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MARCH 31, 2021



Audit of Public Health Emergency Readiness at Military Installations

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Results in Brief

Audit of Public Health Emergency Readiness at Military Installations

March 31, 2021

Objective

The objective of this audit was to determine whether military installation commanders implemented measures to prepare for public health emergencies, and respond to and recover from the coronavirus disease-2019 (COVID-19) pandemic, on DoD installations.

Background

DoD guidance defines a public health emergency (PHE) as an occurrence or imminent threat of an illness or health condition that poses:

- high probability of a significant number of deaths in the affected population, considering the severity and probability of the event;
- widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of people;
- health care needs that exceed available resources; or
- severe degradation of mission capabilities or normal operation.

PHEs can be caused by various events, including industrial accidents, the release of a biological toxin, and the spread of a novel infectious disease, such as COVID-19. COVID-19 is an infectious disease that can cause a wide spectrum of symptoms. On March 11, 2020, the World Health

Background (cont'd)

Organization declared the COVID-19 outbreak a pandemic, and on March 13, 2020, the President declared the COVID-19 pandemic a national emergency.

Military installation commanders (commanders) must be prepared to make timely decisions to protect lives, property, and infrastructure and sustain mission-critical operations and essential services during a PHE, such as the COVID-19 pandemic.

DoD guidance provides commanders with policies and procedures for preparing for and responding to a PHE. According to the guidance, commanders must designate public health emergency officers to provide guidance and recommendations on preparing for, declaring, responding to, mitigating, and recovering from PHEs. Commanders are responsible for directing public health emergency officers to investigate PHEs on the installations and recommend mitigation or control measures.

Finding

Commanders at the eight installations we reviewed implemented measures to prepare for PHEs, and respond to and recover from the COVID-19 pandemic. Commanders:

- prepared for PHEs to maintain readiness. For example, commanders designated public health emergency officers, ensured public health emergency officers were trained, created Emergency Management plans, and conducted annual PHE exercises such as the Disease Containment Tabletop Exercise for a novel virus.
- took actions to control and prevent the spread of COVID-19. For example, commanders evaluated the COVID-19 health threat, and four of eight commanders at the installations we reviewed declared a PHE. PHE declarations outlined the situation and actions in response to the PHE. All eight commanders issued



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Results in Brief

Audit of Public Health Emergency Readiness at Military Installations

Finding (cont'd)

and communicated guidance, such as base access and social distancing guidelines to installation personnel and visitors through memorandums, website postings, and virtual town halls, to protect individuals and help prevent the spread of the disease.

- planned to recover from the COVID-19 pandemic and return to full mission operations. For example, all eight commanders developed and implemented recovery guides or return-to-work plans, specific to COVID-19, identifying procedures to protect personnel, perform vital missions, and support the local community under a phased approach. Commanders also implemented the health protection condition framework on installations to inform individuals of specific recommended health protection actions.

As a result of the measures that commanders implemented to prepare for PHEs, and respond to and recover from the COVID-19 pandemic, installation personnel protected lives and sustained mission-critical operations.

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

March 31, 2021

**MEMORANDUM FOR UNDER SECRETARY OF DEFENSE FOR PERSONNEL
AND READINESS**

**ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS
AUDITOR GENERAL, DEPARTMENT OF THE NAVY
AUDITOR GENERAL, DEPARTMENT OF THE ARMY
AUDITOR GENERAL, DEPARTMENT OF THE AIR FORCE**

**SUBJECT: Audit of Public Health Emergency Readiness at Military Installations
(Project No. D2020-D000RG-0146.000)**

This final report provides the results of the DoD Office of Inspector General's audit. We considered management's comments on a discussion draft copy of this report when preparing this final report. We did not make any recommendations; therefore, no management comments are required.

We appreciate the cooperation and assistance received during the audit. If you have any questions, please contact me at [REDACTED].

A handwritten signature in blue ink, which appears to read "Richard B. Vasquez".

Richard B. Vasquez
Assistant Inspector General for Audit
Readiness and Global Operations

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Introduction

Objective

The objective of this audit was to determine whether military installation commanders implemented measures to prepare for public health emergencies, and respond to, and recover from the coronavirus disease–2019 (COVID-19) pandemic, on DoD installations. See Appendix A for a discussion of the scope and methodology.

Background

DoD Instruction (DoDI) 6200.03 defines a public health emergency (PHE) as an occurrence or imminent threat of an illness or health condition that poses:

- high probability of a significant number of deaths in the affected population, considering the severity and probability of the event;
- widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of people;
- health care needs that exceed available resources; or
- severe degradation of mission capabilities or normal operation.¹

DoDI 6200.03 states that PHEs can appear and progress rapidly, leading to widespread health, social, and economic consequences. PHEs can be caused by various events, including industrial accidents, the release of a biological toxin, and the spread of a novel infectious disease, such as COVID-19.

On January 31, 2020, the Secretary of Health and Human Services declared a PHE in the U.S. According to DoDI 6200.03, PHEs may be declared in the U.S. by the Secretary of Health and Human Services at a national level, and military commanders will act in accordance with the PHE declarations made by U.S. public health officials. Additionally, military commanders may declare PHEs on installations when necessary to respond to an incident. As of August 2020, military installation commanders (commanders) declared a PHE for 126 out of 407 military installations, due to COVID-19.

COVID-19

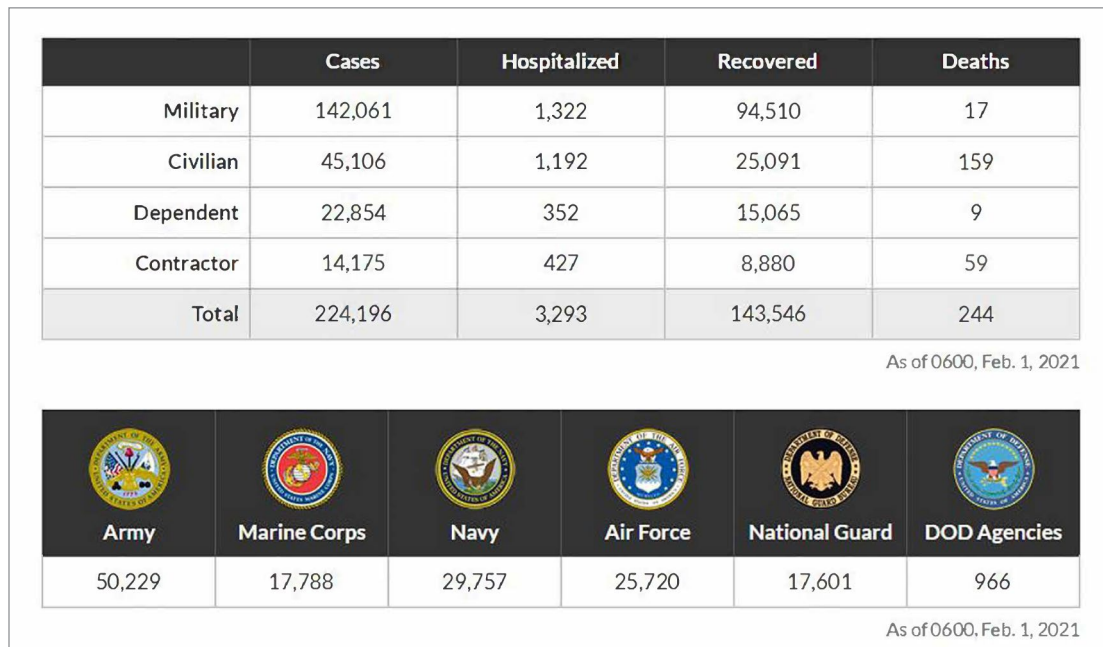
COVID-19 is an infectious disease that can cause a wide spectrum of symptoms. On March 11, 2020, the World Health Organization declared the COVID-19 outbreak a pandemic, and on March 13, 2020, the President declared the COVID-19 pandemic

