



DEPARTMENT OF THE NAVY  
CHIEF OF NAVAL OPERATIONS  
2000 NAVY PENTAGON  
WASHINGTON DC 20350-2000

5800  
Ser 100002  
19 Jun 20

FINAL ENDORSEMENT

From: Chief of Naval Operations  
To: File

Subj: COMMAND INVESTIGATION CONCERNING CHAIN OF COMMAND ACTIONS  
WITH REGARD TO COVID-19 ONBOARD USS THEODORE ROOSEVELT  
(CVN 71)

Ref: (a) ADM R. Burke, USN ltr 5800 Ser N09D/20U100825 of 27 May 20 (w/encl)

I reviewed reference (a), the Command Investigation, and I approve the report except as noted herein.

**Preliminary Statement**

After my review of reference (a) and the enclosures and references that inform it, I have determined that reassigning CAPT Crozier as the Commanding Officer (CO) of the USS THEODORE ROOSEVELT (CVN 71) is not in the best interest of Navy.

I make this decision fully recognizing that his email, which was leaked to the media and is the genesis of this investigation, was sent with the well-being of the crew of the USS THEODORE ROOSEVELT (CVN 71) as his top concern. Also, I am mindful that the actions of those involved must be considered with the understanding of the unprecedented nature of the challenge, the fast-pace of the crisis, and the difficulties involved with evolving guidance.

It is clear to me following this investigation, CAPT Crozier did not act according to the standards I expect of our commanding officers—to adapt in the face of adversity, exercise ingenuity and creativity in crisis, demonstrate resilience, communicate effectively up the chain of command, and to take bold and appropriate action early and often. His actions and inactions in the timeframe before sending the email fell well short of what I expect from our officers in command.

With this backdrop in mind, there are three fundamental principles that I considered as I made this decision: the nature of command at sea, the fundamental importance of the chain of command, and standards of performance in command.



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### Command at Sea

Title 10 of the U.S. Code requires that all commanding officers “take all necessary and proper measures “... to promote and safeguard the morale, the physical well-being, and the general welfare of the officers and enlisted persons under their command or charge.” The U.S. Navy Regulations further emphasize this principle by noting in Section 0802: “The responsibility of the commanding officer for his or her command is absolute .... The authority of the commanding officer is commensurate with his or her responsibility ... [and delegation of authority from him] shall in no way relieve the commanding officer of continued responsibility for the safety, well-being, and efficiency of the entire command.” This Navy Regulation goes on to state: “The commanding officer ... shall exercise leadership through personal example, moral responsibility and judicious attention to the welfare of persons under their control or supervision. Such leadership shall be exercised in order to achieve a positive, dominant influence on the performance of persons in the Department of the Navy.” These laws and regulations underlie the nature and responsibility of command at sea, without which our Navy could not perform its critical functions. CAPT Crozier’s letter and email were one means of exercising his responsibility as a commanding officer.

I believe CAPT Crozier had two critical obligations. First was to take every appropriate action possible—as quickly as possible—to safeguard the well-being of his crew in order to ensure maximum operational readiness of the THEODORE ROOSEVELT, and second, to forcefully and fearlessly communicate his observations, concerns, and recommendations up the chain of command. CAPT Crozier desired to ensure the welfare of his crew, and to accomplish this end, desired to get as much of the crew off the ship and into spaces that would allow for maximum separation. In so doing, he believed that he could ensure a “clean ship” that was ready to set sail if and when ordered to do so.

I am certain that CAPT Crozier had the best interest of the crew and the readiness of the ship he commanded in mind. However, he did not have the luxury of the best possible circumstances or time in which to meet those obligations. As explained in more detail below, CAPT Crozier did not forcefully and expeditiously execute the best *possible and available* plan, or do enough, soon enough. When faced with barriers to his primary course of action (COA), CAPT Crozier waited for others to act rather than doing what we expect of our commanding officers—to take immediate and appropriate action and to drive outcomes.

### Chain of Command

A second bedrock principle essential to the function of the US Navy is the primacy of the chain of command. Those superior to the CO have the responsibility to clearly communicate decisions and orders down the chain of command and to consider the feedback from subordinates while the CO has the responsibility and authority to plan, decide, act and communicate up the chain of command. I expect commanding officers to fearlessly communicate up the chain of command and to have their facts straight when doing so. In the matter at hand, CAPT Crozier

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(CVN 71)

failed to effectively communicate his concerns up the chain of command, at key moments, despite numerous opportunities to do so.

The email and the letter CAPT Crozier sent was not delivered outside the chain of command and was not intended by him to be released to the media. However, CAPT Crozier did not ensure he had all of the relevant facts and did not use available avenues to inform his chain of command prior to his sending of the letter. Specifically, he failed to pre-brief his immediate superior, Commander, Carrier Strike Group NINE (CCSG-9), who was co-located on the ship, and he excluded Commander, U.S. SEVENTH Fleet (C7F) as an addressee on his email. Importantly, his email and letter were sent hours after a decision had been made by the Government of Guam to open hotels for CAPT Crozier's crew. His email neither accelerated that decision nor had any positive impact on the outcome.

#### Performance in Command

CAPT Crozier's performance during this unprecedented crisis fell short in several key ways. Specifically, during the ship's transit to Guam CAPT Crozier took some steps to slow the spread of COVID-19 throughout the ship, but he did not ensure physical distancing was implemented onboard. While this is challenging on an aircraft carrier, it remained an essential preventative measure to mitigate widespread transmission.

During the critical initial 72 hour period THEODORE ROOSEVELT was inport Guam before sending his email, he did not plan for and egress sailors off the ship and onto the base fast enough. If there were obstacles to expeditious egress, he did not aggressively seek solutions. Instead, he was improperly focused on the ideal COA (hotels) and not the most likely COA (on base facilities). He narrowly focused on what he considered to be obstacles outside of his control rather than "owning the plan" by quickly and effectively implementing available options within his span of control. As well, he failed to openly communicate his concerns to senior leaders regarding the need for additional support. For instance, he did not take advantage of available opportunities to brief the entire chain of command during daily VTCs. I also hold CCSG-9 accountable for the lack of an egress plan and more rapid egress off the ship.

He also exercised questionable judgment when he released Sailors from aft quarantine onboard the ship. This allowed for increased spread of the virus onboard the ship. He placed comfort of the crew ahead of safety of the crew at a time when he should have been focused on doing everything he could to slow transmission of COVID-19 by moving Sailors ashore.

Additionally, the COA to debark the crew and place them into Guam hotels was his most desirable COA, but also the most constrained. Supporting commanders, particularly Commander Joint Region Marianas, were in direct contact with the Government of Guam on the hotels option. CAPT Crozier should have been more focused on the planning and execution of the COA to egress sailors to the facilities available on Naval Base Guam. That COA was the best path available to immediately segregate, quarantine, and isolate his crew and thus meet his first

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WITH REGARD TO COVID-19 ONBOARD USS THEODORE ROOSEVELT  
(CVN 71)

critical obligation—to safeguard the well-being of his crew in order to ensure maximum operational readiness of the THEODORE ROOSEVELT.

Finally, he did not ensure he had a full understanding of the facts before sending the email or include key members of his chain of command in the email chain. The letter did not have a positive effect on the plan in place and indeed placed undue pressure on the Governor of Guam at the time she was finalizing plans to open hotels.

## Opinions

I endorse the Opinions found in reference (a) as follows:

### Da Nang Port Visit (Opinion 1)

I concur that the decision to execute the Da Nang, Vietnam port visit was appropriate for the reasons stated in the report. While it is likely that COVID-19 was introduced to the THEODORE ROOSEVELT as a result of this port visit, the decision-making prior to and during the visit was reasonable based on the rationale for the visit and the information known at the time.

### Decisions During Transit to Guam (Opinion 2)

The THEODORE ROOSEVELT leadership decisions during the transit were generally sound but lacked effective implementation. I note that decisions were made during a time when our knowledge of COVID-19 and its method of spread was limited and dynamic. CAPT Crozier, did, for example, enforce cleaning of ship twice daily and reminded the crew daily of the necessity to do so. Daily screening for COVID-19 symptoms were also conducted; numbers of patrons in the ships' store were limited; additional precautions were taken with respect to food preparation and meal service. The one controlling action that fell short was effective social distancing. CAPT Crozier and the rest of the leadership team directed the crew to practice social distancing, but the report reveals compliance was inconsistent. I fully recognize that *effective* social distancing is not easily accomplished at sea, though the THEODORE ROOSEVELT leadership should have worked aggressively to enforce it.

### Egress of the Crew in Guam (Opinions 4 – 9)

The CSG-9 and THEODORE ROOSEVELT leadership did not do enough to effectively plan for and execute a rapid egress of the crew in Guam consistent with the constraints and restraints present at the time. I concur with the report's conclusion that more effective planning for COAs short of off-base, fully CDC-compliant single occupancy rooms should have occurred. Specifically, CAPT Crozier and CCSG-9 should have both pushed for the most effective COA of CDC-compliant rooms, *while at the same time* doing everything possible to egress the crew onto Naval Base Guam.

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However, the slow egress of the crew after arrival in Guam was influenced by numerous contributing factors. I believe each was within CAPT Crozier's span of influence to either resolve himself or seek support from his chain of command. This includes initial confusion over testing requirements prior to egress; perceived versus actual quality of berthing accommodations on Naval Base Guam; and planning requirements for the Okinawa contingency COA.

As the CO of THEODORE ROOSEVELT, CAPT Crozier should have forcefully owned the plan to quickly egress the crew given the applicable constraints and restraints, should have vigorously communicated his concerns about obstacles and resource constraints, should have insisted upon more information about ongoing efforts to secure hotel rooms, and should have pursued the interim solution of on-base berthing for his crew. However, make no mistake, the shortfalls in execution of the egress are not borne by CAPT Crozier alone. CCSG-9 as well as his staff also bear responsibility for the slow egress from the ship onto NBG.

#### Decision to Release Crew Members from Quarantine (Opinion 3)

The decision to release crew members from their quarantine location in the aft portion of the ship was inappropriate. I understand CAPT Crozier's conclusion that the onboard quarantine area was crowded, uncomfortable, and may have been leading to a higher rate of infection within that area of the ship. I also understand his conclusion that numerous new positive cases onboard the ship outside of the quarantine area may have suggested that the quarantine was ineffective. CAPT Crozier's stated intent in releasing Sailors from aft quarantine was to allow for greater social distancing onboard the ship. However, he should have continued to contain the spread of the virus through quarantine while simultaneously doing everything possible to move the crew ashore. His determination that onboard quarantine was ineffective should have led to an acceleration of Sailors to ashore accommodations. It did not.

#### CAPT Crozier's Email and Letter (Opinions 10, 12 – 15)

In sending the letter, CAPT Crozier's intentions were sound and I concur with the report's conclusion that he sent the letter as a "genuine plea for help." However, I also concur that the letter was unnecessary, had no positive impact on actions already underway, and should have been preceded by a clear and fulsome discussion with CAPT Crozier's immediate superior in the chain, the Commander of Carrier Strike Group NINE. While I do not believe he intended the letter to leak to the press, CAPT Crozier did intentionally omit the Commander of U.S. SEVENTH Fleet from the email. These were significant errors in judgment. Poor communication on the part of the C7F staff was a significant contributing factor in the overall poor communication throughout this chain of events. However, this does not warrant going around a member of the chain of command.

Forthright, fearless, and clear communication up and down the chain of command is essential to effective military operations, particularly when faced with a dynamic and novel threat such as COVID-19. The breakdown in communication and trust revealed in the report is troubling and certainly hampered the response to the COVID-19 outbreak.



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(CVN 71)

In the end, the email and letter sent by CAPT Crozier were unnecessary. Although it advocated for the best COA and the one that was eventually executed, actions were already underway to acquire CDC-compliant, off-base individual hotel rooms for the crew. Before sending a direct communication three echelons up the chain of command, it is imperative that all facts are known and all other means of communication within the chain have been thoroughly exhausted. In this, CAPT Crozier fell short.

#### Medical Department Letter (Opinion 11)

I concur that the letter signed by certain members of the THEODORE ROOSEVELT medical department was ill-conceived and inappropriate. While I do not question the desire for the medical department members to advocate for the health of the crew, it was exceedingly poor judgment to include in the letter a threat to release the letter to the public. The Senior Medical Officer (SMO) did indeed miss a leadership opportunity by signing the letter as written, even if he did not have an actual intent to release the letter. Similarly, CAPT Crozier missed a leadership opportunity when he, rather than issuing a direct order to not release the letter to the public, simply encouraged the SMO to not release it. The release of the letter, 24 hours after CAPT Crozier sent his email, was unnecessary.

#### **Recommendations**

(1) CAPT Brett Crozier. I concur that CAPT Brett Crozier will not be reassigned as the Commanding Officer of USS THEODORE ROOSEVELT (CVN 71) or to a future command, either at sea or ashore. Commander, U.S. Pacific Fleet (COMPACFLT) may consider and impose administrative measures as appropriate, based on reference (a) and based on my conclusions in this memo. CAPT Crozier's deep experience and strong history of performance should be positively considered in future assignments to key Navy positions.

(2) Administrative Measures. The promotion of RDML Baker is held in abeyance pending a separate review. Any decision to recommend the detachment for cause of the Senior Medical Officer (SMO) assigned to THEODORE ROOSEVELT will rest with COMPACFLT and the operational chain of command. Additionally, COMPACFLT may consider and impose administrative measures on other personnel involved in this chain of events *if warranted*, including leaders not specifically listed in Recommendation 2.

(3) OPNAV Study. I concur that a study of coastal state transparency as it relates to COVID-19 is useful and will help inform future port visits. I direct the Director of Navy Staff to task this project to the appropriate OPNAV staff(s).

(4) Update of NTRP 4-02.10. I concur with the need to update relevant health guidelines as a result of what we have learned and continue to learn about COVID-19. The Surgeon General and the Naval Warfare Development Command are directed to collaborate and update NTRP 4-02.10.

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(5) Cultural Workshop for THEODORE ROOSEVELT. While I do not concur that the report established a systemic or widespread lack of integrity, I do concur that operational and administrative hazards result from a breakdown in communication. COMPACFLT may consider use of a Cultural Workshop to help the THEODORE ROOSEVELT CSG identify the root causes of the communications barriers involved in this case, and develop a learning culture that prevents similar events in the future.

(6) THEODORE ROOSEVELT Medical Department Debrief. I direct the Surgeon General or his designee to debrief the THEODORE ROOSEVELT Medical Department to determine and publish best practices with regard to at-sea COVID-19 prevention, mitigation, and response.

(7) THEODORE ROOSEVELT as Case Study. I direct the Vice Chief of Naval Operations to use this chain of events, the report, and my endorsement as a case study to identify, analyze, and publish lessons learned regarding the importance of clear, forthright, appropriate communication during crisis action planning and crisis response. This study and its use must provide principles or guidelines on when and how a leader might choose to bypass a member of the chain of command.

(8) CSG Commander Training. I concur with the recommendation as written and direct Director, Navy Staff to coordinate responsive action.

(9) CSG Training and Certification Events. I concur with the recommendation as written and direct Commander, U.S. Fleet Forces Command and COMPACFLT to coordinate responsive action.

  
M. M. GILDAY

Copy to:  
VCNO  
COMPACFLT  
COMUSFLTFORCOM  
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**Report of the Command Investigation Concerning  
Chain of Command Actions  
With Regard to COVID-19  
Onboard USS Theodore Roosevelt (CVN 71)  
May 27, 2020**

On the front cover:

Background: USS Theodore Roosevelt (CVN-71) is moored pierside at Naval Base Guam on May 15, 2020 (US Navy Photo)

Top left: USS Theodore Roosevelt (CVN 71) anchored off the coast of Da Nang, Vietnam, March 5, 2020 (U.S. Navy/MC3 Nicholas V. Huynh)

Top center: Vans await to transport USS Theodore Roosevelt Sailors to quarantine and isolation facilities ashore on Guam (US Navy Photo)

Top right: US Navy Sailors assigned to local commands deliver meals to quarantined USS Theodore Roosevelt (CVN 71) Sailors in Guam hotel (US Navy Photo)

Bottom right: Naval Base Guam Task Force Revive Command Center (US Navy Photo)

Bottom center: Expeditionary Medical Facility established on Guam to support USS Theodore Roosevelt (CVN 71) Sailors (US Navy Photo)

Bottom left: US Navy and USMC medical personnel conduct daily health screenings of USS Theodore Roosevelt (CVN 71) Sailors in quarantine in Guam hotel (US Navy photo)





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2000 NAVY PENTAGON  
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5800  
Ser N09D/20U100825  
27 May 20

From: Vice Chief of Naval Operations  
To: Chief of Naval Operations

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WITH REGARD TO COVID-19 ONBOARD USS THEODORE ROOSEVELT  
(CVN 71)

Ref: (a) Your ltr 5800 Ser N00J of 30 Apr 20

Encl: (1) Final Report

1. Reference (a) directed me to inquire into the communications, decisions and actions that took place within the Navy chain of command related to the following matters:

- a. Planning and execution of the Da Nang, Vietnam port visit.
- b. Transit of USS THEODORE ROOSEVELT (CVN 71) to Guam, including air movements during transit and planning for the ship's arrival and provisions for the crew.
- c. Actions following arrival of USS THEODORE ROOSEVELT (CVN 71) to Guam, including movement of the crew to on-base and off-base lodging.
- d. Preparation and email delivery of the former commanding officer's letter dated 30 March 2020, further handling of that email, and response to the email and letter by the chain of command. I was directed to include in my report transcripts or summaries of public statements made by Department of the Navy officials related to the relief of the former commanding officer, without rendering opinions or recommendations on the relief or the rationale behind it.

2. Enclosure (1) is my final report into these matters.

  
R. P. BURKE

## **Table of Contents**

Preliminary Statement

Executive Summary

Chapter 1 - Introduction

Chapter 2 - Planning and Execution of Port Visit to Da Nang, Vietnam

Chapter 3 - Actions during Transit to and Arrival in Guam

Chapter 4 – Development of and Response to Commanding Officer’s Letter

Chapter 5 – Opinions and Recommendations

Appendix A – Appointing Letters

Appendix B – Investigation Team

Appendix C – Timeline of Events

Appendix D – Findings of Fact

Appendix E – Preliminary Inquiry

Appendix F – Analysis of Binnacle List

Appendix G – Master List of Citations

Appendix H – Supporting Documents

Appendix I – Transcript of Public Statements

Appendix J – Classified Supporting Documents

## **Preliminary Statement**

This command investigation inquired into the communications, decisions, and actions that took place within the Navy chain of command related to the Coronavirus Disease 2019 (COVID-19) outbreak aboard USS Theodore Roosevelt (CVN 71) (TR). It expanded upon the work done for the preliminary inquiry (located at Appendix E) to investigate more deeply into four key areas, and to ensure more complete documentation of events. The Navy has already implemented the institutional and procedural changes recommended by the preliminary inquiry.

In order not to risk the possible reintroduction or spread of COVID-19, the command investigation team did not travel to visit the TR. Instead, the command investigation team relied primarily upon video-conferences, telephone calls, and electronic means to collect evidence, with the full support of all command levels involved.

All times in this report are Guam Local Times (Chamorro Standard Time), unless otherwise noted (e.g., for events that occurred in the continental United States or Pearl Harbor, Hawaii).

The command investigation team did not encounter any difficulties during the course of their investigation, and received the full cooperation of every witness who was interviewed.

The command investigation team took great care to understand the perspective of a leadership team dealing with an unprecedented challenge. The learning curve for COVID-19 has been steep, and the investigation team made every effort to consider the findings relative to guidance existing at the time of the events described in this report.

With respect to the specific matters the investigation was tasked to examine, the team concluded:

1. The decision process and calculus for approving TR's port visit to Da Nang was appropriate. The planning for the Da Nang port visit was done with careful, methodical and thorough consideration of the status of the COVID-19 outbreak in Vietnam at the time. The risk analysis was advised by experts and data from the U.S. Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), and after consultation with the government of Vietnam to better understand their methods and measures for COVID-19 control. At that time, based upon the data available, it reasonably appeared to be safer in Vietnam than many domestic U.S. Navy fleet concentration areas. The visit was executed with sensible precautions, based on the world's understanding of

COVID-19 at the time.

2. During the transit of TR from Vietnam to its mission operating area, and then to Guam, with 39 Sailors in quarantine, no significant additional precautions were taken for the remainder of the crew until fifteen days after leaving Da Nang. Sailors had reported to the Medical Department as early as three to four days after leaving Da Nang, but the symptoms were not able to be correlated with COVID-19, even with assistance from embarked Biological Defense Research Directorate (BDRD) teams and their limited COVID-19 surveillance testing capability. After the first Sailors began to test positive for COVID-19 on March 24<sup>th</sup>, few additional precautions were directed for those not isolated or quarantined, despite the known potential for asymptomatic transmission.
3. After arrival in Guam, available off-ship berthing was not aggressively used, due to the TR leadership insisting on fully CDC compliant quarantine quarters. Although the off-ship makeshift berthing was not perfect, it provided vastly improved ability to socially distance crewmembers. Miscommunication over testing requirements also contributed to significant delays in egressing the crew, initially. The TR and Commander, Carrier Strike Group Nine (CCSG-9) leadership spent the majority of their efforts finding flaws with the Commander, U.S. 7<sup>th</sup> Fleet (C7F) intended way ahead, while offering no practicable solutions and neglecting to supervise and coordinate the crew's egress to temporary off-ship quarantine facilities. Finally, due to an erroneous conclusion that the shipboard quarantining efforts were causing more Sailors to be infected, the ship ceased its quarantine efforts on March 29<sup>th</sup>, with over 4,000 Sailors still aboard. This was done without consultation or notification to higher headquarters, and apparently was not discovered by higher headquarters leadership until the preliminary inquiry. The combination of these actions likely contributed to increased spread of the infection to more TR Sailors.
4. As to the former TR CO's email and attached letter, he was present at C7F staff meetings where discussions took place regarding the efforts in progress to secure longer-term, CDC compliant quarters for his crew. He, therefore, knew or should have known of the actions that were already underway up echelon, but was dissatisfied with the interim quarters. Rather than lead his team to work with the shore establishment to improve upon them, he elected to send his email and attached letter. When it was later leaked to the media, it complicated the Navy's negotiation with the Government of Guam for use of hotel rooms in Guam. The identity of the person leaking the email remains unknown.



It is clear that TR received exceptional support and resources from all levels of the chain of command. It is also clear that the dynamically evolving situation required robust and rapid communications from Echelon I down to the command level. The findings of this investigation identified that typical leadership style differences, combined with the complexity of the problem, and an absence of lessons learned from which to draw, all contributed to some communications breakdowns up and down the chain of command. However, these communications breakdowns were largely inconsequential.

At the core of this set of seemingly coincidental and perhaps even understandable minor errors was an unpredictable virus spreading exponentially among the crew, a sense of moral responsibility to protect the health of the Sailors, and lack of a clear and effective command element, from the strike group and down. These factors led to a command team becoming biased by groupthink, emotion and a loss of perspective as to the *real* risk at hand. Their actions did not align with the fleet commander's efforts to help get the crew off of TR rapidly, and they were seemingly unaware of the efforts being worked on their behalf by multiple entities. The commanding officer's email and letter changed nothing – all of the actions requested were in play before he sent the email.

It is difficult to comprehend how the entire command team, driven by an overwhelming concern for the crew's safety, took little to no action within their own span of control to improve the crew's safety. The leadership team was missing in action when it came to leveraging available temporary facilities, organizing and then leading a quick and effective egress from the ship. Not recognizing their missed leadership opportunity, it became necessary, in their minds, to further disregard good order and discipline by "jumping the chain" [of command] with an urgent plea.

After 40 plus days to reflect on their actions since arrival on Guam, many of the principal members of the ship and strike group leadership team maintain that their actions to protect the crew were proper, and that the actions requested would not have occurred without the former commanding officer's email and letter.

Setting aside the combination of factors that led to delays in getting the TR crew ashore, there are two significant actions that were inconsistent with existing guidance at the time and had significant consequences for the spread of the virus throughout the ship:

1. The lack of measures taken for the majority of the crew after March 24<sup>th</sup>.
2. The release of Sailors from quarantine aboard the ship on March 29<sup>th</sup>.

Following the COVID-19 outbreak, the level of support to TR from multiple individuals

and organizations, including the Governor of Guam and her staff, Commander, Joint Region Marianas (CJRM) and his staff, Commanding Officer, Naval Base Guam (CO, NBG) and his staff, III Marine Expeditionary Force (III MEF) element, and Commander, Task Force (CTF) 75 was both extraordinary and unprecedented. TR's Sailors have helped our Navy and nation learn much in our response to the COVID-19 crisis.

To date, the Navy has had over 50 ships with COVID outbreaks and each of them has responded with vigor to control and manage the spread of the virus in order to remain mission ready. The Navy took the valuable lessons learned from TR and rapidly revised and improved upon fleet-wide COVID prevention, mitigation, recovery, and pre-deployment guidance, providing risk-informed direction to afloat units regarding how to better manage the virus.

As the world continues to learn every day about COVID-19, it is becoming clear that the young and healthy demographic that the U.S. Navy enjoys with its Sailors means that we can confidently fight through any future outbreaks on our warships. That said, if we have the operational flexibility, we will not ask that of our Sailors or their families.

## Executive Summary

### Introduction

On March 24, 2020, three Sailors aboard USS Theodore Roosevelt (CVN 71) (TR) tested positive for COVID-19 while the ship was underway in the western Pacific Ocean. TR was a little more than two months into a five and one-half month long deployment, and at the time of the discovery, was transiting the 2,500 miles between her last port call in Da Nang, Vietnam, and her next one in Guam. The events that transpired before TR's port call in Vietnam, during the transit to and following her arrival in Guam are the subject of this investigation.

As TR began her deployment, the world was starting to understand an illness that began in China and whose spread quickly challenged nations around the globe. The chronology of the outbreak aboard TR in March, 2020 parallels that of the illness's spread throughout the world. As governments, including our own, have learned about COVID-19's transmission, symptoms and nature, the United States Navy has learned from TR's experience regarding how to prevent, mitigate and recover from an outbreak in the unique environment of a deployed naval vessel.

### Port Visit in Vietnam

On January 17, 2020, the TR and Carrier Strike Group Nine (CSG-9) departed San Diego for deployment. The same week, C7F began tracking COVID-19's spread in the Pacific. By early February, as TR and one of the destroyers in the strike group, USS Pinckney (DDG 91), pulled in for their first port visit to Guam, WHO had declared the COVID-19 outbreak a "Public Health Emergency of International Concern." WHO confirmed the virus was a pandemic on March 11<sup>th</sup>.<sup>1</sup>

The same week in March 2020, TR pulled into Da Nang, Vietnam for a visit intended to fulfill an agreement between the U.S. and Vietnam. The port visit, only the second by a U.S. aircraft carrier to the country since the Vietnam War, was timed to commemorate the 25<sup>th</sup> anniversary of bilateral relations between the two countries.<sup>2</sup> At the time of TR's arrival in Da Nang, there were no State Department, Defense Department or CDC travel restrictions for U.S. citizens to Vietnam.<sup>3</sup>

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<sup>1</sup> "WHO Timeline - COVID-19." World Health Organization, [www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19](https://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19)

<sup>2</sup> CPF Statement dtd 17 May 20

<sup>3</sup> INDOPACOM J07 Country Health Risk to Force for COVID-19 dtd 4 Mar 20

On March 8<sup>th</sup>, the Vietnamese Government notified CSG-9 that Sailors on liberty from TR and the USS Bunker Hill (CG 52) (BKH) may have been exposed to COVID-19 at a hotel in Da Nang, as two tourists who stayed at that hotel tested positive for the virus.<sup>4</sup> TR and BKH curtailed the port visit and got underway shortly thereafter with 39 Sailors in quarantine aboard the carrier.<sup>5</sup>

### Transit from Vietnam to Guam

On March 9<sup>th</sup>, TR got underway from anchorage in Da Nang Bay, Vietnam, and resumed normal operations in the C7F area of operations. An outbreak of norovirus in February led the ship's crew to clean common touch areas, which continued throughout the visit to Da Nang.<sup>6</sup> Although the CO limited self-service in the galley,<sup>7</sup> other ship's services continued as usual, such as barbershops, ship's store, chapel and gyms.<sup>8</sup>

From the time the ship left Da Nang on March 9<sup>th</sup> until March 23<sup>rd</sup>, seven Carrier Onboard Delivery (COD) flights originating out of Clark Air Force Base in the Philippines brought a total of 29 passengers and COD detachment personnel to the carrier,<sup>9</sup> all of whom screened negative for COVID-19 symptoms upon their arrival.<sup>10</sup> Later, four of those personnel tested positive for the virus, however analysis of the time of their positive results indicates that they were likely not the source of the introduction of the virus. Having arrived via COD on March 3<sup>rd</sup>, the prospective TR Executive Officer (XO) conducted a planned turnover with his relief on March 11<sup>th</sup>.<sup>11</sup>

As TR sailed to Guam, the island's government declared a public health emergency on March 14<sup>th</sup>, even though no COVID-19 cases had yet been identified on the island.<sup>12</sup> By March 17<sup>th</sup>, all 50 U.S. states had confirmed cases of the virus<sup>13</sup> and by March 20<sup>th</sup>, Guam had 12 confirmed cases of COVID-19.<sup>14</sup>

On March 22<sup>nd</sup>, after a 14-day quarantine period, all 39 Sailors potentially exposed to

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<sup>4</sup> Email - AMB to Vietnam - Status of Sailors from Vietnam dtd 8 Mar 20

<sup>5</sup> TR XO Statement dtd 16 May 20

<sup>6</sup> TR XO Statement dtd 16 May 20, TR SMO Statement dtd 17 May 20

<sup>7</sup> Email - TR CO to TR SMO - Follow Up dtd 9 Mar 20; TR SUPPO Statement dtd 18 May 20; TR XO Statement dtd 16 May 20

<sup>8</sup> TR SMO Statement dtd 17 May 20 "The barber shops, ship's store, chapel, and gyms remained open and there was no discussion about closing them down at this time, nor was this the recommendation put out by higher headquarters."

<sup>9</sup> COD Completed Travel Log/Manifest, TR SMO Statement dtd 17 May 20

<sup>10</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20; CVW-11 CAG Statement dtd 19 May 20

<sup>11</sup> Email - TR XO - TR Investigation dtd 7 May 20

<sup>12</sup> Government of Guam Executive Order 2020-03

<sup>13</sup> CORONAVIRUS: DOD RESPONSE TIMELINE (15 May 20) <https://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/>

<sup>14</sup> Email - NBG CO to TR CO - TR PVST dtd 20 Mar 20



COVID-19 in Da Nang remained asymptomatic, tested negative for COVID-19 and were released from quarantine.<sup>15</sup> However, on March 23<sup>rd</sup>, two air wing (CVW-11) Sailors aboard TR began showing symptoms of the virus.<sup>16</sup> Those two, and an additional Sailor from the ship's nuclear reactor department, tested positive for COVID-19 on March 24<sup>th</sup>.<sup>17</sup> None of these three Sailors were among the 39 who had been potentially exposed to the virus in Da Nang and subsequently placed in quarantine.

By the next day, four Sailors were positive for COVID-19, and TR moved them ashore to Naval Hospital Guam via helicopter.<sup>18</sup> On March 25<sup>th</sup>, discussions began at the staff level among CSG-9, TR, CJRM, and C7F regarding the potential need for 4,000-plus people to move off the ship.

During the transit from Vietnam, based on Preventative Medicine theory, TR and CSG-9 informed C7F on March 25<sup>th</sup> that the quickest way to return TR to sea would be "to house all personnel in individual isolation for two weeks."<sup>19</sup> CSG-9 requested permission from C7F to discuss the feasibility of contracting hotel rooms with JRM to ensure they were not surprising the Government of Guam.<sup>20</sup> C7F COS stated that "this is a big ask" and did not express confidence that such a course of action had a high probability of success, and that C7F wanted to explore other options.<sup>21</sup> The courses of action that relied on housing 4,000 Sailors ashore on Guam were deemed the most constrained and least likely. Accordingly, C7F focused their attention predominantly on the COA to transport Sailors to Okinawa.

Using every available resource on the remote Pacific Island, CO, NBG offered berthing arrangements that met many but not all of the requested parameters. The discussion of CDC compliant, individual rooms was not brought up again by CSG-9 or TR until the C7F staff meeting on March 29<sup>th</sup>, although CJRM continued to work for hotel rooms on Guam in parallel on March 28<sup>th</sup>, 29<sup>th</sup> and 30<sup>th</sup>.<sup>22</sup>

As concern elevated up TR's operational and administrative chains of command, on March 26<sup>th</sup> (CONUS), the Commander, U.S. Pacific Fleet (CPF) and the Chief of Naval Operations (CNO) exchanged emails noting that the plan was to test the entire TR crew

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<sup>15</sup> C7F COS Statement dtd 21 May 20; Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20; TR SMO Statement dtd 17 May 20

<sup>16</sup> Email - TR SMO to CCSG-9 - COVID-19 Update dtd 24 Mar 20

<sup>17</sup> Email (SIPR) - CCSG-9 COS to C7F COS - Hotel Option dtd 25 Mar 20; Email - TR SMO to CCSG-9 - COVID-19 Update dtd 24 Mar 20

<sup>18</sup> "Sailors tested positive on USS Theodore Roosevelt, extent of exposure unclear" Pacific Daily News (26 Mar 20)

<https://www.guampdn.com/story/news/local/2020/03/26/sailors-tested-positive-uss-roosevelt-extent-exposure-unclear/5084652002/#>

<sup>19</sup> Email - TR SMO to CCSG-9 - COVID-19 Update dtd 24 Mar 20

<sup>20</sup> Email - TR SMO to CCSG-9 - COVID-19 Update dtd 24 Mar 20

<sup>21</sup> Email - TR SMO to CCSG-9 - COVID-19 Update dtd 24 Mar 20

<sup>22</sup> Email - CJRM to VCNO EA - RE: Follow-up RFI dtd 6 Apr 20

for COVID-19.<sup>23</sup> These notes would later be construed by some to mean that testing would be required prior to the crew leaving the ship and setting foot on Naval Base Guam, causing confusion and delaying crew egress.

On March 27<sup>th</sup>, TR arrived in Guam and moored at the pier<sup>24</sup> with 36 COVID-19 positive Sailors aboard the carrier.<sup>25</sup>

### Arrival Guam

A number of factors converged to delay TR Sailors from occupying all available facilities on Guam. Providing food for the number of TR Sailors ashore in isolation and quarantine was a challenge.<sup>26</sup> As this capacity continued to ramp up, and the number of Sailors ashore increased, contracted food delivery lagged initially, and TR Sailors expressed their concerns on social media. This was relayed to the TR CO and TR XO.<sup>27</sup> Additionally, the ship's leaders were concerned that the temporary open-bay facilities did not meet CDC guidelines. In reaction to the social media posts and out of concern for the living conditions ashore, the TR CO prevented Sailors from leaving the ship until a guarantee of sufficient meal service was available.<sup>28</sup>

A lack of clarity about the quality and type of facilities ashore, as well as lack of clarity over testing requirements before leaving the ship, also contributed to delays in disembarking the TR crew. Prior to TR's arrival, CO, NBG, C7F and CCSG-9 agreed on a plan to transport Sailors who were COVID-19 positive and Reactor Department Sailors (key backup watchstanders) to rooms ashore immediately. On TR's first day in port, 264 Sailors moved ashore.<sup>29</sup> However, there was no plan at that time to move ashore the large number of Sailors now quarantined on the ship, nor was there clarity on any requirement to test crew members prior to going ashore to NBG. Prior to the hotels becoming available, the testing requirement for Sailors going ashore was not well understood by the TR CO, XO, and Senior Medical Officer (SMO).<sup>30</sup> During interviews, the C7F COS stated that 100 percent testing was not required and that message was clearly communicated, however e-mails from him and C7F prior to the ship's arrival

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<sup>23</sup> Email (SIPR) - CPF to CNO and INDOPACOM - TR Recovery and Disposition Plan dtd 26 Mar 20

<sup>24</sup> Facebook Post - Family and Friends of the Rough Riders, Crozier, B. CAPT (27 Mar 20)

<https://www.facebook.com/USSTheodoreRoosevelt/photos/a.489137065779/10156700551025780/?type=3&theater>

<sup>25</sup> Email (SIPR) - C7F - C7F COVID daily CDRs update (26 Mar) dtd 27 Mar 20

<sup>26</sup> NBG CO Statement dtd 18 May 20; TR XO Statement dtd 16 May 20

<sup>27</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20; TR PAO Interview Summary dtd 23 May 20

<sup>28</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>29</sup> Email - CJRM - Follow-Up Summary of Interview dtd 8 May 20

<sup>30</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20; TR SMO Statement dtd 17 May 20

implied testing was required.<sup>31</sup> Similarly, several emails from higher headquarters, to include the Office of the Chief of Naval Operations (OPNAV) and CPF, implied the same.<sup>32</sup> This was being driven by a belief at the time that 100 percent testing of the crew could be quickly completed, and a relatively modest number of TR crew members could be left on Guam to recover, allowing the ship to return to sea. This belief also reflected the complete lack of understanding that existed at the time of the limitations of the available testing means. Combined with imprecise communications, confusion ensued. For example, during interviews, the TR CO stated that testing was required, the XO stated that 100 percent testing was not being conducted, and the SMO stated that he was confused over testing requirements but did not agree with 100 percent testing.<sup>33</sup> This contributed to the delay in getting potentially non-infected crewmembers off the ship into available facilities on Guam,<sup>34</sup> that, although not ideal and not meeting the strict CDC guidance of single room and single bathroom per individual, did offer better protection from infection than the ship's berthing compartments and messing facilities.

C7F believed that the TR CO and CCSG-9 were resisting sending the crew ashore because available facilities were not fully CDC compliant.<sup>35</sup>

On March 28<sup>th</sup>, C7F tasked CCSG-9 and TR to develop plans to airlift crew members to Okinawa. C7F prioritized other COAs over the Guam hotel room option at this point due to the conditions under which the Navy had obtained permission to bring TR into the naval base – the Navy had agreed that Sailors would remain on the naval base, and that the Navy would not ask for help from the Government of Guam, as Guam was itself in a state of public health emergency. C7F was aware and although CJRM is not under his authority C7F asked him to work directly with the Governor of Guam to entertain the hotel option.

The TR CO, unaware of C7F's work with III MEF to obtain 5,000 CDC compliant rooms on Okinawa, contacted an acquaintance, Commander, Fleet Activities Okinawa (CFAO), on the same island. CFAO was also unaware of the III MEF work, and told the TR CO that 5,000 rooms were not available for TR Sailors.<sup>36</sup> The CSG-9 COS and CVW-11 CAG both stated that they believed the 5,000 beds never existed. As a result of this lack of clarity in the Okinawa plan, further friction developed between the TR CO,

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<sup>31</sup> C7F COS Statement dtd 21 May 20; Email (SIPR) - C7F COS to CSG-9 COS - Triage and Procedure dtd 27 Mar 20

<sup>32</sup> Email (SIPR) - C7F to CPF - Evening Update and COVID 29 Mar dtd 29 Mar 20

<sup>33</sup> C7F COS Statement dtd 16 May 20; Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20; TR SMO Statement dtd 17 May 20

<sup>34</sup> C7F COS Statement dtd 21 May 20; Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20

<sup>35</sup> C7F COS Statement dtd 16 May 20

<sup>36</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20; Email - CAPT Crozier to Commander, Fleet Activities Okinawa – Subj: New Normal dtd 29 Mar 20, 1818

XO, CVW-11 CAG, CSG-9 COS and the C7F staff.<sup>37</sup> The TR CO made no effort to confirm the status of the Okinawa rooms with anyone in his chain of command.

By the ship's fourth day in Guam, the TR CO and Warfare Commanders began to believe there were no plans to move 4,000 crew off the ship into isolation and quarantine in CDC compliant facilities.<sup>38</sup> In the meantime, the commander of the Carrier Air Group (CVW-11 CAG) embarked on TR led a collective effort with the Warfare Commanders and TR senior leadership to develop courses of action to improve the situation for TR's crew. The CSG-9 leaders wanted to minimize the number of Sailors exposed to COVID-19 and regain warfighting readiness as soon as possible.<sup>39</sup> CSG-9 leaders grew increasingly frustrated with the proposed way ahead and wanted CCSG-9 to address what they believed was a crisis by demanding the crew be offloaded as soon as possible to hotel rooms in Guam.<sup>40</sup> At the same time, CCSG-9 believed the use of hotels in Guam was not currently an option for TR because of political concerns.<sup>41</sup> Unsatisfied with the response he had received so far from his efforts to ask CCSG-9 to champion the hotel room COA with C7F, on March 30<sup>th</sup>, the TR CO sent an email to "Fellow Naval Aviators" with a memo requesting "all available resources to find NAVADMIN and CDC compliant quarantine rooms for my entire crew as soon as possible."<sup>42</sup> The San Francisco Chronicle published this memo online the next day.<sup>43</sup> At the time of this writing, the individual(s) responsible for releasing the letter to the SF Chronicle remains unknown.

Additionally, although the TR CO stated that he was not fully aware of the status of efforts underway to open Guam hotels to TR Sailors, he should have known by his presence at C7F briefs and through discussions with CCSG-9.<sup>44</sup> The TR CO also stated that he did not anticipate the potentially negative implications his letter could have had to ongoing negotiations that same day between CJRM and the Governor of Guam.<sup>45</sup>

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<sup>37</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20; CVW-11 CAG Statement dtd 19 May 20; CSG-9 COS Statement dtd 18 May 20

<sup>38</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR SMO Statement dtd 17 May 20; CVW-11 CAG Statement dtd 19 May 20

<sup>39</sup> CVW-11 CAG Statement dtd 19 May 20

<sup>40</sup> CSG-9 COS Statement dtd 18 May 2020

<sup>41</sup> CCSG-9 Statement dtd 18 May 20; Email (SIPR) – CSG-9 COS to C7F COS – (U) HOTEL OPTION dtd 25 Mar 20

<sup>42</sup> TR CO Email and Ltr - Request for Assistance in Response to COVID-19 Pandemic dtd 30 Mar 20

<sup>43</sup> "Exclusive: Captain of aircraft carrier with growing coronavirus outbreak pleads for help from Navy" SF Chronicle (31 Mar 20) <https://www.sfchronicle.com/bayarea/article/Exclusive-Captain-of-aircraft-carrier-with-15167883.php>, accessed May 8, 2020

<sup>44</sup> Crozier, B. CAPT Statement dtd 15 May 20; Email - CJRM - Follow-Up Summary of Interview dtd 8 May 20; CCSG-9 Statement dtd 15 May 20; C7F Statement dtd 18 May 20

<sup>45</sup> Crozier, B. CAPT Statement dtd 15 May 20; Email - CJRM - Follow-Up Summary of Interview dtd 8 May 20

### Actions after Publication of Memo

CCSG-9 did not understand the rationale for the TR CO's memo, as he knew at the time, and thought the TR CO knew, efforts to pursue all requested courses of action were already underway. According to CCSG-9, the memo's publication created tension between with the Navy and the Government of Guam, potentially complicating negotiations for the ship's crew to occupy hotels on the island.<sup>46</sup>

On April 1<sup>st</sup>, Commander Naval Air Force, U.S. Pacific Fleet (CNAP) called the TR CO in Guam to provide mentorship and counsel and to learn why he felt the need to write the email and memo. TR CO relayed that his relationship with C7F and CCSG-9 were healthy, with good communications in both directions, and plenty of communication opportunities. The TR CO also noted C7F was particularly engaged, holding multiple video-teleconferences each day regarding the situation on the TR. In response to CNAP's question, the TR CO stated his rationale for sending the memo was that he did not feel the shore establishment's response was moving fast enough.<sup>47</sup>

The TR SMO also sent a letter off the ship on March 31<sup>st</sup>, outlining areas of concern of the medical staff aboard, and a threat to release the letter to the media if immediate actions were not taken. This letter did not outline specific requests but did relay a sense of urgency. It calculated that at least 50 Sailors would die from COVID-19 based on data received and analysis conducted on the potential mortality rate.<sup>48</sup> The SMO emailed the medical letter to eight people initially, addressed to the Surgeon General of the Navy and copying seven others. The SMO then emailed the letter to over 160 additional email addresses, primarily individuals within the Navy Medical community and outside his operational and administrative chains of command.<sup>49</sup>

However, no new actions were taken as a result of either the TR SMO's or the TR CO's email and letter, as the actions they desired were already in motion.<sup>50</sup> In fact, CJRM had begun staff level discussions with the Governor's office about the possibility of securing hotel rooms on March 28<sup>th</sup>, and spoke with the Governor herself later that day, receiving a positive response.<sup>51</sup> This allowed Navy to finalize staffing up to Commander, United States Indo-Pacific Command (INDOPACOM), where it was decided that CPF would call the Governor of Guam to formally request assistance on

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<sup>46</sup> CCSG-9 Statement dtd 15 May 20; Email - CJRM - Follow-Up Summary of Interview dtd 8 May 20

<sup>47</sup> CNAP Statement dtd 13 May 20

<sup>48</sup> Email - SMO to Surgeon General - Medical Dept Letter dtd 30Mar20

<sup>49</sup> Email - SMO - FWD: Medical Dept Letter dtd 30Mar20

<sup>50</sup> Email - CJRM to VCNO EA - RE: Follow-up RFI dtd 6 Apr 20; C7F Statement dtd 18 May 20

<sup>51</sup> Email - CJRM to VCNO EA - RE: Follow-up RFI dtd 6 Apr 20; Email - CJRM - Follow-Up Summary of Interview dtd 8 May 20; C7F Statement dtd 18 May 20

March 31<sup>st</sup>.<sup>52</sup> The positive response also allowed Navy to begin formal negotiations with GHRA regarding the number of hotels and the conditions for their utilization.<sup>53</sup> CJRM was extremely sensitive to the publicly stated Navy position to not over burden Guam resources and as a result, information on those efforts was not widely known outside of the principals on the various staffs.<sup>54</sup> However, according to C7F and CCSG-9, TR CO was aware of these efforts.<sup>55</sup>

CNO ordered a preliminary inquiry into the events surrounding the disembarkation of Sailors from TR in Guam, in response to cases of COVID-19 on April 2, 2020.<sup>56</sup> While this preliminary inquiry was pending, the A-SN at the time decided to relieve the TR CO and announced his decision in a press conference with the CNO, stating that “at [his] direction, the CO of [TR] . . . was relieved by [CCSG-9].”<sup>57</sup>

The A-SN subsequently traveled to Guam where he spoke with members of the TR crew via the public address system (1MC). Those remarks were recorded by members of the crew and released to the press by means of a written transcript followed by the actual audio recording.<sup>58</sup> Following his visit to TR and subsequent calls for his resignation, including from House Armed Services Committee Chairman, Adam Smith (D-WA),<sup>59</sup> the A-SN offered his resignation to the Secretary of Defense on April 7<sup>th</sup>, 2020,<sup>60</sup> and his resignation was accepted that same day.<sup>61</sup> The preliminary inquiry ordered by CNO was also completed on April 7<sup>th</sup>, and had been submitted to CNO prior to the A-SN’s resignation.

### Current Status of TR Crew

Although most TR Sailors with the virus displayed mild symptoms, 45 Sailors were admitted to Naval Hospital Guam for treatment for COVID-19. Of these Sailors, six required oxygen support and one was placed on a ventilator for respiratory failure. The majority were admitted for close observation and did not require additional intervention.<sup>62</sup> One Sailor died due to complications attributed to COVID-19. A

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<sup>52</sup> C7F Statement dtd 18 May 20; CPF Statement dtd 17 May 20

<sup>53</sup> Email - CJRM - Follow-Up Summary of Interview dtd 8 May 20

<sup>54</sup> Email - CJRM - Follow-Up Summary of Interview dtd 8 May 20

<sup>55</sup> C7F Statement dtd 18 May 20; CCSG-9 Statement dtd 15 May 20

<sup>56</sup> CNO Ltr Ser 5800 dtd 2 Apr 20

<sup>57</sup> Transcript: DON Press Briefing with Acting Secretary of the Navy Thomas B. Modly and CNO Admiral Gilday dtd 2 Apr 20

<sup>58</sup> How a Ship’s Coronavirus Outbreak Became a Moral Crisis for the Military, *NY Times*, (6 Apr 20)

<https://www.nytimes.com/2020/04/06/us/politics/coronavirus-navy-secretary-roosevelt-crozier.html> (containing audio recording of A-SN remarks)

<sup>59</sup> Press Release: “Smith Calls for Modly’s Removal After Mishandling U.S.S. Theodore Roosevelt COVID-19 Outbreak” dtd 6 Apr 20

<sup>60</sup> A-SN Resignation Letter of 7 Apr 20

<sup>61</sup> SECDEF Ltr of 7 Apr 20

<sup>62</sup> CO NHG Statement dtd 18 May 20



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separate line of duty investigation into the circumstances of his death has been completed.

As of the writing of this report, a total of 1,248 TR crewmembers were infected with the COVID-19 virus, 1,546 TR Sailors remain in Guam, and 498 are positive, continuing quarantine and testing, with one currently hospitalized. TR is at sea today, conducting operations. Over 100 other ships are also at sea, operating around the world, without known COVID cases aboard.

## Summary of Opinions

*The following 18 key opinions were derived from this investigation into the COVID-19 outbreak aboard TR:*

- 1. Based upon the pre-event risk analysis, the decision to execute the Da Nang port visit was appropriate. The visit was executed with sensible precautions, based on the world's understanding of COVID-19 at the time.*
- 2. The former TR CO initially responded appropriately by quarantining 39 Sailors following the Da Nang port visit. However, after three Sailors tested positive for COVID-19 aboard TR on March 24, 2020, the former TR CO failed to put adequate additional measures in place for the rest of the crew to further slow the spread of COVID-19 throughout the ship.*
- 3. The TR SMO's recommendation and the resulting release by the former TR CO of crewmembers in quarantine from the aft portion of the ship on March 29, 2020 likely resulted in infection to a larger portion of the crew.*
- 4. The embarked CSG-9 Warfare Commanders (WCs) (TR CO, CVW-11 CAG, DESRON Commodore) and the TR SMO displayed an abundance of concern for the safety of the crew as their primary focus, yet they were unable to develop COAs prior to or even by four days after arrival in Guam that provided for the short-term safety of the crew. Instead, they focused efforts on the most constrained and least executable COA (at the time), while taking insufficient parallel steps that would have resulted in more immediate segregation, quarantine and isolation of the crew. As a result, efforts to move the crew off the ship were uncoordinated, unsupervised and slow. The extended time Sailors remained on the ship, while no longer segregated, likely increased the number of infections.*
- 5. CCSG-9, the embarked CSG-9 WCs, and the former TR CO and TR SMO did not demonstrate effective leadership when they initially took few actions to overcome obstacles to aggressively utilize the approximately 2,300 beds that were made available by Naval Base Guam, likely resulting in infection to a larger portion of the crew.*
- 6. C7F's early focus on the Okinawa option over the Guam hotel option resulted in the TR Strike Group key Captains (CSG-9 COS, former TR CO, TR XO, TR SMO and CVW-11 CAG) believing that C7F did not feel their same sense of urgency for providing proper long term quarantine and isolation quarters. This led these Captains to distrust the C7F staff and hampered their ability to deal with the crisis with the resources that were available, or develop alternate courses of action other than the request for 4,000 CDC compliant rooms, which at the time was the most constrained and least likely COA.*

7. *The former TR CO did not demonstrate forceful backup, effective communication or adequately communicate with his Immediate Superior in Command (CCSG-9, embarked in TR) in that he did not discuss his concern with the lack urgency he perceived from C7F and CCSG-9 on the Guam Hotel option being pursued, prior to sending his letter.*
8. *CCSG-9 did not provide effective leadership to the former TR CO and the embarked CSG-9 WCs in that he did not effectively address and correct a growing, divisive and counterproductive narrative among his senior officers regarding distrust of C7F or any course of action that did not fit their immediate sense of urgency. Additionally, he did not direct decisive action to ensure prompt execution of the egress of the TR crew. Finally, it is not clear that he effectively advocated for TR's needs to higher headquarters or provided clear feedback to his team when those needs could not meet TR leadership's timeline.*
9. *The TR SMO developed a flawed, worst-case crew casualty narrative that the CVW-11 CAG reinforced and frequently amplified at Warfare Commander Boards, and that had an impact on the mindset of the former TR CO and TR XO. The TR SMO fostered distrust of HHQ actions, and put his leadership in an untenable situation.*
10. *The TR CO sent his email and letter as a genuine plea for help from CPF and CNAP. Each leader received and acted upon it as such, responding via phone and email, respectively, within minutes of receipt, with CNAP also ensuring C7F and CJRM were made aware of the request. Further, CPF considered the matter of sending the letter closed after his conversation with both CCSG-9 and TR CO.*
11. *When asked to sign a letter that contained a flawed, worst-case crew casualty narrative as well as an ultimatum concerning an intent to submit the letter to the public, the TR SMO missed a leadership opportunity to correct subordinates. Instead, he signed the letter, and transmitted it outside the chain of command, essentially endorsing the effort to undermine Navy leadership.*
12. *The former TR CO intended for his email to be a "red flare" to accelerate needed support and ensure attention to what he believed to be insufficient courses of action. The former TR CO wrote his email to break down communication barriers on plans, resources and support, and did not intend for it to be released to the public. However, he did not personally inform his Immediate Superior in Command, CCSG-9, of the letter and instead transmitted information of a very sensitive nature about a capital warship on an unclassified network.*

- 13. The exclusion of C7F on the former TR CO's email, as well as the lack of advanced coordination by the former TR CO with CCSG-9 and others, bypassed the operational chain of command and demonstrated poor judgment.***
- 14. The former TR CO's email and the attached letter of March 30, 2020 were unnecessary, and had no positive impact on actions already being aggressively pursued by higher headquarters (CJRM, C7F, and CPF).***
- 15. Release of the former TR CO's letter to the San Francisco Chronicle complicated the Navy's negotiations with the Government of Guam for use of hotel rooms in Guam.***
- 16. Detailed patient history analysis of the 29 personnel received aboard TR via COD following the Da Nang port visit concluded that CODs were not the likely source for the COVID-19 outbreak. Although the pre-event risk analysis for the Da Nang port visit was assessed as sufficiently thorough and the decision to execute the port visit was appropriate at the time, the Da Nang port visit was found to be the most likely source of the outbreak on TR.***
- 17. Detailed analysis of TR sick call logs revealed that COVID-19 was likely present, yet undetected, as early as March 11, 2020.***
- 18. The use of personal protective equipment (PPE) and employment of tactics, techniques, and procedures (TTP) by the TR Medical Department were likely effective, as there was only one COVID-19 infection among TR Medical Department personnel.***

## **Chapter 1 – Introduction**

On March 24, 2020, three Sailors aboard USS Theodore Roosevelt (CVN 71) (TR) tested positive for COVID-19 while the ship was underway in the western Pacific Ocean. TR was transiting the 2,500 miles between her last port call in Da Nang, Vietnam, and her next one in Guam. By the time TR arrived in Apra Harbor, Guam on March 27<sup>th</sup>, 36 Sailors had tested positive for COVID-19, and many more were being isolated to prevent further infections due to their close contact with the ill Sailors. Three days later, on March 30<sup>th</sup>, TR's Commanding Officer (CO) emailed senior officers, attaching a letter detailing his concerns about the developing situation and potential impact to TR Sailors. The San Francisco Chronicle obtained, and on March 31<sup>st</sup>, published, the TR CO's letter. On April 2<sup>nd</sup>, in Washington, D.C., the CNO directed the Vice Chief of Naval Operations (VCNO) to conduct a preliminary inquiry into the events surrounding the disembarkation of Sailors from the TR in Guam. On April 3<sup>rd</sup> (Guam date), the A-SN directed CCSG-9 to relieve the TR CO of command. On April 7<sup>th</sup> (Washington, D.C. date), the VCNO submitted the completed preliminary inquiry to the CNO, and later that day, the A-SN resigned.

### **Scope of Investigation**

In a memorandum dated April 29, 2020, the A-SN directed the CNO to convene a command investigation into the communications, decisions, and actions that took place within the Navy chain of command related to an outbreak of the Coronavirus Disease 2019 (COVID-19) aboard TR. On April 30, 2020, and in response to A-SN's memorandum, CNO appointed the VCNO as the investigating officer to complete an in-depth investigation to inform CNO's review of the status of the former commanding officer of the TR, and to enable full consideration of the following matters:

1. Planning and execution of the Da Nang, Vietnam port visit.
2. Transit of TR to Guam, including air movements during transit and planning for the ship's arrival and provisions for the crew.
3. Actions following arrival of TR in Guam, including movement of the crew to on-base and off-base lodging.
4. Preparation and email delivery of the former commanding officer's letter dated March 30, 2020, further handling of that email, and response to the email and letter by the chain of command.

CNO directed VCNO to report findings of fact, opinions, and recommendations in writing to CNO no later than May 27, 2020.

The command investigation followed and expanded upon a preliminary inquiry VCNO completed at the direction of CNO that focused on communications involving the ship's health care professionals, commanding officer, and administrative and operational chains of command. The preliminary inquiry also outlined events related to the ship's port visit in Da Nang, Vietnam, and subsequent arrival in Guam.

This report does not evaluate the actions of non-Department of the Navy agencies.

### Methodology

The VCNO assembled an investigation team comprised of subject matter experts in safety investigations, naval supply systems, carrier aviation, intelligence, human factors, law, medicine, and other unrestricted line communities. Appendix B contains a roster of team members.

The investigation team reviewed documents, interviewed witnesses, and conducted field observations and met daily to relay and synchronize findings and determine the need for additional information.

Members divided into three teams to focus on 1) the port visit to Da Nang; 2) actions during TR transit to and arrival in Guam; and 3) development of and response to TR's Commanding Officer letter dated March 30, 2020.

### Report Organization

The report is organized in chapters that analyze the major elements of the appointing order. Chapter 2 examines the planning and execution of the ship's port visit to Da Nang, Vietnam from March 5 through 9, 2020. Chapter 3 examines actions of various organizations and individuals during TR's transit to and arrival in Guam. Chapter 4 examines the development of and response to TR's Commanding Officer's letter of March 30, 2020. Chapter 5 provides detailed Opinions and Recommendations.



## Background

USS Theodore Roosevelt (CVN 71) (TR) is America's fourth Nimitz-class aircraft carrier with a crew of about 4,800 Sailors who support and conduct air operations at sea.<sup>63</sup> The TR is part of CSG-9, which is comprised of a total of about 7,000 Sailors, and includes, in addition to the aircraft carrier, an air wing, a cruiser and five destroyers. Prior to deploying for the western Pacific on January 17, 2020, CSG-9 deployed in support of Operations Inherent Resolve and Freedom's Sentinel, as well as maritime security cooperation efforts in U.S. 5<sup>th</sup> and 7<sup>th</sup> Fleet areas of operations from October 2017 to May 2018. In March 2020, CSG-9 was deployed and operating under the command of U.S. 7th Fleet, having reported a change in operational control ("chopped") from U.S. 3<sup>rd</sup> Fleet during the transit across the Pacific from San Diego.

The aircraft carrier is a lethal, high-end, survivable platform capable of full spectrum warfare and provides a wide range of options to the U.S. government, from demonstrating presence, to deterring adversaries, to reassuring our allies and partners. Because carriers operate in international waters, their aircraft do not need to secure landing rights on foreign soil. These ships also engage in sustained operations in support of other forces. When deployed as a strike group, the ships and aircraft may take on a variety of roles, all of which involve the attainment and maintenance of sea control, such as protecting commercial and military shipping, protecting a Marine Amphibious Force, or establishing naval presence, all in support of our National Defense Strategy.

COVID-19 is a newly identified viral respiratory disease caused by the SARS-CoV-2 virus. It is responsible for a large pneumonia outbreak in Hubei Province, China resulting in the exportation of cases globally. On March 11, 2020, WHO declared the global outbreak of COVID-19 a Pandemic (global spread of a new disease) due to virus sustainment on more than six continents, exceeding 120,000 infected persons worldwide. Public health measures continue to be implemented and executed in hopes of viral containment such as social distancing, teleworking and minimizing social gatherings to consist of no more than 10 people. State emergencies were declared throughout the United States to enforce these measures and many Governors issued statewide Stay at Home orders. On March 29, 2020, President Trump extended the social distancing order until April 30, 2020.<sup>64</sup>

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<sup>63</sup> OPNAV Instruction 5450.337B Missions, Functions, and Tasks of Commander, United States Pacific Fleet dtd 21 Jan 16

<sup>64</sup> Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Briefing (30 Mar 20) <https://www.whitehouse.gov/briefings-statements/remarks-president-trump-vice-president-pence-members-coronavirus-task-force-press-briefing-14/>

## Relevant Chains of Command

This investigation spans multiple chains of command, from the ship to U.S. Pacific Fleet. The Navy's command structure is more complex than other military services in that there are two chains of command: operational and administrative. They sometimes overlap, and depending on assignment, a unit can be part of both or can switch between two different operational chains of command as it transits the world's oceans. The operational chain of command is responsible for carrying out specific missions such as operations and exercises. The administrative chain of command takes care of personnel, education, training, repairs and supply chains to get ships, squadrons, and strike groups ready for those missions.<sup>65</sup> CSG-9 administrative and operational chains of command are outlined below and depicted in Figure 1.

### Administrative Chain of Command

CSG-9's administrative chain of command runs through CNAP. CNAP is administratively responsible to the four-star Commander, U.S. Pacific Fleet (CPF) for ensuring the readiness of all assigned naval aviation units, including aircraft carriers, deploying in the Pacific Fleet. The three-star admiral who serves as CNAP is also the Commander, Naval Air Forces (CNAF), the Type Commander (TYCOM) responsible to CPF for the readiness of all naval aviation units worldwide. This report focuses on the role of CNAP in relation to CSG-9.

### Operational Chain of Command

When operating in or near home port in San Diego, California, CSG-9 is part of U.S. 3<sup>rd</sup> Fleet, which leads naval forces in the near Pacific and provides the realistic, relevant training necessary before forces deploy away from U.S. shores. U.S. 7<sup>th</sup> Fleet, the U.S. Navy's largest numbered fleet, conducts forward-deployed naval operations in support of U.S. national interests in the Indo-Pacific area of operations. The three-star admirals commanding U.S. 3<sup>rd</sup> Fleet (C3F) and U.S. 7<sup>th</sup> Fleet (C7F) coordinate to plan and execute missions based on their complementary strengths to promote ongoing peace, security, and stability throughout the entire Pacific theater of operations. This report covers a timeframe in which CSG-9 was predominantly within the C7F operational chain of command.

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<sup>65</sup> OPNAVINST 5400.45 Standard Navy Distribution List Administrative Organization of the Operating Forces of the U.S. Navy dtd 1 Apr 20

CSG-9 itself consists of the following ships and subordinate commands:

1. Carrier Strike Group 9, commanded by a rear admiral (O7) who serves as the strike group's composite warfare commander and will be referred to throughout as the Commander, Carrier Strike Group 9 (CCSG-9)
2. USS Theodore Roosevelt (CVN 71), commanded by a captain (O6)
3. USS Bunker Hill (CG 52), a Ticonderoga-class guided missile cruiser, commanded by a captain (O6)
4. Destroyer Squadron 23, commanded by a captain (O6), and comprising five Arleigh Burke-class destroyers, each commanded by a commander (O5):
  - USS Russell (DDG 59)
  - USS Paul Hamilton (DDG 60)
  - USS Pinckney (DDG 91)
  - USS Kidd (DDG 100)
  - USS Rafael Peralta (DDG 115)
5. Carrier Air Wing (CVW) 11, commanded by a captain (O6) (CVW-11 CAG), and comprising nine other units, all but one commanded by a commander (O5):
  - Four Strike Fighter Squadrons (VFA): VFA-31, VFA-87, VFA-146 and VFA-154
  - Carrier Airborne Early Warning Squadron (VAW) 115
  - Electronic Attack Squadron (VAQ) 142
  - Helicopter Maritime Strike Squadron (HSM) 75
  - Helicopter Sea Combat Squadron (HSC) 8
  - Fleet Logistic Support Squadron (VRC) 30 Detachment 3 (O4 Officer in Charge)

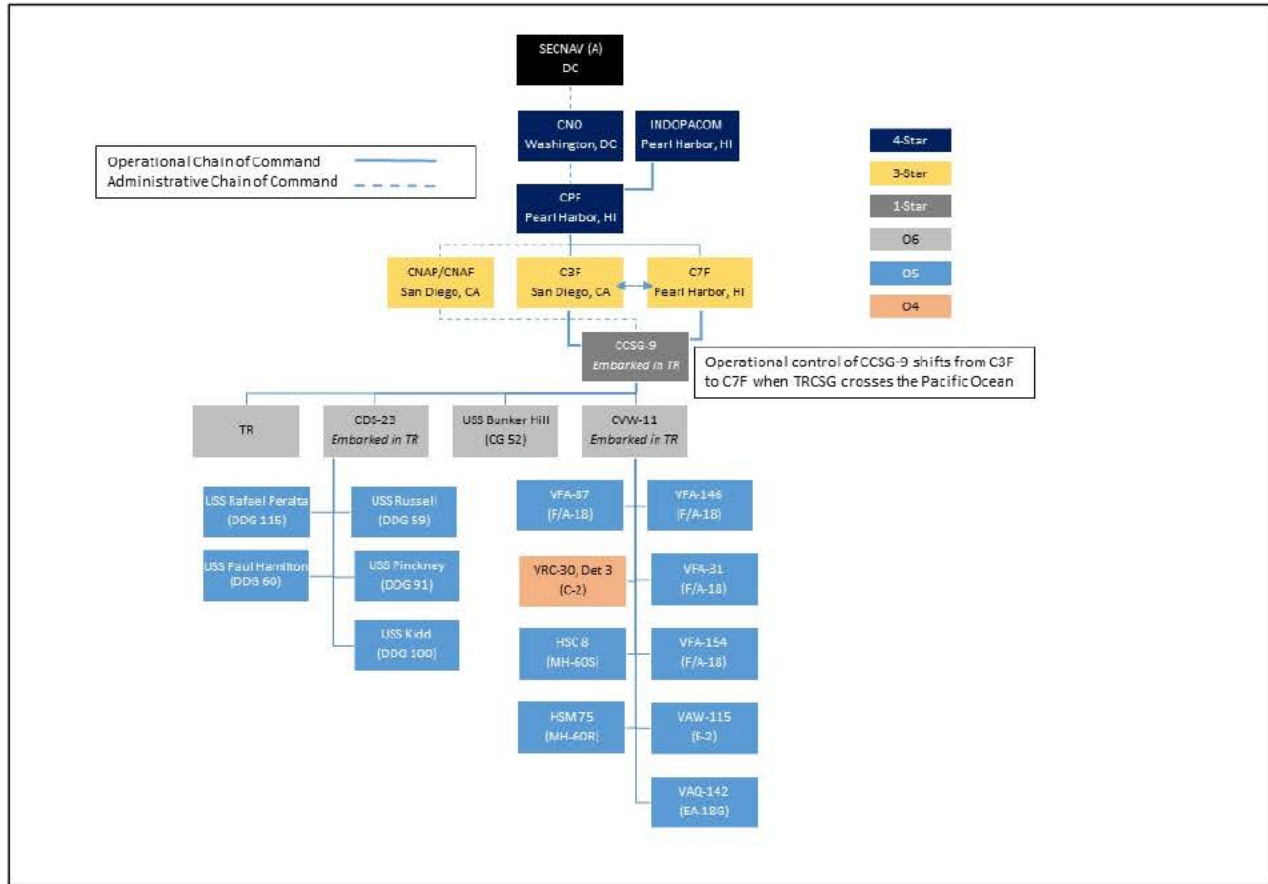


Figure 1. Theodore Roosevelt Carrier Strike Group Chains of Command

## **Chapter 2 – Planning and Execution of USS Theodore Roosevelt (CVN 71) Port Visit to Da Nang, Vietnam**

### Preparation for Da Nang, Vietnam Port Visit

The CSG-9 port visit in Da Nang, Vietnam was scheduled for March 5-9, 2020 with both the USS Theodore Roosevelt and the USS Bunker Hill scheduled to participate.<sup>66</sup> This historic port visit fulfilled an agreement between the two nations' top leaders and was only the second visit by a U.S. aircraft carrier to the country since the Vietnam War.<sup>67</sup>

The visit also marked a significant milestone commemorating the 25<sup>th</sup> anniversary of bilateral relations highlighting continued cooperation between the U.S. and Vietnam.<sup>68</sup> A visit of such significance draws interest from and requires coordination among United States Department of State, The Office of the Secretary of Defense, INDOPACOM, Commander, U.S. Pacific Fleet (CPF), Vietnamese Ministry of Foreign Affairs, Vietnamese Ministry of Defense, and U.S. Embassy Vietnam.<sup>69</sup>

In order to demonstrate U.S. support for a strong, prosperous, and independent Vietnam and to strengthen relations, many interpersonal interactions were scheduled, including distinguished visitor engagements, special events, and tours, highlights for Sailors as well as for the people of Vietnam. Beyond celebrating and strengthening relations, the Strike Group deployment and port visit served many other purposes. Naval presence in the Pacific region is routine and has helped maintain peace for more than 70 years. Operating in the region supports regional security, stability, and prosperity. Operating in accordance with international laws, rules, standards, and norms across the region enables us to reassure our allies and partners, and keeps global trade flowing.

As CSG-9 continued planning and preparing for the port visit to Vietnam, on December 31, 2019, Wuhan Municipal Health Commission, China, reported a cluster of cases of pneumonia in Wuhan, Hubei Province which was eventually identified as novel coronavirus. On January 13, 2020, officials confirmed a case of COVID-19 in Thailand, the first recorded case outside of China.<sup>70</sup>

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<sup>66</sup> CPF Statement dtd 17 May 20

<sup>67</sup> TRNOTE 5050 TR and CVW-11 Liberty Plan dtd 22 Feb 20; CCSG-9 Statement dtd 15 May 20

<sup>68</sup> CPF Statement dtd 17 May 20

<sup>69</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>70</sup> WHO Timeline - COVID-19." *World Health Organization*, World Health Organization, [www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19](https://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19)

On January 17<sup>th</sup>, CSG-9 departed San Diego for deployment.<sup>71</sup> On January 20<sup>th</sup>, in an email to TR leadership, TR XO reminded them that six weeks remained until the Da Nang port visit. Compared to the March 2018 USS Carl Vinson (CVN 70) Da Nang port visit After Action Report, the TR XO believed they still had a lot of work to do, considering they had not done much internal planning, to ensure a successful visit.<sup>72</sup>

C7F began COVID-19 planning and socialization at the end of January and on January 25<sup>th</sup>, they sent slides to all CTF surgeons.<sup>73</sup>

On February 2<sup>nd</sup>, two cases of norovirus were documented aboard TR.<sup>74</sup> Noroviruses are very contagious and are the most common cause of gastroenteritis in the U.S. Symptoms include diarrhea, vomiting, nausea, and stomach cramping.<sup>75</sup> Within 24 hours, ship-wide precautions were established including: stopping self-service on the main galley line and requiring the culinary specialist to serve the food in order to prevent the spread of germs, thorough cleaning periods, termed “bleach-a-palooza,” and general messaging regarding handwashing and personal hygiene. These swift and sweeping actions led to eradication of the norovirus on TR prior to arrival Da Nang.<sup>76</sup>

On February 7<sup>th</sup>, TR and USS Pinckney arrived in Guam for a scheduled port visit.<sup>77</sup> Two weeks later, the C7F flagship, USS Blue Ridge (LCC 19),<sup>78</sup> and ships from the America Expeditionary Strike Group (AESG), USS America (LHA 6), and USS Green Bay (LPD) had port visits in Thailand.<sup>79</sup> On January 30<sup>th</sup>, the WHO Director General declared the COVID-19 outbreak a “Public Health Emergency of International Concern.”<sup>80</sup> Following this declaration, INDOPACOM directed a formal response to the pandemic<sup>81</sup> and the C7F Fleet Surgeon provided CPF a COVID-19 Concept of Operations (CONOPs).<sup>82</sup> On February 15<sup>th</sup>, C7F published Tasking Order (TASKORD) 20-057 for force health protection against COVID-19 and a week later, on February 22<sup>nd</sup>, TR released the liberty plan for Da Nang<sup>83</sup> with no mention of COVID-19 or

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<sup>71</sup> CNAP Statement dtd 13 May 20

<sup>72</sup> Email - XO to TR Leadership - Vietnam Planning dtd 20 Jan 20

<sup>73</sup> C7F Surgeon Statement dtd 23 May 20

<sup>74</sup> Email: CSG-9 – Response to RFI dtd 17 May 20

<sup>75</sup> NTRP 4-02.10 dtd Sep 14

<sup>76</sup> TR PA Statement dtd 12 May 20

<sup>77</sup> USS Theodore Roosevelt and USS Pinckney Arrive in Guam for Scheduled Port Visit *USS Theodore Roosevelt PAO* (7 Feb 20) <https://www.c7f.navy.mil/Media/News/Display/Article/2077194/uss-theodore-roosevelt-and-uss-pinckney-arrive-in-guam-for-scheduled-port-visit/>

<sup>78</sup> USS Blue Ridge, 7th Fleet staff arrive in Thailand *USS Blue Ridge Public Affairs* (22 Feb 20) <https://www.cpf.navy.mil/news.aspx/130560>

<sup>79</sup> USS America, Green Bay arrive in Thailand for Cobra Gold *Zline, V. MC3* (23 Feb 20) <https://www.cpf.navy.mil/news.aspx/130559>

<sup>80</sup> WHO Director-General's statement on IHR Emergency Committee on Novel Coronavirus (2019-nCoV) [https://www.who.int/dg/speeches/detail/who-director-general-s-statement-on-ihr-emergency-committee-on-novel-coronavirus-\(2019-ncov\)](https://www.who.int/dg/speeches/detail/who-director-general-s-statement-on-ihr-emergency-committee-on-novel-coronavirus-(2019-ncov))

<sup>81</sup> Naval Message (SIPR): USINDOPACOM, Response To Novel Coronavirus EXORD DTG 040649Z FEB 20

<sup>82</sup> Naval Message (SIPR): USINDOPACOM, Response To Novel Coronavirus EXORD DTG 040649Z FEB 20

<sup>83</sup> TRNOTE 5050 TR and CVW-11 Liberty Plan dtd 22 Feb 20



coronavirus. On February 25<sup>th</sup>, Vietnam suspended entry for all travelers from COVID-19 affected areas.

On February 23<sup>rd</sup>, C7F published Fragmentary Order (FRAGORD) 001 to TASKORD 20-057, revising disease surveillance and screening requirements due to updated country risk. On February 24<sup>th</sup>, the CDC posted information for travelers regarding apparent community transmission in Singapore, Thailand, and Vietnam, and recommended travelers reconsider cruise ship voyages in Asia.<sup>84</sup> At this point, 16 confirmed cases had been reported in Vietnam, all located 30 miles outside of Hanoi, and more than 450 miles from Da Nang. On February 25<sup>th</sup>, Vietnam suspended entry for all travelers from COVID-19 affected areas.

Senior medical experts at all levels in the chain of command (TR SMO, C7F and CPF Fleet Surgeons) were in close coordination throughout the port visit planning process. As part of their discussions, they noted that the number of COVID-19 cases reported in Vietnam for the two weeks prior to the visit remained constant, causing them to question the validity of the reported data. To resolve this concern, the CPF Surgeon conducted a phone call with the CDC director on-site in Vietnam, who relayed strong confidence in the reported data because of first-hand observations of Vietnam's transparency in executing COVID testing, prevention and mitigation actions.<sup>85</sup> CPF had a discussion with the U.S. CDC Country Director in Vietnam (USCDCVN). USCDCVN informed CPF that there was "no direct/indirect evidence to suggest an undetected coronavirus outbreak within the country." He also stated "that he feels the visit is truly low risk and that the Vietnamese response to the COVID outbreak is truly impressive."<sup>86</sup> This assessment resulted in medical staff concurrence that the health risk for the port visit was low when conducted in accordance with the February 27<sup>th</sup>, 2020 CPF COVID-19 EXORD. The medical team, however, recommended to and gained approval from C7F<sup>87</sup> to significantly curtail exchange events ashore, reducing the time and numbers of TR Sailors ashore.<sup>88</sup>

On February 29<sup>th</sup>, Vietnamese media reported the CDC removed Vietnam from its list of areas experiencing widespread or sustained community transmission of COVID-19. The CDC and the U.S. Department of Health and Human Services "lauded Vietnam for achieving positive results in tackling COVID-19 epidemic." As of February 29<sup>th</sup>, the number of confirmed cases in Vietnam remained at 16. WHO continued to advise

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<sup>84</sup> Update Public Health Response to the Coronavirus Disease 2019 outbreak - United States (24 Feb 20)  
<https://www.cdc.gov/mmwr/volumes/69/wr/mm6908e1.htm>

<sup>85</sup> Email - CPF Surgeon to TR SMO and C7F Surgeon - Discussion with CDC Director dtd 26 Feb 20

<sup>86</sup> Email - CPF Surgeon to TR SMO and C7F Surgeon - Discussion with CDC Director dtd 26 Feb 20

<sup>87</sup> Email - C7F to VCNO EA - COMREL Rel and Med Visits in Da Nang dtd 15 Apr 20

<sup>88</sup> Email - C7F to VCNO EA - COMREL Rel and Med Visits in Da Nang dtd 15 Apr 20

against the application of travel or trade restrictions to countries experiencing COVID-19 outbreaks.<sup>89</sup> On February 25<sup>th</sup>, the last person (#16) left a Vietnamese hospital after testing negative for COVID-19, leaving no active cases of COVID-19 in the country.<sup>90</sup>

In preparation for the growing pandemic, on February 29<sup>th</sup>, C7F requested support from Navy Environmental and Preventive Medicine Unit (NEPMU) teams, with equipment from Navy Medical Research Center (NMRC) for forward deployable preventative medicine units to mitigate the potential outbreak of COVID-19 aboard America Expeditionary Strike Group (AMA ESG) and CSG-9 ships. Based on this assessment C7F concluded that COBRA GOLD was a higher risk than Vietnam and the medical support was deployed to the Blue Ridge and AMA ESG.<sup>91</sup>

Reviews were completed daily up until the day prior to the port visit. Having considered this latest information and issued preventative guidance regarding COVID-19, CPF recommended to Commander, INDOPACOM on March 4<sup>th</sup> that the port visit continue as planned.<sup>92</sup>

CDC personnel in Da Nang worked with the Vietnam Country Team and provided information to INDOPACOM. CDC and Country Team continued to support TR's port visit to Da Nang, also assessing it as low risk to the ships' crews.

The TR SMO emailed TR's crew a COVID-19 screening plan, which required all personnel to be screened for COVID-19 symptoms prior to boarding the ship, and again seven days after getting underway. At this point, it was not widely known that asymptomatic carriers could spread the virus.

The Da Nang Medical Treatment Plan called for inbound aircraft flights to be screened at the Department Level. This screening consisted of monitoring for flu-like illness, and if present, sending them for an immediate medical evaluation vice waiting for routine sick call. TR leadership (TR XO, CMC, and SMO) made initial preparations for potential quarantine quarters aboard ship by identifying appropriate berthing compartments and discussing the general plan for execution.<sup>93</sup>

Before the port visit, the ship had outlined three quarantine plan options:

1. Distinguished Visitor (DV) Row

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<sup>89</sup> WHO Recommendations for International Traffic (29FEB20) <https://www.who.int/news-room/articles-detail/updated-who-recommendations-for-international-traffic-in-relation-to-covid-19-outbreak>

<sup>90</sup> Nguyen, Trang H D, and Danh C Vu. "Summary of the COVID-19 outbreak in Vietnam - Lessons and suggestions." *Travel medicine and infectious disease*, 101651. 2 Apr. 2020, doi:10.1016/j.tmaid.2020.101651

<sup>91</sup> C7F Surgeon Statement dtd 23 May 20

<sup>92</sup> Email (SIPR) - CPF to USINDOPACOM - DECISION: Theater Posture Operations dtd 4 Mar 20

<sup>93</sup> TR XO Statement dtd 16 May 20; TR CMC Statement dtd 17 May 20; TR SMO Statement dtd 17 May 20

- Six rooms (two-person officer staterooms, used for guests, cots for additional patients)

## 2. Berthing

- Chief Petty Officer overflow berthing (open-bay berthing)
- Admin Department male berthing (open-bay berthing, currently occupied)
- Medical Quiet Room (four bunks with an attached bathroom)

## 3. Brig

- Up to 20 bunks (between two cells, open-bay berthing)

They also planned for use of specific heads, food delivery, laundry delivery, trash and medical checks.<sup>94</sup> Although not listed in the presentation, quality of life items such as exercise equipment and computer and phone availability were also planned.<sup>95</sup>

The TR crew liberty brief stated that COVID-19 is a respiratory virus spread mainly person to person when an infected person coughs or sneezes.<sup>96</sup> The brief noted that 82 percent of COVID-19 cases are classified as a mild illness, and that CDC did not recommend those feeling well wear face masks, which was correct for that timeframe.<sup>97</sup> The brief directed Sailors to report to a Medical Detachment at Fleet Landing prior to boarding the ship if they experienced fever, body aches, cough, or felt sick.<sup>98</sup> The liberty brief also contained information on gun shops and weapons, tattoo/piercing establishments, local pharmacies, designated liberty/leave area, hotel/lodging, unofficial tours, and other items.<sup>99</sup>

The Community Relations Project (COMREL) CONOPs, dated March 1<sup>st</sup>, showed the scope of precautions being taken in Vietnam. For example, the CONOPs noted that the Agent Orange Victims Center, one of the sites for which a COMREL was planned, was “closed to students due to COVID-19, so Sailors will conduct community service events such as maintenance, repairs, and improvements to center.”<sup>100</sup>

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<sup>94</sup> TR SMO PowerPoint - Quarantine Plan and COVID Mitigation Measures "En Route to 'Nam"

<sup>95</sup> TR CMC Statement dtd 17 May 20, TR XO Statement dtd 16 May 20; CVW-11 CAG Statement dtd 19 May 20

<sup>96</sup> TR Da Nang Port Visit Overview Brief dtd Mar 20

<sup>97</sup> TR Da Nang Port Visit Overview Brief dtd Mar 20

<sup>98</sup> TR Da Nang Port Visit Overview Brief dtd Mar 20

<sup>99</sup> TR Da Nang Port Visit Crew Brief dtd Mar 20

<sup>100</sup> COMREL CONOPs dtd 1 Mar 20

On March 2<sup>nd</sup>, health officials announced the first two U.S. deaths tied to coronavirus that occurred among patients in a suburb of Seattle, Washington, as well as the first known U.S. cases of the virus among health care workers who had treated coronavirus patients.<sup>101</sup> Some individuals infected with COVID-19 have no symptoms, but can still transmit the virus—a phenomenon that changed the face of the virus and presented a new obstacle to researchers trying to curb transmission of the virus.”<sup>102</sup> It was reported that for the majority of cases, patients show mild symptoms. According to researchers from the University of Hong Kong, most mild cases of the virus were indistinguishable from a common cold, and that other symptoms could include mild fatigue and a low fever.<sup>103</sup>

On March 2<sup>nd</sup>, TR's Prospective Executive Officer (PXO) arrived via COD.<sup>104</sup>

On March 3<sup>rd</sup>, TR facilitated two distinguished visitor (DV) daylight-only visits to the ship.<sup>105</sup> The first visit consisted of 17 Vietnamese nationals nominated by the Government of Vietnam (GVN) while the second consisted of 14 U.S. country team members who planned the port visit. Tour routes were designed to minimize internal access to the ship and visitor use of handrails and other touch surfaces.<sup>106</sup>

The next day, CPF forwarded the final port visit decision recommendation to INDOPACOM, who approved it.<sup>107</sup> The day's INDOPACOM Country Health Risk to Force for COVID-19 indicated that Vietnam's current risk status was “yellow,” signifying moderate risk where COVID-19 cases occur in the community without known contacts or exposures and/or with small outbreak clusters, swiftly handled by public health interventions that limit disease transmission. The risk level was projected, in seven days, to be “green,” signifying low risk countries with no reported cases of COVID-19, or countries that have cases that were imported from another country, or countries that have isolated transmission exclusively attributed to travel, household contacts or healthcare settings. The CDC and State Department reported Level 1 for Vietnam, which recommended practicing usual precautions.

It is unusual for CPF and INDOPACOM to be involved in the decision regarding a port

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<sup>101</sup> America Has Suffered Its First Coronavirus Deaths-and First Infections of Health Care Workers.” *Advisory Board- Daily Briefing*, [www.advisory.com/daily-briefing/2020/03/02/corona-deaths](http://www.advisory.com/daily-briefing/2020/03/02/corona-deaths)

<sup>102</sup> “America Has Suffered Its First Coronavirus Deaths-and First Infections of Health Care Workers.” *Advisory Board- Daily Briefing*, [www.advisory.com/daily-briefing/2020/03/02/corona-deaths](http://www.advisory.com/daily-briefing/2020/03/02/corona-deaths)

<sup>103</sup> “Some Coronavirus Patients Don't Show Symptoms. Here's Why That's a Problem.” *Advisory Board Daily Briefing*, [www.advisory.com/daily-briefing/2020/03/02/asymptomatic-coronavirus](http://www.advisory.com/daily-briefing/2020/03/02/asymptomatic-coronavirus)

<sup>104</sup> TR XO Statement dtd 16 May 20

<sup>105</sup> TR Da Nang Port Visit Overview Brief dtd Mar 20

<sup>106</sup> TR PAO Interview Summary dtd 23 May 20

<sup>107</sup> Email (SIPR) - CPF to USINDOPACOM - DECISION: Theater Posture Operations dtd 4 Mar 20

visit.<sup>108</sup> However, because COVID-19 had begun spreading beyond China, there was heightened interest and scrutiny from upper echelons to ensure appropriate risk analysis and mitigation measures were implemented to keep the crew safe and execute as much of the port visit mission as possible.<sup>109</sup>

### TR and USS Bunker Hill Port Visit to Da Nang

TR anchored in Da Nang Bay and USS Bunker Hill (BKH) moored pier side in Da Nang on March 5<sup>th</sup>.<sup>110</sup> At the time of TR's arrival in Da Nang, there were no State Department, Defense Department, or CDC travel restrictions for U.S. citizens to Vietnam. Vietnam restricted travel only from China, Republic of Korea, Iran, and Italy before the day of arrival.<sup>111</sup>

When the TR and BKH arrived in Da Nang, a Vietnamese delegation formally received the United States Ambassador to Vietnam, Ambassador Kritenbrink, CPF, CCSG-9, and the Commanding Officers of USS Theodore Roosevelt and USS Bunker Hill on the pier.<sup>112</sup> The group posed for a photo prior to a press conference attended by more than 100 reporters. The Vietnamese Ministry of Foreign Affairs moderated the 60-minute press conference. Ambassador Kritenbrink, CPF and CCSG-9 participated with two Vietnamese representatives - Mr. Huynh Duc Truong, Director of Da Nang Department of Foreign Affairs and Mr. Ho Ky Minh, Vice Chairman of Da Nang People's Committee. Reuters, Channel News Asia and Da Nang Newspaper, were among the media outlets called upon for questions focused on the visit's historical significance, the U.S.-Vietnam bilateral relationship, and Naval operations in the South China Sea.

Ambassador Kritenbrink, CPF, Consulate General Damour (Ho Chi Min City) and CCSG-9 attended office calls with the Chairman of the Da Nang People's Committee and Vietnamese Commander of Navy Region 3.

On March 5<sup>th</sup>, although all reported COVID-19 cases in Vietnam were reported as clear, CSG-9 and local authorities continued to take precautions to prevent the spread of the virus. Some events were cancelled, and liberty restrictions were enforced.<sup>113</sup> TR and BKH Sailors were limited to visiting only Embassy-vetted locations and hotels. Both TR and BKH cleaned the ships with bleach and disinfectant daily. High sea-states limited

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<sup>108</sup> CPF Statement dtd 17 May 20

<sup>109</sup> CPF Statement dtd 17 May 20

<sup>110</sup> CPF Statement dtd 17 May 20;

<sup>111</sup> INDOPACOM J07 Country Health Risk to Force for COVID-19 dtd 4 Mar 20

<sup>112</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>113</sup> CCSG-9 Statement dtd 15 May 20; XO, TR CMC Statement dtd 17 May 20; Crozier, B. CAPT Statement dtd 15 May 20

the ability of TR Sailors to attend liberty events, resulting in the cancellation of two planned sporting events, many tours and community relations events, often the highlights of a port visit for a ship's crew. However, more than 100 other strike group personnel and U.S. Country Team members fulfilled all the other Community Relations Project obligations, which included interacting with residents at the Vocational Charity Center, Dorothea's Project Legacy Charity Center (attended by Ambassador Kritenbrink, CPF and CCSG-9), Agent Orange Victims Center, Hoa Mai Orphanage and Dong A University. Local media covered these events and interviewed strike group personnel.

CPF hosted a formal reception for 500 guests on March 6<sup>th</sup>. Originally scheduled to be held aboard TR, the event was moved to Da Nang Golden Bay Hotel due to concerns with safely transferring guests to and from the carrier because of an increased sea state. CPF, AMB Kritenbrink and Mr. Ho Ky Minh, Da Nang People's Committee vice chairman, provided formal remarks during the ceremony, which was accompanied by military courtesies and protocol standard for such events.

Due to the dangerous sea state and the resulting inability to get members of the media safely to TR immediately after the press conference, approximately 65 reporters visited BKH for one hour to film b-roll footage and capture still imagery the next day. Reporters toured the bridge, hangar bay, fo'c'sle, aft missile deck, and other areas of the ship. Outlets in attendance included Reuters, Channel News Asia, Dat Viet Newspaper, Tuoi Tre Newspaper, VN Express, and Da Nang Newspaper.

On Saturday, March 7<sup>th</sup>, a group of 30 reporters traveled by boat to TR for a tour of the hangar bay and flight deck. This was the only group to visit TR for a tour of the ship during the port visit. Due to the dangerous sea state and the resulting inability for other tour groups to visit TR safely, ship tours were shifted to BKH. 400 guests from the local Border Guard, Vietnam People's Navy, Military Region, municipal government, Vietnam Veterans, and American Chamber of Commerce visited the cruiser between March 5<sup>th</sup> and March 6<sup>th</sup>.<sup>114</sup>

COVID-19 concerns impacted other planned port visit events as well. The Government of Vietnam cancelled shipboard tours for 100 additional guests on Sunday, March 8<sup>th</sup>. The U.S. Pacific Fleet band modified their performance schedule in accordance with Vietnamese direction to refrain from large public gatherings. However, the band performed at several events, including a Vietnamese-hosted dinner, a Charity Center COMREL, a CPF-hosted reception, a Hoa Mai Orphanage COMREL and an event at the Nguyen Huu Dinh Opera Theatre.

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<sup>114</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20



Three planned professional exchanges, in which Vietnamese air traffic controllers, firefighting personnel and meteorologists would have toured TR were cancelled due to sea state and/or COVID-19 concerns. U.S. Country Team representatives supported a Humanitarian Assistance and Disaster Relief (HA/DR) professional exchange ashore, focusing on disease prevention at Da Nang Hospital for Women and Children. Members of the media attended, but CSG-9 members did not.

During the port visit, concerns regarding COVID-19 rose at all levels. On March 4<sup>th</sup>, both Thailand and Vietnam were classified as HPCON “A” (Normal) with a Department of State Advisory Level “1” (practice usual precautions). On March 6<sup>th</sup>, Exercise COBRA GOLD (a joint combined Navy/Army/USMC event) concluded in Thailand, involving 4,500 U.S. personnel.<sup>115</sup> None of those personnel developed COVID-19.<sup>116</sup>

On March 8<sup>th</sup>, the Vietnamese Government notified CSG-9 that Sailors may have been exposed to COVID-19 during a stay at the Vanda Hotel in Da Nang, because two British citizens who had been guests of that hotel had tested positive for COVID-19.<sup>117</sup> TR and BKH suspended liberty for the remainder of the day, and ultimately the remainder of the port visit.<sup>118</sup> All remaining planned tours and professional engagements were cancelled. TR’s Public Affairs Officer (PAO) (Command Duty Officer on March 8<sup>th</sup>) set up an emergency command center in the Strike Operations center aboard TR and information was gathered to form a list of people who stayed or had interactions at the Vanda Hotel grounds.<sup>119</sup> TR leadership quickly identified the location of 37 Sailors known to have stayed at the hotel. Of those, 11 TR Sailors identified as having stayed at and still present at the hotel were screened, tested on-site, and released to TR for quarantine. 26 other TR Sailors identified as having stayed at the hotel, but no longer there were removed from TR to the pier, screened, tested and returned to TR for quarantine. Later that day, two additional Sailors reported to TR medical staff that they had also visited the hotel. These two Sailors were not tested, but were quarantined on TR. All 39 Sailors remained in quarantine<sup>120</sup> for 14 days. TR remained at anchor one additional day due to sea state, and on March 9<sup>th</sup>, departed Da Nang.

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<sup>115</sup> The 39<sup>th</sup> Iteration of Cobra Gold Concludes with a Combined Arms-Live Fire Exercise and Closing Ceremony *U.S. Army Public Affairs Office* (6 Mar 20)  
[https://www.army.mil/article/233549/cobra\\_gold\\_20\\_the\\_39th\\_iteration\\_of\\_cobra\\_gold\\_concludes\\_with\\_a\\_combined\\_arms\\_live\\_fire\\_exercise\\_and\\_closing\\_ceremony](https://www.army.mil/article/233549/cobra_gold_20_the_39th_iteration_of_cobra_gold_concludes_with_a_combined_arms_live_fire_exercise_and_closing_ceremony)

<sup>116</sup> C7F COS Statement dtd 21 May 20; Email – C7F – Response to RFI dtd 15 May 20

<sup>117</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>118</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>119</sup> TR CDO Report dtd 8 Mar 20

<sup>120</sup> Crozier, B. CAPT Statement dtd 15 May 20

## Chapter 3 – Actions during USS Theodore Roosevelt Transit to and Arrival in Guam

### Underway Quarantine and Initial COVID-19 Positive Sailors Aboard TR

On March 9<sup>th</sup>, TR got underway from anchorage in Da Nang Bay, Vietnam, with 39 Sailors in quarantine (see Figures 2 and 3), and resumed normal operations in the C7F area of operations. At this time, with the exception of the quarantined area, the entire operational chain of command believed that TR was a COVID-free ship.



*Figure 2: 200521-N-SH180-3010 PHILIPPINE SEA (May 21, 2020) - U.S. Sailors sit in a crew lounge area that was one of the first quarantine spaces aboard USS Theodore Roosevelt (CVN 71). (U.S. Navy photo by Mass Communication Specialist 3rd Class Zachary Wheeler)*





*Figure 3. 2200521-N-SH180-3014 PHILIPINE SEA (May 21, 2020) – A reactor berthing compartment that was one of the first quarantine spaces aboard USS Theodore Roosevelt (CVN 71). (U.S. Navy photo by Mass Communication Specialist 3rd Class Zachary Wheeler)*

The outbreak of norovirus earlier in the deployment resulted in a continuing effort to clean common touch areas throughout the ship with an appropriate disinfecting agent. The crew used bleach solution, approved for shipboard use, to clean the ship daily. All ship's services continued as usual. The ship's crew received daily reminders to wash their hands, maintain social distancing, and not touch their faces. These messages were delivered in several ways: TR's XO made daily announcements on the public address system (1MC) and the TR CO made similar announcements every other day. Department Heads received information to inform their department personnel, and the medical staff created a video that was broadcast continuously on the ship's closed-circuit television channel. Additionally, in compliance with guidance at the time, the TR SMO had every department conduct verbal COVID-19 screenings of all Sailors (asking for flu-like symptoms: fever, chills, cough, sore throat, shortness of breath and body aches) daily for a period of seven days. After March 16<sup>th</sup>, Sailors were requested to self-assess and report to Medical if having any symptoms.<sup>121</sup>

TR's CO restricted self-service on the main galley lines on March 9<sup>th</sup>, however self-service remained an option for other food selections such as the salad bar.

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<sup>121</sup> Email - TR SMO to All Officers, All CPOs, All E-6 and below - 14 days of screening following port visits dtd 16 Mar 20

During the transit, the TR communicated to the medical and operational chains of command that they were unable to fully comply with the requirements contained in the C7F TASKORD (C7F TASKORD for Force Health Protection against COVID-19).<sup>122</sup> CPF and C7F Fleet Surgeons requested TR continue to do the screening they were conducting.<sup>123</sup>

From the time the ship left Da Nang on March 9<sup>th</sup> until March 23<sup>rd</sup>, seven COD flights originating out of Clark Air Force Base in the Philippines brought a total of 29 passengers and COD detachment personnel to the carrier.<sup>124</sup> All 29 screened negative for COVID-19 symptoms upon their arrival,<sup>125</sup> following the screening protocols required by the February 23, 2020 C7F FRAGORD.<sup>126</sup> Later, four of those personnel tested positive for the virus, however the investigation team as well as the NMCPHC concluded that none of these Sailors were the likely source of the outbreak on TR (details in Appendix F).

From March 9<sup>th</sup> to March 23<sup>rd</sup>, up to nine Sailors presented to TR Medical with ILI symptoms. Sailors that presented with one or more ILI symptoms were screened by members of the embarked BDRD team for common respiratory pathogens using the BioFire Respiratory Panel (RP-2). If a positive test result was returned, the screening was halted. In each of these nine cases, a positive test result for common respiratory illnesses was returned.<sup>127</sup>

On March 23<sup>rd</sup>, TR stopped receiving COD flights from the Philippines.<sup>128</sup> The TR CO stated that due to the increasing number of COVID-19 cases in the Philippines, an internal decision was made to push all future passengers and parts to Kadena AFB or Anderson AFB and avoid further flights to the Philippines.<sup>129</sup> The investigation team concluded through analysis the following:

- Patients that presented with ILI symptoms prior to Da Nang were not likely COVID-19 positive cases.
- There is no indication that the virus came aboard TR via COD.
- There were indications of possibly undetected COVID cases aboard TR

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<sup>122</sup> Email – TR SMO - Post-Danang Update dtd 17 Mar 20

<sup>123</sup> TR SMO Statement dtd 17 May 20; Email – TR SMO to CCSG-9 – Post-Danang update – dtd 18 Mar 20

<sup>124</sup> COD Completed Travel Log/Manifest

<sup>125</sup> Crozier, B. CAPT Statement dtd 15 May 20, TR XO Statement dtd 16 May 20; CVW-11 CAG Statement dtd 19 May 20

<sup>126</sup> TR SMO Statement dtd 17 May 20

<sup>127</sup> (b) (6) LCDR Statement dtd 23 May 20

<sup>128</sup> COD Completed Travel Log/Manifest

<sup>129</sup> Crozier, B. CAPT Statement dtd 15 May 20

following the Da Nang port visit.

A more detailed analysis of the probable source of COVID-19 on TR can be found in Appendix F of this report.

The prospective XO, who embarked prior to the ship's arrival in Da Nang, completed turnover with the outgoing TR XO, and officially assumed the role on March 11<sup>th</sup>.<sup>130</sup>

On March 13<sup>th</sup>, the TR CO sent letters to family members indicating the ship had begun COVID-19 testing for select individuals.<sup>131</sup> Members of Navy Forward-Deployed Preventive Medicine Units and Naval Medical Research Center, per the request of C7F, embarked TR<sup>132</sup> on March 14<sup>th</sup> while the 39 quarantined Sailors tested negative.<sup>133</sup> Members of the BDRD team tested the 39 Sailors on the Applied Biosystems Inc. StepOne Plus instrument, using the COVID-19 test, which had been approved for research-use only at that point.<sup>134</sup> Operations in 7<sup>th</sup> Fleet continued; USS Blue Ridge (LCC 19) arrived in Singapore for a previously scheduled port visit, Guam declared a state of public health emergency, even though no cases had yet been identified on Guam.<sup>135</sup>

On March 16<sup>th</sup>, the TR SMO emailed the crew of TR explaining that C7F released a revision to the Tasking Order (TASKORD) for Force Health Protection against COVID-19.<sup>136</sup> By March 17<sup>th</sup>, all 50 U.S. states had confirmed cases of the virus.<sup>137</sup> By March 20<sup>th</sup>, Guam had 12 confirmed cases of COVID.<sup>138</sup>

As TR prepared for their Guam port visit, scheduled for April 3<sup>rd</sup> – 10<sup>th</sup>, the TR CO and NBG CO correspondence regarding the same illustrated that TR was not seen as a COVID-threat to Guam, but significant efforts would need to be taken to ensure TR remained COVID-free, which would result in changes from their recent February port call to Guam.

On March 17<sup>th</sup>, the TR CO emailed<sup>139</sup> CO, NBG to propose three possible courses of action (COAs) for liberty during the TR's upcoming Guam port visit:

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<sup>130</sup> Email - TR XO - TR Investigation dtd 8 May 20

<sup>131</sup> Crozier, B. CAPT Ltr to families dtd 13 Mar 20

<sup>132</sup> Navy Preventive Medicine Teams Embark Ships in 7th Fleet, *INDOPACOM*, (03 Mar 20)

<https://www.pacom.mil/Media/News/News-Article-View/Article/2122302/navy-preventive-medicine-teams-embark-ships-in-7th-fleet/>

<sup>133</sup> Email - TR SMO - Post-Danang Update dtd 14 Mar 20

<sup>134</sup> (b) (6) LCDR Statement dtd 23 May 20

<sup>135</sup> Government of Guam Executive Order 2020-03

<sup>136</sup> Email - TR SMO - Coronavirus screening - Update dtd 16 Mar 20

<sup>137</sup> CORONAVIRUS: DOD RESPONSE TIMELINE (15 May 20) <https://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/>

<sup>138</sup> Email - NBG CO to TR CO - TR PVST dtd 20 Mar 20

<sup>139</sup> Email - NBG CO to TR CO - TR PVST dtd 20 Mar 20

1. Full Guam liberty, similar to the previous port visit,
2. NBG liberty with base access (busses to Navy Exchange (NEX), beach, etc.), and limited off-base liberty (golf, small group tours, etc.),
3. Or pier liberty with limited access to NBG (busses to NEX, beach, etc.) and MWR pier support (food/beer/entertainment/wifi).

CO, NBG responded that Guam now had 12 confirmed COVID-19 cases and although none of the cases were on base, he deemed that the possibility of exposure on base to the TR was a threat for their port visit and forwarded NAVBASE Guam Notice 6210, "U.S. Naval Base Guam Maritime Vessel Quarantine Procedures for a Clean Ship." CO, NBG stated that only COA 3 was appropriate and that further mitigation measures were needed to afford TR Sailors access to the NEX and that TR medical personnel would be required to assist in screening and sanitization inspections.<sup>140</sup>

On March 22<sup>nd</sup>, TR CO emailed CO, NBG and provided a summary of the TR liberty plan for the upcoming Guam port visit that complied with the limitations of COA 3. TR CO outlined in detail that liberty would be confined to the pier with limited NBG access. He requested support equipment and supplies for beer sales, barbeques, Wi-Fi, and games. In addition to pier activities, TR CO requested exclusive access to Gab Gab beach for TR Sailors with the availability of MWR rental equipment such as paddleboards and volleyball. TR CO requested limited access to NBG locations such as the NEX, Liberty Center, movie theater, gym, ballfields, and hiking areas.<sup>141</sup>

CO, NBG responded to TR CO that his first priority was the safe mooring of the ship and proper husbanding while in port, all while ensuring that the ship and crew remained "clean." He stated that "once we have that locked in we will focus on the quality of life." CO, NBG attached the below general schematic for Kilo Wharf (Figure 4) and the potential Force Health Protection Enclave (FHPE) that would be employed to enable the required separation for TR Sailors to base support personnel.<sup>142</sup>

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<sup>140</sup> Email - NBG CO to TR CO - TR PVST dtd 20 Mar 20

<sup>141</sup> Email - NBG CO to TR CO - RE TR PVST dtd 23 Mar 20

<sup>142</sup> Email - NBG CO to TR CO - RE TR PVST dtd 23 Mar 20





Figure 4. Kilo Wharf, Naval Base Guam, laydown for TR's arrival on March 27, 2020.

### First COVID-Positive Tests

On March 22<sup>nd</sup>, after a 14-day quarantine period, all 39 Sailors potentially exposed to COVID-19 in Da Nang remained asymptomatic, tested negative for COVID-19 a third time, and were released from quarantine.<sup>143</sup> However, on March 23<sup>rd</sup>, two Sailors, both from the air wing, began showing COVID-19 symptoms.<sup>144</sup> Those two, and an additional Sailor from the nuclear reactor department, tested positive for COVID-19 on March 24<sup>th</sup>.<sup>145</sup> None of these three Sailors were among the 39 who had been potentially exposed to the virus in Da Nang and subsequently placed in quarantine.

From this point forward, despite no known COVID cases aboard, the ship did not implement actions such as enforcing social distancing measures on the mess decks<sup>146</sup> (i.e., no seats were removed, lines continued to form without six feet of separation between Sailors and condiments were available for common use).<sup>147</sup> Gyms, chapel, and ship's store remained open.

<sup>143</sup> C7F COS Statement dtd 21 May 20; Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20; TR SMO Statement dtd 17 May 20; C7F Surgeon Statement dtd 23 May 20

<sup>144</sup> Email (SIPR) - CCSG-9 to C7F and C3F - POSITIVE COVID-19 TESTS ON TR (initial report) dtd 24 Mar 20

<sup>145</sup> Email (SIPR) - CCSG-9 - Positive COVID-19 tests on TR (update #9) dtd 26 Mar 20; Email - TR SMO to CCSG-9 - COVID 19 update 24 March dtd 24 Mar 20, 0440

<sup>146</sup> AME1 Statement dtd 13 May 20; CSC Statement dtd, 13 May 20; TR CMC Statement dtd 17 May 20

<sup>147</sup> Email - TR SMO to TR CO - Follow Up dtd 9 Mar 20; TR SUPPO Statement dtd 18 May 20; TR XO Statement dtd 16 May 20

## Planning for Arrival in Guam

As TR confirmed the first Sailors with COVID-19 aboard TR, two commercial cruise ships, Diamond Princess and Grand Princess, were experiencing more than 800 total COVID-19 cases while at sea, including 10 deaths. As the first U.S. Navy warship to have a COVID outbreak underway, CSG-9 and TR leadership paid close attention to observations from the cruise ship Diamond Princess and other cruise ships experiencing COVID outbreaks. They recognized two significant differences between Diamond Princess and TR. First, berthing onboard TR was primarily open bay group berthing with shared heads, while the Diamond Princess berthing was comprised mainly of staterooms (accommodating one or two people). Secondly, the demographics of the ships were different. TR had a younger, healthier population, while Diamond Princess had an older demographic. Cruise ships were experiencing difficulty in obtaining authorization from host nations to enter port and in the case of the Diamond Princess and Grand Princess, required extraordinary levels of support to manage the movement of embarked guests ashore. Guam had denied entry to cruise ship MS WESTERDAM over COVID-19 concerns on February 7<sup>th</sup>, even though there were no known COVID-positive people aboard.<sup>148</sup>

TR was originally scheduled for a port visit to Guam from April 3<sup>rd</sup> to April 10<sup>th</sup>.<sup>149</sup> On March 25<sup>th</sup>, TR sailed for Guam at USS Bunker Hill's best speed based on maximum allowable fuel burn rate for the planned transit<sup>150</sup> and TR sent a logistics request (LOGREQ) for a March 27<sup>th</sup> arrival in Guam.

C7F suggested using the ship's hangar deck for segregated berthing, and considered flying the Command Element and the air wing off the ship to Anderson Air Force Base, Guam. Anderson Air Force Base had significant concerns about COVID-positive patients flying to that base.<sup>151</sup> Commander, Task Force (CTF) 75 offered tents with air conditioning and cots for 400 Sailors to be available on the pier if needed.<sup>152</sup> After the third Sailor tested positive for COVID-19, the TR CO conducted a 1MC call informing the crew that antiseptic wipes and hand sanitizer were available throughout the ship, that self-service was secured on the mess decks, the Chief Petty Officers' mess and wardrooms, dental services were now limited, and "bleach-a-palooza" would occur twice daily.<sup>153</sup> C7F was aware of the preventive measures currently being taken aboard

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<sup>148</sup> Guam denies entry to ship over coronavirus concerns, *USA Today* (07 Feb 20)

<https://www.usatoday.com/story/news/local/2020/02/07/guam-denies-entry-ship-over-coronavirus-concerns/4687803002/>

<sup>149</sup> Email - CSG-9 – Response to RFI dtd 20 May 20

<sup>150</sup> Crozier, B. CAPT Statement dtd 15 May 20; C7F COS Statement dtd 16 May 20; , TR XO Statement dtd 16 May 20; TR RO Statement dtd 18 May 20

<sup>151</sup> Email (SIPR) – C7F to CCSG-9, C7F CoS, CSG-9 CoS – RE: (S) Positive COVID tests on TR (Update #2) dtd 24 Mar 20

<sup>152</sup> Email (SIPR) – CTF 75 to C7F – COVID-19 Commander's perspective 22 Mar dtd 24 Mar 20

<sup>153</sup> Email – TR PAO – TRSG RTQ dtd 24 Mar 20 0149 (containing 200323 TRSG Positive COVID 1MC Remarks)



TR.<sup>154</sup> The SMO requested assistance from Navy Medicine upon arrival in Guam.<sup>155</sup> C7F and CPF Fleet Surgeons concurred with the SMO that at this point “anyone who is defined as [having influenza-like illness symptoms] is a presumptive [positive] COVID-19 and should be treated as such.”<sup>156</sup>

By March 25<sup>th</sup>, TR had four Sailors positive for COVID-19, and moved them ashore to Naval Hospital Guam via helicopter.<sup>157</sup> On March 25<sup>th</sup>, the CSG-9 COS notified the C7F COS of the need for 4,000 rooms to house Sailors in single isolation for two weeks.<sup>158</sup>

As COVID-19 cases rose to eight,<sup>159</sup> the TR CO sent letters to family members indicating “a few Sailors” had tested positive for COVID-19, had been placed in isolation, and work was in progress to fly those Sailors off the ship as soon as possible.<sup>160</sup> (Figures 5 and 6 depict Sailors working aboard the ship using social distancing measures).



*Figure 5: 200521-N-MQ442-1006 PHILIPPINE SEA (May 21, 2020) -- U.S. Sailors work in the aviation ordnance shop aboard the aircraft carrier USS Theodore Roosevelt (CVN 71). Seven Sailors typically work in this space. (U.S. Navy photo by Mass Communication Specialist 3rd Class Dartañon D. De La Garza)*

<sup>154</sup> Email – C7F PAO to TR PAO – FWD: Proposed Statement dtd 26 Mar 20

<sup>155</sup> Email – TR SMO to CPF and C7F Fleet Surgeons - WARNORD for BUMED dtd 24 Mar 20

<sup>156</sup> Email – TR SMO to CPF and C7F Fleet Surgeons - WARNORD for BUMED dtd 24 Mar 20

<sup>157</sup> CO NHG Statement dtd 18 May 20; Sailors tested positive on USS Theodore Roosevelt, extent of exposure unclear, *Pacific Daily News* (23 Mar 20) <https://www.guampdn.com/story/news/local/2020/03/26/sailors-tested-positive-uss-roosevelt-extent-exposure-unclear/5084652002/#>

<sup>158</sup> Email (SIPR) – CSG-9 COS to C7F COS – HOTEL OPTION dtd 25 Mar 20

<sup>159</sup> Eight sailors from USS Theodore Roosevelt have coronavirus, raising concerns about pandemic's strain on military, *USA Today* (24 Mar 20) <https://www.usatoday.com/story/news/politics/2020/03/24/coronavirus-3-sailors-test-positive-military-readiness-affected/2910165001>

<sup>160</sup> Email – Crozier, B. CAPT to TR Ombudsmen – TR letter to families – with Letter to TR Families and Friends dtd 24 Mar 20



*Figure 6: 200521-N-XX200-2116 PHILIPPINE SEA (MAY 21, 2020) - U.S. Sailors work in an Air Department work center aboard the aircraft carrier USS Theodore Roosevelt (CVN 71). Up to eight Sailors typically work in this space. (US Navy photo by Mass Communication Specialist Seaman Erik Melgar)*

TR's positive COVID-19 cases grew from eight to 33 by March 26<sup>th</sup>.<sup>161</sup> With numbers of cases increasing, C7F continued coordinating efforts to develop a plan for disembarking TR Sailors. During a discussion with C7F, the Commanding General of III Marine Expeditionary Force (III MEF) offered up to 5,000 rooms for potential occupancy in Okinawa.<sup>162</sup> An email from CO, NBG to the C7F COS and CSG-9 COS detailed a plan for TR's arrival to Guam and provided the slides in figures 7 through 9 below.<sup>163</sup> The priority after safely mooring was to transport Sailors who were COVID-19 positive and 20 Reactor Department Sailors (key watchstanders who were being protected as backups and kept in reserve) to isolation rooms. CO, NBG's scheme of maneuver brief shows the availability of 150 isolation beds and 493 quarantine beds in gyms and open bay facilities upon TR's expected March 27<sup>th</sup> arrival.<sup>164</sup>

<sup>161</sup> Email (SIPR) – CCSG-9 - Positive COVID-19 tests on TR (update #9) dtd 26 Mar 20

<sup>162</sup> C7F Statement dtd 18 May 20

<sup>163</sup> Email (SIPR) – CO NBG – NBG Task Force TR REVIVE dtd 26 Mar 20

<sup>164</sup> Email (SIPR) – CO NBG – NBG Task Force TR REVIVE dtd 26 Mar 20





Figure 7: Kilo Wharf Laydown<sup>165</sup>



Figure 8: Route to Isolation Homes<sup>166</sup>

<sup>165</sup> Email (SIPR) – CO NBG – NBG Task Force TR REVIVE dtd 26 Mar 20

<sup>166</sup> Email (SIPR) – CO NBG – NBG Task Force TR REVIVE dtd 26 Mar 20

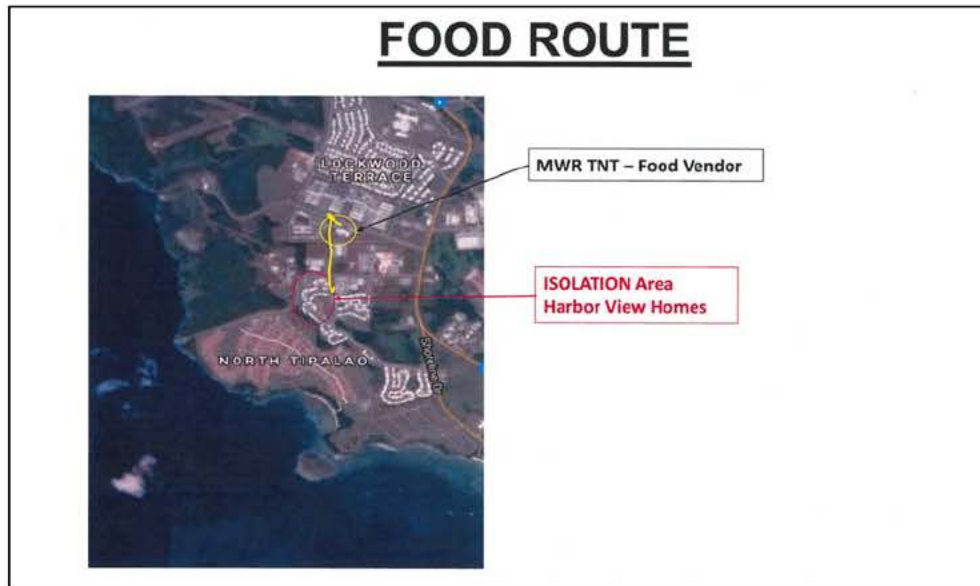


Figure 9: Food Route<sup>167</sup>

Navy published definitions of quarantine and isolation, derived from CDC guidance, on March 23<sup>rd</sup>.<sup>168</sup> Quarantine referred to the separation of a person or group from others as a result of suspected exposure to a communicable disease to prevent its spread. Quarantine was to be imposed on those with no COVID-19 symptoms who had either recently returned from a high-risk location (CDC Travel Health Notice Level 2 or 3), or had close contact with a known COVID-19 positive person. The recommended quarantine period was 14 days. The same Navy guidance defined isolation as the separation of a person or group from others due either to the development of potential COVID-19 symptoms or as a result of a positive COVID-19 test. A third definition of Restrictions on Movement (ROM) applied to personnel directed to remain at home or in a comparable setting for 14 days from the day of contact with a COVID-19 positive person. For transient personnel and those residing in close quarters such as unaccompanied housing or ships, temporary lodging meeting CDC guidance of separate sleeping and bathroom facilities shall be arranged, when available.

On March 26<sup>th</sup>, CCSG-9 issued Commander's Guidance to the strike group for arrival in Guam expressing the following priorities:

1. move all COVID-positive Sailors to isolation quarters;
2. identify key groups needed to operate ship at sea in near-term;

<sup>167</sup> Email (SIPR) – CO NBG – NBG Task Force TR REVIVE dtd 26 Mar 20

<sup>168</sup> NAVADMIN 083/20 Restriction of Movement (ROM) Guidance 23 Mar 20



3. move key reactor supervisory personnel into isolation following testing; and
4. if additional quarantine racks remain, prioritize by personnel and by function.

The desired near-term end state was to have sufficient personnel to get the ship underway for contingency operations.<sup>169</sup> This was a reasonable and appropriate set of priorities given the size of the outbreak at the time and the limited knowledge of what COVID-19 PCR testing could actually do.

As concern for TR elevated up operational and administrative chains of command, CPF emailed the first of a series of TR Recovery and Disposition Plan updates to the four-star admiral commanding U.S. Indo-Pacific Command (INDOPACOM) and to the CNO. CPF noted that the plan was to test the entire TR crew for COVID-19.<sup>170</sup>

On March 26<sup>th</sup>, C7F emailed the Deputy Chief of Naval Operations (DCNO) for Operations, Plans and Strategy (N3/N5) recommending Echelon I engagement and support for additional resources for testing 100 percent of the TR crew.<sup>171</sup> The C7F COS stated that testing before moving to quarantine was not required and that C7F was clear to CCSG-9 that the intent was to move Sailors ashore as fast as possible.<sup>172</sup>

With one day remaining before TR's arrival in Guam, CCSG-9 emailed C7F that TR would run out of quarantine and isolation space ashore in Guam. Adding complexity to the situation, an email response from the CNO to CPF stated his understanding that 100 percent of the crew would be tested and a response on the same email thread from C7F stated that "100 percent was desired but likely not possible." In the same email thread, the DCNO (OPNAV N3/N5), who was responsible for Navy's overall plan to combat COVID-19, replied to C7F that the "Crew of TR will not leave pier, with the exception of positive Sailors, who will be sequestered in base berthing facilities." The email thread continued the same day with the CNO again stating for clarification to CPF that he understood that CPF's intent was 100 percent testing for the TR crew.<sup>173</sup> On March 28<sup>th</sup>, C7F emailed CCSG-9 to address an earlier conversation in which CCSG-9 reported he was sending Sailors to ashore quarantine without an initial test. C7F stated in his email, "You get no credit for those folks."<sup>174</sup> CCSG-9 replied, "Copy all and WILCO," implying he now understood a 100 percent testing requirement for Sailors to move ashore.<sup>175</sup> This perceived direction from higher authority was in opposition to the

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<sup>169</sup> Email (SIPR) – CCSG-9 to Crozier, B. CAPT, CVW-11 CAG – (S) OUTBREAK COMMANDER'S GUIDANCE dtd 26 Mar 20

<sup>170</sup> Email (SIPR) – CPF to CNO and INDOPACOM - TR Recovery and Disposition Plan dtd 26 Mar 20

<sup>171</sup> Email (SIPR) – C7F to OPNAV N3/N5 – RE: (U//FOUO) FOR INFORMATION: TR Recovery and Disposition Plan dtd 26 Mar 20

<sup>172</sup> C7F COS Statement dtd 16 May 20

<sup>173</sup> Email (SIPR) – N3/5 to C7F – RE: (U//FOUO) FOR INFORMATION: TR Recovery and Disposition Plan dtd 26 Mar 20

<sup>174</sup> Email (SIPR) - C7F to CCSG-9 – SUBJ: (S) 28 Mar TB - follow-up dtd 28 Mar 20

<sup>175</sup> Email (SIPR) - C7F to CCSG-9 – SUBJ: (S) 28 Mar TB - follow-up dtd 28 Mar 20

plan to remove the healthy 840 “Tier I” personnel needed to steam the ship and caused further confusion among the warfare commanders.<sup>176</sup>

### Arrival and Initial Disembarkation

On March 27<sup>th</sup>, TR arrived in Guam and moored at the pier<sup>177</sup> with 36 COVID-19 positive Sailors aboard the carrier. Upon arrival, CCSG-9 and TR planned to rapidly move both confirmed COVID-positive Sailors and key watchstanders known to have avoided contact with any positive Sailors off the ship. 264 Sailors moved ashore to available berthing according to this plan. There was no plan at this time to move ashore the large number of Sailors quarantined on the ship, nor was there clarity on testing requirements prior to sending Sailors ashore to NBG. Compounding the confusion, the C7F COS emphasized to CSG-9 that all people must be tested before they leave the ship.<sup>178</sup>

TR closed the remaining gyms aboard ship once in port and created a pier gym for Sailor use.<sup>179</sup> Creation of this pier gym was inconsistent with published Navy and Fleet guidance. Additionally, the ship continued to conduct Command Urinalysis screening despite the release of Navy guidance<sup>180</sup> on March 27<sup>th</sup> (NAVADMIN date – March 28<sup>th</sup> Guam) authorizing commanding officers to pause the program in response to the strict enforcement of social distancing measures.<sup>181</sup> In contrast, Navy facilities ashore and units at sea had by this date (March 24<sup>th</sup>) secured gyms and religious services and mandated social distancing in dining facilities consistent with NAVADMIN 080/20 released on March 22<sup>nd</sup>.<sup>182</sup>

As the TR arrived in Guam, C7F said he was “crystal clear” to CCSG-9 that C7F wanted as many Sailors off the ship as quickly as possible.<sup>183</sup> Once CPF received word that Korea could test 1,000 samples per day, CPF directed testing of TR’s entire crew.<sup>184</sup> In order to do this, CPF directed getting the entire crew tested, the ship cleaned and declared clear of the virus as soon as possible so the crew could get back to the ship and get underway.<sup>185</sup> The fastest means to achieve this was to establish a testing rate

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<sup>176</sup> CVW-11 CAG Statement dtd 19 May 20; Crozier, B. CAPT Statement dtd 15 May 20; Email – CVW-11 CAG to CCSG-9 – PROPOSED PAPER / COURSE OF ACTION FROM WARFARE COMMANDERS dtd 29 Mar 20

<sup>177</sup> Facebook Post - Family and Friends of the Rough Riders, Crozier, B. CAPT (27 Mar 20)

<https://www.facebook.com/USSTheodoreRoosevelt/photos/a.489137065779/10156700551025780/?type=3&theater>

<sup>178</sup> Email (SIPR) - C7F COS to COS CSG-9 - Triage and Procedure dtd 27 Mar 20

<sup>179</sup> Email – TR Afloat Rec Specialist – Gym's Secured dtd 29 Mar 20

<sup>180</sup> NAVADMIN 092/20 Urinalysis Policy Update dtd 27 Mar 20

<sup>181</sup> TR MA2 to TR Crew - URINALYSIS POLICY UPDATE dtd 29 Mar 20

<sup>182</sup> NAVADMIN 080/20 Navy Mitigation Measures in Response to Coronavirus Outbreak Update 3 dtd 21 Mar 20

<sup>183</sup> C7F COS Statement dtd 16 May 20

<sup>184</sup> C7F COS Statement dtd 16 May 20

<sup>185</sup> C7F COS Interview dtd 16 May 20

of 500 tests per day to match available shipboard testing capacity, as a goal. Upon arrival, TR could only swab approximately 200 Sailors per day without outside medical support personnel.<sup>186</sup> C7F stated that they were aware of the testing capacity limitation as well as ongoing efforts to supply sufficient swabs, however they felt continual pressure from CPF to attain the 500 per day goal, and to ultimately expand to the advertised capacity of 1,000 per day for the lab in Korea.<sup>187</sup> CCSG-9 and TR felt continuous pressure from these requirements, and they felt distracted from egressing the crew in a timely manner. There was no meaningful discussion at leadership meetings on when these samples should be taken – before leaving the ship or after. TR was executing the samples before allowing Sailors to leave. C7F said he believed TR was “slow-rolling” Sailors leaving the ship. In contrast, TR and CCSG-9 leaders viewed the testing as an unnecessary distraction.<sup>188</sup>

While CCSG-9’s guidance established movement of COVID-19 infected Sailors to isolation ashore as the first priority, the next priority was preserving the ability to get underway rapidly for contingency operations, and accordingly key watchstanders that had been protected from spread of infection were quarantined next. The lack of clarity about available facilities ashore and plans for testing Sailors aboard ship contributed to delays in getting potentially non-infected crewmembers off the ship.<sup>189</sup>

On March 28<sup>th</sup>, TR’s CO sent letters to family members announcing the ship’s arrival in Guam. He indicated that Sailors with positive test results or symptoms indicative of COVID-19 were the first priority to get off the ship for evaluation at NBG Hospital. He further stated that some Sailors would be moved to open bay berthing off the ship and that parts of the ship would be used to quarantine “close contact” Sailors.<sup>190</sup>

The same day, TR received new higher capacity COVID-19 testing kits, but they required 12-14 days of preparation before use.<sup>191</sup> After previously stressing that all Sailors would be tested prior to departing the ship, CCSG-9 decided to move people off the ship as quickly as possible and test later.<sup>192</sup> The ship worked to batch-test 200 people who had already moved ashore before the ship was able to test them. A batch test ran the samples of multiple Sailors at once enabling the medical team to determine if a COVID-19 case was in the tested group. A batch test does not individually diagnose Sailors. If a batch were to test positive for COVID-19, the medical team would take

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<sup>186</sup> Email – TR SMO to CSG-9 Staff – Testing Planning Factors dtd 27 Mar 20

<sup>187</sup> Email – C7F COS– RE: Signed C7F COS statement dtd 22 May 20

<sup>188</sup> Email – CVW-11 CAG to CCSG-9 – PROPOSED PAPER / COURSE OF ACTION FROM WARFARE COMMANDERS dtd 29 Mar 20

<sup>189</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20

<sup>190</sup> Email – Crozier, B. CAPT to TR Ombudsmen – (none) with Letter to TR Families and Friends dtd 24 Mar 20

<sup>191</sup> Email (SIPR) – CNO to CPF – INFO TR recovery and disposition update 27 Mar 20 dtd 28 Mar 20

<sup>192</sup> Email (SIPR) – CCSG-9 - 28 Mar TB - follow up dtd 28 Mar 20

additional measures, such as isolating the Sailors whose samples were in the batch, and depending on the Sailor's symptoms, potentially medically evacuating them off the ship to a shore facility for testing.<sup>193</sup>

Providing food for the number of TR Sailors ashore in isolation and quarantine was a challenge.<sup>194</sup> As the number of Sailors ashore increased, the contracted food delivery had difficulty keeping up with the increasing demand. TR Sailors complained of problems<sup>195</sup> that leadership addressed as quickly as they could. Sailors expressed their concerns on social media and this was relayed to the TR CO and TR XO.<sup>196</sup> Contributing to this sense of “helplessness,” NBG did not allow (at the time) any TR supervisors to review the temporary facilities for their Sailors, but neither did TR leadership address this with NBG or others.<sup>197</sup>

The ship's leaders were also concerned that the temporary open-bay facilities did not meet CDC guidelines and cots were not initially arranged to enable social distancing. In reaction to the social media posts and out of concern about the living conditions ashore, the TR CO established policy that no Sailors would leave the ship until guarantee of sufficient meal service was available.<sup>198</sup> Additionally, the CO requested the ability for ship's company to inspect isolation and quarantine facilities for suitability prior to moving Sailors (e.g., adequate meal service, heads, and physical separation).<sup>199</sup> Figures 10 through 14 below depict a sampling of the shore facilities in place for TR Sailors.

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<sup>193</sup> Navy Preventive Medicine Teams Embark Ships in 7th Fleet, *INDOPACOM*, (03 Mar 20)

<https://www.pacom.mil/Media/News/News-Article-View/Article/2122302/navy-preventive-medicine-teams-embark-ships-in-7th-fleet/>

<sup>194</sup> NBG CO statement dtd 18 May 20; TR XO Statement dtd 16 May 20

<sup>195</sup> AME2 Statement dtd 16 May 20; AN Statement dtd 16 May 20; TR CMC Statement dtd 17 May 20; TR XO Statement dtd 16 May 20

<sup>196</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20; TR PAO Interview Summary dtd 23 May 20

<sup>197</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>198</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20

<sup>199</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR CMC Statement dtd 17 May 20



*Figure 10: Vacant Family Housing in Guam*



*Figure 11: Gym Cot Setup*





*Figure 12: Gym Cot Setup*



*Figure 13: Guam Expeditionary Medical Facility (EMF)*





*Figure 14: Guam EMF*

When the Government of Guam issued a state of public health emergency on March 14<sup>th</sup>, Naval Base Guam set Health Protection Condition Level (HPCON) C+. This HPCON significantly limited personnel on and transit within the base. Additionally, the pier area around TR had been designated a Force Health Protection Boundary (FHPB), restricting movement for TR's Sailors off the pier.

#### Delays in Disembarking Crew

C7F said he believed that the TR CO and CSG-9 were resisting sending the crew ashore because available facilities were not fully CDC compliant.<sup>200</sup> Some of the spaces available are pictured in Figures 15 and 16 below.

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<sup>200</sup> C7F COS Statement dtd 21 May 20



*Figure 15: USS Theodore Roosevelt (CVN 71) Sailors quarantined in gym (US Navy Photo)*



*Figure 16: USS Theodore Roosevelt (CVN 71) Sailors quarantined in facility on Guam (US Navy Photo)*

On March 28<sup>th</sup>, TR XO emailed TR CO, copying TR's Command Master Chief (CMC) and TR SMO, regarding TR's inability to comply with CDC or Navy guidelines aboard the ship. Estimates of "close contact" Sailors ranged from 1,400-2,000. TR XO recommended moving as many Sailors as possible off the ship into lodging. TR XO stood up the Emergency Command Center (ECC) onboard the TR and placed the Combat Direction Center Officer (CDCO) in charge on the first full day pierside in Guam (March 28<sup>th</sup>). TR XO suggested that the ECC data demonstrated the ship's segregated berthing plan was making the rate of transmission worse.<sup>201</sup> According to email updates sent to CCSG-9 from the TR SMO, tested positive cases were 44 at midday on March 28<sup>th</sup>,<sup>202</sup> 46 in the evening of March 28<sup>th</sup>,<sup>203</sup> 50 at midday on March 29<sup>th</sup>,<sup>204</sup> and 53 in the evening of March 29<sup>th</sup>.<sup>205</sup> The SMO stated to CCSG-9 in an email, "we have lost" against COVID-19 on TR.<sup>206</sup> This conclusion was incorrect, as those in segregated berthing had been placed there due to close contact tracing, and had a higher likelihood of showing symptoms. A higher rate of COVID cases in quarantine areas should have been expected.

Prior to the hotels becoming available, the testing requirement for Sailors going ashore was not completely understood by TR CO, TR XO, and TR SMO. In his interview statement, the C7F COS stated that 100 percent testing was not required and that message was clearly communicated, however, on March 28<sup>th</sup>, he told the CSG-9 COS that TR was not following "protocol" because Sailors were going into quarantine without batch tests to determine if the virus was present.<sup>207</sup> In their interview statements, TR CO stated that testing was required, XO stated that 100 percent testing was not being conducted, and TR SMO stated that he was confused over testing requirements but did not agree with 100 percent testing.<sup>208</sup> Supervisors, to include the TR CO and CCSG-9, were unaware of this confusion and the associated delays. Contributing to this, the TR SMO did not consistently attend or send a representative to the daily C7F medical synchronization meetings because the medical staff was heavily loaded with patient care and testing.<sup>209</sup> As a result, this issue was never brought to the attention of C7F for resolution until the preliminary inquiry identified it.

By March 29<sup>th</sup>, the testing rates for TR were up to 120 per day and there were 4,389 crew remaining to be tested, which would take 37 more days at that rate.<sup>210</sup> The ship

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<sup>201</sup> TR XO Statement dtd 16 May 20

<sup>202</sup> Email – TR SMO to CCSG-9 – COVID-19 update 28 March - Mid-day update dtd 28 Mar 20

<sup>203</sup> Email – TR SMO to CCSG-9 – RE COVID -19 update 29 March – Evening update dtd 28 Mar 20

<sup>204</sup> Email – TR SMO to CCSG-9 – COVID-19 update 29 March - Mid-day update 29 Mar 20

<sup>205</sup> Email – TR SMO to CCSG-9 – COVID-19 update 29 March - Evening update dtd 29 Mar 20

<sup>206</sup> Email - TR SMO to C7F and CPF Surgeons – Reality dtd 28 Mar 20

<sup>207</sup> Email (SIPR) – COS C7F to COS CSG-9 – Triage and procedure dtd 28 Mar 20

<sup>208</sup> C7F COS Statement dtd 21 May 20; Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20; TR SMO Statement dtd 17 May 20

<sup>209</sup> CPF Surgeon Statement dtd 19 May 20

<sup>210</sup> Email (SIPR) – C7F COS – Numbers dtd 29 Mar 20



was down to the last 100 test swabs. More swabs were inbound, but not expected to be delivered until after April 2<sup>nd</sup>.

### Alternate Housing Options Discussed

During planning sessions on March 27<sup>th</sup>, III MEF and C7F refined Okinawa's available capacity to approximately 3,000 rooms. Atsugi was also expected to have 400-600 rooms. However, the C7F planning diagram<sup>211</sup> was distributed showing rooms on Guam as available that were not yet ready. Further, rooms on Okinawa were listed as "White Beach: 5,700 and Commander, Fleet Activity Okinawa (CFAO): 0." Although CFAO owns White Beach, III MEF billeting is not located at White Beach (see Figure 17). C7F had arranged for III MEF to vacate their barracks in Okinawa located at MCAS Futenma, MCB Butler and outlying camps. This would have made 5,700 rooms available on the Marine Corps bases, not White Beach that CFAO had cognizance over. The TR CO and CSG-9 Warfare Commanders stated that they were unaware of this intended movement of III MEF.



Figure 17. Location of beds in Okinawa.

<sup>211</sup> (S) C7F TR COVID Placemat 29 Mar - DRAFT

On March 28<sup>th</sup>, CCSG-9 and TR were tasked to develop plans to airlift crew members to Okinawa. After hours of work towards this task, the TR CO emailed an acquaintance, a Navy Captain at Kadena Air Force Base on Okinawa, to confirm the availability of appropriate and sufficient berthing and was told there were insufficient bunks available.<sup>212</sup> The TR CO discussed this with the TR XO and senior Warfare Commanders. They said they believed the C7F staff had wasted their time on a non-viable COA. The TR CO did not attempt to verify the accuracy of this information up the chain of command.<sup>213</sup> The same day, initial discussions about increasing capacity via hotels occurred between CJRM and his Chief of Staff.<sup>214</sup>

CJRM began consulting with the Government of Guam on March 28<sup>th</sup><sup>215</sup> to obtain hotel rooms, independent and without any knowledge of the ship's expectations. While the TR CO and CSG-9 Warfare Commanders indicated they were not fully aware of the details regarding the Guam hotel COA,<sup>216</sup> CCSG-9 was aware of ongoing efforts by higher headquarters to negotiate for the use of hotels on Guam. TR CO was also aware that higher headquarters were working toward securing hotels on Guam.<sup>217</sup>

From the onset of the first MEDEVAC flights on March 25<sup>th</sup><sup>218</sup> from TR, JRM and TR received support from the people and Government of Guam led by Governor Leon Guerrero. Following CJRM's notifications of the first three MEDEVAC patients on March 25<sup>th</sup> and 21 more COVID-positive patients on March 26<sup>th</sup>, communications between JRM and the Government of Guam significantly increased.<sup>219</sup>

Following the initial CJRM calls on March 28<sup>th</sup>, during which the Governor pledged her assistance saying that "we (Guam) need to support the people who defend us. This is the humanitarian thing to do."<sup>220</sup> JRM staff quickly began identifying the scope and requirements for support. The Governor's COS provided an initial referral to the President of the Guam Hotel and Restaurant Association (GHRA) on March 29<sup>th</sup>. The detailed, immediate planning was led by COS, JRM and the President of GHRA, in conjunction with TR leadership between March 30<sup>th</sup> and April 1<sup>st</sup>. As this delicate coordination was taking place, the President of the GHRA passed along a string of emails where an unknown person from the TR was looking to book hundreds of rooms

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<sup>212</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20

<sup>213</sup> CCSG-9 Statement dtd 15 May 20; Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20

<sup>214</sup> Email - CJRM – Follow Up to 13 May 20 Phone Call

<sup>215</sup> Email - CJRM – Follow Up to 13 May 20 Phone Call; C7F COS statement dtd 21 May 20

<sup>216</sup> Crozier, B. CAPT Statement dtd 15 May 20; CVW-11 CAG Statement dtd 19 May 20; CDS-23 Statement dtd 19 May 20; CSG-9 COS Statement dtd 18 May 20

<sup>217</sup> C7F Statement dtd 18 May 20

<sup>218</sup> Email – TR SMO to CCSG-9 – COVID-19 update 25 Mar - End of Day testing results dtd 25 Mar 20

<sup>219</sup> Email - CJRM – Follow Up to 13 May 20 Phone Call

<sup>220</sup> Email - CJRM – Follow Up to 13 May 20 Phone Call

in Guam for the TR.<sup>221</sup> When informed of this, TR XO emailed all leadership on TR to ask personnel to stop, as this was “counterproductive” as Guam political leaders were “under tremendous pressure from their constituents to contain [the TR COVID cases] to the base” and noted that currently there was “little local support for moving” TR Sailors into hotels on the island.<sup>222</sup> After the initial concept of operations was developed and GHRA identified the first hotels, a unified “walkthrough” of partner hotels was arranged on April 1<sup>st</sup> and 2<sup>nd</sup> at various sites.<sup>223</sup>

On March 29<sup>th</sup>, TR had 53 positive cases with at least seven showing symptoms.<sup>224</sup> CPF directed that no Navy personnel leave Guam until he personally reviewed and approved that plan, effectively putting a hold on the Okinawa COA.<sup>225</sup> The TR SMO assessed that up to half of the ship was a close contact making the continued use of the quarantine areas aboard as ineffective.<sup>226</sup> The TR XO considered that conditions in the aft quarantine area were creating “human suffering” and that the large number of Sailors in the aft quarantine area was unmanageable.<sup>227</sup>

The same day, with an estimated total exceeding 1,000 Sailors in quarantine, the TR CO released these Sailors in aft quarantine based on the recommendation of the TR SMO and TR XO.<sup>228</sup> Additionally, there were large numbers of Sailors in quarantine and the TR XO considered the spaces to which they were confined to be very crowded.<sup>229</sup> The TR CO made the decision without consulting CCSG-9 but later informed him of his decision.<sup>230</sup> The CO, NBG and C7F COS believed that if they could not achieve more social distancing ashore, more Sailors would develop the virus.<sup>231</sup> C7F and CPF were neither informed nor consulted on this critical decision.<sup>232</sup>

The CSG-9 Warfare Commanders, TR CO and TR XO developed an information paper which would later inform a COA development discussion with CCSG-9.<sup>233</sup>

The Warfare Commanders’ email and attached information paper stated that testing cannot determine who does not have the virus, it can only confirm who does, and further stressed that TR could not become a “clean” ship leveraging testing alone.

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<sup>221</sup> Email – TR PAO to JRM PAO et al. – RE: IMMEDIATE AWARENESS” >> Fwd: 400 Rooms checking in ASAP dtd 31 Mar 20

<sup>222</sup> Email - TR XO - Hotel Room inquires dtd 31 Mar 0202

<sup>223</sup> Email - CJRM – Follow Up to 13 May 20 Phone Call

<sup>224</sup> Email – TR SMO to CCSG-9 – COVID-19 update 29 March - Evening update dtd 29 Mar 20

<sup>225</sup> Email (SIPR) – CPF to C7F – RE (S) C7F COVID-19 Update 29 Mar CORRECT COPY!!! dtd 29 Mar 20

<sup>226</sup> TR SMO Statement dtd 17 May 20

<sup>227</sup> TR XO Statement dtd 16 May 20

<sup>228</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20

<sup>229</sup> TR XO Statement dtd 16 May 20; Crozier, B. CAPT Statement dtd 15 May 20

<sup>230</sup> CCSG-9 Statement dtd 15 May 20; Crozier, B. CAPT Statement dtd 15 May 20

<sup>231</sup> Email (SIPR) - NBG CO to C7F COS - Quarantine - Social Distancing - getting to 4,000 dtd 29 Mar 20

<sup>232</sup> CPF Surgeon Statement dtd 19 May 20, C7F Statement dtd 18 May 20

<sup>233</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20; CVW-11 CAG Statement dtd 19 May 20; CDS-23 Statement dtd 19 May 20



Applying their interpretation of lessons learned from the cruise ship Diamond Princess to the TR situation, the paper concluded that 1) 500 additional infections occurred due to quarantine aboard versus isolation ashore and 2) 47 percent of positives were initially asymptomatic. By this reasoning, Sailors initially thought to be safe, were not. The letter stated the absence of symptoms did not indicate lack of infection much like negative test results do not indicate lack of infection. This paper, which the CVW-11 CAG emailed to CCSG-9 on March 29<sup>th</sup>, would later form the basis of the CO's letter.

CCSG-9 concurred with the recommendation and proposed the Guam hotel COA to C7F the next day (March 30<sup>th</sup>), and while acknowledging the request and knowing that CCSG-9 was aware of ongoing negotiations for the hotel rooms, C7F directed him to continue to focus on Okinawa as the primary COA. Bringing TR to NBG had been predicated by a guarantee from CPF to the Government of Guam that no support would be required from them.<sup>234</sup> C7F did not view the temporary facilities as inadequate as they were a short-term improvement over shipboard conditions that would provide a bridge to a longer-term solution.<sup>235</sup> The longer-term solution would be Okinawa or Guam hotels.

Ultimately, on March 29<sup>th</sup>, CPF was not ready to approve C7F's plan for moving the TR crew to Okinawa based on the risk of accelerating infection spread on the aircraft during the 9-hour flight to that island, and complications with the government of Japan.<sup>236</sup> At the time, there were 1,167 beds available on Guam, of which 535 were occupied.<sup>237</sup>

As mentioned earlier, prior to TR's arrival in Guam, CSG-9 COS emailed C7F COS to relay the recommendation from TR CO and TR SMO that 4,000 hotel rooms should be obtained in Guam.<sup>238</sup> C7F, CCSG-9, CJRM and TR all understood the requirement for 4,000 beds, with no discussion of the beds being CDC compliant (i.e., one bed and one head per room).

### Days Leading to Relief of TR CO

By this point, the TR CO, TR XO and CSG-9 Warfare Commanders were frustrated. They felt they had been distracted by numerous RFIs from higher headquarters, and by working COAs that they did not believe in, and that in the end, they were going to be made to stay in the makeshift berthing on Guam, long-term, which they viewed as

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<sup>234</sup> UPDATED: USS Theodore Roosevelt Quarantines Sailors on Guam as Coronavirus Outbreak Spreads, *USNI News* (26 Mar 20)

<sup>235</sup> C7F Statement dtd 18 May 20

<sup>236</sup> Email (SIPR) – CPF to C7F – Evening Ops Update and COVID 29 Mar dtd 29 Mar 20

<sup>237</sup> Email - CJRM – Follow Up to 13 May 20 Phone Call

<sup>238</sup> Email (SIPR) – CSG-9 COS to C7F COS – (U) HOTEL OPTION dtd 25 Mar 20

worse than the ship. Further, they considered that available rooms on Okinawa never existed, and that the whole event had been a distraction. This was compounded by the continued increase in number of COVID-19 positive Sailors and the worst-case narrative of TR fatalities that continued to be pressed forward by the TR SMO and championed by key TR and CSG-9 leadership.

None of these leaders took action to openly communicate these concerns directly with C7F, VADM Merz, although they had a voice at the daily briefs.

Believing that the C7F staff was not seriously entertaining or working towards obtaining CDC compliant hotel rooms in Guam for crew isolation and quarantine, the TR CO and TR SMO elected to bypass their chains of command, and took parallel actions to take matters into their own hands, described in Chapter 4 below.

On March 28<sup>th</sup>, a JRM COS telephone call with the Governor of Guam COS revealed positive indications on the hotel option, and that the Governor required a formal request from CPF or INDOPACOM.<sup>239</sup> That same day, the TR SMO wrote an email to C7F and PACFLT Surgeons stating the need to get 4,500 personnel into individual berthing with single heads.<sup>240</sup> On March 31<sup>st</sup>, with 1,450 Sailors aboard TR in quarantine or isolation, CPF formally requested Guam hotel options and negotiations commenced for an undetermined number of hotel rooms.<sup>241</sup> Also that day, the TR SMO sent an email to the Navy Surgeon General, restating the need to get at least 4,500 personnel off the ship and into single berthing.<sup>242</sup>

NBG, C7F, and TR agreed to the egress strategy and its prioritization of categories of Sailors. Dissatisfied with the pace of egress, C7F repeatedly prompted CCSG-9 for TR's plan to utilize the isolation and quarantine quarters available. With no plan in hand four days after the ship's arrival, and with hundreds of temporary quarantine bunks remaining unused, C7F issued "C7F TASKORD for Recovery of USS Theodore Roosevelt from COVID-19 Infection" on April 1<sup>st</sup>, formally requiring development of this plan, the same day the San Francisco Chronicle published a copy of the TR CO's memo.

On April 2<sup>nd</sup>, the TR CO sent letters to family members regarding the memo stating, "It was never my intention to have the letter made public." The CO's letter to the families stated that every Sailor would be tested for COVID-19 and those with negative test results would be moved to individual rooms off base for 14 days, while those who tested

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<sup>239</sup> C7F Statement dtd 18 May 20; Email - CJRM – Follow Up to 13 May 20 Phone Call

<sup>240</sup> Email - TR SMO - Reality dtd 28 Mar 20

<sup>241</sup> C7F Statement dtd 18 May 20

<sup>242</sup> Email – TR SMO to Navy Surgeon General – Situation on the Ground dtd 30 Mar 20

positive would be housed on base in individual rooms. The letter indicated that some Sailors would remain aboard to clean the ship before moving off to complete their 14-day isolation.

TR Sailors began occupying Guam hotels on the morning of April 2<sup>nd</sup>. Of the 2,343 isolation and quarantine beds available on NBG, 1,283 remained vacant when the CO was relieved later that day.<sup>243</sup>

Following the A-SN's April 2<sup>nd</sup> (D.C. date) public announcement of his direction to relieve TR CO, CCSG-9 relieved the TR CO on April 3<sup>rd</sup> (Guam date). Prior to the former TR CO's departure, TR XO made notification to TR heads of department (HODs) of the former CO's departure from the ship.<sup>244</sup> As former TR CO departed the ship through the hangar bay and via the officer's brow to the pier, hundreds of Sailors gathered to witness the former CO's departure. In multiple open-source videos, the Sailors are seen amassing and then cheering and chanting his name with only a small number wearing masks and with no social distancing (see Figure 18 below). Most of the videos taken and then shared on social media, online video sharing sites, and with news outlets, were taken by Sailors.

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<sup>243</sup> C7F Statement dtd 18 May 20; Email - CJRM – Follow Up to 13 May 20 Phone Call

<sup>244</sup> CCSG-9 Statement dtd 15 May 20

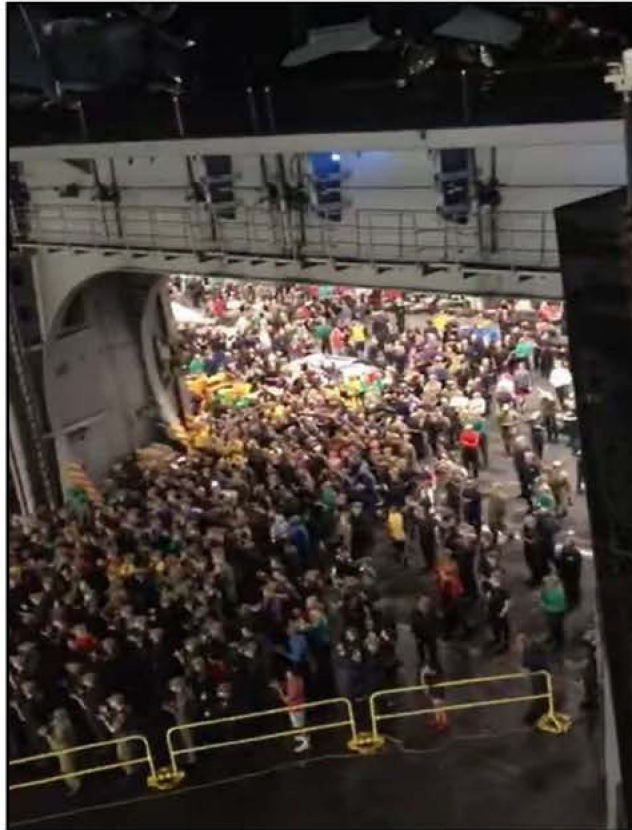


Figure 18. TR crew cheers former TR CO as he departs the ship after being relieved of command on April 3, 2020 (<https://nypost.com/2020/04/03/capt-brett-crozier-gets-dramatic-send-off-from-sailors/>)

In his testimony to the investigation team, CCSG-9 recalled the former TR CO's departure and his reaction to the event. He stated that when he witnessed the videos, he immediately contacted TR XO and asked for an explanation to which the TR XO stated that he had alerted the HODs of the former TR CO's departure but had no reply to CCSG-9 regarding the ensuing mass of Sailors in close proximity in the hangar bay still not practicing social distancing. CCSG-9 further stated that he assessed the crew had an understanding of COVID-19 at the time but did not appreciate the seriousness.<sup>245</sup> In his testimony to the investigative team, C7F recounted the significant concerns he had following his viewing of the videos and restated his comment to the Sailors aboard TR that "our job just got a lot harder."<sup>246</sup>

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<sup>245</sup> CCSG-9 Statement dtd 15 May 20

<sup>246</sup> C7F Statement dtd 18 May 20

## **Chapter 4 – Development of and Response to USS Theodore Roosevelt (CVN 71) Commanding Officer Letter of March 30, 2020**

This chapter addresses the preparation and email delivery of the former commanding officer's letter dated March 30, 2020, further handling of that email, and response to the email and letter by the chain of command. This chapter refers to transcripts and summaries of public statements made by Department of the Navy officials related to the relief of the former commanding officer.

### Preparations for Arrival in Guam

Prior to TR's arrival on March 27<sup>th</sup>, the CO, NBG and staff addressed berthing arrangements needed for COVID patients from TR. Upon TR's arrival in Guam, TR CO requested to CO, NBG berthing arrangements for the ship's crew that centered upon fully meeting the requirements of CDC Guidance and Navy guidance<sup>247</sup> were prioritized. From March 25<sup>th</sup> onward, TR and CCSG-9 recommended 4,000 beds as the preferred COA, using hotels in Guam as well as potentially alternate locations including Okinawa and Atsugi.<sup>248</sup>

NBG provided a laydown of alternative berthing arrangements prior to arrival and during the port visit that met many but not all of the parameters TR CO and TR XO believed Navy guidance required.<sup>249</sup> The ship did not have a means of tracking where the crew members were going until the TR XO activated the Emergency Command Center (ECC) on March 28<sup>th</sup> to centralize requests and information flow. The ECC operated out of the TR XO conference room principally to answer RFIs.<sup>250</sup>

### Warfare Commanders White Paper for CCSG-9

The TR CO, TR XO and TR SMO all stated they collectively believed that by TR's fourth day in Guam there were no clear plans to move 4,000 personnel off the ship into isolation and quarantine in CDC compliant facilities in which each person would have their own room and bathroom and be supplied with appropriate food, ventilation and air conditioning.

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<sup>247</sup> NAVADMIN 083/20 Restriction of Movement (ROM) Guidance dtd 23 Mar 20

<sup>248</sup> Email (SIPR) – CSG-9 COS to C7F COS – (U) HOTEL OPTION dtd 25 Mar 20

<sup>249</sup> The TR CO and TR XO interviews cite NAVADMIN 083/20: "For transient personnel and those residing in close quarters such as unaccompanied housing or ships, temporary lodging meeting CDC guidance of separate sleeping and bathroom facilities shall be arranged, when available"

<sup>250</sup> TR XO Statement dtd 16 May 20; CDCO Statement dtd 18 May 20 (digitally signed)



On March 29<sup>th</sup>, the CVW-11 CAG sent a white paper presenting a COVID-19 analysis and suggested COAs to CCSG-9. The white paper was produced in collaboration with Warfare Commanders and TR senior leadership. The goal was to provide options for CCSG-9 to bring to C7F to spur action toward a safer situation for the crew of TR. After receiving the white paper, CCSG-9 directed the Warfare Commanders to distill it into four executable COAs. CVW-11 CAG sent the “Warfare Commander’s Courses of Action”<sup>251</sup> white paper which outlined the following possible avenues to address the growing outbreak on the ship:

1. 4,500 Sailor individual isolation; 500 remain to run ship; swap & deploy
2. 2,500 in individual isolation / 2,500 on board TR and in group berthing off-ship
3. Status Quo – group berthing off-ship using available NBG facilities
4. Immediately get underway

CVW-11 CAG stated that the COAs were designed to minimize the number of Sailors exposed to COVID-19 and regain warfighting readiness as soon as possible. The Warfare Commanders met with CCSG-9 to discuss the options available to combat the growing crisis. CCSG-9 listened to the counsel of his subordinates before explaining that there was a desire to keep the solution to the problem within Navy channels and that the hotel issue needed to be resolved with the Governor of Guam. CVW-11 CAG stated that the paper and subsequent COA development prompted CCSG-9 to keep pressing C7F for solutions to individual isolation challenges.<sup>252</sup>

The CSG-9 COS stated he believed the Warfare Commanders provided CCSG-9 with the white paper because they were frustrated with the way ahead and wanted CCSG-9 to “jump the chain of command” to CPF for additional emphasis.<sup>253</sup>

CCSG-9 requested 4,000 CDC compliant rooms on March 25<sup>th</sup> with higher headquarters.<sup>254</sup> However, according to CCSG-9, the feedback he received was that the Guam hotels were really not an option because the A-SN had said publicly that the U.S. Government would not use the resources of Guam.<sup>255</sup> Specifically, A-SN stated during a press conference on March 26<sup>th</sup> that, “[t]he ship [TR] is pulling into Guam; it will be pierside, no one on the crew will be allowed to leave anywhere into Guam other than

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<sup>251</sup> Email - CVW-11 CAG – Four COAs – WARFARE COMMANDER DEVELOPED PROs & CONs / RISK TO MISSION & RISK TO FORCE dtd 29 Mar 20

<sup>252</sup> CVW-11 CAG Statement dtd 19 May 20

<sup>253</sup> CSG-9 COS Statement dtd 18 May 20

<sup>254</sup> CCSG-9 Statement dtd 15 May 20

<sup>255</sup> CCSG-9 Statement dtd 15 May 20



on pierside. And we are already starting the process of testing 100 percent of the crew to ensure that we've got that contained."<sup>256</sup> Despite this public statement from A-SN, CCSG-9 did not believe using the local resources of Guam was completely off the table.<sup>257</sup> However, C7F and CPF were, in fact sensitive to making the request, as the Navy had promised to not impose upon the Government of Guam, who was dealing with its own public health emergency.<sup>258</sup> In addition, on the morning of March 30<sup>th</sup>, CCSG-9 recommended to C7F (via video-teleconference) removal of 4,500 Sailors to individual isolation rooms based on both the white paper and COAs in development by the Warfare Commanders. C7F acknowledged the recommendation but directed to continue batch testing, identification of "clean" groups, and development of plan to get a "clean" ship.<sup>259</sup>

TR CO stated that he was unaware of any promises the U.S. Government had made to Guam about the use of local resources to aid in the care of Navy Sailors.<sup>260</sup> He did, however, acknowledge that the A-SN's COS had understood they needed more cots on base and attributed the acceleration of that delivery to his interaction. Subsequent information provided by A-SN's COS indicated that he did not specifically direct any additional resources as he was informed CPF and TR's chain of command were addressing all needed support.<sup>261</sup>

CVW-11 CAG outlined that while the NBG facilities were appreciated, they were not sufficiently isolating personnel per the TR SMO's guidance. He stated they "knew that securing hotels for the entire TR crew was impractical upon arrival and were careful to ask for isolation, not specifically hotel rooms."<sup>262</sup>

#### Development of the TR CO Letter and Email

The TR XO indicated that the TR CO's letter was an abridged version of the white paper to which all CSG-9 Warfare Commanders had contributed. The TR XO said CCSG-9 and C7F were concerned why more available berthing on Guam was not occupied. He explained the growing sense of frustration present on board as they (TR CO, TR XO and Warfare Commanders) started to hear and note positive tests of Sailors in the open

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<sup>256</sup> Transcript: Marine Corps Officials Hold a Defense Department News Briefing on COVID-19 Efforts dtd 26 Mar 20  
<https://www.defense.gov/Newsroom/Transcripts/Transcript/Article/2127585/marine-corps-officials-hold-a-defense-department-news-briefing-on-covid-19-effo/>

<sup>257</sup> CCSG-9 Statement dtd 15 May 20

<sup>258</sup> CPF Statement dtd 17 May 20; C7F Statement dtd 18 May 20; Email - CJRM – Follow Up to 13 May 20 Phone Call

<sup>259</sup> CVW-11 CAG Statement dtd 19 May 20

<sup>260</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>261</sup> Email - A-SN COS to DNS – RE: Support Requirements dtd 30 Mar 20

<sup>262</sup> CVW-11 CAG Statement dtd 19 May 20

bay gym settings (the open bay areas were notionally for “clean crew” who would make up critical watchstanders needed to get the ship underway). He further discussed the large number of Sailors requiring care and feeding, stating that inconsistent meal service and availability of sanitary facilities led to Sailor complaints on social media and to families in San Diego. Additionally, the TR XO stated that he was frustrated with discussion over COAs that could not fully comply with NAVADMIN guidance.<sup>263</sup>

While the TR CO and TR XO waited for a possible phone call they believed would be coming from the CNO<sup>264</sup> on the morning of March 30<sup>th</sup>, the TR CO asked TR XO to shorten and simplify the much longer Warfare Commanders’ information paper. The investigation found that the CNO had not planned to call the TR CO. The anticipated call was confused with another request from the CNO’s Battle Watch Captain (BWC) calling TR to ask if the previous A-SN COS call had been completed.<sup>265</sup> The TR XO stressed that neither he nor TR CO knew at this time of any momentum or desire to obtain individual isolation rooms for Sailors on Guam (i.e., the hotel options). The TR XO sat at the large table in the TR CO’s In-Port Cabin and worked on this project with pen and ink. The TR XO did not know to whom the TR CO meant to address the letter, so he left that section blank. The TR CO simultaneously composed the email cover letter. The TR XO presented his notes to the TR CO and then used the Ship’s Secretary’s computer to turn the notes into a four page memo (CO’s Letter). The TR CO made edits to the opening and closing paragraphs while the TR XO proof-read the email the TR CO had written. Once the TR CO was satisfied with both documents, he signed and scanned the four page memo, attached it to his email and sent it to CPF, CNAP and CCSG-9. The TR XO estimated both documents were written in two to three hours. The only individuals involved in drafting those documents were the TR CO and TR XO with administrative support from the Ship’s Secretary.<sup>266</sup>

The TR CO received calls and emails from A-SN’s COS on March 30<sup>th</sup> at 0525 and the evening of March 30<sup>th</sup> to address a visit by the Secretary on April 1<sup>st</sup> and voice support for, as well as assistance to, TR. CPF had also called the TR CO on March 29<sup>th</sup> to notify him that A-SN would be calling (which ended up being the A-SN COS). CPF asked if any additional assistance was required, and the TR CO indicated he was getting what he needed.<sup>267</sup> The TR CO did not specify an immediate need for 4,000

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<sup>263</sup> TR XO Statement dtd 16 May 20; Email - TR XO to TR CO - Memo for Record - Failure to comply with NAVADMIN 083\_20 dtd 28 Mar 20

<sup>264</sup> Email - CNO Former EA to TR CI Senior Legal Advisor – TR Investigation dtd 20 May 20 (noting CNO was not requested, nor did he intend, to contact TR CO by phone directly at any time relevant to this investigation instead trusting “the leadership in [the TR] Chain of Command to discuss the immediate issues of the ship with” the TR CO).

<sup>265</sup> Email CNO ABWC PTGN to BWC PTGN RE: Hot RFI.THEODORE ROOSEVELT RFI dtd 30 Mar 20; email CNO EA to BWC PTGN FW: TR dtd 29 Mar 20; Email - CNO Former EA to TR CI Senior Legal Advisor – TR Investigation dtd 20 May 20

<sup>266</sup> TR XO Statement dtd 16 May 20; TR RO Statement dtd 18 May 20; CVW-11 CAG Statement dtd 19 May 20

<sup>267</sup> CPF Statement dtd 17 May 20

beds fully in compliance with CDC and Navy guidelines in those conversations and did not specify that the current plans were not acceptable.<sup>268</sup>

On March 30<sup>th</sup> at 1348, the TR CO sent an email containing the letter drafted by TR XO to ten recipients: addressed to CPF, CNAP, CSG-9, and copied to CVW-11 CAG, TR XO, CVW-11 Deputy CAG, CDS 23, TR SMO, CPF COS, and CNAP COS.

In the attached paper (“Request for Assistance in Response to COVID-19 Pandemic,” dated March 30<sup>th</sup>), the TR CO specifically requested “all available resources to find NAVADMIN and CDC compliant quarantine rooms for my entire crew as soon as possible.”<sup>269</sup> This was the only specific resource request outlined and did not specify what command was responsible for delivery of these rooms nor did it indicate how many rooms or beds required, were currently available and in use. He stated that his letter “was designed to bring a sense of urgency to what we thought was a growing tragedy.”<sup>270</sup> He “wanted to stop the administrative bureaucracy” and “bring focus back to what we thought was the best course of action to get people off the ship.”<sup>271</sup>

The TR CO used unclassified email to send the email and letter instead of a classified network. In addition, he anticipated that the style and method would be more urgent and quicker to read on mobile devices and that he wanted a timely response.<sup>272</sup> TR CO mentioned that the majority of work and updates regarding the ship was conducted on the unclassified network (daily COVID-19 reports on the number of positive cases). He stated that he did not foresee a leak to the press nor did he anticipate any difficulties the letter would generate with the negotiations with the Governor of Guam.

One key aspect of the TR CO’s letter attached to the email is the sense of urgency tied the consequences of inaction. “Sailors do not need to die” and “If we do not act now, we are failing to properly take care of our most trusted asset – our Sailors” reflect the underlying theme of both the email and letter.<sup>273</sup>

### Reactor Department Email

The TR Reactor Officer (RO) expressed concern about the ability to keep the Reactor Department watch supervisors safely isolated so they could perform their jobs as

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<sup>268</sup> Crozier, B. CAPT Statement dtd 15 May 20; CPF Statement dtd 17 May 20

<sup>269</sup> TR CO Email and Ltr - Request for Assistance in Response to COVID-19 Pandemic dtd 30 Mar 20

<sup>270</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>271</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>272</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>273</sup> TR CO Email and Ltr - Request for Assistance in Response to COVID-19 Pandemic dtd 30 Mar 20

required. The TR RO's Sailors were going to the gym. This was a problem because the gym was getting one or two positive hits a day for COVID. The TR RO went to talk to the TR CO who showed her the letter that he and the TR XO were drafting with some assistance from the Ship's Secretary. The TR RO mentioned that she had a very good relationship with Naval Reactors (NR) and stressed that as an RO she may speak to the Admiral directly with any concerns. On March 26<sup>th</sup>, the TR RO sent an email to CNAP and NR via the classified network that outlined the current situation and way ahead for operations.<sup>274</sup> On March 30<sup>th</sup>, after observing that several Sailors were testing positive in the gyms (ostensibly a segregated zone for "clean" COVID-negative critical watchstanders), she became concerned about the lodging situation of her Sailors and was worried about her ability to re-man the department in a timely manner. After consulting with TR CO and seeing the email and memo that TR XO and TR CO were drafting, she drafted a classified email which the TR CO subsequently sent to CNAP on March 30<sup>th</sup> at 1938 with the subject line: "COVID-19 Pandemic – TR request for assistance."<sup>275</sup> This email was very similar to the chain of command email and voiced concerns about manning watch teams and outlined the need to house Sailors "off ship in true isolation rooms with separate bathroom facilities." However, not enough time would have passed for Sailors who tested positive or were showing symptoms while being assigned to common areas like a gym to have actually become infected while assigned there; instead, given the timing, any Sailors showing symptoms at this time would have had to become infected earlier while aboard the ship. To the degree anyone may have believed that Sailors had become infected in such a common area, their analysis was actually flawed due to the timing.

### Medical Department Letter

On March 28<sup>th</sup>, the TR SMO sent an email to the CPF, C7F and CNAP Surgeons stating, "We have lost," and declaring the "'quarantine' measures on the ship are a sham."<sup>276</sup> The TR SMO also noted that TR was "failing to comply with any sort of [testing guidelines] . . . or guidelines on quarantine" and needed "to implement appropriate quarantine measures . . . which will involve getting 4,500 people off the ship into individual berthing with single heads."<sup>277</sup> The TR SMO also communicated to CCSG-9 his opinions that the testing required to allow Sailors to move ashore was "a waste of time." The TR SMO felt that testing would not prove whether or not a Sailor

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<sup>274</sup> Email (SIPR) – TR RO to NR, CNAP RO – FW: CVN-71 COVID-19 Roll Up and Way Ahead dtd 26 Mar 20

<sup>275</sup> Email (SIPR) – TR CO to CNAP RO – (C) COVID-19 Pandemic – TR Request for Assistance dtd 30 Mar 20

<sup>276</sup> Email - TR SMO to C7F and CPF Surgeons – Reality dtd 28 Mar 20

<sup>277</sup> Email - TR SMO to C7F and CPF Surgeons – Reality dtd 28 Mar 20

had the virus. He did not believe that if an individual “pops negative” it did not mean that the person was “clean.” He believed it to be “a waste of his resources and time to test everyone on the ship” and repeated to CCSG-9 that “you can’t test your way out of this virus.”<sup>278</sup>

The TR SMO also sent an email to the Surgeon General of the Navy on March 31<sup>st</sup>, copying the CPF and C7F Surgeons along with a small group of other senior leaders in Navy medicine. The TR SMO’s email contained a letter signed by the TR SMO and four other members of the medical staff aboard.<sup>279</sup> This letter did not outline specific requests but relayed a sense of urgency about the situation aboard TR at the time and lamented the lack of action to treat Sailors in accordance with CDC and NAVADMIN 083/20 guidance. It also stressed the high likelihood of casualties and asserted they could have up to 50 deaths onboard based on their assessment of published fatality estimates at the time. Lastly the letter states, “Our intent is to submit this letter to the public to demonstrate our concerns for the safety of our patients and your Sailors.”<sup>280</sup>

Although the TR SMO initially emailed the medical letter to eight people, the Surgeon General of the Navy and seven others, approximately three minutes later, the TR SMO further emailed the letter to over 160 additional medical community members. None of these additional addressees were in the TR operational or administrative chains of command.

The medical team presented their letter to the TR XO at a meeting where he showed them a hard copy of the TR CO’s email and letter. TR XO recommended that the medical team not send their letter and not go to the press because the TR CO just talked to leadership. He told them, “not to send the letter and that it was not helpful, and the tone was unprofessional and overly combative.”<sup>281</sup>

This letter was subsequently presented to the TR CO at a meeting with the TR SMO and other medical staff who had signed the letter. The TR CO asked the medical team not to send their letter because he had sent an email up his chain of command and “I can’t tell you not to send it if you have a moral imperative – but ask you not to send it. I think my letter will address your concerns.”<sup>282</sup>

Certain members of the Medical Department did not sign the letter. This appears to be due to concerns about potential professional repercussions. The TR Nurse, for

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<sup>278</sup> CCSG-9 Statement dtd 15 May 20

<sup>279</sup> Email - TR SMO to Navy Surgeon General - Letter from Medical Department on USS Theodore Roosevelt dtd 31 Mar 20

<sup>280</sup> Medical Department letter dtd 31 Mar 20

<sup>281</sup> TR XO Statement dtd 16 May 20

<sup>282</sup> Crozier, B. CAPT Statement dtd 15 May 20



example, stated that although she agreed with the content of the letter and level of concern, she did not sign it because she was afraid it would “affect her career.”<sup>283</sup> The letter states it is the Medical Department’s “intent . . . to submit this letter to the public to demonstrate our concerns for the safety of our patients and your Sailors.”<sup>284</sup> However, signers of the letter indicated they had no intent to release the letter publicly, but instead wanted to “generate aggressive action to move Sailors.”<sup>285</sup>

#### Chain of Command Response to the Email and Letter

The response to the TR CO’s March 30<sup>th</sup> email, with his letter attached, was swift from the chain of command. CPF and CNAP responded as soon as they received the email.<sup>286</sup> CNAP responded thanking TR CO “for the red flare” and offered his help,<sup>287</sup> also looping in C7F and CJRM who were not on the initial communication from the TR CO. CPF responded to TR CO and CCSG-9 to “call [him] ASAP.”<sup>288</sup> CPF subsequently spoke with CCSG-9 and TR CO on the speaker phone together following his receipt of the email and asked what he and TR wanted him to be doing that he was not already doing.<sup>289</sup> CNAP also spoke with TR CO following his email to provide mentorship and counsel and to gain insight into why he sent the email and letter.<sup>290</sup> TR CO confirmed the relationship with C7F and CCSG-9 were “healthy, with good communications in both directions, and plenty of communication opportunities. He also noted VADM Merz (C7F) was particularly engaged, holding multiple VTCs each day regarding the situation on the TR.”<sup>291</sup> When he asked the TR CO why he sent the letter, the TR CO replied he “did not feel the response was moving fast enough.”<sup>292</sup>

The TR XO stated he felt the email and letter were effective as he believed they saw “good initial movement after the email.”<sup>293</sup> In addition to speaking with CNAP and CPF, the TR CO also received communications from CJRM offering assistance as a result of CNAP looping CJRM into the email string.<sup>294</sup> Specifically, CJRM responded to that email offering his, NBG, and AAFB continued support and to house what they could

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<sup>283</sup> TR Nurse Statement dtd 18 May 20

<sup>284</sup> Medical Department letter dtd 31 Mar 20

<sup>285</sup> See e.g., TR Surgeon Statement dtd 18 May 20

<sup>286</sup> See Email - CNAP to TR CO - RE: TR request for assistance dtd 30 Mar 20; Email - CPF to TR CO and CCSG-9 - RE: TR request for assistance dtd 30 Mar 20

<sup>287</sup> CNAP to TR CO - RE: TR request for assistance dtd 30 Mar 20

<sup>288</sup> Email - CPF to TR CO and CCSG-9 - RE: TR request for assistance dtd 30 Mar 20

<sup>289</sup> CPF Statement dtd 17 May 20; CCSG-9 Statement dtd 15 May 20

<sup>290</sup> CNAP Statement dtd 13 May 20

<sup>291</sup> CNAP Statement dtd 13 May 20

<sup>292</sup> CNAP Statement dtd 13 May 20

<sup>293</sup> TR XO Statement dtd 16 May 20

<sup>294</sup> Email - CJRM – Follow Up to 13 May 20 Phone Call

“within [their] fence lines as well as transport Sailors to Anderson Air Force Base for further transfer off island should that be the COA selected.”<sup>295</sup> CJRM also advised that he was “working the local solution to lodging outside the fence line but [was] treading lightly as that solution will be in direct opposition to the stated Navy position<sup>296</sup> not to place the burden on Guam’s resources to solve our issue.”<sup>297</sup>

On the other hand, CCSG-9 believed the letter did not need to be sent as all aspects of the TR-desired COA were in works and he expressed his surprise and anger upon learning that the TR CO sent the letter.<sup>298</sup> CCSG-9 and the TR CO discussed the letter together, with others present,<sup>299</sup> and also took the call from CPF about it. CPF confirmed that no new actions were taken as a result of TR CO’s email and letter. He had already addressed specific requests through CJRM for hotel space in Guam. He did call the Governor of Guam on Tuesday to request rooms be made available to Sailors who were not COVID-positive.<sup>300</sup>

In addition, comments from CJRM, C7F and CPF also indicated the letter created significant challenges negotiating hotels with the Governor of Guam.

#### Publication of Letter in San Francisco Chronicle

On March 31<sup>st</sup> at 0911, a reporter from the San Francisco Chronicle contacted the Pentagon Press Operations Duty Officer via email stating he had “obtained a copy of a four-page letter sent from [TR CO] pleading for help from the U.S. Navy brass to bring equipment to allow isolated quarantines for his entire crew.”<sup>301</sup> This media inquiry was forwarded to CPF public affairs and eventually on to TR’s PAO at 1323.<sup>302</sup> A story from the San Francisco Chronicle, dated March 31<sup>st</sup> and entitled “Exclusive: Captain of aircraft carrier with growing coronavirus outbreak pleads for help from Navy” was posted on their website on April 1<sup>st</sup> at 0400 initially without comment from the Navy.<sup>303</sup> The TR CO stated he did not send the letter outside Navy channels.<sup>304</sup> The memorandum from

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<sup>295</sup> Email - CJRM to TR CO - RE: TR request for assistance dtd 30 Mar 20

<sup>296</sup> UPDATED: USS Theodore Roosevelt Quarantines Sailors on Guam as Coronavirus Outbreak Spreads, *USNI News* (26 Mar 20) <https://news.usni.org/2020/03/26/coronavirus-outbreak-sidelines-aircraft-carrier-uss-theodore-roosevelt>

<sup>297</sup> Email - CJRM to TR CO - RE: TR request for assistance dtd 30 Mar 20

<sup>298</sup> CCSG-9 Statement dtd 15 May 20

<sup>299</sup> TR OPSO Statement dtd 18 May 20

<sup>300</sup> CPF Statement dtd 17 May 2020

<sup>301</sup> Email - TR PAO - dtd 31 Mar 20

<sup>302</sup> Email - TR PAO - dtd 31 Mar 20

<sup>303</sup> “Exclusive: Captain of aircraft carrier with growing coronavirus outbreak pleads for help from Navy” SF Chronicle (31 Mar 20) <https://www.sfchronicle.com/bayarea/article/Exclusive-Captain-of-aircraft-carrier-with-15167883.php>, accessed May 8, 2020

<sup>304</sup> Crozier, B. CAPT Statement dtd 15 May 20; *See also*, TR OPSO Statement dtd 18 May 20 (“I was there when the CO realized the letter was leaked; he had the news up on his computer. The CO commented that they sent the letter to his hometown paper, stating, “They’re going to think I did this, but I didn’t do it.”)

the TR CO was included in this article without the accompanying email. The San Francisco Chronicle article was later updated to include public comments A-SN made during an interview with CNN where he stated the Navy had “been working actually the last seven days to move those Sailors off the ship and get them into accommodations in Guam” and that they were “very engaged in this, . . . very concerned about it and . . . taking all the appropriate steps.”<sup>305</sup>

In addition, CCSG-9 stated that the publication of the letter in the San Francisco Chronicle created additional tension between with the Navy and the Government of Guam as there had been negotiations to utilize hotels in Guam.<sup>306</sup> Not only did the TR CO claim he did “not expect to see [the letter] in the open press, he also did not anticipate his letter would create difficulties with the Governor of Guam.”<sup>307</sup>

Stories pertaining to the TR CO letter rapidly gained traction in the press and it was widely reported in print, television, and various internet news outlets.<sup>308</sup>

### Impact on Discussions with Government of Guam

While the article did not change the Governor’s support for TR, according to testimony provided by CJRM, it affected her team’s opportunity to shape the public narrative for the partnership. Eight community groups in Guam had sent a letter to the Governor of Guam urging the military to keep patients at bases until COVID-19 was eradicated.<sup>309</sup>

The Governor had intended to voice her support during a press conference on April 1<sup>st</sup>, in order to convey the well-managed and thoughtful civil-military response to the situation on the ship.<sup>310</sup> The San Francisco Chronicle article and TR CO’s memorandum changed the narrative from a measured response to a reactive one. The

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<sup>305</sup> “Exclusive: Captain of aircraft carrier with growing coronavirus outbreak pleads for help from Navy” SF Chronicle (31 Mar 20) <https://www.sfchronicle.com/bayarea/article/Exclusive-Captain-of-aircraft-carrier-with-15167883.php>, accessed May 8, 2020

<sup>306</sup> CCSG-9 Statement dtd 15 May 20

<sup>307</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>308</sup> “Captain of Aircraft Carrier Pleads for Help as Virus Cases Increase Onboard” *NY Times* (31 Mar 20) <https://www.nytimes.com/2020/03/31/us/politics/coronavirus-aircraft-carrier-theodore-roosevelt.html>; “Battling an outbreak, captain of aircraft carrier asks Navy to evacuate crew” *Washington Post* (31 Mar 20) [https://www.washingtonpost.com/national-security/battling-an-outbreak-captain-of-aircraft-carrier-asks-navy-to-evacuate-crew/2020/03/31/cfa57e1c-7363-11ea-ae50-7148009252e3\\_story.html](https://www.washingtonpost.com/national-security/battling-an-outbreak-captain-of-aircraft-carrier-asks-navy-to-evacuate-crew/2020/03/31/cfa57e1c-7363-11ea-ae50-7148009252e3_story.html); “‘Sailors do not need to die,’ warns captain of coronavirus-hit U.S. aircraft carrier” *Reuters* (31 Mar 20) <https://www.reuters.com/article/us-health-coronavirus-usa-navy/sailors-do-not-need-to-die-warns-captain-of-coronavirus-hit-u-s-aircraft-carrier-idUSKBN21I2SV>; “Coronavirus: US Navy captain pleads for help over outbreak” *BBC* (31 Mar 20) <https://www.bbc.com/news/world-us-canada-52110298>; “Theodore Roosevelt captain makes urgent plea for individual quarantine sites as COVID-18 cases multiply” *Military Times* (31 Mar 20) <https://www.militarytimes.com/news/your-navy/2020/03/31/theodore-roosevelt-captain-makes-urgent-plea-for-individual-quarantine-sites-as-covid-19-cases-multiply/>

<sup>309</sup> “Governor: ‘One Guam’ approach needed to defeat virus” *Pacific Daily News* (31 Mar 20) <https://www.guampdn.com/story/news/local/2020/03/31/governor-one-guam-approach-needed-defeat-virus/2938329001/>

<sup>310</sup> Email - CJRM – Follow Up to 13 May 20 Phone Call

Governor's staff was concerned that the "dire situation" the TR CO described in his memorandum would result in increased public health concern among the community.<sup>311</sup> CJRM outlined that the concerns included the potential for more vocal opposition from anti-military activists and a negative impact on GHRA's support of the hotel COA - resulting in the loss of critical capacity to house Sailors. Ultimately, a plan to quarantine and isolate Sailors went forward, but the opportunity for a coordinated messaging initiative was lost.<sup>312</sup>

### Preliminary Inquiry and Relief of TR CO

On April 2<sup>nd</sup>, 2020, the CNO ordered a preliminary inquiry into the events surrounding the disembarkation of Sailors from TR in Guam, in response to cases of COVID-19.<sup>313</sup> While this preliminary inquiry was pending, A-SN decided to relieve the TR CO and announced his decision in a press conference with CNO where he stated that "at [his] direction, the CO of [TR] . . . was relieved by [CCSG-9]."<sup>314</sup> A-SN subsequently traveled to Guam where he spoke with members of the TR crew via the public address system (1MC) and met with the former CO who was at the time in quarantine as a result of his positive test for COVID-19.<sup>315</sup> A-SN's remarks over the 1MC were recorded by members of the crew and released to the press by means of a written transcript followed by the actual audio recording.<sup>316</sup> The transcript released on the internet through various news sources appears to be a true and accurate representation of A-SN's comments as heard on the recording. These remarks were also widely reported.<sup>317</sup>

This investigation was not directed to evaluate the A-SN's decision to fire the TR CO, and in fact, in briefing, the investigating team was counselled to specifically stay away from this topic. However, we were asked to identify statements by Department of the Navy officials on the relief of the CO that may have been in error. Where appropriate, we have identified those errors.

In A-SN's public remarks concerning the email and letter sent by TR CO, he appears to conflate a number of facts with those from the letter generated by the TR Medical

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<sup>311</sup> Email - CJRM – Follow Up to 13 May 20 Phone Call

<sup>312</sup> Email - CJRM – Follow Up to 13 May 20 Phone Call

<sup>313</sup> CNO Ltr Ser 5800 dtd 2 Apr 20

<sup>314</sup> Transcript: DON Press Briefing with Acting Secretary of the Navy Thomas B. Modly and CNO Admiral Gilday dtd 2 Apr 20

<sup>315</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>316</sup> How a Ship's Coronavirus Outbreak Became a Moral Crisis for the Military, *NY Times* (6 Apr 20)

<sup>317</sup> Transcript: Acting Navy Secretary Thomas Modly addresses USS Theodore Roosevelt crew about "stupid" ousted captain CNN (6 Apr 20) <https://www.cnn.com/2020/04/06/politics/thomas-modly-transcript/index.html>

Department. Specifically, in response to a question at his April 2<sup>nd</sup> press conference, A-SN stated “I think you raise a particular level of alarm when you say that 50 people on the - on the crew are going to die, OK?” This appears to be a reference to a comment in the March 31<sup>st</sup> letter signed by members of the TR Medical Department in which they conclude that they stood “the potential to have 50 or more fatal cases”<sup>318</sup> aboard TR if their expected case fatality rate remained constant, as the TR CO’s March 30<sup>th</sup> letter makes no such mention of numbers of potential fatalities.<sup>319</sup> Similarly, A-SN stated at the same press conference that the TR CO’s email and letter was “sent and copied to a broad array of other people . . . [and] outside of the chain of command.”<sup>320</sup> In fact, the email was sent to 10 recipients, all of whom were either in TR’s direct operational chain of command (CPF and CCSG-9) or administrative chain of command (CNAP).<sup>321</sup> It did, however, omit C7F, who was in his chain of command. There is no indication from the evidence available during this investigation that TR CO forwarded this letter beyond that initial group. However, the letter from the TR Medical Department was widely distributed via email to a broad array of people from across the Navy medical community by the TR SMO.<sup>322</sup> Of note, SMO’s email with a copy of the Medical Department letter was sent to over 160 recipients, all of which were outside the administrative and operational chains of command of TR.

### Resignation of A-SN

Following his remarks aboard TR and subsequent calls for his resignation, including from House Armed Services Committee Chairman Adam Smith (D-WA),<sup>323</sup> A-SN offered his resignation to the Secretary of Defense on April 7, 2020<sup>324</sup> and his resignation was accepted that same day.<sup>325</sup> In his final “Vector” to the Department, A-SN acknowledged his “poor use of words”<sup>326</sup> on the TR and separately offered a public statement “to apologize to the Navy” for his comments to the crew of the TR.<sup>327</sup>

The initial report of the preliminary inquiry into the events surrounding the disembarkation of Sailors from TR in Guam, in response to cases of COVID-19, was

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<sup>318</sup> Medical Department Letter dtd 31 Mar 20

<sup>319</sup> TR CO Email and Ltr - Request for Assistance in Response to COVID-19 Pandemic dtd 30 Mar 20

<sup>320</sup> Transcript: DON Press Briefing with Acting Secretary of the Navy Thomas B. Modly and CNO Admiral Gilday dtd 2 Apr 20

<sup>321</sup> TR CO Email and Ltr - Request for Assistance in Response to COVID-19 Pandemic dtd 30 Mar 20

<sup>322</sup> Email – TR SMO - Medical Dept Letter dtd 30Mar 20; Email – TR SMO – FWD: Medical Dept Letter dtd 30 Mar 20

<sup>323</sup> Press Release: “Smith Calls for Modly’s Removal After Mishandling U.S.S. Theodore Roosevelt COVID-19 Outbreak” dtd 6 Apr 20

<sup>324</sup> A-SN Ltr of 7 Apr 20

<sup>325</sup> SECDEF Ltr of 7 Apr 20

<sup>326</sup> A-SN Ltr of 7 Apr 20 Final Vector SECNAV Final Vector

<sup>327</sup> UPDATED: Modly Resigns Amidst Carrier Roosevelt Controversy; Army Undersecretary to Serve as Acting SECNAV USNI News (7 Apr 20) <https://news.usni.org/2020/04/07/modly-offers-resignation-amidst-carrier-roosevelt-controversy>



completed on April 7<sup>th</sup>, prior to the A-SN's resignation. An addendum to the report was provided on April 14<sup>th</sup> at CNO's request to conduct additional interviews to clarify the timing of conversations between the TR CO and members of his operational and administrative chains of command, as well as whether there were observations of concern during the CSG-9 training cycle prior to deployment. This evaluation revealed that CSG-9 had completed all deployment preparations and certifications with high marks, including having a strong leadership team with disciplined, effective battle rhythm and planning processes.<sup>328</sup>

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<sup>328</sup> Email (SIPR) - VADM Conn to ADM Burke – "FW: (U) Updated CSG-15 CTX Brief to C3F for 17 December" dtd 13 Apr 20, CSG15 TR C2X Debrief, dtd 20 Dec 19

## Chapter 5 - Opinions and Recommendations

### Summary of Opinions

*The following 18 key opinions were derived from this investigation into the COVID-19 outbreak aboard TR:*

- 1. Based upon the pre-event risk analysis, the decision to execute the Da Nang port visit was appropriate. The visit was executed with sensible precautions, based on the world's understanding of COVID-19 at the time.*
- 2. The former TR CO initially responded appropriately by quarantining 39 Sailors following the Da Nang port visit. However, after three Sailors tested positive for COVID-19 aboard TR on March 24, 2020, the former TR CO failed to put adequate additional measures in place for the rest of the crew to further slow the spread of COVID-19 throughout the ship.*
- 3. The TR SMO's recommendation and the resulting release by the former TR CO of crewmembers in quarantine from the aft portion of the ship on March 29, 2020 likely resulted in infection to a larger portion of the crew.*
- 4. The embarked CSG-9 Warfare Commanders (WCs) (TR CO, CAG CVW-11, DESRON Commodore) and the TR SMO displayed an abundance of concern for the safety of the crew as their primary focus, yet they were unable to develop COAs prior to or even by four days after arrival in Guam that provided for the short-term safety of the crew. Instead, they focused efforts on the most constrained and least executable COA (at the time), while taking insufficient parallel steps that would have resulted in more immediate segregation, quarantine and isolation of the crew. As a result, efforts to move the crew off the ship were uncoordinated, unsupervised and slow. The extended time Sailors remained on the ship, while no longer segregated, likely increased the number of infections.*
- 5. CCSG-9, the embarked CSG-9 WCs, and the former TR CO and TR SMO did not demonstrate effective leadership when they initially took few actions to overcome obstacles to aggressively utilize the approximately 2,300 beds that were made available by Naval Base Guam, likely resulting in infection to a larger portion of the crew.*
- 6. C7F's early focus on the Okinawa option over the Guam hotel option resulted in the TR Strike Group key Captains (CSG-9 COS, former TR CO, TR XO, TR SMO and CVW-11 CAG) believing that C7F did not feel their same sense of urgency for providing proper long term quarantine and isolation quarters. This led these Captains to distrust the C7F staff and hampered their ability to deal with the crisis with the resources that were*

*available, or develop alternate courses of action other than the request for 4,000 CDC compliant rooms, which at the time was the most constrained and least likely COA.*

- 7. The former TR CO did not demonstrate forceful backup, effective communication or adequately communicate with his Immediate Superior in Command (CCSG-9, embarked in TR) in that he did not discuss his concern with the lack urgency he perceived from C7F and CCSG-9 on the Guam Hotel option being pursued, prior to sending his letter.*
- 8. CCSG-9 did not provide effective leadership to the former TR CO and the embarked CSG-9 WCs in that he did not effectively address and correct a growing, divisive and counterproductive narrative among his senior officers regarding distrust of C7F or any course of action that did not fit their immediate sense of urgency. Additionally, he did not direct decisive action to ensure prompt execution of the egress of the TR crew. Finally, it is not clear that he effectively advocated for TR's needs to higher headquarters or provided clear feedback to his team when those needs could not meet TR leadership's timeline.*
- 9. The TR SMO developed a flawed, worst-case crew casualty narrative that the CAG CVW-11 reinforced and frequently amplified at Warfare Commander Boards, and that had an impact on the mindset of the former TR CO and TR XO. The TR SMO fostered distrust of HHQ actions, and put his leadership in an untenable situation.*
- 10. The TR CO sent his email and letter as a genuine plea for help from CPF and CNAP. Each leader received and acted upon it as such, responding via phone and email, respectively, within minutes of receipt, with CNAP also ensuring C7F and CJRM were made aware of the request. Further, CPF considered the matter of sending the letter closed after his conversation with both CCSG-9 and TR CO.*
- 11. When asked to sign a letter that contained a flawed, worst-case crew casualty narrative as well as an ultimatum concerning an intent to submit the letter to the public, the TR SMO missed a leadership opportunity to correct subordinates. Instead, he signed the letter, and transmitted it outside the chain of command, essentially endorsing the effort to undermine Navy leadership.*
- 12. The former TR CO intended for his email to be a "red flare" to accelerate needed support and ensure attention to what he believed to be insufficient courses of action. The former TR CO wrote his email to break down communication barriers on plans, resources and support, and did not intend for it to be released to the public. However, he did not personally*

*inform his Immediate Superior in Command, CCSG-9, of the letter and instead transmitted information of a very sensitive nature about a capital warship on an unclassified network.*

- 13. The exclusion of C7F on the former TR CO's email, as well as the lack of advanced coordination by the former TR CO with CCSG-9 and others, bypassed the operational chain of command and demonstrated poor judgment.*
- 14. The former TR CO's email and the attached letter of March 30, 2020 were unnecessary, and had no positive impact on actions already being aggressively pursued by higher headquarters (CJRM, C7F, and CPF).*
- 15. Release of the former TR CO's letter to the San Francisco Chronicle complicated the Navy's negotiations with the Government of Guam for use of hotel rooms in Guam.*
- 16. Detailed patient history analysis of the 29 personnel received aboard TR via COD following the Da Nang port visit concluded that CODs were not the likely source for the COVID-19 outbreak. Although the pre-event risk analysis for the Da Nang port visit was assessed as sufficiently thorough and the decision to execute the port visit was appropriate at the time, the Da Nang port visit was found to be the most likely source of the outbreak on TR.*
- 17. Detailed analysis of TR sick call logs revealed that COVID-19 was likely present, yet undetected, as early as March 11, 2020.*
- 18. The use of personal protective equipment (PPE) and employment of tactics, techniques, and procedures (TTP) by the TR Medical Department were likely effective, as there was only one COVID-19 infection among TR Medical Department personnel.*

## Recommendations

*The following nine recommendations resulted from this investigation into the COVID-19 outbreak aboard TR:*

- 1. The former TR CO should not be reassigned to command afloat or ashore.***
- 2. Consider appropriate administrative measures for the former TR CO, TR SMO, CAG CVW-11, and CCSG-9. For the TR SMO specifically, a detachment for cause due to substandard performance is recommended.***
- 3. OPNAV perform a study to determine which, if any, coastal states have not been transparent about the number of their COVID-19 cases; port visit approval authorities use the results of the transparency study as an additional factor to weigh when acting upon potential port visits in the future.***
- 4. BUMED coordinate with Naval Warfare Development Command (NWDC) to update to NTRP 4-02.10 in light of the COVID-19 outbreak; OPNAV issue clear requirements concerning minimum precautions and tiered responses for each specific class of ship and submarine that shall occur following potential exposure to a highly transmissible infectious disease.***
- 5. Naval Safety Center lead Cultural Workshops for TR and CSG-9 to identify hazards that result from cultural behaviors associated with poor communication, lack of trust, and integrity.***
- 6. BUMED debrief TR Medical Department to determine what specific personal exposure precautions were taken in the Medical Department and, if appropriate, publish best practices guidance throughout the Navy's medical community and the fleet.***
- 7. Navy leadership use this case study to emphasize the Navy's recent lesson learned from the USS Fitzgerald (DDG 62) and USS John S. McCain (DDG 56) collisions of 2017, in that Navy leaders are willing to listen when commanding officers have concerns about mission readiness or need additional assistance. CPF spoke with CCSG-9 and the TR CO on the phone immediately after the CO's email was sent. In this call, CPF laid out all the actions in progress, and at the end of the conversation, asked CCSG-9 and the TR CO what else they needed. With no additional requests made, CPF considered the matter closed. CPF did not make any notifications up to the CNO/VCNO level until some 30 hours later when it became apparent media had a copy of the letter, and that a story based on the letter, which contained inaccuracies, would soon follow. CNAP's immediate response was "thank you for the red flare... we'll escalate work... immediately."***



***The lessons should also reinforce that although the TR CO's intentions were pure, his method of transmitting his concerns did not display good judgment. Further, the lesson should emphasize some fundamental points if in the position of needing to bypass your immediate superior(s) in command:***

- a. First, review your actions and check your facts. The Navy's culture prides itself on an open and candid exchange between seniors and subordinates. Look at yourself with a critical eye and make sure you are not missing some key information.***
  - b. Ask yourself why you are there - have you done all you can to communicate your case in clear and unambiguous terms? Just as you would do for a subordinate, you owe that senior an opportunity to correct the situation. Talking to the senior's staff is not a substitute for addressing them directly. A staff representative may not be capable of relaying your case with the detail, rigor or passion that only you can provide.***
  - c. Finally, if you must bypass that senior, recognize this should be considered a last resort. Use a private means of conveying those concerns, such as a phone call or an in-person office call with the next superior, if possible. This allows face-saving opportunities on both sides. The boss's boss may have key information or context that makes you realize you had it wrong.***
- 8. CNO, in coordination with 4-star Fleet Commanders, conduct a review of the existing formal course of training for Strike Group Commanders. This review should specifically address the sufficiency of the training curriculum and make recommendations for the mandatory completion of priority training events prior to assumption of Strike Group command. Additionally, this review should make recommendations for the addition of training events focused on developing critical thinking and problem solving during nontraditional operations and unpredictable crisis event response.***
  - 9. USFFC, in coordination with CPF, propose to CNO how future CSG training and certification events will evaluate the ability of commanders and Strike Group Staffs to deal with "off-script" events in the face of battle, such as the curve-ball thrown by COVID-19. As we go forward, we need Strike Group Commanders, and their supporting staffs, who will not flinch in the face of a distraction like COVID-19 while fully engaged in combat operations.***

## Status of Recommendations from the Preliminary Inquiry

- a. Issue revised Navy-wide COVID-19 guidance to address the magnitude of the problem on TR and strategies for triaging crew members to limited numbers of makeshift quarantine and isolation facilities both aboard the ship and at remote shore locations. **Complete.**

Conduct war games and table-top exercises to optimize various scenarios and conduct shipboard training/exercises. **In progress.**

- b. Using the TR case history, develop warship-specific COVID-19 infection spread models. **In progress.**
- c. Examine the impact of the ship's decision to release personnel from isolation on March 29th and use this to inform the infection spread model recommended in recommendation b. **In progress.**
- d. Examine shipboard and shore-based pre-positioned stores of personal protective equipment, test gear and other equipment necessary to test, diagnose and if necessary ship test samples. **Complete.**
- e. Identify key shore nodes for offload of infected crew members with suitable facilities and infrastructure for isolation/quarantine. Institutionalize requirements to assess time/speed/distance to ready nodes versus the delays that may be induced by going to a remote port without adequate facilities. **In progress.**

## **APPENDIX D: FINDINGS OF FACT**

### **Table of Contents**

<b>Planning and Execution of Port Visit to Da Nang, Vietnam</b> .....	D-1
Background and General Planning for the Port Visit.....	D-1
Historical Data and Significance of this Da Nang Port Visit .....	D-3
Other Coinciding Engagements .....	D-4
Planning and Preparation for COVID-19 Prior to Da Nang Port Visit.....	D-5
The Da Nang Port Visit .....	D-11
Notification of Close Contact (March 8 <sup>th</sup> and 9 <sup>th</sup> ).....	D-15
<b>Actions during Transit to and Arrival in Guam Departing Da Nang until the First Confirmed Case of COVID-19</b> .....	D-16
First Confirmed Case of COVID-19 until Arriving at Guam .....	D-24
Arrival in Guam .....	D-30
<b>Development of and Response to Commanding Officer Letter of March 30, 2020 Warfare Commanders White Paper</b> .....	D-39
Development of CAPT Crozier's Letter and Email .....	D-40
Reactor Officer Letter.....	D-42
Medical Department Letter.....	D-43
Media Release and Subsequent Actions .....	D-44

### **Planning and Execution of Port Visit to Da Nang, Vietnam**

#### **Background and General Planning for the Port Visit**

1. On November 1, 2019, Captain Brett Crozier, USN, assumed command of the USS Theodore Roosevelt (CVN 71) (TR).<sup>1</sup>
2. On January 17, 2020, TR departed San Diego, California for deployment.<sup>2</sup>
3. The Da Nang, Vietnam port visit was scheduled for March 5<sup>th</sup> through 9<sup>th</sup> and was the second port visit of TR's deployment.<sup>3</sup>

<sup>1</sup> Crozier, B. CAPT Statement dtd 15 May 20; CNAP Statement dtd 13 May 20; "USS TR Change of Command" Schwartz, D.J. AN (01 Nov 19) <https://www.cpf.navy.mil/news.aspx/110877>

<sup>2</sup> CNAP Statement dtd 13 May 20

<sup>3</sup> TRNOTE 5050 TR and CVW-11 Liberty Plan dtd 22 Feb 20; CCSG-9 Statement dtd 15 May 20

4. The Department of State, Office of the Secretary of Defense, U.S. Indo-Pacific Command (INDOPACOM), Commander, U.S. Pacific Fleet (CPF), the Vietnamese Ministry of Foreign Affairs, the Vietnamese Ministry of Defense and the U.S. Embassy Vietnam were involved in the Da Nang port visit planning.<sup>4</sup>
5. In the Commander, U.S. 7<sup>th</sup> Fleet (C7F) area of operations (AOR), the usual port visit planning process is as follows:<sup>5</sup>
  - a. CPF sends a Planning Order to C7F.
  - b. C7F conducts a risk assessment, determines which asset will go to which port, and determines which carrier strike group (CSG) or expeditionary strike group (ESG) will conduct the missions.
  - c. C7F provides CPF with a suggested plan and CPF identifies ports for strategic engagement.
6. INDOPACOM directed that the approval for the Da Nang port visit be held at the INDOPACOM level due to the potential impact of COVID-19.<sup>6</sup>
  - a. C7F provided a brief to CPF staff on the risk of the Da Nang port visit and CPF called C7F directly to ensure that all mitigation requirements from the C7F TASKORD were met, to include such measures as temperature checks and screenings.<sup>7</sup>
  - b. CPF's final risk analysis was that the Da Nang port visit was low risk based off of World Health Organization (WHO), Center for Disease Control (CDC), and Vietnamese government inputs.<sup>8</sup>
  - c. On March 4, 2020, CPF forwarded a final port visit decision recommendation to INDOPACOM recommending to go forward with the Da Nang port visit based on CPF's final risk analysis.<sup>9</sup>
  - d. Commander, INDOPACOM concurred in the recommendation to move forward with the port visit.<sup>10</sup>

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<sup>4</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>5</sup> CPF Statement dtd 17 May 20; (S) CPF EXORD DTG 081135Z JAN 20; CPF EXORD DTG 252242Z JAN 20; (S) CPF OPORD 201, TAB A to APPENDIX 38 to ANNEX C(C-38-A-5)

<sup>6</sup> CPF Statement dtd 17 May 20; C7F COS Statement dtd 21 May 20; (S) CPF COVID 19 TR VNM PVST Decision Slide 25FEB2020-1

<sup>7</sup> C7F Vietnam Port Visit Decision Slide of 25 Feb 20; CPF Statement dtd 17 May 20

<sup>8</sup> Email - CPF Surgeon to TR SMO and C7F Surgeon - Discussion with CDC Director dtd 26 Feb 20; INDOPACOM J07 Country Health Risk to Force for COVID-19 dtd 4 Mar 20; CPF Statement dtd 17 May 20

<sup>9</sup> Email (SIPR) - CPF to USINDOPACOM - DECISION: Theater Posture Operations dtd 4 Mar 20; CPF Statement dtd 17 May 20

<sup>10</sup> CPF Statement dtd 17 May 20

7. Prior to the port visit in Da Nang, TR sent an advance detachment to Da Nang to prepare for the ship's arrival.<sup>11</sup>

a. The Advance Detachment travel was modified to avoid layovers in Korea because Vietnam began a policy of placing all travelers from China and Korea into quarantine for 16 days as a matter of course.<sup>12</sup>

b. Members of the Advance Detachment attended several meetings with the Da Nang People's Committee and COVID-19 was the primary concern discussed during the course of those meetings.<sup>13</sup>

c. The Da Nang People's Committee showcased the steps that they had taken to mitigate COVID-19 in the country and relayed that there were no active cases of COVID-19 in Vietnam, all prior cases had been located in the northern part of the country, and that there had never been any cases of COVID-19 in Da Nang.<sup>14</sup>

d. The Da Nang People's Committee showcased their public health campaign that they used to educate the population on how the disease is spread, proper hygiene, and reliable sources of information.<sup>15</sup>

e. As a precautionary measure, the Da Nang People's Committee requested the cancellation or limitation of participation for large public gatherings.<sup>16</sup>

f. The Advance Detachment provided daily formal updates to the TR's Executive Officer (XO) via email and phone call. The Senior Medical Officer (SMO) was cc'd on the daily update emails.<sup>17</sup>

### **Historical Data and Significance of this Da Nang Port Visit**

8. TR was the second aircraft carrier to pull into Vietnam since the Vietnam War.<sup>18</sup>

9. USS Carl Vinson (CVN 70) had previously visited Da Nang in March 2018.<sup>19</sup>

10. TR's visit commemorated the 25th anniversary of bilateral relations between the U.S. and Vietnam.<sup>20</sup>

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<sup>11</sup> ADVON Daily Report dtd 27 Feb 20

<sup>12</sup> ADVON Daily Report dtd 27 Feb 20; TR JUDGE Statement dtd 11 May 20

<sup>13</sup> ADVON Daily Report dtd 27 Feb 20

<sup>14</sup> ADVON Daily Report dtd 27 Feb 20

<sup>15</sup> ADVON Daily Report dtd 27 Feb 20

<sup>16</sup> ADVON Daily Report dtd 27 Feb 20

<sup>17</sup> ADVON Daily Reports dtd 27 Feb 20, 28 Feb 20, 2 Mar 20, and 3 Mar 20; TR JUDGE Statement dtd 11 May 20

<sup>18</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>19</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>20</sup> CPF Statement dtd 17 May 20; TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20



11. Presence in the Pacific region is routine and has helped maintain peace for more than 70 years.<sup>21</sup>
12. Operating in the region supports regional security, stability, and prosperity.<sup>22</sup>
13. Operating in accordance with international laws, rules, standards, and norms across the region enables the United States to reassure our allies and partners, and keeps global trade flowing.<sup>23</sup>

### **Other Coinciding Engagements**

14. On February 7, 2020, TR arrived in Guam and USS Bunker Hill (CG 52) (BKH) arrived in Saipan for scheduled port visits.<sup>24</sup>
15. On February 10, 2020, TR and BKH departed Guam and Saipan.<sup>25</sup>
16. On February 15, 2020, Carrier Strike Group Nine (CSG-9) and USS America (LHA 6) ESG conducted Expeditionary Strike Force operations in C7F AOR.<sup>26</sup>
17. Between February 22, 2020 and March 8, 2020, the USS America, the USS Green Bay (LPD 20) (GBY), and the USS Blue Ridge (LCC 19) (BLR) were in Thailand to support COBRA GOLD, a multinational combined joint training exercise.<sup>27</sup>
18. At the time of COBRA GOLD, Thailand was rated “yellow” by the INDOPACOM risk matrix signifying moderate risk where COVID-19 cases occur in the community without known contacts or exposures and/or with small outbreak clusters, swiftly handled by public health interventions that limit disease transmission.<sup>28</sup>
19. Over 4,500 personnel were involved in COBRA GOLD. None of the personnel who participated in COBRA GOLD contracted COVID-19 as a result.<sup>29</sup>

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<sup>21</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>22</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>23</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>24</sup> “USS Theodore Roosevelt, Pinckney Arrive in Guam for Port Visit” *INDOPACOM* (07 Feb 20) [www.pacom.mil/Media/News/News-Article-View/Article/2078206/uss-theodore-roosevelt-pinckney-arrive-in-guam-for-port-visit/](http://www.pacom.mil/Media/News/News-Article-View/Article/2078206/uss-theodore-roosevelt-pinckney-arrive-in-guam-for-port-visit/) ;

“USS Bunker Hill Visits Saipan on Indo-Pacific Deployment” *INDOPACOM* (10 Feb 20)

[www.pacom.mil/Media/News/News-Article-View/Article/2079862/uss-bunker-hill-visits-saipan-on-indo-pacific-deployment/](http://www.pacom.mil/Media/News/News-Article-View/Article/2079862/uss-bunker-hill-visits-saipan-on-indo-pacific-deployment/)

<sup>25</sup> Email - CCSG-9 BWC - TR Command Investigation dtd 12 May 20

<sup>26</sup> “Theodore Roosevelt, America Strike Groups Conduct Joint Operations In U.S. Indo-Pacific Command” *INDOPACOM* (18 Feb 20) [www.pacom.mil/Media/News/News-Article-View/Article/2086675/theodore-roosevelt-america-strike-groups-conduct-joint-operations-in-7th-fleet/](http://www.pacom.mil/Media/News/News-Article-View/Article/2086675/theodore-roosevelt-america-strike-groups-conduct-joint-operations-in-7th-fleet/)

<sup>27</sup> The 39<sup>th</sup> Iteration of Cobra Gold Concludes with a Combined Arms-Live Fire Exercise and Closing Ceremony *U.S. Army Public Affairs Office* (6 Mar 20)

[https://www.army.mil/article/233549/cobra\\_gold\\_20\\_the\\_39th\\_iteration\\_of\\_cobra\\_gold\\_concludes\\_with\\_a\\_combined\\_arms\\_live\\_fire\\_exercise\\_and\\_closing\\_ceremony](https://www.army.mil/article/233549/cobra_gold_20_the_39th_iteration_of_cobra_gold_concludes_with_a_combined_arms_live_fire_exercise_and_closing_ceremony); Email - C7F COVID Response Cell to LT Belmont - Inquiry Into 7th FLT Port Visits dtd 15 May 20

<sup>28</sup> C7F COS Statement dtd 21 May 20; PACFLT [Country Public Health Risk for COVID-19](#) dtd 27 Feb 20; PACFLT [Operational Risk Matrix for COVID-19](#) dtd 27 Feb 20

<sup>29</sup> Email - C7F COVID Response Cell - Inquiry Into 7th FLT Port Visits dtd 15 May 20; C7F COS Statement dtd 21 May 20

20. The week prior to the Da Nang port visit, CPF cancelled all South Korea port visits due to the outbreak of COVID in Korea.<sup>30</sup>
21. On March 14, 2020, BLR arrived for a port visit in Singapore.<sup>31</sup>
22. At the time of BLR's arrival in Singapore, Singapore was rated "yellow" by the INDOPACOM risk matrix signifying moderate risk where COVID-19 cases occur in the community without known contacts or exposures and/or with small outbreak clusters, swiftly handled by public health interventions that limit disease transmission.<sup>32</sup>
23. No BLR Sailors contracted COVID-19 as a result of the Singapore visit.<sup>33</sup>

### **Planning and Preparation for COVID-19 Prior to Da Nang Port Visit**

24. On December 31, 2019, the Wuhan Municipal Health Commission in China, reported a cluster of cases of pneumonia in Wuhan, Hubei Province which was eventually identified as novel coronavirus disease 2019 (COVID-19).<sup>34</sup>
25. On January 13, 2020, officials confirmed a case of COVID-19 in Thailand, the first recorded case outside of China.<sup>35</sup>
26. On January 20, 2020, TR XO sent an email to TR leadership reminding them that only six weeks remained on the Da Nang port visit.<sup>36</sup>
27. On January 23, 2020, there were two confirmed COVID-19 cases reported in Vietnam.<sup>37</sup>
28. C7F began tracking COVID-19 planning and socialization began at the end of January. On January 25, 2020, C7F began sharing their COVID-19 quad slide with all CTF surgeons.<sup>38</sup>
29. Around January 26, 2020, COVID-19 information began being included on the CSG-9 daily intelligence brief.<sup>39</sup>

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<sup>30</sup> CPF Statement dtd 17 May 20

<sup>31</sup> Email – C7F COVID Response Cell– Response to RFI dtd 15 May 20

<sup>32</sup> Email – C7F COVID Response Cell– Response to RFI dtd 15 May 20; C7F COS Statement dtd 21 May 20; INDOPACOM J07 Country Health Risk to Force for COVID-19 dtd 4 Mar 20; PACFLT Operational Risk Matrix for COVID-19 dtd 27 Feb 20

<sup>33</sup> C7F COS Statement dtd 21 May 20

<sup>34</sup> WHO Timeline - COVID-19. World Health Organization, [www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19](http://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19)

<sup>35</sup> WHO Timeline - COVID-19. World Health Organization, [www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19](http://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19)

<sup>36</sup> Email - TR XO to TR Leadership - Vietnam Planning dtd 20 Jan 20

<sup>37</sup> "Vietnam Reports First Novel Coronavirus Infection Cases" *VietnamPlus* (23 Jan 20) <https://en.vietnamplus.vn/vietnam-reports-first-novel-coronavirus-infection-cases/167729.vnp>

<sup>38</sup> C7F Surgeon Statement dtd 23 May 20

<sup>39</sup> CCSG-9 Statement dtd 15 May 20

30. On January 30 2020, the WHO Director General declared the COVID-19 outbreak a “Public Health Emergency of International Concern.”<sup>40</sup>
31. Between February 2, 2020 and February 22, 2020 TR had an outbreak of norovirus.<sup>41</sup>
32. Noroviruses are very contagious and are the most common cause of gastroenteritis in the U.S. – symptoms include diarrhea, vomiting, nausea, and stomach cramping.<sup>42</sup>
33. Sometime soon after February 2, 2020, due to the norovirus outbreak, TR began a “bleach-a-palooza” campaign aimed at the eradicating the norovirus, which included education through the Departmental Leading Chief Petty Officers (DLCPO) and the TR SMO about hand washing, cleaning the hard surfaces with bleach twice a day, and distributing hand sanitizers throughout the key areas on the ship, including the galleys.<sup>43</sup>
34. On February 4, 2020 INDOPACOM directed CPF to execute its pandemic plan in response to the COVID-19 outbreak in the INDOPACOM AOR and the C7F Fleet Surgeon provided CPF a COVID-19 concept of operations (CONOP).<sup>44</sup>
35. In early February, the C7F Chief of Staff (COS) established a COVID-19 working group in the maritime operations center that dealt with nothing but COVID-19 issues.<sup>45</sup>
36. In February, C7F had begun planning for a COVID-19 outbreak on a ship operating in the C7F AOR:<sup>46</sup>
- a. Okinawa, Yokosuka, and Guam were discussed as options for ships to pull in to port if needed.<sup>47</sup>
  - b. White Beach in Okinawa was deemed the best choice by C7F, but C7F identified that it would be difficult politically to bring a ship with COVID-19 cases to Okinawa.<sup>48</sup>

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<sup>40</sup> “WHO Timeline - COVID-19” *World Health Organization* (27 Apr 20) [www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19](http://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19)

<sup>41</sup> TR Psychologist Statement dtd 18 May 20; Email: CSG-9 – Response to RFI dtd 17 May 20

<sup>42</sup> NTRP 4-02.10

<sup>43</sup> TR Psychologist Statement dtd 18 May 20

<sup>44</sup> Naval Message (SIPR): USINDOPACOM, Response To Novel Coronavirus EXORD DTG 040649Z FEB 20

<sup>45</sup> C7F COS Statement dtd 21 May 20

<sup>46</sup> C7F COS Statement dtd 21 May 20

<sup>47</sup> C7F COS Statement dtd 21 May 20

<sup>48</sup> C7F COS Statement dtd 21 May 20

c. Yokosuka was deemed to have limited capacity in the ability to bring people on and off of the ships.<sup>49</sup>

d. C7F determined that Guam was a good candidate, but would also be difficult politically to pull a ship with COVID-19 cases into Guam.<sup>50</sup>

e. However, C7F determined that Guam was the only location in the C7F AOR where an aircraft carrier could pull into port if that aircraft carrier had COVID-19 outbreak.<sup>51</sup>

37. On February 13, 2020, C7F Surgeon provided the C7F Force Health Protection against COVID-19 CONOP to the CPF Surgeon Office.<sup>52</sup>

38. On February 15, 2020, C7F published Tasking Order (TASKORD) 20-057 for force health protection against COVID-19.<sup>53</sup>

39. As a result of the TASKORD, TR Medical Department prepared a CSG brief and routed it to TR leadership.<sup>54</sup>

40. On February 16, 2020, C7F published Fragmentary Order 00I to TASKORD 20-057, revising disease surveillance and screening requirements due to updated country risk.<sup>55</sup>

41. On February 19, 2020, C7F Surgeon provided a Guam-specific COVID-19 Shipboard Case Scheme of Maneuver to CPF Surgeon Office.<sup>56</sup>

42. On February 22, 2020, TR issued an initial liberty plan for Da Nang with no mention of COVID-19.<sup>57</sup>

43. As of February 25, 2020, there had been 16 confirmed cases of COVID-19 reported in Vietnam, all located 30 miles outside of Hanoi, and more than 450 miles from Da Nang and all individuals had successfully recovered and had been discharged from the hospitals.<sup>58</sup>

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<sup>49</sup> C7F COS Statement dtd 21 May 20

<sup>50</sup> C7F COS Statement dtd 21 May 20

<sup>51</sup> C7F COS Statement dtd 21 May 20

<sup>52</sup> Email - C7F COVID Response Cell – Response to RFI dtd 15 May 20

<sup>53</sup> Email - C7F COVID Response Cell - Response to RFI dtd 12 May 20

<sup>54</sup> TR SMO Statement dtd 17 May 20

<sup>55</sup> Email - C7F COVID Response Cell - Response to RFI dtd 12 May 20

<sup>56</sup> Email - C7F COVID Response Cell - Inquiry Into 7th FLT Port Visits dtd 15 May 20

<sup>57</sup> TRNOTE 5050 TR and CVW-11 Liberty Plan dtd 22 Feb 20

<sup>58</sup> "Summary of the COVID-19 outbreak in Vietnam - Lessons and suggestions." *National Center for Biotechnology Information* (2 Apr 20) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7146658/>

44. On February 25, 2020, Vietnam suspended entry for all travelers from COVID-19 affected areas.<sup>59</sup>
45. On February 26, 2020, the CPF Surgeon had a discussion with the U.S. CDC Country Director in Vietnam (USCDCVN) who informed the CPF Surgeon that there was no direct or indirect evidence to suggest an undetected COVID-19 outbreak in the country and that the USCDCVN believed that the port visit was “low risk.”<sup>60</sup>
46. On February 27, 2020, Vietnamese media reported that the CDC removed Vietnam from its list of areas experiencing widespread or sustained community transmission of COVID-19.<sup>61</sup>
47. In preparation for the growing pandemic, on February 29th, C7F requested support from Navy Environmental and Preventive Medicine Unit (NEPMU) teams, with equipment from Navy Medical Research Center (NMRC) for forward deployable preventative medicine units to mitigate the potential outbreak of COVID-19 aboard America Expeditionary Strike Group (AMA ESG) and CSG-9 ships. Based on this assessment C7F concluded that COBRA GOLD was a higher risk than Vietnam and the medical support was deployed to BLR and AMA ESG.<sup>62</sup>
48. Utilizing the Navy Tactical Reference Publication (NTRP) 4-02.10, CSG-9 conducted a tabletop exercise on COVID-19 to determine how CSG-9 would respond to a COVID-19 case aboard TR.<sup>63</sup>
49. Prior to the Da Nang port visit, TR crew received training on COVID-19:
- a. The SMO directed the medical training officer, who is the ICU nurse, to draft basic guidance for COVID-19 to be included in the updated liberty brief.<sup>64</sup>
  - b. The Medical Department presented the script, recorded the guidance, and drafted the slides in the brief utilizing CDC guidance, Navy and Marine Corps Public Health Center’s (NMCPHC) Guidance for Underway Evaluation and Management of the 2019 Novel Coronavirus and C7F guidance.<sup>65</sup>

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<sup>59</sup> “Vietnam Suspends Entry from All Coronavirus-Hit Areas” *VnExpress* (28 Feb 20) <https://e.vnexpress.net/news/news/vietnam-suspends-entry-from-all-coronavirus-hit-areas-4060323.html>.

<sup>60</sup> Email - CPF Surgeon to TR SMO and C7F Surgeon - Discussion with CDC Director dtd 26 Feb 20

<sup>61</sup> “Embassy of the Socialist Republic of Vietnam” *Embassy of the Socialist Republic of Vietnam in the United States* (27 Feb 20) <http://vietnamembassy-usa.org/news/2020/02/us-removes-vietnam-list-areas-vulnerable-community-spread-sars-cov-2>

<sup>62</sup> Email - C7F COVID Response Cell - Response to RFI dtd 12 May 20; C7F Surgeon Statement dtd 23 May 20

<sup>63</sup> CCSG-9 Statement dtd 15 May 20; CSG-9 COS Statement dtd 18 May 20

<sup>64</sup> TR SMO Statement dtd 17 May 20

<sup>65</sup> TR SMO Statement dtd 17 May 20



c. The liberty brief was promulgated throughout the ship prior to the arrival in Da Nang via the ship's closed-circuit television (CCTV) channel and in-house magazine.<sup>66</sup>

d. The liberty brief had two slides on COVID-19 outlining that: COVID-19 is a virus spread mainly person to person when an infected person coughs or sneezes; 82% of COVID-19 cases are classified as a mild illness; it directed any Sailor experiencing fever, body aches, cough, [or feels] sick to report to "medical" at Fleet Landing prior to boarding the ship; and that the CDC does not recommend that people who are well wear a facemask to protect themselves from COVID-19."<sup>67</sup>

e. Concerns about COVID-19 were also discussed at various meetings, including Heads of Department (HOD)/DLCPO meetings and quarters, as well as in emails that went out to the entire crew.<sup>68</sup>

50. The Medical Department created a plan, although not a formal instruction that prepared for the possibility individuals would return to the ship from the Da Nang port visit who were infected with COVID-19.<sup>69</sup>

a. The plan was outlined in a PowerPoint brief that the TR SMO discussed with the TR XO, TR CMC, the HODs, and the TR Supply Officer.<sup>70</sup>

b. The Medical Department scouted out places that would function as quarantine or isolation berthing onboard the ship with a goal to locate areas that had two hatches between the main area of the ship and the isolation or quarantine area.<sup>71</sup>

c. Once an area was identified as a potential isolation or quarantine area, the Medical Department had briefings with the affected HOD should medical have to utilize those spaces over which that HOD has control.<sup>72</sup>

d. The Medical Department then identified the "flow" of services to the spaces and determined how medical personnel would proceed to and from those spaces, how food would be delivered, and how laundry would be cleaned.<sup>73</sup>

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<sup>66</sup> TR SMO Statement dtd 17 May 20

<sup>67</sup> TR Da Nang PVST Crew Brief dtd Mar 20

<sup>68</sup> TR SMO Statement dtd 17 May 20

<sup>69</sup> TR SMO Statement dtd 17 May 20

<sup>70</sup> TR SMO Statement dtd 17 May 20

<sup>71</sup> TR SMO Statement dtd 17 May 20

<sup>72</sup> TR SMO Statement dtd 17 May 20

<sup>73</sup> TR SMO Statement dtd 17 May 20

e. The TR SMO emailed the COVID-19 Fleet Forces Screening Form and the TR COVID-19 screening plan to HODs and DLCPOs, which outlined that all personnel boarding the TR will be screened for COVID-19 symptoms prior to boarding the ship, and again seven days after getting underway.<sup>74</sup>

f. The TR Da Nang Medical Treatment Plan called for inbound carrier onboard delivery (COD) personnel to receive department-level screening in which anyone who screened positive for flu-like illnesses were sent to medical for evaluation immediately.<sup>75</sup>

g. The TR leadership (TR XO, TR Command Master Chief (CMC), and TR SMO) made initial preparations for potential quarantine quarters aboard ship by identifying appropriate berthing compartments and discussing the general plan for execution.<sup>76</sup>

h. The three quarantine options discussed were:

- (1) DV Row: six rooms (two-person racks), cots for additional patients
- (2) Berthing: Chief Overflow Berthing (aft mess deck); admin male berthing; medical quiet room (4 racks-isolated head)
- (3) Brig: up to 20 individuals, not the most ideal.<sup>77</sup>

51. TR CO cancelled all planned medical and culinary professional exchanges scheduled for the Da Nang port visit as a result of recommendations of the TR Medical Department due to the potential risk of COVID-19 and exposure to high risk areas like hospitals or commonly used galleys both ashore and onboard the TR.<sup>78</sup>

52. On March 2, 2020, U.S. media outlets reported the first two U.S. deaths as a result of complications due to COVID-19, that some individuals can be asymptomatic, and that for the majority of individuals who do show symptoms of the virus, their symptoms tend to be mild fatigue and a low fever."<sup>79</sup>

53. At the time of the port visit, there were no State Department, DoD, or CDC travel restrictions for U.S. citizens to Vietnam.<sup>80</sup>

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<sup>74</sup> Email - TR SMO to HODs and DLCPOs – COVID-19 Screening for CSG-9 Sailors After a Port Visit dtd 03 Mar 20

<sup>75</sup> Da Nang Medical Treatment Plan

<sup>76</sup> TR XO Statement dtd 16 May 20; TR CMC Statement dtd 17 May 20; TR SMO Statement dtd 17 May 20

<sup>77</sup> TR XO Statement dtd 16 May 20; TR CMC Statement dtd 17 May 20; TR SMO Statement dtd 17 May 20

<sup>78</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>79</sup> "America Has Suffered Its First Coronavirus Deaths-and First Infections of Health Care Workers." *Advisory Board- Daily Briefing* (02 Mar 20) <https://www.advisory.com/daily-briefing/2020/03/02/corona-deaths>

<sup>80</sup> INDOPACOM J07 Country Health Risk to Force for COVID-19 dtd 4 Mar 20

54. The March 4, 2020 INDOPACOM Country Health Risk to Force for COVID-19 indicated that Vietnam's current risk status was "yellow," signifying moderate risk where COVID-19 cases occur in the community without known contacts or exposures and/or with small outbreak clusters, swiftly handled by public health interventions that limit disease transmission. The risk level was projected, in seven days, to be "green," signifying low risk classifying countries with no reported cases of COVID-19, or countries that have cases that were imported from another country, or countries that have isolated transmission exclusively attributed to travel, household contacts or healthcare settings.<sup>81</sup>

55. On March 5, 2020, all reported cases of COVID-19 in Vietnam were reported as clear.<sup>82</sup>

### **The Da Nang Port Visit**

56. On March 2, 2020, TR's prospective XO arrived aboard TR via a COD in order to effect turnover with the outgoing XO.<sup>83</sup>

57. On March 3, 2020, TR facilitated two distinguished visitor (DV) daylight only embarks.<sup>84</sup>

a. The first DV embark was for 17 Vietnamese nominated by the Government of Vietnam.<sup>85</sup>

b. The second DV embark was for 14 U.S. country team members who planned the carrier port visit.<sup>86</sup>

c. TR sent medical representatives to screen the DVs who disembarked from the COD flights.<sup>87</sup>

d. The medical team used the COVID-19 Fleet Forces Screening Form that primarily asked about symptoms and recent travel.<sup>88</sup>

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<sup>81</sup> INDOPACOM J07 Country Health Risk to Force for COVID-19 dtd 4 Mar 20; PACFLT Operational Risk Matrix for COVID-19 dtd 27 Feb 20

<sup>82</sup> "Summary of the COVID-19 outbreak in Vietnam - Lessons and suggestions." *National Center for Biotechnology Information* (2 Apr 20) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7146658/>

<sup>83</sup> TR XO Statement dtd 16 May 20

<sup>84</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>85</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>86</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>87</sup> TR OPSO Statement dtd 18 May 20

<sup>88</sup> TR OPSO Statement dtd 18 May 20

e. The DVs received a tour of the hangar bay, an aircraft elevator ride to the flight deck, a tour of the flight deck, and an aircraft elevator ride back to the hangar bay before departing.<sup>89</sup>

f. Both of the DV tours lasted less than one hour.<sup>90</sup>

58. On March 5, 2020 TR and BKH arrived in Da Nang.<sup>91</sup>

59. The pilot wore a mask and gloves when he came aboard TR.<sup>92</sup>

60. Upon arrival, a Vietnamese delegation formally received the U.S. Ambassador to Vietnam, CPF, Commander, Carrier Strike Group NINE (CCSG-9), TR CO, and the Commanding Officer, BKH – and the group posed for a photo pier side next to the BKH.<sup>93</sup>

61. The Vietnamese Ministry of Foreign Affairs then moderated the 60-minute press conference that was attended by more than 100 reporters and focused on the visit's historical significance, the U.S.-Vietnam bilateral relationship, and naval operations in the South China Sea.<sup>94</sup>

62. The U.S. Ambassador to Vietnam, CPF and CCSG-9 participated in the press conference with the Vietnamese Director of Da Nang Department of Foreign Affairs and the Vice Chairman of Da Nang People's Committee.<sup>95</sup>

63. The U.S. Ambassador to Vietnam, CPF, and CCSG-9 attended office calls with the Chairman of the Da Nang People's Committee and Vietnamese Commander of Navy Region 3.<sup>96</sup>

64. TR was unable to support boat operations due to heavy swell in the harbor. As a result, approximately 1,000 people toured the BKH instead.<sup>97</sup>

a. BKH implemented basic self-report screening procedures designed to turn away anyone who felt ill.<sup>98</sup>

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<sup>89</sup> TR OPSO Statement dtd 18 May 20

<sup>90</sup> TR OPSO Statement dtd 18 May 20

<sup>91</sup> CPF Statement dtd 17 May 20; "Theodore Roosevelt Strike Group arrives in Vietnam" *USS Theodore Roosevelt Public Affairs* (4 Mar 20) <https://www.cpf.navy.mil/news.aspx/130563>

<sup>92</sup> TR Navigator Statement dtd 16 May 20

<sup>93</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>94</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>95</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>96</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>97</sup> BKH CO Statement dtd 17 May 20

<sup>98</sup> BKH CO Statement dtd 17 May 20

b. BKH did not use temperature checks of the individuals who toured the ship.<sup>99</sup>

c. Approximately 65 reporters received one hour of access to BKH for filming standups and capturing still imagery and b-roll footage.<sup>100</sup>

d. Reporters toured BKH bridge, hangar bay, foc'sle, and aft missile deck.<sup>101</sup>

e. Outlets in attendance included Reuters, Channel News Asia, Dat Viet Newspaper, Tuoi Tre Newspaper, VN Express, and Da Nang Newspaper.<sup>102</sup>

65. The sea state in Da Nang made it difficult for the crew to depart and return to TR and many of the scheduled liberty boat trips between TR and Da Nang had be cancelled.<sup>103</sup>

a. The unprotected harbor of Da Nang at anchorage caused difficulties with loading the crew on liberty launches.<sup>104</sup>

b. Due to the sea state, the First Lieutenant had to collapse his duty sections into a port and starboard team to safely conduct stern barge operations.<sup>105</sup>

c. High sea-states limited the ability of TR Sailors to maximize liberty events, resulting in many cancelled tours and community relation events.<sup>106</sup>

d. Some morale, welfare, and recreation tours, professional exchanges and all sporting events were cancelled.<sup>107</sup>

e. The U.S. Pacific Fleet band modified their performance schedule to support Vietnamese direction to refrain from large public gatherings due to concerns with COVID-19.<sup>108</sup>

f. The band performed at the Vietnamese hosted dinner followed by the Charity Center Community Relations Project (COMREL), U.S. Pacific Fleet hosted reception, Hoa Mai Orphanage COMREL, and the Nguyen Huu Dinh Opera Theatre.<sup>109</sup>

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<sup>99</sup> BKH CO Statement dtd 17 May 20

<sup>100</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>101</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>102</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>103</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>104</sup> TR XO Statement dtd 16 May 20

<sup>105</sup> TR 1LT Statement dtd 11 May 20

<sup>106</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>107</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>108</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>109</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20



g. All three planned professional exchanges (air traffic controller, firefighting and meteorology) involving tours of TR were cancelled due to sea state and/or COVID-19 concerns.<sup>110</sup>

66. There were many precautions taken as a result of the heightened awareness of COVID-19 in Vietnam:

a. Liberty boats and piers were disinfected by the Vietnamese government prior to being turned over to the TR and BKH for use.<sup>111</sup>

b. Vendors on the pier were curtailed and food vendors were cancelled.<sup>112</sup>

c. TR and BKH Sailors were limited to Embassy-vetted locations and hotels.<sup>113</sup>

d. Every crew member leaving the ship was screened by medical personnel and Vietnamese personnel conducted passive temperature checks using temperature scanners of anyone leaving TR outside of the liberty pier.<sup>114</sup>

e. In Da Nang, there were signs at some of the businesses indicating they were closed due to “virus” or “closed due to staff illness.”<sup>115</sup>

f. The Vietnamese government instituted temperature checks prior to going into some hotels and upon checking into some hotels.<sup>116</sup>

67. More than 100 CSG personnel and country team members fulfilled all the other COMREL obligations that had not been cancelled, included interacting with residents at the Vocational Charity Center, Dorothea’s Project Legacy Charity Center, Agent Orange Victims Center, Hoa Mai Orphanage and Dong A University.<sup>117</sup>

68. On March 7, 2020, the U.S. Pacific Fleet hosted a formal reception for approximately 400 guests.<sup>118</sup>

a. The reception was originally scheduled to be held aboard TR, but due to concerns with safely transferring guests to and from the carrier because of an increased sea state – C7F approved the relocation to the Da Nang Golden Bay Hotel.<sup>119</sup>

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<sup>110</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>111</sup> TR JUDGE Statement dtd 11 May 20

<sup>112</sup> TR JUDGE Statement dtd 11 May 20

<sup>113</sup> TRNOTE 5050 TR and CVW-11 Liberty Plan dtd 22 Feb 20; TR SUPPO Statement dtd 18 May 20

<sup>114</sup> TR JUDGE Statement dtd 11 May 20

<sup>115</sup> TR Psychologist Statement dtd 18 May 20; TR Nurse Statement dtd 18 May 20

<sup>116</sup> TR Psychologist Statement dtd 18 May 20

<sup>117</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>118</sup> CCSG-9 Statement dtd 15 May 20

<sup>119</sup> TR JUDGE Statement dtd 11 May 20; SUPPO Stmt dtd 18 May 20

- b. If the reception had been held aboard TR, the guest list would have included approximately 600 attendees.<sup>120</sup>
- c. The hotel instituted self-screening measures and selective temperature checks outside of the hotel.<sup>121</sup>
- d. All staff at the hotel wore surgical-style masks.<sup>122</sup>
- e. CPF, the U.S. Ambassador to Vietnam, and the Vice Chairman of the Da Nang People's Committee provided formal remarks during the ceremony.<sup>123</sup>
- f. The Navy Band sang the Vietnamese national anthem as well as popular Vietnamese songs.<sup>124</sup>

69. On March 7, 2020, a select group of 30 reporters still in the area were brought via liberty boat to TR for a tour of the hangar bay and flight deck. This was the only group able to get out to TR for a tour of the ship during port visit.<sup>125</sup>

70. On March 8, 2020, the Government of Vietnam cancelled shipboard tours for 100 additional guests due to COVID-19 concerns.<sup>126</sup>

#### **Notification of Close Contact (March 8<sup>th</sup> and 9<sup>th</sup>)**

71. On March 8, 2020, the U.S. Embassy notified TR/CSG-9 that Sailors may have been exposed to COVID-19 during a hotel stay in Da Nang where two British citizens tested positive for COVID-19.<sup>127</sup>

72. On March 8, 2020, at the request of Da Nang city government, TR and BKH suspended liberty for remainder of the day.<sup>128</sup>

- a. An initial email was sent to the crew members that recalled all crew members to the TR.<sup>129</sup>
- b. A follow-up email went out that clarified that the recall was cancelled, but that once returning to TR, no one would disembark.<sup>130</sup>

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<sup>120</sup> CCSG-9 Statement dtd 15 May 20

<sup>121</sup> BKH CO Statement dtd 17 May 20

<sup>122</sup> TR JUDGE Statement dtd 11 May 20; CCSG-9 Stmt dtd 15 May 20

<sup>123</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>124</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>125</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>126</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>127</sup> CSG-9 COS Statement dtd 18 May 20

<sup>128</sup> TR CDO Report dtd 8 Mar 20

<sup>129</sup> TR Safety Officer Statement dtd 17 May 20; TR AIRBOSS Statement dtd 17 May 20

<sup>130</sup> TR Safety Officer Statement dtd 17 May 20; TR AIRBOSS Statement dtd 17 May 20

73. On March 8, 2020, all tours/professional engagements were cancelled.<sup>131</sup>

74. On March 8, 2020, an emergency command center was set up in Strike Operations.<sup>132</sup>

75. On March 8, 2020, information was gathered to form a list of people who stayed at or had interactions with the Vanda Hotel grounds.<sup>133</sup>

76. TR leadership identified the location of 37 Sailors known to have been at the hotel and possibly come within six feet of the British citizens for more than 10 minutes.<sup>134</sup>

a. Of the 37, 11 TR Sailors identified as having stayed, and still present, at the hotel were screened, tested on site and upon receipt of their negative test were released to TR for quarantine.<sup>135</sup>

b. The 26 other TR Sailors identified as having stayed at the hotel were removed from TR to the pier, screened, tested on the pier by the Vietnamese Ministry of Health, and upon receipt of their negative test, returned to TR for quarantine.<sup>136</sup>

c. Two additional Sailors reported to TR medical staff that they had also visited the hotel and were also tested by the Vietnamese Ministry of Health, and upon receipt of their negative test, returned to TR for quarantine.<sup>137</sup>

77. Upon returning to TR, all other crewmembers were screened via a verbal questionnaire.<sup>138</sup>

### **Actions during Transit to and Arrival in Guam Departing Da Nang until the First Confirmed Case of COVID-19**

78. On March 9<sup>th</sup>, TR got underway from anchorage in Da Nang Bay, Vietnam.<sup>139</sup>

79. As TR departed Da Nang, the 39 Sailors remained sequestered from the rest of the crew.<sup>140</sup>

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<sup>131</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>132</sup> TR CDO Report dtd 08 Mar 20

<sup>133</sup> TR CDO Report dtd 08 Mar 20; Crozier, B. CAPT Statement dtd 15 May 20

<sup>134</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>135</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>136</sup> TR SMO Statement dtd 17 May 20

<sup>137</sup> TR SMO Statement dtd 17 May 20

<sup>138</sup> TR AIRBOSS Statement dtd 17 May 20

<sup>139</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>140</sup> Email (SIPR) – CPF BWC TR Sailors COVID Screening dtd 9 Mar 20

80. TR CO addressed the decision to quarantine Sailors over the ship's public address system (1MC); emphasizing that the quarantined Sailors were being monitored and there was no cause for alarm.<sup>141</sup>
81. TR Supply Department obtained food and water for the quarantined Sailors.<sup>142</sup>
82. TR increased cleaning measures, including twice-daily use of a shipboard approved bleaching solution.<sup>143</sup>
83. The crew generally referred to these cleaning evolutions as "bleach-a-palooza."<sup>144</sup>
84. The TR XO delivered daily reminders via 1MC to wash hands, maintain social distancing, and to avoid face touching.<sup>145</sup>
85. The TR CO delivered reminders via 1MC to wash hands, maintain social distancing, and to avoid face touching every second day.<sup>146</sup>
86. The TR XO passed COVID-19 mitigation effort information to the HODs for dissemination to the crew.<sup>147</sup>
87. The TR Medical Department created a COVID-19 video, which played on loop on CCTV.<sup>148</sup>
88. After departing Vietnam, the Medical Department directed departments to send Sailors to medical if they were experiencing influenza-like illness (ILI) symptoms.<sup>149</sup>
89. On March 9, 2020, the TR CO restricted self-service on the main galley lines. Self-service remained an option for other food selections including the salad bar. Specifically, no seats were removed, lines continued to form without six feet of separation between Sailors and condiments were available for common use.<sup>150</sup>

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<sup>141</sup> TR Psychologist Statement dtd 18 May 20

<sup>142</sup> TR PAO Interview Summary dtd 23 May 20

<sup>143</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR SMO Statement dtd 17 May 20; AT1 Statement dtd 22 May 20

<sup>144</sup> TR SMO Statement dtd 17 May 20; TR CMC Statement dtd 17 May 20; HM3 Statement dtd 15 May 20; CCSG-9 Statement dtd 15 May 20; AT1 Statement dtd 22 May 20

<sup>145</sup> TR XO Statement dtd 16 May 20

<sup>146</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20; TR SMO Statement dtd 17 May 20; TR RO Statement dtd 18 May 20

<sup>147</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>148</sup> TR SMO Statement dtd 17 May 20

<sup>149</sup> CVW-11 Surgeon Statement dtd 18 May 20; TR PA Statement dtd 18 May 20

<sup>150</sup> AME1 Statement dtd 13 May 20; CSC Statement dtd 17 May 20; TR CMC Statement dtd 17 May 20; TR SUPPO Statement dtd 18 May 20; CVW-11 Surgeon Statement dtd 18 May 20; Email - TR SMO to TR CO – Follow Up dtd 9 Mar 20; TR XO Statement dtd 16 May 20

90. Following the Da Nang port visit, gyms, the main ship store, library, barbershops, and chapel services remained open for common use.<sup>151</sup>

91. From the time the ship left Da Nang on March 9<sup>th</sup> until March 23<sup>rd</sup>, seven COD flights originating out of Clark Air Force Base in the Philippines brought a total of 29 passengers and COD detachment personnel to the carrier.<sup>152</sup>

92. Utilizing the screening protocols required by the February 23, 2020 C7F Fragmentary Order, every individual arriving on TR via COD initially screened negative for COVID-19 symptoms.<sup>153</sup>

93. Personnel arriving via COD to TR were required to stay on the flight deck and maintain physical distance with the ship's crew.<sup>154</sup>

94. NAVADMIN 064/20 issued on March 12, 2020, required social distancing wherein individuals were required to remain out of congregate settings, avoid mass gatherings, and maintain six feet or two meter distance from others when possible."<sup>155</sup>

a. The TR CO and TR XO believed guidance within relevant COVID-19 NAVADMINs translated little to deployed aircraft carriers.<sup>156</sup>

b. Social distancing was not observed on TR during the transit from Da Nang to Guam.<sup>157</sup>

c. The TR CO, TR XO, and TR SMO believed that social distancing would be impossible onboard an aircraft carrier.<sup>158</sup>

d. CCSG-9 did not provide formal, supplementary guidance to TR regarding COVID-19 mitigation.<sup>159</sup>

95. Upon leaving Da Nang, BKH took the following steps:

a. Sailors self-monitored for 14 days and were instructed to report to ship's medical staff upon presentation of ILI symptoms.<sup>160</sup>

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<sup>151</sup> AME2 Statement dtd 16 May 20; CMC statement dtd 17 May 20; TR SUPPO statement dtd 18 May 20

<sup>152</sup> COD Completed Travel Log/Manifest

<sup>153</sup> TR SMO Statement dtd 17 May 20; COD Completed Travel Log/Manifest (Four Sailors later tested positive for COVID-19 on March 27th, March 28th, April 14th, April 21st.)

<sup>154</sup> CCSG-9 Statement dtd 15 May 20

<sup>155</sup> NAVADMIN 064/20 Navy Mitigation Measures in Response to Coronavirus Outbreak dtd 12 Mar 20

<sup>156</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20

<sup>157</sup> CCSG-9 Statement dtd 15 May 20; TR RO Statement dtd 18 May 20; TR SMO Statement dtd 17 May 20; CSC Statement dtd 17 May 20; AT1 Statement dtd 22 May 20

<sup>158</sup> TR SMO Statement dtd 17 May 20; TR XO Statement dtd 16 May 20

<sup>159</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20; CVW-11 CAG Statement; CSG-9 COS Statement

<sup>160</sup> Email - CSG-9 – Response to RFI dtd 24 May 20



b. Cleaning efforts were increased with focus on disinfecting high-contact touch areas with bleach and other cleaning solutions.<sup>161</sup>

c. Messaging was provided via the Plan of the Day, emails, and site TV on proper personal hygiene<sup>162</sup>

d. A COVID-19 response plan instruction was developed and the ship conducted an onboard outbreak response exercise<sup>163</sup>

96. BKH did not implement any social distancing measures onboard following the Da Nang port visit.<sup>164</sup>

97. On March 11, 2020, CAPT (b) (6) completed turnover with CAPT (b) (6) and officially assumed the role as TR XO.<sup>165</sup>

98. On March 11, 2020, WHO declared COVID-19 a pandemic.<sup>166</sup>

99. On March 11, 2020, OSD issued travel restrictions for DOD Components.<sup>167</sup>

100. On March 11, 2020 personnel from the Biological Defense Research Directorate (BDRD) of the Naval Medical Research Center embarked on TR with specialized laboratory equipment for testing and diagnosing respiratory pathogens.<sup>168</sup>

101. On March 12, 2020, A-SN issued guidance on COVID-19 preventive measures, and restricted official and personal travel and PCS orders to, from, or through CDC Travel Health Notice (THN) Level 3 locations.<sup>169</sup>

102. On March 12, 2020, OPNAV issued guidance on preventive measures, travel, PCS, and liberty restrictions to CDC Level 3 locations, and reporting requirements.<sup>170</sup>

103. On March 13, 2020, the TR CO sent letters to family members indicating the ship had begun COVID-19 testing for select individuals.<sup>171</sup>

104. On March 13, 2020, OSD issued an order to stop travel within CONUS for all DoD military, civilians, and families.<sup>172</sup>

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<sup>161</sup> Email - CSG-9 – Response to RFI dtd 24 May 20

<sup>162</sup> Email - CSG-9 – Response to RFI dtd 24 May 20

<sup>163</sup> Email - CSG-9 – Response to RFI dtd 24 May 20

<sup>164</sup> Email - CSG-9 – Response to RFI dtd 24 May 20

<sup>165</sup> Email - TR XO - Subject: TR Investigation dtd 7 May 20

<sup>166</sup> WHO Timeline - COVID-19 <https://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19>, accessed May 8, 2020

<sup>167</sup> SECDEF Memo Travel Restrictions for DoD Components in Response to Coronavirus Disease 2019 dtd 11 Mar 20

<sup>168</sup> (b) (6) LCDR Statement dtd 23 May 20

<sup>169</sup> ALNAV 025/20 Vector 15 Force Health Protection Guidance for Department of the Navy dtd 12 Mar 20

<sup>170</sup> NAVADMIN 064/20 Navy Mitigation Measures in Response to Coronavirus Outbreak dtd 12 Mar 20

<sup>171</sup> Crozier, B. CAPT Ltr to families dtd 13 Mar 20

<sup>172</sup> SECDEF Memo Travel Restrictions for DoD Components in Response to Coronavirus Disease 2019 dtd 11 Mar 20

105. On March 13, 2020, the President of the United States declared the COVID-19 outbreak a national emergency.<sup>173</sup>

106. On March 14, 2020, the acting Secretary of the Navy (A-SN) issued a stop movement order for all DON personnel beginning March 16, 2020.<sup>174</sup>

107. On March 14, 2020, the Office of the Chief of Naval Operations (OPNAV) issued a stop movement order for Permanent Change of Station and temporary duty orders, and authorized local leave only.<sup>175</sup>

108. On March 14, 2020, members of the Navy Forward-Deployed Preventive Medicine Units and Naval Medical Research Center embarked TR, BLR and AMA to help combat the risk of COVID-19 and provide laboratory batch testing capability while at sea.<sup>176</sup>

109. On March 14, 2020, medical personnel tested the 39 quarantined TR Sailors and each tested negative.<sup>177</sup>

110. On March 14, 2020, BLR arrived in Singapore for a previously scheduled port visit.<sup>178</sup>

111. On March 14, 2020, the Government of Guam issued a state of public health emergency.<sup>179</sup>

112. On March 15, 2020, the TR SMO emailed the entire TR crew, clarifying screening requirements after port visits, explaining self-monitoring, and passing reminders about hand sanitization, hand washing, and cough etiquette.<sup>180</sup>

113. On March 16, 2020, the TR SMO emailed the entire TR crew updates about COVID-19, including guidance for personnel arriving and/or leaving by COD. Specifically, the email provided, "Personnel arriving via COD - HODs/DLCPOs are notified (by TR Medical Department using the Air Transport Officer manifest) of those

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<sup>173</sup> Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak dtd 13 Mar 20 <https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/>

<sup>174</sup> ALNAV 026/20 Official and Personal Domestic Travel Guidance for Department of the Navy (CONUS Travel Guidance) dtd 14 Mar 20

<sup>175</sup> NAVADMIN 065/20 Navy Mitigation Measures in Response to Coronavirus Outbreak Update 1 dtd 14 Mar 20

<sup>176</sup> Navy Preventive Medicine Teams Embark Ships in 7th Fleet, INDOPACOM, (03 Mar 20) <https://www.pacom.mil/Media/News/News-Article-View/Article/2122302/navy-preventive-medicine-teams-embark-ships-in-7th-fleet/>; TR Psychologist Statement dtd 18 May 20

<sup>177</sup> Email – TR SMO - Post-Danang Update dtd 18 Mar 20

<sup>178</sup> Email – C7F COVID Response Cell – Response to RFI dtd 15 May 20

<sup>179</sup> Government of Guam Executive Order 2020-03

<sup>180</sup> Email - TR SMO to All Officers, All CPOs, All E-6 and below - 14 days of screening following port visits dtd 15 Mar 20

individuals that require screening after arrival on a COD. Same screening concept except that their 7+7 days of screening starts the day they arrive on the ship and results are emailed to CAPT Ashman.”<sup>181</sup>

114. As TR transited to Guam, the C7F Fleet Surgeon and the TR SMO increased communications.<sup>182</sup>

115. By March 17, 2020, COVID-19 reached all 50 United States.<sup>183</sup>

116. On March 17, 2020, the TR CO emailed the Commanding Officer (CO), Naval Base Guam (NBG) CO to propose three possible courses of action (COAs) for liberty during the TR’s upcoming Guam port visit:

- a. Full Guam liberty, similar to the previous port visit,
- b. NBG liberty with base access (busses to Navy Exchange (NEX), beach, etc.), and limited off-base liberty (golf, small group tours, etc.), or
- c. Pier liberty with limited access to NBG (busses to NEX, beach, etc.) and MWR pier support (food/beer/entertainment/wifi).<sup>184</sup>

117. The NBG CO stated that only COA #3 was appropriate and that further mitigation measures were needed to afford TR Sailors access to the NEX and that TR medical personnel would be required to assist in screening and sanitization inspections.<sup>185</sup>

118. On March 19, 2020, the U.S. Department of State added Vietnam to the list of countries on the Global Level 4 Health Advisory, recommending against traveling there.<sup>186</sup>

119. By March 20, 2020, Guam had 12 confirmed cases of COVID-19.<sup>187</sup>

120. The TR XO and the TR Operations Officer were concerned that Sailors would congregate elsewhere so TR’s gyms remained open until the ship arrived in Guam.<sup>188</sup>

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<sup>181</sup> Email - TR SMO - Coronavirus screening - Update dtd 15 Mar 20

<sup>182</sup> TR SMO Statement dtd 17 May 20

<sup>183</sup> CORONAVIRUS: DOD RESPONSE TIMELINE (15 May 20) <https://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/>

<sup>184</sup> Email - NBG CO to TR CO - TR PVST dtd 20 Mar 20

<sup>185</sup> Email - NBG CO to TR CO - TR PVST dtd 20 Mar 20

<sup>186</sup> U.S. Embassy & Consulate in Vietnam: COVID-19 Information <https://vn.usembassy.gov/u-s-citizen-services/covid-19-information>

<sup>187</sup> Email - NBG CO to TR CO - TR PVST dtd 20 Mar 20

<sup>188</sup> TR SMO Statement dtd 17 May 20; Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20; TR CMC Statement dtd 17 May 20

121. On March 22, 2020, the TR CO requested via email limited access to NBG locations such as the NEX, Liberty Center, movie-theater, gym, ballfields, and hiking areas.<sup>189</sup>

122. CO, NBG responded to the TR CO that his first priority was the safe mooring of the ship and proper husbanding while in port, all while ensuring that the ship and crew remained “clean.” CO, NBG stated further that “once we have that locked in we will focus on the quality of life.” Additionally, CO, NBG attached the general schematic for Kilo Wharf (Figure 2) and the potential Force Health Protection Enclave (FHPE) that would be employed to enable the required separation for TR Sailors to base support personnel.<sup>190</sup>

123. On March 22, 2020, 14 days after they had been placed in quarantine, all 39 close-contact Sailors were asymptomatic, tested negative and released from quarantine.<sup>191</sup>

124. On March 23, 2020, the CDC reported the Diamond Princess and Grand Princess cruise ships had more than 800 total COVID-19 cases, including 10 deaths.<sup>192</sup>

125. On March 23, 2020, the Secretary of Defense raised the Health Force Protection Condition Level to Charlie for all DoD installations.<sup>193</sup>

126. On March 23, 2020, the Navy published definitions of quarantine and isolation, derived from CDC guidance.<sup>194</sup>

127. On March 23, 2020, TR stopped receiving COD flights from the Philippines.<sup>195</sup>

128. The TR CO stated that due to the increasing number of COVID-19 cases in the Philippines, an internal decision was made to re-route all future outbound passengers and parts to Kadena Air Force Base (AFB) or Anderson AFB in order to avoid further flights to the Philippines.<sup>196</sup>

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<sup>189</sup> Email – NBG CO to TR CO - RE TR PVST dtd 23 Mar 20

<sup>190</sup> Email – NBG CO to TR CO - RE TR PVST dtd 23 Mar 20

<sup>191</sup> C7F COS Statement dtd 21 May 20;; Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20; TR SMO Statement dtd 17 May 20; C7F Surgeon Statement dtd 23 May 20

<sup>192</sup> Update Public Health Response to the Coronavirus Disease 2019 outbreak - United States (24 Feb 20)

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6908e1.htm>

<sup>193</sup> Statement by Department of Defense on Additional Access Restrictions for the Pentagon Reservation dtd 23 Mar 20

<https://www.defense.gov/Newsroom/Releases/Release/Article/2122686/statement-by-department-of-defense-on-additional-access-restrictions-for-the-pe>

<sup>194</sup> NAVADMIN 083/20 Restriction of Movement (ROM) Guidance 23 Mar 20

<sup>195</sup> COD Completed Travel Log/Manifest

<sup>196</sup> Crozier, B. CAPT Statement dtd 15 May 20



129. Between the period of March 9 to March 23, 2020, 9 patients presented to TR Medical with ILI.<sup>197</sup>

a. The embarked BDRD personnel screened all ILI cases using the BioFire Respiratory Panel-2 (RP-2) to rule out the most common respiratory pathogens.<sup>198</sup>

b. In all cases tested using the BioFire RP-2, a common respiratory pathogen was identified and the diagnosis process halted.<sup>199</sup>

130. On March 24<sup>th</sup>, prior to Sailors testing positive for COVID-19 aboard TR, three Sailors reported to the CVW-11 Surgeon that they had experienced a loss of taste and/or smell and that they had been experiencing those symptoms for approximately one week and had no other symptoms.<sup>200</sup>

a. The CVW-11 Surgeon had learned that day that there was the possibility that the loss of taste and/or smell were a symptom of COVID-19, but determined that evidence was anecdotal and was not predominant in COVID-19 literature at the time.<sup>201</sup>

b. The Sailors informed the CVW-11 Surgeon that there were one or two other Sailors who had the same symptoms and the CVW-11 Surgeon requested these Sailors report to the Medical Department.<sup>202</sup>

c. All Sailors who presented with the loss of taste and/or smell presented with no other symptoms.<sup>203</sup>

d. Because these individuals had no other symptoms, the CVW-11 Surgeon determined that these Sailors' loss of taste and/or smell were not a diagnostic symptom.<sup>204</sup>

e. The CVW-11 Surgeon directed these Sailors not to return to their work center and contacted the Industrial Hygienist onboard to inspect their work center.<sup>205</sup>

f. The Industrial Hygienist ran a RAD-57 test which demonstrated a normal CO level.<sup>206</sup>

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<sup>197</sup> TR Sick Call Log 5 Mar to 23 Mar 20

<sup>198</sup> (b) (6) LCDR Statement dtd 23 May 20

<sup>199</sup> (b) (6) LCDR Statement dtd 23 May 20

<sup>200</sup> CVW-11 Surgeon Statement dtd 18 May 20

<sup>201</sup> CVW-11 Surgeon Statement dtd 18 May 20

<sup>202</sup> CVW-11 Surgeon Statement dtd 18 May 20

<sup>203</sup> CVW-11 Surgeon Statement dtd 18 May 20

<sup>204</sup> CVW-11 Surgeon Statement dtd 18 May 20

<sup>205</sup> CVW-11 Surgeon Statement dtd 18 May 20

<sup>206</sup> CVW-11 Surgeon Statement dtd 18 May 20



g. The CVW-11 Surgeon believes that three of the Sailors eventually tested positive for COVID-19.<sup>207</sup>

h. Subsequent investigation of the ship's Sick Call Log revealed no patients presented to TR Medical with a loss of taste or smell prior to the first confirmed positive COVID-19 case.<sup>208</sup>

### **First Confirmed Case of COVID-19 until Arriving at Guam**

131. In the early morning of March 24, 2020, TR confirmed three Sailors tested positive for COVID-19; two from CVW-11 and one from the Reactor Department.<sup>209</sup>

132. The first three TR Sailors to test positive for COVID-19 were not close contacts of the initial 39 Sailors quarantined on March 9<sup>th</sup>.<sup>210</sup>

133. Within 24 hours of positive cases, the TR SMO began basing initial projections for the spread of COVID-19 aboard TR on similar circumstances on cruise ships, but in “negative fashion” since cruise ships have individual berthing.<sup>211</sup>

134. After Sailors aboard TR tested positive for COVID-19, C7F considered directing TR to Hawaii or San Diego; however, C7F ruled these ports out due to the limited medical evacuation coverage of responding aircraft.<sup>212</sup>

135. TR was originally scheduled to execute a port visit to Guam from April 3 to April 10, 2020.<sup>213</sup>

136. On March 24, 2020, TR sailed for Guam at BKH's best speed based on maximum allowable fuel burn rate for the planned transit.<sup>214</sup>

137. Guam had previously denied entry to cruise ship MS WESTERDAM on February 7, 2020, over COVID-19 concerns, even though there were no known COVID-positive passengers on the ship.<sup>215</sup>

138. On March 24, 2020, Deputy Chief of Naval Operations (DCNO) for Operations, Plans and Strategy (OPNAV N3/N5) informed C7F that the “crew of TR will not leave

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<sup>207</sup> CVW-11 Surgeon Statement dtd 18 May 20

<sup>208</sup> TR Sick Call Log 5 Mar to 23 Mar 20

<sup>209</sup> Email - TR SMO to CCSG-9 - COVID-19 Update dtd 24 Mar 20

<sup>210</sup> CCSG-9 Statement dtd 15 May 20

<sup>211</sup> TR SMO Statement dtd 17 May 20

<sup>212</sup> C7F COS Statement dtd 21 May 20

<sup>213</sup> Email - CSG-9 – Response to RFI dtd 20 May 20

<sup>214</sup> Crozier, B. CAPT Statement dtd 15 May 20; C7F COS Statement dtd 21 May 20; TR XO Statement dtd 16 May 20; TR RO Statement dtd 18 May 20

<sup>215</sup> Guam denies entry to ship over coronavirus concerns, *USA Today* (07 Feb 20)

<https://www.usatoday.com/story/news/local/2020/02/07/guam-denies-entry-ship-over-coronavirus-concerns/4687803002/>

pier, with the exception of Sailors testing positive for COVID-19, who will be sequestered in base berthing facilities.”<sup>216</sup>

139. On March 24, 2020, C7F suggested to CCSG-9 that TR use the ship’s hangar deck for segregated berthing and to consider moving the CSG-9 Command Element to a command ship.<sup>217</sup>

140. On March 24, 2020, C7F considered flying CVW-11 off TR to Anderson AFB, Guam.<sup>218</sup>

141. CTF 75 offered C7F tents with air conditioning and cots for 400 Sailors to be available on the pier in Guam if needed.<sup>219</sup>

142. After the third Sailor tested positive for COVID-19, TR CO conducted a 1MC call informing the crew that antiseptic wipes and hand sanitizer were available throughout the ship, “bleach-a-palooza” would occur twice daily, dental services were limited, and self-service was secured on the mess decks, the Chief Petty Officers’ mess, and wardrooms.<sup>220</sup>

143. C7F was aware of the preventive measures taken aboard TR.<sup>221</sup>

144. On March 24, 2020, the Pentagon confirmed its first case of COVID-19.<sup>222</sup>

145. On March 24, 2020, USA Today reported TR had up to eight Sailors aboard who tested positive for COVID-19.<sup>223</sup>

146. On March 24, 2020, TR Safety Officer stood up a COVID-19 Awareness Council (CAC), which included dental staff, the TR’s staff judge advocate, and various CVW-11 representatives. The purpose of the CAC was to manage messaging. Specifically, the CAC aimed to convert CDC and NAVADMIN guidance into a format easily accessible and usable across the entire ship.<sup>224</sup>

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<sup>216</sup> Email (SIPR) - C7F to OPNAV N3/N5 – RE: (U//FOUO) FOR INFO: TR Recovery and Disposition Plan dtd 27 Mar 20

<sup>217</sup> Email (SIPR) – C7F to CCSG-9, C7F CoS, CSG-9 CoS – RE: (S) Positive COVID tests on TR (Update #2) dtd 24 Mar 20 2313 (Guam time)

<sup>218</sup> Email (SIPR) – C7F CoS to CSG-9 CoS, NBG CO - \*\*\* Urgent – Air Wing Fly Off? dtd 24 Mar 20

<sup>219</sup> Email – (SIPR) CTF 75 to C7F – COVID-19 Commander’s perspective 22 Mar dtd 24 Mar 20

<sup>220</sup> Email – TR PAO to Crozier, B. CAPT – RE: TRSG RTQ dtd 24 Mar 20

<sup>221</sup> Email – C7F PAO to TR PAO – FWD: Proposed Statement dtd 26 Mar 20

<sup>222</sup> First Case of COVID-19 at the Pentagon dtd 25 Mar 20

<https://www.defense.gov/Newsroom/Releases/Release/Article/2125774/first-case-of-covid-19-at-the-pentagon/>

<sup>223</sup> Eight sailors from USS Theodore Roosevelt have coronavirus, raising concerns about pandemic’s strain on military, USA Today (24 Mar 20) <https://www.usatoday.com/story/news/politics/2020/03/24/coronavirus-3-sailors-test-positive-military-readiness-affected/2910165001>

<sup>224</sup> TR Safety Officer Statement dtd 17 May 20

147. TR spent most of March 24<sup>th</sup> in condition River City (limited communications on and off the ship).<sup>225</sup>

148. Within the first 48 hours of TR's first COVID-19 positive cases, the TR SMO distributed the NTRP relating to shipboard isolation and quarantine to each of the HODs.<sup>226</sup>

149. The TR CO stated that after March 24<sup>th</sup>, he was sleeping 4-5 hours a night.<sup>227</sup>

150. After the outbreak, the TR SMO had daily communication with C7F surgeon, CPF surgeon, Naval Hospital Guam (NHG) CO, and 3D MEB.<sup>228</sup>

151. After March 24, 2020, the TR Surgeon cancelled routine operations and began screening patients.<sup>229</sup>

152. Positive crew members initially remained in ship's Medical unless the member was an officer with a single stateroom. Positive cases were then isolated and contact tracing identified additional Sailors to segregate.<sup>230</sup>

153. At the time, NAVADMIN 083/20 defined a person under investigation (PUI) as an individual with either a pending COVID-19 test or for whom a test would have been ordered/conducted if one had been available.<sup>231</sup>

154. Close contacts were identified as having 10 minutes of contact or more within 20 feet of a positive case.<sup>232</sup>

155. The COVID-19 treatment plan included over-the-counter medications.<sup>233</sup>

156. The Medical Department was running low on testing kits, so anyone with a common cold but no fever were treated for what the Medical Department suspected.<sup>234</sup>

157. Following positive cases of COVID-19, the TR Medical Department ceased routine care, including mental health. The TR psychologist responded to routine patients and handled "fleet administrative tracking" where COVID-19 test results were recorded when known.<sup>235</sup>

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<sup>225</sup> TR Psychologist Statement dtd 18 May 20

<sup>226</sup> TR Safety Officer Statement dtd 17 May 20

<sup>227</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>228</sup> TR SMO Statement dtd 17 May 20

<sup>229</sup> TR Surgeon Statement dtd 18 May 20

<sup>230</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>231</sup> NAVADMIN 083/20 Restriction of Movement (ROM) Guidance dtd 23 Mar 20

<sup>232</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>233</sup> TR PA Statement dtd 18 May 20

<sup>234</sup> TR PA Statement dtd 18 May 20

<sup>235</sup> TR Psychologist Statement dtd 18 May 20

158. On March 25, 2020, TR transferred ashore the first four Sailors who tested positive for COVID-19 via rotary wing.<sup>236</sup>

159. The TR XO stated he believed TR largely adhered to NTRP 4-02.10 guidance prior to Sailors testing positive.<sup>237</sup>

160. The TR XO stated, “We were absolutely aware of the CPF and C7F OPORD and FRAGORDs -- but as we got closer to Guam and cases increased, it appeared CPF and C7F were not in alignment on NAVADMIN 083 – specifically the need for isolated berthing. They continued to direct us to attempt group quarantine methods that were not in compliance. We were getting a 10,000-yard screwdriver from BLR. We did it, but it was frustrating.”<sup>238</sup>

161. Once TR Sailors tested positive for COVID-19, the TR SMO routinely sent CCSG-9 updates and numbers, including prediction models for the virus’ spread.<sup>239</sup>

162. The TR SMO relied upon observations and data from the cruise ship Diamond Princess sequestered in Japan, which had a different demographic than that of the TR.<sup>240</sup>

163. The TR CO acknowledged studies about cruise ships influenced his decision-making.<sup>241</sup>

164. On March 25th, the TR CO sent letters to family members indicating “a few Sailors” had tested positive for COVID-19, were been placed in isolation, and work was in progress to fly those Sailors off the ship as soon as possible.<sup>242</sup>

165. Once Sailors aboard TR tested positive for COVID-19, TR closed the barbershop and gyms but permitted PT in the hangar bay. Cooks served salad and self-serve food options were removed from the mess deck. ATMS, vending machines, and the ship’s store remained open (with a limited number of patrons at a time). Self-serve laundry closed. TR XO implemented mandatory facemask wearing.<sup>243</sup>

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<sup>236</sup> CO NHG Statement dtd 18 May 20; Sailors tested positive on USS Theodore Roosevelt, extent of exposure unclear, Pacific Daily News (23 Mar 20) <https://www.guampdn.com/story/news/local/2020/03/26/sailors-tested-positive-uss-roosevelt-extent-exposure-unclear/5084652002/#>

<sup>237</sup> TR XO Statement dtd 16 May 20 Addendum

<sup>238</sup> TR XO Statement dtd 16 May 20

<sup>239</sup> Email – TR SMO to CCSG-9 – RE COVID -19 update 28 March – Evening update dtd 28 Mar 20

<sup>240</sup> Email - TR SMO to Warfare Commanders – Diamond Princess Article dtd 28 Mar 20

<sup>241</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>242</sup> Email – Crozier, B. CAPT to TR Ombudsmen – (none) with Letter to TR Families and Friends dtd 27 Mar 20

<sup>243</sup> TR SUPPO Statement dtd 18 May 20; TR XO Statement dtd 16 May 20

166. While in transit to Guam, the TR CO authorized the use of damage control flash hoods as face coverings because the ship lacked a sufficient number of face coverings for the entire crew.<sup>244</sup>

167. Despite receiving direction to plan for using on-base resources, CCSG-9 believed that using Guam hotels was still an option.<sup>245</sup>

168. On March 25, 2020, CO, NBG compiled a scheme of maneuver brief that detailed 150 isolation and 493 quarantine beds available in gyms and open bay berthing.<sup>246</sup>

169. On March 25, 2020, the CSG-9 COS notified C7F COS of the need for 4,000 rooms to house Sailors in single isolation for two weeks.<sup>247</sup>

170. On March 25<sup>th</sup>, CCSG-9 requested 4,000 CDC-compliant rooms and believed higher headquarters was working their request.<sup>248</sup>

171. CCSG-9 received feedback that obtaining 4,000 CDC-complaint rooms was not an option because A-SN had stated publicly that TR will be pierside in Guam and no one on the crew would be allowed to leave other than pierside and that 100 percent testing of the crew will occur to ensure that COVID-19 is contained.<sup>249</sup>

172. On March 25, 2020, Commander, Joint Region Marianas (CJRM) notified the Governor of Guam that TR had three COVID-19 Sailors onboard and they were being evacuated to NBG. The following day, CJRM notified the Governor of Guam an additional 21 Sailors would be evacuated to NBG from TR.<sup>250</sup>

173. CJRM stated, "As the situation onboard the ship became more serious and the medical response evolved [from March 27-29] my conversations with the Governor became more frequent."<sup>251</sup>

174. On March 26, positive COVID-19 cases aboard TR rose from eight to 33.<sup>252</sup>

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<sup>244</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>245</sup> CCSG-9 Statement dtd 15 May 20

<sup>246</sup> Email (SIPR) - CO NBG – NBG Task Force TR REVIVE dtd 26 Mar 20

<sup>247</sup> Email – (SIPR) CSG-9 COS to C7F COS – HOTEL OPTION dtd 25 Mar 20

<sup>248</sup> CCSG-9 Statement dtd 15 May 20

<sup>249</sup> CCSG-9 Statement dtd 15 May 20; Transcript: Marine Corps Officials Hold a Defense Department News Briefing on COVID-19 Efforts dtd 26 Mar 20 <https://www.defense.gov/Newsroom/Transcripts/Transcript/Article/2127585/marine-corps-officials-hold-a-defense-department-news-briefing-on-covid-19-effo/>

<sup>250</sup> Email - CJRM – Follow Up to 13 May 20 Phone Call

<sup>251</sup> Email - CJRM – Follow Up to 13 May 20 Phone Call

<sup>252</sup> Email (SIPR) - CCSG-9 - Positive COVID-19 tests on TR (update #9) dtd 26 Mar 20



175. On March 26, 2020, CCSG-9 informed C7F that TR would run out of quarantine/isolation space ashore in Guam.<sup>253</sup>
176. On March 26, 2020, A-SN stated publicly that TR would not need assistance from Guam and that TR's crew will stay on the pier upon arrival.<sup>254</sup>
177. On March 26, 2020, CCSG-9 issued outbreak Commander's Guidance for arrival in Guam expressing the following priorities: (1) move all COVID-positive Sailors to isolation quarters; (2) identify key groups needed to operate ship at sea in near-term; (3) move key reactor supervisory personnel into isolation following testing; and (4) if additional quarantine racks remain, prioritize personnel by function.<sup>255</sup>
178. On March 26, 2020, the TR XO sent an email to all officers and all Chiefs outlining a plan to disembark TR's crew upon arrival in Guam.<sup>256</sup>
179. On March 26, 2020, CPF sent the first of a series of TR Recovery and Disposition Plan email updates to INDOPACOM and the Chief of Naval Operations (CNO). CPF reported to CNO that the plan was to test the entire TR crew for COVID-19.<sup>257</sup>
180. On March 26, 2020, C7F emailed DCNO (N3/N5) recommending Echelon I engagement and support for additional resources for testing 100 percent of the TR crew.<sup>258</sup>
181. The C7F COS stated that testing before moving to quarantine was not required and that C7F was clear to CCSG-9 that the intent was to move Sailors ashore as fast as possible.<sup>259</sup>
182. On March 24, 2020, C7F emailed CCSG-9 providing testing protocol and the TR Triage and Disposition Plan, a flow chart for testing all Sailors.<sup>260</sup>
183. On March 28, 2020, C7F corrected CCSG-9 in an email regarding testing protocol and mandating him to "start over" with testing.<sup>261</sup>
184. At the request of CNO, it was CPF's intention to test 100 percent of TR's crew.<sup>262</sup>

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<sup>253</sup> Email (SIPR) - CCSG-9 - Positive COVID-19 tests on TR (update #9) dtd 26 Mar 20

<sup>254</sup> UPDATED: USS Theodore Roosevelt Quarantines Sailors on Guam as Coronavirus Outbreak Spreads, *USNI News* (26 Mar 20)

<sup>255</sup> Email (SIPR) - CCSG-9 to Crozier, B. CAPT, CVW-11 CAG - (S) OUTBREAK COMMANDER'S GUIDANCE dtd 26 Mar 20

<sup>256</sup> Email: TR XO - Plan for Guam Day 1 dtd 26 Mar 20

<sup>257</sup> Email (SIPR) - CPF to CNO and INDOPACOM - TR Recovery and Disposition Plan dtd 26 Mar 20

<sup>258</sup> Email - (SIPR) C7F to OPNAV N3/N5 - RE: (U//FOUO) FOR INFO: TR Recovery and Disposition Plan dtd 26 Mar 20

<sup>259</sup> C7F COS Statement dtd 21 May 20

<sup>260</sup> Email (SIPR) - C7F- Positive COVID-19 Tests on TR dtd 24 Mar 20

<sup>261</sup> Email (SIPR) - C7F to CCSG-9 dtd. 28 Mar 20 SUBJ: (S) 28 Mar TB - follow-up

<sup>262</sup> Email (SIPR) - CNO to CPF - FOR INFORMATION: TR Recovery and Disposition Plan dtd 26 Mar 20, 2014

185. In response, C7F stated that “100 percent [testing] was desired but likely not possible.”<sup>263</sup>

186. In the same email thread the DCNO (N3/N5), who was responsible for Navy’s overall plan to combat COVID-19, replied to C7F that the “Crew of TR will not leave pier, with the exception of positive Sailors, who will be sequestered in base berthing facilities.”<sup>264</sup>

187. The CNO stated that he understood CPF’s intent to test 100 percent of TR’s crew.<sup>265</sup>

188. During a discussion with C7F, the Commanding General of III Marine Expeditionary Force (III MEF) offered up to 5,000 rooms for potential TR crew occupancy in Okinawa.<sup>266</sup>

### **Arrival in Guam**

189. On March 27, 2020, TR arrived in Guam and moored pierside.<sup>267</sup>

190. As TR arrived in Guam, the ship had 36 COVID-19 positive cases.<sup>268</sup>

191. As of March 27, 2020, USS Ronald Reagan (CVN 76) had three COVID-19 positive cases.<sup>269</sup>

192. The TR SMO requested assistance from Navy Medicine upon arrival in Guam.<sup>270</sup>

193. The C7F and CPF Fleet Surgeons concurred with the TR SMO that as TR arrived in Guam, “[A]nyone who is defined as [having influenza-like illness symptoms] is a presumptive [positive for] COVID-19 and should be treated as such.”<sup>271</sup>

194. The TR medical team used the batch testing method to test Sailors for COVID-19.<sup>272</sup>

195. A batch test does not individually diagnose Sailors.<sup>273</sup>

196. As of March 27, 2020, TR was limited to 40 diagnostic tests per day.<sup>274</sup>

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<sup>263</sup> Email (SIPR) - CNO to CPF - FOR INFORMATION: TR Recovery and Disposition Plan dtd 26 Mar 20, 2014

<sup>264</sup> Email (SIPR) - CNO to CPF - FOR INFORMATION: TR Recovery and Disposition Plan dtd 26 Mar 20, 2014

<sup>265</sup> Email (SIPR) - CNO to CPF - FOR INFORMATION: TR Recovery and Disposition Plan dtd 26 Mar 20, 2014

<sup>266</sup> C7F Statement dtd 18 May 20

<sup>267</sup> Facebook Post - Family and Friends of the Rough Riders, Crozier, B. CAPT (27 Mar 20)

<https://www.facebook.com/USSTheodoreRoosevelt/photos/a.489137065779/10156700551025780/?type=3&theater>

<sup>268</sup> Email (SIPR) - C7F - C7F COVID daily CDRs update (26 Mar) dtd 27 Mar 20

<sup>269</sup> Email (SIPR) - C7F - C7F COVID daily CDRs update (26 Mar) dtd 27 Mar 20

<sup>270</sup> Email - TR SMO to CPF and C7f surgeons - WARNORD for BUMED dtd 24 Mar 20

<sup>271</sup> Email - CPF Surgeon to C7F surgeon and TR SMO - WARNORD for BUMED dtd 24 Mar 20

<sup>272</sup> Email (SIPR) - CCSG-9 to C7F - POSITIVE COVID-19 TEST ON TR (update #3) dtd 25 Mar 20

<sup>273</sup> Navy Preventive Medicine Teams Embark Ships in 7th Fleet, INDOPACOM, (03 Mar 20)

<https://www.pacom.mil/Media/News/News-Article-View/Article/2122302/navy-preventive-medicine-teams-embark-ships-in-7th-fleet/>

<sup>274</sup> TR SMO Statement dtd 17 May 20; CCSG-9 Statement dtd 15 May 20

197. NAVADMIN 092/20 urged commands to “continue random urinalysis specimen collection from Sailors during the COVID-19 pandemic to the greatest extent possible,” but also afforded Commanding Officers the approval authority to pause collections in response to the strict enforcement of social distancing measures.<sup>275</sup>
198. Subsequent to TR’s arrival in Guam, TR’s Command Urinalysis Program continued with assigned times for each department to report for urinalysis screening.<sup>276</sup>
199. As TR pulled into Guam, C7F’s priority was keeping TR mission capable.<sup>277</sup>
200. As the TR arrived in Guam, C7F was “crystal clear” to CCSG-9 that C7F wanted as many Sailors off the ship as quickly as possible.<sup>278</sup>
201. According to C7F COS, CPF directed 100 percent testing of TR’s crew because CPF believed a lab in Korea could test 1,000 samples a day. C7F COS stated he believed Korea was never able to test 1,000 TR Sailors in one day.<sup>279</sup>
202. TR leadership prioritized removing COVID-19 positive Sailors first, key reactor watchstanders second, and PUIs last.<sup>280</sup>
203. The TR XO planned to keep approximately 700 Sailors aboard TR to run the ship.<sup>281</sup>
204. According to the C7F COS, after TR arrived in Guam, the goal became scattered: CPF wanted testing, C7F wanted Sailors off the ship, and TR wanted single rooms.<sup>282</sup>
205. According to the C7F COS, Guam later required testing before Sailors could enter hotels.<sup>283</sup>
206. On March 28, 2020, the C7F COS informed the CSG-9 COS that TR was not following “protocol” because Sailors were going into quarantine without batch tests to determine if the virus was present.<sup>284</sup>

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<sup>275</sup> NAVADMIN 092/20 Urinalysis Policy Update dtd 27 Mar 20

<sup>276</sup> TR MA2 to TR Crew - URINALYSIS POLICY UPDATE dtd 29 Mar 20

<sup>277</sup> C7F COS Statement dtd 21 May 20

<sup>278</sup> C7F COS Statement dtd 21 May 20

<sup>279</sup> C7F COS Statement dtd 21 May 20

<sup>280</sup> TR XO Statement dtd 16 May 20

<sup>281</sup> TR XO Statement dtd 16 May 20

<sup>282</sup> C7F COS Statement dtd 21 May 20

<sup>283</sup> C7F COS Statement dtd 21 May 20

<sup>284</sup> Email (SIPR) - C7F COS to CSG-9 COS - Triage and Procedure dtd 27 Mar 20

207. According to CCSG-9, securing hotel rooms in Guam was initially not an option because A-SN stated publicly that the Navy would not require assistance from Guam.<sup>285</sup>

208. C7F believed that should hotels become available in Guam, Sailors would need to test negative for COVID-19 before exiting NBG.<sup>286</sup>

209. As of March 27, 2020, the C7F COS explained to CSG-9 that testing was required before personnel disembarked.<sup>287</sup>

210. On March 27, 2020, the TR SMO distributed "TR's Triage and Disposition Plan" promulgated by C7F, which contemplated 200 COVID-19 tests per day.<sup>288</sup>

211. Because Guam declared a Public Health State of Emergency on March 14, 2020, the C7F COS believed asking Guam for help was a "big ask."<sup>289</sup>

212. TR CO stated, "Testing had to be done before Sailors were allowed to debark the ship."<sup>290</sup>

213. The TR XO stated that testing requirements "seemed to change daily."<sup>291</sup>

214. The TR SMO stated, "There was some initial confusion as to whether or not the Sailors had to be tested before they went to on-base facilities rather than the hotels out in town."<sup>292</sup>

215. The TR XO stated the information flow between C7F, CSG-9, and TR was "off" and that TR XO believed the TR was "making decisions without the benefit of full information."<sup>293</sup>

216. The TR CO stated that "[the Warfare Commanders] had no information on the matter, but had we been aware then, that housing Sailors individually in hotels in Guam was a viable and realistic COA, we may have had less concerns because we knew at our level that moving Sailors ashore into hotels was the quickest and most effective way to combat the spread of COVID-19."<sup>294</sup>

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<sup>285</sup> CCSG-9 Statement dtd 15 May 20

<sup>286</sup> C7F Statement (Addendum) dtd 19 May 20; C7F COS Statement dtd 21 May 20

<sup>287</sup> Email – (SIPR) COS C7F to COS CSG-9 – Triage and procedure dtd 28 Mar 20

<sup>288</sup> Email – TR SMO to CSG-9 Staff – Testing Planning Factors dtd 27 Mar 20

<sup>289</sup> C7F COS Statement dtd 21 May 20; Email (SIPR) - CSG-9 COS to C7F COS – HOTEL OPTION dtd 25 Mar 20

<sup>290</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>291</sup> TR XO Statement dtd 16 May 20

<sup>292</sup> TR SMO Statement dtd 17 May 20

<sup>293</sup> TR XO Statement dtd 16 May 20

<sup>294</sup> Crozier, B. CAPT Statement dtd 15 May 20

217. The TR SMO stated he was not fully aware of a Guam hotel plan and was not briefed on the plan.<sup>295</sup>

218. CCSG-9 was aware of ongoing efforts by higher headquarters to negotiate for the use of hotels on Guam and “by March 31, [we knew we] were making progress.”<sup>296</sup>

219. According to C7F, “the TR CO was briefed on the [hotel] option and the support, voiced no concerns when asked, (but then sent his letter the same or following day, 29 or 30 March).”<sup>297</sup>

220. The TR SMO stated he did not get much sleep between March 24<sup>th</sup> and April 2<sup>nd</sup>.<sup>298</sup>

221. The TR CO did not attend C7F COS COVID-19 working group meetings. As a result, C7F was generally unaware of what was actually happening on the ship during the first two days in Guam.<sup>299</sup>

222. As TR Sailors came ashore, complaints about available accommodations and food arose.<sup>300</sup>

223. Sailors expressed their concerns on social media and this was relayed to the TR CO and TR XO.<sup>301</sup>

224. The CSG-9 COS stated that in “daily meetings with the C7F Crisis Action Team, we stated food supply was insufficient, and available racks were not spread out far enough. C7F seemed concerned only with filling beds ashore. Ongoing dialogue between C7F and CCSG-9 was contentious.”<sup>302</sup>

225. The TR SMO did not consistently attend or send a representative to the daily C7F medical synchronization meetings.<sup>303</sup>

226. The TR CO stated that it was a constant balancing act between keeping the crew in close quarters on the ship and sending the crew out to inadequate facilities where they lacked proper living necessities and medical care.<sup>304</sup>

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<sup>295</sup> TR SMO Statement dtd 17 May 20

<sup>296</sup> CCSG-9 Statement dtd 15 May 20

<sup>297</sup> C7F Statement dtd 18 May 20

<sup>298</sup> TR SMO Statement dtd 17 May 20

<sup>299</sup> C7F COS Statement dtd 21 May 20

<sup>300</sup> TR XO Statement dtd 16 May 20; AN Statement dtd 16 May 20; AT1 Statement dtd 22 May 20

<sup>301</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20; TR PAO Interview Summary dtd 23 May 20

<sup>302</sup> CSG-9 COS Statement dtd 18 May 20

<sup>303</sup> CPF Surgeon Statement dtd 19 May 20

<sup>304</sup> Crozier, B. CAPT Statement dtd 15 May 20



227. The TR XO expressed concern sending “thousands of Sailors off the ship if there were no acceptable showers, bathrooms, or food available.”<sup>305</sup>

228. The TR SMO stated the NHG public health emergency officer expressed to him concerns over “communal berthing” on land.<sup>306</sup>

229. NBG does not have a galley. NBG CO coordinated with MWR (Club), NEXCOM, and DoDEA cafeteria in order to serve 5000 - 6000 daily meals.<sup>307</sup>

230. On March 28, 2020, TR received new COVID-19 testing kits, but they required 12-14 days of preparation before use.<sup>308</sup>

231. On March 28, 2020, C7F, JRM COS and CJRM began initial discussions about increasing isolation capacity via hotels. The same day, CJRM began discussing the availability of hotel rooms with the government of Guam.<sup>309</sup>

232. On or about March 28, 2020, the Governor of Guam told CJRM, “we (Guam) need to support the people who defend us. This is the humanitarian thing to do.”<sup>310</sup>

233. The Governor of Guam indicated to the CJRM COS that a formal request from CPF or INDOPACOM would be necessary to secure hotels.<sup>311</sup>

234. After the initial concept of operations was developed the Guam Hotel and Restaurant Association (GHRA) identified the first hotels for use by TR personnel and a unified “walkthrough” of partner hotels was arranged between April 1<sup>st</sup> and 2<sup>nd</sup> at various sites.<sup>312</sup>

235. On March 28<sup>th</sup>, CCSG-9 decided to move people off ship as quickly as possible and test later.<sup>313</sup>

236. On March 28<sup>th</sup>, the TR SMO wrote an email to C7F and U.S. Pacific Fleet (PACFLT) Surgeons stating the need to move 4,500 personnel into individual berthing with single heads.<sup>314</sup>

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<sup>305</sup> TR XO Statement dtd 16 May 20

<sup>306</sup> TR SMO Statement dtd 17 May 20

<sup>307</sup> NBG CO Statement dtd 18 May 20

<sup>308</sup> Email – (SIPR) CNO to CPF – INFO TR recovery and disposition update 27 Mar 20 dtd 28 Mar 20

<sup>309</sup> Email - CJRM – Follow Up to 13 May 20 Phone Call

<sup>310</sup> Email - CJRM – Follow Up to 13 May 20 Phone Call

<sup>311</sup> C7F Statement dtd 18 May 20; Email - CJRM – Follow Up to 13 May 20 Phone Call

<sup>312</sup> Email - CJRM – Follow Up to 13 May 20 Phone Call

<sup>313</sup> Email (SIPR) - C7F to CCSG-9 – SUBJ: (S) 28 Mar TB - follow-up dtd 28 Mar 20

<sup>314</sup> Email - TR SMO to C7F and CPF Surgeons – Reality dtd 28 Mar 20

237. As positive cases mounted aboard TR, the TR CO stated that he relayed his concerns about the ship's inability to adhere to COVID related NAVADMINs to CCSG-9.<sup>315</sup>

238. On March 28, 2020, the TR XO acknowledged TR was not in compliance with applicable guidance and believed quarantining Sailors in aft berthing aboard TR was "only making the problem worse." The TR XO recommended to the TR CO to end segregated berthing on board the ship and declar[e] the entire crew and embarked staff as 'Close Contact[s]'.<sup>316</sup>

239. On March 28, 2020, the TR SMO sent an email to CCSG-9 noting 44 total Sailors had tested positive by midday. In an evening update, the TR SMO verified two more Sailors tested positive, bringing the total to 46 total positive cases aboard TR.<sup>317</sup>

240. On March 29, 2020, the TR SMO sent an email to CCSG-9 noting 50 total Sailors had tested positive by midday. In an evening update, the TR SMO verified three more Sailors tested positive, bringing the total to 53 positive cases aboard TR.<sup>318</sup>

241. On March 29, 2020, the TR SMO sent an email stating "we have lost" regarding COVID-19 on TR.<sup>319</sup>

242. The TR XO suggested that the Ship Emergency Command Center (ECC) data demonstrated the ship's segregated berthing plan was making the rate of transmission worse.<sup>320</sup>

243. During this time, C7F tasked CCSG-9 and TR to develop plans to airlift crew members to Okinawa.<sup>321</sup>

244. C7F had arranged for III MEF to vacate their barracks in Okinawa located at Marine Corps Air Station Futenma, Marine Corps Base Butler and outlying camps.<sup>322</sup>

245. On March 29, 2020, the TR CO emailed Commander, Fleet Activities Okinawa (CFAO), to "get some fidelity on the latest proposal to get the TR 5,000 barracks rooms

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<sup>315</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>316</sup> TR XO Statement dtd 16 May 20; Crozier, B. CAPT Statement dtd 15 May 20

<sup>317</sup> Email – TR SMO to CCSG-9 – COVID-19 update 28 March - Mid-day update dtd 28 Mar 20; Email – TR SMO to CCSG-9 – RE COVID -19 update 29 March – Evening update dtd 28 Mar 20

<sup>318</sup> Email – TR SMO to CCSG-9 – COVID-19 update 29 March - Mid-day update 29 Mar 20; Email – TR SMO to CCSG-9 – COVID-19 update 29 March - Evening update dtd 29 Mar 20; Email – (SIPR) CPF to C7F – Evening Ops Update and COVID 29 Mar dtd 29 Mar 20

<sup>319</sup> Email - TR SMO to C7F and CPF Surgeons – Reality dtd 28 Mar 20

<sup>320</sup> TR XO Statement dtd 16 May 20

<sup>321</sup> CCSG-9 Statement dtd 15 May 20

<sup>322</sup> Email – C7F COVID Response Cell – RFI Follow-Up dtd 20 May 20

in Okinawa.” CFAO replied, “Long story short, we don’t have 500p [sic] rooms but will do whatever we can to support.”<sup>323</sup>

246. The TR CO discussed his conversation with CFAO with the TR XO and senior Warfare Commanders. The group believed the C7F staff had wasted their time on a non-viable COA. The TR CO did not attempt to verify the accuracy of this information up the chain of command.<sup>324</sup>

247. The TR CO stated the Okinawa COA “was discounted as a viable COA due to logistical challenges, distance from THR, and likelihood of insufficient isolation rooms.”<sup>325</sup>

248. The TR CO and CSG-9 Warfare Commanders later stated that they were unaware of the intended movement of III MEF.<sup>326</sup>

249. On March 29, 2020, CPF rejected C7F’s plan for movement of the TR crew to Okinawa based on the risk of accelerating infection spread on the aircraft during the 9-hour flight to Okinawa, and complications with the government of Japan.<sup>327</sup>

250. CPF directed that no Navy personnel leave Guam until he personally reviewed and approved that plan.<sup>328</sup>

251. On March 29, 2020, CO, NBG and C7F COS acknowledged that if they could not achieve better social distancing, more Sailors would contract the virus.<sup>329</sup>

252. As of March 29, 2020, the testing rates for TR were 120/day max and there were 4,389 untested crewmembers. At that rate, the TR SMO estimated it would take 37 days to test the entire crew.<sup>330</sup>

253. On March 29, 2020, there were 1,150 racks available on Guam with 535 racks occupied.<sup>331</sup>

254. CSG-9 COS stated the TR SMO pushed hard for individual rooms. CSG-9 COS stated C7F understood this, but pushed to quarantine Sailors 150-200 at a time.<sup>332</sup>

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<sup>323</sup> Email - CAPT Crozier to Commander, Fleet Activities Okinawa – Subj: New Normal dtd 29 Mar 20, 1818

<sup>324</sup> CCSG-9 Statement dtd 15 May 20; Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20

<sup>325</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>326</sup> Crozier, B. CAPT Statement dtd 15 May 20; CVW-11 CAG Statement dtd 19 May 20; CDS-23 Statement dtd 19 May 20

<sup>327</sup> Email (SIPR) - CPF to C7F – Evening Ops Update and COVID 29 Mar dtd 29 Mar 20

<sup>328</sup> Email (SIPR) - C7F to CPF - Evening Ops Update and COVID 29 Mar dtd 30 Mar 20

<sup>329</sup> Email (SIPR) - NBG CO to C7F COS - Quarantine - Social Distancing - getting to 4,000 dtd 29 Mar 20

<sup>330</sup> Email – (SIPR) C7F COS – Numbers dtd 29 Mar 20

<sup>331</sup> Email (SIPR) - CPF to C7F – Evening Ops Update and COVID 29 Mar dtd 29 Mar 20

<sup>332</sup> CSG-9 COS Statement dtd 18 May 20

255. On March 29, 2020, the TR's Afloat Recreation Specialist closed all gyms aboard TR.<sup>333</sup>

256. On March 29, 2020, with over 1,000 members of the crew onboard in quarantine, the TR CO released 900-1,000 Sailors in aft quarantine based on the recommendation of the TR SMO, TR XO, and TR CMC.<sup>334</sup>

257. The TR CO stated he felt it became prudent to begin considering all Sailors as COVID-19 positive.<sup>335</sup>

258. The TR XO stated by March 29, 2020, there was "true human suffering" in aft berthing.<sup>336</sup>

259. The TR SMO stated that a decision to quarantine large numbers of Sailors in aft berthing was ineffective.<sup>337</sup>

260. CCSG-9 was not involved in the decision to break TR's aft quarantine. The TR CO informed CCSG-9 after he had already lifted the quarantine order.<sup>338</sup>

261. After TR SMO notified CCSG-9 of the COVID-19 positive Sailors aboard TR, CCSG-9 asked C7F for assistance in securing individual isolation rooms in compliance with applicable NAVADMINs. At the time, CCSG-9 requested 200 rooms, but expected that the number would grow.<sup>339</sup>

262. On March 29, 2020, TR CO established a policy that no Sailors would leave the ship until guarantee of sufficient meal service was available. Additionally, the CO requested the ability for ship's company to inspect isolation/quarantine facilities for suitability prior to moving Sailors (e.g., adequate meal service, heads, physical separation).<sup>340</sup>

263. TR's leadership was concerned about the practicality of the temporary open-bay facilities because open bay facilities were not CDC compliant and did not allow for appropriate social distancing.<sup>341</sup>

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<sup>333</sup> Email – TR Afloat Rec Specialist – Gym's Secured dtd 29 Mar 20

<sup>334</sup> TR XO Response to RFI dtd 6 Apr 20

<sup>335</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>336</sup> TR XO Statement dtd 16 May 20

<sup>337</sup> TR SMO Statement dtd 17 May 20

<sup>338</sup> CSG-9 COS Statement dtd 18 May 20

<sup>339</sup> Email (SIPR) - CCSG-9 to C7F and C3F - POSITIVE COVID-19 TESTS ON TR (initial report) dtd 24 Mar 20; CCSG-9 Statement dtd 15 May 20

<sup>340</sup> Email – TR CO to NBG CO – NBG CMC Tour dtd 29 Mar 20; TR XO Statement dtd 16 May 20; TR CMC Statement dtd 17 May 20

<sup>341</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR SMO Statement dtd 17 May 20; CVW-11 CAG Statement dtd 19 May 20

264. TR CO communicated regularly with CO, NBG, TR CMC and TR Chaplain about conditions ashore.<sup>342</sup>
265. C7F believed that the TR CO and CSG-9 were resisting sending the crew ashore because available facilities were not fully CDC-compliant.<sup>343</sup>
266. C7F did not view the temporary facilities at NBG as inadequate as C7F felt they were a short-term improvement over shipboard conditions that would provide a bridge to a longer-term solution.<sup>344</sup>
267. On March 30, 2020, TR Supply Officer acknowledged a gym was available pierside for all hands.<sup>345</sup>
268. On March 30, 2020, TR CO halted the transfer of Sailors to off-ship berthing because available rooms were not single occupancy.<sup>346</sup>
269. According to C7F COS, TR CO turned down short term cots in less than desirable places like storerooms and warehouses.<sup>347</sup>
270. The pier area around TR had been designated a Force Health Protection Boundary (FHPB), restricting movement of those Sailors beyond the pier.<sup>348</sup>
271. TR CO stated that he intentionally left C7F off his email "TR request for assistance".<sup>349</sup>
272. In addition to CCSG-9, the TR CO, CVW-11 CAG, CDS-23, and CSG-9 COS were regular attendees at C7F Commander's Update Briefs conducted via VTC regularly during the deployment.<sup>350</sup>
273. On March 30, 2020, A-SN COS advised TR CO that A-SN would not visit the ship so TR "may focus on the health and welfare of [the] Sailors."<sup>351</sup>
274. On March 31, 2020, five members of the TR Medical Department signed a letter advocating for disembarkation of all TR Sailors from the ship and expressed an intent to release it to the public.<sup>352</sup>

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<sup>342</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>343</sup> C7F COS Statement dtd 21 May 20

<sup>344</sup> C7F Statement dtd 18 May 20

<sup>345</sup> Email – TR SUPPO to All Officers and Chiefs – Pier Gym Use dtd 31 Mar 20

<sup>346</sup> Email – NBG CO and TR CO – "Please Call" dtd 30 Apr 20

<sup>347</sup> C7F COS Statement dtd 21 May 20

<sup>348</sup> Email - CO NBG to TR CO - RE: TR PVST 0529 (Guam time) dtd 24 Mar 20

<sup>349</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>350</sup> C7F Statement dtd 18 May 20; CCSG-9 Statement dtd 15 May 20; Crozier, B. CAPT Statement dtd 15 May 20; CVW-11 CAG Statement dtd 19 May 20; CDS-23 Statement dtd 19 May 20; CSG-9 COS Statement dtd 18 May 20

<sup>351</sup> SECNAV COS email to TR CO – Support Requirements dtd 30 Mar 20

<sup>352</sup> Medical Department letter dtd 31 Mar 20



275. On March 31, 2020, the President of GHRA passed along a string of emails wherein an unknown person was looking to book hundreds of rooms in Guam for the TR.<sup>353</sup>

276. When informed of the third party attempt to secure hotel rooms, the TR XO emailed all leadership on TR to ask personnel to stop, as this was “counterproductive” as Guam political leaders were “under tremendous pressure from their constituents to contain [the TR COVID cases] to the base” and noted that currently there was “little local support for moving” TR Sailors into hotels on the island.<sup>354</sup>

277. On March 31, 2020, CPF formally requested Guam hotel options and negotiations commenced for an undetermined number of hotel rooms.<sup>355</sup>

278. On or about March 30, 2020, eight local community groups sent a letter to Guam Governor Leon Guerrero urging action to keep military patients on-base until the virus was defeated.<sup>356</sup>

279. On March 31, 2020, the TR CO received an email from the TR Ombudsman expressing concern about “the overwhelming lack of medical treatment or check in for Sailors who have been moved off the ship [and for their] [b]asic living necessities . . . whether it be medicine, toiletries, etc.”<sup>357</sup>

### **Development of and Response to Commanding Officer Letter of March 30, 2020 Warfare Commanders White Paper**

280. On March 29, 2020, the CVW-11 CAG drafted a white paper, collaborating between the other CSG-9 Warfare Commanders, presenting a COVID-19 analysis and suggested courses of action for CSG-9 Warfare Commanders and TR senior leadership review and revision with the intent of providing the final product to CCSG-9.<sup>358</sup>

281. CVW-11 CAG sent the White Paper to CCSG-9 on March 30, 2020.<sup>359</sup>

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<sup>353</sup> Email – TR PAO to JRM PAO et al. – RE: IMMEDIATE AWARENESS” >> Fwd: 400 Rooms checking in ASAP dtd 31 Mar 20

<sup>354</sup> Email - TR XO - Hotel Room inquires dtd 31 Mar 20

<sup>355</sup> C7F Statement dtd 18 May 20

<sup>356</sup> “Governor: ‘One Guam’ approach needed to defeat virus” Pacific Daily News (31 Mar 20)

<https://www.guampdn.com/story/news/local/2020/03/31/governor-one-guam-approach-needed-defeat-virus/2938329001/>

<sup>357</sup> Email - TR Ombudsmanto TR CO, TR XO, TR CMC - Questions on medical treatment for affected Sailors dtd 31 Mar 20, 1246

<sup>358</sup> CVW-11 CAG Statement dtd 19 May 20; TR XO Statement dtd 16 May 20; CCSG-9 Statement dtd 15 May 20; Email – CVW-11 CAG to CCSG-9 – PROPOSED PAPER / COURSE OF ACTION FROM WARFARE COMMANDERS dtd 29 Mar 20

<sup>359</sup> Email – CVW-11 CAG to CCSG-9 – PROPOSED PAPER / COURSE OF ACTION FROM WARFARE COMMANDERS dtd 29 Mar 20

282. CCSG-9 directed the Warfare Commanders to distill the white paper into four executable courses of action and CVW-11 CAG responded with four executable courses of action:

- a. 4,500 Sailors into individual isolation; 500 Sailors to remain onboard
- b. 2,500 crewmembers into individual isolation; 2,500 crewmembers to remain onboard and in group berthing off-ship
- c. Maintain the status quo – utilizing group berthing off-ship using available NBG facilities
- d. Immediately get underway<sup>360</sup>

283. After preparing the four courses of action, the Warfare Commanders provided them to CCSG-9.<sup>361</sup>

284. CCSG-9 did not consider using the Guam hotels as a viable option but kept the use of Guam hotels as an available option.<sup>362</sup>

285. On the morning of March 30<sup>th</sup>, CCSG-9 recommended to C7F that the removal of 4,500 crewmembers to individual isolations rooms was the CCSG-9 recommended course of action.<sup>363</sup>

286. C7F acknowledged the recommendation, but directed to continue batch testing, identification of “clean” group, and development of a plan to get a “clean” ship.<sup>364</sup>

### **Development of CAPT Crozier’s Letter and Email**

287. TR CO was unaware of any promises the U.S. Government had made to Guam about the use of local resources to aid in the care of TR crewmembers.<sup>365</sup>

288. The TR CO acknowledged that the A-SN COS understood TR needed more cots on base and attributed the acceleration of that delivery to his interaction.<sup>366</sup>

289. A-SN COS had not taken any action to accelerate the delivery of cots.<sup>367</sup>

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<sup>360</sup> Email – CVW-11 CAG to CCSG-9 – PROPOSED PAPER / COURSE OF ACTION FROM WARFARE COMMANDERS dtd 29 Mar 20

<sup>361</sup> Email – CVW-11 CAG to CCSG-9 – PROPOSED PAPER / COURSE OF ACTION FROM WARFARE COMMANDERS dtd 29 Mar 20

<sup>362</sup> CCSG-9 Statement dtd 15 May 20

<sup>363</sup> CVW-11 CAG Statement dtd 19 May 20

<sup>364</sup> CCSG-9 Statement dtd 15 May 20; C7F Statement dtd 18 May 20

<sup>365</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20

<sup>366</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>367</sup> Email – TR CI Team 3 Lead to TR CI CoS – TELECON with (b) (6) dtd 18 May 20

290. The CVW-11 CAG outlined that NBG facilities were insufficient to isolate personnel in accordance with the TR SMO's guidance, and securing hotels for the entire TR crew was impractical upon arrival; however, the Warfare Commanders were careful to ask for isolation, not specifically for hotel rooms.<sup>368</sup>

291. On March 30<sup>th</sup>, the TR CO and TR XO expected a phone call from the CNO; that phone call did not occur.<sup>369</sup>

292. CNO did not attempt to contact TR directly, nor did he intend to do so at any time relevant to this investigation as he trusted the leadership in the TR chain of command to discuss the immediate issues of the ship with the TR CO.<sup>370</sup>

293. The report of an incoming phone call from CNO to the TR CO was a miscommunication resulting from CNO's Battle Watch Captain (BWC) calling TR to ask if the previous A-SN COS call had been completed.<sup>371</sup>

294. The TR CO directed the TR XO to draft TR CO's letter based on input from the Warfare Commanders' White Paper.<sup>372</sup>

295. The TR CO reviewed the document and the email cover letter, signed it, scanned the letter, attached the letter to his email and sent the letter to CPF, Commander, Naval Air Forces Pacific (CNAP), and CCSG-9. The TR CO stated that his intent in sending the letter was to stop the administrative bureaucracy and bring focus back to what he thought was the best course of action to get people off the ship. He described the email and letter as a "red flare."<sup>373</sup>

296. C7F was not included on the email from the TR CO to CPF and CNAP.<sup>374</sup>

297. The TR CO received calls and emails from A-SN's COS on March 30<sup>th</sup> discussing an April 1<sup>st</sup> visit by A-SN to the TR; they did not discuss an immediate need for 4,000 beds fully in compliance with CDC and Navy guidelines and the TR CO did not specify that the current plans were not acceptable.<sup>375</sup>

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<sup>368</sup> CVW-11 CAG Interview dtd 19 May 20

<sup>369</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20

<sup>370</sup> Email - CNO Former EA to TR CI Senior Legal Advisor - TR Investigation dtd 20 May 20

<sup>371</sup> Email - CNO ABWC PTGN to BWC PTGN RE: Hot RFI.THEODORE ROOSEVELT RFI dtd 30 Mar 20; Email - CNO EA to BWC PTGN FW: TR dtd 29 Mar 20

<sup>372</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20

<sup>373</sup> TR CO Email and Ltr - Request for Assistance in Response to COVID-19 Pandemic dtd 30 Mar 20; Crozier, B. CAPT Statement dtd 15 May 20

<sup>374</sup> TR CO Email and Ltr - Request for Assistance in Response to COVID-19 Pandemic dtd 30 Mar 20

<sup>375</sup> Crozier, B. CAPT Statement dtd 15 May 20

298. On March 30<sup>th</sup> at 1348, the TR CO sent an email with the letter drafted by the TR XO to ten recipients on an unclassified network. The email was sent to CPF, CNAP, CSG-9, and copied to CVW-11 CAG, TR XO, CVW-11 Deputy CAG, Commander, Destroyer Squadron (CDS) 23, TR SMO, CPF COS, and CNAP COS. The TR CO stated that in hindsight that there was likely a higher risk of the letter being released to press after being sent on the unclassified network, but at the time he did not realize this risk or intend for the letter to be released to the press.<sup>376</sup>

299. The TR CO requested “all available resources to find NAVADMIN and CDC-complaint quarantine rooms for my entire crew as soon as possible.”<sup>377</sup>

300. CCSG-9 did not have prior knowledge that TR CO was going to send this email and was surprised that the CO did not talk to him about the email first.<sup>378</sup>

301. CNAP, CPF, and CJRM responded to the CO’s email.<sup>379</sup>

302. The TR SMO forwarded the TR CO email with attachment to his personal email account.<sup>380</sup>

303. The TR SMO also later forwarded the responses to the TR CO email from CNAP, C7F, and CJRM to his personal email.<sup>381</sup>

304. CNAP and TR CO spoke on the phone following the email.<sup>382</sup>

305. CPF and CCSG-9 spoke on the phone following the email; TR CO was present for this conversation.<sup>383</sup>

#### **Reactor Officer Letter**

306. The TR Reactor Officer (RO) discussed with the TR CO concerns about the safety of the Reactor Department watch supervisors and the increase of positive COVID-19 cases in berthing in the gym.<sup>384</sup>

307. On March 26<sup>th</sup>, the TR RO sent an email via the classified network to CNAP Force Nuclear Propulsion Officer and the Special Assistant to the Director of Naval

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<sup>376</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>377</sup> TR CO Email and Ltr - Request for Assistance in Response to COVID-19 Pandemic dtd 30 Mar 20

<sup>378</sup> CCSG-9 Statement dtd 15 May 20; Crozier, B. CAPT Statement dtd 15 May 20

<sup>379</sup> See Email - CNAP to TR CO - RE: TR request for assistance dtd 30 Mar 20; Email - CPF to TR CO and CCSG-9 - RE: TR request for assistance dtd 30 Mar 20

<sup>380</sup> Email – TR SMO to Personal email account - FW: TR request for assistance dtd 29 Mar 20 (forwarding the TR CO original email to SMO’s personal email account)

<sup>381</sup> Email – TR SMO to Personal email account- FW: TR request for assistance dtd 6 Apr 20 (forwarding the responses to the TR CO original email to SMO’s personal email account)

<sup>382</sup> CNAP Statement dtd 13 May 20

<sup>383</sup> CPF Statement dtd 17 May 20; CCSG-9 Statement dtd 15 May 20

<sup>384</sup> TR RO Statement dtd 18 May 20

Reactors for Carrier Operations outlining the current situation and way ahead for operations.<sup>385</sup>

308. On March 30<sup>th</sup>, the TR RO drafted and sent a classified email to the TR CO requesting off ship isolation rooms with separate bathroom facilities; the TR CO sent the TR RO's email to CNAP.<sup>386</sup>

### **Medical Department Letter**

309. Junior Medical Department personnel drafted a letter and presented it to the TR SMO, who was the last to sign it.<sup>387</sup>

310. In the letter, the signatories outlined their concerns over the situation on TR, detailed the possibility of 50 fatalities onboard the TR based on their assessment of published COVID-19 mortality rated at the time, and threatened to release their letter to the media.<sup>388</sup>

311. Not all members of the Medical Department signed the letter.<sup>389</sup>

312. The TR SMO and the other signers of the Medical Department letter presented the Medical Department letter to the TR XO.<sup>390</sup>

313. The TR XO requested the signers not send the letter, and believed the letter was not helpful, and the tone was unprofessional and overly combative.<sup>391</sup>

314. The TR SMO and the other signers of the Medical Department letter then presented the Medical Department letter to the TR CO.<sup>392</sup>

315. The TR CO asked the signers not to send it to the media because he had sent his email, with the attached letter, up the chain of command and thought it would address their concerns.<sup>393</sup>

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<sup>385</sup> Email (SIPR) - TR RO to SA to NR for CVN Ops - CVN 71 COVID-19 Roll Up and Way Ahead dtd 26 Mar 20; TR RO Statement dtd 18 May 20

<sup>386</sup> TR CO Email and Ltr - Request for Assistance in Response to COVID-19 Pandemic dtd 30 Mar 20

<sup>387</sup> TR SMO Statement dtd 17 May 20

<sup>388</sup> Medical Department Letter dtd 31 Mar 20

<sup>389</sup> See e.g., CVW-11 Surgeon Statement dtd 18 May 20, ("We didn't take the letter to the media and never intended to, and we certainly had no reason to after what happened with [TR CO]'s memo."), but also TR PT Statement dtd 18 May 20 ("I believed only two things would drive the Navy to act, the death of a Sailor or public opinion.")

<sup>390</sup> TR XO Statement dtd 16 May 20

<sup>391</sup> TR XO Statement dtd 16 May 20

<sup>392</sup> TR XO Statement dtd 16 May 20; TR SMO Statement dtd 17 May 20

<sup>393</sup> See e.g., Crozier, B. CAPT Statement dtd 15 May 20; TR SMO Statement dtd 17 May 20; TR Surgeon Statement dtd 18 May 20; CVW-11 Surgeon Statement dtd 18 May 20



316. The TR SMO sent the Medical Department letter via email to the Surgeon General copying CPF and C7F Surgeons and a few other senior leaders within Navy medicine.<sup>394</sup>

317. Approximately three minutes later, the TR SMO sent the Medical Department letter via email to over 160 recipients, none of whom were in TR's operational or administrative chain of command.<sup>395</sup>

### **Media Release and Subsequent Actions**

318. As early as March 30<sup>th</sup>, a reporter for the San Francisco Chronicle received a copy of the TR CO's letter and subsequently contacted OSD Public Affairs for comment.<sup>396</sup>

319. On April 1<sup>st</sup>, the San Francisco Chronicle posted a story entitled "Exclusive: Captain of aircraft carrier with growing coronavirus outbreak pleads for help from Navy." The TR CO's letter was included in this article.<sup>397</sup>

320. On April 1, 2020, the Governor of Guam permitted the entrance of TR personnel into Guam, subject to certain limitations. The Governor had intended to voice her support during a press conference on April 1<sup>st</sup>, in order to convey the well-managed and thoughtful civil-military response to the situation on TR. Publication of the TR CO's letter affected the Governor's opportunity to shape the public narrative of Guam's partnership with the Navy.<sup>398</sup>

321. The TR CO's email and letter of March 30<sup>th</sup>, did not increase support from CPF. CPF stated, "I took no new actions as a result of Crozier's email or memo because we had already been examining all options to get Sailors off the ship safely, get them tested quickly, and moved into appropriate locations efficiently."<sup>399</sup>

322. The TR CO's email and letter of March 30<sup>th</sup>, did not increase support from C7F. C7F stated, "I can't see how the letter didn't slow things down."<sup>400</sup>

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<sup>394</sup> Email - TR SMO to Navy Surgeon General - Letter from Medical Department on USS Theodore Roosevelt dtd 31 Mar 20

<sup>395</sup> Email - TR SMO - Guam dtd 30 Mar 20

<sup>396</sup> Email - TR PAO - FW: Urgent Media inquiry: USS Theodore Roosevelt COVID outbreak dtd 30 Mar 20

<sup>397</sup> Exclusive: Captain of aircraft carrier with growing coronavirus outbreak pleads for help from Navy *San Francisco Chronicle* (31 Mar 20) <https://www.sfchronicle.com/bayarea/article/Exclusive-Captain-of-aircraft-carrier-with-15167883.php>

<sup>398</sup> Governor of Guam ltr to CJRM, Subject: USS Theodore Roosevelt, dtd 1 Apr 20; CPF Statement dtd 17 May 20

<sup>399</sup> CPF Statement dtd 17 May 20

<sup>400</sup> C7F Statement dtd 18 May 20

323. The TR CO's email and letter of March 30<sup>th</sup>, did not increase support from CCSG-9. CCSG-9 stated, "The letter had no impact on what echelon I, II, or III were doing. The letter did have negative impact on our progress, which was frustrating."

324. On April 1, 2020, TR XO expressed to CJRM the need for surgical masks, stating "1000's [were] on order." Without surgical masks, TR XO directed Sailors wear flash hoods, bandanas, or some other face covering. He also mentioned Sailors were restricted to their rooms and asked if Chaplains, CMCs and OICs could perform health and wellness checks.<sup>401</sup>

325. On or about April 1, 2020, personnel transporting TR Sailors to hotels in Guam denied entry of two TR Sailors onto transport trucks because the two presented with COVID-19 symptoms.<sup>402</sup>

326. On April 2, 2020, Fleet Logistics Center Pearl Harbor approved 4,000 hotel rooms in Guam for use by TR personnel.<sup>403</sup>

327. On April 2, 2020, the TR CO and CO, NBG coordinated transportation of over 300 TR personnel to hotel rooms.<sup>404</sup>

328. On April 2, 2020, TR XO distributed quarantine and release plan to all hands.<sup>405</sup>

329. On April 2, 2020, A-SN COS offered TR CO a "direct line to SECNAV."<sup>406</sup>

330. During a phone call with CCSG-9, A-SN asked CCSG-9 whether or not the TR CO should be fired; CCSG-9 stated he felt pressured to agree with A-SN and stated to A-SN that the TR CO should be fired.<sup>407</sup>

331. Immediately after that phone call with A-SN, CCSG-9 called C7F to voice his concern.<sup>408</sup>

332. The Vice Chief of Naval Operations (VCNO) called CCSG-9 and directed him to relieve the TR CO for cause by order of A-SN.<sup>409</sup>

333. On April 3<sup>rd</sup>, the TR CO was relieved by A-SN for "loss of confidence."<sup>410</sup>

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<sup>401</sup> Email - TR XO email to JRM COS – SUBJ: Confidential dtd 1 Apr 20; C7F COS Statement dtd 21 May 20

<sup>402</sup> Email - CJRM to TR CO – SUBJ: Day 1 dtd 1 Apr 20

<sup>403</sup> Email - NAVSUP Fleet Logistics Center Pearl Harbor to TR Suppo – TR Lodging Awarded dtd 2 Apr 20, 1506

<sup>404</sup> Email - NBG CO to TR CO - RE: 300 PAX (sic) tonight and other dtd 2 Apr 20

<sup>405</sup> Email - TR XO to TR All Hands, CSG-9, CVW-11, and COMDESRON 23 leadership - COVID-19 QUARANTINE PLAN dtd 2 Apr 20 1627

<sup>406</sup> Email - SECNAV COS to TR CO – RE:TR Family Letter dtd 2 Apr 20

<sup>407</sup> CCSG-9 Statement dtd 15 May 20

<sup>408</sup> CCSG-9 Statement dtd 15 May 20

<sup>409</sup> CCSG-9 Statement dtd 15 May 20

<sup>410</sup> Transcript: DON Press Briefing with Acting Secretary of the Navy Thomas B. Modly and CNO Admiral Gilday dtd 2 Apr 20; Crozier, B. CAPT Statement dtd 15 May 20; CCSG-9 Statement dtd 15 May 20

334. CCSG-9 ordered that no CSG-9 personnel were permitted to make any digital recordings of individuals in quarantine or isolation.<sup>411</sup>

335. After TR CO was relieved, TR XO notified the TR HODs of the time TR CO was to depart the ship.<sup>412</sup>

336. TR Sailors recorded TR CO departing the ship and posted the recordings to social media. Nearly 2,000 Sailors congregated in close proximity, with only a few wearing face masks and without regard to social distancing, to send off the former TR CO. Despite mandated use of face coverings, video of the former TR CO departing the ship shows only a small number of Sailors complied.<sup>413</sup>

337. When C7F saw the video, he later stated to the crew that, "Our jobs just got a lot harder," referring to the crew's complete disregard for social distancing.<sup>414</sup>

338. Forty-five Sailors who had been sent ashore were admitted to NHG for treatment of COVID-19. Of these Sailors, six required oxygen support and one was placed on a ventilator for respiratory failure. The majority were admitted for close observation and did not require additional intervention.<sup>415</sup>

339. On 5 April 5<sup>th</sup>, a 41 year-old Aviation Ordnanceman was evaluated at Naval Hospital Guam Emergency Room and discharged the same day back to isolation at Naval Base Guam. Member had tested positive for COVID-19 March 30<sup>th</sup>.<sup>416</sup>

340. On April 9<sup>th</sup>, a 41 year-old Aviation Ordnanceman was found unresponsive during one of his twice daily medical checks while in isolation on Naval Base Guam and was immediately transferred to Naval Hospital Guam Intensive Care Unit.<sup>417</sup>

341. On April 13<sup>th</sup>, a 41 year-old Aviation Ordnanceman died due to COVID-19 related complications.<sup>418</sup>

342. NHG treated, at most, 10-11 TR Sailors simultaneously.<sup>419</sup>

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<sup>411</sup> CCSG-9 Memorandum to All Hands - Subject: MEDICAL QUARANTINE ORDER dtd 1 Apr 20

<sup>412</sup> CCSG-9 Statement dtd 15 May 20

<sup>413</sup> See FoF 165; Virus-stricken aircraft carrier erupts in applause and cheers as ousted Navy captain departs (3 Apr 20)

[https://www.washingtonpost.com/national-security/crew-of-aircraft-carrier-with-coronavirus-outbreak-cheers-ousted-captain/2020/04/03/7927e202-75af-11ea-ae50-7148009252e3\\_story.html](https://www.washingtonpost.com/national-security/crew-of-aircraft-carrier-with-coronavirus-outbreak-cheers-ousted-captain/2020/04/03/7927e202-75af-11ea-ae50-7148009252e3_story.html)

<sup>414</sup> C7F Statement dtd 18 May 20

<sup>415</sup> NHG CO Statement (Addendum)

<sup>416</sup> Memo dtd 21 Apr 2020 Subj: LINE OF DUTY INVESTIGATION AOC (b) (6), USN

<sup>417</sup> Memo dtd 21 Apr 2020 Subj: LINE OF DUTY INVESTIGATION AOC (b) (6), USN

<sup>418</sup> Memo dtd 21 Apr 2020 Subj: LINE OF DUTY INVESTIGATION AOC (b) (6), USN

<sup>419</sup> NHG CO Statement dtd 17 May 20

343. On April 6<sup>th</sup>, A-SN traveled to Guam, where he spoke with members of the TR crew via the 1MC and met with the former TR CO who was at the time in quarantine as a result of his positive test for COVID-19.<sup>420</sup>

344. A-SN's remarks over the 1MC were recorded by members of the crew and released to the press by means of a written transcript followed by the actual audio recording.<sup>421</sup>

345. The transcript was released on the internet through various news sources and appears to be a true and accurate representation of A-SN's comments as heard on the recording. These remarks were also widely reported.<sup>422</sup>

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<sup>420</sup> Transcript of Remarks by A-SN: Acting Navy Secretary Thomas Modly addresses USS Theodore Roosevelt crew about 'stupid' ousted captain *CNN* (6 Apr 20) <https://www.cnn.com/2020/04/06/politics/thomas-modly-transcript/index.html>; How a Ship's Coronavirus Outbreak Became a Moral Crisis for the Military *New York Times* (6 Apr 20) <https://www.nytimes.com/2020/04/06/us/politics/coronavirus-navy-secretary-roosevelt-crozier.html> (containing audio recording of A-SN remarks on TR); Crozier, B. CAPT Statement dtd 15 May 20

<sup>421</sup> Transcript: Acting Navy Secretary Thomas Modly addresses USS Theodore Roosevelt crew about 'stupid' ousted captain *CNN* (6 Apr 20) <https://www.cnn.com/2020/04/06/politics/thomas-modly-transcript/index.html>; *New York Times* "How a Ship's Coronavirus Outbreak Became a Moral Crisis for the Military," <https://www.nytimes.com/2020/04/06/us/politics/coronavirus-navy-secretary-roosevelt-crozier.html> (containing audio recording of A-SN remarks)

<sup>422</sup> How a Ship's Coronavirus Outbreak Became a Moral Crisis for the Military *New York Times* (6 Apr 20) <https://www.nytimes.com/2020/04/06/us/politics/coronavirus-navy-secretary-roosevelt-crozier.html> (containing audio recording of A-SN remarks); SECNAV: Roosevelt skipper either 'too naïve or too stupid' to command aircraft carrier *Navy Times* (6 Apr 20) <https://www.navytimes.com/news/coronavirus/2020/04/06/secnav-roosevelt-skipper-too-naive-or-too-stupid-to-command-or-sent-letter-on-purpose/>; Transcript: Acting Navy Secretary Thomas Modly addresses USS Theodore Roosevelt crew about 'stupid' ousted captain *CNN* (6 Apr 20) <https://www.cnn.com/2020/04/06/politics/thomas-modly-transcript/index.html>





DEPARTMENT OF THE NAVY  
CHIEF OF NAVAL OPERATIONS  
2000 NAVY PENTAGON  
WASHINGTON, D.C. 20350-2000

5800  
Ser N00J  
30 Apr 20

From: Chief of Naval Operations  
To: Vice Chief of Naval Operations

Subj: COMMAND INVESTIGATION CONCERNING CHAIN OF COMMAND ACTIONS  
WITH REGARD TO COVID-19 ONBOARD USS THEODORE ROOSEVELT (CVN  
71)

Ref: (a) Acting SECNAV memos of 29 Apr 20 and 30 Apr 20  
(b) JAGMAN, Chapter II  
(c) ADM R. Burke, USN ltr 5800 Ser N09D/20U100818 of 7 Apr 20  
(d) ADM R. Burke, USN ltr 5800 Ser N09/20U100519 of 14 Apr 20

1. As directed in reference (a), and in accordance with reference (b), this appoints you to inquire into the communications, decisions, and actions that took place within the Navy chain of command related to the events listed in paragraph 2 below.

2. The purpose of this command investigation is to expand references (c) and (d) and ensure more complete documentation of the events. Your investigation will inform my review of the status of the former commanding officer and will enable full consideration of the following matters:

- a. Planning and execution of the Da Nang, Vietnam port visit.
  - b. Transit of USS THEODORE ROOSEVELT to Guam, including air movements during transit and planning for the ship's arrival and provisions for the crew.
  - c. Actions following arrival of USS THEODORE ROOSEVELT in Guam, including movement of the crew to on-base and off-base lodging.
  - d. Preparation and email delivery of the former commanding officer's letter dated March 30, 2020, further handing of that email, and response to the email and letter by the chain of command. Include in your report transcripts or summaries of public statements made by Department of the Navy officials related to the relief of the former commanding officer, without rendering opinions or recommendations on the relief or the rationale behind it.
3. Interview appropriate witnesses and review relevant documentary materials. Report your findings of fact, opinions, and recommendations in letter form by 27 May 2020 unless an extension of time is granted by me.

  
M. M. GILDAY





THE SECRETARY OF THE NAVY  
WASHINGTON DC 20350-1000

APR 29 2020

MEMORANDUM FOR CHIEF OF NAVAL OPERATIONS

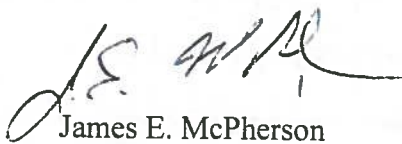
SUBJECT: USS THEODORE ROOSEVELT (CVN 71) Command Investigation

I reviewed the preliminary inquiry completed by the Vice Chief of Naval Operations pursuant to your appointing letter of April 2, 2020. As you directed, the preliminary inquiry focused on communications involving the warship's health care professionals, the commanding officer, and the administrative and operational chains of command. It also outlined events related to the port visit in Da Nang, Vietnam, and later arrival in Guam.

You are directed to convene a command investigation into the communications, decisions, and actions that took place within the Navy chain of command related to the events stated below. The purpose of the command investigation is to expand the preliminary inquiry and ensure more complete documentation of these events. This will inform review of the status of the former commanding officer and enable fuller consideration of matters related to:

- Planning and execution of the Da Nang port visit.
- Transit of USS THEODORE ROOSEVELT to Guam, including air movements during transit and planning for the ship's arrival and provisions for the crew.
- Actions following arrival of USS THEODORE ROOSEVELT in Guam, including movement of the crew to on-base and off-base lodging.
- Preparation and email delivery of the former commanding officer's letter dated March 30, 2020, further handling of that email, and response to the email and letter by the Navy chain of command. Include in your report transcripts and other public statements made by Department of the Navy officials related to the relief of the former commanding officer, without rendering opinions or recommendations on the relief or the rationale behind it.

Complete the command investigation as quickly as possible, but prioritize thoroughness.

  
James E. McPherson  
Acting



THE SECRETARY OF THE NAVY  
WASHINGTON DC 20350-1000

APR 30 2020


MEMORANDUM FOR CHIEF OF NAVAL OPERATIONS

SUBJECT: USS THEODORE ROOSEVELT (CVN 71) Command Investigation

This memorandum clarifies one provision in my prior direction to you regarding subject investigation.




My memorandum of April 29, 2020 contains the following sentence: "Include in your report transcripts and other public statements made by Department of the Navy officials related to the relief of the former commanding officer, without rendering opinions or recommendations on the relief or the rationale behind it."

The sentence applies to the report submitted by the Investigating Officer. Such matters may be addressed in your endorsement.

  
James E. McPherson  
Acting

**APPENDIX B: INVESTIGATION TEAM**

<b><u>NAME</u></b>	<b><u>ROLE</u></b>	<b><u>COMMAND</u></b>
ADM Robert P. Burke	Command Investigator	VCNO
VADM Richard A. Brown	Chief of Staff	CNSF/CNSP
RDML Paul C. Spedero, Jr.	Assistant Chief of Staff	USFFC
RDML Christopher M. Engdahl	Red Cell	PRESINSURV
Mr. (b) (6)	Investigation Manager	Naval Safety Center
CAPT (b) (6)	Executive Assistant	VCNO
CDR (b) (6)	Lead Writer	VCNO
LCDR (b) (6)	Public Affairs	VCNO
LT (b) (6)	Timeline	CNSP
LT (b) (6)	RFI Coordinator	VCNO
LT (b) (6)	Coordinator	VCNO
ITC (b) (6)	IT Support	VCNO
LNC (b) (6)	Assistant RFI Coordinator	OJAG
YNS1 (b) (6)	Admin Support	VCNO
CAPT (b) (6)	Lead Legal Advisor	OJAG
CAPT (b) (6)	Legal Advisor	VCNO
LCDR (b) (6)	Legal Advisor	VCNO
LCDR (b) (6)	Legal Advisor	OJAG
LT (b) (6)	Legal Advisor	OJAG
CMDCM (b) (6)	Team Member	ONI
Mr. (b) (6)	Team Member	Naval Safety Center
CAPT (b) (6)	Team Member	DNS
CAPT (b) (6)	Team Member	Naval Safety Center
CAPT (b) (6)	Team Member	OPNAV N8
CDR (b) (6)	Team Member	OPNAV N98
CDR (b) (6)	Team Member	Naval Safety Center
CDR (b) (6)	Team Member	OPNAV N97
LCDR (b) (6)	Team Member	OPNAV N2/N6
LCDR (b) (6)	Team Member	OPNAV N9
LCDR (b) (6)	Team Member	ASN (FM&C)
LCDR (b) (6)	Team Member	OPNAV N96
LT (b) (6)	Team Member	Naval Safety Center

All dates and times are Guam local except as noted	<b>Event Legend:</b>  TRSG Events  DOD/Navy Events  World/US Gov't Events		
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Date	Event	Comments	Reference
Sep-14	Navy releases NTRP 4-02.10 Shipboard Quarantine and Isolation	Focuses primarily on providing essential infectious disease prevention and containment information, tactics and techniques that enable proactive and vigilant disease surveillance and prevention practices, as well as enabling rapid and effective use of disease containment within the constraints posed by the ships' unique class architecture, infrastructure, resources, and location.	NTRP 4-02.10 <u>Shipboard Quarantine and Isolation</u> Ed dtd Sep 2014
1-Nov	CAPT Crozier takes command of USS THEODORE ROOSEVELT	CAPT Crozier relieves CAPT Carlos Sardiello. CAPT Crozier's previous command was the US 7th Fleet flagship USS BLUE RIDGE (LCC 19). He also previously served as XO aboard USS RONALD REAGAN (CVN 76).	"Command of USS THEODORE ROOSEVELT changes hands" <i>COMPACFLT</i> (1 Nov 19) <a href="https://www.cpf.navy.mil/news.aspx/110877">https://www.cpf.navy.mil/news.aspx/110877</a>
8-Dec	First person to test positive for COVID-19 reported in Wuhan, China		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="https://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
11-Jan	First coronavirus death worldwide reported in Wuhan, China		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="https://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
13-Jan	Officials confirm a case of COVID-19 in Thailand, the first recorded case outside of China		"WHO Timeline - COVID-19" <i>World Health Organization</i> (27 Apr 20) <a href="https://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19">www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19</a>
17-Jan	USS THEODORE ROOSEVELT Departs SD		"USS THEODORE ROOSEVELT Carrier Strike Group Departs for Deployment" <i>Carrier Strike Group 9 Public Affairs</i> (18 Jan 20) <a href="https://www.navy.mil/submit/display.asp?story_id=111880">https://www.navy.mil/submit/display.asp?story_id=111880</a>
20-Jan	First U.S. coronavirus case is reported in Washington state		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="https://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
20-Jan	Diamond Princess cruise ship departs Yokohama, Japan, carrying approximately 3,700 passengers and crew		"Public Health Responses to COVID-19 Outbreaks on Cruise Ships — Worldwide, February–March 2020" <i>Centers for Disease Prevention and Control</i> (27 Mar 20) <a href="https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e3.htm">https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e3.htm</a>
23-Jan	2 confirmed COVID-19 cases in Vietnam		"Vietnam Reports First Novel Coronavirus Infection Cases" <i>VietnamPlus</i> (23 Jan 20) <a href="https://en.vietnamplus.vn/vietnam-reports-first-novel-coronavirus-infection-cases/167729.vnp">https://en.vietnamplus.vn/vietnam-reports-first-novel-coronavirus-infection-cases/167729.vnp</a>
25-Jan	C7F Fleet Surgeon begins a daily COVID-19 update email starting to present to Fleet medical leaders and SMEs		Email - CDR (b) (b) to LT (b) - BLUF: C7F Response to VCNO TR Command Investigation RFI dtd 12 May 20, 2120 (Guam Time)
27-Jan	USS THEODORE ROOSEVELT Carrier Strike Group enters Commander SEVENTH Fleet area of responsibility		<u>C7F - THR CSG SOM FINAL 15 FEB</u> (briefing slide/classified appendix)
30-Jan	DOD Under Secretary for Personnel & Readiness issues Force Health Protection Guidance for COVID-19		"Department of Defense Issues Guidelines to Personnel on Coronavirus" <i>U.S. Department of Defense</i> (31 Jan 20) <a href="https://www.defense.gov/Newsroom/Releases/Release/Article/2070899/departments-of-defense-issues-guidelines-to-personnel-on-coronavirus/">https://www.defense.gov/Newsroom/Releases/Release/Article/2070899/departments-of-defense-issues-guidelines-to-personnel-on-coronavirus/</a>
30-Jan	WHO declares outbreak of COVID-19 a "Public Health Emergency of International Concern" 7818 total confirmed cases worldwide, with the majority of these in China, and 82 cases reported in 18 countries outside China - WHO gave a risk assessment of very high for China, and high at the global level		"WHO Timeline - COVID-19" <i>World Health Organization</i> (27 Apr 20) <a href="https://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19">www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19</a>
31-Jan	The US Secretary of Health and Human Services (HHS) declares a public health emergency		"Secretary Azar Declares Public Health Emergency for United States for 2019 Novel Coronavirus" <i>U.S. Department of Health and Human Services</i> (31 Jan 20) <a href="https://www.hhs.gov/about/news/2020/01/31/secretary-azar-declares-public-health-emergency-us-2019-novel-coronavirus.html">https://www.hhs.gov/about/news/2020/01/31/secretary-azar-declares-public-health-emergency-us-2019-novel-coronavirus.html</a>



Date	Event	Comments	Reference
2-Feb	Outbreak of "Double Dragon" (norovirus) onboard USS THEODORE ROOSEVELT	Ship begins conducting "Bleach-a-palooza" and conducts periodic bleaching during daily cleaning stations	TR XO - TR CI Interview dtd 16 May 20 TR RO - TR CI Interview dtd 18 May 20
2-Feb	First coronavirus death outside China occurs in the Philippines		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="http://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
2-Feb	U.S. Forces Korea institutes 14-day self-quarantine for U.S. service members returning from mainland China to South Korea on/after Jan. 19, 2020		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="http://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
4-Feb	INDOPACOM directs COMPACFLT to execute its pandemic plan in response to the novel coronavirus outbreak in the INDOPACOM AOR		Naval Message USINDOPACOM, <u>Response to Novel Coronavirus EXORD</u> DTG 040649Z Feb 20,
5-Feb	USS BLUE RIDGE arrives in Busan, South Korea for Port Visit	Departs on 09 Feb	Email - CDR (b) to LT (b) - BLUF: C7F response VNCO RFI TR Command Investigation IRT BLR, AMA, and GBY port visits dtd 15 May 20
6-Feb	First U.S. death related to COVID-19		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="http://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
7-Feb	USS BUNKER HILL visits Saipan at 0900 (Guam Time)		Email - CDR (b) to LT (b) - BLUF: C7F Response to VCNO TR Command Investigation RFI dtd 12 May 20, 2120 (Guam Time),
7-Feb	USS THEODORE ROOSEVELT pulled into Guam at 0950 (Guam Time)		Email - CCSG-9 BWC to LT (b) - Response to VCNO Command investigation RFI dtd 13 May 20, 0955 (Guam Time)
7-Feb	USS PINCKNEY arrived at Guam at 1201 (Guam Time)		Email - CCSG-9 BWC to LT (b) - Response to VCNO Command investigation RFI dtd 13 May 20, 0955 (Guam Time)
7-Feb	Government of Guam denies State Department request to allow MS Westerdam to dock on the island	Acting Gov. Josh Tenorio denied entry to the MS Westerdam, a British-American private cruise vessel with 1,455 guests and 802 crew members. There are no known cases of coronavirus aboard the vessel, according to Holland America cruise line, but it has been turned away by the Philippines and Japan over concerns about the illness.	"Guam denies entry to ship over coronavirus concerns" <i>USA Today</i> (2 Feb 20) <a href="https://www.usatoday.com/story/news/local/2020/02/07/guam-denies-entry-ship-over-coronavirus-concerns/4687803002/">https://www.usatoday.com/story/news/local/2020/02/07/guam-denies-entry-ship-over-coronavirus-concerns/4687803002/</a>
9-Feb	USS BLUE RIDGE departs Busan, South Korea		Email - CDR (b) to LT (b) - BLUF: C7F response VNCO RFI TR Command Investigation IRT BLR, AMA, and GBY port visits dtd 15 May 20
10-Feb	USS PINCKNEY underway from Guam at 0900 (Guam Time)		Email - CCSG-9 BWC to LT (b) - Response to VCNO Command investigation RFI dtd 13 May 20, 0955 (Guam Time)
10-Feb	USS BUNKER HILL underway from Saipan at 1000 (Guam Time)		Email - CCSG-9 BWC to LT (b) - Response to VCNO Command investigation RFI dtd 13 May 20, 0955 (Guam Time)
10-Feb	USS THEODORE ROOSEVELT underway from Guam at 1400 (Guam Time)		Email - CCSG-9 BWC to LT (b) - Response to VCNO Command investigation RFI dtd 13 May 20, 0955 (Guam Time)
11-Feb	GRAND PRINCESS cruise ship departs from San Francisco with 3,533 crew and passengers		"Public Health Responses to COVID-19 Outbreaks on Cruise Ships — Worldwide, February–March 2020" <i>Centers for Disease Control and Prevention</i> (23 Mar 20) <a href="https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e3.htm">https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e3.htm</a>
11-Feb	World Health Organization officially names the disease caused by the new coronavirus: COVID-19		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="http://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
12-Feb	C7F CONOP for Force Health Protection against COVID-19 was sent from Deputy Surgeon LCDR (b) (6) to CAPT (b) CAPT (b)		Email - CDR (b) to LT (b) - For Review: C7F CONOP for FHP against COVID-19 dtd 15 May 12
13-Feb	Last "new" COVID-19 case in Vietnam prior to arrival of TR		"Coronavirus miracle? Vietnam says all its infected patients cured" <i>Aljazeera</i> (29 Feb 20) <a href="https://www.aljazeera.com/news/2020/02/infected-patients-vietnam-cured-coronavirus-miracle-200228035007608.html">https://www.aljazeera.com/news/2020/02/infected-patients-vietnam-cured-coronavirus-miracle-200228035007608.html</a>
15-Feb	USS THEODORE ROOSEVELT and USS AMERICA conduct Expeditionary Strike Force Operations in 7th FLEET AOR		"THEODORE ROOSEVELT, AMERICA Strike Groups Conduct Joint Operations in 7th Fleet" <i>USINDOPACOM</i> (18 Feb 20) <a href="https://www.pacom.mil/Media/News/News-Article-View/Article/2086675/theodore-roosevelt-america-strike-groups-conduct-joint-operations-in-7th-fleet/">https://www.pacom.mil/Media/News/News-Article-View/Article/2086675/theodore-roosevelt-america-strike-groups-conduct-joint-operations-in-7th-fleet/</a>
16-Feb	Initial FRAGO 001 TO TASKORD 20-057 FOR FPH AGAINST COVID-19		Naval Message: C7F, FRAGO 001 to TASKORD 20-057 DTG 150300Z Feb 20
19-Feb	C7F Surgeon provided CPF CONOPS for Guam-specific COVID-19 Shipboard Case Scheme of Maneuver		Email - C7F COVID Response Cell to LT (b) Inquiry into 7th FLT Port Visits dtd 15 May 20



Date	Event	Comments	Reference
20-Feb	Vietnam listed as Yellow (moderate risk) by The Centers for Disease Control and Prevention	Risk levels included Green (low); Yellow (moderate); Orange (significant); and Red (High) risk. Yellow (moderate): Countries with COVID-19 cases occurring amongst close intimate contacts (e.g., family members, friends); or countries that have had small outbreak clusters swiftly handled by public health interventions that limit disease transmission	Naval Message: CPF N01H, <u>Country Public Health Risk for COVID-19</u> dtd 20 Feb 20
21-Feb	COVID-19 cases spike in Italy, signaling an outbreak		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="http://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
22-Feb	USS AMERICA, USS GREEN BAY arrive in Thailand for Cobra Gold, a joint (Navy) international exercise	AMA and GBY pulled in for Cobra Gold pre-sail events, operated in and around Thailand from 24 Feb - 8 Mar, pulled back in and left Thailand on 11 Mar	Email - CDR (b) to LT (b) - BLUF: C7F response VNCO RFI TR Command Investigation IRT BLR, AMA, and GBY port visits dtd 15 May 20
23-Feb	Initial FRAGO 001 TO TASKORD 20-057 for force health protection against COVID-19	Establishes 14 day screenings for COVID	Naval Message: C7F, <u>TASKORD 20-057</u> DTG 150300Z Feb 20
23-Feb	USS BLUE RIDGE arrives in Thailand	Departed on 27 Feb	Email - CDR (b) to LT (b) - BLUF: C7F response VNCO RFI TR Command Investigation IRT BLR, AMA, and GBY port visits dtd 15 May 20
24-Feb	Exercise COBRA GOLD starts in Thailand, involving 4,500 Soldiers, Sailors and Marines with no subsequent COVID-19 cases	13 day U/W event	Email - CDR (b) to LT (b) - BLUF: C7F response VNCO RFI TR Command Investigation IRT BLR, AMA, and GBY port visits dtd 15 May 20
25-Feb	DOD Under Secretary for Personnel & Readiness issues Force Health Protection Guidance Supplement 2		Memo: Undersecretary of Defense, <u>Force Health Protection (Supplement 2)</u> dtd 26 Feb 20
25-Feb	Vietnam suspends entry from all COVID-19 hit areas		"Update on the situation of COVID-19 outbreak relating to Vietnam" <i>Embassy of the Socialist Republic of Vietnam</i> (27 Feb 20) <a href="http://vietnamembassy-usa.org/news/2020/02/update-situation-covid-19-outbreak-relating-vietnam">http://vietnamembassy-usa.org/news/2020/02/update-situation-covid-19-outbreak-relating-vietnam</a>
26-Feb	U.S. Forces Korea confirms first positive COVID-19 in a U.S. service member		"USFK Service Member Confirmed with COVID-19" <i>USFORKOREA</i> (25 Feb) <a href="https://www.usfk.mil/Media/News/Article/2094200/usfk-service-member-confirmed-with-covid-19/">https://www.usfk.mil/Media/News/Article/2094200/usfk-service-member-confirmed-with-covid-19/</a>
26-Feb	COVID-19 has now been detected in every continent except Antarctica		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="http://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
26-Feb	Discussion with US, CDC Country Director in Vietnam	CDC Country director was very convincing that Vietnam was a low risk to COVID	Email - CAPT (b) to C7F SMO and TR SMO - FOUO: Discussion with CDC Director dtd 26 Feb 20 (Note: PDF copy in evidence folder)
26-Feb	All Vietnamese COVID-19 patients successfully recovered and discharged from hospitals	16 COVID-19 cases were reported and cleared between 23 Jan and 26 Feb	"Summary of the COVID-19 outbreak in Vietnam – Lessons and suggestions" <i>US National Library of Medicine National Institutes of Health</i> (2 APR 20) <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7146658/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7146658/</a>
27-Feb	US removes Vietnam from list of areas vulnerable to community spread of COVID-19	The decision was made during a teleconference between the Vietnamese Embassy in the US and the US Department of State, Department of Health and Human Services (HHS), and the CDC.	"US removes Vietnam from list of areas vulnerable to community spread of SARS-CoV-2" <i>Embassy of the Socialist Republic of Vietnam</i> (27 Feb 20) <a href="http://vietnamembassy-usa.org/news/2020/02/us-removes-vietnam-list-areas-vulnerable-community-spread-sars-cov-2">http://vietnamembassy-usa.org/news/2020/02/us-removes-vietnam-list-areas-vulnerable-community-spread-sars-cov-2</a>
27-Feb	USS BLUE RIDGE departs Thailand		Email - CDR (b) to LT (b) - BLUF: C7F response VNCO RFI TR Command Investigation IRT BLR, AMA, and GBY port visits dtd 15 May 20
27-Feb	C7F establishes COVID working group in EXORD		Email - CDR (b) to LT (b) - BLUF: C7F Response to VCNO TR Command Investigation RFI dtd 12 May 20, 2120 (Guam Time)
27-Feb	PACFLT considers Vietnam HPCON A with no change in risk level since 20 Feb 20	Imported cases with limited domestic transmission amongst close contacts, and minimal operational impact. Concern by the Government of Vietnam resulted in the mandatory 20-day quarantine of the rural town of Son Loi (10k people) on 14 Feb, ~30 miles outside of Hanoi. VNM lauded for their transparency and aggressive public health efforts. No new cases since 2/13.	Naval Message: CPF, <u>Country Public Health Risk for COVID-19</u> dtd 20 Feb 20
28-Feb	DOD establishes the DOD COVID-19 Task Force		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="http://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>

Date	Event	Comments	Reference
28-Feb	C7F requests to deploy Forward Deployable Preventive Medicine Unit (FDPMU) for additional medical support for the USS AMERICA ESG and USS THEODORE ROOSEVELT CSG to mitigate potential outbreak of COVID-19		Naval Message (SIPR): C7F, <u>C7F REQUEST FOR SUPPORT FORWARD</u> DTG 281530Z Feb 20
29-Feb	C7F recommends to CPF that Da Nang port visit occurs	Email contains decision slide	Email (SIPR) - C7F Coos to VCNO EA - Vietnam OAI Decision Slide dtd 15 Mar 20
29-Feb	First confirmed death in the US due to COVID-19		"CDC, Washington State Report First COVID-19 Death" <i>Centers for Disease Control and Prevention</i> (29 Feb 20) <a href="https://www.cdc.gov/media/releases/2020/s0229-COVID-19-first-death.html">https://www.cdc.gov/media/releases/2020/s0229-COVID-19-first-death.html</a>
2-Mar	CAPT (b) (6) begins turnover with CAPT (b) (6)	USS THEODORE ROOSEVELT executive officer turnover over begins	Email - TR XO to LT (b) (6) - TR Command Investigation dtd 8 May 20, 0954 (Guam Time)
3-Mar	USS THEODORE ROOSEVELT SMO sends "All Hands" email on Coronavirus	Brief explanation of Coronavirus compared to Influenza and then specific hygiene guidance.	Email - TR SMO to All Hands - Coronavirus, perspective, and what you can do - Vietnam specific info dtd 3 Mar 20
3-Mar	First COD arrived onboard USS THEODORE ROOSEVELT with 5 US personnel 16 Vietnamese DVs, for a total of 21 passengers. Only one person from the passengers tested positive on 24 April		Email - CDR (b) (6) to LT (b) (6) - RFI Command Investigation - COD manifest 27 Feb - 23 Mar 2020 dtd 13 May 20, 0439 (Guam Time)
3-Mar	USS THEODORE ROOSEVELT SMO releases screening plan for Da Nang	All personnel boarding, regardless of country of origin, must be screened prior to coming on the ship and then will need to be screened for a total of 7 days after getting underway.	Email - TR SMO to HODs and DLCPOs - Screening plan for Da Nang dtd 3 Mar 20
4-Mar	Guidance for Underway Evaluation and Management of Suspected Person Under Investigation (PUI) for 2019 Novel Coronavirus (COVID-19) released	Developed by Navy Environmental and Preventive Medicine Unit TWO for U.S. Navy vessels operating in an underway environment. It is intended to provide ship medical departments and line leadership with the tools to immediately respond to a suspected COVID-19 Persons Under Investigation (PUI), and to mitigate potential spread, especially in the first hours and days after identification.  California had a total of 14 cases of COVID-19, none reported in San Diego, but 6 cases in LA. (reference: Memorandum of Facts and Circumstances surrounding USS THEODORE ROOSEVELT (CVN 71) Da Nang Port Visit)	Publication: Navy Environmental and Preventive Medicine Unit 2 (NEPMU-2), <u>COVID-19 Guidance for Underway Evaluation and Management</u> dtd 4 Mar 20
4-Mar	Second COD arrived onboard USS THEODORE ROOSEVELT with 4 US personnel and 14 Vietnamese DVs for a total of 18 passengers. Only one person from the passengers tested positive on 21 Apr		Email - CDR (b) (6) to LT (b) (6) - RFI Command Investigation - COD manifest 27 Feb - 23 Mar 2020 dtd 13 May 20, 0439 (Guam Time)
4-Mar	Vietnam classified as Yellow (Moderate), HPCON A, with no changes from 27 Feb 20 PACFLT COVID Country Risk assessment	Projected risk status in 7 days was that there would be no change in risk level since last week (4 Mar 20).	Naval Message COMINDOPACOM J07, <u>INDOPACOM COVID Country Risk</u> dtd 4 Mar 20
<b>TR Arrives in Da Nang</b>			
5-Mar	Navy releases NAVADMIN 058/20 - Updated Guidance During the Novel Coronavirus Outbreak	Provides updated reporting guidance for all Navy component commands	Naval Message: CNO, NAVADMIN 058/20 - <u>Updated Guidance During the Novel Coronavirus Outbreak</u> DTG 051456Z Mar 20
5-Mar	All reported COVID-19 cases in Vietnam reported as clear	"From February 27 to March 5, there were no new cases reported in Vietnam, and it seemed that Vietnam would have won the battle against the outbreak"	"Summary of the COVID-19 outbreak in Vietnam – Lessons and suggestions" <i>US National Library of Medicine National Institutes of Health</i> (2 Apr 20) <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7146658/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7146658/</a>
5-Mar	CAPT (b) (6) C7F Fleet Surgeon, begins hosting weekly COVID-19 medical sync with Fleet medical leaders and SMEs		Email - CDR (b) (6) to LT (b) (6) - BLUF: C7F Response to VCNO TR Command Investigation RFI dtd 12 May 20, 2120 (Guam Time)

Date	Event	Comments	Reference
5-Mar	USS THEODORE ROOSEVELT and USS BUNKER HILL arrive at Da Nang, Vietnam		"Theodore Roosevelt Strike Group arrives in Vietnam" <i>COMPACTFLT</i> (4 Mar 20) <a href="https://www.cpf.navy.mil/news.aspx/130563">https://www.cpf.navy.mil/news.aspx/130563</a>
6-Mar	Exercise COBRA GOLD completed in Thailand, involving 4,500 US personnel with no subsequent COVID-19 cases	COBRA GOLD is a joint combined Navy/Army/USMC event	Email - CDR (b) to LT (b) - BLUF: C7F response VNCO RFI TR Command Investigation IRT BLR, AMA, and GBY port visits dtd 15 May 20
7-Mar	CPF visits Vietnam for Big Top event with USS THEODORE ROOSEVELT and USS BUNKER HILL		Crozier, B. CAPT - TR CI Interview dtd 15 May 20  C7F Coos - TR CI Interview dtd 16 May 20
7-Mar	Testing teams arrive onboard USS THEODORE ROOSEVELT		Email - CDR (b) To LT (b) VCNO CI - BLUF: C7F Response to VCNO TR Command Investigation RFI dtd Date 12 May 20, 2120 (Guam Time)
8-Mar	Italy declares a country-wide lockdown		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="https://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
8-Mar	Government of Vietnam begins COVID-19 testing for all arrivals from outside the country		"Most Important Updates for U.S. Citizens" <i>U.S. Embassy &amp; Consulate in Vietnam</i> (19 May 20) <a href="https://vn.usembassy.gov/u-s-citizen-services/covid-19-information/">https://vn.usembassy.gov/u-s-citizen-services/covid-19-information/</a>
8-Mar	Vietnamese Government notified CCSG-9/USS THEODORE ROOSEVELT that two British citizens staying at the same hotel as 38 USS THEODORE ROOSEVELT and USS BUNKER HILL Sailors tested positive for COVID-19	33 from USS THEODORE ROOSEVELT and 5 from USS BUNKER HILL	Email (SIPR) - CCSG-9 to C7F - Possible COVID Exposure in Da Nang dtd 8 Mar 20
8-Mar	Liberty expires for USS BUNKER HILL at 2359 on 8 Mar		Email - CDR (b) to LT (b) - TR Command Investigation dtd 12 May 20
<b>TR Departs Da Nang</b>			
9-Mar	Liberty expires for USS THEODORE ROOSEVELT at 0900 on 09 May, in preps for underway from Da Nang Vietnam.		Email - CDR (b) to LT (b) - TR Command Investigation dtd 12 May 20
9-Mar	38 Sailors were staying at a hotel with 2 UK nationals that were COVID positive, one additional Sailor spent time at the hotel bar. All 39 Sailors later separated from crew on TR	38 were staying at the hotel another Sailor spent time at the hotel bar	Crozier, B. CAPT - TR CI Interview dtd 15 May 20 TR SMO - TR CI Interview dtd 17 May 20 CSG-9 Coos - TR CI Interview dtd 18 May 20
9-Mar	39 Sailors sequestered from Crew due to possible COVID exposure by two UK citizens staying at the same hotel. 34 USS THEODORE ROOSEVELT Sailors, 5 USS BUNKER HILL Sailors		Crozier, B. CAPT - TR CI Interview dtd 15 May 20 TR SMO - TR CI Interview dtd 17 May 20
9-Mar	USS THEODORE ROOSEVELT CO limits self-serve lines in galley		Email (SIPR) - TR PAO to CPF and C7F PAOs - Re: TR media queries updates? dtd 9 Mar 20 Crozier, B. CAPT - TR CI Interview dtd 15 May 20 Email - TR CO to TR SMO, PAO cc'ed CMC, XO - RE: Follow up - dtd 10 Mar 20 at 1031 (Guam Time)
9 - 23 Mar	A trend of increasing acute upper respiratory infections was observed, which may represent early cases of COVID-19		Appendix K Introduction
10-Mar	DOD Under Secretary for Personnel & Readiness issues Force Health Protection Guidance Supplement 3, prioritizing issuance of PPE items	PPE Priority	Memo, Under SECDEF, <i>Force Health Protection Guidance (supplement 3)</i> dtd 10 Mar 20
11-Mar	DOD Under Secretary for Personnel & Readiness issues Force Health Protection Guidance Supplement 4, direction to DoD Travelers	Guidance for DoD Travel	Memo, Under SECDEF, <i>Force Health Protection Guidance (supplement 4)</i> dtd 11 Mar 20
11-Mar	Third COD arrived onboard USS THEODORE ROOSEVELT with 9 US personnel. None of the personnel tested positive for COVID-19		Email - CDR (b) to LT (b) - RFI Command Investigation - COD manifest 27 Feb - 23 Mar 2020 dtd 13 May 20, 0439 (Guam Time)



Date	Event	Comments	Reference
11-Mar	Personnel from the Biological Defense Research Directorate of the Naval Medical Research Center embarked on TR with specialized laboratory equipment for testing and diagnosing respiratory pathogens		(b) LCDR Statement dtd 23 May 20
11-Mar	CAPT (b) (6) concludes turnover with CAPT (b) (6) and officially assumes the role as Executive Officer onboard USS THEODORE ROOSEVELT		Email - TR XO to LT (b) - TR Command Investigation dtd 8 May 20, 0954 (Guam Time)
11-Mar	World Health Organization characterizes COVID-19 as a pandemic		"WHO Timeline - COVID-19" <i>World Health Organization</i> (27 April 20) <a href="https://www.who.int/news-room/detail/27-04-2020-who-timeline-covid-19">https://www.who.int/news-room/detail/27-04-2020-who-timeline-covid-19</a>
11-Mar	OSD issues travel restrictions for DOD Components		Memo - SECDEF <i>Travel Restrictions for DoD Components in Response to Coronavirus Disease 2019</i> dtd 11 Mar 20
11-Mar	USS BLUE RIDGE arrives in Singapore		Email - CDR (b) to LT (b) - BLUF: C7F response VNCO RFI TR Command Investigation IRT BLR, AMA, and GBY port visits dtd 15 May 20
12-Mar	Fourth COD arrived onboard USS THEODORE ROOSEVELT with 8 US passengers onboard. No one from this COD tested positive for COVID-19		Email - CDR (b) to LT (b) - RFI Command Investigation - COD manifest 27 Feb - 23 Mar 2020 dtd 13 May 20, 0439 (Guam Time)
12-Mar	SECNAV issues guidance on preventive measures, and restricts official and personal travel and PCS orders to, from, or through CDC THN Level 3 locations		ALNAV 025/20, <i>VECTOR 15 FORCE HEALTH PROTECTION GUIDANCE FOR DEPARTMENT OF THE NAVY</i> DTG 121914Z Mar 20
12-Mar	OPNAV issues guidance on preventive measures, travel, PCS, and liberty restrictions to CDC Level 3 locations, and reporting requirements		NAVADMIN 064/20, <i>NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK</i> DTG 122210Z Mar 20
13-Mar	POTUS declares the COVID-19 outbreak a national emergency		"Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak" <i>White House</i> (13 Mar 20) <a href="https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/">https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/</a>
13-Mar	CAPT Crozier sends ltr to USS THEODORE ROOSEVELT "Family and Friends"	Reassures that crew has been educated and that they are taking extra cleaning measures and have more medical support onboard for rapid testing, no indications Sailors have COVID-19	Letter, Crozier, B. CAPT, <i>To Our family and friends</i> (No SSIC or SER number) dtd 13 Mar 20
13-Mar	Fifth COD arrived onboard USS THEODORE ROOSEVELT with 8 US passengers. No one from this COD tested positive for COVID-19		Email - CDR (b) to LT (b) - RFI Command Investigation - COD manifest 27 Feb - 23 Mar 2020 dtd 13 May 20, 0439 (Guam Time)
13-Mar	OSD issues stop travel within CONUS for all DOD military and civilians and families		Memo: Office of Secretary of Defense, <i>Stop Movement for all Domestic Travel for DoD Components in Response to Corona virus Disease 2019</i> dtd 13 Mar 2020
14-Mar	CPF sends email to C7F stating that TR will execute 14 days at sea, cancel the Thailand port visit and execute Guam port visit in the month of April		Email (SIPR) - CPF to C7F - OPS Update - 3-13 BLUE RIDGE - Concurrence requested dtd 14 Mar 20, 1338 (Guam Time)
14-Mar	SECNAV issues stop movement for all DON personnel beginning 16 Mar		ALNAV 026/20: <i>OFFICIAL AND PERSONAL DOMESTIC TRAVEL FORCE HEALTH PROTECTION GUIDANCE FOR DEPARTMENT OF THE NAVY (CONUS TRAVEL GUIDANCE)</i> DTG 142035Z MAR 20
14-Mar	OPNAV issues stop movement for PCS and TAD, and authorizes local leave only		NAVADMIN 065/20: <i>NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK UPDATE 1</i> DTG 142000Z MAR 20
14-Mar	USS BLUE RIDGE departs Singapore		Email - CDR (b) to LT (b) - BLUF: C7F response VNCO RFI TR Command Investigation IRT BLR, AMA, and GBY port visits dtd 15 May 20
14-Mar	Members of Navy Forward-Deployed Preventive Medicine Units and Naval Medical Research Center embark TR	Teams embarked TR, BLUE RIDGE, and AMERICA to help combat the risk of and provide laboratory batch testing for COVID-19	"Navy Preventive Medicine Teams Embark Ships in 7th Fleet" <i>USINDOPACOM</i> (23 Mar 20) <a href="https://www.pacom.mil/Media/News/News-Article-View/Article/2122302/navy-preventive-medicine-teams-embark-ships-in-7th-fleet/">https://www.pacom.mil/Media/News/News-Article-View/Article/2122302/navy-preventive-medicine-teams-embark-ships-in-7th-fleet/</a>
14-Mar	39 sequestered Sailors test Negative		Email -TR SMO, Post-Danang Update 14 March dtd 14 Mar, 0531 (Guam Time)
14-Mar	Guam declares a state of public health emergency	As a result, Naval Station Guam was in Health Protection Condition Level (HPCON) C+, significantly limiting personnel on and transit within the base	Letter - Governor of Guam, <i>Executive Order 2020-03</i> dtd 14 Mar 20
15-Mar	Sixth COD arrives onboard USS THEODORE ROOSEVELT with 4 passengers. No one from this COD tested positive for COVID-19		Email - CDR (b) to LT (b) - RFI Command Investigation - COD manifest 27 Feb - 23 Mar 2020 dtd 13 May 20, 0439 (Guam Time)

Date	Event	Comments	Reference
15-Mar	SMO clarifies ship screening requirements for 14 days after port visits	1. Each department screened sailors for 7 days, then sailors self monitored symptoms for 7 days. If sailors had symptoms, reported to medical daily. 2. COD personnel were screened upon arrival. 3. Explained use of sanitation, hand washing, cough etiquette	Email - TR SMO to All Hands - 14 days of screening after port visits dtd 15 Mar 2020
15-17Mar	USS THEODORE ROOSEVELT and USS AMERICA conduct Expeditionary Strike Force Operations in 7th FLEET AOR	ESF I: TR and the USS AMERICA conducted Expeditionary Strike Force Operations (ESF) in the 7th Fleet AOR on three occasions during transit from Da Nang to Guam	Email - CCSG-9 BWC to LT (b) - Response to VCNO Command investigation RFI dtd 13 May 20, 0955 (Guam Time)
16-Mar	Seventh COD arrives onboard USS THEODORE ROOSEVELT with 24 US passengers. Four people out of the 24 tested positive for COVID-19 on 11 Mar, 12 Mar, 14 Apr and 21 Apr		Email - CDR (b) to LT (b) - RFI Command Investigation - COD manifest 27 Feb - 23 Mar 2020 dtd 13 May 20, 0439 (Guam Time)
16-Mar	White House announces "15 Days to Slow the Spread," a nationwide effort to slow the spread of COVID-19 through the implementation of social distancing at all levels of society		"15 Days to Slow the Spread" <i>White House</i> (16 Mar 20) <a href="https://www.whitehouse.gov/articles/15-days-slow-spread/">https://www.whitehouse.gov/articles/15-days-slow-spread/</a>
16-Mar	Email to the crew of USS THEODORE ROOSEVELT from SMO explaining C7F released a revision to the TASKORD for Force Health Protection against COVID-19	Screening duration now lasts 11 days by departmental leadership, instead of 7 days of departmental screening and 7 days of self screening	Email - TR SMO to All Hands - Coronavirus screening - Update - now 11 days of screening dtd 16 Mar 20, 2217 (no time zone stamp)
16-Mar	Naval Hospital Guam sets up ILI (treatment tents) outside hospital to treat COVID positive patients		Naval Hospital Guam CO - TR CI Interview dtd 17 May 20
17-Mar	West Virginia is the last state to confirm a COVID-19 case. All 50 U.S. states have confirmed cases		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="http://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
18-Mar	USS THEODORE ROOSEVELT stopped receiving CODs from the Philippines Islands	CO of USS THEODORE ROOSEVELT thought Philippines was a threat due to COVID cases. After the 18th CODs would come from Kadena AFB, Japan	Crozier, B. CAPT - TR CI Interview dtd 15 May 20
18-Mar	Eighth COD arrived onboard USS THEODORE ROOSEVELT with 5 passengers. No one from this COD tested positive for COVID-19		Email - CDR (b) to LT (b) - RFI Command Investigation - COD manifest 27 Feb - 23 Mar 2020 dtd 13 May 20, 0439 (Guam Time)
19-Mar	POTUS invokes the Defense Production Act		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="http://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
19-Mar	Nearly all U.S. states have declared a state of emergency in response to COVID-19		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="http://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
19-Mar	Department of State implements a Global Level 4 Health Advisory advising U.S. citizens to avoid all international travel due to the global impact of COVID-19		"Remarks by President Trump, Vice President Pence, and Members of the C coronavirus Task Force in Press Briefing" <i>White House</i> (20 Mar 20) <a href="https://www.whitehouse.gov/briefings-statements/remarks-president-trump-vice-president-pence-members-c-oronavirus-task-force-press-briefing/">https://www.whitehouse.gov/briefings-statements/remarks-president-trump-vice-president-pence-members-c-oronavirus-task-force-press-briefing/</a>
20-Mar	CNSP COS Sends CNSP guidance and reference documents for "Wuhan Virus" COVID 19		Email - CNSP to C7F COS and CSG-9 COS - 20 Mar CNSP Update & Helpful Items - Wuhan Virus (COVID 19) dtd 21 Mar 20, 1425 (Guam Time)
20-Mar	DOD issues the Defense Industrial Base Essential Critical Infrastructure Workforce Memo, ensuring the defense industrial base's critical employees can continue working		"Partnering With the U.S. Defense Industrial Base to Combat COVID-19" <i>U.S. Department of Defense</i> (22 Mar 20) <a href="https://www.defense.gov/Newsroom/Releases/Release/Article/2121122/partnering-with-the-us-defense-industrial-base-to-combat-covid-19/">https://www.defense.gov/Newsroom/Releases/Release/Article/2121122/partnering-with-the-us-defense-industrial-base-to-combat-covid-19/</a>
20-Mar	U.S. Central Command orders a stop movement of all forces deploying to the area of responsibility and initiates requirement for a 14-day quarantine at home station prior to deployment		"U.S. Central Command Statement on Quarantine procedures into its Area of Responsibility" <i>U.S. Central Command</i> (20 Mar 20) <a href="https://www.centcom.mil/MEDIA/STATEMENTS/Statements-View/Article/2119410/us-central-command-statement-on-quarantine-procedures-into-its-area-of-responsi/">https://www.centcom.mil/MEDIA/STATEMENTS/Statements-View/Article/2119410/us-central-command-statement-on-quarantine-procedures-into-its-area-of-responsi/</a>
22-Mar	All 39 Sailors remained asymptomatic, tested negative for COVID-19 and released		Email - TR SMO to CCSG-9, TR CO - Post-Danang Update 22 March - Final update dtd 22 Mar 20 1959 (Guam time)



Date	Event	Comments	Reference
23-Mar	Navy releases NAVADMIN 083/20 - Restriction of Movement (ROM) Guidance	ROM personnel shall be directed to remain at home or in a comparable setting for 14 days ROM from the day of departure or contact. For transient personnel and those residing in close quarters such as unaccompanied housing or ships, temporary lodging meeting CDC guidance of separate sleeping and bathroom facilities shall be arranged, when available.	NAVADMIN 083/20 <u>Restriction of Movement (ROM) Guidance</u> DTG 231957Z Mar 20
23-25 Mar	USS THEODORE ROOSEVELT and USS AMERICA conduct Expeditionary Strike Force Operations OPS in 7th FLEET AOR	ESF III: TR and the USS AMERICA conducted Expeditionary Strike Force Operations (ESF) in the 7th Fleet AOR on three occasions during transit from Da Nang to Guam  Originally scheduled for 23-26 Mar 2020, however on 25 Mar 2020 TRSG terminated the exercise and began transit directly to Guam	Email - CDR (b) to LT (b) - BLUF: C7F Response to VCNO TR Command Investigation RFI dtd 12 May 20, 2120 (Guam Time)
23-Mar	Ninth and final COD arrived onboard USS THEODORE ROOSEVELT with 5 passengers. No one from this COD tested positive for COVID-19	This COD was from Kadena AFB, Japan	Email - CDR (b) to LT (b) - RFI Command Investigation - COD manifest 27 Feb - 23 Mar 2020 dtd 13 May 20, 0439 (Guam Time)
23-Mar	Two USS THEODORE ROOSEVELT Sailors show symptoms of COVID	Both Sailors from Air Wing (VFA 154 and HSM 75)	Email - TR SMO to CCSG-9 - COVID 19 update 24 March dtd 24 Mar 20, 0440 (Guam Time)
23-Mar	New York reports over 20,000 cases of COVID-19		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="https://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
23-Mar	CDC reports Diamond Princess and Grand Princess cruise ships had more than 800 total COVID-19 cases, including 10 deaths	During February 3–March 13, in the United States, approximately 200 cases of COVID-19 were confirmed among returned cruise travelers from multiple ship voyages, including the Diamond Princess and Grand Princess, accounting for approximately 17% of total reported U.S. cases at the time	"Public Health Responses to COVID-19 Outbreaks on Cruise Ships — Worldwide, February–March 2020" <i>Centers for Disease Control and Prevention</i> (27 Mar 20) <a href="https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e3.htm">https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e3.htm</a>
23-Mar	Secretary of Defense raises Pentagon Health Protection Condition Level to Charlie		"Statement by Department of Defense on Additional Access Restrictions for the Pentagon Reservation" <i>U.S. Department of Defense</i> (23 Mar 20) <a href="https://www.defense.gov/Newsroom/Releases/Release/Article/2122686/statement-by-department-of-defense-on-additional-access-restrictions-for-the-pe/">https://www.defense.gov/Newsroom/Releases/Release/Article/2122686/statement-by-department-of-defense-on-additional-access-restrictions-for-the-pe/</a>
24-Mar	USS THEODORE ROOSEVELT makes way for Guam at USS BUNKER HILL's best speed		USS THEODORE ROOSEVELT Deck Log 24 Mar 2020 C7F COS - TR CI Interview dtd 11 May 20 Crozier, B. CAPT - TR CI Interview dtd 15 May 20 TR XO - TR CI Interview dtd 16 May 20 TR RO - TR CI Interview dtd 18 May 20
24-Mar	First confirmed COVID-19 case at Pentagon		"First Case of COVID-19 at the Pentagon" <i>U.S. Department of Defense</i> (25 Mar 20) <a href="https://www.defense.gov/Newsroom/Releases/Release/Article/2125774/first-case-of-covid-19-at-the-pentagon/">https://www.defense.gov/Newsroom/Releases/Release/Article/2125774/first-case-of-covid-19-at-the-pentagon/</a>
24-Mar	3 USS THEODORE ROOSEVELT Sailors test positive for COVID 19	First positives reported onboard TR. First two from Air Wing, third from Reactor Department.	Email - TR SMO to CCSG-9 - COVID 19 update 24 March dtd 24 Mar 20, 0440 (Guam Time)  "Three Pacific Fleet Sailors Test Positive for COVID-19" <i>U.S. Pacific Fleet Public Affairs</i> (24 Mar 20) <a href="https://www.navy.mil/submit/display.asp?story_id=112466">www.navy.mil/submit/display.asp?story_id=112466</a>
24-Mar	C7F suggests using Hangar deck for segregated berthing. Also considers flying airwing off to Anderson AFB		Email (SIPR) - C7F - Positive COVID-19 Tests on TR dtd 24 Mar 20, 2313 (Guam Time)  Email (SIPR) - C7F COS - ***Urgent*** Airwing off? dtd 24 Mar 20, 2304 (Guam Time)
24-Mar	CTF 75 offers C7F, Tents (with A/C) and cots for 400 on the pier if needed		Email (SIPR) - CTF 75 to C7F - COVID-19 Commander's perspective 22 Mar dtd 24 Mar 20, 2054 (Guam Time)
25-Mar	USS THEODORE ROOSEVELT has four cases of COVID-19		TR GATOR - TR CI Interview dtd 16 May 20
25-Mar	USS THEODORE ROOSEVELT SMO requests to the CO and XO for 5,000 beds ashore if COVID cases increase exponentially		TR SMO - TR CI Interview dtd 17 May 20

Date	Event	Comments	Reference
25-Mar	On March 25th, COS CSG-9 notified COS C7F of the need for 4,000 rooms to house Sailors in single isolation for two weeks	C7F COS replies that it's not off the table, but not a likely option	Email (SIPR) - CSG-9 COS - Hotel Options dtd 25 Mar 20, 1435 (Guam time)
25-Mar	Secretary of Defense enacts a 60-day stop movement order for all DOD uniformed and civilian personnel and their sponsored family members overseas		"Overseas Stop Movement Order in Response to COVID-19" <i>U.S. Department of Defense</i> (25 Mar 20) <a href="https://www.defense.gov/Newsroom/Releases/Release/Article/2125725/overseas-stop-movement-order-in-response-to-covid-19/">https://www.defense.gov/Newsroom/Releases/Release/Article/2125725/overseas-stop-movement-order-in-response-to-covid-19/</a>
25-Mar	Secretary of Defense approves Health and Human Services request to airlift 1.5M swab kits from Italy		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="http://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
25-Mar	C7F requests medical assistance from III MEF	The request focused on COVID-19 testing, monitoring, and surveilling berthing locations for TR sailors, to relieve TR medical department.	III Medical Battalion CO - TR CI Interview dtd 17 May 20
25-Mar	Commander of U.S. Forces Korea (USFK) declares Public Health Emergency for all USFK installations, effective through April 23 unless renewed or terminated by the commander		"USFK Declares Public Health Emergency" <i>U.S. Forces Korea</i> (25 Mar 20) <a href="https://www.usfk.mil/Media/News/Article/2124132/usfk-declares-public-health-emergency/">https://www.usfk.mil/Media/News/Article/2124132/usfk-declares-public-health-emergency/</a>
25-Mar	PACFLT surgeon forwards to CPF the plan of attack for USS THEODORE ROOSEVELT, from C7F	This plan requires testing for each TR Sailor before they leave ship	Email (SIPR) - CPF SMO to CPF - Revised TR Plan of Attack dtd 25 Mar 20
25-Mar	4 USS THEODORE ROOSEVELT Sailors MEDEVAC'd to Guam	First four sailors evacuated from TR's location in the Philippine Sea and flown to the US Naval Hospital Guam.	Letter - CJRM to RDML Spedero, <a href="#">Guam Response to TR outbreak</a> dtd 13 May 20
25-Mar	RDML Menoni initiates contact with Guam Governor Leon Guerrero and tells her about TR COVID-19 Positive Sailors being evacuated to Guam from USS THEODORE ROOSEVELT		Letter - CJRM to RDML Spedero, <a href="#">Guam Response to TR outbreak</a> dtd 13 May 20
25-Mar	Anderson Air Force Base does not allow a Navy C-2D (Carrier Onboard Delivery; COD) to land there and transfer COVID-positive Sailors to Naval Base Guam (NBBG) Hospital.		CPF - TR CI Interview dtd 17 May 20
26-Mar	RDML Menoni updates Guam Governor that 21 COVID-19 positive Sailors are being evacuated to Guam from USS THEODORE ROOSEVELT		Letter - CJRM to RDML Spedero, <a href="#">Guam Response to TR outbreak</a> dtd 13 May 20
26-Mar	21 USS THEODORE ROOSEVELT Sailors MEDEVAC'd to Guam		Excel spreadsheet, RFI #8 response. <a href="#">COVID-19 Positive List 26 Mar 20</a> dtd 12 May 20
26-Mar	33 cases of positive on USS THEODORE ROOSEVELT		Email (SIPR) - CCSG-9 - Positive COVID-19 tests on TR (update #9) dtd 26 Mar 20, 1046 (Guam Time)
26-Mar	25 sailors test positive for COVID-19 on USS THEODORE ROOSEVELT	Difference in numbers from previous reports attributed to reporting inaccuracies	Email (SIPR) - C7F - C7F COVID DAILY CDR'S UPDATE (26 MAR) dtd 26 Mar 20, 1740 (Guam Time)
26-Mar	Acting SECNAV says "The ship is pulling into Guam; it will be pierside, no one on the crew will be allowed to leave anywhere into Guam other than on pierside. And we are already starting the process of testing 100 percent of the crew to ensure that we've got that contained."		"UPDATED: USS Theodore Roosevelt Quarantines Sailors on Guam as Coronavirus Outbreak Spreads" <i>US Naval Institute</i> (26 Mar 20) <a href="https://news.usni.org/2020/03/26/coronavirus-outbreak-sidelines-aircraft-carrier-uss-theodore-roosevelt">https://news.usni.org/2020/03/26/coronavirus-outbreak-sidelines-aircraft-carrier-uss-theodore-roosevelt</a>
26-Mar	The United States reports over 80,000 cases – exceeding China		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="http://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
26-Mar	DOD approves State Department request to provide Global Aviation Support for the movement of American citizens abroad		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="http://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
26-Mar	First of series of USS THEODORE ROOSEVELT Recovery and Disposition Plan email updates from CPF to INDOPACOM and CNO. CPF reports to CNO that plan is to test entire crew for COVID	Daily TR Recovery and Disposition Plan email updates continue to current day	Email (SIPR) - CPF to CNO and INDOPACOM - TR Recovery and Disposition Plan dtd 26 Mar 20
26-Mar	CNO emails CPF that he understands that the plan is to test 100% of USS THEODORE ROOSEVELT crew. He is also tracking plan to isolate positive cases ashore while continuing quarantine measures and social distancing onboard		Email (SIPR) - CNO to CPF - FOR INFORMATION: TR Recovery and Disposition Plan dtd 26 Mar 20, 2014 (Guam Time)

Date	Event	Comments	Reference
26-Mar	USS THEODORE ROOSEVELT XO sends an email to all Officers and all Chiefs outlining the plan on day 1 in Guam		Email - TR XO to All Officers and All Chiefs - Plan for Guam Day 1 dtd 26 Mar 20
26-Mar	INDOPACOM cancels Balikatan 2020 in Philippines scheduled for 4-15 May		"U.S. Indo-Pacific Command Cancels Balikatan 2020" <i>USINDOPACOM</i> (26 Mar 20) <a href="https://www.pacom.mil/Media/News/News-Article-View/Article/2127794/us-indo-pacific-command-cancels-balikatan-2020/">https://www.pacom.mil/Media/News/News-Article-View/Article/2127794/us-indo-pacific-command-cancels-balikatan-2020/</a>
<b>TR arrives Guam</b>			
27-Mar	POTUS signs \$2T+ in relief package, providing emergency relief to families and small businesses that have been impacted by COVID-19		"President Donald J. Trump Is Providing Economic Relief to American Workers, Families, and Businesses Impacted by the Coronavirus" <i>White House</i> (27 Mar 20) <a href="https://www.whitehouse.gov/briefings-statements/president-donald-j-trump-providing-economic-relief-american-workers-families-businesses-impacted-coronavirus/">https://www.whitehouse.gov/briefings-statements/president-donald-j-trump-providing-economic-relief-american-workers-families-businesses-impacted-coronavirus/</a>
27-Mar	Task Force (TF) TR Revive is stood up - The Commander is CAPT (b) (6), TF is Comprised of NB Guam and tenant command personnel, provides general support for lodging, transportation, and sustaining TR personnel ashore: NBG stood up TF TR Revive in house without formal coordination - No units were required to move for establishment		Email - CDR (b) to LT (b) - RE: TR Command Investigation - RFI Follow-up dtd 20 May 20, 1626 (Guam Time)
27-Mar	USS THEODORE ROOSEVELT moors pierside in Guam for the second time in its deployment		"Family and Friends of the Rough Riders,..." <i>THEODORE ROOSEVELT</i> (27 Mar 20) <a href="https://www.facebook.com/USSTheodoreRoosevelt/photos/a.489137065779/10156700551025780/?type=3&amp;theater">https://www.facebook.com/USSTheodoreRoosevelt/photos/a.489137065779/10156700551025780/?type=3&amp;theater</a>
27-Mar	"Crew of TR will not leave pier, with the exception of positive Sailors, who will be sequestered in base berthing facilities"		Email (SIPR) - VADM Sawyer to C7F - TR Recovery and Disposition Plan dtd 27 Mar 0744 (Guam Time)
27-Mar	USS THEODORE ROOSEVELT 36 positive, RRN 3 positive		Email (SIPR) - C7F - C7F COVID daily CDRs update (26 Mar) dtd 27 Mar 20, 2108 (Guam Time)
27-Mar	CPF reports to CNO and INDOPACOM that TR has 34 positive cases of COVID-19 - Air Boss identified and launched a C-40 today to send additional testing equipment (lab analyzer, calibration kit and extra swabs) and personnel (lab officer and preventative medicine officer) from San Diego to Guam - Coordinated to push a CPF G5 to Guam to ferry samples to South Korea labs for increased testing capacity		Email (SIPR) - CPF to CNO and INDOPACOM - INFO: TR Recovery and Fleet Disposition Update_26 MAR 2020 dtd 27 Mar 20, 1622 (Guam Time)
27-Mar	CCSG-9 releases memo that no Sailor shall record another Sailor in isolation or quarantine		Memo CCSG-9, <i>SSIC 6210 Ser 01/062</i> dtd 27 Mar 2020
27-Mar	Secretary of Defense issues Message to the Force on COVID-19 response		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="http://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
27-Mar	22 states have issued stay-at-home orders		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="http://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
27-Mar	840 Naval Base Guam beds available, only 264 beds used		Letter - CJRM to RDML Spedero, Guam Response to TR outbreak dtd 13 May 20
27-Mar	USS THEODORE ROOSEVELT SMO requests III MEF to assist with testing as TR medical focuses on TR crew needs. 7,000 test kits requested.		Naval Message - C7F - <u>C7F request for support (RFS) for III MEF capabilities to USS THEODORE ROOSEVELT</u> dtd DTG 271226Z MAR 20
28-Mar	First death of a U.S. service member - A New Jersey Army National Guardsman dies as a result of COVID-19		"Death of National Guardsman From COVID-19" <i>U.S. Department of Defense</i> (30 Mar 20) <a href="http://www.defense.gov/Newsroom/Releases/Release/Article/2131119/death-of-national-guardsman-from-covid-19/">www.defense.gov/Newsroom/Releases/Release/Article/2131119/death-of-national-guardsman-from-covid-19/</a>
28-Mar	939 Naval Base Guam beds available, only 382 beds used		Letter From CJRM to RDML Spedero, <u>Guam Response to TR outbreak</u> dtd 13 May 20
28-Mar	CCSG-9 makes the call to move people off ship as quickly as possible and test after		Email (SIPR) - CCSG-9 - 28 Mar TB - follow up, dtd 28 Mar 20, 1343 (Guam Time)
28-Mar	C7F emails CCSG-9 saying that USS THEODORE ROOSEVELT is not following protocol because people are going into quarantine without batch test to determine if virus is present		Email (SIPR) - C7F to CCSG-9 - Triage and procedure dtd 28 Mar 20, 1201 (Guam Time)
28-Mar	USS THEODORE ROOSEVELT SMO states "we have lost" re: COVID on TR in email to C7F, CPF, and CNAP surgeons	SMO states that they need to get 4,500 people off TR to single berthing/single beds	Email (SIPR) - TR SMO to C7F, CPF, CNAP Surgeons - Reality dtd 28 Mar 20, 1425 (Guam Time)

Date	Event	Comments	Reference
28-Mar	POTUS invokes the Defense Production Act, requiring GM to make ventilators		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="http://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
28-Mar	USNS Comfort departs for New York		"Comfort Underway to Support City of New York." <i>US 2nd Fleet Public Affairs</i> (29 Mar 20) <a href="https://www.navy.mil/submit/display.asp?story_id=112499">https://www.navy.mil/submit/display.asp?story_id=112499</a>
28-Mar	USS THEODORE ROOSEVELT CO emailed a "personal contact" in Kadena (CO of Navy side of the base) to confirm availability of 5,700 racks in Okinawa being briefed to C7F. TR CO believed this COA was non-viable based on his email conversation		Email - TR XO to VCNO EA - Interview follow up dtd 04 Apr 20, 0745 (Guam Time)
28-Mar	USS THEODORE ROOSEVELT XO emails Memo for the record to TR CO "failure to comply with NAVADMIN 083/20"		Email - TR XO to TR CO - Memo for Record - Failure to comply with NAVADMIN 083_20 dtd 28 Mar 20, 1811 (no time zone stamp)
28-Mar	CJRM began consulting with government of Guam to obtain hotel rooms		Letter - CJRM to RDML Spedero - <u>Guam Response to TR outbreak</u> dtd 13 May 20
28-Mar	C7F reports to CPF that 46 Sailors on TR tested positive for COVID-19		Email (SIPR) - C7F to CPF - C7F COVID-19 Update 29 Mar CORRECT COPY!!! dtd 29 Mar 20
28-Mar	CPF updates CNO and INDOPACOM that 38 Sailors Positive on TR - 433 individual negatives - Relays that there is an increased diagnostic capability through Brian D. Allgood Hospital and nearby diagnostic laboratory - CPF will understand true daily testing capacity within the next 24-48 hours in order to best estimate the completion of 100% crew testing		Email (SIPR) - CPF to CNO and INDOPACOM - Info: TRY Recovery and Fleet Disposition Update_27 Mar 2020 dtd 28 Mar 20, 1733 (Guam Time)
29-Mar	CPF directs no Navy personnel will leave Guam until he personally reviews and approves plan		Email (SIPR) - C7F to CPF - Evening Ops Update and COVID 29 Mar dtd 30 Mar 20, 0841 (Guam Time)
29-Mar	USS THEODORE ROOSEVELT has 53 positive cases of COVID-19		Email - TR SMO to CCSG-9 - COVID-19 update 29 March - Evening update dtd 29 Mar 20, 1744 (Guam time)
29-Mar	1,167 racks available on Guam with 535 racks occupied		Letter - CJRM to RDML Spedero, <u>Guam Response to TR outbreak</u> dtd 13 May 20
29-Mar	CCSG-9 receives email from CVW-11 with information paper outlining their preferred COA for establishing additional isolation/quarantine areas	Email attachment is the basis of the letter that was leaked to the press	Email - TR XO to VCNO EA - PROPOSED PAPER / COURSE OF ACTION FROM WARFARE COMMANDERS dtd 04 Apr 20, 0745 (Guam Time)
29-Mar	POTUS extends social distancing guidelines through April 30, 2020		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="http://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
29-Mar	Current testing rates for USS THEODORE ROOSEVELT are 120/day max. 4,389 crew remaining to test = 37 days to test the crew.		Email (SIPR) - C7F COS - Numbers dtd 29 Mar 20, 1830 (no time zone stamp)
29-Mar	CO NBG and C7F COS discussion that if they can't get more social distancing, they will get more cases		Email (SIPR) - NBG CO to C7F Coos - Quarantine - Social Distancing - getting to 4,000 dtd 29 Mar 20, 1720 (no time zone stamp)
29-Mar	The Governor of Guam's Chief of Staff provided an initial referral to the President of the Guam Hotel and Restaurant Association (GHRA)		Letter - CJRM to RDML Spedero, <u>Guam Response to TR outbreak</u> dtd 13 May 20
29-Mar	USNS Mercy begins treating patients in Los Angeles		"USNS Mercy Accepts First Patients in Los Angeles." <i>US 3rd Fleet Public Affairs</i> (29 Mar 20) <a href="http://www.navy.mil/submit/display.asp?story_id=112504">www.navy.mil/submit/display.asp?story_id=112504</a> .
29-Mar	USS THEODORE ROOSEVELT CO releases 900-1,000 Sailors in aft quarantine based on recommendation from SMO and XO	SMO based recommendation on belief that preventative isolation was not working as some Sailors were becoming symptomatic and tested positive subsequent to being placed in isolation	Email - TR XO to VCNO EA - Interview Follow up dtd 6 Apr 20
29-Mar	CPF reports to CNO and INDOPACOM that 46 Sailors have tested positive for COVID-19 - Guam had 892 quarantine spaces, with 428 in reserve - III MEF medical assistance being worked inbound Guam, which provides 6 ICU units and 56 personnel to assist with swabs and general medical duties		Email (SIPR) - CPF to CNO, cc'ed C7F and INDOPACOM - INFO: TR Recovery and Fleet Disposition Update_28 Mar 2020 dtd 29 Mar 20, 1646 (Guam Time)
29-Mar	Guam residents express concerns	Eight community groups sent a letter to Gov. Leon Guerrero urging the military to keep patients at bases until they are clear of cases.	"Governor: 'One Guam' Approach Needed to Defeat Virus." <i>Pacific Daily News</i> (31 Mar 20) <a href="http://www.guampdn.com/story/news/local/2020/03/31/governor-one-guam-approach-needed-defeat-virus/2938329001/">www.guampdn.com/story/news/local/2020/03/31/governor-one-guam-approach-needed-defeat-virus/2938329001/</a>
29-Mar	C7F reports to CPF that 53 USS THEODORE ROOSEVELT sailors are positive for COVID-19		Email (SIPR) - CPF to C7F - Evening Ops Update and COVID 29 Mar dtd 30 Mar 20, 0322 (Guam Time)



Date	Event	Comments	Reference
29-Mar	CCSG-9 receives email from CVW-11 with Four COAs for consideration		Email - CVW-11 CO to CCSG-9, CCSG 9 COS, TR CO, TR SMO - PROPOSED PAPER / COURSE OF ACTION FROM WARFARE COMMANDERS dtd 29 Mar 20, 2101 (Guam Time)
30-Mar	CPF rejected C7F's plan for movement of USS THEODORE ROOSEVELT crew to Okinawa.	30 Mar 20, 0322 (Guam time) Based on coordinated concerns with government of Japan	Email (SIPR) - CPF to C7F - Evening Ops Update and COVID 29 Mar dtd 30 Mar 20, 0322 (Guam Time)
30-Mar	USS THEODORE ROOSEVELT CO receives word that USN, USMC and USAF Commanders in Okinawa do not have 5,000 rooms but will do whatever is needed to support	30 Mar 20, 0627 (Guam time): TR CO responded to Email "wow" 30 Mar 20, 0646 (Guam time)	Email - CAPT (b) (6) to TR CO - RE: New Normal dtd 30 Mar 20, 0627 (Guam time)
30-Mar	On the morning of March 30 <sup>th</sup> , CCSG-9 recommended to C7F (via video-teleconference) removal of 4,500 sailors to individual isolation rooms based on both the white paper and COAs in development by the Warfare Commanders. C7F acknowledged the recommendation but directed to continue batch testing, identification of clean groups, and development of plan to get a clean ship	CCSG-9 recalls that the video-teleconference took place at 0900 (Guam time)	CVW-11 CAG - TR CI Interview dtd 12 May 2020
30-Mar	NBG CO contacted USS THEODORE ROOSEVELT CO confusion about room requirements, Sailor off-load put on hold	Confusion between USS THEODORE ROOSEVELT and base regarding requirements for rooms. 90 Sailors wait hours on ship as TR CO and NBG CO get in contact to each other.	Email - NBG CO to TR CO and XO - Please Call dtd 30 Mar 20, 2008 (Guam Time)
30-Mar	USS THEODORE ROOSEVELT CO sends email with subject line "TR request for assistance" to CPF, CNAP, and CCSG-9		Email - TR CO to CPF, CNAP and CCSG-9 - TR Request for assistance dtd 30 Mar 20, 1348 (Guam Time)
30-Mar	USS THEODORE ROOSEVELT CO s ISIC, CCSG-9— embarked aboard as the commander of its strike group — learns about the letter from TR CO's group email		"Department of the Navy Press Briefing with Acting Secretary of the Navy" <i>U.S. Department of Defense</i> (2 Apr 20) <a href="http://www.defense.gov/Newsroom/Transcripts/Transcript/Article/2137932/departement-of-the-navy-press-briefing-with-acting-secretary-of-the-navy-thomas/">www.defense.gov/Newsroom/Transcripts/Transcript/Article/2137932/departement-of-the-navy-press-briefing-with-acting-secretary-of-the-navy-thomas/</a>
30-Mar	USS THEODORE ROOSEVELT SMO contact Navy SG, requests help in getting 4,500 individual rooms; says "We are losing" "Quarantine measures on the ship are a sham" and "We are in the midst of a disaster and not getting the action we need"		Email - TR SMO to ADM Gillingham - Situation on the ground dtd 30 Mar 20, 0839 (Guam Time)
30-Mar	After release of the USS THEODORE ROOSEVELT CO Email, CPF called CCSG-9; CPF reports first time he heard of 4,000 bed plan from C7F		CPF - TR CI Interview dtd 17 May 20
30-Mar	CPF Updates CNO and INDOPACOM that 53 Sailors are positive for COVID-19 onboard USS THEODORE ROOSEVELT. First email that indicates symptomatic and asymptomatic. 544 Sailors tested negative. 1,500 swabs will be delivered from Osan at 1800 (Guam Time). III MEF postured to send additional security and medical capability to Guam with N95 masks and expected to self-deploy from Okinawa on 30 Mar (local time)		Email (SIPR) - CPF to CNO and INDOPACOM, cc'ed C7F - INFO: TR Recovery and Fleet Disposition dtd 30 Mar 20, 1432 (Guam Time)
30-Mar	A-SECNAV COS talks with TR CO via telephone at 0525 (Guam Time) and follows up with email at 2135 (Guam Time) offering support to the ship. During the phone call, the CO asked for help finding billeting for sailors – still had 4,000 on board	A-SN states during press conference that his COS made it "very clear that if [Crozier] felt that he was not getting the proper response from his chain of command that he had a direct line into [Modly s] office...The CO told my chief of staff that he was receiving those resources and he was fully aware of the Navy s response, only asking that he wished the crew could be evacuated faster."	Email - A/SN COS to TR CO - Support Requirements dtd 30 Mar 20
30-Mar	USNS Comfort arrives in New York five days ahead of schedule, providing 1,000 patient beds		"Comfort Arrives in New York." <i>U.S. 2nd Fleet Public Affairs</i> (30 Mar 20) <a href="http://www.navy.mil/submit/display.asp?story_id=112508">www.navy.mil/submit/display.asp?story_id=112508</a> .



Date	Event	Comments	Reference
30-Mar	The detailed, immediate planning began with CJRM Chief of Staff, Captain (b) (6) Mr. (b) (6), JRM's Regional Lodging Director and Ms. (b) (6), the President of GHRA, in conjunction with the TR leadership on approximately 30 Mar to 01 Apr 20		Letter - CJRM to RDML Spedero, <u>Guam Response to TR outbreak</u> dtd 13 May 20
30-Mar	Guam GOV releases statement in support of treatment off base	"I will not support any policy that makes it harder for them to survive outside the fence,"	"Governor: 'One Guam' Approach Needed to Defeat Virus." <i>Pacific Daily News</i> (31 Mar 20) www.guampdn.com/story/news/local/2020/03/31/governor-one-guam-approach-needed-defeat-virus/2938329001/
30-Mar	USS THEODORE ROOSEVELT CO posts to TR's official Facebook page	7:47 a.m. (9:47 p.m. in Guam): "The TR Team is working with the great folks at Naval Base Guam to get Sailors off the ship and into facilities on base to help spread the crew out."	"Family and Friends of TR, Thank You for..." <i>USS Theodore Roosevelt</i> (30 Mar 20) www.facebook.com/USSTheodoreRoosevelt/photos/a.489137065779/10156707828120780/?type=3&theater
30-Mar	1,351 Naval Base Guam beds available, only 897 occupied		Letter - CJRM to RDML Spedero, <u>Guam Response to TR outbreak</u> dtd 13 May 20
30-Mar	C7F reports to CPF that 71 USS THEODORE ROOSEVELT Sailors are positive for COVID-19		Email (SIPR) - C7F to CPF - Evening Ops Update and COVID 30 Mar dtd 30 Mar 20, 2358 (no time zone stamp)
31-Mar	USS THEODORE ROOSEVELT Medical team signs letter describing their opinion on COVID on ship and last paragraph says they will release the letter to public media		Letter - CAPT (b) LCDR (b) LT (b) LCDR (b) LT (b) <u>No Subject</u> dtd 31 Mar 20
31-Mar	USS THEODORE ROOSEVELT CO sends email to TR Wardroom and CPOs saying gym on pier is open, but maintain social distancing or it will be closed		Email - TR CO to TR Officers and CPOs - Pier Gym Use dtd 31 Mar 20, 1159 (Guam Time)
31-Mar	USS THEODORE ROOSEVELT SMO emails Medical letter to RADM Gillingham		Email - TR SMO to RADM Gillingham - Letter from the medical department on USS Theodore Roosevelt dtd 31 Mar 20, 1653 (Guam Time)
31-Mar	CPF calls Governor of Guam to discuss using hotels for USS THEODORE ROOSEVELT Sailors		CPF - TR CI Interview dtd 17 May 20; Email - CJRM to VCNO EA - RE: Follow-up RFI dtd 6 Apr 20
31-Mar	31 Mar 20, 2100 (Guam time): San Francisco Chronicle publishes leaked Memo	"Exclusive: Captain of aircraft carrier with growing coronavirus outbreak pleads for help from Navy"  Chronicle cites an anonymous senior official on board as saying that between 150 to 200 sailors had tested positive for the virus.	"Exclusive: Captain of Aircraft Carrier with Growing Coronavirus Outbreak Pleads for Help from Navy" <i>San Francisco Chronicle</i> (31 Mar 2020) www.sfchronicle.com/bayarea/article/Exclusive-Captain-of-aircraft-carrier-with-15167883.php
31-Mar	C7F reports to CPF that 79 Sailors are TR positive, 544 are negative		Email (SIPR) - C7F to CPF - C7F Daily COVID-19 Report 31 Mar dtd 31 Mar 20, 1246 (no time zone stamp)
31-Mar	OSD receives query from San Francisco Chronicle		Email - San Francisco Chronicle to OSD - Urgent media query: TR COVID outbreak dtd 31 Mar 20, 0911 (Guam Time)
31-Mar	USS THEODORE ROOSEVELT CO visits San Francisco Chronicle webpage 10 times		TR CO Web Browser History dtd 31 Mar 20, 1322 (Guam Time)  Web browsing history in CI folder: (b) (7)(E)
31-Mar	USS THEODORE ROOSEVELT PAO receives query from CPF PAO		Email - CPF PAO to TR PAO - Urgent media request: TR COVID outbreak dtd 31 Mar 20, 1323 (Guam Time)
31-Mar	Task Force (TF) Hotel is stood up - The Commander is RDML Menoni, CJRM - TF Hotel is comprised of NB Guam and tenant command personnel, and USMC security forces - Provides support to personnel lodged in off-base hotels and coordination for their medical monitoring. NBG stood up TF Hotel to assist in the contracting of hotels for TR personnel, transportation to / from NB Guam, and sustaining the personnel housed in the rooms		Email - C7F BWC - TR Command Investigation - RFI Follow-up dtd 20 May 20, 1626 (Guam Time)

Date	Event	Comments	Reference
31-Mar	Task Force (TF) Medical is stood up by C7F order - The Commander is CAPT (b) (6) 3d MED Bat. Comprised of TR Medical Department, 3d MED Bat, 3d Marine Logistics Group, SPRINT support, and additional BUMED personnel. Provides medical support to TR, collects and disseminates outbreak data, coordinates with USNH Guam		Email - C7F BWC - TR Command Investigation - RFI Follow-up dtd 20 May 20, 1626 (Guam Time)
1-Apr	C7F reports to CPF that 85 USS THEODORE ROOSEVELT Sailors are positive		Email (SIPR) - C7F to CPF - Evening Ops Update and COVID 31 Mar dtd 1 Apr 20, 0006 (no time zone stamp)
1-Apr	1,767 Naval Base Guam beds are available, 969 are occupied		Letter - CJRM to RDML Spedero - <u>Guam response to TR Outbreak</u> dtd 13 May 20
1-Apr	C7F issued C7F TASKORD for Recovery of USS THEODORE ROOSEVELT from COVID-19 Infection	C7F formally requiring development of plan to restore TR to full mission capability	Naval Message (SIPR) - C7F - <u>TASKORD 20-057</u> DTG 150300Z Feb 20
1-Apr	Gov Guam, gives permission to CJRM to allow USS THEODORE ROOSEVELT Sailors who test negative to go to hotels		Letter - Gov Guam to CJRM - <u>Theodore Roosevelt</u> dtd 1 Apr 20
1-Apr	Advanced Party of III Medical Battalion arrived in Guam		III Med Battalion CO - TF CI Interview dtd 17 May 20
1-Apr	1,273 personnel were tested (1,126 samples at Osan or in transit). 46 confirmed positives (but 86 total positive). All previous positives to date were non-diagnostic. Osan verified these 46 and we expect the rest will be verified today, plus potential additional positives from the 1,126 samples in movement/on-scene Osan. 101 sailors tested negative		Email (SIPR) - C7F to CPF - CF Daily COVID-19 Report 01 Apr dtd 1 Apr 20, 1257 (Guam Time)
1-Apr	CPF updates CNO and INDOPACOM that priorities remain testing, isolation/quarantine of the TR crew. 79 positive cases, with 74 symptomatic and 5 asymptomatic, 544 tested negative and awaiting ~300 test results from Osan		Email (SIPR) - CPF to CNO and INDOPACOM - INFO: TR Recovery and Fleet Disposition Update_30 Mar 2020 dtd 1 Apr 20 1429 (Guam Time)
1-Apr	CPF updates CNO and INDOPACOM same priorities. 93 Sailors on TR are positive for COVID-19, with 86 symptomatic and 7 asymptomatic. 593 tested negative. Confirmed 175 lbs. of sanitizer, masks, wipes, and PPE received. Provided TRSG demographics		Email (SIPR) - CPF to CNO and INDOPACOM - INFO: TR Recovery and Fleet Disposition Update_31 Mar 2020 dtd 1 Apr 20 1854 (Guam Time)
2-Apr	1M+ people have confirmed cases of COVID-19 worldwide		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="https://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
2-Apr	C7F contacts US Forces Korea testing facility to receive test results directly as there is believed discrepancy in TR reporting numbers		Email - (b) (6) COL - Testing Update dtd 2 Apr 20, 2046 (Guam Time)
2-Apr	Initial contract for TR Sailors to go to Guam, estimated costs will average \$1.1M a day		Email - (b) (6) CIV - TR Lodging awarded dtd 2 Apr 20, 1705 (Guam Time)
2-Apr	USS THEODORE ROOSEVELT Sailors allowed to stay in Guam Hotels, 180 TR Sailors move from ship to Guam hotels		Letter - CJRM to RDML Spedero - <u>Guam response to TR Outbreak</u> dtd 13 May 20
2-Apr	CPF updates CNO and INDOPACOM that TR is commencing the next phase of moving negative-tested personnel to quarantine in local Guam hotels. First movement is ~180 Sailors. 114 Sailors are positive for COVID-19, with 95 symptomatic and 19 asymptomatic. 692 Sailors tested negative		Email (SIPR) - CPF to CNO and INDOPACOM - TR Recovery and Fleet Disposition Update_1 Apr 2020 dtd 2 Apr 20 1701 (Guam Time)
2-Apr	III Medical Battalion took over the isolation and quarantine on Naval Base Guam	60-person team provides 6 additional ICU-level beds, additional Medical C2, testing augmentation, and Hospital Corpsmen support.	Email - CDR (b) (6) to LT (b) (6) - TR Command Investigation - RFI Follow-up dtd 20 May 20, 1912 (Guam Time) NHG CO - TR CI Interview dtd 13 May 20



Date	Event	Comments	Reference
2-Apr	USS THEODORE ROOSEVELT XO promulgated Quarantine Plan, NAVADMIN 083, CSG-9 Medical Quarantine Order, Gov Guerrero to RDML Menoni, CSG-9 Use of Recording Devices during COVID-19		Email - TR XO - COVID-19 QUARANTINE PLAN dtd 2 Apr 20, 1627 (Guam Time)
2-Apr	Guam hotels become available to USS THEODORE ROOSEVELT Sailors		Letter - CJRM to RDML Spedero - <u>Guam response to TR Outbreak</u> dtd 13 May 20
2-Apr	2,343 Naval Base Guam beds available, 1,060 beds occupied. 180 Guam hotel rooms available and 180 Guam hotel rooms are occupied	Not the same number C7F reports to CPF, shows confusion or change from SITREP time to end of day numbers	Letter - CJRM to RDML Spedero - <u>Guam response to TR Outbreak</u> dtd 13 May 20
2-Apr	Two USS THEODORE ROOSEVELT Sailors within first three vans to hotels were turned back to NBG because they were showing symptoms. CJRM Emails TR CO about tighter screening prior to leaving NBG		Email - CJRM to TR CO -Day 1 dtd 2 Apr 20, 1107 (Guam Time)
2-Apr	CNO directs VCNO to conduct a preliminary inquiry into events surrounding the disembarkation of Sailors from USS THEODORE ROOSEVELT in Guam in response to COVID-19		Letter - CNO - <u>SSIC 5800</u> dtd 2 Apr 20
2-Apr	C7F gives update to C7F regarding USS THEODORE ROOSEVELT recovery - Number of the people on the ship is 3,935 - Number of people in Quarantine at Naval base Guam is 773. Number of people in hotels is 0 - Number of people in isolation is 182 - sailors tested positive for COVID-19 is 114	This is an example of the confusion / delay in reporting, from on the ground up the chain of command.	Email - C7F to CPF - Evening Ops Update and COVID 2 APR dtd 2 Apr 20, 2351 (Guam Time)
2-Apr	Acting SECNAV, CNO, SG, MCPON Press Conference regarding USS THEODORE ROOSEVELT CO Letter	Acting SECNAV said nearly 1,000 sailors have been taken off the USS Roosevelt and plans to have as many as 2,700 disembark. He specified that less than 100 crew members had tested positive for COVID-19 so far and said there no plans for the full crew to evacuated from the ship.	"Department of the Navy Press Briefing with Acting Secretary of the Navy" <i>U.S. Department of Defense</i> (1 Apr 20) <a href="https://www.navy.mil/navydata/people/secnav/Modly/Speech/Remarks%20by%20the%20Acting%20Secretary%20of%20the%20Navy%20Honorable%20Thomas%20B.%20Modly,%20COVID-19%20Update%20Press%20Conference%20(As%20Delivered).pdf">https://www.navy.mil/navydata/people/secnav/Modly/Speech/Remarks%20by%20the%20Acting%20Secretary%20of%20the%20Navy%20Honorable%20Thomas%20B.%20Modly,%20COVID-19%20Update%20Press%20Conference%20(As%20Delivered).pdf</a>
2-Apr	Acting SECNAV announces that at his direction, CCSG-9 relieved USS THEODORE ROOSEVELT CO of command	Announced in press conference on 2 Apr (DC Time)	"Department of the Navy Press Briefing with Acting Secretary of the Navy" <i>U.S. Department of Defense</i> (2 Apr 20) <a href="http://www.defense.gov/Newsroom/Transcripts/Transcript/Article/2137932/departement-of-the-navy-press-briefing-with-acting-secretary-of-the-navy-thomas/">www.defense.gov/Newsroom/Transcripts/Transcript/Article/2137932/departement-of-the-navy-press-briefing-with-acting-secretary-of-the-navy-thomas/</a>
3-Apr	CAPT Crozier is relieved by CCSG-9 at 0700 (Guam Time)		Email - CDR (b) to LT (b) - TR Command Investigation - RFI Follow-up dtd 20 May 20, 1912 (Guam Time)
3-Apr	CPF updates CNO and INDOPACOM that USS THEODORE ROOSEVELT has 137 positive cases, with 95 symptomatic and 42 asymptomatic - 1 originally tested negative but positive on second test - Navigator is only critical billet affected. 1,611 tested negative - Expect III MEF security force to arrive in next 24-48 hours to assist in security at hotel quarantine locations - Attached TR Recovery Daily update shows that 3,654 were on the ship and 1,236 Sailors were ashore - 194 of those Sailors were in Naval Base Guam Isolation, 866 ashore were in Naval Base Guam Quarantine - 176 Sailors were ashore in Guam, with 400 Sailors expected to go that evening - 1,240 unoccupied beds, with 840 of those on Naval Base Guam and 400 in Guam hotels		Email (SIPR) - CPF to CNO and INDOPACOM - TR Recovery and Fleet Disposition Update_2 Apr 2020 dtd 3 Apr 20, 1640 (Guam Time)
3-Apr	CAPT Crozier leaves USS THEODORE ROOSEVELT at 1800 (Guam Time). Crew gathers in the hangar bay. The video from CAPT Crozier's departure goes viral		Email - CDR (b) To LT (b) - TR Command Investigation - RFI Follow-up dtd 20 May 20, 1912 (Guam Time)
4-Apr	Preliminary Investigation is due to CNO		Letter - CNO - <u>SSCI 5800</u> dtd 2 Apr 20
4 Apr-29 Apr	USS THEODORE ROOSEVELT Sailors move to hotels in Guam - Last large movement of Sailors occurred 29 Apr 20 - 4,850 people moved from the TR - Only 11 people remained on the ship the entire time -These 11 could self-quarantine (single person stateroom with single person head) for 14 days		Email - CDR (b) to LT (b) - TR Command Investigation - RFI Follow-up dtd 20 May 20, 1912 (Guam Time)

Date	Event	Comments	Reference
4-Apr	CPF updates CNO and INDOPACOM that 155 sailors are positive on TR - 111 are symptomatic, 44 asymptomatic, and 1611 tested negative - A SPRINT team will arrive on 6 APR to support TR with psychological support - Expect III MEF security force team will arrive 4 APR to assist in security at hotel quarantine locations (120 personnel)		Email (SIPR) - CPF to CNO and INDOPACOM - TR Recovery and Fleet Disposition Update_3 Apr 2020 dtd 4 Apr 20, 1658 (Guam Time)
5-Apr	C7F Arrives in Guam		"7th Fleet Commander Arrives in Guam during COVID-19 Recovery" <i>U.S. 7th Fleet Public Affairs</i> (6 Apr 20) <a href="https://www.pacom.mil/Media/News/News-Article-View/Article/2139381/7th-fleet-commander-arrives-in-guam-during-covid-19-recovery/">https://www.pacom.mil/Media/News/News-Article-View/Article/2139381/7th-fleet-commander-arrives-in-guam-during-covid-19-recovery/</a>
5-Apr	A 41 year-old Aviation Ordnanceman, who first tested positive for COVID-19 on 30 Mar, is evaluated at Naval Hospital Guam Emergency Room and discharged the same day back to isolation on Naval Base Guam		Memo dtd 21 Apr 2020 Subj: LINE OF DUTY INVESTIGATION AOC (b) (6), USN
6-Apr	Sailor movements continue ashore to Guam hotels		Email (SIPR) - CPF to CNO and INDOPACOM - TR Recovery and Fleet Disposition Update dtd 6 Apr 1539 (Guam Time)
6-Apr	Acting SECNAV addresses USS THEODORE ROOSEVELT in Guam	Acting SECNAV Modly traveled to Guam to speak to the crew. Audio of Acting SECNAV Modly's comments were leaked to the media.	"Sailors Do Not Need to Die': A Timeline of Coronavirus Spread on USS Theodore Roosevelt." <i>USA Today</i> (14 Apr 20) <a href="http://www.usatoday.com/story/news/2020/04/02/coronavirus-guam-coronavirus-cases-uss-theodore-roosevelt-news-updates/5108314002/">www.usatoday.com/story/news/2020/04/02/coronavirus-guam-coronavirus-cases-uss-theodore-roosevelt-news-updates/5108314002/</a>
7-Apr	C7F Deputy Surgeon and C7F Fleet Independent Duty Corpsman permanently reassigned to the COVID Crisis Action Team/Working Group Products developed include: - Redeployment of 3rd Med BN and phased turnover to EMF - Developed CVN COVID response tracker for required items that include PPE, cleaning material, medical material, and testing equipment. - Decision for EMF acceleration phases (transition of ICU/Ward capacity phases that trigger early activation of EMF personnel out of ROM) - C7F COVID-19 CONOPS (Posture and transition of bubble, unit-SOM/Actions for positive cases, Ship recovery) - Testing criteria to enter clean ship - Pre-deployment sequestration HVU - Management of persistent positives - ROK testing alternatives - Establishing clean ship and returning to clean ship - Testing method comparison options - TR testing, quarantine and isolation plan		Email -CDR (b) (6), to LT (b) BLUF: C7F Response to VCNO TR Command Investigation RFI, dtd 12 May 20, 2120 (Guam Time),
7-Apr	Japan declares state of emergency due to COVID-19		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="http://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
7-Apr	CPF reports that 230 Sailors are positive on USS THEODORE ROOSEVELT, with 154 symptomatic, 76 asymptomatic. 2037 Sailors have tested negative - SPRINT Team will arrive today (7 APR) to support TR with psychological support		Email (SIPR) - CPF to CNO and INDOPACOM - INFO: TR Recovery and Fleet Disposition Update_6 Apr 2020 dtd 7 Apr 20, 1424 (Guam Time)
7-Apr	DOD Under Secretary for Personnel & Readiness issues Force Health Protection Guidance Supplement 5	Best practices for medical evaluation, treatment and management of COVID-19 patients	USD (P&R) Memo <u>Force Health Protection Guidance (Supplement 5) - Department of Defense Guidance for Movement and Medical Treatment of COVID-19 Patients Symptomatic Persons Under Investigation or Potential Exposed COVID-19 Persons</u> dtd 7 Apr 20
7-Apr	DOD Under Secretary for Personnel & Readiness issues Force Health Protection Guidance Supplement 6	Guideline for testing and return to duty for COVID-19	USD (P&R) Memo <u>Force Health Protection (Supplement 6) - Department of Defense Guidance for Coronavirus Disease 2019 Laboratory Diagnostic Testing Services</u> dtd 7 Apr 20
7-Apr	VCNO submits to CNO PRELIMINARY INQUIRY INVOLVING USS THEODORE ROOSEVELT (CVN 71)		Memo -VCNO to CNO - <u>PRELIMINARY INQUIRY INVOLVING USS THEODORE ROOSEVELT (CVN 71) Ser N090/20U100818</u> dtd 7 Apr 20
8-Apr	Acting SECNAV resigns		Letter - Acting SECNAV - <u>Letter of Resignation</u> - dtd 7 Apr 20
8-Apr	Wuhan, China, ends its more than two-month lockdown		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="http://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>

Date	Event	Comments	Reference
8-Apr	CPF reports that 286 sailors are positive, with 195 symptomatic, 91 asymptomatic		Email (SIPR) - CPF to CNO and INDOPACOM - SUBJ: INFO: TR Recovery and Fleet Disposition Update_7 Apr 2020 dtd 8 Apr 20, 1400 (Guam Time)
9-Apr	DOD Under Secretary for Personnel & Readiness issues Force Health Protection Guidance Supplement 7		USD (P&R) Memo <u>Force Health Protection Guidance (Supplement 7)</u> - Department of Defense Guidance for the Use of Cloth Face Coverings, Personal Protective Equipment, and Non-Pharmaceutical Interventions During the Coronavirus Disease 2019 dtd 8 Apr 20
9-Apr	CPF reports that 416 positive cases, with 187 symptomatic, 229 asymptomatic, 1 person in the ICU - 3,170 Sailors tested negative - 97% of the crew was tested - Total of people on ship 2,206, total of people on shore 2,684, with 501 people ashore in Naval Base Guam Isolation and 112 ashore in Naval Base Guam Quarantine, 2071 people ashore in Guam hotels - A total of 2,289 unoccupied beds, 1,843 in Naval Base Guam and 446 in hotel.		Email (SIPR) - CPF to CNO and INDOPACOM - INFO: TR Recovery and Fleet Disposition Update_8 Apr 2020 dtd 9 Apr 20, 1346 (Guam Time)
9-Apr	A 41 year-old Aviation Ordnanceman found unresponsive during one of his twice daily medical checks while in isolation on Naval Base Guam and immediately transferred to Naval Hospital Guam Intensive Care Unit		Memo dtd 21 Apr 2020 Subj: LINE OF DUTY INVESTIGATION AOC (b) (6), USN
10-Apr	New York state now has more reported COVID-19 cases than any country in the world		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="http://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
10-Apr	III Medical Battalion has 109 people on ground in Guam with six additional ICU beds and six ventilators		III Med Battalion CO - TR CI Interview dtd 17 May 20
11-Apr	CPF updates that the priorities have shifted to isolation/quarantine of the crew and cleaning of the ship - The remaining crew on board will be tested when they swap with the "Clean" crew ~25 Apr - TR has commenced shipboard cleaning. 550 positive cases, with 156 symptomatic, 394 asymptomatic - 4,506 personnel individually tested (92% of the crew). 2 hospitalizations - one new member self-reported based on shortness of breath symptoms - 5,000 N95 masks from Anderson AFB delivered to TR yesterday, 4,250 cloth masks from NEXCOM will arrive 15 Apr - 10,000 additional N95 masks shipped from multiple sites and will start arriving in Guam today - 1,194 people on the ship, 3,696 people are ashore, with 671 of those people in Naval Base Guam Isolation, 34 in Naval Base Guam Quarantine, and 2,991 were in hotels in Guam - Total unoccupied beds was 1,802, with 1,606 at Naval Base Guam and 196 in Guam hotels		Email (SIPR) - CPF to CNO and INDOPACOM - INFO: TR Recovery and Fleet Disposition Update dtd 11 Apr 20 2304 (Guam Time)
11-Apr	U.S. death toll surpasses 20,000, the highest number of confirmed fatalities of any country		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="http://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
12-Apr	CPF updates that USS THEODORE ROOSEVELT has 585 positive cases, with 157 symptomatic and 428 asymptomatic, 4 hospitalizations. 4,506 personnel individually tested (92%) -923 people are on the ship, with 3,967 ashore, 705 in Naval base Guam isolation, 29 in Naval Base Guam Quarantine and 3,233 in Guam Hotels. 1,565 unoccupied beds, with all of those being in Naval Base Guam		Email (SIPR) - CPF to CNO and INDOPACOM - TR Recovery and Fleet Disposition Update dtd 12 Apr 20 1459 (no time zone stamp)
13-Apr	First death of USS THEODORE ROOSEVELT Sailor reported (41 year-old Aviation Ordnanceman)		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="http://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
13-Apr	Same number of positive and negative cases onboard USS THEODORE ROOSEVELT		Email (SIPR) - CPF to CNO and INDOPACOM - TR Recovery and Fleet Disposition Update dtd 13 Apr 20 1700 (no time zone stamp)
13-Apr	DOD Under Secretary for Personnel & Readiness issues Force Health Protection Guidance Supplement 8		USD (P&R) Memo <u>Force Health Protection Guidance (Supplement 8)</u> - Department of Defense Guidance for Protecting Personnel in Workplaces during the Response to the Coronavirus Disease 2019 Pandemics dtd 13 Apr 20



Date	Event	Comments	Reference
15-Apr	Global COVID-19 case tally tops 2 million		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="http://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
15-Apr	Total number of positive COVID cases for all of USS THEODORE ROOSEVELT and NB Guam ~1,200 cases		III Med Battalion CO - TR CI Interview dtd 17 May 20
16-Apr	POTUS announces guidelines on the three phases of Opening Up America Again		"President Donald J. Trump Announces Guidelines for Opening Up America Again." <i>The White House</i> (16 Apr 20) <a href="http://www.whitehouse.gov/briefings-statements/president-donald-j-trump-announces-guidelines-opening-america/">www.whitehouse.gov/briefings-statements/president-donald-j-trump-announces-guidelines-opening-america/</a>
17-Apr	OPNAV issues Restriction of Movement (ROM) Guidance Update	Shows updates to terms as our understanding of the virus evolved (mask use mandated, etc. ...)	NAVADMIN 113/20 <u>Restriction of Movement (ROM) Guidance Update</u> dtd 17 Apr 20
17-Apr	China revises upwards the number of COVID-19 deaths in Wuhan by 50 percent, to almost 4,000		"Coronavirus: DOD Response Timeline" <i>U.S. Department of Defense</i> (21 May 20) <a href="http://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/">www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/</a>
20-Apr	Secretary of Defense approves an extension to the stop move order for all DOD uniformed and civilian personnel and their sponsored family members overseas through June 30 to aid in the further prevention of the spread of COVID-19		SECDEF Memo <u>Modification and Reissuance of DoD Response to Coronavirus Disease 2019 - Travel Restrictions</u> dtd 20 Apr 20

## **APPENDIX D: FINDINGS OF FACT**

### **Table of Contents**

<b>Planning and Execution of Port Visit to Da Nang, Vietnam</b> .....	D-1
Background and General Planning for the Port Visit.....	D-1
Historical Data and Significance of this Da Nang Port Visit .....	D-3
Other Coinciding Engagements .....	D-4
Planning and Preparation for COVID-19 Prior to Da Nang Port Visit.....	D-5
The Da Nang Port Visit .....	D-11
Notification of Close Contact (March 8 <sup>th</sup> and 9 <sup>th</sup> ).....	D-15
<b>Actions during Transit to and Arrival in Guam Departing Da Nang until the First Confirmed Case of COVID-19</b> .....	D-16
First Confirmed Case of COVID-19 until Arriving at Guam .....	D-24
Arrival in Guam .....	D-30
<b>Development of and Response to Commanding Officer Letter of March 30, 2020 Warfare Commanders White Paper</b> .....	D-39
Development of CAPT Crozier's Letter and Email .....	D-40
Reactor Officer Letter.....	D-42
Medical Department Letter.....	D-43
Media Release and Subsequent Actions .....	D-44

### **Planning and Execution of Port Visit to Da Nang, Vietnam**

#### **Background and General Planning for the Port Visit**

1. On November 1, 2019, Captain Brett Crozier, USN, assumed command of the USS Theodore Roosevelt (CVN 71) (TR).<sup>1</sup>
2. On January 17, 2020, TR departed San Diego, California for deployment.<sup>2</sup>
3. The Da Nang, Vietnam port visit was scheduled for March 5<sup>th</sup> through 9<sup>th</sup> and was the second port visit of TR's deployment.<sup>3</sup>

<sup>1</sup> Crozier, B. CAPT Statement dtd 15 May 20; CNAP Statement dtd 13 May 20; "USS TR Change of Command" Schwartz, D.J. AN (01 Nov 19) <https://www.cpf.navy.mil/news.aspx/110877>

<sup>2</sup> CNAP Statement dtd 13 May 20

<sup>3</sup> TRNOTE 5050 TR and CVW-11 Liberty Plan dtd 22 Feb 20; CCSG-9 Statement dtd 15 May 20

4. The Department of State, Office of the Secretary of Defense, U.S. Indo-Pacific Command (INDOPACOM), Commander, U.S. Pacific Fleet (CPF), the Vietnamese Ministry of Foreign Affairs, the Vietnamese Ministry of Defense and the U.S. Embassy Vietnam were involved in the Da Nang port visit planning.<sup>4</sup>
5. In the Commander, U.S. 7<sup>th</sup> Fleet (C7F) area of operations (AOR), the usual port visit planning process is as follows:<sup>5</sup>
  - a. CPF sends a Planning Order to C7F.
  - b. C7F conducts a risk assessment, determines which asset will go to which port, and determines which carrier strike group (CSG) or expeditionary strike group (ESG) will conduct the missions.
  - c. C7F provides CPF with a suggested plan and CPF identifies ports for strategic engagement.
6. INDOPACOM directed that the approval for the Da Nang port visit be held at the INDOPACOM level due to the potential impact of COVID-19.<sup>6</sup>
  - a. C7F provided a brief to CPF staff on the risk of the Da Nang port visit and CPF called C7F directly to ensure that all mitigation requirements from the C7F TASKORD were met, to include such measures as temperature checks and screenings.<sup>7</sup>
  - b. CPF's final risk analysis was that the Da Nang port visit was low risk based off of World Health Organization (WHO), Center for Disease Control (CDC), and Vietnamese government inputs.<sup>8</sup>
  - c. On March 4, 2020, CPF forwarded a final port visit decision recommendation to INDOPACOM recommending to go forward with the Da Nang port visit based on CPF's final risk analysis.<sup>9</sup>
  - d. Commander, INDOPACOM concurred in the recommendation to move forward with the port visit.<sup>10</sup>

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<sup>4</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>5</sup> CPF Statement dtd 17 May 20; (S) CPF EXORD DTG 081135Z JAN 20; CPF EXORD DTG 252242Z JAN 20; (S) CPF OPORD 201, TAB A to APPENDIX 38 to ANNEX C(C-38-A-5)

<sup>6</sup> CPF Statement dtd 17 May 20; C7F COS Statement dtd 21 May 20; (S) CPF COVID 19 TR VNM PVST Decision Slide 25FEB2020-1

<sup>7</sup> C7F Vietnam Port Visit Decision Slide of 25 Feb 20; CPF Statement dtd 17 May 20

<sup>8</sup> Email - CPF Surgeon to TR SMO and C7F Surgeon - Discussion with CDC Director dtd 26 Feb 20; INDOPACOM J07 Country Health Risk to Force for COVID-19 dtd 4 Mar 20; CPF Statement dtd 17 May 20

<sup>9</sup> Email (SIPR) - CPF to USINDOPACOM - DECISION: Theater Posture Operations dtd 4 Mar 20; CPF Statement dtd 17 May 20

<sup>10</sup> CPF Statement dtd 17 May 20

7. Prior to the port visit in Da Nang, TR sent an advance detachment to Da Nang to prepare for the ship's arrival.<sup>11</sup>

a. The Advance Detachment travel was modified to avoid layovers in Korea because Vietnam began a policy of placing all travelers from China and Korea into quarantine for 16 days as a matter of course.<sup>12</sup>

b. Members of the Advance Detachment attended several meetings with the Da Nang People's Committee and COVID-19 was the primary concern discussed during the course of those meetings.<sup>13</sup>

c. The Da Nang People's Committee showcased the steps that they had taken to mitigate COVID-19 in the country and relayed that there were no active cases of COVID-19 in Vietnam, all prior cases had been located in the northern part of the country, and that there had never been any cases of COVID-19 in Da Nang.<sup>14</sup>

d. The Da Nang People's Committee showcased their public health campaign that they used to educate the population on how the disease is spread, proper hygiene, and reliable sources of information.<sup>15</sup>

e. As a precautionary measure, the Da Nang People's Committee requested the cancellation or limitation of participation for large public gatherings.<sup>16</sup>

f. The Advance Detachment provided daily formal updates to the TR's Executive Officer (XO) via email and phone call. The Senior Medical Officer (SMO) was cc'd on the daily update emails.<sup>17</sup>

### **Historical Data and Significance of this Da Nang Port Visit**

8. TR was the second aircraft carrier to pull into Vietnam since the Vietnam War.<sup>18</sup>

9. USS Carl Vinson (CVN 70) had previously visited Da Nang in March 2018.<sup>19</sup>

10. TR's visit commemorated the 25th anniversary of bilateral relations between the U.S. and Vietnam.<sup>20</sup>

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<sup>11</sup> ADVON Daily Report dtd 27 Feb 20

<sup>12</sup> ADVON Daily Report dtd 27 Feb 20; TR JUDGE Statement dtd 11 May 20

<sup>13</sup> ADVON Daily Report dtd 27 Feb 20

<sup>14</sup> ADVON Daily Report dtd 27 Feb 20

<sup>15</sup> ADVON Daily Report dtd 27 Feb 20

<sup>16</sup> ADVON Daily Report dtd 27 Feb 20

<sup>17</sup> ADVON Daily Reports dtd 27 Feb 20, 28 Feb 20, 2 Mar 20, and 3 Mar 20; TR JUDGE Statement dtd 11 May 20

<sup>18</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>19</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>20</sup> CPF Statement dtd 17 May 20; TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

11. Presence in the Pacific region is routine and has helped maintain peace for more than 70 years.<sup>21</sup>
12. Operating in the region supports regional security, stability, and prosperity.<sup>22</sup>
13. Operating in accordance with international laws, rules, standards, and norms across the region enables the United States to reassure our allies and partners, and keeps global trade flowing.<sup>23</sup>

### **Other Coinciding Engagements**

14. On February 7, 2020, TR arrived in Guam and USS Bunker Hill (CG 52) (BKH) arrived in Saipan for scheduled port visits.<sup>24</sup>
15. On February 10, 2020, TR and BKH departed Guam and Saipan.<sup>25</sup>
16. On February 15, 2020, Carrier Strike Group Nine (CSG-9) and USS America (LHA 6) ESG conducted Expeditionary Strike Force operations in C7F AOR.<sup>26</sup>
17. Between February 22, 2020 and March 8, 2020, the USS America, the USS Green Bay (LPD 20) (GBY), and the USS Blue Ridge (LCC 19) (BLR) were in Thailand to support COBRA GOLD, a multinational combined joint training exercise.<sup>27</sup>
18. At the time of COBRA GOLD, Thailand was rated “yellow” by the INDOPACOM risk matrix signifying moderate risk where COVID-19 cases occur in the community without known contacts or exposures and/or with small outbreak clusters, swiftly handled by public health interventions that limit disease transmission.<sup>28</sup>
19. Over 4,500 personnel were involved in COBRA GOLD. None of the personnel who participated in COBRA GOLD contracted COVID-19 as a result.<sup>29</sup>

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<sup>21</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>22</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>23</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>24</sup> “USS Theodore Roosevelt, Pinckney Arrive in Guam for Port Visit” *INDOPACOM* (07 Feb 20) [www.pacom.mil/Media/News/News-Article-View/Article/2078206/uss-theodore-roosevelt-pinckney-arrive-in-guam-for-port-visit/](http://www.pacom.mil/Media/News/News-Article-View/Article/2078206/uss-theodore-roosevelt-pinckney-arrive-in-guam-for-port-visit/) ;

“USS Bunker Hill Visits Saipan on Indo-Pacific Deployment” *INDOPACOM* (10 Feb 20)

[www.pacom.mil/Media/News/News-Article-View/Article/2079862/uss-bunker-hill-visits-saipan-on-indo-pacific-deployment/](http://www.pacom.mil/Media/News/News-Article-View/Article/2079862/uss-bunker-hill-visits-saipan-on-indo-pacific-deployment/)

<sup>25</sup> Email - CCSG-9 BWC - TR Command Investigation dtd 12 May 20

<sup>26</sup> “Theodore Roosevelt, America Strike Groups Conduct Joint Operations In U.S. Indo-Pacific Command” *INDOPACOM* (18 Feb 20) [www.pacom.mil/Media/News/News-Article-View/Article/2086675/theodore-roosevelt-america-strike-groups-conduct-joint-operations-in-7th-fleet/](http://www.pacom.mil/Media/News/News-Article-View/Article/2086675/theodore-roosevelt-america-strike-groups-conduct-joint-operations-in-7th-fleet/)

<sup>27</sup> The 39<sup>th</sup> Iteration of Cobra Gold Concludes with a Combined Arms-Live Fire Exercise and Closing Ceremony *U.S. Army Public Affairs Office* (6 Mar 20)

[https://www.army.mil/article/233549/cobra\\_gold\\_20\\_the\\_39th\\_iteration\\_of\\_cobra\\_gold\\_concludes\\_with\\_a\\_combined\\_arms\\_live\\_fire\\_exercise\\_and\\_closing\\_ceremony](https://www.army.mil/article/233549/cobra_gold_20_the_39th_iteration_of_cobra_gold_concludes_with_a_combined_arms_live_fire_exercise_and_closing_ceremony); Email - C7F COVID Response Cell to LT Belmont - Inquiry Into 7th FLT Port Visits dtd 15 May 20

<sup>28</sup> C7F COS Statement dtd 21 May 20; PACFLT [Country Public Health Risk for COVID-19](#) dtd 27 Feb 20; PACFLT [Operational Risk Matrix for COVID-19](#) dtd 27 Feb 20

<sup>29</sup> Email - C7F COVID Response Cell - Inquiry Into 7th FLT Port Visits dtd 15 May 20; C7F COS Statement dtd 21 May 20



20. The week prior to the Da Nang port visit, CPF cancelled all South Korea port visits due to the outbreak of COVID in Korea.<sup>30</sup>
21. On March 14, 2020, BLR arrived for a port visit in Singapore.<sup>31</sup>
22. At the time of BLR's arrival in Singapore, Singapore was rated "yellow" by the INDOPACOM risk matrix signifying moderate risk where COVID-19 cases occur in the community without known contacts or exposures and/or with small outbreak clusters, swiftly handled by public health interventions that limit disease transmission.<sup>32</sup>
23. No BLR Sailors contracted COVID-19 as a result of the Singapore visit.<sup>33</sup>

#### **Planning and Preparation for COVID-19 Prior to Da Nang Port Visit**

24. On December 31, 2019, the Wuhan Municipal Health Commission in China, reported a cluster of cases of pneumonia in Wuhan, Hubei Province which was eventually identified as novel coronavirus disease 2019 (COVID-19).<sup>34</sup>
25. On January 13, 2020, officials confirmed a case of COVID-19 in Thailand, the first recorded case outside of China.<sup>35</sup>
26. On January 20, 2020, TR XO sent an email to TR leadership reminding them that only six weeks remained on the Da Nang port visit.<sup>36</sup>
27. On January 23, 2020, there were two confirmed COVID-19 cases reported in Vietnam.<sup>37</sup>
28. C7F began tracking COVID-19 planning and socialization began at the end of January. On January 25, 2020, C7F began sharing their COVID-19 quad slide with all CTF surgeons.<sup>38</sup>
29. Around January 26, 2020, COVID-19 information began being included on the CSG-9 daily intelligence brief.<sup>39</sup>

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<sup>30</sup> CPF Statement dtd 17 May 20

<sup>31</sup> Email – C7F COVID Response Cell– Response to RFI dtd 15 May 20

<sup>32</sup> Email – C7F COVID Response Cell– Response to RFI dtd 15 May 20; C7F COS Statement dtd 21 May 20; INDOPACOM J07 Country Health Risk to Force for COVID-19 dtd 4 Mar 20; PACFLT Operational Risk Matrix for COVID-19 dtd 27 Feb 20

<sup>33</sup> C7F COS Statement dtd 21 May 20

<sup>34</sup> WHO Timeline - COVID-19. World Health Organization, [www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19](http://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19)

<sup>35</sup> WHO Timeline - COVID-19. World Health Organization, [www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19](http://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19)

<sup>36</sup> Email - TR XO to TR Leadership - Vietnam Planning dtd 20 Jan 20

<sup>37</sup> "Vietnam Reports First Novel Coronavirus Infection Cases" *VietnamPlus* (23 Jan 20) <https://en.vietnamplus.vn/vietnam-reports-first-novel-coronavirus-infection-cases/167729.vnp>

<sup>38</sup> C7F Surgeon Statement dtd 23 May 20

<sup>39</sup> CCSG-9 Statement dtd 15 May 20

30. On January 30 2020, the WHO Director General declared the COVID-19 outbreak a “Public Health Emergency of International Concern.”<sup>40</sup>
31. Between February 2, 2020 and February 22, 2020 TR had an outbreak of norovirus.<sup>41</sup>
32. Noroviruses are very contagious and are the most common cause of gastroenteritis in the U.S. – symptoms include diarrhea, vomiting, nausea, and stomach cramping.<sup>42</sup>
33. Sometime soon after February 2, 2020, due to the norovirus outbreak, TR began a “bleach-a-palooza” campaign aimed at the eradicating the norovirus, which included education through the Departmental Leading Chief Petty Officers (DLCPO) and the TR SMO about hand washing, cleaning the hard surfaces with bleach twice a day, and distributing hand sanitizers throughout the key areas on the ship, including the galleys.<sup>43</sup>
34. On February 4, 2020 INDOPACOM directed CPF to execute its pandemic plan in response to the COVID-19 outbreak in the INDOPACOM AOR and the C7F Fleet Surgeon provided CPF a COVID-19 concept of operations (CONOP).<sup>44</sup>
35. In early February, the C7F Chief of Staff (COS) established a COVID-19 working group in the maritime operations center that dealt with nothing but COVID-19 issues.<sup>45</sup>
36. In February, C7F had begun planning for a COVID-19 outbreak on a ship operating in the C7F AOR:<sup>46</sup>
- a. Okinawa, Yokosuka, and Guam were discussed as options for ships to pull in to port if needed.<sup>47</sup>
  - b. White Beach in Okinawa was deemed the best choice by C7F, but C7F identified that it would be difficult politically to bring a ship with COVID-19 cases to Okinawa.<sup>48</sup>

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<sup>40</sup> “WHO Timeline - COVID-19” *World Health Organization* (27 Apr 20) [www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19](http://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19)

<sup>41</sup> TR Psychologist Statement dtd 18 May 20; Email: CSG-9 – Response to RFI dtd 17 May 20

<sup>42</sup> NTRP 4-02.10

<sup>43</sup> TR Psychologist Statement dtd 18 May 20

<sup>44</sup> Naval Message (SIPR): USINDOPACOM, Response To Novel Coronavirus EXORD DTG 040649Z FEB 20

<sup>45</sup> C7F COS Statement dtd 21 May 20

<sup>46</sup> C7F COS Statement dtd 21 May 20

<sup>47</sup> C7F COS Statement dtd 21 May 20

<sup>48</sup> C7F COS Statement dtd 21 May 20

c. Yokosuka was deemed to have limited capacity in the ability to bring people on and off of the ships.<sup>49</sup>

d. C7F determined that Guam was a good candidate, but would also be difficult politically to pull a ship with COVID-19 cases into Guam.<sup>50</sup>

e. However, C7F determined that Guam was the only location in the C7F AOR where an aircraft carrier could pull into port if that aircraft carrier had COVID-19 outbreak.<sup>51</sup>

37. On February 13, 2020, C7F Surgeon provided the C7F Force Health Protection against COVID-19 CONOP to the CPF Surgeon Office.<sup>52</sup>

38. On February 15, 2020, C7F published Tasking Order (TASKORD) 20-057 for force health protection against COVID-19.<sup>53</sup>

39. As a result of the TASKORD, TR Medical Department prepared a CSG brief and routed it to TR leadership.<sup>54</sup>

40. On February 16, 2020, C7F published Fragmentary Order 00I to TASKORD 20-057, revising disease surveillance and screening requirements due to updated country risk.<sup>55</sup>

41. On February 19, 2020, C7F Surgeon provided a Guam-specific COVID-19 Shipboard Case Scheme of Maneuver to CPF Surgeon Office.<sup>56</sup>

42. On February 22, 2020, TR issued an initial liberty plan for Da Nang with no mention of COVID-19.<sup>57</sup>

43. As of February 25, 2020, there had been 16 confirmed cases of COVID-19 reported in Vietnam, all located 30 miles outside of Hanoi, and more than 450 miles from Da Nang and all individuals had successfully recovered and had been discharged from the hospitals.<sup>58</sup>

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<sup>49</sup> C7F COS Statement dtd 21 May 20

<sup>50</sup> C7F COS Statement dtd 21 May 20

<sup>51</sup> C7F COS Statement dtd 21 May 20

<sup>52</sup> Email - C7F COVID Response Cell – Response to RFI dtd 15 May 20

<sup>53</sup> Email - C7F COVID Response Cell - Response to RFI dtd 12 May 20

<sup>54</sup> TR SMO Statement dtd 17 May 20

<sup>55</sup> Email - C7F COVID Response Cell - Response to RFI dtd 12 May 20

<sup>56</sup> Email - C7F COVID Response Cell - Inquiry Into 7th FLT Port Visits dtd 15 May 20

<sup>57</sup> TRNOTE 5050 TR and CVW-11 Liberty Plan dtd 22 Feb 20

<sup>58</sup> "Summary of the COVID-19 outbreak in Vietnam - Lessons and suggestions." *National Center for Biotechnology Information* (2 Apr 20) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7146658/>

44. On February 25, 2020, Vietnam suspended entry for all travelers from COVID-19 affected areas.<sup>59</sup>
45. On February 26, 2020, the CPF Surgeon had a discussion with the U.S. CDC Country Director in Vietnam (USCDCVN) who informed the CPF Surgeon that there was no direct or indirect evidence to suggest an undetected COVID-19 outbreak in the country and that the USCDCVN believed that the port visit was “low risk.”<sup>60</sup>
46. On February 27, 2020, Vietnamese media reported that the CDC removed Vietnam from its list of areas experiencing widespread or sustained community transmission of COVID-19.<sup>61</sup>
47. In preparation for the growing pandemic, on February 29th, C7F requested support from Navy Environmental and Preventive Medicine Unit (NEPMU) teams, with equipment from Navy Medical Research Center (NMRC) for forward deployable preventative medicine units to mitigate the potential outbreak of COVID-19 aboard America Expeditionary Strike Group (AMA ESG) and CSG-9 ships. Based on this assessment C7F concluded that COBRA GOLD was a higher risk than Vietnam and the medical support was deployed to BLR and AMA ESG.<sup>62</sup>
48. Utilizing the Navy Tactical Reference Publication (NTRP) 4-02.10, CSG-9 conducted a tabletop exercise on COVID-19 to determine how CSG-9 would respond to a COVID-19 case aboard TR.<sup>63</sup>
49. Prior to the Da Nang port visit, TR crew received training on COVID-19:
- a. The SMO directed the medical training officer, who is the ICU nurse, to draft basic guidance for COVID-19 to be included in the updated liberty brief.<sup>64</sup>
  - b. The Medical Department presented the script, recorded the guidance, and drafted the slides in the brief utilizing CDC guidance, Navy and Marine Corps Public Health Center’s (NMCPHC) Guidance for Underway Evaluation and Management of the 2019 Novel Coronavirus and C7F guidance.<sup>65</sup>

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<sup>59</sup> “Vietnam Suspends Entry from All Coronavirus-Hit Areas” *VnExpress* (28 Feb 20) <https://e.vnexpress.net/news/news/vietnam-suspends-entry-from-all-coronavirus-hit-areas-4060323.html>.

