

Operation UNITED ASSISTANCE

During the Ebola Outbreak in West Africa in 2014-2015

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Historical Summary

In 2014 the U.S. government (USG) responded to the most severe Ebola Virus Disease epidemic in recorded history, which ultimately killed more than 11,300 people. The lead federal agency, the U.S. Agency for International Development (USAID), coordinated a whole-of-government response through its Office of Foreign Disaster Assistance (OFDA) and Disaster Assistance Response Team (DART) in Liberia. U.S. Africa Command (USAFRICOM) was the supported combatant command and provided unique capabilities from the U.S. Department of Defense (DoD) to promote security and stability to help stop the spread of the disease in Operation UNITED ASSISTANCE.

The U.S. Ambassador to Liberia, Deborah Malac, declared a disaster on 4 August, and a DART deployed to Monrovia. General David M. Rodriguez, Commander, USAFRICOM (CDRUSAFRICOM), advised the U.S. Secretary of Defense (SECDEF) and Joint Chiefs of Staff on the capabilities DoD could provide. As DoD fulfilled the DART's initial requests for military planners, a 25-bed hospital, diagnostic laboratories, and critical supplies, the USG determined a more substantial response was necessary. U.S. President Barack Obama directed that relief efforts to Liberia were a national priority and ordered the deployment of U.S. military forces to assist USAID. On 16 September USAFRICOM established Joint Forces Command-UNITED ASSISTANCE (JFC-UA) to command and control military activities and coordinate with USG interagency and international relief efforts. JFC-UA supported the humanitarian assistance/disaster relief (HA/DR) operation along four lines of effort. The first was to support USAID's requests for support through the Mission Tasking Matrix (MiTAM) process. The second was to train health care workers to staff new Ebola Treatment Unit (ETUs) built by the third line of effort, engineering support. Logistics support, the fourth overall task, underpinned the other lines of effort. To accomplish these tasks USAFRICOM requested forces, including elements of an Army division, through the Global Force Management process, which began to arrive in October.

In the meantime, USAFRICOM employed its Army Service Component Command, U.S. Army Africa (USARAF), to open the theater and provide the initial JFC-UA leadership. This decision accelerated the response. USARAF commander, U.S. Army Major General (MG) Darryl Williams and a portion of his headquarters staff deployed immediately to Monrovia and led JFC-UA from 16 September until portions of the 101st Airborne Division (Air Assault) and attached units under the command of MG Gary Volesky assumed the mission on 25 October. USARAF had an immediate impact by utilizing joint and strategic partners. In order to provide interim intra-theater airlift, casualty evacuation, and engineering capability, USAFRICOM deployed the crisis response forces at its disposal,

including aviation assets from the Special Purpose Marine Air-Ground Task Force – Crisis Response – Africa (SPMAGTF-CR-AF) based in Morón, Spain, and U.S. Navy Construction Support Battalion (SEABEE) personnel from Combined Joint Task Force – Horn of Africa (CJTF-HOA), Camp Lemonnier, Djibouti. USAFRICOM also requested enablers from U.S. Transportation Command (USTRANSCOM) to open aerial and sea ports of debarkation, communications support from Defense Information Systems Agency (DISA), and additional logistics enablers from U.S. European Command (USEUCOM) through force sharing authorized in the Joint Staff-issued EXORD. The Defense Logistics Agency (DLA) used its working capital fund to accelerate the response, while DoD ultimately reprogrammed \$750 million in Overseas Humanitarian, Disaster, and Civic Aid (OHDACA) spending authority to pay for the operation. A total of \$400.5 million of FY14/15 OHDACA funds were ultimately expended.

The USG assistance to Liberia facilitated the overall disaster response. JFC-UA published a coalition order with the Armed Forces of Liberia (AFL), which the USG had pledged in 2003 to rebuild after the end of the Liberian civil war. Since 2010, USAFRICOM's Operation ONWARD LIBERTY had matured the capacity of the AFL, and the AFL's work to support its government during the crisis validated the efficacy of years of security cooperation programs.

Logistics were critical to the operation as DoD established living areas for forces deployed to the theater and delivered equipment and supplies. JFC-UA opened an Intermediate Staging Base (ISB) in Senegal to provide a transportation hub outside of the Ebola-affected area. USAFRICOM had recently established a small Cooperative Security Location there to be used in the event of a crisis. Although an initial assessment that runway conditions at Roberts International Airport (IAP) in Liberia would prevent heavy use proved overly pessimistic, other conditions in Liberia were as challenging as expected. The rainy season reduced unpaved roads to mud and complicated vital site preparation for ETUs and expeditionary housing and sustainment for U.S. forces. Logisticians leveraged existing World Food Program (WFP) logistics hubs to move building materials and medical supplies to ETU sites.