¹ DoDI 6200.03, "Public Health Emergency Management Within The DoD," March 28, 2019.

a national emergency.² 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 the COVID-19 pandemic, domestically and internationally.

As of January 31, 2021, the Centers for Disease Control and Prevention reported 25,921,703 cases and 438,035 deaths associated with COVID-19 in the United States. Figure 1 shows COVID-19 total cases, hospitalizations, recoveries, and deaths reported by the DoD as of February 1, 2021, for military members, civilians, dependents, and contractors.³

Figure 1. Total COVID-19 Cases for DoD Military Members, Civilians, Dependents, and Contractors



Note: The numbers at the bottom of the figure are the total military cases categorized by Service.

Source: The DoD.

Public Health Emergency Preparedness on Military Installations

DoDI 6055.17 states that installation emergency managers must develop and maintain a comprehensive all-hazard emergency management (EM) plan at each installation that is aligned with the five mission areas of prevention, protection, mitigation, response, and recovery.⁴ According to DoDI 6055.17, the “EM plan must

² 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.

³ According to the DoD’s website, the numbers in Figure 1 are updated and refined as the Joint Staff Crisis Management Team receives updated and corrected reporting on case numbers.

⁴ DoDI 6055.17, “DoD Emergency Management (EM) Program,” February 13, 2017, (Incorporating Change 3, June 12, 2019).

be flexible enough for use in all emergencies, including unforeseen events, yet detailed enough to provide an initial course of action for installation commanders to proceed with pre-planned responses to potential unexpected events.”

Commanders must be prepared to make timely decisions to protect lives, property, and infrastructure and sustain mission-critical operations and essential services during a PHE, such as the COVID-19 pandemic. DoDI 6200.03 provides commanders with policies and procedures for preparing for and responding to a PHE.

According to DoDI 6200.03, commanders must designate public health emergency officers (PHEOs) to provide guidance and recommendations on preparing for, declaring, responding to, mitigating, and recovering from public health emergencies.⁵ Commanders are responsible for directing PHEOs to investigate PHEs on the installations and recommend mitigation or control measures.

For example, PHEOs may implement measures, including:

- initiating actions to collect and analyze data on the PHE;
- ensuring identification, interviewing, and tracking of all individuals or groups suspected to have been exposed to the PHE; and
- advising the commander on health protection measures for personnel.

Additionally, DoDI 6200.03 states that PHEOs must be given adequate training and work time to perform all assigned duties, including preparing for and responding to PHEs. Training includes completing the initial and advanced public health emergency management courses, and other supplemental training required by the Military Services based on specific issues for installations or geographic locations.

Furthermore, the commanders must ensure that a PHE response exercise is conducted annually. The PHE response exercise may include a disease containment plan or a mass prophylaxis plan exercise.⁶

Public Health Emergency Response

DoDI 6200.03 states the commander and PHEO should evaluate circumstances suggesting a PHE. If a PHE declaration for a military installation is necessary, the commander completes a written declaration outlining the situation and actions that will be taken. The commander must immediately report the PHE declaration through the chain of command to the Secretary of Defense and announce the declaration to all installation personnel within 12 hours.

⁵ A PHEO is a DoD or civilian employee who is recognized by the Military Services as a clinician who holds a Master of Public Health or 4 years of experience in public health, preventative medicine, or environmental health. The PHEO must hold a national secret-level clearance and remain current with respective training for PHEOs.

⁶ According to DoDI 6055.17, a mass prophylaxis plan is designed to ensure the distribution of medical countermeasures.

The PHEO, medical treatment facility commander, and medical emergency manager are required to develop and distribute additional communications to all personnel on the installation to inform them of the situation, actions that will be taken, and where to get additional information on the PHE. The communications should also include the health protection condition (HPCON) that will be used to provide health protection measures that are specific to the scope and severity of the situation.⁷ The commander consults with the PHEO and the installation medical treatment commander to change the HPCON level as the situation dictates.

According to DoDI 6200.03, the commander is responsible for responding to PHEs. Specifically, the commander directs public health officials on the installations to establish a HPCON framework that can include guidance on installation access, health protection measures, and limiting non-critical activities. Additionally, DoDI 6200.03 states that if a commander declares a PHE, the commander is authorized to take emergency health actions to achieve the greatest public health benefit while maintaining operational effectiveness. Emergency health actions include the authority to:

- direct Service members to submit to medical examinations or testing;
- use facilities as emergency shelters or for quarantine or isolation;
- close, evacuate, or decontaminate any asset or facility endangering public health; and
- restrict movement to prevent the spread of communicable diseases.

On February 25, 2020, the Office of the Under Secretary of Defense for Personnel and Readiness issued guidance that included a risk-based framework, based on the level of COVID-19 transmission, to help guide commander response to the COVID-19 pandemic.⁸ The guidance states that the commander of an installation experiencing widespread community transmission may consider limiting access to the installation, distributing personal protective equipment, and canceling non-mission essential activities.

Public Health Emergency Recovery

DoDI 6055.17 states that the commander has the responsibility to conduct planning to recover from a PHE. Recovery planning provides short-term and long-term priorities to return to normal operations, such as the restoration of functions, services, resources, facilities, programs, and infrastructure on the installation.

⁷ See Appendix B for the HPCON levels, referred to as a framework.

⁸ Office of the Under Secretary of Defense for Personnel and Readiness, "Force Health Protection (Supplement 2) - Department of Defense Guidance for Military Installation Commanders' Risk-Based Measured Responses to the Novel Coronavirus Outbreak," February 25, 2020.

DoDI 6055.17 also states that a recovery plan contains detailed, incident-specific processes and procedures, including resuming or restoring:

- installation operations and services;
- medical care (including mental health and crisis intervention); and
- communication and transportation capabilities.

In recovering from a PHE, the commander receives guidance and recommendations from the PHEO, and the PHEO collaborates closely with installation and medical emergency managers. The PHEO advises the commander on public health aspects of workplace and return to work issues during the emergency recovery phase.

