM-sequestration. We determined that the CONOPS identified challenges related to the prevention of an outbreak and

¹⁷ (U) OPNAV releases NAVADMINs, and Secretary of the Navy releases “All Navy” messages.

¹⁸ (U) According to the DoD Dictionary, CONOPS are, “a verbal or graphic statement that clearly and concisely expresses what the commander intends to accomplish and how it will be done using available resources.”

(U) leadership decisions required to balance mitigation of an outbreak against mission needs. The CONOPS acknowledged that full compliance with CDC standards is a challenge, and may not be fully attainable given the constraints onboard warships. For example, social distancing within the workspaces and living areas of a ship may not be fully implemented due to the large number of crew and small spaces onboard warships and submarines. The CONOPS calls for phased approaches to:

- (U) have teams sanitize ship spaces;
- (U) have ship crewmembers, carrier air wing personnel, staffs, and supporting detachments undergo a pre-deployment sequester; and
- (U) ensure COVID-19 testing of personnel.

(U) Additionally, the CONOPS heavily limited port-visits and required personnel preparing to embark on a deployed warship to undergo a 14 day pre-deployment sequester.

(U) The Navy Collected and Disseminated COVID-19 Lessons Learned to Mitigate the Spread of COVID-19

(U) The Navy collected and disseminated lessons learned to help mitigate the spread of COVID-19. Specifically, the Navy Warfare Development Command led the collection and assessment of fleet lessons learned for COVID-19 response. In April 2020 and May 2020, the Navy Warfare Development Command released four bulletins containing lessons learned based on over 1,100 observations from the fleet. The observations were entered into the DoD's Joint Lessons Learned Information System as part of the Navy's effort to collect, store, share, and act upon lessons learned.¹⁹

(U) In addition, the Command Investigation recommended that the BUMED debrief the USS *Theodore Roosevelt's* medical department to "determine what specific personal exposure precautions were taken in the Medical Department and, if appropriate, publish best practices guidance throughout the Navy's medical community and the fleet." The BUMED lessons learned initiative for the USS *Theodore Roosevelt* was ongoing as of August 1, 2020. Additionally, the Navy and the CDC conducted a joint public health investigation into the COVID-19 outbreak on the USS *Theodore Roosevelt*. On June 9, 2020, the CDC published an article based on the public health investigation, which discussed the use of face coverings and other preventive measures to prevent transmission, and the limits

¹⁹ (U) The Joint Lessons Learned Information System is a database that facilitates the collection, tracking, management, sharing, collaborative resolution, and dissemination of lessons learned to improve the development/readiness of the Joint Force.

(U) of symptom-based surveillance in detecting infection. The Navy also gathered lessons learned on the COVID-19 outbreak onboard the USS *Kidd*, because the lessons learned from the USS *Kidd* may be different due to the size and make-up of the ship.

(U) USS *Kidd* Lessons Learned

(U) As of August 1, 2020, the destroyer USS *Kidd* was the only Navy warship other than the USS *Theodore Roosevelt* that had a COVID-19 outbreak while on an overseas deployment. The first case of COVID-19 on the USS *Kidd* was detected on April 22, 2020.

(U) A destroyer's response to a PI&ID event may lead to the development of different lessons learned and best practices for planning, logistics, and medical response than other types of warships and submarines.²⁰ Specifically, a destroyer such as USS *Kidd* has a smaller medical department than an aircraft carrier, only two to three corpsmen, compared to six medical officers and thirty corpsmen with greatly expanded capabilities on an aircraft carrier. The limited number of medical personnel require outside resources to support the sailors onboard. For example, several military medical units were involved in the coordination of medical support to the USS *Kidd*. According to BUMED personnel:

- (U) On April 22, 2020, Navy Environmental Preventive Medicine Unit-5 personnel provided advice to the USS *Kidd's* medical personnel on mitigation procedures and contact tracing.
- (U) Prior to arrival in San Diego, California, a Fleet Surgical Team onboard the amphibious assault ship USS *Makin Island* (LHD 8) and a preventive medicine team from Naval Hospital Jacksonville, Florida, traveled to the USS *Kidd* to support testing and patient management.
- (U) On April 28, 2020, the USS *Kidd* arrived in San Diego. Upon arrival in San Diego, the Navy Surface Forces Pacific Medical Readiness Division, the Navy Environmental Preventive Medicine Unit-5, and other military medical units conducted lab testing of the crew and other personnel onboard.
- (U) After arrival in San Diego, sailors onboard the USS *Kidd* were given an opportunity to provide a serology (blood) sample to participate in the Naval Health Research Center's enhanced outbreak investigation to assess antibody responses.

²⁰ (FOUO) [REDACTED]

(U) According to BUMED representatives, Navy Environmental Preventive Medicine Unit-5 and the Navy and Marine Corps Public Health Center are continuing to collaborate to review cause, frequency, and pattern data from the USS *Kidd* outbreak.

(U) Due to the limited number of COVID-19 outbreaks on deployed warships, the variety of units supporting, and the potential impact on future doctrinal updates for pandemic response onboard U.S. and allied warships, a detailed after action review is necessary to include in PI&ID policy updates. Therefore, the Deputy Chief of Naval Operations for Operations, Plans, and Strategy and the Surgeon General of the Navy should include the observations and analysis identified in the after action review of the USS *Kidd* COVID-19 outbreak for use when updating the Navy's PI&ID policies.

(U) The Navy Collected Warship and Submarine Lessons Learned on Personal Protective Equipment

(U) The Naval Warfare Development Command also issued lessons learned on the initial shortages of PPE. According to the lessons learned, due to the nationwide demand surge from COVID-19, the acquisition of some PPE for medical and other designated personnel was a challenge for some Navy warships and submarines. The following Navy publications recognized that PPE challenges might occur during a major pandemic.

- (U) The Navy's doctrinal publication for expeditionary health service support afloat and ashore had previously identified a potential problem with just-in-time PPE delivery for Military Treatment Facilities.²¹ The publication states "As a result of the change from warehouse-stocked materiel to just-in-time delivery to [Military Treatment Facilities], the means of providing materiel with insufficient commercial demand to support large-scale military operations required development of alternative solutions to meet these requirements."
- (U) NTRP 4-02.10, issued September 2014, also identifies areas for further study and future evaluation based on lessons learned from earlier incidents, such as the 2009 H1N1 pandemic, that includes: reviewing authorized medical allowance list additions, medication and supply push-packs in light of new and improved technologies, and CDC and BUMED guidance for PI&ID management.

(U) On April 5, 2020, the DoD and Navy issued non-medical face mask requirements when people are in confined spaces or close proximity. The Navy faced additional challenges since the CDC social distancing recommendations cannot always be achieved, due to the large number of crew and small spaces onboard warships and

²¹ (U) Navy Warfare Publication 4-02, "Naval Expeditionary Health Service Support Afloat and Ashore," September 2019.

(U) submarines. Therefore, heightened hygiene practices and the use of masks were crucial to maintaining the health of sailors onboard warships. The Navy identified that there could be insufficient face coverings for all sailors; therefore, following CDC guidance, the Navy issued NAVADMIN 100/20, on April 5, 2020. NAVADMIN 100/20 allowed sailors to make their own face coverings until the Navy could to procure enough face masks for all sailors and official uniform face coverings were developed and produced.

