STATEMENT FOR THE RECORD

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Introduction

Chairman Issa, Ranking Member Cummings, and distinguished Members of the Committee – thank you for the opportunity to testify today regarding the Department of Defense's role in the United States' comprehensive Ebola response efforts. As President Obama noted last month, the Ebola epidemic in West Africa is growing at an alarming rate. It is not only a global threat, but a national security priority for the United States. Due to the U.S. military's unique capabilities, specifically speed and scale, the Department has been called upon to provide interim solutions in support of USAID's efforts that will help give other U.S. Government departments and agencies the time necessary to expand and deploy their own capabilities. Additionally, U.S. military efforts may also galvanize a more robust and coordinated international effort, which is urgently needed to contain this threat and reduce human suffering in West Africa.

Before addressing the specific elements of the Department of Defense's (DoD) Ebola response efforts, I would like to share my observations of the evolving crisis and our increasing response. At the beginning of this month, United States Agency for International Development (USAID) Assistant Administrator Nancy Lindborg and I visited Liberia. Meeting with the country's civilian and military leaders, United Nations officials, nongovernmental organizations, and our civilian and military responders already operating in the region, I was left with a number of overarching impressions that are shaping the Department's role in our comprehensive, interagency response.

First, the United States Government (USG) has deployed a top-notch team with vast experience in dealing with disasters and humanitarian assistance. The USAID Disaster Assistance Response Team is leading the USG effort to address the Ebola epidemic abroad, and

the Joint Force Commander is in direct support of USAID's leading role. This collaborative effort is already making a difference. The interagency team has received a warm welcome from the Liberian government, and is synchronizing its activities with the local and international response efforts.

Second, the Liberian government, although significantly overburdened by this crisis, is doing what it can with every resource available at its disposal.

Third, there is little transportation or health infrastructure outside Liberia's capital, Monrovia. Moreover, the existing infrastructure is in disrepair and dangerously overstressed. With almost 200 inches of rain each year, the roads in many locations are impassible for any movement beyond foot travel and – concomitantly – the Ebola virus.

Fourth, the international response is increasing due to the USG response efforts. The USG, led by the Department of State's diplomatic efforts and USAID's engagement with international healthcare organizations, continues to see an upswing in international efforts, particularly in the wake of President Obama's remarks last month and with the advent of the United Nations Mission for Ebola Emergency Response (UNMEER).

Fifth, I traveled to the region thinking we faced a healthcare crisis with a logistics challenge. In reality, we face a logistics crisis focused on a healthcare challenge. The shortage of local transportation, passible roadways, and inadequate infrastructure to facilitate the movement of essential supplies and equipment are hindering the overall global community response to contain and combat the Ebola outbreak. This global threat, with increased international response efforts and contributions, can be overcome.

Sixth, the four lines of effort requested by USAID's Disaster Assistance Response Team (DART) – Command and Control, Training Assistance, Logistics Support, and Engineering

Support – are well within DoD's capabilities. With the proper precautions established and followed, our personnel can safely deploy to the region.

Seventh, speed and scaled response matter. Incremental responses will be outpaced by an epidemic growing exponentially.

Finally, the Ebola epidemic we face is a national security issue – one that requires coordinated domestic and international efforts. Neither the U.S. nor the international community can build a moat around this issue in West Africa, and DoD's efforts in the region are an essential component to contain and reduce the epidemic. Absent a USG response in West Africa, the virus' increasing spread brings the risk of more cases in the U.S.

Before summarizing DoD's role in the USG's USAID-led Ebola response efforts, I would like to thank the defense oversight committees for their recent decision to authorize obligation of up to $750 million of the $1 billion reprogrammed from Overseas Contingency Operations funding to DoD's Overseas Humanitarian, Disaster, and Civic Aid Program. As many are aware, deployment funding is required immediately in order to establish support contracts, move forces, and create logistics networks. This obligation authority provides DoD the latitude it needs to undertake its response in support of USAID activities necessary over the next six months.

The Department of Defense's Role in United States Government Ebola Response Efforts

In mid-September, President Obama ordered DoD to undertake military operations in West Africa to support USAID-led Ebola response efforts. The comprehensive USG response is predicated upon a strategy with four pillars: (1) control the outbreak, (2) mitigate second-order

impacts of the crisis, (3) foster coherent international leadership and response operations, and (4) improve mechanisms for global health security.

