

# Department of Defense: COVID-19 Pandemic Lessons Learned

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MILITARY HEALTH SYSTEM (MHS)



# The Military Health System

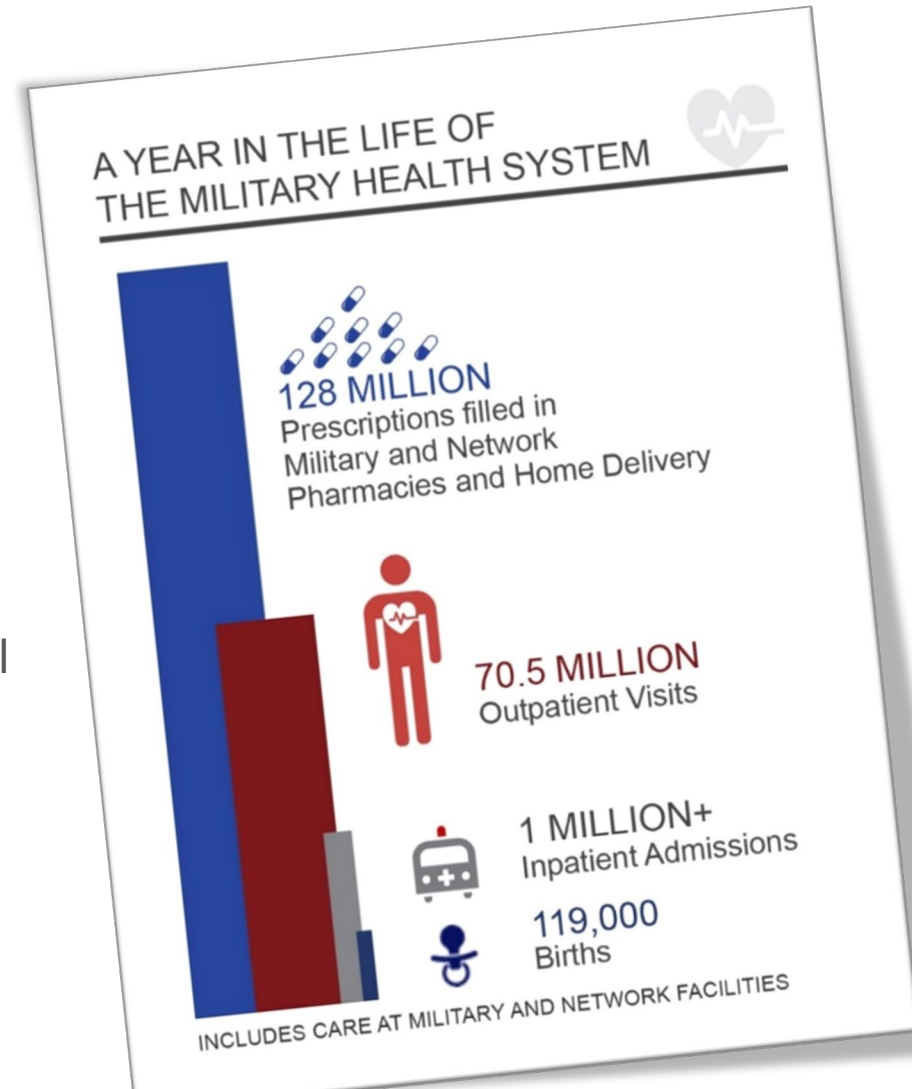
*A comprehensive, integrated healthcare delivery system*

- **A hospital system:** **50** hospitals worldwide
- **An integrated outpatient care system:** **425** medical clinics, **246** dental clinics, **138,238** funded personnel (DHP).
- **TRICARE: A health benefits program:** **9.6 million** covered lives, including **1.4 million** Active Duty, **0.2 million\*** Reserve Component Service members and **380,000** participating providers...over 60% of our care is purchased from civilian sources
- **A global public health system:** providing community health, global health and environmental surveillance
- **An education and training system:** including a University with an accredited medical school and graduate programs, a graduate medical education program, enlisted and medical officer training platforms
- **Medical research and development (R&D) system:** ~ \$1 billion program
- A unique, indispensable, **\$53+ billion** per year **military medical enterprise**



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\*Sources: [Defense Health Program fy2021 Budget Estimates.pdf](#) / [FY2021 Budget Request for the Military Health System \(dtic.mil\)](#)



# DoD Mission and Commitment to the Whole of Government Approach

## Military Health System Mission



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## Secretary Austin

### Defeat COVID-19

*"The greatest proximate challenge to our Nation's security is the threat of COVID-19. The Department will continue to act boldly and quickly to support Federal Government efforts to defeat the disease, defend the force against it, and work with our domestic and international partners to protect our Nation from potential novel and deadly viruses of the future. We will continue to provide direct support to the Federal Government's vaccination efforts and encourage vaccination participation by military personnel to remain ready and able to continue to protect our Nation at home and abroad. Both of these challenges demand of us an aggressive effort to inform and educate people about the safety and efficacy of available vaccines and protective measures."*