(FOUO) According to a consolidated OPNAV staff response to DoD OIG and our review of Navy Supply Systems Command entries in the Joint Lessons Learned information system, [REDACTED]

(FOUO) Also, prior to the Command Investigation, a preliminary inquiry report for the USS *Theodore Roosevelt* issued by the Vice Chief of Naval Operations recommended examining “shipboard and shore-based pre-positioned stores of personal protective equipment, test gear and other equipment necessary to test, diagnose and if necessary ship test samples.”²³ On August 3, 2020, PACFLT officials [REDACTED]

²² (U) The DoD OIG is currently conducting the “Audit of Contracts for Equipment and Supplies in Support of the Coronavirus Disease–2019 (COVID-19) Pandemic” (Project No. D2020-D000AX-0110.000) to determine whether the DoD paid fair and reasonable prices for laboratory equipment and personal protective equipment procured in response to the COVID-19 pandemic.

²³ (U) Vice Chief of Naval Operations, “Preliminary Inquiry Involving USS *Theodore Roosevelt* (CVN 71),” April 7, 2020 with Chief of Naval Operations endorsement, April 22, 2020.

(U) USFF and PACFLT Instituted 14 Day Restriction of Movement Requirements, with Some Waivers to Ensure Maintenance and Mission Readiness

(U) The Navy instituted 14 day Restriction of Movement (ROM) for all personnel prior to going on a warship or submarine with an established COVID-19 free bubble.²⁴ Initially, the DoD and Navy responses to the COVID-19 pandemic involved identification and isolation of personnel returning from high risk areas, followed by implementation of travel limitations, remote work options, and social distancing. By mid-April 2020, the Navy had established standardized pre-deployment guidance, creating “bubbles” around ships or submarines preparing to get underway. These bubbles required implementation of a ROM period prior to introducing new crewmembers or taking a warship or submarine on an overseas deployment.

(U) On May 26, 2020, OPNAV issued NAVADMIN 155/20 which gave Fleet commanders the discretion to grant ROM waivers for operational requirements.²⁵ Some components, such as Submarine Force Atlantic, tracked waivers and bubble-to-bubble transfers prior to the establishment of Navy-wide policy requiring Navy component command approval to penetrate an established bubble.

(FOUO) [REDACTED]

²⁴ (U) According to the Navy COVID-19 Leaders’ Handbook, “[t]he basis of the 14 day requirement is that about 99 percent of those individuals exposed to COVID-19 who are predisposed to become symptomatic will display symptoms within 14 days of exposure. The requirement to test individuals at the end of ROM-Sequester is an additional measure to screen for asymptomatic COVID-19 carriers to prevent asymptomatic transmission to more susceptible members of the crew.”

²⁵ (U) NAVADMIN 155/20, “U.S. Navy COVID-19 Standardized Operational Guidance,” 262253Z May 20.

²⁶ (U) According to OPNAV and PACFLT staff representatives, as of June 25, 2020, the Navy had obligated \$54.1 million to support lodging costs associated with quarantine of crew members. The Coronavirus Aid, Relief, and Economic Security (CARES) Act provided \$39 million to reimburse some of these lodging expenses. The final contract for USS *Theodore Roosevelt* sailors completing quarantine in Guam hotels was \$42.82 million.

(U) An example of an impact to operational availability is a ship having to remain in port until all ROM sequesters are complete. Since the ship has to remain in port it is not available, and could result in another ship having to remain at sea for longer periods of time.

(U) USFF Waivers Exempting Restriction of Movement

~~(FOUO)~~ We examined [REDACTED] Submarine Force Atlantic ROM or bubble-to-bubble transfer waivers approved between March 31 and May 14, 2020, to determine how the ROM requirement was implemented at an individual submarine level.

[REDACTED]

Although we are not making any recommendations on these determinations, by waiving a COVID-19 mitigation measure, the Navy has assumed the risk of potentially introducing infected personnel aboard warships and submarines.

(U) PACFLT Waivers to Restriction of Movement

~~(FOUO)~~ The PACFLT Operational Planning Team Lead for COVID-19 stated [REDACTED]

(U) The Navy Did Not Conduct Biennial PI&ID Exercises in Accordance with OPNAV Instruction 3500.41A

~~(FOUO)~~ Prior to the pandemic, the Navy did not fully implement measures intended to reduce the risk of the spread of infectious diseases. Specifically, OPNAV personnel stated that, “four out of five Navy component commands did not conduct a biennial PI&ID exercise in accordance with OPNAV Instruction 3500.41A.”²⁷

²⁷ (U) With the exception of Naval Forces Europe-Africa, the USFF, Naval Forces Central Command, Naval Forces Southern Command, and PACFLT did not conduct biennial PI&ID exercises.

(FOUO) [Redacted]
[Redacted]
[Redacted]

(U) Four of Five Naval Component Commands Did Not Conduct Biennial PI&ID Exercises in Accordance with Navy Policy

(FOUO) According to OPNAV representatives, four of the five Navy component commands that operationally support a Geographic Combatant Commander did not conduct biennial PI&ID exercises in accordance with OPNAV Instruction 3500.41A.

[Redacted]
[Redacted]
[Redacted]
[Redacted]

(U) OPNAV Instruction 3500.41A requires BUMED, Navy component commands, and Commander of the Navy Installations Command to conduct biennial PI&ID exercises, as outlined in the following list.

- (U) BUMED is required to exercise PI&ID plans biennially in coordination with geographic combatant commands; Commander of the Navy Installations Command; USFF; PACFLT; other DoD components, State, local, and interagency partners, as appropriate. BUMED is to ensure military treatment facility-level PI&ID plans are exercised in coordination with supported installation PI&ID plans, closed point of dispensing plans, and disease containment plans.
- (U) Navy component commands exercise plans biennially in coordination with appropriate combatant commander and “conduct exercises and rehearsals with other DoD Components, State, local, and interagency partners.”
- (U) Navy Installations Command are to “exercise plans biennially in coordination with the Navy component commands to include other DoD Components, interagency partners, and State and local organizations.”

(FOUO) [Redacted]
[Redacted]
[Redacted]
[Redacted]

[Redacted] Table 1. lists events in which pandemic response was exercised or included in a larger drill.

~~(FOUO)~~ Table 1. Incorporation of Pandemic Influenza and Infectious Disease Response into Exercises

(FOUO) Navy Component Command	Supported Geographic Combatant Commander	Exercise Details
Naval Forces Europe-Africa	U.S. European Command and U.S. Africa Command	[REDACTED]
Naval Forces Central Command	U.S. Central Command	[REDACTED]
Naval Forces Southern Command	U.S. Southern Command	[REDACTED]
U.S. Fleet Forces Command (Naval Forces Northern Command)	U.S. Northern Command	[REDACTED]
U.S. Pacific Fleet	U.S. Indo-Pacific Command	[REDACTED] (FOUO)

(U) [REDACTED]

(U) social distancing would be impossible onboard an aircraft carrier. For example, despite the release of Navy guidance allowing Commanding Officers to reduce urinalysis screening and to close social gathering areas to support COVID-19 mitigation efforts, the ship continued to conduct command urinalysis screenings and keep gyms open.³⁰ The Command Investigation stated that the USS *Theodore Roosevelt* leadership's decisions during the ship's transit to Guam "were generally sound but lacked effective implementation."