As installations recover, operations begin to increase, availability of installation services increases, and the workforce gradually returns to work. According to DoDI 6055.17, recovery activities may begin immediately after an emergency and often extend long after the incident.

Review of Internal Controls

DoD Instruction 5010.40 requires DoD organizations to implement a comprehensive system of internal controls that provides reasonable assurance that programs are operating as intended and to evaluate the effectiveness of the controls.⁹ Internal controls for PHE preparedness, response, and recovery on military installations we reviewed were effective as applied to the audit objectives.

⁹ DoD Instruction 5010.40, "Managers' Internal Control Program Procedures," May 30, 2013.

Finding

Commanders Implemented Measures to Prepare for, Respond to, and Recover from Public Health Emergencies

Commanders at the eight installations we reviewed implemented measures to prepare for PHEs, and respond to and recover from the COVID-19 pandemic. Commanders:

- prepared for PHEs to maintain readiness. For example, commanders designated PHEOs, ensured PHEOs were trained, created EM plans, and conducted annual PHE exercises, such as the Disease Containment Tabletop Exercise for a novel virus.¹⁰
- took actions to control and prevent the spread of COVID-19. For example, commanders evaluated the COVID-19 health threat, and four of eight commanders at the installations we reviewed declared a PHE. PHE declarations outlined the situation and actions in response to the PHE. All eight commanders issued and communicated guidance, such as base access and social distancing guidelines to installation personnel and visitors through memorandums, website postings, and virtual town halls, to protect individuals and help prevent the spread of the disease.
- planned to recover from the COVID-19 pandemic and return to full mission operations. For example, all eight commanders developed and implemented recovery guides or return-to-work plans, specific to COVID-19, identifying procedures to protect personnel, perform vital missions, and support the local community under a phased approach. Commanders also implemented the HPCON framework on installations to inform individuals of specific recommended health protection actions.

As a result of the measures commanders implemented to prepare for PHEs, and respond to and recover from the COVID-19 pandemic, installation personnel were able to protect lives and sustain mission-critical operations.

¹⁰ The Disease Containment Tabletop Exercise for a novel virus includes PHE declaration process, PHEO briefings, installation and medical response, continuity of operations, and legal considerations.

Military Installation Commanders Prepared for Public Health Emergencies

Commanders took measures to prepare for PHEs. Specifically, commanders implemented EM plans, designated PHEOs, and ensured PHE training and exercises were conducted. Table 1 summarizes measures that commanders took to prepare for PHEs. For example:

- all eight installations had an EM plan and designated PHEOs; and
- seven of eight installations conducted PHE exercises and had PHEOs who completed the required training.

Table 1. Measures Taken to Prepare for Public Health Emergencies

Installation Name and Location	Had EM Plan	Designated PHEO	Trained PHEOs	Conducted PHE Exercises
NWS Seal Beach, California	Yes	Yes	Yes	Yes
NWS Earle, New Jersey	Yes	Yes	No ²	Yes
Marine Corps Support Facility Blount Island, Florida	Yes	Yes ¹	Yes	Yes
Fort Huachuca, Arizona	Yes	Yes	Yes	Yes
Robins AFB, Georgia	Yes	Yes	Yes	Yes
Sheppard AFB, Texas	Yes	Yes	Yes	No ³
Joint Base Langley-Eustis, Virginia	Yes	Yes	Yes	Yes
Joint Base Charleston, South Carolina	Yes	Yes	Yes	Yes

Legend

AFB	Air Force Base
EM	Emergency Management
NWS	Naval Weapons Station
PHE	Public Health Emergency
PHEO	Public Health Emergency Officer

¹ The Navy Medicine Readiness and Training Command at Jacksonville, rather than the installation commander, appointed the PHEO for the Marine Corps Support Facility Blount Island.

² The PHEO for NWS Earle is not yet deficient in completing training, but must complete the training by March 2021. The PHEO was designated in March 2020 and has 1 year to complete the basic training course, in accordance with DoDI 6200.03.

³ Sheppard AFB cancelled the 2020 PHE exercise due to COVID-19; however, the Sheppard AFB Training Wing conducted a Disease Containment Tabletop Exercise in 2019.

Source: The DoD OIG.

Emergency Management Plans Were in Place

Commanders ensured installations had EM plans in place to prepare for a PHE. DoDI 6055.17 states that installation emergency managers must develop and maintain a comprehensive all-hazard EM plan at each installation that must be flexible enough for use in all emergencies, yet detailed enough to provide an initial course of action for installation commanders to proceed with pre-planned responses to potential unexpected events. At a minimum, EM plans must address:

- roles and responsibilities for all personnel, organizations, and agencies assigned EM responsibilities;
- mitigation activities, such as training and exercise;
- mitigation planning that establishes interim and long-term actions to reduce or eliminate risks;
- response planning that establishes response actions and responsibilities for carrying out actions;
- recovery planning that provides short- and long-term priorities for restoration of functions, services, resources, facilities, programs, and infrastructure; and
- communications through all phases of an emergency.

(~~CUI~~) All eight installations had an EM plan. [REDACTED]

[REDACTED]

(~~CUI~~) [REDACTED]

[REDACTED]

Additionally, DoDI 6055.17 states that EM officials are responsible for collaborating and coordinating with Federal, state, tribal, and local governments, other Military Departments, and local public health agencies for EM plan integration and to

receive inputs to the EM plan. According to NWS Earle EM officials, EM officials developed and maintained intra-Service and inter-Service collaborative networks of installation and command PHEOs, Emergency Managers, County Health Officers, County and State Emergency Managers, the Federal Emergency Management Agency, the Defense Coordinating Element, and the New Jersey Office of Homeland Security Preparedness Military Liaison Officer to share information and promote awareness. Commanders and EM representatives maintained relationships with local and Federal counterparts so that the local response to PHEs met the needed PHE aid and support.

Public Health Emergency Officers Were Designated and Trained

Commanders designated PHEOs and ensured PHEOs were trained to support PHE response.

Designated PHEOs

DoDI 6200.03 states that commanders are responsible for designating, in writing, a PHEO. All eight installations had a designated PHEO. Installation commanders designated a PHEO at seven of eight installations. The eighth installation had a designated PHEO who was appointed by the Commander of Navy Medicine Readiness and Training Command.

A memorandum of understanding, dated May 13, 2020, states that Navy Medicine Readiness and Training Command at Jacksonville is responsible for appointing a PHEO to Marine Corps Support Facility Blount Island to provide PHE assistance and guidance.¹¹ The memorandum defines responsibilities of Navy Medicine Readiness and Training Command at Jacksonville, such as assisting with public affairs risk communications, public health aspects of workplace and return to work issues, and public health and medical surge capacity.

Trained PHEOs

DoDI 6200.03 requires PHEOs to complete training in the following areas.

- **Basic Training:** initial public health emergency management course within 1 year of designation.
- **Sustainment Training:** advanced public health emergency management course within 1 year of completing 4th year of service and after every subsequent 4 years in the role.
- **Re-Activation Training:** completion of public health emergency management course, as determined by Service or command, within 1 year of returning to the PHEO role from other duty assignments.

