



**Risk Mitigation Consulting Inc.**

*Intelligence and Analysis Division*

## WHITE PAPER SERIES

COVID-19 and the DoD: Situation Update

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### **INTENT**

This white paper is designed to provide analysis of relevant, publicly available information on threat and hazard events/trends and their potential impacts to the interests of the United States, both at home and abroad. This product is not intended to be an all-encompassing assessment of the subject.



## COVID-19 and the DoD: Situation Update

### Introduction

Like the rest of the world, the Department of Defense (DoD) has been significantly impacted by the COVID-19 pandemic. This paper will examine COVID-19 related statistics and trends within the DoD, as well as various mission impacts that have occurred. Additionally, this paper will briefly examine potential challenges that lie ahead.

### COVID-19 and the DoD

On 17 November 2019 the initial infection of COVID-19 patient zero is believed to have happened per a Chinese official statement. On 08 December of that year the COVID-19 positive test was recorded in Wuhan, China. A further 41 cases were reported by the end of the month. 2020 saw the rapid spread of COVID-19 across the globe and the declaration of a pandemic that impacted every nation. The first case of COVID-19 within the US was reported on 20 January 2020. 06 February saw the first COVID-19 death in the US. <sup>1,2</sup>

On 26 February 2020 U.S. Forces Japan raised the Force Health Protection Condition Level (HPCON) to Bravo. The same day U.S. Forces Korea confirms the first positive COVID-19 in a U.S. service member, where the HPCON level was changed to Alpha just 3 weeks earlier. At this point COVID-19 had been detected in every continent except Antarctica. COVID-19 was officially declared a pandemic on 11 March 2020, the same day DoD restricted all DoD military and civilian personnel and their families traveling to, from, or through areas that the Centers for Disease Control and Prevention (CDC) labels as a Level 3 danger for 60 days. Four days later the State Department issued a Global Level 3 Health Advisory: Do Not Travel. This was raised to Level 4 a further four days later. <sup>1,2</sup>

On 25 March 2020, the Secretary of Defense raised DoD installations worldwide to HPCON Level Charlie. The Secretary of Defense also enacted a 60-day stop movement order for all DoD uniformed and civilian personnel and their sponsored family members overseas. By this point the United States had reported over 80,000 cases and 22 states had issued stay-at-home orders. On 28 March 2020, the first COVID-19 death of a U.S. service member – active, reserve or Guard was reported. By mid-April the U.S. death toll surpassed 20,000, the highest number of confirmed fatalities of any country. The first death of an active duty service member from COVID-19 was also reported as the global case county passed 2 million. <sup>1,2</sup>

In June 2020, the U.S. reached 2 million confirmed COVID-19 cases and COVID-19 related deaths passed 106K. Later the same month, 46 U.S. locations and 8 host nations met the conditions to lift DoD travel restrictions. On 20 August 2020, the DoD reached over 50,000 presumed COVID-19 cases (military, military dependents, DoD civilian employees, and DoD contractors). The next week the U.S. surpassed 6M confirmed COVID-19 cases and global confirmed cases exceed 25M. By 17 November 2020, the DoD cases had double, with over 100,000 presumed COVID-19 cases



(military, military dependents, DoD civilian employees, and DoD contractors). One month after the November report, vaccine distribution began. The most recent report from the DoD, as of 04 June, puts the total number of cases at 296,252 with 4,106 hospitalizations and 353 deaths.<sup>1,2,3</sup>

### *Vaccine Trends*

The first COVID-19 vaccines began distribution in the United States on 14 December 2020.<sup>1</sup> The DoD began offering the vaccine to personnel on a voluntary basis.<sup>4</sup> By late April 37% of the active-duty population had received one dose of the vaccine. By 20 May, over 3.3 million doses of COVID-19 vaccine had been administered to eligible DoD personnel, with 58% of active-duty members having had at least one dose and 44% fully vaccinated.<sup>5</sup> The most recent report from the DoD, as of 04 June, puts the total number of vaccination doses administered at 3,669,500.<sup>3</sup>