(U) USS Theodore Roosevelt Leadership's Decision to Release Sailors from Quarantine

(U) According to the Command Investigation, the USS *Theodore Roosevelt's* leadership also decided to prematurely release sailors from quarantine in the aft (rear) portion of the ship. Specifically, the Command Investigation identified that "with over 1,000 members of the crew onboard in quarantine," the Commanding Officer released 900 to 1,000 sailors in aft quarantine based on the recommendation of the ship's Senior Medical Officer, Executive Officer, and Command Master Chief. According to the Command Investigation, this decision was made because the ship's leadership believed that conditions in the aft quarantine area were creating "human suffering" and that the large number of sailors in the aft quarantine area was crowded and unmanageable. The Command Investigation made nine recommendations; therefore, we are not making any additional recommendations. Those recommendations included updating NTRP 4-02.10 in light of the COVID-19 outbreak; debriefing of the USS *Theodore Roosevelt* Medical Department to determine what specific personal exposure precautions were taken in the Medical Department and, if appropriate, publish best practices guidance throughout the Navy's medical community and the fleet; and use of the Command Investigation along with other recent lesson learned to emphasize that Navy leaders are willing to listen when commanding officers have concerns about mission readiness or need additional assistance.

(U) Additional COVID-19 Outbreaks Can Occur If Mitigation Measures are Not Followed

(U) The Navy had policies, plans, and procedures in place that were intended to mitigate the spread of PI&ID on warships and submarines. Additionally, the Navy issued additional policies, plans, and procedures, and collected and disseminated lessons learned to specifically prevent and mitigate, or combat, COVID-19. The Navy learned from the COVID-19 outbreaks on the USS *Theodore Roosevelt* and USS *Kidd*,

³⁰ (U) NAVADMIN 092/20, "Urinalysis Policy Update," 272107Z March 20. NAVADMIN 080/20, "Navy Mitigation Measures in Response to Coronavirus Outbreak Update 3," 212007Z March 20.

(U) and was working to apply those lessons learned to the rest of the fleet. Although the Navy has created standardized pre-deployment guidance, and frameworks for COVID-19 prevention, mitigation, and recovery, infectious diseases, such as COVID-19, can spread quickly if introduced onboard warships and submarines, which negatively impacts the readiness of naval forces. Although numerous Navy warships have had crewmembers diagnosed with COVID-19 while in port, the Navy has continued to deploy warships and submarines without additional widespread outbreaks that would otherwise cripple warships and interrupt their support to the combatant commanders. According to the U.S. Navy COVID-19 Leader's Handbook, "It is critical to understand the most effective means of preventing the spread of COVID-19 is to practice simple public health mitigation measures." The Navy's updated messages and guidance helped mitigate further outbreaks.

(U) Recommendations, Management Comments, and Our Response

(U) Recommendation 1

(U) We recommend that the Deputy Chief of Naval Operations for Operations, Plans, and Strategy and the Surgeon General of the Navy review and update Office of the Chief of Naval Operations Instruction 3500.41A "Pandemic Influenza and Infectious Disease Policy" November 19, 2018, and Navy Technical Reference Publication 4-02.10 "Shipboard Quarantine and Isolation," September 2014, to include guidance and lessons learned from coronavirus disease-2019.

(U) Deputy Chief of Naval Operations for Operations, Plans, and Strategy Comments

(U) The Deputy Chief of Naval Operations for Operations, Plans, and Strategy, responding in coordination with the Surgeon General of the Navy, agreed with the recommendation and stated that updates to the guidance publications are currently in progress and will be incorporated in to revised publications and instructions.

(U) Our Response

(U) Comments from the Deputy Chief of Naval Operations for Operations, Plans, and Strategy, in coordination with the Surgeon General of the Navy, addressed the specifics of the recommendation; therefore, the recommendation is resolved but will remain open. We will close the recommendation once the Department of the Navy provides documentation verifying that the publications and instructions were revised.

(U) Recommendation 2

(U) We recommend that the Deputy Chief of Naval Operations for Operations, Plans, and Strategy and the Surgeon General of the Navy include the observations and analysis identified in the after action review on the outbreak on the USS *Kidd* when updating the Navy's Pandemic Influenza and Infectious Disease policies.

(U) Deputy Chief of Naval Operations for Operations, Plans and Strategy Comments

(U) The Deputy Chief of Naval Operations for Operations, Plans, and Strategy responding in coordination with the Surgeon General of the Navy, agreed with the recommendation and stated that lessons learned from the USS *Kidd* and USS *Theodore Roosevelt* have been incorporated into the current Standardized Operating Guidance for the fleet.

(U) Our Response

(U) Comments from the Deputy Chief of Naval Operations for Operations, Plans, and Strategy, in coordination with the Surgeon General of the Navy, addressed the specifics of the recommendation. Specifically, OPNAV issued NAVADMIN 298-20 on November 4, 2020. The NAVADMIN incorporated the lessons learned from the USS *Kidd* and USS *Theodore Roosevelt* in updating the U.S. Navy COVID-19 Standardized Operational Guidance (version 3.1). Additionally, BUMED provided the Navy and Marine Corps Public Health Center's Epidemiologic Analysis for the COVID-19 outbreaks on the USS *Kidd* and USS *Theodore Roosevelt*, and we reviewed and verified that the actions were complete; therefore, the recommendation is resolved and closed.

(U) Recommendation 3

(U) We recommend that the Deputy Chief of Naval Operations for Operations, Plans, and Strategy develop a plan of action and milestones for Navy component commands to conduct biennial Pandemic Influenza and Infectious Disease exercises, in accordance with Office of the Chief of Naval Operations Instruction 3500.41A, "Pandemic Influenza and Infectious Disease Policy," November 19, 2018.

(U) Deputy Chief of Naval Operations for Operations, Plans, and Strategy Comments

(U) The Deputy Chief of Naval Operations for Operations, Plans, and Strategy agreed with the recommendation and stated that OPNAV N3 (Operations) will plan and execute a Table Top Exercise to meet the objectives of OPNAV Instruction 3500.41A. The Deputy Chief of Naval Operations stated that

(U) OPNAV will request that Naval Component Commands participate in Table Top Exercise and that planning for the Table Top Exercise will commence on or about March 1, 2021, with execution prior to June 30, 2021. The Deputy Chief further stated that Component Commands that are unable to participate will execute an internal Table Top Exercise no later than August 31, 2021. Finally, the Deputy Chief of Naval Operations stated that the Table Top Exercises will be conducted on a biannual basis.

(U) Our Response

(U) Comments from the Deputy Chief of Naval Operations for Operations, Plans, and Strategy addressed the specifics of the recommendation; therefore, the recommendation is resolved but will remain open. We will close the recommendation once we receive documentation verifying that Naval Component Commands completed the biannual Table Top Exercise.