¹¹ "Memorandum of Understanding Between Commanding Officer, Navy Medicine Readiness and Training Command Jacksonville and Commanding Officer, Marine Corps Support Facility Blount Island," May 13, 2020.

Seven of eight installations had PHEOs that completed training in accordance with DoD guidance.¹² The designated PHEO for NWS Earle did not complete the initial public health emergency management course. According to DoDI 6200.03, the PHEO has 1 year to complete the basic training course, which will be March 2021 for this individual. The basic training course is 5 days in duration and designed to prepare PHEOs with the knowledge and skills needed to ensure that the DoD is ready to respond to PHEs and assist civilian and host nation authorities when called upon, and that PHEOs can operate in a variety of environments.¹³

Installations Conducted Public Health Emergency Exercises

Commanders prepared for PHEs by conducting exercises. EM officials at seven of eight installations conducted PHE exercises in 2020.¹⁴ For example, EM officials at NWS Earle:

- conducted the Pandemic Flu Continuity Tabletop Exercise for EM and medical officials in March 2020 to increase preparedness for a pandemic flu, identify planning strengths and gaps, and increase awareness of the response; and
- scheduled a Prophylaxis Shot Exercise for medical officials in October 2020; however, according to the emergency manager, the exercise was delayed due to COVID-19.

Furthermore, EM officials documented lessons learned and corrective actions resulting from PHE exercises. For example, NWS Earle EM officials conducted the Pandemic Flu Continuity Tabletop Exercise on March 13, 2020, and identified the following two areas for improvement.

- An insufficient amount of personal protective equipment was available to execute HPCON requirements.
 - The corrective action was to order and store personal protective equipment so that items would be on hand in the event of a health crisis.
- A delay in identifying and canceling funerals and honors requirements resulted in increased infection likelihood and 14-day self-isolation for at least a dozen Sailors.
 - The corrective action was to have clear, concise, and timely direction to cancel any operations that could worsen the spread of the virus, infect personnel, or degrade the operational integrity of the installation.

¹² PHEOs for Sheppard AFB and Joint Base Langley-Eustis completed the basic training, but were unable to complete the sustainment training because it was not offered in 2020 due to COVID-19.

¹³ The Public Health Emergency Management course is offered by the Defense Medical Readiness Training Institute.

¹⁴ Sheppard AFB cancelled the 2020 PHE exercise due to COVID-19; however, the Sheppard AFB Training Wing conducted a Disease Containment Tabletop Exercise in 2019.

Installation Commanders Implemented Protective Measures to Respond to the COVID-19 Public Health Emergency

Commanders responded to the COVID-19 PHE by evaluating the health threat and implementing measures to protect individuals on the installation. Commanders determined whether or not to declare a PHE for their installations, and communicated guidance with actions to protect people and prevent the spread of the disease to individuals assigned to or visiting the installation. Table 2 summarizes measures that commanders took to respond to the COVID-19 PHE. For example:

- four of eight installations had formal PHE declarations issued by the commander; and
- all eight installations collected health hazard data, tracked individuals exposed to COVID-19, and issued guidance to prevent the spread of COVID-19.

Table 2. Protective Measures Taken to Respond to the COVID-19 Public Health Emergency

Installation Name and Location	Declared PHE	Collected Health Hazard Data	Tracked Exposures	Issued Guidance to Prevent Spread
NWS Seal Beach, California	No	Yes	Yes	Yes
NWS Earle, New Jersey	No	Yes	Yes	Yes
Marine Corps Support Facility Blount Island, Florida	No	Yes	Yes	Yes
Fort Huachuca, Arizona	No	Yes	Yes	Yes
Robins AFB, Georgia	Yes	Yes	Yes	Yes
Sheppard AFB, Texas	Yes	Yes	Yes	Yes
Joint Base Langley-Eustis, Virginia	Yes	Yes	Yes	Yes
Joint Base Charleston, South Carolina	Yes	Yes	Yes	Yes

Legend

AFB Air Force Base
EM Emergency Management
NWS Naval Weapons Station
PHE Public Health Emergency

Source: The DoD OIG.

Installation Commanders Decided Whether to Declare a Public Health Emergency

Commanders responded to COVID-19 by either declaring or not declaring a PHE on their installations. DoDI 6200.03 has a PHE algorithm that commanders use to determine whether or not to declare a PHE. The PHE algorithm includes a series of questions and evaluation criteria for commanders to consider, such as the number of positive COVID-19 cases, risk to those on the installation, and resources available to handle the PHE.¹⁵

There is no requirement for commanders to declare a PHE; however, according to DoDI 6200.03, when a commander declares a PHE, “the military commander is authorized to take relevant emergency actions to respond to the situation to achieve the greatest public health benefit while maintaining operational effectiveness.” Commander emergency health actions include directing Service members to submit to medical examinations or testing for diagnosis or treatment and restricting movement to prevent the introduction, transmission, and spread of communicable diseases. Regardless of whether a commander declares a PHE, according to DoDI 6200.03, the commander is responsible for responding to PHEs. Specifically, the commander directs public health officials on the installations to establish a HPCON framework that can include guidance on installation access, health protection measures, and limiting non-critical activities.

Four of eight installations had formal PHE declarations issued by the commander. For example, on March 21, 2020, the Commander of Robins AFB declared a PHE on the installation due to COVID-19. According to the emergency declaration, the Commander declared a PHE based on the PHEO’s recommendations and the results of a preliminary investigation.¹⁶ In the emergency declaration the Commander stated that the installation PHEO and medical personnel were directed to identify, confirm, and control the PHE. Additionally, the emergency declaration stated that the PHEO may issue guidance affecting installation personnel, property, and visitors to the installation. The Commander extended the emergency declaration from April 19, 2020, to July 17, 2020. A second extension of the emergency declaration was issued on July 17, 2020, for an additional 90 days.

The Commander of the U.S. Army Intelligence Center of Excellence and Fort Huachuca did not declare a PHE in response to COVID-19; however, the Commander took actions to maintain situational awareness of the pandemic; and reported daily personnel status, current mitigation operations, and current infection rates and trends. According to a garrison executive officer, the Commander did not declare

¹⁵ See Appendix C for details on the algorithm.

¹⁶ See Appendix D for a copy of the PHE declaration.

a PHE because the number of cases were manageable through quarantine and isolation, and medical care was available. Additionally, the official stated that plans were in development for additional care sites and quarantine housing. Furthermore, the Commander issued guidelines on working from home, leave restrictions, and strict quarantine adherence to keep the community safe.

Installation Commanders Collected Data, Tracked Exposure, and Provided Guidance in Response to COVID-19

In response to COVID-19, commanders collected health hazard data and tracked individuals exposed to COVID-19. In addition, the commanders issued and communicated guidance to protect personnel and visitors on installations and help prevent the spread of the disease.