The statistics reported by Navy Medical a few days later were of a similar proportion. As of 26 May, Navy Medicine providers administered more than 1,000,000 COVID-19 vaccines to Sailors, Marines, DoD civilians and beneficiaries. Over half of active-duty Navy personnel were fully immunized by this point. Similar to other scientific studies and literature, Navy Medicine observed a 95% effectiveness rate in fully immunized Sailors and Marines, and an 85% effectiveness rate among partially immunized Sailors and Marines since the first vaccines were given in late December 2020.<sup>6</sup> The DoD has noted that, following the formally licensing of the vaccine by the Food and Drug Administration (FDA), the DoD may require a vaccine for military personnel or personnel in specific fields, as is the case for the influenza vaccine.<sup>4</sup>

### **Impacts to the DoD**

The DoD responded to the pandemic by restricting personnel movement and travel, implementing testing and waiting periods for incoming recruits, and pausing deployments for 60 days in March 2020.<sup>7,8</sup> As of June 2021, most DoD installations have relaxed or lifted restrictions on travel, masking, and overall troop movement and activities. However, not all installations have done so restrictions entirely. Under current guidance installation commanders have discretion to reimplement restrictions, including limiting travel by personnel, setting occupancy limits for workspaces, and requiring masks.

The DoD adjudicates COVID-19 restrictions based on its previously established Health Protection Condition Levels for public health emergencies. These range from “Delta” (Severe), in which personnel should plan to shelter in place, through “Alpha” (Limited), in which community transmission is possible and personnel should exercise due diligence regarding hygiene and management of symptoms. A state of normal operations is designated as “0” (Routine).<sup>9</sup> The DoD issued guidance in February 2020 instructing installation commanders to follow DoD Instruction (DoDI) 6200.03 “Public Health Emergency Management Within the DoD.”<sup>10</sup> Additional clarification was issued on 1 April 2020, wherein the Office of the Secretary of Defense stated that, while installations were uniformly designated HPCON level “Charlie,” commanders could, at their discretion, increase the level to “Delta,” declaring a local Public Health Emergency to limit access to installations, modify training to meet force protection requirements, and implement



isolation or restrictions of movement.<sup>11</sup> Further guidance followed on 19 May 2020, outlining the conditions commanders should consider when increasing or decreasing their local HPCON level.<sup>12</sup> Those were rescinded with a 29 April 2021 memo that, in light of increased vaccinations and decreased cases of COVID-19 nationally, encouraged base commanders to adjust the HPCON level as needed and to consider occupancy limits in military offices, using flexible scheduling and remote work.<sup>13</sup>

### *Travel Restrictions*

The DoD lifted general travel restrictions on most personnel on 21 April 2021, barring mitigating circumstances.<sup>14</sup> By 31 May 2021, travel restrictions had been lifted from 207 of 230 previously restricted installations. However, installations must be at HPCON level “0” to lift restrictions entirely.<sup>15</sup> Fully vaccinated or fully recovered personnel are no longer required to undergo a Restriction of Movement (ROM) period prior to deployment. Previously, the DoD mandated a 10-day ROM period prior to deployment outside of CONUS, which could be reduced to seven (7) days based on risk factors. “Fully vaccinated” means that two (2) weeks have passed since a servicemember’s final dose of the vaccine. “Fully recovered” means that the servicemember recovered from the virus within three (3) months prior to deployment. All personnel are still required to undergo a screening for COVID-19 that includes verifying immunization status, symptoms, and potential exposure to the virus.<sup>16</sup> Installations in Japan were placed under new restrictions in late May after a surge in cases locally.<sup>17</sup> These came after restrictions were eased earlier in the month after infections decreased in the wake of increased vaccination among personnel.<sup>18</sup>

### *Mask Mandates*

In mid-May, the DoD lifted masking requirements for fully vaccinated personnel. The mandate was lifted in tandem with CDC’s identical guidance for civilians. Personnel had been required to wear masks at work and in training. Unvaccinated personnel are required to continue wearing masks. Installation commanders also have discretion to require masks in accordance with their local HPCON level.<sup>19</sup>