Operational Contract Support was vital to mission success. USASFRICOM was the first combatant command with an established, standing Operational Contract Support Integration Cell (OCSIC), and Operation UNITED ASSISTANCE emphasized the importance of this integrated approach. The OCSIC coordinated efforts across all USAFRICOM directorates and subordinate commands to evaluate requirements and determine contracting solutions. USAFRICOM used the Logistics Civil Augmentation Program (LOGCAP) to assist with construction, logistics, and sustainment of deployed forces. Planners did not initially

know whether sufficient contracting capacity would exist in Liberia during the crisis, but as local contractors were identified, some planned military engineering capability did not deploy or returned to the U.S. earlier than anticipated.

JFC-UA opened the Monrovia Medical Unit, staffed by U.S. Public Health Service personnel to treat infected health care workers, on 7 November. Although ETUs required more time to build than initially planned, all were under construction by 25 October by a combination of U.S. forces in partnership with the AFL, LOGCAP contractors, and international partners. All ETUs were complete by 20 January 2015. JFC-UA established a course of instruction to train health care workers to use personal protective equipment (PPE) and operate the new ETUs. Training was conducted at a facility in Monrovia and elsewhere by mobile training teams. The Defense Threat Reduction Agency (DTRA) funded diagnostic laboratories to more quickly determine whether a patient was infected with Ebola. The faster results reduced the needed capacity of ETUs by quickly identifying the cases, clearing the waiting areas, and facilitating determining who had been in contact with infected patients.

Given the lethality of Ebola and the intense media focus on the outbreak, particularly after cases appeared in the United States and Europe, ensuring the safety of deployed DoD personnel and preventing the spread Ebola to the U.S. was paramount to senior leadership. Although USAFRICOM recommendations were consistent with risk-based Centers for Disease Control and Prevention (CDC) guidelines, on 29 October, SECDEF imposed a more stringent post-deployment quarantine. Self-monitoring was replaced by 21 days of controlled monitoring. The more stringent measures assured soldiers, their families, and the public in the United States and Europe that returning forces would not transmit the disease. The quarantine imposed a cost in readiness, however, as returning units were unavailable for other operations as soon, and complicated the treatment of other ailments in controlled monitoring areas. Because Ebola was not easily transmitted and the missions of almost all DoD personnel excluded contact with Ebola patients, the threat of malaria and other infectious diseases as well as the potential for vehicle accidents was a greater threat than Ebola. Leaders' determined focus on force health protection measures greatly reduced the rate of malaria infections compared to previous U.S. military deployments to Liberia.

In mid-October the World Health Organization reported that new Ebola cases could reach 10,000 per week by December and in the worst case scenario infect 1.4 million people, which would have easily overwhelmed existing and planned medical facilities. The number of new cases identified in Liberia during the last week of September was 432, so a 20-fold increase was rightly viewed with alarm. These dire predictions did not come to pass, and the rate of new cases fell to 5 per week in January 2015 as the international response gained strength, and Liberians leveraged diagnostic laboratories to improve contact tracing and

changed social practices in response to community outreach by public health officials. The Government of Liberia reduced the number of requested ETUs from 17 to 10, and after the first 3 were built, the best spaces decreased from 100 to 50 per ETU.

As the number of new cases diminished, JFC-UA transitioned responsibility for its activities to other agencies and partners and began to redeploy. JFC-UA cased its colors on 27 February 2015, and USAFRICOM disestablished the Joint Operations Area (JOA). A small, transitional force (TAC-OUA) closed the theater, completed validated MiTAMs, and reassured the international community of DoD's ability to respond to a renewed outbreak. Operation UNITED ASSISTANCE terminated on 30 June 2015. USAFRICOM continued its focus on improving the capacity of African partners to respond to future infectious disease outbreaks.