<sup>60</sup> Email - CPF Surgeon to TR SMO and C7F Surgeon - Discussion with CDC Director dtd 26 Feb 20

<sup>61</sup> “Embassy of the Socialist Republic of Vietnam” *Embassy of the Socialist Republic of Vietnam in the United States* (27 Feb 20) <http://vietnamembassy-usa.org/news/2020/02/us-removes-vietnam-list-areas-vulnerable-community-spread-sars-cov-2>

<sup>62</sup> Email - C7F COVID Response Cell - Response to RFI dtd 12 May 20; C7F Surgeon Statement dtd 23 May 20

<sup>63</sup> CCSG-9 Statement dtd 15 May 20; CSG-9 COS Statement dtd 18 May 20

<sup>64</sup> TR SMO Statement dtd 17 May 20

<sup>65</sup> TR SMO Statement dtd 17 May 20

c. The liberty brief was promulgated throughout the ship prior to the arrival in Da Nang via the ship's closed-circuit television (CCTV) channel and in-house magazine.<sup>66</sup>

d. The liberty brief had two slides on COVID-19 outlining that: COVID-19 is a virus spread mainly person to person when an infected person coughs or sneezes; 82% of COVID-19 cases are classified as a mild illness; it directed any Sailor experiencing fever, body aches, cough, [or feels] sick to report to "medical" at Fleet Landing prior to boarding the ship; and that the CDC does not recommend that people who are well wear a facemask to protect themselves from COVID-19."<sup>67</sup>

e. Concerns about COVID-19 were also discussed at various meetings, including Heads of Department (HOD)/DLCPO meetings and quarters, as well as in emails that went out to the entire crew.<sup>68</sup>

50. The Medical Department created a plan, although not a formal instruction that prepared for the possibility individuals would return to the ship from the Da Nang port visit who were infected with COVID-19.<sup>69</sup>

a. The plan was outlined in a PowerPoint brief that the TR SMO discussed with the TR XO, TR CMC, the HODs, and the TR Supply Officer.<sup>70</sup>

b. The Medical Department scouted out places that would function as quarantine or isolation berthing onboard the ship with a goal to locate areas that had two hatches between the main area of the ship and the isolation or quarantine area.<sup>71</sup>

c. Once an area was identified as a potential isolation or quarantine area, the Medical Department had briefings with the affected HOD should medical have to utilize those spaces over which that HOD has control.<sup>72</sup>

d. The Medical Department then identified the "flow" of services to the spaces and determined how medical personnel would proceed to and from those spaces, how food would be delivered, and how laundry would be cleaned.<sup>73</sup>

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<sup>66</sup> TR SMO Statement dtd 17 May 20

<sup>67</sup> TR Da Nang PVST Crew Brief dtd Mar 20

<sup>68</sup> TR SMO Statement dtd 17 May 20

<sup>69</sup> TR SMO Statement dtd 17 May 20

<sup>70</sup> TR SMO Statement dtd 17 May 20

<sup>71</sup> TR SMO Statement dtd 17 May 20

<sup>72</sup> TR SMO Statement dtd 17 May 20

<sup>73</sup> TR SMO Statement dtd 17 May 20



e. The TR SMO emailed the COVID-19 Fleet Forces Screening Form and the TR COVID-19 screening plan to HODs and DLCPOs, which outlined that all personnel boarding the TR will be screened for COVID-19 symptoms prior to boarding the ship, and again seven days after getting underway.<sup>74</sup>

f. The TR Da Nang Medical Treatment Plan called for inbound carrier onboard delivery (COD) personnel to receive department-level screening in which anyone who screened positive for flu-like illnesses were sent to medical for evaluation immediately.<sup>75</sup>

g. The TR leadership (TR XO, TR Command Master Chief (CMC), and TR SMO) made initial preparations for potential quarantine quarters aboard ship by identifying appropriate berthing compartments and discussing the general plan for execution.<sup>76</sup>

h. The three quarantine options discussed were:

- (1) DV Row: six rooms (two-person racks), cots for additional patients
- (2) Berthing: Chief Overflow Berthing (aft mess deck); admin male berthing; medical quiet room (4 racks-isolated head)
- (3) Brig: up to 20 individuals, not the most ideal.<sup>77</sup>

51. TR CO cancelled all planned medical and culinary professional exchanges scheduled for the Da Nang port visit as a result of recommendations of the TR Medical Department due to the potential risk of COVID-19 and exposure to high risk areas like hospitals or commonly used galleys both ashore and onboard the TR.<sup>78</sup>

52. On March 2, 2020, U.S. media outlets reported the first two U.S. deaths as a result of complications due to COVID-19, that some individuals can be asymptomatic, and that for the majority of individuals who do show symptoms of the virus, their symptoms tend to be mild fatigue and a low fever."<sup>79</sup>

53. At the time of the port visit, there were no State Department, DoD, or CDC travel restrictions for U.S. citizens to Vietnam.<sup>80</sup>

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<sup>74</sup> Email - TR SMO to HODs and DLCPOs – COVID-19 Screening for CSG-9 Sailors After a Port Visit dtd 03 Mar 20

<sup>75</sup> Da Nang Medical Treatment Plan

<sup>76</sup> TR XO Statement dtd 16 May 20; TR CMC Statement dtd 17 May 20; TR SMO Statement dtd 17 May 20

<sup>77</sup> TR XO Statement dtd 16 May 20; TR CMC Statement dtd 17 May 20; TR SMO Statement dtd 17 May 20

<sup>78</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>79</sup> "America Has Suffered Its First Coronavirus Deaths-and First Infections of Health Care Workers." *Advisory Board- Daily Briefing* (02 Mar 20) <https://www.advisory.com/daily-briefing/2020/03/02/corona-deaths>

<sup>80</sup> INDOPACOM J07 Country Health Risk to Force for COVID-19 dtd 4 Mar 20

54. The March 4, 2020 INDOPACOM Country Health Risk to Force for COVID-19 indicated that Vietnam's current risk status was "yellow," signifying moderate risk where COVID-19 cases occur in the community without known contacts or exposures and/or with small outbreak clusters, swiftly handled by public health interventions that limit disease transmission. The risk level was projected, in seven days, to be "green," signifying low risk classifying countries with no reported cases of COVID-19, or countries that have cases that were imported from another country, or countries that have isolated transmission exclusively attributed to travel, household contacts or healthcare settings.<sup>81</sup>

55. On March 5, 2020, all reported cases of COVID-19 in Vietnam were reported as clear.<sup>82</sup>

### **The Da Nang Port Visit**

56. On March 2, 2020, TR's prospective XO arrived aboard TR via a COD in order to effect turnover with the outgoing XO.<sup>83</sup>

57. On March 3, 2020, TR facilitated two distinguished visitor (DV) daylight only embarks.<sup>84</sup>

a. The first DV embark was for 17 Vietnamese nominated by the Government of Vietnam.<sup>85</sup>

b. The second DV embark was for 14 U.S. country team members who planned the carrier port visit.<sup>86</sup>

c. TR sent medical representatives to screen the DVs who disembarked from the COD flights.<sup>87</sup>

d. The medical team used the COVID-19 Fleet Forces Screening Form that primarily asked about symptoms and recent travel.<sup>88</sup>

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<sup>81</sup> INDOPACOM J07 Country Health Risk to Force for COVID-19 dtd 4 Mar 20; PACFLT Operational Risk Matrix for COVID-19 dtd 27 Feb 20

<sup>82</sup> "Summary of the COVID-19 outbreak in Vietnam - Lessons and suggestions." *National Center for Biotechnology Information* (2 Apr 20) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7146658/>

<sup>83</sup> TR XO Statement dtd 16 May 20

<sup>84</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>85</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>86</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>87</sup> TR OPSO Statement dtd 18 May 20

<sup>88</sup> TR OPSO Statement dtd 18 May 20

e. The DVs received a tour of the hangar bay, an aircraft elevator ride to the flight deck, a tour of the flight deck, and an aircraft elevator ride back to the hangar bay before departing.<sup>89</sup>

f. Both of the DV tours lasted less than one hour.<sup>90</sup>

58. On March 5, 2020 TR and BKH arrived in Da Nang.<sup>91</sup>

59. The pilot wore a mask and gloves when he came aboard TR.<sup>92</sup>

60. Upon arrival, a Vietnamese delegation formally received the U.S. Ambassador to Vietnam, CPF, Commander, Carrier Strike Group NINE (CCSG-9), TR CO, and the Commanding Officer, BKH – and the group posed for a photo pier side next to the BKH.<sup>93</sup>

61. The Vietnamese Ministry of Foreign Affairs then moderated the 60-minute press conference that was attended by more than 100 reporters and focused on the visit's historical significance, the U.S.-Vietnam bilateral relationship, and naval operations in the South China Sea.<sup>94</sup>

62. The U.S. Ambassador to Vietnam, CPF and CCSG-9 participated in the press conference with the Vietnamese Director of Da Nang Department of Foreign Affairs and the Vice Chairman of Da Nang People's Committee.<sup>95</sup>

63. The U.S. Ambassador to Vietnam, CPF, and CCSG-9 attended office calls with the Chairman of the Da Nang People's Committee and Vietnamese Commander of Navy Region 3.<sup>96</sup>

64. TR was unable to support boat operations due to heavy swell in the harbor. As a result, approximately 1,000 people toured the BKH instead.<sup>97</sup>

a. BKH implemented basic self-report screening procedures designed to turn away anyone who felt ill.<sup>98</sup>

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<sup>89</sup> TR OPSO Statement dtd 18 May 20

<sup>90</sup> TR OPSO Statement dtd 18 May 20

<sup>91</sup> CPF Statement dtd 17 May 20; "Theodore Roosevelt Strike Group arrives in Vietnam" *USS Theodore Roosevelt Public Affairs* (4 Mar 20) <https://www.cpf.navy.mil/news.aspx/130563>

<sup>92</sup> TR Navigator Statement dtd 16 May 20

<sup>93</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>94</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>95</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>96</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>97</sup> BKH CO Statement dtd 17 May 20

<sup>98</sup> BKH CO Statement dtd 17 May 20

- b. BKH did not use temperature checks of the individuals who toured the ship.<sup>99</sup>
  - c. Approximately 65 reporters received one hour of access to BKH for filming standups and capturing still imagery and b-roll footage.<sup>100</sup>
  - d. Reporters toured BKH bridge, hangar bay, foc'sle, and aft missile deck.<sup>101</sup>
  - e. Outlets in attendance included Reuters, Channel News Asia, Dat Viet Newspaper, Tuoi Tre Newspaper, VN Express, and Da Nang Newspaper.<sup>102</sup>
65. The sea state in Da Nang made it difficult for the crew to depart and return to TR and many of the scheduled liberty boat trips between TR and Da Nang had be cancelled.<sup>103</sup>
- a. The unprotected harbor of Da Nang at anchorage caused difficulties with loading the crew on liberty launches.<sup>104</sup>
  - b. Due to the sea state, the First Lieutenant had to collapse his duty sections into a port and starboard team to safely conduct stern barge operations.<sup>105</sup>
  - c. High sea-states limited the ability of TR Sailors to maximize liberty events, resulting in many cancelled tours and community relation events.<sup>106</sup>
  - d. Some morale, welfare, and recreation tours, professional exchanges and all sporting events were cancelled.<sup>107</sup>
  - e. The U.S. Pacific Fleet band modified their performance schedule to support Vietnamese direction to refrain from large public gatherings due to concerns with COVID-19.<sup>108</sup>
  - f. The band performed at the Vietnamese hosted dinner followed by the Charity Center Community Relations Project (COMREL), U.S. Pacific Fleet hosted reception, Hoa Mai Orphanage COMREL, and the Nguyen Huu Dinh Opera Theatre.<sup>109</sup>

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<sup>99</sup> BKH CO Statement dtd 17 May 20

<sup>100</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>101</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>102</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>103</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>104</sup> TR XO Statement dtd 16 May 20

<sup>105</sup> TR 1LT Statement dtd 11 May 20

<sup>106</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>107</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>108</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>109</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

g. All three planned professional exchanges (air traffic controller, firefighting and meteorology) involving tours of TR were cancelled due to sea state and/or COVID-19 concerns.<sup>110</sup>

66. There were many precautions taken as a result of the heightened awareness of COVID-19 in Vietnam:

a. Liberty boats and piers were disinfected by the Vietnamese government prior to being turned over to th TR and BKH for use.<sup>111</sup>

b. Vendors on the pier were curtailed and food vendors were cancelled.<sup>112</sup>

c. TR and BKH Sailors were limited to Embassy-vetted locations and hotels.<sup>113</sup>

d. Every crew member leaving the ship was screened by medical personnel and Vietnamese personnel conducted passive temperature checks using temperature scanners of anyone leaving TR outside of the liberty pier.<sup>114</sup>

e. In Da Nang, there were signs at some of the businesses indicating they were closed due to “virus” or “closed due to staff illness.”<sup>115</sup>

f. The Vietnamese government instituted temperature checks prior to going into some hotels and upon checking into some hotels.<sup>116</sup>

67. More than 100 CSG personnel and country team members fulfilled all the other COMREL obligations that had not been cancelled, included interacting with residents at the Vocational Charity Center, Dorothea’s Project Legacy Charity Center, Agent Orange Victims Center, Hoa Mai Orphanage and Dong A University.<sup>117</sup>

68. On March 7, 2020, the U.S. Pacific Fleet hosted a formal reception for approximately 400 guests.<sup>118</sup>

a. The reception was originally scheduled to be held aboard TR, but due to concerns with safely transferring guests to and from the carrier because of an increased sea state – C7F approved the relocation to the Da Nang Golden Bay Hotel.<sup>119</sup>

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<sup>110</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>111</sup> TR JUDGE Statement dtd 11 May 20

<sup>112</sup> TR JUDGE Statement dtd 11 May 20

<sup>113</sup> TRNOTE 5050 TR and CVW-11 Liberty Plan dtd 22 Feb 20; TR SUPPO Statement dtd 18 May 20

<sup>114</sup> TR JUDGE Statement dtd 11 May 20

<sup>115</sup> TR Psychologist Statement dtd 18 May 20; TR Nurse Statement dtd 18 May 20

<sup>116</sup> TR Psychologist Statement dtd 18 May 20

<sup>117</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>118</sup> CCSG-9 Statement dtd 15 May 20

<sup>119</sup> TR JUDGE Statement dtd 11 May 20; SUPPO Stmt dtd 18 May 20



- b. If the reception had been held aboard TR, the guest list would have included approximately 600 attendees.<sup>120</sup>
- c. The hotel instituted self-screening measures and selective temperature checks outside of the hotel.<sup>121</sup>
- d. All staff at the hotel wore surgical-style masks.<sup>122</sup>
- e. CPF, the U.S. Ambassador to Vietnam, and the Vice Chairman of the Da Nang People's Committee provided formal remarks during the ceremony.<sup>123</sup>
- f. The Navy Band sang the Vietnamese national anthem as well as popular Vietnamese songs.<sup>124</sup>

69. On March 7, 2020, a select group of 30 reporters still in the area were brought via liberty boat to TR for a tour of the hangar bay and flight deck. This was the only group able to get out to TR for a tour of the ship during port visit.<sup>125</sup>

70. On March 8, 2020, the Government of Vietnam cancelled shipboard tours for 100 additional guests due to COVID-19 concerns.<sup>126</sup>

#### **Notification of Close Contact (March 8<sup>th</sup> and 9<sup>th</sup>)**

71. On March 8, 2020, the U.S. Embassy notified TR/CSG-9 that Sailors may have been exposed to COVID-19 during a hotel stay in Da Nang where two British citizens tested positive for COVID-19.<sup>127</sup>

72. On March 8, 2020, at the request of Da Nang city government, TR and BKH suspended liberty for remainder of the day.<sup>128</sup>

- a. An initial email was sent to the crew members that recalled all crew members to the TR.<sup>129</sup>
- b. A follow-up email went out that clarified that the recall was cancelled, but that once returning to TR, no one would disembark.<sup>130</sup>

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<sup>120</sup> CCSG-9 Statement dtd 15 May 20

<sup>121</sup> BKH CO Statement dtd 17 May 20

<sup>122</sup> TR JUDGE Statement dtd 11 May 20; CCSG-9 Stmt dtd 15 May 20

<sup>123</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>124</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>125</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>126</sup> TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20

<sup>127</sup> CSG-9 COS Statement dtd 18 May 20

<sup>128</sup> TR CDO Report dtd 8 Mar 20

<sup>129</sup> TR Safety Officer Statement dtd 17 May 20; TR AIRBOSS Statement dtd 17 May 20

<sup>130</sup> TR Safety Officer Statement dtd 17 May 20; TR AIRBOSS Statement dtd 17 May 20

73. On March 8, 2020, all tours/professional engagements were cancelled.<sup>131</sup>

74. On March 8, 2020, an emergency command center was set up in Strike Operations.<sup>132</sup>

75. On March 8, 2020, information was gathered to form a list of people who stayed at or had interactions with the Vanda Hotel grounds.<sup>133</sup>

76. TR leadership identified the location of 37 Sailors known to have been at the hotel and possibly come within six feet of the British citizens for more than 10 minutes.<sup>134</sup>

a. Of the 37, 11 TR Sailors identified as having stayed, and still present, at the hotel were screened, tested on site and upon receipt of their negative test were released to TR for quarantine.<sup>135</sup>

b. The 26 other TR Sailors identified as having stayed at the hotel were removed from TR to the pier, screened, tested on the pier by the Vietnamese Ministry of Health, and upon receipt of their negative test, returned to TR for quarantine.<sup>136</sup>

c. Two additional Sailors reported to TR medical staff that they had also visited the hotel and were also tested by the Vietnamese Ministry of Health, and upon receipt of their negative test, returned to TR for quarantine.<sup>137</sup>

77. Upon returning to TR, all other crewmembers were screened via a verbal questionnaire.<sup>138</sup>

### **Actions during Transit to and Arrival in Guam Departing Da Nang until the First Confirmed Case of COVID-19**

78. On March 9<sup>th</sup>, TR got underway from anchorage in Da Nang Bay, Vietnam.<sup>139</sup>

79. As TR departed Da Nang, the 39 Sailors remained sequestered from the rest of the crew.<sup>140</sup>

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<sup>131</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>132</sup> TR CDO Report dtd 08 Mar 20

<sup>133</sup> TR CDO Report dtd 08 Mar 20; Crozier, B. CAPT Statement dtd 15 May 20

<sup>134</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>135</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>136</sup> TR SMO Statement dtd 17 May 20

<sup>137</sup> TR SMO Statement dtd 17 May 20

<sup>138</sup> TR AIRBOSS Statement dtd 17 May 20

<sup>139</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>140</sup> Email (SIPR) – CPF BWC TR Sailors COVID Screening dtd 9 Mar 20

80. TR CO addressed the decision to quarantine Sailors over the ship's public address system (1MC); emphasizing that the quarantined Sailors were being monitored and there was no cause for alarm.<sup>141</sup>
81. TR Supply Department obtained food and water for the quarantined Sailors.<sup>142</sup>
82. TR increased cleaning measures, including twice-daily use of a shipboard approved bleaching solution.<sup>143</sup>
83. The crew generally referred to these cleaning evolutions as "bleach-a-palooza."<sup>144</sup>
84. The TR XO delivered daily reminders via 1MC to wash hands, maintain social distancing, and to avoid face touching.<sup>145</sup>
85. The TR CO delivered reminders via 1MC to wash hands, maintain social distancing, and to avoid face touching every second day.<sup>146</sup>
86. The TR XO passed COVID-19 mitigation effort information to the HODs for dissemination to the crew.<sup>147</sup>
87. The TR Medical Department created a COVID-19 video, which played on loop on CCTV.<sup>148</sup>
88. After departing Vietnam, the Medical Department directed departments to send Sailors to medical if they were experiencing influenza-like illness (ILI) symptoms.<sup>149</sup>
89. On March 9, 2020, the TR CO restricted self-service on the main galley lines. Self-service remained an option for other food selections including the salad bar. Specifically, no seats were removed, lines continued to form without six feet of separation between Sailors and condiments were available for common use.<sup>150</sup>

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<sup>141</sup> TR Psychologist Statement dtd 18 May 20

<sup>142</sup> TR PAO Interview Summary dtd 23 May 20

<sup>143</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR SMO Statement dtd 17 May 20; AT1 Statement dtd 22 May 20

<sup>144</sup> TR SMO Statement dtd 17 May 20; TR CMC Statement dtd 17 May 20; HM3 Statement dtd 15 May 20; CCSG-9 Statement dtd 15 May 20; AT1 Statement dtd 22 May 20

<sup>145</sup> TR XO Statement dtd 16 May 20

<sup>146</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20; TR SMO Statement dtd 17 May 20; TR RO Statement dtd 18 May 20

<sup>147</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>148</sup> TR SMO Statement dtd 17 May 20

<sup>149</sup> CVW-11 Surgeon Statement dtd 18 May 20; TR PA Statement dtd 18 May 20

<sup>150</sup> AME1 Statement dtd 13 May 20; CSC Statement dtd 17 May 20; TR CMC Statement dtd 17 May 20; TR SUPPO Statement dtd 18 May 20; CVW-11 Surgeon Statement dtd 18 May 20; Email - TR SMO to TR CO – Follow Up dtd 9 Mar 20; TR XO Statement dtd 16 May 20

90. Following the Da Nang port visit, gyms, the main ship store, library, barbershops, and chapel services remained open for common use.<sup>151</sup>

91. From the time the ship left Da Nang on March 9<sup>th</sup> until March 23<sup>rd</sup>, seven COD flights originating out of Clark Air Force Base in the Philippines brought a total of 29 passengers and COD detachment personnel to the carrier.<sup>152</sup>

92. Utilizing the screening protocols required by the February 23, 2020 C7F Fragmentary Order, every individual arriving on TR via COD initially screened negative for COVID-19 symptoms.<sup>153</sup>

93. Personnel arriving via COD to TR were required to stay on the flight deck and maintain physical distance with the ship's crew.<sup>154</sup>

94. NAVADMIN 064/20 issued on March 12, 2020, required social distancing wherein individuals were required to remain out of congregate settings, avoid mass gatherings, and maintain six feet or two meter distance from others when possible."<sup>155</sup>

a. The TR CO and TR XO believed guidance within relevant COVID-19 NAVADMINs translated little to deployed aircraft carriers.<sup>156</sup>

b. Social distancing was not observed on TR during the transit from Da Nang to Guam.<sup>157</sup>

c. The TR CO, TR XO, and TR SMO believed that social distancing would be impossible onboard an aircraft carrier.<sup>158</sup>

d. CCSG-9 did not provide formal, supplementary guidance to TR regarding COVID-19 mitigation.<sup>159</sup>

95. Upon leaving Da Nang, BKH took the following steps:

a. Sailors self-monitored for 14 days and were instructed to report to ship's medical staff upon presentation of ILI symptoms.<sup>160</sup>

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<sup>151</sup> AME2 Statement dtd 16 May 20; CMC statement dtd 17 May 20; TR SUPPO statement dtd 18 May 20

<sup>152</sup> COD Completed Travel Log/Manifest

<sup>153</sup> TR SMO Statement dtd 17 May 20; COD Completed Travel Log/Manifest (Four Sailors later tested positive for COVID-19 on March 27th, March 28th, April 14th, April 21st.)

<sup>154</sup> CCSG-9 Statement dtd 15 May 20

<sup>155</sup> NAVADMIN 064/20 Navy Mitigation Measures in Response to Coronavirus Outbreak dtd 12 Mar 20

<sup>156</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20

<sup>157</sup> CCSG-9 Statement dtd 15 May 20; TR RO Statement dtd 18 May 20; TR SMO Statement dtd 17 May 20; CSC Statement dtd 17 May 20; AT1 Statement dtd 22 May 20

<sup>158</sup> TR SMO Statement dtd 17 May 20; TR XO Statement dtd 16 May 20

<sup>159</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20; CVW-11 CAG Statement; CSG-9 COS Statement

<sup>160</sup> Email - CSG-9 – Response to RFI dtd 24 May 20

b. Cleaning efforts were increased with focus on disinfecting high-contact touch areas with bleach and other cleaning solutions.<sup>161</sup>

c. Messaging was provided via the Plan of the Day, emails, and site TV on proper personal hygiene<sup>162</sup>

d. A COVID-19 response plan instruction was developed and the ship conducted an onboard outbreak response exercise<sup>163</sup>

96. BKH did not implement any social distancing measures onboard following the Da Nang port visit.<sup>164</sup>

97. On March 11, 2020, CAPT (b) (6) completed turnover with CAPT (b) (6) and officially assumed the role as TR XO.<sup>165</sup>

98. On March 11, 2020, WHO declared COVID-19 a pandemic.<sup>166</sup>

99. On March 11, 2020, OSD issued travel restrictions for DOD Components.<sup>167</sup>

100. On March 11, 2020 personnel from the Biological Defense Research Directorate (BDRD) of the Naval Medical Research Center embarked on TR with specialized laboratory equipment for testing and diagnosing respiratory pathogens.<sup>168</sup>

101. On March 12, 2020, A-SN issued guidance on COVID-19 preventive measures, and restricted official and personal travel and PCS orders to, from, or through CDC Travel Health Notice (THN) Level 3 locations.<sup>169</sup>

102. On March 12, 2020, OPNAV issued guidance on preventive measures, travel, PCS, and liberty restrictions to CDC Level 3 locations, and reporting requirements.<sup>170</sup>

103. On March 13, 2020, the TR CO sent letters to family members indicating the ship had begun COVID-19 testing for select individuals.<sup>171</sup>

104. On March 13, 2020, OSD issued an order to stop travel within CONUS for all DoD military, civilians, and families.<sup>172</sup>

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<sup>161</sup> Email - CSG-9 – Response to RFI dtd 24 May 20

<sup>162</sup> Email - CSG-9 – Response to RFI dtd 24 May 20

<sup>163</sup> Email - CSG-9 – Response to RFI dtd 24 May 20

<sup>164</sup> Email - CSG-9 – Response to RFI dtd 24 May 20

<sup>165</sup> Email - TR XO - Subject: TR Investigation dtd 7 May 20

<sup>166</sup> WHO Timeline - COVID-19 <https://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19>, accessed May 8, 2020

<sup>167</sup> SECDEF Memo Travel Restrictions for DoD Components in Response to Coronavirus Disease 2019 dtd 11 Mar 20

<sup>168</sup> (b) (6) LCDR Statement dtd 23 May 20

<sup>169</sup> ALNAV 025/20 Vector 15 Force Health Protection Guidance for Department of the Navy dtd 12 Mar 20

<sup>170</sup> NAVADMIN 064/20 Navy Mitigation Measures in Response to Coronavirus Outbreak dtd 12 Mar 20

<sup>171</sup> Crozier, B. CAPT Ltr to families dtd 13 Mar 20

<sup>172</sup> SECDEF Memo Travel Restrictions for DoD Components in Response to Coronavirus Disease 2019 dtd 11 Mar 20



105. On March 13, 2020, the President of the United States declared the COVID-19 outbreak a national emergency.<sup>173</sup>

106. On March 14, 2020, the acting Secretary of the Navy (A-SN) issued a stop movement order for all DON personnel beginning March 16, 2020.<sup>174</sup>

107. On March 14, 2020, the Office of the Chief of Naval Operations (OPNAV) issued a stop movement order for Permanent Change of Station and temporary duty orders, and authorized local leave only.<sup>175</sup>

108. On March 14, 2020, members of the Navy Forward-Deployed Preventive Medicine Units and Naval Medical Research Center embarked TR, BLR and AMA to help combat the risk of COVID-19 and provide laboratory batch testing capability while at sea.<sup>176</sup>

109. On March 14, 2020, medical personnel tested the 39 quarantined TR Sailors and each tested negative.<sup>177</sup>

110. On March 14, 2020, BLR arrived in Singapore for a previously scheduled port visit.<sup>178</sup>

111. On March 14, 2020, the Government of Guam issued a state of public health emergency.<sup>179</sup>

112. On March 15, 2020, the TR SMO emailed the entire TR crew, clarifying screening requirements after port visits, explaining self-monitoring, and passing reminders about hand sanitization, hand washing, and cough etiquette.<sup>180</sup>

113. On March 16, 2020, the TR SMO emailed the entire TR crew updates about COVID-19, including guidance for personnel arriving and/or leaving by COD. Specifically, the email provided, "Personnel arriving via COD - HODs/DLCPOs are notified (by TR Medical Department using the Air Transport Officer manifest) of those

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<sup>173</sup> Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak dtd 13 Mar 20 <https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/>

<sup>174</sup> ALNAV 026/20 Official and Personal Domestic Travel Guidance for Department of the Navy (CONUS Travel Guidance) dtd 14 Mar 20

<sup>175</sup> NAVADMIN 065/20 Navy Mitigation Measures in Response to Coronavirus Outbreak Update 1 dtd 14 Mar 20

<sup>176</sup> Navy Preventive Medicine Teams Embark Ships in 7th Fleet, INDOPACOM, (03 Mar 20) <https://www.pacom.mil/Media/News/News-Article-View/Article/2122302/navy-preventive-medicine-teams-embark-ships-in-7th-fleet/>; TR Psychologist Statement dtd 18 May 20

<sup>177</sup> Email – TR SMO - Post-Danang Update dtd 18 Mar 20

<sup>178</sup> Email – C7F COVID Response Cell – Response to RFI dtd 15 May 20

<sup>179</sup> Government of Guam Executive Order 2020-03

<sup>180</sup> Email - TR SMO to All Officers, All CPOs, All E-6 and below - 14 days of screening following port visits dtd 15 Mar 20

individuals that require screening after arrival on a COD. Same screening concept except that their 7+7 days of screening starts the day they arrive on the ship and results are emailed to CAPT Ashman.”<sup>181</sup>

114. As TR transited to Guam, the C7F Fleet Surgeon and the TR SMO increased communications.<sup>182</sup>

115. By March 17, 2020, COVID-19 reached all 50 United States.<sup>183</sup>

116. On March 17, 2020, the TR CO emailed the Commanding Officer (CO), Naval Base Guam (NBG) CO to propose three possible courses of action (COAs) for liberty during the TR’s upcoming Guam port visit:

- a. Full Guam liberty, similar to the previous port visit,
- b. NBG liberty with base access (busses to Navy Exchange (NEX), beach, etc.), and limited off-base liberty (golf, small group tours, etc.), or
- c. Pier liberty with limited access to NBG (busses to NEX, beach, etc.) and MWR pier support (food/beer/entertainment/wifi).<sup>184</sup>

117. The NBG CO stated that only COA #3 was appropriate and that further mitigation measures were needed to afford TR Sailors access to the NEX and that TR medical personnel would be required to assist in screening and sanitization inspections.<sup>185</sup>

118. On March 19, 2020, the U.S. Department of State added Vietnam to the list of countries on the Global Level 4 Health Advisory, recommending against traveling there.<sup>186</sup>

119. By March 20, 2020, Guam had 12 confirmed cases of COVID-19.<sup>187</sup>

120. The TR XO and the TR Operations Officer were concerned that Sailors would congregate elsewhere so TR’s gyms remained open until the ship arrived in Guam.<sup>188</sup>

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<sup>181</sup> Email - TR SMO - Coronavirus screening - Update dtd 15 Mar 20

<sup>182</sup> TR SMO Statement dtd 17 May 20

<sup>183</sup> CORONAVIRUS: DOD RESPONSE TIMELINE (15 May 20) <https://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/>

<sup>184</sup> Email - NBG CO to TR CO - TR PVST dtd 20 Mar 20

<sup>185</sup> Email - NBG CO to TR CO - TR PVST dtd 20 Mar 20

<sup>186</sup> U.S. Embassy & Consulate in Vietnam: COVID-19 Information <https://vn.usembassy.gov/u-s-citizen-services/covid-19-information>

<sup>187</sup> Email - NBG CO to TR CO - TR PVST dtd 20 Mar 20

<sup>188</sup> TR SMO Statement dtd 17 May 20; Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20; TR CMC Statement dtd 17 May 20

121. On March 22, 2020, the TR CO requested via email limited access to NBG locations such as the NEX, Liberty Center, movie-theater, gym, ballfields, and hiking areas.<sup>189</sup>

122. CO, NBG responded to the TR CO that his first priority was the safe mooring of the ship and proper husbanding while in port, all while ensuring that the ship and crew remained “clean.” CO, NBG stated further that “once we have that locked in we will focus on the quality of life.” Additionally, CO, NBG attached the general schematic for Kilo Wharf (Figure 2) and the potential Force Health Protection Enclave (FHPE) that would be employed to enable the required separation for TR Sailors to base support personnel.<sup>190</sup>

123. On March 22, 2020, 14 days after they had been placed in quarantine, all 39 close-contact Sailors were asymptomatic, tested negative and released from quarantine.<sup>191</sup>

124. On March 23, 2020, the CDC reported the Diamond Princess and Grand Princess cruise ships had more than 800 total COVID-19 cases, including 10 deaths.<sup>192</sup>

125. On March 23, 2020, the Secretary of Defense raised the Health Force Protection Condition Level to Charlie for all DoD installations.<sup>193</sup>

126. On March 23, 2020, the Navy published definitions of quarantine and isolation, derived from CDC guidance.<sup>194</sup>

127. On March 23, 2020, TR stopped receiving COD flights from the Philippines.<sup>195</sup>

128. The TR CO stated that due to the increasing number of COVID-19 cases in the Philippines, an internal decision was made to re-route all future outbound passengers and parts to Kadena Air Force Base (AFB) or Anderson AFB in order to avoid further flights to the Philippines.<sup>196</sup>

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<sup>189</sup> Email – NBG CO to TR CO - RE TR PVST dtd 23 Mar 20

<sup>190</sup> Email – NBG CO to TR CO - RE TR PVST dtd 23 Mar 20

<sup>191</sup> C7F COS Statement dtd 21 May 20;; Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20; TR SMO Statement dtd 17 May 20; C7F Surgeon Statement dtd 23 May 20

<sup>192</sup> Update Public Health Response to the Coronavirus Disease 2019 outbreak - United States (24 Feb 20)

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6908e1.htm>

<sup>193</sup> Statement by Department of Defense on Additional Access Restrictions for the Pentagon Reservation dtd 23 Mar 20

<https://www.defense.gov/Newsroom/Releases/Release/Article/2122686/statement-by-department-of-defense-on-additional-access-restrictions-for-the-pe>

<sup>194</sup> NAVADMIN 083/20 Restriction of Movement (ROM) Guidance 23 Mar 20

<sup>195</sup> COD Completed Travel Log/Manifest

<sup>196</sup> Crozier, B. CAPT Statement dtd 15 May 20

129. Between the period of March 9 to March 23, 2020, 9 patients presented to TR Medical with ILI.<sup>197</sup>

a. The embarked BDRD personnel screened all ILI cases using the BioFire Respiratory Panel-2 (RP-2) to rule out the most common respiratory pathogens.<sup>198</sup>

b. In all cases tested using the BioFire RP-2, a common respiratory pathogen was identified and the diagnosis process halted.<sup>199</sup>

130. On March 24<sup>th</sup>, prior to Sailors testing positive for COVID-19 aboard TR, three Sailors reported to the CVW-11 Surgeon that they had experienced a loss of taste and/or smell and that they had been experiencing those symptoms for approximately one week and had no other symptoms.<sup>200</sup>

a. The CVW-11 Surgeon had learned that day that there was the possibility that the loss of taste and/or smell were a symptom of COVID-19, but determined that evidence was anecdotal and was not predominant in COVID-19 literature at the time.<sup>201</sup>

b. The Sailors informed the CVW-11 Surgeon that there were one or two other Sailors who had the same symptoms and the CVW-11 Surgeon requested these Sailors report to the Medical Department.<sup>202</sup>

c. All Sailors who presented with the loss of taste and/or smell presented with no other symptoms.<sup>203</sup>

d. Because these individuals had no other symptoms, the CVW-11 Surgeon determined that these Sailors' loss of taste and/or smell were not a diagnostic symptom.<sup>204</sup>

e. The CVW-11 Surgeon directed these Sailors not to return to their work center and contacted the Industrial Hygienist onboard to inspect their work center.<sup>205</sup>

f. The Industrial Hygienist ran a RAD-57 test which demonstrated a normal CO level.<sup>206</sup>

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<sup>197</sup> TR Sick Call Log 5 Mar to 23 Mar 20

<sup>198</sup> (b) (6) LCDR Statement dtd 23 May 20

<sup>199</sup> (b) (6) LCDR Statement dtd 23 May 20

<sup>200</sup> CVW-11 Surgeon Statement dtd 18 May 20

<sup>201</sup> CVW-11 Surgeon Statement dtd 18 May 20

<sup>202</sup> CVW-11 Surgeon Statement dtd 18 May 20

<sup>203</sup> CVW-11 Surgeon Statement dtd 18 May 20

<sup>204</sup> CVW-11 Surgeon Statement dtd 18 May 20

<sup>205</sup> CVW-11 Surgeon Statement dtd 18 May 20

<sup>206</sup> CVW-11 Surgeon Statement dtd 18 May 20



g. The CVW-11 Surgeon believes that three of the Sailors eventually tested positive for COVID-19.<sup>207</sup>

h. Subsequent investigation of the ship's Sick Call Log revealed no patients presented to TR Medical with a loss of taste or smell prior to the first confirmed positive COVID-19 case.<sup>208</sup>

### **First Confirmed Case of COVID-19 until Arriving at Guam**

131. In the early morning of March 24, 2020, TR confirmed three Sailors tested positive for COVID-19; two from CVW-11 and one from the Reactor Department.<sup>209</sup>

132. The first three TR Sailors to test positive for COVID-19 were not close contacts of the initial 39 Sailors quarantined on March 9<sup>th</sup>.<sup>210</sup>

133. Within 24 hours of positive cases, the TR SMO began basing initial projections for the spread of COVID-19 aboard TR on similar circumstances on cruise ships, but in “negative fashion” since cruise ships have individual berthing.<sup>211</sup>

134. After Sailors aboard TR tested positive for COVID-19, C7F considered directing TR to Hawaii or San Diego; however, C7F ruled these ports out due to the limited medical evacuation coverage of responding aircraft.<sup>212</sup>

135. TR was originally scheduled to execute a port visit to Guam from April 3 to April 10, 2020.<sup>213</sup>

136. On March 24, 2020, TR sailed for Guam at BKH's best speed based on maximum allowable fuel burn rate for the planned transit.<sup>214</sup>

137. Guam had previously denied entry to cruise ship MS WESTERDAM on February 7, 2020, over COVID-19 concerns, even though there were no known COVID-positive passengers on the ship.<sup>215</sup>

138. On March 24, 2020, Deputy Chief of Naval Operations (DCNO) for Operations, Plans and Strategy (OPNAV N3/N5) informed C7F that the “crew of TR will not leave

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<sup>207</sup> CVW-11 Surgeon Statement dtd 18 May 20

<sup>208</sup> TR Sick Call Log 5 Mar to 23 Mar 20

<sup>209</sup> Email - TR SMO to CCSG-9 - COVID-19 Update dtd 24 Mar 20

<sup>210</sup> CCSG-9 Statement dtd 15 May 20

<sup>211</sup> TR SMO Statement dtd 17 May 20

<sup>212</sup> C7F COS Statement dtd 21 May 20

<sup>213</sup> Email - CSG-9 – Response to RFI dtd 20 May 20

<sup>214</sup> Crozier, B. CAPT Statement dtd 15 May 20; C7F COS Statement dtd 21 May 20; TR XO Statement dtd 16 May 20; TR RO Statement dtd 18 May 20

<sup>215</sup> Guam denies entry to ship over coronavirus concerns, *USA Today* (07 Feb 20)

<https://www.usatoday.com/story/news/local/2020/02/07/guam-denies-entry-ship-over-coronavirus-concerns/4687803002/>



pier, with the exception of Sailors testing positive for COVID-19, who will be sequestered in base berthing facilities.”<sup>216</sup>

139. On March 24, 2020, C7F suggested to CCSG-9 that TR use the ship’s hangar deck for segregated berthing and to consider moving the CSG-9 Command Element to a command ship.<sup>217</sup>

140. On March 24, 2020, C7F considered flying CVW-11 off TR to Anderson AFB, Guam.<sup>218</sup>

141. CTF 75 offered C7F tents with air conditioning and cots for 400 Sailors to be available on the pier in Guam if needed.<sup>219</sup>

142. After the third Sailor tested positive for COVID-19, TR CO conducted a 1MC call informing the crew that antiseptic wipes and hand sanitizer were available throughout the ship, “bleach-a-palooza” would occur twice daily, dental services were limited, and self-service was secured on the mess decks, the Chief Petty Officers’ mess, and wardrooms.<sup>220</sup>

143. C7F was aware of the preventive measures taken aboard TR.<sup>221</sup>

144. On March 24, 2020, the Pentagon confirmed its first case of COVID-19.<sup>222</sup>

145. On March 24, 2020, USA Today reported TR had up to eight Sailors aboard who tested positive for COVID-19.<sup>223</sup>

146. On March 24, 2020, TR Safety Officer stood up a COVID-19 Awareness Council (CAC), which included dental staff, the TR’s staff judge advocate, and various CVW-11 representatives. The purpose of the CAC was to manage messaging. Specifically, the CAC aimed to convert CDC and NAVADMIN guidance into a format easily accessible and usable across the entire ship.<sup>224</sup>

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<sup>216</sup> Email (SIPR) - C7F to OPNAV N3/N5 – RE: (U//FOUO) FOR INFO: TR Recovery and Disposition Plan dtd 27 Mar 20

<sup>217</sup> Email (SIPR) – C7F to CCSG-9, C7F CoS, CSG-9 CoS – RE: (S) Positive COVID tests on TR (Update #2) dtd 24 Mar 20 2313 (Guam time)

<sup>218</sup> Email (SIPR) – C7F CoS to CSG-9 CoS, NBG CO - \*\*\* Urgent – Air Wing Fly Off? dtd 24 Mar 20

<sup>219</sup> Email – (SIPR) CTF 75 to C7F – COVID-19 Commander’s perspective 22 Mar dtd 24 Mar 20

<sup>220</sup> Email – TR PAO to Crozier, B. CAPT – RE: TRSG RTQ dtd 24 Mar 20

<sup>221</sup> Email – C7F PAO to TR PAO – FWD: Proposed Statement dtd 26 Mar 20

<sup>222</sup> First Case of COVID-19 at the Pentagon dtd 25 Mar 20

<https://www.defense.gov/Newsroom/Releases/Release/Article/2125774/first-case-of-covid-19-at-the-pentagon/>

<sup>223</sup> Eight sailors from USS Theodore Roosevelt have coronavirus, raising concerns about pandemic’s strain on military, USA Today (24 Mar 20) <https://www.usatoday.com/story/news/politics/2020/03/24/coronavirus-3-sailors-test-positive-military-readiness-affected/2910165001>

<sup>224</sup> TR Safety Officer Statement dtd 17 May 20

147. TR spent most of March 24<sup>th</sup> in condition River City (limited communications on and off the ship).<sup>225</sup>

148. Within the first 48 hours of TR's first COVID-19 positive cases, the TR SMO distributed the NTRP relating to shipboard isolation and quarantine to each of the HODs.<sup>226</sup>

149. The TR CO stated that after March 24<sup>th</sup>, he was sleeping 4-5 hours a night.<sup>227</sup>

150. After the outbreak, the TR SMO had daily communication with C7F surgeon, CPF surgeon, Naval Hospital Guam (NHG) CO, and 3D MEB.<sup>228</sup>

151. After March 24, 2020, the TR Surgeon cancelled routine operations and began screening patients.<sup>229</sup>

152. Positive crew members initially remained in ship's Medical unless the member was an officer with a single stateroom. Positive cases were then isolated and contact tracing identified additional Sailors to segregate.<sup>230</sup>

153. At the time, NAVADMIN 083/20 defined a person under investigation (PUI) as an individual with either a pending COVID-19 test or for whom a test would have been ordered/conducted if one had been available.<sup>231</sup>

154. Close contacts were identified as having 10 minutes of contact or more within 20 feet of a positive case.<sup>232</sup>

155. The COVID-19 treatment plan included over-the-counter medications.<sup>233</sup>

156. The Medical Department was running low on testing kits, so anyone with a common cold but no fever were treated for what the Medical Department suspected.<sup>234</sup>

157. Following positive cases of COVID-19, the TR Medical Department ceased routine care, including mental health. The TR psychologist responded to routine patients and handled "fleet administrative tracking" where COVID-19 test results were recorded when known.<sup>235</sup>

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<sup>225</sup> TR Psychologist Statement dtd 18 May 20

<sup>226</sup> TR Safety Officer Statement dtd 17 May 20

<sup>227</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>228</sup> TR SMO Statement dtd 17 May 20

<sup>229</sup> TR Surgeon Statement dtd 18 May 20

<sup>230</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>231</sup> NAVADMIN 083/20 Restriction of Movement (ROM) Guidance dtd 23 Mar 20

<sup>232</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>233</sup> TR PA Statement dtd 18 May 20

<sup>234</sup> TR PA Statement dtd 18 May 20

<sup>235</sup> TR Psychologist Statement dtd 18 May 20

158. On March 25, 2020, TR transferred ashore the first four Sailors who tested positive for COVID-19 via rotary wing.<sup>236</sup>

159. The TR XO stated he believed TR largely adhered to NTRP 4-02.10 guidance prior to Sailors testing positive.<sup>237</sup>

160. The TR XO stated, “We were absolutely aware of the CPF and C7F OPORD and FRAGORDs -- but as we got closer to Guam and cases increased, it appeared CPF and C7F were not in alignment on NAVADMIN 083 – specifically the need for isolated berthing. They continued to direct us to attempt group quarantine methods that were not in compliance. We were getting a 10,000-yard screwdriver from BLR. We did it, but it was frustrating.”<sup>238</sup>

161. Once TR Sailors tested positive for COVID-19, the TR SMO routinely sent CCSG-9 updates and numbers, including prediction models for the virus’ spread.<sup>239</sup>

162. The TR SMO relied upon observations and data from the cruise ship Diamond Princess sequestered in Japan, which had a different demographic than that of the TR.<sup>240</sup>

163. The TR CO acknowledged studies about cruise ships influenced his decision-making.<sup>241</sup>

164. On March 25th, the TR CO sent letters to family members indicating “a few Sailors” had tested positive for COVID-19, were been placed in isolation, and work was in progress to fly those Sailors off the ship as soon as possible.<sup>242</sup>

165. Once Sailors aboard TR tested positive for COVID-19, TR closed the barbershop and gyms but permitted PT in the hangar bay. Cooks served salad and self-serve food options were removed from the mess deck. ATMS, vending machines, and the ship’s store remained open (with a limited number of patrons at a time). Self-serve laundry closed. TR XO implemented mandatory facemask wearing.<sup>243</sup>

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<sup>236</sup> CO NHG Statement dtd 18 May 20; Sailors tested positive on USS Theodore Roosevelt, extent of exposure unclear, Pacific Daily News (23 Mar 20) <https://www.guampdn.com/story/news/local/2020/03/26/sailors-tested-positive-uss-roosevelt-extent-exposure-unclear/5084652002/#>

<sup>237</sup> TR XO Statement dtd 16 May 20 Addendum

<sup>238</sup> TR XO Statement dtd 16 May 20

<sup>239</sup> Email – TR SMO to CCSG-9 – RE COVID -19 update 28 March – Evening update dtd 28 Mar 20

<sup>240</sup> Email - TR SMO to Warfare Commanders – Diamond Princess Article dtd 28 Mar 20

<sup>241</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>242</sup> Email – Crozier, B. CAPT to TR Ombudsmen – (none) with Letter to TR Families and Friends dtd 27 Mar 20

<sup>243</sup> TR SUPPO Statement dtd 18 May 20; TR XO Statement dtd 16 May 20

166. While in transit to Guam, the TR CO authorized the use of damage control flash hoods as face coverings because the ship lacked a sufficient number of face coverings for the entire crew.<sup>244</sup>

167. Despite receiving direction to plan for using on-base resources, CCSG-9 believed that using Guam hotels was still an option.<sup>245</sup>

168. On March 25, 2020, CO, NBG compiled a scheme of maneuver brief that detailed 150 isolation and 493 quarantine beds available in gyms and open bay berthing.<sup>246</sup>

169. On March 25, 2020, the CSG-9 COS notified C7F COS of the need for 4,000 rooms to house Sailors in single isolation for two weeks.<sup>247</sup>

170. On March 25<sup>th</sup>, CCSG-9 requested 4,000 CDC-compliant rooms and believed higher headquarters was working their request.<sup>248</sup>

171. CCSG-9 received feedback that obtaining 4,000 CDC-complaint rooms was not an option because A-SN had stated publicly that TR will be pierside in Guam and no one on the crew would be allowed to leave other than pierside and that 100 percent testing of the crew will occur to ensure that COVID-19 is contained.<sup>249</sup>

172. On March 25, 2020, Commander, Joint Region Marianas (CJRM) notified the Governor of Guam that TR had three COVID-19 Sailors onboard and they were being evacuated to NBG. The following day, CJRM notified the Governor of Guam an additional 21 Sailors would be evacuated to NBG from TR.<sup>250</sup>

173. CJRM stated, "As the situation onboard the ship became more serious and the medical response evolved [from March 27-29] my conversations with the Governor became more frequent."<sup>251</sup>

174. On March 26, positive COVID-19 cases aboard TR rose from eight to 33.<sup>252</sup>

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<sup>244</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>245</sup> CCSG-9 Statement dtd 15 May 20

<sup>246</sup> Email (SIPR) - CO NBG – NBG Task Force TR REVIVE dtd 26 Mar 20

<sup>247</sup> Email – (SIPR) CSG-9 COS to C7F COS – HOTEL OPTION dtd 25 Mar 20

<sup>248</sup> CCSG-9 Statement dtd 15 May 20

<sup>249</sup> CCSG-9 Statement dtd 15 May 20; Transcript: Marine Corps Officials Hold a Defense Department News Briefing on COVID-19 Efforts dtd 26 Mar 20 <https://www.defense.gov/Newsroom/Transcripts/Transcript/Article/2127585/marine-corps-officials-hold-a-defense-department-news-briefing-on-covid-19-effo/>

<sup>250</sup> Email - CJRM – Follow Up to 13 May 20 Phone Call

<sup>251</sup> Email - CJRM – Follow Up to 13 May 20 Phone Call

<sup>252</sup> Email (SIPR) - CCSG-9 - Positive COVID-19 tests on TR (update #9) dtd 26 Mar 20

175. On March 26, 2020, CCSG-9 informed C7F that TR would run out of quarantine/isolation space ashore in Guam.<sup>253</sup>
176. On March 26, 2020, A-SN stated publicly that TR would not need assistance from Guam and that TR's crew will stay on the pier upon arrival.<sup>254</sup>
177. On March 26, 2020, CCSG-9 issued outbreak Commander's Guidance for arrival in Guam expressing the following priorities: (1) move all COVID-positive Sailors to isolation quarters; (2) identify key groups needed to operate ship at sea in near-term; (3) move key reactor supervisory personnel into isolation following testing; and (4) if additional quarantine racks remain, prioritize personnel by function.<sup>255</sup>
178. On March 26, 2020, the TR XO sent an email to all officers and all Chiefs outlining a plan to disembark TR's crew upon arrival in Guam.<sup>256</sup>
179. On March 26, 2020, CPF sent the first of a series of TR Recovery and Disposition Plan email updates to INDOPACOM and the Chief of Naval Operations (CNO). CPF reported to CNO that the plan was to test the entire TR crew for COVID-19.<sup>257</sup>
180. On March 26, 2020, C7F emailed DCNO (N3/N5) recommending Echelon I engagement and support for additional resources for testing 100 percent of the TR crew.<sup>258</sup>
181. The C7F COS stated that testing before moving to quarantine was not required and that C7F was clear to CCSG-9 that the intent was to move Sailors ashore as fast as possible.<sup>259</sup>
182. On March 24, 2020, C7F emailed CCSG-9 providing testing protocol and the TR Triage and Disposition Plan, a flow chart for testing all Sailors.<sup>260</sup>
183. On March 28, 2020, C7F corrected CCSG-9 in an email regarding testing protocol and mandating him to "start over" with testing.<sup>261</sup>
184. At the request of CNO, it was CPF's intention to test 100 percent of TR's crew.<sup>262</sup>

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<sup>253</sup> Email (SIPR) - CCSG-9 - Positive COVID-19 tests on TR (update #9) dtd 26 Mar 20

<sup>254</sup> UPDATED: USS Theodore Roosevelt Quarantines Sailors on Guam as Coronavirus Outbreak Spreads, *USNI News* (26 Mar 20)

<sup>255</sup> Email (SIPR) - CCSG-9 to Crozier, B. CAPT, CVW-11 CAG - (S) OUTBREAK COMMANDER'S GUIDANCE dtd 26 Mar 20

<sup>256</sup> Email: TR XO - Plan for Guam Day 1 dtd 26 Mar 20

<sup>257</sup> Email (SIPR) - CPF to CNO and INDOPACOM - TR Recovery and Disposition Plan dtd 26 Mar 20

<sup>258</sup> Email - (SIPR) C7F to OPNAV N3/N5 - RE: (U//FOUO) FOR INFO: TR Recovery and Disposition Plan dtd 26 Mar 20

<sup>259</sup> C7F COS Statement dtd 21 May 20

<sup>260</sup> Email (SIPR) - C7F- Positive COVID-19 Tests on TR dtd 24 Mar 20

<sup>261</sup> Email (SIPR) - C7F to CCSG-9 dtd. 28 Mar 20 SUBJ: (S) 28 Mar TB - follow-up

<sup>262</sup> Email (SIPR) - CNO to CPF - FOR INFORMATION: TR Recovery and Disposition Plan dtd 26 Mar 20, 2014



185. In response, C7F stated that “100 percent [testing] was desired but likely not possible.”<sup>263</sup>

186. In the same email thread the DCNO (N3/N5), who was responsible for Navy’s overall plan to combat COVID-19, replied to C7F that the “Crew of TR will not leave pier, with the exception of positive Sailors, who will be sequestered in base berthing facilities.”<sup>264</sup>

187. The CNO stated that he understood CPF’s intent to test 100 percent of TR’s crew.<sup>265</sup>

188. During a discussion with C7F, the Commanding General of III Marine Expeditionary Force (III MEF) offered up to 5,000 rooms for potential TR crew occupancy in Okinawa.<sup>266</sup>

### **Arrival in Guam**

189. On March 27, 2020, TR arrived in Guam and moored pierside.<sup>267</sup>

190. As TR arrived in Guam, the ship had 36 COVID-19 positive cases.<sup>268</sup>

191. As of March 27, 2020, USS Ronald Reagan (CVN 76) had three COVID-19 positive cases.<sup>269</sup>

192. The TR SMO requested assistance from Navy Medicine upon arrival in Guam.<sup>270</sup>

193. The C7F and CPF Fleet Surgeons concurred with the TR SMO that as TR arrived in Guam, “[A]nyone who is defined as [having influenza-like illness symptoms] is a presumptive [positive for] COVID-19 and should be treated as such.”<sup>271</sup>

194. The TR medical team used the batch testing method to test Sailors for COVID-19.<sup>272</sup>

195. A batch test does not individually diagnose Sailors.<sup>273</sup>

196. As of March 27, 2020, TR was limited to 40 diagnostic tests per day.<sup>274</sup>

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<sup>263</sup> Email (SIPR) - CNO to CPF - FOR INFORMATION: TR Recovery and Disposition Plan dtd 26 Mar 20, 2014

<sup>264</sup> Email (SIPR) - CNO to CPF - FOR INFORMATION: TR Recovery and Disposition Plan dtd 26 Mar 20, 2014

<sup>265</sup> Email (SIPR) - CNO to CPF - FOR INFORMATION: TR Recovery and Disposition Plan dtd 26 Mar 20, 2014

<sup>266</sup> C7F Statement dtd 18 May 20

<sup>267</sup> Facebook Post - Family and Friends of the Rough Riders, Crozier, B. CAPT (27 Mar 20)

<https://www.facebook.com/USSTheodoreRoosevelt/photos/a.489137065779/10156700551025780/?type=3&theater>

<sup>268</sup> Email (SIPR) - C7F - C7F COVID daily CDRs update (26 Mar) dtd 27 Mar 20

<sup>269</sup> Email (SIPR) - C7F - C7F COVID daily CDRs update (26 Mar) dtd 27 Mar 20

<sup>270</sup> Email - TR SMO to CPF and C7f surgeons - WARNORD for BUMED dtd 24 Mar 20

<sup>271</sup> Email - CPF Surgeon to C7F surgeon and TR SMO - WARNORD for BUMED dtd 24 Mar 20

<sup>272</sup> Email (SIPR) - CCSG-9 to C7F - POSITIVE COVID-19 TEST ON TR (update #3) dtd 25 Mar 20

<sup>273</sup> Navy Preventive Medicine Teams Embark Ships in 7th Fleet, INDOPACOM, (03 Mar 20)

<https://www.pacom.mil/Media/News/News-Article-View/Article/2122302/navy-preventive-medicine-teams-embark-ships-in-7th-fleet/>

<sup>274</sup> TR SMO Statement dtd 17 May 20; CCSG-9 Statement dtd 15 May 20

197. NAVADMIN 092/20 urged commands to “continue random urinalysis specimen collection from Sailors during the COVID-19 pandemic to the greatest extent possible,” but also afforded Commanding Officers the approval authority to pause collections in response to the strict enforcement of social distancing measures.<sup>275</sup>

198. Subsequent to TR’s arrival in Guam, TR’s Command Urinalysis Program continued with assigned times for each department to report for urinalysis screening.<sup>276</sup>

199. As TR pulled into Guam, C7F’s priority was keeping TR mission capable.<sup>277</sup>

200. As the TR arrived in Guam, C7F was “crystal clear” to CCSG-9 that C7F wanted as many Sailors off the ship as quickly as possible.<sup>278</sup>

201. According to C7F COS, CPF directed 100 percent testing of TR’s crew because CPF believed a lab in Korea could test 1,000 samples a day. C7F COS stated he believed Korea was never able to test 1,000 TR Sailors in one day.<sup>279</sup>

202. TR leadership prioritized removing COVID-19 positive Sailors first, key reactor watchstanders second, and PUIs last.<sup>280</sup>

203. The TR XO planned to keep approximately 700 Sailors aboard TR to run the ship.<sup>281</sup>

204. According to the C7F COS, after TR arrived in Guam, the goal became scattered: CPF wanted testing, C7F wanted Sailors off the ship, and TR wanted single rooms.<sup>282</sup>

205. According to the C7F COS, Guam later required testing before Sailors could enter hotels.<sup>283</sup>

206. On March 28, 2020, the C7F COS informed the CSG-9 COS that TR was not following “protocol” because Sailors were going into quarantine without batch tests to determine if the virus was present.<sup>284</sup>

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<sup>275</sup> NAVADMIN 092/20 Urinalysis Policy Update dtd 27 Mar 20

<sup>276</sup> TR MA2 to TR Crew - URINALYSIS POLICY UPDATE dtd 29 Mar 20

<sup>277</sup> C7F COS Statement dtd 21 May 20

<sup>278</sup> C7F COS Statement dtd 21 May 20

<sup>279</sup> C7F COS Statement dtd 21 May 20

<sup>280</sup> TR XO Statement dtd 16 May 20

<sup>281</sup> TR XO Statement dtd 16 May 20

<sup>282</sup> C7F COS Statement dtd 21 May 20

<sup>283</sup> C7F COS Statement dtd 21 May 20

<sup>284</sup> Email (SIPR) - C7F COS to CSG-9 COS - Triage and Procedure dtd 27 Mar 20

207. According to CCSG-9, securing hotel rooms in Guam was initially not an option because A-SN stated publicly that the Navy would not require assistance from Guam.<sup>285</sup>

208. C7F believed that should hotels become available in Guam, Sailors would need to test negative for COVID-19 before exiting NBG.<sup>286</sup>

209. As of March 27, 2020, the C7F COS explained to CSG-9 that testing was required before personnel disembarked.<sup>287</sup>

210. On March 27, 2020, the TR SMO distributed "TR's Triage and Disposition Plan" promulgated by C7F, which contemplated 200 COVID-19 tests per day.<sup>288</sup>

211. Because Guam declared a Public Health State of Emergency on March 14, 2020, the C7F COS believed asking Guam for help was a "big ask."<sup>289</sup>

212. TR CO stated, "Testing had to be done before Sailors were allowed to debark the ship."<sup>290</sup>

213. The TR XO stated that testing requirements "seemed to change daily."<sup>291</sup>

214. The TR SMO stated, "There was some initial confusion as to whether or not the Sailors had to be tested before they went to on-base facilities rather than the hotels out in town."<sup>292</sup>

215. The TR XO stated the information flow between C7F, CSG-9, and TR was "off" and that TR XO believed the TR was "making decisions without the benefit of full information."<sup>293</sup>

216. The TR CO stated that "[the Warfare Commanders] had no information on the matter, but had we been aware then, that housing Sailors individually in hotels in Guam was a viable and realistic COA, we may have had less concerns because we knew at our level that moving Sailors ashore into hotels was the quickest and most effective way to combat the spread of COVID-19."<sup>294</sup>

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<sup>285</sup> CCSG-9 Statement dtd 15 May 20

<sup>286</sup> C7F Statement (Addendum) dtd 19 May 20; C7F COS Statement dtd 21 May 20

<sup>287</sup> Email – (SIPR) COS C7F to COS CSG-9 – Triage and procedure dtd 28 Mar 20

<sup>288</sup> Email – TR SMO to CSG-9 Staff – Testing Planning Factors dtd 27 Mar 20

<sup>289</sup> C7F COS Statement dtd 21 May 20; Email (SIPR) - CSG-9 COS to C7F COS – HOTEL OPTION dtd 25 Mar 20

<sup>290</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>291</sup> TR XO Statement dtd 16 May 20

<sup>292</sup> TR SMO Statement dtd 17 May 20

<sup>293</sup> TR XO Statement dtd 16 May 20

<sup>294</sup> Crozier, B. CAPT Statement dtd 15 May 20

217. The TR SMO stated he was not fully aware of a Guam hotel plan and was not briefed on the plan.<sup>295</sup>

218. CCSG-9 was aware of ongoing efforts by higher headquarters to negotiate for the use of hotels on Guam and “by March 31, [we knew we] were making progress.”<sup>296</sup>

219. According to C7F, “the TR CO was briefed on the [hotel] option and the support, voiced no concerns when asked, (but then sent his letter the same or following day, 29 or 30 March).”<sup>297</sup>

220. The TR SMO stated he did not get much sleep between March 24<sup>th</sup> and April 2<sup>nd</sup>.<sup>298</sup>

221. The TR CO did not attend C7F COS COVID-19 working group meetings. As a result, C7F was generally unaware of what was actually happening on the ship during the first two days in Guam.<sup>299</sup>

222. As TR Sailors came ashore, complaints about available accommodations and food arose.<sup>300</sup>

223. Sailors expressed their concerns on social media and this was relayed to the TR CO and TR XO.<sup>301</sup>

224. The CSG-9 COS stated that in “daily meetings with the C7F Crisis Action Team, we stated food supply was insufficient, and available racks were not spread out far enough. C7F seemed concerned only with filling beds ashore. Ongoing dialogue between C7F and CCSG-9 was contentious.”<sup>302</sup>

225. The TR SMO did not consistently attend or send a representative to the daily C7F medical synchronization meetings.<sup>303</sup>

226. The TR CO stated that it was a constant balancing act between keeping the crew in close quarters on the ship and sending the crew out to inadequate facilities where they lacked proper living necessities and medical care.<sup>304</sup>

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<sup>295</sup> TR SMO Statement dtd 17 May 20

<sup>296</sup> CCSG-9 Statement dtd 15 May 20

<sup>297</sup> C7F Statement dtd 18 May 20

<sup>298</sup> TR SMO Statement dtd 17 May 20

<sup>299</sup> C7F COS Statement dtd 21 May 20

<sup>300</sup> TR XO Statement dtd 16 May 20; AN Statement dtd 16 May 20; AT1 Statement dtd 22 May 20

<sup>301</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20; TR PAO Interview Summary dtd 23 May 20

<sup>302</sup> CSG-9 COS Statement dtd 18 May 20

<sup>303</sup> CPF Surgeon Statement dtd 19 May 20

<sup>304</sup> Crozier, B. CAPT Statement dtd 15 May 20

227. The TR XO expressed concern sending “thousands of Sailors off the ship if there were no acceptable showers, bathrooms, or food available.”<sup>305</sup>

228. The TR SMO stated the NHG public health emergency officer expressed to him concerns over “communal berthing” on land.<sup>306</sup>

229. NBG does not have a galley. NBG CO coordinated with MWR (Club), NEXCOM, and DoDEA cafeteria in order to serve 5000 - 6000 daily meals.<sup>307</sup>

230. On March 28, 2020, TR received new COVID-19 testing kits, but they required 12-14 days of preparation before use.<sup>308</sup>

231. On March 28, 2020, C7F, JRM COS and CJRM began initial discussions about increasing isolation capacity via hotels. The same day, CJRM began discussing the availability of hotel rooms with the government of Guam.<sup>309</sup>

232. On or about March 28, 2020, the Governor of Guam told CJRM, “we (Guam) need to support the people who defend us. This is the humanitarian thing to do.”<sup>310</sup>

233. The Governor of Guam indicated to the CJRM COS that a formal request from CPF or INDOPACOM would be necessary to secure hotels.<sup>311</sup>

234. After the initial concept of operations was developed the Guam Hotel and Restaurant Association (GHRA) identified the first hotels for use by TR personnel and a unified “walkthrough” of partner hotels was arranged between April 1<sup>st</sup> and 2<sup>nd</sup> at various sites.<sup>312</sup>

235. On March 28<sup>th</sup>, CCSG-9 decided to move people off ship as quickly as possible and test later.<sup>313</sup>

236. On March 28<sup>th</sup>, the TR SMO wrote an email to C7F and U.S. Pacific Fleet (PACFLT) Surgeons stating the need to move 4,500 personnel into individual berthing with single heads.<sup>314</sup>

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<sup>305</sup> TR XO Statement dtd 16 May 20

<sup>306</sup> TR SMO Statement dtd 17 May 20

<sup>307</sup> NBG CO Statement dtd 18 May 20

<sup>308</sup> Email – (SIPR) CNO to CPF – INFO TR recovery and disposition update 27 Mar 20 dtd 28 Mar 20

<sup>309</sup> Email - CJRM – Follow Up to 13 May 20 Phone Call

<sup>310</sup> Email - CJRM – Follow Up to 13 May 20 Phone Call

<sup>311</sup> C7F Statement dtd 18 May 20; Email - CJRM – Follow Up to 13 May 20 Phone Call

<sup>312</sup> Email - CJRM – Follow Up to 13 May 20 Phone Call

<sup>313</sup> Email (SIPR) - C7F to CCSG-9 – SUBJ: (S) 28 Mar TB - follow-up dtd 28 Mar 20

<sup>314</sup> Email - TR SMO to C7F and CPF Surgeons – Reality dtd 28 Mar 20



237. As positive cases mounted aboard TR, the TR CO stated that he relayed his concerns about the ship's inability to adhere to COVID related NAVADMINs to CCSG-9.<sup>315</sup>

238. On March 28, 2020, the TR XO acknowledged TR was not in compliance with applicable guidance and believed quarantining Sailors in aft berthing aboard TR was "only making the problem worse." The TR XO recommended to the TR CO to end segregated berthing on board the ship and declar[e] the entire crew and embarked staff as 'Close Contact[s]'.<sup>316</sup>

239. On March 28, 2020, the TR SMO sent an email to CCSG-9 noting 44 total Sailors had tested positive by midday. In an evening update, the TR SMO verified two more Sailors tested positive, bringing the total to 46 total positive cases aboard TR.<sup>317</sup>

240. On March 29, 2020, the TR SMO sent an email to CCSG-9 noting 50 total Sailors had tested positive by midday. In an evening update, the TR SMO verified three more Sailors tested positive, bringing the total to 53 positive cases aboard TR.<sup>318</sup>

241. On March 29, 2020, the TR SMO sent an email stating "we have lost" regarding COVID-19 on TR.<sup>319</sup>

242. The TR XO suggested that the Ship Emergency Command Center (ECC) data demonstrated the ship's segregated berthing plan was making the rate of transmission worse.<sup>320</sup>

243. During this time, C7F tasked CCSG-9 and TR to develop plans to airlift crew members to Okinawa.<sup>321</sup>

244. C7F had arranged for III MEF to vacate their barracks in Okinawa located at Marine Corps Air Station Futenma, Marine Corps Base Butler and outlying camps.<sup>322</sup>

245. On March 29, 2020, the TR CO emailed Commander, Fleet Activities Okinawa (CFAO), to "get some fidelity on the latest proposal to get the TR 5,000 barracks rooms

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<sup>315</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>316</sup> TR XO Statement dtd 16 May 20; Crozier, B. CAPT Statement dtd 15 May 20

<sup>317</sup> Email – TR SMO to CCSG-9 – COVID-19 update 28 March - Mid-day update dtd 28 Mar 20; Email – TR SMO to CCSG-9 – RE COVID -19 update 29 March – Evening update dtd 28 Mar 20

<sup>318</sup> Email – TR SMO to CCSG-9 – COVID-19 update 29 March - Mid-day update 29 Mar 20; Email – TR SMO to CCSG-9 – COVID-19 update 29 March - Evening update dtd 29 Mar 20; Email – (SIPR) CPF to C7F – Evening Ops Update and COVID 29 Mar dtd 29 Mar 20

<sup>319</sup> Email - TR SMO to C7F and CPF Surgeons – Reality dtd 28 Mar 20

<sup>320</sup> TR XO Statement dtd 16 May 20

<sup>321</sup> CCSG-9 Statement dtd 15 May 20

<sup>322</sup> Email – C7F COVID Response Cell – RFI Follow-Up dtd 20 May 20

in Okinawa.” CFAO replied, “Long story short, we don’t have 500p [sic] rooms but will do whatever we can to support.”<sup>323</sup>

246. The TR CO discussed his conversation with CFAO with the TR XO and senior Warfare Commanders. The group believed the C7F staff had wasted their time on a non-viable COA. The TR CO did not attempt to verify the accuracy of this information up the chain of command.<sup>324</sup>

247. The TR CO stated the Okinawa COA “was discounted as a viable COA due to logistical challenges, distance from THR, and likelihood of insufficient isolation rooms.”<sup>325</sup>

248. The TR CO and CSG-9 Warfare Commanders later stated that they were unaware of the intended movement of III MEF.<sup>326</sup>

249. On March 29, 2020, CPF rejected C7F’s plan for movement of the TR crew to Okinawa based on the risk of accelerating infection spread on the aircraft during the 9-hour flight to Okinawa, and complications with the government of Japan.<sup>327</sup>

250. CPF directed that no Navy personnel leave Guam until he personally reviewed and approved that plan.<sup>328</sup>

251. On March 29, 2020, CO, NBG and C7F COS acknowledged that if they could not achieve better social distancing, more Sailors would contract the virus.<sup>329</sup>

252. As of March 29, 2020, the testing rates for TR were 120/day max and there were 4,389 untested crewmembers. At that rate, the TR SMO estimated it would take 37 days to test the entire crew.<sup>330</sup>

253. On March 29, 2020, there were 1,150 racks available on Guam with 535 racks occupied.<sup>331</sup>

254. CSG-9 COS stated the TR SMO pushed hard for individual rooms. CSG-9 COS stated C7F understood this, but pushed to quarantine Sailors 150-200 at a time.<sup>332</sup>

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<sup>323</sup> Email - CAPT Crozier to Commander, Fleet Activities Okinawa – Subj: New Normal dtd 29 Mar 20, 1818

<sup>324</sup> CCSG-9 Statement dtd 15 May 20; Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20

<sup>325</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>326</sup> Crozier, B. CAPT Statement dtd 15 May 20; CVW-11 CAG Statement dtd 19 May 20; CDS-23 Statement dtd 19 May 20

<sup>327</sup> Email (SIPR) - CPF to C7F – Evening Ops Update and COVID 29 Mar dtd 29 Mar 20

<sup>328</sup> Email (SIPR) - C7F to CPF - Evening Ops Update and COVID 29 Mar dtd 30 Mar 20

<sup>329</sup> Email (SIPR) - NBG CO to C7F COS - Quarantine - Social Distancing - getting to 4,000 dtd 29 Mar 20

<sup>330</sup> Email – (SIPR) C7F COS – Numbers dtd 29 Mar 20

<sup>331</sup> Email (SIPR) - CPF to C7F – Evening Ops Update and COVID 29 Mar dtd 29 Mar 20

<sup>332</sup> CSG-9 COS Statement dtd 18 May 20

255. On March 29, 2020, the TR's Afloat Recreation Specialist closed all gyms aboard TR.<sup>333</sup>

256. On March 29, 2020, with over 1,000 members of the crew onboard in quarantine, the TR CO released 900-1,000 Sailors in aft quarantine based on the recommendation of the TR SMO, TR XO, and TR CMC.<sup>334</sup>

257. The TR CO stated he felt it became prudent to begin considering all Sailors as COVID-19 positive.<sup>335</sup>

258. The TR XO stated by March 29, 2020, there was "true human suffering" in aft berthing.<sup>336</sup>

259. The TR SMO stated that a decision to quarantine large numbers of Sailors in aft berthing was ineffective.<sup>337</sup>

260. CCSG-9 was not involved in the decision to break TR's aft quarantine. The TR CO informed CCSG-9 after he had already lifted the quarantine order.<sup>338</sup>

261. After TR SMO notified CCSG-9 of the COVID-19 positive Sailors aboard TR, CCSG-9 asked C7F for assistance in securing individual isolation rooms in compliance with applicable NAVADMINs. At the time, CCSG-9 requested 200 rooms, but expected that the number would grow.<sup>339</sup>

262. On March 29, 2020, TR CO established a policy that no Sailors would leave the ship until guarantee of sufficient meal service was available. Additionally, the CO requested the ability for ship's company to inspect isolation/quarantine facilities for suitability prior to moving Sailors (e.g., adequate meal service, heads, physical separation).<sup>340</sup>

263. TR's leadership was concerned about the practicality of the temporary open-bay facilities because open bay facilities were not CDC compliant and did not allow for appropriate social distancing.<sup>341</sup>

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<sup>333</sup> Email – TR Afloat Rec Specialist – Gym's Secured dtd 29 Mar 20

<sup>334</sup> TR XO Response to RFI dtd 6 Apr 20

<sup>335</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>336</sup> TR XO Statement dtd 16 May 20

<sup>337</sup> TR SMO Statement dtd 17 May 20

<sup>338</sup> CSG-9 COS Statement dtd 18 May 20

<sup>339</sup> Email (SIPR) - CCSG-9 to C7F and C3F - POSITIVE COVID-19 TESTS ON TR (initial report) dtd 24 Mar 20; CCSG-9 Statement dtd 15 May 20

<sup>340</sup> Email – TR CO to NBG CO – NBG CMC Tour dtd 29 Mar 20; TR XO Statement dtd 16 May 20; TR CMC Statement dtd 17 May 20

<sup>341</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR SMO Statement dtd 17 May 20; CVW-11 CAG Statement dtd 19 May 20

264. TR CO communicated regularly with CO, NBG, TR CMC and TR Chaplain about conditions ashore.<sup>342</sup>
265. C7F believed that the TR CO and CSG-9 were resisting sending the crew ashore because available facilities were not fully CDC-compliant.<sup>343</sup>
266. C7F did not view the temporary facilities at NBG as inadequate as C7F felt they were a short-term improvement over shipboard conditions that would provide a bridge to a longer-term solution.<sup>344</sup>
267. On March 30, 2020, TR Supply Officer acknowledged a gym was available pierside for all hands.<sup>345</sup>
268. On March 30, 2020, TR CO halted the transfer of Sailors to off-ship berthing because available rooms were not single occupancy.<sup>346</sup>
269. According to C7F COS, TR CO turned down short term cots in less than desirable places like storerooms and warehouses.<sup>347</sup>
270. The pier area around TR had been designated a Force Health Protection Boundary (FHPB), restricting movement of those Sailors beyond the pier.<sup>348</sup>
271. TR CO stated that he intentionally left C7F off his email "TR request for assistance".<sup>349</sup>
272. In addition to CCSG-9, the TR CO, CVW-11 CAG, CDS-23, and CSG-9 COS were regular attendees at C7F Commander's Update Briefs conducted via VTC regularly during the deployment.<sup>350</sup>
273. On March 30, 2020, A-SN COS advised TR CO that A-SN would not visit the ship so TR "may focus on the health and welfare of [the] Sailors."<sup>351</sup>
274. On March 31, 2020, five members of the TR Medical Department signed a letter advocating for disembarkation of all TR Sailors from the ship and expressed an intent to release it to the public.<sup>352</sup>

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<sup>342</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>343</sup> C7F COS Statement dtd 21 May 20

<sup>344</sup> C7F Statement dtd 18 May 20

<sup>345</sup> Email – TR SUPPO to All Officers and Chiefs – Pier Gym Use dtd 31 Mar 20

<sup>346</sup> Email – NBG CO and TR CO – "Please Call" dtd 30 Apr 20

<sup>347</sup> C7F COS Statement dtd 21 May 20

<sup>348</sup> Email - CO NBG to TR CO - RE: TR PVST 0529 (Guam time) dtd 24 Mar 20

<sup>349</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>350</sup> C7F Statement dtd 18 May 20; CCSG-9 Statement dtd 15 May 20; Crozier, B. CAPT Statement dtd 15 May 20; CVW-11 CAG Statement dtd 19 May 20; CDS-23 Statement dtd 19 May 20; CSG-9 COS Statement dtd 18 May 20

<sup>351</sup> SECNAV COS email to TR CO – Support Requirements dtd 30 Mar 20

<sup>352</sup> Medical Department letter dtd 31 Mar 20

275. On March 31, 2020, the President of GHRA passed along a string of emails wherein an unknown person was looking to book hundreds of rooms in Guam for the TR.<sup>353</sup>

276. When informed of the third party attempt to secure hotel rooms, the TR XO emailed all leadership on TR to ask personnel to stop, as this was “counterproductive” as Guam political leaders were “under tremendous pressure from their constituents to contain [the TR COVID cases] to the base” and noted that currently there was “little local support for moving” TR Sailors into hotels on the island.<sup>354</sup>

277. On March 31, 2020, CPF formally requested Guam hotel options and negotiations commenced for an undetermined number of hotel rooms.<sup>355</sup>

278. On or about March 30, 2020, eight local community groups sent a letter to Guam Governor Leon Guerrero urging action to keep military patients on-base until the virus was defeated.<sup>356</sup>

279. On March 31, 2020, the TR CO received an email from the TR Ombudsman expressing concern about “the overwhelming lack of medical treatment or check in for Sailors who have been moved off the ship [and for their] [b]asic living necessities . . . whether it be medicine, toiletries, etc.”<sup>357</sup>

### **Development of and Response to Commanding Officer Letter of March 30, 2020 Warfare Commanders White Paper**

280. On March 29, 2020, the CVW-11 CAG drafted a white paper, collaborating between the other CSG-9 Warfare Commanders, presenting a COVID-19 analysis and suggested courses of action for CSG-9 Warfare Commanders and TR senior leadership review and revision with the intent of providing the final product to CCSG-9.<sup>358</sup>

281. CVW-11 CAG sent the White Paper to CCSG-9 on March 30, 2020.<sup>359</sup>

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<sup>353</sup> Email – TR PAO to JRM PAO et al. – RE: IMMEDIATE AWARENESS” >> Fwd: 400 Rooms checking in ASAP dtd 31 Mar 20

<sup>354</sup> Email - TR XO - Hotel Room inquires dtd 31 Mar 20

<sup>355</sup> C7F Statement dtd 18 May 20

<sup>356</sup> “Governor: ‘One Guam’ approach needed to defeat virus” Pacific Daily News (31 Mar 20)

<https://www.guampdn.com/story/news/local/2020/03/31/governor-one-guam-approach-needed-defeat-virus/2938329001/>

<sup>357</sup> Email - TR Ombudsmanto TR CO, TR XO, TR CMC - Questions on medical treatment for affected Sailors dtd 31 Mar 20, 1246

<sup>358</sup> CVW-11 CAG Statement dtd 19 May 20; TR XO Statement dtd 16 May 20; CCSG-9 Statement dtd 15 May 20; Email – CVW-11 CAG to CCSG-9 – PROPOSED PAPER / COURSE OF ACTION FROM WARFARE COMMANDERS dtd 29 Mar 20

<sup>359</sup> Email – CVW-11 CAG to CCSG-9 – PROPOSED PAPER / COURSE OF ACTION FROM WARFARE COMMANDERS dtd 29 Mar 20



282. CCSG-9 directed the Warfare Commanders to distill the white paper into four executable courses of action and CVW-11 CAG responded with four executable courses of action:

- a. 4,500 Sailors into individual isolation; 500 Sailors to remain onboard
- b. 2,500 crewmembers into individual isolation; 2,500 crewmembers to remain onboard and in group berthing off-ship
- c. Maintain the status quo – utilizing group berthing off-ship using available NBG facilities
- d. Immediately get underway<sup>360</sup>

283. After preparing the four courses of action, the Warfare Commanders provided them to CCSG-9.<sup>361</sup>

284. CCSG-9 did not consider using the Guam hotels as a viable option but kept the use of Guam hotels as an available option.<sup>362</sup>

285. On the morning of March 30<sup>th</sup>, CCSG-9 recommended to C7F that the removal of 4,500 crewmembers to individual isolations rooms was the CCSG-9 recommended course of action.<sup>363</sup>

286. C7F acknowledged the recommendation, but directed to continue batch testing, identification of “clean” group, and development of a plan to get a “clean” ship.<sup>364</sup>

### **Development of CAPT Crozier’s Letter and Email**

287. TR CO was unaware of any promises the U.S. Government had made to Guam about the use of local resources to aid in the care of TR crewmembers.<sup>365</sup>

288. The TR CO acknowledged that the A-SN COS understood TR needed more cots on base and attributed the acceleration of that delivery to his interaction.<sup>366</sup>

289. A-SN COS had not taken any action to accelerate the delivery of cots.<sup>367</sup>

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<sup>360</sup> Email – CVW-11 CAG to CCSG-9 – PROPOSED PAPER / COURSE OF ACTION FROM WARFARE COMMANDERS dtd 29 Mar 20

<sup>361</sup> Email – CVW-11 CAG to CCSG-9 – PROPOSED PAPER / COURSE OF ACTION FROM WARFARE COMMANDERS dtd 29 Mar 20

<sup>362</sup> CCSG-9 Statement dtd 15 May 20

<sup>363</sup> CVW-11 CAG Statement dtd 19 May 20

<sup>364</sup> CCSG-9 Statement dtd 15 May 20; C7F Statement dtd 18 May 20

<sup>365</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20

<sup>366</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>367</sup> Email – TR CI Team 3 Lead to TR CI CoS – TELECON with (b) (6) dtd 18 May 20

290. The CVW-11 CAG outlined that NBG facilities were insufficient to isolate personnel in accordance with the TR SMO's guidance, and securing hotels for the entire TR crew was impractical upon arrival; however, the Warfare Commanders were careful to ask for isolation, not specifically for hotel rooms.<sup>368</sup>

291. On March 30<sup>th</sup>, the TR CO and TR XO expected a phone call from the CNO; that phone call did not occur.<sup>369</sup>

292. CNO did not attempt to contact TR directly, nor did he intend to do so at any time relevant to this investigation as he trusted the leadership in the TR chain of command to discuss the immediate issues of the ship with the TR CO.<sup>370</sup>

293. The report of an incoming phone call from CNO to the TR CO was a miscommunication resulting from CNO's Battle Watch Captain (BWC) calling TR to ask if the previous A-SN COS call had been completed.<sup>371</sup>

294. The TR CO directed the TR XO to draft TR CO's letter based on input from the Warfare Commanders' White Paper.<sup>372</sup>

295. The TR CO reviewed the document and the email cover letter, signed it, scanned the letter, attached the letter to his email and sent the letter to CPF, Commander, Naval Air Forces Pacific (CNAP), and CCSG-9. The TR CO stated that his intent in sending the letter was to stop the administrative bureaucracy and bring focus back to what he thought was the best course of action to get people off the ship. He described the email and letter as a "red flare."<sup>373</sup>

296. C7F was not included on the email from the TR CO to CPF and CNAP.<sup>374</sup>

297. The TR CO received calls and emails from A-SN's COS on March 30<sup>th</sup> discussing an April 1<sup>st</sup> visit by A-SN to the TR; they did not discuss an immediate need for 4,000 beds fully in compliance with CDC and Navy guidelines and the TR CO did not specify that the current plans were not acceptable.<sup>375</sup>

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<sup>368</sup> CVW-11 CAG Interview dtd 19 May 20

<sup>369</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20

<sup>370</sup> Email - CNO Former EA to TR CI Senior Legal Advisor - TR Investigation dtd 20 May 20

<sup>371</sup> Email - CNO ABWC PTGN to BWC PTGN RE: Hot RFI.THEODORE ROOSEVELT RFI dtd 30 Mar 20; Email - CNO EA to BWC PTGN FW: TR dtd 29 Mar 20

<sup>372</sup> Crozier, B. CAPT Statement dtd 15 May 20; TR XO Statement dtd 16 May 20

<sup>373</sup> TR CO Email and Ltr - Request for Assistance in Response to COVID-19 Pandemic dtd 30 Mar 20; Crozier, B. CAPT Statement dtd 15 May 20

<sup>374</sup> TR CO Email and Ltr - Request for Assistance in Response to COVID-19 Pandemic dtd 30 Mar 20

<sup>375</sup> Crozier, B. CAPT Statement dtd 15 May 20

298. On March 30<sup>th</sup> at 1348, the TR CO sent an email with the letter drafted by the TR XO to ten recipients on an unclassified network. The email was sent to CPF, CNAP, CSG-9, and copied to CVW-11 CAG, TR XO, CVW-11 Deputy CAG, Commander, Destroyer Squadron (CDS) 23, TR SMO, CPF COS, and CNAP COS. The TR CO stated that in hindsight that there was likely a higher risk of the letter being released to press after being sent on the unclassified network, but at the time he did not realize this risk or intend for the letter to be released to the press.<sup>376</sup>

299. The TR CO requested “all available resources to find NAVADMIN and CDC-complaint quarantine rooms for my entire crew as soon as possible.”<sup>377</sup>

300. CCSG-9 did not have prior knowledge that TR CO was going to send this email and was surprised that the CO did not talk to him about the email first.<sup>378</sup>

301. CNAP, CPF, and CJRM responded to the CO’s email.<sup>379</sup>

302. The TR SMO forwarded the TR CO email with attachment to his personal email account.<sup>380</sup>

303. The TR SMO also later forwarded the responses to the TR CO email from CNAP, C7F, and CJRM to his personal email.<sup>381</sup>

304. CNAP and TR CO spoke on the phone following the email.<sup>382</sup>

305. CPF and CCSG-9 spoke on the phone following the email; TR CO was present for this conversation.<sup>383</sup>

#### **Reactor Officer Letter**

306. The TR Reactor Officer (RO) discussed with the TR CO concerns about the safety of the Reactor Department watch supervisors and the increase of positive COVID-19 cases in berthing in the gym.<sup>384</sup>

307. On March 26<sup>th</sup>, the TR RO sent an email via the classified network to CNAP Force Nuclear Propulsion Officer and the Special Assistant to the Director of Naval

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<sup>376</sup> Crozier, B. CAPT Statement dtd 15 May 20

<sup>377</sup> TR CO Email and Ltr - Request for Assistance in Response to COVID-19 Pandemic dtd 30 Mar 20

<sup>378</sup> CCSG-9 Statement dtd 15 May 20; Crozier, B. CAPT Statement dtd 15 May 20

<sup>379</sup> See Email - CNAP to TR CO - RE: TR request for assistance dtd 30 Mar 20; Email - CPF to TR CO and CCSG-9 - RE: TR request for assistance dtd 30 Mar 20

<sup>380</sup> Email – TR SMO to Personal email account - FW: TR request for assistance dtd 29 Mar 20 (forwarding the TR CO original email to SMO’s personal email account)

<sup>381</sup> Email – TR SMO to Personal email account- FW: TR request for assistance dtd 6 Apr 20 (forwarding the responses to the TR CO original email to SMO’s personal email account)

<sup>382</sup> CNAP Statement dtd 13 May 20

<sup>383</sup> CPF Statement dtd 17 May 20; CCSG-9 Statement dtd 15 May 20

<sup>384</sup> TR RO Statement dtd 18 May 20

Reactors for Carrier Operations outlining the current situation and way ahead for operations.<sup>385</sup>

308. On March 30<sup>th</sup>, the TR RO drafted and sent a classified email to the TR CO requesting off ship isolation rooms with separate bathroom facilities; the TR CO sent the TR RO's email to CNAP.<sup>386</sup>

### **Medical Department Letter**

309. Junior Medical Department personnel drafted a letter and presented it to the TR SMO, who was the last to sign it.<sup>387</sup>

310. In the letter, the signatories outlined their concerns over the situation on TR, detailed the possibility of 50 fatalities onboard the TR based on their assessment of published COVID-19 mortality rated at the time, and threatened to release their letter to the media.<sup>388</sup>

311. Not all members of the Medical Department signed the letter.<sup>389</sup>

312. The TR SMO and the other signers of the Medical Department letter presented the Medical Department letter to the TR XO.<sup>390</sup>

313. The TR XO requested the signers not send the letter, and believed the letter was not helpful, and the tone was unprofessional and overly combative.<sup>391</sup>

314. The TR SMO and the other signers of the Medical Department letter then presented the Medical Department letter to the TR CO.<sup>392</sup>

315. The TR CO asked the signers not to send it to the media because he had sent his email, with the attached letter, up the chain of command and thought it would address their concerns.<sup>393</sup>

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<sup>385</sup> Email (SIPR) - TR RO to SA to NR for CVN Ops - CVN 71 COVID-19 Roll Up and Way Ahead dtd 26 Mar 20; TR RO Statement dtd 18 May 20

<sup>386</sup> TR CO Email and Ltr - Request for Assistance in Response to COVID-19 Pandemic dtd 30 Mar 20

<sup>387</sup> TR SMO Statement dtd 17 May 20

<sup>388</sup> Medical Department Letter dtd 31 Mar 20

<sup>389</sup> See e.g., CVW-11 Surgeon Statement dtd 18 May 20, ("We didn't take the letter to the media and never intended to, and we certainly had no reason to after what happened with [TR CO]'s memo."), but also TR PT Statement dtd 18 May 20 ("I believed only two things would drive the Navy to act, the death of a Sailor or public opinion.")

<sup>390</sup> TR XO Statement dtd 16 May 20

<sup>391</sup> TR XO Statement dtd 16 May 20

<sup>392</sup> TR XO Statement dtd 16 May 20; TR SMO Statement dtd 17 May 20

<sup>393</sup> See e.g., Crozier, B. CAPT Statement dtd 15 May 20; TR SMO Statement dtd 17 May 20; TR Surgeon Statement dtd 18 May 20; CVW-11 Surgeon Statement dtd 18 May 20

316. The TR SMO sent the Medical Department letter via email to the Surgeon General copying CPF and C7F Surgeons and a few other senior leaders within Navy medicine.<sup>394</sup>

317. Approximately three minutes later, the TR SMO sent the Medical Department letter via email to over 160 recipients, none of whom were in TR's operational or administrative chain of command.<sup>395</sup>

### **Media Release and Subsequent Actions**

318. As early as March 30<sup>th</sup>, a reporter for the San Francisco Chronicle received a copy of the TR CO's letter and subsequently contacted OSD Public Affairs for comment.<sup>396</sup>

319. On April 1<sup>st</sup>, the San Francisco Chronicle posted a story entitled "Exclusive: Captain of aircraft carrier with growing coronavirus outbreak pleads for help from Navy." The TR CO's letter was included in this article.<sup>397</sup>

320. On April 1, 2020, the Governor of Guam permitted the entrance of TR personnel into Guam, subject to certain limitations. The Governor had intended to voice her support during a press conference on April 1<sup>st</sup>, in order to convey the well-managed and thoughtful civil-military response to the situation on TR. Publication of the TR CO's letter affected the Governor's opportunity to shape the public narrative of Guam's partnership with the Navy.<sup>398</sup>

321. The TR CO's email and letter of March 30<sup>th</sup>, did not increase support from CPF. CPF stated, "I took no new actions as a result of Crozier's email or memo because we had already been examining all options to get Sailors off the ship safely, get them tested quickly, and moved into appropriate locations efficiently."<sup>399</sup>

322. The TR CO's email and letter of March 30<sup>th</sup>, did not increase support from C7F. C7F stated, "I can't see how the letter didn't slow things down."<sup>400</sup>

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<sup>394</sup> Email - TR SMO to Navy Surgeon General - Letter from Medical Department on USS Theodore Roosevelt dtd 31 Mar 20

<sup>395</sup> Email - TR SMO - Guam dtd 30 Mar 20

<sup>396</sup> Email - TR PAO - FW: Urgent Media inquiry: USS Theodore Roosevelt COVID outbreak dtd 30 Mar 20

<sup>397</sup> Exclusive: Captain of aircraft carrier with growing coronavirus outbreak pleads for help from Navy *San Francisco Chronicle* (31 Mar 20) <https://www.sfchronicle.com/bayarea/article/Exclusive-Captain-of-aircraft-carrier-with-15167883.php>

<sup>398</sup> Governor of Guam ltr to CJRM, Subject: USS Theodore Roosevelt, dtd 1 Apr 20; CPF Statement dtd 17 May 20

<sup>399</sup> CPF Statement dtd 17 May 20

<sup>400</sup> C7F Statement dtd 18 May 20



323. The TR CO's email and letter of March 30<sup>th</sup>, did not increase support from CCSG-9. CCSG-9 stated, "The letter had no impact on what echelon I, II, or III were doing. The letter did have negative impact on our progress, which was frustrating."

324. On April 1, 2020, TR XO expressed to CJRM the need for surgical masks, stating "1000's [were] on order." Without surgical masks, TR XO directed Sailors wear flash hoods, bandanas, or some other face covering. He also mentioned Sailors were restricted to their rooms and asked if Chaplains, CMCs and OICs could perform health and wellness checks.<sup>401</sup>

325. On or about April 1, 2020, personnel transporting TR Sailors to hotels in Guam denied entry of two TR Sailors onto transport trucks because the two presented with COVID-19 symptoms.<sup>402</sup>

326. On April 2, 2020, Fleet Logistics Center Pearl Harbor approved 4,000 hotel rooms in Guam for use by TR personnel.<sup>403</sup>

327. On April 2, 2020, the TR CO and CO, NBG coordinated transportation of over 300 TR personnel to hotel rooms.<sup>404</sup>

328. On April 2, 2020, TR XO distributed quarantine and release plan to all hands.<sup>405</sup>

329. On April 2, 2020, A-SN COS offered TR CO a "direct line to SECNAV."<sup>406</sup>

330. During a phone call with CCSG-9, A-SN asked CCSG-9 whether or not the TR CO should be fired; CCSG-9 stated he felt pressured to agree with A-SN and stated to A-SN that the TR CO should be fired.<sup>407</sup>

331. Immediately after that phone call with A-SN, CCSG-9 called C7F to voice his concern.<sup>408</sup>

332. The Vice Chief of Naval Operations (VCNO) called CCSG-9 and directed him to relieve the TR CO for cause by order of A-SN.<sup>409</sup>

333. On April 3<sup>rd</sup>, the TR CO was relieved by A-SN for "loss of confidence."<sup>410</sup>

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<sup>401</sup> Email - TR XO email to JRM COS – SUBJ: Confidential dtd 1 Apr 20; C7F COS Statement dtd 21 May 20

<sup>402</sup> Email - CJRM to TR CO – SUBJ: Day 1 dtd 1 Apr 20

<sup>403</sup> Email - NAVSUP Fleet Logistics Center Pearl Harbor to TR Suppo – TR Lodging Awarded dtd 2 Apr 20, 1506

<sup>404</sup> Email - NBG CO to TR CO - RE: 300 PAX (sic) tonight and other dtd 2 Apr 20

<sup>405</sup> Email - TR XO to TR All Hands, CSG-9, CVW-11, and COMDESRON 23 leadership - COVID-19 QUARANTINE PLAN dtd 2 Apr 20 1627

<sup>406</sup> Email - SECNAV COS to TR CO – RE:TR Family Letter dtd 2 Apr 20

<sup>407</sup> CCSG-9 Statement dtd 15 May 20

<sup>408</sup> CCSG-9 Statement dtd 15 May 20

<sup>409</sup> CCSG-9 Statement dtd 15 May 20

<sup>410</sup> Transcript: DON Press Briefing with Acting Secretary of the Navy Thomas B. Modly and CNO Admiral Gilday dtd 2 Apr 20; Crozier, B. CAPT Statement dtd 15 May 20; CCSG-9 Statement dtd 15 May 20

334. CCSG-9 ordered that no CSG-9 personnel were permitted to make any digital recordings of individuals in quarantine or isolation.<sup>411</sup>

335. After TR CO was relieved, TR XO notified the TR HODs of the time TR CO was to depart the ship.<sup>412</sup>

336. TR Sailors recorded TR CO departing the ship and posted the recordings to social media. Nearly 2,000 Sailors congregated in close proximity, with only a few wearing face masks and without regard to social distancing, to send off the former TR CO. Despite mandated use of face coverings, video of the former TR CO departing the ship shows only a small number of Sailors complied.<sup>413</sup>

337. When C7F saw the video, he later stated to the crew that, "Our jobs just got a lot harder," referring to the crew's complete disregard for social distancing.<sup>414</sup>

338. Forty-five Sailors who had been sent ashore were admitted to NHG for treatment of COVID-19. Of these Sailors, six required oxygen support and one was placed on a ventilator for respiratory failure. The majority were admitted for close observation and did not require additional intervention.<sup>415</sup>

339. On 5 April 5<sup>th</sup>, a 41 year-old Aviation Ordnanceman was evaluated at Naval Hospital Guam Emergency Room and discharged the same day back to isolation at Naval Base Guam. Member had tested positive for COVID-19 March 30<sup>th</sup>.<sup>416</sup>

340. On April 9<sup>th</sup>, a 41 year-old Aviation Ordnanceman was found unresponsive during one of his twice daily medical checks while in isolation on Naval Base Guam and was immediately transferred to Naval Hospital Guam Intensive Care Unit.<sup>417</sup>

341. On April 13<sup>th</sup>, a 41 year-old Aviation Ordnanceman died due to COVID-19 related complications.<sup>418</sup>

342. NHG treated, at most, 10-11 TR Sailors simultaneously.<sup>419</sup>

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<sup>411</sup> CCSG-9 Memorandum to All Hands - Subject: MEDICAL QUARANTINE ORDER dtd 1 Apr 20

<sup>412</sup> CCSG-9 Statement dtd 15 May 20

<sup>413</sup> See FoF 165; Virus-stricken aircraft carrier erupts in applause and cheers as ousted Navy captain departs (3 Apr 20)

[https://www.washingtonpost.com/national-security/crew-of-aircraft-carrier-with-coronavirus-outbreak-cheers-ousted-captain/2020/04/03/7927e202-75af-11ea-ae50-7148009252e3\\_story.html](https://www.washingtonpost.com/national-security/crew-of-aircraft-carrier-with-coronavirus-outbreak-cheers-ousted-captain/2020/04/03/7927e202-75af-11ea-ae50-7148009252e3_story.html)

<sup>414</sup> C7F Statement dtd 18 May 20

<sup>415</sup> NHG CO Statement (Addendum)

<sup>416</sup> Memo dtd 21 Apr 2020 Subj: LINE OF DUTY INVESTIGATION AOC (b) (6), USN

<sup>417</sup> Memo dtd 21 Apr 2020 Subj: LINE OF DUTY INVESTIGATION AOC (b) (6), USN

<sup>418</sup> Memo dtd 21 Apr 2020 Subj: LINE OF DUTY INVESTIGATION AOC (b) (6), USN

<sup>419</sup> NHG CO Statement dtd 17 May 20

343. On April 6<sup>th</sup>, A-SN traveled to Guam, where he spoke with members of the TR crew via the 1MC and met with the former TR CO who was at the time in quarantine as a result of his positive test for COVID-19.<sup>420</sup>

344. A-SN's remarks over the 1MC were recorded by members of the crew and released to the press by means of a written transcript followed by the actual audio recording.<sup>421</sup>

345. The transcript was released on the internet through various news sources and appears to be a true and accurate representation of A-SN's comments as heard on the recording. These remarks were also widely reported.<sup>422</sup>

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<sup>420</sup> Transcript of Remarks by A-SN: Acting Navy Secretary Thomas Modly addresses USS Theodore Roosevelt crew about 'stupid' ousted captain *CNN* (6 Apr 20) <https://www.cnn.com/2020/04/06/politics/thomas-modly-transcript/index.html>; How a Ship's Coronavirus Outbreak Became a Moral Crisis for the Military *New York Times* (6 Apr 20) <https://www.nytimes.com/2020/04/06/us/politics/coronavirus-navy-secretary-roosevelt-crozier.html> (containing audio recording of A-SN remarks on TR); Crozier, B. CAPT Statement dtd 15 May 20

<sup>421</sup> Transcript: Acting Navy Secretary Thomas Modly addresses USS Theodore Roosevelt crew about 'stupid' ousted captain *CNN* (6 Apr 20) <https://www.cnn.com/2020/04/06/politics/thomas-modly-transcript/index.html>; *New York Times* "How a Ship's Coronavirus Outbreak Became a Moral Crisis for the Military," <https://www.nytimes.com/2020/04/06/us/politics/coronavirus-navy-secretary-roosevelt-crozier.html> (containing audio recording of A-SN remarks)

<sup>422</sup> How a Ship's Coronavirus Outbreak Became a Moral Crisis for the Military *New York Times* (6 Apr 20) <https://www.nytimes.com/2020/04/06/us/politics/coronavirus-navy-secretary-roosevelt-crozier.html> (containing audio recording of A-SN remarks); SECNAV: Roosevelt skipper either 'too naïve or too stupid' to command aircraft carrier *Navy Times* (6 Apr 20) <https://www.navytimes.com/news/coronavirus/2020/04/06/secnav-roosevelt-skipper-too-naive-or-too-stupid-to-command-or-sent-letter-on-purpose/>; Transcript: Acting Navy Secretary Thomas Modly addresses USS Theodore Roosevelt crew about 'stupid' ousted captain *CNN* (6 Apr 20) <https://www.cnn.com/2020/04/06/politics/thomas-modly-transcript/index.html>



DEPARTMENT OF THE NAVY  
CHIEF OF NAVAL OPERATIONS  
2000 NAVY PENTAGON  
WASHINGTON, D.C. 20350-2000

5800  
Ser 100002  
22 Apr 20

From: Chief of Naval Operations  
To: Vice Chief of Naval Operations

Subj: PRELIMINARY INQUIRY INVOLVING USS THEODORE ROOSEVELT (CVN 71)

Ref: (a) ADM R. Burke, USN ltr 5800 Ser N09D/20U100818 of 7 Apr 20  
(b) ADM R. Burke, USN ltr 5800 Ser N09/20U100519 of 14 Apr 20

1. I reviewed references (a) and (b), your Preliminary Inquiry report and addendum, and I approve the report except as noted herein.

2. The Summary of Findings are modified as follows:

a. Summary of Finding 4.u. is approved as written, with the following sentence added: "By 29 March, nearly all hotels in Guam had closed due to a drastic decrease in tourism business, not due to Executive Order. These closures resulted in widespread layoffs of hotel staff."

b. Summary of Finding 4.v. is approved as written, with the following sentence added: "Once the decision was made to have the crew occupy off-base hotels, the hotels were only able to re-hire enough staff to open up about 400-500 rooms per day."

3. The Conclusions are modified as follows:

a. Conclusion 5.l. is approved as written, with the following sentence added: "The email trace revealed no evidence that the CO sent his email (enclosure 2) and letter (enclosure 3) to anyone other than those recipients listed in enclosure 2."

b. Conclusion 5.o. is omitted and substituted with the following: "The CO was ultimately responsible for the safety, health, and well-being of the crew and embarked personnel. Therefore, he was ultimately responsible for the plan to respond to the infectious disease spreading amongst the crew. All other commanders in the chain should have been in support of his plan. The CO correctly diagnosed the problem and developed the proper courses of action (COA). The plan to debark the crew and place them into Guam hotels was the preferred COA for the CO, CCSG-9 and C7F – and indeed was ultimately the plan that was executed. However, the CO should have better planned for and executed the most likely COA of debarking more of his crew into on-base accommodations, even if sub-optimal, while waiting for off-base hotels."

c. Conclusion 5.p. is omitted and substituted with the following: "The SMO, his medical department, and the medical chain of command were earnest in their effort to provide the CO and the chain of command with medical advice about the disease and its spread amongst the crew. Their work was informed by the available expert-developed information and the proper



Subj: PRELIMINARY INQUIRY INVOLVING USS THEODORE ROOSEVELT (CVN 71)

collaboration was occurring amongst the medical staffs. Indeed, the plan advocated by the medical officers was ultimately approved and executed by the chain of command and some of the medical staff predictions were later borne out by the number of positive COVID-19 cases. However, like the CO, the medical team failed to plan for the most likely COA of utilizing on-ship and on-base accommodations to isolate and quarantine portions of the crew while awaiting development of the preferred plan. The stated intent of the medical department letter to 'submit this letter to the public to demonstrate our concerns' was inappropriate and unprofessional."

4. I approve recommendations 6.a through 6.e. You are directed to assign appropriate offices or staffs to complete these tasks and report completion to me. I disapprove recommendations 6.f. through 6.i.

5. By copy of this memo, I direct Commander, U.S. Pacific Fleet to lead an in-person After Action Review (AAR) regarding the COVID-19 planning and response efforts for the USS THEODORE ROOSEVELT (CVN 71) crew and embarked personnel. This AAR will include the in-person participation of Commanding Officer, USS THEODORE ROOSEVELT (CVN 71), Commander, Carrier Strike Group NINE, Commander, Joint Region Marianas, Commander, U.S. SEVENTH Fleet, and Commander, U.S. Pacific Fleet. It will occur prior to the THEODORE ROOSEVELT getting underway in May 2020, and result in a report due to me within 30 days. The report will capture lessons-learned and provide valuable insights not only for the U.S. Navy's response to COVID-19, but it's applicability to a range of crisis scenarios.

  
M. M. GILDAY

Copy to:  
COMUSPACFLT





**DEPARTMENT OF THE NAVY  
VICE CHIEF OF NAVAL OPERATIONS  
2000 NAVY PENTAGON  
WASHINGTON DC 20350-2000**

5800  
Ser N09D/20U100818  
7 Apr 20

From: Vice Chief of Naval Operations  
To: Chief of Naval Operations

Subj: PRELIMINARY INQUIRY INVOLVING USS THEODORE ROOSEVELT (CVN 71)

Ref: (a) JAGMAN, Chapter II Section 0203

Encl: (1) CNO WASHINGTON DC ltr 5800 of 2 Apr 20  
(2) USS THEODORE ROOSEVELT (CVN 71) e-mail of 29 Mar 20  
(3) USS THEODORE ROOSEVELT (CVN 71) ltr of 30 Mar 20  
(4) USS THEODORE ROOSEVELT (CVN 71) Medical Department ltr of 31 Mar 20  
(5) Summary of Interviews  
(6) Timeline

1. This reports completion of the preliminary inquiry conducted in accordance with reference (a).
2. Personnel contacted:
  - a. Commander, U.S. Pacific Fleet (CPF)
  - b. Commander, Naval Air Forces (CNAF)
  - c. Commander, U.S. SEVENTH Fleet (C7F)
  - d. Commander, Carrier Strike Group NINE (CCSG-9)
  - e. Commander, Joint Region Marianas (CJRM)
  - f. Commanding Officer, USS THEODORE ROOSEVELT (CVN 71) (CO)
  - g. Senior Medical Officer, USS THEODORE ROOSEVELT (CVN 71) (SMO)
  - h. Fleet Surgeon, C7F
  - i. Fleet Surgeon, CPF
  - j. Executive Officer, USS THEODORE ROOSEVELT (CVN 71) (XO)
  - k. Commander, Carrier Air Wing 11 (CAG 11)
  - l. Commander, Destroyer Squadron 23 (CDS 23)
  - m. Chief of Staff, C7F (COS, C7F)
  - n. Command Master Chief, USS THEODORE ROOSEVELT (CVN 71) (CMC)

Subj: PRELIMINARY INQUIRY INVOLVING USS THEODORE ROOSEVELT (CVN 71)

3. Materials reviewed: I reviewed enclosures (1) through (5). Enclosure (6) was developed to aid in understanding the sequence of events.

4. Summary of findings (all times listed in Chamorro Standard Time (GMT +10)):

a. Once positive novel coronavirus (COVID-19) cases became known on THEODORE ROOSEVELT, the Senior Medical Officer (SMO) began to keep a running prediction of the total number of THEODORE ROOSEVELT Sailors infected and an estimate of potential THEODORE ROOSEVELT Sailor fatalities. These projections leveraged observations from the cruise ship Diamond Princess sequestered in Japan, which had a different demographic population from the THEODORE ROOSEVELT, and would result in a higher expected fatality rate.

b. Upon arrival in Guam on 27 March, CCSG-9 and THEODORE ROOSEVELT had a plan to rapidly egress those Sailors confirmed to be infected and key watchstanders who were known to have avoided contact with any infected Sailors. There was no plan yet developed to rapidly egress the large number of quarantined people ashore, nor was there a strategy in place for required testing prior to Sailors going ashore to Naval Base Guam.

c. Prior to arrival in Guam, C7F, CCSG-9, CJRM and THEODORE ROOSEVELT all understood the requirement for 4,000 beds, with no discussion of the beds being CDC-compliant (i.e., one bed and one head per room). None of them knew how many such rooms were achievable or where they would be located. Broadly, there were three courses of actions (COAs) identified:

(1) Obtain 4,000 rooms. This was the preferred COA, as it was the fastest and safest;

(2) Transfer Sailors to Okinawa and Atsugi. This involved coordination with the Government of Japan and a 9-hour plane ride;

(3) Naval Base Guam accommodations only, using government and temporary makeshift facilities.

d. C7F established a priority that THEODORE ROOSEVELT needed to remain able to get underway rapidly for contingency operations. The fastest means to achieve this was to establish a testing rate of 500 tests per day to match available lab capacity, a rate which was beyond the capacity of the shipboard equipment. CCSG-9 and THEODORE ROOSEVELT felt continuous pressure from these requirements, and they felt distracted from egressing the crew in a timely manner.

e. Prior to arrival in Guam, CCSG-9 issued guidance which established movement of COVID-19 infected Sailors to isolation ashore as the first priority. The next priority was preserving the ability to rapidly get underway for contingency operations, and accordingly key watchstanders that had been protected from spread of infection were quarantined next. The CO and Warfare Commanders had initial expectations that 4,000 CDC-compliant isolation rooms would be available for quarantine of the THEODORE ROOSEVELT crew in Guam upon arrival. It is unclear that this expectation was transmitted to C7F. Insufficient efforts were made to think through the triage regarding use of limited test equipment that would be required to egress those persons under investigation (PUI), which was a majority of the crew. Regardless, there was no plan, and this contributed to delays in getting potentially non-infected crewmembers off of the ship.

Subj: PRELIMINARY INQUIRY INVOLVING USS THEODORE ROOSEVELT (CVN 71)

f. Naval Base Guam, C7F and THEODORE ROOSEVELT agreed to the egress strategy and its prioritization of categories of Sailors. Dissatisfied with the pace of egress, C7F repeatedly prompted CCSG-9 for THEODORE ROOSEVELT's plan to utilize the additional isolation/quarantine quarters available via the daily synch VTC and email in the days before arrival in Guam. With no plan in hand four days after the ship's arrival, and hundreds of temporary quarantine bunks remaining unused, C7F issued "C7F TASKORD for Recovery of USS THEODORE ROOSEVELT from COVID-19 Infection" on 1 April, formally requiring development of this plan.

g. Naval Base Guam did not have sufficient contracted food available for the number of Sailors in isolation and quarantine. As this capacity continued to ramp up, and the number of Sailors ashore increased, there were quality control and timeliness issues that leadership addressed as quickly as they could. Sailors expressed their concerns on social media and this was relayed to the CO and XO.

h. The ship's leaders were concerned about the practicality of the temporary open-bay facilities as they did not meet CDC guidelines and cots were not initially arranged to enable social distancing. Although not CDC-compliant, these facilities, with proper physical arrangement, would likely decrease the probability of infection spread, and the shipboard population would be decompressed. However, the SMO's continued insistence on "only CDC-compliant facilities" led to confusion in execution, and delayed the crew's egress from the ship into open bay facilities.

i. In reaction to social media posts and out of concern for his Sailors in the isolation/quarantine facilities, the CO established policy that no Sailors would leave the ship until guarantee of sufficient meal service was available. Additionally, the CO requested the ability for ship's company to inspect isolation/quarantine facilities for suitability prior to moving Sailors (e.g., adequate meal service, heads, physical separation).

j. The Government of Guam issued a state of public health emergency on 14 March, and as a result, Naval Station Guam was in Health Protection Condition Level (HPCON) C+, which significantly limited personnel on and transit within the base. Additionally, the pier area around THEODORE ROOSEVELT had been designated a Force Health Protection Boundary (FHPB), restricting movement for those Sailors off of the pier. The Naval Base Guam CO and Commander, Joint Region Marianas (CJRM) denied the request for any THEODORE ROOSEVELT personnel to leave the immediate FHPB on the basis of their policy that all THEODORE ROOSEVELT members were potentially infected.

k. C7F did not know why THEODORE ROOSEVELT Sailors were not occupying all available isolation/quarantine quarters. C7F believed that all facilities were available and fully functional, and that the CO and CCSG-9 resisted sending the crew to any isolation/quarantine areas that were not fully CDC-compliant. The CO's requirement for verification/validation of adequate quality of life services for the isolation/quarantine areas also contributed to this.

l. As a result of the issues outlined above, hundreds of available isolation/quarantine bunks remained vacant through 2 April when the CO was relieved.

m. The SMO, on at least two occasions, misunderstood discussions during daily C7F medical synchronization meetings about additional infection testing, and construed the discussions to levy new testing requirements, despite no formal direction to do so. This also contributed to the delay of the crew egressing from the THEODORE ROOSEVELT. The SMO did not consistently attend or send a



Subj: PRELIMINARY INQUIRY INVOLVING USS THEODORE ROOSEVELT (CVN 71)

representative to the daily C7F medical synchronization meetings because the medical staff was heavily loaded with patient care and testing.

n. During COA development for additional CDC-compliant isolation quarantine areas, the Warfare Commanders, CO and XO developed an information paper outlining their preferred COA for establishing additional isolation/quarantine areas. This paper would later form the basis of the CO's letter. The paper was provided to CCSG-9 on Sunday, 29 March by email. CCSG-9 concurred with the recommendation and proposed this COA to C7F that same day, but C7F directed them to continue to focus on Okinawa as the primary COA. C7F advised that their preferred COA for hotel rooms, while still being pursued, was not looking likely, as the government of Guam was not currently amenable to potentially infected Sailors leaving Naval Base Guam. Bringing the THEODORE ROOSEVELT to Naval Base Guam had been predicated by a guarantee from CPF to the government of Guam that no support would be required from them.

o. CCSG-9 and THEODORE ROOSEVELT were tasked to develop plans to airlift crew members to Okinawa on Saturday, 28 March. After hours of work towards this task, the CO called Commander, Fleet Activities Okinawa (CFAO) to confirm the availability of appropriate and sufficient berthing and was told there were insufficient bunks available. The CO discussed this with the XO and senior Warfare Commanders. They believed the C7F staff had wasted their time on a non-viable COA.

p. C7F had arranged for III MEB to evacuate their barracks in Okinawa upon notification that the airlift plan had been approved. This would have made 5,700 rooms available on the Marine Corps side of the base in Okinawa, not the Navy side of the base that CFAO had cognizance over. The CO and Warfare Commanders were unaware of this.

q. On 29 March, with over 1,000 members of the crew on board in quarantine, the CO released 900-1,000 Sailors in aft quarantine based on the recommendation of the SMO and XO. The SMO based his recommendation on his belief that preventative isolation was not working as some Sailors in preventative isolation were becoming symptomatic and tested positive subsequent to being placed in isolation. Additionally, there were large numbers in quarantine and the spaces to which they were confined were very crowded.

r. CPF rejected C7F's plan for movement of the THEODORE ROOSEVELT crew to Okinawa on Sunday, 29 March, based on the risk of accelerating infection spread on the aircraft during the 9 hour flight to Okinawa, and complications with the government of Japan.

s. On Sunday, 29 March, there were 1,150 racks available on Guam with 535 racks occupied.

t. On Sunday, 29 March during the daily C7F medical synchronization meeting, the SMO made the first mention to an off-ship audience of the expectation for 4,000 CDC-compliant rooms as that was the fastest and safest way to get THEODORE ROOSEVELT back to sea. This appears to be the first time any organization outside of CCSG-9 or THEODORE ROOSEVELT knew of the ship's expectation for CDC-compliant rooms for all crew members who were to be egressed. CCSG-9 proposed this COA to C7F later that same day. C7F articulated that he did not view the temporary facilities as inadequate as they were a short-term improvement over shipboard conditions that would provide a bridge to a longer term solution.

Subj: PRELIMINARY INQUIRY INVOLVING USS THEODORE ROOSEVELT (CVN 71)

u. CJRM began consulting with the government of Guam on Saturday, 28 March to obtain hotel rooms, independent of and without any knowledge of the ship's expectations, as part of C7F's parallel plan. The CO and CCSG-9 were not aware of these efforts.

v. CPF contacted the Governor of Guam on the evening of 31 March to finalize the agreement for an undetermined number of hotel rooms.

w. At this point, the CO, XO and Warfare Commanders were frustrated. This was compounded by the continued increase in number of COVID-19 positive Sailors and the worst-case narrative of THEODORE ROOSEVELT fatalities that continued to be discussed among THEODORE ROOSEVELT leadership. Believing that the C7F staff was not seriously entertaining or working towards obtaining CDC-compliant hotel rooms in Guam for crew isolation/quarantine, the CO sent an email (enclosure (2)) with an attached letter (enclosure (3)).

x. The CO's email was sent to 10 people in total, three in the "To" line (CPF, CNAF, CCSG-9), and seven in the "cc" line (Executive Assistants for CPF and CNAF, and fellow O-6s on the ship). All "To" line addressees were in the CO's administrative or operational chain of command.

y. The CO stated that he did not release the letter to the media, nor did he intend to do so. He provided background on his experience as the investigating officer for the line of duty investigations for Sailors lost on the USS JOHN S MCCAIN (DDG 56) in the 2017 collision. He felt that COs could have made a difference and that inaction caused problems. He applied that lesson here, and stated that he did not want to lose a day and potentially lose a Sailor.

z. The XO stated during his interview that he edited the letter (enclosure (3)) and prepared the email (enclosure (2)) on the unclassified network, but had not thought about the possibility of the letter being released to the public. When the letter was released to the press, he felt personally responsible. He stated that, in retrospect, he should have put it on a classified network, but he knew of no intention on anyone's part to release the letter to the press.

aa. The SMO, THEODORE ROOSEVELT Surgeon, THEODORE ROOSEVELT Family Physician, THEODORE ROOSEVELT Physical Therapist and THEODORE ROOSEVELT Flight Surgeon signed a letter (enclosure (4)) which expressed similar concerns as those in the CO's letter, but also stated their intent to release their concerns to the public. The junior Medical Officers drafted and presented the letter to the SMO, who added his signature and forwarded it to the Navy Surgeon General via email. In his email to the Navy Surgeon General, the SMO indicated that he would not release the letter to the press, but that he could not speak for the other signatories.

## 5. Conclusions:

a. Navy and Fleet Commander COVID-19 guidance did not address the optimum handling of significant numbers of potentially infected Sailors seen onboard THEODORE ROOSEVELT. The SMO's application of contact tracing, while appropriate when numbers were small, rapidly caused the entire ship to be considered infected. Additionally, guidance did not anticipate the scenario in Guam with large numbers of Sailors requiring isolation and a lack of adequate CDC-compliant facilities present. To be fair, the crew was learning in-situ, and their experience will clearly inform revised Navy procedures.



Subj: PRELIMINARY INQUIRY INVOLVING USS THEODORE ROOSEVELT (CVN 71)

b. Communications and actions were uncoordinated between THEODORE ROOSEVELT, CCSG-9, NB Guam, CJRM and C7F. Significant differences of understanding existed regarding: THEODORE ROOSEVELT and CCSG-9's expectations for quarantine capacity in Guam; testing requirements for moving Sailors to isolation; testing requirements for and reasons for delaying movement of crew to temporary facilities; the availability of berthing in Okinawa; and efforts being made to secure Guam hotels. Contributing to this:

(1) There was no plan for rapid egress of the majority of the crew, and it had not been developed until after the relief of the CO.

(2) Multiple entities were working towards different objectives, and 'who owned what' was not clearly understood or practiced.

(3) Communications "bottle necks" resulted in frequent miscommunication, difficulty confirming data, and frustration on both sides.

c. A contentious relationship and an "Us vs. Them" culture existed between the C7F staff, the CSG-9 and the THEODORE ROOSEVELT team prior to the COVID-19 outbreak. This pre-existing environment exacerbated the communications challenges once the outbreak began. Although both staffs were aware of this environment, no one took action.

d. Based on the projections for individuals of a population similar to the crew, there was a low probability of fatalities onboard the ship. However, a rapid rise in positive cases, together with worst-case projections for THEODORE ROOSEVELT Sailor infection rates and fatalities, drove a culture of fatalism among THEODORE ROOSEVELT and CSG-9 leaders. An increase in numbers should have been expected, and the continued minor nature of symptoms for those Sailors experiencing the COVID-19 virus should have helped to put the risks in perspective. The Sailors were displaying only minor symptoms, as CDC guidelines suggest. No Sailors from the THEODORE ROOSEVELT have been hospitalized to date. The team should have recognized that actions taken to date had already reduced the percentage of Sailors infected as compared to the Diamond Princess cruise liner, where no action was taken.

e. In a very dynamic situation characterized by clear communications challenges, and with each failure of another organization to meet expectations, the CSG-9 and THEODORE ROOSEVELT staffs became increasingly untrusting of C7F. They also felt increasingly overwhelmed by requests for information and planning products while simultaneously trying to test, egress and treat Sailors. This further aggravated the situation—C7F demanded more information, while CSG-9 and THEODORE ROOSEVELT staffs resisted. As a result, CSG-9 and THEODORE ROOSEVELT staffs turned their efforts inward and focused exclusively on their preferred COA (egress to Guam hotels).

f. Actions to release personnel in quarantine on the ship on 29 March may have expedited or increased the spread of infection on THEODORE ROOSEVELT. This should be examined further.

g. CCSG-9 and THEODORE ROOSEVELT did not adequately plan for crew egress beyond that of the immediately ill and protected non-infected watchstanders. Although they had the details of available berthing prior to arrival in Guam, they had expected to remove all remaining crew to waiting CDC-compliant hotel rooms. This contributed to delays in crew egress.

Subj: PRELIMINARY INQUIRY INVOLVING USS THEODORE ROOSEVELT (CVN 71)

h. The SMO consistently recommended actions and drove impractical, unconstrained decisions towards an ideal triage plan that did not reflect the operational and resource realities. For example, rather than spread out and thin down the number of cots in an open bay space ashore, the SMO considered the space to be non CDC-compliant, and in some cases, the cots went unused, leaving Sailors on the ship.

i. The effects of the issues discussed in conclusions a, b, c, e, g and h resulted in many crew members remaining onboard THEODORE ROOSEVELT for an unnecessarily long period of time.

j. The CO, in the company of the XO, sent a letter (enclosure (2)) requesting assistance to his embarked CCSG, his Administrative Type Commander (COMNAVAIRFOR), and CPF shortly after concluding that there were insufficient rooms available in Okinawa and surmising that no hotel rooms in Guam would be made available. The Warfare Commanders, CO and XO all held this opinion. The CO did not discuss sending this letter with CCSG-9. The CO's primary goal was to expedite getting proper accommodations for his crew. He did not understand the magnitude of effort that was already in progress. His intent was to operate within the chain of command, bypassing C7F due to his frustration with that staff, and reaching above C7F, but within his administrative and operational chains of command, for help. The CO's stated intent is consistent with clear direction from senior Navy uniformed leaders to Commanders to reach out if they need help and a shift in mentality from a "must do" to a "can do" culture.

k. At the time the CO sent the letter, there was low risk of fatalities to THEODORE ROOSEVELT Sailors. The language he used in the letter conveyed otherwise. Additionally, by this time, the Department of the Navy had already mobilized significant resources, and was preparing to secure an agreement with Guam for the hotel rooms, although the CO did not know this. Moreover, due to the cascading delays in egressing Sailors, many had not yet been able to leave the ship for the available temporary isolation/quarantine spaces. This ran counter to the narrative of his letter, which suggested Sailors were not safe on the ship. During his interview, the CO stated that he believed it was unlikely anyone would die, but exaggerated the impact on Sailors in the letter in order to draw leadership's attention—he "wanted to send a red flare."

l. Although he transmitted the letter on an unclassified email network, there is no indication that the CO had intent to leak the letter to the press. At my request, Fleet Cyber Command (FCC) has initiated an email trace to investigate the path of the transmitted email.

m. The CO was most likely acting to avoid inaction based on his internalization of the Fleet-wide direction from Navy uniformed leadership to be transparent, ask for help early and tell superiors when the mission cannot be executed. He learned from his experience as MCCAIN line of duty investigating officer that COs are in a position to make a difference and that inaction can be deadly. He "did not want to waste a day and potentially lose a Sailor" waiting on staff processes to work. Although the content of his letter can be questioned and his choice of means to transmit the letter was unfortunate, his motives appear to be sincere.

n. The Commander, CSG 9, stated he had not seen the CO's letter and was not aware of the concerns laid out in the letter until he got the email. However, he had been emailed the contents of the letter in the form of a paper presented to him by the Warfare Commanders in support of their recommended COA to C7F to push for hotel rooms. CCSG-9 advocated for this recommendation to C7F.

Subj: PRELIMINARY INQUIRY INVOLVING USS THEODORE ROOSEVELT (CVN 71)

This paper was later edited to a shorter version to become the CO's letter. This narrative had been under development for some time, and CCSG-9 endorsed it.

o. Although Commander, CSG-9, was in overall command of the Task Force, it is not clear either he or the CO was in charge of crisply planning and executing what should have been a rapid and organized egress of the crew into the relative safety of temporary facilities. Additionally, although CCSG-9 did not encourage the tone of crisis among these leaders driven by the SMO, he did little to squelch it.

p. When the SMO signed the Medical Department letter, he not only missed the opportunity to demonstrate leadership to his Medical team, but also endorsed a path that undermined his chain of command.

6. Recommendations:

a. Issue revised Navy-wide COVID-19 guidance to address the magnitude of the problem on THEODORE ROOSEVELT and strategies for triaging crew members to limited numbers of makeshift quarantine and isolation facilities both onboard the ship and at remote shore locations. Conduct wargames and table-top exercises to optimize various scenarios and conduct shipboard training/exercises.

b. Using the THEODORE ROOSEVELT case history, develop warship-specific COVID-19 infection spread models.

c. Examine the impact of the ship's decision to release personnel from isolation on 29 March and use this to inform the infection spread model recommended in recommendation b.

d. Examine shipboard and shore-based pre-positioned stores of personal protective equipment, test gear and other equipment necessary to test, diagnose and if necessary ship test samples.

e. Identify key shore nodes for offload of infected crew members with suitable facilities and infrastructure for isolation/quarantine. Institutionalize requirements to assess time/speed/distance to ready nodes versus the delays that may be induced by going to a remote port without adequate facilities.

f. The actions of the following individuals merit consideration for disciplinary action:

(1) Senior Medical Officer, USS THEODORE ROOSEVELT (CVN 71)

(2) Ship's Surgeon, USS THEODORE ROOSEVELT (CVN 71)

(3) Family Physician, USS THEODORE ROOSEVELT (CVN 71)

(4) Physical Therapist, USS THEODORE ROOSEVELT (CVN 71)

(5) Flight Surgeon, CARRIER AIR WING 11 (CVW 11)

g. The actions of the following individuals merit consideration for administrative actions:

(1) Commander, CARRIER STRIKE GROUP-9

Subj: PRELIMINARY INQUIRY INVOLVING USS THEODORE ROOSEVELT (CVN 71)

(2) Commanding Officer, USS THEODORE ROOSEVELT

h. Persons identified to be complicit in the leak of the CO's email may merit consideration for disciplinary or administrative action pending the FCC email trace.

i. Recommend DoD Inspector General conduct a review of this preliminary inquiry.



R. P. BURKE



DEPARTMENT OF THE NAVY  
CHIEF OF NAVAL OPERATIONS  
2000 NAVY PENTAGON  
WASHINGTON DC 20350-2000

5800  
2 Apr 20

From: Chief of Naval Operations  
To: Vice Chief of Naval Operations

Subj: PRELIMINARY INQUIRY INVOLVING USS THEODORE ROOSEVELT (CVN 71)

Ref: (a) JAGMAN, Chapter II

1. Per reference (a) you are hereby appointed to inquire into events surrounding the disembarkation of Sailors from USS THEODORE ROOSEVELT (CVN 71) in Guam, in response to cases of Coronavirus Disease 2019 (COVID-19).
2. The purpose of this preliminary inquiry is limited in scope. Consider the command climate relative to the health care professionals onboard and what, if any, impact their communications with the commanding officer or other senior leaders had on the ship's response. Consider also the effectiveness of the communications between the commanding officer and the administrative and operational chains of command.
3. You may assign others as needed to conduct this inquiry. Interview appropriate witnesses and review relevant documentary materials. Report your summary of findings and recommendations in letter form, consistent with reference (a). Include all evidence gathered during your inquiry. Submit your report no later than 4 April 2020, unless an extension of time is granted by me.

  
M. M. GILDAY

Enclosure (1)



-----Original Message-----

From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt

<(b) (6), (b) (7)(C)@cvn71.navy.mil>

Sent: Sunday, March 29, 2020 5:48 PM

To: Aquilino, John C ADM USN COMPACFLT PEARL HI (USA)

<(b) (6), (b) (7)(C)@navy.mil>; Miller, DeWolfe H VADM USN COMNAVAIRPAC SAN CA (USA)

<(b) (6), (b) (7)(C)@navy.mil>; Baker, Stuart P RDML USN, CCSG-9

<(b) (6), (b) (7)(C)@ccsg9.navy.mil>

Cc: (b) (6), (b) (7)(C) CAPT USN, CVW-11 CAG

<(b) (6), (b) (7)(C)@cvw11.navy.mil>; (b) (6), (b) (7)(C) CAPT USN

CVN-71 (USA) <(b) (6), (b) (7)(C)@cvn71.navy.mil>; (b) (6), (b) (7)(C) CAPT USN,

CVW-11 DCAG <(b) (6), (b) (7)(C)@cvw11.navy.mil>; (b) (6), (b) (7)(C) CAPT USN

COMDESRON 23 (USA) <(b) (6), (b) (7)(C)@cvn71.navy.mil>; (b) (6), (b) (7)(C) CAPT USN, USS

Theodore Roosevelt <(b) (6), (b) (7)(C)@cvn71.navy.mil>; (b) (6), (b) (7)(C) CAPT USN

COMPACFLT PEARL HI (USA) <(b) (6), (b) (7)(C)@navy.mil>; (b) (6), (b) (7)(C) CAPT

USN COMNAVAIRPAC (USA) <(b) (6), (b) (7)(C)@navy.mil>

Subject: TR request for assistance

Fellow Naval Aviators,

It is with the utmost respect that I write to you requesting assistance. I consider all of you incredible leaders and I'd gladly follow you into battle whenever needed.

While I know there are many folks working hard to assist the TR as we attempt to contain the spread of COVID-19 onboard, all efforts to date have been inadequate and are unnecessarily putting Sailors lives at risk. I am no longer confident that normal staffing processes will work, and I believe we need decisive action now.

Make no mistake about it, if required we could get everyone back onboard, set sail, and be ready to fight and beat any adversary that dares challenge the US or our allies. The virus would certainly have an impact, but in combat we are willing to take certain risks that are not acceptable in peacetime. I told the SECNAV's office the same, and will repeat to the CNO if he calls today.

However, our current effort efforts to contain the virus and treat the symptoms while pierside here in Guam are inadequate. By COB on 30 Mar, TR will have over 20% of the crew ashore in 'quarantine areas' (open bay gyms) or 'isolation' rooms (NGIS rooms with shared heads) onboard Naval Base Guam.

Enclosure (2)

These facilities are inadequate to contain the virus and we're already seeing new positive cases from those residing at gyms with more likely to follow. Based on the contact tracing of the 53+ CV positive TR Sailors to date, over 50% of those still onboard (over 2,000) can be considered close contact the real number is closer to the 4,000 still onboard due the close proximity of the entire crew on a CVN.

The current situation is not ideal, and will only get better once we can isolate the crew off ship in true isolation rooms with separate bathroom facilities. A CVN does not provide the necessary space to allow for ROM separation IAW NAVADMIN 083 or CDC guidance with the majority of the crew embarked. The Diamond Princess Cruise Ship example demonstrates that the only way they were able to stop the spread was to remove everyone off the ship. Considering that they already had some ability to quarantine onboard with individual guest rooms, we should be extremely concerned with the virus spread on a CVN.

I need approximately 500 Sailors to remain onboard to continue to operate a Rx plant, man normal watches to support minimal operations (C2, IET, etc..), and maintain aircraft readiness. Naval Base Guam is doing the best they can, but they do not have adequate facilities and we can't wait much longer for off island lodging to become available as our cases continue to increase. While I understand that there are political concerns with requesting the use of hotels on Guam to truly isolate the remaining 4,500 Sailors for 14+ days, the hotels are empty, and I believe it is the only way to quickly combat this problem. Keeping Sailors local also allows me to maintain the warfighting capability needed should the balloon go up. The alternatives are to let this ride out, hope for the best, and pray we don't lose Sailors to this invisible enemy. Naval Aviation is better than that, and we owe it to the thousands of Sailors onboard, and those outside watching, to take decisive action now.

I fully realize that I bear responsibility for not demanding more decisive action the moment we pulled in, but at this point my only priority is the continued well-being of the crew and embarked staff. As you know, the accountability of a Commanding Officer is absolute, and I believe if there is ever a time to ask for help it is now regardless of the impact on my career.

Vr,  
Chopper

CAPT Brett E. Crozier  
Commanding Officer  
USS THEODORE ROOSEVELT (CVN 71)



**DEPARTMENT OF THE NAVY  
USS THEODORE ROOSEVELT (CVN 71)  
UNIT 100250 BOX 1  
FPO AP 96632**

30 Mar 20

**Subj: REQUEST FOR ASSISTANCE IN RESPONSE TO COVID-19 PANDEMIC**

**BLUF:** If required the USS THEODORE ROOSEVELT would embark all assigned Sailors, set sail, and be ready to fight and beat any adversary that dares challenge the US or our allies. The virus would certainly have an impact, but in combat we are willing to take certain risks that are not acceptable in peacetime. However, we are not at war, and therefore cannot allow a single Sailor to perish as a result of this pandemic unnecessarily. Decisive action is required now in order to comply with CDC and NAVADMIN 083/20 guidance and prevent tragic outcomes.

1. **Problem Statement.** With the crew embarked, TR is unable to comply with CDC protocols or NAVADMIN 083/20 guidance. Based on CDC guidelines and TR observations, the only effective method to preserve an individual's health is total isolation for 14+ days in accordance with the NAVADMIN (i.e. Individual hotel/barracks rooms with separate heads). Due to a warship's inherent limitations of space, we are not doing this. The spread of the disease is ongoing and accelerating.

2. **Inappropriate Focus on Testing.** Testing has no direct influence on the spread of the COVID-19 virus. It merely confirms the presence of the virus. Due to the close quarters required on a warship and the current number of positive cases, every single Sailor, regardless of rank, on board the TR must be considered "close contact" in accordance with the NAVADMIN. Testing will only be useful as the ship returns to work after isolation or quarantine to confirm the effectiveness of the quarantine period. Our focus now must be on quarantine and isolation in strict compliance with CDC and NAVADMIN guidance.

The COVID-19 test cannot prove a Sailor does not have the virus; it can only prove that a Sailor does. As an illustration, of the first 33 TR Sailors diagnosed with COVID-19, 21% (7 of those 33) infected Sailors were negative on a COVID-19 test, then subsequently presented with symptoms of COVID-19 infection within 1-3 days post-test.

Based on data since TR's first case, approximately 21% of the Sailors that tested negative and are currently moving into group restricted movement ashore are currently infected, will develop symptoms over the next several days, and will proceed to infect the remainder of their shore-based restricted group.

3. **Inappropriate Quarantine and Isolation.** With the exceptions of a handful of senior officer staterooms, none of the berthing onboard a warship is appropriate for quarantine or isolation. Thousands of "close contact" Sailors require quarantine in accordance with guidance. TR has begun to move personnel off ship into shore-based group restricted movement locations. Of the off ship locations currently available, only one complies with the NAVADMIN guidance. Infected Sailors reside in these off ship locations. Two Sailors have already tested positive in an

Enclosure (3)



**Subj: REQUEST FOR ASSISTANCE IN RESPONSE TO COVID-19 PANDEMIC**

open bay gymnasium equipped with cots. Although marginally better than a warship, group quarantine sites are not a solution and are not in accordance with current guidance.

In order to stop the spread of the virus, the CDC and the Navy and Marine Corps Public Health Center both recommend individual quarantine. They both recommend against group quarantine. They recommend limited or no contact with other exposed individuals and no use of the same facilities or items exposed individuals have touched. NAVADMIN 083/20 echoes this guidance.

The environment most conducive to spread of the disease is the environment the crew of the TR is in right now, both aboard ship and ashore:

- a. Large amounts of Sailors in a confined space
- b. Open, shared berthing
- c. Shared restroom facilities
- d. Confined, shared workspaces and computers
- e. Shared messing for large numbers
- f. Meals cooked / food provided by exposed personnel
- g. Mandatory watch/operational tasks demanding consistent close contact (food preparation, service & cleaning, TFCC watches, unavoidable meetings to plan & execute COVID response actions, etc.)
- h. Movement about the ship requires consistent close contact with other exposed individuals (confined passageways, previously touched ladder railings/hatch levers/door knobs etc.)

4. Ineffectiveness of Current Strategy: Based on current limitations (lack of appropriate quarantine and isolation facilities, inability to effectively achieve social distancing), TR has instituted limited measures to slow the spread of the disease. We have moved a small percentage of the crew off ship, increased the frequency of thorough cleaning and attempted some social distancing. The current strategy will only slow the spread. The current plan in execution on TR will not achieve virus eradication on any timeline.

5. Lessons Learned from the Diamond Princess: From an epidemiological research article on the COVID-19 infection onboard Diamond Princess (the only comparable situation encountered thus far) (Roklov et al.) titled "COVID-19 outbreak on the Diamond Princess cruise ship: estimating the epidemic potential and effectiveness of public health countermeasures:"

"Cruise ships carry a large number of people in confined spaces with relative homogeneous mixing. On 3 February, 2020, an outbreak of COVID-19 on cruise ship Diamond Princess was reported following an index case on board around 21-25 January. By 4 February, public health

Subj: REQUEST FOR ASSISTANCE IN RESPONSE TO COVID-19 PANDEMIC

measures such as removal and isolation of ill passengers and quarantine of non-ill passengers were implemented. By 20 February, 619 of 3,700 passengers and crew (17%) were tested positive. We estimated that without any interventions within the time period of 21 January to 19 February, 2920 out of the 3700 (79%) would have been infected. Isolation and quarantine therefore prevented 2307 cases. We showed that an early evacuation of all passengers on 3 February would have been associated with 76 infected persons." (As opposed to 619)

The final sentence of the abstract:

"Conclusions: The cruise ship conditions clearly amplified an already highly transmissible disease. The public health measures prevented more than 2000 additional cases compared to no interventions. However, evacuating all passengers and crew early on in the outbreak would have prevented many more passengers and crew from infection."

The Diamond Princess was able to more effectively isolate people onboard than TR, due to a much higher percentage of individualized and compartmentalized accommodations onboard for paying customers. Their measures still allowed hundreds of people to become infected. TR's best-case results, given the current environment, are likely to be much worse.

6. Proposed New Strategy: There are two end states TR could achieve:

- a. Maximize warfighting readiness and capacity as quickly as possible. No timeline necessary. We go to war with the force we have and fight sick. We never achieve a COVID-free TR. There will be losses to the virus.
- b. Achieve a COVID-free TR. Requires strict adherence to CDC guidelines and a methodical approach to achieve a clean ship. This requires immediate and decisive action. It will take time and money.

As war is not imminent, we recommend pursuing the peace time end state.

TR has two primary goals in order to achieve that end state:

- a. Prevent unnecessary deaths, reduce the number of Sailors that contract COVID-19 and eliminate future virus spread.
- b. Regain and maximize warfighting readiness and capacity as quickly as possible.

In order to achieve these goals, a clean ship is required. Every Sailor onboard must be guaranteed virus-free and the ship environment must be disinfected. One infected Sailor introduced to the ship will spread the virus. Off ship lodging in compliance with CDC and NAVADMIN guidance is required for over 4,000 Sailors to achieve a clean ship and crew.

7. Conclusion. Decisive action is required. Removing the majority of personnel from a deployed U.S. nuclear aircraft carrier and isolating them for two weeks may seem like an extraordinary measure. A portion of the crew (approximately 10%) would have to stay aboard to




Subj: REQUEST FOR ASSISTANCE IN RESPONSE TO COVID-19 PANDEMIC

run the reactor plant, sanitize the ship, ensure security, and provide for contingency response to emergencies. This is a necessary risk. It will enable the carrier and air wing to get back underway as quickly as possible while ensuring the health and safety of our Sailors. Keeping over 4,000 young men and women on board the TR is an unnecessary risk and breaks faith with those Sailors entrusted to our care.

There are challenges associated with securing individualized lodging for our crew. This will require a political solution but it is the right thing to do. We are not at war. Sailors do not need to die. If we do not act now, we are failing to properly take care of our most trusted asset – our Sailors.

Request all available resources to find NAVADMIN and CDC compliant quarantine rooms for my entire crew as soon as possible.



B. E. CROZIER

31 MARCH 2020

We are the physicians and medical professionals of USS THEODORE ROOSEVELT (CVN-71). Our immediate and primary concern is the safety and well-being of our patients, the Sailors under our care. Our ship detected Novel Coronavirus on board approximately seven days ago; three days ago we docked at Naval Base Guam. We are at war with COVID-19 and we are losing. This letter is to make you aware of our situation and to ask for your help.

This is our current situation: the virus is spreading exponentially on the ship. We have over 75 positive cases and rising. We are attempting to transfer infected Sailors off the ship. We are attempting to isolate the close contacts of infected Sailors, but at this point every single individual on the ship is a close contact. We continue to eat in groups. We continue to sleep in open bays. We continue to use group bathrooms accommodating dozens of individuals. We continue to work in confined spaces. We continue to expose ourselves to the virus on a daily basis. The construction of the ship makes it impossible for us to practice social distancing. These concerns have been expressed to all levels of the chain of command, but we have yet to see any demonstrable action taken to get our patients to safety that is in accordance with CDC guidelines and NAVADMIN 083/20.

There is a high probability that USS THEODORE ROOSEVELT will experience fatalities as a result of COVID-19 and we expect them to be within 10 days of penning this letter. While we have received the support of U.S. Naval Hospital Guam, we expect to quickly overwhelm their limited resources. We expect to experience the well published case fatality rate of 0.5-1% for our age demographic if drastic action is not immediately taken. If this case fatality rate remains constant we stand the potential to have 50 or more fatal cases. We will not stand by while our fellow sailors continue to be exposed to this fatal virus.

The only solution to save the lives of our Sailors is to immediately get everyone off the ship into appropriate isolation or quarantine. There is no other option. The time has come for aggressive measures to be taken and we are asking for your help to save the lives of our patients.

As medical providers we have a moral responsibility to our patients. We will continue to fight this losing battle, but we are asking for your immediate support to help us win this war. Time is of the essence.

Our intent is to submit this letter to the public to demonstrate our concerns for the safety of our patients and your sailors.

Very Respectfully,

(b) (6), (b) (7)(C)

LCDR MC USN  
Surgeon  
USS THEODORE ROOSEVELT (CVN 71)

(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

LT MSC USN  
Physical Therapist  
USS THEODORE ROOSEVELT (CVN 71)

(b) (6), (b) (7)(C)

LT MC USN  
Flight Surgeon  
CVW-11

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

CA ~~PMR~~ USN  
Senior Medical Officer  
USS THEODORE ROOSEVELT (CVN 71)

(b) (6), (b) (7)(C)

LT ~~PMR~~ USN  
Family Physician  
USS THEODORE ROOSEVELT (CVN 71)

Enclosure (4)

## Summary of Interviews

1. Between 2 and 6 April 2020, I conducted multiple phone interviews as part of a preliminary inquiry involving USS THEODORE ROOSEVELT (CVN 71). My Executive Assistant, Legal Counsel and the Director of my Commander's Action Group assisted me with these interviews. Summaries of my interview notes follow. Quotations indicate exact words or phrases used by those interviewed. All dates are given in Washington, DC, Eastern Daylight Savings Time.
2. Commander, U.S. Pacific Fleet (CPF). Multiple phone interviews between Thursday, 2 April and Monday, 6 April. CPF recalled that a daily COVID sync began after USS THEODORE ROOSEVELT (CVN 71) (THR) pulled into Guam on 28 March. He communicated to Commander, U.S. Seventh Fleet (C7F), but was unaware what was relayed further down operational chain of command. CPF retained some tactical decisions. For example, he cancelled a C-40 flight carrying THR crew COVID-19 samples to Osan, Korea, apparently without understanding the impact of the cancelled flight (e.g., aircraft needed to retrieve swabs from Korea, and cancellation delayed further testing of Sailors and subsequent movement off the ship). CPF focused on increasing capacity to deal with COVID-19 and pushing solutions down chain. He developed Courses of Action (COAs) to fly infected Sailors to other countries. When that became challenging due to political concerns, his focus shifted to COA in Guam. CPF did not know the Concept of Operations (CONOP) for egress of THR Sailors. Regarding hotel arrangements on Guam, CPF noted that CJRM spoke to the Governor of Guam on Monday, 30 Apr and that CPF spoke with her that evening after ensuring ADM Davidson, Commander, Indo-Pacific Command, was aware.
3. Commander, Naval Air Forces (CNAF). Phone interview on Thursday, 2 April. CNAF indicated a "hands-off" approach to the administrative control of THR. He did not require courtesy reports or synchronization sessions and spoke with CVN Commanding Officers (COs) prior to deployment as a matter of routine to let them know the Type Commander (TYCOM) was available for assistance during deployment. CNAF did not provide additional COVID-19 guidance due to multiple guidance messages already circulating. After receiving THR CO's letter/email, spoke to CO and offered help. CNAF did not understand why CO felt need to write letter and stated that CO indicated help was "not happening fast enough."
4. Commander, U.S. SEVENTH Fleet (C7F). Multiple phone interviews between Thursday, 2 April and Monday, 6 April. C7F indicated friction with CPF. For example, CPF required him to request permission to move the C7F flagship, USS BLUE RIDGE (LCC 19) (BLR). C7F was focused on non-Guam options prior to decision to pull THR into Guam and house Sailors there. C7F was unsure when COA shifted to decision to house Sailors in hotels in Guam. He indicated Commander, Carrier Strike Group NINE (CCSG-9) and CO, THR stood out among the strike groups in C7F as having a "victim mentality." C7F demonstrated the most ownership of a plan for THR, but remained offsite aboard his flagship, BLR. C7F indicated frustration that THR was not moving Sailors off ship fast enough, and that THR CO "wanted keys to a 4-star hotel" rather than the resources available in Guam. Indicated he believed rooms were available for THR Sailors when they arrived in Guam. C7F stated that, regarding leadership for coordination of efforts to egress THR Sailors, CCSG-9 "said all the right things" but was not taking actions.

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Enclosure (5)

5. Commander, Carrier Strike Group NINE (CCSG-9). Phone interviews on Thursday, 2 April and Monday, 6 April. CCSG-9 indicated a lack of awareness or concern for COVID-19 impact prior to deployment, stating it was “not really a factor.” However, he did conduct a Table-top Exercise (TTX) on how to deal with COVID-19 before the THR Strike Group port visit in Vietnam. CCSG-9 considered the Vietnam port visit low-risk and recommended execution to C7F. He began daily calls with C7F after THR pulled into Guam, but did not provide a demand signal for plan to get Sailors off ship. Additionally, CCSG-9 appeared to lack awareness of disconnects – for example, he indicated many unknowns contributed to a “fog of war” and appeared to lack knowledge of details regarding how to handle the COVID-19 crisis. Indicated that confusion existed regarding what “isolation” and “quarantine” meant. CCSG-9 stated that expectations for single rooms to be available in Guam were communicated to C7F and CJRM on or about 26 or 27 March, close to the time that THR pulled in. Stated that he did not get the sense from THR that there was a sense of panic or concern for fatalities aboard the ship as COAs were being developed. When asked about the information paper the warfare commanders produced for him to recommend for C7F action, CCSG-9 recalled a discussion about COAs being discussed to get Sailors off the ship, but did not remember seeing “a formal paper.” Explained that his role was to explain the need to “follow the process.”

6. Commander, Joint Region Marianas (CJRM). Phone interview on Thursday, 2 April. CJRM began to plan for the Guam response to COVID-19 in January when CPF indicated U.S. government discussions to have M/V Westerdam dock in Guam for treatment of COVID-19 positive passengers. Although the plan for M/V Westerdam changed and the ship did not pull into Guam, CJRM directed CO, Naval Hospital (NAVHOSP) Guam and CO, Naval Base Guam (NBG) to discuss lessons learned and how they would apply to a U.S. Navy ship in a similar situation. CJRM stated he had “completely unencumbered communications” up and down the administrative chain of command through C7F and CPF, and that they were fully supportive and offered help, for example, in the form of augmentation from the III Marine Expeditionary Force (III MEF). He noted that when an Echelon II command (Naval Reactors) attempted to direct placement of Sailors into available housing in Guam, CJRM effectively sought C7F assistance to push back. CJRM functioned within authorities, despite lack of a defined requirement when ship pulled in to Guam. Specifically, he received no indication from THR or any other organization regarding how many beds were needed, but directed preparation of 1000 beds based on an initial “guess” that 800 would be required. CRJM also worked at a staff level with the government of Guam to determine a path to secure hotel rooms before that COA was decided upon by C7F and CPF.

7. Commanding Officer, USS THEODORE ROOSEVELT (CVN 71) (CO, THR). Phone interviews on Thursday, 2 April and Monday, 6 April (with the former Executive Officer (XO) and Acting CO, CAPT (b) (6), (b) (7)(C)). CO, THR assumed command of THR in November 2019, just before THR entered Composite Training Unit Exercise (COMPTUEX). He shared the THR Senior Medical Officer’s (SMO) concern regarding accuracy of COVID-19 case reporting in Vietnam prior to port visit and tended to a conservative approach towards COVID-19 risk reduction. CO, THR acknowledged putting a “cumbersome plan” in place for crew liberty and in-port activities. He appeared to lack clear, effective communications with CCSG-9, referring to communications at that level as relaying to “staff” and appeared focused on dealing with COVID-19 as a pandemic, rather than triaging Sailors in the sub-optimal conditions aboard an

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Enclosure (5)



aircraft carrier, and then in Guam. During the interview CO, THR referred repeatedly to discussions in the Warfare Commanders' Board. He discussed the possibility of COVID-19 exponential growth aboard ship and potential COAs, including casualties and indicated the tenor of discussions in this venue would have been different if they had been aware that housing Sailors in hotels on Guam was an option. CO, THR did not articulate or communicate a plan for ship to deal with COVID-19 and appeared to be unsure of the limits of his responsibilities for dealing with crisis. CO, THR did not discuss the letter (Enclosure 2) he sent via email on 30 March (Enclosure 3) with CCSG-9 or C7F (his operational chain of command) prior to sending it. He also did not refer to C7F or CPF COVID-19 guidance in his letter, only to Centers for Disease Control and Prevention (CDC) and Naval Administrative (NAVDMIN) message guidance. Regarding the suitability of available berthing on Guam, CO, THR stated that 4,000 hotel rooms would have been ideal, and that the open-bay quarters being used to house Sailors looked like a "FEMA shelter." He further stated that as a result of the close quarters and open-bay berthing, more Sailors tested positive. CO, THR indicated that the limiting factor in egressing Sailors off the ship was meal availability and access to restroom facilities, as well as the poor conditions of the gyms and warehouses being offered. He considered that the available berthing was "less healthy than the ship."

8. Senior Medical Officer, USS THEODORE ROOSEVELT (CVN 71) (SMO). Phone interview on Thursday, 2 April. SMO stated that he considered COVID-19 during pre-deployment planning. He suspected Vietnam's data regarding COVID-19 cases was inaccurate and indicated a lack of trust in the decision to pull into Vietnam for a port visit. SMO referred to burdensome administrative requirements and overwhelming data calls from chain of command and indicated the ship was "getting hammered" from up the chain of command for not moving Sailors ashore fast enough. However, he also stated C7F was demanding unreasonable pace and frequency of testing before Sailors could move off ship. SMO provided the following timeline of when he indicated concern up his operational and administrative chains of command:

- 25 Mar: emailed Executive Officer (XO) and CO that if COVID-19 cases on ship were to increase exponentially from the first two Sailors who tested positive, they would need 5,000 beds
- 28 Mar: emailed CPF, C7F, and CNAF surgeons, indicating ship's positive cases increased from two to 44 in four days
- 29 Mar: emailed Surgeon General (SG) of the Navy, indicating circumstances aboard ship were "dire"
- 31 Mar: emailed SG with letter (Enclosure 4) from ship's medical team

SMO indicated regret about elements of the letter signed by members of the medical team on THR (Enclosure 4), including the tone and the closing statement that they intended to release it to the public. SMO stated that it was not his intent to release the letter to the public, but that the other members of the team were free to make up their own minds.

9. Fleet Surgeon, Commander, U.S. SEVENTH Fleet (C7F Fleet Surgeon). Phone interview on Thursday, 2 April. The C7F Fleet Surgeon indicated she had good communications with CPF Fleet Surgeon and has known him since college. She also indicated her communications with SMO were regular, but she did not know him before their current assignments. C7F Fleet Surgeon appeared able to balance operational and clinical risk decisions, but appeared unable to

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Enclosure (5)



find alignment between her recommendations and SMO recommendations. When SMO expressed to her that his medical team was upset, she asked what they needed, and he replied “a hospital for 5,000 people.” She indicated frustration with this answer and stated that her response was “firm,” and that they would be limited in terms of what is available on Guam. She understood SMO’s expectations were that when THR pulled into Guam, single rooms and single beds would be available to move Sailors into and that “someone else” would “take over.” Regarding testing, C7F Surgeon indicated the SMO perceived the testing regimen to be “non-standard” per CDC guidelines, but believed it was necessary to work with the Government of Guam.

10. Executive Officer, USS THEODORE ROOSEVELT (CVN 71) (XO, THR). Phone interviews on Thursday, 2 April and Monday, 6 April (with CO, THR). XO, THR indicated that his CO’s letter (enclosure (2)) was an abridged version of an information paper to which all CSG-9 O6 warfare commanders (WCs), the XO, and the CO had contributed. He indicated CSG and Fleet churn over why more available berthing on Guam was not occupied and discussed the large number of Sailors requiring care and feeding, stating that inconsistent meal service and availability of sanitary facilities led to Sailor complaints on Facebook. XO, THR appeared frustrated with discussion over COAs and stated that Commander, Carrier Air Wing ELEVEN (CAG 11) emailed the WC information paper to CCSG-9 on 29 March. CCSG-9 responded that the hotel COA was being considered but was not the most likely. XO, THR did not know how CCSG-9 represented the hotel plan up the chain of command, but stated that COA was pushed aside. He also became aware that the 5700 beds being discussed on Okinawa were not available. When he woke up on 30 March, the CO was supposed to talk to the Chief of Naval Operations (CNO) but the phone failed. XO, THR indicated that he prepared the email (enclosure (3)) to which enclosure (2) was attached for the CO, who then reviewed and sent it. XO, THR indicated that staff at C7F were “incompetent,” not asking the right questions and that the C7F Chief of Staff was “an obstruction.” He also indicated that the C7F Fleet Surgeon was “marginalized.” When asked about the decision to release Sailors from quarantined after berthing areas when in port Guam, XO, THR stated that the SMO believed the quarantine aboard ship was “ineffective,” and that the whole crew were “close contacts.” He further stated that the quarantine restrictions were “causing human suffering unnecessarily,” which contributed to the decision to lift the restrictions. Regarding the berthing options on Guam, XO indicated that CO, Naval Base Guam was working to increase capacity, but that there was confusion about what was available and what was ready for Sailors. Indicated that because THR Sailors were not allowed to leave the pier due to Force Health Protection concerns, it was difficult to assess the suitability of available berthing and that they “had to rely on others to be our eyes”. XO stated that CMC was allowed to leave the ship to make an assessment on Sunday, 29 March.

11. Commander, U.S. Pacific Fleet Surgeon (CPF Surgeon). Phone interview on Friday, 3 April. CPF Surgeon relayed that discussion on Saturday and Sunday (28 and 29 March) indicated the approach to testing was wrong, that testing was not a “cure,” and that THR needed to get all Sailors off the ship. He indicated SMO had a pointed tone revealing frustration, which he took as a “warning sign.” CPF Surgeon did not receive a direct request from the ship and did not recall discussion about how to prioritize or assign Sailors to available berthing. He suggested CPF Center for Naval Analyses (CNA) representative may have brought up potentially requiring a Day 6 sample, but that it was not a CPF or C7F requirement. CPF Surgeon stated that while

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Enclosure (5)

C7F conducted daily medical leadership synchronization calls, THR did not consistently have a representative.

12. Commander, Carrier Air Wing ELEVEN (CAG 11) and Commander, Destroyer Squadron TWENTY THREE (CDS 23). Joint phone interview on Friday, 3 April. CDS 23 stated he was not sure they had a “plan, plan,” but were involved in broad COA development to follow CDC and NAVADMIN guidance to achieve a healthy ship free of COVID-19. Prior to pulling in, he did not envision limitations of the base in Guam. CAG wondered “at what point does the whole ship become quarantined?” They worked on first priority - contingencies to get ship underway and how and indicated that as they tried to put Sailors ashore, there was no place to put them. CAG 11 and CDS 23 did not know what was requested in the logistics support requirement message (LOGREQ) and did not know details of any discussions between CCSG-9, CJRM, or contractors and CO, NBG. They indicated they were “not in shore planning mode” and the chain of command repeatedly asked what the plan was to get COVID off their ship. They stated discussions centered on testing and limitations aboard the ship and they were told that hotels were not an option and that Japan was being discussed. They also indicated that Sailors were not allowed off ship to inspect houses, barracks, etc. and appeared frustrated about having to wait for tests, and that they were not allowed to use local tests to get into hotel due to accuracy so they had to wait to use Korea tests that were halted.

13. Command Master Chief, USS THEODORE ROOSEVELT (CVN 71) (CMC, THR). Phone interview on Friday, 3 April. CMC expressed that ship’s leadership had concerns prior to Da Nang port visit and had developed a plan to isolate/quarantine COVID positive Sailors or persons under investigation. Their plan assumed a worst case of 33 Sailors. However, 39 Sailors required quarantine after staying at a hotel where two British citizens tested positive. CMC observed that requests for information from higher headquarters were burdensome to execute, that they had expended significant energy on the Okinawa COA and that they felt they were waiting for a COA decision to be made. CMC stated that he asked CO, THR if he had sent the letter to the press, and the CO responded that he had not. Regarding crew morale as the ship pulled into Guam, CMC felt that the number of Sailors who were despondent about the situation were in the minority, and that the majority understood the challenges and mission at hand.

14. Chief of Staff for Commander, U.S. SEVENTH Fleet (COS, C7F). Joint phone interview with C7F on Monday, 6 April. Stated he did not know about CO, THR’s decision to release quarantined Sailors from the aft berthing area of the ship when in port, Guam. Indicated that “everyone understood” that a large number of people would have to leave the shift, and that as early as 25 March, they were looking for off-island (Guam) resources. The number 4,000, rather than being a specific request or requirement, was a “planning factor” determined based on how many people would be required to operate the ship. Stated that he led a daily Video-teleconference for O6 leaders starting the day THR pulled into Guam. COS, C7F indicated he “ended up” doing what a Combined Task Force commander should have been doing to coordinate the efforts to egress THR Sailors. Further, he stated that he dealt with the ship exclusively through CCSG-9, but that discussions with him “didn’t translate into actions.” COS, C7F was not sure the ship could have led efforts “in the condition they were in.” Stated that a detailed testing plan was never developed or promulgated, but the focus was to egress the crew

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Enclosure (5)

as quickly as possible, and that while there was still risk due to the sub-optimal housing options in Guam, it was “better than leaving 4-5,000 people on the ship.”

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Enclosure (5)

## Timeline (from TR perspective)

All times in Guam local time

Numbers of COVID-19 positive Sailors are from CPF reporting

Friday, 17 January

- Departed San Diego on deployment.

Thursday-Sunday, 5-8 March

- Port visit Da Nang
- Before visit, ship had planned for 33 quarantine racks aboard ship.
- Port visit terminated early due to two British citizens testing positive for COVID-19 in hotel used by TR Sailors.
- 39 people put into quarantine on TR.

Friday, 13 March

- TR CO sends letter to family members indicating the ship has begun testing “select individuals” for COVID-19.

Friday, 22 March

- All 39 remain asymptomatic and are released from quarantine after 14-day ROM and negative COVID test.

Saturday, 21 March

Monday, 23 March

- First 2 TR Sailors show symptoms of COVID-19.

Tuesday, 24 March 3 positive

- First 2 TR Sailors test positive for COVID-19.
- TR sends LOGREQ for arrival in Guam on 27 Mar.

Wednesday, 25 March 8 positive

- First 4 positives moved ashore via rotary wing.
- Discussions at the staff level amongst CSG-9, TR, JRM and C7F begin about the need for 4,000-plus occupancy, but no clear requirement made for 4,000-plus isolation rooms.
- TR SMO tells TR XO that “if this goes exponential, we’re going to need 5,000 CDC-compliant isolation rooms”.
- TR CO sends letter to family members indicating “a few Sailors” have tested positive for COVID-19, have been placed in isolation, and work was in progress to fly those Sailors off the ship as soon as possible.

Thursday, 26 March – 25 positive

- During a discussion with C7F, III MEF Commanding General offers up to 5,000 rooms for potential occupancy in Okinawa.

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Enclosure ( 6)

- 1046: Email from CO, Naval Base Guam (NBG) to C7F/CCSG-9/TR O6s detailing plan for TR arrival. Priority after safe mooring is transporting COVID-positive and reactor department Sailors to isolation rooms. CO, NBG's scheme of maneuver brief shows 150 isolation beds and 493 quarantine beds (gyms; open bay).
- 1411: CCSG-9 issues outbreak Commander's Guidance for arrival in Guam expressing the following priorities: 1) move all COVID-positive Sailors to isolation quarters; 2) identify key groups needed to operate ship at sea in near-term; 3) move key reactor supervisory personnel into isolation following testing; and 4) if additional quarantine racks remain, prioritize by personnel and by function. End state: in near-term, have sufficient personnel to get ship underway for contingency operations.
- CCSG-9 to C7F email states that ship will run out of quarantine/isolation space ashore in Guam.

Friday, 27 March 34 positive (231/596 beds occupied 39%)

- TR arrives Guam.
- Approximately 230 Sailors, those tested and presumed positive, and critical watchstanders, moved ashore to available berthing.
- III MEF/C7F planning VTC refines Okinawa capacity to approximately 3,000 rooms, Atsugi is also expected to have 400-600 rooms.
- C7F and CPF discuss Guam hotel option.

Saturday, 28 March 38 positive (382/1058 36%)

- C-40 with new COVID testing kit arrives Guam (12-14 days until calibrated and ready).
- Initial discussions about increasing capacity via hotels occurs between JRM COS and CJRM.
- Ship works to batch-test 200 personnel moved ashore (did not have capacity to test them prior to departure).
- TR SMO emails C7F, CPF, and CNAF surgeons indicating positive cases increased from two to 44 in four days and the rate was going exponential.
- Initial discussions between offices of JRM and Guam Governor about increasing capacity via hotels.
- 1022: C7F placemat distributed showing rooms on Guam as available that were not yet ready. Rooms on Okinawa listed as White Beach: 5,700 and CFA Okinawa: 0, although Commander, Fleet Activity Okinawa owns White Beach. III MEF billeting is not located at White Beach.
- 1811: TR XO sends TR CO email (CMC/SMO are cc'd) regarding inability of TR to comply with CDC or NAVADMIN 083-20 guidelines aboard ship. Estimates of "close contact" Sailors range from 1,400-2,000. XO recommends moving as many personnel as possible off the ship into lodging and reaffirms that ship's berthing is not in compliance with CDC or NAVADMIN guidance. Ship emergency command center data [define] demonstrates that ship's segregated berthing plan is making the rate of transmission worse.
- TR CO sends letter to family members announcing arrival of ship in Guam. He indicates that Sailors with test results or symptoms indicative of COVID-19 are the first priority to get off the ship for evaluation at Naval Base Guam Hospital. He further states that some Sailors will be moved to open bay berthing off the ship and that parts of the ship will be used to quarantine "close contact" Sailors.

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Sunday, 29 March 46 positive (535/1150 47%)

- Due to rate of infection increasing in segregated area of the ship (aft) faster than the non-segregated area (forward), decision is made to lift aft segregation area restrictions. No longer able to feed out of CPO mess. Positive and symptomatic Sailors remained in or were moved to isolation.
- SMO emails Navy Surgeon General stating that circumstances aboard ship were “dire”.
- During daily C7F medical sync meeting, SMO makes first off-ship mention of expectation for 4,000 CDC-compliant rooms.
- Ship down to last 100 test swabs, with more inbound expected after 2 April.
- CCSG-9 email to C7F states that they are developing a priority of flow to Okinawa and states that Sailors could be isolated quicker using hotels in Guam. CCSG-9 discusses TR options with C7F, who reaffirms commitment to Okinawa option, and states a large number of hotel options in Guam is not likely.
- Military Assistant for Acting SECNAV contacts TR CO, proposing Sec. Modly visit TR on 1 April.
- 1101: CVW-11 CAG sends CCSG-9 warfare commander paper with attachments, highlights: testing cannot determine that you don’t have the virus, it can only confirm that you do (cannot get to a safe/clean ship leveraging testing alone); lessons learned from Diamond Princess concluding that 1) 500 additional infections occurred due to quarantine onboard versus isolation ashore and 2) 47% of positives were initially asymptomatic (Sailors thought safe are not and lack of symptoms does not indicate lack of infection and negative test results to do not indicate lack of infection).
- TR CO contacts Commander, Fleet Activities Okinawa, who states that Navy does not have rooms available for TR Sailors (TR CO/XO unaware that Okinawa option leveraged US Marine Corps rooms).
- CPF disapproves C7F’s plan for moving TR crew to Okinawa, based on risk of accelerating infection spread on the aircraft during the 9-hour flight and complications with the government of Japan.

Monday, 30 March 53 positive (897/1150 78%)

- 0730: JRM COS telcon with Governor of Guam COS positive indications of hotel option.
- 0800: CJRM discusses hotel option with Governor of Guam during daily sync. Governor states formal request required from CPF or IPC.
- 1152: CCSG-9 forwards COVID-19 CONOP to C7F. CONOP states that with exponential growth of COVID, the mortality rate could be as high as 10. Three COAs are presented: COA 1 (fastest to sea) use of 4025 CDC-compliant quarantine spaces; COA 2 use of 2300 CDC-compliant quarantine spaces; COA 3 (longest to sea) Naval Base Guam only (limited CDC-compliant quarantine spaces).
- 1348: TR CO sends an email, containing the memo later made public, to CCSG-9, CNAF, and CPF, copying the EAs for CNAF and CPF, the XO, and the four warfare commanders (10 people total).

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Enclosure (6)

Tuesday, 31 March 79 positive (951/1450 66%)

- CPF formally requests Guam hotel options and negotiations commence.
- TR SMO meets with medical team, signs and sends their letter to Navy Surgeon General.
- Approximately 1450 Sailors aboard TR in quarantine or isolation.

Wednesday, 1 April – 93 positive (959/1854 – 52%)

- C7F issues TASKORD to CTF-71 for recovery of THEODORE ROOSEVELT from COVID-19 infection.
- San Francisco Chronicle publishes TR CO memo.

Thursday, 2 Apr 114 positive (1240/2473 50%)

- TR CO sends letter to family members regarding the memo, stating “It was never my intention to have the letter made public.” The letter states that every Sailor will be tested for COVID-19 and those with negative test results will be moved to individual rooms off base for 14 days, while those who test positive will be house on base in individual rooms. The letter indicates that some Sailors will remain aboard to clean the ship before moving off ship to complete their 14 days of isolation.

Friday, 3 April – 137 positive (1563/2473 – 63%)

- TR CO relieved by Acting SECNAV.

Saturday, 4 April 155 positive (1655/2473 67%).

Sunday, 5 April 155 positive.

Monday, 6 April 173 positive.

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Enclosure ( 6)



DEPARTMENT OF THE NAVY  
VICE CHIEF OF NAVAL OPERATIONS  
2000 NAVY PENTAGON  
WASHINGTON DC 20350-2000

5800  
Memo N09/20U100519  
14 Apr 20

MEMORANDUM

Subj: PRELIMINARY INQUIRY INVOLVING USS THEODORE ROOSEVELT (CVN 71)

Ref: (a) JAGMAN, Chapter II  
(b) My ltr 5800 Ser N09D/20U100818 of 7 Apr 20 w/encls

Encl: (1) Summary of Additional Interviews/Responses to Questions

1. Pursuant to reference (a), reference (b) was conducted to inquire into the events surrounding the disembarkation of Sailors from the USS THEODORE ROOSEVELT (CVN 71) in Guam, in response to cases of Coronavirus Disease 2019 (COVID-19).

2. On 13 April 2020, I was requested by you to conduct additional interviews to provide clarification on timing of events regarding conversations between the USS THEODORE ROOSEVELT (CVN 71) Commanding Officer (TR CO) and members of his operational and administrative chains of command, as well as whether there were observations of concern during the Carrier Strike Group NINE (CSG-9) training cycle prior to deployment.

3. Enclosure (1) is a summary of telephonic interviews I conducted on 13 April 2020. My executive assistant was present during these interviews. Quotations indicate exact words or phrases used by those interviewed.

  
R. P. BURKE

## Summary of Additional Interviews/Responses to Questions

1. Commander, U.S. Pacific Fleet (CPF). Phone interview on Monday, 13 April. Phone interview on 28 March (29 March Guam), CPF called the USS THEODORE ROOSEVELT (CVN 71) Commanding Officer (CO) to advise him that the Acting Secretary of the Navy was calling (the Acting Secretary of the Navy Chief of Staff called later that day). This call occurred prior to the CO sending the email. During the call, ADM Aquilino asked the CO if he was getting the support he needed, and he indicated that he was. Following receipt of the USS THEODORE ROOSEVELT (CVN 71) Commanding Officer (CO) email, CPF called Commander, Carrier Strike Group NINE (CCSG-9) on 29 March (30 March in Guam). ADM Aquilino asked what actions he (CCSG-9) and the CO expected that they were not already underway. CCSG-9 responded with words to the effect of “we need 4000 beds.” At this time construction was in progress for makeshift facilities up to a capacity of 2700 beds. ADM Aquilino responded to CCSG-9 by explaining he may not be able to provide 4000 beds, and that he was working multiple options to get there, to include looking at the possibility of hotel rooms, but that it was his job as Strike Group Commander to plan for how to work the crew through quarantine and isolation with something less than the “perfect answer.”

2. Commander, Naval Air Forces (CNAF). Phone interview on Monday, 13 April. Following the receipt of the CO email, CNAF spoke with the CO on 31 March (1 April in Guam. CO relieved early morning of 3 April in Guam) to provide mentorship and counsel. During the call, VADM Miller specifically probed into his relationship with the strike group commander, and his assessment of the strike group commander with C7F. The CO responded that both relationships were healthy, with good communications in both directions, and plenty of communications opportunities. He also noted to VADM Miller that VADM Merz (C7F) was particularly engaged, holding multiple VTCs each day regarding the situation on the TR. VADM Miller followed with the question of why the CO then felt it necessary to send the letter, given his good relationship and communications with the chain of command. The CO stated that he did not feel the response was moving fast enough.

3. Commander, U.S. THIRD Fleet (C3F). Phone interview on Monday, 13 April. Overall, during its Composite Training Unit Exercise (COMPTUEX), the overall score for Carrier Strike Group NINE (CSG-9) was higher than the average of the last three CSGs and no issues were identified. The leadership team was cited by Commander, Carrier Strike Group FIFTEEN (CCSG-15) as “strong” with a “disciplined, effective battle rhythm and planning processes” and a “shared understanding of Commander’s intent, priorities and risk acceptance.”

4. Clarification to PI follow-on questions:

a. What phone calls were conducted between Commander, U.S. Pacific Fleet (CPF) and Commander, Naval Air Forces (CNAF) with the USS THEODORE ROOSEVELT Commanding Officer (CO)?

No phone calls were conducted between all three officers. Rather, CPF called the CO on 28 March (29 March Guam), to advise him of an expected phone call from the Acting Secretary of the Navy later that same day, which ultimately was made by the A/SN’s Chief of Staff. CNAF

called the CO on 31 March (1 April Guam) to ask him about any needed support and to provide mentoring. These calls are detailed in paragraphs 2 and 3 above.

b. Is that the phone call where CPF first told the CO of the work being done to get hotel rooms in Guam?

No. Work being done to get hotel rooms was not discussed with the CO, but rather with CCSG-9 in a phone call made on 29 March (30 March).

c. When did CPF tell CO hotel rooms would be available, and when were they actually available?

The CO was aware that an option to obtain hotel rooms was being worked as early as the morning of 30 March (Guam time), but based on feedback from C7F (VADM Merz) when this COA was being discussed at the daily synch, the CO did not think it would likely be approved, and had considered that it was a low priority for the C7F staff (as compared to the Okinawa option). He learned that the hotel option was approved on 31 March (Guam), the day after he sent the email.

d. Were there any indicators or concerns revealed during the Carrier Strike Group NINE (CSG-9) Composite Training Unit Exercise (COMPTUEX)?

See paragraph 3. Interview with C3F showed no indicators or concerns. In fact, C3F endorsed the CCSG-15 report that the CCSG-9 command team was above average, and also noted:

- Strong leadership team with a disciplined, effective battle rhythm and planning processes
- Shared understanding of Commander's intent, priorities and risk acceptance



## **APPENDIX F: ANALYSIS OF USS THEODORE ROOSEVELT (CVN 71)**

### **BINNACLE LIST**

#### **Introduction**

Concerns about crew members displaying symptoms prior to the confirmed cases of Novel Coronavirus 19 (COVID-19) aboard USS Theodore Roosevelt (CVN 71) (TR) led to an analysis of the ship's sick call logs, specifically studying the symptoms potentially indicating early undetected COVID-19 infections, as well as an examination of trends of respiratory disease. Using International Classification of Diseases 9 (ICD-9) codes, and the Navy and Marine Corps Public Health Center (NMCPHC) criteria for disease outbreaks, a trend of increasing acute upper respiratory infections was observed between March 9th and March 23rd, which may represent early cases of COVID-19. A parallel epidemiological study, staffed and funded by NMCPHC, is currently being conducted in the wake of the coronavirus outbreak on the TR. Using more comprehensive data-sets, and with the visibility provided by Centers for Disease Control and Prevention (CDC) serology testing on the first 400 TR patients, their preliminary findings are consistent with those of the command investigation team.

#### **Background Information**

Though COVID-19 information is rapidly evolving, well-established symptoms of fever, non-productive cough, and shortness of breath were among the initial screening criteria based on data from the initial outbreak location in Wuhan, China. Additionally, travel to high risk areas (initially China and Korea) or exposure to a person diagnosed with COVID-19 were both given equal weight in the screening process. On April 27, 2020, the World Health Organization (WHO) added anosmia and alterations to the sense of taste to the list of symptoms indicating possible COVID-19 disease.<sup>1</sup> CDC guidance as of May 13, 2020 lists the following symptoms for screening for COVID-19:<sup>2</sup>

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

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<sup>1</sup> <https://www.washingtonpost.com/health/2020/04/27/six-new-coronavirus-symptoms/>

<sup>2</sup> <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

In contrast, as of May 15, 2020 Up-to Date (a well-trusted resource for clinical practice) ranks the prevalence of the following symptoms as the hallmarks of COVID-19:<sup>3</sup>

- Fever – 99 percent
- Fatigue – 70 percent
- Dry Cough – 59 percent
- Anorexia – 40 percent
- Myalgia (body aches) – 35 percent
- Dyspnea – 31 percent
- Sputum production – 27 percent

The differences between these lists illustrates the challenges in screening for this disease based solely on clinical presentation. A wide array of symptoms has been described, especially in the early stages of COVID-19 disease. Anecdotal evidence for loss of smell and taste was present in several surveys from Italy on COVID-19 survivors and these symptoms ranged from 34-64 percent depending on the study.<sup>4</sup> Another European study puts loss of smell and loss of taste as an early symptom at 85 percent and 88 percent of COVID-19 cases respectively.<sup>5</sup>

In an interview with the TR Physician Assistant on May 9th, it was mentioned that two to three days prior to the first patients testing positive for coronavirus on the TR, the Carrier Air Wing Eleven (CVW-11) Flight Surgeon had inquired about several members who reported a decrease in taste or smell (anosmia). Subsequent to this report, the sick call log was examined as a part of the investigation. Of note, no reports of anosmia were discovered from the sick call data retrieved. Further analysis looking at the outbreak of illness affecting the respiratory tract was conducted.

### **Binnacle List Analysis by Command Investigation Team**

Sick call logs from January 2, 2020 until April 7, 2020 were transcribed from PDF files to Excel. A total of 385 entries were retrieved and evaluated. Of these, 33 ICD-9 codes were blank, 43 exhibited influenza-like illness (ILI) symptoms, 78 respiratory issues, and 78 diarrhea. Due to only three data points in April (the last week examined), rates were based on 14 weeks. Acute Upper Respiratory Infection (AURI) and ILI-type symptoms mimic those of COVID-19 and were chosen as potential indicators of outbreak on the ship. Due to a known outbreak of norovirus aboard TR in February, diarrheal illness was also examined to provide a convenient contrast. The ILI-type symptoms occurred

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<sup>3</sup> [https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19-epidemiology-virology-clinical-features-diagnosis-and-prevention?search=coronavirus-disease-2019-covid-19&source=search\\_result&selectedTitle=8~150&usage\\_type=default&display\\_rank=8](https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19-epidemiology-virology-clinical-features-diagnosis-and-prevention?search=coronavirus-disease-2019-covid-19&source=search_result&selectedTitle=8~150&usage_type=default&display_rank=8)

<sup>4</sup> [https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19-epidemiology-virology-clinical-features-diagnosis-and-prevention?search=coronavirus-disease-2019-covid-19&source=search\\_result&selectedTitle=8~150&usage\\_type=default&display\\_rank=8](https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19-epidemiology-virology-clinical-features-diagnosis-and-prevention?search=coronavirus-disease-2019-covid-19&source=search_result&selectedTitle=8~150&usage_type=default&display_rank=8)

<sup>5</sup> [https://www.entnet.org/sites/default/files/uploads/lechien\\_et\\_al\\_-\\_covid19\\_-\\_eur\\_arch\\_otorhinolaryngol\\_.pdf](https://www.entnet.org/sites/default/files/uploads/lechien_et_al_-_covid19_-_eur_arch_otorhinolaryngol_.pdf)

at a 3.1-patients per week average, while acute upper respiratory infection and diarrhea occurred at a rate of 5.6-patients per week.

Significant increases in ILI and AURI symptoms were noted from the week beginning January 19th until February 16th. Cases of ILI-type symptoms peaked during the week of January 19th, at 18 cases, and respiratory symptoms peaked during the week of January 26th with 17 cases; both exceeding the outbreak threshold for aircraft carriers (CVNs) of 15 cases or 0.3 percent. As this corresponds to the timeframe reported by the ship of an outbreak of norovirus, cases of diarrhea peaked during the week of February 9th at 28 cases. Beginning on the week of March 8th, AURI cases again rose, but did not reach 15 cases before March 22nd. The increase in reported respiratory symptoms and diarrhea (March 8th to March 22nd) corresponds with the transit period from Vietnam to Guam. However, the numbers reported do not meet the threshold for outbreak declaration in accordance with the Navy and Marine Corps Public Health Center (NMCPHC) Guidance for Underway Evaluation and Management of Suspected Persons under Investigation (PUI) for 2019 Novel Coronavirus (COVID-19) for CVNs. The Binnacle Log data after March 22nd is unreliable due to parallel reporting methods for COVID-19, which were initiated on or around March 23rd by the ship's Medical Department.

A linear regression analysis was conducted on these three symptoms. Little correlation was discovered between diarrhea and respiratory issues and diarrhea and ILI. For this reason, multi-linear regression was not conducted. Correlation was found between the cases of ILI and respiratory issues, but only 41 percent of the variation could be explained by the model.

A secondary analysis of the combined rate for AURI and ILI was conducted. As previously stated, COVID-19 symptoms vary widely and span from mild, cold-like symptoms to pneumonia and respiratory failure. For this reason, combined ILI and AURI symptoms were considered an accurate proxy for this spectrum of disease. Reports of ILI and respiratory illness were compared to total numbers on the ship. This revealed that there was a peak of respiratory illness by February 22nd, prior to VN. There was another peak in AURI by March 22nd after Vietnam which did not reach outbreak levels. This potentially represents an early rise in COVID-19 symptoms prior to the first positive tests. Even with careful surveillance, if the data is accurate, the trend would not have triggered concern for an outbreak of respiratory illness as the rate failed to exceed the guidance baseline of 0.3 percent of ship's crew.<sup>6</sup>

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<sup>6</sup> Guidance for Underway Evaluation and Management of Suspected Persons Under Investigation for 2019 Novel Coronavirus, April, 2020 Navy and Marine Corps Public Health Center

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Row Labels	Sum of ILI/PNEU	Sum of RESPIRATORY	Sum of DIARRHEA
1	0	0	0
2	0	0	0
3	0	4	0
4	18	10	4
5	7	17	6
6	11	11	15
7	5	8	28
8	2	2	12
9	0	6	6
10	1	0	0
11	0	5	1
12	0	6	5
13	0	7	0
14	0	1	1
15	0	1	0
Grand Total	44	78	78

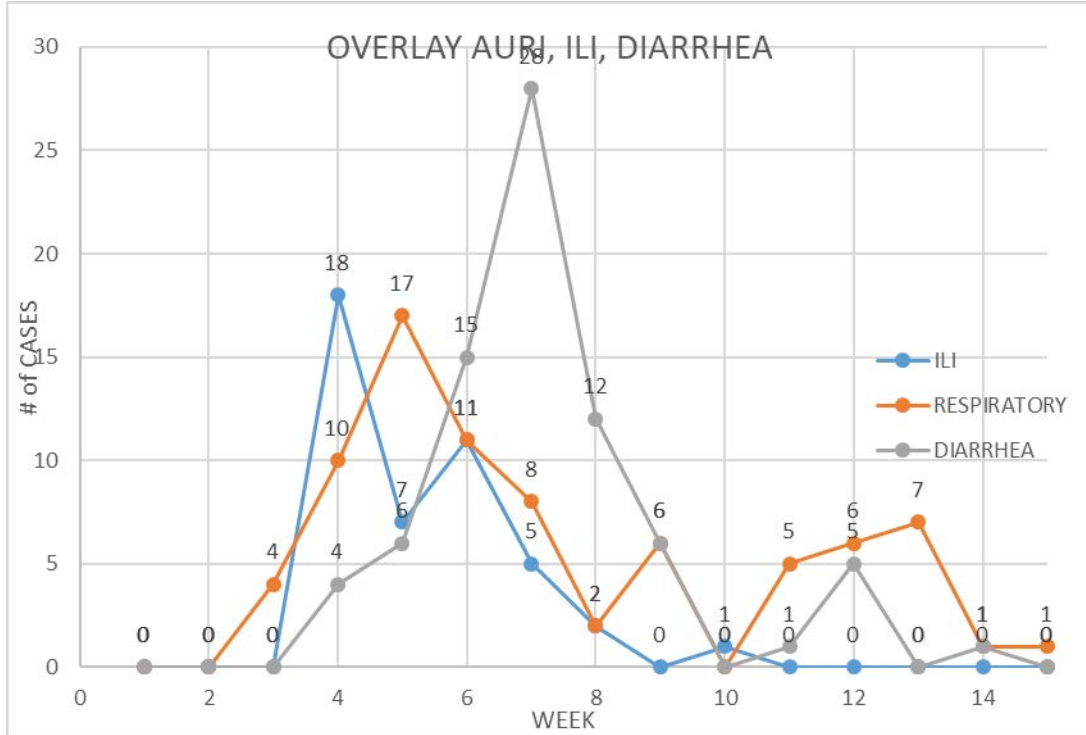
Table 1: Binnacle List Analysis

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Week of	ILI	RESP ILL	DIARRHEA
2-Jan	0.00%	0.00%	0.00%
5-Jan	0.00%	0.00%	0.00%
12-Jan	0.00%	0.08%	0.00%
19-Jan	0.36%	0.20%	0.08%
26-Jan	0.14%	0.34%	0.12%
2-Feb	0.22%	0.22%	0.30%
9-Feb	0.10%	0.16%	0.56%
16-Feb	0.04%	0.04%	0.24%
23-Feb	0.00%	0.12%	0.12%
1-Mar	0.02%	0.00%	0.00%
8-Mar	0.00%	0.10%	0.02%
15-Mar	0.00%	0.12%	0.10%
22-Mar	0.00%	0.14%	0.00%
29-Mar	0.00%	0.02%	0.02%
5-Apr	0.00%	0.02%	0.00%

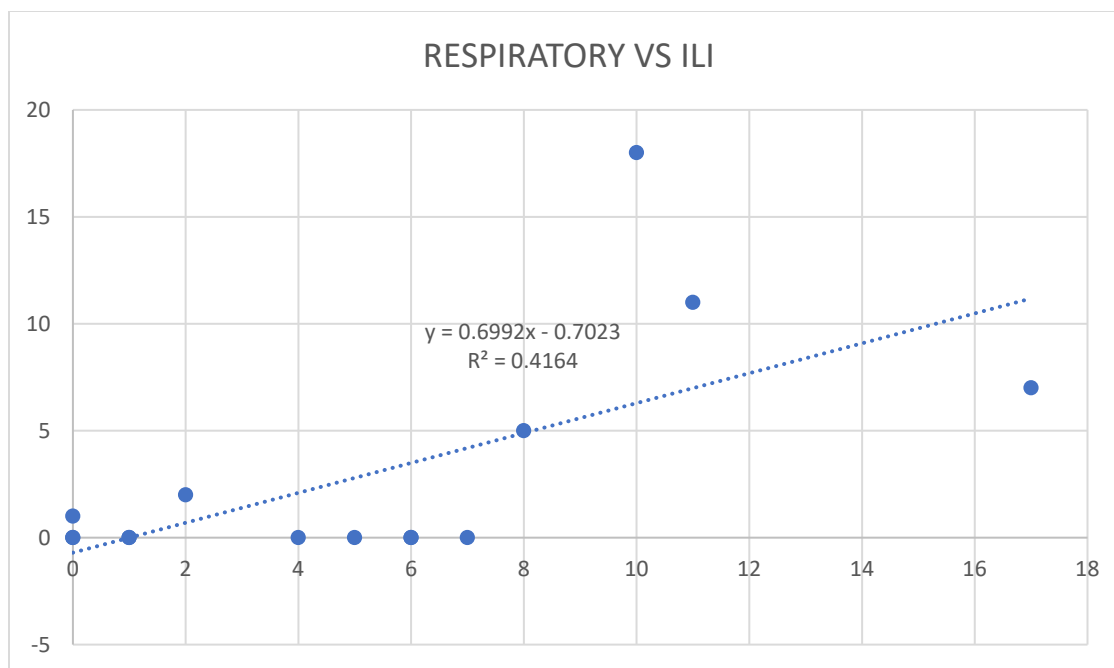
Table 2: CI Binnacle List Analysis



Binnacle List Analysis Graph 1

~~FOR OFFICIAL USE ONLY~~





*Binnacle List Analysis Graph 2*

### **NMCPHC Epidemiologic Analysis<sup>7</sup>**

As stated previously, evaluation of an outbreak based on a spectrum of common signs and symptoms risks the possibility of over- or understating the prevalence of cases. Preliminary data from the NMCPHC epidemiological analysis of the first 400 TR cases, isolation logs from Guam, and backed by serology testing through the CDC provides a more detailed examination of the coronavirus outbreak on the ship, likely origins of the outbreak, and provides an epidemiologic curve as support. Of particular interest is that both the findings from the NMCPHC epidemiological analysis and the Command Investigation TR Binnacle List Analysis reveal an early rise in COVID-19 symptoms prior to the first positive test result on TR.

The NMCPHC epidemiologic curve provides a temporal illustration of coronavirus transmission, and allows sub-analysis of populations within the crew. (NMCPHC Epi-data study Graph 1)

Key preliminary findings of the NMCPHC epi-data study are as follows:

- COVID-19 illness appears to have occurred on the ship prior to the first Carrier Onboard Delivery (COD) arrival after the Da Nang port visit, and the growth in cases by

<sup>7</sup> NMCPHC "USS Theodore Roosevelt Outbreak Investigation: Epidemiologic Analysis Update #2" 13 May 2020

March 30th is not consistent with the limited potential introduction of the disease via COD. This is illustrated in Graph 2 which is an overlay of the COD arrivals with the epidemiologic curve. (NMCPHC Epi-data study Graph 2)

- Sub-analysis of populations (males and females, and work space) indicates simultaneous exposure of a group potentially at a mass gathering consistent with the Vietnam port visit. (NMCPHC Epi-data study Graph 3)

- TR Reactor Department, and two embarked squadrons (HSM-75 and VFA-154) had early cases, but there was a lag of several incubation periods prior to the next case indicating transmitters may be asymptomatic or display very mild disease. (NMCPHC Epi-data study Graph 4)

- Careful use of the correct personal protective equipment (PPE) and hygiene protocols prevents spread of COVID-19 within the medical department. The medical department had one symptomatic case despite presumably high contact rates while caring for ill patients.

- Follow-on analysis looking at rates instead of case counts will be conducted in order to attempt to identify trends with respect to age, and rank.

## **Summary**

Though conducted in parallel, the TR Binnacle List Analysis and the NMCPHC USS Theodore Roosevelt (CVN 71) Outbreak Investigation: Epidemiologic Analysis came to the following similar conclusions:

- There is no indication that coronavirus came aboard the ship via COD
- There are indications that there were early cases of COVID-19 shortly after the Vietnam port visit
- The ILI outbreak prior to the Vietnam port visit died out spontaneously and does not appear to have been COVID-19

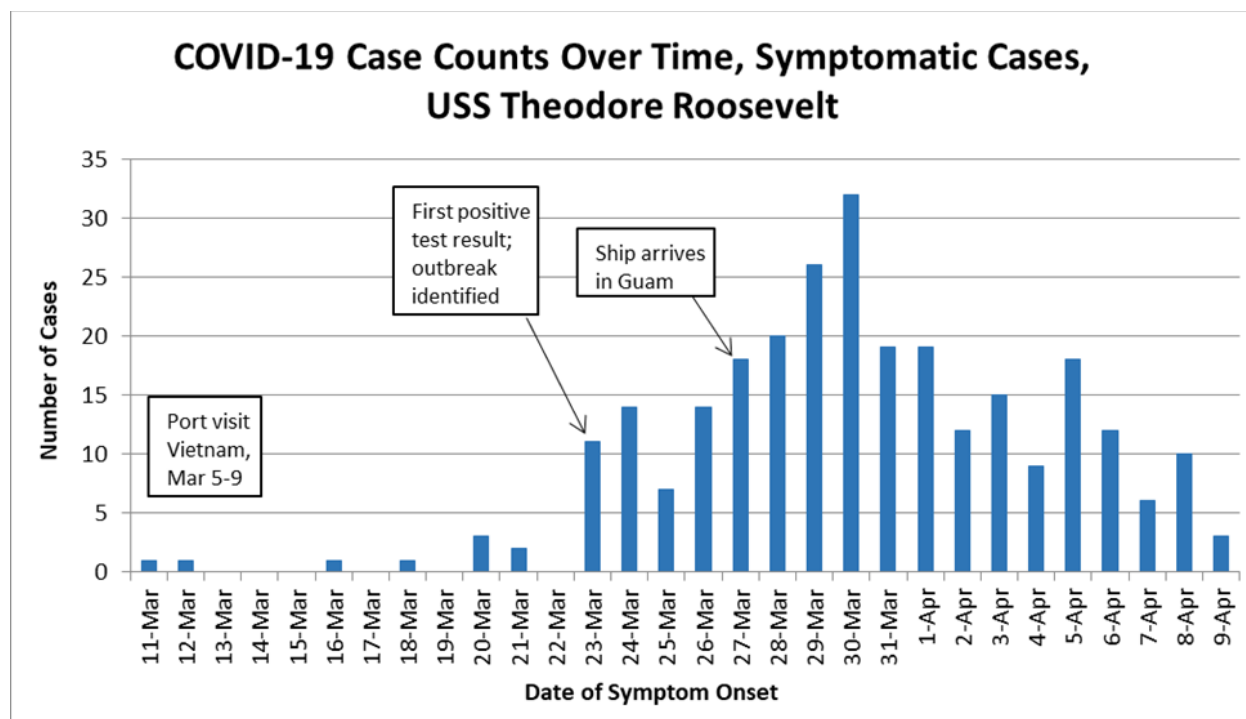
In the TR Binnacle List Analysis attempts to identify and interview the Sailors who cited experiencing loss of taste or smell as a primary symptom were unsuccessful based on information available in the sick call logs. It is likely that a Sailor reporting to sick call for early COVID-19 disease and the medical personnel caring for them would not focus on these symptoms given these symptoms were not known to be early indicators of COVID-19 at the time. If a Sailor later remembered those symptoms, recall bias makes it difficult to discern the accuracy of their remarks due to the prominence of these symptoms in the media.<sup>8</sup>

If several Sailors had displayed anosmia two to three days prior to the first positive COVID-19 test, it would provide support for the illness coming aboard after the port visit in Vietnam. We did not find evidence to support that, but an increase in AURI symptoms after Vietnam, up to March 22nd may be an early indication of the COVID-19 outbreak in personnel who had early or mild symptoms.

The NMCPHC study's findings support our findings in regards to coronavirus occurring onboard soon after visiting Vietnam. Additional study by their team focusing on disease rates will continue to inform on patterns of coronavirus spread among crewmembers and be of high value in prevention of this disease aboard naval vessels.

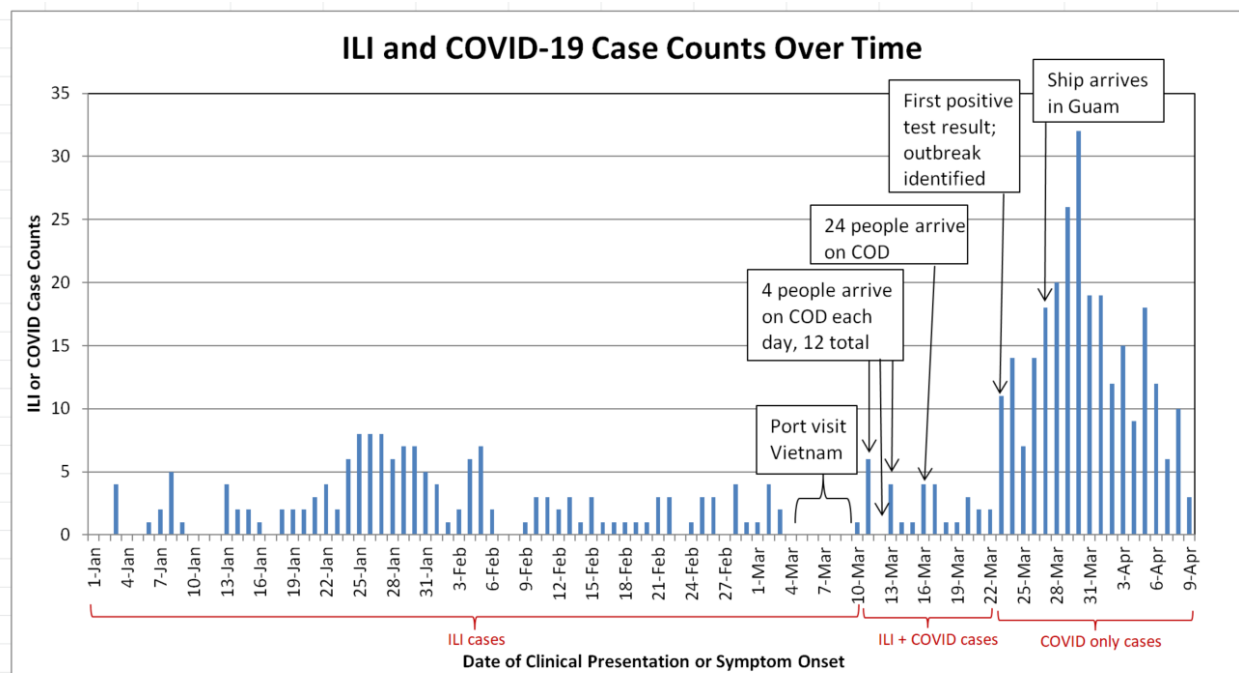
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<sup>8</sup> <https://www.nytimes.com/2020/03/22/health/coronavirus-symptoms-smell-taste.html>



NMCPHC Epi-data Study Graph 1<sup>9</sup>

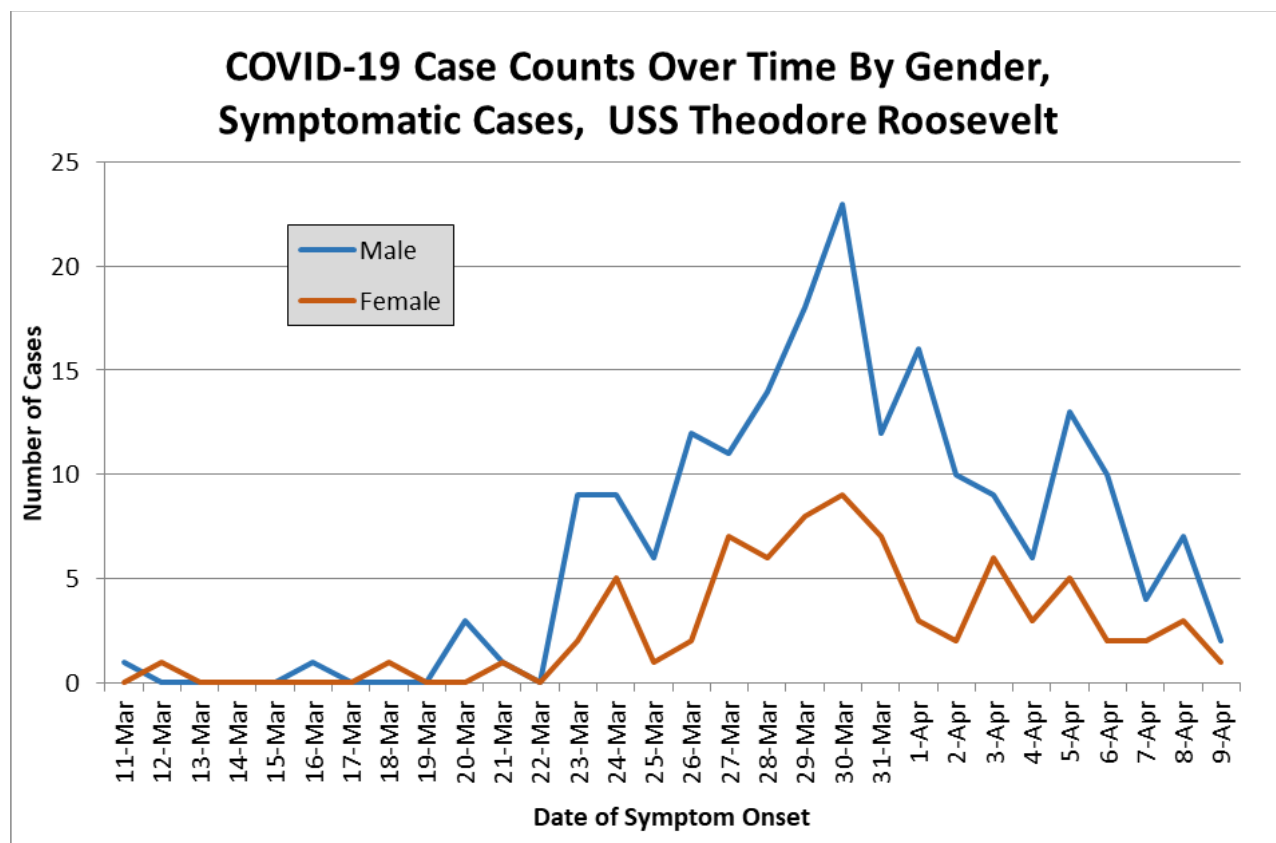
<sup>9</sup> NMCPHC "ATTACHMENT #1 to: USS Theodore Roosevelt Outbreak Investigation for Epidemiologic Analysis Update #2" 13 May 2020, from "USS Theodore Roosevelt Outbreak Investigation: Epidemiologic Analysis Update #2" 13 May 2020



NMCPHC Epi-data study Graph 2<sup>10</sup>

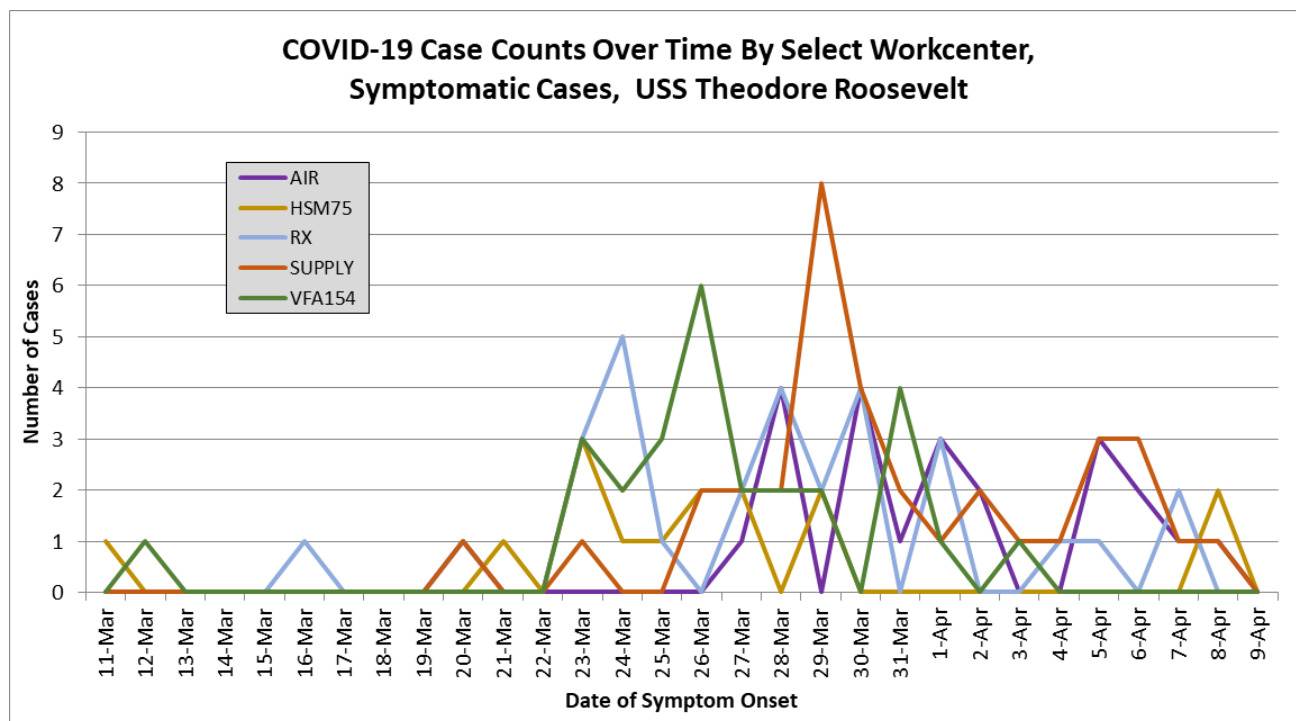
<sup>10</sup> NMCPHC "ATTACHMENT #1 to: USS Theodore Roosevelt Outbreak Investigation for Epidemiologic Analysis Update #2" 13 May 2020, from "USS Theodore Roosevelt Outbreak Investigation: Epidemiologic Analysis Update #2" 13 May 2020





NMCPHC Epi-data study Graph 3<sup>11</sup>

<sup>11</sup> NMCPHC "ATTACHMENT #1 to: USS Theodore Roosevelt Outbreak Investigation for Epidemiologic Analysis Update #2" 13 May 2020, from "USS Theodore Roosevelt Outbreak Investigation: Epidemiologic Analysis Update #2" 13 May 2020



NMCPHC Epi-data study Graph 4<sup>12</sup>

<sup>12</sup> NMCPHC "ATTACHMENT #1 to: USS Theodore Roosevelt Outbreak Investigation for Epidemiologic Analysis Update #2" 13 May 2020, from "USS Theodore Roosevelt Outbreak Investigation: Epidemiologic Analysis Update #2" 13 May 2020

**Appendix G - Master List of Citations**

**Executive Summary**

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
WHO Timeline - COVID-19	H-ES-1
CPF Statement dtd 17 May 20	H-ES-2
INDOPACOM J07 Country Health Risk to Force for COVID-19 dtd 4 Mar 20	H-ES-3
Email - AMB to Vietnam - Status of Sailors from Vietnam dtd 8 Mar 20	H-ES-4
TR XO Statement dtd 16 May 20	H-ES-5
TR SMO Statement dtd 17 May 20	H-ES-6
Email - TR CO to TR SMO - Follow Up dtd 9 Mar 20	H-ES-7
TR SUPPO Statement dtd 18 May 20	H-ES-8
COD Completed Travel Log/Manifest	H-ES-9
Crozier, B. CAPT Statement dtd 15 May 20	H-ES-10
CVW-11 CAG Statement dtd 19 May 20	H-ES-11
Email - TR XO - TR Investigation dtd 7 May 20	H-ES-12
Government of Guam Executive Order 2020-03	H-ES-13
CORONAVIRUS: DOD RESPONSE TIMELINE (15 May 20)	H-ES-14
Email - NBG CO to TR CO - TR PVST dtd 20 Mar 20	H-ES-15
Email - TR SMO to CCSG-9 - COVID-19 Update dtd 24 Mar 20	H-ES-17
Email (SIPR) - CSG-9 COS to C7F COS - (U) HOTEL OPTION dtd 25 Mar 20	CLASSIFIED APPENDIX J-S-ES-01
"Sailors tested positive on USS Theodore Roosevelt, extent of exposure unclear" Pacific Daily News (26 Mar 20)	H-ES-18
Email - CJRM to VCNO EA - RE: Follow-up RFI dtd 6 Apr 20	H-ES-20

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
Email (SIPR) - CPF to CNO and INDOPACOM - TR Recovery and Disposition Plan dtd 26 Mar 20	CLASSIFIED APPENDIX J-S-ES-02
Facebook Post - Family and Friends of the Rough Riders, Crozier, B. CAPT (27 Mar 20)	H-ES-21
Email (SIPR) - C7F - C7F COVID daily CDRs update (26 Mar) dtd 27 Mar 20	CLASSIFIED APPENDIX J-S-ES-03
NBG CO Statement dtd 18 May 20	H-ES-22
TR PAO Statement dtd 18 May 20	H-ES-23
Email - CJRM - Follow-Up Summary of Interview dtd 8 May 20	H-ES-24
Email (SIPR) - C7F COS to CSG-9 COS - Triage and procedure dtd 28 Mar 20	CLASSIFIED APPENDIX J-S-ES-04
Email (SIPR) - C7F to CPF - Evening Update and COVID 29 Mar dtd 29 Mar 20	CLASSIFIED APPENDIX J-S-ES-05
C7F COS Statement dtd 21 May 20	H-ES-16
Email - CAPT Crozier to Commander, Fleet Activities Okinawa - Subj: New Normal dtd 29 Mar 20, 1818	H-FOF-178
CSG-9 COS Statement dtd 18 May 20	H-ES-25
TR CO Email and Ltr - Request for Assistance in Response to COVID-19 Pandemic dtd 30 Mar 20	H-ES-27
"Exclusive: Captain of aircraft carrier with growing coronavirus outbreak pleads for help from Navy" SF Chronicle (31 Mar 20)	H-ES-28
CCSG-9 Statement dtd 15 May 20	H-ES-26
C7F Statement dtd 18 May 20	H-3-85
CNAP Statement dtd 13 May 20	H-ES-29
Email - TR SMO to Navy Surgeon General - Medical Dept Letter dtd 30Mar 20	H-ES-30
Email - TR SMO - FWD: Medical Dept Letter dtd 30 Mar 20	H-ES-31

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
CNO Ltr Ser 5800 dtd 2 Apr 20	H-ES-32
Transcript: DoN Press Briefing with Acting Secretary of the Navy Thomas B. Modly and CNO Admiral Gilday dtd 2 Apr 20	H-ES-33
How a Ship's Coronavirus Outbreak Became a Moral Crisis for the Military, <i>NY Times</i> (6 Apr 20)	H-ES-34
Press Release: "Smith Calls for Modly's Removal After Mishandling U.S.S. Theodore Roosevelt COVID-19 Outbreak" dtd 6 Apr 20	H-ES-35
A-SN Resignation Ltr of 7 Apr 20	H-ES-36
SECDEF Ltr of 7 Apr 20	H-ES-37
CO NHG Statement dtd 18 May 20	H-ES-38

### Chapter 1 - Introduction

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
OPNAV Instruction 5450.337B <u>Missions, Functions, and Tasks of Commander, United States Pacific Fleet</u> dtd 21 Jan 16	H-1-39
Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Briefing (30 Mar 20)	H-1-40
OPNAVINST 5400.45 <u>Standard Navy Distribution List Administrative Organization of the Operating Forces of the U.S. Navy</u> dtd 1 Apr 20	H-1-41



**Chapter 2 - Planning and Execution of the USS THEODORE ROOSEVELT (CVN 71) Port Visit to Da Nang, Vietnam<sup>1</sup>**

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
CPF Statement dtd 17 May 20	H-ES-2
TRNOTE 5050 TR and CVW-11 Liberty Plan dtd 22 Feb 20	H-2-42
CCSG-9 Statement dtd 15 May 20	ES-26
TR <u>AAR For 5-9 March Vietnam PVST</u> dtd 17 Mar 20	H-2-43
WHO Timeline - COVID-19	H-ES-1
CNAP Statement dtd 13 May 20	H-ES-29
Email - XO to TR Leadership - Vietnam Planning dtd 20 Jan 20	H-2-44
C7F Surgeon Statement dtd 23 May 20	H-2-45
Email: CSG-9 - Response to RFI dtd 17 May 20	H-2-46
NTRP 4-02.10 dtd Sep 14	H-2-47
TR PA Statement dtd 18 May 20	H-2-48
USS Theodore Roosevelt and USS Pinckney Arrive in Guam for Scheduled Port Visit <i>USS Theodore Roosevelt</i> PAO (7 Feb 20)	H-2-49
USS Blue Ridge, 7th Fleet staff arrive in Thailand <i>USS Blue Ridge</i> Public Affairs (23 Feb 20)	H-2-50
USS America, Green Bay arrive in Thailand for Cobra Gold <i>Zline, V. MC3</i> (22 Feb 20)	H-2-51
WHO Director-General's statement on IHR Emergency Committee on Novel Coronavirus (2019-nCoV)	H-2-52
Naval Message (SIPR): USINDOPACOM, <u>Response To Novel Coronavirus EXORD</u> DTG 040649Z FEB 20	CLASSIFIED APPENDIX J-S-2-01
Update Public Health Response to the Coronavirus Disease 2019 Outbreak - United States dtd 24 Feb 20	H-2-53

<sup>1</sup> While H-2-67 is enclosed in Appendix H, it was not cited in the command investigation; it is included solely for continuity of numbering.

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
Email - CPF Surgeon to TR SMO and C7F Surgeon - Discussion with CDC Director dtd 26 Feb 20	H-2-54
Email - C7F to VCNO EA - COMREL Rel and Med Visits in Da Nang dtd 15 Apr 20	H-2-55
WHO Recommendations for International Traffic (29FEB20)	H-2-56
Nguyen, Trang H D, and Danh C Vu. "Summary of the COVID-19 outbreak in Vietnam - Lessons and suggestions." <i>Travel medicine and infectious disease</i> , 101651. (2 Apr 20)	H-2-57
Email (SIPR) - CPF to USINDOPACOM - DECISION: Theater Posture Operations dtd 4 Mar 20	CLASSIFIED APPENDIX J-S-2-02
TR CMC Statement dtd 17 May 20	H-2-58
TR SMO Statement dtd 17 May 20	H-ES-6
TR SMO PowerPoint - Quarantine Plan and COVID Mitigation Measures "En Route to Nam"	H-2-59
CVW-11 CAG Statement dtd 19 May 20	H-ES-11
TR Da Nang Port Visit Overview Brief dtd Mar 20	H-2-60
TR Da Nang Port Visit Crew Brief dtd Mar 20	H-2-61
COMREL CONOPs dtd 1 Mar 20	H-2-62
America Has Suffered Its First Coronavirus Deaths-and First Infections of Health Care Workers." <i>Advisory Board- Daily Briefing</i>	H-2-63
"Some Coronavirus Patients Don't Show Symptoms. Here's Why That's a Problem." <i>Advisory Board Daily Briefing</i>	H-2-64
TR PAO Interview Summary dtd 23 May 20	H-ES-23
INDOPACOM J07 Country Health Risk to Force for COVID-19 dtd 4 Mar 20	H-ES-3
TR XO Statement dtd 16 May 20	H-ES-5
Crozier, B. CAPT Statement dtd 15 May 20	H-ES-10

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
The 39 <sup>th</sup> Iteration of Cobra Gold Concludes with a Combined Arms-Live Fire Exercise and Closing Ceremony <i>U.S. Army Public Affairs Office</i> (6 Mar 20)	H-2-65
C7F COS Statement dtd 21 May 20	H-ES-16
Email - C7F - Response to RFI dtd 15 May 20	H-2-66
TR CDO Report dtd 8 Mar 20	H-2-68

**Chapter 3 - Actions during USS Theodore Roosevelt (CVN 71) Transit to and Arrival in Guam**

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
Email - TR SMO to All Officers, All CPOs, All E-6 and below - 14 days of screening following port visits dtd 16 Mar 20	H-3-69
Email - TR SMO - Post-Danang Update dtd 17 Mar 20	H-3-69a
TR SMO Statement dtd 17 May 20	H-ES-6
Email - TR SMO - Post-Danang Update dtd 18 Mar 20	H-3-69b
COD Completed Travel Log/Manifest	H-ES-9
Crozier, B. CAPT Statement dtd 15 May 20	H-ES-10
TR XO Statement dtd 16 May 20	H-ES-5
CVW-11 CAG Statement dtd 19 May 20	H-ES-11
(b) (6) LCDR Statement dtd 23 May 20	H-FOF-163
Email - TR XO - TR Investigation dtd 7 May 20	H-ES-12
Crozier, B. CAPT Ltr to families dtd 13 Mar 20	H-3-71
Navy Preventive Medicine Teams Embark Ships in 7th Fleet, <i>INDOPACOM</i> , (03 Mar 20)	H-3-72
Email - TR SMO - Post-Danang Update dtd 14 Mar 20	H-3-70
Government of Guam Executive Order 2020-03	H-ES-13
Email - TR SMO - Coronavirus screening - Update dtd 16 Mar 20	H-3-73

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
Coronavirus: DOD RESPONSE TIMELINE, U.S. Department of Defense	H-ES-14
Email - NBG CO to TR CO - TR PVST dtd 20 Mar 20	H-ES-15
Email - NBG CO to TR CO - RE TR PVST dtd 23 Mar 20	H-3-74
C7F Surgeon Statement dtd 23 May 20	H-2-45
Email (SIPR) - CCSG-9 - Positive COVID-19 tests on TR (initial report) dtd 24 Mar 20	CLASSIFIED APPENDIX J-S-3-01
Email (SIPR) - CCSG-9 - Positive COVID-19 tests on TR (update #9) dtd 26 Mar 20	CLASSIFIED APPENDIX J-S-3-02
Email - TR SMO to CCSG-9 - COVID 19 update 24 March dtd 24 Mar 20, 0440	H-ES-17
AME1 Statement dtd 13 May 20	H-3-75
CSC Statement dtd 13 May 20	H-3-76
TR CMC Statement dtd 17 May 20	H-2-58
Email - TR SMO to TR CO - Follow Up dtd 9 Mar 20	H-ES-7
TR SUPPO Statement dtd 18 May 20	H-ES-8
Guam denies entry to ship over coronavirus concerns, <i>USA Today</i> (07 Feb 20)	H-3-77
Email - CSG-9 - Response to RFI dtd 20 May 20	H-3-78
C7F COS Statement dtd 21 May 20	H-ES-16
TR RO Statement dtd 18 May 20	H-3-79
Email (SIPR) - C7-F - Positive COVID-19 Tests on TR (Update #2) dtd 24 Mar 20	CLASSIFIED APPENDIX J-S-3-03
Email (SIPR) - CTF 75 to C7F - COVID-19 Commander's perspective 22 Mar dtd 24 Mar 20	CLASSIFIED APPENDIX J-S-3-04
Email - TR PAO - TRSG TRQ dtd 24 Mar 20 0149 (containing 200323 TRSB Positive COVID 1MC Remarks)	H-3-80

TITLE OF DOCUMENT	APPENDIX LOCATION
Email - C7F PAO to TR PAO - FWD: Proposed Statement dtd 26 Mar 20	H-3-81
Email - TR SMO to CPF and C7F Fleet Surgeons - WARNORD for BUMED dtd 24 Mar 20	H-3-82
CO NHG Statement dtd 18 May 20	H-ES-38
"Sailors tested positive on USS Theodore Roosevelt, extent of exposure unclear," <i>Pacific Daily News</i> (23 Mar 20)	H-ES-18
Email (SIPR) - CSG-9 COS to C7F COS - (U) HOTEL OPTION dtd 25 Mar 20	CLASSIFIED APPENDIX J-S-ES-01
Eight Sailors from USS Theodore Roosevelt have coronavirus, raising concerns about pandemic's strain on military, <i>USA Today</i> (24 Mar 20)	H-3-83
Email - Crozier, B. CAPT to TR Ombudsmen - (none) with Letter to TR Families and Friends dtd 24 Mar 20	H-3-84
C7F Statement dtd 18 May 20	H-3-85
Email (SIPR) - CO NBG - NBG Task Force TR REVIVE dtd 26 Mar 20	CLASSIFIED APPENDIX J-S-3-05
NAVADMIN 083/20 <u>Restriction of Movement (ROM) Guidance</u> dtd 23 Mar 20	H-ES-19
Email (SIPR) - CCSG-9 to Crozier, B. CAPT, CVW-11 CAG - (S) OUTBREAK COMMANDER'S GUIDANCE dtd 26 Mar 20	CLASSIFIED APPENDIX J-S-3-06
Email (SIPR) - CPF to CNO and INDOPACOM - TR Recovery and Disposition Plan dtd 26 Mar 20	CLASSIFIED APPENDIX J-S-ES-02
Email (SIPR) - C7F to OPNAV N3N5 - RE: (U//FOUO) FOR INFORMATION: TR Recovery and Disposition Plan dtd 26 Mar 20	CLASSIFIED APPENDIX J-S-3-07
Email (SIPR) - OPNAV N3/N5 - RE: (U//FOUO) FOR INFORMATION: TR Recovery and Disposition Plan dtd 24 Mar 20	CLASSIFIED APPENDIX J-S-3-08



<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
Email (SIPR) - C7F to CCSG-9 - SUBJ: (S) 28 Mar TB-follow-up dtd 28 Mar 20	CLASSIFIED APPENDIX J-S-3-09
Email - CVW-11 CAG to CCSG-9 - PROPOSED PAPER / COURSE OF ACTION FROM WARFARE COMMANDERS dtd 29 Mar 20	H-3-86
Facebook Post - Family and Friends of the Rough Riders, Crozier, B. CAPT (27 Mar 20)	H-ES-21
Email (SIPR) - C7F COS to CSG-9 COS - Triage and Procedure dtd 27 Mar 20	CLASSIFIED APPENDIX J-S-ES-03
Email - Afloat Recreation Specialist to ALL HANDS - Gyms Secured dtd 29 Mar 20	H-3-87
NAVADMIN 092/20 <u>Urinalysis Policy Update</u> dtd 27 Mar 20	H-3-88
TR MA2 to TR Crew - URINALYSIS POLICY UPDATE dtd 29 Mar 20	H-3-89
NAVADMIN 080/20 <u>Navy Mitigation Measures in Response to Coronavirus Outbreak Update 3</u> dtd 21 Mar 20	H-3-90
Email - TR SMO to CSG-9 Staff - Testing Planning Factors dtd 27 Mar 20	H-3-91
Email - C7F COS - RE: Signed C7F COS statement dtd 22 May 20	H-3-92
Email (SIPR) - CNO to CPF - INFO TR recovery and disposition update 27 Mar 20 dtd 28 Mar 20	CLASSIFIED APPENDIX J-S-3-10
NBG CO Statement dtd 18 May 20	H-ES-22
AME2 Statement dtd 16 May 20	H-3-93
AN Statement dtd 16 May 20	H-3-94
TR PAO Interview Summary dtd 23 May 20	H-ES-23
Email - TR SMO to CCSG-9 - COVID-19 update 28 March - Mid-day update dtd 28 Mar 20	H-3-95
Email - TR SMO to CCSG-9 - RE COVID -19 update 29 March - Evening update dtd 28 Mar 20	H-3-96

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
Email - TR SMO to CCSG-9 - COVID-19 update 29 March - Mid-day update 29 Mar 20	H-3-97
Email - TR SMO to CCSG-9 - COVID-19 update 29 March - Evening update dtd 29 Mar 20	H-3-98
Email - TR SMO to C7F and CPF Surgeons - Reality dtd 28 Mar 20	H-3-99
Email (SIPR) - C7F COS to CSG-9 COS - Triage and procedure dtd 28 Mar 20	CLASSIFIED APPENDIX J-S-ES-03
CPF Surgeon Statement dtd 19 May 20	H-3-100
Email (SIPR) - C7F COS - Numbers dtd 29 Mar 20	CLASSIFIED APPENDIX J-S-3-11
(S) C7F TR COVID Placemat 29 Mar - DRAFT	CLASSIFIED APPENDIX J-S-3-12
CCSG-9 Statement dtd 15 May 20	H-ES-26
Email - CJRM - Follow Up to 13 May 20 Phone Call	H-3-101
CDS-23 Statement dtd 19 May 20	H-3-102
CSG-9 COS Statement dtd 18 May 20	H-ES-25
Email - TR SMO to CCSG-9 - COVID-19 update 25 Mar - End of Day testing results dtd 25 Mar 20	H-3-103
Email - TR PAO to JRM PAO et al. - RE: IMMEDIATE AWARENESS" >> Fwd: 400 Rooms checking in ASAP dtd 31 Mar 20	H-3-104
Email - TR XO - Hotel Room inquires dtd 31 Mar 0202	H-3-105
Email (SIPR) - CPF to C7F - RE (S) C7F COVID-19 Update 29 Mar CORRECT COPY!!! dtd 29 Mar 20	CLASSIFIED APPENDIX J-S-3-13
Email (SIPR) - NBG CO to C7F COS - Quarantine - Social Distancing - getting to 4,000 dtd 29 Mar 20	CLASSIFIED APPENDIX J-S-3-14

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
UPDATED: USS Theodore Roosevelt Quarantines Sailors on Guam as Coronavirus Outbreak Spreads, <i>USNI News</i> (26 Mar 20)	H-3-106
Email (SIPR) - CPF to C7F - Evening Ops Update and COVID 29 Mar dtd 29 Mar 20	CLASSIFIED APPENDIX J-S-3-15
Email - TR SMO to Navy Surgeon General of the Navy, et. al. - Situation on ground dtd 30 Mar 20	H-3-107

**Chapter 4 - Development of and Response to USS Theodore Roosevelt (CVN 71)  
Commanding Officer Letter of March 30, 2020**

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
NAVADMIN 083/20 <u>Restriction of Movement (ROM) Guidance 23 Mar 20</u>	H-ES-19
Email (SIPR) - CSG-9 COS to C7F COS - (U) HOTEL OPTION dtd 25 Mar 20	CLASSIFIED APPENDIX J-S-ES-01
Crozier, B. CAPT Statement dtd 15 May 20	H-ES-10
TR XO Statement dtd 16 May 20	H-ES-5
CDCO Statement dtd 18 May 20 (digitally signed)	H-4-109
Email - CVW-11 CAG to CCSG-9 - PROPOSED PAPER / COURSE OF ACTION FROM WARFARE COMMANDERS dtd 29 Mar 20	H-3-86
CVW-11 CAG Statement dtd 19 May 20	H-ES-11
CSG-9 COS Statement dtd 18 May 20	H-ES-25
CCSG-9 Statement dtd 15 May 20	H-ES-26
Transcript: Marine Corps Officials Hold a Defense Department News Briefing on COVID-19 Efforts dtd 26 Mar 20	H-4-110
CPF Statement dtd 17 May 20	H-ES-2

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
C7F Statement dtd 18 May 20	H-3-85
Email - CJRM - Follow Up to 13 May 20 Phone Call	H-3-101
Email - A-SN COS to DNS - RE: Support Requirements dtd 30 Mar 20	H-4-111
Email - TR XO to TR CO - Memo for Record - Failure to comply with NAVADMIN 083_20 dtd 28 Mar 20	H-4-112
Email - CNO Former EA to TR CI Senior Legal Advisor - TR Investigation dtd 20 May 20	H-4-113
Email - CNO ABWC PTGN to BWC PTGN RE: Hot RFI.THEODORE ROOSEVELT RFI dtd 30 Mar 20;	H-4-114
Email - CNO EA to BWC PTGN FW: TR dtd 29 Mar 20	H-4-115
TR RO Statement dtd 18 May 20	H-3-79
TR CO Email and Ltr - Request for Assistance in Response to COVID-19 Pandemic dtd 30 Mar 20	H-ES-27
Email (SIPR) - TR RO to NR, CNAP RO - FW: CVN-71 COVID-19 Roll Up and Way Ahead dtd 26 Mar 20	CLASSIFIED APPENDIX J-S-4-01
Email (SIPR) - TR CO to CNAP RO - (C) COVID-19 Pandemic - TR Request for Assistance dtd 30 Mar 20	CLASSIFIED APPENDIX J-S-4-02
Email - TR SMO to C7F and CPF Surgeons - Reality dtd 28 Mar 20	H-3-99
Email - TR SMO to Navy Surgeon General - Medical Dept Letter dtd 30 Mar 20	H-ES-30
Medical Department Letter dtd 30 Mar 20	H-4-116
TR Nurse Statement dtd 18 May 20	H-4-117
TR Surgeon Statement dtd 18 May 20	H-4-118
Email - CNAP to TR CO - RE: TR request for assistance dtd 30 Mar 20	H-4-119
Email - CPF to TR CO and CCSG-9 - RE: TR request for assistance dtd 30 Mar 20	H-4-120
CNAP Statement dtd 13 May 20	H-ES-29

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
Email - CJRM to TR CO - RE: TR request for assistance dtd 30 Mar 20	H-4-121
UPDATED: USS Theodore Roosevelt Quarantines Sailors on Guam as Coronavirus Outbreak Spreads, <i>USNI News</i> (26 Mar 20)	H-3-106
TR OPSO Statement dtd 18 May 20	H-4-122
Email - TR PAO - dtd 31 Mar 20	H-4-123
"Exclusive: Captain of aircraft carrier with growing coronavirus outbreak pleads for help from Navy" <i>SF Chronicle</i> (31 Mar 20)	H-ES-28
"Captain of Aircraft Carrier Pleads for Help as Virus Cases Increase Onboard" <i>NY Times</i> (31 Mar 20)	H-4-125
"Battling an outbreak, captain of aircraft carrier asks Navy to evacuate crew" <i>Washington Post</i> (31 Mar 20)	H-4-126
'Sailors do not need to die,' warns captain of coronavirus-hit U.S. aircraft carrier' <i>Reuters</i> (31 Mar 20)	H-4-127
"Coronavirus: US Navy captain pleads for help over outbreak" <i>BBC</i> (31 Mar 20)	H-4-128
"Theodore Roosevelt captain makes urgent plea for individual quarantine sites as COVID-18 cases multiply" <i>Military Times</i> (31 Mar 20)	H-4-129
Governor: 'One Guam' approach needed to defeat virus <i>Pacific Daily News</i> (31 Mar 20)	H-4-130
CNO Ltr Ser 5800 dtd 2 Apr 20	H-ES-32
Transcript: DoN Press Briefing with Acting Secretary of the Navy Thomas B. Modly and CNO Admiral Gilday dtd 2 Apr 20	H-ES-33
How a Ship's Coronavirus Outbreak Became a Moral Crisis for the Military, <i>NY Times</i> (6 Apr 20)	H-ES-34
Transcript: Acting Navy Secretary Thomas Modly addresses USS Theodore Roosevelt crew about 'stupid' ousted captain CNN (6 Apr 20)	H-4-124
Email - TR SMO - FWD: Medical Dept Letter dtd 30 Mar 20	H-ES-31



<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
Press Release: "Smith Calls for Modly's Removal After Mishandling U.S.S. Theodore Roosevelt COVID-19 Outbreak" dtd 6 Apr 20	H-ES-35
A-SN Resignation Letter of 7 Apr 20	H-ES-36
SECDEF Ltr of 7 Apr 20	H-ES-37
A-SN Ltr of 7 Apr 20 <u>Final Vector</u>	H-4-131
UPDATED: Modly Resigns Amidst Carrier Roosevelt Controversy; Army Undersecretary to Serve as Acting SECNAV <i>USNI News</i> (7 Apr 20)	H-4-132
Email (SIPR) - VADM Conn to ADM Burke – "FW: (U) Updated CSG-15 CTX Brief to C3F for 17 December" dtd 13 Apr 20, CSG15 TR C2X Debrief, dtd 20 Dec 19	CLASSIFIED APPENDIX J-S-4-03

### Findings of Fact

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
Crozier, B. CAPT Statement dtd 15 May 20	H-ES-10
CNAP Statement dtd 13 May 20	H-ES-29
"USS TR Change of Command" Schwartz, D.J. AN (01 Nov 19)	H-FOF-133
TRNOTE 5050 TR and CVW-11 Liberty Plan dtd 22 Feb 20	H-2-42
CCSG-9 Statement dtd 15 May 20	H-ES-26
TR AAR For 5-9 March Vietnam PVST dtd 17 Mar 20	H-2-43
CPF Statement dtd 17 May 20	H-ES-2
(S) CPF EXORD DTG 081135Z JAN 20	CLASSIFIED APPENDIX J-S-F-01
(S)CPF EXORD DTG 252242Z JAN 20	CLASSIFIED APPENDIX J-S-F-02

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
(S) CPF OPORD 201, TAB A to APPENDIX 38 to ANNEX C(C-38-A-5)	CLASSIFIED APPENDIX J-S-F-03
C7F COS Statement dtd 21 May 20	H-ES-16
(S) CPF COVID 19 TR VNM PVST Decision Slide 25FEB2020-1	CLASSIFIED APPENDIX J-S-F-03
(S) C7F Vietnam Port Visit Decision Slide dtd 25 Feb 20	CLASSIFIED APPENDIX J-S-F-04
Email - CPF Surgeon to TR SMO and C7F Surgeon - Discussion with CDC Director dtd 26 Feb 20	H-2-54
INDOPACOM J07 Country Health Risk to Force for COVID-19 dtd 4 Mar 20	H-ES-3
Email (SIPR) - CPF to USINDOPACOM - DECISION: Theater Posture Operations dtd 4 Mar 20	CLASSIFIED APPENDIX J-S-2-02
ADVON Daily Report dtd 27 Feb 20	H-FOF-134
TR JUDGE Statement dtd 11 May 20	H-FOF-135
ADVON Daily Reports dtd 27 Feb 20, 28 Feb 20, 2 Mar 20, and 3 Mar 20	H-FOF-136
"USS Theodore Roosevelt, Pinckney Arrive in Guam for Port Visit" INDOPACOM (07 Feb 20)	H-2-49
"USS Bunker Hill Visits Saipan on Indo-Pacific Deployment" INDOPACOM (10 Feb 20)	H-FOF-137
Email - CSG-9 BWC - TR Command Investigation dtd 12 May 20	H-FOF-138
"Theodore Roosevelt, America Strike Groups Conduct Joint Operations In U.S. Indo-Pacific Command" INDOPACOM (18 Feb 20)	H-FOF-139
The 39th Iteration of Cobra Gold Concludes with a Combined Arms-Live Fire Exercise and Closing Ceremony U.S. Army Public Affairs Office (6 Mar 20)	H-2-65

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
CPF Country Public Health Risk for COVID-19 dtd 27 Feb 20	H-FOF-140
CPF Operational Risk Matrix for COVID-19 dtd 27 Feb 20	H-FOF-141
Email - C7F COVID Response Cell - Inquiry Into 7th FLT Port Visits dtd 15 May 20	H-FOF-142
WHO Timeline - COVID-19	H-ES-1
Email - TR XO to TR Leadership - Vietnam Planning dtd 20 Jan 20	H-2-44
"Vietnam Reports First Novel Coronavirus Infection Cases" VietnamPlus (23 Jan 20)	H-FOF-143
C7F Surgeon Statement dtd 23 May 20	H-2-45
TR Psychologist Statement dtd 18 May 20	H-FOF-144
Email - CSG-9 - Response to RFI dtd 17 May 20	H-2-46
NTRP 4-02.10 dtd Sep 14	H-2-47
Naval Message (SIPR): USINDOPACOM, Response To Novel Coronavirus EXORD DTG 040649Z FEB 20	CLASSIFIED APPENDIX J-S-2-01
Email - C7F COVID Response Cell - Response to RFI dtd 12 May 20	H-FOF-145
TR SMO Statement dtd 17 May 20	H-ES-6
Nguyen, Trang H D, and Danh C Vu. "Summary of the COVID-19 outbreak in Vietnam - Lessons and suggestions." <i>Travel medicine and infectious disease</i> , 101651. (2 Apr 20)	H-2-57
"Vietnam Suspends Entry from All Coronavirus-Hit Areas" VnExpress (28 Feb 20)	H-FOF-146
"Embassy of the Socialist Republic of Vietnam" Embassy of the Socialist Republic of Vietnam in the United States (27 Feb 20)	H-FOF-147
CSG-9 COS Statement dtd 18 May 20	H-ES-25
TR Da Nang Port Visit Crew Brief dtd Mar 20	H-2-61

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
Email - TR SMO to HODs and DLCPOs - COVID-19 Screening for CSG-9 Sailors After a Port Visit dtd 03 Mar 20	H-FOF-148
Da Nang Medical Treatment Plan	H-FOF-149
TR XO Statement dtd 16 May 20	H-ES-5
TR CMC Statement dtd 17 May 20	H-2-58
America Has Suffered Its First Coronavirus Deaths-and First Infections of Health Care Workers." <i>Advisory Board- Daily Briefing</i>	H- 2-63
TR OPSO Statement dtd 18 May 20	H-4-122
"Theodore Roosevelt Strike Group arrives in Vietnam" USS Theodore Roosevelt Public Affairs (4 Mar 20)	H-FOF-150
TR Navigator Statement dtd 16 May 20	H-FOF-151
BKH CO Statement dtd 17 May 20	H-FOF-152
TR 1LT Statement dtd 11 May 20	H-FOF-153
TR SUPPO Statement dtd 18 May 20	H-ES-8
TR Nurse Statement dtd 18 May 20	H-4-117
TR CDO Report dtd 8 Mar 20	H-2-68
TR Safety Officer Statement dtd 17 May 20	H-FOF-154
TR AIRBOSS Statement dtd 17 May 20	H-FOF-155
Email (SIPR) - CPF BWC TR Sailors COVID Screening dtd 9 Mar 20	CLASSIFIED APPENDIX J-S-F-05
TR PAO Interview Summary dtd 23 May 20	H-ES-23
AT1 Statement dtd 22 May 20	H-FOF-156
HM3 Statement dtd 15 May 20	H-FOF-157
TR RO Statement dtd 18 May 20	H-3-79
CVW-11 Surgeon Statement dtd 18 May 20	H-FOF-158
AME1 Statement dtd 13 May 20	H-3-75
CSC Statement dtd 17 May 20	H-3-76

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
Email - TR SMO to TR CO - Follow Up dtd 9 Mar 20	H-ES-7
AME2 Statement dtd 16 May 20	H-3-93
COD Completed Travel Log/Manifest	H-ES-9
NAVADMIN 064/20 Navy Mitigation Measures in Response to Coronavirus Outbreak dtd 12 Mar 20	H-FOF-159
CVW-11 CAG Statement dtd 19 May 20	H-ES-11
Email - CSG-9 - Response to RFI dtd 24 May 20	H-FOF-160
Email - TR XO - Subject: TR Investigation dtd 7 May 20	H-FOF-161
SECDEF Memo Travel Restrictions for DoD Components in Response to Coronavirus Disease 2019 dtd 11 Mar 20	H-FOF-162
(b) (6) LCDR Statement dtd 23 May 20	H-FOF-163
ALNAV 025/20 Vector 15 Force Health Protection Guidance for Department of the Navy dtd 12 Mar 20	H-FOF-164
Crozier, B. CAPT Ltr to families dtd 13 Mar 20	H-3-71
Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak dtd 13 Mar 20	H-FOF-165
ALNAV 026/20 Official and Personal Domestic Travel Guidance for Department of the Navy (CONUS Travel Guidance) dtd 14 Mar 20	H-FOF-166
NAVADMIN 065/20 Navy Mitigation Measures in Response to Coronavirus Outbreak Update 1 dtd 14 Mar 20	H-FOF-167
Navy Preventive Medicine Teams Embark Ships in 7th Fleet, INDOPACOM, (03 Mar 20)	H-3-72
Email - TR SMO - Post-Danang Update dtd 18 Mar 20	H-3-70
Email - TR SMO to All Officers, All CPOs, All E-6 and below - 14 days of screening following port visits dtd 15 Mar 20	H-3-69
Email - TR SMO - Coronavirus screening - Update dtd 15 Mar 20	H-3-73
CORONAVIRUS: DOD RESPONSE TIMELINE (15 May 20)	H-ES-14



<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
Email - NBG CO to TR CO - TR PVST dtd 20 Mar 20	H-ES-15
U.S. Embassy & Consulate in Vietnam: COVID-19 Information	H-FOF-168
Email - NBG CO to TR CO - RE TR PVST dtd 23 Mar 20	H-3-74
Update Public Health Response to the Coronavirus Disease 2019 outbreak - United States (24 Feb 20)	H-2-53
Statement by Department of Defense on Additional Access Restrictions for the Pentagon Reservation dtd 23 Mar 20	H-FOF-169
NAVADMIN 083/20 Restriction of Movement (ROM) Guidance 23 Mar 20	H-ES-19
TR Sick Call Log 5 Mar to 23 Mar 20	H-FOF-170
Email - TR SMO to CCSG-9 - COVID-19 Update dtd 24 Mar 20	H-ES-17
Email - CSG-9 - Response to RFI dtd 20 May 20	H-3-78
Guam denies entry to ship over coronavirus concerns, USA Today (07 Feb 20)	H-3-77
Email (SIPR) - C7F to OPNAV N3/N5 - RE: (U//FOUO) FOR INFO: TR Recovery and Disposition Plan dtd 27 Mar 20	CLASSIFIED APPENDIX J-S-3-10
Email (SIPR) - C7F to CCSG-9, C7F CoS, CSG-9 CoS - RE: (S) Positive COVID tests on TR (Update #2) dtd 24 Mar 20 2313 (Guam time)	CLASSIFIED APPENDIX J-S-3-03
Email (SIPR) - C7F CoS to CSG-9 CoS, NBG CO - *** Urgent - Air Wing Fly Off? dtd 24 Mar 20	CLASSIFIED APPENDIX J-S-F-06
Email - (SIPR) CTF 75 to C7F - COVID-19 Commander's perspective 22 Mar dtd 24 Mar 20	CLASSIFIED APPENDIX J-S-3-04
Email - TR PAO to Crozier, B. CAPT - RE: TRSG RTQ dtd 24 Mar 20	H-3-80
Email - C7F PAO to TR PAO - FWD: Proposed Statement dtd 26 Mar 20	H-3-81
First Case of COVID-19 at the Pentagon dtd 25 Mar 20	H-FOF-171

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
Eight Sailors from USS Theodore Roosevelt have coronavirus, raising concerns about pandemic's strain on military, USA Today (24 Mar 20)	H-3-83
TR Surgeon Statement dtd 18 May 20	H-4-118
TR PA Interview Summary dtd 18 May 20	H-2-48
CO NHG Statement dtd 18 May 20	H-ES-38
Sailors tested positive on USS Theodore Roosevelt, extent of exposure unclear, <i>Pacific Daily News</i> (23 Mar 20)	H-ES-18
TR XO Statement dtd 16 May 20 Addendum	H-FOF-172
Email - TR SMO to CCSG-9 - RE COVID -19 update 28 March - Evening update dtd 28 Mar 20	H-3-96
Email - TR SMO to Warfare Commanders - Diamond Princess Article dtd 28 Mar 20	H-FOF-173
Email - Crozier, B. CAPT to TR Ombudsmen - (none) with Letter to TR Families and Friends dtd 27 Mar 20	H-3-84
Email (SIPR) - CO NBG - NBG Task Force TR REVIVE dtd 26 Mar 20	CLASSIFIED APPENDIX J-S-3-05
Email - (SIPR) CSG-9 COS to C7F COS - HOTEL OPTION dtd 25 Mar 20	CLASSIFIED APPENDIX J-S-ES-01
Transcript: Marine Corps Officials Hold a Defense Department News Briefing on COVID-19 Efforts dtd 26 Mar 20	H-4-110
Email - CJRM - Follow Up to 13 May 20 Phone Call	H-3-101
Email (SIPR) - CCSG-9 - Positive COVID-19 tests on TR (update #9) dtd 26 Mar 20	CLASSIFIED APPENDIX J-S-3-02
UPDATED: USS Theodore Roosevelt Quarantines Sailors on Guam as Coronavirus Outbreak Spreads, <i>USNI News</i> (26 Mar 20)	H-3-106
Email (SIPR) - CCSG-9 to Crozier, B. CAPT, CVW-11 CAG - (S) OUTBREAK COMMANDER'S GUIDANCE dtd 26 Mar 20	CLASSIFIED APPENDIX J-S-F-06

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
Email - TR XO - Plan for Guam Day 1 dtd 26 Mar 20	H-FOF-174
Email (SIPR) - CPF to CNO and INDOPACOM - TR Recovery and Disposition Plan dtd 26 Mar 20	CLASSIFIED APPENDIX J-S-ES-02
Email - (SIPR) C7F to OPNAV N3/N5 - RE: (U//FOUO) FOR INFO: TR Recovery and Disposition Plan dtd 26 Mar 20	CLASSIFIED APPENDIX J-S-F-07
Email (SIPR) - C7H-FOF- Positive COVID-19 Tests on TR dtd 24 Mar 20	CLASSIFIED APPENDIX J-S-3-03
Email (SIPR) - C7F to CCSG-9 dtd. 28 Mar 20 SUBJ: (S) 28 Mar TB - follow-up	CLASSIFIED APPENDIX J-S-3-09
Email (SIPR) - CNO to CPF - FOR INFO: TR Recovery and Disposition Plan dtd 26 Mar 20, 2014	CLASSIFIED APPENDIX J-S-3-08
C7F Statement dtd 18 May 20	H-3-85
Facebook Post - Family and Friends of the Rough Riders, Crozier, B. CAPT (27 Mar 20)	H-ES-21
Email (SIPR) - C7F - C7F COVID daily CDRs update (26 Mar) dtd 27 Mar 20	CLASSIFIED APPENDIX J-S-ES-02
Email - TR SMO to CPF and C7f surgeons - WARNORD for BUMED dtd 24 Mar 20	H-3-82
Email - CPF Surgeon to C7F surgeon and TR SMO - WARNORD for BUMED dtd 24 Mar 20	H-FOF-175
Email (SIPR) - CCSG-9 to C7F - POSITIVE COVID-19 TEST ON TR (update #3) dtd 25 Mar 20	CLASSIFIED APPENDIX J-S-F-07
NAVADMIN 092/20 Urinalysis Policy Update dtd 27 Mar 20	H-3-88
TR MA2 to TR Crew - URINALYSIS POLICY UPDATE dtd 29 Mar 20	H-3-89
Email (SIPR) - C7F COS to CSG-9 COS - Triage and Procedure dtd 27 Mar 20	CLASSIFIED APPENDIX J-S-ES-03
C7F Statement (Addendum) dtd 19 May 20	H-FOF-176

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
Email - (SIPR) COS C7F to COS CSG-9 - Triage and procedure dtd 28 Mar 20	CLASSIFIED APPENDIX J-S-ES-03
Email - TR SMO to CSG-9 Staff - Testing Planning Factors dtd 27 Mar 20	H-3-91
AN Statement dtd 16 May 20	H-3-94
CPF Surgeon Statement dtd 19 May 20	H-3-100
NBG CO Statement dtd 18 May 20	H-ES-22
Email - (SIPR) CNO to CPF - INFO TR recovery and disposition update 27 Mar 20 dtd 28 Mar 20	CLASSIFIED APPENDIX J-S-3-08
Email - TR SMO to C7F and CPF Surgeons - Reality dtd 28 Mar 20	H-3-99
Email - TR SMO to CCSG-9 - COVID-19 update 28 March - Mid-day update dtd 28 Mar 20	H-3-95
Email - TR SMO to CCSG-9 - RE COVID -19 update 29 March - Evening update dtd 28 Mar 20	H-3-96
Email - TR SMO to CCSG-9 - COVID-19 update 29 March - Mid-day update 29 Mar 20	H-3-97
Email - TR SMO to CCSG-9 - COVID-19 update 29 March - Evening update dtd 29 Mar 20	H-3-98
Email - (SIPR) CPF to C7F - Evening Ops Update and COVID 29 Mar dtd 29 Mar 20	CLASSIFIED APPENDIX J-S-3-15
Email - C7F COVID Response Cell - RFI Follow-Up dtd 20 May 20	H-FOF-177
Email - CAPT Crozier to Commander, Fleet Activities Okinawa - Subj: New Normal dtd 29 Mar 20, 1818	H-FOF-178
CDS-23 Statement dtd 19 May 20	H-3-102
Email (SIPR) - CPF to C7F - Evening Ops Update and COVID 29 Mar dtd 29 Mar 20	CLASSIFIED APPENDIX J-S-3-15
Email (SIPR) - C7F to CPF - Evening Ops Update and COVID 29 Mar dtd 30 Mar 20	CLASSIFIED APPENDIX J-S-F-08

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
Email (SIPR) - NBG CO to C7F COS - Quarantine - Social Distancing - getting to 4,000 dtd 29 Mar 20	CLASSIFIED APPENDIX J-S-3-14
Email (SIPR) - C7F COS - Numbers dtd 29 Mar 20	CLASSIFIED APPENDIX J-S-3-11
Email - Afloat Recreation Specialist to ALL HANDS - Gyms Secured dtd 29 Mar 20	H-3-87
TR XO Response to RFI dtd 6 Apr 20	H-FOF-179
Email (SIPR) - CCSG-9 to C7F and C3F - POSITIVE COVID-19 TESTS ON TR (initial report) dtd 24 Mar 20	CLASSIFIED APPENDIX J-S-3-01
Email - TR CO to NBG CO - NBG CMC Tour dtd 29 Mar 20	H-FOF-180
Email - TR SUPPO to All Officers and Chiefs - Pier Gym Use dtd 31 Mar 20	H-FOF-181
Email - NBG CO and TR CO - "Please Call" dtd 30 Apr 20	H-FOF-182
Email - SECNAV COS to TR CO - Support Requirements dtd 30 Mar 20	H-FOF-183
Medical Department letter dtd 30 Mar 20	H-4-116
Email - TR PAO to JRM PAO et al. - RE: IMMEDIATE AWARENESS" >> Fwd: 400 Rooms checking in ASAP dtd 31 Mar 20	H-3-104
Email - TR XO - Hotel Room inquires dtd 31 Mar 20	H-3-105
"Governor: 'One Guam' approach needed to defeat virus" Pacific Daily News (31 Mar 20)	H-4-130
Email - TR Ombudsman to TR CO, TR XO, TR CMC - Questions on medical treatment for affected Sailors dtd 31 Mar 20, 1246	H-FOF-184
Email - CVW-11 CAG to CCSG-9 - PROPOSED PAPER / COURSE OF ACTION FROM WARFARE COMMANDERS dtd 29 Mar 20	H-3-86
Email - TR CI Team 3 Lead to TR CI CoS - TELECON with Mr. Love dtd 18 May 20	H-FOF-185



<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
Email - CNO Former EA to TR CI Senior Legal Advisor - TR Investigation dtd 20 May 20	H-4-113
Email - CNO ABWC PTGN to BWC PTGN RE: Hot RFI.THEODORE ROOSEVELT RFI dtd 30 Mar 20	H-4-114
Email - CNO EA to BWC PTGN FW: TR dtd 29 Mar 20	H-4-115
TR CO Email and Ltr - Request for Assistance in Response to COVID-19 Pandemic dtd 30 Mar 20	H-ES-27
Email - CNAP to TR CO - RE: TR request for assistance dtd 30 Mar 20	H-4-119
Email - CPF to TR CO and CCSG-9 - RE: TR request for assistance dtd 30 Mar 20	H-4-120
Email - TR SMO to Personal email account - FW: TR request for assistance dtd 29 Mar 20 (forwarding the TR CO original email to SMO's personal email account)	H-FOF-186
Email (SIPR) - TR RO to SA to NR for CVN Ops - CVN 71 COVID-19 Roll Up and Way Ahead dtd 26 Mar 20; TR RO Statement dtd 18 May 20	CLASSIFIED APPENDIX J-S-4-01
TR PT Statement dtd 18 May 20	H-FOF-187
Email - TR SMO to Navy Surgeon General - Letter from Medical Department on USS Theodore Roosevelt dtd 31 Mar 20	H-3-107
Email - TR SMO - Guam dtd 30 Mar 20	H-FOF-188
Email - TR PAO - FW: Urgent Media inquiry: USS Theodore Roosevelt COVID outbreak dtd 30 Mar 20	H-FOF-189
"Exclusive: Captain of aircraft carrier with growing coronavirus outbreak pleads for help from Navy" SF Chronicle (31 Mar 20)	H-ES-28
Governor of Guam ltr to CJRM, Subject: USS Theodore Roosevelt, dtd 1 Apr 20	H-FOF-190
Email - TR XO email to JRM COS - SUBJ: Confidential dtd 1 Apr 20	H-FOF-191
Email - CJRM to TR CO - SUBJ: Day 1 dtd 1 Apr 20	H-FOF-192

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
Email - NAVSUP Fleet Logistics Center Pearl Harbor to TR Suppo - TR Lodging Awarded dtd 2 Apr 20, 1506	H-FOF-193
Email - NBG CO to TR CO - RE: 300 PAX (sic) tonight and other dtd 2 Apr 20	H-FOF-194
Email - TR XO to TR All Hands, CSG-9, CVW-11, and COMDESRON 23 leadership - COVID-19 QUARANTINE PLAN dtd 2 Apr 20 1627	H-FOF-195
Email - SECNAV COS to TR CO - RE:TR Family Letter dtd 2 Apr 20	H-FOF-196
Transcript: DON Press Briefing with Acting Secretary of the Navy Thomas B. Modly and CNO Admiral Gilday dtd 2 Apr 20	H-ES-33
CCSG-9 Memorandum to All Hands - Subject: MEDICAL QUARANTINE ORDER dtd 1 Apr 20	H-FOF-197
"Virus-stricken aircraft carrier erupts in applause and cheers as ousted Navy captain departs" <i>Washington Post</i> (3 Apr 20)	H-FOF-198
NHG CO Statement (Addendum) dtd 21 May 20	H-FOF-199
Memo dtd 21 Apr 2020 Subj: LINE OF DUTY INVESTIGATION AOC (b) (6) , USN	H-FOF-200
Transcript of Remarks by A-SN: Acting Navy Secretary Thomas Modly addresses USS Theodore Roosevelt crew about 'stupid' ousted captain CNN (6 Apr 20)	H-4-124
How a Ship's Coronavirus Outbreak Became a Moral Crisis for the Military <i>NY Times</i> (6 Apr 20)	H-ES-34
SECNAV: Roosevelt skipper either 'too naïve or too stupid' to command aircraft carrier <i>Navy Times</i> (6 Apr 20)	H-FOF-201

# WHO Timeline - COVID-19

**This statement is updated on an ongoing basis, in response to evolving events and common media queries.**

27 April 2020 | Statement

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*Last updated 27 April*



## **31 Dec 2019**

Wuhan Municipal Health Commission, China, reported a cluster of cases of pneumonia in Wuhan, Hubei Province. A novel coronavirus was eventually identified.

## **1 January 2020**

WHO had set up the IMST (Incident Management Support Team) across the three levels of the organization: headquarters, regional headquarters and country level, putting the organization on an emergency footing for dealing with the outbreak.

## **4 January 2020**

WHO reported on social media that there was a cluster of pneumonia cases – with no deaths – in Wuhan, Hubei province.

## **5 January 2020**

WHO published our first Disease Outbreak News on the new virus. This is a flagship technical publication to the scientific and public health community as well as global media. It contained a risk assessment and advice, and reported on what China had told the organization about the status of patients and the public health response on the cluster of pneumonia cases in Wuhan.

## **10 January 2020**

WHO issued a comprehensive package of technical guidance online with advice to all countries on how to detect, test and manage potential cases, based on what was known about the virus at the time. This guidance was shared with WHO's regional emergency directors to share with WHO representatives in countries.

Based on experience with SARS and MERS and known modes of transmission of respiratory viruses, infection and prevention control guidance were published to protect health workers recommending droplet and contact precautions when caring for patients, and airborne precautions for aerosol generating procedures conducted by health workers.

## **12 January 2020**

China publicly shared the genetic sequence of COVID-19.

## **13 January 2020**

Officials confirm a case of COVID-19 in Thailand, the first recorded case outside of China.

## **14 January 2020**

WHO's technical lead for the response noted in a press briefing there may have been limited human-to-human transmission of the coronavirus (in the 41 confirmed cases), mainly through family members, and that there was a risk of a possible wider outbreak. The lead also said that human-to-human transmission would not be surprising given our experience with SARS, MERS and other respiratory pathogens.

## **20-21 January 2020**

WHO experts from its China and Western Pacific regional offices conducted a brief field visit to Wuhan.

## **22 January 2020**

WHO mission to China issued a statement saying that there was evidence of human-to-human transmission in Wuhan but more investigation was needed to understand the full extent of transmission.

## **22- 23 January 2020**

The WHO Director- General convened an Emergency Committee (EC) under the International Health Regulations (IHR 2005) to assess whether the outbreak constituted a public health emergency of international concern. The independent members from around the world could not reach a consensus based on the evidence available at the time. They asked to be reconvened within 10 days after receiving more information.

## **28 January 2020**

A senior WHO delegation led by the Director-General travelled to Beijing to meet China's leadership, learn more about China's response, and to offer any technical assistance.

While in Beijing, Dr. Tedros agreed with Chinese government leaders that an international team of leading scientists would travel to China on a mission to better understand the context, the overall response, and exchange information and experience.

## **30 January 2020**

The WHO Director-General reconvened the Emergency Committee (EC). This was earlier than the 10-day period and only two days after the first reports of limited human-to-human transmission were reported outside China. This time, the EC reached consensus and advised the Director-General that



the outbreak constituted a Public Health Emergency of International Concern (PHEIC). The Director-General accepted the recommendation and declared the novel coronavirus outbreak (2019-nCoV) a PHEIC. This is the 6th time WHO has declared a PHEIC since the International Health Regulations (IHR) came into force in 2005.

WHO's situation report for 30 January reported 7818 total confirmed cases worldwide, with the majority of these in China, and 82 cases reported in 18 countries outside China. WHO gave a risk assessment of very high for China, and high at the global level.

### **3 February 2020**

WHO releases the international community's Strategic Preparedness and Response Plan to help protect states with weaker health systems.

### **11-12 February 2020**

WHO convened a Research and Innovation Forum on COVID-19, attended by more than 400 experts and funders from around the world, which included presentations by George Gao, Director General of China CDC, and Zunyou Wu, China CDC's chief epidemiologist.

### **16-24 February 2020**

The WHO-China Joint mission, which included experts from Canada, Germany, Japan, Nigeria, Republic of Korea, Russia, Singapore and the US (CDC, NIH) spent time in Beijing and also travelled to Wuhan and two other cities. They spoke with health officials, scientists and health workers in health facilities (maintaining physical distancing). The report of the joint mission can be found here: <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>

### **11 March 2020**

Deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction, WHO made the assessment that COVID-19 can be characterized as a pandemic.

### **13 March 2020**

COVID-19 Solidarity Response Fund launched to receive donations from private individuals, corporations and institutions.

### **18 March 2020**

WHO and partners launch the [Solidarity Trial](#), an international clinical trial that aims to generate robust data from around the world to find the most effective treatments for COVID-19.

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**Witness Statement of ADM John Aquilino, USN**

On 9 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via Tandberg.

What follows is a true and accurate representation of my statement for this investigation. All dates are Hawaii Standard Time unless otherwise annotated.

Witness Name: Admiral John Aquilino, USN  
Position: Commander, U.S. Pacific Fleet

I have been the Commander of CPF since May 2018.

As part of U.S. Pacific Fleet's (PACFLT) strategic intent for deployment and as part of the planning effort for port visits in which strategic engagement is desired, I send a Planning Order or an Execution Order to Commander, Seventh Fleet (C7F) based on U.S. Indo-Pacific Command's (INDOPACOM) Theater Campaign Plan, as was the case for THEODORE ROOSEVELT's (TR) deployment and the Vietnam visit. In each case, C7F provides their plan, overall scheme of maneuver, conducts a risk assessment, determines asset tasking to each port, identifies which Commander, Task Force will lead the mission, and executes.

During my Pacific Fleet Operations and Intelligence Brief, which is held three times a week, I review the threat assessment and force protection (FP) for all port visits to ensure all FP requirements are met. Normally, decisions on whether to execute a port visit are determined at the C7F level. I elevated the Da Nang port visit decision to the CPF level due to the potential impact of COVID. I held the authority for cancelling any Operations, Activities and Investments (OAIs) due to COVID. In doing so, I wanted to balance risk to mission and risk to force, and find ways to maximize what we could do for any event as opposed to just cancelling engagements entirely.

As far as what restrictions and mitigations were placed on TR in port Da Nang, C7F and subordinate Commanders developed the mitigations, but I was briefed and had the ability to override his decision. INDOPACOM also wanted to understand the impacts of COVID across his forces and retained veto authority. It is not usual procedure for INDOPACOM to review port visits, but because of the potential impacts of COVID across the joint force, he also wanted to better understand the assessment of risk to mission and risk to force with regard to the port visit.

I continued to review the risk assessments associated with the Da Nang port visit up until the day before TR pulled into port. C7F provided their assessment to my staff. Everything presented as low risk to force, to include multiple organizations health assessments (World Health Organization, Center for Disease Control (CDC), the Navy, the U.S. Embassy, and the Vietnamese government). My Fleet Surgeon was the last person to provide his recommendation to me and in doing so, he also covered my personal travel itinerary to Vietnam. On 3 March, I

made my final recommendation to INDOPACOM to execute the port call based upon the final risk analysis.

I also spoke on the phone with VADM Merz to ensure we were aligned. C7F was responsible for ensuring all mitigation requirements from the C7F Tasking Order were met, to include such measures as limits to liberty, temperature checks, and screenings.

C7F and subordinate commands approved the ship's schedule while in port in coordination with the Embassy team. I did not get involved in the ships schedule but did approve my schedule for the visit in coordination with the Embassy team.

During this time, there were very few COVID cases reported in Vietnam (16 total cases localized in Hanoi). China was experiencing an increase in cases, but Cobra Gold, the Thailand exercise being run by the Army, went forward with mitigation measures in place. Thailand was a much hotter COVID spot than Vietnam at the time.

I did not feel any pressure from higher headquarters to execute the visit. INDOPACOM wanted a thorough review of risk assessment, and that "no" remained an acceptable answer if the risk level warranted it. For example, in the weeks following the Vietnam port visit, I recommended to INDOPACOM cancellation of three port visits to the Republic of Korea (ROK) due to high COVID numbers and he concurred. I also modified other engagements to ensure we achieved some of our designed objectives, rather than cancel the event completely. I wanted the team to think about what we could achieve without it being an all or nothing decision.

I went to Hanoi, where I met with the Vietnamese Vice Minister of Foreign Affairs, the Vietnamese Navy, and conducted events at the Embassy with the Ambassador. A visit to Vietnam was important to me, as it aligned with the 25<sup>th</sup> anniversary of normalized relations and the TR port visit. This also allowed me to demonstrate my confidence in our assessment of this event as low risk. I went to Da Nang and executed my schedule, to include an event at a local orphanage. The Ambassador and I visited BUNKER HILL and we were onboard for approximately 30 minutes, while waiting to conduct a media event. After briefing the Ambassador, we shifted the planned Big Top event from onboard TR to a local hotel due to sea state and an inability to safely transport guests to the ship. I attended the reception with the Ambassador and had no concerns.

We were tracking all relevant guidance from higher headquarters, to include the Office of the Secretary of Defense (OSD), INDOPACOM, and Chief of Naval Operations (OPNAV). I speak daily, often twice a day, with the Deputy Chief of Naval Operations for Plans and Operations to remain synched. In addition, I communicate often with Fleet Forces Command, who is responsible for force protection in two regions that house Pacific Fleet forces, Region Northwest and Region Southwest. We work hard to remain synchronized across the Fleets.

After leaving Da Nang, TR transited to its planned operating area. At that time, C7F reassessed TR's next planned port visit to Thailand. At that time, Thailand was heating up from a COVID perspective. C7F asked to switch the port visit to Guam and I concurred. Upon completion of operations, they transited to Guam. I do not believe they were planning to get to Guam much earlier than 27 March, when they pulled in.

We were notified of the first two positive Sailors on 23 March, 15 days after conducting operations post-Vietnam port visit. At the time, our best understanding from CDC policies was if you remained asymptomatic through 14 days, you did not have the virus. This is the reason we were the first to implement a policy for ships to maintain 14-days at sea between port visits.

At the time, having two Sailors positive was not considered an emergency. With the understood protocols at that time, we believed the problem would be manageable. PACFLT guidance issued on 20 March, based on Force Health Protection guidance issued by higher headquarters, directed isolation of those with symptoms, identify those who had been in close contact, separate and test. This is before we discovered asymptomatic transmission and that the disease could spread much faster than anyone had been aware.

As the transit continued, there were no flares being fired and everything appeared manageable. As the number of positives increased, I started getting updates every day as we were trying to keep higher headquarters informed and get ahead of Requests for Information (RFIs). I began speaking with VADM Merz and my Fleet Surgeon daily about TR, and sometimes multiple times a day, in order to maintain alignment and keep the chain of command informed.

After TR got into port, we initiated a phone synch with subordinate commanders on 27 March. I initially planned this with Fleet and Type Commanders for 2-3 times a week, but the following week, we shifted the call to a daily event. This event now includes all of my Echelon III commands, to include Commander, Third Fleet (C3F), C7F, all Type Commanders, all Regional Commanders, and all Big Deck Strike Group Commanders. Every element of my Battle Rhythm includes COVID in some way.

My personal involvement in providing Guam-based assistance for TR occurred when I spoke with Commander, Joint Region Marianas regarding Anderson Air Force Base not allowing a Navy C-2D (Carrier Onboard Delivery; COD) to land there and transfer COVID-positive Sailors to Naval Base Guam (NBG) Hospital due to infectious disease protocols. At the time, we understood there were two options, either develop novel transportation protocols or delay slightly until TR was in position to transport the Sailors via helicopter directly to NBG. Based on the Sailors' mild symptoms, we chose to execute the helicopter option.

At this time, C7F was developing their plan. With only two to four positives identified, we were not discussing a 4,000 bed requirement. We focused on containment and the testing strategy. I felt they were ahead of the problem, but we were not factoring in the potential impacts of



asymptomatic infections because information on these types of infections was still developing. I believed we had the protocols in place to be able to manage the spread.

As a result, we focused on pushing capacity for the two expected needs, providing immediate racks ashore and increasing our testing capacity. We pushed for about 1000 racks ready for TR upon their arrival in Guam and established a relationship with labs in the ROK that could execute up to 1,000 tests per day.

On Saturday, 28 March, I discussed with C7F who was working an option to send a number of sailors from Guam to Okinawa via MILAIR. I was not ready to approve this plan for a variety of reasons (transportation requirements, separating the crew from the ship, and the need to still brief senior leadership and Japan). Additionally, we were working with C7F and JRM on the potential to provide additional racks and to explore what was in the realm of the possible for hotel use in Guam. My Saturday report to CNO identified test results of 46 positive sailors. I was not ready to engage at the Governor of Guam as I still needed to brief INDOPACOM, knowing four-star engagement would be desired and wanted him to have the opportunity to make the call to the Governor if he chose.

When it came to racks, we believed we understood the “perfect answer” for the fastest recovery would be one individual per room with their own rest room. We were aware of perfect solutions, less than perfect solutions, and what we actually had. We had started conversations on the “perfect” and did not know if we would be able to obtain the hotel rooms.

Once we started reporting to higher headquarters the number of people on and off the ship, I realized that available off-board racks were remaining empty. It was around the same time we were getting to yes on the hotels.

The only testing requirements levied by PACFLT were to test and ensure only COVID-negative Sailors were sent to hotels, which was part of our agreement with the Government of Guam. I did not direct any specific testing rate. Initially, we conducted batch testing in order to help us better understand the problem. C7F, with subordinate commands, was managing the testing and placement of Sailors. I was unaware of any Sailors testing positive after they were put in open-bay gym berthing.

I did go on the record stating that TR could get underway if required. This was not meant to pressurize the TR; it was meant to signal our adversaries through the media.

I spoke with CAPT Crozier on Saturday, 28 March, to let him know that the Acting Secretary of the Navy (SECNAV) intended to call him. I told CAPT Crozier to keep working the problem, keeping in mind constraints, restraints, facts and assumptions. My goal was for him to keep working the problem with the tools he had. I did not tell CAPT Crozier all the work going on in the background but assumed he was aware of these efforts. I asked CAPT Crozier what he needed and no requests were voiced.

CAPT Crozier's email and attached letter he sent on Sunday, 29 March, took me completely by surprise. The e-mail frustrated me because we were all working proactively to push TR the support they needed vice waiting for them to ask, and I recognized the potential for an e-mail of this nature to leak outside of Navy channels. My evening TR report to CNO that same evening identified 53 positive sailors and 544 negative sailors at this point.

I do not believe I spoke to VADM Merz about the e-mail that evening, we were in execution of the plan. I asked for RDML Baker to call me and spoke with him. I believe CAPT Crozier was in the room and able to hear the conversation. It was a direct conversation where I asked what they wanted me to do that was not already being done. RDML Baker responded that they needed 4,000 CDC-compliant individual rooms. This is the first time I had heard of 4,000 individual rooms as a formal requested requirement, other than the CAPT Crozier e-mail in question that was sent that same day. I asked for their plan if I could not get 4,000 individual rooms, really trying to force them to start planning for using what was already provided and what might be potentially available. No solutions were offered. I told RDML Baker I was working on getting hotel rooms, but was not there yet, and they needed to continue to develop and provide other options.

On Monday evening, 30 March, after personal coordination with C7F, RDML Menoni and ADM Davidson, I spoke with the Governor of Guam and formally requested support for hotel rooms to be made available. This was a big ask as all the hotels were closed at the time due to the Guam public health emergency declaration and I believed there was considerable risk for the Governor. The Governor voiced her support and identified the requirement to place only those Sailors who tested negative in hotels for quarantine, but needed to speak with the Hotel Commission for their approval before implementation. The first Sailors began moving to hotels the next day (Tuesday, 31 March). I am not sure if CAPT Crozier was aware of the work being done on this front. I took no new actions as a result of Crozier's email or memo because we had already been examining all options to get Sailors off the ship safely, get them tested quickly, and moved into appropriate locations efficiently.

Also on Monday evening, 30 March, I informed CNO and ADM Davidson of CAPT Crozier's e-mail following indications there was a potential media article to be released on Wednesday, 1 April, as is my normal practice. I had not notified them on Sunday evening as all appropriate actions were in place to support TR and at that time I had no indications the e-mail would actually be leaked.

I became aware that some Sailors who moved to isolation off the ship missed meals the first day. The PACFLT Master Chief was made aware of this and he took immediate action with TR Senior Enlisted Leadership. I believe this issue was resolved by Senior Enlisted Leadership within hours.

From a readiness perspective, I believe the ship was ready to go to war. I was confident that TR could execute COVID mitigation procedures based on what we knew at the time about the virus. However, this was the first time the Navy has experienced this type of situation during my time and it was a learning environment every day for everyone involved.

At some point I was on a call with Acting SECNAV Modly and I believe I told him I was upset at the Commanding Officer for writing the letter without telling anyone his concerns first. Two things were particularly upsetting: (1) CAPT Crozier must have been unaware of all the work going on to support TR and (2) he was operating in a manner not in accordance with normal and expected communications with the chain of command. As far as I knew, he had not voiced his concerns to anyone in his direct operational or administrative chains of command despite multiple opportunities. I had just talked to CAPT Crozier on the phone the day before he sent the email and he did not request anything from me despite being asked. I voiced support for CNO's recommendation to Acting SECNAV Modly that we should initiate an investigation prior to any administrative actions. I stated that now is not the time to relieve CAPT Crozier because we were still dealing with the COVID issues onboard the ship.

I had mentoring conversations with RDML Baker and we did not discuss if CAPT Crozier should be fired. I did ask RDML Baker if he was aware CAPT Crozier intended to send the email and he said he was not. I am unaware of any white paper on this subject.

This was a hugely complex issue and no one had a playbook for it. It was unfortunate that the first ship to have an outbreak was an aircraft carrier because of the large number of sailors on board. No one knew at the time about the extent of the asymptomatic spread challenge with this virus.

I also caution we must ensure this review is looked at in context of the understanding of the virus at that time and not based on what we know now. The understanding of the virus today greatly exceeds our awareness when the event began, mostly due to the extensive testing and data collection of the brave Sailors of TR.

I swear that the information in the statement above is true to the best of my knowledge or belief.

(b) (6)

John C. Aquilino  
ADM, USN

(b) (6)

5/17/20  
Date

1700  
Time



Country	Risk Level <sup>†</sup>		Risk Declarations	Assessment
Australia			HPCON: A	Imported cases with limited domestic transmission and no/minimal operational impact. <a href="#">A total of 11 new cases this week.</a>
Bangladesh				No reported cases of COVID-19.
Bhutan				No reported cases of COVID-19.
Brunei-Darussalam				No reported cases of COVID-19.
Cambodia		*	HPCON: A	Minimal imported cases with no/minimal operational impact. <a href="#">No new cases reported since 1/28.</a>
China	➤		HPCON: D CDC: Lvl 3 DOS: Lvl 4 MOH: RED (Highest)	Widespread community transmission exceeding medical, diagnostic and public health capabilities. <a href="#">Hubei remains the outbreak's epicenter, with minimal number of cases being reported from outlying provinces.</a>
Fed. States of Micronesia				No reported cases of COVID-19.
Fiji				No reported cases of COVID-19.
India			HPCON: A	Minimal imported cases with no operational impact. <a href="#">A total of 5 cases reported as of 3 Mar.</a>
Indonesia		*		<a href="#">First (2) reported cases of COVID-19.</a>
Kiribati				No reported cases of COVID-19.
Japan	➤		HPCON: B CDC: Lvl 2 DOS: Lvl 2	Locally acquired infections occurring with multiple known clusters. Despite strong public health infrastructure, community transmission without epidemiologic links are occurring. Repatriation of individuals from the Diamond Princess may have a spillover effect. <a href="#">State of emergency declared in Hokkaido. Significant (1.7-fold) increase in cases this week (111 cases).</a>
Laos		*		No reported cases of COVID-19.
Malaysia		*	HPCON: A	Imported cases with limited domestic transmission and no/minimal operational impact. <a href="#">MYS has tested ~1000 people, with 7 new cases identified this week.</a>
Maldives				No reported cases of COVID-19.

Country	Risk Level <sup>†</sup>		Risk Declarations	Assessment
Mongolia			DOS: Lvl 3	No reported cases of COVID-19. Significant concern given their shared border with China; their need to cultivate goodwill because of their reliance on China for trade; their minimal diagnostic capability, diminished medical capacity, and weak public health infrastructure. DOS Lvl 3 (Reconsider Travel) on 26 Feb authorizes voluntary USG personnel departure.
Myanmar		*		No reported cases of COVID-19. <a href="#">Concern about under-reporting since test kits weren't available until 20 Feb.</a>
Nauru				No reported cases of COVID-19.
Nepal		*	HPCON: A	Minimal imported cases with no operational impact. <a href="#">No new cases reported since 1/25.</a>
New Zealand				<a href="#">First (2) imported cases of COVID-19 reported.</a>
North Korea				No reported cases of COVID-19. Conflicting reports whether community transmission is occurring. International tourism has been suspended and a mandatory 30-day quarantine implemented.
Northern Mariana Isl.			HPCON: A	No reported cases of COVID-19.
Palau				No reported cases of COVID-19.
Papua New Guinea				No reported cases of COVID-19.
Philippines			HPCON: A	Minimal imported cases with no operational impact. <a href="#">No new cases reported since 2/5.</a>
Republic of the Marshall Islands				No reported cases of COVID-19.
Samoa				No reported cases of COVID-19.
Singapore	✓		HPCON: A CDC: At Risk DOS: Lvl 1 MOH: Orange (2 <sup>nd</sup> highest)	Locally acquired infections occurring with several known clusters. Despite strong public health infrastructure, community transmission without epidemiologic links are occurring. MOH Disease Outbreak Response System raised to ORANGE (2 <sup>nd</sup> highest level) on 7 Feb. <a href="#">Modest increase in cases this week (18 cases), but excellent contact tracing, testing, and reporting transparency.</a>
Solomon Islands				No reported cases of COVID-19.



Country	Risk Level <sup>†</sup>		Risk Declarations	Assessment
South Korea	▲		HPCON: C CDC: Lvl 3 DOS: Lvl 3/4 MOH: Grave (Highest)	Locally acquired infections occurring in the community with several large clusters involving <b>thousands of people across the country</b> . Despite strong public health infrastructure, community transmission without epidemiologic links are occurring. Public health resources are stretched but aggressive large-scale identification and mitigation measures continue. AD/DOD beneficiaries affected. PACOM/Service travel restrictions in place. All exercises cancelled/postponed. MOH at highest alert, first time since 2009. <b>Inclusion by CDC as high-risk area; anticipating further ROM requirements by DOD. Exponential increase in cases this week (3835 cases, 5-fold increase).</b>
Sri Lanka			HPCON: A	Minimal imported cases with no operational impact. <b>No new cases reported since 1/28.</b>
Taiwan			HPCON: A CDC: At Risk	<b>Limited domestic transmission occurring with minimal operational impact. Minimal increase in cases this week (9 cases), but identified as “at risk” by CDC.</b>
Thailand	➤		HPCON: A CDC: At Risk DOS: Lvl 1 MOH: UNK	Imported cases with limited domestic transmission and minimal operational impact. Despite the few number of locally-acquired cases, concern exists about the significant number of Chinese travelers and the open borders with China. International engagements may exacerbate local transmission dynamics. <b>Minimal increase in cases this week (6 cases), but identified as “at risk” by CDC.</b>
Timor-Leste				No reported cases of COVID-19.
Tonga				No reported cases of COVID-19.
Tuvalu				No reported cases of COVID-19.
Vanuatu				No reported cases of COVID-19.
Vietnam	➤		HPCON: A CDC: At Risk DOS: Lvl 1 MOH: UNK	Imported cases with limited domestic transmission amongst close contacts, and minimal operational impact. Concern by the Government of Vietnam resulted in the mandatory 20-day quarantine of the rural town of Son Loi (10K people) on 14 Feb, ~30 miles outside of Hanoi. VNM lauded for their transparency, proactiveness, and aggressive public health efforts. <b>All 16 patients recovered, no new cases reported since 2/13.</b>

#### <sup>†</sup> Risk Level Legend

Left Column: Current risk status

Right Column: Projected risk status in 7 days

▲ Increase in risk level since last week

➤ No change in risk level since last week

▼ Decrease in risk level since last week

\*According to open source information reported infection count is less than predicted.

### **Risk Level Definitions**

**Green (Low):** Countries with no reported cases of COVID-19; OR countries that have cases that were imported from another country; OR countries that have isolated transmission exclusively attributed to travel, household contacts, or healthcare settings.

**Yellow (Moderate):** Countries with COVID-19 cases occurring in the community without known contacts or exposures and/or with small outbreak clusters (multi-focal transmission), swiftly handled by public health interventions that limit disease transmission.

**Orange (Significant):** Countries with COVID-19 cases occurring in the community without known contacts or exposures, with cases increasingly acquired domestically. Community transmission results in multiple clusters that are addressed by the public health departments, but may be reactive in posture. Other indicators include exportation of cases, tertiary transmission, or public health response capacity being challenged.

**Red (High):** Countries with sustained or widespread community transmission of COVID-19 despite public health control measures and that may exceed medical, diagnostic, and public health capabilities.

### **Risk Declarations:**

#### **CDC**

Level 1 (Watch): Practice Usual Precautions  
Level 2 (Alert): Practice Enhanced Precautions  
Level 3 (Watch): Avoid Non-Essential Travel

#### **Dept of State**

Level 1: Practice Usual Precautions  
Level 2: Exercise Increased Caution  
Level 3: Reconsider Travel  
Level 4: Do Not Travel

#### **HPCON:**

O: Normal Baseline  
A: Report of unusual health risk or disease  
B: Outbreak or heightened exposure risk  
C: High morbidity epidemic or contamination  
D: High mortality epidemic or contamination

#### **Acronyms**

CDC: Centers for Disease Control and Prevention  
DOS: Department of State  
HPCON: Health Protection Condition  
MOH: Ministry of Health

### **Methodology:**

ASD(HA) Medical Risk Algorithm (dated 21 Feb) and OSD(P&R) Guidance For Risk-Based Measured Responses for the COVID outbreak (published 25 Feb) were utilized to shape risk level definitions. Country risk assessments and risk levels utilize objective indicators and considered various criteria to include: imported vs. locally-acquired disease; medical infrastructure; robustness of disease surveillance, diagnostic capability, and public health response; transparency in case reporting; incidence rates/population density; rate of increase in COVID-19 cases; travel restrictions with China and other high risk countries; exportation of cases; transmission dynamics; and threat to U.S. military presence.

Due to the rapidly evolving situation, assessment of threat takes into account that lags often exist with DOS/CDC/DOD published guidance. Operational risk may lead to a risk level determination not in alignment with current CDC/DOS travel advisories for normal U.S. citizens and may reflect a more aggressive stance due

our unique military operational environment and the need to protect our DOD personnel and mission. Data pulled and current as of 3/3/20.

**Sources of information:**

1. CDC: <https://www.cdc.gov/coronavirus/2019-COVID-19/travelers/index.html>
2. DOS: <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>
3. WHO: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>
4. JHU map: <https://systems.jhu.edu/research/public-health/COVID-19/>
5. Ministries of Health and Disease Surveillance agencies from various countries
6. Supplemental information from open source media

**From:** (b) (6)  
**To:** Baker, Stuart P RDML USN, CCSG-9  
**Cc:** (b) (6); CAPT USN, CSSG9; Crozier, Brett E CAPT USN, USS Theodore Roosevelt; Brett Crozier; (b) (6); CAPT USN, USS Theodore Roosevelt; (b) (6); LCDR USN, USS THEODORE ROOSEVELT  
**Subject:** Re: [Non-DoD Source] Fwd: Ambassador email to ASD  
**Date:** Sunday, March 8, 2020 11:31:03 AM

---

Admiral/Captain,  
Just received results on remaining 26 Sailors. All tests came back negative. Working with BG to get them on the liberty boat and back to the ship soonest.

V/r,  
XO

Sent from my iPhone

On Mar 8, 2020, at 10:22 PM, Baker, Stuart P RDML USN, CCSG-9 <(b) (6)@ccsg9.navy.mil> wrote:

XO – copy all, I just updated VADM Merz with same on SIPR.

V/r,  
Studa

---

**From:** (b) (6) <(b) (6)@gmail.com>  
**Sent:** Sunday, March 8, 2020 4:16 PM  
**To:** Baker, Stuart P RDML USN, CCSG-9 <(b) (6)@ccsg9.navy.mil>; (b) (6) CAPT USN, CSSG9 <(b) (6)@ccsg9.navy.mil>  
**Cc:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; Brett Crozier <(b) (6)@gmail.com>; (b) (6) LCDR USN, USS THEODORE ROOSEVELT <(b) (6)@cvn71.navy.mil>; (b) (6) USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil> (6)  
**Subject:** [Non-DoD Source] Fwd: Ambassador email to ASD

Admiral,  
CO is headed back to the ship. SMO and I remain at the DBCC.

The 11 Sailors at the Vanda hotel test results are back and all are negative. We've also received permission from the host nation to move the 11 out of the hotel. Expecting a 2000 movement to the pier and then immediately onto the designated liberty boat for transfer out to the ship. We are preparing the quarantine quarters for them onboard.

The last three Sailors on the pier have been tested and we are pushing hard to have results back this evening.

VR,  
(b) (6)

---

**From:** Baker, Stuart P RDML USN, CCSG-9 <(b) (6)@ccsg9.navy.mil>  
**Date:** Sunday, Mar 08, 2020, 17:43  
**To:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>  
**Cc:** (b) (6) CAPT USN, CSSG9 <(b) (6)@ccsg9.navy.mil>  
**Subject:** RE: Ambassador email to ASD

Chopper,

Thanks for the update, much appreciated.

CoS – please have BWC let 7<sup>th</sup> Fleet BWC know. We will pass results of the tests when we get them all in.

V/r,  
Studa



**From:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>  
**Sent:** Sunday, March 8, 2020 5:11 PM  
**To:** Baker, Stuart P RDML USN, CCSG-9 <(b) (6)@ccsg9.navy.mil>  
**Cc:** (b) (6) CAPT USN, CSSG9 <(b) (6)@ccsg9.navy.mil>  
**Subject:** RE: Ambassador email to ASD

Sir,

Updated sitrep from Danang Bilateral Coordination Center (name of group working here from Golden Bay Hotel) will go out within the hour.

37 Sailors that stayed at the Vanda Hotel at some point during this stay are, or have been, tested for COVID 19. 11 of the 37 are currently at the Vanda Hotel. The remaining are either on the pier or enroute and will remain there until test results are complete. Test results expected by 2200. We are coordinating with local government to consolidate all 37 Sailors on the pier while we await results.

We have designated a male and female berthing space onboard to quarantine/monitor the 37 for the next 14 days. Food will be provided to them in their lounge space and they have their own heads.

Should a Sailor test positive, the intent would be to leave them back here with a small team consisting of a HM, a Khaki, and a local US country team rep. Quarantine would be completed here with further transfer to the US. A positive test will also require a more in-depth review of the Sailors travels during the in-port.

Vr,  
Chopper

Sent with BlackBerry Work  
([www.blackberry.com](http://www.blackberry.com))

---

**From:** Baker, Stuart P RDML USN, CCSG-9 <(b) (6)@ccsg9.navy.mil>  
**Date:** Sunday, Mar 08, 2020, 16:26  
**To:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>  
**Cc:** (b) (6) CAPT USN, CSSG9 <(b) (6)@ccsg9.navy.mil>  
**Subject:** RE: Ambassador email to ASD

Chopper – thanks for sharing. Included you on some notes on SIPR to VADM Merz. I'm also in comms with COL (b) (6), and will reach out the Ambassador if needed.

We owe an update to 7<sup>th</sup> Fleet tonight as we get test results and status of Sailors and #s. Thanks for your hard work on this one, we'll get there.

V/r,  
Studa

---

**From:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>  
**Sent:** Sunday, March 8, 2020 11:41 AM  
**To:** Baker, Stuart P RDML USN, CCSG-9 <(b) (6)@ccsg9.navy.mil>; (b) (6) CAPT USN, CSSG9 <(b) (6)@ccsg9.navy.mil>  
**Subject:** Ambassador email to ASD

Sir,

FYSA. Email below from Ambassador Kritenbrink to ASD.

Vr,  
Chopper



---

**From:** Krittenbrink, Daniel J (Hanoi) <(b) (6)@state.gov>  
**Sent:** Sunday, March 8, 2020 09:36  
**To:** (b) (6); (b) (6) SES OSD OUSD POLICY (USA)  
**Cc:** (b) (6); (b) (6); (b) (6); (b) (6); (b) (6); (b) (6) CIV OSD OUSD POLICY (USA); (b) (6) CIV OSD OUSD POLICY (US); (b) (6); (b) (6) (Hanoi); (b) (6) M (Hanoi)  
**Subject:** COVID-19 Situation in Danang Related to USS Theodore Roosevelt Strike Group

(b) (6), et al.,

BLUF: I wanted to alert you to a rapidly developing situation in Danang related to COVID-19 and the USS Theodore Roosevelt Strike group, which currently is in port in Danang, in which some sailors from the Strike Group stayed at a Danang hotel called The Vanda, where two UK nationals – who subsequently tested positive for COVID-19 -- were also present. We are working to account for all sailors who may have stayed at or visited The Vanda Hotel.

DETAILS:

As you may have seen from our COVID-19 sitrep yesterday, which is pasted below, Vietnam reported four new cases yesterday, bringing the total to 20, three of which are related to case #17, a Vietnamese national who flew from London to Hanoi on March 1, following travel in Milan, Paris, and London.

Two UK nationals who were on the London-Hanoi flight with case #17 subsequently flew to Danang, where they stayed in a hotel called The Vanda, near Danang Port, per the report from our DATT COL Tom Stevenson below. Those two UK nationals reportedly have subsequently tested positive for COVID-19, though a second test is necessary to confirm. The Vanda Hotel was used as temporary lodging this past week by approximately 30 US sailors associated with the USS Theodore Roosevelt strike group. Our teams are working with the Strike Group now to determine exactly how many sailors stayed at the hotel, how many may have visited separately, their current whereabouts, and their activities over the past few days. I am told that 11 of those sailors are still at The Vanda, where they are being isolated in their rooms. All are asymptomatic. Another 14 sailors who have been contacted, and who stayed at The Vanda, are either on the USS Theodore Roosevelt, the USS Bunker Hill, or the pier in Danang. All reportedly are asymptomatic. I am told the Strike Group is setting up a consolidated quarantine area on the USS Theodore Roosevelt.

COL (b) (6), together with a number of US Mission staff, have set up a temporary Operations Center at the Golden Bay Hotel in Danang to track and update the situation. (The Golden Bay Ops Center number is +(b) (6). Must dial the first number and then ask for the extension.)

COL (b) (6)'s team is in close touch with the US Navy, including the Carrier Strike Group Commander and the USS Theodore Roosevelt CO. We will continue to work the details.

There will be a meeting this morning between US Embassy reps, including COL (b) (6), Strike Group representatives, and local GVN representatives (MND, MFA, MOH, and Danang City Government) in Danang at 09:30 local to discuss what we know and possible next steps.





near this originally infected person who subsequently traveled to Danang, staying in a hotel called The Vanda, near the port in Danang.

This hotel also provided temporary residence to an undetermined number of Sailors from the Carrier Strike Group. The Vietnamese are, in an abundance of caution, looking at quarantining this hotel and those who stayed there. Based on initial estimated figures, this could involved up to 30 Sailors. We are currently focused on three primary questions:

1. Test results of UK persons mentioned above
2. Number of Sailors / AMCITS potentially exposed, and their travel history

Additionally, we are considering:

3. Quarantine implications for ship and for Sailors in Danang.

Given the potential effects of the questions above, we will determine the correct recommendations and course(s) of action. We are in contact with Carrier Strike Group-9 leadership, MND, MOFA, MOH, and Danang People's Committee. We are establishing an Ops Center in the Golden Bay Hotel, Danang to track and update situation and will report more as information emerges. OPS Center number is as follows:

(b) (6)

Must dial the lobby and ask for the extension.

VR.

(b) (6)

(b) (6)

COL, US Army  
Senior Defense Official and  
Defense Attache, Vietnam

(b) (6) @state.gov

BlackBerry: +(b) (6)

SENSITIVE BUT UNCLASSIFIED

**From:** (b) (6) (Hanoi)  
**Sent:** Saturday, March 7, 2020 7:04 PM  
**To:** (b) (6) (Hanoi) (b) (6) @state.gov; (b) (6) (Ho Chi Minh City) <(b) (6) @state.gov>; Vietnam (b) (6) ON  
ALL <(b) (6) @state.gov>; Hanoi POL FSO  
<(b) (6) @state.gov>; Hanoi PAS Americans  
<(b) (6) @state.gov>; Hanoi MGT Officers  
<(b) (6) @state.gov>; Hanoi RSO FSO  
<(b) (6) @state.gov>; Hanoi USAID Directors  
<(b) (6) @state.gov>; Hanoi Med Officer  
<(b) (6) @state.gov>; Hanoi INL Americans  
<(b) (6) @state.gov>; Hanoi GSO FSO  
<(b) (6) @state.gov>; HCMC All Section Heads  
<(b) (6) @state.gov>; HCMC EXEC Officers  
<(b) (6) @state.gov>; HCMC POL Officers  
<(b) (6) @state.gov>; Kritenbrink, Daniel J (Hanoi)  
<(b) (6) @state.gov>; (b) (6)  
<(b) (6) @state.gov>; (b) (6) (Ho Chi Minh City)  
<(b) (6) @state.gov>; (b) (6) (Ho Chi Minh City)  
<(b) (6) @state.gov>; (b) (6) (b) (6)  
(b) (6) @state.gov; (b) (6) <(b) (6) @state.gov>;  
(b) (6) <(b) (6) @state.gov>; (b) (6)  
<(b) (6) @pacom mil>; (b) (6) CIV OSD OUSD

POLICY (US' <(b) (6) @mail.mil>; (b) (6)  
 <(b) (6) @mail.mil>; (b) (6) EOP/USTR'  
 (b) (6) @ustr.eop.gov>; (b) (6) Lt Col USAF JS  
 J5 (USA' <(b) (6) @mail.mil>; (b) (6)  
 <(b) (6) @nsc.eop.gov>; (b) (6)  
 <(b) (6) @nsc.eop.gov>; (b) (6) (Jakarta)  
 <(b) (6) @state.gov>; (b) (6) (Jakarta)  
 <(b) (6) @state.gov>; (b) (6) <(b) (6) @state.gov>; D/EAP  
 Duty Officer (b) (6) @state.gov>; (b) (6)  
 <(b) (6) @state.gov>; (b) (6) (P) <(b) (6) @state.gov>;  
 P/EAP Duty Officer (b) (6) @state.gov>; (b) (6)  
 <(b) (6) @state.gov>; (b) (6)  
 <(b) (6) @state.gov>; (b) (6) (HANOI/DIR)  
 <(b) (6) @usaid.gov>; (b) (6) <(b) (6) @state.gov>;  
 (b) (6) (Ho Chi Minh City)  
 <(b) (6) @state.gov>; (b) (6)  
 <(b) (6) @state.gov>; Pandemic-Response-OES (b) (6)  
 @state.gov>; (b) (6) (ASIA/EAA)  
 <(b) (6) @usaid.gov>; EAP-MLA-Office-DL <(b) (6)  
 @state.gov>; EAP-MLS-Office-DL (b) (6)  
 @state.gov>; (b) (6) (Ho Chi Minh City)  
 (b) (6) @state.gov>; EAP-EP-Office-DL <(b) (6)  
 @state.gov>; (b) (6) <(b) (6) @state.gov>;  
 (b) (6) COL USARMY DPMO (USA'  
 <(b) (6) @mail.mil>; (b) (6) (Hanoi)  
 <(b) (6) @state.gov>; (b) (6) (Hanoi)  
 <(b) (6) @state.gov>; (b) (6) <(b) (6) @mail.mil>;  
 (b) (6) (Hanoi) <(b) (6) @state.gov>; (b) (6) -  
 FAS, Hanoi, Vietnam' <(b) (6) @fas.usda.gov>; (b) (6)  
 (Hanoi - FCS) <(b) (6) @trade.gov>; (U) (b) (6) (Ho Chi  
 Minh City | FCS) <(b) (6) @trade.gov>; (b) (6)  
 <(b) (6) @state.gov>; (b) (6) (b)  
 <(b) (6) @state.gov>; (b) (6)  
 <(b) (6) @state.gov>; (b) (6) (CDC - Hanoi)  
 <(b) (6) @cdc.gov>; (b) (6) (Hanoi - CDC) <(b) (6) @cdc.gov>;  
 (b) (6) (Hanoi - FCS) <(b) (6) @trade.gov>; (b) (6)  
 <(b) (6) @state.gov>; (b) (6) <(b) (6) @state.gov>; (b) (6)  
 <(b) (6) @mail.mil>; (b) (6) (Phnom  
 Penh) <(b) (6) @state.gov>

**Subject:** Vietnam: Coronavirus Reporting 4PPO: Vietnam Confirms  
 Four Additional Cases, Including First Cases in Hanoi

All: Please see today's COVID-19 sitrep about four new cases in  
 Hanoi.

Best regards,

(b) (6)

(b) (6) |ESTH-Energy Unit Chief|U.S.  
 Embassy Hanoi (b) (6)



**UNCLASSIFIED**  
 SBU



**Action Office:**

CONS, POL, ECON, PAS, MGT, MED

**Info Office:**

DCM\_All, IMO\_INFO, POL\_INFO, DAO\_INFO,  
 HR\_INFO, EXEC\_INFO

H-ES-4

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**MRN:** [20 HANOI 254](#)  
**Date/DTG:** Mar 07, 2020 / 071158Z MAR 20  
**From:** AMEMBASSY HANOI  
**Action:** WASHDC, SECSTATE *ROUTINE*  
**E.O.:** 13526  
**TAGS:** ECON, SENV, SHLH, CDC, HHS, PGOV,  
PREL, CASC, AMGT, AMED, SOCI, KPAO,  
KMDR, KHIV, AID, NIH, CN, JP, KH, KR, VN  
**Captions:** SENSITIVE  
**Reference:** A) [20 HANOI 252](#)  
B) [20 HANOI 246](#)  
C) [20 HANOI 242](#)  
D) [20 HANOI 236](#)  
E) [20 HANOI 220](#)  
F) [20 HANOI 228](#)  
**Subject:** Vietnam: Coronavirus Reporting 4PPO:  
Vietnam Confirms Four Additional Cases,  
Including First Cases in Hanoi

1. (SBU) **Summary:** On March 6, the Government of Vietnam confirmed four additional cases of COVID-19, bringing the total number of cases in Vietnam to 20. The 17<sup>th</sup> case is a woman who returned to Vietnam on March 1 after traveling in Europe, and then spread the virus to her driver and aunt. Hanoi authorities have quarantined her street with two check points near an apartment building where Mission personnel are housed, but the checkpoints do not limit the movements of Mission personnel at this time. The final case is a man who traveled to Daegu in the Republic of Korea and has been in quarantine since his return on February 26. **End summary.**

#### **Vietnam Confirms Three Cases in Hanoi**

2. (U) Vietnam's Ministry of Health announced on March 6 Vietnam's 17th confirmed case of COVID-19, and the first confirmed case in Hanoi. The patient is a 26-year-old hotel manager of a hotel/apartment in the Truc Bach ward of Hanoi who recently traveled to London on February 15. She spent time in Milan and Paris before returning from London to Hanoi on March 1 on Vietnam Airlines Flight 54. She reportedly began exhibiting symptoms on February 28. Upon returning to Hanoi, she was taken by private driver to her home in Truc Bach, where she reported putting herself in quarantine. On March 5, she went to Hong Ngoc Hospital in Hanoi and was initially diagnosed with pneumonia. She transferred to the National Hospital of Tropical Diseases the same day and tested positive for COVID-19, as confirmed by the National Institute of Hygiene and Epidemiology.

3. (SBU) MOH announced on March 7 that the driver and aunt of Case #17 also tested positive for the virus. MOH is tracking 12 other close contacts of Case #17 from her home and hotel, including her father, housemaid, and a technician, in addition to 18 contacts at Hong Ngoc Hospital. The Government will engage in additional contact tracing related to other passengers on the same London-Hanoi flight. Media reported the flight included 197 passengers and crew members. Contacts at the Ho Chi Minh Center for Disease Control told ESTHoff that nine foreign nationals who were on the flight went to HCMC, and all have been taken to a hospital to be tested and quarantined. Four others went to Danang and have also been isolated. Post has not heard whether any Americans are in the group.

#### **Additional Case Confirmed in Man Who Visited Daegu**

4. (U) On March 7, MOH confirmed the fourth new case in a 27-year-old Vietnamese man from the province of Thai Binh, about 100 kilometers from Hanoi. He reportedly flew to Busan, ROK, on February 17 and then traveled to Daegu with his sister before returning on March 4. The two flew into Vietnam's Van Don Airport (near Halong City) and have been in quarantine in a military school in Ninh Binh Province since then. On March 7, he was transferred to an isolation ward at Ninh Binh General Hospital and is in stable condition.

#### **Authorities Impose Quarantine Near Embassy Housing**



5. (U) Hanoi's Party Committee Secretary told the media on March 6 that authorities set up a quarantine of all 22 households with 176 people living on Truc Bach street where Case #17 resides. Workers sprayed disinfectant across the neighborhood on the morning of March 7.



From Vietnam News, Workers Disinfect the Street where 17th Case Resides

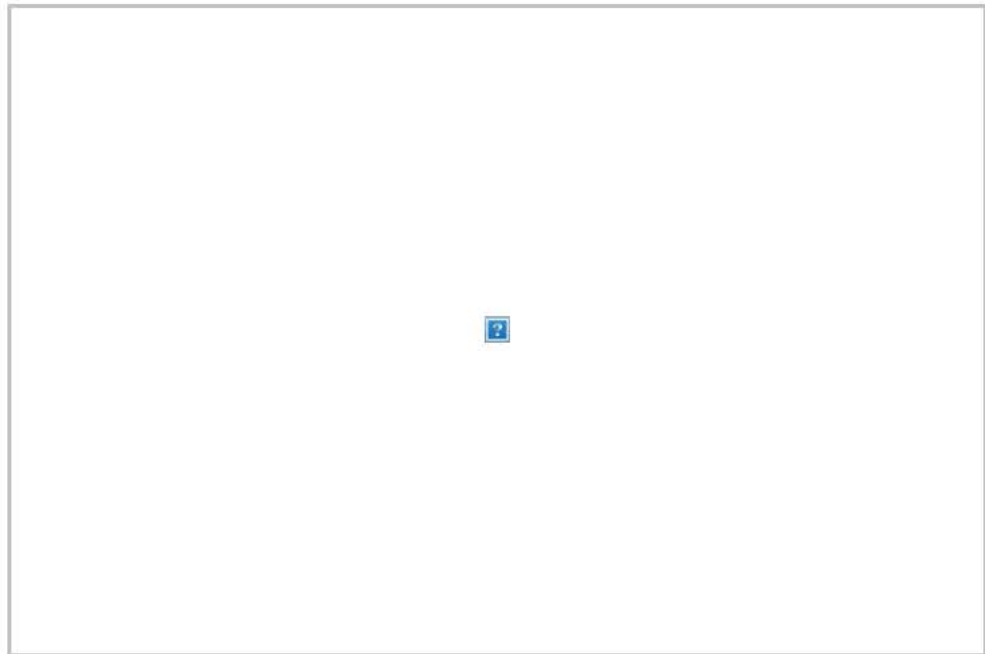
6. (SBU) Hanoi Police told RSO they have established two isolation check points, one at each end of the street. This is about four blocks from Skyline Tower, an apartment building where many Mission personnel live. The checkpoints do not interfere with access to Skyline Tower, and the movement of Mission personnel is not impeded at this time. The Mission sent out a SAFE Alert on March 7 to inform personnel of the latest developments regarding the checkpoints and quarantine.

#### **CDC Providing Assistance**

7. (SBU) The Hanoi Center for Disease Control has made an official request of the MOH's Field Epidemiology Training Program (FETP) to provide training to the Hanoi Center for Disease Control on case investigations and contact tracing. U.S. CDC supports FETP financially and technically, and LE staff from the office participated in the training on the afternoon of March 7.

#### **Hanoi Leaders Ask for Calm, but Hanoians Hit the Stores**

8. (U) Hanoi Chairman Nguyen Duc Chung on Friday night urged people to "stay calm and remain on high alert." But many city residents reportedly rushed to the streets Friday night to buy food and essential supplies to avoid going out. Some panic buying was also in evidence Saturday morning, and social media contained reports of empty shelves in local markets. By late morning, it appeared things had stabilized.



Picture from VN Express on March 6 after 17th case is announced.

#### **Just When It's Safe to Go Back to School**

9. (U) Until Friday, Vietnam had gone 22 days without a new case of COVID-19, and students were beginning to return to school (ref A). After announcing on Friday that Hanoi high schools would open next week, Hanoi People's Committee on Saturday decided that schools would remain closed for another week and directed international schools to follow suit. Previously, the City of Hanoi had given international schools permission to deviate from the guidance given to local schools.

#### **Quarantine Numbers Continue to Grow...**

10. (U) The Government remains on high alert for imported cases, especially as the number of cases in ROK and Europe continue to grow. It is relying extensively on quarantines, and media reported that as of March 6, 23,228 people are isolated at home or in communal facilities across the country, an increase of 9,000 compared to March 5. Another 101 are reported to be isolated in hospitals.

#### **... and Rumors Continue to Spread**

11. (U) Faced with a growing Facebook frenzy about new cases in Hanoi, state-run media ran an article debunking myths about the 17<sup>th</sup> case. The article explained that Case #17 did not lie about her travel history to avoid being quarantined, did not go out to Hanoi bars and clubs after returning to Hanoi, and did not attend the grand opening of a UNIQLO store in Hanoi. This gives some insight into what Hanoians are reading and sharing.

SENSITIVE BUT UNCLASSIFIED

**Signature:** Krittenbrink

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**Drafted By:** HANOI (b) (6) (Hanoi)  
**Cleared By:** MGT/MED (b) (6)  
CONS/AG (b) (6) (Hanoi)  
PD (b) (6) (Hanoi)  
RSO (b) (6) (Hanoi)  
ESTH (b) (6) (Hanoi)  
ESTH (b) (6) (Ho Chi Minh City)

(b) (6) (Hanoi - CDC)  
MGT (b) (6) (Hanoi)  
EXEC (b) (6)  
**Approved By:** EXEC:Kritenbrink, Daniel J (Hanoi)  
**Released By:** HANOI (b) (6) (Hanoi)  
**Info:** CIA WASHINGTON DC *ROUTINE*; DEPT OF  
COMMERCE WASHINGTON DC *ROUTINE*;  
DEPT OF LABOR WASHINGTON  
DC *ROUTINE*; US TRADE REP WASHINGTON  
DC *ROUTINE*; PACOM IDHS HONOLULU  
HI *ROUTINE*; ATLANTA GA, CDC *ROUTINE*;  
ASEAN MEMBER COLLECTIVE *ROUTINE*;  
CHINA POSTS COLLECTIVE *ROUTINE*;  
ENVIRONMENT SCIENCE AND  
TECHNOLOGY COLLECTIVE *ROUTINE*  
**XMT:** CARACAS, AMEMBASSY; ST  
PETERSBURG, AMCONSUL

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**Action Post:** NONE  
**Dissemination Rule:** DCM\_All, CONS\_ACTION, POL, IMO\_INFO,  
ECON, POL\_INFO, PAS, DAO\_INFO,  
HR\_INFO, EXEC\_INFO, MGT\_ACTION, MED

**UNCLASSIFIED**

SBU

SBU  
This email is UNCLASSIFIED.

**Witness Statement of USS THEODORE ROOSEVELT (CVN 71)  
Executive Officer**

On 10MAY I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CAPT (b) (6)  
Position: Executive Officer

Command: USS THEODORE ROOSEVELT

Email Address: (b) (6) @cvn71.navy.mil  
Phone(s): Office (Guam): (b) (6) Mobile: (b) (6)

If the TR Command Investigation team needs anything after my interview once I am allowed back in my office (currently in hotel in isolation due to my positive COVID test), I would be more than willing to share.

My arrival to TR was abrupt following completion of my training at SWOS in Newport, RI. I had one day home with family in San Diego and then flew to Da Nang, Vietnam on 1 March, then arrived on board via COD on 2 March, just days before our port visit to Da Nang. My initial impressions of the crew were positive. Based on previous CVN experience, the TR appeared to be a high performing team. Throughout my training pipeline, I was told repeatedly that TR performed extremely well during work-ups. The CSG-15 Commander visited SWOS and stated they scored very well during C2X. Naval Reactor leadership, including the active duty representatives in the Line Locker, also stated the ship was performing well. TR's Reactor Department achieved a very rare "Outstanding" score on their most recent reactor safety inspection. During TYCOM indoc, CNAF staff expressed nothing but positive reviews for TR. Based on those reports, I expected to step right into a high performing team and my initial impressions were good. The great majority or the twenty HODS on board made very positive first impressions.

I felt our Navigation plan was good pulling into port; as expected weather and sea state did cause issues with the stern gate (e.g., with liberty launches). The team performed well pulling in. It had been a few years since I had been in the South China Sea and I noticed more Chinese military presence and increased shipping/merchant traffic. The TR CSG handled the increased level of activity well and were on par or better than what I experienced on the Carl Vinson a few years before. In Da Nang, the unprotected harbor at anchorage subsequently caused struggles with loading Sailors on liberty launches (ferries). In my opinion, this had little to do with the ship and was primarily caused by poor ship handling and equipment preparation by local contracted ferry boat crews (thoroughly covered in TR's Da Nang PVST After Action Report).

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Executive Officer

I remember having an initial sit down with CCSG-9. I think it occurred just before the port visit but cannot recall the exact date. I met COS, N3, and the aide before Da Nang. My knowledge of COVID-19 before reporting to TR was just what I had read in papers and online while I had been at the SWOS course in Newport. COVID-19 seemed isolated to China and nearby areas. I was aware that Vietnam had some cases but they were limited to the northern areas of the country. I knew about some limited cases in the Pacific Northwest. I knew it was a concern going into the port. My wife was concerned about my travel to Da Nang. As a precaution, I upgraded to economy plus at my own expense for more comfortable seating and to get empty rows around me. I did not buy a mask as CDC was not recommending that at the time.

In port Da Nang, very few people came aboard mainly due to sea state concerns. I do remember a large "Customs" group came for a visit. Frankly, I think they just wanted a tour and a chance to buy ship mementos. The pilot, husbanding agent and team also boarded during the first day. Only one official tour made it on board. Every subsequent action was cancelled due to safety concerns on the stern gate. Bunker Hill conducted all the in-port tours and obviously the "Big Top" DV event was cancelled and moved to a hotel. Sea state made it very difficult to get our Sailors ashore for liberty. Liberty was curtailed/cancelled early from 05-08 March because of the sea state. Once on the pier, our sailors also went through a strict Vietnamese medical screening process (temperature taken coming and going). Even today, I would not change anything about the pier actions other than wearing masks in compliance with new guidance. I felt the screening procedures on the pier were effective. Hotel screening varied, but the Big Top hotel did temperature screening to get in and the staff wore gloves/masks. Guests were not required to wear PPE.

On 8 March, the Vietnamese government identified two British tourists at a local hotel who were positive for COVID-19. We very quickly recalled everyone and ended up getting underway on the 9<sup>th</sup>. The Vietnamese government locked down the hotel; we put sailors possibly affected in separate isolated berthing on the 9<sup>th</sup>. We did not have any major liberty issues because, again, not many Sailors were able to get off the ship (I estimate 1,000 a day) and, again, the AAR references ferry issues (bollards/cleats ripped off and lines parted).

In general, I think the crew was aware of COVID-19 and we preached good hand washing and personal hygiene. I do not recall specifically mentioning social distancing in the liberty port brief (2-3 slides on COVID-19 covered personal hygiene - mostly hand washing, do not touch your face, etc.), but Da Nang was mostly empty with very few tourists. I recommend the investigation review the TR CSG port brief for specifics.

TR was conducting "Bleach-a-palooza" before I arrived in addition to normal cleaning stations. We continued "Bleach-a-palooza" daily after the Da Nang visit (using H2H). This practice had been very effective at getting rid of a case of "double dragon" after the ship's first Guam port visit and the crew was familiar with the process. We had a plan for what we would do if we had positives for the PUIs from the hotel. CMC knew which berthing to use. In hindsight, our preparation was not good enough to contain COVID-19. Knowing



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Executive Officer

everything I know now, I probably would not go into port because our understanding of the virus was not sufficient. What we did was in accordance with guidance at the time. I was aware of the March 4 document from the Navy and Marine Corps Public Health Center. We had a copy on board and I know SMO had a copy. I do believe it helped inform SMO and CAPT Crozier. We also used a study that showed expected infection rates, serious illnesses and deaths for a crew of 5000. The study used charts to show impacts if leadership took no action versus taking preventative action. This influenced thinking early on (I cannot remember the specific document that referenced the study). The first few NAVADMINS that came out, we read -- but in the beginning we were more concerned with restrictions on travel and complying with PCS travel guidelines for prospective losses and gains. Once released, NAVADMIN 083/20, however, became the Bible we used. We conducted Biofire testing of influenza-like illness (ILI) and from 9-23 March (15 days after we left Da Nang). Medical screened all ILI and immediately tested anyone with a fever. We thought we were through it after the 14<sup>th</sup> day out of Vietnam. The segregated Sailors from the hotel had all cleared and we had no positive tests through our 14 days after Vietnam. Then a phone call came in the middle of night to tell about the first positive on day 15.

The NAVADMIN 083/20 consolidated a lot of the previous guidance and I used it throughout our process after the first positive test. The NTRP was useful, but more in a general sense (and was given to us earlier); it defined three major categories of disease and gave medical specific guidance. It helped inform how we set up “separated” berthing in the beginning, but was not very useful for specific COVID guidance. We were absolutely aware of the CPF and C7F OPOD and FRAGORDs -- but as we got closer to Guam and cases increased, it appeared CPF and C7F were not in alignment on NAVADMIN 083 -- specifically the need for isolated berthing. They continued to direct us to attempt group quarantine methods that were not in compliance. We were getting a 10,000-yard screwdriver from BLUE RIDGE. We did it, but it was frustrating. We knew some of the efforts at segregated group berthing on the ship were not effective and not in compliance with the NAVADMIN 083 guidance. They (CPF and C7F) wanted us to break the ship into parts and do contact investigations. Doing a contact investigation was unrealistic in my opinion, as we had been U/W for 15 days and Sailors could have encountered a large number of their shipmates. By the time we pulled into port in Guam, it was apparent the entire ship met NAVADMIN 083’s definition of “close contact.” The NAVADMIN clearly directed individual rooms for close contact quarantine. I know we could not accomplish this onboard for all 4800. We did isolate known positives in Medical and medivac them. Those that shared berthing with the positive cases were placed in segregated group berthing. Initially, we brought them meals. As the number of positives rapidly increased and with them the number of close contacts, we expanded the segregated area. Eventually, all berthing aft of frame 200 was segregated berthing and we fed them through the CPO mess. -- but honestly sailors were popping positive all throughout ship. When we pulled pierside in Guam on the 27<sup>th</sup>, berthing amidships and forward were not segregated. By the 29<sup>th</sup>, there were enough positives that we considered “chopping off” the berthing on the bow. By the 29<sup>th</sup>, we had positive cases popping throughout the ship and in the new off ship berthing on Naval Base Guam. All that segregated berthing aft was accomplishing was increasing the rate of transfer

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Executive Officer

in the aft berthing. It was not stopping the spread of the disease elsewhere. SMO, CMC and I realized this strategy was not working, was not in accordance with NAVADMIN 083 guidance (quarantine requires individual rooms) and was causing increased anxiety for Sailors living in aft berthing. We recommended CAPT Crozier discontinue the practice. He briefed RDML Baker and we stopped segregating berthing on the afternoon of the 29<sup>th</sup>.

I decided to write the "Memo for the record" email to CAPT Crozier because we were attempting to segregate groups of Sailors in group berthing compartments on board the ship. It was not working and was not effective. It also clearly was not in compliance with NAVADMIN 083. We gave feedback to CSG-9 that these attempts were not effective. The email was a way for me to document our concerns. I did not want to be comparable to the Mayor of New Orleans during Katrina and not do anything. I did tell CSG-9 some of these concerns but as a brand-new XO (less than 2-weeks on board) I was not present much in CSG level meetings (occasionally filled in for CAPT Crozier at meetings). CAG was clearly frustrated and started to work a white paper on why we should use isolated berthing for presentation to CSG-9. All Warfare Commanders and deputies were given a chance to chop the document. DESRON-23 made significant edits. I was at the meeting where the paper was discussed; CSG-9 acknowledged it, but stated that it appeared C7F preference was to fly Sailors off to Okinawa. I left the meeting thinking the "Hotel" COA was not likely.

After some confusion, I made it a point to use NAVADMIN 083 definitions of terms when discussing quarantine and isolation. None of the quarantine options on the ship or ashore met those requirements. I emailed the HODs and ensured we were using the proper vernacular to describe what we were doing. Off ship group berthing was called "disembarked berthing" rather than quarantine. I was aware of PUI as a term, but as soon as they registered a fever in medical, PUI Sailors stayed in Medical until organic testing was done and they had a result. Our PUI's quickly became either COVID positive or not due to our organic testing capability.

We talked about social distancing while we were underway but did not think we could do it effectively until we got to Guam and removed some Sailors off the ship. I was aware of the description of Social Distancing in the NTRP. There simply was not enough space with 4800 people on board operating at sea to make much of it work. We discussed closing the gyms but felt that would just compress Sailors more in berthing and in lounges. Mess lines were already long so spacing lines out seemed very impractical. The design of the ship with a full air wing and embarked staff on board operating at sea made many of the Social Distancing suggestions impractical or impossible.

As we were putting people in "sick" zones in the aft part of ship. We used the CPO mess solely for people in close contact with a positive Sailor. After we arrived in Guam and started to offload some personnel, we did increase our Social Distancing and PPE efforts. These included CS's in gloves/masks (once we had enough; we only had masks for Medical in the beginning), tape on deck 6' apart to spread out lines, and we turned spoons around to stop self-service on the mess lines. We talked about expanding meal hours, but many CSs

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Executive Officer

were getting positive results -- so there were not enough CSs to increase meal hours. We cut down menu options. We did eventually get some TYCOM guidance on cleaning. I received a personnel email from VADM Miller passing on very specific procedures on how to clean (after CAPT Crozier relieved) - maybe 1-2 April.

The sailors who stayed at the same hotel as the COVID-19 positive British tourists were identified after the Vietnamese government discovered one of their officials was positive and tracked down two British tourists through a contact investigation. From there, we identified those staying in the hotel or who stopped by the hotel bar socially. A special ferry was arranged for those people who were subsequently processed by Medical and put in segregated group berthing. We ran NIPR access down into the berthing and I tried to have one bike or rowing machine in each space for the two weeks (due to quality of life concerns). We ensured they had a POTS line and TV access. Some of the sailors on board were from BKH, which we thought was prudent to help with space concerns the BKH may have had and our superior medical capabilities (we had organic testing, could feed, segregate easier than they could). All of these Sailors eventually tested negative and returned to their normal berthing after 14 days.

During our departure from Da Nang, I had no local concerns and the pilot had on gloves/masks. The Husbanding agents were Australian and stayed at the same hotel as our Beach Detachment -- so at the time, I had no concerns with them either.

The Sailors from the Hotel all tested negative (our first group after departing Vietnam) and after 14 days of group quarantine and negative test results, we genuinely thought we were in the clear. The next night we had confirmation of our first onboard positive test (but no one from the hotel group). Higher HQ told us to pull into Guam a little earlier than scheduled. Prior to the first positive, we were conducting what I would consider to be a normal OPTEMPO in the South China Sea -- but after the 1<sup>st</sup> positive, we cancelled FLOPS on 24 or 25 March I believe, and the Air plans as we approached Guam were cancelled too. We did start to consider on board whether we should go to San Diego or Hawaii instead, but we were worried about lack of shore power and port depth in Hawaii (for Reactor Department concerns) as well as lack of medical coverage on the way to San Diego. Those concerns pushed us to stick with the Guam option. CSG requested numbers on these and a few other COAs and OPS and NAV ran the transit numbers.

After the first positive case, in order to keep the crew updated and educated, CAPT Crozier talked on the IMC regularly. There was a lot of concern and confusion on what we were trying to accomplish and I talked to the HODs often in person and via email to explain what we were trying to do. Known close contacts moved AFT while positives were medevac'd to Guam. Sailors are not dumb; they knew they were all in close contact. We were as open and honest about the situation as we could be, letting everyone know the plans and why. As discussed, we got rid of the separated berthing plan on the Sunday after we pulled into Guam. The Command Ombudsman was getting clobbered by families regarding what was happening on the ship and in the off-ship berthing areas. We were ad hoc planning and in

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Executive Officer

crisis management. This led to some anxiety on the ship and shore, but our primary message was yes, we had positives and that sailors should go to Medical if they had symptoms and to be honest about the symptoms (e.g., a runny nose, fever, other known ILI at the time). We did not want sailors hiding their conditions (which was an early concern as Sailors heard that the initial off ship conditions were poor - bad meals, no internet/cell phone and uncomfortable cots). We continued to put up flyers around the ship on ILI symptoms and pressed our team to daily self-evaluate their conditions. I do feel that the Sailors did not necessarily have a good feel for what was going on in the broader world and specifically the US with regards to COVID-19. Unfortunately, we had an outstanding CASREP on our new TV system and as such were limited to only one channel during the transit from Vietnam to Guam. It was challenging to keep Sailors informed. When we would get updates, I would walk the P-ways/Mess Decks to tell people while also pushing to HODs on what was going on back home. I think Sailors were a little disconnected with what was happening in the US. River City One (most restrictive) was set after 1<sup>st</sup> positive for about 48 hours before we relaxed it. I would explain the situation to sailors with a "save grandma" analogy, and tried to talk about what was happening in Italy and NYC with the crew.

CODs as a potential virus vector was talked about. We wanted to comply with guidance; they were getting screened. I did from time to time talk (email mostly) with other CVN XO's but most of it was general stuff to compare notes; but once we had a positive, I was the one sharing directly with them when I could.

The process we implemented once our first sailors started testing positive was as follows: ILI in morning then go to Medical; if ILI/fever than Medical ran a test; if positive they stayed in Medical until there were flown off the ship. They (the Medical Department) built up the plastic enclosure referenced in the NTRP in Medical. As far as contact tracing from the known positives, we frankly did not do it well especially as the positives kept rising. The scope of the problem became too large to bind neatly. In order to comply with HHQ guidance, we went to positive Sailors' berthing and shut down that specific berthing but did not go to further contacts. I feel it was impossible to do true contact tracing, as we had been underway for over 15 days at that point and one could reasonably assume that each Sailor had been in contact with many, many other Sailors through daily shipboard routines -- but we did our best to try. Once Reactor sailors tested positive, we would lock down the effected 6 pack in that berthing but others in berthing could continue to stand watch and then go straight back to berthing (had to do so -- otherwise we would run out of watch standers in the plant). After the first dozen positives, I started to strongly consider everyone on the ship to be a close contact. The Navigator popped positive early, which basically meant that CO/XO and every one of the Bridge teams would be a close contact. We were still at sea and needed to operate safely. Social distancing was something we could only really attempt once we were pier side and could get a few thousand Sailors off the ship. With 4800 onboard, there was no way to draw a 6 foot circle around every Sailor and still operate.

My Battle Rhythm during the transit to Guam was basically me trying to figure out my standard routine -- wake up, prep for my morning announcements, breakfast, and walk the

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Executive Officer

ship during cleaning stations. I scheduled check in meetings with all the departments and met with major program managers. My long term (at the time) concerns were getting ready for INSURV; I was focusing on 3M and Zone Inspections. Once COVID started, it dominated our daily agenda. Morning/Evening COVID meetings synched with the HODs after C7F CUB (and a 3<sup>rd</sup> meeting with the Warfare Commanders). There was no formal separate COVID meeting with CSG-9, but basically it was the main crux of every normal meeting, so it was definitely covered and the focus of most meetings.

The ECC was crucial once in port. CDR (b) (6) was CDO the first day in port and she did such a good job I decided to have her stand up and run the ECC (initially) in the XO's conference room. As the number of positives grew, we had to go to the ECC structure (which I think, again, we stood it up during our 1<sup>st</sup> full day in Guam). Our normal staff was overwhelmed and inundated with RFIs from higher headquarters, which strained their normal jobs. One of the ECC's missions was to "feed the beast" on RFIs. The CO/XO were answering lots of emails and OPS had to work many different COAs seemingly all at once. I was frustrated with the direction from HHQ to take action on COAs and plans that were not in compliance with NAVADMINs. The Okinawa plan sticks out in my mind. I believe CSG-9 presented our individual isolation plan (hotels) to C7F but we spent a lot of time on the Okinawa plan. I felt pressured to use the ship to isolate/quarantine Sailors (in group berthing – not in compliance with NAVADMIN 083) but the Okinawa plan was the worst. TR HODS spent the first two days in port Guam working on the Okinawa plan. It was disheartening to hear there were no racks available after working on the plan. A C7F planning slide listed 5700 racks at White Beach. CAPT Crozier knew the CO of the Navy side at Kadena and he sent an email asking for clarification on the racks. This friend of CAPT Crozier asked a USMC contact and was told maybe 100-200 racks, but not anywhere near 5700. The CO shared this with CCSG-9 who I was told was surprised. I do not know if anyone called C7F, but once the CO found out, he told COS and CSG-9. At the time, I was not sure exactly why that COA went away but it was frustrating to see 5700 racks evaporate after 48 hours of planning. At the same time, our Sailors continued to test positive on and off ship at an increasing rate.

On the topic of planning for the ship's arrival, I know the initial LOGREQ was normal (beer/charcoal). CAPT (b) (6) was helping set up for beer/BBQ on pier (even Gab Gab beach access). There were a small number of positives on Guam -- so they were trying to protect us from them. We were pretty sure our liberty would be restricted to the base (plan prior to our 1<sup>st</sup> positives). After our first positives test results, all of the plans quickly changed. We sent out an amended LOGREQ. Even that 2<sup>nd</sup> LOGREQ became worthless by the time we pulled in. Lots of Ad Hoc planning continued as facts on the ground changed continuously. CAPT (b) (6), CO of NBG, was pulled in many different directions. He did an amazing job putting together what he could. I am not actually sure if we ever released that 2<sup>nd</sup> LOGREQ via MSG traffic or perhaps it was an email by OPS or SUPPO.

During this time, I do not think there was panic on board at our end -- but yes, we were confused as to how and why we could get off ship. Why are we putting people in gyms when



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Executive Officer

there are thousands of empty hotels in town? Everyone had access to NAVADMIN 083. I sent it to all the khaki onboard. Our Sailors knew these gyms were not in compliance. This caused confusion and angst, but we were still doing our jobs. Positively, the off-ship berthing CAPT (b) (6) set up did allow us to spread out more on the ship. Negatively, they were still group quarantine and did little to stop the spread of the disease.

The first off ship berthing was set up in a gyms and excess housing on base. Initially, the food quality was poor (not from CVN galley) and the Sailors off-ship were not being fed properly. Many missed meals. Quality of life was initially tough off base. The Sailors certainly let people know they were unhappy via social media and family member inquiries. This did increase pressure on the CO, CMC and I to improve what was happening with our Sailors after that first weekend in port.

My targeted end-state was to have a minimum number of Sailors to run ship pier side (about 700). We needed to get everyone but those 700 off the ship as quickly as possible and into complaint quarantine or isolation. At the same time, I did not want to send thousands of sailors off the ship if there were no acceptable showers, bathrooms, or food available. Initially, we could not inspect the conditions of these off ship berthing due to HPCON restrictions placed on us by the base. Communication with Sailors off the ship was also poor. We were receiving reports from Sailors at the off-ship locations that conditions were not acceptable. As such, we slowed down the rate of getting sailors off the ship. This led to consternation from HHQ when CAPT (b) (6) would report that more racks were available but did not include the fact that he could not provide heads/showers or food. These increased number of racks/cots were initially useless. Initially, the reactor department had priority (leadership and supervisors) for initial isolation/quarantine quarters, and we tried to get them off the ship first (signed out a Quarantine 5050 with the priority list).

I was not aware of the status/availability of hotels in Guam until after CAPT Crozier was relieved. He would not have sent his letter if he knew hotel rooms were coming soon. We saw good initial movement after the email, but once it was leaked to the press it created a great deal of unhelpful attention. I know RDML Menoni (CJRM) from prior service, he texted me after CAPT Crozier was relieved and we talked. He told me the leak to the press was not helpful with the local government or hotel management.

Do I think the letter/email was effective? At the time, I thought the hotel COA had no momentum and we were still sending Sailors to gyms. These gyms were not in compliance with NAVADMIN 083 and the disease continued to spread in them. The gyms had Sailors testing positive throughout the first weekend. Initially, the gyms were supposed to be for group quarantine of Sailors and not for treatment of positives. In my mind, the gyms were just as bad as the berthing on the ship. They were not in compliance with NAVADMIN 083. That first weekend in Guam, I heard nothing from higher authority that indicated the hotel plan was about to happen. Over the weekend CAPT Crozier received calls from Acting SECNAV Modly and CNO's office. On Friday the 27<sup>th</sup>, CCSG told us the Okinawa COA was the most likely but that plan completely fell apart on the 29th. When we woke up on the

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Executive Officer

30<sup>th</sup>, we had no plan other than moving Sailors into non-compliant berthing (gyms) on base. CAPT Crozier was supposed to talk to CNO that morning. He asked me to sit in as a note taker. While we waited, he directed me to edit CAG's eight page white paper (edited by all Warfare Commanders) and simplify it for the CNO. The CNO phone call never came. While we waited, we both continued working on the email and letter. I worked on the memo and he (CAPT Crozier) wrote the email. He reviewed my handwritten notes and told me to type it up. I used the Ship Secretary's computer to do so. I did not know who he wanted (or intended) to address it to so I left it blank (which is why the memo was addressed to no one). At this point in time we had no knowledge that the individual isolation (hotel) COA had any "legs." CAPT Crozier printed off the email cover letter and we each proofread the others (memo/email) work. He then signed the memo, scanned it and attached it to his email addressed to CPF, CNAF and CSG. CAG and DCAG also came into the cabin. They had been stewing on the failed Okinawa COA as well. They typed up some bullet points at the same time CAPT Crozier and I had worked on the memo/email. They discussed their concerns which were very similar to ours. I think they may have been in the cabin when CAPT Crozier hit send. I did not think at the time to send it on SIPR. Neither CAG, DCAG or I brought it up with him. CAPT Crozier said later that he wanted to send it UNCLASS but we had no direct conversation on that choice beforehand. Leaving C7F off was likely deliberate. Our impression at the time was that they were blocking the hotel COAs. I think it was a deliberate decision by the CO. I feel he was willing to fall on his sword to show that appropriate actions were not being taken. Actions may in fact have been in process on the Hotel COA but neither CAPT Crozier, CAG, DCAG or I had any knowledge it was progressing on the 30<sup>th</sup> when the email and memo were sent.

By Sunday morning, we had some true human suffering in aft berthing. Conditions were poor. We lifted the "Zone" plan and allowed people from aft berthing to return to their normal berthing arrangement. By Monday morning, we continued to receive reports that morale of sailors in the gymnasium accommodations were also poor (someone pops positive next to you and is gone in an hour, leaving you to think if you had close contact with a positive Sailor). Complaints from family members back in San Diego continued. It seemed we had no momentum to do things the right way (IAW NAVADMIN 083/20). He (CO) acknowledged there may be consequences of his decision to send the letter but it seemed at the time to be the only way to announce to CPF and CNAF that things were not right.

Expanding on the human suffering in the aft isolation, the first 4-5 days we brought meals to berthing and then, as numbers grew, eventually opened the CPO mess to feed these Sailors only (5-10 minutes to eat quickly and leave back to berthing). Meals and conditions were spartan and grew increasingly crowded. Sailors had nothing to do except sit in crowded and unpleasant berthing/lounges with other Sailors who might be sick. The rest of the ship's Sailors were not allowed to go back aft. Sailors in aft berthing had anxiety when a rack "neighbor" would test positive. They knew they had been sleeping next to that Sailor for at least a few days. It was obvious to SMO, CMC and I that the entire ship was in close contact and we all needed to go into proper quarantine. The aft berthing plan was a failure. I regret attempting it and would not do it again.

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Executive Officer

Concerning the Medical letter, I remember the group came to talk to me the day after the CO sent his letter (The medical group did not know CO had sent his letter). I showed them a hard copy of CAPT Crozier's email and memo and recommended that they sit on their letter. The concerns in their letter matched many of those in CAPT Crozier's. I advised them not to go to the press because CO had just talked to leadership. I know that the CO also talked to them directly at some point in the next 24 hours and I'm not sure if the letter was ever sent off the ship. I told them not to send the letter and that any press attention would not be helpful. I felt the tone was unprofessional and overly combative.

Where did I perceive communication issues higher up the COC? I truthfully cannot speak to CPF to C7F, as it was not in my purview. For communication between C7F, CSG 9 and TR, the information flow was just off frankly. I cannot pinpoint at what level specifically, but it seemed that I (and the ship in general) were making decisions without the benefit of full information. I felt C7F was asking for information or giving specific direction that was unnecessary. As an example, there was confusion on why we were not filling up available racks on NBG (cots ashore) quicker. The answer seemed obvious to me – the berthing capacity did not match messing/QOL capacity. (For example, NBG may have 5000 cots but they could not feed or care for 5000). That type of information did not seem to get from CSG and CJRM to C7F or CPF efficiently. As previously mentioned, there were clearly communication issues regarding the viability of the hotel COA. In my view, communication from C7F to CSG to TR leadership was not effective but I cannot pinpoint why or where it broke down.

Clarifying on the testing challenges, the requirements really seemed to change daily. In the beginning, not everyone was getting tested and SMO said not to test asymptomatic sailors. We needed to save the tests for the sick (those showing symptoms). This made sense initially given our relatively low testing throughput on the ship and the number of testing kits we had on board. Eventually, the Korea lab opened up and increased throughput significantly. We also continued to receive testing kits. This helped tremendously. Acting SECNAV Modly said to test everyone (forget on which date – first weekend in port), but again we had limited number of tests and ability to run the testing machine. His comment was not helpful as it increased family/media expectations that we would test everyone very quickly. This was not possible based on available resources. At the time, we had neither the testing throughput or kits on hand to meet his verbal order.

Once available, the primary constraint to get Sailors into hotel isolation rooms was the requirement to have a negative test within 48 hours. The Governor of Guam was a nurse so she must have known this was not medically necessary. I felt it was a political maneuver to reassure the local population. The requirement did significantly slow down our ability to move Sailors off ship and out of the gyms. Sailors sat in non-compliant berthing on and off ship longer than necessary. In my opinion, the requirement for a negative test increased exposure to the disease and the number of Sailors that eventually tested positive.

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Executive Officer

I did not witness or directly perceive any friction between CAPT Crozier and CCSG 9. I will say that CCSG 9 is a little more stand-offish than many other CCSG's I have seen. RDML Baker lets the CVN leadership drive things that I have seen the CSG control in other Strike Groups. For example, our Da Nang liberty plan was on TR letterhead vice CSG. Our quarantine plan was also from TR, not the CSG. It would have been more forceful for the CSG to provide some of these directives. I think it would have been more effective for TR staff to provide input to the CSG, have the work vetted by CSG staff and sent out with his signature (CCSG-9). We continue to operate this way. We (TR) write the instructions on things I am used to CSGs normally pushing. It would have been fine with me if we (TR) did all the staff work as ship's company and routed products up for CCSG-9 signature.

I strongly suggest the investigation team talk to TR OPS as he can provide significant background on all the different COAs churned out in a short time period. He was also the acting XO while I was Acting CO and is currently Acting XO again while I am stuck here in a hotel room. The CDCO (CDR (b) (6) ) would also be useful. She was the ECC OIC for the first month we were in Guam.

I think that the CO was relieved because of a political decision by Acting SECNAV Modly or possibly at the OSD/POTUS level. Modly was initially supportive (stated this is what we want our commanders to do or something to that affect) and then drastically changed his stance in 48 hours or less. CAPT Crozier's relief was very, very unhelpful as I tried to manage this problem as a new XO. I compared it to dropping a nuclear bomb in the middle of an ongoing crisis. His relief took over everything for two of three days. It was difficult to focus on the real problem – fighting a COVID outbreak on a CVN. In hindsight, we should have sent the letter on SIPR and certainly should have included C7F.

Obviously looking back now, I would have done several things differently: 1) not pull into Vietnam 2) have a better plan on how to conduct a contact trace investigation 3) not attempt the segregated berthing plan once multiple positives occurred on board and 4) ensure more clear communication with HHQ and crew. I also would be more forgiving with C7F staff during the Preliminary Investigation. At the time, I was angry with them.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

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(Witness' Signature)

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(Date)

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Time

**Witness Statement of CAPT (b) (6), MC, USN**

On 9 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CAPT (b) (6), MC, USN

Position: SENIOR MEDICAL OFFICER

Command: USS THEODORE ROOSEVELT (CVN 71)

Department: Medical

Email Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

I am currently in isolation and have been in isolation for the last 40 or 41 days. However, I'm doing well and I'm currently waiting for a negative test result in order to get out of isolation.

CDR (b) (6), JAGC, USN, has been detailed as my counsel and I requested that he listen in on this interview. CDR (b) (6) was present for the whole phone call and at the end he verified that he had heard the full conversation I had with the Investigating Officer.

When the interview started, I was read my Article 31(b) rights for Article 107 (false official statement). At the end of my prior interview, I was informed of my rights and asked if I wanted to speak with counsel. I do not recall being informed that I was suspected of committing a false official statement during my prior interview. I conferred with CDR (b) (6) while I was on mute with the Investigating Officer and when I came back on the phone I told the Investigating Officer that I was aware of my rights and that I was willing to make a voluntary statement. The judge advocate assisting the interviewer then provided me a cleansing warning.

During the interview I was alone in my room, in isolation, on board Naval Base Guam.

**BIOGRAPHIC INFORMATION**

I graduated from medical school in 1999. I am board certified in diagnostic and interventional radiology. I completed Flight Surgeon aerospace medical training at NAMI, but did not do a residency in aerospace medicine. I have standard training in epidemiology, but no specialized training or certification.

I arrived onboard the USS THEODORE ROOSEVELT in July 2018. I am the Senior Medical Officer (SMO) onboard the USS THEODORE ROOSEVELT. The medical department consists



of approximately 40 people. The medical department team got along well. There was a good mix of people with the right personalities and skillsets.

I also function as the Strike Group Surgeon for Carrier Strike Group NINE. I do not receive a concurrent FITREP from Commander, Carrier Strike Group NINE (CCSG-9). I do not recall seeing a letter that formalizes my role as the Strike Group Surgeon. The predominance of my reporting goes to the CO, USS THEODORE ROOSEVELT, and then, if requested, I will make additional reports to CCSG-9.

## **USS THEODORE ROOSEVELT CHRONOLOGY**

### **-VIETNAM PORT CALL PREPARATIONS-**

Prior to the USS THEODORE ROOSEVELT port call in Da Nang, Vietnam, I directed the medical training officer, who is the ICU nurse, to come up with some basic guidance for COVID-19 to be included in the liberty brief. The liberty brief and the information about COVID-19 in the liberty brief was promulgated throughout the ship before arrival in Da Nang via the Ships' TV and Ships' in-house magazine. My department presented the script, recorded guidance, and also drafted some slides in the brief. We utilized the CDC guidance, Navy and Marine Corps Public Health Center's (NMCPHC) Guidance for Underway Evaluation and Management for 2019 Novel Coronavirus, and 7<sup>th</sup> Fleet guidance to prepare the liberty briefs. I felt that the reference material was sufficient to prepare these liberty briefs.

Aside from liberty brief, COVID-19 concerns were discussed at various meetings, including the Heads of Department (HOD)/Department Leading Chief Petty Officer (DLCPPO) meetings and quarters, and in emails that went out to the ship. It was common knowledge that we needed to be aware of coronavirus and take appropriate precautions. As a result, I had many other discussions with other medical personnel about COVID-19 concerns.

In the middle of February, we prepared a Strike Group brief and routed it up the chain of command as a result of the 7<sup>th</sup> Fleet TASKORDs. I was told it would be briefed to the Strike Group, but I cannot verify that the briefing to the Strike Group occurred. I was not asked to be present for the Strike Group briefing and I was told that the brief I prepared was well received.

Before we ever got to Vietnam, mitigation strategies were in place for the ship, specifically on how we would handle an individual who tested positive for COVID-19 coming back on the ship. The planning included scouting out places onboard for quarantine and isolation. What we were looking for were places that had two hatches between the main area of the ship and the isolation or quarantine area. The areas also had to have easy access to their own restrooms. We identified those likely places and had briefings with the different departments that would likely be affected if we had to utilize those spaces. We also had to identify the "flow" of services to the spaces – how medical personnel would get to and from those spaces, how food would be delivered, how laundry would be done. We had to have that all planned before we arrived in Da Nang. We did not have a formal instruction, but we did have a PowerPoint brief that we discussed at length with the XO, the CMC, the HODs, and the SUPPO. I am not sure if the isolation and quarantine

plans were presented to CCSG-9. I do not recall if we presented this isolation and quarantine plan to the CO formally, but we discussed it with him.

I had numerous discussions between the country team and higher headquarters about the specific concerns in Vietnam. My primary concern was that Vietnam had not reported an increase in the number of COVID-19 cases for three weeks before the THEODORE ROOSEVELT pulled in to port. I considered that very odd because every other country had seen cases grow. I raised concerns up the chain because we were being asked to attend events at hospitals ashore, conduct tours of the ship, and to provide tours of the THEODORE ROOSEVELT medical department. I raised the issue up the chain because I did not think it was a good idea to go to an ashore hospital where there was a higher risk of coming in contact with individuals who were infected with COVID-19 and I certainly did not think it was a good idea to bring people on the ship from Vietnam because it would require sterilization of all spaces to ensure that no one on the crew would contact COVID-19. Because of my concerns, I talked to the 7<sup>th</sup> Fleet surgeon, the CPF fleet surgeon, and the health representatives on the embassy country team. I also spoke to the CO and the XO of the THEODORE ROOSEVELT and they both agreed that these were risks to which we didn't need to subject ourselves. I did not make any briefs or recommendations to CCSG-9 before we arrived in Vietnam, but believed my concerns were being relayed by the CO. Ultimately, the trip to the local hospital was cancelled for the Da Nang port visit. I'm not sure who cancelled it, but it was likely 7<sup>th</sup> Fleet.

#### **-VIETNAM PORT CALL-**

When we pulled into Da Nang, we followed the protocols that were given to us in the 7<sup>th</sup> Fleet TASKORD regarding force health protection, which required anyone coming back onto the ship to be screened for influenza like illness (ILI) symptoms. If they answered "yes" to any of the questions we posed to them, then the individual was subjected to further screening. From medical perspective, a "PUI" is someone who is treated as being infected, though the guidance in many references we received broadened that definition to include anyone suspected of being infected.

During the end of the Da Nang port visit, we received reports that there were two British civilians who were infected and had stayed at a hotel where members of the USS THEODORE ROOSEVELT Strike Group had stayed. We were given this information through the embassy's country team. We had a list of USS THEODORE ROOSEVELT and USS BUNKER HILL Sailors who had stayed at the hotel. It was 38 people total. A 39<sup>th</sup> person came forward and said they spent time at the hotel bar as well. These 39 people were put into quarantine on the ship into our pre-planned spaces.

The 39 people were tested by the Vietnamese Ministry of Health. My understanding is that the requirement for testing was a political issue between the U.S. and Vietnam. From what I was told, the 39 people were being tested because the Vietnamese government wanted to be able to say they were not infected when they left Vietnam. This argument was flawed because testing asymptomatic individuals with the PCR test is fraught with challenges – a negative test only means that the test cannot detect virus in you at the time the test was taken. We all knew that a test on "Day 1" is next to useless, that's not the purpose of the test. An additional issue is that we

know that there are false negatives. They were tested by the Vietnamese government solely to allow the Sailors to get back on the ship.

Based on everything that we knew at the time, the measures and actions we took prior to and immediately following the Da Nang port visit, which we took in accordance with the TASKORDS, were a reasonable course of action.

### **-POST-VIETNAM PORT CALL-**

Immediately after we left Da Nang, we did not have COVID-19 testing capability onboard. Perhaps two or so days after we left Vietnam, a medical team flew onboard from the Naval Medical Research Center's Biological Defense Research Directorate in Ft. Detrick. They brought BIOFIRE and ABI One-Step PCR testing equipment. The BIOFIRE they brought was only for respiratory illnesses because at the time there was no BIOFIRE panels for COVID-19 testing. The ABI One-Step could test for coronavirus, limited to approximately 40 tests per day. We integrated the Ft. Detrick team with the medical department immediately. The lab techs did one-on-one training with USS THEODORE ROOSEVELT lab techs. The microbiologist also trained our entire medical department.

The NAVADMIN that came out in the middle of March and another TASKORD that came out immediately after cases in Vietnam began to spike required social distancing and that anyone who had been to an "at risk" country had to "ROM" and be placed in single berthing. We were unable to implement these measures and we made that abundantly clear through the line chain of command and the medical chain of command. We could not do social distancing as defined and required by the instruction, nor could we put 5,000 Sailors in separate rooms.

Following the release of the TASKORD, everyone on the ship, including people coming from the CODs, were subjected to daily department-led ILI screening. If an individual was positive, then they'd come down to medical. The same process was implemented for people who were coming off of the CODs. These measures went into effect way before we had the first positive COVID-19 case onboard.

When the CODs started coming onboard, I did not particularly think that the CODs were a significant exposure risk. I think the bigger exposure risk was the fact that 5,000 people went into Vietnam and then returned onboard the ship, more so than 15 people coming onboard from the CODs. I do not recall any additional Strike Group guidance about CODs at the time during the transit.

Approximately 15 days after leaving Vietnam, on the afternoon/evening of 23 March 2020, a patient came to sick call with ILI symptoms. We conducted the appropriate workup, which was to check for more common respiratory viruses first. We checked the patients for the common respiratory viruses, then we tested for the coronavirus. At 0100, I received a call in my state room from the lab that we had a positive test. In the first 24 hours, we had two or three individuals who tested positive for coronavirus. We immediately implemented a series of steps, which included isolation, close contact tracing, and notification of the chain of command.

We initially had 3 cases, which then jumped up to over 50 cases in a short period of time. Each of those individuals who tested positive had close contacts in berthing and their work center that needed to go into quarantine. Initially, we were defining anyone who shared the berthing as a "close contact." That's because they live together and use the same head.

I began talking to the CO about my projections regarding the outbreak onboard within 24 hours of the first positive case. We were basing a lot of our initial projections off of what we'd seen on cruise ships, but we were extrapolating in a negative fashion because cruise ships had better berthing for isolation and social distancing. Based off what I had seen of the projections, I had significant concerns that if we were unable to get people off ship expeditiously then we were going to have a significant problem because true quarantine and isolation on the ship is next to impossible.

Shortly after the first positive, I sent an email to CO and XO that if cases increased exponentially then we were going to need 5,000 beds ashore for isolation and quarantine. The plan was to get the sick people off of the ship first, then getting the rest off was an OPS/logistics issue. I do not know if anyone was required to submit a plan for a formal disembark.

At that point, we were relying on NMCPHC guidance for COVID-19, the Navy Tactical Reference Publication (NTRP), and the guidance from the CDC. I did not personally discuss those references with the CO or the Strike Group Commander. I do not recall anyone asking me for the references either.

Around this same time, the XO had already sent the NTRP to the HODs and DLCPOs for their review. No one asked me about the NTRP or expressed any concerns about the NTRP.

### **-TRANSIT TO GUAM-**

During the transit to Guam, we continued to follow the TASKORD recommendations. The crew was educated through standard news, HOD/DLCPO briefs, and emails. The central theme of these trainings was that this is a respiratory virus and can be spread by close contact and by droplets. There was the standard education on hand washing and cleaning and sanitizing hard surfaces. The measures we took were "bleachapalooza" or "operation sanitization," which required the twice-a-day wiping down of frequently-touched surfaces with bleach, and increased to three times a day early in the outbreak. The USS THEODORE ROOSEVELT also changed up how food was being handled, which required "handles in." As to the effectiveness of these measures, the decision is still out, but this was the appropriate thing to do and there were no issues with the chain of command directing the crew to follow these recommendations.

The barber shops, ship's store, chapel, and gyms remained open and there was no discussion about closing them down at this time, nor was this the recommendation put out by higher headquarters. At the time, the USS THEODORE ROOSEVELT chain of command did not take any steps to separate the non-quarantined crew on the mess decks. I think the CO balanced quality of life issues with COVID-19 concerns. The underlying problem is that if he decided to close the gyms or limit contact on the mess decks, but we weren't doing that in berthing, the

measures were essentially ineffective because we would have only been further limiting locations for social distancing in an already confined space. The CO was doing everything he could.

Numerous people expressed concerns that we couldn't meet the requirements of the NAVADMINs or TASKORDs. It is my understanding that the NAVADMIN was applicable to the ship. We were very clear up the chain of command that we could not meet the requirements of what we were required to do. I raised this specific issue and was told by the 7<sup>th</sup> Fleet and CPF surgeons to continue to do the screening that we were doing.

Prior to pulling in to Guam, we requested medical support through the operational and medical chains of command. We needed the medical assets to be able to handle an unknown number of infections and to be able to get the known positive cases off of the ship. I do not know if the LOGREQ was updated to reflect these requirements.

### **-GUAM PORT VISIT-**

During this time, there were daily meetings with the command and Strike Group leadership.

My expectation was that if the goal was to break this transmission, then we needed separate berthing for 4,000 to 5,000 individuals. I heard bits and pieces about issues with the hotels, but I was not formally briefed on it.

I had numerous daily conversations with the CO and CSG9 staff about the requirements that were being imposed upon us to get sailors into quarantine, requirements that weren't medically based. We were required to have everyone tested before they could get off the ship and into a hotel. This testing requirement raised all sorts of concerns on our end because our testing capability onboard the ship was limited to 40 diagnostic tests per day and the longer it took to get sailors off the ship the more that would get infected. We made it very clear that testing doesn't break transmission; transmission is only broken by quarantine or isolation. At this stage of the outbreak, additional testing was not useful as the treatment for both exposed sailors and infected sailors was to put them into quarantine or isolation with medical observation for both. The testing did not change that requirement.

There was some initial confusion as to whether or not the Sailors had to be tested before they went to on-base facilities rather than the hotels out in town. At first, Sailors were required to be tested to leave the ship, then later the course of action changed, and then they were not required to be tested to be moved to the base.

The on-base berthing that sailors were initially moved into was basically the same set-up that was on the ship, but onshore. Jamming a whole bunch of people in a gym is not unlike the berthing onboard the ship, which is why we did not call it, nor consider it, quarantine but instead referred to it as "disembarked berthing."

No one in the medical department was able to personally observe the ashore berthing; we were provided descriptions. I believe the descriptions came from the CO of the base. Basically, from



what we were told it was not significantly different than berthing on the ship and did not meet NAVADMIN guidelines for quarantine.

I had comms with the CO of the hospital. We talked about the support they would provide, including medical checks of isolation Sailors ashore. The public health emergency officer (PHEO) assigned to the hospital discussed with me her concerns about the disembarked berthing on land.

Regarding the course of action to get to Okinawa, we were told there were 5,000 individual rooms in Okinawa and that the plan was to move us there. Then through a verbal report from the Strike Group staff, we were told there was a miscommunication and that the 5,000 rooms was actually only 500 rooms. If there had been 5,000 beds, then that would have been useful, but 500 rooms would be insufficient to meet the ship's needs.

There was a decision made that the aft quarantine area was not effective and it was disestablished. This decision was based on the fact that at that point, we had enough cases and enough close contacts that we were approaching half the ship being considered close contact. The disease process was affecting enough squadrons and departments so that it was impossible to delineate a part of the ship as a quarantine area because it was so widely spread across the ship. The decision was made that the quarantine area was to be opened up, then individuals could spread out on flight deck and hangar bay to permit some distancing.

## **MEDICAL DEPARTMENT COORDINATION**

Between the early morning of the 24<sup>th</sup> of March to the 2<sup>nd</sup> of April when I was diagnosed with Coronavirus and went into isolation, I was not getting a lot of sleep. The rest of the department was not getting a lot of sleep either. We were doing testing, contact tracing, and treating and we were also responding to innumerable data calls. These data calls seemed to be exponentially spreading, much like the virus, and the data calls kept asking for more of the same information, over and over. Despite the workload and lack of sleep, the medical department handled it.

I think the crew thought the threat was pretty real because we had enough positives at this point, though they were not in physical distress. However, we knew that requiring everyone to remain onboard was not working because it would lead to more spread. I am confident the leadership felt the same as I did.

Before in January, I had weekly telephone meetings with the 7<sup>th</sup> Fleet surgeon. Sometime in March, after Vietnam, the frequency of meetings increased to twice a week. Once we had the outbreak, we went to daily calls with the 7<sup>th</sup> Fleet surgeon, myself, the CPF surgeon, the CO of the hospital, and 3rd Med Bn. I think the meetings were effective. From my standpoint, we were able to pass high level information across the medical leadership.

On the 29<sup>th</sup> of March, I sent an email to the Surgeon General of the Navy and outlined the dire conditions onboard. I didn't necessarily expect that the Surgeon General would be more effective than the chain of command, but I felt it was important for him to hear from one of the

providers on the ground. I felt that he needed to know that the testing requirements didn't seem to help and only delayed getting us off the ship.

I communicated my concerns to the Surgeon General and to higher headquarters. I didn't receive any feedback so I don't know if they understood the imperative to move the Sailors off of the ship. I understood the imperative because I was living the burgeoning public health emergency 24/7.

The **medical paper** was signed by me and four other medical providers on 31 March 2020. The paper was drafted by the ship's surgeon and others and brought to me. I do not know if all of the medical staff were afforded the opportunity to sign the letter. I wasn't pressured to sign the letter and 100% agree with the medical contents of the letter. I will be the first to admit that, in hindsight, the last sentence of the letter should not have been included. It was not necessary. I specifically told the Surgeon General I was not going to send the letter to the media. I told the other signers of the letter that they shouldn't send the letter to the media either, as that would not be helpful. I showed the letter to the CO and I don't particularly remember his comments. The purpose of the letter was that we wanted our medical opinion to be clear. I told him I was going to send it to the Surgeon General and I asked him to send it up the "line side." I don't know if he did send it up the "line side." After I sent it to the Surgeon General, I sent the letter to my personal email address and to some colleagues in Navy medicine. I don't remember how many people to whom I sent the letter. My intent of sending the letter to other people was to let other Navy medical providers know what's going on "on the ground" to assist in their coronavirus preparations and to collaborate for their feedback on how to address issues we were seeing.

## **CO LETTER**

The first time I was aware of the **CO's letter** was when I received it from him, as I was on the distribution list. I was not aware he was drafting a letter.

Prior to the CO's letter, I was sent a copy of the **Warfare Commander's point paper** to proofread, which I did and I sent back with my recommended edits. I believe the warfare commander's point paper was sent to CCSG-9, but I'm not sure.

## **RELATIONSHIP WITH OTHER PARTIES**

I had a good relationship with CCSG-9. He was open to my recommendations and I think he acted when I made recommendations.

At 7<sup>th</sup> Fleet and at CPF, the main individuals I worked with were the surgeons.

I continue to have a good relationship with the CO, CAPT Crozier. I believe he always had crew's best interest in mind. In his first meeting with the HODs, he said, "in every decision you make, you need to take into account how it would affect Sailors because Sailors are the most important thing."

The XO came onboard around Da Nang, Vietnam, and I have a good relationship with him. I also have a good relationship with all of the HODs.

This was a unique situation that we find ourselves in and we're learning more every day. There have been challenges here on a fairly regular basis and I believe everyone is continuing to do the best that they can.

I PCS in August. I am able to check my ship's email while I'm off the ship.

#### **NTRP 4-02.10 SHIPBOARD ISOLATION AND QUARANTINE**

##### **1) Section 2.6, including Section 2.6.1: Contact Precautions, especially Patient Placement; 2.6.3: Droplet Precautions; 2.6.5: Airborne Precautions; and 2.6.7: Empiric use of airborne, droplet or contact precautions.**

The medical department complied with this section of the NTRP, wearing all the prescribed personal protective equipment (PPE) when interacting with COVID patients, suspected or actual. Due to the number of cases that we had in a short period of time, we were unable to place patients in private rooms but did place COVID+ patients into dedicated rooms (berthing) without other patients. Specifically regarding airborne precautions, the note from 2.6.5 is germane: "There is no organic capability to support airborne isolation and quarantine precautions on U.S. Navy ships to date except for hospital ships." All isolation spaces had two barrier entry way (either hatches, or fabricated from plastic sheeting/duct tape) to minimize air flow and allow for an appropriate space to don and doff PPE.

Empiric use of airborne, droplet or contact precautions was employed by daily sanitation throughout the ship. Additionally, altered sick call flow and entry/egress points into medical were instituted shortly after leaving Vietnam (weeks before our first positive case) to be able to separate potential ILI patients from routine sick call patients.

##### **2) Section 2.7: Use of afloat social distancing techniques to reduce disease transmission.**

We followed Navy guidance and the NTRP to the best of our ability. Social distancing, as previously discussed, is almost impossible on a warship with 5,000 sailors.

I swear (or affirm) that the information in the statement above is true to the best of my knowledge or belief.

Statement received via email. Verified to be adopted by witness		
(Witness' Signature)	(Date)	Time

Name of Interviewer: RDML Spedero, USN

**From:** [Crozier, Brett E CAPT USN, USS Theodore Roosevelt](#)  
**To:** (b) (6) [CAPT USN, USS Theodore Roosevelt](#); (b) (6) [LCDR USN, USS THEODORE ROOSEVELT](#)  
**Cc:** (b) (6) [CMC USN, USS Theodore Roosevelt](#); (b) (6) [CAPT USN, USS Theodore Roosevelt](#);  
(b) (6) [CAPT USN, USS Theodore Roosevelt](#)  
**Subject:** RE: Follow up  
**Date:** Monday, March 9, 2020 8:31:39 PM

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SMO,

We have decided to turn the spoons on the main serving line. There are obviously many other areas where there are shared utensils (salad bar, etc...) but there are few downsides to limiting the self-serve options for the short term.

Vr,  
Capt

CAPT Brett E. Crozier  
Commanding Officer  
USS THEODORE ROOSEVELT (CVN 71)

-----Original Message-----

**From:** (b) (6) [CAPT USN, USS Theodore Roosevelt](#)  
**Sent:** Tuesday, March 10, 2020 6:50 AM  
**To:** (b) (6) [LCDR USN, USS THEODORE ROOSEVELT](#); Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
**Subject:** RE: Follow up

(b) (6),

From a medical standpoint, I'm ok w/saying that we still allow self-serve chow lines. The recommendation to stop self-serve chow lines is typically enacted when you are seeing a spike in infections (usually gastrointestinal). As of right now, we're not seeing that.

v/r,

SMO

-----Original Message-----

**From:** (b) (6) [LCDR USN, USS THEODORE ROOSEVELT](#)  
**Sent:** Tuesday, March 10, 2020 6:51 AM  
**To:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
**Cc:** (b) (6) [CAPT USN, USS Theodore Roosevelt](#)  
**Subject:** Follow up

Captain,

Received a follow up from (b) (6), SDUT. Below are his questions, which are more specific to our mitigations underway. Only question I'm not sure about are the changes to galley procedures. I know we've discussed possible changes in the future should they deemed necessary but wasn't sure how you'd like me to answer the reporter; are you okay with me saying we are still allowing for self-serve chow lines?

1. Are crews subject to extended cleaning stations?

Theodore Roosevelt is following all CDC guidance on recommended actions to reduce risk of respiratory viruses. Theodore Roosevelt will maintain stringent cleanliness standards to support a healthy living and working environment for all hands.

2. Are ship surfaces being cleaned with bleach?

Theodore Roosevelt is following all CDC guidance on recommended actions to reduce risk of respiratory viruses. Theodore Roosevelt will maintain stringent cleanliness standards to support a healthy living and working environment for all hands.

3. Any changes to galley procedures, such as securing self-serve at the chow line?

Theodore Roosevelt maintains stringent cleanliness standards to include the galley and chow lines. As there are no indications that any Sailors of the Theodore Roosevelt Strike Group have contracted COVID-19, TR continues to provide a self-serve chow line.

4. DO NAVY SHIPS HAVE THE ABILITY TO TEST FOR COVID-19?

All testing for COVID-19 will be conducted in accordance with CDC guidelines. Onboard medical personnel are trained and able to collect samples from symptomatic members and we have process in place to expedite those samples to laboratories that will conduct the test. Members will remain in isolation or quarantine pending results.

5. Is there a plan in place if a crewmember becomes symptomatic or tests positive?

The health and well-being of our Sailors remains our top priority and we are taking every measure to ensure our Sailors safety while accomplishing our mission in the Indo-Pacific. At this time, there are no indications that any U.S. Navy personnel have contracted COVID-19. Any member who show influenza like symptoms will be restricted to their quarters for evaluation over a 14-day period or until test results come back negative. While restricted, members will be monitored regularly by healthcare professionals wearing appropriate personal protective equipment.

Very respectfully,

LCDR (b) (6)

Public Affairs Officer

Carrier Strike Group NINE

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**Witness Statement of USS THEODORE ROOSEVELT (CVN 71)  
Supply Officer**

On 10 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone call.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CDR (b) (6), SC, USN

Position: SUPPLY OFFICER, USS THEODORE ROOSEVELT (CVN 71)

Email Address: (b) (6)@cvn71.navy.mil

Phone(s): (b) (6)

Leading up to Da Nang, we received daily CCSG-9 morning updates regarding COVID spread and impact to the world with focus on Vietnam. The COVID slide was briefed before the "Three Amigos" (i.e., SUPPO, AIMDO, and CAGMO) slide so I was able to view that daily leading up to our Da Nang Port Visit. We were not required to stay after our portion of the brief.

To my knowledge, there was not a CCSG-9 specific port visit brief. If one did occur, I did not take part in it. However, I attended all action office (AO) level briefs typically led by Big XO. As for a Go or No Go decision to enter Da Nang due to COVID, that would have rested at a higher authority. Official approval for TR to execute the port visit was not received until a few days prior to pulling. We continued planning as though it would be approved and do not recall or witness any pushback, from the ship, over pulling in. We were aggressively monitoring the number of COVID cases reported in Vietnam and following any mitigation guidance that had been promulgated leading up to the port visit.

Hotels were vetted and approved by the Embassy and NCIS prior to the port visit. To my knowledge the approved hotels had already implemented temperature checks for all guests entering the building, which was a direct result of the COVID-19 pandemic.

SMO approached me well before Da Nang about the need for PPE based off guidance he had received through medical channels. I don't recall if there was an exact date that Supply Department took over responsibility for ordering, expediting, tracking and inventorying and reporting of medical supply / PPE related to ISO the fight against COVID-19. All orders were placed IAW CPF guidance prior to pulling in to Vietnam. This was more of a precautionary measure in the event we experienced any positive cases onboard. By the time we did have our first two confirmed cases on 23 March, Supply Department, without being asked or directed, took over all responsibilities for medical supply and reported daily to CCSG-9, C7F, CNAF and CPF. We have not relinquished that responsibility since and will continue supporting until TR returns to homeport.

Much of the port planning centered on the Big Top event scheduled for the second night in port. First day – sea state was awful and the forecast over the next few days did not look any better. I

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Supply Officer

spoke with the CO the night before and he told me he was 90% sure he was going to cancel the event onboard due to significant safety concerns. He asked my thoughts on moving the event to the pier or possibly a hotel where it would be catered. Given that everything would still need to be moved from the ship to the pier, the safety concerns would still be present. Therefore, assuming the hotel could support a catered event for roughly 500 guests on less than a day's notice I offered that as my recommendation – which was then our primary COA. Moving quickly the next morning and working in conjunction with the Husbanding Support Provider, Contracting Officer Representative, Contracting Officer, CPF Director, Logistics Readiness (N4C), we received C7F approval to transfer funds and award a contract to Golden Bay Hotel to host the Big Top. Prior to anyone entering the hotel, guests' temperatures were taken via IR thermometers and screened with questions. Lesser number of guests than RSVPs since not held on the ship. The ship is the star attraction.

While in Da Nang and upon hearing of TR personnel in close contact from a hotel with positive COVID patients, my team led by LCSM (b) (6), jumped into action to set up a designated isolation berthing for these folks. We provided food service delivery, laundry/trash service, linens, rack curtains, outside phone lines, computers, MWR games, donations/delivery service from ship's store, movies – random requests (coffee makers, hurricane fans, surge protectors, additional pillows, mail delivered, PPE, cleaning supplies, etc., etc..

I don't know recall if we had a formal isolation plan, but isolation berthing was set aside and there was no hesitation putting this infrastructure together. TR allowed husbanding support providers, Border Patrol/Customs Agents, members from the Embassy and harbor pilot on board prior to leaving anchorage. I am unsure if they were screened prior to boarding.

Departing Da Nang, we had already implemented Bleachapalooza a month or two before Da Nang and increased its frequency post Da Nang. HAZMAT gear was issued in Hangar Bay 3 twice daily by Supply and Reactor Department (mixing the bleach solution). At this point, PPE was not a requirement, and those additional supplies had yet to arrive. Serving spoons were turned around post Da Nang and all cooks wore gloves. We were just starting to hear social distancing terminology. Condiments were left out and we kept the "grab and go" open. Cooks began serving the salad and extended bars after first positive and before Guam. Barbershops closed prior to Guam and ATMs, vending, and Ship's Store remained open. We limited the number of patrons inside the latter. There was discussion about closing all gyms prior to Guam, but since there was no way to truly isolate onboard, we kept them open initially, then closed for good once pier-side Guam. Hangar Bay and pier PT with social distancing efforts in place was still authorized. Self-serve laundry closed for a short portion of time and we began bleach-a-palooza 3 times daily. Big XO implemented mandatory mask wearing prior to any official guidance or directive was promulgated.

Information was passed via 1MC by leadership, emails, HOD and DLCPO meetings, and divisional quarters.



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Supply Officer

After Da Nang, there was no formal discussion or concerns with COVID on CODs. The CO hesitant to bring Gypsy det from Okinawa because we thought TR was clean. I'm not aware of a prevention/mitigation policy put in place for arriving logistics aircraft....we have since implemented and strict COVID "Bible" onboard that does address this. We received disinfectant spray containers in early April, and already had the disinfectant stored aboard in deep stock. This along with a number of other PPE stock levels is reported to C7F, CNAF and CPF daily.

RONALD REAGAN reached out after our first case. I don't remember contacting other SUPPOs as the majority of my day was spent coordinating logistics, daily N4 synchs with TYCOM, CPF, and C7F and various "urgent" PPE requirements. We were extremely busy answering CPF/C7F RFIs in addition to still supporting the ship from a regular supply standpoint. Supply Department has not stopped working and providing services throughout this entire time. The RO and I are the only two Ship's Company officers who have not left the ship – I've lost nearly 40 lbs on this deployment, 25 from stress induced.

Once TR sailors tested positive for Covid-19, we implemented procedures similar to the initial quarantine. We had provided ship and Medical enough PPE to operate and we supported Medical with anything they needed Supply related. SMO would come directly to me for any additional requirements.

I am defining these terms as applied onboard TR:

Isolation = completely separated, except from medical in proper PPE, after a positive test

Quarantine = interchangeable with isolation but not necessarily positive while in quarantine

ROM = Specific to DoD. Remain in restricted movement for a period of time with no symptoms.

Persons Under Investigation (PUI) = I think this is someone who was in close contact or has symptoms.

Social Distancing = Six feet of separation from others, which we have done. We placed tape on the decks 6 feet apart and 10 feet in gyms.

After the first sailors tested positive, we relied on NAVADMINs for guidance. XO has done a phenomenal job with them. I can go back and look to see if we used NMCPHC and NTRP 4-02.10 "Shipboard Quarantine and Isolation". I also received a plethora of NAVSUP guidance.

At the Warfare Commanders' level there were some discussions about the COA to send individuals out to hotels in town, but didn't get the impression that would be a realistic COA – at least when the discussions first started.

I would have to go back and look at Guam LOGREQ. We work requirements directly with TYCOM, C7F, and CPF and we were assuming we were a clean ship.

As far as battle rhythm, everything went south once we got the two positives. Requests for Medical and PPE supplies were expedited. We began planning for onshore accommodations. I

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Supply Officer

was not too familiar with COVID on Guam except what we heard on the news. I only realized Guam hotels were shut down after we contacted them.

I honestly do not recall WiFi ever being discussed during that timeframe, much less as a requirement (prerequisite) to get people off the ship. I think that has been inaccurately grouped together with events that happened much later on, once everyone was already off the ship.

The plan was to get the crew off the ship once we reached Guam and move as many off as possible. However, we needed negative tests, and getting hotels back re-opened and bus transportation. There were just too many constraints. The biggest head-hurter was acquiring enough swabs to get tests completed....which were run out of a lab in Korea. The testing requirement, as I understand, came from Gov-Guam in conjunction with the region ensuring it was being enforced - it certainly did not come from us TR. We couldn't get people off fast enough and that was the biggest barrier initially...as well as the timing it took for results to come back from Korea.

NAVSUP Fleet Logistics Center Pearl Harbor contracted for hotels and TR was the requiring activity.

Around 11-12 April, there were too many cooks who had tested positive so we shut down the galleys and contracted out food service to the base to deliver. We continue to support the crew with mail and parts, ship's store onboard. CPO Mess used for quarantine was the best option once isolation numbers increased. Social distancing was not being practiced in the chow line, as it is nearly impossible to implement on a ship. COVID was the first opportunity to bond, but most HODs off the ship in isolation. CO disguised any issues with CCSG-9 from us, if there were any issues. There were no red flags. Supply Department has done well despite C7F being much more complex than C5F. I have included a Daily SITREP to the CO, as an enclosure, to illustrate what our typical day was like after the outbreak. While most of the other departments had shut down operations, Supply Dept. was ramping up, even as our manning numbers started to plummet.

I swear (or affirm) that the information in the statement above is true to the best of my knowledge or belief.

(b) (6)			
(b) (6)	EDB, SC, USN	18 MAY 2020	1930
(Witness' Signature)		(Date)	Time



RANK	Last	First	Dept	Destination	Arrived	Remarks
O3	(b) (6)		VRC 30	CVN-71	3-Mar-20	AIRCREW
O3			VRC 30	CVN-71	3-Mar-20	AIRCREW
E5			VRC 30	CVN-71	3-Mar-20	AIRCREW
E5			VRC 30	CVN-71	3-Mar-20	AIRCREW
O6			CVN-71	CVN-71	3-Mar-20	
CIV			C7F	CVN-71	3-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	3-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	3-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	3-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	3-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	3-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	3-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	3-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	3-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	3-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	3-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	3-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	3-Mar-20	VIETNAM DV
Sr. Col			C7F	CVN-71	3-Mar-20	VIETNAM DV
Sr. Col			C7F	CVN-71	3-Mar-20	VIETNAM DV
Sr. Col			C7F	CVN-71	3-Mar-20	VIETNAM DV
Major			C7F	CVN-71	3-Mar-20	VIETNAM DV
O3	(b) (6)		VRC 30	CVN-71	4-Mar-20	AIRCREW
O3			VRC 30	CVN-71	4-Mar-20	AIRCREW
E5			VRC 30	CVN-71	4-Mar-20	AIRCREW
E4			VRC 30	CVN-71	4-Mar-20	AIRCREW
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
O4	(b) (6)		VRC 30	CVN-71	11-Mar-20	AIRCREW
O3			VRC 30	CVN-71	11-Mar-20	AIRCREW
E5			VRC 30	CVN-71	11-Mar-20	AIRCREW
E4			VRC 30	CVN-71	11-Mar-20	AIRCREW
O4			MED	CVN-71	11-Mar-20	
E6			MED	CVN-71	11-Mar-20	
E5			MED	CVN-71	11-Mar-20	
CIV			CSG-9	CVN-71	11-Mar-20	
E5			SUPPLY	CVN-71	11-Mar-20	
O3			VRC 30	CVN-71	12-Mar-20	AIRCREW
O3			VRC 30	CVN-71	12-Mar-20	AIRCREW
E5			VRC 30	CVN-71	12-Mar-20	AIRCREW
E5			VRC 30	CVN-71	12-Mar-20	AIRCREW
E5			ADMIN	CVN-71	12-Mar-20	

E6	(b) (6)	VRC-30	CVN-71	12-Mar-20	
E5		VRC-30	CVN-71	12-Mar-20	
E3		VRC-30	CVN-71	12-Mar-20	
O3		VRC 30	CVN-71	13-Mar-20	AIRCREW
O3		VRC 30	CVN-71	13-Mar-20	AIRCREW
E7		VRC 30	CVN-71	13-Mar-20	AIRCREW
E4		VRC 30	CVN-71	13-Mar-20	AIRCREW
E4		SUPPLY	CVN-71	13-Mar-20	
O3		CSG-9	CVN-71	13-Mar-20	
E6		CSG-9	CVN-71	13-Mar-20	
CIV		CSG-9	CVN-71	14-Mar-20	
O3		VRC-30	CVN-71	15-Mar-20	AIRCREW
O3		VRC-30	CVN-71	15-Mar-20	AIRCREW
E5		VRC-30	CVN-71	15-Mar-20	AIRCREW
E5		VRC-30	CVN-71	15-Mar-20	AIRCREW
O4		VRC-30	CVN-71	16-Mar-20	AIRCREW
O3		VRC-30	CVN-71	16-Mar-20	AIRCREW
E5		VRC-30	CVN-71	16-Mar-20	AIRCREW
E5		VRC-30	CVN-71	16-Mar-20	AIRCREW
O3		VRC-30	CVN-71	16-Mar-20	AIRCREW
O3		VRC-30	CVN-71	16-Mar-20	AIRCREW
O3		VRC-30	CVN-71	16-Mar-20	AIRCREW
E5		VRC-30	CVN-71	16-Mar-20	AIRCREW
E5		VRC 30	CVN-71	4-Mar-20	AIRCREW
CWO2		VRC-30	CVN-71	16-Mar-20	
E4		VRC-30	CVN-71	16-Mar-20	
E5		VRC-30	CVN-71	16-Mar-20	
E6		VRC-30	CVN-71	16-Mar-20	
E4		VRC-30	CVN-71	16-Mar-20	
E6		VRC-30	CVN-71	16-Mar-20	
E4		VRC-30	CVN-71	16-Mar-20	
E6		VRC-30	CVN-71	16-Mar-20	
E8		VRC-30	CVN-71	16-Mar-20	
E5		VRC-30	CVN-71	16-Mar-20	
E5		VRC-30	CVN-71	16-Mar-20	
E5		VRC-30	CVN-71	16-Mar-20	
E5		VRC-30	CVN-71	16-Mar-20	
E5		VRC-30	CVN-71	16-Mar-20	
E6		VRC-30	CVN-71	16-Mar-20	
O3		VRC-30	CVN-71	18-Mar-20	
O3		VRC-30	CVN-71	18-Mar-20	
E5		VRC-30	CVN-71	18-Mar-20	
E5		VRC-30	CVN-71	18-Mar-20	
E5		VRC-30	CVN-71	18-Mar-20	
O3		VRC-30	CVN-71	23-Mar-20	
O4		VRC-30	CVN-71	23-Mar-20	
E5		VRC-30	CVN-71	23-Mar-20	
E5		VRC-30	CVN-71	23-Mar-20	
E5		VRC-30	CVN-71	23-Mar-20	



COMPLETED TRAVEL						
	Name		Command		Travel	
RANK	Last	First	Dept	Destination	Departed	Remarks
O3	(b) (6)		VRC 30	RODN	27-Feb-20	AIRCREW
O3			VRC 30	RODN	27-Feb-20	AIRCREW
E5			VRC 30	RODN	27-Feb-20	AIRCREW
E4			VRC 30	RODN	27-Feb-20	AIRCREW
O4			CVN-76	RODN	27-Feb-20	TRANSFER
E6			CVN-76	RODN	27-Feb-20	TRANSFER
E5			CVN-76	RODN	27-Feb-20	TRANSFER
CIV			CVN-76	RODN	27-Feb-20	TRANSFER
O4			CVN-76	RODN	27-Feb-20	TRANSFER
E7			ENG	RODN	27-Feb-20	
E6			AIR	RODN	27-Feb-20	TRANSFER
E5			VFA-87	RODN	27-Feb-20	TRANSFER
E5			AIR	RODN	27-Feb-20	TRANSFER
O4			VRC 30	RODN	28-Feb-20	AIRCREW
O3			VRC 30	RODN	28-Feb-20	AIRCREW
E5			VRC 30	RODN	28-Feb-20	AIRCREW
E5			VRC 30	RODN	28-Feb-20	AIRCREW
E3			DECK	RODN	28-Feb-20	TRANSFER
E5			ENG	RODN	28-Feb-20	TRANSFER
CIV			CS	RODN	28-Feb-20	TRANSFER
E3			ENG	RODN	28-Feb-20	TRANSFER
O3			VRC 30	DA NANG	3-Mar-20	AIRCREW
O3			VRC 30	DA NANG	3-Mar-20	AIRCREW
E5			VRC 30	DA NANG	3-Mar-20	AIRCREW
E5			VRC 30	DA NANG	3-Mar-20	AIRCREW
CIV			C7F	DA NANG	3-Mar-20	VIETNAM DV
CIV			C7F	DA NANG	3-Mar-20	VIETNAM DV
CIV			C7F	DA NANG	3-Mar-20	VIETNAM DV
CIV			C7F	DA NANG	3-Mar-20	VIETNAM DV
CIV			C7F	DA NANG	3-Mar-20	VIETNAM DV
CIV			C7F	DA NANG	3-Mar-20	VIETNAM DV
CIV			C7F	DA NANG	3-Mar-20	VIETNAM DV
CIV			C7F	DA NANG	3-Mar-20	VIETNAM DV
CIV			C7F	DA NANG	3-Mar-20	VIETNAM DV
CIV			C7F	DA NANG	3-Mar-20	VIETNAM DV
CIV			C7F	DA NANG	3-Mar-20	VIETNAM DV
CIV			C7F	DA NANG	3-Mar-20	VIETNAM DV
CIV			C7F	DA NANG	3-Mar-20	VIETNAM DV
Sr. Col			C7F	DA NANG	3-Mar-20	VIETNAM DV
Sr. Col			C7F	DA NANG	3-Mar-20	VIETNAM DV
Sr. Col			C7F	DA NANG	3-Mar-20	VIETNAM DV
Major			C7F	DA NANG	3-Mar-20	VIETNAM DV
O3			VRC 30	DA NANG	3-Mar-20	AIRCREW
O3			VRC 30	DA NANG	3-Mar-20	AIRCREW
E7			VRC 30	DA NANG	3-Mar-20	AIRCREW
E5			VRC 30	DA NANG	3-Mar-20	AIRCREW
CIV			SUPPLY	DA NANG	3-Mar-20	
E7			CSG-9	DA NANG	3-Mar-20	
E5			CSG-9	DA NANG	3-Mar-20	
E5			CSG-9	DA NANG	3-Mar-20	
E4			CSG-9	DA NANG	3-Mar-20	

E6	(b) (6)		CSG-9	DA NANG	3-Mar-20	
O5			CRMD	DA NANG	3-Mar-20	
O3			MEDICAL	DA NANG	3-Mar-20	
O3			HSM-75	DA NANG	3-Mar-20	
O3			HSM-75	DA NANG	3-Mar-20	
O3			HSC-8	DA NANG	3-Mar-20	
O2			HSC-8	DA NANG	3-Mar-20	
O3	(b) (6)		VRC 30	DA NANG	4-Mar-20	AIRCREW
O3			VRC 30	DA NANG	4-Mar-20	AIRCREW
E5			VRC 30	DA NANG	4-Mar-20	AIRCREW
E4			VRC 30	DA NANG	4-Mar-20	AIRCREW
O7	BAKER	STUART	CSG-9	DA NANG	4-Mar-20	
O4	(b) (6)		CSG-9	DA NANG	4-Mar-20	
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
CIV			C7F	CVN-71	4-Mar-20	VIETNAM DV
E6			CVN-71	DA NANG	4-Mar-20	
O4			PAO	DA NANG	4-Mar-20	
E6			CSG-9	DA NANG	4-Mar-20	
O3			VAQ-142	DA NANG	4-Mar-20	
O4			CVW-11	DA NANG	4-Mar-20	
O2			CVW-11	DA NANG	4-Mar-20	
O3			VFA-87	DA NANG	4-Mar-20	
O3			VFA-31	DA NANG	4-Mar-20	
O3			VAQ-142	DA NANG	4-Mar-20	
O3			VFA-87	DA NANG	4-Mar-20	
O4	(b) (6)		VRC 30	PI	11-Mar-20	AIRCREW
O3			VRC 30	PI	11-Mar-20	AIRCREW
E5			VRC 30	PI	11-Mar-20	AIRCREW
E4			VRC 30	PI	11-Mar-20	AIRCREW
E6			HSC-8	PI	11-Mar-20	TRANSFER
E8			CVN-71	PI	11-Mar-20	TRANSFER
E6			CS	PI	11-Mar-20	TRANSFER
E5			MEDIA	PI	11-Mar-20	TRANSFER
O3			NAV	PI	11-Mar-20	TRANSFER
O3			RX	PI	11-Mar-20	TRANSFER
O3			RX	PI	11-Mar-20	TRANSFER
E4			RX	PI	11-Mar-20	TRANSFER
O3			RX	PI	11-Mar-20	TRANSFER
E5			ADMIN	PI	11-Mar-20	TRANSFER
E7			ADMIN	PI	11-Mar-20	TRANSFER
E5			OPS	PI	11-Mar-20	TRANSFER
E5			OPS	PI	11-Mar-20	TRANSFER
E4			AIMD	PI	11-Mar-20	TRANSFER
O3			BKH	PI	11-Mar-20	TRANSFER
O3			BKH	PI	11-Mar-20	TRANSFER
E6			BKH	PI	11-Mar-20	TRANSFER
E5			HSC-8	PI	11-Mar-20	TRANSFER

CIV	(b) (6)	CVN-71	PI	11-Mar-20	TRANSFER
E2		CVN-71	PI	11-Mar-20	TRANSFER
E5		CSG-9	PI	11-Mar-20	TRANSFER
E5		CSG-9	PI	11-Mar-20	TRANSFER
E6		SUPPLY	PI	11-Mar-20	TRANSFER
E5		ENG	PI	11-Mar-20	TRANSFER
E4		ADMIN	PI	11-Mar-20	TRANSFER
E6		SUPPLY	PI	11-Mar-20	TRANSFER
E2		HSC-8	PI	11-Mar-20	TRANSFER
E1		HSC-8	PI	11-Mar-20	TRANSFER
E4		WEPS	PI	11-Mar-20	TRANSFER
E3		ADMIN	PI	11-Mar-20	TRANSFER
E5		AIR	PI	11-Mar-20	TRANSFER
E5		DECK	PI	11-Mar-20	TRANSFER
E5		DECK	PI	11-Mar-20	TRANSFER
E6		SECURITY	PI	11-Mar-20	TRANSFER
E6		SUPPLY	PI	11-Mar-20	TRANSFER
E9		SUPPLY	PI	11-Mar-20	TRANSFER
O3		VRC 30	PI	11-Mar-20	AIRCREW
O3		VRC 30	PI	11-Mar-20	AIRCREW
E5		VRC 30	PI	11-Mar-20	AIRCREW
E5		VRC 30	PI	11-Mar-20	AIRCREW
O6		XO	PI	12-Mar-20	TRANSFER
E4		CVN-71	PI	12-Mar-20	TRANSFER
E5		MEDIA	PI	12-Mar-20	TRANSFER
E5		AIMD	PI	12-Mar-20	TRANSFER
E5		CVN-71	PI	12-Mar-20	TRANSFER
E2		CVN-71	PI	12-Mar-20	TRANSFER
E4		SUPPLY	PI	12-Mar-20	TRANSFER
E4		ENG	PI	12-Mar-20	TRANSFER
E6		VRC-30	PI	12-Mar-20	
E5		VRC-30	PI	12-Mar-20	
E5		VRC-30	PI	12-Mar-20	
O4		VRC 30	GUAM	23-Mar-20	AIRCREW
O3		VRC 30	GUAM	23-Mar-20	AIRCREW
E5		VRC 30	GUAM	23-Mar-20	AIRCREW
E5		VRC 30	GUAM	23-Mar-20	AIRCREW
E6		ENG	GUAM	23-Mar-20	
E5		ENG	GUAM	23-Mar-20	



**Witness Statement of CAPT Brett Crozier, USN**

On 8 May 2020, I was interviewed via video teleconference in connection with a command investigation concerning chain of command actions with regard to the COVID-19 outbreak onboard USS THEODORE ROOSEVELT (CVN 71).

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CAPT Brett Crozier, USN

Position: Former Commanding Officer, USS THEODORE ROOSEVELT (CVN 71)

Email Address: (b) (6) @gmail.com

Phone(s): (b) (6)

**Introductory statement:**

In late March 2020 COVID-19 was rapidly spreading onboard the USS THEODORE ROOSEVELT. I, along with the medical professionals and fellow warfare commanders, was growing more concerned with the ongoing process to isolate Sailors individually off ship. We knew any delay in isolating Sailors greatly increased the risk of transmission in a shipboard or open bay environment on base. We determined that the only way to effectively limit the spread of COVID-19 was to place as many Sailors as possible in individual isolation rooms ashore. Due to limitations on base, local hotels in Guam were viewed as the only viable option and best way to eliminate the virus, clean the ship, and rapidly return the TR to sea when required.

At that time the operational chain of command was discussing all possible options to combat the spread of the virus. The extended deliberations were causing delays to a final decision, and fighting this invisible enemy presented a situation where the decisive action I wanted to take was an unavailable action at my level.

My intent in sending the email on 30 March was to bring a sense of urgency to a rapidly deteriorating and potentially deadly situation onboard the TR and avoid a larger catastrophe and loss of life. Although my method may have been imperfect, I reached out to those in my Chain of Command whom I believed were in the best position to provide immediate assistance to expedite the necessary decision and action. Despite possible long term repercussions to my career, I acted in what I believed was in the best interest of the Sailors aboard TR.

**The Following is a Summary of the Interview conducted on 08 May 2020:**

I assumed command of THR in November 2019, just before THR entered Composite Training Unit Exercise (COMPTUEX). The XO (CAPT (b) (6) ) arrived via COD just prior to the Da Nang visit.

**Vietnam**

The decision to execute the Da Nang port visit (PVST) was planned and approved prior to my taking command in November. The schedule of deployment port visits was provided to CSG-9 and THR by C7F. There were only 16 reported cases of Coronavirus Disease 2019 (COVID-19) in Vietnam prior to THR pulling in on 5 March, and all of those were clustered up in Hanoi over 500 miles away. The risk of transmission under those facts seemed low. No one above me in the chain of command asked for our assessment of the COVID-19 risks in Da Nang, but as a command, THR took a conservative approach to minimize risk to THR personnel.

The THR provided an advance team to Vietnam. The team arrived on the 27<sup>th</sup> of February; they flew from Tokyo to Da Nang. The Team had to take a different flight than previously planned to avoid a connection through Seoul, Korea, because Korea was considered a high risk area at the time.

We took Vietnam's total of 16 reported cases of COVID-19 in Hanoi at face value. We had no indication the numbers were high, low or the locations were accurate or not. We were skeptical that there were no cases outside of Hanoi. From what we knew of the cluster growth around the

world at that time, we attributed the lack of cases to a possible lack of testing. The Country team for Vietnam was working closely with Vietnamese officials, and said they (the Vietnamese officials) were very proactive in preventing the spread of COVID-19 in the country and reiterated that the only known cases were in Hanoi.

Prior to pulling into Da Nang, THR put in place a formal screening process for incoming COD flights that brought Vietnamese Distinguished Visitors out to the THR for an underway visit. The THR released a Da Nang liberty instruction, and also created and provided a liberty brief for the crew that was looped on Ship's TV. There was a piece on COVID information and concerns - washing hands and general coughing and sneezing protocols was part of our continuous education piece that we also discussed in our weekly printed THR news magazine. XO and medical were participants in the video brief. It was about 30 minutes in length and was required that all hands review and document completion prior to being permitted to depart THR on liberty. In addition, I addressed the crew via the 1MC regularly to communicate concerns I had heard regarding our schedule, the upcoming port visit, or anything else the Sailors had been discussing. Prior to pulling in to Da Nang, most of the Sailors' concerns were about liberty, hotels, and ferry transport to the pier from the ship. The THR also provided liberty information cards to all Sailors that departed the ship in Da Nang. These cards had information regarding off limits locations, local sites, emergency THR contact information, and other general information. I don't recall now whether there was any COVID info on the liberty cards.

Hotels used by THR Sailors were pre-screened by the Vietnamese Government and the US Country team (including NCIS). Sailors were required to get hotel reservations at a prescreened

hotel prior to leaving the ship if they wanted to spend the night ashore. Hotels weren't approved by the Vietnamese government until the day prior to PVST. All Sailors needed to have a hotel voucher verifying their reservation. The crew's shore liberty was confined to Da Nang proper, no one was allowed to leave that area unless they were on an approved MWR trip.

The biggest impact to liberty during the Da Nang PVST was the sea state while at anchor; it delayed getting Sailors to shore and many MWR tour events were cancelled as a result. Prior to arriving, I cancelled all planned medical and culinary professional exchanges following the recommendations of the THR Medical Department due the potential risk of COVID-19 and exposure to high risk areas like local hospitals or commonly used galleys both ashore and onboard the THR. I informed CCSG-9 at a Warfare Commanders Board (WCB) prior to pulling in. He did not express any issues with cancelling these events.

The C7F TASKORDs concerning COVID-19 and mitigations throughout the AOR were discussed and followed. I directed the SMO to review and provide a brief for the THR and to forward a copy to the CSG staff to be further disseminated to other members in the strike group. The SMO is the informal 'Force Surgeon' but doesn't get a concurrent fitness report from CCSG-9.

Prior to pulling in (for those Vietnamese and US Country Team visitors to THR underway) and while in port in Da Nang, non-THR personnel were allowed onboard only after a medical screening. They were given questions about travel in the last 14 days, personal medical symptoms, and contact with any foreign travelers from specific areas; if "yes" was given to any

questions, then their temperatures were taken and further diagnostics were completed prior to coming on board. Certain previous travel locations or contact with foreign travelers from specific high risk COVID-19 areas precluded visitation to the THR and was in compliance with all protocols. A total of around 55 Vietnamese guests visited the ship while at anchor, much less than normal for a CVN foreign port visit. A similar screening was done for returning THR Sailors, where they were asked about symptoms or contact with anyone from a COVID-19 high risk country. Vietnam officials were also concerned about transmission from our Sailors and placed additional procedures in place to monitor our Sailors going ashore on liberty.

The Big Top event on 6 March was moved from the THR to a local hotel due to sea states and concerns with the safety of Sailors and guests. The hotel conducted personnel screenings; the US Navy did not have control of access to the hotel due to the large number of guests at the hotel that were not attending the event. Hotel screening was similar to the ship with published screening questions and Hotel staff standing by for follow-up questions and to take temperatures if required.

On 6 and 7 March, some MWR tours were cancelled due to sea states and the delays in getting Sailors ashore. On 8 March, I cancelled all MWR tours ashore as well as Vietnamese tours to the THR upon notification that two British citizens out in town tested positive for COVID-19. Our records and inquiries identified 39 THR and BKH Sailors that either were currently staying at the Vang Hotel in Da Nang, or had stayed there previously during the PVST. These persons under investigation (PUI's) were assessed to have possibly been within 6 feet of either of the two British Citizens for more than 10 minutes at some point during their stay at the Vang Hotel. This



contact could have taken place at the hotel bar, restaurant or pool area; or any common area of the hotel. Although their proximity to the British Citizens was not confirmed, we took this conservative approach in order to reduce future risk. Because any of them might have come in contact with either of the two British citizens, we decided to screen all of them and perform a COVID-19 test prior to them getting back onboard the THR. Those Sailors still in the hotel remained in isolation there until they could be tested later in the afternoon. By the end of 8 March, all 39 Sailors were isolated on the pier, had tested negative, and showed no symptoms of COVID-19.

As a result of the positive cases of COVID-19 in Da Nang, I cancelled further liberty on 8 March, though I did not order a blanket recall because of sea states and concerns with our ability to get everyone back onboard the ship safely that day. My intent was to get everyone back to the ship over the next 24 hours in an orderly and safe process. I didn't want over 2,000 Sailors sequestered on the pier, and not able to maintain social distance, due to liberty boat delays as a result of the challenging sea states.

Overall, the Sailors were frustrated because of the delays in departing the ship on liberty during the PVST, and the cancellation of some MWR tours. However, throughout the PVST, they behaved better than I could have expected. We had zero liberty incidents ashore and the crew performed above average considering all the challenges and restrictions.

When it came time to depart anchorage at Da Nang, though we didn't need a harbor pilot, it was required that we have one by the Da Nang port authority. The harbor pilot did wear a mask, but

the rest of the crew did not wear masks while the pilot was on the bridge. The pilot also completed a pre-screening protocol prior to coming onboard. He was onboard for about 30 minutes.

### **COVID-19 Mitigation Aboard THR**

Prior to the THR getting underway on 9 March, all 39 PUIs identified in Vietnam were segregated to two separate berthing areas (Male/female) with their own heads. Some BKH Sailors, who were from the initial 39 PUIs identified, also stayed on THR (approximately 5 of the 39) due to the larger spaces available on a CVN. The THR leadership (Triad and Heads of Departments - HODs) had discussed and prepared isolation procedures prior to entering port. We made decisions about the berthing locations should it be necessary. However, 39 Sailors was a far higher number that we had planned for. Our original plan anticipated fewer people such that we could have placed them in single person staterooms with a limited access head. The goal initially was to keep the PUIs together to minimize exposure to the rest of the crew, and ensure we could provide adequate medical and logistical care to them for the next 14 days. Their only personnel contact was with medical department Sailors who were wearing proper PPE. The crew was aware of PUIs on board, and I confirmed with them on the 1MC to heighten awareness of potential risks to COVID-19. I believe CMC spoke with and emailed the CPO Mess, and the XO was also communicating with all Khaki. We utilized the Ship TV to focus on mitigation. e.g., reiterate the need to wash hands, cover your face when sneezing or coughing, and go to medical if you have any of the known COVID-19 symptoms. These messages, along with directions regarding the use of diluted bleach to clean commonly touched areas of the ship, were

also recurring themes discussed on the 1MC, and at various departmental meetings and discussions. There was no specific guidance or objection from the CSG about our response plan or crew messaging.

I am not sure which official guidance we used to identify the PUI's, but we took a conservative approach initially in identifying the 39 Sailors from Da Nang. The Senior Medical Officer (SMO) was very proactive about reaching outside the ship, e.g., big Navy Medicine, the C7F/CPF Surgeons. The Fleet guidance was changing pretty rapidly as we were going through this and adapting to the changing environment. I directed the SMO to attend WCBs in order to provide medical updates and recommendations on the current COVID-19 situation. We tested all 39 PUIs on day 14 (22 March) and all tested negative. A Navy bio-med team joined the ship after the port call and they were able to conduct the tests on 22 March, as well as all subsequent testing done onboard.

CCSG-9 did not provide specific guidance for the isolation of the 39 PUIs, and no concerns were voiced with the response plan we developed and implemented. Everyone believed we were implementing the best response options considering the limitations we had onboard while underway.

Departing Vietnam on 8 March, Guam had been discussed as our next port call in lieu of Thailand due to growing COVID-19 concerns in the region and THR maintenance requirements. The THR had a couple major maintenance items to complete (steering and propulsion related) and Guam provided the best support to accomplish them. We also wanted to complete some

ESF operations with AMA ESG, e.g. a PHOTOEX and integrated flight operations, and we would be able to do that while transiting towards Guam.

### **COVID-19 Mitigation for COD flights**

On 7 March, the VRC detachment left Da Nang and arrived at Clark AFB, Philippines. The CODs flew back onboard on 11 March bringing the US Navy infectious disease medical personnel. We continued COD operations until 18 March, when they flew to Kadena AFB, Okinawa.

We considered CODs as a potential risk vector, and THR and CVW-11 put measures in place to mitigate that risk. All COD passengers had to answer specific COVID-19 screening questions, and would be denied boarding or evaluated further if necessary. Due to the increasing number of COVID-19 cases in the Philippines, we made an internal decision to push all future passengers and parts to Kadena AFB, or Andersen AFB to avoid further flights to PI.

### **Managing COVID-19 Aboard THR**

We received our first positive test for COVID-19 on March 24th at 0200 for two sailors who had earlier reported to medical for COVID-19 symptoms. A third Sailor tested positive later that morning. These three Sailors were not from the original 39 PUIs identified departing Da Nang. The entire crew was informed of the positive cases in an effort to enhance basic preventive measures (hand washing, sanitization efforts, etc..). We immediately instituted ‘bleachapalooza’ utilizing a recommended bleach water mixture to wipe down all high contact areas (handrails,

door knobs, ladder rails, etc..). We performed bleaching 2-3 times a week after Vietnam and before 24 March. After 24 March, we bleached 1-2 times a day with all hands. I believe this continued twice a day until I left the ship.

As soon as the positive tests were reported, we knew our schedule would change. We began steaming towards Guam to be within range to medevac those Sailors that tested positive. CAG and I cancelled all other flight operations. There was no question or objection to this plan or other direction from CSG-9 or C7F. We initially discussed the utilization of CODs to fly Sailors to Anderson AFB; however, the Air Force Base was concerned with the transport of COVID-19 positive Sailors. Accordingly, we delayed medevac flights until the next day to fly helicopters to Naval Base Guam for further transport to Naval Hospital Guam. Utilizing contact tracing, we identified close contacts with our known positive Sailors, and medically screened and tested them with the intent to quarantine and limit further contact. Those that were identified as having been in contact with the known positive cases were initially isolated to berthing in the aft portion of the ship, and we used the CPO mess exclusively for the feeding of these Sailors. Once we pulled into Guam the morning of March 27th, we transferred additional Sailors who had tested positive ashore.

### **Alternate Port Options**

Prior to pulling in to Guam, there were a number of informal discussions at my level with the Warfare Commanders and “Bubbas,” as well as discussions with CSG-9, about pulling into a



different port. We looked at San Diego, Hawaii, and Okinawa. There were time/distance problems with a high SOE – 10-12 days to San Diego. The final decision to pull in to Guam was made by C7F. There were no formal COA briefs and no CSG guidance or direction regarding other possibilities – just RFIs from CPF, C7F, and CSG-9 as we explored options prior to arriving in Guam.

There were weekly C7F Commander Update Briefs (CUBs) held via VTC. The format was unchanged and included weather, Intel, Force laydown, and then major events. The Warfare Commanders or our representatives would attend. There was no discussion about specific THR COVID-19 COAs post Guam at the CUBs, and I don't know if CCSG-9 talked to C7F about possible COAs outside of those meetings.

At the regularly scheduled CSG Warfare Commanders' Board we discussed the current number of positive COVID-19 cases, the possible exponential growth of future positives, and various ways to mitigate the risk of COVID-19 to the crew. This included an analysis of the minimum number of Sailors required to operate the THR safely at sea, and who to prioritize getting off the ship if the decision was made to subsequently move the THR to another port. Various studies from the Navy Marine Corps Public Health Center and current world and U.S. trends were used to predict the spread and possible fatalities as a result of COVID-19. When discussing these various COAs of steaming towards or sending Sailors to far more distant ports and the obvious limits of each, there was a sense of concern due to the time it would take to execute any of these plans. We had no information on the matter, but had we been aware then, that housing Sailors individually in hotels in Guam was a viable and realistic COA, we may have had less concerns

because we knew at our level that moving Sailors ashore into hotels was the quickest and most effective way to combat the spread of COVID-19. At one of the WCBs we were reminded by CCSG-9 to review our command Casualty Assistance Calls Officer procedures to ensure we were prepared for a possible fatality.

### **Managing the Spread of the Infection onboard THR**

A copy of NAVADMIN 064/20 dtd 11 March (regarding social distancing and tracking measures) was sent to all Khakis for further dissemination to the entire crew. We noted, discussed and tried to resolve the differences between CDC and the NAVADMIN. We thought the NAVADMIN might not address actual risk, and the CDC was the “gold standard.” The NAVADMIN focused on COVID across the fleet, and was not ship specific. The NAVADMIN was helpful to bound the problem; it was clear that the NAVADMIN said to – “do best you can.” The NAVADMIN was definitely reviewed by all, but the subsequent NAVADMINs became more useful as the Navy was better able to understand the complexity of the threat.

As additional members of the THR crew tested positive, they would remain isolated in medical until we could get them off the ship. Once they departed the ship, they would be screened by Naval Hospital Guam personnel and placed in designated quarters on base. In most cases that meant several positive Sailors co-located in a house on base. We would also identify PUIs based on contact tracing that medical conducted. We would attempt to isolate those Sailors onboard until we could eventually get them tested and off ship into facilities ashore. Contact tracing became difficult as we considered the close proximity all Sailors were to one another while

onboard. We generally tried to use 10 feet proximity as a guideline to identify Sailors that might be bunking together, working in the same shop together, or eating next to a positively tested Sailor. As noted earlier, PUIs were initially moved to berthing areas in the aft portion of the ship. We used the CPO Mess as the designated isolation area to feed them away from the rest of the crew. The SMO and Bio-medical team were heavily involved in our mitigation planning, and ultimately concurred with the plan. I am aware of NTRP 4-02.10 (Shipboard Quarantine and Isolation) and all the governing NAVADMINs and instructions released at the time, and we applied what we could to the best of our ability with the limitations we had onboard.

The other immediate actions taken onboard were to close dental, gyms, the barber shop, and stop self-serve in the mess lines. (Sailors with proper PPE would serve food to the dining Sailors). Required meetings, duty section turnover, and events such as church services were only held on the Flight Deck or Hangar Bay in open air to maximize social distancing. The XO was doing a good job highlighting COVID-19 updates for all the khaki and informing them of steps we were taking across the ship, to be further disseminated to the crew. I would also utilize the IMC to inform the entire crew of the efforts that we were taking onboard and explain why we needed to take some of these steps. THR leadership was focused on COVID-19 throughout the day and looking for new ways to maximize social distancing across the ship. The HODs were also messaging and communicating to Sailors on a daily basis. However, even with all of these measures implemented, we simply could not mitigate the risk that berthing compartments, heads, and open messing presented to almost everyone onboard. Most of the crew worked in close quarters, lived in close confines in large shared berthing areas with common heads, and dined in extremely large messing areas.

We had a limited number of medical masks onboard and had to prioritize their use for Sailors that had tested positive for COVID-19, medical personnel, food service personnel, and those Sailors that were deemed to have been in close contact with positive cases. Thousands of masks, gloves, and face shields were on order but there were no estimated shipping or arrival dates. We began to encourage Sailors to utilize DC flash hoods as impromptu masks to help protect themselves from exposure. Additionally, we continued with our education measures, the XO made morning announcements and I made 1MC calls every other day. My primary message was that the health and welfare of the crew is my number one priority and is key to warfighting. I also told everyone to think of cleaning and sanitization as important as an aircraft pre-flight, a pre-fire weapons check, or 3M check on a critical system. I also reiterated that this is an all hands fight and that I needed everyone to do their part to maximize their distance from one another, stay clean, and report to medical if they weren't feeling well. Overall, I felt that we were doing everything we could to protect the crew, but there were still many limitations onboard a ship that would ultimately put them at risk.

### **Communications and Battle Rhythm**

Following the departure from Da Nang, we continued routine carrier operations at sea (flight ops, underway replenishments, etc...). In addition to safely executing these operations I met or spoke daily with the XO, CMC, and THR HODs about COVID-19 mitigations. Initially following our first positive cases on 24 March, SMO and the medical department were tasked with the tracking of necessary medical information and providing updates to the CSG and THR

leadership. As we approached Guam and the number of positive COVID-19 cases increased, I stood up an Emergency Coordination Center (ECC) headed by the CDCO (O-5, Commander) to answer RFIs, track movement of Sailors off ship, and liaison with NBG staff to coordinate care for Sailors ashore. The ECC quickly became a 24/7 operation to meet the growing information demand signal and coordinate Sailor movements. Additionally, once pierside we began daily meetings with the THR Triad, SMO, OPSO, ECC lead, and other key THR personnel. I also conducted a daily meeting with the Warfare Commanders (CAG, DCAG, SMO, DESRON, and XO) to ensure we were all aligned and addressed any concerns. Although these were challenging times, I had a decent sleep schedule prior to 24 March, after which I was probably averaging 4-5 hours of sleep a night.

My primary point of interaction on the CSG Staff during this time was the COS, and he was extremely busy answering RFIs for HHQ and running the staff. I often also spoke with the N3 to discuss the numerous planning efforts.

During the month of March, there had been little internal communication between the CVNs or other ships about COVID-19. I directed the THR leadership to start collecting lessons learned and forward them to their counterparts on the RRN, but there had not yet been any discussion with fellow CVN COs at my level due to the rapid development of the situation.

Two days prior to pulling in to Guam we released the LOGREQ, inside the normal timeline requirements, that focused primarily on the logistics necessary to safely pull pier side. Tugs, pilots, line handlers, and other crucial elements were addressed. I spoke separately with the



NBG CO about the necessary arrangements for offloading both positive and negative Sailors once pier side.

## **Guam**

When we approached Guam, the harbor pilot embarked and wore a mask while onboard. All THR Sailors on the bridge were also wearing masks. Guam personnel ashore set up a number of shore services. Our personnel stayed behind a line on the pier until Guam personnel retreated to prevent cross contamination with the shore side. Mail delivery was halted and only critical parts and provisions were swung by crane onto the aircraft elevator. Sailors leaving the ship and those assisting all wore PPEs, i.e., face masks and gloves. I spoke daily with the Naval Base Guam CO to coordinate movements and assess our process. Once safely pierside in Guam, our primary focus shifted from safe operations at sea, to the health and well being of our Sailors. Sailors departed later that day for berthings ashore. The process began in a slow but deliberate manner to avoid creating large groups on the pier.

In addition to their COVID-19 status, we also prioritized Sailors going ashore based on their job. We prioritized COVID-19 positive Sailors first, then key reactor watchstanders that we wanted to isolate to ensure they remained healthy and available for future reactor plant operations (one reactor plant had to remain online – no shore power available in Guam), and then PUIs. The high prioritization of reactor watchstanders was to ensure we had a virus free team to reboard and assume the watch should a rapid underway tasking arrive. Testing had to be done before Sailors were allowed to debark the ship. Both the negatives and positives were segregated. The

initial plan was to anticipate and be prepared to account for up to 500 positives ashore, many of which could stay at NGIS or unused base houses. Negative tested Sailors would be housed off the ship in various large gyms on base (e.g. base gym, unused school gyms). The NBG was doing a good job configuring spaces, but we were challenged by support logistics for our Sailors ashore since our Sailors on THR couldn't go ashore to help the ones who had been removed from the ship (e.g., medical testing, food delivery).

During the early phase in-port Guam, I was in direct communication with both the Base CO and Hospital CO. At that time, the hospital CO expressed concerns about social distancing with the negatively tested Sailors who were housed in the open spaces in gyms. 2-3 days after our arrival, CMC and THR Chaplain were allowed to travel around to visit and inspect our Sailors that had moved on base and provide direct feedback about the conditions ashore.

Due to either prior exposure, or due to the close quarters and open-bay berthing in the gyms, and the 80% confidence/accuracy rate of the negative tests, Sailors housed in these facilities began showing symptoms and many subsequently tested positive. The Naval Base Guam Hospital also conducted routine checks of all ashore facilities to ensure they were in compliance with current instructions. The Hospital CO conveyed to me on several occasions that her team was concerned with the limited space between cots, as well as the ventilation that was inadequate to prevent the spread of the virus.

Once pierside, moving Sailors ashore was a challenging and delicate balance between risk of transmission and adequate conditions ashore. Reports we received initially indicated that over

the first couple days there were inadequate facilities ashore. While NBG was doing all they could on short notice, living necessities were lacking, social distancing was often insufficient, food was becoming an issue, and the Sailors were growing frustrated. I made a decision that, as a rule of thumb, if we determined that there were adequate and available cots ashore, proper social distancing space, and confirmed suitable feeding and medical care, then we sent as many Sailors ashore as we could. This helped reduce the number of Sailors aboard and therefore increase our social distancing.

I knew the local hotels were largely empty, but I was unaware that the Navy had officially stated that they did not need assistance from Guam outside of base facilities. I was aware, anecdotally, of the difficulties in obtaining permission for cruise ships to dock in the United States, as well as the time consuming and high level coordination that would be needed to move THR Sailors to Naval Base Guam facilities outside of the main base. These constraints were limiting, led to slow progress, and consequently increased the overall risk to Sailors as we tried to combat COVID-19.

I was aware that there was a COA being discussed that involved III MEFs offering up to 5,000 individual isolation rooms for potential occupancy on Okinawa. This COA necessarily meant busing Sailors to Anderson AFB, flying them on Navy transport planes to Kadena, and then busing them to USMC facilities on Okinawa before they could begin isolation. In addition to the extended timeline required to move up to 4,000 THR Sailors to Okinawa, this would limit our ability to get underway quickly if required in Guam, and we had concerns with the actual number of individual isolation rooms available. I spoke to the senior Navy Captain at Kadena

AFB and he expressed the same concern to me about the berthing availability. I passed on that information to CCSG-9. When this concern was relayed to C7F during a VTC, it was reported that the initial offer was actually for 500 vice 5,000 rooms. In the end, this was discounted as a viable COA due to logistical challenges, distance from THR, and likelihood of insufficient isolation rooms.

During discussions with the Base and Hospital CO and the CMC, the term “FEMA shelters” was used to describe facilities ashore. This term wasn’t meant as a derogatory comment, but a description of the open bay spaces ashore that provided adequate shelter from the elements as would be necessary following a natural disaster and managed by FEMA. However that didn’t spread out our Sailors far enough to be effective isolation against the spread of COVID-19 considering the protocols being developed and implemented in response to the pandemic.

The XO submitted a Memo for the Record via email on 28 Mar, and the XO and I were aligned in our concerns. The XO wanted to document our attempt to push for better facilities. THR did not have the ability to fully comply with all COVID-19 NAVADMINs and other guidance issued as of 30 March. I relayed these concerns to CCSG-9 and indicated that THR was still going to strive for compliance despite our limitations.

The THR crew was generally frustrated and concerned by the lack of space, food, and facilities ashore. Some members of the crew ashore began ordering pizzas from an on base restaurant because the food provided was insufficient. Those on the ship were eager to get ashore into better isolation quarters. Many of them had their cell phones and had ready access to the TV and

internet news and COVID-19 coverage. The USO in Guam did a great job of providing some basic supplies to Sailors ashore, and the NEX eventually set up a way for Sailors to order supplies online. I received information and feedback about conditions ashore from the ombudsman, social media, direct reports from the CMC and THR Chaplain, and various social media postings from Sailors.

The Warfare Commanders discussed the study of the COVID-19 outbreak on the cruise ship Diamond Princess. We realized the cruise ship study was not a perfect comparison to our situation - but it was useful information. Ultimately, we felt that while the THR had a more resilient demographic to fight the virus than the Diamond Princess, the THR had a worse configuration with communal berthing and head facilities and limited isolation quarters onboard. Therefore, we projected a higher infection rate but much lower mortality rate. We also considered other outbreak models to include the one referenced in the email.

At the regularly scheduled Warfare Commanders' Board we discussed the current number of positive cases, the possible exponential growth of future positives, and various options to mitigate the risk of COVID-19 to the crew. SMO, THR was not normally at these briefs, but began attending them following the first positive case onboard. Various studies from the Navy Marine Corps Public Health Center and current world and U.S. trends were shared with the WCB and they were used to predict infection and possible fatalities of our crew as a result of COVID-19.



**CVW 11 email/document of 28 Mar 20 to CCSG 9 (Subj: PROPOSED PAPER / COURSE OF ACTION FROM WARFARE COMMANDERS)**

This email was unsolicited from anyone up the chain of command; we weren't asked for it. The pace of action was troubling to us, and Warfare Commanders were formally in writing pushing information up the chain of command in hopes of breaking the bureaucratic logjam and get the decisive action necessary to protect our Sailors. It was a place to put our thoughts, ideas, and concerns together. All Warfare Commanders' inputs, including my own, were included – making it a collective opinion. Our intent was to send through CCSG-9 to the operational chain of command. There was no specific response from CCSG-9 that I was aware of or told about, and no action from above flowed down to our level. As a result, we felt that we didn't move the ball forward with the document.

I was informed by the CSG-9 Battle Watch Captain that there was a scheduled phone call with the CNO, however it was cancelled for reasons that I was not aware of. The phone call might have provided a more thorough understanding of wider Navy efforts to combat the virus onboard and with our crew, allowed me to communicate our desire to get Sailors into effective isolation quarters ashore, and instilled confidence that the situation was being rapidly addressed at the appropriate levels.

**My email and letter of 30 March (Subj: REQUEST FOR ASSISTANCE IN RESPONSE TO COVID-19 PANDEMIC)**

I sent the email with the intent to bring a sense of urgency to what was a rapidly deteriorating and potentially deadly situation. We estimated having at least 500 - 600 positive COVID-19

cases at the current pace of infection (this estimate was low and less than half the actual number of positive cases). Even at a significantly lower mortality rate of 1% (compared with current 3-4% trends throughout the world at the time), we estimated that five to six Sailors could die if we didn't take immediate decisive action. I was clear that if we had to, we could and would fight the ship at sea in our current condition, but we wouldn't have to do that if we took immediate action against the spread of the virus. I believe everyone involved was well intentioned, but some up the chain of command were proceeding more slowly than I would have liked and getting unnecessarily wrapped up in the status quo of COA development. From my perspective, even just one more week of routine planning would have resulted in another week of exponential growth in positive cases and greater risk to more Sailors. We wanted to stop the administrative bureaucracy (e.g., debating whether to put the SSN or DODI number on testing kits) and quickly bring focus back to what we thought was the best, and only viable COA (getting people off ship and into effective isolation quarters). My perspective was that we were tackling this problem relying on normal routine staff work, and as a result a critical decision was not forthcoming in a timely and decisive manner – so I sent up a red flare. Flag Officers always say, “if you need help, let us know.” I sent it to the flag officers on the email because I know they are biased towards action, can make quick decisions, and I knew they could solve the problem on behalf of the Sailors. The Air Boss replied immediately and said thanks for “the red flare” and implied that he would assist in getting the help needed - that was my intent.

I didn't include C7F on the 30 March email because I wanted to send it to flag officers in my chain of command that I know. C7F staff was still trying to bound the problem, and information flow there suggested they might see the email as a hindrance to normal staff work vice see it as a

red flare. In hindsight, there was no good reason for not including C7F and I suspect that he would have been as responsive as everyone else was.

In paragraph 4 of my letter, it states that there were “limited measures to slow spread of disease.” What I was explaining is that we were in fact doing all we could at that point with the resources and spaces available to us, hence, “limited measures.” We had very limited resources such as masks and gloves, and limited spaces that would enable proper social distancing. Nonetheless, we continued to see increased positive cases both onboard and in shore facilities.

I used the NIPR (unclassified network) to send the email on 30 March because we had been working everything on the unclassified net, to include the NAVADMINS, and daily COVID-19 reports on the number of positive cases. The Diamond Princess case study and other COVID-19 products were also generated on the unclass side. I wanted a longer format to capture that information; not something from the correspondence manual. The request was urgent in nature and quicker to read on a government smartphone. I didn’t think everyone would be up on SIPR and a timely response was desired. The email and attachments were only sent to those individuals listed in the initial email, and subsequently forwarded to the JAG I was in contact with after I was relieved of command. In hindsight, there was higher risk that the letter would end up in the open press by sending it on an unclassified network, but that was not my intent. It was not a classified document, and it could have still made its way to the press once it was released on either platform. I also didn’t anticipate it would create difficulties with the Governor of Guam who ultimately approved the request to move Sailors ashore. The isolation of Sailors

ashore in hotel rooms would have seemed to assist the Governor and Guam considering the vast vacancies in hotel rooms on the island and resulting unemployment.

**USS THEODORE ROOSEVELT (CVN 71) Medical Department ltr (TR med letter) of 31 Mar 20 (Subject indicating situation regarding COVID-19 on USS THEODORE ROOSEVELT)**

The SMO and the other signatories met with me to show me the signed copy of the letter. I expressed my concerns to them about the letter and told them I thought may be viewed as contentious and probably a little alarming. However, I also told them that, “I can’t tell you not to send it if you believe you have a moral imperative to,” but asked them not to send it because I thought that my letter from the day before would address their concerns. I didn’t know it was sent outside the ship to a larger audience until sometime later. There were medical personnel onboard THR who did not sign the letter - I have no personal knowledge why.

I am not aware of any friction between SMO and C7F Surgeon or others, besides the challenges from the amount of RFIs the THR received. There did not appear to be anything unusual in the professional or personal relationship between them. The SMO and his entire staff were professional throughout in their support to me and the WCB in understanding the rapidly changing information about the virus and developing response plans. They also did tremendous work providing medical care to the 5,000 Sailors onboard.

I tested positive for COVID-19 on 2 April. The testing procedure for everyone was invasive and included a swab inserted deep into one nostril. If the swabs were tested on board and evaluated

by THR Medical, results were available within a couple of hours. If swabs were tested and evaluated in South Korea, results were available in 48-72 hours. Once I was evaluated as positive I departed the ship and was housed in an individual isolation quarters in the Naval Base Guam housing area. CTF 75 Sailors brought me three meals a day, and I received daily medical checks and afternoon phone calls from the III MEF medical personnel. I ended up testing positive two additional times throughout the month of April, and was finally cleared on Saturday, 2 May.

### **Contact with the Acting Secretary of the Navy's office**

I was contacted by the A/SN CoS – Mr. Bob Love. He initially wanted to arrange a 1 April visit for the A/SN. I had reservations as I believed a DV visit at that time would be a distraction and risk A/SN to infection. I don't know what A/SN would have accomplished by visiting. I asked if this was like "Patton on the front line to provide motivation," and was told, "yes." I told him we could make it work if required, but recommended "No." I thought it would do more harm than good and we could look at other ways he might communicate with the crew (letter, video message on Site TV, etc.). Mr. Love later contacted me via email to cancel the visit. I spoke with Mr. Love again and during that discussion I told him that I wanted to get as many Sailors off the ship as possible and into effective isolation spaces. Mr. Love stated he would try to help. The NBG CO later told me he was ordered to find space for a total of 4,000 Sailors ashore, the vast majority of which would have to be in cots in large berthing areas and warehouses, and would take some time to set up. A few days later Mr. Love called me and I thanked him for assisting with support ashore, and followed up with an email a couple days later. Following the



news release of my 30 March letter, I spoke with A/SN by phone and he was angered that I had not reached out to him personally about my continuing concerns.

When I sent the email on 30 March, I did not expect that I would be relieved of command. I knew that my action would likely result in consequences down the road regarding future flag selection, but I had planned on remaining in command to lead the THR through the current fight and back out to sea. I sent the email because I was concerned for my Sailors and I was frustrated that the decisive action that was needed was unavailable action at my level. A/SN told me in person when he visited me in quarantine in Guam on 6 April that I was relieved because he lost trust and confidence in me. However, based on incorrect comments he made to the press and onboard the THR to the crew earlier that day, where he said I sent the email to 20-30 people, and that I panicked as a leader and raised alarm bells unnecessarily, I think his decision was premature.

I certify that the information in the statement above is true to the best of my knowledge or belief.

**Brett E. Crozier, CAPT USN** (Name)      **15 May 2020** (Date)      **2000** (Time)

Name of Interviewer: RDML Paul C. Spedero, USN

news release of my 30 March letter, I spoke with A/SN by phone and he was angered that I had not reached out to him personally about my continuing concerns.

When I sent the email on 30 March, I did not expect that I would be relieved of command. I knew that my action would likely result in consequences down the road regarding future flag selection, but I had planned on remaining in command to lead the THR through the current fight and back out to sea. I sent the email because I was concerned for my Sailors and I was frustrated that the decisive action that was needed was unavailable action at my level. A/SN told me in person when he visited me in quarantine in Guam on 6 April that I was relieved because he lost trust and confidence in me. However, based on incorrect comments he made to the press and onboard the THR to the crew earlier that day, where he said I sent the email to 20-30 people, and that I panicked as a leader and raised alarm bells unnecessarily, I think his decision was premature.

I certify that the information in the statement above is true to the best of my knowledge or belief.  
(b) (6)

[Redacted Signature]

(Name) 15 MAY 2020 (Date) 2200 (Time)

Name of Interviewer: RDML Paul C. Spedero, USN

**Witness Statement of CAPT (b) (6) :**

On 10 MAY 20 I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via VTC.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CAPT (b) (6) Position: CAG

Command: CVW-11 Department/Division: \_\_\_\_\_

Email Address: (b) (6)@cvw11.navy.mil Phone(s): (b) (6)

I was interviewed previously as part of the Preliminary Investigation into this matter. The summary of that conversation, provided to me by the investigation team, did not contain the full context of the PI interview. I am satisfied that this summary will address any shortfalls of the PI interview summary.

It was a significant event for a carrier to pull into Vietnam. There had been a longstanding plan for the TR Strike Group to make a port call in Da Nang and we understood the strategic implications of the port call toward building on the U.S. – Vietnam relationship, as well as messaging to the PRC. TR leadership engaged in discussions/planning/preparation for every port call/major evolution and Da Nang was no different. We were informed that Vietnam had six positive COVID-19 cases, all in the Northern part of the country far from Da Nang. We were not informed from any source that the port call “wasn’t safe.” We were also told that the Vietnamese government was very concerned about ensuring our safety. Based on the Navy (or host nations) beginning to limit/cancel other WESTPAC ports of call, such as Singapore, it wouldn’t have surprised me if the Vietnam port call had been canceled. I was not surprised that the Navy continued with the Vietnam port call either, based on zero known cases in Da Nang at the time.

DCAG and TR XO and several ship departments created a series of liberty briefs and videos for the crew ahead of TR’s arrival. The videos were good, just as they had been for our prior port call - entertaining, effective, and provided useful information and direction to the crew. Covid-19 mitigations were covered, but were not the singular/specific focus of the brief. Sanitation/hand washing/temperature checks on the pier/FAQ’s on Coronavirus and prevention were discussed. Since mid-February, TR had been posting signs around the ship on handwashing and use of hand sanitizer, playing videos on site TV and publishing articles in the TR “Roughrider” magazine on how to prevent the spread of viruses, stationing personnel at the head of each galley / wardroom line to ensure 100% hand-sanitizer use, and sanitizing the ship with bleach solution twice a week starting 17 February, and increasing bleach sanitization to once a day beginning 10 March.

Liberty progressed without incident until the second-to-last day of the port call. We learned that 39 Sailors had stayed in or visited the same hotel visited by two British tourists who had



just flown into Vietnam. These two tourists tested positive for COVID-19. At that point, liberty for any additional Sailors leaving the ship was secured and sailors on liberty began making their way back to the ship. The 39 Sailors that had visited the same hotel as the positive British tourists, though not necessarily "close contacts," were placed in quarantine in a berthing onboard TR as a precaution. After 14 days of quarantine, none of these 39 Sailors developed any ILI/COVID-19 symptoms. There was talk among the crew of COVID-19 and the quarantined Sailors, but there did not appear to be significant worry or fear.