(U) Appendix A

(U) Scope and Methodology

(U) We conducted this evaluation from May 2020 through December 2020 in accordance with the “Quality Standards for Inspection and Evaluation,” published in January 2012 by the Council of Inspectors General on Integrity and Efficiency. Those standards require that we adequately plan the evaluation to ensure that objectives are met and that we perform the evaluation to obtain sufficient, competent, and relevant evidence to support the findings, conclusions, and recommendations. We believe that the evidence obtained was sufficient, competent, and relevant to lead a reasonable person to sustain the findings, conclusions, and recommendations.

(U) The objective and scope of this evaluation was to determine whether the Navy had, and implemented, policies, plans, and procedures to prevent and mitigate the spread of infectious diseases, such as COVID-19, on its warships and submarines. Specifically, we focused on the Navy’s policies, plans, procedures, and guidance, and their implementation related to the prevention and mitigation of the spread of infectious diseases on warships and submarines in a public health emergency, such as a global pandemic. The focus of this evaluation was at the Navy component command level, primarily focusing on USFF and PACFLT. The evaluation did not cover Navy shore commands or installations. Also, this evaluation included U.S. Marine Corps personnel that were onboard or attached to warships, because they follow the orders and guidance of the ship’s Commanding Officer.

(U) We reviewed DoD and Navy policies, plans, procedures, and guidance for PI&ID that was in place prior to the COVID-19 pandemic such as:

- (U) DoD GCP for PI&ID 3551.13, “Pandemic Influenza and Infectious Disease,” October 15, 2013
- (U) DoD Instruction 6200.03, “Public Health Emergency Management Within the DoD,” March 28, 2019
- (U) OPNAV Instruction 3500.41A, “Pandemic Influenza and Infectious Disease Policy,” November 19, 2018
- (U) OPNAV Instruction 6210.2A, “Quarantine Regulations of the Navy,” September 22, 2015
- (U) NTRP 4-02.10, “Shipboard Quarantine and Isolation,” September 2014

(U) We also reviewed DoD and Navy policies, plans, procedures, and guidance for PI&ID put in place following the outbreak of COVID-19, such as:

- (U) ALNAV 025/20 – Vector 15 Force Health Protection Guidance for Department of the Navy, March 12, 2020
- (U) NAVADMIN 064/20 – Mitigation Measures in Response to COVID-19, March 12, 2020, and associated updates³¹
- (U) U.S. Navy COVID-19 Frameworks, April, 2020³²

(U) In order to accomplish the objective, we:

- (U) reviewed DoD and Navy policies, plans, and procedures for preventing and mitigating the spread of infectious diseases, such as COVID-19, onboard warships and submarines;
- (U) determined whether the Navy’s policies, plans, and procedures complied with the CDC’s social distancing guidelines for pandemic response and, if not, what risk mitigations were implemented;
- (U) reviewed supporting documentation regarding the mitigation procedures (steps taken) to reduce the spread of COVID-19 virus onboard Navy warships;
- (U) interviewed Navy personnel at OPNAV, BUMED, USFF/NAVNORTH, and PACFLT to discuss the establishment and implementation of policies to prevent and mitigate infectious diseases;
- (U) interviewed selected members of the Command Investigation team in the Vice Chief of Naval Operations’ Command Investigation Concerning Chain of Command Actions with Regard to COVID-19 Onboard USS *Theodore Roosevelt* (CVN 71) concerning the scope and methodology used in the Command Investigation;
- (U) reviewed Navy lessons-learned submissions on the COVID-19 pandemic from February 2020 to July 2020 in the Joint Lessons Learned Information System;
- (U) reviewed orders and guidance issued to warships and compared that guidance to DoD and Navy policy and procedures; and
- (U) contacted USFF and PACFLT to obtain instances where the 14 day ROM was waived, and why.

³¹ (U) The team reviewed the following NAVADMIN 064/20 and the four associated updates issued until the start of this Evaluation on May 11, 2020. The updates are as follows; NAVADMIN 065/20, March 14, 2020, NAVADMIN 074/20, March 19, 2020, NAVADMIN 080/20, March 21, 2020, and NAVADMIN 116/20, April 21, 2020.

³² (U) The team reviewed the following U.S. Navy COVID-19 Frameworks; U.S. Navy COVID Prevention Framework, April 13, 2020, U.S. Navy COVID-19 Mitigation Framework, April 13, 2020, U.S. Navy COVID-19 Recovery Framework, April 15, 2020, and U.S. Navy COVID-19 Standardized Pre-Deployment Guidance: Clean Crew, Ready for Mission, April 15, 2020.

(U) Due to COVID-19 travel restrictions, we did not visit the commands identified in this report. We relied primarily upon video and audio teleconferences, interviews, questionnaires, and data calls to collect testimonial and documentary evidence.

(U) Use of Computer-Processed Data

(U) We did not use computer-processed data to perform this evaluation.

(U) Prior Coverage

(U) During the last 5 years, the Government Accountability Office (GAO) issued one report discussing DoD pandemic preparedness. During the last 5 years, the Navy and the CDC issued two reports discussing the Navy's implementation of policies, plans, and procedures to prevent and mitigate the spread of infectious diseases, such as COVID-19, on warships and submarines.

(U) GAO

(U) Report No. GAO-17-150, "DoD, HHS, and DHS Should Use Existing Coordination Mechanisms to Improve Their Pandemic Preparedness," February 2017

(U) The GAO found that the DoD has developed guidance and plans to direct its efforts to provide assistance in support of civil authorities - in particular the Departments of Health and Human Services (HHS) and Homeland Security - in the event of a domestic outbreak of a pandemic disease. For example, the DoD's GCP for PI&ID provides guidance to DoD and the military services on planning and preparing for a pandemic outbreak. DoD's Strategy for Homeland Defense and Support to Civil Authorities states that DoD often is expected to play a prominent supporting role to primary federal agencies. DoD also assists those agencies in the preparedness, detection, and response to other non-pandemic viruses, such as the Zika virus. GAO recommended that the Secretary of Defense direct the Under Secretary of Defense for Policy and other DoD officials, as appropriate, to use DoD's existing coordination mechanisms with HHS and FEMA to explore opportunities to improve their preparedness and response to a pandemic if DoD's capabilities are limited.

(U) Navy

(U) Vice Chief of Naval Operations, "Report of the Command Investigation Concerning Chain of Command Actions with Regard to COVID-19 Onboard USS *Theodore Roosevelt* (CVN 71)," May 27, 2020

(U) The Command Investigation inquired into the communications, decisions, and actions that took place within the Navy chain of command related to the COVID-19 outbreak onboard the USS *Theodore Roosevelt*. It expanded upon work done for a preliminary inquiry that resulted in nine recommendations, in addition to five recommendations from the preliminary inquiry.

(U) Centers for Disease Control and Prevention

(U) SARS-CoV-2 Infections and Serologic Responses from a Sample of U.S. Navy Service Members — USS *Theodore Roosevelt*, April 2020

(U) The Navy and CDC investigated the COVID-19 outbreak on USS *Theodore Roosevelt*. A convenience sample of 382 service members voluntarily completed questionnaires and provided serum specimens. The report concludes that young, healthy adults with COVID-19 might have mild or no symptoms; therefore, symptom-based surveillance might not detect all infections. coverings and other preventive measures could mitigate transmission. The presence of neutralizing antibodies among the majority is a promising indicator of at least short-term immunity.