Health Hazard Data Collection

DoDI 6200.03 encourages PHEOs to initiate actions to collect and analyze data on the health hazard causing the PHE, especially when the source is unknown. All eight installations collected health hazard data. For example, Joint Base Langley-Eustis medical group commanders collected and reviewed data, including:

- (FOUO) [REDACTED]
- (FOUO) [REDACTED]
[REDACTED]
[REDACTED]
- (FOUO) [REDACTED]
[REDACTED]

Exposure Tracking

DoDI 6200.03 outlines response actions, including identifying, interviewing, and tracking all individuals or groups exposed to the health hazard to characterize the source and spread, and estimate the impact on critical and mission essential personnel. All eight installations collected exposure tracking data. For example, medical group officials at Joint Base Charleston collected the following exposure tracker data for exposed individuals.

- Personnel status (such as, Service member, civilian, or dependent)
- Date of the confirmed positive COVID-19 test
- Travel within the last 14 days
- Hospitalization status and date of discharge, if applicable
- Intensive care unit and ventilator status
- Date of recovery
- Whether the individual died as a result of COVID-19

Additionally, a Joint Base Charleston COVID-19 Situation Report included a list of planned gatherings on the installation for 60 days, including the name of the event, anticipated number of attendees, any mitigation measures for the event (for example, held through teleconference or video recording), and the event status (canceled, tentative).

Guidance Issued

DoDI 6200.03 states that the commander is responsible for directing the PHEO to provide health protection measures specific to the scope and severity of the situation and guidance on appropriate actions individuals should take to protect themselves. All eight installations issued guidance to prevent the spread of COVID-19. Commanders issued guidance on visiting medical facilities, child development center operations, base access restrictions, social distancing, hand washing, use of cloth face coverings, and self-monitoring. For example, the Commander at Fort Huachuca issued guidance on:

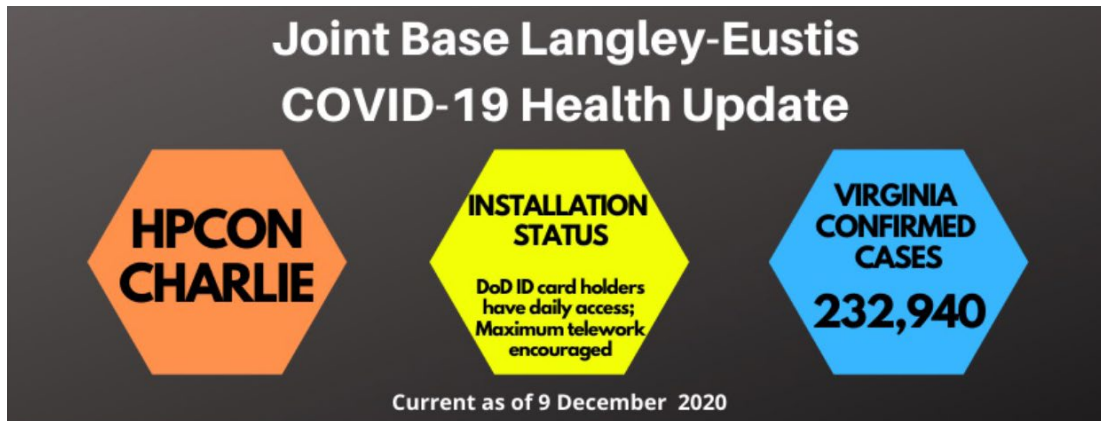
- temporary visitor access policies to limit visitors to individuals who reside within 60 miles of the installation;
- prohibited activities for personnel, including restrictions on leaving the installation unless necessary for essential services, and prohibitions on group activities with more than ten individuals; and
- child care guidelines for mission essential personnel.

Communicating Guidance for COVID-19 Response

DoDI 6200.03 states that public messaging should be disseminated to ensure broad awareness of the HPCON level and recommended response actions. Commanders at all eight installations communicated COVID-19 guidance to installation personnel, contractors, tenants, and visitors through methods such as live stream broadcasting, social media, town hall meetings, website postings, and general orders. For example, the Commander of the U.S. Army Intelligence Center of Excellence and Fort Huachuca communicated to installation personnel through Facebook social media and installation orders. Installation commanders also conducted virtual town halls to disseminate information to the larger audience and answer questions.

Additionally, the Commander of Joint Base Langley-Eustis posted COVID-19 updates on the installation website. The website included an informational graphic with the current HPCON level, messages from the Commander, official installation guidance, virtual town hall information, and links to resources, such as COVID-19 hotlines and travel advisories. Figure 2 shows an example of the informational graphic on the Joint Base Langley-Eustis website.

Figure 2. Informational Graphic on the Joint Base Langley-Eustis Website



Source: Joint Base Langley-Eustis, Virginia.

Installation Commanders Implemented Measures to Recover From the COVID-19 Public Health Emergency

Commanders took measures to recover from the COVID-19 PHE. Specifically, commanders at all eight installations developed and implemented recovery guides or return-to-work plans, adjusted HPCON levels according to the HPCON framework, and established preventative guidelines to minimize exposure to health hazards.¹⁷

¹⁷ The HPCON is a framework to inform an installation's population of specific health protection actions recommended in response to an identified health threat.

Table 3 summarizes measures that commanders took to recover from the COVID-19 PHE.

Table 3. Measures to Recover From the COVID-19 Public Health Emergency

Installation Name and Location	Developed and Implemented Recovery Guides or Return-to-Work Plans	Adjusted HPCON Levels According to Framework	Established Preventative Guidelines
NWS Seal Beach, California	Yes	Yes	Yes
NWS Earle, New Jersey	Yes	Yes	Yes
Marine Corps Support Facility Blount Island, Florida	Yes	Yes	Yes
Fort Huachuca, Arizona	Yes	Yes	Yes
Robins AFB, Georgia	Yes	Yes	Yes
Sheppard AFB, Texas	Yes	Yes	Yes
Joint Base Langley-Eustis, Virginia	Yes	Yes	Yes
Joint Base Charleston, South Carolina	Yes	Yes	Yes

Legend

AFB Air Force Base
NWS Naval Weapons Station
HPCON Health Protection Condition

Source: The DoD OIG.

Commanders Developed and Implemented Recovery Guides or Return-to-Work Plans

DoDI 6055.17 states that the commander has the responsibility to conduct recovery planning from a PHE. The process to recover to full mission operations is a phased process, increasing in operations, available installation and community support services, and workforce returning to work, while following current health guidelines and restrictions.

Commanders developed and implemented recovery guides or return-to-work plans at all eight installations. For example, Sheppard AFB had a recovery guide to recover to full mission operations using a phased approach. The Commander of Sheppard AFB considered factors in the recovery process, including the mission and support services that help achieve or enhance mission accomplishment, such as:

- essential services (exchange services),
- community support (family readiness centers), and
- morale, welfare and recreation activities (pools, theater).

Additionally, commanders implemented return-to-work plans, specific to the COVID-19 pandemic, for installation personnel. For example, on April 24, 2020, Marine Corps Supply Facility Blount Island implemented the following four-phase, COVID-19 pandemic return-to-work order to restore the command to full operational capability.