Our COD detachment was staged in the Philippines while we conducted operations in the Philippine Sea and SCS. To limit possible exposure to the virus, the COD detachment was ordered to limit interaction with the public as much as possible (only what was required to execute mission requirements/get food/travel between lodging and work.) By the time we departed Vietnam, we had been waiting for repair parts for our ships and aircraft for some time. Once we were within range, TR did execute several COD deliveries from the Philippines. These consisted primarily of parts runs; I do not recall any DV passengers. All COD passengers that came onboard were screened (asked about any COVID-like symptoms upon arrival/monitored for symptoms for 7 days (later increased to 11 days) and had to report to medical if any symptoms arose.) We have not determined whether COVID originated onboard TR via the COD, an underway replenishment evolution, infection during the Vietnam port visit, some other means, or actually existed onboard prior to pulling into Vietnam. After pulling out of Vietnam and prior to identifying our first positive case on board, I did not specifically discuss COVID-19 with other CVW Commanders. No other CVNs had identified any cases onboard while at sea (to my knowledge), and we do not have a regular generic discussion forum set up, though we do share lessons learned/recommendations/post deployment briefs/tactical developments/post products on Sharepoint sites, etc. with/for other CVWs heading on deployment or into a specific phase of workups.

During the first two weeks after pulling out of Vietnam, there was additional emphasis placed on cleaning/sanitization/symptom reporting and checking beyond the previously mentioned signs/videos/articles/bleaching/hand sanitizer use that had already been in place since mid-February (sanitized the ship with bleach solution twice a week beginning 17 Feb; increased to once a day 10 Mar; twice a day 30 Mar). Due to several waves of "boat crud / double dragon," medical had been specifically tracking respiratory and gastro-intestinal symptoms since mid-Feb. Otherwise operations and execution of mission-tasking continued normally.

Once the first Sailor tested positive on 23 March, things changed again. Contact tracing, identification of close contacts, and quarantine of close contacts/isolation of positives was immediately executed. Discussions also began immediately between the Warfare Commanders and Admiral Baker about the best course of action (where to take the ship, whether we needed to pull into port or not, etc.) and multiple options were considered and pros/cons/risks/consequences discussed (Korea/Japan/Hawaii/Guam/San Diego). Taking into account time & distance to travel, expanding numbers of positives / quarantined close contacts and the disparate commands/locations/Departments they were originating from spread throughout the ship and air wing, medical care available, MEDEVAC options, pier services / carrier-suitable piers or anchorages, reactor department requirements etc., heading



directly to Guam was determined to be the best overall COA given current ship location and circumstances; Admiral Baker notified us shortly after those discussions that we were in fact heading directly to Guam, which would get us there a week prior (27 March) to our previously scheduled arrival (3 April) for planned repair work on one of the ship's steering gear motors.

Flight operations continued initially while contact tracing and quarantine was executed. As additional positives were identified and close-contact quarantine numbers and locations expanded, VFA-154 and HSM-75, then the CVW ordnance arm/de-arm team, then other commands and ship departments lost significant numbers of qualified individuals necessary for safe flight operations. This, coupled with concerns about the focus/mindset of the crew as a whole as positive cases and quarantines continued to expand, being now (after the decision to head directly to Guam) less than two days away from pulling into port & no longer assigned specific mission tasking in the SCS, and the air wing not requiring currency flying (fully day/night qualified, current and proficient after almost two weeks of consistent flight ops post-Vietnam,) made it the most prudent decision to suspend additional cyclic flight ops for the final two days before reaching Guam. Suspension of flight ops was discussed and agreement reached between myself, Captain Crozier, and RDML Baker.

While underway heading to Guam, the Warfare Commanders and Admiral Baker were also constantly discussing COAs to prevent further spread of the virus, the best recovery methods to most quickly get back to execution of mission-tasking, how to sanitize and get to a clean ship, best methods to take care of Sailors etc. Information about cleaning, sanitization, hand washing, not touching your face, social distancing, no large gatherings, and directives to report to medical immediately if symptoms arose were pushed daily. TR did not have enough masks to issue one to all personnel at the time. At this time, guidance from the CDC/Navy recommended against everyone wearing masks (worldwide shortage/save available masks for medical personnel.) That previous CDC/Navy guidance has since been reversed; TR complied with both sets of guidance as promulgated at the time. Alternate face coverings were used by all hands until enough masks became available onboard.

Several things about spread of the virus, viability of COVID testing, and the best course of action to limit further spread of the virus became clear to the Warfare Commanders and Admiral Baker within the first 1-3 days of the outbreak:

- Though immediate contact tracing and quarantine of close contacts and MEDEVAC of positives off the ship was executed, the virus was still spreading quickly (one positive day one (23 March), three day two, 23 day three, rising to 53 positives on 29 March and 142 by 31 March)
- The virus was not contained among close contacts or within quarantined areas of the ship – new positives continued to develop from personnel that worked and lived across widely-spread ship areas
- Negative COVID tests were not useable for the purpose of identifying personnel that were not infected/contagious. The Warfare Commanders & Admiral Baker had been informed by SMO that the worldwide medical consensus was that a person had to be infected with the virus for several days before a COVID test would produce a positive result. During this several day period the infected individual, if tested, would produce



a negative test result but could still be contagious. SMO also informed us about the existence of asymptomatic positives. The medical consensus SMO provided was proven as factual onboard TR within the first few days of the outbreak: we batch-tested close contacts of the positive cases then re-tested each individual in a positive batch. Those we were testing reported no symptoms at the time of testing. Seven of the first 33 personnel that initially tested negative then reported to medical within 1-3 days with ILI symptoms and then tested positive. The Warfare Commanders & Admiral Baker clearly understood this meant we had personnel onboard with negative test results that were infected, and that we also had asymptomatic infected personnel onboard. Given the widespread areas of the ship where new positives were originating and their large overlapping groups of close contacts, anyone/everyone onboard was potentially infected and had to be treated as such, regardless of lack of symptoms or a previous negative test result.

During this same period the SMO, Warfare Commanders, and Admiral Baker gave each other, and had in-depth discussions about, shipboard outbreak prediction models and the recommendations associated with those products (C7F CNA model, Navy & Marine Corps Medical Center shipboard outbreak models), reviewed after-action assessments from the Diamond Princess cruise ship COVID outbreak and its associated recommendations/lessons learned, and reviewed Navy COVID-related guidance and recommendations. All of these sources of information recommended removing as many personnel from the shipboard environment as possible, as quickly as possible, and placing them into individual isolation. These sources recommended against group isolation (i.e. isolation berthings, open-bay living quarters such as a school gym, etc.)

Combining what was clear to the Warfare Commanders and Admiral Baker about the spread of the virus onboard, asymptomatic positives, the lack of clarity about infection status available from negative test results, published guidance, recommendations and lessons learned, the Warfare Commanders all agreed that, in the absence of mission tasking or necessary strike group contingency response otherwise, the best course of action to stop further virus transmission and most quickly recover was to recommend up the chain of command that we remove as many personnel from the ship as feasible, as quickly as feasible, and place them into individual isolation. We made this recommendation to Admiral Baker and discussed it together. He was in agreement. He made the same recommendation up the chain of command and told us he had done so.

We (Warfare Commanders & Admiral Baker) put this same recommendation into a four COA brief, with removing 4500 personnel from the ship and placing them into individual isolation as the recommended COA among the four COAs presented. Admiral Baker sent this COA brief to C7F on 31 March. All Warfare Commanders and Admiral Baker also repeatedly discussed and collectively agreed that at any point, if mission tasking/contingency response requirements arose, we would get back underway immediately and execute that tasking, dealing with spread of the virus onboard and those that became sick as best we could.

Admiral Baker relayed to the Warfare Commanders before we pulled in to Guam that the



Navy had agreed/promised the Governor of Guam to keep TR personnel confined to NBG. We understood this meant Guam hotels were not a currently available option. Warfare commanders, Admiral Baker, higher headquarters, NBG, Joint Region Marianas, also all recognized that individual isolation berthing for more than 4,000 people on NBG did not exist. We looked for/discussed other options to resource the off-ship individual isolation recommendation, including Atsugi, Okinawa, tents on an abandoned NBG airfield, or even getting back underway and heading to San Diego. We also discussed at least broaching the subject of hotels on Guam with JRM.

While we continued to look into other off-ship isolation options, on 25 March the CSG-9 COS made a request to the C7F COS for permission for TR CO to reach out to Joint Region Marianas regarding potential use of hotel rooms on Guam. On 25 March, the C7F COS indicated that the request for hotel rooms "was a big ask and we may have to stay within our resource constraints... asking a hotel in Guam to sequester 4000 potential COVID cases does not sound like a high success rate. We may have other options to work the math. Not saying no, it's on the table." CSG-9 COS sent a repeat request on 28 March to C7F COS for permission to coordinate with JRM regarding hotels. On 28 March the C7F COS replied "... from the beginning the narrative up echelon and down is we will take care of this and not add to the Guam Public Emergency. You would be taking COVID positive military (by probability) into Guam community. Once that COVID is in a hotel...seems to be little regard from CO for spreading it outside TR. Not sure why that is hard to understand. ... my boss's expectations are clear – do the best you can to get the plan in motion as laid out... as discussed we are going for Okinawa (Marine facilities).

**My opinion only:** The primary events the investigation is looking to explain occurred between 25 March - when CSG-9 started recommending removing personnel and placing them into individual isolation, and 30 March - when Captain Crozier sent his email to ADM Aquilino & VADM Miller.

The Okinawa Marine facilities referred to in the C7F COS' response above first came up (to my knowledge) on Saturday, 28 March. Higher headquarters indicated ~5,000 beds were available in Okinawa. Warfare Commanders were informed Sunday, 29 March that C7F intended to start flights to Okinawa Wednesday, 1 April. Shortly thereafter that same day, Warfare Commanders were informed by Admiral Baker that Admiral Aquilino had indicated that Wednesday was not soon enough, and that flights would commence the following morning (Monday, 30 March). The aircraft necessary to execute this movement were unidentified (to us) at this point. That COA fell through by the following morning. CAPT Crozier called a contact in Okinawa – a senior Navy leader on the Navy base – and confirmed the beds did not in fact exist.

The C7F "Boss's expectations / plan laid out" referred to in the C7F COS' response above involved C7F direction to batch test the entire crew. Direction was to execute batch testing and group together personnel with negative test results into "clean/safe" groups, then move those groups into gyms on base or "clean" areas on the TR. We executed as directed. Warfare Commanders and Admiral Baker discussed the C7F direction immediately after we received it and repeatedly in the days afterward, while moving out with its implementation.



We were in agreement on several issues with the direction, and it was our understanding that Admiral Baker relayed these issues up the chain of command. The Warfare Commanders actually saw Admiral Baker explain these issues to C7F in a VTC 30 March, and C7F respond to continue with the plan as directed. The issues with the plan Warfare Commanders/SMO/Admiral Baker agreed on were:

- Negative test results did not mean personnel were not infected. We were fully aware that groups identified as “clean” very likely had infected personnel among them, who would proceed to infect others in the clean group either in the gym or in a clean area of the ship. Our factual experience with testing onboard up to that point was that ~21% of individuals with negative tests were infected at the time of their negative test swab.
- TR/NBG did not have the testing capacity at the time to execute this plan in a timely fashion, or enough swabs/reagent. 40 tests could be completed with what we had available per day. With the testing capacity we had available at the time, the testing to execute the plan would have taken ~46 days. Utilizing our testing capacity for this plan would/did supplant testing of symptomatic individuals.
- The plan would keep the majority of the crew onboard, spreading the virus, while testing slowly proceeded and “clean” groups slowly moved off the ship to NBG group berthing. We expected the “clean” groups in NBG group berthing or in “clean” areas of the ship to become infected, due to the presence of infected personnel (with negative test results) among them. (The first “clean” group we moved into a gym on base developed positive cases the day after their move.)
- Designating clean areas of the ship without removing people to make empty space and sanitize would be very difficult to impossible to accomplish effectively.
- We were starting to have issues with basic services (food) as CS’s and FSA’s were becoming positive, and moved off the ship and their close contacts (more CS’s and FSA’s) were quarantined – the time aspect to get personnel into isolation was always present and very important, but was rapidly becoming an even more critical factor. Delays in moving personnel into isolation would continue the rapid virus spread onboard and in group berthing ashore.

Two questions were asked in the interview which fit in here: Tell me about the 29 March “paper” and “why do you think Captain Crozier sent his email?”

After one or two days of executing the directed batch-testing/clean group identification and movement plan, Admiral Baker directed Warfare Commanders on Saturday 28 March to develop a COA brief that would provide additional options to C7F. The two categories of options to be provided were COAs to most quickly regain combat effectiveness and return to sea, and COAs to most quickly halt the spread of the virus and best take care of Sailors. I volunteered DCAG and myself to draft the brief for routing/chop through the other Warfare Commanders. Warfare Commanders and Admiral Baker agreed. DCAG and I discussed basic ideas with the other Warfare Commanders and got to work. As we worked through the two categories of options, it became obvious to us that both categories ultimately arrived at the same solution – the best way to halt the spread of the virus, infect the least number of Sailors, and most quickly get back to sea with the most combat effectiveness was still removal of the majority of the crew and placement into individual isolation, and as quickly as



possible. Since CSG-9 had been proposing this COA up the chain as early as two days after our first positive case, and we were in active execution of a different COA, we determined that a paper with context as opposed to a traditional COA brief might do a better job of explaining the reasoning behind proposing the same COA previously passed up the chain of command. We also thought it was important to explain the background behind the issues we agreed existed with the current plan in execution. We finished the draft the night of 28 March, the other Warfare Commanders chopped it overnight and into the morning of 29 March, and I consolidated inputs and sent it to Admiral Baker that morning. The Warfare Commanders and Admiral Baker met to discuss it when he had schedule availability, around 1500 that afternoon. It wasn't a COA brief, so Admiral Baker still wanted to develop that, but the Warfare Commanders and the Admiral agreed during the discussion with what the paper said.

The next morning, 30 March, we had a VTC with C7F. This was the same morning when it became clear that the beds in Okinawa did not exist. Warfare Commanders, Admiral Baker, and several other staff members were present. This was the VTC previously mentioned where we saw Admiral Baker recommend the course of action (removal of 4500 personnel/individual isolation as quickly as possible) from the paper to C7F again, and go on to explain each of the issues he and the Warfare Commanders agreed existed with the current batch testing/clean group identification plan in execution. C7F acknowledged Admiral Baker's recommendation and Admiral Baker's explanation of the issues with the directed plan we were executing, and directed us to continue with batch testing, identification of clean groups, and development and reporting on our plan to get to a clean ship.

Question: "Why do you think Captain Crozier sent his email/letter?"

**My Opinion Only:**

I believe CAPT Crozier felt he had to send the email seeking assistance, in order to get necessary information higher up the chain of command. The Okinawa plan for isolation facilities was no longer an option. We had not received permission from higher headquarters to ask JRM about engaging in discussions on hotels in Guam as a replacement option. Naval Base Guam didn't have isolation-type facilities for more than a small percentage of the crew. We were several days into execution of a plan the Warfare Commanders and Admiral Baker all agreed had issues that would lead to further infection of Sailors and increased time to regain combat effectiveness. C7F had just been briefed by Admiral Baker on those issues, and had directed us to continue with the C7F plan. Positive COVID-19 cases onboard and in group berthing ashore were increasing exponentially, almost exactly per CNA and Navy & Marine Corps Medical Center shipboard infection models that showed rapid infection of nearly the entire crew. The current plan was not in accordance with Navy guidance and COVID recommendations. Admiral Baker and the Warfare Commanders had been directed by C7F in a VTC prior to the 30 March morning VTC to be creative and maximize the use of the resources available to us. It was our understanding that Guam hotels were not one of those resources. We did not have other isolation resources available to leverage within the time required at that point. It appeared that further routing of concerns with the current plan through the normal chain of command was not going to change the current course of events,



because it hadn't for the past several days, and that course was not good for TR Sailors or getting back to mission tasking. His two choices were (1) Sit here and watch his Sailors continue to get sick, with the potential for one or more to die, or (2) do something abnormal.

While all the warfare commanders felt the right information had been provided to the chain of command and up the chain of command, there was an apparent disconnect somewhere.

Neither myself, DCAG, nor the Commodore initially knew CAPT Crozier was drafting his own letter to send. It wasn't until right before he sent it that he informed us of his plans. I asked him who he planned to send the letter to and he said, "SECNAV's MA, PACFLT, and Air Boss". I asked him why he included the Air Boss, not understanding that he was addressing the email to Naval Aviation leadership. CAPT Crozier told me he was sending a similar email to Naval Reactors as well. I did not think to ask whether the letter was saved on NIPR or SIPR. As professional Naval officers, we recognize that there are expectations for normal ways to get things done, i.e., routing through the normal chain of command. I believe Captain Crozier thought critical information was not getting to who it needed to get to via that method, and there was no more time to keep attempting the same prior route.

Question: "Why do you think CAPT Crozier left 7th Fleet off the e-mail?" I don't know, but possibly because he believed that 7<sup>th</sup> Fleet had already received the information in the email over the course of the past several days, and he would have been relaying the same background information/same recommendation to 7<sup>th</sup> Fleet again.

Question: "Why do you think Captain Crozier made the comment about possible impact to his career in his email?" I'm guessing CAPT Crozier made that comment because he skipped a portion of the chain of command (that had not agreed with what he was requesting) when he sent the email / letter to ADM Aquilino and the Air Boss. After he sent the letter he told me "I'm going to get fired for this," and I replied, "I don't think so – you have a responsibility to get necessary information to senior leadership."

Question: "Were you surprised when he was relieved?" I was very surprised when CAPT Crozier was relieved, especially in the middle of dealing with this situation and without completion of the investigation.

Question: "Why do you think he was relieved?" Other than hearsay, what Acting SECNAV Modly wrote and said when he visited TR, and what has been reported in the media, I do not know. I do not think it was only because of the abnormal chain of command routing – I think the leak of the letter caused embarrassment for the Navy. I have heard (again hearsay) Acting SECNAV Modly may have felt perceived pressure to remain aligned with the President.

In response to other questions:

The chain of command was in possession of, read, and implemented applicable NAVADMINs to the best of their abilities. Much of the guidance that existed at the time was not specific to a COVID outbreak on a ship underway at sea, or onboard a ship pier-side with



the crew remaining onboard. Much additional guidance specific to this situation has been published by the Navy since.

The warfare commanders discussed every COA with the CSG-9 Admiral and COS. CAPT Crozier would update the crew via the IMC and explain actions so sailors would understand why we were doing what we were doing, what they should do, and how they were being taken care of.

Question: "What is the relationship between Warfare Commanders, and between the Warfare Commanders and Admiral Baker?" The relationship between Warfare Commanders is very good. We do our best to discuss operations, needs, and potential courses of action with each other and meet each other's requirements. It's a good team that has been very effective throughout workups and deployment, and we have had a very good, open relationship the entire time we have worked together. Overall, communications with CCSG-9 were/are also very good. CCSG-9 is always responsive. Whether positive or negative, we always receive feedback from CCSG-9. With the exception of 7<sup>th</sup> Fleet CUBs on Tuesdays or a specifically scheduled VTC, Warfare Commanders generally didn't interact directly with 7<sup>th</sup> Fleet, but got feedback on what was discussed and 7<sup>th</sup> Fleet direction from Admiral Baker. To summarize the response to these two questions, after workups, deployment, and dealing with the COVID situation on TR with these Warfare Commanders and Admiral Baker, this is exactly the same team I would want to go back to the South China Sea with.

Question: "Did you know about a separate letter signed by members of the medical staff?" A day or two after Captain Crozier sent his letter, one of my flight surgeons asked to talk to me and showed me a letter he and several other doctors had written. I told him that Captain Crozier had already sent a letter, that Navy leadership was taking the action they were going to take in response to the Captain's letter, and advised him not to send it. I did not know the doctors had actually sent a letter until told (after I asked) that they had during this interview.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)

(b) (6)

5/19/2020  
(Date)

21:59 (GMT+10)  
Time

Name of Interviewer: Rear Admiral Spedero

(b) (6)

**LCDR USN NAVCIVLAWSUPPACT DC (USA)**

---

**From:** (b) (6) @fe.navy.mil  
**Sent:** Thursday, May 7, 2020 7:58 PM  
**To:** (b) (6) LT USN VCNO (USA)  
**Subject:** Re: TR Command Investigation

(b) (6),

I started my turnover with CAPT (b) (6) on 02 March just prior to the Vietnam port visit. I concluded that turnover on 11 March. CAPT (b) (6) departed TR on 12 March.

V/R

CAPT (b) (6), USN  
Executive Officer  
USS THEODORE ROOSEVELT  
Email: (b) (6) @cvn71.navy.mil  
Office (Guam): (b) (6)  
Mobile: (b) (6)

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**From:** (b) (6) LT USN VCNO (USA) (b) (6) @navy.mil>  
**Sent:** Friday, May 8, 2020 3:42 AM  
**To:** (b) (6) CAPT USN CVN-71 (USA)  
**Subject:** TR Command Investigation

Good afternoon Sir,

I'm LT (b) (6), and I've been assigned as the point of contact for RFIs regarding the TR Command Investigation.

May I ask, when did you assume the role of XO/report onboard the USS THEODORE ROOSEVELT?

Thank you for your time, sir. Please let me know if you have any questions for me.

Very respectfully,

LT (b) (6)  
Command Investigation Team  
Vice Chief of Naval Operations  
O: (b) (6)  
Pentagon Room (b) (6)  
Washington, DC 20350-1000  
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**ISLAND OF GUAM**  
**OFFICE OF THE GOVERNOR**  
HAGÁTÑA, GUAM 96932  
U.S.A.

**Executive Order No. 2020-03**

**RELATIVE TO DECLARING A STATE OF EMERGENCY TO  
RESPOND TO NOVEL CORONAVIRUS (COVID-19)**

**WHEREAS**, the United States Centers for Disease Control and Prevention (“CDC”) has identified COVID-19, a respiratory disease that is a new strain of coronavirus not previously identified in humans, as posing a significant public health risk;

**WHEREAS**, on January 30, 2020, the World Health Organization (“WHO”) declared a Global Health Emergency with regard to the COVID-19 outbreak;

**WHEREAS**, on January 31, 2020, United States Health and Human Services Secretary Alex M. Azar II declared a public health emergency for the United States to aid the nation’s healthcare community in responding to COVID-19;

**WHEREAS**, on March 13, 2020, President Donald Trump declared a national emergency over the COVID-19 outbreak in the continental United States;

**WHEREAS**, while no cases of COVID-19 have been identified on Guam, an emergency situation exists such that in order to safeguard the community and general welfare of the island, it is critical that timely precautions be taken and that resources be immediately identified, mobilized and prepositioned; and

**WHEREAS**, *I Maga’hågan Guåhan*, pursuant to Section 1421g of the Organic Act of Guam, is obligated to provide for the public health of Guam including protecting against the spread of **COVID-19**.

**NOW, THEREFORE, I, LOURDES A. LEON GUERRERO**, Governor of Guam, by the authority vested in me by the Organic Act and laws of Guam, and for the purpose of marshalling all of the island’s resources and appropriate preparedness, response, and recovery measures, hereby order the following:

1. **Declaration of State of Emergency.** A state of emergency pursuant to Section 19401 of Article 4, Chapter 19, Title 5, Guam Code Annotated is hereby declared for Guam as a result of the effects of **COVID-19** on the island.
2. **Primary Public Health Authority.** The Department of Public Health and Social Services, through its Director and with the approval of *I Maga’hågan Guåhan*, shall be authorized to exercise all powers enumerated in Chapter 19 of Title 10, Guam Code Annotated.
3. **Geographic Areas Applicable to the Declaration.** All geographic areas with confirmed cases of COVID-19 shall be applicable to this declaration. The authority of this Executive Order shall pertain to all of Guam.





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4. **Suspension of Statutes, Orders, Rules and Regulations That Prevent, Hinder or Delay Necessary Action to Respond to the Emergency.** Pursuant to Section 19403(a)(1), of Chapter 19, Title 10 Guam Code Annotated, statutes, orders, rules, and regulations that prevent, hinder or delay necessary action to prepare for or respond to this public health emergency, including but not limited to, purchases and hiring, are hereby suspended.
5. **Price Gouging.** Effective immediately and throughout the duration of this Executive Order or within any time period allowed by law, whichever is longer, it shall be an unfair trade practice for any merchant or landlord to increase the price of any goods, services, or dwelling rentals on the basis of shortage anticipated or caused by this public health emergency.
6. **Personnel and Procurement.** Pursuant to Sections 19505 and 19803 of Chapter 19, Title 10, Guam Code Annotated, this Executive Order shall authorize, hiring, overtime and any procurement related to this public health emergency for all government of Guam agencies responding to the emergency.
7. **GHS/OCD to be Lead Agency for Logistics.** GHS/OCD shall be the lead agency for the logistical organization and direction of resources and procurement of any goods and services relative to this Executive Order. Any procurement pursuant to this Executive Order is not being used solely for the purpose of avoidance of the provisions of the Guam Procurement Law.
8. **Authorization For Overtime.** Authorization is given for the payment of overtime for non-exempt Government of Guam employees, to work in excess of forty (40) hours a week to mitigate and respond to the effects of **COVID-19**. The Office of Civil Defense Administrator is authorized to determine the eligibility of overtime expenditures resulting from work performed by the government agencies, and approval from the Bureau of Budget Management & Research shall be obtained prior to incurring any overtime or expenses. Failure to obtain prior approval shall be grounds for denying reimbursement.
9. **Documentation of Expenses.** All departments and agencies are instructed to keep appropriate documentation on all emergency expenses authorized by this Executive Order for inspection by the Executive and Legislative Branches and by the Public Auditor of Guam, and in anticipation of federal disaster assistance approval by the President of the United States to be administered by any federal agency.
10. **Activation of Guam National Guard.** The Adjutant General is authorized to issue active duty orders for the mobilization of such National Guard personnel and equipment as she may determine to protect life and safety, to continue essential public services, and to prevent undue loss and suffering.





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11. **Severability.** If any provision of this executive order or its application to any person or circumstance is held invalid, the invalidity shall not affect other provisions or applications of this order that can be given effect without the invalid provision or application, and to this end, the provisions of this order are severable.

Signed and Promulgated at *Hagåtña*, Guam, this **14<sup>th</sup> day of March, 2020**.

A handwritten signature in dark ink, appearing to read "Lourdes A. Leon Guerrero".

**LOURDES A. LEON GUERRERO**  
*Maga'hāgan Guåhan*  
Governor of Guam

Attested by:

A handwritten signature in dark ink, appearing to read "Joshua F. Tenorio".

**JOSHUA F. TENORIO**  
*Sigundo Maga'lāhen Guåhan*  
Lieutenant Governor of Guam





# C O R O N A V I R U S : DOD RESPONSE TIMELINE

The Defense Department is responding to every development in the COVID-19 pandemic and remains focused on protecting our people, safeguarding our missions and supporting the American people.



[SPOTLIGHT\(/EXPLORE/SPOTLIGHT/CORONAVIRUS/\)](#)

*last updated May 15, 2020 6:00 PM EDT*

## DOD Response

May 15, 2020

USNS Mercy departs Los Angeles after supporting DOD's COVID-19 response efforts for a month and a half. The Mercy will return to San Diego, Calif., prepared for future taskings in support of FEMA as relief efforts continue.

Source: U.S. Navy Press Release ([https://www.navy.mil/submit/display.asp?story\\_id=112971](https://www.navy.mil/submit/display.asp?story_id=112971))

## Federal Response

May 15, 2020

POTUS announces "Operation Warp Speed," the administration's national program to accelerate the development, manufacturing, and distribution of COVID-19 medical countermeasures. DOD will join key agencies in the public-private partnership to support in diagnostics, therapeutics, vaccines, production and distribution, and security and assistance.

Source: White House Remarks (<https://www.whitehouse.gov/briefings-statements/remarks-president-trump-vaccine-development>)

## DOD Response

May 13, 2020

Defense Logistics Agency, in coordination with FEMA and the Centers for Medicare & Medicaid Services, signs a \$134M contract with the Federal Resources Supply Company to provide PPE for medical personnel at over 15,000 nursing homes.

Source: Department of Defense Press Release (</Newsroom/Releases/Release/Article/2185864/dod-awards-134-million-contract-providing-personal-protective-equipment-for-med/>)

## DOD Response

May 12, 2020

DOD and Department of Health and Human Services announce a \$138M contract with ApiJect Systems America for "Project Jumpstart" and "RAPID USA," expanding domestic production capability starting in



October for injection devices suitable for combatting COVID-19 when a safe, proven vaccine becomes available (<http://www.defense.gov/>)

Source: Department of Defense News Release (/Newsroom/Releases/Release/Article/2184808/dod-awards-138-million-contract-enabling-prefilled-syringes-for-future-covid-19/)

DOD notifies South Dakota governor of essential assistance under the Stafford Act.

## Virus Progression

May 8, 2020

Bureau of Labor Statistics reports the U.S. jobless rate reached 14.7% in April, the highest level since the Great Depression. The White House noted (<https://www.whitehouse.gov/articles/aprils-job-losses-show-many-workers-still-connected-employers/>) that many of the job losses are due to temporary layoffs.

Source: U.S. Bureau of Labor Statistics (<http://www.bls.gov/news.release/empst.nr0.htm>)

## DOD Response

May 8, 2020

DOD Under Secretary for Personnel & Readiness issues memo entitled, "Review Process for Medical Research and Development Proposals Received from Industry, Academia, or Other External Organizations."

## Federal Response

May 8, 2020

POTUS issues memo providing continued federal support for governors' use of the National Guard to respond to COVID-19 and to facilitate economic recovery to the state of South Dakota.

Source: White House Memorandum (<https://www.whitehouse.gov/presidential-actions/memo-providing-continued-federal-support-governors-use-national-guard-respondto-covid-19-facilitate-economic-recovery/>)

## DOD Response

May 7, 2020

Secretary of Defense visits U.S. Northern Command and the North American Aerospace Defense Command in Colorado Springs, Colo. U.S. Northern Command, in support of FEMA, is leading the DOD response to COVID-19 efforts in the continental U.S.

Source: U.S. Northern Command Article (<https://www.northcom.mil/Newsroom/Article/2181213/secretary-of-defense-visits-norad-northcom/>)

## DOD Response

May 6, 2020

DOD announces it has signed, in coordination with the Department of Health and Human Services, a \$126M contract award with 3M for the increased production of 26M N95 medical-grade masks per month, starting in October.



## Federal Response

May 6, 2020

POTUS announces COVID-19 Task Force will plus up and remain in place indefinitely.

## Virus Progression

May 5, 2020

The U.S. surpasses 1.2M confirmed COVID-19 cases; COVID-19 related deaths surpass 70,000.

## DOD Response

May 4, 2020

The Defense Digital Service creates MySymptoms.mil (<https://mysymptoms.mil/>), an online anonymous tool to assess the likelihood someone may have COVID-19 based on a series of simple health-related questions. It also provides resources to seek further advice.

## DOD Response

May 1, 2020

Javits Center in New York City discharges its remaining patients, an indication that the stress on local hospitals is subsiding.

Source: Department of Defense Press Briefing (</Newsroom/Transcripts/Transcript/Article/2178112/defense-department-senior-leaders-brief-reporters-on-dod-efforts-regarding-covi/>)

## Virus Progression

April 30, 2020

U.S. COVID-19 related deaths surpass 60,000.

## DOD Response

April 30, 2020

USNS Comfort departs New York City after supporting DOD's COVID-19 response efforts for one month. The Comfort will return to Norfolk, Va., prepared for future taskings in support of FEMA as relief efforts continue.

Source: U.S. Navy Press Release ([https://www.navy.mil/submit/display.asp?story\\_id=112806](https://www.navy.mil/submit/display.asp?story_id=112806))

## Federal Response

April 30, 2020

POTUS announces several new initiatives aimed at protecting America's seniors from COVID-19.

Source: White House Remarks (<https://www.whitehouse.gov/briefings-statements/remarks-president-trump-protecting-americas-seniors/>) and Fact Sheet (<https://www.whitehouse.gov/briefings-statements/president-donald-j-trump-remains-committed-caring-nations-seniors-coronavirus-pandemic-beyond/>)



April 29, 2020

DOD announces details for \$75.5M Defense Production Act Title 3 Puritan Contract. Puritan Medical Products was awarded the contract to increase its current monthly output of 20 million to 40 million swabs starting in May.

Source: Department of Defense Press Release (</Newsroom/Releases/Release/Article/2170355/dod-details-75-million-defense-production-act-title-3-puritan-contract/>)

## Virus Progression

April 28, 2020

The United States surpasses 1M confirmed coronavirus cases, a third of all cases around the globe. So far, over 56,000 have died and 112,000 have recovered in the United States.

Source: Johns Hopkins University (<https://coronavirus.jhu.edu/map.html>)

## Federal Response

April 28, 2020

POTUS invokes the Defense Production Act, signing an Executive Order (<https://www.whitehouse.gov/presidential-actions/executive-order-delegating-authority-dpa-respect-food-supply-chain-resources-national-emergency-caused-outbreak-covid-19/>) to ensure that Americans have a reliable supply of products like beef, pork and poultry.

Source: White House Fact Sheet (<https://www.whitehouse.gov/briefings-statements/president-donald-j-trump-taking-action-ensure-safety-nations-food-supply-chain/>)

POTUS issues memo providing continued federal support for governors' use of the National Guard to respond to COVID-19 and to facilitate economic recovery to the state of North Dakota.

Source: White House Memorandum (<https://www.whitehouse.gov/presidential-actions/memorandum-providing-continued-federal-support-governors-use-national-guard-respond-covid-19-facilitate-economic-recovery-2/>)

## Federal Response

April 27, 2020

POTUS announces blueprint for testing to help safely open up America again.

Source: White House Press Briefing (<https://www.whitehouse.gov/briefings-statements/president-donald-j-trump-ensuring-states-testing-capacity-needed-safely-open-america/>)

## DOD Response

April 26, 2020

USNS Comfort reports all patients are discharged.

## DOD Response

April 24, 2020

[Skip to main content \(Press Enter\).](#)





Gen Lee Payne is designated as lead coordinator for DOD COVID-19 Task Force Laboratory Testing, focused on screening, surveillance, and diagnostic testing for critical national capabilities. (<http://www.defense.gov/>)

Under Secretary for Acquisition and Sustainment is designated as the DOD focal point for receipt and staffing all offers of private industry donations in support of COVID-19 response activities.

Commander of U.S. Forces Korea (USFK) renews the Public Health Emergency for all USFK installations for an additional 30 days, to remain in effect through May 23, unless renewed or terminated before then by the commander.

Source: United States Forces Korea Press Release (<https://www.usfk.mil/Media/News/Article/2070556/usfk-covid-19-information/>)

The U.S. Navy and U.S. Air Force announce their America Strong salute: the Blue Angels and Thunderbirds demonstration squadrons will conduct multi-city flyovers over the next two weeks to recognize healthcare workers, first responders, and other essential personnel while standing in solidarity with all Americans during the COVID-19 pandemic.

Source: Joint Announcement from the U.S. Navy and U.S. Air Force (</Newsroom/Releases/Release/Article/2164689/america-strong-blue-angels-thunderbirds-to-conduct-multi-city-flyovers-champion/>)

DOD notifies Alaska and Delaware governors of essential assistance under the Stafford Act.

## Federal Response

April 24, 2020

POTUS signs into law the Paycheck Protection Program and Health Care Enhancement Act, providing additional funding to support Americans impacted by the coronavirus.

Source: White House Fact Sheet (<https://www.whitehouse.gov/briefings-statements/president-donald-j-trump-remains-committed-providing-critical-relief-american-small-businesses-workers-healthcare-providers/>)

## DOD Response

April 23, 2020

Commander of Combined Joint Task Force-Horn of Africa declares the Djibouti Base Cluster a public health emergency.

Source: Combined Joint Task Force-Horn of Africa Twitter (<https://twitter.com/CJTFFHOA/status/1253581970472407040?s=20>)

DOD notifies Oklahoma governor of essential assistance under the Stafford Act.

## DOD Response

April 22, 2020

DOD announces a 4-tier testing regimen for DOD personnel worldwide.

Secretary of Defense approves DOD lab diagnostic testing for non-DOD civilians up to 700 tests/day through June 30, 2020.

DOD notifies Alabama governor of essential assistance under the Stafford Act.

POTUS issues temporary suspension in new immigrant visas for the next 60 days.

Source: White House Press Release (<https://www.whitehouse.gov/briefings-statements/president-donald-j-trump-honoring-commitment-protect-american-workers-temporarily-pausing-immigration/>)

## DOD Response

April 21, 2020

DOD announces details for \$133M Defense Production Act Title 3 COVID-19 project. Three companies awarded contracts to increase U.S. domestic N95 mask production by over 39M in the next 90 days: 3M (\$76M), O&M Halyward (\$29M), and Honeywell (\$27.4M).

Source: Department of Defense Press Release (</Newsroom/Releases/Release/Article/2158351/dod-details-133-million-defense-production-act-title-3-covid-19-project/>)

## Virus Progression

April 20, 2020

The U.S. Navy and CDC launch an investigation into the USS Theodore Roosevelt COVID-19 outbreak. 4,069 sailors are moved to shore; 678 test positive for COVID-19.

## DOD Response

April 20, 2020

Secretary of Defense approves the Modification and Reissuance of DOD Response to Coronavirus Disease 2019- Travel Restrictions, extending the stop move order (<https://media.defense.gov/2020/Apr/20/2002284632/-1/-1/1/MODIFICATION-AND-REISSUANCE-OF-DOD-RESPONSE-TO-CORONAVIRUS-DISEASE-2019-TRAVEL-RESTRICTIONS.PDF>) through June 30 to aid in the further prevention of the spread of COVID-19.

Source: Department of Defense Press Release (</Newsroom/Releases/Release/Article/2156918/update-to-travel-restrictions/>)

Secretary of Defense authorizes DOD to provide humanitarian support to the Italian Republic. U.S. European Command will conduct these efforts through June 5, 2020 or until Italy no longer requires support.

Source: Department of Defense Press Release (</Newsroom/Releases/Release/Article/2157126/dod-humanitarian-assistance-to-the-italian-republic-in-response-to-covid-19/>)

DOD notifies West Virginia governor of essential assistance under the Stafford Act.

## Federal Response

April 20, 2020

POTUS releases memorandum on providing continued Federal support for governors' use of the National Guard to respond to COVID-19 and facilitate economic recovery in the states of Alabama, Alaska, and Delaware.

Source: White House Memorandum (<https://www.whitehouse.gov/presidential-actions/memorandum-providing-continued-federal-support-solve-covid-19-national-guard-respond-covid-19-facilitate-economic-recovery-2/>)



## Federal Response

April 19, 2020

POTUS announces he will use the Defense Production Act to increase COVID-19 testing swab production in one U.S. facility by over 20 million additional swabs per month.

Source: White House Press Briefing (<https://www.whitehouse.gov/briefings-statements/remarks-president-trump-vice-president-pence-members-coronavirus-task-force-press-briefing-28/>)

## Virus Progression

April 17, 2020

China revises upwards the number of COVID-19 deaths in Wuhan by 50 percent, to almost 4,000.

## DOD Response

April 17, 2020

DOD notifies New England governor of essential assistance under the Stafford Act.

## DOD Response

April 16, 2020

DOD Under Secretary for Personnel & Readiness issues department-wide authorization (<https://media.defense.gov/2020/Apr/16/2002282672/-1/-1/1/SPECIAL-LEAVE-ACCRUAL.PDF>) for service members to accrue and retain an additional leave balance of up to 120 days.

Source: Department of Defense Release (<https://www.defense.gov/Newsroom/Releases/Release/Article/2153213/special-leave-accrual-for-service-members/>)

DOD notifies Iowa, Kansas, Maine, and Vermont governors of essential assistance under the Stafford Act.

## Federal Response

April 16, 2020

POTUS announces guidelines (<https://www.whitehouse.gov/wp-content/uploads/2020/04/Guidelines-for-Opening-Up-America-Again.pdf>) on the three phases of Opening Up America Again.

Source: White House Release (<https://www.whitehouse.gov/briefings-statements/president-donald-j-trump-announces-guidelines-opening-america/>)

## Virus Progression

April 15, 2020

Global COVID-19 case tally tops 2 million.

Source: Johns Hopkins University (<https://coronavirus.jhu.edu/map.html>)

## Virus Progression

April 14, 2020

## Federal Response

April 14, 2020

POTUS announces he is halting funding to the World Health Organization while a review is conducted to assess its role in managing COVID-19.

Source: White House Release (<https://www.whitehouse.gov/briefings-statements/remarks-president-trump-press-briefing/>)

POTUS issues memo providing continued federal support for governors' use of the National Guard to respond to COVID-19 in the states of Iowa, Kansas, Maine, Nebraska, Oklahoma, and Vermont.

Source: White House Memorandum (<https://www.whitehouse.gov/presidential-actions/memorandum-providing-federal-support-governors-use-national-guard-respond-covid-19-6/>)

## Virus Progression

April 13, 2020

First death of an active duty service member from COVID-19.

## DOD Response

April 13, 2020

DOD Under Secretary for Personnel & Readiness issues Force Health Protection Guidance Supplement 8 (<https://media.defense.gov/2020/Apr/13/2002280147/-1/-1/1/FORCE-HEALTH-PROTECTION-GUIDANCE-SUPPLEMENT-8.PDF>).

Source: Department of Defense Press Release (/Newsroom/Releases/Release/Article/2147582/force-health-protection-guidance-supplement-8/)

Defense Logistics Agency awards \$415M contract for 60 Battelle Memorial Institute Critical Care Decontamination Systems that can decontaminate up to 80,000 N95 used respirators per system per day, enabling mask reuse up to 20 times.

Source: Department of Defense Press Release (/Newsroom/Releases/Release/Article/2148352/dod-contract-for-60-n95-critical-care-decontamination-units-415m-contract-each/)

DOD notifies Arizona governor of essential assistance under the Stafford Act.

## Virus Progression

April 11, 2020

U.S. death toll surpasses 20,000, the highest number of confirmed fatalities of any country.

Source: Johns Hopkins University (<https://coronavirus.jhu.edu/map.html>)

## Federal Response

April 11, 2020



states for the first time in American history.

DEPT OF DEFENSE (<http://www.defense.gov/>)

Source: White House Statement (<https://www.whitehouse.gov/briefings-statements/president-donald-j-trump-approves-wyoming-disaster-declaration-2/>)

## Virus Progression

April 10, 2020

New York state now has more reported COVID-19 cases than any country in the world.

Source: Johns Hopkins University (<https://coronavirus.jhu.edu/map.html>)

memo, Delegation of Authority for Reserve Component Activation Authorities During the Coronavirus 2019

/Portals/52/Delegation%20of%20Authority%20for%20Reserve%20Component%20Activation%20Authorities.pdf)

Transport Isolation System to perform an aeromedical evacuation of three U.S. government contractors who  
avirus from Afghanistan to Ramstein Air Base, Germany.

Source: Department of Defense News (/Explore/News/Article/Article/2147329/mobility-airmen-conduct-first-transport-isolation-system-medevac-mission/)

the White House Task Force to execute the first Defense Production Act Title 3 project responding to COVID-  
increase domestic production capacity of N95 masks to over 39M in the next 90 days.

Source: Department of Defense Release (/Newsroom/Releases/Release/Article/2146692/first-dod-defense-production-act-title-3-covid-19-project/)

Comfort is treating 64 patients and the Javits Center is treating 255.

rel are augmenting New York City hospitals.

y treating 15 patients in Los Angeles.

itana, Nevada, Pennsylvania, and Virginia governors of essential assistance under the Stafford Act.

layor of Washington, D.C., of essential assistance under the Stafford Act.

## DOD Response

April 9, 2020

DOD allows payments to contractors who cannot work due to COVID-19 facility closures or other  
restrictions through the Coronavirus Aid, Relief, and Economic Security (CARES) Act Section 3610  
Implementation.

Source: Department of Defense Release (/Newsroom/Releases/Release/Article/2144750/dod-allows-payments-to-contractors-who-cannot-  
work-due-to-covid-19-facility-clo/)





DOD releases Military Personnel Guidance Supplement 1 (<https://media.defense.gov/2020/Apr/09/2002278145/-1/-1/1/TAB-D-ATTACHMENT-3-MIL-PERS-GUIDANCE-SUPP-1.PDF>) on military pay and personnel benefits.

Source: Department of Defense Press Release (/Newsroom/Releases/Release/Article/2144019/additional-guidance-on-military-pay-and-personnel-benefits-covid-19/)

DOD notifies U.S. Virgin Islands governor of Title 32 authorization.

Secretary of Defense holds a virtual town hall for employees to address COVID-19, joined by the Chairman of the Joint Chiefs of Staff (CJCS) and the Senior Enlisted Advisor to the CJCS.

Source: Department of Defense Video (/Explore/News/Article/Article/2143863/top-dod-officials-discuss-covid-19-in-virtual-town-hall-meeting/)

## Federal Response

April 9, 2020

Federal Reserve announces actions to provide up to \$2.3T in loans to support the economy.

Source: Federal Reserve Press Release (<https://www.federalreserve.gov/newsevents/pressreleases/monetary20200409a.htm>)

## Virus Progression

April 8, 2020

Wuhan, China, ends its more than two-month lockdown.

## DOD Response

April 8, 2020

DOD Under Secretary for Personnel & Readiness issues Force Health Protection Guidance Supplement 7 (<https://media.defense.gov/2020/Apr/09/2002278076/-1/-1/1/FORCE-HEALTH-PROTECTION-SUPPLEMENT-7.PDF>).

Source: Department of Defense Press Release (/Newsroom/Releases/Release/Article/2143876/force-health-protection-guidance-supplement-7/)

DOD Under Secretary for Personnel & Readiness issues Force Health Protection Guidance Supplement 5 (<https://media.defense.gov/2020/Apr/08/2002277465/-1/-1/1/FORCE-HEALTH-PROTECTION-SUPPLEMENT-5.PDF>) and Supplement 6 (<https://media.defense.gov/2020/Apr/08/2002277466/-1/-1/1/FORCE-HEALTH-PROTECTION-SUPPLEMENT-6.PDF>).

Source: Department of Defense Press Release (/Newsroom/Releases/Release/Article/2142841/latest-force-health-protection-guidance/)

## Virus Progression

April 7, 2020

Japan declares state of emergency due to COVID-19.

ditionary medical facility at Ernest M. Morial Convention Center in New Orleans, LA, begins taking patients.

r Secretary for Personnel & Readiness issues memo, Policy Guidance for Identification Card Operations for

[www.whs.mil/Portals/75/Coronavirus/Policy%20Guidance%20for%20ID%20Card%20Operations%20for%20COVID-2020-04-08-090211-790](http://www.whs.mil/Portals/75/Coronavirus/Policy%20Guidance%20for%20ID%20Card%20Operations%20for%20COVID-2020-04-08-090211-790))

## DOD Response

April 6, 2020

DOD expands USNS Comfort medical support to include COVID-19 patients.

Secretary of Defense issues Guidance on the Use of Cloth Face Coverings

(<https://media.defense.gov/2020/Apr/05/2002275059/-1/-1/1/DOD-GUIDANCE-ON-THE-USE-OF-CLOTH-FACE-COVERINGS.PDF>). All individuals on DOD property, installations, and facilities will wear face coverings when they cannot maintain six feet of social distance.

Source: Department of Defense Press Release (</Newsroom/Releases/Release/Article/2138340/dod-guidance-on-the-use-of-cloth-face-coverings/>)

U.S. Forces Japan declares a public health emergency for all installations in the Kanto Plains region and in and around Tokyo.

Source: USFJ (<https://www.usfj.mil/Media/Press-Releases/Article-View/Article/2137962/us-forces-japan-declares-public-health-emergency-for-the-kanto-plains-region/>)

U.S. Army announces a two-week pause in basic training for controlled monitoring to ensure proper procedures are in place to protect trainees.

Seattle field hospital opens with 250 beds and New Orleans field hospital opens with 150 beds.

DOD receives FEMA Mission Assignment for U.S. Virgin Islands.

## Federal Response

April 6, 2020

POTUS announces 3M has agreed to provide 166M+ masks for front-line health care workers.

## Virus Progression

April 5, 2020

New York sees its first daily drop in COVID-19 deaths.

USS Theodore Roosevelt has 155 sailors who test positive for COVID-19.



## DOD Response

April 5, 2020

Secretary of Defense directs all individuals on DOD property, installations, and facilities to wear cloth face coverings when they cannot maintain six feet of social distance in public areas or work centers.

Secretary of Defense states Javits will be the largest hospital in the United States with 2,500 bed capacity.

DOD receives FEMA Mission Assignments for New Hampshire, New Mexico, and Texas.

DOD notifies New Hampshire, New Mexico, Texas, and U.S. Virgin Islands governors of Title 32 authorization.

## DOD Response

April 4, 2020

POTUS announces over 1,000 military medical personnel will be deployed to New York City to augment those currently in place.

DOD notifies Indiana, Missouri, New Jersey, Ohio, Rhode Island, and Tennessee governors of Title 32 authorization.

## Virus Progression

April 3, 2020

CDC advises the public to wear face coverings in public.

## DOD Response

April 3, 2020

Secretary of Defense issues memo, Policy on Accessions Training During the COVID-19 outbreak (<https://health.mil/Reference-Center/Publications/2020/04/03/Policy-on-Accessions>).

19,700 National Guardsmen are supporting COVID-19 at the direction of their governors. In just one day, 420 West Virginia guardsmen delivered PPE to 55 counties, delivered 5,500 meals, assisted at two drive-through testing sites and conducted 20 training missions; Maryland guardsmen distributed 1M+ pieces of PPE; Tennessee guardsmen are supporting 35 testing sites.

U.S. Army Corps of Engineers are operating under 15 FEMA Mission Assignments totaling \$1.2B with 15,000+ personnel and have completed 549 of 669 Alternate Care Facilities site assessments.

DOD receives FEMA Mission Assignments for Georgia, Hawaii, Montana, Rhode Island, and Tennessee.



## Virus Progression

April 2, 2020

1M+ people have confirmed cases of COVID-19 worldwide.

USS Theodore Roosevelt sailors begin onshore quarantine in Guam.

## DOD Response

April 2, 2020

Secretary of Defense approves Guidance on Activating the National Guard, Reserve, and Individual Ready Reserve for the COVID-19 response.

DOD Expands medical support at the Javits Federal Medical Station in New York, Kay Bailey Hutchinson Federal Medical Station in Dallas, and the Morial Federal Medical Station in New Orleans to treat COVID-19 patients.

Defense Logistics Agency confirms it will provide up to 100,000 human remains pouches to FEMA to address mortuary contingencies on behalf of state health agencies.

U.S. Air Force completes its seventh mission of delivering testing swabs from Italy, totaling 3.5M received in the United States.

Source: Department of Defense News (/Explore/News/Article/Article/2136285/air-force-to-make-9th-flight-to-deliver-testing-swabs/)

U.S. Army Corps of Engineers completes assessments of 308 hotels and 365 arenas.

DOD provides 220 ventilators with USNS Comfort, USNS Mercy, and Army hospital units deployed in New York and Washington State.

## Federal Response

April 2, 2020

POTUS issues memo providing continued federal support for governors' use of the National Guard to respond to COVID-19 in the states of Georgia, Hawaii, Indiana, Missouri, New Hampshire, New Mexico, Ohio, Rhode Island, Tennessee and Texas.

Source: White House Memorandum (<https://www.whitehouse.gov/presidential-actions/memorandum-providing-federal-support-governors-use-national-guard-respond-covid-19-4/>)

## DOD Response

April 1, 2020

USNS Comfort begins seeing patients in New York.

DOD notifies Maine governor of essential assistance under the Stafford Act.

POTUS, VPOTUS, Secretary of Defense, and the Chairman of the Joint Chiefs of Staff speak with service members and military families by phone to discuss COVID-19 response efforts.

## DOD Response

March 31, 2020

The 531st and 9th Army Field Hospitals begin receiving patients at the Javits Center in New York.

The 627th Army Field Hospital and 47th Combat Support Hospital deploy to Seattle.

17,250 National Guardsmen are supporting COVID-19 at the direction of their governors in 10 states, two territories, and the District of Columbia.

DOD notifies Connecticut, Florida, Guam, Illinois, and Michigan governor of essential assistance under the Stafford Act.

DOD receives FEMA Mission Assignments for Florida, Illinois, and Puerto Rico.

DOD notifies Puerto Rico governor of Title 32 authorization.

## DOD Response

March 30, 2020

USNS Comfort arrives in New York five days ahead of schedule, providing 1,000 patient beds.

Source: Department of the Navy Press Release ([https://www.navy.mil/submit/display.asp?story\\_id=112508](https://www.navy.mil/submit/display.asp?story_id=112508))

U.S. Army Corps of Engineers is executing eight FEMA Mission Assignments, totaling \$1.08B with 1,121 personnel deployed.

U.S. Army Corps of Engineers reaches 44 activated Emergency Operations Centers.

DOD approves FEMA requests for assistance for Louisiana, Maryland, and New Jersey National Guard Title 32 status.

Source: FEMA Press Release (<https://www.fema.gov/national-guard-title-32-status>)

DOD notifies Louisiana, Maryland, and New Jersey governors of Title 32 authorizations.

U.S. Army Corps of Engineers has assessed 218 of 309 locations as possible alternate care facility sites, with 3 contracts for alternate care facilities.

DOD Under Secretary for Personnel & Readiness issues weather and safety leave memo.



POTUS issues memo providing continued federal support for governors' use of the National Guard to respond to COVID-19 in the states of Connecticut, Illinois, and Michigan.

Source: White House Memorandum (<https://www.whitehouse.gov/presidential-actions/memorandum-providing-federal-support-governors-use-national-guard-respond-covid-19-3/>)

## DOD Response

March 29, 2020

USNS Mercy begins treating patients in Los Angeles.

Source: Department of the Navy Press Release ([https://www.navy.mil/submit/display.asp?story\\_id=112504](https://www.navy.mil/submit/display.asp?story_id=112504))

DOD approves FEMA requests for assistance for New Jersey National Guard Title 32 status.

Source: FEMA Press Release (<https://www.fema.gov/national-guard-title-32-status> )

DOD receives FEMA Mission Assignment for New Jersey.

## Federal Response

March 29, 2020

POTUS extends social distancing guidelines through April 30, 2020.

## Virus Progression

March 28, 2020

Wuhan, China, partially re-opens after two-month lockdown.

## DOD Response

March 28, 2020

USNS Comfort departs for New York.

Source: Department of the Navy Press Release ([https://www.navy.mil/submit/display.asp?story\\_id=112499](https://www.navy.mil/submit/display.asp?story_id=112499))

Defense Threat Reduction Agency delivers six C-17 shipments, totaling 3M COVID-19 test kit swabs, to support U.S. medical professionals testing needs.

Source: Department of Defense Press Release (</Newsroom/Releases/Release/Article/2129497/partnering-with-the-us-defense-industrial-base-to-combat-covid-19/>)

Defense Logistics Agency (DLA) modifies an existing contract for the procurement of 8,000 ventilators for an estimate of \$84.4M with 1,400 being delivered by early May. DLA provides USNS Comfort and USNS Mercy over \$2M in medical supplies and 975,000 gallons of fuel for their transits.

Source: Department of Defense Press Release (</Newsroom/Releases/Release/Article/2129497/partnering-with-the-us-defense-industrial-base-to-combat-covid-19/> )

Secretary of Defense approves FEMA request for mortuary affairs, providing 100 individuals with expertise

DOD approves FEMA requests for assistance for California and Washington National Guard Title 32 status.

Source: FEMA Press Release (<https://www.fema.gov/national-guard-title-32-status> )

DOD notifies California of essential assistance under the Stafford Act.

FEMA request for assistance to U.S. Army Corps of Engineers for alternate care facility for New Jersey.

DHS modifies border request for assistance; rescinds northern border requirement.

## Federal Response

March 28, 2020

POTUS issues memo providing continued federal support for governors' use of the National Guard to respond to COVID-19 in the states of Florida, Louisiana, Maryland, Massachusetts, New Jersey, and the territories of Guam and Puerto Rico.

Source: White House Memorandum (<https://www.whitehouse.gov/presidential-actions/memorandum-providing-federal-support-governors-use-national-guard-respond-covid-19-2/>)

## Virus Progression

March 27, 2020

First death of a U.S. service member – active, reserve or Guard. A New Jersey Army National Guardsman dies as a result of COVID-19.

Source: Department of Defense Statement (</Newsroom/Releases/Release/Article/2131119/death-of-national-guardsman-from-covid-19/>)

## DOD Response

March 27, 2020

Secretary of Defense modifies and accelerates the process for how DOD authorizes the use of the National Guard under Title 32 section 502(f), creating conditional pre-authorization in response to the FEMA requests to ensure quicker federal funding for State National Guard forces mobilizing to aid whole-of-government COVID-19 response efforts.

Source: Department of Defense Press Release (</Newsroom/Releases/Release/Article/2129455/departement-of-defense-statement-on-the-use-of-national-guard-forces-under-title/>)

USNS Mercy arrives in Los Angeles.

Source: Department of the Navy Press Release ([https://www.navy.mil/submit/display.asp?story\\_id=112490](https://www.navy.mil/submit/display.asp?story_id=112490))

U.S. Army Corps of Engineers has assessed 114 facilities in 50 states and five territories as possible alternative care facilities.

Source: Department of Defense News (</Explore/News/Article/Article/2129022/army-corps-of-engineers-creates-alternative-care-facilities/>)

Secretary of Defense approves FEMA request for assistance for New York National Guard Title 32 status.



## DOD receives FEMA Mission Assignments for California and New York.

DOD notifies New York governor of Title 32 authorization.

Secretary of Defense issues Message to the Force on COVID-19 response.

Secretary of Defense approves Health and Human Services request for 2K ventilators.

Defense Commissaries Agency has 236 stores, 9 central distribution centers, and European Central Meat Processing Plant fully operational.

### Federal Response

March 27, 2020

POTUS signs \$2T+ in relief package, providing emergency relief to families and small businesses that have been impacted by COVID-19.

Source: White House Fact Sheet (<https://www.whitehouse.gov/briefings-statements/president-donald-j-trump-providing-economic-relief-american-workers-families-businesses-impacted-coronavirus/>)

POTUS signs Executive Order to Order the Selected Reserve and Certain Members of the Individual Ready Reserve of the Armed Forces to Active Duty.

Source: WhiteHouse.gov (<https://www.whitehouse.gov/presidential-actions/eo-order-selected-reserve-certain-members-individual-ready-reserve-armed-forces-active-duty/>)

POTUS invokes the Defense Production Act, requiring GM to make ventilators.

Source: White House Memorandum (<https://www.whitehouse.gov/presidential-actions/memorandum-order-defense-production-act-regarding-general-motors-company/>)

### Virus Progression

March 26, 2020

The United States reports over 80,000 cases – exceeding China.

22 states have issued stay-at-home orders.

### DOD Response

March 26, 2020

Uniformed Services University of the Health Sciences announces more than 200 medical and graduate nursing students will forgo graduation ceremonies in order to join the ranks of their military counterparts faster.

Source: Uniformed Services University Blog (<https://usupulse.blogspot.com/2020/03/200-new-doctors-advanced-practice.html>)

DOD approves State Department request to provide Global Aviation Support for the movement of



Secretary of Defense agrees to provide Health and Human Services 2,000 ventilators incrementally.

Secretary of Defense approves Department of State request for worldwide refuel MEDEVAC.

DOD notifies California governor of Title 32 authorization.

USS Theodore Roosevelt arrives in Guam.

## DOD Response

March 25, 2020

Secretary of Defense enacts a 60-day stop movement order for all DOD uniformed and civilian personnel and their sponsored family members overseas.

Source: Department of Defense Press Release (/Newsroom/Releases/Release/Article/2125725/overseas-stop-movement-order-in-response-to-covid-19/)

Secretary of Defense raises DOD installations worldwide to Health Protection Condition Level Charlie.

Source: Department of Defense Press Briefing (/Newsroom/Transcripts/Transcript/Article/2125842/departments-of-defense-press-briefing-by-deputy-assistant-to-the-secretary-for-m/)

Secretary of Defense issues memo to the President requesting authority to access the Reserves.

Secretary of Defense approves Health and Human Services request to airlift 1.5M swab kits from Italy.

U.S. Army issued deployment orders to three combat support hospitals for New York and Washington State.

Commander of U.S. Forces Korea (USFK) declares Public Health Emergency for all USFK installations, effective through April 23 unless renewed or terminated by the commander.

Source: United States Forces Korea Press Release (https://www.usfk.mil/Media/News/Article/2124132/usfk-declares-public-health-emergency/)

## Virus Progression

March 24, 2020

First confirmed COVID-19 case at Pentagon.

Source: Department of Defense Press Release (/Newsroom/Releases/Release/Article/2125774/first-case-of-covid-19-at-the-pentagon/)

Three sailors aboard USS Theodore Roosevelt test positive for COVID-19.

## DOD Response

March 24, 2020



DOD issues guidance directing all military medical treatment facilities and dental treatment facilities to postpone all elective surgeries, invasive procedures, and dental procedures as of March 31, 2020 for 60 days.

Source: Department of Defense Fact Sheet (</Newsroom/Releases/Release/Article/2123633/fact-sheet-elective-surgery-and-procedures/>)

Secretary of Defense approves DHS request for support to COVID-19 border mission.

DOD approves FEMA request for assistance for U.S. Army Corps of Engineers to set up an alternate care facility in Washington State.

## Virus Progression

March 23, 2020

New York reports over 20,000 cases of COVID-19.

## DOD Response

March 23, 2020

Secretary of Defense raises Pentagon Health Protection Condition Level (</Explore/Inside-DOD/Blog/Article/2128863/hpcon-understanding-health-protection-condition-levels/>) to Charlie.

Source: Department of Defense Press Release (</Newsroom/Releases/Release/Article/2122686/statement-by-department-of-defense-on-additional-access-restrictions-for-the-pe/>)

DOD approves FEMA request for assistance to U.S. Army Corps of Engineers to stand up a fusion cell.

## Virus Progression

March 22, 2020

USS Theodore Roosevelt sailor tests positive for COVID-19.

## DOD Response

March 22, 2020

U.S. Air Force transports an en route patient staging system to Italy.

Source: U.S. Air Force Press Release (<https://www.af.mil/News/Article-Display/Article/2121094/usafe-supports-italy-covid-19-response/>)

DOD approves FEMA request for assistance for acute care medical surge.

## Federal Response

March 22, 2020

POTUS issues memo providing continued federal support for governors' use of the National Guard to respond to COVID-19 in the states of California, New York, and Washington State.

Source: White House Memorandum (<https://www.whitehouse.gov/presidential-actions/memorandum-providing-federal-support-governors-use-national-guard-respond-covid-19/>)



## DOD Response

March 20, 2020

U.S. Central Command orders a stop movement of all forces deploying to the area of responsibility and initiates requirement for a 14-day quarantine at home station prior to deployment.

Source: USCENTCOM Press Release (<https://www.centcom.mil/MEDIA/STATEMENTS/Statements-View/Article/2119410/us-central-command-statement-on-quarantine-procedures-into-its-area-of-responsi/>)

DOD issues Deviation on Progress Payments Memo to guarantee continued payments for contractors to improve cash flow to industry and mitigate COVID-19 impacts to the defense supply chain.

Source: Department of Defense Press Release (</Newsroom/Releases/Release/Article/2121122/partnering-with-the-us-defense-industrial-base-to-combat-covid-19/>)

DOD issues the Defense Industrial Base Essential Critical Infrastructure Workforce Memo, ensuring the defense industrial base's critical employees can continue working.

Source: Department of Defense Press Release (</Newsroom/Releases/Release/Article/2121122/partnering-with-the-us-defense-industrial-base-to-combat-covid-19/>)

U.S. Naval Academy resumes classes following an extended spring break and will conduct virtual classes the remainder of the semester.

Source: U.S. Naval Academy ([https://www.usna.edu/NewsCenter/2020/03/USNA\\_Begins\\_Remote\\_Academic\\_Instruction.php](https://www.usna.edu/NewsCenter/2020/03/USNA_Begins_Remote_Academic_Instruction.php))

Chairman of the Joint Chiefs of Staff releases Executive Order Revision 1.

DOD approves California and Washington governors as dual-status commanders.

## Federal Response

March 20, 2020

White House announces an agreement with Mexico to restrict non-essential travel across shared border.

Source: White House Press Briefing (<https://www.whitehouse.gov/briefings-statements/remarks-president-trump-vice-president-pence-members-coronavirus-task-force-press-briefing/>)

## Virus Progression

March 19, 2020

Wuhan, China, reports the first day with no new cases of COVID-19 since the outbreak.

Nearly all U.S. states have declared a state of emergency in response to COVID-19.

## DOD Response

March 19, 2020

DOD announces U.S. Northern Command has activated Defense Coordinating Officers, Emergency



Preparedness Liaison Officers and Joint Regional Medical Plans and Operations Officers to assist FEMA.

(<http://www.defense.gov/>)

Governors in 27 states have activated the National Guard. Across those 27 states, more than 2,050 National Guard members are assisting with state response.

DOD currently has 15 labs with 40 test kits available. Daily capacity is 9,096 tests/day and 1,574 patients have been tested. An additional lab is being prepared at the Armed Forces Research Institute of Medical Services in Thailand.

DOD approves Health and Human Services request for 5M N95 masks.

Department of Health and Human Services requests assistance for military air transport of European products and air bridge.

DOD agrees to support DHS request for southwest border support.

## Federal Response

March 19, 2020

POTUS invokes the Defense Production Act.

Source: White House Press Briefing (<https://www.whitehouse.gov/briefings-statements/remarks-president-trump-vice-president-pence-members-c-oronavirus-task-force-press-briefing/>)

U.S. State Department issues Global Level 4 Health Advisory: Do Not Travel.

Source: U.S. Department of State Travel Site (<https://travel.state.gov/content/travel/en/traveladvisories/ea/travel-advisory-alert-global-level-4-health-advisory-issue.html>)

## DOD Response

March 18, 2020

U.S. Air Force transports 500,000 sampling swabs to the Memphis Air National Guard in support of the Department of Health and Human Services.

Source: @AirMobilityCmd (<https://twitter.com/AirMobilityCmd/status/1240457373858304002>)

DOD announces the USNS Comfort and USNS Mercy will be part of the Department of Defense's response.

Source: Department of Defense Press Release (</Explore/News/Article/Article/2116862/hospital-ships-other-dod-assets-prepare-for-coronavirus-response/>)

## Federal Response

March 18, 2020

POTUS signs Family First Act, providing \$3.5B emergency supplemental appropriations related to COVID-19, as well as waivers and modifications of Federal nutrition programs, employment-related protections and benefits, health programs and insurance coverage requirements, and related tax credits during the



POTUS issues Executive Order on Prioritizing and Allocating Health and Medical Resources to Respond to the Spread of COVID-19.

Source: White House Release (<https://www.whitehouse.gov/presidential-actions/executive-order-prioritizing-allocating-health-medical-resources-respond-spread-covid-19/>)

POTUS activates Incident Level 1; establishes 24/7 FEMA National Response Coordination Center.

## Virus Progression

March 17, 2020

West Virginia is the last state to confirm a COVID-19 case. All 50 U.S. states have confirmed cases.

Source: WV.gov (<https://dhhr.wv.gov/COVID-19/Pages/default.aspx>)

## DOD Response

March 17, 2020

DOD announces the Department will make available up to 5M respirator masks and other personal protective equipment from its strategic reserves to Department of Health and Human Services for distribution. DOD will make approximately 2,000 deployable ventilators available to Department of Health and Human Services. DOD has also made 14 certified testing labs available to test non-DOD personnel, and two labs would be added to that total.

Source: Department of Defense Press Briefing (/Explore/News/Article/Article/2115200/dod-poised-to-provide-masks-ventilators-labs-for-Coronavirus-fight/)

Grand Princess repatriation flights 1 and 2 arrive at Travis AFB, Calif., and Lackland AFB, Texas.

FEMA issues a request for assistance to U.S. Army Corps of Engineers for national activation and initial planning and engineering support.

DOD approves a FEMA request for assistance for medical surge support to Washington State.

DOD begins flights, two per month, to transport supplies from the European Union to the United States.

U.S. Indo-Pacific Command raises Health Protection Condition Level to Bravo.

## Federal Response

March 17, 2020

Centers for Disease Control and Prevention recommends that travelers defer all cruise travel worldwide and avoid all nonessential travel to China.

Source: CDC (<https://wwwnc.cdc.gov/travel/destinations/traveler/none/china#travel-notice>)

## DOD Response



(<http://www.defense.gov/>)

DOD approves an Health and Human Services request to provide 5M N95 respirators.

DOD approves U.S. Secret Service request for assistance for White House/Naval Observatory medical support.

DOD Chief Management Officer holds internal virtual town hall for employees to address COVID-19.

U.S. Air Force flies 500,000 swabs for COVID-19 testing kits from Italy to the United States.

U.S. European Command modifies Exercise Defender Europe 2020.

Guam declares a Public Health Emergency.

Force Health Protection Condition Level is raised to Bravo for U.S. installations in Guam.

## Federal Response

March 16, 2020

White House announces "15 Days to Slow the Spread," a nationwide effort to slow the spread of COVID-19 through the implementation of social distancing at all levels of society.

Source: WhiteHouse.gov (<https://www.whitehouse.gov/articles/15-days-slow-spread/>)

Department of State approves worldwide departure of American Citizens from overseas.

## DOD Response

March 15, 2020

Secretary of Defense raises Pentagon Health Protection Condition Level to Bravo.

Source: Department of Defense Press Release (</Newsroom/Releases/Release/Article/2112471/statement-by-the-department-of-defense-on-covid-19-response-measures-on-the-pen/>)

## Federal Response

March 15, 2020

Office of Management and Budget issues Telework Flexibilities Guidance (National Capital Region Update).

U.S. State Department issues Global Level 3 Health Advisory: Do Not Travel.

Source: U.S. Department of State Travel Site (<https://travel.state.gov/content/travel/en/traveladvisories/ea/travel-advisory-alert-global-level-4-health-advisory-issue.html>)

## DOD Response

March 14, 2020

Secretary of Defense raises Pentagon Health Protection Condition Level to Bravo.

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Source: Department of Defense Press Release (</Newsroom/Releases/Release/Article/2112471/statement-by-the-department-of-defense-on-covid-19-response-measures-on-the-pen/>)



## Federal Response

March 14, 2020

POTUS proclaims travel restrictions on the United Kingdom and Ireland.

Source: White House Press Release (<https://www.whitehouse.gov/presidential-actions/proclamation-suspension-entry-immigrants-nonimmigrants-certain-additional-persons-pose-risk-transmitting-coronavirus-2/>)

## DOD Response

March 13, 2020

DOD halts official domestic travel. Includes permanent changes of station and temporary duty travel, effective from March 16 to May 11.

Source: Department of Defense Press Release (</Explore/News/Article/Article/2110343/dod-halts-travel-to-from-covid-19-affected-countries/>)

DOD approves a Health and Human Services request for assistance to lodge passengers from the Grand Princess and further extends support at 11 funneling airports.

U.S. Air Force Academy dismisses all cadets except seniors; will use distance learning for remainder of semester.

U.S. Marine Corps closes National Museum of Marine Corps.

Arlington National Cemetery closes for visitors; funerals conducted as scheduled.

## Federal Response

March 13, 2020

POTUS declares the COVID-19 outbreak a national emergency.

Source: White House Proclamation (<https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/>)

## DOD Response

March 12, 2020

Pentagon cancels tours until further notice.

Secretary of Defense raises Pentagon Health Protection Condition Level (</Explore/Inside-DOD/Blog/Article/2128863/hpcon-understanding-health-protection-condition-levels/>) to Alpha.

## Federal Response

March 12, 2020

Office of Management and Budget issues Telework Flexibilities Guidance.

Source: U.S. Department of State Travel Site (<https://travel.state.gov/content/travel/en/traveladvisories/ea/travel-advisory-alert-global-level-4-health-advisory-issue.html>)





## **virus Progression**

March 11, 2020

### **World Health Organization declares COVID-19 a pandemic.**

Source: CDC ([https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fsummary.html](https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fsummary.html))

### **DOD Response**

March 11, 2020

DOD restricts all DOD military and civilian personnel and their families traveling to, from, or through areas that the Centers for Disease Control and Prevention labels as a Level 3 danger for 60 days. This includes all forms of official travel, including permanent change of station, temporary duty and government-funded leave. For military personnel, this restriction also includes personal leave and other non-official travel.

Source: Department of Defense Press Release (/Newsroom/Releases/Release/Article/2109563/update-on-dod-covid-19-measures/)

DOD Under Secretary for Personnel & Readiness issues Force Health Protection Guidance Supplement 4 (<https://media.defense.gov/2020/Mar/11/2002263241/-1/-1/1/FORCE-HEALTH-PROTECTION-GUIDANCE-SUPPLEMENT-4.PDF>).

### **Federal Response**

March 11, 2020

United States announces travel restrictions from Europe will begin March 13 for 30 days in an effort to control the rapid spread of coronavirus.

Source: White House Press Briefing (<https://www.whitehouse.gov/briefings-statements/remarks-president-trump-address-nation/>)

### **POTUS addresses the nation.**

Source: White House (<https://www.whitehouse.gov/briefings-statements/remarks-president-trump-address-nation/>)

### **Virus Progression**

March 10, 2020

Cruise line industry issues Public Health Response Protocols.

### **DOD Response**

March 10, 2020

DOD Under Secretary for Personnel & Readiness issues Force Health Protection Guidance Supplement 3 (<https://media.defense.gov/2020/Mar/12/2002263931/-1/-1/1/FORCE-HEALTH-PROTECTION-GUIDANCE-SUPPLEMENT-3.PDF>).

### **DOD Response**

March 9, 2020

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DOD begins housing American passengers of the Grand Princess cruise ship at installations in California, Texas and Georgia in support of the Department of Health and Human Services. The individuals will be tested for COVID-19 and quarantined 14 days.

Source: U.S. Air Force Press Release (<https://www.af.mil/News/Article-Display/Article/2105730/travis-afb-support-to-hhs-grand-princess-repatriation/>)

DOD receives Health and Human Services request for assistance for N95 respirators.

DOD has 16 labs approved and authorized to test for coronavirus.

## Virus Progression

March 8, 2020

Italy declares a country-wide lockdown.

## DOD Response

March 8, 2020

DOD Under Secretary for Personnel & Readiness issues COVID-19 Civilian Personnel Guidance.

## Federal Response

March 6, 2020

POTUS signs COVID-19 bill, passing \$8.3B for crisis response for non-Department of Defense relief.

Source: White House Press Release (<https://www.whitehouse.gov/briefings-statements/remarks-president-trump-signing-coronavirus-preparedness-response-supplemental-appropriations-act-2020/>)

## DOD Response

March 5, 2020

DOD extends support to Health and Human Services at 4 evacuee installations and 11 funnel airports.

## Federal Response

Feb. 29, 2020

POTUS institutes travel restrictions to Iran.

## DOD Response

Feb. 28, 2020

DOD establishes the DOD COVID-19 Task Force.

## Federal Response

Feb. 27, 2020

[Skip to main content \(Press Enter\).](#)



## VPOTUS announces Ambassador Debbie Birx as White House COVID-19 Response Coordinator.

(<http://www.defense.gov/>)

Source: White House Press Release (<https://www.whitehouse.gov/briefings-statements/vice-president-pence-announces-ambassador-debbie-birx-serve-white-house-coronavirus-response-coordinator/>)

### Virus Progression

Feb. 26, 2020

U.S. Forces Korea confirms first positive COVID-19 in a U.S. service member.

COVID-19 has now been detected in every continent except Antarctica.

### DOD Response

Feb. 26, 2020

U.S. Forces Japan raises Force Health Protection Condition Level to Bravo.

### Virus Progression

Feb. 25, 2020

Latin America has first confirmed COVID-19 case, a Brazilian who traveled to Italy.

### DOD Response

Feb. 25, 2020

DOD Under Secretary for Personnel & Readiness issues Force Health Protection Guidance Supplement 2 (<https://media.defense.gov/2020/Feb/26/2002255006/-1/-1/1/FORCE-HEALTH-PROTECTION-SUPPLEMENT-2.PDF>).

### Virus Progression

Feb. 21, 2020

COVID-19 cases spike in Italy, signaling an outbreak.

The Middle East now has confirmed COVID-19 cases, as World Health Organization notes Iran has 18 cases, and four deaths in the past two days.

Source: WHO (<https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19-on-21-february-2020>)

### DOD Response

Feb. 21, 2020

DOD agrees to extend support to Health and Human Services requests for assistance at 4 evacuee installations and 11 funneling airports, adding Ft. Custer (12th funneling site).



Feb. 17, 2020  
DEPT OF DEFENSE  
(<http://www.defense.gov/>)

Grand Princess repatriation flights 6 & 7 arrive at MCAS Miramar, Calif., and Travis AFB, Calif.

### Virus Progression

Feb. 14, 2020

Death of a Chinese patient in a Paris hospital marks the first COVID-19 casualty outside of Asia.

Source: French Health Minister update (<https://solidarites-sante.gouv.fr/soins-et-maladies/maladies/maladies-infectieuses/coronavirus/etat-des-lieux-et-actualites/article/points-de-situation-coronavirus-covid-19#Point-du-15-fevrier-2020>)

### Virus Progression

Feb. 12, 2020

Positive coronavirus tests at MCAS Miramar, Calif., and Lackland AFB, Texas quarantine sites.

### Virus Progression

Feb. 11, 2020

World Health Organization officially names the disease caused by the new coronavirus: COVID-19.

Source: WHO (<https://www.who.int/health-topics/coronavirus>)

### Virus Progression

Feb. 10, 2020

Positive coronavirus test at MCAS Miramar, Calif. quarantine site.

### DOD Response

Feb. 9, 2020

Vice Chairman of the Joint Chiefs of Staff establishes COVID-19 Crisis Management Team.

### Virus Progression

Feb. 8, 2020

First death of a U.S. citizen worldwide occurs in Wuhan, China due to COVID-19.

1 Protection Guidance Supplement 1

HEALTH\_PROTECTION\_GUIDANCE\_FOR\_THE\_NOVEL\_CORONAVIRUS\_OUTBREAK\_JAN\_30\_2020.PDF).

and MCAS Miramar, Calif.

[Skip to main content \(Press Enter\).](#)

## First COVID-19 death in the United States.

Source: Santa Clara County Public Health Press Release (<https://www.sccgov.org/sites/covid19/Pages/press-release-04-21-20-early.aspx>)

## DOD Response

Feb. 5, 2020

Wuhan, China repatriation flights 2 & 3 arrive at Travis AFB, Calif., and MCAS Miramar, Calif.

## DOD Response

Feb. 3, 2020

DOD approves two Health and Human Services requests for assistance to provide lodging at five facilities for 1,000 evacuees from Wuhan, China.

DOD approves an Health and Human Services request for assistance to provide lodging near 11 funnel airports.

## Virus Progression

Feb. 2, 2020

First death outside China due to COVID-19 occurs in the Philippines.

## DOD Response

Feb. 2, 2020

U.S. Forces Korea institutes 14-day self-quarantine for U.S. service members returning from mainland China to South Korea on/after Jan. 19, 2020.

Source: United States Forces Korea Press Release (<https://www.usfk.mil/Media/Press-Releases/Article/2072172/usfk-implements-self-quarantine-for-us-servicemembers/>)

## DOD Response

Feb. 1, 2020

Secretary of Defense approves the CJCS EXORD on global pandemic response and designates U.S. Northern Command as DOD synchronizer.

U.S. Forces Korea raises Health Protection Condition Level to Alpha.

## Federal Response

Jan. 31, 2020

Department of Health and Human Services declares a public health emergency for the United States to aid





the nation's healthcare community in responding to the coronavirus.

(<http://www.defense.gov/>)

Source: CDC ([https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fsummary.html](https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fsummary.html) )

**POTUS proclaims travel restriction on China for entering the United States.**

Source: WhiteHouse.gov (<https://www.whitehouse.gov/presidential-actions/proclamation-suspension-entry-immigrants-nonimmigrants-persons-pose-risk-transmitting-2019-novel-coronavirus/>)

## Virus Progression

Jan. 30, 2020

**World Health Organization declares a Global Public Health Emergency.**

Source: WHO (<https://www.who.int/health-topics/coronavirus>)

**CDC identifies person-to-person transmission in the United States.**

Source: CDC (<https://www.cdc.gov/media/releases/2020/p0130-coronavirus-spread.html> )

Source: U.S. Indo-Pacific Command Release (<https://www.pacom.mil/Media/News/News-Article-View/Article/2104960/travel-advisory-for-mainland-china/>)

## Health Protection Guidance

[\\_HEALTH\\_PROTECTION\\_GUIDANCE\\_FOR\\_THE\\_NOVEL\\_CORONAVIRUS\\_OUTBREAK\\_JAN\\_30\\_2020.PDF](#))

Department of Defense Press Release (</Newsroom/Releases/Release/Article/2070899/departments-of-defense-issues-guidelines-to-personnel-on-coronavirus/> )

ists.

## DOD Response

Jan. 29, 2020

**DOD approves Health and Human Services request for assistance for March Air Reserve Base providing approximately 200 beds for State Department officials evacuated from Wuhan, China.**

**Wuhan, China, repatriation flight #1 arrives in Alaska and transits to March Air Reserve Base, Calif.**

## Federal Response

Jan. 29, 2020

**POTUS establishes a COVID-19 interagency task force.**

Source: White House Press Statement (<https://www.whitehouse.gov/briefings-statements/statement-press-secretary-regarding-presidents-coronavirus-task-force/>)



## Virus Progression

Jan. 23, 2020

China puts Wuhan on lockdown.

Source: Centers for Disease Control and Prevention ([https://wwwnc.cdc.gov/eid/article/26/6/20-0251\\_article](https://wwwnc.cdc.gov/eid/article/26/6/20-0251_article))

## Virus Progression

Jan. 22, 2020

Passenger on American Airlines flight at Los Angeles Airport is quarantined after showing COVID-19 symptoms.

## Virus Progression

Jan. 20, 2020

First U.S. coronavirus case is reported in Washington state.

## Federal Response

Jan. 17, 2020

Centers for Disease Control implements public health screenings at airports in San Francisco, New York City and Los Angeles.

## Virus Progression

Jan. 11, 2020

First coronavirus death worldwide is reported in Wuhan, China.

## Federal Response

Jan. 11, 2020

Centers for Disease Control and Prevention updates Level 1 Travel Notice for China.

## Virus Progression

Jan. 10, 2020

Centers for Disease Control launches dedicated COVID-19 website.

China makes genome sequence available.

## Virus Progression

Jan. 9, 2020



World Health Organization releases statement (<https://www.who.int/china/news/detail/09-01-2020-who-statement-regarding-cluster-of-pneumonia-cases-in-wuhan-china>) regarding identification of virus.

### Virus Progression

Jan. 7, 2020

China confirms a COVID-19 case.

### Federal Response

Jan. 7, 2020

Centers for Disease Control and Prevention establishes the Coronavirus Incident Management System.

Source: CDC ([https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fsummary.html](https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fsummary.html))

### Virus Progression

Jan. 1, 2020

Wuhan, China officials close seafood market, thought to be the source of the first viral pneumonia cases.

### Virus Progression

Dec. 31, 2019

China reports pneumonia of an unknown cause in Wuhan, China, to the World Health Organization Country Office.

China reports first 41 cases of COVID-19 to the World Health Organization.

### Virus Progression

Dec. 8, 2019

First person to test positive (Wuhan, China).

### Virus Progression

Nov. 17, 2019

Potential Patient Zero (Wuhan, China).

*Latest Guidance and Information*

## Coronavirus: DOD Response

The Defense Department is working closely with the Department of Health and Human Services and the State Department to provide support in dealing with the coronavirus outbreak.

[Skip to main content \(Press Enter\).](#)

Page 14 of 14



## I WANT TO FIND...

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(b) (6)

**LCDR USN NAVCIVLAWSUPPACT DC (USA)**

---

**From:** (b) (6) CAPT USN NBG <(b) (6)@fe.navy.mil>  
**Sent:** Friday, March 20, 2020 5:09 PM  
**To:** 'Crozier, Brett E CAPT USN, USS Theodore Roosevelt'  
**Cc:** (b) (6) LCDR USN NSF; (b) (6) MCPO USN NBG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CMC USN, USS Theodore Roosevelt  
**Subject:** RE: TR PVST  
**Attachments:** NBG Maritime Quarantine Procedures for a Clean Ship\_20 Mar.pdf  
**Signed By:** (b) (6)@fe.navy.mil

Chopper,

I apologize for my oversight. I thought I replied....

Guam now has 12 confirmed cases of COVID. Although none of the case came from the base the cross flow of personnel to and from the base means that anyone on the base is potentially infected. Since you are a "Clean" ship the only COA 3....Pier liberty with limited access to NBG (busses to NEX, beach, etc...) and MWR pier support (food/beer/entertainment/wifi).

With that said there is risk we would need to mitigate for the NEX.

Here is the concept I am working on....establishing a Force Health Protection Boundary that covers the all of elevated portions of Orote Peninsula. In other words, the crew will remain in a "clean area" that includes all of Kilo Wharf, most if not all of Orote Airfield, all of Gab Gab beach area.

We are executing similar protocols for pier liberty for GTN but the crew size and logistics are much less than your ship for obvious reasons.

I have attached a NOTICE that I sent to GTN CO to give you a feel for the scope (although reduced) for this method of keeping you clean.

In order to execute this at your scale we will need some teaming...especially medical personnel to aid in screening and sanitation inspection/clearance.

With this as a basic initial thought what do you think?

Very respectfully,  
CAPT (b) (6)  
Commanding Officer  
Naval Base Guam

W: (b) (6)  
C: (b) (6)  
NIPR: (b) (6)@fe.navy.mil



SIPR: (b) (6) @fe.navy.smil.mil

-----Original Message-----

From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt

[mailto:(b) (6) @cvn71.navy.mil]

Sent: Friday, March 20, 2020 8:06 PM

To: (b) (6) CAPT USN NBG <(b) (6) @fe.navy.mil>

Cc: (b) (6) LCDR USN NSF <(b) (6) @FE.navy.mil>; (b) (6)

MCPO USN NBG <(b) (6) @FE.navy.mil>; (b) (6) CAPT USN, USS

Theodore Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6) CMC

USN, USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>

Subject: RE: TR PVST

(b) (6),

Just checking to ensure you got the below email. Thanks.

Vr,  
Chopper

CAPT Brett E. Crozier  
Commanding Officer  
USS THEODORE ROOSEVELT (CVN 71)

-----Original Message-----

From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt

Sent: Tuesday, March 17, 2020 11:00 PM

To: (b) (6) @fe.navy.mil'

Cc: (b) (6) @fe.navy.mil'; (b) (6) @fe.navy.mil'; (b) (6)

CAPT USN, USS Theodore Roosevelt; (b) (6) CMC USN, USS Theodore Roosevelt

Subject: TR PVST

(b) (6),

Good evening and hope all's well despite the COVID-19 challenges I know you guys are dealing with.

We're back in the Philippine Sea and have begun looking at our upcoming return to Guam for a pvst. We sent out our initial logreq based on our last visit, but I imagine there are going to be changes due to current liberty restrictions.

While there is just over 2 weeks until we arrive, I wanted to establish comms now so we can shape expectations and make necessary preparations.

We are discussing 3 general COAs for our visit.

- 1) Full Guam liberty (similar to our last visit)
- 2) NBG liberty with base access (busses to NEX, beach, etc...), and limited

off-base liberty (golf, small group tours, etc..)

3) Pier liberty with limited access to NBG (busses to NEX, beach, etc....)  
and MWR pier support (food/beer/entertainment/wifi)

I'm guessing this won't be the last time we stop in Guam during this deployment, so hopefully we can find a reasonable and sustainable way forward that can accommodate everyone. Let me know what you guys are thinking when you get a chance amongst all the chaos.

Thanks in advance for the support.

Vr,  
Chopper

CAPT Brett E. Crozier  
Commanding Officer  
USS THEODORE ROOSEVELT (CVN 71)



DEPARTMENT OF THE NAVY  
U.S. NAVAL BASE GUAM  
PSC 455, BOX 152  
FPO AP 96540-1000

Canc frp: Mar 2021

NAVBASEGUAMNOTE 6210  
N00  
20 Mar 2020

NAVBASE GUAM NOTICE 6210

From: Commanding Officer, U.S. Naval Base Guam

Subj: U. S. NAVAL BASE GUAM MARITIME VESSEL QUARANTINE PROCEDURES  
FOR A CLEAN SHIP

1. In response to the COVID19 pandemic, Naval Base Guam (NBG) has instituted the following procedures to mitigate Risk to Strategy, Mission, and Force by reducing the potential transmission of spread to ship/submarine personnel.
2. If a ship/submarine has been underway for greater than 14 days and has no reports of an ILI or communicable disease onboard it is designated a "clean" ship/submarine. In effort to keep ship/submarine personnel "clean" NBG shall:

**NOTE: For the purpose of this memorandum, "NBG personnel" includes all personnel not assigned to the ship/submarine.**

- a. Enforce Restriction of Movement (ROM) protocols for shipboard personnel to the pier by establishing a Force Health Protection Barrier (FHPB) forward and aft of the ship/submarine. The FHPB access will be manned and controlled by ship's force personnel. All ship's force personnel will be restricted to within these limits.
- b. Ship's force personnel will man the FHPB to assist in enforcing the procedures described herein.
- c. Husbanding/pier side services (to include but not limited to line handling, ammunition movements, potable water connection, shore power installation etc.) will be allowed utilizing the following mitigations:
  - (1) Except in emergency situations, NBG personnel will not board the ship/submarine unless absolutely required to properly service the ship/submarine. If boarding the ship/submarine is required, NBG personnel will wear personnel protective equipment (PPE) and will maintain social distancing standard of six feet from all ships' force personnel to the maximum extent possible, as a minimum. Other mitigating measures will also be implemented, as warranted for the situation.

(2) While conducting routine services/operations on the pier, NBG personnel will not be authorized inside the FHPB at any time while ship's force personnel are on the pier/wharf. If this is not possible, the same mitigations as described in para (1) above shall be in place. Namely, NBG personnel will wear personnel protective equipment (PPE) and will maintain social distancing standard of six feet from all ships' force personnel to the maximum extent possible, as a minimum. Other mitigating measures will also be implemented, as warranted for the situation. Additionally, the minimum number of NBG personnel will be authorized to conduct the operations.

(3) NBG Pilot(s), if embarked aboard the ship/submarine, shall be screened by USNH Guam PHEO designated personnel prior to embarking the ship/submarine. While aboard the ship/submarine, the Pilot(s) shall wear PPE, not be directly exposed to any ship's force personnel and will maintain social distancing standard of six feet from all ships' force personnel to the maximum extent possible. Upon disembarking the ship, the Pilot shall self-monitor and immediately inform his supervisor and self-isolate if any ILI symptom is present within a 14-day period after the Pilotage Services are provided. NBG shall inform the ship if a Pilot self-isolates.

d. Removal of trash from the ship/submarine and other port arrival pier activities shall be delayed until after all husbanding services are completed.

e. For all instances where Ship's Force personnel are required to enter/exit the FHPB boundaries, the ship's CO shall provide a signed memo or other form of official correspondence addressed to the NBG CO as notification that personnel are cleared to enter/exit the FHPB boundaries.

f. Prior to any ship's force personnel entering/exiting the FHPB boundary, the ship/submarine Duty Officer shall inform the NBG CDO of the in planned movement. The NBG CDO will coordinate the movement, as necessary, and inform the NBG EOC and NBG CMC.

g. Prior to any NBG personnel entering/exiting the FHPB boundary, the ship's force FHPB boundary will be informed by either the NBG CMC, CMDCM (b) (6), or NBG Port Operations, CW03 (b) (6), that this movement is authorized.

3. Records Management. Records created as a result of this notice, regardless of media or format, must be managed per Secretary of the Navy Manual 5210.1 of January 2012.

4. Cancellation Contingency. This notice remains effective until cancelled or superseded.

(b) (6)

Releasability and Distribution: This notice is cleared for public release and is available electronically via the CNIC G2 Portal

<https://g2.cnic.navy.mil/NAVBASEGUAM/SitePages/Home.aspx>



## **Witness Statement of Chief of Staff, Commander, U.S. 7<sup>th</sup> Fleet**

On 11 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via videoteleconference.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CAPT (b) (6), USN  
Position: C7F COS

Email Address: (b) (6)@lcc19.navy.mil  
Phone(s): (b) (6) (Afloat Commercial)  
(b) (6) (Afloat DSN)  
(b) (6) (In port Commercial)  
(b) (6) (In port DSN)

I have been the C7F COS for two years, I arrived here in May of 2018. Prior to that I was a member of the Command Action Team for ADM Moran for one year, Commodore of CSS-1, Senior Nuclear Inspector for FFC, and the CO of the USS Missouri. I also had some other submarine boat and staff assignments.

My opinion of CCSG-9 prior to and during the port visit to Da Nang was that they did well. There was no difference between them and any other CSG. Performance-wise, in the short time they were operating, I would say they were equal to or better than the STENNIS that had come through a year earlier. I can't compare them to the REAGAN because the REAGAN is home ported here. CCSG-9 is not as familiar with the AOR –this is not atypical. It is a different environment here. They seemed to track things very well. I was not aware of any challenges in communications. It seemed to me that there was good communication prior to their chop to us, and it seemed like their leadership was in synch with us. The person with whom I primarily spoke was CCSG-9 COS.

There did seem to be a delta between their N3 team and the Strike Group leadership. There always seemed to a plan brewing amongst the N3 team that was not in alignment with the leadership. But that's not atypical in a complex environment like this and can occur for various reasons. Really, I had no complaints.

As for their port visit to Da Nang, it was different than many port visits because of the COVID-19 situation. Commander, U.S. Pacific Fleet had instituted a new process wherein C7F could not cancel any operation, activity or investment (OAI) for COVID concerns without Commander, US Pacific Fleet specific permission. My understanding was that CPF had to obtain Commander, INDOPACOM permission to cancel any OAI, to include port visits. To enable that decision making a set of slides and a risk analysis had to be performed and sent to CPF for every OAI in theater (literally hundreds) along with spreadsheets looking out 90 days. This occupied significant administrative bandwidth and was one of the driving reasons to stand up the COVID Working Group in the MOC, along with many other rapidly developing HHQ reporting



Subj: Witness Statement of Commander, U.S. 7<sup>th</sup> Fleet Chief of Staff

requirements. Other examples include direction that only Commander US Pacific Fleet could approve any exceptions (mission essential travel, humanitarian and hardship leave, small force RIP TOA, VP RIP TOA, etc.) authorized for the SECDEF Stop Order. This also resulted in significant administrative effort.

COVID-19 mitigations and precautions were not new at the time of the TR port visit to Da Nang. Prior to and during the Da Nang port visit, there was an exercise going on in Thailand – COBRA GOLD – that had thousands of Marines, many troops, and Sailors. COBRA GOLD went forward but with many medical reviews and mitigations conducted before the event, including in country medical surveys, discussions with the Thais, temperatures taken on our Sailors and Marines on the pier by the Thai government. All OPORDs were followed and no one got COVID-19. BLUE RIDGE, AMERICA and GREEN BAY all had personnel ashore/liberty in and around the Pattaya Beach and Sattahip areas. No COVID cases resulted.

When the TR pulled in to Da Nang, COBRA GOLD was still going on with the AMERICA ARG with GREEN BAY and BLUE RIDGE in Thailand until March 9<sup>th</sup> or 10<sup>th</sup>. Thailand, at that time, was considered "Yellow" whereas Vietnam was "Green" by the INDOPACOM risk matrix for COVID-19.

Immediately following COBRA GOLD, the USS BLUE RIDGE went to Singapore as part of the patrol, which at that time was considered "Yellow." The crew in Singapore was restricted to where they could go and places where we knew there was a COVID-19 outbreak (the churches, conference center, hotels that had reported COVID exposure, Sentosa Island, etc.) were off limits. No COVID cases resulted.

BLUE RIDGE had also been in Busan South Korea for regular engagements with the Republic of Korea Navy (ROKN) in the first week of February, just before COVID was reported to have been in and around Busan. No COVID cases resulted.

The port visit to Vietnam was significant because they often do not often let aircraft carriers pull in to Vietnam and it is an annual push to do so by PACFLT/INDOPACOM. It was a key engagement worked out at higher echelons. Also, it's important to note that Vietnam was not considered as dangerous compared to Thailand or Singapore. All of the cases were in Hanoi in the north and I think at the time it was only 9 people who had COVID-19 in Vietnam. The port visit to Da Nang went forward but with many things were scaled back to minimize the threat of COVID-19.

Prior to the TR port visit to Da Nang, the C7F, CSG-9 and CPF Senior Medical Officers spoke often. They made plans early to isolate individuals who had been exposed to COVID-19. The protocol at the time was that if you were exposed, you went into 14 days isolation. The TR followed that requirement with the 39 Sailors from the hotel. They were also allotted a rapid testing capability with a lab technician was called a Step ONE system. Most planning for COVID-19 response was done through our medical departments.



Subj: Witness Statement of Commander, U.S. 7<sup>th</sup> Fleet Chief of Staff

C7F had a TASKORD, updated over the month of Feb and into March, that required all ships to have a COVID-19 plan in place along with several other requirements for mitigations and actions in response to COVID exposure (what we and anyone knew at the time). These orders also specified crew screening protocols and precautions to take to minimize the chance for COVID exposure. I cannot say for certain if the TR made a COVID-19 plan prior to pulling in to Da Nang but would expect that they did given the level of attention to COVID in planning the visit's engagements. Once the TR had their first positive case, we were there was no time to look back for their original plan.

Until mid-March, we provided guidance to C7F in TASKORDs and VOCOs. But as time wore on, we deemed it nonessential to put out subsequent TASKORDs because the guidance on COVID-19 was changing every day and PACFLT began publishing daily maritime operations directives to promulgate these very frequently changing requirements and to align policies.

In early February I had established a COVID-19 working group at C7F. It was a standard working group in the MOC that dealt with nothing but COVID-19 issues.

Immediately following the Da Nang port visit we remained in regular communications with CSG-9 as they transited to Guam. The fleet surgeons were in daily communications and I personally spoke with the Commander and the COS. TR had a full preventative medicine team onboard. It seemed from my view that they had everything they needed to successfully execute the isolation/quarantine of the 39 Sailors considered potentially exposed. During this period all deployment schedules were changing and all port visits to non-US controlled ports were being canceled for all ships in response to COVID concerns. TR conducted operations in the Phil Sea and was scheduled to join the AMERICA ARG for Expeditionary Strike Force (ESF) operations. C7F was also supporting an eventual port visit in Guam but that had become problematic due to Guam's reaction to their own COVID outbreak (state of emergency declared at about this time), and Guam public affairs and lower government reaction had been very negative to recent Navy ship visits when Sailors were tested for COVID exposure.

I think it is important to note in the two weeks immediately following the TR's port visit to Da Nang and BLUE RIDGE's port visit to Singapore the DOD response and the Navy's response to COVID-19 accelerated tremendously. During this period all port visits were being canceled, travel was under stop order, PCS for dependents was being stopped, GFM and RIP/TOA was being stopped, we were having to determine if we were going to pull small force laydowns out of countries, etc. All ship schedules in the theater were being changed to eliminate operations that were being canceled by partners and allies, etc. These changes included changes to the TR deployment as well as all others.

In February, C7F had begun planning for a ship if they had a major outbreak. Okinawa, Yokosuka, and Guam were discussed as options for ships to pull in to port if needed. White Beach in Okinawa was the best choice, but politically it could be difficult. Yokosuka was capacity limited in its ability to bring people on and off. Guam was a good candidate, but the Navy had suffered a negative backlash from COVID-19 in the week prior to TR having to pull in



Subj: Witness Statement of Commander, U.S. 7<sup>th</sup> Fleet Chief of Staff

there. The Guam Port Authority had previously demanded a list of names of our crew members who were suspected of being COVID-19 positive, prior to our Navy ships entering the port. The Guam media was reporting negatively on cases of Influenza Like Illness (ILI) in the Navy that were being isolated and tested on Guam. The Government of Guam was not going to be receptive to bringing COVID-19 cases into Guam. In the two weeks before the TR arrived in Guam there was government and media backlash about the potential for the Navy to bring COVID-19 positive cases to Guam. Guam then seemed one of the least friendly places for the TR to pull into, but since it was a carrier, Guam was really the only option. One week prior to the TR arriving in Guam, Guam declared a State of Emergency. Our initial impression was that asking Guam for help was a "no go" from the start. This would change later when the Governor became involved.

There were a lot of discussions about whether or not the TR was going to go to Hawaii or San Diego instead of Guam. There was concern that a Sailor may rapidly deteriorate in transit and we understood that there places in the Pacific where it would be difficult to fly someone off for timely medical care. We were not sure what to expect, but given that the positive cases were sporadic throughout the ship, we felt number of people exposed would be big. We were concerned about TR medical capability of multiple people needed ICU in such a transit to Hawaii or San Diego.

There were also plans that as TR was in Guam, the crew could be in Guam, some in Okinawa and some in Yokosuka. CPF rejected the idea of Okinawa the day after TR arrived in Guam. Guam had 1,000 beds available and would have an additional 2,000 more in the next few days. CPF told us to hold before anyone left the island.

We know we did not have separate rooms. Fifty people in the gym is better than 5,000 on a ship. It was obvious the ship did not concur and called in unacceptable. They wanted 4,800 single rooms, we (C7F) were trying to divide the ship's crew into smaller sections soonest. We understand that isolation is a single person with COVID-19, but crew segregation, or what we were at the time calling quarantine also prevents COVID-19. Quarantine would have slowed down or stopped the spread of COVID-19. Commander, U.S. 7<sup>th</sup> Fleet was crystal clear to the Commander, Strike Group 9 in telling the ship what we wanted – he wanted as many Sailors off the ship as soon as possible.

Commander, U.S. 7<sup>th</sup> Fleet spoke to CSG-9 about that direction and requirement. The ship's personnel were in the room at the time of the discussion and there is no doubt they understood they were directed to get as many Sailors off the ship soonest. We told them testing was not required to move Sailors into quarantine.

It was later required by the Governor of Guam that Sailors were tested prior to going into hotels to Guam. With the limitations of the testing (flights to Korea, lab capacity and turn around, etc.) this requirement slowed the process down considerably. As we were trying to get them off the ship, the TR SMO said he only wanted single rooms for his Sailors. This was a source of friction. The ship turned down short term cots in less than desirable places like storerooms and

Subj: Witness Statement of Commander, U.S. 7<sup>th</sup> Fleet Chief of Staff

warehouses. All locations for berthing had food, restrooms, and showers. Meal delivery was essential and my sense was meal delivery was quickly meeting the demand signal of beds available. Some of the showers were not ideal but they were functional. The ship wanted WIFI for the Sailors and Navy Base Guam (NBG) worked hard to get it. The beds might have been 'spartan' but 'spartan' was authorized.

Word came out that Korea was capable of running 1,000 test a day. When CPF learned of this they wanted to test the entire crew of TR. The focus then became scattered: CPF wanted testing, C7F wanted Sailors off the ship, TR wanted single rooms. Korea was never able to test 1,000 TR Sailors in one day as the Korea test facility worked for the entire region not dedicated to TR. As evidence of this, we used the Korea lab to test the whole crew and the last TR Sailor tested wasn't tested until 29 April 2020.

I don't think TR crew distrusted C7F, but I think the social media posts exaggerated their sense of expectations did not match what was achievable. We wanted them off the ship soonest to prevent the spread. TR had a plan to protect their skeleton crew to get underway, but they did not have a plan for the rest of their crew.

The day the old CO left and the new CO took command, there was a complete difference in communications with the TR. The previous CO did not attend our working group. He was invited but he never attended. Once the new CO took over, he took an active role in telling us his concerns so we could help. With the old CO we did not know what they were doing the first few days in Guam – we didn't hear from him.

I swear (or affirm) that the information in the statement above is true to the best of my knowledge or belief.

(b) (6)

\_\_\_\_\_  
(Witness' Signature)

5/21/20  
(Date)

1412(I)  
Time



(b) (6)

## LCDR USN NAVCIVLAWSUPPACT DC (USA)

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**Sent:** Tuesday, March 24, 2020 3:40 AM  
**To:** Baker, Stuart P RDML USN, CCSG-9  
**Cc:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) HM1 USN, CCSG 9; DH\_71  
**Subject:** RE: COVID-19 update 24 March  
**Signed By:** (b) (6) @mail.mil

Admiral,

Copy all and during the meeting the AMA declined to accept the tests for the concerns you raised about a live virus. We're still getting supplies from them and 2 prev med staff from NEPMU.

Second update while in the meeting: E4 from Reactor (RP div) tested positive. He presented with one day of symptoms at sick call this morning - temp of 101.4, body aches, sore throat. Currently working to get names/numbers of this next large batch of close contacts. The potential operational impacts of quarantining this large group is obviously significant. CO/XO/RO are aware.

To that end, as you pointed out, this will become a testing problem very quickly and we're back to batch testing in groups of five. While that will speed up testing some, with a small lab team that does the testing, there will be some delays as we have to let the lab team sleep at some point and they have been up since 2200 last night.

v/r,

SMO

-----Original Message-----

**From:** Baker, Stuart P RDML USN, CCSG-9  
**Sent:** Tuesday, March 24, 2020 2:55 PM  
**To:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**Cc:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6)



CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA)';  
(b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore  
Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6)  
HM1 USN, CCSG 9; DH\_71  
Subject: RE: COVID-19 update 24 March

SMO - copy. Don't think we should send to AMA. We'll discuss at 1500.

V/r,  
Studa

-----Original Message-----

From: (b) (6) CAPT USN, USS Theodore Roosevelt  
<(b) (6) @cvn71.navy.mil>  
Sent: Tuesday, March 24, 2020 2:31 PM  
To: Baker, Stuart P RDML USN, CCSG-9 <(b) (6) @ccsg9.navy.mil>  
Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
<(b) (6) @cvn71.navy.mil>; (b) (6) CAPT USN, USS Theodore  
Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6) CAPT USN,  
CCSG9 <(b) (6) @ccsg9.navy.mil>; (b) (6) CAPT USN,  
CVW-11 CAG <(b) (6) @cvw11.navy.mil>; (b) (6) CAPT USN,  
CVW-11 DCAG <(b) (6) @cvw11.navy.mil>; (b) (6) CAPT USN,  
USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6)  
CAPT USN, COMDESRON23 <(b) (6) @cvn71.navy.mil>; (b) (6)  
CAPT BKH CO <(b) (6) @cg52.navy.mil>; (b) (6) CDR - BKH XO'  
<(b) (6) @cg52.navy.mil>; (b) (6) LCDR USN, USS THEODORE  
ROOSEVELT <(b) (6) @cvn71.navy.mil>; (b) (6) CMC USN, USS  
Theodore Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6) MCPO  
USN CVW-11 (USA)' <(b) (6) @navy.mil>; (b) (6) CMC USN, CCSG9  
<(b) (6) @ccsg9.navy.mil>; (b) (6) CDR USN, USS Theodore  
Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6) CDR USN, USS  
Theodore Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6) HM1 USN,  
CCSG 9 <(b) (6) @ccsg9.navy.mil>; DH\_71 <(b) (6) @cvn71.navy.mil>  
Subject: COVID-19 update 24 March

Admiral,

Update on current events.

1. Planning to MEDEVAC the two COVID positive patients, plus one non-medical attendant, tomorrow - pending Governor of Guam approval. That issue is currently being worked by Ops.
2. Berthing and work centers plus a few other named individuals (named by the patients) yielded 201 close contacts. That number will likely rise. Based on recommendations from the medical chain of command and theater Prev Med specialists we are testing all of them individually. Half of the tests will be sent to the America on a helo this afternoon (1700) to load share and increase throughput. Anticipate it will take close to 24 hours for all results to be finalized.

3. A Preventive Medicine Officer and Prev Med Tech will be joining us from the America for an undetermined period of time. They will be able to assist in contact tracing, quarantine, etc.

4. Requesting that all departments, squadrons, and units resume daily verbal screening of their sailors. Specifically, asking for flu-like symptoms: fever, chills, cough, sore throat, shortness of breath and body aches. This needs to continue for 14 days (last day 7 April). If anyone answers "yes" to these questions, they need to be evaluated by Medical. Routine evaluation of these individuals will occur daily from 0730-0930 and 1930-2130. Obviously, if someone feels that they can't wait until those times, we can evaluate them at any time.

5. Bleachapalooza is now twice a day - 0730 and 2000.

Standing by for questions.

v/r,

SMO

# Sailors tested positive on USS Theodore Roosevelt, extent of exposure unclear

Jasmine Stole Weiss, Pacific Daily News Published 5:11 p.m. ChT March 26, 2020



The Nimitz-class aircraft carrier USS Theodore Roosevelt at the Kilo Wharf on Naval Base Guam in Sumay is shown in this Oct. 31, 2017, file photo. It's unclear how many sailors have been exposed to four confirmed positive COVID-19 patients on the carrier. (Photo: Rick Cruz/PDN)

It's unclear how many sailors have been exposed to four confirmed positive COVID-19 patients who were on a Navy aircraft carrier.

Over 5,000 people are on the USS Theodore Roosevelt, said Admiral Michael Gilday, chief of naval operations, at a press conference streamed live Wednesday.

A confirmed four people from the aircraft carrier tested positive for the virus and were medically evacuated to Naval Hospital Guam on Wednesday, according to Joint Region Marianas and the Joint Information Center.

**More:** [Three more cases of COVID-19 on Guam, 32 cases total \(/story/news/local/2020/03/24/three-more-cases-covid-19-guam-32-cases-total/2905866001/\).](/story/news/local/2020/03/24/three-more-cases-covid-19-guam-32-cases-total/2905866001/)

**More:** [Disobeying quarantine orders is a misdemeanor on Guam \(/story/news/local/2020/03/25/coronavirus-guam-disobeying-quarantine-orders-misdemeanor/2905751001/\).](/story/news/local/2020/03/25/coronavirus-guam-disobeying-quarantine-orders-misdemeanor/2905751001/)

Gov. Lou Leon Guerrero at her 1:30 p.m. press briefing on Thursday deferred questions about COVID-19 cases on the USS Roosevelt to Joint Region Marianas Commander Rear Admiral John Menoni.

"I have been in close communication with Admiral Menoni. He's been very transparent with me and we have had discussions," Leon Guerrero said. "I would like to defer the question to him because he is the official person that would give you that information."

Questions sent to Naval Hospital Guam and Naval Base Guam were referred to officials at U.S. Pacific Fleet Public Affairs office, who hadn't returned messages or calls as of press time Thursday.

## 3, then 4 cases

On Tuesday, the Department of Defense confirmed (<https://www.defense.gov/Explore/News/Article/Article/2123759/navy-officials-announce-3-covid-19-cases-aboard-uss-theodore-roosevelt/>), three positive cases of COVID-19 aboard the USS Theodore Roosevelt. On Wednesday, the known positive COVID-19 cases on the carrier increased to four.

The four patients are being treated at Naval Hospital Guam and are isolated, the Joint Information Center said.

On March 24, the U.S. Pacific Fleet Public Affairs ([https://www.navy.mil/submit/display.asp?story\\_id=112466](https://www.navy.mil/submit/display.asp?story_id=112466)) reported that the first three positive sailors included a sailor assigned to San Diego-based squadron, a sailor assigned to an Everett, Washington-based ship and a sailor assigned to a Pearl, Harbor, Hawaii-based shore command.

The three sailors were isolated at their residences, restricted in movement and personnel that had close contact with them were also notified and placed in restriction movement status, according to the Pacific Fleet Public Affairs Office.

The USS Theodore Roosevelt is a Nimitz-class aircraft carrier that's 1,092 feet long, with 20 stories above the waterline and a 4.5-acre flight deck.

It arrived in Da Nang, Vietnam ([https://www.navy.mil/submit/display.asp?story\\_id=112283](https://www.navy.mil/submit/display.asp?story_id=112283)) on March 5 for a scheduled port visiting commemorating 25 years of U.S.-Vietnam diplomatic relations, according to a news release from earlier this month.

Sailors while in Vietnam were allowed a port visit. On Wednesday, Guam time, at a press conference (<https://www.facebook.com/USSTheodoreRoosevelt/videos/228454391864772/>), Gilday said at the time of the port visit in Vietnam, there were only 16 positive cases in Vietnam in the north.

After the port visit, there was enhanced medical screening and a 14-day isolation period, Gilday said.

He added that "it would be difficult to tie down these active cases to that particular port visit. We've had aircraft flying to and from the ship and we just don't want to say that it's that particular port visit."

He declined to say at the time where the positive COVID-19 sailors were going to be flown to, but said, it was a Department of Defense hospital in the Pacific region.

Now, it is known that the sailors were transported to Naval Hospital Guam.

## Readiness concerns

Gilday said in general, the military's policy has been not to disclose specific operational or readiness detail of units.

"We don't necessarily want to make it easy for somebody that wishes us ill to know what our exact readiness capabilities are," Gilday said at the Wednesday press conference.

Gilday was asked if sailors were being kept six feet apart. He responded: "We're doing the best we can to maintain social distancing. In an operational environment, sometimes it's very difficult but people are very mindful of the environment that we're operating in right now with COVID."

"We're trying to take those precautions as best we can," he added.

Read or Share this story: <https://www.guampdn.com/story/news/local/2020/03/26/sailors-tested-positive-uss-roosevelt-extent-exposure-unclear/5084652002/>

UNCLASSIFIED//  
ROUTINE  
R 231957Z MAR 20 MID110000511164U  
FM CNO WASHINGTON DC  
TO NAVADMIN  
BT  
UNCLAS

NAVADMIN 083/20

MSGID/NAVADMIN/CNIC WASHINGTON DC/N00/MAR//

SUBJ/RESTRICTION OF MOVEMENT (ROM) GUIDANCE//

REF/A/DOC/USD/11MAR20//  
REF/B/NAVADMIN/OPNAV/212007ZMAR20//  
REF/C/DOC/BUMED/17MAR20//

NARR/REF A IS UNDER SECRETARY OF DEFENSE MEMO, FORCE HEALTH PROTECTION GUIDANCE (SUPPLEMENT 4) - DEPARTMENT OF DEFENSE GUIDANCE FOR PERSONNEL TRAVEL DURING THE NOVEL CORONAVIRUS OUTBREAK.  
REF B IS NAVADMIN 080/20, NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK UPDATE 3.  
REF C IS BUMED RETURN TO WORK GUIDELINES FOR CORONAVIRUS.//

RMKS/1. REF A requires that personnel returning from a Center for Disease Control and Prevention (CDC) Travel Health Notice (THN) Level 3 or Level 2 location perform a 14 day restriction of movement (ROM). During ROM, Service Members should be restricted to their residence or other appropriate domicile and limit close contact (within 6 feet or 2 meters) with others. This NAVADMIN clarifies the definition of ROM, provides amplifying guidance, and delineates responsibilities for execution of ROM.

## 2. Definitions.

2.a. Restriction of Movement (ROM). General DoD term referring to the limitation of personal liberty for the purpose of ensuring health, safety and welfare. ROM is inclusive of quarantine and isolation.

2.a.(1) Quarantine. Medical term referring to the separation of personnel from others as a result of suspected exposure to a communicable disease. For the world-wide COVID-19 epidemic, this should be imposed on those with no COVID-19 symptoms who have either recently returned from a high-risk location (CDC THN Level 2 or 3), or have had close contact with a known COVID-19 positive patient. The current recommended quarantine period is 14 days. Per CDC, quarantine generally means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

2.a.(2) Isolation. Medical term referring to the separation of personnel from others due either to the development of potential COVID-19 symptoms or as a result of a positive COVID-19 test. Per CDC, isolation means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

2.b. Patient (or Person) Under Investigation (PUI). In the case of COVID-19, a PUI is defined as an individual with either a pending COVID-19 test or for whom a test would have been ordered/conducted had one been available.

2.c. Self-monitoring. Per CDC, self-monitoring means people should monitor themselves for fever by taking their temperatures twice a day and remaining alert for the onset of a cough or difficulty breathing. If an individual feels feverish or develops a measured fever, cough, or difficulty breathing during the self-monitoring period, they should self-isolate, limit



contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether further medical evaluation is needed.

2.d. Close Contact. Per CDC, a close contact is defined as:

2.d.(1) Being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; the current recommended threshold is 10 minutes. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case, or

2.d.(2) Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

3. Applicability. ROM applies to all Service Members, who in the last 14 days have either been in:

3.a. An area with ongoing spread of COVID-19 as defined as CDC designated Level 2 and 3 countries ([https:// www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html](https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html)), or

3.b. Close contact with a person known to have COVID-19.

3.c. Per REF A, it is strongly recommended that DoD civilian employees, contractor personnel and dependents also follow this guidance.

4. Guidance.

4.a. ROM personnel shall be directed to remain at home or in a comparable setting for 14 days ROM from the day of departure or contact. For transient personnel and those residing in close quarters such as unaccompanied housing or ships, temporary lodging meeting CDC guidance of separate sleeping and bathroom facilities shall be arranged, when available.

4.b. When in ROM, personnel shall avoid congregate settings, limit close contact with people and pets or other animals to the greatest extent possible, avoid traveling, self-monitor, and seek immediate medical care if symptoms (e.g., cough or shortness of breath) develop.

4.c. Personnel assigned ROM may exit quarters to access laundry facilities, outdoor exercise, and designated smoking areas; and conduct other routine tasks not in a public setting provided they maintain social distancing greater than 6 feet from others. Access to messing facilities, stores, fitness centers and other widely used support services is prohibited.

4.d. For temporary lodging, normal room cleaning services will be suspended during the ROM period.

4.e. For personnel executing ROM in private residence, coordinate with parent command for the purchase of required food/hygiene items or arrange delivery through other means.

4.f. After completion of ROM, return to work per REF C and Combatant Commander guidance, if applicable.

5. Responsibilities.

5.a. Parent command Commanding Officer/Officer in Charge shall:

5.a.(1) Ensure screening of personnel for ROM.

5.a.(2) Ensure ROM personnel comply with paragraph 4.

5.a.(3) If temporary lodging is required:

5.a.(3)A. Provide cost orders for ROM personnel. Orders will direct the Service Member to a ROM status and not TAD to the host installation.

Recommend funding for temporary lodging, if required, be obtained through the Type Commander. This may be accomplished utilizing a General Terms and Conditions document to avoid issues arising from Service Members not having government travel cards.

5.a.(3)B. Coordinate with installation Commanding Officer for room assignment. It is imperative that tenant commands inform installations of all personnel in ROM within government facilities (to include barracks, NGIS, Navy Lodge, PPV family housing, and PPV barracks).

5.a.(3)C. As needed, coordinate messing support with the Commanding Officer where a galley is available. Arrangements will be made between the parent command and the installation for the delivery of meals to Service Members in a ROM status.

5.a.(3)D. As required, provide daily support to ROM personnel to ensure meal delivery as well as health and comfort checks.

5.A.(3)E. Ensure personnel supporting individuals in ROM are trained on the status of ROM personnel and associated interaction protocols. Close contact is prohibited. PPE is not required.

5.a.(4) If private residence is utilized, coordinate with ROM personnel to ensure all messing needs are met.

5.b. Installation Commanding Officers shall:

5.b.(1) Account daily for available temporary lodging to support ROM.

5.b.(2) Track all ROM personnel residing in Navy Lodging (unaccompanied housing, NGIS, Navy Lodge, PPV family housing, PPV barracks) both on and off installation. There is no need for installations to track tenant personnel in a ROM status in private residence/lodging.

5.b.(3) Provide detailed instructions to tenant commands who require temporary ROM lodging support.

5.b.(4) If available, coordinate with parent commands to provide take-out meals for delivery to ROM personnel.

5.b.(5) Ensure temporary lodging staff are trained on the status of ROM personnel and associated interaction protocols. Close contact is prohibited. PPE is not required.

5.b.(6) Follow CDC guidance for cleaning rooms following the ROM period. Ensure the standards are the same across all facilities (unaccompanied housing, NGIS, Navy Lodge).

5.b.(7) For the safety of lodging personnel, ensure clear discrete procedures are in place to identify rooms which are occupied by ROM personnel.

5.b.(8) Ensure fire and emergency services are aware of ROM personnel locations, particularly those in isolation, and are prepared to respond to medical emergencies with appropriate PPE.

6. Entitlements. Per REF B.

7. Reporting Requirements. Per REF B.

8. ROM FAQs.

Question 1. When placed on Restriction of Movement (ROM), can I travel to locations within the fence line of an installation to utilize facilities such as the NEX food court or the gym?

Answer 1. No, during the duration of ROM, Service Members must remain in their rooms with the exception of brief trips to utilize designated smoking areas, walking in the immediate vicinity of the building (usually within 100 feet), and limiting close contact (within 6 feet) with others. If your facility contains an in house gym, do not use it.

Question 2. Can I accept food deliveries from various services?

Answer 2. Yes, food must be placed outside the room. Minimize close contact (within 6 feet).

Question 3. Can my family or friends visit me?

Answer 3. Yes, provided they do not enter your room. Conversations should be held with visitors staying in the passageway outside the room and Service Members in their room. Minimize close contact (within 6 feet).

Question 4. Can I do my laundry?

Answer 4. Yes, but you should coordinate with your command to utilize in house laundry facilities.

Question 5. How do I obtain personal hygiene items?

Answer 5. Utilize the point of contact provided by your command to arrange for purchase of these items.

Question 6. Will my room be cleaned daily?

Answer 6. No, your room will not be cleaned during your stay. Trash pickup is available by placing your trash can in the passageway.

Question 7. Is Personal Protective Equipment required for personnel in my vicinity?

Answer 7. No, you should limit close contact (within 6 feet) with others.

Question 8. Can I ROM in open bay barracks or in rooms with shared bathrooms?

Answer 8. No, individuals should be placed in separate lodging (when available).

Question 9. Can I use public transportation if in ROM status?

Answer 9. No, individuals on ROM should avoid crowds and public locations.

Question 10. Can I get off ROM early if I was in close contact to a person with COVID-19, and I feel like I am not sick?

Answer 10. No, the Centers for Disease Control (CDC) recommends 14 days of ROM from the last date of exposure to a COVID-19 positive person.

Question 11. What is the difference between quarantine and restriction of movement (ROM)?

Answer 11. Quarantine is a legal public health term used for civilian restrictions and ROM is a military term being used to identify military individuals who are restricted in their movement, generally to their residence.

Question 12. Are my family members at risk if I ROM at home with them?

Answer 12. ROM status is a precautionary step to prevent spread to others. Considering this, it is recommended that while at home in a ROM status, you practice social distancing. This means try to remain at least 6 feet from other persons, avoid using the same bathroom, or sleeping in the same bed.

Question 13. Can I prepare meals for my family while on ROM?

Answer 13. When in a ROM status, it is recommended you not prepare meals for your family because the virus is spread through respiratory droplets that can land on surfaces such as food. Ideally, you should have other individuals prepare food. If you are the only care giver, make sure you are washing your hands with soap and water for 20 seconds for general food safety. Make sure you cover your nose and mouth when coughing and wash your hands after using the bathroom.

Question 14. Should I be wearing a mask?

Answer 14. Masks will not protect you from inhaling the virus. The virus is very small and can make its way through and around the mask. The best way to prevent being infected or infecting others is to practice social distancing and good hygiene techniques (such as washing your hands regularly with soap and water for at least 20 seconds, avoid touching your face, avoid sick persons, etc).

Question 15. Do I need to clean my house to CDC standards?

Answer 15. It is recommended you maintain a clean living environment as you normally would. This includes frequent hand washing, washing clothing and bedding, and wiping down frequently touched surfaces with a sanitizing wipe or any cleaning product that contains at least 10 percent bleach. The Environmental Protection Agency has a list of products that have been

specifically tested as effective in sanitizing surfaces.

9. Released by Vice Admiral M. M. Jackson, Commander, Navy Installations Command.//

BT  
#0001  
NNNN  
UNCLASSIFIED//

**From:** (b) (6) @fe.navy.mil  
**To:** (b) (6) CAPT USN VCNO (USA)  
**Cc:** (b) (6) CAPT USN VCNO (USA); (b) (6) @fe.navy.mil; (b) (6) CAPT, Chief of Staff;  
(b) (6) CAPT CCSG 9, N01  
**Subject:** RE: Follow-up RFI  
**Date:** Monday, April 6, 2020 6:06:17 PM

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(b) (6)

Put this timeline together with input from COS (b) (6) and Governor LeonGuererro. As you reconcile this, please note that most of these discussions were done via phone calls and Tandbergs. The general consensus from the full team is that we were working the Hotel option for at least 2 days prior to the letter drop but I don't have direct email or text msg evidence of that. What I remember is that C7F and I started discussing this on Fri 27 Mar or Sat 28 Mar, the Governor states that I called her 28 Mar (I have 29 Mar in my head), I believe COS JRM engaged his counterpart via phone on 28 or 29 Mar. I know we got a solid positive, not yes, on the morning of 30 Mar from the Governor and her COS. We started working with GHRA on 30 Mar and kicked off formal negotiations on 31 Mar. Once we got to a good place with GHRA, PACFLT COM called the Governor to close the deal about 1900 Guam 31 Mar/2300 Hawaii 30 Mar/0500 DC 31 Mar but I would confirm the dtg of that call with COMPACFLT. The Governor publically announced her support on 1 April.

Throughout this timeline there are multiple, daily calls and Tandbergs between JRM and CSG9 (COS and CDRs) concerning all aspects of support to TR.

Additionally, recommend you discuss with Mr. Love what the CO knew and when. There may be an insight that will be helpful to this PI.

All dates Guam time, due to IDL minus 1 day roughly for HI and CONUS.

- 25 Mar - Post PACFLT CUB (1000 Guam) Notified officially of TR port call. No requirement given for off ship berthing given. We think it is 600 off ship, start building capacity to hold 1000. JRM first advises Governor of port call.
- 25 Mar - MEDEVAC Flight to Andersen via COD turned off by 36th Wing/Andersen AFB Commander due to DECON concerns. DCOM CPF suggests to JRM a MEDEVAC to a Navy Helo pad. First MEDEVAC to NAVHOSP Guam, 3 Positive Sailors & 1 Med Attendant. No direct Comms with Ship
- 26 Mar - 4 MEDEVAC flights to NAVHOSP Guam with 21 Positive Sailors. Received heads up from C7F/CSG9 COS. NAVHOSP and NBG had to scramble as there was direct Comms with Ship
- 27 Mar - TR pulls in. Sailors start moving off ship into isolation rooms and quarantine areas. Stated Navy position at this time was that this is a Navy problem and we will handle it without using Guam's resources.
- 27 or 28 Mar - CDR C7F - CDR JRM discussion over Tandberg about increasing off ship requirement to 4000 off, 1000 on, likely via lift to Okinawa. Hotel option also discussed but JRM advises caution due to stated Navy position. C7F asks JRM to keep exploring the hotel option if appropriate.
- 28 Mar (approx) - COS C7F relays to COS JRM discussion about 3000-4000 off ship.
- 28 Mar - Initial discussion about increasing capacity via hotels between JRM COS and JRM CDR. We think that COS JRM spoke to COS GovGuam after this conversation but do not have clear recollection/record of any call.
- 28 or 29 Mar - Governor has stated this call happened on the 28th. Initial discussion between JRM CDR and Governor LeonGuererro via phone call concerning the possibility of using hotels (Governor stated she thought the call was on Saturday the 28th and confirmed the substance of this call on 5 April to JRM CDR). Governor stated she started her staff working the hotel issue 28-29 Mar.
- 30 Mar ~0730 - COS JRM reached out to Gov Guam COS to take a temp check on hotel option, received positive indications from Gov Guam COS.
- 30 Mar 0800 - Governor and JRM CDR discussed hotel option during daily synch. JRM CDR informally asked Governor if we could start discussion on the hotel option. Received positive response. JRM CDR advised Governor that, if needed, a formal ask could come from the PACFLT or INDOPACOM CDR.
- 30 Mar 1444 (1844 29 Mar HI/CONUS) - JRM CDR and C7F CDR receive fwded copy of email with TR CO letter attached. Neither C7F nor JRM were on original email.
- 30 Mar 1508 - JRM CDR reached out to TR CO via email, no reply.



- 31 Mar - JRM CDR verbally directed JRM COS to start formal negotiations concerning conditions to use hotels with Gov Guam and GHRA. COS (b) (6) calls GHRA Director, (b) (6), directly.
- 31 Mar - COMPACFLT calls Governor to close deal about 1900 Guam 31 Mar/2300 Hawaii 30 Mar/0500 DC 31 Mar. (Recommend check with PACFLT on timing of this call)
- 01 Apr @ 0330 - JRM first aware of SF Chronicle article concerning letter. (This is when I woke and read the letter.)
- 01 Apr - Gov Guam COS advises dismay at the TR CO's letter. States "expletive deleted, the Governor was going to publically announce this initiative today." Governor advises JRM Commander that, while the letter is irritating due to the press coverage, we could proceed with negotiations between FLCAPAC, TR, JRM and GHRA on the hotel option.
- 01 Apr - Governor formally announces support.

V/r

John

-----Original Message-----

From: (b) (6) CAPT USN VCNO (USA) [mailto:(b) (6)@navy.mil]  
 Sent: Tuesday, April 7, 2020 3:54 AM  
 To: Menoni, John V RDML USN JRM <(b) (6)@fe.navy.mil>  
 Cc: (b) (6) CAPT USN VCNO (USA) <(b) (6)@navy.mil>  
 Subject: Follow-up RFI

John – Thanks again for the great detail below. As we're piecing together the timeline, we had believed following your conversation that the discussions with Guam were:

Sat, 28 Mar: COS to COS

Sun, 29 Mar: You to She

Below =

Sun, 29 Mar: You to She

Mon, 30 Mar: AM: COS to COS

0800: You to She at Daily Sync

And then, we believe that on Tue, 31 Mar, CPF called the Governor to seal the deal.

Can you please confirm?

VR (b) (6)

From: (b) (6) @fe.navy.mil <(b) (6) @fe.navy.mil>  
Sent: Monday, April 6, 2020 3:35 AM  
To: Love, Robert E SES (USA) <(b) (6) @navy.mil>; (b) (6) @lcc19.navy.mil; (b) (6) CAPT USN VCNO (USA) <(b) (6) @navy.mil>  
Cc: (b) (6) (b) (6) CAPT USN CNO (USA) <(b) (6) @navy.mil>; (b) (6) CAPT USN VCNO (USA) <(b) (6) @navy.mil>; (b) (6) CDR USN VCNO (USA) <(b) (6) @navy.mil>; (b) (6) CAPT USN COMPACFLT PEARL HI (USA) <(b) (6) @navy.mil>; (b) (6) CAPT, Chief of Staff <(b) (6) @fe.navy.mil>  
Subject: RE: THR Timeline

Sir

Repass

Vr

John

Sent with BlackBerry Work  
(www.blackberry.com)

From: Love, Robert E SES (USA) <(b) (6) @navy.mil <[mailto:\(b\) \(6\) @navy.mil](mailto:(b) (6) @navy.mil)>>

Date: Monday, Apr 06, 2020, 5:08 PM

To: Menoni, John V RDML USN JRM <(b) (6) @fe.navy.mil <[mailto:\(b\) \(6\) @fe.navy.mil](mailto:(b) (6) @fe.navy.mil)>>, (b) (6) @lcc19.navy.mil <(b) (6) @lcc19.navy.mil <[mailto:\(b\) \(6\) @lcc19.navy.mil](mailto:(b) (6) @lcc19.navy.mil)>>, (b) (6) CAPT USN VCNO (USA) <(b) (6) @navy.mil <[mailto:\(b\) \(6\) @navy.mil](mailto:(b) (6) @navy.mil)>>

Cc: (b) (6) CAPT USN CNO (USA) <(b) (6) @navy.mil <[mailto:\(b\) \(6\) @navy.mil](mailto:(b) (6) @navy.mil)>>, (b) (6) CAPT USN VCNO (USA) <(b) (6) @navy.mil <[mailto:\(b\) \(6\) @navy.mil](mailto:(b) (6) @navy.mil)>>, (b) (6) CDR USN VCNO (USA) <(b) (6) @navy.mil <[mailto:\(b\) \(6\) @navy.mil](mailto:(b) (6) @navy.mil)>>, (b) (6) CAPT USN COMPACFLT PEARL HI (USA) <(b) (6) @navy.mil <[mailto:\(b\) \(6\) @navy.mil](mailto:(b) (6) @navy.mil)>>, (b) (6) CAPT USN JRM <(b) (6) @fe.navy.mil <[mailto:\(b\) \(6\) @fe.navy.mil](mailto:(b) (6) @fe.navy.mil)>>

Subject: RE: THR Timeline

What's the name of the 3rd Med Battalion's detachment Commander? Navy CAPT

Sent with BlackBerry Work  
(www.blackberry.com)

From: (b) (6) @fe navy.mil <(b) (6) @fe navy mil <[mailto:\(b\) \(6\) @fe navy mil](mailto:(b) (6) @fe navy mil)> >

Date: Monday, Apr 06, 2020, 2:20 AM

To: (b) (6) @lcc19 navy mil <(b) (6) @lcc19 navy mil <[mailto:\(b\) \(6\) @lcc19 navy mil](mailto:(b) (6) @lcc19 navy mil)>  
>, (b) (6) CAPT USN VCNO (USA) <(b) (6) @navy.mil <[mailto:\(b\) \(6\) @navy.mil](mailto:(b) (6) @navy.mil)> >, Love, Robert E SES (USA) <(b) (6) @navy mil <[mailto:\(b\) \(6\) @navy mil](mailto:(b) (6) @navy mil)> >

Cc: (b) (6) CAPT USN CNO (USA) <(b) (6) @navy mil <[mailto:\(b\) \(6\) @navy mil](mailto:(b) (6) @navy mil)> >, (b) (6) CAPT USN VCNO (USA) <(b) (6) @navy mil <[mailto:\(b\) \(6\) @navy mil](mailto:(b) (6) @navy mil)> >, (b) (6) CDR USN VCNO (USA) <(b) (6) @navy mil <[mailto:\(b\) \(6\) @navy mil](mailto:(b) (6) @navy mil)> >, (b) (6) CAPT USN COMPACFLT PEARL HI (USA) <(b) (6) @navy mil <[mailto:\(b\) \(6\) @navy mil](mailto:(b) (6) @navy mil)> >, (b) (6) CAPT, Chief of Staff <(b) (6) @fe navy.mil <[mailto:\(b\) \(6\) @fe navy mil](mailto:(b) (6) @fe navy mil)> >

Subject: RE: THR Timeline

(b) (6), (b) (6), Mr. Love,

In addition to the information concerning capacity in the email chain, I pieced together the timeline on the hotel option from notes, memory and discussions with Governor Guam.

- 28 Mar - Initial discussion about increasing capacity via hotels between JRM COS and JRM CDR.
- 29 Mar - Initial discussion between JRM CDR and Governor LeonGuererro via phone call concerning the possibility of using hotels (Governor confirmed the substance of this call on 5 April to JRM CDR).
- 30 Mar ~0730 - COS JRM reached out to Gov Guam COS to take a temp check on hotel option, received positive indications from Gov Guam COS.
- 30 Mar 0800 - Governor and JRM CDR discussed hotel option during daily synch. JRM CDR informally asked Governor if we could start discussion on the hotel option. Received positive response. JRM CDR advised Governor that if needed a formal ask could come from the PACFLT or INDOPACOM CDR.
- 30 Mar 1444 (29 Mar HI/CONUS) - JRM CDR and C7F CDR receive fwded copy of email with TR CO letter attached. Neither C7F nor JRM was not on original email.
- 30 Mar 1508 - JRM CDR reached out to TR CO via email, no reply.

- 31 Mar - Gov Guam COS advises dismay at the TR CO's letter. Governor advises JRM Commander that, while the letter is irritating due to the press coverage, we could proceed with negotiations on the hotel option.

- 31 Mar - JRM CDR verbally directed JRM COS to start formal negotiations concerning conditions to use hotels with Gov Guam and GHRA.

V/r

John

-----Original Message-----

From: Menoni, John V RDML USN JRM

Sent: Sunday, April 5, 2020 3:19 PM

To: (b) (6) CAPT USN, C7F <(b) (6)@lcc19.navy.mil>; (b) (6) CAPT USN VCNO (USA)' <(b) (6)@navy.mil>; (b) (6)@navy.mil' <(b) (6)@navy.mil>

Cc: (b) (6)@navy.mil' <(b) (6)@navy.mil>; (b) (6)@navy.mil' <(b) (6)@navy.mil>; (b) (6)@navy.mil' <(b) (6)@navy.mil>; (b) (6)@navy.mil' <(b) (6)@navy.mil>; (b) (6) CAPT USN JRM <(b) (6)@fe.navy.mil>

Subject: RE: THR Timeline

(b) (6)

A bit different. It wasn't 4000 at once. It was 600 ashore then 1000 then 3 to 4000 as this evolved. The big number started to get thrown around 28/29 which is when we started working back channel with Gov Guam. Gov LeonGuererro confirmed my first conversation with her on 29 Mar about the hotels.

I can provide more detail from my notes and conversation when I get off the battlefield circulation.

Vr

John

Sent with BlackBerry Work

(www.blackberry.com)

From: (b) (6) CAPT USN, C7F <(b) (6)@lcc19.navy.mil  
<[mailto:\(b\) \(6\)@lcc19.navy.mil](mailto:(b) (6)@lcc19.navy.mil)> >

Date: Sunday, Apr 05, 2020, 2:50 PM

To: (b) (6) CAPT USN VCNO (USA)' <(b) (6)@navy.mil <[mailto:\(b\) \(6\)@navy.mil](mailto:(b) (6)@navy.mil)> >, (b) (6)@navy.mil' <(b) (6)@navy.mil <[mailto:\(b\) \(6\)@navy.mil](mailto:(b) (6)@navy.mil)> >

Cc: (b) (6)@navy.mil' <(b) (6)@navy.mil <[mailto:\(b\) \(6\)@navy.mil](mailto:(b) (6)@navy.mil)> >, (b) (6)@navy.mil' <(b) (6)@navy.mil <[mailto:\(b\) \(6\)@navy.mil](mailto:(b) (6)@navy.mil)> >, (b) (6)@navy.mil' <(b) (6)@navy.mil <[mailto:\(b\) \(6\)@navy.mil](mailto:(b) (6)@navy.mil)> >, (b) (6)@navy.mil' <(b) (6)@navy.mil <[mailto:\(b\) \(6\)@navy.mil](mailto:(b) (6)@navy.mil)> >, Menoni, John V RDML USN JRM <(b) (6)@fe.navy.mil <[mailto:\(b\) \(6\)@fe.navy.mil](mailto:(b) (6)@fe.navy.mil)> >

Subject: RE: THR Timeline

(b) (6)

III MEF assistance request 26 Mar, - immediate positive response of support from CG III MEF ((b) (6)). C7F and III MEF staffs held SVTC on 27 Mar to begin planning.

My records show all (CSG, ship, C7F, JRM) understood need for 4000 + occupancy as early as 25 Mar.



Getting there was the hard part - required multiple LOEs (NBG expansion, off island, on island hotels). Getting into the hotels under Guam restrictions is a slower than desired process against the following LIMFACs:

\* All sailors going in town require negative test.

\* Hotel RSOI rate is 50 PAX per trip.

\* Osan lab sample throughput has been very uneven to support sending Sailors.

VR

(b)

CAPT (b) (6)

Chief of Staff

SEVENTH Fleet

Embarked on USS BLUE RIDGE (LCC-19)

Inport DSN (b) (6)

Inport Comm: (b) (6)

At Sea DSN Direct: (b) (6)

At Sea (Commercial) Direct: (b) (6)

At Sea BLR Exchange DSN: (b) (6)

At Sea BLR Exchange (Commercial) (b) (6)

Tandberg EX-90: (b) (6)

Mobile: Overseas: (b) (6)

Mobile in Japan: (b) (6)

SIPR: (b) (6) @lcc19.navy.smil mil

-----

Hot Site: (b) (6)

OneNet: (b) (6) @fe navy mil

OneNet SIPR: (b) (6) @fe navy.smil.mil

DSN (b) (6)

Tandberg: (b) (6)

Mobile: Overseas: (b) (6)

Mobile in Japan: (b) (6)

-----

CENTRIXS (All Locations)

CENTRIXS K: (b) (6) @pacom kor.cmil.mil

CENTRIXS J: (b) (6) @mail.jpn.cmil mil

CENTRIXS FVEY: (b) (6) @rel.pacom.smil.mil

CENTRIXS CFMP: (b) (6) @af.usa.getf-cmfp.cmil mil

-----Original Message-----

From: (b) (6) CAPT USN VCNO (USA) [mailto:(b) (6) @navy.mil]

Sent: Sunday, April 05, 2020 9:16 AM

To: Love, Robert E SES (USA) <(b) (6) @navy mil>

Cc: (b) (6) CAPT USN CNO (USA) <(b) (6) @navy mil>; (b) (6) CAPT USN VCNO (USA) <(b) (6) @navy mil>; (b) (6) CDR USN VCNO (USA) <(b) (6) @navy mil>; (b) (6) CAPT USN COMPACFLT PEARL HI (USA) <(b) (6) @navy.mil>; Menoni, John RDML Commander, Joint Region Marianas <(b) (6) @fe.navy.mil>; (b) (6) CAPT USN, C7F <(b) (6) @lcc19 navy mil>

Subject: RE: THR Timeline

Sir – Thanks. I'll expand the cc-line to get answers.

For CPF/C7F/JRM, two questions for the SECNAV's team:

1) When did Navy reach out to III MEF for assistance? (believe C7F COS will have best answer). Know that coordination talks were occurring on 29 Mar.



2) When were 4000 individual rooms requested for isolation of Sailors?

For Mr. Love... do you want to know when they were requested by the ship (C7F COS), or when they were requested by the Navy of the Guam governor (JRM began that dialogue)?

Our Thanks!

VR (b)

From: Love, Robert E SES (USA) <(b) (6)@navy mil>

Sent: Saturday, April 4, 2020 7:12 PM

To: (b) (6) CAPT USN VCNO (USA) <(b) (6)@navy mil>

Cc: (b) (6) CAPT USN CNO (USA) <(b) (6)@navy mil>; (b) (6) CAPT USN VCNO (USA) <(b) (6)@navy mil>; (b) (6) CDR USN VCNO (USA) <(b) (6)@navy mil>; (b) (6) CAPT USN COMPACFLT PEARL HI (USA) <(b) (6)@navy.mil>

Subject: RE: THR Timeline

Also, when were 4000 individual rooms requested for isolation of sailors?

Sent with BlackBerry Work

([www.blackberry.com](http://www.blackberry.com))

From: (b) (6) CAPT USN VCNO (USA) <(b) (6)@navy.mil <[mailto:\(b\) \(6\)@navy.mil](mailto:(b) (6)@navy.mil)>>  
>

Date: Saturday, Apr 04, 2020, 4:07 PM

To: Love, Robert E SES (USA) <(b) (6)@navy.mil <[mailto:\(b\) \(6\)@navy.mil](mailto:(b) (6)@navy.mil)>>

Cc: (b) (6) CAPT USN CNO (USA) <(b) (6)@navy.mil  
<[mailto:\(b\) \(6\)@navy.mil](mailto:(b) (6)@navy.mil)>>, (b) (6) CAPT USN VCNO (USA) <(b) (6)@navy.mil  
<[mailto:\(b\) \(6\)@navy.mil](mailto:(b) (6)@navy.mil)>>, (b) (6) CDR USN VCNO (USA)  
<(b) (6)@navy.mil <[mailto:\(b\) \(6\)@navy.mil](mailto:(b) (6)@navy.mil)>>, (b) (6) CAPT USN COMPACFLT  
PEARL HI (USA) <(b) (6)@navy.mil <[mailto:\(b\) \(6\)@navy.mil](mailto:(b) (6)@navy.mil)>>

Subject: THR Timeline



Mr. Love – TR information follows.

We began getting SIPR updates from ADM Aquilino on the morning of 27 Mar. CPF began submitting Recovery SIPR quads on 2 Apr.

If you'd like any of that information, let us know. (b) (6) at CPF can assist filling in details as you head across.

Safe travels.

VR (b)

=====

17 Jan            Departed SD on deployment

5-8 Mar           Port visit Da Nang

At time of port visit, 16 positives in Vietnam, all in Hanoi

13 Mar      Preventative Medicine Teams embark on 3 C7F ships

21 Mar      1st two Sailors show symptoms

23 Mar      1st two Sailors tested positive

24 Mar      8 total Sailors tested positive

25 Mar      25 positive

First 4 positives moved ashore via rotary wing



26 Mar      THR arrives Guam

34 positive

27 Mar      38 positive

C-40 with new COVID testing kit arrives Guam (12-14 days until calibrated and ready)

~900 moved off-ship

H-ES-20

28 Mar (Sat) 46 positive

ROK lab capacity on line

29 Mar (Sun) 53 positive

30 Mar      79 positive

31 Mar      93 positive

III MEF delivers additional security and medical capability to Guam

1 Apr

114 positive

Medical Battalion arrived with additional Navy Medical personnel, to include:

Navy Special Psychiatric Rapid Intervention Team (SPRINT)

2 Apr

137 positive

177 ashore in Guam hotels (including 26 clear high risk personnel)

3 Apr 155 positive

TR Enlisted /Officer Demographics



Age:	Total	Male	Female	Total	Male	Female
20:	246	174	72	0	0	0
20-24	1832	1367	465	10	5	5
25-29	1004	743	261	138	113	25
30-34	603	500	103	116	103	13
35-39	403	349	54	96	86	10

40-44	152	138	14	61	57	4
-------	-----	-----	----	----	----	---

45-49	35	30	5	26	26	0
-------	----	----	---	----	----	---

50-54	8	7	1	14	14	0
-------	---	---	---	----	----	---

55-59	1	1	0	2	1	1
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March 27 ·

Family and Friends of the Rough Riders,

We safely arrived in Guam yesterday and we are moving ahead smartly with our mission to protect and improve the health of the force. That has been our top priority and will continue to be.

I ask for your patience as we establish ourselves here and your loved ones work through their abilities to contact you personally. I assure you, they are as anxious to talk with you, as you are with them. We are working through our various courses of action to keep everyone safe, well fed, and taken care of throughout our time in Guam.

Like our Nation, the Navy and the USS Theodore Roosevelt are putting all of our resources into battling COVID-19 and we know we will be successful and back at sea soon.

Thanks for your continued support.

CAPT Brett E. Crozier

Commanding Officer

USS Theodore Roosevelt (CVN 71)



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May 10 at 4:43 AM

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## **Witness Statement of Commanding Officer, Naval Base Guam**

On 12 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via video teleconference.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CAPT (b) (6), USN Position: Naval Guam Base CO

Email: (b) (6)@fe.navy.mil Phone: (b) (6)

Prior to TR arrival we had a lot of communication. We had COVID on the island [of Guam] and were thinking of how to keep TR clean. TR was initially coming to Guam as a clean ship. We found out otherwise only two days prior to her arrival that she was not clean. I had little direct interaction with ship from the time it was known that they had an outbreak until she arrived. We received a traditional LOGREQ; nothing COVID specific. Our coordination before their arrival was with Big XO and the CO at my level. Formal coordination after their arrival was with (b) (6) (CDO) and the ECC on TR. The NBG EOC was stood up prior to TR arrival. However, in order to support this operation I knew we had to task organize so I independently stood up TF TR REVIVE. The plan and execution was based on a previous OPT that we conducted while preparing for a potential State Department mission to support a COVID Positive commercial ship coming to Guam. The commercial ship did not come to Guam in the end. With respect to TR, without any initial knowledge of the ship's intentions upon arrival in port, we were planning for 1000 ashore, not the full complement of 5000.

NBG's plan was to offload as many Sailors as possible to maximize space for social distancing on the ship. We assessed that we could assist the ship minimizing infection spread by giving them as much space as fast as possible. We had 654 "fully serviced" beds available in habitable locations as soon as TR moored and were working hard to get to 1200-1500 beds. After 2-3 days, CJRM ordered to get to 2000 beds so we shot for 2500 and ended up with 2700 in about a week. The ship never informed me of their scheme of maneuver except that they wanted a single bed in a single room for each person.

My operational chain of command is Commander Joint Region Marianas (CJRM). CJRM has a "hat" as COMNAVMAR under PACFLT. I was tasked to support from CJRM. I never received a TASKORD or any other formal order. I made up TF TR Revive – needed to task organize so I just made it up. The tenants jumped in to help. They volunteered since I do not have OPCON over them. My EOC coordinated all NBG support actions based on TR ECC request for support. I talked to TR CO and Big XO on the first day and nightly at about 2000. CDR (b) (6) (CDO on TR) was appointed ECC lead three days later to provide continuity to my EOC. I also occasionally participated in daily Senior Medical Officer (SMO) calls so that I could gain some insight to what was happening medically.

Unlike what we expected and prepared for, there was no mass exodus of people off of the TR after they arrived. I was informed by the CO that the TR, based on TR SMO



Subj: Witness Statement of Commanding Officer, Naval Base Guam

recommendation, wanted individual rooms for each sailor and didn't want Sailors sleeping on cots. The laydown that we prepared on NBG was 72 sq ft per person to allow 6ft social distancing with sufficient heads to accommodate gender and all facilities were OSHA compliant. All of the facilities provided were set-up by my Safety Officer, USNH Public Health Officer and a US Army Officer from Public Health Activity Guam. I inspected every facility to certify them as ready. The facilities provided were not perfect but were optimized for the Quality of Life and Quality of Medical Care. I gave the ship options to spread out but in some case the facilities were deemed by TR leadership and "uninhabitable". I did not agree with this classification. To create this berthing capacity I converted large open bay gyms and a warehouse as mass care facilities, basically kicked everyone out of all my NGIS lodging facilities, forced permanent party sailors to move out barracks to create four empty barracks and eventually returned a barracks that had laid dormant with no occupants for the past 7 years to a habitable living area. Unfortunately, I only have ~50 single rooms with their own heads.

The Hotel plan did not come about until about seven days in. We moved some positive people and some "critical" people initially off of the ship. We did the best we could. Two bedroom houses with five pax; four bedroom houses with six pax. Large capacity open bay facilities. We couldn't get to the best. We never had that. That was part of the initial delay.

Since the initial testing capacity on the island and from the ship was very low, my safety and public health team members recommended creating partitions in the large open bay facilities for the smaller groups to segregate while waiting for testing to become available (i.e., "pods"). We would minimize spread by sequestering the large groups into smaller groups. This would enable isolating potentially infected people from the masses. However, we had minimal swabs and used the ship biofire for initial testing. Originally, Naval Hospital Guam preventive medicine team conducted all of the wellness checks and had no testing capabilities. The capability to sample large groups ashore did not come online until approximately nine days after TR arrival. This is about the same time as TF Medical (3<sup>rd</sup> Med Bn out of Okinawa) arrived on Guam and C7F established a daily flight route to a testing facility in Korea.

Since we did not have a galley we started cooking out of my MWR club and shortly thereafter contracted with NEXCOM for meals to increase our capacity. There was definitely a learning curve but we continuously improved the quality of the meals and the delivery service. We ramped up to serve over 5000 - 6000 daily meals through MWR (Club) and NEXCOM who originally utilized a DoDEA cafeteria on base to prepare the food. We later had to shift the NEX contracted food preparation off base in order to meet the increasing demand. Overall, NBG developed a system to take care of the health and welfare of every Sailor ashore.

The Inactive Equipment Warehouse (IEM) lodging location was the most contentious as it was the most expeditionary space, but it was my largest space. The SEABEEs used this

Subj: Witness Statement of Commanding Officer, Naval Base Guam

warehouse to conduct maintenance on their large construction equipment. I had them move their equipment out, cleaned the space, and installed partitioned rooms so that it could accommodate 400-500 Sailors inside. The original idea was for it to be a clearing house for Sailors to be swabbed (tested) and then moved in and out within 48 hours – it was temporary. To make it a habitable facility for this many people I added portable toilets and showers. As of today there are some 270 Sailors staying there now. My opinion is Sailors should have come there right away to promote social distancing. It was the largest space and we could get six feet. TR disagreed and said it was “not habitable.” My opinion is that the warehouse could have let them spread out more on the ship if they used it.

I believe I provided TR an optimal solution that Naval Hospital preventive medicine blessed. The facilities I provided were safe and habitable. TR would not trust us until their CMC and CHAPS inspected the spaces. Once they had the chance to see the spaces themselves they said “OK, thanks.” Battlefield circulation is important. I also thought that due to the circumstances we could have put 500 on the pier in large tents with portable AC units, but TR said these conditions were too rough. They were waiting on hotel rooms and WiFi seemed more important than social distancing. (NOTE: we stopped movement of personnel from the ship on day 2 for 3 to 4 hours to install WiFi on the pier – ship’s decision). I presented a beds available report to the CO each night.

I understood the myriad of dynamic guidance being promulgated. I had daily meetings with C7F SVTC, CSG-9, JRM and TF MEDICAL to discuss current issues.

I probably should have cleared out barracks sooner and placed the displaced permanent party sailors in vacant family houses. More single beds.

TR began moving to hotel rooms on 2 April. In my opinion things started moving faster to go off the base once we realized the extent of positive cases on TR. No one really knew how many positives we’d wind up with. To support this effort, JRM stood up TF Hotel. TF Hotel was a contracted arrangement with local hotels arranged through the Guam Hotel and Restaurant Association. Local commands manned each Hotel to deliver food and provide safety and security. Naval Hospital Guam provided the medical care. There was some tension from the local community. The local community realize now that we did a right thing here by helping.

My initial reaction to CAPT Crozier’s letter was are you kidding me? It did seem that the hotel option sped up after the letter but I also thought that things were moving forward each day as we better understood the situation.

I had all the authorities I needed from JRM and CPF. The letter did not change anything I was doing on the base. I was getting all the support I needed from the tenants to support this mission. It was a very dynamic situation with guidance changing daily and phases changing daily.



Subj: Witness Statement of Commanding Officer, Naval Base Guam

I did not have any interaction with the SECNAV staff; nothing at my level higher than C7F.

I swear (or affirm) that the information in the statement above is true to the best of my knowledge or belief.

(b) (6)

(W (b) (6) Signature)

5/18/20  
(Date)

2135  
Time

**Summary of Videoteleconference Interview of USS THEODORE ROOSEVELT  
(CVN 71)  
Public Affairs Officer**

On 10 MAY 20, I interviewed LCDR (b) (6), USN, the USS THEODORE ROOSEVELT (CVN 71) Public Affairs Officer in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via videoteleconference.

What follows is a true and accurate representation of conversation.

LCDR (b) (6) stated:

I tested positive for Covid-19 and I have been in isolation for the past 5 weeks. Luckily, I am still able to support the TR's PAO needs while in isolation with available WiFi.

I am a 2007 graduate of the Naval Academy where I commissioned as a Surface Warfare Officer. My first tour was on the USS SHILOH where I completed two tours. I completed my shore tour in Naples as the BMD. I then lateral transferred to PAO and spent my first PAO tour on the USS PELILEU. I arrived on the USS THEODORE ROOSEVELT on 14 August 18.

When I first arrived on the TR, we were in PIA and the ship's crew cohesion was fractured due to the geographic separation. Command climate was rough at first but improved after PIA and the crew did well under the old Triad. It was a great command climate until the CMC was relieved. The crew liked the old CMC and didn't take his departure well. The old CO was also well liked, though more so in the Wardroom than with the crew at large. CAPT Crozier was immediately very well-liked by the crew. He spent extra time on the deckplates and the crew seemed to respond. They appreciated his leadership and felt that his approachable manner showed he cared for them. He consistently used 1MC announcements to inform the crew and called out high performing crewmembers (sometimes three at a time) as Rough Riders of the Week.

The port visit in Da Nang, Vietnam was a popular attraction for the crew. They were all looking forward to it, but the rough seas made it difficult to complete all the planned evolutions due to liberty boat concerns. I was CDO on the ship's last day in port before the concerns of Covid-19 infection increased. I put the word out that liberty was secured and the crew was being recalled because 38 crewmembers were identified as close contacts with 2 British tourists who had tested positive in a hotel ashore. Understandably, this increased the concerns of infection among the crew.

I had a great working relationship with the CSG-9 commander, RDML Baker. We had meetings every two weeks to discuss the strike group messaging and PAO plan. It was efficient to have a direct line to the Strike Group Commander. The day CAPT Crozier was relieved I had an awkward meeting with RDML Baker. He asked me directly whether I had leaked the CO's letter about Covid-19 concerns. I believe he thought my connections with

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Public Affairs Officer

media made me the likely culprit. I have no connection with the San Francisco Chronicle and I adamantly denied leaking the letter. The Admiral said he saw the Warfare Commanders gathered in the CO's inport cabin in an apparent "conspiratorial" manner the day the letter was released and got the sense of "mutiny" from them. I think the first positive Covid-19 case was reported just before or just after this event. I'm still struggling to regain the rapport I previously had with RDML Baker. I hope it improves after my quarantine is complete and I return to the ship.

The TR has an official Facebook page that my department maintains. There is also a closed site page for the crew to disseminate information. The old CO and the CSG commander were not big supporters of the use of social media but CAPT Crozier saw social media's utility. CAPT Crozier would routinely post 30-40 second messages to family members through Facebook after every port call to let them know how their Sailors were doing. We closed the public TR facebook page temporarily during the isolations. After word of Covid-19 on TR went out, viewership of our Facebook page increased, but the statements were mostly negative. CAPT Crozier was bothered by the negative commentary because he viewed it as an indicator that the families were worried about the Sailors aboard. After CAPT Crozier was fired, posting became more positive, but I attribute that to the actions taken to keep sailors safe and get them off the ship.

I have limited interactions with the Ombudsman with the exception of the families' needs. Mostly the Ombudsman works directly with the CO.

Before our Da Nang port visit, there were limited discussions of Covid-19 outbreaks amongst the crew. I sent my Deputy PAO in the beach detachment for ashore coordination and she reported no concerns. Most of the Covid-19 discussion aboard at this time was between the CO, XO, and SMO regarding events and professional exchanges. Specifically, the US Embassy in Vietnam requested the SMO provide medical staff in an exchange program with the local Vietnamese hospitals. SMO had major concerns about potential infection of the ship and denied the request. There were a couple of tours allowed but mitigations were in place to shift the tour routes to areas with minimal handrails and little potential for sailor contact. Leadership canceled most tours due to the sea state and liberty boat safety concerns. The medical department began preparations for isolating sailors if any contracted the virus. I drafted a Response to Query in case there were questions regarding Covid-19 on TR. There was never a public statement issued, but C7F requested a draft when we departed Da Nang early. I also drafted a letter for the Ombudsmen to let them know TR was prepared.

During the transit to Guam, the CO made frequent IMC announcements to educate the crew and emphasized going to medical if symptoms were noticed. When Sailors were placed in isolation the CO wanted to make sure they didn't feel singled out. He educated the ship on testing and screening in order to reassure the Sailors that plans were in place. SiteTV was used to remind the crew to maintain hygiene through hand washing and allowed the SMO an outlet for Covid-19 education. When the TR was still considered virus free, a LOGREQ for beer and charcoal was submitted to Guam with the hope to mess on the pier and provide room for social distancing. The original intent was morale improvement.



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Public Affairs Officer

After the positives began to emerge, the plan in Guam was to get sailors off the ship as soon as possible, but it became apparent that it would be a difficult task. As we pulled into Guam, positive test results were numerous and leadership attempted to quarantine/isolate as many sailors as possible. The CO, XO, and SMO routinely discussed the isolated Sailors during the CSG-9 Morning Update Briefs. At one point, there was approximately 1,000 sailors quarantined in the aft portion of the ship. CAPT Crozier noted that at this rate, the entire ship would become positive or close contacted and eventually require isolation or quarantine. Sailors were not maintaining the isolation boundaries and the CPO mess had excessive wait times. To my knowledge, RDML Baker was briefed about the sailors in the aft quarantine and the eventual decision to lift their ROM.

On 29 March 20, I sent an email to the JRM PAO about concerns that preparations were inadequate in Guam and the gyms used for isolation were too small. There was unreliable wifi, no hot water, and some of the cots were broken. At first, the gyms ashore were meant as locations for the healthy. Soon however, people started testing positive in the gyms and then the gyms simply became just another quarantine where everyone was sick. The gyms became worse than the ships, because the ship still had decent beds and food. There appeared to be no plans to improve the situation and it was impossible to spread out for social distancing. All the meetings seemed to be about beds and different isolation locations on Guam, but it did not appear there was ever a real plan. I was in the CO's inport cabin when he discovered the 5,000 beds in Okinawa were more like 500 beds. It was frustrating that we were getting constant RFIs about how the ship would be manned, but also getting pushed to get Sailors off the ship.

The battle rhythm was very busy prior to the Da Nang visit, generally normal for a couple weeks, and then hectic again once Covid-19 cases were discovered onboard TR. The last couple months have been the most challenging of my naval career.

I swear (or affirm) that the information in the statement above is true and accurate description of my conversation to the best of my knowledge, information, and belief.

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Interviewer's Signature

---

Date

(b) (6)



RE TR Command Investigation Summary of Interview ICO RDML Menoni  
From: (b) (6) @fe.navy.mil  
Sent: Friday, May 8, 2020 12:32 AM  
To: Spedero, Paul C Jr RDML USN USFFC (USA)  
Subject: RE: TR Command Investigation: Summary of Interview ICO RDML Menoni  
Signed By: (b) (6) @fe.navy.mil

Speedy,

Plenty of more data available should you need it.

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Commander, Joint Region Marianas (CJRM) email statement Friday, 8 May 2020.

CJRM began to plan for the Guam response to COVID-19 in January when CPF indicated U.S. government discussions to have M/V Westerdam dock in Guam for treatment of COVID-19 positive passengers. Although the plan for M/V Westerdam changed and the ship did not pull into Guam, CJRM directed CO, Naval Hospital (NAVHOSP) Guam and CO, Naval Base Guam (NBG) to discuss lessons learned and how they would apply to a U.S. Navy ship in a similar situation.

In early March, CJRM executed a Navy ship COVID-recovery effort when USS GERMANTOWN pulled into US Naval Base Guam on 5 March 2020 with several Sailors exhibiting COVID-like symptoms. The response, developed in conjunction with input and guidance from NAVHOSP Guam and DON Public Health Emergency officers, included isolation of PUIs and potential close contacts on individual rooms onboard Naval Base Guam, with the remainder of the crew limited to the ship and pierside operations. This plan was approved by CJRM and ESG-7.

When CPF notified CJRM during the PACFLT CUB on 25 March 2020 of potential requirement to pull THR in to port in Guam, CJRM stated he had "completely unencumbered communications" up and down the administrative chain of command through C7F and CPF, and that they were fully supportive and offered any assistance JRM deemed necessary to support THR. Examples of this assistance are augmentation from the III Marine Expeditionary Force (III MEF), sourcing of the USAF EMEDS and the US Navy's Expeditionary Medical Facility from USNS DAHL.

As of COB 25 March 2020, CJRM had received no indication from THR or any other organization regarding how many off-ship beds were needed. CJRM directed preparation of 1000 beds based on his self-estimate that 800 would be required for infected personnel and close contacts. By 26 March 2020 the C7F Commander also discussed the likely need to move at least 1000 personnel off the ship with CJRM and the staff.

Starting approximately 26 March 2020, CJRM conducted daily synchronization calls with his staff and at the staff/Commander level with Naval Base Guam, Andersen AFB, CSG-9 and C7F concerning life support requirements for THR,

RE TR Command Investigation Summary of Interview ICO RDML Menoni operating off the planning assumption that 1000 beds onboard Naval Base Guam was sufficient. CJRM conveyed to CSG-9 and C7F commanders his concerns about possible local political friction if resources off-base were subsequently required. These concerns were a result of the stated PACFLT position that THR recovery would not use Guam's medical resources and CNO and SECNAV's statements from 26 March 2020 indicating that infected Sailors would be flown off ship and placed in quarantine and that the remainder of the crew would not be permitted to disembark in Guam other than pierside.

Of note, on approximately 27 March 2020 when CJRM received notice that an Echelon II command (Naval Reactors) attempted to direct placement of THR Sailors into specific types of housing on Naval Base Guam, CJRM sought C7F assistance to push back due to risk to the existing installation and community population, and intention to follow the ship COVID-19 recovery plan developed in conjunction with CSG-9 and C7F which was informed by the USS GERMANTOWN response. CJRM believes that C7F engaged with ECH II as any additional direction/guidance from outside the PACFLT chain of command stopped.

On 27 & 28 March 2020 discussions between CJRM COS, CSG-9 and C7F during their daily VTC and between CJRM and C7F Commanders via Tandberg highlighted the emerging desire for a 3000 - 4000 bed capability. On 28 March 2020, though CJRM understood the COA which offloaded the majority of THR Sailors was not yet decided upon by C7F and CPF and after discussions with C7F, CJRM worked directly with the Governor of Guam and at the staff level with local government officials to determine a path to secure sufficient off-base hotel rooms. On-base facilities, including those at Andersen Air Force Base, could not support the requirement for 3000-4000 single person rooms. At the time of the first conversations with GovGuam the majority of hotels on Guam had already been closed or were in the process of closing due to the economic impact of decreased tourism due to COVID-related travel restrictions.

When Captain Crozier's email and attachment was received 2nd hand on 30 March 2020 (CJRM and C7F deliberately added by VADM Miller) CJRM communicated to CSG-9 and C7F that the attached memo would likely cause concern with the local government since the plan to secure sufficient hotel rooms off-base was still in work. This sentiment was confirmed by the Governor's COS on 1 April 2020 following the publication of the memo in the San Francisco Chronicle. He felt the article prematurely short circuited local engagement/messaging by GovGuam and highlighted the work that was being done in the background with the local government and the Guam Hotel and Restaurant Association. The Governor, in coordination with CJRM, announced her support for housing THR Sailors in hotel rooms on 1 April 2020. The first THR Sailors moved into the first available hotel on 2 April 2020.

Following notification of THRs pending arrival, starting on 25 March 2020, nearly 1000 personnel (not including hotel staff) from military, government and civilian organizations, inside and outside of the PACFLT chain of command have rallied to support the THR Sailors. Though the local government was

RE TR Command Investigation Summary of Interview ICO RDML Menoni concerned about the potential spread of COVID-19 outside the fenceline, they were and continue to be supporting partners in the THR recovery effort.

-----  
Very respectfully,

John

-----Original Message-----

From: Spedero, Paul C Jr RDML USN USFFC (USA)  
[mailto:(b) (6)@navy.mil]  
Sent: Thursday, May 7, 2020 9:44 AM  
To: Menoni, John V RDML USN JRM <(b) (6)@fe.navy.mil>  
Cc: (b) (6) CAPT USN NAVY JAG WASH DC (USA)  
<(b) (6)@navy.mil>; (b) (6) CIV USN COMNAVSAFECEN NOR VA  
(USA) <(b) (6)@navy.mil>  
Subject: RE: TR Command Investigation: Summary of Interview ICO RDML Menoni

John,

We anticipate several RFIs and likely a second interview. I would recommend a balance of your time. We would certainly appreciate any and all relevant information but we are also sensitive to the short suspense for this investigation and your time.

V/r

Speedy

Sent with BlackBerry Work  
(www.blackberry.com)

From: (b) (6)@fe.navy.mil <(b) (6)@fe.navy.mil  
<mailto:(b) (6)@fe.navy.mil> >  
Date: Wednesday, May 06, 2020, 7:33 PM  
To: Spedero, Paul C Jr RDML USN USFFC (USA) <(b) (6)@navy.mil  
<mailto:(b) (6)@navy.mil> >  
Cc: (b) (6) CAPT USN NAVY JAG WASH DC (USA) <(b) (6)@navy.mil  
<mailto:(b) (6)@navy.mil> >, (b) (6) CIV USN COMNAVSAFECEN  
NOR VA (USA) <(b) (6)@navy.mil <mailto:(b) (6)@navy.mil> >  
Subject: RE: TR Command Investigation: Summary of Interview ICO RDML Menoni

Speedy,

How much data do you want captured within this statement? I can tailor to

RE TR Command Investigation Summary of Interview ICO RDML Menoni  
keep it succinct but also offer a timeline of events.

V/r

John

-----Original Message-----

From: Spedero, Paul C Jr RDML USN USFFC (USA)

[mailto:(b) (6)@navy.mil]

Sent: Thursday, May 7, 2020 8:27 AM

To: Menoni, John V RDML USN JRM <(b) (6)@fe.navy.mil>

Cc: (b) (6) CAPT USN NAVY JAG WASH DC (USA)

<(b) (6)@navy.mil>; (b) (6) CIV USN COMNAVSAFECEN NOR VA  
(USA) <(b) (6)@navy.mil>

Subject: TR Command Investigation: Summary of Interview ICO RDML Menoni

John,

Copied below is a summary of an interview you provided in connection with a



RE TR Command Investigation Summary of Interview ICO RDML Menoni preliminary inquiry involving USS THEODORE ROOSEVELT (CVN 71) conducted by ADM Robert Burke. Please review this summary and confirm whether you adopt this statement for inclusion with an ongoing command investigation or if you have any changes or clarifications you would like to make.

I anticipate reaching out to you with additional questions or follow up after receiving your response to this email. Pending your adoption, this statement will be included in the command investigation as your official sworn statement.

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#### VOLUNTARY STATEMENT

I have been provided the following summary of an interview conducted on 2

RE TR Command Investigation Summary of Interview ICO RDML Menoni April 2020. I adopt this summary of my interview as my free and voluntary statement made to the investigating officer in connection with the command investigation conducted by ADM Burke concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71). I make this statement of my own free will and without any threats or promises extended to me. I fully understand this statement is given concerning my knowledge of the matters under investigation.

Commander, Joint Region Marianas (CJRM). Phone interview on Thursday, 2 April. CJRM began to plan for the Guam response to COVID-19 in January when CPF indicated U.S. government discussions to have M/V Westerdam dock in Guam for treatment of COVID-19 positive passengers. Although the plan for M/V Westerdam changed and the ship did not pull into Guam, CJRM directed CO, Naval Hospital (NAVHOSP) Guam and CO, Naval Base Guam (NBG) to discuss lessons learned and how they would apply to a U.S. Navy ship in a similar situation. CJRM stated he had "completely unencumbered communications" up and down the administrative chain of command through C7F and CPF, and that they were fully supportive and offered help, for example, in the form of augmentation from the III Marine Expeditionary Force (III MEF). He noted that when an Echelon II command (Naval Reactors) attempted to direct placement of Sailors into available housing in Guam, CJRM effectively sought

RE TR Command Investigation Summary of Interview ICO RDML Menoni

C7F assistance to push back. CJRM functioned within authorities, despite lack of a defined requirement when ship pulled in to Guam. Specifically, he received no indication from THR or any other organization regarding how many beds were needed, but directed preparation of 1000 beds based on an initial "guess" that 800 would be required. CRJM also worked at a staff level with the government of Guam to determine a path to secure hotel rooms before that COA was decided upon by C7F and CPF.

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Finally, if there is any additional information you would like to add or documents you feel are relevant to this investigation, please provide them with your response. Your response is requested no later than 2200 EDT on 8 May 2020. Please direct any questions to me at the below contact information or replying all to this email. Thank you.

Very respectfully,

RE TR Command Investigation Summary of Interview ICO RDML Menoni

Speedy

RDML Paul C. Spedero Jr., USN

Command Investigation Team

(b) (6) @navy.mil

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Page 8

H-ES-24

RE TR Command Investigation Summary of Interview ICO RDML Menoni  
the sender at the telephone number or e-mail address above.



**Witness Statement of Commander, Carrier Strike Group NINE  
Chief of Staff**

On 10 May 20, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via VTC.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CAPT (b) (6)

Position: Chief of Staff

Command: CCSG-9

Department/Division: \_\_\_\_\_

Email Address: (b) (6)@ccsg9.navy.mil

Phone(s): (b) (6)

I first reported to CCSG-9 in January 2019 and completed all work ups for deployment.

When we deployed in January 2020, we were aware of the COVID-19 outbreak, but understood it was largely localized to China. It was not viewed as an immediate threat at that time. We did however, canvass the crew to see if anyone went to China during POM. As the month progressed and the virus began to become more widespread, we added Covid-19 to our daily intelligence brief.

We tracked and briefed the progression of Covid-19 worldwide cases and fatalities as well as cases in countries where the CSG had scheduled port visits. We made various evaluations, including whether to cancel USS PAUL HAMILTON's port visit to Singapore. We ended up permitting USS PAUL HAMILTON's port visit because we determined there were appropriate restrictions in place and the ship needed maintenance.

With respect to TR's Da Nang port call, we conducted tabletop outbreak exercises, reviewed the relevant NTRP, and determined mitigations to put in place. We assessed the visit as low risk due to the low number of reported cases in Vietnam. At the time, Vietnam had fewer than twenty cases and they were all up north in Hanoi.

Based on information provided in relevant EXORDS and by the SMO, CCSG-9 ordered Covid-19 personal mitigation measures included in the TR and BKH port visit briefs. From there, the individual ships were permitted to tighten their own instructions. My primary touch point was COS C7F. We communicated frequently but not daily prior to the Da Nang visit. I attended weekly C7F CUBs with CCSG-9, Warfare Commanders and their deputies, TR OPSO, and senior staff officers. There were typically large crowds at these meetings. Prior to the positive cases, the battle rhythm was generally normal, with daily TFCC stand up briefs, nightly Warfare Commanders Boards, and a full Morning Update Brief every other day. Our scheduled battle rhythm with C7F consisted of the weekly CUB. After the positive cases aboard TR, CCSG-9 developed crisis action teams. C7F activated a CAT as well and we began a daily CAT SVTC with them at the COS level.

Subj: Witness Statement of Commander, Carrier Strike Group NINE Chief of Staff

Covid-19 protections at the Big Top reception in Da Nang included hand wash stations. I don't remember temperature checks and screenings.

I was comfortable with our quarantine/response plan for Da Nang as informed by our TTX. Toward the end of the port call, the Embassy notified the Battle Watch Captain, who then informed me, that TR and BHK sailors were identified as close contacts with confirmed positive British tourists at a local hotel (the Vanda Hotel). At that point, the Vietnamese locked down the hotel and tested everyone, including our Sailors, all of which were negative. A quarantine location, messing, and berthing were already set up aboard TR before the sailors arrived back on the ship. This specific plan was in place before the TR arrived in Vietnam.

TR was doing everything they could to implement a quality quarantine. We reviewed all Covid-19 related guidance to include SURFOR and C7F EXORDs (i.e., 15 Feb 2020), NTRP's, and NMCPHC guidance. I don't believe C7F ever requested a formal brief on our efforts. We continued to track the rest of the world's response to Covid-19 as well.

Before TR had any positive cases, I believe shipboard services continued normally. At the time however, we were unaware of the potential for asymptomatic cases. TR was implementing NTRP guidance, but that guidance did not account for asymptomatic spreaders.

The positive cases really changed things. Once sailors tested positive, the ship increased symptoms screenings and curtailed services, though in hindsight, the ship probably should have closed more services entirely. The SMO began to attend the Warfare Commanders meetings. We leaned heavily on him for guidance. His recommendations included evacuating positive cases, quarantining close contacts, and executing an individual isolation plan to break the spread of the virus. SMO pointed out that attempting to break the spread of the virus by quarantining groups together (in gyms and houses) would not be successful.

C7F's initial plan in Guam was to isolate positive cases, then identify and quarantine close contacts and healthy sailors into separate groups. On the advice of the SMO, our staff, along with the Warfare Commanders, pushed hard for an individual isolation plan. C7F understood what we were asking, but pushed plans to quarantine 150-200 sailors at a time. Testing capabilities were a limiting factor. With the equipment onboard TR we could test 40 plates per day (a plate could have an individual sample, or up to 5 samples combined). We were pressured by C7F to "batch test" groups of 200 to "generate clean populations we could then send to quarantine." This testing mechanism assumed only worked if everyone in the group on the plate was negative and would not tell us which individual was positive. Additionally, the utilization of all of our daily capacity for batch testing would prevent any individual testing for persons exhibiting symptoms. Initially, we did not have increased testing capacity in Korea available. The SMO explained, "you can't test your way into a productive quarantine." Nevertheless, C7F pushed the testing requirement. The limiting testing capacity and capability frustrated the Warfare Commanders and CCSG-9 alike.



Subj: Witness Statement of Commander, Carrier Strike Group NINE Chief of Staff

CCSG-9 understood and agreed with the SMO that we needed to secure 4,000 CDC compliant rooms in order to stop the spread of the virus. C7F appeared unsupportive of using Guam hotels to meet this goal. The SMO said success rate for large quarantine groups is nearly zero. Similar to the berthing aboard the TR, berthing in the available gyms at NBG did not provide enough space for adequate social distancing needed to stop the spread of the virus. There did not appear to be a plan other than moving sailors from one space where social distancing was impossible, to another. We continued to beat the table to C7F for hotel rooms. C7F explained we were to do the best with what we had.

COS C7F said securing thousands of hotel rooms in Guam was a big ask and we have to solve the problem within Navy channels. On multiple occasions, C7F said that they were pursuing a COA to secure 5,000 rooms from III MEF in Okinawa. I never received details of what rooms existed. C7F said CPF eventually turned off the Okinawa COA.

C7F stood up a daily Crisis Action Team meeting that included SMO or a TR medical rep, as well as myself and CSG-9 and TR staff officers. We continually raised our concerns with the ashore facilities. Specifically, we advised the daily medical checks were just observations, food supply was insufficient, and available racks were not spread out far enough. C7F seemed concerned only with filling beds ashore. Ongoing dialogue between C7F and CCSG-9 was contentious. NBG was using unrealistic bed numbers by sticking cots in abandoned houses and warehouses without air conditioning and hot water. I am not sure where C7F got their numbers for available beds, but C7F failed to understand the difference between beds on a spreadsheet and beds actually available on the ground.

CCSG-9 was not involved in the decision to break TR's aft quarantine. CAPT Crozier informed CCSG-9 after he had already lifted the quarantine order. CAPT Crozier reasoned that at that point, everyone aboard TR was a close contact and he wanted to end "human suffering" for those who were there.

I am very familiar with the Warfare Commanders' white paper spearheaded by CAG. The group pushed it to CCSG-9 because they were frustrated with the lack of an effective quarantine / isolation plan. CCSG-9 shared the same frustration. My opinion is the Warfare Commanders wanted CCSG-9 to jump the chain of command to CPF, but he was unwilling to go around C7F. The C7F COS and Commander had both repeatedly warned the Admiral and I not to engage in direct communications with CPF. The Warfare Commanders did not feel higher headquarters understood the various problems on the ground. We were never informed that anyone was negotiating the use of hotel rooms in Guam until the decision was announced.

I received CAPT Crozier's email second hand and found it unhelpful as it injected unnecessary churn. CAPT Crozier did not have a good answer for CCSG-9 as to why he sent the letter.

A/SN Modly called CCSG-9 and directed him to fire CAPT Crozier so A/SN Modly could report accurate information at an impending press conference. CCSG-9 demurred initially by

Subj: Witness Statement of Commander, Carrier Strike Group NINE Chief of Staff

saying a firing injected unnecessary churn and recommended waiting until the situation abated. In general, CAPT Crozier followed guidance and CCSG-9 never expressed any doubts about his abilities to me.

Combatting Covid-19 is dynamic challenge. We were learning as we went. An appropriate analogy to the Navy's first large outbreak was similar to designing, building, and flying an aircraft all at the same time while constantly receiving new design changes. At the end of the day, the Navy and the country have learned a number of lessons about combatting the virus from our experience on TR, as evinced by the response on USS KIDD.

I swear (or affirm) that the information in the statement above is true to the best of my knowledge or belief.

(b) (6)

(Witness' Signature)

18 May 20  
(Date)

1709  
Time



## **Witness Statement of Commander, Carrier Strike Group NINE**

On 11 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via video-teleconference.

What follows is a true and accurate representation of an interview for this investigation.

Witness Name: RDML Stuart Baker, USN  
Position: Commander, Carrier Strike Group NINE

Email Address: (b) (6) @ccsg9.navy.mil  
Phone(s): (b) (6)

I reported as the Commander, Carrier Strike Group NINE in June of 2019. COMPTUEX occurred in November 2019 and in January; we left on deployment from San Diego.

Around 10 days after we left on deployment COVID-19 started becoming part of our decision-making calculus. When we left on deployment, there were not that many COVID-19 cases around the world. Around 26 January 2020, we started including COVID-19 in our intel brief every morning. The information we included was mainly about the number of cases throughout the world and the latest intel that was out there from a press/public affairs standpoint.

As the warfare commanders sit in on this morning intel brief, I don't recall sending out any P4s or emails to the Strike Group about COVID-19 at the time.

I remember that the C7F TASKORD was shared with all of the warfare commanders. My memory is that the TASKORD had us identify anyone who visited China between November and February among other things. We did an investigation and determined that there were zero cases. I felt that the C7F TASKORD was sufficient and clear.

The Strike Group did a tabletop exercise on COVID-19 and how we would respond to a case on board. We used the NTRP to help us determine how to handle a quarantine situation.

I don't recall the CONOP at this time, nor do I recall if it was briefed to the staff. I don't recall what specific deliverables were due back to C7F besides some daily reports and a quad slide, which we did.

For the Da Nang visit, the port planning process wasn't all that different from any other port planning process. At the time, there were only a handful of reported cases in Vietnam and they were all in Hanoi, not in Da Nang. We did include some additional COVID-19 guidance about what we do once we pull into port, which included checks on individuals, checking for symptoms, cleanings, and temperatures checks. There was also some guidance on liberty restrictions.



Subj: Witness Statement of Commander, Carrier Strike Group NINE

The Da Nang port visit was the second port visit of our deployment. We had been in Guam a few weeks prior for our first port visit. For each port visit, the strike group provides strike group-wide liberty instructions. The liberty instruction covers us and also whatever other escort pulled in with us. The Strike Group COS signed out both of the liberty instructions.

VADM Merz was my primary touchpoint on the C7F staff. We had weekly CUBs. The usual attendance at the CUBs were the warfare commanders, strike group OPS, strike group N5, and the CSG-9 COS. During the CUBs, each of the CTFs had a turn to speak. In addition, VADM Merz and I would probably exchange notes every couple of days.

During our Da Nang port visit, I attended the Big Top Reception in Da Nang. There were approximately 400 people in attendance. Due to sea state, the water taxis were unable to safely transport people to the Carrier and the Big Top was moved off the ship. If it had been held on the carrier, it is likely that more people would have attended, probably around 600 or so.

Coming off liberty in Da Nang and back onboard, everyone had to be screened and have temperature checks.

On the day before we pulled out of Da Nang, on or about 8 March 2020, we found out about the British citizens who had tested positive for COVID-19 who were staying at a hotel in Da Nang. All 39 of the individuals who had been at that hotel were tested for COVID-19 and their tests came back negative. We then put those 39 individuals into quarantine on the ship. This consisted of keeping them in separate rooms, using a separate bathroom and having food delivered to their rooms to avoid contact with the rest of the crew.

After pulling out of Da Nang, my communication with VADM Merz became daily or every other day with email updates. We had the 39 sailors that were possibly exposed in Da Nang and that was of high interest. Of the original 39, I don't know if any of those sailors eventually did pop positive for COVID-19. I do know that none of the initial group of individuals who tested positive around 23 March 2020 were either in the original group of 39 Sailors or a close contact of that group.

During the transit from Da Nang to Guam we started doing extra cleaning and were following procedures and guidance. We reviewed the NWDC lessons learned about the pandemic at sea and we reviewed the NAVADMINS.

Once the ship had departed Da Nang, I think there was more concern onboard with regard to COVID-19. There was concern about where the ship would be able to pull in for future port visits. Throughout the world, at that point, there was less understanding about the virus then there is now. Especially with regard to asymptomatic carriers.

I did become concerned that guidance wasn't being followed after Vietnam. While the 39 people who were in contact with the hotel were quarantined, we still were pushing as much social distancing as possible on a warship. I walked by the galleys and saw that there was

Subj: Witness Statement of Commander, Carrier Strike Group NINE

little social distancing. I seem to remember after Da Nang that the gyms, barbershops, and the chapel were still open. I had a talk with CMC about that. I know there was some frustration with doing social distancing on the ship. I reminded them that hard is authorized, but that was not necessarily the general attitude across the ship.

To combat the lack of response, there was heightened education about COVID-19. The CO made 1MC announcements and we conducted "bleachapalooza." The SMO also put out guidance and he conducted talks. There were posters up around the ship about cleaning and washing your hands. Anything that the CDC put out, we passed it on to the crew.

I do not think Captain Crozier did everything he could have to stop the spread of the virus. "Bleachapalooza" was going on, but clearly, it was not everything.

Every space on the ship is assigned to a ship's department. It's a fair assumption that some parts of the ship were getting cleaned better than others. The responsibility for this was with the Ship's CO, XO, CMC, and SMO.

For the Flag Staff spaces, we had a cleaning regime. Bleaching was occurring twice a day, and the flag mess had a higher standard of cleaning in the kitchen and mess. Every day we would do that and I would see my Sailors in the blue tile area. I felt that there was a good regime as far as that goes. I told my staff that we are "no one special" just because you work for the Admiral. We are tenants on the ship and we follow the policies of the ship.

My understanding is that the TYCOMs and CPF wanted to help us figure out what is the best way to handle this situation.

The battle rhythm after we left Da Nang was the standard battle rhythm. We conducted the warfare commanders' board most evenings and discussed COVID-19 items along with operations. After 23 March 2020, our battle rhythm stayed the same, but our topics of discussion changed. There was no longer a focus on operations and instead a shift to focus on COVID-19. We again reduced the number of people who attended and the focus of the meeting had changed – SMO came to the meeting.

After we left Da Nang, we kept 39 sailors in quarantine. Clearly, there was some concern because we put all of these measures in place and we still ended up with 39 Sailors sitting in quarantine. But amongst the warfare commanders – while there was some concern -- there was not deep concern. They felt we had the proper mitigations in place. We tested the 39 individuals in Vietnam and at that time, there was a requirement to test them again at day 5 to day 7. We did that second test and all of the results came back negative. Then the guidance was a final exit test at day 14. All 39 Sailors came back negative from the test on day 14. At that point, there was a sigh of relief.

We did consider the CODs as a potential threat vector. The crew and passengers from the CODs got questionnaire screens at that time. The COD personnel stayed on the flight deck, they did not commingle with the ship's crew. In order to prevent any cross contamination



Subj: Witness Statement of Commander, Carrier Strike Group NINE

between the ship and the COD so that both could continue their missions.

On 23/24 March 2020 the ship got the first positive tests. This was 15 days after we left Vietnam. Immediately, we went through multiple COAs to determine our next steps. The COAs were to stay at sea, pull into Guam, pull into another port, or make a run to San Diego. At that point, we decided to go towards Guam.

There was a discussion with VADM Merz about what is the best plan of approach for the crew. There needed to be a decision about whether to put the crew into isolation or quarantine rooms consistent with CDC guidelines (i.e. one person to each room) or handle the outbreak onboard. There also had to be a decision about whether to use Guam or fly people to Okinawa or even Hawaii or San Diego.

Working with higher headquarters, I asked for the capability, and suggested options. My push was that TR needed 4,000 individual isolation rooms in accordance with the NAVADMIN and CDC guidelines. Okinawa was raised as a COA that C7F was looking into because they had more individual rooms available on base than Naval Base Guam. There was a lot of work being done on that at higher headquarters. We were tasked with determining how to execute the Okinawa COA in case that was the way we moved. We realized we can swab ~500 people a day, but we were told to make sure we didn't move COVID-positive individual onto an airplane. So we developed a plan on how negatives could get there. There was a fair amount of work put into the Okinawa COA at both our level and at higher headquarters level.

Due to the fast moving nature of the situation, the CONOP in development changed frequently through daily conversations and emails, and was delivered on 31 March. The points from CAG's COA analysis paper were directed by me to be included in the CONOPS the evening of 30 March. The main limitation at that time was that we could not move any COVID positive people off the base in Guam, either into Guam itself or to any other location off base. We, therefore, built a plan to test ~500 people a day to ascertain if they could be moved off the base. We were also planning for the possibility of sending individuals to Okinawa. As far as a CONOP about Guam – we had a plan that we would be restricted to the base or that we may even be restricted to the ship. My COS and C7F COS were in constant communication on this issue.

It wasn't until after we vectored away from the Okinawa COA that Captain Crozier told me that he didn't believe that the rooms in Okinawa really existed. I told Captain Crozier that VADM Merz informed me that the rooms existed. Captain Crozier asked me how C7F got their information and I told Captain Crozier that he wasn't talking to the same people in Okinawa that VADM Merz was, I had no reason to disbelieve VADM Merz.

We put up the request for 4,000 CDC-compliant rooms on 25 March, higher headquarters was working on it. I understood that sometimes we have to deal with the cards we are dealt at the time and not the hand you want.



Subj: Witness Statement of Commander, Carrier Strike Group NINE

The feedback we initially received was that the Guam hotels were really not an option because the Acting Secretary of the Navy put out to the media that we won't use the resources of Guam. However, it did not mean that our request was completely off the table, as far as I was concerned.

Because we did not have 4,000 isolation rooms available, we then looked at what other options we had: whether or not we could handle it on the ship, whether or not we can use what's on the base. My sense was that the CDC-compliant rooms would eventually become available but I didn't know when or where initially, but knew the Chain of Command was working it and by 31 March knew we were making progress.

Before we pulled in, we were medevac'ing the COVID-positive cases and we quarantined the close-contact folks on board; however, we were getting more and more positive tests per day. Once we pulled in, we moved all COVID positive individuals into isolation on Naval Base Guam. We moved off close contacts as well, but because of the limited space on Naval Base Guam, most of the close contacts were moved into group housing, and into the gym. In the meantime, the option for the CDC-compliant rooms was still being worked in parallel.

The next group of people we wanted to get off the ship after the COVID-positive cases were the reactor Sailors, key supervisors, and watch standers who could go through quarantine and come back aboard the ship first. This would allow the ship to get back to sea as quickly as possible. The total we came up with was 840 key personnel that could run the ship.

At that time, we also prioritized "high risk" personnel; that is, personnel who had one or more criteria that made them more susceptible to worse COVID symptoms. We screened the entire crew for "high risk" and moved the "high risk" individuals off the ship prior to the key and essential folks to help mitigate the loss of life.

While we were still working a potential Okinawa plan, RDML Menoni was working on the Guam hotel plan as well. My understanding is that RDML Menoni went to the Governor's Chief of Staff to finalize the hotel plan around 31 March 2020. When that happened we started thinking about how to move people out into the hotels in town.

Because the agreement with Guam required a negative COVID test before people could be moved into hotels, we had to test people to figure out where to put them. The SMO thought that testing was a waste of time. He felt that testing wouldn't prove whether or not you had the virus because you could have the virus for up to two days before the viral load in your body was high enough to cause a positive test. Just because an individual "pops negative" doesn't mean that you're "clean." He believed it was a waste of his resources and time to test everyone on the ship. He repeated that "you can't test your way out of this virus."

We had to assess based on the limitations that we had, how many people we needed to test. We had to decide whether to batch test or not. We realized that a couple of hundred people per day (via batch testing) was what was feasible initially. We added into our calculus the fact that we couldn't fly COVID-positive patients into Okinawa or send them into Guam.



Subj: Witness Statement of Commander, Carrier Strike Group NINE

Our limiting factors were swabs, the individuals trained to take the swabs and the testing capabilities. Based on these limitations, our plan was to conduct ~500 tests per day, once we could start utilizing the Korea lab.

During execution, there were challenges. We ran out of swabs. Then higher headquarters informed us that the Navy would only accept test results coming from the lab in Korea. This meant that there was a 48-72 hour lag between swabbing and receiving the result. In that time, there was no way of knowing if the individual tested had been exposed to COVID.

I first learned of Captain Crozier's letter when I received it in my email. I was surprised and angry. I was surprised he sent it. I also think that is why I was angry as well. However, these are my personal feelings and my personal feelings are not relevant to the fact that he did not come to talk to me about it first. After I received the letter I went down to talk to him in his quarters and asked him about it and why he sent it. After my discussion with him, I sent it to my boss at C7F, but at that point, VADM Miller, CNAP, had already sent it to C7F.

Captain Crozier didn't give me an answer as to why he sent it. I asked him why he sent it without talking to me first and he said that he didn't tell me because he thought I would try to talk him out of sending it. If Captain Crozier had presented it to me before he sent it, I would have had a conversation with about why it is not a proper way to handle this type of action and I would tell him the proper way was to go to my boss, the 7<sup>th</sup> Fleet Commander, which is what we were already doing. It was all in work and all the warfare commanders knew all of the different COAs and options were being worked. My frustration was that I didn't understand what he intended to gain from that letter because Captain Crozier knew these COAs were being worked.

After the letter was sent, the CPF Commander sent me an email and told me to call him. We had a conversation and Captain Crozier was in the room. I don't recall whether or not I told the CPF Commander that I needed 4,000 CDC-compliant rooms on that specific phone call; however, CPF already knew that we needed 4,000 CDC-complaint rooms.

The letter had no impact on what Echelon I, II or III were doing. The letter did have a negative impact on our progress, which was frustrating. We were working the hotel contracts when the letter was published. We could have lost the hotel contracts. Furthermore, because of the publicity around the letter, I had to spend my time discussing the letter and the public perceptions of the letter rather than focusing on the task at hand: getting the crew healthy and eventually back to sea.

Captain Crozier may have sent the letter because he thought that things weren't happening fast enough. Or he could have believed that no one was working towards the goal. Maybe his belief that the Okinawa rooms didn't exist affected his decision-making.

I don't know who sent the letter to the media. The only person I asked about leaking the letter was the PAO. She said she didn't leak it. I trust our PAO and if she says she didn't leak it then I believe her.



Subj: Witness Statement of Commander, Carrier Strike Group NINE

I was personally hurt that Captain Crozier sent the letter. I have an open door policy and I ask people to re-attack with me if they disagree with me. I've been questioning in my mind why he didn't come talk to me about it.

When I first went in to talk to Captain Crozier about the letter, I had concerns when I saw other warfare commanders in Captain Crozier's room with him. The CAG, the Commodore, the TR XO, and the TR OPSO were in the room when I came to talk to Captain Crozier. I felt like that they were in a conversation about the letter and I wasn't a part of that conversation.

After the letter was published, I assumed there was a breakdown in communication. I understood that it happened; I also understood that we needed to move forward and execute the mission at hand. The mission at hand was to take care of the Sailors and eventually get back to sea.

I don't know why CAPT Crozier left C7F off the email. In my opinion, he either thought C7F was a roadblock or the email was just sent to fellow aviators.

When A/SN Modly called me, he was not pleased. A/SN told me that he was going to think about what to do about Captain Crozier and talk to the CNO about it. A/SN asked me what I thought about Captain Crozier. He asked me whether I thought Captain Crozier should be fired about halfway through the conversation. I remember telling A/SN that it was a possibility that he should be fired, but I didn't think he should be fired at this time. A/SN wanted to know if I had the authority to fire Captain Crozier and I told him I did. By the end of the conversation A/SN asked me "don't you agree with me?" and I said "yes, sir." After my discussion, I called C7F and told him about the conversation.

I did not lose confidence in Captain Crozier's ability to command after I learned about the letter. I didn't think relieving him was the best move at that time. I told my boss that I think an investigation should occur.

Upon review, my personal opinion was that – I was beginning to lose trust and confidence in him, but it was not solely based on the letter. Looking back at it – Captain Crozier was a man with a lot of passion and conviction, but he was a little resistant to my direction or guidance. All that said, I did not think that was the right time to remove him from office.

I felt A/SN Modly was determined to relieve Captain Crozier. I heard about what A/SN Modly had said about the letter and that it went to 20 or 30 more people and went outside the chain of command. Based on my review of the email, it did not go to 20 or 30 people and it did not go outside of the chain of command. While the email did skip C7F, everyone on the to line in the email was in CAPT Crozier's chain of command.

When the VCNO called me, he told me that I should let Captain Crozier know that he has been detached for cause. Five minutes prior to that call with VCNO I got a call from the MA

Subj: Witness Statement of Commander, Carrier Strike Group NINE

at A/SN's office and was told that I need to call the VCNO. My staff also came in and said that the VCNO needed to speak to me.

I had concerns about the video showing Captain Crozier leaving the ship. The video was released and it showed ~1,000 people in the hangar bay that were in close contact with others. I believe the crew knew about COVID-19 but I don't think they "got it." My reaction was "what the hell was that?" At the time, I called the XO, who was the Acting CO, and I said "what the hell is going on?" And I asked him why are all those people together? The XO told me that he told the HODs, "hey, Captain Crozier is leaving the ship at X time." I asked him why he did that and he didn't have a good answer.

Everyone knew what the virus was, but they didn't comprehend the seriousness of it. If people didn't think there was an issue, as evidenced by the fact that they went out to wave him off, then why did Captain Crozier write the letter? If he really did have that concern, why wasn't he doing his utmost to stop the spread the virus?

In the scheme of this situation, I don't think the letter was the issue. Given everything that has happened, I think he should remain relieved. Looking back at the data points with the CO, it makes sense to keep him relieved.

My opinion of the SMO is that he was competent, intelligent, and educated. He was a pleasure to talk to and he was high energy. He wore his emotions on his sleeve. Passionate is an accurate term to describe him – passionate with heartfelt convictions.

I have not had any issues with regard to my relationship with the TR staff. I also have a good relationship with CNAP. I was getting what I needed from the TYCOM. CNAP has been nothing but supportive, and I have reached out to him for mentorship. He was a carrier CO and a CSG Commander so I value his inputs.

Naval Reactors has also been supportive.

I had no shortage of communications with VADM Merz. I had daily VTC/Tanberg/Emails with him. He had an open door policy to me. He always provided me the opportunity to go directly to him. About 10% of the time, I interacted with the C7F COS. However, generally, my COS worked with the C7F COS and I worked with VADM Merz.

I did not really interact with CPF. I generally used my chain of command, and I want to use my chain of command. There were rare times CPF staff reached down for expediency, but I always let VADM Merz know if that happened.

I think it is important to understand there is a temporal piece to all of this – what information was available and what decisions were made and at what time. Moreover, what the Navy and the Nation knew about the virus. To this day TR continues on the road to discovery with regard to COVID-19. For example, people may have asked why we pulled in to Vietnam, but the decision was made based on what info we had at that time, that there was just a small



Subj: Witness Statement of Commander, Carrier Strike Group NINE

number of cases to the north of Hanoi.

Within a week of pulling in to Guam, the Navy moved Sailors in to hotels and isolation rooms in an island out in the middle of the Pacific. As the first afloat carrier with COVID-19, we had little experience dealing with COVID-19 and we are still learning and teaching the Navy today. If we had done nothing, this could have been significantly worse. INDOPACOM moved a 250-bed EMF in to handle this scenario. CPF moved mountains to do this. In the timeframe this happened, it was impressive.

The Navy has learned many good things out of this situation. What is important now is that we learn from our mistakes and successes to ensure that other ships are able to handle COVID outbreaks more quickly and effectively.

Additional question post interview: Did Captain Crozier seek your permission before he stopped quarantining Sailors? No.

I swear (or affirm) that the information in the statement above is true to the best of my knowledge or belief.

(b) (6)

\_\_\_\_\_  
(Witness' Signature)

15 MAY 20  
(Date)

0730 EDT  
Time

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**To:** (b) (6) CAPT USN VCNO (USA)  
**Subject:** FW: TR request for assistance  
**Date:** Friday, April 3, 2020 9:52:58 PM  
**Attachments:** [Rocklov et al.pdf](#)  
[TR COVID-19 Assistance Request.pdf](#)

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(b) (6),

This is the letter from CAPT Crozier to CSG-9, CPF and CNAF.

As I stated to VCNO, this letter was drafted by me initially as CAPT Crozier awaited a phone call from the CNO. That phone call unfortunately never occurred. I took CAG's white paper, condensed it and rearranged some of the key points while we waited. While I worked, CAPT Crozier drafted the cover letter below. I did not address the memo to anyone in particular as I did not know who CAPT Crozier wanted to send it to specifically. We traded drafts and chopped each other's work. CAPT Crozier softened some of my language, made edits and submitted the letter via email.

V/R

(b) (6)

-----Original Message-----

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**Sent:** Monday, March 30, 2020 1:48 PM  
**To:** 'j(b) (6) @navy.mil'; Miller, DeWolfe H VADM USN COMNAVAIRPAC SAN CA (USA); Baker, Stuart P RDML USN, CCSG-9  
**Cc:** (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) @navy.mil'; (b) (6) CAPT USN COMNAVAIRPAC (USA)  
**Subject:** TR request for assistance

Fellow Naval Aviators,

It is with the utmost respect that I write to you requesting assistance. I consider all of you incredible leaders and I'd gladly follow you into battle whenever needed.

While I know there are many folks working hard to assist the TR as we attempt to contain the spread of COVID-19 onboard, all efforts to date have been inadequate and are unnecessarily putting Sailors lives at risk. I am no longer confident that normal staffing processes will work, and I believe we need decisive action now.

Make no mistake about it, if required we could get everyone back onboard, set sail, and be ready to fight and beat any adversary that dares challenge the US or our allies. The virus would certainly have an impact, but in combat we are willing to take certain risks that are not acceptable in peacetime. I told the SECNAV's office the same, and will repeat to the CNO if he calls today.

However, our current effort efforts to contain the virus and treat the symptoms while pierside here in Guam are inadequate. By COB on 30 Mar, TR

will have over 20% of the crew ashore in 'quarantine areas' (open bay gyms) or 'isolation' rooms (NGIS rooms with shared heads) onboard Naval Base Guam. These facilities are inadequate to contain the virus and we're already seeing new positive cases from those residing at gyms with more likely to follow. Based on the contact tracing of the 53+ CV positive TR Sailors to date, over 50% of those still onboard (over 2,000) can be considered close contact - the real number is closer to the 4,000 still onboard due the close proximity of the entire crew on a CVN.

The current situation is not ideal, and will only get better once we can isolate the crew off ship in true isolation rooms with separate bathroom facilities. A CVN does not provide the necessary space to allow for ROM separation IAW NAVADMIN 083 or CDC guidance with the majority of the crew embarked. The Diamond Princess Cruise Ship example demonstrates that the only way they were able to stop the spread was to remove everyone off the ship. Considering that they already had some ability to quarantine onboard with individual guest rooms, we should be extremely concerned with the virus spread on a CVN.

I need approximately 500 Sailors to remain onboard to continue to operate a Rx plant, man normal watches to support minimal operations (C2, IET, etc..), and maintain aircraft readiness. Naval Base Guam is doing the best they can, but they do not have adequate facilities and we can't wait much longer for off island lodging to become available as our cases continue to increase. While I understand that there are political concerns with requesting the use of hotels on Guam to truly isolate the remaining 4,500 Sailors for 14+ days, the hotels are empty, and I believe it is the only way to quickly combat this problem. Keeping Sailors local also allows me to maintain the warfighting capability needed should the balloon go up. The alternatives are to let this ride out, hope for the best, and pray we don't lose Sailors to this invisible enemy. Naval Aviation is better than that, and we owe it to the thousands of Sailors onboard, and those outside watching, to take decisive action now.

I fully realize that I bear responsibility for not demanding more decisive action the moment we pulled in, but at this point my only priority is the continued well-being of the crew and embarked staff. As you know, the accountability of a Commanding Officer is absolute, and I believe if there is ever a time to ask for help it is now regardless of the impact on my career.

Vr,  
Chopper

CAPT Brett E. Crozier  
Commanding Officer  
USS THEODORE ROOSEVELT (CVN 71)





DEPARTMENT OF THE NAVY  
USS THEODORE ROOSEVELT (CVN 71)  
UNIT 100250 BOX 1  
FPO AP 96632

30 Mar 20

Subj: REQUEST FOR ASSISTANCE IN RESPONSE TO COVID-19 PANDEMIC

BLUF: If required the USS THEODORE ROOSEVELT would embark all assigned Sailors, set sail, and be ready to fight and beat any adversary that dares challenge the US or our allies. The virus would certainly have an impact, but in combat we are willing to take certain risks that are not acceptable in peacetime. However, we are not at war, and therefore cannot allow a single Sailor to perish as a result of this pandemic unnecessarily. Decisive action is required now in order to comply with CDC and NAVADMIN 083/20 guidance and prevent tragic outcomes.

1. Problem Statement. With the crew embarked, TR is unable to comply with CDC protocols or NAVADMIN 083/20 guidance. Based on CDC guidelines and TR observations, the only effective method to preserve an individual's health is total isolation for 14+ days in accordance with the NAVADMIN (i.e. Individual hotel/barracks rooms with separate heads). Due to a warship's inherent limitations of space, we are not doing this. The spread of the disease is ongoing and accelerating.

2. Inappropriate Focus on Testing. Testing has no direct influence on the spread of the COVID-19 virus. It merely confirms the presence of the virus. Due to the close quarters required on a warship and the current number of positive cases, every single Sailor, regardless of rank, on board the TR must be considered "close contact" in accordance with the NAVADMIN. Testing will only be useful as the ship returns to work after isolation or quarantine to confirm the effectiveness of the quarantine period. Our focus now must be on quarantine and isolation in strict compliance with CDC and NAVADMIN guidance.

The COVID-19 test cannot prove a Sailor does not have the virus; it can only prove that a Sailor does. As an illustration, of the first 33 TR Sailors diagnosed with COVID-19, 21% (7 of those 33) infected Sailors were negative on a COVID-19 test, then subsequently presented with symptoms of COVID-19 infection within 1-3 days post-test.

Based on data since TR's first case, approximately 21% of the Sailors that tested negative and are currently moving into group restricted movement ashore are currently infected, will develop symptoms over the next several days, and will proceed to infect the remainder of their shore-based restricted group.

3. Inappropriate Quarantine and Isolation. With the exceptions of a handful of senior officer staterooms, none of the berthing onboard a warship is appropriate for quarantine or isolation. Thousands of "close contact" Sailors require quarantine in accordance with guidance. TR has begun to move personnel off ship into shore-based group restricted movement locations. Of the off ship locations currently available, only one complies with the NAVADMIN guidance. Infected Sailors reside in these off ship locations. Two Sailors have already tested positive in an

Subj: REQUEST FOR ASSISTANCE IN RESPONSE TO COVID-19 PANDEMIC

open bay gymnasium equipped with cots. Although marginally better than a warship, group quarantine sites are not a solution and are not in accordance with current guidance.

In order to stop the spread of the virus, the CDC and the Navy and Marine Corps Public Health Center both recommend individual quarantine. They both recommend against group quarantine. They recommend limited or no contact with other exposed individuals and no use of the same facilities or items exposed individuals have touched. NAVADMIN 083/20 echoes this guidance.

The environment most conducive to spread of the disease is the environment the crew of the TR is in right now, both aboard ship and ashore:

- a. Large amounts of Sailors in a confined space
- b. Open, shared berthing
- c. Shared restroom facilities
- d. Confined, shared workspaces and computers
- e. Shared messing for large numbers
- f. Meals cooked / food provided by exposed personnel
- g. Mandatory watch/operational tasks demanding consistent close contact (food preparation, service & cleaning, TFCC watches, unavoidable meetings to plan & execute COVID response actions, etc.)
- h. Movement about the ship requires consistent close contact with other exposed individuals (confined passageways, previously touched ladder railings/hatch levers/door knobs etc.)

4. Ineffectiveness of Current Strategy: Based on current limitations (lack of appropriate quarantine and isolation facilities, inability to effectively achieve social distancing), TR has instituted limited measures to slow the spread of the disease. We have moved a small percentage of the crew off ship, increased the frequency of thorough cleaning and attempted some social distancing. The current strategy will only slow the spread. The current plan in execution on TR will not achieve virus eradication on any timeline.

5. Lessons Learned from the Diamond Princess: From an epidemiological research article on the COVID-19 infection onboard Diamond Princess (the only comparable situation encountered thus far) (Roklov et al.) titled "COVID-19 outbreak on the Diamond Princess cruise ship: estimating the epidemic potential and effectiveness of public health countermeasures:"

"Cruise ships carry a large number of people in confined spaces with relative homogeneous mixing. On 3 February, 2020, an outbreak of COVID-19 on cruise ship Diamond Princess was reported following an index case on board around 21-25 January. By 4 February, public health



Subj: REQUEST FOR ASSISTANCE IN RESPONSE TO COVID-19 PANDEMIC

measures such as removal and isolation of ill passengers and quarantine of non-ill passengers were implemented. By 20 February, 619 of 3,700 passengers and crew (17%) were tested positive. We estimated that without any interventions within the time period of 21 January to 19 February, 2920 out of the 3700 (79%) would have been infected. Isolation and quarantine therefore prevented 2307 cases. We showed that an early evacuation of all passengers on 3 February would have been associated with 76 infected persons.” (As opposed to 619)

The final sentence of the abstract:

“Conclusions: The cruise ship conditions clearly amplified an already highly transmissible disease. The public health measures prevented more than 2000 additional cases compared to no interventions. However, evacuating all passengers and crew early on in the outbreak would have prevented many more passengers and crew from infection.”

The Diamond Princess was able to more effectively isolate people onboard than TR, due to a much higher percentage of individualized and compartmentalized accommodations onboard for paying customers. Their measures still allowed hundreds of people to become infected. TR’s best-case results, given the current environment, are likely to be much worse.

6. Proposed New Strategy: There are two end states TR could achieve:

- a. Maximize warfighting readiness and capacity as quickly as possible. No timeline necessary. We go to war with the force we have and fight sick. We never achieve a COVID-free TR. There will be losses to the virus.
- b. Achieve a COVID-free TR. Requires strict adherence to CDC guidelines and a methodical approach to achieve a clean ship. This requires immediate and decisive action. It will take time and money.

As war is not imminent, we recommend pursuing the peace time end state.

TR has two primary goals in order to achieve that end state:

- a. Prevent unnecessary deaths, reduce the number of Sailors that contract COVID-19 and eliminate future virus spread.
- b. Regain and maximize warfighting readiness and capacity as quickly as possible.

In order to achieve these goals, a clean ship is required. Every Sailor onboard must be guaranteed virus-free and the ship environment must be disinfected. One infected Sailor introduced to the ship will spread the virus. Off ship lodging in compliance with CDC and NAVADMIN guidance is required for over 4,000 Sailors to achieve a clean ship and crew.

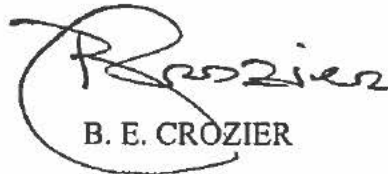
7. Conclusion. Decisive action is required. Removing the majority of personnel from a deployed U.S. nuclear aircraft carrier and isolating them for two weeks may seem like an extraordinary measure. A portion of the crew (approximately 10%) would have to stay aboard to

Subj: REQUEST FOR ASSISTANCE IN RESPONSE TO COVID-19 PANDEMIC

run the reactor plant, sanitize the ship, ensure security, and provide for contingency response to emergencies. This is a necessary risk. It will enable the carrier and air wing to get back underway as quickly as possible while ensuring the health and safety of our Sailors. Keeping over 4,000 young men and women on board the TR is an unnecessary risk and breaks faith with those Sailors entrusted to our care.

There are challenges associated with securing individualized lodging for our crew. This will require a political solution but it is the right thing to do. We are not at war. Sailors do not need to die. If we do not act now, we are failing to properly take care of our most trusted asset – our Sailors.

Request all available resources to find NAVADMIN and CDC compliant quarantine rooms for my entire crew as soon as possible.



B. E. CROZIER

# COVID-19 outbreak on the Diamond Princess cruise ship: estimating the epidemic potential and effectiveness of public health countermeasures

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**Key words:** coronavirus; SARS-CoV-2; basic reproduction number; isolation and quarantine; incubation time; evacuation

**Declaration of interest:** none declared

## Abstract:

**Background:** Cruise ships carry a large number of people in confined spaces with relative homogeneous mixing. On 3 February, 2020, an outbreak of COVID-19 on cruise ship Diamond Princess was reported with 10 initial cases, following an index case on board around 21-25<sup>th</sup> January. By 4<sup>th</sup> February, public health measures such as removal and isolation of ill passengers and quarantine of non-ill passengers were implemented. By 20<sup>th</sup> February, 619 of 3,700 passengers and crew (17%) were tested positive.

**Methods:** We estimated the basic reproduction number from the initial period of the outbreak using SEIR models. We calibrated the models with transient functions of countermeasures to incidence data. We additionally estimated a counterfactual scenario in absence of countermeasures, and established a model stratified by crew and guests to study the impact of differential contact rates among the groups. We also compared scenarios of an earlier versus later evacuation of the ship.

**Results:** The basic reproduction rate was initially 4 times higher on-board compared to the  $R_0$  in the epicentre in Wuhan, but the countermeasures lowered it substantially. Based on the modeled initial  $R_0$  of 14.8, we estimated that without any interventions within the time period of 21 January to 19 February, 2920 out of the 3700 (79%) would have been infected. Isolation and quarantine therefore prevented 2307 cases, and lowered the  $R_0$  to 1.78. We showed that an early evacuation of all passengers on 3 February would have been associated with 76 infected persons in their incubation time.



Conclusions: The cruise ship conditions clearly amplified an already highly transmissible disease. The public health measures prevented more than 2000 additional cases compared to no interventions. However, evacuating all passengers and crew early on in the outbreak would have prevented many more passengers and crew from infection.

## Introduction

Cruise ships carry a large number of people in confined spaces with relative homogeneous mixing over a period of time that is longer than for any other mode of transportation.<sup>1</sup> Thus, cruise ships present a unique environment for transmission of human-to-human transmitted infections. The association of acute respiratory infections (ARI) incidence in passengers is statistically significant with season, destination and duration of travel.<sup>2</sup> In February 2012, an outbreak of respiratory illness occurred on the cruise ship off Brazil, resulting in 16 hospitalizations due to severe ARI and one death.<sup>3</sup> In May 2020, a dual outbreak of pandemic (H1N1) 2009 and influenza A (H3N2) on a cruise ship occurred: of 1,970 passengers and 734 crew members, 82 (3.0%) were infected with pandemic (H1N1) 2009 virus, and 98 (3.6%) with influenza A (H3N2) virus.<sup>4</sup> Four subsequent cases were epidemiologically linked to passengers but no evidence of sustained transmission to the community or passengers on the next cruise was reported.<sup>4</sup> In September 2000 an outbreak of influenza-like illness was reported on a cruise ship sailing off the Australian coast with over 1,100 passengers and 400 crew on board, coinciding with the peak influenza period in Sydney.<sup>5</sup> The cruise morbidity was high with 40 passengers hospitalized, two of whom died. A total of 310 passengers (37%) reported suffering from an influenza-like illness.

In December 2019, a novel coronavirus, SARS-CoV-2, emerged in Wuhan, China and rapidly spread within China and then to various global cities with high interconnectivity with China.<sup>6,7</sup> The resulting ARI due to this coronavirus, a disease now coined COVID-19, is thought to be mainly transmitted by respiratory droplets from infected people. The mean serial interval of COVID-19 is 7.5 days (95% CI, 5.3 to 19) and the initial estimate for the basic reproductive number  $R_0$  was 2.2 (95% CI, 1.4 to 3.9),<sup>8</sup> although higher  $R_0$  have since been reported with a mean of more than 3.<sup>9</sup> On 18 February 2020, China's CDC published their data of the first 72,314 cases including 44,672 confirmed cases.<sup>10</sup> About 80% of the confirmed cases were reported to be mild disease or less severe forms of pneumonia, 13.8% severe and 4.7% critically ill. Risk factors for severe disease outcomes are older age and comorbidities. The progression to acute respiratory distress syndrome occurs approximately 8-12 days after onset of first symptoms, with lung abnormalities on chest CT showing greatest severity approximately 10 days after initial onset of symptoms.<sup>11-13,14</sup> Evidence is mounting that also mildly symptomatic or even asymptomatic cases can transmit the disease.<sup>15,16</sup>

On 3<sup>rd</sup> February, 2020, an outbreak of COVID-19 was reported on Cruise Ship Princess Diamond off the Japanese coast, with initially 10 persons confirmed to be infected with the virus. The number has since ballooned into the largest coronavirus outbreak outside of mainland China. By 19<sup>th</sup> February, 619 of 3,700 passengers and crew (17%) were tested positive. By end February, six persons had died. The outbreak was traced to a Hong Kong passenger who embarked on January 21st and disembarked on January 25th. After docking near New Taipei City, on January 31, the ship arrived in Yokohama, Japan. By the following day, the Japanese health ministry ordered a 14-day quarantine for everyone on board and rushed to close its ports to all other cruise ships. The public health measures taken according to news reports and the media were removal of all PCR positive passengers and crew from the ship and their isolation in Japanese hospitals. The remaining test-negative passengers and crew remained on board. Passengers were quarantined in their cruise ship cabins, and only allowed out of the cabin for one hour per day. By 20<sup>th</sup> February, the decision to evacuate was made and more than 3000 passengers left the ship. Most were air-evacuated by their respective countries.<sup>10</sup>

The cruise ship with a COVID-19 index case onboard between the 21-25<sup>th</sup> January serves as a good model to study its potential to spread in a population that is more homogeneously mixed, compared to the more spatially variable situation in Wuhan.

We set out to study the empirical data of COVID-19 confirmed infections on the Cruise ship Diamond Princess, to estimate the basic reproduction number ( $R_0$ ) under cruise ship conditions, the response effectiveness of the quarantine and removal interventions, and compare scenarios of an earlier and later evacuation of the ship.

### Methods:

We used data on confirmed cases on the cruise ship as published on a daily basis by public sources<sup>17,18</sup> to calibrate a model and estimate the basic reproduction number  $R_0$  from the time sequence and amplitude of the case rates observed. COVID-19 is thought to have been introduced by an index case from Hong Kong visiting the ship between the 21<sup>st</sup> to 25<sup>th</sup> of January, 2020. We thus used the date of 21<sup>st</sup> January 2020 as the first time point,  $t=0$ , assuming the index case was infectious from the first day on the ship. The estimates of  $R_0$  and the associated Covid-19 incidence on the cruise ship was derived using a compartmental model estimating the dynamics of the number of susceptible ( $S$ ), exposed ( $E$ ), infected ( $I$ ), and recovered ( $R$ ) individuals, adapted but modified from a published COVID-19 study.<sup>19</sup> We analyzed two instances of the model assuming respectively: (1) a homogenous population (3700 individuals), and (2) a stratified population of crew (1000 individuals) and guests (2700 individuals). The model used a relationship between the daily reproductive number,  $\beta$ , and  $R_0$  to infer the transmissibility and contact rate across the whole cruise ship population by the relationship:

$$\beta = \text{transmissibility} * \text{contact rate} = R_0/i$$

where the infectious period equals to one over the recovery rate ( $\gamma$ ),  $i = 1/\gamma$

In the homogeneous model, the infectious period,  $i$ , of COVID-19 was set to be 10 days based on previous findings.<sup>8</sup> In the situation of no removal (ill persons taken off the ship to be isolated in a Japanese hospital), the incubation period (or, the latent period),  $l$  was estimated to be approximately 5 days (ranging from 2 to 14 days).<sup>20</sup> In order to model the removal/isolation and quarantine interventions, we implemented time dependent removal and contact rates as described in Table 1. We performed additional sensitivity analysis reducing the  $R_0$  to 3.7, an estimate of the average value across mainland China studies of COVID-19.<sup>9</sup>

We further estimated a counterfactual scenario of the infections dynamics assuming no interventions were implemented, in particular no removal and subsequent isolation of ill persons. We assumed an infectious period of 10 days, with a contact rate remaining the same as in the initial phase of the outbreak. Additionally, in the stratified model of crew and guests, the contact rate was assumed to be different due to the assumption that crew could not be easily quarantined as they had to continue their services on board for all the passengers and possibly had more homogeneous mixing with all the passengers, whereas passengers may be mixing more within their preferred circles and areas. We kept the transient change in the contact rate and the removal of all PCR confirmed patients starting from the 3<sup>rd</sup> and the 5<sup>th</sup> of February respectively as in the first model. Parameters are described in Table 1.

The model describing a homogeneous population onboard can be described by:

$$\frac{dS}{dt} = -\beta I \frac{S}{N}$$

$$\frac{dE}{dt} = \beta I \frac{S}{N} - E/l$$

$$\frac{dI}{dt} = E/l - \gamma I$$

$$\frac{dR}{dt} = \gamma I$$

where  $S$  denote all susceptible people on the cruise ship,  $E$  all exposed,  $I$  all infected and  $R$  all recovered or removed, and where  $N = S + E + I + R$  denotes the whole population.

The model describing a stratified population onboard can be described by:

$$\frac{dS_g}{dt} = -\beta_{gg}I_g \frac{S_g}{N_g} - \beta_{cg}I_c \frac{S_g}{N_g}$$

$$\frac{dE_g}{dt} = \beta_{gg}I_g \frac{S_g}{N_g} + \beta_{cg}I_c \frac{S_g}{N_g} - E_g/l$$

$$\frac{dI_g}{dt} = E_g/l - \gamma I_g$$

$$\frac{dR_g}{dt} = \gamma I_g$$

$$\frac{dS_c}{dt} = -\beta_{cc}I_c \frac{S_c}{N_c} - \beta_{gc}I_g \frac{S_c}{N_c}$$

$$\frac{dE_c}{dt} = \beta_{cc}I_c \frac{S_c}{N_c} + \beta_{gc}I_g \frac{S_c}{N_c} - E_c/l$$

$$\frac{dI_c}{dt} = E_c/l - \gamma I_c$$

$$\frac{dR_c}{dt} = \gamma I_c$$

where  $S$  denotes susceptible,  $E$  exposed,  $I$  infected and  $R$  recovered or removed,  $N = S + E + I + R$ , and the subscript  $g$  and  $c$  are indicating guest and crew respectively. Overall, we assume mortality is negligible.

Models with interventions were calibrated to reports of total infection occurrence, while models simulating the counterfactual scenarios were left with the naïve parameter settings (no countermeasures). The net effects of the countermeasures were estimated as the difference between the counterfactual scenario and the model with the interventions. Model parameters are described in Table 1. The effectiveness of the countermeasures was estimated by calibration of the model to data.

We here also present estimations of the plausible consequences of a hypothetical third intervention strategy, whereby all individuals onboard would have been evacuated either on 3<sup>rd</sup> of February or 19<sup>th</sup>

of February. We estimated and presented the number of latent cases on 3<sup>rd</sup> February evacuation and on 19<sup>th</sup> February, 2020.

## Results:

Using the SEIR model assuming relatively homogenous mixing of all people onboard, we calibrated the predicted cumulative number of infections from the model to the observed cumulative number of infections among all people onboard and estimated the initial  $R_0$  to 14.8. This resembled an estimate of  $\beta$  (the daily reproduction rate) to 1.48. To derive this estimate we calibrated functions describing transient change in the  $\beta$  as a result of changes in contact rate and the removal of symptomatic infections. The parameter values of contact rate, quarantine interventions and removal presented in Table 1 are the results of the calibration to the observed cumulative incidence data. The contact rate between persons on the cruise ship was calibrated to give the best fit to data with a reduction of 70% by the quarantine countermeasure with onset 3<sup>rd</sup> February, 2020. The transient function of removal and isolation of infected cases with an onset on 5<sup>th</sup> February, 2020, reduced the infectious period from 10 to 4 days, and substantially reduced the transmission and sub-sequent infections on the ship. In Figure 1 we present the change in  $R_0$  based on the relationship between  $R_0$  and  $\beta$  and how it is affected by the transient countermeasures of quarantine and removal of ill patients from the model. Here  $R_0$  should be interpreted as the basic reproductive rate in a totally naïve population on the Diamond Princess (i.e. same contact rate), and not the actual basic reproductive number over time on the cruise ship. The  $R_0$  was 14.8 initially and then  $R_t$  declined to a stable 1.78 after the quarantine and removal interventions were initiated (Figure 1).

The predicted cumulative number of cases over time from this model described the observed cases well, but overestimated the cumulative case incidence rate initially (Figure 2). This allowed to compensate for reporting bias in the initial phase, given that the proportion of testing of all passengers was patchy while at the end of the study (19<sup>th</sup> February, 2020) the testing of passengers had a higher coverage and was more complete. The modelled cumulative number of cases on 19 February, 2020, is 613 out of the 3700 people at risk, while the observed reported number of cases is 619. The counterfactual scenario assuming homogenous rates among crew and guests without any interventions (no removal off the ship or isolation of ill persons nor any quarantine measures for the remaining passengers on boat), estimated the number of cumulative cases to be 2920 out of the 3700 after 30 days, that is by 19<sup>th</sup> of February (Figure 2). The net effect of the combined interventions was estimated to prevent a total number of 2307 cases by 19<sup>th</sup> February, 2020 (Figure 2).

In a sensitivity analysis we modified the  $R_0$  to 3.7 (and consequently  $\beta$  to 0.37) as this has been reported the average basic reproduction number from studies of COVID-19 in China.<sup>9</sup> However, from



our simulation, even in the absence of any intervention, such a low  $R_0$  cannot explain the rapid growth of incident cases on the cruise ship (Figure 3). This sensitivity scenario excluded countermeasures from the model making it unrealistic that such a low  $R_0$  value could be the true value in the cruise ship situation with confined spaces and high homogeneous mixing of the same persons. The estimate with the lower  $R_0$  value also omitted to consider the strong interventions put into place, making it even more unrealistic.

We additionally modeled a scenario stratified by crew and guests whereby we assumed the parameter values of transmission risk to be lower for crew to guest than for guest to crew (Table 1). The predicted cumulative number of infected crew and guests by 19th of February from this model was 168 out of 1000 (16.8%) and 464 out of 2700 (17.2%), respectively (Figure 4). The total number of cumulative cases by 19<sup>th</sup> of February predicted from this model was 632, close to the observed number of cases of 619. The predicted cumulative incidence rates were overestimated for crew while underestimated for guests based on available tests results at the time of writing (Figure 4). These data still need to be validated against the empiric data of test results in all crew and passengers which should soon become available.

Instead of keeping all passengers on board, another option would have been to evacuate all individuals onboard the cruise ship earlier, and allow them to go home for a potential quarantine in their respective home countries. We modeled that an evacuation by 3<sup>rd</sup> February, 2020, would have resulted in 76 latent cases (cases during the incubation time), while an evacuation by 19<sup>th</sup> February would have resulted in 246 latent cases.

## Discussion:

Modelling the COVID-19 on-board outbreak reveals important insights into the epidemic risk and effectiveness of public health measures. We found that the reproductive number of COVID-19 in the cruise ship situation of 3,700 persons confined to a limited space was around 4 times higher than in the epicenter in Wuhan, where  $R_0$  was estimated to have a mean of 3.7.<sup>9</sup> Interestingly, a rough estimation of the population per square km on this 18-deck ship is 286 by 62 meters (0.32 km<sup>2</sup>). Assuming that only 50% of decks are being used, approximately 24,400 persons are confined per km<sup>2</sup> on a ship compared to approximately 6000 persons per km<sup>2</sup> (9,000,000/1528) in urban Wuhan. This means that the population density was about 4 times higher on the cruise ship. Thus, both  $R_0$  and contact rate are dependent on population density, as also suggested by previous research.<sup>21</sup> In population-based models on observational data the population per square km is often substantially different, affecting the  $R_0$  and  $\beta$  coefficient implicitly by changes in the contact rate expressed as:

$$\frac{R_0}{i} = \text{Transmissibility} * \text{contact rate}$$

The local estimate of  $R_0$  can be divided into a localized contact rate and a multiplier that is necessary for moving from one population to another:

$\text{contact rate} = \text{contact rate}_{\text{localized}} * pd$ , where  $pd$  is the population density multiplier. In our case it was approximated to 4. Here the contact rate is relating to a contact rate in a defined population in a certain area and the population density multiplier modifies the contact rate when moving across different local population and geographical areas representing heterogeneity in population density. In the case of the cruise ship, the potential relationship of  $R_0$  to population density appear thus mainly be attributed to the contact rate and mixing effects. This information is also important for other settings characterized by high population densities.

With such a high  $R_0$ , we estimated that without any interventions within the time period of 21<sup>st</sup> January to 19<sup>th</sup> February 2020 out of the 3700 (79%) would have been infected, assuming relatively homogenous mixing between all people on board.

The quarantine and removal interventions launched when the outbreak was confirmed (3<sup>rd</sup> February and 5<sup>th</sup> of February) substantially lowered the contact rate and reduced the cumulative case burden by an estimated 2307 cases by 19<sup>th</sup> February. We note, however, that the longer time span of simulation beyond 19<sup>th</sup> February, assuming people would stay on the boat, would reduce the net effect of the intervention substantially. We further note that an earlier evacuation would have corresponded to disembarking a substantially lower number of latent undetectable infections (76 vs. 246), likely giving rise to some further transmission outside the ship.

We also found that contact rate of guest to guest and crew appeared higher than the contact rate from guest to crew, perhaps driven by high transmission rates within cabins. However, testing of crew was delayed, and there was a testing bias towards testing more passengers than crew. Hence our access to empiric data may have and this analysis need to be revisited when all data is available.

The limitations of our study include our lack of data on the lag time between onset of symptoms, the timing of testing and potential delay to the availability of test results. Due to the large number of people, not everyone was tested, and we suspect that the timing of the test results do not totally tally with real-time onset of cases. We had no access to data on incident cases in crew versus passengers, nor any data on whether there was clustering of cases around certain nationalities or crew members. Furthermore, although the Hong Kong passenger was assumed to be the index case, it could well have been possible that there was more than one index case on board who could have contributed to transmission, and this would have lowered our estimated  $R_0$ . Lastly, our models are based on human-

to-human transmission and do not take into account the possibility that fomites, or water systems with infected feces, contributed to the outbreak.

The interventions that included the removal of all persons with confirmed COVID-19 disease combined with the quarantine of all passengers substantially reduced the anticipated number of new COVID-19 cases compared to a scenario without any interventions (17% attack rate with intervention versus 79% without intervention) and thus prevented a total number of 2307 additional cases by 19<sup>th</sup> February. However, the main conclusion from our modelling is that evacuating all passengers and crew early on in the outbreak would have prevented many more passengers and crew members from getting infected. A scenario of early evacuation at the time of first detection of the outbreak (3 February) would have resulted in only 76 latent infected persons during the incubation time (with potentially still negative tests). A late evacuation by 19<sup>th</sup> February would have resulted in about 246 infected persons during their incubation time. These data need to be confirmed by empiric data of testing all evacuated persons after 19<sup>th</sup> February, and may be an overestimate as we assumed a stable  $R_0$  after quarantine was instituted. However, the  $R_0$  probably declined over time, as the implementation of quarantine measures were incrementally implemented leading to better quarantine standards towards the end of the quarantine period.

In conclusion, the cruise ship conditions clearly amplified an already highly transmissible disease.  $R_0$  is related to population density, and is particularly driven by contact rate and mixing effects, and this explains the high  $R_0$  in the first weeks before countermeasures were initiated. Population densities and mixing need to be taken into account in future modeling of the COVID-19 outbreak in different settings. Early evacuation of all passengers on a cruise ship- a situation with confined spaces and high intermixing- is recommended as soon as an outbreak of COVID-19 is confirmed.

**Author contributions:** JR and AWS conceived the study. JR developed the model and run the analysis. HS advised on model development, and helped with the figures. AWS advised on model parameters. All authors wrote the final manuscript.

**Funding:** None

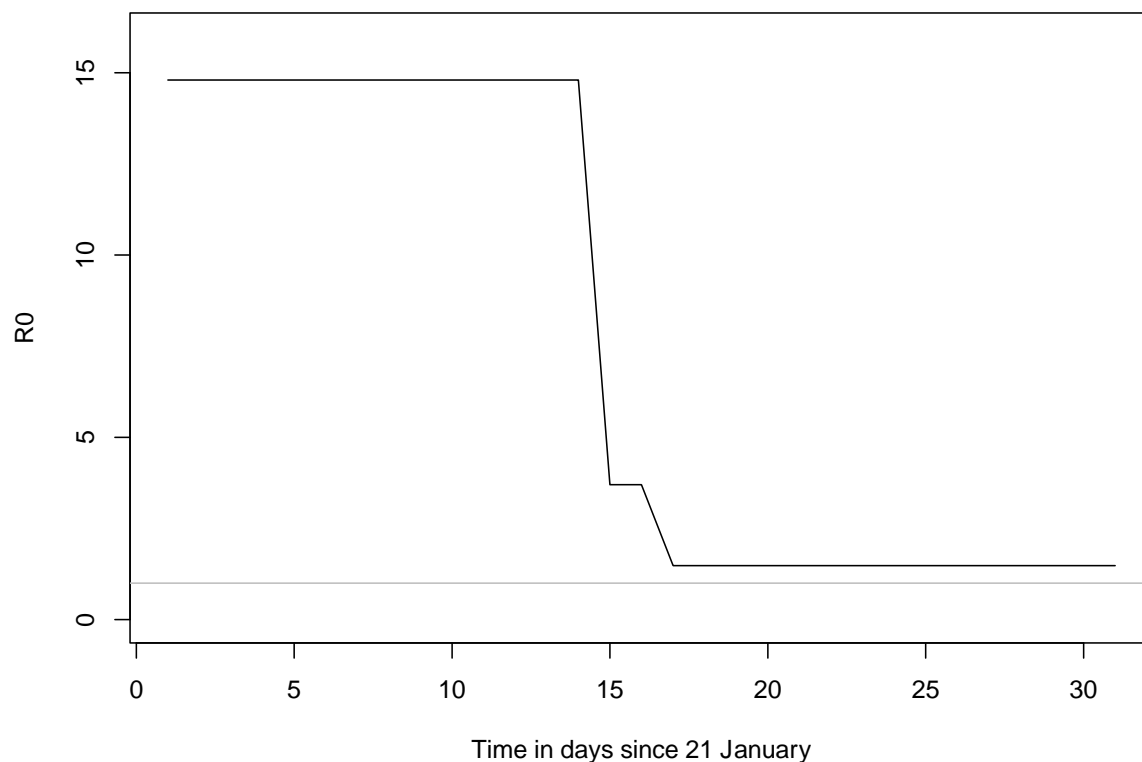
Declaration of interest: none declared.

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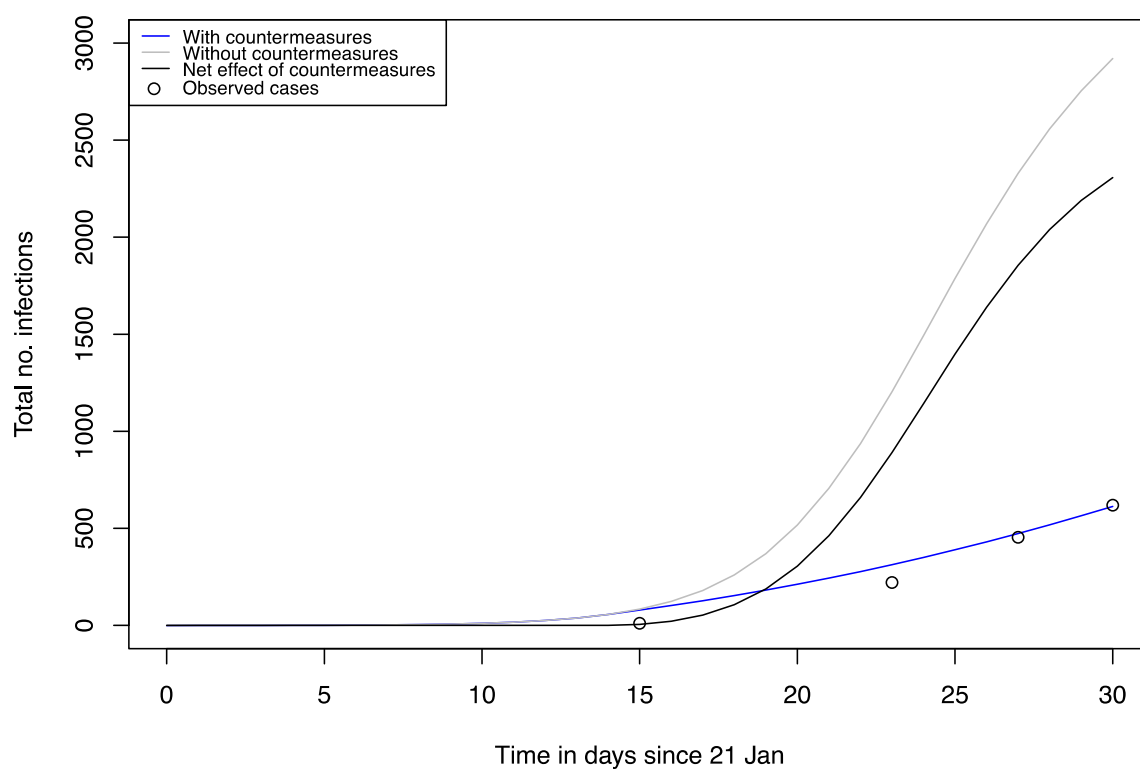
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<b>Table 1.</b> Model parameter description and values. Start time ( $t = 0$ ) the 20 <sup>th</sup> of January.		
<b>Parameters</b>	<b>Explanation (unit)</b>	<b>Estimated to</b>
$\beta$	Overall transmissibility and contact rate (1/day)	1.48 if $t < 14$ 0.44 if $t \geq 14$
$l$	Incubation period (days)	5 days
$i$	Infectious period or time to removal (days)	10 if $t < 16$ 4 if $t \geq 16$
$N$	Total number of people onboard (persons)	3700
$\beta_c$	Transmissibility and contact rate crew (1/day)	1.15 if $t < 14$ 0.35 if $t \geq 14$
$\beta_{gg}$	Transmissibility and contact rate guests to guests (1/day)	1.15 if $t < 14$ 0.35 if $t \geq 14$
$\beta_{gc}$	Transmissibility and contact rate guests to crew (1/day)	0.17 if $t < 14$ 0.05 if $t \geq 14$
$N_g$	Total number of guests onboard (persons)	2700
$N_c$	Total number of crew onboard (persons)	1000

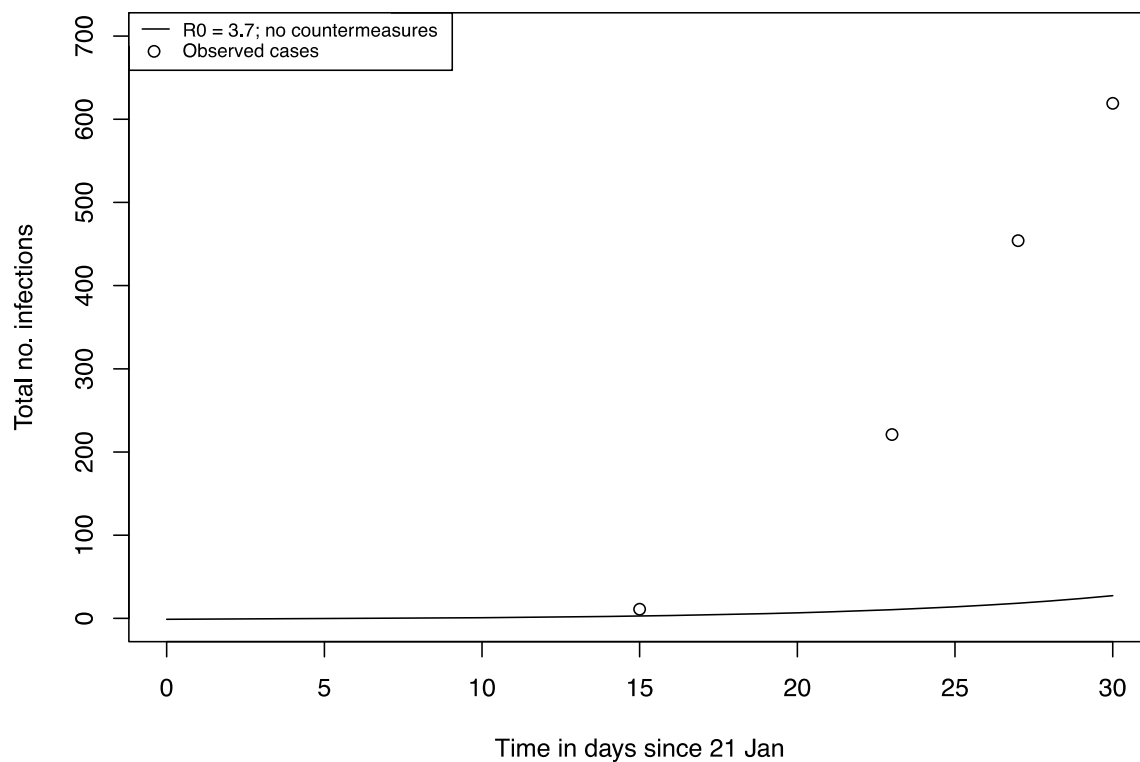




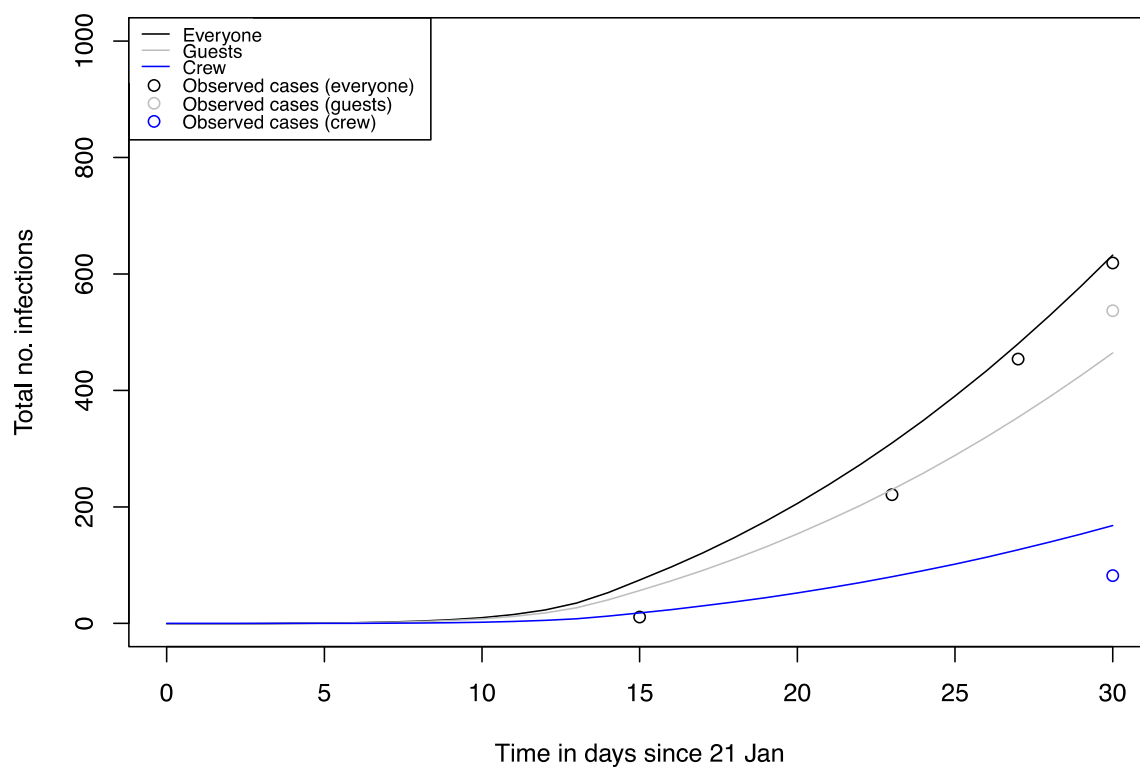
**Figure 1.** The estimated basic reproduction number,  $R_0$ , on the cruise ship and its change over time as a result of the transient interventions of quarantine and removal of infectious cases. The  $R_0$  given here assumes one index case in a totally naïve population, although that is not the case on the ship, we use it here to illustrate how the  $R_0$  is sensitive to the interventions, but still substantially large to fuel a continuation of the epidemic. The grey line indicates  $R_0 = 1$ .



**Figure 2.** Predicted total number of infections using model 1 (no stratification) for the realistic situation with interventions (blue), counterfactual scenario without intervention (grey) and the net effect of the interventions (black).



**Figure 3.** Sensitivity analysis: predicting total number of infections using a model without interventions with  $R_0$  set to 3.7 with index case 21th January (bottom). Observed reports of cumulative cases are marked as "o".



**Figure 4.** Predicted total number of infections using a model stratified into crew and guest for the realistic situation with interventions. Total population onboard (black), guests (grey), crew (blue). Observed total case numbers of total (black), crew (blue) and guest (grey) are marked as "o".

# Exclusive: Captain of aircraft carrier with growing coronavirus outbreak pleads for help from Navy

**Matthias Gafni and Joe Garofoli**

March 31, 2020 | Updated: April 9, 2020 10:35 a.m.



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The USS Theodore Roosevelt, currently docked in Guam, has more than 100 sailors infected with the coronavirus.

Photo: Smith Collection / Gado / Getty Images 2018

*Note: This story has been updated with comments from the U.S. Navy and other developments.*

The captain of a nuclear aircraft carrier with more than 100 sailors infected with the coronavirus pleaded Monday with U.S. Navy officials for resources to allow isolation of his



## Coronavirus Coverage



### Coronavirus Tracker

Mapping every case in the Bay Area and California



**Coronavirus Map: Tracking COVID-19 cases across California**



LOCAL

BY ERIN ALLDAY

**Is shelter in place working? Here's the data that may tell us**



HEALTH

BY MALLORY P

**Scientists reveal key**

The unusual plea from Capt. Brett Crozier, a Santa Rosa native, came in a letter obtained exclusively by The Chronicle and confirmed by a senior officer on board the aircraft carrier Theodore Roosevelt, which has been docked in Guam following a COVID-19 outbreak among the crew of more than 4,000 less than a week ago.

“This will require a political solution but it is the right thing to do,” Crozier wrote. “We are not at war. Sailors do not need to die. If we do not act now, we are failing to properly take

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In the four-page letter to senior military officials, Crozier said only a small contingent of infected sailors have been off-boarded. Most of the crew remain aboard the ship, where following official guidelines for 14-day quarantines and social distancing is impossible.

“Due to a warship’s inherent limitations of space, we are not doing this,” Crozier wrote. “The spread of the disease is ongoing and accelerating.”

He asked for “compliant quarantine rooms” on shore in Guam for his entire crew “as soon as possible.”

“Removing the majority of personnel from a deployed U.S. nuclear aircraft carrier and isolating them for two weeks may seem like an extraordinary measure. ... This is a necessary

To print the document, click the "Original Document" link to open the original PDF. At this time it is not possible to print the document with annotations.

The Navy did not respond to The Chronicle's requests for comment Monday, but on Tuesday morning as the news spread, the Acting Navy Secretary Thomas Modly spoke to CNN.

"I heard about the letter from Capt. Crozier (Tuesday) morning. I know that our command  
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the last seven days to move those sailors off the ship and get them into accommodations in  
Guam. The problem is that Guam doesn't have enough beds right now and we're having to  
talk to the government there to see if we can get some hotel space, create tent-type facilities,"  
Modly said.

"We don't disagree with the (captain) on that ship and we're doing it in a very methodical way because it's not the same as a cruise ship, that ship has armaments on it, it has aircraft on it, we have to be able to fight fires if there are fires on board the ship, we have to run a nuclear power plant, so there's a lot of things that we have to do on that ship that make it a little bit different and unique but we're managing it and we're working through it," he said.

"We're very engaged in this, we're very concerned about it and we're taking all the appropriate steps," Modly said.



So far, none of the infected sailors has shown serious symptoms, but the number of those who have tested positive has jumped exponentially since the Navy reported infections in three crew members on March 24, the first time COVID-19 infections had been detected on a naval vessel at sea.

Asked Tuesday what should be done about the Roosevelt, President Trump said he would “let the military make that decision.”

Retired Admiral James Stavridis, former NATO Supreme Allied Commander Europe, told The Chronicle Tuesday in an e-mail that “we should expect more such incidents because warships are a perfect breeding ground for coronavirus.”

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“Unfortunately, naval vessels are ideal breeding grounds for the spread of viruses because it is impossible to do social distancing on one” because of the tight quarters on board, Stavridis said.

The ship’s problems will “compound,” Stavridis said, because you can’t tie the vessel up “and send everyone ashore. It is full of weapons, billions of dollars of equipment, fire hazards, and nuclear reactors.”

Anonymous sources: The Chronicle strives to attribute all information we report to credible, reliable, identifiable sources. Presenting information from an anonymous source occurs extremely rarely, and only when that information is considered crucially important and all other on-the-record options have been exhausted. In such cases, The Chronicle has complete knowledge of the unnamed person's identity and of how that person is in position to know the information. The Chronicle's detailed policy governing the use of such sources, including the use of pseudonyms, is available on [sfchronicle.com](https://sfchronicle.com).

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Mark Cancian, a Marine colonel who served for 37 years before retiring, said that "the Navy has got to figure out how to do this right or else they can't deploy the rest of the fleet.

"This is like the test case," said Cancian, a senior adviser with the Center for Strategic and International Studies think tank in Washington, D.C.

Stavridis advised the "entire U.S. Navy" to "test, test, test," and immediately isolate those infected off of ships.

Scrubbing the Theodore Roosevelt of the virus will not be complicated, but "time-consuming," he said. He estimated cleaning would take five to 10 days with a crew of 350 people.

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The carrier's home port is San Diego.

At the time, Modly expressed confidence that they identified all the sailors who had been in contact with the trio of infected sailors and they had been quarantined.

"This is an example of how we are able to keep our ships deployed at seas and underway, even with active COVID-19 cases," Modly said.

But by the time the ship reached port in Guam on Friday, the number of cases had grown to 25, and soon after to 36, according to reports.

Chief of Naval Operations, Adm. Mike Gilday responded to the increasing numbers late last week by saying the Navy was taking "this threat very seriously" and working to isolate

maintaining “mission readiness.”

“We are confident that our aggressive response will keep U.S.S. Theodore Roosevelt able to respond to any crisis in the region,” Gilday said.

But by Monday, a senior officer on board the massive aircraft carrier, who wished to remain anonymous because they are not authorized to speak to the media, said between 150 and 200 sailors had tested positive. None had been hospitalized — yet, the source said. The Chronicle agreed to withhold the officer’s name based on its anonymous sources policy.

In his letter to top Navy command, Crozier said if it was operating in wartime, the ship would cope and continue operations and battle the illness as best it could.

“However, we are not at war, and therefore cannot allow a single Sailor to perish as a result of this pandemic unnecessarily,” Crozier wrote. “Decisive action is required now in order to comply with CDC and (Navy) guidance and prevent tragic outcomes.”

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that “it is very unusual” for a ship captain — someone who is typically on a career track to become an admiral — to write such a letter.

“It shows that this is a person who is putting the welfare of his sailors ahead of his career,” said Korb, a retired Navy captain who is now a senior fellow at the left-leaning Center for American Progress think tank.

Gilday told reporters last week it was unclear if sailors became infected following the ship’s previous port of call in early March to Da Nang, Vietnam. Gilday said they debated whether to go on with the Vietnam visit, but at the time there were only 16 coronavirus cases in northern Vietnam and the port was in the central part of the country.

Sailors were screened prior to returning on board. The first three sailors tested positive 15 days after leaving Vietnam, officials said.



“Due to the close quarters required on a warship and the current number of positive cases, every single Sailor, regardless of rank, on board the TR must be considered ‘close contact,’” Crozier wrote.

The tight quarters on the carrier are “most conducive to spread,” he wrote, including large amounts of sailors in a confined space, shared sleeping quarters, restrooms, workspaces and computers, a common mess hall, meals cooked by exposed personnel, and movement constraints requiring communal contact with ladders and hatches.

He called the current strategy followed so far — of moving a small infected group onto the pier, increasing cleaning and attempts at social distancing ineffective.

“The current strategy will only slow the spread,” he wrote. “The current plan in execution on TR will not achieve virus eradication on any timeline.”

The captain compared the situation to the Diamond Princess cruise ship, citing a study that focused on what could have happened to that cruise ship had no isolation been done. A total of 712 passengers eventually tested positive for COVID-19 from that cruise departing from Japan; however, the study found if there had been no early isolation close to 80% of passengers and crew would have been infected. And had the cruise line immediately evacuated the ship after the first positive tests, the study found only 76 people would have

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Crozier said the Theodore Roosevelt could fare even worse, as a warship is not designed to provide such individual isolation like guest cabins.

“TR’s best-case results, given the current environment, are likely to be much worse,” he wrote.

As for the senior military officials’ promising tests for all crew aboard the carrier last week, Crozier said it is not a solution.

“Testing has no direct influence on the spread of the COVID-19 virus. It merely confirms the presence of the virus,” he wrote.

initial negative test, Crozier said.

The testing should be utilized, the captain wrote, after a proper 14-day quarantine to ensure no infected sailors return on board a clean ship.

Only one of the pier-side accommodations meet Navy guidelines, he wrote, adding that two sailors tested positive after sleeping in a gym with cots.

If the Navy focuses on being battle ready, it will lead to “losses to the virus,” Crozier said. The second option, the captain recommended: “Achieve a COVID-free TR.” Methodically clean the ship, while isolating the crew in port with a massive amount of individualized lodging equipment.

As part of his plan, 10% of the crew would stay on board to run the reactor plant, sanitize the ship, ensure security and provide contingency response for emergencies.

“As war is not imminent,” Crozier wrote, “we recommend pursuing the peace time end state.”

*Matthias Gafni and Joe Garofoli are San Francisco Chronicle staff writers. Email: [matthias.gafni@sfchronicle.com](mailto:matthias.gafni@sfchronicle.com), [jgarofoli@sfchronicle.com](mailto:jgarofoli@sfchronicle.com)*

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### **Witness Statement of Commander, Naval Air Forces Pacific**

On 11 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via teleconference.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: VADM DeWolfe H. Miller III, USN  
Position: Commander, Naval Air Force Pacific

Email Address: (b) (6) @navy.mil  
Phone(s): (b) (6)

My mission as Commander, Naval Air Force Pacific is to man, train, equip and certify aviation squadrons and aircraft carriers. I conduct this mission regardless of where a unit is in the OFRP cycle, however, once a unit deploys and is under the operational control of a Fleet Commander, I do not require personal courtesy reports or synchronization sessions. ADCON responsibilities such as supply, funding, reactor safety oversight and manning endure throughout deployment, but involvement in day-to-day scheduling, operations, ship movement, etc., (which is high right up to deployment) necessarily cuts off once a CVN departs on deployment.

During my discussions with CVN Commanding Officers (COs) prior to deployment, as a matter of routine, I ensure they know that I and my TYCOM staff are "supporting" and available for assistance during deployment, and to reach out personally if they needed anything. I personally spoke with Captain Crozier on 30 October 2019 during his in-call with me before he assumed command of CVN 71 on 1 Nov 2019, on 17 January 2020 the day the ship deployed, and then on 31 March 2020 after Captain Crozier sent his email/letter. I think it is fair to say that Captain Crozier knew he could call me at any time if he needed help. I also spoke with RDML Baker, CCSG-9, on multiple occasions relaying the same level of support was always available.

Subj: Witness Statement of Commander, Naval Air Forces Pacific

I did not provide additional COVID-19 guidance in March as the national crisis grew and unfolded due to multiple top-down guidance messages that were already circulating and being pushed to the Fleet, including detailed EXORDS from INDOPACOM and CPF as well as ALNAVs and NAVADMINs. As stated in the CPF EXORD, "We must view and execute combating of this virus as a military operation, not as an administrative drill." The stated purpose of the EXORD was to "bridge the gap between the guidance from the operational and administrative chains of command." CPF, rightfully, took the lead on COVID-19 guidance, coordinating closely with Fleet and TYCOM staff and leadership, in order to avoid confusion and keep the Fleet on the same page to the maximum extent possible. My Force Surgeon has maintained normal email contact with all the CVN Senior Medical Officers throughout this crisis.

After receiving Captain Crozier's letter/email, I immediately responded to him and offered help. In my email response, I added C7F and COMNAVMARIANAS to my reply, as they were not on the original email/letter from him.

I followed up with Captain Crozier with a telephone call on 31 March (1 April in Guam) to provide mentorship and counsel and to gain insight as to why he felt the need to write the email/letter. During the call, I specifically asked about his relationship with the strike group commander, and his assessment of the strike group commander's relationship with C7F. Captain Crozier responded that both relationships were healthy, with good communications in both directions, and plenty of communication opportunities. He also noted that VADM Merz (C7F)



Subj: Witness Statement of Commander, Naval Air Forces Pacific

was particularly engaged, holding multiple VTCs each day regarding the situation on the THR. I asked Captain Crozier then why he felt it necessary to send the letter, given his good relationship and communications with the chain of command. He stated that he "did not feel the response was moving fast enough."

(b) (6)

(Witness Signature)

13 MAY 2020  
(Date)

1247  
Time  
PACIFIC  
COAST

Name of Interviewer: VADM Richard A. Brown, USN

(b) (6)

**CDR USN COMNAVAIRPAC (USA)**

---

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>  
**Sent:** Monday, March 30, 2020 11:53 PM  
**To:** Gillingham, Bruce L RADM USN CNO (USA)  
**Cc:** Shaffer, Gayle D RADM USN BUMED FCH VA (USA); (b) (6) CAPT USN BUMED FCH VA (USA); Weber, Timothy Harding (Tim) RDML USN NAVMED WEST SAN CA (USA); Via, Darin K RDML USN DCNO N4 (USA); 'Hancock RDML James L'; (b) (6) CAPT USN, C7F; (b) (6) CAPT USN COMPACFLT NO1H (USA)  
**Subject:** Letter from the medical department on USS Theodore Roosevelt  
**Attachments:** TR med letter.pdf

Admiral,

The situation continues unabated in Guam. The moral imperative of Navy Medicine is to take care of the young men and women who go into harm's way and currently that includes the entire medical department. This letter has been given to our line leadership with the request that it be forwarded up the line chain of command. I will not submit this outside of the military. The other men and women I am proud to work with will make their own decisions.

v/r,

(b) (6)

31 MARCH 2020

We are the physicians and medical professionals of USS THEODORE ROOSEVELT (CVN-71). Our immediate and primary concern is the safety and well-being of our patients, the Sailors under our care. Our ship detected Novel Coronavirus on board approximately seven days ago; three days ago we docked at Naval Base Guam. We are at war with COVID-19 and we are losing. This letter is to make you aware of our situation and to ask for your help.

This is our current situation: the virus is spreading exponentially on the ship. We have over 75 positive cases and rising. We are attempting to transfer infected Sailors off the ship. We are attempting to isolate the close contacts of infected Sailors, but at this point every single individual on the ship is a close contact. We continue to eat in groups. We continue to sleep in open bays. We continue to use group bathrooms accommodating dozens of individuals. We continue to work in confined spaces. We continue to expose ourselves to the virus on a daily basis. The construction of the ship makes it impossible for us to practice social distancing. These concerns have been expressed to all levels of the chain of command, but we have yet to see any demonstrable action taken to get our patients to safety that is in accordance with CDC guidelines and NAVADMIN 083/20.

There is a high probability that USS THEODORE ROOSEVELT will experience fatalities as a result of COVID-19 and we expect them to be within 10 days of penning this letter. While we have received the support of U.S. Naval Hospital Guam, we expect to quickly overwhelm their limited resources. We expect to experience the well published case fatality rate of 0.5-1% for our age demographic if drastic action is not immediately taken. If this case fatality rate remains constant we stand the potential to have 50 or more fatal cases. We will not stand by while our fellow sailors continue to be exposed to this fatal virus.

The only solution to save the lives of our Sailors is to immediately get everyone off the ship into appropriate isolation or quarantine. There is no other option. The time has come for aggressive measures to be taken and we are asking for your help to save the lives of our patients.

As medical providers we have a moral responsibility to our patients. We will continue to fight this losing battle, but we are asking for your immediate support to help us win this war. Time is of the essence.

Our intent is to submit this letter to the public to demonstrate our concerns for the safety of our patients and your sailors.

Very Respectfully,

(b) (6)

MD

LCDR MC USN

Surgeon

USS THEODORE ROOSEVELT (CVN 71)

(b) (6)

(b) (6)

(b) (6)

MD

CAPT MC USN

Senior Medical Officer

USS THEODORE ROOSEVELT (CVN 71)

(b) (6)

(b) (6)

MD

LCDR MC USN

Family Physician

USS THEODORE ROOSEVELT (CVN 71)

PT, DPT

(b) (6)

LT MSC USN

Physical Therapist

USS THEODORE ROOSEVELT (CVN 71)

MD

LT MC USN

Flight Surgeon

CVW-11

(b) (6)

(b) (6)

**CDR USN COMNAVAIRPAC (USA)**

---

**From:** (b) (6) CAPT USN COMNAVAIRPAC SAN CA (USA)  
<(b) (6)@navy.mil>  
**Sent:** Tuesday, March 31, 2020 9:17 AM  
**To:** (b) (6) CAPT USN COMNAVAIRPAC (USA)  
**Subject:** FW: Guam  
**Attachments:** Letter from the medical department on USS Theodore Roosevelt (51.6 KB)  
**Signed By:** (b) (6)@NAVY.MIL

COS,  
Here is the letter that we discussed.  
V/r,  
Doc (b) (6)

CAPT (b) (6)  
Commander Naval Air Forces  
Force Surgeon  
(b) (6)  
(b) (6)@navy.mil

-----Original Message-----

**From:** (b) (6) CAPT USN COMNAVAIRES NOR VA (USA)  
<(b) (6)@mail.mil>  
**Sent:** Tuesday, March 31, 2020 8:30 AM  
**To:** (b) (6) CAPT USN COMNAVAIRPAC SAN CA (USA)  
<(b) (6)@navy.mil>  
**Subject:** FW: Guam

---

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
(b) (6)@cvn71.navy.mil]  
**Sent:** Monday, March 30, 2020 23:56  
**To:** (b) (6)

A large rectangular area of the document is completely redacted with a solid grey block, obscuring the main body of the email.

(b) (6)





(b) (6)



(b)

Subject: Guam

All,

Greetings from the USS Theodore Roosevelt. Figured I might as well give you a taste of what is going on.

Stay safe and stay healthy.

v/r,

(b)  
(6)

(b) (6)

**CDR USN COMNAVAIRPAC (USA)**

---

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>  
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**Cc:** Shaffer, Gayle D RADM USN BUMED FCH VA (USA); (b) (6) CAPT USN BUMED FCH VA (USA); Weber, Timothy Harding (Tim) RDML USN NAVMED WEST SAN CA (USA); Via, Darin K RDML USN DCNO N4 (USA); 'Hancock RDML James L'; (b) (6) CAPT USN, C7F; (b) (6) CAPT USN COMPACFLT N01H (USA)  
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Our intent is to submit this letter to the public to demonstrate our concerns for the safety of our patients and your sailors.

Very Respectfully,

(b) (6)  
LCDR MC USN  
Surgeon  
USS THEODORE ROOSEVELT (CVN 71)

(b) (6) PT, DPT (b) (6)  
LT MSC USN  
Physical Therapist  
USS THEODORE ROOSEVELT (CVN 71)

(b) (6) MD (b) (6)  
LT MC USN  
Flight Surgeon  
CVW-11

(b) (6)  
(b) (6) MD (b) (6)  
CAPT MC USN  
Senior Medical Officer  
USS THEODORE ROOSEVELT (CVN 71)  
(b) (6) MD  
LCDR MC USN  
Family Physician  
USS THEODORE ROOSEVELT (CVN 71)



DEPARTMENT OF THE NAVY  
CHIEF OF NAVAL OPERATIONS  
2000 NAVY PENTAGON  
WASHINGTON DC 20350-2000

5800  
2 Apr 20

From: Chief of Naval Operations  
To: Vice Chief of Naval Operations

Subj: PRELIMINARY INQUIRY INVOLVING USS THEODORE ROOSEVELT (CVN 71)

Ref: (a) JAGMAN, Chapter II

1. Per reference (a) you are hereby appointed to inquire into events surrounding the disembarkation of Sailors from USS THEODORE ROOSEVELT (CVN 71) in Guam, in response to cases of Coronavirus Disease 2019 (COVID-19).
2. The purpose of this preliminary inquiry is limited in scope. Consider the command climate relative to the health care professionals onboard and what, if any, impact their communications with the commanding officer or other senior leaders had on the ship's response. Consider also the effectiveness of the communications between the commanding officer and the administrative and operational chains of command.
3. You may assign others as needed to conduct this inquiry. Interview appropriate witnesses and review relevant documentary materials. Report your summary of findings and recommendations in letter form, consistent with reference (a). Include all evidence gathered during your inquiry. Submit your report no later than 4 April 2020, unless an extension of time is granted by me.

  
M. M. GILDAY

Enclosure (1) @ 1

# **Department of the Navy Press Briefing with Acting Secretary of the Navy Thomas B. Modly and Chief of Naval Operations Admiral Michael Gilday**

APRIL 2, 2020

Acting Secretary of the Navy Thomas B. Modly and Chief of Naval Operations  
Admiral Michael Gilday (USN)

---

STAFF: All right, good afternoon, ladies and gentlemen. We'll start with some opening remarks from the Secretary, Admiral Gilday will have some opening remarks and we're going to take your questions. Mr. Secretary?

SECRETARY THOMAS MODLY: OK. Good afternoon, everybody. Thank you again for your diligence and your courage in keeping the American people informed as all - as we all deal with the profound ramifications and rapid developments associated with this virus crisis.

I am here today to inform you that today, at my direction, the Commanding Officer of the USS Theodore Roosevelt, Captain Brett Crozier, was relieved of command by carrier strike group commander, Rear Admiral Stuart Baker.

The Executive Officer Captain Dan Keeler has assumed command temporarily until such time as Rear Admiral Select Carlos Sardiello arrives in Guam to assume command.

Rear Admiral Select Sardiello is the former Commanding Officer of the Theodore Roosevelt, so he is extremely well acquainted with the ship, many members of its crew, and the operations and the capabilities of the ship itself. He is the best person in the Navy right now to take command under these unusual circumstances.

As the Secretary of the Navy, I cannot be more proud of our men and women serving as part of the Navy and Marine Corps team right now. I can assure you that no one cares more than I do about their safety and welfare.



I myself have a son in uniform right now who's currently serving on active duty in Korea, flying missions every day in one of the – one of the nations that was one of the first ones to have a significant spike in the coronavirus case.

I understand both as a parent and a veteran how critical our support lines are for the health and wellbeing of our people, especially now in the midst of this global pandemic.

But there's a larger strategic context, one full of national security imperatives of which all of our commanders must all be aware of today.

While we may not be at war in a traditional sense, neither are we truly at peace. Authoritarian regimes are on the rise, many nations are reaching in many ways to reduce our capacity to accomplish our own strategic national goals. This is actively happening every day.

It's been a long time since the Navy and Marine Corps team has faced this broad array of capable global strategic challengers. A more agile and a more resilient mentality is necessary, up and down the chain of command.

Perhaps more so now than in the recent past, we require commanders with judgment, maturity, and leadership composure under pressure to understand the ramifications of their actions within that larger dynamic strategic context.

We all understand and cherish our responsibilities and frankly our love for all of our people in uniform. But to allow those emotions to color our judgment when communicating the current operational picture can at best create unnecessary confusion, and at worse provide an incomplete picture of American combat readiness to our adversaries.

When the Commanding Officer of the USS Teddy Roosevelt decided to write his letter on the 30th of March 2020 that outlined his concerns for his crew in the midst of the COVID-19 outbreak, the Department of the Navy had already mobilized significant resources for days in response to his previous requests.

On the same day marked on his letter, my Chief of Staff called the C.O. directly, at my direction, to ensure he had all of the resources necessary for the health and safety of his crew. The C.O. told my Chief of Staff that he was receiving those resources and he was fully aware of the Navy's response, only asking that he wished the crew could be evacuated faster.

My Chief of Staff ensured that the C.O. knew he had an open line to me at any time for him to call. He even called the C.O. again a day later to follow up and at no time did the CO relay the various levels of alarm that I, along with the rest of the world, learned from his letter when it was published by the C.O.'s hometown newspaper two days later.

Once I read the letter, I immediately called the Chief of Naval Operations Admiral Gilday and the Commander of U.S. Pacific Fleet Admiral Aquilino. Admiral Gilday had just read the letter that morning, as well, and Admiral Aquilino had just received it the day before - and of course, we're dealing with time zone changes.

We had a teleconference within minutes of me reading that letter — the article, including with the Commander of the Seventh Fleet Vice Admiral Bill Merz, Admiral Aquilino, Admiral Gilday, the Department of the Navy Surgeon General, Rear Admiral Bruce Gillingham, and others.

That evening, we held another teleconference with the entire chain of command. The next day, I spoke directly with the C.O. of the Teddy Roosevelt and this morning I've spoken to the Teddy Roosevelt's Carrier Strike Group Commander Rear Admiral Stuart Baker.

Rear Admiral Baker did not know about the letter before it was sent to him via e-mail from the Commanding Officer. It's important to understand that the Strike Group Commander, the C.O.'s immediate boss, is embarked on the Theodore Roosevelt with him, right down the passageway.

The letter was sent over nonsecure, unclassified e-mail, even though the ship possesses some of the most sophisticated communications and equipment in the fleet. And it wasn't just sent up the chain of command, it was sent and copied to a broad array of other people.

It was sent outside of the chain of command. At the same time, the rest of the Navy was fully responding. Worse, the Captain's actions made his sailors, their families, and many in the public believe that his letter was the only reason help from our larger Navy family was forthcoming, which was hardly the case.

Command is a sacred trust that must be continually earned, both from sailors and Marines, from the sailors and Marines that one leads and from the institution which grants that special and honored privilege.

As I learned more about the events over the past week onboard the Teddy Roosevelt, including my personal conversations with the Strike Group Commander, Commander Seventh Fleet, Commander U.S. Pacific Fleet and the Chief of Naval Operations and Captain Crozier and myself, I could reach no other conclusion than Captain Crozier had allowed the complexity of his challenge with the COVID breakout on the ship to overwhelm his ability to act professionally when acting professionally was what was needed most at the time.

We do and we should expect more from the Commanding Officer of our aircraft carriers. I did not come to this decision lightly. I have no doubt in my mind that Captain Crozier did what he thought was in the best interest of the safety and wellbeing of his crew.

Unfortunately, it did the opposite. It unnecessarily raised alarms with the families of our sailors and Marines with no plan to address those concerns. It raised concerns about the operational capabilities and operational security of that ship that could have emboldened our adversaries to seek advantage, and it undermined the chain of command, who had been moving and adjusting as rapidly as possible to get him the help he needed.

For these reasons, I lost confidence in his ability to continue to lead that warship as it fights through this virus, to get the crew healthy and so that it continues to meet its important national security requirements. In my judgment, relieving him of command was in the best interest of the United States Navy and the nation in this time when the nation needs the Navy to be strong and confident in the face of adversity. The responsibility for this decision rests with me. I expect no congratulations for it, and it gives me no pleasure in making it. Captain Crozier is an honorable man who, despite this uncharacteristic lapse of judgment, has dedicated himself throughout a lifetime of incredible service to our nation, and he should be proud of that, as we all are.

Pursuant to this action and with my full support, the Chief of Naval Operations Admiral Gilday has directed the Vice Chief of Naval Operations Admiral Robert Burke to conduct an investigation into the circumstances and the climate across the entire Pacific fleet to help determine what may have contributed to this breakdown in the chain of command. We must ensure we can count on the right judgment, professionalism, composure, and leadership from our commanding officers everywhere in our Navy and Marine Corps team; but especially in the Western Pacific. I have no indication that there is a broader problem in this regard but we have an obligation to calmly and evenly investigate it nonetheless.

To our commanding officers -- and this is an important message to our commanding officers -- it would be a mistake to view this decision as somehow not supportive of your duty to report problems, request help, protect your crews, challenge assumptions as you see fit. This decision

is not one of retribution, it is about confidence. It is not an indictment of character but rather of judgment. While I do take issue with the validity of some of the points in Captain Crozier's letter, he was absolutely correct in raising them.

It was the way in which he did it, by not working through it with his strike group commander to develop a strategy to resolve the problems he raised, by not sending a letter to and through his chain of command and to people outside his chain of command, by not protecting the sensitive nature of the information contained within the letter appropriately, and lastly by not reaching out to me directly to voice his concerns after that avenue had been clearly provided him through my team. That was unacceptable to me.

Let me be clear to all the commanding officers out there, you all have a duty to be transparent with your respective chains of command, even if you fear they might disagree with you. This duty requires courage, but it also requires a respect for that chain of command and a respect for the sensitivity of the information you decide to share and the manner in which you choose to share it.

Finally, and perhaps most importantly, I would like to send a message to the crew of the Theodore Roosevelt and their families back at home. I am entirely convinced that your commanding officer loves you and that he had you at the center of his heart and mind in every decision that he has made. I also know that you have great affection and love for him as well. But it is my responsibility to ensure that his love and concern for you is matched, if not exceeded by, his sober and professional judgment under pressure.

You deserve that throughout all the dangerous activities for which you train so diligently but most importantly for all those situations which are unpredictable and are hard to plan for.

It's important because you are the TR, you are the big stick, and what happens on board the TR matters far beyond the physical limits of your hull. Your shipmates across the fleet need to know -- need to know that you will be strong and ready and most especially, right now they need to know that you're going to be courageous in the face of adversity.

The nation needs to know that the big stick is undaunted and unstoppable and that you will stay that way as long as the Navy helps you through this COVID-19 challenge. Our adversaries need to know this as well. They respect and fear the big stick and they should. We will not allow anything to diminish that respect and fear as you and the rest of our nation fights through this virus.

As I stated, we are not at war by traditional measures, but neither are we at peace. The nation you defend is in a fight right now for our economic, personal and political security and you are on the frontlines of that fight in so many ways. You can offer comfort to your fellow citizens who are struggling and fearful here at home by standing the watch and working your way through this pandemic, with courage and optimism, and set the example for the nation.

We have an obligation to ensure you have everything you need as fast as we can get it there, and you have my commitment that that's what we will do, and we're not going to let you down.

The nation you have sworn to defend is in a fight. And the nations and bad actors around the world who wish us harm should understand that the big stick is in the neighborhood and that her crew is standing the watch.

Thank you, and I'm ready to answer your questions.

STAFF: Admiral Gilday, did you have a comment?

ADMIRAL MICHAEL GILDAY: Thank you Mr. Secretary. Good afternoon ladies and gentlemen. The secretary of the Navy has lost confidence in the commanding officer of the USS Theodore Roosevelt and I support the secretary and his decision to relieve Captain Crozier. I have been given every opportunity, every step of the way, to provide my advice to the secretary as he came to this decision. That is why we're taking this action today as well as initiating an investigation into the events that unfolded aboard the USS Theodore Roosevelt.

Make no mistake, nobody cares more about our sailors and those aboard the Theodore Roosevelt than our leadership in the Navy. Our sailors deserve the best leadership that we can absolutely provide. As I said yesterday at this podium, being a commanding officer brings with it an extraordinary responsibility and that responsibility is absolute.

We place a great deal of trust and confidence in our commanding officers and rely on them to manage risk and make decisions that are fact-based, all the while communicating honestly with their chain of command. We trust them to calmly and unemotionally take action in the face of the most challenging circumstances. We want our commanding officers to tell us when things aren't going well so we can help address potential problems.



We want them to tell their chain of command what they need. We want them to tell the truth.

Trust up and down our chain of command is the bond that keeps us steady. As military men and woman, we prepare daily to do with adversity, uncertainty and conflict. Americans depend on us for security, we will not let them down. Thank you.

Q: Mr. Secretary, if you could explain, yesterday I left with the impression that he appropriately went through the chain of command, but if it was found that he leaked the letter, that would be a problem. Do you believe that he leaked the letter? Because you alluded to the fact that it was his hometown paper. And how do you respond to some of the families and some of the sailors on the ship who say he was just speaking truth to power?

SEC. MODLY: Well I have no information nor am I trying to suggest that he leaked the information. It was published in the San Francisco Chronicle. It all came as a big surprise to all of us that it was -- that was in the paper. That's the first time I had seen it. Admiral Gilday is pretty much in the same boat. He received an email from Admiral Aquilino and it was already in the CHINFO Clips, I think that morning. So that's the answer to that question. I'm not making any suggestion about that, I don't know, I don't think I'll ever know who leaked the information. What I will say, he sent it out pretty broadly, and in sending it out pretty broadly, he did not take care to ensure that it couldn't be leaked. And that's part of his responsibility, in my opinion.

And then your second question?

Q: The families and sailors say he was just speaking truth to power rather than trying to sort of...

SEC. MODLY: Well, of course. And I mean, we, -- I mean, look, I know that -- as I mentioned before, the families of the sailors want the C.O. to be looking out for the well-being of the sailors.

We have a responsibility to look out for them as well, but also for -- to guard our national security mission, and all the other sailors that are out on all the other ships out there that may be put at risk by the actions of a particular commanding officer. So that's -- that's the bottom line for me.

STAFF: (Inaudible) -- we'll come to you next.

Q: Yes. Sir, I'm trying to understand, did you not receive the letter before it appeared in the paper? Did it not go up the chain of command? Because it was our impression that the letter had been sent up the chain of command. So that's a bit confusing.

And what -- how does this not have a chilling effect on other Navy captains who are concerned? And he was concerned about the health and welfare of those on the ship.

SEC. MODLY: Yes, and we want all of our captains to be that way, to be concerned. I trust that it won't have a chilling effect, I hope that what this will do, it was to reinforce the fact that we have the proper way of handling this. What he did, by doing this and not being careful with who that information went to -- and you're right, it did go to his task group commander, to Admiral Aquilino, to the Air Boss. But it was copied to 20 or 30 other people, OK? That -- that's just not acceptable. He did not take care. And what that did, is created a panic on -- a little bit of a panic on the ship because it was -- the ship was not prepared -- the chief petty officers were not prepared to answer questions from the crew in terms of how bad the situation was. It misrepresented the facts of what was going on on the ship, as well. And at the same time, the families here in the United States were panicked about the reality.

The reality of what's happening on the ship right now is, we have about 114 sailors who have tested positive. I can tell you with great certainty, there's going to be more. They'll probably be in the hundreds. Of the 114 sailors, not a single one of them has been hospitalized or has had the requirement to be hospitalized. They're all -- the ones that are sick are exhibiting mild or moderate flu symptoms. Some of them are exhibiting no symptoms, and some of them have already recovered from the virus, from the effects of the virus.

So it raised alarm bells unnecessarily. It also created the impression that the Navy was not responding to his questions. And as I mentioned, my chief of staff was in contact with him a day before he even sent that e-mail, saying, hey can we do -- are we doing everything you need, can we do more, what can we do. Things were flowing into theater.

I mean, just to give you an example, when the ship got there, we didn't have any beds to take people off to. A week later, we have almost 3,000 places for these sailors to go. That's in a week, and that's not because of this letter, it's because of stuff that was going on well before the letter was sent.

And so that's what's frustrating. Because what it does, it undermines our efforts and the chain of command's efforts to address this problem, and creates a panic, and creates the perception that the Navy's not on the job, the government's not on the job. And it's just not true.

STAFF: Courtney Kube, you can have the next one.

Q: I don't -- I'm curious why you took the time in your opening statement, in your prepared remarks, to say that it was published in his hometown paper, if you're not alleging that he was the one who leaked it. I just have to ask. And then, if it hadn't been reported in the media, then why - - then would this -- would none of this have happened? Your problem is he reported it, he provided this information to too many people. And so it got out. If he provided it to too many people but it hadn't been reported in the media, would we not be sitting here discussing this right now?

And then finally, did you have any pressure -- I know this is your decision and you directed the action but did you have - did you have any pressure from the White House or from DoD, from Secretary Esper to do this today?

SEC. MODLY: OK. So with respect to the hometown paper, that's a statement of fact. I have no information about whether or not he had anything to do with that. I do know that he did not safeguard that information and - and to keep it from being leaked anywhere. That's step one. So I'm not alleging that, I apologize if that's what the statement is insinuating, that's not the case. Your second question?

Q: Was the - had it not been reported in the media, would it - would we not be sitting here right now? Is that really why you're angry, that it ...

SEC. MODLY: No, I think I made that very clear in my statement, that we want that information coming up to us so that we can take action on it. That goes up through the chain of command - through his chain of command so we could take action on it.

No, I would - my - my perspective on this, if he had walked in with that list of concerns to his immediate supervisor and said "hey, let's work together on this" and they worked together on it and the list didn't change, we would not be here talking about this and that Commanding Officer would probably still be in command right now.

Q: And then the White House and DoD, were you - did you ...

SEC. MODLY: I've received absolutely no pressure, I've had no communication with the White House about this. I did - when I - when I was arriving closer to this determination yesterday, I called Secretary Esper and told him that this is the direction I was headed and he told me that he would support my decision, whatever that might be.

STAFF: All right. Last question, Ryan Browne?

Q: Sir, just really to hit this home, why are you - is he being relieved because he CC'd too many people on this letter? That's kind of what it makes it seem like now. Is that why he's being relieved?

SEC. MODLY: Because to me, that demonstrated extremely poor judgment in the middle of a crisis, because what it's done, it's just created a firestorm, it's created doubts about the ship's ability to go to sea if it needs to, it's created doubt among the families about the health of their sailors and that was a completely unnecessary thing to do in the midst of a crisis.

So when I have a Commanding Officer who's responsible for our nuclear-powered aircraft carrier, with all of that lethality and all of that responsibility, who exercises that poor judgment in a situation, in a crisis like this - now granted, they don't train for this, but we expect more from our C.O.s than what they trained for. We expect them to exercise good judgment that does not put their crews in jeopardy, does not jeopardize the national security mission of the United States.

Q: Well can you give us a sense of where the - the e-mails went? Where did - did it go to civilians, family members, the press? The numbers and where those ...

SEC. MODLY: I'm not going to comment on that.

STAFF: Thank you, ladies and gentlemen.

Q: Because you don't know or you don't want to tell us?

SEC. MODLY: No, I know.

Q: Right ...

SEC. MODLY: I know. I'm not going to comment on that.

Q: Well lastly, just one more. You've said some of the things he said in the letter were correct but I think you said the language he used was just not something you would have. Can you expand on that? What was in his letter that ...

SEC. MODLY: Well I think you raise a particular level of alarm when you say that 50 people on the - on the crew are going to die, OK? No one knows that to be true. It does not comport with the data we have right now on the ship. And if we take the actions we're going to take, hopefully not. I spoke with him yesterday about this and I said "how are you feeling? Do you feel like you have enough ventilators?" Clearly if people are going to die, that means you need enough ventilators. He said "oh, sir, I feel comfortable we have enough ventilators here." "How many do you have?" "Six." I said "that's going to be enough?" That does not comport with a death statistic that says 50 people are going to die. So there - there are - there are data that I've gathered in my discussions with him, with others, as well as the facts that lead me to believe that we can have a better C.O. right now to help deal with this crisis.

Q: So you both mentioned emotion. Do you think he was just too emotional over this?

SEC. MODLY: I don't know what motivated him. I just know that - that he exercised extremely poor judgment.

STAFF: Thank you very much.

Q. (inaudible)

SEC. MODLY: I can answer this - I'll answer this. What ...

What he did that was correct was recognize the situation, recognize that he needed to communicate what was going on in the ship, OK? The manner in which he did it, the manner in which he chose to do it, not going directly to his Strike Group Commander who's right down the hall from him and talking it through is the reason I have a problem, OK?

Q: Can I just ask you, though, you know, every time we hear about the ship, we - we hear the same sentiments from Navy leaders and I believe from OSD leaders in that - that, well, no one has - they're - all their symptoms are mild, if at worse moderate. Is it possible he didn't think that when he was going to leadership that they were thinking that you, candidly, or leaders were taking it seriously enough, that - that if it - if people didn't stop the spread, that it could get more serious and people could die and maybe that's why he took this action?

SEC. MODLY: No, because - no. Well, I don't know why he took that - I don't know why he took that action, OK? What I do know is that he was fully aware that the Seventh Fleet Commander, the PACFLEET Commander, were flowing resources to him. What he communicated to my Chief



of Staff was that the only help he could need was to - was to try and get the stuff there faster. That's it, OK? That's - that's the extent of it. To me, that's a phone call to Admiral Aquilino, it's a walk down the hallway to your Commanding Officer. It's not a blast out e-mail to anybody who he knows about the situation.

Q: Were you already planning to take 3,000 sailors off the ship when he sent the letter or is that only as a result of his letter?

SEC. MODLY: That's how the strategy evolved once the ship got in place, that's correct. We determined we were going to take a very methodical approach to this. As I mentioned to you before, the ship requires a certain number of people to man it. It's got two nuclear power plants on it. It's got weapons, it's got ammunition. You have to have a certain number of people on there.

It's about 10 percent of the ship at any one time. But you can't have all of those 10 percent of the people on. You have to have a watch rotation. So it's about 700 to 800 people to 1,000 people that you need to have ready.

So we took those people off first, the people that we could fill those bills, make sure that they're clean and we'll slowly start bringing them back on the ship. In the meantime, we freed up 2,700 - 1,700 additional hotel rooms in the city - in the state of Guam to -- take people off faster. And this was all in the works when this was going on and that's - that's going to be the last question, OK? Thank you.

STAFF: Thank you all very much.

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## *How a Ship's Coronavirus Outbreak Became a Moral Crisis for the Military*

In a profanity-laced reprimand, the acting Navy secretary criticized sailors aboard the Theodore Roosevelt for cheering their fired captain, who had requested more assistance to fight the infection.



By Helene Cooper, Thomas Gibbons-Neff and Eric Schmitt

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WASHINGTON — President Trump's acting Navy secretary, in a profanity-laced reprimand delivered Monday, criticized sailors aboard the stricken aircraft carrier Theodore Roosevelt for cheering their captain, who was removed after he appealed for help as coronavirus spread throughout the warship.

The Navy's top civilian, Thomas B. Modly, delivered his message over the ship's loudspeaker system and deepened the raw us-versus-them atmosphere that had already engulfed the carrier. It also exposed the schism between a commander in chief with little regard for the military's chain of command and the uniformed Navy that is sworn to follow him.

Like much in the Trump administration, what began as a seemingly straightforward challenge — the arrival of coronavirus onboard a nuclear-powered aircraft carrier — has now engulfed the military, leading to far-reaching questions of undue command influence and the demoralization of young men and women who promise to protect the country. At its heart, the crisis aboard the Theodore Roosevelt has become a window into what matters, and what does not, in an administration where remaining on the right side of a mercurial president is valued above all else.

The crew of the Roosevelt had already registered its discontent with the Trump administration's decision to remove the commander, by cheering for Capt. Brett E. Crozier as he walked down the gangway last week and left the ship.

His letter to Navy officials pleading for help became public, prompting Mr. Modly to say he had lost confidence in Captain Crozier for both leadership failures and for going outside the chain of command with his critique.

Mr. Modly, Navy officials say, then was angered about what he viewed as a public rebuke from the crew, and flew 8,000 miles to Guam to vent his ire to the sailors himself, according to audio recordings of the address that members of the crew shared with The New York Times and other news organizations.

By airing his concerns in a letter through unclassified channels, Captain Crozier showed that he was either “too naïve or too stupid to be a commanding officer of a ship like this,” Mr. Modly told the crew, some of whom said later that they were stunned by the remarks. “I understand you love the guy. It's good that you love him. But you're not required to love him.”

He complained that Captain Crozier's letter about coronavirus on the ship caused a political headache in Guam.

“Think about that when you cheer the man off the ship who exposed you to that,” Mr. Modly said, according to the recordings.

In an emailed statement late Monday, Mr. Modly apologized “for any confusion” his choice of words during his remarks to the Roosevelt crew may have caused. “I do not think Capt. Brett Crozier is naïve or stupid,” Mr. Modly said in the statement.

But his earlier remarks had echoed comments by the president, who on Saturday had lashed out at Captain Crozier as well.

On Monday, Mr. Trump again criticized Captain Crozier for writing the letter, saying it unwisely showed military weakness. But he also said he had heard good things about the carrier's former commander.

“His career prior to that was very good,” Mr. Trump said. “So I'm going to get involved and see exactly what's going on there because I don't want to destroy somebody for having a bad day.”

In the close-knit world of the American military, the crisis aboard the Roosevelt — known widely as the “T.R.” — generated widespread criticism from men and women who are usually careful to steer clear of publicly rebuking their peers.

Mr. Modly's decision to remove Captain Crozier without first conducting an investigation went contrary to the wishes of both the Navy's top admiral, Michael M. Gilday, the chief of naval operations, and the military's top officer, Gen. Mark A. Milley, the chairman of the Joint Chiefs of Staff.

"I am appalled at the content of his address to the crew," retired Adm. Mike Mullen, the chairman of the Joint Chiefs of Staff under Presidents George W. Bush and Barack Obama, said in a telephone interview, referring to Mr. Modly.

Mr. Modly, Admiral Mullen said, "has become a vehicle for the president. He basically has completely undermined, throughout the T.R. situation, the uniformed leadership of the Navy and the military leadership in general."



Thomas B. Modly, the acting secretary of the Navy, criticized sailors aboard the Theodore Roosevelt for cheering their captain. Chip Somodevilla/Getty Images

The Trump administration's handling of the crisis aboard the Roosevelt reflects a growing divide between senior uniformed commanders and their civilian bosses.

"At its core, this is about an aircraft carrier skipper who sees an imminent threat and is forced to make a decision that risks his career in the act of what he believes to be the safety of the near 5,000 members of his crew," said Sean O'Keefe, a former Navy secretary under President George Bush. "That is more than enough to justify the Navy leadership rendering the benefit of the doubt to the deployed commander."

In the days after Captain Crozier's letter for help was made public, Admiral Gilday, the Navy chief, argued that, per usual Navy procedures, an investigation into what went wrong on the Roosevelt should be allowed to play out. But Mr. Modly overruled him, saying Captain Crozier had cracked under pressure.

Defense Secretary Mark T. Esper said on Sunday that he supported Mr. Modly's decision. General Milley, for his part, told Fox News, "I trust Secretary Modly in his judgment, and I am going to support him."

Several current and former Navy and national security officials said the Roosevelt episode illustrated how civilian leaders in this administration made questionable decisions based on what they feared Mr. Trump's response would be.

"Modly got involved in the day-to-day deliberations to a greater degree than Navy tradition and the chain of command would expect precisely because Modly was obsessed with how the story might be playing inside the White House," said Peter D. Feaver, a political-science professor at Duke University who has studied military-civilian relations.

The Roosevelt issue is the second in just five months in which the views of Mr. Trump and his political appointees have precipitated a crisis in the uniformed Navy. Mr. Modly, a Naval Academy graduate and former helicopter pilot, would not be in his current acting position were it not for the last political imbroglio, which involved the firing of the previous Navy secretary, Richard V. Spencer, by Mr. Esper in November.

Mr. Spencer had publicly disagreed with Mr. Trump's intervention in an extraordinary war crimes case involving a member of the Navy SEALs, Chief Petty Officer Edward Gallagher, who was accused of murdering a wounded captive with a hunting knife during a deployment to Iraq in 2017.

Updated May 20, 2020

- **How can I protect myself while flying?**

If air travel is unavoidable, there are some steps you can take to protect yourself. Most important: Wash your hands often, and stop touching your face. If possible, choose a window seat. A study from Emory University found that during flu season, the safest place to sit on a plane is by a window, as people sitting in window seats had less contact with potentially sick people. Disinfect hard surfaces. When you get to your seat and your hands are clean, use disinfecting wipes to clean the hard surfaces at your seat like the head and arm rest, the seatbelt buckle, the remote, screen, seat back pocket and the tray table. If the seat is hard and nonporous or leather or pleather, you can wipe that

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Chief Gallagher had caught the president's eye. Mr. Trump saw the commando as a victim of political correctness that he said hamstringed the warriors the nation asks to defend it.

When the Navy prosecuted Chief Gallagher, Mr. Trump intervened several times in his favor. When the chief's court-martial ended in acquittal on most charges, Mr. Trump congratulated him and criticized the prosecutors. After the Navy demoted Chief Gallagher for the one relatively minor charge on which he was convicted, Mr. Trump reversed the demotion.

Finally, the commander of Naval Special Warfare, Rear Adm. Collin P. Green, started the formal process of taking away Chief Gallagher's Trident pin, symbol of the Navy commandos, and expelling him from the SEALs. But Mr. Trump overruled the move — and Mr. Esper fired Mr. Spencer, who had supported the process of taking away Chief Gallagher's Navy SEAL pin.

"The Navy will NOT be taking away Warfighter and Navy Seal Eddie Gallagher's Trident Pin," Mr. Trump wrote on Twitter in November. "This case was handled very badly from the beginning. Get back to business!"

Coronavirus hit the Roosevelt as Mr. Trump was seeking to project a confident message of the United States getting through the pandemic with relative ease.

The acting Navy secretary "knew the president had sacked his predecessor when an internal matter of military discipline became the fodder for Fox News morning shows, and so was keen to manage — some would say, micromanage — the political optics," Mr. Feaver said.

Mr. Modly arrived aboard the Roosevelt around 1 p.m. Monday with little warning. Eight bells signaled his arrival, and he quickly made his way to an area near one of the hangar bays, where he addressed thousands of the ship's crew over the public address system.

Though some of the crew from the Roosevelt are quarantined in hotels in Guam, many were still aboard when Mr. Modly arrived.

When the network of small talk boxes wired across the cavernous network of passageways — common on a thousand-foot nuclear-powered aircraft carrier — clicked on, crew members craned their necks to listen. Someone important was talking.

"I've been wanting to come out to the ship since we first found out you had Covid cases on here," Mr. Modly began. He talked about how China was responsible for the virus, and accused the Beijing government of worsening the crisis by failing to disclose how bad it was. And he went into his message, which alternated between criticizing Captain Crozier and admonishing the crew.

When his 15-minute speech was over, signing off with a tepid "Go Navy," Mr. Modly had effectively drawn an invisible line between him and the more than 4,800 crew members of the Roosevelt, one crew member said. This sailor added that many of the crew thought Mr. Modly had called them stupid for putting so much faith in their commanding officer. After Mr. Modly's speech, junior sailors approached the crew member, he said, looking to leave the service after their first enlistment.

Mr. Modly did not tour the ship, and practically no one, especially those in the lower ranks, even saw him. He was gone in less than 30 minutes.

Some crew members said they thought Mr. Modly's tone derived from the questions submitted by the crew before his arrival. Even though the questions were screened for professionalism and appropriateness, crew members said, many of them centered on Captain Crozier's firing.

In the end, the questions may not have mattered anyway. Mr. Modly did not answer a single one.

John Ismay contributed reporting.

Helene Cooper is a Pentagon correspondent. She was previously an editor, diplomatic correspondent and White House correspondent, and was part of the team awarded the 2015 Pulitzer Prize for International Reporting, for its coverage of the Ebola epidemic. @helenecooper

H-ES-34

5/25/2020

How the Theodore Roosevelt's Coronavirus Outbreak Became a Moral Crisis for the Military - The New York Times

Thomas Gibbons-Neff is a reporter in the Washington bureau and a former Marine infantryman. @tmgneff

Eric Schmitt is a senior writer who has traveled the world covering terrorism and national security. He was also the Pentagon correspondent. A member of the Times staff since 1983, he has shared three Pulitzer Prizes. @EricSchmittNYT

A version of this article appears in print on April 7, 2020, Section A, Page 11 of the New York edition with the headline: Blistering Reprimand From Navy Secretary



## PRESS RELEASES (/PRESS-RELEASES)

# Smith Calls for Modly's Removal After Mishandling U.S.S. Theodore Roosevelt COVID-19 Outbreak (/press-releases?ID=F2CE2A9E-8B7D-4CBD-90B1-1BFF1CB8B735)

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April 6, 2020

**WASHINGTON, D.C.** – House Armed Services Committee Chairman Adam Smith (D-Wash.) today issued the following statement in reaction to Acting Secretary of the Navy Thomas Modly's comment about his decision to relieve Captain Brett Crozier from his command of the nuclear-powered aircraft carrier.

"I disagree strongly with the manner in which acting Secretary of the Navy Modly has handled the COVID-19 outbreak on the U.S.S. Theodore Roosevelt. His decision to relieve Captain Crozier was at best an overreaction to the extraordinary steps the Captain took to protect his crew.

“Acting Secretary Modly’s decision to address the sailors on the Roosevelt and personally attack Captain Crozier shows a tone-deaf approach more focused on personal ego than one of the calm, steady leadership we so desperately need in this crisis.

“I no longer have confidence in Acting Secretary Modly’s leadership of the Navy and believe he should be removed from his position.”

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Permalink: <https://armedservices.house.gov/2020/4/smith-calls-for-modly-s-removal-after-mishandling-u-s-s-theodore-roosevelt-covid-19-outbreak>  
(<https://armedservices.house.gov/2020/4/smith-calls-for-modly-s-removal-after-mishandling-u-s-s-theodore-roosevelt-covid-19-outbreak>)



THE SECRETARY OF THE NAVY  
WASHINGTON DC 20350-1000

7 April 2020

From: Acting Secretary of the Navy

To: Secretary of Defense

Dear Mr. Secretary,

It has been the honor of my life to serve as the Under Secretary of the Navy and for the last five months, the Acting Secretary of the Navy. I am thankful for the confidence both you and President Trump have expressed in me to discharge these weighty duties on behalf of our Sailors, Marines, and the American people.

More than anything, I owe every member of the Navy and Marine Corps team a lifetime of gratitude for the opportunity to serve for them, and with them, once again. They are the reason why I will forever remain inspired by the call of service. They are the ones who lift our nation, heal our divides, and make this country the greatest in the history of the world.

That is why with a heavy heart, I hereby submit my resignation, effective immediately. The men and women of the Department of the Navy deserve a continuity of civilian leadership befitting our great Republic, and the decisive naval force that secures our way of life. I will be forever grateful for my opportunity, and the blessing, to be part of it.

Please extend my gratitude to President Trump for nominating me and for giving me this incredible opportunity that I will cherish for the rest of my life.

Very Respectfully,

A handwritten signature in black ink, appearing to read "T. B. Modly", is written over the typed name. The signature is stylized with a large, sweeping "T" and a long, curved flourish at the end.

Thomas B. Modly



SECRETARY OF DEFENSE  
1000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1000

7 April 2020

This morning I accepted Secretary Modly's resignation. He resigned on his own accord, putting the Navy and the Sailors above self so that the U.S.S. Theodore Roosevelt, and the Navy as an institution, can move forward. His care for the Sailors was genuine. Secretary Modly served the nation for many years, both in and out of uniform. I have the deepest respect for anyone who serves our country, and who places the greater good above all else. Secretary Modly did that today, and I wish him all the best.

I briefed President Trump after my conversation with Secretary Modly. With the approval of the President, I am appointing current Army Undersecretary Jim McPherson as acting Secretary of the Navy. Jim is a retired Admiral with a distinguished 26 year naval career, serving ashore, afloat, and overseas during his time in uniform. I know Jim McPherson well. He is a smart, capable, and professional leader who will restore confidence and stability in the Navy during these challenging times. Jim will serve as acting Secretary of the Navy until a permanent Navy Secretary is confirmed.

I also met with the Chief of Naval Operations, Admiral Gilday, today. I was joined by Deputy Secretary of Defense Norquist, Secretary McPherson and Chairman of the Joint Chiefs of Staff General Milley. I gave guidance to Secretary McPherson and Admiral Gilday on the way ahead. As many of you know, the Chief of Naval Operations launched an investigation last week regarding the U.S.S. Theodore Roosevelt, which is presently underway. Any further action regarding the former commanding officer, Captain Crozier, will wait until that investigation is completed.

Finally, in my conversation with Secretary McPherson and Admiral Gilday, I emphasized my three priorities as the U.S.S. Theodore Roosevelt, the Navy, and the Department of Defense confront the challenges of our day: First, protect our people, which means putting the health, safety and welfare of the U.S.S. Theodore Roosevelt's crew first; Second, maintain the warfighting readiness of the US military, which means getting the Roosevelt back to sea, and on patrol, as soon as safely possible; and Third, fully supporting the whole of government/whole of nation response to the coronavirus to protect the American people. The Navy has been doing a great job for months now as part of that successful joint effort - a 50,000+ strong military campaign to support federal, state, and local efforts to stop the coronavirus. The Department has been all in on this effort from the beginning, and continues to lead the way.

We must now put the needs of the Navy, including the crew of the Teddy Roosevelt, first, and we must all move forward together.





## Witness Statement of Commanding Officer, Naval Hospital Guam

On 12 May 2020 I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CAPT (b) (6)

Position: Commanding Officer, Naval Hospital Guam

Email Address: (b) (6) @mail.mil

Phone(s): (b) (6) office (b) (6) (cell)

I became aware of the outbreak in China sometime in January. As far as mitigations we began taking in the hospital as a result of COVID-19, the only thing I recall doing at that time is pulling out our pandemic plan, but other than that, at that time, no other mitigations in the hospital. Each MTF (Medical Treatment Facility) has a pandemic plan because it is specific to the area you are in. Based on CDC guidelines and BUMED guidelines. I will say we found out it was old and needed to be updated.

Regarding when we were notified about the USS THEODORE ROOSEVELT with positive cases, we were notified a few days before they came into port. I honestly don't remember the date, it was sometime in the middle of March. Within 24 hours of that notification, we received the first three patients from the USS THEODORE ROOSEVELT—which was originally supposed to be two—but we received three patients helo'd in off the TR. I can also tell you we were not notified that the helo was inbound. I don't know why we weren't notified.

Then, in the following three days, we received another 21 or 25 (I don't remember the final number) patients helo'd in off the THEODORE ROOSEVELT.

Prior to the first or second helo, we had already set up an ILI clinic to keep COVID-19 patients outside the building. That occurred around 16 or 17 March. None of the initial wave of patients needed in-hospital care. Our triage and treatments tents were set up outside the hospital.

I don't remember exactly who notified me from that we were going to be receiving patients from the USS THEODORE ROOSEVELT. I remember talking with CAPT (b) (6) the CPF surgeon. But I don't know who reached out and actually notified us. It was when the helo was in the air that we were notified they were on their way.

Honestly, my thought process during this time was that the ship is stressed. I've never been underway on a carrier, but I have a public health emergency officer (PHEO) who has had carrier experience. I consulted with my PHEO the entire time throughout this experience. I remember asking my PHEO "Shouldn't they just stay on the ship? They have medical resources on the ship." I guess most of the ship must have been stressed.



**Subj: Witness Statement of Commanding Officer, Naval Hospital Guam**

As far as our hospital capacity, we have a whole house capacity of 42 under normal operations. Six intensive care (IC) beds and 17 ventilators. We have a plan currently that has been developed with TR in port to expand. We can expand to 24 IC beds and some of 17 ventilators can be used on two patients at a time. It is relatively small hospital. My nursing care team and intensivists, came up with this plan. The goal was to be able to pull every single one of the medical professionals to bedside should we need to. A lot of these expansion capabilities came from walking the floor, seeing what we have and being able to determine how we can use what we have to expand support.

My PHEO and the PHEO assistant did a lot of research on what we should do and what we could do to support the COVID-19 outbreak. As soon as this started, we looked at what we would do to keep patients out of the building, we looked at staffing levels, made plans to keep skills back up, bring back in nurses, take any corpsman and getting them back to bedside to brush up their skills for those who have been working in admin. By the end of week 1, we started looking at what would be our footprint to decrease traffic inside the hospital. That's when we started scaling back regular services, but in reality what we were doing was scaling back elective surgeries and non-urgent appointments and we implemented that before BUMED direction. We decreased daytime hours, but stretched hours to decrease the number of staff in the hospital. We decreased the number of bodies in the building. This was before the TR pulled in, closer to the 21 March.

Regarding bringing in Sailors from the TR into Guam, that was predominately led by the Naval Base and our Director of Public health. They developed a plan for them to go into isolation in the Navy Gateway Inns and Suites. At first, they planned for a total of 100 people at the time, and as it started expanding exponentially, the plan became to convert gyms on base.

The guidance from my PHEO suggested a minimum of 6-feet social distance for the cots that were set up. It was good plan but it got changed. The people changing the plan, the people who were on the ground assigned to set up the cots, didn't understand the virus. There were a lot more cots put into those spaces. Eventually it was corrected, and when I say eventually I mean within the last 10 days.

My XO visited the spaces before the TR Sailors moved in, but I did not. There were two different people heavily involved in looking at and setting up the spaces. My PH Emergency Officer, and my Director of Public Health who is an Industrial Hygienist by trade. They (my two-person team) were concerned, they were very concerned about the living arrangements for the TR crew. They didn't like the ventilation, they felt the bathrooms were inadequate, there were security issues with very little control over the individuals that were in there.

As far as direct interaction with TR personnel, I did have a couple interactions with the TR XO, though very minimal. I had a couple conversations with the CAPT Crozier, mostly just for coordination and then of course I had a conversation with the new CO after the TR Chief passed away. My typical approach is to reach out to the CO after an active duty fatality, if the fatality occurred on Naval Base Guam.

**Subj: Witness Statement of Commanding Officer, Naval Hospital Guam**

I've had numerous conversations with the SMO on the ship and still do on a daily sync along with CPF surgeon CAPT (b) (6) CAPT (b) (6) and 3<sup>rd</sup> Med Battalion; we get on call every day. Our first sync was on 25 March.

CAPT Crozier was nice and very concerned about his Sailors.

The SMO was stressed. Incredibly stressed. The first two weeks of calls I was on with him, at least the first 5-6 calls for certain, he was extremely defensive. Nothing really specific, it was more that I think he was feeling like those outside of the TR didn't have a good understanding of the circumstances on board the ship. I think he was frustrated that "the line" wasn't listening to medical's recommendations – at least, that's the impression I got.

3<sup>rd</sup> Med Battalion has been here in Guam for about a month. They took over the isolation and quarantine on Naval Base Guam when we started sending TR Sailors out to the hotels in Guam. 3<sup>rd</sup> Med Battalion's role was pretty much just to monitor individuals in the gym, then they took over monitoring the hotels and NGIS. We staged turnover so they took over care of individuals on NB Guam. What plan we had in place was that as long as the hospital had space we patients who needed ICU care or ventilator support and they took the patients we were discharging.

Regarding the number of COVID-19 patients we've held at the hospital, the max so far has been 22 total patients in-house, 10 or 11 being from the THEODORE ROOSEVELT. Only one has required ventilator support the entire time. We've had patients admitted for social admission because there was a concern there could potentially be an issue and only a handful have required oxygen. Currently we have four THEODORE ROOSEVELT Sailors in house.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)  
\_\_\_\_\_  
(Witness' Signature) (b) (6) 5-18-20 1330  
(Date) Time





DEPARTMENT OF THE NAVY  
OFFICE OF THE CHIEF OF NAVAL OPERATIONS  
2000 NAVY PENTAGON  
WASHINGTON, DC 20350-2000

OPNAVINST 5450.337B  
DNS-33  
21 Jan 2016

OPNAV INSTRUCTION 5450.337B

From: Chief of Naval Operations

Subj: MISSIONS, FUNCTIONS, AND TASKS OF COMMANDER, UNITED STATES PACIFIC FLEET

Ref: (a) 10 U.S.C.  
(b) JP 1, Doctrine for the Armed Forces of the United States, 25 March 2013  
(c) OPNAVINST 5400.44A  
(d) A Cooperative Strategy for the 21st Century Seapower, Mar 2015  
(e) CJCSM 3500.04F, Universal Joint Task Manual, 1 Jul 2011  
(f) SECNAVINST 7000.27B  
(g) Global Force Management Implementation Guidance/ Assignment of Forces (Forces for Unified Commands)  
(h) USPACOMINST S3020.2L (NOTAL)  
(i) OPNAVINST 5400.45

Encl: (1) Functions and Tasks of Commander, U.S. Pacific Fleet  
(2) Functions and Tasks of Commander, U.S. Pacific Fleet Theater-Joint Force Maritime Component Commander  
(3) Activities Supporting Commander, U.S. Pacific Fleet

1. Purpose. To publish the functions and tasks of Commander, U.S. Pacific Fleet (COMPACFLT) under the missions established by references (a) and (b), per reference (c), aligned with reference (d) and assigned as theater-joint force maritime component commander (T-JFMCC) per reference (e). The assignment of COMPACFLT as the T-JFMCC constitutes the major change to the COMPACFLT mission, functions and tasks.

2. Cancellation. OPNAVINST 5450.337A.

3. Authorities

a. Chief of Naval Operations (CNO) delegates to COMPACFLT authority under reference (a) to organize, man, train, equip, and maintain assigned Navy forces and shore activities to generate required levels of current and future fleet readiness.

b. COMPACFLT is the budget submitting office (BSO) with financial management authority and responsibility under reference (f) for assigned forces, shore activities, military and civilian personnel, budget, fleet training range sustainment, and environmental planning.

c. These authorities do not authorize the transfer of administrative control (ADCON) of forces and shore activities under Commander, U.S. Fleet Forces Command (COMUSFLTFORCOM), nor do they limit the execution of BSO authority for forces, shore activities, military and civilian personnel, infrastructure, or budget of COMUSFLTFORCOM.

4. Mission. The mission of COMPACFLT is to protect and defend the maritime interests of the United States in the Indo-Asia-Pacific region. By providing combat-ready naval forces and operating forward in global areas of consequence, COMPACFLT enhances stability, promotes maritime security and freedom of the seas, defends the nation's homeland, deters aggression, and when necessary, conducts decisive combat action against the enemy. In support of Commander, United States Pacific Command (USPACOM) Theater Campaign Plan, COMPACFLT will work alongside other USPACOM component commanders to accomplish USPACOM's mission. COMPACFLT will collaborate and partner with COMUSFLTFORCOM to ensure optimum warfighting capacity and capability.

5. Status and Command Relationships. COMPACFLT is a shore-based fleet activity in an active and fully operational status.

a. Operational control (OPCON) relationship is per references (g) and (h).

(1) Echelon 1: Commander, USPACOM

(2) Echelon 2: COMPACFLT

b. ADCON relationship is per reference (i).

(1) Echelon 1: CNO

(2) Echelon 2: COMPACFLT

c. Area coordination responsibility: USPACOM area of responsibility (AOR), Navy regions in the AOR, and local Navy base.

(1) Area coordinator: COMPACFLT and Commander, Navy Installations Command (CNIC).

(2) Regional coordinators: Commander, Navy Region Hawaii (COMNAVREG HAWAII); Commander, Joint Region Marianas (COMJTREG MARIANAS); Commander, Navy Region Japan (COMNAVREG JAPAN); Commander, Navy Region Korea (COMNAVREG KOREA); and Commander, Singapore Area Coordinator.

(3) Local coordinator: Joint Base Pearl Harbor-Hickam.

#### 6. Command Relationships

a. ADCON. COMPACFLT has delegated ADCON of the assigned echelon 3 activities and their subordinates in subparagraphs 6a(1) through 6a(14), per reference (i).

(1) Commander, Naval Air Forces, U.S. Pacific Fleet, who is also designated as Commander, Naval Air Forces (COMNAVAIRFOR).

(2) Commander, Naval Surface Forces, U.S. Pacific Fleet, who is also designated as Commander, Naval Surface Forces (COMNAVSURFOR).

(3) Commander, Submarine Forces, U.S. Pacific Fleet.

(4) Commander, Navy Expeditionary Combat Command, Pacific.

(5) Commanding General, Fleet Marine Force, Pacific.

(6) Commander, U.S. Third Fleet.

(7) Commander, U.S. Seventh Fleet.

(8) Commander, U.S. Naval Forces Japan.



(9) Commander, U.S. Naval Forces Korea.

(10) Commander, U.S. Naval Forces Marianas.

(11) Commander, Logistics Group Western Pacific.

(12) Navy Munitions Command Pacific.

(13) Ship Repair Facility Yokosuka and Regional Maintenance Center Japan.

(14) Pacific Missile Range Facility Barking Sands for Range Operating Support.

b. OPCON. COMPACFLT exercises OPCON of assigned or attached forces per reference (h).

c. Other Relationships. COMPACFLT has special relationships with other activities as listed in subparagraphs 6c(1) through 6c(4).

(1) COMUSFLTFORCOM. COMUSFLTFORCOM and COMPACFLT are collectively responsible to organize, man, train, maintain, and equip Navy forces to support CNO and combatant commander requirements.

(2) CNIC. COMPACFLT exercises OPCON, and CNIC exercises ADCON of the following activities: COMNAVREG HAWAII; COMJTREG MARIANAS; COMNAVREG JAPAN; COMNAVREG KOREA; and Commander, Singapore Area Coordinator.

(3) Commander, Naval Sea Systems Command (COMNAVSEASYSCOM). COMPACFLT is the BSO and establishes fleet maintenance requirements for Pearl Harbor Naval Shipyard and Immediate Maintenance Facility, Puget Sound Naval Shipyard and Immediate Maintenance Facility, and Southwest Regional Maintenance Center. COMNAVSEASYSCOM exercises ADCON of Pearl Harbor Naval Shipyard and Immediate Maintenance Facility, Puget Sound Naval Shipyard and Immediate Maintenance Facility, and Southwest Regional Maintenance Center.

(4) COMNAVAIRFOR and COMNAVSURFOR. In fulfilling the responsibilities listed in subparagraphs 6c(4)(a) through

6c(4)(e), direct line of authority with affected stakeholders is authorized. COMNAVAIRFOR and COMNAVSURFOR are responsible for:

(a) Leading the development and coordination of force-wide assessments of current and future readiness to support COMPACFLT and COMUSFLTFORCOM.

(b) Leading the development and coordination of force-wide plans, concepts, and policies to generate ready forces with force stakeholders to support COMPACFLT and COMUSFLTFORCOM.

(c) Leading the development of force-wide readiness, warfighting, and personnel requirements with force stakeholders to support COMPACFLT and COMUSFLTFORCOM.

(d) Serving as the primary advocate and unified voice for naval air forces and naval surface forces, respectively, to echelon 3 and above commands, ensuring alignment and synchronization with COMPACFLT and COMUSFLTFORCOM.

(e) Serving as the Navy's single process owner of the Naval Aviation Enterprise (NAE) and Surface Warfare Enterprise (SWE), respectively. The NAE and SWE are behavioral models that operate within existing command structures to facilitate force-wide efficient use of resources; promote enhanced coordination and collaboration among stakeholders in mission effectiveness; and streamline decision-making.

7. Overseas Representation. COMPACFLT is the Navy's chief representative, critical to the success of U.S. Government efforts in the Indo-Asia-Pacific, encompassing 42 countries, by fulfilling a variety of international roles for the Department of Defense (DoD). This includes conducting one-on-one interfaces with foreign officials and Navy chiefs to convey U.S. positions and requirements, as well as serving as a representative in international symposiums and naval events to improve collective security efforts in the theater.

8. Action. COMPACFLT will execute the assigned missions, functions, and tasks. COMPACFLT will recommend changes and revisions to this instruction when required.

OPNAVINST 5450.337B  
21 Jan 2016

9. Records Management. Records created as a result of this instruction, regardless of media and format, must be managed per Secretary of the Navy Manual 5210.1 of January 2012.



R. L. THOMAS

Director, Navy Staff

Distribution:

Electronic only, via Department of the Navy Issuances Web site  
<http://doni.documentservices.dla.mil/>

FUNCTIONS AND TASKS OF COMMANDER, U.S. PACIFIC FLEET

1. Functions. COMPACFLT is assigned as the Navy component to Commander, USPACOM, and is designated per reference (e); JP 3-32, Command and Control of Joint Maritime Operations, 7 August 2013; and USPACOMINST 0530.1, and reports to CNO for responsibilities found in reference (a).

2. Tasks

a. Provide an interoperable, trained, and combat ready naval force, along with planning and operational support to USPACOM.

(1) Develop and issue deployment, employment, redeployment and operational orders, concepts of operations (CONOPS), sourcing solutions, and functional and supporting plans to provide Pacific Fleet forces to support USPACOM.

(2) Support USPACOM theater security cooperation strategy with robust forward presence and planning for, and participating in, exercises and real world contingencies in order to build trust and confidence among Indo-Asia-Pacific navies and enhance cooperation. Efforts include humanitarian assistance operations, peacekeeping operations, counter-narcotics operations, security assistance support, and counter-terrorism operations.

(3) Train and exercise COMPACFLT staff and joint forces (augmented) as a joint force commander to perform required wartime supporting Service component functions, to include the required planning and reach back support. Where feasible, integrate U.S. Coast Guard and U.S. Marine Corps forces into COMPACFLT training and exercises to better capitalize on all Services' maritime strengths in executing real world operations.

(4) Identify and mitigate capability overmatches, gaps, and seams in support of USPACOM, through participation in joint and Service capability requirements processes.

(5) Determine and establish force protection condition measures for Navy forces throughout the USPACOM AOR, to include tactical control authority.

(6) Provide Pacific Fleet forces in support of defense support of civil authorities, as required.

(7) Provide Pacific Fleet forces in support of maritime homeland defense, as required.

(8) Direct the intelligence efforts of fleet units and ensure that the fleet's intelligence requirements are addressed through the effective employment of analytical and collections resources at the national, theater, and organic levels.

(9) Direct the assessment of the performance of Pacific Fleet naval forces in naval warfare areas to effect improvements in capability, CONOPS, and proficiency, in order to achieve dominance during major combat operations.

(10) Direct Pacific network control center network operations actions. Enable Pacific Navy command, control, communications, and communication systems (C4S) capability through doctrine. Manage COMPACFLT command information officer policy and actions. Provide C4S support for COMPACFLT AOR joint task forces, including communications security, training and certification.

(11) Provide oversight of operations, readiness, training, and current and future requirements development for outside of the continental United States support to the fleet.

(12) Develop and execute environmental plans, policies and programs to support fleet warfighting readiness, training ranges, operational areas (OA), and exercises to ensure full compliance with DoD and Navy policy, and environmental laws.

(13) Provide oversight of full-spectrum safety and occupational health requirements; develop, articulate and execute policy and guidance; and evaluate risk mitigation strategies in order to prevent the likelihood of mishaps and safety-related incidents in support of fleet operational requirements.

b. Organize, man, train, maintain, and equip Navy forces in support of the CNO in collaboration with COMUSFLTFORCOM.



(1) Develop and articulate Pacific Fleet positions to CNO and in collaboration with COMUSFLTFORCOM, for warfighting and operational readiness, and personnel requirements to support Navy's Planning, Programming, Budgeting, and Execution process.

(2) Develop, articulate, and execute Pacific Fleet budgets as a BSO, per reference (f), for assigned forces, personnel, and resources.

(3) Execute manpower, personnel, and individual training and education policies, requirements, processes, programs, and alignments affecting active, reserve, and civilian personnel in support of operational readiness.

(4) Execute maintenance, logistics, ordnance, and infrastructure policies, requirements, processes, programs, and alignments in support of operational readiness.

(5) Execute the Optimized Fleet Response Plan and training policies, requirements, processes, programs, and alignments in support of operational readiness.

(6) Support COMUSFLTFORCOM in the execution of Navy global sourcing solutions as the Navy global force manager in response to combatant commander requests for general purpose forces, ad hoc forces, and individual augmentees.

(7) Evaluate the state of training of nuclear propulsion plant watchstanders, the adequacy of administrative procedures, and the material readiness of nuclear powered warships and support facilities assigned to the Pacific Fleet.

(8) Serve as primary commander in the event of a nuclear reactor or radiological accident associated with the Naval Nuclear Propulsion Program within the AOR designated in OPNAVINST N3040.5D.

(9) Align readiness reporting processes and systems per OPNAVINST 8120.1 to provide a capabilities-based readiness reporting system based upon mission essential tasks (MET) and a means to manage and report readiness of the forces to execute operational plans and the National Military Strategy.

(10) Serve as the nuclear weapon certifying authority for all Pacific Fleet afloat nuclear weapons technical inspections, per OPNAVINST 3440.15C. Ensure the safe, secure, and reliable technical operation and maintenance of fielded nuclear weapons and nuclear weapon systems under COMPACFLT cognizance, per OPNAVINST 3440.15C and OPNAVINST 8120.1.

(11) Initiate and enable fleet transformation through operational concept development and experimentation and promote science and technology integration to address fleet capability gaps.

(12) Model and assess the ability of assigned forces to fight and win USPACOM operations plans.

(13) Provide an inspector general program to advise, investigate, inspect, audit, assess, analyze metrics, and inquire into all matters concerning the command and subordinate activities throughout the AOR.

(14) Develop and execute environmental plans, policies, and programs to support fleet operational units, training ranges, OAs, and exercises to ensure effective worldwide training and operations in full compliance with DoD and Navy policy and environmental laws.

(15) Provide shore infrastructure strategic and operational planning, requirements development, and assessment, to include energy capabilities assessments and advocacy and theater contingency engineer support.

(16) Develop and execute leader development for the enlisted force under COMPACFLT cognizance to enhance individual and unit operational readiness.

FUNCTIONS AND TASKS OF COMMANDER, U.S. PACIFIC FLEET, THEATER-  
JOINT FORCE MARITIME COMPONENT COMMANDER

1. Functions. COMPACFLT serves as T-JFMCC per JP 3-32, Command and Control of Joint Maritime Operations, 7 August 2013, and USPACOMINST 0530.1, and executes maritime operations center (MOC) supported missions per Navy Warfare Publication 3-32 and Navy Tactics, Techniques, and Procedure 3-32.1.

a. COMPACFLT T-JFMCC MOC functions to support the commander's operational roles and responsibilities to employ forces to carry out combatant commander assigned missions across the range of military operations. The primary functions of the MOC relate to the capability to enable the commander's ability to command and control assigned forces by supporting an operational decision-making process within the headquarters (HQ), and to plan and coordinate operations with superior and supported peer, subordinate and supporting commands to set the conditions for subordinate's success.

b. The full operational capability of the MOC requires global interoperability with all other MOCs, with the joint community, with combatant command HQ, and with assigned tactical-level HQ elements. The Navy is responsible for manning, training, and equipping the HQ to enable the MOC to meet combatant commander requirements while maintaining a level of proficiency to conduct standard tasks across all MOCs.

c. As the fleet conducts theater security cooperation shaping missions, including phase 0 operations, the COMPACFLT T-JFMCC supports the planning, monitoring, coordination, execution, and assessment of operations in support of a combatant commander's theater campaign plan. This requires the monitoring, assessment, planning, direction, and coordination of subordinate operations using the core Navy capabilities of deterrence, maritime security, and forward presence. The MOC also plans and coordinates in advance for possible contingency operations, as designated by a combatant commander for the most likely or most dangerous anticipated contingencies.

d. As the fleet conducts contingency missions, the COMPACFLT T-JFMCC MOC transitions and surges as designed not only to plan

and coordinate expanded deterrence, maritime security, and forward presence operations, but also to enable major combat operations, execution of sea control, power projection, and humanitarian assistance operations. These types of missions can be broadly defined for COMPACFLT T-JFMCC MOC operations (organization and processes) as "offensive and defensive operations" and "non-combat support operations."

e. The specific COMPACFLT T-JFMCC contingency missions associated with "offensive and defensive operations" incorporate the employment of forces to conduct both offensive and defensive military actions, and includes theater and regional major combat operations; regional war on terror; homeland defense; homeland security; bi-multilateral defense agreements; ballistic missile defense; counter weapons of mass destruction; response to chemical, biological, radiological, nuclear, and high-yield explosives; cyberspace operations (internal and external of Department of Defense information networks (DODIN)); stability operations; and hostile or uncertain noncombatant evacuation operations (NEO).

f. The specific COMPACFLT T-JFMCC contingency missions associated with "non-combat support operations" incorporate operations initiated primarily to address major humanitarian conflagrations, and includes the employment of subordinate forces in support of permissive NEO; support to civil administration; foreign humanitarian assistance (FHA); foreign consequence management; foreign disaster relief; humanitarian and civic assistance; crisis response; cyberspace operations (internal to DODIN); epidemic response; and migrant response operations.

g. The operational level capability of the MOC process enables subordinate success across these operational missions by planning and coordinating tactical missions using the Navy's core capabilities, per references (c), (d), (f) and (g). These mission capabilities include deterrence, maritime security and forward presence and sustainment for phase 0 operations. During contingency response missions (phases 1 through 5), operations will be augmented by sea control, power projection, and non-combat and humanitarian response mission capabilities, as required or appropriate.

## 2. MOC Functions and Tasks

a. The MOC differs from the fleet management organization as it functions to employ the force, rather than prepare and provide the force. Further, the MOC specifically functions to support the commander's decision making process and enable command and control while also setting conditions for subordinate success in support of the six core capabilities.

b. Navy capabilities include deterrence, maritime security, forward presence, sea control, power projection, and non-combat support operations per references (c), (d), (f) and (g). Based on these functions, it is essential for the MOCs to conduct specific tasks to ensure mission success.

Function	METs
Support the commander's decision-making process.	1. Monitor: gain and maintain situational understanding - (OP 2.5)  2. Assess: assess operational situation - (OP 5.2)  3. Plan: prepare plans and orders - (OP 5.3)  4. Direct: command subordinate forces - (OP 5.4)  5. Communicate: integrate information - (OP 5.1)
Set the conditions for subordinates' success	6. Plan, coordinate, and synchronize deterrence operations: conduct security cooperation and partner activity operations - (OP 7.3)  7. Plan, coordinate, and synchronize forward presence operations: sustain theater forces - (ST 4)



	<p>8. Plan, coordinate, and synchronize maritime security operations (MSO): promote regional security - (ST 8.1.2)</p> <p>9. Plan, coordinate, and synchronize sea control operations (contingency): provide maritime superiority - (OP 1.5.2)</p> <p>10. Plan, coordinate, and synchronize power projection operations (contingency): conduct operations in depth - (OP 1.2.4)</p> <p>11. Plan, coordinate, and synchronize non-combat crisis response operations (contingency): provide political-military (POLMIL) support - (OP 4.7)</p>
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Note: METs use the Universal Joint Task List as a common task language to describe the capability required for a military unit to perform its mission. Tasks are organized by the levels of war (SN-Strategic National, ST-Strategic Theater, OP-Operational, and TA-Tactical). These METs must be completed or the fleet cannot fulfill all assigned operational missions to employ the force. Each MET requires a number of supporting tasks, which can be characterized in subparagraphs 2b(1) and 2b(2).

(1) Staff Supported Tasks

(a) Support to Subordinate Tasks. Planning and coordination tasks the staff conducts to support tactical subordinate tasks.

(b) Command-linked Tasks. Tasks the staff conducts to operationally integrate and coordinate with peer and higher HQs, or mission partners.

(c) Task Integration. The MOC conducts staff supported tasks, plans and coordinates subordinate tasks, and operationally integrates plans to conduct command-linked tasks. (Note: while the MOC METs and supporting tasks are standard and based on OPNAVINST 3500.42 and OPNAV Manual 3500.42 of 6 November 2014, variation in specific language is authorized to describe regional, theater, or domain distinctions, based on the conditions of employing these tasks).

(d) Monitor (gain and maintain situational understanding - OP 2.5). The MOC observes, measures, collects, reports, and maintains situational awareness of the operational environment, execution of assigned forces, and coordinates the action of those forces. This task is essential to maintaining situational awareness and understanding to support the commander's decision-making. This is related primarily to those functions required to monitor operations to meet commander's intent, particularly within the current operations and intelligence functions of the staff.

1. Monitor the conduct of friendly operational maneuver units in the battlespace. The MOC supports the commander's decision-making by providing combat identification; collecting meteorological and oceanographic information; and monitoring the operational situation in the AOR, specified joint operation areas (JOA), and maritime AORs. Additionally, the MOC monitors and operationally integrates airlift plans with mission partners.

2. Conduct intelligence operations. This includes establishing and managing a federated joint force intelligence enterprise, enterprise interoperability, information technology architecture, intelligence staff, an intelligence support element, and cross-functional intelligence processes. The intelligence cross-functional teams (CFT) must provide information and support for the commander and staff to include counterintelligence and human intelligence support to operations; intelligence support to planning; intelligence estimate and joint intelligence preparation of the operational environment (JIPOE) development; intelligence support to operations; intelligence, surveillance, and reconnaissance management in the maritime AOR; and intelligence support to dynamic retasking. The MOC conducts intelligence support

operations and evaluates intelligence operations, and plans and directs intelligence operations in support of commander's intent.

3. Conduct cyberspace monitoring operations. The MOC monitors the network health and conducts defensive cyberspace operations, DODIN operations, active Computer Network Defense, and operationally integrates and synchronizes computer network exploitation enabling operations with mission partners.

(e) Assess (assess operational situation - OP 5.2). The MOC analyzes, identifies trends, and assesses the operational impact of force employment, determining whether the force is meeting the commander's intent and whether operational conditions are progressing per the maritime support plan. This task is essential to support the commander's ability to make sound operational assessments. This is related primarily to those functions required to assess ongoing or planned operations, particularly with the assessment and planning functions of the staff.

1. The MOC develops desired and undesired effects and assessment criteria based on commander's intent, and reviews the operational environment, the current situation, and trends in the environment. Additionally, the MOC formulates a crisis assessment, conducts a running effect and risk assessment, assesses the progressing maritime operations, and coordinates with subordinates to identify the maritime force's ability to fulfill commander's intent.

2. The MOC projects branches, as well as future campaigns and major operations (sequels). Additionally, the MOC operationally integrates assessment products with a training support center or campaign assessment conducted by the combatant commander or joint force commander, as required.

(f) Plan (prepare plans and orders - OP 5.3). The MOC conducts planning to capture the commander's guidance and intent, develop courses of action (COA), synchronize and integrate force capability, coordinate with mission partners, and publish maritime support plans. This task is essential to support the commander's ability to plan for complex maritime operations and issue intent. This is related primarily to those

functions required to plan for operations today (current operations), with the current phase (future operations), and in the next phase of operations (future plans).

1. Prepare Plans and Orders. The MOC frames operational missions and conducts center of gravity analysis; integrates JIPOE and intelligence estimate products into planning; conducts mission analysis; provides information to shape commander's planning guidance and intent; proposes commander's estimates; determines operational end state, objectives, effects, conditions, decision points, and decisive points; develops, analyzes and compares COAs; prepares staff estimates; assists the commander in selecting the appropriate COA for execution; and coordinates the approval of plans and orders. As a result of planning, the MOC proposes commander's critical information requirements, to include the development of friendly force information requirements, priority intelligence requirements and intelligence requirements, and develops targeting guidance for commander's approval. Additionally, the MOC integrates information operations (IO) capabilities into planning, coordinates coalition support for operations, and formulates deployment requests for additional forces, as the plan dictates. As plans are approved, the MOC coordinates the conduct of operational rehearsals with subordinate and supporting forces. As part of future planning, the MOC acquires, manages, and distributes supplementary funds for maritime operations, as necessary.

2. Special Technical Operations (STO) and Special Access Programs (SAP). The MOC primarily conducts planning and coordination at both the staff level and in support of subordinate operations to enable STO and SAP capabilities. (No associated Universal Joint Task List tasks).

(g) Direct (command subordinate forces - OP 5.4). The MOC directs forces through the commander's authority, ensuring that subordinates, supporting commands, and mission partners understand the commander's intent and execute per the tenets of unity of command, unity of effort, and mission command. This task is essential to support the commander's ability to direct assigned forces. This is related primarily to those functions required to drive approved plans, enforce command and control, and reinforce commander's intent (current operations). This MET differs from simply monitoring the force,

and requires the MOC to actively ensure subordinate forces are resourced to perform and complete tasks assigned. Additionally, this task includes those activities associated with commanding and controlling the MOC itself, and building MOC capability and capacity.

1. Enable the commander's ability to command subordinate operational forces. This includes providing rules of engagement, publishing and issuing commander's intent to subordinate forces, and determining the subordinate command and control structure for all phases of operations. The MOC ensures the commander's intent is clearly understood, and enforces operational decisions by synchronizing and integrating operations; issuing plans and orders; coordinating and integrating component, theater, and supporting command capabilities; and formulating deployment requests. As part of directing the force, the MOC must be closely involved in directing the conduct and coordination of personnel recovery operations.

2. Command and control of the MOC. This task requires the MOC to enable the commander's ability to command and control the MOC organization itself as a joint force staff. In return, the MOC must plan, coordinate, and execute transition and surge requirements in order to augment the HQ staff for complex contingencies. The MOC plans and executes training for personnel assigned to the fleet HQ for routine operations as well as staff, and augments for designated contingency missions.

3. Enable the commander's ability to provide effective guidance based on complex operational factors. The MOC advises the commander regarding legal issues and authorities, as well as religious, political, and social factors, and integrates these issues as a routine function of directing the force. (OP 4.4.6, OP 4.4.7).

(h) Communicate. (integrate information - OP 5.1). Information is the way the MOC communicates (architecture, business rules, messaging, public affairs and media interaction, or cyber domain) and determines the degree of command and control over command elements and friendly forces, as well as the degree of command and control available to an adversary. This task is essential to build the operational architecture, protect its use, and leverage the power to exchange information



and collaborate in support of the commander's decision-making process. This task ultimately enables the ability of the commander to effectively communicate with the staff, the force, military peers, higher HQ, as well as mission partners, non-DoD partners, and multinational partners.

(2) Supporting Tasks

(a) Integrate and protect relevant operational information within the decision-making process. The MOC communicates operational information within and outside the HQ; processes information; manages means of communicating operational information; provides foreign disclosure services; provides communications systems (CS) support to the MOC; assesses the operational impact of CS outages and degradations, and provides CS management to all CS entities that influence support of maritime operations. MOC CS executes communication systems policies and procedures, coordinates information assurance procedures, and implements electromagnetic spectrum management policy, plans, programs and direction.

(b) Conduct knowledge management. One of the most important features of the MOC is turning relevant information and data into decision-quality knowledge and understanding. The MOC identifies information exchange requirements, establishes a collaborative environment, and preserves historical information. This ensures the staff can collect, share, collaborate, integrate, produce, coordinate, and disseminate information to ensure the right knowledge reaches the right CFT and decision-makers at the right time to achieve understanding, unity of action, and decisional advantage during all phases of operations. Additionally, the MOC develops an information sharing structure between multinational non-DoD agencies, intergovernmental organizations, and nongovernmental organizations to ensure the appropriate information is exchanged with mission partners.

(c) Coordinate information related capabilities in support of the commander's decision-making process. The MOC integrates information related capabilities into the planning process for all approved lines of operation. The MOC coordinates computer network operations, and plans and

coordinates electronic protection operations with subordinates. The MOC leads the HQ effort to conduct operational security at all times.

(d) Provide public affairs support to the commander's decision-making process. Public affairs supports the ability to communicate the commander's operational message; conducts communication synchronization with the MOC, higher HQ and other stakeholders; provides visual information or combat camera support to operations; and conducts external media operations in an established JOA.

(e) Plan, coordinate, and synchronize deterrence operations (conduct security cooperation and partner activity operations - OP 7.3). Deterrence occurs across the theater in all phases of operations (phases 0 through 5), principally in support of theater security cooperation missions, but also to demonstrate resolve and commitment to theater partners. During phase 0 operations deterrence, forward presence, sustainment, and MSO constitute a "peacetime presence" to shape the theater environment. The MOC does not conduct the tactical action, but conducts the planning, coordination, and synchronization of action with subordinate forces in order to set the conditions for their success. This task is primarily related to those functions that plan and coordinate operations with subordinate points of contact (POC) and leadership as they conduct deterrent operations in all phases.

1. Operationally integrate strategic plans into maritime planning to execute theater security cooperation plans. The MOC develops maritime supporting plans in support of (combatant commander's) theater campaign plans for phase 0 operations, and coordinates the execution of these plans by subordinate forces.

2. Plan and coordinate subordinate operations to conduct security cooperation and partner activities operations. The MOC operationally integrates and synchronizes regional relations to support maritime operations, and promotes regional security to deter active threats. The MOC integrates and synchronizes maritime planning and coordinates subordinate execution of civil military operations, and civil affairs.

3. Plan and coordinate subordinate operations to provide operational air and missile defense (AMD). The MOC integrates and synchronizes maritime planning and coordinates subordinate execution of theater and JOA AMD.

4. Plan and coordinate subordinate force information related activity to achieve deterrence. The MOC integrates and synchronizes maritime planning and coordinates military information support operations (MISO) to enhance deterrence during phase 0 operations. The MOC synchronizes messages and provides information to counter propaganda that interferes or impedes the progress of maritime subordinate operations.

5. Plan and coordinate subordinate operations to conduct maritime show of force. The MOC coordinates subordinate and supporting force execution of maritime show of force.

(f) Plan, coordinate, and synchronize forward presence and sustainment operations (sustain theater forces - ST 4). Sustainment of Navy forces is the primary focus of this task, which occurs across the theater in all phases of operations (phases 0 through 5). During phase 0 operations deterrence, forward presence and sustainment, and MSO constitute a "peacetime presence" to shape the theater environment. The MOC does not conduct the tactical action, but conducts the planning, coordination, and synchronization of action with subordinate forces in order to set the conditions for their success. This task includes not only planning and coordinating the normal movement, assembly, logistical supply, and support infrastructure with subordinate forces, but also the preservation of capability and force protection during all phases of operation. For the purposes of this MET, presence operations pertain to operations of all deployed maritime forces, whether forward deployed or conducting domestic operations, homeland security, and defense.

1. Plan and coordinate the conduct of intra-theater deployment and redeployment of forces. The MOC operationally integrates and synchronizes maritime planning with mission partners, and coordinates subordinate execution to conduct intra-theater deployment of maritime forces; reception,

staging, onward movement and integration forces; and to position those forces for action. Additionally, the MOC coordinates water-space management for subordinate forces.

2. Plan and coordinate subordinate operations to provide operational sustainment. The MOC coordinates support for assigned maritime forces, and manages logistic support in an established JOA. The MOC integrates and synchronizes maritime planning and coordinates subordinate execution to supply and sustain operational forces; provide supplies and field services for theater forces; coordinate supply of arms, munitions, and equipment; synchronize supply of fuel; provide field services requirements; provide personnel services; conduct patient evacuation; and provide for movement services. Additionally, the MOC operationally integrates and synchronizes maritime planning with mission partners, and coordinates subordinate execution to coordinate support for forces in theater, provides equipment maintenance, and builds and maintains sustainment bases in an established or anticipated JOA.

3. Plan and coordinate subordinate operations to provide operational force protection. The MOC integrates and synchronizes maritime planning and coordinates subordinate execution to provide protection, protect critical maritime systems and capabilities, provide security for operational maritime forces, and secure operationally critical installations, facilities and systems. Additionally, the MOC operationally integrates and synchronizes maritime planning with mission partners, and coordinates subordinate execution for protection of maritime theater forces. The MOC protects the use of the electromagnetic spectrum within an established JOA and maritime AORs, and coordinates electronic warfare operations, including electronic support.

(g) Plan, coordinate, and synchronize MSO (promote regional security - ST 8.1.2). MSO occurs across the theater in all phases of operations (phases 0 through 5), primarily to monitor maritime conditions, maintain freedom of navigation, and free flow of trade, in coordination with maritime mission partners (multinational and non-DoD forces). During phase 0 operations deterrence, forward presence and sustainment, and MSO are characterized by a "peacetime presence" to shape the theater environment. The MOC does not conduct the tactical action, but conducts the planning, coordination, and synchronization of

action with subordinate forces in order to set the conditions for their success. This task is primarily related to those functions that plan and coordinate operations with subordinate POCs and leadership as they conduct MSO in all phases.

1. Gain and maintain situational understanding. The MOC integrates and synchronizes maritime planning and coordinates subordinate execution to collect operational information, process and exploit operational information, analyze and produce intelligence, and disseminate and integrate operational intelligence.

2. Coordinate interagency and multinational support. The MOC operationally integrates and synchronizes maritime planning with strategic and interagency partners to obtain multinational support against threats, coordinates subordinate execution to provide POLMIL support, and provides support to DoD and U.S. Government departments and agencies.

3. Plan and coordinate subordinate operations to provide counter-mobility. The MOC integrates and synchronizes maritime planning and coordinates subordinate execution to track contacts and remove operationally significant hazards, as required.

(h) Plan, coordinate, and synchronize sea control operations (provide maritime superiority - OP 1.5.2). Sea control occurs as a contingency mission for given length of time in a prescribed joint and combined area of operations, gains access in a denied environment, re-establishes freedom to maneuver and navigate in contested waters, and gains localized maritime superiority to enable follow-on operations.

1. The maritime force conducts sea control operations during offensive and defensive contingency missions (typically phases 1 through 4). The MOC does not conduct the tactical action, but conducts the planning, coordination, and synchronization of action with subordinate forces in order to set the conditions for their success.

2. The MOC must exercise regularly to maintain proficiency in the planning, coordination, and synchronization of sea control actions in support of contingency missions. This mission is primarily characterized by coordination and planning



of maritime maneuver, enforcement, and maritime fires, while maintaining and protecting gained water space. This task requires operational planners with tactical maritime planning and operations background.

3. Plan and coordinate subordinate operations to secure maritime superiority. The MOC integrates and synchronizes maritime planning and coordinates subordinate execution to conduct operational maneuver and force positioning; overcome operationally significant barriers; conduct countermine operations; employ system of obstacles; enforce sanctions; conduct blockades; conduct maritime interception; conduct counter-mobility; enforce exclusion zones; control operationally significant areas; collect operational information; maritime deliberate and dynamic targeting (targets within the maritime domain); conduct air, surface, and subsurface interdiction, and interdiction of other maritime operational forces and targets; conduct air to air operations; provide operational force protection in the maritime AOR; provide operational air, space and missile defense in the maritime AOR and the JOA; protect and secure air, land, and sea lines of communication in the JOA; conduct undersea and antisubmarine warfare; and reconstitute forces or coordinate recovery and salvage operations, as required.

(i) Plan, coordinate, and synchronize power projection operations (conduct operations in depth - OP 1.2.4). Power projection occurs as a contingency mission for a given length of time in a prescribed joint and combined area of operations, to project the maritime force into other domains and take the operational initiative. The maritime force conducts power projection operations during offensive and defensive contingency missions (typically phases 2 and 3). The MOC does not conduct the tactical action, but conducts the planning, coordination, and synchronization of action with subordinate forces in order to set the conditions for their success. The MOC must exercise regularly to maintain proficiency in the planning, coordination, and synchronization of power projection actions in support of contingency missions. This often requires sea control to be accomplished prior to or in conjunction with power projection operations. This mission is primarily characterized by coordination and planning of lethal and non-lethal fires, requiring operational planners with tactical strike or non-lethal attack background.

1. Plan and coordinate subordinate operations to attack operational targets. The MOC identifies target collection requirements, synchronizes maritime operational firepower, apportions maritime fires, conducts target development, coordinates military deception, and conducts battle damage assessment on operational targets. The MOC employs an operational fires process, to include fire support coordination measures, and plans and coordinates operations to conduct both lethal and non-lethal attacks in support of commander's intent. Additionally, the MOC integrates and synchronizes maritime planning and coordinates subordinate execution to conduct targeting; attack aircraft and missiles (offensive counter-air); suppress enemy air defenses; and conduct precision engagement counter-countermeasures.

2. Coordinate IO information related capabilities to attack and impact operational threats. The MOC integrates and synchronizes maritime planning, collaborates with mission partners, and coordinates subordinate execution to conduct military deception, electronic warfare, and electronic attack. The MOC operationally integrates outside plans from supporting and supported commanders to conduct MISO, and coordinates subordinate plans to conduct MISO within an established JOA.

3. Conduct cyberspace operations to support the commander's ability to command and control forces. This includes the MOC's ability to integrate strategic plans to develop network targets, conduct offensive cyber operations (OCO), and coordinate with external stakeholders for the full range of computer network operations to support the staff.

4. Operationally integrate strategic plans to conduct OCO. The MOC operationally integrates and synchronizes cyber planning, as well as cyberspace attacks with mission partners. Additionally, the MOC may enable or conduct cyberspace attacks directly in coordination with a cyber-support element or similar supporting command.

5. Plan and coordinate subordinate operations to conduct amphibious operations. The MOC integrates and synchronizes maritime planning, collaborates with mission partners, and coordinates subordinate execution to conduct expeditionary and amphibious operations, reinforce and expand

lodgment, provide close air support integration for surface forces, and provide firepower in support of operational maneuver.

(j) Plan, coordinate, and synchronize non-combat crisis response operations (provide POLMIL support-OP 4.7). Non-combat crisis response occurs as a contingency mission related to supporting humanitarian operations, broadly described as non-combat crisis response operations for a given length of time in a prescribed joint and combined area of operations. The maritime force conducts non-combat crisis response operations during non-combat support contingencies (phases 1 through 5), as well as during offensive and defensive contingency missions (typically phases 4 and 5). The MOC does not conduct the tactical action, but conducts the planning, coordination, and synchronization of action with subordinate forces in order to set the conditions for their success. The MOC must exercise regularly to maintain proficiency in the planning, coordination, and synchronization of non-combat crisis response actions in support of contingency missions. This mission is primarily in support of an identified lead Federal agency other than DoD, and centers on providing logistics and transportation support, medical support, engineering and expeditionary capability support, and security.

1. Coordinate FHA. The MOC operationally integrates and synchronizes maritime planning with mission partners, and coordinates subordinate execution to assist host nation in populace and resource control and provide host nation support, provide POLMIL support, and develop evacuation policy and procedures.

2. Coordinate humanitarian and civic assistance programs. The MOC operationally integrates and synchronizes maritime planning with mission partners, and coordinates subordinate execution to establish disaster control measures, provide for health services, and provide civil-military engineering within an established JOA.

3. Coordinate civil support in the United States. The MOC integrates and synchronizes maritime planning and coordinates subordinate execution to provide support to DoD and other government agencies.

OPNAVINST 5450.337B  
21 Jan 2016

4. Plan and coordinate subordinate operations to conduct NEO. The MOC integrates and synchronizes maritime planning and coordinates subordinate execution to conduct NEO.

ACTIVITIES SUPPORTING COMMANDER, U.S. PACIFIC FLEET

<u>ACTIVE UIC*</u>	<u>ACTIVITY NAME</u>
51050	COMPACFLT OPERATIONAL PLANNERS
53926	EXECUTIVE TRANSPORT DETACHMENT HICKAM (EXECTRANS DET HICKAM)
46479	COMPACFLT NUCLEAR PROPULSION EXAMINATION BOARD (COMPACFLT NUC PROP EXAM BD)
43670	JOINT MOBILE ASHORE SUPPORT TERMINAL PACIFIC (JMAST PAC)
41114	COMPACFLT HUMAN RESOURCES OFF
39495	AFLOAT PLANNING SYSTEM PACIFIC OPERATIONAL SUPPORT DETACHMENT SEA DUTY COMPONENT (COMPACFLT APSPAC OSD SEA DUTY COMP)
39493	COMPACFLT SURFACE STRIKE
3549A	COMPACFLT ANTI-TERRORISM FORCE PROTECTION OPERATIONS (COMPACFLT AT/FP OPS)
4499A	COMPACFLT OPERATIONAL SUPPORT
48903	COMPACFLT MOTOR (MTR) POOL/BOATHOUSE
62584	COMPACFLT MILITARY INTELLIGENCE PROGRAM (PGM)
70020	EXTERNAL CONTINUITY OF OPERATIONS (COOP) OFFICE SINGAPORE
45549	COMPACFLT MARITIME HOMELAND DEFENSE DETACHMENT (MHLDET) COMPACAREA
48398	COMPACFLT MARITIME HOMELAND DEFENSE DETACHMENT (MHLDET) ALASKA
33415	COMPACFLT MARITIME HOMELAND DEFENSE DETACHMENT (MHLDET) EAST ASIA
30478	COMPACFLT INTEL READINESS CEL
35016	COMPACFLT IO SUPPLEMENT (SUPP) TO PLANNING
50370	COMPACFLT LOGISTICS READINESS SUPP
39305	COMPACFLT NUWEPINS DET BANGOR
32798	COMPACFLT RESERVED PERSONNEL, NAVY (COMPACFLT RPN)

\*-unit identification code



OPNAVINST 5450.337B  
21 Jan 2016

<u>RESERVE UIC</u>	<u>ACTIVITY NAME</u>
82625	NAVY OFFICE OF INFORMATION PACIFIC FLEET (NAVINFO PACFLT)
83382	COMPACFLT LOGISTIC READINESS CENTER (LRC) 219
83383	COMPACFLT LRC HQ 120
83464	COMPACFLT JOINT FORCES COMPONENT COMMANDER PLANNING UNIT DETACHMENT 502 (JPU DET 502)
83705	COMPACFLT INTEL 0270
83874	COMPACFLT MOC DET 501
83924	COMPACFLT MOC DET 601
84032	COMPACFLT INTEL 0322
86267	COMPACFLT MOC DET 303
86295	COMPACFLT INTEL 0508
86507	COMPACFLT INTEL 0419
86858	JMAST PAC AURORA
86867	JMAST PAC TUCSON
86905	COMPACFLT MOC DET 302
86907	COMPACFLT MOC DET 301
86908	COMPACFLT MARITIME HEADQUARTERS DETACHMENT 101 (MHQ DET 101)
87694	PACFLT LEGAL
88098	COMPACFLT INTEL 0194



## REMARKS

# Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Briefing

## HEALTHCARE

Issued on: March 30, 2020



Rose Garden

March 29, 2020

5:43 P.M. EDT

THE PRESIDENT: Thank you very much. Appreciate everybody being here. Beautiful day in the Rose Garden. Tremendous distance between chairs. Social distancing. You practice it very well. We appreciate it. That's great.

I want to start today by highlighting several critical developments on both the testing and treatment that will help us win our war against the coronavirus.

On Friday, the FDA authorized a new test developed by Abbott Labs that delivers lightning-fast results in as little as five minutes. That's a whole new ballgame. I want to thank Abbott Labs for the incredible work they've done. They've been working around the clock. Normally, this approval process from the FDA would take 10 months, and even longer, but we did it in four weeks. Abbott has stated that they will begin delivering 50,000 tests each day, starting this week.

And as you know, even before this development, we've been doing more test — tests than any other country anywhere in the world. It's one of the reasons that we have more cases

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than other countries, because we've been testing. It's also one of the reasons that we're just about the lowest in terms of mortality rate, because we've been doing more testing. So we have bigger numbers to look at.

I want to also thank General Semonite, of the Army Corps of Engineers, and General Polowczyk, who's here with us, who's going to say a few words in a little while. What the Army Corps of Engineers did, along with FEMA, in New York was incredible. They built 2,900 beds' worth of hospital. An incredible hospital in the Javits Center, which I know well. And I just want to say that was unreal. They did it in less than four days. People have never seen anything like that. And it's an incredible, complex, top-of-the-line hospital. They did it so quickly. Everyone is trying to figure out how they did it, including me — and I was a good builder. But they did it very quickly, Mike. So we're very — we're very happy.

So I want to thank Army Corps of Engineers, FEMA — the incredible job they have done.

Now they're moving to other locations throughout the country where they already have people building hospitals. We're doing them in Louisiana and New Jersey — many, many other places. But these are incredible men and women, and they worked around the clock.

And the people of New York are very happy. Governor Cuomo expressed his thanks, which we appreciate. But these are — I mean, there's nobody could have done a job like that. Most people have never seen anything like it.

The deployment of rapid testing will vastly accelerate our ability to monitor, track, contain, and ultimately defeat the virus. We will defeat the virus. It will also allow us to test doctors, nurses, and other healthcare workers immediately and enable us to act quickly and aggressively to shut down the spread of the virus — so important — in critical facilities like hospitals and nursing homes. And we will ensure that we can give cities and states the best information to guide local decision makers and making.

I want to point out that the hydroxychloroquine is being administered to 1,100 patients — people in New York — along with the Z-Pak, which is azithromycin. And it's very early yet; it's only — it started two days ago. But we will see what happens.

I want to thank Stephen Hahn, who's a great doctor — left one of the best jobs in our country running an incredible Hospital in Texas. And he's the head of the FDA. And Stephen got approval for that so fast. Let's see how it works. It may, it may not. But we may have some incredible results. We're going to know soon. So it's tested — it's being tested on 1,100 people in New York.

The FDA is also allowing the emergency use of a blood-related therapy called convalescent plasma as an experimental treatment for seriously ill patients. This treatment involves taking blood plasma from patients who have already recovered from the virus. So they've recovered; they're strong. Something was good in them that worked. And so we take the plasma from those people that have recovered so well — meaning, their plasma is rich in antibodies against the virus — and transfusing it into six [six] patients — sick patients, very — very, very powerfully.

So, sick patients will be transfused with the blood taken to boost their immune system. We'll see what happens. And we're having some early results that are good, but we will see. And that's going, I think, very rapidly. Again, we got approvals in, really, very quick time.

We're also looking at an approval for the sterilization of masks. I kept saying to myself — I'd see some of the masks are very complex. We're delivering millions, by the way. Millions. But I kept saying, "Why aren't they able to use that mask a second, third, fourth time?"

And Mike DeWine, the great governor of Ohio, called me. They have a company that is in the final process of getting approval for the sterilization of masks, and in some cases, depending on the mask — some of these masks are very, very strong, very powerful, very strong material — they're able to sterilize the mask up to 20 times. So that's, I guess, like getting 20 masks. And so we worked on that. As soon as I heard from Mike today, I got involved, and the FDA is now involved. And we're trying to get a fast approval for the sterilization of masks. That would be a tremendous difference. That would be really helpful.

While much of the research has to be done — we have a lot of research left to do, obviously — this treatment on plasma has shown promising results in other countries. We're in communication with other countries, and very strong communications. And they're very reliant on us in just about all cases. We have the greatest people in the world. They're very, very anxious to find out how we're doing on our different things, whether it's a cure or

whether it's really anything having to do with getting people better. We have some interesting things will be announced, I think over the next few weeks, but we'll see what happens. They're being tested right now.

The vaccines are moving along very rapidly. The vaccines are an answer, but I'd like to see if we could do something therapeutically so that we could take care of the people that are already sick. And we're working on that at a level that people would be amazed. These are incredible people. They don't stop.

This method also has been used for more than a century — and that's the blood-related therapy — you know, more than a century to fight off infectious diseases. So it's not unusual. Our level of complexity has changed, but it's a concept that's been used for a long time, including during the Spanish Flu epidemic. And that was really a pandemic of proportions like, frankly, nobody has seen until what we're facing now. That was in 1918. You know what the result of that was; probably from 75 to 100 million people were killed.

And also, other viruses, like the one in this outbreak — this is a very tough one. This is a tough one because it spreads so quickly, like nothing we've seen. It spreads so easily, so quickly.

We're unleashing every tool in our nation's vast arsenal — economic, medical [sic] — medical. If you look, medical, and scientific, military. Homeland Security is working very, very hard with all of them in order to vanquish the virus.

As you know, every level of government — state, local, and federal — is working nonstop to obtain more personal protective equipment for frontline workers. We're delivering vast orders of this material. I'm going to ask a couple of the people here to join me that both make it and deliver it.

Joining us today are the leaders of America's largest distributors of pharmaceuticals and medical equipment, including McKesson, Cardinal Health, Henry Schein, Owens & Minor, Medline, FedEx, and UPS. We just concluded a very productive meeting about ways to keep our supply chains and delivery systems moving at top speed.



And maybe I'd like to just ask for a couple of minutes for Mike Kaufmann to come up, and maybe Ed Pesicka. Mike is with Cardinal and Ed is Owen & Minor.

But I — and I appreciate. And if anybody else has anything, please come up. But if you could come up, Mike, for a second and, Ed, for a second. Just, if you could maybe say what you told me before when we had the meeting. Thank you.

MR. KAUFMANN: Thank you, Mr. President, and thanks for your leadership on this. Because of that leadership, we have really seen the government agencies working with industry like no time before. We have seen HHS, FEMA, the CDC work incredibly effectively with all of the distributors, and all of the distributors working together for the good of the people.

And all of us have been so focused on making sure that we take care of our customers because our customers are the ones that are taking care of the patients every day. And we need to do everything we can to make things good for them. And so it's been great to see how well all these government agencies have been coordinating together with us.

THE PRESIDENT: Thank you very much.

MR. KAUFMANN: Thank you.

THE PRESIDENT: Appreciate it. Please.

MR. PESICKA: Thank you, Mr. President. Let me first start by thanking the administration for all the support you have provided to the industry. And one of the things we did — we did hear the challenge. And starting in January, we've ramped up our production in the Americas, including our facility in North Carolina, where we are now manufacturing an additional 40 to 50 million masks per month to get into the U.S. healthcare system.

And we talked a little about this in the pre-meeting: One of the issues we're struggling with is the demand increase. You know, used an anecdotal example of one hospital in New York that traditionally uses roughly ten- to twenty thousand masks a week are now using two- to three hundred thousand masks a week. So you multiply that times the entire pop- — the entire U.S., let alone the same demand outside of the U.S. That's part of the issue we're running

into: Is even with a significant ramp-up in supply, you know, there's still that demand that is — that is much greater than that supply.

THE PRESIDENT: Thank you very much.

MR.PESICKA: Thank you.

THE PRESIDENT: And I bring that up because when we discussed, back in a room — we were in a conference room — a very nice one, actually; it's called the Cabinet Room — that statement was made that they've been delivering for years, 10- to 20,000 masks. Okay, it's a New York hospital. Very — it's packed all the time. How do you go from 10 to 20, to 300,000? 10- to 20,000 masks to 300,000?

Even though this is different, something is going on, and you ought to look into it as reporters. Where are the masks going? Are they going out the back door? How do you go from 10,000 to 300,000? And we have that in a lot of different places. So, somebody should probably look into that, because I just don't see, from a practical standpoint, how that's possible to go from that to that. And we have that happening in numerous places — not to that extent; that was the highest number I've heard. That's the highest number you've seen, I would imagine, right?

But this man makes them and delivers them to a lot of hospitals. He knows the system better than anybody. And I think you were more surprised than I was when you saw that number. So thank you very much. I hope I didn't get any of your clients in trouble, but it could be that they are in trouble. So they have to look at that in New York.

FEMA is working with these companies to launch Project Airbridge to expedite the movement of critical supplies from other countries to the United States. The first flight arrived at JFK Airport, New York, this morning, filled with 80 tons of personal protective equipment, including 130,000 N95 respirators — those are the ones that we were talking about before — 1.8 million face masks and gowns, 10.3 million gloves, and many other things. Millions and millions of different items.

FEMA has scheduled 19 additional flights and is adding more daily. We hope to have about 50 flights. We're going to have — I think including the one that came in today, we're up at

51 flights with these massive planes from the different companies. That was so nice to be here today. Would you like to say something on behalf? Please, come up. Thank you.

MS. LANE: Thank you, Mr President, for the incredible leadership. I will share with you that UPS is really proud to be part of this effort. Vice President Pence and I had the opportunity to speak before, and the way we're going to win this war is with great logistics, and UPS is going to be part of that effort. We have a Big Brown army — 495,000 UPSers across the country that are ready to deliver.

We're bringing in the supplies from anywhere around the world as fast as we can so that they can serve the communities that need them most. We're proud to be partnering with the states as well, because we know that in partnership with those states, we can deliver what is needed everywhere.

So thank you, Mr. President.

THE PRESIDENT: Thank you very much. Great job you're doing.

Please. Thank you very much.

MR. TYLER: Well, thank you, Mr. President. I would certainly like to echo my colleagues' comments that the collaboration amongst many of the government agencies and the private market and the distributors represented here today has been incredible. It has been increasing and ramping up over the past weeks.

Today's first delivery of Operation Airbridge, I think, is the first evidence that it's working. The 51 flights you referenced we're excited about. We look to build upon that. So I would echo my thanks for your leadership, and certainly to the staffs, for the terrific partnership and the commitment to protect the people we think about most often, which are the people on the frontlines providing care.

And maybe just a quick word of thanks, on behalf of all the CEOs here, to our teams that continue to show up in warehouses across the country, in pharmacies across the country, and do their jobs to keep the supply chain going. The supply chain is working. It's resilient.

Supply is a challenge, and we're tackling that.

H-1-40

Thank you.

THE PRESIDENT: Thank you very much. Great job. Please.

MR. MILLS: Thank you. Thank you, Mr. President. And thanks to FEMA and HHS. I think great leadership, and it's really working well. The demand has skyrocketed, and we're doing a lot of things to bring in more masks, more — other protective apparel. We are involved in reprocessing masks, and we've already started at about 100,000 masks per day, and we hope to expand from there. So we're quite optimistic about it.

THE PRESIDENT: Great job. Yeah.

MR. MILLS: Thank you.

THE PRESIDENT: Fantastic job.

Anybody else, if you want? Yes, please. You're doing such a great job, we have to —

MR. CONNETT: Well, thanks.

THE PRESIDENT: — have everybody if they want.

MR. CONNETT: Thank you. Thank you, Mr. President. We appreciate the opportunity to work with your administration on a lot of collaborative fronts. Number one, we've all talked about PPE products; that's critical. And it's not just to the hospitals — that's a must — but it's really to all healthcare providers out there working on the frontline. So our commitment is there to get it to the hotspots and get it to the care providers that are taking care of those patients. It's absolutely key.

Second, we talked in there about buying in America and getting resources back here and manufacturing in America. That is critical. A lesson to be learned from where we are.

And lastly, we're proud that we introduced a test. We need to get some more tests out there in a rapid form. We're excited about that. We've worked with your administration very closely, and the FDA, and we're very grateful for that because it's a quick, rapid antibody test

that is needed as well. So we're really proud to work with your administration. All going well. Thanks so much.

THE PRESIDENT: Thank you. Thank you.

So thank you all very much and for the great job you're doing. It's really incredible, frankly. Many of the states are stocked up. Some of them don't admit it, but they have — we have sent just so much — so many things to them and — including ventilators.

You know, there's a question as to hoarding of ventilators. Some hospitals and independent hospitals — and some hospital chains, as we call them — they are holding ventilators; they don't want to let them up. We need them for certain areas where there's big problems. We can't hold them if they think there might be a problem weeks down the road.

So we've delivered a lot, and this group has been really fantastic. We want to thank you. And UPS and FedEx, in particular, you've gone absolutely out of your way, so we appreciate everything you've done and delivered.

The federal government continues to mobilize every resource to make sure our frontline doctors and nurses have the equipment needed to save American lives.

Yesterday, I visited Naval Station Norfolk as the USNS Comfort departed from New York three weeks ahead of schedule, fully loaded with 12 operating rooms, 1,000 hospital beds, and hundreds of the best doctors, nurses, and medical professionals anywhere in the United States Navy — anywhere, frankly, in the United States. It was an incredible thing to see. Mostly you saw that on television as it was leaving. It left literally three weeks early. It was under maintenance, and they got the maintenance done very quickly. They work round the clock as many of the people have. And it was a great sight.

Additionally, two of the country's largest health insurers, Humana and Cigna, are announcing that they will waive co-pays — which is a big deal for anybody that understands insurance; they don't waive co-pays too easily, but we've asked them to do it and they've done it — coinsurance and deductibles for the coronavirus treatments to help ease the financial burden on American families during this pandemic. So they're waiving co -pays, coinsurance, and



deductibles. Nobody has — I don't think anyone has heard of that one. Have you heard of that one before? I haven't heard. I want to thank them. Great companies.

Today I spoke with Wolfgang Puck. Wolfgang Puck is a great restaurateur, as you know, as is Jean-Georges and Thomas Keller and Daniel Boulud, and other leaders in the restaurant business, which has been probably one of the hardest-hit industries. I've directed my staff to use any and all authority available to give restaurants, bars, clubs incentives to stay open. You're going to lose all these restaurants and they're not going to make it back. They have to get going.

So what I'm doing is I'm going to tell Secretary Mnuchin and also our great Secretary of Labor, who you know very well, to immediately start looking into the restoring of the deductibility of meals and entertainment costs for corporations that set the restaurant business back a lot when it was done originally, and then done not so long ago.

And we're going to go to deductibility so that companies can send people to restaurants. I think it'll have a tremendous impact and maybe keep them open. I mean, don't forget, some are closing right now, despite the fact that they could be open in the not-too-distant future, and we expect that. But there are some that aren't going to be able to get open, and we want to make sure they do.

So we're going to look at the restoration — restoring the deductibility of meals and entertainment costs for corporations so that corporations can send people to restaurants and take a deduction on it like they did in the old days. That was when restaurants were doing really well.

The financial relief bill I signed on Friday provided historic relief for American workers and small businesses, and it includes \$350 billion in job restoration and retention. So if you look at job retention loans for small businesses, that's a big deal, with loan forgiveness available for businesses that continue paying the worker. So it's \$350 billion — job retention loans for small businesses with loan forgiveness available for businesses that continue paying workers. I mean, how about that?

Three hundred billion dollars in direct cash payments are being sent to every American citizen earning less than \$99,000 per year; \$3,400 for the typical family of four. So they'll be

getting a check for \$3,400 for the typical family of four.

Approximately \$250 billion in expanded unemployment benefits. Under this plan, the average worker who has lost his or her job will receive 100 percent of their salary for up to four full months. The bill provides for these unemployment checks to be delivered through the existing state unemployment systems, not us. State.

And I was opposed to this method because many of the states have very antiquated computer systems that are 45 years old, and they're not prepared to handle this kind of distribution, this kind of money coming in so quickly. They're not set up for that. And I didn't want to do it but our opponents wanted it, so we did it. And if they don't get their money fast, I'm going to ask that we convene the federal government — that we come back to Congress and we'll do something where we take care of it, because we can take care of it very easily and quickly — and I said that.

But a lot of these systems, they're so old and so antiquated at the state level that they're going to — they have the money, and they're going to get the money very quickly, but they're not going to be able to distribute it. So remember what I said, and we will, if we have to, call Congress back or find some other way of delivery of the money.

Throughout this great national struggle, the American people have embodied the unrivaled patriotism and willpower that has led America to conquer every challenge — every single one in our nation's history. More than 90 percent of Americans say they're staying home as much as possible, putting their lives, their careers, their educations, and their dreams on hold out of devotion to their fellow citizens and to their country. Social distancing: That's the way you win.

These shared sacrifices are pulling our nation together like never before. Family bonds are strengthening. Neighbors are looking after neighbors. It's incredible. I'm seeing, you're seeing, everybody is seeing what's happening. Communities are rallying for the cause, and all divisions are fading away.

The Americans of every background are uniting to help our nation in this hour of need. It's up to 151 countries. So when we say "our nation" — our nation and the world, when you think. Think of it: 151 countries. Somebody said to me today that wasn't in this particular

world — they didn't know that we had that many countries. A hundred and fifty-one countries. That's something.

And some are struggling at a level that nobody would have believed possible. If you look at Italy, if you look at — France is having big problems. Spain is having incredible problems. Something we did very well is, when we stopped the inflow from China at a very early level, that was a good thing to do, a great thing to do. We would have had thousands and thousands of more deaths. And we also stopped the inflow from Europe at a very early level. But those things were very important, especially the initial one, because we had never done anything like it, where we closed our borders to a country like that.

The modeling put together by Dr. Birx and Dr. Fauci and our other top healthcare ex- — I mean, we have — and these people are amazing — the healthcare experts who, in this country, are the best in the world. They demonstrate that the mitigation measures we are putting in place may significantly reduce the number of new infections and, ultimately, the number of fatalities.

I want the American people to know that your selfless, inspiring, and valiant efforts are saving countless lives. You're making the difference. The modeling estimates that the peak in death rate is likely to hit in two weeks. So, I'll say it again: The peak, the highest point of death rates — remember this — is likely to hit in two weeks. Nothing would be worse than declaring victory before the victory is won. That would be the greatest loss of all.

Therefore, the next two weeks, and during this period, it's very important that everyone strongly follow the guidelines. Have to follow the guidelines that our great Vice President holds up a lot. He's holding that up a lot. He believes in it so strongly. The better you do, the faster this whole nightmare will end.

Therefore, we will be extending our guidelines to April 30th to slow the spread. On Tuesday, we will be finalizing these plans and providing a summary of our findings, supporting data, and strategy to the American people. So we'll be having lots of meetings in between, but we'll be having a very important statement made on Tuesday — probably Tuesday evening — on all of the findings, all of the data, and the reasons we're doing things the way we're doing them.

We can expect that, by June 1st, we will be well on our way to recovery. We think, by June 1st, a lot of great things will be happening.

I want every citizen in our country to take heart and confidence in the fact that we have the best medical minds in the world tackling this disease. We have the best science, the best researchers, and the best talent anywhere working night and day to protect your family and loved ones and to overcome this pandemic.

With the grace of God, we are rising to the occasion. We are proving that no darkness can overshadow the eternal light of American courage. We will win. And when we do, we will rebound with astonishing force and speed. We will be stronger than ever, and we will have learned so much, where something like this can never hurt us to the extent it has — and the world — again.

In our present crisis, the strength of our people is our single most important asset, and together we will defeat this invisible curse — this is invisible enemy — and rise to incredible new heights.

So I just want to thank you all for being here. And we'll take some questions if you'd like.

Yeah, please. Kelly.

Q Mr. President, Dr. Fauci said that we likely be in excess of a million cases in the United States, and deaths could exceed 100,000. Do you accept that assessment and has that formed your thinking about extending these guidelines? And you also talked about New York. Were you suggesting there has been inappropriate use of masks, or improper conduct with supplies?

THE PRESIDENT: No, I want the people of New York to check — Governor Cuomo, Mayor de Blasio — that when a hospital that's getting 10,000 masks goes to 300,000 masks during the same period — and that's a rapid period — I would like them to check that. Because I hear stories like that all the time. You know, we're develop- — we're delivering millions and millions of different products and all we do is hear that, "Can you get some more?" But when you hear that — and I heard that from one of the great companies of the world at doing this

— it's a client. And they're going from — you heard it — 10,000, 20,000, tops, to 300,000. And that's a hospital that's always full.

So I think people should check that because there's something going on, whether — it's not — I don't think it's hoarding; I think it's maybe worse than hoarding. But check it out. Check it out.

Q (Inaudible.) (Off-mic.)

THE PRESIDENT: I don't know. I don't know. I think that's for other people to figure out. But you don't go from numbers like that.

Now, other equipment likewise, because we're delivering a lot of ventilators, we're deve- — and we're building. By the way, we're building and buying, and we have a lot of ventilators that we're going to be sending out very soon. We also have, right now, in the stockpile, almost 10,000 ventilators that we have to hold in case of emergency.

We don't want them going out and then Louisiana has a tremendous problem, which we now know they do. You know, all of a sudden, it came very quickly. It came — I mean, Louisiana was doing so fantastically well. Then, all of a sudden, there was a big rash of cases.

So, we have to be prepared to move the ventilators. They're very important pieces of equipment. They're very expensive and they're very complex. They're very — it's like building a car. You know, these are expensive, complicated — very complicated pieces of equipment. So we now have 10,000.

And we inherited a system which was broken. Just like — I'll never forget the day when a general came and said, "Sir" — my first week in office — "we have no ammunition." That was in the military. We've now rebuilt our military stronger than it's ever been. And we have so much ammunition. You wouldn't believe it, how much ammunition we have.

But the same thing here. We had — we had a stockpile that was deficient. We had testing that was no good. We had a testing situation that just wasn't right. It was okay for very small cases, but it was obsolete and it was broken, and it was only good for a very small situation.

But what I'd like to do is I'd like to ask Dr. Fauci to come forward and discuss the number, because I think the number — I think the number is going to be a very different number than the numbers that you talked about.

Please, Doctor, you might talk about that.

DR. FAUCI: Yeah. Thank you, Mr. President. Yeah, the number I gave out is, you know, based on modeling. And I think it's entirely conceivable that, if we do not mitigate to the extent that we're trying to do, that you could reach that number.

Q One hundred thousand?

DR. FAUCI: Yeah. Yeah, yeah. It's possible. I mean, you could make a big soundbite about it, but the fact is it's possible.

What we're trying to do is not let that happen. So instead of concentrating on the upper and the lower, we're saying that we're trying to push it all the way down.

But the second part of your question was — yes, we feel that the mitigation that we're doing right now is having an effect. It's very difficult to quantitate it because you have two dynamic things going on at the same time: You have the virus going up, and you have the mitigation trying to push it down. But the decision to prolong — not prolong, but to extend this mitigation process until the end of April, I think, was a wise and prudent decision.

Dr. Birx and I spent a considerable amount of time going over all the data, why we felt this was a best choice of us, and the President accepted it.

So, in direct answer to your question: The idea that we may have these many cases played a role in our decision in trying to make sure that we don't do something prematurely and pull back when we should be pushing.

THE PRESIDENT: Deborah, please. Would you — can you explain the 2.2 million, if we did nothing?

DR. BIRX: Yeah.



THE PRESIDENT: Because a lot of people would like to know that.

DR. BIRX: So, thank you. You all know, we've all — you've all seen the models. You've seen the models from Imperial. You've seen the models from Columbia. We've reviewed 12 different models.

And then we went back to the drawing board over the last week or two, and worked from the ground up, utilizing actual reporting of cases. It's the way we built the HIV model, the TB model, the malaria model. And when we finished, the other group that was working in parallel — which we didn't know about — HIME [IHME] and Chris Murray ended up at the same numbers. So if you go on his website, you can see the concern that we had, with the gray — growing number of potential fatalities.

All of the flu models predicted anywhere between 1.6 and 2.2 million fatalities, if we didn't mitigate. I think you all knew those numbers. Some of them predicted half of the United States would get infected and have that level of mortality.

So we worked very hard together to really look at all of the impacts of the different mitigations that have been utilized around the world, and used that evidence base to really bring that data and that evidence to the President to consider for extending — which is not a simple situation when you ask people to stay home for another 30 days.

And so they have to know that we've really built this on scientific evidence and the potential to save, really, hundreds of thousands of American lives. And we know that's a huge sacrifice for everyone. We know it's a sacrifice for every mother and child and father who's also self-isolating.

There are people that have to go out to work, and we know the compromises that they're making. But it's all to protect not only Americans, but the healthcare providers — the healthcare providers that are on the frontlines. And you've seen them, and you've seen how difficult this has been.

And so, we're really working — there'll be a comprehensive piece presented on Tuesday that really talks about not only diagnosing individuals, but also increasing our surveillance now that we have more test kits so that we can really stop and contain new infections.

At the same time, we're really dedicating test kits still to the critical diagnosis so people can get the treatment that they want and so that we can ensure, when people come to the hospital, that they know that the nurses and the doctors and the equipment that they need will be there to serve them. Because together as Americans, we're going to bring down the number of infections so we don't have 2.2 million deaths or 1.6 million deaths, but really work very hard to keep this in as low as number as we possibly can.

THE PRESIDENT: I just want to reiterate, because a lot of people have been asking, "Well, what would have happened if we did nothing? Did nothing — we just rode it out." And I've been asking that question to Tony and Deborah, and they've been talking to me about it for a long time. Other people have been asking that question. And I think we got our most accurate study today, or certainly most comprehensive.

Think of the number: 2.2 — potentially 2.2 million people if we did nothing. If we didn't do the distancing, if we didn't do all of the things that we're doing. And when you hear those numbers, you start to realize that with the kind of work we went through last week, with the \$2.2 trillion, it no longer sounds like a lot, right?

So you're talking about — when I heard the number today — first time I've heard that number, because I've been asking the same question that some people have been asking — I felt even better about what we did last week with the \$2.2 trillion, because you're talking about a potential of up to 2.2 million. And some people said it could even be higher than that. So you're talking about 2.2 million deaths — 2.2 million people from this.

And so, if we can hold that down, as we're saying, to 100,000 — that's a horrible number — maybe even less, but to 100,000; so we have between 100- and 200,000 — we all, together, have done a very good job. But 2.2, up to 2.2 million deaths and maybe even beyond that. I'm feeling very good about what we did last week.

Q Mr. President?

THE PRESIDENT: Yes, please. Go ahead, please.

Q Mr. President, given that you're announcing that you're extending these guidelines, was floating Easter a mistake, do you think? And —

H-1-40

THE PRESIDENT: No.

Q — does this — can you tell us why and then —

THE PRESIDENT: It was just an aspiration. We actually will be hitting, potentially — and this was with our meeting before — on Easter, we probably — they — well, that could be a peak. That could be a peak period. That could be the peak. Sadly to say, that could be the peak number of deaths before it starts coming down.

No, that was aspirational. We had a — an aspiration of Easter. But when you hear these kind of numbers and you hear the potential travesty, we don't want to do anything where — you know, we don't want to have a spike up. We don't want to do it soon, and then all of a sudden you go down — you're coming down and then you start going up again. Because we discussed that can happen, and we don't want that to happen. We've gone through too much.

So that was an aspirational number. I didn't say "Easter." I said, "It would be a great thing, if we could do it by Easter." And we know much more now that we knew two, three weeks ago. Easter should be the peak number, and it should start coming down, and hopefully very substantially from that point.

Q Thank you.

THE PRESIDENT: Okay? Thank you.

Please. OAN.

Q Jenn Pellegrino with OAN.

THE PRESIDENT: Yes.

Q Thank you, sir. Mr. President, your approval ratings have been the highest they've ever been, as well as the ratings on your handling of the virus. Yet, there are some networks that are saying they're debating whether or not to carry these briefings live. Do you think there's a link between the two?

THE PRESIDENT: Well, I don't know. I know that — boy, that's a nice question. Thank you very much.

Yeah, I don't want high approval ratings for this. I wish we could have our old life back. We had the greatest economy that we've ever had, and we didn't have death. We didn't have this. We didn't have this horrible scourge, this plague — you can call it whatever you want. The virus. But we're working very hard. That's all I know.

You know, I see things — I see numbers. They don't matter to me. What matters to me is that we have a victory over this thing as soon as possible.

When you hear that 2.2 million people could have died if we didn't go through all of this, and now the number will be, you know, a much lower number. Hopefully, it's going to be the numbers that we're talking about.

But — so I appreciate it very much. But, you know, what I want is I want our life back again. I want our country back. I want the world back. I want the world to get rid of this.

This — again, 151 countries. And we're going to do it. We're going to have a great victory. We're going to have a great victory.

Go ahead, please.

Q You mentioned it, and I just want to make sure I was right. So, Humana and Cigna are going to waive, for all costs, for anybody that's got the coronavirus, they're going to take care of everything?

THE PRESIDENT: Well, that's what they said. I told you what they're going to take.

Q Right.

THE PRESIDENT: Co-pays in particular, that's a big deal. Insurance companies don't do that, and I appreciate it. Humana and Cigna, they should be getting a lot of credit for that.

Q Will there be other companies? Just those two? Or —

H-1-40

THE PRESIDENT: I don't know. Well, those two are getting a lot of credit right now for it. And they should, because it's something that — it's a lot of money they're waiving. And so we thank them.

Will there be other companies? I wouldn't be surprised. There's great —

Q Are you calling on them to do it, sir?

THE PRESIDENT: There's great spirit. I'll tell you what — yeah, I'd love to have them do it. Let them waive those co-pays. There's a great spirit in this country right now.

I mean, I know insurance companies better than anybody. They just don't do that. But now there's a spirit like I have not seen. I have never seen anything like it.

I mean, even the media is much more fair. I wouldn't say all of it, but that's okay. They should be fair because they should want this to end. This is — this is about death.

So I want to thank Cigna and Humana. Thank you.

Q Will the federal government be reimbursing those insurance companies, or is this something they really are just doing out of their pocketbooks?

THE PRESIDENT: They haven't asked for reimbursement, so I assume they're not. They said they're going to waive them. Waiving them doesn't mean we're going to waive them and get reimbursed. No.

Q Okay. And second question for you, sir. First of the month is three days away. I know these cash payments are coming, and Treasury Secretary Mnuchin said, today, in about three weeks they should get there. For people that are worried about paying rent — I know mortgages through HUD is taken care of — but I'm just curious about rent. What should people be doing for the first of the month?

THE PRESIDENT: Well, they're going to be getting the money. I will tell you, I think landlords are going to take it easy. We may put out a statement on that. I think a lot of people that are owed money are going to take it easy. They don't, sort of, have a choice. But a lot of

concessions are made, just like the insurance companies. A lot of concessions are being made that wouldn't have even been thought of three weeks ago. Not even thought of.

So, a lot of really positive things are happening.

Please, behind you.

Q Thank you, Mr. President. Yesterday, why did you publicly threaten a quarantine on New York, New Jersey, parts of Connecticut?

THE PRESIDENT: I didn't do that at all. Read the statement. Read the statement. Read what I said. I said we're going to look into "possibly quarantine." I didn't say we're "going to quarantine." I looked at it as a possibility, because a lot of our professionals suggested quarantine. I said we're going to look at it. We then looked at it. You see?

Who are you with? Bloomberg, right? I can't imagine that.

Let me just tell you, I didn't threaten it. I don't go around threatening. What happened is, people — professionals, very good professionals — love the idea of doing that, because that's sort of the ultimate in distancing. You can't do — they didn't want New Yorkers, where they're having a problem, necessarily going down to Florida where they have less of a problem.

So the concept of quarantine was thrown out to me. Really, would love to do it — they would love to do it. And I thought it was too much to do, because the people are doing a great job with it. Also, it's very hard to enforce.

Okay, please.

Q But by speaking about it publicly — I mean, by speaking about it publicly and letting it know — be known that it's a consideration, do you think that you maybe frightened some Americans?



THE PRESIDENT: No, I think we made people aware to stay in your houses and do good. Now we did an advisory. It's a strong advisor. The governors are running the advisory — the three governors: New York, New Jersey, Connecticut. And I think we did a great thing.

But all I did yesterday, as you know, and you can see it. You can read it. You can read. And you can see very simply that I said that, "We are looking into it." And then before the end of the evening, substantially, we decided to go with the advisory, which frankly, I liked better from the beginning.

Go ahead.

Q Thank you, Mr. President. I have two questions. The first is, you've said repeatedly that you think that some of the equipment that governors are requesting, they don't actually need. You said New York might need —

THE PRESIDENT: I didn't say that.

Q — might not need 30,000.

THE PRESIDENT: I didn't say that.

Q You said it on Sean Hannity's, Fox News.

THE PRESIDENT: I didn't say — come on. Come on.

Q You said that you might —

THE PRESIDENT: You know, why don't — why don't you people act — let me ask you: Why don't you act —

Q You said some states —

THE PRESIDENT: Why don't you act in a little more positive? It's always trying to "get you."

Q My question to you is —

THE PRESIDENT: "Get you. Get you." And you know what? That's why nobody trusts the media anymore. That's why people —

Q My question to you is: How is that going to impact —

THE PRESIDENT: Excuse me. You didn't hear me. That's why you used to work for the Times and now you work for somebody else. Look, let me tell you something: Be nice. Don't be threatening.

Q Mr. President, my question is —

THE PRESIDENT: Don't be threatening. Be nice.

Go ahead.

Q My question is: How is that going to impact how you fill these orders for ventilators or for masks? Your views that —

THE PRESIDENT: It's not going to impact.

Q They're — you're not going to — it's not going to impact you at all?

THE PRESIDENT: We're producing tremendous numbers of ventilators. We're doing a great job on it. Mike Pence, our Vice President, has headed up the task force, which has been incredible, the job they've done. We have everybody in the White House working on it. We have — everybody in the country is working on this in one way or the other.

The fact is, we've done a great job of delivering. You've seen the biggest people in the business — I mean, there's nobody even close to this group of people. We had a meeting at 3 o'clock. It lasted for a long time. It was a great meeting with the generals and with everybody else. And they have done a fantastic job.

I'm just saying this: If they're holding — let me give you one example. We sent thousands of generators to New York. They were put into a warehouse — a New York warehouse — that happened to be located, interestingly, in Edison, New Jersey. They were given to New York,

and we then went to other places, also giving thousands of ventilators. The people in New York never distributed the generators. We said, "Why didn't you distribute them?" Now, you have to understand, they have New York people working in those warehouses. I knew they had them. So we said, "Why didn't you distribute them?" I'm — I hope they've distributed them now. But maybe they didn't need them so badly.

But just so you know, we're all — you, me, everybody — we're all on the same team. You know, when — when journalists get up — and you're a journalist, a fine journalist —

Q I was quoting you directly from Sean Hannity

THE PRESIDENT: — when journalists get up and ask questions that are so threatening — we're all on the same team.

Q I was quoting you directly from your interview with Sean Hannity.

THE PRESIDENT: Take a look at my interview. What I want to do is, if there is something wrong, we have to get to the bottom of it. When I hear facemasks go from 10,000 to 300,000, and they constantly need more, and the biggest man in the business is, like, shocked — he knows all about the virus, by the way; he's not surprised by that. He knows all about it. He shouldn't be surprised. He should say, "Well, that's standard," because this is, really, a very tough disease. This is, really, a very tough virus to handle.

Okay. Please, go ahead.

Q Mr. President, my second question — Mr. President, my second question —

THE PRESIDENT: Go ahead.

Q My second question is —

THE PRESIDENT: That's — that's enough. Thank you very much.

Q But, Mr. President, my second question is —

THE PRESIDENT: Please. Please.

Q My second question is —

THE PRESIDENT: That's enough.

Q Mr. President —

THE PRESIDENT: That's enough. That's not fair to your other reporters. It's not fair. You had a long time, a long question.

It's — if we have time, I'll get back to you for your second question. Is that okay?

Q Thank you.

THE PRESIDENT: All right. Thank you. I appreciate it.

Q Thank you, Mr. President. Just to follow up on previous questions, you said that the peak will hit in two weeks.

THE PRESIDENT: Well, we don't know that, but we think the peak will hit.

Q You think it will hit in two weeks. Can —

THE PRESIDENT: Right, that is —

Q Sure.

THE PRESIDENT: Our two doctors here.

Q Can you just share with us your understanding of how bad it will be so the American people will be prepared for it?

THE PRESIDENT: Well, I can. I think I'll ask Doctor and Doctor. Maybe you could both come up and give your opinion on that, because that's really —

H-1-40

Q And I have another question on Italy, please.

THE PRESIDENT: Okay. Please.

DR. BIRX: Thank you. I mean, we have grave concerns when you look at the model. As I told you, look at the Chris Murray model, where he shows rapid escalation. And you can see it happening with the people we're losing every day throughout the — throughout America. And you can see it going up, just like cases. And we're starting to lose people at the same rate. And we have deep concerns about that.

And I think we're meeting, and we've had calls with the clinicians. And that has been extraordinarily helpful. I think you're watching the alerts.

And we have a different population than Italy or Spain. And so because of that, our doctors and our nurses are getting information back really quickly so that they can talk to each other about how to really combat this. We're seeing things here that weren't reported in other countries. And so, I really want to appreciate — I know doctors and nurses are going full out, but they're also taking the time in their two hours of sleep to write us about what could be happening — when you see the cardiovascular disease and others.

So in the model — and there's a — there's a large confidence interval, and so it's anywhere in the model between 80,000 and 160,000, maybe even potentially 200,000 people succumbing to this. That's with mitigation. In that model, they make full assumption that we continue doing exactly what we're doing, but even better, in every metro area with a level of intensity.

Because we're hoping that the models are not completely right; that we can do better than what the predictions are. But we're tracking it very closely, and I think there's people around the United States really helping us. Scientists across the country have really given freely of their time to really help us not only model this, but really assure that the American public knows how important it is that they stay doing this.

You know, you could see from the recent data — and I'll have Dr. Fauci talk — about young people that are being impacted here. We didn't see that the same way in Europe, but our population is about eight or nine years younger. And so we have to be attentive to all aspects of this — to children, to young people, to adults.

H-1-40

We know, still, the people with preexisting conditions and the elderly are at particularly high risk, but we don't want to lose any American. And so that's why I think the President came to the conclusion that, at a minimum, we have to continue what we've been doing, but even better. To every metro area out there, we have to do better. We have to ensure that we're protecting each other.

Tony, you want to —

THE PRESIDENT: Thank you.

DR. FAUCI: So, at the risk of offending my modeling colleagues: Models are good, but models often generate the kind of anxious question that you asked, is: "How bad could this possibly get?" And as I've said many, many times, a model is as good as the assumptions that you put into the model. And very often, many of these assumptions are based on a complexity of issues that aren't necessarily the same, as Dr. Birx said, from one country to the other.

So when you give a model, you have the worst extreme, you have the best extreme. Often, the worst extreme means that you don't do anything. You just, as we say, "Let it rip and let it go." If you go to the low end, that means you've actually mitigated, really, to the utmost.

So what I like to do — as a scientist, a physician, a public health official — is to not ignore models, but say look at the data as it's evolving and do everything you possibly can to mitigate that instead of getting overly anxious about the extremes of the model. Again, not to push them aside completely.

But the reason the President made the announcement today about going to the end of April is because we want to make sure that we don't prematurely think we're doing so great. We may be, but we want to push it to the extreme.

So, take that with you and maybe you'll be less anxious. Okay.

Q Mr. President, on behalf of the foreign pool, sir, you mentioned Italy —

THE PRESIDENT: Just — just to finish with —

H-1-40



Q Sure.

THE PRESIDENT: So — so what both were saying, and what Dr. Fauci just brought up, we don't want to do well and then end a little bit early and have it start going up again, because that would be a disaster.

Go ahead, please.

Q You mentioned Italy. Italy is a close ally of the United States.

THE PRESIDENT: Yes.

Q They're facing catastrophic time.

THE PRESIDENT: Yes.

Q They have been receiving help from countries like Russia, China, even Cuba. Cuban doctors have been sent to Italy. Is the United States stepping in to —

THE PRESIDENT: Yes, we are.

Q — help a close ally like Italy?

THE PRESIDENT: In fact, I met last night with our people. We're sending them a lot of different things that we're not needing, because we're obviously in need of a lot also. And we're also helping them monetarily. We are helping Italy a lot. We're working very closely with Italy. And we're working closely with Spain too, which is really hit hard.

And we're — we're working with everybody. I spoke with Angela Merkel the other day; Germany is hit hard. Their mortality rate is different, I think, because they do more testing. But their mortality rate is much different. Italy's mortality rate is very high, so is Spain. But we're working very closely with them.

Yes, we had a big meeting on it last night.

Admiral Giroir, would you please come up and just talk a little bit about the tremendous success that's been made on testing from where we started? Thank you.

ADMIRAL GIROIR: Thank you, Mr. President. So, as of close of business yesterday, we have been able to perform in the United States over 894,000 tests. So, highly significantly increased every single day.

Those tests are performed at a number of places: in hospitals in your neighborhood; in the public health laboratories — the state public health laboratories, and in our territories; as well as the large reference laboratories that are members of the American Clinical Laboratory Association. They have done over 650,000 tests, including over 840,000 just yesterday. I met with all their CEOs yesterday. They're fully committed to increasing testing to meet the requests and the demands of the President and Vice President.

A couple words on the point-of-care test. Point of care means you stop, you get the result right there — that the President and the Vice President have talked about — by Abbott, approved in record time by Dr. Steve Hahn and the FDA. This is a point-of-care test, meaning that from the time to swab, to the time you get a positive result: five minutes, like the President said, and at most, 15 minutes for a negative result. So just think of it as a 15-minute test.

This is not an esoteric test. There are 18,000 of these little toaster-size machines all over the country, in doctors' offices and hospitals right now. And Abbott will be providing 50,000, or more, tests per day starting on April 2nd, with the first shipments out already. This complements other point-of-care testing like the Cepheid test that we announced about a week ago.

We also have moderate platforms. So it's not just about the number; it's the type. We have point of care. We have moderate platforms that are in hospitals and in larger clinics and academic medical centers. And then we have the very large tests. You've heard Ambassador Birx talk about the Roche tests and the Roche platforms that are in some of these big reference laboratories. So it's not just about the number, but it's about painting this very complex ecosystem so that everybody who needs a test can get a test.

On priorities, remember, we are still prioritizing those in most need — those who are in hospitals or in ICUs — because that test makes a difference to how they're being treated. Symptomatic first responders, healthcare workers, and as Administrator Verma will always say, those in long-term care facilities who are at high risk.

Two — one last point: I've learned more about nasal swabs than I ever thought I would want to learn in my entire life. But it was a very big thing that the FDA approved last week, and it will now be implemented this week. Instead of having a provider stick this all the way in the back of your nose — that's uncomfortable, but it also requires PPE changes every time it's done — the FDA approved, with lots of data supporting it, self-swab of your nose. So, literally, put a swab — a certain kind of swab — foam swab in your nose, put it in a plastic bag, give it in, and then drop it. This not only increases the speed, but it eliminates all those changes of PPE.

So we will be implementing that this week, which will increase speed but also save our precious resources as we build them up in the stockpile and out to hospitals.

Thank you, sir.

THE PRESIDENT: Thank you, Admiral, very much.

Q Mr. President —

THE PRESIDENT: Yeah, please go ahead.

Q Mr. President, you mentioned that the peak could come in two weeks. Can you ensure that everyone that needs a ventilator — every single patient that needs one will get one? Will it get there in time?

And my second question is: After invoking the Defense Production Act yesterday with GM, you said that there were a couple of problem children that may require using your authority again. What are those companies? And what aren't they meeting.

THE PRESIDENT: Well, I don't have to tell you because those companies have come into line. They're doing a great job. They're working very hard 24 hours, around the clock.

So I don't want to give their names now because they are — they've been great. They've come into line. And, by the way, General Motors is doing a fantastic job. I don't think we have to worry about General Motors now. They've really — they've really done a job.

And what the Admiral said also — I think we can add this, Admiral: The reason we show more cases than anybody else in the world is we're doing more testing than anybody else in the world. So we have more cases because we're doing far more testing than anybody in the world.

And remember, we started with a system that was broken. For many years, it was broken. And I'm not blaming the last administration. I'm saying other administrations. And our pipeline had very little in it. Just like we had no ammunition, we had very little medical; we had very little in our pipeline. Now we have ammunition — more than hopefully we'll ever need. And we also have a pipeline that's packed.

And now we have those 10,000 ventilators that we can use because you need some quickly. I mean, this goes quickly from place to place. I'd love to give them all out right now. But we need them quickly. I don't want to give them out and then we have to take them back and move them someplace else. So we're very much prepared.

Please.

Q Mr. President, states like Florida have reportedly had 100 percent of their request for supplies from the National Strategic Stockpile filled, but other states like Massachusetts have not. So how is that assessment being made? And why has Florida gotten its request fulfilled?

THE PRESIDENT: Well, I think you're going to find that most — almost all states — look, I was on the call yesterday with the governors, and they were happy with the job we're doing. And I'll tell you what: If you had a different administration, they would not have been happy. These are people that speak their mind. They were happy. It was falsely reported by a couple of people that, "Oh, gee, they weren't" — they were happy. They were thrilled.

Florida has been taken care of and Michigan has been taken care of — a very important state. To me, it's very important because I'm so proud of what we've done, bringing car

companies back into Michigan. And we're now dealing with the governor, and I think, Mike, I can say that a lot of good things are happening in Michigan. Massachusetts — we're dealing with the governor very strongly and we're trying to get things to Massachusetts as rapidly as possible.

Q But why has Florida received 100 percent of its request compared to some other states? Is there a reason?

THE PRESIDENT: Well, Florida — look, they're very aggressive in trying to get things, and they're doing a very good job. But I think — I think I can say all of the governors are very committed. We're very committed. We're working together. And we're getting things out at a level that nobody has ever seen before. We can — you can speak to FedEx, you can speak to UPS. You can speak — they've never done anything like this, what they're doing right now. And nobody in the world has been able to match what these great companies have been able to do.

If we left that to government, it would have been a tough thing. We have mobilized private enterprise. We have mobilized the greatest companies in the world. And what's happening is incredible, and that includes Abbott, where Abbott comes out and, all of a sudden, out of nowhere comes up with this incredible test that simplifies everything and makes it so easy.

So I think you're going to find most states are very happy. I'm dealing with the Governor of Louisiana, John Bel Edwards. He's a Democrat — if that's what you're getting at. But I'm dealing with him very successfully. I think he's very happy. I think he's actually amazed at what he's been able to get. In fact, we were even forward thinking. I suggested we send additional ventilators and other things.

We're building a hospital in Louisiana, very importantly. We're building hospitals in New Jersey. Governor Murphy of New Jersey is a terrific guy and, frankly, he wants — you know, he's got a pretty hot spot right there, right next to New York. And we're doing hospitals. We're doing ventilators. We're getting a lot to Governor Murphy; that's New Jersey.

Q So may I ask —

THE PRESIDENT: Last night, I spoke to the governor of — last night, I spoke to the governor of Connecticut. We had a great talk with him. We are really doing a job.

Look, Gavin Newsom, the governor of California, he's been — he's been terrific. We sent him a boat way ahead of schedule — the ship — way ahead of schedule — a hospital ship, the Mercy, with 1,000 beds, operating rooms. And it's — it's been in L.A. for three days already.

So I think they're really happy. And when you think about it, in New York, we built 2,900 hospital rooms, beds. Nobody has ever seen it before. The governor has never seen anything like that before. This was done by federal government, not by state government. This was done by the federal government. They're opening it tomorrow.

I wanted to be there so badly but Secret Service and all of the people involved won't let me. They won't let me. I would love to be there, but they won't love me, for obvious reasons. But I would have loved to have been at the opening tomorrow of the hospital in New York, Javits Center — at Javits Center.

But we're very proud of the job we've done. We've mobilized and getting better and better every day. And the task force, headed by your Vice President, the job they've done. And they don't even sleep.

Okay, any other question?

Q Sir, may I just follow up on your letter to the governors that you sent? Since we were on the topic of governors. You sent a letter to governors, at the end of the week, saying that you guys are going to be developing criteria —

THE PRESIDENT: Yeah.

Q — to be able to classify counties —

THE PRESIDENT: Sure. Yeah.

Q — based on whether they were hotspots or what not. And I wanted to know if you have enough tests, currently, to be able to accurately rank those counties.



THE PRESIDENT: Yeah. We're ranking counties and we're ranking states. And a lot of people put out false information because they don't know what they're talking about.

And we took over a dead, barren system. We took over a system that was obsolete. It was — it was good for a tiny, little sample of people. It was — and even that didn't work, because when CDC first looked at their test, the biggest problem they had is the test didn't work. That wasn't from us. That's been there a long time. Now we have the best tests in the world. And nobody has — now they're all calling: "Can we get the quick test?" We call it the "quick test," where, by the way, probably more accurate and it takes a few minutes. I mean, it's pretty amazing what we've done.

No, we're getting — we're getting along great with the governors.

Yeah, go ahead. Please.

Q Mr. President, sir. Sir —

THE PRESIDENT: No, go ahead. Please.

Q Thank you so much, Mr. President.

THE PRESIDENT: Yeah, thank you.

Q I wanted to ask you more specifically about this strategy that you plan to unveil on Tuesday. What factors are you taking into consideration? What can the American people expect? And is it possible that these April 30th guidelines could be extended?

THE PRESIDENT: Well, we hope not. But we think it's going to — you know, we have aspirational thoughts. We would have loved to have been a little bit sooner, but we have to do it right. We could have done it. We could have done it on Easter, but there was a good chance that if it's coming down or if it's still going up — maybe it's going to be coming down by then. But we just felt it was too soon.

We can't take a chance. You know, again, because of what we've done and because of the fact that we've stopped the flow from China so early — because the question is, from a lot of

my friends, "Why didn't we just wing it? Why didn't we just wing it?" And I kept asking, and we did models now. Finally, we got these models in. And you hear about the 2.2 million people would have died. I don't mean we would have had 2.2 million cases. These are 2.2 million people who would have died. 2.2 million people.

Look, we're going to have a meeting or speech or press conference or something on Tuesday. I thought what I'd — I was going to announce the end of April on Tuesday, but I said let's do it now because somewhere along the line it's going to leak. We might as well just do it now and get rid of all the leaks. This way it did it nice and clean.

But we have to really do a great job for another couple of weeks. And I think we're going to be in great shape. And we're going to be in a position, even with what we're trying to do with restaurants, with deductibility — we have to get these restaurants back in. We have to get our businesses open. We have to get the planes flying. We have to get everything going. We have to get even the cruise ships. I mean, we have to get those cruise ships moving along. We had the greatest economy in the history of the world, three weeks ago, and now we've said, "Please don't work anymore." We're actually paying people not to work. Nobody has ever heard that. That's not for us. People want to work.

But at the same time — and I'm so glad that Dr. Fauci and Dr. Birx gave us a number. And the number on the outside — and maybe it's not even on the outside; we don't know — is 2.2 million people would have died if we didn't do what we're doing. And now we're looking at numbers that are going to be much, much, much lower than that. And it makes everything we're doing feel much better to me.

Please, go ahead.

Q Thank you, sir. I do have a question for you, but I'd like to let my colleague, Yamiche, finish her second question, if that's all right.

THE PRESIDENT: That would be fine. Finish it. Go ahead.

Q Thanks, Jeremy.

THE PRESIDENT: I was going to call on you next. You know that.

Q Thank you, Mr. President. You've also said that, at one point, that you thought more people might die from the economic tragedies and the economic problems in America due to the coronavirus outbreak. What health officials are telling you that?

And, Dr. Fauci, could you speak to that — the idea that there might be mental health and suicide related to this? Would that outpace, at some point, the virus's impact on the society? Thank you.

THE PRESIDENT: Well, I could ask Dr. Fauci to come up, but it's common sense. You're going to have massive depression, meaning mental depression. You're going to have depression in the economy also. But you're going to have mental depression for people. You're going to have large numbers of suicides. Take a look at what happens in a really horrible recession, or worse.

So you're going to have tremendous suicides, but you know what you're going to have more than anything else? Drug addiction. You will see drugs being used like nobody has ever used them before. And people are going to be dying all over the place from drug addiction, because you would have people that had a wonderful job at a restaurant, or even owned a restaurant.

I spoke to great people today that have done a great job. And one day, at the top of their business, they're celebrity chefs, they've got the most successful restaurants, and in one day they have nothing. They've gotten wiped out. One day, from our enemy: this invisible, horrible scourge.

So when you ask me that, it's — it's so easy to figure that. I mean, massive drug use, massive depression — mental depression, massive numbers of suicide. Anxiety causes, you know, disease, they say. A lot of people — you're going to have tremendous.

And hopefully we're not going to have that, because hopefully, by what we're doing, we get the best of both worlds. We don't have 2.2 million deaths. We have a number that's much less — much, much less. And at the same time, we get our country running again.

Please. Thank you very much.

Q Thank you, Mr. President.

THE PRESIDENT: You were next. He was very nice in doing it, though, nevertheless. Go ahead.

Q Thank you, sir.

THE PRESIDENT: Which is unusual for CNN.

Q Two quick questions. First of all, during this 30-day additional period, do you anticipate at all relaxing those restrictions by region during these additional 30 days, or no?

THE PRESIDENT: I don't think so. It's a great question, actually. I don't think so. And I asked that the same. I said, "How about Nebraska? How about Idaho? How about Iowa?" And you know what? Those people are so great — the whole Midwest. They want to — I don't think they want to be in that position actually. And probably — I was given a pretty strong look by these two people. They said, "We don't like that idea." So, you know, we're relying on them. They're the best in their profession, and they didn't like the idea.

Q And secondly, sir, I want to ask you about some comment —

THE PRESIDENT: And we could do it, but I don't think it would be good.

Q Thank you, sir. I would also like to ask you about some comments you made on Friday. You were talking about governors of different states, and you said, "I want them to be appreciative." You also said, "If they don't treat you right, I don't call."

THE PRESIDENT: But I didn't say that. I didn't say that.

Q These are direct — direct quotes, sir.

THE PRESIDENT: No, it's such a — excuse me. Ready? Ready? Ready? Take a look at what I said. I want them to be appreciative of me — okay? — and then you cut it off, because it's fake-news CNN.

Q (Inaudible) of you and of your administration. Absolutely.

THE PRESIDENT: Listen. Just, please, let me just finish. You just said it again, and you know the answer is a lie.

Q I could read you your full comments, sir, if that would be easier.

THE PRESIDENT: You know that your statement is a lie. Let me just say — look, your statement and your response and your answer is a lie, because here's the story. Are you ready? I said, "I want you to be appreciative of me," and then you go on, and then I go on, and you cut it off. But it says, because when you're not —

Q You said, "I want them to be appreciative. I don't want them to say things that aren't true. I want them to be appreciative. We've done a great job. And I'm not talking about me, I'm talking about Mike Pence, the task force. I'm talking about FEMA..." —

THE PRESIDENT: Thank you.

Q — "...and the Army Corps of Engineers."

THE PRESIDENT: Thank you.

Q But then you went on to say, "If they don't treat you right, I don't call. He's a different type of person," you said —

THE PRESIDENT: I don't call.

Q — referring to the Vice President.

THE PRESIDENT: No, I don't call. No, I don't call the governor of Washington now.

Q But why in this time of —

THE PRESIDENT: But Mike Pence calls, and the head of FEMA calls. I don't stop them. Did I ever ask you to do anything negative, Mike, to Washington, the State of Washington?

Michigan — I love that state. That's one of my favorite places in the whole world — Michigan. And I'm so proud of what's happened with the auto industry; it's coming back to Michigan.

No, I don't have to call because I'm probably better off not, because we don't get — he's a failed presidential candidate. He's a nasty person. I don't like the governor of Washington. So you know who calls? I get Mike Pence to call. I get the head of FEMA to call. I get the Admiral to call.

But what you didn't say — see, you started it off and you talked about "I have to be appreciated," but then, when you read the rest, it said: Because if you don't appreciate, you're not respecting these incredible people — the two admirals. You're not appreciating FEMA and the Army Corps of Engineers who built 2,900 beds in three and a half days, and you're not appreciating all of the work that's been done, and you're not appreciating these incredible people from private enterprise that are delivering things in numbers that nobody has ever seen.

See, and that's why people aren't watching CNN very much anymore. That's why they don't like it. That's why your ratings are no good, because you even — after knowing the truth for days now, you bring up the old lie.

Read the read — the rest of your question, the rest of your statement, you didn't put in. You have to put that in. And it said in there "FEMA," and it said in there "Army Corps of Engineers." Because when they disrespect me, they're disrespecting our government. And you know what? I don't mind if I'm disrespected, but they can't disrespect the Army Corps of Engineers and FEMA.

Okay. Please, go ahead.

Q Why is the lack of appreciation something that's important in the midst of (inaudible)?

THE PRESIDENT: I want them to appreciate the incredible job we're doing. We are doing a job the likes of which has never been done before. And there are a couple of people that know that, but for political reasons — let's say they're Democrats; they don't want to give this



administration credit, and that's okay. But I don't have to deal with them, but our Vice President does deal with them.

Please, go ahead.

Q Thank you, Mr. President.

THE PRESIDENT: But that's why CNN is not trusted anymore. They are not trusted. They are fake news. Remember that.

Go ahead.

Q We're not fake news, sir.

THE PRESIDENT: Yes, you are.

Go ahead.

Q Thank you, Mr. President. I wanted to ask you about the extension of these CDC guidelines you've announced today —

THE PRESIDENT: Yeah.

Q — through the end of next month. And, of course, you know that there have been shelter-in-place orders that have been have been imposed by governors and mayors all throughout the country. And when you take that all into account, it sounds like — and it seems like you've acknowledged — that America, essentially, will be shut down for the next few weeks, maybe even the next two months; you mentioned June 1st as a date in which you'd like America to —

THE PRESIDENT: No, we think it's going to really start to open up. We think that that's going to be the bottom of the hill. That's where we're looking at — June 1st. Maybe even a little bit sooner than that.

So we have this hill. If we did nothing, the hill would have been up here. We did a lot. We did just about maximum. And we got lucky, because we stopped China from coming in, and then later on we stopped Europe from — we got lucky. We got very lucky.

The people that were coming in here, they went to Italy, they went to Spain, they went to other countries. We got lucky — and they got unlucky, to be honest with you. You look at what's going on in Italy and Spain, in particular.

So, no, I don't want that. June 1st — we think we can reach the bottom of that hill on June 1st. And that would be a great thing. And I have confidence in the two of — the two doctors. I think that that could be a day. It could even be sooner. Could be a little bit later; it could be sooner. But I think people would be very happy if we did a job and saved, potentially, millions of lives. I think people would be very happy with that date.

Q My question, sir — I actually asked —

THE PRESIDENT: Okay. Yes, please. Go ahead, please.

Q Sir, Mr. President, my question actually has to do with the 2.2-trillion-dollar relief bill —

THE PRESIDENT: Yeah.

Q — that you signed into law. In your view, do you think that another relief bill, another phase bill may be necessary? And are you prepared to support that, Mr. President?

THE PRESIDENT: Well, I'm prepared to do whatever is necessary to, number one, save lives, and number two, bring our economy back strong just like it was before. I think our economy has a chance to be just as good and even better than it was before.

And remember, a lot of the money that you read about, that's all coming back. These are loans to great companies that got stopped from doing business. They'll be back very soon. So much of the money that we're talking about, that money is coming back, and we'll take warrants — meaning, we'll take pieces of the company for the taxpayers of our nation.

I expect that we'll make a lot of money with that money. We're going to make a lot of money, and that's okay. I don't even want to talk about making money, because what I want to talk about is two things: Number one is saving lives, and number two is bringing our economy back. Okay? But I think we're going to do very well. That whole money, a lot of it is coming back.

Please.

Q Mr. President, thank you. Earlier this afternoon, you tweeted that there are, on average, 8.5 million Americans tuned into these daily press briefings, yet there are some networks out there that are, you know — I apologize —

THE PRESIDENT: Yeah.

Q — concerned about taking these briefings.

THE PRESIDENT: No, I know exactly what you're saying. No, I've read that.

Q What do you say to these detractors?

THE PRESIDENT: Well, I've read that CNN doesn't want to cover them. I've read that — except they can't help them because their ratings are so high. You know, if the ratings were low, they wouldn't be here. This man wouldn't be here. In 100 years, you could bet your life that he would never be here with CNN and all their cameras, if they're bad, because we help their ratings. We help — we lift up their ratings because their ratings are very low.

But for the most part, I haven't heard that. I will say, the Washington Post has a drive-on not to go to the President of the United States' news conference — because, frankly, so many people are watching. We're getting the word out. We're getting the accurate word out. And a lot of people are happy about it, and a lot of people aren't. But they should be happy.

When I have the General, when I have Seema, and when I have Tony, and when I have our — our incred- — these are, like, people that have become big stars, okay? But they've done a great job. But Deborah has done a fantastic — all of these people. They — they don't want to be stars. You know what they want? They want to win. They want to win the battle

against the vir- — they've been fighting this stuff their whole life, between Ebola and swine flu and — I don't know, I'm not sure I'd love your life, but that's what you like, right? That's what they do: They fight disease. And you know what? There's nobody that does it better.

But I think the American public — ultimately, they should be the decider. It's like if they don't want to watch, they shouldn't watch. And we shouldn't have bigger ratings than "The Bachelor" or, as the New York Times said, we have Monday Night Football-type ratings. Now, I didn't say that. I have no idea what they are, in a sense, but I know that the Times, they say it's all the news that's fit to print. I say it's all the news that's not fit to print because I think they are not honest people, but that's okay. But they can't help it.

But even they said that the ratings are like Monday Night Football ratings, and that these are like "Bachelor" finale — that's their end. When the big deal happened — I have no idea what happened because I'm too busy working on this. Someday you will tell me what happened.

So, no, I think it's terrible. When they don't want the President of the United States to have a voice, you're not talking about democracy any longer.

Please. Thank you very much.

Q Thanks, Mr. President. You've talked a lot about concerns about leaving the economy shut down for so long. Was there any dissent from your top economic advisors in your decision to leave the guidelines in place until the end of April?

THE PRESIDENT: No. No. And this is before we heard the 2.2 million people. I mean, we had a lot of people who were saying, "Maybe we shouldn't do anything. Just ride it." They say, "Ride it like a cowboy. Just ride it. Ride that sucker right through."

That's where the 2.2 million people come in, who would have died, maybe. But it would have been 1.6 to 2.2. And that's not acceptable. But there were a lot of people that said — I thought about it. I said, "Maybe we should ride it through." You know, you always hear about the flu. I talk about it all the time. We had a bad flu season. We're in the midst of a bad flu season. You know, we had a bad season last year as an example. A bad flu season. And you'll have 35-, 36-, 37,000 people die, sometimes more, sometimes less.

But this is different. And part of this is the unknown, and part of it also is the viciousness of it. I had a friend who went to a hospital the other day. He's a little older, and he's heavy, but he's tough person. And he went to the hospital, and a day later, he's in a coma. I call: "How's he doing?" "Sir, he's in a coma. He's unconscious." He's not doing well.

The speed and the viciousness, especially if it gets the right person, it's horrible. It's really horrible.

Please, go ahead.

Q Mr. President, this may be good for some of the advisors as well. We've heard some rumors that Louisiana is really going to get hit hard next because there's a possibility with Mardi Gras. Have you guys seen any data to back that up, of what happened a few weeks ago, and whether or not that's contributing to the spike in Louisiana?

THE PRESIDENT: Yeah. I don't think it's a rumor. I think it's a fact. Louisiana has been hit hard. And Louisiana, as an example, it started off with like nobody for so long. I spoke — when I spoke to the governor. But Deborah or Tony? Any — either of you, if you'd like to talk.

DR. BIRX: You know, I think you heard us talk, about a week ago, that we were very worried about the numbers and how they were increasing in Louisiana, how they were increasing in Cook County, how they were increasing in Dearborn and Detroit. And I think those are areas that we're still watching very carefully.

And like the President said, when people get this virus, some people do very poorly. And when certain metro areas get exposed to the virus, we see this really very rapid expansion of the virus. We think it may have been circulating there for, you know, a couple of weeks.

We don't like to — I don't like to look backwards; I only like to look forwards. And, really, we are putting all of our effort into ensuring that the people of New Orleans, the people of the Detroit region — frankly, the people of New York. I mean, some of the fastest-growing counties are not New York itself, New York City, when you look at a per hundred thousand; it's Rockland, it's Bergen.

So, I mean, these are — all of these places are people that have transited through cities, and that's why we really did want the travel advisory, just to really warn people to watch out for their own health, to really take their temperatures. And so it can go from 50, 100, 500 cases, and the next thing you know, it's 2,000, it's 4,000, it's 10,000. And because it then gets across all communities, people get very sick.

DR. FAUCI: You know, you made the comment about New Orleans. This can happen anywhere, and that's really one of the issues that we're concerned about and why we were so reluctant to pull back at a time when we need to put our foot on the gas, as opposed to on the brake.

And as Dr. Birx said, this is exactly what you see. There are a number of communities, cities, states, what have you, out there, in which they're trickling along like that. Don't get complacent about that because that's exactly the way the virus works. It goes like this, and then like this, and then it goes up like that. That's exactly what happened in New Orleans. That's what happened, in a terrible way, with New York. That's what we're trying to avoid in multiple locations throughout the country.

So we shouldn't take any solace when we see low levels in different states, different cities, different areas, because they're very vulnerable to an explosion.

Q And, Mr. President, last question from me, sir. I — just real quick. I asked the Vice President a week ago, and I think we talked about it last week as well. You took the test that first time. I remember that. And I think you took it last week, Mr. Vice President. Have you had a chance to take it again? Does it get easier the second time around? Does it — how are you feeling?

THE PRESIDENT: Well, I haven't. I think I'm waiting for that little 45-minute test. I sort of like that. Or now it's down to five minutes, I understand. But, no, I haven't. But I think I'll — I think I will take it again, if it's appropriate. I don't feel there's any symptoms. I don't notice — have you noticed any sniffles? Nothing, right? So far, I haven't felt that way.

But, you know, there was a big, strong point made originally, and I think it still holds: Take the test if you need it, if you have the symptoms. If you don't, don't take it. That's put out by the professionals. So, you know, I don't have it. But I would — I would take it.



I just wanted to say one thing also about what Tony had mentioned. So I grew up in Queens, New York, and right next to a place called Elmhurst, Queens. And they have a hospital that's a very good hospital — Elmhurst Hospital. Right? I've known it. I've known where it is. I can tell you the color on the outside, the size of the windows. I mean, I know it very well, right? That was near my community where I lived.

And I've been watching that for the last week on television. Body bags all over in hallways. I've been watching them bring in trailer trucks — freezer trucks; they're freezer trucks — because they can't handle the bodies there's so many of them. This is in my — essentially, in my community in Queens — Queens, New York.

I've seen things that I've never seen before. I mean, I've seen them, but I've seen them on television in faraway lands. I've never seen them in our country. Elmhurst Hospital — unbelievable people. I mean, I — when I see the trucks pull up to take out bodies — and these are trucks that are as long as the Rose Garden. And they're pulling up to take out bodies, and you look inside and you see the black body bags. You say, "What's in there?" It's Elmhurst Hospital; must be supplies. It's not supplies. It's people. I've never seen anything like it.

So, we're doing — these people are doing a fantastic job. And somebody else who's doing a fantastic job is sitting here, who is the head of the task force. And I just maybe want to finish off because I'd like to ask Mike — what do you think about what we've done and where do you think we're going? And how do you feel also — and you've studied this so closely — how do you feel about the curve and the June 1st date? And that's a very — that's aspirational. But I think that's, really, modified aspirational, because I think we're going to hit it. And maybe we'll even beat it.

Okay, Mike? Please.

THE VICE PRESIDENT: Thank you, Mr. President. And let me just join you in thanking the American people for the efforts that the people of this nation have made over the past 15 days and that we know they will continue to make over the next 30.

You heard the President speak today about the modeling. And on Tuesday, he will share with the nation the full range of counsel, of the team that he assembled now months ago at the

White House Coronavirus Task Force, will lay out to the country what could have been, but what we're continuing to work to make a reality.

But in the meantime, every American — I think every American should have a grateful heart, first and foremost, to all the incredible healthcare workers that are on the front lines at places like Elmhurst and elsewhere every single day, as Dr. Birx said, getting just a few hours of sleep and going right back into work. I mean, they are the hands and feet of American compassion. And I want to say on behalf of your President, and on behalf of a grateful nation, that we're with you.

We're going to continue to work tirelessly with these outstanding leaders at FEMA to make sure that you have the protective equipment to be able to do your job safely and go home to your family. We're going to continue to work with these incredible distributors. Literally, the aircraft that landed at JFK this morning is the first of 51 aircraft that are going to be coming in from around the world, and it's all headed to support our healthcare workers and people that are on the frontlines.

But also, Mr. President, I want to say thank you to American businesses whose generosity is shining forth every day. The two insurance companies that you mentioned have waived co-pays and are providing full coronavirus coverage to Americans for the full treatment that people that are enduring this virus are experiencing.

But American businesses, like those so well represented here, are stepping up every day with what the President likes to call a "spirit," the likes of which we haven't seen for quite a while in this country. And it's truly inspiring.

I also want to join your words about this team that you've assembled — not only the healthcare team, the extraordinary team at FEMA and HHS, but all of our partners at the state and local level, the work that they're doing.

And, Mr. President, when you tapped me to do this five weeks ago, you said: I want a full partnership with our states. I want to — I want to make sure the federal government is there working — working with our governors and all the local health officials.

And to all of you who are managing your states, to all of you that are implementing those healthcare policies on the local level, you have our admiration and our commitment to continue to be with you.

I think what the President laid out today, while it is — I'm sure for many Americans that were hoping we would be with this sooner, there may be a modest sense of frustration and disappointment. But what I hear, speaking to these healthcare experts, is that there is light at the end of the tunnel. And that as the American people continue to put into practice the President's Coronavirus Guidelines for America — as each one of us continues to do our part — social distancing, avoiding groups of more than 10, using a drive-through at local restaurants, avoiding unnecessary travel — as every American continues to listen to your state and local leaders to heed that domestic travel advisory that the CDC issued on Saturday night, we're going to hasten the day that we get to the other side of this, as the President said.

And that we truly do believe that while there are challenges in the weeks ahead, there is hope that as every American continues to put these guidelines into practice, as every single one of us continues to do our part, that we'll get through this.

I mean, when the American people know the how tall the hill is, Mr. President, we've never failed to get over it and then some. And I think with your leadership, with this extraordinary team that you've assembled, with the great leadership that we have at the state and local levels, with the partnership with American businesses, and that can-do spirit of the American people, we'll get through this, and we'll get through this together.

Thank you.

THE PRESIDENT: Thank you, Mike. Thank you very much, Mike. So I just want to end by saying that we're all in this together, all of us. I have never seen anything like it. The unity, the esprit de corps, the spirit — I've never seen anything like it. It's a beautiful thing to watch.

Unfortunately, the enemy is death. It's death. A lot of people are dying, so it's very unpleasant. It's a very unpleasant thing to go through. But the level of competence, the level of caring, the level of love, I — I just think it's brilliant, and it's possibly happening in other

countries. Possibly. I don't know. I can't speak to other countries, but I can speak to the United States of America.

And I've said it before and I'll say it again: I am very proud to be your President. Thank you very much. Thank you, everybody. Thank you.

END        7:13 P.M. EDT

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ADMINISTRATIVE ORGANIZATION OF THE OPERATING FORCES OF  
THE U.S. NAVY

1 Apr 2020

ECHELON

CHAIN OF COMMAND

1	<b>CHIEF OF NAVAL OPERATIONS</b>	(00011)
2	CONSTITUTION (U.S. SHIP OF STATE) (REPORTS TO CNO THROUGH THE DIRECTOR, NAVY STAFF)	(01024)
2	<b>COMMANDER, U.S. NAVAL FORCES EUROPE, COMMANDER, U.S. NAVAL FORCES AFRICA (COMUSNAVEUR, COMUSNAVAF)</b>	(00061)
	(COMUSNAVEUR, COMUSNAVAF DETACHMENT (DET)	
	MARITIME ASHORE SUPPORT TEAM (MAST)	(47057)
3	COMMANDER, U.S. SIXTH FLEET	(3818A)
	(COMSIXTHFLT MCM DET ROTA)	(40366)
4	COMMANDER, TASK FORCE (CTF) 67	(30191)
	(The Commander is dual hatted as Commander, Fleet Air Sigonella (UIC 67061) under COMNAVAIRLANT and COMUSFLTFORCOM.)	
5	TOC SIGONELLA	(55354)
4	CTF 68	(40366)
4	CTF 69	(58744)
4	CTF 63	(40365)
4	CTF 64	(3245B)
4	CTF 65 (Dual hat with CDS 60 under CFFC)	(3479B)
2	<b>OPERATIONAL TEST AND EVALUATION FORCE</b>	(57023)
2	<b>NAVY RESERVE FORCE</b>	(00072)
3	NAVY AIR FORCE RESERVE	(00071)
4	MARITIME SUPPORT WING	(00082)
5	PATROL SQUADRON (VP) 62	(09162)
5	VP 69	(09989)
5	HELICOPTER SEA COMBAT SQUADRON (HSC) 85	(09061)
	(09061)	
5	HELICOPTER MARITIME STRIKE SQUADRON (HSM) 60	(3218A)
4	FLEET LOGISTICS SUPPORT WING (FLTLOGSUPPWING)	(53831)
	(FLTLOGSUPPWING EXECUTIVE TRANSPORT DET (ETD) PACIFIC)	(40425)
	(FLTLOGSUPPWING ETD SIGONELLA	(40420)
5	FLEET LOGISTICS SUPPORT SQUADRON (VR) 1	(42884)

5	VR 51	(39501)
5	VR 53	(55617)
5	VR 54	(52895)
5	VR 55	(53855)
5	VR 56	(53856)
5	VR 57	(53910)
5	VR 58	(53911)
5	VR 59	(53921)
5	VR 61	(08988)
5	VR 62	(09324)
5	VR 64	(09172)
4	TACTICAL SUPPORT WING	(09393)
5	STRIKE FIGHTER SQUADRON (VFA) 204	(09032)
5	ELECTRONIC ATTACK SQUADRON (VAQ) 209	(53870)
5	FIGHTER SQUADRON COMPOSITE (VFC) 111	(52923)
5	VFC 13	(52995)
5	VFC 12	(52994)
3	NAVY RESERVE FORCES COMMAND	(3447B)
2	<b>COMMANDER U.S. NAVAL FORCES CENTRAL COMMAND</b>	
	(COMUSNAVCENT)	(57007)
3	COMMANDER, U.S. FIFTH FLEET	(57045)
4	COMDESRON 50	(45193)
4	COMLOGFORNAVCENT	(09346)
4	PATROL AND RECONNAISSANCE WING 57/CTF 57	(44468)
	(TACTICAL OPERATIONS CENTER BAHRAIN)	(55618)
2	<b>COMMANDER, U.S. NAVAL FORCES SOUTHERN COMMAND (COMNAVSO)</b>	
		(57061)
	(COOPERATIVE SECURITY LOCATION COMALAPA EL SALVADOR)	
		(3146B)
	(COMNAVSO DET INTER-AMERICAN NAVAL TELECOMMUNICATIONS NETWORK)	(32112)
3	COMDESRON 40	(52811)
3	COMMANDER, U.S. FOURTH FLEET	(64041)
2	<b>COMMANDER, NAVAL SPECIAL WARFARE COMMAND</b>	
	<b>(COMNAVSPECWARCOM)</b>	(00074)
	(COMNAVSPECWARCOM DET ANNAPOLIS)	(39565)
3	COMNAVSPECWAR DEVELOPMENT GROUP DAM NECK	(47898)
4	NAVAL SPECIAL WARFARE TACTICAL DEVELOPMENT AND EVALUATION SQUADRON ONE	(40458)
4	NAVAL SPECIAL WARFARE TACTICAL DEVELOPMENT AND EVALUATION SQUADRON TWO	(40459)
4	NAVAL SPECIAL WARFARE TACTICAL DEVELOPMENT AND	



	EVALUATION SQUADRON THREE	(40460)
4	NAVAL SPECIAL WARFARE TACTICAL DEVELOPMENT AND	
	EVALUATION SQUADRON FOUR	(40461)
4	NAVAL SPECIAL WARFARE TACTICAL DEVELOPMENT AND	
	EVALUATION SQUADRON FIVE	(40298)
4	EXPLOSIVE ORDNANCE DISPOSAL TACTICAL DEVELOPMENT	
	AND EVALUATION SQUADRON	(72301)
3	NAVAL SPECIAL WARFARE GROUP (NAVSPECWARGRU) ONE	
		(57100)
	(NAVSPECWARGRU ONE DET GUAM	(46987)
	(NAVSPECWARGRU ONE DET TRAINING (TRN)	(39589)
	<b>(NAVSPECWARGRU ONE DET BAHRAIN-7-31-2021)</b>	<b>(39966)</b>
4	SEAL TEAM ONE	(55777)
4	SEAL TEAM THREE	(44884)
4	SEAL TEAM FIVE	(08971)
4	SEAL TEAM SEVEN	(39591)
4	NAVAL SPECIAL WARFARE UNIT (NAVSPECWARUNIT)THREE	
	<b>(DISEST EFF 31 Jul 2021)</b>	<b>(39966)</b>
4	NAVSPECWARGRU ONE LOGISTICS AND SUPPORT UNIT	
	(LOGSUPPU)	(39585)
3	NAVAL SPECIAL WARFARE GROUP THREE	(55446)
	(NAVSPECWARGRU THREE DET TRN)	(34123)
4	NAVSPECWARGRU THREE LOGSUPPU	(55457)
4	SEAL DELIVERY VEHICLE (SDV) TEAM ONE	(08973)
4	SDV TEAM TWO	(08842)
3	NAVAL SPECIAL WARFARE GROUP TWO	(0031A)
	(NAVSPECWARGRU TWO DET TRN)	(39590)
	(NAVSPECWARGRU TWO DET GERMANY)	(34122)
4	SEAL TEAM TWO	(55778)
4	SEAL TEAM FOUR	(08943)
4	SEAL TEAM SIX	(53999)
4	SEAL TEAM EIGHT	(46985)
4	SEAL TEAM TEN	(39592)
4	NAVSPECWARGRU TWO LOGSUPPU	(39587)
4	NAVSPECWARUNIT TWO <b>(DISEST EFF 31 Jul 2020)</b>	<b>(53991)</b>
3	NAVAL SPECIAL WARFARE GROUP FOUR	(52738)
4	SPECIAL BOAT (SPECBOAT) TEAM TWELVE	(42221)
4	SPECBOAT TEAM TWENTY	(44392)
	(SPECBOAT TEAM 20 DET CARIBBEAN)	(68975)
4	SPECBOAT TEAM TWENTY TWO	(32219)
3	NAVSPECWARGRU TEN	(58063)
4	SPECIAL RECONNAISSANCE TEAM	
	(SPECRECON TEAM) ONE	(48569)
4	SPECRECON TEAM TWO	(49660)
3	NAVSPECWARGRU ELEVEN	(39605)
4	SEAL TEAM SEVENTEEN	(39943)

4	SEAL TEAM EIGHTEEN	(39944)
2	<b>COMMANDER, NAVAL SEA SYSTEMS COMMAND **</b>	(00024)
3	USS GETTYSBURG (CG 64)	(21624)
3	USS CHOSIN (CG 65)	(21625)
3	USS VICKSBURG (CG 69)	(21684)
3	USS CAPE ST GEORGE (CG 71)	(21828)
3	USS ANZIO (CG 68)	(21658)
3	HUE CITY (CG 66)	(21656)
3	COMMANDER, NAVY REGIONAL MAINTENANCE ** CENTER	(58400)
4	COMMANDING OFFICER, MID-ATLANTIC REGIONAL MAINTENANCE CENTER**	(50054)
5	DYNAMIC (AFDL-6)	(14806)
2	<b>COMMANDER, U.S. FLEET CYBER COMMAND</b>	(00055)
3	COMMANDER, U.S. TENTH FLEET	(3822A)
2	<b>CHIEF, BUREAU OF MEDICINE AND SURGERY **</b>	(00018)
3	EXPEDITIONARY MEDICAL FACILITY (EXMEDFAC) DALLAS ONE	(84023)
3	EXMEDFAC GREAT LAKES ONE	(84022)
3	EXMEDFAC BETHESDA	(50480)
3	EXMEDFAC CAMP PENDLETON	(50481)
2	<b>COMMANDER, U.S. FLEET FORCES COMMAND (COMUSFLTFORCOM)</b>	(00060)
3	COMCARSTRKGRU FOUR	(09577)
4	EXPEDITIONARY WARFARE TRAINING GROUP ATLANTIC	(63021)
4	TACTICAL TRAINING GROUP ATLANTIC	(53989)
3	COMMANDER, U. S. SECOND FLEET	(08961)
4	COMMANDER, CARRIER STRIKE GROUP (COMCARSTRKGRU) TWO	(09576)#
4	COMCARSTRKGRU EIGHT	(53889)#
4	COMCARSTRKGRU TEN	(55771)#
4	COMCARSTRKGRU TWELVE	(0107A)#
4	COMMANDER EXPEDITIONARY STRIKE GROUP (COMEXSTRKGRU) TWO	(55333)#
#(CCSGs 2, 8, 10, 12 and ESG-2 are designated as Echelon 4 Commands with COMSECONDFLT as the operational Commander, Immediate Superior in Command, reporting senior and first Flag Officer."		
3	COMMANDER, STANDING NAVY COMBAT ELEMENT	(08967)

#(COMUSFLTFORCOM/COMMANDER, U.S.PACIFIC FLEET (COMPACFLT) established a support relationship between the COMCARSTRKGRU/COMEXSTRKGRU commander (supported commander) and the type commander (TYCOM) (supporting commander). TYCOMs provide administrative command (ADCON) support for units assigned operational command (OPCON) to a COMCARSTRKGRU/COMEXSTRKGRU. TYCOMs and COMCARSTRKGRU/COMEXSTRKGRU commanders work integrated solutions to achieve unit readiness to meet COMCARSTRKGRU/COMEXSTRKGRU mission requirements.)