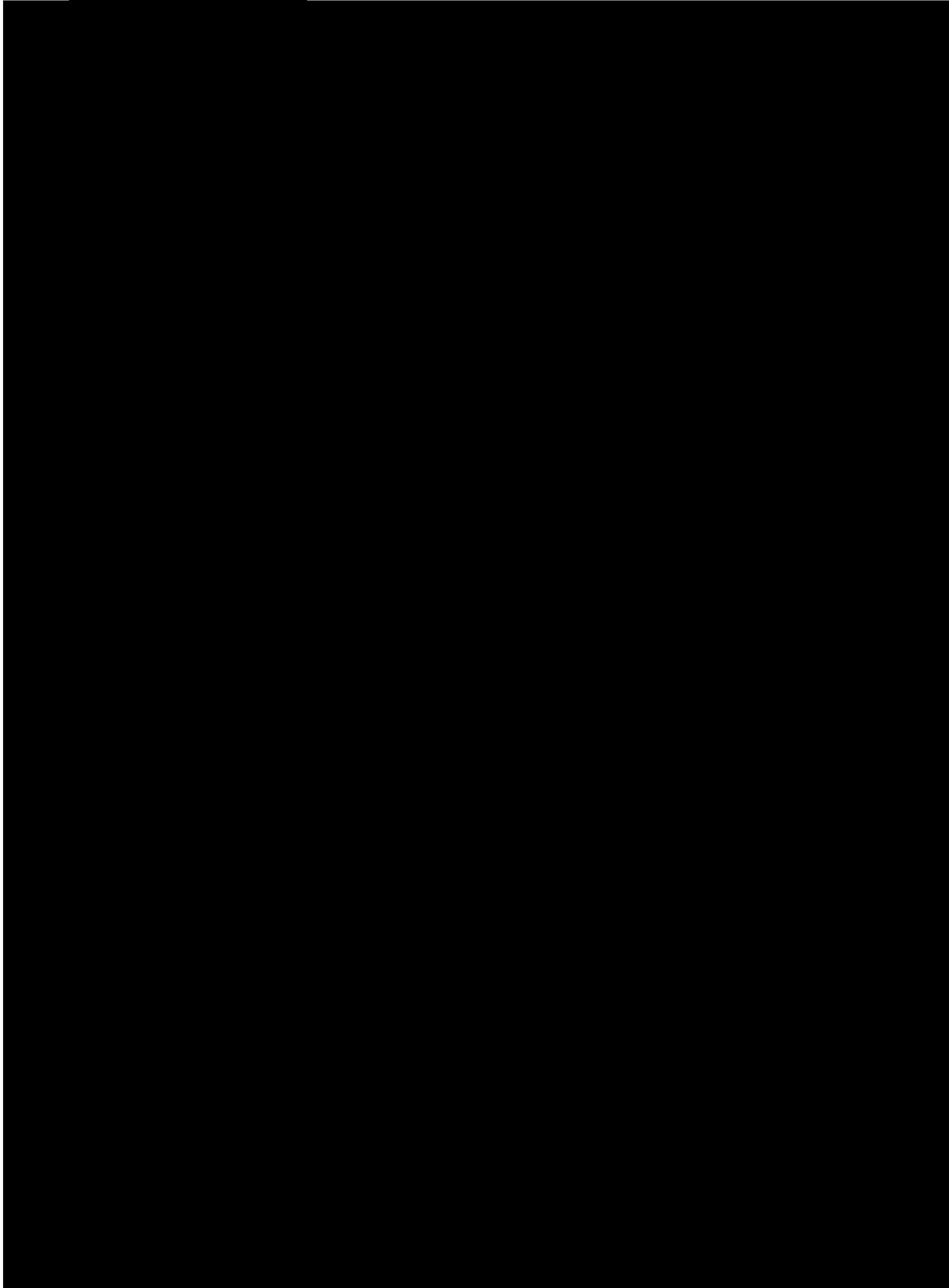
(U) Appendix B

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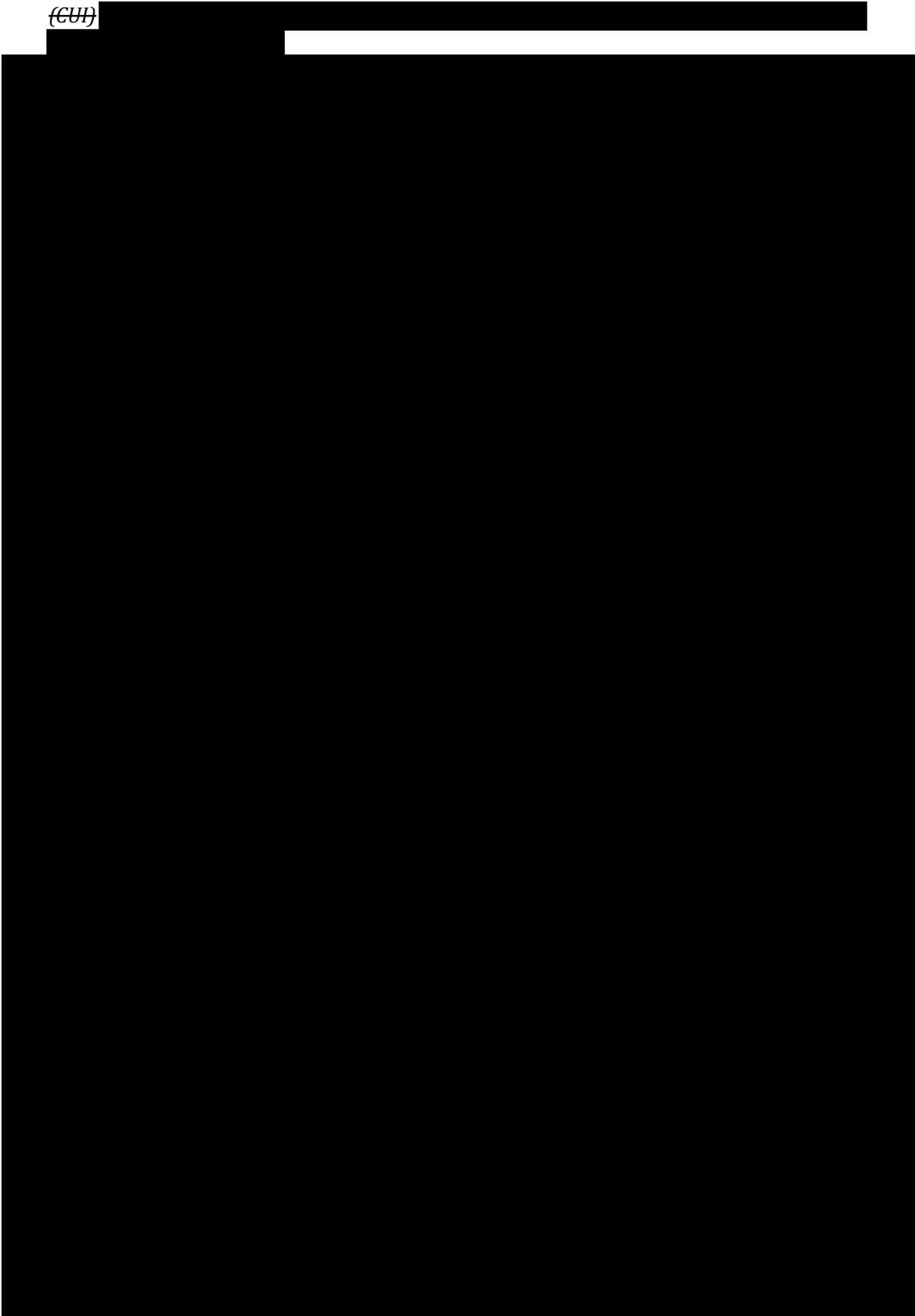
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