### *Vaccine Policy*

Since being made available in November 2020, the DoD has not required personnel to take a COVID-19 vaccine. Because the vaccines are being administered under an emergency use authorization (rather than full FDA approval), personnel are allowed to decline it. However, they are required to observe additional restrictions. Despite external pressure for lawmakers and the media, the DoD has not stated whether it will require a COVID-19 vaccine along with others that personnel receive.<sup>20</sup>



## Challenges

There are a number of potential challenges that could complicate the DoD's ongoing response to COVID-19, to include COVID-19 variants, vaccine hesitancy, and issues related to foreign countries becoming COVID-19 "hot spots."

### *COVID-19 Variants*

As many public health experts have noted, COVID-19 variants could emerge, resulting in a new increase in cases and deaths, which would likely result in a subsequent tightening of COVID-19-related restrictions by DoD. These variants could potentially be more contagious, or more lethal. On 07 June 2021, a World Health Organization (WHO) official stated that the "delta" variant of COVID-19 (first found in India) has now spread to over 60 countries and is more transmissible than other strains such as the "alpha" variant (first found in the United Kingdom).<sup>21</sup>

Fortunately, however, the current COVID-19 vaccines available in the U.S. appear to be fairly effective against known variants of COVID-19. WHO officials also stated in May 2021 that the three vaccines available in the U.S. (Pfizer, Moderna, and Johnson & Johnson) are effective at protecting recipients against the four primary known variants of the virus.<sup>22</sup>

### *Vaccine Hesitancy*

Vaccine hesitancy among DoD personnel remains a significant challenge, though COVID-19 vaccine hesitancy is not unique to the DoD. Secretary of Defense Lloyd Austin recently addressed the issue, encouraging servicemembers to study the facts surrounding the COVID-19 vaccines and get vaccinated, while noting that it is still an individual decision at this point in time.<sup>23</sup> As of March 2021, a number of DoD sources told a media outlet that roughly half of servicemembers were declining the COVID-19 vaccine, a number higher than the 33% provided by Pentagon officials.<sup>24</sup>

There are a number of reasons for vaccine hesitancy, to include good-faith skepticism of a relatively new vaccine, distrust of vaccinations based on historical misdeeds (particularly among communities of color, as noted by Secretary of Defense Austin), as well as misinformation and disinformation online.<sup>23</sup>

### *Foreign Hotspots*

Foreign countries in which the DoD has installations, assets, or personnel could potentially become "hotspots" where COVID-19 infections are temporarily elevated, resulting in localized impacts that could affect DoD operations. For example, COVID-19 cases in Japan are currently spiking, which has resulted in DoD installations located within the country taking additional precautions.<sup>25</sup>

Additionally, joint training and exercises with allied foreign militaries may be affected by COVID-19-related restrictions established by the U.S. or an allied nation. The U.S. may temporarily suspend joint operations with an allied nation if the COVID-19 situation in either nation is substantially elevated (a hotspot scenario).



## **Conclusion**

While this paper provides a situation update on COVID-19 and its impacts to DoD, the global pandemic is still ongoing, and a variety of factors are subject to change. Still, COVID-19 has had a tremendous impact on DoD personnel and operations worldwide, and while the DoD has adapted to some aspects of the pandemic, a number of potential challenges remain. RMC's Intelligence & Analysis Division will continue to monitor the COVID-19 pandemic and its impacts on DoD, and will continue to provide relevant updates as necessary.