3	COMUSFLTFORCOM MARITIME HOMELAND DEFENSE (MHL D)	
	COMMANDER, ATLANTIC AREA	(45550)
4	COMUSFLTFORCOM MHL D DISTRICT (DIST) ONE	(82241)
4	COMUSFLTFORCOM MHL D DIST FIVE	(82244)
4	COMUSFLTFORCOM MHL D DIST SEVEN	(82246)
4	COMUSFLTFORCOM MHL D DIST EIGHT	(82247)
4	COMUSFLTFORCOM MHL D DIST NINE	(82248)
3	COMMANDER, NAVAL AIR FORCE, ATLANTIC (AIRLANT)	
		(57012)
4	EISENHOWER (CVN 69)	(03369)
4	HARRY S TRUMAN (CVN 75)	(21853)
4	GEORGE H W BUSH (CVN 77)	(23170)
4	GERALD R FORD (CVN 78)	(23173)
4	COMMANDER, CARRIER AIR WING (COMCARAIRWING) ONE	
		(09732)
4	COMCARAIRWING THREE	(09731)
4	COMCARAIRWING SEVEN	(09736)
4	COMCARAIRWING EIGHT	(09748)
4	COMMANDER, STRIKE FIGHTER WING ATLANTIC	
	(COMSTRKFIGHTWINGLANT)	(09103)
	(COMSTRKFIGHTWINGLANT DETACHMENT NAVAL AVIATION	
	MAINTENANCE CENTER OF EXCELLENCE (NAMCE))	(4779A)
5	STRIKE FIGHTER WEAPONS SCHOOL ATLANTIC	(47084)
5	VFA 11	(09560)
5	VFA 31	(09473)
5	VFA 32	(09053)
5	VFA 34	(09070)
5	VFA 37	(09478)
5	VFA 81	(09221)
5	VFA 83	(09223)
5	VFA 87	(63922)
5	VFA 103	(09718)
5	VFA 105	(65183)

5	VFA 106	(09679)
6	VFA 106 SQUADRON AUGMENT UNIT (SAU)	(47570)
5	VFA 131	(63934)
5	VFA 143	(09281)
5	VFA 211	(09086)
5	VFA 213	(09934)
4	PATROL AND RECONNAISSANCE GROUP (PATRECONGRU)	
		(39555)
5	VP 30	(09047)
5	PATRECON WING ONE ONE	(09461)
	(PATRECONWING ONE ONE DET FLEET SUPPORT UNIT	
	FIVE)	(4354A)
6	FLEET SUPPORT UNIT ONE	(3248B)
6	MOBILE TOC (MTOC) THREE	(55620)
6	VP 5	(09630)
6	VP 8	(09661)
6	VP 10	(09639)
6	VP 16	(09229)
6	VP 26	(09610)
6	VP 45	(09665)
6	VPU 2	(09244)
	(VPU 2 DET KANEOHE	(3825A)
6	VUP 19	(50470)
	(VUP 19 DET MUGU)	(50471)
	(VUP 19 LRE DET 5)	(50471)
	(VUP 19 LRE DET 7)	(50570)
6	MTOC ONE	(55619)
6	MTOC FIVE	(3695A)
6	MTOC SEVEN	(55637)
6	MTOC NINE	(55352)
6	MTOC ELEVEN	(55353)
6	TOC JACKSONVILLE	(35380)
4	HELICOPTER MARITIME STRIKE WING ATLANTIC	
	(HELMARSTRKWINGLANT)	(55212)
5	HELICOPTER MARITIME STRIKE WEAPONS SCHOOL ATLANTIC	
		(32417)
5	HELICOPTER MARITIME STRIKE SQUADRON (HSM) 40	(53912)
	(HSM 40 DET AIRLANT SEARCH AND RESCUS EVAL UNIT)	
		(48905)
5	HSM 72	(55145)
5	HSM 74	(55147)
5	HSM 46	(55149)
5	HSM 48	(55151)
5	HSM 70	(09884)

4	HELICOPTER SEA COMBAT WING ATLANTIC		
	(HELSEACOMBATWINGLANT)		(44890)
5	HELICOPTER SEA COMBAT WEAPONS SCHOOL ATLANTIC		(48097)
5	HELICOPTER SEA COMBAT SQUADRON (HSC) 11		(09954)
5	HSC 5		(09488)
5	HSC 7		(09988)
5	HSC 2		(09212)
5	HSC 9		(09163)
5	HSC 22		(09846)
5	HSC 26		(0381A)
5	HSC 28		(55218)
5	HELICOPTER MINE COUNTERMEASURES SQUADRON (HM) 14		(53827)
5	HM 15		(55201)
5	HM 12		(09206)
4	AIR TEST AND EVALUATION SQUADRON (VX) ONE		(55600)
4	COMFAIRSIG		(67061)
	(The Commander is dual hatted as CTF 67 (UIC 30191)		
	under Commander, U. S. Sixth Fleet and		
	COMUSNAVEUR/NAVAF.)		
	(COMFAIRSIG DET ASD)		(67022)
	(COMFAIRSIG DET AIMD)		(44330)
4	FLEET AREA CONTROL AND SURVEILLANCE FACILITY (FACSFAC)		
	JACKSONVILLE		(53895)
4	FACSFAC VIRGINIA CAPES OCEANA VA		(42239)
4	SURFACE NUCLEAR PROPULSION MOBILE TRAINING TEAM		
	NORFOLK		(47301)
4	LANDING SIGNALS OFFICER SCHOOL		(68788)
3	COMMANDER, NAVAL SURFACE FORCE, ATLANTIC (CNSL)		(53825)
	(CNSL FORWARD DEPLOYED NAVAL FORCE TRAINING DET)		(54101)
4	LEYTE GULF (GUIDED MISSILE CRUISER) CG 55		(21388)
4	SAN JACINTO CG 56		(21389)
4	PHILIPPINE SEA CG 58		(21429)
4	NORMANDY CG 60		(21449)
4	MONTEREY CG 61		(21450)
4	VELLA GULF CG 72		(21829)
4	GETTYSBURG CG 64		(21624)
4	LEWIS B PULLER ESB 3		(70027)
4	WASP LHD 1		(23168)
4	COMDESRON TWO		(39789)
5	WINSTON S CHURCHILL (GUIDED MISSILE DESTROYER)		
	DDG 81		(21955)
5	MITSCHER DDG 57		(21687)
5	NITZE DDG 94		(23147)

5	MASON	DDG 87	(22995)
5	GONZALEZ	DDG 66	(21833)
5	BAINBRIDGE	DDG 96	(23153)
4	COMNAVSURFRON ONE FOUR		(55273)
5	LASSEN	DDG 82	(21956)
5	THOMAS HUDNER	DDG 116	(50137)
5	PAUL IGNATIUS	DDG 117	(50186)
5	FARRAGUT	DDG 99	(23150)
5	THE SULLIVANS	DDG 68	(21942)
5	SHAMAL (PATROL CRAFT)	PC 13	(22147)
5	ZEPHYR	PC 8	(21929)
5	TORNADO	PC 14	(23156)
4	COMDESRON TWO TWO		(0131A)
5	MAHAN	DDG 72	(21946)
5	COLE	DDG 67	(21941)
5	LABOON	DDG 58	(21820)
4	COMDESRON TWO SIX		(0135A)
5	OSCAR AUSTIN	DDG 79	(21953)
5	MCFAUL	DDG 74	(21948)
5	STOUT	DDG 55	(21685)
5	TRUXTUN	DDG 103	(23165)
5	JAMES E WILLIAMS	DDG 95	(23148)
4	COMDESRON TWO EIGHT		(39791)
5	JASON DUNHAM	DDG 109	(55685)
5	GRAVELY	DDG 107	(23164)
5	BULKELEY	DDG 84	(22992)
5	ARLEIGH BURKE	DDG 51	(21487)
5	FORREST SHERMAN	DDG 98	(23149)
5	FARRAGUT	DDG 99	(23150)
5	RAMAGE	DDG 61	(21823)
5	DELBERT D BLACK	DDG 119	(50400)
4	COMDESRON SIX ZERO (Dual hat as CTF 65 under		
	NAVEUR/NAVAF)		(55699)
5	ROOSEVELT	DDG 80	(21954)
5	DONALD COOK	DDG 75	(21949)
5	ROSS	DDG 71	(21945)
5	PORTER	DDG 78	(21952)
5	CARNEY	DDG 64	(21923)
	<b>(To Mayport FL and SURFRON 14 EFF 30 Apr 2020)</b>		
4	MOUNT WHITNEY (AMPHIBIOUS COMMAND SHIP)		
	LCC 20		(20001)



4	NEW YORK (AMPHIBIOUS TRANSPORT DOCK) LPD 21	(3013A)
4	MESA VERDE LPD 19	(32421)
4	WASP (LANDING HELICOPTER DOCK) LHD 1	(21560)
4	SAN ANTONIO LPD 17	(07207)
4	KEARSARGE LHD 3	(21700)
4	BATAAN LHD 5	(21879)
4	IWO JIMA LHD 7	(23027)
4	ARLINGTON LPD 24	(23180)
4	COMMANDER, AMPHIBIOUS SQUADRON (COMPHIBRON) FOUR	(55336)
5	FLTSURGTEAM (FLTSURGTEAM) 4	(47421)
5	CARTER HALL (DOCK LANDING SHIP) LSD 50	(21880)
5	GUNSTON HALL LSD 44	(21422)
5	TORTUGA LSD 46	(21562)
4	COMPHIBRON SIX	(55337)
5	FLEET SURGICAL TEAM 2	(47419)
5	FLTSURGTEAM 8	(39846)
5	FORT MCHENRY LSD 43	(21400)
5	WHIDBEY ISLAND LSD 41	(21218)
4	COMPHIBRON EIGHT	(55338)
5	FLTSURGTEAM 6	(49342)
5	OAK HILL LSD 51	(21958)
4	NAVAL BEACH GROUP 2	(57067)
5	ASSAULT CRAFT UNIT (ACU) TWO	(53210)
5	ACU FOUR	(45472)
5	BEACH MASTSER UNIT (BMU) TWO	(53211)
5	AMPHIBIOUS CONSTRUCTION BATTALION (PHIBCB) TWO	(55105)
4	TACTICAL AIR CONTROL SQUADRON (TACRON) VTC 21	(09807)
4	VTC 22	(09812)
4	LITTORAL COMBAT SHIP SQUADRON (LCSRON) TWO	(41145)
5	SURFACE DIVISION TWO ONE	(36047)
6	MILWAUKEE LCS 5	(20134)
6	DETROIT LCS 7	(20136)
6	LITTLE ROCK LCS 9	(20138)
6	SIOUX CITY LCS 11	(20140)
5	MINE DIVISION TWO TWO	(4736A)
6	WICHITA LCS 13	(20142)
6	BILLINGS LCS 15	(20096)
6	INDIANAPOLIS LCS 17	(20155)

6	ST LOUIS	LCS 19	(20157)
5	MINNEAPOLIS ST PAUL	LCS 21	(20159)
5	COOPERSTOWN	LCS 23	(20161)
5	(PCU MARINETTE	LCS 25)	(20169)
5	(PCU NANTUCKET	LCS 27)	(20171)
5	(PCU BELOIT	LCS 29)	(20173)
5	(PCU CLEVELAND	LCS 31)	(20260)
4	NAVSURFRON FIVE		(40278)
5	SENTRY	MCM 3	(21404)
5	DEVASTATOR	MCM 6	(21427)
5	GLADIATOR	MCM 11	(21454)
5	DEXTROUS	MCM 13	(21901)
5	TEMPEST	PC 2	(21931)
5	HURRICANE	PC 3	(21932)
5	MONSOON	PC 4	(21925)
5	TYPHOON	PC 5	(21926)
5	SIROCCO	PC 6	(21927)
5	SQUALL	PC 7	(21928)
5	CHINOOK	PC 9	(22143)
5	FIREBOLT	PC 10	(22144)
5	WHIRLWIND	PC 11	(22145)
5	THUNDERBOLT	PC 12	(22146)
4	COMMANDER, AFLOAT TRAINING GROUP ATLANTIC (COMAFLOATRAGRULANT)		(0022A)
5	AFLOATRAGRU NORFOLK		(30733)
5	AFLOATRAGRU MAYPORT		(30734)
3	COMMANDER, SUBMARINE FORCE, ATLANTIC (The Commander is also designated as Commander, Submarine Forces (COMSUBFOR), the Navy's lead for the Undersea Warfare Enterprise (UWE))		(57016) (69295)
4	COMMANDER, SUBMARINE GROUP TWO		(0010A)
5	SUBLANT SHIPYARD REPRESENTATIVE (REP) NEWPORT NEWS VA		(4318A)
5	SUBLANT SHIPYARD REP GROTON CT		(48518)
5	SUBLANT SHIPYARD REP PORTSMOUTH NH		(41906)
5	SUBLANT SHIPYARD REP PORTSMOUTH VA		(44436)
5	NAVAL SUBMARINE SUPPORT CENTER (NAVSUBSUPPCEN) GROTON		(31610)
5	REGIONAL SUPPORT GROUP (REGSUPPGRU) GROTON		(40018)
6	NAVAL SUBMARINE SUPPORT FACILITY (NAVSUBSUPFAC) NEW LONDON **		(68316)
6	SUBMARINE TECHNICAL SUPPORT CENTER (SUBTECHSUPCEN)		

			(0034A)
4	SUBMARINE SQUADRON 12		(55727)
5	TOLEDO (ATTACK SUBMARINE)	SSN 769	(21807)
5	SAN JUAN	SSN 751	(21312)
5	PROVIDENCE	SSN 719	(21029)
5	NEW MEXICO	SSN 779	(23183)
5	HARTFORD	SSN 768	(21806)
5	CALIFORNIA	SSN 781	(20079)
5	DELAWARE	SSN 791	(27153)
4	SUBMARINE SQUADRON 4		(55729)
5	MINNESOTA	SSN 783	(20034)
5	NORTH DAKOTA	SSN 784	(20037)
5	MONTPELIER	SSN 765	(21762)
5	COLORADO	SSN 788	(27150)
5	INDIANA	SSN 789	(27151)
5	VIRGINIA	SSN 774	(23013)
5	SOUTH DAKOTA	SSN 790	(27152)
5	DELAWARE	SSN 791	(27153)
4	SUBMARINE SQUADRON 6		(55730)
5	ALBANY	SSN 753	(21462)
5	NEWPORT NEWS	SSN 750	(21411)
	<b>(To Groton, CT and CSR 4 EFF 1 SEP 2020)</b>		
5	BOISE	SSN 764	(21761)
5	HELENA	SSN 725	(21367)
5	JOHN WARNER	SSN 785	(20038)
5	WASHINGTON	SSN 787	(20182)
5	SAN FRANCISCO	SSN 711	(20887)
	<b>(Into MTS CONVERSION 15 Nov 2016)</b>		
5	NEW HAMPSHIRE	SSN 778	(23172)
5	PASADENA	SSN 752	(21413)
5	NEW MEXICO	SSN 779	(23183)
5	COMMANDER, ANTI-SUBMARINE WARFARE FORCES WESTERN ATLANTIC (COMASWFORWESTLANT)		
			(31834)
4	SUBMARINE GROUP 8		(55782)
5	SUBGRU 8 REP NORTHWOOD UK		(30751)
4	SUBMARINE GROUP 10		(55241)
5	SUBSUPPCEN KINGS BAY		(61107)
5	TRIDENT REFIT FACILITY **		(44466)
5	SUBMARINE SQUADRON 16		(55432)
6	FLORIDA (GUIDED MISSILE SUBMARINE)		
		SSGN 728	(21038)

6	GEORGIA	SSGN 729	(21039)
6	WYOMING	SSBN 742	(21846)
	(To Kings Bay, GA and SUBRON 20 1 Jun 2020)		
5	SUBMARINE SQUADRON 20		(63976)
6	TENNESSEE (FLEET BALLISTIC MISSILE SUBMARINE)		
		SSBN 734	(21044)
6	ALASKA	SSBN 732	(21042)
6	WEST VIRGINIA	SSBN 736	(21365)
6	MARYLAND	SSBN 738	(21460)
6	RHODE ISLAND	SSBN 740	(21682)
3	COMMANDER, NAVY EXPEDITIONARY COMBAT COMMAND		(4582A)
4	NAVY EXPEDITIONARY INTELLIGENCE COMMAND (NAVEXINTCOM)		(33800)
	(NAVEXINTCOM DET DAM NECK)		(40623)
4	NAVAL EXPEDITIONARY COMBAT FORCES EURAF		(4974A)
4	COMMANDER, COASTAL RIVERINE GROUP (CORIVGRU) TWO		(4365A)
	(CORIVGRU TWO DET CSS)		(55889)
	(CORIVGRU TWO DET BAHRAIN)		(3521B)
5	CORIV SQUADRON (CORIVRON) TWO		(3371B)
6	CORIVRON TWO MK VI COMPANY ALPHA		(36080)
7	CORIVRON TWO MK VI COMP ALPHA BOAT CREW 1		(36087)
7	CORIVRON TWO MK VI COMP ALPHA BOAT CREW 2		(36088)
7	CORIVRON TWO MK VI COMP ALPHA BOAT CREW 3		(36089)
6	CORIVRON TWO MK VI COMPANY BRAVO		(36081)
7	CORIVRON TWO MK VI COMP BRAVO BOAT CREW 1		(36090)
7	CORIVRON TWO MK VI COMP BRAVO BOAT CREW 2		(36091)
7	CORIVRON TWO MK VI COMP BRAVO BOAT CREW 3		(36092)
5	CORIVRON FOUR		(30671)
6	CORIVRON FOUR MK VI COMPANY ALPHA		(36082)
7	CORIVRON FOUR MK VI COMP ALPHA BOAT CREW 1		(36093)
7	CORIVRON FOUR MK VI COMP ALPHA BOAT CREW 2		(36094)
7	CORIVRON FOUR MK VI COMP ALPHA BOAT CREW 3		(36095)
6	CORIVRON FOUR MK VI COMPANY BRAVO		(36083)
7	CORIVRON FOUR MK VI COMP BRAVO BOAT CREW 1		(36096)
7	CORIVRON FOUR MK VI COMP BRAVO BOAT CREW 2		(36097)
7	CORIVRON FOUR MK VI COMP BRAVO BOAT CREW 3		(36098)
5	CORIVRON EIGHT		(30665)
5	CORIVRON TEN		(30667)
4	NAVAL CONSTRUCTION GROUP (NCG) TWO		(55460)
5	UNDER WATER CONSTRUCTION TEAM (UCT) ONE		(30121)
5	NAVY MOBILE CONSTRUCTION BATTALION (NMCB) 1		(55101)
	(NMCB ONE DET TWO)		(66687)

5	NMCB 11	(4608A)
5	NMCB 133	(55451)
5	CONSTRUCTION BATTALION MAINTENANCE UNIT (CBMU)	
	202	(55643)
	(CBMU 202 DET JACKSONVILLE)	(66671)
5	SEVENTH NAVAL CONSTRUCTION REGIMENT (NCR)	(81387)
6	NMCB 27	(08867)
6	NMCB 14	(08913)
5	TWO TWO NCR	(55614)
	(COMMANDER TWO TWO NCR DET EUROPE)	(41908)
4	COMMANDER, NAVY EXPEDITIONARY LOGISTICS SUPPORT	
	GROUP (COMNAVELSG)	(81464)
5	FIRST NAVY EXPEDITIONARY LOGISTICS REGIMENT	
	(NAVEXPLOGREG)	(66895)
6	NAVY CARGO HANDLING BATTALION (NAVCARGOBN)	
	ONE	(55132)
5	SECOND NAVEXPLOGREG	(82215)
6	NAVCARGOBN TEN	(40378)
6	NAVCARGOBN EIGHT	(81203)
5	FOURTH NAVEXPLOGREG	(49423)
6	NAVCARGOBN ELEVEN	(82216)
6	NAVCARGOBN THIRTEEN	(82218)
5	FIFTH NAVEXPLOGREG	(42716)
6	NAVCARGOBN FIVE	(81125)
6	NAVCARGOBN FOURTEEN	(82219)
4	EXPLOSIVE ORDNANCE DISPOSAL (EOD) GROUP 2	(55322)
5	EOD TECHNICAL UNIT 2	(43505)
5	MOBILE DIVING AND SALVAGE UNIT (MOBDIVSALU) TWO	
		(42838)
5	EOD MOBILE UNIT (MU) 2	(43504)
	(EODMU 2 DET CRANE)	(30702)
	(EODMU 2 DET NORFOLK)	(45682)
	(EODMU 2 DET YORKTOWN)	(30720)
5	EODMU 6	(55238)
	(EODMU 6 DET KINGS BAY)	(42970)
	(EODMU 6 DET MAYPORT)	(42038)
	(EODMU 6 DET PANAMA CITY)	(30712)
5	EODMU 8	(55568)
	(EODMU 8 DET ROTA)	(30715)
5	EODMU 12	(43973)
	(EODMU 12 DET DAHLGREN)	(30703)
	(EODMU 12 DET EARLE)	(30704)
	(EODMU 12 DET NEWPORT)	(30713)
5	EOD EXPEDITIONARY SUPPORT UNIT (ESU) 2	(4068A)

4	NAVY EXPEDITIONARY COMBAT FORCES CENTRAL BAHRAIN	(49715)
3	NAVY MUNITIONS COMMAND ATLANTIC (NMCLANT)	(47616)
	(NMCLANT DET OCEANA)	(31279)
	(NMCLANT DET KEY WEST)	(61167)
	(NMCLANT DET YORKTOWN)	(00109)
	(NMCLANT DET JACKSONVILLE)	(61166)
	(NMCLANT DET EARLE)	(60478)
	(NMCLANT DET MAYPORT)	(61045)
	(NMCLANT DET FORT WORTH)	(61163)
	(NMCLANT DET NEW ORLEANS)	(61164)
	(NMCLANT DET SIGONELLA)	(50200)
	(NMCLANT DET ROTA)	(50201)
	(NMCLANT DET SOUDA BAY)	(50202)
	(NMCLANT DET BAHRAIN)	(50203)
	(NMCLANT DET PATUXENT RIVER)	(61168)
4	NMCLANT UNIT CHARLESTON	(00193)
4	NMCLANT UNIT NORFOLK	(30300)
3	COMMANDER, MILITARY SEALIFT COMMAND (COMSC) (NAVY	
	WORKING CAPITAL FUND (NWCF), NORFOLK, VA	(00033)
	(MSC DET U S MERCHANT MARINE ACADEMY)	(50191)
	(MSC DET PACIFIC)	(45786)
4	COMFORT MEDICAL TREATMENT FACILITY (MTF) REDUCED	
	OPERATING STATUS (ROS)	(52451)
4	MERCY MTF ROS	(52450)
4	COMMANDER MARITIME PRE-POSITIONING SHIP SQUADRON	
	(COMPSRON) TWO	(45702)
4	COMPSRON THREE	(46404)
4	AMPHIBIOUS COMMAND SHIP (LCC) 20 USS MOUNT WHITNEY	
	(HYBRID CREW)	CIVMAR(23754)
4	MSC TAGOS PROJECT OFFICE	(46077)
5	PCU T-AO 205 USNS JOHN LEWIS	(21667)
5	PCU T-AO 206 USNS HARVEY MILK	(21021)
5	PCU T-AO 207 USNS EARL WARREN	(21012)
5	PCU T-AO 208 USNS ROBERT KENNEDY	(29995)
5	PCU T-AO 209 USNS LUCY STONE	(29996)
5	PCU T-AO 210 USNS SOJOURNER TRUTH	(2999C)
4	COMSC LANT NORFOLK	(62385)
	(MSC LANT DET EARLE)	(4381A)



5	MSC REP PORT CANAVERAL	(0308A)
5	MSC REP CHARLESTON	(68779)
5	MSC REP SOUTHPORT	(30817)
5	MSC REP BEAUMONT	(62527)
5	MSCLANT OPERATIONAL SUPPORT ELEMENT (OPSUPE)	(41083)
5	HIGH SPEED TRANSPORT (HST) 2 FORMER HI SUPERFERRY	
	ALAKAI (PRE-DELIVERY (PREDEL))	(24047)
5	EXPEDITIONARY FAST TRANSPORT (T-EPF) 1 USNS SPEARHEAD	
		(29784)
5	T-EPF 10 USNS BURLINGTON	(29793)
5	T-EPF 12 (PREDEL) USNS NEWPORT	(29795)
5	EXPEDITIONARY SEA BASE (ESB) 4 USNS HERSHEL W	
	WILLIAMS CIVMAR	(24305)
5	CONTAINER SHIP (T-AK) 3005 UNITED STATES NAVAL SHIP	
	(USNS) SGT MATEJ KOCAK	(21547)
5	T-AK 3006 USNS PFC EUGENE A OBREGON	(21513)
5	T-AK 3007 USNS MAJ STEPHEN W PLESS	(21631)
5	T-AK 3015 USNS 1 <sup>ST</sup> LT HARRY L MARTIN	(23005)
5	T-AK 3016 USNS LCPL ROY M WHEAT	(23068)
5	DRY CARGO/AMMUNITION (T-AKE) 5 USNS ROBERT E PEARY	
		(23195)
5	T-AKE 12 USNS WILLIAM MCLEAN	(29001)
5	T-AKE 13 USNS MEDGAR EVERS	(29002)
5	FLEET REPLENISHMENT OILER (T-AO) 188 USNS JOSHUA	
	HUMPHREYS	(21419)
5	T-AO 189 USNS JOHN LENTHALL	(21377)
5	T-AO 195 USNS LEROY GRUMMAN	(21525)
5	T-AO 196 USNS KANAWHA	(21581)
5	T-AO 198 USNS BIG HORN	(21621)
5	T-AO 201 USNS PATUXENT	(21857)
5	T-AO 203 USNS LARAMIE	(21870)
5	FAST COMBAT SUPPORT (T-AOE) 6 USNS SUPPLY	(21839)
5	T-AOE 8 USNS ARCTIC	(21907)
5	FLEET OCEAN TUG (T-ATF) 172 USNS APACHE	(21091)
5	HOSPITAL SHIP (T-AH) 20 USNS COMFORT	(21637)
5	OCEANOGRAPHIC SURVEY SHIP (T-AGS) 60 USNS PATHFINDER	
		(21904)
5	T-AGS 66 USNS MAURY	(10544)
5	T-AGS 45 USNS WATERS	(21903)
5	SUBMARINE AND SPECIAL WARFARE SUPPORT (SSV)	
	MOTOR VESSEL (MV) DOLORES CHQUEST	(40878)

5	MV WESTWIND	(24014)
5	MV BLACK POWDER	(24015)
5	T-AKR 295 USNS SHUGHART	(22241)
5	T-AKR 296 USNS GORDON	(22242)
5	T-AKR 297 USNS YANO	(22243)
5	T-AKR 298 USNS GILLILAND	(22244)
5	T-AKR 303 USNS MENDONCA	(22249)
5	T-AKR 305 USNS BRITTIN	(22251)
5	T-AKR 310 USNS WATSON	(22256)
4	COMSC EUROPE AFRICA (EURAF) NAPLES	(62537)
5	MSC SHIP SUPPORT UNIT (SSU) NAPLES	(40444)
5	T-EPF 5 USNS TRENTON	(29788)
5	T-EPF 7 USNS CARSON CITY	(29790)
5	T-EPF 8 USNS YUMA	(29791)
4	COMSC CENTRAL COMMAND (CENT) BAHRAIN	(68953)
5	MSC SSU BAHRAIN	(40448)
5	T-AKE 3 USNS ALAN SHEPARD	(23193)
5	T-ATF 168 USNS CATAWBA	(21015)
5	T-AGS 64 USNS BRUCE C HEEZEN	(23131)
5	T-EPF 2 USNS CHOCTAW COUNTY	(29785)
4	COMSC PAC SAN DIEGO	(62386)
5	MSC SSU SAN DIEGO	(40443)
5	MSC REP PEARL HARBOR	(62402)
5	MSC REPRESENTATIVE PUGET SOUND	(62384)
5	EXPEDITIONARY TRANSFER DOCK (ESD) 2 USNS JOHN GLENN	(41037)
5	T-AKE 7 USNS CARL BRASHEAR	(23197)
5	T-AKE 8 USNS WALLY SCHIRRA	(23198)
5	T-AKE 9 USNS MATTHEW PERRY	(23199)
5	T-AKE 10 USNS CHARLES DREW	(23602)
5	T-AKR 300 USNS BOB HOPE	(22246)
5	T-AKR 301 USNS FISHER	(22247)
5	T-AKR 306 USNS BENAVIDEZ	(22252)
5	T-AO 187 USNS HENRY J KAISER	(21307)
5	T-AO 200 USNS GUADALUPE	(21856)
5	T-AO 202 USNS YUKON	(21869)
5	T-ATF 171 USNS SIOUX	(21090)
5	T-AH 19 USNS MERCY	(21636)
5	SSV MV C-COMMANDO	(23379)
5	MV ARROWHEAD	(24013)
5	MV EAGLEVIEW	(24016)
5	MV SPECIAL WARFARE SUPPORT (HOS) DOMINATOR	(24102)
5	MV MALAMA	(32205)
5	SPECIAL MISSION TEST (SBX-1)	(24133)

5	T-EPF 9 USNS CITY OF BISMARCK	(29792)
5	T-ARS 51 USNS GRASP	(21467)
4	COMSC FAR EAST SINGAPORE	(62461)
5	MSC OFFICE KOREA WCF	(0319A)
5	MSCO OKINAWA WCF	(0318A)
5	MSC SSU JAPAN	(40447)
5	MSC SSU GUAM	(40446)
5	MSC SSU SINGAPORE	(40445)
5	ESD 1 USNS MONTFORD POINT	(41036)
5	T-ARS 51 USNS SALVOR	(21468)
5	T-AKE 1 USNS LEWIS AND CLARK	(23191)
5	T-AKE 2 USNS SACAGAWEA	(23192)
5	T-AKE 4 USNS RICHARD E BYRD	(23194)
5	T-AKE 6 USNS AMELIA EARHART	(23196)
5	T-AKE 11 USNS WASHINGTON CHAMBERS	(23726)
5	T-AKE 14 USNS CESAR CHAVEZ	(29003)
5	T-AO 193 USNS WALTER S DIEHL	(21579)
5	T-AO 194 USNS JOHN ERICSSON	(21524)
5	T-AO 197 USNS PECOS	(21582)
5	T-AO 199 USNS TIPPECANOE	(21622)
5	T-AO 204 USNS RAPPAHANNOCK	(21871)
5	CABLE LAYING/REPAIR SHIP (T-ARC) 7 USNS ZEUS	(21323)
5	OCEAN SURVEILLANCE SHIP (T-AGOS) 19 USNS VICTORIOUS	(21814)
5	T-AGOS 20 USNS ABLE	(21866)
5	T-AGOS 21 USNS EFFECTIVE	(21867)
5	T-AGOS 22 USNS LOYAL	(21868)
5	T-AGOS 23 USNS IMPECCABLE	(21906)
5	T-AGS 62 USNS BOWDITCH	(22154)
5	T-AGS 63 USNS HENSON	(22266)
5	T-AGS 65 USNS MARY SEARS	(23167)
5	MISSILE RANGE INSTRUMENTATION SHIP (T-AGM)	
	24 USNS INVINCIBLE	(21306)
5	T-AGM 25 USNS HOWARD O LORENZEN	(10546)
5	SSV MV C-CHAMPION	(23896)
5	T-AK 3008 USNS 2 <sup>ND</sup> LT JOHN P BOBO	(21629)
5	T-AK 3009 USNS PFC DEWAYNE T WILLIAMS	(21630)
5	T-AK 3010 USNS 1 <sup>ST</sup> LT BALDOMERO LOPEZ	(21512)
5	T-AK 3011 USNS 1 <sup>ST</sup> LT JACK LUMMUS	(21633)
5	T-AK 3012 USNS SGT WILLIAM R BUTTON	(21663)
5	T-AK 3017 USNS GYSGT FRED W STOCKHAM	(23069)
5	T-AK 4396 MV MAJ BERNARD F FISHER	(23276)
5	T-AK 4543 MV LTC JOHN U D PAGE	(23423)
5	T-AK 4544 MV SSG EDWARD A CARTER JR	(23424)
5	T-AK 5362 MV CAPT DAVID I LYON	(24242)
5	LARGE, MEDIUM-SPEED ROLL ON/ROLL OFF (T-AKR) 302	

	USNS SEAY	(22248)
5	T-AKR 304 USNS PILILAAU	(22250)
5	T-AKR 311 USNS SISLER	(22257)
5	T-AKR 312 USNS DAHL	(22258)
5	T-AKR 313 USNS RED CLOUD	(22259)
5	T-AKR 314 USNS CHARLTON	(22260)
5	T-AKR 315 USNS WATKINS	(22261)
5	T-AKR 316 USNS POMEROY	(22262)
5	T-AKR 317 USNS SODERMAN	(22263)
5	OFF SHORE PETROLEUM DISTRIBUTION SYSTEM	
	(T-AG) 5001 VADM K R WHEELER	(23881)
5	HIGH SPEED VESSEL (HSV) 4676 WESTPAC EXPRESS	(23556)
5	HST 1 USNS GUAM	(24046)
5	T-EPF 3 USNS MILLINOCKET	(29786)
5	T-EPF 4 USNS FALL RIVER	(29787)
5	T-EPF 6 USNS BRUNSWICK	(29789)
5	T-AS 40 USS FRANK CABLE (HYBRID CREW)	(23950)
5	T-AS 39 USS EMORY S LAND (HYBRID CREW)	(23914)
2	<b>COMMANDER, U.S. PACIFIC FLEET (COMPACFLT)</b>	<b>(00070)</b>
	(COMPACFLT DET INTEL READINESS CELL)	(30478)
	(JOINT MOBILE ASHORE SUPPORT TEAM PAC)	(43670)
	(CPF MHL D DET COMPACAREA)	(45549)
	(CPF MHL D DET ALASKA)	(48398)
	(CPF MHL D DET EAST ASIA)	(33415)
	(CPF MHL D DET PACNORWEST)	(33429)
	(AFLOAT PLANNING SYSTEM PACIFIC)	(39493)
	(COMPACFLT DET HICKAM)	(40525, 32197)
3	NAVAL AIR FORCE, U.S. PACIFIC FLEET	(57025)
	(The Commander is also designated as <u>Commander</u> , <u>Naval Air Forces</u> (COMNAVAIRFOR), a "dual hat", who serves as the Navy's lead for the Naval Aviation Enterprise (NAE).	(69294)
4	COMBINED SERVICES SUPPORT SCHOOLS PACIFIC	
	(SVCSUPPSCOLSPAC)	(31527)
4	FACSFAC SAN DIEGO	(09528)
	(FACSFAC DET SCORE)	(3325A)
5	FACSFAC PEARL HARBOR	(43583)
4	VX 9	(55646)
	(VX 9 DET POINT MUGU)	(09830)
	(VX 9 DET EDWARDS)	(58601)
4	33FW NAVY F35 EGLIN AFB FL	(0952A)

4	NIMITZ	(CVN 68)	(03368)
4	VINSON	(CVN 70)	(20993)
4	THEODORE ROOSEVELT	(CVN 71)	(21247)
4	ABRAHAM LINCOLN	(CVN 72)	(21297)
4	GEORGE WASHINGTON	(CVN 73)	(21412)
4	JOHN C STENNIS	(CVN 74)	(21847)
4	RONALD REAGAN	(CVN 76)	(22178)
4	COMCARAIRWING TWO		(09742)
4	COMCARAIRWING FIVE		(09733)
4	COMCARAIRWING NINE		(09738)
4	COMCARAIRWING ELEVEN		(09734)
4	COMCARAIRWING SEVENTEEN		(09745)
4	HELICOPTER SEA COMBAT WING PACIFIC		
	(HELSEACOMBATWINGPAC)		(55635)
	(HELSEACOMBATWINGPAC VTUAV MAINTENANCE DET)		(53510)
5	HELSEACOMBATWEPSCOLPAC		(3166A)
5	HSC 3 FLEET REPLACEMENT SQUADRON (FRS)		(09822)
	(HSC 3 DET SCORE)		(09569)
5	HSC 4		(09164)
5	HSC 6		(09950)
5	HSC 8		(09951)
5	HSC 12		(09372)
5	HSC 14		(09209)
5	HSC 21		(42300)
5	HSC 23		(09848)
5	HSC 25		(52961)
4	HELICOPTER MARITIME STRIKE WING PACIFIC		(55630)
5	HELMARSTRIKEWEPSCOLPAC		(3168A)
5	HSM 35		(52876)
5	HSM 37		(53815)
5	HSM 41 (FRS)		(55138)
5	HSM 49		(55152)
5	HSM 51		(48550)
	(HSM 51 DET 11)		(31778)
5	HSM 71		(09855)
5	HSM 73		(55146)
5	HSM 75		(53915)
5	HSM 77		(55150)
5	HSM 78		(09886)
5	HSM 79		(57820)
4	NAVAL AVIATION TRAINING SUPPORT GROUP NEW RIVER		(36084)

4	AIRBORNE COMMAND & CONTROL AND LOGISTICS WING	
	(ACCLOGWING)	(55634)
	(ACCLOGWING DET NORFOLK)	(09052)
	(UCLASS FIT POINT MUGU)	(58250)
	(AIRBORNE COMMAND & CONTROL AND LOGISTICS WEAPONS	
	SCHOOL PACIFIC) POINT MUGU	(3231A)
	(AIRBORNE COMMAND & CONTROL AND LOGISTICS WEAPONS	
	SCHOOL ATLANTIC) NORFOLK	(3123B)
	(UNCLASS FIT)	(58250)
5	FLEET LOGISTICS SUPPORT SQUADRON (VRC) 40	(09303)
5	VRC 30	(09607)
	VRC 30 DET 5	(39491)
5	AIRBORNE COMMAND AND CONTROL SQUADRON (VAW) 113	
		(09459)
5	VAW 115	(09463)
5	VAW 116	(09465)
5	VAW 117	(09985)
5	VAW 120 (FRS)	(09527)
5	VAW 121	(09467)
5	VAW 123	(09477)
5	VAW 124	(09526)
5	VAW 125	(09922)
5	VAW 126	(09963)
4	FLEET LOGISTICS MULTI-MISSION WING (VRMWING)	
		(5000A)
	(VRMWING VMTT DET 204)	(33455)
5	FLEET LOGISTICS MULTI-MISSION SQUADRON (VRM) 30	
		(36122)
5	VRM 50 (FRS)	(4991D)
4	STRIKE FIGHTER WING PACIFIC	(09520)
	(STRKFIGHTWINGPAC DET NAMCE LEMOORE CA)	(50447)
	(STRKFIGHTWINGPAC MAINTENANCE UNIT EL	
	CENTRO)	(55257)
5	STRIKE FIGHTER WEAPONS SCHOOL PACIFIC	(35185)
5	VFA 2	(09113)
5	VFA 14	(09084)
5	VFA 22	(09561)
5	VFA 25	(09637)
5	VFA 27	(65185)
5	VFA 41	(09774)
5	VFA 86	(09943)
5	VFA 94	(09295)
5	VFA 97	(63923)
5	VFA 102	(09717)



5	VFA 113	(09092)
5	VFA 115	(09604)
5	VFA 122 (FRS)	(09355)
5	VFA 136	(55141)
5	VFA 137	(55142)
5	VFA 146	(09063)
5	VFA 151	(09558)
5	VFA 154	(09678)
5	VFA 192	(09076)
5	VFA 195	(09706)
4	JOINT STRIKE FIGHTER WING	(36203)
	(JSFWING)	
5	VFA 125	(09485)
5	VFA 147	(63925)
4	ELECTRONIC ATTACK WING PACIFIC	(55627)
5	ELECTRONIC ATTACK WEAPONS SCHOOL	(47445)
5	VAQ 129 (FRS)	(09995)
5	VAQ 130	(09289)
5	VAQ 131	(09364)
5	VAQ 132	(09615)
5	VAQ 133	(09969)
5	VAQ 134	(09970)
5	VAQ 135	(09971)
5	VAQ 136	(09973)
5	VAQ 137	(09996)
5	VAQ 138	(09199)
5	VAQ 139	(09200)
5	VAQ 140	(53806)
5	VAQ 141	(53807)
5	VAQ 142	(55140)
4	PATROL AND RECONNAISSANCE GROUP PACIFIC	(09517)
	(The Command is assigned as a "dual hat" for	
	COMMANDER, PATROL AND RECONNAISSANCE GROUP (39555),	
	who serves as lead to coordinate Title 10 programs	
	for all Maritime Patrol and Reconnaissance Forces,	
	and reports under COMNAVAIRLANT.)	
5	PATROL AND RECONNAISSANCE WING 10	(55165)
	(COMPATRECONWING TEN DET FSU)	(4353A)
	(MTOC TWO)	(48765)
	(MTOC FOUR)	(31625)
	(MTOC SIX)	(49136)
	(MTOC EIGHT)	(55700)
	(MTOC TEN)	(55701)

	(MTOC TWELVE)	(55702)
6	TOC WHIDBEY ISLAND	(45521)
6	TOC KANEOHE	(46029)
6	VP 1	(09618)
6	VP 4	(09623)
6	VP 40	(09674)
6	VP 46	(09632)
6	VP 47	(09600)
6	VP 9	(09644)
6	VPU 2	(09244)
6	FLEET AIR RECONNAISSANCE SQUADRON (VQ) 1	(09930)
4	STRATEGIC COMMUNICATIONS WING (STRATCOMMWING)	
	ONE	(55575)
5	TAKE CHARGE AND MOVE OUT (TACAMO) WEAPONS SCHOOL	(60030)
5	VQ 3	(55154)
	(VQ 3 DET TRAVIS)	(47294)
	(VQ 3 DET OFFUTT)	(55677)
5	VQ 4	(42065)
	(VQ 4 DET PATUXENT)	(49403)
5	VQ 7 (FRS)	(47372)
4	COMMANDER, FLEET AIR WESTERN PACIFIC (COMFAIRWESTPAC)	(09356)
	(COMFAIRWESTPAC AIMD MISAWA)	(44331)
	(COMFAIRWESTPAC AIMD ATSUGI)	(44323)
	(COMFAIRWESTPAC AIMD IWAKUNI)	(49340)
	(COMFAIRWESTPAC AIMD BAHRAIN)	(44337)
	(COMFAIRWESTPAC AIMD GUAM)	(50185)
	(COMFAIRWESTPAC AIMD KADENA)	(3977A)
	(COMFAIRWESTPAC AVIATION SUPPLY DETACHMENT	
	(ASD)) BAHRAIN)	(3556A)
	(COMFAIRWESTPAC ASD MISAWA)	(3557A)
	(COMFAIRWESTPAC ASD GUAM)	(50527)
	(COMFAIRWESTPAC ASD ATSUGI)	(51212)
	(COMFAIRWESTPAC ASD IWAKUNI)	(51211)
	(COMFIARWESTPAC ASD KADENA)	(51213)
5	NAVAL AIR WEAPONS MAINTENANCE UNIT ONE	(52821)
3	NAVAL SURFACE FORCE U.S. PACIFIC FLEET	(53824)
	(The Commander is also designated as <u>COMMANDER,</u>	
	<u>NAVAL SURFACE FORCES</u> (COMNAVSURFOR) under UIC 69293,	
	a "dual hat", who serves as the Navy's lead for the	
	Surface Warfare Enterprise (SWE)	(69293)

4	SOMERSET	LPD 25	(23181)
4	LAKE ERIE	CG 70	(21827)
4	BUNKER HILL	CG 52	(21345)
4	MOBILE BAY	CG 53	(21346)
4	LAKE CHAMPLAIN	CG 57	(21428)
4	PRINCETON	CG 59	(21447)
4	COWPENS	CG 63	(21623)
4	BONHOMME RICHARD	LHD 6	(22202)
4	JOHN P MURTHA	LPD 26	(23182)
4	PORTLAND	LPD 27	(3277A)
4	TRIPOLI	LHA 7	(27501)
4	MIGUEL KEITH	ESB 5	(70026)
	<b>(HULL HUBBED AT SAIPAN, MARIANAS)</b>		
4	AMPHIBIOUS SQUADRON 7		(55298)
	<b>(Establish EFF 1 July 2020)</b>		
4	SURFACE DEVELOPMENT SQUADRON ONE		(55770)
5	ZUMWALT	DDG 1000	(20121)
5	MICHAEL MONSOOR	DDG 1001	(23189)
5	(LYNDON JOHNSON	DDG 1002)	(41163)(PCU)
4	NAVAL SURFACE GROUP WESTPAC		(36139)
5	ANTIETAM	CG 54	(21387)
5	CHANCELLORSVILLE	CG 62	(21451)
5	SHILOH	CG 67	(21657)
5	CURTIS WILBUR	DDG 54	(21640)
5	JOHN S MCCAIN	DDG 56	(21686)
5	MCCAMPBELL	DDG 85	(22993)
5	MUSTIN	DDG 89	(22997)
5	BENFOLD	DDG 65	(21940)
5	BARRY	DDG 52	(21660)
5	MILIUS	DDG 69	(21943)
4	DESTROYER SQUADRON 1		(0172A)
5	OKANE	DDG 77	(21951)
5	DEWEY	DDG 105	(23162)
5	MICHAEL MURPHY	DDG 112	(55688)
5	FITZGERALD	DDG 62	(21824)
5	HIGGINS	DDG 76	(21950)
4	DESTROYER SQUADRON 7/MARITIME STAFF ELEMENT (0116A)		
4	DESTROYER SQUADRON 9		(0118A)
5	SHOUP	DDG 86	(22994)
5	HOWARD	DDG 83	(22999)
6	CHAFEE	DDG 90	(23155)

6	RALPH JOHNSON	DDG 114	(50125)
5	STERETT	DDG 104	(23166)
5	HALSEY	DDG 97	(23154)
5	SAMPSON	DDG 102	(23161)
4	DESTROYER SQUADRON 15		(0124A)
4	DESTROYER SQUADRON 21		(0130A)
5	DECATUR	DDG 73	(21947)
5	STOCKDALE	DDG 106	(23163)
5	CHUNG-HOON	DDG 93	(23146)
5	STETHEM	DDG 63	(21825)
5	SPRUANCE	DDG 111	(55687)
5	GRIDLEY	DDG 101	(23151)
4	DESTROYER SQUADRON 23		(0132A)
5	PREBLE	DDG 88	(22996)
5	RUSSELL	DDG 59	(21821)
5	RAFAEL PERALTA	DDG 115	(50126)
5	PINCKNEY	DDG 91	(23145)
5	KIDD	DDG 100	(23152)
5	PAUL HAMILTON	DDG 60	(21822)
4	NAVAL SURFACE GROUP MIDDLE PACIFIC		(55315)
	(The Commander is assigned a "dual hat" as COMMANDER, NAVY REGION HAWAII (61449) under COMMANDER, NAVY INSTALLATIONS COMMAND as the Regional Commander.)		
5	PORT ROYAL	CG 73	(21830)
5	DESTROYER SQUADRON 31		(55528)
6	JOHN PAUL JONES	DDG 53	(21313)
6	HOPPER	DDG 70	(21944)
6	MOMSEN	DDG 92	(23160)
6	WILLIAM P LAWRENCE	DDG 110	(55686)
6	PCU DANIEL INOUE	DDG 118	(50187)
	<b>(Initial HP Assign Pearl Harbor EFF 30 Apr 2020)</b>		
6	WAYNE E MEYER	DDG 108	(55684)
6	JOHN FINN	DDG 113	(20010)
4	LCS SQUADRON 1		(39872)
	(LCSRON 1 DET MISSION PACKAGE SUPPORT FACILITY)		
5	FREEDOM	LCS 1	(20126)
5	INDEPENDENCE	LCS 2	(20127)
5	FORT WORTH	LCS 3	(20130)
5	CORONADO	LCS 4	(20131)

5	MINE DIVISION TWELVE		(0091C)
6	MANCHESTER	LCS 14	(20095)
6	TULSA	LCS 16	(20097)
6	CHARLESTON	LCS 18	(20156)
6	CINCINNATI	LCS 20	(20158)
5	KANSAS CITY	LCS 22	(20160)
5	(PCU OAKLAND	LCS 24)	(20168)
5	(PCU MOBILE	LCS 26)	(20170)
5	(PCU SAVANNAH	LCS 28)	(20172)
5	(PCU CANBERRA	LCS 30)	(20259)
5	(PCU SANTA BARBARA	LCS 32)	(20261)
5	(PCU AUGUSTA	LCS 34)	(20263)
5	SURFACE DIVISION 11		(50586)
6	JACKSON	LCS 6	(20135)
6	MONTGOMERY	LCS 8	(20137)
6	GABRELLE GIFFORDS	LCS 10	(20139)
6	OMAHA	LCS 12	(20141)
4	BOXER	LHD 4	(21808)
4	BLUE RIDGE	LCC 19	(05840)
4	AMPHIBIOUS SQUADRON 11		(55468)
5	ASHLAND	LSD 48	(21531)
5	GERMANTOWN	LSD 42	(21639)
5	GREEN BAY	LPD 20	(3012A)
5	FLTSURGTEAM 7		(30250)
5	NEW ORLEANS	LPD 18	(23168)
4	AMPHIBIOUS SQUADRON 5		(55269)
5	FLTSURGTEAM 5		(49343)
4	AMPHIBIOUS SQUADRON 3		(55281)
5	SAN DIEGO	LPD 22	(3014A)
5	PEARL HARBOR	LSD 52	(21959)
5	FLTSURGTEAM 1		(47418)
4	ESSEX	LHD 2	(21533)
4	RUSHMORE	LSD 47	(21530)
4	HARPERS FERRY	LSD 49	(21852)
4	FLTSURGTEAM 9		(30265)
4	MAKIN ISLAND	LHD 8	(23171)
4	AMPHIBIOUS SQUADRON 1		(55297)
5	ANCHORAGE	LPD 23	(3015A)

5	COMSTOCK	LSD 45	(21452)
5	FLTSURGTEAM	3	(47420)
4	AMERICA	(AMPHIBIOUS ASSAULT SHIP) LHA 6	(20103)
4	NAVAL BEACH GROUP	1	(57066)
5	ACU ONE		(53257)
	(ACU ONE DET WESTPAC A)		(55419)
	(ACU ONE LANDING CRAFT MINOR DET B)		(55598)
	(ACU ONE LANDING CRAFT UTILITY (LCU) DET A)		(55597)
5	ACU FIVE		(45411)
5	BMU ONE		(53212)
5	PHIBCB ONE		(55104)
5	NAVY BEACH (NAVBEACH) UNIT SEVEN		(57078)
	(NAVBEACH UNIT SEVEN DET BMU)		(49388)
	(NAVBEACH UNIT SEVEN DET LANDING CRAFT		
	AIR CUSHION (LCAC))		(55621)
	(NAVBEACH UNIT SEVEN DET LCU)		(55622)
4	TACTICAL AIR CONTROL GROUP	1	(09815)
5	TACTICAL AIR CONTRO SQUADRON (VTC)	11	(55134)
5	VTC 12		(55135)
	(VTC 12 DET WESTPAC)		(55623)
4	COMMANDER, MINE COUNTERMEASURES SQUADRON		
	(COMCMRON) SEVEN		(55540)
5	PATRIOT (MINE COUNTERMEASURES SHIP) MCM 7		(21453)
5	PIONEER	MCM 9	(21456)
5	CHIEF	MCM 14	(21902)
5	WARRIOR	MCM 10	(21457)
4	COMCMRON FIVE		(55645)
4	COMCMRON THREE		(55554)
5	COMMANDER MINE COUNTERMEASURES DIVISION		
	(COMCMDIV) THREE ONE		(41979)
5	CHAMPION	MCM 4	(21405)
5	SCOUT	MCM 8	(21455)
5	ARDENT	MCM 12	(21900)
4	AFLOATRAGRU PACIFIC SAN DIEGO		(57062)
5	AFLOATRAGRU SAN DIEGO		(49365)
5	AFLOATRAGRU PACIFIC NORTH WEST		(31379)
5	AFLOATRAGRU MIDPAC		(57063)
5	AFLOATRAGRU WESTPAC		(57064)
	(AFLOATRAGRU WESTPAC DET SASEBO)		(49366)
4	SURFACE FORCE PACIFIC REP PUGET SOUND		(35944)



4	REGIONAL SUPPORT ORGANIZATION PACNORWEST	(55271)
3	COMMANDER, SUBMARINE FORCE U.S.PACIFIC FLEET (COMSUBPAC)	(57020)
4	COMMANDER, ANTI-SUBMARINE WARFARE FORCE THIRD FLEET PEARL HARBOR HI	(43020)
4	EMORY S LAND SUBMARINE TENDER (AS) 39	(20635)
4	FRANK CABLE AS 40	(20865)
4	SUBMARINE SQUADRON 1	(55346)
5	CHARLOTTE SSN 766	(21763)
5	GREENEVILLE SSN 772	(21831)
5	TEXAS SSN 775	(23028)
5	HAWAII SSN 776	(23159)
5	NORTH CAROLINA SSN 777	(23190)
5	MISSISSIPPI SSN 782	(20080)
5	ILLINOIS SSN 786	(20181)
5	MISSOURI SSN 780	(20002)
5	(PCU OREGON SSN 793)	(27155)
4	SUBMARINE DEVELOPMENT SQUADRON (SUBDEVRON) 5	(55522)
	(SUBDEVRON 5 DET BANGOR WA)	(52730)
	(SUBDEVRON 5 DET DIVING BANGOR WA)	(44904)
	(SUBDEVRON 5 DET UUV BANGOR WA)	(45242)
5	UUVRON ONE	(4000Y)
5	JIMMY CARTER SSN 23	(41718)
5	CONNECTICUT SSN 22	(21859)
5	SEAWOLF SSN 21	(21834)
4	SUBMARINE SQUADRON 7	(53896)
5	COLUMBUS SSN 762	(21692)
5	SANTA FE SSN 763	(21693)
5	TUCSON SSN 770	(21816)
5	COLUMBIA SSN 771	(21817)
5	CHEYENNE SSN 773	(21832)
5	JEFFERSON CITY SSN 759	(21605)
5	CHICAGO SSN 721	(21100)
5	SPRINGFIELD SSN 761	(21691)
4	SUBMARINE SQUADRON 11	(55244)
5	ALEXANDRIA SSN 757	(21465)
5	SCRANTON SSN 756	(21464)
5	HAMPTON SSN 767	(21764)
5	ANNAPOLIS SSN 760	(21690)

5	ARCO	ARDM 5	(20036)
5	UNDERSEA RESCUE COMMAND	SAN DIEGO	(32117)
4	SUBMARINE SQUADRON	15	(43709)
5	KEY WEST	SSN 722	(21101)
5	OKLAHOMA CITY	SSN 723	(21102)
5	TOPEKA	SSN 754	(21463)
5	ASHEVILLE	SSN 758	(21466)
4	SUBMARINE GROUP	7	(33174)
5	SUBMARINE SQUADRON	21	(42897)
4	SUBMARINE GROUP	9	(53885)
5	NAVSUBSUPPCEN	BANGOR WA	(61106)
5	SUBMARINE SQUADRON	19	(4280A)
6	OHIO	SSGN 726	(21036)
6	MICHIGAN	SSGN 727	(21037)
6	MAINE	SSBN 741	(21826)
5	SUBMARINE SQUADRON	17	(53886)
6	HENRY M JACKSON	SSBN 730	(21040)
6	ALABAMA	SSBN 731	(21041)
6	NEVADA	SSBN 733	(21043)
6	PENNSYLVANIA	SSBN 735	(21045)
6	LOUISIANA	SSBN 743	(21861)
6	KENTUCKY	SSBN 737	(21433)
6	NEBRASKA	SSBN 739	(21461)
4	COMMANDER, UNDERSEA SURVEILLANCE (COMUNDERSEASURV)		
	DAM NECK VA		(62853)
	(COMUNDERSEASURV DET SASEBO JA)		(62859)
4	NAVSUBSUPPCEN	PEARL HARBOR HI	(44429)
4	NAVY DATA CENTER	YOKOSUKA	(32806)
	(NAVY DATA CENTER DET OKINAWA)		(45196)
4	PRIORITY MATERIAL OFFICE (MATOFF) BREMERTON		(00441)
	(PRIORITY MATOFF DET PEARL HARBOR HI)		(44700)
	(PRIORITY MATOFF DET NORFOLK VA)		(45919)
	(PRIORITY MATOFF DET GROTON CT)		(45918)
	(PRIORITY MATOFF DET MAYPORT FL)		(50070)
	(PRIORITY MATOFF DET KINGS BAY GA)		(40415)
	(PRIORITY MATOFF DET TRAVIS AFB CA)		(44454)
	(PRIORITY MATOFF DET GUAM)		(50072)
	(PRIORITY MATOFF DET SAN DIEGO CA)		(46575)
	(PRIORITY MATOFF DET SIGONELLA IT)		(50071)
	(PRIORITY MATOFF DET BAHRAIN)		(50073)

	(PRIORITY MATOFF DET YOKOSUKA)	(3657A)
4	COMSUBPAC REP WEST COAST	(42474)
4	COMSUBPAC SHIPYARD REP PUGET SOUND	(33057)
4	COMSUBPAC SHIPYARD REP PACNORTHWEST	(53885)
4	COMSUBPAC SHIPYARD REP PEARL HARBOR	(48298)
3	COMMANDER, U.S. THIRD FLEET	(57087)
4	COMMANDER CARRIER STRIKE GROUP (COMCARSTRKGRU)	
	FIFTEEN	(09721)#
5	COMMANDING OFFICER, TACTICAL TRAINING GROUP PACIFIC	
	(TACTRAGRUPAC)	(53996)
	(DIRECTOR, TACTRAGRUPAC DET YOKOSUKA	(40434)
4	COMCARSTRKGRU ONE	(57098)#
4	COMCARSTRKGRU THREE	(09722)#
4	COMCARSTRKGRU SEVEN	(09724)#
4	COMCARSTRKGRU NINE	(55780)#
4	COMCARSTRKGRU ELEVEN	(55775)#
4	COMEXSTRKGRU THREE	(52739)#
3	COMMANDER, U.S. SEVENTH FLEET	(57024)
4	COMCARSTRKGRU FIVE	(09723)#
4	COMEXSTRKGRU SEVEN	(55308)#
	(COMEXSTRKGRU SEVEN DET SASEBO)	(31915)
4	PATROL AND RECONNAISSANCE WING ONE	(09451)
	(COMPATRECONWING ONE DET ATSUGI)	(43021)
	(MTOC SIX)	(49136)
	(TOC KADENA)	(32515)
4	FLEET COORDINATION GROUP	(30247)

#(COMUSFLTFORCOM/COMPACFLT established a support relationship between the COMCARSTRKGRU/COMEXSTRKGRU commander (supported commander) and the TYCOM (supporting commander). TYCOMs provide ADCON support for units assigned OPCON to a COMCARSTRKGRU/COMEXSTRKGRU. TYCOMs and COMCARSTRKGRU/COMEXSTRKGRU commanders work integrated solutions to achieve unit readiness to meet COMCARSTRKGRU/COMEXSTRKGRU mission requirements.)

3	U.S. NAVAL FORCES JAPAN	(57006)
	(The Commander is assigned a "dual hat" as COMMANDER NAVY REGION (COMNAVREG) JAPAN (61076) under COMMANDER, NAVY INSTALLATIONS COMMAND (CNIC) as the Regional Commander.)	
3	U.S. NAVAL FORCES KOREA (COMNAVFORKOREA) (62894, 37310)	
	(SPLIT LOCATION FOR COMMAND)	
	(The Commander is assigned a "dual hat" as COMNAVREG	

KOREA (61075) under CNIC as the Regional Commander.)  
 (COMNAVFORKOREA DET COMBINED NAVAL INTELLIGENCE CELL  
 CHINHAE) (45802)  
 (COMNAVFORKOREA NAVY COMPONENT COMMAND DET CHINHAE)  
 (44461)

3 U.S. NAVAL FORCES MARIANAS (COMNAVMARIANAS) (57043)  
 (The Commander is assigned a "dual hat" as COMMANDER  
 JOINT REGION MARIANAS (61128) under CNIC as the  
 Regional Commander.)  
 (COMNAVMARIANAS DET CIVIC ACTION TEAM GU) (55520)

3 LOGISTIC GROUP WESTPAC (55341)  
 (The commander is assigned a "dual hat" as Commander  
 Singapore Area coordinator (61077) under CNIC.)

3 NAVY EXPEDITIONARY COMBAT COMMAND PACIFIC (57046)  
 (The Commander is assigned a "dual hat" as COMMANDER,  
 NAVY EXPEDITIONARY COMBAT COMMAND (4582A) who serves as  
 lead to coordinate Title 10 programs for NECC Forces  
 under COMUSFLTFORCOM.)

4 NAVY EXPEDITIONARY FORCES COMMAND PACIFIC (33710)  
 4 NCG ONE (55752)  
 5 NMCB 3 (55103)  
 5 NMCB 4 (55114)  
 5 NMCB 5 (55115)  
 5 UCT TWO (35233)  
 5 CBMU 303 (55644)  
 (CBMU 303 DET PEARL HARBOR) (66648)  
 5 FIRST NCR (81381)  
 6 NMCB 18 (08917)  
 6 NMCB 22 (55531)  
 6 NMCB 25 (08865)  
 5 THREE ZERO NCR (55611)  
 (COM THREE ZERO NCR DET OKINAWA) (53882)

4 COASTAL RIVERINE GROUP (CORIVGRU) ONE (57092)  
 (CORIVGRU ONE DET COMBAT SERVICE SUPPORT) (55886)  
 (CORIVGRU ONE DET GUAM) (55887)  
 5 COASTAL RIVERINE SQUADRON ONE (30682)  
 5 COASTAL RIVERINE SQUADRON THREE (3349A)  
 6 CORIVRON THREE MK VI CO ALPHA (36070)  
 7 CORIVRON THREE MK VI CO ALPHA BOAT CREW 1 (36072)  
 7 CORIVRON THREE MK VI CO ALPHA BOAT CREW 2 (36073)  
 7 CORIVRON THREE MK VI CO ALPHA BOAT CREW 3 (36074)  
 6 CORIVRON THREE MK VI CO BRAVO (36071)  
 7 CORIVRON THREE MK VI CO BRAVO BOAT CREW 1 (36075)  
 7 CORIVRON THREE MK VI CO BRAVO BOAT CREW 2 (36076)

7	CORIVRON THREE MK VI CO BRAVO BOAT CREW 3(36077)	
5	COASTAL RIVERINE SQUADRON ELEVEN	(55823)
4	EXPLOSIVE ORDNANCE DISPOSAL GROUP ONE	(55321)
5	EODMU ONE	(31968)
5	EODESU ONE	(82630)
5	EOD TRAINING AND EVALUATION UNIT ONE	(30202)
5	EODMU THREE	(55447)
	(EODMU THREE DETACHMENT CHINA LAKE)	(30697)
	(EODMU THREE DETACHMENT MDS)	(58602)
	(EODMU THREE DETACHMENT SOUTHWEST)	(48176)
5	EODMU FIVE	(30215)
	(EODMU FIVE DET JAPAN)	(30217)
	(EODMU FIVE DET MARIANAS)	(30208)
5	EODMU ELEVEN	(55569)
	(EODMU ELEVEN DETACHMENT BANGOR)	(42969)
	(EODMU ELEVEN DETACHMENT FALLON)	(30209)
	(EODMU ELEVEN DETACHMENT NORTHWEST)	(30203)
	(EODMU ELEVEN DETACHMENT MDS)	(49974)
5	MOBILE DIVING AND SALVAGE UNIT ONE	(55550)
	(MOBILE DIVING AND SALVAGE UNIT ONE DET EOD)	(32082)
3	NAVY MUNITIONS COMMAND PACIFIC (NMCPAC) EAST ASIA DIVISION (EAD)	(40629)
4	NMCPAC EAD UNIT PEARL HARBOR)	(68297)
4	NMCPAC EAD UNIT SASEBO	(62735)
4	NMCPAC EAD UNIT YOKOSUKA	(61581)
	(NMCPAC EAD DET ATSUGI)	(61583)
4	NMCPAC EAD UNIT GUAM	(61055)
4	NMCPAC EAD UNIT OKINAWA	(62254)
	(NMCPAC EAD DET DIEGO GARCIA)	(40554)
4	NMCPAC EAD UNIT MISAWA	(61584)
3	NMCPAC CONUS WEST DIVISION (CWD)	(40628)
	(The Commander is assigned a "dual hat" as Commanding Officer, Naval Weapons Station Seal Beach under UIC 61065.)	
	(NMCPAC CWD DET FALLBROOK)	(47618)
	(NMCPAC CWD DET POINT LOMA)	(44943)
	(NMCPAC CWD DET NORTH ISLAND)	(61047)
	(NMCPAC CWD DET SAN CLEMENTE ISLAND)	(61046)
	(NMCPAC CWD DET LEMOORE)	(61059)
	(NMCPAC CWD DET FALLON)	(61052)
	(NMCPAC CWD DET EL CENTRO)	(61051)
	(NMCPAC CWD DET POINT MUGU)	(61063)

	(NMCPAC CWD DET CHINA LAKE)	(40409)
	(NMCPAC CWD DET WHIDBEY ISLAND)	(61048)
4	NMCPAC CWD UNIT INDIAN ISLAND	(48537)
4	NMCPAC CWD UNIT SEAL BEACH	(47615)

\*\* - SHORE ACTIVITY IN FLEET ADMINISTRATIVE CHAIN OF COMMAND





DEPARTMENT OF THE NAVY  
USS THEODORE ROOSEVELT (CVN 71) UNIT 100250 BOX 1 FPO AP 96632  
CARRIER AIR WING ELEVEN LEMOORE CA 93246-0030

Canc frp: Mar 2020

TRNOTE 5050  
CVW11NOTE 5050  
CO  
22 Feb 2020

USS THEODORE ROOSEVELT (CVN 71) NOTICE 5050  
CARRIER AIR WING ELEVEN (CVW 11) NOTICE 5050

From: Commanding Officer, USS THEODORE ROOSEVELT (CVN 71)  
Commanding Officer, Carrier Air Wing ELEVEN

Subj: USS THEODORE ROOSEVELT AND CARRIER AIR WING ELEVEN  
LIBERTY PLAN FOR DA NANG, VIETNAM, 5-9 MARCH 2020

Ref: (a) COMSEVENTHFLTINST dtd 22 Jul 19 "Liberty Within the 7<sup>th</sup> Fleet Area of Operations"  
(b) TRNOTE 1050/ CVW11NOTE 1050 dtd 12Feb20 "Liberty Risk Program"  
(c) Online Foreign Clearance Guide, <https://www.fcg.pentagon.mil>  
(d) JAGINST 5800.7 (Series), JAG Manual

Encl: (1) Individual Liberty Plan for E5 and below  
(2) Liberty Log Template Page  
(3) Overnight Liberty Tracker  
(4) Examples of Overnight "Permit" and "Shorepass"

1. Purpose. To set forth liberty policy guidelines and plan for USS THEODORE ROOSEVELT (CVN 71) and Carrier Air Wing ELEVEN (CVW 11) port visit to Da Nang, Vietnam, 5-9 March 2020.

2. Discussion. Exemplary personal and professional conduct ashore is the standard for all THEODORE ROOSEVELT/CVW-11 Sailors. Liberty is a 'must win' mission as port visit liberty incidents in the Western Pacific have strategic impacts. We must be good ambassadors in foreign ports. Individuals must not only conduct themselves appropriately, but also ensure that others are doing the same. The expectation is all personnel take immediate and appropriate action to intervene when circumstances warrant. Choosing not to intervene is NOT an option. Do your part, make good decisions, and set your people up for success. Additional liberty guidance for this port is contained in reference (a) and individual command leave and liberty instructions.

3. Liberty. The following policy is set forth.

a. Vietnam serialized "Shorepass". The ship will receive a serialized "Shorepass" (enclosure (4)) for each person onboard prior to anchoring. Staffs, Departments, and Squadrons will receive their serialized Shorepasses in advance of liberty in Vietnam. Before being released for liberty, every person onboard authorized liberty will be issued the Shorepass that corresponds to their Crew Member number. The Vietnamese Shorepass is an accountable item and needs to be turned in at the end of liberty in Vietnam. Loss of this card may result in Captain's Mast for



Violation of Uniform Code of Military Justice (UCMJ) Article 92, Failure to Obey an Order or Regulation. Additionally, anyone returning from liberty without their issued Shorepass will be temporarily detained by local authorities, will require a signed letter from the Command Duty Officer (CDO) to retrieve them, and will not be allowed to return on liberty in Vietnam. The importance of maintaining 100 percent accountability of these cards cannot be overstated. The Shorepass is required to be shown to Vietnamese government officials upon demand, to include at the exit and entry to Fleet Landing.

b. Overnight Liberty. Overnight liberty is authorized in this port only for personnel who have a valid passport in their possession, proof of an authorized hotel reservation, are pre-approved for overnight liberty by their Head of Department (HOD)/Squadron Commanding Officer (CO), and submitted to the country team by Commander, Carrier Strike Group NINE (CCSG-9) by the deadline promulgated. Additionally, the following personnel will not be permitted overnight liberty: (1) personnel assigned on liberty risk, or (2) specifically disapproved for overnight liberty, or (3) restricted to the ship pursuant to Captain's Mast punishment.

c. Overnight "Permit". Departments/Squadrons will complete overnight liberty trackers in Excel format (enclosure (3)) completing all data fields including Crew Member Numbers for all personnel requesting overnight liberty for compilation by ship and Air Wing admin offices. Those that meet the requirements and are approved overnight liberty will be issued a Vietnamese overnight "Permit" (see enclosure (4)). The permit will be completed to include name, nationality, passport number, approved hotel and days that overnight liberty is authorized. The overnight permit is an accountable item while on liberty. Loss of this permit will result in loss of overnight liberty.

d. Liberty Risk. The THEODORE ROOSEVELT/CVW-11 joint liberty risk program, contained in reference (b), will be used in this foreign port. Once on liberty, any Sailor or Officer who is returned to the ship following a liberty incident (as determined by the Shore Patrol Commander, Beach Guard Commander, or CDO) shall be placed on Charlie Liberty Risk for the remainder of the port visit.

e. Written Liberty Plans. E-5 and below shall submit a liberty plan to their Leading Chief Petty Officer/Division Officer/HOD for review for this port, and forward to their DLCPO or HOD for final approval using enclosure (1). Departments will maintain copies of the liberty plan, and make them available to the CDO for inspection upon request.

f. Liberty Brief. ALL HANDS shall watch the command liberty port briefing on Site TV prior to commencing liberty.

g. Liberty Log. ALL HANDS will sign in/out using a liberty log (Enclosure (2)). Each department and squadron will maintain a logbook, to be labeled the LIBERTY LOGBOOK for all its personnel, and make it available to the CDO/Air Wing Duty Officer (AWDO) for inspection upon request. This logbook must be manned at all times and may be maintained within the department daily until 1900. At 1900 the DDO will transfer the logbook to Hangar Bay 3, to be monitored by an E-7 and above, and remain until the last person in the department is accounted for. Squadron logbooks will be maintained in Ready Rooms and monitored by an E-7 or above after 1900. This logbook will include name, rank, liberty buddies, hotel information,



and other details. In addition, and unique to this port, the logbook will also include the shorepass serial number as assigned to each Sailor. A template liberty log page is provided in enclosure (2). The LIBERTY LOGBOOK shall NOT be shown to foreign officials for copying or reproduction. It is an internal federal government record, which constitutes a "warship crew list," and is therefore protected by sovereign immunity from disclosure to foreign governments. Any attempt by a foreign official to copy or reproduce the logbook should be refused and reported immediately to the CDO.

h. Liberty Call. On the arrival day expect Liberty Call to be announced by ranks starting with senior, going to junior. There will be a khaki liberty line and an E-6 and junior line. Departmental / Squadron Leadership may nominate up to 10 percent of their E-6 and below for head of line privileges. Each Sailor nominated may be accompanied by only one Liberty Buddy. Head of the line passes will be distributed to Departments / Squadrons in advance of the port visit. TAD personnel are included in the departments they are TAD to.

#### 4. Liberty Expiration

a. While in port Da Nang, the local government ("People's Council of Da Nang") has ordered a curfew for ALL HANDS from 2400 to 0500. A violation of this curfew order will result in Captain's Mast for Violation of the UCMJ Article 92, Failure to Obey an Order or Regulation, in addition to potential charges by local authorities.

b. Liberty expires for those with approved overnight liberty at 0900 on 9 March. For those without overnight liberty on 8 March liberty will expire at normal liberty expiration times.

c. Due to liberty boat capacity and limitations while at anchorage, liberty expires by paygrade every night, and will expire inside the Entry Control Point at Fleet Landing, as follows:

- (1) E-4 and junior: 2200
- (2) E-5 and E-6: 2300
- (3) E-7 and senior: 2359

Upon returning to the ship, ALL HANDS must sign-in as returned from liberty in their respective logbooks. Beach Guard will record all names of Sailors returning to Fleet Landing after their respective liberty expiration.

c. For personnel authorized overnight liberty and are not returning to the ship, liberty expires at 2359 at your place of overnight accommodation (in your hotel room, not in the hotel lobby or bar). You must remain at your place of overnight accommodation from liberty expiration until 0500 the following morning. Additionally, you must muster daily with your DDO / Squadron representative either by phone or e-mail, between 2200 and 0100.

**"PLAN AHEAD. BE EARLY. TAXI DELAYS ARE NO EXCUSE!"**

d. Personnel are not authorized overnight liberty prior to a duty day. You must return to Fleet Landing by liberty expiration the night prior to your duty day. No exceptions.

Mar 5: Duty Section 5/1  
Mar 6: Duty Section 6/2  
Mar 7: Duty Section 7/3  
Mar 8: Duty Section 8/4  
Mar 9: Duty Section 5/1

#### 5. Liberty Buddy Policy

a. The liberty buddy system is mandatory in all foreign ports of call while deployed. Buddies must remain together. Buddies must sign out from and return to the ship together. The liberty buddy rule applies to all civilians embarked on or deployed with the THEODORE ROOSEVELT Strike Group, to include Government Service employees and contractors.

b. Liberty buddies may be from other commands or trusted civilian acquaintances (e.g. spouse, sibling, parent) when authorized by the HOD in accordance with requirements of reference (a).

c. Liberty buddy swaps are NOT authorized in this port except by physically returning to the ship or Fleet landing, and the members verify the buddy swap is reflected in the department's/squadron's liberty log.

d. Liberty buddy groups must be of at least two, but no greater than five persons.

e. If found without a liberty buddy, lone Sailors will be escorted back to the ship immediately. If a Sailor loses their liberty buddy, he/she will report to the nearest member of the Shore Liaison Group/Shore Patrol and return to the ship immediately. There are no refunds for unused hotel rooms due to violations of the liberty buddy policy.

f. Liberty buddies are not required for official Morale, Welfare, and Recreation (MWR) tours and command-sponsored Community Relations (COMREL) projects that leave from and return to Fleet Landing. Liberty buddies are not required at Fleet Landing but are required if leaving the Fleet Landing grounds.

6. Senior Person Present Rule. All leaders are expected to enforce ship and Strike Group liberty policies, and to intervene to prevent incidents. The senior person present at the scene of a liberty incident will be held accountable for their actions or inactions during a liberty incident.

7. Leave Policy. The Executive Officer is the approval authority for all THEODORE ROOSEVELT leave requests. Deputy Commander, Carrier Air Wing ELEVEN (DCAG) is the approval authority for all CVW-11 leave requests. Leave will be approved only in exceptional circumstances (e.g. family visiting Da Nang). Additionally, all Sailors on approved leave will be required to follow ALL liberty guidelines (i.e. NOT leave the Da Nang province, prohibited activities, approved hotels only, etc.).



8. Duty. Regular in port duty hours apply.

9. Drinking

a. The drinking age for ALL HANDS while in port Da Nang is 18 years of age.

b. The Navy standard is RESPONSIBLE USE of alcohol. Inebriation is the most common cause of liberty incidents and could result in UCMJ charges.

**"KEEP WHAT YOU'VE EARNED-ENJOY YOUR LIBERTY- DON'T DRINK TO OVER-INTOXICATION."**

10. Appropriate Liberty Attire. Quarterdeck watches will ensure all personnel departing on liberty are well-groomed, that their clothing is in good taste, and that personnel are in compliance with the clothing standards contained in reference (a).

11. Off Limits Areas/Activities

a. Bars/Clubs After Closing Hours. Expect an increased Vietnamese security presence during this port visit. Cameras are everywhere. You will be arrested if found in a bar or club after closing hours.

b. Houses of Prostitution. Engaging in prostitution or any commercial sex act is prohibited. Paying for sex is a violation of Article 134 of the UCMJ. Department of Defense policy prohibits any activity that may facilitate or encourage trafficking in persons. Trafficking in persons is cruel, inherently harmful, and dehumanizing. It is demeaning and contrary to our Core Values. Additionally, HIV rates among prostitutes generally run exceptionally high.

c. Two-wheeled Vehicles. Riding on two wheels, to include motorcycles, scooters, mopeds, and bicycles is strictly forbidden. Two wheeled vehicles are extremely dangerous on Vietnamese roads. Vehicular accidents are the leading cause of death of tourists in Da Nang.

d. Car Rentals. Renting or purchasing vehicles is not authorized in this port.

e. Water Vehicles. Operating wave runners, jet skis, or power boats is prohibited.

f. Hitchhiking. Hitchhiking is inherently risky and prohibited.

g. Extreme Sports. Bungee jumping, parasailing, sky-diving, boxing, wrestling, martial arts, are inherently dangerous activities that may be permitted only after obtaining approval from HOD / squadron leadership.

h. SCUBA diving. Diving is prohibited unless the member is qualified by an officially recognized association (i.e. PADI). Personnel may participate in qualifying dives in order to become certified by an officially recognized association, or may participate pursuant to approved MWR tours.

i. Surrendering Military ID/CAC. Restaurants may ask for an identification card when ordering to discourage walk-offs. Use a credit card instead. It is okay to show your Military ID/CAC to local law enforcement or border guard officials, but do not allow anyone to take possession of, make copies of, or photograph your Military ID/CAC.

j. Guns Shops and Weapons. It is illegal for foreigners to possess guns. Also prohibited is the possession of any ammunition, spent shells, or training rounds or throwing stars. Vietnam strictly prohibits importation of weapons.

k. Tattoo/ Piercing Establishments. It is not uncommon to be infected with incurable Hepatitis and other diseases while in this port, even from just one piercing / tattoo.

l. Local Pharmacies. Many drugs contain U.S. scheduled/controlled substances and will result in a positive urinalysis, non-judicial punishment (NJP), and administrative separation (ADSEP).

m. Counterfeit Merchandise. Avoid shops or street vendors selling counterfeit merchandise. It is illegal to bring counterfeit goods on board a naval vessel or import them into the United States.

n. Designated Liberty/Leave Area. The designated liberty/leave area is the limit of the municipal province of Da Nang. You may not leave the designated liberty/leave area unless on a command-sponsored COMREL event or MWR tour.

o. Hotel/Lodging. Being present in, making a reservation at, or staying overnight at, any hotel not on the authorized hotel list is prohibited. Private property rentals or housing (e.g. AirBnB, Vrbo, etc.) are not authorized.

p. Unofficial Tours. Participating in any tour or other guided activity not officially sponsored by MWR through the contracted tour operator is prohibited.

q. Photography of Military or Security Interest. Taking photographs of anything that could be perceived as of military or security interest may result in questioning by authorities, fines, detention, or arrest.

p. Religious Items. Importation of religious material is outlawed in Vietnam. NCIS does not recommend visibly displaying or carrying prayer books or other religious materials. Avoid religious or political conversations with local nationals.

r. Drug Offenses. Punishments are severe and include the death penalty. Do not get involved with drugs. Expect plain clothes police and heavy surveillance on local drug traffickers interacting with and targeting foreign tourists.

12. Authorized Hotels. The following hotels are the only authorized hotels for personnel on approved overnight liberty in Da Nang:



a. Downtown North/Novotel Drop Off

- (1) Da Nang Golden Bay
- (2) Stay Hotel
- (3) Zen Diamond Suites Hotel
- (4) Novotel Premier Han River
- (5) Hilton Hotel Da Nang

b. Downtown South/Green Plaza Drop Off

- (1) Brilliant Hotel
- (2) Vanda Hotel
- (3) Samdi Hotel
- (4) One Opera Hotel

c. Beach Drop Off

- (1) A la Carte
- (2) Belle Madison Parosand
- (3) Mandila Beach Hotel
- (4) BlueSun Hotel
- (5) Paris Deli Danang Beach Hotel
- (6) Royal Lotus Hotel
- (7) Sofia Boutique Hotel\*
- (8) Sofia Suites Hotel\*
- (9) Four Points by Sheraton

d. Beach Other

- (1) Premier Village Da Nang Resort
- (2) Pullman Danang Beach Resort
- (3) Intercontinental Da Nang
- (4) Hyatt Regency Danang
- (5) Olalani Resort and Condotel

\*The Sofia Hotels are two hotels operated by Vietnam Boutique Quality. No other Vietnam Boutique Quality hotels are authorized for lodging.

13. Violations

a. Members will obey all orders of local authorities and THEODORE ROOSEVELT/CVW-11 Shore Liaison Group, Shore Patrol and Beach Guard.

b. Members who violate this plan, to include violations of reference (a) will be referred for disciplinary action.

c. **Remediation.** Per reference (a), in the event of any incident that discredits the public image of U.S. Service Members, the offending Service Member's **division** will be placed in a duty status and recalled to the ship to develop and complete a remediation plan and critique.

14. **Conclusion.** All THEODORE ROOSEVELT/CVW-11 Sailors regardless of rank will be familiar with this policy. Our mission ashore, as ambassadors of the United States of America and the United States Navy, is equally as important as our mission at sea. Like our mission at-sea, we will execute to the highest standards without fail, and provide each other forceful backup and support when unacceptable risk to mission exists.

15. **Records Management.** Records created as a result of this notice regardless of media or format, must be managed per Secretary of the Navy Manual 5210.1 of January 2012.

(b) (6)

Deputy Commander

(b) (6)

Executive Officer

Releasability and distribution:

This notice is not cleared for public release and is available electronically only via the USS THEODORE ROOSEVELT (CVN 71) SharePoint Page to users with common access card authorization, <https://web.cvn71.navy.mil:8081/admin/x1site/Directive>

# USS THEODORE ROOSEVELT (CVN 71)/CVW-11 INDIVIDUAL LIBERTY PLAN

Rate/Rank/Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_ DIV: \_\_\_\_\_ Duty Section: \_\_\_\_\_

## LIBERTY EXPIRATIONS (AT FLEET LANDING OR AT HOTEL)

**E4 AND BELOW: 2200 E5/E6: 2300 / E7 AND ABOVE: 2359**

☐ Class Alpha Liberty expires at 2100 onboard. ☐ Class Bravo Liberty expires at 1800 onboard.  
☐ Class Charlie Liberty onboard.

Division LCPO Risk Category ☐ Low ☐ Medium ☐ High

1. Have you read the SOPA liberty policy and understand the contents?
2. If you are of legal age to drink alcohol, are you going to drink responsibly?
3. Are you aware of the liberty policy?

YES / NO (Circle one)

YES / NO / N/A (Circle one)

YES / NO (Circle one)

**THURSDAY, 05 MARCH 2020 SECTION 1** ALCOHOL YES / NO (Circle one) OVERNIGHT YES / NO (Circle one) Duty/Staying on Ship ☐

Plans: Shopping ☐ Sight Seeing ☐ MWR Tour ☐ Night Life/Bar ☐ Movie ☐ Restaurant ☐

Other/Details: \_\_\_\_\_

Overnight Location: \_\_\_\_\_ Recall Phone #: \_\_\_\_\_

Hotel Name: \_\_\_\_\_ Hotel Phone #: \_\_\_\_\_

Liberty Buddy 1: (Rate, Last, First, Dept/Div): \_\_\_\_\_ Signature: \_\_\_\_\_

Liberty Buddy 2: (Rate, Last, First, Dept/Div): \_\_\_\_\_ Signature: \_\_\_\_\_

**FRIDAY, 06 MARCH 2020 SECTION 2** ALCOHOL YES / NO (Circle one) OVERNIGHT YES / NO (Circle one) Duty/Staying on Ship ☐

Plans: Shopping ☐ Sight Seeing ☐ MWR Tour ☐ Night Life/Bar ☐ Movie ☐ Restaurant ☐

Other/Details: \_\_\_\_\_

Overnight Location: \_\_\_\_\_ Recall Phone #: \_\_\_\_\_

Hotel Name: \_\_\_\_\_ Hotel Phone #: \_\_\_\_\_

Liberty Buddy 1: (Rate, Last, First, Dept/Div): \_\_\_\_\_ Signature: \_\_\_\_\_

Liberty Buddy 2: (Rate, Last, First, Dept/Div): \_\_\_\_\_ Signature: \_\_\_\_\_

**SATURDAY, 07 MARCH 2020 SECTION 3** ALCOHOL YES / NO (Circle one) OVERNIGHT YES / NO (Circle one) Duty/Staying on Ship ☐

Plans: Shopping ☐ Sight Seeing ☐ MWR Tour ☐ Night Life/Bar ☐ Movie ☐ Restaurant ☐

Other/Details: \_\_\_\_\_

Overnight Location: \_\_\_\_\_ Recall Phone #: \_\_\_\_\_

Hotel Name: \_\_\_\_\_ Hotel Phone #: \_\_\_\_\_

Liberty Buddy 1: (Rate, Last, First, Dept/Div): \_\_\_\_\_ Signature: \_\_\_\_\_

Liberty Buddy 2: (Rate, Last, First, Dept/Div): \_\_\_\_\_ Signature: \_\_\_\_\_

**SUNDAY, 08 MARCH 2020 SECTION 4** ALCOHOL YES / NO (Circle one) OVERNIGHT YES / NO (Circle one) Duty/Staying on Ship ☐

Plans: Shopping ☐ Sight Seeing ☐ MWR Tour ☐ Night Life/Bar ☐ Movie ☐ Restaurant ☐

Other/Details: \_\_\_\_\_

Overnight Location: \_\_\_\_\_ Recall Phone #: \_\_\_\_\_

Hotel Name: \_\_\_\_\_ Hotel Phone #: \_\_\_\_\_

Liberty Buddy 1: (Rate, Last, First, Dept/Div): \_\_\_\_\_ Signature: \_\_\_\_\_

Liberty Buddy 2: (Rate, Last, First, Dept/Div): \_\_\_\_\_ Signature: \_\_\_\_\_



**USS THEODORE ROOSEVELT (CVN- 71)/CVW-11 LIBERTY GUIDANCE**

**ALCOHOL CONSUMPTION:**

(INITIAL \_\_\_\_\_)

Alcohol consumption will be done in a responsible and mature manner, so as to not to bring discredit to the Armed Services.

**OVERNIGHT LIBERTY GUIDANCE:**

(INITIAL \_\_\_\_\_)

- Hotel/Address of liberty buddy;
- Recall/cell phone number of overnight location (residence/hotel/liberty buddy)
- Provide liberty buddy name, rank and department/division
- Liberty buddies must stay at the SAME HOTEL
- If separated from your liberty buddy, involved in an incident or require assistance for whatever reason contact your Khaki chain of command or nearest shore patrol for possible guidance

**7<sup>th</sup> FLEET LIBERTY GUIDANCE:**

(INITIAL \_\_\_\_\_)

Per the C7F Liberty Guidance instruction, in the event of any incident that discredits the public image of U.S. Service Members, the offending Service Member's Division will be placed on a duty status and recalled to the ship to develop and complete a remediation plan and critique. The remediation plan at a minimum shall include a review of the present liberty policies, and personal behavior standards while on liberty. The critique shall include a review of what occurred, what unit leadership knew about the Sailor's prior behavior and, if the Sailor was previously assessed as a risk, what steps unit leadership had in place for mitigation. Upon satisfactory completion of the remediation plan and approval of the plan by Commander, Carrier Strike Group Nine, the division may reenter the normal duty rotation.

**CHANGES TO LIBERTY PLAN:**

(INITIAL \_\_\_\_\_)

You must contact in person or by phone your first Khaki in your division. If not available the senior KHAKI on duty will be authorized to make a change to your liberty plan.

I \_\_\_\_\_ will adhere to this liberty plan and I understand that any diversion from this plan is against the 7<sup>th</sup> Fleet liberty policy. If I need to make changes to this liberty plan I will update onboard USS THEODORE ROOSEVELT with the Department/Squadron Duty Chief.

SVM SIGNATURE: \_\_\_\_\_

LPO: \_\_\_\_\_

LCPO: \_\_\_\_\_

DIVO: \_\_\_\_\_

DEPARTMENT:				DIVISION:					
HOD:		DLPCO:							
Special Instructions:		<b>ALL PERSONNEL ARE REQUIRED TO FILL OUT DEPT LIBERTY LOG **NO EXCEPTIONS**</b>		<b>Late Night/Morning muster is MANDATORY</b>					
								<b>Muster time: 2200 - 0100</b> <b>DEPT Late Night/Morning muster email:</b> <b>EMAIL: _____@cyn71.navy.mil</b> <b>Approval</b>  <b>HOD</b> <b>DLPCO</b>	
<b>VIETNAM OVERNIGHT LIBERTY ROSTER - WILL BE GIVEN OVERNIGHT PERMIT BEFORE DEPARTURE</b>									

[illegible]

H-2-42

# DEPARTMENT LIBERTY LOG

PORT VISIT: Da Nang, Vietnam

RATE	NAME	DIVISION	SHORE PASS #	LIBERTY EXPIRES WHEN?	LIBERTY BUDDY NAME(S) (MAX 4 BUDDIES)	WHAT ARE YOU GOING? WHERE ARE YOU GOING?	MEMBER SIGNATURE WITH *TIME & DATE*	OVERNIGHT	COMMENTS BERTHING COMPARTMENT AND RACK #
							OUT:	Circle One: Y / N	COMMENTS:
							IN:		BERTHING COMPARTMENT AND RACK #:
							OUT:	Circle One: Y / N	COMMENTS:
							IN:		BERTHING COMPARTMENT AND RACK #:
							OUT:	Circle One: Y / N	COMMENTS:
							IN:		BERTHING COMPARTMENT AND RACK #:
							OUT:	Circle One: Y / N	COMMENTS:
							IN:		BERTHING COMPARTMENT AND RACK #:
							OUT:	Circle One: Y / N	COMMENTS:
							IN:		BERTHING COMPARTMENT AND RACK #:
							OUT:	Circle One: Y / N	COMMENTS:
							IN:		BERTHING COMPARTMENT AND RACK #:
							OUT:	Circle One: Y / N	COMMENTS:
							IN:		BERTHING COMPARTMENT AND RACK #:
							OUT:	Circle One: Y / N	COMMENTS:
							IN:		BERTHING COMPARTMENT AND RACK #:
							OUT:	Circle One: Y / N	COMMENTS:
							IN:		BERTHING COMPARTMENT AND RACK #:
							OUT:	Circle One: Y / N	COMMENTS:
							IN:		BERTHING COMPARTMENT AND RACK #:

LIBERTY LOG -- PERSONNEL WITH LIBERTY BUDDIES MUST COMPLETE THE LOG INFORMATION FOR THEIR LIBERTY BUDDY'S LOG(S) ALSO.

FORM CAN BE USED TO RECORD BUDDY TEAMS ON AUTHORIZED OVERNIGHT LIBERTY ALSO - RECORD HOTEL LOCATION/CONTACT DATA IN COMMENTS

H-2-42



# VIETNAM LIBERTY PASSES

## OVERNIGHT LIBERTY PERMIT

BPCK CẢNG		GIẤY PHÉP - PERMIT	
Số: .....	/GP	Ngày hết hạn/ Date of expiry: .....	
Họ và tên/Full name: .....			
Quốc tịch/Nationality: .....			
Số CMND-HC/ID-Passpor/Nº: .....			
Được phép/Is allowed: .....			
Ngày .....			
tháng .....			
năm .....			
CHỈ HUY ĐƠN VỊ			

**CHÚ Ý/NOTE**  
Xuất trình Giấy phép kèm Giấy CMND hoặc hộ chiếu/  
This Permit should be presented with ID or Passport

## SHOREPASS

BAN CHỈ HUY BIỂN PHÒNG CẢNG ĐÀ NẴNG BORDER GUARD OFFICE OF DANANG PORT	
<b>THẺ ĐI BỜ SHOREPASS</b>	
Số: <b>101</b> /BPCKC	
Security stamp	

BAN CHỈ HUY BIỂN PHÒNG CẢNG ĐÀ NẴNG BORDER GUARD OFFICE OF DANANG PORT	
<b>THẺ ĐI BỜ SHOREPASS</b>	
Số: <b>5400</b> /BPCKC	
Security stamp	

BAN CHỈ HUY BIỂN PHÒNG CẢNG ĐÀ NẴNG BORDER GUARD OFFICE OF DANANG PORT	
<b>THẺ ĐI BỜ SHOREPASS</b>	
Số: <b>901</b> /BPCKC	
Security stamp	

**LỜI DẶN**  
- Thẻ dùng cho thuyền viên nước ngoài đi bờ trong phạm vi thành phố Đà Nẵng từ 7h00 đến 24h00.  
- Phải xuất trình thẻ cùng hộ chiếu hoặc sổ thuyền viên khi đi bờ.  
- Nộp lại thẻ cho Biên phòng CẢNG ĐÀ NẴNG khi trở về tàu.  
**NOTICE**  
- This permit is used for crew going ashore valid within Danang city from 07h00 to 24h00 daily.  
- This permit should be presented with passport or seaman's book when going to shore.  
- This permit should be returned to Border guard office of Danang port when come back the ship.

## MEMORANDUM

17 March 2020

From: LCDR (b) (6), Theodore Roosevelt Strike Group PAO

To: CDR (b) (6), U.S. 7<sup>th</sup> Fleet PAO

Subj: AFTER-ACTION REPORT FOR 5-9 MARCH VIETNAM PVST

Encl: (1) Port Visit Schedule Overview  
(2) Pre-Port Visit DV Embark Itinerary  
(3) PA Personnel Assignments  
(4) Media Clips  
(5) Public Affairs Guidance

### 1. Purpose.

Theodore Roosevelt Strike Group visited Da Nang, Vietnam, March 5-9. Public Affairs efforts focused on facilitating and highlighting people-to-people interactions to strengthen bilateral ties, per Enclosure (1). The historic visit marked the second time a U.S. aircraft carrier visited the country since the Vietnam War and commemorated 25 years of U.S.-Vietnam diplomatic relations. The visit included the aircraft carrier USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52).

### 2. Highlights.

- Press conference attended by more than 120 international and local media
- TR and BKH media tours for more than 70 international and local media
- Formal reception for 500 attendees including strike group leaders, U.S. Embassy personnel, and local Vietnamese military and government officials
- DV tours for more than 500 Vietnamese military and municipal officials
- 100 Sailors participating in COMRELs
- More than 30 one-on-one media interviews facilitated for leaders and crew members

### 3. Pre-Port Visit.

TR facilitated two DV daylight only embarks. The first embark was for 17 Vietnamese nominated by the Government of Vietnam (GVN) while the second was for 14 U.S. country team members who planned the carrier port visit. Itineraries and guests included in Enclosure (2).

### 4. Arrival Ceremony / Press Conference.

A Vietnamese delegation formally received Ambassador Krittenbrink, ADM Aquilino, RDML Baker, CAPT Crozier, and CAPT (b) (6). The group posed for a photo prior to a press conference attended by over 100 reporters. The Vietnamese Ministry of Foreign Affairs moderated the 60-minute press conference. Ambassador Krittenbrink, ADM Aquilino and RDML Baker participated with two Vietnamese representatives who included Mr. Huynh Duc

Truong, Director of Da Nang Department of Foreign Affairs and Mr. Ho Ky Minh, Vice Chairman of Da Nang People's Committee. Reuters, Channel News Asia and Da Nang Newspaper, were among the media outlets called upon for questions focused on the visit's historical significance, the U.S.-Vietnam bilateral relationship, and Naval operations in the South China Sea.

#### 5. Office Calls.

Ambassador Krittenbrink, ADM Aquilino, Consulate General Damour (Ho Chi Min City) and RDML Baker attended office calls with the Chairman of the Da Nang People's Committee and Vietnamese Commander of Navy Region 3.

#### 6. Big Top Reception.

U.S. Pacific Fleet hosted reception for 500 guests was originally scheduled to be held aboard TR, but was moved to Da Nang Golden Bay Hotel due to sea state and concerns with getting guests safely to and from the carrier. ADM Aquilino, AMB Krittenbrink and Mr. Ho Ky Minh, Da Nang People's Committee vice chairman, provided formal remarks during the ceremony portion of the event. The Navy Band was in attendance and sang the Vietnamese national anthem as well as popular Vietnamese songs.

#### 7. Media Tours.

Due to sea state and the inability to get media to TR safely following the press conference, approximately 65 reporters received an hour of access to USS Bunker Hill for filming standups and capturing still imagery and b-roll footage on the day following the press conference. Reporters toured the bridge, hangar bay, foc'sle, aft missile deck, etc. Outlets in attendance included Reuters, Channel News Asia, Dat Viet Newspaper, Tuoi Tre Newspaper, VN Express, and Da Nang Newspaper etc.

On Saturday, March 7 a select group of 30 reporters still in the area were brought via liberty boat to TR for a tour of the hangar bay and flight deck. This is the only group that was able to get out to TR for a tour of the ship throughout the entire port visit.

#### 8. Ship Tours.

Due to sea state and the inability to get tour groups to TR safely, carrier tours were shifted to USS Bunker Hill for 400 guests from the local Border Guard, Vietnam People's Navy, Military Region, municipal government, Vietnam Veterans and American Chamber of Commerce. GVN canceled shipboard tours for 100 additional guests due to COVID-19 concerns on Sunday, March 8.

#### 9. COMRELS / Sporting Events.

All sporting events were cancelled due to sea state and difficulty in getting Sailors ashore in time for both the soccer and volleyball engagements. However, more than 100 strike group personnel

and U.S. Country Team members fulfilled all the other COMREL obligations which included interacting with residents at the Vocational Charity Center, Dorothea's Project Legacy Charity Center, Agent Orange Victims Center, Hoa Mai Orphanage and Dong A University. Local media covered these events and interviewed strike group personnel.

#### 10. U.S. Pacific Fleet Band.

The U.S. Pacific Fleet band modified their performance schedule to support Vietnamese direction to refrain from large public gathers due to concerns with COVID-19. The band performed at the Vietnamese hosted dinner followed by the Charity Center COMREL, U.S. Pacific Fleet hosted reception, Hoa Mai Orphanage COMREL and Nguyen Huu Dinh Opera Theatre.

#### 11. Professional Exchanges.

All three planned professional exchanges (air traffic controller, firefighting and meteorology) involving tours of TR were cancelled due to sea state and/or COVID-19 concerns. U.S. Country Team representatives supported the HA/DR professional exchange ashore with the focus on disease prevention at Da Nang Hospital for Women and Children. Media was in attendance but no CSG/TR representation was at the event.

#### 12. Notable Media Engagements.

- Ambassador Kritenbrink, ADM Aquilino, RDML Baker, CAPT Crozier and CAPT (b) (6) : arrival ceremony. 5 March
- Ambassador Kritenbrink, ADM Aquilino, RDML Baker: opening ceremony press conference, 5 March
- Ambassador Kritenbrink and ADM Aquilino: Foreign Press Center Hub Call, 6 March
- Ambassador Kritenbrink, ADM Aquilino and RDML Baker: COMREL 2 Dorothea's Project Legacy Charity Center, 6 March

#### 13. Key Messages Delivered to Regional / International Audience.

- This visit commemorates the 25<sup>th</sup> anniversary of bilateral relations between the U.S. and Vietnam.
- This visit marks a significant milestone in our bilateral relations and highlights our continued cooperation with Vietnam.
- Sailors look forward to people-to-people interactions that build ties.
- Presence in the Pacific region is routine; and has helped maintain peace for more than 70 years.
- Operating in the region supports regional security, stability and prosperity.
- Operating in accordance with international laws, rules, standards and norms across the region allows us to reassure our allies and partners keep global trades flowing.

#### 14. Key Messages Delivered to Vietnamese Audience.

- Honored to receive a heartfelt welcome from the government and people of Vietnam.

- This historic visit fulfills an agreement between our top leaders and marks a significant milestone in bilateral relations.
- Visit demonstrates U.S. support for a strong, prosperous, and independent Vietnam.
- Sailors look forward to people-to-people interactions that build ties and enjoying the culture.

15. Opinions and Impressions.

- a. The site visit conducted by the TRSG PAO a month in advance was important to execution of the public affairs mission but was not adequate time for preparation due to delayed responses from the host nation regarding proposed events. Overall, public affairs coordination and execution worked well in accordance with Enclosure (3).
- b. Media engagements and tours were tough due to having to move all tours and engagements to USS Bunker Hill. Media and guests were more interested in seeing the Carrier. Having dedicated translators for engagements to communicate the changes in the schedule was key.
- c. Definitely need at least one PAO and one MC based ashore during the port visit to ensure coverage of events that occur even if liberty boats are not running. A dedicated PAO vehicle was also essential to support all events throughout the port visit.
- d. The focus on people-to-people interactions such as professional exchanges, COMRELS and sporting events, had a significantly positive impact locally, which translated to positive media coverage throughout the port call even though the professional exchanges and sporting events ended up being cancelled. Absolutely need a PAO at every COMREL to help facilitate interviews and media coverage.
- e. The formal Big Top Reception held at a local hotel, vice on the ship, left a positive impression with all Vietnamese guests. Well worth the effort to still put on a major event even with having to change the venue the day of the event.

Very Respectfully,

(b) (6)  
LCDR USN



## PVST Schedule Overview

CVN PVST & DV SOE- as of 1830 3 MARCH 2020																					
MON	2-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200		
		PACFLT																			
		Spouse																			
TUE	3-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200		
		PACFLT																			
		Spouse																			
WED	4-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200		
		PACFLT																			
		Spouse																			
THU	5-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200		
		PACFLT																			
		Spouse																			
FRI	6-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200		
		PACFLT																			
		Spouse																			
SAT	7-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200		
		PACFLT																			
		Spouse																			
SUN	8-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200		
		PACFLT																			
		Spouse																			
MON	9-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200		
		PACFLT																			
		Spouse																			

Enclosure (1)



## Pre-Port DLO Visit DV Embark Itinerary

### Tuesday, March 3, 2020

1100 COD Arrival  
1110 Welcome in CO's In Port Cabin  
- Light refreshments served  
- Group Photo  
1150 CO's In Port Cabin: Safety Brief  
1215 Flight Deck: Launch/Recovery  
1250 Navigation Bridge  
1315 Pri-Fly  
1335 Flag Bridge (Observe 1345L/R)  
1415 Ready Room Brief in RR5 with HSC-8  
1445 ATO Shack: Safety Brief  
1515 Launch

### Wednesday, March 4, 2020

1115 COD Arrival  
1120 Welcome in CO's In Port Cabin  
- Light refreshments served  
- Group Photo  
1200 CO's In Port Cabin: Safety Brief  
1230 Flight Deck: Launch/Recovery  
1305 Navigation Bridge  
1330 Pri-Fly  
1350 Flag Bridge (Observe 1400 L/R)  
1430 Ready Room Brief in RR6 with VFA-154  
1500 ATO Shack: Safety Brief  
1530 Launch

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### *Vietnam Guests(March 3)*

- 1) **Noah Zaring**, Counselor for Political Affairs, U.S. Embassy, Hanoi, Vietnam
- 2) **Pham Thi Ngoc Ha**, Department of Foreign Relations, National Assembly
- 3) **Giang Nguyen**, Interpreter
- 4) **Nguyen Hong Quang**, Deputy Director, Ministry of Foreign Affairs, Vietnam
- 5) **Dang Le Hoang**, Officer, Ministry of Foreign Affairs, Vietnam
- 6) **Do Hoang Linh**, Deputy Director General, Ministry of Foreign Affairs, Vietnam

- 7) **Nguyen Hung Son**, Director General, Drug Administration of Vietnam
- 8) **Vu Cong Huan**, Deputy Director General, National Boundary Commission, Vietnam
- 9) **Nguyen Thanh Son**, Deputy Director General, Ministry of Public Security, Vietnam
- 10) **Nguyen Ky Son**, Deputy Director General, Communist Party of Vietnam
- 11) **Ho Anh Tai**, Officer, Office of the Government
- 12) **Ho Ky Minh**, Vice Chairman, Da Nang People's Committee
- 13) **Huynh Duc Truong**, Director of Da Nang Department of Foreign Affairs
- 14) **Sr. Col. Pham Van Hung**, Navy Region 3 Commander
- 15) **Sr. Col. Ton Duc Cuong**, Commander of Border Gate Da Nang
- 16) **Sr. Col. Le Duc Cuong**, Head of Planning Department, Ministry of Foreign Affairs, Vietnam
- 17) **Major Nguyen Huu Duc**, Quoc Phong Television

### *Country Team(March 4)*

- 1) **(b) (6)**, Deputy Principle Officer, Ho Chi Minh City, Vietnam
- 2) **(b) (6)**, Political Officer, Ho Chi Minh City, Vietnam
- 3) **(b) (6)**, American Chamber of Commerce Ho Chi Minh City Chair
- 4) **(b) (6)**, Economic Officer, Ho Chi Minh City, Vietnam
- 5) **(b) (6)**, Political Section Staff, U.S. Embassy Hanoi, Vietnam
- 6) **(b) (6)**, Public Affairs Officer, Ho Chi Minh City, Vietnam
- 7) **(b) (6)**, General Service Office, U.S. Embassy Hanoi, Vietnam
- 8) **(b) (6)**, Management Section, Ho Chi Minh City, Vietnam
- 9) **(b) (6)**, Defense Attache Office, U.S. Embassy Hanoi, Vietnam
- 10) **(b) (6)**, Office of Defense Cooperation, U.S. Embassy Hanoi, Vietnam
- 11) **(b) (6)**, CMSE Singapore
- 12) **(b) (6)**, Consular Ho Chi Minh City, Vietnam
- 13) **(b) (6)**, Regional Security Office U.S. Embassy Hanoi, Vietnam
- 14) **(b) (6)**, Regional Security Office Ho Chi Minh City, Vietnam

Enclosure (2)

## PA Personnel Assignments

Key Events (\* indicates when scapeboard plaques will be presented)

	Event	PAO Support	MC Coverage	Senior Group Rep
3 Mar	DLO Vietnam DV Embark	LCR (b) (PAO) / LT (b) (APAO)		RDML Baker, CO etc.
4 Mar	DLO Vietnam DV Embark	LT (b) (APAO) / MCCS (b) (6)		RDML Baker, CO etc.
4 Mar	RO1N VTV Embark	LCDR (b) (PAO) / MCC (b)	N/A	RDML Baker, CO etc.
5 Mar / 1500	Opening Ceremony	LCDR (b) (PAO)	MC3 (b) (6)	ADM Aquilino, RDML Baker, AMB, TR CO, BKH CO, etc.
5 Mar / 1515	Press Conference	LCDR (b) (PAO)	MC3 (b) (6)	ADM Aquilino, RDML Baker, AMB, Vietnamese Officials
5 Mar / 1500	COMREL #1 Vocational Charity Center	USCT/HCMC (b)	MC3 (b)	BKH Chaps*
5 Mar / 1700	CVN Media Tour	LCDR (b) (6) (PAO)		n/a
5 Mar / 1830	Vietnam-Hosted Leadership Dinner	CAPT (b) (CPF PAO)	MC3 (b) (6)	ADM Aquilino, RDML Baker, AMB, TR CO, BKH CO, etc.
6 Mar / 0800	COMREL #2 Dorothea's Charity Center	LTJG (b) (DPAO)	MC3 (b) (6) - MC3 (b) (6)	CDR (b) (TR Chaplain)*
6 Mar / 0900	Professional Exchange HA/DR	HCMC (b)	n/a	n/a
6 Mar / 1400	COMREL #3 Agent Orange Center	HCMC (b)	MC2 (b)	LT (b) *
6 Mar / 1000	Soccer Competition	HCMC (b)	MC3 (b) (6)	MAC (b) *
6 Mar / 0900	TR Tour #1	LT (b) (APAO)	n/a	n/a
6 Mar / 1100	TR Tour #2	LT (b) (APAO)	n/a	n/a
6 Mar / 1200	TR Tour #3	LT (b) (APAO)	n/a	n/a
6 Mar / 1300	TR Tour #4	LT (b) (APAO)	n/a	n/a
6 Mar / 1830	TR (Big Top) Reception**moved to GB**	LCDR (b) (PAO)	MCC (b) & MC3 (b) (6)	PACFLT Commander
7 Mar / 0900	COMREL #4 Hoa Mai Orphanage	LTJG (b) (DPAO)	MC2 (b) / MC3 (b)	LCDR (b) (6) *
7 Mar / 0930	COMREL #5 Dong A University	LTJG (b) (DPAO)	MC2 (b)	LTJG (b) (TR Chaps)*
7 Mar / 0930	Professional Exchange ATC	LCDR (b) (PAO)	MC2 (b)	CDR (b) (Air Ops)*
7 Mar / 1000	Volleyball Competition	LTJG (b) (DPAO)	MC3 (b) (6)	(b) (6), FUNBOSS*
7 Mar / 0900	TR Tour #6	LT (b) (APAO)	n/a	n/a
7 Mar / 1000	TR Tour #7	LT (b) (APAO)	n/a	n/a
7 Mar / 1100	TR Tour #8	LT (b) (APAO)	n/a	n/a
7 Mar / 1200	TR Tour #9	LT (b) (APAO)	n/a	n/a
7 Mar / 1800	Navy Band Concert	USCT/HCMC (b)	MC3 (b) & MC3 (b)	n/a
8 Mar / 1000	TR Tour #10	LT (b) (APAO)	n/a	n/a
8 Mar / 1100	TR Tour #11	LT (b) (APAO)	n/a	n/a
8 Mar / 0800	Professional Exchange Firefighting	LTJG (b) (DPAO)	MCSN (b) (6)	LCDR (b) (6) (DCA)*
8 Mar / 1300	Professional Exchange METOC	LTJG (b) (DPAO)	MCSN (b)	LCDR (b) (METOC)*
9 Mar / 1200	Departure Ceremony	UCST/HCMC (b)	MC3 (b)	BKH CO

Enclosure (3)



## MEDIA COVERAGE

### U.S. AIRCRAFT CARRIER USS THEODORE ROOSEVELT'S VISIT TO VIETNAM

*As of March 12, 2020*

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TV NEWS .....	2
Friendly visit to USS Theodore Roosevelt .....	2
Wrap up on the visit to Danang by USS Theodore Roosevelt .....	2
U.S. sailors visit charity center in Danang city .....	2
U.S. Navy ships visits Danang .....	3
U.S. Navy ships visits Danang .....	3
U.S. Navy ships comfortable with Danang's measures to prevent covid-19 .....	3
PRINT, ONLINE NEWS .....	3
US aircraft carrier visits Vietnam, second in two years .....	4
US naval ships arrive in Da Nang .....	4
USS Theodore Roosevelt arrives in VN to commemorate 25 years of relations .....	5
U.S. aircraft carrier arrives in Da Nang .....	5
Close-up of USS Theodore Roosevelt in Da Nang .....	6
U.S. Ambassador to Vietnam: The visit is a testament to the U.S. commitment to a strong, prosperous Vietnam .....	6
The United States supports Vietnam in defending its sovereignty and independence .....	7
The carrier visit takes place at a critical time for U.S. - Vietnam bilateral relations .....	7
U.S. to transfer coast guard vessel to Vietnam later this year .....	8
USS Theodore Roosevelt's Vietnam visit boosts bilateral ties: MOFA .....	8
Vietnamese reporters prepare to board USS Theodore Roosevelt .....	9
Vietnamese reporters visit CVN-71 after several attempts .....	10
U.S. thanks Vietnam for welcoming aircraft carrier visit: admiral .....	10
USS Theodore Roosevelt aircraft carrier has anchored in Danang Bay .....	11
USS Theodore Roosevelt entered Da Nang Bay .....	11
U.S. aircraft carrier has docked at Da Nang port .....	12
The U.S. aircraft carrier strike group began a friendship visit to Da Nang .....	12
The U.S. Navy's CVN-71 carrier fleet enters Danang .....	12
U.S. Strike Group Completes Port Visit to Da Nang .....	18
Theodore Roosevelt Strike Group Completes Port Visit to Da Nang .....	19
Vietnamese American sailors in the Theodore Roosevelt Strike Group visit Vietnam .....	19
Theodore Roosevelt Strike Group Completes its Visit to Vietnam .....	20
Theodore Roosevelt Strike Group Completes its Visit to Vietnam .....	21
U.S. air carrier's visit to Danang affirms strong U.S. commitment to Vietnam and region .....	21
U.S. says completes second aircraft carrier visit to Vietnam .....	21
U.S. says completes second aircraft carrier visit to Vietnam .....	22
HUB CALL WITH USN ADMIRAL AQUILINO AND AMBASSADOR KRITENBRINK .....	22
U.S. Navy Admiral is honored to received warm welcome from Vietnamese people .....	22
Experts "U.S. Carrier's visit promotes Vietnam-U.S. cooperation" .....	23
The visit of an U.S. aircraft carrier shows the strength of security cooperation between the two countries .....	24
U.S. thanks Vietnam for welcoming aircraft carrier visit: admiral .....	25

Enclosure (4)

INTERNATIONAL MEDIA.....	25
San Diego-Based Aircraft Carrier, Cruiser Visit Vietnam to Mark Diplomatic Ties.....	25
A close-up of USS Theodore Roosevelt.....	26
U.S. Navy Sailors visit Charitable Vocational Center in Da Nang.....	27
US aircraft carrier USS Theodore Roosevelt visits Vietnam.....	27
U.S. aircraft carrier visits Vietnam to celebrate diplomatic ties.....	27
SOCIAL MEDIA.....	29

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## TV NEWS

*Vietnam National Television – March 8 - 12h (starts at 14:31)*

[Friendly visit to USS Theodore Roosevelt](#)

The flags of Vietnam and the United States were present on board. There are 5,000 sailors on board the carrier, many of them were paying their first visit to Vietnam. The visit also includes many community events and exchanges. Working on a carrier is an honor for a sailor. The carrier visit demonstrates the friendship between two countries and two peoples.

*Danang TV - March 8 (starts 24:40)*

[Wrap up on the visit to Danang by USS Theodore Roosevelt.](#)

[http://www.drt.danang.vn/truyen\\_hinh-34126-184](http://www.drt.danang.vn/truyen_hinh-34126-184)

*Danang TV March 7 (starts 13:26)*

[US sailors exchange at Hoa Mai orphanage in Da Nang and Dong A University.](#)

The Pacific Fleet Band provided an exciting music performance for children at the Hoa Mai orphanage. The exchange is among a series of events to celebrate the 25th anniversary of the bilateral relationship. In the afternoon, U.S. sailors had a language exchange at Dong A University. This is the second time U.S. sailors had exchange at Dong A University.

[http://www.drt.danang.vn/truyen\\_hinh-34108-184](http://www.drt.danang.vn/truyen_hinh-34108-184)

*Danang TV - March 6 (starts 12:28)*

[U.S. sailors visit charity center in Danang city](#)

Admiral Aquilino, Ambassador Krittenbrink, and sailors from the USS Theodore Roosevelt visited the charity center of Da Nang city. The Pacific Fleet Band performed in Vietnamese, to the enjoyment of their young audience, and U.S. sailors also took part in other activities with children at the charity center. Sailors later visited the Agent Orange facility in Danang city and spent time planting vegetable and painting at the facility. Unfortunately, due to concerns over COVID-19, children at the facility couldn't participate in the event.

[http://www.drt.danang.vn/truyen\\_hinh-34088-184](http://www.drt.danang.vn/truyen_hinh-34088-184)



*Truyen Hinh Quoc hoi (National Assembly Television) – March 06, 2020*

*U.S. Navy ships visits Danang*

USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52) arrived in Danang on March 5 for a scheduled port visit commemorating 25 years of U.S. -Vietnam diplomatic relations. During the visit, the two sides will conduct several professional and cultural exchanges with a focus on measures to prevent COVID-19. U.S. navy delegation led by Admiral Aquilino also paid courtesy visit to the People's Committee of Danang. This visit demonstrates the capability of Danang in welcoming foreign ships, promoting image of Vietnam.

<http://quochoitv.vn/videos/thoi-su/2020/3/tau-hai-quan-hoa-ky-tham-thanh-pho-danang/291548> (6K view)

Similar news

*VTC – March 5, 2020*

*U.S. Navy ships visits Danang*

<https://www.youtube.com/watch?v=7m-uZWcGO0> (314K view)

*U.S. Navy ships comfortable with Danang's measures to prevent covid-19.*

<https://www.youtube.com/watch?v=K10ga-Lic7M> (185K view)

*VTV - March 5 (starts at 39:40)*

<https://vtv.vn/truyen-hinh-truc-tuyen/vtv1/thoi-su-0.htm>

*Truyen Hinh Quoc Phong (Defense Television) - March 5 20h (starts at 31:45)*

<http://qpv.vn/tin-video/ban-tin-thoi-su-quoc-phong-ngay-05-03-2020.html>

*Truyen Hinh Nhan Dan - March 5 (starts at 21:20)*

<https://nhandantv.vn/chuong-trinh-thoi-su-45-phut-chieu-ngay-5-3-2020-n132324.htm>

*Da Nang TV - March 5 (starts at 5:00)*

USS Theodore Roosevelt was the second U.S. carrier to visit Vietnam in 40 years. The visits demonstrate the strength of the bilateral relationship, not only the strengthening of defense ties but also the professional and cultural relations. U.S. delegation led by Admiral Aquilino also paid a courtesy visit to Danang's People's Committee.

[http://www.drt.danang.vn/truyen\\_hinh-34065-184](http://www.drt.danang.vn/truyen_hinh-34065-184)

#### PRINT, ONLINE NEWS

*The ship visit is widely and intensively covered by over 40 local mainstream outlets, including popular big outlets such as Tuoi Tre, Thanh Nien, Tien Phong, VnExpress, Dan Tri, Soha and Zing.*

## CVN 71

### VnExpress (Mar 5)

US aircraft carrier visits Vietnam, second in two years



The USS Theodore Roosevelt arrived in Da Nang on Thursday, the second U.S. aircraft carrier to visit Vietnam in two years. It docked at Tien Sa Port along with cruiser USS Bunker Hill and a destroyer. The carrier has 5,000 crew members and the fleet, 6,500. That visit marked a milestone in diplomatic ties between the two former enemies. It was the first time a U.S. Navy aircraft carrier docked in Vietnam, four decades after the end of the Vietnam War.

### Vietnamplus (Mar 5)

US naval ships arrive in Da Nang



US Navy aircraft carrier USS Theodore Roosevelt (CVN 71) and the guided-missile cruiser USS Bunker Hill (CG52) arrived in the central coastal city of Da Nang on March 5, beginning an official visit to Vietnam as part of activities to mark the 25th anniversary of Vietnam-US diplomatic ties. The US delegation was led by Admiral John C. Aquilino, commander of the US Pacific Fleet, and US Ambassador to Vietnam Daniel Kritenbrink.



After the welcome ceremony, Vice Chairman of the municipal People's Committee Ho Ky Minh co-chaired a press conference with Admiral John C. Aquilino. The same day, the commanders of the US naval ships paid a courtesy visit to Chairman of the municipal People's Committee Huynh Duc Tho.

*Biz Live (Mar 5)*

USS Theodore Roosevelt arrives in VN to commemorate 25 years of relations



USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52) arrived in Da Nang, Vietnam on March 5 for a scheduled port visit commemorating 25 years of U.S. -Vietnam diplomatic relations. "This visit follows on the historic 2018 visit of USS Carl Vinson (CVN 70), the first U.S. aircraft carrier to visit Vietnam in more than 40 years," said U.S. Ambassador to Vietnam Daniel Kritenbrink. "It also comes at an important time in our bilateral relationship. Just 25 years after the normalization of our diplomatic ties, our relationship is the strongest it has ever been."

*Vietnamnet (Mar 5)*

U.S. aircraft carrier arrives in Da Nang



Along with USS Bunker Hill (CG52) and 5 U.S. Navy Arleigh Burke-class destroyers, USS Theodore Roosevelt aircraft carrier docked at Tien Sa port, starting a visit to Danang from 5-9 March. This is the second time an US aircraft carrier visited Vietnam since 1975.

[Zing](#) (Mar 5)

Close-up of USS Theodore Roosevelt in Da Nang



Replying to the query of reporters in the press release on March 5, the U.S. Ambassador to Vietnam Daniel J. Kritenbrink noted the visit of the USS Theodore Roosevelt (CVN-71) and USS Bunker Hill (CG-52) is not only to commemorate the 25th anniversary of the bilateral diplomatic ties but also prove Washington's commitment to the region. "I would say that the motivations for Vietnam - U.S. bilateral relations enhancement are the values we share about peace promotion, security, and prosperity," the U.S. diplomat said. "That you have witnessed the second visit made by the U.S carrier to Vietnam in just two years shows our relationship with the Vietnamese partners." Regarding the bilateral relations in the future, he said that the two sides would continue building strategic trust and carrying out other activities. The U.S. side will help Vietnam strengthen its maritime capacity, disaster response, and perform peacekeeping mission in South Sudan.

[Soha](#) (Mar 5)

U.S. Ambassador to Vietnam: The visit is a testament to the U.S. commitment to a strong, prosperous Vietnam



Ambassador Krittenbrink said that the bilateral relationship is an important factor in preserving regional peace, especially given Vietnam's growing international role, including as the ASEAN Chair this year. Trusted partners prospering together is the new slogan in the relationship of the two countries in 2020, on the occasion of the 25th anniversary, Ambassador Krittenbrink emphasized.

*Tien Phong (Mar 5)*

The United States supports Vietnam in defending its sovereignty and independence



The United States stands with Vietnam during Vietnam's guard of sovereignty and navigation rights per international law, said Adm. John C. Aquilino, commander, U.S. Pacific Fleet. He added that Vietnam-United States ties are important and the United States is dedicated to preserving a free and open Indo-Pacific, and the ties would help Vietnam protect its sovereignty and prosperity alongside the United States. Upon setting his feet at the port, Adm. John C. Aquilino expressed his honor to reach Vietnam. He hailed that this visit marked 25 years of U.S. -Vietnam diplomatic relations. He also noted that the United States trusts its partners based on mutual respect. He added that the aircraft carrier's visit is a new milestone in bilateral ties, showing consistent and strong support from the United States to Vietnam.

*Bao To Quoc (Mar 5)*

The carrier visit takes place at a critical time for U.S. - Vietnam bilateral relations





This visit comes at “an important time in our bilateral relationship. Just 25 years after the normalization of our diplomatic ties, our relationship is the strongest it has ever been” said U.S. Ambassador to Vietnam Daniel Kritenbrink.

*Nong Nghiep VN 2 (Mar 5)*

U.S. to transfer coast guard vessel to Vietnam later this year



The U.S. will deliver a coast guard vessel to Vietnam at the end of this year, said Admiral John Aquilino. He made the announcement when USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52) arrived in Da Nang, Vietnam on March 5 for a scheduled port visit commemorating 25 years of U.S. The transfer will be implemented in the same manner as last time. Mr. Aquilino said that his country will cooperate with Vietnam to train the sailors. He also informed other programs, including the sale of ScanEagle reconnaissance UAVs to Vietnam. Mr. Aquilino affirmed that his country will support Vietnam as long as Vietnam needs and is willing to discuss any equipment transfer that Vietnam wants.

*Vietnamplus (Mar 05)*

USS Theodore Roosevelt's Vietnam visit boosts bilateral ties: MOFA



With the nod from the Vietnamese government, a fleet of U.S. naval ships including USS Theodore Roosevelt and USS Bunker Hill is visiting Tien Sa port in Danang on Mar 5-9, Vietnam MOFA spokesperson Le Thi Thu Hang told reporters on Mar 5. This is a regular visit of the U.S. aircraft carrier, which is part of programs to commemorate the 25th anniversary of Vietnam-U.S. diplomatic ties and is inline with the Comprehensive Partnership, she added. During the visit, crew members will participate in a welcome ceremony, press briefing, courtesy meeting with Danang leader, Vietnam Naval force, and other civil exchanges. Ms. Hang also shared that the U.S.-ASEAN summit would not take place in the near future due to the complications of the COVID-19.

(Also on [Bao Quoc Te](#); [KTDI](#); [ANTD](#); also on [MSN](#))

[Thanh Nien](#) (Mar 5)

Vietnamese reporters prepare to board USS Theodore Roosevelt



On the afternoon of March 5, two groups of reporters were scheduled to tour the USS Theodore Roosevelt aircraft carrier, which is currently anchored on the Gulf of Vietnam's central Danang City. At 14:00 pm local time, nearly 100 domestic and foreign reporters were be taken to buoy No. 0 at Tien Sa port of the municipal Son Tra District to view the aircraft

carrier, after attending the welcome ceremony. However, due to weather conditions, both ship tours were cancelled.

[Tuoi Tre](#) (Mar 7)

Vietnamese reporters visit CVN-71 after several attempts



A group of Vietnamese reporters from 10 outlets was able to make it to USS Theodore Roosevelt on Mar 7 after several failed attempts. The group arrived on board the ship at 2:30 pm local time. The crew members and officials from the U.S. Embassy in Vietnam gave the reporters a tour of some parts of the ship.

( Also on [Zing](#); [Zing](#); [Tuoi Tre's video](#); [Thanh Nien](#))

[VnExpress](#) (Mar 7)

U.S. thanks Vietnam for welcoming aircraft carrier visit: admiral





Admiral John C. Aquilino, commander of the U.S. Pacific Fleet, thanked Vietnam for welcoming the port call of the USS Theodore Roosevelt (CVN-71), for displaying great hospitality, and for sharing the culture with sailors, during a telephone conference with Vietnamese media on March 6. The conference took place alongside the visit of the CVN-71 to Vietnam's central Danang City on March 5-9. Mr. Aquilino added that the United States expects similar events in the future. Admiral Aquilino noted that U.S. warships have been visiting Vietnam since 2003 and the CVN-71 is the second U.S. aircraft carrier to make such port call. He also stated that the United States wants to continue supporting, building, and developing the bilateral ties, including port calls. Hailing the port call as a milestone, the admiral stressed that the United States backs Vietnam for the latter's efforts toward protection of the sovereignty, independence, application of its legal sovereignty, and compliance with international law. He said that the commitments of both sides, including this port call, would help maintain the sustainable ties, for interest and mutual trust. Mr. Aquilino also informed about maritime cooperation with Vietnam, especially in transfer of equipment, including a Hamilton-class cutter; maritime understanding; humanitarian aid; search and rescue; and natural disaster relief, among others.

(Also on [Zing](#), [Dan Tri](#))

The following news sites published similar articles

[Tuoi Tre](#) (Mar 5)

USS Theodore Roosevelt aircraft carrier has anchored in Danang Bay



[Thanh Nien 2](#) (Mar 5)

USS Theodore Roosevelt entered Da Nang Bay



*Dat Viet* (Mar 5)

U.S. aircraft carrier has docked at Da Nang port



*Dan Tri* (Mar 5)

The U.S. aircraft carrier strike group began a friendship visit to Da Nang



*VTC News* (Mar 5)

The U.S. Navy's CVN-71 carrier fleet enters Danang



*Tap Chi Thong Tin Doi Ngoai (Mar 5)*

Theodore Roosevelt Strike Group Arrives in Vietnam to Commemorate 25 Years of Diplomatic Relations



*Lao Dong (Mar 5)*

U.S. Strike Group Arrives in Vietnam to Commemorate 25 Years of Diplomatic Relations



[Hanoi Times](#) (Mar 5)

Second US aircraft carrier visits Danang after Vietnam War



[Phap Luat Plus](#) (Mar 5)

U.S. Navy's USS Theodore Roosevelt visited Da Nang





*Cong Ly (Mar 5)*  
U.S. Strike Group visits Vietnam



*Nong Nghiep VN (Mar 5)*  
USS Theodore Roosevelt has entered Danang



(Also on: [Phap Luat](#), [Bao Quoc Te](#); [Giao Thong](#); [VOV](#); [Bao Ve Phap Luat](#); [NLD](#); [VOH](#); [Dan Viet](#); [Doanh Nghiep VN](#); [BNews](#); [Khoa Hoc Doi Song](#); [Bao Hai Duong](#); [Thuong Hieu Cong Luan](#); )

## COMRELS

### [Zing](#) (Mar 5)

CVN-71 crew members visit career center for kids with disabilities in Danang



A group of crew members from USS Theodore Roosevelt visited a career center for children with disabilities in Ngu Hanh Son district in Danang on March 5. In addition, Ms. Emily A. York from the U.S. General Consulate told Zing that she loved the items that the people made at the center. Tho Nguyen, a crew member from USS Theodore Roosevelt, shared that he wanted to stay longer to meet and interact with more learners at the center. Later, the naval ship crew members filmed a Gangnam style dancing video with the learners at the center.

### [Tien Phong](#) (Mar 7)

USS crew members visit Hoa Mai orphanage





A group of crew members from USS Theodore Roosevelt on Mar 7 sang and danced to the song “Ghen Co Vy,” which had made headlines worldwide in recent days for its message in hygiene to fight the COVID-19 outbreak. The activity took place at the Hoa Mai orphanage. CG Marie Damour also participated in the activity. Speaking to Tien Phong newspaper, Ms. Emily Kershaw said she was excited to visit Danang and meet with the kids here. Ms. Emily Kershaw also performed some Vietnamese hit song such as “Noi vong tay lon” (Great Circle of) and “De Mi noi cho ma nghe.”  
(Also on [Tien Phong 2](#); [Nguoi Lao Dong](#))

#### [Giao duc Thoi Dai \(Mar 7\)](#)

USS crew members do charity work



A group of 20 crew members from USS Theodore Roosevelt did some charity works at center for sponsoring Agent Orange victims and disadvantaged children in Danang on Mar 6.  
( Also on [To Quoc](#); [Netnews](#); [NLD](#); [Zing](#); [Thanh Nien](#))

#### [Bao To Quoc \(Mar 7\)](#)

USS crew members visit Dong A University



A group of crew members from USS Theodore Roosevelt visited Dong A University in the afternoon of Mar 7. The event is part of a series of activities during the friendly visit of the naval ship to the city during Mar 5-9 and is also part of the program to commemorate the 25<sup>th</sup> anniversary of Vietnam-U.S. diplomatic ties. Dong A university gifted the delegation 100 bottles of sanitary gel. Officer Mark Bristol shared that the visit to Dong A University helped push exchanges in languages, culture, ideas, and create cooperative ties, links between the military officers and the students in an effort to maintain peace. This is the second time students from Dong A University had exchanges with crew members of a USS ship, the previous exchange was with USS John McCain in 2016. It is also the fifth exchange with foreigners in 2020, following those from Japan, New Zealand, Taiwan, and Thailand.

[Zing News \(Mar 11\)](#)

[U.S. Strike Group Completes Port Visit to Da Nang](#)



“This visit is just one more step forward in strengthening our friendship and partnership with Vietnam, and I could not be more optimistic about our shared future together,” U.S. Ambassador to Vietnam Krittenbrink said. On Mar. 9, USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52) left Tien Sa Port, successfully completing a scheduled five-day port visit to Da Nang, Vietnam. The visit, which commemorated 25 years of U.S.-Vietnam



diplomatic relations, followed the historic 2018 visit of USS Carl Vinson (CVN 70). U.S. Ambassador Krittenbrink affirmed that the port visit demonstrated the strong U.S. commitment to its comprehensive partnership with Vietnam and to a free and open Indo-Pacific.

*Phap Luat Viet Nam (Mar 11)*

Theodore Roosevelt Strike Group Completes Port Visit to Da Nang



USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52) successfully completed a scheduled five-day port visit to Da Nang, Vietnam on March 9, said the U.S. Embassy Hanoi in a press release published on Mar 11. “We are honored to receive such a wonderful and warm welcome from the people of Vietnam,” said Adm. Aquilino in a March 6 telephone briefing with journalists. “This port call highlights our continued cooperation and strong support for Vietnam...Our commitment to each other, including this week’s visit, will help ensure a stable, predictable, and durable relationship based on mutual interests, values, and trust.” During the visit, sailors from both ships participated in cultural exchanges and community service projects including making crafts, playing sports, a language exchange, gardening, and painting at Da Nang’s Vocational Charity Center, the Center of the Charity and Child Protection Association, the Agent Orange Victims Center, Hoa Mai Orphanage, and Dong A University.

*Lao Dong (Mar 11)*

Vietnamese American sailors in the Theodore Roosevelt Strike Group visit Vietnam



The visit also offered an opportunity for a number of Vietnamese American sailors in the Theodore Roosevelt Strike Group to visit Vietnam. "I haven't been back to Vietnam in over 20 years. I look forward to reconnecting with my culture and enjoying Vietnamese food," said Tho Nguyen, Chief Electrician's Mate aboard the USS Bunker Hill. A professional exchange taking place during the visit focused on cooperating on infectious disease prevention. Adm. Aquilino and Ambassador Kritenbrink also addressed business leaders at a lunch hosted by the Ho Chi Minh City Chapter of the American Chamber of Commerce.

[VOA Vietnamese \(Mar 11\)](#)

[Theodore Roosevelt Strike Group Completes its Visit to Vietnam](#)



USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52) successfully completed a scheduled five-day port visit to Da Nang, Vietnam on March 9, according to a press release announced on Mar 11. The visit, which commemorated 25 years of U.S.-Vietnam diplomatic relations, followed the historic 2018 visit of USS Carl Vinson (CVN 70), demonstrated the

strong U.S. commitment to its comprehensive partnership with Vietnam and to a free and open Indo-Pacific, the release said.

[VOA Vietnamese](#) (Youtube, Mar 11)

Theodore Roosevelt Strike Group Completes its Visit to Vietnam



[RFA Vietnamese](#) (Mar 11)

U.S. air carrier's visit to Danang affirms strong U.S. commitment to Vietnam and region



USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52)'s visit to demonstrated the strong U.S. commitment to its comprehensive partnership with Vietnam and to a free and open Indo-Pacific. The visit, which commemorated 25 years of U.S.-Vietnam diplomatic relations, followed the historic 2018 visit of USS Carl Vinson (CVN 70). According to some international experts, carrier's visit to Vietnam this time was proposed last year and Vietnam reluctantly accepted because it was concerned about strong reactions from China.

[Reuters](#) (Mar 11)

U.S. says completes second aircraft carrier visit to Vietnam





The United States has completed its second aircraft carrier visit to Vietnam, the U.S. Embassy in Hanoi said on Wednesday, as the former foes mark 25 years of normalized diplomatic relations. The USS Theodore Roosevelt and its escorts completed a five-day visit to the central Vietnamese city of Danang on March 9, the embassy said in a statement. "Visits like these not only strengthen the United States' partnership with Vietnam, but they also continue to ensure peace and stability and freedom of commerce across the region," Ambassador Daniel Kritenbrink said, according to the statement. The port call follows a stop by the USS Carl Vinson in Vietnam in March 2018, in what was the first such visit since the end of the Vietnam War in 1975, underscoring growing strategic ties between Hanoi and Washington at a time when China's regional influence is rising. U.S. carriers frequently cross the disputed South China Sea and are routinely shadowed by Chinese navy vessels, naval officers in the region say. The United States accuses China of militarizing the South China Sea and trying to intimidate Asian neighbors who also have claims to parts of it and might want to exploit its extensive oil and gas reserves. Vietnam has emerged as the most vocal opponent of China's extensive territorial claims to the sea and has been buying U.S. military hardware, such as a Hamilton-class coastguard cutter. Last year, Vietnam and China became embroiled in a months-long standoff over incursions by Chinese survey vessels into Vietnam's exclusive economic zone (EEZ). The United States and Vietnam normalized relations in July 1995.

[U.S. News & World Report \(Mar 11\)](#)

[U.S. says completes second aircraft carrier visit to Vietnam](#)

*(Similar to the Reuters article)*

### **HUB CALL WITH USN ADMIRAL AQUILINO AND AMBASSADOR KRITENBRINK**

[Soha News \(March 11\)](#)

[U.S. Navy Admiral is honored to received warm welcome from Vietnamese people](#)





USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52) successfully completed a scheduled five-day port visit to Da Nang, Vietnam on March 9. The visit, which commemorated 25 years of U.S.-Vietnam diplomatic relations, followed the historic 2018 visit of USS Carl Vinson (CVN 70). In a telephonic press conference, U.S. Navy Admiral and Commander of the U.S. Pacific Fleet John C. Aquilino said "We are very honored to receive such a warm welcome from the Vietnamese people. This visit to the port underscores our continued cooperation and strong support for Vietnam. Our commitment, including this week's visit will help ensure a stable, predictable and lasting relationship which is based on shared interests, values and trust."

"Through hard work, mutual respect, and continued resolution of the past and looking forward to a better future, the United States and Vietnam have built a relationship based on mutual trust and respect. This is the second time U.S. aircraft carrier combatant group has visited Vietnam. Such visits not only enhance U.S.-Vietnam cooperation but also continue to ensure peace, stability and free trade throughout the region. This visit is just one step further in improving our friendship and partnership with Vietnam and I am extremely optimistic about our shared future," U.S. Ambassador to Vietnam Krittenbrink added during the telephone press conference on March 6.

"Our relationship with Vietnam is also based on the close ties between the peoples of the two countries and this depends on our ability to participate in direct humanitarian and professional exchanges. This ship visit also provides opportunities for Americans and Vietnamese to share skills such as infectious disease control, language skills, to enjoy musical performances as well as sports activities, and to attend community activities together across Danang," said Ambassador Krittenbrink.

<https://soha.vn/do-doc-tau-san-bay-my-vinh-du-khi-nhan-duoc-su-don-tiep-nong-hau-tu-nhan-dan-viet-nam-20200311101852531.htm?fbclid=IwAR1Z74yHvi4KS49C2wtJTg9I-zBUJWiqWCHKZkDjs5VFVv-l7U9V-efJFU8>

*VN Express (March 9)*

Experts "U.S. Carrier's visit promotes Vietnam-U.S. cooperation"



The article quoted opinions and comments of experts and diplomats regarding the visit of USS Theodore Roosevelt to Vietnam.

It noted: "In a press roundtable held on March 6, U.S. Navy Admiral and Commander of the U.S. Pacific Fleet John C. Aquilino highlighted USS Theodore Roosevelt's visit to Vietnam was another milestone in the bilateral relationship, showing the United States' strong and continuous cooperation and support for Vietnam. The United States supports Vietnam in its efforts to protect independence and sovereignty, to enforce legal claims, and to comply with international law. The commitments of the two sides, including this port visit, help maintain a sustainable, stable, and predictable relationship, on the basis of mutual benefits, values and trust."

"U.S. Ambassador to Vietnam Daniel Kritenbrink said the United States works closely with Vietnam and ASEAN countries to promote common interests in the region. Countries want to see a rule-based area where freedom of navigation, freedom of aviation is respected, trade is not obstructed, and disputes are resolved peacefully."

<https://vnexpress.net/the-gioi/chuyen-gia-tau-san-bay-thuc-day-da-hop-tac-viet-my-4066264.html?fbclid=IwAR3h-Oc6jDiR1K6OaYoKeJP-78V8XBwIZmMvfMnhwuHib1ce6pcQyPqAKcA>

*Zing (Mar 6)*

The visit of an U.S. aircraft carrier shows the strength of security cooperation between the two countries

"I'd like to thank my Vietnamese partners for allowing our ships to come in. I want to thank them for the amazing hospitality, for sharing their culture with my sailors, and we look forward to more events like this in the future," said Admiral John C. Aquilino, Commander of the U.S. Pacific Fleet in a press conference via phone March 6. In response to Zing's question whether the U.S. would like to hold carrier visits or friendly port calls on an annual basis, Admiral Aquilino said, "The United States has been executing port calls to Vietnam since 2003, and while this is the second aircraft carrier visit, we look to continue to support and build, develop, and strengthen our bilateral relationships and port calls – a critical aspect of that."

Ambassador Daniel K. Kritenbrink emphasized that the visit of the USS Theodore Roosevelt to Vietnam "demonstrates just how far our partnership with Vietnam has come over the last 25 years." He added that the visit also "signifies the strength of our security relationship. It's one of the most important aspects of our partnership with Vietnam" and evaluated that the



U.S. and Vietnam "shared views and values" regarding a region "based on respect for international law and peaceful resolution of disputes."

<https://news.zing.vn/tau-san-bay-my-den-the-hien-suc-manh-quan-he-an-ninh-hai-nuoc-post1055923.html?fbclid=IwAR1wjplu7eaRMhxIu0wiNqyMOPPj-bT8UrMy5hfuCoi61uEddBnmR2YT85M>

*Dan Tri (Mar 6)*

U.S. thanks Vietnam for welcoming aircraft carrier visit: admiral



Admiral John C. Aquilino, commander of the U.S. Pacific Fleet, thanked Vietnam for welcoming the port call of the USS Theodore Roosevelt (CVN-71), and for displaying great hospitality, sharing the culture to sailors, at a telephone conference with Vietnamese media on March 6. The conference took place within the visit of the CVN-71 to Vietnam's central Danang City on March 5-9. Mr. Aquilino added that the United States expects similar events in the future. Admiral Aquilino noted that U.S. warships have been visiting Vietnam since 2003 and the CVN-71 is the second U.S. aircraft carrier to make such port call. He also stated that the United States wants to continue supporting, building, and developing the bilateral ties, including port calls. Hailing the port call as a milestone, the admiral stressed that the United States backs Vietnam for the latter's efforts toward protection of the sovereignty, independence, application of its legal sovereignty, and compliance with international law. He said that the commitments of both sides, including this port call, would help maintain the sustainable ties, for interest and mutual trust. Mr. Aquilino also discussed maritime cooperation with Vietnam, noting the transfer of equipment, including a Hamilton-class cutter; maritime domain awareness; humanitarian aid; search and rescue; and natural disaster relief; among others.

<https://dantri.com.vn/the-gioi/tau-san-bay-my-tham-da-nang-do-doc-my-cam-on-su-hieu-khach-cua-viet-nam-20200306163443982.htm>

## INTERNATIONAL MEDIA

*Times of San Diego (March 9)*

San Diego-Based Aircraft Carrier, Cruiser Visit Vietnam to Mark Diplomatic Ties



The San Diego-based aircraft carrier USS Theodore Roosevelt and guided-missile cruiser USS Bunker Hill arrived in Da Nang last week for a scheduled visit to commemorate 25 years of U.S.-Vietnam diplomatic relations.

Da Nang was the site of a major U.S. air base during the Vietnam War, and now hosts post visits by Navy ships amid growing concerns about Chinese expansion in the region.

“This visit follows on the historic 2018 visit of USS Carl Vinson, the first U.S. aircraft carrier to visit Vietnam in more than 40 years,” said U.S. Ambassador to Vietnam Daniel Kritenbrink. “It also comes at an important time in our bilateral relationship. Just 25 years after the normalization of our diplomatic ties, our relationship is the strongest it has ever been.”

Rear Adm. Stu Baker, commander of Carrier Strike Group 9, said the two warships’ visit is “evidence of the U.S. commitment to a free and open Indo-Pacific where strong, independent nations respect one another’s sovereignty, and uphold the rule of law.”

During the visit, which began March 5, sailors will participate in cultural and professional exchanges, community service projects, sports competitions, and receptions.

“This visit will not only serve to strengthen our bilateral defense relationship, but also help further advance our cultural and professional ties,” said Capt. Brett Crozier, the Theodore Roosevelt’s commanding officer. “We are honored to take part in this important port visit and to receive such a warm welcome.”

The Theodore Roosevelt is America’s fourth Nimitz-class aircraft carrier with a crew of 5,000. It’s the lead ship in a strike group that includes the Bunker Hill and six destroyers.

*Pho Bolsa TV, Nua Vong Trai at TV (March 8)*

[A close-up of USS Theodore Roosevelt](#)

A video clips introducing the US aircraft carrier USS Theodore Roosevelt while docking in Da Nang Port, Vietnam.

<https://www.youtube.com/watch?v=Gf-mLxHlbPs>



[https://www.youtube.com/watch?v=G-2j\\_SWPkQk](https://www.youtube.com/watch?v=G-2j_SWPkQk)

***Pho Bolsa TV (March 8)***

U.S. Navy Sailors visit Charitable Vocational Center in Da Nang

A video clips featuring U.S. navy sailors' interactions with students of Charitable Vocational Center in Da Nang.

<https://www.youtube.com/watch?v=Cxqk5Rg826c>

***Channel News Asia (March 6)***

US aircraft carrier USS Theodore Roosevelt visits Vietnam

A video clips by CNA highlighted U.S. aircraft carrier USS Theodore Roosevelt's visit to Vietnam amid tensions between Hanoi and Beijing over South China Sea.

The summary reads:

The USS Theodore Roosevelt is in Vietnam, the second time a US Navy aircraft carrier has visited since the end of the Vietnam War. The trip comes as tensions simmer between Vietnam and China over territorial disputes in the South China Sea.

<https://www.youtube.com/watch?v=RvpKh6kmCgo>

***BBC Vietnamese (March 5)***

U.S. aircraft carrier visits Da Nang, Vietnam and U.S. are "getting closer"



The news story produced based on the media release published by the U.S. Embassy.

***UPI, Space War (March 5)***

U.S. aircraft carrier visits Vietnam to celebrate diplomatic ties

by Sommer Brokaw

Washington DC (UPI) Mar 05, 2020



The aircraft carrier USS Theodore Roosevelt and guided-missile cruiser USS Bunker Hill arrived Thursday at a port in Da Nang, Vietnam, for a ceremony to celebrate 25 years of U.S.-Vietnam diplomatic ties.

Ho Ky Minh, the vice chairman of Da Nang's People's Committee, hosted a ceremony to welcome the U.S. Navy carrier group, a USS Theodore Roosevelt statement said.

The ceremony also included other Vietnamese officials, U.S. government officials and military officials.

USS Theodore Roosevelt is the second U.S. aircraft carrier to make a port call in Vietnam since the end of the Vietnam War. The first was two years ago when the USS Carl Vinson made a port call in Danang.

"The visit follows on the historic 2018 visit of USS Carl Vinson, the first U.S. aircraft to visit Vietnam in more than 40 years," U.S. Ambassador to Vietnam Daniel Kritenbrink said in a statement. "It also comes at an important time in our bilateral relationship. Just 25 years after the normalization of our diplomatic ties, our relationship is the strongest it has ever been."

The visit will include cultural exchanges, community service projects, sports competitions and receptions.

"This visit will not only serve to strengthen our bilateral defense relationship, but also further advance our cultural and professional ties," Capt. Brett Crozier, USS Theodore Roosevelt's commanding officer, said in a statement. "We are honored to take part in this important port visit and to receive such a warm welcome."

The strike group has a total of 6,500 military personnel and left San Diego on Jan. 17 for deployment in the Indo-Pacific region.

"The visit demonstrates the strength of our bilateral relations and highlights our continued cooperation with partner countries and our strong support of the region, including institutions such as the Association of Southeast Asian Nations, of which Vietnam is this year's chair," Rear Adm. Stu Baker, commander Carrier Strike Group 9 said in a statement. "It also serves as evidence of the U.S. commitment to a free and open Indo-Pacific where strong, independent nations respect one another's sovereignty, and uphold the rule of law."



<https://www.upi.com/Defense-News/2020/03/05/US-aircraft-carrier-visits-Vietnam-to-celebrate-diplomatic-ties/2451583424557/>

[https://www.spacewar.com/reports/US\\_aircraft\\_carrier\\_visits\\_Vietnam\\_to\\_celebrate\\_diplomatic\\_ties\\_999.html](https://www.spacewar.com/reports/US_aircraft_carrier_visits_Vietnam_to_celebrate_diplomatic_ties_999.html)

## SOCIAL MEDIA

	Time	U.S. Embassy in Hanoi	U.S. Consulate General in Ho Chi Minh City	Video view (3-second)	Reach	Engagement
1	Mar 9, 2020	<a href="#">Goodbye post</a>		3261	13.6K	2041
2			<a href="#">Goodbye post</a>	2488	11.5	1370
			<a href="#">Vietnamese - American sailor Tho Nguyen</a>		16.3K	1471
3	Mar 8, 2020		<a href="#">Carrier' facts</a>		20.4K	3168
4			<a href="#">Dong A University</a>		12.6K	1109
5		<a href="#">Women's Day</a>			20.5K	1937
			<a href="#">Women's Day</a>		15.1K	2028
6	Mar 7, 2020	<a href="#">Band's concert livestreaming</a>		80.8K	118.2K	40.7K
			<a href="#">Band's concert livestreaming</a>	26.6K	85.7K	11K
7			<a href="#">Band's concert post</a>		23.7K	1441
8		<a href="#">Corona dance</a>		7174	16.7K	1971
			<a href="#">Corona dance</a>	7241	15.9K	1928
9	Mar 06, 2020	<a href="#">Volleyball</a>			11.7K	771
			<a href="#">Volleyball</a>		16.9K	2262

10		<a href="#">Aircraft landing</a>		7552	19.5K	2724
		<a href="#">Aircraft landing</a>		7935	19.6K	3431
11		<a href="#">Xin chao Vietnam</a>		4389	14.6K	1181
		<a href="#">Xin chao Vietnam</a>		4232	12.2K	1497
12		<a href="#">Band's teaser</a>		7971	20.1K	3056
		<a href="#">Band's teaser</a>		8051	19.7K	3359
13	Mar 05, 2020	<a href="#">Ambassador's quote</a>			25.9K	4820
		<a href="#">Ambassador's quote</a>			19.9K	3527
14		<a href="#">Welcome post</a>			195.3K	56.618
		<a href="#">Welcome post</a>			111.7K	34.763

## International Headlines

### Print (headlines)

- Stars & Stripes, *USS Theodore Roosevelt Arrives in Vietnam, Becoming Second US Carrier To Visit Since The 1970s*, March 4, 2020
- USNI News, *U.S. Aircraft Carrier visits Vietnam to celebrate diplomatic ties*, March 5, 2020
- Vine Express, *US Aircraft Carrier Visits Vietnam, Second In Two Years*, March 5, 2020
- Commander, *Theodore Roosevelt Strike Group arrives in Vietnam*, March 4, 2020
- NHK World Japan, *US Aircraft Carrier Makes Port Call in Vietnam*, March 5, 2020
- Think China, *US Aircraft Carrier Visit and Vietnam's Delicate Balancing Act*, March 5, 2020
- Navy Times, *Good Morning, Vietnam!*, March 7, 2020.
- VOA News, *Why Vietnam Edging Closer, but not too Close, to the US*, March 6, 2020
- Rappler, *US Admiral on VFA Repeal: A little disappointing but relationship not lost*, March 7, 2020
- This Week In Asia, *US Navy Aircraft Carrier Theodore Roosevelt to visit Vietnam as South China Sea tensions simmer*, March 4, 2020
- VN Express International, *US Aircraft Carrier Visiting Vietnam is Armed to the Teeth*, March 6, 2018
- ExpressNews, *South China Sea: US nuclear-powered Aircraft Carrier arrives in the region—China on alert*, March 6, 2020
- The Washington Post Associated Press, *Recent Developments Surrounding the South China Sea*, March 5, 2020
- Philippine Star, *US Pacific Fleet commander values alliance with Philippines*, March 6, 2018

## Vietnamese Headlines

- Nhan Dan Online, *US naval ships arrive in Da Nang*, March 6, 2020
- Vietnam, *US naval ships' visit Vietnam helps promote bilateral ties*, March 5, 2020
- VN Express, *US aircraft carrier visits Vietnam, second in two years*, March 5, 2020
- Vietnamplus, *US naval ships arrive in Da Nang*, March 5, 2020
- Biz Live, *USS Theodore Roosevelt arrives in VN to commemorate 25 years of relations*, March 5, 2020
- Vietnamnet, *US aircraft carrier arrives in Da Nang*, March 5, 2020
- Zing, *Close-up of USS Theodore Roosevelt in Da Nang*, March 5, 2020

- Soha, *U.S. Ambassador to Vietnam: The visit is a testament to the U.S. commitment to a strong, prosperous Vietnam*, March 5, 2020
- Tien Phong, *The United States supports Vietnam is defending its sovereignty and independence*, March 5, 2020
- Bao To Quoc, *The carrier visit takes place at a critical time for U.S. – Vietnam bilateral relations*, March 5, 2020
- Nong Nghiep VN 2, *U.S. to transfer coast guard vessel to Vietnam later this year*, March 5, 2020
- Vietnamplus, *USS Theodore Roosevelt's Vietnam visit boosts bilateral ties: MOFA*, March 5, 2020
- Thanh Nien, *Vietnamese reporters prepare to board USS Theodore Roosevelt*, March 5, 2020
- Tuoi Tre, *Vietnamese reporters visit CVN-71 after several attempts*, March 7, 2020
- VnExpress, *U.S. thanks Vietnam for welcoming aircraft carrier visit: admiral*, March 5, 2020
- Tuoi Tre, *USS Theodore Roosevelt aircraft carrier has anchored in Danang Bay*, March 5, 2020
- Thanh Nien, *USS Theodore Roosevelt entered Da Nang Bay*, March 5, 2020
- Dat Viet, *U.S. aircraft carrier has docked at Da Nang port*, March 5, 2020
- Dan Tri, *The U.S. aircraft carrier strike group began a friendship visit to Da Nang*, March 5, 2020
- VTC News, *The U.S. Navy's CVN-71 carrier fleet enters Da Nang*, March 5, 2020
- Tap Chi Thong Tin Doi Ngoai, *Theodore Roosevelt Strike Group Arrives in Vietnam to Commemorate 25 Years of Diplomatic relations*, March 5, 2020
- Lao Dong, *U.S. Strike Group Arrives in Vietnam to Commemorate 25 Years of Diplomatic Relations*, March 5, 2020
- Hanoi Times, *Second US aircraft carrier visits Danang after Vietnam War*, March 5, 2020
- Phap Luat Plus, *U.S. Navy's USS Theodore Roosevelt visited Da Nang*, March 5, 2020
- Cong Ly, *U.S. Strike Group visits Vietnam*, March 5, 2020
- Nong Nghiep VN, *USS Theodore Roosevelt has entered Danang*, March 5, 2020

## **Public Affairs Guidance**

Subject: Public Affairs Guidance for Theodore Roosevelt Strike Group Vietnam Port Visit

### **1. References**

1.1 DoDI 5405.03, "Development, Submission, and Approval of Proposed Public Affairs Guidance" February 18, 2016. Describes how PPAG is to be submitted for approval.

1.2 CPF OPORD 201, Annex F, (20 Mar. 2019)

### **2. (U//~~FOUO~~) Background and Coordination**

2.1 In accordance with refs 1.1 through 1.2, this Public Affairs Guidance (PAG) defines roles and responsibilities and provides direction for military public affairs activities in support of Theodore Roosevelt Strike Group (TRSG) Vietnam Port Visit.

2.2. Background. USS Theodore Roosevelt (CVN 71), USS Bunker Hill (CG 52), and USS Pinckney (DDG 91) will conduct a port visit to Da Nang, Vietnam in March 2020. This port visit will occur as the U.S. mission in Vietnam celebrates 25 years of diplomatic relations. The visit will highlight the remarkable progress in the bilateral relationship and our shared future as partners in peace and prosperity. The last aircraft carrier to visit Vietnam was USS Carl Vinson (CVN 70) in March 2018. This visit marked the first time a U.S. aircraft carrier visited the country in more than 40 years.

2.3 Communication Goal: Increase International awareness of the commemoration of 25 years of diplomatic relations between the U.S. and Vietnam.

#### **2.3.1 Communication Objectives**

2.3.1.1. Eighty percent of earned media coverage includes reporting of the commemoration of 25 years of diplomatic relations between the U.S. and Vietnam.

2.3.1.2. Seventy percent of earned media includes a quote from U.S. leadership.

2.3.1.3. At least 30% of quotes in earned media include talking points below.

#### **2.3 Coordination**

2.3.1 This PAG was developed through coordination between TRCSG, U.S. 7<sup>th</sup> Fleet (C7F), and U.S. Pacific Fleet (PACFLT).

2.3.2. Approved by INDOPACOM as PAG on March 3, 2020.

**3. (U//~~FOUO~~) Public Affairs Posture: RTQ prior to arrival.** Active upon arrival. Theodore Roosevelt Strike Group PAO has PA lead. A press conference is expected upon arrival, media is expected at public events.

### **4. (U) Holding Statement.**

4.1. Prior to a public announcement of the port visit, the following holding statement is approved for use in RTQ:

(Begin) As a matter of policy, we do not discuss future operations or port visits. (End)

Enclosure (5)



## **5. (U) News Release [Post-Arrival].**

### **Theodore Roosevelt Strike Group Arrives in Vietnam to Commemorate 25 Years of Diplomatic Relations**

DA NANG, Vietnam—USS Theodore Roosevelt (CVN 71) arrived in Da Nang, Vietnam for a scheduled port visit March 5, commemorating 25 years of U.S.-Vietnam diplomatic relations.

The aircraft carrier arrived with two escort ships from the Theodore Roosevelt Strike Group (TRSG), the Ticonderoga class guided-missile cruiser USS Bunker Hill (CG 52) and the Arleigh Burke-class guided-missile destroyer USS Pinckney (DDG 91).

[Ambassador Quote]

Theodore Roosevelt's arrival follows the historic March 2018 visit of the USS Carl Vinson (CVN 70), the first U.S. aircraft carrier to have visited Vietnam in more than 40 years.

“This marks a significant milestone in our bilateral relations and highlights our continued cooperation with partner countries and our strong support for the region, including institutions such as Association of Southeast Asian Nations (ASEAN),” said Rear Adm. Stu Baker, commander, Carrier Strike Group (CSG) 9.

Sailors will participate in cultural and professional exchanges, community service projects, sports competitions, and receptions during the port visit.

“Although this port visit is part of routine U.S. Navy operations, it also represents the strengthening of ties between two countries,” said Capt. Brett Crozier, Theodore Roosevelt's commanding officer. “This visit will not only serve to strengthen our bilateral defense relationship, but also help further advance our cultural and professional ties. We are honored to take part in this important port visit and to receive such a warm welcome.”

Recent ship visits, including USS Gabrielle Giffords (LCS 10) to Cam Ranh International Port in December 2019 along with UNS Mercy (T-AH 19) and USNS Brunswick (T-EPF-6) to Nha Trang in support of Pacific Partnership from May to June 2018, reflect the U.S. Navy's ongoing commitment to a free and open Indo-Pacific.

Theodore Roosevelt is America's fourth Nimitz-class aircraft carrier with a crew of 5,000 Sailors who support and conduct air operations at sea. The strike group is comprised of a total of 6,500 Sailors, an aircraft carrier, an air wing, a cruiser, and six destroyers.

U.S. 7th Fleet conducts forward-deployed naval operations in support of U.S. national interests in the Indo-Pacific area of operations. As the U.S. Navy's largest numbered fleet, 7th Fleet interacts with 35 other maritime nations to build partnerships that foster maritime security, promote stability, and prevent conflict.

Enclosure (5)

For more news from USS Theodore Roosevelt (CVN 71), visit [www.navy.mil/local/cvn71/](http://www.navy.mil/local/cvn71/)  
For more news from USS Bunker Hill (CG 52), visit <https://www.navy.mil/local/cg52/>

## **6. (U) Talking Points:**

### **6.1. Port Call**

6.1.1. Nearly twenty-five years ago, the United States and Vietnam established diplomatic relations. This port visit highlights our continued cooperation with Vietnam and partner countries in the region, as well as our strong support for the region. Cooperation with partner countries and regional institutions such as ASEAN is at the center of our strategy.

6.1.2. We are honored to receive such a warm welcome in this beautiful country. Our Sailors look forward to participating in professional engagements and community service projects while meeting Vietnam's amazing people and experiencing its vibrant culture.

6.1.3. Port calls are part of the United States Navy's routine operations in the region, and this port call reflects the mutual interest between our countries.

6.1.4. Our presence and commitment to the region is not new. The U.S. Navy has routinely operated in the Indo-Pacific region helping maintain peace for more than 75 years.

### **6.2. History of Navy-to-Navy relations**

6.2.1. U.S. – Vietnam Navy-to-Navy cooperation is focused on maritime security, search and rescue, humanitarian assistance/disaster response, and other professional exchanges and activities. Naval Engagement Activity (NEA) Vietnam, Pacific Partnership, and the many port visits by U.S. Navy ships over the past 15 years are key examples of that cooperation.

6.2.2. U.S. Navy ships began visiting Vietnam annually in 2003 with the visit by the Oliver Hazard Perry class frigate USS Vandegrift (FFG-48) to Ho Chi Minh City followed by the 2004 visit of the Arleigh Burke class guided-missile destroyer, USS Curtis Wilbur (DDG 54) to Da Nang.

6.2.3. In 2018 USS Carl Vinson (CVN 70) conducted a port visit to Da Nang, marking the first time a U.S. aircraft carrier visited the country in more than 40 years.

### **6.3. Strengthen networks of allies and partners**

6.3.1. We are operating in the region to reassure our allies and partners, maintain regional stability, and keep the sea lanes open that are so important to global prosperity.

6.3.2. Seamless coordination between regional allies and partners provides the most effective deterrent against aggression and best underwrites regional peace and stability.

6.3.3. The security and prosperity of the Indo-Pacific is the engine that drives global economic development, and it is in all our interest that the international community plays an active role in preserving the rules-based international order.

6.3.4. Cooperation with partner countries and regional institutions such as ASEAN is at the center of our strategy.

6.3.5. Our Indo-Pacific vision excludes no nation. We seek to work with anyone to promote a free and open Indo-Pacific, so long as that cooperation adheres to the highest standards that adheres to international law and promotes peace and stability throughout the region.

Enclosure (5)

## **7. (U) Questions and Answers:**

### **Q1. Why is the Theodore Roosevelt Strike Group in port Vietnam?**

A1. The U.S. Navy was invited by Vietnam to honor and celebrate the 25th Anniversary of Diplomatic Relations and we look forward to participating in professional and cultural exchanges during community service projects, sports competitions and receptions planned for the port call. The U.S. Navy regularly conducts ship visits of this nature as a matter of routine operations at ports throughout the world. This port call reflects the strength of U.S.-Vietnam Comprehensive Partnership, and in particular, the strength of our close cooperation on issues related to maritime security.

### **Q2. How many Sailors are on the carrier and part of the TRSG contingency visiting?**

A2. There are about 5,000 Sailors on the carrier itself and more than 5,500 Sailors with the other two ships included.

### **Q3. What will the crew of Theodore Roosevelt Strike Group do in Da Nang?**

A3. Sailors will participate in cultural and professional exchanges during community service projects, sports competitions, and receptions planned during the port call.

### **Q4. What precautions is Pacific Fleet taking in light of COVID-19?**

A4. At this time, there are no indications that any U.S. naval personnel have contracted Coronavirus Disease 2019 (COVID-19). In response to the threat caused by this virus, Commander, U.S. Pacific Fleet issued guidance to the Fleet that ensures the risk of COVID-19 is mitigated to our forces. The health and welfare of our Sailors, civilians, and their families is paramount and our efforts are directed at detection and, if required, prevention of the spread of this illness.

### **Q5. How long will the TRSG be in port? When will TRSG depart Vietnam?**

A5. We don't discuss the schedule details for operational security reasons, but just like port visits in other places we will be here for a few days.

### **Q6. What did Theodore Roosevelt Strike Group do before arriving in Da Nang?**

A6. For the past month, the Theodore Roosevelt Strike Group has been a forward presence in the Indo-Pacific providing security and stability to the region. The strike group remains ready to support any tasking U.S. 7th Fleet requires of us.

### **Q7. How would you describe the current U.S. – Vietnam relationship?**

A7. The U.S. – Vietnam Navy-to-Navy cooperation is focused on maritime security, search and rescue, humanitarian assistance/disaster response, and other professional exchanges and activities. Our partnership is strong and our celebration of 25 years of diplomatic relations highlights that bond.

7.1. These questions and answers are specifically for use by the TRSG Commander and visiting ship Commanding Officers. Keep the focus positive, and focused on commemoration of 25 years of U.S.-Vietnam diplomatic relations.

Enclosure (5)

**Q1. Did the U.S. begin sending ships to Vietnam just recently to counter PRC influence?**

A1. U.S. – Vietnam Navy-to-Navy cooperation goes back more than 15 years and is focused on maritime security, search and rescue, humanitarian assistance/disaster response, and other professional exchanges and activities. Pacific Partnership and the many port visits by U.S. Navy ships over the past 15 years are key examples of that cooperation.

U.S. Navy ships began visiting Vietnam annually in 2003 with the visit by the Oliver Hazard Perry class frigate USS Vandegrift (FFG-48) to Ho Chi Minh City followed by the 2004 visit of the Arleigh Burke class guided-missile destroyer, USS Curtis Wilbur (DDG 54) to Cam Ranh. In 2018, USS Carl Vinson became the first U.S. aircraft carrier to visit Vietnam since the re-establishment of diplomatic relations.

**Q2. The strike group's presence in the South China Sea falls into China's narrative that the United States is militarizing the region.**

A2. The U.S. Navy regularly operates in the Indo-Pacific region, and has helped maintain peace and security for more than 75 years. Together with our allies and partners, we seek to advance transparency, the rule of law, freedom of navigation and overflight and other principles that underpin security and prosperity for the Indo-Pacific region.

**Q3. Did the strike group deploy to the South China Sea and is it visiting Vietnam to send a message to China?**

A3. We were invited by Vietnam to honor and celebrate the 25th Anniversary of Diplomatic Relations. Port calls are part of the United States Navy's routine operations in the region. This port call in particular fulfills an agreement between our top leaders. We are honored to receive such a warm welcome in this beautiful country. Our Sailors look forward to participating in professional engagements and community service projects while meeting Vietnam's amazing people and experiencing its culture.

**Q4. China is building and militarizing outposts in the South China Sea, endangering the free flow of trade, threatening the sovereignty of other nations, and undermining regional stability. What are you doing to prevent this?**

A4. U.S. policy is clear that while we do not take a position on competing sovereignty claims to land features in the South China Sea, we continue to promote peaceful resolution and suspension of destabilizing actions like land reclamation and militarization of disputed outposts. Theodore Roosevelt Strike Group units are here to demonstrate the U.S. Navy's commitment to fly, sail and operate anywhere international law allows. Our presence matters. It ensures the free flow of commerce and helps to maintain peace and stability in the region that has lasted for over 75 years.

**Q5. Do you think China will see your visit and operations in the South China Sea as a provocative action?**

A5. This port call and our operations in the South China Sea are routine and demonstrate our commitment to regional prosperity and stability. We are honored to receive such a warm welcome in this beautiful country. Our Sailors look forward to participating in professional engagements and community service projects while meeting Vietnam's amazing people and experiencing its culture. (Do not speculate on what China may think or do.)

Enclosure (5)

**Q6. Why did your units conduct a Freedom of Navigation Operation on PRC islands in the SCS? (Or any other FON related questions)?**

A6. Defer FON questions to C7F/PACFLT then shift back to discussing port call. It is OK to state that it has been extensively covered and you have nothing further to add. C7F/PACFLT are the only command authorized to discuss any details.

**Q7. Will your units be conducting freedom of navigation (FON)/ Taiwan Straits Transit (TST) operations in the South China Sea?**

A7. As a matter of policy, we do not discuss future operations.

\*\*C7F/PACFLT are the only ones authorized to comment on a specific TSTs/FONs. Defer all questions to C7F if asked about a past TST/FON.\*\*

**Q8. Can you comment on North Korea's ballistic missile threat?**

A8. I won't comment specifically. Our mission in the Indo-Pacific is to maintain security and stability and strengthen cooperation with our allies and partners.

**Q9. Are there any nuclear weapons on board?**

A9. It is the policy of the U.S. government not to deploy nuclear weapons aboard U.S. Navy surface ships and aircraft. However, we do not discuss the presence or absence of nuclear weapons.

**Q10. Should local citizens be concerned that a nuclear-powered ship is anchored in our waters?**

A10. No. U.S. Navy nuclear powered ships have safely operated for more than 55 years without a reactor accident or any release of radioactivity that has had an adverse effect on human health, marine life, or the quality of the environment. U.S. nuclear-powered warships have an outstanding record of over 152 million miles safely steamed on nuclear power (the equivalent of circling the globe at the equator over 6,000 times). U.S. nuclear-powered warships are welcomed in over 150 ports in more than 50 countries worldwide.

**Q11. Why do American carriers use nuclear power?**

A11. Nuclear power gives our aircraft carrier an unparalleled flexibility that allows us to arrive at a location quickly and stay there longer. We are only limited by the need to replenish food, parts, supplies, ordnance and jet fuel.

**Q12. Where are the reactors?**

A12. We don't specifically disclose their location on the ship for security reasons.

**8. (U) Points of Contact:**

8.1. PACFLT Deputy PAO: CDR (b) (6), (b) (6) [@navy.\(smil.\)mil](mailto:navy.smil.mil); (b) (6)

Enclosure (5)



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Enclosure (5)

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**LCDR USN ASSTSECNAV FMC DC (USA)**

---

**From:**

(b) (6)

**Sent:**

Monday, January 20, 2020 1:39 AM

**To:**

HODs; DLCPOs; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CDR  
USN, HSC-8 PXO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT;  
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USN, USS Theodore Roosevelt

**Subject:**

Vietnam Planning

**Signed By:**

(b) (6) @navy.mil

TR Leadership,

As I've mentioned in the past, I've received a detailed debrief from the VINSON XO on their port visit to Vietnam. As you'll read in the AAR, the planning for their visit started a year in advance and despite sailing away from the port without 500 Sailors, their visit was considered a success. We are about six weeks out and there has been virtually zero planning so we have much to do.

I've scanned in many of the pertinent documents from the VINSON visit two years ago. All documents are saved under; (b) (7)(E)

The Visit Planning Powerpoint is a monster brief that gives their overall plan leading into the port visit (sorry it's scanned in portrait - I'll get it re-scanned landscape tomorrow). The After Action Report is how the plan worked out - both are Required reading. If it was a VINSON recommendation, take it for action.

SWO/Gator and Senior Shore Patrol - we need watchbills nailed down tight two weeks out

SUPPO - a ton of VINSON recommendations to help the language barrier and work thru some issues with late/no show services

Beach Guard - lots of LL here. We aren't planning for weather to blow up and stop liberty boats but we need to be ready to respond if it happens  
Plenty more for all leadership to get familiar with so we can take every thing VINSON did and improve on it!

Looking forward to reviewing the Guam plan and starting the dialogue for Vietnam on Tuesday afternoon.

V/r,  
XO

CAPT (b) (6)

Executive Officer

USS THEODORE ROOSEVELT (CVN 71)

In Port: (b) (6)  
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## **Witness Statement of SURGEON, U.S. SEVENTH Fleet**

On 20 May 2020 [21MAY2020 (I)] , I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone call.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CAPT (b) (6) , USN  
Position: SURGEON, U.S. SEVENTH Fleet

Email Address: (b) (6) @lcc19.navy.mil

Phone(s): DSN (b) (6) (at sea) (b) (6) (in port) comm: (b) (6) (at sea)  
(b) (6) (in port)

As the SEVENTH Fleet Surgeon, we have a team of usually four other individuals who work with me in medical. Typically, it's two planners, a Senior Chief Petty Officer IDC, and then usually an HM1 or HM2 as well. Currently one of our planners is a LCDR Health Care Administrator (HCA) and POMI, and the other a LT and prior Chief corpsman. Both are Medical Service Corps Officers. We are currently embarked on USS BLUR RIDGE. During our spring patrol, we've been augmented with an additional HM1 reservist. Years ago, there was a Preventative Medical Officer (PMO) assigned, but in last 5-7 years, that position was transferred to NH Yokosuka. They are still available to consult with us but they are not on our staff.

I'm an urologist by trade. This is my second numbered fleet surgeon tour. Prior to this, I was the CO at Naval Health Clinic Oak Harbor. I was also the CO< MTF on USNS Comfort during Continuing Promise 2015.

At C7F, we have continuous planning ongoing for medivac management, CASEVAC management, force health protection, common operating picture of theater medical capabilities, including COVID-19 capabilities and testing as well. That's our core business, leaning forward, planning for exercises and operations to make sure there's a medical plan embedded in all the fleet does.

With regard to COVID-19, planning and socialization started at the end of January. Beginning January 25 , we sent daily COVID update slides to all CTF surgeons. The first TASKORD was written 13 February and we released it on 15 February. It included a requirements for an education plan, HHQ reporting for ILI, isolation plan, be prepared to execute shipboard outbreak plan, PPE monitoring, and the ability for COs to enact more rigorous efforts according to the risks they perceived. In terms of COVID response, C7F and CPF were in the lead in these efforts for the fleet. That was in the beginning of our COVID-19 deliberate planning and tasking for our subordinate units at that time.

Starting 20 February, we instituted a COVID focused telcon and began receiving regular feedback from our subordinate units on this call regarding the orders we had promulgated, in



additional to regular email and individual phone feedback which had always been present since COVID was 1<sup>st</sup> recognized as a threat. On 05 March, the CTF TELCONS increased to weekly; this was the week before it was declared pandemic. We did not receive any specific feedback regarding challenges of isolation and quarantine onboard ships. We did push the NTRP guidance as well as other isolation and quarantine guidance.

We coordinated with Naval Medical Research Center (NMRC) and NMCPHC to send three teams with early testing RT-PCR capability. It was non-diagnostic and used for surveillance from a defense standpoint. At that time, it was the only deployable capability, before BioFire was capable of COVID-19 testing. At the time, we assessed the COBRA GOLD exercise was higher risk. We sent testing teams to America, Green Bay- then transferred to Blue Ridge, and TR. In those days, there was very little COVID-19 testing in the U.S. CPF originally had this idea; we all determined it was useful and it was planned from there. The two teams for AMA and GBY were supporting the return of ground elements from Thailand during COBRA GOLD.

In preparation for the growing pandemic, on February 29th, C7F requested support from NEPMU-6 teams, with equipment from NMRC for forward deployable preventative medicine units to mitigate the potential outbreak of COVID-19 aboard America Expeditionary Strike Group (AMA ESG) and CSG-9 ships. Based on medical risk assessment C7F concluded that COBRA GOLD was a higher risk than Vietnam given the thousands of service members on the ground for 2 weeks. AMA ESG (AMA and GREEN BAY) were augmented by the testing teams, in addition AMA was augmented with a PMO and PMT. Because of the inability to have a team fly into Vietnam for TR because of visa requirements with short notice, the team for CSG-9 was flown onto the carrier approximately 1 week after GREEN BAY and AMA received their teams. The team on GREEN BAY was later transferred to the USS BLUE RIDGE as the AMA ESG was collocated and support could be provided by AMA to GREEN BAY.

In terms of Vietnam, it was assessed as low risk at that time. We did have much discussion regarding the planned medical event for TR when she pulled into Vietnam. At the time, Vietnam had 16 or 19 total cases and all recovered, so Vietnam was assessed as low risk. We called back to CDC in country as well as the Embassy country team and were reassured the risk was low. We were certainly concerned, which is why we did due diligence, and we were provided with multiple reassurances. It was really a collaborative decision between our surgeons office, CPF surgeons office, the CPF TSC shop. The medical engagement was ultimately provided by NAMRU-2.

We continued daily emails and weekly telecons. In addition, there were multiple emails and verbal communications throughout the fleet during this entire time. For example, we had an early screening form adopted by the entire fleet, including screening at embarkation and underway. Specific versions included fine details dependent on the region. For example, the CONUS version did not include questions about traveling from America.

The TR put 39 people in quarantine from possible exposure in Vietnam. From what I understand, they were appropriately quarantined for 14 days, observed for symptoms, tested out of Vietnam, during and at the conclusion of the quarantine period. At that time, testing was done



out of abundance of caution, given the status of testing in the U.S. at the time. This led me to have confidence in their practices. At no point did they seem complacent.

Daytime on March 24 (I) is when the known positive cases started being discussed, after the 1<sup>st</sup> case tested positive the evening before. We became aware of the spread during those first several days. There were lots of emails and phone calls between myself and TR SMO. He was obviously very busy and he was very grateful to have that testing capability on board.

Once the USS THEODORE ROOSEVELT identified positive patients, I spoke with CAPT (b) (6) daily. We've also had a daily sync with III Medical Battalion CO, NH Guam CO, INDOPACOM health attaché who is in New Zealand, and CPF surgeon. We have a daily VTC with Naval Base Guam CO, the regional medical task force, and CSG-9. So we have multiple touchpoints throughout the day. SMOs on carriers are the Task Force surgeons. The carrier SMOs are from the TR and RRN. CAPT (b) (6) dialed in regularly.

TR SMO was concerned about ability to quarantine at sea. That was the initial discussion. He was proceeding with a quarantine plan. We did not have any additional requirements from TR. We and TR rapidly spun up medevac capability to Guam and immediately began planning for her arrival in Guam with additional medical teams based on our initial estimates. These estimates were based on the CDC guidance, which was based on data out of New York (paper sent to investigatory team). Early estimates were for 60 ICU beds and ventilators on the island.

On 27 March, we requested the III Med Battalion come with six ICU teams in order to support. They were the most capable resource at that time, as they were close, capable of providing support, and much of Navy Medicine was deployed with the COMFORT and MERCY. Also, since III Med Battalion were coming from Okinawa, they were coming from COVID-free environment and would be able to be waived from ROM requirements.

When the TR pulled in, the positive numbers were rapidly increasing, especially since we started testing asymptomatic patients to better assess how widespread the outbreak was on the CVN. It became obvious pretty quickly that the positives from RT-PCR testing would be overwhelming. Guam is not a big base, so it is difficult for them to absorb 5,000 people. Tent options for spreading out the crew were declined by CSG-9.

Broad testing was performed, at the outset, to determine the extent of the outbreak. However, as the plan to house that number of people developed and changed, and once it became obvious that it was a widespread outbreak, the focus changed towards testing people into quarantine. Naval Base Guam does not have capacity for single-person housing for 5,000 people, so it was necessary to find another place for them to be housed. Options included flying them to Okinawa into Marine Corps housing. That was ultimately disapproved and hotels were contracted. In both cases—Okinawa or Guam—testing was required by both governments in order to reassure the respective populations that we weren't sending sick people into their populations. The focus at first was on scope of the outbreak on TR, then shifted to testing into quarantine because only people with negative tests were allowed off base into Guam. The same rule would have applied if we were flying people to Okinawa.



Thought it's not clinically advisable to continue testing, it was necessary to break people out of the ship environment. It's one of those pieces of operational medicine, particularly in the international environment. These issues occur and it is then our job to execute them. We rapidly spun up a relationship with Brian D. Allgood Army Community Hospital and their reference lab testing group because they had the capacity for high volume testing.

It was always our intent to move people into single rooms off ship if there were room on base. It would still be better to move people in smaller groups than not move them off the ship from their high occupancy berthing. The analogy I used for the line officers was to think of it as bunches of grapes. If you can't get individual grapes, you can cut them into smaller bunches rather than keeping them in larger bunches. The testing plan flexed as space became available and those who tested positive began to be cohorted in groups. The flow charts changed, but we had discussions with CSG leadership multiple times that the goal was to remove as many people from the shipboard environment as possible.

I became aware of the TR lifting segregation and breaking quarantine based on the emailed questions from CAPT (b) (6). I was not aware previously aware of this. That's not what I would have done. If the rest of the ship had already been cleared out, if those people had gone to their state rooms, I can see the decision. Although by then, we believed the ship was exposed as a whole, but that still would not have been my advice and that is not what I would have done. There were other issues that we became aware of. For example, CAPT Crozier departing amongst a crowd. That is not what I believed to be appropriate during this outbreak scenario. It's always possible I missed something during this busy evolution, but I do not believe so.

The plan for ashore berthing involved all medical teams doing twice daily medical checks. We discussed it during daily medical syncs. The plan for how those who were ill were housed was changed so that people who were ill could be watched more closely.

We discussed ventilation and sanitation, making sure the crew who tested positive were appropriately distanced to the best of their ability in gyms and warehouses. It was a risk-benefit tradeoff. Since we were constrained with positive cases needing to remain on base, there was a balance with occupancy. In a group setting, there was direct 24/7 medical supervision available. Early on, there were conversations with the base about 75 people being too many in the gym because of bathroom constraints. There were multiple conversations about putting some people in the gyms vice having them all on the ship i.e. "Well then let's put five people in gyms if we have to, but let's not put zero people in the gym."

I do not recall an email about testing being required to leave the ship.

I think the desired effect of the CO letter from 30 March was to bring attention to the situation. Unfortunately that is not exactly what happened. Just along that timeline, help had already been requested. On 30 Mar is when we moved samples to Korea for high volume testing. III Med Battalion was supposed to be there on that Monday, but they were delayed for lack of N95 masks that we were able to procure from USNH Okinawa who had just received their push pack of PPE. The timing of the letter was unfortunate. I don't think it improved support to TR, but it did



certainly take many of us off-task, reacting to that rather than being able to spend 100% of our time focusing on support.

I do not know if TR medical was aware of all our efforts that were in the works. I do know that C7F and CPF—and I presume INDOPACOM—were all working very hard on solutions. To what extent that was communicated from CSG-9-to-TR and then TR-to-crew, I do not know. My sense is that something happened from a morale standpoint over that weekend from Friday when they pulled in to the Monday morning. During my communication with Dr. (b) (6), at no point did I believe they thought there was no help.

My sense with Dr. (b) (6) is that the expectation from him and the ship was that 5,000 individual rooms would be available immediately, which was not possible. So we had multiple conversations about what we could do and that the plan was evolving. We were pursuing different options; Okinawa, hotels. I don't know specifically at what point we would have had the conversation about hotel rooms. We were definitely having conversations about flying people to Okinawa.

I believe, when paired with CO letter, the medical department letter indicated concern by the team over that weekend that things were not moving rapidly enough. However, again the communication between (b) (6), (b) (6) and I did not demonstrate that level of frustration during that brief time period. My sense is that some sort of morale issue occurred during the time between time pulling into port and that Monday morning resulting in the CO and medical letters. Much was being done at C7F and CPF as well to attempt to decompress the ship as soon as possible, which had been our plan since mid-February. We had those CONOPS based on the Diamond Princess, in which even with single-room cabins, the spread continued. It remained our goal to get sailors off ship as soon as possible.

The scenario on an aircraft carrier is worse than that of the Diamond Princess based on berthing and galleys. The thought was, "if the Diamond Prince was X, then an aircraft carrier is X to a higher power transmission." That is why I had actually communicated with a senior official in the cruise ship industry and he confirmed that getting people on land is the absolute priority and not something always available to cruise liners.

It is absolutely desirable to get single rooms with single bathrooms from infections disease standpoint. However, on an island in the Pacific, it is challenging.

My discussion with our COS. Multiple daily conversations as to what is ideal and what is executable at any given time. Okinawa plan would have required testing first, then flights. Guam plan involved testing at least for hotels and quarantine, as well as robust system of twice daily checks.

My sense is that SMO wanted the ideal conditions exclusively. Practically, he understands that's not possible. However it seemed he was very committed to ideal only. I do not know why he clung to ideal. I believe he had the best interest of his crew in mind. I believe his heart is in wanting to take the best care of his crew and get them into quarantine as soon as possible. I do not have any prior relationship with CAPT (b) (6) and our interactions have remained professional

over the last several months. From a medical perspective, CAPTs (b) (6) and Crozier may have been under duress from their conditions.

Regarding the Okinawa plan, I was aware of it, specifically developing the testing portion. My biggest concern was who was going to provide the daily checks on the crew in that setting. Other than that, the entire C7F staff was involved in that planning.

As the Okinawa plan was being developed, we also were aware that due to prior U.S. ships interaction with Guam, Guam may not be supportive about having another ship because of a previous ship that arrived with ILI illness with four total cases of pneumonia, which were not COVID-19. So our relationship with Guam with respect to COVID was complicated. Previously, Sailors had been posting on Facebook unflattering things about Guam and COVID. Because of that, Guam hotels were not going to be straightforward to execute. The Governor of Guam has sacrificed much, helping the U.S. Navy and TR.

It's very easy to look backwards through a lens of what we currently know about COVID-19 and our ultimate executed plan, but it was challenging in real time. I hope this conveys the complexity of the situation.

I swear (or affirm) that the information in the statement above is true to the best of my knowledge or belief. (b) (6)

\_\_\_\_\_  
(Witness' Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Time

Name of Interviewer: CAPT (b) (6), USN

**From:** (b) (6) [CDR USN, CCSG-9](#)  
**To:** (b) (6) [LT USN VCNO \(USA\)](#)  
**Cc:** (b) (6) [CDR USN, CCSG-9](#); [CSG9 BWC](#); (b) (6) [LT USN, CCSG 9](#)  
**Subject:** RE: TR Command Investigation  
**Date:** Sunday, May 17, 2020 11:53:44 PM

---

(b) (6)

Response to the following RFIs:

**RFI #1: When did the ECC on the TR stand down?**

The ECC is still stood up on TR.

**RFI #2: How long did it take TR to eradicate Norovirus at beginning of deployment?**

Norovirus began OOA Feb 2nd and ended Feb 22<sup>nd</sup> 2020.

Very respectfully,

(b) (6)

CDR (b) (6)  
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N31 / N7  
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**NAVY TACTICAL REFERENCE PUBLICATION**

**SHIPBOARD QUARANTINE  
AND ISOLATION**

**NTRP 4-02.10**

**EDITION SEPTEMBER 2014**

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OFFICE OF THE CHIEF OF NAVAL OPERATIONS**

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29 Dec 14

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To: Commander, Navy Warfare Development Command

Subj: LETTER OF APPROVAL

1. NTRP 4-02.10 (SEP 2014), Shipboard Quarantine and Isolation, is UNCLASSIFIED. Handle in accordance with the administrative procedures contained in NTRP 1-01 (MAY 2014), The Navy Warfare Library.
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K. E. FLOYD

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S. A. STEARNEY  
Rear Admiral, United States Navy  
Navy Warfare Development Command

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September 2014

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1. NTRP 4-02.10 (SEP 2014), SHIPBOARD QUARANTINE AND ISOLATION, is available in the Navy Warfare Library. It is effective upon receipt.
2. Summary:
  - a. NTRP 4-02.10 (SEP 2014), SHIPBOARD QUARANTINE AND ISOLATION, provides guidance for the planning and implementation of effective quarantine and isolation measures to protect the staff and maintain mission readiness on board ships.
  - b. This publication has been updated with current information throughout.
  - c. The intended audience includes commanding officers, executive officers, department heads, and afloat medical personnel. It includes guidance from current doctrine, tactics, techniques, and procedures.

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# CONTENTS

*Page  
No.*

## CHAPTER 1—INTRODUCTION TO SHIPBOARD QUARANTINE AND ISOLATION

1.1	PURPOSE .....	1-1
1.2	SCOPE .....	1-1
1.3	INTENDED USERS .....	1-1
1.4	SHIPBOARD QUARANTINE AND ISOLATION DEFINITION.....	1-1
1.5	SHIPBOARD QUARANTINE AND ISOLATION FUNDAMENTAL PRINCIPLES.....	1-1
1.6	SHIPBOARD QUARANTINE AND ISOLATION OBJECTIVES.....	1-2
1.7	DEFINITIONS OF QUARANTINE AND ISOLATION (NAVY TACTICAL TASK 4.12).....	1-2
1.8	HISTORICAL BACKGROUND OF THE SHIPBOARD QUARANTINE AND ISOLATION PROGRAM.....	1-2

## CHAPTER 2—GENERAL AFLOAT BIODEFENSE TECHNIQUES

2.1	GENERAL PRINCIPLES OF COMMUNICABLE DISEASE.....	2-1
2.2	SOURCES OF INFECTIOUS AGENTS.....	2-1
2.3	MODES OF DISEASE TRANSMISSION .....	2-3
2.4	STANDARD AND TRANSMISSION BASED DISEASE PRECAUTIONS .....	2-4
2.5	STANDARD PRECAUTIONS.....	2-4
2.5.1	Respiratory Hygiene/Cough Etiquette.....	2-5
2.5.2	Hand Washing .....	2-6
2.6	TRANSMISSION-BASED DISEASE PRECAUTIONS .....	2-7
2.6.1	Contact Precautions.....	2-8
2.6.2	Diseases Commonly Requiring Contact Isolation (Navy Tactical Task 4.12.1).....	2-9
2.6.3	Droplet Precautions .....	2-10
2.6.4	Diseases Commonly Requiring Droplet Isolation (Navy Tactical Task 4.12.1).....	2-11
2.6.5	Airborne Precautions.....	2-11
2.6.6	Diseases Commonly Requiring Airborne Isolation (Navy Tactical Task 4.12.1).....	2-13
2.6.7	Empiric Use of Airborne, Droplet or Contact Precautions.....	2-13
2.7	USE OF AFLOAT SOCIAL DISTANCING TECHNIQUES TO REDUCE DISEASE TRANSMISSION .....	2-14

**CHAPTER 3—SHIPBOARD SANITATION MANAGEMENT**

3.1	SANITATION MANAGEMENT (NAVY TACTICAL TASK 4.12).....	3-1
3.2	PATIENT CARE EQUIPMENT AND INSTRUMENTS/DEVICES (NAVY TACTICAL TASK 4.12) .....	3-2
3.2.1	Supply and Food Service Sanitation Management of Dishware and Eating Utensils for Patients and Crew Members (Navy Tactical Task 4.12).....	3-2
3.2.2	Laundry Sanitation Management (Navy Tactical Task 4.12).....	3-3
3.3	BIOWASTE HANDLING (NAVY TACTICAL TASK 4.12.6).....	3-3
3.4	SHIPBOARD PROCEDURES FOR INFECTIOUS MEDICAL WASTE (NAVY TACTICAL TASK 4.12.6) .....	3-4
3.4.1	Packaging Infectious Medical Waste (Navy Tactical Task 4.12.6) .....	3-4
3.4.2	Treatment of Infectious Waste (Navy Tactical Task 4.12.6) .....	3-5
3.4.3	Infectious Waste Storage (Navy Tactical Task 4.12.6).....	3-6
3.4.4	Infectious Waste Disposal (Navy Tactical Task 4.12.6, Navy Tactical Task 6.1.1.2) .....	3-6
3.4.5	Infectious Medical Waste Management in Foreign Countries (Navy Tactical Task 4.12.6) .....	3-7
3.4.6	Infectious Medical Waste Training (Navy Tactical Tasks 4.12.6 and 4.12.9) .....	3-7
3.4.7	Infectious Medical Waste Recordkeeping (Navy Tactical Task 4.12.7).....	3-7

**CHAPTER 4—COMMANDING OFFICER QUARANTINE AND ISOLATION USE AND SUPPORT TOOLS**

4.1	INTRODUCTION.....	4-1
4.2	FOREIGN QUARANTINE REQUIREMENTS.....	4-1
4.3	PUBLIC HEALTH SERVICE REQUIREMENTS ABOARD NAVY SHIPS .....	4-1
4.3.1	Procedures Applicable to Arrival at United States Ports.....	4-2
4.3.2	Guidelines for Determining When to Commence Quarantine and/or Isolation .....	4-2
4.3.3	Quarantine and Isolation Decision Tree .....	4-2
4.4	CARE MANAGEMENT WHILE IN CONTACT, DROPLET OR AIRBORNE PRECAUTIONS FOR QUARANTINE AND ISOLATION PATIENTS .....	4-4
4.4.1	Proper Procedures for Using Personal Protective Equipment for Contact and Airborne Quarantine and Isolation Precautions (Navy Tactical Task 4.12.9) .....	4-4
4.4.2	Food and Nutrition .....	4-4
4.4.3	Berthing, Toileting, and Hygiene Management .....	4-4
4.4.4	Medications .....	4-5
4.4.5	Patient Care Equipment (Navy Tactical Task 6.1.1.2) .....	4-5
4.4.6	Housekeeping (Navy Tactical Task 6.1.1.2) .....	4-5
4.4.7	Observation and Assessment.....	4-5
4.4.8	Linen and Waste Removal .....	4-5
4.4.9	Emotional and Spiritual Needs (Navy Tactical Task 4.12.14) .....	4-5
4.4.10	Security (Navy Tactical Task 6.3.2.4).....	4-6
4.4.11	Patient Transit (Navy Tactical Tasks 2.1, 4.12.5, and 4.12.19) .....	4-6
4.5	COMMAND RESPONSIBILITIES DURING A SHIPBOARD HEALTH EMERGENCY .....	4-6
4.5.1	Commanding Officers .....	4-7
4.5.2	Executive Officer .....	4-7

4.5.3	Senior Medical Officer/Independent Duty Corpsman.....	4-8
4.5.4	Chief Engineer.....	4-8
4.5.5	Operations Officer.....	4-8
4.5.6	Combat Systems Officer .....	4-8
4.5.7	Supply Officer .....	4-9
4.6	NOTIFICATION ROUTING PROCEDURES (OUTSIDE THE CONTINENTAL UNITED STATES AND CONTINENTAL UNITED STATES NOTIFICATION).....	4-9
4.7	COMMANDING OFFICER’S EMERGENCY HEALTH POWERS (NAVY TACTICAL TASKS 2.1.2, 4.12.8, AND 6.5.3) .....	4-9
4.8	INFECTION PREVENTION PLANNING CHECKLIST—ADAPTED FOR USN SHIPS (NAVY TACTICAL TASK 5.3.2).....	4-11
4.9	COMMANDING OFFICER’S GUIDE TO INITIATING SHIPBOARD QUARANTINE AND/OR ISOLATION PRECAUTIONS AT SEA CHECKLIST (NAVY TACTICAL TASKS 5.3.3 AND 6.5) .....	4-11

## **CHAPTER 5—SUMMATIVE OBSERVATION AND FUTURE RECOMMENDATIONS FOR SHIPBOARD QUARANTINE AND ISOLATION**

5.1	OBSERVATIONS AND RECOMMENDATIONS FOR FURTHER DEVELOPMENT OF AN AIRBORNE INFECTION ISOLATION CAPABLE SYSTEM. ....	5-1
5.2	ANTEROOM AND HIGH-EFFICIENCY PARTICULATE AIR FILTERS PROVIDE NEEDED CAPABILITIES .....	5-1
5.3	WORKLOAD AND TRAINING REQUIRED TO SUPPORT AIRBORNE INFECTION PRECAUTIONS .....	5-3
5.4	LOCATION OF AN AIRBORNE INFECTION ISOLATION UNIT .....	5-4
5.5	USE OF HIGH-EFFICIENCY PARTICULATE AIR FILTER SYSTEMS .....	5-4
5.6	TOPICS FOR CONSIDERATION AND RECOMMENDATIONS .....	5-4
5.7	SUPPLIES, MEDICATIONS, AND USE OF PUSH-PACKS .....	5-5
5.8	ADDITIONAL AREAS IDENTIFIED FOR FURTHER STUDY AND FUTURE EVALUATION .....	5-5
5.9	SUMMARY STATEMENT.....	5-6

## **APPENDIX A—INFECTION PREVENTION PLANNING CHECKLIST**

## **APPENDIX B—COMMANDING OFFICER’S QUARANTINE AND ISOLATION INITIATION CHECKLIST**

## **APPENDIX C—NAVY TACTICAL TASK LIBRARY**

**APPENDIX D—ADDITIONAL MEDICAL INFORMATION**

D.1	PUBLIC HEALTH EMERGENCY PREPAREDNESS AT SEA .....	D-1
D.2	INFLUENZA PROPHYLAXIS .....	D-1

**APPENDIX E—COVER YOUR COUGH****APPENDIX F—DONNING PERSONAL PROTECTIVE EQUIPMENT****APPENDIX G—RECOMMENDATIONS FOR PROTECTIVE EQUIPMENT PUSH-PACK**

G.1	INTRODUCTION .....	G-1
G.2	ANTIVIRALS AND ANTIBIOTICS RECOMMENDED FOR TREATMENT AND PROPHYLAXIS OF OUTBREAKS .....	G-1
G.2.1	Treatment and Prophylaxis of Influenza .....	G-1
G.2.2	Avian Influenza .....	G-3
G.2.3	Biologic Agents .....	G-3
G.3	EQUIPMENT INFORMATION .....	G-4
G.3.1	3M Breathe Easy 10 Hood System .....	G-4
G.3.2	3M Chemical, Biological, Radiological, and Nuclear Gas Mask Filter Cartridge FR15 .....	G-4



# LIST OF ILLUSTRATIONS

*Page  
No.*

## CHAPTER 2—GENERAL AFLOAT BIODEFENSE TECHNIQUES

Figure 2-1.	Chain of Infection .....	2-2
Figure 2-2.	Stages of Infection: Each Stage Varies with Different Pathogens and Different Diseases.....	2-2
Figure 2-3.	Respiratory Droplets Expelled from the Mouth.....	2-3
Figure 2-4.	Recommendations for Standard Precautions Aboard Navy Ships .....	2-5

## CHAPTER 3—SHIPBOARD SANITATION MANAGEMENT

Figure 3-1.	Disinfectant Dilution Percentages.....	3-2
-------------	--	-----

## CHAPTER 4—COMMANDING OFFICER QUARANTINE AND ISOLATION USE AND SUPPORT TOOLS

Figure 4-1.	Quarantine and Isolation Decision Tree.....	4-3
-------------	---	-----

## CHAPTER 5—SUMMATIVE OBSERVATION AND FUTURE RECOMMENDATIONS FOR SHIPBOARD QUARANTINE AND ISOLATION

Figure 5-1.	Air flow distribution using anteroom on enclosed room with bathroom fan .....	5-2
Figure 5-2.	Double anteroom unit with placards that show type of isolation precaution ordered and required personal protective equipment .....	5-3
Figure 5-3.	Biohazard patient transport unit.....	5-6

## APPENDIX E—COVER YOUR COUGH

Figure E-1.	Cover Your Cough.....	E-1
-------------	-----------------------	-----

## APPENDIX F—DONNING PERSONAL PROTECTIVE EQUIPMENT

Figure F-1.	Donning Personal Protective Equipment .....	F-1
-------------	---	-----

## APPENDIX G—RECOMMENDATIONS FOR PROTECTIVE EQUIPMENT PUSH-PACK

Figure G-1.	Protective Equipment Nomenclatures, National Stock Numbers and Units of Issue .....	G-2
-------------	---	-----

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# PREFACE

NTRP 4-02.10, SHIPBOARD QUARANTINE AND ISOLATION (SEP 2014), provides guidance for commanding officers, executive officers, department heads, and afloat medical personnel to plan for and implement effective quarantine and isolation measures to protect the staff and maintain mission readiness. Additional disease mitigation recommendations are made throughout the publication to promote the best currently available management techniques for all infectious disease transmission types.

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The following definitions apply to warnings, cautions, and notes used in this manual:



### **WARNING**

An operating procedure, practice, or condition that may result in injury or death if not carefully observed or followed.



### **CAUTION**

An operating procedure, practice, or condition that may result in damage to equipment if not carefully observed or followed.

### **Note**

An operating procedure, practice, or condition that requires emphasis.

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“Shall” indicates the application of a procedure is mandatory.

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## CHAPTER 1

# Introduction to Shipboard Quarantine and Isolation

### 1.1 PURPOSE

The purpose of this publication is to provide guidance and procedures and support tactical employment related to the need and establishment of isolation and quarantine precautions aboard United States (U.S.) Navy ships while taking into consideration the challenges and constraints encountered aboard ships at sea. Quarantine and isolation are techniques used to impede the spread of a disease or to protect a person from becoming infected. The objective of this publication is to provide techniques and tactics that support disease prevention, mitigation, and containment of an outbreak of an infectious disease.

### 1.2 SCOPE

This publication focuses primarily on providing essential infectious disease prevention and containment information, tactics and techniques that enable proactive and vigilant disease surveillance and prevention practices, as well as enabling rapid and effective use of disease containment within the constraints posed by the ships' unique class architecture, infrastructure, resources, and location.

### 1.3 INTENDED USERS

Intended users include the ship's commanding officer, executive officer, chief engineers, operations officers, supply officers, senior medical officers, and shipboard independent duty corpsman (IDC), and anyone requiring guidance related to infectious disease control and containment.

### 1.4 SHIPBOARD QUARANTINE AND ISOLATION DEFINITION

In the context of this publication, the term shipboard quarantine and isolation (SQI) refers to the use of disease containment techniques on U.S. Navy ships. The purpose of using quarantine and isolation precautions, and other restriction of movement techniques, is to limit or stop the spread of disease. This publication will address the types of precautions that can necessitate quarantine and isolation of persons and takes into consideration the challenges and constraints implementing quarantine and isolation processes aboard U.S. Navy ships.

### 1.5 SHIPBOARD QUARANTINE AND ISOLATION FUNDAMENTAL PRINCIPLES

The potential for any infectious disease (ID) to become epidemic in a shipboard environment makes it critical to develop protocols for containment of ID in cases where crew members or shipboard visitors are suspected or identified as infected. Military members present an increased risk of infection as they often operate in areas of the world where there is a high prevalence of ID. Also, close working and living quarters in military and shipboard environments demand vigilant public health measures to prevent the acquisition and spread of ID. Prevention, early detection and respiratory isolation of infected persons can significantly reduce the chance that infection will spread to others,<sup>1</sup> thereby limiting impact on operational readiness.

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<sup>1</sup> Garner, J. S., Guideline for Isolation Precautions in Hospitals, The Hospital Infection Control Practices Advisory Committee, JSTOR, Chicago Journals, Infection Control and Hospital Epidemiology (1996): 17(1): 53–80.

## **1.6 SHIPBOARD QUARANTINE AND ISOLATION OBJECTIVES**

The objectives of SQI are to:

1. Provide infection control recommendations for U.S. Navy ships.
2. Reaffirm standard precautions as the foundation for preventing disease transmission aboard ships.
3. Reaffirm the importance of implementing transmission-based precautions developed to target an infectious disease and prevent, mitigate and/or control its spread.
4. Provide epidemiologically sound and, whenever possible, evidence-based management recommendations.
5. Provide relevant historical and instructional information and guidance in a readily accessible and actionable format to assist the shipboard staff in making decisions.

## **1.7 DEFINITIONS OF QUARANTINE AND ISOLATION (NAVY TACTICAL TASK 4.12)**

Quarantine is defined as the separation of an individual or group that has been exposed to a communicable disease, but is not yet ill, from others who have not been so exposed, in such manner and place to prevent the possible spread of the communicable disease. (Department of Defense Directive (DODD) 6200.3)

Isolation is used to separate ill persons who have a communicable disease from those who are healthy. The correct use of quarantine and isolation is dictated by the type of clinical management precaution indicated relative to the suspected disease or condition in question.

## **1.8 HISTORICAL BACKGROUND OF THE SHIPBOARD QUARANTINE AND ISOLATION PROGRAM**

The SQI Program emanates from work conducted in 2006 by Third Fleet, in collaboration with Naval Health Research Center (NHRC) and subject matter experts (SME) in response to the potential for exposure of the crew to a disease, such as severe acute respiratory syndrome (SARS) and Avian Influenza, both potentially airborne viruses and highly virulent diseases. Convening over a period of a year, this group produced an evidence-based technical report reflecting the range of experimentation conducted and the lessons learned.<sup>2</sup>

The final 2006 analysis for inherent shipboard capabilities reflected an adequate ability to provide contact and droplet isolation precautions. However, no generic capability exists to establish shipboard quarantine or isolation spaces suitable for the containment of airborne transmitted contagion without specialized equipment. During the July 2006 Tiger Cruise aboard the USS *Ronald Reagan* (CVN 76), a single case of pulmonary tuberculosis (TB) occurred. The post event analysis study conducted by members from the U.S. Public Health Service (USPHS) noted that the persons who became Tuberculin Skin Test (TST) converters were more likely related to their proximity to the air vents exhaust in the berthing space and the direction of air flow than to the direct contact with the index patient. This incident illustrates why further study is warranted regarding the use and manipulation of high-flow ventilation aboard ships, and its effect on disease transmission.<sup>3</sup>

From 2010 to 2011, the SQI process was again evaluated, this time by the Joint Program Evaluation Office (JPEO) Chemical, Biological, Radiological, and Nuclear (CBRN) Combat Developer for Experimentation; Joint Experimentation and Analysis Division (JPEO, CBRN). The goal of the JPEO, CBRN team was to examine the need and feasibility of a tri-Service, multiplatform establishment of quarantine and isolation (contact and airborne) capability and requirements. Their final determination (JPEO, CBRN, 2011, Shipboard Isolation and

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<sup>2</sup> Naval Health Research Center Document No. 10-13, Final Analysis Report: Shipboard Isolation and Quarantine Program (SIQ-P) Aboard Aircraft Carriers, (2010).

<sup>3</sup> Buff, A., Tuberculosis Aboard U.S. Navy Ships: A Presentation aboard the USS *Kearsarge* (2008), United States Public Health Service (USPHS) Centers for Disease Control and Prevention (CDC) (2006).

Quarantine Concept Experiment Final Report) indicated that establishing quarantine and isolation capabilities for Navy ships and deployable medical treatment facilities was a viable and needed option. Furthermore, “the current asymmetric threat environment and the demonstrated ability of non-state actors to attack U.S. forces with biological agents reinforce(s) the desirability of having isolation capabilities within our forces to mitigate the spread of infectious disease, maintain mission/war fighting capability etc.” Navy Tactical Reference Publication 4-02.10 will address and identify effective means of impeding the acquisition and spread of contagious diseases as well as indications for quarantine and isolation.

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## CHAPTER 2

# General Afloat Biodefense Techniques

### 2.1 GENERAL PRINCIPLES OF COMMUNICABLE DISEASE

One of the most basic tenets for understanding how to combat a communicable disease is to understand how it spreads or is transmitted. Transmission of infectious agents within a shipboard setting requires three elements: a source (or reservoir) of infecting micro-organisms, a susceptible host with a portal or means of entry receptive to the agent (such as an opening in the skin, or a lowered level of immunity), and a mode of transmission for the agent. This chapter describes the interrelationship of these elements in the epidemiology of shipboard infection.<sup>1</sup>

### 2.2 SOURCES OF INFECTIOUS AGENTS

Infectious agents transmitted aboard a Navy ship are derived primarily from human sources (figure 2-1). Human reservoirs include military Service members, civilian employees, contractors, family members, and foreign nationals. Individuals who have active infections, may be in the asymptomatic and/or incubation period of an infectious disease, or may be transiently or chronically colonized with pathogenic micro-organisms, particularly in the respiratory and gastrointestinal tracts (figure 2-2). These individuals, although they may feel fine, can in fact be spreading an infection. Until a case is reported and the nature of the infection classified, Service members remain at a risk of exposure and commands are reliant on general preventative measures to minimize potential impacts. After an infection is identified, it is important to adhere to the recommended sequester time as a member could still be contagious despite appearing healthy.

Infection is the result of a complex interrelationship between a potential host (individual) and an infectious agent. Most of the factors that influence infection, its occurrence and severity, are related to host-agent (person to organism) interaction. This interaction is a composite of the relationships among the disease agent's pathogenicity, virulence and antigenicity, infectious dose, as well as the mechanisms of disease production and route of exposure. There is a spectrum of possible outcomes following exposure to an infectious agent. Some persons exposed to pathogenic micro-organisms never develop symptomatic disease (they are exposed and don't get sick) while others become severely ill and even die. Some individuals are prone to becoming transiently or permanently colonized, but remain asymptomatic; in other words, they can be "carriers" of a disease, infecting others, yet not feel sick. Still others progress from colonization to symptomatic disease either immediately following exposure, or after a period of asymptomatic (no symptoms or a period of feeling fine) colonization. The immune state of the host at the time of exposure to an infectious agent, the interaction between pathogens, and virulence factors intrinsic to the agent (how powerful the disease is) are important predictors of an individual's outcome.

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<sup>1</sup> Siegel, J. D., E. Rhinehart, et al; American Journal of Infection Control 2007/12/11; 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings (December 2007). Retrieved 10 Suppl 2, 35, from <http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf>.

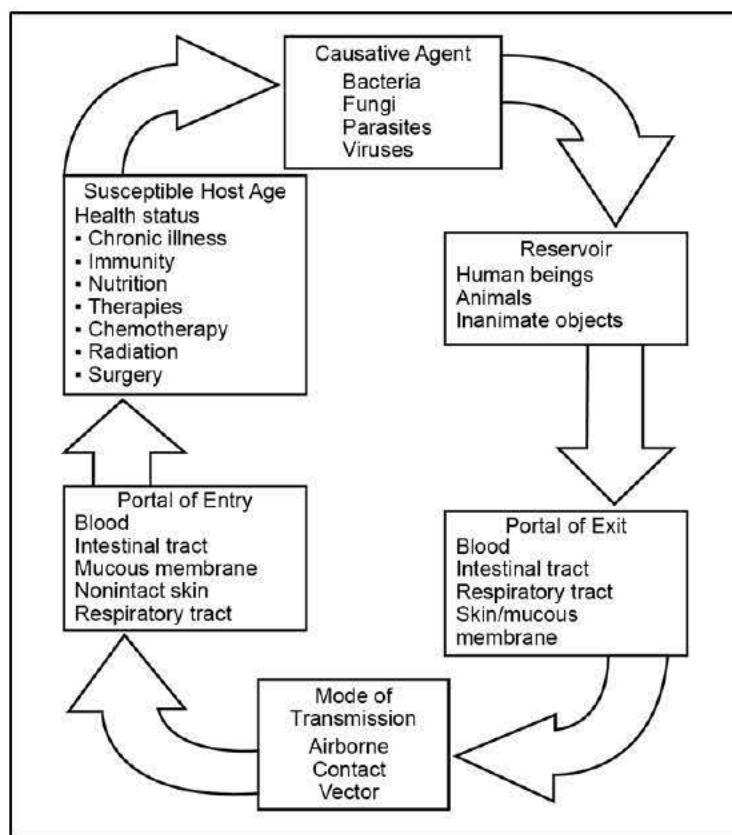
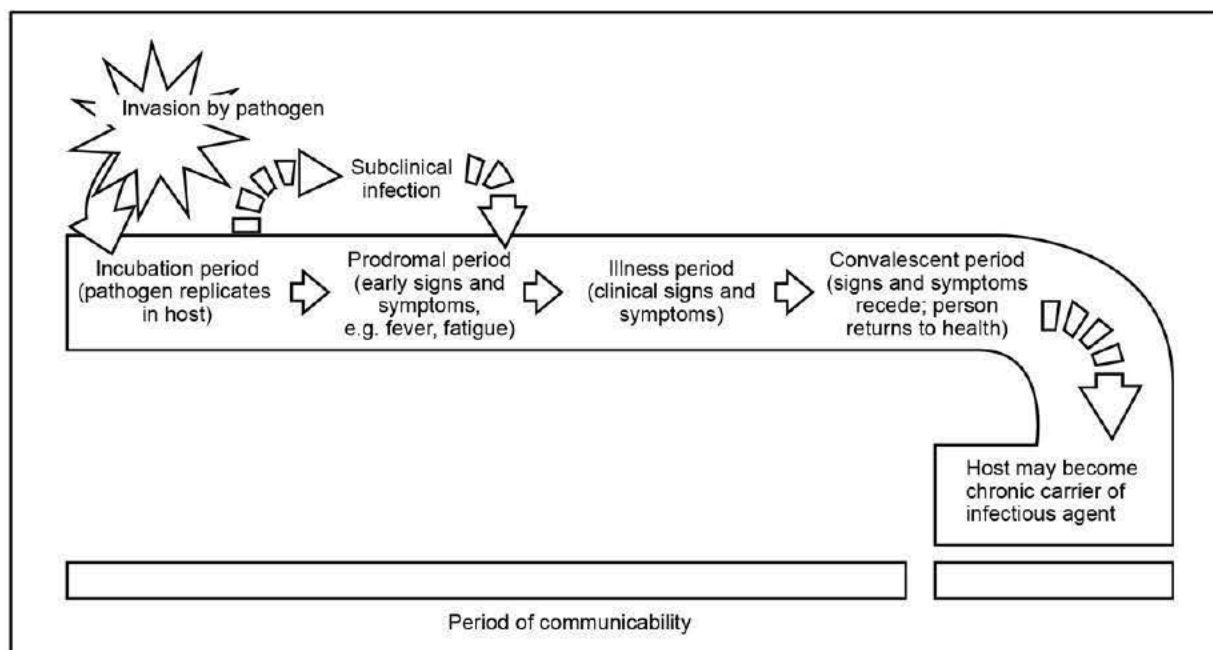


Figure 2-1. Chain of Infection

Figure 2-2. Stages of Infection: Each Stage Varies with Different Pathogens and Different Diseases<sup>2</sup>

<sup>2</sup> Miller-Keane, B. F. Miller, et al; Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing and Allied Health, 7th Edition, (Elsevier Health Sciences, 2005).

## 2.3 MODES OF DISEASE TRANSMISSION

Micro-organisms are transmitted by several routes, and the same micro-organism may be transmitted by more than one route. There are five main routes of transmission—contact, droplet, airborne, common vehicle, and vector-borne:<sup>3</sup>

1. **Contact transmission.** Contact transmission is the most important and frequent mode of transmission of preventable infections. It is divided into two subgroups: direct-contact transmission and indirect-contact transmission:
  - a. **Direct-contact transmission** occurs when there is physical contact between an infected or colonized person and a susceptible host, such as when one person touches another during a handshake. Direct-contact transmission also can occur between individuals living in close contact such as berthing spaces, with one serving as the source of the infectious micro-organisms and the other as a susceptible host.<sup>3</sup>
  - b. **Indirect-contact transmission** involves contact of a susceptible host with a contaminated intermediate object or surface called a fomite. Frequent touch surfaces (fomites) include: dishes, door handles, handrails, hatch levers, telephones, computer keyboards, or office supplies. Indirect-contact transmission has the potential to infect a greater number of personnel due to the close confines of ships and their routine underway operations.
2. **Droplet transmission.** Droplets of moisture are generated and expelled from the source person primarily during coughing, sneezing, and talking. Transmission occurs when droplets containing micro-organisms generated from the infected person are propelled a short distance (3 feet or less) through the air and deposited on another susceptible person or on inanimate objects such as a phone receivers, table tops, hand rails, or keyboards. Droplet transmission must not be confused with airborne transmission. The difference between a true droplet transmission and airborne transmission is that droplets are relatively large and, due to their weight and size; they do not tend to stay suspended in the air, nor are they carried on dust particles (see figure 2-3). Because droplets do not remain suspended in the air, special air handling and ventilation are not required to prevent droplet transmission.<sup>3</sup> However, when the presenting disease is unable to be identified, the best course of action when at sea is to presume that the presenting disease is one needing airborne precautions until demonstrated otherwise by laboratory determination. Therefore, respond in an aggressive manner and use all the precautions that would be available for mitigating the spread of airborne diseases until it has been determined this is no longer necessary.



Figure 2-3. Respiratory Droplets Expelled from the Mouth

<sup>3</sup> Garner, J. S., Guideline for Isolation Precautions in Hospitals, The Hospital Infection Control Practices Advisory Committee, JSTOR, Chicago Journals, Infection Control and Hospital Epidemiology (1996): 17(1): 53–80.

3. Airborne transmission. Airborne transmission occurs by the spread of either airborne droplet nuclei (a much smaller-particle residue of a droplet) or through the spread of small microparticles of evaporated droplets that contain micro-organisms and can remain suspended in the air for long periods of time, or from dust particles containing the infectious agent. Micro-organisms carried in this manner can be dispersed widely by air currents and may become inhaled by a susceptible host within the same room or over a longer distance from the source patient, depending on environmental factors; therefore, special air handling and ventilation equipment are required to prevent airborne transmission.<sup>4</sup>
4. Common vehicle transmission occurs when micro-organisms are transmitted to a person by contaminated items such as food, water, medications, devices, and equipment.<sup>4</sup> Examples of common vehicle transmission are: cholera, food poisoning, and botulism.
5. Vector-borne transmission occurs when mosquitoes, flies, rats, and other vermin transmit micro-organisms. This route of transmission is of significance to military personnel who travel to remote regions of the world, and sites of manmade or natural disasters. One commonly known example is malaria, which is spread by the bite of female mosquitoes infected with the protozoan *Plasmodium*. Vector exposure must be aggressively managed (prophylaxis) or eliminated to stop disease spread. In the case of malaria, for example, the patient can be very sick, but not contagious. Therefore, after the acute phase of the disease, this person need not be excluded from work.

## 2.4 STANDARD AND TRANSMISSION BASED DISEASE PRECAUTIONS

There are two tiers of Centers for Disease Control and Prevention (CDC) precautions to prevent transmission of infectious agents, standard precautions and transmission-based precautions.

Standard precautions are intended to be applied to the care of all patients in all health care settings, regardless of the suspected or confirmed presence of an infectious agent. Implementation of standard precautions constitutes the primary strategy for the prevention of health care-associated transmission of infectious agents among patients and health care personnel.

Transmission-based precautions are for patients who are known or suspected to be infected with a pathogen which requires additional control measures to effectively prevent transmission. Since the infecting agent often is not known during the presentation of initial symptoms, transmission-based precautions are used. The precautions can then be modified when the pathogen is identified or a transmissible infectious cause is ruled out.<sup>5</sup>

## 2.5 STANDARD PRECAUTIONS

Standard precautions combine the major features of universal precautions (UP) and body substance isolation (BSI) and are based on the principle that all blood, body fluids, secretions, non-intact skin, mucous membranes, body excretions, and moist body substances—except sweat—may contain transmissible infectious agents.

Standard precautions includes a group of infection prevention practices that apply to all persons, or where close personal contact with a person is made (see figure 2-4). These practices include: hand hygiene—both before and after personal contact—and the use of gloves. The use of cover gowns, a mask, eye protection, or face shield, depending on the anticipated exposure, may also be used depending on the likelihood of contact or exposure. Also, equipment or items in a person's environment that were likely contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents. The application of standard precautions is determined by the nature of direct and or indirect contact with a person's body, their fluids, and or mucous membranes (like their mouth or nose). For some interactions (e.g., physically assisting a patient aboard ship), only gloves may be needed; during other interactions use of gloves, gown, and face shield or mask and eye protection may be necessary. A common situation encountered by Navy ships involves the potential for escorting or transporting a person aboard ship with respiratory symptoms of unknown cause. Without proper shore screening

<sup>4</sup> Garner, pp. 53–80.

<sup>5</sup> Siegel, p. 35.



to rule out a disease such as TB, it is wise to place a surgical type mask on this person as part of observing standard precautions. Education and training should be conducted by the medical department on the principles and rationale for recommended practices of standard precautions. This will help facilitate appropriate decision-making and promote adherence when faced with new circumstances.

### 2.5.1 Respiratory Hygiene/Cough Etiquette

The transmission of severe acute respiratory syndrome (SARS) to people who were waiting in a hospital Emergency Department (ED) reception areas during the widespread SARS outbreaks in 2003 highlighted the need for vigilance and prompt implementation of infection control measures at the first point of encounter. Aboard ship, this could be anywhere people congregate such as near sick bay or dental, galleys, ship's store, berthing areas or the first point of encounter where people embark aboard the ship. A new strategy was developed after 2003, incorporating lessons learned out of the SARS outbreak. This new strategy is called Respiratory Hygiene/Cough Etiquette and is intended to be incorporated into infection control practices as a new component of standard precautions. This strategy is targeted at preventing the spread of a virus from persons with a transmissible respiratory infection, with signs of illness including cough, congestion, and runny nose. Covering sneezes and coughs and placing masks on coughing persons are proven means of source containment that prevent infected persons from dispersing respiratory secretions into the air.

Component	Recommendations
Hand hygiene	After touching blood, body fluids, secretions, excretions, contaminated items; immediately after removing gloves; between patient contacts.
Personal protective equipment	
Gloves	For touching blood, body fluids, secretions, excretions, contaminated items; for touching mucous membranes and non-intact skin
Gown	During procedures and patient-care activities when contact of clothing/exposed skin with bloody/body fluids, secretions, and excretions is anticipated.
Mask, eye protection (goggles), face shield	During procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions, especially suctioning, endotracheal intubation.
Soiled patient-care equipment	Handle in a manner that prevents transfer of microorganisms to others and to the environment; wear gloves if visibly contaminated; perform hand hygiene.
Environmental control	Develop procedures for routine care, cleaning, and disinfection of environmental surfaces, especially frequently touched surfaces in patient-care areas.
Textiles and laundry	Handle in a manner that prevents transfer of microorganisms to others and to the environment
Needles and sharps	Do not recap, bend, break, or hand-manipulate used needles; if recapping is required, use a one-handed scoop technique only; use safety features when available; place used sharps in puncture resistant container
Patient resuscitation	Use mouthpiece, resuscitation bag, other ventilation devices to prevent contact with mouth and oral secretions
Patient placement	Prioritize for single-patient room if patient is at risk of transmission, is likely to contaminate the environment, does not maintain appropriate hygiene, or is at increased risk of acquiring infection or developing adverse outcome following infection.
Respiratory hygiene cough etiquette	Instruct symptomatic persons to cover mouth/nose when sneezing/coughing; use tissues and dispose in no-touch receptacle; observe hand hygiene after soiling of hands with respiratory secretions; wear surgical mask if tolerated or maintain spatial separation, more than 3 feet if possible.

Figure 2-4. Recommendations for Standard Precautions Aboard Navy Ships



The crew should practice respiratory hygiene/cough etiquette at all times as part of a comprehensive vigilant strategy to minimize spread of any possible respiratory infection that may circulate within the ship and as a means to maintain the health and safety of the crew. The elements of respiratory hygiene/cough etiquette include (see appendix E):

1. Education of shipboard personnel.
2. Post signs and brochures throughout the ship regarding proper respiratory hygiene/cough etiquette.
3. Source control measures (e.g., covering the mouth/nose with a tissue when coughing and prompt disposal of used tissues; using and maintaining clean, dry, surgical masks on the coughing person when tolerated and appropriate).
4. Hand hygiene after contact with respiratory secretions (see 2.5.2 for detailed information).
5. When a significant number of persons aboard ship manifest respiratory symptoms, the use of social distancing/spatial separation precautions should be initiated. If respiratory infection is appearing in a “cluster” or emerging across the ship, the use of social distancing techniques is appropriate (see 2.7).

### **Note**

Hand washing, personal hygiene, environmental sanitation, respiratory etiquette, and social distancing are sometimes referred to in the literature as non-pharmaceutical interventions to mitigate disease spread.

## **2.5.2 Hand Washing**

Although the following information is very rudimentary, it is also simply essential for all members of the crew, and people in general to practice good hand washing technique every day, everywhere. It is however, important for the command to remind and re-emphasize the importance of using good hand washing techniques, especially when combating disease spread and self-protection.

Hands should be washed at the following times:

1. Before, during, and after preparing food
2. Before eating food
3. Before and after caring for someone who is sick
4. Before and after treating a cut or wound
5. After using the toilet
6. After changing diapers or cleaning up a child who has used the toilet
7. After blowing your nose, coughing, or sneezing
8. After touching an animal, animal feed, or animal waste
9. After touching garbage
10. Before and after tobacco use—including dipping/chewing tobacco.

Below describes the recommended procedures for hand washing:

1. Wet hands with clean running water (warm or cold) and apply soap.
2. Rub hands together to make lather and scrub them well; be sure to scrub the backs of your hands, between your fingers, and under your nails.
3. Continue rubbing hands for at least 20 seconds. Rinse your hands well under running water.
4. Dry hands using a clean towel or air dry.

Washing hands with soap and water is the best way to reduce the number of germs on them. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60 percent alcohol. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do not eliminate all types of germs.

Hand sanitizers are not effective when hands are visibly dirty. It is no longer uncommon for hand sanitizers to be dispensed onto the hands of crew as they arrive in the mess areas. Although proactive, persons with visibly dirty hands should be pulled from the line and instructed to return after they have properly washed their hands.

Hand sanitizers should be used as follows:

1. Apply the product to the palm of one hand.
2. Rub your hands together.
3. Rub the product over all surfaces of your hands and fingers until your hands are dry.

### **Note**

In a 2001 study conducted by Ryan, Christian, and Wohlrabe of military recruits based in San Diego, California, it was noted that there had been a 45 percent reduction in total recruit outpatient visits for respiratory illness after the implementation of a hand washing program.<sup>6</sup>

## **2.6 TRANSMISSION-BASED DISEASE PRECAUTIONS**

There are three categories of transmission-based precautions: contact precautions, droplet precautions, and airborne precautions. Transmission-based precautions are used when the route(s) of transmission is (are) not completely interrupted using standard precautions alone. For some diseases that have multiple routes of transmission (e.g., SARS, influenza), more than one transmission-based precaution category may be used. When used either singly or in combination, they are always used in addition to standard precautions.<sup>7</sup>

### **2.6.1 Contact Precautions**

Contact precautions are intended to prevent transmission of infectious agents, which are spread by direct or indirect contact with the infected person or that person's environment. Contact precautions also apply where the presence of excessive wound drainage, fecal incontinence, or other discharges from the body suggest an increased potential for extensive environmental contamination and risk of transmission. Contact precautions include elements of standard precautions plus some degree of patient isolation. Medical department personnel caring for patients that require contact precautions should wear a gown and gloves (and potentially masks, face shields,

<sup>6</sup> Ryan, M. A. K., R. S. Christian, et al, Handwashing and Respiratory Illness Among Young Adults in Military Training, American Journal of Preventive Medicine (2001): 21(2): 79–83.

<sup>7</sup> Siegel, p. 35.

booties, and cap) for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment. Donning personal protective equipment (PPE) upon room entry and discarding before exiting the patient's room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination (e.g., *Vancomycin-resistant Enterococci*, *C. difficile*, noroviruses and other intestinal tract pathogens; and respiratory syncytial virus).<sup>8</sup>

In addition to standard precautions, use contact precautions, or the equivalent, for specified patients known or suspected to be infected or colonized with micro-organisms that can be transmitted by direct contact with the patient (hand or skin-to-skin contact that occurs when performing patient-care activities that require touching the patient's dry skin) or indirect contact (touching) with environmental surfaces or patient-care items in the patient's environment. Observe the following:

1. **Patient Placement.** Place the patient in a private room if possible. When a private room is not available, place the patient in a room with a patient(s) who has active infection with the same micro-organism, but with no other infectious grouping. When a private room is not available and grouping is not achievable, consider the epidemiology of the micro-organism and the patient population when determining patient placement. In multi-patient rooms, more than 3 feet spatial separation between racks is advised to reduce the opportunities for inadvertent sharing of items between the infected/colonized patient and other patients. Aboard ship, this may require using a staggered assignment of bunks or segregated berthing arrangements. Another consideration will impact ships that have medical ward spaces. Avoid co-locating a patient needing contact isolation care within the medical department. This recommendation was formulated to limit cross-contamination to other patients. If spatially close to other ill, injured or surgical patients, cross-contamination can more easily occur if they share a patient care provider who may fail to wash hands, change gloves, etc., between patients. Direct patient care providers should not be cross-assigned to a contact isolation patient and a fresh post-operative patient. Determining patient location can be aided by consultation with the ship's medical representative (IDC, SMO, PMT), applicable type commander and/or numbered fleet surgeon, or utilize regional Navy preventative medicine unit subject matter experts (preventative medicine officer, environmental health officer).
2. **Gloves and Hand Washing.** In addition to wearing gloves as outlined under standard precautions, wear gloves (clean, non-sterile gloves are adequate) when entering the contaminated berthing area. During the course of providing care for a patient, change gloves after having contact with infective material that may contain high concentrations of micro-organisms (fecal material and wound drainage). Remove gloves before leaving the patient's environment and wash hands immediately with warm soap and water, an antimicrobial agent, or use a waterless antiseptic hand-cleaning agent. After glove removal and hand hygiene, ensure that hands do not touch potentially contaminated surfaces or items in the patient's room to avoid transfer of micro-organisms to other patients or other areas within the skin of the ship.
3. **Gown.** In addition to wearing a gown as outlined under standard precautions, wear a gown (a clean, non-sterile gown is adequate) when entering the contaminated berthing area. If you anticipate that your clothing will have substantial contact with the patient, potentially contaminated surfaces, or items in the berthing area where the patient is being treated, or if the patient is incontinent or has diarrhea or wound drainage not contained by a dressing it is imperative you wear a cover gown. Remove the gown before leaving the patient's environment. After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of micro-organisms to other patients or environments. Training and demonstrated competence donning and doffing protective gown and gloves prior to any patient encounter is essential.
4. **Patient Transport.** Limit the movement and transport of the patient from their room/berthing space for essential purposes only. If the patient is transported out of the room, ensure that precautions are maintained to minimize the risk of transmission of micro-organisms to other personnel or the contamination of environmental surfaces or equipment. Therefore, if the patient has draining skin wounds, they should be covered to both absorb drainage and limit contamination of linens, clothes, and equipment in addition to

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<sup>8</sup> Siegel, p. 35.

items in their direct contact. Cover the transported patient with a clean sheet so nothing and no one is in direct contact with the patient's skin. Of course, gloves are to be worn by the transport and care teams. For respiratory symptoms like coughing, sneezing, or runny nose, have the patient wear a clean dry surgical type mask (or N95 respirators as a last resort) when transported or escorted through the ship. Isolation and quarantine patients should not be allowed freedom to transit from one place to another without an escort. Past experience has shown that it is not uncommon for quarantine and isolation patients to attempt to wander off, especially if they don't feel ill. This can potentially be a significant breach to the protection provided by the use of quarantine and isolation. In cases of possible suspected airborne communicability, a security detail around the quarantine and isolation space will be needed to limit unauthorized foot traffic, to reassure the patients that they are not being abandoned and ultimately to assure that patients remain in their designated berthing space and designated head.

5. Patient Care Equipment. Dedicate the use of noncritical patient care equipment to a single patient (or cohort of patients infected or colonized with the pathogen requiring precautions) to avoid sharing between patients. If use of common equipment or items is unavoidable, then adequately clean and disinfect them before use on another patient.<sup>9</sup>

## 2.6.2 Diseases Commonly Requiring Contact Isolation (Navy Tactical Task 4.12.1)

Contact isolation is intended to prevent transmission of infectious agents, which are spread by direct or indirect contact with the infected individual or the individual's environment. Contact precautions apply to individuals infected or colonized with drug resistant organisms and patients with excessive wound drainage, fecal incontinence, or other discharges from the body resulting in an increased potential for environmental contamination and transmission risk.

In addition to standard precautions, use contact precautions<sup>10</sup> for patients known or suspected to have serious illnesses easily transmitted by direct patient contact or by contact with items in the environment. Examples of such illnesses include:

1. Gastrointestinal, respiratory, skin, or wound infections or colonization with multidrug-resistant bacteria
2. Enteric infections with a low infectious dose or prolonged environmental survival, including: *Clostridium difficile*, enterohemorrhagic *Escherichia coli* O157:H7, Shigella, hepatitis A, or rotavirus
3. Respiratory or para-influenza virus, and infectious diarrhea
4. Skin infections that are highly contagious or that may occur on dry skin, including: diphtheria (cutaneous), impetigo, major (noncontained) abscesses, cellulitis (caused by bed sores), pediculosis (body lice), scabies (itch mite), staphylococcal furunculosis in infants and young children, and chicken pox
5. Viral/hemorrhagic conjunctivitis (pink eye)
6. Viral hemorrhagic infections (Ebola, Lassa, or Marburg).<sup>9</sup>

An Example of a Common Problem: Norovirus (Norwalk Virus)

Noroviruses are very contagious and are the most common cause of gastroenteritis in the United States. Symptoms include diarrhea, vomiting, nausea, and stomach cramping. Other, less common symptoms may include low-grade fever, chills, headache, muscle aches, and general sense of fatigue. The norovirus can spread quickly from person to person in crowded, closed places like ships both military and commercial, barracks, schools, and hotels. Noroviruses can also be a major cause of gastroenteritis in restaurants and catered-meal

<sup>9</sup> Garner, pp. 53–80.

<sup>10</sup> Joint Chemical, Biological, Radiological, and Nuclear (CBRN) Combat Developer for Experimentation, Joint Experimentation and Analysis Division; Shipboard Isolation and Quarantine Concept Experiment Final Report (18 March 2011), pages G25–G52.

settings if contaminated food is served. Caution should be exercised when ship's crew may be exposed to food sources and services with questionable sanitation, such as when on liberty or leave and eating locally available food and drink. As an additional preventive strategy, no bare-hand contact with ready-to-eat foods (foods edible without washing, cooking, or additional preparation to achieve food safety) is recommended (NAVMED P-1050). The symptoms start one to two days post-ingestion of the contaminated food or contact with contaminated objects/material. That means the first signs and symptoms of a norovirus outbreak can be when the ship has been out to sea a couple of days. The viruses are found in the vomit and stool of infected people and can be transmitted by:

1. Eating food or drinking liquids that are contaminated with norovirus (someone gets stool or vomit on their hands, then touches food or drink). Emphasis should be placed on hand washing with soap and warm water rather than alcohol hand rub since norovirus is a particularly hardy virus.
2. Touching surfaces or objects contaminated with norovirus and then putting your hand or fingers in your mouth. Directives and reminders to refrain from handling/touching one's face, eyes, nose, and putting fingers in mouth should be maintained.
3. Having direct contact with a person who is infected with norovirus (for example, sharing foods or eating utensils). People with norovirus illness are contagious before they begin to feel sick until at least 3 days after they recover. Some people may be contagious for up to two weeks after they no longer feel ill.
4. Having contact with infected body fluids or substances like vomit or stool. Norovirus can even be transmitted by the act of vomiting. The vomit can produce aerosolized (suspended in air) infectious viral particles that when projected into the air can be inhaled or swallowed by other people or deposited on surfaces in the environment within close proximity to the patient. Hence the need for vigilant hand washing, personal hygiene and uniform cleanliness in addition to vigorous cleaning of everything that can come into contact with the infectious matter. Consequently, the use of both contact precautions in addition to droplet precautions is warranted (see 2.6.3).

### 2.6.3 Droplet Precautions

Droplet precautions are intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Because these pathogens do not remain infectious over long distances, special air handling and ventilation are not required to prevent droplet transmission.

In addition to standard precautions, use droplet precautions, or the equivalent for a patient known or suspected to be infected with micro-organisms transmitted by droplets (large-particle droplets (larger than 5  $\mu$  in size) that can be generated by the patient during coughing, sneezing, talking, vomiting, or the performance of procedures).

1. Patient Placement. Place the patient in a private room. When a private room is not available, place the patient in a room with a patient(s) who has active infection with the same micro-organism, but with no other infection (cohorting). When a private room is not available and cohorting is not achievable, maintain spatial separation of at least 3 feet between the infected patient and other patients and visitors. Spatial separation of 3 or more feet and drawing the clean curtain between patient beds is especially important for patients in multi-bed spaces with infections transmitted by the droplet route. Special air handling and ventilation equipment are not necessary, and the door may remain open.
2. Mask. In addition to standard precautions, wear a mask when working within 3 feet of the patient. Personnel not infected should wear a mask (a respirator is not necessary) during close contact with the infectious patient; the mask is generally donned just prior to room entry. If patients on droplet precautions must be transported outside of the room, a mask should be worn by the patient and respiratory hygiene/cough etiquette followed.<sup>11</sup>

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<sup>11</sup> Siegel, p. 35.

3. Patient transport. Limit the movement and transport of the patient from the room to essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplets by masking the patient, if possible.
4. Wear a gown if in direct contact or within 3 feet of the patient.<sup>12</sup>

#### **2.6.4 Diseases Commonly Requiring Droplet Isolation (Navy Tactical Task 4.12.1)**

In addition to standard precautions, use droplet precautions for patients known or suspected to have serious illnesses transmitted by large particle droplets. Examples of such illnesses include:

1. Invasive *Haemophilus influenzae* type B disease, including meningitis, pneumonia, epiglottitis, and sepsis
2. Diphtheria (pharyngeal)
3. *Mycoplasma pneumoniae*
4. Pertussis
5. Pneumonic plague
6. Streptococcal pharyngitis, pneumonia, or scarlet fever in infants and young children.

Serious viral infections spread by droplet transmission, include:

1. Adenovirus
2. Influenza
3. Mumps
4. German Measles
5. Rubeola.<sup>12</sup>

#### **Note**

The diseases above may be encountered during the course of noncombatant evacuation operation (NEO) and humanitarian assistance and disaster response (HA/DR) operations.

#### **2.6.5 Airborne Precautions**

Airborne precautions prevent transmission of infectious agents that remain infectious over long distances when suspended in the air. The patient should wear and maintain a clean, dry surgical mask and be placed in a private room with the door closed. Health care personnel should be provided N95 or higher level respirators or masks if respirators are not available to reduce the likelihood of airborne transmission.<sup>12</sup> It is recognized that space is at a premium aboard ship. Location of the isolation room is also important in that the room or space needs an adjacent bathroom secured just for the patient's use. Traffic around the room should be very limited. Whatever space is selected, it must be conducive to recovery and limiting contaminated air exposure to shipmates.

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<sup>12</sup> Garner, pp. 53–80.



The preferred placement for patients who require airborne infection isolation precautions is in an airborne infection isolation (AII) room. Formerly called negative pressure isolation room, an AII room is a single occupancy patient care room used to isolate a person with suspected or confirmed infectious diseases like tuberculosis. An anteroom (small area incorporated into isolation room design that includes air and room access controls) enables the safe entry to the AII room and the donning, doffing, and disposal of PPE. Environmental factors are controlled in AII rooms to minimize the transmission of infectious agents that are usually spread from person-to-person by droplet nuclei associated with coughing or aerosolization of contaminated fluids.

### **Note**

There is no organic capability to support airborne isolation and quarantine precautions on U.S. Navy ships to date except for hospital ships.

Navy ships do not possess rooms that accommodate air cleaning, reliable negative pressure, and patient access; therefore, there is a safety gap related to the inability to provide airborne isolation precautions. If there is a necessity to cohort persons who are symptomatic with the same illness, the use of bed sheets draped over the bunks without curtains, can act as a curtain that will deflect direct droplet spread to those immediately surrounding the coughing person. Consequently, the “curtains” will need to be laundered. These measures do not contain the air, so protective measures are refocused on staff self-protection to enable them to avoid cross-contamination while supporting the care of the patient. The patient should wear a clean, dry surgical mask while in the room. As moisture builds on the mask, he/she will be instructed or assisted in changing the mask and replacing the moist mask with another clean dry mask as tolerated. Staff members who enter into the room will maintain the door in the closed position from entry to exit. They will wear a well-fitted and maintained N95 mask, gown, gloves, head cover and booties. Appendix F depicts donning procedures for properly worn PPE. The staff member will follow all procedures for correct donning and doffing of the PPE, and it is not to be re-used.<sup>13</sup> The staff member will observe strict hand washing technique, standard and contact precautions. If possible stay 3 feet or more from the patient for routine communication and observation. Direct care will necessitate close direct contact. Entry and exit from the “dirty” room air should be limited so care must be well planned and organized. Patient equipment stays in the room until disinfected. The patient must be able to be clinically monitored for their physical and emotional needs. Isolation can be frightening for some, and can create behavior and or security problems. It is essential, however, that the shipboard patient that would ordinarily be in airborne isolation (i.e., the “sick room”) comply with the need to wear a clean dry mask, if tolerated. The door/hatch needs to remain closed and the patient must not leave the room unattended, and only when absolutely necessary. Security will likely be needed to restrict traffic flow around patient’s room and the head to those persons who must attend the needs of the patient and they follow prescribed PPE requirements. The patient must never be allowed to wander or roam the ship. These needs must be anticipated.

It is important to have a dedicated pool of workers identified and made ready to assist the medical personnel in patient care activities such as nutrition and hygiene support if needed. These helpers should not be rotated into the non-infected ship’s work plan until the epidemic is over (to limit any latent cross contamination). If it is necessary to utilize non-medical health care personnel (HCP) to assist with patient observation and activities of daily living (eating, hygiene, comfort, and security needs), the responsibility and accountability for patient assessment, administration of medications or other medical procedures must be performed by a medical person (corpsman, nurse, or physician). All HCP must be trained, or must review the PPE use process.<sup>14</sup> Persons that will come in contact with the patient must perform correctly the donning and doffing of PPE prior to their first entry into the contact, droplet, or airborne precaution areas (both quarantine and isolation) as the level of caution is identical for both quarantine and isolation. The vigilant use of correct procedure for hand washing and PPE use are the cardinal protections from disease spread in an immunized population.

<sup>13</sup> Joint CBRN Combat Developer for Experimentation, pp. G6–G14.

<sup>14</sup> Jensen, P. A.; Centers for Disease Control and Prevention et al, Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-care Settings, 2005, Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service, 2005.

In addition to standard precautions, use airborne precautions for patients known or suspected to be infected with micro-organisms transmitted by airborne droplet nuclei (small-particle residue, 5 microns or smaller in size, of evaporated droplets containing micro-organisms that remain suspended in the air and that can be dispersed widely by air currents within a room or over a long distance). Observe the following:

1. **Patient Placement.** Place the patient in a private room. Keep the room door closed and the patient in the room. When a private room is not available, place the patient in a room with a person who has active infection with the same micro-organism, unless otherwise recommended, but with no other infection. When a private room is not available and cohorting is not desirable, consultation with infection control professionals (e.g., the ship's SMO, EHO, or PMT) is advised before patient placement when possible.
2. **Respiratory Protection.** Wear respiratory protection when entering the room of a patient with known or suspected infectious pulmonary tuberculosis. Susceptible persons should not enter the room of patients known or suspected to have measles or (rubeola) or varicella (chickenpox) if other immune caregivers are available. If susceptible persons must enter the room of a patient known or suspected to have measles (rubeola) or varicella, they should wear respiratory protection (N95). Persons immune to measles (rubeola) or varicella need not wear respiratory protection.
3. **Wear gown, gloves, mask (N-95 or higher), booties, and head cover.** Training and demonstrated competency for donning and doffing PPE is essential prior to first patient contact.
4. **Patient transport.** Limit the movement and transport of the patient from the room to essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplet nuclei by placing a surgical mask on the patient. Cover patient with clean top sheet just prior to leaving the sick room.
5. **For additional precautions for preventing transmission of tuberculosis consult CDC "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-care Settings."**<sup>15</sup>

#### **2.6.6 Diseases Commonly Requiring Airborne Isolation (Navy Tactical Task 4.12.1)**

In addition to standard precautions, use airborne precautions for patients known or suspected to have serious illnesses transmitted by airborne droplet nuclei. Examples of such illnesses include:

1. Measles (rubeola virus)
2. Chickenpox (varicella including disseminated zoster)
3. Tuberculosis
4. Possibly SARS-coronavirus (SARS-CoV).<sup>16</sup>

#### **2.6.7 Empiric Use of Airborne, Droplet or Contact Precautions**

In many instances, the risk of shipboard transmission of infection may be highest before a definitive diagnosis can be made. Do not delay the initiation of precautions that include standard precautions, social distancing, disinfection and hygiene practices as well as respiratory etiquette for diagnostic confirmation. Definitive diagnosis of many infections requires laboratory confirmation. Since laboratory tests, especially those that depend on culture techniques, often require two or more days for completion, transmission-based precautions must be implemented while test results are pending based on the clinical presentation and likely pathogens. Use of appropriate transmission-based precautions at the time a patient develops symptoms or signs of transmissible infection, or upon sick call arrival, reduces transmission opportunities. While it is not possible to identify

<sup>15</sup> Jensen, P. A.; Centers for Disease Control and Prevention et al, Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-care Settings, 2005, Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service, 2005.

<sup>16</sup> Garner, pp. 53–80.

prospectively all patients needing transmission-based precautions, certain clinical syndromes and conditions carry a sufficiently high risk to warrant their use empirically while confirmatory tests are pending.<sup>17</sup> Under conditions where it is unknown if transmission of an infectious agent occurs by airborne versus droplet route, one should err on the side of caution and utilize the more restrictive airborne precautions until the need to do so is ruled out based upon a definitive diagnosis. The need to act rather than wait for diagnostic confirmation is especially important aboard ships that will require lab samples to be sent off ship for testing, thereby further extending the turn-around time to definitive results.

## **2.7 USE OF AFLOAT SOCIAL DISTANCING TECHNIQUES TO REDUCE DISEASE TRANSMISSION**

Social distancing is a series of activities designed to reduce transmission of a communicable disease, such as: avoiding hand-shaking, canceling activities, implementing teleworking policies, etc. Social distancing minimizes close contact among persons onboard Navy ships and can help Sailors and Marines avoid contracting infections at work—for example during flu season and at other times when there's an increased risk of contagious illnesses spreading.

Commanders should consider closing any recreational areas aboard ship where the crew may gather during an outbreak of disease. If enclosed spaces cannot be avoided, then at least 3 to 6 feet should be provided between individuals. Ceremonial formations, quarters, and musters should be limited or not held when an outbreak occurs aboard ship. Required formations, such as training and drills should be limited. Teleconferencing should be employed whenever possible in preference to face-to-face meetings and nonessential meetings canceled. Use of e-mail, telephone calls, and video conferencing is recommended and the sharing of equipment should be avoided whenever possible. Items, such as phones, headsets, and keyboards are difficult to clean and often host germs. Reschedule the work practices to facilitate social distancing, while maintaining operational effectiveness. If vacant berthing spaces permit, bed space assignments aboard ship should be made to place people as widely spaced as possible and head-to-toe sleeping positions should be adopted. Hanging bed sheets over the bunks or using the privacy curtains helps to impede the droplet spatter to nearby persons.

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<sup>17</sup> Garner, pp. 53–80.

## CHAPTER 3

# Shipboard Sanitation Management

### 3.1 SANITATION MANAGEMENT (NAVY TACTICAL TASK 4.12)

Cleaning and disinfecting surfaces aboard ship is an essential part of standard precautions. In general, these procedures do not need to be changed for transmission-based precautions. The cleaning and disinfection of all shipboard areas is important for frequently touched surfaces, especially those closest to the galley, berthing, and sick call areas. Areas that are most likely to be contaminated are ladder wells and hand-rails, bedrails, bedside tables, commodes, doorknobs, sinks, surfaces, and equipment in close proximity to the sick person. The frequency or intensity of cleaning may need to change based on the sick person's level of hygiene, the degree of environmental contamination, and if the infectious agent's reservoir is the intestinal tract. Also, increased frequency of cleaning may be needed in a protective environment to minimize dust accumulation disease spread. Administrative staffing and scheduling activities should prioritize the proper cleaning and disinfection of surfaces that could be implicated in transmission. During a suspected or proven outbreak where an environmental reservoir is suspected, routine cleaning procedures should be reviewed. Adherence should be monitored and reinforced to ensure consistent and correct cleaning is performed.<sup>1</sup>

#### Note

Department Heads and shipboard medical personnel must establish the cleaning frequency needed to mitigate the possible transmission of disease where infected personnel may transit or be held prior to manifestation of symptoms.

Noncritical equipment, such as commodes, must be thoroughly cleaned and disinfected before use on another patient. All such equipment and devices should be handled in a manner that will prevent person-to-person spread and environmental contact with potentially infectious material. It is important to include computers and personal electronic devices (e.g., mp3 players, iPods, iPads, smart phones, etc.), monitors, keyboards, stethoscopes, and other such equipment used in patient care and in cleaning and disinfection of non-critical items.<sup>1</sup>

Environmental Protection Agency (EPA) registered disinfectants or detergents that best meet the overall needs of the ship for routine cleaning should be selected. In general, use of the existing shipboard detergent/disinfectant according to the manufacturers' recommendations for amount, dilution, and contact time is sufficient to remove pathogens from surfaces of rooms where colonized or infected individuals were housed. Most often, environmental reservoirs of pathogens during outbreaks are related to a failure to follow recommended procedures for cleaning and disinfection rather than the specific cleaning and disinfectant agents used. Certain pathogens (e.g., rotavirus, noroviruses, *C. difficile*) may be resistant to some routinely used disinfectants. Figure 3-1 provides information to assist in disinfectant dilution levels. The following Web site links provide additional prevention measures:

1. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6003a1.htm>
2. [http://www.cdc.gov/hicpac/Disinfection\\_Sterilization/3\\_2contaminatedDevices.html](http://www.cdc.gov/hicpac/Disinfection_Sterilization/3_2contaminatedDevices.html).

<sup>1</sup> Siegel, J. D., E. Rhinehart, et al; American Journal of Infection Control 2007/12/11; 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings (December 2007). Retrieved 10 Suppl 2, 35, from <http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf>.

Pathogens	Disinfectant Dilution Percentages
<i>C. difficile</i> (colitis: commonly occurs after use of antibiotics)	Use of a 1:10 dilution of 5.25 percent sodium hypochlorite (household bleach) and water for routine environmental disinfection of rooms of patients with <i>C. difficile</i>
Norovirus (very contagious stomach flu/viral gastroenteritis causes vomiting, diarrhea, dehydration)	Use a concentration of 1,000 to 5,000 ppm (5 to 25 tablespoons household bleach (5.25 percent) per gallon of water)
Rotavirus (infects bowels and causes severe diarrhea and dehydration)	Use a concentration of 800 ppm bleach solution.

Figure 3-1. Disinfectant Dilution Percentages

The need to change disinfectants based on the presence of these organisms can be determined in consultation with preventive medicine personnel. Detailed recommendations for disinfection and sterilization of surfaces and medical equipment that have been in contact with high risk body fluids, and for cleaning of blood and body substance spills, are available in the CDC Guidelines for Environmental Infection Control in Health-Care Facilities.<sup>2</sup>

### 3.2 PATIENT CARE EQUIPMENT AND INSTRUMENTS/DEVICES (NAVY TACTICAL TASK 4.12)

Medical equipment and instruments/devices must be cleaned and maintained according to the manufacturers' instructions to prevent patient-to-patient transmission of infectious agents. Cleaning to remove gross soilage with organic material must always precede high level disinfection and sterilization of critical and semi-critical instruments and devices because residual protein-containing material reduces the effectiveness of the disinfection and sterilization processes.

Providing individuals who are on transmission-based precautions with dedicated noncritical medical equipment (e.g., stethoscope, blood pressure cuff, electronic thermometer) has been beneficial for preventing transmission. When this is not possible, disinfection after use is needed. Equipment can be cleaned on-site using a detergent/disinfectant and, when possible, should be placed in a single plastic bag for transport to the reprocessing location.<sup>3</sup>

#### 3.2.1 Supply and Food Service Sanitation Management of Dishware and Eating Utensils for Patients and Crew Members (Navy Tactical Task 4.12)

The combination of hot water and detergents used in dishwashers is sufficient to sanitize dishware and eating utensils. Therefore, no special precautions are needed for dishware (e.g., dishes, glasses, cups) or eating utensils; reusable dishware and utensils may be used for persons requiring transmission-based precautions. If adequate resources for cleaning utensils and dishes are not available, disposable products may be used.<sup>3</sup>

<sup>2</sup> Schulster, L. and R. Y. Chinn, Guidelines for environmental infection control in health-care facilities. Recommendations of CDC and the Health care Infection Control Practices Advisory Committee (HICPAC), Morbidity and Mortality Weekly Report Recommendations and Reports (2003): 52(RR-10): 1-42.

<sup>3</sup> Siegel, p. 35.

### 3.2.2 Laundry Sanitation Management (Navy Tactical Task 4.12)

In general, the laundry sanitation management for a ship will change very little except for the linens for the quarantined and isolated personnel. Their soiled textiles, including bedding, towels, and uniform clothing items may be contaminated with pathogenic micro-organisms. However, the risk of disease transmission is negligible if they are handled, transported, and laundered using standard precautions. Key principles for handling soiled laundry are:

1. Do not shake the items or handle them in any way that may aerosolize infectious agents
2. Avoid contact of one's body and personal clothing with the soiled items being handled
3. Contain soiled items in a laundry bag or designated bin.

Some ships have used dissolvable laundry bags for soiled laundry of isolation and quarantine patients. Used extensively in Navy hospitals, the dissolving bags enable laundry handlers to avoid touching the contaminated linens. The dissolvable bags are used as a liner to the "dirty" linen hamper in the quarantine and isolation patient's room. The HCP will close the full bag, secure the ties, then call for help from outside the dirty room if on airborne precautions, or anytime the HCP is in a gown. The second person stands outside the dirty space and the secured bag is dropped into a clean laundry bag, secured, labeled and removed from area.

The methods for handling, transporting, and laundering soiled textiles are determined by Navy policy and any applicable regulations; guidance is provided in the CDC Guidelines for Environmental Infection Control.<sup>4</sup> Rather than rigid rules and regulations, hygienic and common sense storage and processing of clean textiles is recommended. When laundering occurs, the clean items must be packaged or completely covered (e.g., covered with a clean sheet) and placed in an enclosed space during transport to prevent contamination with outside air or construction dust that could contain infectious fungal spores.<sup>5</sup> The following guidelines apply:

1. If hot-water laundry cycles are used, wash with detergent in water more than 160 degrees Fahrenheit (more than 71.1 degrees Celsius) for more than 25 minutes.
2. Follow laundering requirements per manufacturer's instructions for items used in the facility.
3. Choose chemicals suitable for low-temperature washing at proper use concentration if low-temperature (less than 160 degrees Fahrenheit (less than 71.1 degrees Celsius)) laundry cycles are used.
4. Package, transport, and store clean textiles and fabrics by methods that will ensure their cleanliness and protect them from dust and soil during inter-facility loading, transport, and unloading.<sup>4</sup>
5. Only one change of linen should be brought into a quarantine or isolation room at a time and then used. "Stored" linen can become contaminated in contact, droplet, and airborne isolation areas. Extra clean linen will need to be covered (with a clean sheet for example) and located outside of the quarantine and isolation spaces. Due to storage limitations and the possibility of a need to frequently change patient gowns and bed linens, establish a replenishment system through the supply officer.

### 3.3 BIOWASTE HANDLING (NAVY TACTICAL TASK 4.12.6)

According to the Office of the Chief of Naval Operations (OPNAV) P-45-113-3-99, Afloat Medical Waste Management Guide, medical waste shall be separated into infectious medical waste and noninfectious medical waste at its point of origin. Proper segregation will significantly reduce the quantity of infectious medical waste that must be processed and stored onboard. Non-infectious medical waste, without sharps (e.g., needles, scalpels, blades), can be disposed of as municipal solid waste pier-side, and processed as normal ship's garbage underway.

<sup>4</sup> Schulster, pp. 1–42.

<sup>5</sup> Siegel, p. 35.



Infectious medical waste will include those wastes from patients in isolation. However, only contaminated items or items likely to be contaminated with material capable of causing disease are deemed infectious medical waste.

Infectious medical waste shall be discarded directly into containers or plastic bags that are clearly identifiable and distinguishable from the general solid waste. Proper waste segregation should be included as an important part of medical waste training for shipboard personnel. Proper segregation of waste also minimizes storage space requirements, a very important consideration on ships. Infectious medical waste is liquid or solid waste that contains pathogens in sufficient numbers and with sufficient virulence to cause infectious disease in susceptible hosts exposed to the waste. Examples of infectious medical waste include absorbing materials that contain blood or body fluids and medical wastes from patients in isolation. Non-infectious medical waste includes disposable medical supplies and materials that do not fall into the categories of infectious medical waste like empty pill bottles and intravenous bags (OPNAV P-45-113-3-99).

### **3.4 SHIPBOARD PROCEDURES FOR INFECTIOUS MEDICAL WASTE (NAVY TACTICAL TASK 4.12.6)**

All personnel handling infectious medical waste shall wear gloves and additional protective medical clothing and PPE appropriate to the level of risk they encounter. Personnel shall remove any protective medical clothing and PPE used prior to leaving the work area and place it in a designated area or container until it can be properly laundered, decontaminated or disposed of. Protective medical clothing and PPE should not be submitted for laundering unless sterilized. Personnel handling infectious medical waste should work in such a manner as to prevent contamination of their clothing or skin with infectious medical waste. Personnel should not attempt to pick up any potentially contaminated materials without wearing appropriate protective medical clothing (scrubs for example) with PPE (gown, gloves, face mask, eye protection, face shield, plastic apron, etc.).



#### **CAUTION**

Personnel shall not eat, smoke or drink while handling or being exposed to infectious medical waste (OPNAV P-45-113-3-99).

#### **Note**

Before non-medical personnel are assigned to handle medical waste, they must be thoroughly trained in proper handling procedures.

#### **3.4.1 Packaging Infectious Medical Waste (Navy Tactical Task 4.12.6)**

When packaging infectious medical waste, ship personnel shall: Use the “BIOHAZARD” label to mark all infectious medical waste containers. This publication recommends the use of standard national stock preprinted biohazard bags. If standard preprinted biohazard bags or labels are not available, use red containers marked with the universal biohazard symbol or the word “BIOHAZARD.” The labels shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color. The markings shall identify the generator, date of generation, and contents. Personnel shall fix labels as close and securely to containers and bags as feasible using string, wire, or adhesive if they are not already preprinted on the containers and bags (OPNAV P-45-113-3-99).

Place the infectious medical waste into a puncture-resistant container or into plastic bags suitable for use in an autoclave. These bags must be of appropriate thickness, durability, puncture resistance, and burst strength to prevent rupture or leaks. Plastic bags should be a minimum of 3 millimeters thick and of sufficient quality so that only one bag is needed for most situations. Secure the bags and mark the infectious medical waste clearly with the universal biohazard symbol and the word “BIOHAZARD.” Do not overload bags. Wet and/or leaking bags shall be double-bagged. Ensure infectious medical waste containers are covered and sealed before and during transport to treatment or storage areas.

**CAUTION**

Do not transport infectious medical waste in chutes or dumbwaiters. It is imperative to use rigid or semi-rigid, leak-proof containers for infectious medical waste transport. Keep human exposure to medical infectious waste to a minimum (OPNAV P-45-113-3-99).

**3.4.2 Treatment of Infectious Waste (Navy Tactical Task 4.12.6)**

To treat the ship's infectious waste properly, medical personnel shall:

1. Treat (sterilize) infectious medical waste as soon as possible to avoid cross-contamination of medical spaces.
2. If available, steam-sterilize infectious medical waste within 4 days of the date of generation. Package sterilized waste appropriately and store for disposal ashore or incinerate if the waste is paper and cloth-based and the ship is equipped with an incinerator.
3. Prior to storage or transfer/disposal, treat (if possible) infectious medical waste thereby making the waste non-infectious.
4. Steam sterilization. Autoclaving is the only method currently approved for treating shipboard infectious medical waste. Personnel should sterilize infectious medical waste at non-peak processing hours in order to minimize the risk of cross-contamination. Place infectious medical waste into a puncture-resistant container or double bag into plastic bags of sufficient thickness, durability, puncture resistance, and burst strength to prevent rupture or leaks when used in an autoclave. Place the bags of infectious waste into autoclave trays to minimize damage to the interior of the autoclave during processing. Personnel shall vent each bag (including each bag of a two-bag set, when double bagged) with a cotton or gauze plug to ensure steam exchange into each bag for both effective sterilization and steam pressure equalization. They should only autoclave infectious medical waste on the "11, slow exhaust" setting or "liquids" cycle to prevent bags from bursting and soiling the autoclave. Sharps containers will be placed into a second container (puncture resistant container or impervious plastic bag) that is properly labeled and color coded before treatment and disposal.

**CAUTION**

It is imperative that only experienced and supervised personnel handle infectious medical waste processing.

5. For effective sterilization, personnel must maintain the autoclave temperature at 250 degrees Fahrenheit for at least 90 minutes at 15 pounds per square inch of gauge pressure.
6. Each bag of waste treated shall have chemical indicator tape attached to ensure that proper sterilization temperatures have been reached. Medical department personnel should evaluate autoclaves for effectiveness on a weekly basis, while under full loading conditions, with *Bacillus stearothermophilus* spore strips.

7. Personnel should not operate autoclaves in port for treatment of infectious medical waste. When the ship is in port, they should promptly transfer waste to a shore medical support activity for treatment. Ship medical departments should only operate autoclaves in port to sterilize instruments, etc. (OPNAV P-45-113-3-99).

### **3.4.3 Infectious Waste Storage (Navy Tactical Task 4.12.6)**

Ships' medical department personnel involved in infectious waste storage shall:

1. Store infectious medical waste separately from all hazardous material.
2. Store infectious medical waste only in suitably marked containers in a designated storage area located near the sickbay, but away from patient care, berthing, or food service areas. In accomplishing this, medical department personnel shall:
  - a. Not store infectious medical waste in the same refrigerator, freezer, or other storage area with medications, supplies, or food. If required to refrigerate or freeze infectious medical waste, remove food, medications, and supply items.
  - b. Keep storage areas clean.
  - c. Ensure the universal biohazard symbol and the word "BIOHAZARD" is clearly visible on the outside of the storage area.
  - d. Limit access to the storage area to authorized personnel specifically designated to handle infectious medical waste.
3. Keep storage time of untreated infectious medical waste (with no refrigeration capability) to a minimum, not to exceed 4 days (OPNAV P-45-113-3-99).

### **3.4.4 Infectious Waste Disposal (Navy Tactical Task 4.12.6, Navy Tactical Task 6.1.1.2)**

Ships may incinerate infectious paper and cloth-based medical wastes that have been steam sterilized if properly equipped to do so. Ships should not incinerate infectious medical waste with high moisture content or containing plastic. Ships shall package and label infectious medical waste that is to be transferred for disposal ashore. They shall place sharps containers in a separate container from other waste (either a puncture resistant container or impervious plastic bag).

In accordance with Chief of Naval Operations Instruction (OPNAVINST) 5090.1C, Environmental Compliance Afloat (30 October 2007), ship personnel may discharge blood, blood products, and other liquid infectious medical wastes into the marine sanitation device (a biological aerobic (bacteria and air) sewage treatment system), preferably through a laboratory type sink.

#### **Note**

Ships should designate one sink for this purpose and label with a placard warning users to only dispose of blood, blood products, and liquid infectious waste when the ship is greater than 50 nautical miles from shore.

Personnel should consider the emptied containers to be infectious medical waste and package accordingly. They should place bulk blood, which cannot be emptied safely (e.g., pleurovacs and hemovacs), into leak-proof containers that clearly display the universal biohazard symbol and the word "BIOHAZARD" or are color-coded red.

Normally, ships shall only dispose of infectious medical waste at Navy facilities within the U.S. and around the world. Ships shall make prior arrangements with appropriate shore facilities (normally the base environmental

office in Navy ports, and the port services officer at non-Navy ports) that accept infectious medical waste. When required to transport infectious medical waste to a collection site (not over non-military public streets and roads), ship's personnel shall safely package the materials, use a government vehicle, and assign a person trained to work with infectious medical waste to accompany the waste package.

While at sea, if retention of infectious medical waste endangers the health or safety of personnel on board or compromises combat readiness, the commanding officer or master may authorize overboard discharge beyond 50 nautical miles from shore. Discharged waste must not contain plastic or sharps and must be steam sterilized, rendered unrecognizable, properly packaged, and weighted for negative buoyancy. The ship shall ensure that a deck log entry is made indicating the reason for disposal, the amount of waste, ship's position, and time of disposal. The ship's commanding officer or master must specifically approve all disposal of infectious medical waste at sea (OPNAVINST 5090.1C, OPNAV P-45-113-3-99).

### **Note**

The overboard discharge of sharps and plastics is prohibited.

### **3.4.5 Infectious Medical Waste Management in Foreign Countries (Navy Tactical Task 4.12.6)**

In foreign countries, the procedures for packaging, handling, storage, transport, treatment, and disposal of infectious medical waste shall be consistent with the standards to protect public health and the environment prescribed by applicable status-of-forces agreements (SOFA) or international agreements. If no SOFA or international agreement exists, infectious medical waste shall be disposed of as specified by the cognizant fleet commander (OPNAV P-45-113-3-99).

### **3.4.6 Infectious Medical Waste Training (Navy Tactical Tasks 4.12.6 and 4.12.9)**

All shipboard personnel working with infectious medical waste or material contaminated with infectious medical waste shall receive training on all aspects of handling infectious medical waste to ensure they know how to properly protect themselves. For specifics, see OPNAV P-45-113-3-99.

### **3.4.7 Infectious Medical Waste Recordkeeping (Navy Tactical Task 4.12.7)**

Ships shall develop a system to track shipboard storage and disposal of infectious medical waste. Ships shall use an offload document for turning in material to the supply system ashore. Information should include date, type of waste, amount (volume or weight), storage location, and method of disposal. Recordkeeping should be done within the medical department journal (OPNAV P-45-113-3-99).

### **Note**

Biomedical waste from infectious isolation patients must be placed in containers lined with leak-proof plastic bags and labeled "BIOHAZARD." Contents must be autoclaved and stored or incinerated. Disposal should occur shore-side or by incineration. Shore-side disposal shall be in accordance with the shore facility, federal, state, and local requirements. Plastics may not be incinerated.

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## CHAPTER 4

# Commanding Officer Quarantine and Isolation Use and Support Tools

### 4.1 INTRODUCTION

As previously defined in section 1.7 of this publication, quarantine is a method used to separate and restrict the movement of well persons who may have been exposed to a communicable disease to “see if they become ill.” Isolation is used to separate ill persons who have a communicable disease from those who are healthy.<sup>1</sup>

The focus of this chapter is to further delineate essential predeployment planning activities, provide tools and guidelines for assessing the need for isolation and quarantine precautions, the necessary notification and reporting chains, and a check list to help establish ongoing infectious disease prevention strategies. Disease prevention provides an additional added benefit to any organization, the Navy in particular. By proactively managing infectious disease, a force multiplier effect is created. With fewer persons reporting to sick call, less manpower hours are lost due to time spent away from the workspace. Disease prevention techniques are not just useful when a ship is under attack from infectious disease, but are prudent management approaches to maintain a healthy and ready force both ashore and afloat and in ports, both foreign and domestic.

### 4.2 FOREIGN QUARANTINE REQUIREMENTS

Ships, aircraft, or other conveyances of the Navy proceeding to a foreign port will meet the quarantine requirements published by proper authority for that port. The United States Government asserts the rights of sovereign immunity with respect to United States warships and military aircraft, United States Naval Ships (USNSs), and afloat pre-positioning force ships. They will not be subject to inspections or searches by foreign officials for any purpose (OPNAVINST 6210.2).

Commanding officers, masters, and aircraft commanders may certify compliance with quarantine regulations and restrictions to foreign health officials. If requested by host authorities, certification may include a general description of measures taken by United States officials in compliance with local requirements. At the discretion of the commanding officer, master, or aircraft commander, foreign health officials may be received on board for the purpose of certification of compliance. These officials may not, however, inspect the ship or aircraft, or act as observers while United States personnel conduct such inspections. Actions by foreign officials inconsistent with this guidance must be reported immediately to the chain of command and United States Embassy.

### 4.3 PUBLIC HEALTH SERVICE REQUIREMENTS ABOARD NAVY SHIPS

Preparation is the key to success. This section notes that prior to a ship’s departure from a foreign port, it is imperative that the commanding officer assures that his/her ship complies with the sanitary measures prescribed by the local health authorities in the port of departure. Maintaining high public health standards safeguards mission readiness by preventing the embarkation of persons infected with a disease that warrants quarantine or the introduction of possible agents of infection, or vectors of a disease on the quarantine list. The communicable diseases for which quarantine are authorized are:

1. Cholera

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<sup>1</sup> Joint CBRN Combat Developer for Experimentation, Joint Experimentation and Analysis Division; Shipboard Isolation and Quarantine Concept Experiment Final Report (18 March 2011), pages G-2–G-3.



2. Diphtheria
3. Infectious tuberculosis
4. Plague
5. Smallpox
6. Yellow fever
7. Viral hemorrhagic fevers (e.g., Lassa, Marburg, Ebola, Crimean-Congo, and others not yet isolated or named)
8. SARS
9. Influenza caused by novel or re-emergent influenza viruses that are causing, or have the potential to cause, a pandemic (OPNAVINST 6210.2).

#### **4.3.1 Procedures Applicable to Arrival at United States Ports**

Public health quarantine procedures are required for ships that, in the 15 days prior to arrival in the United States or since departure from the last United States port (whichever period is shorter), have or had any crew onboard with the following conditions or illnesses:

1. A temperature of 100 degrees Fahrenheit (38 degrees Celsius) or greater accompanied by a rash, glandular swelling, or jaundice, or which has persisted for more than 48 hours.
2. Diarrhea, defined as the occurrence in a 24-hour period of three or more loose stools or of a greater than normal (for the person) amount of loose stool or rice-water stool, blood and/or mucus in the stool, with or without fever, or a surge in incident cases suggestive of an epidemic.
3. Death due to illness other than battle casualties or physical injuries.

When one or more of the stated conditions exist, the commanding officer of a ship or senior officer of a group of ships will, between 12 and 72 hours prior to arrival, forward a message of conditions to the senior naval officer in command at the port of arrival. A copy of the message will also be sent to the military quarantine inspector and to the responsible local preventive medicine service in the port area. A reply confirming receipt of the radio message or report will be made if circumstances indicate and will contain applicable quarantine instructions. Unless otherwise indicated in the reply, a ship may proceed directly to berth and begin normal business activity. This quarantine procedure does not exempt a ship from control measures or public health inspections subsequently deemed necessary, or from the requirements of other government agencies. When illness is reported or if the ship has been in a plague-infected country, appropriate inspections may be required.

#### **4.3.2 Guidelines for Determining When to Commence Quarantine and/or Isolation**

The tasks of quarantine and isolation for contagious agents are well defined. Current multiservice doctrine specifies the use of quarantine and isolation and refers to CDC standards for their execution. As practicable, these standards will form the basis for Navy tactics, techniques, and procedures (NTP) to be used by the Services for patient quarantine and isolation.

#### **4.3.3 Quarantine and Isolation Decision Tree**

Figure 4-1 can assist in determining when isolation and/or quarantine should be instituted. This decision tree also indicates when isolation and quarantine can be terminated<sup>2</sup> (see also appendix A).

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<sup>2</sup> Joint CBRN Combat Developer for Experimentation, pp. G-3–G-4.

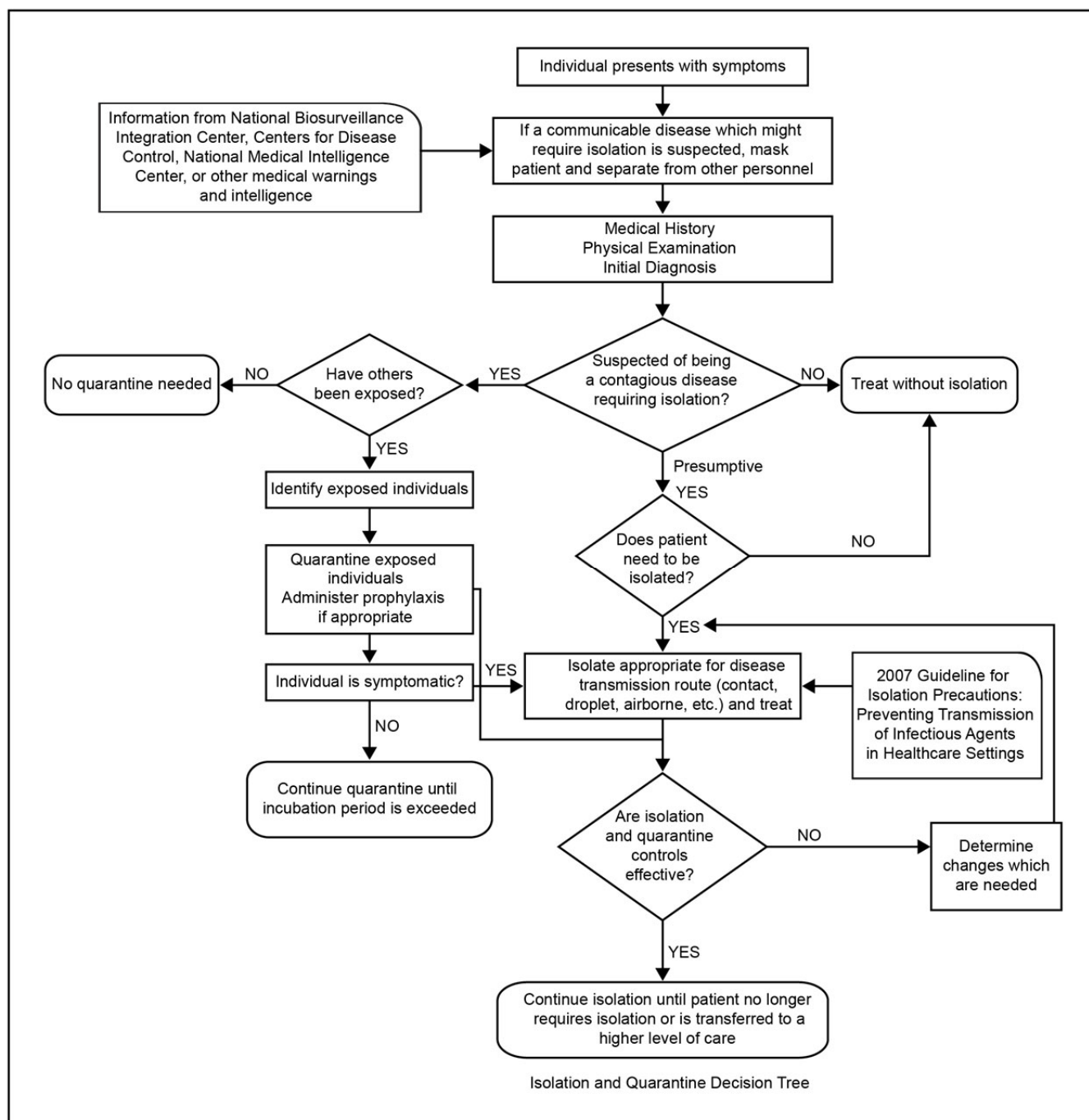


Figure 4-1. Quarantine and Isolation Decision Tree

#### 4.4 CARE MANAGEMENT WHILE IN CONTACT, DROPLET OR AIRBORNE PRECAUTIONS FOR QUARANTINE AND ISOLATION PATIENTS

The following information gives a brief overview of needed activities and skills to be performed to support the various types of quarantine and isolation precautions. Standard precautions are a minimum, as are the other non-pharmaceutical techniques of social distancing, respiratory etiquette, and hand washing for all levels of precautions. The Joint CBRN Combat Developer for Experimentation, Joint Experimentation and Analysis Division, Shipboard Isolation and Quarantine Concept Experiment Final Report refers to the use of an anteroom and high-efficiency particulate air (HEPA) filters in the rooms and anteroom space stemming from 2010 recommendations. The guides are useful, but, at present, Navy ships do not have anterooms or HEPA filters available.

##### 4.4.1 Proper Procedures for Using Personal Protective Equipment for Contact and Airborne Quarantine and Isolation Precautions (Navy Tactical Task 4.12.9)

The proper technique for donning and doffing PPE for use in various types of quarantine and isolation precaution areas requires practice and great attention to detail to prevent unintended cross-contamination of objects and other people. It is imperative that all health care staff or persons assigned to health care support activities “practice” these skills prior to their use. Predeployment training is recommended. Illustrated directions for the gown, glove (open technique), and mask application are in the Joint CBRN Combat Developer for Experimentation, Joint Experimentation and Analysis Division, Shipboard Isolation and Quarantine Concept Experiment Final Report (pages G6-G13).

##### 4.4.2 Food and Nutrition

Febrile patients need to be kept hydrated and will also have an elevated basal metabolic rate and may be hungry or depending on the nature of the infection, may have nausea and vomiting and their fluid/electrolyte and nutritional status will need monitoring by the care providers. Food is most often served on disposable plates, cups, and utensils. Regular dishware may be used with some precautions, but must be handled as contaminated items and sanitized.<sup>3</sup>

##### Note

The use of paper products is also acceptable; however this is a finite product and must be treated as contaminated items when used by quarantined and isolated personnel.

##### 4.4.3 Berthing, Toileting, and Hygiene Management

If the number of personnel requiring quarantine and isolation exceeds the berthing capacity of the medical spaces, consideration shall be given to displacing healthy personnel from a berthing area and designating it as quarantine and isolation berthing.

If feasible, the head facilities should be adjacent to the quarantine and isolation rooms. A secured area will be used for the patient and the facilities must be maintained and sanitized daily and whenever soiled. Thorough hand washing after head use is required. PPE must be worn by any HCP providing assistance. Personal bathing and grooming standards are to be maintained. Individual ship class designs may preclude the use adjacent berthing and head facility arrangements for sick personnel. If this is the case, separate head facilities and berthing areas shall be designated for “sick personnel use only.”

##### Note

This may result in entire sections of habitability areas being placed off limits to all personnel with the exception of medical personnel.

<sup>3</sup> Joint CBRN Combat Developer for Experimentation, p. G-15.

#### 4.4.4 Medications

All medications will be administered and documented in the patient record only by trained medical staff. Non-medical assistants are not to give medications or perform procedures, such as sterile dressing changes.

#### 4.4.5 Patient Care Equipment (Navy Tactical Task 6.1.1.2)

Equipment that has come in direct contact with the patient or their bodily fluids must remain in the room until the equipment is completely disinfected as guided by existing ship's policy. In a room with a person who has an airborne transmitted disease, all surfaces and equipment must be disinfected prior to removal from the room. This includes intravenous (IV) poles, monitors, wheelchairs, etc.

#### 4.4.6 Housekeeping (Navy Tactical Task 6.1.1.2)

Routine cleaning of frequently touched surfaces, toilets, bed pans, and commodes shall occur at least daily and as needed when soiled. High touch and high traffic areas including door handles, routinely traveled passageways, light switches, rails, to name just a few examples, must be cleaned and disinfected, as well as continually maintained.<sup>4</sup> Since the workload of the ship's crew will likely be heavily tasked during an infectious disease outbreak, it is reasonable to enable the quarantined personnel to clean their quarantine spaces as they are not ill, but under observation. The isolation patients who are symptomatic should not be part of a workforce.

#### 4.4.7 Observation and Assessment

Quarantine is a place to be observed and be frequently assessed for signs and symptoms of the disease of concern. Isolation is a place for persons who are demonstrably ill to receive care that requires nursing care and assessment, as well as medication and possibly medical procedures. It is important that the patients are frequently assessed at a rate directed by policy and or specific medical order. For safety, the health care providers must never be left alone for the safety of the patient and the care staff. Therefore, there must be a minimum of two persons in attendance at all times for isolation units. Quarantine units house people under observation for the possible development of disease signs and symptoms. Individuals in quarantine must have a means to communicate at all times and require frequent observation and assessment. However, they need not have an HCP in attendance at all times if they have a means to communicate (e.g., a working phone, and a list of important contact names and phone numbers, such as duty corpsman/nurse). Patients need to know they are not alone or feel abandoned.

#### 4.4.8 Linen and Waste Removal

Cleaning and labeling of laundry and waste is covered in this publication, but additional information is located in the Joint CBRN Combat Developer for Experimentation, Joint Experimentation and Analysis Division; Shipboard Isolation and Quarantine Concept Experiment Final Report (pp. G-15–G-17). All contaminated items, linens, and waste are removed from the room using a double bag process assisted by a second person. The double bag procedure requires the use of two HCP who are in full PPE. One person drops the "dirty bag" into the outstretched opening of the "clean" bag held by the second clean person. The bags must be appropriately labeled as a "BIOHAZARD" and the ties must be securely fastened. The exterior bag must show no leakage. This time consuming procedure requires attention to procedural detail to prevent cross-contamination. Practice is recommended.

#### 4.4.9 Emotional and Spiritual Needs (Navy Tactical Task 4.12.14)

Restricted movement and being sequestered into quarantine or isolation with a serious illness can be a distressing and frustrating situation. The best means of preventing emotional or behavioral problems is to recognize the needs proactively. Communication with their care-givers is essential. Telephone availability is helpful. The patient needs to feel safe, not just "locked up." Spiritual support can be provided by a chaplain and services are often

<sup>4</sup> Joint CBRN Combat Developer for Experimentation, p. G-18.

telecast on the closed circuit TV. Diversion could be aided by SITE-TV, e-mail, etc. Reading material can remain in the room and then be discarded in accordance with disposal procedures.

### **Note**

Any personal items used by the patient must be thoroughly disinfected at the end of the quarantine and isolation period.

#### **4.4.10 Security (Navy Tactical Task 6.3.2.4)**

Depending upon the extent of the contagion, a security detail may be required to keep other personnel out of the area designated for the isolation and quarantine spaces. The purpose of these precautions is primarily to stop the spread of infection by curtailing the mode of spread and reducing the opportunities to infect by limiting other human contact. Traffic control and route planning will be needed for times when the patient must leave the secured space for either tests, or to leave the ship. A patient on airborne precautions on a ship will be wearing a surgical mask in and outside the room. However, security personnel must also don and doff PPE correctly in the event they must enter or be in close or direct patient contact.

#### **4.4.11 Patient Transit (Navy Tactical Tasks 2.1, 4.12.5, and 4.12.19)**

General patient movement outside the secured confines of their assigned space should be very limited and only for medical purposes. Medical personnel will ensure the spaces/areas to be transited are clear of non-infected personnel. Depending upon the severity of the illness and at the conclusion of patient transit, the area transited must be disinfected. At a minimum, the patients will be on contact precautions and the patient will wear PPE appropriate to their condition.<sup>5</sup>

Factors to consider when moving an infectious patient include the following:

1. Patients should be transported on a dedicated aircraft with a minimum number of crewmembers.
2. Infectious patients should be positioned as far down wind of cabin airflow as possible.
3. Mechanical ventilators for infectious patients should provide high-efficiency particulate air (HEPA) or equivalent filtration of airflow exhaust.
4. Whenever possible, noninfectious patients or passengers should not be on-board.
5. The number of medical providers should be limited to those required to provide essential care during the flight.
6. Infection control measures should focus on source control; engineering controls to limit airborne dissemination of the virus; containment of the area of contamination, such as designating clean and dirty areas on the aircraft; use of PPE; safe work practices to prevent exposure; and waste disposal (NTRP 4-02.2M/MCRP 4-11.1G, Patient Movement).

### **4.5 COMMAND RESPONSIBILITIES DURING A SHIPBOARD HEALTH EMERGENCY**

Individual commands will tailor their responsibilities based upon the unique characteristics of their platforms and manning. However, the following measures may be included in any command's emergency response plan:

1. Collecting specimens and performing tests on any property or on any animal or disease vector, living or deceased, as reasonable and necessary for emergency response.

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<sup>5</sup> Joint CBRN Combat Developer for Experimentation, pp. G-22–G-23.

2. Taking measures to safely contain and dispose of infectious waste as may be reasonable and necessary for emergency response.
3. Directing U.S. military personnel to submit to a medical examination and/or testing as necessary for diagnosis or treatment. Persons other than military personnel may be required as a condition of exemption or release from restrictions of movement to submit to a physical examination and/or testing as necessary to diagnose the person and prevent the transmission of a communicable disease and enhance public health and safety. Qualified personnel shall perform the examinations and testing.
4. Restricting movement to prevent the introduction, transmission, and spread of communicable diseases and/or any other hazardous substances that pose a threat to public health and safety. In the case of military personnel, restrictions of movement, including isolation, or any other measure necessary to prevent or limit transmitting a communicable disease, and enhance public safety may be implemented. In the case of persons other than military personnel, restrictions of movement may include isolation or limiting ingress and egress to and from the ship.
5. Isolating individuals or groups to prevent the introduction, transmission, and spread of a communicable disease and/or any other hazardous substances that pose a threat to public health and safety. Isolation measures may be implemented in health care facilities, living quarters, staterooms, and galley/mess deck. Isolation measures do not lessen the responsibilities of the military health system (MHS) to provide medical care to infected and/or affected persons to the standard of care feasible given available resources.

Ensure that risk and crisis communications are executed by the public affairs officer in coordination with all appropriate Department of Defense (DOD) installation and/or military command stakeholders.

### Notes

- Outside the United States, exercise those emergency health powers granted in accordance with applicable international agreement, or otherwise within his or her inherent authority, in coordination with host-nation authorities. At installations outside the U.S., such action must be coordinated with host-nation authorities to meet the intent of this provision.
- See Navy and Marine Corps Public Health Center “Quick Hits” as well as a list of NEMPU consultants supporting isolation and quarantine decisions TB control programs (Bureau of Medicine and Surgery Instruction (BUMEDINST) 6224.8B) and Pandemic Influenza Clinical and Public Health Guidelines.<sup>6</sup>

#### 4.5.1 Commanding Officers

Commanding officers (COs) shall ensure that force health protection measures are integrated into existing ship’s command emergency preparedness and response plans. These plans shall be exercised regularly and integrated into existing exercise programs.

#### 4.5.2 Executive Officer

The executive officer (XO) shall advise the CO on all matters relating to the health, welfare, and combat capability of the ship and crew. Additionally, though not all inclusive, the XO may:

1. Integrate outbreak scenarios into existing ship-wide training evolutions to evaluate readiness and improve preparedness plans and response capabilities.

<sup>6</sup> Department of Defense (DOD), Pandemic Influenza: Clinical and Public Health Guidelines for the Military System, Novel Influenza A (H1N1) Virus in 2009 (May 2009), <http://www.health.mil/~media/MHS/Policy%20Files/Import/09-012.ashx>.



2. Assess surge capacity to meet expected needs during an outbreak.
3. Coordinate communication activities across all departments.
4. Develop awareness campaigns for influenza preparedness and response. Post information in the Plan of the Day, 1-MC announcements, and SITE-TV.
5. Be prepared to modify berthing to accommodate quarantined and isolated personnel.
6. Ensure watch, quarter and station bills are updated to reflect lost personnel due to quarantine and isolation.
7. Secure lounges, recreation areas, and gyms/weight rooms, as directed.

#### **4.5.3 Senior Medical Officer/Independent Duty Corpsman**

The senior medical officer (SMO)/IDC shall advise the CO on all matters relating to the health and welfare of the ship and crew. Additionally, though not all inclusive, the SMO/IDC shall:

1. Formulate outbreak scenarios for inclusion into existing shipwide training evolutions to evaluate readiness and improve preparedness plans and response capabilities.
2. In conjunction with the supply officer (SUPPO), develop strategies to stockpile medical supplies and pharmaceuticals to support a response.
3. Develop and implement strategies to mitigate the spread of infection.
4. Assess preparedness status and identify actions needed to fill gaps in medical preparedness and authorized medical allowance list (AMAL), etc.
5. Assess capacity of emergency response systems to meet expected needs during an outbreak.
6. Implement strategies and disseminate materials to support outbreak response.
7. Implement infection control measures.
8. In conjunction with the supply officer, develop a plan to resupply medical materiel and pharmaceuticals.

#### **4.5.4 Chief Engineer**

The chief engineer (CHENG) shall advise the CO on all matters relating to the efficient operation of all engineering systems and its impact on the combat and operational capability of the ship. Additionally, though not all inclusive, the CHENG shall, if necessary, configure ventilation and cooling support to quarantine and isolation spaces to minimize potential spread.

#### **4.5.5 Operations Officer**

In the event of a quarantine and isolation incident, be prepared to modify operational schedules (e.g., underway replenishments (UNREP), etc.)

#### **4.5.6 Combat Systems Officer**

In the event of a quarantine and isolation incident, be prepared to modify equipment maintenance schedules. Establish River City to prevent unauthorized external communication regarding SQI and affected personnel.

#### 4.5.7 Supply Officer

The SUPPO shall advise the CO on all matters relating to the supply department and its impact on the operational capability of the ship. Additionally, though not all inclusive, the SUPPO shall:

1. In conjunction with the SMDR (e.g., SMO/PMT/IDC), develop strategies to stockpile medical supplies and pharmaceuticals to support a response.
2. In conjunction with the SMDR (e.g., SMO/PMT/IDC), develop a plan to resupply medical materiel and pharmaceuticals.
3. Be prepared to modify messing procedures and perform battle messing to encompass paper products, social distancing within the mess decks.
4. Be prepared to modify laundry procedures so as not to cross-contaminate laundry with those of quarantined and isolated personnel.
5. Provide a line of accounting for the purchase/replacement of critical supplies.

#### 4.6 NOTIFICATION ROUTING PROCEDURES (OUTSIDE THE CONTINENTAL UNITED STATES AND CONTINENTAL UNITED STATES NOTIFICATION)

When a circumstance suggesting a public health emergency is occurring onboard a ship, the commanding officer shall immediately report the event to their respective chain of command. Additional agencies and components may receive the notification as “information addressees.” There will be circumstances where it may be necessary to deviate from this outlined process<sup>7</sup> (Department of Defense Instruction (DODI) 6200.03).

Commanding officer may declare a shipboard health emergency and implement relevant emergency preventive procedures to achieve the greatest benefit while maintaining operational effectiveness on the ship. In this case, the commanding officer shall notify the appropriate authorities within their chain of command. This may include the numbered fleet commanders, fleet commanders, Navy component commanders (NCC), combatant commands, and/or the Service component, a joint task force, a sub-unified commander, or other entity as established.

Commanding officers are required to report their qualitative assessment via the Defense Readiness Reporting System-Navy (DRRS-N). Additionally, outbreaks are required to be reporting according to BUMEDINST 6220.12C, Medical Surveillance and Medical Event Reporting. An outbreak will impact the personnel, equipment, supply, training, and ordnance (PESTO) reporting and its impact on the command’s mission essential tasks (MET).

#### 4.7 COMMANDING OFFICER’S EMERGENCY HEALTH POWERS (NAVY TACTICAL TASKS 2.1.2, 4.12.8, AND 6.5.3)

Ship commanding officers, may exercise special powers relating to the following:

1. Collecting specimens and performing tests on any property as reasonable and necessary for emergency response.
2. Closing, directing the evacuation of, or decontaminating a space or compartment.
3. Contaminating or destroying any material that endangers the crew.

<sup>7</sup> Specific Navy environmental preventative medicine unit (NEPMU) contact information is listed in the Navy and Marine Corps Public Health Center Quick Hits, Navy Medicine Influenza Surveillance and Response Guidance, (December 2011), <http://www.med.navy.mil/sites/nmcphc/Pages/Home.aspx>

4. Using facilities, materials, and services for purposes of communications, transportation, occupancy, fuel, food, clothing, health care, and other purposes and controlling or restricting the distribution of commodities as reasonable and necessary for emergency response.
5. Controlling ingress and egress routes to and from the affected ship.
6. Taking measures to safely dispose of infectious waste as may be reasonable and necessary for emergency response.
7. During a declared shipboard health emergency, a commander, may exercise special powers relating to persons necessary to prevent the spread of communicable diseases. To the extent necessary for protecting or securing the ship, such special powers may also include persons other than military personnel who are present on a the ship (DODD 6200.3). Such special powers are the following:
  - a. Military personnel may be ordered to submit to a physical examination and/or testing as necessary to diagnose or treat. Persons other than military personnel may be required as a condition of exemption or release from restrictions of movement to submit to a physical examination and/or testing as necessary to diagnose the person and prevent the transmission of a communicable disease. Qualified personnel shall perform examinations and testing, which shall not be likely to result in serious harm to the individual.
  - b. Restrictions of movement may be implemented to prevent the spread of communicable diseases. Individuals may be isolated to prevent the spread of a communicable disease.
  - c. Military personnel may be ordered to submit to vaccination or treatment subject to special rules applicable to use of investigational new drugs under DODD 6200.3. Persons other than military personnel may be required as a condition of exemption or release from restriction of movement to submit to vaccination or treatment as necessary to prevent transmitting a communicable disease. Qualified personnel shall perform vaccination and treatment, consistent with appropriate medical standards, including appropriate medical exemption criteria, which shall not be likely to result in serious harm to the individual.
  - d. The SMDR (e.g., SMO/PMT/IDC) may take measures reasonable and necessary for testing and safely disposing of corpses in order to prevent the spread of disease, ensuring proper labeling, identification, and records regarding circumstances of death and disposal.
  - e. Protected health information shall be used and disclosed as necessary to ensure proper treatment of individuals and prevent the spread of communicable diseases.
  - f. Individuals may be placed in quarantine to prevent the spread of a communicable disease needing quarantine and isolation. In the case of a quarantine of individuals other than military personnel, the following requirements apply:
    - (1) The needs of persons quarantined shall be addressed in a systematic and competent fashion. Places of quarantine shall be maintained in a safe and hygienic manner, designed to minimize transmission of infection or other harm to persons subject to quarantine. Adequate food, clothing, medical care, and other necessities shall be provided.
    - (2) A person subject to quarantine shall obey the rules and orders established by the CO, shall not travel beyond the quarantine premises, and shall not put himself or herself in contact with any person not subject to quarantine, except as senior medical officers authorize.
    - (3) No person may, without authorization, enter a quarantine premises. A person who by reason of unauthorized entry poses a danger to public health becomes subject to quarantine.

- (4) Quarantine precautions (i.e., contact, droplet, airborne) shall mirror the suspected disease and shall be accomplished through the least restrictive means available, consistent with protection of public health. Quarantine of any person shall be terminated when no longer necessary to protect the crew's public health.
- (5) The SMDR (e.g., SMO/PMT/IDC) shall, as soon as practical, provide to every individual subject to quarantine written notice of the reason for the quarantine.

Isolation or quarantine procedures should be instituted when a contagious disease or contagious process is first suspected. A patient's history, signs and symptoms of disease, and other available data form a sufficient basis for determining the need for isolation, as well as the most appropriate type of isolation. Laboratory confirmation of an infection is desirable, but of secondary importance in making the initial decision to isolate the patient. In no case should the decision to isolate the patient await laboratory confirmation. The medical professional evaluating the patient is responsible for the prompt initiation and the indicated type of isolation.

In accordance with BUMEDINST 6220.12C, medical surveillance and medical events reports are used to report actual and in some cases, suspected contagious diseases. The reports are sent via the chain of command and will alert the Navy and Marine Corps Public Health Center (NMCPHC) and area Navy environmental preventive medicine units (NEPMU). NEPMU can provide epidemiologic outbreak assistance and contact with research laboratories as needed.

#### **4.8 INFECTION PREVENTION PLANNING CHECKLIST—ADAPTED FOR USN SHIPS (NAVY TACTICAL TASK 5.3.2)**

The Infection Prevention Planning Checklist, appendix A, may be instrumental to help organize and guide a comprehensive public health-oriented disease prevention program. This checklist can easily be modified to meet or reflect the programs implemented on a specific ship.

#### **4.9 COMMANDING OFFICER'S GUIDE TO INITIATING SHIPBOARD QUARANTINE AND/OR ISOLATION PRECAUTIONS AT SEA CHECKLIST (NAVY TACTICAL TASKS 5.3.3 AND 6.5)**

Appendix B provides a notional checklist for the commanding officer's use.

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## CHAPTER 5

# Summative Observation and Future Recommendations for Shipboard Quarantine and Isolation

### 5.1 OBSERVATIONS AND RECOMMENDATIONS FOR FURTHER DEVELOPMENT OF AN AIRBORNE INFECTION ISOLATION CAPABLE SYSTEM

The following observations and recommendations are based on the best use of available resources on Navy ships and a compilation of recommendations from the 2006 and 2010 experimentations.<sup>1 2</sup> The information below incorporates, identifies, and describes opportunities of further study, available resources and commercial-off-the-shelf (COTS) products that bridge the current capability gap that has been identified in both the 2006 and 2010 examinations of the shipboard quarantine and isolation capability to date. Recommended COTS include the items listed below.

### 5.2 ANTEROOM AND HIGH-EFFICIENCY PARTICULATE AIR FILTERS PROVIDE NEEDED CAPABILITIES

An anteroom is an area located directly outside of an isolation/quarantine room or space. This small room is a staging area, hand cleaning area, and more importantly, an area that allows the safe entrance and exit from a “dirty” zone. Within this space the care provider can remove used PPE without contaminating other people, objects, and the clean airspace directly outside the anteroom’s exterior portal. The anteroom used in the 2010 test weighed about 22 lbs. (single unit without the weight of the air scrubber). When unassembled, the unit can fit into a draw-string bag and can be stored under a bunk, in a closet, or placed in a locker. With minimal practice, the unit consisting of polyvinyl chloride (PVC) pipes, plastic covered sheeting material, and Velcro closures, can be easily assembled. The plastic “unit” must be securely affixed with Velcro, for example, to the bulkhead for air containment. Hatch portals are fore and aft, and enable entry and exit after a dwell time determined by the air scrubber affixed and size of the space.

Figure 5-1 is a diagram of the anteroom unit and quiet room set-up on an aircraft carrier that was used for testing (USS *Ronald Reagan* CVN 76). Omitted from this diagram is the HEPA filter within the patient space. You will see that the air flows into the room, but the vent to return air (potentially contaminated) into the general circulation is blocked. The air in this room will be “scrubbed” by the HEPA filter and a slight negative air pressure will exist if the bathroom fan remains on at all times with the bathroom door in the open position and the room’s door remains closed behind anyone who enters or leaves the sick room space. The route of airflow may differ depending on the configuration of the anteroom and the room area it supports. The underlying point is that the air is cleaned, and not dependent on venting to the weather deck, and the HCP have full access to the patient while maintaining strict airborne precautions.

<sup>1</sup> Naval Health Research Center Document No. 10-13, Final Analysis Report: Shipboard Isolation and Quarantine Program (SIQ-P) Aboard Aircraft Carriers, (2010).

<sup>2</sup> Joint CBRN Combat Developer for Experimentation, Joint Experimentation and Analysis Division; Shipboard Isolation and Quarantine Concept Experiment Final Report (18 March 2011), pages G-25–G-52.



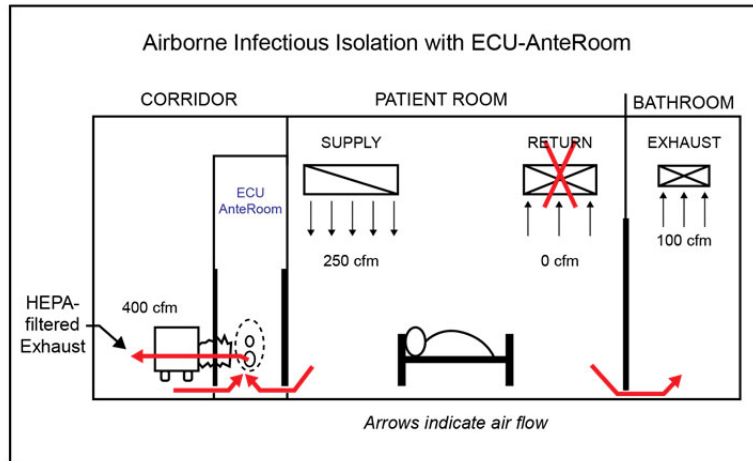


Figure 5-1. Air flow distribution using anteroom on enclosed room with bathroom fan

### Note

A waiver to bring the HEPA unit aboard ship was obtained due to the presence of a small amount of contained mercury in the HEPA filter's light.

The process of donning PPE is always labor intensive and very time consuming. It was noted that practice was required for both use of PPE, and the entering and exiting techniques (including dwell time) from the anteroom space. Currently, this process requires a second person to assist (to create a taut zipper line or double bagging procedure).

Additional staff recommendations for prototype anteroom:

1. The anteroom disinfects easily.
2. The tested anteroom's structure and configuration of window panels and portals should be modified to incorporate an envelope-type slit created to be used as a pass-through for meds, food, papers, etc.
3. A portal "sleeve" to enable HCP to dispose of solid waste (trash) without having to leave the anteroom should be included in anteroom design.
4. A gloved sleeve from outside to inside the anteroom can be created to assist the HCP on the inside of the anteroom without necessitating entering the anteroom space or the donning and doffing PPE. This adjustment to the existing anteroom design could significantly lessen the number of repeated direct exposures of the HCP and create a major reduction in work-load and time. With fewer entries into a contaminated space, a reduction in the use of PPE would be realized and an increase in the PPE stock availability would be realized.
5. The anteroom "ceiling" panel should be clear, not opaque to enable the use of ambient light inside the anteroom.
6. The zippers used to enter anteroom unit may jam and require a second person to make the zipper line taut. A Velcro or "bump-through" door modification may alleviate this problem.
7. A single anteroom can be affixed to the ship's bulkhead. For more space, multiple units can be connected like a caterpillar, enabling some bend as well as system extension. This feature could work well with field/pier-side units enabling the creation of connecting/bridging passageways, for example, to an adjacent head (see figure 5-2).

### 5.3 WORKLOAD AND TRAINING REQUIRED TO SUPPORT AIRBORNE INFECTION PRECAUTIONS

All levels of quarantine and isolation precautions require added time, create additional workload, and necessitate additional personnel to perform basic care functions. For example, contaminated laundry and trash removal are major issues as these items accumulate rapidly. Manpower support staff will likely need to assist with contaminated laundry and trash removal. At sea, without the ability to augment the number of corpsmen or nurses, it is likely that some medical support processes will need to be provided by non-medical ship's personnel. Consequently, PPE training will be required and isolation techniques taught to all health care workers and their immediate support personnel "just-in-time" based on the type of isolation precaution being used. Using proper technique is critical to the prevention of cross-contamination and further disease spread. Practice donning and doffing PPE, entering and leaving an isolation space, and how to handle patient items will be necessary. Additionally, the HEPA filtration systems and the anteroom space integrity and effectiveness must be regularly monitored. Quality assurance checks or rounds need to be conducted daily to assure proper air containment from sick room and anteroom as well as proper functioning of the HEPA filtration units to achieve desired outcomes.

#### Note

The double sized anteroom shown in figure 5-2 accommodates a "patient" on a stretcher to be carried into the anteroom area; close rear portal behind stretcher bearers; prior to opening door to isolation space, stretcher bearers remain in the anteroom for a specified dwell time; then they may open door to isolation space and enter, closing door behind them. The exit procedure is the opposite of the above process. The isolation room needs to have its own HEPA filter (eliminates location issues and the need to externally vent "dirty" exhaust to a weather deck).



Figure 5-2. Double anteroom unit with placards that show type of isolation precaution ordered and required personal protective equipment

Training material that covers the proper use of the anteroom and HEPA filters as well as the proper use of PPE used in the various types of infectious disease precautions need to be created and made readily available to the ship's training officer. It is further recommended that these teaching materials rely heavily on the use of pictures and/or video clips to facilitate the procedural training. Furthermore, the HCP's technique should be critiqued prior to the worker's exposure to any contagious person or material for safety and quality assurance.

## **5.4 LOCATION OF AN AIRBORNE INFECTION ISOLATION UNIT**

The location of the SQI space will need to be further studied and identified in light of the unique characteristics of each ship class.<sup>3</sup>

For example, previously SQI was to be located in USS *Makin Island* (LHD 8) aft berthing compartment. The original rationale was to position the SQI unit in a location that would enable the room air to be vented to a weather deck. This location proved to be undesirable due to the possible blow back of contaminated air onto the ship due to weather and movement. Also, when the Marines were embarked on some ships, the berthing options become much more limited; and the original configuration using plastic sheeting and fans had all the above issues in addition to having many potential points of failure<sup>4</sup> and did not allow for safe HCP access to the patient.

Although it may seem intuitive to locate the patient isolation area within the medical department, this may pose problems, and is in general not advised. With any break in isolation technique there could be cross-contamination of medical or surgical in-patients as well as the medical department staff for the ship. The clinical work assignments should reflect a strict segregation of patient types for the HCP if at all possible. Cross-contamination of patients already physically stressed is a concern due to the possibility of a breach in technique with a further spread of disease. When reviewing the medical lessons learned from the 2009 H1N1 pandemic, it was noted that a ship, whose isolation room was located in the medical department, reflected a loss of 48 percent of their medical department staff due to the H1N1 virus infection during the peak encounter period.

## **5.5 USE OF HIGH-EFFICIENCY PARTICULATE AIR FILTER SYSTEMS**

The second level of SQI experiments in 2010 benefitted from new HEPA filter units that were smaller and more powerful HEPA filtration units. These units could convert any enclosed space with an anteroom into a space that supports strict airborne precaution requirements. With the use of the HEPA filters as air scrubbers for both containment space and another unit used in the anteroom, no longer was location dependent on access to a weather deck. Ideally, an adjacent head is very important as body fluids will also be considered a possible contaminant.

The use of the anteroom and the HEPA filtration devices (one for the anteroom and one, depending on space size for the containment area) were easy to set up and would not require outside assistance if they were to receive instruction and practice. The set-up consisted of attaching one HEPA unit to the anteroom sleeve, plug in, and turn on. Recommend immediately securing for rough seas with, for example, a bungee cord, or line. The HEPA unit for the containment area needs to be positioned where air can freely circulate to and from the unit, plug in and turn on. Shipboard certified surge protectors are recommended.

## **5.6 TOPICS FOR CONSIDERATION AND RECOMMENDATIONS**

Over the course of reviewing the lessons learned from the 2009 H1N1 pandemic, it was noted that some personnel were returned to duty within 24 hours after their last febrile day. In more than a few cases, this period of recovery and isolation was significantly shorter than the CDC recommendation of 7 days and the Bureau of Medicine and Surgery (BUMED) recommendation of 5 to 7 days. Although the probability of continued viral shed wanes significantly, there is still evidence that some viral shed is possible up to 7 days from the start of symptoms. Even with a low potential for further spread, the ship provides a highly opportunistic environment for further disease

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<sup>3</sup> For ship class characteristics, see Navy Warfare Publication (NWP) 4-02, Naval Expeditionary Health Service Support Afloat and Ashore (January 2008)

<sup>4</sup> Naval Health Research Center, 10-13.

spread if patients are returned to duty too early. It is recommended that the guidelines from CDC/NMCPHC related to disease containment and time to return to duty should be followed.

An additional topic for consideration stems from the frequency of filter cleaning/changing in the heating, ventilation, and air conditioning (HVAC) systems aboard ship. The force of the HVAC is very powerful. If the duct system's filters are not maintained, it could possibly be a source for disease transmission. Although some viral and bacterial diseases do not live long outside an appropriate human host, others, such as TB and some fungi, have proven to be very resilient. The actual rate of maintenance varies, but it is important that the HVAC filters be regularly inspected and cleaned or replaced as indicated. Maintaining clean and functional HVAC filter systems aboard ship promotes a greater capability to reduce the spread of both airborne suspended allergens and infectious diseases, thereby producing an overall reduction in respiratory symptoms in general.

## 5.7 SUPPLIES, MEDICATIONS, AND USE OF PUSH-PACKS

During the 2006 SQI effort, recommendations concerning the amounts of equipment, supplies and PPE needed to support SQI were identified. These identified items could be managed as a push pack sent to the ship, just-in-time or as additional items needed for the AMAL. For reference, the recommended list of supplies, equipment and medications are provided in appendix G.

## 5.8 ADDITIONAL AREAS IDENTIFIED FOR FURTHER STUDY AND FUTURE EVALUATION

The following list provides recommended courses of action for further consideration:

1. Identify a specific commercial-off-the-shelf (COTS) HEPA filtration unit and anteroom that can meet identified needs and challenges for creating a patient accessible space and will support airborne infection isolation precaution requirements.
2. Study the effect of high air volume and force as created by a ship's HVAC system and the modeled deposition of simulated microbiologic particles. The TB outbreak on the USS *Ronald Reagan* (CVN 76) Tiger cruise led to concern that the TB converters were more geographically aligned with the HVAC airflow within the berthing space rather than the possible contact with the index case.
3. Review the recommendations made from the 2006 study related to AMAL additions, medication, and supply push-pack in the light of new and improved technologies, CDC, and BUMED guidance for Pandemics and infectious disease management.<sup>5</sup>
4. Conduct an analysis to replace the standard polymerase chain reaction (PCR) probe technique for disease diagnosis. Current technologies can run multiple assays in 10 minutes. This would give the IDC in particular, great ability to quickly and accurately diagnose important diseases before they spread and provide both the medical and line communities with a much faster turn-around time to definitive diagnosis that impacts command decisionmaking.
5. Evaluate devices that can determine the presence of pathogens on fomites and clothes. These devices enable verification that a surface or space is or is not clean and safe during the cleaning process.
6. Conduct an efficacy study on the use of the airborne infection isolation system and identify the following:
  - a. Identify where an airborne infection isolation system can be located (identify possible location sites per ship class related to footprint and infrastructure support).
  - b. Identify any ship classes that cannot accommodate the proposed systems, if any.
  - c. Can HCP safely enter and leave the airborne infection isolation space without contaminating the surrounding area (confirm air containment during entrance and egress).

<sup>5</sup> Naval Health Research Center, 10-13.



- d. What are the time requirements needed for practiced persons to assemble airborne infection isolation system (including HEPA filter, signage, trash and linen receptacles, hand washing/cleaning materials, and toileting capability)? These units may be needed on short notice.
- e. Transport and en route care needs of patients with a confirmed infectious airborne disease need to be identified. Recommendations were made in 2006 and 2010 related to possibly equipping large ships with a patient transport sleeve unit similar to the one in figure 5-3. This unit enables a fully self-contained environment that accommodates IVs, ventilator tubing and oxygen in transit. There is also a special body bag that is fully self-contained, heavy duty and a bright red-orange color indicating biohazard contents for human remains.

## 5.9 SUMMARY STATEMENT

The use of quarantine and isolation precautions is an important and highly effective means of curtailing the spread of infectious disease and providing personnel protection. Using the procedures described in this document, Navy ships can adequately employ contact and droplet precautions. Airborne precautions, however, cannot be employed in Navy ships using current supplies. Airborne disease spread can be mitigated by a multi-layered approach using Standard precautions, non-pharmaceutical techniques, and maximizing contact isolation precautions. However, a recommendation is made for further study and process development to enable the use of effective, existing commercial-of-the-shelf technologies to bridge the current capability gap aboard ships at sea related to the lack of airborne infection isolation capability.



Figure 5-3. Biohazard patient transport unit

## APPENDIX A

# Infection Prevention Planning Checklist

1. Ship Policies (Sheet 1 of 4)	Practice Performed	If Answer is No, Document Plan for Remediation
a. Written infection prevention policies and procedures are available, current, and based on evidence-based guidelines, regulations, or standards.	Yes No	
b. Infection prevention policies and procedures are re-assessed at least annually.	Yes No	
c. At least one individual trained in infection prevention is aboard ship on deployments.	Yes No	
d. Supplies (AMAL) necessary for standard precautions are readily available. (Note: This includes hand hygiene products, personal protective equipment, and injection equipment.)	Yes No	

2. General Infection Prevention Education and Training	Practice Performed	If Answer is No, Document Plan for Remediation
a. Navy health care personnel (HCP) receive job-specific training on infection prevention policies and procedures according to Navy requirements.	Yes No	
b. Competency and compliance with job-specific infection prevention policies and procedures are documented through annual evaluations/assessments.	Yes No	



<b>3. Occupational Health (Sheet 2 of 4)</b>	<b>Practice Performed</b>	<b>If Answer is No, Document Plan for Remediation</b>
a. Navy medical staff, if embarked, are trained on the Occupational Safety and Health Administration (OSHA) blood-borne pathogen standard annually.	Yes No	
b. The Navy medical staff maintains a log of needle sticks, sharps injuries, and other employee exposure events.	Yes No	
c. Following an exposure event, post-exposure evaluation and follow-up—including prophylaxis as appropriate—are available and are supervised by a trained medical professional.	Yes No	
d. Hepatitis B vaccination given to all military HCP.	Yes No	
e. Post-vaccination screening for protective levels of hepatitis B surface antibody is conducted after third vaccine dose is administered.	Yes No	
f. All military HCP are current for influenza vaccination.	Yes No	
g. All HCP are screened for TB annually (if negative).	Yes No	
h. Navy ships have a respiratory protection program that details required worksite-specific procedures and elements for required respirator use.	Yes No	
i. Respiratory fit testing is provided at least annually to appropriate medical personnel.	Yes No	
j. Ship has written protocols for managing/preventing job-related and community-acquired infections or important exposures aboard ship, including notification of appropriate NEPMU when applicable.	Yes No	

<b>4. Surveillance and Disease Reporting</b>	<b>Practice Performed</b>	<b>If Answer is No, Document Plan for Remediation</b>
a. An updated list of diseases reportable to the NEPMU is readily available to all medical personnel.	Yes No	
b. The ship can demonstrate compliance with mandatory reporting requirements for potential outbreaks.	Yes No	

5. Hand Hygiene (Sheet 3 of 4)	Practice Performed	If Answer is No, Document Plan for Remediation
a. The ship provides supplies necessary for adherence to hand hygiene (e.g., soap, water, paper towels, alcohol-based hand rub) and ensures they are readily accessible to all personnel.	Yes No	
b. Personnel are educated regarding appropriate indications for hand washing with soap and water versus hand rubbing with alcohol-based hand rub.  <p style="text-align: center;"><b>Note</b></p> <p style="text-align: center;">Soap and water should be used when bare hands are visibly soiled (e.g., blood, body fluids) or after caring for a patient with known or suspected infectious diarrhea (e.g., <i>Clostridium difficile</i> or norovirus). In all other situations, alcohol-based hand rub may be used.)</p>	Yes No	
c. The ship's medical staff periodically monitors and records adherence to hand hygiene and provides feedback to personnel regarding their performance.	Yes No	

6. Personal Protective Equipment	Practice Performed	If Answer is No, Document Plan for Remediation
a. The ship has sufficient and appropriate AMAL and PPE available and readily accessible to medical staff.	Yes No	
b. Medical staff receive training on proper selection and use of PPE.	Yes No	


<b>7. Respiratory Hygiene/Cough Etiquette (Sheet 4 of 4)</b>	<b>Practice Performed</b>	<b>If Answer is No, Document Plan for Remediation</b>
a. The ship has policies and procedures to contain respiratory secretions.	Yes No	
b. Post signs (with instructions to Sailors with symptoms of respiratory infection to cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions).	Yes No	
c. Provide tissues and no-touch receptacles for disposal of tissues.	Yes No	
d. Provide resources for performing hand hygiene throughout ship.	Yes No	
e. Offer facemasks to coughing patients and other symptomatic persons at sick call.	Yes No	
f. Provide space and encourage persons with symptoms of respiratory infections to sit as far away from others as possible. If available, place these Sailors in a separate area of the ship while waiting for care.	Yes No	

<b>8. Environmental Cleaning</b>	<b>Practice Performed</b>	<b>If Answer is No, Document Plan for Remediation</b>
a. Ship has written policies and procedures for routine cleaning and disinfection of environmental services, including identification of responsible personnel.	Yes No	
b. Training and equipment are available to ensure that medical staff wear appropriate PPE to preclude exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection).	Yes No	
c. Cleaning procedures are periodically monitored and assessed to ensure that they are consistently and correctly performed.	Yes No	
d. The ship has a policy/procedure for decontamination of spills of blood or other body fluids.	Yes No	
e. Routine maintenance for high-level disinfection equipment is performed.	Yes No	

## APPENDIX B

# Commanding Officer's Quarantine and Isolation Initiation Checklist

1. Preparation and Maintain Situational Awareness	Practice Performed	If Answer is No, Document Plan for Remediation
a. Conduct drills involving scenarios as TB, pandemic flu, Ebola, radiation leak, to test the prevention, intervention, and normalization plans.	Yes No	
b. Conduct cross-training to maintain proficiency in knowledge and technical skills (e.g., donning and doffing PPE, stretcher bearers' response, buddy care and self-care, prevention of preventable injuries and diseases).	Yes No	
c. Ascertain, if possible, the assumed biologic diagnosis. Does this incident fit any potential of being a planned or terrorist attack?	Yes No	
d. Is the disease expected in this geographic region based on current medical intelligence?	Yes No	
e. Did the crewmember(s) engage in an activity that might have exposed them to a deliberate or accidental disease exposure?	Yes No	
f. Verify ship's immunization status for all personnel.	Yes No	
g. Has ship's company encountered people that originated from an area of high incidence and prevalence of communicable diseases and if so, has ship's company possibly encountered some of these people?	Yes No	
h. Does the ship have a current and specific infectious disease prevention and intervention plan?	Yes No	
i. Enhance awareness of the potential for an outbreak especially after recent travel to potentially affected areas.	Yes No	
j. Update preparedness status and identify actions needed to fill gaps. Inform chain of command of disease alert status.	Yes No	
<b>2. Initiate Preventive Measures</b>		
a. Mandatory use of a mask for minor respiratory illness and an N-95 mask when a crewmember(s) is suspected of exposure to a respiratory illness (e.g., TB). Follow airborne and droplet contact isolation procedures (see 2.5).	Yes No	
b. Are diseases expected in this geographic region based on current medical intelligence?	Yes No	

c. If a crewmember(s) is suspected of exposure to a droplet (e.g., propelled by a cough) disease, (e.g., measles), or contact with a surface (bulkhead/table) that has been contaminated, ascertain if other personnel were in contact with the suspected carrier or surface.	Yes No	
d. Institute deep cleaning procedures.  <b>Note</b>  Decontamination with a 0.1 percent bleach solution will reliably kill anthrax spores and everything else. Ensure personnel don PPE before applying this solution.	Yes No	
e. Treat and then decontaminate patient(s) with non-life threatening radiation contamination prior to treatment as prescribed.	Yes No	
f. Does the disease in question allow for post-exposure preventive measures?	Yes No	
g. Based on the type of disease exposure, consider setting levels of material conditions of readiness as appropriate.	Yes No	
h. Once a satisfactory level of crew protection is achieved, initial response and treatment may be based upon presumptive diagnosis and treated empirically. Do not delay treatment for lab work confirmation.	Yes No	
i. Set River City per CO direction.	Yes No	
<b>3. Decontamination</b>		
a. For persons suspected of having or known to have TB, shower and clean clothes prior to entering skin of ship if possible (clothes and body may be contaminated).  <b>Note</b>  N-95 respirators are required for the attending personnel. Suspected or confirmed TB patients should wear surgical masks.	Yes No	
b. Decontamination of radiation contaminated personnel with a 0.1 percent bleach solution is possible.   <b>WARNING</b>  This should be a very rare use situation. Continued use of this solution can be harmful and is rarely warranted even after a biological attack. Ensure personnel don PPE before applying this solution.	Yes No	

<b>4. Set Quarantine and Isolation</b>		
a. Designate head facilities as “Sick Personnel Only.”	Yes No	
b. If additional berths are required to cohort infected personnel, vacate occupied berthing and redesignate as “Quarantine and Isolation” berthing.	Yes No	
c. Construct outer barriers/partitions prior to entering quarantine and isolation areas.	Yes No	
d. Initiate continuous cleaning in the vicinity of the quarantine and isolation area.	Yes No	
e. Based upon the number and billets of infected personnel, determine if the ship is still mission capable.	Yes No	
f. Ensure waste disposal and special laundry procedures are established in accordance with instructions and ship’s bills.	Yes No	
g. Establish special messing procedures.	Yes No	
<b>5. Notification Procedures</b>		
a. Communicate in a timely and clear fashion to personnel on the ship that are directly involved and need to know that the health emergency plan is being implemented (e.g., security, chaplain, the ship’s designated public health emergency officer (PHEO)).	Yes No	
b. Proper and timely notification to both the operational and Navy public health chain of command will enable a more coordinated response and support of the ship’s personnel and mission.	Yes No	
c. Submit and update DRRS-N as required.	Yes No	
<b>6. Post-Quarantine and Isolation</b>		
a. Thoroughly disinfect external and internal surfaces of the entire ship.	Yes No	
b. Draft after action reports (AAR) and submit lessons learned.	Yes No	



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## APPENDIX C

# Navy Tactical Task Library

Task Number	Task Name	Task Definition
Navy Tactical Task (NTA) 2.1	Plan and Direct Intelligence Operations	Assist tactical commanders in determining and prioritizing their intelligence requirements (IR), to enable them to plan and direct intelligence, counterintelligence, and reconnaissance operations to satisfy these requirements. This task requires oversight of the intelligence cycle process, which includes the identification, validation, and prioritization of IRs; the planning and directing of intelligence operations; planning, managing, and tasking of collection operations; processing and exploiting data; analyzing data and producing intelligence; disseminating intelligence; integrating intelligence with operations; and providing evaluation and feedback to ensure effective and efficient intelligence support to operations. (Joint Publication 2-0 (series), Joint Intelligence; Marine Corps Doctrinal Publication (MCDP) 2, Intelligence; Marine Corps Warfighting Publication (MCWP) 2-1, Intelligence Operations; Naval Doctrine Publication 2, Naval Intelligence; Navy Warfare Publication (NWP) 2-01, Naval Intelligence)
NTA 2.1.2	Determine and Prioritize Intelligence Requirements (IR)	Identify and prioritize those items of information that must be collected and processed to develop the intelligence required to fill a gap in the command's knowledge and understanding of the battlespace or enemy forces. Those intelligence requirements that are most critical or that would answer a PIR are known as essential elements of information (EEIs). (JP 2-0 (series), MCDP 2, MCWP 2-1, NDP 2, NWP 2-01)
NTA 2.2.2	Collect Tactical Intelligence on Situation	Obtain information that affects a commander's possible courses of action. Considerations include the characteristics of the area of operations and the enemy situation. Information includes threat, physical environment, health standards/endemic disease, and social/political/economic factors. This task also includes the reporting and locating of isolated or captured personnel. (JP 2-0 (series), MCDP 2, MCWP 2-1, NDP 2, NWP 2-01)

Task Number	Task Name	Task Definition
NTA 4.12	Provide Health Services	Preserve, promote, improve, conserve, and restore the mental and physical well-being of the force and other designated populations. This task includes providing emergency and routine health care to all personnel; advising commanders on the state of health, sanitation and medical readiness of deploying forces on a continual basis; maintaining health and dental records; keeping a current mass casualty plan; training personnel in basic and advanced first aid; maintaining medical intelligence information files; implementing preventive medicine measures; and ensuring combat readiness of health care personnel assigned to various wartime platforms through continuous training. This task includes facilities support for hospitals, medical laboratories, medical and dental clinics, emergency vehicle garages, ophthalmic support buildings, and rehabilitation centers. (JP 3-02, Amphibious Operations; JP 3-02.1, Amphibious Embarkation and Debarkation; JP 3-07.3, Peace Operations; JP 4-0, Joint Logistics; JP 4-02 (series), Health Support Service; JP 5-00.2, Joint Task Force Planning Guidance and Procedures; NDP 4, Navy Logistics; NWP 4-02 (series), Navy Expeditionary Health Service Support Ashore and Afloat; MCWP 4-11.1, Health Service Support Operations; Title 10 Chapter 159; DODD 4165.6, Real Property; OPNAVINST 11000.16A, Command Responsibility for Shore Activity, Land, and Facilities; OPNAVINST 11010.20G, Facilities Project Instruction)
NTA 4.12.1	Perform Triage	Classify incoming casualties by level of treatment required. (JP 4-0; JP 4-02 (series); NDP 4, NWP 4-02 (series), MCWP 4-11.1, Fleet Marine Force Manual (FMFM) 4-50, Health Service Support)
NTA 4.12.5	Provide Patient Movement	Provide capabilities for medical regulating, patient evacuation and appropriate en route care from the point of injury/illness throughout the patient care system. (JP 4-0; JP 4-02 (series); NDP 4; NWP 4-02 (series); NTTP 4-02.2M, Patient Movement; MCWP 4-11.1)
NTA 4.12.6	Provide Industrial and Environmental Health Services	Implement and monitor occupational and environmental hazard abatement measures. Task includes hazardous material management, storage, and disposal. (JP 4-0, JP 4-02 (series), NDP 4, NWP 4-02 (series), MCWP 4-11.1)
NTA 4.12.7	Maintain Records	Maintain health and dental records, and other documentation relating to the provision of health care. (JP 4-0, JP 4-02 (series), NDP 4, NWP 4-02 (series), MCWP 4-11.1)
NTA 4.12.7.1	Provide Decedent Affairs	Provide administrative decedent affair protocols. (JP 4-0, JP 4-02, NWP 4-02 series, MCWP 4-11.1)
NTA 4.12.8	Obtain and Analyze Medical Information	Review, catalog, and report information obtained in the course of current operations to include communicable diseases, epidemiological data, chemical and biological agents, and other useful information. (JP 4-0, 4-02 (series), NDP 4, NWP 4-02 (series), MCWP 4-11.1)

Task Number	Task Name	Task Definition
NTA 4.12.9	Train Medical and Non-medical Personnel	Provide training in first aid, preventive medicine, and in advanced skills to support medical response to mass casualty situations and operation specific threats. (JP 4-0; JP 4-02 (series); Chairman of the Joint Chiefs of Staff Instruction 3500.01, Joint Training Policy and Guidance for the Armed Forces of the United States, 15 March 2012; NDP 4; NWP 4-02 (series); MCWP 4-11.1)
NTA 4.12.10	Provide Health Services ISO Humanitarian and Civic Affairs	Provide health services to local populace in support of humanitarian assistance, to include disaster relief and civil action programs (JP 1, Doctrine for the Armed Forces of the United States; JP 3-0, Joint Operations; JP 3-07, Stability Operations; JP 3-57, Civil-Military Operations; JP 4-0; JP 4-02 (series); NDP 1, Naval Warfare; NDP 4; NWP 3-07; Maritime Stability Operations; NWP 4-02 (series); MCWP 4-11.1)
NTA 4.12.11	Provide Medical Staff Support	Advise the commander on matters relating to the state of health, sanitation, and medical readiness. (JP 3-0, 4-0, 4-02 (series), NDP 4, NWP 4-02 (series), MCWP 4-11.1)
NTA 4.12.12	Provide Theater Hospitalization	Provide theater hospitalization which includes essential care to patients and prepares patients for further disposition. (JP 4-0, JP 4-02, NWP 4-02 (series), MCWP 4-11.1)
NTA 4.12.13	Provide Emergency Medical Services	Provide emergency medical care and transport services in accordance with local, state, and national emergency medical protocols. Core functions include driving and operating ambulances, assessing situation, triaging casualties, providing in-field treatment, and transporting casualties to appropriate medical facilities. (DODI 6000.13, Medical Manpower and Personnel; DODI 6055.06, Department of Defense Safety and Occupational Health Program; OPNAVINST 11320.23G, Navy Fire and Emergency Services Program; OPNAVINST 11320.27, Navy Installation Emergency Medical Services (EMS) Program; BUMEDINST 6320.94, Prehospital Emergency Medical Services for Naval Facilities; Commander, Navy Installations Command M 11320.1, Installation Emergency Medical Services Program Manual; National Fire Protection Association 1710, Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments)
NTA 4.12.14	Provide Behavioral Health Support	Provide behavioral health services. (JP 4-0, JP 4-02, NWP 4-02 (series), MCWP 4-11.1)
NTA 4.12.15	Provide Ancillary Health Services	Provide pharmacy, laboratory, radiographic, and other specialized health services to support health care functions. (JP 4-0, JP 4-02, NWP 4-02 (series), MCWP 4-11.1)
NTA 4.12.16	Provide First Responder Care	Provide initial lifesaving measures to restore breathing and circulation, stop bleeding, prevent shock, minimize infection, and immobilize fractures at point of injury. (JP 4-0, JP 4-02, NWP 4-02 (series), MCWP 4-11.1)
NTA 4.12.17	Provide Forward Resuscitative Care	Provide resuscitative, initial stabilizing care or surgery required to prepare a patient for further movement to the next level of care. (JP 4-0, JP 4-02, NWP 4-02 (series), MCWP 4-11.1)

Task Number	Task Name	Task Definition
NTA 4.12.18	Provide Definitive Care	Provide full range of acute, convalescent, and rehabilitative care. (JP 4-0, JP 4-02, NWP 4-02 (series), MCWP 4-11.1)
NTA 4.12.19	Provide En route Care	Provide medical treatment during movement and between capabilities. (JP 4-0, JP 4-02, NWP 4-02 (series), MCWP 4-11.1)
NTA 5.3.2	Issue Planning Guidance	Provide naval planners with information to develop courses of action. This task includes guidance on the collection of intelligence to support operations and support planning. Commander's guidance may include establishing planning time lines, providing operational limitations or constraints (such as rules of engagement), establishing priorities for planning, and initiating an estimate of the situation. It also includes the development of specified and implied tasks. (JP 3-0; JP 5-0, Joint Operation Planning; JP 5-00.2; NDP 5, Naval Operational Planning; NDP 6, Naval Command and Control; NWP 5-01 Rev A, Navy Planning; MCWP 5-1, Marine Corps Planning Process; FMFM 3-1, Command and Staff Action)
NTA 5.3.3	Develop Courses of Action	Define options for completing the mission based on analysis of the mission and a determination of mission feasibility with regard to enemy forces, friendly/neutral forces, non-combatants, and environmental factors. This activity includes evaluating available resources for supporting different courses of actions. (JP 5-0, JP 5-00.2, NDP 5, NDP 6, NWP 5-01 Rev A, MCWP 5-1, FMFM 3-1)
NTA 6.1.1.1	Protect Individuals and Systems	Use protective positions, measures, or equipment to reduce the effects of enemy and friendly weapon systems and to enhance force effectiveness. This activity physically protects a military unit, area, activity, or installation against acts designed to impair its effectiveness and to retain the unit's capability to perform its missions and tasks. It includes employing local security, observation posts, and protective positioning of equipment. While moving, forces employ a variety of movement techniques designed to enhance protection (e.g., the use by maritime forces of convoys, circuitous routing, dispersal and defensive formations, and zigzag plans; includes the use by naval aircraft of routing and formations that enhance self-protection, plus individual aircraft jinking techniques). The task includes providing for passive defense in a nuclear/biological/chemical (NBC)-chemical/biological/radiological (CBR) environment. (JP 1; JP 3-0; JP 3-02; JP 3-03, Joint Interdiction; JP 3-01.4, JTTP for Joint Suppression of Enemy Air Defenses; JP 3-11, Operations in Chemical, Biological, Radiological, and Nuclear Environments; JP 3-13, Information Operations; JP 3-15, Barriers, Obstacles, and Mine Warfare for Joint Operations; JP 3-51, Joint Doctrine for Electronic Warfare; NDP 1; NDP 4; NWP 3 (series), Operations; FMFM 13, Doctrine for the Armed Forces of the United States)
NTA 6.1.1.2	Remove Hazards	Eliminate the presence of hazards to equipment and personnel. This task includes hazardous material removal, decontamination, and explosive ordnance disposal. (JP 3-0; JP 3-02; JP 3-07, Counterdrug Operations; JP 3-11; JP 3-15; NDP 1, NWP 3 (series))

Task Number	Task Name	Task Definition
NTA 6.3.2.1	Manage Enemy Prisoners of War	Collect, process, evacuate, intern, safeguard, and transfer enemy prisoners of war and civilian internees. (JP 0-2, Unified Action Armed Forces; JP 1; JP 1-05, Religious Affairs in Joint Operations; JP 3-0; JP 3-02.1, Amphibious Embarkation and Debarkation; JP 3-05, Doctrine for Joint Operations; JP 3-07 (series); JP 3-10, Joint Security Operations in Theater; JP 3-53, Doctrine for Joint Psychological Operations; JP 3-57; JP 4-0; 5-00.2; NDP 1; NWP 1-14M, The Command Handbook on the Law of Naval Operations)
NTA 6.3.2.4	Detain Personnel	Provide for the temporary detention and/or security for movement of enemy prisoners of war, civilian internees, retained personnel, enemy combatants, or designated U.S. military personnel. (JP 0-2; JP 1; JP 1-05; JP 3-0; JP 3-02.1; JP 3-05; JP 3-07 (series); JP 3-10; JP 3-53; JP 3-57; JP 4-0; JP 5-00.2; NDP 1; NWP 1-14M; OPNAVINST 3501.346, Required Operational Capabilities and Projected Operational Environment for Maritime Expeditionary Security Forces)
NTA 6.5	Perform Consequence Management	Employ all consequence management techniques available to restore combat capabilities to units and bases damaged by enemy attack or natural occurrences. (JP 1; JP 3-0; NDP 1; NDP 6; NWP 1-02, Naval Supplement to the DOD Dictionary and Associated Terms; NWP 3-20.31 Rev A, Surface Ship Survivability; NWP 3-50.1 Rev A, Navy Search and Rescue Manual)
NTA 6.5.1	Provide Disaster Relief	Deliver disaster relief, including personnel and supplies, and provide a mobile, flexible, rapidly responsive medical capability for acute medical and surgical care. (JP 1; JP 3-0; JP 3-07; JP 4-0; NDP 1; NDP 4; NWP 1-14M; NWP 3-02 (series); NWP 3-07; NWP 4-02 (series); NWP 4-04, Naval Civil Engineering Operations)
NTA 6.5.3	Provide Emergency Assistance	Perform all necessary actions required assisting another unit in responding to an enemy attack or natural occurrence. (Fleet Exercise Publication 4, Surface Force Training Manual; NWP 3-20.31 Rev A)



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## APPENDIX D

# Additional Medical Information

### D.1 PUBLIC HEALTH EMERGENCY PREPAREDNESS AT SEA

In February, 2007, a diverse panel of experts convened by the RAND Corporation proposed the following definition: public health emergency preparedness (PHEP) is the capability of the public health and health care systems, communities, and individuals, to prevent, protect against, quickly respond to, and recover from health emergencies, particularly those whose scale, timing, or unpredictability threatens to overwhelm routine capabilities. Preparedness involves a coordinated and continuous process of planning and implementation that relies on measuring performance and taking corrective action. For further information, see <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1854988/> 15 Feb. 2012.

The definition above resonates for both DOD and civilian interests and concerns. The goal of a robust PHEP system in the Navy is to maintain mission capability, even under adverse circumstances by protecting the Navy's most valuable assets, their personnel, ashore and afloat. The speed of disease spread in today's world has much to do with the mobility of populations. A Navy ship at sea poses unique challenges. It is a floating city of largely young, healthy people, but this floating city also possesses the heavy population density supporting rapid communicability of diseases. Although having a robust immunization program, new disease exposures, mutations, and occupational hazards create the need for organizational plans, poised for rapid initiation to mitigate or control disease spread, and protect personnel while supporting mission accomplishment. United States Navy ships touch the shores of the United States, and foreign nations. What affects the public health of those on shore can and often does impact directly or indirectly the health and, possibly, the function of the ship. Additionally, the speed of disease spread can be impressive both ashore and on the ship. Hence, the necessity for the commanding officer to stay up to date with medical intelligence for current and projected locations as well as having a disease prevention and response plan prior to deployment, tailored to his/her specific ship needs and its mission.

### D.2 INFLUENZA PROPHYLAXIS

Antiviral Prophylaxis and Influenza. According to DOD Policy, all military personnel should be vaccinated for seasonal influenza who have direct patient care responsibilities or who handle clinical laboratory specimens. Vaccination might reduce the chance of illness from exposure to human influenza viruses currently circulating in the community that could lead to confusion in monitoring for novel influenza virus, such as the swine-origin influenza (S-OIV).<sup>1</sup>

#### 1. Influenza-Pre-exposure Antiviral Prophylaxis:

- a. Pre-exposure or outbreak antiviral prophylaxis should be reserved for only those who are providing prolonged, close, direct patient care to known cases.
- b. When considering pre-exposure antiviral prophylaxis, be sure to evaluate appropriate candidates for contraindications, answer their questions, review adverse effects, and explain the benefits.
- c. Pre-exposure prophylaxis should not be considered unless infection control practices, such as PPE are proven to be ineffective.

<sup>1</sup> Department of Defense (DOD), Pandemic Influenza: Clinical and Public Health Guidelines for the Military System, Novel Influenza A (H1N1) Virus in 2009 (May 2009), <http://www.health.mil/~media/MHS/Policy%20Files/Import/09-012.ashx>.

- d. Medical staff should maintain a log of health care personnel prescribed antivirals, health care personnel evaluated and not prescribed antivirals, doses dispensed, and adverse effects.
- e. Periodically evaluate and update antiviral use, consistent with the Policy for Release of Antiviral Stockpile during an Influenza Pandemic.

**Note**

Pre-exposure antiviral chemoprophylaxis should only be used in limited circumstances.

- 2. Follow-up of Suspected Exposures. Military personnel aboard ship who are believed to have had an exposure to an animal-origin influenza A virus or other novel influenza strain should be evaluated, counseled about the risk of transmission to others, and monitored for fever or lower respiratory symptoms as well as for sore throat, rhinorrhea, chills, rigors, myalgia, headache, or diarrhea based on the identity and virulence of the virus.
- 3. Influenza Post-exposure Prophylaxis. Conditions for use of antivirals for post-exposure prophylaxis include a known or strongly suspected close, prolonged exposure to live S-OIV for an individual not already on antivirals. An appropriate health care provider should be available to immediately perform an evaluation and dispense antivirals if the exposure occurs. Animal data suggests that many of those receiving post-exposure prophylaxis may develop immunity if they were in the incubation phase of disease when therapy was initiated. If possible, individuals receiving post-exposure prophylaxis should be tracked and tested for serological evidence of immunity following their course of therapy.<sup>2</sup>

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<sup>2</sup> Department of Defense, May 2009.

## APPENDIX E

# Cover Your Cough

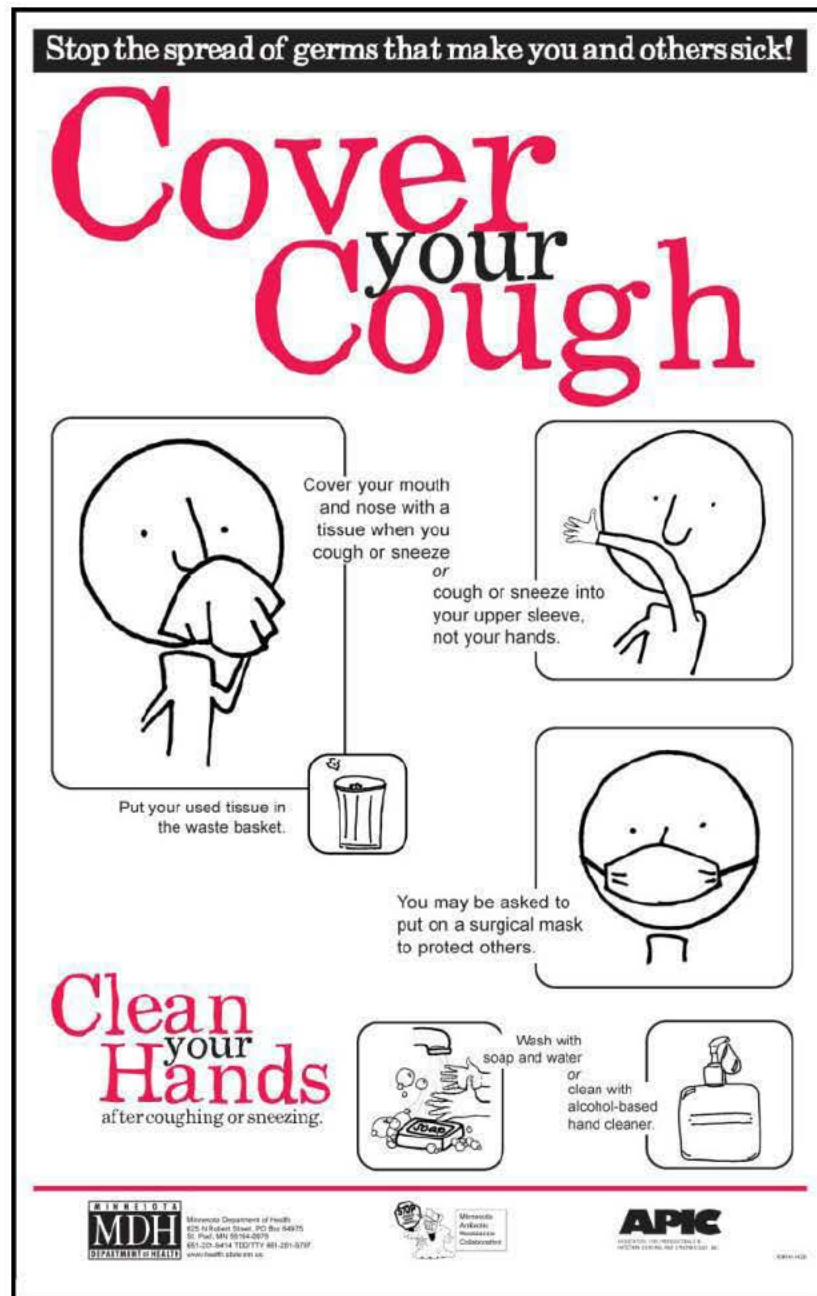


Figure E-1. Cover Your Cough

<sup>1</sup> CDC, Cover Your Cough, (2009), <http://www.cdc.gov/flu/protect/covercough.pdf>

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## APPENDIX F

# Donning Personal Protective Equipment


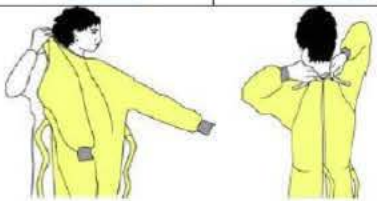


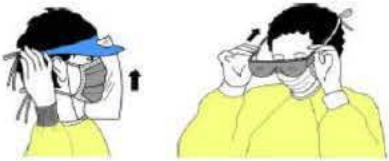

DONNING PERSONAL PROTECTIVE EQUIPMENT (PPE)		
<b>1 Perform Hand Hygiene</b> <i>Images courtesy of <a href="http://justcleanyourhands.ca">justcleanyourhands.ca</a></i>		
<b>2 Put on Gown</b> <ul style="list-style-type: none"> <li>Select appropriate size and type</li> <li>Opening to the back</li> <li>Secure neck and waist</li> <li>If gown is too small, use two gowns:               <ol style="list-style-type: none"> <li>Gown #1 ties in front</li> <li>Gown #2 ties in back</li> </ol> </li> </ul>		
<b>3 Put on Mask</b> <ul style="list-style-type: none"> <li>Use a fluid resistant procedure mask or surgical mask or one step mask with attached eye protection</li> <li>Place over nose, mouth and chin</li> <li>Fit flexible nose piece over nose bridge</li> <li>Secure on head with ties or ear loops</li> <li>Adjust fit</li> </ul>		
<b>Or N95 Particulate Respirator</b> <ul style="list-style-type: none"> <li>Select respirator according to fit testing</li> <li>Place over nose, mouth and chin</li> <li>Fit flexible nose piece over nose bridge</li> <li>Secure on head with top elastic followed by bottom elastic</li> <li>Adjust to fit</li> <li>Perform a fit check:               <ol style="list-style-type: none"> <li>Inhale - respirator should collapse</li> <li>Exhale - check for leakage around face</li> </ol> </li> </ul>		
<b>4 Put on Eye Protection</b> <i>(Unless one step mask with attached eye protection)</i> <ul style="list-style-type: none"> <li>Position goggles over eyes and secure to the head using the ear pieces or headband</li> <li>Position face shield over face and secure brow with head band</li> <li>Adjust to fit comfortably</li> </ul>		
<b>5 Put on Gloves</b> <ul style="list-style-type: none"> <li>Don gloves last</li> <li>Select correct type and size</li> <li>Insert hands into gloves</li> <li>Extend gloves over isolation gown and cuffs</li> </ul>		

Figure F-1. Donning Personal Protective Equipment



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## APPENDIX G

# RECOMMENDATIONS FOR PROTECTIVE EQUIPMENT PUSH-PACK

### G.1 INTRODUCTION

The following recommendations are for a worst case scenario of 30 percent of a 500-man crew being infected. The protective equipment (PE) will be a combination of current items with national stock numbers (NSNs) and COTS items (see figure G-1). Recommended PE needs to be available at all times on platforms as prophylactic protection for medical providers prior to the arrival of a push-pack, and how quickly a push-pack with or without additional providers, will be available to a platform needing support. The additional pages are recommended PPE and recommended equipment needed to care for patients with the medical staff currently on a ship of 500. Larger ships will require additional ventilators, monitors, etc.

### G.2 ANTIVIRALS AND ANTIBIOTICS RECOMMENDED FOR TREATMENT AND PROPHYLAXIS OF OUTBREAKS

The following includes information about antivirals and antibiotic treatments and prophylaxis recommended for use during outbreaks.

#### G.2.1 Treatment and Prophylaxis of Influenza

Antivirals have been used for years in the treatment and prevention of influenza. In regards to treatment, antivirals may reduce the duration of illness by 1–2 days when used within the first 2 days of illness. They may also reduce complications associated with influenza in high risk populations. Prophylaxis has been typically used in institutions during outbreaks, in individuals who are at high risk for complications from influenza who have not been immunized, and in families of high risk individuals who have not been able to be immunized. During an influenza pandemic there will be key personnel who will require antivirals for treatment of infection and prophylaxis to ensure the ongoing operation of the U.S. military.

Prior to January 14, 2006, there were four Food and Drug Administration medications approved for the treatment of influenza A. These medications were amantadine, rimantidine, oseltamivir, and zanamivir. The CDC released a statement January 14, 2006, advising against the use of amantadine or rimantidine for influenza A in the United States secondary to a rise in the amount of resistance to these agents. Oseltamivir and zanamivir are currently the only recommended agents; however, limited supplies of these agents are available. These agents will also be effective against influenza B. The dose of oseltamivir for treatment is 75 mg by mouth (po) twice a day (bid) for 5 days. The dose of oseltamivir for prophylaxis is 75 mg by mouth once a day for the duration of the outbreak. The dose of zanamivir for treatment is 2 inhalations bid for 5 days. This agent is not recommended for prophylaxis.

On January 10, 2006, the Health Affairs (HA) policy 06-002 was released. This policy advises on the release of Tamiflu (Oseltamivir) during an influenza pandemic. There will be a prioritization for the release of medications for treatment and prevention. There are six tiers.

1. Tier 1 are individuals who are hospitalized due to pandemic influenza (PI).

<b>Nomenclature</b>	<b>NSN</b>	<b>Unit of Issue</b>
Patient Exam Gloves	6515-01-471-3582	500 per package
Face Shields Industrial	4240-00-542-2048	Each
Thermometer, Disposable	6515-01-506-5609	2000 per package
Sphygmomanometer, Disposable (Single patient use)	COTS may have NSN	Each
Stethoscope, Disposable	6515-00-080-4582	12 per package
Protective Gowns Water Resistant	6532-01-325-7095	50 per package
Powered Air Purifying Respirator (hooded)-Breathe Easy (BE) 10 Butyl Rubber Hood Systems	4240-01-496-1938	Each
5 Station NiCad Battery Pack Charger	4240-01-418-2569	Each
3M CBRN Gas Mask Filter Cartridge	COTS-GSA	20 per case
Suction Catheters-whistle Tip	6515-00-458-8411	50 per package
754 Impact Ventilator V Volume	6530-01-455-1653	Each
Ventilator Circuits	6515-01-466-1195	15 per package
Impact Suction Equipment	6515-01-435-0050	Each
Suction Canisters with Lids	6515-01-449-3193	10 per package
Suction Tubing Connector	6515-01-389-6158	50 per package
Resus Hand Operated	6515-01-204-5394	Each
Foley Cath Kit	6515-01-153-6034	10 per box
ET Tube Holder	6515-01-469-7217	100 per box
Propac Monitor w SPO2/Printer/End-Tidal Carbon Dioxide (ETCO2), EKG, etc.	6515-01-432-2711	Each
Univent Low Flow Adaptor	6515-01-518-5060	15 per package
ETCO2 Propac Connector	COTS part # 01050183	10 per box

Figure G-1. Protective Equipment Nomenclatures, National Stock Numbers and Units of Issue

2. Tier 2 are personnel necessary to respond to global military contingencies and provide health care for force structure. This tier is further subdivided into A–C.
  - a. A are personnel required to maintain national strategic and critical operational capabilities as defined by the Joint Staff (JS).
  - b. B is deployed forces engaged in or supporting armed conflict.
  - c. C is personnel necessary to maintain a functioning health care system.
3. Tier 3 is non-deployed forces on alert or designated to conduct critical contingency operations as defined by JS.

4. Tier 4 is personnel necessary to maintain critical mission-essential capabilities at each organizational level.
5. Tier 5 is all other Active Component or mobilized Reserve Component personnel.
6. Tier 6 is all other beneficiaries who develop PI and do not require hospitalization. Acquisition of oseltamivir will be through the Assistant Secretary of Defense.

In the event of a pandemic it is assumed in the civilian sector that there will be a 30 percent attack rate. Ten percent of infected individuals will be hospitalized. Infection rates will be higher on ships and in barrack situations. Attack rates could be as high as 95 percent. Total prophylaxis should not exceed one third of the total DOD stockpile.

Pneumonia is one of the potential complications of influenza. It is estimated that 25 percent of those with influenza may develop a bacterial pneumonia as a superinfection. The most common bacterial causes of post-influenza pneumonia are *Streptococcus pneumoniae* and *Staphylococcus aureus* (MSSA and MRSA). A supply of antibiotics is critical for treatment of this potential complication. Ceftriaxone, azithromycin, doxycycline, and gatifloxacin are the antibiotics that should be available in a sufficient quantity to treat streptococcal pneumonia. A small supply of linezolid should be available to treat the occasional cases of methicillin-resistant *Staphylococcus aureus* (MRSA) pneumonias.

### G.2.2 Avian Influenza

Treatment of avian influenza is yet unclear. Oseltamivir and zanamivir have activity against avian influenza. The efficacy of the two agents that have activity against the circulating strains of H5N1 is not entirely clear. The typical dose of oseltamivir for influenza is usually 75 mg po bid. It appears that this dose may not be sufficient for avian influenza. There is limited data that 150 mg po bid may be more effective. Unfortunately there are now some isolated cases of avian influenza strains with resistance to oseltamivir. Zanamivir may be effective in these cases of resistance. Both of these agents are available in limited supply and are only available in large quantities through the Assistant Secretary of Defense. Prophylaxis against avian influenza is not yet defined. The development of an effective vaccine is essential. Vaccine clinical trials are currently ongoing. Until an effective vaccine and treatment is available, infection control will be the key to prevention.

### G.2.3 Biologic Agents

Biologic agents that could be used in the event of a bioterrorism event include tularemia, anthrax, melioidosis, plague, smallpox, and hemorrhagic fevers.

Ciprofloxacin and doxycycline would be active against tularemia, anthrax, melioidosis, and plague. Anthrax prophylaxis would need to be for 60 days. Prophylaxis against the other agents would be for 14 days.

Smallpox is another potential agent that could be released. This agent appears to respond to cidofovir in animal studies. Cidofovir is expensive and is a potential nephrotoxin. It should be administered in a setting where renal function can be monitored. The dose is 5 mg/kg IV weekly for 2 doses. One hundred doses per cache should be available for a presumed attack rate of 10 percent.

Hemorrhagic fevers such as Lassa fever and Crimean-Congo hemorrhagic fever may respond to ribavirin. The dose is 30 mg/kg for one dose, then 15 mg/kg every 6 hours for 4 days, then 7.5 mg/kg for 6 days.

Instead of designing a cache of medications that would serve only a large ship, it would be advisable to design a cache of medications that should be sufficient to serve 500 people. An aircraft carrier would probably need 10 caches while a destroyer would need only one. Given the expense of these medications it would be advisable that these medications are stored in a pharmacy at certain identified large military medical centers. Additional supplies could accompany an Infectious Disease consultant who would potentially be called in to assist with the outbreak situation.

### **G.3 EQUIPMENT INFORMATION**

The following includes information about two types of protective equipment.

#### **G.3.1 3M Breathe Easy 10 Hood System**

These systems reduce weight without compromising performance. The powered air- purifying respirator (PAPR) is ideal for First responders. This system provides continuous flow of filtered air to the wearer. The hood can be worn with facial hair and glasses and meets military standard MIL-C-51251A for resistance to chemical and biological weapons. The system is National Institute for Occupational Safety and Health (NIOSH)-approved. NSN: 4240-01-496-1938

Butyl rubber hood used on 3M Breathe Easy 10 Powered Air Purifying Respirator (PAPR) Systems. Chemical resistant material provides high level of airflow while providing excellent vision and accommodates facial hair and glasses. Belt included.

Available with a disposable lithium battery or rechargeable NiCad battery (single or multi station charger sold separately).

#### **G.3.2 3M Chemical, Biological, Radiological, and Nuclear Gas Mask Filter Cartridge FR15**

A single DIN-threaded cartridge that has the brand new NIOSH CBRN-approved filter providing first responders with effective respiratory protection against CBRN agents that might be used in a terrorist attack. The CBRN NIOSH approval standard is the most comprehensive was implemented by the federal government in 2004.

As a “Cap 1” approved canister, the FR-15-CBRN is tested by NIOSH to have a minimum test life of 15 minutes against contaminants and concentrations shown in the table. Gas life tests are performed at 25 degrees Celsius; 25 and 80 percent relative humidity; and a flow rate of 64 liters per minute. The canister also has a minimum service life of 5 minutes when tested at a flow rate of 100 liters per minute, 50 percent relative humidity and 25 degrees Celsius for each of the gases/vapors in the table. Service life in actual use may be shorter or longer depending on many factors including contaminant concentration.

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# GLOSSARY

- Airborne infection isolation (AII) room.** Formerly, negative pressure isolation room, an AII room is a single-occupancy patient-care room used to isolate persons with a suspected or confirmed airborne infectious disease. (NAVMEDCEN SDIEGO INST 6220.1D)
- cohorting.** In the context of this guideline, this term applies to the practice of grouping patients infected or colonized with the same infectious agent together to confine their care to one area and prevent contact with susceptible patients (cohorting patients). (NAVMEDCEN SDIEGO INST 6220.1D)
- decontamination.** The process of making any person, object, or area safe by absorbing, destroying, neutralizing, making harmless, or removing chemical or biological agents, or by removing radioactive material clinging to or around it. (Joint Publication (JP) 1-02. Source: JP 3-11)
- droplet nuclei.** Microscopic particles less than 5 µm in size that are the residue of evaporated droplets and are produced when a person coughs, sneezes, shouts, or sings.
- high-efficiency particulate air (HEPA) filter.** An air filter that removes more than 99.97 percent of particles more than 0.3µm (the most penetrating particle size) at a specified flow rate of air.
- infectious medical waste.** Infectious medical waste is liquid or solid waste that contains pathogens in sufficient numbers and with sufficient virulence to cause infectious disease in susceptible hosts exposed to the waste. (OPNAV P-45-113-3-99)
- personal protective equipment (PPE).** The equipment provided to shield or isolate a person from the chemical, physical, and thermal hazards that can be encountered at a hazardous materials incident. Personal protective equipment includes both personal protective clothing and respiratory protection. (JP 1-02. Source: JP 3-11)
- public health emergency.** An occurrence or imminent threat of an illness or health condition, caused by biological warfare or terrorism, epidemic or pandemic disease, or highly fatal infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or severe disabilities.
- restriction of movement.** A form of quarantine unique to the military and most applicable to operational forces, in which movement of a unit, or intermingling of units, is restricted, to prevent the transmission of communicable disease. (BUMEDINST 3500.5)
- social distancing.** In pandemic planning, a series of activities designed to reduce transmission of a communicable disease, such as: avoiding hand-shaking, maintaining greater than usual personal space from other people, canceling public gatherings, implementing teleworking policies.
- standard precautions.** In quarantine and isolation operations, a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed diagnosis or presumed infection status
- surgical mask.** A device worn over the mouth and nose by health care personnel to protect from transfer of micro-organisms, body fluids, and contact with large infectious droplets (more than 5 µ in size).
- universal precautions.** In a quarantine and isolation operations an approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious.

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# LIST OF ACRONYMS AND ABBREVIATIONS

<b>AMAL</b>	authorized medical allowance list
<b>AII</b>	airborne infection isolation
<b>BUMED</b>	Bureau of Medicine and Surgery
<b>BUMEDINST</b>	Bureau of Medicine and Surgery instruction
<b>CBRN</b>	chemical, biological, radiological and nuclear
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CO</b>	commanding officer
<b>CONUS</b>	continental United States
<b>COTS</b>	commercial off-the-shelf
<b>DOD</b>	Department of Defense
<b>DODD</b>	Department of Defense directive
<b>DODI</b>	Department of Defense instruction
<b>ETCO2</b>	end-tidal carbon dioxide
<b>FMFM</b>	Fleet Marine Force manual
<b>HCP</b>	health care personnel
<b>HEPA</b>	high-efficiency particulate air
<b>HVAC</b>	heating, ventilation, and air conditioning
<b>ID</b>	infectious disease
<b>IDC</b>	independent duty corpsman
<b>JP</b>	joint publication
<b>JPEO</b>	Joint Program Executive Office
<b>MCDP</b>	Marine Corps doctrinal publication
<b>MCWP</b>	Marine Corps warfighting publication
<b>MRSA</b>	methicillin-resistant <i>Staphylococcus aureus</i>

<b>NDP</b>	naval doctrine publication
<b>NEPMU</b>	Navy environmental and preventive medicine unit
<b>NIOSH</b>	National Institute for Occupational Safety and Health
<b>NMCPHC</b>	Navy and Marine Corps Public Health Center
<b>NTA</b>	Navy tactical task
<b>NTRP</b>	Navy tactical reference publication
<b>NTTP</b>	Navy tactics techniques and procedures
<b>NWDC</b>	Navy Warfare Development Command
<b>NWP</b>	Navy Warfare Publication
<b>OCONUS</b>	outside the continental United States
<b>PHEP</b>	public health emergency preparedness
<b>PHEO</b>	public health emergency officer
<b>PPE</b>	personal protective equipment
<b>SARS</b>	severe acute respiratory syndrome
<b>SMO</b>	senior medical officer
<b>SOFA</b>	status-of-forces agreement
<b>SOIV</b>	swine-origin influenza virus
<b>SQI</b>	shipboard quarantine and isolation
<b>SUPPO</b>	supply officer
<b>TB</b>	tuberculosis
<b>XO</b>	executive officer

## LIST OF EFFECTIVE PAGES

Effective Pages	Page Numbers
SEP 2014	1 thru 16
SEP 2014	1-1 thru 1-4
SEP 2014	2-1 thru 2-14
SEP 2014	3-1 thru 3-8
SEP 2014	4-1 thru 4-12
SEP 2014	5-1 thru 5-6
SEP 2014	A-1 thru A-4
SEP 2014	B-1 thru B-4
SEP 2014	C-1 thru C-6
SEP 2014	D-1, D-2
SEP 2014	E-1, E-2
SEP 2014	F-1, F-2
SEP 2014	G-1 thru G-4
SEP 2014	Reference-1, Reference-2
SEP 2014	Glossary-1, Glossary-2
SEP 2014	LOAA-1, LOAA-2
SEP 2014	LEP-1, LEP-2



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**NTRP 4-02.10**  
**SEP 2014**

**Witness Statement of USS THEODORE ROOSEVELT (CVN 71)  
Physician Assistant**

On 10 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone call.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: (b) (6), USN

Position: Physician Assistant, USS THEODORE ROOSEVELT (CVN 71)

Email Address: (b) (6)@cvn71.navy.mil

Phone(s): (b) (6) (cell)

Prior to arriving in Da Nang, we had a pretty intense outbreak of norovirus; although I can't confirm it was norovirus, but it definitely fits the "double dragon" profile. It started not too long after we took off. I remembered it around Super Bowl Sunday and it quickly escalated a day or two later. It got pretty bad during our first port in Guam. We had up to 50 to 60 people in sick call per day. To address it, step 1 was education. The DCLCPO and SMO put out education about hand washing to the crew. The treatment plan was to bolster over the counter medications. We began using bleach and implemented "bleachapalooza", doing it twice-a-day but I'm not sure if or when that stopped. We distributed hand sanitizer dispensers around key areas like the galleys. We began having CSs serve food instead of allowing self-serve. It all seemed to work pretty well and broke the tide of infections. Once we hit Da Nang, Vietnam, we curbed it. We did continue bleachapalooza. SMO pushed it and CO liked it as it seemed to have helped. From what I remember it was continued twice-a-day. If there was a stopping point, I don't remember it off my head. I honestly don't think we stopped.

In Da Nang, I went on liberty the first two days in port. We got in on a Thursday and on Saturday I was the duty doc. The liberty boats were getting banged up because the sea conditions were rough. We were not running boats Friday night and I went in on Saturday morning as the duty doc. Around midnight that night, the CDO notified me that there was potential COVID-19 exposure at one of the hotels our sailors were staying in, but the CDO didn't know the extent of the exposure at the time. By Sunday, they wouldn't let people off the ship. I was out on the weather deck, and sea conditions were rough. The Boatswain Mates were phenomenal. It was all hands on deck helping out.

As far as tracking COVID-19, the medical department had been prepping pretty early on in the reports and as a department we kept on it and stayed on top of the literature, as early as late January or early February. Coming in to Vietnam, we knew that there was a risk of an outbreak. We knew Vietnam was considered "low risk," but as a medical department, we have training in epidemiology understood the risk that Vietnam, being a neighbor of China and popular vacation destination, may have been under-testing or under-reporting infections.



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Physician Assistant

Probably about two weeks prior, we started developing a plan of action by monitoring signs and symptoms, managing the flow of information and foot traffic through medical, keeping track of patients and where they're at. We didn't have COVID-19 testing at the time, but we had rapid flu and rapid strep. We had a plan of action and put it all on paper and power points. We started recording names of potentially exposed sailors and close contacts, donned PPE, started waking up patients, and moving them to the pre-planned quarantine area. At that point, there were a lot of email comms coming through. We put a Task Force together with the CDC rep, the CDO and myself in a group email that we could utilize to push information. We followed the CDC guidance, reviewed the medical literature including small studies in China, and referenced the New England Journal of Medicine. And the cruise line article was put out; that was the one most commonly cited, as it was really the one that pertained most to our situation that we could have used to implement measures onboard. We referenced the DoD/DoN quarantine guidance and the NMCPHC guidance often as well.

When we had close contact sailors near the British positive cases, at that time we were particularly concerned about fever as it was the most common reported symptom in the literature. Of course, we now know that's not necessarily the case. But at the time, I thought we had a great plan in place and we put a lot of work and effort into it. Because of the plan we had in place, I was confident that we could manage the isolated cases. We knew where to put positive cases, we had procedures for patient flow, got with supply and got them food and water. I was thankful that we had a plan in place and really proud of the package we put together.

Outside of medical, in the days after Da Nang, word got out quick that people were in quarantine and that if anyone had flu-like symptoms, they needed to report to medical. We put out info as best we can. In particular we put signs all over the ship, especially major high traffic areas, and the mentioned it in the weekly bulletin. We took a top-down approach for departments to monitor for symptoms. I believe we were still doing twice a day cleanings, but I can't recall for sure. From that perspective, we were monitoring those in quarantine and educating the different departments.

We got a microbiologist onboard out of Maryland, and they had specific testing equipment for COVID-19 and respiratory viruses. We were looking for flu-like symptoms; the ones we did get, we tested on a respiratory panel. SMO had worked this out to get the microbiologist and lab techs before we were in Vietnam. "We've got to prepare for the worst" is what SMO told us. We were preparing as if Coronavirus was going to make it on the ship.

We didn't know, and it wasn't reported in the literature at the time, to look for other specific symptoms and to test people that probably should have been tested, such as for loss of smell or taste. On the morning of the 24<sup>th</sup>, I was the duty doc and when I reported in the morning I saw the back area of medical cordoned off with plastic taping and corpsmen in full PPE and knew something was wrong. The corpsman and the IDC told me that they had two positives and that changed everything.

The gyms were not closed immediately after Vietnam, and we were still looking like Vietnam was not a high risk country. Mask requirements hadn't been implement yet. After



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Physician Assistant

our first positive cases, we moved toward social distancing and the gyms got shutdown quickly after our first positive cases. We made changes to the chow lines, like putting tape on the floor and spreading out the time when people went to eat. We shut down the Chiefs Mess to use for ROM patients.

SMO is fantastic. I've been in the military over 20 years, I was a SAR Corpsman for a long time, civilian nurse for a few years, then got commissioned, so I've worked with many SMOs and I'll say this SMO does a great job of passing the word to us and getting the word out. He kept us briefed constantly. He values our inputs and experience as providers and reinforces teamwork. He was receptive to our ideas and told us we needed to develop a plan. I didn't envy his job at the time. He deflected a lot of requests for information and taskers from above and outside our command so we could focus on the task at hand. He was relaying policy changes and taskers to us. When we got new info from different journals, we shared it amongst ourselves. We anticipated that we would be pulling in to Guam under different conditions for maintenance with reactors, but I was not involved in any planning about pulling in to Guam. I was too involved in the day to day patients and my focus was on the people right in front of me.

In medical, we split off into roles—surgeon would do screening and I would do treatment plans. Doc (b) (6) was working on patient tracking. She completely moved into patient regulation. I worked more of the clinical aspects in medicine. I'm also director of ancillary services including the pharmacy, lab, and X-Ray, and was responsible for ensuring that people had enough meds and were able to get their meds off-ship. The lab had gone crazy with testing. For treatment plans, it was primarily OTC meds, treating a lot of people with mild or moderate symptoms for the COVID-specific patients. For the people we weren't testing – we only had certain test kits, and started running low on test kits pretty quickly. They were coming in with common cold symptoms, but no fever, so we treated them for what we suspected based on our clinical judgement.

I do not recall an uptick in flu-like symptoms after leaving Vietnam but do not think we had one. We were caught off guard when we had our first positives because we had been expecting it immediately after leaving Vietnam instead of two weeks later. Doc (b) (6) mentioned having patients with loss of taste and/or smell before our outbreak occurred, that some of his Air Wing guys had lost their sense of smell. I gave him the info for the IHO to test the air quality as we suspected something environmental as it wasn't a reported COVID symptom at the time. We talked about that afterwards and that was their only symptoms. We had several of those cases. This was before our first positive COVID-19 and before we knew that was a symptom to look for.

I was part of the skeleton crew that stayed behind on the TR when we were in Guam. We developed a list of hospitalized and ICU patients. I can't be certain, but I'd guess there were 30 to 50 that got admitted altogether. For ICUs, maybe about 10. A couple who were non-COVID-19 issues were put in the ICU.

I'm aware of the letter but I didn't know much about it when it was being put together. The providers often got together, and our big concern was that the CDC, NMCPHC guidance, and



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Physician Assistant

the cruise ship studies all talked about the need for PPE, social distancing and getting people into isolation. PPE we could do, but isolation and social distancing was near impossible. All of us providers, including the TAD preventive med physician and microbiologist were concerned about this. Plans for isolation frequently changed, including at one point being informed by our chain of command that we would be headed to Okinawa for isolation. I chose not to participate in writing the letter. I've been in a long time and I understand the repercussions about putting pen on paper. I think the chain of command knew what was going on as SMO was certainly pushing our concerns for the need to isolate sailors up so I didn't see an immediate benefit. I also know that these things take time. We're heading to Guam and I think that my experience here helped -- I spent three years in Guam and I understand the political repercussions. We can't just force the island to put us in hotels. It's up to the island, not to us. They didn't really ask me to sign. No one was really asked to sign. I brought it up with the group, that this is a 5,000 person carrier ship, where are they going to put us? There's some intense history with Guam and the Navy. I think I understood the issue more than my peers because of my time here. I also worked at the civilian hospital in Guam, so I understood the local infrastructure.

I feel the provider concerns for the need to rapidly get us off the ship were valid. For example, the skeleton crew and I didn't move off the ship until over a month after the first positive test though we were just as susceptible to getting infected as anybody else. There were 12 of us onboard that remained in the skeleton crew. SMO went into isolation on the ship. He had his own stateroom and head. The ones left, flight surgeon, chief, LT (b) (6), and the rest were Corpsmen. One ended up testing positive, so he left. The other medical staff left a couple weeks after we got to Guam.

The last thing I'll say, in medical, we felt like we were drowning however I was proud of the team and felt like we rose to the challenge. The situation was unprecedented, we have the luxury of hindsight with the symptoms, and a lot of the processes and guidance were chaotic, but we did the best we could with the information and resources we had.

I swear (or affirm) that the information in the statement above is true to the best of my knowledge or belief. (b) (6)

(Witness' Signature) (b) (6)

18 May 2020 1730  
(Date) Time

Name of Interviewer: CDR (b) (6), USN

Also, during the course you mentioned that some individuals who presented to Doc (b) with the loss of smell and/or loss of taste prior to the 23rd of 24th of March. If you recall that, can you address the following specific questions in your statement?

1. Please give us the date and time that you were notified of their symptoms?

LT (b) consulted with me about 2-3 sailors who all reported developing a loss of smell for a couple days. I believe this was on 23 March 2020 in the evening though am unsure of the time.

2. What unit were the sailors who had those symptoms from, and were they part of the same work space?

They were from the same workspace though I cannot recall the unit.

3. Did they later present with typical symptoms of COVID-19?

I do not know as I did not know their names and did not evaluate them.

4. Do you know whether they tested positive at a later time?

Unknown.

5. Do you know whether the subject individuals went ashore in Vietnam or whether they flew in by COD after TR's departure from Vietnam?

Unknown

6. If you cannot recall these details, but have a contact who can give more details please pass along their information.

I was consulted by LT (b) (6) (flight surgeon) who has recently separated from service.

# USS Theodore Roosevelt and USS Pinckney Arrive in Guam for Scheduled Port Visit

By USS Theodore Roosevelt (CVN 71) || Feb. 7, 2020

## Photos



The aircraft carrier Theodore Roosevelt (CVN 71) transits Apra Harbor as the ship prepares to moor in Guam. Theodore Roosevelt Is in Guam for a port visit during their scheduled deployment to the Indo-Pacific.

**(Photo by Mass Communication Specialist 3rd Class Terence Deleon Guerrero)**

The aircraft carrier USS Theodore Roosevelt (CVN 71) and guided missile destroyer USS Pinckney (DDG 91) arrived in Guam for a port visit Feb. 7.

While in Guam, Theodore Roosevelt and Pinckney are planning to conduct multiple community relations projects, shipboard tours and sporting events. Sailors will also have the chance to experience highlights of the area and local sights through tours organized by the ships' Morale, Welfare, and Recreation programs.

"Guam has a long history with the U.S. Navy and is very important to the operations we support in the Pacific," said Capt. Brett Crozier, commanding officer of Theodore Roosevelt, "It is our privilege to visit and experience that history and shared culture first hand."

Approximately 6,000 Sailors will be in port Guam during the visit. More than 20 Sailors currently aboard

Theodore Roosevelt are from Guam, including Air Traffic Controller 1st class Jolyn Sannicolas. Those Sailors were given the opportunity to depart the ship first and reunite with their families.

SEP“It’s such a relief to come back home,” said Sannicolas, “While it will be heartwarming to spend time with my family, I’m most excited for our shipmates to be able to experience the culture, food, and scenic areas the island of Guam has to offer; Go to the beach, be adventurous, try new things, and make the most that you can out of this port but most of all be smart and stay safe!”

Theodore Roosevelt and Pinckney, part of the Theodore Roosevelt Carrier Strike Group, left their homeport of San Diego, Calif., Jan. 17 for a regularly-scheduled deployment to the U.S. 7th Fleet area of responsibility.

SEPSEPFor more information, visit <http://www.navy.mil>, <http://www.facebook.com/usnavy>, or <http://www.twitter.com/usnavy>.

# Blue Ridge, 7th Fleet Staff Arrive in Thailand

By USS Blue Ridge Public Affairs || Feb. 23, 2020

## Photos



LAEM CHABANG, Thailand (Feb. 23, 2020) - U.S. 7th Fleet flagship USS Blue Ridge (LCC 19) arrives in Laem Chabang, Thailand for a regularly scheduled port visit. During the visit, Sailors will engage with the local culture, host military-to-military engagements and build relationships through music and public service activities. **(Photo by Mass Communication Specialist 3rd Class Aron Montano)**

LAEM CHABANG, Thailand (Feb. 23, 2020) - U.S. 7th Fleet flagship USS Blue Ridge (LCC 19), along with the embarked 7th Fleet staff, arrived in Laem Chabang, Thailand for a scheduled port visit as part of their continuing mission of relationship-building in the Indo-Pacific region.

The visit gives the combined Blue Ridge/7th Fleet team a chance to continue its standard of giving back to Thai citizens, with community relations and 7th Fleet Band hosting performances in the community. In addition, 7th Fleet leadership will take part in a series of staff talks for professional exchanges with their Thai counterparts.

Blue Ridge's last visit to Thailand was in April 2019. Capt. Craig Sicola, Blue Ridge's commanding officer says this visit underscores U.S. Navy's continued commitment to Thailand.

"It's been nearly a year since our last visit, and while that may seem like a short amount of time for those who were here last April, the landscape in the region is ever changing, so it's important to show that we are still here, still relevant and committed to the people of Thailand," said Sicola.

Part of the foundation of commitment comes with opportunities for Blue Ridge and 7th Fleet personnel to give back to the community. A portion of Blue Ridge and 7th Fleet Sailors will support community relations (COMREL) events. Sailors will also have an opportunity to experience Thai culture through numerous tours offered by the ship's Morale, Welfare and Recreation (MWR) program such as elephant riding and visits to cultural sites.

"Thailand offers so much for our Sailors to learn about a new culture and enrich themselves by being an active participant in the community," said Lt. James Hicks, Blue Ridge's chaplain. "We're very humbled for the opportunity to immerse ourselves into the community and in the process give back something in exchange."

The COMREL opportunities will allow Sailors to contribute to Thailand youths through a two separate events hosted by local charitable organizations in the area, where Sailors will dedicate time interacting with children through games and fun-filled activities.

As 7th Fleet's flagship, Blue Ridge, provides a mobile command and control capability throughout the Indo-Pacific. Blue Ridge is commanded by Capt. Craig Sicola and serves under Expeditionary Strike Group 7/Task Force 76, the Navy's only forward-deployed amphibious force.



# USS America, Green Bay Arrive in Thailand for Cobra Gold

By MC3 Vincent E. Zline | USS America | Feb. 24, 2020

## Photos



From left to right, U.S. Marine Col. Robert Brodie, 31st Marine Expeditionary Unit commanding officer, Royal Thai Navy Capt. Arpa Chapanon and U.S. Marine Capt. Luke Frost, amphibious assault ship USS America (LHA 6) commanding officer, pose for a photo during a welcoming ceremony Feb. 22 at Laem Chabang Port, Thailand. A welcoming ceremony was held for 31st MEU and USS America (LHA 6) Expeditionary Strike Group before the start of Exercise Cobra Gold 2020, which is the largest joint multinational military exercise in the Indo-Pacific region and is an integral part of the U.S. commitment to strengthen engagement in the region for a free and open Indo-Pacific.

**(Photo by Staff Sgt. Monik Phan)**

Royal Thai Navy seamen observe the amphibious assault ship USS America (LHA 6) during a



welcoming ceremony, Feb. 22, 2020, at Laem Chabang, Thailand. A welcoming ceremony was held for 31st Marine Expeditionary Unit and the America Expeditionary Strike Group before the start of Exercise Cobra Gold 2020. Cobra Gold is the largest joint multinational military exercise in the Indo-Pacific region and is an integral part of the U.S. commitment to strengthen engagement in the region for a free and open Indo-Pacific.

**(Photo by Staff Sgt. Monik Phan)**



U.S. 7th Fleet flagship USS Blue Ridge (LCC 19) arrives in Laem Chabang, Thailand for a regularly scheduled port visit. During the visit, Sailors will engage with the local culture, host military-to-military engagements and build relationships through music and public service activities. Blue Ridge, with embarked 7th Fleet

staff, is on patrol, strengthening relationships with U.S. allies and partner nations while providing advanced communication capabilities and supporting Theater Security Cooperation across the Indo-Asia Pacific region **(Photo by U.S. Army photo by Staff Sgt. Monik Phan)**



Soldiers assigned to the 25th Infantry Division enjoy their last bit of time on Schofield Barracks, Hawaii prior to departing for Thailand as part of the Pacific Pathways mission on Feb. 19, 2020. Pacific Pathways is an operation conducted by U.S. Army Pacific in order to train alongside and strengthen relationships with allied and partner militaries. **(Photo by Sgt. Ryan Jenkins)**

LAEM CHABANG, Thailand -- Ships from the America Expeditionary Strike Group (ESG) arrived with the embarked 31st Marine Expeditionary Unit (MEU) for port visits to Thailand in preparation for exercise Cobra Gold 2020, Feb. 22.

Cobra Gold is a Thailand and United States co-sponsored Combined Joint Task Force and joint theater security cooperation exercise annually conducted in the Kingdom of Thailand. CG 20 will be held Feb. 25 to March 6.

“Working with our Thai partners during exercise Cobra Gold is a superb opportunity for us to hone our amphibious and expeditionary combat skills,” said Rear Adm. Fred Kacher, commander of Expeditionary

Strike Group 7. “In this 39th iteration of this exercise, we are truly demonstrating what the U.S. Navy-Marine Corps team and the power of partnership offer this extraordinarily vital part of the world.”

The amphibious assault ship USS America (LHA 6) arrived in Laem Chabang and dock landing ship USS Green Bay (LPD 20) in Chuck Samet. Members of the Royal Thai Armed Forces welcomed America and Green Bay presenting Phuang Malai, or Thai flower garlands, to the commanding officers of both ships.

While in Thailand, Sailors and Marines will interact with their Royal Thai Armed Forces counterparts and engage in planning and interoperability events including ship tours, capability briefs, and exercises designed to give both teams a clear understanding of each other’s processes.

This year’s exercise will consist of three primary events: a command post exercise, humanitarian civic assistance projects, and a field training exercise that includes a variety of training events to enhance interoperability and strengthen regional relationships. There will be up to 29 nations either directly participating in or observing CG 20, with approximately 4,200 U.S. personnel directly participating both ashore and afloat.

Cobra Gold is designed to improve participating nations’ capability to plan and conduct combined and joint operations; build relationships among participating nations across the region; and improve interoperability over a range of activities, enhancing maritime security, and responding to large-scale natural disasters.

The Sailors and Marines will also have the opportunity to participate in service events including a sports day, community relations events, and morale welfare and recreation tours that will allow them to experience culture and build camaraderie with their counterparts in the Thai armed forces.

Operating in the U.S. 7th Fleet area of operations, the America ESG, 31st MEU team is comprised of America, Green Bay, USS Germantown (LSD 42) and a Marine air-ground task force with a combined total of 4,500 Sailors and Marines who can conduct missions across the full spectrum of military operations.

 [More News](#)





# WHO Director-General's statement on IHR Emergency Committee on Novel Coronavirus (2019-nCoV)

30 January 2020

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Good evening to everyone in the room, and to everyone online.

Over the past few weeks, we have witnessed the emergence of a previously unknown pathogen, which has escalated into an unprecedented outbreak, and which has been met by an unprecedented response.

As I have said repeatedly since my return from Beijing, the Chinese government is to be congratulated for the extraordinary measures it has taken to contain the outbreak, despite the severe social and economic impact those measures are having on the Chinese people.

We would have seen many more cases outside China by now – and probably deaths – if it were not for the government's efforts, and the progress they have made to protect their own people and the people of the world.

The speed with which China detected the outbreak, isolated the virus, sequenced the genome and shared it with WHO and the world are very impressive, and beyond words. So is China's commitment to transparency and to supporting other countries.

In many ways, China is actually setting a new standard for outbreak response. It's not an exaggeration.

I also offer my profound respect and thanks to the thousands of brave health professionals and all frontline responders, who in the midst of the Spring Festival, are working 24/7 to treat the sick, save lives and bring this outbreak under control.

Thanks to their efforts, the number of cases in the rest of the world so far has remained relatively small.

There are now 98 cases in 18 countries outside China, including 8 cases of human-to-human transmission in four countries: Germany, Japan, Viet Nam and the United States of America.

So far we have not seen any deaths outside China, for which we must all be grateful. Although these numbers are still relatively small compared to the number of cases in China, we must all act together now to limit further spread.

The vast majority of cases outside China have a travel history to Wuhan, or contact with someone with a travel history to Wuhan.

We don't know what sort of damage this virus could do if it were to spread in a country with a weaker health system.

We must act now to help countries prepare for that possibility.

For all of these reasons, I am declaring a public health emergency of international concern over the global outbreak of novel coronavirus.

The main reason for this declaration is not because of what is happening in China, but because of what is happening in other countries.

Our greatest concern is the potential for the virus to spread to countries with weaker health systems, and which are ill-prepared to deal with it.

Let me be clear: this declaration is not a vote of no confidence in China. On the contrary, WHO continues to have confidence in China's capacity to control the outbreak.

As you know, I was in China just a few days ago, where I met with President Xi Jinping. I left in absolutely no doubt about China's commitment to transparency, and to protecting the world's people.

To the people of China and to all of those around the world who have been affected by this outbreak, we want you to know that the world stands with you. We are working diligently with national and international public health partners to bring this outbreak under control as fast as possible.



In total, there are now 7834 confirmed cases, including 7736 in China, representing almost 99% of all reported cases worldwide. 170 people have lost their lives to this outbreak, all of them in China.

We must remember that these are people, not numbers.

More important than the declaration of a public health emergency are the committee's recommendations for preventing the spread of the virus and ensuring a measured and evidence-based response.

I would like to summarize those recommendations in seven key areas.

First, there is no reason for measures that unnecessarily interfere with international travel and trade. WHO doesn't recommend limiting trade and movement.

We call on all countries to implement decisions that are evidence-based and consistent. WHO stands ready to provide advice to any country that is considering which measures to take.

Second, we must support countries with weaker health systems.

Third, accelerate the development of vaccines, therapeutics and diagnostics.

Fourth, combat the spread of rumours and misinformation.

Fifth, review preparedness plans, identify gaps and evaluate the resources needed to identify, isolate and care for cases, and prevent transmission.

Sixth, share data, knowledge and experience with WHO and the world.

And seventh, the only way we will defeat this outbreak is for all countries to work together in a spirit of solidarity and cooperation. We are all in this together, and we can only stop it together.

This is the time for facts, not fear.

This is the time for science, not rumours.

This is the time for solidarity, not stigma.

Thank you.

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## Update: Public Health Response to the Coronavirus Disease 2019 Outbreak — United States, February 24, 2020

Daniel B. Jernigan, MD<sup>1</sup>; CDC COVID-19 Response Team

*On February 25, 2020, this report was posted as an MMWR Early Release on the MMWR website (<https://www.cdc.gov/mmwr>).*

An outbreak of coronavirus disease 2019 (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) began in Wuhan, Hubei Province, China in December 2019, and has spread throughout China and to 31 other countries and territories, including the United States (1). As of February 23, 2020, there were 76,936 reported cases in mainland China and 1,875 cases in locations outside mainland China (1). There have been 2,462 associated deaths worldwide; no deaths have been reported in the United States. Fourteen cases have been diagnosed in the United States, and an additional 39 cases have occurred among repatriated persons from high-risk settings, for a current total of 53 cases within the United States. This report summarizes the aggressive measures (2,3) that CDC, state and local health departments, multiple other federal agencies, and other partners are implementing to slow and try to contain transmission of COVID-19 in the United States. These measures require the identification of cases and contacts of persons with COVID-19 in the United States and the recommended assessment, monitoring, and care of travelers arriving from areas with substantial COVID-19 transmission. Although these measures might not prevent widespread transmission of the virus in the United States, they are being implemented to 1) slow the spread of illness; 2) provide time to better prepare state and local health departments, health care systems, businesses, educational organizations, and the general public in the event that widespread transmission occurs; and 3) better characterize COVID-19 to guide public health recommendations and the development and deployment of medical countermeasures, including diagnostics, therapeutics, and vaccines. U.S. public health authorities are monitoring the situation closely, and CDC is coordinating efforts with the World Health Organization (WHO) and other global partners. Interim guidance is available at <https://www.cdc.gov/coronavirus/index.html>. As more is learned about this novel virus and this outbreak, CDC will rapidly incorporate new knowledge into guidance for action by CDC, state and local health departments, health care providers, and communities.

Person-to-person spread of COVID-19 appears to occur mainly by respiratory transmission. How easily the virus is

transmitted between persons is currently unclear. Signs and symptoms of COVID-19 include fever, cough, and shortness of breath (4). Based on the incubation period of illness for Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS) coronaviruses, as well as observational data from reports of travel-related COVID-19, CDC estimates that symptoms of COVID-19 occur within 2–14 days after exposure. Preliminary data suggest that older adults and persons with underlying health conditions or compromised immune systems might be at greater risk for severe illness from this virus (5).

### COVID-19 Cases in the United States

As of February 23, 14 COVID-19 cases had been diagnosed in the following six states: Arizona (one case), California (eight), Illinois (two), Massachusetts (one), Washington (one), and Wisconsin (one). Twelve of these 14 cases were related to travel to China, and two cases occurred through person-to-person transmission to close household contacts of a person with confirmed COVID-19. An additional 39 cases were reported among repatriated U.S. citizens, residents, and their families returning from Hubei province, China (three), and from the Diamond Princess cruise ship that was docked in Yokohama, Japan (36). Thus, there have been 53 cases within the United States. No deaths have been reported in the United States.

### CDC Public Health Response

As of February 24, 2020, a total of 1,336 CDC staff members have been involved in the COVID-19 response, including clinicians (i.e., physicians, nurses, and pharmacists), epidemiologists, veterinarians, laboratorians, communicators, data scientists and modelers, and coordination staff members. Of these CDC staff members, 497 (37%) have been deployed to 39 locations in the United States and internationally, including CDC quarantine stations at U.S. ports of entry, state and local health departments, hospitals, and U.S. military bases that are housing quarantined persons, as well as WHO and ministries of health around the world. CDC staff members are working with state, local, tribal, and territorial health departments and other public health authorities to assist with case identification, contact tracing, evaluation of persons under investigation

(PUI) for COVID-19,\* and medical management of cases; and with academic partners to understand the virulence, risk for transmission, and other characteristics of this novel virus.

CDC teams are working with the Department of Homeland Security at 11 airports where all flights from China are being directed to screen travelers returning to the United States, and to refer them to U.S. health departments for oversight of self-monitoring. CDC is also working with other agencies of the U.S. government including the U.S. Department of Defense; multiple operational divisions with the U.S. Department of Health and Human Services, including the Assistant Secretary for Preparedness and Response and the Administration for Children and Families; and the U.S. Department of State to safely evacuate U.S. citizens, residents, and their families to the United States from international locations where there is substantial, sustained transmission of COVID-19, and to house them and monitor their health during a 14-day quarantine period.

Specific guidance has been developed and posted online for health care settings, including for patient management; infection control and prevention; laboratory testing; environmental cleaning; worker safety; and international travel.† Guidance is updated as more is learned. To prepare for the possibility of community spread of COVID-19, CDC has developed tailored guidance and communications materials for communities, health care settings, public health, laboratories, schools, and businesses. Chinese and Spanish versions of certain documents are available.

**Information for travelers.** Several recent travel notices have been posted by CDC to inform travelers and clinicians about current health issues that could affect travelers' health.§ A Level 3 travel notice (avoid all nonessential travel) for China has been in effect since January 27. On February 19, Level 1 travel notices (practice usual precautions) for travelers to Hong Kong and Japan were posted. On February 22, the Level 1 travel notice for Japan was raised to Level 2 (practice enhanced precautions). A Level 2 travel notice was posted for South Korea on February 22, which was updated to Level 3 on February 24. Level 1 travel notices were posted for

Iran and Italy on February 23, and then updated to Level 2 on February 24. In addition, CDC has posted information for travelers regarding apparent community transmission in Singapore, Taiwan, Thailand, and Vietnam, and recommendations for persons to reconsider cruise ship voyages in Asia.

**Airport screening.** As of February 23, a total of 46,016 air travelers had been screened at the 11 U.S. airports to which all flights from China are being directed. Since February 2, travelers to the United States who have been in China in the preceding 14 days have been limited to U.S. citizens and lawful permanent residents and others as outlined in a presidential proclamation.¶ Incoming passengers are screened for fever, cough, and shortness of breath. Any travelers with signs or symptoms of illness receive a more comprehensive public health assessment. As of February 23, 11 travelers were referred to a hospital and tested for infection; one tested positive and was isolated and managed medically. Seventeen travelers were quarantined for 14 days because of travel from Hubei Province, China, an area that was designated as high risk for exposure to COVID-19\*\*; 13 of these 17 have completed their quarantine period.

**Persons under investigation (PUIs).** Recognizing persons at risk for COVID-19 is a critical component of identifying cases and preventing further transmission. CDC has responded to clinical inquiries from public health officials, health care providers, and repatriation teams to evaluate and test PUIs in the United States for COVID-19 following CDC guidance. As of February 23, 479 persons from 43 states and territories had been or are being tested for COVID-19; 14 (3%) had a positive test, 412 (86%) had a negative test, and 53 (11%) test results are pending.

**Laboratory testing.** As part of laboratory surge capacity for the response, CDC laboratories are testing for SARS-CoV-2 to assist with diagnosis of COVID-19. During January 18–February 23, CDC laboratories used real-time reverse transcription–polymerase chain reaction (RT-PCR) to test 2,620 specimens from 1,007 persons for SARS-CoV-2. Some additional testing is performed at selected state and other public health laboratories, with confirmatory testing at CDC. CDC is developing a serologic test to assist with surveillance for SARS-CoV-2 circulation in the U.S. population. The test detects antibodies (immunoglobulin [Ig]G, IgA, and IgM) indicating SARS-CoV-2 virus exposure or past infection. In addition, CDC laboratories are developing assays to detect SARS-CoV-2 viral RNA and antigens in tissue specimens.

\*Criteria to guide evaluation and testing of patients under investigation for SARS-CoV-2 include 1) fever or signs or symptoms of lower respiratory tract illness (e.g., cough or shortness of breath) in any person, including a health care worker, who has had close contact with a patient with laboratory-confirmed SARS-CoV-2 infection within 14 days of symptom onset; 2) fever and signs or symptoms of lower respiratory tract illness (e.g., cough or shortness of breath) in any person with a history of travel from Hubei Province, China, within 14 days of symptom onset; or 3) fever and signs or symptoms of lower respiratory tract illness (e.g., cough or shortness of breath) requiring hospitalization in any person with a history of travel from mainland China within 14 days of symptom onset. Additional information is available at <https://emergency.cdc.gov/han/han00427.asp> and <https://emergency.cdc.gov/han/han00426.asp>.

†<https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

§<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>.

¶ Office of the President. Proclamation on suspension of entry as immigrants and nonimmigrants of persons who pose a risk of transmitting 2019 novel coronavirus. Washington, DC: Office of the President; 2020. <https://www.whitehouse.gov/presidential-actions/proclamation-suspension-entry-immigrants-nonimmigrants-persons-pose-risk-transmitting-2019-novel-coronavirus/>.

\*\* <https://www.cdc.gov/coronavirus/2019-ncov/travelers/from-china.html>.

Finally, following CDC's establishment of SARS-CoV-2 in cell culture, CDC shared virus isolates with the Biodefense and Emerging Infections Research Resources Repository to securely distribute isolates to U.S. public health and academic institutions for additional research, including vaccine development.

**Repatriation flights from areas with substantial COVID-19 transmission.** During January 29–February 6, the U.S. government repatriated 808 U.S. citizens, residents, and their families from Hubei Province, China, on five chartered flights. At the time of departure, all travelers were free of symptoms for COVID-19 (fever or feverishness, cough, difficulty breathing). After arriving in the United States, the repatriated travelers were quarantined for 14 days at one of five U.S. military bases. CDC and U.S. government staff members monitored these travelers' health. As of February 23, 28 (3%) of these persons developed COVID-19-related symptoms and were evaluated for infection; three were found to be positive for SARS-CoV-2 and were referred for medical care and isolation. As of February 24, the remaining 805 travelers had completed their 14-day quarantine.

On February 3, passengers and crew of the Diamond Princess cruise ship were quarantined off Yokohama, Japan; a passenger who had recently disembarked in Hong Kong was confirmed to have COVID-19, and ongoing transmission was identified on the ship. By February 16, a total of 355 cases of COVID-19 had been identified among passengers and crew,<sup>††</sup> including 67 U.S. citizens or residents. As a result, during February 16–17, the U.S. government assisted in the repatriation of 329 U.S. citizens or residents from the ship. These travelers returned on two chartered flights. As of February 23, 36 (11%) of these repatriated persons had tested positive for SARS-CoV-2 and are under appropriate medical supervision. The remaining repatriated persons are in quarantine for 14 days. CDC is working with the U.S. embassy in Japan and the Japanese government to support U.S. passengers and crew who remained in Japan.

## Discussion

COVID-19 is a serious public health threat. Cases of COVID-19 have been diagnosed in the United States, primarily in travelers from China and quarantined repatriates, and also in two close contacts of COVID-19 patients. Currently, COVID-19 is not recognized to be spreading in U.S. communities. If sustained transmission in U.S. communities is identified, the U.S. response strategy will enhance implementation of actions to slow spread in communities (2,6). Implementation of basic precautions of infection control and prevention, including staying home when ill and practicing respiratory and hand hygiene will become increasingly important.

<sup>††</sup> [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200216-sitrep-27-covid-19.pdf?sfvrsn=78c0eb78\\_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200216-sitrep-27-covid-19.pdf?sfvrsn=78c0eb78_2).

Community-level nonpharmaceutical intervention might include school dismissals and social distancing in other settings (e.g., postponement or cancellation of mass gatherings and telework and remote-meeting options in workplaces). These measures can be disruptive and might have societal and economic impact on individual persons and communities (6). However, studies have shown that early layered implementation of these interventions can reduce the community spread and impact of infectious pathogens such as pandemic influenza, even when specific pharmaceutical treatments and vaccines are not available (7,8). These measures might be critical to avert widespread COVID-19 transmission in U.S. communities (2,6). Mitigation measures implemented in China have included the closing of major transport hubs and preventing exit from certain cities with widespread transmission, cancellation of Chinese New Year celebrations, and prohibition of attendance at school and work (5). However, the impact of these measures in China has not yet been evaluated.

In the United States, the National Institutes of Health (NIH) and their collaborators are working on development of candidate vaccines and therapeutics for COVID-19. In China, multiple clinical trials of investigational therapeutics have been implemented, including two clinical trials of remdesivir, an investigational antiviral drug.<sup>§§</sup> An NIH randomized controlled clinical trial of investigational therapeutics for hospitalized COVID-19 patients in the United States was approved by the Food and Drug Administration; the first investigational therapeutic to be studied is remdesivir.<sup>¶¶</sup> In the absence of a vaccine or therapeutic, community mitigation measures are the primary method to respond to widespread transmission and supportive care is the current medical treatment.

COVID-19 symptoms are similar to those of influenza (e.g., fever, cough, and shortness of breath), and the current outbreak is occurring during a time of year when respiratory illnesses from influenza and other viruses, including other coronaviruses that cause the “common cold,” are highly prevalent. To prevent influenza and possible unnecessary evaluation for COVID-19, all persons aged ≥6 months should receive an annual influenza vaccine; vaccination is still available and effective in helping to prevent influenza (9). To decrease risk for respiratory disease, persons can practice recommended preventive measures.<sup>\*\*\*</sup> Persons ill with symptoms of COVID-19 who have had contact with a person with COVID-19 or recent travel to countries with apparent community spread<sup>†††</sup> should communicate

<sup>§§</sup> <https://clinicaltrials.gov/ct2/show/NCT04257656?cond=remdesivir&draw=2&rank=1>; <https://clinicaltrials.gov/ct2/show/NCT04252664?cond=remdesivir&draw=2&rank=2>.

<sup>¶¶</sup> <https://clinicaltrials.gov/ct2/show/NCT04280705?cond=COVID-19&draw=4&rank=22>.

<sup>\*\*\*</sup> <https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html>.

<sup>†††</sup> <https://www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html>.



**Summary****What is already known about this topic?**

An outbreak of coronavirus disease 2019 (COVID-19) has spread throughout China and to 31 other countries and territories, including the United States.

**What is added by this report?**

Fourteen cases have been diagnosed in the United States, in addition to 39 cases among repatriated persons from high-risk settings, for a current total of 53 cases within the United States. The U.S. government and public health partners are implementing aggressive measures to slow and contain transmission of COVID-19 in the United States.

**What are the implications for public health practice?**

Interim guidance is available at <https://www.cdc.gov/coronavirus/index.html>. As more is learned about this virus and the outbreak, CDC will rapidly incorporate new knowledge into guidance for action.

with their health care provider. Before seeking medical care, they should consult with their provider to make arrangements to prevent possible transmission in the health care setting. In a medical emergency, they should inform emergency medical personnel about possible COVID-19 exposure.

Areas for additional COVID-19 investigation include 1) further clarifying the incubation period and duration of virus shedding, which have implications for duration of quarantine and other mitigation measures; 2) studying the relative importance of various modes of transmission, including the role of droplets, aerosols, and fomites; understanding these transmission modes has major implications for infection control and prevention, including the use of personal protective equipment; 3) determining the severity and case-fatality rate of COVID-19 among cases in the U.S. health care system, as well as more fully describing the spectrum of illness and risk factors for infection and severe disease; 4) determining the role of asymptomatic infection in ongoing transmission; and 5) assessing the immunologic response to infection to aid in

the development of vaccines and therapeutics. Public health authorities are monitoring the situation closely. As more is learned about this novel virus and this outbreak, CDC will rapidly incorporate new knowledge into guidance for action.

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<sup>1</sup>CDC COVID-19 Response Team, CDC.

The author has completed and submitted the International Committee of Medical Journal Editors form for disclosure of potential conflicts of interest. No potential conflicts of interest were disclosed.

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**From:** (b) (6) [CAPT USN COMPACFLT N01H \(USA\)](#)  
**To:** (b) (6) ; (b) (6) [CAPT USN, USS Theodore Roosevelt](#)  
**Cc:** (b) (6) [CAPT USN COMPACFLT PEARL HI \(USA\)](#)  
**Subject:** ~~FOUO~~: Discussion with CDC Director  
**Date:** Thursday, February 27, 2020 2:03:36 AM

---

(b) (6), (b) (6),

Had a long conversation with the U.S. CDC Country Director in VN – (b) (6), PhD.

Bottom line: he was very convincing that they have inside/trusted access to various public health/hospital/lab systems within the country and there truly is no direct/indirect evidence to suggest an undetected coronavirus outbreak within the country. He feels that the visit is truly low risk and that the Vietnamese response to the COVID outbreak is truly impressive and one that would be difficult to replicate in the US (unity in effort, trust in government, acceptance of restriction of freedoms for the common good).

After talking with (b) (6), my N5 team, ADM Aquilino (today), I feel that there's little additional downside from your engagement compared with the bought risk of the port visit already.

COM said this AM he would not have anyone on the TR assume risk that he wouldn't take and noted he'll be in country with you. We may even try to get him to the hospital with your team – he's been a strong supporter of medical. We'll see.

Bottom line is that I think this mission is acceptable and I wish I was there on the visit with you.

Notes from the discussion below.

V/R,

(b) (6)

-----  
No evidence of any new diagnoses since 13 FEB.

CAPT (b) (6) (USPHS) leading U.S. support in global health security role.

Significant engagement with Ministry of Health and with the Department of Epidemiology.

Have epidemiologist out in the field. Helping lead field investigations.

We see daily exposure to what's happening in country.

We are notified and see positive lab results as they're happening and before information released.

Trying to distinguish themselves from the Chinese and their approach.

Believe that China mishandled this and want to separate their ability and response efforts.

All cases have been well known.

Confident with containment methods. Aggressive from the public health stand point.

Effectively can lock down a village. 11 cases from a single cluster with travel to Wuhan and direct contacts. Patients cared for at national, provincial, local hospitals without any nosocomial transmission.

Preparing for more cases, expect more. But feel they are well prepared.

Focus is on imported cases. Looking at how to screen for those at risk for exposure.

Quite aggressive in their quarantine methods.

Look at recent daily SITREP cables. Shut down traffic to China, including flights. On the border region, shut down trade, but reestablished trade with screening.

Rail workers will do 2 weeks on, 2 weeks quarantine, 2 weeks back on. Disinfecting areas. Managing borders. More risk at Cambodian border than VN.

Whole of government response. Impressive.

Will be interesting to see how the US will respond to this crisis. Social distancing.

VN shut down education system and public gatherings.

Very conservative about shutting down public gatherings. Sensitive to parent opinion. Listened to parents who wanted to keep their kids home longer (feeling safe).

High school will likely start next week, lower grades later.

Having kids go to school if no significant increase. Will be a sign of comfort level.

CDC will meet with Government, Deputy Prime Minister who is leading for VN, with WHO. Will get a status report on the response.

Politically, significant change in government upcoming. Want to be conservative, because no one wants to get caught making the wrong choice that makes the situation worse.

3 active clusters resulting in 11 cases. All 16 cases recovered. 2 were asymptomatic. Were asymptomatic contacts.

EACs (emergency action committee meetings at the Embassy) happen every week. Next one Monday.

Hospitals are prepared. Ready to treat. Reason for authorized departure for HK – schools.

Real time PCR kits from WHO arrived and in country. Strong lab capacity. CDC working with labs in country intensively over the past 15 years.

Regional institutes, National Institute, Pasteur Institutes (2). Plan for CDC kits to be shipped.

CDC PCR kits had manufacturing issues.

Lightest season seen for URI in the community. Not like the past.

Community very focused on hygiene. Hand sanitizers everywhere. All wore masks, then dropped when realization that it was not that effective. Some still wear. But great hand hygiene.

Surprised and impressed with extent of response. Great approach. Did not refer to

CDC team truly busy and having difficulty supporting this engagement. But felt VN administrative services is doing a great job of leading training for healthcare personnel. CDC did not want to get in the middle.

Da Nang Hospital – not clear of a specific requirement.

Pandemic response might be interesting from the American perspective. VN already getting training on how to use PPE and where to employ it and have a robust internal (in country/public health) training program.

Lessons learned from other preparedness might be something to consider.

Avoid South Korea with flight plans (routing).

In VN communitarian approach to things. No visceral distrust of government. Will work together and take guidance. Able to work more effectively and better resourced than Thailand for example.

Voluntarily quarantine if better for society. Impressive.

VN wants to emerge as a leader.

Competing with their northern neighbor. And want to show they are stronger than Thailand. And other southeast Asian countries.

**From:** (b) (6) [CAPT USN, C7F](#)  
**To:** (b) (6) [CAPT USN VCNO \(USA\)](#)  
**Subject:** FW: Coronavirus  
**Date:** Wednesday, April 15, 2020 9:54:02 AM

---

Good morning CAPT (b) (6)

This email is an example of the medical conversations we were having to assess the risk from the standpoint of medical engagements with the HN. As you know, we are usually very enthusiastic about international medical engagements, but were being cautious as this disease evolved. As you can see, this was early in the epidemic, before much of the US was taking this seriously- we, PACFLT, and TR medical were already taking it very seriously to protect the medical department and the crew.

At the end, there was no medical engagement from the TR- we downscoped for risk reduction to only a NAMRU-2 officer who came separately from Thailand to do some teaching relevant to COVID-19.

V/r

(b) (6)

(b) (6)  
CAPT MC USN  
Fleet Surgeon  
US Seventh Fleet  
Office/ stateroom email (b) (6) @lcc19 navy.mil  
Email on work iphone (b) (6) @fe navy mil  
SIPR: (b) (6) @lcc19 navy.smil.mil  
DSN: (b) (6) DSN at sea (b) (6)  
COMM: (b) (6) at sea (b) (6)  
Japanese work cell phone: (b) (6)  
Stateroom J dial (b) (6)  
Office J dial (b) (6)

-----Original Message-----

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
[\[mailto:\(b\) \(6\) @cvn71 navy mil\]](mailto:(b) (6) @cvn71 navy mil)  
**Sent:** Wednesday, February 05, 2020 8:27 AM  
**To:** (b) (6) CAPT USN, C7F <(b) (6) @lcc19.navy.mil>;  
(b) (6) @eu navy.mil' (b) (6) @eu navy.mil>  
**Cc:** (b) (6) @navy.mil' <(b) (6) @navy mil>; (b) (6)  
LCDR USN, USS THEODORE ROOSEVELT <(b) (6) @cvn71 navy.mil>  
**Subject:** RE: Coronavirus

(b) (6),

Thanks for the reply. An SMEE (onboard the ship) in conjunction with a tour is completely reasonable. The tone of the email from the country team

sounds like they think we're a hospital ship. I'm going to reply back to the HAA (CAPT (b) (6)) that we'll fully support a tour on the ship, but the other asks need to go through the C7F/PACFLT Theater Security Cooperation teams.

v/r,

(b) (6)

-----Original Message-----

From: (b) (6) . CAPT USN, C7F  
[mailto:(b) (6)@lcc19.navy.mil]  
Sent: Tuesday, February 04, 2020 8:34 PM  
To: (b) (6) CAPT USN, USS Theodore Roosevelt;  
(b) (6)@eu.navy.mil'  
Cc: (b) (6)@navy.mil'  
Subject: RE: Coronavirus

Good evening (b) (6),

Thank you for sending- sorry about the delay (just sitting down to answer email)

Where to start???

- 1: There is absolutely no expectation that you fulfil all these requests.
- 2: I agree your team and crew should not go looking for coronavirus
- 3: I am happy to link you with our theater Security Cooperation team so they can work through this with the country team so you are not awkward in the middle.

As you know the US does not have a medical flag officer in the chain until INDOPACOM.

Perhaps you could have a SMEE with the Vietnamese Navy physicians (if they have them) about how to control/ mitigate coronavirus on ships? (happy to help with this one with all the information we have gathered)..

That way its relevant, but also in your lane, and more importantly, does not involve you "looking for infection".

V/r

(b) (6)

-----Original Message-----

From: (b) (6) CAPT USN, USS Theodore Roosevelt  
[mailto:(b) (6)@cvn71.navy.mil]  
Sent: Tuesday, February 04, 2020 11:38 AM  
To: (b) (6) CAPT USN, C7F <(b) (6)@lcc19.navy.mil>;  
(b) (6) CAPT USN COMPACFLT N01H (USA)  
<(b) (6)@eu.navy.mil>  
Cc: (b) (6) CAPT USN COMNAVAIRPAC SAN CA (USA)  
<(b) (6)@navy.mil>  
Subject: FW: Coronavirus

(b) (6) and (b) (6),

Looping you into this because this email is asking for things that I don't have the power to execute (e.g., RADM/RDML medical visit, DV visit to military hospital, Contagion control SMEE, etc.). While I am all for medical exchanges/relationship building - I am also acutely aware of the protean problems that would arise should we visit a local hospital and cross paths with someone with Coronavirus.

Looking for guidance/advice on this one before I respond.

v/r,

(b)

(b) (6), MD  
CAPT MC(FS) USN  
Senior Medical Officer  
USS Theodore Roosevelt (CVN-71)  
Work: (b) (6)  
J-dial: (b) (6)  
Cell: (b) (6)





# Updated WHO recommendations for international traffic in relation to COVID-19 outbreak

29 February 2020 | COVID-19 Travel Advice

This document provides updated recommendations for international traffic in relation to the COVID-19 outbreak, in light of the rapidly evolving situation. It supersedes the advice published on 27 January 2020.

On 30 January 2020, the Director-General of the World Health Organization, following the advice of the Emergency Committee convened under the International Health Regulations (2005), declared the current outbreak of COVID-19 a public health emergency of international concern and issued Temporary Recommendations. The Committee asked the Director-General to provide further advice on these matters and, if necessary, to make new case-by-case recommendations, in view of this rapidly evolving situation.

## Affected areas

“Affected areas” are considered those countries, provinces, territories or cities experiencing ongoing transmission of COVID-19, in contrast to areas reporting only imported cases. As of 27 February 2020, although China, particularly the Province of Hubei, has experienced sustained local transmission and has reported by far the largest number of confirmed cases since the beginning of the outbreak, lately the situation in China showed a significant decrease in cases. At the same time, an increasing number of countries, other than China, have reported cases, including through local

transmission of COVID-19. As the epidemic evolves, it will be expected that many areas may detect imported cases and local transmission of COVID-19. WHO is publishing [daily situation reports](#) on the evolution of the outbreak.

The outbreaks reported so far have occurred primarily within clusters of cases exposed through close-contacts, within families or special gathering events. COVID-19 is primarily transmitted through droplets from, and close contact with, infected individuals. Control measures that focus on prevention, particularly through regular hand washing and cough hygiene, and on active surveillance for the early detection and isolation of cases, the rapid identification and close monitoring of persons in contacts with cases, and the rapid access to clinical care, particularly for severe cases, are effective to contain most outbreaks of COVID-19.

## Recommendations for international traffic

WHO continues to advise against the application of travel or trade restrictions to countries experiencing COVID-19 outbreaks.

In general, evidence shows that restricting the movement of people and goods during public health emergencies is ineffective in most situations and may divert resources from other interventions. Furthermore, restrictions may interrupt needed aid and technical support, may disrupt businesses, and may have negative social and economic effects on the affected countries. However, in certain circumstances, measures that restrict the movement of people may prove temporarily useful, such as in settings with few international connections and limited response capacities.

Travel measures that significantly interfere with international traffic may only be justified at the beginning of an outbreak, as they may allow countries to gain time, even if only a few days, to rapidly implement effective preparedness measures. Such restrictions must be based on a careful risk assessment, be proportionate to the public health risk, be short in duration, and be reconsidered regularly as the situation evolves.

Travel bans to affected areas or denial of entry to passengers coming from affected areas are usually not effective in preventing the importation of cases but may have a significant economic and social impact. Since WHO declaration of a public health emergency of international concern in relation to COVID-19, and as of 27 February, 38 countries have reported to WHO additional health measures that significantly interfere with international traffic in relation to travel to and from China or other countries, ranging from denial of entry of passengers, visa restrictions or quarantine for returning travellers. Several countries that denied entry of travellers or who have suspended the flights to and from China or other affected countries, are now reporting cases of COVID-19.

Temperature screening alone, at exit or entry, is not an effective way to stop international spread, since infected individuals may be in incubation period, may not express apparent symptoms early on in the course of the disease, or may dissimulate fever through the use of antipyretics; in addition, such measures require substantial investments for what may bear little benefits. It is more effective to provide prevention recommendation messages to travellers and to collect health declarations at arrival, with travellers' contact details, to allow for a proper risk assessment and a possible contact tracing of incoming travellers.

## Recommendations for international travellers

It is prudent for travellers who are sick to delay or avoid travel to affected areas, in particular for elderly travellers and people with chronic diseases or underlying health conditions.

General recommendations for personal hygiene, cough etiquette and keeping a distance of at least one metre from persons showing symptoms remain particularly important for all travellers. These include:

- Perform hand hygiene frequently, particularly after contact with respiratory secretions. Hand hygiene includes either cleaning hands with soap and water or with an alcohol-based hand rub. Alcohol-based hand rubs are preferred if hands are not visibly soiled; wash hands with soap and water when they are visibly soiled;
- Cover your nose and mouth with a flexed elbow or paper tissue when coughing or sneezing and disposing immediately of the tissue and performing hand hygiene;
- Refrain from touching mouth and nose;
- A medical mask is not required if exhibiting no symptoms, as there is no evidence that wearing a mask – of any type – protects non-sick persons. However, in some cultures, masks may be commonly worn. If masks are to be worn, it is critical to follow best practices on how to wear, remove and dispose of them and on hand hygiene after removal (see [Advice on the use of masks](#))

As for any travel, travellers are also advised to follow proper food hygiene practices, including [the five keys for food safety](#), as well as [recommendations to reduce the risk of transmission of emerging pathogens from animals to human in live markets](#).

Travellers returning from affected areas should self-monitor for symptoms for 14 days and follow national protocols of receiving countries. Some countries may require returning travellers to enter quarantine. If symptoms occur, such as fever, or cough or difficulty breathing, travellers are advised to contact local health care providers, preferably by phone, and inform them of their symptoms and their travel history. For travellers identified at points of entry, it is recommended to follow [WHO advice for the management of travellers at points of entry](#). Guidance on treatment of sick

passengers on board of airplanes is available on [ICAO](#) and [IATA websites](#). Key considerations for planning of large mass gathering events are also available on [WHO's website](#). Operational considerations for [managing COVID-19 cases on board of ships](#) has also been published.

For countries which decide to repatriate nationals from affected areas, they should consider the following to avoid further spread of COVID-19: exit screening shortly before flight; risk communication to travellers and crew; infection control supplies for voyage; crew preparedness for possibility of sick passenger in flight; entry screening on arrival and close follow-up for 14 days after arrival. ([WHO recommendations to reduce risk of transmission of emerging pathogens from animals to humans in live animal markets](#))

## General recommendations to all countries

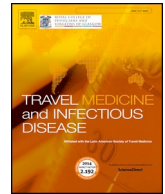
Countries should intensify surveillance for unusual outbreaks of influenza-like illness and severe pneumonia and monitor carefully the evolution of COVID-19 outbreaks, reinforcing epidemiological surveillance. Countries should continue to enhance awareness through effective risk communication concerning COVID-19 to the general public, health professionals, and policy makers, and to avoid actions that promote stigma or discrimination. Countries should share with WHO all relevant information needed to assess and manage COVID-19 in a timely manner, as required by the International Health Regulations (2005).

Countries are reminded of the purpose of the International Health Regulations to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade. Countries implementing additional health measures which significantly interfere with international traffic are required to provide to WHO, within 48 hours of implementation, the public health rationale and relevant scientific information for the measures implemented. WHO shall share this information with other States Parties. Significant interference generally means refusal of entry or departure of international travellers, baggage, cargo, containers, conveyances, goods, and the like, or their delay, for more than 24 hours.

WHO continues to engage with its Member States, as well as with international organizations and industries, to enable implementation of travel-related health measures that are commensurate with the public health risks, are effective and are implemented in ways which avoid unnecessary restrictions of international traffic during the COVID-19 outbreak.

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## Summary of the COVID-19 outbreak in Vietnam – Lessons and suggestions

Dear Editor,

After the World Health Organization declared the new Coronavirus disease (COVID-19) a pandemic on March 11, 2020, as of March 23, more than 350,000 cases were confirmed globally [1]. The infection has skyrocketed to 5-digit numbers in several countries [1]. Vietnam, however, which shares a long border and has a massive volume of trade with China, appears to have a good hold on the spread of the disease. Since the first case of COVID-19 was announced on January 23, there have been only 123 infected cases with zero death confirmed [1,2]. Thus, we write this letter to shed more light about epidemiological maps of cases in Vietnam and also provide helpful information for epidemiologists and policy makers to address specific measures in response to the pandemic.

Data were collected from the major daily newspapers in Vietnam, including *Tuổi trẻ*, *Thanh Niên*, *Dân trí*, *VnExpress*, and then organized and analyzed using Microsoft Excel. Surveillance cases data from January 23 to March 23, 2020 officially reported by the Vietnam Ministry of Health were also used to estimate the cumulative rates [2].

### 1. Transmission dynamics

Based on the chronology of the COVID-19 outbreak in Vietnam, three main periods of the disease can be observed: 1) during the two months of epidemic (January 23 - February 26, 2020), 16 cases were reported and the cumulative rate was 1.6 cases/10 million population. All the patients had successfully recovered and been discharged from hospitals [2], 2) from February 27 to March 5, there were no new cases reported in Vietnam, and it seemed that Vietnam would have won the battle against the outbreak, 3) since the 17<sup>th</sup> positive case of the COVID-19, who failed to declare her health status to the authorities and became “a super spreader” to her contacts on March 6, 106 more COVID-19 infections have thus far been confirmed. A total of 123 cases across the country have been reported as of March 23, 2020, equivalent to a cumulative rate of 12.7 cases/10 million residents. Fifteen provinces have been affected with the highest number of infections recorded in the two largest cities, Hanoi (38 cases) and Ho Chi Minh City (30 cases, 3 recoveries). While in the first period the main source of infections was associated with travel from China [3], the new cases in the third period have been mostly repatriates and travelers from European nations. This has led to an increase in domestic transmission of COVID-19 in Vietnam. There are three COVID-19 patients who are currently placed on extracorporeal membrane oxygenation to provide breathing and heart support.

### 2. Demographic characteristics

Among 123 confirmed cases documented as of March 23, 2020, the median age is 29 years old (range: 3 months – 74 years old; IQR: 29 –

48.5 years old) with the majority of cases (40%) aged between 21 and 30 years (Fig. 1 and Fig. 2). Of the reported cases, 52.0% are male, 75.4% are Vietnamese citizens while 24.6% are foreigners (either working in or traveling to Vietnam) (Fig. 2). The data also show that 73.7% of the cases have been acquired overseas. While the infection rates of COVID-19 in countries like China and Italy are significantly higher among the elderly, the most cases (79 out of 123) reported in Vietnam have been observed for the young (aged 11 – 40) (Fig. 2).

### 3. The Vietnam response

Although Vietnam is not one of the countries with the highest number of confirmed cases, the novel coronavirus outbreak in Vietnam is considered complex and unpredictable. Thus, Vietnamese government, personally the Deputy Prime Minister Vu Duc Dam, directed and deployed prevention and control measures rapidly from the early stage in Vinh Phuc province to current situations of the overall national epidemic. A combination of extensive efforts includes isolating infected people and tracing and quarantining their contacts. Vietnam did not implement lockdown of entire cities where infected cases had occurred. Instead, schools have been closed, festivals, conferences and activities for large crowds have been cancelled, and authorities have been encouraging people to stay home to minimize exposure and transmission. In particular, the use of face masks and hand sanitizers has been highly encouraged. To further prevent the spread from overseas, the

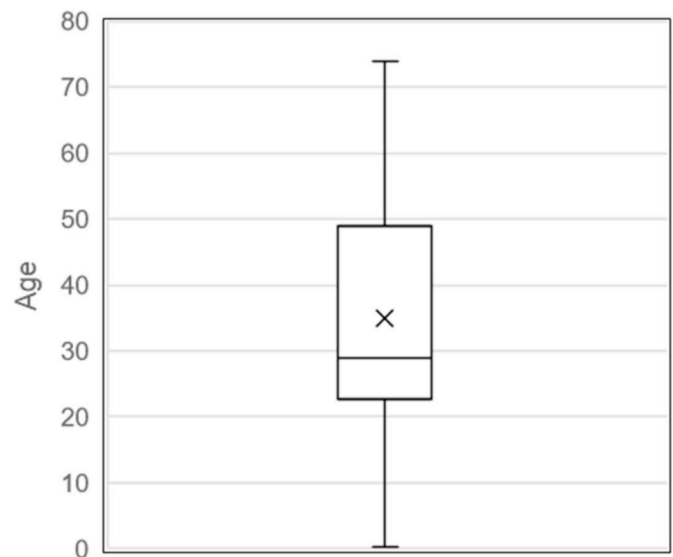


Fig. 1. Age of COVID-19 patients in Vietnam (Jan 23 – Mar 23, 2020).

<https://doi.org/10.1016/j.tmaid.2020.101651>

Received 25 March 2020; Accepted 27 March 2020

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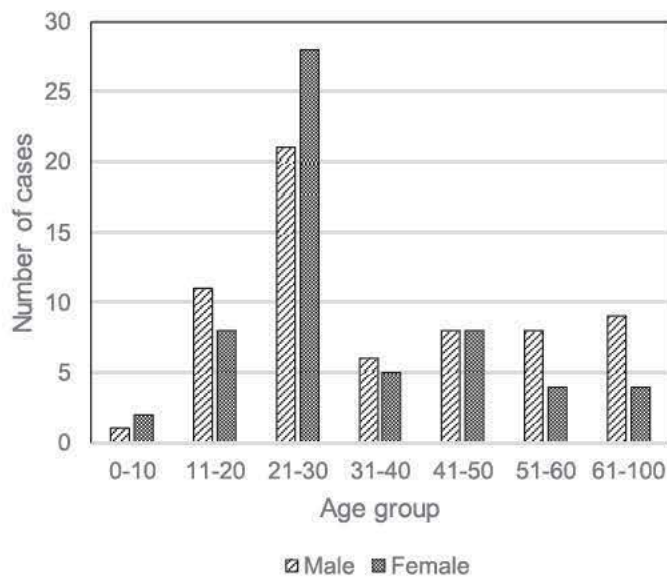


Fig. 2. Age and sex distribution of COVID-19 cases in Vietnam (Jan 23 – Mar 23, 2020).

Vietnamese government has been imposing a series of rigorous measures, including a temporary suspension of entry of all foreigners who have come from or transited through the COVID-19 affected areas, and a new mandatory regulation that all incoming travelers to Vietnam have to be quarantined at centralized facilities for 14 days [4].

#### 4. Suggestions for COVID-19 infection control

In regard to the 14-day mandatory quarantine, we speculate that this implementation might sooner or later lead to shortage of space for quarantine, especially in the two metropolitan areas, Hanoi and Ho Chi Minh City. Therefore, the Vietnamese government may consider a combination of strict self-quarantine in the community and use of new technology, such as application of big data and artificial intelligence to improve contact tracing and the management of potentially infected

patients. It may aid in reducing person-to-person spread [5]. In addition to vigorous control strategies, studies on individual patient epidemiological data are needed, which would enable epidemiologists to build a model of the outbreak and determine the number of new infections triggered by each case.

#### Funding source

No.

#### Declaration of competing interest

We declare that we have no competing interest.

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**Witness Statement of USS THEODORE ROOSEVELT (CVN 71)  
Command Master Chief**

On 10 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via videoteleconference.

Witness Name: CMDCM (b) (6), USN  
Position: CMC, USS THEODORE ROOSEVELT (CVN 71)

Email Address: (b) (6)@cvn71.navy.mil  
Phone(s): (b) (6)

I reported to TR on 3 January 2020 – two weeks prior to deployment and during POM. I interviewed for the billet in November 2019, as the previous CMC was fired. I was selected for Master Chief while aboard TR from 2007 to 2010, and stepping back onboard, it was like I never left. The crew was excited about a deployment with good port visits planned, the CPO Mess was engaged as they were preparing for deployment, the only rub was the previous CMC having been fired, and some felt it was unnecessary.

We started discussing COVID-19 before Da Nang, Vietnam, and the conversations continued to ramp up. The XO, DCAG, CVW CM C, and I recorded the Da Nang liberty brief on site TV, which included COVID-19 guidance.

We educated crew to practice good hygiene and screening procedures when departing and returning to the ship.

The COVID-19 mitigation procedures for Da Nang included posters, screening questions emailed out, and SITE TV mitigation videos. There were also shorter tours to mitigate risks. We fought hard to cancel medical and cooking exchanges, and COMRELS were adjusted. Our screening procedures included Green liberty passes, walking through thermal imagers, screening questions at pier, and we went through screening questions at quarters the next day. The Beach Guard and Ship's Medical were in charge of pier screening, and the same screening procedures were used for tours.

For the Da Nang quarantine plan, we had the following COAs:

COA 1 - ~67 total racks between two berthing's . ~15 CPO overflow and ~42 female berthing.

COA 2 – DV Row with dedicated heads nearby.

COA 3 – Brig.

COA 4 - Worst case scenario we had 300 empty racks shipwide available. If required we could move out a 120 person berthing and utilize it for quarantine

We also planned for chow and quality of life items.

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Command Master Chief

On March 8th, the Skipper called me at 0700 Sunday to inform me that we had some close contacts that were being held at the local hotel and asked me to return to the ship and work the berthing plan for their return. Throughout the day the Sailors were identified with the total number being 39, with 7 or 8 of the identified Sailors belonging to the Bunker Hill. The Sailors were quarantined to the pier in a tent as they waited. They were provided masks and gloves prior to returning to the ship. They returned in two waves, and I met both of groups on the fantail and explained the plan for the evening which for some was to be placed into the Male overflow berthing and the remaining 14 to be placed in DV row, as the female berthing still had Sailors off the ship. It was apparent to me the Sailors were tired and many were anxious and scared, due to the events of the day. Over the next two days we were able to clear out CS berthing and work out all the logistic issues that arose with housing 39 Sailors in quarantine, food delivery, trash, laundry, POTTS line access for the Sailors to call home, computer access. Medical temps and screening questions were done twice daily. I felt we had a workable plan, but having 39 Sailors all at once took some time to get it running smoothly. It worked out that I had a female Senior Chief and a male CMDCM in the group so they were instrumental in leading the Sailors. I spoke with the Sailors on a daily basis and ensured they were taking care of and provide whatever they needed. The XO and CO spoke to them as well, over the course of the quarantine time.

Throughout the 14 day quarantine there was apprehension among the Sailors of possible COVID positives, from either the group in isolation or the rest of the crew. Once the 39 all tested negative after 14 days there was a sense of relief among the crew that we had made it through a possible outbreak. We still were not 100% certain we had made it through the worst, as there were 4800 of us onboard, and prior to the port visit and after there was skepticism of the number of positive COVID cases being reported by Vietnam.

As NAVADMINS came out IRT to COVID we increased Bleachapalooza from once to twice daily. We removed self-service from the chow lines, by turning spoons around, cooks and FSA's wore gloves while serving. We talked a little about social distancing – which is hard to do on a ship – and made a push for washing hands more. We removed the naugahyde table covers to make cleaning more effective. We pressed the daily morning COVID symptom screenings hard. We canceled FEP, but decided to leave the gyms open and ensure the watches enforced the cleaning of the machines after each use by the Sailors. The barbershops were shut down before two positives and gyms were closed once we had the first 2 cases. The library, chapel, and ship's stores remained open. We didn't spread out lines for social distancing and remove dining seats until we were pier side. The XO reviewed all the NAVADMINS and we discussed them in-depth and attempted to conform as much as we could within the constraints of the ship.

Once we had the positive cases identified I began to see the crews attitude separate into three categories; the first type was young and cavalier some Sailors think they are invincible; the second group were concerned over the possibility of contracting the virus (majority); and the freaked out (small number). Not sure about the rest of the world's attitude towards the virus.

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Hard to answer if the younger generation understands their social responsibility, but we reinforced the importance of cleaning, social distancing and washing your hands. We didn't know what we didn't know. Our knowledge today is far greater than what it was on 26MAR20.

Once we identified the first two positive cases, we isolated them and performed close contact screenings. The CO, CCSG-9, SMO, and Warfare Commanders were discussing the plan for positives, and how we would proceed. Once we had completed the Close Contact screening we began quarantining sailors in their berthing's on 2nd deck with their own head, as it turned out their berthing's were already aft. We also secured the starboard side P-way. Chow delivery was provided, and POTS and NIPR installed; basically we dusted off what we had done for the group of 39 and worked it for the berthing's AFT. Once the decision to head to Guam was made we began working on possible COA to how we would quarantine and isolate Positives Sailors and Close Contacts in conjunction with 7<sup>th</sup> Flt.

Upon arrival in Guam, 26MAR20, we had approximately 34 Positives and approximately 800 Sailors in quarantine in the aft berthing's. The CPO mess was used to feed the Sailor in Quarantine as the back door was located forward of the isolation berthing's. By the 29<sup>th</sup> of March we had approximately 85-100 positives and approximately 1500 Sailors quarantined. We lifted the quarantine that day as we felt we were rapidly increasing the rates of the positives as we had so many Sailors aft in a very tight space with little to no movements available to them. We were having issues trying to feed them from the CPO Mess as the space was not designed to hold 1200 Sailors. Earlier during the week I, the CAG CMC and STKGRP CMC met with the mess at large and stated to them the importance of the message we were conveying to the Sailors, the screening process, hygiene and the use of hand sanitizer, spreading out as much as we could and the importance of being honest IRT to their health. The final request was to ensure the Sailors reached out to their loved ones and ensure them they were okay.

From the time of the COVID outbreak, the ship was tasked with planning numerous COAs. These COA's - and RFI's to the various COA's - changed on a daily basis. I was aware of several COA's; remove 2500 Sailors from the ship and place them in various locations onboard NB Guam. Move 4000 Sailors to BEQ rooms in Okinawa. Continue to Social Distance on the ship and remove only the COVID + Sailors to NB GUAM. The ship's recommendation was to move Sailors to a Hotel and isolate them their own room IAW the CDC and the various COVID NAVADMINS. I was told this was a non-starter as Guam was not supportive of this. There was even discussion of returning to Sea and fighting through the virus, although I do not believe that ever gained any traction. The 5000 BEQ COA was a non-starter from the ship's view point as we were told that these rooms did not exist, but yet the ship went as far as providing rosters for 500 Sailors to leave and fly out on the following Monday. The feeling for many, at all levels of leadership, was there was no clear path on what they wanted the ship to do, there were constant RFIs, many were the same just asked in various ways, by the various staffs. There appeared to be indecision at many levels; never had a clear road forward. We felt we were in a worsening situation with directions we were unable to follow and being told to do the best we can do under



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the circumstances, as the various staffs were working the problem. As I was able to drive around to the various laydown sites for the Sailors I received the same question over and over; Do we have direction for the ship MC? "We have this NAVADMIN, so why can't we follow this NAVADMIN, it says to isolate, this is not isolation."

Several days into the offload I met with all the CMC's, NB Guam, Region, NH Guam, CTF 75, CAG and StrkGrp 9 and we discussed a variety of issues. The base was being tasked with providing support and it started with 800 beds, then 1200, then 2700, yet they could only support 700 meals per service, as they were still ramping up all the support services to accommodate 2500 TR Sailors ashore. Along with the Food the Quality of Life concerns were many, Coffee, cleaning supplies for the locations, and the meals were very small at first so they were requesting snacks. There were no snack machines or drink machines. Linen, blankets all the QOL stuff became an everyday request and with all the RFI's and questions it was hard to maintain. The ship did provide a list to every Sailor on what to bring with them when they departed the ship for the various locations.