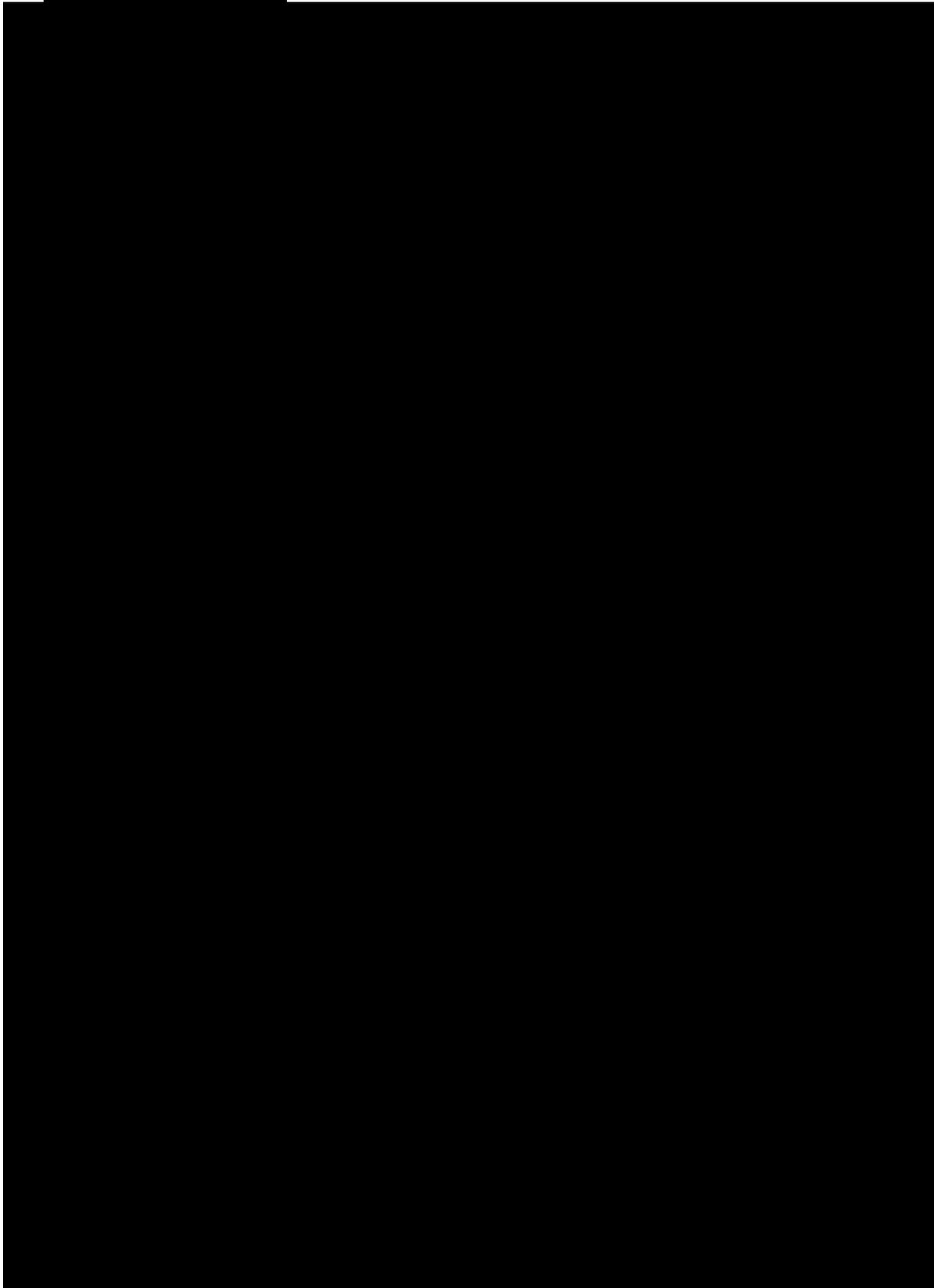
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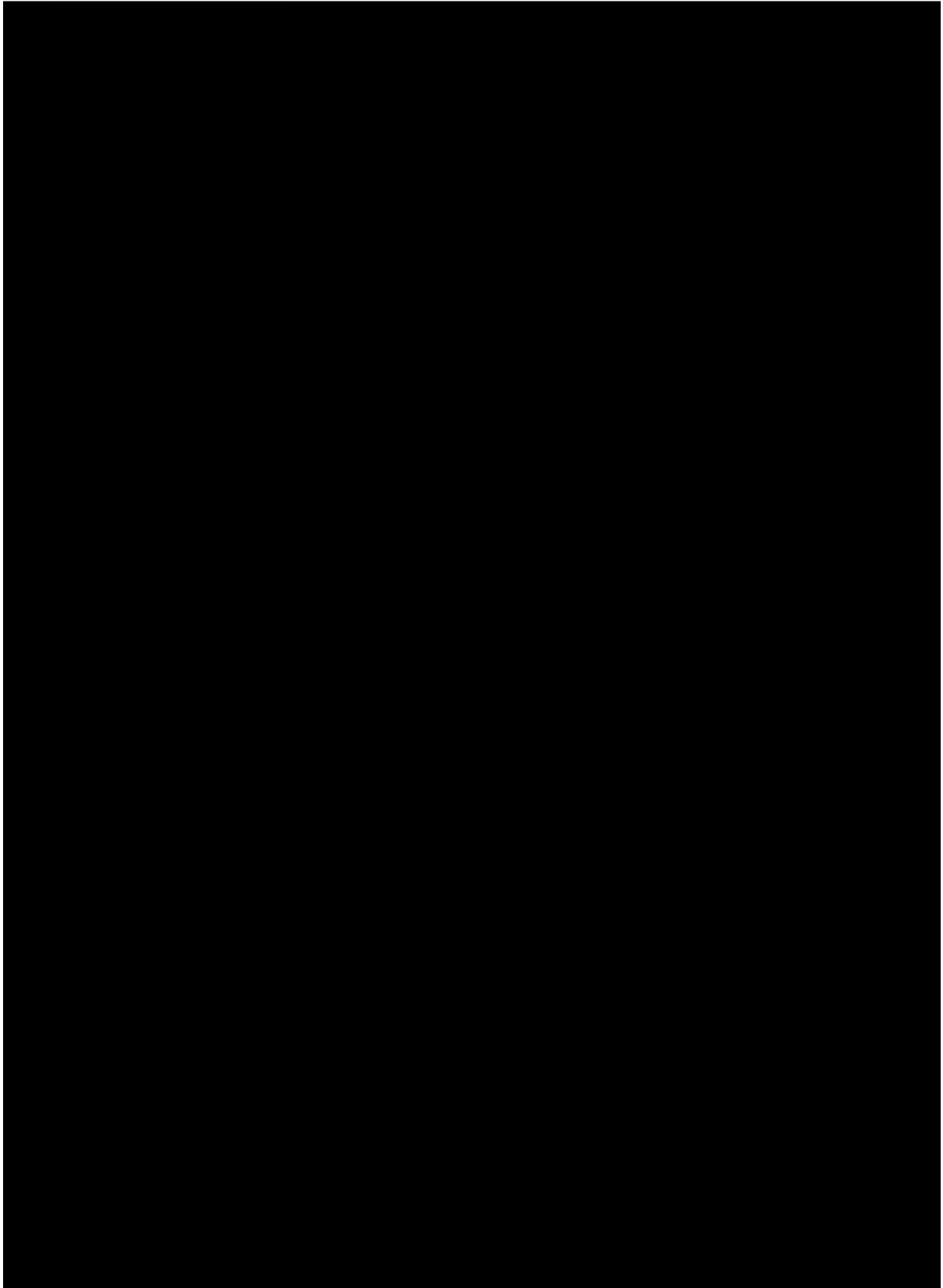
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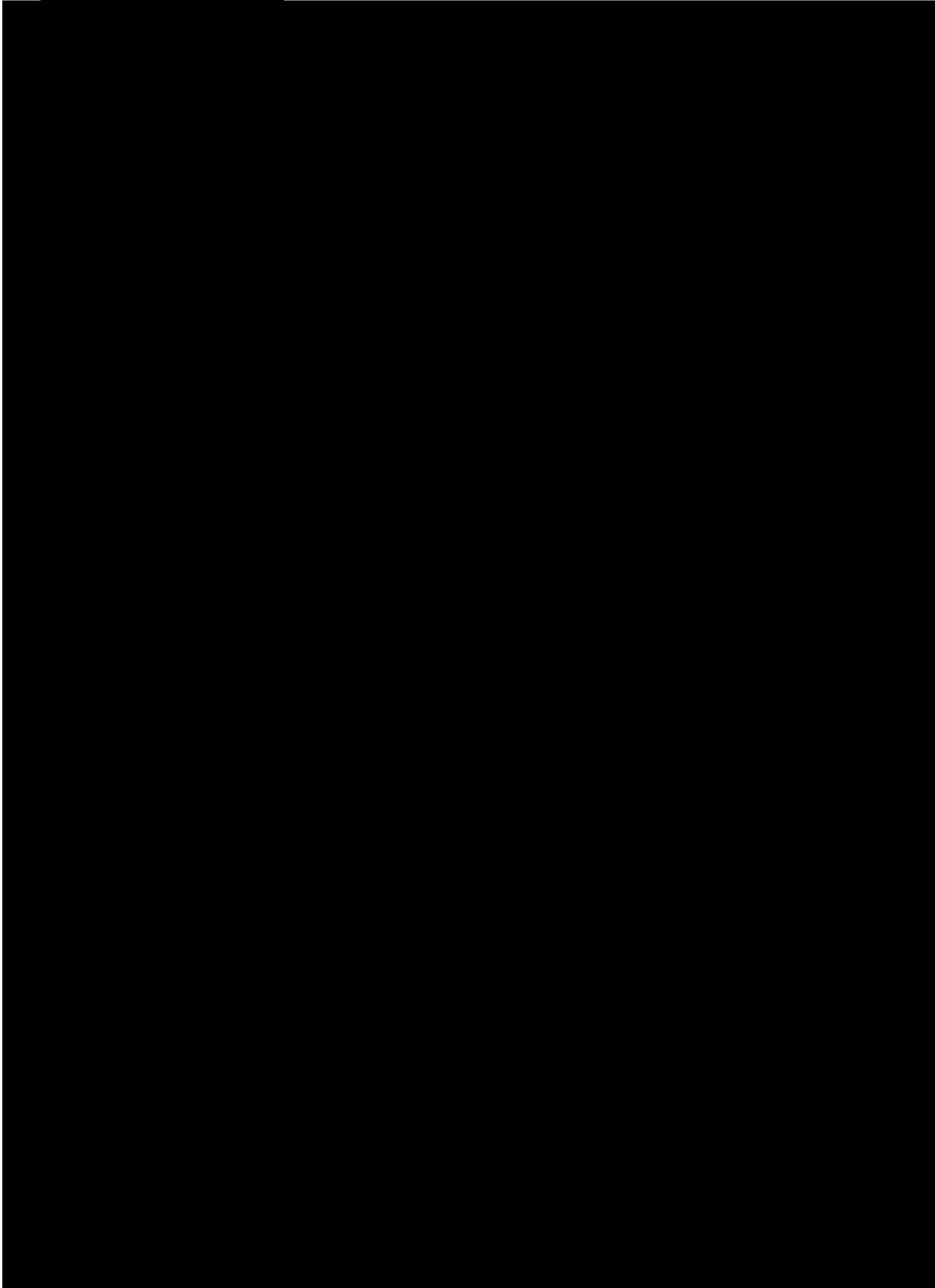