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- <sup>1</sup> CORONAVIRUS: TIMELINE. (2021, June 4). US Dept. of Defense. <https://www.defense.gov/Explore/Spotlight/Coronavirus/Timeline/>
- <sup>2</sup> COVID-19 Map. (2021, June 4). Johns Hopkins Coronavirus Resource Center. <https://coronavirus.jhu.edu/map.html>
- <sup>3</sup> Coronavirus: DOD Response. (2021, June 4). U.S. Department of Defense. <https://www.defense.gov/Explore/Spotlight/Coronavirus/>
- <sup>4</sup> Coronavirus: Vaccine Availability. (2021, June 4). U.S. Department of Defense. <https://www.defense.gov/Explore/Spotlight/Coronavirus/Vaccine-Availability/>
- <sup>5</sup> Vergun, D. (2021, May 20). DOD Seeing Encouraging COVID-19 Vaccination Rates, Health Leaders Say. U.S. DEPARTMENT OF DEFENSE. <https://www.defense.gov/Explore/News/Article/Article/2626257/dod-seeing-encouraging-covid-19-vaccination-rates-health-leaders-say/>
- <sup>6</sup> Steadman, A. (2021, May 26). Navy Administers One Million Vaccines since the Beginning of the COVID. United States Navy. <https://www.navy.mil/Press-Office/News-Stories/Article/2634841/navy-administers-one-million-vaccines-since-the-beginning-of-the-covid-19-pande/>
- <sup>7</sup> Cancian, M., Morrison, N. & Saxton, A. (2020, November 10). COVID-19 and the U.S. Military. Retrieved June 4, 2021, from <https://warontherocks.com/2020/11/covid-19-and-the-u-s-military/>.
- <sup>8</sup> Department of Defense. (2020, March 25). Overseas Stop Movement Order in Response to COVID-19. Retrieved June 4, 2021, from <https://www.defense.gov/Newsroom/Releases/Release/Article/2125725/overseas-stop-movement-order-in-response-to-covid-19/>.
- <sup>9</sup> Washington Headquarters Services. (2020, March 20). HPCON – Health Protection Condition Levels (COVID-19). Retrieved June 4, 2021, from [https://www.whs.mil/Portals/75/Coronavirus/HPCON%20Levels\\_13%20March%202020.pdf?ver=2020-05-15-144937-370](https://www.whs.mil/Portals/75/Coronavirus/HPCON%20Levels_13%20March%202020.pdf?ver=2020-05-15-144937-370).
- <sup>10</sup> Department of Defense, Office of the Under Secretary of Defense. (2020, February 25). Force Health Protection Supplement 2. Retrieved June 4, 2021, from <https://media.defense.gov/2020/Feb/26/2002255006/-1/-1/1/FORCE-HEALTH-PROTECTION-SUPPLEMENT-2.PDF>.
- <sup>11</sup> Department of Defense, Office of the Secretary of Defense. (2020, April 1). Guidance for Commanders' Risk-Based Responses and Implementation of the Health Protection Condition Framework. Retrieved June 4, 2021, from <https://prhome.defense.gov/Portals/52/GUIDANCE%20FOR%20COMMANDERS%20ON%20THE%20IMPLEMENTATION%20OF%20THE%20RISK%20BASED%20RESPONSES%20TO%20THE%20COVID-19%20PANDEMIC%20OSD003533-20%20RESP%20Final.pdf>.
- <sup>12</sup> Department of Defense, Office of the Secretary of Defense. (2020, May 19). Guidance for Commanders on Risk-Based Changing of Health Protection Condition Levels During the Coronavirus Disease 2019 Pandemic. Retrieved June 4, 2021, from <https://media.defense.gov/2020/May/20/2002303429/-1/-1/1/GUIDANCE-FOR-COMMANDERS-ON-RISK-BASED-CHANGING-OF-HPCON-DURING-COVID-19.PDF>.
- <sup>13</sup> Department of Defense, Office of the Secretary of Defense. (2021, April 29). Guidance for Commanders' Risk-Based Responses and Implementation of the Health Protection Condition Framework. Retrieved June 4, 2021, from <https://media.defense.gov/2021/May/04/2002634486/-1/-1/0/GUIDANCE->



FOR-COMMANDERS-RISK-BASED-RESPONSES-AND-IMPLEMENTATION-OF-THE-HEALTH-PROTECTION-CONDITION-FRAMEWORK-DURING-THE-COVID-19-PANDEMIC.PDF.