The first several groups of Sailors departing TR did not go through an exit test protocol. That was not mandated until several days after we started offloading Sailors. Every Sailor was tested prior to leaving for a hotel and subsequently we all were tested. When we offloaded the Sailors they were spaced out in the Hangar bay alphabetically with their Seabags, checklist and contact information sheet. Eventually they were given water and MRE's but it took several days for all that to happen. The first week of being pier side was very chaotic and I felt that we were very reactive vice proactive. It was not until Captain Sardiello arrived that we took a short pause reflected on what we had done, looked at ways to improve the process. This short pause helped us all to refocus on the mission and our way ahead.

One of my tasking was to take pictures of all the locations, this occurred approximately 2 to 3 days after we started filling the Gyms with Sailors. I and the Base CMC went to all the locations. The only location I took issue with was the IEM warehouse they were still putting it together but it was very dirty, 1 male head with only 1 stall and 1 female head with only 1 stall. No shower facilities. They intended to arrange up to 700 Cots, and they wanted us to provide vehicles to take the Sailors about 3 minutes up the road to a bath facility. I did ask CMC why would we try to utilize this facility, and the answer was they were told to have 2700 beds available for TR and this was needed to reach that tasking. The Homes were fine, although some were dirty or had material deficiencies, but the base was working to get them ready, the gyms were okay as well although several had various QOL issues that over the course of time were fixed, but several did take some time. The biggest issue was the feeding of the Sailors in the early stages of the offload, such as two mozzarella sticks and an egg for breakfast. The young Sailors were complaining about all the QOL issues. The more senior Sailors were not as bad, as I felt they were more vested in the Navy and had trust in the overall leadership to get them through the ordeal. The younger Sailors had never been through a crisis and were still learning to trust their chain of command, and when this crisis is over and they have come through it they will have that

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Command Master Chief

experience and will trust the CoC for whatever next crisis will come along. In my opinion we have all experienced this in our Navy career.

I was aware of a draft white paper of 4 to 5 pages developed by the O-6s and SMOs to go to CCSG-9 as the way ahead. I was present when XO summarized the draft white paper and Skipper (CAPT Crozier) reviewed it. The SMO was providing various possible outcomes using data from all the COVID models and providing the data to the CO with estimates of possible + COVID individuals, and mortality rates among the crew, due to virus. Although I was present the CO and I never had a discussion on sending the letter, to whom he intended to send it to, or the method he intended to send it. All of these facts came after the letter was sent.

What do I think of the letter? This is my 4<sup>th</sup> tour as a CMC, with 10 years of experience as a MC; The CO was phenomenal, one of the two best I have had the pleasure of serving with, and he LIVED for taking care of his Sailors. He would always ask me is that the best we can do for the Sailor. After he sent the letter we spoke about it, he never mentioned to me that he released it to the Media and when it did get released I asked him if he did, he stated no, that it was never his intention for it to be released. One evening as we were talking, as we watched the Sailors leave the ship for the hotels, he mentioned he thought he would be fired over the letter. I jokingly stated to him they would wait until we arrived back in SD. As I have stated earlier I believe the biggest frustration for the Ships leadership was that it appeared from all the meeting and RFI's no one had a clear way forward on how we were going to combat this virus, all the while we continued to have Sailors testing positive with what appeared to be no way ahead.

I don't know who leaked the letter, but I do believe it was cowardly of the individual due to whom it was released to and that it was not their letter or thoughts, nor do I believe they had the Captains permission to do it.

I swear (or affirm) that the information in the statement above is true to the best of my knowledge or belief.

Signed

May 17<sup>th</sup> 2020

1900

(b) (6)

(Date)

Time





# En Route to 'NAM

# Agenda

- Care in 'Nam
- Hospitals in Vietnam
- MEDEVAC/Patient Transport
- Screening/Fleet Landing Plan
- Duty in 'Nam

# After Action from Guam

- Sick call hours the same. Start at 0830.
- Place signage in morning on the Port Side
- Secure the starboard door.



**USS THEODORE ROOSEVELT (CVN 71)**  
**DA NANG, VIETNAM**  
**5 MAR – 9 MAR**  
**PORT CALL**

**MEDEVACS/OFF SHIP**  
**EMERGENCY/CONSULT**

# Emergent Medical Care or Emergency MEDEVAC:

- Notify ACDO, SMO and Duty Provider.
- Notify ISOS.

## TRICARE/INTERNATIONAL SOS (ISOS)

24 HOURS: (b) (6)

24 HOUR EMAIL: (b) (6) [@internationalsos.com](mailto:(b) (6)@internationalsos.com)

***\* CVN 71 Medical Dept will NOT send patients to any hospital in Da Nang without ISOS approval except for emergencies.\****

# MEDEVACS/OFF SHIP EMERGENCY/CONSULT

## Emergent Consults

- If urgent consult is required (trauma, patient reports to local hospital, orthopedics, etc) notify SMO and Duty Doc. If ISOS is needed, contact ISOS with required information:
  - Name
  - Date of Birth
  - SSN
- SMO and Duty Doc must determine treatment needs of the patient.
- Contact with ISOS can be may made by any Medical Department Personnel.
- Utilize the medical van for patient transport if directed to transport patient to Hoan My Da Nang Hospital.

## Non-Emergent Consults:

- SMO and Duty Doc must determine treatment needs of the patient.
- Contact with ISOS can be may made by any Medical Department Personnel
- For non-emergent consults, ISOS will determine the best suited medical facility for the patients medical condition.
- Utilize the medical van for patient transport in non-emergent cases, in which ISOS has already been contacted and directed to transport patient to hospital. (Medical has driver and van available)



## HEALTHCARE FACILITY

### HOAN MY DA NANG HOSPITAL

161 Nguyen Van Linh Street, Thanh Khe  
District,  
Da Nang, Vietnam

From ship: (b) (6)

From local cell: (b) (6)

## MEDICAL DEPARTMENT OFF SHIP COMM

### DA NANG MEDICAL DUTY VAN

Name of Driver:

CELL NUMBER:

FROM SHIP: (b) (6)

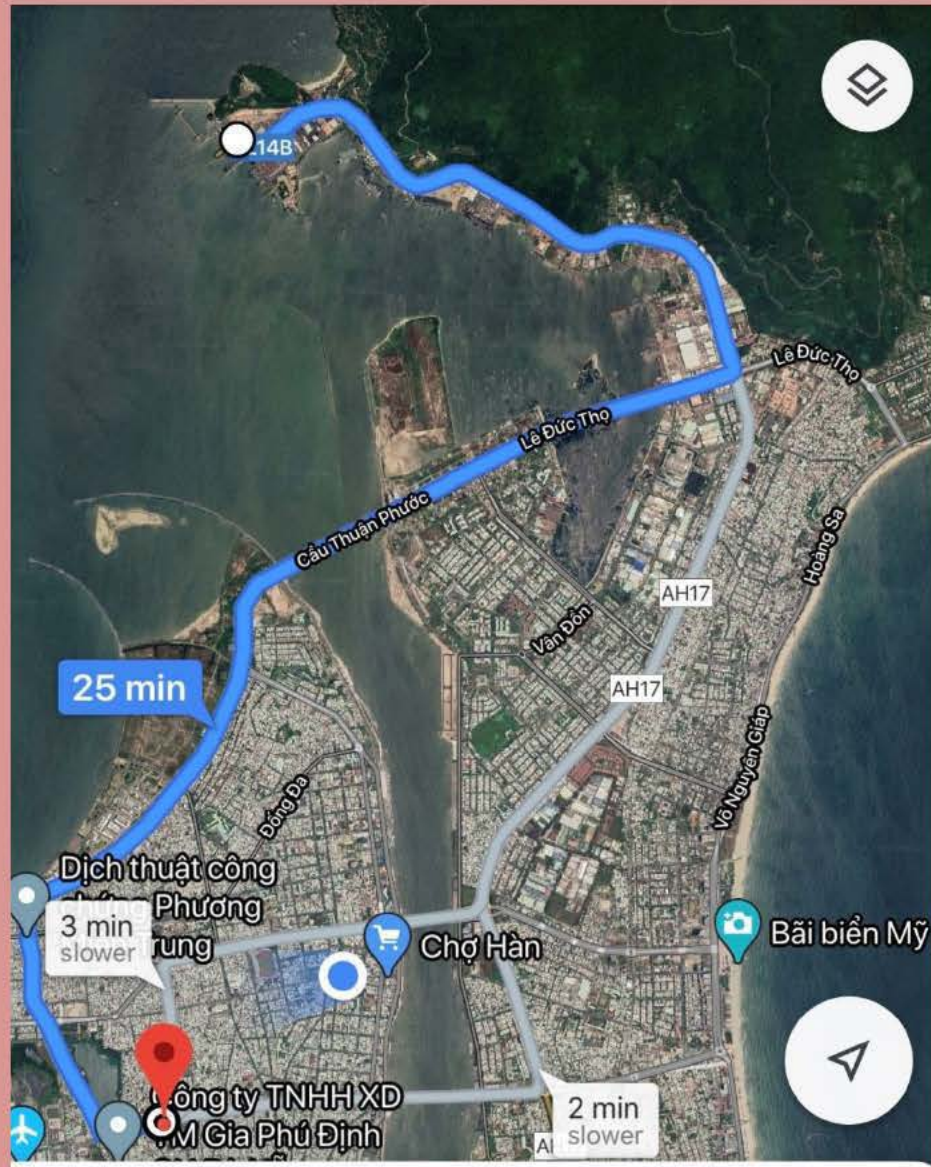
### DUTY CORPSMAN ON THE PIER

CELL NUMBER (b) (6)

FROM SHIP:

*FROM VIETNAM DUTY CELL TO SHIP:*

(b) (6)



# Medical Evacuation – Priority I

<b>Name (Last, First, MI)</b>		<b>Rate/Rank/Service:</b>
<b>DODID:</b>	Date of Birth:	Gender:
<b>SSN:</b>		Male Female
<b>Cmd/Dept</b>		
<b>ICD-10 Code(s):</b>	Allergies:	Medications:
<b>Altitude restrictions?</b> YES NO	Any precautions regarding contagious diseases? YES NO	Altitude restrictions? YES NO
<b>Condition:</b> (circle) Stable Critical	Aircraft Configuration: (circle) Ambulatory Litter	
<b>Command Escort Require?</b> YES NO	Medical Attendant? YES NO	
<b>Medical Facility:</b>		
<b>Hospital:</b>	Phone:	
<b>Accepting Physician:</b>	Phone:	

- Before the patient leaves :

A copy of all medical documentation that needs to accompany the patient.

- After the patient leaves I will need:

Brief summary of the medical picture. Message Traffic is required.

# Patient Transport for Medical Reasons

Name (Last, First, MI)		Rate/Rank/Service:
DODID:	Date of Birth:	
Cell Phone Number:	Cmd/Dept:	
If necessary, is patient able to tolerate the forces of a catapult launch? YES NO		
Command Escort Require? YES NO		
Provider to Provider Turnover:  Hospital:		
Accepting Physician:	Phone:	Time and Date:

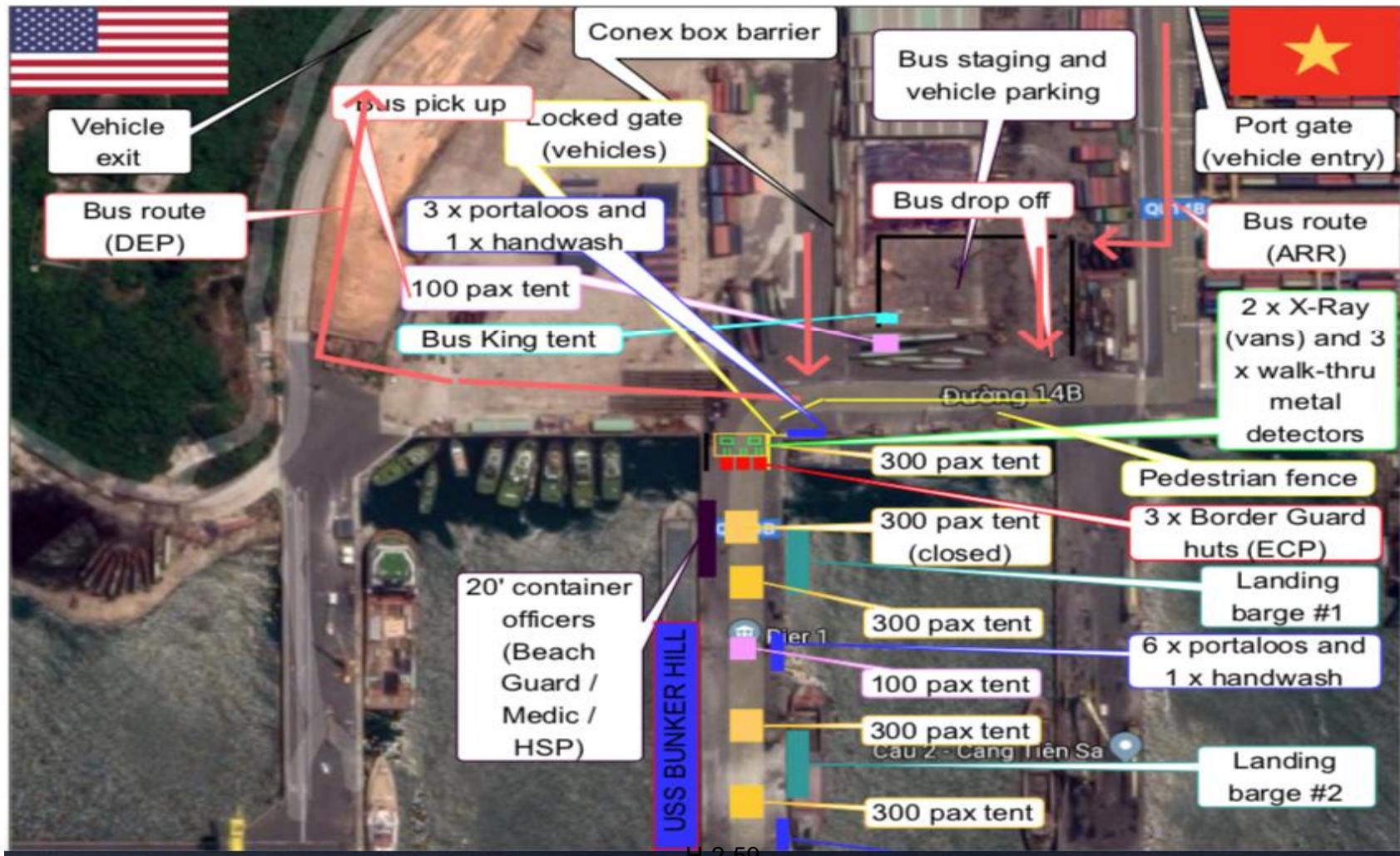
- Before the patient leaves :  
A copy of all medical documentation that needs to accompany the patient.
- After the patient leaves I will need:  
Brief summary of the medical picture





# Screening/Fleet Landing Medical

# Fleet Landing Layout





# Screening Set up



ECP

Thermal scanner



Comms pending



LB

LB

U  
S  
S  
  
B  
K  
H-2-59

LB= Landing Barge

## USFFC COVID-19 SCREENING QUESTIONNAIRE

v2020.02.28

1. HAVE YOU BEEN TO ANY **HIGH RISK** COUNTRIES IN PAST 14 DAYS? YES NO  
a. China, including Hong Kong and Macau

If "YES", **STOP! DENY ENTRY**, screening complete, provide individual a mask, consult Medical Dept

- 
2. HAVE YOU BEEN TO ANY SIGNIFICANT RISK COUNTRIES IN PAST 14 DAYS? YES NO  
a. Japan  
b. Singapore  
c. South Korea  
d. Italy  
e. Iran

- 
3. ARE YOU CURRENTLY SICK? YES NO  
a. Fever  
b. Chills  
c. Cough  
d. Sore throat  
e. Shortness of breath  
f. Body aches  
g. Abdominal pain

\*\*\* IF YOU DEVELOP ANY OF THESE SYMPTOMS, CONTACT YOUR MEDICAL DEPARTMENT \*\*\*

- 
4. IN PAST 14 DAYS, HAVE YOU HAD CLOSE PERSONAL CONTACT, AS DEFINED BELOW, WITH ANYONE KNOWN TO BE INFECTED WITH COVID-19? YES NO  
a. Within 6 feet  
b. In a confined space (cab, small room, shared stateroom, berthing proximity, office, etc.)  
c. Had direct contact with secretions (been coughed on, sneezed on, etc.)

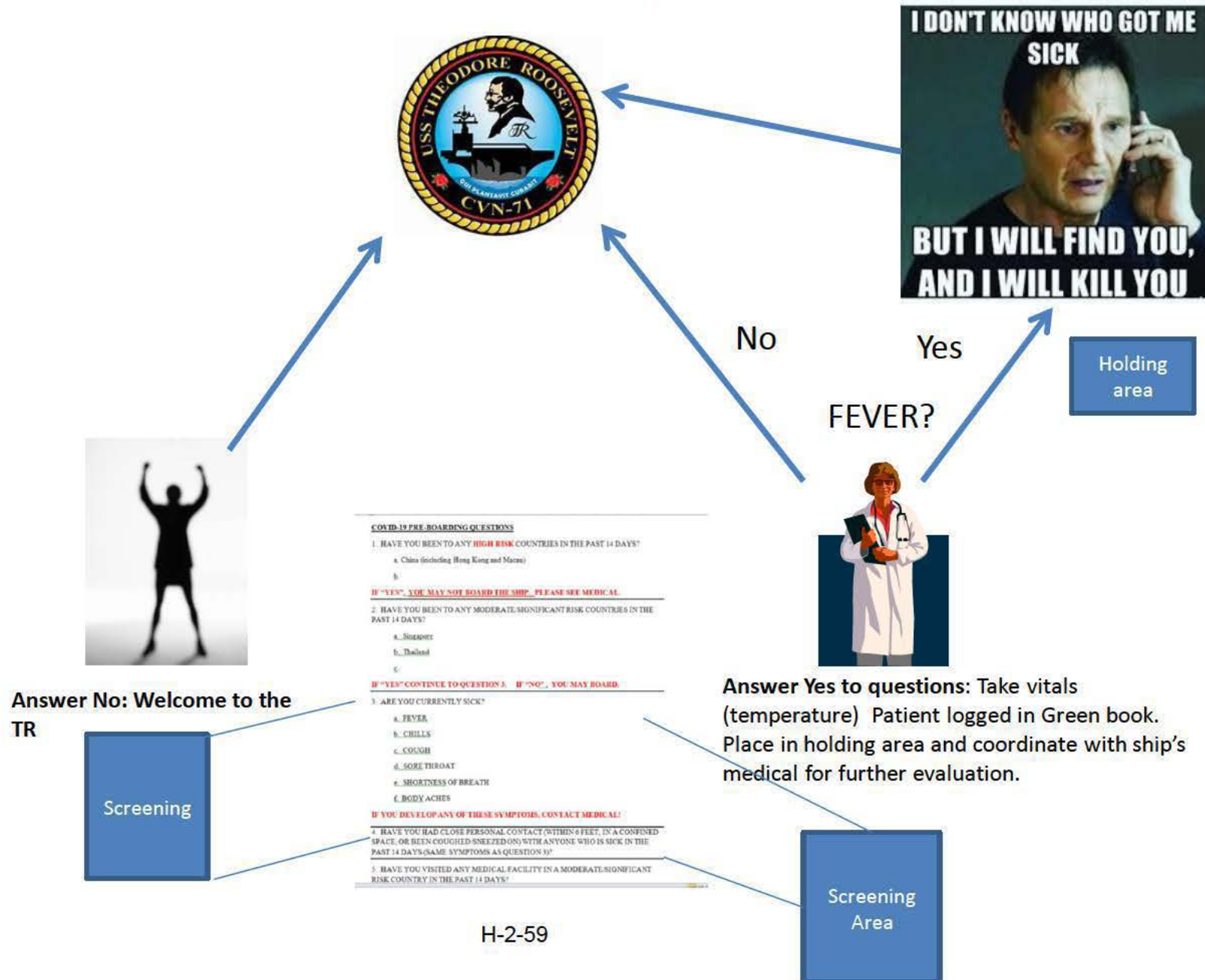
- 
5. HAVE YOU VISITED ANY MEDICAL FACILITY IN THE PAST 14 DAYS? YES NO  
a. Facility visited: \_\_\_\_\_ (Medical Dept can query if cases reported there)  
b. If "Yes", for Medical Department Representative inquiry only:  
i. For what reason/condition: \_\_\_\_\_

If 2 or more questions are answered "YES", with appropriate PPE, temperature screening will be conducted. Data will be logged with DOD ID number, date, time, screener name, and temperature.

Log will be maintained by Medical Department and frequently reviewed by senior medical department representative.

- a. If temperature is greater than or equal to 100 °F (37.8 °C), log, **DENY ENTRY**, provide individual with a clean mask  
b. If temperature is less than 100 °F (37.8 °C), log, allow access, screening complete.

# Screening/Fleet Landing Medical



# Medical Logistics/Set up

Logistics needed from  
Supply:

- 5-10 chairs
- 1 tables (screening / equipment table)
- 1 tent (holding)
- Trash bin, trash bags
- Food for watchstanders
- Power source

Medical Supplies:

- Thermometer
- Water
- Log book
- Hand sanitizer
- Vital signs
- Biohazard bag
- Alcohol swabs
- Chem lights
- Comm w/ ships medical
  - **Radio and radio charging station**



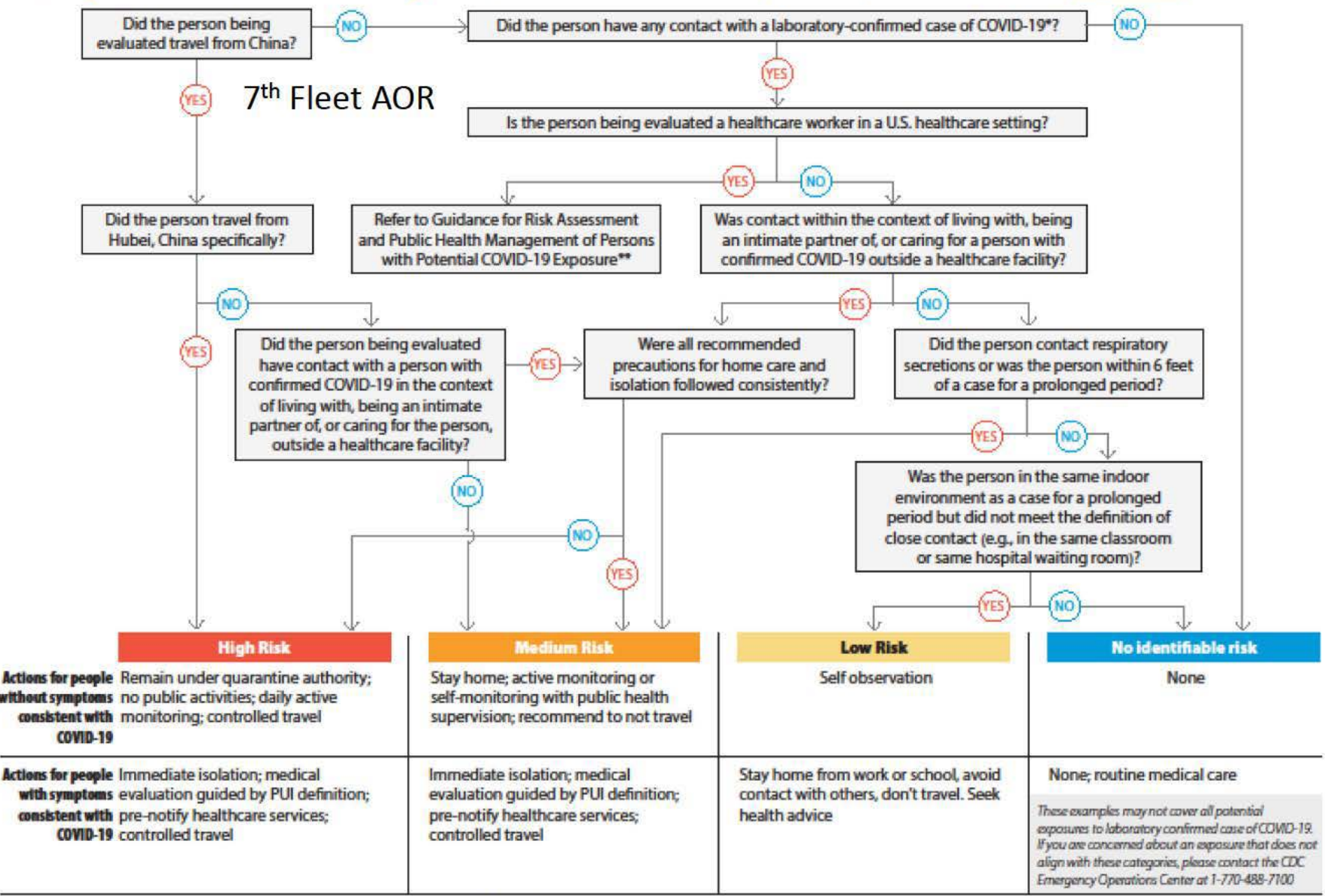


# Coronavirus Disease 2019 (COVID-19) Risk Assessment and Public Health Management Decision Making

Each question refers to within the past 14 days



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention



\*Or a case diagnosed clinically with COVID-19 infection outside of the United States who did not have laboratory testing  
 \*\*Healthcare provider (HCP) guidance outlines risk categories to determine work exclusion and monitoring procedures. After identifying risk category in the HCP guidance, use the categories outlined here to determine quarantine requirements.

These examples may not cover all potential exposures to laboratory confirmed case of COVID-19. If you are concerned about an exposure that does not align with these categories, please contact the CDC Emergency Operations Center at 1-770-488-7100

# Medical Screening - Inbound COD

- Screen Incoming COD passengers from all countries in current AOR
- Time Frame: 7 days by department (daily reports to (b) (6) ), next 7 days via self-reporting
- Departments will email CAPT (b) (6) daily report of **negative and positive** screenings on all COD individuals NLT 1600.
- Department Level Screening
  - Ask member about COVID-19 specific symptoms
  - Positive Screens for flu-like illness sent to medical for evaluation immediately (do not wait for sick call)
  - Patient dons surgical mask in medical
  - Fill out Respiratory Questionnaire (if initial visit)
  - Vital Signs taken, if abnormal, Duty IDC and/or Doc will evaluate
  - Patients will wait until evaluated by provider.
    - Option #1: Quiet Room (1-6 people)
    - Option #2: Ward with Curtain closed(~10-15 people)
  - If patients require Biofire or COV-19 testing, they will be moved to Quiet Room vs Ward depending on number.
  - Daily Re-evaluation by medical: current symptoms and vital signs including temperature (fill out Re-evaluation Form)



# Medical Screening - Post Vietnam

- All Personnel Screened
- Time Frame: 7 days by department, next 7 days via self-reporting
- Departments email names of **positive** screenings to CAPT (b) (6) NLT 1600.
  - Ask member about COVID-19 specific symptoms
  - Positive Screens for flu-like illness sent to medical for evaluation immediately (do not wait for sick call)
  - Patient dons surgical mask in medical
  - Fill out Respiratory Questionnaire (if initial visit)
  - Vital Signs taken, if abnormal, Duty IDC and/or Doc will evaluate
  - Patients will wait until evaluated by provider.
    - Option #1: Quiet Room (1-6 people)
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## Medical Screening - Post Vietnam

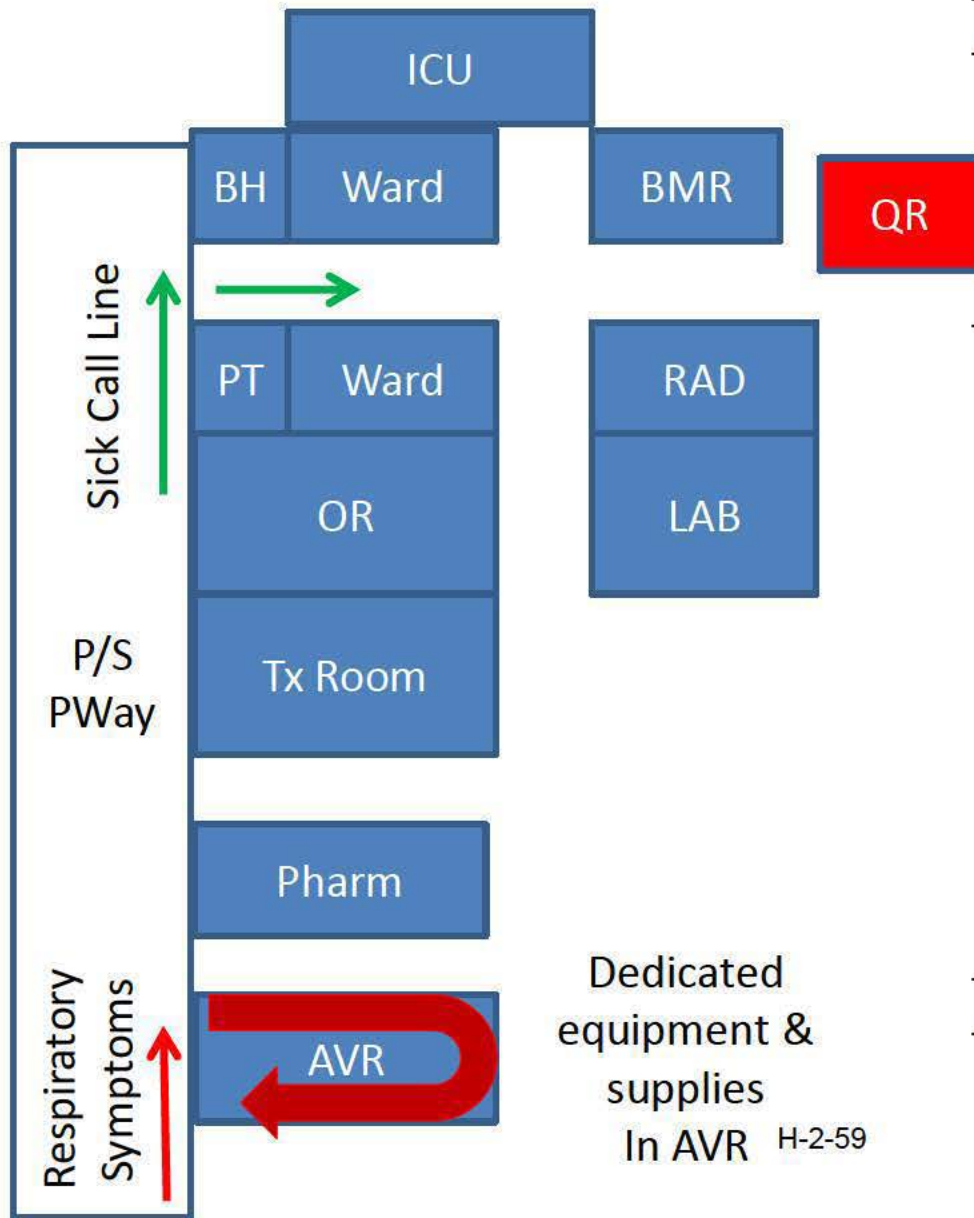


- All Personnel Screened
- Time Frame: 7 days by department, next 7 days via self-reporting
- Departments email names of **positive** screenings to CAPT (b) (6) NLT 1600.

## Department Level Screening

- Ask member about COVID-19 specific symptoms
- Positive Screens for flu-like illness sent to medical for evaluation immediately (do not wait for sick call)
- Patient dons surgical mask in medical
- Fill out Respiratory Questionnaire (if initial visit)
- Vital Signs taken, if abnormal, Duty IDC and/or Doc will evaluate
- Patients will wait until evaluated by provider for additional testing.
  - Option #1: Quiet Room (1-6 people).
  - Option #2: Ward with Curtain closed(~10-15 people)
- Daily re-evaluation will be completed.

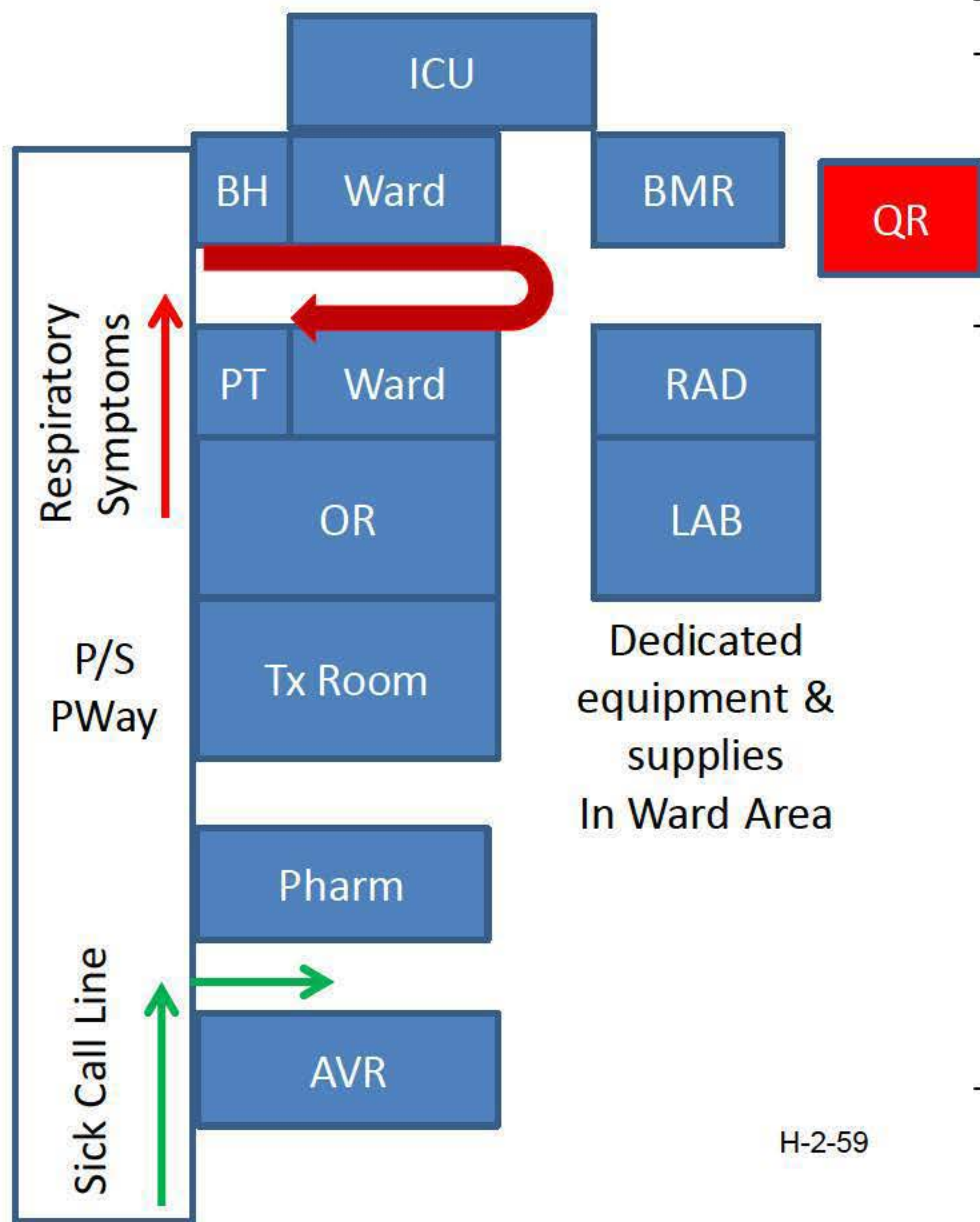
# COA #1



Dedicated  
equipment &  
supplies  
In AVR H-2-59

- Regular Sick Call enter via **PT/Psych Door**
- Flu-like Symptoms enter via AVR
- Don Mask (in line)
- Screened with Vital Signs
- Symptoms, but Temp < 100
  - Treat symptomatically with OTC Meds
  - Come back for Re-eval by medical daily 0700-0900
- Temp > 100
  - Eval by Duty Doc/IDC to treat
  - Wait in AVR
  - If further testing required, moved to Quiet Room
  - Investigate for other etiologies
  - Test with Biofire
    - If positive → viral etiology
    - If negative → Covid -19 “research” sequence.
  - Quarantine/isolate
  - Re-eval by medical daily
- OTC Medications available to RN/HMs
- Daily Field Day in AVR post evaluation of patients (Quiet Room if applicable).

# COA #2



- Regular Sick Call enter via AVR
- Flu-like Symptoms enter via PT/Psych
  - Don Mask (in line)
  - Screened with Vital Signs
  - Symptoms, but Temp < 100
    - Treat symptomatically with OTC Meds
    - Come back for Re-eval by medical daily 0700-0900
  - Temp > 100
    - Eval by Duty Doc/IDC to treat
    - Wait in PT Area
    - If further testing required, moved to Quiet Room
    - Investigate for other etiologies
    - Test with Biofire
      - If positive → viral etiology
      - If negative → Covid -19 "research" sequence.
    - Quarantine/isolate
    - Re-eval by medical daily
    - OTC Medications available to RN/HMs
- Daily Field Day in Ward post evaluation of patients (Quiet Room if applicable).

# External Support

- The NAVMED R&D Team (1 lab) will support CTF-71.
- request arrival around 10 March (estimated).
- Players: LCDR (b) (6), PhD, MPH, HM1 (b) (6) (male), and (b) (6) (female)
- Equipment:
  - NGDS Biofire instrument and enough Biofire Respiratory-2 Panels to run diagnostics for the usual respiratory pathogens on up to 250 sailors. 1 hour run time, 10 at a time.
    - does not include COVID-19
  - 2 RT-PCR instruments on which we will be able to run COVID-19 “research only” assays for surveillance purposes
    - run approximately 800-1000 COVID-19 assays. 2 hour run time
- Training: teach MLTs to run the Biofire on ILI cases for diagnostic purposes. If the BioFire results are all negative, we then turn to the COVID-19 assay for surveillance purposes.

# Quarantine Options

## **DV Row**

- 6 rooms (2 person racks), cots for additional patients

## **Berthing**

- Chief Overflow Berthing ( aft mess deck)
- Admin Male berthing
- Medical Quiet Room (4 racks-isolated head)

## **Additional berthing**

## **Brig**

- Up to 20 (not ideal)



# Logistics

- Heads
  - Secure heads for restricted use for isolated/ quarantined patients. If movement outside necessary, ensure wearing mask
  - Signage to secure the head for isolated/quarantined individuals only
  - Head cleaning with HTH, diluted chlorine bleach, cavicide with appropriate PPE
- Food delivery:
  - Delivered to them, wearing PPE.
- Laundry delivery
  - All laundry in tied plastic bag and transported.
  - Standard procedures for washing, minimal risk of transmission
- Trash
  - Soiled material and PPE tied in a sturdy leak proof bag and should be incinerated.
- Medical Checks
  - Daily medical checks. Must don appropriate PPE prior to entry and doff off BEFORE exiting.
  - Disposable or dedicated patient care equipment. Cavicide available.
  - Airborne precautions = N95 mask (fit testing)
  - Droplet= surgical mask

# ILI thresholds

- Carriers 0.11%
- LHA, LHD, LSD, LCC: 0.41%
- DDG, CG, FG: 2.0%
- SSN, SSBN: 1.32%
- All others: 1.5%

# MED DEPT- SHARED DUTIES

- Strict respiratory hygiene/cough etiquette
- Hand washing before and after patient
- Clean patient care bed and chair after every use
- In waiting area,
  - Surgical mask for URI symptoms
  - No touch receptacle for tissue disposal
  - Monitor replacement of hand sanitizer (walls units and mayo trays)

# Duty Schedule

Name	Guam 7-10 Feb	'Nam 5-8 Mar	Guam 7-10 April	Thailan d 25-28 Apr	Singapor e 28 May- 01 Jun	Guam 11-14 Jun	Total duty days	Por ts off
LCDR (b) (6)	Duty (Day 1)	Duty (day 4)					2	0
LT (b) (6)	OFF	Duty (Day 3)					1	1
LCDR (b) (6)	Duty(Day 3)	Off					1	1
LT (b) (6)	Off	Duty(Day 1)					1	1
LT (b) (6)	Duty (Day 2)	Off					1	1
LT (b) (6)	Off	Duty (Day 2)					1	1
LT (b) (6)								



# Da Nang Port Visit Overview Brief



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H-2-60



# Summary of Changes Since 01 Mar20

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- Updated proposed schedule (slides 5-7)



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# Port Visit Snapshot



- Scheduled port visit to: Da Nang, Vietnam
- Arrive: 05 Mar, 0900
- Duty Sections:
  - Day 1 (05 Mar) – Thursday – Section 1/5
  - Day 2 (06 Mar) – Friday – Section 2/6
  - Day 3 (07 Mar) – Saturday – Section 3/7
  - Day 4 (08 Mar) – Sunday – Section 8/4
  - Day 5 (09 Mar) – Monday – Section 5/1
- Depart: 09 Mar, 1400



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# Proposed Schedule



MON	2-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200																					
		PACFLT																																						
		Spouse																																						
TUE	3-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200																					
		PACFLT												HANOI																										
		Spouse																																						
			VNM Fly-Outs to CVN																																					
WED	4-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200																					
		PACFLT	HANOI																																					
		Spouse																																						
		AMB																																						
		CG																															CG Arrive							
		CSG-9																															CSG9 Arrive Via COD. Time TBD							
			Non VNM Fly-Outs to CVN																																					
		DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200																					



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# Proposed Schedule



THU	5-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200
		PACFLT	HANOI		FLY TO DANANG		Transit	PRESS PREP & LUNCH	Transit to Port	ARRIVAL CEREMONY & PRESS CONF	DPC and NAVY REGION 3 OFFICE CALLS				VN-HOSTED DINNER BANQUET (1830-2100)			HOTEL	
		Spouse																	
		AMB			FLY TO DANANG														
		CG	BREAKFAST		PACFLT Arrival		Transit												
		CSG-9	BREAKFAST		PACFLT Arrival														
					*SHIP ARRIVALS / SAILORS TRANSIT ASHORE							*MEDIA CVN TOUR 1	*MEDIA CVN TOUR 2				NAVY BAND at VN Hosted Dinner		
											COMREL #1- Voc.Center								

FRI	6-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200
		PACFLT	BREAKFAST/EXEC TIME 0930-1000 Transit to COMREL				COMREL #2 DV Visit	TRANS TO AM CHAM LUNCH	Am Cham Lunch	PRESS PREP and MEDIA HUB CALL (1315- 1430)		EXEC TIME	TRANS TO PORT	VIP CVN TOUR	CVN BIG TOP RECEPTION			HOTEL	
		Spouse																	
		AMB																	
		CG																	
		CSG-9																	
							COMREL #2- Charity Center		COMREL #3- Agent Orange Center				NAVY BAND ON CVN Reception						
					BAND @ COMREL		BIG TOP REHEARSE												
					Press @ COMREL		METOC Exchange												
					HA/DR Exchange (0900-1200, 1330-1530)														
					PRESS @ HA/DR Exchange														
			TOUR 1				TOUR 2				TOUR 3				TOUR 4				
					SOCCER														



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# Pre-Arrival Movement



## Feb 27 Departure

LCDR (b) (6) (BG)	(b) (6) (MWR)
CDR (b) (6) (CDCO)	CDR (b) (6) (COMREL)
(b) (6) (NCIS)	LCDR (b) (6) (BG)
LCDR (b) (6) (SECO)	ENC (b) (6) (ENG)
LCDR (b) (6) (PAL)	LCDR (b) (6) (JUDGE)
ENS (b) (6) (VIN Deck AFL)	LT (b) (6) (MED)
LTjg (b) (6) (Dep PAO)	
CDR (b) (6) (SLG)	LT (b) (6) (SLG)
ATCS (b) (6) (SLG)	
LT (b) (6) (CSG9)	ENS (b) (6) (CDS23)

## Mar 03 Departure

LCDR (b) (6) (SLG)  
LCDR (b) (6) (SLG)  
ATCS (b) (6) (SLG)  
IT Rep



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# Day 1



- Sea & Anchor Detail
- Arrival of Pilot & Attaché/ Vietnamese Delegation
- Anchored
- Setup of barges, water taxis, etc.
- Departure of Beach Guard & SLG
- Liberty Call
  - By Rank
  - Department 10% w/ head of line privileges (1 Liberty Buddy max.)



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# Daily Inport Battle Rhythm

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**0630:** TR CDO/ ACDO Turnover

**0700:** SLG submit daily report email to XO/DCAG/CMCs/CDO

**0730:** CSG 9 Turnover (CDO/ ACDO not required)

**0800:** Morning debrief/ phone-in of prior evening events

Nat'l Police/ Border Guard and Security/ NCIS pier meeting

**0900:** Release daily report email to distro

**2359:** Final SLG/ Shore Patrol sweep of bars/ common areas



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# Logistics



❑ LOGREQ submitted: 211246Z FEB 20

❑ **44 Buses total** [3 express routes to 3 separate approved liberty drop off points]

42 w/out  
PKN

For duration of port visit

- Express Route 1: Fleet Landing to Beach Bus Stop (30 minutes 1 way)
- Express Route 2: Fleet Landing to Green Plaza Hotel Bus Stop (30 minutes 1 way)
- Express Route 3: Fleet Landing to Novotel Park Bust Stop (20 minutes 1 way)
- 4 Buses dedicated for COMREL

❑ **Water Taxis (8 Total)** [~15 min – 20 min one way]

DAY	TIME START	TIME FINISH	TOTAL HOURS THIS PERIOD	WATER TAXI			CAPACITY PROVIDED THIS PERIOD
				250	125	75	
5-Mar	8:00 AM	11:00 AM	3:00	1	0	1	325
	11:00 AM	1:00 AM	14:00	4	2	2	1400
	1:00 AM	5:00 AM	4:00	0	1	1	200
6-Mar	5:00 AM	7:00 AM	2:00	1	1	1	450
	7:00 AM	1:00 PM	6:00	4	2	2	1400
	1:00 PM	5:00 PM	4:00	1	1	1	450
	5:00 PM	1:00 AM	8:00	4	2	2	1400
	1:00 AM	5:00 AM	4:00	0	1	1	200

RECEPTION

DAY	TIME START	TIME FINISH	TOTAL HOURS THIS PERIOD	WATER TAXI			CAPACITY PROVIDED THIS PERIOD
				250	125	75	
7-Mar	5:00 AM	7:00 AM	2:00	1	1	1	450
	7:00 AM	1:00 PM	6:00	4	2	2	1400
	1:00 PM	8:00 PM	7:00	1	1	1	450
	8:00 PM	1:00 AM	5:00	4	2	2	1400
	1:00 AM	5:00 AM	4:00	0	1	1	200
8-Mar	5:00 AM	7:00 AM	2:00	1	1	1	450
	7:00 AM	1:00 PM	6:00	4	2	2	1400
	1:00 PM	8:00 PM	7:00	1	1	1	450
	8:00 PM	1:00 AM	5:00	4	2	2	1400
	1:00 AM	5:00 AM	4:00	0	1	1	200
9-Mar	5:00 AM	11:00 AM	6:00	4	2	2	1400
	11:00 AM	3:00 PM	4:00	1	0	1	325



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# Logistics



- 193 Cell Phones
  - 12 for ADVON
- 3 meals/day for SLG, Security, and Beach Guard
- 7 Tents with tables, chairs, and lighting
  - 5x 300 and 2x 100 person capacity
  - Tent/awning provided at ECP – watchstanders / shelter
  - 2- 20ft trailer offices
- 15 Porta Johns w/ Hand Washing Stations
- 11 Sedans, 8 Vans (with drivers)

## SEDANS

FLAG  
COS  
CO  
XO  
SSP  
CAG  
DCAG  
DESRON  
DDESRON  
Beach DET  
PAO

## VANS

Shore Patrol (3)  
Duty Driver (1)  
Medical (1)  
CAG Staff (1)  
CSG Staff (1)  
CDS-21 Staff (1)



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# Logistics



- Standard Barge Services
  - CHT, Potable Water, Oily Waste, and Trash
- Laundry/ SLG shirt:
  - P/U at 0915 return 2000
- \$ Exchange at Fleet Landing



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# Liberty Policy



- **Senior person present rule**
  - The senior person at the scene of a liberty incident is required to attempt to prevent, and to intervene to stop a liberty incident.
- **Liberty buddies**
  - Required except while on COMRELs or MWR groups leaving from and returning to Fleet Landing. Buddies have a duty to prevent liberty incidents.
- **Training**
  - Command-wide liberty briefs are required, in addition to khaki-led liberty briefs within each division.



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# Liberty Policy



## Written liberty plans

Required for E-5 and Below. Submitted thru CoC for review, DLCPO/ HoD for approval. Maintained w/in department.

### USS THEODORE ROOSEVELT (CVN 71)/CVW-11 INDIVIDUAL LIBERTY PLAN

Rate/Rank/Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_ DIV: \_\_\_\_\_ Duty Section: \_\_\_\_\_

#### LIBERTY EXPIRATIONS (AT FLEET LANDING OR AT HOTEL)

E4 AND BELOW: 2200 E5/E6: 2300 / E7 AND ABOVE: 2359

☐ Class Alpha Liberty expires at 2100 onboard. ☐ Class Bravo Liberty expires at 1800 onboard.  
☐ Class Charlie Liberty onboard.

Division LCPO Risk Category ☐ Low ☐ Medium ☐ High

1. Have you read the SOPA liberty policy and understand the contents? YES / NO (Circle one)
2. If you are of legal age to drink alcohol, are you going to drink responsibly? YES / NO / N/A (Circle one)
3. Are you aware of the liberty policy? YES / NO (Circle one)

THURSDAY, 05 MARCH 2020 SECTION 1 ALCOHOL YES / NO (Circle one) OVERNIGHT YES / NO (Circle one) Duty/Staying on Ship ☐

Plans: Shopping ☐ Sight Seeing ☐ MWR Tour ☐ Night Life/Bar ☐ Movie ☐ Restaurant ☐

Other/Details: \_\_\_\_\_

Overnight Location: \_\_\_\_\_ Recall Phone #: \_\_\_\_\_

Hotel Name: \_\_\_\_\_ Hotel Phone #: \_\_\_\_\_

Liberty Buddy 1: (Rate, Last, First, Dept/Div): \_\_\_\_\_ Signature: \_\_\_\_\_

Liberty Buddy 2: (Rate, Last, First, Dept/Div): \_\_\_\_\_ Signature: \_\_\_\_\_



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# C7F Liberty Policy



- **Division recall.**

- For all liberty incidents, the Sailor's entire **division** is placed in a duty status and recalled to the ship to complete a remediation plan and critique.
- Requires first flag officer authority to return the division to liberty.



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# Liberty Logs



- All Hands will sign in/out
- Department/ squadron will maintain LIBERTY LOGBOOK and manned at all times
- Maintained w/in department daily until 1900 then transferred to HB3
  - Remain until last sailor in department accounted for
  - Monitored by E-7 and above
  - Squadron logbook will remain in Ready Room



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# Liberty Logs



DEPARTMENT LIBERTY LOG								PORT VISIT: D	
RATE	NAME	DIVISION	SHORE PASS #	LIBERTY EXPIRES WHEN?	LIBERTY BUDDY NAME(S) (MAX 4 BUDDIES)	WHAT ARE YOU DOING? WHERE ARE YOU GOING?	MEMBER SIGNATURE WITH "TIME & DATE"	OVERNIGHT	COMMENTS BERTHING COMPARTMENT AND RACK #
							OUT: IN:	Circle One: Y / N	COMMENTS: BERTHING COMPARTMENT AND RACK #:
							OUT: IN:	Circle One: Y / N	COMMENTS: BERTHING COMPARTMENT AND RACK #:
							OUT: IN:	Circle One: Y / N	COMMENTS: BERTHING COMPARTMENT AND RACK #:
							OUT: IN:	Circle One: Y / N	COMMENTS: BERTHING COMPARTMENT AND RACK #:

Once signed, no hand written entries or changes are permitted.										
DEPARTMENT:				DIVISION:						
HOD:		DLPCO:								
Special Instructions:				ALL PERSONNEL ARE REQUIRED TO FILL OUT DEPT LIBERTY LOG **NO EXCEPTIONS**		Muster time: 2200 - 0100				
				Late Night/Morning muster is MANDATORY		DEPT Late Night/Morning muster email: EMAIL: @cyn71.navy.mil				
						Approval HOD DLPCO				
VIETNAM OVERNIGHT LIBERTY LOG WILL BE GIVEN OVERNIGHT PERMIT BEFORE DEPARTURE										
DUTY SEGRADE	LAST	FIRST	REPORT NUMBER	PL	EX	ATI	How Many	mb	HOTEL & HOTEL RECALL #	PERSONAL EMAIL



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# Vietnam Serialized Shorepass



- Required to go on/off Fleet Landing
- Loss of Shorepass
  - Report IMMEDIATELY
  - Requires Diplomatic Intervention
  - Verify identity IOT access Fleet Landing & return to ship
  - Memo signed by TR CDO
  - Takes **days** to replace/ liberty secured until then
- **ALL** Shorepasses must be returned/accounted for



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# Overnight Permits & Shorepass



## Overnight Liberty Permit

- Requires Passport (NO Exceptions)
- Includes: name, passport number, and approved hotel

.....BPCK CẢNG GIẤY PHÉP - PERMIT  
Số:...../GP Ngày hết hạn/ Date of expiry:  
Họ và tên/Full name:  
Quốc tịch/Nationality:  
Số CMND-HC/ID-Pasport/N<sup>o</sup>:  
Được phép/Is allowed:  
Ngày tháng năm  
CHỈ HUY ĐƠN VỊ

CHÚ Ý/NOTE  
Xuất trình Giấy phép kèm Giấy CMND hoặc hộ chiếu/  
This Permit should be presented with ID or Passport

## Shorepass

- Individually Serialized
- Each ship different color
- Liberty card  $\neq$  Visa (not the same)



**\*\*PROTECT Liberty Card like CAC or Passport\*\***



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# Liberty Expiration



- Curfew
  - 2400-0700
  - Be in a hotel or Ship/Fleet Landing.
  - May **NOT** be in public, to include: hotel bar/pool/lobby.
- Overnight liberty **NOT** authorized before duty day.
- ALL HANDS not on overnight liberty must be at fleet landing and returning to the ship by the following times
  - E-4 and below – 2200
  - E-5 and E-6 – 2300
  - E-7 and above – 2359

**\* LAST DAY (Monday, 09 Mar) Liberty Expiration is 0900 at FLEET LANDING for ALL HANDS\***



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# Liberty Risk Program



- ALPHA (2200 curfew)
- BRAVO (1800 curfew)
- CHARLIE (No liberty, **Fleet Landing Only**)

\* No alcohol for any liberty risk category\*

LIBERTY RISK NOMINATION FORM							
From:			Date:				
NOMINEE							
Name:		Rank/Rate:		DEPT/SQDN:			
LIBERTY RISK RECOMMENDATION							
(NORMAL LIBERTY)	<input type="checkbox"/>	(A)	<input type="checkbox"/>	(B)	<input type="checkbox"/>	(C)	<input type="checkbox"/>
REASON FOR NOMINATION:							



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# Religious Articles & Engagements



- Permissible Items
  - Bibles
  - Crosses
  - Religious mandated attire
- Not Permissible
  - Distributing flyers/handouts
  - Approaching/ inviting discussion

**Violations draw undue attention = diplomatic repercussions**



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# Getting Around Da Nang



- HSBC Bank only International ATM available
- All taxi services are authorized
  - Be prepared to pay in local currency (Dong)
- Returning to the ship
  - Cabs can be directed to (searchable on Google maps)

Tien Sa Port

1 Yet Kieu

Tho Quang



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# Water Taxi Schedule

DAY	TIME START	TIME FINISH	TOTAL HOURS THIS PERIOD	WATER TAXI			CAPACITY PROVIDED THIS PERIOD	CAPACITY REQUESTED THIS PERIOD	CAPACITY DIFFERENCE
				250	125	75			
5-Mar	8:00 AM	11:00 AM	3:00	1	0	1	325	50	275
	11:00 AM	1:00 AM	14:00	4	2	2	1400	1200	200
	1:00 AM	5:00 AM	4:00	0	1	1	200	300	-100
6-Mar	5:00 AM	7:00 AM	2:00	1	1	1	450	300	150
	7:00 AM	1:00 PM	6:00	4	2	2	1400	1200	200
	1:00 PM	5:00 PM	4:00	1	1	1	450	700	-250
	5:00 PM	1:00 AM	8:00	4	2	2	1400	1200	200
	1:00 AM	5:00 AM	4:00	0	1	1	200	300	-100
7-Mar	5:00 AM	7:00 AM	2:00	1	1	1	450	300	150
	7:00 AM	1:00 PM	6:00	4	2	2	1400	1200	200
	1:00 PM	8:00 PM	7:00	1	1	1	450	700	-250
	8:00 PM	1:00 AM	5:00	4	2	2	1400	1200	200
	1:00 AM	5:00 AM	4:00	0	1	1	200	300	-100
8-Mar	5:00 AM	7:00 AM	2:00	1	1	1	450	300	150
	7:00 AM	1:00 PM	6:00	4	2	2	1400	1200	200
	1:00 PM	8:00 PM	7:00	1	1	1	450	700	-250
	8:00 PM	1:00 AM	5:00	4	2	2	1400	1200	200
	1:00 AM	5:00 AM	4:00	0	1	1	200	300	-100
9-Mar	5:00 AM	11:00 AM	6:00	4	2	2	1400	20	1380
	11:00 AM	3:00 PM	4:00	1	0	1	325	21	304
RECEPTION									



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# Liberty Area (Da Nang Province)



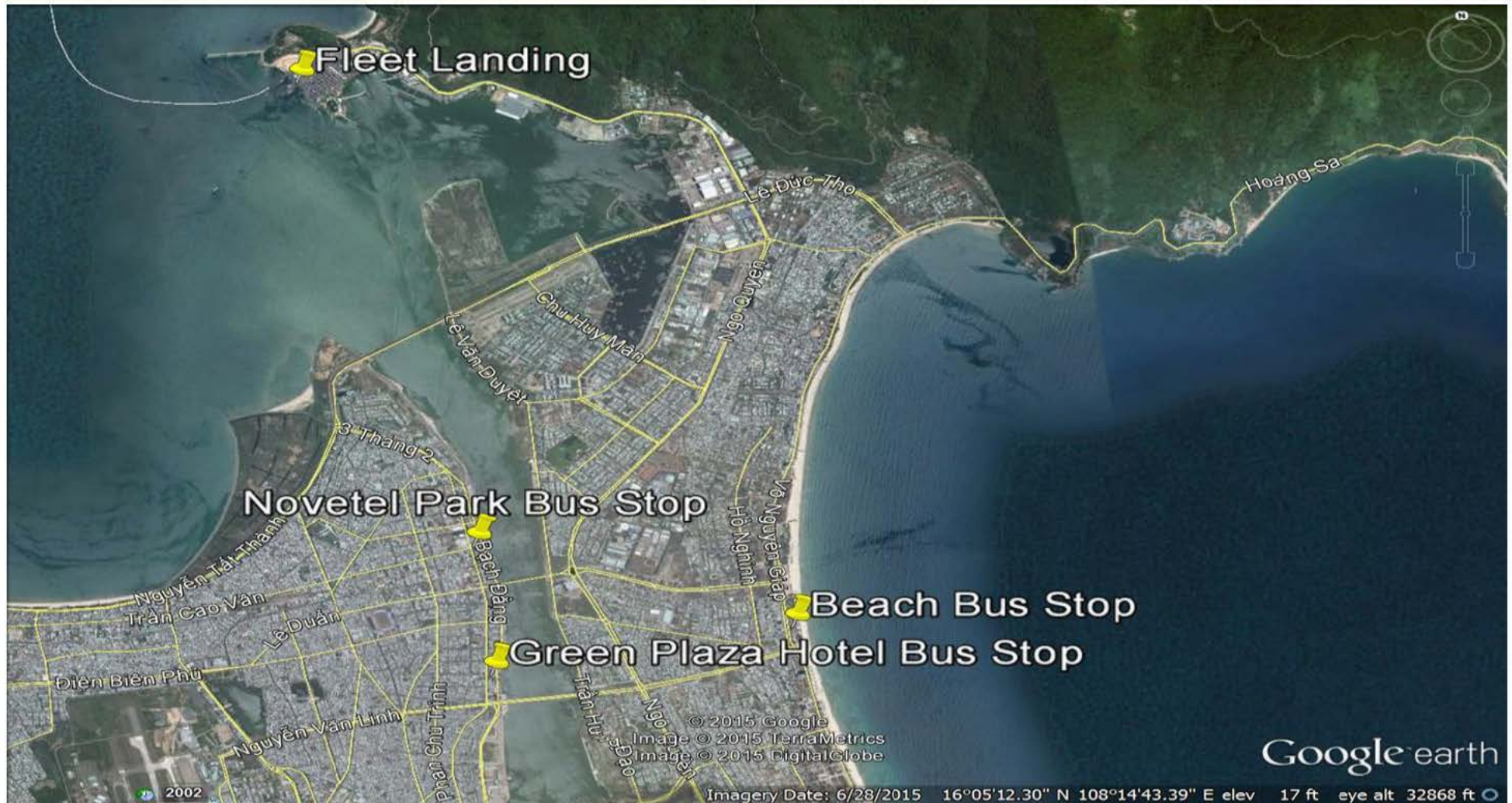
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# Bus Stops



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# Approved Hotels & Drop Off



## Downtown North/ Novotel

- Da Nang Golden Bay
- Stay Hotel
- Zen Diamond Suites Hotel
- Novotel Premier Han River
- Hilton Hotel Da Nang

## Downtown South/ Green Plaza

- Brilliant Hotel
- Vanda Hotel
- Samdi Hotel
- One Opera Hotel

## Beach

- A la Carte
- Belle Madison Parosand
- Mandila Beach Hotel
- BlueSun Hotel
- Paris Deli Danang Beach Hotel
- Royal Lotus Hotel
- Sofia Boutique Hotel\*
- Sofia Suites Hotel\*
- Four Points by Sheraton

## Beach Other

- Premier Village Da Nang Resort
- Pullman Danang Beach Resort
- Intercontinental Da Nang
- Hyatt Regency Danang
- Olalani Resort and Condotel

\*The Sofia Hotels are two hotels operated by Vietnam Boutique Quality. No other Vietnam Boutique Quality hotels are authorized for lodging.



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# Public Affairs



3 & 4 Mar	5 Mar	6 Mar	7 Mar	8 Mar	9 Mar
<ul style="list-style-type: none"><li>DV Embarks</li></ul>	<ul style="list-style-type: none"><li><b>Arrival Ceremony</b></li><li>Press Conference with 70 Media</li><li>Navy Region 3 Office Call</li><li>DPC Office Call</li><li>VN-Hosted Dinner (includes joint band performance)</li><li>CVN Tour for 50 Media</li><li>1 COMREL</li></ul>	<ul style="list-style-type: none"><li>4xCVN DV Tours for 200 DVs</li><li>1xProfessional Exchange with 50 VN guests</li><li>Soccer Game</li><li>2 COMRELs</li><li>VIP CVN Tour</li><li>Big Top Reception for 500</li></ul>	<ul style="list-style-type: none"><li>CPF Departs Da Nang</li><li>4xCVN Tours for 200 DVs</li><li>1 Professional Exchange with 50 VN guests</li><li>Volleyball Game</li><li>2 COMRELs</li><li>Public Band Concert</li></ul>	<ul style="list-style-type: none"><li>4 CVN Tours for 200 DVs</li><li>2 Professional Exchanges with 100 VN guests</li></ul>	<ul style="list-style-type: none"><li><b>Departure Ceremony</b></li></ul>



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# Crew Engagement



## Professional Exchanges

Topic	<div>TBD</div> Date / Time	Description	Reciprocal Visit	Participants	Notes
Culinary	6 Mar / 0800	30-min tour of galley spaces fwd to aft + TR hangar bay and flight deck tour	Vietnamese demo at local restaurant + lunch	<ul style="list-style-type: none"><li>50 from Vietnam</li><li>10 TRSG SUP Sailors</li></ul>	<ul style="list-style-type: none"><li>TBD is group lead; presenting plaque</li><li>Media is expected at off site portion of the exchange</li></ul>
Air Traffic Controller	7 Mar / 0800	30-min tour of Air Ops and CATCC + TR hangar bay and flight deck tour	TBD	<ul style="list-style-type: none"><li>50 from Vietnam</li><li>Assigned OPS personnel</li></ul>	<ul style="list-style-type: none"><li>TBD is group lead; presenting plaque</li></ul>
Medical	7 Mar / 1300	1-hr CVN tour + tour of medical and dental spaces	No	<ul style="list-style-type: none"><li>50 from Vietnam</li><li>Assigned Med/Dental personnel</li></ul>	<ul style="list-style-type: none"><li>Ship's Nurse is group lead; presenting plaque</li><li>Mass casualty best practices and standard care for Sailors</li></ul>
Firefighting	8 Mar / 0800	TR tour + DCA-led tour of DC-related stations/spaces; demo	Tour of a Da Nang Fire Station	<ul style="list-style-type: none"><li>50 from Vietnam</li><li>10 TR ENG Sailors</li></ul>	<ul style="list-style-type: none"><li>DCA is group lead; presenting plaque</li></ul>
METOC	8 Mar / 1300	TR tour + METOC-led tour of METOC spaces; demo	TBD	<ul style="list-style-type: none"><li>50 from Vietnam</li><li>10 TR Sailors</li></ul>	<ul style="list-style-type: none"><li>METOC is group lead; presenting plaque</li></ul>



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# Crew Engagement



## Sporting Events

Sport	Date / Time	Description	Participants	Notes
Soccer	6 Mar / 1000	Details still being finalized among USEMB and DPC's Culture and Sports Department. Game will be hosted at a Vietnamese sports facility.	<ul style="list-style-type: none"><li>30 from local sports team or university</li><li>30 from TRSG</li></ul>	<ul style="list-style-type: none"><li>MAC (b) (6) (Lead)</li><li>Lead will present plaque</li></ul>
Volleyball	7 Mar / 1000	Event expected to feature several smaller games in a tournament format. Details still being finalized among USEMB and DPC's Culture and Sports Department. Game will be hosted at a Vietnamese sports facility.	<ul style="list-style-type: none"><li>20 from local sports team or university</li><li>20 from TRSG</li></ul>	<ul style="list-style-type: none"><li>Group lead is TBD</li><li>Lead will present plaque</li></ul>

## CPF Band Public Concerts

Event	Date / Time	Description
Outdoor Concert	5 Mar / 1800	The CPF Band is scheduled to perform at TBD. The free public concert will be advertised by DPC's Culture and Sports Department.
Joint Concert	7 Mar / 1800	The CPF Band is scheduled to perform at TBD with local Vietnamese musicians. The free public concert will be advertised by DPC's Culture and Sports Department.



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# Tours



- **Dates:** 5-8 Mar
- **15 Groups (including 2xmedia tours)** / 50 per group
- **Duty Section support required**
  - **Muster Location:** Fantail
  - **Uniform:** NWUs

## 5 Mar

- Muster at 1345
- Personnel Support
  - 10 Duty Section personnel
  - 2 MCs
  - 2 Translators

## 6 & 7 Mar

- Muster at 0830
- Personnel Support
  - 10 Duty Section personnel
  - 3 MCs
  - 4 Translators

## 8 Mar

- Muster at 0830
- Personnel Support
  - 10 Duty Section personnel
  - 3 MCs
  - 4 Translators



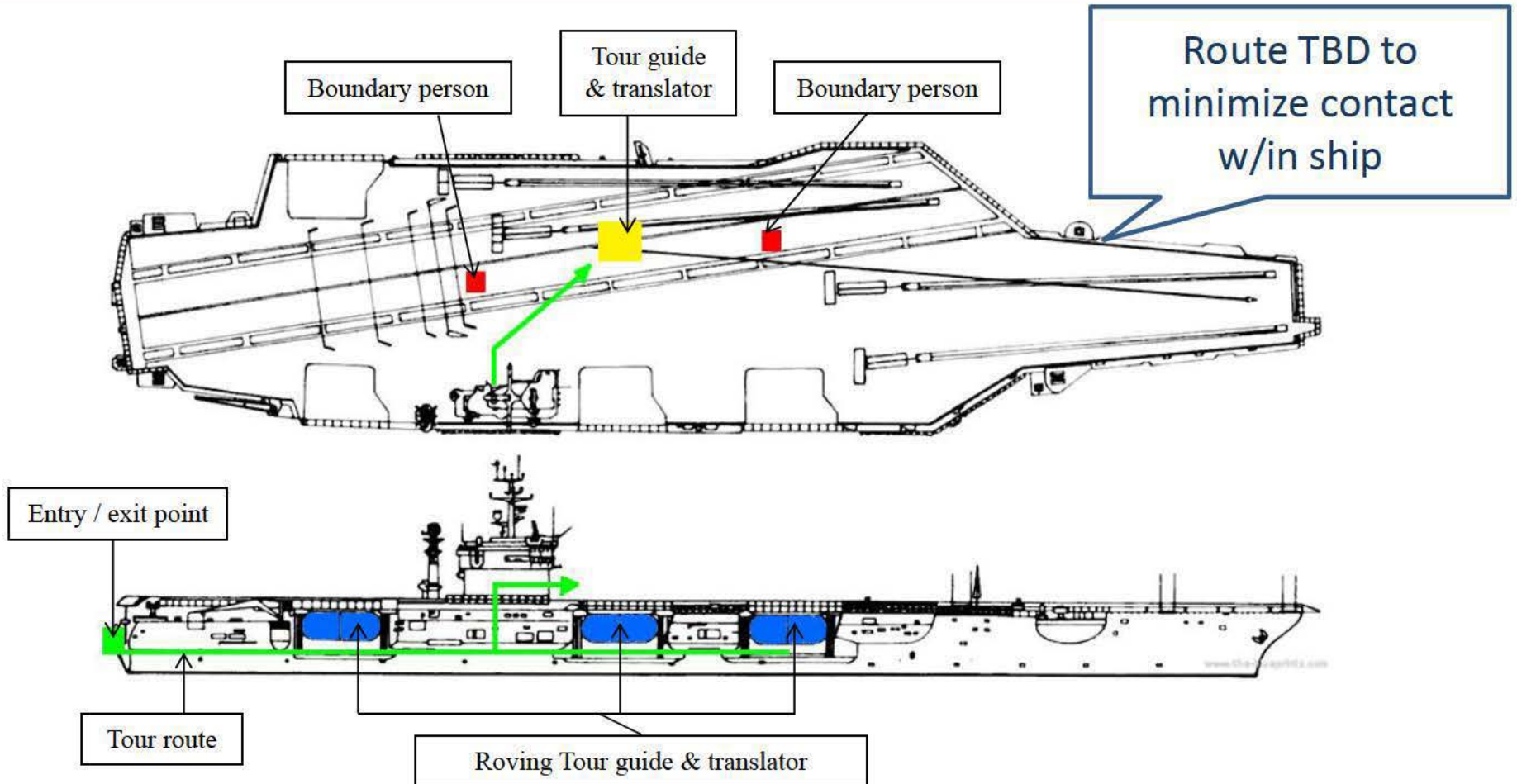
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# Tours



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# Big Top Reception



- Reception on Friday, March 6<sup>th</sup>, 1800-2100
  - 400+ Dignitaries, Guests, and Media
  - Uniform for Attendees: Summer Whites (E-7 and above, Dress Whites (E-6 and below
- Impact
  - HB2 Secured for Reception
  - HB3 Limited Access for Arrival/ Departure of Guest
  - Liberty Boat Traffic Secured
    - Inbound 1700-1800
    - Outbound 2030-2130

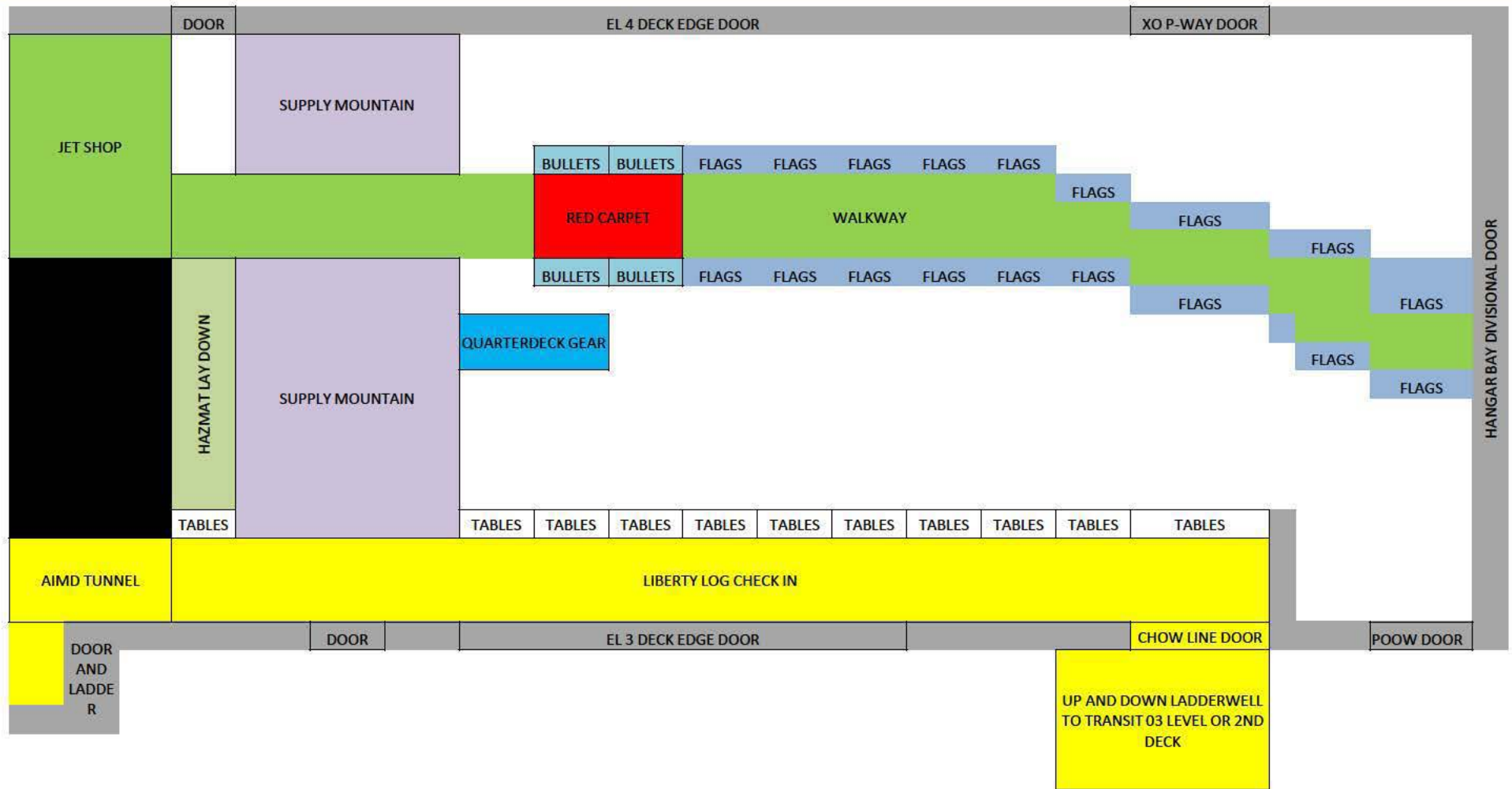


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# Big Top Reception



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# MWR



## Da Nang Tours, Timeline & Pricing

- Tours are available March 6-8
- **Only** MWR tours are allowed outside of the Da Nang Liberty Zone
- Non-refundable unless cancelled by MWR or Tour Company
- **All** tours depart from Fleet Landing

Tour Name	TOUR MIN	COST	Muster on Pier	Tour Start	Tour End
MY SON & HOI AN TOUR	10	\$44	0730	0800	1800
HOI AN NIGHT TOUR	10	\$28	1430	1500	2200
DA NANG CITY TOUR	10	\$36	0730	0800	1700
HUE CITY TOUR	10	\$48	0730	0800	1800
BA NA HILLS TOUR	10	\$60	0730	0800	1600
VIETNAMESE COOKING CLASS	10	\$40	0830	0900	1400
DAY SNORKELING @ CHAM ISLAND	40 MAX	\$64	0630	0700	1700
**SCUBA DIVING @ CHAM ISLAND	15 MAX	\$100	0640	0700	1700



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# COMREL



- 5 COMRELs for 160 Sailors (30-40 Sailors per COMREL)
  - **Vocational Charity center (BUNKER HILL)**
  - **Association of Agent Orange Victims.** Sailors will assist with maintenance and area beautification.
  - **Humanitarian Charity Center.** Performance by the band, indoor and outdoor games.
  - **Dong A University.** Language exchange with local students and outdoor soccer game.
  - **Hoa Mai Orphanage.** Maintenance and outdoor games.



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# COMREL SCHEDULE



5 Mar	6 Mar	7 Mar
<b>COMREL 1 – Vocational Charity Center (BKH)</b> <ul style="list-style-type: none"><li>Address: Le Dinh Chinh, Hoa Quy, Ngu Hanh Son, Da Nang</li><li>1500-1700</li><li>30 Sailors</li></ul>	<b>COMREL 2- Humanitarian Charity Center (TR)</b> <ul style="list-style-type: none"><li>Address: 12 Thanh Huy 2, Thanh Khe Dong, Thanh Khe, Da Nang</li><li>0930-1130</li><li>30 Sailors</li><li>U.S. Ambassador likely to attend.</li></ul> <b>COMREL 3- Association of Agent Orange Victims Center(TR)</b> <ul style="list-style-type: none"><li>Address: To 6, thon Phuoc Hung, Hoa Nhon, Hoa Vang, Da Nang</li><li>1400-1700</li><li>30 Sailors</li></ul>	<b>COMREL 4- Hoa Mai Orphanage (TR)</b> <ul style="list-style-type: none"><li>Address: To 45 Mai Dang Chon, Hoa Quy, Ngu Hanh Son, Da Nang</li><li>0900-1130</li><li>30 Sailors</li></ul> <b>COMREL 5- Dong A University (TR)</b> <ul style="list-style-type: none"><li>Address: 33 Xo Viet Nghe Tinh, Hoa Cuong Nam, Hai Chau, Da Nang</li><li>1430-1630</li><li>40 Sailors</li></ul>



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# Religious Ministries Program



## Inport Worship Services

### **Daily**

Islamic Prayer (Chapel): 1700 - 1800

### **Friday**

Islamic Lay-Led Service (Chapel): 1300 - 1400

### **Sunday**

Catholic Mass (Chapel): 0730 - 0800

General Protestant Service (Theater): 0730 - 0830

Church of Jesus Christ of LDS (Chapel): 0900 - 1000



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# Fleet Landing



- Single Entry/ Exit
- Services
  - Currency Exchange
  - Food/ Drink Vendors (Pending)
  - Wifi
  - Laundry Services (Pending)



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# Beach Guard



- Uphold good order and discipline at Fleet Landing maintaining safe and efficient Liberty Boat and bus operations
- Provide back up assistance to SLG as necessary
- Greet DV's and direct them onto liberty boats for Big top event



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# Shore Liaison Group (SLG)



- Lead: VAW-115
- 2 Shifts with 23 two-person teams
  - 1100-1800 / 1800-0100
- Composition:
  - Officer or Chief head of each area
  - Chief or E-6 team lead
  - Teams of two
- CruDes Support
  - Independent Foot Patrols
  - Representative at HQ



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# SLG Foot Patrols



- ☐ North Han River
  - 3 teams, 6 total personnel
- ☐ Bach Dang Area / Han Shopping Mall
  - 4 teams, 8 total personnel
- ☐ Dragon Bridge / Marina
  - 4 teams, 8 total personnel
- ☐ Non Nuoc (China) Beach - North
  - 3 teams, 6 total personnel
- ☐ Non Nuoc (China) Beach - Central
  - 3 teams, 6 total personnel
- ☐ My Khe Beach/Marble Mountains
  - 4 teams, 8 total personnel
- ☐ Mobile Team
  - 2 teams, 4 total personnel

Flexible  
locations



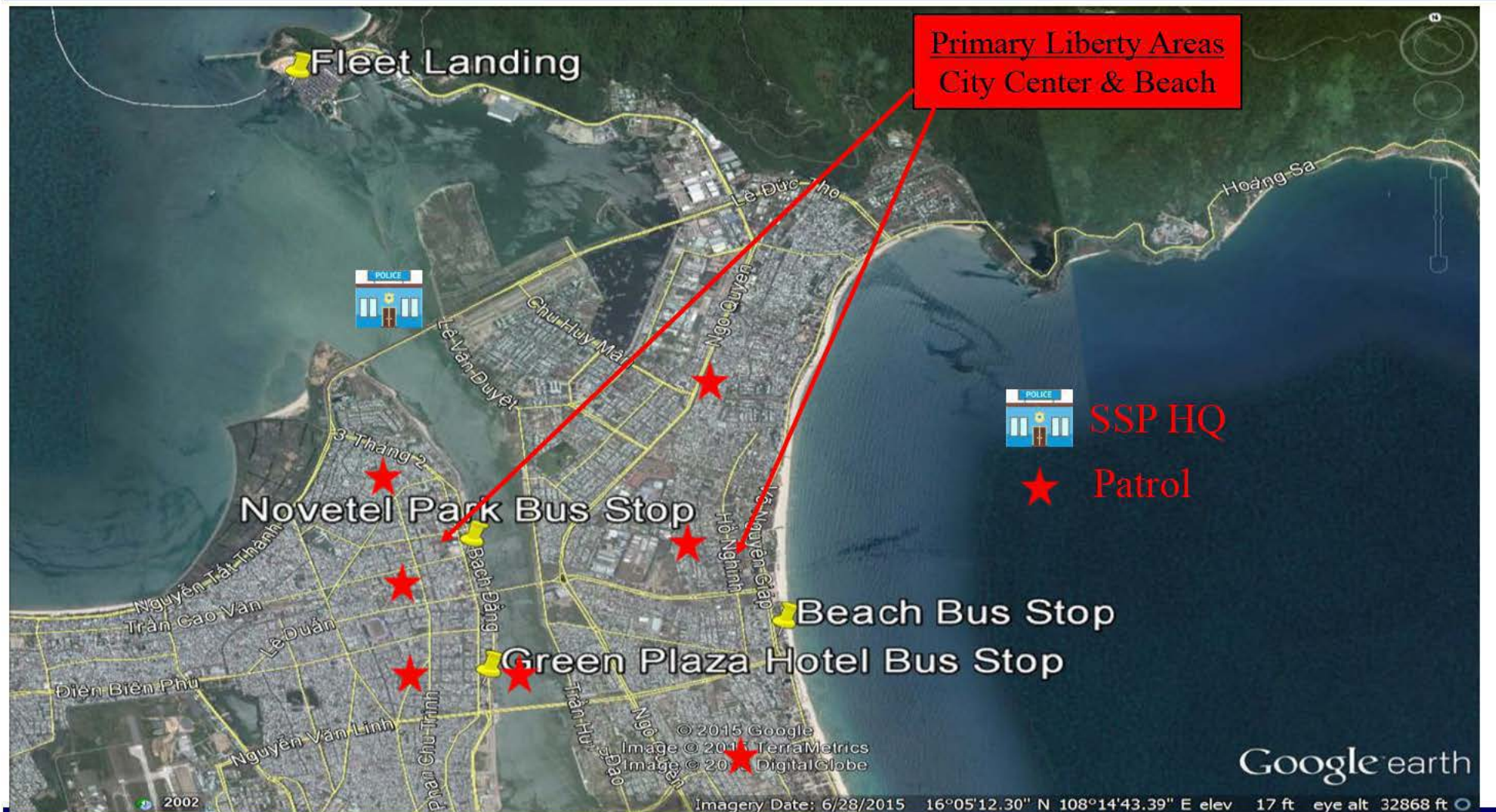
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# SLG Coverage



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# Legal



- While in Vietnam, we are subject to local laws and can be prosecuted and jailed in Vietnam.
- There is **NO** Status of Forces Agreement.
- **Prohibited activities:** riding on two-wheels (motorcycle/scooter/moped/bicycles); operating wave runners, jet skis, or power boats; bungee jumping, parasailing, hitchhiking, sky-diving, etc.
- **NO** Car Rentals!
- Don't hand over your Military ID/CAC—*restaurants may ask for an ID card when ordering, in order to discourage walk-offs. Use a credit card instead. It is okay to show your Military ID/CAC to local law enforcement.*



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# Legal – Off Limits



- Houses of Prostitution—*prostitution is illegal under both Vietnamese Law and the UCMJ*
- Tattoo/Piercing establishments—*not uncommon to be infected with incurable Hepatitis disease, even from just one piercing/tattoo in this country.*
- Local Pharmacies—*many drugs contain U.S. scheduled/controlled substances and will result in a positive urinalysis, NJP, and ADSEP.*
- Establishments selling counterfeit merchandise—*it is illegal to bring counterfeit goods to a U.S. Navy Ship or import them into the U.S.*
- Leaving the province, except on an authorized MWR tour



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# Security



- **CSW Condition IV (covered)**
- **HN UAS countermeasures**
- **Escort Boats**
  - Channels 13, 14 or 15 (Attempt communications in that order)
  - Martin from Qube (contract service provider) is working to get the exact coordinates of Pilot/Border Guard pickup.
- **Picket Boats**
  - Coverage will be provided 24/7 but US cannot have personnel onboard.
  - 2 English speakers onboard two of the four boats (exact boats TBD)
- **EOD**
  - USCT reported that EOD would not be allowed to enter the water at the pier. A translation error was identified by the US team so we will re-engage. Our request is EOD to swim the surface and not dive (underwater ops) the pier.
- **HN ECP**
  - Medical screening will take place inside ECP after processing through ECP. PKN will not be present.



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# Security



- **Communications**
  - Escorts Channels 13, 14 or 15. For Fleet landing 16 local radios will be provided.
- **Reception parking plan-**
  - Bus pickup changed and reception parking will be North East (above the bus parking area). Sailors are encouraged to take the shuttle bus vice a cab back to the pier. Shuttles from the port entrance to the ECP will only be available from 1200-0000.
- **Fleet Landing Security**
  - If a Sailor is caught out in town past liberty expiration, Vietnam recommends Sailor no longer have liberty privileges.
  - OC and Baton are not authorized on the pier.
  - Security Force Personnel will not need to wear duty belts. Fleet Landing watch standers will have flex-cuffs in pockets.
  - Border Guard will be conducting random baggage inspections of personnel leaving the pier. They will allow us to assist with baggage searches.



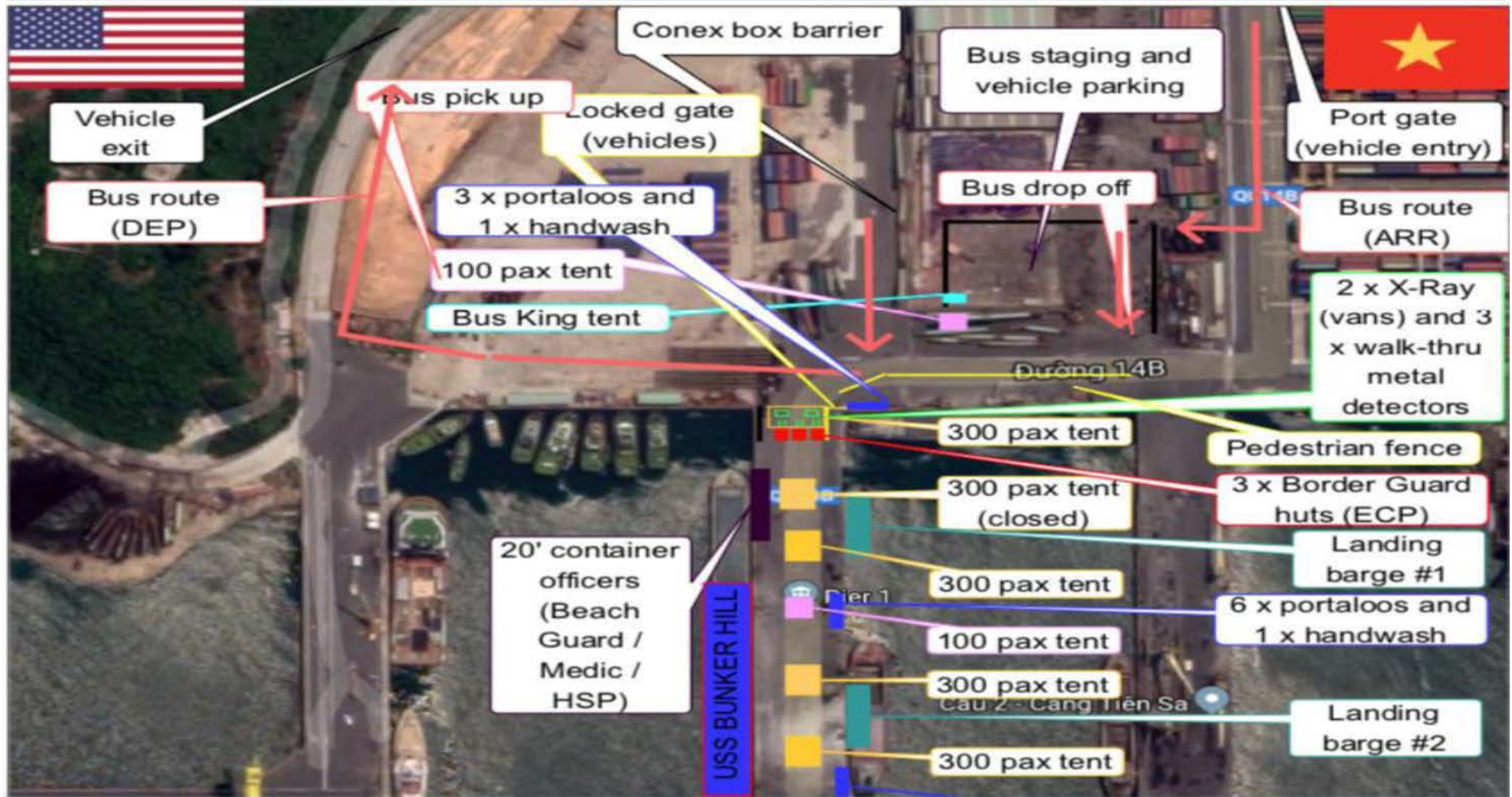
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# Security



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# Medical Screening



- Process for
  - Sailors
  - DV's
  - Guest
- Entering ECP Location/ Procedures



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# Medical



- If you are injured or need Medical Assistance, return to the ship **immediately**.
- If it is an Emergency inform your COC and SLG that you are on the way and the nature of your injury to *expedite* Medical care upon your arrival to the pier.
- If you are seriously injured and have been taken to the Da Nang Hospital, notify your COC and SLG **immediately**.
  - The number for SLG will be given prior to leaving the ship.
  - **Do not** leave the ship without COC and SLG contact information.



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# Medical Response



- Coronavirus FAQ's
  - Coronavirus is a Respiratory virus spread mainly from person to person when an infected person coughs or sneezes.
  - CDC **DOES NOT** recommend that people who are well wear a facemask to protect themselves from Coronavirus.
  - 82% of Coronavirus cases are classified as a **Mild** Illness.
- Screening
  - **Everyone** will be screened for signs and symptoms of the Coronavirus (COVID-19) upon returning to the ship.
  - If you are experiencing fever, body aches, cough, or SOB - **report** to Medical at Fleet Landing **prior** to boarding the ship.



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# Medical



- Prevention
  - Best *prevention* is **hand washing** with soap and water.
  - If soap and water are not available use *alcohol based hand sanitizer*.
  - Wash hands frequently & avoid touching eyes, nose, and mouth.
  - *Cover* your cough or sneeze with a tissue and avoid close contact with people who are sick.
  - Avoid animals/animal markets
  - Practice social distancing (3 ft minimum)





# OPSEC



- Government of Vietnam owns all telecommunications
  - No laws protecting privacy and electronic communications
- Vietnam Security personnel may place foreign visitors under surveillance:
  - Hotel rooms, phone conversations, web browsing, and emails may be monitored.
  - Do not leave personnel possessions in Hotel rooms due to the potential to be searched.



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# OPSEC



- Connecting to internet/WiFi
  - All information is potentially viewable by Vietnamese Government and to be intercepted using local internet/WiFi
    - Remove sensitive data such as passwords from devices
    - Do not leave electronics unattended
    - Avoid WiFi networks, unknown USB's/CDs
    - Don't install new or unknown applications (Malware)
    - Conduct personal banking or business on ship instead of out in town.



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# OPSEC



- Protect Sensitive Information:
  - Be aware of Vietnamese attempting to gather information by various means:
    - Photos of Equipment
    - Elicitation of information via conversation
      - During tours or out in town on liberty
    - Official documents (green sheet, musters, air plans, etc.)
- Vietnamese onboard:
  - Prevent tour members from wandering off
  - Avoid splitting groups to reduce number of escorts
  - Expect requests to visit areas not on the tour
  - Expect photo requests and tour participants taking photos everywhere



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# NCIS



## ❑ Terrorist Threat - Low

- No recent history of anti-U.S. terrorism in Vietnam
- 15 Vietnamese convicted for foiled plot to bomb the country's biggest airport in Ho Chi Minh (Dec 17)

## ❑ Criminal Threat - Medium

- Pickpocketing and petty crimes occur frequently (pickpocketing, price gouging, counterfeit products, credit card fraud)
- Theft by motor scooter is a popular *modus operandi*
- Violent crime against foreigners are rare

## ❑ Medical Threats—High

- VERY HIGH risk for infectious disease
- Health care infrastructure does not meet Western standards
- All serious medical cases are sent to Bangkok or Singapore



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# NCIS – Suspicious Activity



## ☐ **NO Expectation of Privacy**

- Expect hotel rooms, telephones, fax machines, and internet usage are monitored
- Do not expect items in hotel safes to be secured
- Movements and activities may be subject to surveillance by public security and police entities. DO NOT confront directly, report to NCIS

## ☐ **Elicitation and Unusual Questioning Expected**

- Leave the “shop talk” on the ship

## ☐ **Report all suspicious contact to NCIS and/or chain of command**



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# NCIS – Criminal Laws



## ☐ No Status of Forces Agreement

- Violations of Vietnamese law are under the jurisdiction of the Vietnamese legal system

## ☐ Vietnamese law provides strict penalties, including **DEATH** for drug-related offenses

## ☐ All misconduct incidents, even **minor** criminal acts, get the **highest** level of attention and have significant political implications

## ☐ Prostitution is **ILLEGAL** in Vietnam

- Common in areas frequented by foreign visitors.
- Prostitutes have reportedly worked with corrupt police to extort cash from foreigners through entrapment

## ☐ Vietnamese authorities treat US citizens of Vietnamese descent as Vietnamese nationals



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# NCIS – Criminal Laws



## ☐ Importation of Religious Material is Outlawed

- Avoid visibly displaying/carrying prayer books or other religious items
- Avoid religious or political conversations with locals

## ☐ Public Actions Political in Nature

- Can result in detention and arrest

## ☐ Photographing Military or Security Interest Items

- May result in questioning, fines or arrest

## ☐ Importation of Weapons, Ammunition, Explosives, Military

**Equipment Tools, Narcotics, Drugs, Toxic Chemicals, Pornographic and Subversive Materials, Fire Crackers and/or Children's Toy that have "Negative Effects on Personality Development, Social Order & Security."**

- Leave pocket knives on the ship



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# Emergency



- Call **311**
- Drafting Contact Roster
- Standard Emergency Measures/ Contact
  - SLG/ Shore Patrol
  - Department/ Division Recall
  - PAPA
  - Flashing “71”
  - ~~Hele~~



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# Contingency Plan



- If weather **stops** the operation of liberty boats:
  - Phone/ email notification by DDO
  - Buses at Fleet Landing will provide temporary shelter
  - Food, blankets, etc. reserved on BKH
- If conditions **worsen**:
  - Beach Guard will direct transportation to Golden Bay Hotel (SLG and Beach Guard HQ)
  - Restaurant and WIFI available
  - Rooms available IF REQUIRED



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# Contingency Planning



- Coordination w/ DATT, BKH, Hotel
- Memo
- Primary
  - Closed & Open Tents
  - Blankets, food, water, etc. (VERTREP 3/4Mar w/ BKH)
  - 10 Buses (40 pax min)/ transportation or temp covering



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# Contingency Planning



- Secondary
  - Golden Bay Hotel (Food, wifi, temp covering)
- Tertiary
  - Golden Bay Hotel (Overnight Lodging)
    - 200-400 rooms w/in hour
    - Restaurants up to 800 personnel
    - Transportation to pier w/in 15min notice

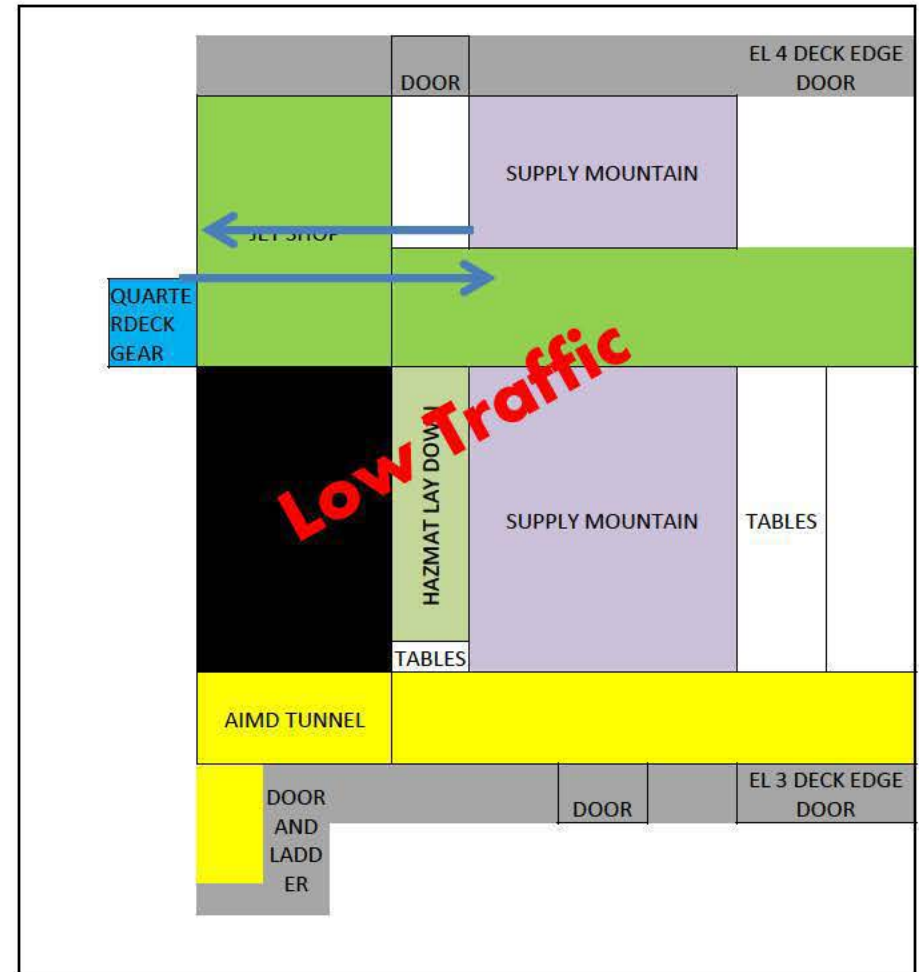


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# Traffic Plan



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# Considerations



- SOPA
- ~~PKN and BKH~~
- First time anchoring & use of water taxi's
- No Status of Forces Agreement
- Health Screening Process/ Requirements
- Balloon Inhaling "Trend" (add to crew brief)
- Overnight Lib expiration at 0700



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# Back-up Slides



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# Master Contact List



TRAINING > Home

Home ADMIN AIMD AIR CS CRMD DECK DENTAL ENG INTEL LEGAL MEDIA MEDICAL N  
SECURITY CVW-11 CDS-23 CFC HOMEPORT CHANGE

Sites  
CVN Training Cycle  
ICAV  
Integrated Training Team  
Level Of Knowledge  
Long Range Training Plan  
TPO  
Required Schools  
Command Required Training  
GMT POWERPOINTS  
WTRP  
2020 Port Brief Planning

## TRAINING DEPA

(b) (6)		
Position		Vietnam Cell
CO		
XO		
CMC		
CDO		
ACDO		
Beach Guard		
Quarterdeck		
SAPR		
Legal		
SECO		
NCIS		
FunBoss		
Chaps		
Position		Vietnam Cell
CAG		
DCAG		
CMC		
SLG (VAW-115 XO)		
SLG (VAW-115 CMC)		
DO		
Position		Vietnam Cell
CSG9 BWC		
Position		Vietnam Cell
CDRE		
DDRE		
SEL		
SWO		

Primary & Secondary  
means of comms



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# TR Watchbill



Day 1	Day 2	Day 3	Day 4	Day 5
DUTY SECTION				
1/5	2/6	3/7	8/4	5/1

CDO				
CDR (b) (6)	CDR (b) (6)	CDR (b) (6)	LCDR (b) (6)	LCDR (b) (6)
	LCDR (b) (6) (U/I)		CDR (b) (6) (U/I)	

ACDO				
LCDR (b) (6)	CWO4 (b) (6)	LCDR (b) (6)	LT (b) (6)	LT (b) (6)
	LT (b) (6) (U/I)			



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# Supply Liaison Officer (SLO)



Day 1	Day 2	Day 3	Day 4/5
LT (b) (6)	LT (b) (6)	LSC (b) (6)	CWO4 (b) (6)
LT (b) (6)	LSCS (b) (6)	LSC (b) (6)	LSCS (b) (6)

SLO Lead: LCDR (b) (6)

Email Distro:

(b) (6) @CVN71.navy.mil

(b) (6) @gmail.com

Phone (Local):

XX-XXX-XXX



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# Da Nang Port Visit

## *Crew Brief*



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# Summary of Changes Since 01 Mar20

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- Curfew expiration is 0700
  - Exception: Watchstanders, MWR Tours, COMRELS, etc. (REQUIRED movement)
- Border Guard random baggage inspections



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# Our Standard



- Conduct yourself in a professional manner.
- Respect the host's citizens, culture, and customs.
- Take care of each other.
- Do not engage in or tolerate offensive, illegal, or disrespectful conduct.

**We represent the greatest Navy in the world!**

**We will demonstrate exemplary personal conduct, no exception! The expectation is that we will conduct ourselves with maturity and be ambassadors of the USA!**



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# Port Visit Snapshot



- Scheduled port visit to: Da Nang, Vietnam
- Arrive: 05 Mar, 0900
- Duty Sections:
  - Day 1 (05 Mar) – Thursday – Section 1/5
  - Day 2 (06 Mar) – Friday – Section 2/6
  - Day 3 (07 Mar) – Saturday – Section 3/7
  - Day 4 (08 Mar) – Sunday – Section 8/4
  - Day 5 (09 Mar) – Monday – Section 5/1
- Depart: 09 Mar, 1400



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# How this Works - Day 1



- Sea & Anchor Detail
- Arrival of Pilot & Attaché/ Vietnamese Delegation
- Anchored
- Setup of barges, water taxis, etc.
- Departure of Beach Guard & SLG
- Liberty Call
  - By Rank
  - Department 10% w/ head of line privileges (1 Liberty Buddy max.)
  - Ship ➡ Water Taxi ➡ Bus (or taxi) ➡ Da Nang



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# Da Nang Overview



- 4<sup>th</sup> Largest City in Vietnam
- 496.30 sq miles
- Climate
  - Tropical in south; monsoonal in north with hot, rainy season (May to September) and warm, dry season (October to March)
- Currency: Dong (VND)
  - 1 VND = .000043 USD or 1 USD = 23,242 VND
  - Divide the price tag by 23,242 = how much you are paying \$\$





# Culture



- Standing with your hands on your hips or crossing your arms on your chest are seen as impolite body language.
- Same gender PDA not widely accepted



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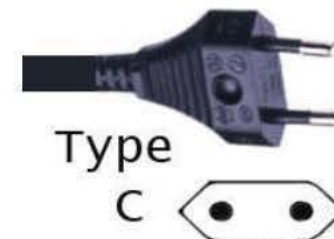
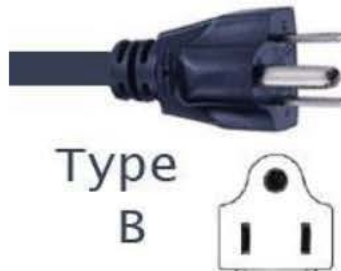
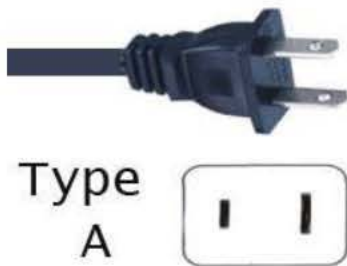






# Good to Know

- Major Languages
  - Vietnamese, English, some French, Chinese, and Khmer, etc.
  - Expect most citizens to speak little/no English (Rec: Google Translator)
- Religions
  - Buddhist 7.9%, Catholic 6.6%, Hoa Hao
- Electricity/Voltage/Plug Type(s)
  - 220 V / 50 Hz / plug type(s): A, B, C



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# C7F Liberty Policy



- **Division recall**

- For all liberty incidents, the Sailor's entire **division** is placed in a duty status and recalled to the ship to complete a remediation plan and critique.
- Requires first flag officer authority to return the division to liberty.



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# Liberty Policy



- **Senior person present rule**
  - The senior person at the scene of a liberty incident is required to attempt to prevent, and to intervene to stop a liberty incident.
- **Liberty buddies**
  - Required except while on COMRELs or MWR groups leaving from and returning to Fleet Landing. Buddies have a duty to prevent liberty incidents.
- **Training**
  - Command-wide liberty briefs are required, in addition to khaki-led liberty briefs within each division.







# Liberty Plan



## Written liberty plans

Required for E-5 and Below. Submitted thru CoC for review, DLCPO/ HoD for approval. Maintained w/in department.

### USS THEODORE ROOSEVELT (CVN 71)/CVW-11 INDIVIDUAL LIBERTY PLAN

Rate/Rank/Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_ DIV: \_\_\_\_\_ Duty Section: \_\_\_\_\_

#### LIBERTY EXPIRATIONS (AT FLEET LANDING OR AT HOTEL)

E4 AND BELOW: 2200 E5/E6: 2300 / E7 AND ABOVE: 2359

☐ Class Alpha Liberty expires at 2100 onboard. ☐ Class Bravo Liberty expires at 1800 onboard.  
☐ Class Charlie Liberty onboard.

Division LCPO Risk Category ☐ Low ☐ Medium ☐ High

1. Have you read the SOPA liberty policy and understand the contents? YES / NO (Circle one)
2. If you are of legal age to drink alcohol, are you going to drink responsibly? YES / NO / N/A (Circle one)
3. Are you aware of the liberty policy? YES / NO (Circle one)

THURSDAY, 05 MARCH 2020 SECTION 1 ALCOHOL YES / NO (Circle one) OVERNIGHT YES / NO (Circle one) Duty/Staying on Ship ☐

Plans: Shopping ☐ Sight Seeing ☐ MWR Tour ☐ Night Life/Bar ☐ Movie ☐ Restaurant ☐

Other/Details: \_\_\_\_\_

Overnight Location: \_\_\_\_\_ Recall Phone #: \_\_\_\_\_

Hotel Name: \_\_\_\_\_ Hotel Phone #: \_\_\_\_\_

Liberty Buddy 1: (Rate, Last, First, Dept/Div): \_\_\_\_\_ Signature: \_\_\_\_\_

Liberty Buddy 2: (Rate, Last, First, Dept/Div): \_\_\_\_\_ Signature: \_\_\_\_\_



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# Liberty Logs



- All Hands shall sign in/out
- Departments/squadrons will maintain LIBERTY LOGBOOK manned at all times
- Maintained w/in department daily until 1900 then transferred to HB3 and monitored by E7 or above
  - Remain in HB until last Sailor in dept accounted for
  - Squadron logbooks will remain in Ready Room

____ DEPARTMENT LIBERTY LOG							PORT VISIT: D		
RATE	NAME	DIVISION	SHORE PASS #	LIBERTY EXPIRES WHEN?	LIBERTY BUDDY NAME(S) (MAX 4 BUDDIES)	WHAT ARE YOU DOING? WHERE ARE YOU GOING?	MEMBER SIGNATURE WITH "TIME & DATE"	OVERNIGHT Y / N	COMMENTS (BERTHING COMPARTMENT #)
							OUT: _____	Circle One: Y / N	COMMENTS: BERTHING COMPARTMENT AND RACK #:
							IN: _____		
							OUT: _____	Circle One: Y / N	COMMENTS: BERTHING COMPARTMENT AND RACK #:
							IN: _____		
							OUT: _____	Circle One: Y / N	COMMENTS: BERTHING COMPARTMENT AND RACK #:
							IN: _____		
							OUT: _____	Circle One: Y / N	COMMENTS: BERTHING COMPARTMENT AND RACK #:
							IN: _____		
							OUT: _____	Circle One: Y / N	COMMENTS: BERTHING COMPARTMENT AND RACK #:
							IN: _____		
							OUT: _____	Circle One: Y / N	COMMENTS: BERTHING COMPARTMENT AND RACK #:
							IN: _____		



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# Overnight Liberty Policy



- Must receive HOD/  
CO Approval

- Curfew

- **2400-0700**

- Be in a hotel or Ship/Fleet Landing.

- May **NOT** be out in public, to include: hotel bar/pool/lobby.

- Overnight liberty **NOT** authorized before duty day

- Muster with DDO via phone/email between **2200-0100**

Once signed, no hand written entries or changes are permitted.

DEPARTMENT:		DIVISION:						
HOD:	DLCPO:							
Special Instructions:	ALL PERSONNEL ARE REQUIRED TO FILL OUT DEPT LIBERTY LOG **NO EXCEPTIONS**	Late Night/Morning muster is MANDATORY	Muster time: 2200 - 0100					
			DEPT Late Night/Morning muster email: EMAIL: @on71.navy.mil					
			Approval					
			HOD DLCPO					
VIETNAM OVERNIGHT LIBERTY ROSTER - WILL BE GIVEN OVERNIGHT PERMIT BEFORE DEPARTURE								
DUTY SEC	DATE	LAST	FIRST	PASSPORT NUMBER	PASSPORT EXPIRATION	Crew Member Number	HOTEL & HOTEL RECALL #	PERSONAL EMAIL



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# Vietnam Serialized Shorepass



- Required to go on/off Fleet Landing
- Loss of Shorepass
  - Report **IMMEDIATELY**
  - Requires Diplomatic Intervention
  - CDO must verify your identity IOT access Fleet Landing & return to ship
  - Memo signed by TR CDO
  - Takes **days** to replace/ liberty secured until then
- **ALL** Shorepasses must be returned to Vietnam
  - Turn in to DDO upon final return to the ship



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# Overnight Permits & Shorepass



## Overnight Liberty Permit

- Requires Passport (NO Exceptions)
- Includes: name, passport number, and approved hotel

.....BPCK CẢNG GIẤY PHÉP - PERMIT  
Số:...../GP Ngày hết hạn/ Date of expiry:  
Họ và tên/Full name:  
Quốc tịch/Nationality:  
Số CMND-HC/ID-Passport/N:  
Được phép/Is allowed:  
Ngày tháng năm  
CHỈ HUY ĐƠN VỊ

CHÚ Ý/NOTE  
Xuất trình Giấy phép kèm Giấy CMND hoặc hộ chiếu/  
This Permit should be presented with ID or Passport

## Shorepass

- Individually Serialized (Crew Member Number)
- Each ship different color
- Liberty card  $\neq$  Visa (not the same)



**\*\*PROTECT Shorepass like CAC or Passport\*\***



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# Liberty Expiration



- **ALL HANDS** not on overnight liberty must be at fleet landing and returning to the ship by the following times:

**E-4 and below – 2200**

**E-5 and E-6 – 2300**

**E-7 and above – 2359**

**\* LAST DAY (Monday, 09 Mar) Liberty Expiration is 0900 at FLEET LANDING for ALL HANDS \***



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# Liberty Risk Program



- ALPHA (2200 curfew)
- BRAVO (1800 curfew)
- CHARLIE (No liberty, **Fleet Landing Only**)

\* **No** alcohol or Shorepass for any liberty risk cat \*

LIBERTY RISK NOMINATION FORM							
From:			Date:				
NOMINEE							
Name:		Rank/Rate:		DEPT/SQDN:			
LIBERTY RISK RECOMMENDATION							
(NORMAL LIBERTY)	<input type="checkbox"/>	(A)	<input type="checkbox"/>	(B)	<input type="checkbox"/>	(C)	<input type="checkbox"/>
REASON FOR NOMINATION:							



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# Liberty Attire



- Civilian attire will present a conservative, neat, and clean appearance.
- Clothes will fit properly.  
(Not too loose – Not too tight – Not too short)
- Any garment which may be interpreted as profane, sexually suggestive, obscene, or offensive is prohibited.
- Clean PT apparel in good taste is authorized. Team ball caps/jerseys are authorized.
- If the OOD says your attire is a NO-GO... it's a NO-GO

**ENFORCEMENT IS AN ALL HANDS EFFORT!**



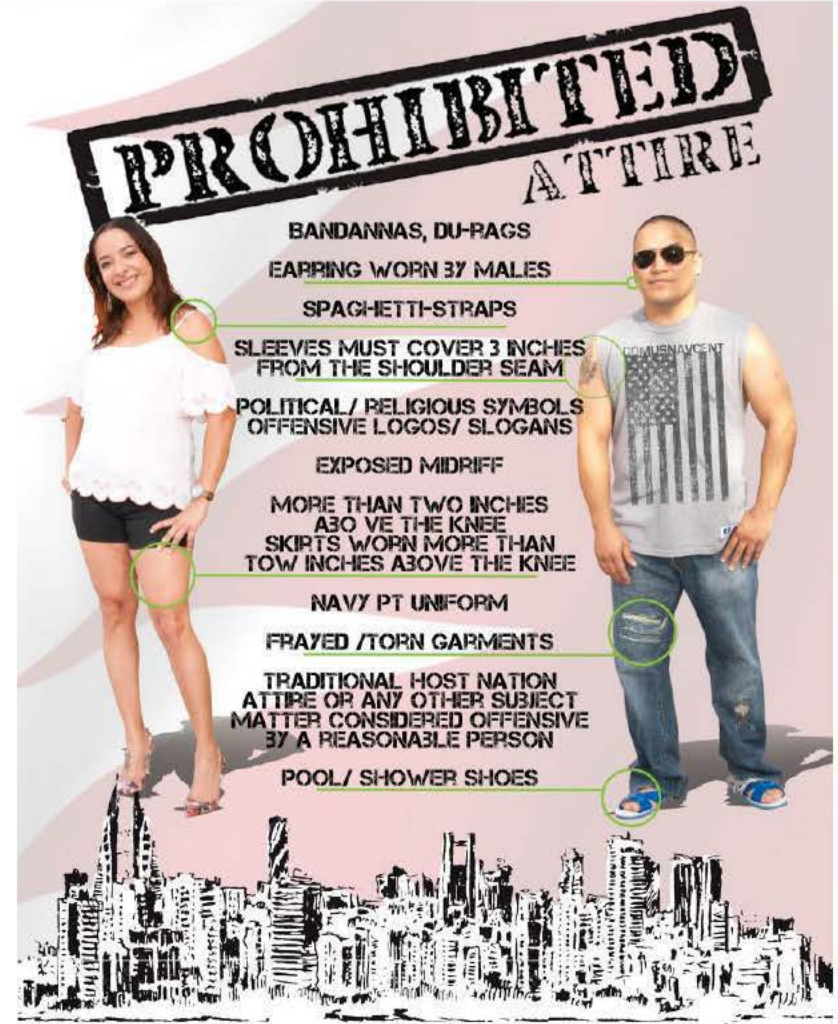
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# Liberty Attire





# Liberty Attire



- When departing/ returning to the ship:
  - Open and closed toe shoes but **MUST HAVE** a permanent backing



NOT  
Wise



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# Religious Articles & Conduct



- Permissible Items
  - Bibles
  - Crosses
  - Religious mandated attire
- Not Permissible
  - Distributing flyers/ handouts
  - Approaching/ inviting discussion

**Violations draw undue attention = diplomatic repercussions**



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# Getting Around Da Nang



- HSBC Bank only International ATM available
- All taxi services are authorized
  - Be prepared to pay in local currency (Dong)
- Returning to the ship
  - Cabs can be directed to (searchable on Google maps)

Tien Sa Port

1 Yet Kieu

Tho Quang



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# Apps for Success

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- Google Translator (Language Barrier)
- Currency Conversion
- Grab (Ride Sharing App)
- Signal (Similar to What's App)



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# Water Taxi Schedule

DAY	TIME START	TIME FINISH	TOTAL HOURS THIS PERIOD	WATER TAXI			CAPACITY PROVIDED THIS PERIOD	CAPACITY REQUESTED THIS PERIOD	CAPACITY DIFFERENCE
				250	125	75			
5-Mar	8:00 AM	11:00 AM	3:00	1	0	1	325	50	275
	11:00 AM	1:00 AM	14:00	4	2	2	1400	1200	200
	1:00 AM	5:00 AM	4:00	0	1	1	200	300	-100
6-Mar	5:00 AM	7:00 AM	2:00	1	1	1	450	300	150
	7:00 AM	1:00 PM	6:00	4	2	2	1400	1200	200
	1:00 PM	5:00 PM	4:00	1	1	1	450	700	-250
	5:00 PM	1:00 AM	8:00	4	2	2	1400	1200	200
	1:00 AM	5:00 AM	4:00	0	1	1	200	300	-100
7-Mar	5:00 AM	7:00 AM	2:00	1	1	1	450	300	150
	7:00 AM	1:00 PM	6:00	4	2	2	1400	1200	200
	1:00 PM	8:00 PM	7:00	1	1	1	450	700	-250
	8:00 PM	1:00 AM	5:00	4	2	2	1400	1200	200
	1:00 AM	5:00 AM	4:00	0	1	1	200	300	-100
8-Mar	5:00 AM	7:00 AM	2:00	1	1	1	450	300	150
	7:00 AM	1:00 PM	6:00	4	2	2	1400	1200	200
	1:00 PM	8:00 PM	7:00	1	1	1	450	700	-250
	8:00 PM	1:00 AM	5:00	4	2	2	1400	1200	200
	1:00 AM	5:00 AM	4:00	0	1	1	200	300	-100
9-Mar	5:00 AM	11:00 AM	6:00	4	2	2	1400	20	1380
	11:00 AM	3:00 PM	4:00	1	0	1	325	21	304
RECEPTION									



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# Liberty Area (Da Nang Province)

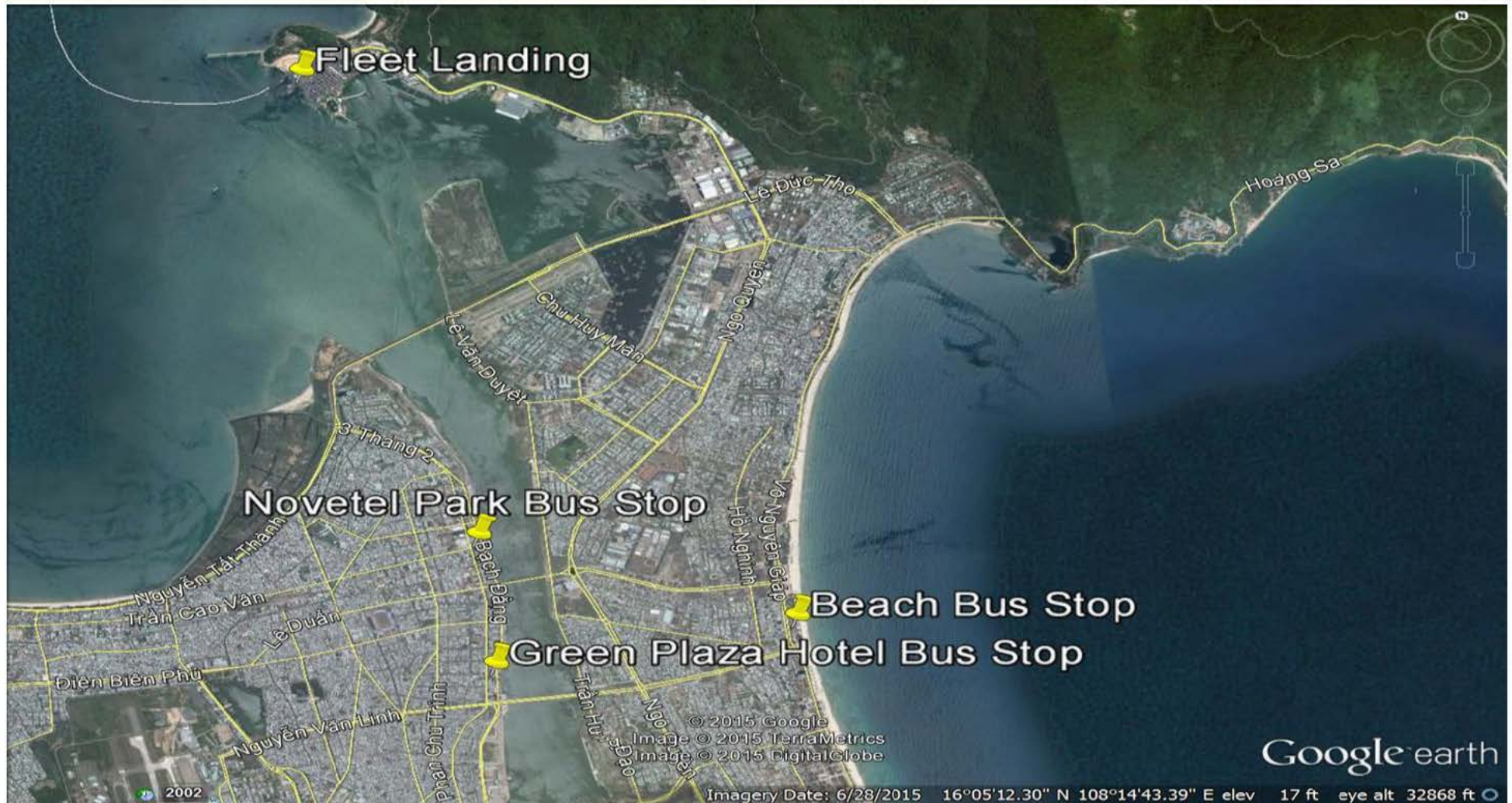


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# Bus Stops



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# Approved Hotels & Drop Off



## Downtown North/ Novotel

- Da Nang Golden Bay
- Stay Hotel
- Zen Diamond Suites Hotel
- Novotel Premier Han River
- Hilton Hotel Da Nang

## Downtown South/ Green Plaza

- Brilliant Hotel
- Vanda Hotel
- Samdi Hotel
- One Opera Hotel

## Beach

- A la Carte
- Belle Madison Parosand
- Mandila Beach Hotel
- BlueSun Hotel
- Paris Deli Danang Beach Hotel
- Royal Lotus Hotel
- Sofia Boutique Hotel\*
- Sofia Suites Hotel\*
- Four Points by Sheraton

## Beach Other

- Premier Village Da Nang Resort
- Pullman Danang Beach Resort
- Intercontinental Da Nang
- Hyatt Regency Danang
- Olalani Resort and Condotel

\*The Sofia Hotels are two hotels operated by Vietnam Boutique Quality. No other Vietnam Boutique Quality hotels are authorized for lodging.



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# Public Affairs



3 & 4 Mar	5 Mar	6 Mar	7 Mar	8 Mar	9 Mar
<ul style="list-style-type: none"><li>DV Embarks</li></ul>	<ul style="list-style-type: none"><li><b>Arrival Ceremony</b></li><li>Press Conference with 70 Media</li><li>Navy Region 3 Office Call</li><li>DPC Office Call</li><li>VN-Hosted Dinner (includes joint band performance)</li><li>CVN Tour for 50 Media</li><li>1 COMREL</li></ul>	<ul style="list-style-type: none"><li>4xCVN DV Tours for 200 DVs</li><li>1xProfessional Exchange with 50 VN guests</li><li>Soccer Game</li><li>2 COMRELs</li><li>VIP CVN Tour</li><li>Big Top Reception for 500</li></ul>	<ul style="list-style-type: none"><li>CPF Departs Da Nang</li><li>4xCVN Tours for 200 DVs</li><li>1 Professional Exchange with 50 VN guests</li><li>Volleyball Game</li><li>2 COMRELs</li><li>Public Band Concert</li></ul>	<ul style="list-style-type: none"><li>4 CVN Tours for 200 DVs</li><li>2 Professional Exchanges with 100 VN guests</li></ul>	<ul style="list-style-type: none"><li><b>Departure Ceremony</b></li></ul>



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# COMREL



- 5 COMRELs for 150 Sailors (30 Sailors per COMREL)
  - **Vocational Charity Center.**
  - **Association for Victims of Agent Orange.** Performance by the band, light yard work, making incense and flower arrangements, and possibly cooking.
  - **Humanitarian Charity center.**
  - **Dong A University.** Language exchange with local students. Speak conversational English; focused on talking about families, hobbies, etc. Also can discuss cultural differences and what it's like living in Vietnam or on a ship.
  - **Hoa Mai Orphanage.**





# Religious Ministries Program



## Inport Worship Services

### **Daily**

Islamic Prayer (Chapel): 1700 - 1800

### **Friday**

Islamic Lay-Led Service (Chapel): 1300 - 1400

### **Sunday**

Catholic Mass (Chapel): 0730 - 0800

Church of Jesus Christ of LDS (Chapel): 0900 - 1000

General Protestant Service (Theater): 0730 - 0830

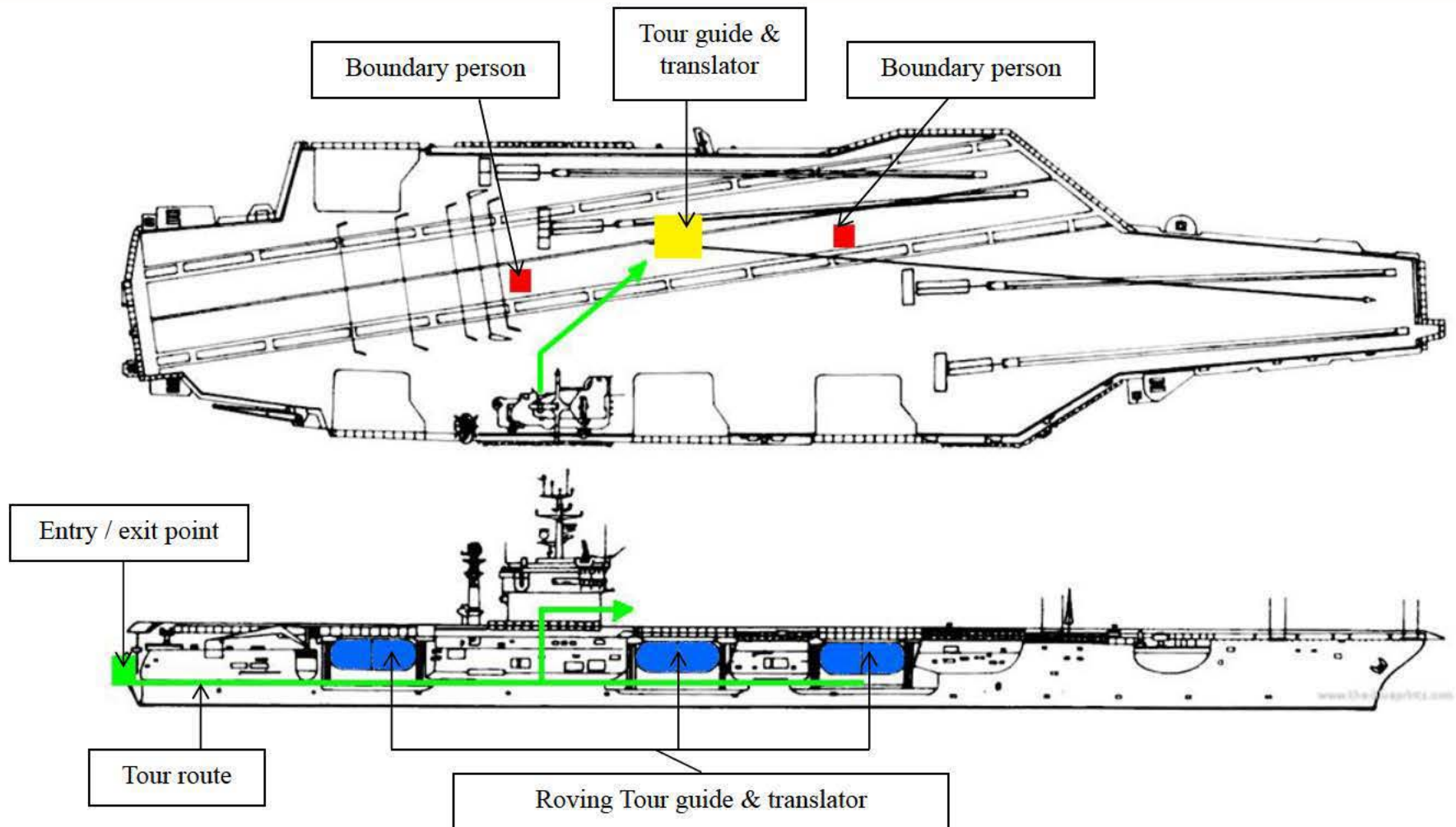


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# Ship Tours



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# Big Top Reception



- Reception on Friday, March 6<sup>th</sup>, 1800-2100
  - 400+ Dignitaries, Guests, and Media
  - Uniform for Attendees: Summer Whites (E-7 and above, Dress Whites (E-6 and below
- Impact
  - HB2 Secured for Reception
  - HB3 Limited Access for Arrival/ Departure of Guest
  - Liberty Boat Traffic Secured
    - Inbound 1700-1800
    - Outbound 2030-2130



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# MWR



MWR Home

Home ADMIN AIMD AIR CS CRMD DECK DETAIL ENG INTEL LEGAL MEDIA MEDICAL NAV OPS REACTOR SAFETY SUPPLY TRAINING WEAPONS MAINTENANCE AVAIL SECURITY CC&G-8 CVN-11 CC&G-13 CPC HOMEPORT CHANGE

Libraries  
Site Pages  
Shared Documents  
Rental and Request Forms

Lists  
Calendar  
Tasks  
Fitness  
Fun

Discussions  
Team Discussion

Recycle Bin  
All Site Content

Welcome to USS THEODORE ROOSEVELT MWR Page:

Morale, Welfare and Recreation

**MWR**  
Mission First...  
Sailors Always

Rowing Challenge \*\*\* [CLICK HERE](#) \*\*\*

**USS THEODORE ROOSEVELT (CVN 71)  
GYM RULES**

1. Workouts are permitted for **ONE HOUR ONLY**, with **MAXIMUM** of 30 MIN cardio.
2. Participants **MUST** have a towel and **NOT** rags or cut up shirts.
3. Proper and clean athletic attire is required. **NO CUT-OFF SHIRTS!!**
4. Place a towel behind your head before using the bench.
5. **DO NOT** drop weights. Set them down gently!
6. Participants must rerack all plates and dumbbells after each use.
7. Spotters **ARE REQUIRED** for free weight bench press.
8. Collars are required on all bars.

FUN BOSS  
(b) (6)  
(b) (6)  
FIT BOSS  
(b) (6)

17. MWR staff may intermittently RESET the gym sanitation and cleaning.

## Shared Documents

<input type="checkbox"/> Type	Name	Modified	<input type="checkbox"/> Modified By
	DEPLOYMENT PARKING	10/29/2019 7:14 PM	(b) (6)
	FITNESS	9/20/2019 4:41 PM	
	FUN	9/20/2019 4:41 PM	
	RENTAL ITEMS	9/20/2019 4:41 PM	
	rowing	2/2/2020 8:33 PM	

+ Add document

Links

\*MWR ticket



Click on "Fun" in the Shared Documents Section

**\*\*\*ALL forms, Tour Information, and this presentation can be found on the MWR SharePoint Page\*\*\***



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# MWR Tours & Activities

## MY SON & HOI AN

\*My Son Sanctuary was designated a UNESCO World Heritage Site.  
My Son was built by the Champs who ruled Central Vietnam. It was finally annexed by the

## HOI AN NIGHT TOUR

The Hoi An Ancient Town is a UNESCO World Heritage Site (Evening Tour).  
The portion of the central coast around Danang is one of the most scenic and interesting of the very long country coastline. Hoi An - The city has retained a unique character, as there are still a

very concentrated historical structures, and no modern

## HUE CITY TOUR

Hue is 100 km away from Da Nang

and traditionally Hue has  
ous and educational  
in Hue was designated  
Hue is a place where  
d famous dishes,  
sthetic royal  
I notable pagodas, the

PRICE: \$42 USD

Muster on Pier: 0730  
Offered: March 7 & 8  
Tour Minimum: 10 per day  
Tour Maximum: None

## BA NA HILLS TOUR

Located in Hoa Vang province, from Da Nang 40 km to southwest  
Ba Na - Mount Cham is 1,487 meters high over the sea level. In

PRICE: \$49 USD

Muster on Pier: 0730

## DANANG CITY TOUR

This is the biggest city in the central part of Vietnam. Danang is not only a city of great culture value but also a destination for resort development in Vietnam with full of sunshine, white sand and green sea. Besides, the Marble Mountains are famous for their traditional stone engraving activities, consist of five marble hills, each said to represent one of the five elements of the universe (water, wood, fire, metal, earth). For beautiful specimens of Cham sculpture, you'd have to check the Cham Museum in Danang.

whereas the best-preserved structures are much further south. Tourists can buy sculptured stone works made by local people at stone sculpture villages.

### Itinerary:

- 08:00 - 08:30: Departure from the pier. Visit to Marble Mountains.
- 08:30 - 11:30: Visit Huynh Khong Cavern, Tam Thai Pagoda, Linh Ung Pagoda, God Gate. Shopping at Stone Sculpture villages.
- 11:30 - 12:00: Proceed to Da Nang.
- 12:00 - 13:30: Lunch at Apsara restaurant.
- 13:30 - 15:30: Visit Cham Museum. Shopping at Da Nang supermarket, X.Q (Embroidery pictures shop).
- 15:30 - 16:30: Visit Da Nang Museum.
- 16:30 - 17:00: Return to ship.

PRICE: \$34 USD

Muster on the Pier: 0730  
Offered: March 6, 7, 8  
Tour Minimum: 10 per day  
Tour Maximum: None



## DAY SNORKELING CHAM ISLAND

Spend the day snorkeling off the coast of Cham Island and relaxing on its shores.

### Itinerary:

- 07:00: Departure from ship
- 08:30: Arrival at Cua Dai Pier and board the boat then sail to Cham Island
- 09:45: Arrival at Cham Island, snorkeling on coral reef (MPA) and sightseeing of the island
- 11:30: Transfer to Bai Chong beach (or stay on board and do extra snorkeling on another snorkeling site)
- 12:15: Enjoy Vietnamese seafood lunch in our Cham island jungle restaurant
- Afternoon: Enjoy the beach, hammock time, swimming and extra snorkeling from the beach (masks, snorkels and dive guide at disposal)
- 15:30: Board the boat and departure from the beach to return to the mainland
- 16:45: Boat lands at Cua Dai pier
- 17:00: End of the tour

PRICE: \$60 USD

Muster on Pier: 0640  
Offered: March 6, 7, 8  
Tour Minimum: 10 per day  
Tour Maximum: 80



Includes: Snorkel gear, private transportation, tourist guide, sightseeing with admission fees and lunch

Bring: Sunscreen, hat, flip flop or sandals, swimming suit, beach wearing, towel, camera, pocket money for soft drinks on the beach.

## COOKING CLASS EXPERIENCE

Hoi An is a great place to learn how to cook real Vietnamese cuisine. Many of the classes include a visit to the local fresh produce market as part of course where you'll get a chance to ask questions and perhaps even sample some exotic delights. With so many places to try your hand at conjuring up some delicious

PRICE: \$36 USD

Muster on Pier: 0730  
Offered: March 6, 7, 8  
Tour Minimum: 10 per day  
Tour Maximum: 16

### Itinerary:

- 08:00 - 09:00: Departure from Da Nang to Hoi An.
- 09:00 - 10:30: Visit to the Hoi An Market
- 10:30 - 11:00: Sail to Cam Thanh commune & sightseeing the coconut palm
- 11:00 - 11:30: Enjoy the tour - building skill.
- 11:30 - 12:00: Study cooking at the cookery school and have lunch
- 13:00 - 1400: Return to the ship.



Includes: Private transportation, tourist guide, sightseeing with admission fees and lunch.





# Da Nang Tours, Timeline & Pricing



- Tours are available March 6-8
- **Only** MWR tours are allowed outside of the Da Nang Liberty Zone
- Non-refundable unless cancelled by MWR or Tour Company
- **All** tours depart from Fleet Landing

Tour Name	TOUR MIN	COST	Muster on Pier	Tour Start	Tour End
MY SON & HOI AN TOUR	10	\$44	0730	0800	1800
HOI AN NIGHT TOUR	10	\$28	1430	1500	2200
DA NANG CITY TOUR	10	\$36	0730	0800	1700
HUE CITY TOUR	10	\$48	0730	0800	1800
BA NA HILLS TOUR	10	\$60	0730	0800	1600
VIETNAMESE COOKING CLASS	10	\$40	0830	0900	1400
DAY SNORKELING @ CHAM ISLAND	40 MAX	\$64	0630	0700	1700
**SCUBA DIVING @ CHAM ISLAND	15 MAX	\$100	0640	0700	1700



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# MWR



**Da Nang Tour Request Form**

Completely fill out form and bring **TWO (2) copies** to the MWR window. MWR will collect Navy Cash Card payment in advance for all tours.

**MWR**  
CVN-71

FIRST NAME: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_  
RANK/RATE: \_\_\_\_\_  
DEPT/DIV: \_\_\_\_\_  
J-DIAL: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

Tour Name	TOUR MIN	COST	Muster on Pier	Tour Start	Tour End	Day 2	Day 3	Day 4
MY SON & HOI AN TOUR	10	\$46	0730	0800	1800			
HOI AN NIGHT TOUR	10	\$28	1430	1500	2200			
DA NANG CITY TOUR	10	\$36		0800	1700			
HUE CITY TOUR	10	\$48	0730	0800	1800			
BA NA HILLS TOUR	10	\$60	0730	0800	1600			
VIETNAMESE COOKING CLASS	10	\$40	0730	0800	1400			
DAY SNORKELING @ CHAM ISLAND	40 MAX	\$64	0630	0700	1700			
**SCUBA DIVING @ CHAM ISLAND	15 MAX	\$100	0640	0700	1700			

**\*\*SCUBA DIVERS MUST SHOW PROOF OF CERTS AND REGISTER THROUGH FUNBOSS PRIOR TO PAYMENT\*\***

By signing here, I understand I am booking, and responsible for attending, the tours selected above. I will not be refunded unless a tour is cancelled by MWR or meets Refund Policy criteria. Multiple tours purchased for the same day are at the buyer's risk, and will not be refunded. Tour participants are responsible for knowing when and where their tour departs and should plan to muster one hour prior to the scheduled departure time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MWR Cashier (print & sign name)

FOR MWR OFFICE USE ONLY: RECEIPT # \_\_\_\_\_  
T 5 DIGITS NAVY CASH CARD

**\*\*\*Can find this form on the MWR  
SharePoint Page\*\*\***

**MWR Ticket Window  
Hours:**

**0900-1200**

**1400-1700**

**1900-2300**

**2-89-1-Q ☎ : 5364**

**This form must be filled out before  
coming to the MWR Ticket Window.**



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# Other Things to do in Vietnam



The Marble Mountains



Hai Van Pass

Son Tra Peninsula



Non Nuoc Beach

DRAGON  
BRIDGE



Da Nang Cathedral



My Khe Beach

Phap Lam  
Pagoda



Ba Na Hill

Cham Museum



**\*Da Nang Crew Edition for Details\***



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# Fleet Landing



- Single Entry/ Exit
- Services
  - Currency Exchange (Onboard day of Big Top)
  - Food/ Drink Vendors (In progress)
  - Wifi
  - Laundry Services (In progress)



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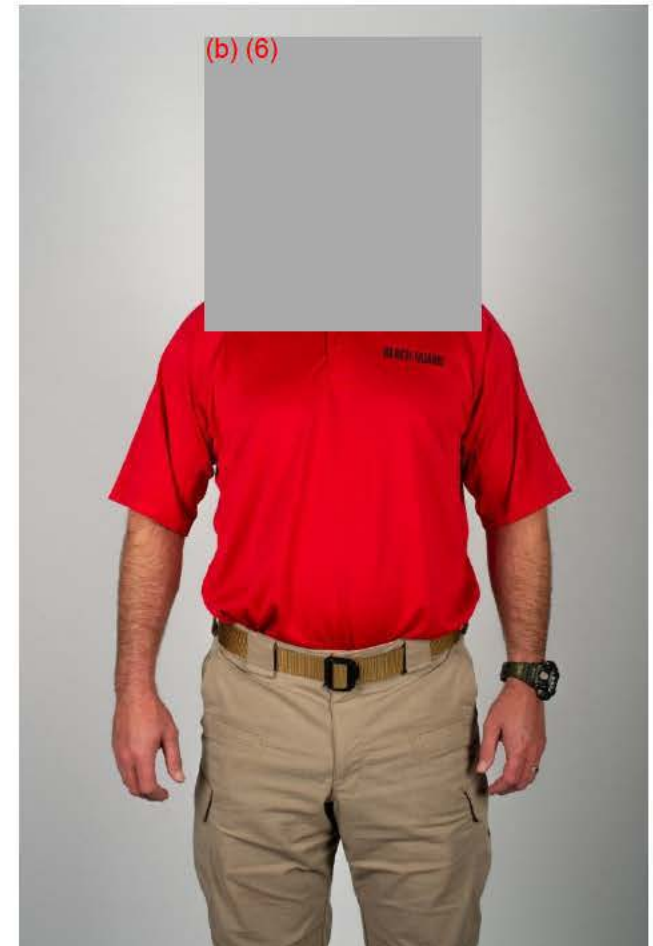




# Beach Guard (BG)



- Beach Guard are TR Officers and CPOs responsible to maintain safety, good order and discipline on the pier/fleet landing.
- Beach Guard will not be wearing military uniforms. They will wear Khaki slacks/cargo pants or shorts and a Beach Guard polo shirt.
- ALWAYS listen to Beach Guard and follow their instructions.



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# Shore Liaison Group (SLG)



- SLG (also known as shore patrol) are TR Strike Group Sailors there to assist and protect our Sailors while on liberty.
- SLG will not be wearing military uniforms. They will wear slacks/jeans/shorts and a SLG polo shirt.
- SLG will not be wearing arm bands.
- SLG will be riding every bus and will check IDs.
- ALWAYS listen to SLG and follow their instructions.



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# Medical Emergency



- If you are injured or need Medical Assistance, return to the ship **immediately**.
- If it is an Emergency inform your COC and SLG that you are on the way and the nature of your injury to *expedite* Medical care upon your arrival to the pier.
- If you are seriously injured and have been taken to the Da Nang Hospital, notify your COC and SLG **immediately**.
  - The number for SLG will be given prior to leaving the ship.
  - **Do not** leave the ship without COC and SLG contact information.



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# Medical



- Coronavirus FAQ's
  - Coronavirus is a Respiratory virus spread mainly from person to person when an infected person coughs or sneezes.
  - CDC **DOES NOT** recommend that people who are well wear a facemask to protect themselves from Coronavirus.
  - 82% of Coronavirus cases are classified as a **Mild** Illness.
- Screening
  - **Everyone** will be screened for signs and symptoms of the Coronavirus (COVID-19) upon returning to the ship.
  - If you are experiencing fever, body aches, cough, or SOB - **report** to Medical at Fleet Landing **prior** to boarding the ship.



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# Medical



- Prevention
  - Best *prevention* is **hand washing** with soap and water.
  - If soap and water are not available use *alcohol based hand sanitizer*.
  - Wash hands frequently & avoid touching eyes, nose, and mouth.
  - *Cover* your cough or sneeze with a tissue and avoid close contact with people who are sick.
  - Avoid animals/animal markets
  - Practice social distancing (3 ft minimum)







# Security



- SECO Challenge
  - Put Security investigators out of business!
- Look after one another.
- Enjoy liberty but do **not** over indulge
- Do **not** talk “Shop” while on shore
  - Expect that every phone call is listened to
  - Every phone/computer communication is monitored
- Border Guard will conduct random baggage inspection of personnel leaving the pier (w/ TR Security assist)



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# Lost & Found



- All items found must be turned over to Security Force personnel.
- Items found on shore will be turned over the Chief of the Guard at the Fleet Landing. Items will be sent back to Security Dispatch at the end of each shift.
- Before turning over item(s) the owner must be able to describe beyond a reasonable doubt the item(s) in question.
- Items can be recovered at Security Dispatch 2-93-2-Q.







# OPSEC



- Government of Vietnam owns all telecommunications
  - No laws protecting privacy and electronic communications
- Vietnam Security personnel may place foreign visitors under surveillance:
  - Hotel rooms, phone conversations, web browsing, and emails may be monitored.
  - Do not leave personnel possessions in Hotel rooms due to the potential to be searched.



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# OPSEC



- Connecting to internet/WiFi: All information is potentially viewable by Vietnamese Government and to be intercepted using local internet/WiFi
  - Remove sensitive data such as passwords from devices
  - Do not leave electronics unattended
  - Avoid WiFi networks, unknown USB's/CDs
  - Don't install new or unknown applications (Malware)
  - Conduct personal banking or business on ship instead of out in town.



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# OPSEC



- Protect Sensitive Information:
  - Be aware of Vietnamese attempting to gather information by various means:
    - Photos of Equipment
    - Elicitation of information via conversation
      - During tours or out in town on liberty
    - Official documents (green sheet, musters, air plans, etc.)
- Vietnamese onboard:
  - Prevent tour members from wandering off
  - Avoid splitting groups to reduce number of escorts
  - Expect requests to visit areas not on the tour
  - Expect photo requests and tour participants taking photos everywhere



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# NCIS



## ❑ Terrorist Threat - Low

- No recent history of anti-U.S. terrorism in Vietnam
- 15 Vietnamese convicted for foiled plot to bomb the country's biggest airport in Ho Chi Minh (Dec 17)

## ❑ Criminal Threat - Medium

- Pickpocketing and petty crimes occur frequently (pickpocketing, price gouging, counterfeit products, credit card fraud)
- Theft by motor scooter is a popular *modus operandi*
- Violent crime against foreigners are rare

## ❑ Medical Threats—High

- VERY HIGH risk for infectious disease
- Health care infrastructure does not meet Western standards
- All serious medical cases are sent to Bangkok or Singapore



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# NCIS – Suspicious Activity



## ☐ **NO Expectation of Privacy**

- Expect hotel rooms, telephones, fax machines, and internet usage are monitored
- Do not expect items in hotel safes to be secured
- Movements and activities may be subject to surveillance by public security and police entities. DO NOT confront directly, report to NCIS

## ☐ **Elicitation and Unusual Questioning Expected**

- Leave the “shop talk” on the ship

## ☐ **Report all suspicious contact to NCIS and/or chain of command**



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# NCIS – Criminal Laws



## ☐ No Status of Forces Agreement

- Violations of Vietnamese law are under the jurisdiction of the Vietnamese legal system

## ☐ Vietnamese law provides strict penalties, including **DEATH** for drug-related offenses

## ☐ All misconduct incidents, even minor criminal acts, get the highest level of attention and have significant political implications

## ☐ Prostitution is **ILLEGAL** in Vietnam

- Common in areas frequented by foreign visitors.
- Prostitutes have reportedly worked with corrupt police to extort cash from foreigners through entrapment

## ☐ Vietnamese authorities treat US citizens of Vietnamese descent as Vietnamese nationals







# NCIS – Criminal Laws



## ☐ Importation of Religious Material is Outlawed

- Avoid visibly displaying/carrying prayer books or other religious items
- Avoid religious or political conversations with locals

## ☐ Public Actions Political in Nature

- Can result in detention and arrest

## ☐ Photographing Military or Security Interest Items

- May result in questioning, fines or arrest

## ☐ Importation of Weapons, Ammunition, Explosives, Military Equipment Tools, Narcotics, Drugs, Toxic Chemicals, Pornographic and Subversive Materials, Fire Crackers and/or Children's Toy that have "Negative Effects on Personality Development, Social Order & Security."

- Leave pocket knives on the ship





# SAPR



**WHAT IS SEXUAL ASSAULT?** Intentional sexual contact, characterized by use of force, physical threat, or abuse of authority, or when the victim does not or cannot consent.

- The majority of sexual assaults are blue-on-blue.
- Alcohol is present in the majority of Sexual Assaults reported.  
If you decide to drink, drink responsibly.
- Offenders and victims in all ranks and both genders.



**CONSENT:** Alcohol use does **NOT** preclude the ability to give or receive consent; however, engaging in sexual activity while drinking is legally *risky* behavior.

**BYSTANDER INTERVENTION:** A strategy that motivates and mobilizes people to act and prevent harm when they see, hear, or otherwise recognize signs of an inappropriate or unsafe situation. **If you see something that doesn't look right. It is not!!! Say something and report it or intervene if necessary.**



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# SAPR



**SUPPORT IS AVAILABLE 24/7**

**Take care of your Shipmates.**

**DoD Safe Helpline at 877-995-5247**

**SAPR Victim Advocate (VA) – Hydra: (b) (6)**

**Command SAPR POC's:**

**CWO2 (b) (6) J-Dial: (b) (6) / Hydra: (b) (6)**

**ISCS (b) (6) J-Dial: (b) (6)**

**ACCS (b) (6) J-Dial: (b) (6)**

**DoD Safe Helpline**  
Sexual Assault Support for the DoD Community

**Live 1-on-1 Help Confidential Worldwide 24/7**

*When you don't know what to do or who to talk to, contact Safe Helpline for confidential sexual assault support...24/7, worldwide access to trained professionals.*

Click [www.SafeHelpline.org](http://www.SafeHelpline.org)  
Call 877-995-5247  
Text\* 55-247 (INSIDE THE U.S.)  
202-470-5546 (OUTSIDE THE U.S.)

\*Text your location for the nearest support resources

Want to go mobile? To download the free DoD Safe Helpline app, visit the App Store or Google Play.



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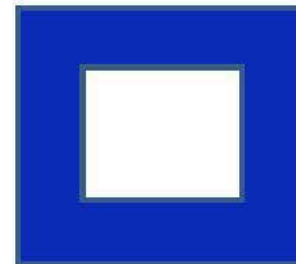




# Emergency Recall



- Signals:
  - Phone/email recall
    - **Every** DDO should have individual's contact info (email)
  - PAPA flag (blue with centered white square)
  - Flashing 71
  - SLG/ Beach Guard



- Action:

Return to the ship **immediately!**



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# Contingency Plan



- If weather **stops** the operation of liberty boats:
  - Phone/ email notification by DDO
  - Buses at Fleet Landing will provide temporary shelter
  - Food, blankets, etc. reserved on BKH
- If conditions **worsen**:
  - Beach Guard will direct transportation to Golden Bay Hotel (SLG and Beach Guard HQ)
  - Restaurant and WIFI available
  - Rooms available IF REQUIRED







# Keys to Success



- Be smart, be responsible, be a good shipmate!
- Yes, the drinking age in Vietnam is 18
  - ...you do not have to drink just because you can
  - ...you should not drink "everything" just because it's there
  - ...you WILL be held accountable for your actions, alcohol is **not** an *excuse*
- Make sure you can contact your CoC and they can contact you



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H-2-61





# Before Leaving the Ship Checklist

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- ☐ Shorepass Card
- ☐ CAC Card
- ☐ Passport (if applicable)
- ☐ Overnight Permit (if applicable)
- ☐ Recall & Ship Location Information
- ☐ Liberty Buddy
- ☐ Signed Out on Liberty Log
- ☐ Good vibes and a great plan!





# Back-up Slides



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# COMREL 1: Vocational Center



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**WHO:** 30 Sailors + 10 support staff + 50 students (14-25 years old)

**WHAT:** Vocational skills projects and dance exchange

**WHERE:** Vocation Charity Center. Lê Đình Chinh, Hoà Quý, Ngũ Hành Sơn, Đà Nẵng 550000

**WHEN:** 5 March. 1500-1700 on Site. 40 minutes from Fleet Landing.

**UNIFORM:** NSUs

**PRESS:** N/A. PAS will cover event for social media.

**CONCEPT:** School provides vocational training and residential facility for handicapped students, 60% with mental disabilities. After opening remarks, sailors will receive tour of vocational classrooms that teach embroidery, printing, incense making, jewelry making, and paper crafting before. The center director will have an introduction and sailors will then split into 6x groups to join students in making personal mementos (Sailors can purchase them). Next, students will teach a simple traditional dance with music to sailors and vice versa (~25 mins per). Potential ideas: country line dancing, YMCA, macarena. A speaker system with Bluetooth capability is on-hand. Engagement will conclude with gift presentation.

**REQUIRED SUPPLIES:** N/A. However, bring small cash if wanting to purchase projects.

**DUE-OUTS:** Music for dance exchange identified NLT 1700 04MAR. Sailors prepared to teach dance. LT (b) (6) prepared to make brief remarks at start and end of engagement.

TIMELINE	
1500	Sailors arrive
1500-1520	Opening remarks, tour, introduction
1520-1600	Split into 6x groups, vocational skills projects w/ students
1600-1650	Traditional dancing exchange
1650-1700	Closing remarks and gift exchange
1700	Sailors depart

**EVENT TEAM LEADS:** CPT (b) (6) and (b) (6)

**ADDITIONAL USCT DOD:** SFC (b) (6)

**HN POC:** (b) (6)

H-2-62

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# COMREL 1: Vocational Center



UNCLASSIFIED//FOUO



Entrance view to vocational school from Le Dinh Chinh Road.



Director of school and sewing room area utilized for event.



Front of school and area for music and dancing portion of event.



Crafting area used for banner painting during the exchange.

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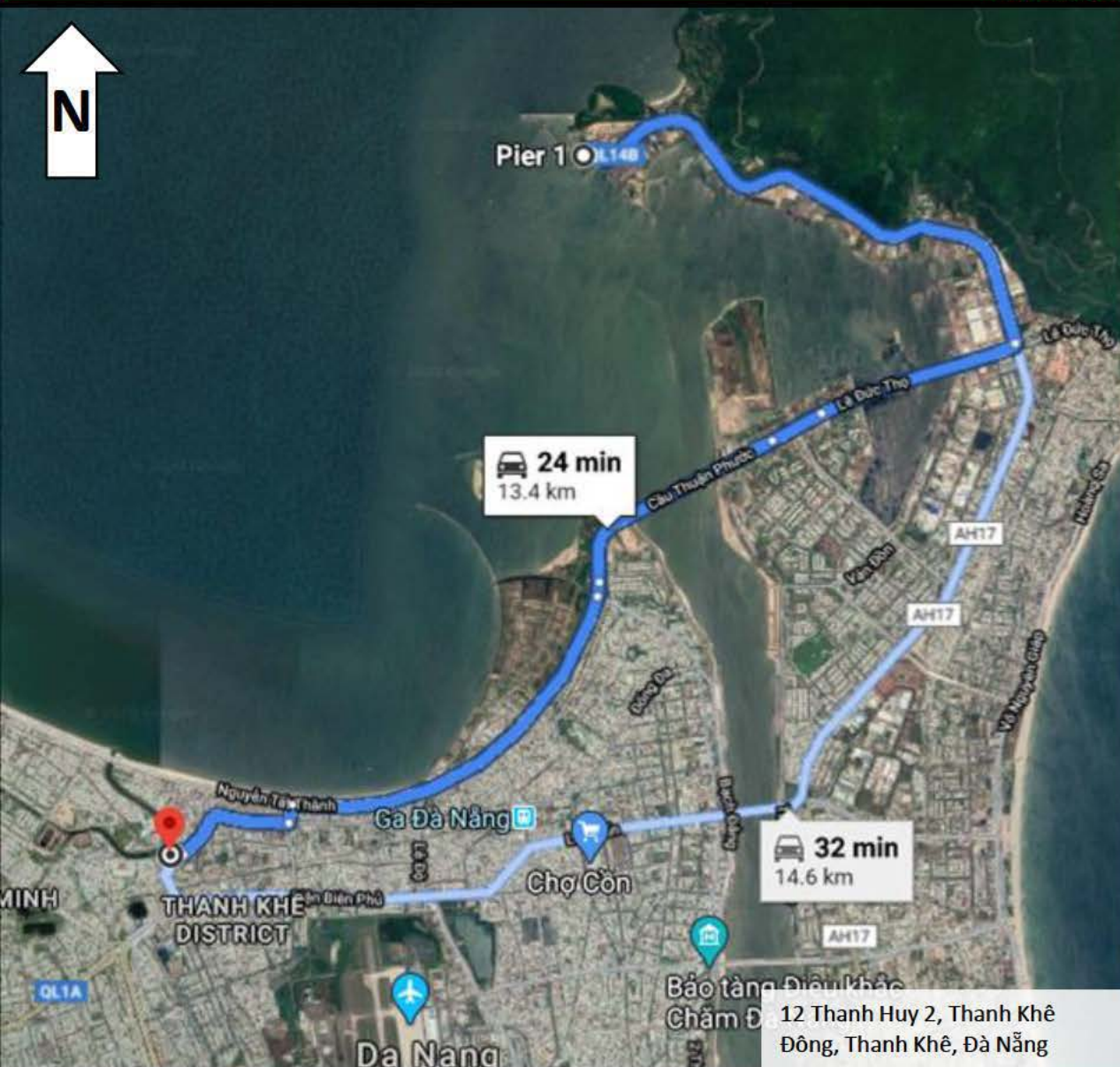




# COMREL 2: Charity Center



UNCLASSIFIED//FOUO



**WHO:** 30 Sailors + 10 support staff + 80 students (6-18 years old) + DVs (AMB, A4, RADM)

**WHAT:** Band concert, crafts/indoor games, sports activities

**WHERE:** Charity Center. 12 Thanh Huy 2, Thanh Khê Đông, Thanh Khê, Đà Nẵng

**WHEN:** 6 March 0930-1130. 25 minutes from Fleet Landing

**UNIFORM:** PTs

**PRESS:** Local media (10 journalists) and PAS.

**CONCEPT:** The charity center provides schooling and residence for orphaned children. After opening remarks, band will perform. Recommend songs children can dance to. DVs will arrive at 1000, greeted by center director, provided tour, and watch end of band concert. Sailors will split into 2x groups. One group will play indoor games and/or paint with the younger children in the classroom, (including US-VNM 25<sup>th</sup> anniversary banner with handprints/signatures). DVs will first paint handprints on banner and then observe/engage with children in classroom activities. Potential ideas: folding paper airplanes/boats/hats with origami paper, memory card game, charades, heads up/seven up. The second group will play outdoor sports and games with the older children. Potential ideas: basketball, Asian hacky sack, paper airplane competition. The engagement will close with gift presentation.

**REQUIRED SUPPLIES:** Basketball, paint and supplies, paper. PAS brings VNM-US 25<sup>th</sup> anniversary banner. Optional extra: notebooks, pens, origami paper, Asian hacky sack, memory pair card game.

**DUE-OUTS:** Small souvenir exchange for students. CDR (b) (6) prepared to make brief remarks at start and end of engagement.

TIMELINE	
0900	Band arrives
0930	Sailors arrive
0930-0940	Opening Remarks
0940-1020	Band concert (DVs arrive at 1000)
1010-1120	Split into 2x groups to play w/ students (DVs depart between 1030-1100)
1120-1130	Closing remarks and gift presentation
1130	Sailors depart

**EVENT TEAM LEADS:** CPT (b) (6) (b) (6) and (b) (6) (b) (6)

**ADDITIONAL USCT DOD:** SFC (b) (6)

**HN POC:** Mr. (b) (6) (b) (6)

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# COMREL 2: Charity Center



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Exterior of residence hall viewed from Thanh Huy Street.



Outdoor area for sports and group activities.



Area for music and indoor activities.



Additional area adjacent music room for indoor activities.

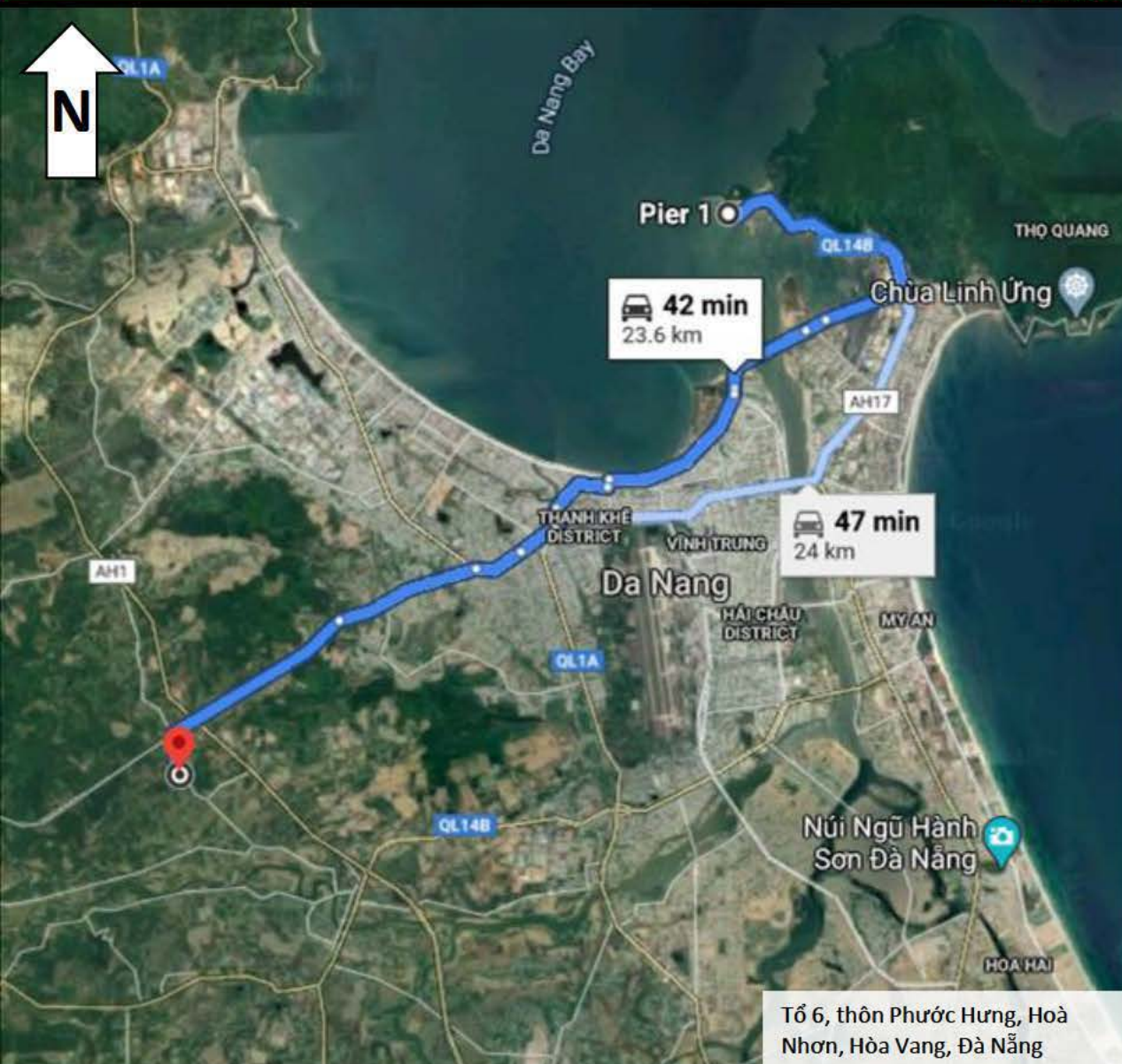
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# COMREL 3: Agent Orange Center

UNCLASSIFIED//FOUO



**WHO:** 30 Sailors + 10 support staff

**WHAT:** Maintenance, repairs and improvements to center

**WHERE:** Association of Agent Orange Victims Center. Tổ 6, Thôn Phước Hưng, Hoà Nhơn, Hòa Vang, Đà Nẵng

**WHEN:** 1400-1700 Onsite. 45 Minutes from Fleet Landing

**UNIFORM:** PTs

**PRESS:** N/A. PAS will cover event for social media

**CONCEPT:** School provides vocational training, life skills, and educational opportunities for handicapped children and adults affected by dioxin contamination. School is closed to students due to COVID-19, so sailors will conduct community service events.

After opening remarks, sailors will receive tour of vocational classrooms that teach incense, jewelry, and fabric flower making. Sailors will then assist center's staff with maintenance and area beautification to the center's exterior wall and vegetable garden. Sailors will paint courtyard wall with mural in honor of US-VNM 25<sup>th</sup> anniversary. USCT will conduct site visit earlier to paint base coat on wall and sketch the logo for sailors to paint upon arrival. Engagement will close with gift presentation.

**REQUIRED SUPPLIES:** Paint and supplies for wall and murals. Optional extra: flower making tools (wires, fabric, pliers, wire cutters), notebooks, and pens.

**DUE-OUTS:** LT (b) (6) prepared to make brief remarks at beginning and end of engagement.

TIMELINE	
1400	Sailors arrive
1400-1415	Opening remarks and tour
1415-1645	Split into groups and conduct beautification with staff
1645-1700	Closing remarks and gift presentation
1700	Sailors depart

**EVENT TEAM LEADS:** SFC (b) (6) and (b) (6)

**HN POC:** Mr. (b) (6)

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# COMREL 3: Agent Orange Center



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Entrance view to Association Center from un-named access road.



Room in main building for painting and crafts during the event.



Front of school and area for music and dancing portion of event.



Produce garden within the Association Center.

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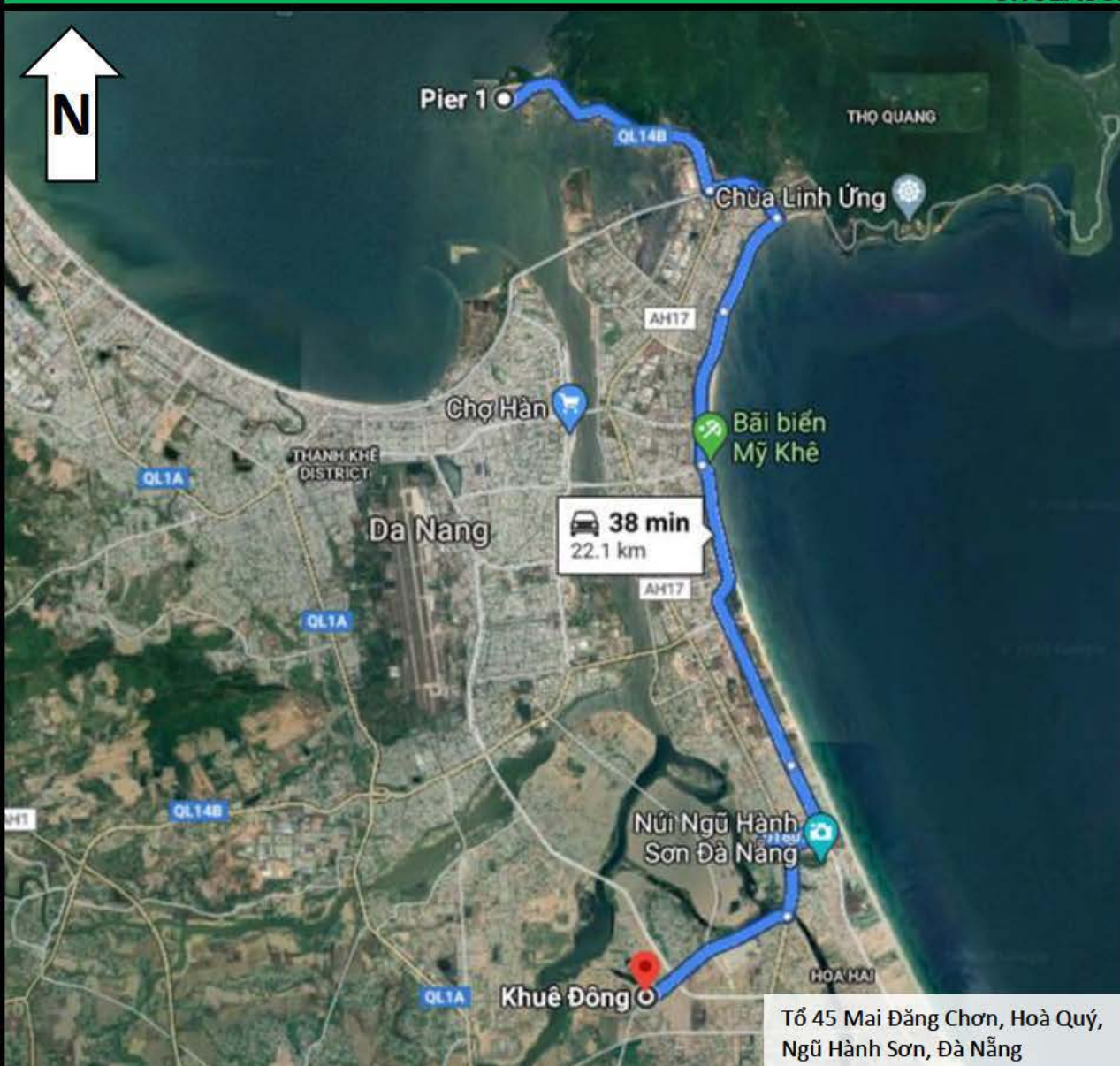




# COMREL 4: Hoa Mai Orphanage



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Tổ 45 Mai Đăng Chơn, Hoà Quý,  
Ngũ Hành Sơn, Đà Nẵng

**WHO:** 30 Sailors + Band + 10 support staff + 50 children (6-18 years old) + DV (CG-tentative)

**WHAT:** Painting projects, sports activities, maintenance/area beautification community service

**WHERE:** Hoa Mai Orphanage. Tổ 45 Mai Đăng Chơn, Hoà Quý, Ngũ Hành Sơn, Đà Nẵng

**WHEN:** 0900-1130 On Site. 40 Minutes from Fleet Landing

**UNIFORM:** PTs (Sailors) / PTs (Band)

**PRESS:** Local media (10 journalists) and PAS.

**CONCEPT:** The charity center provides residence for orphaned children, majority are 11-15 years old. After opening remarks, sailors will split into two groups. One group of 20 sailors will join the children to watch the band perform and then play badminton/soccer/games/paint projects (including US-VNM 25<sup>th</sup> anniversary banner with handprints/signatures). Band will perform under outdoor awning. Recommend music children can dance along to. The other group of 10 sailors will provide community service through maintenance and area beautification of orphanage exterior (grass cutting, weed pulling, etc). Orphanage staff will provide tools. The engagement will close with gift presentation.

**REQUIRED SUPPLIES:** Badminton equipment. PAS brings VNM-US 25<sup>th</sup> anniversary banner. Optional extra: origami paper, Asian hacky sack, flowers to plant for area beautification.

**DUE-OUTS:** Site scope visit by band. LTJG (b) (6) prepared to make brief remarks at start and end of engagement. If DV visit is confirmed, USCT will provide DV plan.

TIMELINE			
0900		Recommended band arrival for set-up	
0930		Sailors arrive	
0930-0940		Opening remarks	
GROUP 1 (20 sailors)		GROUP 2 (10 sailors)	
0940-1020	Band Performance	0940-1120	Community service projects around orphanage
1020-1120	Sports / Games / Art project		
1120-1130		Closing remarks and gift presentation	
1130		Sailors Depart	

**EVENT TEAM LEADS:** SFC (b) (6) and (b) (6)

**HN POC:** Ms. (b) (6)

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# COMREL 4: Hoa Mai Orphanage



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Entrance to orphanage and band performance area.



Classroom inside orphanage reserved for crafts and painting.



Courtyard within the orphanage where band audience will be located and outdoor games will be played.

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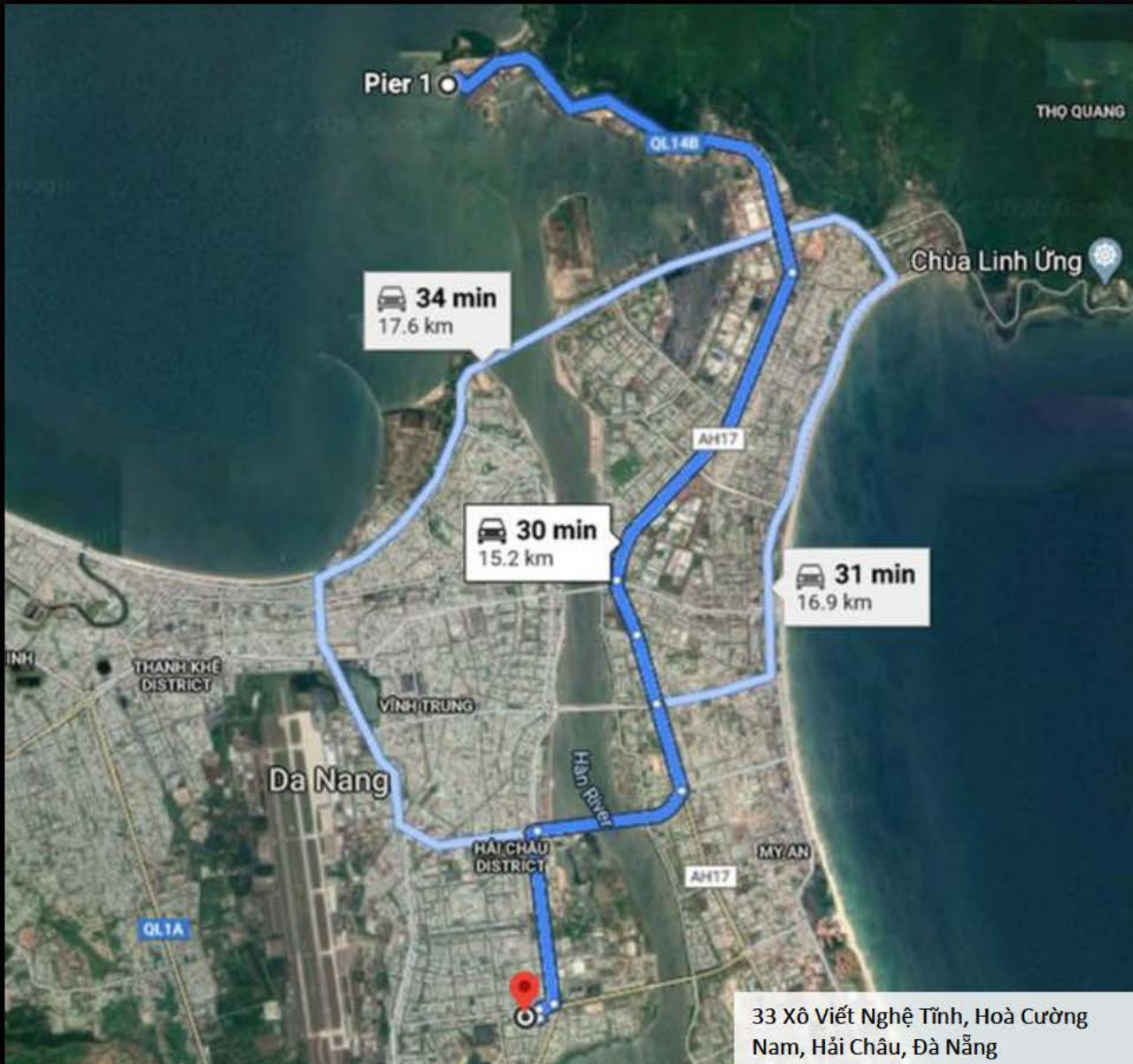




# COMREL 5: Dong A University Exchange



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**WHO:** 40 Sailors + 10 support staff + 60 university students + DV (HCMC Deputy CG-tenative)

**WHAT:** Language and sports exchange

**WHERE:** Dong A University, 33 Xô Viết Nghệ Tĩnh, Hoà Cường Nam, Hải Châu, Đà Nẵng

**WHEN:** 1430-1630 On Site. 30 Minutes from Fleet Landing

**UNIFORM:** NSUs (language exchange) / PTs (sports exchange)

**PRESS:** N/A. PAS will cover event.

**CONCEPT:** Following opening remarks, 30 sailors will conduct language exchange round robin style with 50 students. They will be split into 3 large groups and breakdown further to roughly 1:2 ratio. Range of topics will include cultural similarities/differences, daily life in university/on carrier, food, family, hobbies, and travel. MC will help facilitate round robin rotation and conversation topics. Simultaneously, 10 sailors will play an outdoor soccer game with 10 students. The engagement will close with gift exchange. University leadership said the students will bring small mementos for sailors and requested vice versa.

**REQUIRED SUPPLIES:** Water bottles for soccer game.

**DUE-OUTS:** Recommended small souvenir exchange for students. LCDR (b) (6) prepared to make brief remarks at start and end of engagement. If DV visit is confirmed, USCT will provide DV plan.

TIMELINE			
1430		Sailors arrive	
1430-1440		Opening remarks	
GROUP 1 (20 sailors)		GROUP 2 (10 sailors)	
1440-1510	1 <sup>st</sup> round	1440-1500	Warm-Up
1510-1530	Tea break	1500-1530	1 <sup>st</sup> half soccer
1530-1550	2 <sup>nd</sup> round	1530-1540	Half-time
1550-1610	3 <sup>rd</sup> round	1540-1610	2 <sup>nd</sup> half soccer
1610-1630		Closing remarks and gift presentation	
1630		Sailors Depart	

**EVENT TEAM LEADS:** CPT (b) (6) and Ngoc (b) (6)

**ADDITIONAL USCT DOD:** SFC (b) (6)

**HN POC:** Mr. (b) (6)

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# COMREL 5: Dong A University Exchange



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Exterior of Dang A University.



Reception area and primary location of opening / closing remarks



Front steps and alternate location for opening / closing remarks.



Sports field adjacent to university for outdoor events.

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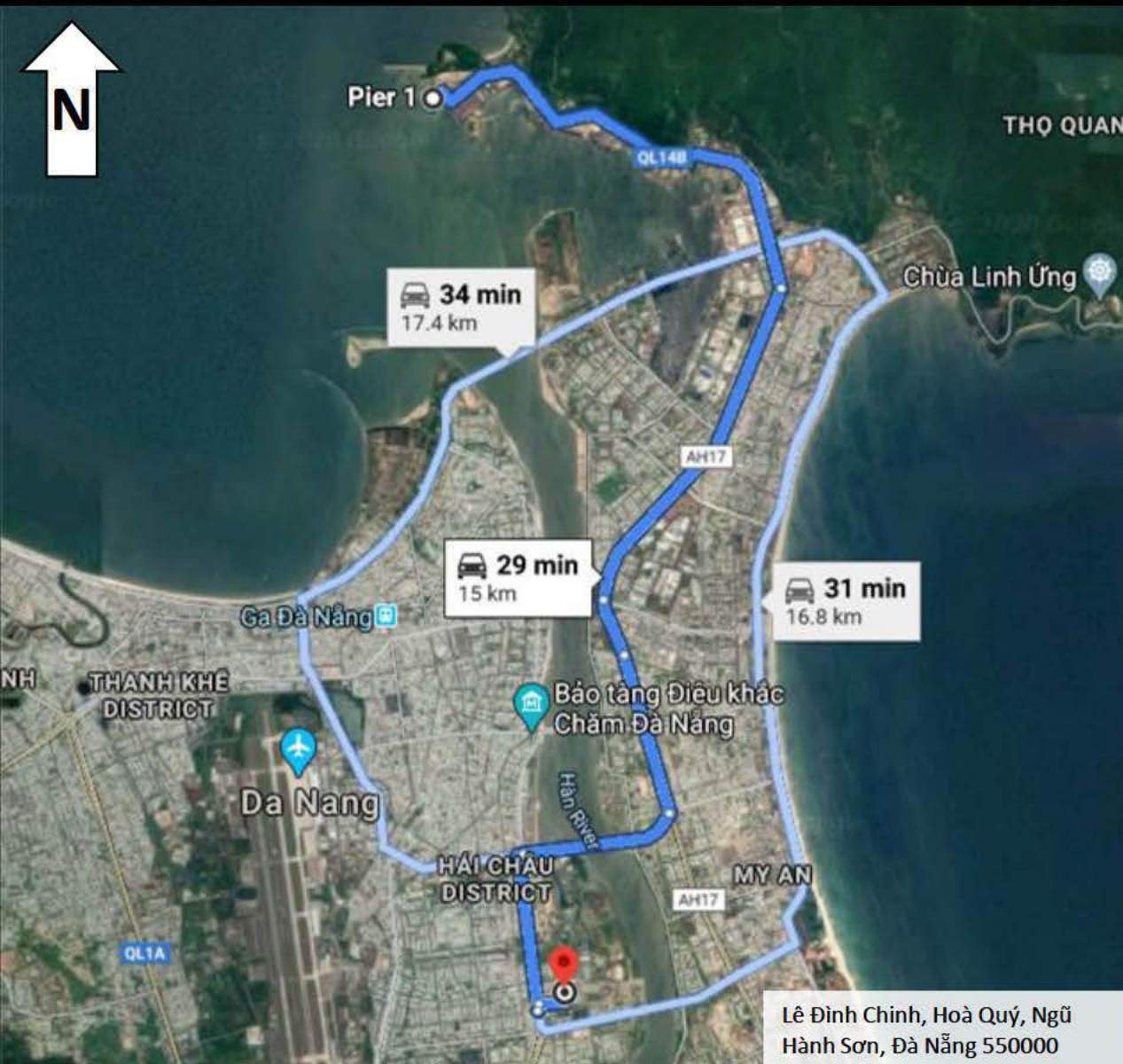




# Sport Event 1: Tuyen Son Sports Complex



UNCLASSIFIED//FOUO



**WHO:** 10-15 sailors + 5 support staff + 10-15 Vietnamese soccer players

**WHAT:** Camaraderie building through soccer game

**WHERE:** Da Nang Sports Complex. Lê Đình Chinh, Hoà Quý, Ngũ Hành Sơn, Đà Nẵng.

**WHEN:** 6 March. 1000-1130 On Site. 30 Minutes from Fleet Landing.

**UNIFORM:** PTs

**PRESS:** N/A. PAS will cover event.

**CONCEPT:** Sailors will enter through gate 3 when arriving to complex. Bus parking provided adjacent to gate entrance. Sailors and Vietnamese soccer players will take pre-game pictures and warm-up. The soccer game will be 2x 20 minute halves with a 5 minute half-time. Sailors and Vietnamese soccer players will take post-game pictures before departure.

**REQUIRED SUPPLIES:** Water bottles for soccer game. PAS brings VNM-US 25<sup>th</sup> anniversary banner.

**DUE-OUTS:** USCT lead TBD

TIMELINE	
1000	Sailors arrive
1000-1030	Group pictures / warm-up
1030-1050	1 <sup>st</sup> half
1050-1055	Half-time
1055-1115	2 <sup>nd</sup> half
1115-1130	Group pictures / farewells
1130	Sailors depart

**EVENT TEAM LEAD:** TBD

**HN POC:** Mr. (b) (6)

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# Sport Event 1: Tuyen Son Sports Complex



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Entrance to sports complex from gate 3.



Entrance to sports complex and adjacent bus parking area



Interior of sports complex.

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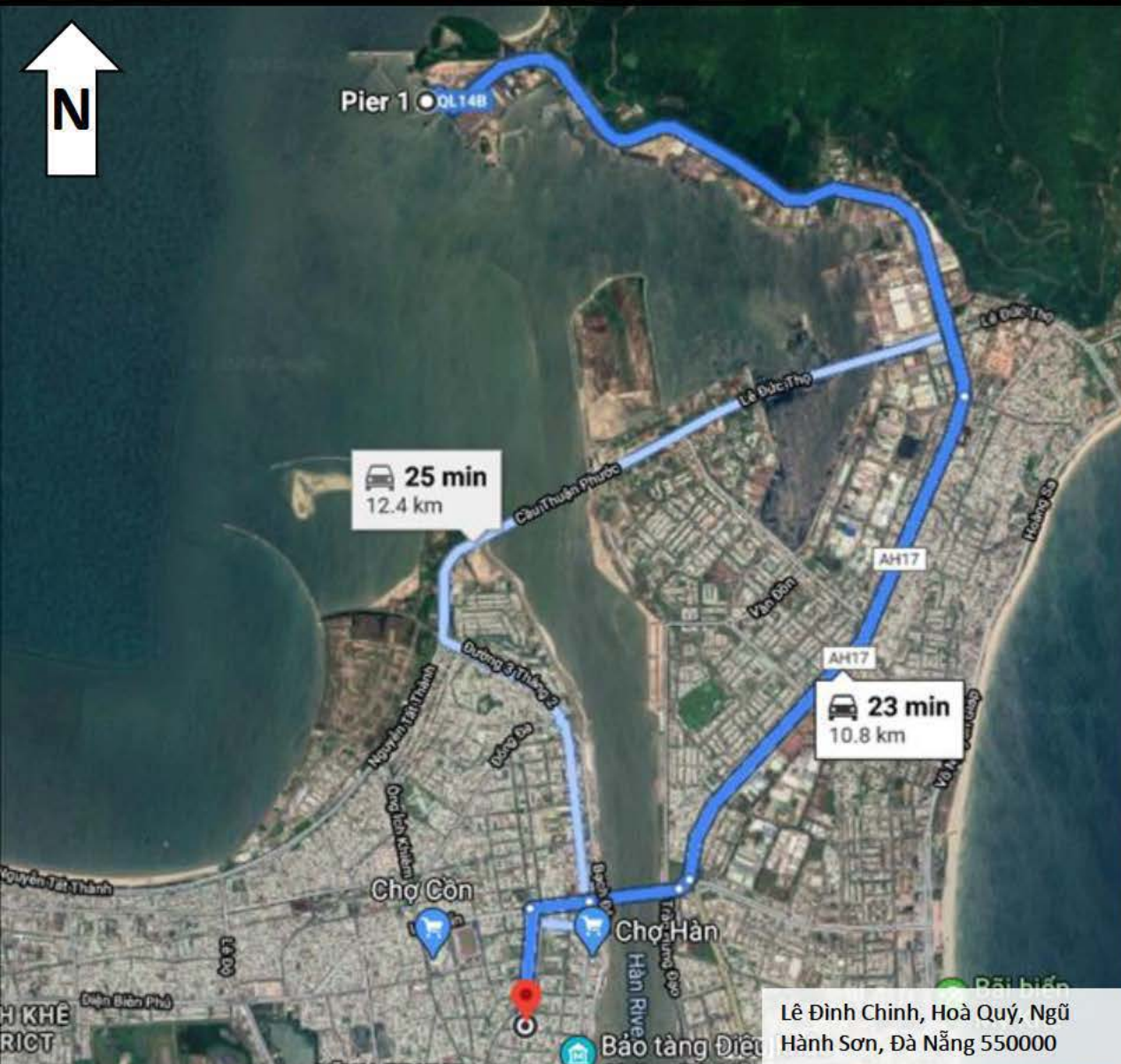




# Band: Nguyen Huu Dinh Opera Theatre



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**WHO:** Band + 5 support staff

**WHAT:** Private performance by Navy Band

**WHERE:** Nguyen Huu Dinh Opera Theatre. 155 Phan Châu Trinh, Phước Ninh, Q. Hải Châu, Đà Nẵng

**WHEN:** 7 March. 1800-2000

**UNIFORM:** Formal Uniform

**PRESS:** Local media and PAS

**CONCEPT:** Navy Band performs for 70-90 minutes. Theatre has green room for band members to change into uniforms/pre-stage and has A/V capabilities. Facility also has digital screens at stage left and stage right which can project VNM-US 25<sup>th</sup> anniversary logo and translated lyrics of songs. For safety considerations, the auditorium has three emergency exits (two located at entrance of audience seating area and one at the right rear of stage. Fire extinguishers are present in hallways.

**REQUIRED SUPPLIES:** Band instruments and equipment.

**DUE-OUTS:** Site visit to coordinate final details. Date TBD

TIMELINE	
TBD	TBD

**EVENT TEAM LEAD:** (b) (6)

**HN POC:** Mr. (b) (6)

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# Band: Nguyen Huu Dinh Opera Theatre



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Stage layout and background option.



Entrance to Opera House



Interior of Opera House and seating / stage arrangement..

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## America has suffered its first coronavirus deaths—and first infections of health care workers

March 2, 2020

Health officials over the weekend announced the first two U.S. deaths tied to the new coronavirus, which occurred among patients in the Seattle suburb of Kirkland, Washington.

**Our analysis: The 'recurring themes' of disease outbreaks**

### About the coronavirus epidemic

Reports of the new **coronavirus** first surfaced in early December 2019 in Wuhan, China. According to the **World Health Organization** (WHO), the main symptoms of the virus are fever and lesions in both lungs. Some patients also have reported difficulty breathing, WHO said.

As of Monday, officials reported more than 89,700 cases of the virus globally, with most of those cases occurring in mainland China, the *New York Times* reports. Officials said as of Monday there had been at least 3,056 deaths linked to the virus, and all but 144 of the deaths occurred in mainland China.

The number of newly reported cases in China has slowed, but the number of newly reported cases in other countries has surged over the past two weeks.

In the United States, officials as of Monday had reported a total of 88 cases of the virus and two deaths linked to the virus, the *Times* reports. **CDC** as of Saturday **said** 47 cases involved Americans who contracted the virus elsewhere and then repatriated to the United States, 13 cases involved patients who had contracted the virus while traveling abroad and were diagnosed after returning to the United States, and nine cases involved patients who contracted the virus via human-to-human transmission.

CDC has noted that several U.S. patients with the virus—including patients in California, Oregon, and Washington—have no known connections to individuals who had either traveled to other countries affected by the virus or who had a suspected or confirmed case of the virus. That indicates the cases likely stemmed from so-called "**community spread**" of the virus in the United States, the *Times* reports.

### US coronavirus deaths linked to Seattle suburb

The two patients who've died from the coronavirus in the United States both were treated at medical facilities in Kirkland, Washington.

U.S. health officials on Saturday announced the first death, which involved a man in his 50s who had underlying health conditions. The patient died at **EvergreenHealth Hospital** in Kirkland on Friday.

Officials said they do not know how the patient was exposed to the new coronavirus. Washington Gov. Jay Inslee (D) on Saturday said state officials were "strengthening [the state's] preparedness and response efforts to keep Washingtonians healthy, safe, and informed."

On Sunday, health officials reported the second death linked to the coronavirus in the United States, which occurred among a man in his 70s who had underlying health conditions and was a resident at a nursing home in Kirkland operated by **Life Care Centers of America**. That patient died on Saturday, also at EvergreenHealth Hospital.

Officials on Sunday also reported six other confirmed cases of the virus among residents and employees of the Kirkland nursing home. The officials said more than 50 people at the facility were exhibiting possible symptoms of the virus and were being tested. According to the *Times*, officials are unsure how individuals at the nursing home were exposed to the virus. Jeff Duchin, health officer at the Seattle and King County public health department, said a team from CDC will work with local and state health officials to investigate the outbreak.

The nursing home in a **statement** posted Sunday said it is "following the infection control recommendations from the CDC, including proper hand-washing techniques and wearing masks, gowns, and gloves when caring for any symptomatic patients." The facility added that it's placing "[a]ny residents with symptoms ... in isolation," and is no longer permitting visitors.

Evergreen Health in a **statement** said the hospital is "working with the CDC and the **Washington Department of Health** to ensure that those who have come into contact with the [coronavirus] patient[s] are screened and tested as appropriate."

## Researchers say evidence suggests long-undetected spread in Washington

Researchers at the **Fred Hutchinson Cancer Research Center** and the **University of Washington** on Sunday said some evidence suggests the virus has been spreading undetected in Washington for as many as six weeks, raising the possibility that there could be hundreds of undiagnosed cases in the state. In a study the researchers posted online, they found genetic similarities between the state's first case of the virus, which officials confirmed on Jan. 20, and a case of the virus that was diagnosed several weeks later.

The study has not been reviewed by other scientists and hasn't been published in a scientific journal, the *Associated Press* reports. According to the *Washington Post*, CDC has reached out to the researchers, and an **HHS** official who spoke to the *Post* on the condition of anonymity said more data is needed to validate the results.

But some scientists who weren't involved with the research said the findings weren't surprising. For example, Justin Lessler, an associate professor of epidemiology at the **Johns Hopkins Bloomberg School of Public Health**, explained that, because most cases of the virus are mild, it's possible people could be infected with the virus without knowing. "We think that this has a pretty high rate of mild symptoms and can be asymptomatic. The symptoms are pretty non-specific and testing criteria has been pretty strict, so those combinations of factors means that it easily could have been circulating for a bit without us knowing," Lessler said.

## Officials report first cases of the virus among US health care workers

Meanwhile, officials in California over the weekend reported the first known cases of the new coronavirus among health care workers in the United States who had treated coronavirus patients outside of Washington.

Officials in California's Alameda and Solano counties in a joint statement said two health care workers at **NorthBay VacaValley Hospital** in Vacaville, California, who had treated a coronavirus patient were diagnosed with the virus on Sunday. The workers had treated the first U.S. patient suspected of contracting the virus via community spread, according to officials.

**NorthBay Healthcare Group** President Aimee Brewer in a **statement** published Thursday said they identified the cases after conducting tests of anyone at NorthBay VacaValley Hospital who had contact with the patient. Brewer said, "From [the] patient's arrival in the [ED], until the transfer to **UC Davis Medical Center**, we promptly identified

H-2-63



these employees. Those that met the moderate or high risk categories were asked to stay home and monitor themselves for any sign of [infection]. Our approach is the same as we regularly manage other diseases that require airborne precautions and monitoring."

Brewer added, "We are very proud of our health care team who provided excellent care to this patient while in our hospital, and proud of all who responded in the last two days to manage possible employee exposures."

## US officials say risk to Americans remains low

Despite the uptick in reported cases of the virus in the United States, federal health officials have said the virus still presents a low risk to Americans—though they've added that U.S. cases likely will continue to grow.

Nancy Messonnier, director of CDC's **National Center for Immunization and Respiratory Diseases**, on Saturday said, "We still judge the general risk to the American public to be low and that includes residents of long-term care facilities."

HHS Secretary Alex Azar on Sunday said, "We cannot make predictions as to how many cases we'll have, but we will have more, and we will have more community cases."

(Johnson/Flaccus, *Associated Press*, 3/1; Lai et al., *New York Times*, 3/2; CDC *website*, 2/29; Bortor/Gorman, *Reuters*, 2/29; Baker et al., *New York Times*, 3/2; Aleccia, *Kaiser Health News*, 3/1; Life Care Center of Kirkland *statement*, 3/1; Miller/Chastaine, *Kirkland Reporter*, 3/1; Achenback et al., *Washington Post*, 3/1; NorthBay Healthcare Group *statement*, 2/27).

### Your top resources for coronavirus readiness



You're no doubt being inundated with a ton of information on how to prepare for possible patients with the Novel Coronavirus (nCoV). To help you ensure the safety of your staff and patients, we pulled together the available resources on how to safely manage and prevent the spread of nCoV.

[Access Now](#)





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## Some coronavirus patients don't show symptoms. Here's why that's a problem.

March 2, 2020

Some individuals infected with the new coronavirus have no symptoms, but they can still transmit the virus—a phenomenon that presents a new obstacle to researchers that are trying to curb transmission of the virus.

**Our analysis: The 'recurring themes' of disease outbreaks**

### Background: Coronavirus cases spike outside of China

Reports of the new **coronavirus** first surfaced in early December 2019 in Wuhan, China. According to the **World Health Organization** (WHO), the main symptoms of the virus are fever and lesions in both lungs. Some patients also have reported difficulty breathing, WHO said.

As of Monday, officials reported more than 89,700 cases of the virus globally, with most of those cases occurring in mainland China, the *New York Times* reports. Officials said as of Monday there had been at least 3,056 deaths linked to the virus, and all but 144 of the deaths occurred in mainland China

In the United States, officials as of Monday had reported a total of 88 cases of the virus and two deaths linked to the virus, the *Times* reports.

### Why the asymptomatic coronavirus cases matter

Researchers are still learning about the new virus and how it transmits, but recent evidence suggests some people infected with the virus are asymptomatic but can still be contagious, the *Times* reports.

An early report of asymptomatic transmission surfaced in January when a Chinese woman visited Germany and infected several colleagues before she realized she was ill. A follow-up report found the woman had "vague symptoms" but no symptoms that have been associated with the virus.

And in February, after German officials evacuated 126 people from Wuhan, two people who reported zero symptoms of the virus tested positive.

Experts say asymptomatic people can spread viruses efficiently. They have no reason to think they're sick, so they rarely change their behavior to prevent transmission, according to the *Times*.

Until Thursday, **CDC** was only performing coronavirus testing only on symptomatic patients who'd either recently traveled to China or had contact with someone who had the virus. CDC last week **updated** that criteria

to include symptomatic patients with no known connection to China or a person already diagnosed with the virus.

Sandra Ciesek from the **Institute of Medical Virology at University Hospital Frankfurt**, said, "[N]ormally, you don't screen asymptomatic healthy people for the virus because it's too expensive."

However, health experts said if research shows that asymptomatic carriers can spread the virus efficiently and quickly, testing of the virus might need to be broadened.

## Mild cases make up majority of coronavirus cases

For the majority of cases, patients do show symptoms of the virus, but these symptoms tend to be mild. According to Jin Dongyan from the **University of Hong Kong**, most mild cases of the virus are indistinguishable from a common cold. Other symptoms can include mild fatigue and a low fever, according to Chinese officials.

The majority of patients with mild cases of the virus recover, but experts say the mild symptoms can make the virus more difficult to contain because, like asymptomatic patients, patients with mild cases might not know they're carrying the virus.

A study of more than 44,600 cases confirmed in China by Feb. 11 found more than 81% were mild. For the study, published by **China's Center for Disease Control and Prevention**, cases were considered mild if a patient did not have pneumonia or only experienced mild pneumonia. In the same study, less than 14% of cases were severe and less than 5% were critical. Severe cases were defined as shortness of breath, low blood oxygen saturation, or other lung problem, while critical cases meant the patient suffered respiratory failure, septic shock, or multiple organ dysfunction.

But the fact that most cases are mild doesn't mean the virus isn't a threat, according to the *Times*.

Regarding the severity of the illness, a group of scientists wrote in a **piece** published in the *New England Journal of Medicine* last week wrote, "In this manner, a virus that poses a low health threat on the individual level can pose a high risk on the population level, with the potential to cause disruptions of global public health systems and economic losses" (Caryn Rabin, *New York Times*, 2/26; Wang, *New York Times*, 2/27; Lai et al., *New York Times*, 3/2).

# The 39th iteration of Cobra Gold concludes with a combined arms-live fire exercise and closing ceremony

By 1st Lt. Timothy Hayes □ | U.S. Army Pacific Public Affairs Office | March 6, 2020

## Photos



U.S. Marine Corps Cpl. Joseph Green, right, and Lance Cpl. Jonathan Flores, mortarmen with Battalion Landing Team, 1st Battalion, 5th Marines, 31st Marine Expeditionary Unit, fire an 81mm mortar as part of the Combined Arms Live Fire Exercise during Exercise Cobra Gold 2020 at Ban Dan Lan Hoi, Kingdom of Thailand, March 6, 2020. Cobra Gold enhances military to military engagement efforts to maintain readiness and increase the capability, capacity, and interoperability of partner nations while simultaneously reinforcing our commitment to a free and open Indo-Pacific.

**(Photo by Lance Cpl. Kaleb Martin)**



The delegation of military and political leaders representing the seven partner nations participating in Cobra Gold 2020 stands in front of the servicemen and women from the same nations participating in CG20 February 25, 2020 at Camp Akathotsarot, Phitsanulok Province, Thailand. This is the 39th iteration of CG20, the largest joint-multinational military exercise, in southeast Asia. The 10-day exercise is a series of training events that promotes and reinforces the enduring U.S./Thai alliance and demonstrates the U.S. military's unwavering commitment to a free and open Indo-Pacific.

**(Photo by Staff Sgt. Ondirae Abdullah-Robi)**



U.S. Marines with Alpha Company, Battalion Landing Team, 1st Battalion, 5th Marine



Regiment, alongside Royal Thai Marines conduct an amphibious beach landing as part of exercise Cobra Gold 2020 at Hat Yao Beach, Sattahip, Kingdom of Thailand, Feb. 28, 2020. Exercise Cobra Gold 20, in its 39th iteration, is designed to advance regional security and ensure effective responses to regional crises by bringing together multinational forces to address shared goals and security commitments in the Indo-Pacific region. **(Photo by Staff Sgt. Jordan Gilbert)**



U.S. Air Force Senior Airman Logan John and Airman 1st Class Benjamin Daniels, journeyman weather forecasters with 1st Weather Squadron Detachment 2 stationed at Wheeler Army Air Field, Hawaii, check readings from a tactical meteorological observing system (TMQ-53) during Exercise Cobra Gold 2020 at Camp Akathotsarot, Phitsanulok province, Kingdom of Thailand, March 3, 2020. John, a native of Olathe, Kan. and Daniels, a native of Milwaukee, Wis. provide weather forecasting in support of U.S. Army flight operations.

Exercise Cobra Gold 20, in its 39th iteration, is designed to advance regional security and ensure effective responses to regional crises by bringing together multinational forces to address shared goals and security commitments in the Indo-Pacific region. **(Photo by (U.S. Air Force photo by Staff Sgt. Dhruv Gopinath) )**



From left to right, U.S. Marine Col. Robert Brodie, 31st Marine Expeditionary Unit commanding officer, Royal Thai Navy Capt. Arpa Chapanon and U.S. Marine Capt. Luke Frost, amphibious assault ship USS America (LHA 6) commanding officer, pose for a photo during a welcoming ceremony Feb. 22 at Laem Chabang Port, Thailand. A welcoming ceremony was held for 31st MEU and USS America (LHA 6) Expeditionary Strike Group before the start of Exercise Cobra Gold 2020, which is the largest joint multinational military exercise in the Indo-Pacific region and is an integral part of the U.S. commitment to strengthen engagement in the region for a free and open Indo-Pacific.

**(Photo by Staff Sgt. Monik Phan)**



U.S. Marine Lt. Gen. Stacy Clardy, left, the III Marine Expeditionary Force commanding general, and members of the Royal Thai Armed Forces including RTAF Deputy Chief of Staff Gen. Pariphat Phalasin, listen to information provided by a representative from the Japan-Association of Southeast Asian Nation Integration Fund non-governmental organization about landmine recovery and disposal in at a landmine reduction event during Cobra Gold 2020 at Watthana Nakjon, Sa Kaeo, Kingdom of Thailand, March 3, 2020. Cobra Gold 20 maintains a consistent focus on humanitarian civic action, community engagement, and medical activities conducted during the exercise to support the needs and humanitarian interests of civilian populations around the region.

**(Photo by (U.S. Marine Corps photo by Capt. George McArthur))**

U.S. Marine Sgt. Colby Berger briefs his Marines prior to setting up a direct air support center as part of Exercise Cobra Gold 2020 at Camp Phra Maha





Jetsadaratchao, Chon Buri, Kingdom of Thailand, Feb. 26, 2020. Berger, a native of Victoria, Texas, is an engineering electric equipment systems technician with Marine Air Support Squadron 2, 1st Marine Aircraft Wing. Exercise Cobra Gold 20 is the largest theater security cooperation exercise in the Indo-Pacific region and is an integral part of the U.S. commitment to strengthen engagement in the region. **(Photo by (U.S. Marine Corps photo by Staff Sgt. Jordan E. Gilbert) )**



Chemical, biochemical, radiological and nuclear defense specialists with the 31st Marine Expeditionary Unit, and Royal Thai Navy Sailors scan a simulated noncombatant evacuee during a noncombatant evacuation operation as part of Exercise Cobra Gold 2020 at Utapao, Kingdom of Thailand, Feb. 29, 2020. Exercise Cobra

Gold 20 is the largest theater security cooperation exercise in the Indo-Pacific region and is an integral part of the U.S. commitment to strengthen engagement in the region. **(Photo by Sgt. Audrey M. C. Rampton)**

BAN DAN LAN HOI, Kingdom of Thailand – Leaders and commanders from Indo-Pacific nations participating in Exercise Cobra Gold 2020 came together to give final remarks and shake hands as the two-week long exercise came to a close at Ban Dan Lan Hoi, Kingdom of Thailand, March 6, 2020. The closing ceremony marked the conclusion of the 39th iteration of the exercise which took place from Feb. 25 to March 6, 2020.

Cobra Gold is an annual exercise co-hosted by the United States and Thailand. The exercise seeks to improve the capabilities of participating nations to plan and conduct combined and joint operations, build and maintain relationships across the region, and improve interoperability. It demonstrates the strong bond between the nations of the Indo-Pacific and their ability to operate together.

“The Cobra Gold exercise serves as the foundation of the knowledge, ability and military skills of every man and woman who have participated,” said Gen. Pornpipat Benyasri, the Chief of Defence Forces of the Royal Thai Armed Forces. “It is a great opportunity for us all who are of different regions to train together for a period of two weeks. This would certainly allow us to learn from each other, to share and gain great experiences as much as we can.”

This year's Cobra Gold was the largest to date, with new additions to the exercise, including the U.S. Marine Corps F-35B Lightning II fighter aircraft and the combined joint high mobility artillery rocket system rapid insertion. The F-35Bs made their debut during the amphibious landing exercise, which combined the lethality and readiness of U.S. and Royal Thai Armed Forces. U.S. Marines from the 31st Marine Expeditionary Unit conducted the operation side-by-side with Royal Thai Marines while the F-35Bs roared overhead, simulating supporting fire.

“Cobra Gold is a tremendous opportunity to reinforce the relationship with the Kingdom of Thailand and the Royal Thai forces,” said U.S. Army Brig. Gen. Josh Rudd, 25th Infantry Division deputy commanding general-operations. “We had some different capabilities this year with the Marine F-35 and its tremendous capabilities and a great opportunity to have it part of this amphibious landing exercise.”

Another addition to this year's exercise was the landmine reduction operation, involving 16 U.S. explosive ordnance disposal participants from the Marine Corps, Army, Navy, and Air Force, and 86 Thai EOD technicians and medical personnel. The operation's intent was to bring subject matter experts together to reduce landmines and unexploded ordnance in the region.



Cobra Gold 20 featured a cyberspace field training exercise for the second year in a row. The six fully participating nations came together to patrol and defend their own networks to develop strategies for operating in a modern information environment. This event focused on combining defensive cyber operations in a training environment comprised of self-contained networks where participants banded together to patrol, defend, communicate and share information with one another.

“Anytime we work in a coalition environment, it’s positive, whether it’s cyber or one of the other elements of Cobra Gold,” said U.S. Marine Col. Larry Jenkins, III Marine Expeditionary Force Information Group commanding officer. “Anytime we have an opportunity to work with our coalition partners, it builds relationships and makes us stronger as a coalition and as potential partners.”

These relationships and strong partnerships can be seen through multiple other events which took place throughout the country of Thailand. In one of these events, the Japanese Self Defense Force led the joint noncombatant evacuation operation, which showcased each country’s ability to quickly respond and maintain peace and security in the region.

Cobra Gold 20, similar to previous years, also focused on humanitarian civic action projects. Throughout the entirety of Cobra Gold 20, the fully participating nations, along with limited participation from China and India, assisted in the engineering civic action programs at various sites in Thailand. These projects also included key leader and community relations engagements, and community health engagements. The events brought nation’s armed service members and locals together as they worked to develop new facilities and curriculums at local schools to replace infrastructure that has grown too old or has been nonexistent.

“The alliance we have with these countries, the fact that they can come together and create something that’s visual but more importantly useful to the Thai people is just a small manifestation of the relationship,” said Lt. Gen Stacy Clardy, commanding general of III Marine Expeditionary Force. “The relationship is built year in and year out by Marines, Sailors, Soldiers and Airmen who have a chance to come here and work with the Thai military. Multinational relationships across this region are why we have stability and why we’ve had it for so long in the western Pacific.”

The humanitarian aid and disaster relief exercise brought together Indonesia, Japan, Malaysia, Singapore, Thailand and the U.S, with limited participation from China and India. This operation highlighted each country’s response techniques and their ability to appropriately and timely respond to any natural disaster situation.

All these events and two weeks of training culminated with the final exercise, the combined arms live-fire exercise. This exercise is designed to maintain readiness and increase the capability, capacity and interoperability of partner nations in the Indo-Pacific region. The U.S. and Royal Thai Armed Forces worked together once again as they were put through various simulated situations including a counter attack and medical evacuation while supporting fire was provided by the F-35Bs, HIMARS and other supporting fires.

“This year I think we’ve really pushed the ball forward, bringing the F-35 for the first time ever to Thailand and incorporating that in live-fire operations. Also, we’ve enhanced some of our operations with the

HIMARS,” said Col. Robert Brodie, commanding officer of the 31st Marine Expeditionary Unit and responsible commander for all Marine Corps forces participating in Cobra Gold 20. “This year the HIMARS are a part of the 31st MEU, [in] concert with the F-35s with ground forces, this is really taking it to the next level of warfare and demonstrating to our partners how we can combine our forces to increase our lethality and our capability. Albeit we’re here for peace and stability in the region, what we are doing is making sure we are ready for conflict and crisis.”

Upon completion of the CALFEX, the participating nations transitioned into the closing ceremony for exercise Cobra Gold 20. This informal ceremony brought together leaders from the seven participating nations to share closing remarks and exchange gifts. The relationships and partnerships built and maintained can be seen throughout each of the exercises but it is this moment that highlights the long lasting friendship and alliance of the participating nations around the Indo-Pacific region.

“As my country and the Kingdom of Thailand look back on over two centuries of friendship, both of our nations are pleased to see all the many benefits the U.S.-Thai alliance brings,” said Michael DeSombre, U.S. Ambassador of Thailand.

Exercise Cobra Gold demonstrates the commitment of the Kingdom of Thailand and the United States to our long-standing alliance, promotes regional partnerships and advances security cooperation in the Indo-Pacific region.

For more information, photos, videos and stories about Cobra Gold, including past iterations, please visit the Cobra Gold public web page: [www.dvidshub.net/feature/CobraGold](http://www.dvidshub.net/feature/CobraGold) or the official Facebook page at [www.facebook.com/ExerciseCobraGold](https://www.facebook.com/ExerciseCobraGold).

 [More News](#)

(b) (6)

**LCDR USN ASSTSECNAV FMC DC (USA)**

**From:** (b) (6) LT USN VCNO (USA)  
**Sent:** Friday, May 15, 2020 7:33 AM  
**To:** (b) (6) Lcdr USN ASSTSECNAV FMC DC (USA); (b) (6) LT USN COMNAVSURFPAC SAN (USA)  
**Subject:** FW: BLUF: C7F response VNCO RFI TR Command Investigation IRT BLR, AMA, and GBY port visits  
**Signed By:** (b) (6) @navy.mil

(b) (6), (b) (6),

Below are the answers in response to your timeline RFI.

Are either of you able to access SIPR from where you are? If not, I'll try to find someone who can receive the SIPR information. (sorry about ROM)

Thanks!

Very respectfully,

LT (b) (6)  
Command Investigation Team  
Vice Chief of Naval Operations  
O: (b) (6)  
Pentagon Room (b) (6)  
Washington, DC 20350-1000  
(b) (6) @navy.(smil.)mil

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-----Original Message-----

**From:** (b) (6) CDR USN, C7F <(b) (6) @lcc19.navy.mil>  
**Sent:** Friday, May 15, 2020 7:04 AM  
**To:** (b) (6) LT USN VCNO (USA) <(b) (6) @navy.mil>  
**Cc:** (b) (6) CAPT USN, C7F <(b) (6) @lcc19.navy.mil>; C7F BWC <(b) (6) @lcc19.navy.mil>; C7F ABWC <(b) (6) @lcc19.navy.mil>; C7F-COVID-WG <(b) (6) @lcc19.navy.mil>  
**Subject:** BLUF: C7F response VNCO RFI TR Command Investigation IRT BLR, AMA, and GBY port visits

LT (b) (6),

BLUF: C7F Response to VCNO RFI TR Command Investigation IRT BLR, AMA, and GBY port visits

Summary:

1. USS America and USS Green Bay arrived in Thailand for Cobra Gold on 22 Feb. What day/time do they get underway from Thailand? Did either ship have any positive COVID sailors after Cobra Gold? If so, how many and when were they positive?

- AMA and GBY departed 11 Mar
- Neither ship had any Sailors or Marines test positive.
- Not requested below, BLR visited Thailand from 23-27 Feb.

2. What were the dates for exercise COBRA GOLD?

- AMA and GBY were operating in and around Thailand from 24 Feb - 8 Mar.

3. USS Blue Ridge pulled into Singapore on 14 Mar 2020. What time did they arrive and what date/time did they leave Singapore? Did BLUE RIDGE have any positive COVID cases after Singapore? If so, how many and what date did they pop positive?

- BLR was in Singapore from 11-14 Mar
- BLR has not had any COVID cases.

4. USS Blue Ridge pulled into South Korea on 5 Feb, what day did they depart?

- BLR was in Busan, South Korea, from 05-09 Feb.

5. When did C7F Surgeon provide CPF with the COVID-19 CONOPS addressing development of "a plan to transit to Guam upon SMDR recommendation to CO in case of severe or widespread illness"

- 13Feb2020 C7F CONOPS for FHP against COVID-19 provided to CPF Surgeon Office.
- 19Feb2020 C7F Guam specific COVID-19 Shipboard Case Scheme of Maneuver provided to CPF Surgeon Office.
- The two emails will be sent separately on SIPR.

Very respectfully,

CDR (b) (6)

C7F COVID Response Cell

J-Dial: (b) (6)

DSN in port: (b) (6)

COM in port: (b) (6)

-->DSN underway: (b) (6) ← New 7 April

-->COM underway: (b) (6) ← New 7 April

-->SIPR: (b) (6) @lcc19.navy.smil.mil

NIPR Ashore: (b) (6) @fe.navy.mil

(b) (6) CDR USN, USS Theodore Roosevelt

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**From:** (b) (6) CDR USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>  
**Sent:** Sunday, March 08, 2020 10:25 AM  
**To:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
**Cc:** (b) (6) CAPT USN, USS Theodore Roosevelt; CDO; ACDO; (b) (6)  
CMC USN, USS Theodore Roosevelt  
**Subject:** CDO Report, 07 MAR 20  
**Attachments:** CDO Summary 07 MAR 2020.docx  
**Signed By:** (b) (6)@NAVY.MIL

CAPT,

Good morning, Sir. Yesterday was an extremely busy duty day. Our team worked together to accomplish several amazing feats.

Summary below for you review:

Outstanding job by Deck department provided impeccable service by replacing a few mooring lines, yokohamas, and industrial tires. We operated liberty boats throughout the night. We did not leave any Sailors stranded on the pier.

COVID-19 Tasker response for initiated for 20 Sailors. Initial report stated 18. Numbers are expected to grow as we question or Sailors.

The following Sailors were detained by Local Authorities and accused of damaging an ATM. SUP/E-1, SUP/E-3, and CSG-9/E-5. Local authorities are not treating it as a criminal matter. They initially sought restitution but the bank said it wasn't required. Judge and TR NCIS agent worked with local authorities in order to get them released.

- Victim SUP/E-3 woke up in the S-2 female berthing being choked in her rack by Suspect SUP/E-4. Victim provided a statement to Security personnel. Suspect will return later today and wasn't advised of her rights due to BAC .05.

- REA/E-3 was intoxicated at the pier and attempted to elude Border Guard at the ECP. Beach Guard immediately took control of the situation. Member arrived on the last liberty boat at 0545 and was brought down to Security for processing. Members COC said she has a PG13 stating for her to reframe from alcohol. BAC was .05.

AMCROSS messages received:

-AIR/E-6 Father admitted to hospital due to illness. Member was advised to contact spouse for update of father's status. COC has been notified. CASE:

(b) (6)  
-AIR/E-5 Daughter admitted to hospital due to Bronchitis. Member is aware and COC notified. CASE: (b) (6) closed

-ENG/E-4 Sister struck by motor vehicle causing significant head injury. Member is aware and COC notified. CASE (b) (6) closed



(b) (6) CDR USN, USS Theodore Roosevelt

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**From:** (b) (6) LCDR USN, USS THEODORE ROOSEVELT <(b) (6)@cvn71.navy.mil>  
**Sent:** Monday, March 09, 2020 11:28 AM  
**To:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
**Cc:** (b) (6) CAPT USN, USS Theodore Roosevelt; CDO; ACDO; (b) (6)  
CMC USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt  
**Subject:** CDO Report, 08 MAR 20  
**Attachments:** CDO Summary 08 MAR 2020.docx  
**Signed By:** (b) (6)@navy.mil

Good Morning Captain,

Busy duty day but not in the way we were expecting. Fantastic job by Duty Section 4/8 and ACDO, LT (b) (6), for flexing to support all the duty section requirements.

Significant events and items include:

- Another great job by Deck department supporting liberty boats all day and late into the evening.
- Due to COVID-19 concerns, liberty was secured for those sailors still onboard at 0910 and all tours/professional engagements cancelled. An emergency command center was set up in Strike Operations and information was gathered to form a list of people who stayed or had interactions at the Vanda Hotel grounds. The 19 personnel on the ship that were involved were transported to the pier for testing and further evaluation. An additional 18 personnel on liberty were sent to the pier as well for testing. All tests came by negative and Sailors were returned to TR. A temporary berthing plan is in place for the 39 Sailors for tonight to support required isolation for 14-day period. By 1000 on 09MAR, final berthing arrangements will be executed. Security has taken the necessary steps to secure associated spaces.
- Worked with SMO to provide recommended answers to an Indo-Pacom tasker regarding COVID-19 due to CSG-9 by 0600 this morning (tasker received at 0230).
- Judge provided an extensive list of Sailors with unpaid hotel charges. Working with DDOs and DLCPOs (via CMC) to get all cleared before we depart.
- CS/E-4 lost his wallet at the port entry which included his military ID, passport, and liberty card. Duty CS was notified to report the lost card prior to turning in Combat Systems liberty cards for final inventory.

I have been properly relieved by DCA.

Very respectfully,

LCDR (b) (6)  
Public Affairs Officer  
Carrier Strike Group NINE  
USS Theodore Roosevelt (CVN 71)

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**To:** ALL OFFICERS; ALL CHIEFS; E-6 and Below  
**Subject:** 14 days of screening after port visits  
**Date:** Sunday, March 15, 2020 8:19:34 PM  
**Attachments:** COVID-19 SCREENING PLAN - after a port visit.docx

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All,

Some clarification on screening on the ship after port visits. First, the rationale for 14 days: everything we know about Coronavirus shows that 99% of people will have symptoms by approximately 13 days (mean 5 days). There are three categories of screening:

1) As previously passed, each department will screen their sailors for 7 days after leaving a port by asking them questions regarding Fever, Chills, Cough, Sore Throat, Shortness of breath, Body aches, and Abdominal pain. After the 7 days (which expired yesterday, 3/15), then each individual will self-monitor for the same symptoms for the next 7 days. If at any time during this process a person answers yes to one of those symptoms then they are to report to medical for additional screening and they enter the next category.

2) Individuals that answered yes to one of those symptoms now get daily temperature checks in Medical. They are required to do these checks for the full 14 days after leaving the port (last day 3/22). This is the list that CAPT (b) (6) (nurse anesthetist) is tracking and sending to leadership.

3) Personnel arriving via COD - HODs/DLCPOs are notified (by CAPT (b) (6) using the ATO manifest) of those individuals that require screening after arrival on a COD. Same screening concept except that their 7+7 days of screening starts the day they arrive on the ship and results are emailed to CAPT (b) (6)

Again, at any time within the 14 days, if a person develops these symptoms they need to be evaluated by Medical.

This, combined with sanitation, hand washing, respiratory/cough etiquette, is an all hands event - that applies to the Coronavirus and all infectious diseases that are more easily spread in close quarters.

Please contact myself or CAPT (b) (6) if you have any questions.

Thanks for your help.

v/r,

SMO

(b) (6), MD  
CAPT MC(FS) USN  
Senior Medical Officer  
USS Theodore Roosevelt (CVN-71)  
Work: (b) (6)  
J-dial: (b) (6)

Cell: (b) (6)

1 MAR 20

MEMORANDUM

From: Senior Medical Officer, USS THEODORE ROOSEVELT (CVN 71)

Subj: USS THEODORE ROOSEVELT (CVN 71) COVID-19 SCREENING PLAN AFTER A PORT VISIT

Ref: (a) C7F FRAGORD 011 TO TASKORD 20-057 FOR FHP AGAINST COVID-19  
(b) COVID-19 Screening Questionnaire

1. Due to the increasing risk of Coronavirus transmission, per reference (a), all personnel boarding the ship require a COVID-19 Medical Screening for seven days and an additional seven days of self-monitoring. This 14 day period will start the day we get underway from a port visit. The Medical Department will oversee the COVID-19 screening process. COVID-19 screeners are not required to be Medical department personnel.

2. Per references (a) and (b), all personnel coming to the ship will be screened for the following symptoms:

- a. Fever
- b. Chills
- c. Cough
- d. Sore Throat
- e. Shortness of breath
- f. Body aches
- g. Abdominal pain

3. COVID-19 screening plan for all personnel getting underway after a port visit is as follows:

a. Personnel will be queried daily by their departmental/squadron leadership for 7 days for any of the symptoms in paragraph 2. Personnel will then self-monitor for symptoms for an additional 7 days. **Individuals with positive screening must report to Medical immediately. They will be asked to put on a mask and undergo further screening. From 0700-0900 Monday-Saturday they will be directed to enter via Aviation Medicine (port side entry forward of CMC's door). Routine Sick Call (0830-0930) will enter the Physical Therapy door (port side entry, frame 102).**

(1) Once screening is accomplished, reports of positive screening will be forwarded via email to CAPT (b) (6) at (b) (6) @cvn71.navy.mil. Departments are required to provide feedback to Medical by 1600 on a daily basis, or as soon as possible after evening muster. Departments will maintain their screening results. Medical will track the positive screening results.

4. Please contact LT (b) (6), Ship's Nurse, or CAPT (b) (6), Nurse Anesthetist, at J-dial (b) (6) or via email at (b) (6) @cvn71.navy.mil or (b) (6) @cvn71.navy.mil with any questions.

/s/  
(b) (6)



**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**To:** Baker, Stuart P RDML USN, CCSG-9  
**Cc:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) R CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt  
**Subject:** Post-Danang Update 17 March  
**Date:** Monday, March 16, 2020 9:58:12 PM  
**Attachments:** C7F TASKORD FHP REV1 dtd 16 Mar.pdf

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Admiral,

Daily update on the 39 sailors in monitored sequestration.

1. Daily temperature checks performed with no fevers. All sailors are currently symptom-free. Anticipate release from quarantine on Sunday (3/22) assuming no change in clinical status.
2. C7F TASKORD FHP Revision 1 released 16 March. Changes in the TASKORD:
  - a. Recommended liberty groups no larger than 6 people (Para. 4.A.10.D.2.A).
  - b. Lists places that will be off limits during port visits (e.g., community centers, nursing facilities, office buildings) (Para. 4.A.10.D.2.B).
  - c. Excludes air crew from travel/restriction of movement (ROM) requirements when flying in official duties (Para. 4.A.12).
  - d. Extensive ROM requirements (e.g., separate berthing, no closer than 6 feet, no crowded areas, taking temperature twice a day) for anyone traveling through a Level 2 or 3 country in the past 14 days. (Para. 4.A.12.B and 4.A.12.C).
  - e. Post port visit screening for influenza-like illness (fever > 100.4, cough, sore throat) will be done at days 5-7 and 9-11 after getting underway. For ease of managing screening a crew of this size, we are going to screen from day 1-11.
3. I have pushed my concerns to the C7F/PACFLT Surgeons about the challenge of complying with the ROM requirements for 5000 people after Vietnam (and subsequent port visits). We are unable to comply as currently written. My recommendation is that we continue the screening we are doing and quarantine/isolate as clinically indicated.

Standing by for questions.

v/r,

SMO

(b) (6), MD  
CAPT MC(FS) USN  
Senior Medical Officer  
USS Theodore Roosevelt (CVN-71)  
Work: (b) (6)  
J-dial: (b) (6)



Cell: (b) (6)

**Subject:**

FW: R 160551Z MAR 20 COMSEVENTHFLT COMMANDER SEVENTH FLEET TASKORD  
REV 1 FOR PHASE TWO (MITIGATION) AGAINST COVID-19

-----OFFICIAL INFORMATION DISPATCH FOLLOWS----- RTTUCYUW ROUIAAA0107 0760550-UUUU--RHMCSUU.

ZNR UUUUU

R 160551Z MAR 20 MID111000060720S

FM COMSEVENTHFLT

TO CTF 70

CTF 71

CTF 72

CTF 73

CTF 74

CTF 75

CTF 76

CTF 78

INFO CNO WASHINGTON DC

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COMNAVAIRPAC SAN DIEGO CA

COMSUBPAC PEARL HARBOR HI

COMNAVREG JAPAN YOKOSUKA JA

COMNAVREGKOREA CHINHA E KOR

COMNAVMARIANAS GU

COMTHIRDFLT

CG III MEF

CG THIRD MEB

CG THIRD MARDIV

CG THIRD MLG

CG FIRST MAW

COMMARFORPAC

COMMARFORK

COMSEVENTHFLT

BT

UNCLAS

PASS TO OFFICE CODES:

CDR USPACOM HONOLULU HI/J3/

COMPACFLT PEARL HARBOR HI/N1/N3/N01H/

MSGID/ORDER/COMSEVENTHFLT/20-099/MAR//

SUBJ/COMMANDER SEVENTH FLEET TASKORD REV 1 FOR PHASE TWO

(MITIGATION) AGAINST COVID-19//

MSGID/TASKORD/COMSEVENTHFLT//

TIMEZONE/Z//

REF/A/ORD/USINDOPACOM/091955ZFEB20//

REF/B/ORD/USINDOPACOM/050410ZFEB20//

REF/C/ORD/USINDOPACOM/060656ZFEB20//

REF/D/ORD/USINDOPACOM/070648ZFEB20//  
 REF/E/ORD/USINDOPACOM/080635ZFEB20//  
 REF/F/DOC/DOD/15OCT2013//  
 REF/G/DOC/DOD/26FEB2013//  
 REF/H/DOC/CJCS/13JUN2005//  
 REF/I/DOC/USINDOPACOM/01AUG2016//  
 REF/J/DOC/UNDERSECDEF/07FEB2020//  
 REF/K/DOC/UNDERSECDEF/30JAN2020//  
 REF/L/GENADMIN/CNO/112054ZFEB20//  
 REF/M/ORD/DOC/CJCS/05SEP2019//  
 REF/N/ORD/USINDOPACOM/150242ZFEB20//  
 REF/O/ORD/USINDOPACOM/220401ZFEB20//  
 REF/P/DOC/COMPACFLT/26FEB2020//  
 REF/Q/GENADMIN/USINDOPACOM/260625ZFEB20//  
 REF/R/ORD/COMPACFLT/270419ZFEB20//  
 REF/S/ORD/COMPACFLT/290417ZFEB20//  
 REF/T/ORD/USINDOPACOM/010335ZMAR20//  
 REF/U/ORD/USINDOPACOM/040541ZMAR20//  
 REF/V/ORD/USFFC/020255ZMAR20//  
 REF/W/ORD/USFFC/021600ZMAR20//  
 REF/X/DOC/OPNAV/19NOV2018//  
 REF/Y/ORD/USFFC/030052ZMAR20//  
 REF/Z/DOC/USFFC/03MAR2020/-/SEPCOR//  
 REF/AA/DOC/DOD/28MAR2019//  
 REF/AB/ORD/COMPACFLT/12MAR2020//  
 REF/AC/ORD/COMPACFLT/060424ZMAR20 //  
 REF/AD/DOC/OSD/11MAR2020//  
 REF/AE/DOC/OUUSD/11MAR2020//  
 REF/AF/GENADMIN/USINDOPACOM/130424ZMAR20//  
 REF/AG/GENADMIN/SECNAV/121914ZMAR20//  
 REF/AH/DOC/CNO/122210ZMAR20//  
 REF/AI/ORD/USFF/121310ZMAR20//  
 REF/AJ/DOC/OSD/13MAR2020//  
 REF/AK/ORD/USFJ/20200204//  
 REF/AM/WEBSITE/CDC/CORONAVIRUS//  
 REF/AN/DOC/NTRP\_4-02.10//  
 REF/AO/DOC/DHA/5FEB020//  
 REF/AP/DOC/NAVEDTRA 43699-2A//  
 REF/AQ/DOC/COVID-19//  
 REF/AR/DOC/COVID-19//  
 REF/AS/DOC/NAVEDTRA 43119 SERIES.  
 REF/AT/DOC/C7F/FEB20//  
 REF/AU/ORDER/C7F/081148ZMAR20//  
 REF/AV/GENADMIN/SECNAV/140235ZMAR20//  
 NARR/(U) REF A IS USINDOPACOM EXORD P-963 DIRECTING EXECUTION OF PHASE I TO CONPLAN 5003-18.  
 REF B IS USINDOPACOM RESPONSE TO CORONA VIRUS P-957 EXORD.  
 REF C IS USINDOPACOM FRAGORD 001 TO REF B.  
 REF D IS USINDOPACOM FRAGORD 002 TO REF B.  
 REF E IS USINDOPACOM FRAGORD 003 TO REF B.  
 REF F IS DOD GLOBAL CAMPAIGN PLAN FOR PANDEMIC INFLUENZA AND INFECTIOUS DISEASE 3551-13.  
 REF G IS DOD INST 3025.14 FOR EVACUATION OF U.S CITIZENS AND DESIGNATED ALIENS FROM THREATENED AREAS ABROAD.



REF H IS CJCSINST 3121.01B PRESCRIBING THE STANDING RULES FOR THE USE OF FORCE (SRUF) FOR U.S. FORCES.

REF I IS USINDOPACOM CONPLAN 5003.

REFS J AND K PRESCRIBE UPDATED FORCE HEALTH PROTECTION GUIDANCE FOR CORONAVIRUS OUTBREAK.

REF L IS CNO GUIDANCE FOR MONITORING PERSONNEL RETURNING FROM CHINA DURING THE NOVEL CORONAVIRUS OUTBREAK.

REF M IS CJCS MANUAL 3105.01 ON RISK ASSESSMENT.

REF N IS USINDOPACOM FRAGORD 001 TO REF A.

REF O IS USINDOPACOM FRAGORD 002 TO REF A.

REF P IS CPF CONOPS FOR COVID-19 RESPONSE.

REF Q IS USINDOPACOM FORCE PROTECTION DIRECTIVE 20-006.

REF R IS CPF EXORD IN RESPONSE TO COVID-19.

REF S IS CPF FRAGORD 001 TO REF R.

REF T IS USINDOPACOM FRAGORD 003 TO REF A.

REF U IS USINDOPACOM FRAGORD 004 TO REF A.

REF V IS CUSFF/NAVNORTH EXECUTE ORDER (EXORD) IN RESPONSE TO NOVEL CORONAVIRUS DISEASE 2019.

REF W IS CUSFF/NAVNORTH FRAGORD 001 TO REF V.

REF X IS OPNAVINST 3500.41A PANDEMIC INFLUENZA AND INFECTIOUS DISEASE POLICY.

REF Y IS CUSFF/NAVNORTH FRAGORD 002 TO REF V.

REF Z IS NORTHCOM AOR C2 DIAGRAM.

REF AA IS DODI 6200.03, PUBLIC HEALTH EMERGENCY MANAGEMENT WITHIN THE DOD.

REF AB IS CPF VOCO 20-033, COVID-19 OPREP-3 REPORTING GUIDANCE.

REF AC IS CPF FRAGO 002 TO REF R.

REF AD IS OSD TRAVEL RESTRICTIONS FOR DOD COMPONENTS IN RESPONSE TO CORONAVIRUS DISEASE 2019.

REF AE IS OUSD FORCE HEALTH PROTECTION (FHP) GUIDANCE, SUPP 4, GUIDANCE FOR PERSONNEL TRAVELING DURING THE NOVEL CORONAVIRUS OUTBREAK.

REF AF IS USINDOPCOM FHP GUIDANCE, SUPP 2 REF AG IS ALNAV 25-20, VECTOR 15 FHP GUIDANCE FOR DON.

REF AH IS NAVADMIN 064-20, NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK.

REF AI IS NAVNORTH FRAGO 20-019.77 TO USFF AND NAVNORTH EXORD IN RESPONSE TO COVID-19.

REF AJ IS OSD MEMO ORDERING STOP MOVEMENT FOR ALL DOMESTIC TRAVEL.

REF AK IS USFJ FORCE HEALTH PROTECTION ORDER.

REF AM IS CDC CORONAVIRUS WEBSITE.

REF AN IS SHIPBOARD QUARANTINE AND ISOLATION PROCEDURES.

REF AO IS DHA GUIDANCE TO MILITARY TREATMENT FACILITIES REGARDING COVID-19.

REF AP IS PERSONAL QUALIFICATION STANDARD FOR NAVY CORPSMAN.

REF AQ IS C7F COVID-19 SCREENING QUESTIONNAIRE.

REF AR IS C7F COVID-19 CONOPS.

REF AS IS PERSONAL QUALIFICATION STANDARD FOR DAMAGE CONTROL.

REF AT IS GUIDANCE FOR UNDERWAY EVALUATION AND MANAGEMENT OF 2019 NOVEL CORONAVIRUS WITH CHART V10 OR CURRENT VERSION.

REF AU IS C7F COVID SECRET TASKORD CONSOLIDATING ALL OAI REQUIREMENTS.

REF AV is ALNAV 26-20 OFFICIAL AND PERSONAL DOMESTIC TRAVEL HEALTH PROTECTION GUIDANCE FOR DON.

NARR// (U) This is a Commander, U.S. SEVENTH FLEET (C7F) Rev 1 to C7F COVID-19 TASKORD. Rev 1 transmitted to incorporate emerging OSD, CNO, CDC, SECNAV and USINDOPACOM guidance to existing C7F TASKORD and is being transmitted in its entirety as Rev 1 for ease of readability and execution by subordinates.// TIMEZONE/Z// GENTEXT/SITUATION// 1. (U) Situation.

1.A. (U) COMPACFLT has initiated PHASE II of REF T, mitigation efforts in response to COVID-19. Continued progression of COVID-19, specifically in Japan, the Republic of Korea, and Southeast Asia has triggered the following indicators for progressing into Phase II of USINDOPACOM Contingency Plan (CONPLAN) 5003 Pandemic and Emerging Infectious Diseases (PEID):

1.A.1. (U) Allies and partners have introduced COVID-19 travel restrictions that may restrict routine USINDOPACOM forces access. Forces should anticipate the potential for more restrictions.



1.A.2. (U) U.S. Government travel warnings and or health advisories that could affect USINDOPACOM operations, activities, and investments (OAI) in area of responsibility (AOR) have occurred.

1.A.3. (U) USINDOPACOM has activated T-JFLCC for Defense Support of Civil Authorities (DSCA) requests and other response forces may be required.

1.A.4. (U) USINDOPACOM restricted all nonessential DOD travel, in particular TDY and leave, to the Republic of Korea to reduce risks associated with COVID-19. This travel restriction applies to all military, civilians, and contractors.

1.A.3. (U) USINDOPACOM has stopped all DOD travel to and from CDC Level 3 countries. This travel restriction applies to all military, civilians and contractors.

1.A.4. (U) USINDOPACOM and DON have placed restrictions on all non-mission essential travel across the SEVENTH Fleet AO. Exceptions are to be address on a case by case basis.

1.A.5. (U) On 13 MAR, OSD ordered the stop movement of all DOD military, civilian personnel and family members in CONUS until further notice.

1.A.6. (U) The COVID-19 outbreak continues to spread globally, and as a result the CDC is rapidly issuing travel health notices (THN) and guidance for persons with international travel in countries or areas with COVID-19 transmission. CDC THN Tier these international locations as Level 3 (widespread sustained and ongoing transmission), Level 2 (sustained and ongoing community transmission) and Level 1 (risk of limited community transmission) with associated monitoring guidance for returning travelers.

1.A.7. (U) On 14 MAR, SECNAV ordered the stop movement of all DON personnel, civilian personnel, and family members and foreign military under DON authority in the United States and its territories effective 16 MAR.

1.B. (U) The World Health Organization (WHO) has declared COVID-19 a pandemic.

1.C. (U) Fleet level primary concerns. Protection and mitigation of USN forces from COVID 19 exposure, treatment of USN forces with COVID-19, protection of partners and allies from the spread of COVID-19 via USN forces and mission readiness.

1.D. (U) Additional guidance.

1.D.1 (U) For all countries, no cross decking of personnel during exercises or operations is permitted. Regular assigned LNOs to staffs or exchange officers may remain in place and are subject to the COVID-19 screening, testing requirements, and ROM requirements of this order.

1.D.2 (U) No personnel will attend any planning conference, bi-lateral, or multi-lateral meeting in person. Planning conferences will occur by virtual or other means unless determined otherwise by procedures outlined in this order.

1.D.3. (U) In person bi-lateral or multi-lateral exchanges with foreign and host nation military are not permitted until further notice. Exceptions are permanently assigned LNO and PEP officers.

1.D.4. (U) Rotational forces assigned to the Korea Peninsula in support of USFK contingency plans remain in place. GENTEXT/MISSION//

2. (U) The SEVENTH Fleet mission is to protect Fleet personnel, protect mission readiness and protect against spreading infection to both U.S. Forces and allies and partners, in order to ensure warfighting readiness.

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GENTEXT/EXECUTION//

3. (U) Commander's Intent.

3.A. (U) Purpose: Prevent the spread of COVID-19 to force, CONUS, host nations, partners and allies, preserve SEVENTH Fleet readiness of assigned forces, and maintain current operating posture.

3.B. (U) Method.

3.B.1. (U) LOO 1: Prevention. This line of operation seeks to prevent and/or mitigate further spread of the disease.

This line of operation includes medical protocols and procedures for monitoring, screening, disposition and treatment of potential and confirmed cases, and mitigations put into effect to minimize potential exposure and spread in support of operations.

3.B.2. (U) LOO 2: Mission Readiness and Execution. This line of operation supports continued campaign plan execution and maintains readiness for contingency/operations and plans.

3.B.3. (U) LOO 3: Support to USG and other External Agencies outside the U.S.

3.B.3.A. (U) LOO 3A: Support to Other Agencies - DSCA. DSCA refers to operations in the domestic portion of the USINDOPACOM AOR. USARPAC is designated the supported commander for DSCA operations.



3.B.3.B. (U) LOO 3B: Support to other agencies outside the U.S. This primarily includes FHA and Emergency Evacuation Operations (EEO), as related to REF G. The normal lead federal agency for operations outside the U.S. will be the Department of State with Chief of Mission as the lead in their respective nations.

3.C. (U) End State: C7F minimizes the impact of COVID-19 on Force Readiness. Allies and partners are assured of U.S. resolve to assist and protect against COVID-19 spread.

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4. (U) Tasks.

4.A. (U) All CTFs.

4.A.1. (U) Execute Fleet Health Protocols (FHP) as outlined in REF AN and REF AT. FHP are the baseline that supports LOO 1.

4.A.2. (U) Homeported units in FDNF, including Guam and Singapore, will conduct screening daily.

4.A.3. (U) Small force units and laydowns throughout the AOR will conduct screening at a minimum every 5 days or daily when permitted by the nature of operations. Afloat units and aviation units engaged in flight itineraries are covered further in this order below.

4.A.4. (U) Be prepared to execute a shipboard illness outbreak plan.

4.A.5. (U) Build and maintain required stock levels of personal protective equipment (PPE) and required medical equipment and consumable items.

4.A.6. (U) BPT execute isolation, treatment and patient movement CONOP.

4.A.7. (U) Develop, test, and drill a platform-specific isolation plan.

4.A.8. (U) Schedule a minimum of 14 days in between ports.

This 14 day requirement does not apply when returning to the same port recently departed. Monitor changes in country risk conditions and be alert to such changes. Any request to pull an afloat unit into port prior to the 14 day minimum COVID monitoring requirement is an Exception to Policy (ETP). Decisions on approval for ETPs follow the same method of determination for OAI's outlined in this order. Submit ETPs no later than 7 days prior to execution.

4.A.9. (U) Ships shall not grant off-ship liberty when in port on an approved 14 day ETP. In these cases personnel will be limited to the pier and will only interact with harbor or pier personnel for mission essential functions only. If the port visit under the ETP is extended beyond day 14 such that the 14 day requirement is met, liberty is authorized under the OAI evaluation method promulgated in this order.

4.A.9.A. (U) Formally submit ETP requests to C7F BWC in the form of an email with an accompanying USINDOPACOM Decision Point and Risk Decision slide (all formats found on the C7F CAS page; email format discussed in this section) per OAI evaluation procedures found in section 4.A.10.A. below.

4.A.9.A.1 (U) Submit all ETP requests NLT 7 days prior to execution. Urgent or emergent ETP requests may be submitted at any time (i.e. to support redline repairs).

4.A.9.A.2. (U) ETP Request E-mail requirements.

4.A.9.A.3. (U) Subject of e-mail will be: (U) (Unit Name)

14 Day ETP Request. Example. (U) USNS OILER 14 Day ETP Request

4.A.9.A.4. (U) E-mail body will consist of:  
4.A.9.A.4.A. (U) BLUF. BLUF should read: CTF XX requests exception to policy with mitigation for (Unit Name) from the 14 day quarantine requirement for (operations) between (location) and (location) to support

(operation/requirement). ETP supports completion of

(operation/requirement) without delay. Operations support mission requirements. Example. CTF XX requests exception to policy with mitigation for USNS SALVAGE from the 14 day quarantine requirement for logistics transits between Chuuk and Guam to support OP MICRODAWN. ETP supports completion of OP MICRODAWN without delay. Operations support mission requirements.

4.A.9.A.4.B. (U) SUMMARY. SUMMARY should read: Transit time between (location) and (location) is (X) days. Operating at sea for (XX) days between (location) and (location) will limit days available for (operation/requirement) and result in (impact). [No positive COVID- 19 cases currently exist in (location)] (if applicable). SUMMARY: Transit time between Chuuk and Guam requires 3 days. Operating at sea for 14 days between Guam and Chuuk will limit days available for pier side salvage operations and result in delayed completion. No positive COVID-19 cases currently exist in Guam or Chuuk.

4.A.9.A.4.C. (U) Unit schedule.

Unit schedule should read: (Unit) tentatively schedule to execute the following.



DATE LOCATION

XX DAY XXXXXX

Example. USNS TIPPECANOE tentatively schedule to execute the following:

DATE LOCATION

04 MAR DEP CHUUK, FSM

07 MAR ARR GUAM

4.A.9.A.4.D. (U) REQUEST. Request C7F exception to policy decision NLT TTTTZ DD MMM. Example. Request C7F exception to policy decision NLT 0100Z 05 MAR.

4.A.9.B. (U) For brief stops for cargo, personnel or fuel inside the 14 day requirement, submit ETP and contact C7F as to whether this will require resetting the 14 day counter. Limit crew activity on the pier to mission essential functions for the brief stop. For transfer of cargo and personnel, where feasible, use boat transfer from underway or at anchor.

4.A.10. (U) Operations, Activities, and Investments (OAI).

OAI are comprised of operations and exercises, conferences and port visits. Determination of whether to continue with OAI will be viewed through three lenses. The first lens is operational importance. The second lens is the specific level of concern in each country ? note that conditions are evolving on an almost daily basis requiring continual re- evaluation of plans. The third lens is magnitude of risk, to include the number of sailors associated with the OAI (crew or detachment size) and potential damage and criticality of mission failure unique to each mission.

4.A.10.A. (U) Conduct risk assessment and risk mitigation for OAI to prevent COVID-19 exposure. Recommend decisions to execute (with mitigations), modify, or cancel OAI.

4.A.10.A.1 (U) Assess for three types of risk.

4.A.10.A.1.A. (U) Risk to Force. The risk to force if the OAI is conducted as planned. Include assessment of deployment, execution and redeployment risks, medical response alignment and capacity with host nation agencies, and implications on unit force flow and redeployment requirements from additional foreign travel restrictions or quarantine.

4.A.10.A.1.B. (U) Risk to Mission. The impact on training and or readiness of the OAI is not conducted or conducted at less than planned execution level.

4.A.10.A.1.C. (U) Risk to Strategy. The negative impact on partner of choice status, alliance maintenance and or regional access if the OAI is not conducted or conducted at less than planned execution level.

4.A.10.A.1.D. (U) Capture risk according to the CJCS risk assessment format per REF M, tailored by CPF as posted on the C7F CAS site. Include the following elements to characterize risk and make risk decisions or recommendations as appropriate.

4.A.10.A.1.D.1 (U) Source of risk.

4.A.10.A.1.D.2. (U) Consequences of the risk.

4.A.10.A.1.D.3. (U) Probability of the consequence. Measure as highly unlikely, improbable, probable, or very likely.

4.A.10.A.1.D.4 (U) Severity of consequence. Measure as minor, moderate, major, or extreme harm to something of value.

4.A.10.A.1.D.5. (U) Determine initial risk level as either low, moderate, significant, or high.

4.A.10.A.1.D.6. (U) Identify relevant risk mitigation that can be applied in terms of actions or decisions required at appropriate level.

4.A.10.A.1.D.7. (U) Consolidate all OAI into a spreadsheet of prioritized importance, listing the OAI, INDOPACOM risk assessment, magnitude of crew size, recommendation to continue or cancel and mitigations and provide a 90 day rolling update to the C7F BWC as outlined in reporting requirements in section 5. A template is provided on the C7F CAS site (OAI 90 Day Spreadsheet). For crew size, list nominal crew carried for class of platform.

4.A.10.A.1.D.8 (U) OAI requiring decision will include - in addition to the OAI 90 Day spreadsheet input - the accompanying USINDOPACOM Decision Point and Risk Decision slides (format available on C7F CAS page).

USINDOPACOM country risk assessments are used when determining whether or not to execute OAI. This differs from CDC threat levels. The latest USINDOPACOM country risk levels are available on the C7F CAS page.

4.A.10.B. (U) Operations and Exercises. Operations will continue unless otherwise directed. Exchanges of personnel will not occur from any country. Contact C7F if virtual planning done in place of travel is not sufficient to continue execution of operations and exercises with partners and allies.

4.A.10.C. (U) Planning, Pre-Sail and other conferences. No personnel will attend conferences of any type. Plan all conference functions virtual or by other means.



4.A.10.C.1. (U) Exercises and bi-lateral or multi-lateral operations requiring conferences or pre-sail coordination will continue at sea only if the required safety elements are satisfied by conferencing via other means. Where so Commanders determine these operations cannot continue based on inability to execute the necessary coordination for safety, report this via the OAI risk evaluation process in section 4.A.10.A.

4.A.10.C.2. (U) The restrictions imposed on conference attendance are in addition to those imposed on travel as outlined further in this order.

4.A.10.D. Port Visits, including those in conjunction with scheduled operations and exercises.

4.A.10.D.1. (U) Persons exhibiting ILI symptoms are not permitted off ship unless being placed under medical evaluation for condition or under care.

4.A.10.D.2. (U) Port visits will not be scheduled in countries ranked as HIGH risk by INDOPACOM. Port visits in SIGNIFICANT, MODERATE or LOW risk countries require mitigations. Commanders may employ additional mitigations as they determine. The following mitigations serve as a baseline for planning and will be tailored to crew size, risk category, and port and country specific information in reporting the OAI.

4.A.10.D.2.A (U) Groups of personnel on liberty should be kept at smaller sizes (i.e. not to exceed 6) unless groups are part of MWR or other tour services that ensure accountability of the group.

4.A.10.D.2.B (U) Groups will be cognizant of areas of COVID-19 infection within the country/regions/areas visited and remain clear of these areas (i.e. placed off limits). Contact C7F Fleet Surgeon and Country Teams for information and support as needed. At a minimum, place off limits community centers, hospitals (unless seeking medical care), nursing facilities, and office buildings. Place off limits any house of worship the host nation has identified as a source of COVID-19 infection. These types of facilities have shown to be effective places of viral transmission.

4.A.10.D.2.C (U) Avoid large gatherings in crowded spaces.

4.A.10.D.2.D (U) Follow Fleet Health Protocols for prevention of COVID-19.

4.A.10.D.2.E (U) Do not construct COMRELS or other activities in hospitals or nursing home type facilities unless approved by C7F.

4.A.10.D.2.F (U) Ensure overnight liberty is not conducted in locations or establishments known to have had COVID-19 exposure. Do not concentrate large numbers of personnel in the same location for overnight liberty.

4.A.10.D.2.G (U) In countries with no COVID cases, no restrictions are in effect other than those under regular Fleet liberty policies.

4.A.11. (U) Aviation Specific Requirements. The requirements of para 4.A.10.D apply to aviation crews and detachments on through flights into countries. Aircrew shall ensure minimum time is spent outside official capacities in execution of mission duties. Minimize time spent with local populations. Operations teams shall not build in liberty time between flights outside of mandatory crew rest/crew day requirements.

4.A.11.A. (U) Conduct no flights to South Korea from points of origin outside of South Korea until specifically directed.

4.A.11.B. (U) Operations teams shall ensure that scheduling aircrew based on their travel history will not conflict with country-specific travel restrictions as described in the COVID-19 TRANSCOM Travel Restrictions posted on the C7F SIPR CAS Portal.

4.A.11.C. (U) Operations teams will, to the maximum extent practicable, ensure that flight schedules are written in a manner that aircraft and aircrews are flying to a single destination and return to the point of origin.

4.A.11.D. (U) As a part of the preflight brief, aircrew and passengers shall be screened for COVID-19 by ensuring each individual completes the screening protocols using COVID-19 Screening Questionnaire found in REF N, posted on the 7th Fleet SIPR CAS Portal.

4.A.11.E. (U) Requirements for passengers on military air, to include passengers in transit to operational duties, are found in paragraphs 4.A.13.C and 4.A.13.D.

4.A.12. (U) Travel. Determination of travel is governed by CDC threat assessment (COVID-19). These requirements apply to all personnel (uniformed, contractor, civilian) of afloat or deployed units and Task Forces that are transferring or traveling from afloat or deployed units, as well as homeported and in port units. All travel official and non-official is secured for SEVENTH Fleet forces unless determined essential travel or warranted for humanitarian or hardship reasons. Submit requests for exceptions to C7F.

Exceptions are currently held at the PACFLT level. Air crews are not subject to these requirements when flying in official duties. Air crew operations are governed under the guidance of OAI's promulgated in this TASKORD. Personnel separating or retiring in the next 60 days are not subject to these requirements.



4.A.12.A. (U) Travel in conjunction with assigned operational duties. Upon determination to execute an OAI, Service Members may be required to travel via military or commercial air as an authorized exception. Section 4.A.12.K contains requirements. ROM may be required depending on the country, or organization receiving. Paragraphs 4.A.13.C and 4.A.13.D describe military air screening requirements for these passengers. When on assigned duties in these circumstances, ensure personnel conduct self-observation as defined in section 6. When units are capable, institute small force laydown screening procedures as outlined in paragraph 4.A.3.

4.A.12.B. (U) Immediately identify all Service Members who traveled in the prior 14 days to or through a CDC THN Level 3 or Level 2 country by any means as well as private conveyance. This applies to all forms of travel official and non-official. Place these Service Members in Restriction of Movement (ROM). During the ROM (starting from the day of departure from the Level 2 or 3 country) Service Members will be restricted to their residence or other appropriate domicile for 14 days and limit close contact (within 6 feet or 2 meters) with others. A negative test for COVID-19 does not reduce or eliminate ROM requirements. For Service Members living onboard ship, quarantine per NTRP protocols.

4.A.12.C. (U) Guidance for personnel in ROM status.

4.A.12.C.1. (U) For Military Open Bay or rooms with shared bathrooms or kitchen facilities, attempt to place persons in separate lodging for the ROM period. If unable to quarantine onboard per NTRP protocols, contact C7F for assistance.

4.A.12.C.2. (U) Service Members will self-monitor by taking their temperature twice a day and remain alert to difficulty breathing or developing a cough. If feeling feverish or for a documented temperature (greater than 100.4 F or 38 C), self-isolate and limit contact with others, and seek advice by telephone from their command and or health care provider.

4.A.12.C.3. (U) Separate from other people in homes or dwelling if residing with roommates or family members. Avoid sharing personal items.

4.A.12.C.4. (U) Do not travel, visit public or crowded areas, or use public transportation. Avoid interaction with pets and animals.

4.A.12.C.5. (U) Commands will provide medical evaluation and care immediately if the Service Member displays fever and symptoms consistent with COVID-19 per CDC guidance AT [HTTPS:\(DOUBLE SLASH\)WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/HCP/INDEX.HTML](https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html).

4.A.12.C.6. (U) Establish a means of communication with all personnel in ROM until allowed to resume their normal duties.

4.A.12.C.7. (U) The Service Member will call ahead before going to a MTF and inform them of symptoms and travel history.

4.A.12.D. (U) Upon receipt identify and track all Service Members who travel or have a history of travel in the prior 14 days through CONUS or territories.

4.A.12.D.1 (U) Implement self-observation and remain alert for fever, cough or difficulty breathing.

4.A.12.D.2. (U) Practice social distancing (6 feet or 2 meters), remain out of congregate settings and avoid mass gatherings.

4.A.12.D.3. (U) Immediately self-isolate, limit contact with others and seek advice by telephone from appropriate health care providers to determine whether medical evaluation is required if individuals feel feverish or develop measured fever, cough or have difficulty breathing.

4.A.12.E. (U) It is strongly recommended that DOD civilian employees, contractor personnel and family members who travel to, through and from countries with a CDC THN level 2 and 3 location for COVID-19 follow DOD guidance which is more stringent than CDC guidance.

4.A.12.E.1. (U) Commands will restrict DOD workplace access for 14 days for DOD civilian employees and contractors whose travel has included THN level 2 and level 3 international locations. For all other travel, commands will encourage self-observation procedures. In restricting access, commands will attempt to provide measures to allow telework and consult contracting offices or their ISIC for guidance.

4.A.12.F. (U) IAW REF AJ and AV, and until further notice, all CONUS (to include Guam) DON military, civilians, and their families will stop movement.

4.A.12.G. (U) Effective 13 Mar 2020, and for the next 60 days, concurrent official travel for family members of DOD uniformed personnel and civilian personnel is denied to CDC THN Level 2 (COVID-19) designated international locations. DOD civilian hiring actions for positions in Level 2 and Level 3 designated international locations are postponed for non-essential civilian personnel who have not yet begun to travel.



4.A.12.H. (U) IAW REF AF, uniformed and civilian personnel and family members traveling to, from, or through CDC THNS Level 3 (COVID-19) designated locations will stop movement until 12 May. This includes all forms of travel, including leave.

4.A.12.I. (U) IAW REF AF, DOD travelers should plan travel to ensure their scheduled flights do not transit through or originate in Level 3 designated locations. DOD authorized departures are delayed until appropriate transportation and reception procedures are in place for their intended route of travel.

4.A.12.J. (U) Exceptions to policy for travel to Level 3 designated countries may be granted for compelling cases where the travel is determined to be mission essential, necessary for humanitarian reasons, or warranted due to extreme hardship. Authority for these exceptions resides at PACFLT.

4.A.12.K. (U) Upon receipt, identify all travel determined mission essential (to include compelling humanitarian or hardship cases) and submit per reporting procedures found in section 5 to C7F for determination in the format posted on the C7F CAS page. For travel that is authorized:

4.A.12.K.1. (U) Transition to military or DOD contracted aircraft for DOD sponsored travelers coming from or going to CDC level 3 or Level 2 designated international areas to the greatest extent practical.

4.A.12.K.2 (U) Consider the risk profile of the traveler (older individuals or those with underlying diseases).

4.A.12.K.3 (U) Limit travel to those who are healthy to the greatest extent possible.

4.A.12.K.4 (U) Establish a means of communication with all personnel throughout the travel process and impose ROM until they are allowed to resume their normal duties.

4.A.12.K.5 (U) Inform all travelers of their responsibility to contact their gaining organization in advance of travel and to keep the organization updated on their travel itinerary.

4.A.13. (U) Medical Requirements. For all in person assessments of personnel, to include asymptomatic assessments, medical personnel will wear appropriate personal protective equipment (PPE) IAW REF AN. A surgical mask shall be placed on the patient.

4.A.13.A (U) Screen all personnel for Influenza Like Illness (ILI) reporting from PCS transfer or returning from TAD prior to embark. Screen all personnel for ILI prior to debarkation. ILI is defined as fever (temperature greater than 100.4 F), cough and/or sore throat without a known cause. Person Under Investigation (PUI) is defined as a member presenting with ILI and an intent to test for coronavirus.

4.A.13.B. (U) Following port visits, screen personnel for ILI at the five to seven day and nine to eleven day points of voyage.

4.A.13.C (U) Aircraft units will screen personnel prior to embarkation on flights to airfields in different countries. For aircraft that visit multiple airfields in multiple counties in a flight profile, mission commanders will screen personnel prior to embarkation at each airfield. If medical screening is positive, individual will be isolated per procedures in this order and not permitted to disembark.

4.A.13.D (U) If determined to have an alternate diagnosis for ILI that does not require isolation, patients will be dispositioned with Sick in Quarters (SIQ) procedures and return to duties when symptom free and/or medically cleared. This applies to ships in port and at sea and aircraft crews and authorized passengers.

4.A.13.E. (U) For ships in port, ILI patients without an alternate diagnosis will be referred immediately to military treatment facilities (MTF) ashore for further evaluation. Provide advance notification to the MTF. If MTF is not available, the International SOS identified,

Tricare- approved host nation hospitals located throughout the C7F AOR are the alternate preferred location.

4.A.13.E.1. (U) Local MTF or host nation hospital may admit the patient IAW their medical policy. Additional testing may be performed as clinically indicated.

4.A.13.E.2. (U) Host nation criteria for COVID-19 testing may differ from USN or USG criteria. ILI patients referred to external treatment facilities that do not receive an alternate diagnosis, but do not meet Host Nation or MTF COVID-19 testing criteria or are in locations where testing is not available will be placed under ROM for a period of 14 days. ROM should be executed ashore when feasible to reduce transmission aboard ship. If not feasible, member may be returned to ship and will remain in isolation for 14 days. If still symptomatic after 14 days, contact ISIC medical for guidance and assistance.

4.A.13.E.3. (U) Patients receiving an alternate diagnosis from the local MTF or host nation facility will be treated as SIQ and returned to duties once symptoms resolve and they are medically cleared.

4.A.13.E.4. (U) Patients with ILI who test negative for



COVID-19 via CDC approved testing may return to duties once symptoms resolve and they are medically cleared. Patients with ILI who test negative for COVID-19 via host nation or other procedures not CDC approved will remain in ROM for 14 days prior to return.

4.A.13.F. (U) Ships at sea with patients lacking alternate diagnosis for ILI symptoms and lacking testing capabilities for COVID-19 will isolate the patients and use MEDADVICE procedures to ISIC to determine disposition.

4.A.13.F.1. (U) For ships at sea equipped with COVID-19 testing, patients with ILI symptoms who do not have another diagnosis will be tested for COVID-19. Examples of current testing means are surveillance protocols (EUA), diagnostic protocols (RUO), and are expected to eventually include Biofire testing to all large deck ships.

4.A.13.F.1.A. (U) Patients at sea with ILI and without alternate diagnosis who test negative for COVID-19 by surveillance testing will be isolated for 14 days, even if symptoms resolve prior to returning to duties. If symptoms persist at day 14, contact ISIC medical for guidance and assistance with disposition.

4.A.13.F.1.B. (U) Patients with ILI and without alternate diagnosis who test negative for COVID-19 by approved diagnostic testing at sea may be returned to duty once symptoms resolve and they are medically cleared.

4.A.13.F.2. (U) Patients receiving an alternate diagnosis will be placed SIQ and returned to duty when symptoms clear and/or authorized by medical authorities.

4.A.13.G. (U) If COVID-19 is diagnosed, maintain the patient in isolation and contact ISIC medical. Treatment for COVID-19 is supportive. If possible, patient will be transferred to a shore facility for isolation and treatment. If not possible, maintain the member in isolation aboard ship. If MEDEVAC is recommended by the medical provider on the ship based upon clinical condition, call ISIC medical to facilitate patient movement. Once a patient has recovered and has no symptoms, 2 sets of negative tests and a medical evaluation are required for return to duty IAW CDC guidance.

4.A.13.H. (U) Complete COVID-19 screening questionnaire prior to dental care. Do not provide routine, elective, or non-emergent dental care if ILI or suspected COVID-19 contact. Emergent dental procedures must be performed with stringent attention to best infection control practices due to very high risk of disease transmission from aerosols generated during dental care.

4.A.13.I. (U) IAW CDC guidelines, execute cold chain shipping of laboratory specimens.

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4.A.14. (U) All afloat command triads, department heads, departmental leading chief petty officers and unit medical departments shall review NTRP 4-02.10, Shipboard Isolation and Quarantine, and be prepared to execute the TTPs in this policy.

4.A.14.A. (U) Identify locations and develop plans for quarantine and isolation.

4.A.14.B. (U) Ensure high contact areas are cleaned daily at a minimum, to avoid spread of disease using appropriate virucidal solutions IAW REF AN.

4.A.14.C. (U) Maintain cognizance and track their personnel during their absence from the unit due to ROM, SIQ, quarantine and isolation.

4.A.14.D. (U) Develop a plan for personnel with family members who are in or return from countries with moderate or higher risk and who have ILI symptoms.

4.A.14.E. (U) Maintain cognizance of and track personnel during absence from unit due to ROM, SIQ, quarantine and isolation.

4.A.15. (U) Conduct Crisis Action Planning.

4.A.15.A. (U) Mass Shipboard Isolation and Quarantine planning. Identify designated spaces and materials required for quarantine.

4.A.15.B. (U) Identify critical manning shortfalls that impact ship's readiness and mission readiness.

4.A.15.C. (U) If underway plan for conducting emergency port visit.

4.A.15.D. (U) If in port, identify the respective shore commands and facilities for coordination of transfer of infected personnel to medical facilities as required.

4.A.15.E. (U) Test the reporting processes for ensuring C7F and higher commands are in communications.

4.A.15.F. (U) BPT conduct ship operations out of Guam and Japan only.

4.A.15.G. (U) Rotational forces BPT conduct ship operations out of Guam only.

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4.A.16. (U) CTF 70, CTF 71, CTF 72, CTF 76 and CFWP 4.A.16.A. (U) BPT provide air transportation for evacuation.

4.A.16.B. (U) Identify and acquire required PPE for flight crews and required equipment to properly sanitize aircraft in the event C7F is tasked to provide MEDEVAC for infected personnel. Household level cleaning chemicals are considered



acceptable for sanitization purposes. Refer to paragraph 6.B.4. for a list that includes NSN numbers for cleaning materials.

4.A.17. (U) CTF 73.

(U) Submit logistics plan and laydown to minimize the number of ETPs needed to resupply the fleet.

4.A.18. (U) CTF 70, CTF 71 and CTF 76.

4.A.18.A. (U) BPT conduct more frequent refueling and resupply in port under ETP requests.

4.A.18.B. (U) BPT conduct operations out of Guam and Japan only.

4.A.19. (U) BPT enact Hazardous Protection Conditions (HPCON) as set by Regional Commanders.

4.A.20. (U) BPT enact additional region specific restrictions.

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5. (U) Coordination Instructions

5.A. (U) Updates to country level risk will be posted on C7F CAS webpage at:

<https://www.pr.cas.navy.smil.mil/fleet/c7f/site.nsf/Main.html>

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5.B. (U) Reporting.

5.B.1. (U) Commanders will report and submit the following to the C7F BWC, C7F ABWC, C7F Surgeons Office and C7F N1 by

1400 (I)/0500(Z) daily.

5.B.1.A. (U) COVID 19 SITREP Quad Slide ? format found on the C7F CAS page.

5.B.1.B. (U) ETP requests, NLT 7 days prior to execution.

5.B.1.C. (U) OAI 90 day spreadsheet inputs ? format found on the C7F CAS page.

5.B.1.D. (U) On hand quantities of PPE and overage/shortage percentage as part of the Daily Progress Report ? format found on the C7F CAS page.

5.B.1.E. (U) Daily counts of ILI per platform as part of the Daily Progress Report.

5.B.1.F. (U) Summary reports of requested mission essential, hardship, and humanitarian travel exception requests ? format found on the C7F CAS page.

5.B.1.G. (U) COVID-19 Patient Tracker ? format found on the C7F CAS page.

5.B.1.G.1. (U) COVID-19 Patient Tracker supersedes the Quarantine Tracker and will be utilized for reporting of personnel who are PUIs and in ROM status. Discontinue submission of a separate quarantine tracker. Ensure all updates, to include new patients, are highlighted in blue font.

5.B.2. (U) Submit OPREP-3 Navy Unit SITREP for all PUI.

Send reports of all PUI in parallel email to C7F BWC, C7F ABWC and FLEET SURGEON.

5.B.2.A. (U) Format OPREP-3 unit SITREPS with the following information: command, rank/rate, age, gender, ROM location, ROM start date, ILI symptoms, reason for PUI status, travel locations and dates if applicable, known persons contacted between the time of suspected infection and ROM.

5.B.2.B. (U) For positive COVID-19 results, commands will release an OPREP-3 NAVY BLUE and make voice report to the C7F BWC. Where possible, phone call notifications will be made to the C7F Commander or Chief of Staff prior to transmission.

5.B.2.C. (U) OPREP status shall be updated as member status changes, with final update when member is declared no longer a PUI or, in the case of a positive test, is assessed by medical professional as clear of infection.

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GENTEXT/ADMIN AND LOGISTICS//

6. (U) Admin.

6.A. (U) Definitions

6.A.1. (U) Quarantine. The separation of an individual or group that has been exposed to a communicable disease, but is not yet ill, from others who have not been so exposed, in such manner and place to prevent the possible spread of the communicable disease.

6.A.2. (U) Isolation. The separation of an individual, or group, infected or reasonably believed to be infected with a communicable disease from those who are healthy in such a place and manner to prevent the spread of the communicable disease.

6.A.3. (U) Restriction of Movement. Limiting movement of an individual or group to prevent or diminish the transmission of a communicable disease, including limiting ingress and egress to from or on a military installation; isolation, quarantine and conditional release.

6.A.4. (U) Influenza Like Illness (ILI). Fever (temperature over 100.4 F), cough and/or sore throat without a known cause.

6.A.5. (U) Person(s) Under Investigation (PUI). Individuals with an influenza like illness with provider intent to test for COVID-19.

6.A.6. (U) Confirmed Case. A person with a positive laboratory test for COVID-19.

6.A.7. (U) Self-monitoring. The process of individuals monitoring themselves for COVID-19 symptoms by taking their temperatures twice a day, if able, and remaining alert for symptoms like cough or difficulty breathing. Commanders should provide a plan for service members on self-monitoring with instructions on whom to contact if they develop fever, cough, or difficulty breathing during the self-monitoring period, and to determine how best to seek further medical evaluation.

6.A.8. (U) Self-observation. The process of individuals remaining alert for COVID-19 symptoms. If symptoms develop during the observation period, the member should limit contact with others and seek health advice by telephone from healthcare provider to determine how to seek further medical evaluation.

6.A.9. (U) Active Monitoring. The process in which MTFs establish regular communication with potentially exposed people to assess for the presence of fever, cough or difficulty breathing. For people with high risk exposures this communication occurs at least once per day.

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#### 6.B. (U) Logistics.

6.B.1. (U) Personal protective equipment (PPE). Use the planning factors for DOD non-healthcare personnel to maintain the following stock levels of PPE: 5X Surgical Masks, 28 Pair Exam Gloves, 1X Bottle Hand Sanitizer, 1X Eye Protection per person onboard.

6.B.2. (U) CTFs and units will coordinate with local DLA and NAVSUP FLC activities for coordination of bulk requirements for all units for PPE and other equipment required to conduct screenings. CTFs will coordinate with unit TYCOMs for ETP approval to exceed high-level limit on ship stock items.

6.B.3. (U) CTFs and units will submit requisitions through normal supply channels. Report item shortages directly to TYCOM and C7F to assist expediting of required PPE.

6.B.4. (U) Units will order items listed below and non-contact thermography equipment if not part of ship's Authorized Medical Allowance List (AMAL).

6.B.4.A. (U) Hypochlorite Wipes, NSN: 7930014233699.

6.B.4.B. (U) Culture Swab, NSN: 6550014740651.

6.B.4.C. (U) Specimen Bags, NSN: 6530013234586.

6.B.4.D. (U) Gloves, NSN: 6515015265210.

6.B.4.E. (U) Face Shield, NSN: 6515013615228.

6.B.4.F. (U) Cooler, NSN: 6515014672081.

6.B.4.G. (U) N-95 Respirator, NSN: 6515015001519.

6.B.4.H. (U) Hospital Personnel Gown, NSN: 6532015888167.

6.B.4.I. (U) Face Mask, NSN: 6515009827493.

6.B.4.J. (U) Rapid Influenza Test Kits, NSN: 6550015413237.

6.B.4.K. (U) Viral Transport Media, GSA Advantage Contract  
NUMBER: 36F79718D0395.

6.B.4.L. (U) Shoe Covers, non-skid-universal, fluid resistant NSN  
6532015847682

6.B.5. (U) Additional recommended supplies will be posted on the C7F CAS site.

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#### 6.C. (U) Funding.

6.C.1. (U) Supporting commands will capture and report incremental costs ISO this TASKORD through their respective agency comptroller to Defense Finance and Accounting Service (DFAS) IAW DOD FMR 7000.14-R, Volume 12, Chapter 23.

6.C.2. (U) Commands supporting DSCA operations will capture costs for potential reimbursement by lead Federal Agency, HHS.

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6.D. (U) Public Affairs.

6.D.1. (U) Public Affairs lead is COMPACFLT. Public Affairs posture is respond to query for external media, active for internal communication. Public Affairs guidance will be provided SEPCOR.

6.D.2. (U) CTF PAOs will submit to C7F PAO RTQ products on events to include but not limited to OAI impacts, 14-day underway requirement ETPs, and any personnel exhibiting COVID symptoms.

6.D.3. (U) CTF PAOs will refer all media queries to C7F PAO.

6.D.4. (U) CTF PAOs are encouraged to utilize all command information channels (Social Media, SITE TV, 1MC, Newsletters, etc.) to disseminate regular updates to inform SEVENTH Fleet Sailors and their families.

6.D.5. (U) Recommend using region and installation social media pages for area specific information. In addition, use the following websites for the latest information:

6.D.5.A. [www.cdc.gov](http://www.cdc.gov)

6.D.5.B. [www.who.int](http://www.who.int)

6.D.5.C.

<https://community.max.gov/display/DoD/Navy+Medicine+COVID-19+Response>

6.D.5.D. <https://www.med.navy.mil/sites/nmcphc/program-and-policy-support/pages/novel-coronavirus.aspx>

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6.E. (U) Lessons Learned.

6.E.1. (U) All lessons learned developed from the SEVENTH Fleet response to COVID-19 will be recorded in the Joint Lessons Learned Information System (JLLIS).

6.E.2. (U) Lessons learned should follow the Joint Lessons Learned format (observation, discussion, and recommendation) and should be classified at the lowest level possible. Classified lessons must include portion/paragraph markings.

6.E.3. (U) Lessons learned products should be provided to the SEVENTH Fleet Battle Watch Captain, copy to SEVENTH Fleet Lessons Learned Manager, Mr. (b) (6) (b) (6) @lcc19.navy.(smil).mil, copy to (b) (6) @fe.navy.(smil).mil. Mr. (b) (6) will upload lessons learned products to the JLLIS COVID-19 Communities of Practice (COP) on JLLIS NIPR and JLLIS SIPR.

6.E.4. (U) The JLLIS COVID-19 COPs, which contain existing lessons learned documents and guidance, can be accessed at the following links. To contribute to either, select Become a Contributor.

6.E.5. (U)

<https://www.jllis.mil/apps/?do=cops.view&copid=3381>

6.E.6. (U)

<https://www.jllis.smil.mil/apps/?do=cops.view&copid=864>

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GENTEXT/COMMAND AND SIGNAL//

7. (U) Command and signal.

7.A. (U) Points of Contact.

7.A.1. (U) COMSEVENTHFLT

7.A.1.A. (U) C7F BWC/DSN Underway (b) (6) /COMM Underway (b) (6) (b) (6) (AT)lcc19.navy.(smil).mil//

7.A.1.B. (U) C7F Surgeons Office (b) (6) (at)lcc19.navy.smil.mil/DSN Underway (b) (6) /DSN Ashore (b) (6) (b) (6) /Cell (b) (6) // BT

#0107

NNNN

<DmdsSecurity>UNCLASSIFIED//</DmdsSecurity>

<DmdsReleaser (b) (6) /DmdsReleaser>

CLASSIFICATION: UNCLASSIFIED//

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**To:** Baker, Stuart P RDML USN, CCSG-9  
**Cc:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt  
**Subject:** Post-Danang Update 18 March  
**Date:** Tuesday, March 17, 2020 9:03:41 PM

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Admiral,

Daily update on the 39 sailors in monitored sequestration.

1. Daily temperature checks performed with no fevers. All sailors are currently symptom-free. Still on track for Sunday morning release from quarantine after temperature checks.
2. Biological Defense Research Directorate medical augment team. Discussed with 7th Fleet/PACFLT - the current plan is that they will be with us the rest of deployment unless they receive tasking from higher headquarters.
3. C7F TASKORD FHP Revision 1 released 16 March. Clarification on one of the changes: screening (asking questions of everyone if they are symptomatic) is now for 11 days after a port call. Quarantine is still a 14 day process for those potentially exposed to Coronavirus.
4. C7F/PACFLT surgeons concur with our plan for continued screening and quarantine/isolate as clinically indicated after port visits (as opposed to trying to put everyone into individual berthing).

Standing by for questions.

v/r,

SMO

(b) (6), MD  
CAPT MC(FS) USN  
Senior Medical Officer  
USS Theodore Roosevelt (CVN-71)  
Work: (b) (6)  
J-dial: (b) (6)  
Cell: (b) (6)



(b) (6)

## LCDR USN NAVCIVLAWSUPPACT DC (USA)

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**Sent:** Saturday, March 14, 2020 3:31 AM  
**To:** Baker, Stuart P RDML USN, CCSG-9  
**Cc:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt  
**Subject:** Post-Danang Update 14 March -- TESTING RESULTS  
**Signed By:** (b) (6) @mail.mil

Admiral,

All 39 tested NEGATIVE for COVID-19. This does not release them from quarantine but does make everyone breathe a little easier.

They will continue to be observed for the remainder of the 14 days and if any develop symptoms they will be re-tested.

v/r,

SMO

-----Original Message-----

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**Sent:** Saturday, March 14, 2020 10:29 AM  
**To:** Baker, Stuart P RDML USN, CCSG-9  
**Cc:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt  
**Subject:** Post-Danang Update 14 March

Admiral,

Daily update on the 39 sailors in monitored sequestration.

1. Daily temperature checks performed with no fevers. Only two patients with minimal symptoms (cough/sore throat), all without a fever, treating with over the counter medications.

2. Biological Defense Research Directorate medical augment team. Testing ongoing today for the 39 sailors. Should have results by the end of the day. Will update later.

3. COVID-19 worldwide notes. Continued cancellation of numerous high-level sporting events. On a local level, Coronado schools closed until 6 April. Map attached of CDC risk assessment. Level 3 is dark orange. Level 2 is yellow (the rest of the world).

Standing by for questions.

v/r,

SMO

(b) (6), MD  
CAPT MC(FS) USN  
Senior Medical Officer  
USS Theodore Roosevelt (CVN-71)  
Work: (b) (6)  
J-dial: (b) (6)  
Cell: (b) (6)

(b) (6)

**LCDR USN NAVCIVLAWSUPPACT DC (USA)**

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**From:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
**Sent:** Thursday, March 12, 2020 11:03 PM  
**To:** (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CMC USN, USS Theodore Roosevelt  
**Cc:** (b) (6) LCDR USN, USS THEODORE ROOSEVELT  
**Subject:** LTR to TR Families  
**Attachments:** 200313 Letter to the Family ICO Capt. - C19 (3).docx

Gents,

Please see attached and give me any feedback. Intent is to release after our second set of CV19 tests are complete (and negative) tomorrow/Sunday. I'll sign on command letterhead and send them a PDF copy to post on the OMBUDSMAN closed FB page.

Credit goes to (b) (6) and her awesome writing skills.

Vr,  
Capt

CAPT Brett E. Crozier  
Commanding Officer  
USS THEODORE ROOSEVELT (CVN 71)

To our family and friends,

Hello to all from aboard 'America's Big Stick', the mighty TR. We have enjoyed a very eventful and productive almost two months at sea, covering thousands of nautical miles on the seas and in the air. Our presence out here has never been more important for our nation, and your Sailors are the ones making it happen successfully every day. Just over a week ago, we had the opportunity to recognize 87 such Sailors, spot promoting them the next superior paygrade, in recognition for all they provide for our team, their respective departments and the friends and family back home that are no doubt extremely proud.

Besides highlighting the accomplishments of our Sailors, I wanted to reach out as the Nation and the world attempt to contain COVID 19 and limit its effects. Onboard the TR, taking care of our Sailors is our number one priority, and we are doing everything we can to ensure they remain healthy so we can continue to accomplish our mission out here in the Western Pacific. In addition to keeping the ship clean on a regular basis, we have also increased our ship wide sanitization procedures to include the daily wipe downs of all surfaces with a strong disinfectant.

Additionally, we have educated the crew for symptoms to look for should they feel under the weather, and our world-class medical department is screening any Sailors that reports feeling ill to ensure we stay on top of any increasing reports of illnesses. We also recently received a medical team onboard that can provide rapid testing should a Sailor show any symptoms. **Out of an abundance of caution, we've tested select individuals. Based on the test results, there are no indications that any Sailors onboard have COVID-19 or symptoms consistent with COVID-19 exposure.**

Taking COVID-19 into consideration, there has been no change to our current schedule, but we will take a close look at all future port calls, and reevaluate them as necessary, to ensure we do not stop anywhere that has an increased risk of exposure.

Again, your Sailors are our top priority and we will continue to do everything we can to keep them safe. Everyday your Sailors provide me the opportunity to be proud. I am always in awe of the pride, professionalism and work they do every day. You have every right to boast that your father, mother, son or daughter is a United States Sailor, and trust that as their leadership, they are always in good hands.

Very Respectfully,

Capt. Brett Crozier





## Navy Preventive Medicine Teams Embark Ships in 7th Fleet

| U.S. 7th Fleet Public Affairs | March 23, 2020

[PRINT](#) [EMAIL](#)

SOUTH CHINA SEA -- Members of Navy Forward-Deployed Preventive Medicine Units (FDPMU) and Naval Medical Research Center (NMRC) embarked several 7th Fleet ships March 14 to help combat the risk of and provide laboratory batch testing for COVID-19 onboard the ships.

Teams are embarked on the amphibious assault ship USS America (LHA 6), the aircraft carrier USS Theodore Roosevelt (CVN 71), and the U.S. 7th Fleet flagship USS Blue Ridge (LCC 19) and have the ability to batch test Sailors onboard who present with influenza-like illness symptoms, instead of only sending samples to be tested ashore.

This capability provides early-warning surveillance for the medical teams to be able to identify if a COVID-19 case is onboard a ship, but does not individually diagnose Sailors. If a batch were to test positive for COVID-19, the medical teams would take additional measures, such as isolating the Sailors whose samples were in the batch, and depending on the Sailor's symptoms, potentially medically evacuating them off the ship to a shore facility for testing.

To date, no cases of COVID-19 have been diagnosed aboard any U.S. 7th Fleet Navy vessel.

"The team here in 7th Fleet has taken COVID-19 seriously from the beginning and has many public health measures already in place," said Capt. Christine Sears, U.S. 7th Fleet Surgeon. "The FDPMU and NMRC augmentation teams provide additional depth in our ability to combat this virus."

### Photos

1 of 1



Hospital Corpsman 2nd Class Ashton K from Imlay City, Michigan, tests respiratory samples in the medical bay of amphibious assault ship USS America (LHA 6). Amphibious flagship of the America Expeditionary S Group, 31st Marine Expeditionary Unit is operating in U.S. 7th Fleet area of operations to enhance interoperability with allies and and serve as a ready response force to peace and stability in the Indo-Pacific region. (Photo by (U.S. Navy photo by Mass Communication Specialist Seaman J Berlier))

[Photo Details](#) | [Download](#) |



Teams embarked the ships to provide at-sea testing and to ensure the U.S. 7th Fleet operating forces are ready to combat a possible outbreak while maintaining mission readiness. The teams provide additional capabilities in addition to the U.S. 7th Fleet's isolation procedures.

The teams are comprised of a variety of specialized Navy Medicine personnel to ensure force health protection of the fleet, and may include: a microbiologist, medical laboratory technician, preventive medicine officer, preventive medicine technician.

"As a medical service corps microbiology officer, this embark gives us the chance to demonstrate some of our skillsets to the fleet, and what we bring to the fight," said Lt. Cmdr. Rebecca Pavlicek, Blue Ridge COVID-19 testing team lead. "This capability allows us, the Navy, to protect mission readiness and protection of our Sailors."

To ensure force health protection of the fleet, other medical specialties or logistical components can be scaled up or down to meet mission specific requirements in the mitigation, health surveillance, and casualty prevention.

The 4-person team aboard America was the first to bring COVID-19 testing capability to a U.S. Navy ship.

"This is the most advanced laboratory capability that Navy Medicine has placed forward deployed," said Cmdr. Brian Legendre, team lead and preventative medicine officer for the preventative medicine team aboard America.

"We can make force health protection decisions in real time, enhancing the health of the crew while minimizing any potential outbreak of COVID-19," added Lt. Cmdr. Danett Bishop, team microbiologist.

The FDPMU teams aboard the USS America and the USS Blue Ridge are from Navy Environmental Preventative Medicine Unit Six based out of Pearl Harbor, Hawaii, and work to facilitate and educate using preventive medicine practices and provide additional laboratory capabilities. The team embarked with USS Theodore Roosevelt is assigned to the Naval Medical Research Center based in Silver Spring, Maryland.

Currently, the teams are only authorized to perform surveillance testing and not individual testing. This means that the results cannot be linked to a particular patient for diagnostics, but would enable the team to detect COVID-19's presence on the ship based off of the results.

"Since we are performing surveillance testing, the results of COVID-19 present, or not present can help inform the force health protection posture and provide valuable insight for the senior medical officer and outbreak response team," said Pavlicek.







The teams are equipped with two testing capabilities, including the BioFire Film Array and the Step One RT-PCR System. The BioFire Film Array will test for a dozen different respiratory diseases, while the Step One RT-PCR System allow for complex COVID-19 tests at sea, if necessary.

As the U.S. Navy's largest forward-deployed fleet, 7th Fleet operates roughly 50-70 ships and submarines and 140 aircraft with approximately 20,000 Sailors.

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(b) (6)

**LCDR USN NAVCIVLAWSUPPACT DC (USA)**

---

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**Sent:** Monday, March 16, 2020 10:17 PM  
**To:** ALL\_OFFICERS; ALL\_CHIEFS; E-6 and Below  
**Subject:** Coronavirus screening - Update - now only 11 days of screening  
**Signed By:** (b) (6) @mail.mil

All,

On the heels of the message I sent yesterday, C7F released a revision to the TASKORD for Force Health Protection against COVID-19.

BLUF: Everything stays the same (regarding what we're looking for) except now the duration of screening is 11 days total. Not 7+7, just 11 days of Departmental/Squadron leadership asking their sailors if they have flu-like symptoms and if the answer is "yes" then they report to Medical. For Vietnam, the 11 days expires on 3/19.

Thanks for your help in the ongoing battle against Coronavirus...I'm sure there will be more changes in the future, appreciate the flexibility.

v/r,

SMO

(b) (6), MD  
CAPT MC(FS) USN  
Senior Medical Officer  
USS Theodore Roosevelt (CVN-71)  
Work: (b) (6)  
J-dial: (b) (6)  
Cell: (b) (6)

-----Original Message-----

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**Sent:** Monday, March 16, 2020 8:19 AM  
**To:** ALL\_OFFICERS; ALL\_CHIEFS; E-6 and Below  
**Subject:** 14 days of screening after port visits

All,

Some clarification on screening on the ship after port visits. First, the rationale for 14 days: everything we know about Coronavirus shows that 99% of people will have symptoms by approximately 13 days (mean 5 days). There are three categories of screening:

1) As previously passed, each department will screen their sailors for 7 days after leaving a port by asking them questions regarding Fever, Chills, Cough, Sore Throat, Shortness of breath, Body aches, and Abdominal pain. After the 7 days (which expired yesterday, 3/15), then each individual will self-monitor for the same symptoms for the next 7 days. If at any time during this process a person answers yes to one of those symptoms then they are to report to medical for additional screening and they enter the next category.

2) Individuals that answered yes to one of those symptoms now get daily temperature checks in Medical. They are required to do these checks for the full 14 days after leaving the port (last day 3/22). This is the list that CAPT (b) (6) (nurse anesthetist) is tracking and sending to leadership.

3) Personnel arriving via COD - HODs/DLCPOs are notified (by CAPT (b) (6) using the ATO manifest) of those individuals that require screening after arrival on a COD. Same screening concept except that their 7+7 days of screening starts the day they arrive on the ship and results are emailed to CAPT (b) (6).

Again, at any time within the 14 days, if a person develops these symptoms they need to be evaluated by Medical.

This, combined with sanitation, hand washing, respiratory/cough etiquette, is an all hands event - that applies to the Coronavirus and all infectious diseases that are more easily spread in close quarters.

Please contact myself or CAPT (b) (6) if you have any questions.

Thanks for your help.

v/r,

SMO

(b) (6), MD  
CAPT MC(FS) USN  
Senior Medical Officer  
USS Theodore Roosevelt (CVN-71)  
Work: (b) (6)  
J-dial: (b) (6)  
Cell: (b) (6)



**From:** (b) (6) CAPT USN NBG  
**To:** "Crozier, Brett E CAPT USN, USS Theodore Roosevelt"  
**Cc:** (b) (6) LCDR USN NSF; (b) (6) MCPO USN NBG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO  
**Subject:** RE: TR PVST  
**Date:** Monday, March 23, 2020 5:29:56 AM  
**Attachments:** [kilo.pptx](#)

---

Chopper,

My team and I are working the problem feverishly while we are still engaged on the ground here in the COVID-19 fight.

My first priority is to support your safe mooring, provide proper husbanding, supporting as many of your required 5Rs all while ENSURING your crew stays "Clean". Once we get that locked in we will focus on the QOL.

I have attached a general schematic of Kilo Wharf for the potential Force Health Protection Enclave (FHPE) we may employ to enable us to keep the required separation. External to the yellow line we (military, government civilian and contractor) will be able to operate and inside will be 1 of the QOL zones.

The other QOL zones will most likely be Gab Gab Beach and the Helicopter Triple Pad, both of which are within walking distance of the wharf. I still plan on enclaving most if not all of Orote Peninsula so there is a lot of room for the crew to stretch their legs. (there is also a Small Arms Range up there)

We will set up Gab Gab with recreational gear for your use. Triple Pad can be some more tents similar to the Kilo Wharf set-up.

Based on the continued spread I do not feel comfortable transporting a crew of your size around on buses....with the community spread we are seeing there is simply no way to ensure your team will stay clean.

The same is true with the NEX. However, I am working with the NEX to bring them to you. Can I get a supply POC that I can link up with NEX to work on the details to this plan.

A lot of work is left to be done but we are progressing our planning for both TR and BKH. So please keep having your team reach out to my team and we will all converge on the right balance for this Business Not As Usual situation.

Very respectfully,  
CAPT (b) (6)  
Commanding Officer  
Naval Base Guam

W: (b) (6)  
C: (b) (6)  
NIPR: (b) (6) @fe.navy.mil  
SIPR: (b) (6) @fe.navy.smil.mil

-----Original Message-----

From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt

[mailto:(b) (6)@cvn71.navy.mil]

Sent: Sunday, March 22, 2020 11:01 PM

To: (b) (6) CAPT USN NBG <(b) (6)@fe.navy.mil>

Cc: (b) (6) LCDR USN NSF <(b) (6)@FE.navy.mil>; (b) (6)

MCPO USN NBG <(b) (6)@FE.navy.mil>; (b) (6) CAPT USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) CMC

USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6)

CAPT BKH CO <(b) (6)@cg52.navy.mil>; (b) (6) CDR -

BKH XO <(b) (6)@cg52.navy.mil>

Subject: RE: TR PVST

(b) (6),

Good evening from the TR.

The team has been working on a plan for our upcoming visit and I wanted to ensure we are all still aligned with current NBG policy (knowing that it could certainly change moving forward). (b) (6) (BKH CO) cc'd for SA and additional coordination. BKH would likely prefer their own set up on their pier, but the rest of the plan would remain the same for both ships.

Current Plan (Pier Liberty +limited NBG access):

1: Pier liberty with ship beer sales, occasional ship bbq, wifi, and games.

- We'll need to contract out tables, tents, wifi, and rent some MWR type

games that are appropriate for the setting.

2: Exclusive Gab Gab access for TR and BKH. (some MWR rentals - paddle board,

vball set up, etc..)

- We will provide all security, lifeguards, and oversight for the time GabGab

is open. Pedestrian access in addition to bus access.

3: Limited NBG access (NEX/Liberty Center/Movie Theater/Gym/ball fields/hiking

area above K Wharf) - assumption is that this will be exclusively for TR and

BKH so we're going to volunteer to staff it as required to minimize interaction with NBG personnel.

- Obviously a lot of details to needed to worked out based on your comfort

level and ability to limit interactions between ship's company and TR/BKH Sailors.

Other discussion points:

- Buses. We intend to provide bus riders, but we'll need to work through the

medical screening process for the drivers.

- Pier support. Wifi, stage, tents, etc.. can be set up before our arrival,

but I imagine we'll also need to ensure a screening process exists for them as well.

- We intend to purchase beer from nexcom (or out in town if necessary) so we

can control the sale and not require vendors on the pier.

- We intend to execute 'comrels' which will essentially entail us cleaning up

the beach, beer, and surrounding areas every morning. If there are other areas on the base we can assist with let us know.

- We're working through advon requirements to assist with the setup prior to

our arrival. This will be a minimal footprint, but we might need assistance

ensuring they can get lodging on base that minimizes exposure risks.

Overall goal is to provide decent QOL, while minimizing risk from CV19.

Should CV19 cases increase significantly in Guam/NBG, then our alternate COA

is Pier liberty only. Hopefully it doesn't come to that.

If this aligns with the current situation there let me know and we'll get the

action officers working an update logreq and coordination with FLC and others.

Thanks in advance.

Vr,  
Chopper

CAPT Brett E. Crozier  
Commanding Officer  
USS THEODORE ROOSEVELT (CVN 71)





**Witness Statement of (b) (6), AME1:**

On 13 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: AME1 (b) (6) Position: LPO w/ VFA-154

Command: VFA-154 Department/Division: VFA-154

Email Address: (b) (6)@cvn71.navy.mil Phone(s): N/A

In August of this year, I will have been in the Navy for 18 years. I have been on seven deployments. I reported to VFA-154 in July 2019. When I first got onboard the ship, everything ran smoothly for a ship this size. Everyone seemed to like each other and got along. The ships CO, XO and CMC were out on the deck plates and involved with the ships company. The CMC of my squadron is probably the best CMC I have ever worked for.

When we first left for deployment, I had symptoms on point with COVID-19. I went to medical and was diagnosed with pneumonia. Medical gave me breathing treatments and I was SIQ for four days. Another Sailor was sick too his name is AME2 (b) (6) from VFA-86.

There was a sickness going around the ship. We did cleaning stations twice a day due to double dragon. Bleachapoloza did not start until after the Da Nang port visit. There was talks on SITE TV about hygiene and washing hands. The liberty brief for Da Nang did include talks about COVID. No social distancing was discussed but I knew about it because my wife is a nurse. Outside of the liberty brief the ship did not touch more on the topic of COVID - 19, I believe the ship was not trying to scare anyone with the information. Arriving in Da Nang was hectic. We rushed off the ship and then on the pier with no addition checks on the pier. There was bad weather and the liberty boats stopped running in the evening. I had no COVID concerns until the last day in port Da Nang. Liberty was secured while I was in the hangar bay. An Officer walked around telling everyone liberty was secured and to leave the Hangar bay. Two to three days later there was a 1MC announcement about the quarantine and that there were no positive Sailors.

After leaving Da Nang the ship started enforcing cleaning with bleach. We were encourages to wear PPE for protection. At first, I thought the original 39 Sailors that were quarantined, could be sick but then we were told that it was out of pre caution that they were placed in quarantine. I heard through the deck plates that quarantine was bad. It took them a while to get the food delivery set up and there was nothing set up for them to communicate with family. We did receive 1MC announcements about the quarantine. Nothing about the status of the individual Sailors but just about updates on the outlook. Cleaning became an all hands effort. I heard through word of mouth about two Sailors testing positive. I believe they



isolated them in medical. I ended up having to stay in isolation in my berthing for 10 days because one of the initial positive COVID Sailors was from my berthing. My CMC lined us all up in berthing. He placed a first class at the head of the line and a first class at the back of the line. He then instructed us to go to medical ten people at a time. Straight there and back to the berthing. Once we all got back, security chained all the doors, and shut everything down. One door was not chained which had a security guard in front of it. There was no communication besides my CO and CMC coming to check on us. At this time we weren't told anything about the status of the ship. I did not feel safe at this time.

The Gym stayed open until we arrive in Guam. We were instructed to wipe down our equipment as we were using it. Barbershop stayed open until the two positives went into quarantine. Ship operation and day to day stuff was pretty much normal until we arrived in Guam. Social distancing was not put in place until after we arrive in Guam.

I was unaware of anything with the Guam Government. I did know that Guam was operating under reduced operation levels. This information was told to me by a friend who knows someone in Guam. No plan was put out about what to expect in Guam. Everyone seemed confused about the whole situation. I did not expect a mass exit off the ship but I did expect things to move pretty quickly. Minute by minute things were changing and not moving. When I did finally leave the ship, I was test on the ship and then took a van to the gym. Once my results came back, I went to my hotel Grand Hyatt. Upon arrival at the hotel, I got my temperature taken again, someone was there to explain the rules to us and I went to my room. The internet sucked but the food was good. There ended up being two positive Sailors within the hotel. My understanding was the ship took them back to base. Communication with my chain of command at that time was good. We used a signal app and the TR "alone together" Facebook page for updates. Morning and evening muster were conducted but really just to make sure everyone was okay.

Coming into Da Nang the morale was great. The liberty boat was kind of an issue but I still enjoyed my time there. COVID hit morale a bit, while I was in quarantine my morale was low. I felt like I was in jail. After arriving in Guam nothing was being done to help us. The CO's letter happened and I understand why he did it. So many people were getting sick in such a short time and nothing was being done for us. At this point I just want to go home and continue with my life.

I swear (or affirm) that the information above is true and accurate to the best of my knowledge, information

(b) (6)

(b) (6)

(Witness' Signature)

22 May 2020

(Date)

0958  
Guam

Time

Name of Interviewer: Command Master Chief (b) (6)

Witness Statement of (b) (6) CSC:

On 13 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CSC (b) (6) Position: Night Food Production Chief

Command: USS THEODORE ROOSEVELT Department/Division: Supply/S2

Email Address: (b) (6)@cvn71.navy.mil Phone(s): N/A

I have been in the Navy for 18 years. I reported onboard USS THEODORE ROOSEVELT in December 2018. I am currently working in the S2 Supply department. When I first reported to the ship my impression was that the ship was a busy environment. The ship was coming out of the yards and everyone was getting back into it.

I do not recall an outbreak before Da Nang. There were the normal discussions at quarters about washing hands and maintaining sanitation. Nothing was out of the ordinary, the normal out to sea sickness. I did get sick but treated myself. This felt like a normal cold, my body felt uneasy. I eventually went to sick call and got medication and felt better. Prior to entering Da Nang I do not recall COVID discussions. I did hear about it on the news. Everything happened so quickly back to back. There was a liberty brief we had to watch prior to Da Nang port call. The brief did include COVID-19 information. It was covered that there were cases in the Northern Vietnam area. This is basically on the other side of the country. Everyone was forced to stay in Da Nang, hotels had to be selected from an approved list. At this time there was no discussion of social distancing. I don't really there being any change to watch standing routine. Upon leaving the ship for liberty in Da Nang we were required to show our ID and liberty verified documents such as hotel reservation. I went on overnight liberty and enjoyed myself. I ate some food and took a lot of pictures. I found out rather quickly about the Sailors in Da Nang. I'm not sure who told me but I recall being told that Sailors came into contact with COVID positive civilians in a hotel. Once the Sailors arrive back on the ship they were placed in quarantine for two weeks and I do believe they were tested. The Sailors were brought food and bedding in an attempt to make them comfortable. I do not recall where the Sailors were placed during that time. Prior to Da Nang we did cleaning station in the morning for an hour and sweepers in the evening. Cleaning stations went to 30 minutes in the morning and sweepers in the evening before Da Nang. I can't remember when we started cleaning with bleach. In the Galley we have been cleaning with bleach for a while but I do know we continued cleaning stations and sweepers.

After Da Nang, more leadership was out cleaning and monitoring areas that should be getting cleaned. The XO gave information on all areas people touch and that should be cleaned. I



thought it could have been possible that the Sailors in quarantine could have been positive. But it came out within a few days that they were negative. It gave me some comfort knowing that but you still thought about what if. The ship put measures in place and we did do extreme cleaning. The chain of command communicated all information very well. The CO made IMC announcements and the department leadership was very involved. It felt like we were fighting against something that could be sitting right next to you.

The Gym stayed open until Guam or maybe a day before we arrived in Guam. MWR monitored the Gyms cleanliness and ensured that people were wiping down their equipment after they used it.

I knew if there were positive cases within my chain of command because medical will contact the chain of command. Medical would require us to wear a mask and gloves to get things out of their berthing. COC would then take them back to medical and medical will take them off the ship. Before pulling in Guam there were minimal cases, medical places them in isolation. I can't remember where the isolation place was onboard the ship. The CS's and FSA's did not wear mask but they did wear gloves to serve Sailors on the line. Supply talked to the CS's and FSA's about sanitizing their hands and hygiene all the time. We had CS's standing at the beginning of the line in the galley making sure everyone was using sanitizer as they entered the line in the galley. Everyone sat together on the mess desk, there was no social distancing. The barbershop stayed open until we arrived in Guam, I believe.

I knew about the situation in Guam. There were a few different plans but we ultimately implemented a group concept. Everyone received a list of everything they should take. Instructions were to clean our racks, met in the hangar bay, we all got in a van and were taken to a housing area. Prior to leaving the ship we were tested and then taken to a housing area. The house was nice with four bedrooms and three bathrooms. We had the option to get food in a little area or food was brought to us. Food was okay most days. Eventually I was taken to the Hilton hotel. My stay at the hotel was nice. I had no issues communicating with the ship. We mostly communicated via email.

The morale on the ship was interesting. We knew there were cases, now what? People were trying to figure out what to do. It was a questioning environment, concerns, worry, the news, am I ok? No real worry about COVID at first until Guam. Captain took the L for us. Meaning he took the loss for us. During this magnitude something had to be done, plans had to be executed and nothing was really working.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)

(b) (6)  
(witness Signature)

17MAY20

(Date)

1435

Time

Name of Interviewer: Command Master Chief (b) (6)



## LOCAL

# Guam denies entry to ship over coronavirus concerns

**Jerick Sablan** Pacific Daily News

Published 12:44 a.m. ET Feb. 7, 2020 | Updated 3:02 a.m. ET Feb. 7, 2020

The government of Guam has denied a State Department request to allow a cruise ship to dock on the island over concerns some passengers may be infected with coronavirus.

A release from the governor's office stated acting Gov. Josh Tenorio denied entry to the MS Westerdam, a British-American private cruise vessel with 1,455 guests and 802 crew members.

There are no known cases of coronavirus aboard the vessel, according to Holland America cruise line, but it has been turned away by the Philippines and Japan over concerns about the illness.

**More:** Guam DOE takes precautionary measures in response to coronavirus

**More:** Officials on coronavirus: Rumors, misinformation can 'spread faster than the virus itself'

Tenorio consulted with Gov. Lou Leon Guerrero and denied the request, the release stated.

"While we feel for every soul on board the MS Westerdam. Our obligation is to protect the people of Guam," Leon Guerrero said. "Though Guam is prepared to deal with the potential implications of the coronavirus, few jurisdictions can screen, quarantine, or treat 1,400 patients at one time. We respect that Guam has a duty to the nation we love, but that duty cannot jeopardize the health and safety of our people."

"We have made clear that we will use every tool available to us to protect our people and our border," Tenorio said.

The Westerdam docked in Hong Kong on Feb. 1 and boarded approximately 800 passengers. The vessel sought entry at two other ports but was denied, given the potential risk of infection and the need for a large quarantine, the release stated.

Based on information from counterparts at the Center for Disease Control and the U.S. State Department, the vessel has enough food and fuel to sustain itself, the release stated.

## **Princess Cruises cases**

Meanwhile, the Japanese Ministry of Health notified Princess Cruises that an additional 41 people screened aboard another ship, the Diamond Princess, have tested positive for coronavirus, the cruise line said in a statement.

On Wednesday, Princess Cruises confirmed 20 diagnosed cases of coronavirus on the ship, which was already under a 14-day quarantine. Guests testing positive are expected to be transported to local hospitals immediately, according to USA TODAY.

## **Guam precautions**

To date, there are no confirmed cases of the coronavirus on Guam.

The Department of Public Health and Social Services continues to follow established protocols for reporting infections of public health significance, according to a news release.

Guam medical providers are reaching out to Public Health to discuss and evaluate suspicious cases, the release stated.

## **Testing at CDC**

CDC recently developed a new laboratory kit that tests patient specimens for the virus, and Public Health has requested the test kits to establish testing on Guam, the release stated.

Each test kit can test approximately 400 patient specimens. On Feb. 5, the CDC began shipping diagnostic test kits to U.S. domestic laboratories and select international laboratories, the release stated.

**From:** (b) (6) CDR USN CCSG-9  
**To:** (b) (6) USN VCNO (USA)  
**Cc:** CSG9 BWC  
**Subject:** RE: TR Command Investigation  
**Date:** Wednesday, May 20, 2020 2:53:43 AM  
**Attachments:** [En Route to Nam.pdf](#)  
[CCSG-9 NOTE 1051 VIETNAM LIBERTY POLICY.pdf](#)  
[TRNOTE 1050 CVVNOTE 1050 LIBERTY RISK PROGRAM.pdf](#)  
[Vietnam Liberty Risk Signed.pdf](#)

---

(b) (6),

In response to your RFI -

**RFI #1: What were the original dates for TR's Guam port visit and when did those dates change?**

- **Original Guam port dates for TR: 3-10 APR. We pulled into Guam on 27 MAR 20. That date changed on 25 MAR 20.**

**RFI #2: Please provide the PowerPoint used by the TR SMO for the quarantine plan/COVID mitigation strategies prior to the Da Nang port call.** *The PPT would have covered how to handle individuals who tested positive, where to place them onboard, and the flow of services to spaces and how medical personnel would treat them.*

- **Attached**

**RFI #3: Please provide the CCSG-9 and TR Da Nang liberty plan.**

- **Attached**

Very respectfully,

(b) (6)

CDR (b) (6)  
Carrier Strike Group NINE  
N31 / N7  
Embarked: USS THEODORE ROOSEVELT  
NIPR: (b) (6) @ccsg9.navy.mil  
SIPR: (b) (6) @ccsg9.navy.smil.mil  
COMM: (b) (6)  
VOSIP: (b) (6)  
J-Dial: x (b) (6)

---

**From:** (b) (6) LT USN VCNO (USA) [mailto:(b) (6)@navy.mil]

**Sent:** Wednesday, May 20, 2020 5:57 AM  
**To:** CSG9 BWC  
**Cc:** C7F BWC; C7F ABWC; C7F-COVID-WG; C7F-N31-COPS; cpf.catbwc  
**Subject:** TR Command Investigation

**\*\*PRE-DECISIONAL / DELIBERATIVE INFORMATION // ~~FOR OFFICIAL USE ONLY~~\*\***

Good morning CSG-9 BWC,

Three new RFIs from our team today. Thank you again for all the hard work and prompt responses.

Request confirm receipt of this email.

Please encrypt any email(s) containing PII or sensitive information.

Please have the information available for closeout **within 24 hours.**

Point of Contact: LT (b) (6) (b) (6) @navy.(smil.)mil

If information is sent via SIPR, please email: LCDR (b) (6) : (b) (6) @navy.smil.mil

and LT (b) (6) : (b) (6) @navy.smil.mil

**RFI #1: What were the original dates for TR's Guam port visit and when did those dates change?**

---

**RFI #2: Please provide the PowerPoint used by the TR SMO for the quarantine plan/COVID mitigation strategies prior to the Da Nang port call.** *The PPT would have covered how to handle individuals who tested positive, where to place them onboard, and the flow of services to spaces and how medical personnel would treat them.*

---

**RFI #3: Please provide the CCSG-9 and TR Da Nang liberty plan.**

---

Thank you for your help with these RFIs and for all the help our team has received thus far.

Very respectfully,

LT (b) (6)  
Command Investigation Team  
Vice Chief of Naval Operations  
O: (b) (6)  
Pentagon Room (b) (6)  
Washington, DC 20350-1000  
(b) (6) @navy.(smil.)mil

**\*\*PRE-DECISIONAL / DELIBERATIVE INFORMATION // ~~FOR OFFICIAL USE ONLY~~\*\***

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# En Route to 'NAM

# Agenda

- Care in 'Nam
- Hospitals in Vietnam
- MEDEVAC/Patient Transport
- Screening/Fleet Landing Plan
- Duty in 'Nam

# After Action from Guam

- Sick call hours the same. Start at 0830.
- Place signage in morning on the Port Side
- Secure the starboard door.



**USS THEODORE ROOSEVELT (CVN 71)**  
**DA NANG, VIETNAM**  
**5 MAR – 9 MAR**  
**PORT CALL**

**MEDEVACS/OFF SHIP  
EMERGENCY/CONSULT**

# Emergent Medical Care or Emergency MEDEVAC:

- Notify ACDO, SMO and Duty Provider.
- Notify ISOS.

## TRICARE/INTERNATIONAL SOS (ISOS)

24 HOURS: (b) (6)

24 HOUR EMAIL: (b) (6) [@internationalsos.com](mailto:(b) (6)@internationalsos.com)

*\* CVN 71 Medical Dept will NOT send patients to any hospital in Da Nang without ISOS approval except for emergencies.\**



# MEDEVACS/OFF SHIP EMERGENCY/CONSULT

## Emergent Consults

- If urgent consult is required (trauma, patient reports to local hospital, orthopedics, etc) notify SMO and Duty Doc. If ISOS is needed, contact ISOS with required information:
  - Name
  - Date of Birth
  - SSN
- SMO and Duty Doc must determine treatment needs of the patient.
- Contact with ISOS can be may made by any Medical Department Personnel.
- Utilize the medical van for patient transport if directed to transport patient to Hoan My Da Nang Hospital.

## Non-Emergent Consults:

- SMO and Duty Doc must determine treatment needs of the patient.
- Contact with ISOS can be may made by any Medical Department Personnel
- For non-emergent consults, ISOS will determine the best suited medical facility for the patients medical condition.
- Utilize the medical van for patient transport in non-emergent cases, in which ISOS has already been contacted and directed to transport patient to hospital. (Medical has driver and van available)

## HEALTHCARE FACILITY

### HOAN MY DA NANG HOSPITAL

161 Nguyen Van Linh Street, Thanh Khe  
District,  
Da Nang, Vietnam

From ship: 338-9-011-84-236-3650-305  
From local cell: 169-616-7172

## MEDICAL DEPARTMENT OFF SHIP COMM

### DA NANG MEDICAL DUTY VAN

Name of Driver:

CELL NUMBER:

FROM SHIP: (b) (6)

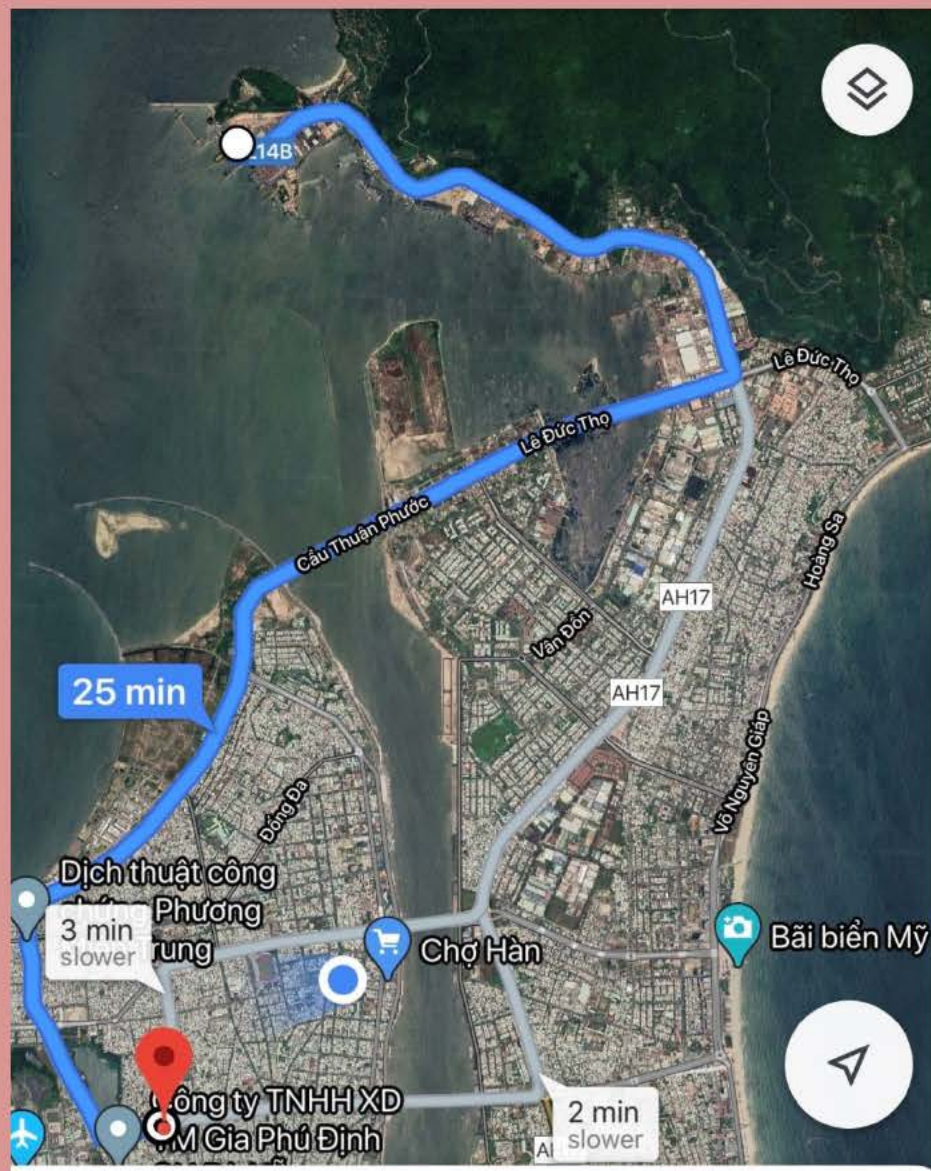
### DUTY CORPSMAN ON THE PIER

CELL NUMBER:

FROM SHIP: (b) (6)

*FROM VIETNAM DUTY CELL TO SHIP:*

(b) (6)





# Medical Evacuation – Priority I

<b>Name (Last, First, MI)</b>		<b>Rate/Rank/Service:</b>
<b>DODID:</b>	Date of Birth:	Gender:
<b>SSN:</b>		Male Female
<b>Cmd/Dept</b>		
<b>ICD-10 Code(s):</b>	Allergies:	Medications:
<b>Altitude restrictions?</b> YES NO	Any precautions regarding contagious diseases? YES NO	Altitude restrictions? YES NO
<b>Condition:</b> (circle) Stable Critical	Aircraft Configuration: (circle) Ambulatory Litter	
<b>Command Escort Require?</b> YES NO	Medical Attendant? YES NO	
<b>Medical Facility:</b>		
<b>Hospital:</b>	Phone:	
<b>Accepting Physician:</b>	Phone:	

- Before the patient leaves :

A copy of all medical documentation that needs to accompany the patient.

- After the patient leaves I will need:

Brief summary of the medical picture. Message Traffic is required.

# Patient Transport for Medical Reasons

Name (Last, First, MI)		Rate/Rank/Service:
DODID:	Date of Birth:	
Cell Phone Number:	Cmd/Dept:	
If necessary, is patient able to tolerate the forces of a catapult launch? YES NO		
Command Escort Require? YES NO		
Provider to Provider Turnover:  Hospital:		
Accepting Physician:	Phone:	Time and Date:

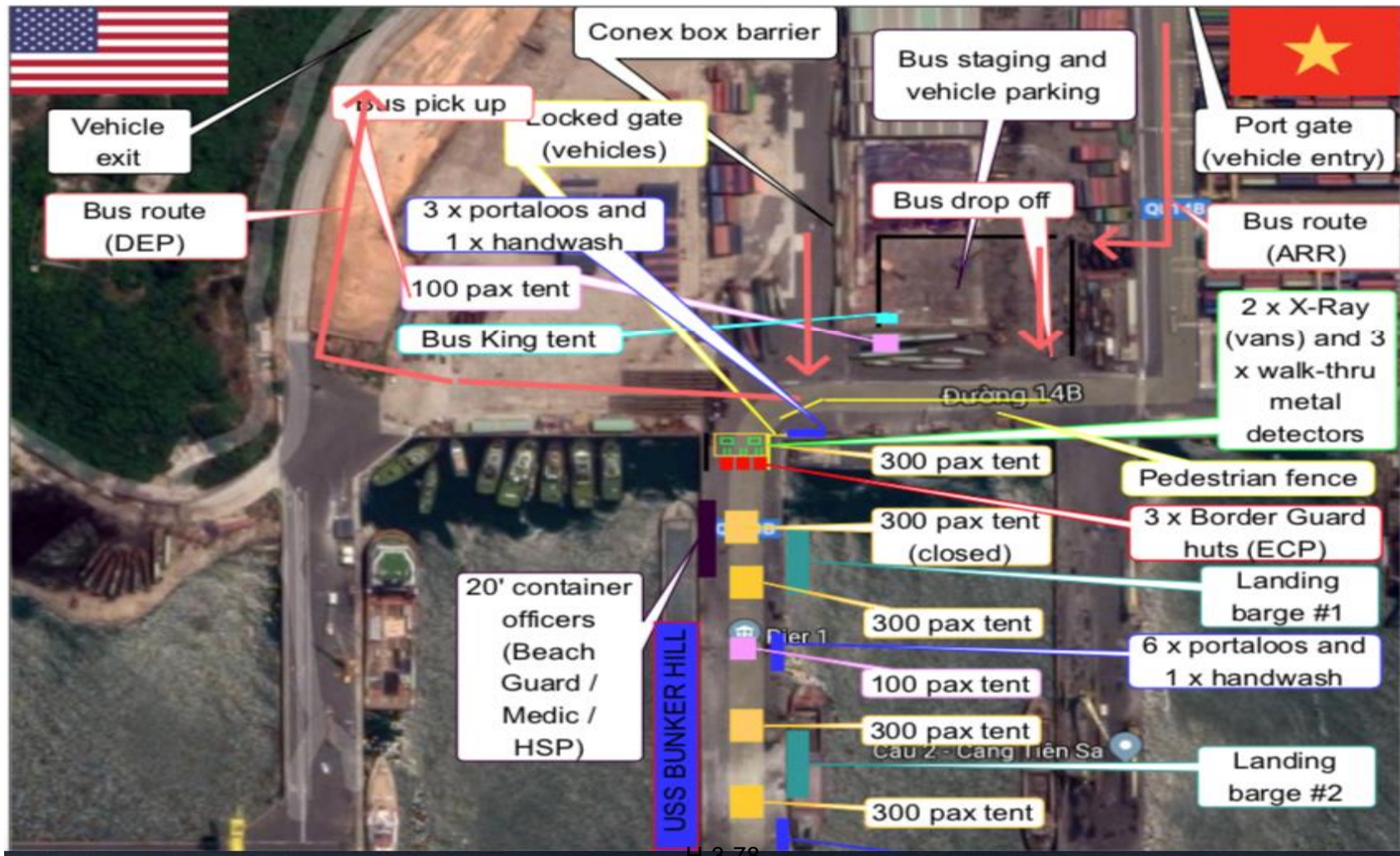
- Before the patient leaves :  
A copy of all medical documentation that needs to accompany the patient.
- After the patient leaves I will need:  
Brief summary of the medical picture





# Screening/Fleet Landing Medical

# Fleet Landing Layout



# Screening Set up



ECP

Thermal  
scanner



Comms pending



LB

LB

U  
S  
S

B  
K

H-3-78

LB= Landing Barge

## USFFC COVID-19 SCREENING QUESTIONNAIRE

v2020.02.28

- |   |     |    |
|---|-----|----|
| 1. HAVE YOU BEEN TO ANY <b>HIGH RISK</b> COUNTRIES IN PAST 14 DAYS? | YES | NO |
| a. China, including Hong Kong and Macau                             |     |    |

If "YES", **STOP! DENY ENTRY**, screening complete, provide individual a mask, consult Medical Dept

---

- |   |     |    |
|---|-----|----|
| 2. HAVE YOU BEEN TO ANY SIGNIFICANT RISK COUNTRIES IN PAST 14 DAYS? | YES | NO |
| a. Japan  |     |    |
| b. Singapore  |     |    |
| c. South Korea  |     |    |
| d. Italy  |     |    |
| e. Iran   |     |    |
- 

- |                            |     |    |
|----------------------------|-----|----|
| 3. ARE YOU CURRENTLY SICK? | YES | NO |
| a. Fever                   |     |    |
| b. Chills                  |     |    |
| c. Cough                   |     |    |
| d. Sore throat             |     |    |
| e. Shortness of breath     |     |    |
| f. Body aches              |     |    |
| g. Abdominal pain          |     |    |

\*\*\* IF YOU DEVELOP ANY OF THESE SYMPTOMS, CONTACT YOUR MEDICAL DEPARTMENT \*\*\*

---

- |  |     |    |
|--|-----|----|
| 4. IN PAST 14 DAYS, HAVE YOU HAD CLOSE PERSONAL CONTACT, AS DEFINED BELOW, WITH ANYONE KNOWN TO BE INFECTED WITH COVID-19? | YES | NO |
| a. Within 6 feet   |     |    |
| b. In a confined space (cab, small room, shared stateroom, berthing proximity, office, etc.)                               |     |    |
| c. Had direct contact with secretions (been coughed on, sneezed on, etc.)  |     |    |
- 

- |   |     |    |
|---|-----|----|
| 5. HAVE YOU VISITED ANY MEDICAL FACILITY IN THE PAST 14 DAYS?               | YES | NO |
| a. Facility visited: _____ (Medical Dept can query if cases reported there) |     |    |
| b. If "Yes", for Medical Department Representative inquiry only:            |     |    |
| i. For what reason/condition: _____   |     |    |
- 

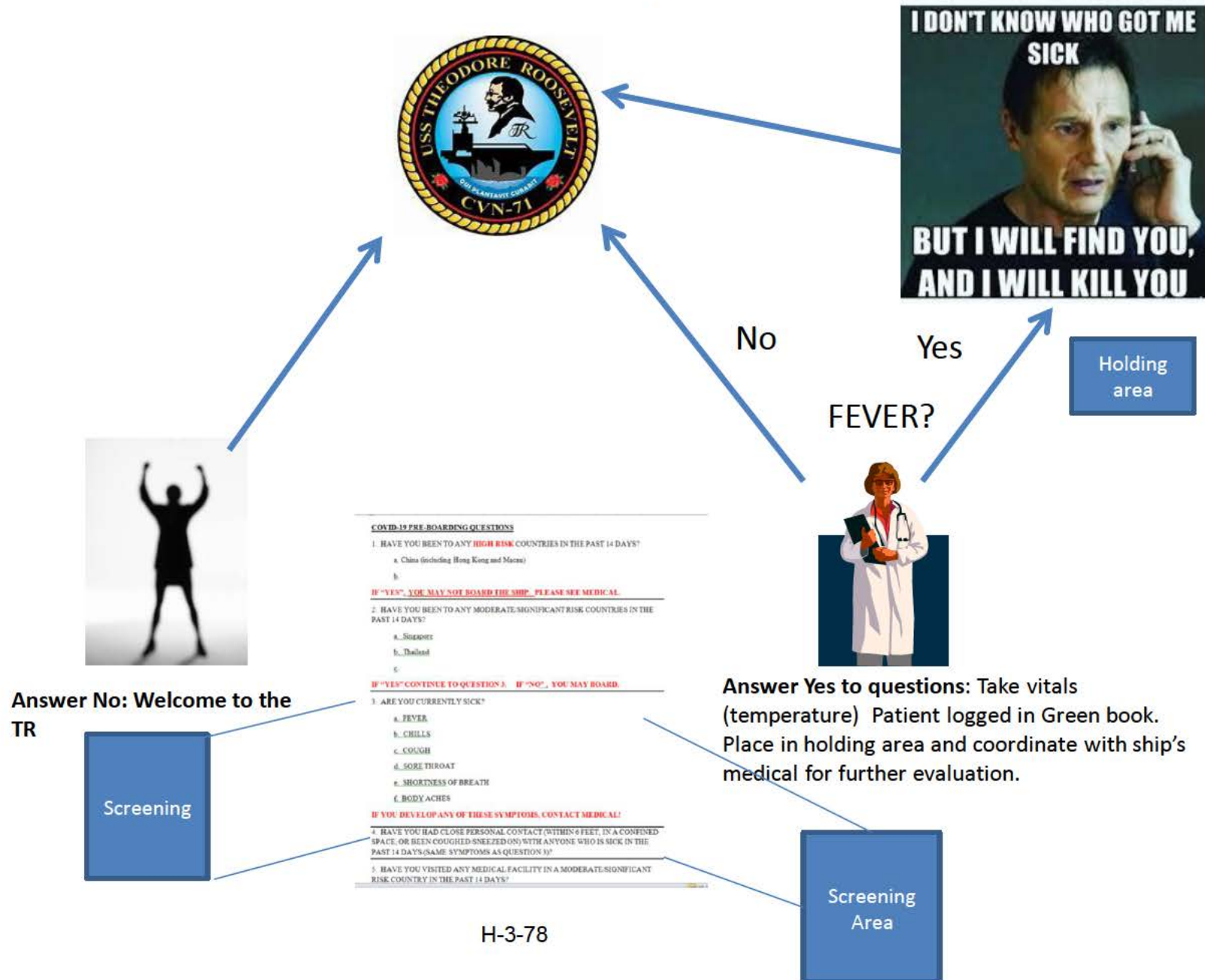
If 2 or more questions are answered "YES", with appropriate PPE, temperature screening will be conducted. Data will be logged with DOD ID number, date, time, screener name, and temperature.

Log will be maintained by Medical Department and frequently reviewed by senior medical department representative.

- |   |
|---|
| a. If temperature is greater than or equal to 100 °F (37.8 °C), log, <b>DENY ENTRY</b> , provide individual with a clean mask |
| b. If temperature is less than 100 °F (37.8 °C), log, allow access, screening complete.                                       |



# Screening/Fleet Landing Medical





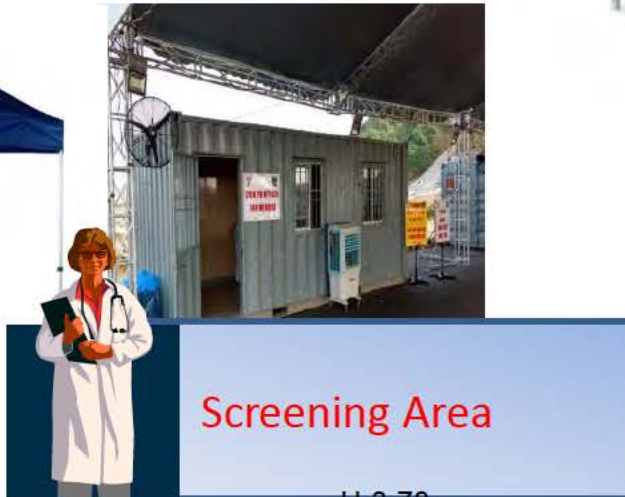
# Medical Logistics/Set up

Logistics needed from  
Supply:

- 5-10 chairs
- 1 tables (screening / equipment table)
- 1 tent (holding)
- Trash bin, trash bags
- Food for watchstanders
- Power source

Medical Supplies:

- Thermometer
- Water
- Log book
- Hand sanitizer
- Vital signs
- Biohazard bag
- Alcohol swabs
- Chem lights
- Comm w/ ships medical
  - **Radio and radio charging station**

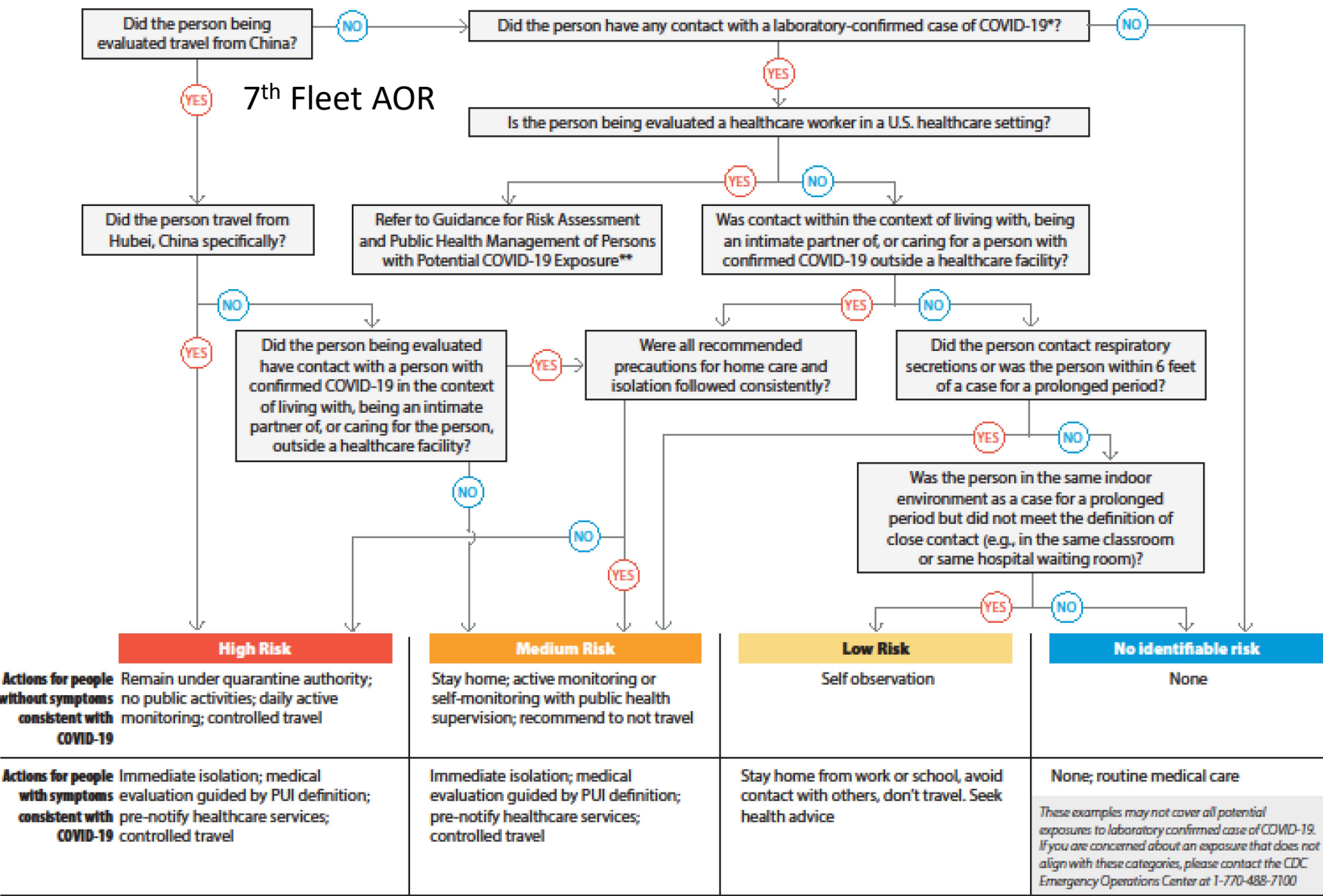


# Coronavirus Disease 2019 (COVID-19) Risk Assessment and Public Health Management Decision Making

Each question refers to within the past 14 days



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention



\*Or a case diagnosed clinically with COVID-19 infection outside of the United States who did not have laboratory testing

\*\*Healthcare provider (HCP) guidance outlines risk categories to determine work exclusion and monitoring procedures. After identifying risk category in the HCP guidance, use the categories outlined here to determine quarantine requirements.

These examples may not cover all potential exposures to laboratory confirmed case of COVID-19. If you are concerned about an exposure that does not align with these categories, please contact the CDC Emergency Operations Center at 1-770-488-7100

# Medical Screening - Inbound COD

- Screen Incoming COD passengers from all countries in current AOR
- Time Frame: 7 days by department (daily reports to CAPT (b) (6)), next 7 days via self-reporting
- Departments will email CAPT (b) (6) daily report of **negative and positive** screenings on all COD individuals NLT 1600.
- Department Level Screening
  - Ask member about COVID-19 specific symptoms
  - Positive Screens for flu-like illness sent to medical for evaluation immediately (do not wait for sick call)
  - Patient dons surgical mask in medical
  - Fill out Respiratory Questionnaire (if initial visit)
  - Vital Signs taken, if abnormal, Duty IDC and/or Doc will evaluate
  - Patients will wait until evaluated by provider.
    - Option #1: Quiet Room (1-6 people)
    - Option #2: Ward with Curtain closed(~10-15 people)
  - If patients require Biofire or COV-19 testing, they will be moved to Quiet Room vs Ward depending on number.
  - Daily Re-evaluation by medical: current symptoms and vital signs including temperature (fill out Re-evaluation Form)

# Medical Screening - Post Vietnam

- All Personnel Screened
- Time Frame: 7 days by department, next 7 days via self-reporting
- Departments email names of **positive** screenings to CAPT (b) (6) NLT 1600.
  - Ask member about COVID-19 specific symptoms
  - Positive Screens for flu-like illness sent to medical for evaluation immediately (do not wait for sick call)
  - Patient dons surgical mask in medical
  - Fill out Respiratory Questionnaire (if initial visit)
  - Vital Signs taken, if abnormal, Duty IDC and/or Doc will evaluate
  - Patients will wait until evaluated by provider.
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## Medical Screening - Post Vietnam



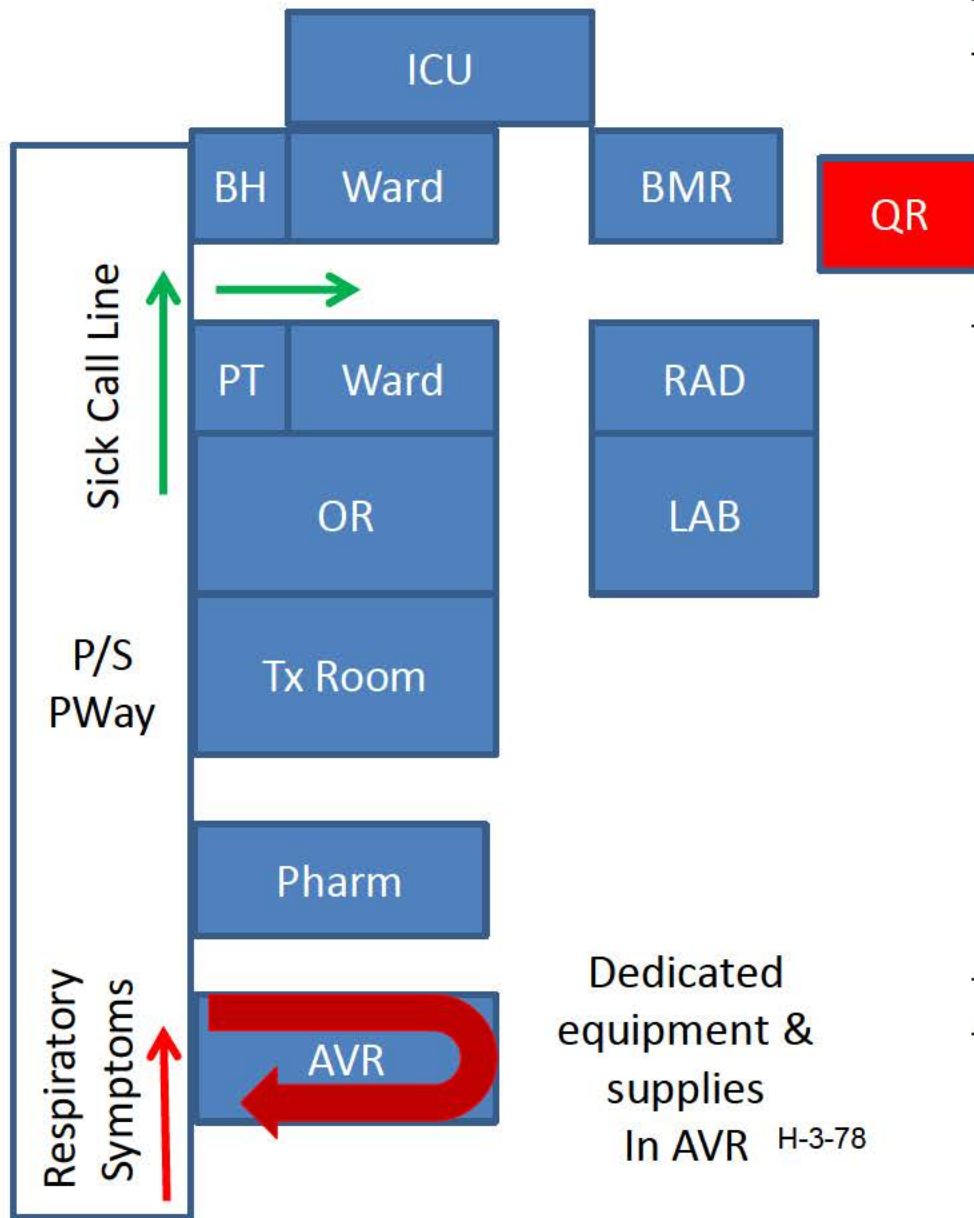
- All Personnel Screened
- Time Frame: 7 days by department, next 7 days via self-reporting
- Departments email names of **positive** screenings to CAPT (b) (6) NLT 1600.

## Department Level Screening

- Ask member about COVID-19 specific symptoms
- Positive Screens for flu-like illness sent to medical for evaluation immediately (do not wait for sick call)
- Patient dons surgical mask in medical
- Fill out Respiratory Questionnaire (if initial visit)
- Vital Signs taken, if abnormal, Duty IDC and/or Doc will evaluate
- Patients will wait until evaluated by provider for additional testing.
  - Option #1: Quiet Room (1-6 people).
  - Option #2: Ward with Curtain closed(~10-15 people)
- Daily re-evaluation will be completed.

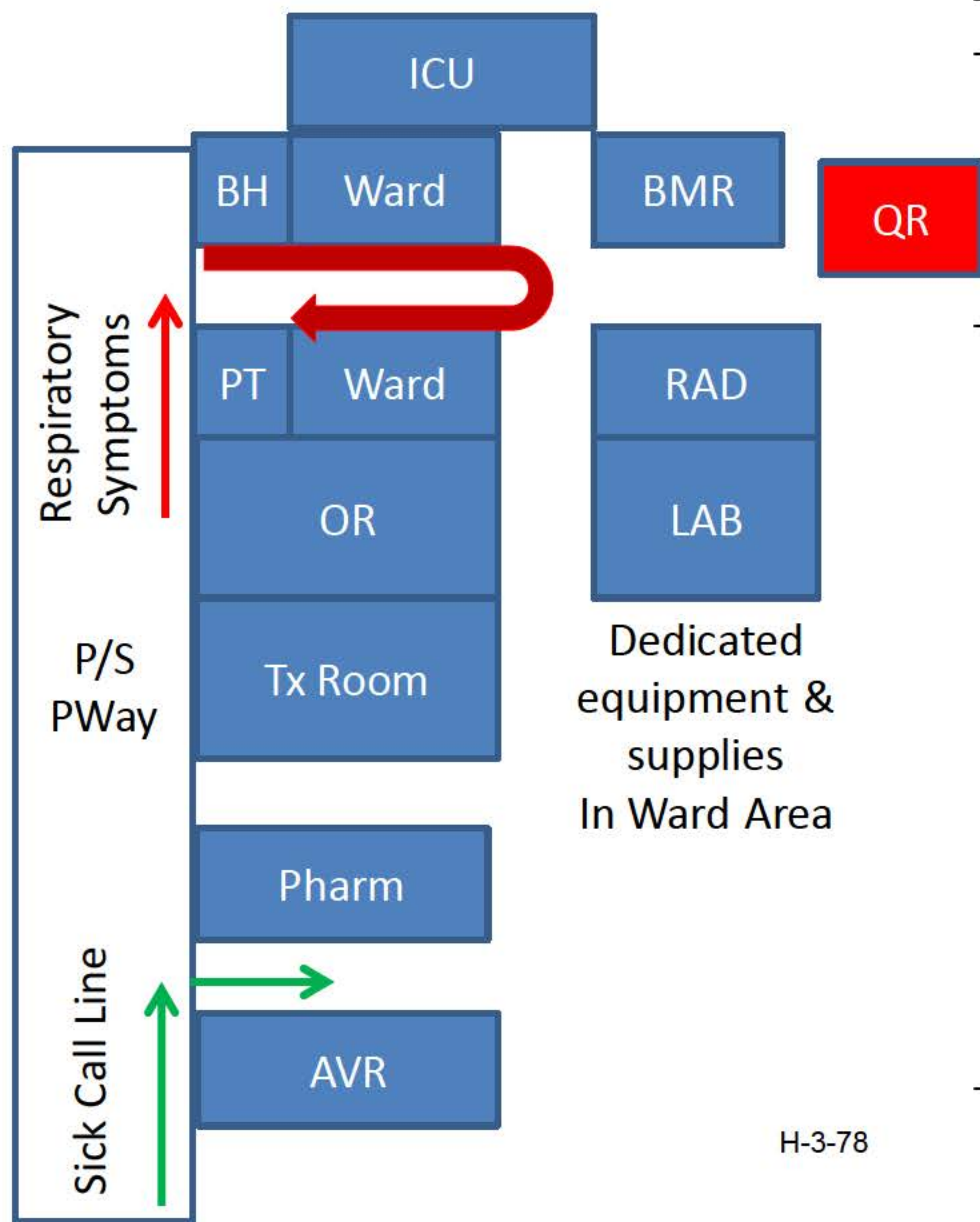


# COA #1



- Regular Sick Call enter via **PT/Psych Door**
- Flu-like Symptoms enter via AVR
- Don Mask (in line)
- Screened with Vital Signs
- Symptoms, but Temp < 100
  - Treat symptomatically with OTC Meds
  - Come back for Re-eval by medical daily 0700-0900
- Temp > 100
  - Eval by Duty Doc/IDC to treat
  - Wait in AVR
  - If further testing required, moved to Quiet Room
  - Investigate for other etiologies
  - Test with Biofire
    - If positive → viral etiology
    - If negative → Covid -19 "research" sequence.
  - Quarantine/isolate
  - Re-eval by medical daily
- OTC Medications available to RN/HMs
- Daily Field Day in AVR post evaluation of patients (Quiet Room if applicable).

# COA #2



- Regular Sick Call enter via AVR
- Flu-like Symptoms enter via PT/Psych
  - Don Mask (in line)
  - Screened with Vital Signs
  - Symptoms, but Temp < 100
    - Treat symptomatically with OTC Meds
    - Come back for Re-eval by medical daily 0700-0900
  - Temp > 100
    - Eval by Duty Doc/IDC to treat
    - Wait in PT Area
    - If further testing required, moved to Quiet Room
    - Investigate for other etiologies
    - Test with Biofire
      - If positive → viral etiology
      - If negative → Covid -19 “research” sequence.
    - Quarantine/isolate
    - Re-eval by medical daily
    - OTC Medications available to RN/HMs
- Daily Field Day in Ward post evaluation of patients (Quiet Room if applicable).

# External Support

- The NAVMED R&D Team (1 lab) will support CTF-71.
- request arrival around 10 March (estimated).
- Players: LCDR (b) (6), PhD, MPH, HM1 (b) (6) (male), and HM2 (b) (6) (female).
- Equipment:
  - NGDS Biofire instrument and enough Biofire Respiratory-2 Panels to run diagnostics for the usual respiratory pathogens on **up to 250 sailors. 1 hour run time, 10 at a time.**
    - does not include **COVID-19**
  - 2 RT-PCR instruments on which we will be able to run COVID-19 “research only” assays for surveillance purposes
    - run approximately **800-1000 COVID-19 assays. 2 hour run time**
- Training: teach MLTs to run the Biofire on ILI cases for diagnostic purposes. If the BioFire results are all negative, we then turn to the COVID-19 assay for surveillance purposes.

# Quarantine Options

## **DV Row**

- 6 rooms (2 person racks), cots for additional patients

## **Berthing**

- Chief Overflow Berthing ( aft mess deck)
- Admin Male berthing
- Medical Quiet Room (4 racks-isolated head)

## **Additional berthing**

## **Brig**

- Up to 20 (not ideal)

# Logistics

- Heads
  - Secure heads for restricted use for isolated/ quarantined patients. If movement outside necessary, ensure wearing mask
  - Signage to secure the head for isolated/quarantined individuals only
  - Head cleaning with HTH, diluted chlorine bleach, cavicide with appropriate PPE
- Food delivery:
  - Delivered to them, wearing PPE.
- Laundry delivery
  - All laundry in tied plastic bag and transported.
  - Standard procedures for washing, minimal risk of transmission
- Trash
  - Soiled material and PPE tied in a sturdy leak proof bag and should be incinerated.
- Medical Checks
  - Daily medical checks. Must don appropriate PPE prior to entry and doff off BEFORE exiting.
  - Disposable or dedicated patient care equipment. Cavicide available.
  - Airborne precautions = N95 mask (fit testing)
  - Droplet= surgical mask



# ILI thresholds

- Carriers 0.11%
- LHA, LHD, LSD, LCC: 0.41%
- DDG, CG, FG: 2.0%
- SSN, SSBN: 1.32%
- All others: 1.5%

# MED DEPT- SHARED DUTIES

- Strict respiratory hygiene/cough etiquette
- Hand washing before and after patient
- Clean patient care bed and chair after every use
- In waiting area,
  - Surgical mask for URI symptoms
  - No touch receptacle for tissue disposal
  - Monitor replacement of hand sanitizer (walls units and mayo trays)

# Duty Schedule

Name	Guam 7-10 Feb	'Nam 5-8 Mar	Guam 7-10 April	Thailan d 25-28 Apr	Singapor e 28 May- 01 Jun	Guam 11-14 Jun	Total duty days	Por ts off
LCDR (b) (6)	Duty (Day 1)	Duty (day 4)					2	0
LT (b) (6)	OFF	Duty (Day 3)					1	1
LCDR (b) (6)	Duty(Day 3)	Off					1	1
LT (b)	Off	Duty(Day 1)					1	1
LT (b)	Duty (Day 2)	Off					1	1
LT (b) (6)	Off	Duty (Day 2)					1	1
LT (b)								



DEPARTMENT OF THE NAVY  
COMMANDER, CARRIER STRIKE GROUP NINE  
UNIT 200219 BOX 1  
FPO AP 96602

IN REPLY REFER TO

COMCARSTRKGRUNINENOTE 1051  
N00  
24 Feb 20

COMCARSTRKGRU NINE NOTICE 1051

From: Commander, Carrier Strike Group NINE

Subj: CARRIER STRIKE GROUP NINE LIBERTY POLICY FOR DA NANG, VIETNAM  
PORT VISIT 5-9 MARCH 2020

Ref: (a) COMSEVENTHFLTINST 1050 dtd 22 Jul 19 "Liberty within the 7<sup>th</sup> Fleet Area of Operations"  
(b) Foreign Clearance Guide  
(c) JAGINST 5800.7F

Encl: (1) Individual Liberty Plan for E-6 and Below  
(2) Command Liberty Log Template Page

1. Purpose. To provide guidelines per references (a) through (c) for the port visit to Da Nang, from 5 March 2020 to 9 March 2020. This policy shall be reviewed in its entirety.

2. Background. Liberty is a mission in Vietnam. Port visit incidents will have negative strategic impacts on an important developing relationship. This policy applies to all personnel, civilian and military within Carrier Strike Group NINE (CSG-9). We represent our Navy and must demonstrate exemplary personal and professional conduct without exception. All personnel will take immediate action and intervene when circumstances warrant. Do your part, make good decisions, set your people up for success and ensure that the liberty mission is solid.

3. Liberty Policy.

a. Overnight Liberty. Overnight liberty is only authorized for personnel who possess a valid U.S. Passport (passport cards are not authorized), proof of an authorized hotel reservation and a pre-approved liberty chit signed by the Chief of Staff and a liberty card.

b. Liberty Cards. Liberty cards will be issued in this port. Each person leaving the ship will be required to have a Vietnamese "Shorepass" with a serialized number corresponding to your crew member number. Every person will need to show the Shorepass in order to depart and return into Fleet Landing area. Anyone losing their Shorepass will be temporarily detained by the Vietnamese Border Patrol/Police until a signed request from the ship's Command Duty Officer (CDO) can be obtained to retrieve them. Service members who lose their Shorepass will not be permitted on liberty again. The list of names that correlates to numbers will NOT be provided to the government of Vietnam.

c. Liberty Plans. All E-6 and below personnel are required to submit a written liberty plan using enclosure (1) to their Department Head for final approval via their Division Officer and Leading Chief Petty Officer. Each department will maintain copies of the liberty plan and make them readily available upon request.

d. Liberty Log. All personnel will sign in and out using the Liberty Logbook located in Tactical Force Combat Center (TFCC); enclosure (2). This logbook will include full name, rank, liberty buddies, hotel information, email contact, passport number, and crew member number.

4. Liberty Expiration.

a. While in Da Nang, Vietnam, the local government ("People's Council of Da Nang") has ordered a curfew for ALL HANDS from 2400 to 0700. Disobeying this curfew is in violation of a direct order and can result in disciplinary action, in addition to charges by the local authorities.

b. Due to liberty boat capacity and limitations while at anchorage, liberty expires by paygrade every night and will expire inside the Entry Control Point at Fleet Landing as follows:

- (1) E-4 and junior: 2200
- (2) E-5 and E-6: 2300
- (3) E-7 and senior: 2359

Upon returning from liberty, ALL HANDS must check back in using the liberty log located in TFCC. BEACH Guard will record all names of Sailors returning to Fleet Landing after their respective liberty expiration.

c. For personnel who have been authorized overnight liberty and are not returning to the ship, liberty expires at 2359 in your hotel. Personnel must remain in their hotel until 0700 the following morning. ALL HANDS are required to muster between the hours of 0500-0700 by emailing (b) (6) @CCSG9.NAVY.MIL or by calling (b) (6). For emergency purposes only, you may contact the BWC at (b) (6).

d. Duty section personnel liberty will expire at 1000 on their duty day.

- Mar 5: Duty Section 4
- Mar 6: Duty Section 5
- Mar 7: Duty Section 6
- Mar 8: Duty Section 1
- Mar 9: Duty Section 1

e. Liberty for All Hands will expire at 1000 on 9 March 2020 so plan accordingly.



5. Liberty Buddy Policy.

a. The liberty buddy system is mandatory. Liberty buddies must remain together and must sign out from and return to the ship together. The liberty buddy rule applies to all, to include Government Service employees and contractors.

b. When authorized by the Department Head in accordance with requirements of reference (a), liberty buddies may be from other commands or trusted civilian acquaintances (e.g. spouse, sibling, or parent).

c. Liberty buddy swaps are NOT authorized in this port except by physically returning to the ship and recording the buddy swap in the liberty log.

d. Liberty buddy groups must be of at least two, but no greater than five persons.

e. If found without a liberty buddy, lone Sailors will be escorted back to the ship. If a Sailor loses their liberty buddy, he/she will report to the nearest member of the Shore Liaison Group/Shore Patrol and return to the ship immediately. There are no refunds for unused hotel rooms due to violations of the liberty buddy policy.

f. Liberty buddies are not required for official Morale, Welfare, and Recreation (MWR) tours and command-sponsored Community Relations (COMREL) projects that leave from and return to Fleet Landing. Liberty buddies are not required at Fleet Landing but are required if leaving the Fleet Landing area.

6. Senior Person Present Rule. All leaders are expected to enforce Strike Group liberty policies, and to intervene to prevent incidents.

7. Leave Policy. Leave will NOT be authorized for this port.

8. Drinking.

a. The drinking age for ALL HANDS while in port Da Nang is 18 years of age.

b. The Navy standard is RESPONSIBLE USE of alcohol. Inebriation is the most common cause of liberty incidents and could result in Uniform Code of Military Justice (UCMJ) charges.

9. Off Limits Areas/Activities.

a. Designated Liberty. The designated liberty area is the limit of the municipal province of Da Nang. You may not leave the designated liberty area unless on a command-sponsored COMREL event or MWR tour.

b. Bars/Clubs After Closing Hours. Expect an increased Vietnamese security presence during this port visit. You will be arrested if found in a bar or club after liberty expiration.

c. Prostitution. Engaging in prostitution or any commercial sex act is a violation of Article 134 of the UCMJ. Department of Defense policy prohibits any activity that may facilitate or encourage trafficking in persons. Trafficking in persons is cruel, inherently harmful, and dehumanizing. It is demeaning and contrary to our Core Values. Additionally, HIV rates among prostitutes generally run exceptionally high.

d. Two-wheeled Vehicles. Riding on two wheels, to include motorcycles, scooters, mopeds, and bicycles is strictly forbidden. Two wheeled vehicles are extremely dangerous on Vietnamese roads. Vehicular accidents are the leading cause of death of tourists in Da Nang.

e. Car Rentals. Renting or purchasing vehicles is not authorized in this port.

f. Water Vehicles. Operating wave runners, jet skis, or power boats is prohibited.

g. Hitchhiking. Hitchhiking is prohibited.

h. Extreme Sports. Bungee jumping, parasailing, sky-diving, boxing, wrestling, and martial arts are inherently dangerous activities are not permitted.

i. SCUBA diving. Diving is prohibited unless the member is qualified by an officially recognized association (i.e. PADI). Personnel may participate in qualifying dives in order to become certified by an officially recognized association, or may participate pursuant to approved MWR tours.

j. Surrendering Military ID/CAC. Restaurants or hotels may ask for an identification card when ordering to discourage walk-offs. Use a Driver's License or State ID. It is okay to show your Military ID/CAC to local law enforcement or border guard officials, but do not allow anyone to take possession of, make copies of, or photograph your Military ID/CAC.

k. Gun shops and Weapons. It is illegal for foreigners to possess guns. It is also prohibited to possess any ammunition, spent shells, or training rounds or throwing stars. Vietnam strictly prohibits importation of weapons.

l. Tattoo/Piercing Establishments. Tattoos and piercings are prohibited as hepatitis infections are common in this port through transmission via piercings or tattoos.

m. Local Pharmacies. Many drugs contain U.S. scheduled controlled substances which can result in a positive urinalysis, leading to non-judicial punishment (NJP) or administrative separation (ADSEP).



n. **Counterfeit Merchandise.** Avoid shops or street vendors selling counterfeit merchandise. It is illegal to bring counterfeit goods onboard a naval vessel or import them into the United States.

o. **Hotel/Lodging.** Being present in, making a reservation at, or staying overnight at, any hotel not on the authorized hotel list is prohibited. Private property rentals or housing (e.g. AirBnB, Vrbo, etc.) are not authorized.

p. **Photography of Military or Security Interest.** Taking photographs of anything that could be perceived as of military or security interest may result in questioning by authorities, fines, detention, or arrest.

q. **Religious Items.** Importation of religious material is outlawed in Vietnam. NCIS does not recommend visibly displaying or carrying prayer books or other religious materials. Avoid religious or political conversations with local nationals.

r. **Drug Offenses.** Punishments are severe and include the death penalty. Expect plain clothes police and heavy surveillance on local drug traffickers interacting with and targeting foreign tourists.

10. **Authorized Hotels.** The following hotels are the only authorized hotels for personnel on liberty in Da Nang:

a. **Downtown North/ Novotel Drop Off**

- (1) Da Nang Golden Bay
- (2) Stay Hotel
- (3) Zen Diamond Suites Hotel
- (4) Novotel Premier Han River
- (5) Hilton Hotel Da Nang

b. **Downtown South/ Green Plaza Drop Off**

- (1) Brilliant Hotel
- (2) Vanda Hotel
- (3) Samdi Hotel
- (4) One Opera Hotel

c. **Beach Drop Off**

- (1) A la Carte
- (2) Belle Madison Parosand
- (3) Mandila Beach Hotel
- (4) BlueSun Hotel
- (5) Paris Deli Danang Beach Hotel
- (6) Royal Lotus Hotel
- (7) Sofia Boutique Hotel\*
- (8) Sofia Suites Hotel\*
- (9) Four Points by Sheraton

d. Beach Other

- (1) Premier Village Da Nang Resort
- (2) Pullman Danang Beach Resort
- (3) Intercontinental Da Nang
- (4) Hyatt Regency Danang
- (5) Olalani Resort and Condotte

\*The Sofia Hotels are two hotels operated by Vietnam Boutique Quality. No other Vietnam Boutique Quality hotels are authorized for lodging.

11. Violations.

a. Personnel will obey all orders of the local authorities, Shore Patrol, Beach Guard, and orders set forth in this policy.

b. In the event of a liberty incident, the entire N-Code will return to the ship for remediation. In addition, the Sailor will be subject to individual disciplinary action.

12. Conclusion. ALL CSG-9 personnel regardless of rank or status will be familiar with this policy. Our mission ashore as representatives of the United States of America and the U.S. Navy is equally as important as our mission at sea. Like our mission at-sea, we will execute to the highest standards without fail and will provide each other with forceful backup and support when acceptable risk to mission exists.

13. Records Management. Records created as a result of this notice, regardless of media and format, must be managed per Secretary of the Navy Manual 5210.1 CH-1 of August 2017.

14. Cancellation Contingency. This notice will be updated and remain in effect until superseded by another notice of the same subject.

(b) (6)



Chief of Staff

Releasability and Distribution:

This notice is not cleared for public release and is available electronically only via the CCSG-9 Sharepoint folder to users with common access card authorization,

(b) (7)(E)



## COMMANDER CARRIER STRIKE GROUP NINE INDIVIDUAL LIBERTY PLAN

Rate/Rank/Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_ DIV: \_\_\_\_\_ Duty Section: \_\_\_\_\_

### **LIBERTY EXPIRATIONS (AT FLEET LANDING OR AT HOTEL)** **E4 AND BELOW: 2200 E5/E6: 2300 / E7 AND ABOVE: 2359**

Division LCPO Risk Category ☐ Low ☐ Medium ☐ High

1. Have you read the SOPA liberty policy and understand the contents? YES / NO (Circle one)
2. If you are of legal age to drink alcohol, are you going to drink responsibly? YES / NO / N/A (Circle one)
3. Are you aware of the liberty policy? YES / NO (Circle one)

<b>THURSDAY, 05 MARCH 2020 SECTION 4</b>		ALCOHOL YES / NO (Circle one)	OVERNIGHT YES / NO (Circle one)	Duty/Staying on Ship <input type="checkbox"/>
Plans:	<input type="checkbox"/> Shopping <input type="checkbox"/> Sight Seeing <input type="checkbox"/> MWR Tour <input type="checkbox"/> Night Life/Bar <input type="checkbox"/> Movie <input type="checkbox"/> Restaurant			
Other/Details: _____				
Hotel Name: _____		Hotel Phone #: _____		
Liberty Buddy 1: (Rate, Last, First, Dept/Div): _____		Signature: _____		
Liberty Buddy 2: (Rate, Last, First, Dept/Div): _____		Signature: _____		

<b>FRIDAY, 06 MARCH 2020 SECTION 5</b>		ALCOHOL YES / NO (Circle one)	OVERNIGHT YES / NO (Circle one)	Duty/Staying on Ship <input type="checkbox"/>
Plans:	<input type="checkbox"/> Shopping <input type="checkbox"/> Sight Seeing <input type="checkbox"/> MWR Tour <input type="checkbox"/> Night Life/Bar <input type="checkbox"/> Movie <input type="checkbox"/> Restaurant			
Other/Details: _____				
Hotel Name: _____		Hotel Phone #: _____		
Liberty Buddy 1: (Rate, Last, First, Dept/Div): _____		Signature: _____		
Liberty Buddy 2: (Rate, Last, First, Dept/Div): _____		Signature: _____		

<b>SATURDAY, 07 MARCH 2020 SECTION 6</b>		ALCOHOL YES / NO (Circle one)	OVERNIGHT YES / NO (Circle one)	Duty/Staying on Ship <input type="checkbox"/>
Plans:	<input type="checkbox"/> Shopping <input type="checkbox"/> Sight Seeing <input type="checkbox"/> MWR Tour <input type="checkbox"/> Night Life/Bar <input type="checkbox"/> Movie <input type="checkbox"/> Restaurant			
Other/Details: _____				
Hotel Name: _____		Hotel Phone #: _____		
Liberty Buddy 1: (Rate, Last, First, Dept/Div): _____		Signature: _____		
Liberty Buddy 2: (Rate, Last, First, Dept/Div): _____		Signature: _____		

<b>SUNDAY, 08 MARCH 2020 SECTION 1</b>		ALCOHOL YES / NO (Circle one)	OVERNIGHT YES / NO (Circle one)	Duty/Staying on Ship <input type="checkbox"/>
Plans:	<input type="checkbox"/> Shopping <input type="checkbox"/> Sight Seeing <input type="checkbox"/> MWR Tour <input type="checkbox"/> Night Life/Bar <input type="checkbox"/> Movie <input type="checkbox"/> Restaurant			
Other/Details: _____				
Hotel Name: _____		Hotel Phone #: _____		
Liberty Buddy 1: (Rate, Last, First, Dept/Div): _____		Signature: _____		
Liberty Buddy 2: (Rate, Last, First, Dept/Div): _____		Signature: _____		



**COMMANDER CARRIER STRIKE GROUP NINE LIBERTY GUIDANCE**

**ALCOHOL CONSUMPTION:**

- Alcohol consumption will be done in a responsible and mature manner, not to bring discredit to the Armed Services.

(INITIAL \_\_\_\_\_)

**DA NANG VIETNAM OVERNIGHT LIBERTY GUIDANCE:**

- Hotel/Address of liberty buddy
- Recall/cell phone number of overnight location (residence/hotel/liberty buddy)
- Provide liberty buddy name, rank and department/division
- Liberty buddies must stay at the SAME HOTEL
- Anyone separated from their Liberty Buddy will immediately return to the ship

(INITIAL \_\_\_\_\_)

**CHANGES TO LIBERTY PLAN:**

- You must contact in person or by phone the first Khaki in your division. If not available, the senior Khaki on duty will be authorized to make a change to your liberty plan.
- Anyone involved in an incident will immediately return to the ship.

(INITIAL \_\_\_\_\_)

I \_\_\_\_\_ will adhere to this liberty plan and I understand that any diversion from this plan is against the 7<sup>th</sup> Fleet liberty policy. If I need to make changes to this liberty plan I will update CCSG-9 Staff Duty Officer.

SVM SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

LPO: \_\_\_\_\_

LCPO: \_\_\_\_\_

DIVO: \_\_\_\_\_



# CCSG-9 VIETNAM LIBERTY LOG



Rate/Rank Name	Member Number	Duty Section	Passport #	Passport Expiration	Check-out	Check-in	Hotel Name	Date(s) of overnight	E-mail contact	Liberty Buddy
(b) (6)	1	N/A								
	2	N/A								
	3	5								
	9	4								
	11	1								
	12	1								
	13	N/A								
	16	N/A								
	18	2								
	20	6								
	24	3								
	27	N/A								
	28	N/A								
	30	1								
	47	5								
	48	3								
	53	5								
	56	4								
	61	3								
	63	2								
	64	2								
	66	6								
	67	4								

H-3-78



DEPARTMENT OF THE NAVY  
USS THEODORE ROOSEVELT CVN 71  
UNIT 100250 BOX 1  
FPO AP 96632

Canc frp: Jun 2018

TRNOTE 1050  
CVW17NOTE 1050  
CMC  
23 Aug 17

USS THEODORE ROOSEVELT (CVN 71) NOTICE 1050  
CARRIER AIR WING SEVENTEEN (CVW 17) NOTICE 1050

From: Commanding Officer, USS THEODORE ROOSEVELT (CVN 71)  
Commander, Carrier Air Wing SEVENTEEN (CVW 17)

Subj: LIBERTY RISK PROGRAM

Ref: (a) COMCARSTKGRUNINENOTE 1050  
(b) TRINST 1050.1B

Encl: (1) Liberty Risk Nomination Form  
(2) Class Liberty Risk Designation  
(3) General Order 17-01 Liberty Buddy Duties and  
Responsibilities  
(4) Liberty Risk Assignment

1. Purpose. To establish practices, procedures and policies on liberty restrictions consistent with reference (a) and delineate those in reference (b), for the purpose of minimizing the risk that Sailors will commit discreditable conduct overseas.

a. The Liberty Risk Program is administrative in nature.

b. It is not a substitute for non-judicial punishment (NJP), court-martial or pretrial restraint.

c. Administrative regulation of liberty through the Liberty Risk program is not a form of punishment and does not prevent the use of disciplinary procedures such as NJP or court-martial.

2. Scope. This notice applies to all military personnel embarked on or attached to USS THEODORE ROOSEVELT (CVN 71) while in foreign ports.

3. Background. Many foreign nationals form opinions of the U.S. based largely on their observation of U.S. military



personnel. Therefore, as guests in a foreign country, service-members must conduct themselves in a friendly, courteous and law-abiding manner. If previous behavior indicates that a Sailor or Marine is unable or unwilling to conduct himself/herself appropriately ashore, the Commanding Officer (CO) has the authority and responsibility to limit or cancel the member's liberty by placing him/her in a liberty risk status.

4. Referral for Liberty Risk Consideration. All departments, squadrons and embarked staffs will submit liberty risk nominations 30 days before deployment to the Liberty Risk Board (LRB) via the Legal Department using enclosure (1). LRB will be held prior to deployment to assess whether members pose a liberty risk and to recommend a liberty class assignment (A, B, or C). Only the least severe limitation on liberty necessary to prevent discrediting conduct ashore will be imposed. LRB will be held approximately three days prior to each subsequent port visit when new referrals will be reviewed and members previously placed on liberty risk may be considered for category upgrade or removal from liberty risk.

5. Composition of LRB. The THEODORE ROOSEVELT and Carrier Air Wing SEVENTEEN (CVW 17) Command Master Chiefs (CMDCMs) will co-chair the board. One Master Chief Petty Officer from CVN-71 and one CVW-17 squadron CMDCM will make-up the remainder of the board. Other leaders such as the Command Drug and Alcohol Program Advisor (DAPA) or Command Climate Specialist may attend as appropriate to advise the board. A representative of THEODORE ROOSEVELT's Legal Department will be present for administrative purposes.

6. LRB Considerations. The following factors will be considered in determining whether a member is referred to LRB:

a. Any alcohol-related incidents in the last 6 months or any driving under the influence (DUI) in the last 12 months.

b. NJP in the last year, specifically incidents involving alcohol, theft, belligerence to authorities or members pending administrative separation.

c. Current participation in mandatory substance abuse and/or alcohol abuse aftercare program.

d. Any prior violent incidents such as domestic violence, assaults, fighting or other episodes caused by anger control problems.

e. Disciplinary Review Board (DRB) history, trend of problems or significant negative counseling that would indicate difficulty with authority or following orders.

f. Unauthorized absence to include returning after expiration of liberty and/or missing ship's movement.

g. Any port visit misconduct in the past, to include:

(1) Disrespect to local cultures, customs and traditions.

(2) Failure to obey shore patrol, security or beach guard.

(3) Conduct embarrassing to the United States.

(4) Uniform or civilian attire violations.

h. Failure to pay personal debts.

i. Other incidents which involve military or civilian authorities or local civilians which may bring discredit upon the armed forces or the United States.

7. Classes of Liberty Risk and LRB Procedures. The board will review all nominations with the goal of ensuring that a uniform standard of liberty risk category assignment is made across all participating commands and will provide clear commentary on any disparities in recommendations.

a. Class "A" Liberty Risk. Personnel who have demonstrated behavior indicating an elevated likelihood of improper conduct while on liberty. Personnel may not have any liberty escorts who are also on liberty risk. At least one escort must be an E-5 or above, but in no case junior to the person. Class "A" liberty risk personnel are prohibited from purchasing, consuming or possessing any alcoholic beverages. Furthermore, they may not be present in any establishment which provides alcohol as its primary business (e.g., bars, clubs, etc.).



Their liberty will expire onboard at 2100 or one hour prior to the normal liberty expiration time for E-3 and below, whichever is earlier.

b. Class "B" Liberty Risk. Personnel who have demonstrated behavior indicating a significant likelihood of improper conduct themselves while on liberty. Personnel may not have any liberty escort who are also on liberty risk. At least one escort must be an E-6 or above, but in no case junior to the person. Class "B" liberty risk personnel are prohibited from purchasing, consuming or possessing any alcoholic beverages. Furthermore, they may not be present in any establishment which provides alcohol as its primary business (e.g., bars, clubs, etc.). Their liberty will expire onboard at 1800 or two hours prior to the normal liberty expiration time for E-3 and below, whichever is earlier.

c. Class "C" Liberty Risk. Individuals who have demonstrated an inability to conduct themselves appropriately while ashore and have a high likelihood of a liberty incident. Personnel assigned to this category will not have liberty ashore.

d. Personnel being processed for administrative separation due to misconduct will automatically be assigned as Class "C" and will remain in Class "C" status until discharged.

e. After the board completes its recommendations, it will forward them, along with its comments, to the CO and Commander, Carrier Air Wing (CAG) as applicable for approval via enclosures (1) and (2). The Legal Department shall then promulgate enclosure (4) of approved liberty risk personnel to THEODORE ROOSEVELT/CVW-17 Administrative Department, Security and the Senior Shore Patrol Officer.

8. Authority to Assign Liberty Risk. Only the ship and squadron CO's have the authority to formally assign liberty risk status to assigned personnel. However, in the event that a member commits misconduct during a foreign port visit, the member will be returned to the ship in the custody of a Beach Guard member or the senior person in the liberty boat/bus.

Authorization to temporarily curtail the liberty of that member until a formal liberty risk determination can be made is delegated to:

- a. THEODORE ROOSEVELT Executive Officer (XO).
- b. Deputy Commander, Carrier Air Wing SEVENTEEN (DCAG).
- c. Squadrons CO's.
- d. Command Duty Officer (CDO).
- e. Air Wing Duty Officer (AWDO).
- f. Senior Shore Patrol Officer.

g. The member will not be permitted to re-commence liberty ashore until a proper liberty risk determination is made at the next LRB or authorized by the CO or CAG. Ordinarily, a LRB will not be held until the ship is underway.

9. Administration of Liberty Risk Personnel

a. THEODORE ROOSEVELT's Legal Department shall maintain a running list of those personnel assigned to liberty risk categories. Copies of the liberty risk list shall be distributed to the CO, XO, Head of Departments (HODs), CVW-17 Administrative Department, embarked squadrons and Chief Master-at-Arms and will be included in the CDO's turnover.

b. Personnel designated as liberty risks will be notified by THEODORE ROOSEVELT's Legal Department to execute enclosure (2), Liberty Risk Designation.

10. Mustering Liberty Risk Personnel

a. Class "A" liberty risk personnel will sign-out with their Departmental Duty Officer (DDO) or Squadron Duty Officer (SDO) prior to commencing liberty. Class "A" liberty risk personnel will muster daily in-port with their DDO or SDO at 2100.

b. Class "B" liberty risk personnel will sign-out with their DDO or SDO prior to commencing liberty.



TRNOTE 1050  
CVW17NOTE 1050  
23 Aug 17

Class "B" liberty risk personnel will muster daily in-port with their DDO or SDO at 1800.

c. After checking out with their respective department/command, Class "A" and "B" liberty risk personnel will then report to Security Dispatch with their liberty escorts to sign out on the liberty log. Immediately upon completion of liberty, they are required to report back to Security Dispatch to sign in on the liberty log and be subject to a breathalyzer before reporting to their department/command.

d. Class "C" liberty risk personnel will muster daily in port with their DDO/SDO at 0700, 2100 and at one other time as randomly determined by the DDO/SDO.

e. Any violation of liberty risk orders shall be reported in writing to the THEODORE ROOSEVELT's Legal Department.

11. Escort Duties. For members placed in Class "A" or "B" liberty risk status, DDOs and SDOs will verify the escort's acknowledgement of their duties using enclosure (2) and enclosure (3). The escort must remain with the Class "A" or "B" liberty risk member at all times. After the escort returns the liberty risk member to the ship, the escort can return to regular liberty provided they still have the requisite number of liberty buddies. Changing escorts while on liberty is not permitted. Both the escort and the liberty risk member are prohibited from consuming alcohol. Assignment as a liberty risk escort is purely voluntary. Liberty buddies will not be required on supervised Community Relations (COMREL) projects or command sponsored functions, where members depart and return to the ship as a group. MWR tours and trips have the same liberty buddy requirements.

12. Review of Liberty Risk Status

a. Each person placed on liberty risk will be promptly notified of the fact and the basis for the status. The individual may be afforded an opportunity to discuss the reasons

TRNOTE 1050  
CVW17NOTE 1050  
23 Aug 17

for this assignment with the CO or CAG, via the chain of command.

b. Liberty risk status should be reviewed prior to each overseas port visit. An individual may be moved to a more lenient classification or be removed from the program at any time by the CO. Reconsideration shall be reserved for only the most extraordinary cases.

c. Personnel who have maintained the same class of liberty risk for two consecutive in-port periods following the one for which they were originally placed on liberty risk, shall be moved to the next more lenient classification or restored to general liberty privileges, unless there is convincing evidence that the service member will commit further misconduct if his or her liberty privileges are upgraded or restored.

(b) (6)

Commander

(b) (6)

(b) (6)  
Command Officer

Distribution:  
Sharepoint

LIBERTY RISK NOMINATION FORM	
NOMINEE NAME:	RANK/RATE:
DEPT/SQDN:	
DATE:	
LIBERTY RISK RECOMMENDATION	
(NORMAL LIBERTY) _____ (A) _____ (B) _____ (C) _____	
REASON FOR NOMINATION:	
<p>The purpose of the liberty risk program is to protect the foreign relations between the United States and the host nation. Any conduct forming the basis for a liberty risk designation <u>must</u> have a reasonable nexus to this purpose.</p>	
DATE:	
LIBERTY RISK BOARD RECOMMENDATION	
(NORMAL LIBERTY) _____ (A) _____ (B) _____ (C) _____	
COMMENTS:	
_____ CHAIRMAN, LIBERTY RISK BOARD	
DATE:	
COMMANDING OFFICER'S DETERMINATION	
(NORMAL LIBERTY) _____ (A) _____ (B) _____ (C) _____	
_____ COMMANDING OFFICER (OR DESIGNEE)	



TRNOTE 1050  
CVW17NOTE 1050  
23 Aug 17

CLASS LIBERTY RISK DESIGNATION

From: COS/Ship/Squadron CO/CAG  
To: Rate, Full Name, USN

Subj: CLASS "A" LIBERTY RISK DESIGNATION

1. After careful review by the Liberty Risk Board, it has been determined that your past conduct warrants your designation as a **CLASS "A" LIBERTY RISK** during the next foreign port visit.
2. You are prohibited from purchasing, consuming or possessing any alcoholic beverage for the duration of your liberty risk designation. Furthermore, you may not be present in any establishment which provides alcohol as its primary business (e.g., bars, clubs, etc.).
3. You must adhere to the liberty escort system. One of your liberty buddies must be a command approved E5 and above (**but in no case junior to you**). You are required to sign in and out of the Liberty Log located in Security Dispatch. Your liberty expires at 2100 or one hour prior to the normal liberty expiration time for E-3 and below, whichever is earlier. You are additionally required to muster daily at 2100 with your DDO or SDO.
4. This designation will remain in effect until you are informed otherwise. Your designation will be reviewed by the Liberty Risk Review Board prior to the next port visit. Failure to comply with the above order may subject you to disciplinary or administrative actions.

\_\_\_\_\_  
COS/SQUADRON/SHIP CO/CAG

-----  
I understand that I am in a liberty risk status and that I must abide by the rules set forth in the designation letter. I also understand that failure to comply could result in adverse administrative and/or disciplinary action.

\_\_\_\_\_  
Member's Signature/Date

-----  
I understand that by signing as the liberty escort for the above listed Sailor that I will perform the liberty escort duties as described in TR/CVW17NOTE 1050 paragraph (11). I also understand that failure to comply could result in adverse administrative and/or disciplinary action.

\_\_\_\_\_  
Liberty Escort Printed Rate/Name

\_\_\_\_\_  
Signature/Date

Enclosure (2)

TRNOTE 1050  
CVW17NOTE 1050  
23 Aug 17

From: COS/Ship/Squadron CO/CAG  
To: Rate, Full Name, USN

Subj: CLASS "B" LIBERTY RISK DESIGNATION

1. After careful review by the Liberty Risk Board, it has been determined that your past conduct warrants your designation as a **CLASS "B" LIBERTY RISK** during the next foreign port visit.
2. You are prohibited from purchasing, consuming or possessing any alcoholic beverage for the duration of your liberty risk designation. Furthermore, you may not be present in any establishment which provides alcohol as its primary business (e.g., bars, clubs, etc.) for the duration of your liberty risk designation.
3. One of your liberty buddies must be a command approved E6 or above (**but in no case junior to you**). You are required to sign in and out of the Liberty Log located in Security Dispatch. Your liberty expires at 1800 or two hours prior to the normal liberty expiration time for E-3 and below, whichever is earlier. You are additionally required to muster daily at 1800 with your DDO or SDO.
4. This designation will remain in effect until you are informed otherwise. Your designation will be reviewed by the Liberty Risk Review Board prior to the next port visit. Failure to comply with the above order may subject you to disciplinary or administrative actions.

\_\_\_\_\_  
COS/SQUADRON/SHIP CO/CAG

-----  
I understand that I am in a liberty risk status and that I must abide by the rules set forth in the designation letter. I also understand that failure to comply could result in adverse administrative and/or disciplinary action.

\_\_\_\_\_  
Member's Signature/Date

-----  
I understand that by signing as the liberty escort for the above listed Sailor that I will perform the liberty escort duties as described in TR/CVW17NOTE 1050 paragraph (11). I also understand that failure to comply could result in adverse administrative and/or disciplinary action.

\_\_\_\_\_  
Liberty Escort Printed Rate/Name

\_\_\_\_\_  
Signature/Date

TRNOTE 1050  
CVW17NOTE 1050  
23 Aug 17

From: COS/Ship/Squadron CO/CAG  
To: Rate, Full Name, USN

Subj: CLASS "C" LIBERTY RISK DESIGNATION

1. After careful review by the Liberty Risk Board, it has been determined that your past conduct warrants your designation as a **CLASS "C" LIBERTY RISK** during the next foreign port visit.

2. You are not authorized liberty ashore. While inport you will muster daily with the DDO/SDO at 0700 and 2100 in the uniform of the day.

3. This designation will remain in effect until you are informed otherwise. Your designation will be reviewed by the Liberty Risk Review Board prior to the next port visit. Failure to comply with the above order may subject you to disciplinary or administrative actions.

\_\_\_\_\_  
COS/SQUADRON/SHIP CO/CAG

-----  
I understand that I am in a liberty risk status and that I must muster as indicated above. I also understand that failure to comply could result in adverse administrative and/or disciplinary action.

\_\_\_\_\_  
Member's Signature/Date



**GENERAL ORDER 17-01: LIBERTY BUDDY DUTIES AND RESPONSIBILITIES**

1. Purpose. To establish duties and responsibilities of liberty buddies for TRSG deployment.

2. Authority. Uniform Code of Military Justice; U.S. Navy Regulations, 1990, Chapter 7.

3. Background

a. The "buddy system" is in effect at all times during port visits. It promotes safety, good behavior, and is an important force protection risk management tool. The buddy system mandates that all TRSG Sailors identify individuals with whom they will spend their time off the ship on liberty. At a minimum, the buddy system requires liberty buddies to sign out/sign in together and remain with each other while they are on liberty. This order promulgates the mutual duty for liberty buddies to ensure each other's safety, welfare, and appropriate behavior.

b. The buddy system is also a crucial enabler to the Navy's mission to conduct successful foreign port visits. Foreign port visits not only promote strong morale and readiness of our military forces, but they also foster goodwill and positive relations with host nations - setting the foundation for cooperative relationships with foreign communities and governments. Buddy system misconduct by Service members overseas undermines those efforts and jeopardizes foreign relations.

4. Action. TRSG personnel have the duty and obligation to ensure the safety, welfare, and appropriate behavior of their liberty buddies.

a. TRSG personnel have a duty to take all appropriate and reasonable measures, as defined below, to ensure the safety, welfare, and appropriate behavior of all liberty buddies. In the event liberty buddies begin to behave inappropriately, TRSG Sailors are required to take positive action to ensure that the inappropriate conduct ceases. TRSG Sailors shall not use physical force against liberty buddies at any time.

b. If physical restraint is required, TRSG Sailors should seek assistance from on-duty master-at-arms, shore patrol, or local or host nation law enforcement officials. Although it is impossible to list each example of when and how one must take action to prevent inappropriate behavior by liberty buddies, TRSG Sailors must take reasonable measures to prevent excessive

consumption of alcohol, altercations with civilians in U.S. territories and host nations, and violations of local laws or the Uniform Code of Military Justice (UCMJ).

c. What constitutes "reasonable measures" will depend on the specific circumstances. Reasonable measures include but are not limited to:

(1) Monitoring and, if necessary, limiting the alcohol consumption of a liberty buddy.

(2) At the first indication of inappropriate behavior, verbally counseling the offending liberty buddy to behave appropriately.

(3) Returning to the ship with the liberty buddy if they become or are becoming intoxicated.

(4) If a TRSG Sailor is unable to persuade the offending liberty buddy to behave appropriately, seek assistance from another Sailor, shore patrol, or law enforcement. TRSG personnel should never be required to use physical force to control a liberty buddy.

(5) Under no circumstances are TRSG personnel permitted to become separated from designated liberty buddies while ashore. If a TRSG Sailor becomes separated from their liberty buddy for any reason, or if a TRSG Sailor is abandoned, they must notify shore patrol and their chain of command as soon as possible and return to the ship.

d. TRSG personnel have the duty and obligation to adhere to all liberty policies.

(1) Failure to exercise reasonable care and take positive action as described above to ensure the safety, welfare, and appropriate conduct of a liberty buddy is a violation of this order.

(2) Under the authority of the UCMJ and U.S. Navy Regulations, 1990, Chapter 7, this order is punitive in nature. Violations of this order may result in punitive and/or administrative action.



**ADMINISTRATIVE REMARKS**  
**NAVPERS 1070/613 (REV. 08-2012)**

**SHIP OR STATION**

Ref: (a) COMCARSTRKGRUNINE NOTICE 1050 (Overseas Liberty Policy for FIFTH/SEVENTH Fleet)  
 (b) USS THEODORE ROOSEVELT(CVN 71)/CARRIER WING SEVENTEEN NOTICE 1050 (Liberty Risk Program)

I have been briefed and understand that I have a positive duty to take all reasonable measures to prevent inappropriate behavior by my liberty buddies, to include: the excessive consumption of alcohol, altercations with local citizens, and violations of local laws or the Uniform Code of Military Justice. I am not, however, required to use physical force against my liberty buddies at any time. If physical restraint is required, I will seek assistance from the Ship's Liaison Group, Shore Patrol, Beach Guard, security, or Law Enforcement officials. What constitutes reasonable measures will depend on the specific circumstances, and includes but is not limited to:

- (1) Monitoring and, if necessary, limiting the alcohol consumption of my liberty buddies.
- (2) Returning to the ship with my liberty buddies if they have had too much to drink.
- (3) At the first indication of inappropriate behavior, verbally counseling the offending liberty buddy to behave appropriately.
- (4) If I am unable to persuade my offending liberty buddy to behave appropriately, I will seek assistance from another Sailor, Ship's Liaison Group, Shore Patrol, or law enforcement.
- (5) Staying with my buddy at all times. If my liberty buddies abandon me, or if we become separated for any reason, I will notify the Ship's Liaison Group, Shore Patrol, and my Chain of Command as soon as possible.
- (6) Making a plan. I will plan what I want to do with my liberty buddies, plan how we will get back to the ship, and stick with the plan. I acknowledge that failing to plan is planning to fail.

I understand that when I go ashore in a foreign country, I am a representative of our Navy and Nation. TRSG's successful visits to these ports play an important part in building cooperative relationships with foreign communities/governments and are a key element of our national security.

I understand that misconduct by service members in foreign ports undermines these efforts, undermines our fighting strength, and jeopardizes foreign relations. At the same time, we must protect each other from the very real threat of terrorism and local criminal elements while on liberty overseas.

I have been briefed and understand that when interacting with civilians, local nationals, expatriates, or third country nationals, I must remember OPSEC. I will not discuss any details of TRSG movements, mission, capabilities, numbers of personnel, ships or aircraft, future operations or port calls.

I have been briefed and understand the applicable liberty policies for the FIFTH and SEVENTH Fleet Area of Operations, including the dress code, prohibited activities, and off-limits locations.

\_\_\_\_\_  
 Member's Signature

I hereby acknowledge the above NAVPERS 1070/613 entry and understand that failure to obey this lawful general order could subject me to administrative and/or disciplinary actions as a violation of Article 92, Uniform Code of Military Justice.

\_\_\_\_\_  
 Member's Signature/Date

\_\_\_\_\_  
 Witness Signature/Date

NAME (Last, First, Middle)

SSN

BRANCH AND CLASS

Enclosure (3)

TRNOTE 1050  
CVW17NOTE 1050  
23 Aug 17

## LIBERTY RISK ASSIGNMENT

### CLASS ALPHA

Rank	Name	Department	Current Category	Previous Category	Date	Justification

### CLASS BRAVO

Rank	Name	Department	Current Category	Previous Category	Date	Justification

### CLASS CHARLIE

Rank	Name	Department	Current Category	Previous Category	Date	Justification

H-3-78



DEPARTMENT OF THE NAVY  
USS THEODORE ROOSEVELT (CVN 71)  
UNIT 100250 BOX 1  
FPO AP 96632

5500  
3 Mar 20

MEMORANDUM

From: Commanding Officer, USS THEODORE ROOSEVELT (CVN 71)  
To: Officer of the Deck, In-Port

Subj: LIBERTY RISK FOR DA NANG, VIETNAM – MARCH 2020

Ref: (a) TRNOTE 1050 dtd 12 Feb 2020

Encl: (1) List of No Alcohol, Liberty Risk, and Restricted Personnel

1. The individuals listed in enclosure (1) are on Alpha, Bravo, or Charlie Liberty Risk, have been issued No Alcohol Letters (NAL), or are on restriction,

2. Per reference (a), none of the personnel listed in enclosure (1) are permitted to purchase, consume, or possess alcohol while in port. Other restrictions are as follows:

a. Restricted Personnel: Restricted personnel are not authorized to leave the ship.

b. Class Charlie: Personnel on Class Charlie are not permitted to go on liberty. They are only authorized to transit to and from Fleet Landing in their dress white uniform. They must be escorted by an E-6 or above, who in no case may be junior to them. Class Charlie personnel must be back onboard the ship no later than 1600.

c. Class Bravo: Personnel on Class Bravo are permitted to go on liberty. They must be escorted by an E-6 or above, who in no case may be junior to them. Class Bravo personnel must be back onboard the ship no later than 1800.

d. Class Alpha: Personnel on Class Alpha Bravo are permitted to go on liberty. They must be escorted by an E-5 or above, who in no case may be junior to them. Class Alpha personnel must be back onboard the ship no later than 2100.

e. No Alcohol Letter: Personnel who have been issued a NAL may go on liberty free of any additional restrictions, but are not permitted to purchase, consume, or possess alcohol while in port.

3. Any questions pertaining to this issue should be referred to the Command Judge Advocate, LCDR (b) (6) JAGC, USN at (b) (6) @cvn71.navy.mil or (b) (6)

(b) (6)

B. E. CROZIER

(b) (6)



**Witness Statement of USS THEODORE ROOSEVELT (CVN 71)  
Reactor Officer**

On 11 May 2020 I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CAPT (b) (6) Position: Reactor Officer

Command: USS THEODORE ROOSEVELT Department/Division: Reactor

Email Address: (b) (6)@cvn71.navy.mil Phone(s) (b) (6)

Prior to our pulling into Da Nang we were in normal operations because we did not have a positive case onboard. We had lots of discussions at HOD meetings about how to operate in a COVID environment. There was a scheduled reception on the ship, but the was talk of cancelling it because of worries about the virus and the logistics of properly screening people. Once we pulled into Da Nang we began actively screening people using a questionnaire. Because of the COVID testing protocols all Sailors were told to provide extra time on the pier to get back on the ship.

After we left Da Nang, there were some changes onboard following the report that 39 Sailors that may have been exposed because they were staying in a hotel where there may have been some COVID exposure. One measure was that those potentially infected people were moved to different berthing. It was very chaotic. There was a lot of training and talks to the crew about reporting symptoms and washing your hands, not to touch your face. We did not have face masks yet. We were already bleaching the ship twice a day as a result of a bad case of "double dragon" prior to the Da Nang port visit and continued doing so as a precaution. There was talk about social distancing and spreading out but it was mostly written off because with the berthing filled to 90% capacity, not much we could done.

After we had the positive cases of COVID-19 onboard there was a hard push for social distancing. One of the things they started to do was put tape down in the chow line, but I would still see Sailors together, khakis would walk around and tell them to stay 6ft apart but as soon as they would leave the Sailors would start grouping together again.

There was a lot of talk about COVID prevention since February. SMO was really pushing it at meetings and in emails; XO would be on the IMC daily telling people to wash their hands, don't touch their face, it was discussed frequently at the HoD meetings.

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Reactor Officer

After the 24<sup>th</sup> of March when we had our first positive case, things got chaotic: we were going through what seemed like hundreds of COAs, like go to Yokosuka even though we could not go there because the only pier we could go to was already occupied by a CVN there (REAGAN). Again I admit things are a little fuzzy in my memory about that time, because we were going through RFIs 24/7. We would start one COA, then work through the info just to have to start another one, the time from 24 to 27 March are a blur since I didn't get a lot of sleep. We knew we needed to get people off the ship, but even after we arrived in Guam there were still requests for COA development. I would say it was about triple of the COAs I am usually asked for, the flippancy of it all was frustrating.

Luckily the climate among the HoDs was the best I have ever seen. I have been aboard for two years, I have seen three sets of HoDs in some cases and this group got along the best. The XO was the hammer and we supported him. Regarding CSG-9, until I forced ourselves into the "Bubba's" meeting I was clueless on a lot of the CSG planning (and a lot of things didn't make sense or were very last minute) – once I did, we worked well with the Strike Group staff. Either I or the Assistant Reactor Officer sat in on the "Bubbas" meeting to evaluate the impact on my ability to run drills and maintenance or what required speed was needed to transit for future tasking.

Both reactors were up without any issues as we went into Guam.

I have a very good relationship with Naval Reactors, an open relationship. They had some RFIs about watch station mitigations. We talked about pulling people from other ships if we needed to, we were very protective of a core team of senior watch supervisors in the event we needed them to lead others in the specific of our plants. We provided a list of everyone we would need to get the ship underway, the questions was where to send the 230 people? They ended up going to the gym on base. I got very concerned because the Reactor personnel at the gym were getting one or two positive cases a day for COVID. They were sleeping on cots that were barely 6 feet apart, people were not able to social distance any better than they could on the ship. If the rate of infection continued, I knew that we would not be able to re-man the department in a timely manner. This was 30 March, the day of the letter. I was concerned and went to the CO and said we may need to send a special letter to the Admiral, CAPT Crozier asked me to speak to the TYCOM N9. (A CO writes a periodic letter to the Admiral to relay any concerns, normally every 3 months, but if there is something pressing, a "special" letter may be written.) N9 told me a letter will go through his staff and the Admiral may not read it for a week and that an email is better and faster. I then read the letter that the CO, XO and ship's secretary were drafting (the letter that was later released). I drafted a ghost email for the CO on SIPR, and I have forwarded this Email to the VCNO inspection team. The CO sent the email to the TYCOM N9 later that day.

In closing I want to stress that March 24<sup>th</sup> to the 27<sup>th</sup> were a blur to me; I got little sleep, there



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Reactor Officer

were so many RFIs and COAs being discussed that required input and there was a feeling that people were not receptive to any of the information that we were providing.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)

(Witness Signature)

18 MAY

(Date)

2040

Time



**From:** (b) (6) LCDR USN, USS THEODORE ROOSEVELT  
**To:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
**Cc:** (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CMC USN, USS Theodore Roosevelt  
**Subject:** RE: TRSG RTQ  
**Date:** Tuesday, March 24, 2020 3:32:16 AM  
**Attachments:** [200324 TRSG Positive COVID 1MC Remarks.docx](#)  
[200324 Letter to the Family ICO Capt. - C19 \(2\).docx](#)

---

Captain,

Attached are updated talking points for the 1MC this evening. I added additional Public Affairs concerns to the remarks.

Also attached is a letter to the families that I'm going to vet through C7F and CPF public affairs to ensure we can send to our team of strike group ombudsman tonight before we go out of rivercity.

Very respectfully,

LCDR (b) (6)  
Public Affairs Officer  
Carrier Strike Group NINE  
USS Theodore Roosevelt (CVN 71)  
Office: (b) (6)  
Cell: (b) (6)  
(b) (6) @cvn71 navy.(smil) mil

O: (b) (6)  
JDial: (b) (6)  
Hydra: (b) (6)

-----Original Message-----

**From:** (b) (6) LCDR USN, USS THEODORE ROOSEVELT  
**Sent:** Tuesday, March 24, 2020 2:49 PM  
**To:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
**Cc:** (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CMC USN, USS Theodore Roosevelt  
**Subject:** RE: TRSG RTQ

Captain,

Attached is the CCSG-9 approved RTQ (with C7F and CPF for final approval). Additionally attached are draft 1MC remarks for this evening. Working on the draft letter for the families.

Very respectfully,

LCDR (b) (6)  
Public Affairs Officer  
Carrier Strike Group NINE  
USS Theodore Roosevelt (CVN 71)  
Office: (b) (6)  
Cell: (b) (6)  
(b) (6) @cvn71 navy.(smil) mil

O: (b) (6)  
JDial: (b) (6)  
Hydra: (b) (6)

-----Original Message-----

From: (b) (6) LCDR USN, USS THEODORE ROOSEVELT  
Sent: Tuesday, March 24, 2020 10:40 AM  
To: Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
Cc: (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CMC  
USN, USS Theodore Roosevelt  
Subject: TRSG RTQ

Captain,

I still need SMO's chop but wanted you to see what I've drafted so far for C7F and PACFLT based on guidance put out previously from CHINFO. PACFLT will have lead for external communication. Once this is finalized, I'll work on a briefing card specifically for communication with our families/ombudsmen.

Also working 1MC remarks as well.

Very respectfully,

LCDR (b) (6)  
Public Affairs Officer  
Carrier Strike Group NINE  
USS Theodore Roosevelt (CVN 71)  
Office: (b) (6)  
Cell: (b) (6)  
(b) (6) @cvn71 navy.(smil) mil

O: (b) (6)  
JDial: (b) (6)  
Hydra: (b) (6)

Good Evening Rough Riders,

Fantastic job by our bridge watch standers that supported our third PHOTOEX with the America ARG and 7<sup>th</sup> Fleet Flag ship, USS Blue Ridge, along with the bridge team and air, deck and supply departments that supported the RAS this afternoon. Two major evolutions in one day is no easy task and you all knocked it out of the park!

On a more serious note, I want to take a few minutes to address some events that occurred over the last 24 hours. I'm sure many of you have walked by Medical today and wondered why they are closed.

Yesterday evening, two Sailors did the right thing and went to medical stating they were experiencing flu-like symptoms.

The two Sailors were tested by our embarked Naval Medical Research Center team that joined us after Vietnam, and this morning the results of the tests indicated positive for coronavirus or what is officially known as, COVID-19.

Both Sailors have been placed in isolation and we are coordinating flying those Sailors off ship as soon as we are within COD range to Guam, which could be as soon as tomorrow.



As always my number one concern is the health and safety of every Rough Rider and Sailor onboard and I want to reassure you that we are taking all the precautions available to a large city afloat in attempts to mitigate the spread of the virus onboard.

- As I mentioned before we have a medical team embarked with us to help with testing of possible COVID-19 cases.
- We have antiseptic wipes and hand sanitizer throughout the ship, especially in workspaces, mess decks, common areas and tool issue.
- We have secured self-serve on the mess decks, CPO Mess and Wardrooms.
- We are limiting dental services onboard.
- And starting this evening we are going to increase how often we are wiping down surfaces with bleach. We will continue with XO's bleachapalooza every morning but now in the evening during sweepers we are going to repeat the process.

Myself and leadership onboard will continue to do everything in our power to ensure the health and safety of everyone onboard

continues to be the top priority as we re-evaluate future operations for the ship.

In return I ask for your support in going to sick call in the morning should you have respiratory symptoms which include fever, chills, cough, sore throat or shortness of breath.

And I need your support for bleachapalooza and washing your hands throughout the day.

Lastly, I ask that you remember that you represent our ship and the Navy. We need to be respectful of our shipmates in isolation so be mindful of the information you send off ship.

While leadership supports you keeping in touch with family and love ones, we ask that you and your family do not engage with the media. As many of you are already aware, those back at home are already dealing with heightened tensions and anxiety due to ongoing media coverage of the COVID-19 pandemic, we do not need to add it. We also do not need our adversaries knowing either.

However, if you or your family is contacted by media, please refer them to our Public Affairs Officer onboard.

As always... keep an eye on your shipmates, your head on a swivel and be ready for the fight tonight.

Captain out.

To our family and friends,

Hello again from aboard 'America's Big Stick', the mighty TR. As you can imagine in the dynamic world within which we all live, your Sailors commitment to ensure the safety and security of our Nation is on display to the world. Even with difficulties at home, knowing we have your support and you have ours, provides the foundation for our continued success at sea, and is the framework for our homecoming once our mission is complete.

We just wrapped up our third evolution of expeditionary strike operations with the America Expeditionary Strike Group and our Sailors continue to go above and beyond with any tasking we are given from Fleet commanders. I am proud to serve alongside your loved ones across the Strike Group. Each day, they conduct themselves as the professional Sailors they are; focused, committed and determined to see the mission through to the end. Thank you for being the support they need at home in order for them to perform at their peak out here.

As the Captain, it's important for me to maintain an open dialogue with the families and the friends of the Sailors I have been entrusted to lead and I wanted you to hear from me an update to the last letter I sent when we left Vietnam. Yesterday evening, two Sailors did the right and brave thing, reporting to medical stating they were experiencing flu-like symptoms.

The two Sailors were tested by our embarked Naval Medical Research Center team that joined us after Vietnam, and this morning the results of the tests indicated positive results for coronavirus (COVID-19).

Both Sailors have been placed in isolation in accordance with the Center for Disease Control and we are coordinating flying those Sailors off ship as soon as we are logistically able to, which could be as soon as tomorrow.

Your Sailors remain our number one priority and we are doing everything we can to ensure they remain healthy so we can continue to accomplish our mission out here in the Western Pacific and return them to you again safely. We are continuing aggressive precautions to mitigate the spread of COVID-19. Our world-class medical department is working around the clock, screening any Sailor that reports feeling ill, as well as sanitizing the ship on a regular basis.

Since the ship's last port visit in Vietnam, we have been following an aggressive mitigation strategy to minimize spread of coronavirus and protect the health of our force. The mitigation efforts included the following:

- The ship's medical team onboard monitored Sailors with respiratory symptoms and those Sailors who transferred to the ship following the port visit daily for 11 days.
- Verbal screening of all Sailors. Each department onboard asked all Sailors if they were experiencing any flu-like symptoms.
- Ship personnel conduct deep cleaning of ship with bleach on a daily basis.
- Antiseptic wipes and hand sanitizer were placed throughout the ship, particularly in workspaces near computers, mess decks, common areas, and tool issue.

- The ship secured self-serve on the mess decks, CPO Mess, and Wardroom.
- A medical augment team from Biological Defense Research Directorate from Fort Detrick, MD embarked the ship following the port visit. This team has the ability to test Sailors onboard who present influenza-like illness symptoms. This capability provides early-warning surveillance for the medical teams to be able to identify if a COVID-19 case is onboard a ship – as they did in our two current cases onboard.

Immediately following the positive results from the two Sailors onboard, we additionally implemented:

- Limited services offered by the onboard dental department.
- Testing has been conducted for all the Sailors who were in close contact with the two infected Sailors and half of the tests will be sent over to the USS America to load share and increase throughput.
- Continued verbal screenings of all Sailors. Each department onboard will ask all Sailors if they are experiencing any flu-like symptoms.
- An additional Preventive Medicine Officer and Preventive Medical Tech will be joining us from USS America. They will be able to assist the current Preventive Medical team onboard in contact tracing, quarantine, etc.

Please remember that you are an integral part of our Navy Team. You represent our ship, your Sailor and our Navy. There can be a lot of inaccurate information out there so, if you are contacted by external media, please refer them to our public affairs team onboard at (b) @cvn71.navy.mil .

Sailors are our top priority and we will do everything we can to keep them safe. Each day your Sailors provide our Navy Team something to be proud of, and in the most challenging times that does not change! I remain in awe and count it a privilege to serve with, beside and to lead such a distinguished group of military leaders.

Very Respectfully,

Capt. Brett Crozier



(b) (6)

## LCDR USN NAVCIVLAWSUPPACT DC (USA)

**From:** (b) (6) CDR USN, C7F <(b) (6)> @lcc19.navy.mil>  
**Sent:** Thursday, March 26, 2020 2:20 PM  
**To:** (b) (6) LCDR USN, USS THEODORE ROOSEVELT  
**Subject:** FW: Proposed statement  
**Attachments:** 200325-TRSG-Postive-COVID-RTQ (TR Update).docx

**Importance:** High

**Follow Up Flag:** Follow up

**Flag Status:** Flagged

(b) (6),

You were on this, sorry for the wake-up.

CPF is looking for details on your mitigation strategy, from your PAG:

Surveillance testing of three Sailors conducted on March 24 was indicative of Coronavirus Disease 2019 (COVID-19). The individuals were isolated in accordance with the Center for Disease Control and Prevention Guidelines until the Sailors could be flown off the ship.

Shipboard health professionals conducted a thorough contact investigation to determine whether any other Sailors may have been in close contact and possibly exposed. Those Sailors have been placed in quarantine berthing for further evaluation.

Since the ship's port visit, the ship has been following an aggressive mitigation strategy to minimize spread of respiratory viruses and protect the health of our force. The mitigation efforts included the following:

- . The ship's medical team onboard monitored Sailors with respiratory symptoms and those Sailors who transferred to the ship following the port visit daily.

- . Ship personnel conduct deep cleaning of ship with HTH (bleach) on a twice daily basis.

- . Antiseptic wipes and hand sanitizer are located throughout the ship, particularly in workspaces near computers, mess decks, common areas, and tool issue.

- . The ship secured self-serve on the mess decks, CPO Mess, and Wardroom.

Also, please look at below and let me know if this is accurate, and what else you can say about testing, quarantine and isolation. If you have details on where isolation will take place please let me know. Call me when you get this. Sorry!

V/R,  
(b) (6)

CDR (b) (6), APR+M  
Public Affairs Officer  
U.S. Seventh Fleet  
(b) (6) (o)  
(b) (6) (o)  
(b) (6) (m)  
DSN (b) (6)  
J-DIAL: (b) (6)

At-Sea:

DSN: (b) (6)  
COM: (b) (6)  
INT: (b) (6)

-----Original Message-----

From: (b) (6) CAPT USN COMPACFLT (USA) [mailto:(b) (6)@navy.mil]  
Sent: Friday, March 27, 2020 2:26 AM  
To: (b) (6) CDR USN, C7F <(b) (6)@lcc19.navy.mil>; (b) (6)  
(b) (6) LT USN, C7F <(b) (6)@lcc19.navy.mil>; (b) (6) LT  
USN, C7F <(b) (6)@lcc19.navy.mil>  
Cc: (b) (6) CDR USN COMPACFLT (USA) <(b) (6)@navy.mil>;  
(b) (6) LCDR USN, USS THEODORE ROOSEVELT'  
<(b) (6)@cvn71.navy.mil>  
Subject: RE: Proposed statement

Reann, Call me immediately. RDML wants me to work directly with the ship for a tasking to CPF, so I am bringing you in first. This train is moving fast.

(b) (6)

From: Brown, Charles W RDML USN (USA) <(b) (6)@navy.mil>  
Sent: Thursday, March 26, 2020 7:14 AM  
To: Gilday, Michael M ADM USN CNO (USA) <(b) (6)@navy.mil>; Burke, Robert P ADM USN VCNO (USA) <(b) (6)@navy.mil>; Aquilino, John C ADM USN COMPACFLT PEARL HI (USA) <(b) (6)@navy.mil>; Sawyer, Phillip G VADM USN (USA) <(b) (6)@navy.mil>; Gillingham, Bruce L RADM USN CNO (USA) <(b) (6)@mail.mil>  
Cc: Dunn, Paula D RDML CHINFO, OI-00 <(b) (6)@navy.mil>; (b) (6)  
(b) (6) CDR USN CNO (USA) <(b) (6)@navy.mil>; (b) (6)  
CAPT USN COMPACFLT (USA) <(b) (6)@navy.mil>  
Subject: Proposed statement

CNO, VCNO, ADM Aquilino, VADM Sawyer and SG,

We have drafted a statement below re: TR. We will socialize with OSD-PA, and pending your concurrence issue this statement, attributable to CNO.

V/r,

Charlie,

\*\*\*\*\*

"As testing continues, additional positive cases of COVID-19 have been discovered aboard USS Theodore Roosevelt. We are taking this threat very seriously and are working quickly to identify and isolate positive cases while preventing further spread of the virus aboard the ship. No Sailors have been hospitalized or are seriously ill.

"We are prioritizing testing for the crew, beginning with symptomatic Sailors and essential watchstanders, as well as those in close contact with Sailors who have tested positive already. Testing will continue as necessary to ensure the health of the entire ship's crew.

"There are two preventative medicine units aboard Theodore Roosevelt that are conducting surveillance testing for small groups of Sailors and individual tests. Those who test positive will immediately be transported off the ship. In addition to identifying and isolating any positive cases, the crew is quarantining those who have been in close contact and deep-cleaning the ship's spaces.

"USS Theodore Roosevelt is in Guam on a previously-scheduled port visit. The resources at our naval medical facilities in Guam will allow us to more effectively test, isolate, and if necessary treat Sailors. We expect additional positive tests, and those Sailors who test positive will be transported to the U.S. Naval Hospital Guam for further evaluation and treatment. During the port visit, base access will be limited to the pier for Roosevelt's Sailors. No base or regional personnel will access the pier.

"We're taking this day by day. Our top two priorities are taking care of our people and maintaining mission readiness. Both of those go hand in glove.

"We are confident that our aggressive response will keep USS Theodore Roosevelt able to respond to any crisis in the region."

RDML Charlie Brown, APR+M

U.S. Navy Chief of Information

(b) (6) (o)

(b) (6) (m)

(b) (6) @navy.mil <mailto:(b) (6) @navy.mil>

(b) (6) @navy.edu <mailto:(b) (6) @navy.edu>

www.navy.mil <http://www.navy.mil>

@chinfo <http://twitter.com/chinfo>

**Response to Query**  
**Theodore Roosevelt Strike Group Sailors with COVID-19 Diagnosis**  
**Updated on March 25, 2020 at 1:20 p.m.**

**1. Background (not for release):** On March 23, three Sailors presented to Medical reporting they had influenza-like symptoms. The medical augment team from Biological Defense Research Directorate from Fort Detrick, MD embarked on TR tested the Sailors. On March 24, surveillance testing of both Sailors was indicative of COVID-19. The Sailors have been placed in isolation in the ship's medical until they can be flown off the ship.

Theodore Roosevelt Strike Group (TRSG) completed a port visit to Da Nang, Vietnam March 9. Following the port visit ship's medical monitored Sailors with respiratory symptoms and those Sailors who flew aboard following the port visit via the Carrier Onboard Delivery (COD) daily. In addition, 39 Sailors from USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52) who were registered guests or visited the Vanda Hotel during the same timeframe as non-strike group affiliated (British) guests who tested positive for Coronavirus Disease 2019 (COVID-19) supported a 14-day monitored berthing and observation period. Male and female berthing areas were identified to support. During the 14-day period none of the Sailors were assessed to have influenza-like symptoms and none of the three Sailors identified by Medical testing as indicative of COVID-19, stayed at the Vanda Hotel.

The three individuals with test results indicative of COVID-19 are isolated in accordance with the Center for Disease Control and Prevention Guidelines until the Sailors can be flown off the ship. Those deemed to be in close contact with them (sleep in the same berthing or work in the same work center) are in male and female quarantine berthing areas of the ship.

Batch testing of the close contacts of the sailors was completed last night. There were 192 close contacts tested in groups of 5, with 9 positive group tests. The preventive medicine team onboard is in the process of individually testing the samples from the positive batches.

TR's Operations Officer and Senior Medical Officer are working with the Joint Region Marianas and Naval Base Guam team to coordinate a medical evacuation of all Sailors with test results indicative of COVID-19. Initial 3 Sailors are scheduled to be flown off Wednesday, May 25.

The ship intends to pull into Guam on Friday, March 27.

The statement, talking points, and Q&A below are from the COVID-19 Public Affairs Guidance (PAG) provided by CHINFO.

**2. PA Posture/Lead:** ACTIVE for COVID cases with CHINFO and OSD coordination. PACFLT as lead.

**3. Holding Statement.**

(Begin) As confirmed by the Secretary of the Navy and the Chief of Naval Operations, on March 24, surveillance testing of three Sailors was indicative of Coronavirus Disease 2019 (COVID-19).



The individuals are isolated in accordance with the Center for Disease Control and Prevention Guidelines until the Sailors can be flown off the ship. Shipboard health professionals conducted a thorough contact investigation to determine whether any other Sailors may have been in close contact and possibly exposed. Those deemed to be in close contact with the three individuals with test results indicative of COVID-19 have been moved to male and female quarantine berthing areas onboard the ship. Commander, U.S. Pacific Fleet is committed to taking every measure possible to protect the health of our force. (End)

#### **4. Talking Points:**

- On March 24, surveillance testing of three Sailors was indicative of Coronavirus Disease 2019 (COVID-19).
- The individuals are currently isolated in accordance with the Center for Disease Control and Prevention Guidelines until the Sailors can be flown off the ship.
- Shipboard health professionals are conducting a thorough contact investigation to determine whether any other Sailors may have been in close contact and possibly exposed.
- Those deemed to be in close contact with the three individuals with test results indicative of COVID-19 have been moved to male and female quarantine berthing areas onboard the ship.
- Commander, U.S. Pacific Fleet is committed to taking every measure possible to protect the health of our force.
- The Navy is following guidance from OSD-P&R which is consistent with current CDC guidelines.
- Sailors work in close quarters and reducing possible infection vectors supports readiness of the whole unit.
- Screening of individuals potentially exposed to COVID-19 is based on their risk of exposure, using CDC Patients Under Investigation (PUI) criteria.
- Our Sailors did the right thing by seeking medical care when they were experiencing symptoms of a respiratory illness.
- Please continue to respect the privacy of our shipmate and their family — do not speculate or contribute to false or unconfirmed information.

#### *For Ship's Company*

- Please remember that you represent our ship and the Navy, there can be a lot of inaccurate information in the media, if you are contacted by media, please refer them to public affairs for the facts and notify your Chain of Command.

#### **5. Questions and Answers:**

##### **Q. Does a Sailor assigned to USS Theodore Roosevelt (CVN 71) have the 2019 Novel Coronavirus (COVID-19)?**

A. As confirmed by the Secretary of the Navy and the Chief of Naval Operations, on March 24, surveillance testing of three Sailors was indicative of Coronavirus Disease 2019 (COVID-19). The individuals are currently isolated in accordance with the Center for Disease Control and Prevention Guidelines until the Sailors can be flown off the ship.

##### **Q. Do you know if the Sailor had contact with an individual infected with COVID-19?**

A. Similar to other respiratory illnesses, which are far more common according to the CDC, individuals may come in contact with people who are not exhibiting any symptoms. As a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory illnesses, including:

- Wash your hands often with soap and water for at least 20 seconds.
- If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Stay home, or follow your local sick call procedure, when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

**Q. Are Sailors assigned to USS Theodore Roosevelt (CVN 71) at risk?**

A. Sailors work in close quarters and reducing possible infection vectors supports readiness of the whole unit. Defensive protocols are in place onboard the ship. As with any respiratory illness, Sailors are encouraged to follow CDC preventative recommendations to ensure a healthy working environment. These include frequently washing hands, avoiding touching eyes, nose, and mouth, and consulting a medical professional if you feel ill.

**Q. Does the Navy have the ability to test for COVID-19.**

A. The medical augment team from Biological Defense Research Directorate from Fort Detrick, MD is embarked on USS Theodore Roosevelt and has the ability to conduct surveillance testing onboard for Sailors who present influenza-like illness symptoms. This capability provides early-warning surveillance for the medical teams to be able to identify if a COVID-19 case is onboard a ship.

**Q. Is/Are other Sailor(s) quarantined?**

A. Shipboard health professionals conducted a thorough contact investigation to determine whether any other Sailors may have been in close contact and possibly exposed. Those deemed to be in close contact with the three individuals with test results indicative of COVID-19 have been moved to male and female quarantine berthing areas onboard the ship. Moreover, we continue to monitor the crew wellness, and we encourage any Sailors feeling unwell to visit our shipboard medical professionals.

**Q. Will USS Theodore Roosevelt be quarantined and what precautionary measures are in place?**

A. The Sailors are being held in isolation until the ship is able to fly those Sailors who were indicative of COVID-19 off the carrier. Those deemed to be in close contact with the three individuals with test results indicative of COVID-19 have been moved to male and female quarantine berthing areas onboard the ship. The ship will take appropriate preventative measures, in accordance with specific guidance on the [Navy-Marine Corps Public Health Center](#) and [CDC environmental cleaning and disinfection recommendations](#). Moreover, we continue to monitor crew wellness, and we encourage any Sailors feeling unwell to visit our shipboard medical professionals

**Q. Where did the Theodore Roosevelt Carrier Strike Group visit before the Sailor's tested positive for COVID-19?**

A. USS Theodore Roosevelt (CVN71) made a routine port call in Guam in February and Da Nang, Vietnam March 5-9. At the time of the port visit there were only 16 positive cases and those were localized in northern Vietnam. The decision to conduct the port call was a risk-informed decision made by the INDOPACOM commander.

**Q. Where will the ship go next?**

A. It is the policy of the U.S. Navy to not discuss future ship movements or operations due to operational security considerations.

**Q. What guidance is the Theodore Roosevelt Carrier Strike Group following?**

A. Theodore Roosevelt is following the U.S. Pacific Fleet recently issued guidance directing all ships operating in the Western Pacific to remain at sea for 14 days between port visits to monitor Sailors for COVID-19 symptoms following port. Additionally, cases that are indicative of COVID-19 are being isolated on the ship and flown ashore at the first opportunity. Theodore Roosevelt will continue to take every measure to protect our Sailors, prevent the spread of the virus and continue to support our mission in the Indo-Pacific.

**Q. What measures are you taking to ensure service members' health safety?**

A. Theodore Roosevelt Strike Group has been closely monitoring the latest information and guidance being provided by the Centers for Disease Control, World Health Organization, and Navy Bureau of Medicine and Surgery and applying defensive protocol measures where feasible for a ship at sea to reduce the risk of respiratory viruses.

**Q. Have USS Theodore Roosevelt conducted any port visits that were not maintenance/stores unload- and if so, were Sailors restricted to the ship?**

A. Since leaving San Diego in mid-January, USS Theodore Roosevelt has pulled into Guam February 7-10 and Vietnam March 5-9. Both were liberty ports.

**Q. How many Sailors are in isolation or quarantine on the USS Theodore Roosevelt?**

A. To protect operational security, we are not disclosing any specific numbers of Sailors in quarantine, but I can tell you that Sailors identified as having been in close contact with the Sailors who were indicative of COVID-19 are being tested as well.

## **Medical Evacuation conducted for Sailors embarked on USS Theodore Roosevelt**

From U.S. Pacific Fleet Public Affairs

PEARL HARBOR (NNS) – On March 25, Sailors with test results indicative of COVID-19 were medically evacuated from USS Theodore Roosevelt (CVN 71) to Naval Base Guam.

The Sailors were taken to U.S. Naval Hospital for evaluation and treatment.

Surveillance testing of three Sailors conducted on March 24 was indicative of Coronavirus Disease 2019 (COVID-19). The individuals were isolated in accordance with the Center for Disease Control and Prevention Guidelines until the Sailors could be flown off the ship.

Shipboard health professionals conducted a thorough contact investigation to determine whether any other Sailors may have been in close contact and possibly exposed. Those Sailors have been placed in quarantine berthing for further evaluation.

Since the ship's port visit, the ship has been following an aggressive mitigation strategy to minimize spread of respiratory viruses and protect the health of our force. The mitigation efforts included the following:

- The ship's medical team onboard monitored Sailors with respiratory symptoms and those Sailors who transferred to the ship following the port visit daily.
- Ship personnel conduct deep cleaning of ship with HTH (bleach) on a twice daily basis.
- Antiseptic wipes and hand sanitizer are located throughout the ship, particularly in workspaces near computers, mess decks, common areas, and tool issue.
- The ship secured self-serve on the mess decks, CPO Mess, and Wardroom.

U.S. Pacific Fleet is committed to taking every measure possible to protect the health of our force.

For questions, contact U.S. Pacific Fleet Public Affairs at (b) (6)

## **6. Public Affairs Points of Contact**

6.1 Commander, Pacific Fleet: CDR (b) (6) : Comm: (b) (6) ; Mobile: (b) (6) ; Email: (b) (6) @navy.mil

6.2 Commander Seventh Fleet: CDR (b) (6) ; Comm: (b) (6) ; DSN: (b) (6) ; Mobile: (b) (6) ; Email: (b) (6) @lcc19.navy.(smil).mil

6.3 Commander Seventh Fleet Deputy PAO: LT (b) (6) ; (b) (6) @lcc19.navy.mil

6.4 TRSG PAO: LCDR (b) (6) , (b) (6) @cvn71.navy.mil; (b) (6)

6.5 TRSG DPAO: LTJG (b) (6) , (b) (6) @cvn71.navy.mil; (b) (6)



(b) (6)

**LCDR USN NAVCIVLAWSUPPACT DC (USA)**

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**From:** (b) (6) CAPT USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>  
**Sent:** Tuesday, March 24, 2020 12:04 PM  
**To:** (b) (6) CAPT USN, C7F; (b) (6) CAPT USN COMPACFLT N01H (USA)  
**Cc:** (b) (6) CAPT USN COMNAVAIRPAC SAN CA (USA)  
**Subject:** WARNORD for BUMED  
**Signed By:** (b) (6)@mail.mil

(b) (6) and (b) (6),

Requesting a WARNORD to Navy Medicine to be prepared to support the TR when we pull into Guam. Did batch testing of 192 samples tonight (these were the close contacts from the first two positive sailors - both from the air wing). 192 sailors in groups of 5, with 9 positive group tests meaning 1-5 people per group test were positive = 9-45/200 positive = 4.7-23.4%. Will get the individual results tomorrow and work to get them off the ship. Will also do contact testing (approx.. 200) on the +sailor from Rx. Needless to say, this is not good, and following up on my previous email I believe we're at the tipping point and anyone who is defined as an ILI is a presumptive +COVID-19 and should be treated as such. Thoughts?

v/r,

(b) (6)

(b) (6), MD  
CAPT MC(FS) USN  
Senior Medical Officer  
USS Theodore Roosevelt (CVN-71)  
Work: (b) (6)  
J-dial: (b) (6)  
Cell: (b) (6)

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**POLITICS**

# **Eight sailors from USS Theodore Roosevelt have coronavirus, raising concerns about pandemic's strain on military**

**Tom Vanden Brook** USA TODAY

Published 4:22 p.m. ET Mar. 24, 2020 | Updated 6:49 p.m. ET Mar. 25, 2020

WASHINGTON – The Navy on Wednesday diagnosed five more sailors with COVID-19 aboard the 5,000-member USS Theodore Roosevelt, bringing the total to eight with the illness, according to Navy Cdr. Clay Doss, a Navy spokesman.

The Navy plans to airlift the five newly diagnosed sailors from the ship, which is operating in the Pacific, Doss said. Officials aboard the Roosevelt are still determining if the coronavirus has spread to more sailors.

"They're doing everything they can to isolate anyone who had contact with those sailors and prevent further spread," Doss said.

The sailors became ill while at sea, raising questions about further spread of the highly contagious disease and the overall strain of the pandemic on military readiness.

The Pentagon already has canceled or curtailed major war-training exercises, quarantined thousands of troops, closed recruiting centers and slapped limits on foreign and domestic travel.

Defense Secretary Mark Esper acknowledged Tuesday that readiness, the term the military uses to gauge its ability to fight, has been affected by coronavirus. Several major training operations have been canceled since the pandemic swept around the globe.

The Pentagon remains capable of meeting any threats, he said.

The Roosevelt had been at Danang, Vietnam, 15 days ago for a port visit. The sick sailors have been flown from the ship to a military hospital in the Pacific region, Adm. Michael Gilday, chief of naval operations, said on Tuesday.

Gilday declined to say how many others had been in contact with the ill sailors, saying he did not want to signal vulnerability to adversaries.

**Military readiness:** Coronavirus forces cuts in training, recruiting, creating strains

It's not clear that the sailors contracted the virus in Vietnam, Gilday said. Aircraft have also been flying to and from the Roosevelt as well.

The Navy has canceled port visits for its nearly 100 ships at sea, Gilday said. The ships will stop only for maintenance or resupply. No sailors aboard submarines have tested positive, Gilday said. Social distancing aboard submarines would be difficult given close quarters.

Army Gen. Mark Milley, chairman of the Joint Chiefs of Staff, predicted the effects of missed training opportunities from coronavirus to be minimal.

"There will be an impact to readiness," Milley said. "I think will be on the low end."

**What coronavirus does to your body:** Everything to know about the infection process

**From:** [Crozier, Brett E CAPT USN, USS Theodore Roosevelt](#)  
**To:** ["USS Theodore Roosevelt Ombudsman Team"](#)  
**Cc:** [\(b\) \(6\) CAPT USN, USS Theodore Roosevelt; \(b\) \(6\) CMC USN, USS Theodore Roosevelt;](#)  
[\(b\) \(6\); \(b\) \(6\) LCDR USN, USS THEODORE ROOSEVELT](#)  
**Subject:** TR letter to the families  
**Date:** Tuesday, March 24, 2020 9:59:14 AM  
**Attachments:** [Letter to TR Family and Friends 20200325.pdf](#)

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Ladies,

Good morning. A hectic last 24 hours onboard the TR. In the last 24 hours 3 Sailors (TR and CVW) tested positive for COVID-19. We have limited off ship connectivity, but I'm sure the word will soon be out. The attached letter can be emailed out to your distro list, and posted on the closed FB account.

I realize it won't answer all the questions, but hopefully it will help some of the families that are concerned.

Although you guys are more than capable of assisting the families back home, feel free to reach out to the regional OMBUDSMAN if you feel you need assistance during these challenging times.

The good news is that the crew remains positive, focused on the mission, and eager to tackle this challenge just like they do any other.

Thanks for all that you do and thanks for all your support.

Vr,  
Brett

CAPT Brett E. Crozier  
Commanding Officer  
USS THEODORE ROOSEVELT (CVN 71)





**DEPARTMENT OF THE NAVY**  
USS THEODORE ROOSEVELT (CVN 71)  
UNIT 100250 BOX 1  
FPO AP 96632

March 25, 2020

To our family and friends,

Hello again from aboard 'America's Big Stick', the mighty TR. As you can imagine in the dynamic world within which we all live, your Sailors commitment to ensure the safety and security of our Nation is on display to the world. Even with difficulties at home, knowing we have your support provides the foundation for our continued success at sea, and is the framework for our homecoming once the mission is complete.

We just wrapped up training with the USS America and accompanying ships, and our Sailors continue to go above and beyond with any task assigned. Each day they conduct themselves as the professional Sailors they are; focused, committed and determined to see the mission through to the end. Thank you for being the support they need at home in order for them to perform at their peak out here.

As the Captain, it's important for me to maintain an open dialogue with the families and the friends of the Sailors I have been entrusted to lead, and I wanted you to hear from me an update to the last letter I sent when we left Vietnam.

Yesterday evening, a few Sailors did the right and brave thing, reporting to medical stating they were experiencing flu-like symptoms. These Sailors were tested by our embarked Naval Medical Research Center team that joined us after Vietnam, and this morning the results of the tests indicated positive results for coronavirus (COVID-19).

These Sailors have been placed in isolation in accordance with the Center for Disease Control and we are coordinating flying those Sailors off the ship as soon as possible. They have also all been able to contact their families, and will be able to stay in contact once ashore.

Your Sailors remain our number one priority and we are doing everything we can to ensure they remain healthy so we can continue to accomplish our mission out here in the Western Pacific and return them to you again safely. Our world-class medical department is working around the clock, screening any Sailor that reports feeling ill, as well as aggressively sanitizing the ship on a regular basis.

Since the ship's last port visit in Vietnam, we have been following an aggressive mitigation strategy to minimize spread of coronavirus and protect the health of our force. Some of the mitigation efforts included the following:

- The ship's medical team onboard monitored Sailors with respiratory symptoms and those Sailors who transferred to the ship following the port visit daily.
- Verbal screening of all Sailors for any flu-like symptoms.
- Ship personnel conduct deep cleaning of ship with bleach on a daily basis.
- Antiseptic wipes and hand sanitizer were placed throughout the ship, particularly in workspaces near computers, mess decks, common areas, and tool issue.



- The ship secured self-serve on the mess decks, CPO Mess, and Wardroom.
- A medical augment team from Biological Defense Research Directorate from Fort Detrick, MD embarked the ship following the port visit. This team has the ability to test Sailors onboard who present influenza-like illness symptoms. This capability provides early-warning surveillance for the medical teams to be able to identify if a COVID-19 case is onboard a ship – as they did in our few current cases onboard.

Immediately following the positive results from the Sailors onboard, we additionally implemented:

- Limited services offered by the onboard dental department.
- Testing has been conducted for all the Sailors who were in close contact with the infected Sailors.
- Continued verbal screenings of all Sailors for any flu-like symptoms.
- An additional Preventive Medicine Officer and Preventive Medical Tech will be joining us from USS America. They will be able to assist the current Preventive Medical team onboard in contact tracing, quarantine, etc.

Please remember that you are an integral part of our Navy Team. You represent our ship, your Sailor and our Navy. Operational security regarding both ship movements and our medical readiness is sensitive information and should not be made public (i.e. posted on social media) as this information can leave the ship vulnerable. There can also be a lot of inaccurate information out there so, if you are contacted by external media, please refer them to our public affairs team onboard at (b) (6) @cvn71.navy.mil.

Sailors are our top priority and we will do everything we can to keep them safe. Each day your Sailors provide our Navy Team something to be proud of, and in the most challenging times that does not change. I remain in awe and consider it a privilege to serve with and lead such a distinguished group of Sailors, and I thank you for your continued support.

Sincerely

(b) (6)

(b) (6)

Brett Crozier  
Captain, U.S. Navy  
Commanding Officer

## Witness Statement of Commander, U.S. SEVENTH Fleet

On 13 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via video-teleconference.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: VADM William R. Merz, USN  
Position: Commander, U.S. SEVENTH Fleet

Email Address: (b) (6) @lcc19.navy.mil  
Phone(s): (b) (6)

I would like to point out that the effort to recover TR is significant, spanning thousands of active duty service members and civilians across the joint force. There are some incredible folks out there who set the standard, while being held accountable [by the media] for defeating a virus the whole world has still yet to figure out -- and the world doesn't yet know about their contributions to the fight against COVID-19.

There are four Captains in particular who own this:

1. Captain (b) (6) (CoS, C7F): Lead sled dog. Orchestrated and synchronized all initial and ongoing major muscle efforts on Guam and off-island support of Guam, coordinated up and down-chain reports and communications.
2. Captain (b) (6) (CO, NBG): Generated ample and adequate berthing within the base fence line, managed all logistics regarding medical support, movement and feeding sailors on and off base. Stayed ahead of need.
3. Captain (b) (6) (CoS, JRM): Liaison with Gov Guam office and Hotel association, coordinated all movements through both Guam airport and Anderson AFB, coordinated movement in and through the hotels. General utility fielder for short-fused on-island issues.
4. Captain Carlos Sardiello (CO, TR): recovered the crew, reestablished standards and purpose -- just what the ship needed.

I have been C7F since mid-September 2019.

RDML Baker (CCSG-9) is doing fine, but tired. CSG-9's performance has been average -- operational performance was good, communications average. The strike group struggled early staying within the chain-of-command, but quickly corrected. They settled in well.

Communications prior to the first COVID positive case with the strike group followed the normal CTF battle rhythm, bi-weekly reports, daily CUBs (4 time per week, mandatory on Tuesdays), and regular CDR-CDR emails as they moved through their missions. There had been no prior significant challenges with CSG-9. My COS tunes in quickly when we have a needy strike group, CSG-9 is not one of them. Additionally, communications ramped up quickly upon



infection of the ship. I established set morning Tanbergs with JRM, CSG-9, CNFJ, CSG5 (RRN had become infected, too). Frequent comms through the day have been added as needed.

There was early tension between CPF and C7F staffs, born out of the day-to-day friction of routine operations – doesn't get better in crisis. Through frequent CDR-CDR dialogue, tension eased.

Regarding the decision to visit Da Nang, we followed the in-place processes to evaluate the spectrum of threats – COVID was one of the driving issues. I had ample opportunity to ask questions and discuss risks. In the context of port visits throughout the region, I concurred with the INDOPACOM decision and supporting threat assessments and risk calculus. Of note, INDOPACOM was the promulgated decision authority for cancelling any activity in my AOR due to COVID (unusual). For context, during the same basic timeframe of TR's Vietnam visit, USS BOXER and USS AMERICA were visiting Thailand and USS BLUE RIDGE was visiting Singapore. BUNKER HILL (pierside) visited Vietnam with TR (at anchor). All three countries were low risk for COIVD, only TR contracted the virus. USS BLUE RIDGE had also previously visited Korea, Okinawa and Thailand prior and I was embarked for all port visits.

I sent out a COVID-19 TASKORD on 15 February 2020, which referenced the NRTP. We put a lot of thought into this and it proved to be very helpful. The NRTP was basically the reference I would have expected to be used by the TR SMO when advising the XO and CO.

When BLUE RIDGE left Thailand in late February we were in discussions with CPF regarding 14-days at sea between port visits for the Fleet. Because of the steady dialogue with CPF, the C7F TASKORD, and a well-informed crew, BLUE RIDGE had initiated strict hygiene protocols and was well-postured for a break-out. We were not yet wearing PPE or social distancing in the Fleet. At the time, face masks were still not considered viable protection. Interestingly, though, the aggressive cleaning and hygiene program resulting in an amazingly healthy ship, no illness onboard of any kind. Never seen that before. Very healthy 1000-person crew.

While at sea following BLUE RIDGE's port visit to Thailand (23-26 February), the 14-day at-sea requirement was issued by CPF. Accordingly, BLUE RIDGE's next port of Brunei was shifted to a BSP on 1 March. At that point, we were in the COVID mindset and started to shift Fleet-wide Ops to align with the at-sea 14-day requirement. I departed the ship in Brunei and returned a week later in Singapore on 10 March – my last Flag travel with the exception of visiting TR in Guam.