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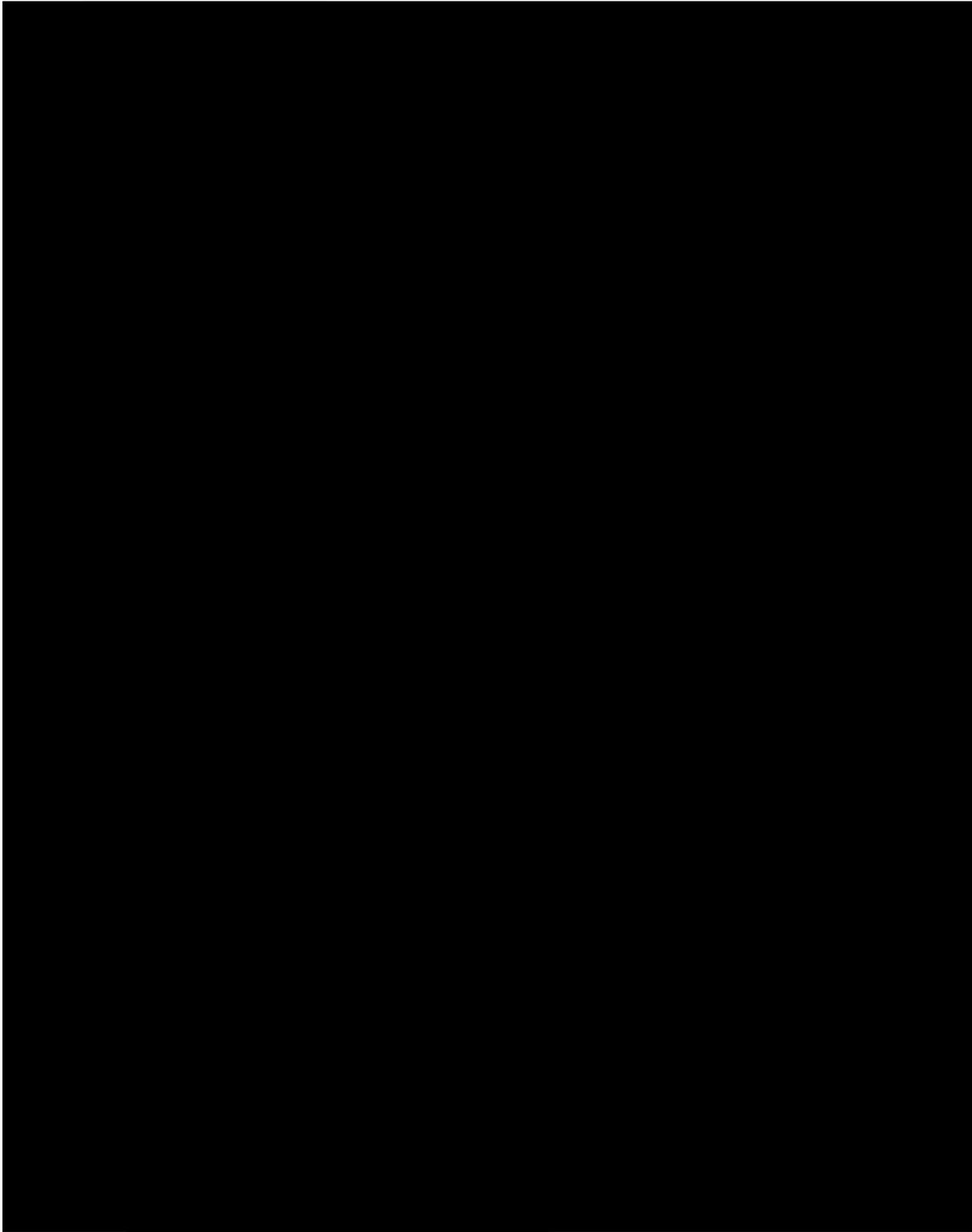
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(U) Management Comments