As Secretary Hagel noted at the September 26th meeting of the Global Health Security Agenda, DoD is operating in support of USAID as part of the USG's coordinated response to the Ebola Virus Disease (EVD) outbreak. The Secretary directed that U.S. military forces undertake a two-fold mission – first, support USAID in the overall USG efforts to contain the spread and reduce the threat of EVD; and, second, respond to Department of State requests for security or evacuation assistance if required. Direct patient care of Ebola-exposed patients in West Africa is not a part of the DoD mission.

In support of the mission's first element, Secretary Hagel approved military activities falling under four lines of effort: Command and Control, Logistics Support, Engineering Support, and Training.

Our first line of effort is Command and Control. On September 15th, Secretary Hagel approved a named operation, OPERATION UNITED ASSISTANCE (OUA), for U.S. military efforts in response to EVD. United States Africa Command identified Major General Darryl Williams, the Commander of U.S. Army Africa, as UNITED ASSISTANCE's initial commander. On October 25th, OUA command will transition to Major General Gary Volesky, the Commander of the Army's 101st Airborne Division.

Major General Volesky and the deploying elements of his command bring not only significant operational capabilities to support the mission's other lines of effort, but also the command-and-control structure necessary to coordinate U.S. military efforts with other entities. These include: other USG departments and agencies; the Government of Liberia and – in particular – the Armed Forces of Liberia; the United Nations, other intergovernmental

organizations, and nongovernmental organizations providing relief in the region; and bilateral partners providing a military response to the epidemic.

Our second line of effort is Logistics Support. DoD logistics activities are primarily improving transportation capabilities regionally and immediate care capabilities in Liberia. To support transportation efforts, the U.S. military has worked with regional and international partners to establish an intermediate staging base in Dakar, Senegal. U.S. military aircraft are providing strategic airlift into West Africa and tactical airlift within Liberia to move supplies and personnel. To support immediate care capabilities, U.S. military forces constructed a 25-bed hospital in Monrovia as a treatment facility for Liberia-based, non-U.S. military healthcare providers exposed to Ebola. This hospital will be manned by United States Public Health Service healthcare professionals, some of whom are already in-country. The rest will arrive in early November.

Our third line of effort is Engineering Support. In this effort, we are establishing our joint force headquarters in Monrovia, a training facility proximate to the headquarters, and up to 17 Ebola Treatment Units (ETUs) in Liberia at which non-U.S. military healthcare professionals can effectively provide care to Ebola-infected patients. U.S. military engineers are facilitating site selection and construction of the ETUs, and are working closely with Armed Forces of Liberia engineers who are committing their efforts to ETU construction.

The operation's fourth line of effort will be Training. U.S. military personnel will train up to 500 healthcare support personnel at a time, enabling the healthcare workers to serve as the first responders in ETUs throughout Liberia. Again, U.S. military personnel will not provide direct care to Ebola patients in West Africa.

In addition to OUA's four lines of effort, the Department continues two enduring programs in the region. In Liberia, OPERATION ONWARD LIBERTY, consisting of approximately 60 U.S. military personnel, partners with the Armed Forces of Liberia to improve the professionalization and capabilities of Liberia's military.

Regionally, we are expanding the efforts of DoD's Cooperative Biological Enhancement Program (CPEB) to provide robust enhancements to biosafety, biosecurity, and biosurveillance systems in West Africa. The program will also seek to leverage existing partnerships with South Africa, Kenya, and Uganda to bolster regional capacities to mitigate threats associated with the current and potential future outbreaks. As an example of these efforts, CPEB has deployed two mobile labs to Liberia that provide diagnostic capabilities essential to containing and reducing EVD. These labs augment the capacity of the Liberian Institute for Biomedical Research lab, at which CBEP has funded the work of three experts. DoD plans to deploy four additional mobile labs to Liberia the first week of November.