TR departed Da Nang on 9 March. 14-days after leaving Vietnam, the ship reported quarantine complete of their 39 sailors pulled from the hotel in Da Nang. TR's first positive test was on 24 March, and TR reported generating their close contact list and segregation plan. Two more positives quickly followed, and again TR reported the additional close-contacts and quarantine plan. Because the cases were unrelated, and based upon what we knew about the virus at the time, I explained to them the likelihood of multi-generation asymptomatic transmission onboard and that they had to aggressively segregate the close contacts and critical watchstanders (for protection). Essentially, it's at your doorstep. Prior to reaching Guam, I also discussed with RDML Baker the need to protect the command element and lock down the Strike Group staff and directed him to create a succession plan in case he became infected. I also shifted all other



ships out of CSG-9 to allow complete focus on TR. In addition to segregating the infected crew and close contacts, I also expected them to close barber shops, ship's stores, gyms, libraries, gyms, chapels, etc. I did not verify compliance, but these actions were discussed in prior guidance, and additional Fleet guidance was promulgated on 20 and 22 March. From the 24<sup>th</sup> through the 27<sup>th</sup> of March positives began to increase. At this point we had the ship moving towards Guam, and once in range we flew the infected sailors to shore (25-26 March).

As part of our prior preparation for an outbreak at sea in 7<sup>th</sup> Fleet, we identified Guam, Okinawa and Yokosuka as the best candidate locations to take a ship if needed (Japan agreed to support). Thailand was their scheduled port visit but was shifted to Guam because all port visits had just been cancelled in the AOR by INDOPACOM. We assumed TR was going to be a large effort and preferred a U.S. option. Guam also had an open CVN pier in a remote location on the island.

At this time, RFIs steadily increased from several HHQ sources, direct to C7F, CSG9 and TR. C2 was confused at the outset as HHQ began reaching directly to the ship for details and information. This was distracting and was quickly reined in by both CPF and OPNAV. The volume of formal RFIs from that point forward was heavy but manageable, mostly sent to C7F (as requested). Prior to TR's arrival in Guam, the COVID response lead was established within the C7F MOC, where the C7F COS (b) (6) carved out a cell to specifically manage the numerous and rapidly expanding organizations coming online. Of note, C7F runs all operations and HQ functions from the MOC, resulting in the ability to leverage the familiar day-to-day cycle to absorb the additional COVID-related tasks. This same group also managed the RRN infections and Pre-Deployment Segregation (PDS) in Yokosuka and Atsugi.

Also prior to arrival in Guam, there was significant HHQ attention placed on COD flight history, and determining if this is how COVID was introduced. This resulted in detailed reconstruction of the COD flights and personnel transfers (resulting analysis provided SEPCOR). The conclusion was that COD flights post Da Nang port visit were not likely the source, but because of the nature of the breakout, it's virtually impossible to tell when the ship was infected (validated by the ongoing stubbornness of the virus).

My involvement with the recovery of TR has been necessarily direct. CSG-9 was quickly overwhelmed and became largely unresponsive – this improved over time. In general, I prefer to stay “on-the-loop” with my MOC, not “in-the-loop”. For this challenge I had to be “in-the-loop,” working with CSG-9, keeping the chain-of-command informed and aligned, and allowing my MOC to keep focus on TR, RRN and Fleet Ops (the other 50 ships). BLUE RIDGE was at sea (7 days out of Singapore) when TR became infected, followed her to Guam, and then remained on station beyond the harbor to ensure point-to-point comms and helo access if needed. I and the team remained onboard. I did fly to Guam a week into the effort for an eyes-on assessment, followed by a two-week quarantine period prior to returning to the ship (AAR sent to VADM Brown on SIPR).

There were four COAs running in parallel for segregating the TR crew that conceptually came together very quickly a few days prior to TR's arrival, with the intent to keep all in play until one or more panned out. The TR CO was briefed and updated on each. They were:



1. Naval Base Guam (JRM) with the resources available;
2. In port and nearby shipping with available berthing;
3. Airlift to Okinawa or Atsugi; and
4. Hotels on Guam.

NBG: The JRM effort was impressive and relatively seamless, particularly the ability of the NB Guam CO (b) (6) to quickly pull together off-ship berthing at scale, employing NGIS, barracks, Navy Housing, schools, gyms, and warehouses for a total capacity of ~2400 beds in one week. I did not expect that much capacity to be generated that quickly (small island, big problem). Coordination with JRM initiated several days prior to arrival Guam. It was clear RDML John Menoni had well-established, strong on-island relationships, which I leveraged often. He, RDML Baker, and I started daily synchs prior to TR's arrival. Several times a day initially, these settled into a set morning synch and then as needed through the day (still in progress). TR CO and CSG-9 COS would typically join RDML Baker.

In port and nearby shipping: Berthing aboard other ships was held in reserve if unable to keep pace with other options – never needed.

Off-Island: Okinawa was very promising, and leveraged our strong working relationship with III MEF to generate within a few days up to 1000 single rooms, with a commitment for an additional 2000 rooms. This option was not favored up-chain, presumably because of the heavy airlift required and the optic of flying TR sailors to a foreign country, although the articulated plan was to fly only tested-negative sailors in order to allow more room and support for the tested-positive sailors (on Guam). In addition to being ready to receive our sailors, III MEF provided the bulk of our medical support, sourced from 3<sup>rd</sup> Medical Expedition Battalion, and is still leading the on-island effort under the TF-MED designation. TF-MED is in the “supporting” role to TR (supported) via C7F TASKORD. Atsugi ended up being needed to support the much lower scale RRN recovery and PDS process.

Hotels: The hotel effort was also impressive, orchestrated by JRM and the Governor. There was hesitation to engage directly with GovGuam, so on 28 Mar I asked RDML Menoni to initiate the discussion at a lower level to pulse support. Clearly financial beneficial for the hotels due to COVID impacts, the response was positive and we then pursued the formal request needed by GovGuam from either C7F, CPF, or IPC. CPF informed me it would be him or IPC. TR CO was briefed on the option and the support, and voiced no concerns when asked (but then sent his letter the same or following day, 29 or 30 Mar). CPF made the formal call on 31 Mar and sailors started arriving at the hotels on 2 Apr, one week after TR's arrival. SF Chronical published CO's letter on 1 Apr and GovGuam felt we had broken trust, resulting in a series of short-fused discussions and apologies. RDML Menoni's relationship with her saved us. I want to point out how heroic this was on behalf of the Governor. Despite considerable political risk of bringing TR sailors to downtown hotels, she went very public and very positive with her support, “these are our sons and daughters...” The hotels were all shutdown due to COVID and had to be reopened, cleaned, inspected and re-manned to support of TR, including kitchens and supplies. The JRM team had to put in place protected transportation and sailor accountability processes for hotel and medical support, and all of this put at risk by the CO's unwarranted plea for the same support he knew was already in progress. Head- scratcher... The Governor told me after the fact



that she had actually initiated discussions with the hotel association the same day we initiated low-level discussions with her staff (day after TR's arrival). She was apparently all-in from the beginning.

The combination of Hotels and NBG became the combined solution. It's important to note that at no time did off-ship berthing capacity fall short of TR's ability to move sailors. When the ship pulled in there was immediately available accommodations for ~500 personnel, improving to ~2500 over the next several days, including medical support. However, there was continual resistance by the ship's command team, presumably heavily influenced by the ship's SMO, to move TR sailors into austere, but effectively segregated, berthing when available while waiting for hotels. This resistance was based upon the SMO not accepting any segregation that was not a single hotel room with a single bathroom. We emphatically agreed that would be best but could not get through to him it wasn't an option yet. When pressed for his Plan B (by me in a conference call), he refused to accept the reality that Plan A just wasn't yet available, and could not comprehend the hurdles that needed to be cleared along that path. His obstinacy in the face of reality continued throughout the recovery – constantly claiming a high-road that didn't exist. There was also the additional victim mentality and entitlement dynamic (...CPOs claiming the off-ship berthing was "not suitable for TR sailors"), with little concept and virtually no appreciation for the massive effort in play on their behalf or the importance of segregation – I was immensely disappointed in the TR Khaki leadership, and this persistent mentality resulted in friction between the ship and everyone trying to help the ship.

Accordingly, once the first 1000 sailors were moved ashore, the ship elected to keep everyone else onboard until the hotel option was available, leaving ~1200 beds on NBG unfilled at the end of the first week, contrary to the central theme cited in the CO's letter. When pressed again, their response was they now had enough room to effectively segregate onboard and that they could also conduct more centralized, more efficient entrance testing. We concurred, but we subsequently learned nothing was actually done by the SMO and TR team to improve the effectiveness of the segregation – the crew essentially continued to co-mingle for several more days and two-weeks elapsed until the bulk of the crew was moved off-ship. At some point in this timeframe I had a direct conversation with the TR/CSG team on the role of the SMO as an advisor not the decider, which is the responsibility of the URL leadership.

There was considerable HHQ focus on immediate initial testing of the entire TR crew, which was at odds with our initial focus of segregating the entire TR crew. We were able to balance the two priorities and coordinated early with CNFK to leverage USFK and ROK testing capacity. There was early belief that ROK could support up to 1000 tests/day. A considerable logistics demand followed that included swabs and air-transport, and actual testing was fraught with interruptions due to off-pen sensitivities (the lab was used for Koreans civilians, too). Highest level ROK Government intervention was required, but delays were significant for two weeks. It finally settled out and now that lab provides support for both TR and RRN – invaluable, but took a while.

Regarding the CO's letter, despite being his operational commander I was not a recipient. It was forwarded to me by VADM Miller (AIRFOR). I discussed with CPF his sense of the CO's intent and why I was not included. CPF had no insight, shared our concern of the CO's lack of



awareness of the efforts underway to support his ship, and opined that the letter would go public. His belief on why I was not included was that the letter was sent just to aviators and that he was not attempting to inform the operational chain of command. In any event, there was impact on my team, a team working long hours on the CO's behalf. We pulled the team together, reset to the same target, and returned to work. I also discussed with RDML Baker, and he assured me that he didn't know the CO was going to send the letter, and also had no insight into the CO's lack of awareness. My Fleet Surgeon was also surprised by the letter. She spoke with the TR SMO regularly and knows he knew about the efforts in play. The letter gave pause to a lot of people working on behalf of the CO, and I can't see how the letter didn't slow things down, sparking off endless critiques, distracting media coverage, interviews, a preliminary inquiry, the SECNAV's visit, RFIs, etc. – singularly unnecessary. Nothing was happening until he sent his letter was the opinion most annoying to all, particularly the Governor.

My visit. I visited Guam ahead of SECNAV's visit and toured all shore support facilities, hotels and medical teams – universally in awe of the effort, seeing it in person after managing it from sea. I was onboard for the SECNAV's IMC remarks and spent over six hours onboard the following day speaking to all elements of the command. I forwarded my after-action report to VADM Brown on SIPR. In summary, the Khaki leadership had broken down at nearly every level, and seemed to have abdicated their responsibility to lead those men and women through this. My high-level diagnosis is that CAPT Crozier had lost separation and therefore perspective. He became too familiar with his crew, was unable to make objective decisions, and bred that in his wardroom. Their heads were in the wrong place. When we saw the video of the send-off, I was quoted in a CNN article "that my job just got a lot harder." Captain Crozier's inappropriate ending of segregation at sea, combined with the lack of COVID protocols (e.g. his send-off) when directed and the resistance to use available off-ship accommodations when available, all likely contributed significantly to the large final positive population (~1200).

Regarding the CO's lack of awareness, I don't believe he really understood the complex process building around him. Somehow he just wasn't tracking, despite sitting in on my discussions with RDML Baker and being specifically asked if he had questions, concerns, or input many times up to that point.

How much trust and confidence in CAPT Crozier do I have to command a ship? Zero. Based on the regular and timely feed of information to him and his team, either he wasn't listening, could not comprehend, or maliciously undermined the response. When he did act, he did so in a way arguably the most inappropriate possible and in spite of all other avenues being available. All fatal flaws – not fit for command. Two hypothesis: First, he knew he put his crew at significant risk, panicked, and opted for distracting offensive action by passing blame in the context of the ludicrous statement "were not at war"; second, he saw an opportunity to be the hero who saved the day – possibly more effective and more public than anticipated. Either way, he surrendered, and brings into question his resiliency and toughness in command.

Do I have trust and confidence in RDML Baker to command a strike group? I do, including in war. He can get the job done. It is hard now because they're locked down, but staff performance has improved throughout the recovery. He has a competent TR CO and would prefer not to

serve with CAPT Crozier again. RDML Baker is an average performer. He is competent and I have no reservations.

CO, CAPT Sardiello is just what the command needed. 12-O'Clock High scenario precisely. He has the crew's respect and continues to restore professionalism and confidence. My sense, he was amazed how far these elements had eroded since last onboard (as previous TR CO). CAPT Sardiello took immediate ownership of the plan and gradually threw us out of his kitchen. He participates in the daily battle rhythm and his no-nonsense approach has brought order back to his ship, and his crew knows it. The victim mentality has morphed into teamwork under his leadership.

I swear (or affirm) that the information in the statement above is true to the best of my knowledge or belief.

(b) (6)  
\_\_\_\_\_  
(Witness' Signature) (b) (6)

5-18-20  
(Date)

1100 (JRT)  
Time

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**To:** (b) (6) CDR USN, CCSG-9  
**Subject:** FW: PROPOSED PAPER / COURSE OF ACTION FROM WARFARE COMMANDERS  
**Date:** Wednesday, May 6, 2020 5:39:26 PM  
**Attachments:** [COVID Test vs Isolation Slide.pptx](#)  
[Rocklov et al.pdf](#)  
[COVID 19 - Shipboard Consideration 18MAR2020\\_final \(002\).pdf](#)  
[Public Health Responses to COVID-19 Outbreaks on Cruise Ships - Worldwid....pdf](#)  
[TR COVID-19 SITUATION - 29 Mar V2.docx](#)

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-----Original Message-----

**From:** (b) (6) CAPT USN, CVW-11 CAG  
(b) (6) @cvw11.navy.mil>  
**Sent:** Sunday, March 29, 2020 11:01 AM  
**To:** Baker, Stuart P RDML USN, CCSG-9 <(b) (6) @ccsg9.navy.mil>  
**Cc:** (b) (6) CAPT USN, CSSG9 <(b) (6) @ccsg9.navy.mil>;  
Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
<(b) (6) @cvn71.navy.mil>; (b) (6) CAPT USN, USS Theodore  
Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6) CAPT USN, USS  
Theodore Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6) CAPT USN,  
USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6)  
CAPT USN, CVW-11 DCAG <(b) (6) @cvw11.navy.mil>; (b) (6)  
(b) (6) CAPT USN, COMDESRON23 <(b) (6) @cvn71.navy.mil>; (b) (6)  
CDR USN, USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6)  
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(b) (6) CMC USN, USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>;  
(b) (6) CMDCM USN, CVW-11 <(b) (6) @navy.mil>; (b) (6)  
CAPT BKH CO <(b) (6) @cg52.navy.mil>  
**Subject:** PROPOSED PAPER / COURSE OF ACTION FROM WARFARE COMMANDERS

Admiral, based on your discussion yesterday with the Warfare Commanders, the attached paper "TR COVID-19 SITUATION" is what we have put together. Other attachments are either referred to in the paper or are for background / reference.

- COVID Test vs Isolation Slide - Shows that testing cannot determine that you don't have the virus, it can only confirm that you do. Makes the point that because of this fact, you can't get to a "safe-ship" situation leveraging testing alone, but you can via individual isolation. Explained in the paper. (Requires editing after recent edit to the paper).

- Rocklov et al - Epidemiological research paper that concludes that ~500 additional infections occurred due to quarantine / restricted movement onboard versus removal from the ship to individual isolation. Pertinent excerpts copied in the paper.

- COVID 19 Shipboard Considerations - Navy and Marine Corps Public Health Center product. Contains projected infection curves (modeled). Final page makes the point "Assuming 'enclave' means 'quarantine,' it is not recommended that a ship be quarantined should a COVID-19 case be discovered aboard. Rather, home isolation and self-quarantine is recommended."

- Public Health Responses to COVID-19 on Cruise Ships - Shows that 46.5% of positives on the

Diamond Princess were initially asymptomatic (a bulk of them developed symptoms and later they estimate that 17.9% remained asymptomatic). Shows that Sailors we may think are safe to put in groups are not; lack of symptoms is not an indicator of lack of infection... negative test results are not an indicator of lack of infection.

We have other background references from the CDC / NAVADMINs etc., but the attached are the ones referenced specifically in the paper.

V/r, (b)





# Categories of Patients



Cat	Status	Condition	COVID-19 Test Confirms Virus Carrying Status	14 Day Individual Isolation Confirms Virus Free	Safe Ship with this person aboard
1	Infected	Symptomatic & Contagious	Yes	Yes	No
2		Asymptomatic & Contagious	Unable	Yes	No
3		Asymptomatic & Not Yet Contagious	Unable	Yes	No
4	Virus Free	Exposed & Not Infected	Unable	Yes	Yes
5		Unexposed	Unable	Yes	Yes
6		Previously Infected / Virus Free	Unable	Yes	Yes

- Tested and negative does not mean patient is not infected
- 7 of 33 (21%) Sailors on TR who tested negative subsequently presented with symptoms and tested positive for COVID-19
- Personnel in restricted movement on ship in combined berthing : Categories **2, 3, 4, 6**
- Personnel in restricted movement onshore : Categories **2, 3, 4, 6**
- Safe ship requires personnel only from categories **4, 5, 6**

Testing for COVID-19 is NOT able to confirm the lack of infection;  
14+ days of individual isolation IS

H-3-86

# COVID-19 outbreak on the Diamond Princess cruise ship: estimating the epidemic potential and effectiveness of public health countermeasures

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2 Department of Epidemiology and Global Health, Umeå University, Umeå, Sweden

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**Key words:** coronavirus; SARS-CoV-2; basic reproduction number; isolation and quarantine; incubation time; evacuation

**Declaration of interest:** none declared

## Abstract:

**Background:** Cruise ships carry a large number of people in confined spaces with relative homogeneous mixing. On 3 February, 2020, an outbreak of COVID-19 on cruise ship Diamond Princess was reported with 10 initial cases, following an index case on board around 21-25<sup>th</sup> January. By 4<sup>th</sup> February, public health measures such as removal and isolation of ill passengers and quarantine of non-ill passengers were implemented. By 20<sup>th</sup> February, 619 of 3,700 passengers and crew (17%) were tested positive.

**Methods:** We estimated the basic reproduction number from the initial period of the outbreak using SEIR models. We calibrated the models with transient functions of countermeasures to incidence data. We additionally estimated a counterfactual scenario in absence of countermeasures, and established a model stratified by crew and guests to study the impact of differential contact rates among the groups. We also compared scenarios of an earlier versus later evacuation of the ship.

**Results:** The basic reproduction rate was initially 4 times higher on-board compared to the  $R_0$  in the epicentre in Wuhan, but the countermeasures lowered it substantially. Based on the modeled initial  $R_0$  of 14.8, we estimated that without any interventions within the time period of 21 January to 19 February, 2920 out of the 3700 (79%) would have been infected. Isolation and quarantine therefore prevented 2307 cases, and lowered the  $R_0$  to 1.78. We showed that an early evacuation of all passengers on 3 February would have been associated with 76 infected persons in their incubation time.

Conclusions: The cruise ship conditions clearly amplified an already highly transmissible disease. The public health measures prevented more than 2000 additional cases compared to no interventions. However, evacuating all passengers and crew early on in the outbreak would have prevented many more passengers and crew from infection.

## Introduction

Cruise ships carry a large number of people in confined spaces with relative homogeneous mixing over a period of time that is longer than for any other mode of transportation.<sup>1</sup> Thus, cruise ships present a unique environment for transmission of human-to-human transmitted infections. The association of acute respiratory infections (ARI) incidence in passengers is statistically significant with season, destination and duration of travel.<sup>2</sup> In February 2012, an outbreak of respiratory illness occurred on the cruise ship off Brazil, resulting in 16 hospitalizations due to severe ARI and one death.<sup>3</sup> In May 2020, a dual outbreak of pandemic (H1N1) 2009 and influenza A (H3N2) on a cruise ship occurred: of 1,970 passengers and 734 crew members, 82 (3.0%) were infected with pandemic (H1N1) 2009 virus, and 98 (3.6%) with influenza A (H3N2) virus.<sup>4</sup> Four subsequent cases were epidemiologically linked to passengers but no evidence of sustained transmission to the community or passengers on the next cruise was reported.<sup>4</sup> In September 2000 an outbreak of influenza-like illness was reported on a cruise ship sailing off the Australian coast with over 1,100 passengers and 400 crew on board, coinciding with the peak influenza period in Sydney.<sup>5</sup> The cruise morbidity was high with 40 passengers hospitalized, two of whom died. A total of 310 passengers (37%) reported suffering from an influenza-like illness.

In December 2019, a novel coronavirus, SARS-CoV-2, emerged in Wuhan, China and rapidly spread within China and then to various global cities with high interconnectivity with China.<sup>6,7</sup> The resulting ARI due to this coronavirus, a disease now coined COVID-19, is thought to be mainly transmitted by respiratory droplets from infected people. The mean serial interval of COVID-19 is 7.5 days (95% CI, 5.3 to 19) and the initial estimate for the basic reproductive number  $R_0$  was 2.2 (95% CI, 1.4 to 3.9),<sup>8</sup> although higher  $R_0$  have since been reported with a mean of more than 3.<sup>9</sup> On 18 February 2020, China's CDC published their data of the first 72,314 cases including 44,672 confirmed cases.<sup>10</sup> About 80% of the confirmed cases were reported to be mild disease or less severe forms of pneumonia, 13.8% severe and 4.7% critically ill. Risk factors for severe disease outcomes are older age and comorbidities. The progression to acute respiratory distress syndrome occurs approximately 8-12 days after onset of first symptoms, with lung abnormalities on chest CT showing greatest severity approximately 10 days after initial onset of symptoms.<sup>11-13,14</sup> Evidence is mounting that also mildly symptomatic or even asymptomatic cases can transmit the disease.<sup>15,16</sup>

On 3<sup>rd</sup> February, 2020, an outbreak of COVID-19 was reported on Cruise Ship Princess Diamond off the Japanese coast, with initially 10 persons confirmed to be infected with the virus. The number has since ballooned into the largest coronavirus outbreak outside of mainland China. By 19<sup>th</sup> February, 619 of 3,700 passengers and crew (17%) were tested positive. By end February, six persons had died. The outbreak was traced to a Hong Kong passenger who embarked on January 21st and disembarked on January 25th. After docking near New Taipei City, on January 31, the ship arrived in Yokohama, Japan. By the following day, the Japanese health ministry ordered a 14-day quarantine for everyone on board and rushed to close its ports to all other cruise ships. The public health measures taken according to news reports and the media were removal of all PCR positive passengers and crew from the ship and their isolation in Japanese hospitals. The remaining test-negative passengers and crew remained on board. Passengers were quarantined in their cruise ship cabins, and only allowed out of the cabin for one hour per day. By 20<sup>th</sup> February, the decision to evacuate was made and more than 3000 passengers left the ship. Most were air-evacuated by their respective countries.<sup>10</sup>

The cruise ship with a COVID-19 index case onboard between the 21-25<sup>th</sup> January serves as a good model to study its potential to spread in a population that is more homogeneously mixed, compared to the more spatially variable situation in Wuhan.

We set out to study the empirical data of COVID-19 confirmed infections on the Cruise ship Diamond Princess, to estimate the basic reproduction number ( $R_0$ ) under cruise ship conditions, the response effectiveness of the quarantine and removal interventions, and compare scenarios of an earlier and later evacuation of the ship.

### Methods:

We used data on confirmed cases on the cruise ship as published on a daily basis by public sources<sup>17,18</sup> to calibrate a model and estimate the basic reproduction number  $R_0$  from the time sequence and amplitude of the case rates observed. COVID-19 is thought to have been introduced by an index case from Hong Kong visiting the ship between the 21<sup>st</sup> to 25<sup>th</sup> of January, 2020. We thus used the date of 21<sup>st</sup> January 2020 as the first time point,  $t=0$ , assuming the index case was infectious from the first day on the ship. The estimates of  $R_0$  and the associated Covid-19 incidence on the cruise ship was derived using a compartmental model estimating the dynamics of the number of susceptible ( $S$ ), exposed ( $E$ ), infected ( $I$ ), and recovered ( $R$ ) individuals, adapted but modified from a published COVID-19 study.<sup>19</sup> We analyzed two instances of the model assuming respectively: (1) a homogenous population (3700 individuals), and (2) a stratified population of crew (1000 individuals) and guests (2700 individuals). The model used a relationship between the daily reproductive number,  $\beta$ , and  $R_0$  to infer the transmissibility and contact rate across the whole cruise ship population by the relationship:

$$\beta = \text{transmissibility} * \text{contact rate} = R_0/i$$

where the infectious period equals to one over the recovery rate ( $\gamma$ ),  $i = 1/\gamma$

In the homogeneous model, the infectious period,  $i$ , of COVID-19 was set to be 10 days based on previous findings.<sup>8</sup> In the situation of no removal (ill persons taken off the ship to be isolated in a Japanese hospital), the incubation period (or, the latent period),  $l$  was estimated to be approximately 5 days (ranging from 2 to 14 days).<sup>20</sup> In order to model the removal/isolation and quarantine interventions, we implemented time dependent removal and contact rates as described in Table 1. We performed additional sensitivity analysis reducing the  $R_0$  to 3.7, an estimate of the average value across mainland China studies of COVID-19.<sup>9</sup>

We further estimated a counterfactual scenario of the infections dynamics assuming no interventions were implemented, in particular no removal and subsequent isolation of ill persons. We assumed an infectious period of 10 days, with a contact rate remaining the same as in the initial phase of the outbreak. Additionally, in the stratified model of crew and guests, the contact rate was assumed to be different due to the assumption that crew could not be easily quarantined as they had to continue their services on board for all the passengers and possibly had more homogeneous mixing with all the passengers, whereas passengers may be mixing more within their preferred circles and areas. We kept the transient change in the contact rate and the removal of all PCR confirmed patients starting from the 3<sup>rd</sup> and the 5<sup>th</sup> of February respectively as in the first model. Parameters are described in Table 1.

The model describing a homogeneous population onboard can be described by:

$$\frac{dS}{dt} = -\beta I \frac{S}{N}$$

$$\frac{dE}{dt} = \beta I \frac{S}{N} - E/l$$

$$\frac{dI}{dt} = E/l - \gamma I$$

$$\frac{dR}{dt} = \gamma I$$

where  $S$  denote all susceptible people on the cruise ship,  $E$  all exposed,  $I$  all infected and  $R$  all recovered or removed, and where  $N = S + E + I + R$  denotes the whole population.



The model describing a stratified population onboard can be described by:

$$\frac{dS_g}{dt} = -\beta_{gg}I_g \frac{S_g}{N_g} - \beta_{cg}I_c \frac{S_g}{N_g}$$

$$\frac{dE_g}{dt} = \beta_{gg}I_g \frac{S_g}{N_g} + \beta_{cg}I_c \frac{S_g}{N_g} - E_g/l$$

$$\frac{dI_g}{dt} = E_g/l - \gamma I_g$$

$$\frac{dR_g}{dt} = \gamma I_g$$

$$\frac{dS_c}{dt} = -\beta_{cc}I_c \frac{S_c}{N_c} - \beta_{gc}I_g \frac{S_c}{N_c}$$

$$\frac{dE_c}{dt} = \beta_{cc}I_c \frac{S_c}{N_c} + \beta_{gc}I_g \frac{S_c}{N_c} - E_c/l$$

$$\frac{dI_c}{dt} = E_c/l - \gamma I_c$$

$$\frac{dR_c}{dt} = \gamma I_c$$

where  $S$  denotes susceptible,  $E$  exposed,  $I$  infected and  $R$  recovered or removed,  $N = S + E + I + R$ , and the subscript  $g$  and  $c$  are indicating guest and crew respectively. Overall, we assume mortality is negligible.

Models with interventions were calibrated to reports of total infection occurrence, while models simulating the counterfactual scenarios were left with the naïve parameter settings (no countermeasures). The net effects of the countermeasures were estimated as the difference between the counterfactual scenario and the model with the interventions. Model parameters are described in Table 1. The effectiveness of the countermeasures was estimated by calibration of the model to data.

We here also present estimations of the plausible consequences of a hypothetical third intervention strategy, whereby all individuals onboard would have been evacuated either on 3<sup>rd</sup> of February or 19<sup>th</sup>

of February. We estimated and presented the number of latent cases on 3<sup>rd</sup> February evacuation and on 19<sup>th</sup> February, 2020.

## Results:

Using the SEIR model assuming relatively homogenous mixing of all people onboard, we calibrated the predicted cumulative number of infections from the model to the observed cumulative number of infections among all people onboard and estimated the initial  $R_0$  to 14.8. This resembled an estimate of  $\beta$  (the daily reproduction rate) to 1.48. To derive this estimate we calibrated functions describing transient change in the  $\beta$  as a result of changes in contact rate and the removal of symptomatic infections. The parameter values of contact rate, quarantine interventions and removal presented in Table 1 are the results of the calibration to the observed cumulative incidence data. The contact rate between persons on the cruise ship was calibrated to give the best fit to data with a reduction of 70% by the quarantine countermeasure with onset 3<sup>rd</sup> February, 2020. The transient function of removal and isolation of infected cases with an onset on 5<sup>th</sup> February, 2020, reduced the infectious period from 10 to 4 days, and substantially reduced the transmission and sub-sequent infections on the ship. In Figure 1 we present the change in  $R_0$  based on the relationship between  $R_0$  and  $\beta$  and how it is affected by the transient countermeasures of quarantine and removal of ill patients from the model. Here  $R_0$  should be interpreted as the basic reproductive rate in a totally naïve population on the Diamond Princess (i.e. same contact rate), and not the actual basic reproductive number over time on the cruise ship. The  $R_0$  was 14.8 initially and then  $R_t$  declined to a stable 1.78 after the quarantine and removal interventions were initiated (Figure 1).

The predicted cumulative number of cases over time from this model described the observed cases well, but overestimated the cumulative case incidence rate initially (Figure 2). This allowed to compensate for reporting bias in the initial phase, given that the proportion of testing of all passengers was patchy while at the end of the study (19<sup>th</sup> February, 2020) the testing of passengers had a higher coverage and was more complete. The modelled cumulative number of cases on 19 February, 2020, is 613 out of the 3700 people at risk, while the observed reported number of cases is 619. The counterfactual scenario assuming homogenous rates among crew and guests without any interventions (no removal off the ship or isolation of ill persons nor any quarantine measures for the remaining passengers on boat), estimated the number of cumulative cases to be 2920 out of the 3700 after 30 days, that is by 19<sup>th</sup> of February (Figure 2). The net effect of the combined interventions was estimated to prevent a total number of 2307 cases by 19<sup>th</sup> February, 2020 (Figure 2).

In a sensitivity analysis we modified the  $R_0$  to 3.7 (and consequently  $\beta$  to 0.37) as this has been reported the average basic reproduction number from studies of COVID-19 in China.<sup>9</sup> However, from

our simulation, even in the absence of any intervention, such a low  $R_0$  cannot explain the rapid growth of incident cases on the cruise ship (Figure 3). This sensitivity scenario excluded countermeasures from the model making it unrealistic that such a low  $R_0$  value could be the true value in the cruise ship situation with confined spaces and high homogeneous mixing of the same persons. The estimate with the lower  $R_0$  value also omitted to consider the strong interventions put into place, making it even more unrealistic.

We additionally modeled a scenario stratified by crew and guests whereby we assumed the parameter values of transmission risk to be lower for crew to guest than for guest to crew (Table 1). The predicted cumulative number of infected crew and guests by 19th of February from this model was 168 out of 1000 (16.8%) and 464 out of 2700 (17.2%), respectively (Figure 4). The total number of cumulative cases by 19<sup>th</sup> of February predicted from this model was 632, close to the observed number of cases of 619. The predicted cumulative incidence rates were overestimated for crew while underestimated for guests based on available tests results at the time of writing (Figure 4). These data still need to be validated against the empiric data of test results in all crew and passengers which should soon become available.

Instead of keeping all passengers on board, another option would have been to evacuate all individuals onboard the cruise ship earlier, and allow them to go home for a potential quarantine in their respective home countries. We modeled that an evacuation by 3<sup>rd</sup> February, 2020, would have resulted in 76 latent cases (cases during the incubation time), while an evacuation by 19<sup>th</sup> February would have resulted in 246 latent cases.

## Discussion:

Modelling the COVID-19 on-board outbreak reveals important insights into the epidemic risk and effectiveness of public health measures. We found that the reproductive number of COVID-19 in the cruise ship situation of 3,700 persons confined to a limited space was around 4 times higher than in the epicenter in Wuhan, where  $R_0$  was estimated to have a mean of 3.7.<sup>9</sup> Interestingly, a rough estimation of the population per square km on this 18-deck ship is 286 by 62 meters (0.32 km<sup>2</sup>). Assuming that only 50% of decks are being used, approximately 24,400 persons are confined per km<sup>2</sup> on a ship compared to approximately 6000 persons per km<sup>2</sup> (9,000,000/1528) in urban Wuhan. This means that the population density was about 4 times higher on the cruise ship. Thus, both  $R_0$  and contact rate are dependent on population density, as also suggested by previous research.<sup>21</sup> In population-based models on observational data the population per square km is often substantially different, affecting the  $R_0$  and  $\beta$  coefficient implicitly by changes in the contact rate expressed as:

$$\frac{R_0}{i} = \text{Transmissibility} * \text{contact rate}$$

The local estimate of  $R_0$  can be divided into a localized contact rate and a multiplier that is necessary for moving from one population to another:

$\text{contact rate} = \text{contact rate}_{\text{localized}} * pd$ , where  $pd$  is the population density multiplier. In our case it was approximated to 4. Here the contact rate is relating to a contact rate in a defined population in a certain area and the population density multiplier modifies the contact rate when moving across different local population and geographical areas representing heterogeneity in population density. In the case of the cruise ship, the potential relationship of  $R_0$  to population density appear thus mainly be attributed to the contact rate and mixing effects. This information is also important for other settings characterized by high population densities.

With such a high  $R_0$ , we estimated that without any interventions within the time period of 21<sup>st</sup> January to 19<sup>th</sup> February 2020 out of the 3700 (79%) would have been infected, assuming relatively homogenous mixing between all people on board.

The quarantine and removal interventions launched when the outbreak was confirmed (3<sup>rd</sup> February and 5<sup>th</sup> of February) substantially lowered the contact rate and reduced the cumulative case burden by an estimated 2307 cases by 19<sup>th</sup> February. We note, however, that the longer time span of simulation beyond 19<sup>th</sup> February, assuming people would stay on the boat, would reduce the net effect of the intervention substantially. We further note that an earlier evacuation would have corresponded to disembarking a substantially lower number of latent undetectable infections (76 vs. 246), likely giving rise to some further transmission outside the ship.

We also found that contact rate of guest to guest and crew appeared higher than the contact rate from guest to crew, perhaps driven by high transmission rates within cabins. However, testing of crew was delayed, and there was a testing bias towards testing more passengers than crew. Hence our access to empiric data may have and this analysis need to be revisited when all data is available.

The limitations of our study include our lack of data on the lag time between onset of symptoms, the timing of testing and potential delay to the availability of test results. Due to the large number of people, not everyone was tested, and we suspect that the timing of the test results do not totally tally with real-time onset of cases. We had no access to data on incident cases in crew versus passengers, nor any data on whether there was clustering of cases around certain nationalities or crew members. Furthermore, although the Hong Kong passenger was assumed to be the index case, it could well have been possible that there was more than one index case on board who could have contributed to transmission, and this would have lowered our estimated  $R_0$ . Lastly, our models are based on human-

to-human transmission and do not take into account the possibility that fomites, or water systems with infected feces, contributed to the outbreak.

The interventions that included the removal of all persons with confirmed COVID-19 disease combined with the quarantine of all passengers substantially reduced the anticipated number of new COVID-19 cases compared to a scenario without any interventions (17% attack rate with intervention versus 79% without intervention) and thus prevented a total number of 2307 additional cases by 19<sup>th</sup> February. However, the main conclusion from our modelling is that evacuating all passengers and crew early on in the outbreak would have prevented many more passengers and crew members from getting infected. A scenario of early evacuation at the time of first detection of the outbreak (3 February) would have resulted in only 76 latent infected persons during the incubation time (with potentially still negative tests). A late evacuation by 19<sup>th</sup> February would have resulted in about 246 infected persons during their incubation time. These data need to be confirmed by empiric data of testing all evacuated persons after 19<sup>th</sup> February, and may be an overestimate as we assumed a stable  $R_0$  after quarantine was instituted. However, the  $R_0$  probably declined over time, as the implementation of quarantine measures were incrementally implemented leading to better quarantine standards towards the end of the quarantine period.

In conclusion, the cruise ship conditions clearly amplified an already highly transmissible disease.  $R_0$  is related to population density, and is particularly driven by contact rate and mixing effects, and this explains the high  $R_0$  in the first weeks before countermeasures were initiated. Population densities and mixing need to be taken into account in future modeling of the COVID-19 outbreak in different settings. Early evacuation of all passengers on a cruise ship- a situation with confined spaces and high intermixing- is recommended as soon as an outbreak of COVID-19 is confirmed.

**Author contributions:** JR and AWS conceived the study. JR developed the model and run the analysis. HS advised on model development, and helped with the figures. AWS advised on model parameters. All authors wrote the final manuscript.

**Funding:** None

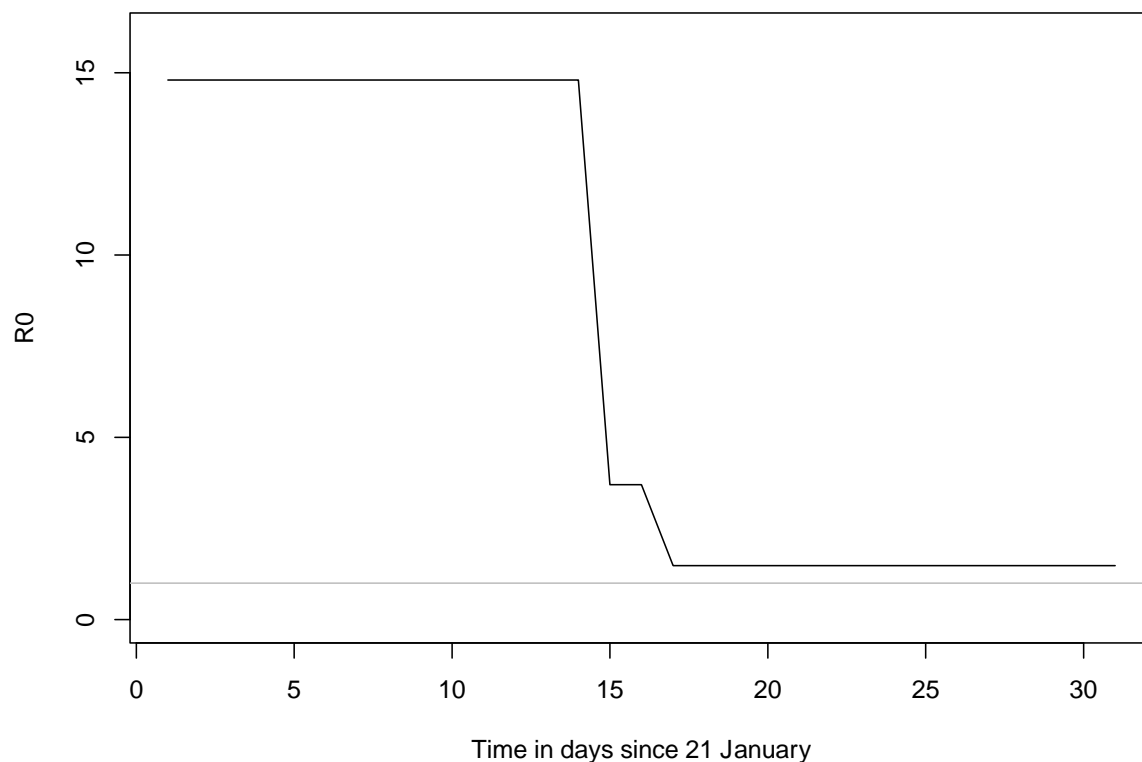
Declaration of interest: none declared.

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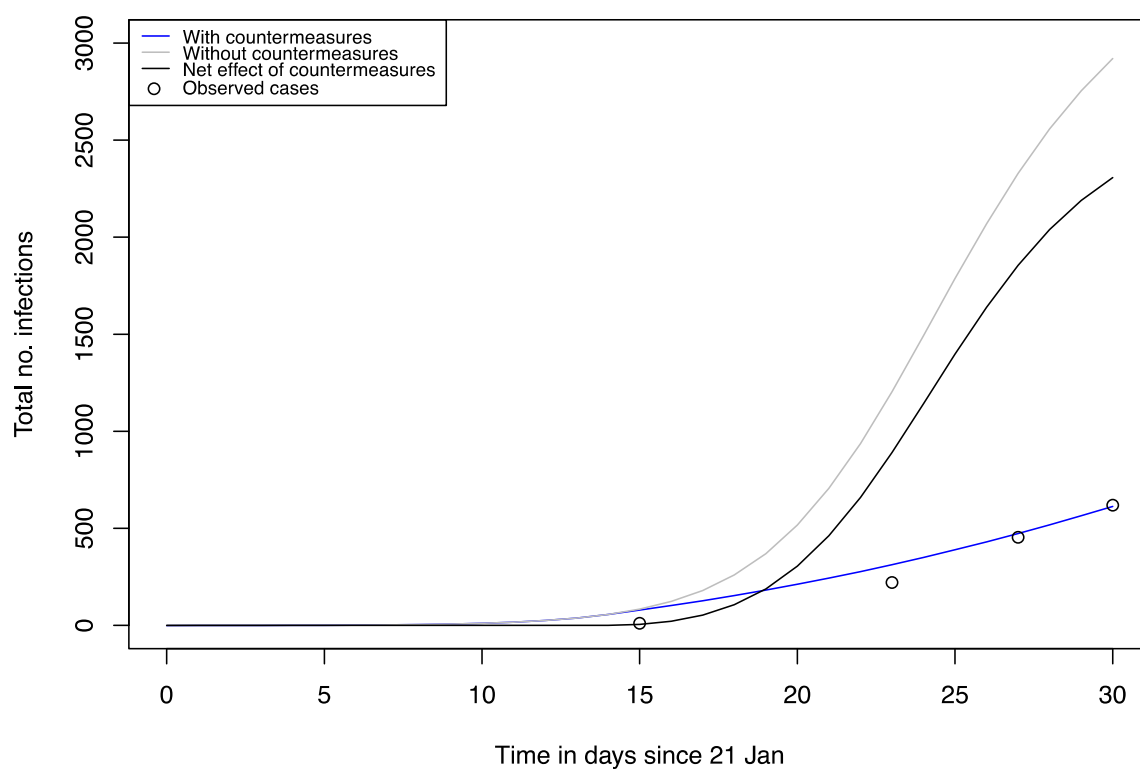


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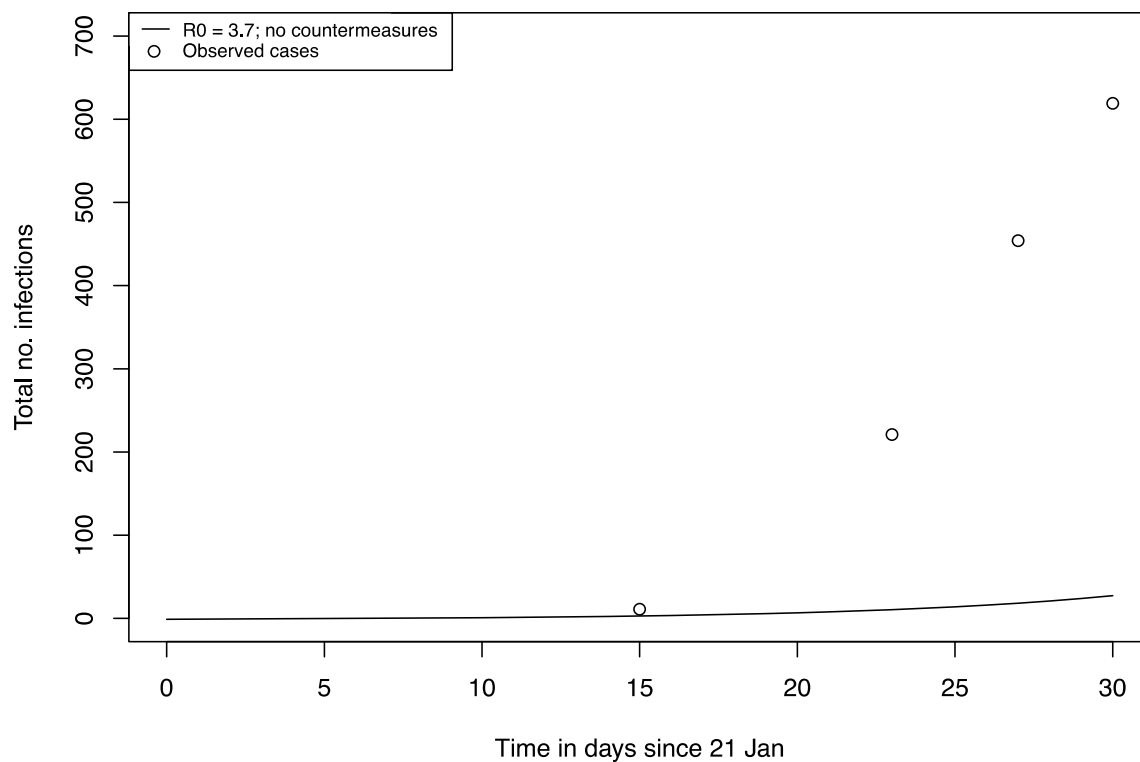
<b>Table 1.</b> Model parameter description and values. Start time ( $t = 0$ ) the 20 <sup>th</sup> of January.		
<b>Parameters</b>	<b>Explanation (unit)</b>	<b>Estimated to</b>
$\beta$	Overall transmissibility and contact rate (1/day)	1.48 if $t < 14$ 0.44 if $t \geq 14$
$l$	Incubation period (days)	5 days
$i$	Infectious period or time to removal (days)	10 if $t < 16$ 4 if $t \geq 16$
$N$	Total number of people onboard (persons)	3700
$\beta_c$	Transmissibility and contact rate crew (1/day)	1.15 if $t < 14$ 0.35 if $t \geq 14$
$\beta_{gg}$	Transmissibility and contact rate guests to guests (1/day)	1.15 if $t < 14$ 0.35 if $t \geq 14$
$\beta_{gc}$	Transmissibility and contact rate guests to crew (1/day)	0.17 if $t < 14$ 0.05 if $t \geq 14$
$N_g$	Total number of guests onboard (persons)	2700
$N_c$	Total number of crew onboard (persons)	1000



**Figure 1.** The estimated basic reproduction number,  $R_0$ , on the cruise ship and its change over time as a result of the transient interventions of quarantine and removal of infectious cases. The  $R_0$  given here assumes one index case in a totally naïve population, although that is not the case on the ship, we use it here to illustrate how the  $R_0$  is sensitive to the interventions, but still substantially large to fuel a continuation of the epidemic. The grey line indicates  $R_0 = 1$ .

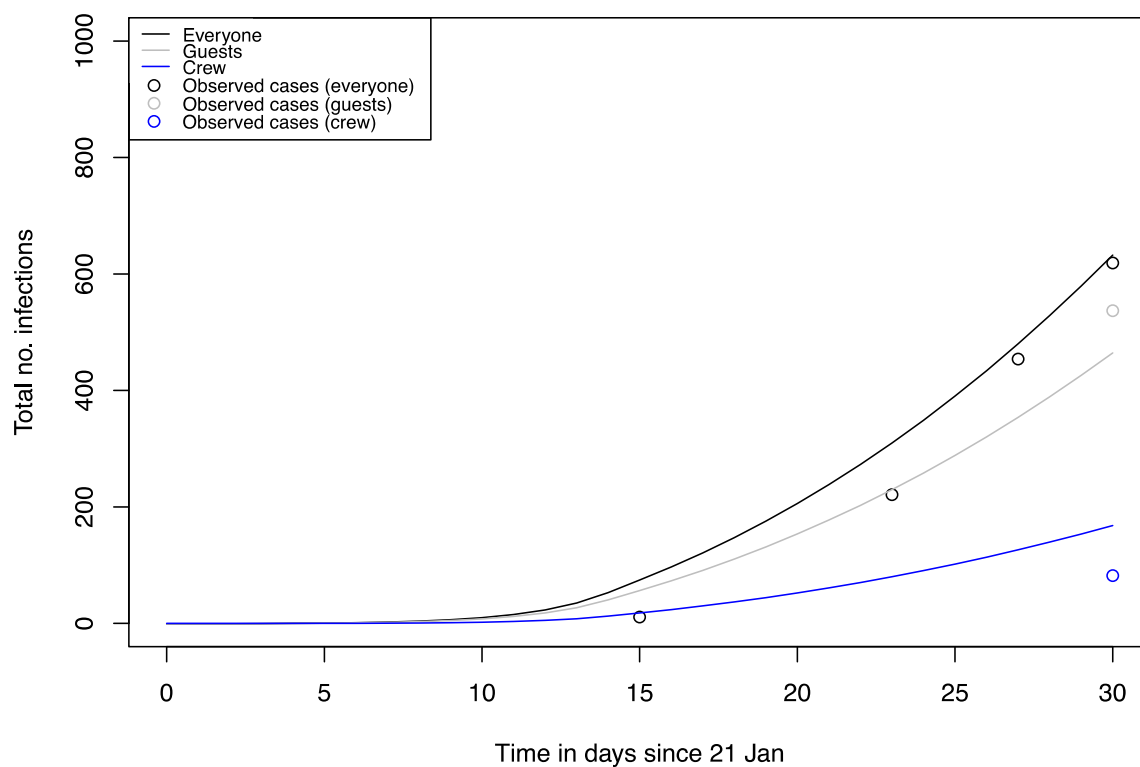


**Figure 2.** Predicted total number of infections using model 1 (no stratification) for the realistic situation with interventions (blue), counterfactual scenario without intervention (grey) and the net effect of the interventions (black).



**Figure 3.** Sensitivity analysis: predicting total number of infections using a model without interventions with  $R_0$  set to 3.7 with index case 21th January (bottom). Observed reports of cumulative cases are marked as "o".





**Figure 4.** Predicted total number of infections using a model stratified into crew and guest for the realistic situation with interventions. Total population onboard (black), guests (grey), crew (blue). Observed total case numbers of total (black), crew (blue) and guest (grey) are marked as "o".



# NAVY AND MARINE CORPS PUBLIC HEALTH CENTER

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## COVID-19 Shipboard Considerations

1.) If there is a COVID-19 outbreak on a ship, what is the expected attack rate (i.e. what % of the crew do we think will get infected)?

In a shipboard population, with the assumption of only one member of the ship crew infected and all others susceptible, the table below displays the estimated proportion of the crew that will be infected at points in time (days). Additionally, this projection assumes that no preventive measure are taken.

Day	Only 1 ship crew personnel initially infected			
	Population: 150	Population: 300	Population: 1,000	Population: 5,000
7	3%	1%	<0%	<0%
14	14%	8%	2%	<0%
21	41%	29%	12%	3%
28	49%	50%	38%	13%
35	36%	42%	49%	39%
42	23%	28%	37%	49%

Note: The model was generated using the SIR model for epidemics.

2.) How long do we think they will be down?

The duration of illness (defined as the number of days that corresponds to a proportion of people infected) differs conditional on the population size of the ship and assuming that no public health intervention is applied. Using the SIR model, as the population size onboard the ship increases the proportion of people who become infected over time decreases. For instance, for a ship with 150 personnel, if a Commander decides that the ship is no longer functional when 20% of the ship's crew is ill, the ship becomes non-functional at day 16, and subsequently recovers functionality at day 44, or a total of 28 days. (Please see 'Shipboard Population 150' graph, below).

Assumptions:

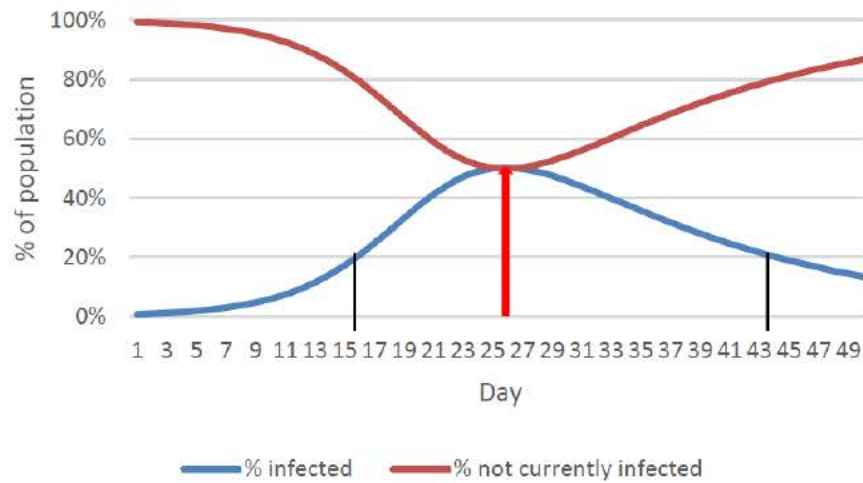
- The R-naught ( $R_0$ ) represents the number of people infected by a person sick with the virus; this model assumes an  $R_0$  of 5 people ( $R_0=5$ ).
  - On average, the  $R_0$  for COVID-19 ranges from 2.5 to 5.
  - A higher  $R_0$  is used given the close quarters on a ship and higher likelihood of transmission.
- An individual is infectious for 14 days. (<https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>)
- No control measures are implemented.



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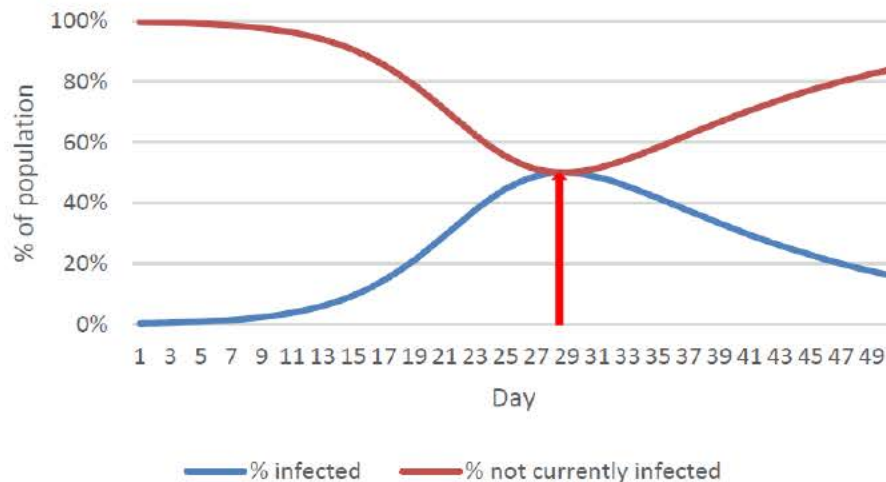
## PREVENTION AND PROTECTION START HERE

### Shipboard Population: 150



- The peak represents the interception where the maximum number of people are infected and more people recovered (day 25).
- Lines in the above graph indicate day 16 (20% infected) and day 44 (20% infected)

### Shipboard Population: 300



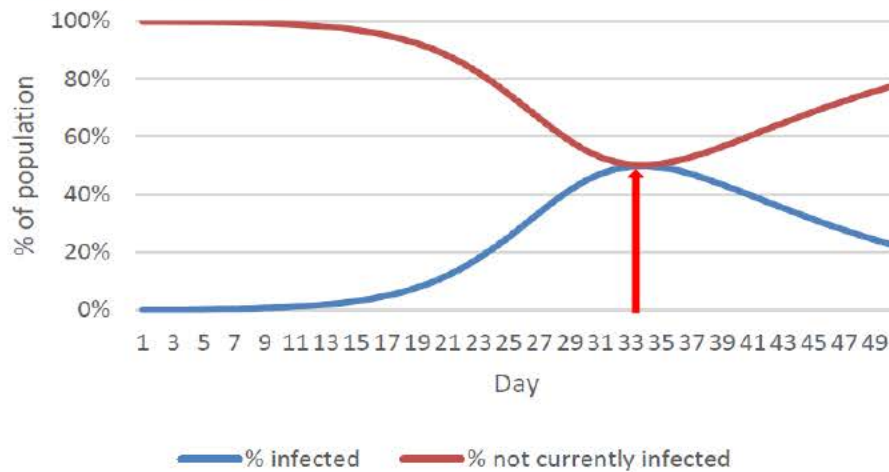
- The peak represents the interception where the maximum number of people are infected and more people recovered (day 28).



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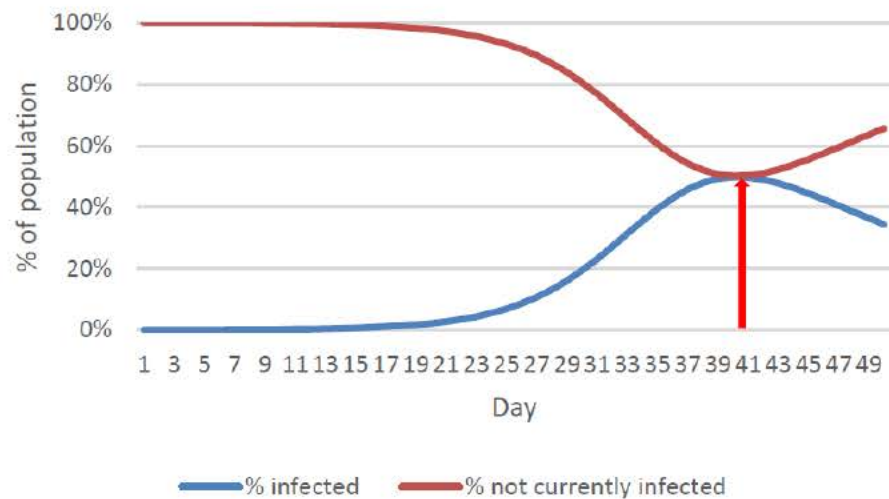
## PREVENTION AND PROTECTION START HERE

### Shipboard Population: 1,000



- The peak represents the interception where the maximum number of people are infected and more people recovered (day 33).

### Shipboard Population: 5,000



- The peak represents the interception where the maximum number of people are infected and more people recovered (day 40).



# NAVY AND MARINE CORPS PUBLIC HEALTH CENTER

## PREVENTION AND PROTECTION START HERE

### 3.) What are the triggers for ordering a ship into enclave?

Assuming 'enclave' means 'quarantine', it is not recommended that a ship be quarantined should a COVID-19 case be discovered aboard. Rather, home isolation and self-quarantine is recommended. Should the ship be underway, it is recommended that disease mitigation processes be implemented as per Guidance for Underway Evaluation and Management of 2019 Novel Coronavirus (available through NMCPHC website COVID-19 toolbox at:

<https://esportal.med.navy.mil/sites/nmcphc/pps/wppc19/COVID-19-Toolbox.aspx>).

<sup>1</sup>Lauer, S., Grantz, K., Bi, Q., Jones, F., Zheng, Q., Meredith, H., ... & Lessler, J. (2020). The Incubation Period of Coronavirus Disease 2019 (COVID-19) From Publicly Reported Confirmed Cases: Estimation and Application. *Annals of Internal Medicine*.



**From:** (b) (6) [CIV.USN](#)  
**To:** [ALL HANDS](#)  
**Subject:** Gym's Secured  
**Date:** Sunday, March 29, 2020 11:09:13 PM

---

Hello Rough Riders,

All the Gym's on the TR are currently secured until further notice. The Pier "Gym" will be reorganized and opened at the earliest opportunity today. We apologize for any inconvenience. Thank you.

v/r

(b) (6)  
Afloat Rec Specialist "Funboss"  
USS Theodore Roosevelt (CVN-71)  
(b) (6) @cvn71 navy mil  
(b) (6) @gmail.com  
w.cell: (b) (6)  
Jdial: (b) (6)  
brick: (b) (6)

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ROUTINE

R 272107Z MAR 20 MID110000530450U

FM CNO WASHINGTON DC

TO NAVADMIN

INFO CNO WASHINGTON DC

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NAVADMIN 092/20

PASS TO OFFICE CODES:

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INFO CNO WASHINGTON DC//N1//

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SUBJ/URINALYSIS POLICY UPDATE//

REF/A/DOC/N1/4JUN09//

REF/B/WEBPAGE/CDC//

NARR/ REF A IS OPNAVINST 5350.4D, NAVY ALCOHOL AND DRUG ABUSE PREVENTION AND CONTROL. REF B IS CENTER FOR DISEASE CONTROL (CDC) COVID-19 HOW TO PROTECT YOURSELF AVAILABLE AT [HTTPS://WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/PREPARE/PREVENTION.HTML](https://www.cdc.gov/coronavirus/2019-NCOV/prepare/prevention.html) //

RMKS/1. This NAVADMIN announces a temporary amendment to the Navy urinalysis program to minimize Sailor exposure to Coronavirus-19 (COVID-19) and adhere to social distancing requirements.

2. Commands will continue random urinalysis specimen collection from Sailors during the COVID-19 pandemic to the greatest extent possible. Commanders and Commanding Officers may pause collection and/or reduce collection percentages and numbers of days collected if he/she deems it necessary to support maximum operational flexibility and/or COVID-19 mitigation efforts.

a. Drug testing shall be conducted with no more than 10 people, including the urinalysis program coordinator (UPC) and observer, gathering for testing in one place at one time while maintaining social distancing of six feet at all times while continuing to follow all collection procedures outlined in reference (a).

b. All command-directed, probable cause, mishap investigations and rehabilitation testing will continue in accordance with reference (a).

c. Commands shall not recall individuals who are sick, restricted in movement (ROM), quarantined or self-monitoring and should not recall individuals who are teleworking or in a non duty status to provide a drug testing specimen.

d. Navy Drug Screening Laboratories (NDSL) will continue to operate and test these specimens.

3. Sailors assigned to non-Navy activities will follow the policy of those activities.

4. As a result of this temporary policy change, the requirement in paragraph 6.a., enclosure (2) of reference (a) to provide their

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echelon 3 commander with the reason for failing to comply with reference (a) is suspended until further notice.

5. Care must continue to be taken when conducting random urinalysis collections. According to the Centers for Disease Control (CDC), it is not known whether non-respiratory body fluids such as urine can contain the virus. The CDC indicates interpersonal contact continues to present the greatest risk of COVID-19 exposure. Please adhere to the following processes to mitigate risks to exposure during urinalysis collections in line with reference (b).

a. All urinalysis specimen collection testing shall comply with all current OPNAV policies and CDC Health Guidance.

b. All participants must engage in safe hygiene practices, including hand washing, maintaining the six feet social distancing requirement, and refraining from touching their face.

c. Administrators shall wipe down all surfaces contacted (after each contact) throughout collection to include tables and door handles.

d. UPCs will not handle a specimen bottle after it has been in the possession/control of the Sailor. Sailors providing a specimen will tighten the lids securely to avoid cross contamination, adhere labels, affix security tape on the specimen bottle and place their specimen bottle in a secondary container with absorbent materials under the observation and direction of the UPC. Sailors should use their own pen to sign and initial during the process. Additionally, UPCs should not handle the military identification card of the Sailor.

e. Sailors, UPCs and observers must avoid personal touch and wash their hands after any contact during this process. All must avoid the exchange of personal items (i.e., identification cards, pens, etc.).

6. For additional information or questions, the urinalysis program point of contact is Ms. LaNorfeia Parker, OPNAV N170D, at (901) 874-4249/DSN 882 or lanorfeia.parker(at)navy.mil.

7. This NAVADMIN will remain in effect until superseded or canceled, whichever occurs first.

8. Released by Vice Admiral John B. Nowell, Jr, N1.//

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**From:** (b) (6) MA2 USN, USS Theodore Roosevelt  
**To:** HODs; HODs & PAS; DLCPOs; ALL OFFICERS; ALL CHIEFS; E-6 and Below; Yeoman  
**Subject:** R 272107Z MAR 20 CNO WASHINGTON DC URINALYSIS POLICY UPDATE  
**Date:** Sunday, March 29, 2020 2:17:07 AM

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Good Morning Rough Riders and Embarked Staff,

We will be continuing urinalysis testing despite COVID-19. Please see the NAVADMIN on the policy update below for instructions on the process we will be following until further notice. To ensure the health and safety of all personnel, the following must be adhered by.

When the urinalysis list comes out for the day, we will be assigning times for each department, please ensure your department reports by their assigned time.

Thank you for your patience during this process. If you have any questions please email myself, MA1 (b) (6) and MAC (b) (6) If your department has individuals that are TAD or quarantined please forward a list ASAP.

CNO WASHINGTON DC NAVADMIN 092/20 message below.

-----OFFICIAL INFORMATION DISPATCH FOLLOWS-----

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R 272107Z MAR 20 MID110000530450U

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SUBJ/URINALYSIS POLICY UPDATE//

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REF/B/WEBPAGE/CDC//

NARR/ REF A IS OPNAVINST 5350.4D, NAVY ALCOHOL AND DRUG ABUSE PREVENTION AND CONTROL. REF B IS CENTER FOR DISEASE CONTROL (CDC) COVID-19 HOW TO PROTECT YOURSELF AVAILABLE AT

[HTTPS://WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/PREPARE/PREVENTION.HTML](https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html) //

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d. Navy Drug Screening Laboratories (NDSL) will continue to operate and test these specimens.

3. Sailors assigned to non-Navy activities will follow the policy of those activities.

4. As a result of this temporary policy change, the requirement in paragraph 6.a., enclosure (2) of reference (a) to provide their echelon 3 commander with the reason for failing to comply with reference (a) is suspended until further notice.

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6. For additional information or questions, the urinalysis program point of contact is Ms. LaNorfeia Parker, OPNAV N170D, at (901) 874-4249/DSN 882 or lanorfeia.parker(at)navy.mil.

7. This NAVADMIN will remain in effect until superseded or canceled, whichever occurs first.

8. Released by Vice Admiral John B. Nowell, Jr, N1.//

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<DmdsSecurity>UNCLASSIFIED//</DmdsSecurity>

<DmdsReleaser>QUINONES.JUSTIN.1465628673</DmdsReleaser>



CLASSIFICATION: UNCLASSIFIED//

V/R,

MA2(SW/AW/IW) (b) (6)

Assistant Urinalysis Coordinator

USS Theodore Roosevelt

Security Dept.

J-DIAL: (b) (6)

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ROUTINE

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SUBJ/NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS  
OUTBREAK UPDATE 3//

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H-3-90

REF/T/ALNAV/SECNAV/026-20//

REF/U/MEMO/OSD/13MAR2020//

REF/V/MEMO/SECNAV/21MAR2020//

NARR/REF A IS NAVADMIN 064/20, NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK (OVERSEAS). REF B IS NAVADMIN 065/20, NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK UPDATE 1 (DOMESTIC). REF C IS NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK UPDATE 2. REF D IS MEMO FROM UNDERSECRETARY OF DEFENSE FOR PERSONNEL AND READINESS, AUTHORIZED DEPARTURE INDIVIDUALS AT HIGHER RISK FROM COVID-19. REF E IS DEPARTMENT OF DEFENSE (DOD) GLOBAL CAMPAIGN PLAN FOR PANDEMIC INFLUENZA AND INFECTIOUS DISEASE. REF F IS DODI 6200.03, PUBLIC HEALTH EMERGENCY MANAGEMENT WITHIN THE DOD. REF G IS MEMO FROM UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS PROVIDING FORCE HEALTH PROTECTION GUIDANCE FOR PERSONNEL RETURNING FROM CHINA DURING THE NOVEL CORONAVIRUS (COVID-19) OUTBREAK. REF H IS SECDEF-APPROVED EXORD THAT DIRECTS USNORTHCOM TO EXECUTE ITS PANDEMIC PLAN 3551-13 AND SUPPORTING GEOGRAPHIC COMBATANT COMMANDERS TO EXECUTE THEIR PANDEMIC PLANS IN RESPONSE TO THE NCOV (COVID-19) OUTBREAK. REF I IS SUPPLEMENT 1 TO REF G. REF J IS SUPPLEMENT 2 TO REF G. REF K IS NAVADMIN 033/20, OPNAV REPORTING GUIDANCE SUPPORTING DOD RESPONSE TO THE COVID-19 OUTBREAK. REF L IS NAVADMIN 039/20, UPDATED DOD GUIDANCE FOR MONITORING PERSONNEL RETURNING FROM CHINA DURING THE NOVEL CORONAVIRUS OUTBREAK. REF M IS NAVADMIN 058/20, UPDATED NAVY GUIDANCE DURING THE NOVEL CORONAVIRUS OUTBREAK. REF N IS JOINT STAFF MESSAGE FOR DOD COVID-19 PASSENGER SCREENING GUIDELINES FOR OVERSEAS MILITARY TRANSPORTATION TERMINALS. REF O IS JOINT STAFF FORCE HEALTH PROTECTION GUIDANCE TO MITIGATE THE RISK OF COVID-19 TRANSMISSION. REF P IS MEMO FROM UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS PROVIDING FORCE HEALTH PROTECTION GUIDANCE FOR THE USE OF PERSONAL PROTECTIVE EQUIPMENT AND NON-PHARMACEUTICAL INTERVENTIONS DURING THE CORONAVIRUS DISEASE 2019 OUTBREAK. REF Q IS MEMO FROM UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS PROVIDING FORCE HEALTH PROTECTION GUIDANCE FOR PERSONNEL TRAVELING DURING THE NOVEL CORONAVIRUS OUTBREAK. REF R IS ALNAV 025/20, FORCE HEALTH PROTECTION GUIDANCE FOR THE DEPARTMENT OF NAVY. REF S IS MEMO FROM SECRETARY OF DEFENSE FOR TRAVEL RESTRICTIONS FOR DOD COMPONENTS IN RESPONSE TO CORONAVIRUS DISEASE. REF T IS ALNAV 026/20, OFFICIAL AND PERSONAL DOMESTIC TRAVEL FORCE HEALTH PROTECTION GUIDANCE FOR DEPARTMENT OF THE NAVY (CONUS TRAVEL GUIDANCE). REF U IS MEMO FROM DEPUTY SECRETARY OF DEFENSE FOR STOP MOVEMENT FOR DOMESTIC TRAVEL FOR DOD COMPONENTS IN RESPONSE TO CORONAVIRUS DISEASE 2019. REF V IS ASN (M&RA) MEMO ON AUTHORIZED DEPARTURE INDIVIDUALS AT HIGHER RISK FROM COVID-19.//

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RMKS/1. This NAVADMIN supersedes references (a) through (c) and  
H-3-90

consolidates those NAVADMINS into one NAVADMIN for ease of reference. It also adds implementing guidance in paragraph 3.H. for an Authorized Departure (AD) of DoD eligible family members (EFMs) and civilian employees in line with references (d) and (v). This NAVADMIN contains measures to mitigate the spread of COVID-19 throughout the Navy enterprise and amplifies DoD and DoN direction for Service Members and Navy civilians. It summarizes and repeats applicable guidance where appropriate so that this will serve as a one-stop information source. Authorized travelers will adhere to the Force Health Protection Guidelines (FHPG) as detailed throughout references (a) through (v) as summarized in this NAVADMIN, and later guidance.

1.A. Background. The DoD has transitioned to Phase Three (Respond) of reference (e), the global campaign in response to the COVID 19 outbreak. Our workforce is our first line of defense. All hands must proactively take action to ensure the health of our force, and to ensure we mitigate the spread of COVID-19 in order to maintain our readiness. During the COVID-19 outbreak, the DoD and DoN will continue to protect and preserve the operational effectiveness of forces worldwide in accordance with (IAW) references (e) and (f). Utilizing FHPG from the Under Secretary of Defense for Personnel and Readiness (USD (P&R)) provided in references (g) and (q), USNORTHCOM is executing its pandemic plan and geographic combatant commanders are executing their supporting pandemic plans IAW reference (h). In compliance with updated USD (P&R) FHPG issued in references (i) and (j), Office of Chief Naval Operations (OPNAV) published initial reporting guidance supporting DoD response to the COVID-19 outbreak in reference (k) and updated that guidance in references (c), (l), and (m).

1.B. Role of the CDC. As the leading U.S. government Public Health Agency, the CDC continues to assess the risk of COVID 19 and to provide guidance for those residing in the U.S. and traveling abroad. Because CDC guidance is principally tailored for persons residing in the U.S., some CDC COVID-19 guidance may have limited applicability for commanders, particularly those outside the United States, and is not recognized by other sovereign nations. While DoD continues to follow the lead of the CDC, when needed, additional military specific measures are authorized to mitigate risk to U.S. forces stationed or deployed around the world, and to protect Service Members, Navy civilian employees, and their family members. USD (P&R) FHPG issued in reference (q) provides guidance for DoD personnel traveling during the novel coronavirus outbreak.

1.C. CDC Travel Health Advisories. The CDC provides travel health advisories at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>. The Advisory Levels are noted below and will be referenced in this NAVADMIN (note that CDC warning levels DO NOT apply to the U.S.):

Level 1 Watch, practice usual precautions (risk of limited community transmission)

Level 2 Alert, practice enhanced precautions (sustained (ongoing) community transmission)

Level 3 Warning, avoid nonessential travel (widespread sustained (ongoing) transmission)

1.D. DoN Civilian Guidance. The DoN civilian workforce more than 220,000 strong plays an integral role in supporting our Sailors and building, manning and maintaining our ships, aircraft, and submarines. Working shoulder to shoulder with our Service Members, it is imperative to have alignment between Navy civilian and military COVID 19 policy and guidance. DoN civilian guidance is contained in references (r) and (t) as well as this NAVADMIN.

1.E. Military Health Protection Guidance. The Secretary of Defense (SECDEF) provided explicit FHPG in references (g) and (q) which is more restrictive than CDC guidance. Commanders must read both documents in their entirety and ensure they are following the actions spelled out in this guidance. Local Commanders can be more

restrictive based on Command location, local community transmission, risk to mission and risk to force. Each and every Sailor must ensure they proactively manage and minimize their personal risk to exposure, and that of their families. Commands are charged with ensuring they track and monitor each Sailor and aggressively follow SECDEF guidance in these references.

2. Mission. All commands will take specific actions to mitigate the spread of COVID-19 worldwide and adhere to the policies and reporting requirements contained in this NAVADMIN.

3. Policy. This NAVADMIN applies to all Navy Service Members, Navy civilians, and their families assigned to DoD installations world-wide. In order to maintain force health protection, readiness of the force and mitigate the risk of transmission among personnel, SECDEF directed an OCONUS travel stop movement to affected countries and areas effective 13 Mar 2020 in reference (s). This includes all forms of travel (Permanent Change of Station (PCS), Temporary Duty (TAD/TDY), and government-funded leave). For Service Members this also includes personal leave and other non-official travel. On 13 March 2020 Deputy SECDEF directed a domestic travel stop movement in reference (u). In line with references (t) and (u), which provides domestic travel guidance, all Service Members will stop movement and Navy civilian personnel and family members whose transportation is government funded will also stop movement. The domestic travel stop movement applies to PCS and TAD/TDY, and Service Members are only authorized local leave. Until the domestic travel restrictions prescribed above are lifted, Navy commands may only gain/onboard civilian employees within the local commuting area. The following domestic travel is authorized: (1) Travel by patients and medical providers for the purpose of medical treatment for Navy personnel and their family members (2) Individuals who have already initiated PCS or TDY travel (including intermediate stops) are authorized to continue to their final destination (see paragraphs 3.B. through 3.E. for further amplification) (3) Individuals whose TDY and/or leave ends while this NAVADMIN is in effect are authorized to return to their home station at the end of their TDY and/or leave (see paragraph 3.C. through 3.F. for further amplification) (4) Individuals pending retirement or separation during this period are exempt. This stop movement (both overseas and domestic) will remain in effect until 11 May 2020.

3.A. Permanent Change of Station (PCS) Overseas. Service Members, Navy civilians and dependents under OCONUS PCS orders to locations designated CDC COVID-19 Warning Level 3 or CDC COVID-19 Alert Level 2 will follow the guidance in section 3.A. of this NAVADMIN. Note that CDC warning levels DO NOT apply to CONUS.

3.A.1. PCS orders to or from CDC COVID-19 Warning Level 3 locations for Service Members. Service Members and their dependents under PCS orders to or from a CDC COVID-19 Warning Level 3 location will stop movement. This policy applies to currently designated CDC COVID-19 Warning Level 3 locations, or those designated Level 3 at a later date.

3.A.1.a. Service Members who have detached from their parent command prior to the date of this NAVADMIN and are in transit are directed to contact Navy Personnel Command (NPC) for follow-on guidance per paragraph 5.A. NPC is standing by to address each specific case and will authorize entitlements based on current location and situation.

3.A.1.b. Detaching and gaining commands shall make every effort to contact affected Service Members enroute

H-3-90



to/from their command to advise them of the contents of this message.

3.A.2. PCS orders to CDC COVID-19 Alert Level 2 locations for Service Members. Service Members under PCS orders to a CDC COVID-19 Alert Level 2 location will execute orders. Dependents of Service Members executing accompanied PCS orders to a CDC COVID-19 Alert Level 2 location will delay travel to the CDC COVID-19 Alert Level 2 location until 11 May 2020. This policy applies to currently designated CDC Alert Level 2 locations and those designated at a later date.

3.A.2.a. Service Members who have detached from their parent command prior to the date of this NAVADMIN and are in transit are directed to contact NPC for follow-on guidance per paragraph 5.A. NPC is standing by to address each specific case and will authorize entitlements based on current location and situation.

3.A.2.b. Detaching and gaining commands shall make every effort to contact affected Service Members enroute to/from their command to advise them of the contents of this message.

3.A.3. PCS orders to or from CDC COVID-19 Warning Level 3 locations for Navy civilians. Navy civilians and their dependents under PCS orders to or from a CDC COVID-19 Warning Level 3 location will stop movement. This policy applies to currently designated CDC COVID-19 Warning Level 3 locations, or those designated Level 3 at a later date. Contact your supervisory chain of command for further guidance.

3.A.4. PCS orders to CDC COVID-19 Alert Level 2 locations for Navy civilians. Navy civilians under PCS orders to a CDC COVID-19 Alert Level 2 location will execute orders. Dependents of Navy civilians executing accompanied PCS orders to a CDC COVID-19 Alert Level 2 location will delay travel to the CDC COVID-19 Alert Level 2 location until 11 May 2020. This policy applies to currently designated CDC Alert Level 2 locations and those designated at a later date. Additionally, until the travel restrictions are lifted Navy civilian hiring actions for positions in Level 2 and Level 3 countries are postponed for non-essential civilian personnel who have not yet begun travel. Contact your supervisory chain of command for further guidance.

3.B. PCS in the United States and its territories. Service Members, Navy civilians and dependents under domestic PCS orders will follow the guidance in section 3.B. of this NAVADMIN.

3.B.1. Navy Civilians. All Department of the Navy civilian employees whose transportation is government funded will stop movement. Navy commands may continue civilian hiring actions, but may only onboard civilian employees in the local commuting area. Contact your supervisory chain of command for further guidance.

3.B.2. Service Members.

3.B.2.a. Service Members who have not yet initiated PCS travel as of the effective date of this NAVADMIN are directed to contact NPC for follow-on guidance per paragraph 5.A. NPC is standing by to address each specific case and will authorize entitlements based on current location and situation.

3.B.2.b. For Service Members who have already initiated PCS travel, detaching and gaining commands shall make every effort to contact those Service Members to advise them of the contents of this message.

3.B.2.c. A local PCS move may be executed without an exception since it does not involve travel outside of the local area. To be clear, same geographic location PCS moves will only be executed with due regard to the operational readiness of the commands involved. Losing and gaining commands are encouraged to coordinate with placement coordinators and detailers in PERS-4 as required. PERS-4 shall adjudicate same geographic location PCS move decisions in situations where losing and gaining commands do not

agree on an execution timeline. This adjudication may be delegated, but no lower than the O-6 Division Director level at PERS-4.

3.C. Other Official Overseas Travel (Meetings, Conferences, Site Visits, etc). All other official travel by Service Members and Navy civilians to or from a country designated as CDC COVID-19 Warning Level 3, is prohibited and will require an exception IAW paragraph 3.G. Navy Reserve personnel will follow guidance promulgated by the Chief of Navy Reserves.

3.D. Other Official Domestic Travel (Meetings, Conferences, Site Visits, etc.). All other official travel by Service Members and Navy civilians in the United States is prohibited and will require an exception IAW paragraph

3.G. Navy Reserve personnel will follow guidance promulgated by the Chief of Navy Reserves.

3.E. Travel for Official Training (Overseas and Domestic).

3.E.1. Service Member and Navy civilian travel to attend formal training will require an exception IAW paragraph 3.G prior to travel, will require advance coordination with the training command and will comply with Navy Component Commander guidance concerning pre- and post- travel medical screening and reception procedures to include restriction of movement (ROM) if applicable.

3.E.2. Service Members and Navy civilians currently under PCS or TAD/TDY orders and attending training and/or schools will complete their current training and/or school. For those on TAD/TDY orders, Service Members and Navy civilians are directed to contact the command that issued the orders for returning instructions/guidance. Navy civilians executing PCS orders are directed to contact the command that issued the orders for further guidance. Service Members executing PCS orders are directed to contact Navy Personnel Command for guidance and potential orders modification. Once the current school/training is complete, Service Members should expect to take one of the following actions: (1) Return to their previous Permanent Duty Station (PDS), (2) Remain at the school/training site if prudent for health protection, (3) If the next school/training is in the same location and the course is still being offered, continue training. Reevaluate after school/training completion, (4) Proceed to the ultimate PDS. Decisions will be based on force health protection considerations. Throughout the process, Service Members should consult with their affected command (current, losing or future) as well as their detailee where applicable.

3.F. Personal Leave and Liberty (overseas and domestic). Commanding Officers (CO) and officers in charge may authorize local leave IAW command policy for Service Members. Leave or personal travel outside of the local area, as defined by Commanding Officers and officers in charge, requires an exception as outlined in paragraph 3.G. For those Service Members currently on leave, COs or officers in charge are delegated authority to terminate leave early or allow completion of leave as authorized based on location, duration and risk to Service Member. For Navy civilians, approval or denial of civilian annual leave requests will be based on mission requirements. While intended travel outside the local commuting area may be considered in determining impact to mission requirements, leave requests for Navy civilians cannot be denied solely because an employee is travelling outside of the local commuting area. In line with reference (t) paragraph 3(b), Navy civilian employees are strongly encouraged to avoid personal leave outside of the local area.

3.G. Exceptions.

3.G.1. Individuals pending retirement or separation within the next 60 days are exempt from this stop movement.

3.G.2. Commanding officers and officers in charge may request an exception to paragraphs 3.A. through 3.F. in the following cases: (1) determined to be mission essential, (2)

necessary for humanitarian reasons, or (3) warranted due to extreme hardship. Mission-essential travel refers to work that must be performed to ensure the continued operations of mission essential functions, as determined by the local Commander.

3.G.2.a. Navy Personnel Command (PERS-4) is authorized to approve or deny stop movement exceptions for Service Member PCS travel in paragraphs 3.A., 3.B., and 3.E.2. Approvals of exception requests shall be made via message traffic to all concerned and will specify whether dependents are authorized to accompany the Service Member. Detaching Commander endorsement is required. Upon receipt of an approved exception, Transaction Service Center or Personnel Support Detachment/personnel offices will process the Service Member for transfer to the gaining command. Send all exception requests to pers451(at)navy.mil with the subject line PCS EXCEPTION REQUEST. Exception request formats will be provided by PERS-4 and posted on MyNavy Portal. Service Members who are granted an exception and are traveling from a CDC COVID-19 Warning Level 3 or Alert Level 2 location will receive guidance from NPC concerning Navy Component Commander pre- and post- travel medical screening and reception procedures to include ROM.

3.G.2.b. Authority to approve or deny stop movement exceptions for Service Members in the case of: (1) Official travel in paragraph 3.C. and 3.D., and (2) Official training, not associated with a PCS, in paragraph 3.E., and (3) Leave requests that include travel outside of the local area in paragraph 3.F, is delegated to the echelon 2 commander. The echelon 2 commander may further delegate exception authority, but no lower than the first flag officer or Senior Executive Service (SES) in the chain of command of the Service Member. Those who are granted an exception will comply with the echelon 2 guidance concerning pre- and post- travel screening and reception procedures.

3.G.2.c. Exceptions for PCS of Navy civilians. Authority to approve or deny exceptions of the PCS of Navy civilians from outside the local commuting area in paragraphs 3.A. and 3.B is delegated to the echelon 2 commander. The echelon 2 commander may further delegate exception authority, but no lower than the first flag officer or SES in the chain of command of the command or activity performing the hiring action. Those who are granted an exception will comply with the echelon 2 guidance concerning pre- and post- travel screening and reception procedures.

3.G.2.d. Authority to approve or deny stop movement exceptions for Navy civilians in the case of: (1) Official travel in paragraph 3.C. and 3.D. and (2) Official training, not associated with a PCS, in paragraph 3.E. is delegated to the echelon 2 commander. The echelon 2 commander may further delegate exception authority, but no lower than the first flag officer or SES in the Service Member or Navy civilian employee chain of command. Those who are granted an exception will comply with the echelon 2 guidance concerning pre- and post- travel screening and reception procedures.

### 3.H. Authorized Departure.

3.H.1. The Office of the Under Secretary of Defense (Personnel and Readiness) has announced an Authorized Departure (AD) as outlined in reference (d). In line with reference (v), Navy Service Member eligible family members (EFMs) and Department of the Navy civilian employees who have determined they are at higher risk of a poor health outcome if exposed to COVID-19 or who have requested departure based on a commensurate justification in foreign areas as well as a civilian employee and/or other eligible family members who may need to accompany them - are authorized to depart their current duty station. DoN civilian employees who wish to depart their duty station must consult with their chain of command.

3.H.2. The designated safe-haven for departing Service Member eligible family members is the contiguous United States (US). The designated safe-haven for departing DoN civilian employees is Arlington, Virginia. Members should work with their commands and

local travel office to arrange for transportation to their safe-haven. Authorized departures are only permitted when appropriate transportation and reception procedures are in place consistent with reference (s). Travelers should be aware that preventative health measures to include restricted movement and business closures have been implemented in the United States to various degrees by federal, state and local governments. Travelers shall be advised to check the restrictions applicable to their situation, based on their departure location, any enroute locations (foreign and in the United States) and their ultimate safe-haven, as well as availability of lodging, prior to commencing travel. IAW the Joint Travel Regulations (JTR), chapter 6, dependents must designate their specific safe haven location in the United States upon, or prior to, entry to the United States. Once designated, the specific safe-haven cannot be changed. Dependents of uniformed personnel will be processed for safe-haven allowances IAW with the JTR, Chapter 6, paragraph 0602. DoN civilian employees and their eligible family members will be processed for allowances IAW with the JTR, Chapter 6, paragraph 0604.

3.H.3. It is strongly recommended that eligible family members and civilian employees after traveling to, through and from a location with a Center for Disease Control Travel Health Notice for COVID-19 take the following measure for the next 14 days: (a) Implement self-observations for symptoms of fever, cough or difficulty breathing (b) Implement social distancing, e.g., remain out of congregate settings, avoid mass gatherings, and maintain 6 feet distance from others when possible (c) If individuals feel feverish or develop measured fever, cough, or difficulty breathing, immediately self-isolate, limit contact with others, and seek advice by telephone from the appropriate healthcare provider to determine whether medical evaluation is required,.

3.H.4. The following provides general information for Service Member eligible family members regarding allowances. Members are advised that the impact of this authorized departure on their specific allowances is highly dependent on member individual circumstances. For questions regarding specific allowances, members should contact their nearest Personnel Support Detachment or My Navy Career Center (MNCC) or consult the JTR, chapter 6.

3.H.4.a. Per diem: Transportation expenses and travel per diem are authorized from the time the family departs the evacuation site, through the time they reach their selected safe haven location in the continental United States including processing time at both the evacuation and receiving site. A non-command sponsored dependent is only authorized transportation and per diem. Other allowances will not be paid.

3.H.4.b. Escort allowances: Travel and transportation allowances are also payable to a member, a U.S. government civilian employee, or a person who travels under an official travel authorization/order as an escort for an evacuated dependent who is incapable of traveling alone to the safe haven due to age, physical or mental incapacity, or other extraordinary circumstances.

3.H.4.c. Household goods (HHG)/shipping allowance: upon a dependent departing for a safe haven, unaccompanied baggage (for the dependent), and HHG items as needed for dependent comfort and well-being, may be transported at government expense.

3.H.4.d. POV: Transportation of a POV at government expense to a safe haven is not authorized.

3.H.4.e. Pets: A member is authorized transportation to the safe haven location incident to an evacuation from a foreign PDS for up to two household pets (defined by JTR 060204 as a cat or dog), which the member owned at the evacuated foreign PDS (to include quarantine fees).

3.H.4.f. Housing allowance: A member, whose

H-3-90

command sponsored dependents are evacuated and who was authorized a with dependent housing allowance on the evacuation date, continues to be paid such allowance while the members PDS remains unchanged and the member continues to maintain private sector housing, as long as the command-sponsored dependents are receiving evacuation allowances.

3.H.4.g. Family separation allowance (FSA): A member is entitled to FSA if a member has a dependent depart an overseas duty station at government expense because of an evacuation and begins on the 31st day of dependent departure from the PDS.

3.H.5. The above listed allowances are not all inclusive and may not be applicable in all cases. Members are encouraged to contact the MNCC to obtain information specific to their circumstances. Receipts/records pertaining to evacuation should be retained.

3.I. Actions upon return from a CDC COVID-19 Alert Level 2 or higher location or if in close contact with a confirmed COVID-19 infection.

3.I.1. Service Members who travel or have traveled in the prior 14 days to or through a CDC COVID-19 Warning Level 3 or Alert Level 2 location will immediately notify their chain of command and be placed in a 14 day ROM status. Immediate supervisors will not require Service Members to report to their duty location or otherwise disregard the ROM. Service Members will comply with reference (q) and Navy Component Commander guidance concerning pre- and post- travel medical screening and reception procedures to include ROM. Commanders may, pursuant to DoD and Navy regulations and policies, authorize telework opportunities, permissive TAD/TDY or work from home as necessary.

3.I.2. Service Members who have had close contact with someone with a confirmed COVID-19 infection and feel sick with a fever, cough or difficulty breathing shall:

3.I.2.a. Inform their Senior Medical Department Representative immediately.

3.I.2.b. Seek medical care immediately. Before going to the office of a doctor or emergency room, call ahead to provide recent travel locations and symptoms.

3.I.2.c. Avoid contact with others.

3.I.2.d. Stay home except to get medical care.

3.I.2.e. Cover mouth and nose with tissue or sleeve (not hands) when coughing or sneezing.

3.J. Holding Conferences. All Navy personnel shall maximize the conduct of virtual conferences, meetings and classes to the fullest extent. Holding conferences are strongly discouraged and must be approved by a Navy Component Commander, Deputy Fleet Commander, Task Force Commander or Navy Region Commander charged with hosting the conference.

3.K. General Health Guidance. Compliance with CDC guidance is critical to minimize the spread of COVID-19. All personnel shall:

3.K.1. Wash hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing your nose, coughing or sneezing. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60 percent alcohol. Always wash hands with soap and water if hands are visibly dirty.

3.K.2. Avoid close contact with people who are sick.

3.K.3. Avoid touching your eyes, nose and mouth.

3.K.4. Stay home when you are sick.

3.K.5. Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

3.K.6. Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

3.K.7. Maximize open doors within area with equivalent classification levels.

3.K.8. Minimize meetings of more than five persons.



### 3.K.9. Practice social distancing.

3.K.10. Minimize attendance at large group gatherings outside of the workplace (for example shopping malls and restaurants with large attendance).

#### 3.L. Supplemental Guidance for Commanders.

3.L.1. IAW reference (q), Commanders should identify and track all Service Members who travel or have a history of travel in the prior 14 days. This includes travel by military or commercial means as well as private conveyance and includes all forms of travel to include PCS, temporary duty and leave. Commanders shall ensure Service Members implement the following actions for the next 14 days:

3.L.1.a. Implement self-observation, i.e., take temperature twice a day and remain alert for fever (>100.4 degrees F or 38 degrees C) and remain alert for fever, cough or difficulty breathing.

3.L.1.b. To the extent possible implement social distancing, i.e., remain out of congregate settings, avoid mass gatherings and maintain 6 feet or 2 meter distance from others when possible.

3.L.1.c. If individuals feel feverish or develop measured fever, cough or difficulty breathing, immediately self-isolate, limit contact with others and seek advice by telephone from the appropriate healthcare provider to determine whether medical evaluation is required.

3.L.2. Commanders will adhere to DoD guidance for personnel traveling during the novel coronavirus outbreak per reference (q) to include COVID-19 screening at overseas military transportation terminals per reference (n). Commanders will review the supplemental risk-based measures and observe the operational risk level mitigation actions for COVID-19 outlined in reference (f).

3.L.3. For individuals traveling OCONUS to OCONUS, Commanders will ensure travel is mission essential and follow the guidance listing in reference (s) if compelling exceptions are necessary. Military air crew are exempt from the requirements in this NAVADMIN, but will ensure they actively practice social distancing and prudent measures to mitigate potential contact and COVID-19 transmission.

3.L.4. Commanders will comply with status of forces agreements when applicable.

3.L.5. Consider measures to place mission essential shore staffs on alternating day or split shift rotations.

3.L.6. Use maximum latitude to authorize telework, liberal leave, permissive TDY as necessary to minimize spread within your teams.

3.L.7. Implement social distancing techniques for any meetings you conduct.

3.L.8. Ensure the health of your force by conducting regular screenings and restrict movement of those potentially infected with COVID-19.

3.M. Entitlements. Changes to entitlements associated with a ROM have been approved and put in place by DoD. The entitlements include, but are not limited to per diem for Service Members and dependents directed to ROM after arrival at a duty station after a PCS move and the implementation of Hardship Duty Pay (HDP) ROM for members who incur unreimbursed lodging expenses when directed to ROM at their PDS. Additionally, the Pay and Personnel Management Branch (PERS-2) has released Pay and Personnel Information Bulletin (PPIB) 20-5 and 20-6 which provided Navy Pay Offices with information regarding recent JTR changes regarding self-isolation and establishment of HDP-ROM. Eligibility for entitlements varies based on individual circumstances. If you have questions about entitlements, please contact the MyNavy career center (1-833-330-

6622) or via e-mail at askmncc(at)navy.mil.

4. Regular Reporting. For CONUS commands, ensure your points of contact (POC) submit accurate and timely COVID-19 daily reports and CCIRs to USFFC, with an information copy to the local installation commander, for consolidation and subsequent reporting to OPNAV. For OCONUS commands, ensure your POCs submit accurate and timely COVID 19 daily reports and CCIRs to the Navy Component Command/echelon 2 command, with an information copy to the local installation commander, for consolidation and subsequent reporting to OPNAV. Given potential rapid escalation of case numbers and impact on readiness, additional reporting is required. Navy commands will report the following through their chain of command and via OPREP where appropriate:

4.A. COVID 19 daily reports. COVID 19 Case Information broken out by Active-Duty, DON Civilian, Military Family Members and Navy Contractors as follows:

4.A.1. Active-Duty: Total Persons Under Investigation (PUI)/Positive Cases/Positive Cases in Home Isolation/Positive Cases in Hospital/Positive Cases Recovering Post-Hospitalization/Positive Cases Returned to Work/Deaths,

4.A.2. DoN Civilian: Total PUI/Total Positive Cases/Positive Cases in Home Isolation/Positive Cases in Hospital/Positive Cases Recovering Post-Hospitalization/Positive Cases Returned to Work/Deaths,

4.A.3. Family Members: Total PUI/Total Positive Cases/Positive Cases in Home Isolation/Positive Cases in Hospital/Positive Cases Recovering Post-Hospitalization/Deaths,

4.A.4. DoN Contractors: Total PUI/Total Positive Cases/Positive Cases in Home Isolation/Positive Cases in Hospital/Positive Cases Recovering Post Hospitalization/Deaths.

4.B. CCIRs. For COVID-19 Active-Duty Service Members and Navy civilians only (in accordance with HIPAA and the Privacy Act):

4.B.1. Date individual identified as infected

4.B.2. Date individual admitted to hospital (if applicable)

4.B.3. Is individual in ICU?

4.B.4. Is individual on a ventilator?

4.B.5. Date individual is discharged

4.B.6. Date individual recovers

4.C. The death of a Navy Service Member, Navy civilian, Navy contractor, or family member due to COVID-19.

4.D. Any shortage of medical personal protective equipment (PPE) or test kits.

4.E. Significant or newsworthy installation or facility closures.

4.F. Unit or installation is unable to meet isolation requirements.

4.G. Unit or installation is unable to meet operational requirements.

4.H. Any local or regional change in health protection condition (HPCON).

5. Points of Contact.

5.A. Sailor Support. Service Members with questions regarding this stop movement or entitlements for PCS travel should contact the MyNavy Career Center (1-833-330-6622) or email ASKMNCC(AT)NAVY.MIL. Detailers are ready to support all order modifications and commands should work with their placement officers.

5.B. Medical Questions. BUMED Watch: 703 681 1087/1125 or NIPR EMAIL: usn.ncr.bumedfchva.list.bumed---2019-ncov-response-cell(AT)mail.mil.

5.C. Reporting Requirements. OPNAV Battle Watch Captain at 703 692 9284 or BWC.PTGN(AT)NAVY.MIL.

5.D. Navy civilians. Navy civilians with questions regarding this guidance should contact their supervisory chain of command.

H-3-90

6. The Navy will ensure the best possible Navy-wide Force Health Protection for its Sailors, civilian employees and family members. However, all members of the Navy family must do their part by adhering to CDC guidelines as they relate to basic hygiene and human interaction. The Navy will remain focused on meeting our global commitments while also ensuring the health and well-being of our Service Members, Navy civilians and our families.

7. Our understanding of COVID-19 is rapidly evolving and this guidance will continue to be evaluated as conditions change. We recognize many of the policies in this NAVADMIN will place a strain on our force, but they are absolutely necessary to preserve our ability to conduct the mission. Local Commanders will exercise prudent judgement when determining mission essential travel and granting waivers and err on the side of conservatism. This is not business as usual. The expectation is that these exceptions are done on a case by case basis and that they are very limited in number. The entire team must understand their role in minimizing the spread of COVID-19 among our ranks. All efforts should be taken to combat the spread of COVID-19 and to minimize impact on our force. The Navy will remain focused on meeting our global commitments while also ensuring the health and well-being of our Service Members, Navy civilians and our families.

8. As the COVID-19 situation continues to evolve, Commander feedback is an important part of issuing revised or additional guidance. It is virtually impossible to address all specific cases or situations. However, Commanders have the latitude to adjust direction based upon their unique situation. For example, a unit that has been at sea for 14 days with no COVID-19 cases may make the decision to relax social distancing requirements until they pull into port. Thank you for your leadership at the tip of the spear, wherever that may be. We know that it is not easy and simply ask that you make the best call possible we will back you up.

9. Released by Vice Admiral John B. Nowell, Jr, N1.//

BT

#0001

NNNN

UNCLASSIFIED//

**From:** (b) (6) [CAPT USN, USS Theodore Roosevelt](#)  
**To:** (b) (6) [CDR USN, CCSG-9](#); (b) (6) [CDR USN, USS Theodore Roosevelt](#)  
**Cc:** (b) (6) [CAPT USN, CCSG9](#)  
**Subject:** Testing planning factors  
**Date:** Friday, March 27, 2020 9:24:32 AM  
**Attachments:** [TR Triage and Disposition Plan.pdf](#)

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All,

Attached is the most current version of what C7F put out for the get well plan for the TR. This model starts with testing the entire ship and then after the negatives finish their 14 day quarantine then they repeat the testing.

One testing team can test 200 sailors/day in batches of 5 (40 batches of 5 sailors). Based on our experience, 16.7% of the batches of 5 will be positive, requiring individual testing of each person in the batch to figure out the individuals. Two teams can test 400 sailors per day (80 batches).

5000 sailors = 1000 batches

1000 batches/80 batches per day = 12.5 days of testing

16.7% positive batches = 167 batches x 5 people per batch = 835 individual tests

835 individual tests/80 tests per day = 10.4 days of testing to identify the positive tests

Total for the first round of testing = 22.9 days of testing

From start of testing to completion of 14 days quarantine = 37 days.

The testing at the end of quarantine would be much closer to 12.5 because there should be very few, if any positives, and that should finish at approximately 50 days.

Assumptions:

- 1) Two testing teams running at full capacity with no interruptions to testing and complete complement of supplies.
- 2) Robust ancillary support for tracking/documentation.
- 3) If available, a third testing team could do the positive testing in parallel with the batch testing, reducing this to closer to 12.5 days.

My recommendation: No testing at the beginning, quarantine the bulk of the ship in single rooms with heads, and if testing is required (though not medically indicated), do it at the end with bulk collection of tests which can then be shipped to numerous labs around the world to process expeditiously while the ship gets ready to return to sea.

v/r,

SMO

(b) (6) MD  
CAPT MC(FS) USN

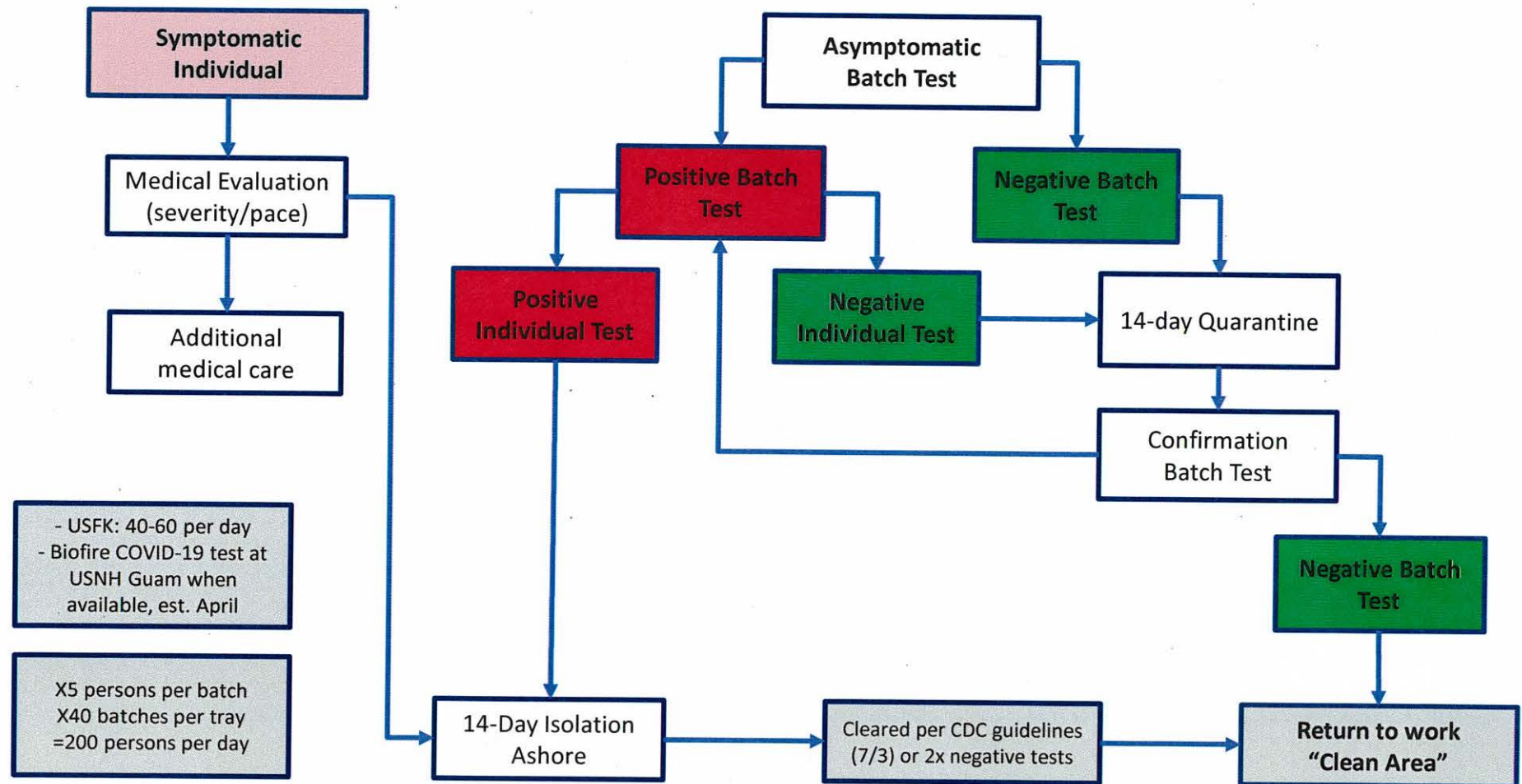
Senior Medical Officer  
USS Theodore Roosevelt (CVN-71)  
Work: (b) (6)  
J-dial: (b) (6)  
Cell: (b) (6)





UNCLASSIFIED

# TR Triage and Disposition Plan



H-3-91

UNCLASSIFIED

**From:** (b) (6) CAPT USN, C7F  
**To:** Spedero, Paul C Jr RDML USN USFFC (USA)  
**Cc:** (b) (6) CAPT USN NAVY JAG WASH DC (USA); (b) (6) CIV USN COMNAVSAFECEN NOR VA  
(b) (6) LCDR USN NAVCIVLAWSUPPACT DC (USA)  
**Subject:** RE: Signed C7F CoS statement  
**Date:** Friday, May 22, 2020 1:22:28 AM

---

Sir

Answers follow

1. Yes, Commander, SEVENTH Fleet was engaged in the hotel option early. As stated in the email to which you refer I told CoS (b) (6) 'not saying no it is on the table.' Hotels were always an option like all others, but in the first 48-72 hours not certain. There was general hesitation initially in the first 48-72 hours to engage Governor of Guam directly, I spelled out some sensitivities in my statement. This was one planning factor driving other COAs in the first 48-72 hours. JRM wanted space to work Governor Guam - all matters - bringing TR in, how many persons Governor Guam expected to send to NBG at the same time (this was an active discussion due to Guam expected COVID outbreak), hotels, etc. I recall C7F asking CJRM to engage directly with the Governor on the hotel option in these first few days.

C7F did not directly engage Government of Guam - that is outside our C2 lane - that is JRM who reports to INDOPACOM. C7F worked through JRM, I recall additional direct discussions between C7F and CJRM on engaging Governor of Guam on 28 Mar on the hotel option and he did, having laid the ground work in the days prior. C7F brought up hotels with CPF as early as Saturday 28 Mar. Was told would require INDOPACOM permission to pursue. Not unexpected.

From there, once approved, we were very involved in the detailed planning and execution of getting the crew to hotels, including Commander level engagement with DMHQ at PACFLT to get the contracts in place. Also very involved in getting the samples moving through the Korea lab to enable crew to get to the hotels.

2. Yes to all. Commander SEVENTH Fleet was very aware of testing limitations on Guam from the outset. Both C7F and Staff were aware of the limits of surveillance (STEP ONE) testing, Guam NH and we learned quickly how large of an effort it was for a CVN medical department to get nasal swab capacity up to a high number, not a trivial task. C7F and Staff had a realistic appraisal of how long testing would take on the ground. The Korea lab was another issue. We had a planning factor there of 90 per day, until on 28 Mar the reference lab was brought into the picture with an advertised 1000 per day (not reached for quite some time, the lab provides services to other customers).

We knew this would make things slow going, but until we had to test for hotel entry, we thought we could get into quarantine (i.e. segregation)/isolation fast without testing - only testing at the back end of 14 days, which would have given us time to think it through. But hotels got turned on quickly, requiring lab tests first and then testing became the occupying LIMFAC.

It is important to note that the first weekend 28 Mar C7F came under high pressure from CPF to expand testing capacity to 500 per day minimum to meet the newly advertised 1000 per day capacity. HHQ focus was test, C7F focus

was get segregated/isolated - the COAs to get there. I was present for several phone calls between CPF and C7F where the subject was raise testing capacity immediately and fast - I think it fair to say it was HHQ primary focus. This resulted in C7F and Staff having to get answers from CSG-9 on testing throughput of the medical department from day 1 which frankly I viewed as a distraction (this was before hotels were a go). This also resulted in having to focus on getting a high number of nasal swabs the first weekend, even though we didn't yet have the flights in place for Korea. These swabs were not needed to get into Naval Base Guam occupancy the first weekend. We could not yet complete the 'kill chain' to Korea at that time (air transport). STEP ONE was also a slow process. It was several days if not near to a week or more before nasal swab capacity was up around 400-500 per day. This intensive labor, and the fact that TR medical would have to go to segregation, was one driving factor on getting the 3rd Med Battalion.

VR

(b) (6)

CAPT (b) (6)

Chief of Staff

SEVENTH Fleet

Embarked on USS BLUE RIDGE (LCC-19)

Inport DSN (b) (6)

Inport Comm: (b) (6)

At Sea DSN Direct: (b) (6)

At Sea (Commercial) Direct: (b) (6)

At Sea BLR Exchange DSN: (b) (6)

At Sea BLR Exchange (Commercial) (b) (6)

Tandberg EX-90: (b) (6)

Mobile: Overseas: (b) (6)

Mobile in Japan: (b) (6)

SIPR: (b) (6) @lcc19.navy.smil mil

Hot Site: (b) (6)

OneNet: (b) (6) @fe navy mil

OneNet SIPR: (b) (6) @fe navy.smil.mil

DSN (b) (6)

Tandberg: (b) (6)

Mobile: Overseas: (b) (6)

Mobile in Japan: (b) (6)

CENTRIXS (All Locations)

CENTRIXS K: (b) (6) @pacom kor.cmil.mil

CENTRIXS J: (b) (6) @mail.jpn.cmil mil

CENTRIXS FVEY: (b) (6) @rel.pacom.smil.mil

CENTRIXS CFMP: (b) (6) @af.usa.getf-cmfp.cmil mil

-----Original Message-----

From: Spedero, Paul C Jr RDML USN USFFC (USA)

[mailto:(b) (6)] @navy mil

Sent: Friday, May 22, 2020 7:23 AM

To: (b) (6) CAPT USN, C7F <(b) (6)> @lcc19 navy.mil>



Cc: (b) (6) CAPT USN NAVY JAG WASH DC (USA)  
<(b) (6)@navy.mil>; (b) (6) CIV USN COMNAVSAFECEN NOR VA  
(USA) <(b) (6)@navy.mil>; (b) (6) LCDR USN NAVCIVLAWSUPPACT  
DC (USA) <(b) (6)@navy.mil>  
Subject: RE: Signed C7F CoS statement

COS,  
I have two follow-up questions:

In an email to COS CSG-9, in which he asked about hotel room in Guam and you said something to the effect that it was a "big ask" and we would like to know if the option continued to be worked or explored by C7F. We have information that CJRM continued to work hotels as an option and would like to know if you and/or the Commander 7F continued to be engaged in that planning and coordination.

Second,  
Testing capacity was an issue in the first few days in Guam. Were you aware of capacity that the ship was able to meet? Was C7F? Did anyone provide the Commander 7F with feedback on capacity?

V/r  
Speedy

RDML Paul C. Spedero Jr., USN  
Command Investigation Team  
(b) (6)  
(b) (6)@navy.mil

**\*\*PRE-DECISIONAL / DELIBERATIVE INFORMATION // ~~FOR OFFICIAL USE ONLY~~\*\***

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-----Original Message-----

From: (b) (6) CAPT USN, C7F <(b) (6)@lcc19.navy.mil>  
Sent: Thursday, May 21, 2020 5:11 AM  
To: Spedero, Paul C Jr RDML USN USFFC (USA) <(b) (6)@navy.mil>  
Cc: (b) (6) CAPT USN NAVY JAG WASH DC (USA)  
<(b) (6)@navy.mil>; (b) (6) CIV USN COMNAVSAFECEN NOR VA  
(USA) <(b) (6)@navy.mil>; (b) (6) LCDR USN NAVCIVLAWSUPPACT  
DC (USA) <(b) (6)@navy.mil>  
Subject: Signed C7F CoS statement

Sir  
Please find attached.

VR

(b) (6)

CAPT (b) (6)

Chief of Staff  
SEVENTH Fleet  
Embarked on USS BLUE RIDGE (LCC-19)  
Inport (b) (6)  
Inport Comm: (b) (6)  
At Sea DSN Direct: (b) (6)  
At Sea (Commercial) Direct: (b) (6)  
At Sea BLR Exchange DSN: (b) (6)  
At Sea BLR Exchange (Commercial) (b) (6)  
Tandberg EX-90: (b) (6)  
Mobile: Overseas: (b) (6)  
Mobile in Japan: (b) (6)  
SIPR: (b) (6) @lcc19.navy.smil mil

---

Hot Site: (b) (6)  
OneNet: (b) (6) @fe navy mil  
OneNet SIPR: (b) (6) @fe navy.smil.mil  
DSN (b) (6)  
Tandberg: (b) (6)  
Mobile: Overseas: (b) (6)  
Mobile in Japan: (b) (6)

---

CENTRIXS (All Locations)  
CENTRIXS K: (b) (6) @pacom kor.cmil.mil  
CENTRIXS J: (b) (6) @mail.jpn.cmil mil  
CENTRIXS FVEY: (b) (6) @rel.pacom.smil.mil  
CENTRIXS CFMP: (b) (6) @af.usa.getf-cmfp.cmil mil



**Witness Statement of (b) (6) AME2:**

On 14 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: AME2 (b) (6) Position: Ejection Seat Mechanic

Command: VFA-87 Department/Division: 13B

Email Address: (b) (6) @cwv11.navy.mil Phone(s): N/A

I have been in the Navy for about six years. My job is to work on ejection sets in aircrafts. I reported to VFA-87 in May 2019. We embarked onboard USS THEODORE ROOSEVELT in January 2020. This is my first deployment. While embarking my first impression of the ship was fine. I have a buddy of mine who was stationed onboard before and he told me good things about the command. I feel that my chain of command passes information to us well.

Three days after leaving San Diego for deployment I got really sick. My symptoms were very similar to COVID-19 symptoms. I had a runny nose, dry cough and night sweats. I went to medical and received a cold pack. A few days later I went back to medical as my symptoms were not getting better and medical refilled my cold pack and gave me an SIQ chit. After about 14 days from my initial start of my symptoms I went back to medical for a third time and was diagnosed with pneumonia. The first two to two and a half weeks of deployment were horrible due to my sickness. Other people within my shop were sick too and we all just took turns getting pneumonia. I believe we only had one person get sick with the double dragon. I was working night shift so if I felt really ill my night check supervisor would let me go to my rack. I don't recall announcements about the sickness around the ship. Hand washing and hygiene were short discussed, but that's about it. I heard about COVID-19 from social media and the news. I started to feel better about two days before our first port visit to Guam.

I can't remember details from the Da Nang liberty brief. I can't recall a specific cleaning routine or discussions of social distancing prior to Da Nang. While in port Da Nang, my watch standing did not change. I continued standing my watch in an office. I was excited about Da Nang port visit. The first day in port liberty secured. The liberty boats stopped running due to the state of the sea. The second day I left to ship and attended an MWR tour. On my way back to the ship, I was unable to return because the liberty boats stopped running. The liberty busses eventually took us to a hotel called the Golden Bay and I stayed there overnight. On the third day I stood duty and on the fourth day I just walked around town. I was unaware of any health pre cautions. The Vietnam citizens would wear mask and some businesses had signs up stating "closed due to COVID-19". There was no screening on the ship or pier. The last day I believe medical made us use hand sanitizer when we came back to the ship. I happened to be standing watch in the ready room when a Chief received word



on a possible COVID case at a hotel he and others were staying at by I believe a Major. The Chief sent an email to me for mustering telling me about what he was told and I then informed the CVW Senior Chief on watch. At that point there were a limited number of people who were aware of this including myself and the people who were involved. When the sailors returned to the ship they were quarantined.

After Da Nang we started covering the symptoms of COVID-19 at quarters. We were told if there are any concerns to go to medical. We started using bleach during cleaning stations once per day. Currently we do it three time a day but I cannot recall doing it twice a day. After the positive cases were identified everyone started wearing mask. I absolutely believed there were more positive sailors then those two cases. There are 5,000 sailors onboard this ship, I knew this would become an issue. I did however believe that the initial 39 Sailors placed in quarantine were placed there out of a pre caution. There were other complete berthings who went into a quarantine as well, but there were not strong controls for those in quarantine as I have seen people who were supposed to be quarantined walk around the ship. After several days they released the onboard quarantine personel. We were being told this information at our squadron quarters. Some of my chain of command were placed into the initial quarantine. It was known throughout the deck plates that the quarantine was kind of a bad deal. The sailors were only given the basics and could not leave to do anything. I recall there was a 1MC announcement about the sailors in quarantine informing us that they did not test positive for the virus. I personally had no concerns for my safety. I honestly think I already it based on my symptoms at the beginning of the deployment. The two sailors that tested positive were quarantines and the flown off the ship to Guam. I am not sure what their quarantine location was or what they looked like.

Cleaning became an all hands effect twice a day for 30 minutes. We did use bleach during cleaning stations at that time. The transit from Da Nang to Guam felt like a normal underway. We still had to complete our maintenance and flight hours had to get done. There was no pause, we still had to get the job done. My health was good and I felt normal. After Da Nang the gym stayed open. There were some restrictions such as limiting the amount of sailors in the gym and limiting each sailor to an hour to workout until the ship started to sanitize the spaces on the ship. The barbershop was closed right before Guam. The main ship store stayed open but the small ships store closed after Da Nang.

I was aware of the situation with Guam Governor and the limitations of the base. A memorandum was shared with via all hands email explaining the situation with the Governor. I knew about the base restrictions from a friend who knew someone that is stationed there. The restrictions included for example only letting 50 people into the NEX at a time. I was told going to Guam, that the hospital would be taken care of our people. I did think once we got there things would move a lot faster than what they did. When there finally was a plan it would change. It seemed as though there was not good preparation for us to get off the ship in Guam and the process was slower than and what was told to us. It did appear that once the email of our status was leaked and the media spread the news about Capt Crozier's relief of duty and the SECNAV's speech, that was when things moved slightly faster but still slowly. My chain of command told me that a few hundred sailors would be taken off each day. Before any of that happened, they move everyone to day shift which anywhere you went increased lines and made more people come into closer contact therefore increasing the risk of COVID 19. But we continued normal working operations until I got to leave the ship sometime in April. I was tested on the ship and then a few days later was taken to a hotel.



The day left the ship, I was told to report to the hangar bay with 14 days worth of clothes. My group got into a bus and that bus took us to the hotel. At the hotel a marine took my temperature, brief us on some formalities and let me to go to my hotel room. I stayed at my hotel for about three and a half weeks. It was okay but I could not leave the room. The food at the hotel was hit or miss. In the beginning it felt like they were not bringing us enough food but then over time it did get better. This was different per hotel and some hotels were better and some were worse regarding food. The people who stayed in the Gym in isolation slept on cots in an open area, this is what was told to me and shown to me via a photo. Otherwise I experienced no issues while at the hotel. Leadership communicated via chat app and a TR Alone Together facebook page. Upon returning to the ship the food served to us at the pier was extremely inadequate, the portions would be equivalent to what I would serve my 8 year old daughter which is not enough for an adult. I was told that this was how the people at the gym were eating everyday.

Prior to Da Nang morale was good. The Da Nang port visited was not so great because of the liberty boats situation. After leaving Da Nang morale was consistent with what you would expect during a deployment. After the CO was relieved morale sank. There was a lot of anger and resentment towards big Navy. This is how big Navy is going to treat a CO would stood up for us, then I don't want to know how big Navy would treat their enlisted sailors. I believe that we should not have even gone to Vietnam. It seemed like a political stunt despite the risk it posed to the crew. Rumor on the ship has it that soon we are scheduled to get back out to sea and take a picture to show U.S power. It appears that big Navy does not care about its sailors and social media responses shows how sailors feel. It shows with what happened to the CO. Yes there is a mission to complete but it was no secret that we were going to Guam, the CO was put in a very tough Lose Lose situation. He was penalized for putting his crew's health first, but if he had not done anything and a crewmember died the world would've been against him for not doing anything. I believe the retention rate for the Navy will drop as a result of this, especially for more junior sailors where this is their introduction into the Navy and how we've been treated. The THEODORE ROOSELT chain of command is trying their best with what they have been given. We've been here for 50 some days not doing anything for whatever our mission was, this deployment was a flop and we're over it, by the time we are out to sea there would be barely any time left for this deployment, so just let us go home already.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)

(Witness' Signature)

16 MAY 2020

(Date)

0905

Time

Name of Interviewer: Command Master Chief (b) (6)

Witness Statement of (b) (6)

On 14 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: AN (b) (6) Position: Supervisor

Command: USS THEODORE ROOSEVELT Department/Division: Air/VI

Email Address: (b) (6) @gmail.com Phone(s): N/A

I joined the Navy in May 2018. I've been onboard the USS THEODORE ROOSEVELT since August 2019. I work in VI as the supervisor of elevator operations. I have about ten sailors working under me and we are the second hand to the Handler. This is my first deployment in the Navy. When I first report my impression of the ship was that it was huge. My chain of command is really involved in our personal and work life. Everyone up and down the chain of command do what they can to help us. VI is a lot better since there was a change in leadership in November 2019. The chain of command really cares. For example: For a new dad they really worked hard to get him off the ship and home to his new baby. The CO has a CO suggestion box. The minute someone had an issue and let him know via the box there was immediate action. Usually an email would go out so everyone know about it.

Prior to Da Nang we double dragon on the ship. There were signs around the ship telling us to wash our hands and to go to medical if we experienced any symptoms. I recall discussion about the double dragon at quarters and signs everywhere. The ship at that time took away self serve laundry and served us our food in the aft galley. However in the forward galley you were still able to serve yourself, at that time and now.

I knew that COVID was happening around the world. My parents talked to me about it. I knew there were a couple of cases in the U.S. My division would talk about it at time too. But for example at the time we thought it was because a girl ate a bat. The Da Nang liberty brief did talk about COVID. If I recall it talked about how Vietnam did not have any cases. When we pulled into Da Nang I was excited. I received a head of the line pass so on the first day I was able to leave the ship. I left the ship and got on the liberty boats to the pier. I do not recall their being any screening on the pier. The waters were rough so they eventually the liberty boats were secured. On my first day I went to a marble palace and ate food out in town. On the way back to the ship we ended up not being able to take the liberty boats back to the ship, as a result of the rough seas. The ship had liberty buses which took us to a hotel for the night. I found out about the sailor in Da Nang by word of mouth and because I was on duty that day. I do not know what actually happened with the sailors. I do not know any of the 39 Sailors that were quarantine after Da Nang. I'm sure they were bored in that berthing. I was told they eventually got a POTS line installed to be able to call their families. There was a IMC announcement and an email asking for donations of food and toiletries for



those in quarantine. My friend and I went to the ship store and got a few extra things to donate to them. The only other thing shared with us was that they all tested negative. I believe the ship placed those sailors in quarantine out of pre caution. I did not think there would be any positive cases onboard. I was not concerned for my safety or health. Before Da Nang we did normal cleaning stations; morning 30 dirty and evening sweepers. After Da Nang there was no change to our cleaning station. I cannot recall when but at some point we did add bleach to our cleaning station. Initially it started with one cleaning station, then it went to two and now we are doing it three times a day. Then there was not just one but three positive cases. I work on the flight deck so I saw all the corpsman with gloves and mask on and the three sailors with them. I asked them what was going on and they told me the sailors were being medical evacuated from the ship to Guam. More and more Sailors started testing positive. I'm embarrassed to admit this but for my friends and I, it started to become a game of who could guess how many more would fly off daily. ~~I do not work out but I believe the gyms stayed open until Guam.~~ Prior to pulling into Guam I did not know anything about the Guam Government or the base. I do remember a rumor about splitting the crew and letting half of the crew quarantine in Japan while the other half stayed in Guam. We did fly off a skeleton crew that once we got to Guam would come back onboard while we quarantine. That skeleton crew would take the ship to Japan. Personally I think Andrews Air Force Base did not have manpower to keep flying people back and forward. When we pulled in Guam I just thought the deployment was over. Everything was super hectic and it seemed like no one knew what to do. I was told by my chain of command to pack enough things for 14 days. I departed the ship on two or three day in port. The day I left it was really hectic and the time for my division to report to the hangar bay kept getting pushed back. When we did finally get called we got on a bus and it took me to Charles King gym. I got a cot and just chilled for the next 10 days. The Master Chief at the gym would keep us informed of everything that was going on. My air chain of command would sometimes sent emails to check on us but the leadership at the gym was really good. The food at the gym was okay but sometimes not enough. We were allowed to order Dominos so it really was okay. After the 10 days, my test results came back negative so I was sent to the Hilton for another 20 days. It was a nice stay but I was really bored. Coming back to the ship the focus is on cleaning. Morale didn't really change between Da Nang and Guam. I can't really put into words how I felt about Captain Crozier leaving. He was always on the IMC, reassuring us that we would be okay. The kept us up to date even if those plans would change daily. Because of the virus we have to cancel a few port visits in China. CO told us about the change and let us know that he was trying to make other port visits possible. I just trusted him, I don't know how else to explain it. Now, we're taking it day by day. We are no longer trying to figure out a plan, we're just waiting for things to happen now. Everyone is over it. We just want to go home.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)



16 MAY 20

0822



(Witness' Signature)

(Date)

Time

Name of Interviewer: Command Master Chief (b) (6)



**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**To:** Baker, Stuart P RDML USN, CCSG-9  
**Cc:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN, CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, CCSG-9; (b) (6) HM1 USN, CCSG-9; (b) (6) CAPT USN, CCSG9; (b) (6) LT USN, CCSG-9; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CCSG9; DH 71; ECC  
**Subject:** COVID-19 update 28 March - Mid-day update  
**Date:** Saturday, March 28, 2020 12:00:53 AM

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Admiral,

Current total positive: 44

New cases:

1. AM2 (b) (6) AIMD; (b) (6) came through sick call with ILI symptoms, +COVID test.
2. QM3 (b) (6); NAV; (b) (6) with known close contact and now with ILI symptoms, +COVID test.
3. PS3 (b) (6); ADMIN; (b) (6) came through sick call with ILI symptoms, +COVID test.
4. AD1 (b) (6); VFA-154; (b) (6) with known close contact and now with ILI symptoms, +COVID test.
5. ADAN (b) (6); VFA-154; (b) (6) with known close contact and now with ILI symptoms, +COVID test.
6. MMN2 (b) (6); RX; (b) (6) came through sick call with ILI symptoms. +COVID test.

If possible, will work with ECC to get them off the ship today.

v/r,

SMO

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**To:** Baker, Stuart P RDML USN, CCSG-9  
**Cc:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, CCSG-9; (b) (6) HM1 USN, CCSG 9; (b) (6) CAPT USN, CCSG9; (b) (6) LT USN, CCSG-9; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CCSG9; DH 71; ECC  
**Subject:** RE: COVID-19 update 28 March - Evening update  
**Date:** Saturday, March 28, 2020 7:23:21 AM

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Admiral,

Two more positives today. Current total positive: 46.

1. LS3 (b) (6); SUPPLY; (b) (6) from sick call with ILI symptoms, +COVID-19 test.
2. AN (b) (6); AIR; (b) (6) from sick call with fever, +COVID-19 test.

Don't have the final results on the 16 from the VRC-30 det. Will have that tomorrow.

Will work w/ECC to get 8 cases from today off the ship in the morning.

Plan to test 100 at the gym tomorrow.

v/r,

SMO

-----Original Message-----

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**Sent:** Saturday, March 28, 2020 2:01 PM  
**To:** Baker, Stuart P RDML USN, CCSG-9  
**Cc:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, CCSG-9; (b) (6) HM1 USN, CCSG 9; (b) (6) CAPT USN, CCSG9; (b) (6) LT USN, CCSG-9; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CCSG9; DH 71; ECC  
**Subject:** COVID-19 update 28 March - Mid-day update

Admiral,

Current total positive: 44

New cases:

1. AM2 (b) (6); AIMD; (b) (6) came through sick call with ILI symptoms, +COVID test.
2. QM3 (b) (6); NAV; (b) (6) with known close contact and now with ILI symptoms, +COVID test.
3. PS3 (b) (6); ADMIN; (b) (6) came through sick call with ILI symptoms, +COVID test.
4. AD1 (b) (6); VFA-154; (b) (6) with known close contact and now with ILI symptoms, +COVID test.
5. ADAN (b) (6); VFA-154; (b) (6) with known close contact and now with ILI symptoms, +COVID test.
6. MMN2 (b) (6); RX; (b) (6) came through sick call with ILI symptoms. +COVID test.

If possible, will work with ECC to get them off the ship today.

v/r,

SMO



**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**To:** Baker, Stuart P RDML USN, CCSG-9  
**Cc:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN, CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, CCSG-9; (b) (6) HM1 USN, CCSG-9; (b) (6) CAPT USN, CCSG9; (b) (6) LT USN, CCSG-9; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CCSG9; DH 71; ECC  
**Subject:** COVID-19 update 29 March - Mid-day update  
**Date:** Saturday, March 28, 2020 11:39:21 PM

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Admiral,

4 more positives today. Current total: 50.

1. QM3 (b) (6); NAV; (b) (6) with ILI symptoms, +test.
2. LS1 (b) (6); SUPPLY; (b) (6) with ILI symptoms/fever, +test.
3. CS2 (b) (6); SUPPLY; (b) (6) with ILI symptoms/fever, +test.
4. MMN2 (b) (6); RX; (b) (6) male with ILI symptoms/fever, +test.

All VRC-30 det tests from yesterday were negative - sailors from Andersen AFB.

v/r,

SMO

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**To:** Baker, Stuart P RDML USN, CCSG-9  
**Cc:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN, CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, CCSG-9; (b) (6) HME USN, CCSG-9; (b) (6) CAPT USN, CCSG9; (b) (6) LT USN, CCSG-9; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CCSG9; DH 71; ECC  
**Subject:** COVID-19 update 29 March - Evening update  
**Date:** Sunday, March 29, 2020 5:44:43 AM  
**Attachments:** (FOUO) COVID-19 Positive List 29 MAR 20 1740.xlsx

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Admiral,

3 more positives today. Current total: 53.

#51 - (b) (6) from HSM-75, close contact from an earlier case, was called as a medical emergency today due to fainting (syncope) from ILI symptoms, +test.

#52 - (b) (6) from VFA-154, close contact from an earlier case, earlier test on 24 Mar was negative, now with ILI symptoms/fever and positive test.

#53 - (b) (6) from ENG, came through sick call with ILI, +test.

A sailor over in the gym (MM3 (b) (6); ENG) has developed a fever and was evaluated by NH Guam and will be moved into isolation at NGIS. We will test him tomorrow and the results will determine whether or not he is called a positive COVID case. I believe he will be, but will withhold official call until later tomorrow. If positive, this also resets the 14 day clock on the people in the gym.

Plan to swab additional 150 in the gym tomorrow.

v/r,

SMO

Ordinal	LAST NAME	FIRST NAME	RATE/RANK	COMMAND	GENDER	AGE	DODID	TEST DATE	TEST RESULT	DISPOSITION	ILI SYMPTOMS, TEMP	REFERRAL SOURCE
1	(b) (6)		AA	VFA-154	(b) (6)	(b) (6)	(b) (6)	25-Mar	POSITIVE	MEDEVAC	ILI 102.5	sick call
2			AM2	HSM-75				25-Mar	POSITIVE	MEDEVAC	ILI 99.2	close contact
3			AMAN	VFA-154				25-Mar	POSITIVE	MEDEVAC	None, 98.2	close contact
4			CDR	CVN-71, NAV				25-Mar	POSITIVE	MEDEVAC	ILI 100.9	sick call
5			AT2	VFA-154				25-Mar	POSITIVE	MEDEVAC	ILI 98.1	close contact
6			AT2	VFA-154				25-Mar	PRESUMPTIVE POSITIVE	MEDEVAC	ILI, 100.0 ; developed sympt after testing- test negative	close contact
7			AD2	VFA-154				24-Mar	POSITIVE	MEDEVAC	ILI, 101	sick call
8			AM2	HSM-75				25-Mar	POSITIVE	MEDEVAC	ILI 99.4	close contact
9			AT2	VFA-154				25-Mar	POSITIVE	MEDEVAC	None 98.3	close contact
10			ADAA	VFA-154				25-Mar	POSITIVE	MEDEVAC	None, 98.2	close contact
11			AE3	VFA-154				25-Mar	POSITIVE	MEDEVAC	ILI 99.4	close contact
12			HM1	VFA-154				25-Mar	POSITIVE	MEDEVAC	None, 100.5	close contact
13			MMN2	CVN-71, RX				24-Mar	POSITIVE	MEDEVAC	ILI, 100.4	sick call
14			AZAN	VFA-154				24-Mar	PRESUMPTIVE POSITIVE	MEDEVAC	None, 100.4; developed sympt after testing- test negative	close contact
15			AMEAN	VFA-154				24-Mar	PRESUMPTIVE POSITIVE	MEDEVAC	ILI, 100.1 developed sympt after testing- test negative	close contact
16			AM1	HSM-75				25-Mar	POSITIVE	MEDEVAC	None, 99.1	close contact
17			EM3	CVN-71 ENG				25-Mar	POSITIVE	MEDEVAC	ILI 101.3	sick call
18			LS3	HSM-75				25-Mar	POSITIVE	MEDEVAC	None 98.7	close contact
19			LS3	HSM-75				25-Mar	POSITIVE	MEDEVAC	None, 99.1	close contact
20			LS2	CVN-71, SUPPLY				25-Mar	POSITIVE	MEDEVAC	ILI, 100.9	sick call
21			AM2	HSM-75				24-Mar	POSITIVE	MEDEVAC	ILI, 100.4	sick call
22			AO3	HSM-75				25-Mar	POSITIVE	MEDEVAC	None, 98.9	close contact
23			ETNCS	CVN-71, RX				25-Mar	POSITIVE	MEDEVAC	ILI, 100.3	sick call
24			AZ2	VFA-154				24-Mar	PRESUMPTIVE POSITIVE	MEDEVAC	ILI, 100.3 developed sympt after testing- test negative	close contact
25			CSCS OS	CVN-71 SUPPLY CVN-71, OPS				24-Mar NONE	POSITIVE PRESUMPTIVE POSITIVE	MEDEVAC ISOLATED	WORSENING ILI ILI, 100.0	sick call close contact
26			AO3	VFA-146				26-Mar	POSITIVE	ISOLATED	ILI, 101.2	sick call
27			MM3	CVN-71, RX				25-Mar	POSITIVE	ISOLATED	None, 99	close contact
28			MM2	CVN-71, RX				25-Mar	POSITIVE	ISOLATED	None, 98.3	close contact
29			MM2	CVN-71, RX				25-Mar	POSITIVE	ISOLATED	None, 98.0	close contact
30			MM3	CVN-71 RX				25-Mar	POSITIVE	ISOLATED	None 97.7	close contact
31			MM3	CVN-71, RX				25-Mar	PRESUMPTIVE POSITIVE	ISOLATED	None, 100.7; developed sympt after testing- test negative	close contact
32			MM2	CVN-71, RX				25-Mar	PRESUMPTIVE POSITIVE	ISOLATED	None, 100.3; developed sympt after testing- test negative	close contact
33			MM3	CVN-71, RX				25-Mar	PRESUMPTIVE POSITIVE	ISOLATED	ILI, 101.1; developed sympt after testing- test negative	close contact
34			AM3	HSM-75				27-Mar	POSITIVE	ISOLATED	None, 99.4	close contact
35			AOAN	VFA-87				27-Mar	POSITIVE	ISOLATED	ILI, 100.8	sick call
36			MM2	CVN-71 ENG				27-Mar	POSITIVE	ISOLATED	ILI	sick call
37			CWO-2	VRC-30				27-Mar	PRESUMPTIVE POSITIVE	ISOLATED	No Symptoms. COD arrived 16 Mar	sick call
38			AM2	CVN-71, AIMD				28-Mar	POSITIVE	ISOLATED	ILI	sick call
39			QM3	CVN-71, NAV				28-Mar	POSITIVE	ISOLATED	ILI	sick call
40			PS3	CVN-71, ADMIN				28-Mar	POSITIVE	ISOLATED	ILI	sick call
41			AD1	VFA-154				28-Mar	POSITIVE	ISOLATED	ILI	sick call
42			ADAN	VFA-154				28-Mar	POSITIVE	ISOLATED	ILI	close contact
43			MMN2	CVN-71, RX				28-Mar	POSITIVE	ISOLATED	None, 103.0	sick call
44			LS3	CVN-71 SUPPLY				28-Mar	POSITIVE	ISOLATED	WORSENING ILI 99.2	sick call
45			AN	CVN-71 AIR				28-Mar	POSITIVE	ISOLATED	None 102.2	sick call
46			QM3	CVN-71, NAV				29-Mar	POSITIVE	ISOLATED	Worsening ILI, 99.2	sick call
47			LS1	CVN-71, SUPPLY				29-Mar	POSITIVE	ISOLATED	ILI, 100.9	sick call
48			CS2	CVN-71, SUPPLY				29-Mar	POSITIVE	ISOLATED	ILI, 101.8	sick call
49			MMN2	CVN-71, RX				29-Mar	POSITIVE	ISOLATED	ILI, 101.8	sick call
50			LSSN	HSM-75				29-Mar	POSITIVE	ISOLATED	ILI, 97.3	close contact + Med Emergency
51			AT3	VFA-154				29-Mar	POSITIVE	ISOLATED	ILI 99.2 (1st test 24 Mar neg 2nd test 28 Mar positive)	close contact
52			EM2	CVN-71-ENG				29-Mar	POSITIVE	ISOLATED	ILI 100.2	sick call
53												

As of 29 MAR 20 1740

**From:** (b) (6) [CAPT USN, USS Theodore Roosevelt](#)  
**To:** (b) (6) [CAPT USN, C7E](#); (b) (6) [CAPT USN COMPACFLT N01H \(USA\)](#); (b) (6) [CAPT USN COMNAVAIRPAC SAN CA \(USA\)](#)  
**Subject:** Reality  
**Date:** Saturday, March 28, 2020 4:25:14 AM  
**Attachments:** [NAVADMIN 083\\_20.pdf](#)  
[Rocklov et al.pdf](#)

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All,

For the record, we have lost. We have gone from 2 cases to 44 cases (another 6 today - so far) in less than 5 days. So, that's a doubling time of less than 1 day...

"Quarantine" measures on the ship are a sham. See the attached study from the Diamond Princess - and they have significantly better berthing conditions than we do.

The conclusion sums it up: The cruise ship conditions clearly amplified an already highly transmissible disease. The public health measures prevented more than 2000 additional cases compared to no interventions. However, evacuating all passengers and crew early on in the outbreak would have prevented many more passengers and crew from infection.

Again, we have lost and will keep going down this path because apparently medical advice doesn't matter, whether it is from us or from the CDC (which apparently we're telling the world that we're following their guidelines). We are failing to comply with any sort of guidance be it testing guidelines or guidelines on quarantine (see attached NAVADMIN). Sailors are ultimately going to suffer.

We will keep plugging away out here, but we have lost this battle and need to implement appropriate quarantine measures now which will involve getting 4500 people off the ship into individual berthing with single heads. That message is apparently falling on deaf ears.

v/r,

(b) (6)

(b) (6), MD  
CAPT MC(FS) USN  
Senior Medical Officer  
USS Theodore Roosevelt (CVN-71)  
Work: (b) (6)  
J-dial: (b) (6)  
Cell: (b) (6)

-----OFFICIAL INFORMATION DISPATCH FOLLOWS-----  
RTTUZYUW RHOIAAA0001 0832050-UUUU--RHSSUU.

ZNR UUUUU

R 231957Z MAR 20 MID110000511164U

FM CNO WASHINGTON DC

TO NAVADMIN

BT

UNCLAS

NAVADMIN 083/20

MSGID/NAVADMIN/CNIC WASHINGTON DC/N00/MAR//

SUBJ/RESTRICTION OF MOVEMENT (ROM) GUIDANCE//

REF/A/DOC/USD/11MAR20//

REF/B/NAVADMIN/OPNAV/212007ZMAR20//

REF/C/DOC/BUMED/17MAR20//

NARR/REF A IS UNDER SECRETARY OF DEFENSE MEMO, FORCE HEALTH PROTECTION

GUIDANCE (SUPPLEMENT 4) - DEPARTMENT OF DEFENSE GUIDANCE FOR PERSONNEL TRAVEL DURING THE NOVEL CORONAVIRUS OUTBREAK.

REF B IS NAVADMIN 080/20, NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK UPDATE 3. REF C IS BUMED RETURN TO WORK GUIDELINES FOR CORONAVIRUS.//

RMKS/1. REF A requires that personnel returning from a Center for Disease Control and Prevention (CDC) Travel Health Notice (THN) Level 3 or Level 2 location perform a 14 day restriction of movement (ROM). During ROM, Service Members should be restricted to their residence or other appropriate Domicile and limit close contact (within 6 feet or 2 meters) with others. This NAVADMIN clarifies the definition of ROM, provides amplifying guidance, and delineates responsibilities for execution of ROM.

## 2. Definitions.

2.a. **Restriction of Movement (ROM).** General DoD term referring to the limitation of personal liberty for the purpose of ensuring health, safety and welfare. ROM is inclusive of quarantine and isolation.

2.a.(1) **Quarantine.** Medical term referring to the separation of personnel from others as a result of suspected exposure to a communicable disease. For the world-wide COVID-19 epidemic, this should be imposed on those with no COVID-19 symptoms who have either recently returned from a high-risk location (CDC THN Level 2 or 3), or have had close contact with a known COVID-19 positive patient. The current recommended quarantine period is 14 days. Per CDC, quarantine generally means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

2.a.(2) **Isolation.** Medical term referring to the separation of personnel from others due either to the development of potential COVID-19 symptoms or as a result of a positive COVID-19 test. Per CDC, isolation means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

2.b. **Patient (or Person) Under Investigation (PUI).** In the case of COVID-19, a PUI is defined as an individual with either a pending COVID-19 test or for whom a test would have been ordered/conducted had one been available.

2.c. **Self-monitoring.** Per CDC, self-monitoring means people should monitor themselves for fever by taking their temperatures twice a day and remaining alert for the onset of a cough or difficulty breathing. If an individual feels feverish or develops a measured fever, cough, or difficulty breathing



during the self-monitoring period, they should self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether further medical evaluation is needed.

2.d. **Close Contact.** Per CDC, a close contact is defined as:

2.d.(1) Being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; the current recommended threshold is 10 minutes. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case, or

2.d.(2) Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

3. Applicability. **ROM applies to all Service Members, who in the last 14 days have either been in:**

3.a. An area with ongoing spread of COVID-19 as defined as CDC designated Level 2 and 3 countries ([https:// www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travelnotices.html](https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travelnotices.html)), or

3.b. Close contact with a person known to have COVID-19.

3.c. Per REF A, it is strongly recommended that DoD civilian employees, contractor personnel and dependents also follow this guidance.

4. Guidance.

4.a. ROM personnel shall be directed to remain at home or in a comparable setting for 14 days ROM from the day of departure or contact. For transient personnel and those residing in close quarters such as unaccompanied housing or ships, temporary lodging meeting CDC guidance of separate sleeping and bathroom facilities shall be arranged, when available.

4.b. When in ROM, personnel shall avoid congregate settings, limit close contact with people and pets or other animals to the greatest extent possible, avoid traveling, self-monitor, and seek immediate medical care if symptoms (e.g., cough or shortness of breath) develop.

4.c. Personnel assigned ROM may exit quarters to access laundry facilities, outdoor exercise, and designated smoking areas; and conduct other routine tasks not in a public setting provided they maintain social distancing greater than 6 feet from others. Access to messing facilities, stores, fitness centers and other widely used support services is prohibited.

4.d. For temporary lodging, normal room cleaning services will be suspended during the ROM period.

4.e. For personnel executing ROM in private residence, coordinate with parent command for the purchase of required food/hygiene items or arrange delivery through other means.

4.f. After completion of ROM, return to work per REF C and Combatant Commander guidance, if applicable.

5. Responsibilities.

5.a. Parent command **Commanding Officer/Officer in Charge shall:**

5.a.(1) Ensure screening of personnel for ROM.

5.a.(2) Ensure ROM personnel comply with paragraph 4.

5.a.(3) If temporary lodging is required:

5.a.(3)A. **Provide cost orders for ROM personnel.** Orders will direct the Service Member to a ROM status and not TAD to the host installation. Recommend funding for temporary lodging, if required, be obtained through the Type Commander. This may be accomplished utilizing a General Terms and Conditions document to avoid issues arising from Service Members not having government travel cards.

5.a.(3)B. **Coordinate with installation Commanding Officer for room assignment.** It is imperative that tenant commands inform installations of all personnel in ROM within government facilities (to include barracks, NGIS, Navy Lodge, PPV family housing, and PPV barracks).

5.a.(3)C. As needed, **coordinate messing support with the Commanding Officer where a galley is available.** Arrangements will be made between the parent command and the installation for the delivery of meals to Service Members in a ROM status.

5.a.(3)D. As required, provide daily support to ROM personnel to ensure meal delivery as well as health and comfort checks.

5.A.(3)E. Ensure personnel supporting individuals in ROM are trained on the status of ROM personnel and associated interaction protocols. Close contact is prohibited. PPE is not required.

5.a.(4) If private residence is utilized, coordinate with ROM personnel to ensure all messing needs are met.

**5.b. Installation Commanding Officers shall:**

5.b.(1) Account daily for available temporary lodging to support ROM.

5.b.(2) Track all ROM personnel residing in Navy Lodging (unaccompanied housing, NGIS, Navy Lodge, PPV family housing, PPV barracks) both on and off installation. There is no need for installations to track tenant personnel in a ROM status in private residence/lodging.

5.b.(3) **Provide detailed instructions to tenant commands who require temporary ROM lodging support.**

5.b.(4) If available, coordinate with parent commands to provide take -out meals for delivery to ROM personnel.

5.b.(5) Ensure temporary lodging staff are trained on the status of ROM personnel and associated interaction protocols. Close contact is prohibited. PPE is not required.

5.b.(6) Follow CDC guidance for cleaning rooms following the ROM period. Ensure the standards are the same across all facilities (unaccompanied housing, NGIS, Navy Lodge).

5.b.(7) For the safety of lodging personnel, ensure clear discrete procedures are in place to identify rooms which are occupied by ROM personnel.

5.b.(8) Ensure fire and emergency services are aware of ROM personnel locations, particularly those in isolation, and are prepared to respond to medical emergencies with appropriate PPE.

6. Entitlements. Per REF B.

7. Reporting Requirements. Per REF B.

**8. ROM FAQs.**

Question 1. When placed on Restriction of Movement (ROM), can I travel to locations within the fence line of an installation to utilize facilities such as the NEX food court or the gym?

Answer 1. No, during the duration of ROM, Service Members must remain in their rooms with the exception of brief trips to utilize designated smoking areas, walking in the immediate vicinity of the building (usually within 100 feet), and limiting close contact (within 6 feet) with others. If your facility contains an in house gym, do not use it.

Question 2. Can I accept food deliveries from various services?

Answer 2. Yes, food must be placed outside the room. Minimize close contact (within 6 feet).

Question 3. Can my family or friends visit me?

Answer 3. Yes, provided they do not enter your room. Conversations should be held with visitors staying in the passageway outside the room and Service Members in their room. Minimize close contact (within 6 feet).

Question 4. Can I do my laundry?

Answer 4. Yes, but you should coordinate with your command to utilize in house laundry facilities.

Question 5. How do I obtain personal hygiene items?

Answer 5. Utilize the point of contact provided by your command to arrange for purchase of these items.

Question 6. Will my room be cleaned daily?

Answer 6. No, your room will not be cleaned during your stay. Trash pickup is available by placing your trash can in the passageway.

Question 7. Is Personal Protective Equipment required for personnel in my vicinity?

Answer 7. No, you should limit close contact (within 6 feet) with others.

Question 8. Can I ROM in open bay barracks or in rooms with shared bathrooms?

Answer 8. No, individuals should be placed in separate lodging (when available).

Question 9. Can I use public transportation if in ROM status?

Answer 9. No, individuals on ROM should avoid crowds and public locations.

Question 10. Can I get off ROM early if I was in close contact to a person with COVID-19, and I feel like I am not sick?

Answer 10. No, the Centers for Disease Control (CDC) recommends 14 days of ROM from the last date of exposure to a COVID-19 positive person.

Question 11. What is the difference between quarantine and restriction of movement (ROM)?

Answer 11. Quarantine is a legal public health term used for civilian restrictions and ROM is a military term being used to identify military individuals who are restricted in their movement, generally to their residence.

Question 12. Are my family members at risk if I ROM at home with them?

Answer 12. ROM status is a precautionary step to prevent spread to others. Considering this, it is recommended that while at home in a ROM status, you practice social distancing. This means try to remain at least 6 feet from other persons, avoid using the same bathroom, or sleeping in the same bed.

Question 13. Can I prepare meals for my family while on ROM?

Answer 13. When in a ROM status, it is recommended you not prepare meals for your family because the virus is spread through respiratory droplets that can land on surfaces such as food. Ideally, you should have other individuals prepare food. If you are the only care giver, make sure you are washing your hands with soap and water for 20 seconds for general food safety. Make sure you cover your nose and mouth when coughing and wash your hands after using the bathroom.

Question 14. Should I be wearing a mask?

Answer 14. Masks will not protect you from inhaling the virus. The virus is very small and can make its way through and around the mask. The best way to prevent being infected or infecting others is to practice social distancing and good hygiene techniques (such as washing your hands regularly with soap and water for at least 20 seconds, avoid touching your face, avoid sick persons, etc).

Question 15. Do I need to clean my house to CDC standards?

Answer 15. It is recommended you maintain a clean living environment as you normally would. This includes frequent hand washing, washing clothing and bedding, and wiping down frequently touched

surfaces with a sanitizing wipe or any cleaning product that contains at least 10 percent bleach. The Environmental Protection Agency has a list of products that have been specifically tested as effective in sanitizing surfaces.

9. Released by Vice Admiral M. M. Jackson, Commander, Navy Installations Command.//

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# COVID-19 outbreak on the Diamond Princess cruise ship: estimating the epidemic potential and effectiveness of public health countermeasures

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**Key words:** coronavirus; SARS-CoV-2; basic reproduction number; isolation and quarantine; incubation time; evacuation

**Declaration of interest:** none declared

## Abstract:

**Background:** Cruise ships carry a large number of people in confined spaces with relative homogeneous mixing. On 3 February, 2020, an outbreak of COVID-19 on cruise ship Diamond Princess was reported with 10 initial cases, following an index case on board around 21-25<sup>th</sup> January. By 4<sup>th</sup> February, public health measures such as removal and isolation of ill passengers and quarantine of non-ill passengers were implemented. By 20<sup>th</sup> February, 619 of 3,700 passengers and crew (17%) were tested positive.

**Methods:** We estimated the basic reproduction number from the initial period of the outbreak using SEIR models. We calibrated the models with transient functions of countermeasures to incidence data. We additionally estimated a counterfactual scenario in absence of countermeasures, and established a model stratified by crew and guests to study the impact of differential contact rates among the groups. We also compared scenarios of an earlier versus later evacuation of the ship.

**Results:** The basic reproduction rate was initially 4 times higher on-board compared to the  $R_0$  in the epicentre in Wuhan, but the countermeasures lowered it substantially. Based on the modeled initial  $R_0$  of 14.8, we estimated that without any interventions within the time period of 21 January to 19 February, 2920 out of the 3700 (79%) would have been infected. Isolation and quarantine therefore prevented 2307 cases, and lowered the  $R_0$  to 1.78. We showed that an early evacuation of all passengers on 3 February would have been associated with 76 infected persons in their incubation time.



Conclusions: The cruise ship conditions clearly amplified an already highly transmissible disease. The public health measures prevented more than 2000 additional cases compared to no interventions. However, evacuating all passengers and crew early on in the outbreak would have prevented many more passengers and crew from infection.

## Introduction

Cruise ships carry a large number of people in confined spaces with relative homogeneous mixing over a period of time that is longer than for any other mode of transportation.<sup>1</sup> Thus, cruise ships present a unique environment for transmission of human-to-human transmitted infections. The association of acute respiratory infections (ARI) incidence in passengers is statistically significant with season, destination and duration of travel.<sup>2</sup> In February 2012, an outbreak of respiratory illness occurred on the cruise ship off Brazil, resulting in 16 hospitalizations due to severe ARI and one death.<sup>3</sup> In May 2020, a dual outbreak of pandemic (H1N1) 2009 and influenza A (H3N2) on a cruise ship occurred: of 1,970 passengers and 734 crew members, 82 (3.0%) were infected with pandemic (H1N1) 2009 virus, and 98 (3.6%) with influenza A (H3N2) virus.<sup>4</sup> Four subsequent cases were epidemiologically linked to passengers but no evidence of sustained transmission to the community or passengers on the next cruise was reported.<sup>4</sup> In September 2000 an outbreak of influenza-like illness was reported on a cruise ship sailing off the Australian coast with over 1,100 passengers and 400 crew on board, coinciding with the peak influenza period in Sydney.<sup>5</sup> The cruise morbidity was high with 40 passengers hospitalized, two of whom died. A total of 310 passengers (37%) reported suffering from an influenza-like illness.

In December 2019, a novel coronavirus, SARS-CoV-2, emerged in Wuhan, China and rapidly spread within China and then to various global cities with high interconnectivity with China.<sup>6,7</sup> The resulting ARI due to this coronavirus, a disease now coined COVID-19, is thought to be mainly transmitted by respiratory droplets from infected people. The mean serial interval of COVID-19 is 7.5 days (95% CI, 5.3 to 19) and the initial estimate for the basic reproductive number  $R_0$  was 2.2 (95% CI, 1.4 to 3.9),<sup>8</sup> although higher  $R_0$  have since been reported with a mean of more than 3.<sup>9</sup> On 18 February 2020, China's CDC published their data of the first 72,314 cases including 44,672 confirmed cases.<sup>10</sup> About 80% of the confirmed cases were reported to be mild disease or less severe forms of pneumonia, 13.8% severe and 4.7% critically ill. Risk factors for severe disease outcomes are older age and comorbidities. The progression to acute respiratory distress syndrome occurs approximately 8-12 days after onset of first symptoms, with lung abnormalities on chest CT showing greatest severity approximately 10 days after initial onset of symptoms.<sup>11-13,14</sup> Evidence is mounting that also mildly symptomatic or even asymptomatic cases can transmit the disease.<sup>15,16</sup>

On 3<sup>rd</sup> February, 2020, an outbreak of COVID-19 was reported on Cruise Ship Princess Diamond off the Japanese coast, with initially 10 persons confirmed to be infected with the virus. The number has since ballooned into the largest coronavirus outbreak outside of mainland China. By 19<sup>th</sup> February, 619 of 3,700 passengers and crew (17%) were tested positive. By end February, six persons had died. The outbreak was traced to a Hong Kong passenger who embarked on January 21st and disembarked on January 25th. After docking near New Taipei City, on January 31, the ship arrived in Yokohama, Japan. By the following day, the Japanese health ministry ordered a 14-day quarantine for everyone on board and rushed to close its ports to all other cruise ships. The public health measures taken according to news reports and the media were removal of all PCR positive passengers and crew from the ship and their isolation in Japanese hospitals. The remaining test-negative passengers and crew remained on board. Passengers were quarantined in their cruise ship cabins, and only allowed out of the cabin for one hour per day. By 20<sup>th</sup> February, the decision to evacuate was made and more than 3000 passengers left the ship. Most were air-evacuated by their respective countries.<sup>10</sup>

The cruise ship with a COVID-19 index case onboard between the 21-25<sup>th</sup> January serves as a good model to study its potential to spread in a population that is more homogeneously mixed, compared to the more spatially variable situation in Wuhan.

We set out to study the empirical data of COVID-19 confirmed infections on the Cruise ship Diamond Princess, to estimate the basic reproduction number ( $R_0$ ) under cruise ship conditions, the response effectiveness of the quarantine and removal interventions, and compare scenarios of an earlier and later evacuation of the ship.

### Methods:

We used data on confirmed cases on the cruise ship as published on a daily basis by public sources<sup>17,18</sup> to calibrate a model and estimate the basic reproduction number  $R_0$  from the time sequence and amplitude of the case rates observed. COVID-19 is thought to have been introduced by an index case from Hong Kong visiting the ship between the 21<sup>st</sup> to 25<sup>th</sup> of January, 2020. We thus used the date of 21<sup>st</sup> January 2020 as the first time point,  $t=0$ , assuming the index case was infectious from the first day on the ship. The estimates of  $R_0$  and the associated Covid-19 incidence on the cruise ship was derived using a compartmental model estimating the dynamics of the number of susceptible ( $S$ ), exposed ( $E$ ), infected ( $I$ ), and recovered ( $R$ ) individuals, adapted but modified from a published COVID-19 study.<sup>19</sup> We analyzed two instances of the model assuming respectively: (1) a homogenous population (3700 individuals), and (2) a stratified population of crew (1000 individuals) and guests (2700 individuals). The model used a relationship between the daily reproductive number,  $\beta$ , and  $R_0$  to infer the transmissibility and contact rate across the whole cruise ship population by the relationship:

$$\beta = \text{transmissibility} * \text{contact rate} = R_0/i$$

where the infectious period equals to one over the recovery rate ( $\gamma$ ),  $i = 1/\gamma$

In the homogeneous model, the infectious period,  $i$ , of COVID-19 was set to be 10 days based on previous findings.<sup>8</sup> In the situation of no removal (ill persons taken off the ship to be isolated in a Japanese hospital), the incubation period (or, the latent period),  $l$  was estimated to be approximately 5 days (ranging from 2 to 14 days).<sup>20</sup> In order to model the removal/isolation and quarantine interventions, we implemented time dependent removal and contact rates as described in Table 1. We performed additional sensitivity analysis reducing the  $R_0$  to 3.7, an estimate of the average value across mainland China studies of COVID-19.<sup>9</sup>

We further estimated a counterfactual scenario of the infections dynamics assuming no interventions were implemented, in particular no removal and subsequent isolation of ill persons. We assumed an infectious period of 10 days, with a contact rate remaining the same as in the initial phase of the outbreak. Additionally, in the stratified model of crew and guests, the contact rate was assumed to be different due to the assumption that crew could not be easily quarantined as they had to continue their services on board for all the passengers and possibly had more homogeneous mixing with all the passengers, whereas passengers may be mixing more within their preferred circles and areas. We kept the transient change in the contact rate and the removal of all PCR confirmed patients starting from the 3<sup>rd</sup> and the 5<sup>th</sup> of February respectively as in the first model. Parameters are described in Table 1.

The model describing a homogeneous population onboard can be described by:

$$\frac{dS}{dt} = -\beta I \frac{S}{N}$$

$$\frac{dE}{dt} = \beta I \frac{S}{N} - E/l$$

$$\frac{dI}{dt} = E/l - \gamma I$$

$$\frac{dR}{dt} = \gamma I$$

where  $S$  denote all susceptible people on the cruise ship,  $E$  all exposed,  $I$  all infected and  $R$  all recovered or removed, and where  $N = S + E + I + R$  denotes the whole population.

The model describing a stratified population onboard can be described by:

$$\frac{dS_g}{dt} = -\beta_{gg}I_g \frac{S_g}{N_g} - \beta_{cg}I_c \frac{S_g}{N_g}$$

$$\frac{dE_g}{dt} = \beta_{gg}I_g \frac{S_g}{N_g} + \beta_{cg}I_c \frac{S_g}{N_g} - E_g/l$$

$$\frac{dI_g}{dt} = E_g/l - \gamma I_g$$

$$\frac{dR_g}{dt} = \gamma I_g$$

$$\frac{dS_c}{dt} = -\beta_{cc}I_c \frac{S_c}{N_c} - \beta_{gc}I_g \frac{S_c}{N_c}$$

$$\frac{dE_c}{dt} = \beta_{cc}I_c \frac{S_c}{N_c} + \beta_{gc}I_g \frac{S_c}{N_c} - E_c/l$$

$$\frac{dI_c}{dt} = E_c/l - \gamma I_c$$

$$\frac{dR_c}{dt} = \gamma I_c$$

where  $S$  denotes susceptible,  $E$  exposed,  $I$  infected and  $R$  recovered or removed,  $N = S + E + I + R$ , and the subscript  $g$  and  $c$  are indicating guest and crew respectively. Overall, we assume mortality is negligible.

Models with interventions were calibrated to reports of total infection occurrence, while models simulating the counterfactual scenarios were left with the naïve parameter settings (no countermeasures). The net effects of the countermeasures were estimated as the difference between the counterfactual scenario and the model with the interventions. Model parameters are described in Table 1. The effectiveness of the countermeasures was estimated by calibration of the model to data.

We here also present estimations of the plausible consequences of a hypothetical third intervention strategy, whereby all individuals onboard would have been evacuated either on 3<sup>rd</sup> of February or 19<sup>th</sup>

of February. We estimated and presented the number of latent cases on 3<sup>rd</sup> February evacuation and on 19<sup>th</sup> February, 2020.

## Results:

Using the SEIR model assuming relatively homogenous mixing of all people onboard, we calibrated the predicted cumulative number of infections from the model to the observed cumulative number of infections among all people onboard and estimated the initial  $R_0$  to 14.8. This resembled an estimate of  $\beta$  (the daily reproduction rate) to 1.48. To derive this estimate we calibrated functions describing transient change in the  $\beta$  as a result of changes in contact rate and the removal of symptomatic infections. The parameter values of contact rate, quarantine interventions and removal presented in Table 1 are the results of the calibration to the observed cumulative incidence data. The contact rate between persons on the cruise ship was calibrated to give the best fit to data with a reduction of 70% by the quarantine countermeasure with onset 3<sup>rd</sup> February, 2020. The transient function of removal and isolation of infected cases with an onset on 5<sup>th</sup> February, 2020, reduced the infectious period from 10 to 4 days, and substantially reduced the transmission and sub-sequent infections on the ship. In Figure 1 we present the change in  $R_0$  based on the relationship between  $R_0$  and  $\beta$  and how it is affected by the transient countermeasures of quarantine and removal of ill patients from the model. Here  $R_0$  should be interpreted as the basic reproductive rate in a totally naïve population on the Diamond Princess (i.e. same contact rate), and not the actual basic reproductive number over time on the cruise ship. The  $R_0$  was 14.8 initially and then  $R_t$  declined to a stable 1.78 after the quarantine and removal interventions were initiated (Figure 1).

The predicted cumulative number of cases over time from this model described the observed cases well, but overestimated the cumulative case incidence rate initially (Figure 2). This allowed to compensate for reporting bias in the initial phase, given that the proportion of testing of all passengers was patchy while at the end of the study (19<sup>th</sup> February, 2020) the testing of passengers had a higher coverage and was more complete. The modelled cumulative number of cases on 19 February, 2020, is 613 out of the 3700 people at risk, while the observed reported number of cases is 619. The counterfactual scenario assuming homogenous rates among crew and guests without any interventions (no removal off the ship or isolation of ill persons nor any quarantine measures for the remaining passengers on boat), estimated the number of cumulative cases to be 2920 out of the 3700 after 30 days, that is by 19<sup>th</sup> of February (Figure 2). The net effect of the combined interventions was estimated to prevent a total number of 2307 cases by 19<sup>th</sup> February, 2020 (Figure 2).

In a sensitivity analysis we modified the  $R_0$  to 3.7 (and consequently  $\beta$  to 0.37) as this has been reported the average basic reproduction number from studies of COVID-19 in China.<sup>9</sup> However, from



our simulation, even in the absence of any intervention, such a low  $R_0$  cannot explain the rapid growth of incident cases on the cruise ship (Figure 3). This sensitivity scenario excluded countermeasures from the model making it unrealistic that such a low  $R_0$  value could be the true value in the cruise ship situation with confined spaces and high homogeneous mixing of the same persons. The estimate with the lower  $R_0$  value also omitted to consider the strong interventions put into place, making it even more unrealistic.

We additionally modeled a scenario stratified by crew and guests whereby we assumed the parameter values of transmission risk to be lower for crew to guest than for guest to crew (Table 1). The predicted cumulative number of infected crew and guests by 19th of February from this model was 168 out of 1000 (16.8%) and 464 out of 2700 (17.2%), respectively (Figure 4). The total number of cumulative cases by 19<sup>th</sup> of February predicted from this model was 632, close to the observed number of cases of 619. The predicted cumulative incidence rates were overestimated for crew while underestimated for guests based on available tests results at the time of writing (Figure 4). These data still need to be validated against the empiric data of test results in all crew and passengers which should soon become available.

Instead of keeping all passengers on board, another option would have been to evacuate all individuals onboard the cruise ship earlier, and allow them to go home for a potential quarantine in their respective home countries. We modeled that an evacuation by 3<sup>rd</sup> February, 2020, would have resulted in 76 latent cases (cases during the incubation time), while an evacuation by 19<sup>th</sup> February would have resulted in 246 latent cases.

## Discussion:

Modelling the COVID-19 on-board outbreak reveals important insights into the epidemic risk and effectiveness of public health measures. We found that the reproductive number of COVID-19 in the cruise ship situation of 3,700 persons confined to a limited space was around 4 times higher than in the epicenter in Wuhan, where  $R_0$  was estimated to have a mean of 3.7.<sup>9</sup> Interestingly, a rough estimation of the population per square km on this 18-deck ship is 286 by 62 meters (0.32 km<sup>2</sup>). Assuming that only 50% of decks are being used, approximately 24,400 persons are confined per km<sup>2</sup> on a ship compared to approximately 6000 persons per km<sup>2</sup> (9,000,000/1528) in urban Wuhan. This means that the population density was about 4 times higher on the cruise ship. Thus, both  $R_0$  and contact rate are dependent on population density, as also suggested by previous research.<sup>21</sup> In population-based models on observational data the population per square km is often substantially different, affecting the  $R_0$  and  $\beta$  coefficient implicitly by changes in the contact rate expressed as:

$$\frac{R_0}{i} = \text{Transmissibility} * \text{contact rate}$$

The local estimate of  $R_0$  can be divided into a localized contact rate and a multiplier that is necessary for moving from one population to another:

$\text{contact rate} = \text{contact rate}_{\text{localized}} * pd$ , where  $pd$  is the population density multiplier. In our case it was approximated to 4. Here the contact rate is relating to a contact rate in a defined population in a certain area and the population density multiplier modifies the contact rate when moving across different local population and geographical areas representing heterogeneity in population density. In the case of the cruise ship, the potential relationship of  $R_0$  to population density appear thus mainly be attributed to the contact rate and mixing effects. This information is also important for other settings characterized by high population densities.

With such a high  $R_0$ , we estimated that without any interventions within the time period of 21<sup>st</sup> January to 19<sup>th</sup> February 2020 out of the 3700 (79%) would have been infected, assuming relatively homogenous mixing between all people on board.

The quarantine and removal interventions launched when the outbreak was confirmed (3<sup>rd</sup> February and 5<sup>th</sup> of February) substantially lowered the contact rate and reduced the cumulative case burden by an estimated 2307 cases by 19<sup>th</sup> February. We note, however, that the longer time span of simulation beyond 19<sup>th</sup> February, assuming people would stay on the boat, would reduce the net effect of the intervention substantially. We further note that an earlier evacuation would have corresponded to disembarking a substantially lower number of latent undetectable infections (76 vs. 246), likely giving rise to some further transmission outside the ship.

We also found that contact rate of guest to guest and crew appeared higher than the contact rate from guest to crew, perhaps driven by high transmission rates within cabins. However, testing of crew was delayed, and there was a testing bias towards testing more passengers than crew. Hence our access to empiric data may have and this analysis need to be revisited when all data is available.

The limitations of our study include our lack of data on the lag time between onset of symptoms, the timing of testing and potential delay to the availability of test results. Due to the large number of people, not everyone was tested, and we suspect that the timing of the test results do not totally tally with real-time onset of cases. We had no access to data on incident cases in crew versus passengers, nor any data on whether there was clustering of cases around certain nationalities or crew members. Furthermore, although the Hong Kong passenger was assumed to be the index case, it could well have been possible that there was more than one index case on board who could have contributed to transmission, and this would have lowered our estimated  $R_0$ . Lastly, our models are based on human-

to-human transmission and do not take into account the possibility that fomites, or water systems with infected feces, contributed to the outbreak.

The interventions that included the removal of all persons with confirmed COVID-19 disease combined with the quarantine of all passengers substantially reduced the anticipated number of new COVID-19 cases compared to a scenario without any interventions (17% attack rate with intervention versus 79% without intervention) and thus prevented a total number of 2307 additional cases by 19<sup>th</sup> February. However, the main conclusion from our modelling is that evacuating all passengers and crew early on in the outbreak would have prevented many more passengers and crew members from getting infected. A scenario of early evacuation at the time of first detection of the outbreak (3 February) would have resulted in only 76 latent infected persons during the incubation time (with potentially still negative tests). A late evacuation by 19<sup>th</sup> February would have resulted in about 246 infected persons during their incubation time. These data need to be confirmed by empiric data of testing all evacuated persons after 19<sup>th</sup> February, and may be an overestimate as we assumed a stable  $R_0$  after quarantine was instituted. However, the  $R_0$  probably declined over time, as the implementation of quarantine measures were incrementally implemented leading to better quarantine standards towards the end of the quarantine period.

In conclusion, the cruise ship conditions clearly amplified an already highly transmissible disease.  $R_0$  is related to population density, and is particularly driven by contact rate and mixing effects, and this explains the high  $R_0$  in the first weeks before countermeasures were initiated. Population densities and mixing need to be taken into account in future modeling of the COVID-19 outbreak in different settings. Early evacuation of all passengers on a cruise ship- a situation with confined spaces and high intermixing- is recommended as soon as an outbreak of COVID-19 is confirmed.

**Author contributions:** JR and AWS conceived the study. JR developed the model and run the analysis. HS advised on model development, and helped with the figures. AWS advised on model parameters. All authors wrote the final manuscript.

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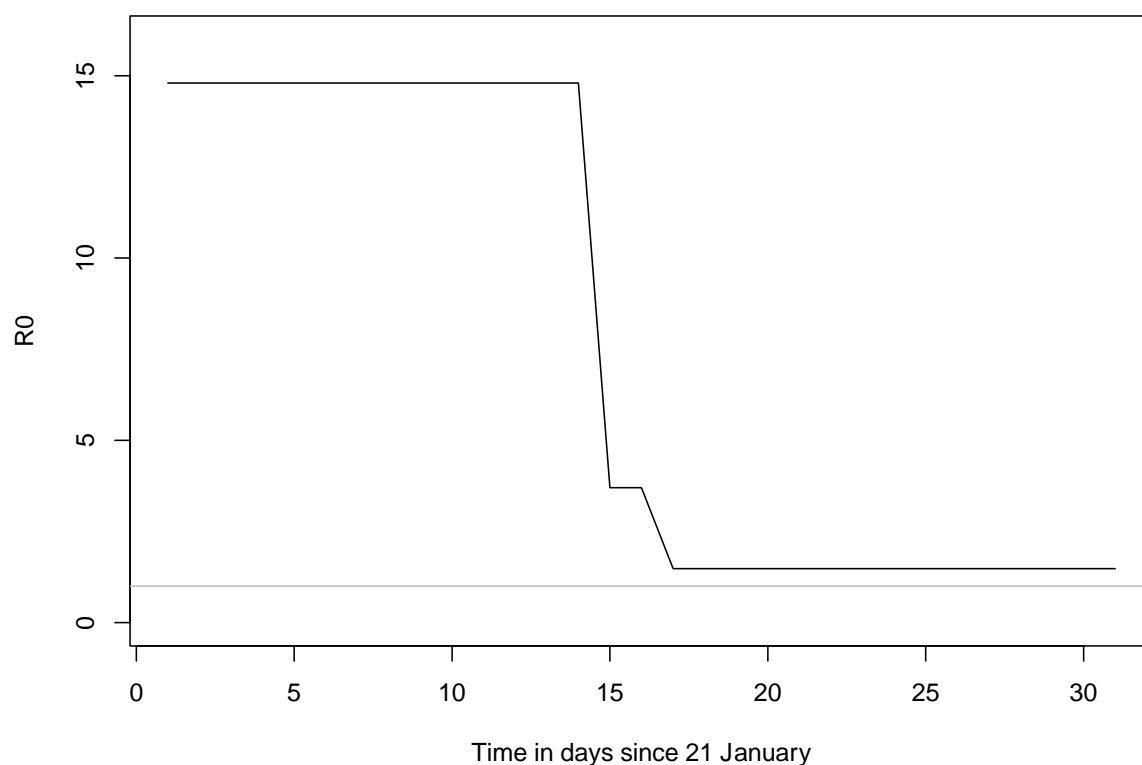
Declaration of interest: none declared.

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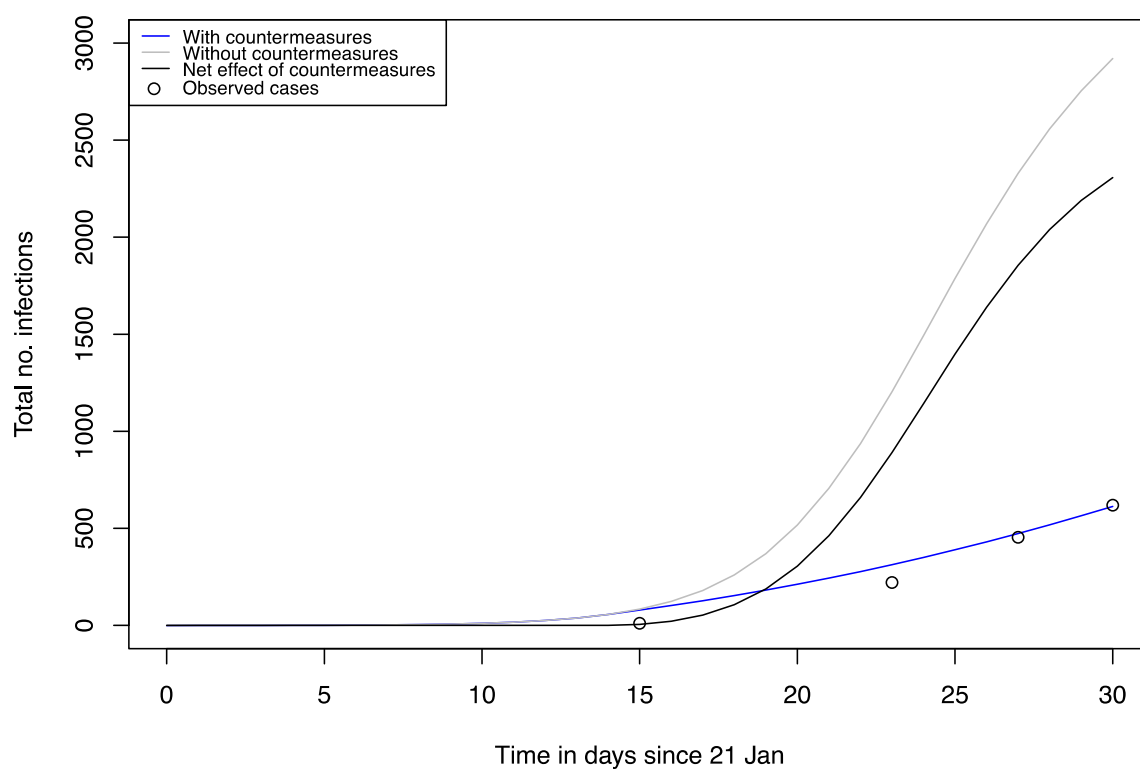
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<b>Table 1.</b> Model parameter description and values. Start time ( $t = 0$ ) the 20 <sup>th</sup> of January.		
<b>Parameters</b>	<b>Explanation (unit)</b>	<b>Estimated to</b>
$\beta$	Overall transmissibility and contact rate (1/day)	1.48 if $t < 14$ 0.44 if $t \geq 14$
$l$	Incubation period (days)	5 days
$i$	Infectious period or time to removal (days)	10 if $t < 16$ 4 if $t \geq 16$
$N$	Total number of people onboard (persons)	3700
$\beta_c$	Transmissibility and contact rate crew (1/day)	1.15 if $t < 14$ 0.35 if $t \geq 14$
$\beta_{gg}$	Transmissibility and contact rate guests to guests (1/day)	1.15 if $t < 14$ 0.35 if $t \geq 14$
$\beta_{gc}$	Transmissibility and contact rate guests to crew (1/day)	0.17 if $t < 14$ 0.05 if $t \geq 14$
$N_g$	Total number of guests onboard (persons)	2700
$N_c$	Total number of crew onboard (persons)	1000

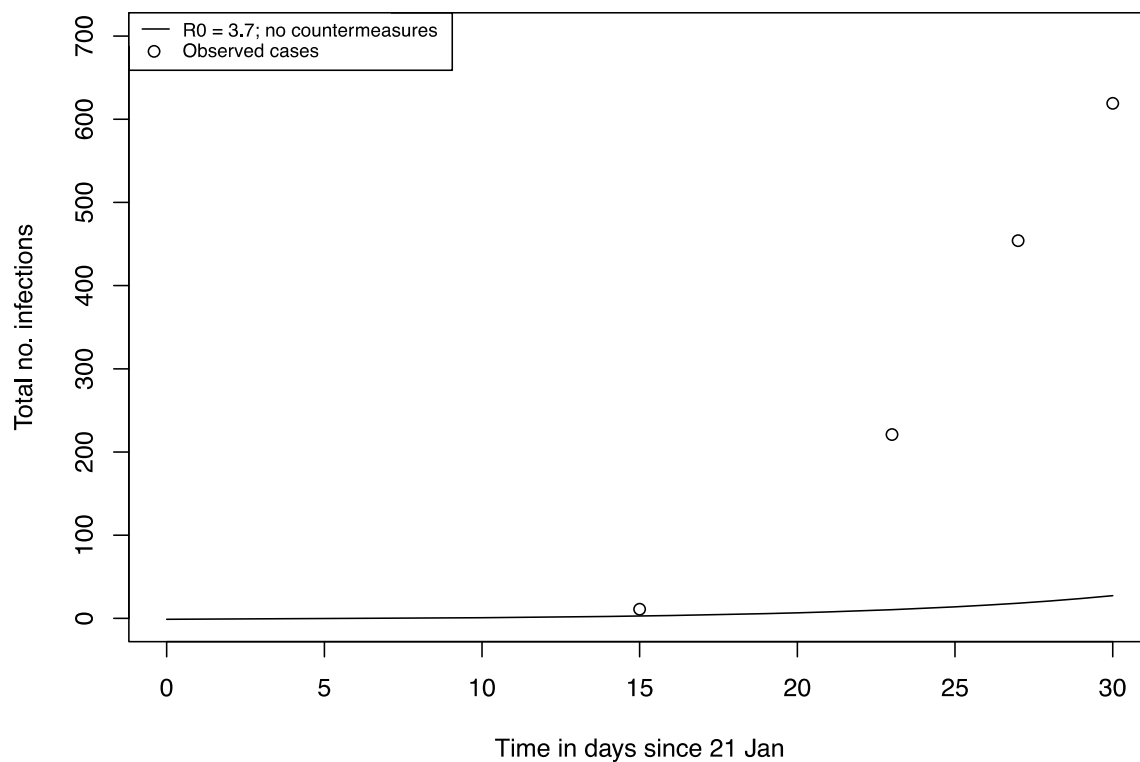




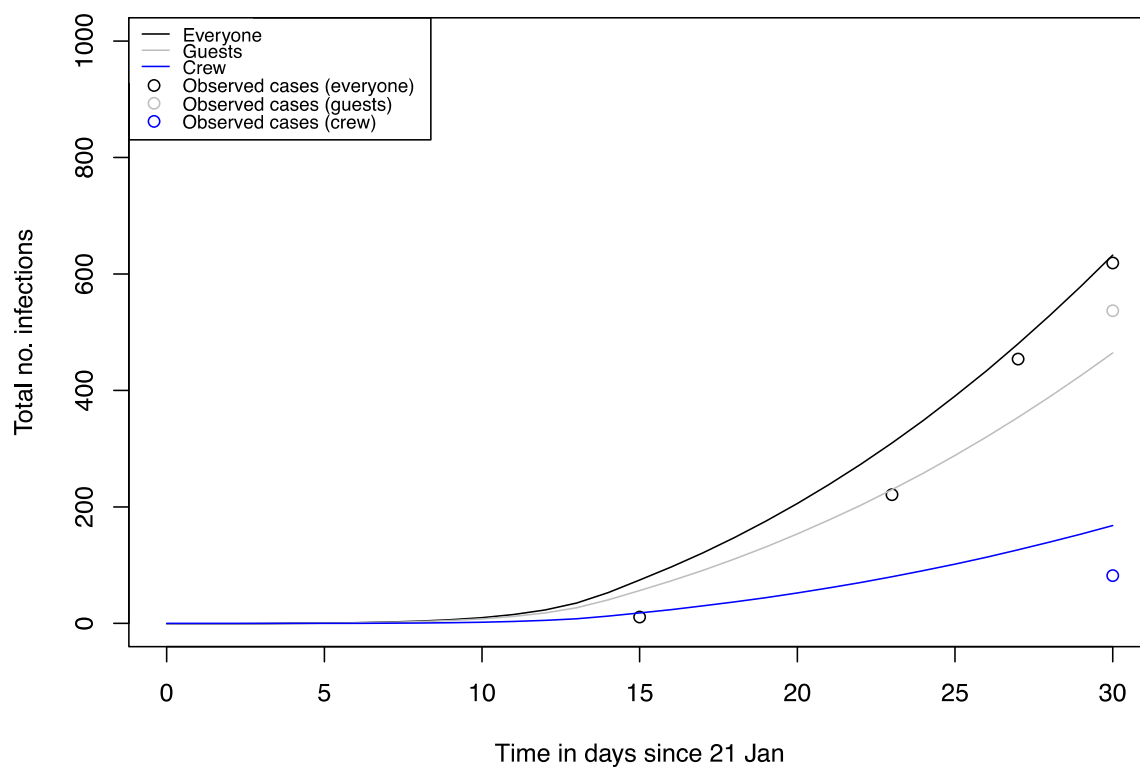
**Figure 1.** The estimated basic reproduction number,  $R_0$ , on the cruise ship and its change over time as a result of the transient interventions of quarantine and removal of infectious cases. The  $R_0$  given here assumes one index case in a totally naïve population, although that is not the case on the ship, we use it here to illustrate how the  $R_0$  is sensitive to the interventions, but still substantially large to fuel a continuation of the epidemic. The grey line indicates  $R_0 = 1$ .



**Figure 2.** Predicted total number of infections using model 1 (no stratification) for the realistic situation with interventions (blue), counterfactual scenario without intervention (grey) and the net effect of the interventions (black).



**Figure 3.** Sensitivity analysis: predicting total number of infections using a model without interventions with  $R_0$  set to 3.7 with index case 21th January (bottom). Observed reports of cumulative cases are marked as "o".



**Figure 4.** Predicted total number of infections using a model stratified into crew and guest for the realistic situation with interventions. Total population onboard (black), guests (grey), crew (blue). Observed total case numbers of total (black), crew (blue) and guest (grey) are marked as "o".

**From:** (b) (6) CAPT USN COMPACFLT N01H (USA) <(b) (6)@navy.mil>  
**Sent:** Tuesday, May 19, 2020 4:10 AM  
**To:** (b) (6) CAPT USN NAVY JAG WASH DC (USA) <(b) (6)@navy.mil>  
**Subject:** RE: TR INVESTIGATION -- REQUESST FOR RESPONSE

CAPT (b) (6),

My apologies for the late response to this email. I did appreciate our discussion on SUN (17 May) covering the questions below.

My responses follow:

1. I do not specifically recall telling CAPT (b) (6) that an action he was taking was wrong. During the time from when COVID was confirmed by testing and the arrival to Guam, the focus was on ensuring he had the maximal support to frame/contain the problem to include PMO/preventive medicine support (flown while ship was en route) as well as coordination with C7F SG.
2. No.
3. I did participate in many, but not all of these meetings. CAPT (b) (6) also participated in many but not all meetings. The meetings were focused more up and out as far as requirements and support, rather than what specifically was being done within the ship as far as policy execution. I would anticipate release from quarantine and that approach to be shared with C7F SG, but not necessarily in this forum. If CAPT (b) (6) was unclear of approach, he certainly could solicit input in this forum and has done so with other questions.
4. No. I would recommend closure. The first 39 in quarantine were tested negative in VN, and subsequently released on ship after completing quarantine. These Sailors were felt to be low risk of infection. The approach would certainly change after first suspected cases – closure would be an expected public health response.
5. Very seriously. This is an all-out total team effort to combat COVID and keeping it off the ship. CPF has been consistent with this approach and frequent with this message.

V/R,

CAPT (b) (6), MC, USN  
Pacific Fleet Surgeon  
Commander, U.S. Pacific Fleet

COMM: (b) (6)

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**From:** (b) (6) CAPT USN NAVY JAG WASH DC (USA) <(b) (6)@navy.mil>  
**Sent:** Sunday, May 17, 2020 2:44 PM



To: (b) (6) CAPT USN COMPACFLT N01H (USA) <(b) (6)>@navy.mil>  
Subject: TR INVESTIGATION -- REQUEST FOR RESPONSE

CAPT (b) (6),

I have been appointed by the Vice Chief of Naval Operations, ADM Robert Burke, to serve as a part of a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71). Attached is a copy of my appointing letter.

Thank you for speaking with me earlier concerning CAPT (b) (6). In order to have a written record for inclusion in the report, can you please answer the below questions in your own words. Your response is requested as soon as possible.

Questions:

1. In regards to the fight to prevent the spread of COVID-19 aboard the USS THEODORE ROOSEVELT (CVN 71) (TR), do you ever recall telling CAPT (b) (6) that some action he was taking or recommending was wrong?
2. Were you aware that the TR made a decision to release quarantined Sailors from the aft portion of the ship to go back to their regular berthing after arriving in Guam?
3. Did you participate in daily synchronization meetings to discuss COVID-19 and, if so, would you expect such meetings to include a discussion about the possibility of releasing quarantined Sailors from the aft portion of the ship to go back to their regular berthing after arriving in Guam?
4. Did CAPT (b) (6) ever consult with you about closing common areas on the ship where Sailors would congregate in close contact with each other (e.g., gyms, ship's stores, barber shops, and chapels) and, if not, what would your advice have been if CAPT (b) (6) had asked for it? Would it make a difference whether he asked you before the first positive COVID-19 test (while 39 Sailors were in quarantine following a port visit to Vietnam) or after the first positive COVID-19 test? If so, what would your advice have been on each occasion?
5. How seriously does CPF want ship's to implement precautions to stop the spread of COVID-19?

Thank you in advance for your cooperation in this matter. The investigation is ongoing, so please do not discuss the above questions or your answers with anyone other than members of the investigation team. Again, thank you.

V/R,  
CAPT (b) (6)

CAPT (b) (6), JAGC, USN  
Command Investigation Team Legal Advisor  
Vice Chief of Naval Operations

In follow up to our phone call on 13May2020, I offer the following points for the investigation's consideration. All data was compiled from notes, emails, conversations to clarify dates and personal/collective recollections. All dates are Guam local.

### **Government of Guam Response**

From the onset of the first MEDEVAC flights from USS THEODORE ROOSEVELT, JRM has benefited from the solid support from people and Government of Guam led by Governor Leon Guerrero in our efforts to assist our shipmates. After my initial notification to her of the first three MEDEVAC patients on 25March2020, followed by my notification of 21 more COVID (+) patients on 26March2020, the Governor has been consistently receptive to my periodic updates concerning our response helping the Sailors of THEODORE ROOSEVELT. As the situation onboard the ship became more serious and the medical response evolved 27 to 29March2020 my conversations with the Governor became more frequent. During a phone conversation on 28March2020 with Governor Leon Guerrero, at her request in preparation for her COVID-19 DSCA call with the INDOPACOM Commander, I first broached the subject of billeting quarantined TR Sailors in Guam commercial hotels. Initially I was cautious because I understood the potential political risk that the Governor may be opening herself up to given the CNO and SECNAV's statements of 26March2020. During the conversation on 28March2020 and in subsequent "temperature taking" calls between my Chief of Staff and the Governor's Chief of Staff concerning the "hotel option" I was very appreciative of the Governor and her staff's objective consideration to the proposal to quarantine Sailors in commercial hotels despite the unknown nature of and widespread concerns about the COVID-19 virus.

Following the initial calls during which the Governor pledged her assistance saying that "we (Guam) need to support the people who defend us. This is the humanitarian thing to do" we quickly began the background work of identifying the scope and requirements. The Governor's Chief of Staff provided an initial referral to the President of the Guam Hotel and Restaurant Association (GHRA) on 29March2020. The detailed, immediate planning fell to my Chief of Staff, Captain (b) (6), Mr. (b) (6), JRM's Regional Lodging Director and Ms. (b) (6), the President of GHRA, in conjunction with the THEODORE ROOSEVELT leadership on approximately 30March to 01April2020. Of note, I believe that THEODORE ROOSEVELT was aware of the hotel closures as JRM received an inquiry from Marriott Sales San Diego through GHRA on 31March 2020. This inquiry via email indicates on or before 30March2020 someone affiliated with the THEODORE ROOSEVELT attempted to reserve 400 rooms at the Marriott, was interested in reserving 5000 rooms on Guam, and that at least one major hotel on Guam had closed. After the initial concept of operations was developed and the first hotels were identified by GHRA, a unified "walk through" of partner hotels was arranged on 01/02April2020 at the various sites to reach an agreement on the operational concept between the Navy, hotel management, GHRA and various Government of Guam agencies.

I have been continually impressed by the responsiveness of the Governor's team and that of the community/commercial partners. It should be noted that the majority of the hotels were shut down at the time of the first discussions with the Governor and GHRA, with permanent staff layoffs in progress, due to the financial situation resulting from the drop in tourist travelers to Guam in the wake of the COVID-19 pandemic.

### **Impact of Captain Crozier's Letter**

As we were in the early process of developing the hotel CONOPS, which started with my phone conversation with Governor Leon Guerrero on 28March2020, we consciously refrained from any public comment concerning this effort to allow the Governor to make a public announcement of support for the plan. When CAPT Crozier's memorandum was published in the San Francisco Chronicle (01April2020), the result was public consternation, significant Guam Legislature concerns expressed publicly in the media, via direct letters and during a JRM-Legislator briefing session via phone, and a local media environment which was trending negative. While the article did not change the Governor's support for THEODORE ROOSEVELT, she indicated it usurped her team's opportunity to shape the public narrative for the partnership. The Governor had intended to voice her support during a press conference on 01April2020 in order to convey the well-managed and thoughtful Civil-Military response to the situation on the ship. The San Francisco Chronicle article and Captain's memorandum changed the narrative from a measured response to an urgent and reactive crisis. The Governors' staff had some concern that the "dire situation" that CAPT Crozier described in his memorandum would result in increased public health concern among the community, potentially drum up more vocal opposition from anti-DoD activists, and negatively impact the GHRA's support of this COA - resulting in the loss of critical capacity to house quarantined Sailors. Ultimately a plan to quarantine Sailors went forward, but the opportunity for a coordinated messaging initiative was lost.

The publication of the memorandum did not speed up or slow down execution of the hotel COA as discussions and negotiations were already in progress starting 28March2020 with a tentative rollout on 01April2020. If the memorandum had not been written or published, Sailors would have still been quarantined in hotels, in DoD houses and mass lodging areas on Naval Base Guam, as the requirement to move the majority of personnel off the ship had been identified and communicated to JRM as early as 27/28March2020 by both the CSG-9 and C7F Commanders. The actual impact of publication of the memorandum was mission distraction and consumption of limited bandwidth, as numerous DoD and local government RFIs and media RTQs pulled staff and senior leadership time and attention away from the actual THEODORE ROOSEVELT support mission, and added friction points to the support process. The Governor's COS' sentiments summarize the memorandum's effect as "not helpful."

### **Response by Guam Military Leadership**

Concerning the initial response to the arrival of THEODORE ROOSEVELT, I was fortunate to have a community of Navy Captains on the island and within the fleet that already enjoyed a cooperative and robust working relationship. With strategic commander's guidance and vague initial requirements, the local military team went into overdrive following notification on 25March2020 of THEODORE ROOSEVELT's pending arrival. Led by the Commanding Officer of Naval Base Guam (CO NBG), the Joint Region Marianas Chief of Staff (JRM COS) and the C7F Chief of Staff, this group of leaders created a rough medical concept of operations and billeting options for Sailors requiring quarantine and isolation. Though the initial requirement was unknown, CO NBG used a planning assumption of 1000 beds to mobilize his installation team and the tenant community to assist in the care, feeding, logistics and transportation needs of THEODORE ROOSEVELT Sailors. He quickly set up pier side support and containment facilities,

mass and individual berthing options (more than 2400 cots and beds), relocated homeported Sailors from their barracks rooms to their individual ships, and also setup a tactical emergency operations center to manage the operation on the installation. CO NBG was fortunate to have tenant partners such as the Commodore of CTF-75 and the Commanding Officer of Naval Hospital Guam who never said no, worked in concert with other tenant commands assisting with care and feeding, logistics, transportation, housing, patient care and medical accountability. As we quickly developed additional quarantine capacity outside DoD fence lines JRM COS led the effort develop a parallel command and control, care and feeding, medical monitoring, security and transportation structure required to manage quarantined Sailors in commercial hotels. Requesting support from additional joint forces on Guam, Task Force Hotel grew to more than 350 personnel managing all quarantine requirements for more than 4,000 Sailors housed in 11 commercial hotels. Ultimately, the local DoD personnel response to supporting THEODORE ROOSEVELT Sailors totaled approximately 1,000 individuals.

### **Challenges**

What challenged the shore response to support THEODORE ROOSEVELT the most was the lack of initial communication and clear articulation of requirements.

- MEDEVACS: As this crisis and the response was dynamic, unprecedented, and at a scale not seen, including MEDEVACs that were essentially unannounced and grew in scope from the arrival of three personnel on 25March2020 to 21 Sailors on 26 March 2020, clear communications were required to enable a coordinated, effective response. The first two days of MEDEVAC operations were done with minimal coordination from the ship to Naval Hospital Guam, which devolved into notification of pending MEDEVAC flights during VTCs as the aircraft were getting ready to launch and without the Naval Hospital's knowledge of inbound patients.
- QUARANTINE CAPACITY: These communications challenges continued through the first week where the requirements for shore billeting were not defined other than the need to get sick, close contact and assumed COVID negative Sailors off the ship. Though the THEODORE ROOSEVELT medical community voiced the opinion on or around 29/30March2020 that each infected or potentially infected Sailor needed an individual room with their own bathroom, physically that was impossible due to the lack of capacity on Naval Base Guam and the closed status of the local commercial hotels. This was communicated to the THEODORE ROOSEVELT via their Chain of Command with no further response from the ship. The initial planning assumption of 600-800 beds was generated by the JRM Commander in the absence of any communicated requirement from THEODORE ROOSEVELT to JRM or CO NBG. This initial estimate was later raised by the CO NBG on his own initiative and approved by CJRM to more than 1000 beds, and ultimately resulted in more than 2,400 beds and cots available on base. The upward adjustment of the requirement to house 3000-4000 Sailors ashore did not come from THEODORE ROOSEVELT to JRM or CO NBG, but rather was articulated on 27/28March2020 by both CSG-9 and C7F via TANDBERG and VTC to JRM leadership.

- **QUARANTINE CONDITIONS:** By 29March2020, Naval Base Guam had a 1,167 bed capacity to support Sailors in mass quarantine areas, though only 535 beds had been filled (Table 1). This capacity was developed in coordination with the Public Health Emergency Officers and Base Safety Personnel. Bed capacity was communicated daily to CSG-9 and C7F at the Flag Officer level and by CO NBG and COS JRM to THEODORE ROOSEVELT, CSG-9 and C7F leadership at the O-6/Staff Officer level. However, between 30March to 01April2020 issues of testing limitations onboard the ship, at the local Naval Hospital, and testing friction external to Guam, and the THEODORE ROOSEVELT Senior Medical Officer opinion that the mass quarantine areas would be unacceptable given the current knowledge of COVID-19, became apparent thereby resulting in several days of excess bed capacity on Naval Base Guam while Sailors remained onboard the ship rather than ashore in isolation or quarantine.

<b>Date</b>	<b>NBG Bed Capacity</b>	<b>NBG Beds Used</b>	<b>Hotel Beds Available</b>	<b>Hotel Beds Used</b>
27-Mar-20	840	264	0	0
28-Mar-20	939	382	0	0
29-Mar-20	1167	535	0	0
30-Mar-20	1351	897	0	0
31-Mar-20	1626	951	0	0
1-Apr-20	1767	969	0	0
2-Apr-20	2343	1060	180	180

***Table 1***



### **Witness Statement of Commander, Destroyer Squadron 23**

On 9 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via videoteleconference.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CAPT (b) (6) USN  
Position: Commander, Destroyer Squadron 23 (COMDESRON TWENTY-THREE)

Email Addresses: \_\_\_\_\_

(b) (6) @cvn71.navy.mil  
(b) (6) @navy.mil  
(b) (6) @me.com

Phone(s): (b) (6)

I am the Commander, Destroyer Squadron 23. I am the Sea Combat Commander for Carrier Strike Group NINE. I have command of six destroyers and have an operational staff of 36 personnel embarked in USS THEODORE ROOSEVELT. During the month of March 2020, my staff and I were supporting operations across the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 7<sup>th</sup> Fleet operating areas. All of my ships were in a deployed status during this timeframe. I characterize the pace of operations during this timeframe as very high.

**Q: Were there concerns regarding the port visit prior to arrival?**

Yes. There were a small number of cases reported in the North part of the country prior to the visit. The prevalent thinking was that because these cases were limited to the North part of the country, we were relatively safe in Da Nang. As a group, we conceded that if we took the data at face value, pulling in to Da Nang was low risk. Most of us felt the decision to go ahead with the Da Nang port visit was above our level. There was clear geopolitical value in conducting the port visit.

**Q: Did you have any ships pull in with TR?**

No. We had planned for USS PINKNEY to accompany us but their tasking changed. Prior to the Da Nang port visit, my staff was supporting five ships already underway. The majority of my effort as well as my staff remained focused on those ships and their issues.

**Q: Were you aware of the TASKORD from C7F and what effort went into planning for that?**

I was familiar with the C7F TASKORD, but was not directly involved in the planning effort onboard TR. One of our DESRON units, USS PAUL HAMILTON had conducted a port visit to Singapore in late February and we worked with them to achieve compliance with the C7F TASKORD and FRAGO.

Subj: Witness Statement of Commander, Destroyer Squadron 23

**Q: Did you think the crew took the guidance seriously?**

Yes. The ship and embarked staffs were engaged and applied oversight to ensure procedures were followed. A dedicated effort was made to change the culture to account for COVID-19 mitigation protocols. Messaging from the CO and XO was appropriate. The crew was aware and concerned about their own safety, health, and potential operational impacts with respect to COVID-19.

**Q: Are you familiar with NTRP, NAVADMINs and other COVID-19 guidance?**

Yes. I received guidance via message traffic and multiple emails from the CNSP CoS on applicable COVID-19 references including NAVADMINs, NTRP and other policy updates. We used NTRP 4-02 as a reference to conduct outbreak drills on CDS-23 ships in accordance with the TASKORD. In the days prior to our outbreak, I was reviewing a shipboard outbreak instruction for USS KIDD with the CNSP Force Surgeon and was actively tracking a PUI reported on USS PREBLE. COVID-19 policy was a steady discussion point in conversations with CDS-23 COs. I received and distributed NAVADMINs and other COVID-19 guidance regularly. Staying abreast of the most current guidance across multiple AORs was, and continues to be, a significant challenge.

**Q: Was a liberty brief provided and did it discuss COVID-19?**

As is typical, TR conducted a liberty brief that was played on CCTV onboard the ship. It was primarily focused on explaining the mechanics of going on liberty, which included the use of liberty cards and visa cards issued by the country of Vietnam for day and overnight authorizations. The brief did cover some basic COVID-19 precautions. There were other public service announcements generated by the ship's media department on COVID-19. CDS-23 staff conducted an internal liberty brief as well for embarked personnel, which included specific discussion on COVID-19 mitigations.

**Q: Was it a good port visit?**

Yes. Weather related embark/debark issues were the main issues we encountered. Boat operations were secured on several occasions due to sea state. It was frustrating for some, but the safety of the crew was understood as the priority. Embark and debark operations were supervised by the XO and were executed safely. Once off the ship, TR Sailors enjoyed the port visit. The crews' performance on liberty was excellent. To my knowledge there were no liberty incidents.

A Big Top reception had been planned onboard the carrier, but was changed to an offsite hotel due to weather concerns. I attended the event and recall receiving a temperature screening with touchless thermometer and being asked if I had symptoms prior to entry into the hotel. The screening precautions were planned for the Big Top on TR so I was pleased to see them in place at the new location despite the short notice change.

**Q: Were you aware of the Sailors that had potential contact with COVID-19 positive British citizens?**



Subj: Witness Statement of Commander, Destroyer Squadron 23

A day before the TR left Da Nang, I was back on the ship preparing for the underway when I was told of the Sailors who had potential contact with two British citizens who had tested positive for coronavirus. The 39 Sailors did not have confirmed contact, but were placed in a single berthing for quarantine out of an abundance of caution. I was not directly involved in planning or execution of the quarantine and no DESRON 23 sailors were among the 39 Sailors. The ship worked provided access to medical care, food, and quality of life issues for the quarantined Sailors. Both the CO and the CMC donned PPE and visited the Sailors during their quarantine. My impression was that the quarantine was well-executed. We also left Da Nang with additional medical personnel to help us conduct COVID-19 testing onboard.

After we left Da Nang we were concerned about bringing a COVID-19 infection onboard. The CO and XO messaged to the crew about the importance of the cleaning and sanitization protocol, covering your cough and going down to Medical if you had symptoms – of having integrity in self-reporting symptoms and not “fighting your way through it.” The messaging was aligned to guidance during that time period. We continued cleaning/sanitizing protocols and social distancing. There were numerous IMC calls/updates to the crew by XO and CO.

Infection data and COVID-19 related news updates were briefed daily at MUB and TFCC stand-up meetings.

**Q: Approximately when did you become aware of COVID cases onboard the TR? What can you tell me about the discussions and actions after the first Sailor tested positive?**

The first Sailor tested positive on March 23<sup>rd</sup> and I was made aware within a couple hours. Contact tracing and movement to establish a quarantine area began immediately. We knew we had to take aggressive action given the unique transmissibility of the virus.

The decision was made very quickly to proceed towards Guam. We worked logistics for a medical evacuation to Guam, which seemed the most accessible location given our operating area.

**Q: Was the SMO involved in the discussions among warfare commanders?**

The SMO was an active participant in the majority of warfare commanders' meetings and we all shared information in discussion. SMO was treated as a warfare commander and given a place at the table during WCBs. We viewed SMO as the supported commander for the outbreak response effort. We reviewed NMCPH and CNA projections to develop a sense for what to expect as we moved forward. The projections were grim. We assessed the number hospital beds and ventilators onboard TR and talked frankly about how many sailors would be at risk if the spread continued unchecked. We also talked about the Diamond Princess outbreak, which we viewed as a similar in some respects. We knew that cruise ships with COVID-19 onboard were being denied port entry, which brought forward concerns about access to Guam. We were aware that Guam was working through their own COVID-19 outbreak, mitigations and state of emergency. We talked openly about the possibility of having to recover at sea, pierside, with or without support from Naval Base Guam and without the support of civilian resources.



Subj: Witness Statement of Commander, Destroyer Squadron 23

**Q: Were you aware that the US Navy initially informed Guam their assistance would not be required?**

No. I was not directly involved in the dialogue external to TR regarding the use or potential use of Guam resources. I attended the 7<sup>th</sup> fleet CUBs and I was cc'd on email updates from Admiral Baker.

**Q: What can you tell me about the 28 Mar 20 proposed paper generated from the warfare commanders? What was the driver for the document? What sources were used and why? What was the desired effect?**

In the days prior to generating the information paper, approximately 25-28 March, we developed concerns about C7F direction on how to achieve recovery on TR; specifically, the use of negative test results to establish "clean" groups and the use of group quarantine to maintain those "clean" populations did not appear viable. There were other issues such as limited swab inventory, batch-testing taking priority over sick call patients, testing throughput for processing, and CDC compliance, but our chief concern was that the actions directed by C7F would not meet recovery expectations.

We raised our concerns and provided recommendations at the O-6 level and RDML Baker communicated our concerns in VTCs to C7F. I do not have a perfect account of who registered what concern and when, but my overall sense from being present was that RDML Baker understood our perspective and was communicating effectively up the chain. We were instructed to press forward and do what we could with what we had. We were asked what our plan was to achieve a clean virus-free ship. We were told in no uncertain terms to continue the batch-testing and separating those with negative test results until we had tested the entire crew. We took action and did our best to comply with the direction from HHQ.

On or about 28 March, the warfare commanders collectively decided to generate an information paper to communicate the facts as we understood them and the related context onboard TR. We felt that an information paper could more clearly and concisely communicate the issues onboard TR than continued VTC. The information paper was intended as a mechanism to illicit commander's guidance up echelon.

**Q: Did you have input to it? How was it generated? What were the sources?**

CAG generated the initial draft. On 29 March, I reviewed a draft of the warfare commanders' white paper. I made edits and sent it back with some comments. The sources came from materials on the CDC website, the Navy and Marine Corps Public Health (NMCPH) and Center for Naval Analysis (CNA). CAG sent the paper to RDML Baker and went into his office to talk with him about it around mid-day. This resulted in a 1600 meeting with warfare commanders, CoS and RDML Baker. At the end of that meeting, RDML Baker directed us to generate a brief with 4 COAs. That evening we generated the COA brief with the CSG-9 team.

**Q: Did it have the desired effect?**

Subj: Witness Statement of Commander, Destroyer Squadron 23

From my perspective, yes. The paper framed the problem, outlined the friction points and provided a recommendation to secure a large number of rooms for TR recovery. The paper, combined with the COA brief provided sufficient context as well as a range of options. In my view, we had organized and registered our concerns at the warfare commander level, provided the underlying context in the information paper and re-framed the problem into COAs that could be used to support a decision from HHQ.

**Q: How would you characterize the USS THEODORE ROOSEVELT (CVN 71) CO email and ltr of 30 Mar 20 (Subj: REQUEST FOR ASSISTANCE IN RESPONSE TO COVID-19 PANDEMIC)?**

I was surprised. After reading it, I went to CAPT Crozier's cabin to ask him about it. It was clear the letter in the email had been informed by the information paper. CAPT Crozier expressed to me that he did not tell us about his letter because he did not want to be talked out of sending it and that he wanted to protect the other warfare commanders from any repercussions.

**Q: Why did he include those specific individuals in the TO and CC lines?**

I do not know. The individuals listed represent TRs ADCON chain of command. I have a similar direct line of communication to the surface TYCOM.

**Q: What was the response to the letter?**

The letter appeared to accelerate and elevate dialog into the public domain. As stated above, we had generated COAs with RDML Baker and were moving them up the chain for consideration. Had we continued the staffing process using only the information paper and COA brief, I suspect we would have landed at a similar outcome.

Another response to the letter was the significant uptick in demand from up-echelon as well as public media outlets for additional data and information related to the TR situation. This demand required a shift in focus on TR and within all embarked staffs to support additional CCSG9 communications.

**Q: Why did SMO send his letter?**

I have no awareness of a letter from SMO.

**Q: What can you tell me about the relationship among the warfare commanders and with RDML Baker.**

We worked well together and trusted each other. As with any group, there were friction points that had to be resolved. We worked through conflicts quickly and easily.

As a Strike Group Commander, I found RDML Baker accessible and reasonable. I would characterize his relationship with the other warfare commanders as strong. There were points of friction, but from my view, they were resolved quickly and without drama.

**Q: Is there anything else you would like to add?**



Subj: Witness Statement of Commander, Destroyer Squadron 23

I am available for further questions or to provide additional detail on any of the answers provided.

I swear (or affirm) that the information in the statement above is true to the best of my knowledge or belief.

(b) (6)

CAPT (b) (6)

19 MAY 20

(Date)

1530 / +10k

Time

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**To:** Baker, Stuart P RDML USN, CCSG-9  
**Cc:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, CCSG-9; (b) (6) HM1 USN, CCSG-9; (b) (6) CAPT USN, CCSG9; (b) (6) LT USN, CCSG-9  
**Subject:** COVID-19 update 25 March - End of Day testing results  
**Date:** Wednesday, March 25, 2020 10:18:20 AM  
**Attachments:** OPREP3 COVID19 (Positive) Tracker 2020 - 25 March.xlsx

---

Admiral -

- 1) 23 positives at this point. An additional 4 from afternoon batch testing, 3 more from sick call, and 4 presumptive positives (close contacts from VFA-154, now with fever/symptoms consistent with COVID-19). Spreadsheet attached.
- 2) 9 positive groups yielded 11 positive cases ( $11/192 = 5.7\%$ ). Relatively high number of asymptomatic positive individuals ( $7/11 = 63.6\%$ ), will have a better overall look at group numbers after completing all the reactor testing. For reference, the cruise ship Diamond Princess had an asymptomatic positive rate of 18% - obvious differences in berthing.
- 3) 198 Rx testing tomorrow.
- 3) The four sailors that were medevac'd earlier today were evaluated at USNH Guam and hospitalization is not required. They are in their rooms at NGIS.
- 4) Current approximate close contacts: 750. Expect it will continue to grow, possibly getting close to 1000.

v/r,

SMO

-----Original Message-----

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**Sent:** Wednesday, March 25, 2020 7:09 PM  
**To:** Baker, Stuart P RDML USN, CCSG-9  
**Cc:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, CCSG-9; (b) (6) HM1 USN, CCSG-9; (b) (6) CAPT USN, CCSG9; (b) (6) LT USN, CCSG-9  
**Subject:** RE: COVID-19 update 25 March - Mid-day testing results

Admiral,

Demographics from the 5 positives from mid-day:

CDR (b) (6) (b) (6), Navigation Department

AA (b) (6), (b) (6), VFA-154 -- medevac'd to the USNH Guam this afternoon.

AM2 (b) (6), (b) (6), HSM-75  
ADAA (b) (6), (b) (6), VFA-154  
AM1 (b) (6), (b) (6), HSM-75

We are currently tracking 3 more positives from the second batch of 3 (15 patients), and are running the last batch of 3. Should have all demographics and a better sense of what our total "close contact" number is by late tonight.

v/r,

SMO

-----Original Message-----

From: Baker, Stuart P RDML USN, CCSG-9  
Sent: Wednesday, March 25, 2020 5:08 PM  
To: (b) (6) CAPT USN, USS Theodore Roosevelt  
Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) HM1 USN, CCSG 9  
Subject: RE: COVID-19 update 25 March - Mid-day testing results

SMO - thanks for the update.

Need rank, age and rate of #4 as well as other demographics.

If I read this right you have done 3 of the batch test. Is that out of 9 so still 30 folks to go?

V/r,  
Studa

-----Original Message-----

From: (b) (6) CAPT USN, USS Theodore Roosevelt  
<(b) (6)@cvn71.navy.mil>  
Sent: Wednesday, March 25, 2020 2:20 PM  
To: Baker, Stuart P RDML USN, CCSG-9 <(b) (6)@ccsg9.navy.mil>  
Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
<(b) (6)@cvn71.navy.mil>; (b) (6) CAPT USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) CAPT USN, CSSG9 <(b) (6)@ccsg9.navy.mil>; (b) (6) CAPT USN, CVW-11 CAG <(b) (6)@cvw11.navy.mil>; (b) (6) CAPT USN, CVW-11 DCAG <(b) (6)@cvw11.navy.mil>; (b) (6) CAPT USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) CAPT USN, COMDESRON23 <(b) (6)@cvn71.navy.mil>; (b) (6) CAPT BKH CO <(b) (6)@cg52.navy.mil>; (b) (6) CDR - BKH XO' <(b) (6)@cg52.navy.mil>; (b) (6) LCDR USN, USS THEODORE

ROOSEVELT <(b) (6)@cvn71.navy.mil>; (b) (6) CMC USN, USS  
Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) MCPO  
USN CVW-11 (USA)' <(b) (6)@navy.mil>; (b) (6) CMC USN, CCSG9  
<(b) (6)@ccsg9.navy.mil>; (b) (6) CDR USN, USS Theodore  
Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) CDR USN, USS  
Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) HM1 USN,  
CCSG 9 <(b) (6)@ccsg9.navy.mil>  
Subject: COVID-19 update 25 March - Mid-day testing results

Admiral,

Testing update (8 total so far):

3 positive from Monday/Tuesday (VFA-154, HSM-75, Rx)

4 positive today from three of the batch tests from last night, one

(VFA-154) with ILI symptoms/fever. Awaiting demographics on the other 3.

1 additional positive today, CDR (b) (6) came down with fever/chills.

Currently testing the additional batch tests from last night to get accurate numbers/demographic info.

Sending 4 (3 from Mon/Tues and the VFA-154 sailor from today) to Guam today via helo direct to the hospital. Hospital is tracking and standing by to receive. Anticipate sending the next 4 tomorrow, and likely more based on the rest of today's results.

Collecting info to have an idea of scope of "close contacts" from the newest positives.

v/r,

SMO

-----Original Message-----

From: Baker, Stuart P RDML USN, CCSG-9

Sent: Wednesday, March 25, 2020 10:31 AM

To: (b) (6) CAPT USN, USS Theodore Roosevelt

Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9;

(b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11

DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6)

CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH

XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6)

CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA);

(b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore

Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6)

HM1 USN, CCSG 9

Subject: RE: COVID-19 update 25 March - First testing results

SMO - good update, thanks. We'll discuss more at 1100.

V/r,

Studa

-----Original Message-----

From: (b) (6) CAPT USN, USS Theodore Roosevelt

<(b) (6)@cvn71.navy.mil>

Sent: Wednesday, March 25, 2020 1:11 AM

To: Baker, Stuart P RDML USN, CCSG-9 <(b) (6)@ccsg9.navy.mil>

Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt

<(b) (6)@cvn71.navy.mil>; (b) (6) CAPT USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) CAPT USN, CSSG9 <(b) (6)@ccsg9.navy.mil>; (b) (6) CAPT USN, CVW-11 CAG <(b) (6)@cvw11.navy.mil>; (b) (6) CAPT USN, CVW-11 DCAG <(b) (6)@cvw11.navy.mil>; (b) (6) CAPT USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) CAPT USN, COMDESRON23 <(b) (6)@cvn71.navy.mil>; (b) (6) CAPT BKH CO <(b) (6)@cg52.navy.mil>; (b) (6) CDR - BKH XO' <(b) (6)@cg52.navy.mil>; (b) (6) LCDR USN, USS THEODORE ROOSEVELT <(b) (6)@cvn71.navy.mil>; (b) (6) CMC USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) MCPO USN CVW-11 (USA)' <(b) (6)@navy.mil>; (b) (6) CMC USN, CCSG9 <(b) (6)@ccsg9.navy.mil>; (b) (6) CDR USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) CDR USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) HM1 USN, CCSG 9 <(b) (6)@ccsg9.navy.mil>

Subject: COVID-19 update 25 March - First testing results

Admiral,

Batch testing of the close contacts for the HSM-75 and VFA-154 sailors completed. 192 close contacts tested in groups of 5, with 9 positive group tests meaning 1-5 people per group test were positive = 9-45/192 positive = 4.7-23.4% incidence. Sending the testing team to bed. Will get the individual results tomorrow and work to get them off the ship. Will test the 5 reactor sailors (individual tests) in the first batch in the morning and then start the batch Reactor close contact testing (approx.. 200).

v/r,

SMO

-----Original Message-----

From: (b) (6) CAPT USN, USS Theodore Roosevelt

Sent: Tuesday, March 24, 2020 4:40 PM

To: Baker, Stuart P RDML USN, CCSG-9

Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO'; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) HM1 USN, CCSG 9; DH\_71

Subject: RE: COVID-19 update 24 March

Admiral,

Copy all and during the meeting the AMA declined to accept the tests for the concerns you raised about a live virus. We're still getting supplies from them and 2 prev med staff from NEPMU.



Second update while in the meeting: E4 from Reactor (RP div) tested positive. He presented with one day of symptoms at sick call this morning - temp of 101.4, body aches, sore throat. Currently working to get names/numbers of this next large batch of close contacts. The potential operational impacts of quarantining this large group is obviously significant. CO/XO/RO are aware.

To that end, as you pointed out, this will become a testing problem very quickly and we're back to batch testing in groups of five. While that will speed up testing some, with a small lab team that does the testing, there will be some delays as we have to let the lab team sleep at some point and they have been up since 2200 last night.

v/r,

SMO

-----Original Message-----

From: Baker, Stuart P RDML USN, CCSG-9

Sent: Tuesday, March 24, 2020 2:55 PM

To: (b) (6) CAPT USN, USS Theodore Roosevelt

Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9;

(b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6)

CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO'; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6)

CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA);

(b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6)

HM1 USN, CCSG 9; DH\_71

Subject: RE: COVID-19 update 24 March

SMO - copy. Don't think we should send to AMA. We'll discuss at 1500.

V/r,

Studa

-----Original Message-----

From: (b) (6) CAPT USN, USS Theodore Roosevelt

<(b) (6)@cvn71.navy mil>

Sent: Tuesday, March 24, 2020 2:31 PM

To: Baker, Stuart P RDML USN, CCSG-9 <(b) (6)@ccsg9.navy mil>

Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt

<(b) (6)@cvn71.navy mil>; (b) (6) CAPT USN, USS Theodore

Roosevelt <(b) (6)@cvn71.navy mil>; (b) (6) CAPT USN,

CSSG9 <(b) (6)@ccsg9.navy mil>; (b) (6) CAPT USN,

CVW-11 CAG <(b) (6)@cvw11.navy.mil>; (b) (6) CAPT USN,

CVW-11 DCAG <(b) (6)@cvw11.navy mil>; (b) (6) CAPT USN,

USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6)

CAPT USN, COMDESRON23 <(b) (6)@cvn71.navy mil>; (b) (6)

CAPT BKH CO <(b) (6)@cg52.navy mil>; (b) (6) CDR - BKH XO'

<(b) (6)@cg52.navy.mil>; (b) (6) LCDR USN, USS THEODORE

ROOSEVELT <(b) (6)@cvn71.navy.mil>; (b) (6) CMC USN, USS

Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) MCPO

USN CVW-11 (USA)' <(b) (6)@navy mil>; (b) (6) CMC USN, CCSG9

<(b) (6)@ccsg9 navy.mil>; (b) (6) CDR USN, USS Theodore  
Roosevelt <(b) (6)@cvn71 navy.mil>; (b) (6) CDR USN, USS  
Theodore Roosevelt <(b) (6)@cvn71 navy mil>; (b) (6) HM1 USN,  
CCSG 9 <(b) (6)@ccsg9 navy.mil>; DH\_71 <(b) (6)@cvn71.navy mil>  
Subject: COVID-19 update 24 March

Admiral,

Update on current events.

1. Planning to MEDEVAC the two COVID positive patients, plus one non-medical attendant, tomorrow - pending Governor of Guam approval. That issue is currently being worked by Ops.
2. Berthing and work centers plus a few other named individuals (named by the patients) yielded 201 close contacts. That number will likely rise. Based on recommendations from the medical chain of command and theater Prev Med specialists we are testing all of them individually. Half of the tests will be sent to the America on a helo this afternoon (1700) to load share and increase throughput. Anticipate it will take close to 24 hours for all results to be finalized.
3. A Preventive Medicine Officer and Prev Med Tech will be joining us from the America for an undetermined period of time. They will be able to assist in contact tracing, quarantine, etc.
4. Requesting that all departments, squadrons, and units resume daily verbal screening of their sailors. Specifically, asking for flu-like symptoms: fever, chills, cough, sore throat, shortness of breath and body aches. This needs to continue for 14 days (last day 7 April). If anyone answers "yes" to these questions, they need to be evaluated by Medical. Routine evaluation of these individuals will occur daily from 0730-0930 and 1930-2130. Obviously, if someone feels that they can't wait until those times, we can evaluate them at any time.
5. Bleachapalooza is now twice a day - 0730 and 2000.

Standing by for questions.

v/r,

SMO

LAST NAME	FIRST NAME	RATE/RANK	COMMAND	GENDER	AGE	DODID
(b) (6)		EM3	CVN 71	(b) (6)		
		LS2	CVN 71			
		CDR	CVN 71			
		ETNCS	CVN 71			
		AT2	VFA-154			
		AT2	VFA-154			
		AE3	VFA-154			

(b) (6)

**LCDR USN NAVCIVLAWSUPPACT DC (USA)**

---

**From:** (b) (6) LCDR USN, USS THEODORE ROOSEVELT <(b) (6)@cvn71.navy.mil>  
**Sent:** Tuesday, March 31, 2020 2:24 AM  
**To:** (b) (6) LCDR USN JRM  
**Cc:** (b) (6) LTJG USN, USS Theodore Roosevelt; (b) (6) CIV USN JRM  
**Subject:** RE: IMMEDIATE AWARENESS >> Fwd: 400 Rooms checking in ASAP  
**Attachments:** Hotel Room inquires (8.69 KB)

(b) (6),

Big XO just sent out the attached email to leadership onboard notifying them of the ramifications for those that are trying to determine space availability off base.

Very respectfully,

LCDR (b) (6)  
Public Affairs Officer  
Carrier Strike Group NINE  
USS Theodore Roosevelt (CVN 71)  
Office: (b) (6)  
Cell: (b) (6)  
(b) (6)@cvn71.navy.(smil).mil

O: (b) (6)  
JDial (b) (6)  
Hydra: (b) (6)

-----Original Message-----

**From:** (b) (6)@fe.navy.mil [mailto:(b) (6)@fe.navy.mil]  
**Sent:** Tuesday, March 31, 2020 3:49 PM  
**To:** (b) (6) LCDR USN, USS THEODORE ROOSEVELT  
**Cc:** (b) (6) LTJG USN, USS Theodore Roosevelt; (b) (6)@fe.navy.mil  
**Subject:** FW: IMMEDIATE AWARENESS >> Fwd: 400 Rooms checking in ASAP  
**Importance:** High

(b) (6),

FYSA below.

V/R,  
(b) (6)

Very Respectfully,  
LCDR (b) (6), USN  
Public Affairs Officer  
Joint Region Marianas  
NIPR: (b) (6)@fe.navy.mil

Office: (b) (6)  
Cell: (b) (6)  
DSN: (b) (6)

-----Original Message-----

From: (b) (6) CAPT USN JRM  
Sent: Tuesday, March 31, 2020 3:39 PM  
To: (b) (6) CAPT USN, C7F <(b) (6)@lcc19.navy.mil>; (b) (6) CAPT USN C7F <(b) (6)@fe.navy.mil>; (b) (6) CAPT USN NBG <(b) (6)@fe.navy.mil>; (b) (6) CAPT USN, CSSG9 <(b) (6)@ccsg9.navy.mil>  
Cc: (b) (6) LCDR USN JRM <(b) (6)@fe.navy.mil>  
Subject: IMMEDIATE AWARENESS >> Fwd: 400 Rooms checking in ASAP  
Importance: High

Teammates,

This just came in via the Guam Hotel and Restaurant Associate.

Apparently someone is making calls to Marriott Sales Team in San Diego about reserving 400 rooms ASAP in Guam for TR.

I don't know the point of origin, but please see the below thread.

We are pulling strings now to get to the source.

BTW, (b) (6) the President of GHRA has been very vocal in the press recently about DoD so I would not be surprised if this made local media.

Very Respectfully,

CAPT (b) (6) USN

Chief of Staff  
Joint Region Marianas

Work: (b) (6)  
Cell: (b) (6)  
Email (NIPR): (b) (6)@fe.navy.mil  
Email (SIPR): (b) (6)@fe.navy.smil.mil (please send alert via NIPR to ensure prompt response)

~~"FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE: ANY MISUSE OR UNAUTHORIZED DISCLOSURE MAY RESULT IN BOTH CIVIL AND CRIMINAL PENALTIES"~~

From: (b) (6) [mailto:(b) (6)@ghra.org]  
Sent: Tuesday, March 31, 2020 2:35 PM  
To: (b) (6) <(b) (6)@gmail.com>; (b) (6) CIV USN JRM <(b) (6)@fe.navy.mil>  
Subject: [Non-DoD Source] Fwd: 400 Rooms checking in ASAP

FYI - seeking guidance from the Governor's Chief of Staff and Legal Counsel



Best regards,

(b) (6)

Begin forwarded message:

From: (b) (6) <(b) (6)@ghra.org>  
Date: March 31, 2020 at 2:31:51 PM ChST  
To: Gov legal Counsel (b) (6) <(b) (6)@guam.gov>, (b) (6) <(b) (6)@guam.gov>  
Subject: Fwd: 400 Rooms checking in ASAP

(b) (6) and (b) (6),

Please see this request from Marriott corporate regarding the USS Roosevelt. Need to discuss as soon as possible.

Best regards,

(b) (6)

Begin forwarded message:

From: "(b) (6)" <(b) (6)@westinguam.com>  
Date: March 31, 2020 at 2:24:50 PM ChST  
To: "(b) (6) GHRA (b) (6)@ghra.org" <(b) (6)@ghra.org>  
Subject: FW: 400 Rooms checking in ASAP

Hi (b) (6)

Please find email from Marriott sales team in San Diego.

I just let her know that hotel is available but, they cannot come straight to our hotel without negative COVID-19 certificate. Due to Gov Guam's executive order.

Please let me know if there anything updated.

Best regards,

(b) (6)

Director of Sales and Marketing

THE WESTIN RESORT GUAM

105 Gun Beach Road  
Tumon, GU 96913  
United States of America  
marriott.com/gumwi

T (b) (6) F (b) (6) M (b) (6)

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Winner of Pika's Best of Guam – Taste 2018, 2017, 2016, 2015 & 2014 Best Buffet and Best Sunday Brunch, Taste 2018 Best Breakfast, Best Family Restaurant and Best Seafood Restaurant, Taste 2017 Best Fine Dining and 2016 Best Hotel

Winner of World Travel Awards – 2017 & 2016 Guam's Leading Hotel Suite and 2017 Guam's Leading Resort

From: (b) (6) <(b) (6)> @marriott.com>

Sent: Monday, March 30, 2020 1:44 PM

To: (b) (6) <(b) (6)> @westinguam.com>

Cc: (b) (6) LCDR USN, USS THEODORE ROOSEVELT <(b) (6)> @cvn71.navy.mil>

Subject: 400 Rooms checking in ASAP

Good Evening,

I hope all is well.

The aircraft carrier, USS CVN 71, is looking to book 400 rooms checking in ASAP. I have sent over the information in CI/TY. Please reference opportunity# (b) (6). They are looking for 5000 rooms though I understand you have 400 at your property and the Sheraton has closed its doors temporarily.

I have copied the main contact so that you can communicate on availability and rate. We are looking to book under the per diem rate if possible. This can certainly be ROH as well and all rooms will be individual pay.

Thank you and we look forward to working with you.

Travel Brilliantly,

(b) (6)

Sales Executive I SW Area Sales – San Diego

Direct: (b) (6)

(b) (6)@marriott.com <mailto:(b) (6)@marriott.com>

(b) (6)

**LCDR USN NAVCIVLAWSUPPACT DC (USA)**

---

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>  
**Sent:** Tuesday, March 31, 2020 2:02 AM  
**To:** DH 71; DLCPOs; CVW-11 CO's; CVW-11 XO's; CVW-11 CMC's  
**Cc:** (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT CVW11 CAG; (b) (6) CAPT CDS23 DCRE; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, COMDESRON23; (b) (6) CMC USN, CCSG9; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) CMDCM USN, CVW-11  
**Subject:** Hotel Room inquires  
**Signed By:** (b) (6)@navy.mil

All,

We have received reports that someone is making anonymous calls regarding hotel availability in Guam. The reports indicate the individual is requesting very large blocks of rooms.

Please pass along that this effort is very counterproductive. Local Guam political leaders are under tremendous pressure from their constituents to contain our problem to the base. These reports will likely make the local press and increase the anxiety of the local population. There is very little local support for moving us into hotels on the island.

"Off the reservation" efforts like this make an unlikely course of action even more unlikely. Please ask your people (and their families) to politely knock it off.

V/R

CAPT (b) (6), USN  
Executive Officer  
USS THEODORE ROOSEVELT (CVN 71)  
In Port: (b) (6)  
At Sea: (b) (6)  
Cell: (b) (6)  
Jdial: (b) (6)

(b) (6)

**LCDR USN NAVCIVLAWSUPPACT DC (USA)**

---

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**Sent:** Tuesday, March 31, 2020 2:18 AM  
**To:** (b) (6) @fe.navy.mil  
**Subject:** RE: Hotel Room inquires  
**Signed By:** (b) (6) @navy.mil

Copy. FYI - the natives are getting restless. Stand by for congressionals.

-----Original Message-----

**From:** (b) (6) @fe.navy.mil [mailto:(b) (6) @fe.navy.mil]  
**Sent:** Tuesday, March 31, 2020 4:16 PM  
**To:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**Cc:** (b) (6) CAPT USN, CSSG9  
**Subject:** RE: Hotel Room inquires

Thanks brothers!

Very Respectfully,

CAPT (b) (6) USN

Chief of Staff  
Joint Region Marianas

Work: (b) (6)  
Cell: (b) (6)  
Email (NIPR): (b) (6) @fe.navy.mil  
Email (SIPR): (b) (6) @fe.navy.smil.mil (please send alert via NIPR to ensure prompt response)

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-----Original Message-----

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
[mailto:(b) (6) @cvn71.navy.mil]  
**Sent:** Tuesday, March 31, 2020 4:09 PM  
**To:** (b) (6) CAPT USN JRM <(b) (6) @fe.navy.mil>  
**Cc:** (b) (6) CAPT USN, CSSG9 <(b) (6) @ccsg9.navy.mil>  
**Subject:** FW: Hotel Room inquires

(b) (6),

I have done what I can... (Sent to HODS, DLCPOs and CVW-11 Tirads)

(b) (6)



-----Original Message-----

From: (b) (6) CAPT USN, USS Theodore Roosevelt  
Sent: Tuesday, March 31, 2020 4:02 PM  
Subject: Hotel Room inquires

All,

We have received reports that someone is making anonymous calls regarding hotel availability in Guam. The reports indicate the individual is requesting very large blocks of rooms.

Please pass along that this effort is very counterproductive. Local Guam political leaders are under tremendous pressure from their constituents to contain our problem to the base. These reports will likely make the local press and increase the anxiety of the local population. There is very little local support for moving us into hotels on the island.

"Off the reservation" efforts like this make an unlikely course of action even more unlikely. Please ask your people (and their families) to politely knock it off.

V/R

CAPT (b) (6), USN  
Executive Officer  
USS THEODORE ROOSEVELT (CVN 71)  
In Port: (b) (6)  
At Sea: (b) (6)  
Cell: (b) (6)  
Jdial: (b) (6)

", "sameAs": [] ] }



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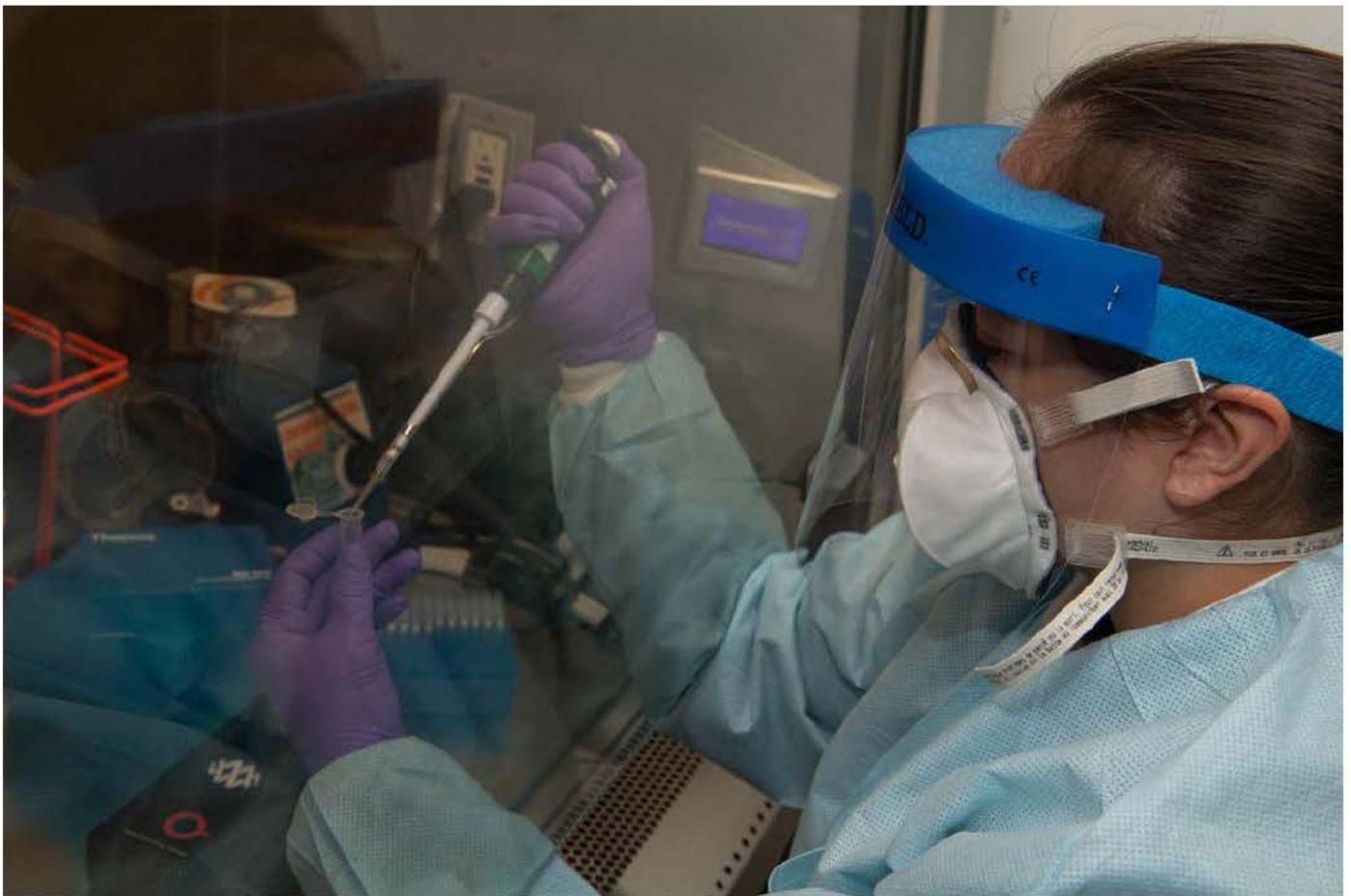
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# UPDATED: USS Theodore Roosevelt Quarantines Sailors on Guam as Coronavirus Outbreak Spreads

By: **Megan Eckstein**

March 26, 2020 11:29 AM • Updated: March 26, 2020 4:00 PM



*Hospital Corpsman 2nd Class Maria F. Potts-Szoke, assigned to Naval Medical Research Center, prepares a sample for investigational analysis in Naval Medical Research Center's mobile laboratory aboard the aircraft carrier USS Theodore Roosevelt (CVN-71) on March 19, 2020. US Navy Photo*

*This post has been updated to include statements from Chief of Naval Operations Adm. Mike Gilday and from U.S. Pacific Fleet.*

THE PENTAGON – A Navy aircraft carrier in the Pacific has pulled into Guam to deal with a growing outbreak of COVID-19, with the ship planning on testing the entire crew of about 5,000 and quarantining personnel as needed at Navy medical facilities on the island.

USS *Theodore Roosevelt* (CVN-71) had been operating in the Philippine Sea when three sailors had to be flown off the ship to a Defense Department facility in Guam after testing positive for COVID-19, Acting Secretary of the Navy Thomas Modly told reporters on Tuesday.

Today, Modly said in a Pentagon press briefing that five more sailors had since tested positive and were being flown off the ship, and that the ship and its crew of 5,000 were heading to Guam to figure out the next steps.

“We found several more cases onboard the ship. We are in the process now of testing 100 percent of the crew of that ship to ensure that we are able to contain whatever spread might have occurred there on the ship. But I also want to emphasize that the ship is operationally capable to do its mission if required to do so,” he said.

“The ship is pulling into Guam; it will be pierside, no one on the crew will be allowed to leave anywhere into Guam other than on pierside. And we are already starting the process of testing 100 percent of the crew to ensure that we’ve got that contained.”

U.S. Pacific Fleet spokesman Cmdr. Myers Vasquez told USNI News that *Theodore Roosevelt* had already planned to make a port call in Guam ahead of the outbreak. He could not say if the visit to Guam would last longer than planned due to the COVID-19 testing and quarantining effort.

After Modly’s press briefing, other news outlets began reporting the number of infected sailors was actually around two dozen sailors. Vasquez would not comment on the current number of *TR* sailors determined to have the virus.

“The sailors who have been flown off the ship are currently doing fine. None of them have been required to be hospitalized because their symptoms are very mild – aches and pains and those types of things, sore throats, but nothing that requires hospitalization. They are in quarantine now on Guam,” Modly said during the briefing.

Chief of Naval Operations Adm. Mike Gilday said in a statement later in the day that “as testing continues, additional positive cases of COVID-19 have been discovered aboard USS *Theodore Roosevelt*. We are taking this threat very seriously and are working quickly to identify and isolate positive cases while preventing further spread of the virus aboard the ship. No sailors have been hospitalized or are seriously ill.”

“Our medical team aboard USS *Theodore Roosevelt* is performing testing for the crew consistent with CDC guidelines, and we are working to increase the rate of testing as much as possible. Immediate priority will be symptomatic sailors, those in close contact with sailors who have tested positive already, and essential watch standers. We are isolating those who test positive. Testing will continue as necessary to ensure the health of the entire ship’s crew. In addition, the medical staff will continue to actively monitor the health of the crew. Deep cleaning of the ship’s spaces is also ongoing,” Gilday’s statement continues.

“USS *Theodore Roosevelt* is in Guam on a previously-scheduled port visit. The resources at our naval medical facilities in Guam will allow us to more effectively test, isolate, and if necessary treat sailors. We expect additional positive tests, and those sailors who test positive will be transported to the U.S. Naval Hospital Guam for further evaluation and treatment as necessary. During the port visit, base access will be limited to the pier for *Roosevelt*’s Sailors. No base or regional personnel will access the pier.”

“We’re taking this day by day. Our top two priorities are taking care of our people and maintaining mission readiness. Both of those go hand in glove,” the CNO continued.

“We are confident that our aggressive response will keep USS *Theodore Roosevelt* able to respond to any crisis in the region.”



*USS Theodore Roosevelt (CVN-71) arrives in Da Nang, Vietnam on March 5, 2020. US Navy Photo*

The Navy's aircraft carriers and some other larger ships have medical capabilities sophisticated enough to process tests aboard, though the daily throughput of these labs is limited. Modly called the capacity the "limiting factor" for testing and said "we are looking at ways now to not only maximize that capacity on the ship to test but also to send some of those swab tests out to some of the other DoD labs for testing."

There are two different kinds of tests the Navy can perform. To positively diagnose a patient with COVID-19, a nasal swab must be performed and tested, but the testing kits have been available in limited quantities for hospitals around the country dealing with the outbreak. It is unclear how many of these COVID-19-specific kits the Navy has access to. The Navy can also conduct surveillance testing, where a sample is tested for a range of flu-like viruses to rule in or out different diseases; this type of testing can help medical officers understand who has been exposed to what onboard a ship and could narrow down who may need the COVID-specific test kit.

Rear Adm. James Hancock, medical officer of the Marine Corps, said during the press briefing that the military was working with industry to get point-of-care COVID-19 testing capability, but "we're just



not there yet. What we can do is do surveillance testing, so we do it across the ship so we know that.”

Modly said the testing on *TR* would be a combination of swab and surveillance testing to whatever extent was available.

“The ship is going to be pulling into Guam, and then they’re going to figure out from there who needs to come off, who can stay on, looking at the level of symptoms and things like that,” he said about the next steps for the carrier.

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**Article Keywords:** COVID 19, Guam, Thomas Modly, USS Theodore Roosevelt (CVN-71)

**Categories:** Aviation, News & Analysis, U.S. Navy

## About Megan Eckstein

Megan Eckstein is the deputy editor for USNI News. She previously covered Congress for *Defense Daily* and the U.S. surface navy and U.S. amphibious operations as an associate editor for *Inside the Navy*.

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**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**To:** MED KHAKI; (b) (6) HMC USN, CVW-11; (b) (6) LT USN, CVW-11; (b) (6) LT CVW-11; (b) (6) USN, CVW-11; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) LCDR USN, USS Theodore Roosevelt  
**Subject:** FW: Situation on the ground  
**Date:** Sunday, March 29, 2020 6:43:32 PM  
**Attachments:** [NAVADMIN 083 20.pdf](#)  
[Rocklov et al.pdf](#)

---

Keep this close hold.

v/r,

SMO

-----Original Message-----

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**Sent:** Monday, March 30, 2020 8:40 AM  
**To:** 'Gillingham, Bruce L RADM USN CNO (USA)'  
**Cc:** Shaffer, Gayle D RADM USN BUMED FCH VA (USA); (b) (6) CAPT USN BUMED FCH VA (USA); Weber, Timothy Harding (Tim) RDML USN NAVMED WEST SAN CA (USA)  
**Subject:** Situation on the ground

Admiral,

I understand this email is going to cause concern. That is the intent. We are in the midst of a disaster and not getting the action we need.

We have gone from 2 cases to 53 cases in 6 days. We're currently evaluating another 10. We have a pregnant patient and an HIV+ patient both positive with COVID-19. We are seeing cases already in one of the "quarantine" spaces in a gym on the base. We are losing.

"Quarantine" measures on the ship are a sham. We are fighting and losing and watching a public health disaster unfold in real time. This isn't a lessons learned issue, the lesson was already learned on the Diamond Princess. From the attached study: "The cruise ship conditions clearly amplified an already highly transmissible disease. The public health measures prevented more than 2000 additional cases compared to no interventions. However, evacuating all passengers and crew early on in the outbreak would have prevented many more passengers and crew from infection."

We are a week into this and significant amounts of time/resources/people are being used up to pursue testing for the entire ship. While testing is nice and presents a good optic, that will not stop the transmission of disease or "flatten the curve." I am asking that all of that effort go into getting at least 4500 people off the ship into true single berthing quarantine. We are simply unable to comply with any of the requirements from NAVADMIN 083-20 which is contributing to the rapid spread of disease. The best we can do, and are religiously, is cleaning the ship with bleach twice a day - but doing that with almost the entire crew (all considered close contacts at this point) isn't solving the problem of almost 5000 people living on top of each other continuing to spread the disease.

We must get the sailors off this ship into single berth quarantine. Everyone

knows that is the answer. That is not happening. We are hurting our most precious asset.

V/R,

(b)

-----OFFICIAL INFORMATION DISPATCH FOLLOWS-----  
RTTUZYUW RHOIAA0001 0832050-UUUU--RHSSUU.

ZNR UUUUU

R 231957Z MAR 20 MID110000511164U

FM CNO WASHINGTON DC

TO NAVADMIN

BT

UNCLAS

NAVADMIN 083/20

MSGID/NAVADMIN/CNIC WASHINGTON DC/N00/MAR//

SUBJ/RESTRICTION OF MOVEMENT (ROM) GUIDANCE//

REF/A/DOC/USD/11MAR20//

REF/B/NAVADMIN/OPNAV/212007ZMAR20//

REF/C/DOC/BUMED/17MAR20//

NARR/REF A IS UNDER SECRETARY OF DEFENSE MEMO, FORCE HEALTH PROTECTION

GUIDANCE (SUPPLEMENT 4) - DEPARTMENT OF DEFENSE GUIDANCE FOR PERSONNEL TRAVEL DURING THE NOVEL CORONAVIRUS OUTBREAK.

REF B IS NAVADMIN 080/20, NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK UPDATE 3. REF C IS BUMED RETURN TO WORK GUIDELINES FOR CORONAVIRUS.//

RMKS/1. REF A requires that personnel returning from a Center for Disease Control and Prevention (CDC) Travel Health Notice (THN) Level 3 or Level 2 location perform a 14 day restriction of movement (ROM). During ROM, Service Members should be restricted to their residence or other appropriate Domicile and limit close contact (within 6 feet or 2 meters) with others. This NAVADMIN clarifies the definition of ROM, provides amplifying guidance, and delineates responsibilities for execution of ROM.

## 2. Definitions.

2.a. **Restriction of Movement (ROM).** General DoD term referring to the limitation of personal liberty for the purpose of ensuring health, safety and welfare. ROM is inclusive of quarantine and isolation.

2.a.(1) **Quarantine.** Medical term referring to the separation of personnel from others as a result of suspected exposure to a communicable disease. For the world-wide COVID-19 epidemic, this should be imposed on those with no COVID-19 symptoms who have either recently returned from a high-risk location (CDC THN Level 2 or 3), or have had close contact with a known COVID-19 positive patient. The current recommended quarantine period is 14 days. Per CDC, quarantine generally means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

2.a.(2) **Isolation.** Medical term referring to the separation of personnel from others due either to the development of potential COVID-19 symptoms or as a result of a positive COVID-19 test. Per CDC, isolation means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

2.b. **Patient (or Person) Under Investigation (PUI).** In the case of COVID-19, a PUI is defined as an individual with either a pending COVID-19 test or for whom a test would have been ordered/conducted had one been available.

2.c. **Self-monitoring.** Per CDC, self-monitoring means people should monitor themselves for fever by taking their temperatures twice a day and remaining alert for the onset of a cough or difficulty breathing. If an individual feels feverish or develops a measured fever, cough, or difficulty breathing



during the self-monitoring period, they should self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether further medical evaluation is needed.

2.d. **Close Contact.** Per CDC, a close contact is defined as:

2.d.(1) Being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; the current recommended threshold is 10 minutes. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case, or

2.d.(2) Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

3. Applicability. **ROM applies to all Service Members, who in the last 14 days have either been in:**

3.a. An area with ongoing spread of COVID-19 as defined as CDC designated Level 2 and 3 countries ([https:// www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travelnotices.html](https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travelnotices.html)), or

3.b. Close contact with a person known to have COVID-19.

3.c. Per REF A, it is strongly recommended that DoD civilian employees, contractor personnel and dependents also follow this guidance.

4. Guidance.

4.a. ROM personnel shall be directed to remain at home or in a comparable setting for 14 days ROM from the day of departure or contact. For transient personnel and those residing in close quarters such as unaccompanied housing or ships, temporary lodging meeting CDC guidance of separate sleeping and bathroom facilities shall be arranged, when available.

4.b. When in ROM, personnel shall avoid congregate settings, limit close contact with people and pets or other animals to the greatest extent possible, avoid traveling, self-monitor, and seek immediate medical care if symptoms (e.g., cough or shortness of breath) develop.

4.c. Personnel assigned ROM may exit quarters to access laundry facilities, outdoor exercise, and designated smoking areas; and conduct other routine tasks not in a public setting provided they maintain social distancing greater than 6 feet from others. Access to messing facilities, stores, fitness centers and other widely used support services is prohibited.

4.d. For temporary lodging, normal room cleaning services will be suspended during the ROM period.

4.e. For personnel executing ROM in private residence, coordinate with parent command for the purchase of required food/hygiene items or arrange delivery through other means.

4.f. After completion of ROM, return to work per REF C and Combatant Commander guidance, if applicable.

5. Responsibilities.

5.a. Parent command **Commanding Officer/Officer in Charge shall:**

5.a.(1) Ensure screening of personnel for ROM.

5.a.(2) Ensure ROM personnel comply with paragraph 4.

5.a.(3) If temporary lodging is required:

5.a.(3)A. **Provide cost orders for ROM personnel.** Orders will direct the Service Member to a ROM status and not TAD to the host installation. Recommend funding for temporary lodging, if required, be obtained through the Type Commander. This may be accomplished utilizing a General Terms and Conditions document to avoid issues arising from Service Members not having government travel cards.

5.a.(3)B. **Coordinate with installation Commanding Officer for room assignment.** It is imperative that tenant commands inform installations of all personnel in ROM within government facilities (to include barracks, NGIS, Navy Lodge, PPV family housing, and PPV barracks).

5.a.(3)C. As needed, **coordinate messing support with the Commanding Officer where a galley is available.** Arrangements will be made between the parent command and the installation for the delivery of meals to Service Members in a ROM status.

5.a.(3)D. As required, provide daily support to ROM personnel to ensure meal delivery as well as health and comfort checks.

5.A.(3)E. Ensure personnel supporting individuals in ROM are trained on the status of ROM personnel and associated interaction protocols. Close contact is prohibited. PPE is not required.

5.a.(4) If private residence is utilized, coordinate with ROM personnel to ensure all messing needs are met.

**5.b. Installation Commanding Officers shall:**

5.b.(1) Account daily for available temporary lodging to support ROM.

5.b.(2) Track all ROM personnel residing in Navy Lodging (unaccompanied housing, NGIS, Navy Lodge, PPV family housing, PPV barracks) both on and off installation. There is no need for installations to track tenant personnel in a ROM status in private residence/lodging.

5.b.(3) **Provide detailed instructions to tenant commands who require temporary ROM lodging support.**

5.b.(4) If available, coordinate with parent commands to provide take -out meals for delivery to ROM personnel.

5.b.(5) Ensure temporary lodging staff are trained on the status of ROM personnel and associated interaction protocols. Close contact is prohibited. PPE is not required.

5.b.(6) Follow CDC guidance for cleaning rooms following the ROM period. Ensure the standards are the same across all facilities (unaccompanied housing, NGIS, Navy Lodge).

5.b.(7) For the safety of lodging personnel, ensure clear discrete procedures are in place to identify rooms which are occupied by ROM personnel.

5.b.(8) Ensure fire and emergency services are aware of ROM personnel locations, particularly those in isolation, and are prepared to respond to medical emergencies with appropriate PPE.

6. Entitlements. Per REF B.

7. Reporting Requirements. Per REF B.

**8. ROM FAQs.**

Question 1. When placed on Restriction of Movement (ROM), can I travel to locations within the fence line of an installation to utilize facilities such as the NEX food court or the gym?

Answer 1. No, during the duration of ROM, Service Members must remain in their rooms with the exception of brief trips to utilize designated smoking areas, walking in the immediate vicinity of the building (usually within 100 feet), and limiting close contact (within 6 feet) with others. If your facility contains an in house gym, do not use it.

Question 2. Can I accept food deliveries from various services?

Answer 2. Yes, food must be placed outside the room. Minimize close contact (within 6 feet).

Question 3. Can my family or friends visit me?

Answer 3. Yes, provided they do not enter your room. Conversations should be held with visitors staying in the passageway outside the room and Service Members in their room. Minimize close contact (within 6 feet).

Question 4. Can I do my laundry?

Answer 4. Yes, but you should coordinate with your command to utilize in house laundry facilities.

Question 5. How do I obtain personal hygiene items?

Answer 5. Utilize the point of contact provided by your command to arrange for purchase of these items.

Question 6. Will my room be cleaned daily?

Answer 6. No, your room will not be cleaned during your stay. Trash pickup is available by placing your trash can in the passageway.

Question 7. Is Personal Protective Equipment required for personnel in my vicinity?

Answer 7. No, you should limit close contact (within 6 feet) with others.

Question 8. Can I ROM in open bay barracks or in rooms with shared bathrooms?

Answer 8. No, individuals should be placed in separate lodging (when available).

Question 9. Can I use public transportation if in ROM status?

Answer 9. No, individuals on ROM should avoid crowds and public locations.

Question 10. Can I get off ROM early if I was in close contact to a person with COVID-19, and I feel like I am not sick?

Answer 10. No, the Centers for Disease Control (CDC) recommends 14 days of ROM from the last date of exposure to a COVID-19 positive person.

Question 11. What is the difference between quarantine and restriction of movement (ROM)?

Answer 11. Quarantine is a legal public health term used for civilian restrictions and ROM is a military term being used to identify military individuals who are restricted in their movement, generally to their residence.

Question 12. Are my family members at risk if I ROM at home with them?

Answer 12. ROM status is a precautionary step to prevent spread to others. Considering this, it is recommended that while at home in a ROM status, you practice social distancing. This means try to remain at least 6 feet from other persons, avoid using the same bathroom, or sleeping in the same bed.

Question 13. Can I prepare meals for my family while on ROM?

Answer 13. When in a ROM status, it is recommended you not prepare meals for your family because the virus is spread through respiratory droplets that can land on surfaces such as food. Ideally, you should have other individuals prepare food. If you are the only care giver, make sure you are washing your hands with soap and water for 20 seconds for general food safety. Make sure you cover your nose and mouth when coughing and wash your hands after using the bathroom.

Question 14. Should I be wearing a mask?

Answer 14. Masks will not protect you from inhaling the virus. The virus is very small and can make its way through and around the mask. The best way to prevent being infected or infecting others is to practice social distancing and good hygiene techniques (such as washing your hands regularly with soap and water for at least 20 seconds, avoid touching your face, avoid sick persons, etc).

Question 15. Do I need to clean my house to CDC standards?

Answer 15. It is recommended you maintain a clean living environment as you normally would. This includes frequent hand washing, washing clothing and bedding, and wiping down frequently touched

surfaces with a sanitizing wipe or any cleaning product that contains at least 10 percent bleach. The Environmental Protection Agency has a list of products that have been specifically tested as effective in sanitizing surfaces.

9. Released by Vice Admiral M. M. Jackson, Commander, Navy Installations Command.//

BT

#0001

NNNN

V/r,

CNRSW ROC

com: (b) (6)

fax: (b) (6)

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# COVID-19 outbreak on the Diamond Princess cruise ship: estimating the epidemic potential and effectiveness of public health countermeasures

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**Key words:** coronavirus; SARS-CoV-2; basic reproduction number; isolation and quarantine; incubation time; evacuation

**Declaration of interest:** none declared

## Abstract:

**Background:** Cruise ships carry a large number of people in confined spaces with relative homogeneous mixing. On 3 February, 2020, an outbreak of COVID-19 on cruise ship Diamond Princess was reported with 10 initial cases, following an index case on board around 21-25<sup>th</sup> January. By 4<sup>th</sup> February, public health measures such as removal and isolation of ill passengers and quarantine of non-ill passengers were implemented. By 20<sup>th</sup> February, 619 of 3,700 passengers and crew (17%) were tested positive.

**Methods:** We estimated the basic reproduction number from the initial period of the outbreak using SEIR models. We calibrated the models with transient functions of countermeasures to incidence data. We additionally estimated a counterfactual scenario in absence of countermeasures, and established a model stratified by crew and guests to study the impact of differential contact rates among the groups. We also compared scenarios of an earlier versus later evacuation of the ship.

**Results:** The basic reproduction rate was initially 4 times higher on-board compared to the  $R_0$  in the epicentre in Wuhan, but the countermeasures lowered it substantially. Based on the modeled initial  $R_0$  of 14.8, we estimated that without any interventions within the time period of 21 January to 19 February, 2920 out of the 3700 (79%) would have been infected. Isolation and quarantine therefore prevented 2307 cases, and lowered the  $R_0$  to 1.78. We showed that an early evacuation of all passengers on 3 February would have been associated with 76 infected persons in their incubation time.



Conclusions: The cruise ship conditions clearly amplified an already highly transmissible disease. The public health measures prevented more than 2000 additional cases compared to no interventions. However, evacuating all passengers and crew early on in the outbreak would have prevented many more passengers and crew from infection.

## Introduction

Cruise ships carry a large number of people in confined spaces with relative homogeneous mixing over a period of time that is longer than for any other mode of transportation.<sup>1</sup> Thus, cruise ships present a unique environment for transmission of human-to-human transmitted infections. The association of acute respiratory infections (ARI) incidence in passengers is statistically significant with season, destination and duration of travel.<sup>2</sup> In February 2012, an outbreak of respiratory illness occurred on the cruise ship off Brazil, resulting in 16 hospitalizations due to severe ARI and one death.<sup>3</sup> In May 2020, a dual outbreak of pandemic (H1N1) 2009 and influenza A (H3N2) on a cruise ship occurred: of 1,970 passengers and 734 crew members, 82 (3.0%) were infected with pandemic (H1N1) 2009 virus, and 98 (3.6%) with influenza A (H3N2) virus.<sup>4</sup> Four subsequent cases were epidemiologically linked to passengers but no evidence of sustained transmission to the community or passengers on the next cruise was reported.<sup>4</sup> In September 2000 an outbreak of influenza-like illness was reported on a cruise ship sailing off the Australian coast with over 1,100 passengers and 400 crew on board, coinciding with the peak influenza period in Sydney.<sup>5</sup> The cruise morbidity was high with 40 passengers hospitalized, two of whom died. A total of 310 passengers (37%) reported suffering from an influenza-like illness.

In December 2019, a novel coronavirus, SARS-CoV-2, emerged in Wuhan, China and rapidly spread within China and then to various global cities with high interconnectivity with China.<sup>6,7</sup> The resulting ARI due to this coronavirus, a disease now coined COVID-19, is thought to be mainly transmitted by respiratory droplets from infected people. The mean serial interval of COVID-19 is 7.5 days (95% CI, 5.3 to 19) and the initial estimate for the basic reproductive number  $R_0$  was 2.2 (95% CI, 1.4 to 3.9),<sup>8</sup> although higher  $R_0$  have since been reported with a mean of more than 3.<sup>9</sup> On 18 February 2020, China's CDC published their data of the first 72,314 cases including 44,672 confirmed cases.<sup>10</sup> About 80% of the confirmed cases were reported to be mild disease or less severe forms of pneumonia, 13.8% severe and 4.7% critically ill. Risk factors for severe disease outcomes are older age and comorbidities. The progression to acute respiratory distress syndrome occurs approximately 8-12 days after onset of first symptoms, with lung abnormalities on chest CT showing greatest severity approximately 10 days after initial onset of symptoms.<sup>11-13,14</sup> Evidence is mounting that also mildly symptomatic or even asymptomatic cases can transmit the disease.<sup>15,16</sup>

On 3<sup>rd</sup> February, 2020, an outbreak of COVID-19 was reported on Cruise Ship Princess Diamond off the Japanese coast, with initially 10 persons confirmed to be infected with the virus. The number has since ballooned into the largest coronavirus outbreak outside of mainland China. By 19<sup>th</sup> February, 619 of 3,700 passengers and crew (17%) were tested positive. By end February, six persons had died. The outbreak was traced to a Hong Kong passenger who embarked on January 21st and disembarked on January 25th. After docking near New Taipei City, on January 31, the ship arrived in Yokohama, Japan. By the following day, the Japanese health ministry ordered a 14-day quarantine for everyone on board and rushed to close its ports to all other cruise ships. The public health measures taken according to news reports and the media were removal of all PCR positive passengers and crew from the ship and their isolation in Japanese hospitals. The remaining test-negative passengers and crew remained on board. Passengers were quarantined in their cruise ship cabins, and only allowed out of the cabin for one hour per day. By 20<sup>th</sup> February, the decision to evacuate was made and more than 3000 passengers left the ship. Most were air-evacuated by their respective countries.<sup>10</sup>

The cruise ship with a COVID-19 index case onboard between the 21-25<sup>th</sup> January serves as a good model to study its potential to spread in a population that is more homogeneously mixed, compared to the more spatially variable situation in Wuhan.

We set out to study the empirical data of COVID-19 confirmed infections on the Cruise ship Diamond Princess, to estimate the basic reproduction number ( $R_0$ ) under cruise ship conditions, the response effectiveness of the quarantine and removal interventions, and compare scenarios of an earlier and later evacuation of the ship.

### Methods:

We used data on confirmed cases on the cruise ship as published on a daily basis by public sources<sup>17,18</sup> to calibrate a model and estimate the basic reproduction number  $R_0$  from the time sequence and amplitude of the case rates observed. COVID-19 is thought to have been introduced by an index case from Hong Kong visiting the ship between the 21<sup>st</sup> to 25<sup>th</sup> of January, 2020. We thus used the date of 21<sup>st</sup> January 2020 as the first time point,  $t=0$ , assuming the index case was infectious from the first day on the ship. The estimates of  $R_0$  and the associated Covid-19 incidence on the cruise ship was derived using a compartmental model estimating the dynamics of the number of susceptible ( $S$ ), exposed ( $E$ ), infected ( $I$ ), and recovered ( $R$ ) individuals, adapted but modified from a published COVID-19 study.<sup>19</sup> We analyzed two instances of the model assuming respectively: (1) a homogenous population (3700 individuals), and (2) a stratified population of crew (1000 individuals) and guests (2700 individuals). The model used a relationship between the daily reproductive number,  $\beta$ , and  $R_0$  to infer the transmissibility and contact rate across the whole cruise ship population by the relationship:

$$\beta = \text{transmissibility} * \text{contact rate} = R_0/i$$

where the infectious period equals to one over the recovery rate ( $\gamma$ ),  $i = 1/\gamma$

In the homogeneous model, the infectious period,  $i$ , of COVID-19 was set to be 10 days based on previous findings.<sup>8</sup> In the situation of no removal (ill persons taken off the ship to be isolated in a Japanese hospital), the incubation period (or, the latent period),  $l$  was estimated to be approximately 5 days (ranging from 2 to 14 days).<sup>20</sup> In order to model the removal/isolation and quarantine interventions, we implemented time dependent removal and contact rates as described in Table 1. We performed additional sensitivity analysis reducing the  $R_0$  to 3.7, an estimate of the average value across mainland China studies of COVID-19.<sup>9</sup>

We further estimated a counterfactual scenario of the infections dynamics assuming no interventions were implemented, in particular no removal and subsequent isolation of ill persons. We assumed an infectious period of 10 days, with a contact rate remaining the same as in the initial phase of the outbreak. Additionally, in the stratified model of crew and guests, the contact rate was assumed to be different due to the assumption that crew could not be easily quarantined as they had to continue their services on board for all the passengers and possibly had more homogeneous mixing with all the passengers, whereas passengers may be mixing more within their preferred circles and areas. We kept the transient change in the contact rate and the removal of all PCR confirmed patients starting from the 3<sup>rd</sup> and the 5<sup>th</sup> of February respectively as in the first model. Parameters are described in Table 1.

The model describing a homogeneous population onboard can be described by:

$$\frac{dS}{dt} = -\beta I \frac{S}{N}$$

$$\frac{dE}{dt} = \beta I \frac{S}{N} - E/l$$

$$\frac{dI}{dt} = E/l - \gamma I$$

$$\frac{dR}{dt} = \gamma I$$

where  $S$  denote all susceptible people on the cruise ship,  $E$  all exposed,  $I$  all infected and  $R$  all recovered or removed, and where  $N = S + E + I + R$  denotes the whole population.

The model describing a stratified population onboard can be described by:

$$\frac{dS_g}{dt} = -\beta_{gg}I_g \frac{S_g}{N_g} - \beta_{cg}I_c \frac{S_g}{N_g}$$

$$\frac{dE_g}{dt} = \beta_{gg}I_g \frac{S_g}{N_g} + \beta_{cg}I_c \frac{S_g}{N_g} - E_g/l$$

$$\frac{dI_g}{dt} = E_g/l - \gamma I_g$$

$$\frac{dR_g}{dt} = \gamma I_g$$

$$\frac{dS_c}{dt} = -\beta_{cc}I_c \frac{S_c}{N_c} - \beta_{gc}I_g \frac{S_c}{N_c}$$

$$\frac{dE_c}{dt} = \beta_{cc}I_c \frac{S_c}{N_c} + \beta_{gc}I_g \frac{S_c}{N_c} - E_c/l$$

$$\frac{dI_c}{dt} = E_c/l - \gamma I_c$$

$$\frac{dR_c}{dt} = \gamma I_c$$

where  $S$  denotes susceptible,  $E$  exposed,  $I$  infected and  $R$  recovered or removed,  $N = S + E + I + R$ , and the subscript  $g$  and  $c$  are indicating guest and crew respectively. Overall, we assume mortality is negligible.

Models with interventions were calibrated to reports of total infection occurrence, while models simulating the counterfactual scenarios were left with the naïve parameter settings (no countermeasures). The net effects of the countermeasures were estimated as the difference between the counterfactual scenario and the model with the interventions. Model parameters are described in Table 1. The effectiveness of the countermeasures was estimated by calibration of the model to data.

We here also present estimations of the plausible consequences of a hypothetical third intervention strategy, whereby all individuals onboard would have been evacuated either on 3<sup>rd</sup> of February or 19<sup>th</sup>

of February. We estimated and presented the number of latent cases on 3<sup>rd</sup> February evacuation and on 19<sup>th</sup> February, 2020.

## Results:

Using the SEIR model assuming relatively homogenous mixing of all people onboard, we calibrated the predicted cumulative number of infections from the model to the observed cumulative number of infections among all people onboard and estimated the initial  $R_0$  to 14.8. This resembled an estimate of  $\beta$  (the daily reproduction rate) to 1.48. To derive this estimate we calibrated functions describing transient change in the  $\beta$  as a result of changes in contact rate and the removal of symptomatic infections. The parameter values of contact rate, quarantine interventions and removal presented in Table 1 are the results of the calibration to the observed cumulative incidence data. The contact rate between persons on the cruise ship was calibrated to give the best fit to data with a reduction of 70% by the quarantine countermeasure with onset 3<sup>rd</sup> February, 2020. The transient function of removal and isolation of infected cases with an onset on 5<sup>th</sup> February, 2020, reduced the infectious period from 10 to 4 days, and substantially reduced the transmission and sub-sequent infections on the ship. In Figure 1 we present the change in  $R_0$  based on the relationship between  $R_0$  and  $\beta$  and how it is affected by the transient countermeasures of quarantine and removal of ill patients from the model. Here  $R_0$  should be interpreted as the basic reproductive rate in a totally naïve population on the Diamond Princess (i.e. same contact rate), and not the actual basic reproductive number over time on the cruise ship. The  $R_0$  was 14.8 initially and then  $R_t$  declined to a stable 1.78 after the quarantine and removal interventions were initiated (Figure 1).

The predicted cumulative number of cases over time from this model described the observed cases well, but overestimated the cumulative case incidence rate initially (Figure 2). This allowed to compensate for reporting bias in the initial phase, given that the proportion of testing of all passengers was patchy while at the end of the study (19<sup>th</sup> February, 2020) the testing of passengers had a higher coverage and was more complete. The modelled cumulative number of cases on 19 February, 2020, is 613 out of the 3700 people at risk, while the observed reported number of cases is 619. The counterfactual scenario assuming homogenous rates among crew and guests without any interventions (no removal off the ship or isolation of ill persons nor any quarantine measures for the remaining passengers on boat), estimated the number of cumulative cases to be 2920 out of the 3700 after 30 days, that is by 19<sup>th</sup> of February (Figure 2). The net effect of the combined interventions was estimated to prevent a total number of 2307 cases by 19<sup>th</sup> February, 2020 (Figure 2).

In a sensitivity analysis we modified the  $R_0$  to 3.7 (and consequently  $\beta$  to 0.37) as this has been reported the average basic reproduction number from studies of COVID-19 in China.<sup>9</sup> However, from



our simulation, even in the absence of any intervention, such a low  $R_0$  cannot explain the rapid growth of incident cases on the cruise ship (Figure 3). This sensitivity scenario excluded countermeasures from the model making it unrealistic that such a low  $R_0$  value could be the true value in the cruise ship situation with confined spaces and high homogeneous mixing of the same persons. The estimate with the lower  $R_0$  value also omitted to consider the strong interventions put into place, making it even more unrealistic.

We additionally modeled a scenario stratified by crew and guests whereby we assumed the parameter values of transmission risk to be lower for crew to guest than for guest to crew (Table 1). The predicted cumulative number of infected crew and guests by 19th of February from this model was 168 out of 1000 (16.8%) and 464 out of 2700 (17.2%), respectively (Figure 4). The total number of cumulative cases by 19<sup>th</sup> of February predicted from this model was 632, close to the observed number of cases of 619. The predicted cumulative incidence rates were overestimated for crew while underestimated for guests based on available tests results at the time of writing (Figure 4). These data still need to be validated against the empiric data of test results in all crew and passengers which should soon become available.

Instead of keeping all passengers on board, another option would have been to evacuate all individuals onboard the cruise ship earlier, and allow them to go home for a potential quarantine in their respective home countries. We modeled that an evacuation by 3<sup>rd</sup> February, 2020, would have resulted in 76 latent cases (cases during the incubation time), while an evacuation by 19<sup>th</sup> February would have resulted in 246 latent cases.

## Discussion:

Modelling the COVID-19 on-board outbreak reveals important insights into the epidemic risk and effectiveness of public health measures. We found that the reproductive number of COVID-19 in the cruise ship situation of 3,700 persons confined to a limited space was around 4 times higher than in the epicenter in Wuhan, where  $R_0$  was estimated to have a mean of 3.7.<sup>9</sup> Interestingly, a rough estimation of the population per square km on this 18-deck ship is 286 by 62 meters (0.32 km<sup>2</sup>). Assuming that only 50% of decks are being used, approximately 24,400 persons are confined per km<sup>2</sup> on a ship compared to approximately 6000 persons per km<sup>2</sup> (9,000,000/1528) in urban Wuhan. This means that the population density was about 4 times higher on the cruise ship. Thus, both  $R_0$  and contact rate are dependent on population density, as also suggested by previous research.<sup>21</sup> In population-based models on observational data the population per square km is often substantially different, affecting the  $R_0$  and  $\beta$  coefficient implicitly by changes in the contact rate expressed as:

$$\frac{R_0}{i} = \text{Transmissibility} * \text{contact rate}$$

The local estimate of  $R_0$  can be divided into a localized contact rate and a multiplier that is necessary for moving from one population to another:

$\text{contact rate} = \text{contact rate}_{\text{localized}} * pd$ , where  $pd$  is the population density multiplier. In our case it was approximated to 4. Here the contact rate is relating to a contact rate in a defined population in a certain area and the population density multiplier modifies the contact rate when moving across different local population and geographical areas representing heterogeneity in population density. In the case of the cruise ship, the potential relationship of  $R_0$  to population density appear thus mainly be attributed to the contact rate and mixing effects. This information is also important for other settings characterized by high population densities.

With such a high  $R_0$ , we estimated that without any interventions within the time period of 21<sup>st</sup> January to 19<sup>th</sup> February 2020 out of the 3700 (79%) would have been infected, assuming relatively homogenous mixing between all people on board.

The quarantine and removal interventions launched when the outbreak was confirmed (3<sup>rd</sup> February and 5<sup>th</sup> of February) substantially lowered the contact rate and reduced the cumulative case burden by an estimated 2307 cases by 19<sup>th</sup> February. We note, however, that the longer time span of simulation beyond 19<sup>th</sup> February, assuming people would stay on the boat, would reduce the net effect of the intervention substantially. We further note that an earlier evacuation would have corresponded to disembarking a substantially lower number of latent undetectable infections (76 vs. 246), likely giving rise to some further transmission outside the ship.

We also found that contact rate of guest to guest and crew appeared higher than the contact rate from guest to crew, perhaps driven by high transmission rates within cabins. However, testing of crew was delayed, and there was a testing bias towards testing more passengers than crew. Hence our access to empiric data may have and this analysis need to be revisited when all data is available.

The limitations of our study include our lack of data on the lag time between onset of symptoms, the timing of testing and potential delay to the availability of test results. Due to the large number of people, not everyone was tested, and we suspect that the timing of the test results do not totally tally with real-time onset of cases. We had no access to data on incident cases in crew versus passengers, nor any data on whether there was clustering of cases around certain nationalities or crew members. Furthermore, although the Hong Kong passenger was assumed to be the index case, it could well have been possible that there was more than one index case on board who could have contributed to transmission, and this would have lowered our estimated  $R_0$ . Lastly, our models are based on human-

to-human transmission and do not take into account the possibility that fomites, or water systems with infected feces, contributed to the outbreak.

The interventions that included the removal of all persons with confirmed COVID-19 disease combined with the quarantine of all passengers substantially reduced the anticipated number of new COVID-19 cases compared to a scenario without any interventions (17% attack rate with intervention versus 79% without intervention) and thus prevented a total number of 2307 additional cases by 19<sup>th</sup> February. However, the main conclusion from our modelling is that evacuating all passengers and crew early on in the outbreak would have prevented many more passengers and crew members from getting infected. A scenario of early evacuation at the time of first detection of the outbreak (3 February) would have resulted in only 76 latent infected persons during the incubation time (with potentially still negative tests). A late evacuation by 19<sup>th</sup> February would have resulted in about 246 infected persons during their incubation time. These data need to be confirmed by empiric data of testing all evacuated persons after 19<sup>th</sup> February, and may be an overestimate as we assumed a stable  $R_0$  after quarantine was instituted. However, the  $R_0$  probably declined over time, as the implementation of quarantine measures were incrementally implemented leading to better quarantine standards towards the end of the quarantine period.

In conclusion, the cruise ship conditions clearly amplified an already highly transmissible disease.  $R_0$  is related to population density, and is particularly driven by contact rate and mixing effects, and this explains the high  $R_0$  in the first weeks before countermeasures were initiated. Population densities and mixing need to be taken into account in future modeling of the COVID-19 outbreak in different settings. Early evacuation of all passengers on a cruise ship- a situation with confined spaces and high intermixing- is recommended as soon as an outbreak of COVID-19 is confirmed.

**Author contributions:** JR and AWS conceived the study. JR developed the model and run the analysis. HS advised on model development, and helped with the figures. AWS advised on model parameters. All authors wrote the final manuscript.

**Funding:** None

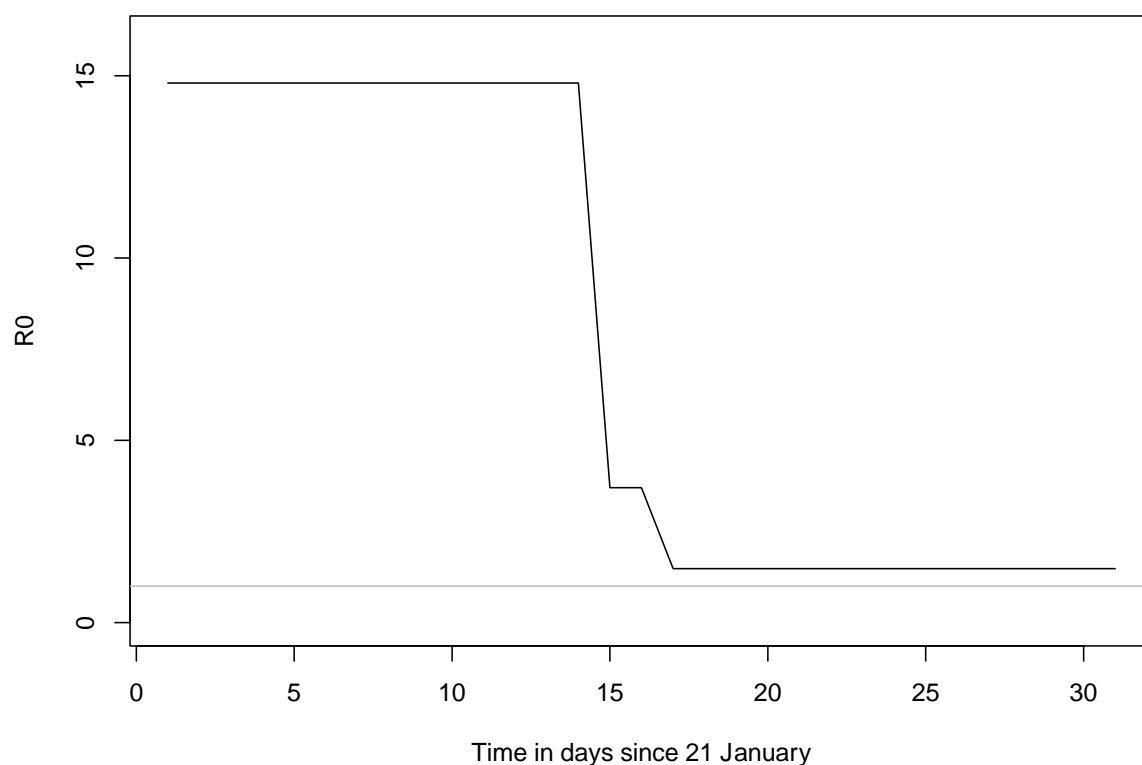
Declaration of interest: none declared.

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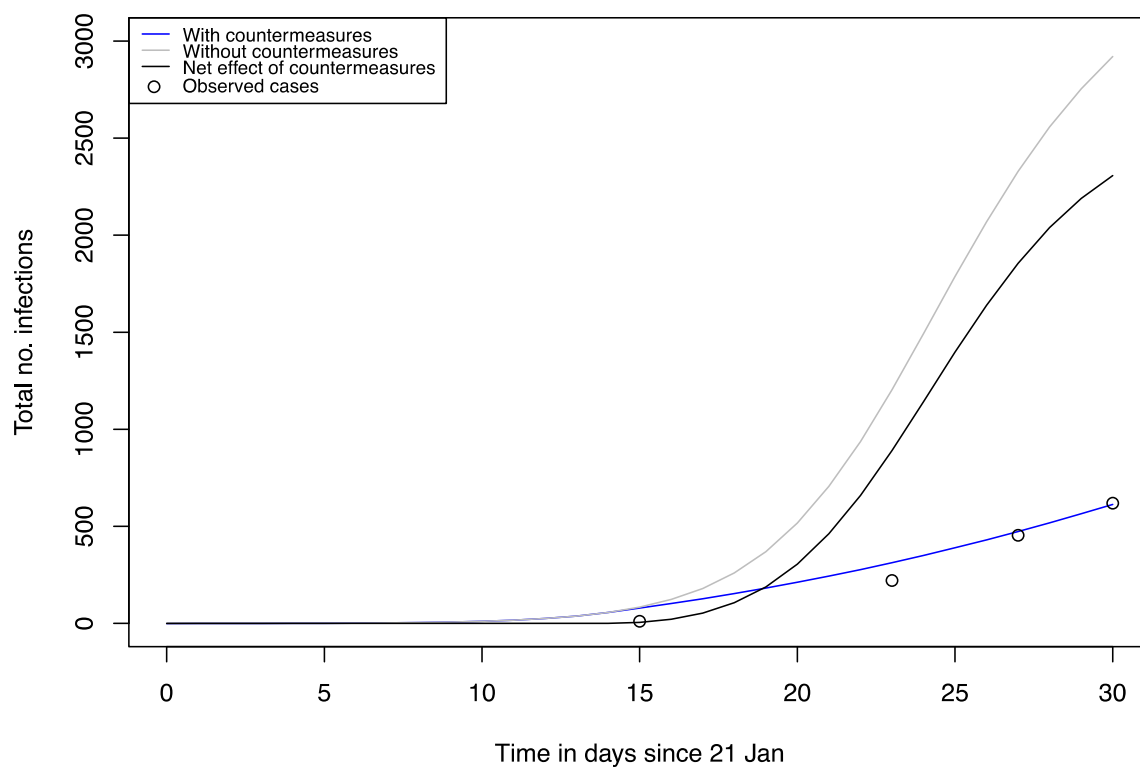
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<b>Table 1.</b> Model parameter description and values. Start time ( $t = 0$ ) the 20 <sup>th</sup> of January.		
<b>Parameters</b>	<b>Explanation (unit)</b>	<b>Estimated to</b>
$\beta$	Overall transmissibility and contact rate (1/day)	1.48 if $t < 14$ 0.44 if $t \geq 14$
$l$	Incubation period (days)	5 days
$i$	Infectious period or time to removal (days)	10 if $t < 16$ 4 if $t \geq 16$
$N$	Total number of people onboard (persons)	3700
$\beta_c$	Transmissibility and contact rate crew (1/day)	1.15 if $t < 14$ 0.35 if $t \geq 14$
$\beta_{gg}$	Transmissibility and contact rate guests to guests (1/day)	1.15 if $t < 14$ 0.35 if $t \geq 14$
$\beta_{gc}$	Transmissibility and contact rate guests to crew (1/day)	0.17 if $t < 14$ 0.05 if $t \geq 14$
$N_g$	Total number of guests onboard (persons)	2700
$N_c$	Total number of crew onboard (persons)	1000

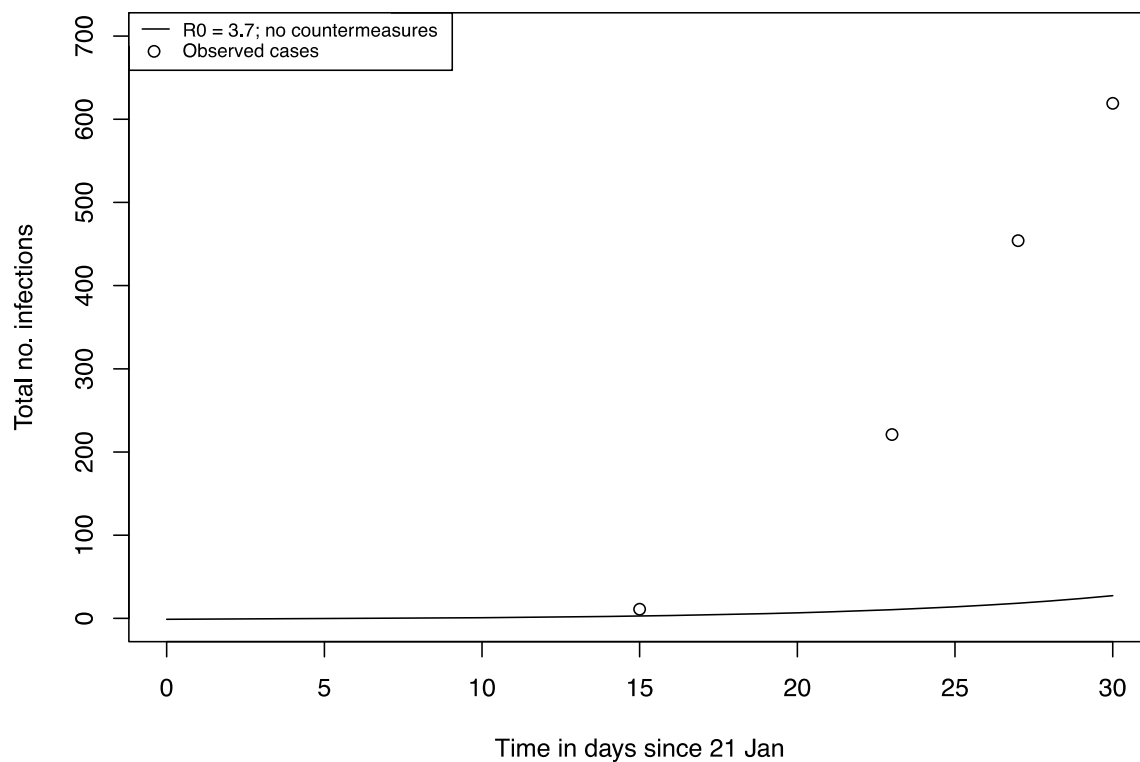




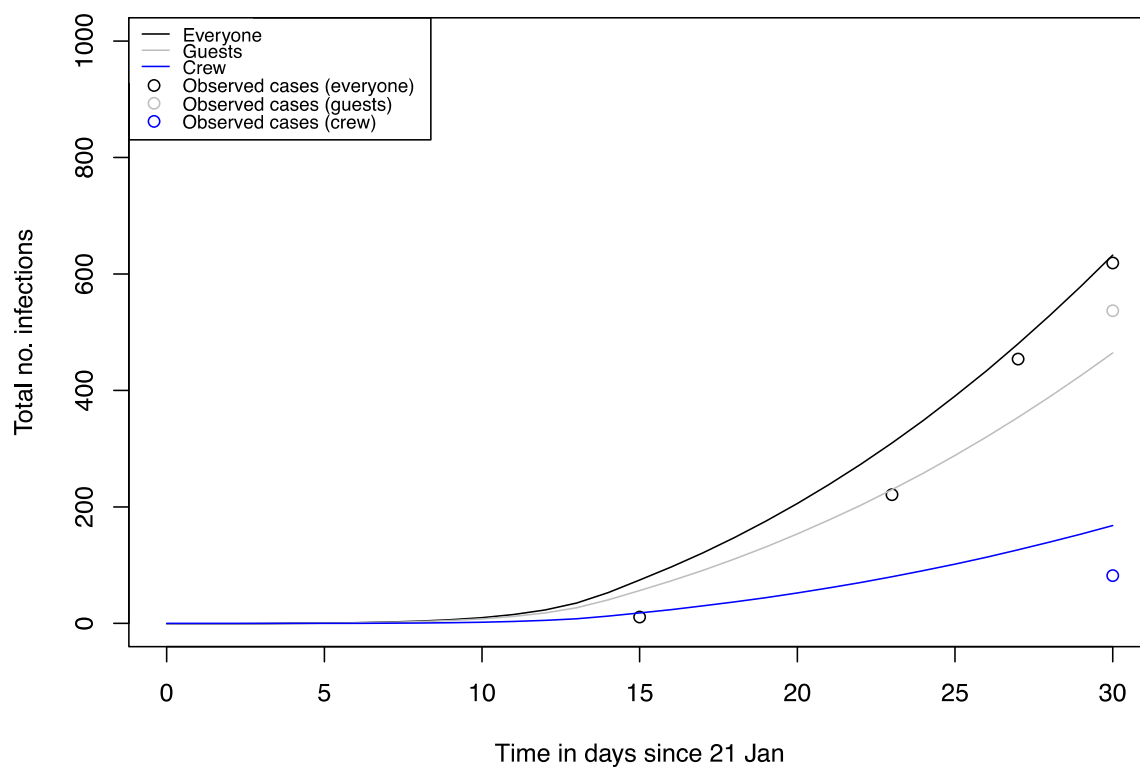
**Figure 1.** The estimated basic reproduction number,  $R_0$ , on the cruise ship and its change over time as a result of the transient interventions of quarantine and removal of infectious cases. The  $R_0$  given here assumes one index case in a totally naïve population, although that is not the case on the ship, we use it here to illustrate how the  $R_0$  is sensitive to the interventions, but still substantially large to fuel a continuation of the epidemic. The grey line indicates  $R_0 = 1$ .



**Figure 2.** Predicted total number of infections using model 1 (no stratification) for the realistic situation with interventions (blue), counterfactual scenario without intervention (grey) and the net effect of the interventions (black).



**Figure 3.** Sensitivity analysis: predicting total number of infections using a model without interventions with  $R_0$  set to 3.7 with index case 21th January (bottom). Observed reports of cumulative cases are marked as "o".



**Figure 4.** Predicted total number of infections using a model stratified into crew and guest for the realistic situation with interventions. Total population onboard (black), guests (grey), crew (blue). Observed total case numbers of total (black), crew (blue) and guest (grey) are marked as "o".

**Witness Statement of USS THEODORE ROOSEVELT (CVN 71)  
Combat Direct Center Officer**

On 11 May 2020 I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CDR (b) (6)

Position: CDCO

Command: USS THEODORE ROOSEVELT  
Operations

Department/Division:

Email Address: (b) (6)

Phone(s): (b) (6)

I am in isolation at the Guam High School isolation site in Guam. I went into isolation on 28 April after a positive COVID test onboard TR after having no symptoms. I recently tested positive again after 12 days of isolation and will test again in 96 hours according to current protocol. Test results typically take 3-4 days to receive from the lab in Korea.

Before our port visit to Da Nang, we had much of the same information that was publically available to rest of the world via the internet and TV. However, COVID was just breaking out when we left on deployment and since it was a new disease, there wasn't a lot of definitive information available. At that time, I believe COVID was portrayed as a highly contagious version of the flu. Initially, Sailors were told to follow good hygiene protocol - wash hands often, avoid touching faces, clean common areas - to prevent the spread of the virus. Anyone displaying symptoms was encouraged to go to medical.

There wasn't a panic or scare on TR due to the growing world interest. Leadership took appropriate action and talked considerably about the COVID risk prior to visiting Da Nang. I was actually part of the advanced team that set up the port visit, so I flew to Da Nang twice prior to TR pulling in. The first time was in February and the second time was about one week prior to TR's arrival. During the coordination meetings, Vietnamese government officials were concerned with the possibility of TR/BKH bringing COVID into Vietnam. There had previously been 14 reported cases in Vietnam, but Da Nang did not have any active/current cases, and Vietnam did not want to potentially (re)infect its citizens during the port visit. Likewise, TR believed that since the ship would be underway for almost a month before its arrival in Vietnam,



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it could guarantee a COVID free ship and minimize any transmission hazard.

During preparations, planners cancelled most of the events that would draw large crowds. Additionally, event participation was limited to group sizes of around 30 people. One exception was the Big Top reception planned to be hosted in TR's hangar bay and flight deck. A mix of government officials, military leaders, industry and civilian leaders were invited to the reception. On the day of the reception, weather prevented the event from being conducted on the ship (sea state was too rough for the liberty boats). There was an audible to move the reception to the Golden Bay Hotel. At Golden Bay, guest screening (temperature checks and verbal symptom questionnaire) was in place at the hotel entrance. Planners originally expected 500 people to attend, but the actual attendee count ended up being closer to 250. Guest attire was military Summer Whites (or equivalent) or civilian business casual. The majority of attendees did not wear masks, which was the observed norm for guests and employees inside of the hotel. Food was served buffet style using small plates.

At the pier, there was a temperature scanner that all sailors had to walk through when departing the pier. The Vietnamese supported us to take precautions. At that time, fever was thought to be one of the major symptoms so there was significant emphasis around Vietnam to monitor body temperatures. Additionally, all sailors were briefed about reporting any other symptoms (e.g. cough, runny nose, etc.) Forehead thermometers were used on Sailors returning to the ship. I do not believe we had any issues with anyone having a temperature departing or returning to the ship.

Around the ship, basic hygiene measures were in place. In February, we had a round of double dragon, so hygiene measures were well socialized and being practiced in places like the galley. Prior to Vietnam, I do not recall any social distancing measures in place or a requirement to wear masks.

After the port visit, people exhibiting COVID-like symptoms became a real thing on TR. Sometime around two weeks after Da Nang, TR instituted more health measures such as 6' social distancing. The ship tried to follow CDC social distancing guidelines in the chow lines by putting tape on the floor to maintain 6' separation. Hand sanitizer was available and used by crew members when getting food. In the wardroom, CS's served much of the food to minimize the number of people touching the serving utensils.

The timeline for the implementation of more stringent COVID prevention guidelines reflects the assumption that the ship was clean after the month-long period at sea (prior to Vietnam). Additionally, to the best of my knowledge, nobody exhibited symptoms after Vietnam during the first week underway. Social distancing and other virus mitigations grew as the possibility of

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COVID onboard grew.

As soon as people started showing symptoms and tested positive, we knew we needed to put them into isolation. We also expanded monitoring and testing of close contacts from berthings and work centers. It all happened very quickly. When we started testing, we learned that people could be COVID positive without exhibiting symptoms. Now, there are many different COVID symptoms so it is often hard to determine what is caused by COVID and what is not.

For cleaning, I believe we had a waiver to use bleach on the ship. We started wiping down common surfaces as often as possible. TR instituted bleachapalooza, which was a version of cleaning stations multiple times a day. In the galley, self-serve was stopped.

I know we had safety stand downs and information being passed on Site TV. I don't believe people were confused about the guidelines. Even though Sailors expressed their normal complaining, they were following the rules. I think originally there was pretty high morale on the ship and everyone was doing their part. For masks, we started out using whatever we had - cut up t-shirts, flash gear, flight deck bandanas - and eventually got N-95 masks. There was a lot of enforcement of the rules. If someone broke a rule, they were corrected. Wearing a mask was not optional. I felt like the crew understood the severity.

The rise in positive cases was like an exponential curve: once we started getting cases, it ramped up. From what I've seen, many people have minor symptoms or no symptoms. Most people are pretty calm. Several people have family members or friends at home who have contracted COVID. The disease definitely affects people differently.

When looking for a place to put people in isolation after our first positive tests, there was some discussion of going to Okinawa. That did not happen - I heard that there were not enough beds.

Leadership has been concerned and involved throughout this endeavor. From what I can tell, I think all of the HODs get along well. TR received a new XO in late February/early March and outgoing/incoming XOs conducted turnover during Da Nang. It seemed pretty seamless getting CAPT (b) (6) up to speed and he was ready to go.

As ECC lead, I received many RFI taskers. CSG-9 staff handled a lot of the RFIs but they would often reach out to the ECC for data. I don't recall chain of command issues. There were a lot of people needing a lot of information - numbers on how many COVID positive cases were present, predictions on how soon we could get back underway, and things like that. I think initially we all thought this was going to be a quicker process than it has turned out to be. The ECC typically received RFIs from the battlewatch captain.

Sometimes there were frustrations with frequently changing information and requests for

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additional information. A lot of times, we had the requested data already collected or at least partially collected but not in the desired format. It was hard to keep up and we often spent many manhours pulling information. An example of an RFI that took a lot of time was the high-risk data for smoking and obesity.

The ECC was stood up in the XO's Conference Room the day TR pulled in to Guam and was initially manned by some operations department personnel plus a few others. We quickly realized we needed to go 24 hours a day. We later received help from CAG/DCAG and employed the Airwing Squadron COs until they were transferred to hotels. The ECC mapped out "hotspots" on the ship by using DC charts to plot out the berthings where COVID positive Sailors slept. At the end of testing, COVID hotspots were all throughout the ship. As we started figuring out the data that needed to be reported, things got easier. We had a placemat that was updated daily that streamlined common information. This placemat was sent to the CSG and CVN leadership and archives can be found on the ship's sharedrive. Any ECC1 products should be accessible by current ECC members.

Each isolation site has an OIC. I am the OIC for the Guam High School site. We have twice daily medical checks and all hands cleaning stations 3 times per week. Everybody is also responsible for cleaning up after themselves regularly. The ship and base provide supplies, to include Clorox wipes, broom, hand soap, toilet paper, and paper towels.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

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(Witness' Signature)

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(Date)

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Time

# Transcript

## **Marine Corps Officials Hold a Defense Department News Briefing on COVID-19 Efforts**

MARCH 26, 2020

Marine Corps Commandant General David H. Berger; Sergeant Major Of The Marine Corps Troy E. Black; Thomas B. Modly, Acting Secretary Of The Navy; Rear Admiral James Hancock, Medical Officer Of The Marine Corps

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STAFF: Ladies and gentlemen, good morning.

This morning, the secretary will provide remarks, and then we'll field questions by the commandant of the Marine Corps and sergeant major of the Marine Corps and the medical officer of the Marine Corps.

Sir?

ACTING SECRETARY OF THE NAVY THOMAS B. MODLY: Okay, thank you.

Good morning. Thanks again for what you do to keep the nation informed and for giving us a forum to -- to get information out. We appreciate it very much.

So good morning to all of you, and good morning to General Berger and Sergeant Major Black. Thanks for being here, and thanks for your leadership of the Marine Corps.

On Tuesday, I spoke to you about our efforts on the Navy side, and today we want to update you on the measures we are taking within the Marine Corps to mitigate the spread of COVID-19.

But before I do that, let me just give our latest Navy numbers so everyone's on the same page, in terms of where we are.

We have a total of 133 COVID-19-positive cases in the United States Navy. That's 104 active duty military, 23 civilians, 16 dependents, and 19 contractors.

I also want to give a quick update on the Teddy Roosevelt, which we spoke about the other day. We are -- we found several more cases on board the ship. We are in the process now of testing 100 percent of the crew of that ship to ensure that -- that we don't -- that we were able to contain whatever spread might have occurred there on the ship. And -- but I also want to emphasize that the ship is operationally capable and can do its mission if -- if required to do so.

So the ship is pulling into Guam. It will be pier-side. No one on the crew will be allowed to leave anywhere into Guam other than on pier-side. And we are already starting the process of testing 100 percent of the crew to ensure that -- that we've got that contained.

The sailors who have been flown off the ship are currently doing fine. None of them have been required to be hospitalized because their symptoms are very mild, their aches and pains and those types of things, sore throats but nothing that required hospitalization. So they're in quarantine now on Guam.

With respect to the Marine Corps, as of today, we have 44 positive tests for COVID-19 within the Marine Corps; 31 military, five civilian, five dependents and three contractors. We are continuing to take actions across the force to prevent the spread of the disease, contain any potential outbreaks and recover the force as quickly as possible.



We're doing all this across our integrated naval force in partnership with the Joint Force and our whole-of-government approach. We continue to provide quarantine support at Marine Corps Air Station Miramar for American citizens returning from home from areas impacted by the virus.

We provided commanders and supervisors guidance to help personnel and families impacted by official travel restrictions and delays.

This supplemental guidance will help commanders identify personnel, policies, pay, benefits and flexibilities to help minimize the risk to Marines, respond to evolving situations and to ensure the readiness of the force. This guidance covers topics such as alternative places of duty, telework, leave and liberty along with subsistence, housing, family separation, temporary living and restriction of movement allowances.

General Berger recently published a white letter to all commanders and senior enlisted leaders describing our expectation of commanders and giving them the leeway to make decisions to preserve the force. And I'll obviously give him some time to talk about that if you -- if you'd like to hear more about that.

To help with social distancing, General Berger also has directed much of the headquarters and Marine Corps staff to remain at home to telework if they have the capability. Our intent is to maximize virtual conferences, meetings, classes and telework to alleviate large office crowding as consistent with the CDC guidance.

We have scaled back or canceled several service-level exercises to include exercises in Twentynine Palms and our Mountain Warfare Training Center.

We canceled scheduled training with our partner nations to prevent the spread of the virus. We remain fully transparent in reporting any positive tests on our installations to the local communities.

In that spirit, I want to confirm that a Marine stationed at the Pentagon tested positive for COVID-19 on March 24th. Per U.S. Centers for Disease Control guidelines, the Marine is currently in isolation at his home and will undergo further assessment by health professionals.

The Marine followed official guidance by isolating himself when his spouse began to show some symptoms. Once he became ill, he contacted his assigned medical facility. His workspace has been cleaned by a Pentagon response team and a thorough contact investigation is currently under way to mitigate risk and to preserve the health of our Marines, civilians, and families.

The Marine was last inside the Pentagon on March 13th. Two individuals were advised to self-isolate due to close contact with this individual and the Pentagon, and both those individuals are currently asymptomatic.

Effective immediately, naval recruiters will temporarily transition to prospecting via digital and telephone means only. Marine recruiters will not be meeting in person with prospects or with applicants. Both Marine Corps recruit depots have implemented formal screening measures to identify possible cases of COVID-19 in recruits upon their arrival to the depot, as well as prior to traveling to the depot during their in-processing at the military entrance processing stations; we call those MEPS. Those who present any symptoms receive follow-on assessment to protect the health of our communities and sustain force health in -- force health and generation. At this time we -- we know that at least two recruits have tested positive for the virus down at Parris Island, but no instructors have tested positive.

Recent test results confirmed also that two Marines stationed at the Marine Corps Recruit Depot Parris Island, have also tested for COVID-19. Those Marines are already in quarantine when they were notified of their test results. Both of those Marines worked in offices independent and separate from the recruit training locations. They are in -- as I mentioned, we just received -- received word that there are two confirmed cases of COVID-19 with recruits.

Public graduation ceremonies have been closed to the public until further notice to minimize the spread of the -- spread of the virus to the force and to their families. The depots have also implemented other health protection measures, to include spatial distancing in common areas like the chow hall, squad bays, and classrooms. We expect leaders to apply judgment to all situations and implement force health protection measures in order to preserve the force and our mission. Our commanders are empowered to take necessary precautions because the virus is unique to every situation and in every location.

We will continue to assess and modify as needed future global force management for deployment and redeployment plans for the next 60 days. Today, roughly 37,000 Marines are forward-deployed or forward-stationed. Those preparing for deployment continue to do so,

while taking measures to prevent the spread of COVID-19.

The Marine Corps and our entire integrated naval force remains committed to mission readiness during this COVID-19 pandemic. We stand ready to answer the nation's call, while also preserving the force and our communities, and of course, our families.

Thank you. We look forward to your questions.

STAFF: Sir, we'll start on the phone. Bob Burns, Associated Press?

Q: Yes, thank you. Can you hear me?

STAFF: Yes, we hear you. Go ahead, Bob.

Q: Okay, Bob Burns from AP. I have a question for both commandant and the secretary.

General Berger, the secretary just mentioned briefly the reductions and cancellations of various exercises and training. I'm wondering if you can give a more broad assessment of the -- the -- the degree to which training has been impaired here. Is it, like, given all the restraints, including the stop movement order from Secretary Esper yesterday, is -- is training been reduced by, say, 50 percent or more?

And then if I could also ask a question of the secretary. You mentioned the 103 active duty Navy have been tested positive. I don't know precisely the comparison with the other services, but that seems to be higher than the other services, and I'm -- I'm wondering whether there's an explanation for why the infection rate seems to be higher in the Navy. Thank you.

SEC. MODLY: Well, let me answer that question first, then I'll turn it over to General Berger on the -- the other question about the training piece.

I think we are trending higher. I think some data that I saw this morning showed that we are probably a third of all the active-duty people that have tested positive are within the Navy and - and Marine Corps. I don't have a reason for that. I -- I -- it would be speculation for me to try to give you a reason for why that has happened.

I -- I will say that we -- our forces are all over the world, all the time. That may have something to do with it, and they -- we also have big fleet concentration areas such as San Diego and Norfolk and other areas, where we have a lot of people that are together. But that's all speculation. We have not done the forensics yet on -- on where -- where these individual sailors contracted the disease, and until we know that, it just wouldn't -- it would be irresponsible for me to say why we think this is happening.

General Berger?

MARINE CORPS COMMANDANT GENERAL DAVID H. BERGER: Yes. As far as training, I think -- I -- I wouldn't -- I don't know if 50 percent -- I don't know the exact percentage. We haven't calculated it. I would say, though, that as the secretary mentioned, the -- the unique part about the Navy and Marine Corps team is this is your force in readiness that has to be ready to respond to a problem around the world, and we've -- we've never been given advance notice when that'll happen, so we have to be ready all the time.

So the -- the commanders, the guidance to them is pretty clear: Our force has to be ready to respond when we're given the direction to do so. So you need to conduct a training that's necessary to maintain your readiness. Now, they have changed the way that they're training and -- and to a large degree, where there's not large bodies in a close, confined space. They've spread it out, and they've curtailed some training that was nice to do, good to do, but not absolutely necessary for their mission-essential tasks.

So they've tailored it, but I think you expect your Marine Corps and -- and your Navy to be ready to go when -- when called to do so, and that's what they're training -- that's what their responsibility is.

STAFF: Mike Glenn?

Q: Yes, sir.

About the basic training graduations, when I graduated from basic it was important for my -- my -- my parents, it was important for them to be there because I accomplished something, finally, in my life. How -- what are you doing to allow them -- allow parents -- I mean, are you putting it on closed circuit, or you know, some sort of videotaping it or something so they can watch it at home.

SEC. MODLY: Yeah, they are. You want to answer the rest of that? I know -- correct. Everything is being televised live and recorded both. You -- you want to add anything, Sergeant Major?

SERGEANT MAJOR OF THE MARINE CORPS TROY E. BLACK: I had a couple tours of -- of depots as a drill instructor, so I -- I understand how important that those events are for the families and -- and for the recruits, new Marines that are getting ready to graduate. So this is a unique time. We're trying to find a unique answer to be able to provide that same sort of experience. It's not going to be the same as sitting at the bleachers at a graduation. There's just no way to replicate that, but there is some digital record of it that that's going to be transitioned with the new Marine, and they'll have that in their -- in their capacity to have that.

STAFF: Gina Harkins? Gina, are you there?

Q: Good morning. Thanks for doing this.

So as you know, some of these services, you know, the Navy in particular have taken some aggressive measures to keep troops from gathering in groups. They're delaying fitness testing, promotion selection boards, relaxing grooming standards. Is the Marine Corps moving out on any of those policies? And if not, why not?

GEN. BERGER: I want to address each one individually, but where they make sense, yes. Things like grooming standards -- barber shops in one area may be open, and in another base they may be closed. So we very much trust the leaders to make those calls, and we've given them the latitude to waive requirements where it's not practical to meet them. So because the -- the flu, like other pandemics, is different area to area, region to region, we've not said all grooming standards are relaxed for a given period of time. But what we have said is all commanders have the latitude to make adjustments based on what's available at your location.

I don't know if that answers exactly what you're asking, Gina.

Q: It does. And what about promotions board meeting, fitness tests?



GEN. BERGER: Promotion board's pretty fascinating. This is an area where over the last week, week and a half -- and I suppose probably the other service are the same -- looking at really creative ways for how you would run a promotion board.

Instead of, in other words, everybody being in one room staring at a computer screen discussing one Marine at a time, we're now looking at either we might have to delay it, or is it possible to spread across two or three rooms electronically with video teleconference capability and still be able to have the promotion board run on time, but you would be spread across multiple rooms.

So it's driving us to be pretty creative. And I -- again -- I suppose the other services are doing the same.

In some cases we'll delay things, in other cases that I think like always, younger leaders are coming up with really creative ideas for how to -- how to accomplish it but in a different way.

STAFF: Tara.

Q: Thank you. Tara Copp with McClatchy.

I was wondering how boot camp has changed now, or what adjustments have you made with the personal grooming or is everybody still getting their head shaved? What's going on there?

GEN. BERGER: Everybody's still getting their head shaved as long as the barbers come to work. But they are -- like here, he's smiling. You probably got the same, right, I imagine?

But there will come that time if it gets worse and worse and worse where barbers won't come to work. In that case, you know, we'll have to make a decision: Do Marines cut Marines' hair? Do we make adjustments? And we'll -- the commanders at both of our recruit depots have thought their way through it.

I think on the preventive side is the -- as the secretary mentioned, those who are going through the military entrance processing center and then onto Parris Island or San Diego, they're being isolated for a period of time to have a good look at them, to observe them before training starts, where normally they would have that period after boot camp -- like I'm probably sure you did for leave afterwards. We've just moved that to the front end.

So now, when you get to Parris Island or San Diego, you're in isolation for a period of time so we can observe and make sure everybody's healthy to go to start training day one.

But during training -- I don't know if you heard major adjustments during training, Sergeant Major, let me ask you.

SGT. MAJ. BLACK: Ma'am, that's a great question.

Again, here's my experience in the environment. There are challenges. It's kind of a new opportunity.

But social distancing is one of the largest hurdles right now in the environment, because it is closed. However, in our dining facilities, recruits are spread out more than they probably would be. Inside squad bays, they're spread out more than they normally would be. Hygiene's always a priority and cleanliness is always a high priority inside of recruit training, because inherently, no matter what, you bring people from across America, in one close space, there's challenges. That's a good thing, because there's already a heightened sense of hygiene already in that environment.

So imagine those things right now and making minor adjustments to the training schedule. But right now there's no significant impacts to what that product is at the end, which is a U.S. Marine.

Q: And then as a follow up, have any of the Marine Corps cases been aboard ships?

GEN. BERGER: None that I know of. There might be, but none that I'm aware of yet. No.

Q: And then if I may one last one, Mr. Secretary, for Navy personnel on the ships that tested positive, how did you get the tests to test the entire ship? And where are those tests going now to be processed?

SEC. MODLY: So on the carriers, on -- on the large-deck ships we have the capability to test in a lab there on the ship. So that's, sort of, our limiting factor right now: they can process through a certain number a day. And so we are looking at ways now to not only test -- maximize that capacity on the ship to test, but also to send some of those swab tests out to some of the other DOD labs for -- for testing.

STAFF: Shawn Snow? Shawn, are you there?

Q: General Berger, thank you for doing this.

I was wondering if you could address this idea that there's a general sense that the Marine Corps is not being a responsible stakeholder.

Pictures are still flowing in of large-scale mass formations, rifle ranges are still ongoing, exercises still kicking off as far as I know, 3/1 still has a large-scale ITX slated at Twentynine Palms in April, and barber shops on Marine bases are still open in states with stay-at-home orders.

How much readiness is impacted by the Corps just simply staying put for a couple months or altering its training to use more virtual trainers or academic classes? Thank you.

GEN. BERGER: I think it's the -- if the pictures look different to you, Shawn, if they look unique, it's probably because it's true, the Marine Corps is unique. And we are mandated by law to be the nation's most ready force, and that's what I think you expect us to be.

The exercise you referred to at Twentynine Palms -- I'm not sure where you're getting your information from -- will not go in April, and we made that decision a couple days ago. So again, I'm not sure where you're pulling your information from but it may be dated a day or two.

The training that we do have to do -- for example, like the sergeant major said, at recruit training or officer candidate training, some of that is absolutely necessary and everything from where they live to martial arts training, some of that is pretty close and up personal .

But we're very confident that both the -- the leadership that supervises that training and the medical capabilities needed to respond to it are all in place.

All the right measures, I'm confident, are being taken. And the right exercises are either -- the exercises are either being postponed or canceled completely.

STAFF: Megan Eckstein.

Q: Yes. Thank you very much.

A clarification first, and then a question for the both of you. You mentioned earlier that there was some modifications taking place to training events that are going forward, just to allow for social distancing. I wonder if you had any examples you could share.

And then for the both of you, I know that the Marine Corps is obviously going through some major efforts right now with the Integrated Naval FSA as well as the Force Design 2030 effort. And I wonder how those are being impacted whether it's, you know, an inability to do wargaming and simulation efforts or just, you know, challenges with budgeting folks teleworking, just any impacts that you might be seeing?

BERGER: I think in terms of training, I'm trying to think of a good -- kind of a visual example where you could picture it in your mind, but I would say on something like a pistol range, where all of us might be this close to each other, lined up on a pistol range on a detail, they'll spread them out now, just like we are in this room, and maybe run more relays than they would normally run to keep a spread between Marines where -- where they can.

If it's a live-fire exercise, okay, you can only do so much to moderate social distancing when you're moving down-range. So each type of training, commanders taking the measures they can that make sense. But also making sure that their units are ready, are trained and ready to go.

The second part of your question, on force design -- and I'll turn it over to the secretary, but no impact to that. That's -- we're not going to spend time talking about it today, but the quick answer is no impact to that planning that I know of. It's just a little harder to do electronically and it's distributed but not stopped, I don't think. You know, that's --

SEC. MODLY: No, as you know, Megan, that's a good question.

And we -- we've been pretty aggressive at trying to look at this over the last several months. And the deputy secretary is now leading an effort to look at the overall force structure, which we are participating in, obviously, as well as the new carrier study that I launched a couple weeks ago, as well as sort of looking at our 355-plus plan and how we're going to do all that. All that work is continuing. And actually a lot of that work sort of lends itself to it not having to be in the same place. So I think that's fine.

And the bigger concerns I have, sort of -- is sort of the budget development process. Because as you know, we do that well in advance. And I think we're still trying to get our arms around what are the impacts of this virus going to be in terms of readiness that we're going to have to make up. So I think that's the only thing. But, you know, we're working this all in real time and no one's stopped.

Q: Okay. I know all those efforts require, you know, heavy modeling and simulation efforts with some of the computer labs that are set up at DOD facilities. Can that still take place now?

SEC. MODLY: Well, that's going to be -- that's going to be the bigger part of the challenge, I think. You know, we're integrating with the War College on this as well. They're -- basically have all gone virtual right now, so we're going to have to think through how we do all that.

Q: Okay, thank you.

STAFF: -- Politico? Politico, Lara, are you there?

Q: Hi, sorry. Can you hear me?

STAFF: Yes.

Q: Okay, great. Thanks -- thanks for doing this.

I was wondering if you could tell me, the secretary earlier this morning in an interview, Reuters, was saying that he was going to -- the Pentagon's going to stop providing such granular information on the coronavirus.

I'm just wondering how this applies to the Navy. Are you still going to be giving us updates on the number of people who are getting tested on the ships, as you've currently been doing, and how many cases you've been having on the ships and in these -- these hotspots?

SEC. MODLY: Well, I think we're trying to be as responsive and transparent as possible in this. I think it's important that people understand where we are, how it's impacting us. But there - we have to balance that against operational concerns as well as privacy concerns.



So we're trying to develop the balance on that. It had been our policy not to really discuss where -- what ships were impacted, but obviously the information about the T.R. came out and we felt it was responsible for us to come out and give you all the straight story about what's happening there.

So we will follow the direction of the secretary of defense in terms of -- in terms of this, but from our -- from our perspective, from my perspective, being as transparent as possible is probably the best path.

STAFF: Jennifer?

Q: Secretary Modly, if I could follow up on what you said about tests on ships being available and labs on ship. I thought that we were told, 24 hours ago, that there weren't labs on ships, that they had to do the -- the testing, the swab testing and fly those off to labs on land. Has that changed?

And do you have the ability now, on all ships, to not only test -- you have enough swab kits -- but you also can put them through labs on board the ships?

SEC. MODLY: So, Jennifer, I think this is just --

MEDICAL OFFICER OF THE MARINE CORPS REAR ADMIRAL JAMES HANCOCK: Sir, yes. Thank you for the question.

Yes, no, we -- we do fly them off and they go en masse. We're working with industry, really, to answer that question. We would like a point-of-care testing, as you know, as well as our civilian counterparts. But we're just not there yet. What we can do is do surveillance testing. So we do it across the ship, so we know that.

As you guys know -- Force Health Protection's not new to us. The coronavirus is a novel virus. Viruses are not novel to the Navy and the Marine Corps. We do this every day, that's the reason that we're being responsive to it. Thank you.

Q: But just to follow up, when you say that you're going to test all 5,000 people on board the Roosevelt, those will be swab tests or surveillance testing?

SEC. MODLY: It's going to be a -- let me answer this one, because I just had a -- a call with -- with our medical people on this. It's going to be a combination of whatever we have available for us to do that.

And my understanding, we'll have to get you a more precise answer to that question. I know the small ships don't have the ability to test on board. But it's my understanding that on the larger ships, we do have the ability to do some limited testing on board. But that --

Q: Limited, so are you short of test swabs on board something like the T.R. Roosevelt?

SEC. MODLY: T.R. has approximately 800 kits on board. We're flying more on there today as we speak. So, they will have more brought in to help solve this problem.

Q: Okay.

And, General Berger, just in terms of the barbershops being open, you're still bringing barbers from outside the bases into -- from civilian community into the Marine bases to cut hair. And is that really a good idea?

GEN. BERGER: It varies base to base, as the last week has shown, where they've going from health protection condition A to B to C. Now countrywide in C. It has -- it has varied base to base.

Is it a good idea? We keep the commissaries open, keep the exchanges open, keep as many functions as we can to support the families. And we are planning, though, like the other services are, to reach a point where they don't come to work, it's not safe to do so. And then we'll make adjustments.

STAFF: Sylvie, you'll get the last question with AFP.

Q: Hello. Thank you. This is Sylvie Lanteaume from AFP.

I -- I understand -- this is a question for the secretary.

I understand the Mercy is scheduled to arrive in Los Angeles on Friday. What about Comfort? Where do you expect it to arrive in New York?

SEC. MODLY: Well, we've -- we've -- thanks for the question.

We've accelerated the plan for Comfort. We had been originally been looking at April 3rd, but in all likelihood she's going to be getting underway this weekend. So hopefully she'll be there in New York by the early part of next week.

Q: Monday? Tuesday?

SEC. MODLY: Yeah, I'd rather not give a firm date on that. So -- but, we're -- I'm actually going to be going down there to the ship either tomorrow or Saturday. So sometime after that she'll be leaving.

And it will all depend on her transit time and how well she's functioning on the -- on the -- on the route up there, but I would say within a couple days of that.

Q: Can I ask one clarification on your response on the testing aboard the Roosevelt?

So, does the Roosevelt have the ability to process the tests or are those tests being flown off? I'm -- I was confused by the initial response and then the clarification.

SEC. MODLY: So -- so what was explained to me this morning is that there is some limited ability to do testing on the ship itself.

Q: To process -- to not only swab, but process them?

SEC. MODLY: Yes. Yes. Yes.

Q: Okay.

And then can you tell us how -- you said several more sailors had tested positive or were being -- can you give us a number, how many there were?

SEC. MODLY: There were three initial. There were five more that were flown off the ship or in the process of being flown off the ship. And then there are several others that are in isolation right now.

But as I said, the ship is going to be pulling into Guam and then they're going to figure out from there who needs to come off, who needs to -- who can stay on, looking at the level of symptoms and things like that.

STAFF: Any final remarks --

Q: Guam was where the initial sailors were or -- because you all -- you all were a little, sort of, hesitant about saying initially where they went. But it -- it was actually Guam, right?

SEC. MODLY: That's where the ship is going. So, yes.

STAFF: Ladies and gentlemen, thank you very much.

Q: Thank you.

---

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(b) (6)

**LCDR USN VCNO (USA)**

---

**From:** Love, Robert E SES (USA) <(b) (6)@navy.mil>  
**Sent:** Thursday, May 14, 2020 3:52 PM  
**To:** (b) (6) CAPT USN DNS (USA)  
**Cc:** Spedero, Paul C Jr RDML USN USFFC (USA)  
**Subject:** FW: Support Requirements

FYSA

Sent with BlackBerry Work  
(www.blackberry.com)

---

**From:** Love, Robert E SES (USA) <(b) (6)@navy.mil>  
**Date:** Monday, Mar 30, 2020, 7:47 AM  
**To:** Haeuptle, Andrew S SES USN DNS (USA) <(b) (6)@navy.mil>  
**Subject:** RE: Support Requirements

I spoke to the skipper yesterday. He seemed like he needed help finding billeting for his sailors...still had 4,000 on board.

---

**From:** Haeuptle, Andrew S SES USN DNS (USA) <(b) (6)@navy.mil>  
**Sent:** Monday, March 30, 2020 7:47 AM  
**To:** Love, Robert E SES (USA) <(b) (6)@navy.mil>; (b) (6)@cvn71.navy.mil  
**Cc:** Deal, Steven E SES USN (USA) <(b) (6)@navy.mil>; (b) (6) CAPT USN UNSECNAV DC (USA) <(b) (6)@navy.mil>; 'Gillingham, Bruce L RADM USN CNO (USA)' <(b) (6)@mail.mil>  
**Subject:** RE: Support Requirements

Bob,  
PACFLT has a full court press on support to TR. Working with MARFOR PAC, III MEF and other partners.  
Andy

---

**From:** Love, Robert E SES (USA) <(b) (6)@navy.mil>  
**Sent:** Monday, March 30, 2020 7:35 AM  
**To:** (b) (6)@cvn71.navy.mil  
**Cc:** Deal, Steven E SES USN (USA) <(b) (6)@navy.mil>; (b) (6) CAPT USN UNSECNAV DC (USA) <(b) (6)@navy.mil>; 'Gillingham, Bruce L RADM USN CNO (USA)' <(b) (6)@mail.mil>; Haeuptle, Andrew S SES USN DNS (USA) <(b) (6)@navy.mil>  
**Subject:** Support Requirements

CAPT Crozier,

Thanks for taking time to talk yesterday. We have decided not to visit TR so you can continue to focus on the health and welfare of your sailors.

What support do you need? Are you still looking for billeting? What else?  
How many people have you tested, so far?



I'll call you later today.

V,

Robert E. Love  
Chief of Staff  
Secretary of the Navy  
1000 Navy Pentagon  
Washington, D.C. 20350-1000  
(o) (b) (6)  
SIPR: (b) (6) @navy.smil.mil

"Don't Give Up the Ship"

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**From:** (b) (6) [CAPT USN, USS Theodore Roosevelt](#)  
**To:** (b) (6) [CAPT USN VCNO \(USA\)](#)  
**Subject:** FW: Memo for Record - Failure to comply with NAVADMIN 083\_20  
**Date:** Friday, April 3, 2020 9:40:45 PM  
**Attachments:** [NAVADMIN 083\\_20.pdf](#)

---

(b) (6),

I will forward you the emails/reports I discussed with the VCNO. These build a timeline.

They should arrive in sequence. Trying to avoid the CANES firewall monster. First one below:

V/R

(b) (6)

-----Original Message-----

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**Sent:** Saturday, March 28, 2020 6:11 PM  
**To:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
**Cc:** (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt  
**Subject:** Memo for Record - Failure to comply with NAVADMIN 083\_20

Captain,

I know we have discussed this several times and we are in agreement but I want to put some of our discussions in writing.

Despite our best efforts to attempt to comply with the intent of NAVADMIN 083/20 aboard ship, we are not in compliance with the direction given. Specifically, we are NOT using the definition of close contact appropriately IAW the guidance. Based on current numbers of COVID-19 positive sailors on board, over 1400 Sailors have had close contact with a person known to have COVID-19. This number is conservative as it only accounts for shared berthing and does not take into consideration watch stations, mess deck contact, shared workspace or personal time. One could make a valid argument that the true number of "Close Contact" Sailors is well over 2,000.

Per the NAVADMIN, "personnel in close contact must remain at home or in a comparable setting for 14 days from the day of departure of contact. For transient personnel and those residing in close quarters such as unaccompanied housing OR SHIPS, temporary lodging meeting CDC guidance or SEPARATE SLEEPING AND BATHROOM FACILITIES SHALL be arranged, when available." While we were underway, we could not reasonably comply with this guidance. We attempted to segregate sailors who should be quarantined in separate sleeping facilities (single room) in open bay berthing. Although our open bay berthing on board does not meet CDC guidance, it was our only option. We are now in port in Guam. We should be moving as many Sailors as possible off the ship into separate lodging. Our continued use of group berthing in port, both on the ship and off (NB Guam Gym, etc) is not in compliance with the NAVADMIN nor CDC guidance. In fact, based on numbers gathered by our Emergency Command Center, our segregated berthing plan is making the rate of transfer worse (You have these numbers) .

I have attached a copy of the NAVADMIN and request we attempt to comply with our responsibilities in paragraph 5. I know you are working closely with higher headquarter to find an executable solution. What we are doing now is not working. In fact, data supports our efforts are only making the problem worse. Recommend ending segregated berthing on board the ship and declaring the entire crew and embarked staff as "Close Contact." We should allow Sailors to return to their assigned berthing after cleaning. We should move as many Sailors as we can to CDC compliant off ship berthing as soon as possible.

Very Respectfully,

CAPT (b) (6), USN

Executive Officer

USS THEODORE ROOSEVELT (CVN 71)

In Port: (b) (6)

At Sea: (b) (6)

Cell: (b) (6)

Jdial: (b) (6)

-----OFFICIAL INFORMATION DISPATCH FOLLOWS-----  
RTTUZYUW RHOIAAA0001 0832050-UUUU--RHSSUU.

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FM CNO WASHINGTON DC

TO NAVADMIN

BT

UNCLAS

NAVADMIN 083/20

MSGID/NAVADMIN/CNIC WASHINGTON DC/N00/MAR//

SUBJ/RESTRICTION OF MOVEMENT (ROM) GUIDANCE//

REF/A/DOC/USD/11MAR20//

REF/B/NAVADMIN/OPNAV/212007ZMAR20//

REF/C/DOC/BUMED/17MAR20//

NARR/REF A IS UNDER SECRETARY OF DEFENSE MEMO, FORCE HEALTH PROTECTION

GUIDANCE (SUPPLEMENT 4) - DEPARTMENT OF DEFENSE GUIDANCE FOR PERSONNEL TRAVEL DURING THE NOVEL CORONAVIRUS OUTBREAK.

REF B IS NAVADMIN 080/20, NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK UPDATE 3. REF C IS BUMED RETURN TO WORK GUIDELINES FOR CORONAVIRUS.//

RMKS/1. REF A requires that personnel returning from a Center for Disease Control and Prevention (CDC) Travel Health Notice (THN) Level 3 or Level 2 location perform a 14 day restriction of movement (ROM). During ROM, Service Members should be restricted to their residence or other appropriate Domicile and limit close contact (within 6 feet or 2 meters) with others. This NAVADMIN clarifies the definition of ROM, provides amplifying guidance, and delineates responsibilities for execution of ROM.

## 2. Definitions.

2.a. **Restriction of Movement (ROM).** General DoD term referring to the limitation of personal liberty for the purpose of ensuring health, safety and welfare. ROM is inclusive of quarantine and isolation.

2.a.(1) **Quarantine.** Medical term referring to the separation of personnel from others as a result of suspected exposure to a communicable disease. For the world-wide COVID-19 epidemic, this should be imposed on those with no COVID-19 symptoms who have either recently returned from a high-risk location (CDC THN Level 2 or 3), or have had close contact with a known COVID-19 positive patient. The current recommended quarantine period is 14 days. Per CDC, quarantine generally means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

2.a.(2) **Isolation.** Medical term referring to the separation of personnel from others due either to the development of potential COVID-19 symptoms or as a result of a positive COVID-19 test. Per CDC, isolation means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

2.b. **Patient (or Person) Under Investigation (PUI).** In the case of COVID-19, a PUI is defined as an individual with either a pending COVID-19 test or for whom a test would have been ordered/conducted had one been available.

2.c. **Self-monitoring.** Per CDC, self-monitoring means people should monitor themselves for fever by taking their temperatures twice a day and remaining alert for the onset of a cough or difficulty breathing. If an individual feels feverish or develops a measured fever, cough, or difficulty breathing

during the self-monitoring period, they should self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether further medical evaluation is needed.

2.d. **Close Contact.** Per CDC, a close contact is defined as:

2.d.(1) Being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; the current recommended threshold is 10 minutes. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case, or

2.d.(2) Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

3. Applicability. **ROM applies to all Service Members, who in the last 14 days have either been in:**

3.a. An area with ongoing spread of COVID-19 as defined as CDC designated Level 2 and 3 countries ([https:// www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travelnotices.html](https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travelnotices.html)), or

3.b. Close contact with a person known to have COVID-19.

3.c. Per REF A, it is strongly recommended that DoD civilian employees, contractor personnel and dependents also follow this guidance.

4. Guidance.

4.a. ROM personnel shall be directed to remain at home or in a comparable setting for 14 days ROM from the day of departure or contact. For transient personnel and those residing in close quarters such as unaccompanied housing or ships, temporary lodging meeting CDC guidance of separate sleeping and bathroom facilities shall be arranged, when available.

4.b. When in ROM, personnel shall avoid congregate settings, limit close contact with people and pets or other animals to the greatest extent possible, avoid traveling, self-monitor, and seek immediate medical care if symptoms (e.g., cough or shortness of breath) develop.

4.c. Personnel assigned ROM may exit quarters to access laundry facilities, outdoor exercise, and designated smoking areas; and conduct other routine tasks not in a public setting provided they maintain social distancing greater than 6 feet from others. Access to messing facilities, stores, fitness centers and other widely used support services is prohibited.

4.d. For temporary lodging, normal room cleaning services will be suspended during the ROM period.

4.e. For personnel executing ROM in private residence, coordinate with parent command for the purchase of required food/hygiene items or arrange delivery through other means.

4.f. After completion of ROM, return to work per REF C and Combatant Commander guidance, if applicable.

5. Responsibilities.

5.a. Parent command **Commanding Officer/Officer in Charge shall:**

5.a.(1) Ensure screening of personnel for ROM.

5.a.(2) Ensure ROM personnel comply with paragraph 4.

5.a.(3) If temporary lodging is required:

5.a.(3)A. **Provide cost orders for ROM personnel.** Orders will direct the Service Member to a ROM status and not TAD to the host installation. Recommend funding for temporary lodging, if required, be obtained through the Type Commander. This may be accomplished utilizing a General Terms and Conditions document to avoid issues arising from Service Members not having government travel cards.

5.a.(3)B. **Coordinate with installation Commanding Officer for room assignment.** It is imperative that tenant commands inform installations of all personnel in ROM within government facilities (to include barracks, NGIS, Navy Lodge, PPV family housing, and PPV barracks).



5.a.(3)C. As needed, **coordinate messing support with the Commanding Officer where a galley is available.** Arrangements will be made between the parent command and the installation for the delivery of meals to Service Members in a ROM status.

5.a.(3)D. As required, provide daily support to ROM personnel to ensure meal delivery as well as health and comfort checks.

5.A.(3)E. Ensure personnel supporting individuals in ROM are trained on the status of ROM personnel and associated interaction protocols. Close contact is prohibited. PPE is not required.

5.a.(4) If private residence is utilized, coordinate with ROM personnel to ensure all messing needs are met.

**5.b. Installation Commanding Officers shall:**

5.b.(1) Account daily for available temporary lodging to support ROM.

5.b.(2) Track all ROM personnel residing in Navy Lodging (unaccompanied housing, NGIS, Navy Lodge, PPV family housing, PPV barracks) both on and off installation. There is no need for installations to track tenant personnel in a ROM status in private residence/lodging.

5.b.(3) **Provide detailed instructions to tenant commands who require temporary ROM lodging support.**

5.b.(4) If available, coordinate with parent commands to provide take -out meals for delivery to ROM personnel.

5.b.(5) Ensure temporary lodging staff are trained on the status of ROM personnel and associated interaction protocols. Close contact is prohibited. PPE is not required.

5.b.(6) Follow CDC guidance for cleaning rooms following the ROM period. Ensure the standards are the same across all facilities (unaccompanied housing, NGIS, Navy Lodge).

5.b.(7) For the safety of lodging personnel, ensure clear discrete procedures are in place to identify rooms which are occupied by ROM personnel.

5.b.(8) Ensure fire and emergency services are aware of ROM personnel locations, particularly those in isolation, and are prepared to respond to medical emergencies with appropriate PPE.

6. Entitlements. Per REF B.

7. Reporting Requirements. Per REF B.

**8. ROM FAQs.**

Question 1. When placed on Restriction of Movement (ROM), can I travel to locations within the fence line of an installation to utilize facilities such as the NEX food court or the gym?

Answer 1. No, during the duration of ROM, Service Members must remain in their rooms with the exception of brief trips to utilize designated smoking areas, walking in the immediate vicinity of the building (usually within 100 feet), and limiting close contact (within 6 feet) with others. If your facility contains an in house gym, do not use it.

Question 2. Can I accept food deliveries from various services?

Answer 2. Yes, food must be placed outside the room. Minimize close contact (within 6 feet).

Question 3. Can my family or friends visit me?

Answer 3. Yes, provided they do not enter your room. Conversations should be held with visitors staying in the passageway outside the room and Service Members in their room. Minimize close contact (within 6 feet).

Question 4. Can I do my laundry?

Answer 4. Yes, but you should coordinate with your command to utilize in house laundry facilities.

Question 5. How do I obtain personal hygiene items?

Answer 5. Utilize the point of contact provided by your command to arrange for purchase of these items.

Question 6. Will my room be cleaned daily?

Answer 6. No, your room will not be cleaned during your stay. Trash pickup is available by placing your trash can in the passageway.

Question 7. Is Personal Protective Equipment required for personnel in my vicinity?

Answer 7. No, you should limit close contact (within 6 feet) with others.

Question 8. Can I ROM in open bay barracks or in rooms with shared bathrooms?

Answer 8. No, individuals should be placed in separate lodging (when available).

Question 9. Can I use public transportation if in ROM status?

Answer 9. No, individuals on ROM should avoid crowds and public locations.

Question 10. Can I get off ROM early if I was in close contact to a person with COVID-19, and I feel like I am not sick?

Answer 10. No, the Centers for Disease Control (CDC) recommends 14 days of ROM from the last date of exposure to a COVID-19 positive person.

Question 11. What is the difference between quarantine and restriction of movement (ROM)?

Answer 11. Quarantine is a legal public health term used for civilian restrictions and ROM is a military term being used to identify military individuals who are restricted in their movement, generally to their residence.

Question 12. Are my family members at risk if I ROM at home with them?

Answer 12. ROM status is a precautionary step to prevent spread to others. Considering this, it is recommended that while at home in a ROM status, you practice social distancing. This means try to remain at least 6 feet from other persons, avoid using the same bathroom, or sleeping in the same bed.

Question 13. Can I prepare meals for my family while on ROM?

Answer 13. When in a ROM status, it is recommended you not prepare meals for your family because the virus is spread through respiratory droplets that can land on surfaces such as food. Ideally, you should have other individuals prepare food. If you are the only care giver, make sure you are washing your hands with soap and water for 20 seconds for general food safety. Make sure you cover your nose and mouth when coughing and wash your hands after using the bathroom.

Question 14. Should I be wearing a mask?

Answer 14. Masks will not protect you from inhaling the virus. The virus is very small and can make its way through and around the mask. The best way to prevent being infected or infecting others is to practice social distancing and good hygiene techniques (such as washing your hands regularly with soap and water for at least 20 seconds, avoid touching your face, avoid sick persons, etc).

Question 15. Do I need to clean my house to CDC standards?

Answer 15. It is recommended you maintain a clean living environment as you normally would. This includes frequent hand washing, washing clothing and bedding, and wiping down frequently touched

surfaces with a sanitizing wipe or any cleaning product that contains at least 10 percent bleach. The Environmental Protection Agency has a list of products that have been specifically tested as effective in sanitizing surfaces.

9. Released by Vice Admiral M. M. Jackson, Commander, Navy Installations Command.//

BT

#0001

NNNN

V/r,

CNRSW ROC

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---

**From:** (b) (6) <(b) (6)@cybercom.mil>  
**Sent:** Wednesday, May 20, 2020 9:06 AM

To: (b) (6) CAPT USN NAVY JAG WASH DC (USA) <(b) (6)@navy.mil>  
Cc: Spedero, Paul C Jr RDML USN USFFC (USA) <(b) (6)@navy.mil>; (b) (6) CIV USN COMNAVSAFECEN  
NOR VA (USA) <(b) (6)@navy.mil>; (b) (6) CAPT USN CNO (USA) <(b) (6)@navy.mil>  
Subject: RE: TR INVESTIGATION

(b) (6),

Good morning. This is to the best of my recollection as the events unfolded without the use of a calendar and specific meetings, dates and times.

During that time, when the office of the CNO was informed that the SecNav/A was calling the ship, which I found out from COS Love after his initial calls over the weekend to the TR, that COS Lobe had talked to CAPT Crozier personally and CAPT Crozier had not returned his call. The CNO made it clear to me that CAPT Crozier had leadership in his chain of command and that he wasn't going to call or believed that there was an immediate need for a call from the CNO to CAPT Crozier as they were dealing with the issues at hand of TR. CAPT Crozier had several layers of leadership before he needed a call from the CNO at this time...for example- 7<sup>th</sup> and PACFLEET leadership (Operational Chain of Command)...something to that fact from the CNO.

At no time did I contacted CAPT Crozier or the CCSG9 and told him to expect a call from the CNO. Nor did I ever reach out to PACFLEET and request a call via the CSG or 7<sup>th</sup> FLT to CAPT Crozier for a call with the CNO. After COS Love told me that he contacted the ship and expected a call back from CAPT Crozier, COS Love directed me to get in contact of TR and have CAPT Crozier return his call immediately, which apparently didn't happen. I did make calls to the Quarter Deck and CAPT Crozier's cell phone and I can't remember if I left a message or I am not sure if his phone received messages. I do remember getting a hold of either the watch floor at PACFLT or the CSG watch team directing them to get in contact with CAPT Crozier to have him return a phone call to COS Love. I do not remember when CAPT Crozier called him back.

To my knowledge, and I worked every day in the office of the CNO during COVID-19 during reduced manning, the CNO office never received a call from CAPT Crozier requesting a phone call with the CNO or from the CCSG-9 or anyone from CAPT Crozier's team requesting a call to the CNO.

Additionally, the CNO did not make any calls to personnel that had tested positive for COVID-19 from TR or the Navy at large and made it clear that he would we would only potentially make calls to personnel in hospitals and in the ICU...(meaning severe cases of COVID-19 or very sick service members) at which the Navy didn't have any at the time. Most people were positive and recovering at home...to the best of my memory right now other than civilian or contractor personnel working for the Navy.

From my seat, the CNO trusted the leadership in CAPT Crozier's Chain of Command to discuss the immediate issues of the ship with CAPT Crozier, however, the CNO was following the issues and reporting of the ship very closely. The CNO, as expected, had numerous phone calls with SecNav/A, VCNO, Navy SG, ADM Aquilino, and senior leadership wrt the TR status and health of the ship.

Standing by for questions and comments, and if you want to talk to me, my number is below.

V/R,  
(b) (6)

(b) (6)  
Deputy Director, J3 Future Operations  
NSTS (b) (6)  
Comm: (b) (6)  
NIPR: (b) (6) @cybercom.mil  
JWICS: (b) (6) @nsa.ic.gov



---

**From:** (b) (6) CAPT USN NAVY JAG WASH DC (USA) <(b) (6)@navy.mil>  
**Sent:** Tuesday, May 19, 2020 6:17 PM  
**To:** (b) (6) <(b) (6)@cybercom.mil>  
**Cc:** Spedero, Paul C Jr RDML USN USFFC (USA) <(b) (6)@navy.mil>; (b) (6) CIV USN COMNAVSAFECEN  
NOR VA (USA) <(b) (6)@navy.mil>; (b) (6) CAPT USN CNO (USA) <(b) (6)@navy.mil>  
**Subject:** TR INVESTIGATION

CAPT (b) (6),

Good afternoon.

I am a member of the VCNO-led TR investigation team. One of the things that the investigation team is trying to understand are any factors that may have contributed to CAPT Crozier's decision to send the e-mail that contained a letter which was later published. Shortly before CAPT Crozier sent the e-mail, it is the understanding of the investigation team that CAPT Crozier may have been expecting a call from the CNO – but the call did not occur for some reason.

Do you recall such a call being scheduled and, if so, do you recall the reason why it did not take place?

A response is requested by COB tomorrow, 20 May 2020. I am standing by if you have any questions or concern. Please, however, do not discuss the above question or your response with anyone other than a member of the investigation team.

V/R,  
CAPT (b) (6)

CAPT (b) (6), JAGC, USN  
Command Investigation Team Legal Advisor  
Vice Chief of Naval Operations  
O: (b) (6)  
C: (b) (6)  
Pentagon Room (b) (6)  
Washington, DC 20350-1000

**From:** (b) (6) [LT USN DCNO N3N5 \(USA\)](#)  
**To:** [BWC PTGN](#)  
**Cc:** (b) (6) [LCDR USN CNO \(USA\)](#); (b) (6) [CAPT USN VCNO \(USA\)](#)  
**Subject:** RE: Hot RFI.THEODORE ROOSEVELT RFI  
**Date:** Monday, March 30, 2020 8:12:30 AM

---

CDR (b) (6) ,

In receipt sir, thank you.

Very Respectfully,

LT (b) (6)  
Flag Aide to VADM Phil Sawyer  
Pentagon, Room (b) (6)  
Desk: (b) (6)  
Cell: (b) (6)  
NIPR: (b) (6) @navy mil  
SIPR: (b) (6) @navy.smil.mil

-----Original Message-----

From: BWC PTGN <(b) (6) @navy.mil>  
Sent: Monday, March 30, 2020 8:09 AM  
To: (b) (6) LT USN DCNO N3N5 (USA) <(b) (6) @navy.mil>  
Cc: (b) (6) LCDR USN CNO (USA) <(b) (6) @navy.mil>; (b) (6) CAPT USN VCNO (USA) <(b) (6) @navy mil>  
Subject: FW: Hot RFI.THEODORE ROOSEVELT RFI

N3N5,

Phone number for THEODORE ROOSEVELT CO provided by Seventh Fleet:

CAPT Crozier  
(b) (6)

I have not tested this number.

Very Respectfully,  
CDR (b) (6) , USN  
Battle Watch Captain  
Navy Operations Center - Pentagon (b) (6)  
(b) (6)  
E-mail: (b) (6) @navy mil

-----Original Message-----

From: C7F ABWC <(b) (6) @lcc19.navy mil>

Sent: Monday, March 30, 2020 07:47

To: BWC PTGN <(b) (6)@navy mil>

Cc: C7F BWC <(b) (6)@lcc19 navy mil>; (b) (6) CAPT USN, C7F  
(b) (6)@lcc19 navy.mil>; (b) (6) CAPT USN, C7F <(b) (6)@lcc19.navy mil>;  
CPF.CATBWC <(b) (6)@navy mil>

Subject: RE: Hot RFI.THEODORE ROOSEVELT RFI

Sir,

CO's contact info:

CAPT Crozier

(b) (6) (POTS)

Very respectfully,

LTJG (b) (6)

Asst. Battle Watch Captain

U.S. Seventh Fleet

Unclassified (b) (6)@navy mil

Classified (b) (6)@navy.smil.mil

Commercial (Underway) (b) (6)

Commercial (Homeport) (b) (6)

DSN (Underway) (b) (6)

DSN (Homeport) (b) (6)

Tandberg (b) (6)

VOSIP (b) (6)

J-Dial Extension (b) (6)

DRSN (b) (6)

-----Original Message-----

From: BWC PTGN [mailto:(b) (6)@navy mil]

Sent: Monday, March 30, 2020 8:40 PM

To: C7F ABWC <(b) (6)c@lcc19 navy.mil>

Cc: C7F BWC <(b) (6)@lcc19 navy mil>; (b) (6) CAPT USN, C7F  
<(b) (6)@lcc19 navy.mil>; (b) (6) CAPT USN, C7F <(b) (6)@lcc19.navy mil>;  
CPF.CATBWC <(b) (6)@navy mil>; C7F-CVN-COVID-CAT <(b) (6)@lcc19 navy.mil>

Subject: RE: Hot RFI.THEODORE ROOSEVELT RFI

ABWC,

We have a request from CNO's Office for a phone number for THEODORE ROOSEVELT's CO. Can you provide?

Very Respectfully,

CDR (b) (6), USN

Battle Watch Captain

Navy Operations Center - Pentagon (b) (6)

(b) (6)

E-mail: (b) (6) @navy mil

From: C7F ABWC <(b) (6) @lcc19.navy mil>

Sent: Monday, March 30, 2020 07:12

To: BWC PTGN <(b) (6) @navy mil>

Cc: C7F BWC <(b) (6) @lcc19 navy mil>; (b) (6) CAPT USN, C7F

<(b) (6) @lcc19 navy.mil>; (b) (6) CAPT USN, C7F <(b) (6) @lcc19.navy mil>;

CPF.CATBWC <(b) (6) @navy mil>; C7F-CVN-COVID-CAT <(b) (6) @lcc19 navy.mil>

Subject: RE: Hot RFI.THEODORE ROOSEVELT RFI

Sir,

Response to your RFI is attached.

Standing by for questions or concerns.

Very respectfully,

LTJG (b) (6)

Asst. Battle Watch Captain

U.S. Seventh Fleet

Unclassified (b) (6) @navy mil

Classified (b) (6) @navy.smil.mil

Commercial (Underway) (b) (6)

Commercial (Homeport) (b) (6)

DSN (Underway) (b) (6)

DSN (Homeport) (b) (6)

Tandberg (b) (6)

VOSIP (b) (6)

J-Dial Extension (b) (6)

DRSN (b) (6)

From: BWC PTGN [mailto:(b) (6)@navy.mil]

Sent: Monday, March 30, 2020 7:36 PM

To: C7F BWC <(b) (6)@lcc19.navy.mil>; C7F ABWC <(b) (6)@lcc19.navy.mil>

Subject: FW: Hot RFI.THEODORE ROOSEVELT RFI

C7F BWC,

See below RFI from VCNO regarding first two sailors to contract COVID-19. Suspense 1130Z.

Thanks.

Very respectfully,

CAPT (b) (6), USN

Battle Watch Captain

Navy Operations Center - Pentagon (b) (6)

National Military Command Center (NMCC)

(b) (6)

RED - (b) (6)

NIPR: (b) (6)@navy.mil



From: (b) (6) CAPT USN VCNO (USA) <(b) (6)@navy.mil>  
Sent: Monday, March 30, 2020 06:28  
To: (b) (6) <(b) (6)@fe.navy.mil>  
Subject: Hot RFI. THEODORE ROOSEVELT RFI

(b) (6) -

In support of a White House prep session at 0800, VCNO needs details of Liberty for the two initial TR Sailors.

If the ship was in port 5-8 Mar, do we know what actual days those Sailors were on Liberty in Vietnam?

And, as I'm thinking through this... do we know if they were struggling with symptoms for a few days prior to reporting?

Any supporting/additional info would be great.

Folks trying to assess the merits of the 14 day ROM.

If Sailors in town only on 5 Mar and no symptoms until 21 Mar, then a longer ROM could be warranted.

BWC teaching out on the same in a few.

My thanks... will try to call in a bit.

VR (b) (6)

Sent from my handheld...

From: (b) (6) CAPT USN VCNO (USA) <(b) (6)@navy.mil <[mailto:\(b\) \(6\)@navy.mil](mailto:(b) (6)@navy.mil)>  
>

Date: Sunday, Mar 29, 2020, 5:42 PM

To: Burke, Robert P ADM USN VCNO (USA) <(b) (6)@navy.mil <[mailto:\(b\) \(6\)@navy.mil](mailto:(b) (6)@navy.mil)> >

Cc: Sawyer, Phillip G VADM USN (USA) <(b) (6)@navy.mil <[mailto:\(b\) \(6\)@navy.mil](mailto:(b) (6)@navy.mil)> >, (b) (6) CAPT USN DCNO N3N5 (USA) <(b) (6)@navy.mil <[mailto:\(b\) \(6\)@navy.mil](mailto:(b) (6)@navy.mil)> >

Subject: THEODORE ROOSEVELT RFI

Vice Chief – Below provided by BWC. Standing by if you need anything else.

VR (b) (6)

From: BWC PTGN <(b) (6)@navy.mil>

17 Jan – departed San Diego on deployment

5-8 March – Port visit Da Nang Vietnam

21 March – first two Sailors show symptoms

23 March - first two Sailors' tests return positive

Very Respectfully,

CDR (b) (6), USN

Battle Watch Captain

Navy Operations Center - Pentagon (b) (6)

(b) (6)

E-mail: (b) (6)@navy.mil

**From:** (b) (6) .CAPT USN CNO (USA)  
**To:** BWC PTGN  
**Subject:** RE: TR  
**Date:** Sunday, March 29, 2020 8:37:14 PM

---

Thanks (b) (6) ...V/R (b) (6)

Sent with BlackBerry Work  
(www.blackberry.com)

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**From:** BWC PTGN <(b) (6) @navy.mil>  
**Date:** Sunday, Mar 29, 2020, 8:32 PM  
**To:** (b) (6) CAPT USN CNO (USA) <(b) (6) @navy.mil>  
**Subject:** RE: TR

(b) (6),

Just in case the number you have did not work:

THEODORE ROOSEVELT CO: (b) (6)

CSG-9 BWC Number (Backup): (b) (6)

Very respectfully,

CAPT (b) (6), USN  
Battle Watch Captain  
Navy Operations Center - Pentagon (b) (6)  
National Military Command Center (NMCC)  
(b) (6)  
RED - (b) (6)  
NIPR: (b) (6) @navy.mil

---

**From:** (b) (6) CAPT USN CNO (USA) <(b) (6) @navy.mil>  
**Sent:** Sunday, March 29, 2020 20:14  
**To:** BWC PTGN <(b) (6) @navy.mil>  
**Subject:** RE: TR

We are good. COS has it.

Sent with BlackBerry Work  
(www.blackberry.com)

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**From:** BWC PTGN <(b) (6)@navy.mil>  
**Date:** Sunday, Mar 29, 2020, 7:53 PM  
**To:** (b) (6) CAPT USN CNO (USA) <(b) (6)@navy.mil>  
**Subject:** RE: TR

(b) (6),

Working it, waiting on a return call from PACFLT.

V/r,

CAPT (b) (6), USN  
Battl  
Navy Operations Center – Pentagon (b) (6)  
(b) (6)  
(b) (6)  
1

---

**From:** (b) (6) CAPT USN CNO (USA) <(b) (6)@navy.mil>  
**Sent:** Sunday, March 29, 2020 19:34  
**To:** BWC PTGN <(b) (6)@navy.mil>  
**Subject:** FW: TR

BWC,  
Please provide the number to the CNO of TR for the SN/A's office. His import cell might work too.

Thanks and V/R,  
(b) (6)

Sent with BlackBerry Work  
(www.blackberry.com)

---

**From:** Love, Robert E SES (USA) (b) (6)@navy.mil>  
**Date:** Sunday, Mar 29, 2020, 3:52 PM  
**To:** (b) (6) CAPT USN CNO (USA) <(b) (6)@navy.mil>  
**Subject:** TR

Do you have a phone number for the CO?

Sent with BlackBerry Work  
(www.blackberry.com)

31 MARCH 2020

We are the physicians and medical professionals of USS THEODORE ROOSEVELT (CVN-71). Our immediate and primary concern is the safety and well-being of our patients, the Sailors under our care. Our ship detected Novel Coronavirus on board approximately seven days ago; three days ago we docked at Naval Base Guam. We are at war with COVID-19 and we are losing. This letter is to make you aware of our situation and to ask for your help.

This is our current situation: the virus is spreading exponentially on the ship. We have over 75 positive cases and rising. We are attempting to transfer infected Sailors off the ship. We are attempting to isolate the close contacts of infected Sailors, but at this point every single individual on the ship is a close contact. We continue to eat in groups. We continue to sleep in open bays. We continue to use group bathrooms accommodating dozens of individuals. We continue to work in confined spaces. We continue to expose ourselves to the virus on a daily basis. The construction of the ship makes it impossible for us to practice social distancing. These concerns have been expressed to all levels of the chain of command, but we have yet to see any demonstrable action taken to get our patients to safety that is in accordance with CDC guidelines and NAVADMIN 083/20.

There is a high probability that USS THEODORE ROOSEVELT will experience fatalities as a result of COVID-19 and we expect them to be within 10 days of penning this letter. While we have received the support of U.S. Naval Hospital Guam, we expect to quickly overwhelm their limited resources. We expect to experience the well published case fatality rate of 0.5-1% for our age demographic if drastic action is not immediately taken. If this case fatality rate remains constant we stand the potential to have 50 or more fatal cases. We will not stand by while our fellow sailors continue to be exposed to this fatal virus.

The only solution to save the lives of our Sailors is to immediately get everyone off the ship into appropriate isolation or quarantine. There is no other option. The time has come for aggressive measures to be taken and we are asking for your help to save the lives of our patients.

As medical providers we have a moral responsibility to our patients. We will continue to fight this losing battle, but we are asking for your immediate support to help us win this war. Time is of the essence.

Our intent is to submit this letter to the public to demonstrate our concerns for the safety of our patients and your sailors.

Very Respectfully,

(b) (6)

LCDR MC USN

Surgeon

USS THEODORE ROOSEVELT (CVN 71)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

MD

CAPT MC USN

Senior Medical Officer

USS THEODORE ROOSEVELT (CVN 71)

(b) (6)

(b) (6)

MD

LCDR MC USN

Family Physician

USS THEODORE ROOSEVELT (CVN 71)

(b) (6)

PT, DPT

(b) (6)

LT MSC USN

Physical Therapist

USS THEODORE ROOSEVELT (CVN 71)

(b) (6)

(b) (6)

(b) (6)

MD

(b) (6)

LT MC USN

Flight Surgeon

CVW-11



## **Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Nurse**

On 9 May 2020 I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: LT (b) (6) \_\_\_\_\_ Position: Nurse

Command: USS THEODORE ROOSEVELT Department/Division: Medical

Email: (b) (6) @cvn71.navy.mil (b) (6) \_\_\_\_\_ Phone(s): (b) (6) \_\_\_\_\_

The following statement is in response to questions I received via telephone interview on 9 May, 2020.

There were many precautionary measures we took on the ship to decrease the spread of viruses. We started the following additional measures the week after the first Guam port call, 5-10 February, due to increase in GI illness:

Signs placed around the ship on handwashing and using hand sanitizer, video played on site TV on how to prevent the spread of viruses, and information published in the Rough Rider. We also stationed personnel at the head of each galley line to ensure all personnel were using hand sanitizer.

Bleach-a-Palooza was started twice a week, Monday and Wednesday, on 17 February, 2020  
Bleach-a-Palooza was changed to once a day on 10 March, 2020  
Bleach-a-Palooza was changed to twice a day on 30 March, 2020  
Bleach-a-Palooza was changed to three times a day on 1 May, 2020

Handwashing video was produced and played in the month of February 2020.

Current FAQ's on Coronavirus and prevention was included in the Pre-Vietnam port call video for the crew.

Information on disease prevention and/or COVID published in the Rough Rider on the following dates:  
16 February 2020  
15 and 29 March 2020  
5, 19, and 26 April, 2020  
6 and 10 May 2020

We had implemented strict screening of all incoming COD passengers starting 15 February, 2020. All personnel had daily symptom checks and if they reported symptoms they reported to Medical for temperature check and evaluation. Prior to pulling in to Da Nang, we were aware of what was going on overseas with the coronavirus and planned accordingly. We planned as if we would have positive cases and would conduct daily symptom screening on all personnel. Those that reported symptoms would report to medical for a temperature check and additional evaluation. The process of daily symptom screening of the entire crew started at the end of the port call. It was hard to believe the low

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Nurse

numbers being published from Vietnam prior to our port visit, as all of the countries surrounding Vietnam were having increased numbers. What was being reported was they had 16 previous cases and they had all recovered. During my time off the ship on liberty, many of the stores were closed with signs on them. I have a picture from 6 March, 2020 of a sign posted on a store that read "CLOSED (Temporarily) from March 1<sup>st</sup> 2020. Due to spread of Covid-19 infection. Stay healthy Thank you." This was the same with many other establishments. I was not on board the ship when there were reports that two British people had tested positive in the same hotel some of our sailors were staying in. All Sailors that had been staying in the hotel were brought back to the pier and quarantined until testing had been performed. After they all tested negative they were placed in quarantine berthing on board and received twice daily symptom and temperature checks.

We set up a tracking system after departing Da Nang that included a department muster form, where all sailors were asked the screening questions for symptoms. All Sailors that reported symptoms were sent to medical for further evaluation. The guidance at the time was a fever, plus ILI symptoms. Those individuals without a fever were evaluated and treated with medication to treat the symptoms.

We started receiving guidance from 7<sup>th</sup> Fleet on 30 January, 2020 on requirements for screening. There were many updates and changes to screening and requirements as the virus evolved. Starting mid-February, it seemed as if we were getting updates and changes several times a week, if not more.

After we left Vietnam, we set up a specific room that we would run ILI clinic out of so that we would have a separation from the rest of the Medical department. When we identified our first cases an additional area was quarantined off to make a COVID positive isolation and holding area. After the first case was identified the workload in Medical quadrupled and we were working about 18 hours a day to test and disposition the sailors. We were doing what we could to contain the virus, but we couldn't follow the guidance given due to the ship environment. We had to do the best we could with what we had. Due to the large number of positive cases and the large berthing's on the ship, we could not truly isolate anyone by themselves.

Medical was inundated with trying to test, treat, isolate, feed, and find berthing for positive sailors and their close contacts. The command set up an Emergency Command Center a few days in, to assist with managing the needs of the personnel. As far as the planning for the ship's arrival in Guam, I was not involved in the decision making, other than for the Medical department. Medical was recommending that all sailors would need to be placed in isolation or quarantine to stop the spread of the virus. Per guidance, as well as what we saw on the news, positive cases needed to be isolated immediately and close contacts quarantined separately.. We needed single berthing to stop the spread. My expectations on the arrival to Guam, was to have CDC compliant isolation and quarantine. We knew that Guam didn't want us off base because it was on the news and it filtered throughout the ship. When we first arrived in Guam, the current positive cases were moved to NGIS and after that filled up personnel were moved to houses with four to five people in them. The close contacts were moved into gyms or schools that did not have cots six feet apart. There was talk of barracks in Okinawa, but that fell through and we learned the information on the amount of barracks available was not correct. We had major concerns and fears of hospitalizations and mortalities, after hearing in the news of all the people who were dying and needed ventilators.

It seemed as if the leadership on the ship understood the severity of the situation and was on the same page, but I did not feel that we were being supported by 7<sup>th</sup> Fleet or PACFLT to help our sailors. After CAPT Corzier's letter was released to the public things started moving fast and we started getting what we needed to try and stop the spread and protect the sailors. I do not think this would

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Nurse

have been the case if the letter was not released. Within a few days we were getting people in to hotels and properly quarantined. Two days before we were moved to the hotels we had 1400-1500 close contacts.

From what I heard around the ship there were many COA's discussed about the best and safest plan of where to pull into port after we had our first case. I do believe that San Diego may have been one of them (strictly hearsay), but there were concerns about being out of MEDEVAC range for several days. I believe that going to our home port would have been easier and the better option as we would have had more to support our needs and not have to worry about the Guam government

SMO is the best boss I've ever had. He motivates people to do their best and is a very effective leader. He's transparent both with what's going on within medical, and with the ship as a whole. He's very supportive of the medical department and made sure we were taken care of.

CAPT Crozier was a great CO and he made it a point to get to know his crew. He cared about his crew and would do anything to protect them. About a month after he had arrived on board I overheard a few sailor's talking in the p-way and one of them said "I have been on this ship for four years, and the morale on the ship now is the best it has ever been".

As far as the letter that some personnel from the Medical department wrote, I agree with the goal of the letter and the need to get people off of the ship to stop the spread. I was also concerned about the health of our sailor's and that one or more would die if we did not do our best to get everyone in isolation and quarantine. I did not sign the letter as I felt that it would affect my career in the Navy. Even though we are always told to bring issues or concerns to the chain of command, I know that there is a good possibility you will still be penalized.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6) [Redacted Signature]

(Witness' Signature)

(Date)

Time



**Witness Statement of USS THEODORE ROOSEVELT (CVN 71)  
Ship Surgeon**

On 9 May 2020 I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: LCDR (b) (6) \_\_\_\_\_ Position: Ship Surgeon  
Command: USS THEODORE ROOSEVELT Department/Division: Medical  
Email Address: (b) (6) @cvn71.navy.mil Phone(s): (b) (6) \_\_\_\_\_

Prior to pulling into Da Nang, the Medical Department had developed and implemented a plan to screen all personnel going ashore or coming onboard the ship. We had measures in place including but not limited to: temperature screenings, "bleachapalooza", CCTV messages regarding proper hand hygiene, as well as announcements over the 1MC. As soon as the British nationals tested positive in Da Nang, Sailors who were identified as close contacts were immediately quarantined. As far as screening guidance, we followed guidelines published by the CDC. I was not made aware of any specific guidance passed down from the Navy. During our transit to Guam, there was no specific change in our battle rhythm. We continued to conduct ship-wide departmental screenings for possible COVID symptoms. Follow-up screenings were completed by the Medical Department.

Once we had our first positive case onboard, the Medical Department shifted all our efforts towards the management, mitigation and control of COVID-19. We accepted jobs outside our typical training and/or job responsibilities; these included but were not limited to: nasopharyngeal swabbing, complex data configuration and infectious disease containment. I personally screened individuals coming into Medical. As the virus continued to spread throughout the ship, it became apparent that it could not be effectively contained due to the nature of the living and working conditions on the ship. The data were constantly changing; recommendations regarding treatments, isolation duration, viral properties and even infectious presentation were fluid throughout this process. The variability of the data and contagious nature and clinical course of the virus during this time left the TR in a vulnerable situation, as we found it to be impossible to meet the guidance produced by the governing bodies while on TR.

Once we arrived in Guam, we continued our attempt to follow CDC guidance regarding quarantine and isolation despite the challenges inherent to the ship board environment. I was not made aware of any structured plan to get Sailors off the ship and into appropriate isolation or quarantine spaces upon our arrival to Guam. Given the limited capabilities of Naval Hospital Guam and the size of our crew, I considered the strong possibility that, unless the virus is immediately contained, we might overwhelm the facilities on Guam. As the



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Ship Surgeon

ship's surgeon and the only person onboard with sufficient critical care experience, I would have specifically benefitted from direct guidance from Navy leadership regarding the management and mitigation of personnel on an aircraft carrier infected with COVID-19. This guidance would have addressed the unique characteristics of an aircraft carrier; however, I was not made aware of any such guidance. The Medical Department made collective decisions utilizing all available resources, including, but not limited to, the Navy Marine Corps Public Health Office, the CDC and published peer-reviewed literature.

I cannot speak to any plan to return the ship to San Diego. I recall a Line plan directed at the immediate quarantining of Sailors off the ship, who were deemed critical to the function of the ship and were presumed to be COVID-19 free. These individuals were moved onto Naval Base Guam, some eventually contracted COVID-19. As for the movement of COVID-19 positive Sailors, I was aware of Sailors going to the Navy Gateway Inns and Suites, though I was not made aware of the specifics and the transportation plan. Had there been timely and appropriate guidance from leadership outside the TR, emphasizing appropriate isolation and quarantine of all Sailors, I believe the TR could have improved its overall response.

SMO is an excellent leader. He was an open and an effective communicator. I personally had no communication with leadership outside of the TR, including but not limited to 7<sup>th</sup> Fleet or PACFLEET. I understand that SMO communicated with the COC outside the TR regarding our inability to adhere to Navy and CDC guidance for the management and mitigation of COVID-19.

The impetus for drafting the letter of concern, signed by members of the Medical Department, was the health and safety of the Sailors. The signatories understood that, based on the currently available, peer-reviewed medical data, some individuals would develop severe symptoms on or about 10 days following the onset of symptoms. Upon signing the letter, the TR was seven days past the first symptoms reported by one COVID + Sailor; there was no tangible plan in place to get the significant majority of Sailors off the ship and into the appropriate quarantine or isolation spaces at that time. Even with the understanding that there were no severe cases onboard at that time, we were concerned that if a plan did not rapidly materialize, the TR crew stood the chance to suffer increased morbidity and mortality. Our intent was to submit this letter to our chain of command to generate the needed aggressive action to protect the health and safety of our Sailors. The signatories met with CAPT Crozier and physically handed him the letter. CAPT Crozier stated he had a meeting with SECNAV the following day and would express our concerns to him. CAPT Crozier recommended we not submit our letter to the public domain.

As a medical professional, I would have recommended we return to our homeport (San Diego), which has more medical capabilities and available infrastructure to support the crew of the TR. I was never made aware of any plan that included our return to homeport.



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Ship Surgeon

(b) (6)

ment above accurately reflects my recollection of the

(b) (6)

18MAR2020

1345

(Date)

Time

(b) (6)

**From:** (b) (6) [CAPT USN, USS Theodore Roosevelt](#)  
**To:** (b) (6) [CAPT USN VCNO \(USA\)](#)  
**Subject:** RE: TR request for assistance  
**Date:** Friday, April 3, 2020 9:53:37 PM

---

Response from CNAF.

-----Original Message-----

**From:** Miller, DeWolfe H VADM USN COMNAVAIRPAC SAN CA (USA)  
[\[mailto:\(b\) \(6\)@navy.mil\]](mailto:(b) (6)@navy.mil)  
**Sent:** Monday, March 30, 2020 2:44 PM  
**To:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt; Aquilino, John C ADM USN COMPACFLT PEARL HI (USA); Baker, Stuart P RDML USN, CCSG-9; (b) (6)@lcc19.navy.mil; Menoni, John RDML Commander, Joint Region Marianas  
**Cc:** (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN COMPACFLT PEARL HI (USA); (b) (6) CAPT USN COMNAVAIRPAC (USA); Conn, Scott D VADM USN (USA)  
**Subject:** RE: TR request for assistance

Chopper - thank you for the red flare. I've added C7F and COMNAVMARIANAS to this reply as we'll escalate work on behalf of your team immediately.  
MTF - Bullet

-----Original Message-----

**From:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
<(b) (6)@cvn71.navy.mil>  
**Sent:** Sunday, March 29, 2020 8:48 PM  
**To:** Aquilino, John C ADM USN COMPACFLT PEARL HI (USA) (b) (6)@navy.mil>; Miller, DeWolfe H VADM USN COMNAVAIRPAC SAN CA (USA) <(b) (6)@navy.mil>; Baker, Stuart P RDML USN, CCSG-9 <(b) (6)@ccsg9.navy.mil>  
**Cc:** (b) (6) CAPT USN, CVW-11 CAG <(b) (6)@cvw11.navy.mil>; (b) (6) CAPT USN CVN-71 (USA) <(b) (6)@cvn71.navy.mil>; (b) (6) CAPT USN, CVW-11 DCAG <(b) (6)@cvw11.navy.mil>; (b) (6) CAPT USN COMDESRON 23 (USA) <(b) (6)@cvn71.navy.mil>; (b) (6) CAPT USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) CAPT USN COMPACFLT PEARL HI (USA) <(b) (6)@navy.mil>; (b) (6) CAPT USN COMNAVAIRPAC (USA) <(b) (6)@navy.mil>  
**Subject:** TR request for assistance

Fellow Naval Aviators,

It is with the utmost respect that I write to you requesting assistance. I consider all of you incredible leaders and I'd gladly follow you into battle whenever needed.

While I know there are many folks working hard to assist the TR as we attempt to contain the spread of COVID-19 onboard, all efforts to date have been inadequate and are unnecessarily putting Sailors lives at risk. I am no longer confident that normal staffing processes will work, and I believe

we need decisive action now.

Make no mistake about it, if required we could get everyone back onboard, set sail, and be ready to fight and beat any adversary that dares challenge the US or our allies. The virus would certainly have an impact, but in combat we are willing to take certain risks that are not acceptable in peacetime. I told the SECNAV's office the same, and will repeat to the CNO if he calls today.

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The current situation is not ideal, and will only get better once we can isolate the crew off ship in true isolation rooms with separate bathroom facilities. A CVN does not provide the necessary space to allow for ROM separation IAW NAVADMIN 083 or CDC guidance with the majority of the crew embarked. The Diamond Princess Cruise Ship example demonstrates that the only way they were able to stop the spread was to remove everyone off the ship. Considering that they already had some ability to quarantine onboard with individual guest rooms, we should be extremely concerned with the virus spread on a CVN.

I need approximately 500 Sailors to remain onboard to continue to operate a Rx plant, man normal watches to support minimal operations (C2, IET, etc..), and maintain aircraft readiness. Naval Base Guam is doing the best they can, but they do not have adequate facilities and we can't wait much longer for off island lodging to become available as our cases continue to increase. While I understand that there are political concerns with requesting the use of hotels on Guam to truly isolate the remaining 4,500 Sailors for 14+ days, the hotels are empty, and I believe it is the only way to quickly combat this problem. Keeping Sailors local also allows me to maintain the warfighting capability needed should the balloon go up. The alternatives are to let this ride out, hope for the best, and pray we don't lose Sailors to this invisible enemy. Naval Aviation is better than that, and we owe it to the thousands of Sailors onboard, and those outside watching, to take decisive action now.

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Vr,  
Chopper

CAPT Brett E. Crozier  
Commanding Officer

USS THEODORE ROOSEVELT (CVN 71)

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**To:** (b) (6) CAPT USN VCNO (USA)  
**Subject:** RE: TR request for assistance  
**Date:** Friday, April 3, 2020 9:55:46 PM

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Response from CPF.

-----Original Message-----

**From:** Aquilino, John C ADM USN COMPACFLT PEARL HI (USA) [mailto:(b) (6)@navy.mil]  
**Sent:** Monday, March 30, 2020 3:38 PM  
**To:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt; Miller, DeWolfe H VADM USN COMNAVAIRPAC SAN CA (USA); Baker, Stuart P RDML USN, CCSG-9  
**Cc:** (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN COMPACFLT PEARL HI (USA); (b) (6) CAPT USN COMNAVAIRPAC (USA)  
**Subject:** RE: TR request for assistance

Studs - you and Chopper call me ASAP

V/R  
Lung

ADM Chris "Lung" Aquilino  
Commander, US Pacific Fleet

**From:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>  
**Date:** Sunday, Mar 29, 2020, 5:48 PM  
**To:** Aquilino, John C ADM USN COMPACFLT PEARL HI (USA) <(b) (6)@navy.mil>, Miller, DeWolfe H VADM USN COMNAVAIRPAC SAN CA (USA) <(b) (6)@navy.mil>, Baker, Stuart P RDML USN, CCSG-9 <(b) (6)@ccsg9.navy.mil>  
**Cc:** (b) (6) CAPT USN, CVW-11 CAG <(b) (6)@cvw11.navy.mil>, (b) (6) CAPT USN CVN-71 (USA) <(b) (6)@cvn71.navy.mil>, (b) (6) CAPT USN, CVW-11 DCAG <(b) (6)@cvw11.navy.mil>, (b) (6) CAPT USN COMDESRON 23 (USA) <(b) (6)@cvn71.navy.mil>, (b) (6) CAPT USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>, (b) (6) CAPT USN COMPACFLT PEARL HI (USA) <(b) (6)@navy.mil>, (b) (6) CAPT USN COMNAVAIRPAC (USA) <(b) (6)@navy.mil>  
**Subject:** TR request for assistance

Fellow Naval Aviators,

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Vr,

Chopper

CAPT Brett E. Crozier

Commanding Officer

USS THEODORE ROOSEVELT (CVN 71)

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**To:** (b) (6) CAPT USN VCNO (USA)  
**Subject:** FW: TR request for assistance  
**Date:** Friday, April 3, 2020 9:54:17 PM

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Response from COMNAVMAR.

-----Original Message-----

**From:** (b) (6) @fe.navy.mil [mailto:(b) (6) @fe.navy.mil]  
**Sent:** Monday, March 30, 2020 3:08 PM  
**To:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
**Cc:** (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) @navy.mil; (b) (6) @navy.mil; Baker, Stuart P RDML USN, CCSG-9; (b) (6) @lcc19.navy.mil  
**Subject:** RE: TR request for assistance

Chopper,

JRM, NBG and AAFB are ready to continue to support/house what we can within our fence lines as well as transport Sailors to AAFB FFT off island should that be the COA selected.

I am also working the local solution to lodging outside the fence line but I am treading lightly as that solution will be in direct opposition to the stated Navy position not to place the burden on Guam's resources to solve our issue.

Please continue to let us know real time what you need and we will get after it.

Very respectfully,

John

-----Original Message-----

**From:** Miller, DeWolfe H VADM USN COMNAVAIRPAC SAN CA (USA) [mailto:(b) (6) @navy.mil]  
**Sent:** Monday, March 30, 2020 2:44 PM  
**To:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>; Aquilino, John C ADM USN COMPACFLT PEARL HI (USA) <(b) (6) @navy.mil>; Baker, Stuart P RDML USN, CCSG-9 <(b) (6) @ccsg9.navy.mil>; (b) (6) @lcc19.navy.mil; Menoni, John V RDML USN JRM <(b) (6) @fe.navy.mil>  
**Cc:** (b) (6) CAPT USN, CVW-11 CAG <(b) (6) @cvw11.navy.mil>; (b) (6) CAPT USN CVN-71 (USA) <(b) (6) @cvn71.navy.mil>; (b) (6) CAPT USN, CVW-11 DCAG <(b) (6) @cvw11.navy.mil>; (b) (6) CAPT USN COMDESRON 23 (USA) <(b) (6) @cvn71.navy.mil>; (b) (6) CAPT USN, USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6) CAPT USN COMPACFLT PEARL HI (USA) <(b) (6) @navy.mil>; (b) (6) CAPT USN COMNAVAIRPAC (USA) <(b) (6) @navy.mil>; Conn, Scott D VADM USN (USA) <(b) (6) @navy.mil>  
**Subject:** RE: TR request for assistance

Chopper - thank you for the red flare. I've added C7F and COMNAVMARIANAS to this reply as we'll escalate work on behalf of your team immediately.  
MTF - Bullet

-----Original Message-----

From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
<(b) (6)@cvn71.navy.mil>  
Sent: Sunday, March 29, 2020 8:48 PM  
To: Aquilino, John C ADM USN COMPACFLT PEARL HI (USA)  
<(b) (6)@navy.mil>; Miller, DeWolfe H VADM USN COMNAVAIRPAC SAN CA  
(USA) <(b) (6)@navy.mil>; Baker, Stuart P RDML USN, CCSG-9  
<(b) (6)@ccsg9.navy.mil>  
Cc: (b) (6) CAPT USN, CVW-11 CAG  
<(b) (6)@cvw11.navy.mil>; (b) (6) CAPT USN  
CVN-71 (USA) <(b) (6)@cvn71.navy.mil>; (b) (6) CAPT USN,  
CVW-11 DCAG <(b) (6)@cvw11.navy.mil>; (b) (6) CAPT USN  
COMDESRON 23 (USA) <(b) (6)@cvn71.navy.mil>; (b) (6) CAPT USN,  
USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) CAPT  
USN COMPACFLT PEARL HI (USA) <(b) (6)@navy.mil>; (b) (6)  
CAPT USN COMNAVAIRPAC (USA) <(b) (6)@navy.mil>  
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Chopper

CAPT Brett E. Crozier  
Commanding Officer  
USS THEODORE ROOSEVELT (CVN 71)

**Witness Statement of USS THEODORE ROOSEVELT (CVN 71)  
Operations Officer**

On 11 May 2020 I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CDR (b) (6) \_\_\_\_\_ Position: Operations Officer  
Command: USS THEODORE ROOSEVELT Department/Division: Operations  
Email Address: (b) (6) @cvn71.navy.mil Phone(s): \_\_\_\_\_

Leading up to the Da Nang port visit, we were following the COVID story. It was national and international news so hard to miss. We were following closely mostly because of what we were observing with the Diamond Princess in the AOR. They wanted to pull into Japan and then they were turned away. During our port call in Guam, we heard that Diamond Princess requested to head south to Guam after being turned away in Japan. As I understand it, Guam said "no," but know they didn't go there. We watched the COVID outbreaks around the globe. It was big news when it exploded in places like South Korea. We knew full well that certain places were rising, like Singapore and Thailand where we hoped to have future port calls. We were following the COVID threat levels and severity of the country levels (significant, severe, moderate, mild, and low). Vietnam remained categorized as low risk throughout.

There were many discussions on the ship among the JOs, sailors, and leaders; frank discussions about Vietnam and COVID. At the time it was considered low risk. I think they had 14 positive cases at the time, concentrated up north near Hanoi. I looked this up at some point after the outbreak but distance between Da Nang and Hanoi is similar to San Diego and San Jose. Not really close. It was a low threat environment. I will tell you on board the ship, in particular with SMO, the message was "we need to prepare for this." I believe that nobody knows where it came from for sure. I don't think it came from Vietnam. Look at Bunker Hill. They were pier side, hosted numerous tours in Da Nang, and still no cases. I think we brought it with us from California (when we deployed). Prior to the Da Nang visit, we sent medical representatives to screen distinguished visitors before their COD flight.

Regarding mitigation measures, I recall a brief that SMO and his team released leading up to the Vietnam port call for procedures / actions to take before, during and after the port call. Essentially a medical specific port call brief including COVID mitigations in case of an outbreak. CAPT Crozier sent it to COS, who posted on the strike group CAS [collaboration at



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Operations Officer

sea] page. The push from staff leadership was to do more than Vinson did two years ago, in terms of professional exchanges, DVs hosted, attendance at the Big Top, etc. We got pressure from the embassy / country team as well. We sent medical personnel early to screen the Vietnamese DVs. They used the standard Fleet Forces COVID questionnaire that primarily asked about symptoms and travel. I don't recall if any DVs were turned away or not. I will tell you our plan for tours was to keep the Vietnamese DVs on the ship for as short a time as possible. We planned to show them a few specific spaces: hangar bay, aircraft elevator (ACE) ride to the flight deck, a tour of the flight deck, ACE ride back to the hangar bay, and depart. We had them scheduled to be on ship for maybe an hour max before they left. We really limited their access. We only one tour we gave in Vietnam based on sea state and the liberty boats.

Regarding the Brits who tested positive in the hotel, the 39 sailors (from TR, Bunker Hill, and CVW-11) were in quarantine onboard TR for the full 2-week period in their own separate berthing space. CAPT Crozier ensured they had at least one TV, workout equipment, a phone line to call families, and encouraged all embarked to stay in touch with them throughout the quarantine period. They all completed the quarantine with negative test results. I recall CAPT Crozier getting on the 1MC and talking about it frequently. He sent letters to the families, about one a week, certainly one the first week. I remember him talking to PAO about posting something on Facebook. I'm not certain that actually happened but I think it did. We talked a lot about being clean. Even before the port call we were already doing cleaning with bleach [we call it bleach-a-palooza]. During that 14-day quarantine for those sailors, we increased it to twice a day. SMO pushed it and we were tracking it pretty closely (attendance), making sure folks were getting the bleach solution and doing thorough cleaning.

The message was pushed out in our Plan of the Week, and another document sent out to all hands, like a COVID information sheet. What I remember more than anything else was CAPT Crozier getting on the 1MC. That was a primary method of communicating with the crew and he was probably on the 1MC at least twice a week. Updating the crew on the folks being cared for who are in quarantine, encouraging the crew to check on them to make sure their spirits are high.

I don't recall discussions about screening stores or packages coming off CODs at that time. I don't recall that being done at the time, I doubt it. I don't remember that being a thing. I don't recall any guidance about protecting personnel from possible transmission from packages / supplies. I did not have any lessons learned discussions with other OPSOs at that time; there weren't any. Since then, I've shared emails with OPSO on Reagan—he's a friend of mine—we've exchanged SOPs and mitigation strategies. I think I started that either just prior to or right after we arrived in Guam.

Between Da Nang and Guam, I do not recall incorporating any social distancing measures but we had some discussions. When we left Da Nang, we had no reason to start social distancing. We were leaving a low threat country, nobody had symptoms, and we put sailors in quarantine who



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Operations Officer

stepped foot inside the same hotel as the British tourists. We weren't even sure they had any contact let alone prolonged contact. We had those folks in quarantine until the 23<sup>rd</sup>. Up until then, we were feeling pretty good. It was a low-threat country, Bunker Hill had no issues. It was not until the 24<sup>th</sup> of March that the first two popped. We had a lot planned on the 24<sup>th</sup>; we had a RAS (replenishment at sea) and were supposed to continue with an exercise with an ARG. But we terminated that, turned south towards Guam, and started coordinating with Naval Base Guam for our arrival.

In terms of social distancing, that may have been a thing in the states in the last part of March. We did not close the barbershops, we talked about closing the gyms. My recommendation to the XO was to not close the gyms, specifically. My thought process was—and I wasn't alone in this—was the gym is one of a handful of places that people go: berthing, work center, mess decks, lounge, and the gym. If you close the gym with a fully manned carrier, you are going to push the same amount of people into fewer spaces and increase the congestion which gives you less social distancing. For PPE, by the time we pulled into Guam, we had some masks to pass out for COVID positive Sailors and close contacts, but we were not equipped with enough in case of a global pandemic and a world-wide shortage of N95 masks. So we limited distribution because if we pass them out to everyone, the expectation would be for that to continue and provide more when they got dirty, but we didn't have enough to do that. We ordered tens of thousands more later. The plan was to get this ship somewhere and get people off the ship as soon as possible.

By the 26<sup>th</sup>, before we pulled in to Guam, the first COA we tackled was, "How long would it take to get back home as soon as possible while minimizing time outside of MEDEVAC range?" We needed to determine the minimal manning to get the ship back home because that would create a priority for personnel to disembark first. From CSG-9 N3, this COA was presented to Admiral Baker and/or COS and he/they said, "No we're not going to do that." I understand that mindset. Returning home so fast would signal defeat and we are not built that way. So we took action on that COA. Once we got to Guam, we determined 840 was the right (minimal) number to get the ship underway and sail to San Diego, but as we planned to move them off the ship first to ensure a COVID-free would be available in case we had to execute that plan, things became convoluted with each subsequent, competing COA. It was super frustrating because they kept asking for a number of Sailors required to complete a task (limited / full flight ops) or what we could accomplish with a certain amount of Sailors. Initially there was little to no regard for qualifications and the fact that we can't identify who will or will not contract the virus. You can't just have any 840 people and you're done. It needs to be right people.

After we came up with the first COA, the next COA became "get underway from Guam in 2-3 weeks with a certain amount of sailors (more than 840), launch the air wing to Andersen AFB to regain currency, and immediately return to NB Guam. Then go back out to sea 2-3 weeks later with more Sailors to continue with deployment." Then it was the 5,000 rooms in Okinawa COA.



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Operations Officer

Followed by the discussion of flying most of the crew to Fallon, Hawaii or San Diego. Finally it a larger scale CONOPS brief that included four COAs. This was all within the first 2-3 days of being pier side in Guam. From my perspective there was more focus on the next phase deployment rather than developing a plan to ensure the health of the crew. It felt like all we got was push back, a number of arguments between CAG and COS. CAG was voicing that we need people off to be in compliance with the NAVADMINs and CDC guidance, and COS was pushing back that you're not going to get commercial hotels or a Hilton downtown. That was not our intention, but we wanted to isolate / quarantine personnel with their own bathrooms in accordance with the CDC guidance.

Another COA was flying all 5,000 people to Okinawa. We scrambled to identify and prioritize Sailors (separate from the 840) to travel as soon as the next day because we were told we had "4-star support" in redirecting aircraft to Guam for us. A couple days later it was, "Ok just kidding, it's 500 rooms." We did not plan for this, but there were serious conversations about getting underway to sail to Okinawa and transport people to shore via helicopter while at anchor; which is beyond ridiculous. That would take a month and half. Admiral Baker discussed Hawaii and Fallon as options; the COAs didn't stop coming. Another one was getting the "sick" half off the ship and the other half get underway. But it's not just numbers, you need people with certain skills, qualifications, etc. to get underway. Not just a "healthy" half of the crew. I just kept coming back to, "there are rooms on Guam, both on and off base, that are compliant with the CDC and Navy guidelines. Why can't we explore that option?" It was frustrating. You go to these meetings every day and we'd have to plan for another COA that we knew full well wasn't going to be executed. They just didn't make sense.

Because of the shutdown and the economic impact to the pandemic, we knew there were lots of rooms available on the island. It wasn't hard to find on the internet. We knew that Andersen AFB wasn't an option because the USAF wouldn't let us land an airplane there. No way they would let us stay on base for weeks at a time.

So the first email from CAPT (b) (6) I saw was on March 26th, "Welcome aboard, we're here to help." He sent that to CAPT Crozier about the capacity on base and initial support. He relayed that the base was not ready, but they bent over backwards to help us. I will say this, it is super challenging. We were supposed to pull in a week later, so they (Guam) weren't ready for this. We weren't ready. Nobody plans for this. This isn't part of the training cycle.

At the bottom of that email to CAPT Crozier, CAPT (b) (6) stated they had about 700 beds, but capacity to only feed 350 people per day, which he estimated would improve over the next few days. We got pressure after that for the next week or so because the capacity pushed up the chain from the base / region (grew to over 1,000 "rooms") was not close to the amount of Sailors we pushed off the ship. Our feedback was, "Yeah but it's not 'rooms,' it's mostly cots in a gym or in the laundry room of a town house." And they're saying, "It's an emergency to get them off the



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Operations Officer

ship.” Yeah but it’s not compliant with the CDC. But, “you have to get them off the ship!” It felt like, to me, like we could never have a right answer. Those on the outside screaming about social distancing onboard the ship turned a blind eye to the conditions of those sailors in the gym sleeping 3 feet away from their neighbor. Keep in mind that, except for those who tested positive or presumed positive, we could not leave the ship for the first two or three days in port. Not even the pier. Only those departing for one of the gyms, schools or townhouses could leave, but we also needed to be escorted by NB Guam personnel in duty vehicles (a follow-me truck). And we were limited in the number of vehicles we could use to leave the pier. Three vehicles initially. Makes it hard to move a large number of Sailors off the ship. When we first arrived the base didn’t have the ability to adequately feed our Sailors. After getting feedback about the quantity and quality, CAPT (b) (6) got personally involved and corrected the issue.

I want to say there was a push to get 3,000 beds on base. At least 2,500. My sense was that was coming from Seventh Fleet. So the region and NGB executed the plan and added cots to most of the schools and gyms on base. In every nook and cranny, which is awesome, but what’s that doing exactly? So we’ve got all these cots in gyms or a warehouse, but little to no regard to spacing or the number of people per head. This was also at a time when hotels opened up, but we still had to send Sailors to the gyms first to increase our fill rate. That only makes sense to me if you’re working to turn a chiclet green on a PowerPoint slide. None of that made sense and it was extremely frustrating. There appeared to be pressure from the top to get people off the ship regardless of the situation they were going to.

Then they started adding beds to townhouses on base. It started off as around 200 some odd cots, and then they were adding cots to those locations to build capacity, because the mindset was we must build capacity on the base. We’re not looking for 5-star hotel, but if you’re putting eight people in a three bedroom townhouse with two bathrooms when the guidance is one bed one bath per person, then we’re not compliant.

We were getting told, “Well you’re not social distancing on the ship” or “you need to enforce social distancing”. Well yeah, that’s impossible and you’re telling us to social distance three hundred people in a gym. How are you gonna do that?

So many things that just didn’t add up, such as the differing COAs to Hawaii, Okinawa, Fallon, etc. Then, after CAPT Crozier sent the email, we suddenly had an ability get hotel rooms. All of a sudden we have progress. I think 100% it had to do with the letter because magically, we had rooms available. We’re all going through the CDC guidance, NMCPH guidance, NAVADMINs, and their all saying the same thing and we can’t do it. I was in the room with CAG, commodore, CAPT Crozier, when Admiral Baker asked him about the letter. But magically, after the letter, we had hotels, what we needed, and support.

I don’t know where the pushback / resistance was coming from, but I told CAPT Crozier two



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nights before he was relieved. I see him every night for night orders. It was just me and him and he asked me, "What do you think?" I told him, "It doesn't make sense." I told him we've got a CSG Commander who's very aggressive and he recognizes that. He told us so. I get it, I'm tracking. During TSTA, he stopped the exercise and training for the strike group to develop and execute a CONOPS to prosecute what he and other perceived as a threat. Brief to Third Fleet, moved ships around the operating area, everything. In another case, he wanted a specific, unique capability on our ship for special access programs and he pushed it very hard to get it. Along with a JO on the CSG staff, one my JOs made this thing happen to get this capability on the ship in a month or two. After we deployed, there was a 5 or 6 week period between port calls and he found a way to add another Guam port call (clearly working with C7F). It was as if he got everything he asked for. So the outbreak happens and we plan to MEDEVAC the COD to Andersen AFB with COVID positive Sailors and they refused to let us land there. I don't recall the number, but it took several helicopters to get our Sailors to Guam Naval Hospital. Then we asked for rooms, on or off base, to provide separation and allow our people to recover in a true quarantine or isolation room in this situation and we couldn't get help from any organization. Zero progress. I told him it doesn't make sense to me that the Air Force told us to go away because we're "dirty" and that aggressive guy doesn't make a phone call to fix that situation. Maybe he did. Maybe it fell on deaf ears and he got no support. But it was odd that an Admiral with so many connections, who openly talked about his close ties to ADM Aquilino, who was ADM Davidson's EA, we're in their AOR, and that aggressive man with those connections can't get make any progress on getting adequate quarantine lodging in Guam? We can't get airplanes to Japan? I don't know if the pushback for rooms was coming from CSG staff, Admiral Baker, 7<sup>th</sup> Fleet, or higher. But whenever the hotel room option was mentioned, we got the same reply - "that is not acceptable / supportable". My impression is that it (COVID) was not being taken seriously. CAPT Crozier's response was short. He said he thought it was a hard problem and that it was a political one with the local government of Guam and the locals who are rightly concerned about their health.

As carrier OPSO, I only had direct contact one time with 7<sup>th</sup> Fleet staff. We work through the strike group staff. Until recent, I was there for every 7<sup>th</sup> Fleet CUB, every Tuesday. For me, actually dealing directly with 7<sup>th</sup> Fleet was just that one time. I'm aware of the 7<sup>th</sup> Fleet working group on COVID but not a part of that meeting. I may have attended once. I know there's a daily VTC, but I did not attend other than maybe once.

As we've made progress in the recovery, we (as planners) finally settled on an expected departure date based on the expected return of sailors with the requisite qualifications. [I can't give the date] That date was passed up the chain through the CSG-9 staff. Recently, we were asked to provide a window of opportunity (WOO) instead of a specific date. Along with another head of department, I was part of developing that WOO that included a best (earliest) and worst (latest) case dates. Our recommended departure date was provided in a daily product from the



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strike group staff to C7F. The best case date was 4 days earlier than the original recommended date. Shortly after providing the WOO, the slide changed to show that we were planning for the best case date. When I asked CSG staffers why the slide changed, the answer was "it was directed from C7F". This happened shortly after Admiral Aquilino visited the ship and had an all-officer call on the pier. Someone asked him "when should we expect to be leaving Guam?" He said as soon as we're healthy and ready. He said "I'm not gonna rush you." He told the Reactor Officer the same thing during his tour on board. The problem is we knew at that point we could not achieve the best case date because of a variety of factors, but simply put we didn't have enough Sailors embarked who cleared the return to work protocol. So the slide remained unchanged until Seventh Fleet directed a change to the recommended date – when the best case date arrived. The point is despite being told there is no pressure, there is lots of pressure when the fleet commander (and staff) direct a change like that. I've served on a CSG staff (as an aide) and a TYCOM staff (as an N3/N40 action officer). I've never seen anything like that before. I don't mind pressure, but you have to be realistic. You can't tell someone with cancer "just have a couple chemo treatments – I'll see you back at work on Tuesday". Especially when you never had cancer. It just doesn't work that way. At a certain point, that date shifted on the CSG-9 slide to the earliest date, and, honestly, I missed it, bad on me, but I missed it.

I was around a lot, just by virtue of the position, and spent lots of time with CAPT Crozier. I will tell you the letter, the email, this was all a joint effort by the warfare commanders saying that the plans to fight COVID-19 weren't working. They saw the dysfunction. We have the recent history and studies of the Diamond Princess in Japan, we have the blueprint, but there was significant pushback at all levels. CAG did much of the heavy lifting of drafting the original version of the letter and the warfare commanders each chopped it. They discussed the way ahead and CAPT Crozier said he should sign it as the carrier CO.

I was in the room that Monday afternoon our time, when Admiral Baker walked in the inport cabin and asked him about the email. CAG and Commodore too. This stood out to me, because he sat down, and said, "Is there any reason you didn't tell me why you were gonna send that email?" The CO asked CSG if he would have stopped him from sending it. Admiral Baker said maybe he would've sent it. CO expressed that he just wanted to do what was right for the Sailors and get them the help they need. That it wasn't about trying to protect his job. He also said that he thought he could take some heat for Admiral Baker as there seemed to be some friction between him and VADM Merz. The CO said he felt it was time to send up a flare. Admiral Baker said "I don't work that way".

But the next thing that stuck with me was that that Admiral Baker said the letter would get leaked. The CO seemed surprised and asked, "Why would it get leaked? It only went to us in this room, CPF and the Air Boss." Admiral Baker said that it could be easily forwarded on an unclassified network. The letter was leaked the next night (Guam time). A very similar tone and

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Operations Officer

language was used during the SECNAV press conference.

I was there when the CO realized the letter was leaked; he had the news up on his computer. The CO commented that they sent the letter to his hometown paper, stating, "They're going to think I did this, but I didn't do it." I believe him. It's been a challenge. And it's been a challenge by design, we're the first carrier to handle this. We're trying to get back to sea and not repeat this whole process.

A lot of what was being put out by the SECNAV and CNO was inaccurate. And I get the time and distance and information flow. But SECNAV said during some press briefing that we're gonna get half the people off the ship by the end of the week, and it's like where's that coming from? That plan was not mentioned by anybody that I work with on the ship at any point until he said it. That was a day or two before CAPT Crozier got relieved.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)  
\_\_\_\_\_  
(Witness' Signature) (b) (6) 18 May 2020 1018  
(Date) Time

Name of Interviewer: CDR (b) (6)



(b) (6)

**LCDR USN VCNO (USA)**

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**From:** (b) (6) LCDR USN, USS THEODORE ROOSEVELT  
**Sent:** Monday, March 30, 2020 11:44 PM  
**To:** (b) (6) CDR USN, C7F'  
**Cc:** (b) (6) LT USN, C7F'  
**Subject:** FW: Urgent media inquiry: USS Theodore Roosevelt COVID outbreak  
**Signed By:** (b) (6) @navy.mil

Ma'am,

CAPT (b) (6) emailed me below . . . .

While I have a copy of the email (hard copy given to me by the CO today), I do not have a copy of the attachment (white paper) that was included in the email sent to PACFLT and CNAF which is what I believe the reporter is referencing in his media query.

Did you want me to provide anything to CAPT (b) (6), or do you prefer to engage with PACFLT directly?

Very respectfully,

LCDR (b) (6)  
Public Affairs Officer  
Carrier Strike Group NINE  
USS Theodore Roosevelt (CVN 71)  
Office: (b) (6)  
Cell: (b) (6)  
(b) (6) @cvn71.navy.(smil).mil

O: (b) (6)  
JDial: (b) (6)  
Hydra: (b) (6)

-----Original Message-----

**From:** (b) (6) CAPT USN COMPACFLT (USA) [mailto:(b) (6) @navy.mil]  
**Sent:** Tuesday, March 31, 2020 1:23 PM  
**To:** (b) (6) LCDR USN, USS THEODORE ROOSEVELT  
**Subject:** FW: Urgent media inquiry: USS Theodore Roosevelt COVID outbreak

(b) (6), Are you aware of this letter? Did you read it?

v/r (b) (6)

**From:** (b) (6) LTJG USN COMPACFLT (USA) (b) (6) @navy.mil>

**Date:** Monday, Mar 30, 2020, 2:05 PM



To: (b) (6) @sfchronicle.com <(b) (6) @sfchronicle.com>

Subject: RE: Urgent media inquiry: USS Theodore Roosevelt COVID outbreak

Hi (b) (6) ,

I've got your query and I'll work to get you additional answers soonest.

Very Respectfully,

Lt. j.g. (b) (6)

U.S. Pacific Fleet Public Affairs

Cell: (b) (6)

From: (b) (6) <(b) (6) @sfchronicle.com>

Sent: Monday, March 30, 2020 7:11 PM

To: OSD Pentagon PA Mailbox Duty Officer Press Operations <(b) (6) @mail.mil>

Subject: [Non-DoD Source] Urgent media inquiry: USS Theodore Roosevelt COVID outbreak

Hi,

I'm a reporter with the San Francisco Chronicle. I'm working on an article about the USS Theodore Roosevelt that has a number of COVID-19 cases on board. It's now docked at the base in Guam. It is based out of San Diego.

We obtained a copy of a four-page letter sent from Capt. Brett Crozier pleading for help from the U.S. Navy brass to bring equipment to allow isolated quarantines for his entire crew. He says the current strategy is not working as there is no way to properly isolate aboard the aircraft carrier.

I had questions for the Navy:

1. Have you received Capt. Crozier's letter?
2. How many positive COVID tests are there right now on the ship's crew?
3. What is the response from the Navy? Is anything being done?
4. What specifics are being done right now? Is any equipment being sent there? When will it arrive?
5. How concerned is the Navy about this situation?
6. Any other comments about this situation?

Thanks for your prompt attention. I can be reached by email or at (b) (6). I have a deadline today at 6:30 p.m. CA time.

Best,

(b) (6)

# Transcript: Acting Navy Secretary Thomas Modly addresses USS Theodore Roosevelt crew about 'stupid' ousted captain

Updated 6:34 PM ET, Mon April 6, 2020

Code: 4 | Message: Something went wrong during native playback.

Hear Acting Navy secretary's criticism of ousted captain 02:29

**(CNN)** — Acting Secretary of the Navy [Thomas Modly](#) blasted the now-ousted commander of the USS Theodore Roosevelt, Capt. Brett Crozier, as "stupid" in an address to the ship's crew Monday morning.

***Read the full transcript of Modly's address to the crew, obtained by CNN:***

I've been wanting to come out to the ship since we first found out you had COVID cases on here. I was actually planning on being here last Tuesday after I went to see the Mercy off in Los Angeles. So I want you to know that no one in my level has been ignoring the situation here from the very beginning.

I reached out to your CO through my Chief of Staff very, very early on in this crisis. On Sunday, told him that I wanted to come out to the ship and if it would be okay or if it would be too disruptive. I told him that because I wanted to be able to help, if there was anything else he needed as this massive effort was underway, to get you guys healthy and clean and safe. He waved me off. He said he felt like things were under control. He had been concerned a day or so before that things weren't moving quickly but things—he still wanted to get more beds—but he didn't think it was necessary. He also talked to my Chief of Staff and emailed back and forth with him.

On Sunday night, he sent that email. And that email went out to a broad audience of people. I know that I mentioned that it was over 20. We believe that it was forwarded to even far

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**Related Article:** Sailors cheer for aircraft carrier commander who was removed after issuing coronavirus warning

about the material condition of a Naval war ship. If he didn't think—it was my opinion, that if he didn't think that information was going to get out into the public, in this information age that we live in, then he was A, too naive or too stupid to be the commanding officer of a ship like this. The alternative is that he did this on purpose. And that's a serious violation of the Uniform Code of Military Justice, which you are all familiar with. That message, and all the contents of that message was perfectly fine for him to send to people in his chain of command in a confidential way so they could get acting on it. He in fact could have given it to me, through my Chief of Staff, or to me, as I asked him to do when I first reached out to him on the ship, when we first found out that there were COVID cases here.

It was a betrayal of trust with me, with his chain of command, with you, with the 800 to a thousand people who are your shipmates on shore right now, busting their asses every day to do what they need to do to convert what they do in a normal day to get you guys off of here, get you safe and get you healthy, get you clean, and get you back on this ship where you are supposed to be.

(INDISTINCT YELLING IN BACKGROUND)

It was betrayal. And I can tell you one other thing: because he did that, he put it in the public's forum, and it's now become a big controversy in Washington, DC, and across the country [LOW BACKGROUND YELLING: HE WAS ONLY TRYING TO HELP US] about a martyr CO, who wasn't getting the help he needed and therefore had to go through the Chain of Command, a chain of command which includes the media. And I'm gonna tell you something, all of you. There is never a situation where you should consider the media a part of your chain of command. You can jump the Chain of Command if you want, and take the consequences, you can disobey the chain of command and take the consequences, but there is no, no situation where you go to the media. Because the media has an agenda. And the agenda that they have depends on which side of the political aisle they sit. And I'm sorry that's the way the country is now, but it's the truth. And so they use it to divide us. They use it to embarrass the Navy. They use it to embarrass you. (INDISTINCT YELLING IN BACKGROUND)

While you're out here dealing with something that this country hasn't had to deal with in over a hundred years, and the world hasn't ever dealt with anything like this on this scale, the American people believe in you. They think of all the people in the world that can keep their shit together in something like this—it's the United States Navy [INDISTINCT BACKGROUND CHATTER THROUGHOUT] and our sailors—and they're stressed. They may be stressed, they may be tired, they may be scared, but they're keeping their shit together and they're taking care of their people on the shore who are busting their ass to get them off this ship. They're not taking shots at them. They're asking, how can we help them? What can we do? How can I help the E3 that works for me? I'm an E4. I'm concerned. What do I do to help the E2's and E3's that are on this ship? That's your duty. Not to complain.

Everyone's scared about this thing. But I tell you something, if this ship was in combat and there were hypersonic missiles coming at it, you'd be pretty BLEEP scared too. [BACKGROUND YELLING: WHOA!] But you do your jobs. And that's what I expect you to do, and that's what I expect every officer on this ship to do, is to do your jobs.

One of the things about his email that bothered me the most was saying that we are not at war. Well we're not technically at war. But let me tell ya something, the only reason we are dealing with this right now is because a big authoritarian regime called China was not forthcoming about what was happening with this virus. And they put the world at risk to protect themselves and to protect their reputations. We don't do that in the Navy. We are transparent with each other, in the proper channels, and with each other. And that's what we are supposed to do and that's what you're expected to do.

I got your list of questions. I'm very, very thankful to have gotten them. I know they're all sincere. I don't think there is any agenda in any of those. But there's a lot of them and I'm gonna answer every single one of them, but I've gotta do it respectfully, and I've gotta take some time so you understand all the nuances of the questions you are



And let me say one other thing, everything I am telling you guys now, I will never, ever, ever throw you guys under the bus in Washington or anywhere else in the media, anywhere else. And don't, I expect you never to do that to your shipmates either—the ones on the shore right now who told me that when Captain Crozier's email made it to the San Francisco Chronicle after working 15 hour days, they were demoralized because they knew what they had been doing for you guys since the 25th of March to get you guys what you need.

And the other thing you need to understand is we're in Guam. It's a US territory but they have their own government, and they have their healthcare problems, and they're scared too, just like every other part of the world. And the Governor of Guam has stuck her neck out big time with their own population to say that she is willing to open up hotel rooms all over this this country, or this state, this territory, so that sailors from the USS Teddy Roosevelt can go and be safe. Because she believes that you all are her brothers and sisters, her brothers and sisters who are protecting this place for her citizens. And so she's willing to put all that at risk to take care of you guys.

And she told me today when Captain Crozier's letter came out in the public, she had to then deal with all her constituents—who are saying, "holy crap what's happening? We're going to have 5,000 people with COVID in our city, without proper health care and everything else."

So think about that when you cheer the man off the ship who exposed you to that. I understand you love the guy. It's good that you love him. But you're not required to love him.

So I want to share something with you that I read at the Navy Academy graduation in 2018. I said it to the graduating class, but I'm going to expand it a little bit. I said, as officers and sailors of the United States Military, you are given tremendous responsibility to respect and protect those who are placed under your command. The American people will trust you with their sons and daughters. And they place their security and the security of our nation in your hands. Do not expect to be loved by everyone for this—even though it may happen. As Secretary Mattis my former boss was fond of saying to us who were so honored to work with him in the Pentagon—he said your job is to protect the nation.

So I'm going to give you a little bit of advice to make this important—and often difficult—job far easier on yourselves. My best advice to you is don't ever be—don't ever worry about being loved for what you do. Rather, love the country that you are asked to defend. Love the constitution you pledged your lives to protect.

And importantly, love the people you are ordered to lead. Make sure they eat before you do. Care about their families as much as your own. Be invested in their success more than your own accomplishments. Nurture their careers more than you pursue your own advancement. And value their lives to the point that you will always consider their safety at every single decision you make. It's only through this level of servant leadership that you will maximize and empower those you lead to meet the demands that will face us in this century. And those demands are getting more complicated every day, as we're all learning. But it's also going to accrue incredible personal satisfaction to you during time of service.

Crew of the Teddy Roosevelt. You are no obligation to love your leadership, only to respect it. You are under no obligation to like your job, only to do it. You are under no obligation to expect anything from your leaders other than they will treat you fairly and put the mission of the ship first.

Because it is the mission of the ship that matters. You all know this. But in my view, your Captain lost sight of this and he compromised critical information about your status intentionally to draw greater attention to your situation. That was my judgment and I judged that it could not be tolerated from the commanding officer of a nuclear aircraft carrier. This put you at great risk even though I am certain he never thought it would. I'm certain he loved you all, as he should. But he lost sight of why the TR exists and fate brought you all together in the middle of this COVID crisis.

Your nation back home is struggling. No one expected this pandemic. As we are all working our way through it, your fellow sailors in the States are volunteering, putting on uniforms and running into the fire in places like New York, Los Angeles, Dallas, and New Orleans. I've seen them, no fear, running right into COVID.



But the TR has to stand strong as warriors, not weak like victims. The TR has to work its way through this with grace, not panic. The TR has to demonstrate to the citizens back home that it has its act together, and that it is knocking down this virus, just as it would knock down the Chinese or the North Koreans or the Russians if any one of those nations were ever so stupid enough to mess with the Big Stick, because they thought she was vulnerable.

I cannot control or attempt to change whatever anger you have with me for relieving your beloved CO. If I could offer you a glimpse of the level of hatred and pure evil that has been thrown my way, my family's way, over this decision, I would. But it doesn't matter. It's not about me. The former Vice President of the United States Joe Biden suggested just yesterday that my decision was criminal. I assure you it was not. [BACKGROUND YELLING: WHAT ARE YOU...] Because I understand the facts, and those facts show that what your captain did was very, very wrong, in a moment when we expected him to be the calming force on a turbulent sea.

There was very little upside in this decision for me. You can believe that or not. I made the decision for the Navy I love, for the Navy I served in, and now serve for. And mostly for the sailors I'm responsible for, not just to you here, but on nearly 300 other ships in the fleet. Your captain's actions had implications for them too. Imagine if every other CO also believed that the media was also the proper channel to hear grievances with their chain of command under difficult circumstances. We would no longer have a Navy. And not longer after that, we'd no longer have a country.

Still, I understand you may be angry with me for the rest of your lives. I guarantee you won't be alone. But being angry is not your duty. Your duty is to each other, and to this ship, and to the nation that built it for you to protect them. Even amidst an unexpected crisis, it is the mission of this ship that matters. Our adversaries are watching, and that is why we are here. We will get you the help you need. You have my personal word on it. Your CO had my personal word on that from Day One. Whatever else you may think of me, I don't go back on my word. And when it comes to the TR, whether you hate me or not, I will never, ever, ever give up this ship and neither should you. Thanks for listening, and I'll get the detailed answers to your questions to you some time later this week. Go Navy.



## *Captain of Aircraft Carrier Pleads for Help as Virus Cases Increase Onboard*

“We are not at war,” the captain of the carrier Theodore Roosevelt wrote. “Sailors do not need to die. If we do not act now, we are failing to properly take care of our most trusted asset — our sailors.”



By **Thomas Gibbons-Neff and Helene Cooper**

Published March 31, 2020 Updated May 5, 2020

WASHINGTON — The captain of an American aircraft carrier deployed to the Pacific Ocean has pleaded with the Pentagon for more help as a coronavirus outbreak aboard his ship continues to spread, officials said Tuesday. Military officials say dozens of sailors have been infected.

In a four-page letter dated Monday, first reported by The San Francisco Chronicle on Tuesday, Capt. Brett E. Crozier laid out the dire situation unfolding aboard the warship, the Theodore Roosevelt, which has more than 4,000 crew members. He described what he said were the Navy’s failures to provide him with the proper resources to combat the virus by moving sailors off the vessel.

“We are not at war,” Captain Crozier wrote. “Sailors do not need to die. If we do not act now, we are failing to properly take care of our most trusted asset — our sailors.”

The carrier is currently docked in Guam.

Thomas B. Modly, the acting Navy secretary, told CNN in an interview that the Navy was working to move sailors off the ship — but that there were not enough beds in Guam to accommodate the entire crew.

“We’re having to talk to the government there to see if we can get some hotel space, create some tent-type facilities there,” Mr. Modly said. “We’re doing it in a very methodical way because it’s not the same as a cruise ship.”

Speaking to reporters Tuesday night, the commander of the Pacific Fleet, Adm. John C. Aquilino, said that “we’re welcoming feedback” regarding the requests outlined by Captain Crozier.

Admiral Aquilino said that crew members would be rotated off the carrier for testing and quarantine before returning aboard. The intent, he said, was to keep the ship ready to carry out its missions. He said that no crew members had been hospitalized thus far, but he declined to specify the number of infections.

In his letter, Captain Crozier had recommended offloading his entire crew, and then quarantining and testing them while the ship was professionally cleaned.

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The problem aboard the Roosevelt highlights a central dilemma facing the military: Top officials, who have spent years placing readiness to fight the next war as a top priority, are now finding that maintaining that readiness during a pandemic can endanger the health, and even the lives, of service members. At the same time that Americans are being told to stay at home and practice “social distancing” in public, many service members are instead being told to continue doing their jobs.

The mixed messages have emerged across the armed services. Last week, the Army ordered a halt to most training, exercises and nonessential activities that require troops to be in close contact, but abruptly reversed itself days later, even as the infection rate in the American military rose. Defense Secretary Mark T. Esper has insisted that the armed forces find a way to protect troops from the rampaging virus while performing the military’s essential operations.

The crisis aboard the Roosevelt played out like a slow-moving disaster and highlights the dangers to the Pentagon if the coronavirus manages to infiltrate some of its most important assets, such as bomber fleets, elite Special Operations units and the talisman of American military power, aircraft carriers.

In a statement, a Navy official said that the commanding officer of the Roosevelt “alerted leadership in the Pacific Fleet on Sunday evening of continuing challenges in isolating the virus.”

“The ship’s commanding officer advocated for housing more members of the crew in facilities that allow for better isolation,” the statement said. “Navy leadership is moving quickly to take all necessary measures to ensure the health and safety of the crew of U.S.S. Theodore Roosevelt, and is pursuing options to address the concerns raised by the commanding officer.”

At its core, the issue on the Roosevelt and other warships stems from the near impossibility of putting adequate social distance among people to stop the spread of the illness. The enormous ship, about 20 stories high, is its own city, but one with an extremely dense population.

Life aboard the Roosevelt means learning to live on top of other people: Many of the berths where sailors sleep include bunk beds. Hallways and doorways are cramped. Bathrooms and cafeterias are shared areas. Low ceilings and narrow, ladderlike stairwells that require the use of hands to maneuver up and down all contribute to an ever-present opportunity to spread the virus.

The flight deck of the Roosevelt, on the other hand, is enormous. The Navy likes to describe its carriers as five acres of sovereign territory. But the Navy imposes strict limits on how many people can be on the flight deck at any time.

Navy officials have acknowledged the dangers that ships pose during an outbreak of an infectious disease. As the world has seen with cruise ships, viruses can spread with frightening ease aboard these vessels. That is one reason Navy officials have been doing all they can to keep the hospital ship Comfort virus-free during its current mission in New York, where it is taking patients with other medical problems to relieve hospitals overrun by coronavirus patients.

# Frequently Asked Questions and Advice

Updated May 20, 2020

- **How can I protect myself while flying?**

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In his letter, Captain Crozier clearly outlined the challenge. “None of the berthing aboard a warship is appropriate for quarantine or isolation,” he wrote.

A senior Navy official on Sunday sought to play down the urgency of the situation on the Roosevelt, saying that while it was unfortunate, most of the reported symptoms among the sickened sailors and other crew members had been mild.

Mr. Modly, the acting Navy secretary, defended the ship’s decision to have made a port call in Da Nang, Vietnam, despite the spread of the virus across Asia. He said that, at the time, coronavirus cases in Vietnam numbered fewer than 100 and were in the north of the country, around Hanoi. Port calls for Navy ships have since been canceled.

Maj. Gen. Jeff Taliaferro, the vice director for operations with the Joint Chiefs of Staff, acknowledged on Monday that there had been news reports about the coronavirus aboard the Roosevelt. He declined to go into details for security reasons, he said.

But, echoing a line that the military has consistently taken during the pandemic, General Taliaferro insisted that the Roosevelt could nonetheless perform its missions. If the Roosevelt had to sail immediately, he told reporters on a conference call, it was “ready to sail.”

Eric Schmitt contributed reporting.



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## Battling an outbreak, captain of aircraft carrier asks Navy to evacuate crew

By **Missy Ryan**, **Dan Lamothe** and **Paul Sonne**

March 31, 2020 at 10:20 p.m. EDT

The captain of a U.S. aircraft carrier grappling with a coronavirus outbreak made an unusual appeal to the Navy to move thousands of sailors into quarantine on shore, illustrating the difficulty of containing the virus on crowded military vessels.

In a March 30 letter first made public by the San Francisco Chronicle, Navy Capt. Brett Crozier, commanding officer of the USS Theodore Roosevelt, asked that 90 percent of the ship's crew of more than 4,000 sailors be moved into isolation on Guam, where the ship has been located since a spate of novel coronavirus infections emerged on board.

"Decisive action is required. Removing the majority of personnel from a deployed U.S. nuclear aircraft carrier and isolating them for two weeks may seem like an extraordinary measure," he wrote. "We are not at war. Sailors do not need to die. If we do not act now, we are failing to properly take care of our most trusted asset — our sailors."



AD

The ship, which in recent months had been conducting operations in Asia, pulled into port late last week in Guam, where infected sailors and others who had close contact with them were moved onshore for monitoring or treatment. It had previously made a port stop in Vietnam, though it is not clear whether sailors were initially infected there.

While the Navy has since announced plans to test the Roosevelt's entire crew, Crozier said that step would be inadequate because, he said, it would be impossible to implement government isolation and distancing guidelines aboard a carrier.

"Due to a warship's inherent limitations of space, we are not doing this. The spread of the disease is ongoing and accelerating," he wrote.

AD

Crozier enumerated some of the problematic elements of life aboard a carrier: shared bathrooms, shared sleeping quarters, group mealtimes, work tasks that require individuals to remain in proximity, ladders and other surfaces that are frequently touched as crew members move around the ship.

A fifth of those initially diagnosed with the virus, Crozier said, had tested negative one to three days before coming down with symptoms.

In his letter, Crozier proposed that approximately 10 percent of the crew remain on board to tend to the ship's nuclear reactor and take care of other core duties. To bolster his case, the captain cited research showing how conditions aboard the Diamond Princess cruise ship, the site of an earlier outbreak, allowed the virus to spread at an accelerated rate.

AD

It was not immediately clear to whom the letter was addressed or who would grant permission for such a move. The Roosevelt is one of 11 American aircraft carriers.

The predicament facing naval commanders is just one aspect of the challenge in front of Pentagon leaders as they seek to help civilian authorities respond to the coronavirus crisis in the United States, while also maintaining overseas security missions and minimizing the disease's effect on service members.

Thomas Modly, the acting Navy secretary, said in an interview on CNN that he heard about Crozier's letter Tuesday morning.

"We've been working actually the last several days to move those sailors off the ship, and to get them into accommodations in Guam," Modly said. "The problem is that Guam doesn't have enough beds right now, and so we're having to talk to the government there to see if we can get some hotel space or create some tent-like facilities there."

AD

Modly said Navy leadership "does not disagree" with Crozier but wants to handle the situation in a methodical way.



Evacuating a warship is not the same as taking passengers off a cruise ship, he said, citing the need to watch over weapons and be prepared to fight fires aboard the ship. The Navy is moving to accelerate the testing of those aboard the vessel and wants to clean the entire carrier, he said.

“We’re absolutely accelerating it,” Modly said.

Defense Secretary Mark T. Esper said Tuesday night on CBS News that he had not yet read Crozier’s letter but that “I don’t think we’re at that point” where it makes sense to evacuate the ship.

AD

Navy officials did not immediately provide a current number for how many of the Roosevelt’s crew have tested positive for the disease. The Chronicle, citing a senior officer aboard the ship, said that more than 100 sailors have tested positive. Navy officials said previously that dozens of cases were confirmed.

A Navy official, speaking on the condition of anonymity to discuss an evolving situation, said Crozier had alerted leaders of the military’s Pacific Fleet on Sunday to “continuing challenges in isolating the virus,” urging the Navy to place more of the ship’s crew in facilities that allow for greater isolation.

James Stavridis, a retired Navy admiral, said in an email that naval vessels are “ideal breeding grounds for the spread of viruses” because it is impossible to do social distancing on them. The problem, he said, is compounded because the service cannot just tie up the carrier and send everyone ashore.

AD

“It is full of weapons, billions of dollars of equipment, fire hazards and nuclear reactors,” he said.

There is a critical need for testing and getting those known to be infected ashore immediately, Stavridis added. Reducing the crew also will help space out sailors. But Stavridis said U.S. officials should expect similar incidents in the future.

“The best advice for the Pacific Fleet and indeed the entire U.S. Navy is test, test and test,” and then remove those infected as soon as possible, he said.

As ships with infections come offline, other ships must be surged forward to replace them, said Stavridis, who is an operating executive with the Carlyle Group investment firm.



AD

In a conference call with reporters, the commander of the U.S. Pacific Fleet, Adm. John C. Aquilino, said Tuesday that the Navy will continue to take care of sailors aboard the Roosevelt and that his top priority is their health. So far, no sailors have required hospitalization, he said.

Asked about the captain's letter, Aquilino said he is "welcoming feedback" during a dynamic situation and wants to "make sure that we understand what the leader on the ground needs."

Aquilino said the Navy has been working toward what it believes the crew needs, and toward having the capacity to quarantine a large number of sailors. He is "optimistic" that the ability to do so will be delivered "shortly," he said, without providing a more specific timeline. But Aquilino said there "has never been an intent" to take all sailors off the ship, and that if the carrier needed to respond to a crisis today, it would.

AD

In his letter, Crozier also said the Roosevelt could embark and fight immediately if required.

“But in combat we are willing to take certain risks that are not acceptable in peacetime,” he wrote.

The mother and father of a sailor on the ship who tested positive for the coronavirus said in an interview with The Washington Post that despite the leadership of the carrier ringing alarm bells, higher-ups at the Navy had been “dragging their feet.”

The parents, who spoke on the condition that their names not be used to avoid identifying their child, said the Navy should have immediately tested the entire crew and separated those who tested positive to contain the outbreak.

Instead, they said, their child tried for days to get a test and was denied, despite having interacted with someone known to have come down with the virus. Only after their child was showing full-blown symptoms was a test offered. When it came back positive, their child was removed from the ship and put in military base housing in Guam.

The Navy first evacuated essential personnel, including those without symptoms, according to the parents. Only afterward were some sailors who weren’t “essential” to the ship’s operations given the possibility to disembark.

“What it boils down to is why didn’t they test everyone right away?” the mother of the sailor said, adding that an effort to test the entire ship immediately could have helped contain the outbreak after it first became apparent.



## HEALTH NEWS

MARCH 31, 2020 / 1:01 PM / 2 MONTHS AGO

## 'Sailors do not need to die,' warns captain of coronavirus-hit U.S. aircraft carrier

Idrees Ali, Phil Stewart



WASHINGTON (Reuters) - The captain of the U.S. aircraft carrier Theodore Roosevelt, in a blunt letter, has called on Navy leadership for stronger measures to save the lives of his sailors and stop the spread of the coronavirus aboard the huge ship.



The four-page letter, the contents of which were confirmed by U.S. officials to Reuters on Tuesday, described a bleak situation onboard the nuclear-powered carrier as more sailors test positive for the virus.

The Navy puts the ship's complement at 5,000, the equivalent of a small American town.

The letter was first reported by the San Francisco Chronicle.

Captain Brett Crozier, the ship's commanding officer, wrote that the carrier lacked enough quarantine and isolation facilities and warned the current strategy would slow but fail to eradicate the highly contagious respiratory virus.

In the letter dated Monday, he called for "decisive action" and removing over 4,000 sailors from the ship and isolating them. Along with the ship's crew, naval aviators and others serve aboard the Roosevelt.

"We are not at war. Sailors do not need to die. If we do not act now, we are failing to properly take care of our most trusted asset - our sailors," Crozier wrote.

U.S. officials, speaking on condition of anonymity, told Reuters that nearly 80 people aboard the ship had tested positive for the coronavirus, a number likely to increase as all personnel on the ship are tested.

Still, the Navy declined to confirm exactly how many people aboard the Roosevelt had been infected

The carrier was in the Pacific when the Navy reported its first coronavirus case a week ago. It has since pulled into port in Guam, a U.S. island territory in the western Pacific.

U.S. Defense Secretary Mark Esper said on Tuesday it was not time to evacuate the carrier, adding he had not read the letter in detail.

In an interview with CBS News, Esper did not comment directly on Crozier's proposal, at least in the portions that aired. Asked if it was time to evacuate the carrier, Esper said: "I don't think we're at that point."

Admiral John Aquilino, head of the U.S. Navy's Pacific Fleet, told reporters that the plan was to take some sailors off the ship, test and quarantine them, clean the ship and then rotate them

with those on the carrier.

He said that there would be some sailors who would be in quarantine and isolation on the vessel.

Asked if he was following what the ship's captain wanted to do, but was not able to do it at the pace the commanding officer wanted, Aquilino said: "That is absolutely the case."

## **'NOT THE SAME AS A CRUISE SHIP'**

Acting U.S. Navy Secretary Thomas Modly said he had heard about the letter on Tuesday morning and that the Navy had been working for several days to get the sailors off the ship in Guam. Modly said Guam did not have enough beds and the Navy was in talks with the local government to use hotels and set up tents.

"We don't disagree with the (commanding officer) on that ship, and we're doing it in a very methodical way because it's not the same as a cruise ship ... that ship has armaments on it, it has aircraft on it," he said on CNN.

Reuters reported last week that the U.S. military had decided it would stop providing some of the more mission-specific data about coronavirus infections within its ranks, citing concern the information might be used by adversaries as the virus spreads.



FILE PHOTO: The USS Theodore Roosevelt (CVN-71) is seen while entering into the port in Da Nang, Vietnam, March 5, 2020. REUTERS/Kham

The Roosevelt is just the latest example of the spread of the virus within the U.S. military. Navy officials say that sailors onboard a number of ships have tested positive, including an amphibious assault ship at port in San Diego.

The first U.S. military service member, a New Jersey Army National Guardsman, died on Saturday from COVID-19, the disease caused by the coronavirus, the Pentagon said on Monday.

As of Tuesday, 673 active-duty service members had tested positive for the coronavirus, an increase of more than 100 from the previous day, the Pentagon said in a statement.

Reporting by Idrees Ali and Phil Stewart; Additional reporting by Susan Heavey; Editing by Jonathan Oatis and Peter Cooney

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## Coronavirus: US Navy captain pleads for help over outbreak

31 March 2020



Coronavirus pandemic



**The captain of a US aircraft carrier carrying more than 4,000 crew has called for urgent help to halt a coronavirus outbreak on his ship.**

Scores of people on board the Theodore Roosevelt have tested positive for the infection. The carrier is currently docked in Guam.

"We are not at war. Sailors do not need to die," Captain Brett Crozier wrote in a letter to the Pentagon.

Captain Crozier recommended quarantining almost the entire crew.

In the letter Captain Crozier said that with large numbers of sailors living in confined spaces on the carrier isolating sick individuals was impossible.

The coronavirus' spread was now "ongoing and accelerating", he warned, in the letter dated 30 March.

"Decisive action is needed," he said.

"Removing the majority of personnel from a deployed US nuclear aircraft carrier and isolating them for two weeks may seem like an extraordinary measure. This is a necessary risk."

It is not clear how many crew members on the Theodore Roosevelt have the coronavirus. **The San Francisco Chronicle, which first reported on the letter, said at least 100 sailors were infected.**

Speaking to Reuters news agency, a US Navy spokesman said the service was "moving quickly to take all necessary measures to ensure the health and safety of the crew of USS Theodore Roosevelt".

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## What's the situation in the US?

On Tuesday the coronavirus death toll in the US passed the figure reported in China, where the outbreak began. At least 3,400 have died.

The number of recorded cases stands at over 175,000, more than any other country, according to a tally from Johns Hopkins University.

New York state has seen the largest number of infections and its governor, Andrew Cuomo, warned the peak was still to come.

"We're still going up the mountain. the main battle is on the top of the mountain," he said.

Field hospitals are being built in Central Park and other New York landmarks to help ease the pressure on the city's health system.



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## Your Military

# Theodore Roosevelt captain makes urgent plea for individual quarantine sites as COVID-19 cases multiply

Diana Stancy Correll and Valerie Insinna

📅 March 31



The carrier Theodore Roosevelt is pulling in to Guam to try and stop an outbreak of COVID-19 on board (U.S. Navy photo by MC3 Nicholas Huynh)

The commanding officer of aircraft carrier Theodore Roosevelt is urging the Navy to step up its response to COVID-19 and secure individualized isolation for the ship's crew as COVID-19 cases aboard the ship continue to multiply, according to a new report.

While most of the Roosevelt crew remains in cramped quarters aboard the carrier, a small percentage of sailors are starting to move into group quarantine sites on shore in Guam to limit the spread of the virus — and only one of these sites is in compliance with NAVADMIN guidance.

As a result, current efforts to combat COVID-19 are inadequate, according to the Roosevelt's commanding officer Capt. Brett Crozier.



Crozier argued that the group quarantine sites would merely delay the spread of COVID-19 in a letter to Navy officials on Monday, obtained by the San Francisco Chronicle. Likewise, he noted that the Centers for Disease Control and Prevention and the Navy and Marine Corps Public Health Center advise against group quarantine, and instead suggest individual quarantine.

“Sailors do not need to die,” Crozier wrote in the letter. “If we do not act now, we are failing to properly take care of our most trusted asset — our Sailors.”

Crozier said the situation would be different in a time of conflict, because “in combat we are willing to take certain risks that are not acceptable in peacetime.”

“However, we are not at war, and therefore cannot allow a single Sailor to perish as a result of this pandemic unnecessarily,” Crozier wrote. “Decisive action is required now in order to comply with CDC and (Navy) guidance and prevent tragic outcomes.”

The Navy first announced on March 24 that three sailors aboard the carrier had tested positive for COVID-19, and Navy officials told Navy Times 40 sailors had tested positive for the virus as of Monday.

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But those numbers could be much higher. An anonymous senior officer on the Roosevelt told the San Francisco Chronicle that as many as 200 sailors aboard the Roosevelt had tested positive for COVID-10.

According to Crozier, there are two options moving forward: either fail to achieve a COVID-19-free ship and “fight sick,” or strictly follow guidelines from the CDC to wipe out COVID-19 from the ship.

Under Crozier's proposal, approximately 10 percent of the Roosevelt crew would remain on board to operate the reactor plant and sanitize the ship, among other things. The rest would be individually isolated off the ship.

"Removing the majority of personnel from a deployed U.S. nuclear aircraft carrier and isolating them for two weeks may seem like an extraordinary measure. ... This is a necessary risk," Crozier wrote. "Keeping over 4,000 young men and women on board the TR is an unnecessary risk and breaks faith with those Sailors entrusted to our care."

The Pacific Fleet did not respond to a request for comment from the San Francisco Chronicle before deadline, and did not immediately respond to a request for comment from Military Times.

In an interview with CBS News reporter Norah O'Donnell Tuesday night, Defense Secretary Mark Esper said he hadn't read Crozier's letter, but did not think the ship need to be evacuated.

Acting Secretary of the Navy Thomas said that the Navy "doesn't disagree" with Crozier, and noted that the Navy has been working to remove sailors from the Roosevelt for days. But limited space in Guam is created some challenges, he said.

"The problem is that Guam doesn't have enough beds right now, so we're having to talk to the government there to see if we can get some hotel space, create some tent-type facilities there," Modly said in an interview with CNN Tuesday.

Likewise, Modly stressed how detailed the process is to ensure that the carrier is sanitized correctly.

"The key is to make sure that we can get a set of crew members that can man all those critical functions on the ship, make sure they're clean, get them back on, clean the ship, and get the other crew members off," Modly said. "And that's the process we're going through. It's very methodical. We're absolutely accelerating it as we go."



**CNN Newsroom**  
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Acting Navy Secretary Thomas Modly on balancing the safety of the force while battling with coronavirus: "We all have one mission and that's to defend the nation. This is a unique circumstances and we're working through it." [cnn.it/33ZW0GI](https://www.cnn.com/2020/03/31/theodore-roosevelt-captain-makes-urgent-plea-for-individual-quarantine-sites-as-covid-19-cases-multiply/index.html)





50 1:08 PM - Mar 31, 2020

55 people are talking about this

U.S. Transportation Command commander Army Gen. Stephen Lyons told reporters Tuesday he has not yet received a requirement to send test kits or medical supplies and personnel to the Roosevelt. When asked who would send a request for aid to the Roosevelt, Lyons said that the Navy has significant capacity to fulfill the mission.

“But they have a lot of capacity,” Lyons said. “I can’t speak as to what that looks like on the ground so I won’t speculate as to what the requirements might be, but we’re certainly prepared to support them.”

Fox News reported on Friday that the carrier Ronald Reagan also had two cases of COVID-19. The carrier is the fleet’s only forward-deployed carrier in the Pacific, and leaves the door open for a situation where both U.S. aircraft carriers in the Asia Pacific region are sidelined.

In response to the first cases on the carrier, Modly announced Thursday that the deployed Roosevelt would head to Guam.

“We found several more cases,” Modly told reporters Thursday. “We are in the process of testing 100 percent of the crew of that ship.”

“Nobody from the ship will be allowed to leave the ship other than on the pier,” Modly said.

At the time, Modly said all of the sailors were experiencing mild symptoms and none had been hospitalized. The senior officer aboard the Roosevelt echoed similar sentiments to the San Francisco Chronicle.

After the initial cases on the Roosevelt were detected, Chief of Naval Operations Adm. Michael Gilday said the service was bracing for additional cases.

“We’re taking this day by day,” Gilday said.

“Our top two priorities are taking care of our people and maintaining mission readiness,” Gilday said. “Both of those go hand in glove.”

As of Tuesday, the Pentagon has reported 673 COVID-19 cases among service members. New Jersey Army National Guard soldier Capt. Douglas Linn Hickok became the first service member to die of the virus on Saturday, according to the Pentagon.

*Military Times Pentagon bureau chief Meghann Myers contributed to this story.*

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## Around The Web

1

# Governor: 'One Guam' approach needed to defeat virus

Steve Limtiaco, Pacific Daily News USA TODAY NETWORK Published 11:12 a.m. ChT March 31, 2020

Guam must act as one – civilian and military – to overcome the coronavirus pandemic, Gov. Lou Leon Guerrero said in a letter Monday to several community organizations.

Eight local community groups on Sunday sent the governor a letter, stating they are concerned about 36 cases of COVID-19 on the USS Theodore Roosevelt, which is now docked on Guam, as well as reports of airmen who have been going to and from work during their 14-day quarantine at the Guam Reef Hotel. They said the governor should urge the military to keep all positive COVID-19 patients on base until they are clear. They also said military personnel and contractors exposed to a COVID-19 patient should be quarantined on base for 14 days, regardless of their mission-essential status.

## Concerns of community

"In this time of crisis, we find it deeply alarming that the Department of Defense appears to inform you and GovGuam leadership of decisions after-the-fact instead of working with you to determine the best possible safety measures in our community's best interests," the letter stated. "We are concerned that their approach to exclude you from being a valued voice in critical decision-making will place more of our people, especially our manāmko', at risk."

"I think I have the full cooperation of the military in protecting our island and in protecting their people and our people also," the governor said during a press conference Monday.

She said many of the actions requested by community groups already are in place. The Roosevelt crew is quarantined at the pier, the military is testing all sailors using its own test kits, and the movements of mission-essential personnel who go to work are being restricted, she said.

## 'Many of the same concerns'

In her letter, Leon Guerrero said many people from Guam serve in the military, including nearly 20 sailors on the USS Theodore Roosevelt. Many Guam residents shop on base, she said. "I will not support any policy that makes it harder for them to survive outside the fence," she wrote.