(U) Deputy Chief of Naval Operations for Operations, Plans and Strategy



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON, DC 20350-2000

1000
Ser N3N5/21U124002
11 Jan 21

From: Deputy Chief of Naval Operations for Operations, Plans and Strategy
To: Inspector General, Department of Defense

Subj: RESPONSE TO RECOMMENDATIONS IN EVALUATION OF THE NAVY'S PLANS AND RESPONSE TO THE CORONAVIRUS DISEASE-2019 ONBOARD NAVY WARSHIPS AND SUBMARINES

Ref: (a) Draft Report, Project No. D2020-DEVOSI-0127.000

1. The following responses have been coordinated between the Deputy Chief of Naval Operations for Operations, Plans and Strategy and the Surgeon General of the Navy in accordance with reference (a).

- **Recommendation 1:** We recommend that the Deputy Chief of Naval Operations for Operations, Plans and Strategy and the Surgeon General of the Navy review and update Office of the Chief of Naval Operations Instruction 3500.14A "Pandemic Influence and Infectious Disease Policy" November 19, 2018, and Navy Technical Reference Publication 4-02.10 "Shipboard Quarantine and Isolation," September 2014, to include guidance and lessons learned from coronavirus disease-2019.
- **Response to Recommendation 1:** Concur with recommendation. Updates are currently in work and will be incorporated in revised publication and instruction.
- **Recommendation 2:** We recommend that the Deputy Chief of Naval Operations for Operations, Plans and Strategy and the Surgeon General of the Navy include the observations and analysis identified in the after action review on the outbreak on the USS *KIDD* when updating the Navy's pandemic influenza and infectious disease policies.
Response to Recommendation 2: Concur with recommendation. Lessons learned from the USS *KIDD* and the USS *THEODORE ROOSEVELT* have been incorporated into the current Standardized Operating Guidance for the Fleet.
- **Recommendation 3:** We recommend that the Deputy Chief of Naval Operations for Operations, Plans, and Strategy develop a plan of action and milestones for Navy component commands to conduct biennial pandemic influenza and infectious disease exercises, in accordance with Office of the Chief of Naval Operations Instruction 3500.14A "Pandemic Influence and Infectious Disease Policy" November 19, 2018.
- **Response to Recommendation 3:** Concur with recommendation. OPNAV N3 will plan and execute a Table Top Exercise (TTX) to meet the objectives of 3500.14A. OPNAV will request Naval Component Commands participate. Planning for the TTX will commence on or about 1 March 2021 with execution prior to 30 June 2021. Component Commands that are unable to participate will execute an internal TTX no later than 31 August 2021. These TTXs will be conducted on a biannual basis.

2. My point of contact on this matter is [REDACTED]

P. G. SAWYER

(U) Acronyms and Abbreviations

BUMED	Navy Bureau of Medicine and Surgery
CDC	Centers for Disease Control and Prevention
CNO	Chief of Naval Operations
CONOPS	Concept of Operations
COVID-19	Coronavirus Disease 2019
GCP	Global Campaign Plan
NAVADMIN	Naval Administrative (message)
NTRP	Navy Tactical Reference Publication
OPNAV	Office of the Chief of Naval Operations
PACFLT	U.S. Pacific Fleet
PCU	Pre-Commissioning Unit
PI&ID	Pandemic Influenza and Infectious Disease
PPE	Personal Protective Equipment
ROM	Restriction of Movement
USFF	U.S. Fleet Forces Command
USINDOPACOM	U.S. Indo-Pacific Command
USNORTHCOM	U.S. Northern Command
USNS	United States Naval Ship
USS	United States Ship

(U) Glossary

(U) Bubble. Navy term for individuals, units, or installations that have established low probability of COVID-19 infection. A crew that has been underway, or ROM-Sequestered at the pier, for greater than 14 days without COVID-19 positive personnel and no COVID-19 symptoms is within a bubble.

(U) Bubble to Bubble Transfer. Navy term for movement of units or personnel from one bubble to another through controlled means. A wide variety of modes/means of transportation can be used for bubble to bubble transfer. The key factor is that the evolution is closely controlled to minimize risk of COVID-19 exposure.

(U) Restriction of Movement. General DoD term for limiting personal interaction to reduce risk to the health, safety and welfare of a broader cohort. ROM is used to minimize risk of individuals encountering COVID-19 contagious individuals and to prevent personnel who have been in a higher risk area from potentially infecting others. ROM includes isolation, quarantine, and ROM-Sequester.

(U) ROM-Sequester. Navy term for preemptive separation of forces to reduce risk of infection while establishing a COVID-free bubble. ROM-sequester can be conducted onboard ship, in contracted facilities, or in personal residence dependent on unit-specific scenarios. During ROM-sequester, interaction with individuals traveling outside of the ROM-sequester location must be minimized. Interaction within ROM-sequester location is restricted to basic necessities such as food delivery.

(U) Service Component Command. A command consisting of the service component commander and all those service forces, such as individuals, units, detachments, organizations, and installations under that command, including the support forces that have been assigned to a combatant command or further assigned to a subordinate unified command or joint task force.

(U) Underway. A nautical term used to describe a ship in motion: not at anchor or aground.



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