- **Phase 1:** Re-integrate the workforce.
- **Phase 2:** Increase command manning from 25 percent to an estimated 50 percent for individuals that have been operating in a telework status.
- **Phase 3:** Increase the on-site workforce from 50 percent to an estimated 75 percent.
- **Phase 4:** Increase the on-site workforce from 75 percent to 100 percent.

The return-to-work order at Marine Corps Supply Facility Blount Island provided instructions on wearing masks throughout the facility when 6 feet of space cannot be maintained, maintaining a 2-week inventory of cleaning supplies for administrative spaces, and ensuring that employees are responsible for the daily cleaning of their individual workspace areas.

Additionally, on September 17, 2020, Marine Corps Supply Facility Blount Island updated the return-to-work order with a flowchart that outlined protective measures to prevent the spread of COVID-19, such as restriction of movement, quarantine, and isolation, and modified the order with two phases:

- **Phase 1** (Effective September 28, 2020): All active duty personnel cease rotational telework and report on-site for work.
- **Phase 2** (Effective October 5, 2020): All remaining civilian and contractor personnel return to on-site work.

On October 19, 2020, Marine Corps Supply Facility Blount Island personnel confirmed that all installation personnel returned to on-site work, marking the end to the return-to-work order. Marine Corps Supply Facility Blount Island personnel also stated that the installation would continue to monitor local conditions and those on the installation in the event that an increase in COVID-19 cases required the workforce to disperse.

Installation Commanders Adjusted HPCON Levels According to the HPCON Framework

Commanders implemented the HPCON framework on installations to inform individuals of specific recommended health protection actions. The HPCON has five levels, ranging from routine (HPCON 0) to severe (HPCON Delta), and contains activities for individuals to undertake at each level. Commanders update the HPCON level as necessary in response to the PHE.

The Secretary of Defense issued guidance for commanders to consider when making decisions to change HPCON levels as COVID-19 pandemic conditions improve.¹⁸ The guidance requires commanders to consider criteria consistent with the President's "Guidelines for Opening Up America Again," before changing HPCON levels.¹⁹ Specifically, criteria includes downward number reported cases of illnesses; downward number of documented COVID-19 cases; and the capacity of medical facilities to treat all patients. Furthermore, the guidance also advises commanders to increase the HPCON level if the number of COVID-19 cases trend upward or medical facilities became burdened.

Commanders at all eight installations used the HPCON framework guidance to adjust the HPCON levels in response to the COVID-19 pandemic. For example, NWS Seal Beach transitioned to HPCON Charlie on March 27, 2020. EM officials at the installation took precautions to ensure they were prepared to implement the next HPCON level, HPCON Delta, if directed by higher headquarters at the regional level.²⁰ Specifically, on April 7, 2020, EM officials conducted a tabletop exercise to obtain a real-time status of the ability to implement HPCON Delta.²¹ According to the emergency management officer, the exercise taught EM officials what to expect at the HPCON Delta level and that EM officials were prepared to implement HPCON Delta.

Additionally, the emergency management officer for NWS Seal Beach stated that EM officials were going to request a change to level HPCON Bravo in October 2020, after meeting the level change requirements; however, the COVID-19 case numbers increased and the change in HPCON levels did not occur. Furthermore, the emergency management officer stated that EM officials monitor and analyze data weekly and are prepared for either an escalation or de-escalation in HPCON levels.

¹⁸ Secretary of Defense memorandum, "Guidance for Commanders on Risk-Based Changing of Health Protection Condition Levels During the Coronavirus Disease 2019 Pandemic," May 19, 2020.

¹⁹ "Guidelines for Opening Up America Again," April 16, 2020.

²⁰ NWS Seal Beach's HPCON level change is decided by Navy Region Southwest, the higher headquarters in the region, and not by the military installation commander.

²¹ According to CJCSM 3500.03E, "Joint Training Manual for the Armed Forces of the United States," April 20, 2015, tabletop exercises involve key personnel discussing hypothetical scenarios in an informal setting. Tabletop exercises can be used to assess the adequacy of plans, policies, procedures, training, resources, and relationships or agreements that guide prevention of, response to, and recovery from a defined event.

Installation Commanders Implemented Preventative Guidelines Specific to COVID-19

Commanders at all eight installations issued preventative guidelines for personnel to minimize exposure to COVID-19 as the installations moved toward recovery. For example, the Commander at Sheppard AFB implemented guidance with preventative measures, including:

- wearing face coverings;
- washing hands frequently;
- social distancing;
- daily cleaning and sanitizing of work areas, facilities, and uniforms;
- limiting interactions and mass gatherings;
- considering reconfiguring work areas; and
- validating telework agreements.

Conclusion

Commanders implemented measures on DoD installations to prepare for PHEs, and respond to and recover from the COVID-19 pandemic. To prepare for PHEs, commanders developed EM plans; designated and trained PHEOs; and conducted PHE exercises. With regard to COVID-19, commanders issued and communicated health-related guidance to installation personnel, contractors, tenants, and visitors; collected health hazard data and tracked individuals exposed to COVID-19; and implemented COVID-19 pandemic recovery guides or return-to-work plans.

As a result of commanders implementing PHE measures, the commanders helped protect lives and sustain mission-critical operations during the COVID-19 pandemic.

Appendix A

Scope and Methodology

We conducted this performance audit from June 2020 through February 2021 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Public Health Emergency Guidance

To gain an understanding of PHE preparedness, response, and recovery, we reviewed the following guidance.

- DoD Instruction 6055.17, “DoD Emergency Management (EM) Program,” February 13, 2017, (Incorporating Change 3, June 12, 2019)
- DoD Instruction 6200.03, “Public Health Emergency Management Within the DoD,” March 28, 2019
- Secretary of Defense memorandum, “Guidance for Commanders on the Implementation of the Risk-Based Responses to the COVID-19 Pandemic,” April 1, 2020
- Secretary of Defense memorandum, “Department of Defense Guidance on the Use of Cloth Face Coverings,” April 5, 2020
- Secretary of Defense memorandum, “Guidance for Commanders on Risk-Based Changing of Health Protection Condition Levels During the Coronavirus Disease 2019 Pandemic,” May 19, 2020
- Office of the Under Secretary of Defense for Personnel and Readiness memorandum, “Force Health Protection (Supplement 2) - Department of Defense Guidance for Military Installation Commanders’ Risk-Based Measured Responses to the Novel Coronavirus Outbreak,” February 25, 2020
- Office of the Under Secretary of Defense for Personnel and Readiness memorandum, “Force Health Protection Guidance (Supplement 7) - Department of Defense Guidance for the Use of Cloth Face Coverings, Personal Protective Equipment, and Non-Pharmaceutical Interventions During the Coronavirus Disease 2019 Pandemic,” April 8, 2020
- Office of the Under Secretary of Defense for Personnel and Readiness memorandum, “Force Health Protection Guidance (Supplement 8) - Department of Defense Guidance for Protecting Personnel in Workplaces during the Response to the Coronavirus Disease 2019 Pandemic,” April 13, 2020

- Office of the Under Secretary of Defense for Personnel and Readiness memorandum, “Force Health Protection Guidance (Supplement 11) - Department of Defense Guidance for Coronavirus Disease 2019 Surveillance and Screening with Testing,” June 11, 2020
- “Guidelines for Opening Up America Again,” April 16, 2020
- Air Force Instruction 10-2519, “Public Health Emergencies and Incidents of Public Health Concern,” December 10, 2019

Sample Selection of DoD Military Installations

We obtained a list of 407 military installations from the Under Secretary of Defense for Acquisition and Sustainment officials. The list represented the population of installations within DoD (Service and Joint installations) and reported in DoD’s Real Property Asset Database. Of the 407 military installations, we identified 306 military installations that were within the continental United States, operated by a Military Service, and did not conflict with other DoD OIG oversight work.