"Because we share many of the same concerns, I speak with Joint Region Marianas on a near daily basis. Our enemy is invisible and relentless. The virus does not discriminate and it cannot be stopped by borders or a fence. We are all at risk. Defeating it demands that we are truly one Guam, in words and in action," she said Monday.

The following groups signed off on Sunday's letter to the governor: I Hagan Famalão'an Guåhan; Manhoben Para Guåhan; Guåhan Coalition for Peace and Justice; GCC EcoWarriors; Independent Guåhan; Prutehi Litekyan; Micronesia Climate Change Alliance; Duk Duk Goose Inc. / Nihi.

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THE SECRETARY OF THE NAVY  
WASHINGTON DC 20350-1000

April 7, 2020

MEMORANDUM FOR DISTRIBUTION

SUBJECT: SECNAV VECTOR 19

Before I start I want you all to know that I never, ever thought Vector 19 would be my final vector to you. I actually thought it was going to be around Vector 9! That being said, I am incredibly honored to have ever had the chance to have written even Vector 1.

This past week has been what I have been talking to you about all along—what we can best predict about the future is that it will be unpredictable. No doubt you have all monitored the events this week which placed our Navy in the spotlight in a negative way—largely due to my poor use of words yesterday on the USS THEODORE ROOSEVELT (TR). You are justified in being angry with me about that. There is no excuse, but perhaps a glimpse of understanding, and hopefully empathy.

I have been monitoring the crew of the TR and all of ships with coronavirus (COVID-19) cases closely. I have personally spoken with the Commanding Officer (CO) of every ship and installation in which we have such cases. When I walked on the quarterdeck of the TR I lost situational awareness and decided to speak with them as if I was their commander, or their shipmate, rather than their Secretary. They deserved better, and I hope that over the passage of time that they will understand the words themselves rather than the manner in which they were delivered. But what's done is done. I can't take it back, and frankly I don't know if I walked back up that quarterdeck today if I wouldn't have the same level of emotions that drove my delivery yesterday.

The crew deserved a lot more empathy and a lot less lecturing—I lost sight of that at the time and I am deeply sorry for some of the words and for how they were spread across the media landscape like a wildfire. I had hoped to transmit a message of love, and duty, and mission, and courage in the face of adversity. Those words are in there, but they are now lost, because of me, and I will regret that for the rest of my life. But, I am not a football head coach, or a master chief, or even the ship's own CO, I am the Secretary of the Navy and you, and they, should expect more out of me. I own it.

I realize that I have consistently told each and every one of you "Don't Ever, Ever Give Up the Ship." That is why it is very important for me to communicate to you why I have submitted my resignation today. We all have to understand what our ship is. I love the Navy and Marine Corps. I love our country, and I love you. You are all on my one big ship. But the ramifications of mistakes, even simple ones, when someone is charged with protecting a ship that large and that important can be fatal. It is not just missiles that can take us down, words can do it too, if we aren't careful with how and when we use them.

My lack of situational awareness due to my emotions of the moment did the exact same thing to MY ship, as I would hold you accountable for as you lead yours. I brought incoming fire onto our team and I am convinced that the fire will continue unrelentingly until the target is gone. I know what I have to do save the ship. I have always tried to do the right thing for all of you. Always. I never cared about the title, I cared about the relationships. I trust you all know that and that you know how terribly sad I am right now that I disappointed you by not keeping our ship out of harm's way. It's my fault. I own it.

Now on to the vector:

In the classic hard rock satire "rock-umentary" movie called "This is Spinal Tap," there is a scene in which the lead guitarist, Nigel Tufnil, played by Christopher Guest, is explaining how their band is able to take their sound to the next level. He shows the interviewer, played by Rob Reiner, the Spinal Tap amplifiers and explains that instead of going to volume level 10 like all other traditional hard rock amplifiers, Spinal Tap's amplifiers have an extra level of volume—volume level 11. The interviewer says, "well instead of having 11 why don't you make each individual level just a little louder than the traditional amplifier—so you know make the 1 a little louder, the 2 a little louder, the 3 a little louder, etc., up to 10?" Nigel looks at him with the apparent inability to grasp the concept of doing something different than the way he has always done it. He pauses, dumbfounded, and simply says, "But, these go to 11."

<https://www.youtube.com/watch?v=KOO5S4vxi0o>

Does this sound like a familiar story to you? How many times in your Navy or Marine Corps career have you thought about, or even suggested, a different, better way of doing things and the response has been, "Well, that's not how we do it?" I guarantee that this has happened to you more than once. If not, you must not be in the Department of the Navy and you should not be on the distribution list for this email!

Don't worry, this happens everywhere. People and organizations are resistant to change. Change is uncomfortable. The important point is that phrases like "this is how we do it in the Navy" or "this is how we do it in the Marine Corps" can be dual-edged swords. There is great value in stability, in tradition, in order, in a consistent way of doing things that we must respect and appreciate. But when it stifles the characteristics of agility that I have spoken to you about before (velocity, visibility, adaptability, innovation, collaboration, trust, humility, and skepticism), those same "this is how we do it" phrases can erode a team's ability to win in a dynamic and rapidly changing environment - like the one that we are in.

I want to focus on one of these characteristics specifically this week: visibility. Visibility is all about communications up, and perhaps more importantly, down the chain of command. Visibility is also about knowing when and how to appropriately consult and communicate laterally across the organization. For our Navy and Marine Corps team, it must never be about sharing operationally sensitive information for the world to see about your ship, your unit, your acquisition program, your team, your concerns about readiness, your personal views about your command, etc.

In my previous line of work with a big consulting firm, we prided ourselves for being a learning organization. We had training and learning requirements that put us through a variety of different legal, moral, operational, customer, ethical, and leadership challenges. As each challenge was presented, and possible answers discussed, invariably the first thing that was cited that we should do was to “consult.” This did not mean go out and sell a consulting project to a client, rather it meant “consult” with others across the organization, up and down, to seek the best solution to specific problems. It was amazing to me how empowering this was. How much I could learn if I put myself out there to seek it without fear of retribution or resentment.

In 2010, with that same firm, I was leading a project team in Baghdad assisting U.S. forces with the economic development mission in the country. Out of the blue, in the spring of 2010, my DoD client asked us to split the team and send half to Afghanistan to help the Ministry of Mines develop an official tendering process for its minerals industry. This is a process nation’s use to sell national mineral rights to mining companies. No one on that team had any experience in mining, but the request was urgent. We “consulted.” I reached out broadly to my partners in the US firm, who connected me to our US mining practice leader, who then connected us to our global mining practice leader in London, who then connected us to the most experienced team in the world, with respect to tendering in lesser developed countries. Within days we had the most experienced team in the world engaged in Afghanistan. “Consulting” works. It empowers teams. It is a force multiplier.

In the military culture we must sustain the sanctity of the chain of command. But in the information age in which we all live, that sanctity is only useful to our mission if we use that chain for frequent communications up and down, even if this means skipping steps down if you are the highest responsible person at the top of that chain. The world is moving too fast to do otherwise.

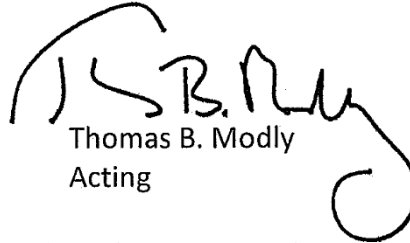
The events of the last several weeks with respect to my decision to relieve the CO of the USS THEODORE ROOSEVELT indicate to me that we have some work to do in this regard, so you must pick up the mantle and fix this. No person should ever be afraid of bringing up issues of concern to their immediate superiors through an established and well understood path that respects both the chain of command and our own individual duty to fulfill our oaths. And, no commander should ever resent or discourage anyone senior in their chain of command from reaching down to gain better situational awareness from the people closest to the problem. That being said, there is a proper, courteous, and respectful way to do this that we must adhere to, especially during times of crisis.

I know we can do this, it just takes a willingness to recognize it is important. And the next time someone says to you “that’s not the way we do it”, think to yourself, “these go to 11”, smile politely, and then apply yourself even harder to seek a better way.

I love you all. Know that every second of every minute of every hour of every day of my time leading you has been an honor and a privilege, and I grateful for your friendship, mentorship, and willingness to listen and act on my behalf.

SUBJECT: SECNAV VECTOR 19

You know what to do. Take the helm. It's your ship now. Don't ever, ever, ever give it up. And forever, Beat Army!



Thomas B. Modly  
Acting

SECNAV Vectors are released each Friday to the entire DON. Previous Vectors can be viewed <https://navylive.dodlive.mil/2020/01/02/secnav-vectors/>.

SECNAV VECTOR 1: Priorities and Near-Term Objectives  
SECNAV VECTOR 2: Unified in Grief, Heroism, and Resolve  
SECNAV VECTOR 3: Make Ford Ready  
SECNAV VECTOR 4: December Honors and Remembrance  
SECNAV VECTOR 5: DON Business Operations Plan  
SECNAV VECTOR 6: Path to a 355 Plus Integrated Naval Force  
SECNAV VECTOR 7: Education for Seapower  
SECNAV VECTOR 8: Partners and Allies  
SECNAV VECTOR 9: Hypersonic Capabilities  
SECNAV VECTOR 10: Sexual Assault Prevention and Response  
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SECNAV VECTOR 12: Future Naval Force  
SECNAV VECTOR 13: Naval Education Goals and Pillars  
SECNAV VECTOR 14: Financial Accountability  
SECNAV VECTOR 15: Force Health Protection Guidance for the Department of Navy  
SECNAV VECTOR 16: Agility in a Time of Crisis  
SECNAV VECTOR 17: Don't Give Up the Ship  
SECNAV VECTOR 18: DON Support to COVID Response

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SUBJECT: SECNAV VECTOR 19

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# UPDATED: Modly Resigns Amidst Carrier Roosevelt Controversy; Army Undersecretary to Serve as Acting SECNAV

By: [Sam LaGrone](#) and [Ben Werner](#)

[April 7, 2020 4 05 PM](#) • Updated April 28, 2020 11 24 AM



H-4-132

*Acting Secretary of the Navy Thomas Modly speaks to Sailors aboard the Military Sealift Command hospital ship USNS Mercy (T-AH-19) from across the brow via the ship's 1-MC public address system, March 31, 2020. US Navy Photo*

*This post has been updated to include Thomas Modly's resignation letter and reactions from members of Congress.*

Acting Secretary of the Navy Thomas Modly has resigned from his post after a day and a half of widespread criticism surrounding the removal of the commander of an aircraft carrier that is battling a COVID-19 outbreak, according to a copy of the resignation letter obtained by USNI News.

"More than anything, I owe every member of the Navy and Marine Corps team a lifetime of gratitude for the opportunity to serve for them, and with them, once again. They are the reason why I will forever remain inspired by the call of service. They are the ones who lift our nation, heal our divides, and make this country the greatest in the history of the world," Modly wrote in the letter addressed to Secretary of Defense Mark Esper.

"That is why with a heavy heart, I hereby submit my resignation, effective immediately. The men and women of the Department of the Navy deserve a continuity of civilian leadership befitting our great Republic, and the decisive naval force that secures our way of life. I will be forever grateful for my opportunity, and the blessing, to be part of it."

In a Tuesday statement, Esper said he would appoint the Army's current number two civilian as the acting SECNAV.



"I am appointing current Army Undersecretary Jim McPherson as acting Secretary of the Navy. Jim is a retired Admiral with a distinguished 26-year naval career, serving ashore, afloat, and overseas during his time in uniform. I know Jim McPherson well," Esper wrote.

"He is a smart, capable, and professional leader who will restore confidence and stability in the Navy during these challenging times. Jim will serve as acting Secretary of the Navy until a permanent Navy Secretary is confirmed."

Modly offered his resignation to Esper a day after he made a speech to sailors aboard USS *Theodore Roosevelt* (CVN-71) in which he criticized the carrier's former commanding

*James E. McPherson. US Army Photo*

officer, Capt. Brett Crozier. While addressing the sailors, Modly said an alarming letter Crozier sent potentially broke the law and was designed to be leaked to the press.

To print the document, click the "Original Document" link to open the original PDF. At this time it is not possible to print the document with annotations.

Crozier's letter stated sailors were at risk of succumbing to the virus unless the service stepped up testing and isolation procedures on Guam.

"If we do not act now, we are failing to properly take care of our most trusted asset – our sailors," he wrote in the letter that was leaked to *The San Francisco Chronicle*. Crozier was removed from his command on April 2 on orders from Modly for "extremely poor judgment."

On Monday, Modly traveled to the carrier and spoke to the sailors aboard and was critical of Crozier. Modly said if Crozier thought the information wasn't going to go public in the way he sent it, he was "too naïve or stupid" to command the carrier.

To print the document, click the "Original Document" link to open the original PDF. At this time it is not possible to print the document with annotations.

Following a leaked recording of the speech and backlash from Congress and the public, Modly submitted a hasty apology late Wednesday.

“I want to apologize to the Navy for my recent comments to the crew of the TR. Let me be clear, I do not think Capt. Brett Crozier is naïve nor stupid. I think, and always believed him to be the opposite. We pick our carrier commanding officers with great care,” the statement read. “Capt. Crozier is smart and passionate. I believe, precisely because he is not naive and stupid, that he sent his alarming email with the intention of getting it into the public domain in an effort to draw public attention to the situation on his ship. I apologize for any confusion this choice of words may have caused.”

Reaction to Modly’s resignation from Capitol Hill was swift, with members issuing statements supporting the move and some calling for a review of the actions leading up to the resignation.

“Acting Secretary Modly submitting his formal resignation to Secretary Esper was the right thing to do. After mismanaging the COVID-19 outbreak on the USS *Theodore Roosevelt*, it became obvious that Acting Secretary Modly had forfeited his ability to lead the Navy. His actions had become a distraction at a time when we need the Navy to be focused on preserving the safety of our Sailors and maintaining the readiness of our fleet,” said a statement from Rep. Adam Smith (D-Wash.), the chair of the House Armed Services Committee.

Sen. James Inhofe, (R-Okla.) the chairman of the Senate Armed Services Committee, issued a statement expressing his concern over what has become a months-long process to firm-up the leadership of the Navy and Marine Corps. The nomination of retired Navy Rear Adm. Kenneth Braithwaite secretary of the Navy has been pending since February.

“It’s disturbing to me that there’s been so much turmoil at the top of the Department of the Navy over the last year. In this difficult time, the Navy needs leaders now more than ever who can provide continuity and steady, insightful leadership,” Inhofe wrote.



“Once the Senate is back in session, I will make sure the Armed Services Committee considers the nomination of the next Secretary of the Navy quickly, and I ask my fellow committee members to help me expedite this nomination as well.”

Rep. Joe Courtney, (D-Conn.) issued a statement saying Modly’s decision to resign, “was a necessary step to restore the confidence of every sailor and member of the US Navy that its leadership is committed to their wellbeing,” he said.

“Mr. Modly did the right thing in stepping aside. Hopefully it will allow the Navy to focus on caring for the crew and their families, as well as for a fresh review of the Captain Crozier’s punishment, which simple fairness demands.”



*Under Secretary of the Navy Thomas Modly speaks to Navy, Marine, and Coast Guard officers during the National Naval Officers Association (NNOA) symposium on Aug. 7, 2019. US Navy Photo*

Rep. Rob Wittman, (R-Va.), the ranking member of the House Armed Services subcommittee on seapower and projection forces, issued a statement accepting the reasoning behind Modly's resignation.

"After acting Secretary Modly's recent actions, I support Secretary Esper's decision to accept his resignation. I believe that this move is critical to making our Navy whole again and getting back on track to address this unique readiness situation during these challenging times," Wittman wrote. "Going forward, I will work with the Department of Defense, in my oversight role, to ensure that every possible step is being taken to safeguard the health of our service members, provide our commanders the resources they need, and maintain our military presence around the globe."

Rep. Mac Thornberry, (R-Texas), the HASC ranking member, issued a statement that avoided delving into the controversy surrounding Modly's resignation, instead opting to focus on the work of service members responding to the COVID-19 pandemic.

"All of our service members, including our sailors, deserve to be able to do their best on the tasks assigned to them without unnecessary distractions. The change in the office of the Secretary of the Navy should allow the country to put this episode behind us and allow sailors to focus on the very important missions at hand," said the statement from Thornberry.

Earlier in the day, during a lunch-time media conference, Smith said Modly lost his ability to effectively lead the service once he made his speech aboard *Theodore Roosevelt* denigrating the ship's former commanding officer.

Speaking before it was known Modly had resigned, Smith said he couldn't see a way for Modly to continue as acting secretary after giving the speech.

"Having made that decision I think Acting Secretary Modly is going to have a heck of a time getting the confidence of the Navy back having made that speech," Smith said during lunchtime Tuesday.

Smith said he wished the decision to relieve Crozier of command had been handled better, with more consideration for the circumstances and what Smith said was predictable blow-back from the public and Navy community.

"What on earth possessed the acting secretary to think that that speech was a good idea," Smith said.

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**Related**

Modly Apologizes to Roosevelt Crew, Former CO as Navy Extends Investigation; Trump Says He 'May Just Get Involved'  
April 6, 2020  
In "Military Personnel"



Navy Probe into Letter From Carrier Roosevelt CO Ends Monday; Report Says Brett Crozier Has COVID-19  
April 5, 2020  
In "News & Analysis"



Modly Tells Carrier Roosevelt Crew Former CO Could Have Broken Military Law

Modly Tells Carrier Roosevelt Crew Former CO Could Have Broken Military Law  
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Categories: Budget Industry, Military Personnel, News & Analysis, Surface Forces, U.S. Navy

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## About Sam LaGrone and Ben Werner

Sam LaGrone is the editor of USNI News. He has covered legislation, acquisition and operations for the Sea Services since 2009 and spent time underway with the U.S. Navy, U.S. Marine Corps and the Canadian Navy. Ben Werner is a USNI News staff writer.

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### ALSO ON USNI NEWS



## Command of USS Theodore Roosevelt changes hands

By AN D.J. Schwartz, USS Theodore Roosevelt

Posted November 1, 2019

**SAN DIEGO** - The aircraft carrier USS Theodore Roosevelt (CVN 71) held a change of command ceremony on the ship's flight deck, Nov. 1.

Capt. Carlos Sardiello turned over the role of commanding officer to Capt. Brett Crozier.

Guest speaker Vice Adm. DeWolfe H. Miller III, commander, Naval Air Forces, praised the achievements of Theodore Roosevelt and its crew under Sardiello's leadership.

"Suffice it to say that Capt. Sardiello is a leader who leads by example and inspires others to exceed even their own expectations," said Miller. "He excels at leading Sailors - the lifeblood of our ships. He takes care of his people and sets them up for success."

During his speech, Sardiello thanked and attributed his success as commanding officer to his crew, known as the "Rough Riders."

"We are fortunate for each sailor, officer or enlisted aboard because they are just plain amazing, are all essential, and all play an important role in our team's success," said Sardiello.

Sardiello assumed command of Theodore Roosevelt in July 2017 and successfully led the crew on a deployment in support of Operation Freedom's Sentinel and Operation Inherent Resolve which included over 50,000 miles sailed, and more than one 1,000 combat sorties that dropped 159 weapons on target.

Following the combat deployment, Sardiello oversaw Theodore Roosevelt as it successfully completed an arduous maintenance availability period 25 days early. Sardiello also led the ship through exercise Northern Edge 2019 in the Gulf of Alaska operating area, marking the first time in 10 years that a U.S. Navy aircraft carrier participated in the exercise.



Capt. Carlos Sardiello, the outgoing commanding officer of USS Theodore Roosevelt (CVN 71), gives remarks during the aircraft carrier's change of command ceremony, Nov. 1. (U.S. Navy/Airman D.J. Schwartz)

In his parting words to the crew, Sardiello again thanked everyone aboard under his leadership and praised the work that they accomplished.

"We could not be more proud of the accomplishments through the blood, sweat, and tears of joy and pain that have been invested over the past two and a half years on TR," said Sardiello. "It has been an honor to serve as the 15th commanding officer of USS Theodore Roosevelt."

Sardiello is a native of Fremont, Calif., and is a graduate of the U.S. Naval Academy, class of 1990. He previously served as the executive officer aboard USS George Washington (CVN 73) and commanding officer aboard USS Mount Whitney (LCC 20) before taking command of the Coronado-based carrier.

Sardiello now heads to Commander, Naval Air Forces command.

New commanding officer, Capt. Crozier, from Santa Rosa, Calif., previously served as the executive officer aboard USS Ronald Reagan (CVN 76) before assuming command of the U.S. 7th Fleet flagship USS Blue Ridge (LCC 19). He has also made multiple combat deployments in support of U.S. operations including Southern Watch and Iraqi Freedom.

"Men and women of Theodore Roosevelt, you have dedicated yourselves to an incredibly noble cause, choosing not what is easy, but what is right and just in the service of our great nation; to be ready for combat and always guarantee our peace," said Crozier while addressing the crew for the first time. "You are doing it on the greatest warship in the world, and I am proud to be serving alongside you as we sail wherever our nation requires in the coming years."



Capt. Brett Crozier addresses the crew for the first time as commanding officer of USS Theodore Roosevelt (CVN 71). (U.S. Navy/MC3 Sean Lynch)



Vice Adm. DeWolfe Miller, center-left, commander of Naval Air Forces, awards Capt. Carlos Sardiello, commanding officer of USS Theodore Roosevelt (CVN 71), with the Legion of Merit. (U.S. Navy/MC3 Sean Lynch)



The aircraft carrier USS Theodore Roosevelt (CVN 71), guided-missile destroyer USS Russell (DDG 59), left, and guided-missile cruiser USS Bunker Hill (CG 52), transit in formation in the Pacific in July. (U.S. Navy/MC2 Anthony J. Rivera)





27 February 2020

From: Vietnam ADVON Team  
To: CCSG-9 via Chain of Command

Subj: DAILY REPORT FOR ADVON VIETNAM SITE VISIT, DA NANG, 27 FEB

Encl: (1) New Pier Layout Proposal  
(2) OHO/SECO ADVON schedule

1. Day 1 Summary: ADVON team arrived in Da Nang at 0645 and checked in to the Golden Bay Hotel. Team conducted an initial synch meeting with the US Country Team (USCT) and the Contracting Officer Representative (COR). Break out meetings were then conducted with a Vietnamese medical contingent and a Press team.

2. Logistics Highlights:

- Discussed traffic flow within the port facility and how not to have bus traffic cross pedestrian traffic. Final layout will be provided by 4 MAR.
- Bus quantity will be decreased to 42 (vice 44) since PNK has dropped out.
- For the reception, 1 x 26 pax bus will be provided to shuttle guests from parking to ECP (~1 min) and 1 x 25 pax bus will shuttle guests from the port main gate to the ECP.
- There will be 15 MWR buses and 4 COMREL buses. Buses will wait on-station until tour/COMREL is complete.
- Inspection of liberty boats will take place on 3 & 4 MAR.
- Trash barge will be provided 24 hours a day off of ACE 4 .
- COR has stated that parking on the pier will come at a charge. Need to get clarification on who will be charged and how much.
- There are currently no food or alcohol services scheduled to be provided on the pier. Working a solution to provide food to sailors who do not wish to leave Fleet Landing.
- A currency exchange will be provided on the pier, except during the Big Top reception hours. The currency exchange will then move onboard the ship to HB3. Details still in work.
- There will be an additional 26 PAX Bus placed into rotation from 1700-2359 to pick up Sailors that are dropped off at the port entrance to transport to ECP. (No pedestrian traffic allowed on the port.)
- COMREL and MWR Tours buses will utilize the chaperone as the bus riders. They will be responsible to sweep the bus prior to loading for the return trip.
- COR is requesting the Contingency plan for securing liberty boats in case of foul weather be typed up and approved by the CO, designating who is responsible for initiating the plan. Propose that the CDO be responsible for making the call.
- There will be SIM cards for Sale, and WIFI jet packs for rent.
- For WiFi to be on the pier, Funboss needs to pay for it. Initial cost estimate is \$8000.00 for 3K user capacity for 5 days.
- Initial talks about CHT, Water, Oily Waste, and Trash Barge went well. We still need to verify services once they arrive on the pier.

3. Medical Highlights:

- DOFA reiterated their commitment to preventing the spread of nCOV. They confirmed that they are still looking to conduct only small group gatherings and do not support any large public gatherings (e.g. a Navy Band concert).
- Vietnam has discharged all 16 suspected cases of nCOV patients. There are no current known cases of nCOV in Vietnam.
- Danang has embarked on a strong communication campaign to educate the population on how the disease is spread, proper hygiene, and reliable sources of information. They have also engaged in a clean-up campaign to sanitize public areas.
- Quarantine procedures are in effect for anyone entering Vietnam from China or South Korea. Personnel entering from these countries will be put into isolation for 16 days, where they will be given accommodation, food, and regular medical checks. If personnel exhibit flu-like symptoms during this time, they will be quarantined at one of two designated hospitals.
- Vietnam indicated that they would like technical education and support from the US Center for Disease Control (CDC). USCT informed them that this request is not within the CVN capabilities and while we are working participation by non-CSG staff, we likely cannot provide CDC participation.
- US ships will not require any additional forms of health declaration since they have not visited high risk countries.
- We agreed upon one health screening check on the Fleet Landing side of the ECP for personnel coming onto the ship and off of the ship. Vietnam stated that they trust that all sailors coming off of the ship are coronavirus-free due to us being underway for more than 16 days and not having visited high risk China or Korea. We proposed using signage, verbal, and then medical personnel screening (temperature scan and additional questioning) as needed to ensure anyone with symptoms is not allowed onto the ship. Signage will suffice for all persons leaving the ship.
- Vietnam offered to transport any personnel with symptoms to one of their two designated nCOV hospitals. They also offered to arrange for a medical tent on the pier. We declined since we have already arranged for a medical tent via the LOGREQ.
- We agreed that we will now do only one medical professional exchange, location TBD. It will occur on 6 MAR from 0900-1630 and will focus on disease prevention. Propose a lecture in the morning and a discussion in the afternoon by SME's brought in by the USCT. No CVN participation required. A medical tour of the CVN was declined after we informed them that we are not equipped to specialize in infectious disease detection or treatment.

#### 4. Security:

- Escorts will be on channels 13, 14 or 15. Attempt communications in that order.
- BG would not disclose their weapons systems and capabilities. SECO informed the Attache that the US will not relax our posture until at anchorage and that Border Guard isn't authorized to inspect the mounts. Attache will discuss further with BG.
- Picket Boat coverage will be provided 24/7 but US cannot have personnel onboard. They will have two English speakers onboard two of the four boats (exact boats TBD).

- New pier layout attached (Enclosure 1). Medical screening will take place inside ECP after processing through ECP. PKN will not be present. Bus pickup changed and reception parking will be North East (above the bus parking area).
- Sailors are encouraged to take the shuttle bus vice a cab back to the pier. Shuttles from the port entrance to the ECP will only be available from 1200-0000.
- If a Sailor is caught out in town past liberty expiration, Vietnam recommends that said Sailor no longer have liberty privileges.

#### 5. COMRELS:

- Language COMREL (0930-1130 - does not include 20 min for transit time to/from Fleet Landing): Request for 30 Sailors to participate. 40 or 50 students will participate (college age). The intent is for the students and sailors split into small groups (2 sailors per 4 students) in various classrooms to do 'conversational English'. Students are fluent in English. Dress code agreed to be t-shirts and pants (no shorts), unless TR leadership prefers Summer Whites or PT gear (or extra soccer game is agreed to - see section 6).
- Students are likely to present small gifts (e.g. pen or lanyard) to sailors. Recommend finding something small for Sailors to give in return (photo, etc.)
- Event gift exchange anticipated at the end of the event - sailors plan to give small TR skateboard.
- The Language site is eager about the band event during the COMREL. The goal is to have them play outside in the front of the school. The area is covered and has a gate in front to try and prevent it from being a 'crowd'.

#### 5. Travel:

- SECO's ticket from Haneda to DaNang was booked but not purchased before leaving the ship. Since VietJet did not accept credit card for ticket purchases at the airport, we were forced to pool our money (they accepted JPN Yen only) and purchase his ticket at the counter. Lesson Learned: Going forward, ensure that all tickets are purchased in advance of CODing off or ensure that if manual purchase is necessary, that enough cash is withdrawn before leaving the ship.
- SECO only had a receipt of his visa purchase. That was insufficient. Airline needed VOA confirmation letter from Vietnam immigration with his name on it. We eventually were able to get a hold of someone at the embassy who forwarded the letter via email. Lesson Learned: Immigration letter with name/passport number is the requirement. Receipt of visa purchase is not enough.
- SECO was held up at customs because he had a ticket trail that indicated he travelled through Korea. This was an area affected by Corona virus and would have required quarantine. Eventually mistake cleared up. No lessons learned, just bad luck.

#### 6. Unresolved Issues:

- Overnight liberty. Working to move start of liberty expiration from 0700 to 0500.
- Exact coordinates of BG pickup prior to anchorage.
- EOD: Still TBD on allowing our divers to splash with their divers.

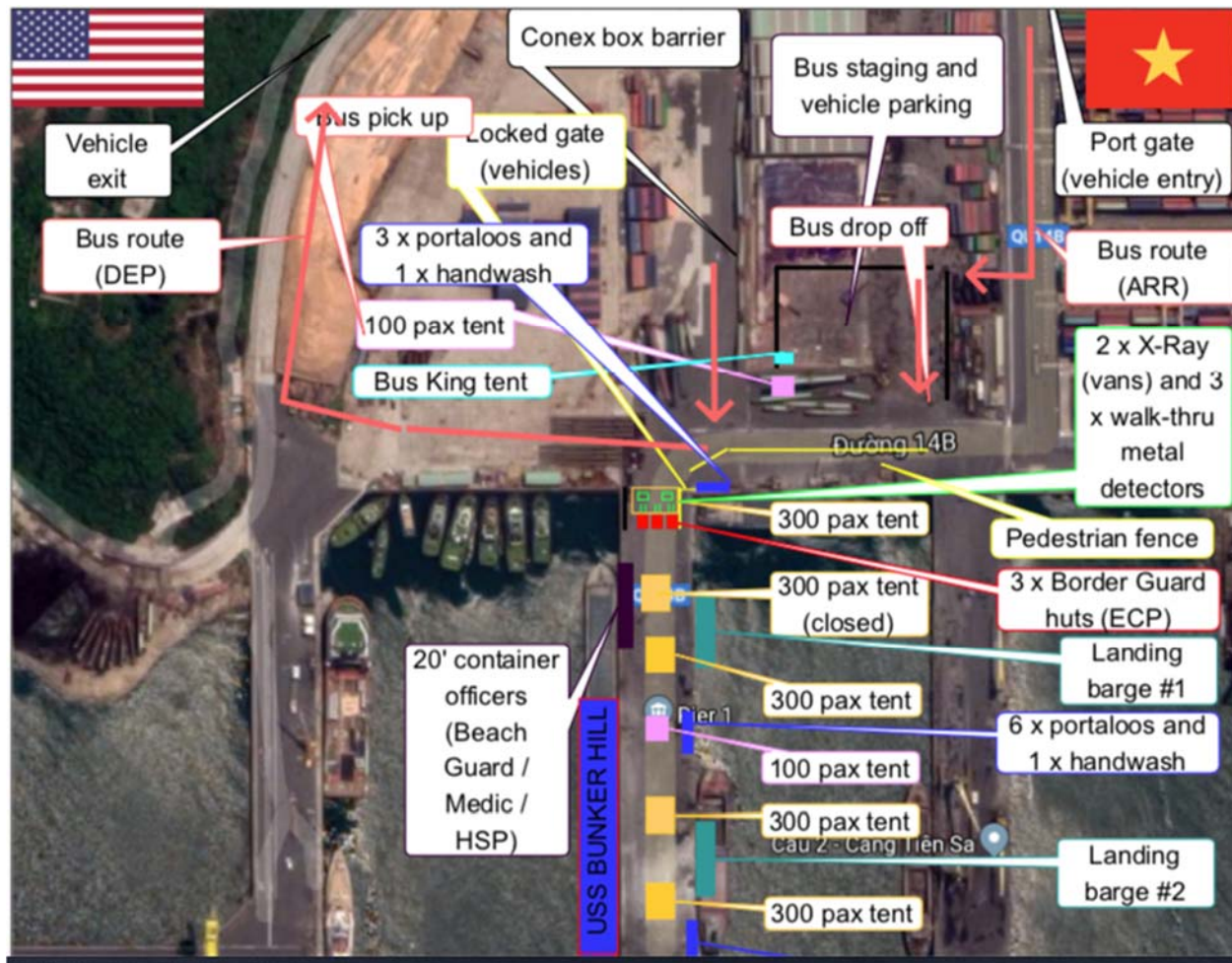
- Request from the Language COMREL site for 10 more sailors to attend the event to participate in a soccer game with students. The school claimed this was a big hit during the last ship visit and they would like to do it again. The soccer match would be in addition to the soccer sporting event already planned.

Very Respectfully,

ADVON Team



Enclosure (1)



Pier Layout Proposal (27 Feb)

Enclosure (2)

## **OHO/SECO ADVANCE DET CHECK OFF LIST**

### **ENGINEERING**

- 2/3 Mar- Inspect CHT Barge
- 2/3 Mar- Verify CHT Connections and hoses

### **REACTOR**

- 2/3 Mar- Inspect Water Barge
- 2/3 Mar- Verify Water Barge Connections

### **Medical**

- 1 MAR- Pull water Sample from each source labeled "Source 1", "Source 2" with a prior to additive test results and after additive test results on bottle.
- 2 Mar- Pull water sample from each barge labeled "Barge 1", Barge 2" with a prior to additive test results and after additive test results on bottle.
- 3 Mar- Hand off 4 test bottles to APAO for transport back to the ship 3 March. Retain test bag and remaining bottles for your arrival for second test 4 Mar.
- 3 Mar- Set up Medical office with pop up tent and medical screening area for tour groups.

### **DECK**

- 2/3 Mar- Inspect Stern Barge.
- 1/2 Mar- Take pictures of; bits, cleats, topographical picture.
- 1/2 Mar- Take picture of 12ft brow with attachment points.
- 1/2 Mar Take picture of fenders attached to stern barge and verify freeboard clearance.
- 2 Mar- Email to 1<sup>st</sup> LT.
- 3 Mar- Inspect Liberty Boats

### **Beach Guard Fleet Landing Set up**

- 28 Mar- Get Burner phones and 2 Wifi jetpacks
- Get phone listing laying flat
- Get 2 UHF Radios with Chargers
- Make contact with BKH/PIC
- 28 Mar- Establish a Beach Guard Van
- 4 Mar- Establish 2 Channels from ECP to Screening area.
- 4 Mar- Establish Liberty Boat Lines with an E-7 and above line entrance.
- 4 Mar- Set up Beach Guard Office.
- 28 Mar- Get contact with Husbanding Agent

- 1 Mar- Establish a Parking Area for Vehicles
- 1 Mar- Find Parking area for Taxi drop off
- 4 Mar- Set up Bus King Tent
- 4 Mar- Establish Bus lines with an E-7 and above entrance
- TBD- Set up Liberty Boat trackers
- Done- Set up Overnight Liberty log for contingency operation.

#### COR Schedule:

28 -29 FEB: Meeting to finalize and drive bus routes, liberty drop-offs (site visits), bus & water taxi schedules, and all things transportation.

01 March: Assets may start arriving at the port. Walk-through (or second walk through) of the port, positioning of barges, tentative walk-through of fleet landing setup, and medical water test.

02-03 March: Assets arrive at Tien Sa Port, construction of Fleet Landing, beginning of water asset inspections (barges & taxis), medical test of water barges.

03-04 March: Final inspections and re-inspections of failed or replaced assets, force protection inspections (K9), dive and vetting, and sealing the fleet landing with guards.

(b)  
(6)

-----Original Message-----

From: (b) (6) LCDR USN, USS Theodore Roosevelt  
<(b) (6)@cvn71.navy.mil>  
Sent: Monday, May 11, 2020 12:04 AM  
To: Spedero, Paul C Jr RDML USN USFFC (USA) <(b) (6)@navy.mil>  
Cc: (b) (6) CAPT USN NAVY JAG WASH DC (USA)  
<(b) (6)@navy.mil>; (b) (6) CIV USN COMNAVSAFECEN NOR VA  
(USA) <(b) (6)@navy.mil>  
Subject: RE: TR Command Investigation - Request for Response (Judge)

RDML Spedero,

As requested, my answers below:

DESCRIBE THE ADVANCE DET MISSION TO DANANG: Prior to arriving in Vietnam, we understood the port call to be the most significant of the planned port calls of the deployment. We were the second carrier since the end of the war to pull into Vietnam and the visit would also coincide with the 45th anniversary of the end of the war. Preliminarily, there were many events planned, including COMRELS, professional exchanges, and Big Top reception on the ship. The initial advance det mission was to facilitate these events through coordination with Vietnamese partners and ensure a smooth port call. This mission changed drastically with the onset of COVID-19 prior to arrival.

COVID 19 CONCERNS PRIOR TO THE ADVANCE DET: When the ship pulled away from Guam on 10 February, we had no concerns about COVID-19 being on the ship at that time. Prior to arriving in Vietnam on 27 Feb 20, there was a belief that we had a 'clean' COVID free ship. In the three week underway time between Guam and Vietnam port calls, concerns grew steadily about COVID 19 affecting our port call. The news related break outs in China and Korea, but I don't recall any news before arrival of cases in Vietnam, however the advanced det was aware that there was a potential for COVID-19 outbreak in Vietnam prior to the ship pulling in given proximity to China and outbreaks in surrounding countries. Advanced det travel was modified to avoid layovers in Korea because Vietnam began a policy of placing all travelers from China and Korea into quarantine for 16 days as a matter of course. We understood that the heaviest lift when we arrived would be assessing and adjusting to COVID-19 issues.

COVID 19 CONCERNS DURING THE ADVANCE DET: As part of the advance det, I attended several meetings with Da Nang People's Committee, which represented the major institutional interests of the province. I would characterize COVID-19 as THE primary concern of the port visit during these meetings. The Da Nang People's committee showcased the steps they had taken to mitigate COVID-19 in their country. They acknowledged there had been 16 earlier cases that had resolved – all of which occurred in the northern part of the country. They stated there have never been COVID-19 cases in Da

Nang, and there were currently no known active cases anywhere in the country. They initiated a public health campaign to educate the population on how the disease is spread, proper hygiene, and reliable sources of information. They indicated that they would like technical education and support from the US Center for Disease Control (CDC).

For the port visit itself, they wanted to cancel or limit large public gatherings, which resulted in the canceling of the Navy Band Concert, for example. Professional exchanges and COMRELS were ultimately canceled or minimized. Liberty boats and piers disinfected before turned over for our use. Vendors on the pier were curtailed, and food vendors canceled.

The only large group event that was maintained was the Big Top Reception, which was moved from the ship to the Da Nang Golden Bay hotel due to the poor sea conditions. I would estimate there were probably 300 people in attendance. These included the US ambassador to Vietnam, PAC FLEET, CSG 9, TR CO, and several TR heads of department including myself. CDR (b) (6) was the POC of the event. The event was deemed an acceptable risk given there were no confirmed cases of COVID in country, the reasonable mitigation efforts by Vietnam, and the specific measures in place at the hotel. Specifically, everyone who entered the hotel was required to submit to a temperature check and all staff had surgical style masks on. Every servicemember leaving the ship was screened by medical personnel and passive temperature checks using temperature scanners by Vietnamese personnel outside of the liberty pier.

WITH WHOM DID YOU DISCUSS THOSE CONCERNS? Advance det provided daily formal updates to the ship sent to XO CAPT (b) (6), with other leaders cc'd including Senior Medical Officer CAPT (b) (6). These updates are included as attachments to this email. There were also multiple daily phone calls to ship leaders communicating the ground level situation in Da Nang and the evolving steps that we were taking to prepare for the port call.

DID CO OR XO SEEK YOUR LEGAL ADVICE BEFORE SENDING 31 MAR 20 EMAIL AND ATTACHMENT? No, CAPT Crozier nor CAPT (b) (6) sought legal advice before drafting and sending the email/attachment.

IS THERE ANYTHING ELSE YOU'D LIKE TO TELL ME?

Reinstating CAPT Crozier was the right decision.

IS THERE ANYONE ELSE YOU THINK I SHOULD TALK TO?

If you haven't reached out to him yet and you are interested in more information about Navy preparation for the Vietnam port call, I would recommend talking to LCDR (b) (6), Deputy Naval Attaché, at (b) (6) and (b) (6) @state.gov.

MY CONTACT INFO:



In Port: (b) (6)  
J-Dial: (b) (6)  
Hydra: (b) (6)  
Iphone: (b) (6)  
Personal Cell: (b) (6)  
Personal Email: (b) (6)@gmail.com

Please let me know if you have any additional questions or concerns.

V/r,

LCDR (b) (6), JAGC, USN  
USS THEODORE ROOSEVELT (CVN 71)  
(b) (6)  
FPO AP 96632  
Command Judge Advocate  
Legal Department (b) (6)  
In Port: (b) (6)  
J-Dial: (b) (6)  
Hydra: (b) (6)  
Iphone: (b) (6)  
Personal Cell: (b) (6)  
Personal Email: (b) (6)@gmail.com

-----Original Message-----

From: Spedero, Paul C Jr RDML USN USFFC (USA)  
[mailto:(b) (6)@navy.mil]  
Sent: Sunday, May 10, 2020 5:33 AM  
To: (b) (6) LCDR USN, USS Theodore Roosevelt  
Cc: (b) (6) CAPT USN NAVY JAG WASH DC (USA); (b) (6) CIV  
USN COMNAVSAFECEN NOR VA (USA)  
Subject: TR Command Investigation - Request for Response (Judge)

**\*\*PRE-DECISIONAL/DELIBERATIVE INFORMATION//~~FOR OFFICIAL USE ONLY~~\*\***

LCDR (b) (6)

I have been appointed as a member of the investigative team by the Vice Chief of Naval Operations, ADM Robert Burke, as part of a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71).

In order to provide an accurate summary of events that occurred, I am reaching out to you for assistance in answering some outstanding questions. Request a response to the questions no later than 2200 EDT on 12 May 2020.

Questions:

Describe the advance det mission to Da Nang? Were there any concerns about COVID-19 (or other issues) that arose before, during, and after the advance det was in Da Nang?

If there were concerns, with whom did you discuss those concerns?

Did the THR CO or THR XO seek your legal advice before sending his 31 Mar 20 email and the attachment in it (that were eventually published)? If so, what was your legal advice?

Is there anything else you'd like to tell me?

If there anyone else you think I should talk to?

We may have some follow up questions after we receive your response. If you are able, can you please provide me with a good phone number for you.

If there is any additional information you would like to add or documents you feel are relevant to this investigation, please provide them with your response. Your voluntary response is requested no later than 2200 EDT on 12 May 2020. Please direct any questions to me at the below contact information or replying all to this email.

Finally, because this is an ongoing investigation you are directed not to discuss your response to me with any other individual until the investigation is completed. Thank you for your time and assistance.

V/r

RDML Paul C. Spedero Jr., USN

Command Investigation Team

(b) (6)

(b) (6) @navy.mil

**\*\*PRE-DECISIONAL / DELIBERATIVE INFORMATION // ~~FOR OFFICIAL USE ONLY~~\*\***

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28 February 2020

From: Vietnam ADVON Team  
To: CCSG-9 via Chain of Command

Subj: DAILY REPORT FOR ADVON VIETNAM SITE VISIT, DA NANG, 28 FEB

Encl: (1) Pier photos

1. Day 2 Summary: ADVON team conducted site visit to the pier and 2 COMREL sites. Met with Press POCs and Vietnamese Border Guard.

2. Pier Visit Highlights:

- Pier is 10 minutes from Golden Bay Hotel.
- Liberty boat transit time between TR and the Fleet Landing is approximately 15 min.
- A cargo ship is currently occupying the berth BKH will be moored at. Will be gone 2 days prior to BKH arrival.
- Parking and bus staging areas have been defined. Need to work out pedestrian traffic flow from this spot to the ECP. Shuttle bus should not be required.

3. Logistics:

- Parking at the reception will not be a separate bill. Will be in the "Services supporting parking for bus and fleet landing area" that is already in the Task Order as per (b) (6) (COR)
- Fun Boss and (b) (6) (HSP) are working the details for Wifi.

4. Security/NCIS/Beach Guard/EOD:

- Divers: During today's meeting with Border Guard, they did not object to our proposal to have CVN divers support pier security measures. This afternoon USCT reported that EOD would not be allowed to enter the water at the pier. A translation error was identified by the US team so we will re-engage. Our request is still to allow EOD to swim the surface and not dive (underwater ops) the pier.
- Escorts: (b) (6) from Qube (contract service provider) is working to get the exact coordinates of Pilot/Border Guard pickup.
- Duty Belts: OC and Baton are not authorized on the pier. Security Force Personnel will not need to wear duty belts. Fleet Landing watch standers will have flex-cuffs in pockets.
- BG will be conducting random baggage inspections of personnel leaving the pier. They will allow us to assist with baggage searches.
- BG states that if a Sailor loses their liberty card in town, a rep from the ship will need to confirm at Fleet Landing that the Sailor belongs to the ship.
- BG COL said for all lost cards we need to inform the husbanding agent and they will work with BG for a replacement. Bottom line, we won't need the mea culpa CDO letter for losing the card.
- No cruise ships will be docked due to Coronavirus.
- Foreign ships will be in and out of the port. Our Topside rovers will be on the lookout for any possible surveillance.

- We need to be on the lookout for surveillance from our translators as well. Most of them are former BG employees and they strategically place them in areas to report back to BG personnel.

5. SLG:

- Initial watchbill shaping up to match contracted services, specifically bus routes/riders. Start times being adjusted to match contracted run times. This will make for long days on the riders, but my concern is the flow of people back to Fleet Landing to make curfew times.
- Still waiting on phones, boxed lunches, and water plan details. Will want to keep that at Fleet Landing for control purposes.
- Have made good contact with all NCIS and interpreters who will be available during our watch time throughout PVST. Will make point to clarify curfew and roll that Shore Patrol will play, and highlight that we will have some SP out past 0000 for sweeps, and RTB to ship on Mondays meeting with HN. Working with PAL for the 70 cell phones required for SP foot patrols and bus riders.

6. COMRELS:

- Attended Charity Center and Agent Orange site visits this afternoon, and was received well from both locations. Will have a full up to date presentation on all info for COMRELS by COB tomorrow.
- Confirmed NSU's for Dong A University COMREL unless participating in proposed soccer event, then PT gear.

7. Professional Exchanges:

- Conducted Press meeting with DOFA. Reviewed media's desire to attend professional exchanges. Confirmed media will be attending medical exchange (scheduled at Da Nang Hospital for Women and Children - still no participation required from CVN). DOFA iterated that there will only be 5 journalists attending due to space. (b) (6) and (b) (6) will coordinate media invites.
- The intent is to dive deeper into the rest of Professional Exchanges after today to get more granularity.

8. Press Events:

- Met with DOFA and DOIC to discuss all media participation during CVN visit.
- There is a desire from DOFA and DOIC to attend press conference, both office calls after the press conference, 2 COMRELS (Agent Orange and Hoa Mai Orphanage), Navy Band Concert on the evening of 5 March, medical professional exchange at DaNang Hospital for Women and Children and possibly the CVN departure.
- DOFA and DOIC proposed switching COMRELS 4 and 5 on 7 March to have press and band at Hoa Mai orphanage in the morning and Dong A University Language event in the afternoon. Confirmed with all parties involved that it is okay.
- Still plan on having media at Agent Orange COMREL but there is a caveat. Due to N CoV, there are no classes taking place at the Agent Orange Center. When we did today's site visit, we proposed 2 COAs based off of if students will be in attendance (which will



also dictate media coverage). COA 1 (if students are present), we will have media and band play, COA 2: if there are no students, we pose no media or band and will have Sailors do community service.

- Agent Orange: 10 media personnel; Hoi Mai Orphanage: 10 media personnel; Medical exchange: 5 media; Band concert: 10 media.
- We posed the question to MND if there is a desire for media coverage at METOC and Air Traffic Control Exchange, answer TBD tomorrow.
- Two Media Ship Tours: DOFA suggested delineating 1 group for Da Nang Media only and 1 group delineated for National/International media. DOFA and DOIC will be in charge of RSVPs for DaNang media and MND will be responsible for all National/International Media RSVPs. I requested a list of names, outlet and email contacts for all media coming to the Carrier by COB Tuesday March 3rd.
- Press Conference: Moderator will be provided by MOFA or DOFA, still TBD. Opening remarks will be ADM Aquilino, then AMB Krittenbrink, then the Vice Chairman of DOFA. We requested intended remarks from the Vice Chairman of DOFA in advance (ideally 24 hours in advance). No intention to have remarks from RDML Baker or CG.
- DOFA said they will coordinate credentialing of all media.
- Office Calls: Only 5 media invited and STRICTLY imagery. No questions will be posed to personnel involved in office calls.
- DOFA having media invited to the departure. They want to use the same invites for the press conference but lower expectations for attendance. Recommended no media at departure.
- No issue or sensitivities for imagery release UNLESS showcasing specifically mil to mil engagement. DOFA and DOIC are okay with imagery release without their review. MTF on MND preference.
- RFI on details for the Navy Band concert on 5 March.

#### 9. Legal:

- Submitted contingency plan proposal drafted and submitted to XO, standing by for feedback.
- At ADVON sync meeting this afternoon, we had important discussion regarding curfew (0000-0700, with 0500 potentially being allowed for SLG and others working logistics). The Vietnamese take this curfew seriously. This means, on the ship side, we need strong emphasis on adhering to this curfew before pulling in, and strong enforcement when in port. Bottom line, I recommend a policy of revoking liberty cards for every sailor who violates curfew for the remainder of the port call.

#### 10. Big Top reception:

- 75 additional invitations requested for DOFA attendees. Will reassess on Monday to determine if we can stay within 600 total attendees and still support this request.
- Draft RSVP letter has been created. Awaiting clarification for parking instructions prior to release.
- As of 1300, we have 115 affirmative RSVPs (52 responses from Vietnam and 63 from USCT & CSG). Awaiting responses from ~600 invitees. USCT sections will reach out to their POCs to emphasize the importance of providing a response by Monday, March 2.

10. DESRON comments:

- NWU and Khaki uniforms are not authorized off the ship. BKH's pier security and duty personnel will have to decide on a uniform for watch standers to wear off the ship. The HN recommendation is coveralls.
- There will be a 100% baggage inspection for all personnel coming into the pier ECP. There will be random baggage inspections for personnel departing the pier.
- Handcuffs, batons, or OC are NOT authorized on the pier for the security watchstanders.
- If a Sailor loses their liberty card, the command will need to contact the husbanding agency to coordinate with the BG to receive a new one.
- Standing by for clear guidance from the HN about U.S. EOD personnel conducting the underwater inspections of the pier and the liberty boats.
- Sailors will not be permitted on the HN picketboats to liaison with the ship's ATTWO.
- Standing by for a picture of BKH's SLG Uniform to provide to the HN .

11. Unresolved Issues:

- Overnight liberty. Vietnam cannot change liberty expiration to 0500 for all hands since 0700 is written into Vietnamese law. However, they are willing to accept that personnel having an official need to start movement at 0500 will be allowed to do so (duty watchstanders returning to the ship for duty, shore patrol setting up buses, personnel transiting to the pier to meet tour groups, etc.) Request that the CSG clarify the reasoning for the request to move liberty expiration to 0500 - are we looking for no restrictions for all hands? Is this new proposal acceptable?
- Exact coordinates of BG pickup prior to anchorage.
- EOD: TBD on divers (swimmers) in the water.
- Request from the Language COMREL site for 10 more sailors to attend the event to participate in a soccer game with students.
- Searching for 2018 ceremony script from Big Top reception

Very Respectfully,

ADVON Team





Enclosure (1)

Pier photos: A lot of CONEX box movement and cleanup of the pier needs to be completed prior to arrival of ships

29 February 2020

From: Vietnam ADVON Team  
To: CCSG-9 via Chain of Command

Subj: DAILY REPORT FOR ADVON VIETNAM SITE VISIT, DA NANG, 29 FEB

Encl:

1. Day 3 Summary: ADVON team conducted bus route tour. Coordination with host nation will resume on Monday after the weekend.

2. Bus Route Highlights:

- Moving the bus stop by the Dragon Bridge to in front of a Museum due to space and safety concerns. Original and new location are only 200m apart.
- Expect most sailors to go to the Beach Stop or new Museum stop where the majority of shopping, restaurants, and bars are. Sailors needing to go to the Hilton or Novotel hotels will use the Novotel bus stop
- Buses will be flexible to depart bus stop or fleet landing at the discretion of the bus king. Should help prevent backlogs. Buses will also be able to be rerouted if the original plan for bus allocation is not efficient.

3. COMRELS:

- Need ship POCs going to each event (assuming CRMD personnel)

4. Professional Exchanges:

- Culinary Exchange: Recommend cancellation since we are unable to offer anything more than a hangar bay/flight deck tour and HN is not interested
- HA/DR: Will take place at Danang Hospital for Women and Children from 0900-1630. No CVN participation required, except for potentially Media rep.
- Firefighting: Off ship location is Danang Firehouse. On ship activity proposal is a short training session of capabilities then practical application. Ideally, something fun and interactive (e.g. manning a firehose competition?).
- METOC: Is there still a desire from the ship to do a METOC exchange? VN would like to match the number of sailors we have participating in this exchange.
- Air Traffic Control: Off ship portion will take place at the Da Nang Airport, awaiting clearance from MND for the confirmation. Request approval to tour flight deck control and/or pri-fly for on ship portion.

5. NCIS:

- Toured the city and nightlife - bars are mostly empty due to coronavirus
- The biggest night club in SE Asia "Phew Bong" and is located not far from the Novotel Hotel. Anticipate it will be a big attraction with the Sailors.
- There is a new local trend while partying/drinking that involves inhaling some type of gas from a balloon. Observed several people doing this, after which they behaved as if they were high. Not sure if it contains drugs or not but recommend prohibiting this action by sailors.



6. Unresolved Issues:

- Overnight liberty. Vietnam cannot change liberty expiration to 0500 for all hands since 0700 is written into Vietnamese law. However, they are willing to accept that personnel having an official need to start movement at 0500 will be allowed to do so (duty watchstanders returning to the ship for duty, shore patrol setting up buses, personnel transiting to the pier to meet tour groups, etc.)
- Exact coordinates of BG pickup prior to anchorage.
- EOD: TBD on divers (swimmers) in the water.
- Request from the Language COMREL site for 10 more sailors to attend the event to participate in a soccer game with students.
- Searching for 2018 ceremony script from Big Top reception

Very Respectfully,

ADVON Team

2 March 2020

From: Vietnam ADVON Team  
To: CCSG-9 via Chain of Command

Subj: DAILY REPORT FOR ADVON VIETNAM SITE VISIT, DA NANG, 2 MAR

1. Day 5 Summary: ADVON team met with Vietnamese officials representing various government departments. Closed the loop on schedule and outstanding questions and have a solid plan moving forward. PXO arrived at Golden Bay.

2. Logistics:

- 3 Vietnamese flags in our possession. Will be put on tomorrow's COD.
- Bus schedule still in work. Working to start a limited bus schedule at 0500 to support duty/tour personnel to match liberty authorization. Liberty for sailors is still only authorized from 0700-midnight.

3. Security/SLG/EOD:

- Water sample still in work. Only one of two barges are present and having problems with connection.
- Agreed to a 0900 synch meeting with VBG 5-9 March.
- Agreed to have US divers observe water operations at the pier. Will not be engaging in any diving.

4. COMRELS:

- Media added to COMREL #1

5. Professional Exchanges:

- Culinary Exchange: Officially canceled.
- HA/DR: US participation involves one Navy doctor from Thailand and one CDC representative from Hanoi.
- Air Traffic Control: Professional exchange requires a DIPNOTE. Notice sent and awaiting response.

6. Other DV engagements:

- DPC and Navy Region 3 office call expectation is 15 people from each side (US/Vietnam)
- No joint band performance at the Vietnamese hosted dinner
- Gift exchange will occur at the DPC/NR3 office call
- Need dietary restrictions for VN-hosted banquet attendees.
- Extended 50 more invites to DoFA for the Big Top Reception. 25 DoFA and 30 MND additional invitations have been requested. Awaiting RSVP update prior to approval. Current count is 265 of 873 RSVPs received - 181 accepted (107 host nation, 40 CSG, and 34 USCT).

7. NCIS:

- Provided list of most popular club/bar locations for SA. Shore patrol in receipt.

8. Unresolved Issues:

- Request received to move Media CVN Tours 1 hour to the right (1500 and 1600 starts) on 5 Mar
- Medical screening: Vietnam now said they will be conducting body temperature screening using scanners outside of the ECP. We reminded them the US will also be conducting screening. Working to confirm that dual screening (one inside and one outside of the ECP) is desired.

Very Respectfully,

ADVON Team

3 March 2020

From: Vietnam ADVON Team  
To: CCSG-9 via Chain of Command

Subj: DAILY REPORT FOR ADVON VIETNAM SITE VISIT, DA NANG, 3 MAR

1. Day 6 Summary: Day 1 of pier set up complete. Impromptu medical meeting conducted with VN due to their emerging concerns. First day of COD support to/from the CVN - supported DVs and remaining members of ADVON.

2. Logistics:

- Outside perimeter of pier area set up. Fleet Landing area setup in progress. Inspection scheduled for 1400 4 MAR.
- Completed deck and engineering inspections of liberty boats for seaworthiness and safety. Inspection checklist completed for all 8 boats. Boats in relatively good condition with a few discrepancies on things like diagnostic lights. Inspection checklists will be photocopied and sent back to the CVN on the COD.

3. Security/SLG/EOD:

- Water sample from first barge complete and sent to CVN via COD. Second barge will not be on station until at least noon on 4 MAR. Tank will have to be drained and flushed prior to filling with water. Sample will not be available early enough to be sent on the COD.
- EOD will observe HN diving operations starting at 0630 on 4 March.
- US has agreed to comply with random x-ray baggage searches for sailors departing the pier. However, since the US has only paid for one x-ray machine, we are directing that HN provide a second machine for outbound searches. US-funded machine will be used for inbound searches only.
- Pier sprayed this evening with 0.5% chloramide as a disinfectant measure at VN's request.
- There are peak hour traffic restrictions at the Novotel stop that may affect the bus route. Working to resolve whether the city is waiving the restriction since traffic is light due to coronavirus or if the bus stop needs to be moved (likely to the next side street).
- Liberty cards will be color coded - Pink for BKH and Green for TR. They will have overlapping numbers (BKH: 1-3XX; TR: 1-51XX) so make sure trackers/overnight liberty letters include the card color and number (e.g. Green-282 vs. Pink-282).

4. COMRELS:

- CHAPS arrived on ADVON.

5. Professional Exchanges:

- NSTR

6. Other DV engagements:

- Confirmed no VN Color Guard participation. Will need to provide flag bearers for VN colors.
- Extended 25 more invites to DoFA for the Big Top Reception. Current count is 322 of 873 RSVPs received - 215 accepted (138 host nation, 42 CSG, and 35 USCT). DoFA and MND have not yet RSVPed but expect close to 100% attendance for their invitees (100 invitees).
- Zippo lighters are still the continued hotness. DAO wanted to buy all Zippos to control their distribution. Up to SUPPO's on how to sell these items but recommend a couple be held for key positions that have been critical to our visit preparation.

7. NCIS:

- NSTR

8. Medical:

- VN expressed concerns this afternoon about coronavirus screening. They now want to be part of the process on the pier. We have agreed to place their body temperature screening machine in the exit path of Sailors departing the ECP (but still within ECP boundaries). The laptop which displays the temperature will be located outside of the ECP and monitored by VN medical staff. Any sailor triggering an alert will be redirected to US medical screening on the pier. Likewise, any VN resident will proceed through the ECP and be subject to VN procedures.

9. Unresolved Issues:

- VN has not agreed to allow food providers on the pier. Will continue to ask.

Very Respectfully,

ADVON Team





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## USS Bunker Hill visits Saipan on Indo-Pacific deployment

By MC3 Nicholas Huynh | USS Bunker Hill | Feb. 10, 2020

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Photos

1 of 1



The Ticonderoga-class guided-missile cruiser USS Bunker Hill (CG 52) arrives in Saipan Feb. 7, 2020. Bunker Hill, part of the Theodore Roosevelt Carrier Strike Group, is in Saipan for a port visit during their scheduled deployment to the Indo-Pacific. **(Photo by Petty Officer 3rd Class Nicholas)**

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SAIPAN - The Ticonderoga-class guided-missile cruiser USS Bunker Hill (CG 52) arrived in Saipan for a port visit, Feb. 7.

During the port visit, Bunker Hill Sailors will get the opportunity to experience the local culture, through events sponsored by Morale, Welfare and Recreation (MWR). One of those events is to a

museum, where Sailors will learn about the historical significance of Saipan during WWII.



"This is a great opportunity for the crew to experience a place so rich in history, said Capt. Kurt Sellerberg, commanding officer of Bunker Hill. "Seeing and learning about what was accomplished during the battle of Saipan is something I know my Sailors won't forget."

Bunker Hill transited the Pacific Ocean participating in unit-level training since departing its homeport in San Diego, Calif., Jan. 17. Though underway for a short time, Bunker Hill Sailors expressed excitement about the port.



"I'm excited to experience some place new," said Ensign Lauren E. Castillo. "Visiting new places and seeing things I've read about in history books is one of the things I'm looking forward to on deployment."

Bunker Hill, part of the Theodore Roosevelt Carrier Strike Group, is on a scheduled deployment to the Indo-Pacific conducting maritime security operations to enhance partnerships and contribute to stability in the U.S. 7th Fleet area of operations.



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---



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---



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(b) (6)

**LCDR USN ASSTSECNAV FMC DC (USA)**

---

**From:** (b) (6) LT USN VCNO (USA)  
**Sent:** Tuesday, May 12, 2020 9:51 AM  
**To:** (b) (6) CDR USN CNO (USA); (b) (6) CDR USN COMNAVSAFECEN NOR  
VA (USA); (b) (6) Lcdr USN ASSTSECNAV FMC DC (USA); (b) (6)  
(b) (6) CDR USN CNO (USA); (b) (6) LT USN NAVCIVLAWSUPPACT DC (USA); (b) (6)  
(b) (6) CAPT USN (USA)  
**Subject:** FW: RFI timeline  
**Signed By:** (b) (6) @navy.mil

Good morning Gentlemen,

I will move this information to the shared drive as well, but the email below from CSG-9 contains timeline information (RFI #15). I will be forwarding two more emails: one containing the COD schedule and who tested positive for COVID, and the battle rhythm conducted by medical personnel from Da Nang up until CO relief.

Please let me know if you need anything else.

Very respectfully,

LT (b) (6)  
Command Investigation Team  
Vice Chief of Naval Operations  
O: (b) (6)  
Pentagon Room (b) (6)  
Washington, DC 20350-1000  
(b) (6) @navy.(smil.)mil

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---

**From:** (b) (6) CDR USN, CCSG-9 <(b) (6) @ccsg9.navy.mil>  
**Sent:** Tuesday, May 12, 2020 5:44 AM  
**To:** (b) (6) LT USN VCNO (USA) <(b) (6) @navy.mil>  
**Cc:** (b) (6) Lcdr USN CCSG 9 (USA) <(b) (6) @ccsg9.navy.mil>  
**Subject:** FW: TR Command Investigation

(b) (6),

I don't have complete answers for this RFI, yet. Here's what I do have, so far:

The USMC element supporting TR COVID recovery is the 3<sup>rd</sup> Medical Battalion. POCs are CAPT (b) (6) (b) (6) @usmc.mil) and LT (b) (6) (b) (6) @usmc.mil). DSN 3(b) (6).

TR arrived in Guam on 07 Feb at 0950 local time and departed on 10 Feb at 1400. PKN arrived in Guam on 07 Feb at 1201 local time and departed on 10 Feb at 1000.

BKH arrived in Saipan on 07 Feb at 0900 local time and departed on 10 Feb at 0900.

TR and the USS AMERICA conducted Expeditionary Strike Force Operations (ESF) in the 7<sup>th</sup> Fleet AOR on three occasions.

ESF I: 15-17 Mar 2020

ESF II: 14-17 Mar 2020

ESF III: 23-25 Mar 2020 (Originally scheduled for 23-26 Mar 2020, however on 25 Mar 2020 TRSG terminated the exercise and began transit directly to Guam).

Liberty expired for TR at 0900 on 09 May, in preps for underway from Da Nang, Vietnam.

I sent you some details on the operational battle rhythm via SIPRNET.

We still owe the following:

When INDOPACOM released COVID Country risk on 4 March (Released by INDOPACOM J07).

When the Guidance for Underway Evaluation and Management of Suspected Person Under Investigation (PUI) for 2019 Novel Coronavirus (COVID-19) released.

The time that BKH expired liberty for their crew prior to departing Da Nang.

TR Medical battle rhythm details.

CDR (b) (6)

Deputy Operations Officer (N3A), Carrier Strike Group NINE

Embarked: USS THEODORE ROOSEVELT

SIPR: (b) (6) @ccsg9.navy.smil.mil

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Tandberg: (b) (6)

---

**From:** (b) (6) LT USN VCNO (USA) [mailto:(b) (6) @navy.mil]

**Sent:** Tuesday, May 12, 2020 4:14 AM

**To:** CSG9 BWC

**Cc:** cpf.catbwc; cpf.catbwc; C7F BWC; C7F-N31-COPS; C7F-COVID-WG; C7F ABWC

**Subject:** TR Command Investigation

Good afternoon,

Thank you again for all your help and responses. Today we have several RFIs for **CSG-9** and **TR**.

Please confirm receipt of this email.

Please have the information available for closeout **within 24 hours of receipt**.



Point of Contact: LT (b) (6) (b) (6) @navy.(smil.)mil

If the RFIs are on SIPR, sending emails to my SIPR account is acceptable, please let me know if the RFIs will be sent there.

**RFI 1: For CSG-9 and TR**

**Who were the USMC POC units that supported the TR COVID response? (please provide names and contact information to include email and phone numbers)**

---

**RFI 2: For CSG-9 and TR**

- **What time did USS Theodore Roosevelt and USS Pinckney arrive in Guam for their 7 Feb port call and what day/time did they depart this same port call?**
  - **What time did USS Bunker Hill visit Saipan on 7 Feb? What day/time did they depart this same port call?**
  - **What time did USS Theodore Roosevelt and USS America conduct Expeditionary Strike Force Operations in the 7th Fleet AOR?**
  - **What time did INDOPACOM COVID Country risk released on 4 March (Released by INDOPACOM J07)?**
  - **What time was the Guidance for Underway Evaluation and Management of Suspected Person Under Investigation (PUI) for 2019 Novel Coronavirus (COVID-19) released?**
  - **What time did CCSG-9 terminate liberty for TR and BKH Sailors on 9 March in Da Nang?**
- 

**RFI 3: For CSG9 and TR**

**From Da Nang to CO relief, describe the operations and medical Battle Rhythm (normal events). Include normal attendees. Describe how the Battle Rhythm adjusted over time.**

**\*(this is the same RFI (#3) submitted to CPF and C7F, however, we're looking for how the Battle Rhythm at each level was conducted)**

Very respectfully,

LT (b) (6)  
Command Investigation Team  
Vice Chief of Naval Operations  
O: (b) (6)  
Pentagon Room (b) (6)  
Washington, DC 20350-1000  
(b) (6) @navy.(smil.)mil

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## Theodore Roosevelt, America Strike Groups Conduct Joint Operations in 7th Fleet

| Theodore Roosevelt CSG & America ESG | Feb. 18, 2020

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PACIFIC OCEAN – The Theodore Roosevelt Carrier Strike Group and the America Expeditionary Strike Group joined forces to conduct Expeditionary Strike Force operations in support of a free and open Indo-Pacific, Feb. 15.

Ships and aircraft from the U.S. Navy, as well as aircraft from the U.S. Marine Corps, conducted a multitude of joint, high-end warfighting exercises while forward-deployed to the U.S. 7th Fleet area of operations.

"The carrier strike group's combat power is impressive, but when combined with an Expeditionary Strike Group, like the America ESG, it is unparalleled," said Rear Adm. Stuart Baker, commander, Carrier Strike Group (CSG) 9. "The teamwork, resilience, technical excellence and extraordinary professionalism of these two teams working together is the foundation of everything we do in the U.S. naval service."

While operating together, the Navy-Marine Corps team sharpened their interoperability through a series of exercises designed to increase battle readiness. Assets participated in a variety of evolutions to include air-to-air training, steaming in formation, maneuvering, and establishing joint communications to rapidly enable a command and control environment.

"Expeditionary strike force operations combine the kinetic combat and 5th generation capabilities of the America Expeditionary Strike Group with the truly impressive air power of the Theodore Roosevelt Carrier Strike Group," said Rear Adm. Fred Kacher, commander, Expeditionary Strike Group Seven. "Merging our two teams into one makes the Expeditionary Strike Force greater than the sum of our parts and provides the 7th Fleet commander versatile combat capability that can be deployed anywhere in the Indo-Pacific."

USS Theodore Roosevelt (CVN 71) is the flag ship of CSG9 9, which includes Carrier Air Wing (CVW) 11, a Ticonderoga-class guided-missile cruiser, and Arleigh Burke-class guided-missile destroyers from Destroyer Squadron (DESRON) 23.

USS America (LHA 6) is the flagship of the America Expeditionary Strike Group (ESG), which includes the staff of Commander, Amphibious Squadron 11, San Antonio-class dock landing ship USS Green Bay (LPD 20), Whidbey Island-class dock landing ship USS Germantown (LSD 42), and the 31st Marine Expeditionary Unit (MEU).

The Theodore Roosevelt Carrier Strike Group and America Amphibious Ready Group are forward-deployed to the U.S. 7th Fleet area of operations in support of security and stability in the Indo-Pacific region. U.S. 7th Fleet is the largest numbered fleet in the world, and with the help of 35 other maritime-nation allies and partners, the U.S. Navy has operated in the Indo-Pacific region for more than 75 years, providing credible, ready forces to help preserve peace and prevent conflict.

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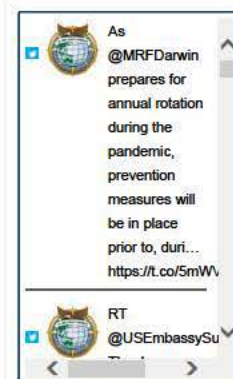
Photos 1 of 2



An MV-22 Osprey assigned to the Dragons of Marine Medium-Tiltrotor Squadron (VMM) 265, 31st Marine Expeditionary Unit, approaches the flight deck of the aircraft carrier USS Theodore Roosevelt (CVN 71), Feb. 15, 2020. Operating as an Expeditionary Strike Force, the Navy-Marine Corps team integrates carrier strike group combat power with the flexible capability of an expeditionary strike group to provide the fleet commander with a capable, credible combat force that can be deployed anywhere in the world. (Photo by MC Brandon Richardson)

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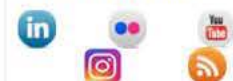
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UPDATE: 27FEB20/1901W  
OPR: N01H  
CONTACT: (b) (6)

## Country Public Health Risk for COVID-19

Country	Risk Level*		Risk Declarations	Assessment
Australia			HPCON: A	Imported cases with limited domestic transmission and no/minimal operational impact. <b>No increase in domestic cases this week.</b>
Bangladesh				No reported cases of COVID-19.
Bhutan				No reported cases of COVID-19.
Brunei-Darussalam				No reported cases of COVID-19.
Cambodia			HPCON: A	Minimal imported cases with no/minimal operational impact; concern about reporting transparency, given relationship with China. <b>No new cases since 1/28.</b>
China			HPCON: D CDC: Lvl 3 DOS: Lvl 4 MOH: RED (Highest)	Widespread community transmission exceeding medical, diagnostic and public health capabilities.
Fed. States of Micronesia				No reported cases of COVID-19.
Fiji				No reported cases of COVID-19.
India			HPCON: A	Minimal imported cases with no operational impact. <b>No new cases since 2/3.</b>
Indonesia				No reported cases of COVID-19; concern about reporting transparency, given significant number of Chinese travelers.
Kiribati				No reported cases of COVID-19.
Japan			HPCON: B CDC: Lvl 2 DOS: Lvl 2	Locally acquired infections occurring with multiple known clusters. Despite strong public health infrastructure, community transmission without epidemiologic links are occurring. <b>Repatriation of individuals associated with the Diamond Princess may have a spillover effect as travelers disembark, despite being medically cleared by Government of Japan. HPCON BRAVO declared 26 FEB. Significant increase in domestic cases this week (77 cases, 197% increase).</b>
Laos				No reported cases of COVID-19.
Malaysia			HPCON: A	Imported cases with limited domestic transmission and no/minimal operational impact. <b>No new cases since 2/16.</b>
Maldives				No reported cases of COVID-19.

\*Left Risk Level column represents current status; right Risk Level column represents projected status in 7 days.

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UPDATE: 27FEB20/1901W  
 OPR: N01H  
 CONTACT: (b) (6)

## Country Public Health Risk for COVID-19

Country	Risk Level*		Risk Declarations	Assessment
Mongolia			DOS: Lvl 3	No reported cases of COVID-19. Concern given a shared border with China, minimal diagnostic capability, diminished medical capacity, and weak public health infrastructure. <b>DOS Lvl 3 (Reconsider Travel) on 26 Feb authorizes voluntary USG personnel departure.</b>
Myanmar				No reported cases of COVID-19.
Nauru				No reported cases of COVID-19.
Nepal			HPCON: A	Minimal imported cases with no operational impact. <b>No new cases since 1/25.</b>
New Zealand				No reported cases of COVID-19.
North Korea				No reported cases of COVID-19. Conflicting reports whether community transmission is occurring. International tourism has been suspended and a mandatory 30 day quarantine implemented.
Northern Mariana Isl.			HPCON: A	No reported cases of COVID-19.
Palau				No reported cases of COVID-19.
Papua New Guinea				No reported cases of COVID-19.
Philippines			HPCON: A	Minimal imported cases with no operational impact. <b>No new cases since 2/5.</b>
Republic of the Marshall Islands				No reported cases of COVID-19.
Samoa				No reported cases of COVID-19.
Singapore			HPCON: A CDC: At Risk DOS: Lvl 1 MOH: Orange (2 <sup>nd</sup> highest)	Locally acquired infections occurring with several known clusters. Despite strong public health infrastructure, community transmission without epidemiologic links are occurring. MOH Disease Outbreak Response System raised to ORANGE (2 <sup>nd</sup> highest level) on 7 Feb. <b>Modest increase in domestic cases this week (16 cases, 31% increase).</b>
Solomon Islands				No reported cases of COVID-19.

\*Left column Risk Level represents current status; right column Risk Level represents projected status in 7 days.

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UPDATE: 27FEB20/1901W  
 OPR: N01H  
 CONTACT: (b) (6)

## Country Public Health Risk for COVID-19

Country	Risk Level*		Risk Declarations	Assessment
South Korea	➤		HPCON: C CDC: Lvl 3 DOS: Lvl 3 MOH: Grave (Highest)	Locally acquired infections occurring in the community with several large clusters involving hundreds of people. Quarantine of Daegu (2.5M people) on 20 Feb has failed to curtail disease spread; community transmission without epidemiologic links are prevalent. Public health resources are stretched but aggressive mitigation measures continue. USFK declared HPCON CHARLIE 26 Feb. AD/DOD beneficiaries affected. PACOM/Service travel restrictions in place. All exercises cancelled/postponed. MOH at highest alert, first time since 2009. Exponential increase in domestic cases this week (576 cases, 1986% increase). Anticipating further ROM requirements and inclusion by CDC as high-risk area.
Sri Lanka			HPCON: A	Minimal imported cases with no operational impact. No new cases since 1/28.
Taiwan			HPCON: A CDC: At Risk	Imported cases with limited domestic transmission and no/minimal operational impact. Minimal increase in cases this week (9 cases).
Thailand	➤		HPCON: A CDC: At Risk DOS: Lvl 1 MOH: UNK	Imported cases with limited domestic transmission and minimal operational impact. Despite the few number of locally-acquired cases, concern exists about the significant number of Chinese travelers and the open borders with China. International engagements may exacerbate local transmission dynamics. Minimal increase in domestic cases this week (2 cases).
Timor-Leste				No reported cases of COVID-19.
Tonga				No reported cases of COVID-19.
Tuvalu				No reported cases of COVID-19.
Vanuatu				No reported cases of COVID-19.
Vietnam	➤		HPCON: A CDC: At Risk DOS: Lvl 1 MOH: UNK	Imported cases with limited domestic transmission amongst close contacts, and minimal operational impact. Concern by the Government of Vietnam resulted in the mandatory 20-day quarantine of the rural town of Son Loi (10K people) on 14 Feb, ~30 miles outside of Hanoi. VNM lauded for their transparency and aggressive public health efforts. No new cases since 2/13.

\*Left column Risk Level represents current status; right column Risk Level represents projected status in 7 days.

### Risk Level Legend

- No change in risk level since last week
- ▲ Increase in risk level since last week

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UPDATE: 27FEB20/1901W  
OPR: N01H  
CONTACT: (b) (6)

# Country Public Health Risk for COVID-19

## Risk Level Definitions

**Green (Low):** Countries with no reported cases of COVID-19; OR countries that have cases that were imported from another country; OR countries that have isolated transmission not attributed to travel, household contacts, or healthcare settings.

**Yellow (Moderate):** Countries with COVID-19 cases occurring in the community without known contacts or exposures and/or with small outbreak clusters (multi-focal transmission), swiftly handled by public health interventions that limit disease transmission.

**Orange (Significant):** Countries with COVID-19 cases occurring in the community without known contacts or exposures, with cases increasingly acquired domestically. Community transmission results in multiple clusters that are addressed by the public health departments, but may be reactive in posture. Other indicators include exportation of cases, tertiary transmission, or public health response capacity being challenged.

**Red (High) risk:** Countries with sustained or widespread community transmission of COVID-19 despite public health control measures and that may exceed medical, diagnostic, and public health capabilities.

## Risk Declarations:

### **CDC**

Level 1 (Watch): Practice Usual Precautions  
Level 2 (Alert): Practice Enhanced Precautions  
Level 3 (Watch): Avoid Non-Essential Travel

### **Dept of State**

Level 1: Practice Usual Precautions  
Level 2: Exercise Increased Caution  
Level 3: Reconsider Travel  
Level 4: Do Not Travel

### **HPCON:**

O: Normal Baseline  
A: Report of unusual health risk or disease  
B: Outbreak or heightened exposure risk  
C: High morbidity epidemic or contamination  
D: High mortality epidemic or contamination

### **Acronyms**

CDC: Centers for Disease Control and Prevention  
DOS: Department of State  
HPCON: Health Protection Condition  
MOH: Ministry of Health

## Methodology:

Country risk assessments considered various criteria to include: imported vs. locally-acquired disease; medical infrastructure; robustness of disease surveillance, diagnostic capability, and public health response; transparency in case reporting; incidence rates/population density; rate of increase in COVID-19 cases; travel restrictions with China; Chinese transit/tourism patterns; exportation of cases; transmissions dynamics; and threat to U.S. military presence.

Due to the rapidly evolving situation, assessment of threat takes into account that lags often exist with DOS/CDC/DOD published guidance. Operational risk may lead to a risk level determination not in alignment with current CDC/DOS travel advisories for normal U.S. citizens. Data pulled and current as of 2/26.

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# Country Public Health Risk for COVID-19

UPDATE: 27FEB20/1901W  
OPR: N01H  
CONTACT: (b) (6)

## Sources of information:

1. CDC: <https://www.cdc.gov/coronavirus/2019-COVID-19/travelers/index.html>
2. DOS: <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>
3. WHO: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>
4. JHU map: <https://systems.jhu.edu/research/public-health/COVID-19/>
5. Country Ministries of Health and Disease Surveillance agencies
6. Open source media for supplemental information.
7. Developed in collaboration with NMPHC.

## DISCLAIMER:

Risk levels represent the informed analysis of PACFLT subject matter experts, utilizing objective indicators. ASD(HA) Medical Risk Algorithm (dated 21 Feb) and OSD(P&R) Guidance For Risk-Based Measured Responses for the COVID outbreak (published 25 Feb) were utilized to help develop risk level definitions. Risk levels assessments may be considered a more aggressive stance due our unique operational environment and the need to protect our sailors, ships, and mission.





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# Operational Risk Matrix for COVID-19

UPDATE: 27FEB20/1901W  
OPR: N01H  
CONTACT: (b) (6)

Risk Level	Risk Definition	Public Health Recommendation
Low	<p><b>Isolated transmission:</b> Cases occurring in the community not attributed to travel, household or HCW contacts.</p> <p>Generally aligns with:</p> <ul style="list-style-type: none"> <li>- PHEM HPCON O/A</li> <li>- CDC "At Risk"</li> <li>- DOS Travel Advisory Level 1</li> </ul>	<p><b>Usual Precautions</b></p> <ul style="list-style-type: none"> <li>- Maintain normal operational posture.</li> <li>- Standard hygiene and precautions.</li> <li>- Avoid contact with sick people.</li> </ul>
Moderate	<p><b>Multi-focal transmission:</b> Multiple cases of community transmission occurring without known contacts or exposures.</p> <p>Generally aligns with:</p> <ul style="list-style-type: none"> <li>- PHEM HPCON B</li> <li>- CDC Travel Advisory Level 1</li> <li>- DOS Travel Advisory Level 2</li> </ul>	<p><b>Enhanced Precautions</b></p> <p>Usual precautions (as above) plus:</p> <ul style="list-style-type: none"> <li>- FHP brief prior to disembarking.</li> <li>- Strict handwashing: soap and water for at least 20 seconds (or alcohol-based hand sanitizer if soap/water not available).</li> <li>- Proper coughing/sneezing etiquette.</li> <li>- Social distancing measures (e.g., 6 feet).</li> <li>- Avoidance of animals (alive or dead)/animal markets.</li> </ul>
Significant	<p><b>Community transmission:</b> Multiple <u>clusters</u> of cases of community transmission occurring without known contacts or exposures.</p> <p>Generally aligns with:</p> <ul style="list-style-type: none"> <li>- PHEM HPCON C</li> <li>- CDC Travel Advisory Level 2</li> <li>- DOS Travel Advisory Level 3</li> </ul>	<p><b>Special Precautions</b></p> <p>Enhanced precautions (as above) plus:</p> <ul style="list-style-type: none"> <li>- Enhanced screening: Screening protocol for all visitors. Daily medical screenings (e.g., temperature, symptoms) x 14 days for returning crew members. If exhibiting fever, cough, or shortness of breath, then mask, isolate and evaluate further with appropriate PPE. Be prepared to cohort sick individuals and evaluate potential close contacts.</li> <li>- Enhanced Surveillance: Monitor sick call logs daily for increases in influenza-like illness (ILI).</li> <li>- Enhanced Sanitation: Cleaning of high contact areas (e.g., berthing, heads, handrails, door handles) at least daily with approved cleaning/disinfectant agents.</li> <li>- Consider liberty limitations.</li> </ul>
High	<p><b>Widespread community transmission:</b> Sustained disease transmission despite public health control measures.</p> <p>Generally aligns with:</p> <ul style="list-style-type: none"> <li>- PHEM HPCON D</li> <li>- CDC Travel Advisory Level 3</li> <li>- DOS Travel Advisory Level 4</li> </ul>	<p><b>Restriction of Movement</b></p> <ul style="list-style-type: none"> <li>- Cancel routine port visits.</li> <li>- Disembarkation not recommended; essential personnel only with appropriate PPE.</li> <li>- Crew members should not return to ship without 14-day quarantine.</li> </ul>

CDC: Centers for Disease Control and Prevention  
DOS: Department of State  
FHP: Force Health Protection

HPCON: Health Protection Condition (IAW DODI 6200.03)  
HCW: Healthcare Worker  
PHEM: Public Health Emergency Management  
PPE: Personal Protective Equipment



**From:** (b) (6) [CDR USN C7F](#)  
**To:** (b) (6) [USN VCNO \(USA\)](#)  
**Cc:** (b) (6) [CAPT USN C7F](#); [C7F BWC](#); [C7F ABWC](#); [C7F-COVID-WG](#)  
**Subject:** BLUF: C7F response VNCO RFI TR Command Investigation IRT BLR, AMA, and GBY port visits  
**Date:** Friday, May 15, 2020 7:03:36 AM

---

LT (b) (6) ,

BLUF: C7F Response to VCNO RFI TR Command Investigation IRT BLR, AMA, and GBY port visits

Summary:

1. USS America and USS Green Bay arrived in Thailand for Cobra Gold on 22 Feb. What day/time do they get underway from Thailand? Did either ship have any positive COVID sailors after Cobra Gold? If so, how many and when were they positive?

- AMA and GBY departed 11 Mar
- Neither ship had any Sailors or Marines test positive.
- Not requested below, BLR visited Thailand from 23-27 Feb.

2. What were the dates for exercise COBRA GOLD?

- AMA and GBY were operating in and around Thailand from 24 Feb - 8 Mar.

3. USS Blue Ridge pulled into Singapore on 14 Mar 2020. What time did they arrive and what date/time did they leave Singapore? Did BLUE RIDGE have any positive COVID cases after Singapore? If so, how many and what date did they pop positive?

- BLR was in Singapore from 11-14 Mar
- BLR has not had any COVID cases.

4. USS Blue Ridge pulled into South Korea on 5 Feb, what day did they depart?

- BLR was in Busan, South Korea, from 05-09 Feb.

5. When did C7F Surgeon provide CPF with the COVID-19 CONOPS addressing development of "a plan to transit to Guam upon SMDR recommendation to CO in case of severe or widespread illness"

- 13Feb2020 C7F CONOPS for FHP against COVID-19 provided to CPF Surgeon Office.
- 19Feb2020 C7F Guam specific COVID-19 Shipboard Case Scheme of Maneuver provided to CPF Surgeon Office.
- The two emails will be sent separately on SIPR.

Very respectfully,

CDR (b) (6)  
C7F COVID Response Cell

J-Dial: (b) (6)

DSN in port: (b) (6)

COM in port: (b) (6)

-->DSN underway: (b) (6) ← New 7 April

-->COM underway: (b) (6) ← New 7 April

-->SIPR: (b) (6) @lcc19 navy.smil.mil

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HEALTH

# Vietnam reports first novel coronavirus infection cases

Two Chinese citizens have been quarantined at Ho Chi Minh City-based Cho Ray Hospital after they tested positive to novel coronavirus (nCoV) that caused an acute pneumonia outbreak in Wuhan city, China.

VNA - Thursday, January 23, 2020 21:57 Like 192 Share

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[Measures needed to prevent acute pneumonia spread into Vietnam](#)  
Friday, January 17, 2020 20:41

[Health sector promptly gears up for nCoV infections](#)  
Thursday, January 16, 2020 17:47



A delegation of the Health Ministry examine the two [nCov](#)-infected patients at [Cho Ray Hospital](#) (Source: VNA)

**HCM City (VNA)** – Two Chinese citizens have been quarantined at Ho Chi Minh City-based Cho Ray Hospital after they tested positive to [novel coronavirus](#) (nCoV) that caused an acute pneumonia outbreak in Wuhan city, China.

These are the first cases of individuals infected with the virus ever Vietnam has confirmed since the disease spread from China’s [Wuhan city](#) last December.

Li Ding, 66, went to Hanoi from Wuhan on January 13, before going to Nha Trang city in central Khanh Hoa province, said Dr Nguyen Ngoc Sang of the Cho Ray Hospital’s Department of Tropical Diseases.

His son Li Zichao, 28, who has lived in the Mekong Delta province of Long An neighbouring HCM City for the past four months, went to visit him in Nha Trang. Both of them then traveled to HCM City and Long An, said Sang.

The father got fever on January 17, while the son had similar symptoms January 20. Both were admitted to the Cho Ray Hospital on January 22 night.

Their fever have subsided after receiving treatment and they are now able to consume food and drinks.

Deputy Minister of Health Nguyen Truong Son who came to the Cho Ray Hospital to inspect the cases said as both patients have traveled through different places and met many other people in the country so there is a chance they could have spread the disease.

Son asked the Office of the Ministry of Health to inform the provinces where the patients had came and the border gates where they had went through. The ministry will send urgent documents to authorities of Da Nang and Cam Ranh airports, requesting them to tighten the control of Chinese tourists, he added.

A pneumonia outbreak, caused by a new strain of the coronavirus family that caused SARS and MERS, first surfaced in Wuhan city, China last December.

The disease has spread to many other countries and territories. China's National Health Commission has confirmed 541 infection cases and 17 deaths as of January 23.

The World Health Organisation (WHO) has confirmed that the new coronavirus could be contagious between humans.

The Vietnamese Ministry of Health has warned people to keep their distance from people with acute respiratory infections and wear a mask when talking to them. Equipment to monitor arriving passengers’ body temperature have been installed at airports in Hanoi, HCM City, Da Nang and Cam Ranh in central Vietnam./.

VNA

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**Witness Statement of USS THEODORE ROOSEVELT (CVN 71)  
Psychologist**

On 11 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone call.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: LT (b) (6) USN  
Position: Psychologist, USS THEODORE ROOSEVELT (CVN 71)  
Email Address: (b) (6) @cvn71.navy.mil; (b) (6)  
Phone(s): (b) (6)

I was asked about the command's plans leading up to the Da Nang port visit. There was some concern and reticence, but mostly excitement. It felt as if there was a huge push for the visit by entities outside of ship. We knew the novel coronavirus was brewing in other parts of the world, but were told Vietnam had very few cases isolated in the northern city of Hanoi. On some of the later days of the port visit, we began to find it peculiar that businesses were closed; but by no means did I believe anyone on the ship, including the Captain or Admiral, made a unilateral decision to proceed with the visit. During the visit, I personally interacted with upper chain of command on three occasions. When we first anchored, we had a small reception and brief and exchanged pleasantries with visitors on our ship – our Defense Attaché and their military folks. We were off the ship several hours later. On two evenings in Da Nang, I was with CAPT Crozier along with DESRON commodore, SMO, and other HODs for a short time. There was discussion about the international visibility of the visit and how we were flexing our plans in order to accomplish everything possible asked of us, despite all the challenges. The greatest emphasis was on completing the mission given to us as safely as possible.

The liberty boats themselves were challenging because the seas were very rough. There were multiple times when no liberty boats would leave and a lot of talk to how to change that with safety in mind. I remember hearing how things were changed, and that people were not allowed to get back on liberty boats because they had been secured.

I was also asked about the messaging to the crew before and during the Vietnam visit. I recall the tone of the messages being, "see something/say something, you don't want to be highest person with secret, watch out for your shipmate." Some of the messages were the same type of general information at any port call, plus educating on the unique geopolitical situation of Vietnam. There was a specific safety stand-down video created that focused on operational security, maintaining exceptional behavior in port, and on hand sanitization and cleaning.

Regarding measures taken in/just prior to Da Nang, we had a high prioritization on education (what symptoms of the disease might look like), screening, executing safe and well-formed/pre-



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Psychologist

approved liberty plans, and hand sanitization/hygiene. Large screening took place by the Vietnamese government prior to going to hotels and upon checking into hotels. We weren't sure how much of that was the normal cadence of the Vietnam government and how much was due to COVID. Our hotel was nearly empty and there were several business and services shut down or reduced. Later in the week, we saw signs on doors that said "closed due to virus" or "closed due to staff illness." I was concerned that things hadn't been accurately reported to the leadership on board the TR.

Just following our first port visit to Guam (early February), we had a small outbreak of gastroenteritis. To mitigate it, we had regular and increasing frequency "bleachapalooza" and a strong emphasis on hand-washing and hygiene, so we were already doing that. Bleachapalooza focused on the same spaces each work center "owns" with respect to maintenance and materiel condition. Special emphasis was paid to any object that was hand-contact, i.e., hand rails, door knobs, switches, etc. It was very effective at curbing that outbreak and it was continuing with ever-increasing frequency (from once a week up to three times daily). We were also screening individuals coming in from CODs beginning 15 February, as well as any personnel that had recently visited any countries of high levels of risk. Those personnel had to be monitored for weeks after their arrival. After the two British citizens had tested positive in the Da Nang hotel, all of the sailors had to be identified and monitored as even remote potential contacts. That took quite a bit of administrative tracking in order to answer questions from higher echelons, including their testing status, any symptoms, and the reason they're having these symptoms (many of which are very normal on a carrier, especially with individuals not leaving their rack for hours/days and may/may not be related to COVID).

The CO addressed the crew immediately when we departed Da Nang and wanted to get on top of rumors about the sailors in quarantine. He emphasized we were only monitoring them out of an abundance of caution, that there was no reason to be alarmed, and that he'd keep us updated. He emphasized that over the next two weeks, to support this group of people (i.e., an overwhelming response to creating care packages from items at the Ship's Store), but then going about your day and focusing on the mission of getting to Guam for maintenance. He sent these messages over the IMC, in normal everyday announcements for the Rough Rider of the week, any Bravo Zulu, etc.--anytime the IMC was open for anything, measures were discussed. It was normal for CAPT Crozier to address rumors directly and share the truth ever since he arrived. He emphasized staying safe and letting your chain of command know how they could help.

Before the first confirmed case, it was an average workload, same day-to-day of seeing patients. A week-or-so after leaving Da Nang, we had brought onboard a medical augment team to beef-up our testing capacity. Approximately 22 March, we had completed all CDC recommendations with respect to the quarantine personnel, so we believed we were all in-the-clear as none had tested positive (twice) nor displayed any ongoing symptoms, based on information, research, and guidance available at the time.

On the morning of the 24 March, our first cases tested positive (they were not a part of this former quarantine group). We went to River City and stayed there all day. CAPT Crozier announced over IMC what was going on with the positive cases, that there is no reason to be



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Psychologist

frantic, but that everyone's help was needed to execute the plan. Additional measures were put in place, from authorizing face covers everywhere, to canceling normal business/large crowd functions, to additional social distancing. Then we MEDEVAC'd the first positives that evening. We were told at that point that we were going to steam towards Guam to be there by the end-of-the-week, though we were initially not planning to be in Guam for another week or two.

After the first confirmed positive case (24 March), Medical completely shut down for routine care, including mental health. For a couple of days, I was responding to routine patients via email, rescheduling appointments, handling any perceived mental health emergencies that arose, and assisting with the management of personnel being evaluated/tested. A few days into it, I was pulled into the administrative piece of tracking. Whenever we had test results, they would be placed in a tracker along with as much data (ever-growing) that we could gather.

Medical was very busy; the demand for our time was extremely high. People were relatively calm and folks weren't panicking or frantic at that point, pretty much trying to do the right thing. The medical department met frequently. We were doing lots of admin tracking and getting tons of questions from high echelons. It was a huge tasking to get accurate info collated.

The asks that came up from above us; they were changing nearly every hour. It quickly became an unsustainable task. The direct communication came from Carrier Strike Group NINE personnel, but it was clear they had been tasked from above them—INDOPACOM and 7<sup>th</sup> Fleet. Questions were coming to them and then straight down to us. Every individual in the medical department had some administrative responsibility, bending to the hourly demands for information, and compromising our ability to actually evaluate, treat, and care for patients. For example, at the beginning, the questions would be very rudimentary i.e., "How many swabs today?" We would then ask clarification—do you mean how many new individuals swabbed, how many individuals have ever been swabbed, or how many individual swab-tests were used today? Do you want the number collected, the number ran on testing, or the number of results?" The answer would always be, "Yes, all of that." Their lack of knowledge about the process and "not knowing what they don't know," yet not being receptive to our feedback made this task grow exponentially. After this, the questions became much more niche—"Please provide the total number of individuals swabbed today who had a cough and a fever above 100°F." Because there was an emphasis on swabbing as many people as possible, including those asymptomatic, we couldn't reliably provide this number from mass swabbing exercises. We certainly did the best we could. Requests for data would change hourly, which would cause processes to change, which would change the data output, which would then cause more asks for different data. Multiple times, we discussed our concerns that the administrative tracking was unsustainable and negatively impacting our ability to provide actual medical care. Even after some asks were reduced and a "final" set of reports were created that CSG-9 would need daily to feed up, I calculated the amount of time that came into the preparation of these two daily reports coming from the medical department, totaling 151 man hours.

A plethora of references were sent out daily by SMO and our newly embedded assets. In particular, we found the study from the Diamond Princess to be the most applicable to our situation. In addition, we were following any direct guidance from the CDC and Navy Marine



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Psychologist

Corps Public Health Center. We followed and went a step further than the NTRP, including a small study from another carrier influenced from another outbreak. For instance, we worked towards developing a way to get a negative pressure isolation room so circulated air couldn't leave the room before the close-contact number outgrew this capability. We emphasized close contract tracing and filling out CDC paperwork for close contacts, placing those folks in quarantine. By about day four from the first known case, we realized everyone on the ship would have been a close contact--which was the same day we ran out of quarantine berthing. This was around the day of pulling into Guam. We started MEDEVAC on 24 March. By 27 March when we pulled in, positive cases were taken by bus instead of air. The only individuals that were released from holding on the ship were in quarantine because of being a close contact. The whole ship had essentially become a singular quarantine and positive cases began to grow exponentially.

The additional assets that beefed up our testing were very helpful. We were not able to accomplish every task as it was and certainly would not have been able to handle the testing without them. However, we continually gave feedback via our chain of command that the testing can be helpful, but that there were preventive medicine techniques that needed to be employed to keep individuals safe. This inappropriate emphasis on testing became frustrating. We would explain ad nauseam that just because we get a negative result doesn't mean you don't carry and transmit the novel coronavirus, and it definitely doesn't mean you would never contract the virus. We were continually giving feedback that our time could be better used on things other than testing and responding to RFIs.

Despite our continued testing efforts and feedback that we must get people off the ship, nothing was coming to fruition. Plans just seemed to fall through. There was a plan to initially start offloading people to Okinawa -- where they allegedly had a surplus of barracks, but that ended up not working out and I'm not sure why.

I was not sure who to trust, but it became very evident that we weren't on the same page and our medical advice wasn't being appreciated, so we went to our chain of command where we didn't mistrust people. Our recommendations are being rejected--no professional likes to be in that position. But when you know there's a possible loss of life, it gets into medical ethics. I didn't know where the disconnect was occurring. It continued to appear that everyone who was on the ship was on the same page. From old XO, new XO, our CO, and Admiral Baker, it appeared as if we were on the same page. And yet we still got pushback and change wasn't being effected.

I was asked specifically about a letter penned by medical leadership aboard the TR, sent to the Chain of Command. The medical khakis had talked about what to do in a situation like this, including writing a memorandum for the record or letter to XO and CO. I think at this point I wasn't totally sure who knew what or who to trust outside of the medical department. We're growing increasingly concerned, following the medical literature, and keeping up with the morbidity or mortality rates. I had taken a look at the letter, I provided edits and those who agreed and were interested (which ended up being all of us) talked about it as a group. I didn't know SMO signed it, he wasn't in on these conversations. At that time, we planned on putting a product together and passing it through him to the XO and CO--and then CAPT Crozier's letter



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Psychologist

came out. It verified for us that folks off the ship were not on the same page as the people on the ship. I didn't hear anything about the medical letter after that.

I was asked what should have been done differently. In my opinion, we should have offloaded more folks, offloaded them earlier, and offloaded them into actual quarantine conditions. The emphasis should have changed from testing and towards acknowledging that everyone is potentially infected and that we could and should mitigate the spread and work to lower people's exposure, lest risk higher viral loads and therefore potentially higher morbidity/mortality. Instead, until CAPT Crozier's letter (and even continuing after), we were repeatedly told to attempt to get a negative test from as many as possible, to offload our sick, and to get back out to sea as quickly as possible. There are repeatedly questions about the health status of our personnel throughout this ordeal. The fact is, we will never know alternative outcomes, but we will always know leadership was too late to act completely effectively. At the end of the day, as of providing this verbal statement, we have one dead Chief Petty Officer, 43 sailors have been hospitalized, and 10 sailors have been in the ICU.

I was asked specifically about my impressions of the Senior Medical Officer (SMO) as a leader. SMO is no nonsense; he is very calm under pressure and diplomatic. He is measured, no hyperboles; he's a great leader. He showed amazing resolve and sound leadership through the whole ordeal. He was incredibly busy, running on very little sleep, and had to be in three places at once. He eventually sent one of us to one VTC and our Medical Admin Officer (MAO) to another.

Regarding ship morale, I think it's important to separate morale from mental health--they're not directly, linearly related. Though we were/are past burned out, I'd certainly say morale was and is really high in the medical department.

There were many questions about the actions of the ship's local chain of command. Because of the unique perspective of my position, I believe it's completely germane to speak to morale of the ship as a whole. Like the medical department, morale on the ship was high and this enthusiasm was disseminated from the very top. CAPT Crozier is the greatest example of a Commanding Officer with whom I've ever had the pleasure to work. I had mentioned this to my parents in December following COMPTUEX, that his leadership style was a welcome relief and I felt I could do my job better serving with him. My parents remarked, "So you two sound close." In fact, we absolutely were not socially close. I would be surprised (yet impressed and gladdened) if he knew my name. But this was the beauty of his leadership—from Day One, he engendered full trust and confidence in each leader to take charge of their respective department/division/work. He demanded integrity and exemplified it himself. Sailors were glad to have him on board and could be motivated by him to accomplish nearly any mission.

It is absolutely true that CAPT Crozier was loved and admired by his crew. But I also think it's important that this not be confused with malignant narcissism and egocentrism. I've worked with Commanding Officers who had a desperate need for affirmation from their junior sailors and acknowledge that this may be superficial or, worse, can become toxic. This is not that. I've seen CAPT Crozier deliver firm discipline where needed and this caused him to often not be



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Psychologist

liked, but to always been respected. I have the opportunity of working clinically and professional with a diverse group of sailors—from E-1 to O-6 and above: this was a ubiquitous theme among those he led—whether they were returning from being awarded the worst punishments at Mast or directly being corrected by him for some deficiency.

There was indeed a palpable decline in morale, and mental health, after CAPT Crozier relieved. Specifically in Medical, there were psychological themes of moral injury that were already present through the debacle, but far worsened upon his relief. The politics, the news reports, the speech by Acting SECNAV—all of that worsened it. There is still very evident mistrust, skepticism, burnout, and undue distress. Sailors do not feel appreciated, valued, or like their life is in good hands of leadership. Mental Health specifically began suffering after CAPT Crozier was relieved. Prior to his relief, even in the midst of the outbreak, there was actually a stark improvement in Mental Health—everyone was focused on a more pressing enemy and individuals were coping well. They had a mission set before them, they trusted their leadership, and they were prepared to execute the mission. However, for the past month or so, there continue to be ongoing and worsening themes of moral injury, exacerbating exposure to trauma, and fears of death. I believe this negative fallout will continue unless some trust is restored, if at all possible.

I was asked specific questions about my impressions of SMO's leadership and the actions before (with the benefit of hindsight), during, and after the Da Nang port visit, specifically by those within my chain of command on the ship. I was not asked questions about my impressions of leadership outside our own ship. Like many on board THEODORE ROOSEVELT, I believe, I have been disappointed in the leadership displayed by several Admirals and Senior Executive leadership outside of the TR. Confusion abounds and there is a great deal of distrust. A day following the public release of CAPT Crozier's letter, SECDEF indicated to CBS News that he still "didn't think it was time to evacuate the ship." Yet the party line from senior Navy leadership seems to be that plans were already in motion when the letter was released. Sailors see this confusion, miscommunication, and unclear leadership. Mental health, morale, retention, and investment in the mission have all deteriorated. On 3 May, the day I (and most officers and the medical department) returned to the ship, ADM Aquilino met with the officers and gave what I found to be an ill-advised speech, especially in light of other recent high-profile events. He berated an aviator for expressing concerns about his inability to maintain qualifications, by saying "Don't come bitching to me about when your last trap was." When another officer raised an inquiry into the plan and what measures would be in place to keep sailors safe when we returned to sea, the Admiral minimized any concern, stating "I can tell you what, we're never doing this again. If we did, I wouldn't have any ships at sea. I know that's not what you wanted to hear." Finally, he ended by lamenting that the officers were "not more motivated to get back out sea." This felt like just more evidence that the sailors onboard the TR and senior level leadership outside the TR were not on the same page. Our sailors' health and safety and the expert opinions of the medical department were certainly not the focus.

I sincerely trust that the Navy and the country can and will press through this ordeal in order to continue to maintain freedom and democracy around the world in the most effective, contagious way possible. I submit this statement in hopes that this will come to fruition.



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Psychologist

I swear that the information in the statement above is true to the best of my knowledge and belief.

(b) (6)



18 May 2020 1900K  
(Date) J Time

(b) (6)

**LCDR USN NAVCIVLAWSUPPACT DC (USA)**

**From:** (b) (6) CDR USN, C7F <(b) (6)@lcc19.navy.mil>  
**Sent:** Tuesday, May 12, 2020 7:10 AM  
**To:** (b) (6) LT USN VCNO (USA)  
**Cc:** (b) (6) CAPT USN, C7F; C7F-COVID-WG; C7F BWC; C7F ABWC  
**Subject:** BLUF: C7F Response to VCNO TR Command Investigation RFI  
**Attachments:** N014 Battle rhythm (underway).xlsx; N014 Battle rhythm (Covid).xlsx; RFI Response to Question 3.docx; TIMELINE OF MEDICAL SUPPORT TO THR.DOCX

LT (b) (6),

Please find the answers below, and attached in response to the subject RFI. TR SOMs will follow on SIPR.

- RFI 1: Provide other TSC engagements 30 days before/after Da Nang port visit.

Response: TR SOM (SIPR) dated 15 Feb. TR conducted a DV fly-out from Vietnam on 3 March; no other TSC engagements occurred.

- RFI 2: Provide original plan for TR following Da Nang, and then the plan they executed. Ensure the differences are highlighted and the geographic areas are understood.

Response: TR SOM (SIPR) dated 23 Mar and 25 Mar.

- RFI 3: From Da Nang to CO relief, describe the operations and medical Battle Rhythm (normal events). Include normal attendees. Describe how the Battle Rhythm adjusted over time.

Response: Attached files.

V/R,

(b) (6)

CDR (b) (6)  
C7F COVID Response Cell  
J-Dial: (b) (6)  
DSN in port: (b) (6)  
COM in port: (b) (6)  
-->DSN underway: (b) (6) ← New 7 April COM underway:  
-->(b) (6) ← New 7 April  
-->SIPR: (b) (6)@lcc19.navy.smil.mil  
NIPR Ashore: (b) (6)@fe.navy.mil

-----Original Message-----

**From:** C7F ABWC  
**Sent:** Tuesday, May 12, 2020 6:25 AM  
**To:** C7F-SITREP-INTERNAL <(b) (6)@lcc19.navy.mil>; William Merz <(b) (6)@fe.navy.mil>;  
(b) (6) <(b) (6)@fe.navy.mil>; (b) (6)@OCONUS.NAVY.MIL'; C7F  
BWC <(b) (6)@lcc19.navy.mil>  
**Subject:** BLUF: VCNO TR Command Investigation RFI

VADM, CoS, and Team,

BLUF: VCNO TR Command Investigation RFI

Summary:

- VCNO requests the following RFIs be answered within 24 hours of receipt.
- RFI 1: Provide other TSC engagements 30 days before/after Da Nang port visit.
- RFI 2: Provide original plan for TR following Da Nang, and then the plan they executed. Ensure the differences are highlighted and the geographic areas are understood.
- RFI 3: From Da Nang to CO relief, describe the operations and medical Battle Rhythm (normal events). Include normal attendees. Describe how the Battle Rhythm adjusted over time.

\*(this is the same RFI (#3) submitted to TR and CSG9, however, we're looking for how the Battle Rhythm at each level was conducted)

- VCNO POC: LT (b) (6) (b) (6) @navy.(smil.)mil <mailto:(b) (6) @navy.(smil.)mil>
- Notify VCNO POC on NIPR if RFI responses will be sent on SIPR.

Very Respectfully,

ISC(IW/AW/SW) (b) (6)

C7F ABWC

Onboard USS BLUE RIDGE

DSN: (b) (6) (U/W)

DSN: (b) (6) (I/P)

DRSN: (b) (6)

Tandberg: (b) (6)

J-Dial (b) (6)

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# C7F SURGEON OFFICE BATTLE RHYTHM (Underway)

Legend:	All	CAPT	Planners	HMCS	HM1	Meals	White Space
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
6:30							
7:00							
7:30			Office Field day (HM1)		Office Field day (HM1)		Office Field day (HM1)
8:00		CUB/CAB	CUB/CAB	CUB/CAB	CUB/CAB	CUB/CAB	CUB/CAB
8:30							
9:00		FOPs (Planners)	FOPs (Planners)	FOPs (Planners)	FOPs (Planners)	FOPs (Planners)	FOPs (Planners)
9:30		N014 Standup (All)		N014 Standup (All)		N014 Standup (All)	
10:00					PBFA (every other week) (HMCS)		
10:30	Brunch						
11:00		LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
11:30							
12:00							
12:30							
13:00			DLCPO MTG (HMCS)			Weekly Field day: Deep Clean Office & Head (HM1)	
13:30							
14:00			Council of Captains (CAPT/ HMCS)	N0 Quarters (HMCS/ HM1)			
14:30							
15:00			N0 LCPO/LPO SYNC (HMCS/ HM1)		TSC Meeting (CAPT/ (1)Planner)		
15:30							
16:00		CoS End of Days (CAPT)	CoS End of Days (CAPT)	CoS End of Days (CAPT)	CoS End of Days (CAPT)	CoS End of Days (CAPT)	CoS End of Days (CAPT)
16:30	DINNER	DINNER	DINNER	DINNER	DINNER	DINNER	DINNER
17:00							
17:30							
18:00							



## C7F SURGEON OFFICE BATTLE RHYTHM (COVID)

Legend:	All	CAPT	Planners	HMCS	HMI/HM2	Meals	White Space
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00							
6:30	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
7:00							
7:30		N014 Standup	N014 Standup	N014 Standup	N014 Standup	N014 Standup	N014 Standup
8:00							Weekly CPF
8:30		CUB/CAB	CUB/CAB / Office Field Day (HM2)	CUB/CAB	CUB/CAB / Office Field Day (HM2)	CUB/CAB	Surgeon COVID Synch (CAPT) CUB/CAB (LCDR/HMCS) Office Field Day (HM2)
8:59	Review BWC Daily data call	Review BWC Daily data call	Review BWC Daily data call	Review BWC Daily data call	Review BWC Daily data call	Review BWC Daily data call	Review BWC Daily data call
9:00		FOPs 0915-0930 (LT)	FOPs 0915-0930 (LT)	FOPs 0915-0930 (LT)	FOPs 0915-0930 (LT)	FOPs 0915-0930 (LT)	FOPs 0915-0930 (LT)
9:30	COVID CAT 0900-1030 (CAPT/LCDR)	COVID CAT 0900-1030 (CAPT/LCDR)	COVID CAT 0900-1030 (CAPT/LCDR)	COVID CAT 0900-1030 (CAPT/LCDR)	COVID CAT 0900-1030 (CAPT/LCDR)	COVID CAT 0900-1030 (CAPT/LCDR)	COVID CAT 0900-1030 (CAPT/LCDR)
10:00		COVID LOE 2	COVID LOE 2	COVID LOE 2	COVID LOE 2 / PBFA (every other week)	COVID LOE 2	COVID LOE 2
10:30	TR/RRN Medical SYNC T-con	TR/RRN Medical SYNC T-con	TR/RRN Medical SYNC T-con	TR/RRN Medical SYNC T-con	TR/RRN Medical SYNC T-con	TR/RRN Medical SYNC T-con	TR/RRN Medical SYNC T-con
10:55		Send Daily Message/Quad	Send Daily Message/Quad	Send Daily Message/Quad	Send Daily Message/Quad	Send Daily Message/Quad	Send Daily Message/Quad
11:00		N014 Standup	N014 Standup	N014 Standup	N014 Standup	N014 Standup	N014 Standup
11:30		LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
12:00	BRUNCH	CDR's Situation Brief (FCR) (CAPT/LCDR/ HMCS)	CDR's Situation Brief (FCR) (CAPT/LCDR/ HMCS)	CDR's Situation Brief (FCR) (CAPT/LCDR/ HMCS)	CDR's Situation Brief (FCR) (CAPT/LCDR/ HMCS)	CDR's Situation Brief (FCR) (CAPT/LCDR/ HMCS)	CDR's Situation Brief (FCR) (CAPT/LCDR/ HMCS)
12:30					CTF Medical COVID T-con Sync (CAPT/LCDR/ HMCS)		
13:00	N014 Standup						
13:30			DLCPO MTG		1330-1530 CAPT: Public Health USFJ Sync (USAF Yokota AB)	Weekly Field day: Deep Clean Office & Head	
13:59	CTF Daily Reports Due	CTF Daily Reports Due	CTF Daily Reports Due	CTF Daily Reports Due	CTF Daily Reports Due	CTF Daily Reports Due	CTF Daily Reports Due
14:00			Council of Captains (CAPT/HMCS)		COVID SYNC		
14:30		COVID SYNC		COVID SYNC		COVID SYNC	COVID SYNC
14:59					TSC Meeting (CAPT/ LT (b) )		
15:00	CTF-70 T-con Sync	CTF-70 T-con Sync	CTF-70 T-con Sync	CTF-70 T-con Sync	CTF-70 T-con Sync	CTF-70 T-con Sync	CTF-70 T-con Sync
15:30		CoS End of Days	CoS End of Days	CoS End of Days	CoS End of Days	CoS End of Days	CoS End of Days
16:00							
16:29	CTF Roll-up (C7F one slide roll-up) Due	CTF Roll-up (C7F one slide roll-up) Due	CTF Roll-up (C7F one slide roll-up) Due	CTF Roll-up (C7F one slide roll-up) Due	CTF Roll-up (C7F one slide roll-up) Due	CTF Roll-up (C7F one slide roll-up) Due	CTF Roll-up (C7F one slide roll-up) Due
16:30							
17:00	DINNER	DINNER	DINNER	DINNER	DINNER	DINNER	DINNER
17:30							
18:00	COVID CAT CoS Update (LCDR)	COVID CAT CoS Update (LCDR)	COVID CAT CoS Update (LCDR)	COVID CAT CoS Update (LCDR)	COVID CAT CoS Update (LCDR)	COVID CAT CoS Update (LCDR)	COVID CAT CoS Update (LCDR)
18:30							
19:00							
19:30		N014 Standup	N014 Standup	N014 Standup	N014 Standup	N014 Standup	N014 Standup

RFI Response to question 3: From Da Nang to CO relief, describe the operations and medical Battle Rhythm (normal events). Include normal attendees. Describe how the Battle Rhythm adjusted over time.

-See attached for N014, Fleet medical specific, pre and post COVID office Battle Rhythms.

-See attached for timeline of medical support to THR.

-See attached for COVID working group evolution of battle rhythm to current.

-CAPT (b) (6) and LCDR (b) (6) participated daily in the 0900(I) SVTC COVID Update with principle leadership from CTF-71, CTF-75, CNRM, TF MED, TF HOTEL, and NB GUAM.

-CAPT (b) (6), C7F Fleet Surgeon sent a daily COVID update email starting 25Jan20 to present, to Fleet medical leaders and SMEs. Recipients include:

(b) (6)



-CAPT (b) (6), C7F Fleet Surgeon hosted a weekly COVID medical sync t-con starting 05Mar2020, one week before COVID being declared a Pandemic, consisting of Fleet medical leaders and SMEs (more participants were added over time as specialists were needed for SME input). Recipients include:

(b) (6)



(b) (6)



-LCDR (b) (6), C7F Deputy Surgeon and HMCS (b) (6), C7F Fleet Independent Duty Corpsman were permanently reassigned to the COIVD Crisis Action Team/Working Group 07Apr2020. Products developed include:

Redeployment of 3rd Med BN and phased turnover to EMF

Developed tracker of required items for CVN COVID response that includes PPE, cleaning material, medical, and testing.

Decision for EMF acceleration phases (transition of ICU/Ward capacity phases that trigger early activation of EMF personnel out of ROM)

C7F COVID-19 CONOPS (Posture and transition of bubble, unit-SOM/Actions for positive cases, Ship recovery)

Testing criteria to enter clean ship

Pre-deployment sequestration HVU

Management of persistent positives

ROK testing alternatives

Establishing clean ship and returning to clean ship

Testing method comparison options

TR testing, quarantine and isolation plan

RFS's include:

EMF:

Download in Guam complete; EMFAT and ADVON for TR response arrived to Guam. Main body arrived 07May.

RFS on behalf of Task Force Medical/3D MED BN for augmentation to sustain continued COVID-19 response to THR

Personnel Augmentation IOT sustain TF MED/3D MED BN Support. Sourced by III MEF

THR:

USN Med Dept Augmentation support (22 PAX) and SPRINT.

SPRINT and 21 PAX arrived. Pending EHO arrival (sourced, travel arrangements in progress)

Additional MED augment team and Respiratory Tech to support transit to homeport (Pending clean bubble arrival from SD)

Underway testing and surveillance capability on THR. (RECLAMA; awaiting OPNAV N44 and BUMED response to move fwd with organic testing capability)

RFIs include:

C7F to CTFs: Identify high risk personnel and of those who is in critical billets (this is to have data to view options for managing those at high risk if COVID+)

VOCO order sent out to CTFs to give COVID patient Hospitalization updates every 6 Hours.

C7F to BUMED Testing clarification on viral cultures

C7F to THR Personnel meeting RTW criteria and then testing positive.

-CAPT (b) (6) sends a routine bi-weekly report to PACFLT medical concerning AOR medical business.

-HMCS (b) (6) sends a weekly report to PACFLT medical concerning AOR medical business.

-HMCS (b) (6) sent a daily THR patient update to PACFLT and AIRPAC medical.

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## TIMELINE OF MEDICAL SUPPORT TO THR

Date	Event	Key Information
13 Feb 2020	INITIAL C7F TASKORD COMMANDER 7 <sup>TH</sup> FLT TASKORD FHP AGAINST COVID-19 + COVID 19 CONOPS AND PRE-BOARD QUESTIONNAIRE	Sent for review at PACFLT/ TYCOMS/NMPMU
12 Feb 202	VOCO TO CTF'S TO PROVIDE DAILY REPORT OF PERSONNEL IMPACTED BY COVID-19	Provided Quarantine Tracker to CTF's
15 Feb 2020	DTG 150300Z FEB20 RELEASED COMMANDER 7 <sup>TH</sup> FLT TASKORD	<ul style="list-style-type: none"> <li>• Educational Campaign</li> <li>• -HHQ reporting for ILI/Suspected cases</li> <li>• Screening prior to boarding</li> <li>• ROM Plan? isolation plan</li> <li>• BPT to execute shipboard outbreak plan</li> <li>• PPE level requirement</li> <li>• Supply and equipment</li> <li>• Country risk Assessment</li> <li>• Ability for CO's to enact more rigorous LOE according to risk</li> <li>•</li> </ul>
16 Feb 2020	INITIAL FRAGO 001 TO TASKORD 20-057 FOR FPH AGAINST COVID-19	Additional defensive measures refined and sent to Fleet, including THR.
20 Feb 2020	ENACTED MONTHLY T-CON WITH CTF MEDICAL LEADERS, PHEOS, NH LEADERS, SMES ACROSS AO. THIS INCREASED TO WEEKLY ON MARCH5, THE WEEK PRIOR TO COVID-19 BEING DECLARED A PANDEMIC	Discussed current and upcoming policy, due-outs, action items, best practices and answered questions and concerns. THR Senior Medical Officer participated.
21 Feb 2020	PROVIDED PACFLT FOR COA IN ACTION FOR POTENTIAL COVID EMBARKING CASES	
24 Feb 2020	OPT COVID-19 FHP	Weekly
24 Feb 2020	PACIFIC SENTRY/KEEN EDGE	
26 Feb 2020	Sent PACFLT MLCOA/MDCOA while executing OAI in moderate risk countries.	Indicated C7F concerns regarding how a likely shipboard infection outbreak would incapacitate a Navy ship.
27 Feb 2020	EXORD IN RESPONSE TO COVID-19	•



27 Feb 2020	COVID Working Group established	
28 Feb 2020	C7F SURGEON OFFICE INITIATED INTERNAL CRISIS ACTION TEAM, POSTURING OFFICE TO 24/7 COVERAGE	<ul style="list-style-type: none"> <li>Moved to 24/7 coverage</li> </ul>
29 Feb 2020	FDPMU REQUEST FOR TESTING CAPABILITIES FOR THE BLR, AMA, AND THR SENT TO PACFLT	
29 Feb 2020	CPF FRAGO TO EXORD 20 CPF054 IN RESPONSE TO COVID-19	<b>CPF CCIR</b> <ul style="list-style-type: none"> <li>Any sailor or Gov't employee with symptom</li> <li>Any spike within the Region or Country.</li> </ul>
	COVID CAT TEAM EST.	
	REQUESTED FOR III-MEF MED TASK FORCE	Medical Team from III-MEF/3rd Med BN augment the THR with medical support
7 March 2020	TESTING TEAMS ARRIVAL THR	<ul style="list-style-type: none"> <li></li> </ul>
7 March 2020	THR ANCHORED IN DA NANG, VIETNAM	
8 March 2020	C7F TASKORD FOR PHASE 2 Mitigation	<ul style="list-style-type: none"> <li></li> </ul>
9 March 2020	THR UNDERWAY FROM DA NANG, VIETNAM	
9 March 2020	THR STARTED SCREENING FOR COVID-19 (PERSONNEL FROM VANDA HOTEL)	39 tested, all negative
24 March 2020	THR 1 <sup>ST</sup> TWO POSITIVE CASE REPORTED	
	EXECUTE RESPONSE COA TO VECTOR SHIP TO GUAM	
25 March 2020	MEDEVAC OF FIRST POSITIVE CASES FROM THR TO GUAM	
26 March 2020	THR ARRIVED GUAM	
27 March 2020	THR SENIOR MEDICAL OFFICER REQUESTS X6 ICU TEAMS TO AUGMENT TEAM.	
27 March 2020	C7F SURGEON OFFICE BEGINS COORDINATION FOR DELIVERY OF URGENT MEDICAL ASSETS. IMMEDIATELY SUBMITTED REQUEST FOR X6 ICU TEAMS AND EQUIPMENT FROM 3 <sup>RD</sup> MEDICAL BATTALION. BEGAN DETAILED COORDINATION FOR AN ASAP ARRIVAL.	
30 March 2020	TESTING SAMPLES BEGIN MOVEMENT TO KOREA FOR HIGH-VOLUME TESTING.	
30 March 2020	C7F REQUESTED EMERGENT PPE REQUESTS, INCLUDING N-95 MASKS FROM BUMED AND NAVAL HOSPITAL OKINAWA, TO ENABLE 3D MEDICAL BATTALION TO DEPLOY IN SUPPORT OF THR.	
1 April 2020	SPECIAL PSYCHIATRIC RAPID INTERVENTION TEAM (SPRINT) REQUESTED FOR IMMEDIATE DEPLOYMENT IN SUPPORT OF THR.	

2 April 2020	<b>3D MEDICAL BATTALION TEAM ARRIVES GUAM AND IS DESIGNATED TASK FORCE MEDICAL</b>	<b>60 Person team provides x6 additional ICU-level beds, additional Medical C2, testing augmentation, and hospital corpsmen support.</b>
2 April 2020	<b>MEDICAL AUGMENTATION PACKAGE OF 22 PERSONNEL REQUESTED BY C7F TO REPLACE SHIPBOARD MEDICAL DEPARTMENT PERSONNEL WHO ARE IN ISOLATION AND QUARANTINE DUE TO CORONAVIRUS INFECTION.</b>	
3 April 2020	<b>250-BED EXPEDITIONARY MEDICAL FACILITY REQUESTED</b>	
6 April 2020	<b>SPRINT TEAM ARRIVES FROM CONUS on 06 APRIL 2020</b>	



## News

# Vietnam suspends entry from all coronavirus-hit areas

By **Viet Tuan** February 25, 2020 | 09:00 pm GMT+7

No person coming from any area that has experienced a Covid-19 outbreak will be allowed to enter Vietnam, the PM directed Tuesday.

Prime Minister Nguyen Xuan Phuc asked the Ministry of Foreign Affairs to apply the new policy to South Korea, Japan, Italy, Iran and all other countries and territories that have reported cases of Covid-19 caused by the novel coronavirus.

Vietnam has so far achieved positive results in fighting the Covid-19, but the epidemic has entered its next stage, spreading to many other parts of the world and is now developing complicatedly and unpredictably in South Korea, Japan, Italy and Iran, the PM noted.

For those who have to enter Vietnam for state affairs or exclusive matters, the government requests them to follow the nation's health declaration procedure and stay in quarantine for 14 days.

Citizens of countries stricken by Covid-19, but from cities/provinces free of the epidemic, will have to submit a health declaration and submit to further procedures deemed necessary when entering Vietnam.

Vietnamese citizens from China's epidemic hit areas can return home, but only via international border gates and will have to be quarantined for two weeks on entry, continuing the policy being followed for the past month.

For its part, the Ministry of Foreign Affairs has called on all Vietnamese citizens not to travel to affected areas and if such travel is unavoidable, they have to be quarantined on return.





and guidance of the local authorities; and advised not to return to Vietnam at this time.

Deputy PM Vu Duc Dam had said earlier Tuesday that in order for the country to achieve the positive results it has so far, Vietnam had been proactively implementing measures to prevent and limit the epidemic from mid-December last year, as soon as reports appeared of the Covid-19 in China's Wuhan City.

Starting February 1, Vietnam had suspended all flights to and from China and stopped granting tourist visas to Chinese from epidemic-stricken areas.

After South Korea raised its disease alert to the 'highest level,' the Vietnamese government has tightened controls for visitors from that country. Starting Monday, everyone coming in from South Korea has to make health declarations, and those with symptoms like high fever, coughing and breathing difficulties will be placed in quarantine for a minimum of 14 days.

Now all flights from infected areas in South Korea will be diverted to smaller airports Van Don in the northern Quang Ninh Province, Phu Cat in the south central Binh Dinh Province and Can Tho in the Mekong Delta.

Saigon and Da Nang are currently quarantining 83 people coming on Monday from South Korea's Daegu City, where a major coronavirus outbreak has been detected. Some South Koreans who refused to be quarantined will be flown home late Tuesday night.

South Korea is making headlines internationally as one of the worst-hit countries and territories by the coronavirus epidemic, recording 977 infections by Tuesday evening, second only to China.

As of Tuesday, the last of the 16 infection novel coronavirus infections detected so far in Vietnam had fully recovered. Over the past 13 days, no new infection case has been reported in the country.

The Covid 19 is affecting 39 countries and territories. Death toll has crossed 2,700, mostly in China, followed by Iran with 15, South Korea with 11 and Italy with seven.



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TUE, 26 MAY 2020 00:10:09:0400 BUSINESS  
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TIẾNG VIỆT

## US REMOVES VIETNAM FROM LIST OF AREAS VULNERABLE TO COMMUNITY SPREAD OF SARS-COV-2

Thu, 02/27/2020 - 23 52

The US Centres for Disease Control and Prevention (CDC) on February 27 decided to remove Vietnam from the list of destinations vulnerable to community transmission of SARS-CoV-2.

The decision was made during a teleconference between the Vietnamese Embassy in the US and the US Department of State, Department of Health and Human Services (HHS), and the CDC.

Representatives of the CDC and the HHS praised the Vietnamese Government's efforts in the fight against the acute respiratory disease caused by SARS-CoV-2, saying monitoring, quarantine and treatment have been carried out comprehensively in the country.



The CDC said it plans to dispatch a delegation to Vietnam in the second half of March in order to enhance medical cooperation between the two countries and accelerate the establishment of a CDC office in the Southeast Asian nation.

The HHS also affirmed its willingness to consider helping Vietnam with more equipment in service of the epidemic combat.

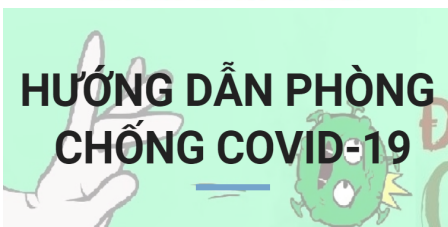
Regarding regional collaboration, the US side expressed its wish to step up cooperation with the Association of Southeast Asian Nations (ASEAN) in epidemic control, which is also expected to be tabled for discussion at the ASEAN-US Summit slated for March 14 in Las Vegas.

Over the past time, apart from authorities, many US firms have also shown their interest in promoting medical collaboration with Vietnam.

According to the US-ASEAN Business Council, among a delegation of more than 40 US enterprises to visit Vietnam from March 3-6, there are about 20 specialising in health care and pharmaceutical products.-VNA

H-FOF-147

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 Việt Nam đang cư trú tại Hoa Kỳ  
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**(202) 716 8666**  
**(202) 999 6938**  
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#### Contact

Add: 1233 20th St NW, Ste 400, Washington, DC 20036

Tel: 202-861-0737

Consular emergency: **202-716-8666**

For visa inquiries only: **202-999-6589**

Fax: 202-861-0917

[visatovn@vietnamembassy.us](mailto:visatovn@vietnamembassy.us) (consular affairs)

[vanphong@vietnamembassy.us](mailto:vanphong@vietnamembassy.us) (general information)

#### Hours Of Operation (EST)

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Consulate: Mon - Fri, 09:00 am to 12:00 pm & 2:00 pm to 4:30 pm

#### Featured Links

[Viet Nam Law & Legal Magazine](#)

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**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**To:** HODs & PAs; DLCPOs: (b) (6) HM1 USN, CCSG 9; (b) (6) HMC USN, CVW-11  
**Cc:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) CMC USN, CCSG9; (b) (6) CMDCM USN, CVW-11; MED KHAKI  
**Subject:** COVID-19 Screening for CSG-9 sailors after a port visit  
**Date:** Tuesday, March 3, 2020 7:08:39 AM  
**Attachments:** [COVID-19 SCREENING PLAN - after a port visit.docx](#)  
[USFFC COVID-19 SCREENING QUESTIONNAIREv28feb20.pdf](#)

---

All,

Following up to our previous plan for COVID-19 screening for those arriving via COD, attached you will find our screening plan for CSG-9 sailors on the TR after a port visit.

BLUF: All personnel boarding, regardless of country of origin, must be screened prior to coming on the ship and then will need to be screened for a total of 7 days after getting underway. They will self-monitor for an additional 7 days. The screening essentially consists of asking whether or not they have a "flu-like" illness which will determine the need for additional medical screening (temperature). Please note that for at least the first 7 days after leaving a port there will be different entrances for medical for routine Sick Call and for those needing COVID-19 screening - details in the memo.

Two attachments:

- 1) Memorandum outlining the screening plan for after a port visit. This plan hinges on leadership involvement with verbal screening. The plan for those arriving by COD remains the same (and is very similar).
- 2) Most recent COVID-19 Screening form.

Thanks for your help.

Standing by for questions.

v/r,

SMO

(b) (6), MD  
CAPT MC(FS) USN  
Senior Medical Officer  
USS Theodore Roosevelt (CVN-71)  
Work: (b) (6)  
J-dial: (b) (6)  
Cell: (b) (6)

1 MAR 20

MEMORANDUM

From: Senior Medical Officer, USS THEODORE ROOSEVELT (CVN 71)

Subj: USS THEODORE ROOSEVELT (CVN 71) COVID-19 SCREENING PLAN AFTER A PORT VISIT

Ref: (a) C7F FRAGORD 011 TO TASKORD 20-057 FOR FHP AGAINST COVID-19  
(b) COVID-19 Screening Questionnaire

1. Due to the increasing risk of Coronavirus transmission, per reference (a), all personnel boarding the ship require a COVID-19 Medical Screening for seven days and an additional seven days of self-monitoring. This 14 day period will start the day we get underway from a port visit. The Medical Department will oversee the COVID-19 screening process. COVID-19 screeners are not required to be Medical department personnel.

2. Per references (a) and (b), all personnel coming to the ship will be screened for the following symptoms:

- a. Fever
- b. Chills
- c. Cough
- d. Sore Throat
- e. Shortness of breath
- f. Body aches
- g. Abdominal pain

3. COVID-19 screening plan for all personnel getting underway after a port visit is as follows:

a. Personnel will be queried daily by their departmental/squadron leadership for 7 days for any of the symptoms in paragraph 2. Personnel will then self-monitor for symptoms for an additional 7 days. **Individuals with positive screening must report to Medical immediately. They will be asked to put on a mask and undergo further screening. From 0700-0900 Monday-Saturday they will be directed to enter via Aviation Medicine (b) (6)). Routine Sick Call (0830-0930) will enter the Physical Therapy door (b) (6)).**

(1) Once screening is accomplished, reports of positive screening will be forwarded via email to CAPT (b) (6) at (b) (6) @cvn71.navy.mil. Departments are required to provide feedback to Medical by 1600 on a daily basis, or as soon as possible after evening muster. Departments will maintain their screening results. Medical will track the positive screening results.

4. Please contact LT (b) (6), Ship's Nurse, or CAPT (b) (6), Nurse Anesthetist, at J-dial (b) (6) or via email at (b) (6) @cvn71.navy.mil or (b) (6) @cvn71.navy.mil with any questions.

/s/  
(b) (6)

## USFFC COVID-19 SCREENING QUESTIONNAIRE

v2020.02.28

1. HAVE YOU BEEN TO ANY **HIGH RISK** COUNTRIES IN PAST 14 DAYS? YES NO  
a. China, including Hong Kong and Macau

If "YES", **STOP! DENY ENTRY**, screening complete, provide individual a mask, consult Medical Dept

---

2. HAVE YOU BEEN TO ANY SIGNIFICANT RISK COUNTRIES IN PAST 14 DAYS? YES NO  
a. Japan  
b. Singapore  
c. South Korea  
d. Italy  
e. Iran
- 

3. ARE YOU CURRENTLY SICK? YES NO  
a. Fever  
b. Chills  
c. Cough  
d. Sore throat  
e. Shortness of breath  
f. Body aches  
g. Abdominal pain

\*\*\* IF YOU DEVELOP ANY OF THESE SYMPTOMS, CONTACT YOUR MEDICAL DEPARTMENT \*\*\*

---

4. IN PAST 14 DAYS, HAVE YOU HAD CLOSE PERSONAL CONTACT, AS DEFINED BELOW, WITH ANYONE KNOWN TO BE INFECTED WITH COVID-19? YES NO  
a. Within 6 feet  
b. In a confined space (cab, small room, shared stateroom, berthing proximity, office, etc.)  
c. Had direct contact with secretions (been coughed on, sneezed on, etc.)
- 

5. HAVE YOU VISITED ANY MEDICAL FACILITY IN THE PAST 14 DAYS? YES NO  
a. Facility visited: \_\_\_\_\_ (Medical Dept can query if cases reported there)  
b. If "Yes", for Medical Department Representative inquiry only:  
i. For what reason/condition: \_\_\_\_\_
- 

If 2 or more questions are answered "YES", with appropriate PPE, temperature screening will be conducted. Data will be logged with **DOD ID number, date, time, screener name, and temperature.**

Log will be maintained by Medical Department and frequently reviewed by senior medical department representative.

- a. If temperature is greater than or equal to 100 °F (37.8 °C), log, **DENY ENTRY**, provide individual with a clean mask  
b. If temperature is less than 100 °F (37.8 °C), log, allow access, screening complete.





# En Route to 'NAM



# Agenda

- Care in 'Nam
- Hospitals in Vietnam
- MEDEVAC/Patient Transport
- Screening/Fleet Landing Plan
- Duty in 'Nam

# After Action from Guam

- Sick call hours the same. Start at 0830.
- Place signage in morning on the Port Side
- Secure the starboard door.



**USS THEODORE ROOSEVELT (CVN 71)**  
**DA NANG, VIETNAM**  
**5 MAR – 9 MAR**  
**PORT CALL**

**MEDEVACS/OFF SHIP**  
**EMERGENCY/CONSULT**

# Emergent Medical Care or Emergency MEDEVAC:

- Notify ACDO, SMO and Duty Provider.
- Notify ISOS.

## TRICARE/INTERNATIONAL SOS (ISOS)

24 HOURS: (b) (6)

24 HOUR EMAIL: (b) (6) [@internationalsos.com](mailto:(b) (6)@internationalsos.com)

*\* CVN 71 Medical Dept will NOT send patients to any hospital in Da Nang without ISOS approval except for emergencies.\**

# MEDEVACS/OFF SHIP EMERGENCY/CONSULT

## Emergent Consults

- If urgent consult is required (trauma, patient reports to local hospital, orthopedics, etc) notify SMO and Duty Doc. If ISOS is needed, contact ISOS with required information:
  - Name
  - Date of Birth
  - SSN
- SMO and Duty Doc must determine treatment needs of the patient.
- Contact with ISOS can be may made by any Medical Department Personnel.
- Utilize the medical van for patient transport if directed to transport patient to Hoan My Da Nang Hospital.

## Non-Emergent Consults:

- SMO and Duty Doc must determine treatment needs of the patient.
- Contact with ISOS can be may made by any Medical Department Personnel
- For non-emergent consults, ISOS will determine the best suited medical facility for the patients medical condition.
- Utilize the medical van for patient transport in non-emergent cases, in which ISOS has already been contacted and directed to transport patient to hospital. (Medical has driver and van available)



## HEALTHCARE FACILITY

### HOAN MY DA NANG HOSPITAL

161 Nguyen Van Linh Street, Thanh Khe  
District,  
Da Nang, Vietnam

From ship: (b) (6)

From local cell: (b) (6)

## MEDICAL DEPARTMENT OFF SHIP COMM

### DA NANG MEDICAL DUTY VAN

Name of Driver:

CELL NUMBER:

FROM SHIP: (b) (6)

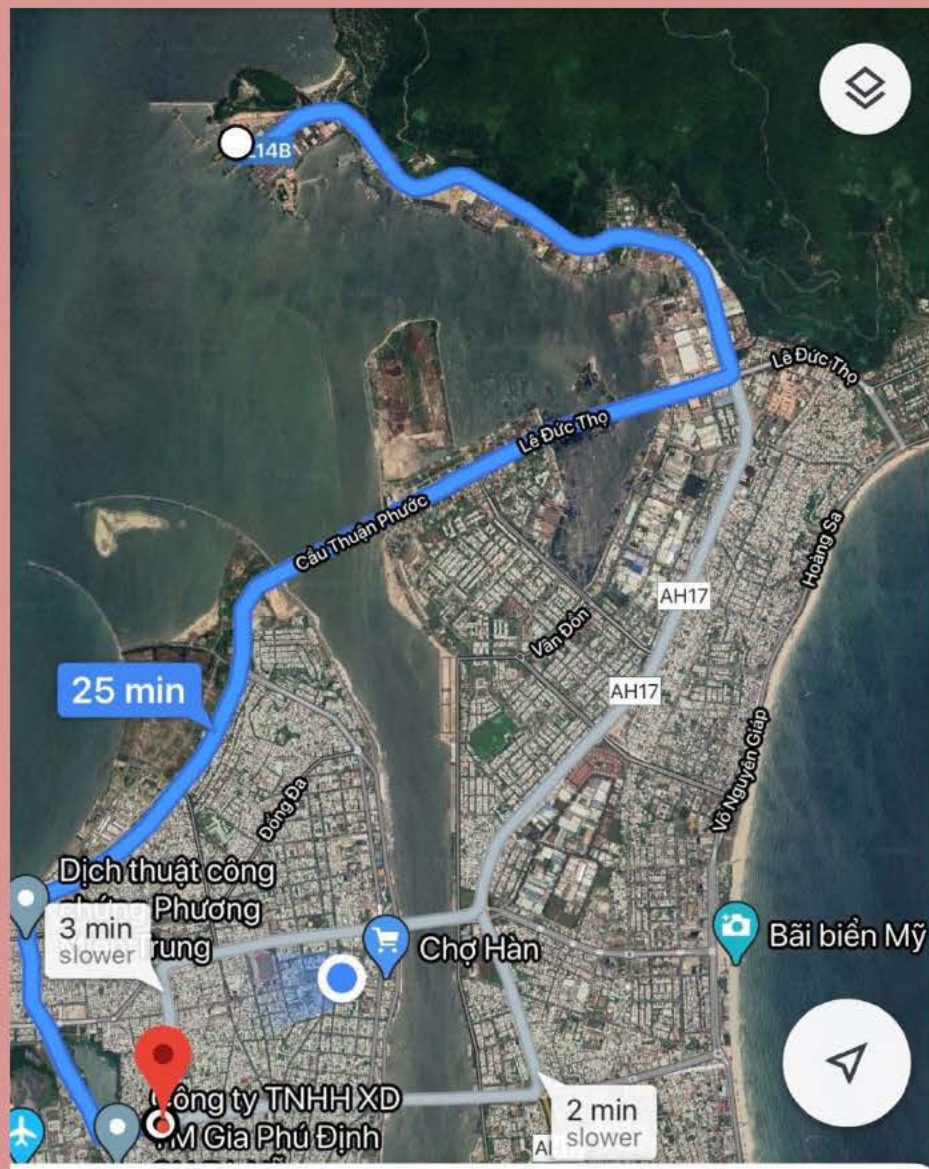
### DUTY CORPSMAN ON THE PIER

CELL NUMBER:

FROM SHIP: (b) (6)

*FROM VIETNAM DUTY CELL TO SHIP:*

(b) (6)



# Medical Evacuation – Priority I

<b>Name (Last, First, MI)</b>		<b>Rate/Rank/Service:</b>
<b>DODID:</b>	Date of Birth:	Gender:
<b>SSN:</b>		Male Female
<b>Cmd/Dept</b>		
<b>ICD-10 Code(s):</b>	Allergies:	Medications:
<b>Altitude restrictions?</b> YES NO	Any precautions regarding contagious diseases? YES NO	Altitude restrictions? YES NO
<b>Condition:</b> (circle) Stable Critical	Aircraft Configuration: (circle) Ambulatory Litter	
<b>Command Escort Require?</b> YES NO	Medical Attendant? YES NO	
<b>Medical Facility:</b>		
<b>Hospital:</b>	Phone:	
<b>Accepting Physician:</b>	Phone:	

- Before the patient leaves :

A copy of all medical documentation that needs to accompany the patient.

- After the patient leaves I will need:

Brief summary of the medical picture. Message traffic is required.

Message 14

# Patient Transport for Medical Reasons

<b>Name (Last, First, MI)</b>		<b>Rate/Rank/Service:</b>
<b>DODID:</b>	<b>Date of Birth:</b>	
<b>Cell Phone Number:</b>	<b>Cmd/Dept:</b>	
<b>If necessary, is patient able to tolerate the forces of a catapult launch?</b> <b>YES NO</b>		
<b>Command Escort Require?</b> <b>YES NO</b>		
<b>Provider to Provider Turnover:</b>  <b>Hospital:</b>		
<b>Accepting Physician:</b>	<b>Phone:</b>	<b>Time and Date:</b>

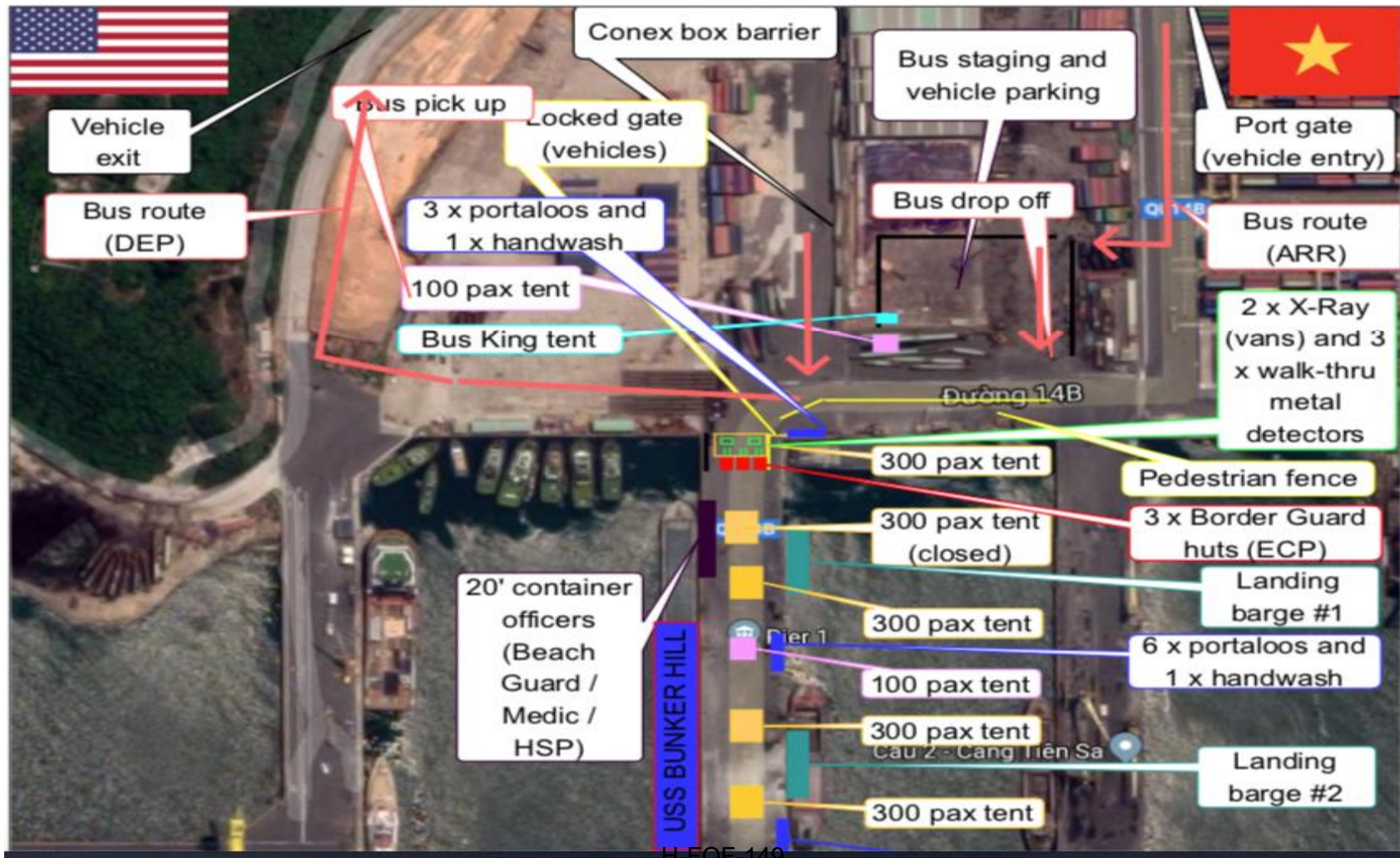
- Before the patient leaves :  
A copy of all medical documentation that needs to accompany the patient.
- After the patient leaves I will need:  
Brief summary of the medical picture



# Screening/Fleet Landing Medical



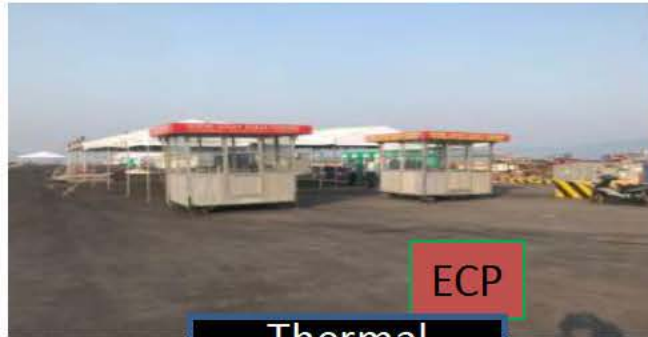
# Fleet Landing Layout



# Screening Set up



Comms pending



LB= Landing Barge

## USFFC COVID-19 SCREENING QUESTIONNAIRE

v2020.02.28

1. HAVE YOU BEEN TO ANY **HIGH RISK** COUNTRIES IN PAST 14 DAYS? YES NO  
a. China, including Hong Kong and Macau

If "YES", **STOP! DENY ENTRY**, screening complete, provide individual a mask, consult Medical Dept

2. HAVE YOU BEEN TO ANY SIGNIFICANT RISK COUNTRIES IN PAST 14 DAYS? YES NO  
a. Japan  
b. Singapore  
c. South Korea  
d. Italy  
e. Iran

3. ARE YOU CURRENTLY SICK? YES NO  
a. Fever  
b. Chills  
c. Cough  
d. Sore throat  
e. Shortness of breath  
f. Body aches  
g. Abdominal pain

\*\*\* IF YOU DEVELOP ANY OF THESE SYMPTOMS, CONTACT YOUR MEDICAL DEPARTMENT \*\*\*

4. IN PAST 14 DAYS, HAVE YOU HAD CLOSE PERSONAL CONTACT, AS DEFINED BELOW, WITH ANYONE KNOWN TO BE INFECTED WITH COVID-19? YES NO  
a. Within 6 feet  
b. In a confined space (cab, small room, shared stateroom, berthing proximity, office, etc.)  
c. Had direct contact with secretions (been coughed on, sneezed on, etc.)

5. HAVE YOU VISITED ANY MEDICAL FACILITY IN THE PAST 14 DAYS? YES NO  
a. Facility visited: \_\_\_\_\_ (Medical Dept can query if cases reported there)  
b. If "Yes", for Medical Department Representative inquiry only:  
i. For what reason/condition: \_\_\_\_\_

If 2 or more questions are answered "YES", with appropriate PPE, temperature screening will be conducted. Data will be logged with DOD ID number, date, time, screener name, and temperature.

Log will be maintained by Medical Department and frequently reviewed by senior medical department representative.

- a. If temperature is greater than or equal to 100 °F (37.8 °C), **DENY ENTRY**, provide individual with a clean mask  
b. If temperature is less than 100 °F (37.8 °C), log, allow access, screening complete.

# Screening/Fleet Landing Medical



No

Yes

FEVER?

Holding  
area



Answer No: Welcome to the  
TR

Screening

## COVID-19 PRE-BOARDING QUESTIONS

1. HAVE YOU BEEN TO ANY **HIGH RISK** COUNTRIES IN THE PAST 14 DAYS?

- a. China (including Hong Kong and Macao)
- b.

**IF "YES", YOU MAY NOT BOARD THE SHIP. PLEASE SEE MEDICAL.**

2. HAVE YOU BEEN TO ANY MODERATE-SIGNIFICANT RISK COUNTRIES IN THE PAST 14 DAYS?

- a. Singapore
- b. Thailand
- c.

**IF "YES" CONTINUE TO QUESTION 3. IF "NO", YOU MAY BOARD.**

3. ARE YOU CURRENTLY SICK?

- a. FEVER
- b. CHILLS
- c. COUGH
- d. SORE THROAT
- e. SHORTNESS OF BREATH
- f. BODY ACHES

**IF YOU DEVELOP ANY OF THESE SYMPTOMS, CONTACT MEDICAL!**

4. HAVE YOU HAD CLOSE PERSONAL CONTACT (WITHIN 6 FEET, IN A CONFINED SPACE, OR BEEN COUGHED/SNEEZED ON) WITH ANYONE WHO IS SICK IN THE PAST 14 DAYS (SAME SYMPTOMS AS QUESTION 3)?

5. HAVE YOU VISITED ANY MEDICAL FACILITY IN A MODERATE-SIGNIFICANT RISK COUNTRY IN THE PAST 14 DAYS?



Answer Yes to questions: Take vitals  
(temperature) Patient logged in Green book.  
Place in holding area and coordinate with ship's  
medical for further evaluation.

Screening  
Area



# Medical Logistics/Set up

Logistics needed from  
Supply:

- 5-10 chairs
- 1 tables (screening / equipment table)
- 1 tent (holding)
- Trash bin, trash bags
- Food for watchstanders
- Power source

Medical Supplies:

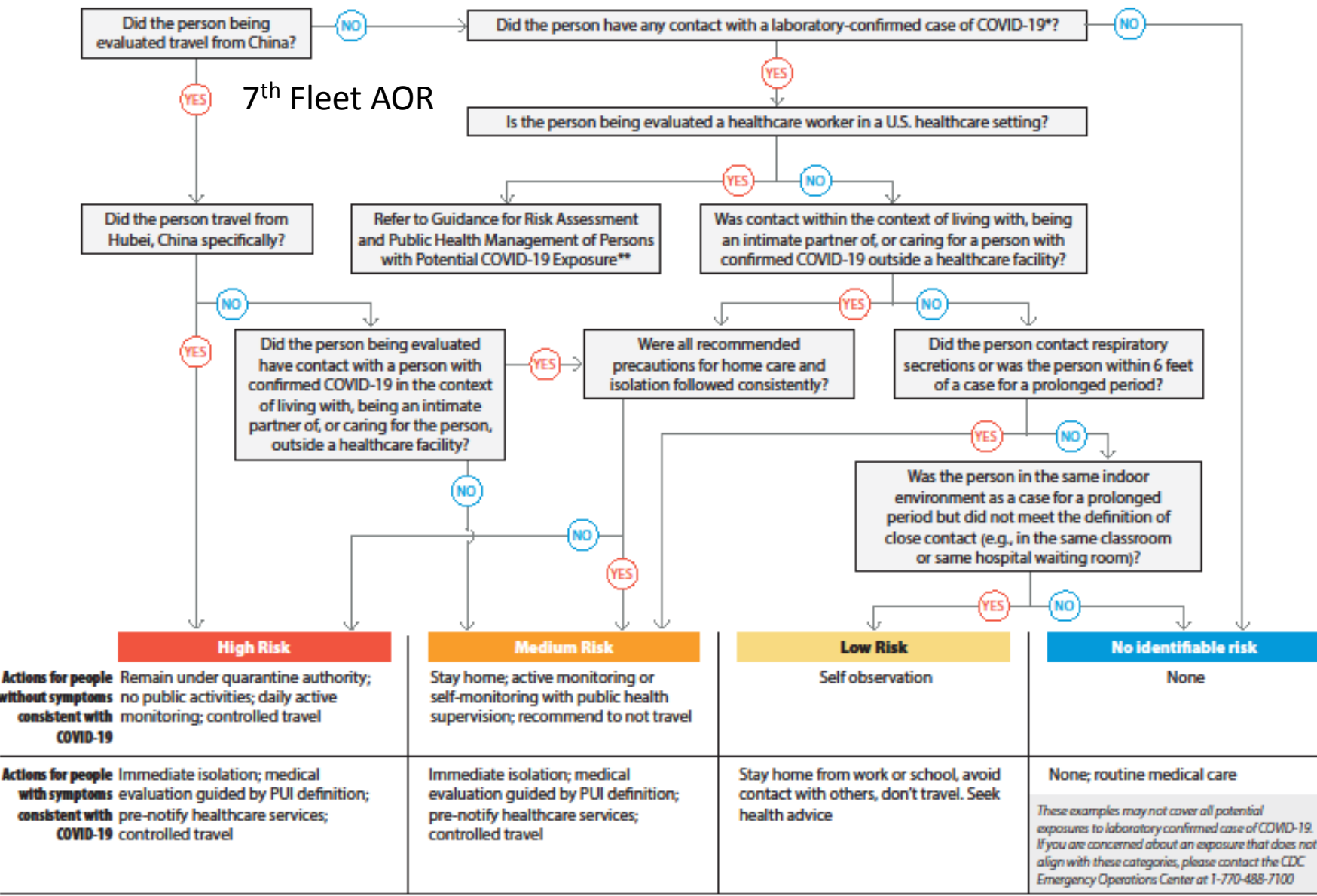
- Thermometer
- Water
- Log book
- Hand sanitizer
- Vital signs
- Biohazard bag
- Alcohol swabs
- Chem lights
- Comm w/ ships medical
  - **Radio and radio charging station**





# Coronavirus Disease 2019 (COVID-19) Risk Assessment and Public Health Management Decision Making

Each question refers to within the past 14 days



\*Or a case diagnosed clinically with COVID-19 infection outside of the United States who did not have laboratory testing

\*\*Healthcare provider (HCP) guidance outlines risk categories to determine work exclusion and monitoring procedures. After identifying risk category in the HCP guidance, use the categories outlined here to determine quarantine requirements.

02/28/20

# Medical Screening - Inbound COD

- Screen Incoming COD passengers from all countries in current AOR
- Time Frame: 7 days by department (daily reports to CAPT (b) (6) ), next 7 days via self-reporting
- Departments will email CAPT (b) (6) daily report of **negative and positive** screenings on all COD individuals NLT 1600.
- Department Level Screening
  - Ask member about COVID-19 specific symptoms
  - Positive Screens for flu-like illness sent to medical for evaluation immediately (do not wait for sick call)
  - Patient dons surgical mask in medical
  - Fill out Respiratory Questionnaire (if initial visit)
  - Vital Signs taken, if abnormal, Duty IDC and/or Doc will evaluate
  - Patients will wait until evaluated by provider.
    - Option #1: Quiet Room (1-6 people)
    - Option #2: Ward with Curtain closed(~10-15 people)
  - If patients require Biofire or COV-19 testing, they will be moved to Quiet Room vs Ward depending on number.
  - Daily Re-evaluation by medical: current symptoms and vital signs including temperature (fill out Re-evaluation Form)

# Medical Screening - Post Vietnam

- All Personnel Screened
- Time Frame: 7 days by department, next 7 days via self-reporting
- Departments email names of **positive** screenings to CAPT (b) (6) NLT 1600.
  - Ask member about COVID-19 specific symptoms
  - Positive Screens for flu-like illness sent to medical for evaluation immediately (do not wait for sick call)
  - Patient dons surgical mask in medical
  - Fill out Respiratory Questionnaire (if initial visit)
  - Vital Signs taken, if abnormal, Duty IDC and/or Doc will evaluate
  - Patients will wait until evaluated by provider.
    - Option #1: Quiet Room (1-6 people)
    - Option #2: Ward with Curtain closed (~10-15 people)
  - If patients require Biofire or COV-19 testing, they will be moved to Quiet Room vs Ward depending on number.
  - Daily Re-evaluation by medical: current symptoms and vital signs including temperature (fill out Re-evaluation Form)

## Medical Screening - Inbound COD



- Screen Incoming COD passengers from all countries in current AOR
- Time Frame: 7 days by department (daily reports to CAPT (b) (6) ), next 7 days via self-reporting
- Departments will email CAPT (b) (6) daily report of **negative and positive** screenings on all COD individuals NLT 1600.

## Medical Screening - Post Vietnam

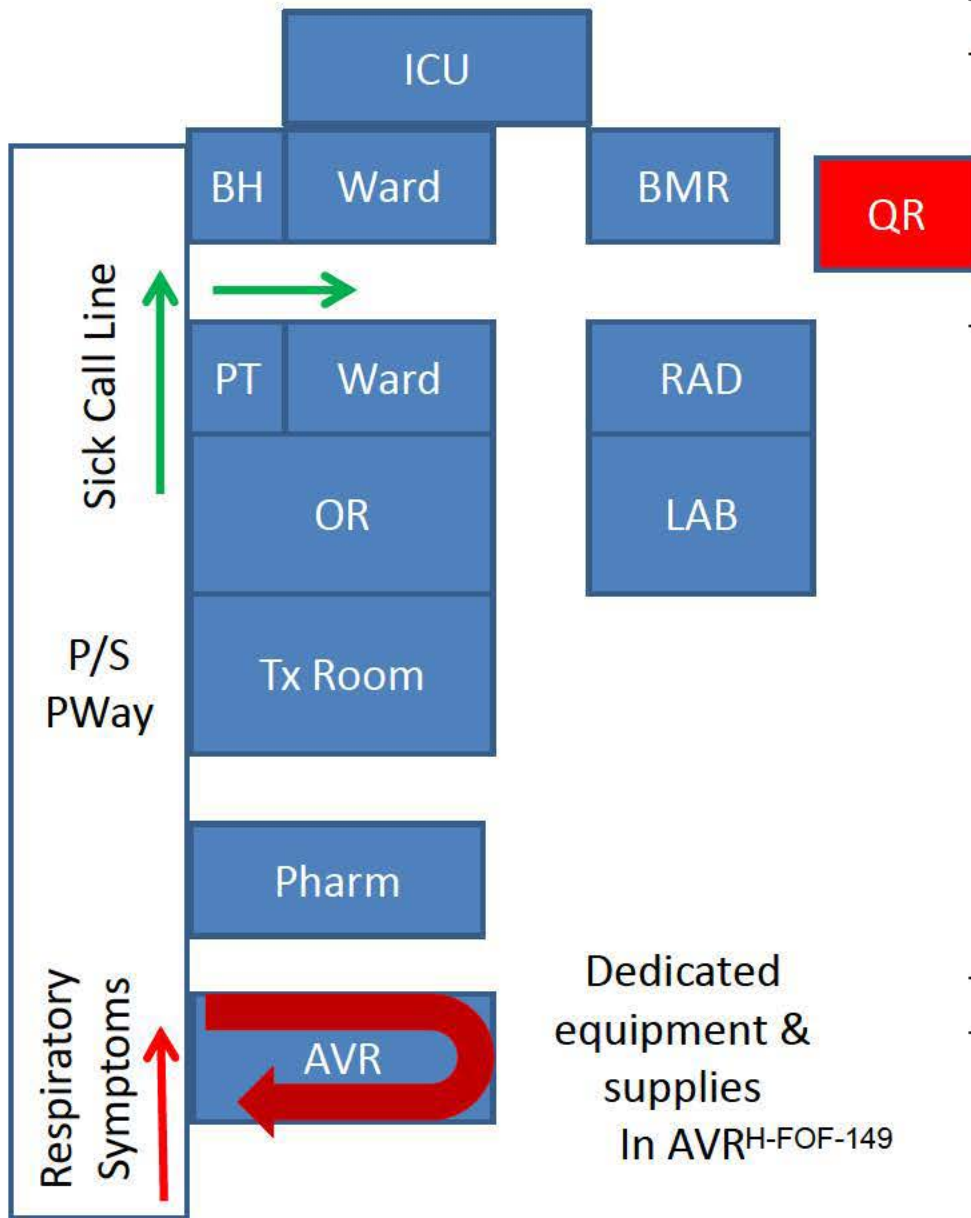


- All Personnel Screened
- Time Frame: 7 days by department, next 7 days via self-reporting
- Departments email names of **positive** screenings to CAPT (b) (6) NLT 1600.

## Department Level Screening

- Ask member about COVID-19 specific symptoms
- Positive Screens for flu-like illness sent to medical for evaluation immediately (do not wait for sick call)
- Patient dons surgical mask in medical
- Fill out Respiratory Questionnaire (if initial visit)
- Vital Signs taken, if abnormal, Duty IDC and/or Doc will evaluate
- Patients will wait until evaluated by provider for additional testing.
  - Option #1: Quiet Room (1-6 people).
  - Option #2: Ward with Curtain closed(~10-15 people)
- Daily re-evaluation will be completed.

# COA #1

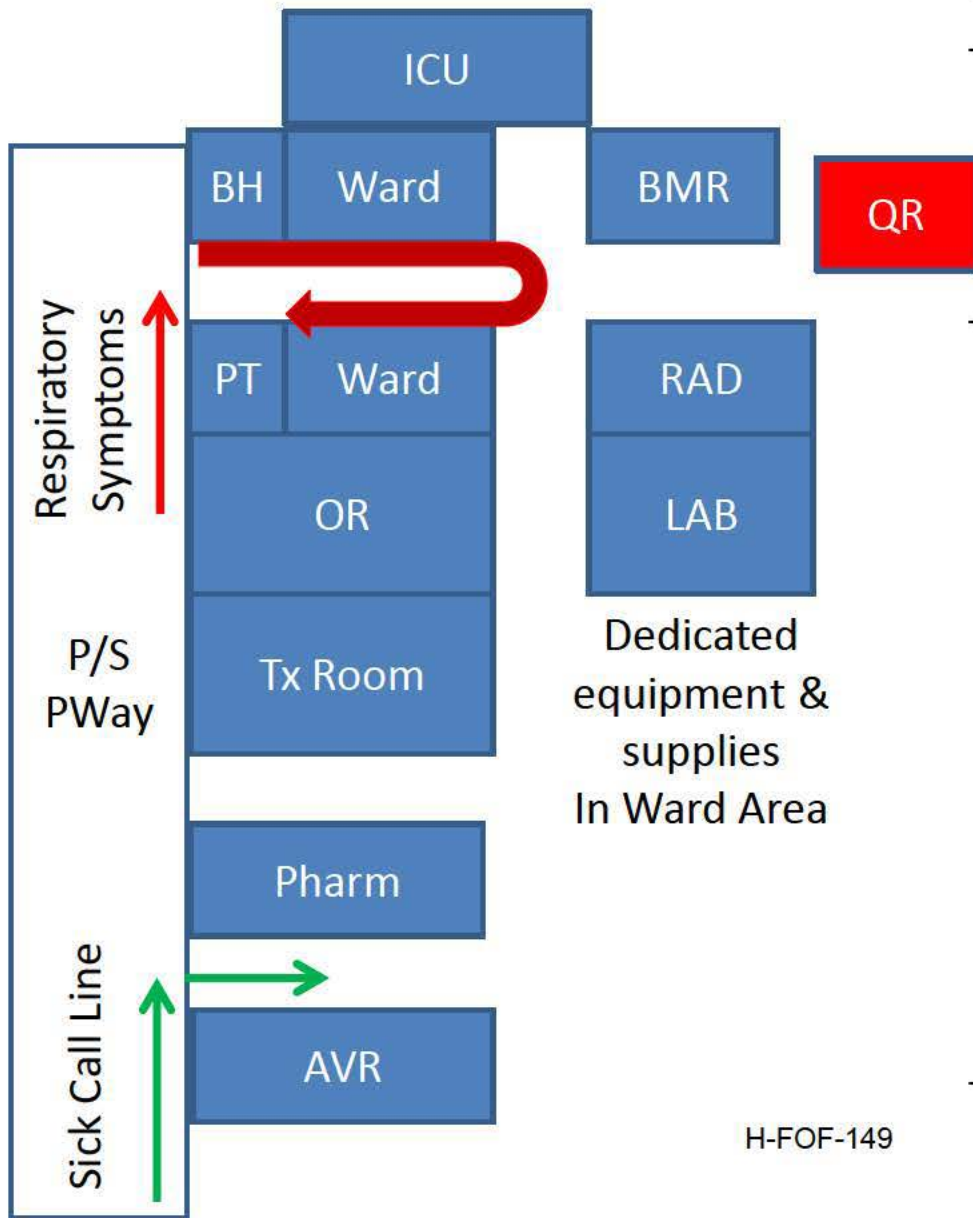


Dedicated  
equipment &  
supplies  
In AVR<sup>H-FOF-149</sup>

- Regular Sick Call enter via **PT/Psych Door**
- Flu-like Symptoms enter via AVR
- Don Mask (in line)
- Screened with Vital Signs
- Symptoms, but Temp < 100
  - Treat symptomatically with OTC Meds
  - Come back for Re-eval by medical daily 0700-0900
- Temp > 100
  - Eval by Duty Doc/IDC to treat
  - Wait in AVR
  - If further testing required, moved to Quiet Room
  - Investigate for other etiologies
  - Test with Biofire
    - If positive → viral etiology
    - If negative → Covid -19 “research” sequence.
  - Quarantine/isolate
  - Re-eval by medical daily
- OTC Medications available to RN/HMs
- Daily Field Day in AVR post evaluation of patients (Quiet Room if applicable).



# COA #2



- Regular Sick Call enter via AVR
- Flu-like Symptoms enter via PT/Psych
  - Don Mask (in line)
  - Screened with Vital Signs
  - Symptoms, but Temp < 100
    - Treat symptomatically with OTC Meds
    - Come back for Re-eval by medical daily 0700-0900
  - Temp > 100
    - Eval by Duty Doc/IDC to treat
    - Wait in PT Area
    - If further testing required, moved to Quiet Room
    - Investigate for other etiologies
    - Test with Biofire
      - If positive → viral etiology
      - If negative → Covid -19 "research" sequence.
    - Quarantine/isolate
    - Re-eval by medical daily
    - OTC Medications available to RN/HMs
- Daily Field Day in Ward post evaluation of patients (Quiet Room if applicable).

# External Support

- The NAVMED R&D Team (1 lab) will support CTF-71.
- request arrival around 10 March (estimated).
- Players: LCDR (b) (6), PhD, MPH, HM1 (b) (6) (male), and HM2 (b) (6) (female).
- Equipment:
  - NGDS Biofire instrument and enough Biofire Respiratory-2 Panels to run diagnostics for the usual respiratory pathogens on **up to 250 sailors. 1 hour run time, 10 at a time.**
    - does not include **COVID-19**
  - 2 RT-PCR instruments on which we will be able to run COVID-19 “research only” assays for surveillance purposes
    - run approximately **800-1000 COVID-19 assays. 2 hour run time**
- Training: teach MLTs to run the Biofire on ILI cases for diagnostic purposes. If the BioFire results are all negative, we then turn to the COVID-19 assay for surveillance purposes.

# Quarantine Options

## **DV Row**

- 6 rooms (2 person racks), cots for additional patients

## **Berthing**

- Chief Overflow Berthing ( aft mess deck)
- Admin Male berthing
- Medical Quiet Room (4 racks-isolated head)

## **Additional berthing**

## **Brig**

- Up to 20 (not ideal)

# Logistics

- Heads
  - Secure heads for restricted use for isolated/ quarantined patients. If movement outside necessary, ensure wearing mask
  - Signage to secure the head for isolated/quarantined individuals only
  - Head cleaning with HTH, diluted chlorine bleach, cavicide with appropriate PPE
- Food delivery:
  - Delivered to them, wearing PPE.
- Laundry delivery
  - All laundry in tied plastic bag and transported.
  - Standard procedures for washing, minimal risk of transmission
- Trash
  - Soiled material and PPE tied in a sturdy leak proof bag and should be incinerated.
- Medical Checks
  - Daily medical checks. Must don appropriate PPE prior to entry and doff off BEFORE exiting.
  - Disposable or dedicated patient care equipment. Cavicide available.
  - Airborne precautions = N95 mask (fit testing)
  - Droplet= surgical mask

# ILI thresholds

- Carriers 0.11%
- LHA, LHD, LSD, LCC: 0.41%
- DDG, CG, FG: 2.0%
- SSN, SSBN: 1.32%
- All others: 1.5%



# MED DEPT- SHARED DUTIES

- Strict respiratory hygiene/cough etiquette
- Hand washing before and after patient
- Clean patient care bed and chair after every use
- In waiting area,
  - Surgical mask for URI symptoms
  - No touch receptacle for tissue disposal
  - Monitor replacement of hand sanitizer (walls units and mayo trays)

# Duty Schedule

Name	Guam 7-10 Feb	'Nam 5-8 Mar	Guam 7-10 April	Thailan d 25-28 Apr	Singapor e 28 May- 01 Jun	Guam 11-14 Jun	Total duty days	Por ts off
LCDR (b) (6)	Duty (Day 1)	Duty (day 4)					2	0
LT (b) (6)	OFF	Duty (Day 3)					1	1
LCDR (b) (6)	Duty(Day 3)	Off					1	1
LT (b)	Off	Duty(Day 1)					1	1
LT (b)	Duty (Day 2)	Off					1	1
LT (b) (6)	Off	Duty (Day 2)					1	1
LT (b)								

## Theodore Roosevelt Strike Group arrives in Vietnam

From USS Theodore Roosevelt Public Affairs

Posted March 4, 2020

**DA NANG, Vietnam** - USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52) arrived in Da Nang, March 5, for a scheduled port visit commemorating 25 years of U.S.-Vietnam diplomatic relations.

Mr. Hồ Kỳ Minh, Vice Chairman of the Da Nang People's Committee hosted the ceremony to welcome the U.S. Navy carrier group, which included representatives of Navy Zone 3, Military Region 5, Da Nang Border Guard, Department of Foreign Relations/Ministry of National Defense, Department of Military Medicine and General Department of Logistics, the Ministry of Foreign Affairs, Da Nang People's Committee, and other Vietnamese government agencies. The United States delegation was led by Adm. John C. Aquilino, commander, U.S. Pacific Fleet, U.S. Ambassador to Vietnam Daniel Kritenbrink, Rear Adm. Stu Baker, commander, Carrier Strike Group (CSG) 9, U.S. Consul General in Ho Chi Minh City Marie Damour, and other officials from CSG 9 and the U.S. Mission in Vietnam.



USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52) arrive in Da Nang, March 5. (U.S. Navy/MCSN Dylan Lavin)

"This visit follows on the historic 2018 visit of USS Carl Vinson (CVN 70), the first U.S. aircraft carrier to visit Vietnam in more than 40 years," said U.S. Ambassador to Vietnam Daniel Kritenbrink. "It also comes at an important time in our bilateral relationship. Just 25 years after the normalization of our diplomatic ties, our relationship is the strongest it has ever been."

"This visit demonstrates the strength of our bilateral relations and highlights our continued cooperation with partner countries and our strong support for the region, including institutions such as the Association of Southeast Asian Nations (ASEAN), of which Vietnam is this year's chair," said Baker. "It also serves as evidence of the U.S. commitment to a free and open Indo-Pacific where strong, independent nations respect one another's sovereignty, and uphold the rule of law."

Sailors will participate in cultural and professional exchanges, community service projects, sports competitions, and receptions during the port visit.

H-FOF-150

“This visit will not only serve to strengthen our bilateral defense relationship, but also help further advance our cultural and professional ties,” said Capt. Brett Crozier, Theodore Roosevelt's commanding officer. “We are honored to take part in this important port visit and to receive such a warm welcome.”

Theodore Roosevelt is America's fourth Nimitz-class aircraft carrier with a crew of 5,000 Sailors who support and conduct air operations at sea. The strike group is comprised of a total of 6,500 Sailors, an aircraft carrier, an air wing, a cruiser, and six destroyers.

U.S. 7th Fleet conducts forward-deployed naval operations in support of U.S. national interests in the Indo-Pacific area of operations. As the U.S. Navy's largest numbered fleet, 7th Fleet interacts with 35 other maritime nations to build partnerships that foster maritime security, promote stability, and prevent conflict.



USS Theodore Roosevelt (CVN 71) sits off the coast of Da Nang, March 5. (U.S. Navy/MC3 Nicholas V. Huynh)



File photo of USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52). (U.S. Navy/MC2 Anthony J. Rivera)



In this file photo, USS Theodore Roosevelt (CVN 71) transits the Pacific in February. (U.S. Navy/MC2 Anthony J. Rivera)

**Witness Statement of USS THEODORE ROOSEVELT (CVN 71)  
Navigator**

On 11 MAY 20, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via VTC.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CDR (b) (6) Position: TR NAVIGATOR

Command: USS THEODORE ROOSEVELT Department/Division: NAVIGATION

Email Address: (b) (6) @cvn71.navy.mil Phone(s): (b) (6)

I was the "number 4" COVID-19 confirmed positive sailor aboard TR. I had a very quick onset of symptoms before it was evident I was sick. I conducted the night orders with the CO before hitting the rack and then at about 0200, I woke up in a sweat with several COVID ILI symptoms we were briefed on. I immediately went to medical and self-reported. I was administered a test and found to be positive for COVID-19 on 25 March. The next day, I was on a MEDEVAC off the ship for treatment and isolation. I had a total of 7 swabs before I was cleared for release from isolation. After one false negative test I had to spend more time in isolation, due to a change in return to work (RTW), and was just recently released. While in isolation I was the OIC of my detail. We started in a hotel but were consolidated into a school gym to allow 24/7 monitoring by medical representatives. At first, not all of the "wants" were available, but certainly all the "needs" were. There were complaints about the conditions, but we were never so bad off that the situation was unmanageable. In isolation/quarantine, we developed a daily battle rhythm of exercise and cleaning to ensure everyone was focused on the mission. We were constantly ensuring we were spread out to prevent possible infection.

Prior to the Da Nang port call, concerns for COVID-19 were minimal. We heard it was spreading in Asia, but there were only a handful of cases in Vietnam at the time. We were educated about the symptoms and told to avoid sick people. The main concern however, was the sea state. The last time a Carrier visited Vietnam was during a monsoon and the crew was worried it would be a similar experience. While there was not a monsoon during TR's visit, the water nevertheless made it extremely difficult for liberty boats to transport the crew to and from ashore. The pilot wore a mask and gloves when he came about the ship.

Nearing the end of liberty in Vietnam, I was briefed about 23 U.S. sailors who were identified as potential close contacts with COVID-19 positive British tourists. The sailors were identified and isolated at a hotel, moved to the pier, and screened inside a tent. They remained isolated as they came back aboard TR and were escorted into special berthing set up for this exact purpose. I believe it was on DV row. Plastic sheeting and other measures were in place to minimize the chance of infection.



**Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Navigator**

Everyone was well aware of the NAVADMINs and guidance associated with COVID-19. There was a lot of it. The XO was pushing education of the crew hard and the information was easily accessible. HODs routinely passed information to their departments. The IMC announcements got the word out. Mitigations were in place and roving patrols were implemented to ensure guidelines were being followed. Before I was evacuated from the ship, I did not hear anything about changing our transit plan. There were no discussions of shifting course to Hawaii or San Diego, at least not before I left the ship on 26 March.

The HODs and senior leadership (CO/XO/CMC) had a great working relationship. Everyone worked well together and it was a cohesive team. The CO had the opinion that the HODs should behave like mini Cos of their departments and I respected that. The CO was very big on communication and he ensured we all had what we needed.

Anxiety on the ship really started gaining momentum when the first positive cases were reported aboard TR. After I tested positive, I was immediately isolated and additional cleaning measures were implemented on the bridge. Everyone I interacted with after my positive diagnosis wore masks. SOPs were immediately drafted on how to deal with the virus. The SOPs are being continually updated as new facts and mitigations are discovered.

I'm looking forward to getting back on deployment and finishing the mission. We're concerned about how we will be received back in San Diego and whether we will be allowed to return home if COVID-19 remains an issue. It was – and remains – stressful to think about how our families were handling the spread of the virus at home without us.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)

(Witness Signature) \_\_\_\_\_ (Date) 6/16/20 \_\_\_\_\_ Time 2:05

**Witness Statement of USS BUNKER HILL (CG-52) Commander:**

On 13 MAY 20 I was interviewed in connection with a command investigation concerning chain of command actions regarding a Covid-19 outbreak onboard USS THEODORE ROOSEVELT (CVN 71). The interview was conducted via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CAPT (b) (6)  
HILL.

Position: Former CO USS BUNKER

Command: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Email Address: (b) (6) @mc.com

Phone(s): (b) (6)

Prior to the port visit in Vietnam, CCSG-9 was aware of Covid-19 and discussing its potential impact on operations. There was some talk about cancelling the port visit at the SG level, but at the time, the US had not been locked down and COVID cases in Vietnam were minimal – and all of the known cases were in Hanoi, not in Da Nang. Ultimately, the decision was made to enter Vietnam due to a low risk calculation. I talked with my crew about risk mitigation strategies, to include reminders about washing hands, symptom recognitions and overall staying cautious regarding the virus.

While in port, we authorized tours aboard USS BUNKER HILL due the fact that TR was unable to support boat operations due to a heavy swell in the harbor. I estimate about 1,000 people toured the ship. We implemented basic self-report screening procedures designed to turn away those who felt sick. We did not use temperature checks during the tours.

Due to the sea state, the Big Top event was held at the Golden Dragon hotel in Da Nang. The hotel instituted self-screening measures and selective temperature checks outside. On the last day of liberty, I received word that TR and BKH sailors were identified as close contacts with confirmed Covid-19 positive tourists who were known to be staying at the same hotel (the Vanda). I worked with CAPTs (b) (6) and Crozier developing COAs to round everyone up for departure. The three of us, along with the country team, worked to find those Sailors and then have them tested as soon as possible, in conjunction with the VTN government, so they would not be stuck in Vietnam. We did not believe these people to have been in contact with COVID, but because they were all the same hotel, an abundance of caution was utilized to ensure they were negative and also quarantined in the unlikely event they were in contact with the two known cases staying at the hotel. The TR had a standing quarantine plan and we determined the best COA was to bring all identified sailors aboard TR for quarantine. Eight of the sailors belonged to BKH.

On 23 March, after a 14-day quarantine, the eight BKH sailors tested negative (as well as all of TR Sailors) for Covid-19 and returned to BKH. Two days later, TR had two or three sailors test positive for Covid-19. Onboard cleaning of BKH consisted of twice daily cleaning with Clorox and/or bleach. After TR received its positives, we increased cleaning measures. The SURFPAC N41 initially pushed back on buying bleach with a credit card because it is a hazmat item – but we had the opportunity to get via open purchase in the vicinity of Guam to deliver to us since our supply chain was slower due to underway operations. Given the exigency, I authorized it anyway and wrote a MFR. CNSP agreed with that COA.

During the month of March, we ran Covid-19 drills, discussed various isolation measures, and the crew learned how to use PPE. In late March, we mustered 376 personnel aboard BKH. In



my opinion, a Cruiser can likely isolate positive individuals effectively on a small scale, but may not be able to adequately quarantine close contacts. In a worst case scenario, we could achieve CDC compliance repurposing the wardroom berthing. But, in doing that, you risk officer spreading. Thankfully, BKH did not have any positives onboard.

After leaving Vietnam, BKH moved west with TR and eventually met up w/ USS AMERICA (LHA-6). A couple days after we received our quarantined sailors back from the TR, CAPT Crozier called me early one morning on VOSIP and said they had two sailors who tested positive for Covid-19 (this was a frequent occurrence that we spoke on VOSIP regarding operations and HRU and other events to ensure we were aligned). Recognizing this information would likely become public, CAPT Crozier and I wrote letters to families informing them that we had positive cases aboard TR. In the letters, we assured them appropriate measures were in place to safeguard the well-being of their family members and friend. The target audience for the letters was the families to ensure a proactive approach. There was no security concerns or OPSEC concerns from my vantage point, knowing that at some point in the next 24 hours the news media would be aware of TR cases.

At daily CUB meetings, the SMO passed information on the virus, including its spread rate, the TR and CSG testing capabilities, and recommended COAs moving forward. We discussed the Covid-19 outbreak aboard the Diamond Princess and ways to avoid a similar scenario. It was apparent to me that that in order to stop the spread quickly (as was the general consensus of the Warfare Commanders and SMO) any plan moving forward needed to include self-isolation with CDC compliant quarters. A ship is not conducive to stopping the spread.

After TR docked in Guam, there were several discussions on how to move forward. From my vantage point, I know I was not involved in all of the leadership discussions, there was a desire to move through this quickly (ie: get TR back to sea as soon as possible), but the early days of the outbreak pushed the numbers of positives to a level that clearly indicated that the close contacts and "quarantined" Sailors were not going to stay clean for very long. There seemed to be some indecision over a several day period because my assessment is that nobody really understood just how hard the quarantine plan was going to be. I believe that the unknown of the situation may have caused some delay in action, but I'm not really sure there could have been more movement more quickly in getting nearly 4,000 Sailors into a true quarantine. The goal initially was to sick people off first. NBBG was exceptionally supportive in this endeavor. There also appeared to be a lot of pressure from the fleet level to get through this as quickly as possible and get TR back to sea. There appeared to be a relatively high level of RFI's... but that is not abnormal. I think there appeared to be more concern about the reactor side of the house (rightfully so in many respects) with acknowledgement that it is of incredible importance. The drive from the Fleet level always appeared to how quickly the ship and CSG could move through the process. I'm not sure they (C7F) fully understood the true difficulty in stopping the spread in what was initially a very resource constrained environment at NBBG and in Guam in general when it came to isolated berthing capacity.

Through this process, the Warfare Commanders did work on a COA paper that ultimately outlined some more granular options with PROS and CONS, which was shared w/ the CSG 9 Staff. I had minor inputs to the product, but generally agreed that a CDC quarantine which stipulated that separate berthing and living quarters was the right call to stop the spread the get the ship back to a healthy status as soon as possible.

On about 30 March, this paper was forward up from what I can tell. This was mainly driven by CAG. The product CAG (with our inputs) presented to CCSG-9 focused on best and worst case scenarios. The Warfare Commanders collectively pushed for plans involving isolation and quarantine. According to SMO, the best way to do that was with hotel rooms. We knew hotel rooms would be difficult, but it was the most efficient way to isolate. I am not familiar with all the options presented to the Warfare Commanders onboard TR - nor was I privy to all conversations outside of CUB/MUB interactions. I was not on TR at the time and they may have had separate conversations about whether to pursue specific COAs. There seemed to be a some collective frustration with the three and four star staffs, but that is from my vantage point - a very distant third party. The hotel COA would likely have required at least that level of attention - and I do know it was being worked, but I'm not sure at what level and at what time that decision was ultimately made.

CAPT Crozier never talked to me about the letter or email he wrote. I don't know why he wrote the email and letter specifically. I was not aware of the letter until it was published on San Francisco Chronicle. I learned of the email later. Once I read them, I noticed C7F was not an

addressee on either the letter or the email.

When asked about why I thought CAPT Crozier wrote the email I can only say that I assume he didn't feel things were moving quickly enough – even though there was quite a bit being done on many levels to get people into quarantine. I do know some of the conditions on NRG were not ideal and that ultimately, he likely wrote the letter because he felt things were moving too slowly and he likely felt he needed to act with more expediency to stabilize the spread rate. Ultimately, the letter may have been effective because it was sent to CPF actual. Maybe CAPT Crozier felt he needed to get a four star involved to help jumpstart the availability of hotel rooms for his crew. Most of the information in the letter was known and expressed up the chain of command – and to the Fleet level from what I was aware of. I know this remains a polarizing issue and I don't know if there is a right answer – particularly since I don't know what was discussed amongst others in the chain of command up to and including the Fleet level.

I am unaware of any letters written by the medical community aboard TR.

I never had a one-on-one with CCSG-9 regarding CAPT Crozier's letter. In my estimation, there is an appropriate time, place, and method to address your concerns and I think the dialogue was frank and honest in all of my interaction w/ the CSG 9 staff and my fellow Warfare Commanders.

Specific to the dynamic w/ CCSG-9 and me personally, it was always forthright and honest. I never felt like I needed to hold back on any account and I think RDML Baker always took into account all sides and accurately pushed information forward that was required and/or desired. Additionally, the Warfare Commanders collectively worked exceptionally well together. Collaboration and a shared mental model of what needed to happen to get the job done (on all accounts of CSG business – to include the COVID response) was almost always aligned without any friction. I'd say our collaboration and cooperation, and problem solving was well above average. Our relationships were collectively strong across the board and were for my entire tenure.

Now that I am stateside, I have had some time to reflect on the situation. I believe that everyone was doing the best they could to address a sizeable and challenging problem. There are still no easy answers here and the situation, while stabilizing, has taken longer than expected. The sheer number of people ultimately infected is not as bad as it could have been had the isolation in hotels not occurred. Had that occurred more quickly, we might be in a better spot with case numbers overall, but that decision has both political and physical limitations which are well acknowledged at the onset of the issue.

I swear (or affirm) that the statement above is true and accurate to the best of my knowledge.

(b) (6)

(b) (6)

14 2100  
Time

(b) (6)

CAPT

CAPT WSR

## TR Command Investigation - Request for Response (1st LT)

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Admiral, please note the responses to the questions are in blue sir.

Please tell me about morale of your department leading up to the PVT in Da Nang. Were there any discussions about COVID-19 or other medical concerns?

Morale was high sir, Deck Department was excited about the port call. There were discussions at every level regarding what we knew at the time about the virus. We had been briefed that there were no active cases in Da Nang and that there would be medical check points at fleet landing conducting the standard screening questions associated with ILI symptoms and taking temperatures sir.

Was a department crew brief conducted prior to the Da Nang PVT? How was it conducted? Did you use SITE-TV for any crew-wide announcement?

We had multiple briefs prior to anchoring Admiral, at the departmental level, I held three briefs (overnight liberty policy had not been approved yet resulting in multiple briefs) with all hands on the foc'sle to discuss specifics regarding: departmental management at anchor, liberty conduct expectations, requirements for overnight liberty, curfew, COVID concerns, fleet landing and ECP expectations. Additionally sir, my department watched all of the liberty briefs and vignettes produced by the Media Department that were being looped on SITE-TV.

Did your Sailors raise any questions or concerns with you concerning the PVT prior to the PVT in Da Nang? What about during the PVT?

Yes Admiral, but not for COVID reasons sir – most of my rated BMs had seen pictures of, or were aware of the tremendous damage STENNIS took to her sterndock while tending a barge for liberty boats. They were aware we were going to be in the same unprotected anchorage and the same time of year and subject to the same sea-action that forced JCS to sortie sir.

What was your understanding as to why the THR remained in Da Nang an extra day?

Admiral, I reported to THR on 9 FEB 2020, to the best of my knowledge, I was always tracking a FIVE day PVT as part of my turnover sir.

What concerns, if any, did your Sailors raise to you after the Da Nang PVT?

My department had an atypical PVT experience sir, I had to collapse my duty sections into a port and starboard team to safely conduct sternbarge operations due to the before mentioned sea state. As a general rule, I was able to get my Sailors ashore for EIGHT or so hours, but collectively Deck did not experience the same degree of liberty and most of their concerns were with the safety of departmental personnel while tending the barge, the material condition of our sterndock and the SIX mooring lines we expended to keep the barge safely astern of TR sir.

Admiral, once word of the first two COVID cases got around the ship two weeks later, my Sailors did express concern with the virus since they were physically “man-handling” the liberty party to ensure



that the Sailors were safely embarking and debarking the liberty boats onto the pitching barge in 4-6 foot seas.

Describe the morale of the crew after leaving Da Nang? Did the morale change as you got closer to Guam and more individuals were testing positive for COVID-19? If so, what changed?

Admiral, morale was extremely high leaving Vietnam for Deck. The entire ship, airwing, and embarked staffs had witnessed the herculean efforts of my department, witnessed the sacrifice of liberty, and the long hours in dangerous conditions and they were treated as “rock stars” – Deck Department routinely works in these types of conditions, but rarely are their efforts in the forefront and certainly not celebrated in that kind of manner.

I did not notice any morale concerns with the crew at large, especially after the PVT, it seems we settled into our normal routine at sea, we had just started preps for an impending INSURV MI that was scheduled for the Fall/Early Winter and that had a majority of the crew’s attention. On the horizon sir, I think everyone was looking forward to Thailand and not having to deal with liberty boats pierside.

Once the first cases “popped” sir and started to spread like wildfire, the concern for infection followed suite. I think the ship did everything possible to mitigate the spread while underway and I think the Sailors did a good job of understanding the limitations of immediate precautions that being out to sea with 5000 people presents and diligently executed actions when directed sir.

There was never any panic sir, there was anxiety and concern for the unknown, but the messaging was firm and consistent sir – we witnessed a master class in crisis management from the triad.

What information/guidance were you provided in terms of berthing and work stations during the transit for your department? Were you able to meet those requirements? Did you run into any difficulties?

Admiral, we were given a handful of messages with instructions from “BIG NAVY” (at the fleet and force level), we adopted any practices that we were able to execute during the transit sir. We ramped up our bleach cleaning efforts, exercised social distancing when able and practical, we were aware that COVID + Sailors were moved to a isolation berthing and we minimized socializing in all of our work spaces and berthings to the best of our abilities. Additionally, gyms, dental, and grooming services were secured.

Most of the upper level direction however was not feasible on a CVN while she is U/W sir, we knew our only chance to halt the spread was to get to a port, get COVID (+) Sailors off the ship expeditiously and get the remaining majority of the crew into isolation to ensure that they are COVID (-).

Did you have a discussion with your department about what the guidelines were for the quarantine/ROM/isolation prior to arriving in Guam. What was that discussion? Did the plan change?

Admiral, we knew as HODs going in that we had to get the positive Sailors off of the ship and spread the crew out enough to effectively isolate Sailors. Captain Crozier made that clear, that is why we were heading to Guam and while all of the logistics had not been worked out, we, as HODs had to brief our departments on what the preferred COA was; 14 days of isolation and a clean exit test (which satisfied all of the directions contained in the force and fleet level messages) and to be organized so when billeting could be arranged, we would be ready to move out.

I attended quarters daily to discuss the plan stated above and the progress we were making towards it. Additionally, my khakis and I wanted to field questions, alleviate concerns, and most importantly, as Captain Crozier directed, “bring ORDER to CHAOS”!

Once pierside sir, I was genuinely shocked at the lack of any cohesive plan or even a sense of urgency being pushed to secure accommodations for isolation. Instead sir, the HODs were tasked with doing staff-work for two extremely improbable plans (a bare bones minimally manned crew to get TR to SD and an exodus plan designed to airlift a majority of the crew to Okinawa for barracks rooms).

Additionally sir, once the two COAs above fell through, we started executing plans that made no sense, like moving a chunk of the crew off the ship to live on cots in a gymnasium knowing that did not meet the CDC guidelines for isolation contained in the fleet/force direction. At this time sir, Sailors were exponentially testing positive and the close quarter conditions were jeopardizing the entire crew.

It wasn't until Captain Crozier's now famous letter got leaked to the media did we see any real movement towards proper isolation accommodations.

When you were pierside in Guam, how was the morale of your department? Did any of your Sailors raise any concerns with you? If so, did you have discussions with your chain of command about your crews' concerns?

The morale never wavered, everyone was anxious with the unknown, but the crew believed in the CO and the CoC sir. The Captain did a masterful job of compartmentalizing his frustration, staying on the proper message of getting the crew healthy, the ship clean, and returning the TR to the fight. He directed us to drive this point home at every opportunity sir... He tied this in by highlighting that this was this generation's “9/11” WRT to the uncertainty and lack of a “playbook”.

The crew raised the same concerns that I had, “what is the plan to isolate us” sir. The solutions seemed all around us: the local news was reporting that hotels were empty, every morning I would look at NBG and know that they had barracks and that they could relocate those occupants to support a deployed capital ship, I knew there were barracks at Andersen AFB. I didn't make sense sir. I discussed their concerns and my frustration with our XO, who was equally frustrated with a lack of movement.

The Triad did an incredible job managing the uncertainty, they were receptive to concerns, did their best to answer questions that were out of their swing circle and most importantly demonstrated genuine concern for the wellbeing of the crew while remaining steadfast in the situation's uncertainty.

Is there anything else you'd like to tell me?

Yes Admiral, there is sir. I have been in the Navy for 28 years, I have served on 11 ships (whether as ship's company or embarked) I have worked for 20 Commanding Officers in that time frame. That list includes a former CNO, two Admirals, a VADM, and a slew of RADM/RDMLs – Captain Crozier is easily in the top three sir.

He possesses the complete skillset; exceptional judgement, mature decision making, technically sound, collaborative –leverages people strengths and more importantly provides guidance and feedback for development, has genuine concern for his crew and ship, excels at getting “buy in” (which is not hindered by his authentic charisma) and inspires all those who serve around him.

Admiral, when I made BM3 in the early 90s sir, I went through PO INDOC, one of the lessons that we were taught and frankly one that I remember clearly to this day is the lesson on "morale courage". We were taught to stand up for the right thing, regardless of its popularity and that we, as Petty Officer's had an obligation to always do the right thing, not the popular thing – the right thing. I have always preached that to everyone I have had any influence over sir.

Captain Crozier did the right thing sir, he did it with little desired fanfare or self-promotion, he confided in me after the fact that he had no idea how the letter was leaked and it was NEVER his intent to cause any sort of distraction, especially one that would tarnish his crew's reputation.

I do not have direct knowledge of chain of events at the flag level that compelled the letter to be drafted, nor do I have direct knowledge of the social-political situation outside the base – I do know sir, that Captain Crozier stood by his convictions, was alarmed by the lack of urgency in developing and executing a plan, saw the daily compounding positive cases mounting, cared about getting his ship clean, and most importantly, the crew healthy and back into the SCS. Finally sir, I believe with every fiber of my being that it is NOT a coincidence that we saw an executable plan using hotels out in town after and only after the CO's letter was leaked.

It is my fondest desire sir that Captain Crozier is reinstated as TR's CO – I think his actions were not only justified Admiral, but completely in line with the "Charge of Command". While the letter might have caused initial embarrassment to the service, it should be celebrated that a Captain embodied the spirit of that charge, demonstrated the morale courage we expect from the CO of a ship -- despite the potential impact it could have to his career and acted decisively. Admiral, we preach forceful backup sir, in my humble opinion--but limited view, Captain Crozier saw that we were in extremis and acted.

Is there anyone else you think I should talk to?

Admiral, I think that you will receive similar feedback from any member of the crew. Any of the HODs would be an excellent resource sir.

We may have some follow up questions after we receive your response. If you are able, can you please provide me with a good phone number for you.

Admiral, I am at your service sir, I have completed my isolation and can best reached by cell phone sir:

(b) (6) , or our departmental POTS line is (b) (6)

If there is any additional information you would like to add or documents you feel are relevant to this investigation, please provide them with your response. Your voluntary response is requested no later than 2200 EDT on 12 May 2020. Please direct any questions to me at the below contact information or replying all to this email.

**Witness Statement of USS THEODORE ROOSEVELT (CVN 71)  
Safety Officer**

On 9 May 2020 I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CDR (b) (6) USN Position: Safety Officer

Command: USS THEODORE ROOSEVELT Department/Division: SAFETY

Email Address: (b) (6) @cvn71.navy.mil Phone(s): (b) (6)

We pulled into Da Nang on the 5<sup>th</sup> – 9<sup>th</sup> of March for a port visit. The biggest thing I remember about was that we were doing bleach-a-palooza once a day along with the XO's happy hour prior to arriving to Da Nang. At the time, there was no COVID-19 cases in Vietnam, but we were all slightly concerned. Lessons learned from 7<sup>th</sup> Fleet (VINSON) was during your arrival into the Da Nang port was trying to understand which boat was going to be our security boat, which one is not going to be our security boat and locating the anchorage. These items were included in our NAV Brief to inform the leadership. This resulted in a smooth arrival into Da Nang Harbor. Once we got to Vietnam, I spent the entire first day on the fantail to help with the liberty boats. It's hard to explain until you actually experience it. Their liberty boats were a fiasco, and there were language barriers with the pilot. Deck department had a Sailor on the breasting barge to translate and communicate with the liberty boats. Prior to Vietnam Safety department was working our INSURV preps, IHO was doing the Industrial Hygiene survey and trying to do ventilation inspections, and heat stress monitors for several storerooms that are currently being used as work centers. COVID-19 wasn't really on our minds at the time; we were trying to take care of our Sailors onboard. It was busy for us. There was very limited connectivity, only certain websites were accessible due to 10<sup>th</sup> Fleet restrictions. Most of our news came through CHINFO News and communications with home.

The day before we were supposed to pull out of Da Nang, I got an email from my LPO that said that we were being recalled to our ship. I had an idea that what was gonna happen. By the time I made it back to the ship, they cancelled the recall, but if you come back to our ship then you can't leave.

Then later, we heard through the grapevine that there were about the three tourists that tested positive and they were staying at the same hotel as some of our sailors. Our ship was working with the Vietnamese government to get them into isolation onboard. Those Sailors were placed into an isolation berthing. I had no idea who they were. Once they were on the ship, we dropped off care packages for them. And once their quarantine concluded and they



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Safety Officer

got out of isolation, then that is when we first had our case onboard.

The same day as our positive cases, we put together a COVID-19 Awareness Council (CAC) with the dental doc, the judge, some air wing reps and myself. We put messaging out, taking CDC guidelines and a bunch of NAVADMINs, and we put it into something that could be usable across the ship. We emphasized a need to start social distancing, and got posters printed out and put up in the lines for chow and around the ship. The SMO was putting out guidance to wash hands again. Folks started pulling gators or flash gear over their face. We were trying to get the messaging out -- posters, flyers, and emails -- as reminders that we need to start fighting this.

We were out of the COVID-19 management; that was medical. We were doing some of the medical. The morale was still good and people weren't scared; they were concerned. The media was saying that the flu kills more people than this. Some people took it more to heart than others. No one was scared or paranoid.

The CAC put out the three CNO NAVADMINs that came out, there was a 7<sup>th</sup> Fleet checklist that we were trying to consolidate into something, and the SMO put out the NTRP to all the HODs too. It all came out within 48 hours of our first positive; around 23<sup>rd</sup>/24<sup>th</sup> a bunch of info came out. Medical was busy; the SMO told me to just deal with it because they were busy dealing with positive cases.

The next day around the 25<sup>th</sup> or 26<sup>th</sup>, we were heading to Guam, which the original schedule had us going 3-10 April. HODs were told by the Captain to prepare to pull into Guam within 72-hours and start offloading Sailors. The 1<sup>st</sup> LT said why not talk to the MPSRON ships in Guam, they had tent cities available (Expeditionary Medical Facility) -- but every day was a different plan and the COAs were constantly changing. It was someone above the CO who was making these calls. Okinawa COA was one we planned to where the Air Force would fly 500 Sailors up to Okinawa a day to stay at the BEQ there in Japan. I don't think our Captain had the ability to coordinate with the Air Force for that kind of support. The Captain voiced his concern on the ability to get Sailors back quickly if required to get underway, he preferred we remain on the island. The next day he informed us that it was turned off because the Japanese Gov't did not want possible contamination in their country.

The CO put out that when we get to Guam, we need to manage expectations. It will take some time to get things done. We all knew that we needed to get people off the ship. Every day, however, it was changing. It was the second or third day we were here in Guam when we heard from the Governor in Guam that he was not going to let us off the ship due to concern of contamination to the public. We thought that's not helping us much. We need to get off.

Once we got pierside, no one was allowed off the ship, except for the positive COVID-19, close contacts. Along with 169 ENG/RX Sailors were moved to Guam Naval Base gym (Charles King Fitness Center). Later that afternoon, probably 5 or 6pm, some of the officers, MWR kids & myself set up the tents on the pier that had been placed there for us to utilize. I



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Safety Officer

don't think we were allowed on the pier until the second day. The original "840 plan," was to get essential personnel off the ship to a gym on base on cots. That backfired when they were popping like popcorn in the gym due to not having the ability to test prior to departing the ship and the lack of being isolated from others.

I was shocked to see the CO's letter as much as everyone else was. The CO sent a letter to PACFLEET and the San Francisco chronicle published it. I agreed with the first paragraph, about our ability to get back out to sea. On the 25<sup>th</sup>, we were instructed to come up with redlines for manning for either at sea or inport. We also stood up the ECC. This was the day after our first case. In my opinion, if the crew was told to go back out to sea, then this crew would have done so. This would affect recruitment and retention, having a CO fired like this. This CO, if he said to go back to sea, then 90% of the ship would have said, "Let's go." I have 28 years in the Navy. You've got 5,000 people on this ship. A lot of people have taken this to "if that's how they're gonna do leadership, why would I want to be part of this organization? Why would I want to succeed?"

I swear (or affirm) that the information in the statement above is true to the best of my knowledge or belief

(b) (6)



17 MAY 20 1030  
(Date) Time

(b) (6)

## CDR USN, USS Theodore Roosevelt

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**From:** (b) (6) CDR USN, USS Theodore Roosevelt  
**Sent:** Sunday, March 29, 2020 8:35 PM  
**To:** (b) (6) CDR USN, USS Theodore Roosevelt  
**Cc:** DH\_71; (b) (6) LT USN, USS Theodore Roosevelt; Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; SAFETY DIVO; (b) (6) ABHC USN, USS Theodore Roosevelt; (b) (6) ASC USN, USS Theodore Roosevelt  
**Subject:** Safety Okinawa Manifest / Stay  
**Attachments:** Okinawa Safety Dept Fly Off.xlsx  
**Signed By:** (b) (6) @navy.mil

(b) (6)

Please see the attached manifest.

It is tabbed as follows:

-Okinawa Flyoff group (racked in order to relieve the "first 500")

-"Stay Behind" skeleton crew.

V/R,

CDR (b) (6)  
Safety Officer  
USS THEODORE ROOSEVELT (CVN 71)  
e-mail: (b) (6) @CVN71.navy.mil  
J-Dial: (b) (6) HYDRA: (b) (6)  
COMM: (b) (6)

Witness Statement of (b) (6) / CDR:

On 11MAY 20, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via VTC.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CDR (b) (6) Position: TR AIR BOSS

Command: USS THEODORE ROOSEVELT Department/Division: AIR

Email Address: (b) (6) @CVN71.NAVY.MIL Phone(s): (b) (6)

I spent 22 days in isolation after identification as a possible close contact with individuals who tested positive for Covid-19. As of the date of this interview, I have yet to test positive.

The only information I had about Covid-19 prior to the Da Nang port call was whatever was reported in the news. Obviously, we are all well informed now, but prior to the Da Nang port call, information was pretty sparse. The only general concern was regarding its effect on the rest of the world. We were told Vietnam was a safe port to visit. I don't remember much discussion about mitigation efforts prior to the Da Nang port visit. I don't remember thinking it would be much of a danger. No one voiced any concerns about visiting Vietnam because all indications were that it was safe. There were 2 CODs of Vietnamese delegations that toured the ship days prior to the port call. During the port call, if there was any screening for tours coming to the ship, I am not aware of it. Because of the heavy sea state and resulting issues with the ferries, I'm not sure any Vietnamese visitors made it on the ship. I went ashore on liberty in Da Nang and while there, I received a text that potential TR sailors were identified as "close contacts" with Covid-19 positive tourists. I received notification via email of a ship wide recall and I passed the word to my Khaki. But within the hour, another email was received that liberty would continue as planned. I was screened via a brief verbal questionnaire for Covid-19 upon my return to the ship, asking if I had symptoms. After leaving Vietnam we had one or two CODs arrive on the ship before they were cancelled. I didn't hear or see anything about screening the COD crews from up in the flight tower.

There is an Air Boss network where Air Bosses can discuss common issues. Prior to the outbreak on TR however, communications were minimal. After the TR confirmed its first positive cases of Covid-19, the network started sharing information and lessons learned. We had great communication onboard TR and frequent 1MC announcements, meetings and informational emails. In fact, there were so many emails that went out associated with the NAVADMINs that the crew needed to expand email storage in order to contain it.

Communications about Covid-19 on TR were very good. I never had any questions about the virus itself or the ship's plan to prevent it. Specifically, leadership passed information via the 1MC and during HOD meetings. We discussed mitigation efforts at quarters as well.



With respect to specific Covid-19 terms, I understand that someone is placed in "isolation" after a positive test, which will last 14-21 days. In order to clear isolation, they must receive two negative tests within 96 hours. The difference between isolation and quarantine is that isolation is for someone who is positive and quarantine is for someone who is not. "ROM" is similar to quarantine. A "PUI" is similar to someone in an "SIQ" status – they have symptoms but they have not yet tested positive.

Social distancing is and was our biggest challenge. The Air Department has the most Sailors and the smallest spaces. It is impossible to implement social distancing. If you reduce the number of Sailors in the work spaces, they simply move to berthing, which is equally confining, if not worse. There are only minimal spaces on the ship to distance oneself. Masks were a challenge. They were not frequently used because Sailors think they aren't going to get sick. The sense of invincibility early on was pretty normal. Now though, after all the education they've received, they are much better, but getting 100% compliance, 100% of the time is a challenge.

In Guam, the general understanding of the goal was that sailors would leave the ship, comply with social distancing requirements, get healthy, return to a ship that was cleaned by a skeleton crew. Initially, the crew seemed to understand the process may take some time to accomplish. After a while though, there was quite a bit of uncertainty. As our port call in Guam progressed, sailors began asking things like, "Why are we leaving the ship, a location where we cannot properly social distance, just to go to a crowded gym, where we also cannot socially distance?" It was never "doom and gloom" with the sailors. There just seemed to be a lot of anxiety building.

There was discussion voiced in HOD meetings of using hotels to house the crew, but no action was evident. The apparent direction from senior leadership was to get Sailors off the ship, even if it was just to the gyms with no long-term plan. The process was slow. Immediately after CAPT Crozier's letter, it was obvious to the crew that the pace picked up and significant actions began.

The HODs and senior leaders on the TR have a great relationship. I have nothing but positive things to say. Everyone works together to get the job done. CAPT Crozier let us run our departments as if we were commanding officers. Both CAPT Crozier and CAPT (b) (6) are personable and visibly care about their sailors. They are two of the best bosses I have had.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)

(Witness' Signature)

16 May 20  
(Date) 0830  
Time

Name of Interviewer: RDML Spedero

**Witness Statement of (b) (6), AT1:**

On 13 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: AT1 (b) (6) Position: LPO w/ HSC-8

Command: HSC-8

Department/Division: HSC-8

Email Address: (b) (6)@cvw11.navy.mil Phone(s): N/A

I have been in the Navy for 17 ½ years. I reported to HSC-8 in March 2019 and embarked on TR in April 2019. I work in maintenance as LPO of the avionics shop. I have been on a couple of deployments. My first ship was forward deployed in Japan. When I first reported to the ship I thought it was a good environment. The chain of command is really good and takes care of their people. Communication is good and I feel they listen. They keep us in the loop in a situation that is very liquid.

Before our first port visit to Guam, I got sick. I had a cough and was very tired. The cough lasted for about three weeks. The whole shop just kept passing it around. We would get sick and then just take a few days to sleep it off. The symptoms are very similar to COVID-19 symptoms. But while on deployment, you kind of down play the symptoms. It's easier to sleep it off then stand in line during sick call. Some people in my shop went to medical but were turned away if they did not have a fever. There was also the double dragon going around and we needed to get our flight hours done. I can't remember if any precaution items were shown on SITE TV. The TV in my shop stays in the PLAT (channel showing the flight deck). We were just doing our normal operations and taking turns getting sick.

I can't remember details of the Da Nang liberty brief but I do know myself and my Sailors watched it. I recall there being temperature checks on the pier in Da Nang. I was not going to stay overnight in Da Nang but there were issues with the liberty boat so busses took us to a hotel. Coming back to the pier the next day, they did check our temperature. I heard about the possible exposure of a few Sailors in a Da Nang hotel through word of mouth. Several people were talking about it, and there may have been an announcement, but I cannot recall. They were quarantine but I do not recall where. None of my people were effected. I did not think they were sick, I believe it was done as a precaution.

I believe that following the Da Nang port call, the ship began "bleachapoloza" (the ship handed out ship approved bleach to Sailors to wipe down surfaces) twice a day. We cleaned



in the morning and afternoon for 30 minutes. There was information about hand washing and hygiene everywhere. It was on SITE TV, posters and emails went out about it. Information covered that if you have any symptoms come to medical. Anyone that had symptoms and reported to medical began a 14 day regiment of getting their temp checked at medical each morning and reporting any symptoms at that time. It's an airborne virus, there is no way to contain it and no way to social distance on a ship. People just coughing and touch the handrails, could make you get it.

My attitude was kind of like not my people, but hopefully those effected are fine. I believe my workspace really did not take it seriously. I cannot remember if there were any 1MC announcements, we were flying a lot. The gym stayed open, I would still go every day. We were just instructed to wipe down your stuff. I believe the barbershops and stores were still open.

Pulling into Guam I was unaware of the plan for us. I was finding out things through my husband back home. At his work people were dropping like flies, especially once schools closed. The plan of action for Guam was just a lot of back and forth. The ship sent a skeleton crew ahead of the ship and I was told some of them ended up testing positive. The test kits were sent to Korea and things just were changing by the hour. We just continued maintenance on our aircraft. I did end up getting a bit frustrated with the whole situation. I was told I would leave the ship but then ended up getting pushed back. We were told to pack up all of our things from our racks because they were going to be cleaning the ship. Then I was tested and finally left the ship. We were allowed to leave the ship in civilian clothes. We (a group of around 100 people from my squadron) went to the Charles King gym for a couple days (waiting for results from our nasal swab) but then they moved us because they needed a space for all the positive Sailors. Then we spent a few days at McCool School waiting for test results. Most people from my squadron got their results then and went to hotels if they were negative or back to Charles King if they were positive. There were a few of us that did not have results so we were moved the Santa Rita school and eventually medical told me that my test was either inconclusive or never came back. They retested me and I ended up testing positive for the virus so I was moved back to McCool school. McCool became very crowded. The most we had was over 200 people. The females were in the cafeteria and the males were in the gym. The cafeteria was okay but the gym was very crowded for the males. Once a new group of Sailors received their test results then they would leave and the placed cleared up a bit. The food was okay but I don't really have very high standards. There was no fruit for a very long time. Once we got fruit, I feel the morale got better. I did stay in communication with my chain of command while off the ship. We used the Slack app to talk and my squadron Skipper, XO and CMC passed word to us on there.

The morale was good prior to Vietnam. I was excited about Vietnam. The liberty boats were a bummer.

When a few Sailors popped positive before we pulled into Guam the second time and we told we were MEDEVACing them off, we prepared the helicopters (using barrier paper and plastic bags to try to not contaminate the aircraft and to protect the pilots and aircrew), that's when it hit home for me. My husband either sent me the link or told me about Captain Croziers letter.

Of note, the medical staff was awesome. There was a sailor with me at the gym FC2 (b) (6), she was experiencing headaches and had a terrible cough. She is a cancer survivor and her medication and the virus were giving her complications. I was there with her for two weeks and during that time she talked to medical several times (besides our daily temp/wellness check) but was not given a course of action (as far as she told me) by medical. She was eventually taken to the hospital during the night but came back after a couple days. She told us that once she tested negative she was going home due to being high risk. She tested negative but was left at McCool. I left a few days later and she was still there. The cleaning crew that was left behind on the ship were all not tested until after they completely cleaned the ship. It was my understanding that they all tested positive for the virus. A large problem is mental health as the stress of the unknown and plans shifting constantly had been every day, and there are very limited mental health specialists available, from what I was told there was one psychologist for all the Sailors off the ship. Also other health issues have been pushed aside if they are not related to COVID.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)

\_\_\_\_\_  
(Witness' Signature)

5/22/2020

\_\_\_\_\_  
(Date)

2035

\_\_\_\_\_  
Time

Name of Interviewer: Command Master Chief (b) (6)

Witness Statement of (b) (6) HM3:

On 13 May 2020 I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: HM3 (b) (6) Position: Quad 0 Corpsman

Command: USS THEODORE ROOSEVELT Department/Division: Medical/ H

Email Address: (b) (6) @cvn71.navy.mil Phone(s): N/A

I have been in the Navy for 7 1/2 years. I reported onboard USS THEODORE ROOSEVELT in August 2018. I work in the Medical Department onboard in the H division. I am a Quad 0 Corpsman so I am kind of a jack-of-all-trades. I have worked in sick call, completed PHA's, but while underway I was the flight deck Corpsman working nights. This is my first operational command, it's very fast paced and offers a lot of opportunity to do more and learn skill as a Corpsman. I have a good chain of command. They are friendly, caring and make do with what we have available to us right now. The Senior Medical Officer (SMO) cares about the enlisted, prior to his isolation off ship, he would attend our morning muster, communicated well with us and I feel listens to our concerns. Best SMO I have worked for yet.

I recall after our first visit to Guam the ship came down with VGE. Sick call was not crazy and medical was not overwhelmed with the number of Sailors that came to be seen. Medical did put together a video for SITE TV discussing the importance of hand washing and that if someone had symptoms of nausea, vomiting or diarrhea, to report to Medical. The ship had posters and hand sanitizer everywhere. "Bleachapalooza" became our normal routine in the afternoon around 1600. During this time we would wipe down everything in sight with bleach. This was an all hands event that was separated from our 30 minutes of morning cleaning.

I am kind of an introvert and I stay away from the news. I did kind of hear about COVID-19 from people on the ship talking about it. Mostly other people thought it was funny that it was called the Corona virus and they would make jokes about it. I knew the category of people who could be considered high risk and that the US had a couple of cases. Prior to Da Nang we did have a really long liberty brief. The brief included the liberty boundaries and Medical talked about the importance of temperature checks on the pier. During the liberty brief, medical also discussed that if a Sailor was experiencing fever, headache or respiratory concerns to report to medical. Upon arriving in Da Nang, medical had a watch on the pier. The Vietnamese Navy was set up with their temperature scanner on the pier prior to boarding the buses into town. They would not let Sailors leave the pier if they had an increased body temperature. The medical watch on the pier was there in case a Sailor would pop with a



fever going through the scanner. We would hydrate them, recheck their temperature, obtain a brief medical history, and then report back to medical on the ship for further guidance. For Sailors to return to the ship, they again had to go through the temperature scanner. I did get to go off the ship on liberty. I hung out in my hotel and got a massage. I found out about the exposed Sailor the last day before we left the port. My understanding is that there was TR Sailors and DDG Sailors staying the same hotel as two COVID positive civilians. The Sailors were placed in quarantine inside a berthing onboard the ship. Medical evaluated them and did daily temperature checks. I knew someone who was quarantined. Word got out amongst the ship, and the almost immediately, the CO came on the IMC and made everyone aware of what was going on with those sailors. Most people thought it was a good deal, 14 days off. It seemed to be a nice break for those sailors but towards the end everyone was ready to get to work.

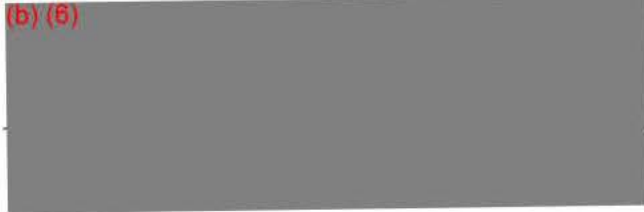
As the cases started rising, medical would teach one person in the berthing how to take the temperatures so that the Sailors could do the daily checks themselves. I believed the Sailors were placed in quarantine out of precaution. I am not and was not concerned for my safety at that time. The quarantine sailors were cleared but then two weeks later we had our first two positive COVID cases. After this, we started bleaching two times a day on top of the 30 minute cleaning stations. Everyone on the ship attempted to comply with social distancing as much as possible, and only medical was required to wear masks.

Prior to pulling into Guam I did not know about the Health Emergency there. I was aware of the base operating at a limited capacity. The message and understanding was that "we were pulling into Guam to take care of our Sailors". There were rumors on the deck plates of us going to Okinawa but that was turned off quickly. I did think it was nice that the Governor of Guam put herself out there to help us. Once we arrived in Guam, there was still no real plan. The focus was to get the positive Sailors off the ship. My chain of command communicated the plan of action for Guam to myself and our department. I was part of the last push of Sailors to leave the ship. I was off the ship for 21 days and stayed at the Pacific Island Club Hotel. My chain of command communicated really well with me during my time off ship. I emailed medical in the morning and received updates during remote morning muster. The TR also set up a closed Facebook page. It was a great tool to receive updates on the cleaning of the ship, as well as let sailors communicate about different things.

I really liked the CO. He is a very personable, caring CO. Morale took a hit after he was relieved. I felt that he was being punished for standing up for us. As someone who works in the medical field, I fully believe in putting my patients first. I fully believe that the CO did that for us, and I'm very grateful for that. The morale right now is really bad. Things change on a day to day basis, and it can be very frustrating. We are dealing with a virus that is so diverse and complicated. We just want to go home. I am okay and Medical is trying to make do with what we have, but I don't know how much longer we can keep this up before the morale completely tanks and people start to snap.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)



15 May 20  
(Date)

1947  
Time

Name of Interviewer: Command Master Chief (b) (6)





## **Witness Statement of Carrier Air Wing ELEVEN Flight Surgeon**

On 9 May 2020 I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: LT (b) (6) Position: CVW-11 Flight Surgeon  
Command: CVW-11 Department/Division: Terminal Leave  
Email Address: (b) (6) @gmail.com Phone(s): (b) (6)

Following the Da Nang port call, we [the medical department] had a plan in place to screen sailors based on temperature checks and symptoms. In hindsight, asymptomatic transmission was not being taken into account. Temperature screening was missing those who were infected but did not have a temperature and would have been able to board. We, and the world as a whole at that time, would later realize asymptomatic carriers make up a large percentage of COVID patients. I did have "strong reservations" pulling into Vietnam during a global pandemic. I wasn't confident we were getting honest data from the Vietnamese about their positive cases or community spread. Our sources, including the chain of command, the CDC, and World Health Organization were saying all cases were concentrated in the Northern part of the country, but I didn't think that Vietnam had a good enough testing program to ensure that it wasn't being transmitted in Da Nang. Pulling in didn't seem worth the risk to me, but I also understood why people were pushing for the port call and the political motivations behind it.

CVN-71's response to the information that two British foreign nationals had tested positive and shared a hotel with our sailors was "over-the-top in a good way." The medical department and crew as a whole "moved heaven and earth" to take proper precautions as best we could on a ship. As best as I can remember, some of the measures that changed after Vietnam included no longer allowing self-serve in the chow line, encouraging social distancing, daily scheduled cleaning and sanitizing. Social distancing was discussed prior to the Da Nang port call through things like the TR TV, but I think we all knew that social distancing on a ship would be impossible. Masks were not made available to the crew as resources did not allow it, and the CDC was still telling people at that time that universal masking was not necessary, which later they redacted. I believe that the actions taken to the potential exposure of sailors to the two British tourists was appropriate. However, I think the more likely danger was that there were cases in Da Nang that were unknown at the time, and exposures may have returned to the ship that were not known about.

I remember being "on edge" coming out of Vietnam. As I recall the guidance we had at that time was to test anyone with influenza-like illness (ILI) and a fever, but no fever meant no test and to continue to monitor. We acquired a BioFire diagnostic machine and a research



Subj: Witness Statement of Carrier Air Wing ELEVEN Flight Surgeon

COVID rt-PCR machine. The Biofire tests for normal viruses but not COVID. Although a positive Biofire result for other viruses does not rule out COVID, it gave us another reasonable diagnosis to go on. If someone tested negative on the Biofire, then they would be tested for COVID. In an ideal world every person with an ILI would have been tested with Biofire and for COVID, but at the time I was told it wasn't the recommendation and wasn't feasible with our resources. As far as I know, until our first positive case we had no negatives on the Biofire, which meant we were presumptively diagnosing everyone with other viruses like Parainfluenza, RSV, etc. based on the result of the Biofire. Having a Biofire was "really quite nice," and was a major step up from what we had prior to Vietnam. The guidance at that time was to keep the potentially exposed sailors from Vietnam who we presumed to be close contacts to the British foreign nationals in a group quarantine for 14 days. We did not have the space for individual quarantine. We started to feel better that we were in the clear once we got closer to day 14 with no confirmed cases, but of course the night of the 14<sup>th</sup> day we got our first positive COVID.

Both before and after our first positive case, SMO would put out a lot of info almost daily. He would pass along whatever was being pushed out from Big Navy and often summarize it for us. At the time, the Navy guidance and message was to "take temperatures and take temperatures" but that's just not good enough. We had guidance to go on, but unfortunately, that guidance wasn't adequate. We had a long line of people getting their temperature taken daily and I'd "bet money" there was COVID in that line at some point, either without a fever, or testing positive for another virus. As far as where our first positive came from, in my opinion it's a 50/50 chance it came from Da Nang or a COD.

As I recall we had 26 positive cases within approximately the first 24 hours. We had a lot of requirements to test the reactor department, this department, and that department, which made the priority more about ensuring certain departments were "clean" and would be able to continue to operate rather than identifying all the likely positive cases. The greatest portion of the workload during the first 24 hours was in testing and isolating berthings. We canceled our normal routine appointments and it quickly became an all-hands-on-deck evolution dealing with COVID. We MEDEVAC'd our first 26 which was a massive effort. Early on, our fear wasn't that we would have fatalities on board the ship, because we were MEDEVACing any positive cases. Our bigger fear was that there would be a shockingly high number of positive cases if we didn't immediately isolate the crew because of how quickly and effectively COVID spreads. If the case number became too high and we saw the typical distribution of "severe" and "critical" patients for our age demographic, we were going to overwhelm the ship's medical capacity and even NH Guam's capability. I was told at one point Naval Hospital Guam only has 7 ventilators. We knew the mortality rate was around 1%, so we were rolling the dice on how many people would be in that 1%. All of this data was coming from various papers studying both the general population and the Diamond Princess Cruise line case.

In Guam, I recall hearing about "push back" from higher up about getting people off the ship. I wasn't sure who was pushing back but rumors were the Governor of Guam, ADM Aquilino, SECNAV. Of course, for a LT like myself, you only really get that pushback from your



Subj: Witness Statement of Carrier Air Wing ELEVEN Flight Surgeon

direct superior, and similarly they got their pushback from above them. Whoever was coming up with the plans [to get people off the ship] would put a great deal of work into executing the plan, but then at the last minute that would fall through, and they'd start from scratch. From our point of view, time was of the essence. The overall "push back" was relayed to me from SMO or sometimes CAG.

In my opinion, SMO is a phenomenal leader. I would not have wanted to be under the leadership of anyone other than SMO during this crisis. It's important to know medical is different from the rest of the Navy in the sense that we are not line officers, we can only make recommendations and hope they would be heeded. We were dealing with trying our best to communicate the reality of the situation using facts based in science and the medical literature. I don't know that the chain of command off the ship fully understood what we were up against, or maybe things would have moved more quickly. You cannot bend the will of the virus, no matter how much you want the reality to be different. What I really like about SMO is that as best he could he didn't leave anyone in the dark. He even briefed the enlisted sailors on our plans pretty much daily. He tried to make the "why" of upper level decisions clear, and when those decisions seemed to make no sense to us, he did his best to encourage the team to work efficiently and to trust that everything that could be done was getting done. In my opinion, SMO perfectly bridged the gap between staff side and line side, which partially comes from the fact that he is a Captain with so much experience. SMO is very intelligent and was trying to get people to understand the reality of the situation we were facing.

The morning we signed the [31 MAR] letter we felt we had run out of time and options. We were seeing massive increases in cases and no headway on a plan to get people off the ship. I believe that everything we wrote in the letter is accurate, and had decisive action not come when it did, we would have lost more people. I think as it stands we were lucky to have only lost one sailor. We certainly would have preferred not to be in a position to feel the need to write that letter, but all of the COAs being proposed until then were not feasible, or they'd fall apart within 24 hours. We needed more help. We did not have the resources we needed to do our jobs at the time, and to do the one thing that needed to happen – immediate isolation of all hands. We had the ship and these gyms that were not CDC compliant for social distancing, and they really weren't much better than the ship. As medical officers we have a moral obligation to our patients and a duty to inform our chain of command of the medical implications of decisions that were being made. We tried our very hardest to do that, but ultimately we felt that nothing was getting done. The plan was to take the letter to CAPT Crozier and ask him to run it up the chain-of-command. The goal was to get people to pay attention a little more and hopefully to move more quickly. We didn't take the letter to the media and never intended to, and we certainly had no reason to after what happened with CAPT Crozier's memo. At the end of the day, it was a "Hail Mary" attempt to get help for our patients, who we were watching get infected and sick more and more every day that action wasn't taken.

Regarding the letter, some people did not sign it because they feared repercussions and they have a long, successful Navy career ahead of them, which may have been tarnished by being



Subj: Witness Statement of Carrier Air Wing ELEVEN Flight Surgeon

involved. I felt I had a moral obligation to my patients, and the crew of that ship; it was something I needed to be a part of for their sake.

In hindsight, it's always easy to find things we could have done differently, but at the time we did the best we could with what we had. I would not want any leader other than CAPT (b) as SMO. Had the CO not written his memo to his supervisor, we truly believe we would have had more fatalities.

Questions were submitted to me by LCDR (b) (6) concerning the patients I saw with symptoms of anosmia and ageusia (loss of sense of smell and taste). I will do my best to answer these questions based on my memory:

On [24 MAR], the night of the first confirmed COVID case I was on sick call for the Airwing. I saw the patient who ended up being our first test confirmed positive, and while I was running the necessary tests (Biofire, and ultimately the COVID test) I saw several other patients. Three of my patients presented with the exact same symptoms of a complete loss of sense of taste and smell. On further questioning they said it had been going on for about one week. They all worked in the same shop (I believe it was an Admin shop for HSM-75 right off the hangar bay) and none of them were feeling otherwise ill. They said there were one or two others from the shop who complained of similar symptoms, so I had them come down to medical to examine them all. This was before we found out that we had COVID on board by a few hours, and coincidentally was the first night that I had heard of the anosmia and ageusia as possible symptoms for COVID. A news report not an hour before these patients showed up said that this may be an early symptom of COVID, which I found interesting. However, at the time this was not considered a diagnostic symptom and was anecdotal at best, and was not predominant in the COVID literature. I had a higher concern for a toxic exposure causing these symptoms seeing as they were all coming from the same work center. I ran a RAD-57 test which demonstrated a normal CO level, all their vitals were normal. To be safe I examined each individual, I instructed them not to return to their work center, and I contacted the industrial hygienist on board to inspect their work center. He performed an inspection the following morning and found nothing of note. To the best of my recollection at least 3 individuals from that same work center ultimately tested positive.

I do not know if the individuals went ashore in Vietnam, but I believe that none of them came by COD as they were all members of HSM-75. You'd have to talk to HSM-75 to confirm that none were flown in over the previous week. You may be able to ask LT (b) or LT (b) (6) to look them up on the ship and find out when they tested positive.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)

18 MAY 2020  
(Date)

11:26  
Time

UNCLASSIFIED//  
PRIORITY  
P 122210Z MAR 20 MID510001053027U  
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TO NAVADMIN  
INFO SECNAV WASHINGTON DC  
CNO WASHINGTON DC  
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NAVADMIN 064/20

MSGID/NAVADMIN/CNO WASHINGTON DC/CNO/MAR//

SUBJ/NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK//

REF/A/OPLAN/NORTHCOM/DOD GCP-PI&ID-3551-13/15OCT13//  
REF/B/INST/DODI 6200.03/28MAR19//  
REF/C/MEMO/OSD/30JAN2020//  
REF/D/EXORD/JOINT STAFF J3/012240ZFEB20//  
REF/E/MEMO/OSD/07FEB2020//  
REF/F/MEMO/OSD/25FEB2020//  
REF/G/NAVADMIN/OPNAV/071613ZFEB20//  
REF/H/NAVADMIN/OPNAV/112054ZFEB20//  
REF/I/NAVADMIN/OPNAV/051456ZMAR20//  
REF/J/GENADMIN/JOINT STAFF/051908ZMAR20//  
REF/K/MEMO/JOINT STAFF/06MAR2020//  
REF/L/MEMO/OSD/10MAR2020//  
REF/M/MEMO/OSD/11MAR2020//  
REF/N/ALNAV/SECNAV/025-20//  
REF/O/MEMO/OSD/11MAR2020//  
NARR/REF A IS DEPARTMENT OF DEFENSE (DOD) GLOBAL CAMPAIGN PLAN FOR PANDEMIC INFLUENZA AND INFECTIOUS DISEASE.  
REF B IS DODI 6200.03, PUBLIC HEALTH EMERGENCY MANAGEMENT WITHIN THE DOD.  
REF C IS MEMO FROM UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS PROVIDING FORCE HEALTH PROTECTION GUIDANCE FOR PERSONNEL RETURNING FROM CHINA DURING THE NOVEL CORONAVIRUS (COVID-19) OUTBREAK.  
REF D IS SECDEF APPROVED EXORD THAT DIRECTS USNORTHCOM TO EXECUTE ITS PANDEMIC PLAN 3551-13 AND SUPPORTING GEOGRAPHIC COMBATANT COMMANDERS TO EXECUTE THEIR PANDEMIC PLANS IN RESPONSE TO THE NCOV (COVID-19) OUTBREAK.  
REF E IS SUPPLEMENT 1 TO REF C.  
REF F IS SUPPLEMENT 2 TO REF C.  
REF G IS NAVADMIN 033/20, OPNAV REPORTING GUIDANCE SUPPORTING DOD RESPONSE TO THE COVID-19 OUTBREAK.  
REF H IS NAVADMIN 039/20, UPDATED DOD GUIDANCE FOR MONITORING PERSONNEL RETURNING FROM CHINA DURING THE NOVEL CORONAVIRUS OUTBREAK.  
REF I IS NAVADMIN 058/20, UPDATED NAVY GUIDANCE DURING THE NOVEL CORONAVIRUS OUTBREAK. REF J IS JOINT STAFF MESSAGE FOR DOD COVID-19 PASSENGER SCREENING GUIDELINES FOR OVERSEAS MILITARY TRANSPORTATION TERMINALS.  
REF K IS JOINT STAFF FORCE HEALTH PROTECTION GUIDANCE TO MITIGATE THE RISK OF COVID-19 TRANSMISSION.  
REF L IS MEMO FROM UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS PROVIDING FORCE HEALTH PROTECTION GUIDANCE FOR THE USE OF PERSONAL PROTECTIVE EQUIPMENT AND NON-PHARMACEUTICAL INTERVENTIONS DURING THE CORONAVIRUS DISEASE 2019 OUTBREAK.  
REF M IS MEMO FROM UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS PROVIDING FORCE HEALTH PROTECTION GUIDANCE FOR PERSONNEL TRAVELING DURING THE NOVEL CORONAVIRUS OUTBREAK.  
REF N IS ALNAV 025/20, FORCE HEALTH PROTECTION GUIDANCE FOR THE DEPARTMENT OF NAVY.  
REF O IS MEMO FROM SECRETARY OF DEFENSE FOR TRAVEL RESTRICTIONS FOR DOD COMPONENTS IN RESPONSE TO CORONAVIRUS DISEASE.//

H-FOF-159



POC/RADM KARL THOMAS/OPNAV N3N5B/703-692-9291/KARL.O.THOMAS1(AT)NAVY.MIL/  
RADM JEFFREY JABLON/OPNAV N13/703-604-5040/JEFFREY.JABLON(AT)NAVY.MIL/  
RADM GAYLE SHAFFER/OPNAV N093B/703-697-7399/GAYLE.SHAFFER(AT)MED.NAVY.MIL//

RMKS/1. This NAVADMIN announces further measures to mitigate the spread of COVID-19 throughout the Navy enterprise and amplifies DoD and DON references (o) and (n) guidance for Navy military members. It summarizes and repeats applicable guidance where appropriate so that this will serve as a one-stop information source.

1.A. Background. The DoD has transitioned to Phase Two Mitigation of reference (a), the global campaign in response to the COVID-19 outbreak. The U.S. Centers for Disease Control and Prevention (CDC) is now reporting over 100,000 cases worldwide, to include cases in the U.S. During the COVID-19 outbreak, the DoD and Navy will continue to protect and preserve the operational effectiveness of forces worldwide in accordance with (IAW) references (a) and (b). Utilizing force health protection guidance (FHPG) from the Under Secretary of Defense for Personnel and Readiness (USD (P&R)) provided in reference (c) and (m), USNORTHCOM is executing its pandemic plan and geographic combatant commanders are executing their supporting pandemic plans IAW reference (d). In compliance with updated USD (P&R) FHPG issued in references (e) and (f), Office of Chief Naval Operations (OPNAV) published initial reporting guidance supporting DoD response to the COVID-19 outbreak in reference (g) and updated that guidance in references (h) and (i).

1.B. Role of the CDC. As the leading U.S. government Public Health Agency, the CDC continues to assess the risk of COVID-19 and to provide guidance for those residing in the U.S. and traveling abroad. Because CDC guidance is principally tailored for persons residing in the continental U.S. (CONUS), some CDC COVID-19 guidance may have limited applicability for commanders, particularly those outside the United States, and is not recognized by other sovereign nations. While DoD continues to follow the lead of the CDC, when needed, additional military specific measures are authorized to mitigate risk to U.S. forces stationed or deployed around the world, and to protect Service Members, DoD civilian employees, and their family members. USD (P&R) FHPG issued in reference (m) provides guidance for DoD personnel traveling during the novel coronavirus outbreak.

1.C. CDC Travel Health Advisories. The CDC provides travel health advisories at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>. The levels of advisories are noted below and will be referenced in this NAVADMIN (note that CDC warning levels DO NOT apply to CONUS):

Level 1 Watch, practice usual precautions (risk of limited community transmission)

Level 2 Alert, practice enhanced precautions (sustained (ongoing) community transmission)

Level 3 Warning, avoid nonessential travel (widespread sustained (ongoing) transmission)

1.D. Department of the Navy (DON) Civilian Guidance. The DON civilian workforce more than 220,000 strong plays an integral role in supporting our Sailors and building, manning and maintaining our ships and submarines. Working shoulder to shoulder with our military members, it is imperative to have alignment between DON civilian and military COVID-19 policy and guidance. To avoid any ambiguity, DON civilian guidance is contained in reference (n).

1.E. Military Health Protection Guidance. The Secretary of Defense (SECDEF) has provided explicit Force Health Protection Guidance in both references (c) and (m) which is more restrictive than CDC guidance. Commanders must read both documents in their entirety and ensure they are following the Service Member actions spelled out in this guidance. Local Commanders can be more restrictive based on Command location, local community transmission, risk to mission and risk to force. Each and every Sailor must ensure they proactively manage and minimize their personal risk to exposure, and that of their families. Commands are charged with ensuring they track and monitor each Sailor and aggressively follow SECDEF guidance in these references.

H-FOF-159

2. Mission. All commands will take specific actions to mitigate the spread of COVID 19 worldwide and adhere to the policies and reporting requirements contained in this NAVADMIN.

3. Policy. In order to maintain force health protection, readiness of the force and mitigate the risk of transmission among personnel, the Secretary of Defense directed a stop movement to affected countries and areas effective 13 Mar 2020 in reference (o). This includes all forms of travel to include Permanent Change of Station, Temporary Duty and leave. This order will remain in effect until 13 May 2020, 60 days after implementation:

3.A. Permanent Change of Station (PCS). Service Members and dependents under OCONUS PCS orders to locations designated CDC COVID-19 Warning Level 3 or CDC COVID-19 Alert Level 2 will follow the guidance in section 3.A. of this NAVADMIN. Note that CDC warning levels DO NOT apply to CONUS. CONUS PCS moves may continue for now, UNODIR.

3.A.1. PCS orders to or from CDC COVID-19 Warning Level 3 locations. Service Members and their dependents under PCS orders to or from a CDC COVID 19 Warning Level 3 location will stop movement. This policy applies to currently designated CDC COVID-19 Warning Level 3 locations, or those designated Level 3 at a later date.

3.A.1.a. Service Members who have detached from their parent command prior to the date of this NAVADMIN and are in transit are directed to contact Navy Personnel Command (NPC) for follow-on guidance per paragraph 5.A. NPC is standing by to address each specific case and will authorize entitlements based on current location and situation.

3.A.1.b. Detaching and gaining commands shall make every effort to contact affected Service Members enroute to/from their command to advise them of the contents of this message.

3.A.2. PCS orders to CDC COVID-19 Alert Level 2 locations. Service Members under PCS orders to a CDC COVID 19 Alert Level 2 location will execute orders. Dependents of Service Members executing accompanied PCS orders to a CDC COVID-19 Alert Level 2 location will delay travel to the CDC COVID-19 Alert Level 2 location until 13 May 2020, 60 days after implementation. This policy applies to currently designated CDC Alert Level 2 locations and those designated at a later date. For Service Members with dependents, non-concurrent dependent travel entitlements will vary depending on each case. NPC is standing by to address each specific case and authorized entitlements based on current location and situation.

3.B. Other Official Travel (Meetings, Conferences, Site Visits, etc).

3.B.1. All other official travel by Service Members to or from a country designated as CDC COVID-19 Warning Level 3, will require an exception IAW paragraph 3.E. All other official travel by Service Members, including within CONUS, is strongly discouraged. If required, official travel must be determined to be mission essential and will be approved by the first flag officer or senior executive service member (SES) in the chain of command of the traveler.

3.B.2. All OCONUS travel, other than those countries designated as CDC COVID-19 Warning Level 3, for Selected Reserve personnel conducting annual training or other duty shall be IAW Geographic Combatant Commander (CCDR) or Navy Component Commander COVID 19 policy. Selected Reserve travel to a CDC COVID-19 Warning Level 3 location shall be in accordance with this NAVADMIN.

3.C. Travel for Official Training.

3.C.1. Service Members or initial accessions travel from an OCONUS CDC COVID-19 Alert Level 2 location to attend formal training in CONUS must be determined to be mission essential and will be approved by the first flag officer or SES in the chain of command of the traveler, require advance coordination with the training command and will comply with Navy Component Commander guidance concerning pre- and post- travel medical screening and reception procedures to include restriction of movement (ROM).

3.C.2. Service Members or initial accessions traveling from an OCONUS CDC COVID 19 Warning Level 3 location to attend formal training in CONUS require an exception as outlined in paragraph 3.E. and will coordinate with the training command prior to approval.

H-FOF-159

3.C.3. Service Members currently in training who are from a CDC COVID-19 Alert Level 2 or higher location are authorized to complete training and return to their parent command.

3.D. Personal Leave and Liberty. Commanders and commanding officers shall carefully review OCONUS/CONUS leave and liberty plans to minimize personnel traveling to locations that have declared a public health emergency, even within CONUS. These decisions should be based on local community transmission, risk to mission and risk to force, as well as personal hardship or family concerns of the individual. Approval authority for leave requests to areas for which a travel advisory has been issued by the CDC for countries other than COVID-19 Warning Level 3, is the first flag officer or SES in the chain of command. Leave or personal travel to a COVID-19 Warning Level 3 Country requires a waiver as outlined in paragraph 3.E.

3.E. Exceptions.

3.E.1. Individuals pending retirement or separation within the next 60 days are exempt from this stop movement.

3.E.2. Commanding officers and officers in charge may request an exception to paragraphs 3.A. through 3.D. in the following cases: (1) determined to be mission essential, (2) necessary for humanitarian reasons, or (3) warranted due to extreme hardship. Mission-essential travel refers to work that must be performed to ensure the continued operations of mission essential functions, as determined by the local Commander.

3.E.2.a. Navy Personnel Command (PERS-4) is authorized to approve or deny stop movement exceptions for PCS travel in paragraphs 3.A. and 3.C. Approvals of exception requests shall be made via message traffic to all concerned and will specify whether dependents are authorized to accompany the Service Member. OCONUS Commanders endorsement is required. Upon receipt of an approved exception, Transaction Service Center or Personnel Support Detachment/personnel offices will process the Service Member for transfer to the gaining command. Send all exception requests to pers451(at)navy.mil with the subject line PCS EXCEPTION REQUEST. Exception request formats will be provided by PERS-4 and posted on MyNavy Portal. Service Members who are granted an exception and are traveling from a CDC COVID-19 Warning Level 3 or Alert Level 2 location will receive guidance from NPC concerning Navy Component Commander pre- and post-travel medical screening and reception procedures to include ROM.

3.E.2.b. The first flag officer or SES in the chain of command is authorized to approve or deny stop movement exceptions for official travel in paragraph 3.B., and for official training, not associated with a PCS, in paragraph 3.C. and for leave in paragraph 3.D. Service members who are granted an exception and are traveling from a CDC COVID-19 Warning Level 3 or Alert Level 2 location will comply with Navy Component Commander guidance concerning pre- and post- travel medical screening and reception procedures to include ROM.

3.F. Actions upon return from a CDC COVID-19 Alert Level 2 or higher location or if in close contact with a confirmed COVID-19 infection.

3.F.1. Service Members who travel or have traveled in the prior 14 days to or through a CDC COVID-19 Warning Level 3 or Alert Level 2 location will immediately notify their chain of command and be placed in a 14 day ROM status. Immediate supervisors will not require Service Members to report to their duty location or otherwise disregard the ROM. Service Members will comply with reference (m) and Navy Component Commander guidance concerning pre- and post-travel medical screening and reception procedures to include ROM. Commanders may, pursuant to DoD and Navy regulations and policies, authorize telework opportunities, permissive TAD/TDY or work from home as necessary.

3.F.2. Service Members who have had close contact with someone with a confirmed COVID-19 infection and feel sick with a fever, cough or difficulty breathing shall:

3.F.2.a. Inform their Senior Medical Department Representative immediately.

3.F.2.b. Seek medical care immediately. Before going to the office of a doctor or emergency room, call ahead to provide recent travel locations and symptoms.

3.F.2.c. Avoid contact with others.

H-FOF-159

3.F.2.d. Stay home except to get medical care.

3.F.2.e. Cover mouth and nose with tissue or sleeve (not hands) when coughing or sneezing.

3.G. Conferences. All Navy personnel shall maximize the conduct of virtual conferences, meetings and classes to the fullest extent. Holding conferences are discouraged and must be approved by a Navy Component Commander, Deputy Fleet Commander, Task Force Commander or Navy Region Commander charged with hosting the conference.

3.H. General Health Guidance. Compliance with CDC guidance is critical to minimize the spread of COVID-19. All personnel shall:

3.H.1. Wash hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing your nose, coughing or sneezing. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60 percent alcohol. Always wash hands with soap and water if hands are visibly dirty.

3.H.2. Avoid close contact with people who are sick.

3.H.3. Avoid touching your eyes, nose and mouth.

3.H.4. Stay home when you are sick.

3.H.5. Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

3.H.6. Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

3.H.7. Maximize open doors within area with equivalent classification levels.

3.H.8. Minimize meetings of more than five persons.

3.H.9. Practice social distancing.

3.H.10. Minimize attendance at large group gatherings outside of the workplace (for example concerts and sporting events with large attendance).

3.I. Supplemental Guidance for Commanders.

3.I.1. IAW reference (m), Commanders should identify and track all Service Members who travel or have a history of travel in the prior 14 days to, through or from a CDC COVID-19 Alert Level 2 or Warning Level 3 OCONUS location. This includes travel by military or commercial means as well as private conveyance and includes all forms of travel to include PCS, temporary duty and leave. Commanders shall ensure Service Members implement the following actions for the next 14 days:

3.I.1.a. Implement self-observation, i.e., take temperature twice a day and remain alert for fever (>100.4 degrees F or 38 degrees C) and remain alert for fever, cough or difficulty breathing.

3.I.1.b. To the extent possible implement social distancing, i.e., remain out of congregate settings, avoid mass gatherings and maintain 6 feet or 2 meter distance from others when possible.

3.I.1.c. If individuals feel feverish or develop measured fever, cough or difficulty breathing, immediately self-isolate, limit contact with others and seek advice by telephone from the appropriate healthcare provider to determine whether medical evaluation is required.

3.I.2. Commanders will adhere to DoD guidance for personnel traveling during the novel coronavirus outbreak per reference (m) to include COVID-19 screening at overseas military transportation terminals per reference

(j). Commanders will review the supplemental risk-based measures and observe the operational risk level mitigation actions for COVID-19 outlined in reference (b).

3.I.3. For individuals traveling OCONUS to OCONUS, Commanders will ensure travel is mission essential and follow the guidance listing in reference (o) if compelling exceptions are necessary. Military air crew are exempt from the requirements in this NAVADMIN, but will ensure they actively practice social distancing and prudent measures to mitigate potential contact and COVID-19 transmission.

3.I.4. Commanders will comply with status of forces agreements when applicable.

3.I.5. Consider measures to place mission essential shore staffs on alternating day or port/starboard work rotations.

3.I.6. Use maximum latitude to authorize telework, liberal leave,

H-FOF-159

permissive TDY as necessary to minimize spread within your teams.

3.I.7. Implement social distancing techniques for any meetings you conduct.

4. Regular Reporting. For CONUS commands, ensure your point of contacts submit accurate and timely COVID-19 daily reports and CCIRs to USFFC for consolidation and subsequent reporting to OPNAV. For OCONUS commands, ensure your POCs submit accurate and timely COVID-19 daily reports and CCIRs to Fleet Commanders for consolidation and subsequent reporting to OPNAV. Navy commands will report the following CCIRs immediately through their chain of command and via OPREP where appropriate:

4.A. Any confirmed cases of COVID-19 among Navy Service Members, DoD civilians, or military family members. In addition, a report should be made if a command learns of a confirmed case with an assigned contractor,

4.B. The death of a Navy Service Member, DoD civilian, Navy contractor or family member due to COVID-19,

4.C. Any shortage of medical personal protective equipment (PPE) or test kits,

4.D. Installation or facility closures,

4.E. Installation or facility is unable to meet isolation requirements,

4.F. Any change to health protection condition (HPCON).

5. Points of Contact.

5.A. Sailor Support. Service Members with questions regarding this stop movement or entitlements for PCS travel should contact the MyNavy Career Center (1-833-330-6622) or email ASKMNCC(AT)NAVY.MIL. Detailers are ready to support all order modifications and commands should work with their placement officers.

5.B. Medical Questions. BUMED Watch: 703-681-1087/1125 or NIPR EMAIL: usn.ncr.bumedfchva.list.bumed---2019-ncov-response-cell@mail.mil.

5.C. Reporting Requirements. OPNAV Battle Watch Captain at 703-692-9284.

6. The Navy will ensure the best possible Navy-wide Force Health Protection for its Sailors, civilian employees and family members. However, all members of the Navy family must do their part by adhering to CDC guidelines as they relate to basic hygiene and human interaction. The Navy will remain focused on meeting our global commitments while also ensuring the health and well-being of our Service Members, Navy civilians and our families.

7. Released by ADM R. P. Burke, Vice Chief of Naval Operations.//

BT

#0001

NNNN

UNCLASSIFIED//



(b) (6)

## LCDR USN NAVCIVLAWSUPPACT DC (USA)

**From:** (b) (6) CDR USN, CCSG 9 <(b) (6)@ccsg9.navy.mil>  
**Sent:** Sunday, May 24, 2020 4:01 AM  
**To:** (b) (6) LT USN VCNO (USA)  
**Cc:** CSG9 BWC; (b) (6)@lcc19.navy.mil; (b) (6) LCDR USN, CCSG9; (b) (6)@lcc19.navy.mil; CPF.CATBWC  
**Subject:** RE: TR Command Investigation  
**Attachments:** COVID Snapshot Tracker 30Mar @ 1823.xlsx; COVID Snapshot Tracker 28Mar (2).xlsx

(b) (6)

In response to this RFI:

**RFI: Request the number of Sailors that were in aft quarantine when the decision was made to open up that area and cease the onboard quarantine.**

The decision was made OOA 29 Mar. Attached are the snapshot tracker for the onboard quarantine area on the 28<sup>th</sup> there was 900+ and on the 30<sup>th</sup> there 1400+. We estimate about 1200-1300 on the 29<sup>th</sup> of Mar.

Very respectfully,

(b) (6)

CDR (b) (6)  
Carrier Strike Group NINE  
N31 / N7  
Embarked: USS THEODORE ROOSEVELT  
NIPR: (b) (6)@ccsg9.navy.mil  
SIPR: (b) (6)@ccsg9.navy.smil.mil  
COMM: (b) (6)  
VOSIP: (b) (6)  
J-Dial: (b) (6)

---

**From:** (b) (6) LT USN VCNO (USA) [mailto:(b) (6)@navy.mil]  
**Sent:** Saturday, May 23, 2020 6:40 AM  
**To:** CSG9 BWC  
**Cc:** C7F BWC; C7F ABWC; C7F-COVID-WG; C7F-N31-COPS; cpf.catbwc  
**Subject:** RE: TR Command Investigation

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Good morning CSG-9 BWC,

One new RFI from our team today. Thank you again for all the hard work and prompt responses.

Request confirm receipt of this email.  
Please encrypt any email(s) containing PII or sensitive information.

Please have the information available for closeout **within 24 hours**.

Point of Contact: LT (b) (6) (b) (6) @navy.(smil.)mil

If information is sent via SIPR, please email: LCDR (b) (6) : (b) (6) @navy.smil.mil and LT (b) (6) : (b) (6) @navy.smil.mil

**RFI: Request the number of Sailors that were in aft quarantine when the decision was made to open up that area and cease the onboard quarantine.**

Thank you for all your help with this matter.

Very respectfully,

LT (b) (6)  
Command Investigation Team  
Vice Chief of Naval Operations  
O: (b) (6)  
Pentagon Room (b) (6)  
Washington, DC 20350-1000  
(b) (6) @navy.(smil.)mil

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**COVID Berthing Tracker**  
**31Mar20**

	TAC#	JDial	# Personnel	Notes	TOTAL	Date Isolation Started	Date Quarantine Started
<b>Close Contact Berthings</b>							
HSM-75 Males	(b) (6)		85		6		
HSM-75 Females	(b) (6)		39		6		
VFA-154 Males	(b) (6)		131		15		
VFA-154 Females	(b) (6)		33	WAS STAYING AT HSM75 FEMALE BERTHING	0		
VFA-87 Males	(b) (6)		102		2		
VFA-146 Males	(b) (6)		21		2		
RX/RP Males	(b) (6)		172		8		
RX/RP Females	(b) (6)		40		3		
NAV Female	(b) (6)				1		
NAV Male	(b) (6)				1		
OPS Female	(b) (6)		46		1		
NAV Gator	(b) (6)		1		1		
VRC 30 (CW02)	(b) (6)		1		1		
CPO Male AFT Berthing	(b) (6)		70		2		
MCPO Female Berthing	(b) (6)		4		1		
E6 and below Supply Male Berthing	(b) (6)		141		10		
ENG Males	(b) (6)		66		5		
Air V3 Males	(b) (6)		66		2		
Air V5/V2 Males	(b) (6)		179		1		
AIMD Males	(b) (6)		84		1		
Reactor RL/RP/RC Males	(b) (6)		76		2		
Supply S8 Females	(b) (6)		66		2		
VFA-87 LCDR	(b) (6)				1		
SUP (LT)	(b) (6)				1		
Air (V1)	(b) (6)				1		
Air (V4)	(b) (6)				1		
Combat	(b) (6)				1		
VAW 115/ VFA 31	(b) (6)				1		
<b>Total</b>			<b>1423</b>		<b>79</b>		
<b>Presumptive Positive / Positive shipboard testing COVID Berthings</b>							
Males	(b) (6)		0	Quarantined to berthing only	medical		
Females	(b) (6)		0	Quarantined to berthing only	medical		
<b>Total</b>			<b>0</b>				
<b>ISOLATION</b>							
Medevac 25Mar			4	Medevac to NHG			
Medevac 26Mar			21	Medevac to NHG			
Transported 27Mar			9	Transported to isolation NBG			
Transported 28Mar			4	Transported to isolation NBG			
Transported 29 Mar			9	8 from TR 1 from Charles King (Reactor Sailor)			
Transported 30			28				
<b>Total</b>			<b>75</b>				

# COVID Berthing Tracker

28Mar20

	TAC#	JDial	# Personnel	Notes	Temps	Date Isolation Started	Date Quarantine Started
<b>Close Contact Berthings</b>							
HSM-75 Males	(b) (6)		85	Quarantined. CPO Mess and berthing only	self	25-Mar	
HSM-75 Females	(b) (6)		39	Quarantined.	self	24-Mar	
VFA-154 Males	(b) (6)		131	Quarantined. CPO Mess and berthing only	self	24-Mar	
VFA-154 Females	(b) (6)		33	Quarantined. CPO Mess and berthing only	self		26-Mar
VFA-87 Males	(b) (6)		102	Quarantined. CPO Mess and berthing only	self		27-Mar
VFA-146 Males	(b) (6)		21	Quarantined. CPO Mess and berthing only	self		26-Mar
<b>Essential Depts/Div</b>							
RX/RP			200	Quarantined; Essential	self		24-Mar
NAV/Misc			52	Quarantined; Essential. Temp times 0800-0900 & 1800-1900	medical		25-Mar
OPS Female			46	Quarantined; Essential. Temp times 0800-0900 & 1800-1900	medical		27-Mar
CPO Male AFT Berthing	(b) (6)		70	Quarantined; Essential. Temp times 0900-1000 & 1900-2000	medical		26-Mar
MCPO Female Berthing	(b) (6)		4	Quarantined; Essential. Temp times 0900-1000 & 1900-2000	medical		26-Mar
E6 and below Supply Male Berthing	(b) (6)		141	Quarantined; Essential.	self		26-Mar
<b>Total</b>			<b>924</b>				
<b>Presumptive Positive / Positive shipboard testing COVID Berthings</b>							
Males	(b) (6)		4	Quarantined to berthing only	medical	26-Mar	
Females	(b) (6)		1	Quarantined to berthing only	medical	26-Mar	
<b>Total</b>			<b>5</b>				
<b>NH Guam</b>							
Medevac 25Mar			4 patients 1 NMA	Medevac to NHG			
Medevac 26Mar			21 patients	Medevac to NHG			
Transported 27Mar			9 patients	Transported to isolation NBG			
<b>Total</b>			<b>34 patients</b>				



**From:** (b) (6) @fe.navy.mil  
**To:** (b) (6) LT USN VCNO (USA)  
**Subject:** Re: TR Command Investigation  
**Date:** Thursday, May 7, 2020 7:58:12 PM

---

(b) (6),

I started my turnover with CAPT (b) (6) on 02 March just prior to the Vietnam port visit. I concluded that turnover on 11 March. CAPT (b) (6) departed TR on 12 March.

V/R

CAPT (b) (6), USN  
Executive Officer  
USS THEODORE ROOSEVELT  
Email: (b) (6) @cvn71.navy.mil  
Office (Guam): (b) (6)  
Mobile: (b) (6)

---

**From:** (b) (6) LT USN VCNO (USA) <(b) (6) @navy.mil>  
**Sent:** Friday, May 8, 2020 3:42 AM  
**To:** (b) (6) CAPT USN CVN-71 (USA)  
**Subject:** TR Command Investigation

Good afternoon Sir,

I'm LT (b) (6), and I've been assigned as the point of contact for RFIs regarding the TR Command Investigation.

May I ask, when did you assume the role of XO/report onboard the USS THEODORE ROOSEVELT?

Thank you for your time, sir. Please let me know if you have any questions for me.

Very respectfully,

LT (b) (6)  
Command Investigation Team  
Vice Chief of Naval Operations  
O: (b) (6)  
Pentagon Room (b) (6)  
Washington, DC 20350-1000  
(b) (6) @navy.(smil.)mil <[mailto:\(b\) \(6\) @navy.\(smil.\)mil](mailto:(b) (6) @navy.(smil.)mil)>

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SECRETARY OF DEFENSE  
1000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1000

3/11/2020

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: Travel Restrictions for DoD Components in Response to Coronavirus Disease 2019

- References: (a) Office of the Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection Guidance (Supplement 4) – "Department of Defense Guidance for Personnel Traveling During the Novel Coronavirus Outbreak" March 11, 2020  
(b) DoD Instruction 6200.03, "Public Health Emergency Management within the DoD," March 28, 2019

This memorandum applies to all DoD uniformed and civilian personnel and their sponsored family members not under the responsibility of a U.S. Chief of Mission.

Effective March 13, 2020, all DoD uniformed personnel, civilian personnel and family members traveling to, from, or through Centers for Disease Control and Prevention (CDC) Travel Health Notices Level 3 (COVID-19) designated locations, will stop movement for the next 60 days. This includes all forms of official travel, including Permanent Change of Station, Temporary Duty, and government-funded leave. For DoD uniformed personnel, this also includes personal leave and other non-official travel. DoD travelers should carefully plan travel to ensure their scheduled flights do not transit through or originate in Level 3 designated locations. Authorized Departures are delayed until appropriate transportation and reception procedures are in place for their intended route of travel as prescribed in this memorandum.

Effective March 13, 2020, and for the 60 days thereafter, concurrent official travel for family members of DoD uniformed personnel and civilian personnel is denied to CDC Travel Health Notices Level 2 (COVID-19) designated locations. Additionally, until the travel restrictions prescribed above are lifted, DoD civilian personnel hiring actions for positions in Level 2 and Level 3 designated locations are postponed for non-essential civilian personnel who have not yet begun travel.

Also effective March 13, 2020, DoD Components must determine whether official travel by DoD personnel to locations other than CDC Travel Health Notices Level 3 designated locations is mission essential and must defer non-mission essential travel. Mission-essential travel refers to work that must be performed to ensure the continued operations of mission-essential functions, as determined by the DoD Component.

Exceptions may be granted in writing to the guidance contained herein for compelling cases where the travel is: (1) determined to be mission essential; (2) necessary for humanitarian reasons; (3) warranted due to extreme hardship. Approval authority for these exceptions belongs to the Combatant Commander if the individual is assigned to a combatant command. The Secretary of the Military Department concerned and the Chief Management Officer in the case of Defense Field Activities and Field Agencies retain the authority for all other individuals. This

authority may be delegated in writing no lower than the first general or flag officer or member of the Senior Executive Service in the traveler's chain of command or supervision. These exceptions are to be done on a case by case basis, shall be limited in number, and shall be coordinated between the gaining and losing organizations. Individuals pending retirement or separation within the next 60 days are exempt. Individuals traveling under an exception or exemption, including those traveling as part of a Department of State-issued Authorized Departure, are subject to travel screening protocols as provided in reference (a).

These actions give preeminence to the safety and security of our personnel and their families. During the next 60 days, the Department will take several measures to enhance traveler safety. Each of your organizations, as applicable, shall take immediate action to:

- Establish pre- and post- travel screening and reception procedures for all travelers as provided in reference (a), to include providing members or civilian employees information regarding prescribed actions for them and their family members given their particular circumstances;
- Establish a means of communication with all personnel throughout the reception process until they are allowed to resume their normal duties;
- Transition to military or DoD contracted aircraft for DoD sponsored travelers coming from or going to CDC Level 3 or Level 2 designated areas, to the greatest extent practical; and
- Inform all travelers of their responsibility to contact their gaining organization in advance of travel and to keep the organization updated on their travel itinerary.

Refer to the latest Force Health Protection Supplement for all areas not specifically addressed by this guidance (<https://www.defense.gov/Explore/Spotlight/Coronavirus/>).

Our understanding of COVID-19 is rapidly evolving, and this guidance will be continuously evaluated as conditions warrant. Component heads should ensure this guidance is clearly communicated to those affected by these changes to travel policy.





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**CHIEF MANAGEMENT OFFICER OF THE DEPARTMENT OF DEFENSE  
SECRETARIES OF THE MILITARY DEPARTMENTS  
CHAIRMAN OF THE JOINT CHIEFS OF STAFF  
UNDER SECRETARIES OF DEFENSE  
CHIEF OF THE NATIONAL GUARD BUREAU  
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE  
DIRECTOR OF COST ASSESSMENT AND PROGRAM EVALUATION  
INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE  
DIRECTOR OF OPERATIONAL TEST AND EVALUATION  
CHIEF INFORMATION OFFICER OF THE DEPARTMENT OF DEFENSE  
ASSISTANT SECRETARY OF DEFENSE FOR LEGISLATIVE AFFAIRS  
ASSISTANT TO THE SECRETARY OF DEFENSE FOR PUBLIC AFFAIRS  
DIRECTOR OF NET ASSESSMENT  
DIRECTORS OF DEFENSE AGENCIES  
DIRECTORS OF DOD FIELD ACTIVITIES**





**Witness Statement:**

On 23 May 2020 I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: LCDR (b) (6)

Position: Department Head, Operations

Command: Biological Defense Research Directorate, Naval Medical Research Center

Email Address: (b) (6) @mail.mil

Phone(s): (b) (6)

I boarded the USS THEODORE ROOSEVELT (TR) on 11 March after arriving in Manilla on 8 March. Immediately after our team arrived on the TR, we set up our laboratory and were operational on 12 March.

Upon arrival, the SMO asked my team to re-screen the 39 sailors that had returned to the ship from the hotel in Da Nang, Vietnam that were thought to have had a potential COVID-19 virus exposure. We screened these sailors for the COVID-19 virus on 14 March using the research-use only COVID-19-specific test, which we ran on an Applied Biosystems Inc. (ABI) StepOne Plus instrument that we had brought aboard the ship. All 39 screened negative.

From that point forward and until 23 March when the first two COVID-19 positive cases were identified, individuals reporting to sick call with a temperature of  $>100^{\circ}\text{F}$  (\*See Note Below) and one or more influenza-like-illness (ILI) symptoms were subjected to a two-step testing algorithm. My team and I would first screen patients under investigation (PUIs) using the BioFire's Respiratory Panel-2 (RP2) to rule out the most common respiratory pathogens. Importantly, the RP2 did not have the ability to test for the COVID-19 virus. If a PUI tested positive for one of the common respiratory pathogens on the RP2, we would halt the testing at this stage, making the assumption that the pathogen identified on the RP2 was responsible for the PUIs symptoms and that he/she did not have a dual infection that included the COVID-19 virus. I recall screening between six and ten sailors using the RP2 between the time we arrived onboard and 23 March. In each of these cases, the PUI that was screened was positive for a common respiratory pathogen found on the RP2.

On the evening of 23 March, two sailors presented to sick call with ILI symptoms. While only one of the sailors met the temperature threshold, because of a high clinical index of suspicion, both were tested and found to be negative for all of the respiratory pathogens on the RP2. At that point, I made the decision to implement the second step in the two-step testing algorithm and test both sailors using the COVID-19 virus-specific test, which utilized the aforementioned ABI StepOne Plus instrument. Both sailors were found to be positive for the COVID-19 virus by this assay.

From my point of view, from the time of my team's arrival onboard the TR to the time when we identified the first two index cases of COVID-19 virus infection, the Medical Department of the TR acted appropriately in referring anyone with symptoms consistent with COVID-19 viral infection to my team

for testing. Again, the clinicians in the Medical Department referred all PUIs for testing if they met the clinical criteria that had been previously established (as outlined above) or if, based upon the clinician's judgement, there was a high clinical index of suspicion that would warrant testing. My team maintained a log, which catalogued each of the tests (i.e. BioFire RP2 and StepOne Plus COVID-19 virus assays) that we performed for the duration of our stay aboard the TR. To my knowledge, that log is still on the TR along with my team's laboratory gear, which was kept on the ship in the event that a second team was sent to the ship to continue COVID-19 testing.

In summary, I believe my team was well-integrated into the Medical Department and its clinicians utilized the added testing capability that my team brought to the TR to the greatest extent possible. Furthermore, the SMO involved me personally in meetings of senior Medical Department personnel and took into my consideration my advice, as a subject matter expert in diagnostic testing and infectious disease surveillance, in advising the CO.

\*NOTE: Early on, there were discussions within the Medical Department about the temperature threshold and whether or not the threshold should be higher (i.e. 100.4°F) but the >100°F threshold remained reasonably constant.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)



24 MAR 2020 08:23  
(Date) Time

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ROUTINE

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TO ALNAV

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SUBJ/VECTOR 15 FORCE HEALTH PROTECTION GUIDANCE FOR DEPARTMENT OF THE NAVY//

REF/A/MEMO/OSD/30JAN20//

REF/B/MEMO/OSD/07FEB20//

REF/C/MEMO/OSD/25FEB20//

REF/D/MEMO/OSD/11MAR20//

REF/E/MEMO/OSD/11MAR20//

REF/F/MEMO/JCS/06MAR20//

REF/G/GENADMIN/JCS/04FEB20//

REF/H/MEMO/OPM/03MAR20//

REF/I/NAVADMIN/OPNAV/033-20//

REF/J/NAVADMIN/OPNAV/058-20//

REF/K/NAVADMIN/OPNAV/039-20//

REF/L/MARADMIN/082-20//

REF/M/MARADMIN/150-20//

NARR/REF A IS MEMO FROM UNDERSECRETARY OF DEFENSE FOR PERSONNEL AND READINESS PROVIDING FORCE HEALTH PROTECTION GUIDANCE FOR PERSONNEL RETURNING FROM CHINA DURING THE CORONAVIRUS DISEASE 2019 (COVID-19) OUTBREAK. REF B IS SUPPLEMENT 1 TO REF A. REF C IS SUPPLEMENT 2 TO REF A. REF D IS SUPPLEMENT 4 TO REF A AND REF E. REF E IS MEMO FROM SECRETARY OF DEFENSE (SECDEF) PROVIDING GUIDANCE TO TRAVEL RESTRICTIONS FOR DEPARTMENT OF DEFENSE (DOD) COMPONENTS IN RESPONSE TO COVID-19. REF F IS A MEMO FROM DIRECTOR OF JOINT STAFF TO JOINT STAFF PERSONNEL. REF G IS THE JOINT STAFF GENERAL ADMIN ON THE COVID-19. REF H IS THE OFFICE OF PERSONNEL MANAGEMENT (OPM) PRELIMINARY GUIDANCE TO AGENCIES DURING COVID 19. REF I IS NAVADMIN 033/20, WHICH IS THE OPNAV REPORTING GUIDANCE SUPPORTING DOD RESPONSE TO COVID-19 OUTBREAK. REF J IS NAVADMIN 058/20 IS AN UPDATED NAVY GUIDANCE DURING THE COVID-19 OUTBREAK. REF K IS NAVADMIN 039/20 AN UPDATED DOD GUIDANCE FOR MONITORING PERSONNEL RETURNING FROM CHINA DURING THE COVID 19 OUTBREAK. REF L IS MARADMIN 082/20 THE U.S. MARINE CORPS DISEASE CONTAINMENT PREPAREDNESS PLANNING GUIDANCE FOR

H-FOF-164

COVID-19. REF M IS MARADMIN 150/20 THE U.S. MARINE CORPS DISEASE CONTAINMENT PREPAREDNESS PLANNING GUIDANCE FOR COVID-19; COMMANDERS RISK-BASED MEASURED RESPONSES.

RMKS/1. This ALNAV provides guidance to Department of the Navy (DON) personnel and commands on the COVID-19 outbreak and is subject to additional guidance provided by the SECDEF. Anticipate modifications to this policy over the next several weeks as more information becomes available. The COVID-19 outbreak continues, with the Centers for Disease Control and Prevention (CDC) reporting over 100,000 cases worldwide, to include over 1,000 cases in the United States.

2. Effective 13 March 2020, all DON personnel, including, active, reserve, civilian, and foreign military under DON authority, shall comply with this guidance to mitigate the risk of further transmission of COVID-19. Our priority is to ensure the welfare and safety of DON personnel and their families, and to ensure mission readiness and success.

3. Individual and Workplace Preventative Measures. During the COVID-19 outbreak, the DoD will continue to protect and preserve the operational effectiveness of forces worldwide in accordance with utilizing Force Health Protection Guidance (FHPG) from the Undersecretary of Defense for Personnel and Readiness provided in references (a) through (e), FHPG for the Joint Staff references (f) and (g), and preliminary Office of Personnel Management (OPM) guidance to agencies during COVID-19 reference (h). In accordance with references (a) and (d), the following guidelines will help minimize the spread of COVID-19:

a. Appropriately wash hands with soap and water for at least 20 seconds. If soap and water are unavailable, use an alcohol-based hand sanitizer that contains at least 60 percent alcohol.

b. Avoid touching eyes, nose, and mouth.

c. Avoid close contact with those who are sick.

d. Cover your cough or sneeze with a tissue or sleeve.

e. Clean and disinfect frequently touched objects and surfaces using an appropriate disinfectant cleaning solution.

f. Minimize large group meetings or gatherings and implement social distancing, by maintaining six feet or two meter distance from others when possible.

g. Personnel who have symptoms of acute respiratory illness shall remain home until they are free of fever (100.4°F or 37.8°C or greater using an oral thermometer) without the use of medication.

h. Personnel who arrive at work and appear to have acute respiratory illness symptoms will be separated from other employees and sent home. DON military and civilian employees should be placed on sick leave or annual leave or if able, allowed to telework if the employee is telework ready.

4. Official and Personal Travel:

a. Official Travel: Effective immediately travel to, from, or through Outside the Continental United States (OCONUS) CDC Travel Health Notice (THN) level 3 locations is prohibited. Mission essential travel to locations other than CDC THN level 3 locations is permitted. Defer non-mission essential travel to all locations until further notice.

b. Authority to Waive Policy: Waiver authority of the policies delineated in this guidance, when mission critical, is delegated to the Commandant of the Marine Corps (CMC) and Chief of Naval Operations (CNO), and/or their designees but not below the level of General Officer, Flag Officer, or Senior Executive Service for approval.

c. Temporary Additional Duty (TAD) and Permanent Change of Station (PCS) Travel: All military and civilian personnel on TAD and PCS orders to, from, or through OCONUS CDC THN level 3 locations are on hold until further notice. Gaining and detaching commands should use authorities such as delay travel or temporary duty travel on a case-by-case basis in order to decrease the financial impact to Service Members delayed due to this policy. Service Members should be placed in a telework, sick-in-quarters, or other non-chargeable leave status for the duration of the hold.

H-FOF-164

- d. DON Military Personnel: Personal or government-funded leave with travel to, from, or through OCONUS CDC THN level 3 locations is not authorized. Waiver authority designees may approve exceptions for personal travel to, from, or through OCONUS CDC THN level 3 locations.
- e. DON Civilian Employees: Official travel to, from, or through OCONUS CDC THN level 3 locations is not authorized for DoD civilian employees. DON civilian employees with approved leave to OCONUS CDC THN level 1, 2, or 3 may continue to travel to their desired locations but should be advised of the health risk they may assume and requirements outlined in paragraph 5. Upon return from approved leave, DON civilian employees who are telework ready may be asked to telework for 14 days or more in order to ensure they have not been exposed to the virus. Civilian personnel hiring actions for positions in CDC THN level 2 and level 3 designated locations are postponed for non-essential civilian personnel until restrictions are lifted.
- f. Family Members: Concurrent official travel for family members of Service Members and civilian personnel is denied to CDC THN level 2 and 3 locations for the next 60 days. Early return of dependent request process and approval authority remain consistent with current policies.
- g. Retiring or Separating Service Members Within the Next 60 Days: These restrictions do not apply to retiring or separating Service Members unless there is a need for self-quarantine per CDC guidelines.
- h. Waivers or Exemption: Individuals traveling under a waiver or exemption remain subject to travel screening protocols. Waivers may be granted, by waiver authority, for compelling cases where the travel is: (1) determined to be mission essential; (2) necessary for humanitarian reasons; and (3) warranted due to extreme hardship. Waivers are to be done on a case by-case basis, shall be limited in number, and shall be coordinated between the gaining and losing organizations.
- i. DON travelers should carefully plan travel to ensure their scheduled flights do not transit through or originate in OCONUS CDC THN level 2 or 3 locations. Travel on military aircraft shall ensure a screening of personnel is conducted at the point of embarkation. At a minimum:
- (1) Questionnaire to assess risk of exposure;
  - (2) Temperature check; and
  - (3) Visual check for signs and symptoms of COVID-19.
- j. DON personnel traveling to or from a non-CDC THN level 2 or 3 location will inform their immediate supervisor of their travel itinerary and a history of all locations traveled through and visited.
- k. Transition to military or DoD contracted aircraft for DoD sponsored travelers coming from or going to CDC level 2 or 3 designated areas, to the greatest extent practical.

5. DON military and civilian personnel who have returned in the past 14 days from countries or areas identified as OCONUS CDC THN level 2 or 3 locations, or who have had close contact with someone with a confirmed infection of COVID 19, will immediately notify their supervisor following service specific guidelines: Navy see references (i) through (k) and Marine Corps see references (l) through (m). Minimum self-quarantine procedures must follow CDC issued guidelines at <https://www.cdc.gov/coronavirus/2019-ncov>. Civilians subject to quarantine who are telework ready may be asked to telework. Employees who are not telework ready may be granted weather and safety leave in accordance with OPM guidance.

6. Pursuant to DoD and service regulations and policies, commands will maximize the proportion of the workforce who may be eligible to perform their duties via telework by ensuring appropriate personnel have a completed telework agreement in place in accordance with command policy. Leadership will identify and inform all military and civilian personnel designated as mission essential who must report to duty during an outbreak.

7. Foreign Visits: Consistent with Joint Chiefs of Staff policy, all foreign visits are cancelled until further notice. Exceptions may be granted by CMC, CNO, and/or their designated representative(s).



8. All daily reporting requirements outlined in the above references will be followed unless modified or cancelled by the appropriate organization.

9. Released by the Honorable Thomas B. Modly, Acting Secretary of the Navy.//

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**PROCLAMATIONS**

# **Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak**

Issued on: March 13, 2020



In December 2019, a novel (new) coronavirus known as SARS-CoV-2 ("the virus") was first detected in Wuhan, Hubei Province, People's Republic of China, causing outbreaks of the coronavirus disease COVID-19 that has now spread globally. The Secretary of Health and Human Services (HHS) declared a public health emergency on January 31, 2020, under section 319 of the Public Health Service Act (42 U.S.C. 247d), in response to COVID-19. I have taken sweeping action to control the spread of the virus in the United States, including by suspending entry of foreign nationals seeking entry who had been physically present within the prior 14 days in certain jurisdictions where COVID-19 outbreaks have occurred, including the People's Republic of China, the Islamic Republic of Iran, and the Schengen Area of Europe. The Federal Government, along with State and local governments, has taken preventive and proactive measures to slow the spread of the virus and treat those affected, including by instituting Federal quarantines for individuals evacuated from foreign nations, issuing a declaration pursuant to section 319F-3 of the Public Health Service Act (42 U.S.C. 247d-6d), and releasing policies to accelerate the acquisition of personal protective equipment and streamline bringing new diagnostic capabilities to laboratories. On March 11, 2020, the World Health Organization announced that the COVID-19 outbreak can be characterized as a pandemic, as the rates of infection continue to rise in many locations around the world and across the United States.

The spread of COVID-19 within our Nation's communities threatens to strain our Nation's healthcare systems. As of March 12, 2020, 1,645 people from 47 States have been infected with the virus that causes COVID-19. It is incumbent on hospitals and medical facilities throughout the country to assess their preparedness posture and be prepared to surge capacity and capability. Additional measures, however, are needed to successfully contain and combat the virus in the United States.

NOW, THEREFORE, I, DONALD J. TRUMP, President of the United States, by the authority vested in me by the Constitution and the laws of the United States of America, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq.*) and consistent with section 1135 of the Social Security Act (SSA), as amended (42 U.S.C. 1320b-5), do hereby find and proclaim that the COVID-19 outbreak in the United States constitutes a national emergency, beginning March 1, 2020. Pursuant to this declaration, I direct as follows:

Section 1. Emergency Authority. The Secretary of HHS may exercise the authority under section 1135 of the SSA to temporarily waive or modify certain requirements of the Medicare, Medicaid, and State Children's Health Insurance programs and of the Health Insurance Portability and Accountability Act Privacy Rule throughout the duration of the public health emergency declared in response to the COVID-19 outbreak.

Sec. 2. Certification and Notice. In exercising this authority, the Secretary of HHS shall provide certification and advance written notice to the Congress as required by section 1135(d) of the SSA (42 U.S.C. 1320b-5(d)).

Sec. 3. General Provisions. (a) Nothing in this proclamation shall be construed to impair or otherwise affect:

- (i) the authority granted by law to an executive department or agency, or the head thereof; or
- (ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This proclamation shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This proclamation is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

IN WITNESS WHEREOF, I have hereunto set my hand this thirteenth day of March, in the year of our Lord two thousand twenty, and of the Independence of the United States of America the two hundred and forty-fourth.

DONALD J. TRUMP

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SUBJ/ OFFICIAL AND PERSONAL DOMESTIC TRAVEL FORCE HEALTH PROTECTION GUIDANCE  
FOR DEPARTMENT OF THE NAVY (CONUS TRAVEL GUIDANCE)//

REF/A/MEMO/OSD/13MAR20//

REF/B/MEMO/OPM/03MAR20//

REF/C/NAVADMIN/OPNAV/033-20//

REF/D/NAVADMIN/OPNAV/058 20//

REF/E/NAVADMIN/OPNAV/039-20//

REF/F/MARADMIN/082 20//

REF/G/MARADMIN/150-20//

NARR/REF A IS MEMO FROM DEPUTY SECRETARY OF DEFENSE (DEPSECDEF) PROVIDING FORCE HEALTH PROTECTION GUIDANCE FOR PERSONNEL WITHIN THE CONTINENTAL UNITED STATES (CONUS) DURING THE CORONAVIRUS DISEASE 2019 (COVID-19) OUTBREAK. REF B IS THE OFFICE OF PERSONNEL MANAGEMENT (OPM) PRELIMINARY GUIDANCE TO AGENCIES DURING COVID-19. REF C IS NAVADMIN 033/20, WHICH IS THE OPNAV REPORTING GUIDANCE SUPPORTING DOD RESPONSE TO COVID-19 OUTBREAK. REF D IS NAVADMIN 058/20 IS AN UPDATED NAVY GUIDANCE DURING THE COVID-19 OUTBREAK. REF E IS NAVADMIN 039/20 AN UPDATED DOD GUIDANCE FOR MONITORING PERSONNEL RETURNING FROM CHINA DURING THE COVID 19 OUTBREAK. REF F IS MARADMIN 082/20 THE U.S. MARINE CORPS DISEASE CONTAINMENT PREPAREDNESS PLANNING GUIDANCE FOR COVID-19. REF G IS MARADMIN 150/20 THE U.S. MARINE CORPS DISEASE CONTAINMENT PREPAREDNESS PLANNING GUIDANCE FOR COVID-19; COMMANDERS RISK-BASED MEASURED RESPONSES.

RMKS/1. This ALNAV provides an update and guidance to Department of the Navy (DON) personnel and commands on the COVID-19 outbreak on domestic travel restrictions and is subject to additional guidance provided by the Office of the Secretary of Defense (OSD) regarding continental United States and its territories. Anticipate modifications to this policy over the next several weeks as additional information becomes available. The COVID-19 outbreak continues, with the Centers for Disease Control and Prevention (CDC) reporting sustained community spread in the United States.

2. Effective 16 March 2020 through 11 May 2020, all DON personnel and their families, including, active, reserve, civilian, and foreign military under DON authority assigned to Department of Defense (DoD) installations,

H-FOF-166



facilities, and surrounding areas in the United States and its territories shall comply with this guidance to mitigate the risk of further transmission of COVID-19. Our priority is to ensure the welfare and safety of DON personnel and their families, and to ensure mission readiness and success.

3. Official and Personal Travel:

a. DON Military Personnel: All DON military personnel will stop movement until 11 May 2020. Stop movement means to hold in place, this includes Permanent Change of Station (PCS) and Temporary Duty (TAD/TDY). Only local leave is authorized. Local leave for military members will be in accordance with Service policy, which may be informed by local community conditions.

b. DON Civilian Employees: All DON civilian employees, whose transportation is government-funded, will stop movement. DON civilian employees are strongly encouraged to avoid personal leave outside the local area. Upon return from approved leave outside the local area, DON civilian employees may be asked to telework or exercise leave options as appropriate. DON may continue hiring actions, but may only onboard civilian employees in the local commuting area.

c. DON Family Members: All DON family members, whose transportation is government-funded, will stop movement.

d. Authority to Waive Policy: Waiver authority of the policies delineated in this guidance, when mission critical, is delegated to the Commandant of the Marine Corps (CMC) and Chief of Naval Operations (CNO), or their designees but not below the level of General Officer, Flag Officer, or Senior Executive Service member for approval.

e. Retiring or Separating Service Members: These restrictions do not apply to retiring or separating Service Members who are exempt from this policy.

f. Exceptions: Travel by patients and medical providers for the purpose of medical treatment for DON personnel and their family members is authorized. Individuals who have already initiated travel (including intermediate stops) are authorized to continue to their final destination. Individuals whose TAD or TDY ends while this guidance is in effect are authorized to return to their home station.

g. Waivers: Waivers may be granted, by waiver authority, for compelling cases where the travel is: (1) determined to be mission essential; (2) necessary for humanitarian reasons; and (3) warranted due to extreme hardship. Waivers are to be done on a case-by-case basis, shall be limited in number, and shall be coordinated between the gaining and losing organizations.

4. Released by the Honorable Thomas B. Modly, Acting Secretary of the Navy.//

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PASS TO OFFICE CODES:  
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SUBJ/NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK UPDATE 1//

REF/A/NAVADMIN/122210ZMAR20//  
REF/B/MEMO/OSD/13MAR2020//  
REF/C/ALNAV/SECNAV/025-20//  
REF/D/MEMO/OSD/11MAR2020//  
REF/E/ALNAV/SECNAV/026-20//

NARR/ REF A IS NAVADMIN 064/20, NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK FOR OVERSEAS TRAVEL.  
REF B IS MEMO FROM SECRETARY OF DEFENSE FOR STOP MOVEMENT FOR ALL DOMESTIC TRAVEL FOR DOD COMPONENTS IN RESPONSE TO CORONAVIRUS DISEASE 2019.  
REF C IS ALNAV 025/20, VECTOR 15 FORCE HEALTH PROTECTION GUIDANCE FOR THE DEPARTMENT OF THE NAVY.  
REF D IS MEMO FROM OUSD PR ON FORCE HEALTH PROTECTION GUIDANCE (SUPPLEMENT 4).  
REF E IS ALNAV 026/20, OFFICIAL AND PERSONAL DOMESTIC TRAVEL FORCE HEALTH PROTECTION GUIDANCE FOR THE DEPARTMENT OF THE NAVY (CONUS TRAVEL GUIDANCE).//

POC/RADM KARL THOMAS/OPNAV N3N5B/703-692- 9291/ KARL.O.THOMAS1(AT)NAVY.MIL/  
RADM JEFFREY JABLON/OPNAV N13/703-604- 5040/ JEFFREY.JABLON(AT)NAVY.MIL/ RADM  
GAYLE SHAFFER/OPNAV N093B/703 697 7399/ GAYLE.D.SHAFFER2.MIL(AT)MAIL.MIL//

RMKS/1. THIS NAVADMIN SUPPLEMENTS GUIDANCE IN REFERENCE (A) AND ANNOUNCES DOMESTIC TRAVEL AND MOVEMENT RESTRICTIONS TO MITIGATE THE SPREAD OF COVID-19 THROUGHOUT THE NAVY, AS OUTLINED IN REFERENCE (B).  
IT AMPLIFIES GUIDANCE IN REFERENCES (B), (C), AND (E) FOR NAVY MILITARY MEMBERS, NAVY CIVILIANS, AND THEIR FAMILIES. AUTHORIZED TRAVELERS WILL ADHERE TO THE FORCE HEALTH PROTECTION GUIDELINES IN REFERENCE (D) AND LATER GUIDANCE, IF ANY.

2. MISSION. ALL COMMANDS WILL TAKE SPECIFIC ACTIONS TO MITIGATE THE SPREAD OF COVID-19 WORLDWIDE AND ADHERE TO THE POLICIES AND REPORTING REQUIREMENTS CONTAINED IN REFERENCE (A) AND THIS NAVADMIN.

3. POLICY. THIS NAVADMIN APPLIES TO ALL NAVY MILITARY AND CIVILIAN PERSONNEL AND THEIR FAMILIES ASSIGNED TO DOD INSTALLATIONS, FACILITIES, AND SURROUNDING AREAS IN THE UNITED STATES AND ITS TERRITORIES. IN ORDER TO MAINTAIN FORCE HEALTH PROTECTION, READINESS OF THE FORCE AND MITIGATE THE RISK OF TRANSMISSION AMONG PERSONNEL, THE SECRETARY OF DEFENSE DIRECTED A STOP MOVEMENT. REFERENCE (A) DIRECTED A STOP MOVEMENT FOR PERSONNEL MOVING TO, THROUGH OR FROM A CDC LEVEL 3 DESIGNATED COUNTRY OR AREA. DUE TO THE SPREAD OF THE COVID-19 VIRUS THROUGHOUT AREAS OF CONUS, REFERENCE (B) FURTHER RESTRICTS ALL MOVEMENTS, TO INCLUDE WITHIN CONUS, EFFECTIVE 16 MARCH 2020. THIS POLICY APPLIES TO UNIFORMED SERVICE MEMBER AND NAVY CIVILIAN PERMANENT CHANGE OF STATION (PCS) AND TEMPORARY DUTY TRAVEL. IN ADDITION, NAVY CIVILIAN PERSONNEL AND NAVY FAMILY MEMBERS, WHOSE

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TRANSPORTATION IS GOVERNMENT-FUNDED, WILL ALSO STOP MOVEMENT. UNTIL THE DOMESTIC TRAVEL RESTRICTIONS PRESCRIBED ABOVE ARE LIFTED, NAVY COMMANDS MAY ONLY GAIN/ONBOARD CIVILIAN EMPLOYEES WITHIN THE LOCAL COMMUTING AREA. NAVY MILITARY MEMBERS ARE AUTHORIZED LEAVE IN ONLY LOCAL AREAS. GUIDANCE REGARDING CIVILIAN LEAVE WILL BE ISSUED BY THE DEPARTMENT OF THE NAVY. THE FOLLOWING EXCEPTIONS APPLY: (1) TRAVEL BY PATIENTS AND MEDICAL PROVIDERS FOR THE PURPOSE OF MEDICAL TREATMENT FOR NAVY PERSONNEL AND THEIR FAMILY MEMBERS IS AUTHORIZED; (2) INDIVIDUALS WHO HAVE ALREADY INITIATED PCS OR TDY TRAVEL (INCLUDING INTERMEDIATE STOPS) ARE AUTHORIZED TO CONTINUE TO THEIR FINAL DESTINATION; (3) INDIVIDUALS WHOSE TDY AND/OR LEAVE ENDS WHILE THIS NAVADMIN IS IN EFFECT ARE AUTHORIZED TO RETURN TO THEIR HOME STATION AT THE END OF THEIR TDY/LEAVE PERIOD; (4) INDIVIDUALS PENDING RETIREMENT OR SEPARATION DURING THIS PERIOD ARE EXEMPT. THIS STOP MOVEMENT WILL REMAIN IN EFFECT UNTIL 11 MAY 2020.

3.A. PERMANENT CHANGE OF STATION (PCS). SERVICE MEMBERS AND DEPENDENTS UNDER PCS ORDERS WHO HAVE NOT YET INITIATED TRAVEL WILL ADHERE TO THE FOLLOWING GUIDANCE.

3.A.1. SERVICE MEMBERS WHO HAVE NOT YET INITIATED PCS TRAVEL AS OF THE EFFECTIVE DATE OF THIS NAVADMIN ARE DIRECTED TO CONTACT NAVY PERSONNEL COMMAND (NPC) FOR FOLLOW-ON GUIDANCE PER PARAGRAPH 5.A. NPC IS STANDING BY TO ADDRESS EACH SPECIFIC CASE AND WILL AUTHORIZE ENTITLEMENTS BASED ON CURRENT LOCATION AND SITUATION.

3.A.2. FOR SERVICE MEMBERS WHO HAVE ALREADY INITIATED PCS TRAVEL, DETACHING AND GAINING COMMANDS SHALL MAKE EVERY EFFORT TO CONTACT THOSE SERVICE MEMBERS TO ADVISE THEM OF THE CONTENTS OF THIS MESSAGE.

3.A.3 A LOCAL PCS MOVE THAT DOES NOT INVOLVE TRAVEL WILL BE EVALUATED BY NPC ON A CASE BY CASE BASIS WITH RESPECT TO THE IMPACT ON THE OPERATIONAL READINESS OF THE DETACHING AND GAINING COMMANDS.

3.B. OTHER OFFICIAL TRAVEL (MEETINGS, CONFERENCES, SITE VISITS, ETC). ALL OTHER OFFICIAL TRAVEL BY SERVICE MEMBERS AND NAVY CIVILIANS IS PROHIBITED AND WILL REQUIRE AN EXCEPTION IAW PARAGRAPH

3.E. NAVY RESERVE PERSONNEL WILL FOLLOW GUIDANCE PROMULGATED BY THE CHIEF OF NAVY RESERVES.

3.C. TRAVEL FOR OFFICIAL TRAINING.

3.C.1. SERVICE MEMBERS AND NAVY CIVILIANS TRAVELING TO ATTEND FORMAL TRAINING, TO INCLUDE ACCESSIONS TO RECRUIT TRAINING COMMAND OR OFFICER TRAINING COMMAND, AND WHO HAVE NOT YET INITIATED TRAVEL, WILL REQUIRE AN EXCEPTION IAW PARAGRAPH 3.E.

3.C.2. SERVICE MEMBERS AND NAVY CIVILIANS WHO HAVE ALREADY INITIATED TRAVEL FOR TRAINING ARE AUTHORIZED TO COMPLETE TRAINING, INCLUDING INTERMEDIATE STOPS, AND CONTINUE TO THEIR FINAL DESTINATION.

3.D. PERSONAL LEAVE AND LIBERTY FOR SERVICE MEMBERS. COMMANDING OFFICERS AND OFFICERS IN CHARGE MAY AUTHORIZE LOCAL LEAVE IAW COMMAND POLICY. LEAVE OR PERSONAL TRAVEL OUTSIDE OF THE LOCAL AREA, AS DEFINED BY COMMANDING OFFICERS AND OFFICERS IN CHARGE, REQUIRES AN EXCEPTION AS OUTLINED IN PARAGRAPH 3.E. APPROVAL AUTHORITY FOR LEAVE REQUESTS INVOLVING TRAVEL OUTSIDE OF THE LOCAL AREA IS THE FIRST FLAG OFFICER OR SES IN THE CHAIN OF COMMAND, FOR BOTH UNIFORMED SERVICE MEMBERS AND NAVY CIVILIANS. FOR THOSE MEMBERS CURRENTLY ON LEAVE, COMMANDING OFFICERS OR OFFICERS IN CHARGE ARE DELEGATED AUTHORITY TO TERMINATE LEAVE EARLY OR ALLOW COMPLETION OF LEAVE AS AUTHORIZED BASED ON LOCATION, DURATION AND RISK TO SERVICE MEMBER.

3.E. EXCEPTIONS. COMMANDING OFFICERS AND OFFICERS IN CHARGE MAY REQUEST AN EXCEPTION TO PARAGRAPHS 3.A. THROUGH 3.D. IN THE FOLLOWING CASES: (1) DETERMINED TO BE MISSION ESSENTIAL, (2) NECESSARY FOR HUMANITARIAN REASONS, OR (3) WARRANTED DUE TO EXTREME HARDSHIP. MISSION-ESSENTIAL TRAVEL REFERS TO WORK THAT MUST BE PERFORMED TO ENSURE THE CONTINUED OPERATIONS OF MISSION ESSENTIAL FUNCTIONS, AS DETERMINED BY THE COMMANDING OFFICER OR OFFICER IN CHARGE.

3.E.1. NAVY PERSONNEL COMMAND (PERS-4) IS AUTHORIZED TO APPROVE OR DENY STOP MOVEMENT EXCEPTIONS FOR PCS TRAVEL IN PARAGRAPHS 3.A. AND 3.C. APPROVALS OF EXCEPTION REQUESTS SHALL BE MADE VIA MESSAGE TRAFFIC TO ALL CONCERNED AND WILL SPECIFY WHETHER DEPENDENTS ARE AUTHORIZED TO ACCOMPANY THE SERVICE MEMBER. DETACHING COMMANDER'S ENDORSEMENT IS REQUIRED.

H-FOF-167

UPON RECEIPT OF AN APPROVED EXCEPTION, TRANSACTION SERVICE CENTER OR PERSONNEL SUPPORT DETACHMENT/PERSONNEL OFFICES WILL PROCESS THE SERVICE MEMBER FOR TRANSFER TO THE GAINING COMMAND.

SEND ALL EXCEPTION REQUESTS TO PERS451(AT)NAVY.MIL WITH THE

SUBJECT LINE PCS EXCEPTION REQUEST. EXCEPTION REQUEST FORMATS WILL BE PROVIDED BY PERS 4 AND POSTED ON MYNAVY PORTAL.

SERVICE MEMBERS WHO ARE GRANTED AN EXCEPTION WILL RECEIVE GUIDANCE FROM NPC CONCERNING NAVY COMPONENT COMMANDER

PRE- AND POST- TRAVEL MEDICAL SCREENING AND RECEPTION PROCEDURES.

3.E.2. THE FIRST FLAG OFFICER OR SES IN THE CHAIN OF COMMAND IS AUTHORIZED TO APPROVE OR DENY STOP MOVEMENT EXCEPTIONS FOR BOTH UNIFORMED SERVICE MEMBERS AND NAVY CIVILIANS, IN THE CASES

OF: (1) OFFICIAL TRAVEL IN PARAGRAPH 3.B.; (2) FOR OFFICIAL TRAINING, NOT ASSOCIATED WITH A PCS, IN PARAGRAPH 3.C.; (3) AND FOR LEAVE REQUESTS THAT INCLUDE TRAVEL OUTSIDE OF THE LOCAL AREA IN PARAGRAPH 3.D. SERVICE MEMBERS AND NAVY CIVILIANS WHO ARE GRANTED AN EXCEPTION WILL COMPLY WITH THE NAVY COMPONENT COMMANDER'S GUIDANCE CONCERNING PRE- AND POST-TRAVEL SCREENING AND RECEPTION PROCEDURES.

3.F. HOLDING CONFERENCES. AS DISCUSSED IN REFERENCE (A), ANYTHING OTHER THAN VIRTUAL CONFERENCES ARE STRONGLY DISCOURAGED.

FURTHER GUIDANCE REGARDING CONFERENCES IS CONTAINED IN REFERENCE (A).

3.G. POST TRAVEL PROCEDURES. PER REFERENCE (D), COMMANDERS SHALL IDENTIFY AND TRACK ALL SERVICE MEMBERS WHO TRAVEL OR HAVE A HISTORY OF TRAVEL IN THE PRIOR 14 DAYS. THIS INCLUDES TRAVEL BY MILITARY OR COMMERCIAL MEANS AS WELL AS PRIVATE CONVEYANCE AND INCLUDES ALL FORMS OF TRAVEL TO INCLUDE PCS, TEMPORARY DUTY, AND LEAVE. COMMANDERS SHALL ENSURE SERVICE MEMBERS IMPLEMENT THE ACTIONS SPECIFIED IN REFERENCE (D).

4. REGULAR REPORTING. REFER TO REFERENCE (A).

5. POINTS OF CONTACT.

5.A SAILOR SUPPORT. SERVICE MEMBERS WITH QUESTIONS REGARDING THIS STOP MOVEMENT OR ENTITLEMENTS FOR PCS TRAVEL SHOULD CONTACT MYNAVY CAREER CENTER (1-833-330-6622) OR EMAIL ASKMNCC(AT)NAVY.MIL.

DETAILERS ARE READY TO SUPPORT ALL ORDER MODIFICATIONS AND COMMANDS SHOULD WORK WITH THEIR PLACEMENT OFFICERS.

5.B. MEDICAL QUESTIONS. BUMED WATCH: 703-681-1087/1125 OR NIPR EMAIL:USN.NCR.BUMEDFCHVA.LIST.BUMED---2019-NCOV-RESPONSE-CELL(AT)MAIL.MIL.

5.C. REPORTING REQUIREMENTS. OPNAV BATTLE WATCH CAPTAIN AT 703 692 9284, DSN 222-9284 OR BWC.PTGN(AT)NAVY.MIL.

6. OUR UNDERSTANDING OF COVID-19 IS RAPIDLY EVOLVING AND THIS GUIDANCE WILL BE CONTINUOUSLY EVALUATED AS CONDITIONS WARRANT.

WE RECOGNIZE THIS STOP MOVEMENT WILL PLACE A STRAIN ON OUR FORCE, BUT IT IS NECESSARY TO PRESERVE OUR ABILITY TO CONDUCT OUR MISSION.

LOCAL COMMANDERS ARE EXPECTED TO EXERCISE PRUDENT JUDGEMENT WHEN DETERMINING MISSION ESSENTIAL TRAVEL AND GRANTING WAIVERS OR EXCEPTIONS. THE EXPECTATION IS THAT THESE EXCEPTIONS ARE DONE ON A CASE BY CASE BASIS AND THAT THEY ARE LIMITED IN NUMBER.

THE ENTIRE TEAM MUST UNDERSTAND THE IMPORTANCE OF MINIMIZING SPREAD OF CORONAVIRUS AMONG OUR RANKS. EARLY INTERVENTION AND PREVENTION DURING THE SPREAD OF THE CORONAVIRUS WILL MINIMIZE IMPACT TO OUR FORCE AND MAXIMIZE READINESS FOR FUTURE EVENTS. THE NAVY WILL REMAIN FOCUSED ON MEETING OUR GLOBAL COMMITMENTS WHILE ALSO ENSURING THE HEALTH AND WELL-BEING OF OUR SERVICE MEMBERS, NAVY CIVILIANS AND OUR FAMILIES.

7. RELEASED BY ADM R. P. BURKE, VICE CHIEF OF NAVAL OPERATIONS.//

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U.S. Embassy & Consulate  
in Vietnam

## COVID-19 Information

(Updated May 22, 2020)

### ***Most Important Updates for U.S. Citizens***

\* On May 18, Vietnam's Ministry of Public Security (MPS) announced a new policy that provides an automatic extension of temporary stay for foreigners in certain qualifying groups with plans to depart Vietnam. U.S. citizens and other foreign nationals who entered Vietnam with a visa exemption certificate, e-visa, or tourist visa **on or after March 1, 2020**, will be granted an automatic extension of stay through **June 30, 2020**, and may exit Vietnam during this period without having to apply for an extension of stay. U.S. citizens and other foreign nationals who entered Vietnam **before March 1, 2020**, may be considered for an automatic extension through **June 30, 2020**, provided that they can provide proof that they have been stranded in Vietnam due to COVID-19 mandatory quarantine, treatment, or other reasons beyond their control by presenting an exit letter from their Embassy or Consulate about their situation. They must present these documents upon exiting Vietnam. For further information, please [click here](#).

\* The Vietnamese government announced that **non-essential businesses**, except for discotheques and karaoke lounges, **may reopen**. **Schools have also reopened**. For further details, please see the Vietnamese government's website [here](#).

\* The Vietnamese government is still **suspending entry into Vietnam to all foreigners**, including people with a Vietnamese visa exemption certificate. Only Vietnamese nationals, foreigners on diplomatic or official business, and highly skilled workers are allowed to enter the country at this time. All persons entering Vietnam must undergo medical checks and 14-day quarantine upon arrival. Please see "Entry and Exit Requirements" and "Quarantine Information in Vietnam" below for more details.

\* The U.S. has **temporarily closed** several **passport print centers** as part of public health measures to prevent the spread of COVID-19. As a result, U.S. **passport applications submitted after April 2 will be significantly delayed**. The U.S. Embassy and Consulate in Vietnam will continue to issue Emergency Photo Digitized Passports (EPDP) locally for U.S. citizens with urgent need to travel. Further information can be found [here](#).



\* **U.S. Secretary of State Michael R. Pompeo urged U.S. citizens** interested in returning to the United States during the outbreak of COVID-19 **to make immediate use of available commercial flight options**, as the number of locations in need of assistance around the world may not allow for a charter option. For those wishing to depart Vietnam, **international flights are presently very limited**. Additional information regarding flights departing Vietnam can be found [here](#).

\* The U.S. Embassy and Consulate **cannot intervene in the quarantine rules established by the Vietnamese government**, and **may not** issue any documentation requesting the Vietnamese government to **waive the quarantine requirements for U.S. citizens**. Please also note that the Vietnamese government has imposed strict penalties on violations. For further details, please see [“Question: What can you do for me if I’m forced into quarantine?”](#) on our Frequently-Asked-Questions page [here](#).

\* **The U.S. Department of State’s Global Level 4 Health Advisory applies to, and includes, Vietnam**. On March 19, the Department of State implemented a [Global Level 4 Health Advisory](#) advising U.S. citizens to avoid all international travel due to the global impact of COVID-19.

\* **Any travelers experiencing symptoms of the COVID-19 virus** — fever, cough and difficulty breathing — or those concerned they may have been exposed to the virus **should call Vietnam’s health hotline right away: 19003228** (Vietnamese language only – if necessary, please try to have a Vietnamese speaker help connect you with the operator of this hotline).

### ***Country-Specific Information for Vietnam:***

\* Vietnam has had 324 confirmed cases of COVID-19 within its borders since the virus first became known.

- 266 people have recovered and were released from the hospital.
- 58 cases are being isolated for treatment.

It has been 36 days without any cases of community transmission in Vietnam; the most recent 57 confirmed cases are all people who arrived in Vietnam with COVID-19 and (like all arrivals) were sent immediately to centralized quarantine. For further details please see the Vietnamese Ministry of Health website [here](#).

\* **All people in Vietnam must wear face masks in public places such as supermarkets, bus stations, airports**, and on all **means of public transport**. U.S. citizens should be aware that they may be denied entry, fined, or detained if they do not have a mask. All travelers on domestic and international flights must wear face masks during the flight and while at the airport.

\* Domestic airline and railway transportation has been allowed to ease restrictions. More daily flights and trains within Vietnam are now available. Please visit their websites or contact your ticketing agencies if you have further questions.

## Entry and Exit Requirements:

\* The Government of Vietnam has not lifted the suspension of entry for foreigners, including people with a Vietnamese visa exemption certificate. Vietnamese authorities have not announced a potential date to allow foreigners to enter Vietnam again. This policy, which went into effect on March 22, has limited exemptions for diplomatic, official duty, and special cases, including experts, business managers, high-tech workers, and other essential categories as determined by the Government of Vietnam. U.S. citizens may read the original announcement [here](#). Additional health restrictions still apply for any foreign travelers in an exempted category allowed to enter Vietnam by local immigration authorities, including a mandatory two-week quarantine period and potential COVID-19 testing. U.S. Embassy Hanoi and Consulate General Ho Chi Minh City remind U.S. citizens that the [U.S. Department of State's Global 4 Health Advisory](#) still applies, and U.S. citizens are advised to avoid all international travel unless absolutely necessary.

\* The Vietnamese government recommends that all persons who have entered Vietnam (including Vietnamese citizens and foreigners) **from March 1 until the present should:** **1)** Complete the medical declaration form [here](#); **2)** Implement 14-day self-quarantine at home (if not yet subject to concentrated quarantine) and limit contact with others after the 14-day period; **3)** Wear face masks, wash hands with soap or antiseptic alcohol, and take other preventive measures; and **4)** Contact the nearest health facility for advice and support.

\* **Health declaration is mandatory for all passengers entering Vietnam**, which can be done by completing a paper form on arrival or a digital form online before the trip [here](#). Travelers should contact their airlines directly for information.

## Quarantine Information in Vietnam:

\* The Government of Vietnam began a **COVID-19 testing campaign** for all **people who have arrived** from outside the country **since March 8, 2020**. The U.S. Embassy and Consulate **advise U.S. citizens to comply with testing**. Seek medical care right away if you believe you may have COVID-19 (or similar symptoms) or were exposed to someone who may have COVID-19 in the last six weeks.

\* Travelers entering Vietnam, including Vietnamese nationals, have been subjected to **mandatory, centralized quarantine for 14 days**. This quarantine requirement has in some cases been prolonged to more than 14 days when deemed necessary by the authorities. Quarantine sites in Vietnam may be uncomfortable and may have only rudimentary facilities.

\* The U.S. Embassy and Consulate **cannot intervene in the quarantine rules established by the Vietnamese government**, and **may not** issue any documentation requesting the Vietnamese government to **waive the quarantine requirements for U.S. citizens**. For further details, please see [\*"Question: What can you do for me if I'm forced into quarantine?"\*](#) on our Frequently-Asked-Questions page here.

## Local Resources:

- \* [View U.S. Mission to Vietnam's Most Recent Alerts](#)
- \* [Airline Departure Information](#)
- \* [Flight and Other Departure Assistance Frequently Asked Questions \(FAQs\)](#)
- \* [Information for U.S. Citizens on Visas for Vietnam](#)
- \* [Online Health Declaration Form](#) (available in Vietnamese, English, and several other languages)
- \* [InfoGraphics](#) by Vietnam News Agency (including useful infographics for Vietnamese most updated policies)
- \* [Vietnam's Ministry of Health COVID-19 Web Page](#)
- \* [Vietnam's National Hospital for Tropical Diseases](#)
- \* [National Hospital for Tropical Diseases](#) [ten useful Q and A's about the outbreak](#)
- \* [Vietnam official travel website](#) (run by the Ministry of Tourism). Travel Advisory button on the top will [direct here](#).
- \* [Vietnam Tourism website](#) (offers news rather than advisories)
- \* [Ministry of Foreign Affairs \(MFA\) Consular Department](#) (Vietnamese only) (on the right side).
- \* [MFA Travel restriction announcement](#) (Vietnamese)

## Other links:

- \* [COVID-19 crisis page on travel.state.gov](#)

\* [CDC page on COVID-19](#)

\* [state.gov Country Information and Travel Advisory page](#)

\* [List of clinics and hospitals in Vietnam \(U.S. Mission Vietnam's website\)](#)

This is the official website of the U.S. Embassy and Consulate in Vietnam. External links to other Internet sites should not be construed as an endorsement of the views or privacy policies contained therein.



# Release

## IMMEDIATE RELEASE

### Statement by Department of Defense on Additional Access Restrictions for the Pentagon Reservation

MARCH 23, 2020

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Today the Secretary of Defense announced that the Health Protection Condition for the Pentagon Reservation has increased to **CHARLIE**, effective immediately. Additionally, the HPCON for the Armed Forces Retirement Homes has increased to **DELTA**.

With the change to HPCON CHARLIE, the following changes will take effect at noon, Tuesday, March 24, 2020:

The following entrances at the Pentagon building will be closed until further notice:

- Metro Entrance Facility
- Visitor Screening Facility (official visitors will be processed through Corridor 2 Entrance)
- Corridor 5 Entrance
- Library & Conference Center
- Pentagon Athletic Center Entrance
- Mall Vehicle Annex Access Point



- Memorial Gate Vehicle Access Point
- River Pedestrian Booth (Press/Overflow Parking)

The following entrances will remain open:

- Mall Entrance (open 24/7)
- Corridor 2 Entrance (open 24/7)
- Corridor 8 Entrance (open 6:00 am – 8:00 pm)
- River Entrance (open 05:00 am - 8:00 pm, Monday - Friday)
- River Vehicle Access Point (Open 24/7)
- North Rotary & Fern Vehicle Access Point (open 24/7)
- A&E Drive Vehicle Access Point (open 24/7)
- Boundary Channel Drive Vehicle Access Point (open 24/7)
- Heating & Refrigeration Plant Vehicle Access Point (open 24/7)
- North Village Vehicle Access Point (open 6:00 am - 2:00 pm Monday - Friday)

At the Mark Center, all posts, vehicle access point, and North Garage entrances will be open and operating on current scheduled hours.

DOD remains committed to protecting our people, maintaining mission readiness, and supporting the whole-of-government effort response to COVID-19.

We ask our people to take actions to protect themselves and those around them by employing protective measures, including practicing good hand washing, social distancing, and taking appropriate actions if feeling sick now. These can dramatically decrease the risk of infection and slow COVID-19's spread.

For more information on Pentagon Reservation, visit <https://www.whs.mil/Coronavirus/>

We encourage all DOD personnel to visit <https://www.defense.gov/Explore/Spotlight/Coronavirus> for information on staying healthy during the outbreak.

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Time	Date	Last name	First name	Dept	Div	J Dial	Symptoms	temp	note.
1300	03 MAY 20	(b) (6)		Rx	RC	(b) (6)	Sore throat x 1 day SORE THROAT SHORTNESS OF BREATH CHILLS, HOT FLASHES x 1 day	97.7	
1301	03 MAY 20			WEPG	G-4			97.9	
1315	03 MAY 20			WEPG	G-4		Cough	98.1	
1300	04 MAY 20			310	VFA-119		Sore throat 2 days	98.0	
1300	04 MAY 20			HSC-8	HSC-8		Sore throat, body aches	97.9	
1300	04 MAY 20			Deck	1st		SOB headaches	98.1	
1305	04 MAY 20			Deck	2nd		chills, aches, CP, SOB	96.4	
1305	04 MAY 20			Deck	2nd		Abd pain	98.4	
1310	04 MAY 20			ATMD	EM-2		HA, Body aches, sore throat	98.4	
1327	04 MAY 20			VAN/15			Sore throat HEADACHE 2	97.7	
1345	04 MAY 20			AIR	V-4		runny nose / headache		
1053	05 MAY 20			HSC-8	HSC-8		cough / chest congestion	97.2	
1054	05 MAY 20			INT	QC		headache	97.7	
1300	05 MAY 20			A/C	VFA-119		COUGH	97.3	gave ceftazidime cough x 1 month
1300	05 MAY 20			Rx	RM		HEADACHE / NAUSEA	97.7	
1310	05 MAY 20			HSM-75	HSM-75		HEADACHE	97.5	
1310	05 MAY 20			TRNG	TX		chills Body aches Sore throat Fatigue	97.5	
1315	05 MAY 20			VFA-119	MAINT		HEADACHE / NAUSEA	97.7	
1315	05 MAY 20			CSD	CS3		HEADACHE	97.5	
1317	05 MAY 20			SUPPLY	HSM-75		HEADACHE	97.5	C/U - no longer having HA
1320	05 MAY			CSG-1/NZ	NZ		SOB / HEADACHE	98.4	
1325	05 MAY			VFA-119	QZ		HEADACHE	97.3	Yes still have
1326	05 MAY			RX	RM		SORE THROAT	98.1	
1326	05 MAY			HSM-75	MAINT		HEADACHE	97.5	
1405	05 MAY			HSM-75	MAINT		COUGH	97.7	APRIL 12TH, COUGH STARTED, PREVIOUSLY DOC.
1431	05 MAY			AIR/V5	V5		HEADACHE, LOATH, NAUSEA stuffy nose x month cough x 1 month	97.9	
1519	05 MAY			WEP	62				
1305	06 MAY 20			C	"		Sore throat x 3 days	97.5	Congestion (nasal) 05 MAY 20
1309	06 MAY 20			AD	"		Fatigue, headache	98.3	
1312	06 MAY 20			ATMD	143/S-		HA, cough, body aches	97.1	
1315	06 MAY 20			"	"		HA	92.1	



Time	Date	Last name	first name	Dept	Div	J dial	Symptoms	temp	note
1338	6 MAY 20			S-2	SUPPLY		body aches, HA, SOB	98.3	
	6 MAY 20				HSM-75		Headache	98.5	Hx of HA seeing LT stilo
1347	6 MAY 20			Air	V-4		Sore throat x 2 day / headache	97.5	04 MAY 20
	6 MAY			OPS	01		diarrhea / headaches		05 MAY 20 / 04 MAY 20
1350	6 MAY			110	VAQ-142		abdominal pain / diarrhea		06 MAY 20
1530	6 MAY			S-13	Sup		Myocardial / Body aches / abdominal pain		
	6 MAY			HSM-75			head injury	98.9	got hit on head by door
1302	7 MAY			VFA-31	ADMIN		Headache		
1302	7 MAY			God	God		Sore throat / congestion	98.2	
1313	7 MAY			OPS	01		stomach ache / Diarrhea		
1315	7 MAY			OPS	OC		Sore Throat / headache		
1323	7 MAY			AIMD	IM-3		Headache, Running nose		
1323	7 MAY 20			CS-D	CSO/CS-1		SLIGHT SORE THROAT		
1330	7 MAY 20			VFA-154	OPS		SLIGHT SORE THROAT		
1338	7 MAY 20			ENG	A		Headache / congestion		
1452	7 MAY 20			Sup	S-13		HEADACHES		
1553	7 MAY 20			DECK	1ST		SORE THROAT, RUNNY NOSE	97.3	
1300	8 MAY 20			Air	V5		SORE THROAT, CHEST PAIN, <sup>SHORTNESS OF BREATH</sup>	99.3	
1308	8 MAY 20			HSM-75	HSM-75		HEADACHE		
1301	8 MAY 20			VFA-144	VFA-144		Body aches, SOB, SORE THROAT		
1305	08 MAY 20			INTEL	Q2		CHEST PAIN / PRESSURE	98.8	
1305	08 MAY 20			S-2	SUPPLY		CHEST PAIN / COUGH, HEADACHE	98.4	
1320	08 MAY 20			VAQ-142	VAQ-142		COLD SWEATS / COUGH, HEADACHE	99.4	
1325	08 MAY 20			CSG9	NG		COUGH / SORE THROAT	98.4	
1333	08 MAY 20			VAW-115	SAFETY		HEADACHE	98.0	
1426	08 MAY 20			AIMD/IM3	IM3		HEADACHE		
1456	08 MAY 20			AIR <del>142</del>	V2		HEADACHE, FATIGUE		
0904	09 MAY 20			OPS <del>101</del>	01		COLD SWEATS, ABDOMINAL SORE	96.6	
0928	09 MAY 20			VFA-31	SUPPLY		HEADACHE	97.7	
0950	09 MAY 20			AIMD	IM-3		COLD SWEATS, CHEST PAIN, <sup>SHORTNESS OF BREATH</sup>	97.1	
1143	09 MAY 20			CSO	CS7		RUNNY NOSE	98.9	
1703	09 MAY 20			CRMA <del>142</del>	G-8		RUNNY NOSE	97.4	



Time	Date	Last name	First name	Dept	DIV	J Dial	Symptoms	Temp	note
13:07	10 MAY 20	(b) (6)	(b) (6)	AIR	V-1	(b) (6)	HEADACHE, COUGH, SNEEZE, SORE THROAT	98.0	
1312	10 MAY 20			AIMD	1M-3		HEADACHE, COUGH	98.9	
1323	10 MAY 20			SUD	S-13		SORE THROAT	98.0	
1328	10 MAY 20			AIMD	1M-2		HEADACHE, BODY ACHES, BONE ACHES, <sup>BREATH</sup> SHORTNESS	98.0	
1439	10 MAY 20			BWP	D-13		LOST OF TASTE, HEADACHE	97.3	
1458	10 MAY 20			AIMD	1M-2		HEADACHE, BODY ACHES	98.4	
1322	11 MAY 20			WEPs	G-4		DIARRHEA, HEADACHE, CHILLS, BODY ACHES	97.7	
1324	11 MAY 20			HSC-8			HEADACHE, DIZZINESS, DIARRHEA	97.4	
1315	12 MAY 2020			SAFETY			WORSEN COUGH, DIFFICULTY BREATHING	98.6	
1316	12 MAY 2020			SAFETY			SORE THROAT, HEADACHE	97.4	
1320	12 MAY 20			CS1	CSX		HEADACHE, NAUSEA, <sup>BODY</sup> ACHES,	97.3	
1320	12 MAY 20			VAW-115	MAINT		SORE THROAT	98.0	
1650	12 MAY 20			WepS	G-3		Close contact - no symptoms	97.3	
1650	12 MAY 20			CS	CSX		Close contact - no symptoms	97.5	
1650	12 MAY			WepS	G-3		Close contact - no symptom	97.3	
0913	13 MAY 20	(b) (6)	(b) (6)	OPS	OI	(b) (6)	Abdominal pain / N/V	97.3	
	13 MAY 20			VAR 142	13A		COUGH	98.1	
1057	13 MAY 20			CSD/CSX	CSX		REDEYE/ MILD DISCHARGE/ LIGHT SENSITIVITY		



NAME		DATE/RANK	DEP/DIV	TIME
(Squadron)				
123	FA	AIR/V-2	ENG/E	0914
123	AC2	OPS/OC	VFA154-SUPPLY	0915
123	ADAN	WEPS/6-3	Sup 5-10	0930
123	AME1	CVW-11	AIR/V-1	0947
NIGHTS				
123	AM2	NFA-154	CVW-11	1931
123	AEAA	SUP/S-6	AF-154	1936
123	LT 10-2	AIR/V-2	HSM-75	1945
123	ABEAN	VFA-154	SL/RA	1949
123	LS3	ABFAN	MR/V-4	1950
123	FC2	SAFETY AS40	ATTUD	2003
123	PO3	Sec	CONV 1146	0830
123	MM2	SUP 58	Training	0835
123	BN	Sup 5-10	AIR/V-3	0846
123	LS3	ENG 1 BA	HSM 75	0849
123	ABH2	Air V2	Air V2	0850
123	ATM	Air V2	Air V2	0855
123	AN	Air V2	Air V2	0901
123	AN	Air V2	Air V2	0902
123	AN	Air V2	Air V2	0903
123	AN	Air V2	Air V2	0904
123	AN	Air V2	Air V2	0905
123	AN	Air V2	Air V2	0906
123	AN	Air V2	Air V2	0907
123	AN	Air V2	Air V2	0908
123	AN	Air V2	Air V2	0909
123	AN	Air V2	Air V2	0910
123	AN	Air V2	Air V2	0911
123	AN	Air V2	Air V2	0912
123	AN	Air V2	Air V2	0913
123	AN	Air V2	Air V2	0914
123	AN	Air V2	Air V2	0915
123	AN	Air V2	Air V2	0916
123	AN	Air V2	Air V2	0917
123	AN	Air V2	Air V2	0918
123	AN	Air V2	Air V2	0919
123	AN	Air V2	Air V2	0920
123	AN	Air V2	Air V2	0921
123	AN	Air V2	Air V2	0922
123	AN	Air V2	Air V2	0923
123	AN	Air V2	Air V2	0924
123	AN	Air V2	Air V2	0925
123	AN	Air V2	Air V2	0926
123	AN	Air V2	Air V2	0927
123	AN	Air V2	Air V2	0928
123	AN	Air V2	Air V2	0929
123	AN	Air V2	Air V2	0930
123	AN	Air V2	Air V2	0931
123	AN	Air V2	Air V2	0932
123	AN	Air V2	Air V2	0933
123	AN	Air V2	Air V2	0934
123	AN	Air V2	Air V2	0935
123	AN	Air V2	Air V2	0936
123	AN	Air V2	Air V2	0937
123	AN	Air V2	Air V2	0938
123	AN	Air V2	Air V2	0939
123	AN	Air V2	Air V2	0940
123	AN	Air V2	Air V2	0941
123	AN	Air V2	Air V2	0942
123	AN	Air V2	Air V2	0943
123	AN	Air V2	Air V2	0944
123	AN	Air V2	Air V2	0945
123	AN	Air V2	Air V2	0946
123	AN	Air V2	Air V2	0947
123	AN	Air V2	Air V2	0948
123	AN	Air V2	Air V2	0949
123	AN	Air V2	Air V2	0950
123	AN	Air V2	Air V2	0951
123	AN	Air V2	Air V2	0952
123	AN	Air V2	Air V2	0953
123	AN	Air V2	Air V2	0954
123	AN	Air V2	Air V2	0955
123	AN	Air V2	Air V2	0956
123	AN	Air V2	Air V2	0957
123	AN	Air V2	Air V2	0958
123	AN	Air V2	Air V2	0959
123	AN	Air V2	Air V2	0960
123	AN	Air V2	Air V2	0961
123	AN	Air V2	Air V2	0962
123	AN	Air V2	Air V2	0963
123	AN	Air V2	Air V2	0964
123	AN	Air V2	Air V2	0965
123	AN	Air V2	Air V2	0966
123	AN	Air V2	Air V2	0967
123	AN	Air V2	Air V2	0968
123	AN	Air V2	Air V2	0969
123	AN	Air V2	Air V2	0970
123	AN	Air V2	Air V2	0971
123	AN	Air V2	Air V2	0972
123	AN	Air V2	Air V2	0973
123	AN	Air V2	Air V2	0974
123	AN	Air V2	Air V2	0975
123	AN	Air V2	Air V2	0976
123	AN	Air V2	Air V2	0977
123	AN	Air V2	Air V2	0978
123	AN	Air V2	Air V2	0979
123	AN	Air V2	Air V2	0980
123	AN	Air V2	Air V2	0981
123	AN	Air V2	Air V2	0982
123	AN	Air V2	Air V2	0983
123	AN	Air V2	Air V2	0984
123	AN	Air V2	Air V2	0985
123	AN	Air V2	Air V2	0986
123	AN	Air V2	Air V2	0987
123	AN	Air V2	Air V2	0988
123	AN	Air V2	Air V2	0989
123	AN	Air V2	Air V2	0990
123	AN	Air V2	Air V2	0991
123	AN	Air V2	Air V2	0992
123	AN	Air V2	Air V2	0993
123	AN	Air V2	Air V2	0994
123	AN	Air V2	Air V2	0995
123	AN	Air V2	Air V2	0996
123	AN	Air V2	Air V2	0997
123	AN	Air V2	Air V2	0998
123	AN	Air V2	Air V2	0999
123	AN	Air V2	Air V2	1000

NAME		DATE/RANK	DEP/DIV	TIME
123	CS2	SUP/S-2	VFA-146/310	0831
123	AT3	SUP/S-2	ENG/DC	0836
123	DCFN	DECE/157	AIR/V-2	0843
123	BMSN	ADMIN/X-2	AIR/V-3	0844
123	ABEAN	CSO/CS6	01	0845
123	PSO	01	01	0846
123	ABHAR	01	01	0847
123	271	01	01	0848
123	OSSN	01	01	0849
18 JAN 2020				
123	AN	AIR V-2	VFA-146	0855
123	AT3	VFA-146	VFA-146	0857
123	ANAN	VFA-146	VFA-146	0858
123	MM2	EX/RA	EX/RA	0859
123	LS1	SUP/DC	SUP/DC	0860
123	PR	ENG/A	ENG/A	0861
123	22	VFA-147	VFA-147	0862
123	FE1	HSCB	HSCB	0863
123	MM3	EX/CP	EX/CP	0864
123	MM3	ADMIN	ADMIN	0865
123	ABEAN	AIR/V-2	AIR/V-2	0866
123	MM3	HSM-75	HSM-75	0867
123	MM3	HSM-75	HSM-75	0868
123	ABE1	HSCB	HSCB	0869
123	PSSN	VFA 87	VFA 87	0870
123	AM3	VFA 37	VFA 37	0871
123	ADAN	CUN-71	CUN-71	0872
123	21 JAN 2020	2020	2020	0873
123	LTJG	CSG 9/N9	CSG 9/N9	0874
123	ABE1	CUN-71	CUN-71	0875
123	LTJG	MIN-71	MIN-71	0876



NAME	RANK/RATE	DEP/DIV	TIME
(b) (6) TAN	VFA-31	0946	
IRFN	ENG/R	0947	
D <sup>3</sup>	VAW-115	5308	
WZ	R/R	0955	
AA	AIR/V-4	0956	
AIN	AIR/V-4	0958	
A02	WERS/G-3	10:00	
402	WERS/G-3	1000	
3H <sup>1</sup>	AIR/V-3	1013	
WZ	AIR/H-8	101024	
ABE <sup>3</sup>	AIR/V-2	1023	
ABE <sup>3</sup>	AIR/V-2	1023	
AOAR	VFA-154	1023	
ABEAR	AIR/V-2	1028	
GIT	N2/CSG9	1931	
AT <sup>3</sup>	VAQ-142	1933	
AM <sup>2</sup>	VFA-146	1934	
ABEAN	AIR/V-2	1938	
BM <sup>2</sup>	DECK/1ST	1938	
AME <sup>3</sup>	VFA-154	1940	
PE <sup>1</sup>	VAQ-142	1940	
PR <sup>3</sup>	VFA-154	1941	
YNSN	Admin/X-1	1949	
CSN	VFA-154	2001	
LT	SUP/18	2005	
NCC	VFA-3	1930	
AR	VFA-87	1930	
RSSN	SUP/183	1930	
ABHAN	AIR/V-3	1939	
Am <sup>3</sup>	VFA-146	1942	
AA	VFA-87	1952	
AN	VFA-87	1952	
AN	VA-115	2000	

Name	Rate/Rank	Dep/DIV	Time
(b) (6) AA	VAW 115	0830	
AD <sup>3</sup>	HSC-8	0830	
CSA	VAW 115	0830	
ADL	VFA-87	0834	
AM <sup>2</sup>	VFA-146	0835	
LT	RX/RP	0837	
OS <sup>2</sup>	TRNG	0839	
SN	DECK	0842	
CS <sup>3</sup>	SUP/S-2	0842	
CS <sup>2</sup>	SUP/S-2	0843	
QM <sup>3</sup>	NAV/NAV	0844	
ABEC	AIR/V-2	0847	
AE <sup>1</sup>	HSC-8	0851	
ADH <sup>3</sup>	AIR/V-1	0852	
CSJA	SUP/S-2	0855	
BM <sup>3</sup>	DECK/2nd	0900	
AM <sup>3</sup>	VAW/115	0900	
AEAN	VFA 154	0908	
AM <sup>1</sup>	AMW/14-3	0920	
AWRL	HSM-75	0920	
WZ	HSC-8	0920	
AEAN	VFA 146	0920	
PSSH	ADMIN/183	0926	
ACZ	OPS/OC	0927	
AT <sup>2</sup>	VAW-115	1930	
ADAA	VFA-146	1930	
ABEAN	AIR/V-2	1934	
AEAN	HSC-8	1935	
AZAV	VFA-87	1935	
WZ	VFA-31	1942	
PK	CVN-11	1942	
AD1	HSM-75	1943	
ADVP1	HSM-75	1944	



NAME	RANK/RATE	DEPT/DIV	TIME
(b) (6)	CSN	S-2	8:30
(b) (6)	IC3	CS/B	830
(b) (6)	ABTHAN	A/R/C-1	830
(b) (6)	AO1	WERS/G-3	831
(b) (6)	CWO2	OPS/G-1	835
(b) (6)	MMN3	RA/AM	0840
(b) (6)	AE3	AIMD/IM-3	0841
(b) (6)	HT3	ENGR	0843
(b) (6)	YN1	AIC/AS	0850
(b) (6)	AN	RAW/IS	0852
(b) (6)	CWO4	WERS/G-1	0700
(b) (6)	AG3	INTEL/G-0	0858
(b) (6)	AZAN	AIMD/IM1	0900
(b) (6)	AOAN	WERS/G-4	0901
(b) (6)	VANG2	VFA-146	0906
(b) (6)	CS1	SUP/S-2	0920
(b) (6)	CT	INTEL	0929
(b) (6)	AM2	VFA-140	0932
(b) (6)	AO2	WERS/G-1	0926
(b) (6)	AO2	WERS/G-3	0935
(b) (6)	PR3	VAW-115	1932
(b) (6)	MIA3	SEC	1944
(b) (6)	AO3	AIMD/IM-2	1945
(b) (6)	IC3	CS-1	0830
(b) (6)	IC3	CS-CSI	0830
(b) (6)	CESA	SUP/S1	0830
(b) (6)	ABFAN	V-VAIR	0835
(b) (6)	RO2	VFA-140	0836
(b) (6)	ASAW	AIMD/IM-4	0837
(b) (6)	PO3	AIR/V-2	0838
(b) (6)	CS3	SUP-22	0839
(b) (6)	IS2	INTEL	0845
(b) (6)	AO1	VFA-140	0850
(b) (6)	CS3	SUP/S2	0850
(b) (6)	CSN	ADMW/XZ	0850
(b) (6)	AS3	AIMD/IM4	0857
(b) (6)	AT1	OPS/OK40	0800
(b) (6)	LS1	SUPPLY	0901
(b) (6)	DCCS	DESKON 23	0904
(b) (6)	SN	DECK/2nd	0905
(b) (6)	STG2	OPS/OM	0939
(b) (6)	ETN2	RE/RX	0920
(b) (6)	AEAN	VFA-140	1937
(b) (6)	AM3	VAQ-142	1937
(b) (6)	IC3	CSD/CS-1	1936
(b) (6)	AMEZ	VFA-87	1947
(b) (6)	AMEZ	VFA146	1950
(b) (6)	PRAN	VFA-87	1951
(b) (6)	AC3	VFA-87	1953
(b) (6)	AM3	VFA-87	1954
(b) (6)	CTN3	NB9	2001
(b) (6)	AM1	HSC-8	2017
(b) (6)	AO2	VFA-154	0150
(b) (6)	AC2	OPS/OC	0830
(b) (6)			6841



N 28 JAN 2020

NAME

RATE/RANK

DEPT

TIME

AM2

HSM-75/120

1930

AME2

VFA-31/135

1932

AM3

HSM75/120

1830

AO1

VFA-31/230

1935

CS1

SUP/S-2

1937

AO3

WERS/G-3

1938

AD2

VFA-146

1945

AM1

RX

1947

AMC

CSS-23

1947

CS4

CS2

2005

AO2

AIMD

2014

ADMAN

AIR/V-5

2005

CS3

SUP-30

2010

CS3

WERS/G-3

2021

N 2020

EOD1

EOD

0830

AT3

AVARM

0833

AT2

AIMD/IM-1

0835

AM3

VFA-146

0938

LS2

S6/SUP

0842

AE1

VFA-142/220

0844

MMON

ENL/A-DIV

0855

AN

VFA-142

0900

AME3

VFA-87

1932

IT3

CSD/CS3

1932

LT

VFA-154

1933

AT2

VFA154

1933

ASAN

AIMD/IM4

1942

ADAN

WERS/G3

1945

ITSN

CSD/CS1

1940

AD2

VFA-87

1941

AM3

VFA 97

1951

NAME

RATE/RANK

DEPT

TIME

(b) (6)

MMN3

RX/RM

2004

CS2

SUP/S-2

2415

AN 20

Subj

Port/AV

Time in

AE3

VFA146

0830

CS1

CS23

0831

MA3

SEC

0831

ADAA

VFA146

0837

AA

AIMD/IM2

0839

AT3

VFA1/MAINT

0840

AD2

HSM75/MAINT

0845

AO2

WERS/G-3

0847

IT3

VFA-142

0851

ADAA

AIMD/IM3

0856

IT2

CSD/CS2

0956

AMEC

AN/VB

0902

AZ1

VFA-146

0918

AC1

OPS/OC

0920

FE 210

ATAA

HSM-75

0830

EMN3

RX/RT

0830

MMN3

RX/RP

0930

CSSN

SUP/S-2

0830

AT3

AIMD/IM3

0834

CS2

HSC-6

0835

CS2

SUP-S2

0835

AN

HSC-8

0840

CSSN

SUP-S-2

0840

CSSN

SUP-S-2

0840

EMN

KX/LC

0847



NAME

RANK/RATE

DEPT/DIV

TIME

RSSN

S-5/supply

0913

ABEZ

AIR/V-2

0915

DL2

ENG/DL

0920

PR2

AIMD-1M-2

0920

AN

VFA-87/S-11

0933

PR2

AIMD/1M2

0939

AZAN

VFA-87

1930

NL1

VFA-87

1934

ICSN

CSD/CS8

1934

AM2

VFA-31

1935

VN1

VFA-87

1940

AMEZ

VFA 87

1943

LTJG

VAW-115

1944

CTT3

INTEL/QW

1946

AT2

AIMD/1M3

1949

PS3

ADMIN/X2

1955

AZ2

MAINT/VFA-31

1955

AMEZ

AIRCRAFT/VFA46

1956

AME1

CVW-11

1957

ABH3

AIR, V-1

2000

ABP2

AIR, V-4

2000

CS2

SUP/S2

2001

AO2

MAINT/AVAN

2005

ABHAN

AIR/V-1

0830

AN

AIR V-2

0830

LCDR

CSG-9

0830

AZ3

VAQ-142

0830

AN

VAW-115

0830

CS3

VFA-87

0830

CTT3

INTEL/QW

0840

CS2

SUP/S-2

0840

NAME

RANK/RATE

DEPT/DIV

TIME

S3

S-2/supp

0901

T3

CSD/CS3

0902

2

VFA 140/ADMIN

0903

ME2

VFA 87/133

0904

AOAR

VFA-140/AD SHOP

0905

YN2

CVW-11/ADMIN

0905

AS3

AIMD/1M4

611

IT2

CAG-ADP

0912

RSSN

VFA-87

0913

LCDR

RX/RT

0915

AE1

HSM-75

0916

EMN3

RX/RE

0920

AD2

VFA-87

0924

AD3

AIMD 1M-2

0928

PS3

ADMIN/X4

0930

TN3

ENG/EX

0931

ADAN

VFA-154

1930

AT2

HSC 8

1931

AD2

VFA-146

1932

AF2

VFA-87

1933

AME2

VFA-31

1934

FC3

CSD/CS7

1942

AM3

MWR/S7

1945

AN

AIR/V-2

1948

ABHAN

AIR/V-3

1949

AD3

VFA-87

1950

ETNCS

RX/RT

2015

PR3

VFA-154

2015

AO3

HSC-8

2024

ADAN

HSC-8

2024

ADAN

HSC-8

2024

ADAN

HSC-8

2030

NS FEB 2016



NAME

(b)(6)

RANK/RATE	DEPT/DIV	TIME
RSSN	SUP/S-5	
IT3	CSD/CS3	0849
IT3	CS/CS	0850
IS2	INTEL	0850
AA	AIR/V-2	0851
BSN	JUP/S-5	0857
DCFN	ENG/DC	0857
AA	VAW/IS	0858
ITC	CS/CS3	0900
SN	DECK 2nd	0900
ET3	CS/CS-5	0900
EMFA	ENG/E	0900
ABE2	AIR/V2	0909
MMW3	RK/RM	0911
EN3	ENG/E	0919
RS3	SUP/S-10	1930
AD2	VFA-87/LINE	1930
ITC	CS/CI	1930
BSN	SUP/SS	1932
ADAN	WEPS/G3	1935
AJAN	MAINT/LINE	1940
AD1/EG	MAINT/AC	1945
MMN3	RK/RP	1950
ABAN	AIR-V-9	1950
MM3	RK-RP	1951
AM2	VAW/IS	1953
A22	MAINT	2000
E-4/MM3	ENG/A	1957
ABHAN	AIR/V-1	2002
IT3	CAG/ADP	2003
ADAN	VAW-112	2004
D.		2004

Name

(b)(6)

Rank Rate	Dept Div	Time
IC1	CSD/CSX	0830
AEC	MAINT AV/ARM VFA-116	0831
EG / PR1	VFA-87/13A	0830
E-LI/OM	NAV/NAV	0830
ITSN	CS/CS-1	0835
ADAN	AIMD/IMZ	0840
AT3	VAW-115/210	0845
OSSR	OPS/OI	0930
MMN3	RX/RT	0950
ET2	AIR/V-3	0930
AD3	110/HSC-8	0930
AT3	210/HSC-8	1950
AT2	HSC 8	1930
SA/E-Z	DECK/1st	1930
AD3	ENG/SMM	1930
AD1	WEPS/G3	1935
AM3	VFA 146/R2	1943
AE2	HSC-8	1943
MMU	N4	1944
AEC	VFA-154	1944
ADCS	AIMD/IMZ	1945
AD3	VFA-87/310	1946
VFA-116 ACAN	VFA-146	1949
AT3	AIMD/IM-3	1950
OS2	OPS/OI	2000
MM3	RK/RP	2000
ADAA	VFA-146	2000
LT	VFA-142	2020
ADAN	VFA-81	2025
LP1	AIMD	1935
Ac2	OPS/OC	1943
AM3	HSM-75	1940



Name

Rate/ Rank

Dep Div Time

NAME

DEP/DIV TIME

RANK RATE

(b) (6)

(b) (6)

<del>RA3</del>	WERS G-4	0836
<del>RM3</del>	GPS/OC	0836
ACAH	VFA-31/LINE	0840
ADAN	VFA-154	0845
AE2	RX	0845
LCOR		
ADAN	WERS	0849
ET3	CS CS9	0849
LS3	115	0850
ADAR	154	0851
IT2	VFA-154	0900
MM3	RX/RP	0900
PR2	VFA-31	0900
LS2	NSC/ENG	0900
MM2	RX/RP	0900
MMN2	RX/RP	0946
AN	ALMD/1M-2	0940
AN	VFA-146	0840
AN	VFA-87	0841
AN	AIR V-1	0850
AD3	VFA-146	0853
ATAN	VFA-146	0856
ABH3	AIR/V-1	0858
CSSN	SUP/S-2	0859
ABAN	VAV-115	0859
LS3	Supply/S-6	0900
LS3	ALMB/1M1	0900
ABEAN	AIR/V-5	0900
AMIN	ALMD-1M2	0901
MC3	MEDIA	0903
ADMIN X2	ADMIN-X-2	0903
AT2	S2M	0903
IT3	CR	0903

(b) (6)

(b) (6)

ABH2	AIR V-3	0911
AA	AIR/V-2	0911
EMB	ENG/E	0911
EMB	ENG/E	0912
AT3	VFA-146	0912
ETN2	RX/RC	0914
EM3	ENG/E	0914
MMN2	RX/RC	0917
ETN2	RX/RC	0917
ADAN	VFA-31	0918
AM1	HSM-75	0918
ABH3	AIR/V-3	0918
RS3	SUP/S-3	0919
ADAN	WERS/G4	0926
IT2	CS/CS3	0921
PS2	XX/X-4	0922
ATAN	HSM-75	0923
AE2	VAV-115	0924
ABHAN	AIR/V-3	0924
MA1	SEL	0925
ADAR	SUP HSM-75	0926
ET3	CS/CS-9	0927
ABE1	AIR-V-2	0927
ALAN	DPS-OC	0928
STG3	OPS/OM	0928
FSSN	SUP-S-3	0929
RSSN	SUP-S3	0930
BMSN	DECK/1st	0931
YN3	CHEM/EX	0932
CSSR	Supply/S-2	0933
MMN2	RX/RC	0933
ABHAN	AIR/V-1	0934
IS2	ALMD/S-2	0934

(b) (6)

(b) (6)



10 FEB 2020 NIGHTS

NAME (Last, First)

	RATE/RANK	DEPT/DIV	TIME
(9)	AMEAR	VAW 115/13B	2015
	LT	VFA-154	2015
	QM3	WPS/NAU	2017
	ADAN	WERS/6-3	2022
	AN	VFA-31	2030
	ADAN	AIMD/1M-2	2032
	ET <sup>3</sup>	CSD/CS-9	2035
	AD <sup>3</sup>	AIMD/1M-2	2036
	LAAR	VAD-142	2034
	AEAN	VFA-146	2035
	AOAN	VFA-146	2037
	MM2	RX/RP	2030
	AD1	CW11/115	2042
	AD2	AIMD/1M-2	2042
	CTR <sup>3</sup>	INTEL/QC	2043
	AM <sup>3</sup>	HSC-8	2048
	OSSA	OES/01	2049
	SSN	SUP/S-2	2053
	ADAN	VAW 115	2100
	ADAN	WERS/6-3	2105
	AES	VFA-31	2107
	LS3	AIMD/1M-1	2157
	ADAN	WERS/6-1	2100
	FEB 2020		
	IC3	CSD/CS8	0830
	ADAN	110	0830
	AMAA	S2M	0830
	LS3	SC	0830
	HT3	R-DIV	0832
	LSC	1M1	0833
	AM1	HSM75	0837
	AM1	HSM75	0838
	-3	...	0911

Name

NAME	RATE/RANK	DEPT/DIV	TIME
CS <sup>3</sup>		S-2/VFA-31	0848
EM <sup>3</sup>		ENG/E	0849
AZAN		VFA-87IS-2	0850
MMN <sup>3</sup>		RX/RP	0850
ABHAN		NR/V-1	0952
ABHAN		AIR/V-1	0953
FC <sup>3</sup>		CSD/CS-5	0853
ITSN		CS69/N-6	0855
LS <sup>3</sup>		050/supply	0856
ABE <sup>3</sup>		AIR/V2	0857
ABE <sup>3</sup>		AIR/V4	0903
CSA		S-2/supply	0906
CSSR		VFA87	0907
AD <sup>3</sup>		HSC-8 SIG MAINTENANCE	0920
CK			
FCSN		CSD/CS-5	1931
HSC-8		ADMIN	1931
LT/O-3		AIR OPS	1933
AEAN		VFA87	1935
ADAN		WEPs/G-3	1940
AD <sup>3</sup>		Weps/G-3	1947
AN		HSC-8	1947
BA <sup>3</sup> SN		DECK/20D	1950
MA <sup>1</sup>		SEC	1950
MMN2		RX/RM	1959
AEZ		VAW-115	2000
AIRN <sup>3</sup>		AIR-VS	2000
MMN2		RX/RP	2006
GM <sup>2</sup>		WEPs/G-2	2006
T <sup>3</sup>		CS/CS-1	2014
ABE1		AIR/V2	2015
CW02		VFA-154 MAINT	2015
V...		VAW 115	2021



Name

Rate/Phase

Dept/Div

Time

ABH3	AR/V-1	0835
ADAN	WPS/G-1	0837
EM3	AIMD/1M2	0845
AE3	HSC-8	0846
AN	S-21	0846
OS	01	0849
ADAR	VFA-154	0852
CSSN	VFA-31	0852
ADAN	AR/V-1	0856
ENI	WPS/G-2	0857
EM2	ENG/E	SS90
PC2	SAF/AS40	9954
CS3	VFA-31	0902
YN3	VFA-31	0904
XD	HSC-8	0904
AMS2	HSC-8	0904
AD3	VFA-154	0907
AVS1	HSC-8	0908
YNSa	CCSG-9	0910
ABHAN	AR/V-4	0915
AQ2	VFA/54	0915
OS2	OPS/01	0916
AS2	AIMD/1M-24	0921
PX MIN2	RX/PP	0921
LTSU	VFA-154	0922
ET2	CSO/CS-9	0922
ABAN	AR/V-4	0927
NCC	VFA-31	0925
ABFAA	AR/V-4	0927
ABE3	AR/V-2	0930
IS3	INTEL/02	0930
AMS1	AIRCROW HSC8	0932
101		0932

(b) (6)

(b) (6)

1939

1945

1957

2000

2000

2004

2009

2021

2023

2023

2023



Name

Rate/Rank

Dep/Div

Time

NAME

Rate/Rank

Dep/Div

Time

MMWC

Rx/RM

0833

AT3

AN

0833

AN

AIR V-3

0834

ACZ

OPS/OC

0836

DC

ENG/DC

0836

AT3

AIMD/IM-3

0837

CSSN

SUP/S-2

0838

AN

AIR/V-5

0841

MMFA

Rx/RP

0843

MMFN

Rx/RP

0845

ABFAN

AIR/V-4

0848

~~VFA-31~~ VFA-31

VFA-31

0850

OSSN

OIC/OI

0852

AB3M

AN3

0853

AC/E3

OPS/OC

0857

ETL/E-5

CS/CS-5

0858

CTT/E-6

INTEL/QW01

0859

IT3-E4

CS/CS-2

0900

AM1

VFA-87/LINE

0901

SN E3

DECK 2nd

0903

MMN2

Rx/RP

0906

AD<sup>2</sup> HUXAH/E-5

WEPS/G-1

0908

~~ATISSR~~ E-1

CSD/CS-1

0913

ATAN

VFA-154

0915

CTT3/EU

NA/CCSG9

0916

YNSA

NI/CCSG-9

0918

R3/E5

CS/CS-3

0920

AMAF

VFA-87

0924

AN/E3

Supply/S-2

0924

EMFA

ENG/E

0924

LS3

SUP S-8

0926

LIGHT CHECK

11:50 AM

0930

(b)(6)

PR3

VFA-154

1951

AM3

VFA-142

1953

AD3

VFA-142

1953

EMFN

ENG/E-DIV

2000

~~AIR/V-1~~ AN

AIR/V-1

2005

LT

VFA-87

2010

MM3

Rx/RP

2011

ASAN

AIMD/IM4

2015

EMN3

Rx/RE

2017

MM2

SAFETY

2020

LSSN

VFA 154

2025

CS2

SUP/S-2

2045

LT

AIR OPS

2100

AT2

WSM-75

~~OS1~~~~OPS/OL~~

0217

CSA

SUP/S2

0830

CS2

SUP/S2

0832

MMFA

Rx/RP

5352

ACZ

OPS/OC

0837

MM3

Rx/RP

0838

MM2

Rx/RP

0840

ETL

CS/CS9

0845

SN

INTEL/Q2

0845

AA

VFA-87

0845

IT3

CSD/CS-3

0850

DC3

ENG/DC

0850

LT

VFA 154

0851

CS3

SUP/S-2

0858

CS3

SUP/S-2

6610

LDR

VFA-115

0901

AD3

WEPS/G-4

0904

LT

RX/RT

0904

AT3

VFA-154

0907







NAME	RATE/RANK	DEPT/DIV	TIME/DATE	NAME	RATE/RANK	DEPT/DIV	TIME/DATE
ABHAR	ABHAR	AIR/V-3	1935 / 20 FEB 20	PR3	MAINT HSC-8		0840
ABHAR	ABHAR	AIR/V-1	1945 / FEB 20	IT1	CS/CS3		0841
CSSE	CSSE	VFA 87	1950 / FEB 20	AD2	HSM-75		0843
SN 123	SN 123	DECK/1ST	2000 / FEB 20	FL2	CS/CS7		0845
21 FEB 2020				AZAN	HSC-8		0850
OS3	OS3	OPS/O1	0830	AE2	HSC-8		0852
AD2	AD2	WERS/G-5	0838	ENEN	EN6/E		0855
Am2	Am2	HSM 75	0830	PR1	VAQ-142		1939
ADC	ADC	VAW-115	0830	AN	VAW-115		1930
CTR3	CTR3	INTEL/QC	0845	AmE1	VFA-154		1934
AmPAN	AmPAN	AAMD/1M2	0845	AmE1	AIR V-1		1934
AN	AN	AIR/V-3	0848	PS3	ADMIN X-2		1939
PS3/E-4	PS3/E-4	ADMIN/X-2	0849 / 21 FEB 20	QAN	VAW-115 / WLCV20		1940
AN	AN	AIR/V-3	0849 / 21 FEB 20	ICSN	CSO / CSB		1947
LS2	LS2	AAMD/1M-3	0901 / 21 FEB 20	ADAN	310 VFA-87		1952
PS1	PS1	OPS/O1	0911 / 21 FEB 20	ABE3	AIR/VZ		1959
LT	LT	AAMD/1M4	0920 / 21 FEB 20	VNC	SUP/S2M		2009
NIGHT CHECK				MINN	EX/RP		0830 24 FEB 20
ABHAR	ABHAR	AAMD/1M-3	1930 / 21 FEB 20	AN	VFA-87		0830 24 FEB 20
AmE/01	AmE/01	VAW-115	1930 / 21 FEB 20	CSN	HSM-75		0831
LT	LT	VFA-146	1930 / 21 FEB 20	AD2	VFA-154		0835 24 FEB
LT	LT	CVN 72	1930	AEC	VFA-154		0838 24 FEB 20
PR1	PR1	VAQ-142	1930	ADAN	VAW-115		0840 24 FEB 20
LS3	LS3	SUP/S-6	1930	SN	DECK/1ST		0841 24 FEB 20
AG3	AG3	INTEL/QO	1939	CSN	SUP/S-2		0847 24 FEB 20
ADAN	ADAN	WERS/64	1940	ABF3	AIR/V-4		0847 24 FEB 20
LTJG	LTJG	VAW-115	1946	QAN	NM		0847 24 FEB 20
IC3	IC3	AIR/V2	1947	AM3	VFA-154		0850 24 FEB 20
BM2	BM2	DECK/1ST	1952 21 FEB 20	ABE2	AIR/V-2		0853 24 FEB
ABE3	ABE3	AIR/V-2	1959 21 FEB 20	ABHAR	AIR/V-1		0853 24 FEB
22 FEB 2020				AN	EN6/A		0904 24 FEB
AN	AN			MINN	EX/30		0908 24 FEB
				AT1	1461 AN		1931 24 FEB 20



NAME	RATE/RANK	DEPT/DIV	TIME/DATE	NAME	RATE/RANK	DEPT/DIV	TIME/DATE
LCJR	LCJR	VAN-115	24 FEB / 2000	ABHAN	ABHAN	AIR / V-1	0800 21 FEB
ABHAA	ABHAA	AIR / V-1	24 FEB / 2016	ADAN	ADAN	AIR / V-1	0800 21 FEB
CSN	CSN	SUP / S-2	24 FEB / 2017	ENB	ENB	ENB / E	0813 26 FEB
AN	AN	VFA-148	25 FEB 20 0831	AEAN	AEAN	MAINT / 310 HSC-B	0920 26 FEB
ETNZ	ETNZ	RX / RC	25 FEB 20 / 0831				
EM3	EM3	ENG / E	25 FEB 20 / 0836				
PS2	PS2	ADMIN X2	25 FEB 20 0830	NIGHT	NIGHT		
VFA A13	VFA A13	VFA-31	25 FEB 20 0837	ABHAA	ABHAA	AIR, V-1	1935 26 FEB
CS	CS	SUPPLY / S-2	25 FEB 20 0839	MMNZ	MMNZ	24 / 2M	1935 26 FEB
ADAN	ADAN	VFA 87	25 FEB 20 0845	PSN	PSN	Supply / S-3	1940 26 FEB 20
CS	CS	SUP / S-8	25 FEB 20 0846	AN	AN	VAN-115 / MAINT	1941 26 FEB 20
LCR	LCR	HSC-8	25 FEB 20 0845	LS2	LS2	VFA-148	1945 26 FEB 20
ATO	ATO	VFA-31	25 FEB 20 0846	AI	AI	HSC-B	1946 26 FEB 20
YN2	YN2	CFA-87	25 FEB 20 0855	AN	AN	VFA - 148 / 12C	1948 26 FEB 20
ABE3	ABE3	AIR / V-2	25 FEB 20 0857	CSN	CSN	CSD / CS-2	1955 26 FEB 20
AD3	AD3	AIR / V-2	25 FEB 20 0857	CSN	CSN	3-2 / FOOD SERVICE	26 FEB 20 0857
CS3	CS3	SUP / S-2	25 FEB 20 0857	CSN	CSN	3-2 / FOOD SERVICE	26 FEB 20 0857
ABE3	ABE3	CHGARS	25 FEB 20 0857	CSN	CSN	3-2 / FOOD SERVICE	26 FEB 20 0857
LT	LT	MEDIA	25 FEB 20 0857	CSN	CSN	3-2 / FOOD SERVICE	26 FEB 20 0857
ANR	ANR	VFA-31 / AN-AN	25 FEB 20 1931	CSN	CSN	3-2 / FOOD SERVICE	26 FEB 20 0857
IT3	IT3	SUPPLY / S-2	25 FEB 20 1937	CSN	CSN	3-2 / FOOD SERVICE	26 FEB 20 0857
ABHAA	ABHAA	AIR / V-1	25 FEB 20 1938	CSN	CSN	3-2 / FOOD SERVICE	26 FEB 20 0857
ADAN	ADAN	HSC-8	25 FEB 20 1939	CSN	CSN	3-2 / FOOD SERVICE	26 FEB 20 0857
ABHAN	ABHAN	AIR / V-1	25 FEB 20 1941	CSN	CSN	3-2 / FOOD SERVICE	26 FEB 20 0857
A13	A13	HSC-8	25 FEB 20 1941	CSN	CSN	3-2 / FOOD SERVICE	26 FEB 20 0857
ABHAN	ABHAN	AIR / V-1	25 FEB 20 1947	CSN	CSN	3-2 / FOOD SERVICE	26 FEB 20 0857
ADAN	ADAN	VFA-31	25 FEB 20 0834	CSN	CSN	3-2 / FOOD SERVICE	26 FEB 20 0857
PS3	PS3	ADMIN / XX-40	26 FEB 20 0840	CSN	CSN	3-2 / FOOD SERVICE	26 FEB 20 0857
CTR3	CTR3	INTEL / QC	26 FEB 20 0840	CSN	CSN	3-2 / FOOD SERVICE	26 FEB 20 0857
YNC5	YNC5	W1 / CCSSG	26 FEB 20 0840	CSN	CSN	3-2 / FOOD SERVICE	26 FEB 20 0857
AN	AN	AIR / V-2	26 FEB 20 0840	CSN	CSN	3-2 / FOOD SERVICE	26 FEB 20 0857
ABHAN	ABHAN	AIR / V-1	26 FEB 20 0840	CSN	CSN	3-2 / FOOD SERVICE	26 FEB 20 0857
DR2	DR2	ADMIN / INAN	26 FEB 20 0840	CSN	CSN	3-2 / FOOD SERVICE	26 FEB 20 0857



NAME

RATE/RANK

DEPT/DIV

TIME/DOV

(b)(6) ARFS	AID/V-21	0835
LN1	LEGAL	0840
LS2	HSC8 - Supply	0840
E-3	CSD/CS6	0842
Ame1	VAW-115	0843
LSSN	VFA-31	0845
Ae1	HSM-75	0850
LS3	HSM-75	0850
mm2	RX/RP	0853
21	VAQ-142	0855
LS3	SUP/S-8	0900
mm1	ENG/A	0905
CS3	S-2/VFA-31	0907
ADC	HSC8/MAINT	0910
LT	INTEL	0913
ABH	MAINT	0922
AO2	WCP5/G-3	0928
AR1	VFA-146/LINK	1931
AE2	VFA-81 / <del>AV-ARM</del>	1935
ABFAN	AIR/V-4	1936
LS3	SUPPLY/S-6	1939
AO1	VFA-31/QA	1940
CTTC	CSG-8/N9	1945
mm3	RX/RPOS	1945
AS3	AIMD/IM-1	1955
LTJG	CSD/CS3	1959
ANNA	CS2M	2000
<hr/> 29 FEB 2020 <hr/>		
CSN	HSM-75	0830
MCC	IMEDIA	0830
OSAN	OPS/OI	0830
AE3	HSM-75/220	0839
DR3		0839

NAME

RATE/RANK

DEPT/DIV

TIME

(b)(6) BMSN	DECK/2ND	0910
AM3	VAW-115/120	1930
SSN	SUP/S-2	1930
ABE3	AIR/V-2	1937
AD3	IM2/AMD	1940
LS3	SL/SUPPLY	1941
LSSN	S-6/SUPPLY	1940
ABFC	AIR/V-4	1954
AZ1	HSC8/MAINT	1957
AN	AIR/V-3	2020
<hr/>		
2 MAR 2020		
AT2	VFA-31	0830
BMSN	DECK/1ST	0833
PSL	ADMIN/X4	0835
AO3	HSM-75	0837
AO1	VAQ-142	0838
AN	VAQ-142	0843
AN	S-5	0844
LS2	S-6	0844
AD1	VAW-115	0848
AN	V-2/AIR	0849
LSSN	VFA-31	0851
AS2	AIMD/IM4	0853
AM3	HSC8/AVCMF1	0856
AN	V-2/AIR	0900
ITI	CCSG-9/N6	0859
ABHAN	AIR/V-1	0900
AE2	VAQ-142	0906
ABE3	AIR/V-2	0909
LTJG	HSC-8	0912
MMFN	RX/RP	0928
MMFN	RX/RP	1020



Dept/Div	Time
VFA-31 QA	1945
RX/AM	1945
VFA-87 / AVARM	1945
ARE/V-5	1947
AIR/V-2	1955
VFA-146	2000
AIMD/IN3	2026
Dept/Div	Time
ENG A-10W	0910
VFA 146 110	0910
LEG	0935
Runway nose/Control	0920
WEPs/G-2	0922
VAD-142/310	0923
VFA-87	0924
HSC-8	0930
Amo/11-3	0927
HSM-75	0935

Name	Plate Rank	Dept/Div	Time
	ADH/E-4 MC/E-4	A 5-7 / SUPP. MEDA	0845 0846
	AME/G-5	VFA-731	0850
	AM <sup>2</sup> /E-5	VFA-146	0848
	ABFAN	AIR/V-4	0853
	R EMN2 IE-5	R-4 / RE	0855
	ADAN CS2	WEPs/G-3 SUP/S2	0858 0859
	CSSN	VAW/115	0902
	A-PACT Aft	PER/V-4	0903
	APL	VI	0905
	LT	RX / R-4	0928
	MM <sup>1</sup>	RX / RT	0928
	ABEAN	AIR/V2	1936
	AN <sup>2</sup>	HSC-8	1937
	MM <sup>2</sup>	LX/2P	1936
	ABHAR	V3/AIR	1940
	CSSR	S2-SUPP	1943
	AM <sup>3</sup>	HSC-8	1945
	ATZ	VFA-440	2001
	CTT2	HSM-75	2003
	A0AN	VFA-146	1933
	Am <sup>2</sup>	Hsm 75	1937
	LTS C	VFA-154	1940
	AD3	VFA-87	1943
	ATEA	S2-A	1947
	ADHAN	AIR/V-1	1950
	AM <sup>2</sup>	VAD-142/120	1955
	AD <sup>2</sup>	HSM-75	2000
	AZ2	HSM-75	2001
	AD <sup>3</sup>	VFA-154	2002
	AK3		



NAME

RATE/RANK

DEPT/DIV

TIME

(9) (9)

PR 1

AIMD/IM2

1300

EMN2

RX/LRE

1300

ITSR

CAGADP/VAQ-142

1303

IT3

CAGADP/HSM-75

1305

AM3

AIMD/IM2

1306

MA 7

SEC

1310

ET3

CSS/SZ

1310

ADC

AIMD/IM2

1315

AME3

VFA 31

1315

CS3

S-2/VAQ-142

1317

YNZ

ENG/EX

1331

AWS2

HSC-8

1334

10 MAR 20

ABEAN

AIR/V-4

0830

LSSN

RECWIST

0830

BNC

CDS23

0840

ETN2

RX/RC

0850

MMFA

RX/RP

0907

CW03

VAQ-142

0905

Pg2

ADMIN/X4

0935

LT

CSG 9 IN9

1932

IT2

CVW-11 ADP

1934

AM1

HSM-75/MAINT

1938

AE2

HSC-8/MAINT

1940

AT2

AIMD/IM-3

1943

Lt

AIR/V2

1944

Aol

VFA-87/AV-ARM

1948

ADAN

VFA-87/AV-ARM

1950

LS13

SUP/S-8

1950

AN2

VFA 31/12C

1952

AT2

CS/CS3

1958

PC CA

NADAN / TIME 1950

7 PM 04

11 MAR 20

NAME

RATE/RANK

DEPT/DIV

TIME

(9) (9)

MM3

RX/RP

0834

MA2

SEC 10F

0834

AMAN

AIMD/IM2

0835

ALPO ITLM

CSD/CS2

0836

AO2

AIMD/IM2

0834

AZ3

VFA 87/020

0835

AEAN

S-2/310

0839

YN3

ADMIN/S-5

0839

AO3

AVARM/ARM

0837

Qm2

NAV

0840

BMSN

DECK

0851

QMSA

NAV

0853

AN

VFA-140

0854

LT

RX/RP

0902

ET2

CS/CS9

0900

YN3

DECK/2ND

0908

AA

VAW 115/310

0920

AM2

HSM-75/120

1932

AO2

HSM-75/110

1932

Am2

VAQ-142/12C

1935

OS3

NAV

1936

AN

VFA-87

1938

AO3

VFA-87

1942

AN

V-2/AIR

1944

AMEAR

VAW 115

1945

ASAN

AIMD/IM4

2016



Name

Rate Rank	Dep Div	Time
(a)(6) SN/E-3	DECK/7ST	0830
FN/	ENG/A DIV	0837
AMC	HSC-75	0838
AAI <del>V-4</del>	AIR V-4	0845
ETN ES	RX/RC	0847
OS ES	OPS OM	0850
MMN3	RX/RM	0849
RSSN	Sup/8-3	0850
AS3	AIMD/IM4	0850
LSSN	SUP/S-3	0853
EMN3	RX/RE	0857
AJ2	AIMD/IM4	0900
ABH3	AIR/V-1	0900
CSSN	SUP/S-2	0900
CSSN	SUP/S-2	0900
EMN2	RX/RE	2014
SN	DECK/1ST	2024
BMSN	DECK/2ND	2027
AN	VFA-87	2029
AOAN	HSC-8	2030
RSSN	SUP/S-3	2030
RS3	SUP/S-5	2030
AM2	A/C/IM6	2030
LT	VAQ-142	2037
IC3	CSD/CSB	2050
AN	V-1 HR	0834
IT1	CSG9	0834
OTT	INTEL/QO	0835
AMC	HSC-75	0826
AOAN	VAQ-142	0836
EC	CSG9	0837
LSSN	CSG9	0837

NAME

Rate Rank	Dep Div	Time
(a)(6) IS/E-4	INTEL/QO	0830
AZ/E-5	AIMD/IM1	0837
MMN3/E-4	RX/RM	0848
E-4/AG3	INTEL/QO	0900
RS3	SUP S-5	0916
NIGHTS		
O-2	VAW-115	1930
MAZ	SEC	1932
AT3	VFA-87 <sup>W/C</sup> 320	1932
YN3	VFA-81	1934
AN	WEP3/G-3	1935
AO1	WEP3/G-3	1936
AOAV	WEP3 G3	1936
AM2	VAW-115	1948
MMN2	RX/RL	1950
REL	VFA-87	1952
MASN	SEC	2000
CSN	VFA 146	2008
14 MAR		
IS/E-5	INTEL/QO	0832
BMI	DECK/2ND	0834
AOAN	VAW-11	0834
AT/E-5	AIMD/IM3	0835
MR3/E-3	ENG/K	0836
Gms/E-4	SZM/1	0836
CS3	SUP/S-2	0836
MM3	RX/RL	0840
AMOS	VAQ-142	0910
AN	SUP/S-5	1930
AE2	VAW-115	1930
PR3	146	1930
AOAN	HSC-8/2300	1942



Name

Rate/Rank

Dep/Div

Time

NAME

RATE/RANK

DEPT/DIV

TIME

AZC

VFA-87

832

YNZ

UFA-87

0833

FN

ENG/A

0834

ADAN

VAQ-142

0836

CS3

Sup-S-2

0838

MMN3

RM/R

0847

AA ETW3

Rx/RC

0847

ETW2

Rx/RC

0847

A/MA

AIMD/IM2

0848

ABE3

AIR/V2

0849

Am3

UFA-146

0850

16 MAR

PRO

CSSR

SZ-SUPPLY

1931

PS3

Admin X-2

5432

AN

SUP/S-5

1930

IT<sup>2</sup>

CS/CS3

1935

LSSN

SUP/S2

1938

CS1

BSD/HSM75

1940

A/AA

VFA-87

1943

A<sup>3</sup>

VFA-87

1944

SUP RSSN

SUP ISS

1945

ABHAA

AIR/V-3

1953

AMIAN

HSM-75

2000

QM1

NAV

2007

17 MAR 20

MAR

SEC/OF

0911

AS<sup>2</sup>

AIMD/IM4

0835

FN

ENG/A

0836

ATAA

AIMD/IM3

0910

IT<sup>2</sup>

CS/CS1

0922

AT<sup>3</sup>

AVARM/AIR/VAQ-142

1930

LS<sup>2</sup>

INTEL/AZ

1930

YNC

DESRON 23

1938

18 MAR 20

AT2

VAWHS-115/S-2

0834

AM3

VFA 146/12C

0833

AR

AIR/V3

0834

A<sup>3</sup>

G4/WEP5

0835

YNSD

CCSG-9

930

HT<sup>3</sup>  
ENG 1P

ENG 1R

0842

AS2

AIMD/IM4

0840

LS<sup>2</sup>

SUP S6

0842

MMN3

Rx/RP

0841

ABE3

AIR/V4

0856

YN3

NAV

0917

18 MAR 2020

LSSN

VAW-115

1935

ABE3

AIR/V-2

1930

ABE<sup>3</sup>

AIR/V-2

1946

ABHAA

AIR/V4

1948

A<sup>3</sup>

WEP5/6-3

2006

LTJG

VAW-115

2003

101

CVN-77

2012

19 MAR 2020

RSSN

SUP/S5

0834

ADAA

WEP5/6-3

0835

AWCZ

HSC-8

0836

AM<sup>3</sup>

HSC-8

0837

AMAN

AIMD/IM2

0839

1/112

CS/CSX

0840

1/112

...

1/112



NAME

RATE/RANK

DEP/DIV

TIME

(b)(6)

ADAN

WEPS/G3

08:50

CSSA

Supply/S-2

08:50

FC3

CSD/CS7

09:00

ADMINCS

R2/R2

09:13

ABE<sup>3</sup>

AIR/V-2

09:10

LS3

Sup/S8

09:27

AZ3

~~WEPS~~ VAD-142/  
CRD

19:37

ASAN

AIMD/11M-4

19:37

IT3

SUP/SS

19:40

RSSN

SUP/S-5

19:40

ABHAR

AIR/V-1

20:13

YN<sup>3</sup>

Admin/V-1

20:13

20 MAR 20

IC2

CS8

08:30

CS<sup>2</sup>

SUP/S-13

08:30

R2

VAD3/12C

08:31

SNE

DECW195

08:32

LS<sup>3</sup>

VRC-30

08:35

AN

85

08:36

E7

CSD/CS6

08:37

E-6

HSM-75/MAINT

08:40

E6

HSM-75/MAINT

08:40

E4

OPS/OC

08:44

E5

HSM-75

08:47

E7/CPD/IS

COSCOM/IN2

08:48

E-5 IT<sup>2</sup>

CSD/CS-2

08:49

IT3

CAG ADD HSM-75

08:50

AZAN

HSC-8

08:56

EM3

AIR/V-2

08:56

MMI

ENG/A

09:01

20 MAR 20

ADAN

VAD-142/11M-4

19:37

NAME

RATE/RANK

DEP/DIV

TIME

(b)(6)

AD<sup>3</sup>

VFA-144

~~08:50~~  
~~08:15~~

RSSN

Sup/S-3

08:51

YNS A

CCSGA

05:53

ACI

OPS/OX

09:00

CSSA

OPS/OI

09:06

AL<sup>1</sup>

INTEL/QO

09:09

AMZ

VFA-51

09:11

ADAN

WEPS/G-3

~~08:56~~ 09:12

CS3

S2/SUP

09:11

SN

DECK/1ST

19:30

AMZ

VFA-154 LINE

19:30

CS3

SUP/S-2

19:35

AMAN

VFA-154

19:38

AMZ

R2/R2

19:39

AT<sup>2</sup>

VFA-154 / LINE

19:55

V-3 AIR

AN

20:00

23 MAR 20

ATAN

S2M

08:33

ABHAN

AIR/V-1

08:36

LCDR

CSG-9 NA

08:39

YNS

VFA-154

08:40

OS2

OPS/OI

08:42

OS2

OPS/OI

08:42

MAZ

SEC

08:43

LS<sup>2</sup>

SAFETY

08:46

CS3

VFA-07 S2/4 1/2

08:47

AN

AIR/V-3

08:50

DC3

ENG/DC

08:51

R2/R2 (MMZ)

R2/R2

~~08:57~~ 08:53

ABHAN

AIR/V-1

08:55

YNS

DesRON-23

08:55

AO<sup>2</sup>

VFA-146

08:58

AT<sup>3</sup>

HSC-8

08:58



# Release

## IMMEDIATE RELEASE

### **First Case of COVID-19 at the Pentagon**

MARCH 25, 2020

---

A U.S. Marine stationed at the Pentagon tested positive for COVID-19 on March 24.

The Marine is in isolation at his home and will undergo further assessment by health professionals. His last day in the Pentagon was March 13.

The Marine followed U.S. Centers for Disease Control guidelines and DoD directives by isolating himself when an immediate family member began to show symptoms. Once he became ill, he contacted his assigned medical facility.

His workspace has been cleaned by a Pentagon response team and a thorough contact investigation is underway to mitigate risk and preserve the health of the workforce at the Pentagon.

---

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-----Original Message-----

From: (b) (6) @fe.navy.mil <(b) (6) @fe.navy.mil>  
Sent: Saturday, May 16, 2020 9:47 AM  
To: Spedero, Paul C Jr RDML USN USFFC (USA) <(b) (6) @navy.mil>  
Cc: (b) (6) CAPT USN NAVY JAG WASH DC (USA)  
<(b) (6) @navy.mil>; (b) (6) CIV USN COMNAVSAFECEN NOR VA  
(USA) <(b) (6) @navy.mil>  
Subject: Fw: [Non-DoD Source] TR CI

RDML Spedero,

My statement is attached. I do not have a printer but can have a copy of this brought to me for signature from the ship. I did edit the document for clarity and completeness. I do not think any of my additions substantively changed my answers from our interview. If there are no major concerns, I will get a signed PDF file sent tomorrow. Answers to follow on questions are below the cut line.

V/R

CAPT (b) (6), USN  
Executive Officer  
USS THEODORE ROOSEVELT  
Email: (b) (6) @cvn71.navy.mil  
Office (Guam): (b) (6)  
Mobile: (b) (6)

---

Do you feel that the THR was in compliance with Navy Tactical Reference Publication (NTRP) 4-02.10? For example, do you feel THR was in compliance with the transmission precautions listed in:

1) Section 2.6, including Section 2.6.1: Contact Precautions, especially Patient Placement; 2.6.3: Droplet Precautions; 2.6.5: Airborne Precautions; and 2.6.7: Empiric use of airborne, droplet or contact precautions

NOTE: We did not focus on 2.6.5 Airborne Precautions. COVID-19 transmission was briefed as via Droplet or Contact. TR focused on 2.6.3 and 2.6.5.

TR was in compliance with the parts of these sections dealing predominately with how Medical dealt with patients that presented ILI at morning sick call. Based on my observations of our medical department, I felt they took all precautions described in these sections within the Medical spaces and during movement of COVID+ Sailors. Once a sick call Sailor presented a fever with associated ILI, they were treated as a PUI and tested. If they

tested positive, they did not leave Medical until it was time for a Medevac to USNH Guam. They appeared to follow all these precautions.

I feel these precautions were also met when we set up Quarantine for the initial group of PUI's that were potentially exposed to the British tourists in Vietnam. The male and female berthing Medical set up on ship for these close contact PUI's were our best effort based on the facilities available. Those Medical personnel that cared for the PUI's over 14 days complied with the NTRP.

I do NOT believe the segregated berthing plan we initiated after multiple positives presented on board met the requirements of the NTRP (or the NAVADMIN 083 guidance). The number of positives overwhelmed the ship's ability to properly quarantine close contacts. There simply was not enough available space to comply. Positive patients were properly isolated but close contacts that required quarantine were not. Specifically, there were not enough private rooms available. Maintaining even 3 feet of separation was difficult in segregated enlisted berthing. The scope of the problem rapidly overwhelmed available compliant options on the ship.

There was also a shortage of PPE (gloves and masks) that made full compliance impossible once it became obvious we had multiple positive cases and hundreds if not thousands of close contacts requiring quarantine. Our limited supply of gloves and masks were initially held for Medical and Food Service workers.

For 2.6.7, TR did have organic testing available. For the first 14 days following our Vietnam port visit, all Sailors that presented to sick call with ILI/Fever were tested for COVID-19. None tested positive. During this time, the ship operated normally with the exception of increased cleaning, disinfection and focus on personal hygiene and respiratory etiquette. No attempts at Social Distancing were made in the general crew. Flight and Ship Ops continued at a normal pace with no restrictions. Following the first positive test, attempts were made to use berthing to quarantine in a group setting. These attempts failed.

2) Section 2.7: Use of afloat social distancing techniques to reduce disease transmission

With over 4800 embarked on a CVN operating normally in the C7F AOR, the social distancing described was not attempted after departing Vietnam until arriving in port Guam when the number of Sailors on the ship were reduced. The design of the ship is incompatible with the idea of social distancing. After the first positive cases were discovered, closing off spaces such as gyms was discussed. We concluded this would only compact the crew further as the crew would congregate in lounges, workspaces or berthing areas instead. We did close off the barber shops and dental as those were clearly no longer necessary. Simply put, life at sea on a fully embarked CVN



conducting flight operations is not compatible with paragraph 2.7. There is not enough space on the ship to draw a 3-6 foot bubble around 4850 Sailors and continue to operate.

After analyzing the problem, we estimated we could attempt Social Distancing successfully with around 3000 on board. Once we offloaded approximately 1500 Sailors in Guam, we were able to implement many of the Social Distancing practices suggested. By Monday or Tuesday in port Guam, we were in compliance with para 2.7. The gyms on board were closed (we opened a gym on the pier with Social Distancing requirements), meetings/gatherings were cancelled, lines were spread out with tape on the deck and berthing was more spread out. Movement of sailors off ship did require mustering large numbers of Sailors in the hangar bay as we offloaded Sailors into quarantine. In order to successfully handle the logistics of moving thousands of Sailors into off ship berthing, I felt this was unavoidable.

Even today, after studying the problem for two months, I do not think a fully loaded CVN operating at sea can successfully execute its mission and fully comply with para 2.7. There are too many people in too small a space. Going forward, we will experiment with a number of social distancing policies during our first CQ period out of Guam with a reduced crew (~3000). Once complete, I will have a better report on how successful many of these ideas are underway.

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**To:** (b) (6) CAPT USN, USS Theodore Roosevelt; Crozier, Brett E CAPT USN, USS Theodore Roosevelt; Keeler, (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, COMDESRON23; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, CVW-11; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) CMDCM USN, CVW-11  
**Subject:** RE: Diamond Princess Article  
**Date:** Saturday, March 28, 2020 6:00:59 AM  
**Attachments:** [Public Health Responses to COVID-19 Outbreaks on Cruise Ships - Worldwide, February-March 2020.pdf](#)

---

Report attached. The graph is useful. Seems like they flattened the curve by debarking the people, IMO. Also notes COVID19 RNA remaining on surfaces in cabins 17 days after they were evacuated - also problem.

VR (b) (6)

-----Original Message-----

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>  
**Sent:** Saturday, March 28, 2020 5:44 PM  
**To:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6) CAPT USN, USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6) CAPT USN, CVW-11 CAG <(b) (6) @cvw11.navy.mil>; (b) (6) CAPT USN, CVW-11 DCAG <(b) (6) @cvw11.navy.mil>; (b) (6) CAPT USN, USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6) CAPT USN, COMDESRON23 <(b) (6) @cvn71.navy.mil>; (b) (6) CDR USN, USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6) CDR USN, CVW-11 <(b) (6) @cvw11.navy.mil>; (b) (6) CMC USN, USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6) CMDCM USN, CVW-11 <(b) (6) @navy.mil>  
**Subject:** FW: Diamond Princess Article

All,

Article briefly mentioned. Apologies if I forgot anyone.

The final sentence of the abstract:

Conclusions: The cruise ship conditions clearly amplified an already highly transmissible disease. The public health measures prevented more than 2000 additional cases compared to no interventions. However, evacuating all passengers and crew early on in the outbreak would have prevented many more passengers and crew from infection.

v/r,

SMO



## Public Health Responses to COVID-19 Outbreaks on Cruise Ships — Worldwide, February–March 2020

Leah E. Moriarty, MPH<sup>1</sup>; Mateusz M. Plucinski, PhD<sup>1</sup>; Barbara J. Marston, MD<sup>1</sup>; Ekaterina V. Kurbatova, MD, PhD<sup>1</sup>; Barbara Knust, DVM<sup>1</sup>; Erin L. Murray, PhD<sup>2</sup>; Nicki Pesik, MD<sup>1</sup>; Dale Rose, PhD<sup>1</sup>; David Fitter, MD<sup>1</sup>; Miwako Kobayashi, MD, PhD<sup>1</sup>; Mitsuru Toda, PhD<sup>1</sup>; Paul T. Canty, MD<sup>1</sup>; Tara Scheuer, MPH<sup>3</sup>; Eric S. Halsey, MD<sup>1</sup>; Nicole J. Cohen, MD<sup>1</sup>; Lauren Stockman, MPH<sup>2</sup>; Debra A. Wadford, PhD<sup>2</sup>; Alexandra M. Medley, DVM<sup>1,4</sup>; Gary Green, MD<sup>5</sup>; Joanna J. Regan, MD<sup>1</sup>; Kara Tardivel, MD<sup>1</sup>; Stefanie White, MPH<sup>1</sup>; Clive Brown, MD<sup>1</sup>; Christina Morales, PhD<sup>2</sup>; Cynthia Yen, MPH<sup>2</sup>; Beth Wittry, MPH<sup>1</sup>; Amy Freeland, PhD<sup>1</sup>; Sara Naramore, MPH<sup>3</sup>; Ryan T. Novak, PhD<sup>1</sup>; David Daigle, MPH<sup>1</sup>; Michelle Weinberg, MD<sup>1</sup>; Anna Acosta, MD<sup>1</sup>; Carolyn Herzig, PhD<sup>1</sup>; Bryan K. Kapella, MD<sup>1</sup>; Kathleen R. Jacobson, MD<sup>2</sup>; Katherine Lamba, MPH<sup>2</sup>; Atsuyoshi Ishizumi, MPH, MSc<sup>1</sup>; John Sarisky, MPH<sup>1</sup>; Erik Svendsen, PhD<sup>1</sup>; Tricia Blocher, MS<sup>2</sup>; Christine Wu, MD<sup>3</sup>; Julia Charles, JD<sup>1</sup>; Riley Wagner, MPH<sup>1</sup>; Andrea Stewart, PhD<sup>1</sup>; Paul S. Mead, MD<sup>1</sup>; Elizabeth Kurlyo, MCM<sup>1</sup>; Stefanie Campbell, DVM<sup>1</sup>; Rachel Murray, MPH<sup>1</sup>; Paul Weidle, PharmD<sup>1</sup>; Martin Cetron, MD<sup>1</sup>; Cindy R. Friedman, MD<sup>1</sup>; CDC Cruise Ship Response Team; California Department of Public Health COVID-19 Team; Solano County COVID-19 Team

*On March 23, 2020, this report was posted as an MMWR Early Release on the MMWR website (<https://www.cdc.gov/mmwr>).*

An estimated 30 million passengers are transported on 272 cruise ships worldwide each year\* (1). Cruise ships bring diverse populations into proximity for many days, facilitating transmission of respiratory illness (2). SARS-CoV-2, the virus that causes coronavirus disease (COVID-19) was first identified in Wuhan, China, in December 2019 and has since spread worldwide to at least 187 countries and territories. Widespread COVID-19 transmission on cruise ships has been reported as well (3). Passengers on certain cruise ship voyages might be aged ≥65 years, which places them at greater risk for severe consequences of SARS-CoV-2 infection (4). During February–March 2020, COVID-19 outbreaks associated with three cruise ship voyages have caused more than 800 laboratory-confirmed cases among passengers and crew, including 10 deaths. Transmission occurred across multiple voyages of several ships. This report describes public health responses to COVID-19 outbreaks on these ships. COVID-19 on cruise ships poses a risk for rapid spread of disease, causing outbreaks in a vulnerable population, and aggressive efforts are required to contain spread. All persons should defer all cruise travel worldwide during the COVID-19 pandemic.

During February 7–23, 2020, the largest cluster of COVID-19 cases outside mainland China occurred on the Diamond Princess cruise ship, which was quarantined in the port of Yokohama, Japan, on February 3 (3). On March 6, cases of COVID-19 were identified in persons on the Grand Princess cruise ship off the coast of California; that ship was subsequently quarantined. By March 17, confirmed cases of COVID-19 had been associated with at least 25 additional cruise ship voyages. On February 21, CDC recommended avoiding travel on cruise ships in Southeast Asia; on March 8, this recommendation was broadened to include deferring all

cruise ship travel worldwide for those with underlying health conditions and for persons aged ≥65 years. On March 13, the Cruise Lines International Association announced a 30-day voluntary suspension of cruise operations in the United States (5). CDC issued a level 3 travel warning on March 17, recommending that all cruise travel be deferred worldwide.†

### Diamond Princess

On January 20, 2020, the Diamond Princess cruise ship departed Yokohama, Japan, carrying approximately 3,700 passengers and crew (Table). On January 25, a symptomatic passenger departed the ship in Hong Kong, where he was evaluated; testing confirmed SARS-CoV-2 infection. On February 3, the ship returned to Japan, after making six stops in three countries. Japanese authorities were notified of the COVID-19 diagnosis in the passenger who disembarked in Hong Kong, and the ship was quarantined. Information about social distancing and monitoring of symptoms was communicated to passengers. On February 5, passengers were quarantined in their cabins; crew continued to work and, therefore, could not be isolated in their cabins (6). Initially, travelers with fever or respiratory symptoms and their close contacts were tested for SARS-CoV-2 by reverse transcription–polymerase chain reaction (RT-PCR). All those with positive test results were disembarked and hospitalized. Testing was later expanded to support a phased disembarkation of passengers, prioritizing testing of older persons, those with underlying medical conditions, and those in internal cabins with no access to the outdoors. During February 16–23, nearly 1,000 persons were repatriated by air to their home countries, including 329 persons who returned to the United States and entered quarantine or isolation.‡,§

† Warning level 3: avoid non-essential travel due to widespread ongoing transmission: <https://wwwnc.cdc.gov/travel/notices/warning/novel-coronavirus-china>.

§ Quarantine was used for persons who were exposed; isolation was used for persons who had positive test results for SARS-CoV-2.

‡ Movement for one person with resolved COVID-19 was not restricted.

\*Not including river cruises.



The remaining passengers who had negative SARS-CoV-2 RT-PCR test results,\*\* no respiratory symptoms, and no close contact with a person with a confirmed case of COVID-19 completed a 14-day ship-based quarantine before disembarkation. Those passengers who had close contact with a person with a confirmed case completed land-based quarantine, with duration determined by date of last contact. After disembarkation of all passengers, crew members either completed a 14-day ship-based quarantine, were repatriated to and managed in their home country, or completed a 14-day land-based quarantine in Japan.

Overall, 111 (25.9%) of 428 U.S. citizens and legal residents did not join repatriation flights either because they had been hospitalized in Japan or for other reasons. To mitigate SARS-CoV-2 importation into the United States, CDC used temporary “Do Not Board” restrictions (7) to prevent commercial airline travel to the United States,†† and the U.S. Departments of State and Homeland Security restricted travel to the United States for non-U.S. travelers.

\*\* Based on Japanese testing procedures, which at the time included taking one oropharyngeal swab.

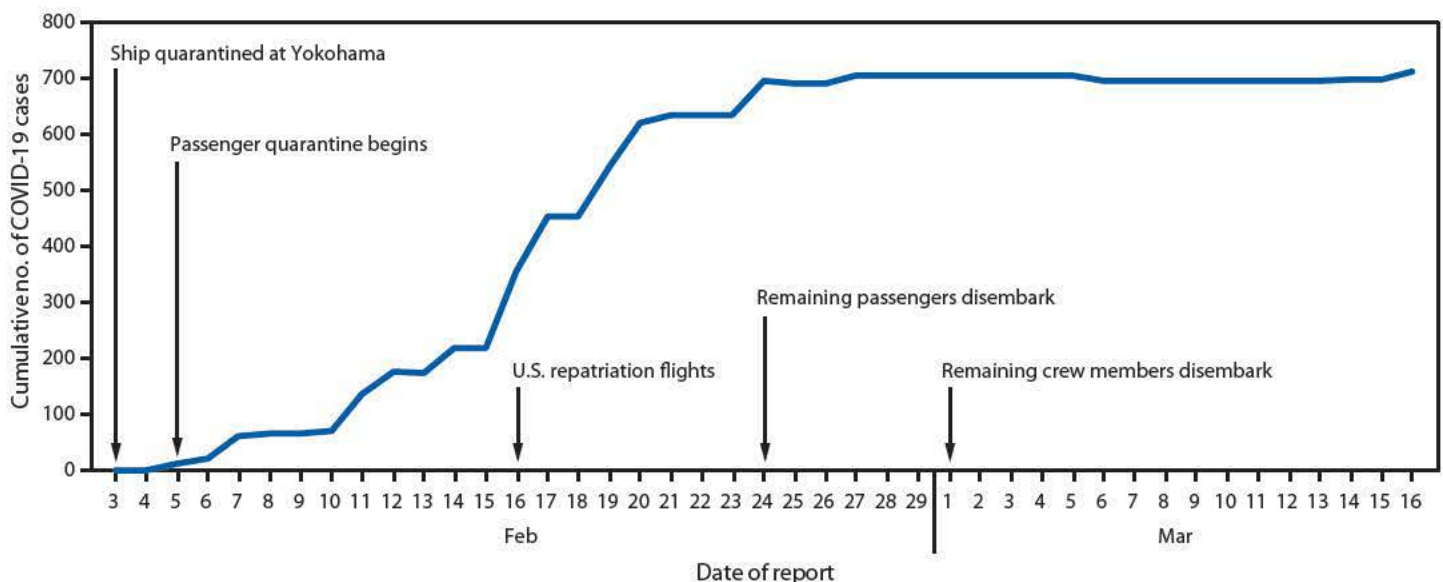
†† Travel restrictions were lifted when persons had either completed a 14-day monitoring period without symptoms or had met clinical criteria for release from isolation. <https://japan2.usembassy.gov/pdfs/alert-20200227-diamond-princess.pdf>.

Among 3,711 Diamond Princess passengers and crew, 712 (19.2%) had positive test results for SARS-CoV-2 (Figure 1). Of these, 331 (46.5%) were asymptomatic at the time of testing. Among 381 symptomatic patients, 37 (9.7%) required intensive care, and nine (1.3%) died (8). Infections also occurred among three Japanese responders, including one nurse, one quarantine officer, and one administrative officer (9). As of March 13, among 428 U.S. passengers and crew, 107 (25.0%) had positive test results for COVID-19; 11 U.S. passengers remain hospitalized in Japan (median age = 75 years), including seven in serious condition (median age = 76 years).

### Grand Princess

During February 11–21, 2020, the Grand Princess cruise ship sailed roundtrip from San Francisco, California, making four stops in Mexico (voyage A). Most of the 1,111 crew and 68 passengers from voyage A remained on board for a second voyage that departed San Francisco on February 21 (voyage B), with a planned return on March 7 (Table). On March 4, a clinician in California reported two patients with COVID-19 symptoms who had traveled on voyage A, one of whom had positive test results for SARS-CoV-2. CDC notified the cruise line, which began cancelling group activities on voyage B. More than 20 additional cases of COVID-19 among persons who did not travel on voyage B have been identified from Grand Princess voyage A, the majority in California. One death has been reported. On March 5, a response team was transported

FIGURE 1. Cumulative number of confirmed coronavirus disease 2019 (COVID-19) cases\* by date of detection — Diamond Princess cruise ship, Yokohama, Japan, February 3–March 16, 2020



Source: World Health Organization (WHO) coronavirus disease (COVID-2019) situation reports. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>.

\* Decline in cumulative number of cases on February 13 and February 25 due to correction by WHO for cases that had been counted twice.



by helicopter to the ship to collect specimens from 45 passengers and crew with respiratory symptoms for SARS-CoV-2 testing; 21 (46.7%), including two passengers and 19 crew, had positive test results. Passengers and symptomatic crew members were asked to self-quarantine in their cabins, and room service replaced public dining until disembarkation. Following docking in Oakland, California, on March 8, passengers and crew were transferred to land-based sites for a 14-day quarantine period or isolation. Persons requiring medical attention for other conditions or for symptoms consistent with COVID-19 were evaluated, tested for SARS-CoV-2 infection, and hospitalized if indicated. During land-based quarantine in the United States, all persons were offered SARS-CoV-2 testing. As of March 21, of 469 persons with available test results, 78 (16.6%) had positive test results for SARS-CoV-2. Repatriation flights for foreign nationals were organized by several governments in coordination with U.S. federal and California state government agencies. Following disinfection of the vessel according to guidance from CDC's Vessel Sanitation Program, remaining foreign nationals will complete quarantine on board. The quarantine will be managed by the cruise company, with technical assistance provided by public health experts.

On February 21, five crew members from voyage A transferred to three other ships with a combined 13,317 passengers on board. No-sail orders<sup>§§</sup> were issued by CDC for these ships until medical logs were reviewed and the crew members tested negative for SARS-CoV-2.

### Additional Ships

The Diamond Princess and Grand Princess had more than 800 total COVID-19 cases, including 10 deaths. During February 3–March 13, in the United States, approximately 200 cases of COVID-19 were confirmed among returned cruise travelers from multiple ship voyages, including the Diamond Princess and Grand Princess, accounting for approximately 17% of total reported U.S. cases at the time (10). Cases linked with cruise travel have been reported to CDC in at least 15 states. Since February, multiple international cruises have been implicated in reports of COVID-19 cases, including at least 60 cases in the United States from Nile River cruises in Egypt (Figure 2). Secondary community-acquired cases linked to returned passengers on cruises have also been reported (CDC, unpublished data, 2020).

### Discussion

Public health responses to COVID-19 outbreaks on cruise ships were aimed at limiting transmission among passengers and crew, preventing exportation of COVID-19 to other communities, and assuring the safety of travelers and responders.

<sup>§§</sup> CDC has the authority to institute a no-sail order to prevent ships from sailing when it is reasonably believed that continuing normal operations might subject newly arriving passengers to disease.

**TABLE. Demographic characteristics of passengers and crew members on board two cruise ships with COVID-19 outbreaks January 20–March 8, 2020**

Characteristic	Diamond Princess (total 3,711 persons)		Grand Princess, voyage B (total 3,571 persons)	
	Crew	Passengers	Crew	Passengers
<b>Total no.</b>	<b>1,045</b>	<b>2,666</b>	<b>1,111</b>	<b>2,460</b>
<b>Age median (interquartile range), yrs</b>	<b>36 (29–43)</b>	<b>69 (62–73)</b>	<b>36 (30–43)</b>	<b>68 (61–74)</b>
<b>Total nations represented</b>	<b>48</b>	<b>36</b>	<b>44</b>	<b>24</b>
<b>Country of residence of passengers, no. (%)</b>				
Japan	N/A	1,281 (48)	N/A	3 (1)
United States	N/A	416 (16)	N/A	2,008 (82)
Hong Kong	N/A	260 (10)	N/A	0 (0)
Canada	N/A	251 (9)	N/A	231 (9)
Australia	N/A	223 (8)	N/A	1 (0)
United Kingdom	N/A	57 (2)	N/A	113 (4)
Other countries or unknown	N/A	178 (7)	N/A	104 (4)
<b>Country of residence of crew members, no. (%)</b>				
Philippines	531 (51)	N/A	529 (48)	N/A
India	132 (13)	N/A	131 (12)	N/A
Indonesia	78 (7)	N/A	57 (5)	N/A
Other countries or unknown	304 (29)	N/A	394 (35)	N/A
<b>Sex, no. (%)</b>				
Male	843 (81)	1,189 (45)	928 (84)	1,120 (46)
Female	202 (19)	1,477 (55)	183 (16)	1,340 (54)
<b>No. of persons per cabin, mean (range)</b>	<b>1.73 (1–3)</b>	<b>1.98 (1–4)</b>	<b>1.75 (1–4)</b>	<b>1.95 (1–4)</b>

Abbreviation: N/A = not applicable.

These responses required the coordination of stakeholders across multiple sectors, including U.S. Government departments and agencies, foreign ministries of health, foreign embassies, state and local public health departments, hospitals, laboratories, and cruise ship companies. At the time of the Diamond Princess outbreak, it became apparent that passengers disembarking from cruise ships could be a source of community transmission. Therefore, aggressive efforts to contain transmission on board and prevent further transmission upon disembarkation and repatriation were instituted. These efforts included travel restrictions applied to persons, movement restrictions applied to ships, infection prevention and control measures, (e.g., use of personal protective equipment for medical and cleaning staff), disinfection of the cabins of persons with suspected COVID-19, provision of communication materials, notification of state health departments, and investigation of contacts of cases identified among U.S. returned travelers.

Cruise ships are often settings for outbreaks of infectious diseases because of their closed environment, contact between travelers from many countries, and crew transfers between ships. On the Diamond Princess, transmission largely occurred among passengers before quarantine was implemented, whereas crew infections peaked after quarantine (6). On the Grand Princess, crew members were likely infected on voyage A and then transmitted SARS-CoV-2 to passengers on voyage B. The results of testing of passengers and crew on board the Diamond Princess demonstrated a high proportion (46.5%)

of asymptomatic infections at the time of testing. Available statistical models of the Diamond Princess outbreak suggest that 17.9% of infected persons never developed symptoms (9). A high proportion of asymptomatic infections could partially explain the high attack rate among cruise ship passengers and crew. SARS-CoV-2 RNA was identified on a variety of surfaces in cabins of both symptomatic and asymptomatic infected passengers up to 17 days after cabins were vacated on the Diamond Princess but before disinfection procedures had been conducted (Takuya Yamagishi, National Institute of Infectious Diseases, personal communication, 2020). Although these data cannot be used to determine whether transmission occurred from contaminated surfaces, further study of fomite transmission of SARS-CoV-2 aboard cruise ships is warranted.

During the initial stages of the COVID-19 pandemic, the Diamond Princess was the setting of the largest outbreak outside mainland China. Many other cruise ships have since been implicated in SARS-CoV-2 transmission. Factors that facilitate spread on cruise ships might include mingling of travelers from multiple geographic regions and the closed nature of a cruise ship environment. This is particularly concerning for older passengers, who are at increased risk for serious complications of COVID-19 (4). The Grand Princess was an example of perpetuation of transmission from crew members across multiple consecutive voyages and the potential introduction of the virus to passengers and crew on other ships. Public health responses to cruise ship outbreaks require extensive resources. Temporary suspension of cruise ship travel during the current phase of

FIGURE 2. Cruise ships with coronavirus disease 2019 (COVID-19) cases requiring public health responses — worldwide, January–March 2020





**Summary****What is already known about this topic?**

Cruise ships are often settings for outbreaks of infectious diseases because of their closed environment and contact between travelers from many countries.

**What is added by this report?**

More than 800 cases of laboratory-confirmed COVID-19 cases occurred during outbreaks on three cruise ship voyages, and cases linked to several additional cruises have been reported across the United States. Transmission occurred across multiple voyages from ship to ship by crew members; both crew members and passengers were affected; 10 deaths associated with cruise ships have been reported to date.

**What are the implications for public health practice?**

Outbreaks of COVID-19 on cruise ships pose a risk for rapid spread of disease beyond the voyage. Aggressive efforts are required to contain spread. All persons should defer all cruise travel worldwide during the COVID-19 pandemic.

the COVID-19 pandemic has been partially implemented by cruise lines through voluntary suspensions of operations, and by CDC through its unprecedented use of travel notices and warnings for conveyances to limit disease transmission (5).

**Acknowledgments**

Staff members responding to COVID-19 outbreaks on cruise ships; Japan's Ministry of Health, Labour and Welfare; California Department of Public Health; cruise ship passengers; Princess Cruises; Christina Armantas, Matthew Bacinkas, Cynthia Bernas, Brandon Brown, Teal Bullick, Lyndsey Chaille, Martin Cilnis, Gail Cooksey, Ydelita Gonzales, Christopher Kilonzo, Chun Kim, Ruth Lopez, Dominick Morales, Chris Preas, Kyle Rizzo, Hilary Rosen, Sarah Rutschmann, Maria Vu, California Department of Public Health, Richmond and Sacramento; Ben Gammon, Ted Selby, Solano County Public Health; Medic Ambulance Service; NorthBay HealthCare; Sutter Solano Medical Center; Kaiser Permanente Vallejo Medical Center; Kaiser Permanente Vacaville Medical Center; field teams at repatriation sites; National Institute of Infectious Diseases, Japan.

**CDC Cruise Ship Response Team**

Casey Barton Behraves, CDC; Adam Bjork, CDC; William Bower, CDC; Catherine Bozio, CDC; Zachary Braden, CDC; Mary Catherine Bertulfo, CDC; Kevin Chatham-Stephens, CDC; Victoria Chu, CDC; Barbara Cooper, CDC; Kathleen Dooling, CDC; Christine Dubray, CDC; Emily Curren, CDC; Margaret A. Honein, CDC; Kathryn Ivey, CDC; Jefferson Jones, CDC; Melissa Kadzik, CDC; Nancy Knight, CDC; Mariel Marlow, CDC; Audrey McColloch, CDC; Robert McDonald, CDC; Andrew Klevos, CDC; Sarah Poser, CDC; Robin A. Rinker, CDC; Troy Ritter, CDC; Luis Rodriguez, CDC; Matthew Ryan, CDC; Zachary Schneider, CDC; Caitlin Shockey, CDC; Jill Shugart, CDC; Margaret Silver, CDC;

Paul W. Smith, CDC; Farrell Tobolowsky, CDC; Aimee Treffiletti, CDC; Megan Wallace, CDC; Jonathan Yoder, CDC.

**California Department of Public Health COVID-19 Team**

Pennan Barry, California Department of Public Health; Ricardo Berumen III, California Department of Public Health; Brooke Bregman, California Department of Public Health; Kevin Campos, California Department of Public Health; Shua Chai, California Department of Public Health; Rosie Glenn-Finer, California Department of Public Health; Hugo Guevara, California Department of Public Health; Jill Hacker, California Department of Public Health; Kristina Hsieh, California Department of Public Health; Mary Kate Morris, California Department of Public Health; Ryan Murphy, California Department of Public Health; Jennifer F. Myers, California Department of Public Health; Tasha Padilla, California Department of Public Health; Chao-Yang Pan, California Department of Public Health; Adam Readhead, California Department of Public Health; Estela Sagar, California Department of Public Health; Maria Salas, California Department of Public Health; Robert E. Snyder, California Department of Public Health; Duc Vugia, California Department of Public Health; James Watt, California Department of Public Health; Cindy Wong, California Department of Public Health.

**Solano County COVID-19 Team**

Meileen Acosta, Solano County Department of Public Health; Shai Davis, Solano County Department of Public Health; Beatrix Kapuszinsky, Solano County Department of Public Health; Bela Matyas, Solano County Department of Public Health; Glen Miller, Solano County Department of Public Health; Asundep Ntui, Solano County Department of Public Health; Jayleen Richards, Solano County Department of Public Health.

Corresponding author: Leah F. Moriarty, [eocevent294@cdc.gov](mailto:eocevent294@cdc.gov), 770-488-7100.

<sup>1</sup>CDC COVID-19 Response Team; <sup>2</sup>California Department of Public Health; <sup>3</sup>Solano Public Health, Fairfield, California; <sup>4</sup>Epidemic Intelligence Service, CDC; <sup>5</sup>Sutter Medical Group of the Redwoods, Santa Rosa, California.

All authors have completed and submitted the International Committee of Medical Journal Editors form for disclosure of potential conflicts of interest. No potential conflicts of interest were disclosed.

**References**

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**From:** (b) (6) [CAPT USN, USS Theodore Roosevelt](#)  
**To:** [ALL OFFICERS](#); [ALL CHIEFS](#)  
**Cc:** (b) (6) [CAPT USN, CVW-11 DCAG](#); (b) (6) [CAPT USN, COMDESRON23](#)  
**Subject:** Plan for Guam Day 1  
**Date:** Thursday, March 26, 2020 6:10:12 PM  
**Attachments:** [Guam Kilo Wharf.pptx](#)

---

Rough Riders,

Here is the plan/priorities for the day:

1) Safe Mooring of TR on KILO Wharf (4 tugs confirmed), Naval Base Guam  
personnel hook up all shore services

NOTE: TR Sailors are not allowed on the pier until all NBG personnel are clear and outside of the Force Health Protection Boundary (FHPB) (see attached). TR XO will authorize pier access.

\*\*\*Two large tents with tables and chairs are set up inside the FHPB. LOGREQ Cell phones, a Radio and rental car keys will be left on the table

2) Transfer of ISOLATION personnel (COVID-19 positive/presumed positive): TR Medical and Leadership depart ship to pier. TR Medical will begin transport of isolation personnel per NBG procedures (Medical: see SIPR).

NOTE: Transfer will occur via CTF-75 trucks. TR personnel should not directly interact with CTF-75 drivers. Execute social distancing at all times. (6 feet separation)

3) Following the completion of Medical testing, 20 designated Reactor personnel will be transferred to isolation barracks. These personnel are NOT positive/presumed positive.

4) SERVICES DELIVERY: Other tents, chairs and tables requested in the LOGREQ are staged at the pier ready for set up. Working party required. A CLEAN drop off area has been established at the far western edge of Kilo pier. TR personnel can enter once NBG personnel are clear. IF NBG personnel are required to enter the FHPB, TR personnel are required to return to the ship.

5) Transfer of QUARANTINE personnel. If NBG can support, we may begin transfer of quarantine personnel this afternoon. Priority will be Reactor, Engineering, Air and Supply in that order.

Other notes:

- TR rental vans will be utilized to transport personnel to the Quarantine Location (quarantine procedures to follow)
- NBG personnel are not authorized to enter the FHPB. The area within the FHPB is exclusively for TR personnel.
- NBG Security will man the Kilo Wharf ECP outside the FHPB.
- Pierside WiFi maybe ready late Friday. Likely Saturday.
- A clearly marked TR rental vehicle will be authorized ingress/egress through the Kilo Wharf ECP. ECP Security will not check IDs of driver. Use requires TR XO permission.

More to follow,  
XO

CAPT (b) (6), USN

Executive Officer

USS THEODORE ROOSEVELT (CVN 71)

In Port: (b) (6)

At Sea: (b) (6)

Cell: (b) (6)

Jdial: (b) (6)



**From:** (b) (6) [CAPT USN, USS Theodore Roosevelt](#)  
**To:** (b) (6) [CAPT USN COMPACFLT N01H \(USA\)](#); (b) (6) [CAPT USN, C7F](#)  
**Cc:** (b) (6) [CAPT USN COMNAVAIRPAC SAN CA \(USA\)](#)  
**Subject:** RE: WARNORD for BUMED  
**Date:** Tuesday, March 24, 2020 8:30:40 PM

---

Yep, two separate tests as they both had ILI sx's.

No on the PMO - just got here last night, still trying to get him computer access.

I do not seem to have any time from anything but "emergent needs." Weirdest thing...

v/r,

(b) (6)

-----Original Message-----

**From:** (b) (6) [CAPT USN COMPACFLT N01H \(USA\)](#)  
[\[mailto:\(b\) \(6\)@navy.mil\]](#)  
**Sent:** Wednesday, March 25, 2020 7:52 AM  
**To:** (b) (6) [CAPT USN, USS Theodore Roosevelt](#); (b) (6) [CAPT USN, C7F](#)  
**Cc:** (b) (6) [CAPT USN COMNAVAIRPAC SAN CA \(USA\)](#)  
**Subject:** RE: WARNORD for BUMED

Thanks (b) (6). In other words, 2 samples run for two patients, "deidentified."

Not 2 samples run in one group.

Appreciate your work. Is your PMO working a summary of the cases/contact/travel hx/etc? Would be great to see as you get time from the emergent needs.

V/R,

(b) (6)

-----Original Message-----

**From:** (b) (6) [CAPT USN, USS Theodore Roosevelt](#)  
<(b) (6)@cvm71.navy.mil>  
**Sent:** Tuesday, March 24, 2020 12:44 PM  
**To:** (b) (6) [CAPT USN COMPACFLT N01H \(USA\)](#)  
<(b) (6)@navy.mil>; (b) (6) [CAPT USN, C7F](#)  
<(b) (6)@lcc19.navy.mil>  
**Cc:** (b) (6) [CAPT USN COMNAVAIRPAC SAN CA \(USA\)](#)  
<(b) (6)@navy.mil>  
**Subject:** RE: WARNORD for BUMED

I politely asked the microbiologist to de-identify the tests. Surveillance is all well and good, but we need actionable information.

v/r,



(b) (6)

-----Original Message-----

From: (b) (6) CAPT USN COMPACFLT N01H (USA)  
[mailto:(b) (6)@navy.mil]  
Sent: Wednesday, March 25, 2020 5:55 AM  
To: (b) (6) CAPT USN, C7F; (b) (6) CAPT USN, USS Theodore  
Roosevelt  
Cc: (b) (6) CAPT USN COMNAVAIRPAC SAN CA (USA)  
Subject: RE: WARNORD for BUMED

(b) (6),

Copy on the BUMED support. Will reach back to NMCPHC and give heads up.

I was asked by OPNAV how the first two Sailors were identified as COVID (+),  
how did we specify these two individuals?

V/R,

(b) (6)

-----Original Message-----

From: (b) (6) CAPT USN, C7F <(b) (6)@lcc19.navy.mil>  
Sent: Tuesday, March 24, 2020 10:08 AM  
To: (b) (6) CAPT USN, USS Theodore Roosevelt'  
<(b) (6)@cvn71.navy.mil>; (b) (6) CAPT USN COMPACFLT N01H  
(USA) <(b) (6)@navy.mil>  
Cc: (b) (6) CAPT USN COMNAVAIRPAC SAN CA (USA)  
<(b) (6)@navy.mil>  
Subject: RE: WARNORD for BUMED

Hi (b) (6),

I agree completely.

V/r

(b) (6).

Meanwhile will send an email.

V/r

(b) (6)

-----Original Message-----

From: (b) (6) CAPT USN, USS Theodore Roosevelt  
[mailto:(b) (6)@cvn71.navy.mil]  
Sent: Wednesday, March 25, 2020 1:04 AM  
To: (b) (6) CAPT USN, C7F <(b) (6)@lcc19.navy.mil>;  
(b) (6) CAPT USN COMPACFLT N01H (USA)'  
<(b) (6)@navy.mil>  
Cc: (b) (6) CAPT USN COMNAVAIRPAC SAN CA (USA)  
<(b) (6)@navy.mil>  
Subject: WARNORD for BUMED

(b) (6) and (b) (6),

Requesting a WARNORD to Navy Medicine to be prepared to support the TR when  
we pull into Guam. Did batch testing of 192 samples tonight (these were the  
close contacts from the first two positive sailors - both from the air

wing). 192 sailors in groups of 5, with 9 positive group tests meaning 1-5 people per group test were positive =  $9 \cdot 45 / 200$  positive = 4.7-23.4%. Will get the individual results tomorrow and work to get them off the ship. Will also do contact testing (approx.. 200) on the +sailor from Rx. Needless to say, this is not good, and following up on my previous email I believe we're at the tipping point and anyone who is defined as an ILI is a presumptive +COVID-19 and should be treated as such. Thoughts?

v/r,

(b)

(b) (6), MD  
CAPT MC(FS) USN  
Senior Medical Officer  
USS Theodore Roosevelt (CVN-71)  
Work: (b) (6)  
J-dial: (b) (6)  
Cell: (b) (6)

-----Original Message-----

From: Merz, William R. VADM USN, C7F <(b) (6)@lcc19.navy.mil>

Sent: Monday, May 18, 2020 9:13 PM

To: Brown, Richard A VADM USN COMNAVSURFPAC SAN (US)

<(b) (6)@navy.mil>

Cc: Spedero, Paul C Jr RDML USN USFFC (USA) <(b) (6)@navy.mil>;

(b) (6) CAPT USN NAVY JAG WASH DC (USA) <(b) (6)@navy.mil>;

(b) (6) CIV USN COMNAVSAFECEN NOR VA (USA)

<(b) (6)@navy.mil>

Subject: RE: Interview Statement

Seemed to grow legs up-echelon. I got it from CPF, but I know he got it from Echelon I as well. We were asked fairly continuously about percent tested within a day or two of pulling in. Questions ramped up further when it was believed we could pound out 1000/day within the first week. Notwithstanding the misconceptions about actual capacity and the politics in Korea, the process of testing off-island was fraught with logistics friction (planes, swabs, etc.). When it settled out, it impedance matched the rest of the process at about 400-600 per day. We might have gained a couple of days if the capacity was real and ready, but it wasn't. Is now, but following all of the fits and starts that have since been worked out (on the Korea side). The flow of questions did not slow us down, but did consume bandwidth.

VR,  
Bill

VADM Bill Merz

U.S. 7th Fleet

Primary (also forwards to secondary):

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"Play Hard"

-----Original Message-----

From: Brown, Richard A VADM USN COMNAVSURFPAC SAN (US)

[mailto:(b) (6)@navy.mil]

Sent: Tuesday, May 19, 2020 12:27 AM

To: Merz, William R. VADM USN, C7F <(b) (6)@lcc19.navy.mil>

Cc: Spedero, Paul C Jr RDML USN USFFC (USA) <(b) (6)@navy.mil>;

(b) (6) CAPT USN NAVY JAG WASH DC (USA) <(b) (6)@navy.mil>;

(b) (6) CIV USN COMNAVSAFECEN NOR VA (USA)

<(b) (6)@navy.mil>

Subject: RE: Interview Statement

Bill,

One alibi - when and from whom did you understand the requirement for 100% testing of the crew? No need to modify statement, just looking for your thoughts on this.

v/r

Rich

Vice Admiral Richard A. Brown, USN  
Command Investigation Team Chief of Staff  
Vice Chief of Naval Operations

(b) (6)

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-----Original Message-----

From: Merz, William R. VADM USN, C7F <(b) (6)@lcc19.navy.mil>

Sent: Sunday, May 17, 2020 7:00 PM

To: Brown, Richard A VADM USN COMNAVSURFPAC SAN (US)

<(b) (6)@navy.mil>

Cc: Spedero, Paul C Jr RDML USN USFFC (USA) <(b) (6)@navy.mil>;

(b) (6) CAPT USN NAVY JAG WASH DC (USA) <(b) (6)@navy.mil>;

(b) (6) CIV USN COMNAVSAFECEN NOR VA (USA)

<(b) (6)@navy.mil>

Subject: RE: Interview Statement

Rich,

Attached. Standing by for additional questions.

I'm sending you my AAR from my TR visit on SIPR - I think you will find it very helpful. Also, I make reference to our report on COD flights. Do you have it? Do you want it?

VR,  
Bill



VADM Bill Merz

U.S. 7th Fleet

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"Play Hard"

-----Original Message-----

From: Brown, Richard A VADM USN COMNAVSURFPAC SAN (US)

[mailto:(b) (6) @navy.mil]

Sent: Saturday, May 16, 2020 11:56 PM

To: Merz, William R. VADM USN, C7F <(b) (6) @lcc19.navy.mil>

Cc: Spedero, Paul C Jr RDML USN USFFC (USA) <(b) (6) @navy.mil>;

(b) (6) CAPT USN NAVY JAG WASH DC (USA) <(b) (6) @navy.mil>;

(b) (6) CIV USN COMNAVSAFECEN NOR VA (USA)

<(b) (6) @navy.mil>

Subject: RE: Interview Statement

No probs Bill.

v/r

Rich

Vice Admiral Richard A. Brown, USN

Commander, Naval Surface Forces

Commander, Naval Surface Force, U.S. Pacific Fleet

2841 Rendova Road

San Diego, CA 92155

(W) (b) (6)

(C) (b) (6)

(b) (6) @navy.mil

(b) (6) @navy.smil.mil

-----Original Message-----

From: Merz, William R. VADM USN, C7F <(b) (6) @lcc19.navy.mil>

Sent: Saturday, May 16, 2020 10:52 AM

To: Brown, Richard A VADM USN COMNAVSURFPAC SAN (US)

<(b) (6) @navy.mil>

Cc: Spedero, Paul C Jr RDML USN USFFC (USA) <(b) (6) @navy.mil>;

(b) (6) CAPT USN NAVY JAG WASH DC (USA) (b) (6) @navy.mil>;

(b) (6) CIV USN COMNAVSAFECEN NOR VA (USA)

<(b) (6)>@navy.mil>

Subject: RE: Interview Statement

Rich,

Bad news is I'll be a little late, good news is it's Sunday here and this has my full attention.

VR,  
Bill

VADM Bill Merz

U.S. 7th Fleet

Primary (also forwards to secondary):

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"Play Hard"

-----Original Message-----

From: Brown, Richard A VADM USN COMNAVSURFPAC SAN (US)

[mailto:(b) (6)@navy.mil]

Sent: Friday, May 15, 2020 7:23 AM

To: Merz, William R. VADM USN, C7F <(b) (6)@lcc19.navy.mil>

Cc: Spedero, Paul C Jr RDML USN USFFC (USA) <(b) (6)@navy.mil>;

(b) (6) CAPT USN NAVY JAG WASH DC (USA) <(b) (6)@navy.mil>;

(b) (6) CIV USN COMNAVSAFECEN NOR VA (USA)

<(b) (6)@navy.mil>

Subject: Interview Statement

Bill,

Attached is a draft summary of what was discussed during the recent telephonic interview. Please review, and then edit the statement for accuracy and/or conciseness. Once you have made any necessary changes or additions, please return your signed statement to me for inclusion in our investigation report.

Finally, if there is any additional information you would like to add or

documents you feel are relevant to this investigation, please provide them with your response. Your response is requested no later than 1500 EDT on 16 May 2020. Please direct any questions to me at the below contact information or by replying all to this email. Thank you.

V/r

Rich

Vice Admiral Richard A. Brown, USN

Command Investigation Team Chief of Staff

Vice Chief of Naval Operations

(b) (6)

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**From:** (b) (6) CDR USN, C7F  
**To:** (b) (6) LT USN VCNO (USA)  
**Cc:** C7F-COVID-WG; C7F ABWC; C7F BWC; (b) (6) CAPT USN, C7F  
**Subject:** RE: TR Command Investigation - RFI Follow-up  
**Date:** Tuesday, May 19, 2020 11:54:03 PM

---

LT (b) (6) ,

The reply to the RFI is below.

=====

RFI 1: Please specify which Okinawa base(s) were designated to provide rooms for TR Sailors prior to the decision to transit to Guam.

- C7F and III MEF designated approximately 5,000 beds throughout the USMC facilities on Okinawa: MCAS Futenma, MCB Butler and outlying camps

RFI 2: for the 3 task forces established in Guam provide

Commander name, rank and billet

Date TF stood up

Units assigned to each and on what date

Brief description of TF mission

Approx date that coordination began to establish TF and move supporting units

Other info you think may be helpful to the investigation

TF TR Revive

- Commander: NB Guam, CAPT (b) (6)
- Stood up: 27 Mar
- Comprised of NB Guam and tenant command personnel
- Provides general support for lodging, transportation, and sustaining TR personnel ashore
- NBG stood up TF TR Revive in house without formal coordination. No units were required to move for establishment.

TF Hotel

- Commander: CNR Guam, RDML Menoni, John
- Stood up 31 Mar
- Comprised of NB Guam and tenant command personnel, and USMC security forces
- Provides support to personnel lodged in off-base hotels and coordination for their medical monitoring.
- NBG stood up TF Hotel to assist in the contracting of hotels for TR personnel, transportation to / from NB Guam, and sustaining the personnel housed in the rooms.

TF Medical

- Commander: CAPT (b) (6) 3d MED Bat
- Stood up 31 Mar by C7F order
- Comprised of TR Medical Department, 3d MED Bat, 3d Marine Logistics Group, SPRINT support, and additional BUMED personnel
- Provides medical support to TR, collects and disseminates outbreak data, coordinates with USNH Guam

V/R,

CDR (b) (6)

C7F COVID Response Cell

J-Dial: (b) (6)

DSN in port: (b) (6)

COM in port: (b) (6)

-->DSN underway: (b) (6) ← New 7 April

-->COM underway: (b) (6) ← New 7 April

-->SIPR: (b) (6) @lcc19 navy.smil.mil



NIPR Ashore: (b) (6) @fe navy mil

-----Original Message-----

From: C7F BWC

Sent: Tuesday, May 19, 2020 9:59 AM

To: (b) (6) LT USN VCNO (USA) <(b) (6) @navy.mil>

Cc: C7F-COVID-WG <(b) (6) @lcc19 navy.mil>; C7F ABWC <(b) (6) @lcc19.navy mil>

Subject: RE: TR Command Investigation - RFI Follow-up

(b) (6),

Due to intermittent NIPR connectivity, we must have not been in receipt of the two original RFI emails in question. Discussed with our COVID Working Group folks, answers being staffed now.

Very Respectfully,

LCDR (b) (6)

COMSEVENTHFLT, Battle Watch Captain

NIPR (b) (6) @LCC19.NAVY.MIL

SIPR (b) (6) @LCC19.NAVY.SMIL.MIL

DSN: (b) (6)

J-DIAL: (b) (6)

COMM (b) (6)

TANDBERG: (b) (6)

DRSN (b) (6)

-----Original Message-----

From: (b) (6) LT USN VCNO (USA) [[mailto:\(b\) \(6\) @navy.mil](mailto:(b) (6) @navy.mil)]

Sent: Tuesday, May 19, 2020 4:14 AM

To: C7F BWC <(b) (6) @lcc19 navy mil>

Subject: RE: TR Command Investigation - RFI Follow-up

Thank you, sir.

Very respectfully,

LT (b) (6)

Command Investigation Team

Vice Chief of Naval Operations

O: (b) (6)

Pentagon Room (b) (6)

Washington, DC 20350-1000

(b) (6) @navy.(smil.)mil

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-----Original Message-----

From: C7F BWC <(b) (6) @lcc19 navy.mil>  
Sent: Monday, May 18, 2020 3:12 PM  
To: (b) (6) LT USN VCNO (USA) <(b) (6) @navy.mil>  
Cc: C7F ABWC <(b) (6) @lcc19 navy.mil>  
Subject: RE: TR Command Investigation - RFI Follow-up

Rgr, in receipt. Will query our POCs and provide status update as soon as possible.

Very respectfully,

LCDR (b) (6)  
COMSEVENTHFLT, Battle Watch Captain  
NIPR (b) (6) @LCC19.NAVY.MIL  
SIPR (b) (6) @LCC19.NAVY.SMIL.MIL  
DSN: (b) (6)  
J-DIAL: (b) (6)  
COMM (b) (6)  
TANDBERG: (b) (6)  
DRSN (b) (6)

-----Original Message-----

From: (b) (6) LT USN VCNO (USA) [[mailto:\(b\) \(6\) @navy.mil](mailto:(b) (6) @navy.mil)]  
Sent: Tuesday, May 19, 2020 4:03 AM  
To: C7F BWC <(b) (6) @lcc19 navy.mil>  
Cc: C7F ABWC <(b) (6) @lcc19 navy.mil>; C7F-COVID-WG <(b) (6) @lcc19.navy.mil>; C7F-N31-COPS <(b) (6) @lcc19 navy.mil>; CPF.CATBWC <(b) (6) @navy.mil>; CPF.CATCHIEF <(b) (6) @navy.mil>;  
CSG9 BWC <(b) (6) @ccsg9 navy.mil>  
Subject: TR Command Investigation - RFI Follow-up

**\*\*PRE-DECISIONAL / DELIBERATIVE INFORMATION // FOR OFFICIAL USE ONLY\*\***

Good afternoon C7F BWC,

I'm writing to follow-up on the status of several of our RFIs and when we might expect the answers. Thank you for your help.

Request confirm receipt of this email.

Please have the information available for closeout within 24 hours of receipt.

Point of Contact (NIPR): LT (b) (6) (b) (6) @navy.mil <[mailto:\(b\) \(6\) @navy.mil](mailto:(b) (6) @navy.mil)>

If information is sent via SIPR, please email: LCDR (b) (6) :  
(b) (6) @navy.smil.mil <[mailto:\(b\) \(6\) @navy.smil.mil](mailto:(b) (6) @navy.smil.mil)> and LT

(b) (6) : (b) (6) @navy.smil mil  
<[mailto:\(b\) \(6\)@navy.smil.mil](mailto:(b) (6)@navy.smil.mil)>

Status check for RFIs (not new tasking):

RFI 1: Please specify which Okinawa base(s) were designated to provide rooms for TR Sailors prior to the decision to transit to Guam

RFI 2: Our understanding is that there are 3 Task Forces established in Guam:

TASK FORCE REVIVE

TASK FORCE HOTEL

TASK FORCE MED

Please provide Task Force (TF): Commander name, rank, billet; what date the TF stood-up; what units fell into each TF and on what date; brief description of each TF mission; approximate date that coordination began to establish TF and move supporting units; other info that you think may be helpful to the investigation regarding TF efforts such as challenges to TF mission or unit movement to include any challenges with C2 and communications and mission execution.

Thank you for your time and assistance.

Very respectfully,

LT (b) (6)

Command Investigation Team

Vice Chief of Naval Operations

O: (b) (6)

Pentagon Room (b) (6)

Washington, DC 20350-1000

(b) (6) @navy.(smil.)mil <[mailto:\(b\) \(6\)@navy.\(smil.\)mil](mailto:(b) (6)@navy.(smil.)mil)>

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**From:** (b) (6) @fe.navy.mil  
**To:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
**Cc:** (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CMC USN, USS Theodore Roosevelt  
**Subject:** RE: New Normal  
**Date:** Sunday, March 29, 2020 4:26:45 PM

---

Chopper,

I was able to speak with both the AF and USMC commanders and they are tracking your request. I'm sure that you are aware that is being worked at the highest levels. Long story short, we don't have 500p rooms but will do whatever we can to support. Please don't hesitate to reach out.

V/R,

(b) (6)

Sent with BlackBerry Work  
(www.blackberry.com)

From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
<(b) (6) @cvn71.navy.mil<[mailto:\(b\) \(6\) @cvn71.navy.mil](mailto:(b) (6) @cvn71.navy.mil)>>  
Date: Sunday, Mar 29, 2020, 18:18  
To: (b) (6) CAPT USN CFAO <(b) (6) @fe.navy.mil<[mailto:\(b\) \(6\) @fe.navy.mil](mailto:(b) (6) @fe.navy.mil)>>  
Cc: (b) (6) CAPT USN, USS Theodore Roosevelt  
<(b) (6) @cvn71.navy.mil<[mailto:\(b\) \(6\) @cvn71.navy.mil](mailto:(b) (6) @cvn71.navy.mil)>>, (b) (6) CMC USN, USS  
Theodore Roosevelt <(b) (6) @cvn71.navy.mil<[mailto:\(b\) \(6\) @cvn71.navy.mil](mailto:(b) (6) @cvn71.navy.mil)>>  
Subject: FW: New Normal

(b) (6),

Good evening.

Reaching out to get some fidelity on the latest proposal to get the TR 5,000 barracks rooms in Okinawa. Just curious if you have any idea on where they might be should we be able to figure out a way to get a couple thousand Sailors up there. All would be asymptomatic before travel. Not sure this is the best plan (would require airlifts from Anderson, etc...) but it is the only one being offered to us from 7F and isolation is the only real way to combat this.

Thanks in advance.

Vr,  
Chopper

CAPT Brett E. Crozier  
Commanding Officer  
USS THEODORE ROOSEVELT (CVN 71)

**From:** (b) (6) [CAPT USN, USS Theodore Roosevelt](#)  
**To:** (b) (6) [CAPT USN VCNO \(USA\)](#)  
**Cc:** (b) (6) [CMC USN, USS Theodore Roosevelt](#)  
**Subject:** Interview follow up  
**Date:** Monday, April 6, 2020 8:31:49 PM

---

(b) (6),

VCNO asked for me to check on the number of Sailors we had in aft berthing (messing in the CPO mess) when we decided to stop segregating berthing on the ship. We lifted the segregation order on Sunday, 29 March (Day 3 in port Guam).

My CMC and I estimate 900-1000 Sailors.

BACKGROUND: The majority of the berthing aft of frame 200 on the 1st, 2nd and 3rd decks had been cut off from the rest of the ship. They were all messing in the CPO mess and we had reached max capacity. We were about to start forward at the bow with Air berthing and convert WR 1/2 into "quarantine" messing. At the same time, we continued to get positive results in other parts of the ship. I was running out of room on the DC plates to move people around. The simultaneous movement of Sailors into the gyms off ship created more space but not enough. We still had over 4,000 on board. Around the same time, we received our first positive results from Sailors living in the gyms. This confirmed our suspicions that the gyms would not stop the virus from hopping from Sailor to Sailor. They were/are not a Safe Haven. This all drove us toward the conclusion that everyone on board was close contact. Continued Segregation of the was an ineffective strategy. It had an additional negative impact. Sailor perceived we were creating "leper colonies" back aft. Any legitimate human suffering in aft berthing seemed increasingly unnecessary. SMO, CMC and I recommended to CAPT Crozier that we change strategies and he convinced RDML Baker it was the correct call.

Hope that helps. I will look for some more emails that back this up and send them your way.

V/R

(b) (6)

CAPT (b) (6), USN  
Executive Officer  
USS THEODORE ROOSEVELT (CVN 71)  
In Port: (b) (6)  
At Sea: (b) (6)  
Cell: (b) (6)  
Jdial: (b) (6)

**From:** (b) (6) CAPT USN NBG  
**To:** "Crozier, Brett E CAPT USN, USS Theodore Roosevelt"  
**Cc:** (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CMC USN, USS Theodore Roosevelt;  
(b) (6) CMDCM USN, CVW-11; (b) (6) MCPO USN NBG; (b) (6) CAPT USN, CVW-11  
DCAG; (b) (6) LCDR USN NAVSUP FLCY; (b) (6) MCPO USN NBG  
**Subject:** RE: NBG CMC tour  
**Date:** Saturday, March 28, 2020 10:38:30 PM

---

Chopper,

Roger all on TR CMC conducting "battlefield circulation"...CMC (b) (6) will go direct to coordinate/arrange.

Understand all and I am involved in the working the WiFi....

Very respectfully,  
CAPT (b) (6)  
Commanding Officer  
Naval Base Guam

W: (b) (6)  
C: (b) (6)  
NIPR: (b) (6) @fe.navy.mil  
SIPR: (b) (6) @fe.navy.smil mil

-----Original Message-----

**From:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
[mailto:(b) (6) @cvn71.navy.mil]  
**Sent:** Sunday, March 29, 2020 11:39 AM  
**To:** (b) (6) M CAPT USN NBG <(b) (6) @fe.navy.mil>  
**Cc:** (b) (6) CAPT USN, USS Theodore Roosevelt  
<(b) (6) @cvn71.navy.mil>; (b) (6) CMC USN, USS Theodore  
Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6) CMDCM USN, CVW-11  
<(b) (6) @cvw11.navy.mil>; (b) (6) MCPO USN NBG  
<(b) (6) @FE.navy.mil>; (b) (6) CAPT USN, CVW-11 DCAG  
<(b) (6) @cvw11.navy.mil>  
**Subject:** NBG CMC tour

(b) (6),

Good morning.

I'd like to have my CMC (b) (6) and the CVW CMC (b) (6) get eyes on the various berthing sites ashore so we can ensure we clearly understand what we're sending our Sailors to. Many questions IRT quarantine vs isolation facilities, and what Sailors can expect when we push them ashore.

Recommend they push out early afternoon today with CMC (b) (6) or anyone else that is available.

Question regarding wifi - I'm going to let Sailors start hanging out on the pier today. I need to get them off ship and some sun and fresh air. Is wifi going to be set up today?

Thanks.

Vr,  
Chopper

CAPT Brett E. Crozier  
Commanding Officer  
USS THEODORE ROOSEVELT (CVN 71)



**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**To:** (b) (6) CDR USN, USS Theodore Roosevelt; ALL OFFICERS; ALL CHIEFS  
**Cc:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT CVW11 CAG; (b) (6) CAPT CDS23 DCRE; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, COMDESRON23; (b) (6) CMC USN, CCSG9; (b) (6) CMDCM USN, CVW-11  
**Subject:** RE: Pier Gym Use  
**Date:** Monday, March 30, 2020 9:59:17 PM

---

Please... no sea lawyering on this one. If you get push back on the spotter issue, the correct answer is "Use lighter weights" or "Pick a different exercise."

Use of the gym at all is a privilege on very shaky ground.

-Big Stick XO

-----Original Message-----

**From:** (b) (6) CDR USN, USS Theodore Roosevelt  
**Sent:** Tuesday, March 31, 2020 11:53 AM  
**To:** ALL OFFICERS; ALL CHIEFS  
**Cc:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT CVW11 CAG; (b) (6) CAPT CDS23 DCRE; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, COMDESRON23; (b) (6) CMC USN, CCSG9; (b) (6) CMDCM USN, CVW-11  
**Subject:** Pier Gym Use  
**Importance:** High

All,

The gym on the pier is currently open and I need everyone's help adhering to the following guidelines.