<sup>14</sup> Department of Defense, Military OneSource. (2021, June 1). Military Travel Restrictions Update. Retrieved June 4, 2021, from <https://www.militaryonesource.mil/family-relationships/family-life/covid-19-resources/military-travel-restrictions-update/>.

<sup>15</sup> Department of Defense. (2021, May 31). COVID-19 Travel Restrictions Installation Status Update. Retrieved June 4, 2021, from <https://media.defense.gov/2021/Jun/02/2002732957/-1/-1/0/COVID-19-TRAVEL-RESTRICTIONS-INSTALLATION-STATUS-UPDATE-JUNE-2-2021.PDF/COVID-19-TRAVEL-RESTRICTIONS-INSTALLATION-STATUS-UPDATE-JUNE-2-2021.PDF>.

<sup>16</sup> Department of Defense, Office of the Under Secretary of Defense. (2021, May 4). Force Health Protection Guidance Supplement 16 - Revision 1. Retrieved June 4, 2021, from <https://media.defense.gov/2021/May/06/2002636200/-1/-1/0/FHP-GUIDANCE-SUPPLEMENT-16-REVISION-1-DOD-GUIDANCE-FOR-DEPLOYMENT-AND-REDEPLOYMENT-OF-INDIVIDUALS-AND-UNITS-DURING-THE-COVID-19-PANDEMIC.PDF>.

<sup>17</sup> Ditzler, J. (2021, May 26). US Military Bases Announce New Travel Restrictions as Japan's COVID-19 Cases Hit Record High. Retrieved June 4, 2021, from <https://www.military.com/daily-news/2021/05/26/us-military-bases-announce-new-travel-restrictions-japans-covid-19-cases-hit-record-high.html>.

<sup>18</sup> Ditzler, J. (2021, May 13). US Military Relaxes Some Coronavirus Restrictions for Vaccinated Personnel in Japan. Retrieved June 4, 2021, from <https://www.stripes.com/news/pacific/us-military-relaxes-some-coronavirus-restrictions-for-vaccinated-personnel-in-japan-1.673271>.

<sup>19</sup> Beynon, S. (2021, May 14). DoD Drops Mask Requirement for Fully Vaccinated Troops, Staff. Retrieved June 4, 2021, from <https://www.military.com/daily-news/2021/05/14/dod-drops-mask-requirement-fully-vaccinated-troops-staff.html>.

<sup>20</sup> Kime, Pa. (2021, April 30). Biden on Making COVID Vaccine Mandatory for Troops: 'I'm Going to Leave It to the Military'. Retrieved June 4, 2021, from <https://www.military.com/daily-news/2021/04/30/biden-making-covid-vaccine-mandatory-troops-im-going-leave-it-military.html>.

<sup>21</sup> Gile, M. (2021, June 7). WHO Says Delta COVID Variant from India Spreading in Over 60 Countries. <https://www.msn.com/en-us/news/world/who-says-delta-covid-variant-from-india-spreading-in-over-60-countries/ar-AAKNCdb>.

<sup>22</sup> Ellis, R. (2021, May 21). COVID Vaccines Protect Against Top Variants, WHO Says. WebMD. <https://www.webmd.com/vaccines/covid-19-vaccine/news/20210521/covid-vaccine-variant-protection>.

<sup>23</sup> Garamone, J. (2021, February 25). Secretary of Defense Addresses Vaccine Hesitancy in Military. U.S. DEPARTMENT OF DEFENSE. <https://www.defense.gov/Explore/News/Article/Article/2516511/secretary-of-defense-addresses-vaccine-hesitancy-in-military/>.

<sup>24</sup> Liebermann, O. (2021, March 19). US military says a third of troops opt out of being vaccinated, but the numbers suggest it's more. CNN. <https://www.cnn.com/2021/03/19/politics/us-military-vaccinations/index.html>.

<sup>25</sup> Ditzler, J. (2021, May 26). US Military Bases Announce New Travel Restrictions as Japan's COVID-19 Cases Hit Record High. Military.com. <https://www.military.com/daily-news/2021/05/26/us-military-bases-announce-new-travel-restrictions-japans-covid-19-cases-hit-record-high.html>.