We separated the military installations into five categories (Joint installations, Navy, Marine Corps, Army, and Air Force). We applied the Centers for Disease Control and Prevention’s data on total COVID-19 cases by state to the military installations in each category. We selected installations located in states with the most COVID-19 cases for the sample. We selected a nonstatistical sample of 8 from the 306 military installations (four installations that declared a PHE in response to COVID-19 and four installations that did not declare a PHE). See Table 4 for the eight installations selected for the sample.

Table 4. Military Installations Selected and Decision to Declare a Public Health Emergency

Service Name	Installation Name	State	PHE Declared
Navy	NWS Seal Beach	California	No
Navy	NWS Earle	New Jersey	No
Marine Corps	Marine Corps Support Facility Blount Island	Florida	No
Army	Fort Huachuca	Arizona	No
Air Force	Robins AFB	Georgia	Yes
Air Force	Sheppard AFB	Texas	Yes
Joint Base	Joint Base Langley-Eustis	Virginia	Yes
Joint Base	Joint Base Charleston	South Carolina	Yes

Source: The DoD OIG.

Interviews, Documentation, and Analysis

To understand how the military installations prepared for, responded to, and recovered from public health emergencies, we interviewed emergency management officials and gathered data and criteria from the installations we reviewed and the following organizations.

- Under Secretary of Defense for Acquisition and Sustainment
- Defense Health Agency
- Assistant Secretary of the Navy for Energy, Installations and Environment

To determine whether commanders implemented measures to prepare for PHEs, and respond to and recover from the COVID-19 pandemic, we interviewed officials, and reviewed and analyzed documents. Specifically, we:

- interviewed key officials (for example, commanders, PHEOs, medical emergency managers) to gain an understanding of how the military installations prepared for, responded to, and recovered from public health emergencies, as well as who was responsible for each of these activities;
- discussed with commanders the factors they considered in determining whether to declare a PHE, the reason for the decision, and the benefits of declaring or not declaring a PHE;
- obtained the number of COVID-19 cases for each installation to determine the extent of the PHE;
- reviewed designation letters and training certificates of public health officials (for example, PHEO) to determine whether the officials were designated by commanders and trained to perform duties during a PHE, in accordance with DoD guidance;
- obtained and reviewed the PHE plans and guidance to determine whether each installation had a plan and policies and procedures in place, in accordance with DoD guidance;
- reviewed exercise plans/schedules, activities, dates, attendance rosters, and lessons learned to assess whether the installation performed exercises to prepare for a PHE;
- reviewed PHE communications to identify message content, delivery format (for example, emails, town hall meetings, memorandums), recipients, and timing;
- reviewed documents or mechanisms used to collect/analyze health threat data to determine whether the data was collected throughout the duration of the PHE;

- reviewed tracking mechanisms, such as spreadsheets, databases, memorandums and other documents, to determine whether individuals affected by the PHE were identified/tracked and the actions taken to keep individuals safe and healthy; and
- reviewed available installation recovery plans to identify steps taken to protect people (for example, installation personnel, contractors, visitors, and tenants) and maintain readiness as the installation restores operations and services; and noted any challenges to recovery.

Internal Control Assessment and Compliance

We assessed internal controls and compliance with laws and regulations necessary to satisfy the audit objective. In particular and significant to the audit objective, we assessed the following areas.

- **Control Environment:** establish structure, responsibility, and authority; and demonstrate commitment to competence.
- **Risk Assessment:** identify, analyze, and respond to risk.
- **Control Activities:** implement control activities.
- **Information and Communication:** communicate internally and externally.
- **Monitoring:** perform monitoring activities.

However, because our review was limited to these internal control components and underlying principles, it may not have disclosed all internal control deficiencies that may have existed at the time of this audit.

Use of Computer-Processed Data

We relied on computer-processed data to obtain a list of military installations from the DoD's Real Property Asset Database to select a sample for this audit. We compared the data with the list of installations provided by each Service subject matter expert to confirm that the data were accurate and complete. We concluded that the data were reliable for the purpose of this audit.

Use of Technical Assistance

We received assistance from the DoD OIG Quantitative Methods Division to select a nonstatistical sample of military installations to use for the audit.

Prior Coverage

No prior coverage has been conducted on preparedness for, response to, and recovery from PHEs on DoD installations during the last 5 years.

Appendix B

HPCON Framework

0 ROUTINE **No Community Transmission**

Take everyday actions to stop the spread of germs:

- Avoid close contact with people who are sick.
- Wash your hands often and for at least 20 seconds with soap and water.
- Cover your cough/sneeze with a tissue, then throw it in the trash; cough/sneeze into your elbow if tissues are unavailable.
- Avoid touching your eyes, nose, and mouth.
- Ensure all immunizations are up to date, including your seasonal flu shot.
- Stay home if you are sick and avoid close contact with Family members and pets.
- Create an emergency preparedness kit.

ALPHA LIMITED **Community Transmission Beginning**

Continue all previous actions and:

- Routinely clean and disinfect frequently touched objects and surfaces.
- If you are sick, call your medical provider for instructions on receiving care before going to the clinic.
- Stay informed by routinely checking reliable sources of information such as the Centers for Disease Control and Prevention (CDC) and your installation or organization's website or social media.

BRAVO MODERATE **Increased Community Transmission**

Continue all previous actions and:

- Avoid unnecessary contact with others, such as shaking hands and hugging.
- Avoid unnecessary travel, especially to areas known to be experiencing active disease transmission.
- Ensure supplies of food, medication, and other items needed for babies and pets are available to last at least 14 days.
- Prepare for travel restrictions and cancellation of public gatherings, such as school, religious, and other community activities; make alternative arrangements for childcare.
- Observe local guidance on movement restrictions and access requirements for military installations.
- Seek guidance from employers and unit leaders about changes to work practices (e.g., telework) and training events.
- Comply with medical orders for self-isolation or quarantine.

