April 27, 2020

The Honorable Mark T. Esper
Secretary of Defense
Department of Defense
1000 Defense Pentagon
Washington, DC 20301

Dear Secretary Esper:

We write to express our grave concern regarding the Department of Defense’s (DoD or the Department) failure to adequately respond to the ongoing coronavirus disease 2019 (COVID-19) pandemic. Civilian leadership of the Department has failed to act sufficiently quickly, and has often prioritized readiness at the expense of the health of servicemembers and their families. This failure has adversely affected morale, and, despite the Department’s best intentions, undermined readiness.

**DoD’s Slow and Disjointed Response Put Servicemembers at Risk and Undermined Readiness**

You have said on numerous occasions that your “number one priority remains to protect our forces and their families.”1 Your public affairs assistant made a similar statement on March 3, 2020, saying: “Since day one of the Department's more than month long response effort to combat Coronavirus, the Secretary has made clear that force protection is his number one priority followed by our ability to continue with our national defense missions.”2 Yet, as the *New York Times* reported, during a videoconference the last week in February, you “urged American military commanders overseas not to make any decisions […] that might surprise the White House or run afoul of President Trump’s messaging on the growing health challenge” and that you also told “commanders deployed overseas that they should check in before making decisions related to protecting their troops.”3 Here, you appeared to prioritize political concerns over the

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health and welfare of servicemembers and their families, even as the first DoD cases were confirmed in late February.

Your inability or unwillingness to issue clear, Department-wide guidance has forced the services and local commanders to make their own decisions on a case-by-case basis. Although local commanders know their units and operating environments better than anyone in the Pentagon, they are not public health experts. And they are now left to make decisions they should never have to make. This expectation is even more unrealistic given that commanders have not been resourced to make these decisions; in fact, widespread testing still remains unavailable as a way for military commanders to assess the threat. Due to the lack of resources and the lack of guidance, the Department’s response has been disjointed and slow, risking the health of servicemembers and their families.

This all comes at a time when extended deployments, delayed Permanent Change of Station (PCS) moves, and inability to access services such as child care and mental health services are all taking a toll on our military families. Military families are expected to make remarkable sacrifices under ordinary circumstances, but this crisis is putting an enormous strain on the force—a strain made worse by your disjointed and installation-dependent approach to issuing guidance.

Failed Response to Outbreak Aboard the USS THEODORE ROOSEVELT

The lack of guidance provided by the highest levels of the Department of Defense is obvious in light of the varied responses to coronavirus implemented by different military commands. Even components under the same combatant commander responded differently, in absence of cohesive guidance from leadership.

Some commands recognized the seriousness of the pandemic early and took aggressive action to protect their forces. After one of his soldiers tested positive for COVID-19, the U.S. Army Garrison Daegu in South Korea acted quickly to contain the spread of the virus. The commander issued guidance to “close the office buildings the infected soldier used. Have ‘clean teams’ disinfect anywhere the soldier had been. Quarantine whomever he had come in contact with. At the post gates, screen everyone for fever, troops and civilians alike. Tell many civilian workers to stay home. Close the post’s schools, golf course and bowling alleys. Cancel upcoming social events like the father-daughter dance.” This plan appeared to work: in the five

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weeks after the first U.S. servicemember in Korea tested positive, only one other servicemember was infected.6

But other commands – perhaps influenced by your alleged directive not to take actions that might “surprise” the White House – reacted differently or were possibly prevented from taking a more proactive approach. In the most well-known case, the USS THEODORE ROOSEVELT proceeded with a five-day port call to conduct a highly anticipated “presence mission” in Da Nang, Vietnam on March 5, 2020, despite risk to sailors’ health from the pandemic.7 United States Indo-Pacific Command (USINDOPACOM) had “both the time and the information” to cancel the visit before it happened8: the World Health Organization (WHO) had declared a global public health emergency at the end of January,9 and the Navy responded to the potential danger of port calls on February 28, 2020 when then Acting Secretary of the Navy Thomas Modly announced the U.S. Pacific Fleet had ordered all ships in the Seventh Fleet’s area of operations to wait at least 14 days in between port calls.10

