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

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.
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 (OAl)s 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 25th 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.

John C. Aquilino
ADM, USN

Date 5/12/20
Time 1:00
<table>
<thead>
<tr>
<th>Country</th>
<th>Risk Level</th>
<th>Risk Declarations</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td></td>
<td>HPCON: A</td>
<td>Imported cases with limited domestic transmission and no/minimal operational impact. A total of 11 new cases this week.</td>
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<tr>
<td>Bangladesh</td>
<td></td>
<td></td>
<td>No reported cases of COVID-19.</td>
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<tr>
<td>Bhutan</td>
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<td>No reported cases of COVID-19.</td>
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<tr>
<td>Brunei-Darussalam</td>
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<td></td>
<td>No reported cases of COVID-19.</td>
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<tr>
<td>Cambodia</td>
<td>*</td>
<td>HPCON: A</td>
<td>Minimal imported cases with no/minimal operational impact. No new cases reported since 1/28.</td>
</tr>
<tr>
<td>China</td>
<td>HPCON: D</td>
<td>CDC: Lvl 3</td>
<td>Widespread community transmission exceeding medical, diagnostic and public health capabilities. Hubei remains the outbreak’s epicenter, with minimal number of cases being reported from outlying provinces.</td>
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<tr>
<td>Fed. States of Micronesia</td>
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<td>No reported cases of COVID-19.</td>
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<td>Fiji</td>
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<td>No reported cases of COVID-19.</td>
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<tr>
<td>India</td>
<td>HPCON: A</td>
<td></td>
<td>Minimal imported cases with no operational impact. A total of 5 cases reported as of 3 Mar.</td>
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<tr>
<td>Indonesia</td>
<td>*</td>
<td></td>
<td>First (2) reported cases of COVID-19.</td>
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<tr>
<td>Kiribati</td>
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<td></td>
<td>No reported cases of COVID-19.</td>
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<tr>
<td>Japan</td>
<td>HPCON: B</td>
<td>CDC: Lvl 2</td>
<td>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. State of emergency declared in Hokkaido. Significant (1.7-fold) increase in cases this week (111 cases).</td>
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<tr>
<td>Laos</td>
<td>*</td>
<td></td>
<td>No reported cases of COVID-19.</td>
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<tr>
<td>Malaysia</td>
<td>*</td>
<td>HPCON: A</td>
<td>Imported cases with limited domestic transmission and no/minimal operational impact. MYS has tested ~1000 people, with 7 new cases identified this week.</td>
</tr>
<tr>
<td>Maldives</td>
<td></td>
<td></td>
<td>No reported cases of COVID-19.</td>
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<tr>
<td>Country</td>
<td>Risk Level¹</td>
<td>Risk Declarations</td>
<td>Assessment</td>
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<tr>
<td>Mongolia</td>
<td>DOS: Lvl 3</td>
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<td>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.</td>
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<tr>
<td>Myanmar</td>
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<td>No reported cases of COVID-19. Concern about under-reporting since test kits weren’t available until 20 Feb.</td>
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<tr>
<td>Nauru</td>
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<td></td>
<td>No reported cases of COVID-19.</td>
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<tr>
<td>Nepal</td>
<td>HPCON: A</td>
<td></td>
<td>Minimal imported cases with no operational impact. No new cases reported since 1/25.</td>
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<tr>
<td>New Zealand</td>
<td></td>
<td></td>
<td>First (2) imported cases of COVID-19 reported.</td>
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<tr>
<td>North Korea</td>
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<td></td>
<td>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.</td>
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<tr>
<td>Northern Mariana Isl.</td>
<td>HPCON: A</td>
<td></td>
<td>No reported cases of COVID-19.</td>
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<tr>
<td>Palau</td>
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<td></td>
<td>No reported cases of COVID-19.</td>
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<tr>
<td>Papua New Guinea</td>
<td></td>
<td></td>
<td>No reported cases of COVID-19.</td>
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<tr>
<td>Philippines</td>
<td>HPCON: A</td>
<td></td>
<td>Minimal imported cases with no operational impact. No new cases reported since 2/5.</td>
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<tr>
<td>Republic of the Marshall Islands</td>
<td></td>
<td></td>
<td>No reported cases of COVID-19.</td>
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<tr>
<td>Samoa</td>
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<td>No reported cases of COVID-19.</td>
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<tr>
<td>Singapore</td>
<td>☑️</td>
<td>CDC: At Risk DOS: Lvl 1 MOH: Orange (2nd highest)</td>
<td>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 (2nd highest level) on 7 Feb. Modest increase in cases this week (18 cases), but excellent contact tracing, testing, and reporting transparency.</td>
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<tr>
<td>Solomon Islands</td>
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<td></td>
<td>No reported cases of COVID-19.</td>
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<tr>
<td>Country</td>
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<td>Risk Declarations</td>
<td>Assessment</td>
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<tr>
<td>South Korea</td>
<td>A</td>
<td>HPCON: C</td>
<td>Locally acquired infections occurring in the community with several large clusters involving thousands of people across the country. 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. Inclusion by CDC as high-risk area; anticipating further ROM requirements by DOD. Exponential increase in cases this week (3835 cases, 5-fold increase).</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td></td>
<td>HPCON: A</td>
<td>Minimal imported cases with no operational impact. No new cases reported since 1/28.</td>
</tr>
<tr>
<td>Taiwan</td>
<td></td>
<td>HPCON: A</td>
<td>Limited domestic transmission occurring with minimal operational impact. Minimal increase in cases this week (9 cases), but identified as “at risk” by CDC.</td>
</tr>
<tr>
<td>Thailand</td>
<td></td>
<td>HPCON: A</td>
<td>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 cases this week (6 cases), but identified as “at risk” by CDC.</td>
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<tr>
<td>Timor-Leste</td>
<td></td>
<td></td>
<td>No reported cases of COVID-19.</td>
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<tr>
<td>Tonga</td>
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<td>No reported cases of COVID-19.</td>
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<tr>
<td>Tuvalu</td>
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<td>No reported cases of COVID-19.</td>
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<tr>
<td>Vanuatu</td>
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<td></td>
<td>No reported cases of COVID-19.</td>
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<tr>
<td>Vietnam</td>
<td></td>
<td>HPCON: A</td>
<td>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. All 16 patients recovered, no new cases reported since 2/13.</td>
</tr>
</tbody>
</table>