- If you are using the gym, spread out and keep at least six feet of separation (e.g., no spotters for heavy lifting).
- Utilize gym wipes provided to clean up after using any of the equipment.
- Daily Gym Hours: 0500-0700 and once official business and personnel transfers are complete (typically after 1000).

Thank you for your support as we continue looking for ways to best fight the spread of this virus.

V/r  
SUPPO

**From:** (b) (6)  
**To:** [Crozier, Brett E CAPT USN, USS Theodore Roosevelt](#)  
**Cc:** (b) (6) [CAPT USN, USS Theodore Roosevelt](#)  
**Subject:** RE: Please Call  
**Date:** Monday, March 30, 2020 6:08:48 AM

---

Chopper,

Tried to call you back.

We halted because we were told only 1 person per room.

Apra Palms are 4BDRM home that we have configured to hold 6 personnel. I have 15 of them ready which gave us the 90pax. If TR wants to limit these houses to 4 then I only have 60 ready.

WRT barracks we got several of them ready - plan was 2 pax per room but if we limit to 1 pax per room much less overall space.

I gave my team order to discuss with ECC 4 or 6 pax in Apra Palms and 1 or 2 pax to Barracks and execute as desired by TR ECC.

Be advised I have orders to create 2000 beds for TR.

Very respectfully,  
CAPT (b) (6)  
Commanding Officer  
Naval Base Guam

W: (b) (6)  
C: (b) (6)  
NIPR: (b) (6) @fe.navy.mil  
SIPR: (b) (6) @fe.navy.smil.mil

-----Original Message-----

From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
[\[mailto:\(b\) \(6\)@cvn71.navy.mil\]](mailto:(b) (6)@cvn71.navy.mil)  
Sent: Monday, March 30, 2020 7:54 PM  
To: (b) (6) CAPT USN NBG <(b) (6)@fe.navy.mil>  
Cc: (b) (6) CAPT USN, USS Theodore Roosevelt  
<(b) (6)@cvn71.navy.mil>  
Subject: RE: Please Call

(b) (6),

Tried calling.

We were told that we were on hold to move our 90 Rx Sailors - had planned on Apra Palms but your BWC apparently stated they would go to the Barracks (11, 12, 13). We're standing by with Sailors in the Hangar Bay and vehicles on the pier - in a holding pattern that I'd like to get moving.

Some word that Apra Palms rooms was going to be reconfigured to add additional racks in the bedrooms so we now need to hold on moving folks to

Apra Palms as well?

Vr,  
Chopper

CAPT Brett E. Crozier  
Commanding Officer  
USS THEODORE ROOSEVELT (CVN 71)

-----Original Message-----

From: (b) (6) @fe navy.mil [mailto:(b) (6) @fe navy.mil]  
Sent: Monday, March 30, 2020 6:45 PM  
To: Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
Subject: Please Call

Chopper,

Please give me ring about the 90 pax.

Very respectfully,  
CAPT (b) (6)  
Commanding Officer  
Naval Base Guam

W: (b) (6)  
C: (b) (6)  
NIPR: (b) (6) @fe navy.mil  
SIPR: (b) (6) @fe.navy.smil mil

**From:** [Burke, Robert P ADM USN VCNO \(USA\)](#)  
**To:** (b) (6) [CAPT USN VCNO \(USA\)](#); (b) (6) [LT USN VCNO \(USA\)](#); (b) (6) [CDR USN VCNO \(USA\)](#); (b) (6) [CAPT USN VCNO \(USA\)](#)  
**Subject:** FW: Support Requirements  
**Date:** Wednesday, April 1, 2020 7:27:55 AM

---

---

**From:** Love, Robert E SES (USA)  
**Sent:** Wednesday, April 01, 2020 7:27:49 AM (UTC-05:00) Eastern Time (US & Canada)  
**To:** Burke, Robert P ADM USN VCNO (USA)  
**Cc:** Haeuptle, Andrew S SES USN DNS (USA)  
**Subject:** FW: Support Requirements

VCNO,

Thought I'd share this note that I sent to CO, TR on Monday. I followed it up with a phone call that afternoon (around 1530 EST/0530 Guam).

I tried calling him last night and again this am...no luck.

VR

Bob

**From:** Love, Robert E SES (USA)  
**Sent:** Monday, March 30, 2020 7:35 AM  
**To:** (b) (6) [@cvn71.navy.mil](#)  
**Cc:** Deal, Steven E SES USN (USA) <(b) (6) [@navy.mil](#)>; (b) (6) [CAPT USN UNSECNAV DC \(USA\)](#) <(b) (6) [@navy.mil](#)>; 'Gillingham, Bruce L RADM USN CNO (USA)' <(b) (6) [@mail.mil](#)>; Haeuptle, Andrew S SES USN DNS (USA) <(b) (6) [@navy.mil](#)>  
**Subject:** Support Requirements

CAPT Crozier,

Thanks for taking time to talk yesterday. We have decided not to visit TR so you can continue to focus on the health and welfare of your sailors.

What support do you need? Are you still looking for billeting? What else?  
How many people have you tested, so far?

I'll call you later today.



V,

Robert E. Love  
Chief of Staff  
Secretary of the Navy  
1000 Navy Pentagon  
Washington, D.C. 20350-1000  
(o) (b) (6)  
SIPR: (b) (6) [@navy.smil.mil](mailto:(b)(6)@navy.smil.mil)

“Don’t Give Up the Ship”

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>> On Apr 1, 2020, at 10:31 PM, Crozier, Brett E CAPT USN, USS Theodore  
>> Roosevelt <(b) (6)@cvn71.navy.mil> wrote:  
>>  
>> Ladies,  
>>  
>> Just following up to our phone conversation and I apologize for the change.  
>> Please disregard the original letter I sent and I'll forward you a  
>> new one shortly to be distributed. Additionally, while I laugh every  
>> time I see the #imwithCAPTCrozier, it's creating some problems  
>> politically that are slowing down the process :).  
>>  
>> Thanks for what you're doing and keep fighting for the families back there.  
>>  
>> Thanks,  
>> Brett  
>>  
>> CAPT Brett E. Crozier  
>> Commanding Officer  
>> USS THEODORE ROOSEVELT (CVN 71)  
>>  
>>  
>> -----Original Message-----  
>> From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
>> Sent: Thursday, April 02, 2020 11:57 AM  
>> To: 'Roosevelt 71 Ombudsman'  
>> Cc: (b) (6)  
>> Subject: RE: [Non-DoD Source] Questions on medical treatment for  
>> affected sailors  
>>  
>> Ladies,  
>>  
>> Busy out here but making progress and starting to get Sailors into  
>> hotel rooms tonight. I've attached my 4th letter to families that  
>> I'd like you to push out to our FB group, and email to your distro  
>> list as well. Hope it helps assure families we are moving forward.  
>>  
>> Thanks for your continued support.  
>>  
>> Vr,  
>> Brett  
>>  
>> CAPT Brett E. Crozier  
>> Commanding Officer  
>> USS THEODORE ROOSEVELT (CVN 71)  
>>  
>>  
>> -----Original Message-----  
>> From: Roosevelt 71 Ombudsman [mailto:(b) (6)@gmail.com]

>> Sent: Tuesday, March 31, 2020 5:24 AM  
>> To: Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
>> Subject: Re: [Non-DoD Source] Questions on medical treatment for  
>> affected sailors  
>>  
>> And, this may go without saying, sir, but we have your back. If  
>> there's anything you need us to do in addition to what we're already  
>> doing, please let us know. If you need us to update you every week,  
>> or twice weekly, on what we're hearing from sailors and families via  
>> our avenues, please advice accordingly. We'll help any way we can.  
>>  
>> Very Respectfully,  
>> your ombudsman team  
>>  
>> USS Theodore Roosevelt (CVN 71) Ombudsman  
>>  
>> CVN71 Ombudsman Facebook  
>> <[https://www.facebook.com/USS-Theodore-Roosevelt-Ombudsman-1562625434](https://www.facebook.com/USS-Theodore-Roosevelt-Ombudsman-1562625434029297/)  
>> 029297/>  
>> | Email: (b) (6) @gmail.com  
>> Telephone: (b) (6) | (b) (6) | (b) (6)  
>> (b) (6) | (b) (6)  
>>  
>> The information contained in and transmitted with this email may  
>> contain "For Official Use Only (FOUO)" Privacy Sensitive information.  
>> Any misuse or unauthorized disclosure, copying, distribution may  
>> result in both civil and criminal penalties.  
>>  
>>  
>>  
>> On Mon, Mar 30, 2020 at 8:41 AM USS Theodore Roosevelt Ombudsman Team  
>> (b) (6) @gmail.com> wrote:  
>>  
>>  
>> Thank you, sir. Your response is very much appreciated.  
>>  
>> Very Respectfully,  
>> (b) (6)  
>>  
>> USS Theodore Roosevelt (CVN 71) Ombudsman  
>> CVN71 Ombudsman Facebook | Email: (b) (6) @gmail.com  
>> (b) (6)  
>>  
>>  
>> The information contained in and transmitted with this email may  
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>> Any misuse or unauthorized disclosure, copying, distribution may  
>> result in both civil and criminal penalties.  
>>  
>>> On Mar 30, 2020, at 8:15 AM, Crozier, Brett E CAPT USN, USS Theodore  
>>> Roosevelt <(b) (6)@cvn71.navy.mil> wrote:  
>>>  
>>> Thanks (b) (6). We're on it. Those that tested positive are in  
>>> isolation rooms off ship. They are being checked on by the Base  
>>> Hospital, but obviously that isn't happening as routinely as it  
>>> should. We'll engage immediately.  
>>>  
>>> Vr,  
>>> Brett  
>>>  
>>> CAPT Brett E. Crozier  
>>> Commanding Officer  
>>> USS THEODORE ROOSEVELT (CVN 71)  
>>>  
>>>  
>>> -----Original Message-----  
>>> From: USS Theodore Roosevelt Ombudsman Team  
>>> [mailto:(b) (6)@gmail.com]  
>>> Sent: Tuesday, March 31, 2020 12:46 AM  
>>> To: Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
>>> Cc: (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6),  
>>> (b) (6) CMC USN, USS Theodore Roosevelt  
>>> Subject: [Non-DoD Source] Questions on medical treatment for  
>>> affected sailors  
>>>  
>>> Good morning, pacific time, sirs. We are receiving multiple emails  
>>> from families that are detailing some very concerning living  
>>> conditions for sailors who have tested positive for COVID 19.  
>>> Namely, the overwhelming lack of medical treatment or check in for  
>>> sailors who have been moved off the ship. Basic living necessities  
>>> are also an issue, whether it be medicine, toiletries, etc. There  
>>> are also sailors experiencing symptoms who seem to not be receiving  
>>> care.  
>>>  
>>> We are all very concerned for our sailors and their families at this  
>>> time, but we need to be able to reassure our families that their  
>>> sailors will be taken care of, not forgotten about. This influx of  
>>> emails and questions are alarming.  
>>>  
>>> Very Respectfully,  
>>> (b) (6)  
>>>  
>>> USS Theodore Roosevelt (CVN 71) Ombudsman  
>>> CVN71 Ombudsman Facebook | Email: (b) (6)@gmail.com



>>> Telephone: (b) (6)

[REDACTED]

[REDACTED]

>>>

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>>> result in both civil and criminal penalties.

>>

>>

>

(b) (6)

## LCDR USN NAVCIVLAWSUPPACT DC (USA)

**From:** (b) (6) CAPT USN DNS (USA)  
**Sent:** Monday, May 18, 2020 5:19 PM  
**To:** (b) (6) LCDR USN VCNO (USA); (b) (6) LCDR USN CNO (USA); (b) (6) LCDR USN DCNO N2N6 (USA)  
**Subject:** FW: Telcon with Mr. Love  
**Signed By:** (b) (6) @navy.mil  
**Importance:** High

VADM Brown gave me green light to discuss this during our call.

---

**From:** (b) (6) CAPT USN DNS (USA)  
**Sent:** Monday, May 18, 2020 5:06 PM  
**To:** Brown, Richard A VADM USN COMNAVSURFPAC SAN (US) <(b) (6) @navy.mil>  
**Cc:** (b) (6) LT USN COMNAVSURFPAC SAN (USA) <(b) (6) @navy.mil>; Spedero, Paul C Jr RDML USN USFFC (USA) <(b) (6) @navy.mil>  
**Subject:** Telcon with Mr. Love  
**Importance:** High

~~\*\*PRE-DECISIONAL//DELIBERATIVE INFORMATION//FOR OFFICIAL USE ONLY\*\*~~

VADM Brown,

Mr. Love called me about 15 minutes ago. My readout as follows:

- He asked me if anyone was going to obtain a statement from Mr. Modly – I told him as of now we are not intending to do that.
- He originally called TR CO to coord A/SN visit as a show of support for TR (understood that it would be more of a distraction and Mr. Love called him back later to waive off)
- He asked TR CO about anything needed to support? TR CO was vague and not seemingly urgent on any resources
- After his call, he sent a note to DNS – DNS responded and said C7F and CoC had a “full court press” and therefore Mr. Love didn’t see need to take any further action to support TR
- (TR CO attributed 4,000 cots ordered by NBG CO to Mr. Love – apparently this was in works outside of that call)
- He does not know why CNO didn’t call, but he was aware that CPF had called TR CO previously
- He said the A/SN comments during the 2 APR press briefing about “50 Sailors dying” was from the SMO letter
- He said A/SN fired TR CO due to “loss of confidence” based on 1) Unnecessarily raised concern for Sailors and Families about situation and 2) Discredited the Navy by giving the impression the Navy wasn’t doing anything to help
- He said he would be willing to conduct a formal interview and statement if we desire
- He expressed full support in helping the investigation

Please let me know if you would like me to address these with our group during the current call with VCNO.

v/r

CAPT (b) (6)

VCNO Command Investigation Team

(b) (6) @navy.mil

(b) (6) @navy.smil.mil

(Work) (b) (6)

(Cell) (b) (6)

Room (b) (6)

PRE-DECISIONAL//DELIBERATIVE WORK PRODUCT//~~FOUO~~

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**To:** (b) (6) @gmail.com  
**Subject:** FW: TR request for assistance  
**Date:** Sunday, March 29, 2020 11:55:47 PM  
**Attachments:** [TR COVID-19 Assistance Request.pdf](#)  
[Rocklov et al.pdf](#)

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-----Original Message-----

From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
Sent: Monday, March 30, 2020 1:48 PM  
To: (b) (6) @navy.mil'; Miller, DeWolfe H VADM USN COMNAVAIRPAC SAN CA (USA); Baker, Stuart P RDML USN, CCSG-9  
Cc: (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) @navy mil'; (b) (6) CAPT USN, COMNAVAIRPAC (USA)  
Subject: TR request for assistance

Fellow Naval Aviators,

It is with the utmost respect that I write to you requesting assistance. I consider all of you incredible leaders and I'd gladly follow you into battle whenever needed.

While I know there are many folks working hard to assist the TR as we attempt to contain the spread of COVID-19 onboard, all efforts to date have been inadequate and are unnecessarily putting Sailors lives at risk. I am no longer confident that normal staffing processes will work, and I believe we need decisive action now.

Make no mistake about it, if required we could get everyone back onboard, set sail, and be ready to fight and beat any adversary that dares challenge the US or our allies. The virus would certainly have an impact, but in combat we are willing to take certain risks that are not acceptable in peacetime. I told the SECNAV's office the same, and will repeat to the CNO if he calls today.

However, our current effort efforts to contain the virus and treat the symptoms while pierside here in Guam are inadequate. By COB on 30 Mar, TR will have over 20% of the crew ashore in 'quarantine areas' (open bay gyms) or 'isolation' rooms (NGIS rooms with shared heads) onboard Naval Base Guam.

These facilities are inadequate to contain the virus and we're already seeing new positive cases from those residing at gyms with more likely to follow. Based on the contact tracing of the 53+ CV positive TR Sailors to date, over 50% of those still onboard (over 2,000) can be considered close contact - the real number is closer to the 4,000 still onboard due the close proximity of the entire crew on a CVN.

The current situation is not ideal, and will only get better once we can isolate the crew off ship in true isolation rooms with separate bathroom facilities. A CVN does not provide the necessary space to allow for ROM separation IAW NAVADMIN 083 or CDC guidance with the majority of the crew embarked. The Diamond Princess Cruise Ship example demonstrates that the only way they were able to stop the spread was to remove everyone off the ship. Considering that they already had some ability to quarantine onboard with individual guest rooms, we should be extremely concerned with the virus spread on a CVN.

I need approximately 500 Sailors to remain onboard to continue to operate a Rx plant, man normal watches to support minimal operations (C2, IET, etc.), and maintain aircraft readiness. Naval Base Guam is doing the best they can, but they do not have adequate facilities and we can't wait much longer for off island lodging to become available as our cases continue to increase. While I understand that there are political concerns with requesting the use of hotels on Guam to truly isolate the remaining 4,500 Sailors for 14+ days, the hotels are empty, and I believe it



is the only way to quickly combat this problem. Keeping Sailors local also allows me to maintain the warfighting capability needed should the balloon go up. The alternatives are to let this ride out, hope for the best, and pray we don't lose Sailors to this invisible enemy. Naval Aviation is better than that, and we owe it to the thousands of Sailors onboard, and those outside watching, to take decisive action now.

I fully realize that I bear responsibility for not demanding more decisive action the moment we pulled in, but at this point my only priority is the continued well-being of the crew and embarked staff. As you know, the accountability of a Commanding Officer is absolute, and I believe if there is ever a time to ask for help it is now regardless of the impact on my career.

Vr,  
Chopper

CAPT Brett E. Crozier  
Commanding Officer  
USS THEODORE ROOSEVELT (CVN 71)

**Witness Statement of USS THEODORE ROOSEVELT (CVN 71)  
Physical Therapist**

On 9 May 2020 I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: LT (b) (6) Position: Physical Therapist

Command: USS THEODORE ROOSEVELT Department/Division: Medical

Email Address: (b) (6) @cvn71.navy.mil Phone(s): (b) (6)

A couple of weeks prior to our Da Nang port call, we developed a screening process for incoming personnel based on what we knew from the CDC at the time. We identified several locations within the TR as possible options for isolation and quarantine. We had already established dedicated bleach down of the ship several times a week due to a previous rise in stomach virus issues onboard. We felt stopping in Vietnam posed an unknown risk because China and Southeast Asia in general were reporting ever increasing cases of COVID-19. I was suspicious of the quantity of positive cases being published by Vietnam and other communist countries in the region, but also understood the political motivations for the port visit.

Upon arriving at Da Nang, our screening process occurred both on the pier and on the ship. We had plans to quarantine close contacts and isolate the suspected positives. Medical staff was trained in administering the screening questions and taking temperatures. Everyone was briefed on the plan for quarantine and isolation. Plans were discussed with other departments, particularly Supply, to help coordinate additional berthing options if required. At the time, guidance for screening and testing of individuals set the temperature threshold at 100.4 degrees Fahrenheit. I was, for the most part, not acting in my primary capacity as the physical therapist but more as the medical division officer and primary assistant to SMO. In this role, I was responsible for ensuring SMO's guidance was executed regarding screenings and preparations.

As soon as the British foreign nationals tested positive, liberty was secured for TR. We continued our bleach down cleaning procedures throughout the ship. Shortly after we departed Vietnam, we scaled back or ceased all non-essential work. We started a screening process with taking temperatures and asking the screening questions given to us by higher headquarters. These questions were pushed out to the departments for departmental screenings and then reported to Medical. Sick call was focused on patients with ILI symptoms. As far as the specific instructions, I remember we referenced the NTRP and other official guidance as it was pushed to the fleet. SMO continuously pushed out new literature being published by the medical and scientific community as well to help refine our mitigation procedures. The whole of these publications were used as guidance for screening and



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Physical Therapist

adaptation of our plans. The concern was that a significant percentage of people infected with COVID-19 can be asymptomatic, and therefore screening is ineffective. A lot of our focus in Medical at the time was screening for influenza-like illness (ILI) to try and identify any instance of the virus onboard. The guidance at the time was to treat people symptomatically. We were tracking our screening processing using spreadsheets and rosters. The spreadsheets quickly became too large and unwieldy as the data needed to track patients, as well as data requested by off ship entities, continued to grow. The administrative burden of managing the outbreak onboard soon demonstrated the myriad deficiencies and shortcomings of the electronic medical records and medical tracking systems. For example, none of the systems communicate with one another effectively or provide the level of flexibility needed to enter and track data across large populations or individuals.

The focus in transit was directed toward preventing an outbreak of COVID-19. The following are some, but not all, of the measures put into place: informational flyers, hand sanitizer was distributed, watch standers were assigned to chow lines, additional hand sanitizing stations were added near the chow lines; and self-serve in the galley was prohibited. I don't recall if the gyms were closed or not. SMO kept us focused on doing what is clinically and ethically right. Although I don't recall by name or author what specific research we referenced, I was made aware of the most recent research and publications on COVID-19. We did the best we could with the knowledge and materials available at the time. The nature of the shipboard environment presented us with a losing battle. It was not possible to follow the majority of the measures being promulgated as necessary to mitigate COVID-19.

Once we arrived in Guam, it was widely accepted in the scientific community that clinical presentation of initial symptoms of the virus took anywhere from 4 to 7 days according to the most recent literature. During that initial 4 to 7 day period an individual could be contagious and spreading the virus throughout the ship without any symptoms. By the time of our arrival in Guam multiple symptomatic patients had already been identified and tested positive for COVID-19 which meant the virus had been spreading throughout the ship for a week or more. As it turned out, COVID-19 had indeed been spreading throughout the ship. We quickly ran out of berthing space and were unable to effectively isolation and quarantine. Entire berthing compartments throughout the ship were locked down and full of sailors with food being dropped off by Supply. As the virus continued to spread rapidly it seemed apparent to me there was not any progress being made to acquire true isolation and quarantine. From higher levels, we were getting constant RFIs that were a waste of time and COAs that kept changing. We were even told to prepare to move everyone via plane to Okinawa where 5,000 barracks rooms were available. Plans were in motion to split up the crew for transportation while still maintaining essential personnel onboard for ship maintenance when word came down that beds were not in fact available in Okinawa. Similar instances occurred repetitively in the days following our first positive cases. It appeared that higher headquarters failed to grasp the reality of the situation on the ship despite the growing burden of off ship reports and RFIs. Meanwhile the virus continued to spread exponentially.

The gyms and warehouses that were provided were inadequate for housing sailors or stopping the spread of the virus. They had inadequate food and sanitation, close quarters



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Physical Therapist

living on cots that were less than 6 feet apart and not divided by barriers. This became even more apparent when sailors "quarantined" in large groups at the gym and warehouse began to develop symptoms and test positive. The conditions at the gym and warehouse risked another public health outbreak in addition to COVID-19. Medical department recommended against use of the warehouse or gym but we were informed that due to public opinion and the "optics" of the situation, senior officials off the ship insisted sailors needed to be moved off the ship to satisfy the public regardless of where they were living. Once we started moving sailors to hotels is when we began to break the spread.

SMO is the best senior officer with whom I have ever had the honor to work. He excels as a leader, a role model, and a Navy medical professional. He inspires and empowers his people to perform not only as a team, but at the highest level of which they are individually capable. He always stressed the importance of doing what is right and consistently pushed the most up-to-date clinical information to refine our procedures. He communicated openly with the medical staff. The teamwork and morale in Medical is exceptionally high. The challenge of COVID-19 only brought everyone closer together and elevated our performance. We could not have asked for a better team to face this challenge. Even the most junior corpsman really stepped up and took on additional responsibilities during the outbreak. The khaki leadership all worked really well together with everyone taking on new roles outside their specialty to help in the fight.

Regarding the signed medical letter, at my level of direct interaction with COVID-19 patients, there was every appearance that no measures were being taken to move people into isolation and quarantine. We were getting RFIs asking about minimal manning and COAs suggesting we let the virus run its course through the ship. Meanwhile the medical literature stated mean time to respiratory distress was 7 to 10 days. We were soon approaching the 10 day mark from our first positive and we needed to break the spread of the virus and have the ability to keep patients near a higher echelon of care. We did not want to wait until a sailor died to sound the alarm. We had been pushing our concerns up the chain of command since our first positive patient with no evidence of support. The environment on the ship aided the spread of the virus, hampered our efforts, and placed our sailors at increased risk. I believed only two things would drive the Navy to act, the death of a sailor or public opinion. I signed the letter because I knew, regardless of the consequences, I would regret saying nothing. We walked a courtesy copy of the letter to CAPT Crozier. CAPT Crozier and SMO advised us not to release it to the media and we followed their advice. CAPT Crozier said he owed us the courtesy of forwarding the letter up the chain of command. I am not aware of who received the letter once CAPT Crozier forwarded it up the chain of command. Those of us who signed the letter knew we were risking our careers. I was willing to risk my career for our patients. There is nothing I would have done differently. The published mortality rate for COVID-19 in our age group is approximately 0.5 to 1%, equivalent to 25-50 Sailors onboard TR, and we only lost one -- we did our job well.

We needed to get Sailors off the ship, break the virus, and limit mortality. That was the goal. We upheld our oath to care for our patients.



Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Physical Therapist

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)

\_\_\_\_\_  
(Witness' Signature)

17 MAY 2020  
(Date)

1130  
Time

(b) (6)

**CDR USN COMNAVAIRPAC (USA)**

---

**From:** (b) (6) CAPT USN COMNAVAIRPAC SAN CA (USA)  
<(b) (6)@navy.mil>  
**Sent:** Tuesday, March 31, 2020 9:17 AM  
**To:** (b) (6) CAPT USN COMNAVAIRPAC (USA)  
**Subject:** FW: Guam  
**Attachments:** Letter from the medical department on USS Theodore Roosevelt (51.6 KB)  
**Signed By:** (b) (6)@NAVY.MIL

COS,  
Here is the letter that we discussed.  
V/r,  
(b) (6)

CAPT (b) (6)  
Commander Naval Air Forces  
Force Surgeon  
(b) (6)  
(b) (6)@navy.mil

-----Original Message-----

**From:** (b) (6) CAPT USN COMNAVAIRES NOR VA (USA)  
<(b) (6)@mail.mil>  
**Sent:** Tuesday, March 31, 2020 8:30 AM  
**To:** (b) (6) CAPT USN COMNAVAIRPAC SAN CA (USA)  
<(b) (6)@navy.mil>  
**Subject:** FW: Guam

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**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
(b) (6)@cvn71.navy.mil]  
**Sent:** Monday, March 30, 2020 23:56  
**To:** (b) (6)



(b) (6)



(b) (6)

(b) (6)

(b) (6)

(b) (6)



(b) (6)

Subject: Guam

All,

Greetings from the USS Theodore Roosevelt. Figured I might as well give you a taste of what is going on.

Stay safe and stay healthy.

v/r,

(b) (6)



31 MARCH 2020

We are the physicians and medical professionals of USS THEODORE ROOSEVELT (CVN-71). Our immediate and primary concern is the safety and well-being of our patients, the Sailors under our care. Our ship detected Novel Coronavirus on board approximately seven days ago; three days ago we docked at Naval Base Guam. We are at war with COVID-19 and we are losing. This letter is to make you aware of our situation and to ask for your help.

This is our current situation: the virus is spreading exponentially on the ship. We have over 75 positive cases and rising. We are attempting to transfer infected Sailors off the ship. We are attempting to isolate the close contacts of infected Sailors, but at this point every single individual on the ship is a close contact. We continue to eat in groups. We continue to sleep in open bays. We continue to use group bathrooms accommodating dozens of individuals. We continue to work in confined spaces. We continue to expose ourselves to the virus on a daily basis. The construction of the ship makes it impossible for us to practice social distancing. These concerns have been expressed to all levels of the chain of command, but we have yet to see any demonstrable action taken to get our patients to safety that is in accordance with CDC guidelines and NAVADMIN 083/20.

There is a high probability that USS THEODORE ROOSEVELT will experience fatalities as a result of COVID-19 and we expect them to be within 10 days of penning this letter. While we have received the support of U.S. Naval Hospital Guam, we expect to quickly overwhelm their limited resources. We expect to experience the well published case fatality rate of 0.5-1% for our age demographic if drastic action is not immediately taken. If this case fatality rate remains constant we stand the potential to have 50 or more fatal cases. We will not stand by while our fellow sailors continue to be exposed to this fatal virus.

The only solution to save the lives of our Sailors is to immediately get everyone off the ship into appropriate isolation or quarantine. There is no other option. The time has come for aggressive measures to be taken and we are asking for your help to save the lives of our patients.

As medical providers we have a moral responsibility to our patients. We will continue to fight this losing battle, but we are asking for your immediate support to help us win this war. Time is of the essence.

Our intent is to submit this letter to the public to demonstrate our concerns for the safety of our patients and your sailors.

Very Respectfully,

(b) (6)

LCDR MC USN

Surgeon

USS THEODORE ROOSEVELT (CVN 71)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

CAPT MC USN

Senior Medical Officer

USS THEODORE ROOSEVELT (CVN 71)

(b) (6)

(b) (6)

(b) (6)

LT MSC USN

Physical Therapist

USS THEODORE ROOSEVELT (CVN 71)

(b) (6)

(b) (6)

MD

(b) (6) LCDR MC USN

Family Physician

USS THEODORE ROOSEVELT (CVN 71)

(b) (6)

(b) (6)

LT MC USN

Flight Surgeon

CVW-11

**From:** (b) (6) [LCDR USN, USS THEODORE ROOSEVELT](#)  
**To:** (b) (6) [CDR USN, C7F](#)  
**Cc:** (b) (6) [LT USN, C7F](#)  
**Subject:** FW: Urgent media inquiry: USS Theodore Roosevelt COVID outbreak  
**Date:** Monday, March 30, 2020 11:43:47 PM

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Ma'am,

CAPT (b) (6) emailed me below . . .

While I have a copy of the email (hard copy given to me by the CO today), I do not have a copy of the attachment (white paper) that was included in the email sent to PACFLT and CNAF which is what I believe the reporter is referencing in his media query.

Did you want me to provide anything to CAPT (b) (6), or do you prefer to engage with PACFLT directly?

Very respectfully,

LCDR (b) (6)  
Public Affairs Officer  
Carrier Strike Group NINE  
USS Theodore Roosevelt (CVN 71)  
Office: (b) (6)  
Cell: (b) (6)  
(b) (6) @cvn71 navy.(smil) mil

O: (b) (6)  
JDial: (b) (6)  
Hydra: (b) (6)

-----Original Message-----

**From:** (b) (6) CAPT USN COMPACFLT (USA) [[mailto:\(b\) \(6\) @navy.mil](mailto:(b) (6) @navy.mil)]  
**Sent:** Tuesday, March 31, 2020 1:23 PM  
**To:** (b) (6) LCDR USN, USS THEODORE ROOSEVELT  
**Subject:** FW: Urgent media inquiry: USS Theodore Roosevelt COVID outbreak

(b) (6), Are you aware of this letter? Did you read it?

v/r (b) (6)

**From:** (b) (6) A LTJG USN COMPACFLT (USA) <(b) (6) @navy.mil>

**Date:** Monday, Mar 30, 2020, 2:05 PM

**To:** (b) (6) @sfchronicle.com <(b) (6) @sfchronicle.com>

**Subject:** RE: Urgent media inquiry: USS Theodore Roosevelt COVID outbreak

Hi (b) (6)

I've got your query and I'll work to get you additional answers soonest.

Very Respectfully,

Lt. j.g. (b) (6)

U.S. Pacific Fleet Public Affairs

Cell: (b) (6)

From: (b) (6) (b) (6) @sfchronicle.com>

Sent: Monday, March 30, 2020 7:11 PM

To: OSD Pentagon PA Mailbox Duty Officer Press Operations <(b) (6) @mail.mil>

Subject: [Non-DoD Source] Urgent media inquiry: USS Theodore Roosevelt COVID outbreak

Hi,

I'm a reporter with the San Francisco Chronicle. I'm working on an article about the USS Theodore Roosevelt that has a number of COVID-19 cases on board. It's now docked at the base in Guam. It is based out of San Diego.

We obtained a copy of a four-page letter sent from Capt. Brett Crozier pleading for help from the U.S. Navy brass to bring equipment to allow isolated quarantines for his entire crew. He says the current strategy is not working as there is no way to properly isolate aboard the aircraft carrier.

I had questions for the Navy:

1. Have you received Capt. Crozier's letter?
2. How many positive COVID tests are there right now on the ship's crew?
3. What is the response from the Navy? Is anything being done?
4. What specifics are being done right now? Is any equipment being sent there? When will it arrive?
5. How concerned is the Navy about this situation?
6. Any other comments about this situation?

Thanks for your prompt attention. I can be reached by email or at (b) (6). I have a deadline today at 6:30 p.m. CA time.

Best,

(b) (6)



**From:** (b) (6) @fe.navy.mil  
**To:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
**Subject:** RE: Day 1  
**Date:** Thursday, April 2, 2020 8:17:30 AM

---

Thanks Chopper. I am all in to help our shipmates out but I also have to hold a hard line to keep our relationship with our citizens here on Guam. They are scared but also very supportive of TR.

I am committed to you and our shipmates to get this done and get you back to sea.

I appreciate your leadership during this tough time.

Vr

(b) (6)

Sent with BlackBerry Work  
(www.blackberry.com)

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**From:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>  
**Date:** Thursday, Apr 02, 2020, 10:02 PM  
**To:** Menoni, John V RDML USN JRM <(b) (6) @fe.navy.mil>  
**Subject:** RE: Day 1

Thanks Sir.

Appreciate the update. It was great to see the Sailors moving ashore and out to hotels tonight. Another great step in the continuing efforts by your team to take care of TR Sailors.

We own the missed symptomatic Sailors and will adjust our process immediately. We'll add an additional check on our end before they load up and make sure it is clear to everyone that they have to be symptom free.

Vr,  
Chopper

CAPT Brett E. Crozier  
Commanding Officer  
USS THEODORE ROOSEVELT (CVN 71)

-----Original Message-----

**From:** (b) (6) @fe navy mil [mailto:(b) (6) @fe navy mil]  
**Sent:** Thursday, April 02, 2020 9:07 PM  
**To:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
**Subject:** Day 1

Chopper,

Day 1 started a bit late and is moving slowly. We anticipate getting the majority of your Sailors in the hotel by 2359. We will get more

efficient tomorrow. I say the majority as I received a report from the team at the hotel that we had to medically disqualify 2 Sailors within the first 3 trucks as they were presenting symptoms. This was a medical call by doctors on site and the Sailors reported having symptoms for at least 1 day for the first and multiple days for the second. I believe they were mild symptoms (cough) but the docs thought they were serious enough that they will be transported to USNH Guam and then back to NBG unless they need medical intervention.

I need some help with this from the ships medical force and deck plate leadership. The litmus test for leaving the base was a negative test AND asymptomatic. Request you get the team engaged to not let Sailors with symptoms get on the trucks/vans. We are one public screw up from getting Gov Guam scrutiny which could result in a shutdown which no one wants because our Sailors will then be screwed.

Request any help you can provide on site NBG.

V/r

(b)

Sent with BlackBerry Work  
([www.blackberry.com](http://www.blackberry.com))

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**To:** (b) (6) @fe.navy.mil  
**Cc:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CVW-11 DCAG  
**Subject:** RE: [Non-DoD Source] Confidential  
**Date:** Wednesday, April 1, 2020 2:02:36 AM

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(b) (6),

DCAG is CC'd. (b) (6) meet (b) (6). (b) (6) meet (b) (6).

I think the only minor issues I see are:

1) Surgical Mask requirements. We don't have enough. We have 1000's on order but they will probably arrive next year. I am currently asking Sailors to wear their flash hoods, a bandana or some kind of makeshift mask. Can we make it "a medical face mask or suitable alternative." Our Dental Doc is on the record that "something is better than nothing."

2) Limitations on who can have access the floors. Discussion currently states Hotel Staff will NOT enter the floors. We prefer to restrict our Sailors to their rooms exclusively. I suspect you do not have the manpower to roam dozens of hotel floors. If the Hotel Staff is nowhere in sight, we need some interaction. Can we get permission for Chaplains, CMC's and Building OIC's (O-5's) to conduct health and wellness checks? PPE on / no staff on deck. This has been very effective at keeping Sailors morale at a reasonable level on NBG.

3) No problem with the \$200 fine for smoking or damaging rooms.

Expect some khaki leadership strategically placed on every floor. We will need floorplans to properly assign rooms and manage good order and discipline.

From the Heads and Beds guy - the rest looks pretty good to me. NAVADMIN 083/20 is pretty black and white. We will follow it to the T. This is not meant to be a good time but they will be happy to have anything.

V/R

(b) (6)

-----Original Message-----

**From:** (b) (6) @fe.navy.mil [[mailto:\(b\) \(6\)@fe.navy.mil](mailto:(b) (6)@fe.navy.mil)]  
**Sent:** Wednesday, April 01, 2020 2:44 PM  
**To:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt  
**Subject:** FW: [Non-DoD Source] Confidential

Skipper, XO,

Here is the document that Guam Hotel and Restaurant Association have sent.

Very Respectfully,

CAPT (b) (6), USN

Chief of Staff  
Joint Region Marianas

Work: (b) (6)

Cell: (b) (6)

Email (NIPR): (b) (6) @fe.navy.mil

Email (SIPR): (b) (6) @fe.navy.smil.mil (please send alert via NIPR to ensure prompt response)

"FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE: ANY MISUSE OR UNAUTHORIZED DISCLOSURE MAY RESULT IN BOTH CIVIL AND CRIMINAL PENALTIES"



**From:** (b) (6) @fe.navy.mil  
**To:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
**Subject:** RE: Day 1  
**Date:** Thursday, April 2, 2020 8:17:29 AM

---

Thanks Chopper. I am all in to help our shipmates out but I also have to hold a hard line to keep our relationship with our citizens here on Guam. They are scared but also very supportive of TR.

I am committed to you and our shipmates to get this done and get you back to sea.

I appreciate your leadership during this tough time.

Vr

John

Sent with BlackBerry Work  
(www.blackberry.com)

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**From:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>  
**Date:** Thursday, Apr 02, 2020, 10:02 PM  
**To:** Menoni, John V RDML USN JRM <(b) (6) @fe.navy.mil>  
**Subject:** RE: Day 1

Thanks Sir.

Appreciate the update. It was great to see the Sailors moving ashore and out to hotels tonight. Another great step in the continuing efforts by your team to take care of TR Sailors.

We own the missed symptomatic Sailors and will adjust our process immediately. We'll add an additional check on our end before they load up and make sure it is clear to everyone that they have to be symptom free.

Vr,  
Chopper

CAPT Brett E. Crozier  
Commanding Officer  
USS THEODORE ROOSEVELT (CVN 71)

-----Original Message-----

**From:** (b) (6) @fe navy mil [mailto:(b) (6) @fe navy mil]  
**Sent:** Thursday, April 02, 2020 9:07 PM  
**To:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
**Subject:** Day 1

Chopper,

Day 1 started a bit late and is moving slowly. We anticipate getting the majority of your Sailors in the hotel by 2359. We will get more

efficient tomorrow. I say the majority as I received a report from the team at the hotel that we had to medically disqualify 2 Sailors within the first 3 trucks as they were presenting symptoms. This was a medical call by doctors on site and the Sailors reported having symptoms for at least 1 day for the first and multiple days for the second. I believe they were mild symptoms (cough) but the docs thought they were serious enough that they will be transported to USNH Guam and then back to NBG unless they need medical intervention.

I need some help with this from the ships medical force and deck plate leadership. The litmus test for leaving the base was a negative test AND asymptomatic. Request you get the team engaged to not let Sailors with symptoms get on the trucks/vans. We are one public screw up from getting Gov Guam scrutiny which could result in a shutdown which no one wants because our Sailors will then be screwed.

Request any help you can provide on site NBG.

V/r

(b) (6)

Sent with BlackBerry Work  
([www.blackberry.com](http://www.blackberry.com))

**From:** (b) (6) H CIV USN NAVSUPFLC PEARL HI (USA)  
**To:** (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN NAVSUPFLC PEARL HI (USA);  
(b) (6) CDR USN COMNAVAIRPAC (USA); (b) (6) CIV USN COMNAVAIRPAC SAN CA (USA);  
(b) (6) CAPT USN COMNAVSUPSYSCOM PA (USA); (b) (6) CAPT USN  
COMNAVSUPFLC (USA); (b) (6) CIV (USA); (b) (6) CIV USN (USA); (b) (6) CDR  
USN, C7E; (b) (6) CIV USN NAVSUPFLC PEARL HI (US); (b) (6) LCDR USN, C7E;  
(b) (6) CAPT USN, C7E; (b) (6) @fe.navy.mil; (b) (6); (b) (6)  
(b) (6) @fe.navy.mil  
**Cc:** (b) (6) CDR USN NAVSUPFLC PEARL HI (USA); (b) (6) CIV USN NAVSUPFLC PEARL  
HI (US); (b) (6) CIV USN (USA); Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6)  
(b) (6) CIV USN NAVSUPFLC PEARL HI (USA); (b) (6) CIV USN NAVSUPFLC PEARL HI (USA)  
**Subject:** RE: TR Lodging Awarded  
**Date:** Thursday, April 2, 2020 3:05:37 AM  
**Attachments:** Funds Tracker.xlsx

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CDR (b) (6),

Please confirm # of personnel moving tomorrow. Will it be 500 each following day as discussed? The vendor confirmed they can meet this requirement and they can meet total of 4000 for whole requirement. Capacity not an issue as they will probably leverage multiple hotels as needed.

The daily costs with taxes for lodging/ meals/incidentals/taxes is \$286.11 per person per day (initial 14 day period only). This does not include some of the other costs such as laundry, bio cleaning, decontamination cleaning, the additional 14 days sanitation cleaning charge. It should be noted that the contractor has stated that the second 14 day charge is not dependent on if the person gets sick. It is a charge that is applied no matter what for all 4000 whether they get sick or not. The contractor stated that if the occupant does get sick that there is another charge on top for additional decontamination of everything. This is something that will need to be negotiated as it may be excessive and not based on the Government's initial understanding.

Mark said that he can provide me with around \$2M tomorrow morning. I need some more funds in the morning as we are a little short to cover all 180 personnel for everything the first day and would need it to cover rest of tomorrow morning's services. In addition to adding the incremental funds I am going to incorporate the rest of the terms/conditions and phases. We will need lots more money to come in fast as the burn rate is pretty high per day as we get more and more into lodging.

With \$2,050,000 funding I'm expecting to have by tomorrow morning, I'll need additional funds by April 6th before I get into ADA scenario again based on my calculated burn rates. (See attached rough calcs) Once we add in laundry services, and the rest, this daily cost will go up and so will the burn rates. Just wanted to provide for planning purposes, calcs only go out to the 10 April as the burn rate will level out at approximately \$1.1M per day once we get everyone in.

V/R  
(b) (6)  
NAVSUP Fleet Logistics Center Pearl Harbor  
Contracting Officer  
Cell: (b) (6)  
Email: (b) (6) @navy.mil

-----Original Message-----

From: (b) (6) CDR USN, USS Theodore Roosevelt  
<(b) (6) @cvn71.navy.mil>  
Sent: Wednesday, April 1, 2020 7:30 PM  
To: (b) (6) CDR USN NAVSUPFLC PEARL HI (USA)  
<(b) (6) @navy.mil>; (b) (6) CDR USN COMNAVAIRPAC (USA)  
<(b) (6) @navy.mil>; (b) (6) CIV USN COMNAVAIRPAC SAN CA (USA)  
<(b) (6) @navy.mil>; (b) (6) CAPT USN COMNAVSUPSYSCOM PA  
(USA) <(b) (6) @navy.mil>; (b) (6) CAPT USN  
COMPACFLT (USA) <(b) (6) @navy.mil>; (b) (6) CIV (USA)  
<(b) (6) @navy.mil>; (b) (6) CIV USN (USA)  
<(b) (6) @navy.mil>; (b) (6) CDR USN, C7F  
<(b) (6) @lcc19.navy.mil>; (b) (6) CIV USN  
NAVSUPFLC PEARL HI (US) <(b) (6) @navy.mil>; (b) (6) LCDR USN,  
C7F <(b) (6) @lcc19.navy.mil>; (b) (6) CAPT USN, C7F  
<(b) (6) @lcc19.navy.mil>; (b) (6) @fe.navy.mil; (b) (6)  
<(b) (6) @fe.navy.mil>; (b) (6) @fe.navy.mil  
<(b) (6) @fe.navy.mil>; (b) (6) @fe.navy.mil  
Cc: (b) (6) CDR USN NAVSUPFLC PEARL HI (USA)  
<(b) (6) @navy.mil>; (b) (6) CIV USN NAVSUPFLC  
PEARL HI (US) <(b) (6) @navy.mil>; (b) (6) CIV USN  
(USA) <(b) (6) @navy.mil>; (b) (6) CIV USN NAVSUPFLC  
PEARL HI (USA) <(b) (6) @navy.mil>; Crozier, Brett E CAPT USN, USS  
Theodore Roosevelt <(b) (6) @cvn71.navy.mil>  
Subject: RE: TR Lodging Awarded

Navy Team,

Awesome news! Thanks to all for pulling this together in such a short  
amount  
of time...we are very appreciative!

V/r

(b) (6)

#TRSTRONG

-----Original Message-----

From: (b) (6) CDR USN NAVSUPFLC PEARL HI (USA)  
[mailto:(b) (6) @navy.mil]  
Sent: Thursday, April 02, 2020 3:01 PM  
To: (b) (6) CDR USN COMNAVAIRPAC (USA); (b) (6) CIV USN  
COMNAVAIRPAC SAN CA (USA); (b) (6) CAPT USN COMNAVSUPSYSCOM PA  
(USA); (b) (6) CAPT USN COMPACFLT (USA); (b) (6)  
(b) (6) CIV USN (USA); (b) (6) CIV USN (USA); (b) (6) CDR USN, C7F;  
(b) (6) CIV USN NAVSUPFLC PEARL HI (US); (b) (6)  
USN, C7F; (b) (6) CAPT USN, C7F;  
(b) (6) @fe.navy.mil; (b) (6) ;  
(b) (6) @fe.navy.mil  
Cc: (b) (6) CDR USN NAVSUPFLC PEARL HI (USA); (b) (6)  
(b) (6) CIV USN NAVSUPFLC PEARL HI (US); (b) (6) CIV USN  
(USA);  
(b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) H CIV



USN  
NAVSUPFLC PEARL HI (USA)  
Subject: TR Lodging Awarded

Aloha All,

FYSA- The requirement for commercial lodging and feeding for the first wave of 180 TR sailors was orally awarded by the Contracting Officer, (b) (6) a few minutes ago. FLCPH will continue to work the subsequent contracts requirements for this effort upon receiving additional funding tomorrow.

Thank you and Vr,

CDR (b) (6), SC, USN

Director, Regional Contracting Department

NAVSUP Fleet Logistics Center

Pearl Harbor, Hawaii

Office (b) (6)

Cell (b) (6)

Date	# at lodging	Daily Burn Rate	Funds needed	Current Funding
2-Apr	180	\$51,500.00	\$51,500.61	\$50,000.00
3-Apr	680	\$194,557.25	\$246,057.86	
4-Apr	1180	\$337,614.50	\$583,672.36	
5-Apr	1680	\$480,671.75	\$1,064,344.11	
6-Apr	2180	\$623,729.00	\$1,688,073.11	
7-Apr	2680	\$766,786.25	\$2,454,859.36	
8-Apr	3180	\$909,843.50	\$3,364,702.86	
9-Apr	3680	\$1,052,900.75	\$4,417,603.61	
10-Apr	4000	\$1,144,457.39	\$5,562,061.00	

F

**From:** (b) (6) CAPT USN NBG  
**To:** "Crozier, Brett E CAPT USN, USS Theodore Roosevelt"  
**Cc:** (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) MCPO USN NBG; (b) (6) LCDR USN NSF; (b) (6) CMC USN, USS Theodore Roosevelt  
**Subject:** RE: 300 PAX tonight and other  
**Date:** Thursday, April 2, 2020 12:38:01 AM

---

Roger all....we will be prepared to execute.

Turning it over to the EOC to coordinate.

Very respectfully,  
CAPT (b) (6)  
Commanding Officer  
Naval Base Guam

W: (b) (6)  
C: (b) (6)  
NIPR: (b) (6) @fe.navy.mil  
SIPR: (b) (6) @fe.navy.smil.mil

-----Original Message-----

**From:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
[mailto:(b) (6) @cvn71.navy.mil]  
**Sent:** Thursday, April 02, 2020 2:35 PM  
**To:** (b) (6) CAPT USN NBG <(b) (6) @fe.navy.mil>  
**Cc:** (b) (6) CAPT USN, USS Theodore Roosevelt  
<(b) (6) @cvn71.navy.mil>; (b) (6) MCPO USN NBG  
<(b) (6) @FE.navy.mil>; (b) (6) LCDR USN NSF  
<(b) (6) @FE.navy.mil>; (b) (6) CMC USN, USS Theodore  
Roosevelt <(b) (6) @cvn71.navy.mil>  
**Subject:** RE: 300 PAX tonight and other

(b) (6),

Copy.

We intend to move 250 Sailors to Apra Palms after dinner. We'll provide transport utilizing the white TR vans and all Sailors will bring their own linens and a bag to put them on when they go to the hotel.

180 to Sheraton tonight via CTF75 trucks. We're prepared to transport the 300 to the hotels tomorrow via TR vans if approved.

Vr,  
Chopper

CAPT Brett E. Crozier  
Commanding Officer  
USS THEODORE ROOSEVELT (CVN 71)

-----Original Message-----

**From:** (b) (6) @fe.navy.mil [mailto:(b) (6) @fe.navy.mil]  
**Sent:** Thursday, April 02, 2020 2:22 PM  
**To:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt



Cc: (b) (6) CAPT USN, USS Theodore Roosevelt;  
(b) (6) @fe navy mil; (b) (6) @fe navy mil  
Subject: 300 PAX tonight and other

Chopper,

Follow up to our discussion, I recommend we execute as follows:

1. Transfer 180 pax to Sheraton. Stick with the current plan to use CTF75 trucks with a 10 pax limit per truck. I am still waiting on JRM concurrence to shift to vans which, if approved, we can shift to tomorrow for the 300 pax transfer.
2. Transfer 300 pax to NBG. NBG will execute as you desire. 2 options: All 300 to IEM OR 294 to Apra Palms. Your call, NBG will support.
  - In either case we request that these 300 sailors bring their own linen and a plastic bag. This way we can quick turn the rooms. The plan REQUIRES the sailor pack their linen in the bag when they leave for the hotel. This plan REQUIRES the sailors do not to use the linen that is in the room. We will deliver the linen back to the ship.
  - In discussion with CAPT (b) (6) we are on for the for the transfer of 300 pax to the hotel tomorrow commencing at approximately 1300.
  - The transfer should occur after dinner. We will be ready to feed breakfast and lunch tomorrow.

Standing by for questions/concerns.

Very respectfully,  
CAPT (b) (6)  
Commanding Officer  
Naval Base Guam

W: (b) (6)  
C: (b) (6)  
NIPR: (b) (6) @fe navy.mil  
SIPR: (b) (6) @fe.navy.smil mil

**From:** (b) (6) CAPT USN, USS Theodore Roosevelt  
**To:** ALL HANDS  
**Cc:** CVW-11 AIRWING ALL HANDS; (b) (6) CAPT USN, CSSG9; (b) (6) CMC USN, CCSG9;  
(b) (6) CDS23 DCRE; (b) (6) CAPT USN, COMDESRON23  
**Subject:** (FOUO) COVID-19 QUARANTINE PLAN  
**Date:** Thursday, April 2, 2020 2:27:56 AM  
**Attachments:** COVID-19 QUARANTINE PLAN.PDF  
NAVADMIN 083 20 (2).pdf  
20.0401 GOV to Rear Admiral John V. Menoni re USS Theodore Roosevelt.pdf  
CSG Medical Quarantine Order.pdf  
CSG USE OF RECORDING DEVICES DURING COVID-19.pdf

---

Rough Riders, CVW-11,

TR Quarantine Plan attached. Please distribute widely. I have also attached the references for your review and education.

V/R

CAPT (b) (6), USN  
Executive Officer  
USS THEODORE ROOSEVELT (CVN 71)  
In Port: (b) (6)  
At Sea: (b) (6)  
Cell: (b) (6)  
Jdial: (b) (6)

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DEPARTMENT OF THE NAVY  
USS THEODORE ROOSEVELT (CVN 71)  
UNIT 100250 BOX 1  
FPO AP 96632

TRNOTE 5050  
CO  
2 Apr 2020

USS THEODORE ROOSEVELT (CVN 71) NOTICE 5050

From: Commanding Officer, USS THEODORE ROOSEVELT (CVN 71)

Subj: COVID-19 QUARANTINE PLAN

Ref: (a) NAVADMIN 083/20 dtd 11 Mar 20  
(b) Letter of Agreement between Governor of Guam and COMNAVMAR dtd 1 Apr 20  
(c) CCSG-9 Medical Quarantine Order dtd 1 Apr 20  
(d) CCSG-9 Use of Recording Devices During COVID-19 Order dtd 27 Mar 20

Encl: (1) Quarantined and Disembarked Berthing Check In/Out Sheet  
(2) Government of Guam Quarantine Letter  
(3) Task Force Hotel Guest Package  
(4) Swab Test Timeline  
(5) Isolation Flow Chart

1. Purpose. To establish guidelines, responsibilities and procedures for the transfer of USS THEODORE ROOSEVELT (CVN 71) personnel from THEODORE ROOSEVELT (TR) to local Guam lodging in order to comply with the mandatory 14-day quarantine required by references (a) through (d).

2. Background. TR will conduct the transfer of approximately 4,000 total Sailors (approximately 500 Sailors each day) from the ship and Naval Base Guam to local hotels. In order to transfer to a local hotel, personnel shall meet the following requirements:

NOTE: These requirements shall NOT be waived.

- a. Asymptomatic of the COVID-19 virus. No Influenza-Like Illness (ILI).
- b. Tested Negative of the COVID-19 virus within the 48 hours immediately prior to transfer.
- c. Not critical. Does not perform duties needed to operate and sanitize the TR during personnel transfer (list maintained by operations officer).

3. Guidelines/Procedures

a. Testing

- (1) Testing will be accomplished by TR medical staff or approved alternate.

(2) Typically, tests will be shipped to Osan, South Korea and results released 48 hours following the test.

(3) Test lead time and hotel availabilities will cause some variation in the duration of this plan.

b. Transfer of Personnel

(1) Personnel shall only be placed in single occupancy rooms in alignment with reference (a).

(2) Over a period of three to four weeks, TR Sailors will execute at least a 14-day quarantine per references (a) and (b).

(3) Each quarantine site shall be assigned an officer-in-charge (O-4 and above) and leading chief petty officer (E-8 and Above, E-9 preferred).

(4) Each hotel room floor shall be assigned a floor captain (E-7 and above).

(5) On-site leadership shall be connected to the Emergency Command Center (ECC) onboard TR.

4. Responsibilities

a. Emergency Command Center (ECC): The TR ECC shall:

(1) Build daily transfer rosters based on available hotel space and number of tested personnel available that meet all requirements. Transfer shall be accomplished using the following priority:

(a) High Risk Personnel (as designated by TR senior medical officer (SMO) only).

(b) Reactor Department Sailors.

(c) Retirement/Separation/Hardship transfers.

(d) Personnel currently residing off ship in group berthing areas (gyms, etc).

(e) All remaining tested personnel.

NOTE: Stay Behind Crew: Approximately 800 personnel will stay behind in order to operate, maintain and sanitize TR. These personnel will conduct off-ship quarantine at a later date.

(2) Provide rosters of departing personnel that meet all transfer requirements to the Administrative Officer (AO) by 0900 every morning. Provide TR hotel leadership rosters of all



2 Apr 2020

personnel including phone numbers and personal email addresses before departure. Update as required.

(3) Maintain and track strict accountability of all personnel to include location of all personnel assigned to TR off and on ship. Reports shall include information on isolated and quarantine personnel, medical status to include tracking of daily checks, medical supplies and health and welfare of isolated and quarantine personnel.

(4) Track and report deep cleaning progress.

(5) Coordinate with TR Medical to track and ensure proper care for COVID-19 positive personnel.

(6) Serve as the principal point of contact for off ship command and control.

b. AQ. The AO shall:

(1) Manage and supervise the check-out process. Utilizing enclosure (1), individuals will report to Ready Room 10 for check-out. During this process members will be medically screened for ILI symptoms. All personnel will have their temperature taken along with swab test from the TR Medical Department. Personnel shall complete enclosure (1). Signed copies of enclosure (2) shall be maintained by TR Admin Department.

(2) Ensure all personnel receive a Debark Brief covering the details of references (a) through (d) in detail. All personnel shall receive a copy of references (c) and (d) and enclosure (3). Coordinate with TR Media for production.

(3) Create and distribute a quarantine card (Q-Card) containing critical information (phone numbers, emails, etc). Write in fields on the card are acceptable. Every Sailor shall have a Q-Card prior to departure. Coordinate with TR Media for production.

(4) Create and maintain contact rosters specific to each hotel and floor. Roster shall include personal cell phone numbers and email addresses. Ensure TR Hotel leadership (OIC, LCPO and floor captains) maintains prior to departure and turns over a copy to ECC after departure.

c. SMO

(1) Timeline for swab test being sent and received are provided in enclosure (3).

(2) Off ship hotel Medical Command and Control is the responsibility of Commander, Naval Forces, Marianas and U.S. Naval Hospital (USNH) Guam. Medical emergencies will be handled by calling local EMS – 911. Notify first responders of COVID-19 status.

2 Apr 2020

(3) Off Ship Isolation Medical Command and Control is the responsibility of USNH Guam until the arrival of 3<sup>rd</sup> Medical Battalion. This will be done per the Isolation Flow Chart from Naval Hospital Guam provided in enclosure (5). Anticipate modifications.

d. Supply Officer (SUPPO)

(1) Transportation. Primary method provided by CTF-75 trucks and personnel. Backup method provided by TR Supply procured vans. TR's 43 12 and 15-passenger vans offer sufficient capacity to complete 575-personnel transfer in four round trips. TR personnel transferring for quarantine are not permitted to serve as duty drivers.

(2) Food/Water. An initial order of 19,000 Meals Ready-to-Eat (MRE) and 1,200 cases of water shall be made available. SUPPO shall supply 3 MREs and 5 bottles of water per quarantined or isolated Sailor as nourishment backup in case hotel food service is disrupted.

(3) Principal point of contact for all contract issues with off-ship lodging.

e. Combat Systems Officer

(1) Phone Plan

(a) Each site TR OIC, LCPO, and floor captain will be supplied with a local cellular phone (burner phone) to check on each personnel on their respective floors. Floor chiefs will report at designated times to hotel OIC.

(b) Each TR hotel OIC and LCPO shall monitor his burner phone to coordinate with floor captains, security, hotel staff and ECC using burner phones.

(c) Every vehicle and driver will be provided a burner phone when operating TR vans.

(2) Communications (COMM) Plan

(a) CSIO will provide COMM plan with designated TR circuits.

(b) ADPO/CSIO will ensure support remains available to maintain NIPR/SIPR and CENTRIX enclaves as required.

(c) ADPO/CSIO will ensure iPhone e-mail connectivity is maintained.

(d) CSMO will ensure POTS lines remain functional.

(e) CISMO will ensure TANBERG VTC ISO CO inport cabin is established.

(3) Maintenance

(a) All non-essential equipment will be placed in Inactive Equipment Maintenance (IEM) status.

(b) CMS requirements will be reviewed and returned to the TR's vault with all unneeded material in order to reduce inventory/destruction requirements.

f. Security

(1) Hotel Allocation. To the maximum extent possible, ECC should divide the departments evenly based off the number of hotels TR will be allotted. ECC should not place all personnel from the same department into the same hotel.

(2) Exterior Hotel Security

(a) Guam National Guard will provide security at each hotel.

(b) Guam Police Department will post two officers posted at each hotel.

(3) Quarantine Management (QM)

(a) Joint Regional Marianas (JRM) commands will be responsible for internal QM at each hotel. Additional assistance may be provided by Guam Guard or Marine Corps elements as required.

(b) Quarantined Sailors who fail to comply with references (a) through (d) will be detained by QM Forces. Personnel in violation off policy will be transferred back to Naval Base Guam and restart quarantine in an alternate location on base Naval Base Guam.

g. Hotel OIC/LCPO/Floor Captain: TR hotel leadership shall develop procedures and policies appropriate to the unique circumstances of their situation. These policies and procedures shall ensure accountability for all Sailors. The health and well-being of every Sailor is paramount. At a minimum each Hotel OIC shall develop procedures to:

- (1) Phone muster each Sailor twice a day at 1000 and 2000
- (2) Track the completion of daily medical and health and comfort checks
- (3) Ensure each Sailor is contacted by phone by the floor captain
- (4) Ensure each Sailor receives three meals a day and has adequate drinking water
- (5) Serves as the principal point of contact between the TR and Hotel Staff
- (6) Make daily reports to the ECC at 1100 and 2100



2 Apr 2020

**NOTE:** TR Hotel leadership should depart TR with a personal or government laptop. At least the OIC or LCPO shall have computer access. Hotel leadership shall have printed copies of this notice and all references and enclosures prior to departing TR.

5. Regulations/Prohibits. Personnel shall comply with references (a) through (d). Smoking on balconies is dependent on hotel policy. All personnel shall comply with local hotel smoking policies and are personally liable for fees and penalties. In room delivery service is currently prohibited by the Government of Guam.

6. Conclusion. As true professionals, we will follow the rules of quarantine with the understanding that they are in place to protect us, our shipmates, and the residents of Guam. I appreciate your teamwork to date, and know that we are doing all we can to ensure every TR Sailor is being taken care of to the maximum extent possible. Strict adherence to policy will ensure the health and safety of everyone assigned to the Big Stick and get us back where we belong - at sea and ready for the fight. Thanks for your support.

7. Cancellation. This policy will remain in effect until cancelled by the CO.

8. Records Management. Records created as a result of this notice regardless of media or format, must be managed per Secretary of the Navy Manual 5210.1 of January 2012.


(b) (6)



By direction

Releasability and distribution:

This notice is not cleared for public release and is available electronically only via the USS THEODORE ROOSEVELT (CVN 71) SharePoint Page to users with common access card authorization, (b) (7)(E)





**USS THEODORE ROOSEVELT (CVN-71) Quarantine / Disembarked Berthing Check Out Sheet**

Rank / Rate / Full Name: \_\_\_\_\_

Check Out Date: \_\_\_\_\_

Department: \_\_\_\_\_

Return to Ship Date: \_\_\_\_\_

Personal Cellphone #: \_\_\_\_\_

Personal Email address: \_\_\_\_\_

Hotel and Room Information (to be completed by ECC):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**COVID-19 Q & A for Check-Out**

Answer Yes or No to any of the symptoms you are experiencing now:

Fever	Yes	No
Chills	Yes	No
Cough	Yes	No
Sore Throat	Yes	No
Shortness of Breath	Yes	No
Body Aches	Yes	No
Abdominal Pain	Yes	No

**To be completed by Medical / ADMIN Department Reps Upon Check-Out**

Date: \_\_\_\_\_

Temperature: \_\_\_\_\_

Verified by: \_\_\_\_\_

Signature: \_\_\_\_\_

**RETURN CHECK OUT SHEET TO DEPARTMENT REPRESENTATIVE UPON COMPLETION**

Enclosure (1)

**USS THEODORE ROOSEVELT (CVN-71) Quarantine / Disembarked Berthing Check In Sheet**

Rank / Rate / Full Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Personal Cellphone #: \_\_\_\_\_  
Personal Email address: \_\_\_\_\_

Check Out Date: \_\_\_\_\_  
Return to Ship Date: \_\_\_\_\_

**To be completed by Medical / ADMIN Department Reps Upon Check-In**

Date: \_\_\_\_\_

Temperature: \_\_\_\_\_

Verified by: \_\_\_\_\_

Signature: \_\_\_\_\_

**COVID-19 Q & A for Check-In**

Answer Yes or No to any of the symptoms you are experiencing now:

Fever	Yes	No
Chills	Yes	No
Cough	Yes	No
Sore Throat	Yes	No
Shortness of Breath	Yes	No
Body Aches	Yes	No
Abdominal Pain	Yes	No

**RETURN CHECK IN SHEET TO DEPARTMENT REPRESENTATIVE UPON COMPLETION.**



LOURDES A. LEON GUERRERO  
GOVERNMENT OF GUAM  
JOSHUA F. TENORIO  
LT GOVERNOR SIGUANO MAGALLAN

GOVERNMENT OF GUAM  
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



LINDA UNPINO DE NORCEY, MPH  
DIRECTOR  
LAURENT SF DUENAS, MPH, BSN, RN  
DEPUTY DIRECTOR

## Voluntary Quarantine Letter

Date: \_\_\_\_\_

Dear \_\_\_\_\_,

I have determined that your voluntary quarantine is necessary for the preservation and protection of the public health. This determination is based on the following information:

- ☐ Your recent travel history
- ☐ Your identified contact to a known infectious COVID-19 patient.

Therefore, your compliance is hereby requested. You are requested to report to, or remain at your primary residence of record at

\_\_\_\_\_ by \_\_\_\_\_  
(Physical address of premises subject to quarantine) (Date and time)

Please read the enclosed information carefully and follow the enclosed recommendations. The Department of Public Health and Social Services (DPHSS) requests that you stay home from work, school, child care, other public areas, and to avoid travel by air and sea until we notify you that it is safe to resume your normal activities.

I am including the most recent information available on what you can do to help prevent spread of COVID-19 to others, including your household contacts. The information sheets about COVID-19 are updated often as new information becomes available. You can also access information at the DPHSS website, [www.dphss.guam.gov](http://www.dphss.guam.gov) or the Centers for Disease Control and Prevention's website at [www.cdc.gov](http://www.cdc.gov).

We understand that being voluntarily quarantined (home or hotel) may cause significant inconvenience to you. However, it is very important for the protection of your own health and that of others that you abide by this request for voluntary quarantine. If you have any questions about this request or need assistance in complying, please call the Medical Triage Phone Hotline Center at

(b) (6) Failure to voluntarily comply with this request may result in an emergency detention order, pursuant to P.L. 22-130.

Sincerely,

(b) (6)

Director, DPHSS

520 WEST SANTA MONICA AVENUE, DEDEDO, GUAM 96929  
[www.dphss.guam.gov](http://www.dphss.guam.gov) • Ph (b) (6)

Enclosure (2)



LOURDES A. LEON GUERRERO  
GOVERNOR, MAGATHADA

JOSHUA F. TENORIO  
LT. GOVERNOR, SIGURDO MAGALAYAN

GOVERNMENT OF GUAM  
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



LINDA UNPINGCO DENORCEY, MPH  
DIRECTOR

LAURENT SF DUEÑAS, MPH, BSN, RN  
DEPUTY DIRECTOR

## Voluntary Quarantine Acknowledgement

On \_\_\_\_\_, 20\_\_\_\_, I received a written notice from the Department of Public Health and Social Services (DPHSS) indicating that the Director, with the advice of the Medical Director and/or Chief Public Health Officer of the DPHSS, requests my voluntary quarantine from the public.

I have read the notice and the enclosed information carefully and intend to follow the enclosed recommendations. I understand that I will stay home from work, school, child care, and other public areas until I am notified by the DPHSS staff that it is safe to resume my normal activities. Additionally, I will follow any other requests of the DPHSS relating to my voluntary quarantine. I understand that if I have any questions regarding my condition, I will stay where I am and call the department at

(b) (6)

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
[Sign Name]

\_\_\_\_\_  
[Print Name]

\_\_\_\_\_  
[Date of Birth]

\_\_\_\_\_  
[Social security number]





LOURDES A. LEON GUERRERO  
GOVERNOR, GUAM

JOSHUA F. TENDRIO  
LT GOVERNOR, SIGUNDO MAGALIHAN

GOVERNMENT OF GUAM  
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



LINDA UNPINGCO DEHORCEY, MPH  
DIRECTOR

LAURENT SF DUENAS, MPH, BSN, RN  
DEPUTY DIRECTOR

## Completion of Quarantine Clearance Form

Date \_\_\_\_\_

To Whom It May Concern,

\_\_\_\_\_ has completed a period of quarantine as recommended by the Department of Public Health and Social Services (DPHSS) for persons suspected of having COVID-19. Quarantine is recommended when someone has contact with a patient who has a communicable disease and contact with other people is restricted in order to prevent spread of the illness.

The DPHSS requested quarantine based on the quarantine principles and conditions contained in P.L.: 22-130. At the completion of the quarantine period, the activities of the above name individual are no longer restricted, and they may return to work, school, and other public activities.

Attached is a fact sheet about COVID-19. In addition, you may find information about COVID-19 at the CDC website, [www.cdc.gov](http://www.cdc.gov), and the WHO website, [www.who.org](http://www.who.org). You may also call DPHSS at

(b) (6) if you have questions.

Sincerely,  
(b) (6)

Director

520 WEST SANTA MONICA AVENUE, DEDEDO GUAM 96929  
www.dphss.guam.gov • Ph (b) (6)

## **Hafa Adai, Welcome to TASK FORCE TR HOTEL**

- Welcome to the TF TR Hotel, the team from local command on Guam will be your hosts and will be helping you to make sure your stay is comfortable and meets your mission: quartertone and return to TR.
- The host command will provide 3 meals delivered to your door step every day. We will knock at the time of delivery so you can get a fresh meal.
- We strive to provide comfortable service while maintaining no to minimal direct contact with the host command personnel.
- As directed in your orders, you will remain in your room for the duration of the quarantine.
- Each room is provided with two sets of sheets and two weeks of towels. Please use them with that in mind. We will pick up dirty linens at the one week mark in your stay.
- Please keep all trash on station in the appropriate bag until the trash collection day. We will pick up trash every third day.
- You will be medically checked twice a day. In order to support this, please close your balcony door before opening the front door to your room, this will prevent positive air flow from rushing passed our medical providers.
- Medical checks will announce themselves at the door by knocking and saying "Medical Check".
- The only approved place to smoke/vape is the balcony of your hotel room. The balcony must be closed.

### **IMPORTANT CONTACT NUMBERS**

- Hotel Task Element Command Post: \_\_\_\_\_
- If you are having medical issues that can be addressed by a Corpsman, please call the following number for non-emergency: \_\_\_\_\_
- If you have a medical emergency and need ambulance assistance, please call: (b) (6) \_\_\_\_\_
- Chaplain Support: (b) (6) \_\_\_\_\_

# TASK FORCE TR HOTEL COUNT DOWN SCHEDULE

<b>1</b> <input type="checkbox"/> Welcome <input type="checkbox"/> Medical Checks	<b>2</b> <input type="checkbox"/> Medical Checks	<b>3</b> <input type="checkbox"/> Medical Checks <input type="checkbox"/> Trash Pick Up	<b>4</b> <input type="checkbox"/> Medical Checks	<b>5</b> <input type="checkbox"/> Medical Checks	<b>6</b> <input type="checkbox"/> Medical Checks <input type="checkbox"/> Trash Pick Up <input type="checkbox"/> Dirty Linen Pick Up	<b>7</b> <input type="checkbox"/> Medical Checks <input type="checkbox"/> Personal Laundry
<b>8</b> <input type="checkbox"/> Medical Checks <input type="checkbox"/> Trash Pick Up	<b>9</b> <input type="checkbox"/> Medical Checks <input type="checkbox"/> Personal Laundry Return	<b>10</b> <input type="checkbox"/> Medical Checks	<b>11</b> <input type="checkbox"/> Medical Checks <input type="checkbox"/> Trash Pick Up	<b>12</b> <input type="checkbox"/> Medical Checks	<b>13</b> <input type="checkbox"/> Medical Checks	<b>14</b> <input type="checkbox"/> Release <input type="checkbox"/> Trash Pick Up

H-FOF-195

**PLEASE POST ON DOOR**

**ROOM No.**

**NAME:**

**CELL No.**

**PERSONAL EMAIL:**

**DIVISION:**

**MENU CONSTRAINTS (Circle One):**

**Please only chose if it is a critical requirement.**

- **Vegetarian**
- **Vegan**
- **Allergy:**\_\_\_\_\_
- **Religious restriction:**\_\_\_\_\_

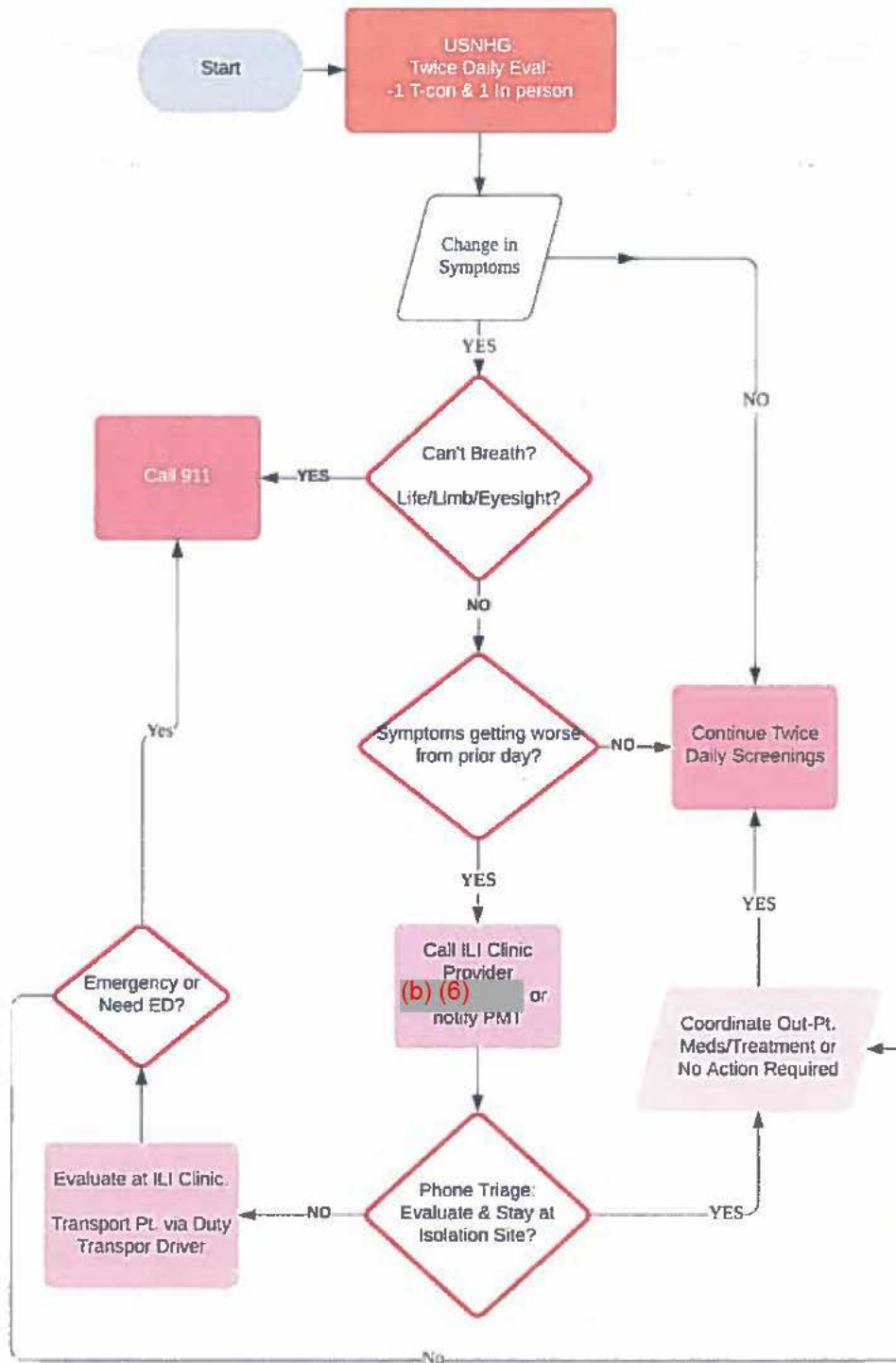


SWAB TEST TIMELINE

Date sent	Tests sent	Date results	Cumulative
3/29	30	3/31	30
3/30	100	4/1	130
3/31	170	4/1	300
4/1	400	4/2	700
4/2	900	4/3	1600
4/3	500	4/4	2100
4/4	500	4/5	2600
4/5	500	4/6	3100
4/6	500	4/7	3600
4/7	500	4/8	4100
4/8	500	4/9	4600
4/9	400	4/10	5100

# Isolation

March 31, 2020



-----OFFICIAL INFORMATION DISPATCH FOLLOWS-----  
RTTUZYUW RHOIAA0001 0832050-UUUU--RHSSUU.

ZNR UUUUU

R 231957Z MAR 20 MID110000511164U

FM CNO WASHINGTON DC

TO NAVADMIN

BT

UNCLAS

NAVADMIN 083/20

MSGID/NAVADMIN/CNIC WASHINGTON DC/N00/MAR//

SUBJ/RESTRICTION OF MOVEMENT (ROM) GUIDANCE//

REF/A/DOC/USD/11MAR20//

REF/B/NAVADMIN/OPNAV/212007ZMAR20//

REF/C/DOC/BUMED/17MAR20//

NARR/REF A IS UNDER SECRETARY OF DEFENSE MEMO, FORCE HEALTH PROTECTION

GUIDANCE (SUPPLEMENT 4) - DEPARTMENT OF DEFENSE GUIDANCE FOR PERSONNEL TRAVEL DURING THE NOVEL CORONAVIRUS OUTBREAK.

REF B IS NAVADMIN 080/20, NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK UPDATE 3. REF C IS BUMED RETURN TO WORK GUIDELINES FOR CORONAVIRUS.//

RMKS/1. REF A requires that personnel returning from a Center for Disease Control and Prevention (CDC) Travel Health Notice (THN) Level 3 or Level 2 location perform a 14 day restriction of movement (ROM). During ROM, Service Members should be restricted to their residence or other appropriate Domicile and limit close contact (within 6 feet or 2 meters) with others. This NAVADMIN clarifies the definition of ROM, provides amplifying guidance, and delineates responsibilities for execution of ROM.

## 2. Definitions.

2.a. **Restriction of Movement (ROM).** General DoD term referring to the limitation of personal liberty for the purpose of ensuring health, safety and welfare. ROM is inclusive of quarantine and isolation.

2.a.(1) **Quarantine.** Medical term referring to the separation of personnel from others as a result of suspected exposure to a communicable disease. For the world-wide COVID-19 epidemic, this should be imposed on those with no COVID-19 symptoms who have either recently returned from a high-risk location (CDC THN Level 2 or 3), or have had close contact with a known COVID-19 positive patient. The current recommended quarantine period is 14 days. Per CDC, quarantine generally means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

2.a.(2) **Isolation.** Medical term referring to the separation of personnel from others due either to the development of potential COVID-19 symptoms or as a result of a positive COVID-19 test. Per CDC, isolation means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

2.b. **Patient (or Person) Under Investigation (PUI).** In the case of COVID-19, a PUI is defined as an individual with either a pending COVID-19 test or for whom a test would have been ordered/conducted had one been available.

2.c. **Self-monitoring.** Per CDC, self-monitoring means people should monitor themselves for fever by taking their temperatures twice a day and remaining alert for the onset of a cough or difficulty breathing. If an individual feels feverish or develops a measured fever, cough, or difficulty breathing

during the self-monitoring period, they should self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether further medical evaluation is needed.

2.d. **Close Contact.** Per CDC, a close contact is defined as:

2.d.(1) Being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; the current recommended threshold is 10 minutes. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case, or

2.d.(2) Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

3. Applicability. **ROM applies to all Service Members, who in the last 14 days have either been in:**

3.a. An area with ongoing spread of COVID-19 as defined as CDC designated Level 2 and 3 countries ([https:// www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travelnotices.html](https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travelnotices.html)), or

3.b. Close contact with a person known to have COVID-19.

3.c. Per REF A, it is strongly recommended that DoD civilian employees, contractor personnel and dependents also follow this guidance.

4. Guidance.

4.a. ROM personnel shall be directed to remain at home or in a comparable setting for 14 days ROM from the day of departure or contact. For transient personnel and those residing in close quarters such as unaccompanied housing **or ships**, temporary lodging meeting CDC guidance of separate sleeping and bathroom facilities shall be arranged, when available.

4.b. When in ROM, personnel shall avoid congregate settings, limit close contact with people and pets or other animals to the greatest extent possible, avoid traveling, self-monitor, and seek immediate medical care if symptoms (e.g., cough or shortness of breath) develop.

4.c. Personnel assigned ROM may exit quarters to access laundry facilities, outdoor exercise, and designated smoking areas; and conduct other routine tasks not in a public setting provided they maintain social distancing greater than 6 feet from others. Access to messing facilities, stores, fitness centers and other widely used support services is prohibited.

4.d. For temporary lodging, normal room cleaning services will be suspended during the ROM period.

4.e. For personnel executing ROM in private residence, coordinate with parent command for the purchase of required food/hygiene items or arrange delivery through other means.

4.f. After completion of ROM, return to work per REF C and Combatant Commander guidance, if applicable.

5. Responsibilities.

5.a. Parent command **Commanding Officer/Officer in Charge shall:**

5.a.(1) Ensure screening of personnel for ROM.

5.a.(2) Ensure ROM personnel comply with paragraph 4.

5.a.(3) If temporary lodging is required:

5.a.(3)A. **Provide cost orders for ROM personnel.** Orders will direct the Service Member to a ROM status and not TAD to the host installation. Recommend funding for temporary lodging, if required, be obtained through the Type Commander. This may be accomplished utilizing a General Terms and Conditions document to avoid issues arising from Service Members not having government travel cards.

5.a.(3)B. **Coordinate with installation Commanding Officer for room assignment.** It is imperative that tenant commands inform installations of all personnel in ROM within government facilities (to include barracks, NGIS, Navy Lodge, PPV family housing, and PPV barracks).



5.a.(3)C. As needed, **coordinate messing support with the Commanding Officer where a galley is available.** Arrangements will be made between the parent command and the installation for the delivery of meals to Service Members in a ROM status.

5.a.(3)D. As required, provide daily support to ROM personnel to ensure meal delivery as well as health and comfort checks.

5.A.(3)E. Ensure personnel supporting individuals in ROM are trained on the status of ROM personnel and associated interaction protocols. Close contact is prohibited. PPE is not required.

5.a.(4) If private residence is utilized, coordinate with ROM personnel to ensure all messing needs are met.

**5.b. Installation Commanding Officers shall:**

5.b.(1) Account daily for available temporary lodging to support ROM.

5.b.(2) Track all ROM personnel residing in Navy Lodging (unaccompanied housing, NGIS, Navy Lodge, PPV family housing, PPV barracks) both on and off installation. There is no need for installations to track tenant personnel in a ROM status in private residence/lodging.

5.b.(3) **Provide detailed instructions to tenant commands who require temporary ROM lodging support.**

5.b.(4) If available, coordinate with parent commands to provide take -out meals for delivery to ROM personnel.

5.b.(5) Ensure temporary lodging staff are trained on the status of ROM personnel and associated interaction protocols. Close contact is prohibited. PPE is not required.

5.b.(6) Follow CDC guidance for cleaning rooms following the ROM period. Ensure the standards are the same across all facilities (unaccompanied housing, NGIS, Navy Lodge).

5.b.(7) For the safety of lodging personnel, ensure clear discrete procedures are in place to identify rooms which are occupied by ROM personnel.

5.b.(8) Ensure fire and emergency services are aware of ROM personnel locations, particularly those in isolation, and are prepared to respond to medical emergencies with appropriate PPE.

6. Entitlements. Per REF B.

7. Reporting Requirements. Per REF B.

**8. ROM FAQs.**

Question 1. When placed on Restriction of Movement (ROM), can I travel to locations within the fence line of an installation to utilize facilities such as the NEX food court or the gym?

Answer 1. No, during the duration of ROM, Service Members must remain in their rooms with the exception of brief trips to utilize designated smoking areas, walking in the immediate vicinity of the building (usually within 100 feet), and limiting close contact (within 6 feet) with others. If your facility contains an in house gym, do not use it.

Question 2. Can I accept food deliveries from various services?

Answer 2. Yes, food must be placed outside the room. Minimize close contact (within 6 feet).

Question 3. Can my family or friends visit me?

Answer 3. Yes, provided they do not enter your room. Conversations should be held with visitors staying in the passageway outside the room and Service Members in their room. Minimize close contact (within 6 feet).

Question 4. Can I do my laundry?

Answer 4. Yes, but you should coordinate with your command to utilize in house laundry facilities.

Question 5. How do I obtain personal hygiene items?

Answer 5. Utilize the point of contact provided by your command to arrange for purchase of these items.

Question 6. Will my room be cleaned daily?

Answer 6. No, your room will not be cleaned during your stay. Trash pickup is available by placing your trash can in the passageway.

Question 7. Is Personal Protective Equipment required for personnel in my vicinity?

Answer 7. No, you should limit close contact (within 6 feet) with others.

Question 8. Can I ROM in open bay barracks or in rooms with shared bathrooms?

Answer 8. No, individuals should be placed in separate lodging (when available).

Question 9. Can I use public transportation if in ROM status?

Answer 9. No, individuals on ROM should avoid crowds and public locations.

Question 10. Can I get off ROM early if I was in close contact to a person with COVID-19, and I feel like I am not sick?

Answer 10. No, the Centers for Disease Control (CDC) recommends 14 days of ROM from the last date of exposure to a COVID-19 positive person.

Question 11. What is the difference between quarantine and restriction of movement (ROM)?

Answer 11. Quarantine is a legal public health term used for civilian restrictions and ROM is a military term being used to identify military individuals who are restricted in their movement, generally to their residence.

Question 12. Are my family members at risk if I ROM at home with them?

Answer 12. ROM status is a precautionary step to prevent spread to others. Considering this, it is recommended that while at home in a ROM status, you practice social distancing. This means try to remain at least 6 feet from other persons, avoid using the same bathroom, or sleeping in the same bed.

Question 13. Can I prepare meals for my family while on ROM?

Answer 13. When in a ROM status, it is recommended you not prepare meals for your family because the virus is spread through respiratory droplets that can land on surfaces such as food. Ideally, you should have other individuals prepare food. If you are the only care giver, make sure you are washing your hands with soap and water for 20 seconds for general food safety. Make sure you cover your nose and mouth when coughing and wash your hands after using the bathroom.

Question 14. Should I be wearing a mask?

Answer 14. Masks will not protect you from inhaling the virus. The virus is very small and can make its way through and around the mask. The best way to prevent being infected or infecting others is to practice social distancing and good hygiene techniques (such as washing your hands regularly with soap and water for at least 20 seconds, avoid touching your face, avoid sick persons, etc).

Question 15. Do I need to clean my house to CDC standards?

Answer 15. It is recommended you maintain a clean living environment as you normally would. This includes frequent hand washing, washing clothing and bedding, and wiping down frequently touched

surfaces with a sanitizing wipe or any cleaning product that contains at least 10 percent bleach. The Environmental Protection Agency has a list of products that have been specifically tested as effective in sanitizing surfaces.

9. Released by Vice Admiral M. M. Jackson, Commander, Navy Installations Command.//

BT

#0001

NNNN

V/r,

CNRSW ROC

com: (b) (6)

fax: (b) (6)

NIPR: (b) (6)@navy.mil

SIPR: (b) (6)@navy.smil.mil

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Warning: This is an information report. It is being shared for informational purposes but has not been fully evaluated, integrated with other information or analyzed. Receiving persons and agencies are cautioned not to take actions based solely on this report unless the information is independently verified.

UFISINAN I MAGA'HÅGA  
OFFICE OF THE GOVERNOR

LOURDES A. LEON GUERRERO  
MAGA'HÅGA • GOVERNOR



JOSHUA F. TENORIO  
SIGUNDO MAGA'LÅHI • LIEUTENANT GOVERNOR

**Via Email:** (b) (6) @fe.navy.mil

April 1, 2020

**Rear Admiral John V. Menoni**  
Commander Joint Region Marianas  
(b) (6)  
Halsey Drive, Nimitz Hill  
Piti, Guam 96915

**Re: USS Theodore Roosevelt**

Dear Rear Admiral Menoni:

I understand well your obligation to care for and protect the Sailors who are aboard the USS Theodore Roosevelt. I have a similar obligation to the people of Guam. It is my duty to guard against the public health threat that is COVID-19. I take this duty very seriously and it is for this reason that I will not oppose your request to move the Sailors from the carrier, provided that such movement is conditioned on the following demands:

1. Ensure that the Department of Defense and, consequently, the federal government, has exhausted its available resources and opportunities to quarantine and/or house personnel of the USS Theodore Roosevelt on federal property before moving to local civilian facilities.
2. No Sailor or other member of your personnel will be allowed to be moved off-base without having tested negative for COVID-19 in the 48 hours immediately prior to movement. Such testing results will be shared with the Guam Department of Public Health and Social Services (DPHSS).
3. Every individual housed in the military's quarantine facilities will be asked to sign a voluntary consent to quarantine on forms prescribed by the DPHSS. A refusal to consent, whether by intentional non-compliance or by mistake will be deemed an involuntary quarantine subject to our local jurisdiction.
4. Medical needs of any of your personnel will be addressed utilizing solely federal assets, whether through the Naval Hospital Guam, or additional medical resources allocated to this endeavor.



To: Rear Admiral Menoni  
Fr: Governor of Guam  
Date: April 1, 2020  
Re: USS Theodore Roosevelt

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Page 2 of 2

5. Individuals in the military's quarantine facilities will be restricted in their movement. No movement outside the quarantine facilities will be allowed.
6. The federal government will provide personal protective equipment, at no cost to the private vendor housing the quarantine facilities, amply sufficient for every member of the staff required to work on the premises.
7. The federal government agrees to cover the cost of hazardous differential for exposure to biohazards as established pursuant federal law and regulation for all staff of the private vendor housing the quarantine facilities required to work on the premises. That differential should be no less than 25% for biohazards, including COVID-19.

Understand that I did not make this decision lightly. Already I have heard calls from certain members of our community to oppose this movement. I know that those calls are motivated by the same desire that I have to protect Guam's people. We are an island of limited resources facing an unprecedented challenge. In an effort to meet that challenge, I have had to take several executive actions to limit public, government, and business activities, consolidate our healthcare delivery system, restrict entry to the island, and quarantine even members of our own community.

You are asking our people to accommodate a large influx of individuals. The 4,000 Sailors aboard the USS Theodore Roosevelt amount to approximately 2.5% of our island's total population. We are a welcoming people by nature and I know that there are sons and daughters of Guam aboard the carrier. If we have reason to believe that the quarantine requirements are not being complied with, I will authorize any necessary legal action to enforce compliance.

*Senseremente,*



**LOURDES A. LEON GUERRERO**  
*Maga'hågan Guåhan*  
Governor of Guam

cc via email: *Sigundo Maga'låhen Guåhan*



DEPARTMENT OF THE NAVY  
COMMANDER, CARRIER STRIKE GROUP NINE  
UNIT 200219 BOX 1  
FPO AP 96602

IN REPLY REFER TO

6210

Ser 01/063

1 Apr 20

MEMORANDUM

From: Commander, Carrier Strike Group NINE

Subj: MEDICAL QUARANTINE ORDER

1. In light of the public health emergency posed by the COVID-19 pandemic, this is a formal notice that, as Commander, Carrier Strike Group NINE, I am ordering your quarantine. I am providing you with the following directions and information regarding the quarantine.
2. This order will apply to each individual upon removal from the ship to begin quarantine:
  - a. The quarantine will last no less than 14 days for each individual and will be deemed complete by your chain of command or authorized medical personnel.
  - b. You are not authorized to leave your hotel room unless so ordered by your chain of command or authorized medical personnel.
  - c. You are not authorized to allow anyone into your hotel room unless so ordered by your chain of command or authorized medical personnel.
  - d. You are not authorized to get within six feet of any other person unless so ordered by your chain of command or authorized medical personnel.
  - e. You will conduct a daily medical self-screening. If you develop any symptoms of COVID-19 while under quarantine, to include, but not limited to fever, body aches, and respiratory distress, you shall notify authorized medical personnel immediately.
  - f. You are prohibited from charging any costs to the hotel.
  - g. You are in a duty status during your quarantine.
2. Due to response to COVID-19, your medical quarantine is reasonably necessary to accomplish the military mission of Carrier Strike Group NINE and to safeguard the health, safety, and welfare of its members. Failure to comply with these rules may result in requiring a new period of quarantine. Further, any violations of this order are subject to adverse administrative actions and/or disciplinary action under the Uniform Code of Military Justice.

S. P. BAKER



DEPARTMENT OF THE NAVY  
COMMANDER, CARRIER STRIKE GROUP NINE  
UNIT 200219 BOX 1  
FPO AP 96602

IN REPLY REFER TO

6210  
Ser 01/062  
27 Mar 20

MEMORANDUM

From: Commander, Carrier Strike Group NINE

Subj: USE OF RECORDING DEVICES DURING QUARANTINE AND ISOLATION

Ref: (a) DoD Manual 6025.18  
(b) SECNAVINST 3070.2A

1. In accordance with references (a) and (b), you are ordered not to make any digital recordings of individuals, other than yourself, in either quarantine or isolation spaces in order to protect both their medical information and operational security. Adherence to this directive is mandatory; failure to comply with this order may result in punitive action.

2. My point of contact for this issue is LCDR (b) (6), JAGC, USN, Staff Judge Advocate, who may be reached at (b) (6) [@ccsg9.navy.mil](mailto:@ccsg9.navy.mil) or (b) (6)



S. P. BAKER



(b) (6)

**LCDR USN NAVCIVLAWSUPPACT DC (USA)**

**From:** Love, Robert E SES (USA) <(b) (6)@navy.mil>  
**Sent:** Thursday, May 14, 2020 3:57 PM  
**To:** (b) (6) CAPT USN DNS (USA)  
**Cc:** Spedero, Paul C Jr RDML USN USFFC (USA)  
**Subject:** FW: TR Family Letters

FYSA

Sent with BlackBerry Work  
(www.blackberry.com)

---

**From:** Love, Robert E SES (USA) <(b) (6)@navy.mil>  
**Date:** Thursday, Apr 02, 2020, 7:00 AM  
**To:** 'Crozier, Brett E CAPT USN, USS Theodore Roosevelt' <(b) (6)@cvn71.navy.mil>  
**Cc:** Deal, Steven E SES USN (USA) <(b) (6)@navy.mil>, (b) (6) CAPT USN UNSECNAV DC (USA)  
<(b) (6)@navy.mil>  
**Subject:** RE: TR Family Letters

Thanks for the letters.

We have been energized since day 1 in support of our Sailors aboard TR - as evidenced by the level of support being vectored to the TR. The support you and the crew are receiving today was the result of the hard work initiated early on.

I am happy to help you, as discussed on Sunday, 28 March (Local East Coast time) and remain available to you around the clock. In addition you have a direct line to SECNAV.

Bob

Robert E. Love  
Chief of Staff  
Secretary of the Navy  
1000 Navy Pentagon  
Washington, D.C. 20350-1000  
(o) (b) (6)  
SIPR: (b) (6)@navy.smil.mil

"Don't Give Up the Ship"

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-----Original Message-----

From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt

<(b) (6)@cvn71.navy.mil>

Sent: Thursday, April 2, 2020 1:53 AM

To: Love, Robert E SES (USA) <(b) (6)@navy.mil>

Cc: Deal, Steven E SES USN (USA) <(b) (6)@navy.mil>; (b) (6)

CAPT USN UNSECNAV DC (USA) <(b) (6)@navy.mil>

Subject: RE: TR Family Letters

Sir,

Made some final edits to the most recent TR Family Letter (attached).  
Wanted to ensure you had the latest.

Vr,  
Chopper

CAPT Brett E. Crozier  
Commanding Officer  
USS THEODORE ROOSEVELT (CVN 71)

-----Original Message-----

From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt

Sent: Thursday, April 02, 2020 11:54 AM

To: 'Love, Robert E SES (USA)'

Cc: Deal, Steven E SES USN (USA); (b) (6) CAPT USN UNSECNAV  
DC (USA)

Subject: TR Family Letters

Sir,

Good afternoon. Thanks for the opportunity to chat this morning.

I've attached the most recent, and last couple letters I have sent out to  
the TR families.

Let me know if you have any questions.

Vr,  
Chopper

CAPT Brett E. Crozier  
Commanding Officer  
USS THEODORE ROOSEVELT (CVN 71)

-----Original Message-----

From: Love, Robert E SES (USA) [mailto:(b) (6)@navy.mil]

Sent: Wednesday, April 01, 2020 9:18 PM

To: Crozier, Brett E CAPT USN (USA); Crozier, Brett E CAPT USN, USS Theodore  
Roosevelt

Cc: Deal, Steven E SES USN (USA); (b) (6) CAPT USN UNSECNAV  
DC  
(USA)

Subject: FW: Support Requirements

Brett,

Tried calling you yesterday no luck. Can you call me? Anytime day or night.

Office: (b) (6)

Cell: (b) (6)

Home: (b) (6)

Robert E. Love

Chief of Staff

Secretary of the Navy

1000 Navy Pentagon

Washington, D.C. 20350-1000

(o) (b) (6)

SIPR: (b) (6) @navy.smil.mil <mailto:(b) (6) @navy.smil.mil>

"Don't Give Up the Ship"

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From: Love, Robert E SES (USA)

Sent: Monday, March 30, 2020 7:35 AM

To: (b) (6) @cvn71.navy.mil

Cc: Deal, Steven E SES USN (USA) <(b) (6) @navy.mil>; (b) (6)

(b) (6) CAPT USN UNSECNAV DC (USA) <(b) (6) @navy.mil>; 'Gillingham,

Bruce L RADM USN CNO (USA) <(b) (6) @mail.mil>; Haeuptle,

Andrew S SES USN DNS (USA) <(b) (6) @navy.mil>

Subject: Support Requirements

CAPT Crozier,

Thanks for taking time to talk yesterday. We have decided not to visit TR so you can continue to focus on the health and welfare of your sailors.

What support do you need? Are you still looking for billeting? What else?

How many people have you tested, so far?

I'll call you later today.

V,

Robert E. Love

Chief of Staff

Secretary of the Navy

1000 Navy Pentagon

Washington, D.C. 20350-1000

(o) (b) (6)

SIPR: (b) (6) @navy.smil.mil

"Don't Give Up the Ship"

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DEPARTMENT OF THE NAVY  
COMMANDER, CARRIER STRIKE GROUP NINE  
UNIT 200219 BOX 1  
FPO AP 96602

IN REPLY REFER TO  
6210  
Ser 01/063  
1 Apr 20

MEMORANDUM

From: Commander, Carrier Strike Group NINE

Subj: MEDICAL QUARANTINE ORDER

1. In light of the public health emergency posed by the COVID-19 pandemic, this is a formal notice that, as Commander, Carrier Strike Group NINE, I am ordering your quarantine. I am providing you with the following directions and information regarding the quarantine.
2. This order will apply to each individual upon removal from the ship to begin quarantine:
  - a. The quarantine will last no less than 14 days for each individual and will be deemed complete by your chain of command or authorized medical personnel.
  - b. You are not authorized to leave your hotel room unless so ordered by your chain of command or authorized medical personnel.
  - c. You are not authorized to allow anyone into your hotel room unless so ordered by your chain of command or authorized medical personnel.
  - d. You are not authorized to get within six feet of any other person unless so ordered by your chain of command or authorized medical personnel.
  - e. You will conduct a daily medical self-screening. If you develop any symptoms of COVID-19 while under quarantine, to include, but not limited to fever, body aches, and respiratory distress, you shall notify authorized medical personnel immediately.
  - f. You are prohibited from charging any costs to the hotel.
  - g. You are in a duty status during your quarantine.
2. Due to response to COVID-19, your medical quarantine is reasonably necessary to accomplish the military mission of Carrier Strike Group NINE and to safeguard the health, safety, and welfare of its members. Failure to comply with these rules may result in requiring a new period of quarantine. Further, any violations of this order are subject to adverse administrative actions and/or disciplinary action under the Uniform Code of Military Justice.

  
S. P. BAKER



# The Washington Post

*Democracy Dies in Darkness*

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## Virus-stricken aircraft carrier erupts in applause and cheers as ousted Navy captain departs

By **Paul Sonne**, **Dan Lamothe** and **Alex Horton**

April 3, 2020 at 4:18 p.m. EDT

Videos that emerged on social media showed crew members of the USS Theodore Roosevelt aircraft carrier cheering their captain in a walloping send-off, after the Navy removed him Thursday for speaking up in a leaked letter to his superiors about what he saw as insufficient measures to contain a coronavirus outbreak aboard the vessel.

Footage posted on Facebook and Twitter appears to show hundreds of service members crowding into a hangar around Capt. Brett Crozier as he makes his way off the vessel over a gangway to Guam, a backpack slung over his shoulder. The sailors chant “Captain Crozier!” over and over, clapping and cheering. In one of the videos, a voice in the background says: “And that’s how you send out one of the greatest captains you ever had!”

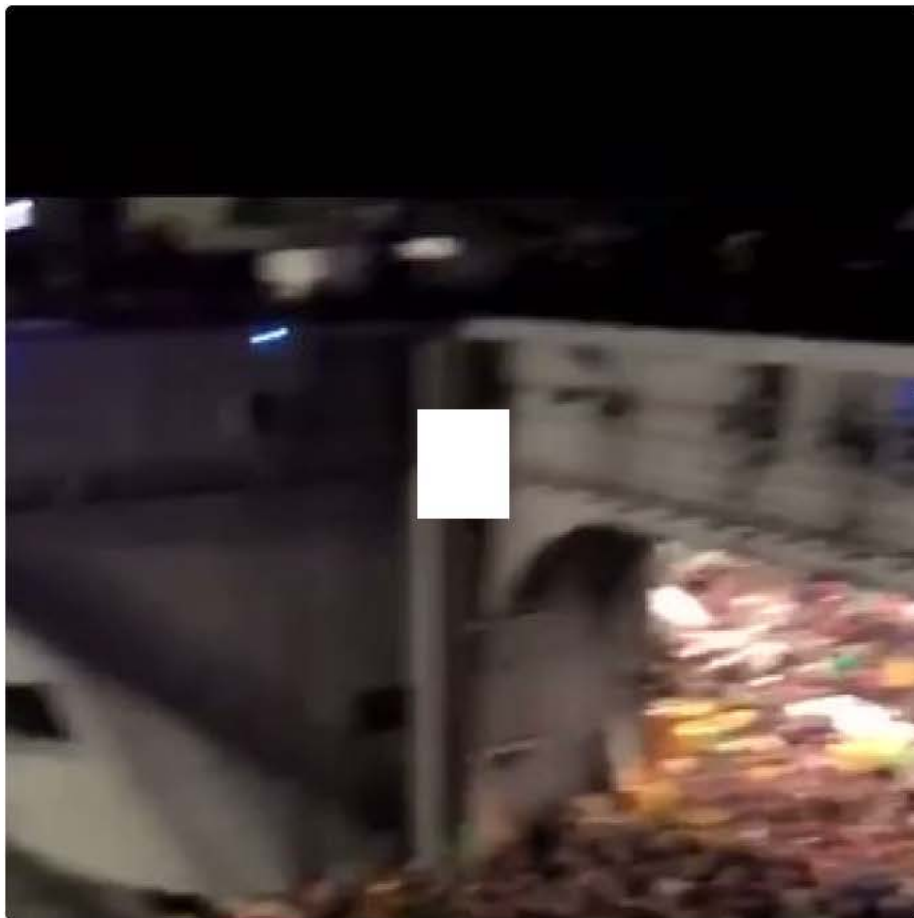
In one of the videos, Crozier stands a few feet from his crew, awash in applause as a vehicle waits to take him away. He waves and salutes, then turns to walk away alone.

AD



**Dylan Castillo**  
@Sotero269

Wrongfully relieved of command but did right by the sailors.  
[#navy](#) [@UncleChaps](#) [@katebarstool](#) [@ZeroBlog30](#)  
[@CaptainCons](#)



31.9K 7:18 AM - Apr 3, 2020

9,618 people are talking about this

H-FOF-198

The video footage not only demonstrated the support for Crozier aboard the aircraft carrier but also showed what appeared to be hundreds of sailors gathering closely in a large group — the sort of environment that health officials have warned can lead to rapid transmission of the virus.

The groundswell of support for Crozier — which extended to comments from crew members and their families — came as the latest episode in a drama over the coronavirus outbreak on the Nimitz-class nuclear-powered aircraft carrier. The saga has shined a harsh spotlight on Pentagon leadership accused of failing to act swiftly and aggressively enough to stop a rapid spread of disease among the carrier's nearly 5,000-person crew, accusations that top Pentagon officials deny.

The controversy over the carrier also risked becoming increasingly political, as Democratic senators and congressmen called for a Pentagon inspector general investigation into Crozier's firing and former vice president Joe Biden, President Trump's likely rival in the November election, went public with support for the ousted commanding officer.

AD

“Captain Crozier was faithful to his duty both to his sailors and his country,” Biden tweeted. “Navy leadership sent a chilling message about speaking truth to power. The poor judgment here belongs to the Trump Admin, not a courageous officer trying to protect his sailors.”

In a letter to senior officials on Monday, subsequently leaked by an anonymous source to the San Francisco Chronicle, Crozier asked that 90 percent of the ship’s crew be moved into isolation for two weeks on Guam, warning that if the leadership didn’t take such extraordinary measures, “we are failing to properly take care of our most trusted asset our Sailors.”

The Pentagon has rejected the type of full-scale evacuation Crozier sought, saying the ship must remain ready at any time and about 1,000 service members must be aboard to safeguard the ship and its weapons. The situation aboard the Roosevelt is by far the U.S. military’s largest coronavirus outbreak to date.

AD



U.S. aircraft carriers, floating cities powered by nuclear reactors, are symbols of the nation's global projection. The Navy has 11 active carriers in its inventory. The consequences of taking one offline — especially a ship assigned to patrol the Pacific as a check on China's military power — would be enormous, but Crozier argued it was necessary to protect the health of his crew.

As of Friday, 41 percent of the Roosevelt crew had been tested for covid-19, with 137 coming back positive, the Navy said. Four hundred more sailors who tested negative were slated to move into Guam hotels for quarantine on Friday evening, bringing the total of those moved to 576. There have been zero hospitalizations.

Comments from acting Navy secretary Thomas Modly to the crew during his announcement of Crozier's dismissal on Thursday were posted to the ship's official [Facebook page](#) early Friday.

AD

"I am entirely convinced that your Commanding Officer loves you, and that he had you at the center of his heart and mind in every decision that he has made," Modly said. "I also know that you have great affection, and love, for him as well. But it is my responsibility to ensure that his love and concern for you is matched, if not exceeded by, his sober and professional judgment under pressure."

Modly said Thursday that Crozier had shown “poor judgment” in sending his letter by email to 20 or 30 people. Modly didn’t directly accuse Crozier of leaking the letter to the San Francisco Chronicle but noted it appeared in the captain’s hometown newspaper. The Navy is conducting an internal investigation into the matter.

Modly argued that Crozier’s letter undermined more senior Navy leaders and could have emboldened adversaries of the United States in the Pacific region. He said the decision to remove Crozier was his, and that he received no pressure from the White House on the issue.

AD

Speaking to the press on Friday, Pentagon spokesman Jonathan Hoffman said that Defense Secretary Mark T. Esper had supported Modly’s decision “based on the secretary of the Navy . . . informing the secretary of defense that he had lost confidence in the captain.”

A Navy helicopter pilot turned businessman, Modly took over as the Navy’s top civilian leader late last year after his predecessor was fired amid a controversy over Trump’s personal intervention in a Navy SEAL war crimes case.

In an interview with radio host Hugh Hewitt on Friday, Modly said Crozier's chain of command began with the strike group commander — a rear admiral housed on the same carrier.

AD

“Instead of going to that particular admiral's cabin and sitting down and talking with him about his concerns and coming up with a strategy with him on how to address them, he decided to send an email and copy that email to a large list of other people who were not in the chain of command, and sent it up also through the chain of command skipping people in the chain of command,” Modly said. “And that, to me, just represented just extremely poor judgment, because once you do that in this digital era, you know that there is no way that you can control where that information's going to go.”

Modly also said he had set up a direct line to Crozier, and had asked the captain to use it if he needed help or felt anything was going poorly. “And he did not do that,” Modly said.

The acting Navy secretary suggested that the public airing of the crisis was dangerous, recalling the saying “loose lips sink ships,” in what appeared to be an implicit warning to other sailors to not speak publicly about the situation on the carrier. At the same time, Modly emphasized that he had held three news conferences to discuss the outbreak aboard the Theodore Roosevelt since last week, detailing the number of confirmed coronavirus cases.

AD

It isn't yet clear what specifically led Crozier to write and send the letter. Crozier was relieved of his duties but remains a captain in the Navy. He could not be reached for comment.

By the time Crozier's letter was written, the Navy had already made public the fact of a coronavirus outbreak on the Roosevelt, confirming publicly on March 24 that three sailors had tested positive and been quarantined. What the letter revealed, when it leaked, was apparent dissatisfaction on the carrier with the pace at which the Navy was removing sailors from the ship and taking other measures.

It captured concerns that family members of sailors on the ship had been expressing for days.



AD

“I thought his letter touched on all the points that us, as family members, were feeling,” said the mother of a sailor on the vessel who has since tested positive for coronavirus.

More broadly, family members of Roosevelt sailors, speaking on the condition of anonymity because of concerns about retaliation against their sailors, have expressed support for Crozier and gratefulness for his willingness to speak up.

The father of one sailor told The Washington Post that he thinks the crew understands the decision to relieve Crozier of his command, but the video of sailors chanting his name as he departed “speaks loudly of how much they appreciate what a true Navy commanding officer is all about.”

“He is a hero in my book who cares tremendously for the well-being of my daughter and all her shipmates,” the father said.

The mother of another sailor said that her son’s best friend on the ship had tested positive for coronavirus, and her son is waiting for his own test. In the meantime, medical professionals are taking his temperature twice a day, and he is sleeping on a cot in a gymnasium with hundreds of other sailors.

“I FaceTimed with him last night, and I looked and I said, ‘That doesn’t like those cots are six feet apart,’ ” the mother said. “They’re still not in hotels. They’re all playing cards. They’re all doing their things, and nothing is being done with these sailors.”

Another parent, Margalis Fjelstad of Green Valley, Ariz., said that her daughter tested positive for the virus and was removed from the ship early in the week. She is now quarantined with a few other women from the crew who have demonstrated symptoms of the virus.

“She’s feeling exhausted,” Fjelstad said. “She sleeps most of the day, and a lot of times she’s up and down at night. Her temperature is spiking, then coming down and going up again. Tuesday and Wednesday, we weren’t able to talk on the phone because she couldn’t talk and breathe at the same time.”

Fjelstad said she is “horrified” that the Navy relieved the captain of command.

“I think it was outrageous that he would be relieved of duty while trying to protect the sailors under his command,” she said. “It just seems against the values of the Navy.”

The bond between ship commanders and crew is distinct from every other military command, fused at the “elemental level” in an understanding of the unique power and responsibility a skipper wields, said Bryan McGrath, a former commander of a Navy destroyer.

So the emotional outpouring among crew and their families was not unprecedented, McGrath said, and Crozier is not the first commander who has received such a send-off. But the feelings were obvious, he said.

McGrath, now a defense consultant, counts the Navy as one of his clients. He said it was apparent both Crozier and Navy leaders believed they were doing the right thing.

“I think both sides have a piece of right here,” McGrath said. “Crozier made his stand. When he wrote that letter, he almost certainly knew it may end up like this.”

*Missy Ryan contributed to this report.*

## Coronavirus: What you need to read

The Washington Post is providing some coronavirus coverage free, including:

Updated May 25, 2020

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**Live updates:** The latest in the U.S.

**Coronavirus maps:** Cases and deaths in the U.S. | Cases and deaths worldwide | Which states are reopening

**What you need to know:** Your life at home | Personal finance guide | Make your own fabric mask | Follow all of our coronavirus coverage and sign up for our daily newsletter.

**How to help:** Your community | Seniors | Restaurants | Keep at-risk people in mind

Have you been **hospitalized for covid-19**? Tell us whether you've gotten a bill.







**From:** (b) (6) [CAPT USN NAVHOSP GU \(USA\)](#)  
**To:** (b) (6) [LT USN VCNO \(USA\)](#)  
**Cc:** (b) (6) [CAPT USN COMNAVSAFECEN NOR VA \(USA\)](#)  
**Subject:** RE: TR Command Investigation - Follow-up  
**Date:** Thursday, May 21, 2020 6:34:52 PM

---

LT

Happy to

1. Why did you come to the conclusion, as expressed to the TR XO, that TR might need to keep COVID+ persons on the ship because quarantine spaces on Guam were inadequate?

SEVERAL REASONS – and most related to discussion with my PHEO (CDR (b) (6) ) and prior to having the larger joint NBG, JRM, Tenant commanders discussions r/t capabilities)

- By the time we received 25 individuals off the TR we realized that COVID was through the entire ship
- Political ramifications for the movement of TR Sailors presumed positive off of the base ---Past difficulties with perceptions on island by the local population
- 2 weeks prior to TR we had a Cruise line ask to come into Guam port which was denied by GOV GUAM and directed to NBG where we (JRM, NH, NBG and other tenant commands)
- did a table top for how we would handle it ---- granted Cruise line had private staterooms but our recommendation was to keep passengers on board unless they needed Hospital care.
- Lack of space for true isolation on base i.e only ~100 hotel rooms (prior to the contract done between JRM and Gov Guam)
- Difficulty with supplying food and lodging in general No galleys on Navy Base Guam
- This was also prior to the Base expanding their isolation to the houses that were converted to Group Isolation and prior to the

2. Did you pass this conclusion to other medical professionals?

- It was a discussion done on the first 2 of our 7<sup>th</sup> FLT PACFLT daily sync calls

Please let me know if you need more or further clarification

V/r  
CAPT (b) (6)

---

**From:** (b) (6) LT USN VCNO (USA) <(b) (6)@navy.mil>  
**Sent:** Friday, May 22, 2020 1:01 AM

**To:** (b) (6) CAPT USN NAVHOSP GU (USA) <(b) (6)@mail.mil>  
**Cc:** (b) (6) CAPT USN COMNAVSAFECEN NOR VA (USA) <(b) (6)@navy.mil>  
**Subject:** TR Command Investigation - Follow-up

**\*\*PRE-DECISIONAL / DELIBERATIVE INFORMATION // ~~FOR OFFICIAL USE ONLY~~\*\***

Good morning CAPT (b) (6),

Ma'am, I'm writing to you with several more RFIs from the VCNO and the CI Team. Thank you for all of your assistance thus far.

**RFI:** VCNO would like additional information about the evaluation of ashore berthing for TR Sailors. In your testimony I believe that your PHEO evaluated the berthing and reported to you. VCNO's specific questions were as follows:

1. Why did you come to the conclusion, as expressed to the TR XO, that TR might need to keep COVID+ persons on the ship because quarantine spaces on Guam were inadequate?
2. Did you pass this conclusion to other medical professionals?

Please let me know if you have any questions, and thank you for your time, ma'am.

Very respectfully,

LT (b) (6)  
Command Investigation Team  
Vice Chief of Naval Operations  
O: (b) (6)  
Pentagon Room (b) (6)  
Washington, DC 20350-1000  
(b) (6)@navy.(smil.)mil

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5830  
21 Apr 2020

From: LT (b) (6) JAGC, USN, Preliminary Inquiry Officer  
To: Commanding Officer, USS THEODORE ROOSEVELT (CVN 71)

Subj: LINE OF DUTY INVESTIGATION ICO AOC (b) (6) USN

Ref: (a) JAGMAN Chapter II  
(b) OPNAVINST 5100.12J  
(c) MILPERSMAN 1770-010

Encl: (1) Appointing Letter dtd 17 Apr 2020  
(2) Government of Guam Certificate of Death dtd 16 Apr 2020

1. This reports completion of the line of duty preliminary inquiry conducted in accordance with reference (a) and pursuant to enclosure (1) concerning the death of Aviation Ordnanceman Chief Petty Officer (b) (6) U.S. Navy, on or about 16 April 2020.

2. Due to restriction of movement requirements, this investigation was conducted telephonically and through e-mail correspondence. The information below was confirmed via correspondence with CAPT (b) (6) MC, USN, Senior Medical Officer, USS THEODORE ROOSEVELT (CVN 71), and HM1 (b) (6) Navy Marine Corps Mortuary Department Guam.

3. AOC (b) (6) tested positive for corona virus disease (COVID) 19 on 30 March 20 and was moved into isolation on Naval Base Guam, where he began receiving medical evaluations twice a day. On 5 April AOC (b) (6) was evaluated at United States Naval Hospital (USNH) Guam Emergency Room and was discharged the same day back into isolation. AOC (b) (6) continued to receive medical evaluations twice a day. On 9 April, AOC (b) (6) was found unresponsive during his medical check and immediately transported to USNH Guam Intensive Care Unit (ICU). 48 hours prior to being found unresponsive, his medical evaluations indicated that he was clinically improving. On 13 April AOC (b) (6) passed away at USNH Guam ICU. The cause of death was severe anoxic brain injury, cardiac arrest, and COVID 19 sepsis. (Encl. 2). Because AOC (b) (6) passed away while being monitored by health care professionals, the Armed Forces Medical Examiner System did not have jurisdiction and accordingly, an autopsy was not performed.

4. Recommendation:

Pursuant to reference (a) and based on the foregoing findings, I recommend you find that AOC (b) (6) death was in the line of duty.

(b) (6)





DEPARTMENT OF THE NAVY  
USS THEODORE ROOSEVELT (CVN 71)  
UNIT 100250 BOX 1  
FPO AP 96632

5830  
Ser LEG/043  
17 Apr 20

From: Commanding Officer, USS THEODORE ROOSEVELT (CVN 71)  
To: LT (b) (6), JAGC, USN

Subj: PRELIMINARY INQUIRY INTO THE LINE OF DUTY STATUS OF AOC  
(b) (6) USN

Ref: (a) JAG Manual, Chapter II

1. This appoints you, per reference (a), to inquire into the facts and circumstances surrounding the death of AOC (b) (6) on or about 13 April 2020.
2. Your investigation should include sufficient information to determine (a) whether the member's injury was incurred in the line of duty and (b) whether such injury was as a result of the member's own misconduct.
3. Report your findings and recommendations in letter form by 27 April 2020, unless an extension of time is granted. If you have not previously done so, read reference (a) before beginning your investigation.
4. You may seek legal advice from LCDR (b) (6) JAGC, USN, USS THEODORE ROOSEVELT (CVN 71), during the course of your investigation.

(b) (6)  
By direction



CERTIFICATION OF VITAL RECORD

**GOVERNMENT OF GUAM**  
DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES

GOVERNMENT OF GUAM  
CERTIFICATE OF DEATH

1. DECEASED'S NAME (Last, first, middle initial) (b) (6)		2. SEX (b) (6)		3. DATE OF BIRTH (b) (6)		4. PLACE OF BIRTH (City and State or Foreign Country) (b) (6)	
5. AGE (Years) 41		6. SEX (b) (6)		7. DATE OF DEATH (b) (6)		8. PLACE OF DEATH (City and State or Foreign Country) (b) (6)	
9. RESIDENT STATUS (b) (6)		10. COUNTY GUAM		11. CITY (b) (6)		12. ZIP CODE (b) (6)	
13. MARRIAGE STATUS (b) (6)		14. MARRIAGE STATUS (b) (6)		15. MARRIAGE STATUS (b) (6)		16. MARRIAGE STATUS (b) (6)	
17. MARRIAGE STATUS (b) (6)		18. MARRIAGE STATUS (b) (6)		19. MARRIAGE STATUS (b) (6)		20. MARRIAGE STATUS (b) (6)	
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## Your Navy

# SECNAV: Roosevelt skipper either 'too naïve or too stupid' to command aircraft carrier

Diana Stancy Correll and J.D. Simkins

📅 April 6

34.6K



The carrier Theodore Roosevelt is currently ported in Guam in an effort to stop an outbreak of COVID-19 on board. (MC3 Nicholas Huynh/Navy)

Acting Secretary of the Navy Thomas Modly issued a series of sharp comments Monday while speaking to Theodore Roosevelt sailors about their ship's recently fired commanding officer, Capt. Brett Crozier.

Modly's comments, which were delivered over the aircraft carrier's 1MC, come in the wake of a [leaked letter Crozier penned](#) pleading for U.S. intervention to stifle a COVID-19 outbreak on the 4,800-person ship.

Cozier's letter, which was first published by the San Francisco Chronicle, was reportedly sent up the captain's immediate chain of command in a "non-secure, unclassified" email that

included "20 or 30" additional recipients, acting Navy Secretary Thomas Modly told reporters Thursday.

"It was a betrayal," Modly told sailors Monday, according to a recording of the message obtained by Navy Times.

"And I can tell you one other thing: because he did that he put it in the public's forum and it is now a big controversy in Washington, D.C. If he didn't think, in my opinion, that this information wasn't going to get out to the public, in this day and information age that we live in, then he was either A, too naïve or too stupid to be a commanding officer of a ship like this. The alternative is that he did this on purpose."

Crozier's letter, penned when only a small portion of the ship's crew had been evacuated, urged the Navy to remove the majority of the ship's sailors save for approximately 10 percent of the crew who would remain onboard to operate critical systems. The remainder would move into isolated quarantine in Guam.

"We are not at war. Sailors do not need to die. If we do not act now, we are failing to properly take care of our most trusted asset: our Sailors," Crozier wrote in the letter.

In response, the Navy said it was working to evacuate a total of 2,700 sailors from the ship, but stressed that the entire crew could not depart the ship.

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The service subsequently made the decision to fire Crozier, who was cheered by the crew of the hulking aircraft carrier as walked along the gangway and departed the ship for the last time.



“Okay, that’s just not acceptable. ... When I have a commanding officer who’s responsible for a nuclear-powered aircraft carrier, with all that lethality and all that responsibility ... that demonstrated extremely poor judgement in the middle of a crisis,” Modly told reporters last week.

Crozier’s hasty dismissal prompted immediate backlash from lawmakers in the House Armed Services Committee who accused Modly of acting irrationally.

“Throwing the commanding officer overboard without a thorough investigation is not going to solve the growing crisis aboard the USS Theodore Roosevelt,” the committee’s statement read.

“What’s more, we are very concerned about the chilling effect this dismissal will have on commanders throughout the Department of Defense. Dismissing a commanding officer for speaking out on issues critical to the safety of those under their command discourages others from raising similar concerns.”

More than 250,000 people have since signed a petition calling for Crozier’s reinstatement.



Secretary of Defense Mark Esper said in an interview with CNN’s State of the Union on Sunday that the White House did not push for Crozier’s ouster and said Modly “laid out very reasonably and very deliberately the reasons” for removing Crozier.

The unceremonious conclusion to Crozier's command marked the end of tumultuous nine-day unraveling of one of the Navy's most stalwart vessels.

On March 24 the command first reported that [three of its sailors had tested positive for COVID-19](#). The infected crew were airlifted off of the ship as a precaution, but within one week confirmed cases in the ship's tight quarters spiked to nearly 100.

Navy officials responded by [ordering the carrier to port in Guam](#), just over two weeks after the Roosevelt visited Da Nang, Vietnam. The decision to continue as scheduled with the Vietnam port call was made at a time when the country had only 16 confirmed cases, all of which were reportedly confined to the northern city of Hanoi, Chief of Naval Operations Adm. Michael Gilday said.

Pierside in Guam, Crozier earnestly wrote the letter that would cost him his job within a matter of days.

"It raised alarm bells unnecessarily," Modly told reporters last week.

"It undermines our efforts and the chain of command's efforts to address this problem, and creates a panic and this perception that the Navy's not on the job, that the government's not on the job, and it's just not true."

Modly issued a statement Monday concerning his address to the Roosevelt sailors after the transcript and audio of the speech began circulating.

"The spoken words were from the heart, and meant for them," he said.

"I stand by every word I said, even, regrettably any profanity that may have been used for emphasis. Anyone who has served on a Navy ship would understand. I ask, but don't expect, that people read them in their entirety."

As of Monday, 173 sailors aboard the Roosevelt have tested positive for COVID-19, Navy officials said. Approximately 40 percent of the ship's crew is still awaiting testing.

On Sunday, it was reported that [Capt. Crozier was among those confirmed](#) to have contracted the novel coronavirus.

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**APPENDIX I: PUBLIC STATEMENTS**

**The investigation outlined the enclosed Public Statement with corresponding factual information:**

- Press Briefing with Acting Secretary Thomas B. Modly and Admiral Michael Gilday dtd 2 Apr 20

**In addition, the investigation team analyzed the following Public Statements and found no additional conflicting information:**

- Marine Corps Officials Hold a Defense Department News Briefing on COVID-19 Efforts dtd 26 Mar 20
- CNN Newsroom Interview with Acting Secretary Thomas B. Modly dtd 31 Mar 20
- Acting Navy Secretary Thomas B. Modly Holds a Press Briefing at the Pentagon dtd 1 Apr 20

**Department of the Navy Press Briefing with Acting Secretary of the  
Navy Thomas B. Modly and Chief of Naval Operations Admiral  
Michael Gilday**

APRIL 2, 2020

STAFF: All right, good afternoon, ladies and gentlemen. We'll start with some opening remarks from the Secretary, Admiral Gilday will have some opening remarks and we're going to take your questions. Mr. Secretary?

SECRETARY THOMAS MODLY: OK. Good afternoon, everybody. Thank you again for your diligence and your courage in keeping the American people informed as all - as we all deal with the profound ramifications and rapid developments associated with this virus crisis.

I am here today to inform you that today, at my direction, the Commanding Officer of the USS Theodore Roosevelt, Captain Brett Crozier, was relieved of command by carrier strike group commander, Rear Admiral Stuart Baker.

The Executive Officer Captain Dan Keeler has assumed command temporarily until such time as Rear Admiral Select Carlos Sardiello arrives in Guam to assume command.

Rear Admiral Select Sardiello is the former Commanding Officer of the Theodore Roosevelt, so he is extremely well acquainted with the ship, many members of its crew, and the operations and the capabilities of the ship itself. He is the best person in the Navy right now to take command under these unusual circumstances.

As the Secretary of the Navy, I cannot be more proud of our men and women serving as part of the Navy and Marine Corps team right now. I can assure you that no one cares more than I do about their safety and welfare.

I myself have a son in uniform right now who's currently serving on active duty in Korea, flying missions every day in one of the – one of the nations that was one of the first ones to have a significant spike in the coronavirus case.

I understand both as a parent and a veteran how critical our support lines are for the health and wellbeing of our people, especially now in the midst of this global pandemic.

But there's a larger strategic context, one full of national security imperatives of which all of our commanders must all be aware of today.

While we may not be at war in a traditional sense, neither are we truly at peace. Authoritarian regimes are on the rise, many nations are reaching in many ways to reduce our capacity to accomplish our own strategic national goals. This is actively happening every day.

It's been a long time since the Navy and Marine Corps team has faced this broad array of capable global strategic challengers. A more agile



<p>and a more resilient mentality is necessary, up and down the chain of command.</p> <p>Perhaps more so now than in the recent past, we require commanders with judgment, maturity, and leadership composure under pressure to understand the ramifications of their actions within that larger dynamic strategic context.</p> <p>We all understand and cherish our responsibilities and frankly our love for all of our people in uniform. But to allow those emotions to color our judgment when communicating the current operational picture can at best create unnecessary confusion, and at worse provide an incomplete picture of American combat readiness to our adversaries.</p>	
<p>When the Commanding Officer of the USS Teddy Roosevelt decided to write his letter on the 30th of March 2020 that outlined his concerns for his crew in the midst of the COVID-19 outbreak, the Department of the Navy had already mobilized significant resources for days in response to his previous requests.</p>	<ol style="list-style-type: none"><li>1. Guam Port Visit</li><li>2. Guam received COVID patients prior to arrival</li><li>3. CO, NBG-provided alternative isolation and quarantine locations</li><li>4. Naval Medical Research Center's Biological Defense Research Directorate team aboard</li><li>5. United States Army Medical Research Institute of Infectious Diseases team aboard</li></ol>
<p>On the same day marked on his letter, my Chief of Staff called the C.O. directly, at my direction, to ensure he had all of the resources necessary for the health and safety of his crew. The C.O. told my Chief of Staff that he was receiving those resources and he was fully aware of the Navy's response, only asking that he wished the crew could be evacuated faster.</p>	<p>A-SN COS conducts a phone call on March 30<sup>th</sup> at 0525 to discuss potential A-SN visit on April 1<sup>st</sup>. A-SN COS noted TR CO asked for help finding billeting for Sailors – still had 4,000 on board.</p> <p>CAPT Crozier sent the email/letter on March 30<sup>th</sup> at 1348.</p> <p>A-SN COS's email to CAPT Crozier on March 30<sup>th</sup> at 2135 states:</p> <p>- "What support do you need? Are you still looking for billeting? What else?"</p>
<p>My Chief of Staff ensured that the C.O. knew he had an open line to me at any time for him to call. He even called the C.O. again a day later to follow up and at no time did the CO relay the various levels of alarm</p>	<p>Confirmed by Interview with CAPT Crozier and A-SN COS's emails</p>

that I, along with the rest of the world, learned from his letter when it was published by the C.O.'s hometown newspaper two days later.	
<p>Once I read the letter, I immediately called the Chief of Naval Operations Admiral Gilday and the Commander of U.S. Pacific Fleet Admiral Aquilino. Admiral Gilday had just read the letter that morning, as well, and Admiral Aquilino had just received it the day before - and of course, we're dealing with time zone changes.</p> <p>We had a teleconference within minutes of me reading that letter — the article, including with the Commander of the Seventh Fleet Vice Admiral Bill Merz, Admiral Aquilino, Admiral Gilday, the Department of the Navy Surgeon General, Rear Admiral Bruce Gillingham, and others.</p>	
That evening, we held another teleconference with the entire chain of command. The next day, I spoke directly with the C.O. of the Teddy Roosevelt and this morning I've spoken to the Teddy Roosevelt's Carrier Strike Group Commander Rear Admiral Stuart Baker.	Verified during interviews with RDML Baker and CAPT Crozier
<p>Rear Admiral Baker did not know about the letter before it was sent to him via e-mail from the Commanding Officer. It's important to understand that the Strike Group Commander, the C.O.'s immediate boss, is embarked on the Theodore Roosevelt with him, right down the passageway.</p> <p>The letter was sent over nonsecure, unclassified e-mail, even though the ship possesses some of the most sophisticated communications and equipment in the fleet. And it wasn't just sent up the chain of command, it was sent and copied to a broad array of other people.</p>	<p>Verified during interview the RDML Baker</p> <p>Sent via NIPRNET</p> <p>All TO and CC of email were in administrative or operational chain of command:</p> <p>TO: CPF, CNAF, CSG-9</p> <p>CC: CVW-11 CAG/DCAG, CDS-23 CDRE, TR XO, SMO, CPF EA, CNAF COS</p> <p>Total of 10 personnel</p> <p>Note: C7F was not included on the email even though C7F was in the operational chain of command</p>

<p>It was sent outside of the chain of command. At the same time, the rest of the Navy was fully responding. Worse, the Captain's actions made his Sailors, their families, and many in the public believe that his letter was the only reason help from our larger Navy family was forthcoming, which was hardly the case.</p> <p>Command is a sacred trust that must be continually earned, both from Sailors and Marines, from the Sailors and Marines that one leads and from the institution which grants that special and honored privilege.</p>	
<p>As I learned more about the events over the past week onboard the Teddy Roosevelt, including my personal conversations with the Strike Group Commander, Commander Seventh Fleet, Commander U.S. Pacific Fleet and the Chief of Naval Operations and Captain Crozier and myself, I could reach no other conclusion than Captain Crozier had allowed the complexity of his challenge with the COVID breakout on the ship to overwhelm his ability to act professionally when acting professionally was what was needed most at the time.</p> <p>We do and we should expect more from the Commanding Officer of our aircraft carriers. I did not come to this decision lightly. I have no doubt in my mind that Captain Crozier did what he thought was in the best interest of the safety and wellbeing of his crew.</p>	
<p>Unfortunately, it did the opposite. It unnecessarily raised alarms with the families of our Sailors and Marines with no plan to address those concerns. It raised concerns about the operational capabilities and operational security of that ship that could have emboldened our adversaries to seek advantage, and it undermined the chain of command, who had been moving and adjusting as rapidly as possible to get him the help he needed.</p>	<p>A-SN COS called to support CPF called to support C7F worked several COAs trying to get offload CCSG-9 worked several COAs trying to get offload</p>
<p>For these reasons, I lost confidence in his ability to continue to lead that warship as it fights through this virus, to get the crew healthy and so that it continues to meet its important national security requirements. In my judgment, relieving him of command was in the best interest of the United States Navy and the nation in this time when the nation needs the Navy to be strong and confident in the face of adversity. The responsibility for this decision rests with me. I expect no congratulations for it, and it gives me no pleasure in making it. Captain Crozier is an honorable man who, despite this uncharacteristic lapse of judgment, has dedicated himself throughout a lifetime of incredible service to our nation, and he should be proud of that, as we all are.</p> <p>Pursuant to this action and with my full support, the Chief of Naval Operations Admiral Gilday has directed the Vice Chief of Naval Operations Admiral Robert Burke to conduct an investigation into the circumstances and the climate across the entire Pacific fleet to help determine what may have contributed to this breakdown in the chain of command. We must ensure we can count on the right judgment, professionalism, composure, and leadership from our commanding officers everywhere in our Navy and Marine Corps team; but especially in the Western Pacific. I have no indication that there is a broader</p>	

<p>problem in this regard but we have an obligation to calmly and evenly investigate it nonetheless.</p>	
<p>To our commanding officers -- and this is an important message to our commanding officers -- it would be a mistake to view this decision as somehow not supportive of your duty to report problems, request help, protect your crews, challenge assumptions as you see fit. This decision is not one of retribution, it is about confidence. It is not an indictment of character but rather of judgment. While I do take issue with the validity of some of the points in Captain Crozier's letter, he was absolutely correct in raising them.</p>	
<p>It was the way in which he did it, by not working through it with his strike group commander to develop a strategy to resolve the problems he raised, by not sending a letter to and through his chain of command and to people outside his chain of command, by not protecting the sensitive nature of the information contained within the letter appropriately, and lastly by not reaching out to me directly to voice his concerns after that avenue had been clearly provided him through my team. That was unacceptable to me.</p>	
<p>Let me be clear to all the commanding officers out there, you all have a duty to be transparent with your respective chains of command, even if you fear they might disagree with you. This duty requires courage, but it also requires a respect for that chain of command and a respect for the sensitivity of the information you decide to share and the manner in which you choose to share it.</p> <p>Finally, and perhaps most importantly, I would like to send a message to the crew of the Theodore Roosevelt and their families back at home. I am entirely convinced that your commanding officer loves you and that he had you at the center of his heart and mind in every decision that he has made. I also know that you have great affection and love for him as well. But it is my responsibility to ensure that his love and concern for you is matched, if not exceeded by, his sober and professional judgment under pressure.</p>	
<p>You deserve that throughout all the dangerous activities for which you train so diligently but most importantly for all those situations which are unpredictable and are hard to plan for.</p> <p>It's important because you are the TR, you are the big stick, and what happens on board the TR matters far beyond the physical limits of your hull. Your shipmates across the fleet need to know -- need to know that you will be strong and ready and most especially, right now they need to know that you're going to be courageous in the face of adversity.</p> <p>The nation needs to know that the big stick is undaunted and unstoppable and that you will stay that way as long as the Navy helps you through this COVID-19 challenge. Our adversaries need to know this as well. They respect and fear the big stick and they should. We will not allow anything to diminish that respect and fear as you and the rest of our nation fights through this virus.</p>	



<p>As I stated, we are not at war by traditional measures, but neither are we at peace. The nation you defend is in a fight right now for our economic, personal and political security and you are on the frontlines of that fight in so many ways. You can offer comfort to your fellow citizens who are struggling and fearful here at home by standing the watch and working your way through this pandemic, with courage and optimism, and set the example for the nation.</p> <p>We have an obligation to ensure you have everything you need as fast as we can get it there, and you have my commitment that that's what we will do, and we're not going to let you down.</p> <p>The nation you have sworn to defend is in a fight. And the nations and bad actors around the world who wish us harm should understand that the big stick is in the neighborhood and that her crew is standing the watch.</p> <p>Thank you, and I'm ready to answer your questions.</p>	
<p>STAFF: Admiral Gilday, did you have a comment?</p>	
<p>ADMIRAL MICHAEL GILDAY: Thank you Mr. Secretary. Good afternoon ladies and gentlemen. The secretary of the Navy has lost confidence in the commanding officer of the USS Theodore Roosevelt and I support the secretary and his decision to relieve Captain Crozier. I have been given every opportunity, every step of the way, to provide my advice to the secretary as he came to this decision. That is why we're taking this action today as well as initiating an investigation into the events that unfolded aboard the USS Theodore Roosevelt.</p> <p>Make no mistake, nobody cares more about our Sailors and those aboard the Theodore Roosevelt than our leadership in the Navy. Our Sailors deserve the best leadership that we can absolutely provide. As I said yesterday at this podium, being a commanding officer brings with it an extraordinary responsibility and that responsibility is absolute.</p> <p>We place a great deal of trust and confidence in our commanding officers and rely on them to manage risk and make decisions that are fact-based, all the while communicating honestly with their chain of command. We trust them to calmly and unemotionally take action in the face of the most challenging circumstances. We want our commanding officers to tell us when things aren't going well so we can help address potential problems.</p> <p>We want them to tell their chain of command what they need. We want them to tell the truth. Trust up and down our chain of command is the bond that keeps us steady. As military men and woman, we prepare daily to do with adversity, uncertainty and conflict. Americans depend on us for security, we will not let them down. Thank you.</p>	
<p>Q: Mr. Secretary, if you could explain, yesterday I left with the impression that he appropriately went through the chain of command, but if it was found that he leaked the letter, that would be a problem. Do you believe that he leaked the letter? Because you alluded to the fact that it was his hometown paper. And how do you</p>	

respond to some of the families and some of the Sailors on the ship who say he was just speaking truth to power?	
SEC. MODLY: Well I have no information nor am I trying to suggest that he leaked the information. It was published in the San Francisco Chronicle. It all came as a big surprise to all of us that it was -- that was in the paper. That's the first time I had seen it. Admiral Gilday is pretty much in the same boat. He received an email from Admiral Aquilino and it was already in the CHINFO Clips, I think that morning. So that's the answer to that question. I'm not making any suggestion about that, I don't know, I don't think I'll ever know who leaked the information. What I will say, he sent it out pretty broadly, and in sending it out pretty broadly, he did not take care to ensure that it couldn't be leaked. And that's part of his responsibility, in my opinion. And then your second question?	
Q: The families and Sailors say he was just speaking truth to power rather than trying to sort of...	
SEC. MODLY: Well, of course. And I mean, we, -- I mean, look, I know that -- as I mentioned before, the families of the Sailors want the C.O. to be looking out for the well-being of the Sailors.  We have a responsibility to look out for them as well, but also for -- to guard our national security mission, and all the other Sailors that are out on all the other ships out there that may be put at risk by the actions of a particular commanding officer. So that's -- that's the bottom line for me.	
Q: Yes. Sir, I'm trying to understand, did you not receive the letter before it appeared in the paper? Did it not go up the chain of command? Because it was our impression that the letter had been sent up the chain of command. So that's a bit confusing.  And what -- how does this not have a chilling effect on other Navy captains who are concerned? And he was concerned about the health and welfare of those on the ship.	
SEC. MODLY: Yes, and we want all of our captains to be that way, to be concerned. I trust that it won't have a chilling effect, I hope that what this will do, it was to reinforce the fact that we have the proper way of handling this. What he did, by doing this and not being careful with who that information went to -- and you're right, it did go to his task group commander, to Admiral Aquilino, to the Air Boss. But it was copied to 20 or 30 other people, OK? That -- that's just not acceptable. He did not take care. And what that did, is created a panic on -- a little bit of a panic on the ship because it was -- the ship was not prepared -- the chief petty officers were not prepared to answer questions from the crew in terms of how bad the situation was. It misrepresented the facts of what was going on on the ship, as well. And at the same time, the families here in the United States were panicked about the reality.  The reality of what's happening on the ship right now is, we have about 114 Sailors who have tested positive. I can tell you with great certainty, there's going to be more. They'll probably be in the hundreds. Of the	March 30 <sup>th</sup> – Phone call between A-SN COS with CAPT Crozier, noted TR CO asked for help finding billeting for Sailors – still had 4,000 on board

<p>114 Sailors, not a single one of them has been hospitalized or has had the requirement to be hospitalized. They're all -- the ones that are sick are exhibiting mild or moderate flu symptoms. Some of them are exhibiting no symptoms, and some of them have already recovered from the virus, from the effects of the virus.</p> <p>So it raised alarm bells unnecessarily. It also created the impression that the Navy was not responding to his questions. And as I mentioned, my chief of staff was in contact with him a day before he even sent that e-mail, saying, hey can we do -- are we doing everything you need, can we do more, what can we do. Things were flowing into theater.</p> <p>I mean, just to give you an example, when the ship got there, we didn't have any beds to take people off to. A week later, we have almost 3,000 places for these Sailors to go. That's in a week, and that's not because of this letter, it's because of stuff that was going on well before the letter was sent.</p> <p>And so that's what's frustrating. Because what it does, it undermines our efforts and the chain of command's efforts to address this problem, and creates a panic, and creates the perception that the Navy's not on the job, the government's not on the job. And it's just not true.</p> <p>STAFF: Courtney Kube, you can have the next one.</p>	<p>March 30<sup>th</sup> – Email from A-SN COS to TR CO noting previous phone call, canceling visit and offering additional support: “What support do you need? Are you still looking for billeting? What else? How many people have you tested, so far?”</p> <p>CO, NBG email outlined the following on TR's first day in Guam:</p> <ul style="list-style-type: none"><li>- Nine positive TR Sailors in isolation rooms in two Harbor View NGIS Houses</li><li>- 20 quarantined reactor department Sailors in two Harbor View NGIS Houses</li><li>- Approximately 200 TR Sailors moved to Charles King Fitness Center (CKFC) for quarantine</li></ul> <p>Isolation: 300 beds Quarantine: 260 beds</p> <p>CO, NBG email outlined the following on Day 7 of TR at Guam:</p> <p>1240 TR Sailors off the ship. 1060 TR Sailors bedded down on NBG, 180 TR Sailors in hotel</p> <p>Approximately 650 individual beds are ready and 400 bed open bay shelter is ready</p>
<p>Q: I don't -- I'm curious why you took the time in your opening statement, in your prepared remarks, to say that it was published in his hometown paper, if you're not alleging that he was the one who leaked it. I just have to ask. And then, if it hadn't been reported in the media, then why -- then would this -- would none of this have happened? Your</p>	

<p>problem is he reported it, he provided this information to too many people. And so it got out. If he provided it to too many people but it hadn't been reported in the media, would we not be sitting here discussing this right now?</p> <p>And then finally, did you have any pressure -- I know this is your decision and you directed the action but did you have - did you have any pressure from the White House or from DoD, from Secretary Esper to do this today?</p>	
<p>SEC. MODLY: OK. So with respect to the hometown paper, that's a statement of fact. I have no information about whether or not he had anything to do with that. I do know that he did not safeguard that information and - and to keep it from being leaked anywhere. That's step one. So I'm not alleging that, I apologize if that's what the statement is insinuating, that's not the case. Your second question?</p>	
<p>Q: Was the - had it not been reported in the media, would it - would we not be sitting here right now? Is that really why you're angry, that it ...</p>	
<p>SEC. MODLY: No, I think I made that very clear in my statement, that we want that information coming up to us so that we can take action on it. That goes up through the chain of command - through his chain of command so we could take action on it.</p> <p>No, I would - my - my perspective on this, if he had walked in with that list of concerns to his immediate supervisor and said "hey, let's work together on this" and they worked together on it and the list didn't change, we would not be here talking about this and that Commanding Officer would probably still be in command right now.</p>	
<p>Q: And then the White House and DoD, were you - did you ...</p>	
<p>SEC. MODLY: I've received absolutely no pressure, I've had no communication with the White House about this. I did - when I - when I was arriving closer to this determination yesterday, I called Secretary Esper and told him that this is the direction I was headed and he told me that he would support my decision, whatever that might be.</p>	
<p>STAFF: All right. Last question, Ryan Browne?</p>	
<p>Q: Sir, just really to hit this home, why are you - is he being relieved because he CC'd too many people on this letter? That's kind of what it makes it seem like now. Is that why he's being relieved?</p>	
<p>SEC. MODLY: Because to me, that demonstrated extremely poor judgment in the middle of a crisis, because what it's done, it's just created a firestorm, it's created doubts about the ship's ability to go to sea if it needs to, it's created doubt among the families about the health of their Sailors and that was a completely unnecessary thing to do in the midst of a crisis.</p> <p>So when I have a Commanding Officer who's responsible for our nuclear-powered aircraft carrier, with all of that lethality and all of that responsibility, who exercises that poor judgment in a situation, in a</p>	



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crisis like this - now granted, they don't train for this, but we expect more from our C.O.s than what they trained for. We expect them to exercise good judgment that does not put their crews in jeopardy, does not jeopardize the national security mission of the United States.	
Q: Well can you give us a sense of where the - the e-mails went? Where did - did it go to civilians, family members, the press? The numbers and where those ...	
SEC. MODLY: I'm not going to comment on that.	
STAFF: Thank you, ladies and gentlemen.	
Q: Because you don't know or you don't want to tell us?	
SEC. MODLY: No, I know.	
Q: Right ...	
SEC. MODLY: I know. I'm not going to comment on that.	
Q: Well lastly, just one more. You've said some of the things he said in the letter were correct but I think you said the language he used was just not something you would have. Can you expand on that? What was in his letter that ...	
SEC. MODLY: Well I think you raise a particular level of alarm when you say that 50 people on the - on the crew are going to die, OK? No one knows that to be true. It does not comport with the data we have right now on the ship. And if we take the actions we're going to take, hopefully not. I spoke with him yesterday about this and I said "how are you feeling? Do you feel like you have enough ventilators?" Clearly if people are going to die, that means you need enough ventilators. He said "oh, sir, I feel comfortable we have enough ventilators here." "How many do you have?" "Six." I said "that's going to be enough?" That does not comport with a death statistic that says 50 people are going to die. So there - there are - there are data that I've gathered in my discussions with him, with others, as well as the facts that lead me to believe that we can have a better C.O. right now to help deal with this crisis.	50 potential deaths were outlined in the SMO/Medical Officer letter, not TR CO letter
Q: So you both mentioned emotion. Do you think he was just too emotional over this?	
SEC. MODLY: I don't know what motivated him. I just know that - that he exercised extremely poor judgment.	
STAFF: Thank you very much.	
Q. (inaudible)	
SEC. MODLY: I can answer this - I'll answer this. What ...	

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<p>What he did that was correct was recognize the situation, recognize that he needed to communicate what was going on in the ship, OK? The manner in which he did it, the manner in which he chose to do it, not going directly to his Strike Group Commander who's right down the hall from him and talking it through is the reason I have a problem, OK?</p>	
<p>Q: Can I just ask you, though, you know, every time we hear about the ship, we - we hear the same sentiments from Navy leaders and I believe from OSD leaders in that - that, well, no one has - they're - all their symptoms are mild, if at worse moderate. Is it possible he didn't think that when he was going to leadership that they were thinking that you, candidly, or leaders were taking it seriously enough, that - that if it - if people didn't stop the spread, that it could get more serious and people could die and maybe that's why he took this action?</p>	
<p>SEC. MODLY: No, because - no. Well, I don't know why he took that - I don't know why he took that action, OK? What I do know is that he was fully aware that the Seventh Fleet Commander, the PACFLEET Commander, were flowing resources to him. What he communicated to my Chief of Staff was that the only help he could need was to - was to try and get the stuff there faster. That's it, OK? That's - that's the extent of it. To me, that's a phone call to Admiral Aquilino, it's a walk down the hallway to your Commanding Officer. It's not a blast out e-mail to anybody who he knows about the situation.</p>	<p>CAPT Crozier and CAPT (b) (6) (TR XO) statements note that they both were unaware of the isolation option progress with hotels, which drove the primary rationale for writing the TR CO letter</p>
<p>Q: Were you already planning to take 3,000 Sailors off the ship when he sent the letter or is that only as a result of his letter?</p>	
<p>SEC. MODLY: That's how the strategy evolved once the ship got in place, that's correct. We determined we were going to take a very methodical approach to this. As I mentioned to you before, the ship requires a certain number of people to man it. It's got two nuclear power plants on it. It's got weapons, it's got ammunition. You have to have a certain number of people on there.</p> <p>It's about 10 percent of the ship at any one time. But you can't have all of those 10 percent of the people on. You have to have a watch rotation. So it's about 700 to 800 people to 1,000 people that you need to have ready.</p> <p>So we took those people off first, the people that we could fill those bills, make sure that they're clean and we'll slowly start bringing them back on the ship. In the meantime, we freed up 2,700 -- 1,700 additional hotel rooms in the city - in the state of Guam to -- take people off faster. And this was all in the works when this was going on and that's - that's going to be the last question, OK? Thank you.</p>	<p>CO, NBG reported the following on April 3<sup>rd</sup>:</p> <p>1563 TR Sailors off the ship</p> <p>1016 TR Sailors bedded down on NBG, 527 TR Sailors in hotel</p> <p>CJRM, RDML Menoni provided timelines that discussions with Gov Guam on hotels began on March 28<sup>th</sup></p>
<p>STAFF: Thank you all very much.</p>	

## **Appendix J - Master List of CLASSIFIED Citations**

### **Executive Summary**

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
Email (SIPR) - CSG-9 COS to C7F COS – (U) HOTEL OPTION dtd 25 Mar 20	J-S-ES-01
Email (SIPR) - CPF to CNO and INDOPACOM - TR Recovery and Disposition Plan dtd 26 Mar 20	J-S-ES-02
Email (SIPR) - C7F - C7F COVID daily CDRs update (26 Mar) dtd 27 Mar 20	J-S-ES-03
Email (SIPR) - C7F COS to CSG-9 COS – Triage and procedure dtd 28 Mar 20	J-S-ES-04
Email (SIPR) - C7F to CPF - Evening Update and COVID 29 Mar dtd 29 Mar 20	J-S-ES-05

### **Chapter 1 - Introduction**

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
No Classified Citations	

### **Chapter 2 – Planning and Execution of the USS THEODORE ROOSEVELT (CVN 71) Port Visit to Da Nang, Vietnam**

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
Naval Message: USINDOPACOM, <u>Response To Novel Coronavirus EXORD</u> DTG 040649Z FEB 20	J-S-2-01
Email (SIPR) - CPF to USINDOPACOM - DECISION: Theater Posture Operations dtd 4 Mar 20	J-S-2-02

### **Chapter 3 – Actions during USS Theodore Roosevelt (CVN 71) Transit to and Arrival in Guam**

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
Email (SIPR) - CCSG-9 - Positive COVID-19 tests on TR (initial report) dtd 24 Mar 20	J-S-3-01
Email (SIPR) - CCSG-9 - Positive COVID-19 tests on TR (update #9) dtd 26 Mar 20	J-S-3-02
Email (SIPR) - C7F- Positive COVID-19 Tests on TR (Update #2) dtd 24 Mar 20	J-S-3-03
Email (SIPR) - CTF 75 to C7F – COVID-19 Commander's perspective 22 Mar dtd 24 Mar 20	J-S-3-04
Email (SIPR) - CSG-9 COS to C7F COS – (U) HOTEL OPTION dtd 25 Mar 20	J-S-ES-01
Email (SIPR) - CO NBG – NBG Task Force TR REVIVE dtd 26 Mar 20	J-S-3-05
Email (SIPR) - CCSG-9 to Crozier, B. CAPT, CVW-11 CAG – OUTBREAK COMMANDER'S GUIDANCE dtd 26 Mar 20	J-S-3-06
Email (SIPR) – CPF to CNO and INDOPACOM – TR Recovery and Disposition Plan dtd 26 Mar 20	J-S-ES-02
Email (SIPR) - C7F to OPNAV N3N5 – RE: (U//FOUO) FOR INFORMATION: TR Recovery and Disposition Plan dtd 26 Mar 20	J-S-3-07
Email (SIPR) - OPNAV N3/N5 - RE: (U//FOUO) FOR INFORMATION: TR Recovery and Disposition Plan dtd 24 Mar 20	J-S-3-08
Email (SIPR) - Email (SIPR) – C7F to CCSG-9 – SUBJ: 28 Mar TB- follow-up dtd 28 Mar 20	J-S-3-09
Email (SIPR) – C7F COS to CSG-9 COS – Triage and Procedure dtd 27 Mar 20	J-S-ES-03
Email (SIPR) - CNO to CPF – INFO TR recovery and disposition update 27 Mar 20 dtd 28 Mar 20	J-S-3-10



<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
Email - (SIPR) COS C7F to COS CSG-9 - Triage and procedure dtd 28 Mar 20	J-S-ES-03
Email (SIPR) - C7F COS – Numbers dtd 29 Mar 20	J-S-3-11
C7F TR COVID Placemat 29Mar – DRAFT	J-S-3-12
Email (SIPR) - CPF to C7F – RE C7F COVID-19 Update 29 Mar CORRECT COPY!!! dtd 29 Mar 20	J-S-3-13
Email (SIPR) - NBG CO to C7F COS - Quarantine - Social Distancing - getting to 4,000 dtd 29 Mar 20	J-S-3-14
Email (SIPR) - CPF to C7F – Evening Ops Update and COVID 29 Mar dtd 29 Mar 20	J-S-3-15

**Chapter 4 – Development of and Response to USS Theodore Roosevelt (CVN 71) Commanding Officer Letter of March 30, 2020**

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
Email (SIPR) - CSG-9 COS to C7F COS – (U) HOTEL OPTION dtd 25 Mar 20	J-S-ES-01
Email (SIPR) - TR RO to NR, CNAP RO - FW CVN 71 COVID-19 Roll Up and Way Ahead dtd 26 Mar 20	J-S-4-01
Email (SIPR) - TR CO to CNAP RO, TR RO - (C) COVID-19 Pandemic - TR request for assistance dtd 30 Mar 20	J-S-4-02
Email (SIPR) - VADM Conn to ADM Burke – “FW: (U) Updated CSG-15 CTX Brief to C3F for 17 December” dtd 13 Apr 20, CSG15 TR C2X Debrief, dtd 20 Dec 19	J-S-4-03

## Findings of Fact

<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
CPF EXORD DTG 081135Z JAN 20	J-S-F-01
CPF EXORD DTG 252242Z JAN 20	J-S-F-02
CPF OPORD 201, TAB A to APPENDIX 38 to ANNEX C(C-38-A-5)	J-S-F-03
CPF COVID 19 TR VNM PVST Decision Slide 25FEB2020-1	J-S-F-03
C7F Vietnam Port Visit Decision Slide dtd 25 Feb 20	J-S-F-04
Email (SIPR) - CPF to USINDOPACOM - DECISION: Theater Posture Operations dtd 4 Mar 20	J-S-2-02
Naval Message (SIPR): USINDOPACOM, Response To Novel Coronavirus EXORD DTG 040649Z FEB 20	J-S-2-01
Email (SIPR) - CPF BWC TR Sailors COVID Screening dtd 9 Mar 20	J-S-F-05
Email (SIPR) - C7F to OPNAV N3/N5 - RE: (U//FOUO) FOR INFO: TR Recovery and Disposition Plan dtd 27 Mar 20	J-S-3-10
Email (SIPR) - C7F to CCSG-9, C7F CoS, CSG-9 CoS - RE: Positive COVID tests on TR (Update #2) dtd 24 Mar 20 2313 (Guam time)	J-S-3-03
Email (SIPR) - C7F CoS to CSG-9 CoS, NBG CO - *** Urgent - Air Wing Fly Off? dtd 24 Mar 20	J-S-F-06
Email - (SIPR) CTF 75 to C7F - COVID-19 Commander's perspective 22 Mar dtd 24 Mar 20	J-S-3-04
Email (SIPR) - CO NBG - NBG Task Force TR REVIVE dtd 26 Mar 20	J-S-3-05
Email - (SIPR) CSG-9 COS to C7F COS - HOTEL OPTION dtd 25 Mar 20	J-S-ES-01
Email (SIPR) - CCSG-9 - Positive COVID-19 tests on TR (update #9) dtd 26 Mar 20	J-S-3-02
Email (SIPR) - CCSG-9 to Crozier, B. CAPT, CVW-11 CAG - OUTBREAK COMMANDER'S GUIDANCE dtd 26 Mar 20	J-S-3-06

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<b>TITLE OF DOCUMENT</b>	<b>APPENDIX LOCATION</b>
Email (SIPR) - CPF to CNO and INDOPACOM - TR Recovery and Disposition Plan dtd 26 Mar 20	J-S-ES-02
Email - (SIPR) C7F to OPNAV N3/N5 - RE: (U//FOUO) FOR INFO: TR Recovery and Disposition Plan dtd 26 Mar 20	J-S-3-07
Email (SIPR) - C7F- Positive COVID-19 Tests on TR dtd 24 Mar 20	J-S-3-03
Email (SIPR) - C7F to CCSG-9 dtd. 28 Mar 20 SUBJ: 28 Mar TB - follow-up	J-S-3-09
Email (SIPR) - CNO to CPF - FOR INFO: TR Recovery and Disposition Plan dtd 26 Mar 20, 2014	J-S-3-08
Email (SIPR) - C7F - C7F COVID daily CDRs update (26 Mar) dtd 27 Mar 20	J-S-ES-02
Email (SIPR) - CCSG-9 to C7F - POSITIVE COVID-19 TEST ON TR (update #3) dtd 25 Mar 20	J-S-F-07
Email (SIPR) - C7F COS to CSG-9 COS - Triage and Procedure dtd 27 Mar 20	J-S-ES-03
Email - (SIPR) COS C7F to COS CSG-9 - Triage and procedure dtd 28 Mar 20	J-S-ES-03
Email - (SIPR) CNO to CPF - INFO TR recovery and disposition update 27 Mar 20 dtd 28 Mar 20	J-S-3-08
Email - (SIPR) CPF to C7F - Evening Ops Update and COVID 29 Mar dtd 29 Mar 20	J-S-3-15
Email (SIPR) - CPF to C7F - Evening Ops Update and COVID 29 Mar dtd 29 Mar 20	J-S-3-15
Email (SIPR) - C7F to CPF - Evening Ops Update and COVID 29 Mar dtd 29 Mar 20	J-S-F-08
Email (SIPR) - NBG CO to C7F COS - Quarantine - Social Distancing - getting to 4,000 dtd 29 Mar 20	J-S-3-14
Email (SIPR) - C7F COS - Numbers dtd 29 Mar 20	J-S-3-11
Email (SIPR) - CCSG-9 to C7F and C3F - POSITIVE COVID-19 TESTS ON TR (initial report) dtd 24 Mar 20	J-S-3-01

TITLE OF DOCUMENT	APPENDIX LOCATION
Email (SIPR) - TR RO to SA to NR for CVN Ops - CVN 71 COVID-19 Roll Up and Way Ahead dtd 26 Mar 20; TR RO Statement dtd 18 May 20	J-S-4-01



~~UNCLASSIFIED~~

(b)(6)

**From:** (b)(6) CAPT USN, C7F  
**Sent:** Wednesday, March 25, 2020 1:42 AM  
**To:** (b)(6) CAPT USN, CCSG9'  
**Subject:** RE: (U) HOTEL OPTION  
**Signed By:** (b)(6) @fe.navy.smil.mil

Copy the concern but that is a big ask and we may have to stay within our resource constraints

Asking a hotel in Guam to sequester 4000 potential COVID cases does not sound like high success rate

We may have other options to work the math

Not saying no, it is on the table

VR

(b)(6)

CAPT (b)(6)  
Chief of Staff  
SEVENTH Fleet  
Embarked on (b)(1)  
Inport DSN (b)(6)  
VOSIP: (b)(6)  
Inport Commercial: (b)(6)  
At Sea DSN Direct: (b)(6)  
At Sea (Commercial) Direct: (b)(6)  
At Sea (b)(1) DSN: (b)(6)  
At Sea (b)(1) (Commercial) (b)(6)  
Tandberg EX-90: (b)(6)  
Mobile (Overseas): (b)(6)  
Mobile in Japan: (b)(6)  
(b)(6) @lcc19.navy.mil

-----  
Hot Site (CFAY Building C-5)

OneNet: (b)(6) @fe.navy.mil  
OneNet: (b)(6) @fe.navy.smil.mil  
DSN (b)(6)  
Tandberg: (b)(6)  
(b)(6) @fe.navy.smil.mil  
(b)(6) @fe.navy.mil

-----  
CENTRIXS K: (b)(6) @pacom.kor.cmil.mil  
CENTRIXS J: (b)(6) @mail.jpn.cmil.mil  
CENTRIXS FVEY: (b)(6) @rel.pacoms.smil.mil  
CENTRIX CMFP: (b)(6) @af.usa.getf-cmfp.cmil.mil

~~UNCLASSIFIED~~  
J-S-ES-01

~~UNCLASSIFIED~~

-----Original Message-----

From: (b)(6) CAPT USN, CCSG9  
[mailto:(b)(6)@ccsg9.navy.smil.mil]  
Sent: Wednesday, March 25, 2020 4:35 AM  
To: (b)(6) CAPT USN, C7F <(b)(6)@lcc19.navy.smil.mil>  
Subject: (U) HOTEL OPTION

Classification: ~~UNCLASSIFIED~~

(b)(6),

DOC and the TR CO are recommending we look a response / isolation option on a large scale. The current plan is to quarantine those personnel who were in close contact with diagnosed cases (berthings, workcenters, etc). So every time we get a new case, we (potentially) have another berthing and workcenter to quarantine while we wait for two weeks of no new cases. If this is a slow burn event, we could continue to get new cases at the 10-12 day point, isolate the new group, and reset the clock and continue to repeat the process for months.

According to the Preventative Medicine theory, the quickest way would be to house all personnel in individual isolation for two weeks. Obviously impossible on a ship, and also beyond the scale of NAVBASE Guam for an aircraft carrier. The suggestion we've received is to put nearly everyone into individual hotel rooms for the quarantine period. We'd have to hire food service as well.

I understand that the scale of this (4000 or so people) is huge and it would be expensive. The CO would like to ask the question via FLC Guam. I told him to hold off, as somebody from FLC calling the Outrigger Hotel and asking about housing 4000 people would end up on the front page of the paper and really piss off GOV Guam if he didn't know about it.

Bottom line, can we ask the question via JRM and make sure that we aren't surprising the government?

V/R

~~UNCLASSIFIED~~

J-S-ES-01

DECLASSIFIED

~~UNCLASSIFIED~~

(b)(6)

CAPT (b)(6), USN

Chief of Staff

Carrier Strike Group NINE

SIPR: (b)(6)@ccsg9.navy.smil.mil  
<mailto:(b)(6)@ccsg9.navy.smil.mil>

NIPR: (b)(6)@ccsg9.navy.mil  
<mailto:(b)(6)@ccsg9.navy.mil>

COMM: (b)(6)

SVOIP: (b)(6)

Classification: ~~UNCLASSIFIED~~

~~UNCLASSIFIED~~

J-S-ES-01

DECLASSIFIED

~~UNCLASSIFIED//FOUO~~

(b)(6)

**From:** Sawyer, Phillip G VADM USN (USA) <(b)(6)@navy.smil.mil>  
**Sent:** Thursday, March 26, 2020 6:40 AM  
**To:** Merz, William R. VADM USN, C7F; Merz, William VADM (ONE-Net)  
**Cc:** (b)(6) CAPT USN, C7F  
**Subject:** FW: (U//FOUO) FOR INFORMATION: TR Recovery and Disposition Plan  
**Attachments:** TR Triage and Disposition Plan.pdf; (S) C7F COVID SOM - N00\_Rev2 (002).pdf

Classification: ~~UNCLASSIFIED//FOUO~~

CNO comments FYSA.

BT

I don't understand the TR Triage plan. Specifically, the asymptomatic branches. If asymptomatic AND I batch test NEGATIVE..14d quarantine? Doe this assume you enter this process as someone who is suspect? Close contact w/ C-19+, etc?

vr/  
Phil

-----Original Message-----

From: Gilday, Michael M ADM USN CNO (USA) <(b)(6)@navy.smil.mil>  
Sent: Thursday, March 26, 2020 6:14 AM  
To: Aquilino, John C ADM USN COMPACFLT PEARL HI (USA) (b)(6)@navy.smil.mil>; Davidson, Philip S ADM USN INDOPACOM J00 (USA) <(b)(6)@pacom.smil.mil>  
Cc: Burke, Robert P ADM USN VCNO (USA) (b)(6)@navy.smil.mil>; Minihan, Michael A Lt Gen USAF (USA) (b)(6)@pacom.smil.mil>; Sawyer, Phillip G VADM USN (USA) (b)(6)@navy.smil.mil>; (b)(6)@fe.navy.smil.mil; Merz, William R. VADM USN, C7F <(b)(6)@lcc19.navy.smil.mil>; Whitesell, Kenneth R RADM USN COMPACFLT N01 (USA) (b)(6)@navy.smil.mil>; Vareslum, Suzanne P MG USARMY NG HIARNG (USA) (b)(6)@pacom.smil.mil>; Hein, Robert N Jr SES (USA) (b)(6)@navy.smil.mil>; Koehler, Stephen T RADM USN PACOM PCJ3 (USA) (b)(6)@pacom.smil.mil>; (b)(6) CAPT USN PACOM (USA) (b)(6)@pacom.smil.mil>; (b)(6) CAPT USN CNO (USA) (b)(6)@navy.smil.mil>; (b)(6) CAPT USN COMPACFLT N01H (USA) (b)(6)@navy.smil.mil>; (b)(6) CAPT USN COMPACFLT (USA) (b)(6)@navy.smil.mil>; (b)(6) CAPT USN PACOM PCJ0 (USA) (b)(6)@pacom.smil.mil>; (b)(6)@fe.navy.smil.mil' (b)(6)@fe.navy.smil.mil>; (b)(6) CAPT USN COMPACFLT PEARL HI (USA) <(b)(6)@navy.smil.mil>; (b)(6) CAPT USN COMPACFLT N3 (USA) (b)(6)@navy.smil.mil>; Williamson, Ricky Lee VADM USN DCNO N4 (USA) (b)(6)@navy.smil.mil>; Jackson, Mary M VADM USN CNIC WASHINGTON DC (USA) (b)(6)@navy.smil.mil>; Gillingham, Bruce L RADM USN CNO (USA) (b)(6)@navy.smil.mil>; Haeuptle, Andrew S SES USN DNS (USA) (b)(6)@navy.smil.mil>; Caldwell, James F Jr ADM USN (USA) (b)(6)@navy.smil.mil>; Nowell, John B Jr VADM USN (USA) (b)(6)@navy.smil.mil>; Cooper, C B (Brad) RADM USN OLA WASHINGTON DC (USA) (b)(6)@navy.smil.mil>; Brown, Charles W RDML USN (USA) (b)(6)@navy.smil.mil>; (b)(6) CDR USN CNO (USA) (b)(6)@navy.smil.mil>; (b)(6) MCPON USN DCNO N1 (USA) (b)(6)@navy.smil.mil>  
Subject: RE: (U//FOUO) FOR INFORMATION: TR Recovery and Disposition Plan

~~UNCLASSIFIED//FOUO~~

J-S-ES-02

DECLASSIFIED

~~UNCLASSIFIED//FOUO~~Classification: ~~UNCLASSIFIED//FOUO~~

Lung,

Understand plan is to test 100% of the crew; tracking your plan to isolate positive cases ashore while continuing quarantine measures and social distancing onboard TR .

Testing : If I have the math right, TR's remaining (b)(1) will run out this weekend, but add'l kits from (b)(1) will allow testing to continue to ooa 1-2 April (assuming arrival within days). Bio Fire C-19 testing capability not avail until ooa 5 April. So, roughly, 40% of the crew tested by mid-week.

-- OPNAV will work with CPF to get add'l C-19 test kits to Guam .... and add'l Bio Fire units as well as accelerate delivery of the C-19 module asap.

Augmentation: NR is looking at options to augment key watchstanders. MTF.

Lung, it would seem to me TR will be off the line until we get through testing and understand where we stand wrt mission readiness.

We will estb a BR here to ensure we're all synched, including IPC. (b)(6) will work an active PA plan - again, icw CPF and IPC. Importantly, a plan to keep families informed early is paramount; we'll assist as needed with that effort - and importantly, timing with any PA releases.

A/SN sked for a Pentagon presser with CMC this a.m.; I asked him to consider allowing CMC to go alone for today's USMC update until we get a plan together for TR.

Lastly, CJCS and SecDef briefed last night.

Talk later this a.m.

Be well. VR Mike

~~UNCLASSIFIED//FOUO~~

J-S-ES-02



~~UNCLASSIFIED//FOUO~~

From: Aquilino, John C ADM USN COMPACFLT PEARL HI (USA) (b)(6) @navy.smil.mil>  
 Sent: Thursday, March 26, 2020 4:13 AM  
 To: Gilday, Michael M ADM USN CNO (USA) (b)(6) @navy.smil.mil>; Davidson, Philip S ADM USN INDOPACOM J00 (USA) (b)(6) @pacom.smil.mil>  
 Cc: Burke, Robert P ADM USN VCNO (USA) (b)(6) @navy.smil.mil>; Minihan, Michael A Lt Gen USAF (USA) (b)(6) @pacom.smil.mil>; Sawyer, Phillip G VADM USN (USA) (b)(6) @navy.smil.mil>; (b)(6) @fe.navy.smil.mil; Merz, William R. VADM USN, C7F (b)(6) @lcc19.navy.smil.mil>; Whitesell, Kenneth R RADM USN COMPACFLT N01 (USA) (b)(6) @navy.smil.mil>; Vareslum, Suzanne P MG USARMY NG HIARNG (USA) (b)(6) @pacom.smil.mil>; Hein, Robert N Jr SES (USA) (b)(6) @navy.smil.mil>; Koehler, Stephen T RADM USN PACOM PCJ3 (USA) (b)(6) @pacom.smil.mil>; (b)(6) CAPT USN PACOM (USA) (b)(6) @pacom.smil.mil>; (b)(6) CAPT USN CNO (USA) (b)(6) @navy.smil.mil>; (b)(6) CAPT USN COMPACFLT N01H (USA) (b)(6) @navy.smil.mil>; (b)(6) CAPT USN COMPACFLT (USA) (b)(6) @navy.smil.mil>; (b)(6) CAPT USN PACOM PCJ0 (USA) (b)(6) @pacom.smil.mil>; (b)(6) @fe.navy.smil.mil' (b)(6) @fe.navy.smil.mil>; (b)(6) CAPT USN COMPACFLT PEARL HI (USA) (b)(6) @navy.smil.mil>; (b)(6) CAPT USN COMPACFLT N3 (USA) (b)(6) @navy.smil.mil>  
 Subject: (U//FOUO) FOR INFORMATION: TR Recovery and Disposition Plan

Classification: ~~UNCLASSIFIED//FOUO~~

CNO and ADM Davidson,

For Information only

BLUF: Per our discussion today, I am sending you the most up to date information on TR. I intend to send you an update daily at the end of the day (~1800 Hawaii time) so you will have it when you arrive at work Washington DC time. I have attached (1) TR status and recovery plan, (2) Testing triage/disposition flow, (3) draft PAG/RTQ, and (4) C7F's status of C7F forces for the next 60 days. C3F is developing a product that mirrors C7F's laydown as we look forward to keeping clean bubbles for both Fleets.

Key points:

\* 25 total positive cases as of 2200 Hawaii time (4x MEDEVAC to Guam MTF)

~~UNCLASSIFIED//FOUO~~

J-S-ES-02

DECLASSIFIED

~~UNCLASSIFIED//FOUO~~

\* ICU space on TR (b)(1) .

\* 200+ in ROM

\* Guam is prepared to support

\* C7F is conducting forensics to determine the source so that we might determine the scope of the problem and therefore plan and calculate our follow on response appropriately.

\*(b)(1)

\*(b)(1)

V/R Lung

ADM Chris "Lung" Aquilino

Commander, US Pacific Fleet

Classification: ~~UNCLASSIFIED//FOUO~~

~~UNCLASSIFIED//FOUO~~

J-S-ES-02

**No Classification in Message Body****(b)(6)**

**From:** Merz, William R. VADM USN, C7F  
**Sent:** Friday, March 27, 2020 7:08 AM  
**To:** (b)(6) LT USN, C7F; (b)(6) CAPT USN, C7F; (b)(6)  
CAPT (C7F-COS) (ONE-NET); (b)(6) LCDR USN, C7F;  
(b)(6); (b)(6)  
**Subject:** FW: C7F COVID DAILY CDR'S UPDATE (26 Mar) - CORRECT COPY !!!  
**Attachments:** TR Triage and Disposition Plan rev 6.pdf

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From: Merz, William R. VADM USN, C7F  
Sent: Friday, March 27, 2020 11:08:02 AM (UTC) Coordinated Universal Time  
To: 'Conn, Scott D VADM USN (USA)'; 'H VADM USN COMNAVAIRPAC SAN CA (USA)'; (b)(6) @navy.smil.mil';  
Converse, Blake L RADM USN COMSUBPAC PEARL (USA); (b)(6) @ccsg9.navy.smil.mil';  
(b)(6) @ctf70.navy.smil.mil'; (b)(6) (CTF72); (b)(6) @fe.navy.smil.mil'; 'RADM USN CSG7  
NNPI'; (b)(6) @fe.navy.smil.mil'; Kacher, Fred W RDML USN, CTF-76; (b)(6)  
(b)(6) @fe.navy.smil.mil'; (b)(6) @fe.navy.smil.mil'  
Cc: (b)(6) CAPT USN, C7F; (b)(6) LCDR USN, C7F; Merz, William R. VADM USN, C7F  
Subject: FW: C7F COVID DAILY CDR'S UPDATE (26 Mar) - CORRECT COPY !!!

SA

Update from below report:

TR: 36

**(b)(1)**

-----Original Message-----

From: Merz, William R. VADM USN, C7F  
Sent: Friday, March 27, 2020 1:05 PM  
To: (b)(6) @navy.smil.mil' (b)(6) @navy.smil.mil>  
Cc: (b)(6) @navy.smil.mil' (b)(6) @navy.smil.mil'; (b)(6) CAPT USN, C7F  
(b)(6) @lcc19.navy.smil.mil>  
Subject: C7F COVID DAILY CDR'S UPDATE (26 Mar) - CORRECT COPY !!!

Boss,

BLUF: COVID-19 Daily Update below.

RFI COD data pushed to your BWC, analysis in progress onboard with CNA rep as discussed.

Same report below as last night, with testing numbers added - up one, now 34 positives. Recommend not publishing the numbers beyond "Total individual positives: 33" until we know what these numbers are telling us. May not be the best reporting metric - putting thought into it. Another recently discovered wrinkle, but ironed out, need dry ice to ship

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J-S-ES-03

DECLASSIFIED

**No Classification in Message Body**

testing kits from (b)(1), apparently no dry ice in (b)(1) until Monday - working it, will ship to Guam. Plenty of kits on hand to get well into next week. Will need more from other sources, tracking movement from SDGO.

Also, took a harder look at your team's input today on the plan of attack. Your Doc added an additional test for individuals who clear CDC criteria. We believe it's unnecessary and inconsistent with approved criteria and burns test kits with no ROI (b)(1). We have a number of days before we get to that step, so we'll get the teams together to discuss further. See red circle on attached (remove that test) and go with the black line.

VR,  
Bill

-----  
UNITS INFECTED (1):

(1) THEODORE ROOSEVELT (b)(1):

Numbers

- Total individual positives: 34
- Total individual negatives: 422
- 5x pers batch tests conducted: 78
- 5x pers batch tests positive: 13
- Tests kits expended: 158
- Tests kits remaining: ~800

Assessment:

- TR arrived Guam 1000 (I) – transitioned out of the (b)(1) to Region/C7F Recovery Plan controls
- C7F attack plan and flow chart attached. In execution to the extent possible onboard. 150 beds immediately available for isolation.
- Approx. 1000 segregated spaces available to support opening space aboard ship.
- Establishing overflow capacity on Japan (Atsugi and Okinawa): Isolations in Guam, Quarantines in Japan.
- CSG-9/CVN Command team in quarantine/testing. In full comms. (b)(1).
- Full plan execution commences on arrival Guam, ship will transition from (b)(1) to region.
- Ship has prioritized testing "target list" IAW attack plan.
- Crew will be methodically screen, tested and cleared via attached procedure and flow-chart.
- Plan/procedure will be evaluated in-stride by PREVMED and adjusted as necessary.

(2) No others

(b)(1)

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**No Classification in Message Body**

(b)(1)



-----  
CDR's Assessment/CDR's Concerns

(b)(1)



VR,  
Bill

VADM Bill Merz, U.S. 7th Fleet  
Primary (also forwards to secondary):

(b)(6)

@lcc19.navy.mil

(b)(6)

@lcc19.navy.smil.mil

Secondary:

(b)(6)

@fe.navy.mil

(b)(6)

@fe.navy.smil.mil

"Play Hard"

**No Classification in Message Body**



**No Classification in Message Body****(b)(6)**

**From:** (b)(6) CAPT USN, C7F  
**Sent:** Friday, March 27, 2020 10:02 PM  
**To:** (b)(6) CAPT USN, CCSG9'  
**Cc:** (b)(6) CAPT USN, C7F  
**Subject:** (S) Triage and procedur  
**Signed By:** (b)(6) @fe.navy.smil.mil

SECRET

**(b)(6)**

From flag discussions sounds like TR is not following the protocol.

RDML Baker is stating putting people in quarantine without batch test to determine if virus is present.

Please recalibrate and follow the flow chart.

If you are letting this virus get by on the way to quarantine you are defeating the fastest way to get to your fighting posture.

You can be asymptomatic and carrying.

Doc - have to get this in the box.

VR

**(b)(6)**

CAPT (b)(6)

Chief of Staff

SEVENTH Fleet

Embarked on (b)(1)

Inport DSN (b)(6)

VOSIP: (b)(6)

Inport Commercial: (b)(6)

At Sea DSN Direct: (b)(6)

At Sea (Commercial) Direct: (b)(6)

At Sea (b)(1) DSN: (b)(6)

At Sea (b)(1) (Commercial) (b)(6)

Tandberg EX-90: (b)(6)

Mobile (Overseas): (b)(6)

Mobile in Japan: (b)(6)

(b)(6) @lcc19.navy.mil

-----  
Hot Site (CFAY Building C-5)

OneNet: (b)(6) @fe.navy.mil

OneNet: (b)(6) @fe.navy.smil.mil

DSN (b)(6)

Tandberg: (b)(6)

**No Classification in Message Body**

J-S-ES-04

DECLASSIFIED

~~No Classification in Message Body~~

(b)(6) @fe.navy.smil.mil  
(b)(6) @fe.navy.mil

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CENTRIXS K: (b)(6) @pacom.kor.cmil.mil  
CENTRIXS J: (b)(6) @mail.jpncmil.mil  
CENTRIXS FVEY: (b)(6) @rel.pacomsmil.mil  
CENTRIX CMFP: (b)(6) @af.usa.getf-cmfp.cmil.mil

~~No Classification in Message Body~~

**No Classification in Message Body****(b)(6)**

**From:** Merz, William R. VADM USN, C7F  
**Sent:** Sunday, March 29, 2020 9:30 AM  
**To:** (b)(6) USN, C7F; (b)(6) CAPT USN, C7F; (b)(6)  
CAPT (C7F-COS) (ONE-NET); (b)(6) LCDR USN, C7F;  
(b)(6); (b)(6)  
**Subject:** FW: Evening Ops Update and COVID 29 Mar  
**Attachments:** TR Plan - N00 rev 2.docx

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From: Merz, William R. VADM USN, C7F  
Sent: Sunday, March 29, 2020 1:29:42 PM (UTC) Coordinated Universal Time  
To: (b)(6) @navy.smil.mil'  
Cc: (b)(6) @navy.smil.mil'; (b)(6) @navy.smil.mil'; Merz, William R. VADM USN, C7F  
Subject: Evening Ops Update and COVID 29 Mar

**SECRET**

COM,

BLUF: Ops Update and COVID for 29 Mar below

Change from today's CNO report:

THR: 53 (+7)

**(b)(1)**

Operations:

**(b)(1)**

COVID:

Previous plan attached, informed by CDR daily updates and calls. Providing full plan SEPCOR tomorrow – dynamic based on evolving actions/events but basics remain the same.

Two musts for success remain the same:

\* Segregate to quarantine (OFF PLAN) – success requires as fast of a quarantine as possible – LIMFAC is Guam capacity – need to move asymptomatics.

**(b)(1)****No Classification in Message Body**

J-S-ES-05

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**No Classification in Message Body**

\* Testing – (b)(1). USMC augments tomorrow. Testing allows fastest separation of positives from quarantine population. Will fly my C-40 until/if we get sample rate to 500 per day to enable the G-5.

Missed opportunity today (b)(1)

. Expect swab deliveries 2 Apr and 9 Apr from DLA.

Sent 300 swabs in by R/W from (b)(1) today to keep moving.

Buying PPE from in town (Singapore and Japan) to augment orders.

\* (b)(1)

VR,  
Bill

VADM Bill Merz, U.S. 7th Fleet

Primary (also forwards to secondary):

(b)(6) @lcc19.navy.mil

(b)(6) @lcc19.navy.smil.mil

Secondary:

(b)(6) @fe.navy.mil

(b)(6) @fe.navy.smil.mil

"Play Hard"

~~No Classification in Message Body~~

(b)(6)

**From:** PRLH.AMHS.DMDS  
**Sent:** Friday, May 15, 2020 8:53 PM  
**To:** CPF.CATBWC  
**Subject:** RTD:(U) USINDOPACOM RESPONSE TO NOVEL CORONAVIRUS EXORD//

UNCLASSIFIED////

PRIORITY

P 040649Z FEB 20

FM HQ USPACOM J3

TO COMPACFLT PEARL HARBOR HI  
ZEN/HQ PACAF HICKAM AFB HI  
ZEN/PACAF CC HICKAM AFB HI  
ZEN/USARPAC COMMAND CENTER FT SHAFTER HI  
ZEN/COMMARFORPAC  
ZEN/COMSOCPAC HONOLULU HI

INFO ZEN/SECDEF WASHINGTON DC  
ZEN/JOINT STAFF J3 JOINT OPS DIV WASHINGTON DC  
ZEN/ACJCS NATIONAL GUARD WASHINGTON DC  
ZEN/USNORTHCOM J3 PETERSON AFB CO  
ZEN/USNORTHCOM J3 PETERSON AFB CO  
COMUSFLTFORCOM NORFOLK VA  
ZEN/COMMARFORPAC G THREE  
COMTHIRDFLT  
CNIC WASHINGTON DC  
COMNECCPAC PEARL HARBOR HI  
CCGDFOURTEEN HONOLULU HI  
COMNAVREG HAWAII PEARL HARBOR HI  
JB PEARL HARBOR-HICKAM HI  
PACMISRANFAC HAWAREA BARKING SANDS HI  
JOINT TYPHOON WRNCEN PEARL HARBOR HI  
COMCOGARD SECTOR HONOLULU HI  
ZEN/HQ USPACOM HONOLULU HI  
ZEN/HQ USPACOM JOC

BT  
UNCLAS

SUBJ/(U) USINDOPACOM RESPONSE TO NOVEL CORONAVIRUS EXORD//

MSGID/ORDER/CDRUSINDOPACOM/-/FEB//

REF/A/MSG/SECDEF VOCO APPROVAL/20200203//

~~No Classification in Message Body~~

J-S-2-01

DECLASSIFIED



**No Classification in Message Body**

REF/B/DOC/UNDERSECDEF FHP GUIDANCE/20200130//

REF/C/DOC/DOD DEPUTY COMPTROLLER/20200130//

REF/D/DOC/DODD 3025.14/20130226//

REF/E/DOC/CJCSI 3121.01B ENCL L0Q/20050613//

REF /F/DOC/DODD 5210.56/20161118//

REF/G/DOC/GFMIG/20190524//

REF/H/MSG/SECDEF EXORD/012240Z FEB 20/20200201//

REF/I/DOC/USINDOPACOM CONPLAN 5003-18/20160801//

REF/J/DOC/DOD GCP 3551-13/20131015/

NARR/ REF A IS SECDEF VOCO APPROVAL OF DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) REQUEST FOR ASSISTANCE (RFA) FROM DOD FOR LODGING SUPPORT ABOARD MILITARY INSTALLATIONS IN NOVEL CORONAVIRUS (NCOV) RESPONSE EFFORTS. REF B PRESCRIBES FORCE HEALTH PROTECTION GUIDANCE FOR NCOV OUTBREAK. REF C IS THE DOD COMPTROLLER COST REPORTING GUIDANCE FOR DOD RESPONSE TO THE NCOV OUTBREAK. REF D IS DOD POLICY FOR EVACUATION OF U.S CITIZENS AND DESIGNATED ALIENS FROM THREATENED AREAS ABROAD. REF E PRECIBES THE STANDING RULES FOR THE USE OF FORCE (SRUF) FOR U.S. FORCES. REF F ESTABLISHES POLICY AND STANDARDS FOR ARMING AND THE USE OF FORCE BY DOD PERSONNEL. REF G IS THE SECDEF-APPROVED FY 2019-2020 GLOBAL FORCE MANAGEMENT IMPLEMENTATION GUIDANCE. REF H IS THE SECDEF EXORD THAT DIRECTING USNORTHCOM TO EXECUTE ITS PANDEMIC PLAN 3551-13 AND SUPPORTING GEOGRAPHIC COMBATANT COMMANDERS EXECUTE THEIR PANDEMIC PLANS IN RESPONSE TO THE NCOV OUTBREAK. REF I IS THE USINDOPACOM CONPLAN 5003-18 FOR PANDEMIC RESPONSE. REF J IS THE DOD GLOBAL CAMPAIGN PLAN FOR PANDEMIC INFLUENZA AND INFECTIOUS DISEASE 3551-13.//  
ORDTYP/EXORD/CDRUSINDOPACOM// TIMEZONE/Z//

NARR/USINDOPACOM RESPONSE TO NOVEL CORONAVIRUS EXORD//  
GENTEXT/SITUATION/

1.A. (U) SITUATION. THE NCOV OUTBREAK CONTINUES, WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) REPORTING SEVERAL THOUSAND CASES WORLDWIDE, TO INCLUDE CASES IN THE UNITED STATES. CDC HAS PUBLISHED A WARNING TO AVOID ALL TRAVEL TO CHINA.

1.B. (U) DOD WILL FOLLOW THE REGULARLY UPDATED CDC GUIDANCE FOR THE NCOV OUTBREAK.

1.C. (U) DURING THE NCOV OUTBREAK DOD PROTECTS AND PRESERVES THE OPERATIONAL EFFECTIVENESS OF FORCES WORLDWIDE TO MAINTAIN MISSION ASSURANCE, AND THE ABILITY TO MEET STRATEGIC OBJECTIVES.

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J-S-2-01

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1.D. (U) THE NATURE OF THE OUTBREAK AND ITS POTENTIAL TO BECOME A PANDEMIC EVENT REQUIRES DOD TO MAINTAIN A GLOBAL AREA OF INTEREST, SPECIFICALLY FOCUSED ON THOSE AREAS WHERE THERE ARE LARGE NUMBERS OF PEOPLE CURRENTLY INFECTED WITH, OR AT INCREASED RISK OF INFECTION, WITH NCOV.

1.E. (U) THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) IS THE UNITED STATES GOVERNMENT LEAD FOR PANDEMIC INFLUENZA AND INFECTIOUS DISEASE RESPONSE. HHS HAS SUBMITTED A REQUEST FOR ASSISTANCE (RFA) THAT SECDEF VERBALLY APPROVED FOR DOD TO PROVIDE HOUSING ON MILITARY INSTALLATIONS NEAR US AIRPORTS TO SUPPORT HHS OPERATIONS FOR NCOV RESPONSE.//  
GENTEXT/MISSION/

2. (U) MISSION. IAW REF A.//  
GENTEXT/EXECUTION/

3.A. (U) CONCEPT OF OPERATIONS. DEPARTMENT OF HHS IS THE SUPPORTED FEDERAL AGENCY. DOD IS A SUPPORTING AGENCY FOR HHS. USNORTHCOM, AS THE SUPPORTED COMMAND, WILL SYNCHRONIZE DOD EFFORTS WITH THE MILITARY DEPARTMENTS, DEFENSE AGENCIES AND THE INTERAGENCY WITHIN THE USNORTHCOM AOR.

3.A.1 (U) PURPOSE. SECRETARY OF DEFENSE INTENT IS TO PRESERVE MILITARY CAPABILITY AND TO SUPPORT GOVERNMENT EFFORTS TO PROTECT THE AMERICAN PEOPLE FROM THE NCOV.

3.A.2 (U) ENDSTATE. NO SOLDIER, SAILOR, AIRMAN OR MARINE WILL BE INFECTED WITH NCOV AND MISSION CAPABILITIES ARE PRESERVED.

3.A.3 (U) DOD MUST BE PREPARED TO RESPOND TO REQUESTS FROM CIVIL AUTHORITIES TO ASSIST WITH RESPONSE MITIGATION ACTIVITIES WHEN DIRECTED BY SECDEF OR THE PRESIDENT.

3.B. (U) SUPPORTED COMMANDER: TJFLCC IS DESIGNATED THE SUPPORTED COMMANDER FOR PROVIDING DSCA IN THE USINDOPACOM AOR. USINDOPACOM FUNCTIONAL, SERVICE COMPONENT, AND SUB-UNIFIED COMMANDERS MAY BE TASKED BY THE TJFLCC, AS SUPPORTED COMMANDER, FOR ASSESSMENTS, FEASIBILITY OF SUPPORT REQUESTS, COORDINATION REQUIREMENTS, WORKING GROUPS, AND ATTENDANCE AT BATTLE RHYTHM EVENTS THAT FACILITATE DSCA PREPARATIONS. ANY DISPUTES OR RECLAMA MUST BE MADE TO COMMANDER, USINDOPACOM THROUGH THE USINDOPACOM J3 DIRECTOR OF OPERATIONS. THIS TASKORD ALSO GIVES TJFLCC AUTHORITY TO TASK COMPONENT CAPABILITIES TO SUPPORT A RAPID RESPONSE FOR DSCA OPERATIONS.

4. (U) TASKS

4.A. (U) CG USARPAC/TJFLCC.

4.A.1. (U) ACTIVATE THE TJFLCC AS THE SUPPORTED COMPONENT COMMAND FOR

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USINDOPACOM PANDEMIC RESPONSE OPERATIONS.

4.A.2. (U) ACTIVATE DCO/E- EAST.

4.A.3. (U) ACTIVATE ARMY EMERGENCY PREPAREDNESS LIAISON OFFICERS (EPLOS) AND ASSIGN TACON TO DCO/E- EAST FOR 24/7 SYNCHRONIZATION OF DSCA OPERATIONS.

4.A.4. (U) BPT TO CONDUCT JOINT RECEPTION, STAGING, ONWARD MOVEMENT, AND INTEGRATION OF INBOUND SUPPORTING T10 FORCES AT JBPHH OR ALTERNATE APOD, AS REQUIRED.

4.A.5. (U) CAPTURE BUDGET/REIMBURSEMENT SUPPORT FOR THE COORDINATION AND SUBMISSION OF ALL INDOPACOM COMPONENT REIMBURSEMENT CLAIMS FOR MISSIONS PERFORMED IN SUPPORT OF NCOV RESPONSE.

4.A.6. (U) REPORT THE STATUS OF NCOV ACTIVITIES TO THE USINDOPACOM JOC.

4.A.7. (U) EXECUTE YOUR SUPPORTING PANDEMIC PLAN IN RESPONSE TO THE NCOV OUTBREAK IN THE INDOPACOM AOR.

4.A.8. (U) COORDINATE NCOV PREPARATION AND MITIGATION EFFORTS AND IDENTIFY/COMPLEMENT FORCE HEALTH MEASURES WITHIN YOUR AOR.

4.A.9. (U) CONDUCT PRUDENT NCOV CRISIS ACTION PLANNING TO PROTECT THE FORCE TO MEET ASSIGNED MISSION REQUIREMENTS IN YOUR RESPECTIVE AOR.

4.A.10. (U) BPT TO PROVIDE PERSONNEL, UNITS, EQUIPMENT, AND/OR OTHER SUPPORT AS REQUESTED BY A SUPPORTED CCDR AND/OR BY A LEAD FEDERAL AGENCY AND APPROVED BY SECDEF.

4.B. (U) COMPACFLT/TJFMCC.

4.B.1. (U) ACTIVATE NAVY EPLO(S) AND ASSIGN TACON TO DCO/E- EAST FOR 24/7 SYNCHRONIZATION OF DSCA OPERATIONS.

4.B.2. (U) BPT DEPLOY A COMTHIRDFLT MARITIME COMMAND ELEMENT (MCE) IF REQUESTED.

4.B.3. (U) BPT PROVIDE JOINT BASE PEARL HARBOR HICKAM (JBPHH), HAWAII AS INCIDENT SUPPORT BASE/FEDERAL STAGING AREA IF REQUESTED.

4.B.4. (U) REPORT THE STATUS OF NCOV ACTIVITIES IN YOUR RESPECTIVE AOR TO THE USINDOPACOM JOC.

4.B.5. (U) EXECUTE YOUR SUPPORTING PANDEMIC PLAN IN RESPONSE TO THE NCOV OUTBREAK IN THE INDOPACOM AOR.

4.B.6. (U) COORDINATE NCOV PREPARATION AND MITIGATION EFFORTS AND IDENTIFY/COMPLEMENT FORCE HEALTH MEASURES WITHIN YOUR AOR.

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4.B.7. (U) CONDUCT PRUDENT NCOV CRISIS ACTION PLANNING TO PROTECT THE FORCE TO MEET ASSIGNED MISSION REQUIREMENTS IN YOUR RESPECTIVE AOR.

4.B.8. (U) BPT TO PROVIDE PERSONNEL, UNITS, EQUIPMENT, AND/OR OTHER SUPPORT AS REQUESTED BY TJFLCC.

4.B.9. (U) BPT TO PROVIDE TEMPORARY HOUSING FOR UP TO 20 PERSONNEL FOR AT LEAST 14 DAYS TO SUPPORT HHS EFFORTS TO COMPLY WITH FEDERAL QUARANTINE ORDERS FOR NCOV RESPONSE. VIA DCO/E-EAST, COORDINATE WITH HHS AND HAWAII NATIONAL GUARD (HING) FOR ANCILLARY SUPPORT TO HOUSING MISSION. SPECIFIC DETAILS OF THE REQUEST ARE BEING DEVELOPED BY HHS.

4.C. (U) COMPACAF/TJFACC.

4.C.1. (U) ACTIVATE AND DEPLOY EPLO(S) AND ASSIGN TACON TO DCO/E-EAST FOR 24/7 SYNCHRONIZATION OF DSCA OPERATIONS.

4.C.2. (U) BPT CONDUCT JOINT RECEPTION, STAGING, ONWARD MOVEMENT, AND INTEGRATION AT JBPHH OR ALTERNATE APOD IN COORDINATION WITH USARPAC.

4.C.3. (U) REPORT THE STATUS OF NCOV ACTIVITIES IN YOUR RESPECTIVE AOR TO THE USINDOPACOM JOC.

4.B.4. (U) EXECUTE YOUR SUPPORTING PANDEMIC PLAN IN RESPONSE TO THE NCOV OUTBREAK IN THE INDOPACOM AOR.

4.C.5. (U) COORDINATE NCOV PREPARATION AND MITIGATION EFFORTS AND IDENTIFY/COMPLEMENT FORCE HEALTH MEASURES WITHIN YOUR AOR.

4.C.6. (U) CONDUCT PRUDENT NCOV CRISIS ACTION PLANNING TO PROTECT THE FORCE TO MEET ASSIGNED MISSION REQUIREMENTS IN YOUR RESPECTIVE AOR.

4.C.7. (U) BPT PROVIDE PERSONNEL, UNITS, EQUIPMENT, AND/OR OTHER SUPPORT AS REQUESTED BY TJFLCC.

4.D. (U) COMMARFORPAC.

4.D.1. (U) ACTIVATE AND DEPLOY USMC EPLO(S) AND ASSIGN TACON TO DCO-EAST FOR 24/7 SYNCHRONIZATION OF DSCA OPERATIONS.

4.D.2. (U) SUPPORT TJFLCC AS MARINE COMPONENT COMMAND IRT TO NCOV OPERATIONS.

4.D.3 (U) REPORT THE STATUS OF NCOV ACTIVITIES IN YOUR RESPECTIVE AOR TO THE USINDOPACOM JOC.

4.D.4 (U) EXECUTE YOUR SUPPORTING PANDEMIC PLAN IN RESPONSE TO THE NCOV OUTBREAK IN THE INDOPACOM AOR.

4.D.5. (U) COORDINATE NCOV PREPARATION AND MITIGATION EFFORTS AND

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IDENTIFY/COMPLEMENT FORCE HEALTH MEASURES WITHIN YOUR AOR.

4.D.6. (U) CONDUCT PRUDENT NCOV CRISIS ACTION PLANNING TO PROTECT THE FORCE TO MEET ASSIGNED MISSION REQUIREMENTS IN YOUR RESPECTIVE AOR.

4.D.7. (U) BPT TO PROVIDE PERSONNEL, UNITS, EQUIPMENT, AND/OR OTHER SUPPORT AS REQUESTED BY TJFLCC.

4.E. (U) COMSOPAC.

4.E.1 (U) BPT PROVIDE FORCES.

4.E.2. (U) BPT PROVIDE EPLO(S) TO DCO-EAST FOR 24/7 SYNCHRONIZATION OF DSCA OPERATIONS.

4.F. (U) USINDOPACOM STAFF.

4.F.1. (U) J01PA.

4.F.1.A. (U) COORDINATE DOD PUBLIC AFFAIRS MESSAGES OR THEMES WITH COMPONENTS.

4.F.1.B. (U) PUBLIC AFFAIRS (PA) GUIDANCE. INDOPACOM PUBLIC AFFAIRS POSTURE REMAINS RESPONSE TO QUERY (RTQ) IN COORDINATION WITH OSD AND THE STATE DEPARTMENT. FOR QUERIES RELATED TO GUIDANCE REGARDING DOD FORCES THROUGHOUT THE AOR, RESPOND WITH OSD AND INDOPACOM-APPROVED RTQ STATEMENT. REFER ALL MEDIA QUERIES OUTSIDE OF THIS SCOPE TO OSD/PA WITH INFO TO INDOPACOM/PA.

4.F.2. (U) J1.

4.F.2.A. (U) PROVIDE PERSONNEL ACCOUNTABILITY PER PARA 7 BELOW.

4.F.3. (U) J3.

4.F.3.A. (U) COORDINATE WITH TJFLCC FOR 24/7 SYNCHRONIZATION OF RESPONSE OPERATIONS.

4.F.4. (U) J4.

4.F.4.A. (U) TO SUPPORT RESPONSE OPERATIONS.

5. (U) COORDINATING INSTRUCTIONS.

5.A. (U) EXPECTED DURATION OF THIS OPERATION IS AS DETERMINED BY LEAD FEDERAL AGENCY (HHS).

5.B. (U) DIRLAUTH ALCON, COORDINATION WITH HHS IS THROUGH DCO/E-EAST. KEEP CDRUSINDOPACOM JOC HD/EM INFORMED. COMPONENTS AND USINDOPACOM STAFF ARE DIRECTED TO ROUTE ALL REQUESTS FOR INFORMATION (RFI) THROUGH TJFLCC.

**No Classification in Message Body**



~~No Classification in Message Body~~

GENTEXT/ADMIN AND LOG/

6. (U) TRANSPORT. IAW REF B.

6.A. (U) BPT INPUT REQUIREMENT TO JOPES.//

7. (U) REPORTING.

7.A. (U) USFK AND USFJ SUBMIT DAILY QUAD CHART UPDATES TO TJFLCC AND CC USINDOPACOM JOC HD.//

7.B. (U) ALL SERVICE COMPONENT PERSONNEL DEPARTMENTS

7.B.1.(U) SERVICE COMPONENTS WILL CONTINUE TO MAKE CONTACT WITH THEIR SERVICE PERSONNEL AS LISTED IN THE UNCLASS EMAIL FROM INDOPACOM J1 STAFF UNTIL COMPLETE OR OTHERWISE DIRECTED.

7.B.2 (U) SERVICE COMPONENTS WILL PROVIDE UPDATED CONTACT STATUS TO INCLUDE NAME AND MBRS FUTURE PLANS, SPECIFICALLY IF AND WHEN THE MBR WILL BE ABLE TO LEAVE CHINA.

7.B.3. (U) UNLESS OTHERWISE DIRECTED, SERVICE COMPONENTS WILL SEND UPDATED CONTACT INFORMATION NLT 1200 (W) DAILY TO THE FOLLOWING FUNCTIONAL NIPR EMAIL ACCOUNTS:

7.B.3.A. HQ USINDOPACOM JOC J1: (b)(6) (AT)PACOM.MIL (PRI)

7.B.3.B. HQ USINDOPACOM JOC DIR: (b)(6) (AT)PACOM.MIL (SEC)

7.B.3.C. HQ USINDOPACOM JOC OPS: (b)(6) (AT)PACOM.MIL (TER)

7.B.4. (U) SUBJECT LINE FOR UPDATE EMAILS WILL INCLUDE SERVICE COMPONENT (CPF, PACAF, ETC) "NCOV UPDATE AS OF DATE AND TIME"

8. (U) PUBLIC AFFAIRS. PUBLIC AFFAIRS POSTURE REGARDING DSCA ACTIVITIES IS TBD.//

GENTEXT/COMMAND AND SIGNAL/

9. (U) COMMAND RELATIONSHIPS.

9.A. (U) THE U.S. GOVERNMENT PRIMARY AGENCY FOR DOMESTIC EMERGENCIES IS HHS.

9.B. (U) COMUSINDOPACOM IS THE SUPPORTED COMBATANT COMMANDER IN ITS AOR. ALL OTHER COMBATANT COMMANDS ARE SUPPORTING.

9.C. (U) USARPAC/TJFLCC IS THE SUPPORTED COMPONENT COMMANDER IN INDOPACOM AOR

9.D. (U) USARPAC/TJFLCC IS THE SUPPORTED COMPONENT COMMANDER. ALL OTHER COMPONENTS ARE SUPPORTING. ALL OTHER COMPONENTS ARE

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SUPPORTING.//

9.E. (U) USINDOPACOM WILL CONTINUE TO ASSESS THE DEVELOPING NCOV SITUATION AND THE POTENTIAL FOR ADDITIONAL PERSONNEL SUPPORT TO TJFLCC CURRENT AND FUTURE OPERATIONS.

10. (U) POINTS OF CONTACT.

10.A. (U) USINDOPACOM JOC DIR: COMM: (b)(6), DSN (b)(6), E-MAIL (UNCLAS): (b)(6) (AT)PACOM.MIL, (b)(6) (AT)PACOM.MIL SIPR: (b)(6) (AT)PACOM.SMIL.MIL.

10.B. (U) J33 HD POCS: MAJ (b)(6) AND LTC (b)(6), JOC HD/EM OPS OFFICERS, COMM: (b)(6), DSN (b)(6), E-MAIL (UNCLAS): (b)(6) (AT)PACOM.MIL, SIPR: (b)(6) (AT)PACOM.SMIL.MIL.//

10.C. (U) HAWAII NATIONAL GUARD (HING) JOINT OPERATIONS CENTER (JOC) WATCH DESK, COMM: (b)(6), EMAIL: (b)(6) (AT)HAWAII.GOV.

10.D. (U) HHS LNO TO INDOPACOM: CAPT (b)(6), USPHS, (b)(6) (AT)PACOM.MIL, COMM (b)(6), DSN (b)(6).

10.E. (U) USINDOPACOM J1 POC (UNCLASS) (b)(6) (AT)PACOM.MIL, COMM (b)(6), DSN (b)(6). GENTEXT/AUTHENTICATION/ (b)(6), CAPT, USN, INDOPACOM J33/ (b)(6) // AKNLDG/YES/INDOPACOM JOC DIR//

BT  
#6674  
NNNN

===== DISSEMINATION RESULTS =====

\*\*\* PROFILES \*\*\*

COMNAV\_PROFILES, COMNAV\_SYS, DIS: CNB\_ALL\_MSGS  
COMNAV\_PROFILES, COMNAV\_SYS, DIS: CNB\_ALL\_MSGS\_1  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: DB\_CPF\_ALL  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N4142\_INFO  
NAVSTA\_PROFILES, NAVSTA\_SYS, DIS: NST\_ALL\_MSGS  
THIRDFLT\_PROFILES, THIRDFLT\_SYS, DIS: C3F\_SHOTGUN  
THIRDFLT\_PROFILES, THIRDFLT\_SYS, DIS: DB\_THIRDFLT\_ALL  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N6\_INFO\_PART1  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N6\_INFO\_PART2  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N62\_INFO\_PART2\_1  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N4\_DUTY  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N52\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N5\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: CPF\_ALL\_ACTION  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N62\_INFO\_PART2  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N31SR\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N3WX\_OPERATIONS  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: AMERICA

**No Classification in Message Body**

**No Classification in Message Body**

CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N371\_INFO  
NAVSTA\_PROFILES, NAVSTA\_SYS, DIS: NST\_ALL\_MSGS\_1  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N33\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N8\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: CPF\_ALL\_ACTION\_CDO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N6CDO\_INFO  
THIRDFLT\_PROFILES, THIRDFLT\_SYS, DIS: C3F\_N64\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N650MD\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N80\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N82\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N401\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N402\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N40\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N43\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N465\_ACTION  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: INFO\_PAO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N00WAR\_PROJECT\_01C  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N64\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N6\_INFO\_PART1\_1  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N6\_INFO\_PART2\_1  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N6\_INFO\_PART1\_2  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N6\_INFO\_PART2\_2  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N1\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: CPF\_ALLMSGs  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: DMT\_MSGS  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N633\_COMSEC  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N53\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N37\_ACTION  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N5\_INFO\_1  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N01CE1\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N30M\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N66\_ORIGINATORS  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N6\_INFO\_NEWTON  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N52\_INFO\_MEEHAN  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: ALL\_MSGS  
COMNAV\_PROFILES, COMNAV\_SYS, DIS: CNB\_COMSEC  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N311\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N00WAR\_PROJECT  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N00J\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N01KM\_INFO\_PART2  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N30M\_INFO\_NOFORN  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N30\_COMCAM  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N311VI\_COMCAM  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N317\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N333\_INFO\_PART2  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N334\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N335\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N33D\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N370\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N622\_INFO  
CPF\_PROFILES\_LIBRARY, CPF\_SYS, DIS: N6N8\_INFO

**No Classification in Message Body**

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**No Classification in Message Body**

NAVSTA\_PROFILES, NAVSTA\_SYS, DIS: NST\_HOUSING

Search\_Retrieval for CPF.CATBWC.FCT

**No Classification in Message Body**

J-S-2-01

DECLASSIFIED

~~UNCLASSIFIED//FOUO~~

(b)(6)

**From:** Merz, William R. VADM USN, C7F  
**Sent:** Saturday, March 28, 2020 2:19 PM  
**To:** (b)(6) LT USN, C7F; (b)(6) CAPT USN, C7F; (b)(6) CAPT (C7F-COS) (ONE-NET); (b)(6) LCDR USN, C7F; (b)(6); (b)(6)  
**Subject:** FW: (U) INFO: TR Recovery and Fleet Disposition Update\_27 Mar 2020

**From:** Davidson, Philip S ADM USN INDOPACOM J00 (USA)  
**Sent:** Saturday, March 28, 2020 6:16:46 PM (UTC) Coordinated Universal Time  
**To:** Aquilino, John C ADM USN COMPACFLT PEARL HI (USA); Gilday, Michael M ADM USN CNO (USA)  
**Cc:** Burke, Robert P ADM USN VCNO (USA); Minihan, Michael A Lt Gen USAF (USA); Sawyer, Phillip G VADM USN (USA); Merz, William VADM (ONE-Net); Merz, William R. VADM USN, C7F; Conn, Scott D VADM USN (USA); Whitesell, Kenneth R RADM USN COMPACFLT N01 (USA); Miller, DeWolfe H VADM USN COMNAVAIRPAC SAN CA (USA); Brown, Richard A VADM USN COMNAVSURFPAC SAN (USA); Converse, Blake L RADM USN COMSUBPAC PEARL (USA); Vareslum, Suzanne P MG USARMY NG HIARNG (USA); Hein, Robert N Jr SES (USA); Koehler, Stephen T RADM USN PACOM PCJ3 (USA); (b)(6) CAPT USN PACOM (USA); (b)(6) CAPT USN CNO (USA); (b)(6) CAPT USN COMPACFLT N01H (USA); (b)(6) CAPT USN COMPACFLT (USA); (b)(6) CAPT USN PACOM PCJ0 (USA); (b)(6) @fe.navy.smil.mil; (b)(6) CAPT USN COMPACFLT PEARL HI (USA); (b)(6) CAPT USN COMPACFLT N3 (USA); (b)(6) CAPT USN COMPACFLT PEARL HI (USA); (b)(6) CAPT USN COMPACFLT N30 (USA); (b)(6)  
**Subject:** RE: (U) INFO: TR Recovery and Fleet Disposition Update\_27 Mar 2020

~~Classification: UNCLASSIFIED//FOUO~~

Ackd, Lung – best, PSD

**From:** Aquilino, John C ADM USN COMPACFLT PEARL HI (USA) <(b)(6)@navy.smil.mil>  
**Sent:** Friday, March 27, 2020 7:33 PM  
**To:** Gilday, Michael M ADM USN CNO (USA) <(b)(6)@navy.smil.mil>; Davidson, Philip S ADM USN INDOPACOM J00 (USA) <(b)(6)@pacom.smil.mil>  
**Cc:** Burke, Robert P ADM USN VCNO (USA) <(b)(6)@navy.smil.mil>; Minihan, Michael A Lt Gen USAF (USA) <(b)(6)@pacom.smil.mil>; Sawyer, Phillip G VADM USN (USA) <(b)(6)@navy.smil.mil>; (b)(6)@fe.navy.smil.mil' <(b)(6)@fe.navy.smil.mil>; 'Merz, William R. VADM USN, C7F' <(b)(6)@lcc19.navy.smil.mil>; Conn, Scott D VADM USN (USA) <(b)(6)@navy.smil.mil>; Whitesell, Kenneth R RADM USN COMPACFLT N01 (USA) <(b)(6)@navy.smil.mil>; Miller, DeWolfe H VADM USN COMNAVAIRPAC SAN CA (USA) <(b)(6)@navy.smil.mil>; Brown, Richard A VADM USN COMNAVSURFPAC SAN (USA) <(b)(6)@navy.smil.mil>; Converse, Blake L RADM USN COMSUBPAC PEARL (USA) <(b)(6)@navy.smil.mil>; Vareslum, Suzanne P MG USARMY NG HIARNG (USA) <(b)(6)@pacom.smil.mil>; Hein, Robert N Jr SES (USA) <(b)(6)@navy.smil.mil>; Koehler, Stephen T RADM USN PACOM PCJ3 (USA) <(b)(6)@pacom.smil.mil>; (b)(6) CAPT USN PACOM (USA) <(b)(6)@pacom.smil.mil>; (b)(6) CAPT USN CNO (USA) <(b)(6)@navy.smil.mil>; (b)(6) CAPT USN COMPACFLT N01H (USA) <(b)(6)@navy.smil.mil>; (b)(6) CAPT USN COMPACFLT (USA) <(b)(6)@navy.smil.mil>; (b)(6) CAPT USN PACOM PCJ0 (USA) <(b)(6)@pacom.smil.mil>; (b)(6)@fe.navy.smil.mil' <(b)(6)@fe.navy.smil.mil>; (b)(6) CAPT USN COMPACFLT PEARL HI (USA) <(b)(6)@navy.smil.mil>; (b)(6) CAPT USN COMPACFLT

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N3 (USA) <(b)(6)@navy.smil.mil>; (b)(6) CAPT USN COMPACFLT PEARL HI (USA)  
 <(b)(6)@navy.smil.mil>; (b)(6) CAPT USN COMPACFLT N30 (USA) <(b)(6)@navy.smil.mil>;  
 (b)(6)@FE.navy.smil.mil' <(b)(6)@FE.navy.smil.mil>  
**Subject:** (U) INFO: TR Recovery and Fleet Disposition Update\_27 Mar 2020

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CNO and ADM Davidson,

For Information only (as of 1800 Hawaii time/2400 DC time 27 Mar)

BLUF: I am including the information below as part of my daily update on the status of PACFLT's recovery efforts on TR and the outlook across CPF Forces. I have included the delta since yesterday's report in the parentheses. Although the delta is partially proportional to the magnitude of increased testing, I will use it to illustrate the growth (or decay) of the COVID problem set for each set of forces.

- TR Recovery:
  - 38 positive cases (+4)
    - 0 hospitalizations
    - (b)(1)
    - (b)(1)
  - 433 individual negatives (+11)
  - 10% crew tested
  - We are continuing to evaluate the testing kit supply and diagnostic capability. We have identified increased diagnostic capability through the Brian D. Allgood Hospital and nearby diagnostic laboratory. I should have a full understanding of the true daily testing capacity within the next 24-48 hours in order to best estimate the completion of 100% crew testing.
  - The C-40 with medical supplies (lab analyzer calibration kit and extra swabs) and personnel (Lab Officer and Preventative Medicine Officer) arrived in Guam. Need (b)(1) and operating at full capacity.
  - (b)(1)
- (b)(1)
- (b)(1)
- (b)(1)

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(b)(1)  
[Redacted]

[Redacted]

- (b)(1)

[Redacted]

[Redacted]

- (b)(1)

[Redacted]

V/R Lung

ADM Chris "Lung" Aquilino  
Commander, US Pacific Fleet

**Classification: UNCLASSIFIED//~~FOUO~~**

UNCLASSIFIED//~~FOUO~~

J-S-2-02

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**SECRET**

(b)(6)

**From:** Conn, Scott D VADM USN (USA) <(b)(6)@navy.smil.mil>  
**Sent:** Tuesday, March 24, 2020 10:05 AM  
**To:** Baker, Stuart P RDML USN, CCSG-9; Merz, William VADM (ONE-Net)  
**Cc:** (b)(6) CAPT USN, C7F; (b)(6) CAPT USN COMTHIRDFLT (USA); (b)(6) CAPT USN, CCSG9  
**Subject:** RE: (S) POSITIVE COVID-19 TESTS ON TR (initial report)  
**Signed By:** (b)(6)@NAVY.SMIL.MIL

**~~Classification: SECRET~~**

Studa, tracking.

Vr Satan

\*\*\*\*\*

VADM Scott D. Conn  
Commander, THIRD Fleet  
53690 Tomahawk Dr., Ste 338  
San Diego, CA 92147-5004

(b)(6) Work  
(b)(6) Iphone

\*\*\*\*\*

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**From:** Baker, Stuart P RDML USN, CCSG-9 <(b)(6)@ccsg9.navy.smil.mil>  
**Sent:** Monday, March 23, 2020 9:10 PM  
**To:** Merz, William VADM (ONE-Net) <(b)(6)@fe.navy.smil.mil>; Conn, Scott D VADM USN (USA) <(b)(6)@navy.smil.mil>  
**Cc:** (b)(6) CAPT USN, C7F <(b)(6)@lcc19.navy.smil.mil>; (b)(6) CAPT USN COMTHIRDFLT (USA) <(b)(6)@navy.smil.mil>; (b)(6) CAPT USN, CCSG9 <(b)(6)@ccsg9.navy.smil.mil>  
**Subject:** (S) POSITIVE COVID-19 TESTS ON TR (initial report)

**~~Classification: SECRET~~**

VADM Merz, VADM Conn,

BLUF: THEODORE ROOSEVELT had two Sailors test positive for COVID-19 after presenting to medical with ILI. Naval OPREP3 Navy Blue has been released.

The two Sailors are a (b)(6) from (b)(1) and a (b)(6) from (b)(1). Both Sailors had been ashore in DaNang, but neither stayed at the (b)(1) nor were they members of the group of 39 Sailors quarantined. The Sailors reported to medical last night with fever, cough, congestion, chills, headache and body aches, triggering testing. The Sailors are currently isolated in medical and are completing contact screening history. TR has been at sea continuously since departing DaNang 09 March.

The following is our intent moving forward:

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1. (b)(1)
2. Conduct batch testing of Sailors in the same berthing and work centers (approx. 200). (b)(1)
3. (b)(1)
4. Continue to employ all defensive CDC protocols as possible on the CVN.
5. Coordinate a future port visit pier side in Guam to support isolation of Sailors that were in close contact (berthing barge).

More to follow as we determine: the source, COD flights between Vietnam and present, capability and capacity in Guam, operational impact, CODEP with BLANCO, CVW proficiency, internal messaging.

V/r,  
Studa

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~~CLASSIFIED BY: Conn~~

~~DERIVED FROM: Multiple Sources~~

~~DECLASSIFY ON: 20400324~~

**~~Classification: SECRET~~**

**SECRET**

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**SECRET****(b)(6)**

**From:** Baker, Stuart P RDML USN, CCSG-9 <(b)(6)@ccsg9.navy.smil.mil>  
**Sent:** Thursday, March 26, 2020 8:45 AM  
**To:** Merz, William R. VADM USN, C7F  
**Cc:** (b)(6)@navy.smil.mil; (b)(6) CAPT USN, C7F; (b)(6) CAPT USN COMTHIRDFLT (USA); (b)(6) CAPT USN, CCSG9; Merz, William VADM (ONE-Net); Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b)(6) CAPT USN, CVW-11; (b)(6) CAPT USN, USS Theodore Roosevelt; (b)(6) CAPT BKH CO; (b)(6) CAPT USN, CCSG9; (b)(6) CAPT USN, USS Theodore Roosevelt; (b)(6) CAPT USN, C7F; (b)(6); (b)(6); (b)(6)@fe.navy.smil.mil; (b)(6)@cvn76.navy.smil.mil  
**Subject:** RE: (S)-POSITIVE COVID-19 TESTS ON TR (update#9)  
**Signed By:** (b)(6)@NAVY.SMIL.MIL

~~Classification: SECRET~~

Admiral,

Update on numbers FYSA.

We batch tested the 195 Sailors that were in close contact with patient #3 (from reactor department) and 4 batches tested positive so individual test were done on those 20. 4 came back positive plus 2 that were originally negative now have symptoms so 6/195 in close contact are or are presumed positive. Plus 2 additional Sailors ((b)(1)) reported to sick call with symptoms and have tested or are presumed positive due to close contact.

BL: 8 new cases tonight raising the total to 33. We will bring them to the hospital tomorrow when we get pier side and move to isolation IAW protocol.

V/r,  
Studa

-----Original Message-----

From: Baker, Stuart P RDML USN, CCSG-9  
Sent: Thursday, March 26, 2020 5:55 PM  
To: 'Merz, William R. VADM USN, C7F' <(b)(6)@lcc19.navy.smil.mil>  
Cc: (b)(6)@navy.smil.mil <(b)(6)@navy.smil.mil>; (b)(6) CAPT USN, C7F <(b)(6)@lcc19.navy.smil.mil>; (b)(6) CAPT USN COMTHIRDFLT (USA) <(b)(6)@navy.smil.mil>; (b)(6) CAPT USN, CCSG9 <(b)(6)@ccsg9.navy.smil.mil>; 'Merz, William VADM (ONE-Net)' <(b)(6)@fe.navy.smil.mil>; Crozier, Brett E CAPT USN, USS Theodore Roosevelt <(b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT USN, CVW-11 <(b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT USN, USS Theodore Roosevelt <(b)(6)@cvn71.navy.smil.mil>; (b)(6)

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**SECRET**

CAPT BKH CO <(b)(6)>@cg52.navy.smil.mil>; (b)(6) CAPT USN,  
 CCSG9 <(b)(6)>@ccsg9.navy.smil.mil>; (b)(6) CAPT USN, USS  
 Theodore Roosevelt <(b)(6)>@cvn71.navy.smil.mil>; (b)(6)  
 CAPT USN, C7F' <(b)(6)>@lcc19.navy.smil.mil>; (b)(6)  
 <(b)(6)>@fe.navy.smil.mil>; (b)(6) <(b)(6)>@fe.navy.smil.mil>;  
 (b)(6) @fe.navy.smil.mil' <(b)(6)>@fe.navy.smil.mil>;  
 (b)(6) @cvn76.navy.smil.mil'  
 <(b)(6)>@cvn76.navy.smil.mil>  
 Subject: RE: (S) POSITIVE COVID-19 TESTS ON TR (update#8)

~~Classification: SECRET~~

Admiral,

Per your RFI the plan for my CSG, CVW, and CDS command staffs is:

We will take 1/2 of each of the staffs and send them for batch testing and quarantine. The remaining third will continue operations and will be tested as additional kits become available.

(b)(1)

I will have the TFCC / Flag Area cornered off from traffic so that we can decontaminate it and the rest of the staff can fall in on it post-quarantine. We can keep the flag command spaces isolated without great difficulty, so a secondary command site should not be necessary.

V/r,  
 Studa

-----Original Message-----

From: Baker, Stuart P RDML USN, CCSG-9  
 Sent: Thursday, March 26, 2020 1:24 PM  
 To: 'Merz, William R. VADM USN, C7F' <(b)(6)>@lcc19.navy.smil.mil>  
 Cc: (b)(6) @navy.smil.mil' <(b)(6)>@navy.smil.mil>; (b)(6)  
 CAPT USN, C7F' <(b)(6)>@lcc19.navy.smil.mil>; (b)(6)  
 CAPT USN COMTHIRDFLT (USA)' <(b)(6)>@navy.smil.mil>; (b)(6)  
 CAPT USN, CCSG9 <(b)(6)>@ccsg9.navy.smil.mil>; 'Merz,  
 William VADM (ONE-Net)' <(b)(6)>@fe.navy.smil.mil>; Crozier, Brett E  
 CAPT USN, USS Theodore Roosevelt <(b)(6)>@cvn71.navy.smil.mil>;  
 (b)(6) CAPT USN, CVW-11  
 <(b)(6)>@cvn71.navy.smil.mil>; (b)(6) CAPT USN, USS  
 Theodore Roosevelt <(b)(6)>@cvn71.navy.smil.mil>; (b)(6)  
 CAPT BKH CO <(b)(6)>@cg52.navy.smil.mil>; (b)(6) CAPT USN,  
 CCSG9 <(b)(6)>@ccsg9.navy.smil.mil>; (b)(6) CAPT USN, USS  
 Theodore Roosevelt <(b)(6)>@cvn71.navy.smil.mil>; (b)(6)

**SECRET**

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**SECRET**

CAPT USN, C7F' <(b)(6)> @lcc19.navy.smil.mil>; (b)(6)'  
 <(b)(6)> @fe.navy.smil.mil>; (b)(6) <(b)(6)> @fe.navy.smil.mil>;  
 (b)(6) @fe.navy.smil.mil' <(b)(6)> @fe.navy.smil.mil>;  
 (b)(6) @cvn76.navy.smil.mil'  
 <(b)(6)> @cvn76.navy.smil.mil>

Subject: RE: (S)-POSITIVE COVID-19 TESTS ON TR (update#7)

~~Classification: SECRET~~

Admiral,

As of 1300L today (26MAR) we have added 2 more positive cases for a new total of 25. Intent is to medevac today.

Two new patients:

- (b)(6), was close contact but previously batch tested negative, now with fever/symptoms.
- (b)(6), positive symptoms and positive COVID-19 test

We have 2 issues we are considering

1. We will run out of isolation space ashore in Guam
2. We will have to run the reactor plant with operators that may be infected initially.

Our intent moving forward:

- MEDEVAC and isolate positive cases (currently 25) until individual rooms fill up and then we will isolate positive cases in groups as required.
- Once pier side and facilities and services are established we will quarantine larger groups based on close contact/operational requirements (currently 750) until that space is used up. Rest will be quarantined on the CVN. This allows room to maneuver spaces to form a "clean" space to include the CPO mess for "clean" messing.
- Test and isolate ashore an initial batch of critical reactor supervisors (20) to get a clean group.
- As Sailors are deemed "clean", roughly 14 days and two negative tests we will move them back aboard a "clean" space and quarantine others.

I imagine this process will take some time and we will never become a completely "clean" ship as we try to minimize contact. The goal is to minimize the risk to our Sailors, get operational again, stay with in Medevac range until the decision is made to head to San Diego; accepting some risk where we are not within medevac range. We need to flatten the curve before we can execute that though.

V/r,  
 Studa

-----Original Message-----

**SECRET**

J-S-3-02

DECLASSIFIED

**SECRET**

From: Baker, Stuart P RDML USN, CCSG-9

Sent: Thursday, March 26, 2020 8:45 AM

To: 'Merz, William R. VADM USN, C7F' &lt;(b)(6)@lcc19.navy.smil.mil&gt;

Cc: (b)(6)@navy.smil.mil' &lt;(b)(6)@navy.smil.mil&gt;; (b)(6)

CAPT USN, C7F' &lt;(b)(6)@lcc19.navy.smil.mil&gt;; (b)(6)

CAPT USN COMTHIRDFLT (USA)' &lt;(b)(6)@navy.smil.mil&gt;; (b)(6)

(b)(6) CAPT USN, CCSG9 &lt;(b)(6)@ccsg9.navy.smil.mil&gt;; 'Merz,

William VADM (ONE-Net)' &lt;(b)(6)@fe.navy.smil.mil&gt;; Crozier, Brett E

CAPT USN, USS Theodore Roosevelt &lt;(b)(6)@cvn71.navy.smil.mil&gt;;

(b)(6) CAPT USN, CVW-11

&lt;(b)(6)@cvn71.navy.smil.mil&gt;; (b)(6) CAPT USN, USS

Theodore Roosevelt &lt;(b)(6)@cvn71.navy.smil.mil&gt;; (b)(6)

CAPT BKH CO &lt;(b)(6)@cg52.navy.smil.mil&gt;; (b)(6) CAPT USN,

CCSG9 &lt;(b)(6)@ccsg9.navy.smil.mil&gt;; (b)(6) CAPT USN, USS

Theodore Roosevelt &lt;(b)(6)@cvn71.navy.smil.mil&gt;; (b)(6)

CAPT USN, C7F' &lt;(b)(6)@lcc19.navy.smil.mil&gt;; (b)(6)

&lt;(b)(6)@fe.navy.smil.mil&gt;; (b)(6)' &lt;(b)(6)@fe.navy.smil.mil&gt;;

(b)(6)@fe.navy.smil.mil' &lt;(b)(6)@fe.navy.smil.mil&gt;;

(b)(6)@cvn76.navy.smil.mil'

&lt;(b)(6)@cvn76.navy.smil.mil&gt;

Subject: RE: (S) POSITIVE COVID-19 TESTS ON TR (update#6)

~~Classification: SECRET~~

Admiral,

Quick update on numbers this morning: 23 positive cases and approximately 750 close contacts, expect that to grow.

Going into morning update meeting. MTF.

V/r,  
Studa

-----Original Message-----

From: Baker, Stuart P RDML USN, CCSG-9

Sent: Wednesday, March 25, 2020 9:12 PM

To: 'Merz, William R. VADM USN, C7F' &lt;(b)(6)@lcc19.navy.smil.mil&gt;

Cc: (b)(6)@navy.smil.mil' &lt;(b)(6)@navy.smil.mil&gt;; (b)(6)

CAPT USN, C7F &lt;(b)(6)@lcc19.navy.smil.mil&gt;; (b)(6)

CAPT USN COMTHIRDFLT (USA)' &lt;(b)(6)@navy.smil.mil&gt;; (b)(6)

(b)(6) CAPT USN, CCSG9 &lt;(b)(6)@ccsg9.navy.smil.mil&gt;; Merz,

William VADM (ONE-Net) &lt;(b)(6)@fe.navy.smil.mil&gt;; Crozier, Brett E

CAPT USN, USS Theodore Roosevelt &lt;(b)(6)@cvn71.navy.smil.mil&gt;;

(b)(6) CAPT USN, CVW-11

&lt;(b)(6)@cvn71.navy.smil.mil&gt;; (b)(6) CAPT USN, USS

Theodore Roosevelt &lt;(b)(6)@cvn71.navy.smil.mil&gt;; (b)(6)

CAPT BKH CO &lt;(b)(6)@cg52.navy.smil.mil&gt;; (b)(6) CAPT USN,

CCSG9 &lt;(b)(6)@ccsg9.navy.smil.mil&gt;; (b)(6) CAPT USN, USS

Theodore Roosevelt &lt;(b)(6)@cvn71.navy.smil.mil&gt;; (b)(6) CAPT

**SECRET**

J-S-3-02

DECLASSIFIED

**SECRET**

USN, C7F <(b)(6)@lcc19.navy.smil.mil>; (b)(6)'  
 <(b)(6)@fe.navy.smil.mil>; (b)(6)' <(b)(6)@fe.navy.smil.mil>;  
 (b)(6)@fe.navy.smil.mil' <(b)(6)@fe.navy.smil.mil>;  
 (b)(6)@cvn76.navy.smil.mil'  
 <(b)(6)@cvn76.navy.smil.mil>  
 Subject: RE: (S) POSITIVE COVID-19 TESTS ON TR (update#5)

Classification: ~~SECRET~~

Admiral,

Copy and WILCO. Only thing to add is demographics: (we'll get a running spread sheet going to make tracking easier)

- Nav: (b)(6), navigation department with symptoms (sore throat, fever)
- (b)(6) with symptoms (he was the 4th that was included in the medevac today)
- (b)(6) no symptoms
- (b)(6) no symptoms
- (b)(6), no symptoms

We are currently tracking 3 more positives (would raise us to 11 total positive cases) from the second batch of 3 (3/15) and are currently running the last batch of 3. Should have demographics and a better sense of what our total "close contact" number is by morning.

V/r,  
 Studa

-----Original Message-----

From: Merz, William R. VADM USN, C7F <(b)(6)@lcc19.navy.smil.mil>  
 Sent: Wednesday, March 25, 2020 7:46 PM  
 To: Baker, Stuart P RDML USN, CCSG-9 <(b)(6)@ccsg9.navy.smil.mil>  
 Cc: (b)(6)@navy.smil.mil' <(b)(6)@navy.smil.mil>; (b)(6)  
 CAPT USN, C7F <(b)(6)@lcc19.navy.smil.mil>; (b)(6)  
 CAPT USN COMTHIRDFLT (USA)' <(b)(6)@navy.smil.mil>; (b)(6)  
 CAPT USN, CCSG9 <(b)(6)@ccsg9.navy.smil.mil>; Merz,  
 William VADM (ONE-Net) <(b)(6)@fe.navy.smil.mil>; Crozier, Brett E  
 CAPT USN, USS Theodore Roosevelt <(b)(6)@cvn71.navy.smil.mil>;  
 (b)(6) CAPT USN, CVW-11  
 <(b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT USN, USS  
 Theodore Roosevelt <(b)(6)@cvn71.navy.smil.mil>; (b)(6)  
 CAPT BKH CO <(b)(6)@cg52.navy.smil.mil>; (b)(6) CAPT USN,  
 CCSG9 <(b)(6)@ccsg9.navy.smil.mil>; (b)(6) CAPT USN, USS  
 Theodore Roosevelt <(b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT  
 USN, C7F <(b)(6)@lcc19.navy.smil.mil>; (b)(6)  
 <(b)(6)@fe.navy.smil.mil>; (b)(6)' <(b)(6)@fe.navy.smil.mil>;  
 (b)(6)@fe.navy.smil.mil' <(b)(6)@fe.navy.smil.mil>;  
 (b)(6)@cvn76.navy.smil.mil'

**SECRET**

J-S-3-02

DECLASSIFIED

**SECRET**

&lt;(b)(6)&gt;@cvn76.navy.smil.mil&gt;

Subject: RE: (S) POSITIVE COVID-19 TESTS ON TR (update#4)

Team tells me we're IP challenged due to weather - let's wave off the 2000  
TB synch and synch in the am. Willing to try if you have more to add.

Who were the other 4 positives? Nav and who else? Is Nav otherwise in good  
health?

**SECRET**

VADM Bill Merz, U.S. 7th Fleet

Primary (also forwards to secondary):

(b)(6)@lcc19.navy.mil

(b)(6)@lcc19.navy.smil.mil

Secondary:

(b)(6)@fe.navy.mil

(b)(6)@fe.navy.smil.mil

"Play Hard"

-----Original Message-----

From: Baker, Stuart P RDML USN, CCSG-9

[mailto:(b)(6)@ccsg9.navy.smil.mil]

Sent: Wednesday, March 25, 2020 7:04 PM

To: Merz, William R. VADM USN, C7F &lt;(b)(6)@lcc19.navy.smil.mil&gt;

Cc: (b)(6)@navy.smil.mil' <(b)(6)@navy.smil.mil>; (b)(6)  
CAPT USN, C7F <(b)(6)@lcc19.navy.smil.mil>; (b)(6)  
CAPT USN COMTHIRDFLT (USA)' <(b)(6)@navy.smil.mil>; (b)(6)  
CAPT USN, CCSG9 <(b)(6)@ccsg9.navy.smil.mil>; Merz,  
William VADM (ONE-Net) <(b)(6)@fe.navy.smil.mil>; Crozier, Brett E  
CAPT USN, USS Theodore Roosevelt <(b)(6)@cvn71.navy.smil.mil>;

(b)(6) CAPT USN, CVW-11  
<(b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT USN, USS  
Theodore Roosevelt <(b)(6)@cvn71.navy.smil.mil>; (b)(6)  
CAPT BKH CO <(b)(6)@cg52.navy.smil.mil>; (b)(6) CAPT USN,  
CCSG9 <(b)(6)@ccsg9.navy.smil.mil>; (b)(6) CAPT USN, USS  
Theodore Roosevelt <(b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT  
USN, C7F <(b)(6)@lcc19.navy.smil.mil>; (b)(6)  
<(b)(6)@fe.navy.smil.mil>; (b)(6)' <(b)(6)@fe.navy.smil.mil>;  
(b)(6)@fe.navy.smil.mil' <(b)(6)@fe.navy.smil.mil>;  
(b)(6)@cvn76.navy.smil.mil'  
<(b)(6)@cvn76.navy.smil.mil>

Subject: RE: (S) POSITIVE COVID-19 TESTS ON TR (update#4)

Classification: ~~SECRET~~

Admiral,

**SECRET**

J-S-3-02

DECLASSIFIED



From: Merz, William R. VADM USN, C7F <(b)(6)@lcc19.navy.smil.mil>  
Sent: Wednesday, March 25, 2020 6:40 PM  
To: Baker, Stuart P RDML USN, CCSG-9 <(b)(6)@ccsg9.navy.smil.mil>  
Cc: (b)(6)@navy.smil.mil' <(b)(6)@navy.smil.mil>; (b)(6)  
<(b)(6)@lcc19.navy.smil.mil>; (b)(6)  
CAPT USN, C7F <(b)(6)@lcc19.navy.smil.mil>; (b)(6)  
CAPT USN COMTHIRDFLT (USA)' <(b)(6)@navy.smil.mil>; (b)(6)  
<(b)(6)@ccsg9.navy.smil.mil>; Merz,  
William VADM (ONE-Net) <(b)(6)@fe.navy.smil.mil>; Crozier, Brett E  
CAPT USN, USS Theodore Roosevelt <(b)(6)@cvn71.navy.smil.mil>;  
(b)(6) CAPT USN, CVW-11  
<(b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT USN, USS  
Theodore Roosevelt <(b)(6)@cvn71.navy.smil.mil>; (b)(6)  
CAPT BKH CO <(b)(6)@cg52.navy.smil.mil>; (b)(6) CAPT USN,  
CCSG9 <(b)(6)@ccsg9.navy.smil.mil>; (b)(6) CAPT USN, USS  
Theodore Roosevelt <(b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT  
USN, C7F <(b)(6)@lcc19.navy.smil.mil>; (b)(6)  
<(b)(6)@fe.navy.smil.mil>; (b)(6)' <(b)(6)@fe.navy.smil.mil>;  
(b)(6)@fe.navy.smil.mil' <(b)(6)@fe.navy.smil.mil>;

**SECRET**

(b)(6) @cvn76.navy.smil.mil'  
 <(b)(6) @cvn76.navy.smil.mil>  
 Subject: RE: (S) POSITIVE COVID-19 TESTS ON TR (update#3)

CoS provided an update:

- Tacking protocols, MEDEVAC press, and air wing plan (to remain onboard).

Staff is coordinating an evening TB synch.

VR,  
 Bill

**SECRET**

VADM Bill Merz, U.S. 7th Fleet  
 Primary (also forwards to secondary):

(b)(6) @lcc19.navy.mil  
 (b)(6) @lcc19.navy.smil.mil

Secondary:

(b)(6) @fe.navy.mil  
 (b)(6) @fe.navy.smil.mil

"Play Hard"

-----Original Message-----

From: Merz, William R. VADM USN, C7F  
 Sent: Wednesday, March 25, 2020 4:29 PM  
 To: 'Baker, Stuart P RDML USN, CCSG-9' <(b)(6) @ccsg9.navy.smil.mil>  
 Cc: (b)(6) @navy.smil.mil; (b)(6) CAPT USN, C7F  
 <(b)(6) @lcc19.navy.smil.mil>; (b)(6) CAPT USN  
 COMTHIRDFLT (USA) <(b)(6) @navy.smil.mil>; (b)(6) CAPT  
 USN, CCSG9 <(b)(6) @ccsg9.navy.smil.mil>; Merz, William VADM  
 (ONE-Net) <(b)(6) @fe.navy.smil.mil>; Crozier, Brett E CAPT USN, USS  
 Theodore Roosevelt <(b)(6) @cvn71.navy.smil.mil>; (b)(6)  
 CAPT USN, CVW-11 <(b)(6) @cvn71.navy.smil.mil>; (b)(6)  
 CAPT USN, USS Theodore Roosevelt  
 <(b)(6) @cvn71.navy.smil.mil>; (b)(6) CAPT BKH CO  
 <(b)(6) @cg52.navy.smil.mil>; (b)(6) CAPT USN, CCSG9  
 <(b)(6) @ccsg9.navy.smil.mil>; (b)(6) CAPT USN, USS Theodore  
 Roosevelt <(b)(6) @cvn71.navy.smil.mil>; (b)(6) CAPT USN, C7F  
 <(b)(6) @lcc19.navy.smil.mil>; (b)(6)  
 <(b)(6) @fe.navy.smil.mil>; (b)(6) <(b)(6) @fe.navy.smil.mil>;  
 (b)(6) @fe.navy.smil.mil' <(b)(6) @fe.navy.smil.mil>;  
 (b)(6) @cvn76.navy.smil.mil  
 Subject: RE: (S) POSITIVE COVID-19 TESTS ON TR (update#3)

Rgr, Studa

**SECRET**

J-S-3-02

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**SECRET**

I understood we were continuing with batch testing to segregate populations, before burning kits on individuals. Not the case?

Was/is there urgency to MEDEVAC? Trying to get a sense of where the demarcation is between recover in place vs. hospital care - getting in the mode of resource balancing if this goes big.

What's your view of the best course for the air wing? (b)(1)

[REDACTED]

Need to plan soon.

VR,  
Bill

~~SECRET~~

VADM Bill Merz, U.S. 7th Fleet  
Primary (also forwards to secondary):

(b)(6) @lcc19.navy.mil  
(b)(6) @lcc19.navy.smil.mil

Secondary:

(b)(6) @fe.navy.mil  
(b)(6) @fe.navy.smil.mil

"Play Hard"

-----Original Message-----

From: Baker, Stuart P RDML USN, CCSG-9

[mailto:(b)(6)@ccsg9.navy.smil.mil]

Sent: Wednesday, March 25, 2020 1:53 PM

To: Merz, William R. VADM USN, C7F <(b)(6)@lcc19.navy.smil.mil>

Cc: (b)(6)@navy.smil.mil; (b)(6) CAPT USN, C7F

<(b)(6)@lcc19.navy.smil.mil>; (b)(6) CAPT USN

COMTHIRDFLT (USA) <(b)(6)@navy.smil.mil>; (b)(6) CAPT

USN, CCSG9 <(b)(6)@ccsg9.navy.smil.mil>; Merz, William VADM

(ONE-Net) <(b)(6)@fe.navy.smil.mil>; Crozier, Brett E CAPT USN, USS

Theodore Roosevelt <(b)(6)@cvn71.navy.smil.mil>; (b)(6)

CAPT USN, CVW-11 <(b)(6)@cvn71.navy.smil.mil>; (b)(6)

CAPT USN, USS Theodore Roosevelt

<(b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT BKH CO

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<(b)(6)@ccsg9.navy.smil.mil>; (b)(6) CAPT USN, USS Theodore

Roosevelt <(b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT USN, C7F

<(b)(6)@lcc19.navy.smil.mil>; (b)(6)

**SECRET**

J-S-3-02

**SECRET**

<(b)(6)@fe.navy.smil.mil>; (b)(6) <(b)(6)@fe.navy.smil.mil>;  
 (b)(6)@fe.navy.smil.mil' <(b)(6)@fe.navy.smil.mil>;  
 (b)(6)@cvn76.navy.smil.mil

Subject: RE: ~~(S)~~ POSITIVE COVID-19 TESTS ON TR (update#3)

Classification: ~~SECRET~~

Admiral,

We still have 3 confirmed cases that we are flying off today. Some initial push back from Anderson with the CoD flying in there so we have transitioned to a helo flying direct to the hospital with the 3 pax. (which actually works out better for the small number)

Last night of the 39 batch tests we ran on the Sailors (192 total) in close contact with the first 2 infected Sailors we had 9 positive groups meaning 1-5 people per group were positive = 9-45 of the 192 are positive (4.7-23.4% incidence). This afternoon we will get the results from the 45 possible as well as 5 additional folks that live with victim #3 (our reactor victim). Tonight we'll batch test 198 folks in the reactor department that have been in close contact with said victim #3.

(b)(1)

If mission dictates we will get underway and execute but until then my priority will be to take care of our people.

With regard to the reactor department we have executed the actions below:

#### Short Term:

Intent is to contain the virus and maintain sufficient watch standers to safely operate the RX plant.

- Suspended all under instruction watches to minimize the close contact
- Suspended training until further notice; Deep field day in the Rx Training Classroom will occur in the morning (and twice daily for the foreseeable future) so we can have that as a "clean" holding area if needed
- Spray bottles with the bleach solution and rags at every watch station in the plant so that commonly touched surfaces can be cleaned prior to/after watch relief
- Verbal screening of oncoming watch standers for symptoms; any one with symptoms goes straight to medical
- Only essential maintenance is being conducted to limit additional personnel in the plant
- They will be given the FCPO Mess to eat their meals and wear masks when transiting through the ship

#### Long Term:

Pier side Guam, intent is to shut down (b)(1), and reduce the number of watch standers to the minimum necessary to operate (b)(1), and

(b)(1)

**SECRET**

J-S-3-02

**SECRET****(b)(1)**

- Based on results of the next couple days of batch testing, we will move those critical watch standers to 'clean' berthing to minimize their exposure.
- Utilize off ship berthing as necessary to isolate 'close contact' Sailors
- Maintenance would continue to meet all scheduled requirements

We continue to work with your staff on lodging ashore (hotel, base barracks, base gym with cots) for Sailors we must isolate and quarantine.

V/r,  
Studa

-----Original Message-----

From: Merz, William R. VADM USN, C7F <(b)(6)@lcc19.navy.smil.mil>  
 Sent: Tuesday, March 24, 2020 10:13 PM  
 To: Baker, Stuart P RDML USN, CCSG-9 <(b)(6)@ccsg9.navy.smil.mil>  
 Cc: (b)(6)@navy.smil.mil; (b)(6) CAPT USN, C7F  
 <(b)(6)@lcc19.navy.smil.mil>; (b)(6) CAPT USN  
 COMTHIRDFLT (USA) <(b)(6)@navy.smil.mil>; (b)(6) CAPT  
 USN, CCSG9 <(b)(6)@ccsg9.navy.smil.mil>; Merz, William VADM  
 (ONE-Net) <(b)(6)@fe.navy.smil.mil>; Crozier, Brett E CAPT USN, USS  
 Theodore Roosevelt <(b)(6)@cvn71.navy.smil.mil>; (b)(6)  
 CAPT USN, CVW-11 <(b)(6)@cvn71.navy.smil.mil>; (b)(6)  
 CAPT USN, USS Theodore Roosevelt  
 <(b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT BKH CO  
 <(b)(6)@cg52.navy.smil.mil>; (b)(6) CAPT USN, CCSG9  
 <(b)(6)@ccsg9.navy.smil.mil>; (b)(6) CAPT USN, USS Theodore  
 Roosevelt <(b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT USN, C7F  
 <(b)(6)@lcc19.navy.smil.mil>; (b)(6)  
 <(b)(6)@fe.navy.smil.mil>; (b)(6) <(b)(6)@fe.navy.smil.mil>;  
 (b)(6)@fe.navy.smil.mil' <(b)(6)@fe.navy.smil.mil>;  
 (b)(6)@cvn76.navy.smil.mil; Merz, William R. VADM USN, C7F  
 <(b)(6)@lcc19.navy.smil.mil>  
 Subject: RE: (S) POSITIVE COVID-19 TESTS ON TR (update#2)

(+ C7F others)

Thanks, Studa - good thoughts.

A few more (need feedback on the last two):

- (b)(1)

[REDACTED]

**SECRET**

J-S-3-02

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**SECRET**

(b)(1)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Talk tomorrow. Nice job on the photo-ex today...

VR,  
Bill

VADM Bill Merz, U.S. 7th Fleet

Primary (also forwards to secondary):

(b)(6) @lcc19.navy.mil

(b)(6) @lcc19.navy.smil.mil

Secondary:

(b)(6) @fe.navy.mil

(b)(6) @fe.navy.smil.mil

"Play Hard"

-----Original Message-----

From: Baker, Stuart P RDML USN, CCSG-9

[mailto:(b)(6)@ccsg9.navy.smil.mil]

Sent: Tuesday, March 24, 2020 9:13 PM

To: Merz, William R. VADM USN, C7F <(b)(6)@lcc19.navy.smil.mil>

Cc: (b)(6)@navy.smil.mil; (b)(6) CAPT USN, C7F

<(b)(6)@lcc19.navy.smil.mil>; (b)(6) CAPT USN

COMTHIRDFLT

(USA) <(b)(6)@navy.smil.mil>; (b)(6) CAPT USN, CCSG9

<(b)(6)@ccsg9.navy.smil.mil>; Merz, William VADM (ONE-Net)

<(b)(6)@fe.navy.smil.mil>; Crozier, Brett E CAPT USN, USS Theodore

Roosevelt <(b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT USN,

CVW-11 <(b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT USN,

USS Theodore Roosevelt <(b)(6)@cvn71.navy.smil.mil>; (b)(6)

CAPT BKH CO <(b)(6)@cg52.navy.smil.mil>; (b)(6) CAPT USN,

CCSG9 <(b)(6)@ccsg9.navy.smil.mil>; (b)(6) CAPT USN, USS

Theodore

**SECRET**

J-S-3-02

DECLASSIFIED

**SECRET**

Roosevelt <(b)(6)>@cvn71.navy.smil.mil>  
Subject: RE: (S) POSITIVE COVID-19 TESTS ON TR (update#2)

~~Classification: SECRET~~

Admiral,

For information only.

As discussed in our VTC sir:

- We did not send samples to (b)(1).
- A third Sailor tested positive for COVID-19 tonight, E4 male from reactor (RP division) department.

Due to the number of Sailors in close contact growing we will start doing batch testing in sample sizes of 5. If the test comes back positive we will

test all 5 in that batch.

Near term actions remain the same as we intend to pull into Guam on Friday.

Long term issues we continue to work through:

- At what point does the CVN become the quarantine vessel? In my opinion, at some point the number of close contact cases becomes so large that the CVN becomes the quarantine vessel. Breaking the Sailors into three groups. One, those that test positive for COVID-19 (they go in isolation). Two, those that have symptoms but have not tested positive (quarantine on the barge). Three, those who have no symptoms and have not tested positive but have been in close contact, which at some point could be everyone else (quarantine on CVN).
- SMO is working with your team of experts on when do we get to the desired end state (COVID-19 free) and what metrics are required to have a given level of confidence to claim that.
- CVN CO (Chopper) is working short and long term impacts on reactor plant team, reactor maintenance, training, upcoming MTT and ORSE impacts. Of note

going pier side in Guam allows us to (b)(1)

[REDACTED]

[REDACTED]

Lastly we will downgrade to (b)(1)

**SECRET**

J-S-3-02

DECLASSIFIED

**SECRET**

(b)(1)

[REDACTED]  
Then tomorrow morning around 0800 we will relax to normal operations and allow the crew to reach out to their families.

V/r,  
Studa

From: Baker, Stuart P RDML USN, CCSG-9

Sent: Tuesday, March 24, 2020 4:32 PM

To: 'Merz, William R. VADM USN, C7F' <(b)(6)@lcc19.navy.smil.mil>;

(b)(6)@navy.smil.mil

Cc: (b)(6) CAPT USN, C7F <(b)(6)@lcc19.navy.smil.mil>;

(b)(6) CAPT USN COMTHIRDFLT (USA)

<(b)(6)@navy.smil.mil>;

(b)(6) CAPT USN, CCSG9 <(b)(6)@ccsg9.navy.smil.mil>;

Merz, William VADM (ONE-Net) <(b)(6)@fe.navy.smil.mil>; Crozier, Brett

E

CAPT USN, USS Theodore Roosevelt <(b)(6)@cvn71.navy.smil.mil>;

(b)(6) CAPT USN, CVW-11

<(b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT USN, USS

Theodore Roosevelt <(b)(6)@cvn71.navy.smil.mil>; (b)(6)

CAPT

BKH CO <(b)(6)@cg52.navy.smil.mil>; (b)(6) CAPT USN, CCSG9

<(b)(6)@ccsg9.navy.smil.mil>; (b)(6) CAPT USN, USS Theodore

Roosevelt <(b)(6)@cvn71.navy.smil.mil>

Subject: RE: (S) POSITIVE COVID-19 TESTS ON TR (update #1)

~~Classification: SECRET~~

Admirals,

+ Warfare Commanders, SMO

Today TR will complete the scheduled RAS. Upon completion of the RAS we will

close to (b)(1)

[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]

[REDACTED]

- We will MEDEVAC the two infected Sailors to Guam tomorrow via COD.

**SECRET**

J-S-3-02

DECLASSIFIED

**SECRET**

- Based on recommendations of C7F Medical, TR Medical and Preventive Medicine experts in theater, we will conduct individual testing of personnel in the two Sailors' berthing and work centers (approximately 200 sailors). Doing this in order to get a possible scope of the spread based on that testing.

- Half of the tests will be sent to (b)(1) on a helo this afternoon to load share and increase throughput. Anticipate it will take 24 hours for all results to be finalized.

- A Preventive Medicine Officer and Prev Med Tech will be joining us from (b)(1) for an undetermined period of time.

- If the initial batch testing indicates widespread infection, we will screen and batch test Reactor Department. If the initial batch testing does not indicate widespread infection, we will screen Reactor Department personnel, but not batch test.

- We would like to work to get TR pier side in Guam as early as Friday. This would allow us to quarantine personnel in the original two Sailors' berthing's and work centers, as well as other personnel for whom quarantine or isolation is indicated. We will execute initial quarantine procedures out here today.

- To that end, we need the following support from NAVBASE GUAM:

--Either a hotel, berthing barge (250 folks), barracks (90 folks), or tents (450 folks) to quarantine and isolate infected personnel. The initial number is approximately 200, mixed male and female. I assess this number is likely to grow as we identify additional cases or close contacts.

--Worst case TR will prepare and deliver meals to the quarantined and isolated personnel, possibly contract services out.

- Our intent with TR pier side will be to establish and maintain a physical separation between TR personnel and Guam personnel. No face-to-face interaction with anyone not of ship's force. Prevention of spreading infection from TR to Guam will be a priority.

Upon review we have received 16 folks onboard since we left Vietnam via the (b)(1). They arrived 11,12,13 and 14 March. Small numbers and all were screened prior to arrival so we do not expect this is

**SECRET**

J-S-3-02

DECLASSIFIED

**SECRET**

the cause. None were (b)(1) Sailors, which are the 2 positive cases identified so far.

- Our PA policy will be passive and we will refer queries to the PACFLT PAO.

Once given permission to lift (b)(1) we will make a 1MC announcement to the crew and send a note to Ombudsman before lifting (b)(1) for the crew.

Standing by for questions and our VTC at 1800.

V/r,  
Studa

From: Baker, Stuart P RDML USN, CCSG-9  
Sent: Tuesday, March 24, 2020 1:10 PM  
To: Merz, William VADM (ONE-Net) <(b)(6)@fe.navy.smil.mil>  
<mailto:(b)(6)@fe.navy.smil.mil> >; (b)(6)@navy.smil.mil  
<mailto:(b)(6)@navy.smil.mil>  
Cc: (b)(6) CAPT USN, C7F <(b)(6)@lcc19.navy.smil.mil>  
<mailto:(b)(6)@lcc19.navy.smil.mil> >; (b)(6) CAPT USN  
COMTHIRDFLT (USA) <(b)(6)@navy.smil.mil>  
<mailto:(b)(6)@navy.smil.mil> >; (b)(6) CAPT USN, CCSG9  
<(b)(6)@ccsg9.navy.smil.mil>  
<mailto:(b)(6)@ccsg9.navy.smil.mil> >  
Subject: (S) POSITIVE COVID-19 TESTS ON TR (initial report)

~~Classification: SECRET~~

VADM Merz, VADM Conn,

BLUF: THEODORE ROOSEVELT had two Sailors test positive for COVID-19 after presenting to medical with ILI. Naval OPREP3 Navy Blue has been released.

The two Sailors are a (b)(1) and a (b)(1)

(b)(1). Both Sailors had been ashore in DaNang, but neither stayed at the (b)(1) nor were they members of the group of 39 Sailors quarantined.

The Sailors reported to medical last night with fever, cough, congestion, chills, headache and body aches, triggering testing. The Sailors are currently isolated in medical and are completing contact screening history. TR has been at sea continuously since departing DaNang 09 March.

The following is our intent moving forward:

1. Finish normal operations today (RAS) and then transit to get within COD

**SECRET**  
J-S-3-02



**SECRET**

range of Guam.

2. Conduct batch testing of Sailors in the same berthing and work centers (approx. 200). As well as the COD det and critical departments (reactor).
3. MEDEVAC the 2 infected Sailors via COD to Guam tomorrow (25MAR) for further medical assistance.
4. Continue to employ all defensive CDC protocols as possible on the CVN.
5. Coordinate a future port visit pier side in Guam to support isolation of Sailors that were in close contact (berthing barge).

More to follow as we determine: the source, COD flights between Vietnam and present, capability and capacity in Guam, operational impact, CODEP with BLANCO, CVW proficiency, internal messaging.

V/r,

Studa

~~CLASSIFIED BY: CCSG9~~

~~DERIVED FROM: Multiple Sources~~

~~DECLASSIFY ON: 20400324~~

~~Classification: SECRET~~

**SECRET**

J-S-3-02

DECLASSIFIED

**No Classification in Message Body****(b)(6)**

**From:** Merz, William R. VADM USN, C7F  
**Sent:** Tuesday, March 24, 2020 9:13 AM  
**To:** **(b)(6)** LT USN, C7F; **(b)(6)** CAPT USN, C7F; **(b)(6)**  
CAPT (C7F-COS) (ONE-NET); **(b)(6)** LCDR USN, C7F;  
**(b)(6)**; **(b)(6)**  
**Subject:** FW: ~~(S)~~ POSITIVE COVID-19 TESTS ON TR (update#2)

---

From: Merz, William R. VADM USN, C7F  
Sent: Tuesday, March 24, 2020 1:13:18 PM (UTC) Coordinated Universal Time  
To: 'Baker, Stuart P RDML USN, CCSG-9'  
Cc: **(b)(6)** @navy.smil.mil; **(b)(6)** CAPT USN, C7F; **(b)(6)** CAPT USN COMTHIRDFLT (USA);  
**(b)(6)** CAPT USN, CCSG9; Merz, William VADM (ONE-Net); Crozier, Brett E CAPT USN, USS Theodore  
Roosevelt; **(b)(6)** CAPT USN, CVW-11; **(b)(6)** CAPT USN, USS Theodore Roosevelt; **(b)(6)**  
**(b)(6)** CAPT BKH CO; **(b)(6)** CAPT USN, CCSG9; **(b)(6)** CAPT USN, USS Theodore Roosevelt; **(b)(6)**  
**(b)(6)** CAPT USN, C7F; **(b)(6)**; **(b)(6)**; **(b)(6)** @fe.navy.smil.mil';  
**(b)(6)** @cvn76.navy.smil.mil; Merz, William R. VADM USN, C7F  
Subject: RE: ~~(S)~~ POSITIVE COVID-19 TESTS ON TR (update#2)

**(b)(1)**

Thanks, Studa - good thoughts.

A few more (need feedback on the last two):

- **(b)(1)**  
- **(b)(1)**

- **(b)(1)**

- **(b)(1)**

- **(b)(1)**

**(b)(1)**

- **(b)(1)**

- **(b)(1)**

Talk tomorrow. Nice job on the photo-ex today...

VR,

**No Classification in Message Body**

J-S-3-03

DECLASSIFIED

**No Classification in Message Body**

Bill

VADM Bill Merz, U.S. 7th Fleet

Primary (also forwards to secondary):

(b)(6) @lcc19.navy.mil

(b)(6) @lcc19.navy.smil.mil

Secondary:

(b)(6) @fe.navy.mil

(b)(6) @fe.navy.smil.mil

"Play Hard"

-----Original Message-----

From: Baker, Stuart P RDML USN, CCSG-9

[mailto:(b)(6) @ccsg9.navy.smil.mil]

Sent: Tuesday, March 24, 2020 9:13 PM

To: Merz, William R. VADM USN, C7F <(b)(6) @lcc19.navy.smil.mil>

Cc: (b)(6) @navy.smil.mil; (b)(6) CAPT USN, C7F

<(b)(6) @lcc19.navy.smil.mil>; (b)(6) CAPT USN COMTHIRDFLT

(USA) <(b)(6) @navy.smil.mil>; (b)(6) CAPT USN, CCSG9

<(b)(6) @ccsg9.navy.smil.mil>; Merz, William VADM (ONE-Net)

<(b)(6) @fe.navy.smil.mil>; Crozier, Brett E CAPT USN, USS Theodore

Roosevelt (b)(6) @cvn71.navy.smil.mil>; (b)(6) CAPT USN,

CVW-11 <(b)(6) @cvn71.navy.smil.mil>; (b)(6) CAPT USN,

USS Theodore Roosevelt (b)(6) @cvn71.navy.smil.mil>; (b)(6)

CAPT BKH CO <(b)(6) @cg52.navy.smil.mil>; (b)(6) CAPT USN,

CCSG9 <(b)(6) @ccsg9.navy.smil.mil>; (b)(6) CAPT USN, USS Theodore

Roosevelt <(b)(6) @cvn71.navy.smil.mil>

Subject: RE: (S) POSITIVE COVID-19 TESTS ON TR (update#2)

Classification: ~~SECRET~~

Admiral,

For information only.

As discussed in our VTC sir:

- (b)(1)

- A third Sailor tested positive for COVID-19 tonight, E4 male from reactor (RP division) department.

Due to the number of Sailors in close contact growing we will start doing batch testing in sample sizes of 5. If the test comes back positive we will test all 5 in that batch.

(b)(1)

Long term issues we continue to work through:

- At what point does the CVN become the quarantine vessel? In my opinion, at

**No Classification in Message Body**

J-S-3-03

**No Classification in Message Body**

some point the number of close contact cases becomes so large that the CVN becomes the quarantine vessel. Breaking the Sailors into three groups. One, those that test positive for COVID-19 (they go in isolation). Two, those that have symptoms but have not tested positive (quarantine on the barge). Three, those who have no symptoms and have not tested positive but have been in close contact, which at some point could be everyone else (quarantine on CVN).

- SMO is working with your team of experts on when do we get to the desired end state (COVID-19 free) and what metrics are required to have a given level of confidence to claim that.

-(b)(1)

(b)(1)

Then tomorrow morning around 0800 we will relax to normal operations and allow the crew to reach out to their families.

V/r,  
Studa

From: Baker, Stuart P RDML USN, CCSG-9

Sent: Tuesday, March 24, 2020 4:32 PM

To: 'Merz, William R. VADM USN, C7F' <(b)(6)@lcc19.navy.smil.mil>;

(b)(6)@navy.smil.mil

Cc: (b)(6) CAPT USN, C7F <(b)(6)@lcc19.navy.smil.mil>;

(b)(6) CAPT USN COMTHIRDFLT (USA) <(b)(6)@navy.smil.mil>;

(b)(6) CAPT USN, CCSG9 <(b)(6)@ccsg9.navy.smil.mil>;

Merz, William VADM (ONE-Net) <(b)(6)@fe.navy.smil.mil>; Crozier, Brett E

CAPT USN, USS Theodore Roosevelt <(b)(6)@cvn71.navy.smil.mil>;

(b)(6) CAPT USN, CVW-11

<(b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT USN, USS

Theodore Roosevelt <(b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT

BKH CO <(b)(6)@cg52.navy.smil.mil>; (b)(6) CAPT USN, CCSG9

(b)(6)@ccsg9.navy.smil.mil>; (b)(6) CAPT USN, USS Theodore

Roosevelt <(b)(6)@cvn71.navy.smil.mil>

Subject: RE: (S) POSITIVE COVID-19 TESTS ON TR (update #1)

Classification: ~~SECRET~~

Admirals,

+ Warfare Commanders, SMO

(b)(1)

**No Classification in Message Body**

J-S-3-03

DECLASSIFIED

**No Classification in Message Body**

(b)(1)

- We will MEDEVAC the two infected Sailors to Guam tomorrow via COD.
- Based on recommendations of C7F Medical, TR Medical and Preventive Medicine experts in theater, we will conduct individual testing of personnel in the two Sailors' berthing and work centers (approximately 200 sailors). Doing this in order to get a possible scope of the spread based on that testing.

(b)(1)

Anticipate it will take 24 hours for all results to be finalized.

- A Preventive Medicine Officer and Prev Med Tech will be joining us from (b)(1) for an undetermined period of time.

- If the initial batch testing indicates widespread infection, we will screen and batch test Reactor Department. If the initial batch testing does not indicate widespread infection, we will screen Reactor Department personnel, but not batch test.

- We would like to work to get TR pier side in Guam as early as Friday. This would allow us to quarantine personnel in the original two Sailors' berthing's and work centers, as well as other personnel for whom quarantine or isolation is indicated. We will execute initial quarantine procedures out here today.

- To that end, we need the following support from NAVBASE GUAM:

--Either a hotel, berthing barge (250 folks), barracks (90 folks), or tents (450 folks) to quarantine and isolate infected personnel. The initial number is approximately 200, mixed male and female. I assess this number is likely to grow as we identify additional cases or close contacts.

--Worst case TR will prepare and deliver meals to the quarantined and isolated personnel, possibly contract services out.

- Our intent with TR pier side will be to establish and maintain a physical separation between TR personnel and Guam personnel. No face-to-face interaction with anyone not of ship's force. Prevention of spreading infection from TR to Guam will be a priority.

Upon review we have received 16 folks onboard since we left Vietnam via the COD det from the Philippines. They arrived 11,12,13 and 14 March. Small numbers and all were screened prior to arrival so we do not expect this is the cause. (b)(1), which are the 2 positive cases identified so far.

- Our PA policy will be passive and we will refer queries to the PACFLT PAO.

**No Classification in Message Body**

J-S-3-03



**No Classification in Message Body**

Once given permission (b)(1) we will make a 1MC announcement to the crew and send a note to Ombudsman (b)(1).

Standing by for questions and our VTC at 1800.

V/r,  
Studa

From: Baker, Stuart P RDML USN, CCSG-9  
Sent: Tuesday, March 24, 2020 1:10 PM  
To: Merz, William VADM (ONE-Net) <(b)(6)@fe.navy.smil.mil>  
<mailto:(b)(6)@fe.navy.smil.mil> >; (b)(6)@navy.smil.mil  
<mailto:(b)(6)@navy.smil.mil>  
Cc: (b)(6) CAPT USN, C7F <(b)(6)@lcc19.navy.smil.mil>  
<mailto:(b)(6)@lcc19.navy.smil.mil> >; (b)(6) CAPT USN  
COMTHIRDFLT (USA) (b)(6)@navy.smil.mil  
<mailto:(b)(6)@navy.smil.mil> >; (b)(6) CAPT USN, CCSG9  
<(b)(6)@ccsg9.navy.smil.mil>  
<mailto:(b)(6)@ccsg9.navy.smil.mil> >  
Subject: (S) POSITIVE COVID-19 TESTS ON TR (initial report)

Classification: ~~SECRET~~

VADM Merz, VADM Conn,

BLUF: THEODORE ROOSEVELT had two Sailors test positive for COVID-19 after presenting to medical with ILI. Naval OPREP3 Navy Blue has been released.

The two Sailors are a (b)(1) and a (b)(1). Both Sailors had been ashore in DaNang, but neither stayed at the (b)(1) nor were they members of the group of 39 Sailors quarantined. The Sailors reported to medical last night with fever, cough, congestion, chills, headache and body aches, triggering testing. The Sailors are currently isolated in medical and are completing contact screening history. TR has been at sea continuously since departing DaNang 09 March.

The following is our intent moving forward:

1. (b)(1)
2. Conduct batch testing of Sailors in the same berthing and work centers (approx. 200). As well as the COD det and critical departments (reactor).
3. MEDEVAC the 2 infected Sailors via COD to Guam tomorrow (25MAR) for further medical assistance.
4. Continue to employ all defensive CDC protocols as possible on the CVN.
5. Coordinate a future port visit pier side in Guam to support isolation of Sailors that were in close contact (berthing barge).

**No Classification in Message Body**

J-S-3-03

**No Classification in Message Body**

More to follow as we determine: the source, COD flights between Vietnam and present, capability and capacity in Guam, operational impact, (b)(1) [REDACTED], CVW proficiency, internal messaging.

V/r,

Studa

~~CLASSIFIED BY: CCSG9~~

~~DERIVED FROM: Multiple Sources~~

~~DECLASSIFY ON: 20400324~~

~~Classification: SECRET~~

**No Classification in Message Body****(b)(6)**

**From:** (b)(6)@fe.navy.smil.mil  
**Sent:** Tuesday, March 24, 2020 2:54 AM  
**To:** Merz, William R. VADM USN, C7F  
**Cc:** (b)(6) CAPT USN, C7F  
**Subject:** RE: (S) COVID-19 - Commander's Perspective 22 Mar  
**Signed By:** (b)(6)@fe.navy.smil.mil

~~SECRET~~

COM,

I'm writing this response w/ assumption you are focused on Guam for TR - if wrong, please holler and I will adjust fire.

In Guam I can provide tents w/ cots, lighting and air conditioning for over 400 pax here, but for that large a number the tents would require grouping people into groups of between 10 to 15 pax per tent to house that many, and would require contract support for porta-johns, showers, laundry, and refueling of generators/ACs. Additionally, other than cots, the tents would essentially be empty (pax or ship would need to provide linens and personal supplies) and we would need most medical capability/supplies from MTF or other (I only have 1 MO and 4 IDCs within all my forces/units here on Guam - would need some help for a large number of Sailors).

Recommendation - if you only need to house a small number of Sailors pierside, then we can set up a few tents and keep numbers inside the tents small. However, if you are looking to house several dozens or a hundred or more, before using expeditionary tents I would recommend utilizing NavBaseGuam berthing barge or unused buildings w/ cots (gyms, etc.) w/ "dedicated bus corridors" to move personnel between pier and those temp lodging areas, since those buildings may afford more compartmentalization and usually already have heads, showers, and utilities (power and A/C). Once (b)(6) is out of practical installation buildings, I would then look to expeditionary tents for overflow if you have a large number...

Standing by for additional questions or concerns...

Easy day and Very Respectfully,

**(b)(6)**

CAPT (b)(6)  
Commander, Task Force 75

-----Original Message-----

From: Merz, William R. VADM USN, C7F  
[mailto:(b)(6)@lcc19.navy.smil.mil]

**No Classification in Message Body**

J-S-3-04

DECLASSIFIED

**No Classification in Message Body**

Sent: Tuesday, March 24, 2020 4:20 PM

To: (b)(6) CAPT USN CTF-75 <(b)(6)@fe.navy.smil.mil>

Cc: (b)(6) CAPT USN, C7F <(b)(6)@lcc19.navy.smil.mil>

Subject: RE: (S) COVID-19 - Commander's Perspective 22 Mar

(b)(6),

What's your view of tent support if I need sequestered pier-side capability?  
Berthing, medical, etc.?

VR,  
Bill

~~SECRET~~

VADM Bill Merz, U.S. 7th Fleet

Primary (also forwards to secondary):

(b)(6)@lcc19.navy.mil

(b)(6)@lcc19.navy.smil.mil

Secondary:

(b)(6)@fe.navy.mil

(b)(6)@fe.navy.smil.mil

"Play Hard"

-----Original Message-----

From: (b)(6)@fe.navy.smil.mil [mailto:(b)(6)@fe.navy.smil.mil]

Sent: Monday, March 23, 2020 5:10 PM

To: Merz, William R. VADM USN, C7F <(b)(6)@lcc19.navy.smil.mil>

Cc: (b)(6) CAPT USN, C7F <(b)(6)@lcc19.navy.smil.mil>

Subject: RE: (S) COVID-19 - Commander's Perspective 22 Mar

Aye sir, in receipt and WILCO.

Easy day and Very Respectfully,

(b)(6)

CAPT (b)(6)

Commander, Task Force 75

-----Original Message-----

From: Merz, William R. VADM USN, C7F

[mailto:(b)(6)@lcc19.navy.smil.mil]

Sent: Sunday, March 22, 2020 9:26 PM

To: Wikoff, George M RDML USN CTF70 <(b)(6)@fe.navy.smil.mil>;

'Baker, Stuart P RDML USN, CCSG-9' <(b)(6)@ccsg9.navy.smil.mil>;

(b)(6) CAPT USN CTF-72 <(b)(6)@fe.navy.smil.mil>;

Tynch, Joey J RDML USN CLWP <(b)(6)@fe.navy.smil.mil>; 'Pitts, James E'

**No Classification in Message Body**

J-S-3-04

DECLASSIFIED

**No Classification in Message Body**

<(b)(6)@pnocims01.pnoc.flt.navy.smil.mil>; Pitts, James E RADM USN CSG7 NNPI  
 <(b)(6)@fe.navy.smil.mil>; (b)(6) CAPT'  
 <(b)(6)@pnocims01.pnoc.flt.navy.smil.mil>; (b)(6) CAPT USN CTF-75  
 <(b)(6)@fe.navy.smil.mil>; 'Kacher, Fred W RDML USN CTF76'  
 <(b)(6)@pnocims01.pnoc.flt.navy.smil.mil>; Kacher, Fred W RDML USN CTF76  
 <(b)(6)@fe.navy.smil.mil>; (b)(6) CAPT USN CFWP CPRF  
 <(b)(6)@fe.navy.smil.mil>; Leclair, Ted P. RDML USN, C7F  
 <(b)(6)@lcc19.navy.smil.mil>; Kacher, Fred W RDML USN (LHA6)  
 <(b)(6)@lha6.navy.smil.mil>; (b)(6) (NSGW1)  
 <(b)(6)@socom.smil.mil>; Donnelly, Michael P RDML USN CNFK  
 <(b)(6)@FE.navy.smil.mil>; Fort, Brian P RDML USN CNFJ  
 <(b)(6)@fe.navy.smil.mil>  
 Cc: (b)(6) CAPT USN, C7F <(b)(6)@lcc19.navy.smil.mil>;  
 (b)(6) CAPT USN C7F <(b)(6)@fe.navy.smil.mil>; (b)(6)  
 CAPT USN, C7F <(b)(6)@lcc19.navy.smil.mil>; (b)(6)  
 CAPT USN, LCC 19 (CO) <(b)(6)@lcc19.navy.smil.mil>; (b)(6)  
 (NSGW1) <(b)(6)@socom.smil.mil>; (b)(6) CDR  
 USN CTF-75 <(b)(6)@fe.navy.smil.mil>; (b)(6) CAPT USN  
 N01 <(b)(6)@FE.navy.smil.mil>; (b)(6) CAPT USN CNFK  
 <(b)(6)@FE.navy.smil.mil>; (b)(6) CAPT USN CSG7 NNPI  
 <(b)(6)@fe.navy.smil.mil>; (b)(6) CAPT USN CTF70  
 <(b)(6)@fe.navy.smil.mil>; (b)(6) LCDR USN, C7F  
 <(b)(6)@lcc19.navy.smil.mil>; (b)(6) CDR USN CTF76  
 <(b)(6)@fe.navy.smil.mil>; (b)(6) CAPT USN CTF-72  
 <(b)(6)@fe.navy.smil.mil>; (b)(6) CAPT USN, CCSG9  
 <(b)(6)@ccsg9.navy.smil.mil>; (b)(6) CAPT USN FCG  
 <(b)(6)@fe.navy.smil.mil>; (b)(6) CAPT USN CNFJ  
 <(b)(6)@fe.navy.smil.mil>; (b)(6) CAPT USN C7F  
 <(b)(6)@lcc19.navy.smil.mil>; (b)(6) CAPT USN, C7F  
 <(b)(6)@lcc19.navy.smil.mil>; (b)(6) CDR USN, C7F  
 <(b)(6)@lcc19.navy.smil.mil>; (b)(6) CDR USN, C7F  
 <(b)(6)@lcc19.navy.smil.mil>; Merz, William R. VADM USN, C7F  
 <(b)(6)@lcc19.navy.smil.mil>  
 Subject: (S) COVID-19 - Commander's Perspective 22 Mar

**SECRET**

Commanders,

Thank you for your tremendous leadership in the face of an enemy we didn't see coming. There is no end in sight and you will be more challenged over time to execute your mission while keeping your teams safe. We're in this together and we will see it through together. Persistence is key.

The Fleet is still basically "clean", although (b)(1)  
 Tested negative, but will remain in isolation until symptoms clear +72 hrs.

SITREP:

The more we learn about the nature of COVID-19 the more the chore grows. Progress is being made regarding the nature, origins, and vectors of the

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J-S-3-04



**No Classification in Message Body**


virus, and the bio-med community continues to grind through the analysis. So far, the slow incubation (14-days) and asymptomatic mules - still not validated, but potentially carrying the virus unawares for up to 40 days - makes containment difficult and eradication nearly impossible, absent a medical solution. Also, to date, there is no consensus on whether or not immunity is built once contracted...in other words, you may be able to get it again and again, and there is also no consensus on whether it's seasonal.

**NEXT STEPS**

Accordingly, explains why cascading symptom-based guidance continues to escalate in response to limited success in fighting this thing. Regardless, guidance continues to flow and now includes State, Defense, COCOM and Fleets. Today, the C7F TASKORD was updated and released, summarizing all guidance to date. A heavy lift, you'll see it's a heavy document - and should keep your COVID working groups occupied for a few hours.

Not included in the TASKORD is the implications of today's Department of State authorization for overseas dependents to return to the U.S. if circumstances warrant - very broadly defined and could apply to most everyone - with paid travel plus a limited period of per-diem. Likely a one-way trip. I've asked Rex to coordinate with your CoS's to discuss the implications of this option and to "bound the problem set." We'll forge a path from there.

You'll notice upfront in today's TASKORD the unambiguous statement that this is a military operation, and force protection is the priority, so I'm seeking solutions to keep the fleet clean, healthy, and sustainable. That said, my other task to (b)(6) today (still haven't found his limits, by the way, but COVID may...) (b)(1)



I would also ask that you task your teams for positive, creative inputs on managing this new operating posture over time, and provide feedback to the C7F MOC COVID working group. Lean towards a simple model to add to, vice a complex model that tries to account for all contingencies - i.e. protect your freedom of maneuver. Always contact me directly as needed.

**REAL WORLD**

(b)(1)

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J-S-3-04

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(b)(1) To date, 7th Fleet has shown tremendous resiliency and the MOC right-brain continues to execute. Our mission amidst the challenge, I intend to stay on it within the bounds of protecting the Fleet as discussed above.

(b)(1) - Play Hard!

VR,  
Bill

VADM Bill Merz, U.S. 7th Fleet  
Primary (also forwards to secondary):

(b)(6) @lcc19.navy.mil  
(b)(6) @lcc19.navy.smil.mil

Secondary:

(b)(6) @fe.navy.mil  
(b)(6) @fe.navy.smil.mil

~~No Classification in Message Body~~

Declassified on: 25 Aug 2020

(b)(6)

**From:** (b)(6)@fe.navy.smil.mil  
**Sent:** Thursday, March 26, 2020 6:46 AM  
**To:** (b)(6) CAPT USN, C7F; (b)(6)@ccsg9.navy.smil.mil;  
(b)(6)@cvn71.navy.smil.mil; (b)(6) CAPT USN, C7F;  
(b)(6)@cvn71.navy.smil.mil; C7F-TR-COVID-CAT  
**Cc:** (b)(6)@fe.navy.smil.mil; (b)(6)@fe.navy.smil.mil;  
(b)(6)@fe.navy.smil.mil  
**Subject:** NBG Task Force TR REVIVE  
**Attachments:** TF REVIVE DAY 1 Scheme of Maeuver - Isolation Mvmt.pdf

Team,

As we make the final preps for tomorrow I wanted to provide a brief snapshot of our plan of execution tomorrow, at least I see it.

As discussed in different forums, the following priorities have been established in support of the TR arrival and initial movements from the ship.

1. Safe mooring (b)(1), hook up all shore service --> NBG personnel will exit outside of the Force Health Protection Boundary (FHPB) that have been established as a line of demarcation. (See attached graphic)

2. TR Medical Team/Leadership will depart the ship when NBG personnel are clear of the wharf outside of the FHPB.

a. 2 large tents with tables and chairs have been set up inside the FHPB. LOGREQ Cell phones, a Radio with 2 batteries and a charger, and several sets of rental cars keys will be left on the table.

NOTE: We will have approximately 150 BEDS (30 NGIS Homes with 5 PAX in each) ready for immediate isolation room assignment. These home are 2 BDRM homes with 1 - 1/2 bath. They are fully equipped with all amenities including Washer/Dryer and Wi-Fi. There are 2 or 3 beds in each home and we will place 2

cots inside. Worst case 1 person sleeps on a couch. I had NAVHOSP PHEO inspect and he reports this is a satisfactory arrangement for isolation. We needed to take this approach in order to create the capacity needed for the task ahead.

b. . Under the control of the TR Medical Team we will begin transport of all "positive" personnel and the 20 designated reactor department sailors to the isolation rooms.

c. When ready to transit the first 10 personnel for isolation, the TR Medical

Team will contact "BUS 1" for pick up. When called, the (b)(1) driver will enter inside the FHPB and report to the medical tent so that the first 10 personnel can be loaded into the back/bed of the vehicle.

- Once loaded, the personnel will be transported to their isolated house

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assignment.

- A TR Team member will follow in one of the rental vehicles that was left on the wharf to the isolation house assigned.
- The "BUS" will take 10 PAX (which will fill 2 houses) to the designated locations as pre-assigned by NBG for that BUS.
- Upon arrival at the assigned house(s) the person assigned to drive the TR chase vehicle will exit the vehicle and assist opening the rear gate on the back of the vehicle so that isolation passengers can safely exit.
- The door to each house will be left ajar with the keys inside for rapid/easy entering.

NOTE: NBG recommends TR Medical designate each 5 pax entering the (b)(1) vehicle as GROUP 1 and GROUP 2. The groups correspond to a single house assignment. NBG will provide the house number by BUS # and GROUP # for accurate personnel accounting via email.

NOTE: The drivers of the (b)(1) vehicle will not exit the vehicle to prevent any interaction with the isolated personnel.

- When both GROUPS are dropped off the (b)(1) vehicle will lead the TR Chase vehicle back to KILO Pier.

d. For the next 10 pax the same procedure will be followed using "BUS 2", "BUS 3" and so forth.

3. Begin to deliver other services to the pier.

- We already have most if not all of the rental vehicles on station.
- In addition to the 2 large tents that NEX set up, the other tents, chairs and tables that were requested in the LOGREQ have been staged on the pier ready for set-up.
- A CLEAN drop off area has been established at the far western edge of (b)(1) [REDACTED] This area will allow supply trucks to drop off items for later pick-up by TR personnel such that personal interaction are avoided.
- Other services will be provided during scheduled delivery times.
- If at any time NBG personnel (military, government civilians or contractors) are required to enter inside the FHPB, all TR personnel will be required to return to the ship.

Day 2

1. Begin transport of quarantine individuals. I will provide separate procedure for this. However, in general, TR Rental Vans will be utilized to transport personnel to the Quarantine Location. NBG security forces will escort the Rental Vans convoy to the Quarantine site.
- For your planning purposes the Charles King Fitness Center and the Santa Rita Complex are FULLY ready for Quarantine Operations.

Other notes:

- Food Service for up to 350 per day is FULLY READY. Delivery of up to 350 more is on track to be ready by tomorrow afternoon.
- Pier WiFi may be ready tomorrow but definitely no later than Saturday.
- The attached graphic establishes the FHPB. The area inside the FHPB is for

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TR personnel exclusively when NBG Personnel are not required to enter this area.

- NBG Security Forces will man the (b)(1) which is outside the FHPB.

If desired TR personnel can establish security patrol inside the FHPB.

- TR rental vehicle (which shall be conspicuously marked) will be authorized

(b)(1)

to avoid any interaction.

Standing by for questions.

CAPT (b)(6)

CO, NBG

(W) (b)(6)

(C) (b)(6)

(NIPR) (b)(6)@fe.navy.mil

(SIPR) (b)(6)@fe.navy.smil.mil



Declassified on: 25 Aug 2020

**SECRET**

(b)(6)

**From:** (b)(6) CAPT USN, CCSG9 <(b)(6)@ccsg9.navy.smil.mil>  
**Sent:** Thursday, March 26, 2020 12:38 AM  
**To:** (b)(6) CAPT USN, C7F  
**Cc:** (b)(6)@fe.navy.smil.mil  
**Subject:** FW: (S) OUTBREAK COMMANDER'S GUIDANCE

**Classification: SECRET**

(b)(6),  
Below is the commander's guidance RDML Baker just pushed. This is our prioritization of groups to get through the quarantine process and generate underway capability. (b)(1)  
It does not/not mean that those are the only options we are looking at. I don't want to give the impression we have one foot out the door mentally- we don't. The long game is that in 4-6 weeks we are healthy enough to resume normal ops and finish strong.

Wanted you to know where our heads were on how we will prioritize quarantine and roll groups through.  
V/R

(b)(6)

CAPT (b)(6), USN  
Chief of Staff  
Carrier Strike Group NINE  
SIPR: (b)(6)@ccsg9.navy.smil.mil  
NIPR: (b)(6)@ccsg9.navy.mil  
COMM: (b)(6)  
SVOIP: (b)(6)

---

**From:** Baker, Stuart P RDML USN, CCSG-9 <(b)(6)@ccsg9.navy.smil.mil>  
**Sent:** Thursday, March 26, 2020 4:11 AM  
**To:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt <(b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT USN, CVW-11 <(b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT USN, USS Theodore Roosevelt <(b)(6)@cvn71.navy.smil.mil>  
**Cc:** (b)(6) CAPT USN, USS Theodore Roosevelt <(b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT USN, CVW-11 <(b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT USN, COMDESRON 23 <(b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT USN, CCSG9 <(b)(6)@ccsg9.navy.smil.mil>; (b)(6) CAPT USN, CCSG9 <(b)(6)@ccsg9.navy.smil.mil>; (b)(6) CDR USN, CCSG9 <(b)(6)@ccsg9.navy.smil.mil>; (b)(6) CAPT USN, USS Theodore Roosevelt <(b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT USN, CCSG9 <(b)(6)@ccsg9.navy.smil.mil>  
**Subject:** (S) OUTBREAK COMMANDER'S GUIDANCE

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Major Commanders,

**SECRET**

J-S-3-06

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**SECRET**

Below is commander's guidance on the way forward commencing upon our arrival in Guam.

1. Movement of all COVID positive Sailors to isolation quarters. This will be an ongoing task.

2. Prior to arrival, identify key groups that we need, (b)(1) :

-(b)(1)

The fractions are an estimate, over to you to determine the right numbers and other groups that need to be immediately cleared. The intent is to immediately batch test and quarantine these personnel so that in two weeks (plus), we could get TR underway with the ability to MEDEVAC anyone requiring critical care. If we remain in Guam, then the remainder of Reactor personnel will go into quarantine after the initial group clears.

3. The [REDACTED] will go immediately into isolation, following testing.

4. If additional quarantine racks remain after we send the personnel in para 2, we prioritize personnel by function and roll them in.

5. While the first groups are in quarantine we identify berthing spaces for their return and clean / disinfect those berthing spaces. We may end up sailing with a partition between the "clean" crew who have completed quarantine and the remainder who have not. That partition must include berthing, messing, transit to work spaces, and the work spaces themselves.

End state: In 2-3 weeks we have sufficient personnel (post-quarantine) to get the ship underway to (b)(1) [REDACTED], or to steam to San Diego if it becomes apparent that this outbreak cannot be cleared pier side in Guam. In the meanwhile, we take care of ill Sailors and deep clean the ship.

I want to be able to start moving personnel to quarantine as soon as messing arrangements can be finalized.

V/r,  
Studa

**Classification: SECRET**

~~CLASSIFIED BY: CJB~~  
~~DERIVED FROM: Multiple Sources~~  
~~DECLASSIFY ON: 20400326~~

**Classification: SECRET**

**SECRET**

J-S-3-06

DECLASSIFIED

~~UNCLASSIFIED//FOUO~~

(b)(6)

**From:** Merz, William R. VADM USN, C7F  
**Sent:** Saturday, March 28, 2020 9:25 PM  
**To:** 'Aquilino, John C ADM USN COMPACFLT PEARL HI (USA)'; Gillingham, Bruce L RADM USN CNO (USA); (b)(6) CAPT USN COMPACFLT N01H (USA)  
**Cc:** Whitesell, Kenneth R RADM USN COMPACFLT N01 (USA); Merz, William VADM (ONE-Net); (b)(6) CAPT USN COMPACFLT PEARL HI (USA); Gaucher, Robert M RDML USN COMPACFLT N03 (USA); Baker, Stuart P RDML USN, CCSG-9; (b)(6) CAPT USN, C7F; (b)(6) CAPT USN, C7F  
**Subject:** RE: (U) INFO: TR Recovery and Fleet Disposition Update\_27 Mar 2020  
**Signed By:** (b)(6) @c7f.navy.smil.mil

Bruce - Please work through C7F not directly with the ship. (b)(6) (C7F Surgeon) is the POC, and also cc'd. Coordination to date has been great, (b)(1).  
Expect to be up and running by mid-week as each element of the kill chain falls into place.

(b)(1)

Thanks to all for the tremendous support.

VR,  
Bill

~~SECRET~~

VADM Bill Merz, U.S. 7th Fleet  
Primary (also forwards to secondary):

(b)(6) @lcc19.navy.mil  
(b)(6) @lcc19.navy.smil.mil

Secondary:

(b)(6) @fe.navy.mil  
(b)(6) @fe.navy.smil.mil

"Play Hard"

-----Original Message-----

From: Aquilino, John C ADM USN COMPACFLT PEARL HI (USA)  
[mailto:(b)(6)@navy.smil.mil]  
Sent: Saturday, March 28, 2020 11:33 PM  
To: Gillingham, Bruce L RADM USN CNO (USA) <(b)(6)@navy.smil.mil>;

~~UNCLASSIFIED//FOUO~~

J-S-3-07

DECLASSIFIED

~~UNCLASSIFIED//FOUO~~

(b)(6) CAPT USN COMPACFLT N01H (USA)  
 <(b)(6)>@navy.smil.mil>  
 Cc: Whitesell, Kenneth R RADM USN COMPACFLT N01 (USA)  
 <(b)(6)>@navy.smil.mil>; Merz, William R. VADM USN, C7F  
 <(b)(6)>@lcc19.navy.smil.mil>; Merz, William VADM (ONE-Net)  
 <(b)(6)>@fe.navy.smil.mil>; (b)(6) CAPT USN COMPACFLT  
 PEARL HI (USA) <(b)(6)>@navy.smil.mil>; Gaucher, Robert M RDML USN  
 COMPACFLT N03 (USA) <(b)(6)>@navy.smil.mil>; Baker, Stuart P RDML  
 USN, CCSG-9 <(b)(6)>@ccsg9.navy.smil.mil>  
 Subject: RE: (U) INFO: TR Recovery and Fleet Disposition Update\_27 Mar 2020

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No restriction on comms from here (other than coordinating reporting of  
 positive numbers)

Have your team jump in - RDML Baker is on this note

V/R Lung

ADM Chris "LUNG" Aquillino  
 Commander, US Pacific Fleet

-----Original Message-----

From: Gillingham, Bruce L RADM USN CNO (USA)  
 <(b)(6)>@navy.smil.mil>  
 Sent: Saturday, March 28, 2020 1:11 PM  
 To: Aquilino, John C ADM USN COMPACFLT PEARL HI (USA)  
 <(b)(6)>@navy.smil.mil>; (b)(6) CAPT USN COMPACFLT N01H  
 (USA) <(b)(6)>@navy.smil.mil>  
 Cc: Whitesell, Kenneth R RADM USN COMPACFLT N01 (USA)  
 <(b)(6)>@navy.smil.mil>; 'Merz, William R. VADM USN, C7F'  
 <(b)(6)>@lcc19.navy.smil.mil>; (b)(6)@fe.navy.smil.mil'  
 (b)(6)@fe.navy.smil.mil>; (b)(6) CAPT USN COMPACFLT  
 PEARL HI (USA) <(b)(6)>@navy.smil.mil>; Gaucher, Robert M RDML USN  
 COMPACFLT N03 (USA) <(b)(6)>@navy.smil.mil>; Baker, Stuart P RDML  
 USN, CCSG-9 <(b)(6)>@ccsg9.navy.smil.mil>  
 Subject: RE: (U) INFO: TR Recovery and Fleet Disposition Update\_27 Mar 2020

Yes Sir, (b)(1) .  
 Understand the need for tight control of comms but it would be very helpful  
 if a small group of my subject matter experts were cleared to work directly  
 with (b)(6) and the medical team aboard TR for coordination.

V/r, Bruce

From: Aquilino, John C ADM USN COMPACFLT PEARL HI (USA)  
 Sent: Saturday, March 28, 2020 12:43 PM  
 To: Gillingham, Bruce L RADM USN CNO (USA); (b)(6) CAPT USN  
 COMPACFLT N01H (USA)

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J-S-3-07

~~UNCLASSIFIED//FOUO~~

Cc: Whitesell, Kenneth R RADM USN COMPACFLT N01 (USA); 'Merz, William R. VADM USN, C7F'; (b)(6)@fe.navy.smil.mil'; (b)(6) CAPT USN COMPACFLT PEARL HI (USA); Gaucher, Robert M RDML USN COMPACFLT N03 (USA); Baker, Stuart P RDML USN, CCSG-9  
 Subject: RE: (U) INFO: TR Recovery and Fleet Disposition Update\_27 Mar 2020

Classification: ~~UNCLASSIFIED//FOUO~~

Docs,

Thanks to both of you and the entire medical support organization as we work our way through this.

(b)(1)

Please let me know what you see as the next item/sets of items preventing C7F/TR from maximum testing on the fastest pace we can generate.

I would like to identify the potential long poles (b)(1) and push them to C7F/TR.

Appreciate the great work here but more to do - faster

V/R Lung

ADM Chris "LUNG" Aquillino  
 Commander, US Pacific Fleet

From: Gillingham, Bruce L RADM USN CNO (USA)

<(b)(6)@navy.smil.mil>

Sent: Saturday, March 28, 2020 6:59 AM

To: Gilday, Michael M ADM USN CNO (USA) <(b)(6)@navy.smil.mil>;

Aquilino, John C ADM USN COMPACFLT PEARL HI (USA)

(b)(6)@navy.smil.mil>; Davidson, Philip S ADM USN INDOPACOM J00

(USA) <(b)(6)@pacom.smil.mil>

Cc: Burke, Robert P ADM USN VCNO (USA) <(b)(6)@navy.smil.mil>;

Minihan, Michael A Lt Gen USAF (USA) <(b)(6)@pacom.smil.mil>;

Sawyer, Phillip G VADM USN (USA) (b)(6)@navy.smil.mil>;

(b)(6)@fe.navy.smil.mil' <(b)(6)@fe.navy.smil.mil>; 'Merz,

William R. VADM USN, C7F' <(b)(6)@lcc19.navy.smil.mil>; Conn, Scott D

VADM USN (USA) (b)(6)@navy.smil.mil>; Whitesell, Kenneth R RADM USN

COMPACFLT N01 (USA) <(b)(6)@navy.smil.mil>; Miller, DeWolfe H

VADM USN COMNAVAIRPAC SAN CA (USA) <(b)(6)@navy.smil.mil>; Brown,

Richard A VADM USN COMNAVSURFPAC SAN (USA) <(b)(6)@navy.smil.mil>;

Converse, Blake L RADM USN COMSUBPAC PEARL (USA)

<(b)(6)@navy.smil.mil>; Vareslum, Suzanne P MG USARMY NG HIARNG

(USA) <(b)(6)@pacom.smil.mil>; Hein, Robert N Jr SES (USA)

<(b)(6)@navy.smil.mil>; Koehler, Stephen T RADM USN PACOM PCJ3 (USA)

<(b)(6)@pacom.smil.mil>; (b)(6) CAPT USN

PACOM (USA) <(b)(6)@pacom.smil.mil>; (b)(6)

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J-S-3-07



~~UNCLASSIFIED//FOUO~~

CAPT USN CNO (USA) <(b)(6)>@navy.smil.mil>; (b)(6) CAPT  
 USN COMPACFLT N01H (USA) <(b)(6)>@navy.smil.mil>; (b)(6)  
 CAPT USN COMPACFLT (USA) <(b)(6)>@navy.smil.mil>; (b)(6)  
 (b)(6) CAPT USN PACOM PCJO (USA) <(b)(6)>@pacom.smil.mil>;  
 (b)(6)@fe.navy.smil.mil' <(b)(6)>@fe.navy.smil.mil>; (b)(6)  
 CAPT USN COMPACFLT PEARL HI (USA) <(b)(6)>@navy.smil.mil>;  
 (b)(6) CAPT USN COMPACFLT N3 (USA) <(b)(6)>@navy.smil.mil>;  
 (b)(6) CAPT USN COMPACFLT PEARL HI (USA) (b)(6)@navy.smil.mil>;  
 (b)(6) CAPT USN COMPACFLT N30 (USA) (b)(6)@navy.smil.mil>;  
 (b)(6)@FE.navy.smil.mil' (b)(6)@FE.navy.smil.mil>  
 Subject: RE: (U) INFO: TR Recovery and Fleet Disposition Update\_27 Mar 2020

Yes Sir, our lab experts and med-log folks have this for action.

V/r, Bruce

Bruce L. Gillingham, MD, CPE, FAOA  
 RADM, MC, USN

Surgeon General of the Navy and  
 Chief, Bureau of Medicine and Surgery

OPNAV N093

Office: (b)(6)  
 Mobile: (b)(6)  
 (b)(6)@navy.smil.mil

From: Gilday, Michael M ADM USN CNO (USA) <(b)(6)>@navy.smil.mil>  
 Sent: Saturday, March 28, 2020 9:12 AM  
 To: Aquilino, John C ADM USN COMPACFLT PEARL HI (USA)  
 (b)(6)@navy.smil.mil>; Davidson, Philip S ADM USN INDOPACOM J00  
 (USA) (b)(6)@pacom.smil.mil>; Gillingham, Bruce L RADM USN CNO  
 (USA) <(b)(6)>@navy.smil.mil>  
 Cc: Burke, Robert P ADM USN VCNO (USA) <(b)(6)>@navy.smil.mil>;  
 Minihan, Michael A Lt Gen USAF (USA) <(b)(6)>@pacom.smil.mil>;  
 Sawyer, Phillip G VADM USN (USA) (b)(6)@navy.smil.mil>;  
 (b)(6)@fe.navy.smil.mil' (b)(6)@fe.navy.smil.mil>; 'Merz,  
 William R. VADM USN, C7F' <(b)(6)>@lcc19.navy.smil.mil>; Conn, Scott D  
 VADM USN (USA) (b)(6)@navy.smil.mil>; Whitesell, Kenneth R RADM USN  
 COMPACFLT N01 (USA) <(b)(6)>@navy.smil.mil>; Miller, DeWolfe H  
 VADM USN COMNAVAIRPAC SAN CA (USA) <(b)(6)>@navy.smil.mil>; Brown,  
 Richard A VADM USN COMNAVSURFPAC SAN (USA) <(b)(6)>@navy.smil.mil>;  
 Converse, Blake L RADM USN COMSUBPAC PEARL (USA)  
 <(b)(6)>@navy.smil.mil>; Vareslum, Suzanne P MG USARMY NG HIARNG  
 (USA) <(b)(6)>@pacom.smil.mil>; Hein, Robert N Jr SES (USA)  
 (b)(6)@navy.smil.mil>; Koehler, Stephen T RADM USN PACOM PCJ3 (USA)  
 (b)(6)@pacom.smil.mil>; (b)(6) CAPT USN  
 PACOM (USA) <(b)(6)>@pacom.smil.mil>; (b)(6)  
 CAPT USN CNO (USA) <(b)(6)>@navy.smil.mil>; (b)(6) CAPT  
 USN COMPACFLT N01H (USA) <(b)(6)>@navy.smil.mil>; (b)(6)

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J-S-3-07

~~UNCLASSIFIED//FOUO~~

CAPT USN COMPACFLT (USA) <(b)(6)@navy.smil.mil>; (b)(6)  
 CAPT USN PACOM PCJO (USA) <(b)(6)@pacom.smil.mil>;  
 (b)(6)@fe.navy.smil.mil' <(b)(6)@fe.navy.smil.mil>; (b)(6)  
 CAPT USN COMPACFLT PEARL HI (USA) <(b)(6)@navy.smil.mil>;  
 (b)(6) CAPT USN COMPACFLT N3 (USA) (b)(6)@navy.smil.mil>;  
 (b)(6) CAPT USN COMPACFLT PEARL HI (USA) <(b)(6)@navy.smil.mil>;  
 (b)(6) CAPT USN COMPACFLT N30 (USA) (b)(6)@navy.smil.mil>;  
 (b)(6)@FE.navy.smil.mil' <(b)(6)@FE.navy.smil.mil>  
 Subject: RE: (U) INFO: TR Recovery and Fleet Disposition Update\_27 Mar 2020

Classification: ~~UNCLASSIFIED//FOUO~~

Lung, regarding the add'l equipment flown from San Diego yesterday, confirm  
 the (b)(1)

Bruce, we need options for add'l testing equipment for TR.

Thanks, VR Mike

From: Aquilino, John C ADM USN COMPACFLT PEARL HI (USA)

(b)(6)@navy.smil.mil>

Sent: Saturday, March 28, 2020 1:33 AM

To: Gilday, Michael M ADM USN CNO (USA) <(b)(6)@navy.smil.mil>;

Davidson, Philip S ADM USN INDOPACOM J00 (USA)

<(b)(6)@pacom.smil.mil>

Cc: Burke, Robert P ADM USN VCNO (USA) <(b)(6)@navy.smil.mil>;

Minihan, Michael A Lt Gen USAF (USA) <(b)(6)@pacom.smil.mil>;

Sawyer, Phillip G VADM USN (USA) <(b)(6)@navy.smil.mil>;

(b)(6)@fe.navy.smil.mil' (b)(6)@fe.navy.smil.mil>; 'Merz,

William R. VADM USN, C7F' (b)(6)@lcc19.navy.smil.mil>; Conn, Scott D

VADM USN (USA) (b)(6)@navy.smil.mil>; Whitesell, Kenneth R RADM USN

COMPACFLT N01 (USA) <(b)(6)@navy.smil.mil>; Miller, DeWolfe H

VADM USN COMNAVAIRPAC SAN CA (USA) <(b)(6)@navy.smil.mil>; Brown,

Richard A VADM USN COMNAVSURFPAC SAN (USA) <(b)(6)@navy.smil.mil>;

Converse, Blake L RADM USN COMSUBPAC PEARL (USA)

<(b)(6)@navy.smil.mil>; Vareslum, Suzanne P MG USARMY NG HIARNG

(USA) <(b)(6)@pacom.smil.mil>; Hein, Robert N Jr SES (USA)

<(b)(6)@navy.smil.mil>; Koehler, Stephen T RADM USN PACOM PCJ3 (USA)

(b)(6)@pacom.smil.mil>; (b)(6) CAPT USN

PACOM (USA) <(b)(6)@pacom.smil.mil>; (b)(6)

CAPT USN CNO (USA) <(b)(6)@navy.smil.mil>; (b)(6) CAPT

USN COMPACFLT N01H (USA) (b)(6)@navy.smil.mil>; (b)(6)

CAPT USN COMPACFLT (USA) (b)(6)@navy.smil.mil>; (b)(6)

CAPT USN PACOM PCJO (USA) <(b)(6)@pacom.smil.mil>;

(b)(6)@fe.navy.smil.mil' <(b)(6)@fe.navy.smil.mil>; (b)(6)

CAPT USN COMPACFLT PEARL HI (USA) (b)(6)@navy.smil.mil>;

(b)(6) CAPT USN COMPACFLT N3 (USA) (b)(6)@navy.smil.mil>;

(b)(6) USN COMPACFLT PEARL HI (USA) <(b)(6)@navy.smil.mil>;

(b)(6) CAPT USN COMPACFLT N30 (USA) (b)(6)@navy.smil.mil>;

(b)(6)@FE.navy.smil.mil' (b)(6)@FE.navy.smil.mil>

~~UNCLASSIFIED//FOUO~~

J-S-3-07

~~UNCLASSIFIED//FOUO~~

Subject: (U) INFO: TR Recovery and Fleet Disposition Update\_27 Mar 2020

Classification: ~~UNCLASSIFIED//FOUO~~

CNO and ADM Davidson,

For Information only (as of 1800 Hawaii time/2400 DC time 27 Mar)

BLUF: I am including the information below as part of my daily update on the status of PACFLT's recovery efforts on TR and the outlook across CPF Forces. I have included the delta since yesterday's report in the parentheses. Although the delta is partially proportional to the magnitude of increased testing, I will use it to illustrate the growth (or decay) of the COVID problem set for each set of forces.

- TR Recovery:

- o 38 positive cases (+4)

- § 0 hospitalizations

- (b)(1)

- (b)(1)

- o 433 individual negatives (+11)

- o 10% crew tested

- o We are continuing to evaluate the testing kit supply and diagnostic capability. We have identified increased diagnostic capability through the Brian D. Allgood Hospital and nearby diagnostic laboratory. I should have a full understanding of the true daily testing capacity within the next 24-48 hours in order to best estimate the completion of 100% crew testing.

- o The C-40 with medical supplies (lab analyzer calibration kit and extra swabs) and personnel (Lab Officer and Preventative Medicine Officer) arrived in Guam. Need (b)(1) and operating at full capacity.

- o (b)(1)

- (b)(1)

~~UNCLASSIFIED//FOUO~~

~~UNCLASSIFIED//FOUO~~

(b)(1)

[REDACTED]

[REDACTED]

· (b)(1)

[REDACTED]

[REDACTED]

[REDACTED]

· (b)(1)

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] (b)(1)

[REDACTED]

· (b)(1)

~~UNCLASSIFIED//FOUO~~

~~UNCLASSIFIED//FOUO~~

(b)(1) [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

. (b)(1) [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

V/R Lung

ADM Chris "Lung" Aquilino

Commander, US Pacific Fleet

Classification: ~~UNCLASSIFIED//FOUO~~

~~UNCLASSIFIED//FOUO~~

J-S-3-07



~~UNCLASSIFIED//FOUO~~

(b)(6)

**From:** Sawyer, Phillip G VADM USN (USA) <(b)(6)@navy.smil.mil>  
**Sent:** Thursday, March 26, 2020 6:40 AM  
**To:** Merz, William R. VADM USN, C7F; Merz, William VADM (ONE-Net)  
**Cc:** (b)(6) CAPT USN, C7F  
**Subject:** FW: (U//~~FOUO~~) FOR INFORMATION: TR Recovery and Disposition Plan  
**Attachments:** TR Triage and Disposition Plan.pdf; (S) C7F COVID SOM - N00\_Rev2 (002).pdf

Classification: ~~UNCLASSIFIED//FOUO~~

CNO comments FYSA.

BT

I don't understand the TR Triage plan. Specifically, the asymptomatic branches. If asymptomatic AND I batch test NEGATIVE..14d quarantine? Doe this assume you enter this process as someone who is suspect? Close contact w/ C-19+, etc?

vr/  
Phil

-----Original Message-----

From: Gilday, Michael M ADM USN CNO (USA) <(b)(6)@navy.smil.mil>  
Sent: Thursday, March 26, 2020 6:14 AM  
To: Aquilino, John C ADM USN COMPACFLT PEARL HI (USA) (b)(6)@navy.smil.mil>; Davidson, Philip S ADM USN INDOPACOM J00 (USA) <(b)(6)@pacom.smil.mil>  
Cc: Burke, Robert P ADM USN VCNO (USA) (b)(6)@navy.smil.mil>; Minihan, Michael A Lt Gen USAF (USA) <(b)(6)@pacom.smil.mil>; Sawyer, Phillip G VADM USN (USA) (b)(6)@navy.smil.mil>; (b)(6)@fe.navy.smil.mil; Merz, William R. VADM USN, C7F <(b)(6)@lcc19.navy.smil.mil>; Whitesell, Kenneth R RADM USN COMPACFLT N01 (USA) <(b)(6)@navy.smil.mil>; Vareslum, Suzanne P MG USARMY NG HIARNG (USA) <(b)(6)@pacom.smil.mil>; Hein, Robert N Jr SES (USA) <(b)(6)@navy.smil.mil>; Koehler, Stephen T RADM USN PACOM PCJ3 (USA) <(b)(6)@pacom.smil.mil>; (b)(6) CAPT USN PACOM (USA) <(b)(6)@pacom.smil.mil>; (b)(6) CAPT USN CNO (USA) <(b)(6)@navy.smil.mil>; (b)(6) CAPT USN COMPACFLT N01H (USA) <(b)(6)@navy.smil.mil>; (b)(6) CAPT USN COMPACFLT (USA) <(b)(6)@navy.smil.mil>; (b)(6) CAPT USN PACOM PCJ0 (USA) <(b)(6)@pacom.smil.mil>; (b)(6)@fe.navy.smil.mil' (b)(6)@fe.navy.smil.mil>; (b)(6) CAPT USN COMPACFLT PEARL HI (USA) (b)(6)@navy.smil.mil>; (b)(6) CAPT USN COMPACFLT N3 (USA) <(b)(6)@navy.smil.mil>; Williamson, Ricky Lee VADM USN DCNO N4 (USA) (b)(6)@navy.smil.mil>; Jackson, Mary M VADM USN CNIC WASHINGTON DC (USA) (b)(6)@navy.smil.mil>; Gillingham, Bruce L RADM USN CNO (USA) <(b)(6)@navy.smil.mil>; Haeuptle, Andrew S SES USN DNS (USA) <(b)(6)@navy.smil.mil>; Caldwell, James F Jr ADM USN (USA) <(b)(6)@navy.smil.mil>; Nowell, John B Jr VADM USN (USA) <(b)(6)@navy.smil.mil>; Cooper, C B (Brad) RADM USN OLA WASHINGTON DC (USA) (b)(6)@navy.smil.mil>; Brown, Charles W RDML USN (USA) <(b)(6)@navy.smil.mil>; (b)(6) CDR USN CNO (USA) <(b)(6)@navy.smil.mil>; (b)(6) MCPON USN DCNO N1 (USA) <(b)(6)@navy.smil.mil>  
Subject: RE: (U//~~FOUO~~) FOR INFORMATION: TR Recovery and Disposition Plan

~~UNCLASSIFIED//FOUO~~

J-S-3-08

DECLASSIFIED

~~UNCLASSIFIED//FOUO~~Classification: ~~UNCLASSIFIED//FOUO~~

Lung,

Understand plan is to test 100% of the crew; tracking your plan to isolate positive cases ashore while continuing quarantine measures and social distancing onboard TR .

Testing : If I have the math right, TR's remaining (b)(1) will run out this weekend, but add'l kits from (b)(1) will allow testing to continue to ooa 1-2 April (assuming arrival within days). Bio Fire C-19 testing capability not avail until ooa 5 April. So, roughly, 40% of the crew tested by mid-week.

-- OPNAV will work with CPF to get add'l C-19 test kits to Guam .... and add'l Bio Fire units as well as accelerate delivery of the C-19 module asap.

Augmentation: NR is looking at options to augment key watchstanders. MTF.

(b)(1)

We will estb a BR here to ensure we're all synched, including IPC. (b)(6) will work an active PA plan - again, icw CPF and IPC. Importantly, a plan to keep families informed early is paramount; we'll assist as needed with that effort - and importantly, timing with any PA releases.

A/SN sked for a Pentagon presser with CMC this a.m.; I asked him to consider allowing CMC to go alone for today's USMC update until we get a plan together for TR.

Lastly, CJCS and SecDef briefed last night.

Talk later this a.m.

Be well. VR Mike

~~UNCLASSIFIED//FOUO~~

J-S-3-08

DECLASSIFIED

~~UNCLASSIFIED//FOUO~~

From: Aquilino, John C ADM USN COMPACFLT PEARL HI (USA) <(b)(6)@navy.smil.mil>  
 Sent: Thursday, March 26, 2020 4:13 AM  
 To: Gilday, Michael M ADM USN CNO (USA) (b)(6)@navy.smil.mil>; Davidson, Philip S ADM USN INDOPACOM J00 (USA) <(b)(6)@pacom.smil.mil>  
 Cc: Burke, Robert P ADM USN VCNO (USA) (b)(6)@navy.smil.mil>; Minihan, Michael A Lt Gen USAF (USA) <(b)(6)@pacom.smil.mil>; Sawyer, Phillip G VADM USN (USA) (b)(6)@navy.smil.mil>; (b)(6)@fe.navy.smil.mil; Merz, William R. VADM USN, C7F <(b)(6)@lcc19.navy.smil.mil>; Whitesell, Kenneth R RADM USN COMPACFLT N01 (USA) <(b)(6)@navy.smil.mil>; Vareslum, Suzanne P MG USARMY NG HIARNG (USA) <(b)(6)@pacom.smil.mil>; Hein, Robert N Jr SES (USA) (b)(6)@navy.smil.mil>; Koehler, Stephen T RADM USN PACOM PCJ3 (USA) <(b)(6)@pacom.smil.mil>; (b)(6) CAPT USN PACOM (USA) <(b)(6)@pacom.smil.mil>; (b)(6) CAPT USN CNO (USA) (b)(6)@navy.smil.mil>; (b)(6) CAPT USN COMPACFLT N01H (USA) (b)(6)@navy.smil.mil>; (b)(6) CAPT USN COMPACFLT (USA) <(b)(6)@navy.smil.mil>; (b)(6) CAPT USN PACOM PCJ0 (USA) (b)(6)@pacom.smil.mil>; (b)(6)@fe.navy.smil.mil' (b)(6)@fe.navy.smil.mil>; (b)(6) CAPT USN COMPACFLT PEARL HI (USA) (b)(6)@navy.smil.mil>; (b)(6) CAPT USN COMPACFLT N3 (USA) (b)(6)@navy.smil.mil>  
 Subject: (U//~~FOUO~~) FOR INFORMATION: TR Recovery and Disposition Plan

Classification: ~~UNCLASSIFIED//FOUO~~

CNO and ADM Davidson,

For Information only

BLUF: Per our discussion today, I am sending you the most up to date information on TR. I intend to send you an update daily at the end of the day (~1800 Hawaii time) so you will have it when you arrive at work Washington DC time. I have attached (1) TR status and recovery plan, (2) Testing triage/disposition flow, (3) draft PAG/RTQ, and (4) C7F's status of C7F forces for the next 60 days. C3F is developing a product that mirrors C7F's laydown as we look forward to keeping clean bubbles for both Fleets.

Key points:

\* 25 total positive cases as of 2200 Hawaii time (4x MEDEVAC to Guam MTF)

~~UNCLASSIFIED//FOUO~~

J-S-3-08

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~~UNCLASSIFIED//FOUO~~

\* ICU space on TR (b)(1)

\* 200+ in ROM

\* Guam is prepared to support

\* C7F is conducting forensics to determine the source so that we might determine the scope of the problem and therefore plan and calculate our follow on response appropriately.

\* (b)(1)

\* (b)(1)

V/R Lung

ADM Chris "Lung" Aquilino

Commander, US Pacific Fleet

Classification: ~~UNCLASSIFIED//FOUO~~

~~UNCLASSIFIED//FOUO~~

J-S-3-08

**No Classification in Message Body****(b)(6)**

**From:** Merz, William R. VADM USN, C7F  
**Sent:** Friday, March 27, 2020 11:16 PM  
**To:** 'Baker, Stuart P RDML USN, CCSG-9'  
**Cc:** (b)(6) CAPT USN, C7F; (b)(6) CAPT USN, CCSG9;  
(b)(6) @fe.navy.smil.mil; (b)(6) @fe.navy.smil.mil;  
(b)(6) @fe.navy.smil.mil  
**Subject:** 28 Mar TB - follow-up

Studa,

Following up on our TB regarding Quarantine and Isolation.

I may have missed a nuance, but as I reflect on our conversation, I believe what I now heard was that you are sending folks to ROM without the initial test. If true, and as of now, no credit for those folks. Stack people up as you see fit ahead of step 1 (batch test), but until we collectively agree on a procedure change, everyone runs the Flow Chart (min 2x tests to freedom). It's the approved procedure and informs not only your challenge, but the larger lessons on how to deal with this thing. Open to input, but has to be evaluated and agreed to based upon Med/PREVMED OQE and prudence.

I did end our conversation with: this will end with a clean, tested crew and airwing, achieving first the minimum acceptable number of watchstanders and airmen, getting back to sea, and then improving daily from there.

Feedback welcome.

VR,  
Bill

VADM Bill Merz, U.S. 7th Fleet  
Primary (also forwards to secondary):

(b)(6) @lcc19.navy.mil  
(b)(6) @lcc19.navy.smil.mil

Secondary:

(b)(6) @fe.navy.mil  
(b)(6) @fe.navy.smil.mil

"Play Hard"

**No Classification in Message Body**

J-S-3-09

DECLASSIFIED



**SECRET****(b)(6)**

**From:** Sawyer, Phillip G VADM USN (USA) <**(b)(6)**@navy.smil.mil>  
**Sent:** Thursday, March 26, 2020 5:44 PM  
**To:** Merz, William R. VADM USN, C7F; Merz, William VADM (ONE-Net)  
**Cc:** **(b)(6)** CAPT USN, C7F  
**Subject:** RE: (U//~~FOUO~~) FOR INFORMATION: TR Recovery and Disposition Plan

Classification: ~~SECRET~~~~SECRET~~Below is the draft. **(b)(1)**Vr/Phil  
-----

For Information only

BLUF: Following up on our discussion last night, I am sending you the most up to date information on TR. I have attached the TR status and recovery plan (smaller numbers are from roughly 24 hours ago) and a planned news release (shared with JS & OSD)

Key points:

\* 33 total positive cases as of noon our time today (33x MEDEVAC to Guam MTF); none require hospitalization, only 4 of 3 showing mild influenza-like symptoms.

\* ICU space on TR **(b)(1)**.

\* 200+ in ROM

\* TR pulls into Guam ~ 2000 EST 26 March (our time) for a scheduled port visit. Guam Naval Base and Naval Hospital is prepared to support. Crew of TR will not leave pier, with exception of positive Sailors, who will be sequestered in base berthing facilities.

\* CPF is conducting forensics to determine the source so that we might determine the scope of the problem and therefore plan and calculate our follow on response appropriately.

\*TR is and will remain ready for all tasking.

\* **(b)(1)**

\* **(b)(1)**

**SECRET**

J-S-3-10

DECLASSIFIED

**SECRET**

-----Original Message-----

From: Merz, William R. VADM USN, C7F <(b)(6)@lcc19.navy.smil.mil>  
Sent: Thursday, March 26, 2020 5:39 PM  
To: Sawyer, Phillip G VADM USN (USA) <(b)(6)@navy.smil.mil>; Merz, William VADM (ONE-Net) <(b)(6)@fe.navy.smil.mil>  
Cc: (b)(6) CAPT USN, C7F <(b)(6)@lcc19.navy.smil.mil>  
Subject: RE: (U//~~FOUO~~) FOR INFORMATION: TR Recovery and Disposition Plan

Thank you.

~~SECRET~~

VADM Bill Merz, U.S. 7th Fleet  
Primary (also forwards to secondary):

(b)(6)@lcc19.navy.mil  
(b)(6)@lcc19.navy.smil.mil

Secondary:

(b)(6)@fe.navy.mil  
(b)(6)@fe.navy.smil.mil

"Play Hard"

-----Original Message-----

From: Sawyer, Phillip G VADM USN (USA) [mailto:(b)(6)@navy.smil.mil]  
Sent: Thursday, March 26, 2020 9:27 PM  
To: Merz, William R. VADM USN, C7F <(b)(6)@lcc19.navy.smil.mil>; Merz, William VADM (ONE-Net) <(b)(6)@fe.navy.smil.mil>  
Cc: (b)(6) CAPT USN, C7F <(b)(6)@lcc19.navy.smil.mil>  
Subject: RE: (U//~~FOUO~~) FOR INFORMATION: TR Recovery and Disposition Plan

Classification: ~~SECRET~~

How many + (A:25), How many Medevac (A:25);....I'll forward the email from CNO...once he sends it.

Background:

(b)(1)

(b)(1)

-----Original Message-----

From: Merz, William R. VADM USN, C7F <(b)(6)@lcc19.navy.smil.mil>  
Sent: Thursday, March 26, 2020 4:44 PM  
To: Sawyer, Phillip G VADM USN (USA) <(b)(6)@navy.smil.mil>; Merz, William VADM (ONE-Net) <(b)(6)@fe.navy.smil.mil>  
Cc: (b)(6) CAPT USN, C7F <(b)(6)@lcc19.navy.smil.mil>  
Subject: RE: (U//~~FOUO~~) FOR INFORMATION: TR Recovery and Disposition Plan

**SECRET**

J-S-3-10

DECLASSIFIED

**SECRET**

What was the request?

**SECRET**

VADM Bill Merz, U.S. 7th Fleet

Primary (also forwards to secondary):

(b)(6) @lcc19.navy.mil

(b)(6) @lcc19.navy.smil.mil

Secondary:

(b)(6) @fe.navy.mil

(b)(6) @fe.navy.smil.mil

"Play Hard"

-----Original Message-----

From: Sawyer, Phillip G VADM USN (USA) [mailto:(b)(6)@navy.smil.mil]

Sent: Thursday, March 26, 2020 8:11 PM

To: Merz, William R. VADM USN, C7F <(b)(6)@lcc19.navy.smil.mil>; Merz, William VADM (ONE-Net) <(b)(6)@fe.navy.smil.mil>

Cc: (b)(6) CAPT USN, C7F <(b)(6)@lcc19.navy.smil.mil>

Subject: RE: (U//~~FOUO~~) FOR INFORMATION: TR Recovery and Disposition Plan

Classification: ~~UNCLASSIFIED//FOUO~~

(b)(1)

-----Original Message-----

From: Merz, William R. VADM USN, C7F <(b)(6)@lcc19.navy.smil.mil>

Sent: Thursday, March 26, 2020 8:34 AM

To: Sawyer, Phillip G VADM USN (USA) <(b)(6)@navy.smil.mil>; Merz, William VADM (ONE-Net) <(b)(6)@fe.navy.smil.mil>

Cc: (b)(6) CAPT USN, C7F <(b)(6)@lcc19.navy.smil.mil>

Subject: RE: (U//~~FOUO~~) FOR INFORMATION: TR Recovery and Disposition Plan

Initial priority for testing was based on COVID protocols - close contacts: berthing, relationships, division, etc. That starts breaking down fast when it spreads quickly/simultaneously. For initial TR cases, 3 near-simultaneously positives, no social contact, didn't know each other, couldn't be further apart on the ship. So, back to the top, growing number of growing circles with nothing in common. At that point, it's basically out of control and it is now time to shift focus to your vital organs, which is where we are on TR. From the Attack Plan, priorities are:

-(b)(1)

Just a framework that will be adjusted in-stride. (b)(1)

**SECRET**

J-S-3-10

**SECRET**

(b)(1)

All personnel are handled the same via the Flow Chart - can't be any other way. It's all over the ship. Tested, quarantined, re-tested. But, we can prioritize the order, and we are. (b)(1)

(b)(1)

, reported in Lung's report. (b)(1)

(b)(1)

Great news on CNO's push - standing up and cheering out loud as I type this...

Good dialogue, keep it coming.

VR,  
Bill

~~SECRET~~

VADM Bill Merz, U.S. 7th Fleet

Primary (also forwards to secondary):

(b)(6)

@lcc19.navy.mil

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Secondary:

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(b)(6)

@fe.navy.smil.mil

"Play Hard"

-----Original Message-----

From: Sawyer, Phillip G VADM USN (USA) [mailto:(b)(6)@navy.smil.mil]

Sent: Thursday, March 26, 2020 11:51 AM

To: Merz, William R. VADM USN, C7F <(b)(6)@lcc19.navy.smil.mil>; Merz, William VADM (ONE-Net) <(b)(6)@fe.navy.smil.mil>

Cc: (b)(6) CAPT USN, C7F <(b)(6)@lcc19.navy.smil.mil>

Subject: RE: (U//~~FOUO~~) FOR INFORMATION: TR Recovery and Disposition Plan

Classification: ~~UNCLASSIFIED//FOUO~~

Copy. So how are you determining who will be batched tested that is asymptomatic (assuming limited supplies) ? Close-contact, key watchstanders, Command team?

**SECRET**

J-S-3-10

DECLASSIFIED

**SECRET**

For testing supplies: Forward deployed ships are CNO's #1 priority. The BioFire C-19 panel was emergency approved...SG going directly to manufacturer to get it shipped forward (he's coordinating with CPF/NAVEUR SGs). CNO maybe calling the CEO this morning.

Re TR - which I agree is the brightest shiny object right now but may not be tomorrow: 1)Contacted both NR and CNP to be ready for additional push of people. (b)(1)

Placemat is excellent. (b)(1)

Lung and I discussed his intent to make Guam a bubble. (b)(1)

I'll review some more when I get back from my OPS brief.

r/  
Phil

-----Original Message-----

From: Merz, William R. VADM USN, C7F <(b)(6)@lcc19.navy.smil.mil>

Sent: Thursday, March 26, 2020 7:22 AM

To: Sawyer, Phillip G VADM USN (USA) <(b)(6)@navy.smil.mil>; Merz, William VADM (ONE-Net) <(b)(6)@fe.navy.smil.mil>

Cc: (b)(6) CAPT USN, C7F <(b)(6)@lcc19.navy.smil.mil>; Merz, William R. VADM USN, C7F <(b)(6)@lcc19.navy.smil.mil>

Subject: RE: (U//~~FOUO~~) FOR INFORMATION: TR Recovery and Disposition Plan

Rgr, Phil - good question,

It takes some time for the virus to "grow", and there is some level of false outcomes, so quarantine until second test because it may not have presented on the first test. For example, we just had symptoms develop on a TR kid after he tested negative. Depends largely on the timing of being initially infected vs. first test.

(b)(1)

Recommend more Echelon I focus down-range. Need a major push on testing supplies. 100% testing is desired but likely not possible without that push - we will hit practical limits. As TR erupts, every Echelon will quickly be focusing on and stumbling over that one ship, we need to divide and conquer.

(b)(1)

Hoping my shift to the COVID SOM further reduces the cross-section (SOM placemat that was attached to Lung's report, and explained below). (b)(1)

**SECRET**

J-S-3-10



**SECRET**

SOM explanation that goes with the placemat below, if interested. Welcome any thoughts:

Thanks and VR,  
Bill

-----  
C7F COVID SOM Summary

BLUF: (b)(1)

Summary:

(b)(1)

(b)(1)

(b)(1)

(b)(1)


(b)(1)

**SECRET**

J-S-3-10

**SECRET**

Others:

**(b)(1)**  


Placemat (attached):

**(b)(1)**  
**(b)(1)**  
**(b)(1)**  
**(b)(1)**  
**(b)(1)**  


VADM Bill Merz, U.S. 7th Fleet

Primary (also forwards to secondary):

**(b)(6)** @lcc19.navy.mil**(b)(6)** @lcc19.navy.smil.mil

Secondary:

**(b)(6)** @fe.navy.mil**(b)(6)** @fe.navy.smil.mil

"Play Hard"

**SECRET**

J-S-3-10

DECLASSIFIED

**SECRET**

-----Original Message-----

From: Sawyer, Phillip G VADM USN (USA) [mailto:(b)(6)@navy.smil.mil]

Sent: Thursday, March 26, 2020 10:40 AM

To: Merz, William R. VADM USN, C7F &lt;(b)(6)@lcc19.navy.smil.mil&gt;; Merz, William VADM (ONE-Net) (b)(6)@fe.navy.smil.mil&gt;

Cc: (b)(6) CAPT USN, C7F (b)(6)@lcc19.navy.smil.mil&gt;

Subject: FW: (U//~~FOUO~~) FOR INFORMATION: TR Recovery and Disposition PlanClassification: ~~UNCLASSIFIED//FOUO~~

CNO comments FYSA.

BT

I don't understand the TR Triage plan. Specifically, the asymptomatic branches. If asymptomatic AND I batch test NEGATIVE..14d quarantine? Doe this assume you enter this process as someone who is suspect? Close contact w/ C-19+, etc?

vr/  
Phil

-----Original Message-----

From: Gilday, Michael M ADM USN CNO (USA) &lt;(b)(6)@navy.smil.mil&gt;

Sent: Thursday, March 26, 2020 6:14 AM

To: Aquilino, John C ADM USN COMPACFLT PEARL HI (USA) &lt;(b)(6)@navy.smil.mil&gt;; Davidson, Philip S ADM USN INDOPACOM J00 (USA) (b)(6)@pacom.smil.mil&gt;

Cc: Burke, Robert P ADM USN VCNO (USA) &lt;(b)(6)@navy.smil.mil&gt;; Minihan, Michael A Lt Gen USAF (USA)

&lt;(b)(6)@pacom.smil.mil&gt;; Sawyer, Phillip G VADM USN (USA) (b)(6)@navy.smil.mil&gt;;

(b)(6)@fe.navy.smil.mil; Merz, William R. VADM USN, C7F (b)(6)@lcc19.navy.smil.mil&gt;; Whitesell,

Kenneth R RADM USN COMPACFLT N01 (USA) (b)(6)@navy.smil.mil&gt;; Vareslum, Suzanne P MG USARMY

NG HIARNG (USA) (b)(6)@pacom.smil.mil&gt;; Hein, Robert N Jr SES (USA) &lt;(b)(6)@navy.smil.mil&gt;;

Koehler, Stephen T RADM USN PACOM PCJ3 (USA) &lt;(b)(6)@pacom.smil.mil&gt;; (b)(6)

CAPT USN PACOM (USA) (b)(6)@pacom.smil.mil&gt;; (b)(6) CAPT USN CNO (USA)

&lt;(b)(6)@navy.smil.mil&gt;; (b)(6) CAPT USN COMPACFLT N01H (USA)

(b)(6)@navy.smil.mil&gt;; (b)(6) CAPT USN COMPACFLT (USA) (b)(6)@navy.smil.mil&gt;; (b)(6)

(b)(6) CAPT USN PACOM PCJ0 (USA) (b)(6)@pacom.smil.mil&gt;; (b)(6)@fe.navy.smil.mil'

(b)(6)@fe.navy.smil.mil&gt;; (b)(6) CAPT USN COMPACFLT PEARL HI (USA)

(b)(6)@navy.smil.mil&gt;; (b)(6) CAPT USN COMPACFLT N3 (USA) (b)(6)@navy.smil.mil&gt;;

Williamson, Ricky Lee VADM USN DCNO N4 (USA) &lt;(b)(6)@navy.smil.mil&gt;; Jackson, Mary M VADM USN CNIC

WASHINGTON DC (USA) (b)(6)@navy.smil.mil&gt;; Gillingham, Bruce L RADM USN CNO (USA)

(b)(6)@navy.smil.mil&gt;; Haeuptle, Andrew S SES USN DNS (USA) &lt;(b)(6)@navy.smil.mil&gt;;

Caldwell, James F Jr ADM USN (USA) (b)(6)@navy.smil.mil&gt;; Nowell, John B Jr VADM USN (USA)

(b)(6)@navy.smil.mil&gt;; Cooper, C B (Brad) RADM USN OLA WASHINGTON DC (USA)

(b)(6)@navy.smil.mil&gt;; Brown, Charles W RDML USN (USA) &lt;(b)(6)@navy.smil.mil&gt;; (b)(6)

(b)(6) CDR USN CNO (USA) (b)(6)@navy.smil.mil&gt;; (b)(6) MCPON USN DCNO N1 (USA)

(b)(6)@navy.smil.mil&gt;

Subject: RE: (U//~~FOUO~~) FOR INFORMATION: TR Recovery and Disposition Plan**SECRET**

J-S-3-10

DECLASSIFIED

**SECRET**Classification: ~~UNCLASSIFIED//FOUO~~

Lung,

Understand plan is to test 100% of the crew; tracking your plan to isolate positive cases ashore while continuing quarantine measures and social distancing onboard TR .

Testing : If I have the math right, TR's remaining (b)(1) will run out this weekend, but add'l kits from (b)(1) will allow testing to continue to ooa 1-2 April (assuming arrival within days). Bio Fire C-19 testing capability not avail until ooa 5 April. So, roughly, 40% of the crew tested by mid-week.

-- OPNAV will work with CPF to get add'l C-19 test kits to Guam .... and add'l Bio Fire units as well as accelerate delivery of the C-19 module asap.

Augmentation: NR is looking at options to augment key watchstanders. MTF.

(b)(1)

We will estb a BR here to ensure we're all synched, including IPC. (b)(6) will work an active PA plan - again, icw CPF and IPC. Importantly, a plan to keep families informed early is paramount; we'll assist as needed with that effort - and importantly, timing with any PA releases.

A/SN sked for a Pentagon presser with CMC this a.m.; I asked him to consider allowing CMC to go alone for today's USMC update until we get a plan together for TR.

Lastly, CJCS and SecDef briefed last night.

Talk later this a.m.

Be well. VR Mike

**SECRET**

J-S-3-10

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**SECRET**

From: Aquilino, John C ADM USN COMPACFLT PEARL HI (USA) (b)(6) @navy.smil.mil>  
 Sent: Thursday, March 26, 2020 4:13 AM  
 To: Gilday, Michael M ADM USN CNO (USA) (b)(6) @navy.smil.mil>; Davidson, Philip S ADM USN INDOPACOM J00 (USA) (b)(6) @pacom.smil.mil>  
 Cc: Burke, Robert P ADM USN VCNO (USA) <(b)(6) @navy.smil.mil>; Minihan, Michael A Lt Gen USAF (USA) <(b)(6) @pacom.smil.mil>; Sawyer, Phillip G VADM USN (USA) <(b)(6) @navy.smil.mil>; (b)(6) @fe.navy.smil.mil; Merz, William R. VADM USN, C7F (b)(6) @lcc19.navy.smil.mil>; Whitesell, Kenneth R RADM USN COMPACFLT N01 (USA) (b)(6) @navy.smil.mil>; Vareslum, Suzanne P MG USARMY NG HIARNG (USA) (b)(6) @pacom.smil.mil>; Hein, Robert N Jr SES (USA) (b)(6) @navy.smil.mil>; Koehler, Stephen T RADM USN PACOM PCJ3 (USA) (b)(6) @pacom.smil.mil>; (b)(6) CAPT USN PACOM (USA) <(b)(6) @pacom.smil.mil>; (b)(6) CAPT USN CNO (USA) (b)(6) @navy.smil.mil>; (b)(6) CAPT USN COMPACFLT N01H (USA) (b)(6) @navy.smil.mil>; (b)(6) CAPT USN COMPACFLT (USA) (b)(6) @navy.smil.mil>; (b)(6) CAPT USN PACOM PCJ0 (USA) <(b)(6) @pacom.smil.mil>; (b)(6) @fe.navy.smil.mil' <(b)(6) @fe.navy.smil.mil>; (b)(6) CAPT USN COMPACFLT PEARL HI (USA) (b)(6) @navy.smil.mil>; (b)(6) CAPT USN COMPACFLT N3 (USA) (b)(6) @navy.smil.mil>  
 Subject: (U//~~FOUO~~) FOR INFORMATION: TR Recovery and Disposition Plan

Classification: ~~UNCLASSIFIED//FOUO~~

CNO and ADM Davidson,

For Information only

BLUF: Per our discussion today, I am sending you the most up to date information on TR. I intend to send you an update daily at the end of the day (~1800 Hawaii time) so you will have it when you arrive at work Washington DC time. I have attached (1) TR status and recovery plan, (2) Testing triage/disposition flow, (3) draft PAG/RTQ, and (4) C7F's status of C7F forces for the next 60 days. C3F is developing a product that mirrors C7F's laydown as we look forward to keeping clean bubbles for both Fleets.

Key points:

\* 25 total positive cases as of 2200 Hawaii time (4x MEDEVAC to Guam MTF)

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J-S-3-10

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**SECRET**

\* ICU space on TR (b)(1)

\* 200+ in ROM

\* Guam is prepared to support

\* C7F is conducting forensics to determine the source so that we might determine the scope of the problem and therefore plan and calculate our follow on response appropriately.

\*(b)(1)

\*(b)(1)

V/R Lung

ADM Chris "Lung" Aquilino

Commander, US Pacific Fleet

Classification: ~~UNCLASSIFIED//FOUO~~

Classification: ~~SECRET~~

Classification: ~~UNCLASSIFIED//FOUO~~

~~CLASSIFIED BY: OPNAV~~

~~DERIVED FROM: Multiple Sources~~

~~DECLASSIFY ON: 20200326~~

**SECRET**

J-S-3-10

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DECLASSIFIED

**SECRET**

Classification: ~~SECRET~~

**SECRET**

J-S-3-10

DECLASSIFIED

**No Classification in Message Body****(b)(6)**

**From:** (b)(6) CAPT USN, C7F  
**Sent:** Sunday, March 29, 2020 6:30 PM  
**To:** Merz, William R. VADM USN, C7F  
**Cc:** (b)(6) LCDR USN, C7F  
**Subject:** Numbers  
**Signed By:** (b)(6) @fe.navy.smil.mil

Sir  
Initial numbers we have been working to:

Sampling:

\* 4389 crew remain to be sampled

\* Sample rate S/F = 120/day max, and will decline (expect TR medical team to become sick)

37 days to sample the crew

\* Sample rate with USMC augments - objective is 250 per day 250/day

18 days to sample the crew

\* Daily flights = 19 days to get all results

\* (b)(1)

Quarantine:

\* 1000 ship MEP go to Guam - this capacity will fill and complete quarantine before the (b)(1)

\* Current numbers remaining to go to quarantine with Guam filled = 3489

\* (b)(1) = 50 days to get to quarantine

(b)(1)

\* More flights - cut time

\* Can get to about 32 days with (b)(1)

BL: Can get to one month target, minus friction of isolations vs quarantine as they develop

VR

**No Classification in Message Body**

J-S-3-11

DECLASSIFIED

**No Classification in Message Body**

CoS

CAPT (b)(6)  
Chief of Staff  
SEVENTH Fleet  
Embarked on (b)(6)  
Inport DSN (b)(6)  
VOSIP: (b)(6)  
Inport Commercial: (b)(6)  
At Sea DSN Direct: (b)(6)  
At Sea (Commercial) Direct: (b)(6)  
At Sea (b)(6) Exchange DSN: (b)(6)  
At Sea (b)(6) Exchange (Commercial) (b)(6)  
Tandberg EX-90: (b)(6)  
Mobile (Overseas): (b)(6)  
Mobile in Japan: (b)(6)  
(b)(6) @lcc19.navy.mil

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OneNet: (b)(6) @fe.navy.mil  
OneNet: (b)(6) @fe.navy.smil.mil  
DSN (b)(6)  
Tandberg: (b)(6)  
(b)(6) @fe.navy.smil.mil  
(b)(6) @fe.navy.mil

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CENTRIXS K: (b)(6) @pacom.kor.cmil.mil  
CENTRIXS J: (b)(6) @mail.jpn.cmil.mil  
CENTRIXS FVEY: (b)(6) @rel.pacoms.smil.mil  
CENTRIX CMFP: (b)(6) @af.usa.getf-cmfp.cmil.mil

~~SECRET//NOFORN~~

(b)(6)

**From:** Aquilino, John C ADM USN COMPACFLT PEARL HI (USA) (b)(6) @navy.smil.mil>  
**Sent:** Sunday, March 29, 2020 12:41 AM  
**To:** Merz, William R. VADM USN, C7F  
**Cc:** (b)(6) CAPT USN COMPACFLT PEARL HI (USA); (b)(6) CAPT USN, C7F; Whitesell, Kenneth R RADM USN COMPACFLT N01 (USA); (b)(6) CAPT USN COMPACFLT N01H (USA)  
**Subject:** RE: (S) C7F COVID-19 Update 29 Mar CORRECT COPY!!!  
**Signed By:** (b)(6) @navy.smil.mil

Classification: ~~SECRET//NOFORN~~

Copy all,

No personnel should be lifted from Guam until I see and approve any such plan.

(b)(1)

My Doc will work the swab push to you.

Standing by for any additional requests.

V/R Lung

ADM Chris "LUNG" Aquilino  
Commander, US Pacific Fleet

-----Original Message-----

From: Merz, William R. VADM USN, C7F (b)(6) @lcc19.navy.smil.mil>  
Sent: Saturday, March 28, 2020 5:31 PM  
To: Aquilino, John C ADM USN COMPACFLT PEARL HI (USA) (b)(6) @navy.smil.mil>  
Cc: (b)(6) CAPT USN COMPACFLT PEARL HI (USA) (b)(6) @navy.smil.mil>; (b)(6) CAPT USN, C7F (b)(6) @lcc19.navy.smil.mil>; Whitesell, Kenneth R RADM USN COMPACFLT N01 (USA) (b)(6) @navy.smil.mil>; Merz, William R. VADM USN, C7F (b)(6) @lcc19.navy.smil.mil>  
Subject: (S) C7F COVID-19 Update 29 Mar CORRECT COPY!!!

~~SECRET~~

COM

BLUF: COVID-19 Daily Update : 29 Mar below.

-(b)(1) Working through set-up to receive.

~~SECRET//NOFORN~~

J-S-3-13

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**SECRET//NOFORN**

Number of Positive Cases (b)(1)

THR: 46 (+8)

(b)(1)

Updates on Existing Cases:

NSTR

(b)(1) Number of Cases:

THR: 46 (+8)

(b)(1)

Operational Impacts:

- (b)(1)

(b)(1)

Commander's Comments: See Below

VR,

Bill

(b)(1)

(1) THEODORE ROOSEVELT (b)(1) Placemat attached

Numbers

- Total individual positives: 46
- % crew tested: 11% (+2%)
- % crew cleared: 0% (require quarantine/isolation to complete)
- % TR minimum manning cleared: 0%
- % Air Wing cleared: 0%
- Tests kits expended: 194
- Tests kits remaining: 1001

Assessment:

- (b)(1)

, batch surveillance and quarantine movement continues.

- (b)(1)

- Tracking similar deliveries of PPE - gloves, masks, eyewear over next few days.

- Viral media - dry ice, cold boxes, in parallel. (b)(1)

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J-S-3-13

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**SECRET//NOFORN**

-(b)(1)

- All parts tracking for testing production start within 1-2 days.

(b)(1)

(b)(1)

(b)(1)

-----  
CDR's Assessment/CDR's Concerns

-(b)(1)

VR,

**SECRET//NOFORN**

J-S-3-13

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DECLASSIFIED

**SECRET//NOFORN**

Bill

~~CLASSIFIED BY: CPF~~

~~DERIVED FROM: Multiple Sources~~

~~DECLASSIFY ON: 20700328~~

Classification: ~~SECRET//NOFORN~~

**SECRET//NOFORN**

J-S-3-13

DECLASSIFIED

**No Classification in Message Body****(b)(6)**

**From:** (b)(6)@fe.navy.smil.mil  
**Sent:** Sunday, March 29, 2020 8:23 AM  
**To:** (b)(6) CAPT USN, C7F  
**Subject:** RE: Quarantine - Social Distancing - getting to 4000  
**Signed By:** (b)(6)@fe.navy.smil.mil

**(b)(6)**,

Roger all...unless they get some social distancing the curve will not flatten which means a lot in isolation. The only other path is to better isolate and/or test.

I will work to better isolate - more focus on small groups in rooms than large quarantine areas. I discussed this with (b)(6) tonight and I am going to shift Apra Palms Houses from ISOLATION to QUARANTINE for his mission critical people. There is some risk in this but probably worth it at this point.

I am also going to push hard to open up more barracks room. I get 128 on Tuesday which I may be able to make 200 or so. And I am looking at trying to move some more people to open up another 32 bed barracks building. But this is chump change for them.

**(b)(6)**

-----Original Message-----

From: (b)(6) CAPT USN, C7F  
[mailto:(b)(6)@lcc19.navy.smil.mil]  
Sent: Sunday, March 29, 2020 6:55 PM  
To: (b)(6) CAPT USN NBG <(b)(6)@fe.navy.smil.mil>  
Subject: FW: Quarantine - Social Distancing - getting to 4000

TR turned it down, we'll continue to push PACFLT for egress from island.  
Thanks for thinking.

VR

**(b)(6)**

CAPT (b)(6)  
Chief of Staff  
SEVENTH Fleet  
Embarked on (b)(1)  
Inport DSN (b)(6)  
VOSIP: (b)(6)  
Inport Commercial: (b)(6)  
At Sea DSN Direct: (b)(6)  
At Sea (Commercial) Direct: (b)(6)

**No Classification in Message Body**

**No Classification in Message Body**

At Sea (b)(1) DSN: (b)(6)  
 At Sea (b)(1) (b)(6)  
 Tandberg EX-90: (b)(6)  
 Mobile (Overseas): (b)(6)  
 Mobile in Japan: (b)(6)  
 (b)(6) @lcc19.navy.mil

-----  
 Hot Site (CFAY Building C-5)

OneNet: (b)(6) @fe.navy.mil  
 OneNet: (b)(6) @fe.navy.smil.mil  
 DSN (b)(6)  
 Tandberg: (b)(6)  
 (b)(6) @fe.navy.smil.mil  
 (b)(6) @fe.navy.mil

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 CENTRIXS K: (b)(6) @pacom.kor.cmil.mil  
 CENTRIXS J: (b)(6) @mail.jpn.cmil.mil  
 CENTRIXS FVEY: (b)(6) @rel.pacoms.smil.mil  
 CENTRIX CMFP: (b)(6) @af.usa.getf-cmfp.cmil.mil

-----Original Message-----

From: (b)(6) CAPT USN, C7F  
 Sent: Sunday, March 29, 2020 6:44 AM  
 To: (b)(6) @fe.navy.smil.mil' <(b)(6) @fe.navy.smil.mil>  
 Subject: RE: Quarantine - Social Distancing - getting to 4000

(b)(6)

Follow up. We are not in control of quarantine overflow decisions.

CPF is most worried about 'optics' on quarantine - to include off island - we are concerned about getting people into quarantine but are not getting anywhere.

My boss is inclined to have you run with this but there is a big chance of wasted effort if we are not allowed to do it.

Also anything that does not separate the crew is not really an advance forward.

VR

(b)(6)

CAPT (b)(6)  
 Chief of Staff  
 SEVENTH Fleet  
 Embarked on (b)(1)  
 Inport DSN (b)(6)  
 VOSIP: (b)(6)  
 Inport Commercial: (b)(6)

**No Classification in Message Body**

J-S-3-14



**No Classification in Message Body**

At Sea DSN Direct: (b)(6)  
 At Sea (Commercial) Direct: (b)(6)  
 At Sea (b)(1) DSN: (b)(6)  
 At Sea (b)(1) (Commercial) (b)(6)  
 Tandberg EX-90: (b)(6)  
 Mobile (Overseas): (b)(6)  
 Mobile in Japan: (b)(6)  
 (b)(6) @lcc19.navy.mil

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 Hot Site (CFAY Building C-5)

OneNet: (b)(6) @fe.navy.mil  
 OneNet: (b)(6) @fe.navy.smil.mil  
 DSN: (b)(6)  
 Tandberg: (b)(6)  
 (b)(6) @fe.navy.smil.mil  
 (b)(6) @fe.navy.mil

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 CENTRIXS K: (b)(6) @pacom.kor.cmil.mil  
 CENTRIXS J: (b)(6) @mail.jpn.cmil.mil  
 CENTRIXS FVEY: (b)(6) @rel.pacoms.smil.mil  
 CENTRIX CMFP: (b)(6) @af.usa.getf-cmfp.cmil.mil

-----Original Message-----

From: (b)(6) CAPT USN, C7F  
 Sent: Sunday, March 29, 2020 4:05 AM  
 To: (b)(6) @fe.navy.smil.mil' (b)(6) @fe.navy.smil.mil>  
 Subject: RE: Quarantine - Social Distancing - getting to 4000

Roger and thanks

Let me get back to you today - like the idea and appreciate the lean forward.

I will have to run this up on the optics side.

VR

(b)(6)

CAPT (b)(6)  
 Chief of Staff  
 SEVENTH Fleet  
 Embarked on (b)(1)  
 Inport DSN (b)(6)  
 VOSIP: (b)(6)  
 Inport Commercial: (b)(6)  
 At Sea DSN Direct: (b)(6)  
 At Sea (Commercial) Direct: (b)(6)  
 At Sea (b)(1) DSN: (b)(6)  
 At Sea (b)(1) (Commercial) (b)(6)

**No Classification in Message Body**

**No Classification in Message Body**

Tandberg EX-90: (b)(6)  
 Mobile (Overseas): (b)(6)  
 Mobile in Japan: (b)(6)  
 (b)(6) @lcc19.navy.mil

-----  
 Hot Site (CFAY Building C-5)

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 OneNet: (b)(6) @fe.navy.smil.mil  
 DSN (b)(6)  
 Tandberg: (b)(6)  
 (b)(6) @fe.navy.smil.mil  
 (b)(6) @fe.navy.mil

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 CENTRIXS K: (b)(6) @pacom.kor.cmil.mil  
 CENTRIXS J: (b)(6) @mail.jpncmil.mil  
 CENTRIXS FVEY: (b)(6) @rel.pacoms.smil.mil  
 CENTRIX CMFP: (b)(6) @af.usa.getf-cmfp.cmil.mil

-----Original Message-----

From: (b)(6) @fe.navy.smil.mil  
 [mailto:(b)(6) @fe.navy.smil.mil]  
 Sent: Sunday, March 29, 2020 3:49 AM  
 To: (b)(6) CAPT USN, C7F (b)(6) @lcc19.navy.smil.mil  
 Subject: Quarantine - Social Distancing - getting to 4000

(b)(6),

A quick offline with you....

4000 pax quarantine is definitely a challenge and trying to take it off island will be an astronomical muscle movement.

I think we need to look at some other more reasonable but less "Sexy" lodging plans to provide more social distancing, better segregation to weed out the positives and allow the ship to start sanitizing cleared spaces for the return. For instance:

1. (b)(1) is large, it already has large QOL canopies that are or can be enclosed for weather protection - build a tent city on the wharf, have the sailors bring their mattresses out (which will help kill the virus and allow berthing to be sanitized), provide some large fans and let them camp out.
2. There are (b)(1) at the top of the hill near (b)(1). I am not how many of them are empty but they are covered with a lot of square footage for laydown. Fans, portable air conditioners and other solutions may be available for some comfort. The hard part here is showers but I bet we could rig something up for male population. Porta-Pottys for heads.
3. I can have (b)(1) start building their tent cities --- about 400 pax - in the area by the (b)(1) also.

NOTE: Weather conditions here are mild comparatively so an outside sleeping is not as bad as normal.

**No Classification in Message Body**

J-S-3-14

**No Classification in Message Body**

4. (b)(1) is inport conducting maintenance and they are not a "CLEAN SHIP". Although I do not know how many people they can take I assume they can handle a good amount if we consider some in the cargo hold areas.
5. (b)(1) is also at anchor just across from (b)(1). Although she is "CLEAN" there is opportunity there also.
6. And I could probably come up with a few more like camping tent city at (b)(1) .....

Bottom line: I do not know if we can get to 4000 but we can decrease the required number if we have to transfer especially if we get the 1000 tests/day running to help in our quarantine/isolation strategy.

On another note: (b)(1)

[REDACTED]

CAPT (b)(6)  
CO, NBG

(W) (b)(6)  
(C) (b)(6)  
(NIPR) (b)(6) @fe.navy.mil  
(SIPR) (b)(6) @fe.navy.smil.mil

**SECRET//NOFORN****(b)(6)**

**From:** Aquilino, John C ADM USN COMPACFLT PEARL HI (USA) **(b)(6)** @navy.smil.mil>  
**Sent:** Sunday, March 29, 2020 4:50 PM  
**To:** Merz, William R. VADM USN, C7F  
**Cc:** **(b)(6)** CAPT USN COMPACFLT PEARL HI (USA); Whitesell, Kenneth R  
RADM USN COMPACFLT N01 (USA); **(b)(6)** @ccsg9.navy.smil.mil  
**Subject:** RE: (S)-Evening Ops Update and COVID 29 Mar  
**Attachments:** TR Plan - N00 rev 2.docx  
**Signed By:** **(b)(6)** @navy.smil.mil

Classification: **SECRET//NOFORN**

Billy,

\* I see an issue with you getting correct information and pushing to me

**(b)(1)** This needs to be fixed today.\* **(b)(1)**\* **(b)(1)**

\* Do NOT have the time to miss opportunities anymore. Swab deliveries on 2 Apr is too late - what do you need to accelerate?

\* Standing by for your detailed plan based on expected testing capacity. The attached is NOT a plan. I understand the situation is dynamic. Your TR plan must lay out how you intend to test the entire crew, isolate, how you will segregate, who goes off the boat, who you propose fly away, how you isolate on the ship, how you cycle between the ship and shore, where we can generate additional capacity to isolate on Guam, how long this entire process will take, plan if someone pops positive after we are done, specific testing priorities (reactor, navigation, COD,.....), numbers off the ship, numbers on the ship, .....

I'm going to need some specifics here vice sweeping generalities. If I can understand it, I can keep the heat off you and help. If I don't (and I don't right now), it's NOT a plan.

How do we know if we are on or off plan?

\* **(b)(1)****SECRET//NOFORN**

J-S-3-15

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**SECRET//NOFORN**

V/R Lung

ADM Chris "LUNG" Aquillino  
Commander, US Pacific Fleet

-----Original Message-----

From: Merz, William R. VADM USN, C7F &lt;(b)(6)@lcc19.navy.smil.mil&gt;

Sent: Sunday, March 29, 2020 3:30 AM

To: Aquilino, John C ADM USN COMPACFLT PEARL HI (USA)

&lt;(b)(6)@navy.smil.mil&gt;

Cc: (b)(6) CAPT USN COMPACFLT PEARL HI (USA)

&lt;(b)(6)@navy.smil.mil&gt;; Whitesell, Kenneth R RADM USN COMPACFLT N01

(USA) &lt;(b)(6)@navy.smil.mil&gt;; Merz, William R. VADM USN, C7F

&lt;(b)(6)@lcc19.navy.smil.mil&gt;

Subject: Evening Ops Update and COVID 29 Mar

**SECRET**

COM,

BLUF: Ops Update and COVID for 29 Mar below

Change from today's CNO report:

THR: 53 (+7)

(b)(1)

Operations:

(b)(1)

COVID:

Previous plan attached, informed by CDR daily updates and calls. Providing full plan SEPCOR tomorrow - dynamic based on evolving actions/events but basics remain the same.

Two musts for success remain the same:

\* Segregate to quarantine (OFF PLAN) - success requires as fast of a quarantine as possible - LIMFAC is Guam capacity - need to move asymptomatics.

(b)(1)

**SECRET//NOFORN**

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\* Testing - (b)(1). USMC augments tomorrow. Testing allows fastest separation of positives from quarantine population. Will fly my C-40 until/if we get sample rate to 500 per day to enable the G-5.

(b)(1)  
Expect swab deliveries 2 Apr and 9 Apr from DLA.

Sent 300 swabs in by R/W from (b)(1) today to keep moving.

Buying PPE from [REDACTED] to augment orders.

\*(b)(1)

VR,  
Bill

VADM Bill Merz, U.S. 7th Fleet  
Primary (also forwards to secondary):

(b)(6) @lcc19.navy.mil  
(b)(6) @lcc19.navy.smil.mil

Secondary:

(b)(6) @fe.navy.mil  
(b)(6) @fe.navy.smil.mil

"Play Hard"

~~CLASSIFIED BY: CPF~~  
~~DERIVED FROM: Multiple Sources~~  
~~DECLASSIFY ON: 20700329~~

Classification: ~~SECRET//NOFORN~~

**SECRET//NOFORN**

J-S-3-15

DECLASSIFIED

**No Classification in Message Body**Declassified by: William Holz  
Security Director, U.S. Pacific Fleet  
Declassified on: 21 Aug 2020**(b)(6)**

**From:** **(b)(6)** CDR USN, USS Theodore Roosevelt  
<**(b)(6)**@cvn71.navy.smil.mil>  
**Sent:** Thursday, May 14, 2020 7:49 PM  
**To:** **(b)(6)** LCDR USN DCNO N2N6 (USA)  
**Subject:** FW: CVN 71 COVID-19 Roll Up and Way Ahead

**(b)(6)**

Forwarding this as well.

Very respectfully,  
RO

---

**From:** **(b)(6)** CDR USN, USS Theodore Roosevelt  
**Sent:** Tuesday, May 12, 2020 8:47 AM  
**To:** **(b)(6)**@navy.smil.mil  
**Subject:** FW: CVN 71 COVID-19 Roll Up and Way Ahead

**(b)(6)**

This is the email I sent the TYCOM N9 and to NR's "Line Locker" rep. Normally I do not communicate directly with NR personnel, but it was specifically requested that I send this email to him as well as TYCOM N9.

Very respectfully,  
RO

CAPT **(b)(6)**  
Reactor Officer  
USS THEODORE ROOSEVELT (CVN 71)  
NIPR: **(b)(6)**@cvn71.navy.mil  
POTS: **(b)(6)**

---

**From:** **(b)(6)** CDR USN, USS Theodore Roosevelt  
**Sent:** Thursday, March 26, 2020 9:40 AM  
**To:** **(b)(6)** CAPT USN COMNAVAIRPAC SAN CA (USA); **(b)(6)** CAPT USN NNPP (USA)  
**Subject:** CVN 71 COVID-19 Roll Up and Way Ahead

Sir,

BLUF: There have been a total of 25 confirmed or presumed positive cases of COVID-19 onboard THEODORE ROOSEVELT. Of these 25, **(b)(1)**

**(b)(1)** As of this evening (26 Mar, 1900 local), 23 of the total 25 cases have been MEDEVACed off to Guam to begin off-ship care in isolation. The ship is working to limit the spread of the infection while continuing to operate the plant safely.

Background:

A **(b)(6)** in Reactor Dept reported to medical on 24 Mar with influenza-like symptoms. He tested positive for COVID-19 (along with 2 other Sailors from CVW-11). Following the ship's protocol at the time, all Sailors in his berthing and work center were considered "close contacts." These 195 people were all batch tested. Of the batch tests (5 samples in 1 test), 4 batches indicated positive. As of 1900 local, I do not have the names/numbers of individual

**No Classification in Message Body**

J-S-4-01

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**No Classification in Message Body**

positives, but that will be anywhere from 4 to 20 (this will be in addition to the 25 confirmed cases mentioned above). I will send a follow-up later this evening if I receive those results.

On 25 Mar, (b)(6) reported to medical also with influenza-like symptoms. The close contacts for (b)(6) were determined to be only those he lived near in berthing as he was due to transfer last week and turned in his TLD before his plans were changed. None of these close contacts were in Reactor Dept.

Of note, only 1 officer onboard has tested positive, a (b)(6) from ship's company. Additional demographic data can be provided on request.

Way Ahead (as of 1900, 26 Mar):

- Once pierside in Guam, (b)(1) [REDACTED] and attempt to minimize the impact if more Sailors test positive.
- Over the weekend, we will move (b)(1) [REDACTED] off the ship into quarantine. (b)(1) [REDACTED]
- (b)(1) [REDACTED] Any positive or presumed positive case will be removed from the ship and placed in isolation ashore. \*\* Important to note: This option will be executed only if the logistics in Guam can support and the ship is actively engaged with the CO of the base and local husbanding services.
- (b)(1) [REDACTED]
- (b)(1) [REDACTED]

Current mitigations to limit the spread of the virus:

- The off-going supervisory watches (b)(1) [REDACTED] perform a verbal screening of the on-coming watches
- All Sailors and officers are verbally screened at quarters
- Training is suspended for the remainder of the week until we can bound the extent of the spread
- Only essential maintenance (b)(1) [REDACTED] is being performed in the plant to limit contact with personnel in the plant
- All commonly touched surfaces in the plant are disinfected prior to relieving the watch (and more frequently if desired by the watchstander)
- Cleaning of berthings and heads twice a day using the guidelines established by the Center for Disease Control and BUMED
- Grooming standards have been relaxed to support closure of the ship's barber shop

I realize this is a very long email, but hopefully it illustrates that we are managing given the constraints and unknowns. Please understand that the way ahead I discussed above has changed 3 times today in some form, but it is the most likely COA currently.

**No Classification in Message Body**

J-S-4-01

**No Classification in Message Body**

If there is additional data that you would like to receive, I can provide that (or at least attempt to provide it).

Very respectfully,

(b)(6)

PS.

Some commonly used definitions, in the event you're not familiar:

- Presumed Positive aka Person Under Investigation: Person who has physical symptoms of an influenza-like illness (ILI), such as fever >100F, cough, or sore throat
- Confirmed Case: Person who tests positive for COVID-19, regardless if they show ILI symptoms
- Close Contacts: People who have been within 6 feet of a confirmed case for a period of 10 minutes or more. These people have been placed under restriction of movement.
- Quarantine: The separation of an asymptomatic person who has been potentially exposed to the virus
- Restriction of Movement (ROM): Limiting movement of a person or group to diminish the transmission of the virus; not at limiting as quarantine

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(b)(6)

**From:** Crozier, Brett E CAPT USN, USS Theodore Roosevelt  
<(b)(6)@cvn71.navy.smil.mil>  
**Sent:** Monday, March 30, 2020 5:38 AM  
**To:** (b)(6) CAPT USN COMNAVAIRPAC SAN CA (USA)  
**Cc:** (b)(6) CDR USN, USS Theodore Roosevelt; (b)(6) CAPT USN, USS Theodore Roosevelt  
**Subject:** COVID-19 Pandemic - TR request for assistance

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

**Classification:** ~~CONFIDENTIAL~~

(b)(6),

Good morning. I wish I had better news to share with you this morning and I suspect you've seen the email that I sent to the Airboss earlier today.

BLUF: Life onboard the ship and the majority of facilities off ship do not allow for us to follow CDC protocols or NAVADMIN requirements for minimizing the spread of the virus. With only 20% of the crew ashore by COB today, we still have almost 4,000 Sailors onboard. We cannot comply with social distancing while effectively berthing and feeding our Sailors, and performing required watchstanding duties. This inability to comply with established quarantine standards is impacting our ability to stop the spread of the virus throughout the ship, and will eventually impact the Reactor Department more than it already is. The current situation will only get better once we can isolate the crew off ship in true isolation rooms with separate bathroom facilities.

As you already know, we have identified (b)(1) (174 personnel) and sent them ashore to begin quarantine, with an additional 60 personnel to be moved ashore today. Of the 174, 20 were sent to quarters where they can reasonably isolate themselves and 154 were sent to gyms that were set up as temporary living facilities. Last night, we were notified that the base has 90 available single-berthing rooms, and I have already directed the movement of off-ship Reactor Department Sailors into these rooms. About 30 will have to remain in the gym. (b)(1)

(b)(1)

This will be challenging to sustain as more Rx Sailors test positive for COVID-19 (2 have already tested positive today), but it is manageable in the near-term. Achieving a clean ship is the only way we can guarantee the safety of the crew long-term. The only true way to get the ship clean is to:

1. Move off the majority of the crew and air wing, keeping approximately 10% onboard for essential watches – this will limit the opportunity for close contact
2. Disinfect all spaces, leaving them secured after cleaning until the ship can be called virus-free

Unfortunately, Naval Base Guam does not currently have the space available for us to execute the plan above. The base has done a tremendous job with what they do have available, but temporary facilities set up in the gyms are only slightly better than shipboard life. Personnel are able to spread out more, but they are still breathing the same air in the open bays and sharing heads. Yesterday we had a Sailor test positive for COVID-19 in one of the gyms, and the entire group had to restart their 14-day clock. This will happen every time a Sailor in this group of 300+ tests positive for this disease. It also isn't realistic to test every Sailor prior to moving them to these facilities because a negative test cannot

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prove that a Sailor doesn't have the virus. We know this because 7 of the first 33 Sailors with COVID-19 tested negative on their initial test, then started to show symptoms 1-3 days later.

This logistical challenge is endangering the future operations of our ship. (b)(1)  
[REDACTED], especially as we continue to get at least 1 new positive case each day. We can start pulling personnel out of quarantine to replace watchstanders to keep the plant operating, but my fear is that we just keep moving the virus around. We are working at all levels to get the required accommodations, and appreciate all support to get 4000+ people off the ship in to proper quarantine quarters (i.e. single room, no shared head).

Of course, if called up to execute operational tasking, we could recall every one and fight the ship while fighting this disease - and I know we would be successful.

V/r,  
Chopper

CAPT Brett Crozier  
Commanding Officer  
USS THEODORE ROOSEVELT (CVN 71)

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~~DERIVED FROM: Multiple Sources~~  
~~DECLASSIFY ON: 20300330~~

**Classification:** ~~CONFIDENTIAL~~

~~CONFIDENTIAL~~

J-S-4-02

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~~SECRET//NOFORN~~

(b)(6)

**From:** (b)(6) CAPT USN VCNO (USA)  
**Sent:** Sunday, May 24, 2020 2:01 PM  
**To:** Spedero, Paul C Jr RDML USN USFFC (USA)  
**Cc:** Brown, Richard A VADM USN COMNAVSURFPAC SAN (USA); (b)(6)  
(b)(6) CDR USN VCNO (USA); (b)(6) CAPT USN NAVY JAG WASH DC (USA);  
(b)(6) CAPT USN VCNO (USA)  
**Subject:** FW: (U) Updated CSG-15 CTX Brief to C3F for 17 December  
**Attachments:** CSG-15 TR CSG CTX Debrief to CPF (Final) - 20 Dec 2019.pdf  
**Signed By:** (b)(6) @NAVY.SMIL.MIL

VR, (b)(6)

-----Original Message-----

From: Conn, Scott D VADM USN (USA) <(b)(6)@navy.smil.mil>  
Sent: Monday, April 13, 2020 2:51 PM  
To: Burke, Robert P ADM USN VCNO (USA) (b)(6)@navy.smil.mil>  
Cc: Aquilino, John C ADM USN COMPACFLT PEARL HI (USA)  
(b)(6)@navy.smil.mil>; Welch, David A RDML USN CCSG-15 (USA)  
(b)(6)@navy.smil.mil>  
Subject: FW: (U) Updated CSG-15 CTX Brief to C3F for 17 December

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Vice Chief, take a look at slides 11-12. Per our phone conversation, the topic is best characterized as how they scored on CCC (slide 11): slightly above average when compared to three previous CSGs. Comments on slide 12 germane:

Goods:

- Strong leadership team with a disciplined, effective battle rhythm and planning processes
- Shared understanding of Commanders' Intent, priorities, and risk acceptance
- Effective management of the Common Operational/Intelligence Picture (COP/CIP)

Others/Recommendations:

- Translate thorough planning efforts to superior watch floor execution
- Exercise ability to effectively establish and maintain emission and signature control during operations to build proficiency
- This strike group has established the foundation of a confident warfighting culture. Continue to build proficiency and challenge the strike group in key capabilities

In my conversations with Dave Welch, the team exhibited disciplined planning and execution processes. There was nothing that "furrowed his brow" in the area we discussed on the phone. Context for the one "other" that is listed

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above: "translate thorough planning efforts to superior watch floor execution," is not that uncommon. I say that from my time at CSG-4 and what Dave Welch reported to me in Dec.

Vr Satan

\*\*\*\*\*

VADM Scott D. Conn  
Commander, THIRD Fleet  
53690 Tomahawk Dr., Ste 338  
San Diego, CA 92147-5004

(b)(6) Work  
(b)(6) Iphone

\*\*\*\*\*

-----Original Message-----

From: (b)(6) LCDR USN COMTHIRDFLT (USA)  
(b)(6) @navy.smil.mil>  
Sent: Monday, April 13, 2020 11:31 AM  
To: Conn, Scott D VADM USN (USA) (b)(6) @navy.smil.mil>  
Subject: FW: (U) Updated CSG-15 CTX Brief to C3F for 17 December

Classification: ~~SECRET~~

Admiral,

Pre-deployment readiness and Post-C2X Assessment briefs.

V/R

(b)(6)

LCDR (b)(6)  
Deputy EA to VADM Conn  
Commander, U.S. THIRD Fleet  
Office: (b)(6)  
Cell: (b)(6)  
VoSIP: (b)(6)  
(b)(6) @navy.mil  
(b)(6) @navy.smil.mil

-----Original Message-----

From: (b)(6) CDR USN COMTHIRDFLT (USA) (b)(6) @navy.smil.mil>  
Sent: Monday, April 13, 2020 11:29 AM  
To: (b)(6) LCDR USN COMTHIRDFLT (USA)  
(b)(6) @navy.smil.mil>  
Subject: FW: Updated CSG-15 CTX Brief to C3F for 17 December

(b)(6),

As requested. Please let me know if you need something else.

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V/r,  
(b)(6)

CDR (b)(6)  
N5/7 Deputy ACOS, U.S. THIRD FLEET  
NIPR: (b)(6)@navy.mil  
W: (b)(6)  
C: (b)(6)

-----Original Message-----

From: (b)(6) CAPT USN COMTHIRDFLT (USA)  
(b)(6)@navy.smil.mil>  
Sent: Monday, December 16, 2019 4:22 PM  
To: (b)(6) CDR USN COMTHIRDFLT (USA) (b)(6)@navy.smil.mil>;  
(b)(6) CTR USN COMTHIRDFLT (USA) <(b)(6)@navy.smil.mil>  
Subject: FW: Updated CSG-15 CTX Brief to C3F for 17 December

---

From: (b)(6) CAPT USN CCSG-15 (USA)  
Sent: Monday, December 16, 2019 4:21:48 PM (UTC-08:00) Pacific Time (US & Canada)  
To: (b)(6) CAPT USN COMTHIRDFLT (USA); (b)(6) CDR USN COMTHIRDFLT (USA); (b)(6) LCDR USN COMTHIRDFLT (USA); (b)(6) CAPT USN COMTHIRDFLT (USA)  
Cc: Welch, David A RDML USN CCSG-15 (USA); (b)(6) CAPT USN COMCARSTRKGRUFIFTEEN (USA); (b)(6) CAPT USN CCSG-15 (USA); (b)(6) CDR USN (USA); (b)(6) CDR USN (USA); (b)(6) CDR USN COMCARSTRKGRUFIFTEEN (USA); (b)(6) CAPT USN COMCARSTRKGRUFIFTEEN (USA); (b)(6) CAPT USN CCSG-15 (USA); (b)(6) CDR USN (USA); (b)(6)@ttgp.navy.smil.mil; (b)(6)@ttgp.navy.smil.mil; (b)(6) CDR USN CCSG-15 (USA); (b)(6) CAPT USN COMCARSTRKGRUFIFTEEN (USA); (b)(6) LCDR USN COMCARSTRKGRUFIFTEEN (USA); (b)(6) LCDR USN COMCARSTRKGRUFIFTEEN (USA); (b)(6) CDR USN COMNAVAIRSYSCOM PAX (USA); Baker, Stuart P RDML USN CCSG 9 (USA); Baker, Stuart P RDML USN DCNO N3N5 (USA); (b)(6) CAPT USN, CCSG9; (b)(6) LT CCSG 9, n001; (b)(6) LT CCSG 9, n001; (b)(6) CAPT USN COMDESRON 23 (USA); (b)(6) CAPT USN, USS Theodore Roosevelt; (b)(6) LCDR USN COMSIXTHFLT (USA); (b)(6) LCDR USN, USS Theodore Roosevelt; (b)(6) CTR USN COMTHIRDFLT (USA); (b)(6)@ccsg9.navy.smil.mil; (b)(6) CDR USN COMTHIRDFLT (USA)  
Subject: Updated CSG-15 CTX Brief to C3F for 17 December

COS (b)(6),

Attached is the updated CSG-15 Brief to C3F for 17 December. Updates include replacement of slide 11 (final assessment results) with updated

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final grade numbers and  
changes on some of the dates across a few slides to reflect return to port  
on 16 December.

V/r,

(b)(6)

CAPT (b)(6)  
CSG 15 Training Officer  
NIPR: (b)(6)@navy.mil  
SIPR: (b)(6)@navy.smil.mil  
Work: (b)(6)  
Cell: (b)(6)

Classification: ~~SECRET~~

~~CLASSIFIED BY: Conn~~  
~~DERIVED FROM: Multiple Sources~~  
~~DECLASSIFY ON: 20450413~~

Classification: ~~SECRET//NOFORN~~

**SECRET//NOFORN**

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(b)(6)

**From:** (b)(6) CAPT USN COMPACFLT N5 (USA) (b)(6) @navy.smil.mil>  
**Sent:** Tuesday, January 7, 2020 10:19 PM  
**To:** (b)(6) CIV USN COMPACFLT (USA)  
**Cc:** (b)(6) CAPT USN COMPACFLT N5 (USA); (b)(6) CDR USN, C7F;  
(b)(6) CDR USN, C7F; (b)(6) LCDR USN, C7F; (b)(6) LCDR USN COMPACFLT N3 (USA); (b)(6) CAPT USN COMPACFLT N30 (USA);  
(b)(6) LT USN (USA); (b)(6) CIV USN COMPACFLT PEARL HI (USA)  
**Subject:** RE: (~~C//REL TO USA, VIETNAM~~) BLUF: COMCARSTRKGRU NINE TO CPF - CONSOLIDATED DA NANG, VIETNAM DIPCLR REQUEST MODIFICATION FOR THEODORE ROOSEVELT, BUNKER HILL, & PINCKNEY  
**Signed By:** (b)(6) @navy.smil.mil

Classification: ~~CONFIDENTIAL//REL TO USA~~

(b)(6),

We are aligned: based on COM's new travel schedule, N5 concurs with shifting the VNM PVST to 5-9 MAR. Synch'd with C7F N5 TSC this PM.

V/r,

(b)(6)

CAPT (b)(6), USN  
Head, International Plans & Policy (N51)  
Commander, U.S. Pacific Fleet  
W/STE: (b)(6)  
C: (b)(6)  
NIPR: (b)(6) @navy.mil

-----Original Message-----

From: (b)(6) CIV USN COMPACFLT (USA) (b)(6) @navy.smil.mil>  
Sent: Tuesday, January 7, 2020 1:51 PM  
To: (b)(6) CAPT USN COMPACFLT N5 (USA)  
(b)(6) @navy.smil.mil>; (b)(6) LCDR USN (USA)  
<(b)(6) @navy.smil.mil>  
Cc: (b)(6) CAPT USN COMPACFLT N5 (USA)  
(b)(6) @navy.smil.mil>; (b)(6) CDR USN, C7F  
<(b)(6) @lcc19.navy.smil.mil>; (b)(6) CDR USN, C7F  
(b)(6) @lcc19.navy.smil.mil>; (b)(6) LCDR USN, C7F  
(b)(6) @lcc19.navy.smil.mil>; (b)(6) LCDR USN COMPACFLT N3 (USA) (b)(6) @navy.smil.mil>; (b)(6) CAPT USN COMPACFLT N30 (USA) (b)(6) @navy.smil.mil>  
Subject: RE: (~~C//REL TO USA, VIETNAM~~) BLUF: COMCARSTRKGRU NINE TO CPF - CONSOLIDATED DA NANG, VIETNAM DIPCLR REQUEST MODIFICATION FOR THEODORE ROOSEVELT, BUNKER HILL, & PINCKNEY

~~CONFIDENTIAL//REL TO USA~~

J-S-F-03 attachment

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~~CONFIDENTIAL//REL TO USA~~Classification: ~~CONFIDENTIAL//REL TO USA~~CAPT (b)(6),  
(b)(6),

Request your assist on alignment for VNM pvst.

Believe Mr. [REDACTED] put out this morning that a carrier pvst was good for 5-9 Mar.

CCSG 9 shot a TRSG VNM pvst dip clr to PACFLT (should have gone to CTF70/C7F). C7F is in the hold pattern looking for alignment.

Many thx.

v/r  
(b)(6)

-----Original Message-----

From: (b)(6) LCDR USN, C7F  
 (b)(6) @lcc19.navy.smil.mil>  
 Sent: Tuesday, January 7, 2020 1:38 PM  
 To: (b)(6) LCDR USN COMPACFLT N3 (USA)  
 (b)(6) @navy.smil.mil>  
 Cc: (b)(6) CIV USN COMPACFLT (USA) (b)(6) @navy.smil.mil>;  
 (b)(6) CDR USN, C7F (b)(6) @lcc19.navy.smil.mil>;  
 (b)(6) CDR USN, C7F (b)(6) @lcc19.navy.smil.mil>  
 Subject: RE: ~~(C//REL TO USA, VIETNAM)~~ BLUF: COMCARSTRKGRU NINE TO CPF -  
 CONSOLIDATED DA NANG, VIETNAM DIPCLR REQUEST MODIFICATION FOR THEODORE  
 ROOSEVELT, BUNKER HILL, & PINCKNEY

(b)(6) - in receipt. Didn't realize it was sent direct to you.

CPF N5 disagrees with the requested date change from Gov't of VNM... so we don't have a clear path yet.

C7F N7, CPF N5, and USDAO are currently working for a consensus.

V/r,

(b)(6), LCDR  
C7F FOPS - Surface(b)(6)  
(b)(6)  
NM = nautical miles  
nm = nanometers

-----Original Message-----

From: (b)(6) LCDR USN COMPACFLT N3 (USA)  
 [mailto:(b)(6) @navy.smil.mil]

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J-S-F-03 attachment

~~CONFIDENTIAL//REL TO USA~~

Sent: Tuesday, January 07, 2020 11:28 PM

To: (b)(6) CDR USN, C7F (b)(6) @lcc19.navy.smil.mil>  
 (b)(6) @fe.navy.smil.mil' (b)(6) @fe.navy.smil.mil>  
 (b)(6) LCDR USN, C7F (b)(6) @lcc19.navy.smil.mil>  
 Cc: (b)(6) CIV USN COMPACFLT (USA) (b)(6) @navy.smil.mil>  
 Subject: FW: ~~(C//REL TO USA, VIETNAM)~~ BLUF: COMCARSTRKGRU NINE TO CPF -  
 CONSOLIDATED DA NANG, VIETNAM DIPCLR REQUEST MODIFICATION FOR THEODORE  
 ROOSEVELT, BUNKER HILL, & PINCKNEY

Classification: ~~CONFIDENTIAL//REL TO USA~~

C7F FOPS,

\*\*\*\*HOT! REQUEST ACTION\*\*\*\*

BLUF: Request C7F endorsement via message traffic of CCSG-9 DIPCLR request  
 to VNM.

SITUATION:

1. CPF in receipt of below MOD ONE to attached REF\_A, DIPCLR request from  
 CCSG-9 for a PVST to VNM.
2. Initial request and MOD were not sent through C7F for endorsement.

V/r,

LCDR (b)(6)  
 PACFLT N311EX  
 COMM: (b)(6)  
 EMAIL: (b)(6) @navy(.smil).mil

-----Original Message-----

~~CONFIDENTIAL//REL TO USA, VIETNAM. //MR~~

PRIORITY

P R 072247Z JAN 20

FM COMCARSTRKGRU NINE

TO COMPACFLT PEARL HARBOR HI

INFO SECDEF WASHINGTON DC

~~CONFIDENTIAL//REL TO USA~~

J-S-F-03 attachment  
 DECLASSIFIED

~~CONFIDENTIAL//REL TO USA~~

JOINT STAFF WASHINGTON DC  
 CJCS WASHINGTON DC  
 CNO WASHINGTON DC  
 CDR USPACOM HONOLULU HI  
 COMSEVENTHFLT  
 CHINFO WASHINGTON DC  
 AMEMBASSY HANOI  
 COMLOG WESTPAC  
 NAVCRIMINVSERVFO FAREAST YOKOSUKA JA  
 NAVCRIMINVSERVFO SINGAPORE  
 ONI WASHINGTON DC  
 COMPACFLT PEARL HARBOR HI  
 CTF 73  
 COMLOG WESTPAC  
 NAVSUP FLT LOG CTR SINGAPORE  
 NAVSUP FLT LOG CTR YOKOSUKA JA  
 NAVSUP FLT LOG CTR SASEBO JA  
 COMCARSTRKGRU NINE

BT

~~CONFIDENTIAL//REL TO USA//VIETNAM~~

PASS TO OFFICE CODES:

INFO JOINT STAFF WASHINGTON DC//J3/J6//  
 CNO WASHINGTON DC//N3/N5//  
 CDR USPACOM HONOLULU HI//J3/J31/J5//  
 COMPACFLT PEARL HARBOR HI//3/31/33//  
 COMLOG WESTPAC//N3/N4/N711//  
 NAVCRIMINVSERVFO FAREAST YOKOSUKA JA//FEYK//  
 NAVCRIMINVSERVRA SINGAPORE//FESN//  
 ONI WASHINGTON DC//6/632//

MSGID/GENADMIN/COMCARSTRKGRU NINE/-/DEC//

SUBJ/CONSOLIDATED DIPLOMATIC CLEARANCE REQUEST MODIFICATION (U)//

REF/A/GENADMIN/CCSG9/272216ZDEC19//

AMPN/CCSG9 DIPLOMATIC CLEARANCE REQUEST//

POC: (b)(6) /CDR/N3A/CSG9/SAN DIEGO, CA/TEL: (b)(6) /  
 EMAIL: (b)(6) (AT)CCSG9.NAVY.(SMIL).MIL//  
 POC: (b)(6) /CAPT/N3/CSG9/SAN DIEGO, CA/TEL: (b)(6) /  
 EMAIL: (b)(6) (AT)CCSG9.NAVY.(SMIL).MIL//

RMKS/1. REF A REQUESTED DIPLOMATIC CLEARANCE FOR USS THEODORE ROOSEVELT (CVN 71), USS BUNKER HILL (CG 52), AND USS PINCKNEY (DDG 91) TO VISIT DA NANG, VIETNAM ARRIVING 110800LMAR20 AND DEPARTING 150800LMAR20.

2. REQUEST MODIFY REF A TO REFLECT ARRIVAL 050800LMAR20 AND DEPARTURE 090800LMAR20.

~~CONFIDENTIAL//REL TO USA~~

J-S-F-03 attachment

DECLASSIFIED

DECLASSIFIED

~~CONFIDENTIAL//REL TO USA~~

DECL/07JAN2030//

BT

#0001

NNNN

Classification: ~~CONFIDENTIAL//REL TO USA, VIETNAM~~

Classification: ~~CONFIDENTIAL//REL TO USA~~

Classification: ~~CONFIDENTIAL//REL TO USA~~

CLASSIFIED BY: (b)(6)

DERIVED FROM: ORIGINAL

DECLASSIFY ON: ORIGINAL

Classification: ~~CONFIDENTIAL//REL TO USA~~

~~CONFIDENTIAL//REL TO USA~~

J-S-F-03 attachment

DECLASSIFIED



~~CONFIDENTIAL~~

(b)(6)

**From:** (b)(6) LCDR DIA (US) <(b)(6)@dia.smil.mil>  
**Sent:** Tuesday, December 3, 2019 3:58 AM  
**To:** (b)(6) CDR USN, C7F  
**Cc:** (b)(6) COL DIA (US); (b)(6) CDR USN, C7F; (b)(6)  
Maj DIA USA MIL; (b)(6) MAJ DIA (US)  
**Subject:** RE: (C) CVN to Danang, VNM in Mar 2020 - amplifying info  
**Attachments:** U-449-19 CVN Visit 2020.pdf

Classification: ~~CONFIDENTIAL~~

Classified By: (b)(6)

Derived From: (b)(6)

Declassify On: (b)(6)

=====

Thanks (b)(6)!

Attached is a copy of the DipNote that we submitted this afternoon. Now  
it's off to the races (b)(1)

V/r

(b)(6)

LCDR, USN

Naval Attaché to Vietnam (Acting)

Office: (b)(6)

Blackberry: (b)(6)

(b)(6)@state.gov

NIPR: (b)(6)@dodiis.mil

SIPR: (b)(6)@dia.smil.mil

JWICS: (b)(6)@coe.ic.gov

-----Original Message-----

From: (b)(6) CDR USN, C7F (b)(6)@lcc19.navy.smil.mil&gt;

Sent: Wednesday, November 27, 2019 2:17 PM

To: (b)(6) LCDR DIA (US) (b)(6)@dia.smil.mil&gt;

Cc: (b)(6) COL DIA (US) (b)(6)@dia.smil.mil&gt;; (b)(6)

(b)(6) CDR USN, C7F (b)(6)@lcc19.navy.smil.mil&gt;; (b)(6)

Maj DIA USA MIL &lt;(b)(6)@dia.smil.mil&gt;

Subject: (C) CVN to Danang, VNM in Mar 2020 - amplifying info

Classification: ~~CONFIDENTIAL~~

(b)(6)

Good afternoon! To assist with your DIPNOTE process for the March 2020 CVN

~~CONFIDENTIAL~~

J-S-F-03 attachment

DECLASSIFIED

~~CONFIDENTIAL~~

visit, here are the ships designated for the visit to Danang.

1. USS THEODORE ROOSEVELT (CVN 71)
2. USS BUNKER HILL (CG-52)
3. USS PINCKNEY (DDG-91)

The dates we have blocked off for the port visit is 11-15 March 2020.

One thing I would request is a copy of the DIPNOTE for our Vietnam database. Please let me know if there is other information you need to complete the DIPNOTE. Thanks!

V/r,

(b)(6)

CDR (b)(6)

COMSEVENTHFLT N51

Bangladesh, Thailand, Vietnam, Hong Kong, China, and Taiwan Theater Security Cooperation Coordinator

J-Dial: (b)(6)

DSN: (b)(6)

COMM: (b)(6)

NIPR Email: (b)(6) @c7f.navy.mil

SIPR Email: (b)(6) @lcc19.navy.smil.mil

CLASSIFIED BY: (b)(6)

DERIVED FROM: Multiple Sources

DECLASSIFY ON: (b)(6)

Classification: ~~CONFIDENTIAL~~

=====  
Classification: ~~CONFIDENTIAL~~

~~CONFIDENTIAL~~

J-S-F-03 attachment

DECLASSIFIED

**SECRET**

(b)(6)

**From:** (b)(6) Maj DIA USA MIL (b)(6) @dia.smil.mil>  
**Sent:** Wednesday, January 1, 2020 9:10 PM  
**To:** (b)(6) CDR USN, C7F; (b)(6) CDR USN, C7F; (b)(6)  
LCDR DIA (US)  
**Cc:** (b)(6) COL DIA (US); (b)(6) CAPT USN, C7F  
**Subject:** RE: (C) CVN to Danang, VNM in Mar 2020 - Date Change

Classification: ~~SECRET~~

Classified By: (b)(6)

Derived From: [REDACTED]

Declassify On: [REDACTED]  
=====

Thanks to you both for looking into this. Once we know what is possible on your end, we can work with our VNM counterparts to figure out how best to proceed. Jerry, yes we would need to resubmit the dip note here, but that's not a big deal on our end.

Vr

(b)(6)

-----Original Message-----

**From:** (b)(6) CDR USN, C7F (b)(6) @lcc19.navy.smil.mil>  
**Sent:** Thursday, January 02, 2020 9:02 AM  
**To:** (b)(6) CDR USN, C7F (b)(6) @lcc19.navy.smil.mil>; (b)(6)  
(b)(6) Maj DIA USA MIL (b)(6) @dia.smil.mil>; (b)(6)  
LCDR DIA (US) (b)(6) @dia.smil.mil>  
**Cc:** (b)(6) COL DIA (US) (b)(6) @dia.smil.mil>;  
(b)(6) CAPT USN, C7F (b)(6) @lcc19.navy.smil.mil>  
**Subject:** RE: (C) CVN to Danang, VNM in Mar 2020 - Date Change

Classification: ~~CONFIDENTIAL~~

All,

We will staff this at the FMCB but currently based on SOMs it does not look like 5-9 MAR is supportable for the TR.

However sliding to the right to after 17 MAR may work. We have a board convening tomorrow, I should know more by Fri COB.

Very Respectfully,

(b)(6)

CDR (b)(6)

Theater Security Cooperation Director, Deputy ACOS for International  
Strategy and Engagement COMSEVENTHFLT Embarked on (b)(1)

DSN inport: (b)(6) DSN underway: (b)(6) Comm inport:

(b)(6) Comm underway: (b)(6)

**SECRET**

J-S-F-03 attachment

DECLASSIFIED

**SECRET**

Email: (b)(6) @lcc19.navy(.smil).mil

(b)(6)  
Jdial: (b)(6)

Please elaborate on the reason for the shift of dates? This was supposed to support the

-----Original Message-----

From: (b)(6) CDR USN, C7F

Sent: Tuesday, December 31, 2019 10:35 PM

To: (b)(6) Maj DIA USA MIL' (b)(6) @dia.smil.mil&gt;;

(b)(6) LCDR DIA (US) (b)(6) @dia.smil.mil&gt;

Cc: (b)(6) COL DIA (US) (b)(6) @dia.smil.mil&gt;; (b)(6)

(b)(6) CDR USN, C7F (b)(6) @lcc19.navy.smil.mil&gt;

Subject: RE: (C) CVN to Danang, VNM in Mar 2020 - Date Change

Classification: ~~CONFIDENTIAL~~

(b)(6):

I will need to ask the question on my end and see what is in the art of the possible. I don't know if 5-9 Mar 2020 is supportable at this time. We will get back you. Will we need to modify the DIPNOTE for this visit if 5-9 Mar 2020 is supportable? I know we will need to modify the DIPCLR on our end.

V/r,

(b)(6)

-----Original Message-----

From: (b)(6) Maj DIA USA MIL [mailto:(b)(6) @dia.smil.mil]

Sent: Tuesday, December 31, 2019 2:50 PM

To: (b)(6) LCDR DIA (US) (b)(6) @dia.smil.mil&gt;;

(b)(6) CDR USN, C7F (b)(6) @lcc19.navy.smil.mil&gt;

Cc: (b)(6) COL DIA (US) (b)(6) @dia.smil.mil&gt;; (b)(6)

(b)(6) CDR USN, C7F (b)(6) @lcc19.navy.smil.mil&gt;

Subject: RE: (C) CVN to Danang, VNM in Mar 2020 - Date Change

Importance: High

Classification: ~~CONFIDENTIAL~~

Classified By: [REDACTED]

Derived From: [REDACTED]

Declassify On: [REDACTED]

=====

(b)(6)

(b)(6) on leave until 10 Jan, so I'll be the poc for this until he returns.

**SECRET**

J-S-F-03 attachment

**SECRET**

I just met with FRD, and they requested that we change the date to 5-9 March, or after 17 March. Best option from our perspective would be the 5-9 window. Is this possible on your end?

Vr

(b)(6)

-----Original Message-----

From: (b)(6) LCDR DIA (US) (b)(6) @dia.smil.mil>  
 Sent: Tuesday, December 03, 2019 3:58 PM  
 To: (b)(6) CDR USN, C7F (b)(6) @lcc19.navy.smil.mil>  
 Cc: (b)(6) COL DIA (US) (b)(6) @dia.smil.mil>; (b)(6)  
 (b)(6) CDR USN, C7F (b)(6) @lcc19.navy.smil.mil>; (b)(6)  
 Maj DIA USA MIL (b)(6) @dia.smil.mil>; (b)(6) MAJ DIA (US)  
 (b)(6) @dia.smil.mil>  
 Subject: RE: (C) CVN to Danang, VNM in Mar 2020 - amplifying info

Classification: ~~CONFIDENTIAL~~

Classified By: (b)(6)

Derived From: Declassify On:

=====

Thanks (b)(6)!

Attached is a copy of the DipNote that we submitted this afternoon. Now it's off to the races (b)(1)

V/r

(b)(6)

LCDR, USN

Naval Attaché to Vietnam (Acting)

Office: (b)(6)

Blackberry: (b)(6)

(b)(6) @state.gov

NIPR: (b)(6) @dodiis.mil

SIPR: (b)(6) @dia.smil.mil

JWICS: (b)(6) @coe.ic.gov

-----Original Message-----

From: (b)(6) CDR USN, C7F (b)(6) @lcc19.navy.smil.mil>  
 Sent: Wednesday, November 27, 2019 2:17 PM  
 To: (b)(6) LCDR DIA (US) (b)(6) @dia.smil.mil>  
 Cc: (b)(6) COL DIA (US) (b)(6) @dia.smil.mil>; (b)(6)  
 (b)(6) CDR USN, C7F (b)(6) @lcc19.navy.smil.mil>; (b)(6)  
 Maj DIA USA MIL (b)(6) @dia.smil.mil>  
 Subject: (C) CVN to Danang, VNM in Mar 2020 - amplifying info

**SECRET**

J-S-F-03 attachment

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**SECRET**Classification: ~~CONFIDENTIAL~~

(b)(6)

Good afternoon! To assist with your DIPNOTE process for the March 2020 CVN visit, here are the ships designated for the visit to Danang.

1. USS THEODORE ROOSEVELT (CVN 71)
2. USS BUNKER HILL (CG-52)
3. USS PINCKNEY (DDG-91)

The dates we have blocked off for the port visit is 11-15 March 2020.

One thing I would request is a copy of the DIPNOTE for our Vietnam database. Please let me know if there is other information you need to complete the DIPNOTE. Thanks!

V/r,

(b)(6)

CDR (b)(6)  
COMSEVENTHFLT N51  
Bangladesh, Thailand, Vietnam, Hong Kong, China, and Taiwan Theater Security  
Cooperation Coordinator  
J-Dial: (b)(6)  
DSN: (b)(6)  
COMM: (b)(6)  
NIPR Email: (b)(6)@c7f.navy.mil  
SIPR Email: (b)(6)@lcc19.navy.smil.mil

CLASSIFIED BY: [REDACTED]  
DERIVED FROM: Multiple Sources  
DECLASSIFY ON: [REDACTED]

Classification: ~~CONFIDENTIAL~~

=====

Classification: ~~CONFIDENTIAL~~

=====

Classification: ~~CONFIDENTIAL~~

CLASSIFIED BY: (b)(6)  
DERIVED FROM: Multiple Sources  
DECLASSIFY ON: [REDACTED]

Classification: ~~CONFIDENTIAL~~~~CLASSIFIED BY: C7F~~**SECRET**

J-S-F-03 attachment

DECLASSIFIED

DECLASSIFIED

**SECRET**

DERIVED FROM: Multiple Sources

DECLASSIFY ON: [REDACTED]

Classification: ~~CONFIDENTIAL~~

=====

Classification: ~~SECRET~~

**SECRET**

J-S-F-03 attachment

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- B. Tuần tra chung với lực lượng an ninh địa phương tại các khu vực tập trung đông thủy thủ.
- C. Trong trường hợp xảy ra sự cố lớn, chúng tôi đề xuất phối hợp điều tra sự cố cùng nhau.
- D. Nhân sự an ninh Hoa Kỳ đề nghị được cử 1-2 người lên xuồng tuần tra an ninh để hỗ trợ định vị các xuồng xung quanh tàu sân bay.
- E. Miễn giảm các hạn chế của Nghị định 104 để cho một xuồng an ninh nhỏ của tàu sân bay được đưa xuống nước nhằm hỗ trợ phối hợp an ninh xung quanh tàu sân bay.
- F. Hợp giao ban an ninh hàng ngày với các nhân sự liên quan vào các buổi sáng trong thời gian chuyển thăm.
- G. Chúng tôi đề xuất Bộ đội Biên phòng thiết lập một vài công kiểm soát ra vào nhằm hỗ trợ hoạt động di chuyển với số lượng thủy thủ đông.
- H. Chúng tôi đề nghị Bộ Quốc phòng và Bộ Công an Việt Nam hỗ trợ thực thi các luật, quy định của Việt Nam về hoạt động bay máy bay không người lái. Chúng tôi đề nghị phối hợp chặt chẽ với các lực lượng an ninh liên quan để đảm bảo không có bất kỳ một máy bay không người lái nào của tư nhân hoặc chính phủ vận hành trong khu vực không gian phía trên hoặc gần các tàu Hải quân Hoa Kỳ trong thời gian neo đậu hoặc hoạt động gần cảng Tiên Sa.
- I. Trong trường hợp có quân nhân Hoa Kỳ phạm tội theo luật Việt Nam, chúng tôi đề nghị nhân sự thực thi pháp luật của Hoa Kỳ được thông báo ngay lập tức và được lựa chọn phương án bắt giữ và truy tố đối tượng vi phạm theo quân luật Hoa Kỳ.

**Hải quan:** Chúng tôi đề nghị được hỗ trợ thủ tục hải quan nhanh chóng để tạm nhập tái xuất trang thiết bị ban nhạc cũng như các trang thiết bị phục vụ ứng phó tình huống khẩn cấp cần thiết đối với hoạt động của Nhóm tác chiến tàu sân bay.

**Báo chí:** Để đảm bảo cấp độ cũng như hình thức truyền tải thông tin tới quần chúng và các cơ quan báo chí tham gia phù hợp trong chuyến thăm này, chúng tôi đề nghị chỉ định một người làm đầu mối phối hợp đại diện cho UBND Tp. Đà Nẵng. Xét đến khả năng có sự quan tâm lớn của các hãng truyền thông quốc tế, chúng tôi cũng đề nghị Bộ Ngoại giao cử đầu mối phối hợp với chúng tôi.

Để hoàn tất công tác chuẩn bị cho chuyến thăm, (b)(6) đề nghị tổ chức các buổi họp cụ thể với các đại diện có (b)(6) Bộ và S (b)(6) Tp. Đà Nẵng trong tuần tới (b)(6) 24/2 tại Đà Nẵng.

Đầu mối liên hệ của sự kiện này là Thiếu tá (b)(6) (Quyền) Tuỳ viên Hải quân Hoa Kỳ, số điện thoại: (b)(6) hoặc fax (b)(6). Vui lòng liên hệ Thiếu tá (b)(6) nếu quý Cục có bất kỳ câu hỏi nào.

Nhân dịp này, Văn phòng Tuỳ viên Quốc phòng Hợp chủng quốc Hoa Kỳ tại Hà Nội xin gửi tới Cục Đối ngoại, Bộ Quốc phòng nước Cộng hoà Xã hội Chủ nghĩa Việt Nam lời chào trân trọng nhất.

Trân trọng,

(b)(6)

Đại tá, Lục quân Hoa Kỳ  
Quan chức Quốc phòng Cấp cao  
Tuỳ viên Quốc phòng

**SECRET**

(b)(6)

**From:** CSG9\_BWC  
**Sent:** Sunday, March 8, 2020 11:59 PM  
**To:** (b)(6) LT USN, USS Theodore Roosevelt; (b)(6) CDR USN, USS THEODORE ROOSEVELT  
**Subject:** RE: (S) TR sailors' COVID screening

Classification: ~~SECRET~~

(b)(6),

Please note the additional RFI questions from C7F. Please provide response.

Two follow up questions:

1. Provide number of Sailors affected by command
  - a. USS THEODORE ROOSEVELT - 27

(b)(6)

-These numbers add up to 41, not 39. Why do the numbers not add up to 39? 39 is the number PACFLT has been briefed. Is there an update?

6. Why was the decision made to bring potential Corona virus carriers onboard a vessel that has no known resources available to treat a Corona outbreak, especially if we have reason to believe the Vietnamese medical professionals might have better capability?

- Only individuals who tested NEGATIVE for COVID-19 (Coronavirus) were brought onboard USS THEODORE ROOSEVELT. Additionally, if any Sailor aboard becomes positively confirmed (or Medical is reasonably certain a Sailor has COVID-19) and the individual is stable to transfer, there will be options available. We could use International SOS, which assists in locating medical resources for active duty members in locations not close to a Military Treatment Facility (MTF) such as Okinawa Naval Hospital.

-If only Sailors who tested NEGATIVE were brought back on board, what did you do with the Sailors who tested POSITIVE? Did all the Sailors test NEGATIVE?

V/r,  
CTF-71 Battle Watch Captain

POTS: (b)(6)

VOSIP: (b)(6)

DSN: (b)(6)

J-Dial: (b)(6)

-----Original Message-----

From: (b)(6) LT USN, USS Theodore Roosevelt  
Sent: Monday, March 09, 2020 6:01 AM  
To: CSG9\_BWC

**SECRET**  
J-S-F-05

DECLASSIFIED

**SECRET**

Cc: (b)(6) LCDR USN, USS Theodore Roosevelt; (b)(6) CAPT USN, USS Theodore Roosevelt; Crozier, Brett E  
CAPT USN, USS Theodore Roosevelt; (b)(6) CAPT USN, USS Theodore Roosevelt; (b)(6) CAPT USN, USS  
Theodore Roosevelt  
Subject: RE: (S) TR sailors' COVID screening

BWC,

Attached you'll find the answers to the questions requested by PACOM BWC.

Very Respectfully,

LT (b)(6)  
Assistant Strike Operations Officer  
USS THEODORE ROOSEVELT (CVN 71)  
(b)(6) @cvn71.navy(.smil).mil  
J-Dial: (b)(6)

-----Original Message-----

From: CSG9\_BWC  
Sent: Monday, March 09, 2020 3:20 AM  
To: (b)(6) LT USN, USS Theodore Roosevelt  
Subject: FW: (S) TR sailors' COVID screening

Classification: ~~SECRET~~

(b)(6),

Here is the email chain from C7F BWC.

V/R,  
CWO3 (b)(6)

CTF-71 Battle Watch Captain

POTS: (b)(6)

VOSIP: (b)(6)

DSN: (b)(6)

J-Dial: (b)(6)

-----Original Message-----

From: C7F\_BWC [mailto:(b)(6)@lcc19.navy.smil.mil]  
Sent: Monday, March 09, 2020 2:58 AM  
To: CSG9\_BWC  
Cc: C7F\_ABWC  
Subject: RE: (S) TR sailors' COVID screening

Roger, understood. RFI is in the official tool; suspense back to us is  
0000Z so we can review and turn that back to CPF by their suspense of 0100Z.

Very Respectfully,  
LCDR (b)(6)

**SECRET**

J-S-F-05



**SECRET**

COMSEVENTHFLT Battle Watch Captain

NIPR: (b)(6) @lcc19.navy.mil

SIPR: (b)(6) @lcc19.navy.smil.mil

DSN: (b)(6)

DSN: (b)(6)

J-Dial: (b)(6)

COMM: (b)(6)

COMM: (b)(6)

TANDBERG: (b)(6)

DRSN: (b)(6)

SVOIP: (b)(6)

-----Original Message-----

From: CSG9\_BWC [mailto:(b)(6)@ccsg9.navy.smil.mil]

Sent: Sunday, March 08, 2020 7:53 PM

To: C7F\_BWC (b)(6) @lcc19.navy.smil.mil&gt;

Subject: RE: (S) TR sailors' COVID screening

Classification: ~~SECRET~~

C7F BWC,

Sir, it might take TR a few hours to research the answers to these questions (0250L).

V/R,

CWO3 (b)(6)

CTF-71 Battle Watch Captain

POTS: (b)(6)

VOSIP: (b)(6)

DSN: (b)(6)

J-Dial: (b)(6)

-----Original Message-----

From: C7F\_BWC [mailto:(b)(6)@lcc19.navy.smil.mil]

Sent: Monday, March 09, 2020 2:14 AM

To: CSG9\_BWC

Cc: C7F\_ABWC

Subject: RE: (S) TR sailors' COVID screening

BWC,

As a heads-up, just got off the phone with the CPF BWC and he tells me now the CNO watch team is forwarding along questions regarding this event. I told him he's going to have to generate a formal RFI if that's the case since this looks to now have some higher-up attention on it.

Please start to get answers on the questions I forwarded, but expect us to

**SECRET**

J-S-F-05

DECLASSIFIED

**SECRET**

flip an RFI to CTF71 at some point this morning. Thank you.

Very Respectfully,

LCDR (b)(6)  
 COMSEVENTHFLT Battle Watch Captain  
 NIPR: (b)(6)@lcc19.navy.mil  
 SIPR: (b)(6)@lcc19.navy.smil.mil  
 DSN: (b)(6)  
 DSN: (b)(6)  
 J-Dial: (b)(6)  
 COMM: (b)(6)  
 COMM: (b)(6)  
 TANDBERG: (b)(6)  
 DRSN: (b)(6)  
 SVOIP: (b)(6)

-----Original Message-----

From: C7F\_BWC  
 Sent: Monday, March 09, 2020 3:06 AM  
 To: 'CSG9\_BWC' <(b)(6)@ccsg9.navy.smil.mil>  
 Cc: C7F\_ABWC <(b)(6)@lcc19.navy.smil.mil>  
 Subject: FW: (S) TR sailors' COVID screening

BWC,

Some follow-up questions coming directly from ADM Aquilino on the TR sailors that were screened and returned to the ship. Can you take a look below and answer to the best of your team's ability?

Very Respectfully,

LCDR (b)(6)  
 COMSEVENTHFLT Battle Watch Captain  
 NIPR: (b)(6)@lcc19.navy.mil  
 SIPR: (b)(6)@lcc19.navy.smil.mil  
 DSN: (b)(6)  
 DSN: (b)(6)  
 J-Dial: (b)(6)  
 COMM: (b)(6)  
 COMM: (b)(6)  
 TANDBERG: (b)(6)  
 DRSN: (b)(6)  
 SVOIP: (b)(6)

-----Original Message-----

From: CPF.CATBWC [mailto:(b)(6)@navy.smil.mil]  
 Sent: Monday, March 09, 2020 2:56 AM  
 To: BWC <(b)(6)@fe.navy.smil.mil>; ABWC  
 <(b)(6)@fe.navy.smil.mil>; BWC (b)(6)@fe.navy.smil.mil>; C7F\_BWC  
 <(b)(6)@lcc19.navy.smil.mil>; C7F FCCSUP (b)(6)@lcc19.navy.smil.mil>;

**SECRET**

J-S-F-05

**SECRET**

(b)(6) @lcc19.navy.smil.mil; C7F\_ABWC (b)(6) @lcc19.navy.smil.mil>  
Subject: ~~(S)~~ TR sailors' COVID screening

Classification: ~~SECRET~~

C7F BWC,

Please ack receipt.

Please report the following, per ADM Aquilino request:

WRT 39x TR sailors in connection with quarantined Da Nang hotel:

- What does the "screening" that the sailors went through entail?
- Report if the sailors were \*tested\* \*explicitly\* for COVID-19.
- What agency conducted the test/screen? (COM understanding that TR does not have COVID \*test\* capability)
- Report if any mitigations are in place for those sailors now that they are back on board TR (further monitoring/testing, quarantine/ROM, etc)

The "so what" is that COM wants to know if there is potential that we have sailors, now asymptomatic carriers onboard a CVN, who were released because they filled out a questionnaire or said that they feel fine, tested negative for other illnesses, etc.

V/R,  
LT (b)(6)  
CPF Battle Watch Captain  
COM (b)(6)  
DSN (b)(6)  
DRSN (b)(6)  
(b)(6) @navy.smil.mil

~~CLASSIFIED BY: CPF BWC~~  
~~DERIVED FROM: CPF BWC~~  
~~DECLASSIFY ON: 20450308~~

Classification: ~~SECRET~~

~~CLASSIFIED BY: BWC~~  
~~DERIVED FROM: Multiple Sources~~  
~~DECLASSIFY ON: 20300309~~

Classification: ~~SECRET~~

~~CLASSIFIED BY: BWC~~  
~~DERIVED FROM: Multiple Sources~~  
~~DECLASSIFY ON: 20300309~~

**SECRET**  
J-S-F-05

DECLASSIFIED

**SECRET**

Classification: ~~SECRET~~

~~CLASSIFIED BY: BWC~~

~~DERIVED FROM: Multiple Sources~~

~~DECLASSIFY ON: 20450309~~

Classification: ~~SECRET~~

**SECRET**

J-S-F-05

DECLASSIFIED

**No Classification in Message Body****(b)(6)**

**From:** (b)(6) CAPT USN, C7F  
**Sent:** Wednesday, March 25, 2020 4:33 AM  
**To:** (b)(6) @fe.navy.smil.mil; (b)(6) @ccsg9.navy.smil.mil;  
(b)(6) @mail.smil.mil  
**Cc:** (b)(6) @fe.navy.smil.mil; (b)(6) CAPT USN, C7F  
**Subject:** RE: \*\*\* Urgent \*\*\* - Air Wing Fly Off?  
**Signed By:** (b)(6) @fe.navy.smil.mil

(b)(6) gave me what I need (b)(6), can stand down this one

VR

(b)(6)

CAPT (b)(6)  
Chief of Staff  
SEVENTH Fleet  
Embarked on (b)(1)  
Inport DSN (b)(6)  
VOSIP: (b)(6)  
Inport Commercial: (b)(6)  
At Sea DSN Direct: (b)(6)  
At Sea (Commercial) Direct: (b)(6)  
At Sea BLR Exchange DSN: (b)(6)  
At Sea BLR Exchange (Commercial) (b)(6)  
Tandberg EX-90: (b)(6)  
Mobile (Overseas): (b)(6)  
Mobile in Japan: (b)(6)  
(b)(6) @lcc19.navy.mil

-----  
Hot Site  
OneNet: (b)(6) @fe.navy.mil  
OneNet: (b)(6) @fe.navy.smil.mil  
DSN (b)(6)  
Tandberg: (b)(6)  
(b)(6) @fe.navy.smil.mil  
(b)(6) @fe.navy.mil

-----  
CENTRIXS K: (b)(6) @pacom.kor.cmil.mil  
CENTRIXS J: (b)(6) @mail.jpn.cmil.mil  
CENTRIXS FVEY: (b)(6) @rel.pacoms.smil.mil  
CENTRIX CMFP: (b)(6) @af.usa.getf-cmfp.cmil.mil

-----Original Message-----

From: (b)(6) @fe.navy.smil.mil [mailto:(b)(6) @fe.navy.smil.mil]  
Sent: Wednesday, March 25, 2020 8:26 AM

**No Classification in Message Body**

J-S-F-06

DECLASSIFIED



**No Classification in Message Body**

To: (b)(6) CAPT USN, C7F (b)(6) @lcc19.navy.smil.mil>;  
 (b)(6) @ccsg9.navy.smil.mil;  
 (b)(6) @mail.smil.mil  
 Cc: (b)(6) @fe.navy.smil.mil; (b)(6) CAPT USN, C7F  
 (b)(6) @lcc19.navy.smil.mil>  
 Subject: RE: \*\*\* Urgent \*\*\* - Air Wing Fly Off?

(b)(6),

I am going to have to do some homework on this with the AF.

I have cc'ed the 36th Wing Vice Commander, Col (b)(6).

There is significant concern about COVID introduction to the AFB as was the case today with the potential COD.

V/R

(b)(6)

-----Original Message-----

From: (b)(6) CAPT USN, C7F  
 [mailto:(b)(6) @lcc19.navy.smil.mil]  
 Sent: Wednesday, March 25, 2020 1:04 PM  
 To: (b)(6) @ccsg9.navy.smil.mil  
 Cc: (b)(6) CAPT USN NBG (b)(6) @fe.navy.smil.mil>;  
 (b)(6) CAPT USN JRM (b)(6) @fe.navy.smil.mil>; (b)(6)  
 CAPT USN, C7F (b)(6) @lcc19.navy.smil.mil>  
 Subject: \*\*\* Urgent \*\*\* - Air Wing Fly Off?

**SECRET**

(b)(6)

At + 2 hours - approximately 1400 - please provide estimated time it would delay arrival Guam to fly off the Air Wing.

(b)(6) - this is a question for boundary constraints - but would appreciate bringing USAF in contact with CSG-9 - and get a sense of all USAF limitations on letting us do this - if we had to we would be talking robust mitigations on the pilots and their transfers back down to RRN.

Our first position was get the Air Wing into the pool of everyone else - but the practicality of having all the jets grounded on TR pier side makes us look hard at option and timeline.

Thanks.

VR

(b)(6)

CAPT (b)(6)

**No Classification in Message Body**

J-S-F-06

**No Classification in Message Body**

Chief of Staff

SEVENTH Fleet

Embarked on: (b)(1)

Inport: (b)(6)

VOSIP: (b)(6)

Inport Commercial: (b)(6)

At Sea DSN Direct: (b)(6)

At Sea (Commercial) Direct: (b)(6)

At Sea BLR Exchange DSN: (b)(6)

At Sea BLR Exchange (Commercial) (b)(6)

Tandberg EX-90: (b)(6)

Mobile (Overseas): (b)(6)

Mobile in Japan: (b)(6)

(b)(6) @lcc19.navy.mil

-----  
Hot Site

OneNet: (b)(6) @fe.navy.mil

OneNet: (b)(6) @fe.navy.smil.mil

DSN: (b)(6)

Tandberg: (b)(6)

(b)(6) @fe.navy.smil.mil

(b)(6) @fe.navy.mil

-----  
CENTRIXS K: (b)(6) @pacom.kor.cmil.mil

CENTRIXS J: (b)(6) @mail.jpn.cmil.mil

CENTRIXS FVEY: (b)(6) @rel.pacoms.smil.mil

CENTRIX CMFP: (b)(6) @af.usa.getf-cmfp.cmil.mil

**No Classification in Message Body**

**SECRET**

(b)(6)

**From:** (b)(6) CAPT USN, C7F  
**Sent:** Wednesday, March 25, 2020 1:06 AM  
**To:** (b)(6) CAPT USN, C7F; Merz, William R. VADM USN, C7F  
**Subject:** FW: (S) POSITIVE COVID-19 TESTS ON TR (update#3)  
**Signed By:** (b)(6) @c7f.navy.smil.mil

Classification: ~~SECRET~~

Am hearing 4 plus 1 NMA at the moment. I believe there is some fog of disease occurring. TR medical not on our 1300 call confirming Anderson not accepting except emergencies until they have a clearer plan.

TR medical in another meeting when we confirmed plan to hold for 24 hours if stable. May be OBE now.  
Confirming with hospital on NIPR.

V/r

(b)(6)

-----Original Message-----

From: Baker, Stuart P RDML USN, CCSG-9  
[mailto:(b)(6)@ccsg9.navy.smil.mil]  
Sent: Wednesday, March 25, 2020 1:53 PM  
To: Merz, William R. VADM USN, C7F (b)(6)@lcc19.navy.smil.mil>  
Cc: (b)(6)@navy.smil.mil; (b)(6) CAPT USN, C7F  
(b)(6)@lcc19.navy.smil.mil>; (b)(6) CAPT USN  
COMTHIRDFLT (USA) (b)(6)@navy.smil.mil>; (b)(6) CAPT  
USN, CCSG9 <(b)(6)@ccsg9.navy.smil.mil>; Merz, William VADM  
(ONE-Net) (b)(6)@fe.navy.smil.mil>; Crozier, Brett E CAPT USN, USS  
Theodore Roosevelt (b)(6)@cvn71.navy.smil.mil>; (b)(6)  
CAPT USN, CVW-11 (b)(6)@cvn71.navy.smil.mil>; (b)(6)  
CAPT USN, USS Theodore Roosevelt  
(b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT BKH CO  
(b)(6)@cg52.navy.smil.mil>; (b)(6) CAPT USN, CCSG9  
(b)(6)@ccsg9.navy.smil.mil>; (b)(6) CAPT USN, USS Theodore  
Roosevelt (b)(6)@cvn71.navy.smil.mil>; (b)(6) CAPT USN, C7F  
(b)(6)@lcc19.navy.smil.mil>; (b)(6)  
<(b)(6)@fe.navy.smil.mil>; (b)(6) (b)(6)@fe.navy.smil.mil>;  
(b)(6)@fe.navy.smil.mil' (b)(6)@fe.navy.smil.mil>;  
(b)(6)@cvn76.navy.smil.mil  
Subject: RE: (S) POSITIVE COVID-19 TESTS ON TR (update#3)

Classification: ~~SECRET~~

Admiral,

**SECRET**  
J-S-F-07

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**SECRET**

We still have 3 confirmed cases that we are flying off today. Some initial push back from Anderson with the CoD flying in there so we have transitioned to a helo flying direct to the hospital with the 3 pax. (which actually works out better for the small number)

Last night of the 39 batch tests we ran on the Sailors (192 total) in close contact with the first 2 infected Sailors we had 9 positive groups meaning 1-5 people per group were positive = 9-45 of the 192 are positive (4.7-23.4% incidence). This afternoon we will get the results from the 45 possible as well as 5 additional folks that live with victim #3 (our reactor victim). Tonight we'll batch test 198 folks in the reactor department that have been in close contact with said victim #3.

(b)(1)

If mission dictates we will get underway and execute but until then my priority will be to take care of our people.

With regard to the reactor department we have executed the actions below:

Short Term:

Intent is to contain the virus and maintain sufficient watch standers to safely operate the RX plant.

- Suspended all under instruction watches to minimize the close contact
- Suspended training until further notice; Deep field day in the Rx Training Classroom will occur in the morning (and twice daily for the foreseeable future) so we can have that as a "clean" holding area if needed
- Spray bottles with the bleach solution and rags at every watch station in the plant so that commonly touched surfaces can be cleaned prior to/after watch relief
- Verbal screening of oncoming watch standers for symptoms; any one with symptoms goes straight to medical
- Only essential maintenance is being conducted to limit additional personnel in the plant
- They will be given the FCPO Mess to eat their meals and wear masks when transiting through the ship

Long Term:

Pier side Guam, intent is to shut down (b)(1), and reduce the number of watch standers to the minimum necessary to operate (b)(1), and (b)(1)

- Based on results of the next couple days of batch testing, we will move those critical watch standers to 'clean' berthing to minimize their exposure.
- Utilize off ship berthing as necessary to isolate 'close contact' Sailors
- Maintenance would continue to meet all scheduled requirements

We continue to work with your staff on lodging ashore (hotel, base barracks, base gym with cots) for Sailors we must isolate and quarantine.

**SECRET**

J-S-F-07

**SECRET**

V/r,  
Studa

-----Original Message-----


From: Merz, William R. VADM USN, C7F (b)(6) @lcc19.navy.smil.mil>  
Sent: Tuesday, March 24, 2020 10:13 PM  
To: Baker, Stuart P RDML USN, CCSG-9 (b)(6) @ccsg9.navy.smil.mil>  
Cc: (b)(6) @navy.smil.mil; (b)(6) CAPT USN, C7F  
(b)(6) @lcc19.navy.smil.mil>; (b)(6) CAPT USN  
COMTHIRDFLT (USA) (b)(6) @navy.smil.mil>; (b)(6) CAPT  
USN, CCSG9 (b)(6) @ccsg9.navy.smil.mil>; Merz, William VADM  
(ONE-Net) (b)(6) @fe.navy.smil.mil>; Crozier, Brett E CAPT USN, USS  
Theodore Roosevelt (b)(6) @cvn71.navy.smil.mil>; (b)(6)  
CAPT USN, CVW-11 (b)(6) @cvn71.navy.smil.mil>; (b)(6)  
CAPT USN, USS Theodore Roosevelt  
(b)(6) @cvn71.navy.smil.mil>; (b)(6) CAPT BKH CO  
(b)(6) @cg52.navy.smil.mil>; (b)(6) CAPT USN, CCSG9  
(b)(6) @ccsg9.navy.smil.mil>; (b)(6) CAPT USN, USS Theodore  
Roosevelt (b)(6) @cvn71.navy.smil.mil>; (b)(6) CAPT USN, C7F  
(b)(6) @lcc19.navy.smil.mil>; (b)(6)  
(b)(6) @fe.navy.smil.mil>; (b)(6) (b)(6) @fe.navy.smil.mil>;  
(b)(6) @fe.navy.smil.mil' (b)(6) @fe.navy.smil.mil>;  
(b)(6) @cvn76.navy.smil.mil>; Merz, William R. VADM USN, C7F  
(b)(6) @lcc19.navy.smil.mil>  
Subject: RE: (S) POSITIVE COVID-19 TESTS ON TR (update#2)

(+ C7F others)

Thanks, Studa - good thoughts.

A few more (need feedback on the last two):

-(b)(1)



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J-S-F-07



**SECRET**

(b)(1)

Talk tomorrow. Nice job on the photo-ex today...

VR,  
Bill

VADM Bill Merz, U.S. 7th Fleet  
Primary (also forwards to secondary):

(b)(6) @lcc19.navy.mil  
(b)(6) @lcc19.navy.smil.mil

Secondary:

(b)(6) @fe.navy.mil  
(b)(6) @fe.navy.smil.mil

"Play Hard"

-----Original Message-----

From: Baker, Stuart P RDML USN, CCSG-9

[mailto:(b)(6)@ccsg9.navy.smil.mil]

Sent: Tuesday, March 24, 2020 9:13 PM

To: Merz, William R. VADM USN, C7F (b)(6) @lcc19.navy.smil.mil>

Cc: (b)(6) @navy.smil.mil; (b)(6) CAPT USN, C7F

(b)(6) @lcc19.navy.smil.mil>; (b)(6) CAPT USN

COMTHIRDFLT

(USA) (b)(6) @navy.smil.mil>; (b)(6) CAPT USN, CCSG9

(b)(6) @ccsg9.navy.smil.mil>; Merz, William VADM (ONE-Net)

(b)(6) @fe.navy.smil.mil>; Crozier, Brett E CAPT USN, USS Theodore

Roosevelt (b)(6) @cvn71.navy.smil.mil>; (b)(6) CAPT

USN,

CVW-11 (b)(6) @cvn71.navy.smil.mil>; (b)(6) CAPT USN,

USS Theodore Roosevelt (b)(6) @cvn71.navy.smil.mil>; (b)(6)

CAPT BKH CO (b)(6) @cg52.navy.smil.mil>; (b)(6) CAPT USN,

CCSG9 (b)(6) @ccsg9.navy.smil.mil>; (b)(6) CAPT USN, USS

Theodore

Roosevelt (b)(6) @cvn71.navy.smil.mil>

Subject: RE: (S) POSITIVE COVID-19 TESTS ON TR (update#2)

Classification: ~~SECRET~~

Admiral,

For information only.

**SECRET**

J-S-F-07

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**SECRET**

As discussed in our VTC sir:

- We did not send samples to (b)(1).
- A third Sailor tested positive for COVID-19 tonight, E4 male from reactor (RP division) department.

Due to the number of Sailors in close contact growing we will start doing batch testing in sample sizes of 5. If the test comes back positive we will

test all 5 in that batch.

Near term actions remain the same as we intend to pull into Guam on Friday.

Long term issues we continue to work through:

- At what point does the CVN become the quarantine vessel? In my opinion, at

some point the number of close contact cases becomes so large that the CVN becomes the quarantine vessel. Breaking the Sailors into three groups.

One, those that test positive for COVID-19 (they go in isolation). Two, those that have symptoms but have not tested positive (quarantine on the barge).

Three, those who have no symptoms and have not tested positive but have been in close contact, which at some point could be everyone else (quarantine on CVN).

- SMO is working with your team of experts on when do we get to the desired end state (COVID-19 free) and what metrics are required to have a given level of confidence to claim that.

- CVN CO (Chopper) is working short and long term impacts on reactor plant team, reactor maintenance, training, upcoming MTT and ORSE impacts. Of note

going pier side in Guam allows us to (b)(1)

Lastly we will downgrade to (b)(1)

Then tomorrow morning around 0800 we will relax to normal operations and allow the crew to reach out to their families.

V/r,  
Studa

**SECRET**  
J-S-F-07

**SECRET**

From: Baker, Stuart P RDML USN, CCSG-9  
Sent: Tuesday, March 24, 2020 4:32 PM  
To: 'Merz, William R. VADM USN, C7F' (b)(6) @lcc19.navy.smil.mil>;  
(b)(6) @navy.smil.mil  
Cc: (b)(6) CAPT USN, C7F (b)(6) @lcc19.navy.smil.mil>;

Dawley, Sterling W CAPT USN COMTHIRDFLT (USA)  
(b)(6) @navy.smil.mil>;  
(b)(6) CAPT USN, CCSG9 (b)(6) @ccsg9.navy.smil.mil>;  
Merz, William VADM (ONE-Net) (b)(6) @fe.navy.smil.mil>; Crozier, Brett  
E  
CAPT USN, USS Theodore Roosevelt (b)(6) @cvn71.navy.smil.mil>;  
(b)(6) CAPT USN, CVW-11  
(b)(6) @cvn71.navy.smil.mil>; (b)(6) CAPT USN, USS  
Theodore Roosevelt (b)(6) @cvn71.navy.smil.mil>; (b)(6)  
CAPT  
BKH CO (b)(6) @cg52.navy.smil.mil>; (b)(6) CAPT USN, CCSG9  
(b)(6) @ccsg9.navy.smil.mil>; (b)(6) CAPT USN, USS Theodore  
Roosevelt (b)(6) @cvn71.navy.smil.mil>  
Subject: RE: (S) POSITIVE COVID-19 TESTS ON TR (update #1)

Classification: ~~SECRET~~

Admirals,

+ Warfare Commanders, SMO

Today TR will complete the scheduled RAS. Upon completion of the RAS we will

(b)(1)

- We will MEDEVAC the two infected Sailors to Guam tomorrow via COD.

- Based on recommendations of C7F Medical, TR Medical and Preventive Medicine experts in theater, we will conduct individual testing of personnel in the two Sailors' berthing and work centers (approximately 200 sailors). Doing this in order to get a possible scope of the spread based on that testing.

- Half of the tests will be sent to (b)(1) on a helo this afternoon to load

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**SECRET**

share and increase throughput. Anticipate it will take 24 hours for all results to be finalized.

- A Preventive Medicine Officer and Prev Med Tech will be joining us from (b)(1) for an undetermined period of time.

- If the initial batch testing indicates widespread infection, we will screen and batch test Reactor Department. If the initial batch testing does not indicate widespread infection, we will screen Reactor Department personnel, but not batch test.

- We would like to work to get TR pier side in Guam as early as Friday. This would allow us to quarantine personnel in the original two Sailors' berthing's and work centers, as well as other personnel for whom quarantine or isolation is indicated. We will execute initial quarantine procedures out here today.

- To that end, we need the following support from NAVBASE GUAM:

--Either a hotel, berthing barge (250 folks), barracks (90 folks), or tents (450 folks) to quarantine and isolate infected personnel. The initial number is approximately 200, mixed male and female. I assess this number is likely to grow as we identify additional cases or close contacts.

--Worst case TR will prepare and deliver meals to the quarantined and isolated personnel, possibly contract services out.

- Our intent with TR pier side will be to establish and maintain a physical separation between TR personnel and Guam personnel. No face-to-face interaction with anyone not of ship's force. Prevention of spreading infection from TR to Guam will be a priority.

Upon review we have received 16 folks onboard since we left Vietnam via the (b)(1). They arrived 11,12,13 and 14 March. Small numbers and all were screened prior to arrival so we do not expect this is the cause. None were (b)(1), which are the 2 positive cases identified so far.

- Our PA policy will be passive and we will refer queries to the PACFLT PAO.

Once given permission to lift (b)(1) we will make a 1MC announcement to the crew and send a note to Ombudsman before lifting (b)(1) for the crew.

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J-S-F-07

**SECRET**

Standing by for questions and our VTC at 1800.

V/r,  
Studa

From: Baker, Stuart P RDML USN, CCSG-9  
Sent: Tuesday, March 24, 2020 1:10 PM  
To: Merz, William VADM (ONE-Net) (b)(6)@fe.navy.smil.mil  
<mailto:(b)(6)@fe.navy.smil.mil> >; (b)(6)@navy.smil.mil  
<mailto:(b)(6)@navy.smil.mil>  
Cc: (b)(6) CAPT USN, C7F (b)(6)@lcc19.navy.smil.mil  
<mailto:(b)(6)@lcc19.navy.smil.mil> >; (b)(6) CAPT USN  
COMTHIRDFLT (USA) (b)(6)@navy.smil.mil  
<mailto:(b)(6)@navy.smil.mil> >; (b)(6) CAPT USN, CCSG9  
<(b)(6)@ccsg9.navy.smil.mil  
<mailto:(b)(6)@ccsg9.navy.smil.mil> >  
Subject: (S) POSITIVE COVID-19 TESTS ON TR (initial report)

Classification: ~~SECRET~~

VADM Merz, VADM Conn,

BLUF: THEODORE ROOSEVELT had two Sailors test positive for COVID-19 after presenting to medical with ILI. Naval OPREP3 Navy Blue has been released.

The two Sailors are a (b)(1) and a (b)(1)

(b)(1) Both Sailors had been ashore in DaNang, but neither stayed at the (b)(1) nor were they members of the group of 39 Sailors quarantined.

The  
Sailors reported to medical last night with fever, cough, congestion, chills, headache and body aches, triggering testing. The Sailors are currently isolated in medical and are completing contact screening history. TR has been at sea continuously since departing DaNang 09 March.

The following is our intent moving forward:

1. Finish normal operations today (RAS) and then transit to get within COD range of Guam.
2. Conduct batch testing of Sailors in the same berthing and work centers (approx. 200). As well as the COD det and critical departments (reactor).
3. MEDEVAC the 2 infected Sailors via COD to Guam tomorrow (25MAR) for further medical assistance.
4. Continue to employ all defensive CDC protocols as possible on the CVN.

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5. Coordinate a future port visit pier side in Guam to support isolation of Sailors that were in close contact (berthing barge).

More to follow as we determine: the source, COD flights between Vietnam and present, capability and capacity in Guam, operational impact, CODEP with BLANCO, CVW proficiency, internal messaging.

V/r,  
Studa

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**SECRET**

J-S-F-07

**No Classification in Message Body**

Declassified by: William Holz  
Security Director, U.S. Pacific Fleet  
Declassified on: 21 Aug 2020

(b)(6)

**From:** Merz, William R. VADM USN, C7F  
**Sent:** Sunday, March 29, 2020 9:30 AM  
**To:** (b)(6) LT USN, C7F; (b)(6) CAPT USN, C7F; (b)(6) CAPT (C7F-COS) (ONE-NET); (b)(6) LCDR USN, C7F; (b)(6); (b)(6)  
**Subject:** FW: Evening Ops Update and COVID 29 Mar  
**Attachments:** TR Plan - N00 rev 2.docx

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From: Merz, William R. VADM USN, C7F  
Sent: Sunday, March 29, 2020 1:29:42 PM (UTC) Coordinated Universal Time  
To: (b)(6) @navy.smil.mil'  
Cc: (b)(6) @navy.smil.mil'; (b)(6) @navy.smil.mil'; Merz, William R. VADM USN, C7F  
Subject: Evening Ops Update and COVID 29 Mar

~~SECRET~~

COM,

BLUF: Ops Update and COVID for 29 Mar below

Change from today's CNO report:

THR: 53 (+7)

(b)(1)

Operations:

(b)(1)

COVID:

Previous plan attached, informed by CDR daily updates and calls. Providing full plan SEPCOR tomorrow – dynamic based on evolving actions/events but basics remain the same.

Two musts for success remain the same:

\* Segregate to quarantine (OFF PLAN) – success requires as fast of a quarantine as possible – LIMFAC is Guam capacity – need to move asymptomatics.

(b)(1)

**No Classification in Message Body**

J-S-F-08

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\* Testing – (b)(1). USMC augments tomorrow. Testing allows fastest separation of positives from quarantine population. Will fly my C-40 until/if we get sample rate to 500 per day to enable the G-5.

(b)(1)

Expect swab deliveries 2 Apr and 9 Apr from DLA.

Sent 300 swabs in by R/W from (b)(1) today to keep moving.

Buying PPE from in town (Singapore and Japan) to augment orders.

\* (b)(1)

VR,  
Bill

VADM Bill Merz, U.S. 7th Fleet  
Primary (also forwards to secondary):

(b)(6) @lcc19.navy.mil  
(b)(6) @lcc19.navy.smil.mil

Secondary:

(b)(6) @fe.navy.mil  
(b)(6) @fe.navy.smil.mil

"Play Hard"