After the USS THEODORE ROOSEVELT stopped in Vietnam, sailors became infected with COVID-19. The Navy is seeking to determine if the outbreak was the result of the port call in Vietnam or of the ship’s continuation of flight operations.11 Regardless of the source, this failure to act to prevent infection resulted in an unfortunate and counterproductive breakdown in the chain of command. The Captain of the ship was relieved of command despite having the rousing support of his crew and the Acting Navy Secretary resigned after an expensive and ill-fated trip to Guam during which he made a series of offensive and inaccurate public comments about the officer.12

The USS THEODORE ROOSEVELT returned to Guam on March 27, 2020 to test the entire crew after discovering 25 cases of COVID-19 on board.13 The commanding officer Captain Brett Crozier and his superiors “struggle[ed] to reach a consensus on a plan of action,” and did not receive the support of military and civilian superiors for the actions Captain Crozier

8 Id.
deemed necessary to protect the health of the sailors under his command. His two immediate superiors “favored smaller mitigation efforts than Crozier wanted because of concerns about taking the carrier out of action and jeopardizing the mission.”

As has now been widely reported, Captain Crozier sent a letter to his superiors pleading for bolder efforts to protect the crew. At the time the letter was published, less than 100 sailors were confirmed to have COVID-19. By April 23, 2020, the Navy confirmed 840 cases, almost 20% of the entire crew. One sailor is dead and another four – down from eight – remain in the U.S. Naval Hospital on Guam receiving treatment.

**DoD Still Lacks a Systematic Approach to the Coronavirus Pandemic**

Your tentative approach has also resulted in a series of contradictory decisions across the services. For instance, the services recognized the danger posed by COVID-19 to their recruiters by moving exclusively to virtual recruiting. The Army made this decision on March 20, 2020. The Marine Corps, meanwhile, has emphasized virtual recruiting methods, but has not shut down its recruiting offices and continues to have recruiters meet with prospective recruits, and according to a recruiter in Michigan “[r]ecruiters are still expected to do interviews in their office and drive kids to (Military Entrance Processing Station) where they may not be able to practice preventive measures for COVID-19.” In mid-March, you reportedly rejected proposals for the services to pause recruit training, in order to allow them time and space to produce plans to minimize the risk, and they continued to ship recruits to basic training through the end of March. This decision put recruits and recruit training staff at risk, as these individuals were all forced into environments without the same ability to follow social distancing guidelines that much of the rest of the country was following at the time. (Ultimately, the services were forced to pause new recruit training after multiple cases of COVID-19 were confirmed at several training installations.)

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In the words of one former senior Navy official, “[f]rom where I'm sitting, it appears like the level of delegation down to the individual commanding officer about what they are going to do has reached such a level that there has been no uniformity not only across the [DoD] but across individual commands.”22 This would explain why the Marine Corps continues to insist that Marines get haircuts and maintain grooming standards and has not closed down base barbershops. Predictably, the results are large groups of Marines standing in line for haircuts without masks and not abiding by social distancing guidelines.23 The Navy, meanwhile, relaxed grooming standards for the duration of the pandemic on March 18, 2020.24 At a recent press conference, General Mark Milley, Chairman of the Joint Chiefs of Staff, who is not in the chain of command, interjected when you were discussing the absurdity of the situation. He contradicted your suggestion that grooming standards ought to be relaxed saying “don’t take that [relaxing grooming standards] as guidance yet.”25 Similarly, the Navy cancelled its annual spring fitness test on March 18, 2020, whereas the Marine Corps did not make the same decision until April 21, 2020.26 This level of miscommunication on even relatively simple matters indicates that dysfunctional decision-making starts at the top of the Department.

Recent Actions Continue to Raise Concerns about DoD’s Approach to Coronavirus

Despite the ongoing public health concerns, the COVID-19 response has not prevented the Department from continuing to deploy active duty servicemembers to the southern border, continuing the military’s involvement in the President’s unnecessary political exercise to close the border. On April 1, 2020, multiple outlets reported that the Department had once again assented to a Department of Homeland Security request for troops. Speaking about the 540 servicemembers soon to be deployed, U.S. Army North Commander Lieutenant General Laura Richardson said, “We’re going to protect our nation from COVID-positive migrants.”27 Given the fact that as of the same day, there were already more than 213,144 confirmed cases of coronavirus already inside the United States, it strains elementary logic to see how this deployment serves your own stated goal of protecting the troops.28 Furthermore, given that you

