

U.S. Military Assistance to International Health Emergency Response: *Examining Frameworks for an Ebola-like Disaster in the Asia-Pacific*

Banyan Analytics
Quicklook Report

28-29 January, 2015



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Banyan Analytics is an institute founded by Analytic Services Inc. that aids the U.S. Government with the implementation of programs and initiatives in the Asia-Pacific region. By combining ANSER's rich analytic methods with the expertise of scholars in Asian affairs, the institute continues our corporate tradition by informing decisions that shape the Nation's role in the Asia-Pacific region.



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Purpose

Outbreaks of *Zaire ebolavirus* and associated mass fatalities in Liberia, Guinea, and Sierra Leone have elevated global concerns regarding the political, financial, social, and humanitarian challenges of a virulent infectious disease. As part of its public-service mission, Banyan Analytics held a two-day exercise and high-level discussion regarding international response to a future complex health emergency in the Asia-Pacific, with a focus on the role of U.S. military assistance. The goals of the exercise were to improve participants' understanding of the use of U.S. military assets during an international health emergency, identify solutions that increase the effectiveness of U.S. military support during international health emergencies, and enable participants to understand and apply the basic principles of risk communication.

In support of these goals, Banyan applied its broad capabilities and cross-domain expertise to provide a forum that informed mission, policy, and doctrine decisions for future deployments to address disease outbreaks, pandemics, and natural disasters. The exercise was organized into four "moves," which tracked the progress of an outbreak of Ebola in a fictional Asia-Pacific nation, Asiana. Each move was prefaced by a learning module that deepened participants' understanding of the issues and challenges they would face in planning their response. This *Quicklook Report* summarizes the key takeaway issues and action items identified by participants during the exercise. A final report with a full analysis of the exercise findings will be released at a later date; please note that the findings and recommendations within that report may differ from the key takeaways noted herein.

Move 1: Asiana in Crisis

Background

An outbreak of Zaire ebolavirus has been confirmed in the nation of Asiana, one of the least developed countries in the Asia-Pacific. With its population already suffering from widespread poverty, malnutrition, and lack of access to clean drinking water and healthcare, Asiana is quickly overwhelmed by the Ebola outbreak. Although Australia and Japan have sent medical teams to help, international bodies such as the World Health Organization (WHO) and Médecins Sans Frontières (Doctors without Borders) cannot provide significant support due to their concurrent Ebola response efforts in West Africa. Recognizing that his country does not have the capacity to mount an effective response, the Prime Minister of Asiana has convened a meeting of foreign experts and U.S. Government and military officials to discuss how to request and coordinate international assistance, with a focus on assistance from the U.S. Government and military.

Participants were asked to identify the steps they can take to increase the effectiveness of international aid and to request and apply U.S. Department of Defense (DoD) assets during a health emergency.

Key Takeaways

- Many countries lack resources to build requisite capabilities to fully implement the International Health Regulations; this lack of capability will necessitate assistance from the international community during a large disease outbreak.
- Inherent complexities across the international health system impede rapid response to outbreak or epidemic conditions.
- The use of acronyms or jargon can disrupt communication and situational awareness, particularly when English is not the first language of the host country.
- The involvement of the Association of Southeast Asian Nations (ASEAN) would include coordination of efforts with the U.S. Agency for International Development (USAID). ASEAN's decision to assist a nonmember country within the region involves consideration of whether the assistance is the interest of ASEAN and its member states.
- Participants identified confusion regarding roles, responsibilities, and mechanisms for coordination of international and/or multinational humanitarian response efforts. The host country needs to implement a coordination protocol to manage international providers.
- With few exceptions, the USAID Office of Foreign Disaster Assistance (OFDA) is the lead U.S. federal agency and will issue requests for proposals to meet requirements. As lead, USAID engages in constant consultation with the U.S. Ambassador to the requesting nation and remains integrated with the cluster system established by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA).
- Responding organizations need assessments to determine requirements, yet they may lack the capacity to perform these assessments.
- The United States, when deciding whether to respond, should consider whether WHO has declared a Public Health Emergency of International Concern.
- USAID will keep in mind cultural considerations, such as relationships among the military, law enforcement, and the public.
- A disaster declaration cable from the U.S. Ambassador (or Chief of Mission) is needed to start serious planning activities for the U.S. response.

Action Items

- ✓ Engage with ASEAN regarding provision of humanitarian and disaster response assistance.
- ✓ Educate all partners on the process for requesting U.S. assistance.
- ✓ Clarify a framework for coordination of international assets between the host nation and international response partners.
- ✓ Pursue activities for public health preparedness prior to the onset of public health emergencies.

Move 2: Planning for Effective Response

Background

The Prime Minister of Asiana decides to request U.S. assistance. The National Security Council Staff and the lead federal agency, USAID OFDA, coordinate efforts regarding the request. USAID OFDA begins assessing interagency capabilities to support Asiana. Given the situation and the presence of military support to the response in West Africa as a precedent, use of U.S. military assets in Asiana may be likely.

Given this situation, participants were asked to discuss which U.S. Defense Department assets and capabilities are best suited for international health emergency response, and how U.S. assets can address the cascading effects of infrastructure failures.