Operational Chronology

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| December 2013 | Cases of hemorrhagic fever appeared in Guinea and were later confirmed to be caused by Ebola Virus Disease. |
| 31 March 2014 | The first Ebola case is confirmed in Liberia. |
| April 2014 | U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) personnel already working in West Africa to identify and diagnose diseases in cooperation with the National Institute of Allergy and Infectious Diseases, provides personnel, training, and diagnostic laboratory support to the Liberian Institute for Biomedical Research (LIBR) to test patient blood samples for Ebola. |
| 4 August 2014 | Disaster Declaration by U.S. Embassy Monrovia. Disaster Assistance Response Team (DART) deploys to Monrovia. |
| 8 August 2014 | SECDEF authorizes DoD to support the DART in Monrovia with planners. USAFRICOM issues an assessment of the outbreak and on 20 August published guidance on mitigating the risk to its operations. Three military planners from USAFRICOM, U.S. Air Forces Africa (AFAFRICA), and U.S. Army Africa joined the DART to provide direct support in the design of ETUs, determine logistics requirements and coordinate military movements, and assess airlift channels. This was the first time military planners had ever been assigned to work for a DART. |

- 18 August 2014 SECDEF directs USAFRICOM to begin contingency planning to secure embassies or evacuate U.S. personnel from Liberia, Sierra Leone, and Guinea if so directed, while continuing to support USAID's response effort and ensuring the health of DoD service members in theater.
- 25 August 2014 U.S. Department of State requests DoD assistance in responding to the Ebola outbreak in Liberia.
- 27 August 2014 USAFRICOM is authorized to support the initial U.S. government disaster response operations in West Africa with up to \$7.5 million in Overseas Humanitarian, Disaster, and Civic Aid (OHDACA) spending authority. Another \$22 million was allocated on 8 September and \$78 million more on 2 October, as the authorized amount ultimately increased to \$750 million. A total of \$400.5 million of FY14/15 OHDACA funds was expended.
- 8 September 2014 CJCS issues SECDEF-approved execute order (EXORD) to USAFRICOM to provide a 25-bed deployable hospital in Liberia to treat medical workers. A warning order (WARNORD) to USAFRICOM followed to establish a Joint Force Command, headquartered in Monrovia, Liberia, to provide command and control of U.S. military activities and coordination with U.S. government interagency and international relief efforts.
- 15 September 2014 The National Security Council recommends expanding the U.S. government response, and President Obama announces his decision the next day to deploy 3,000 troops to West Africa. Operation UNITED ASSISTANCE EXORD released.
- 16 September 2014 USAFRICOM EXORD establishes Joint Forces Command – UNITED ASSISTANCE (JFC-UA) in Liberia under the command of MG Darryl Williams, commander USARAF, who was at that time leading a USARAF assessment team already deploying to Liberia. The team forms the nucleus of JFC-UA.
- 2 October 2014 USAFRICOM issues a WARNORD directing service components and subordinate units to be prepared to support up to 17 ETUs.
- 4 October 2014 USAFRICOM issues the operation order (OPORD) for UNITED ASSISTANCE.

- 15 October 2014 JFC-UA and the Armed Forces of Liberia issue Operation UNITED SHIELD OPORD 14-001, a combined effort between U.S. and Liberian forces to build ETUs. AFL soldiers provided armed security for U.S. personnel.
- 25 October 2014 MG Gary Volesky, commander 101st ABN DIV (AASLT), assumes command of JFC-UA. JFC-UA continues to support USAID as the international response gains momentum and capability. JFC-UA headquarters shifts from Palm Spring Hotel to Barclay Training Facility, Monrovia, Liberia. As of this date 686 personnel had deployed to the Joint Operating Area. At peak strength there were 2,692 personnel (uniformed and DoD civilian) deployed in Liberia and Senegal, plus 259 non-DoD USG civilian and contractor personnel.
- 29 October 2014 SECDEF orders military personnel returning from Ebola-affected areas to spend 21 days in a controlled monitoring area (a quarantine) to ensure they have not contracted Ebola.
- 27 February 2014 JFC-UA terminates. A transitional headquarters, TAC-OUA, reporting to USARAF and under the command of BG Frank W. Take, the 101st ABN DIV (AASLT) deputy commanding general for support, continues to assist USAID and closes the theater while most U.S. forces redeploy.
- 21 March 2014 COL Sven C. Erichsen, commander of the Army's 48th Chemical Biological Radiological Nuclear (CBRN) Brigade, assumes command of TAC-OUA.
- 30 June 2015 Operation UNITED ASSISTANCE ends. USAFRICOM continues to build partner capacity to respond to any future infectious disease outbreaks in Africa.