Throughout all of our planning and operations, the safety and well-being of our deployed forces remain of particular importance. The Department recently disseminated new policy regarding the training, screening, and monitoring DoD personnel will undergo prior to, during, and after deployments to West Africa. Before deployment, all personnel will receive a medical threat briefing covering all health threats and countermeasures. In addition, they will receive information on EVD and safety precautions, prevention/protection measures, personal protective equipment use, and symptom recognition and monitoring. DoD medical personnel will receive advanced Ebola-related training, in the unlikely event they must treat our personnel possibly exposed to the virus.

During the operation, DoD personnel will be equipped based on their mission requirements and the likelihood of interacting with local personnel. At a minimum, DoD members will have advanced protective masks, gloves, personal protective suits, and sanitizer immediately available. DoD supervisors and healthcare workers will monitor personnel for early detection of possible symptoms.

To treat DoD personnel who are injured or fall ill while deployed, we have advanced medical care capabilities deployed in Liberia, and are deploying additional capabilities to Liberia and Senegal. Should the unfortunate occur and a DoD member be exposed to Ebola, we have procedures in place to evacuate DoD patients to CDC-designated advanced care facilities in the United States.

When the mission is complete, DoD will continue to monitor the health of our personnel. Within 12 hours of departure from West Africa, trained DoD healthcare personnel will interview and assess DoD personnel to determine possible exposure. After returning from deployment, our personnel will undergo twice-a-day medical monitoring for 21 days – the maximum incubation period of EVD. In all circumstances, the protection of our personnel and the prevention of any additional transmission of the disease remain paramount planning factors for U.S. military response efforts.

Conclusion

West Africa's Ebola epidemic remains dangerous, but we have a comprehensive United States Government response and – increasingly – a coordinated international response to contain the threat and mitigate its effects. The Department of Defense's interim measures are an essential element of the U.S. response, without which it will be extremely difficult to block the

epidemic's rapid expansion. As President Obama has noted, this global threat requires a global response. He has committed U.S. leadership to international Ebola response efforts, but the United States cannot unilaterally address the situation. Now is the time to devote appropriate U.S. resources – military and civilian – necessary to contain the threat, to reduce and mitigate the suffering of the afflicted, and to establish the mechanisms and processes for better future responses.

Michael D. Lumpkin
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Michael D. Lumpkin is currently the Assistant Secretary of Defense for Special Operations/Low-Intensity Conflict (SO/LIC). Mr. Lumpkin was sworn in as the Assistant Secretary of Defense for Special Operations/Low-Intensity Conflict (SO/LIC) on December 2, 2013, following his nomination by President Barack Obama and confirmation by the U.S. Senate.

In his role as Assistant Secretary (SO/LIC), Mr. Lumpkin is the principal advisor to the U.S. Secretary of Defense on Special Operations and Low Intensity Conflict. He is responsible primarily for the overall supervision, to include oversight of policy and resources, of special operations and low intensity conflict activities. These activities include: counterterrorism, unconventional warfare, direct action, special reconnaissance, foreign internal defense, civil affairs, information operations, and counter-proliferation of weapons of mass destruction. In his role as Assistant Secretary (SO/LIC), Mr. Lumpkin also oversees the Department of Defense counter-narcotics program, building partnership capacity initiatives and humanitarian and disaster relief efforts.

Prior to his assuming duties as Assistant Secretary (SO/LIC), Mr. Lumpkin served as a Senior Executive at both the Department of Defense and Department of Veterans Affairs. His previous positions include Special Assistant to the Secretary of Defense, Principal Deputy Assistant Secretary of Defense for (SO/LIC), and Deputy Chief of Staff for Operations at the Department of Veterans Affairs.

Mr. Lumpkin has also significant experience in the private sector where he served as the Chief Executive Officer (CEO) at Industrial Security Alliance Partners and Executive Director of Business Development at ATI.

Mr. Lumpkin has more than 20 years of active duty military service as a US Navy SEAL where he held every leadership position from platoon commander to Team commanding officer. Mr. Lumpkin has participated in numerous campaigns and contingencies throughout the world to include both Operations Iraqi Freedom and Enduring Freedom.

Mr. Lumpkin holds a MA from Naval Postgraduate School in National Security Affairs. He is a recognized subspecialist in Special Operations/Low-Intensity Conflict and Western Hemisphere Affairs.