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marine-corps/2020/04/21/top-marine-suspends-pft/.
issued an overseas stop movement order and significant travel restrictions domestically for all uniformed and civilian personnel, your decision to move forces for this deployment is inexplicable.\(^29\)

We are also particularly concerned about your recent comments that suggest a dangerous misunderstanding of the nature of COVID-19. During an interview with Today on April 16, 2020, you said that the more than 600 positive cases aboard the USS THEODORE ROOSEVELT “has revealed a new dynamic of this virus, it can be carried by normal, healthy people who have no idea whatsoever that they’re carrying it. We’re learning a lesson there and making sure we communicate that to our broader force.”\(^30\) But asymptomatic transmission was suspected as early as February\(^31\) and evidence continued to build throughout February and March that asymptomatic transmission had occurred.\(^32\) By mid-March it was extremely obvious.\(^33\) It is essential that Department leadership understand and act on the most recent and thorough understanding of the virus.

Finally, your decision not to share installation-specific COVID data\(^34\) has sowed fear within both military and civilian communities, and made response even more difficult. Installations are integral parts of our communities, and civilian neighbors have a right to know how widespread the illness may be in their own backyard. Servicemembers, civilians, and contractors who work or visit these installations must be told what kind of risks they face at work so that they can make fully-informed decisions about potential exposure to family members who may be vulnerable to COVID-19, including seniors, those with underlying health conditions, and those who are immune-compromised. To appropriately address this crisis, the civilian community and military must work together, which cannot happen without clear information from military officials.

The Department’s civilian leadership can and must do more to ensure the health of servicemembers and their families. Immediate and aggressive guidance – from the top – is necessary to protect the health, morale, and readiness of servicemembers and their families. You


can and must do better and we hope that you will act quickly in this regard. To that end, we request answers to the following questions no later than May 11, 2020.

1. What is the Department’s current plan to address the coronavirus pandemic while meeting operational requirements, while ensuring servicemembers’ health and safety?

2. As of April 24, 2020, the Department had confirmed 3,919 cumulative cases among servicemembers.\textsuperscript{35} You have expressed confidence in the readiness of the force because of the extremely low rate of infection among servicemembers.\textsuperscript{36} However, since the Department has not tested the vast majority of service members, and many people are asymptomatic, do you know how many servicemembers actually have the virus?

3. What is the Department’s plan to give military commanders the ability to test and screen their personnel?

4. What metrics do you use to decide how to allocate testing resources and medical equipment in the event of shortages?

5. What is your plan to conduct surveillance testing to determine the extent of the outbreak among the force, and what additional steps are you considering to mitigate further spread?

6. Many servicemembers and their dependents are likely being tested outside of the military laboratory system. Is there a plan to obtain that data to better understand the actual rate of infection?

7. DoD reportedly ran a pandemic wargame scenario in 2019, modeling the effects of an outbreak similar in scope and type to the current coronavirus outbreak.\textsuperscript{37} What lessons were learned from this wargame and how were they incorporated into current planning?

8. Has the Department conducted any other analyses of a pandemic scenario, and did they take into consideration the Department’s preparedness to not only sustain its many missions, but also protect the force from the infection?

9. What is the Department’s plan to implement long term mitigation tools, to protect servicemembers when there is inevitably another global outbreak?


\textsuperscript{37} Military.com, “The Naval War College Ran a Pandemic War Game in 2019. The Conclusions Were Eerie,” Hope Hodge Seck, April 1, 2020, \url{https://www.military.com/daily-news/2020/04/01/Naval-war-college-ran-pandemic-war-game-2019-conclusions-were-eerie.html}
10. What steps is the Department taking to ensure military families’ needs are addressed during the pandemic, particularly when it comes to access to mental health care?

Sincerely,

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Elizabeth Warren
United States Senator

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Mazie K. Hirono
United States Senator

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Kamala D. Harris
United States Senator

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Patty Murray
United States Senator

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Richard Blumenthal
United States Senator

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Jeffrey A. Merkley
United States Senator

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Sherrod Brown
United States Senator

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Ron Wyden
United States Senator

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Amy Klobuchar
United States Senator

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Edward J. Markey
United States Senator