Risk Level Legend:

- **A**: Increase in risk level since last week
- **A**: Decrease in risk level since last week
- **A**: No change in risk level since last week
- **A**: Current risk status

*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:
2. DOS: https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html
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
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 <@ccsg9.navy.mil> wrote:

XO – copy all, I just updated VADM Merz with same on SIPR.

V/r,
Studa

From: Baker, Stuart P RDML USN, CCSG-9 <@ccsg9.navy.mil>
Sent: Sunday, March 8, 2020 4:16 PM
To: Crozier, Brett E CAPT USN, USS Theodore Roosevelt <@cvn71.navy.mil>; Brett Crozier <@gmail.com>; LCDR USN, USS THEODORE Roosevelt <@cvn71.navy.mil>
Cc: CAPT USN, CSSG9 <@ccsg9.navy.mil> CAPT USN, USS Theodore Roosevelt <@ccsg9.navy.mil>
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,
Studa

From: Baker, Stuart P RDML USN, CCSG-9 <@ccsg9.navy.mil>
Date: Sunday, Mar 08, 2020, 17:43
To: Crozier, Brett E CAPT USN, USS Theodore Roosevelt <@cvn71.navy.mil>
Cc: CAPT USN, CSSG9 <@ccsg9.navy.mil>
Subject: RE: Ambassador email to ASD

Chopper,

Thanks for the update, much appreciated.

CoS – please have BWC let 7th 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.

V/r,
Chopper

Sent with BlackBerry Work
(www.blackberry.com)

From: Baker, Stuart P RDML USN, CCSG-9 <(b) (6) @ccsg9.navy.mil>
Date: Sunday, March 8, 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 7th 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>
Cc: (b) (6) CAPT USN, CSSG9 <(b) (6) @ccsg9.navy.mil>
Subject: Ambassador email to ASD

Sir,

FYSA. Email below from Ambassador Kritenbrink to ASD.

V/r,
Chopper

H-ES-4
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) '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) 's 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.

H-ES-4
Many details and potential implications to be worked through, obviously. But I wanted you to be aware immediately.

FYI, the two ships from the Strike Group in port in Danang are the USS Theodore Roosevelt and the USS Bunker Hill. According to their original schedule, both ships were supposed to depart Danang tomorrow, March 9.

We will keep you updated as this develops.

Regards, Dan

Dan Kritenbrink
Ambassador
U.S. Embassy Hanoi

Ambassador Kritenbrink,
No major changes to information below, but the team will have an internal synch at 0700, and meet with Vietnamese at 0830. By 0930, we should have a more clear picture and I will call following. FYSA, the 2 x Brits in question DID in fact test positive yesterday, but a second test is necessary to confirm. The results of second test may be ready as early as 1000 this morning. Moving forward under assumption we get consistent results.

VR,

COI, US Army
Senior Defense Official and Defense Attache, Vietnam

Ambassador Kritenbrink,
There is an emerging situation that involves contacts of the patient who recently returned from London-Paris-Milan. Two UK nationals were
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:

Must dial the lobby and ask for the extension.

VR.