CHARLIE SUBSTANTIAL **Sustained Community Transmission**

Continue taking all previous actions and:

- Expect cancellation of in-person gatherings (e.g., schools, daycare, all community activities) and restricted ability to travel.
- Plan activities for Family members, especially children, in case you are restricted to your home for prolonged periods of time.
- Prepare for the potential of limited access to supplies and services, including severely restricted access to military installations.
- Implement remote work procedures as directed by your employer.
- If outside the United States, authorized or ordered departure actions may be implemented.

DELTA SEVERE **Widespread Community Transmission**

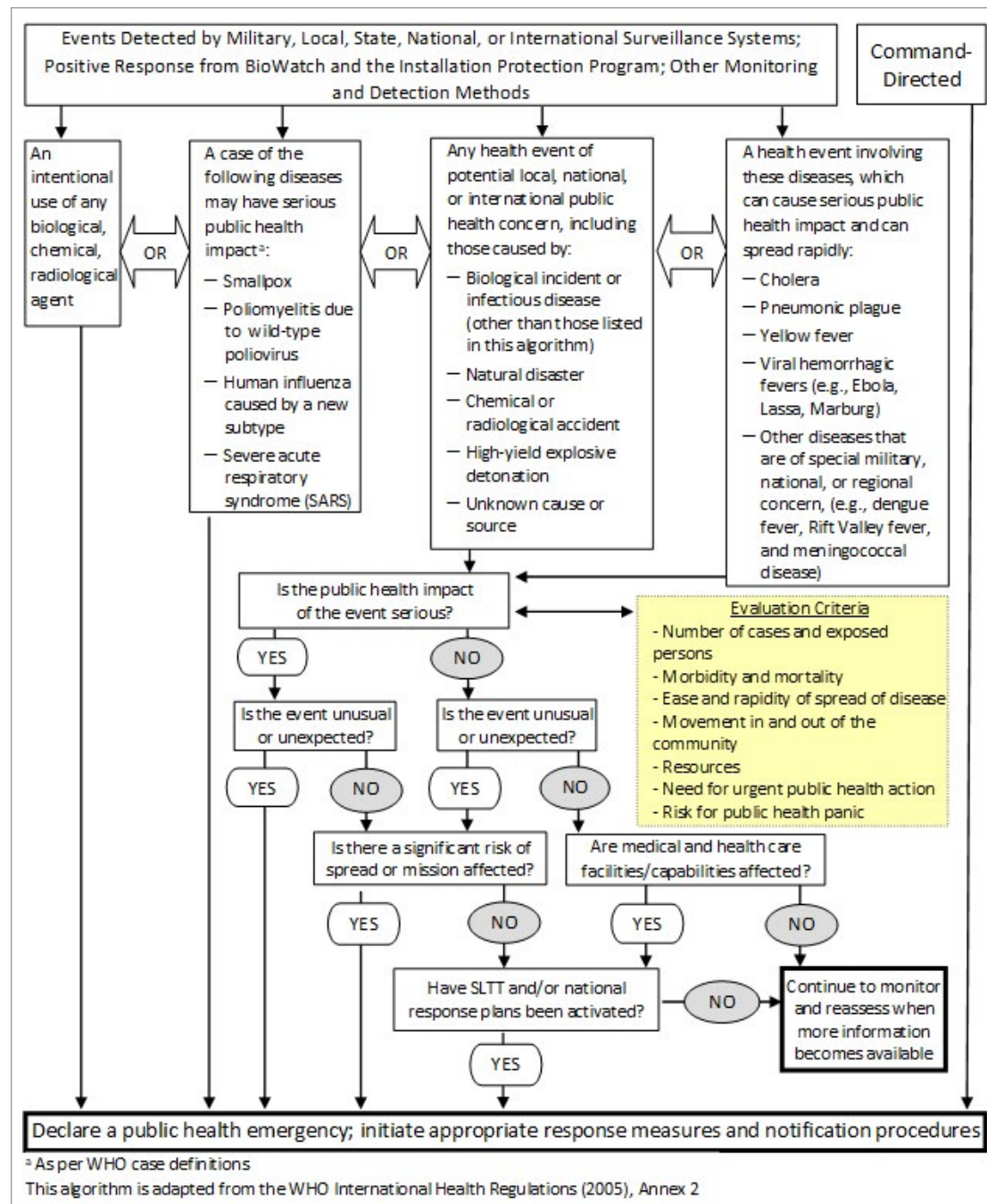
Continue taking all previous actions and:

- Expect to remain at home for extended periods of time as movement in the community may be restricted and at-home isolation or quarantine may be directed.
- Follow all directives and guidance from local, state and federal authorities; these actions are to protect the health and safety of you and your Family.

Source: Washington Headquarters Services.

Appendix C

Public Health Emergency Decision Algorithm



Source: DoDI 6200.03, "Public Health Emergency Management Within the Department of Defense," March 28, 2019.

Appendix D

Robins Air Force Base PHE Declaration



**DEPARTMENT OF THE AIR FORCE
78TH AIR BASE WING
ROBINS AIR FORCE BASE GEORGIA**

MAR 21 2020

MEMORANDUM FOR RECORD

FROM: 78 ABW/CC

SUBJECT: Declaration of a Public Health Emergency

1. I have been notified by my Public Health Emergency Officer (PHEO) of a possible public health situation on our installation involving Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)/Coronavirus Disease 2019 (COVID-19), that requires immediate action. Based on the PHEO's recommendations and the results of a preliminary investigation, I am declaring a public health emergency IAW AFI 10-2519, *Public Health Emergencies and incidents of Public Health Concern*. This declaration will terminate automatically 30 days from the date of this memorandum unless it is renewed and re-reported, or terminated sooner by myself or a senior commander in the chain of command.
2. The installation PHEO and medical personnel are hereby directed to identify, confirm, and control this public health emergency utilizing all the necessary means outlined in AFI 10-2519. To implement my direction, the PHEO may issue guidance that affects installation personnel and property, and other individuals working, residing, or visiting (e.g., closing base facilities, restricting movement, or implementing quarantine for select individuals).
3. The installation command and the PHEO will coordinate activities and share information with state, local, tribal and territorial officials responsible for public health and public safety to ensure our response is appropriate for the public health emergency. Shared information may include personally identifiable health information only to the extent necessary to protect the public health and safety.
4. Any person who refuses to obey or otherwise violates an order during this declared public health emergency will be detained. Those not subject to military law will be detained until civil authorities can respond. Violators of procedures, protocols, provisions and/or orders issued in conjunction with this public health emergency may be charged with a crime under the UCMJ and/or under United States Code, Section 271. Pursuant to 42 U.S.C. 271, violators are subject to a fine up to \$1,000 or imprisonment for not more than one year, or both.

A handwritten signature in black ink, reading "B. R. Moore".

BRIAN R. MOORE, Col, USAF
Commander

Source: Robins Air Force Base.

Acronyms and Abbreviations

AFB	Air Force Base
COVID-19	Coronavirus Disease–2019
EM	Emergency Management
HPCON	Health Protection Condition
NWS	Naval Weapons Station
PHE	Public Health Emergency
PHEO	Public Health Emergency Officer

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