Key Takeaways

- The U.S. military is only one of many potential providers that may be identified to respond, depending on USAID OFDA's assessment of needs and available capabilities. U.S. Pacific Command (USPACOM) has medical and nonmedical assets that could be applied to international health emergencies, such as wholesale logistics support, military airlift and sealift, training, situational awareness and military-to-military command and control, and some limited infrastructure support. Providing direct patient care is not considered a unique DoD capability, which is why it was not done in West Africa; other bodies, such as nongovernmental organizations (NGOs) would be used. The U.S. military does the wholesale movement and distribution, but is not responsible for dispensing to populations (for example, moving pallets of water, not handing out bottles).
- The USAID Executive Secretariat Memorandum for DoD response will include mission, implementation concept, and exit strategy.
- USPACOM would not report directly to USAID OFDA, though efforts would be coordinated through OFDA; USPACOM would work through OFDA liaisons.
- It will be necessary to determine whether standing rules of engagement are in force or whether special ones are needed; it is likely that U.S. military forces will not come into the host country armed. The host country is responsible for the security of responding organizations, including military responders—but the country may have limited capacity to provide security.
- USPACOM has a tradition of holding back its larger assets to balance with the “last in, first out” concept: create a small footprint first ensuring civilians are seen leading.
- Establishing relationships with host nations and partners in advance of an incident is critical to effective response.

Action Items

- ✓ Work with embassy teams, USPACOM's Pacific Outreach Directorate (J9), the State Partnership Program, and other organizations to establish working relationships with partners in the Asia-Pacific.

Move 3: Managing In-Country Support

Background

The U.S. Government mounts a major interagency response that includes USAID OFDA, the Centers for Disease Control and Prevention (CDC), the U.S. Public Health Service, and DoD. The U.S. military deploys over 2,000 troops in various support capacities, including logistics support, command and control, engineering support, and public health and medical training. The U.S. assists in constructing outpatient clinics to expand medical capacity, although local populations not presenting at these facilities hamper response. During the course of the response, deployed personnel express concerns over whether the level of personal protective equipment (PPE) is adequate. In addition, incidents of civil disorder erupt in Asiana, disrupting response efforts and increasing the likelihood of disease spread.

Participants discussed how the United States could develop and adapt intervention strategies to ensure that both U.S. and host country objectives are met. Participants also addressed considerations for providing deployed military assets the equipment, training, and guidance needed to ensure their safety. These situations stimulated a discussion of what external support might be needed for effective disease mitigation efforts.

Key Takeaways

- DoD provides PPE as a standard medical practice, but the military does not stockpile civilian PPE as recommended by the CDC for Ebola. There is a current worldwide shortage, with the priority being directed towards the West Africa response.
- In health emergencies, the media can present inaccurate assessments and misrepresentations of risk.
- Fear or uncertainty regarding Ebola or other communicable diseases may depress interest from the traditional humanitarian assistance responders.
- Hospital ships would not be a proper platform for a communicable infectious disease.
- Mission evolution should not become mission creep; however, continuing and ongoing assessment of the situation should inform decisions by OFDA or the lead federal agency and the U.S. Ambassador. Before the military is reassigned in-country, USAID OFDA would assess whether others are more appropriate to fill that role. The system allows some flexibility, but there is a defined process to ensure that changes are agreed upon; being too adaptable can create chaos.
- There may need to be an operational pause if the situation deteriorates from permissive to an uncertain or opposed environment—very high-level risk discussions need to be held.
- Expect that foreign policy would drive a desire to maintain an intact state as part of national security and foreign policy—but any changes to the military posture need to be initiated by the host country, and there may be other implications.
- Political and popular support for U.S. involvement will fade quickly if a soldier is killed or if soldiers start getting sick.
- If part of the U.S. military mission requires working with NGOs, the U.S. military must remain cognizant that some NGOs do not wish to be seen with armed military due to organizational policies and potential conflicts with international law governing their status as neutral and impartial humanitarian providers.

Action Items

- ✓ Familiarize responding staff and organizations within DoD and the interagency with processes for coordinating foreign disaster response and allowing for reasonable adaptation when in-country.
- ✓ Review implications of having or not having established status-of-forces agreements on foreign disaster assistance processes, considerations, and timelines.

Move 4: Risk Communication

Background

Families of deployed soldiers are concerned about their military loved ones. They ask what precautions were taken to prevent deployed soldiers from becoming ill, and what procedures would ensure their return without putting families at risk.

Discussion followed on what communication strategies would be needed to inform stakeholders and communities. Participants developed risk communication messages regarding the U.S. military mission in Asiana, discussing what risk communication messages should be sent to deployed assets, in-theater forces, families, and the general public, and when and how they should be delivered.

Key Takeaways

- The U.S. military has methods to communicate with families to help build trust and understanding about the role of their loved ones in the military.
- UN OCHA has a risk communication checklist for Ebola divided into four phases, with most tasks in the preparedness phase.
- DoD has a strategic communication annex to its plan for pandemics and emerging infectious diseases.
- The CDC Message Mapping Diagram can guide messages and question-and-answer sessions.
- One consideration for communications is to convey a message of hope.
- Listening and monitoring are in UN OCHA guidelines. One cannot formulate a message until one knows the situation on the ground and the cultural context.

Action Items

- ✓ Develop hazard-specific risk communication messages and strategies prior to events.
- ✓ Identify appropriate risk communicators and provide training to leadership on key principles.

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