# DoD Policies, Mitigation, and Vaccination Program

- **DOD implemented protection measures early** (JAN 30, 2020):  
masking, social distancing, testing, and quarantining
  - Followed CDC guidance and the evidence
  - Added Restriction of Movement to FHP
  - Good adherence to contact tracing/"bubbles" & "fire-break"
- **DoD tools to mitigate COVID-19**
  - Force Health Protection guidance (FHPs)
  - Health Protection Condition (HPCON) framework
  - Established mitigation measures with local commanders adjusting to local conditions
  - Practice management guidelines
  - COVID-19 Registry
  - Robust testing program: screening, surveillance and diagnosis
  - Mandatory vaccination of Service members, other populations
- **DoD installations have had a lower case rate than surrounding communities**
  - Younger population, therefore, DoD personnel hospitalizations and deaths lower than civilian sector



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CDC Phase	DoD Phase Level The final phase/tier is defined as the highest phase/tier for which a person qualifies.	
Phase 1a	<b>Phase 1</b> <b>All healthcare providers, healthcare support personnel, and emergency services &amp; public safety personnel</b> Healthcare and support personnel at Military Medical Treatment Facility (MTF) outpatient clinics and ambulatory care facilities (including but not limited to dental clinics, medical homes, blood donation facilities, and counseling centers) May include military, civilian, contractor personnel, students, and other hospital non-clinical staff authorized to receive vaccinations from DoD and who support patient care and are at heightened risk of exposure to individuals who have contracted COVID-19	Sub-tier 1
		Sub-tier 2
		Sub-tier 3
Phase 1b	<b>Phase 1b</b> <b>Critical National Capabilities/</b> <b>Personnel preparing to deploy to locations outside the United States/</b> <b>DoD Beneficiaries ≥ 75 years/</b> <b>Frontline essential workers</b>	
Phase 1c	<b>Phase 1c</b> <b>All DoD Beneficiaries ≥ 65-74 years/</b> <b>those ≥ 16-64 with increased risk for severe illness as defined by CDC</b> <b>Essential workers not previously included in Phase 1a or 1b</b>	
Phase 2	<b>Phase 2</b> <b>All persons aged ≥ 16 years not previously recommended for vaccination</b>	

# DoD Civil Support

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- **DoD also supported and continues to support whole-of-government efforts** to defeat COVID-19, by providing critical capabilities to states and localities
  - DoD is a support agency under Emergency Support Function #8 (ESF-8) under the National Response Framework (NRF).
  - Requests/Mission Assignments flow from FEMA and HHS to DoD
- In 2020, **DoD built alternate care facilities, deployed hospital ships, provided medical equipment and PPE, and surged healthcare providers** to work alongside civilian providers in hot spots
  - Peak: 15,000 active duty forces, including 5,300 medical personnel
  - Medical personnel often pulled out of DOD hospitals and clinics, which increases risk to medical readiness and has potential to reduce care to DoD beneficiaries
- **DoD also supported national vaccination efforts** spring 2021



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# Operation Warp Speed (OWS)/ Countermeasures Acceleration Group (CAG)

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- **DoD provided direct support to FEMA and HHS for critical medical resources.**
  - From March – Sept 2020 through the Joint Acquisition Task Force supported reconstituting the National Stockpile, understanding supply chain vulnerabilities, and making investment in expanding domestic capabilities.
- June 2020, **DoD and HHS entered into a Memorandum of Agreement to accelerate the development, manufacturing, and distribution of medical countermeasures** for COVID-19, establishing OWS
- **During summer 2021, OWS transitioned to the CAG.** DoD lead is the Director of the Defense Element.
  - CAG is focused on: Therapeutics, Supply, Production, and Distribution, Security Assurance, Vaccines
- **Supply Chain Resiliency Working Group** (response to E.O. *America's Supply Chains*) establishes within DoD on 30 August: To develop a comprehensive strategic approach to understanding our vulnerabilities and the necessary responses across the Department and the interagency.



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# Issues For Attention

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- **Public Health Infrastructure and Healthcare System Preparedness**

- Advance/improve public health data standards, processes for collection, reporting, and use. Further synchronization of vaccine data across states, interoperable vaccine registries
- Provide guidance for surge preparation, increase practitioner license reciprocity among states, create system for voluntary movement of health care providers to regions experiencing surges
- Consistent and reliable level of funding for state and local public health agencies

- **Supply Chain**

- Incorporate set of triggers for use of Defense Production Act in disaster planning and preparation
- Incentivize manufacturing of pandemic supplies in the U.S.
- Strengthen public-private partnerships

- **Communication**

- Strengthen communication mechanisms within/across government and improve transparency
- Develop expertise in combating disinformation/lack of trust

- **Legal/Regulatory Changes**

- Determine regulatory/legal burdens that slowed response. Propose changes or determine how to overcome them before the next disaster.
- Example includes, under PHE, healthcare practitioner license reciprocity (e.g. MDs, RNs, RTs)

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