COL, US Army
Senior Defense Official and Defense Attaché, Vietnam

SENSITIVE BUT UNCLASSIFIED

From: (b) (6)
Sent: Saturday, March 7, 2020 7:04 PM
To: (b) (6) (Hanoi) (b) (6) (HCM) (Hanoi) @state.gov; (b) (6) (Hanoi) @state.gov; Hanoi POL FSO
All: (b) (6) @state.gov; Hanoi PAS Americans
(b) @state.gov; Hanoi MGT Officers
(b) @state.gov; Hanoi RSO FSO
(b) @state.gov; Hanoi USAID Directors
(b) @state.gov; Hanoi Med Officer
(b) @state.gov; Hanoi INL Americans
(b) @state.gov; Hanoi GSO FSO
(b) @state.gov; HCMC All Section Heads
(b) @state.gov; HCMC EXEC Officers
(b) @state.gov; HCMC POL Officers
(b) @state.gov; Krienbrink, Daniel J (Hanoi)
(b) @state.gov; (b) (6) (HCM) (b) (6) @state.gov; (b) (6) @state.gov; (b) (6) @state.gov; (b) (6) @state.gov; (b) (6) @state.gov;
(b) (6) @state.gov; (b) (6) (b) (6)
(b) (6) @state.gov; (b) (6) (b) (6)
(b) (6) @pacom.mil;
(b) (6) CIV OSD OUSD

H-ES-4
All: Please see today's COVID-19 sitrep about four new cases in Hanoi.

Best regards,

[Name]

P/EO

Info Office:

CONS, POL, ECON, PAS, MGT, MED
DCM, DII, IMO_INFO, POL_INFO, DAO_INFO, HR_INFO, EXEC_INFO

H-ES-4
Subject: Vietnam: Coronavirus Reporting 4

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 17th 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.**

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.

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 checkpoints, 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 17th 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: Kriemenbrink

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<tr>
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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

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**UNCLASSIFIED**

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).
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 9th. The Vietnamese government locked down the hotel; we put sailors possibly affected in separate isolated berthing on the 9th. 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
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 14th 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 the 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 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 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 27th, berthing amidships and forward were not segregated. By the 29th, there were enough positives that we considered “chopping off” the berthing on the bow. By the 29th, 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
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 29th.

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
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 1st 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 1MC 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
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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 1st 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 XOs 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
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 3rd 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) 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 1st 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) 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 1st positives). After our first positives test results, all of the plans quickly changed. We sent out an amended LOGREQ. Even that 2nd LOGREQ became worthless by the time we pulled in. Lots of Ad Hoc planning continued as facts on the ground changed continuously. CAPT (b) 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 2nd 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
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 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 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 27th, 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
30th, 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 30th 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.
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.
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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 CSG’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 CD CO (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.

(Witness’ Signature) (Date) Time

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H-ES-5
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.

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, JAGC, USN, has been detailed as my counsel and I requested that he listen in on this interview. CDR 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 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.

BIографIC 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 7th 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 (DLCPO) 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 7th 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 7th 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 7th Fleet.

- VIETNAM PORT CALL -

When we pulled into Da Nang, we followed the protocols that were given to us in the 7th 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 39th 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 7th 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.
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 24th of March to the 2nd 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 7th 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 7th 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 29th 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 7th 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
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.

V/r,
Capt

CAPT Brett E. Crozier
Commanding Officer
USS THEODORE ROOSEVELT (CVN 71)

----- Original Message ----- 
From: CAPT USN, USS THEODORE ROOSEVELT
To: LCDR USN, USS THEODORE ROOSEVELT; Crozier, Brett E CAPT
Sent: Tuesday, March 10, 2020 6:50 AM
To: LCDR USN, USS THEODORE ROOSEVELT; Crozier, Brett E CAPT
USN, USS Theodore Roosevelt
Subject: RE: Follow up

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: LCDR USN, USS THEODORE ROOSEVELT
Sent: Tuesday, March 10, 2020 6:51 AM
To: Crozier, Brett E CAPT USN, USS Theodore Roosevelt
Cc: CAPT USN, USS Theodore Roosevelt
Subject: Follow up

Captain,

Received a follow up from 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] (5)
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: [0]
Hydra [b]

H-ES-7
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: @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 out 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 bleachapolooza 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 RFI’s 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.
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 CSF. 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.
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H-ES-9
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 27th 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 1MC 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
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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.

(Name) IS-~~ate)

(Signed)

S> (Time)

I certify that the information in the statement above is true to the best of my knowledge or belief.

(Name) 15 MAY 2023 (Date) 2200 (Time)

Name of Interviewer: RDML Paul C. Spedero, USN
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.

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 ILL/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. Contract 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/risk/ 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 7th 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 7th 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 1MC 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 7th Fleet CUBs on Tuesdays or a specifically scheduled VTC, Warfare Commanders generally didn’t interact directly with 7th Fleet, but got feedback on what was discussed and 7th 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.
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)

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)
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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'ñågan 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'ñågan 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.
4. **Suspension of Statutes, Orders, Rules and Regulations That Prevent, Hinder or Delay Necessary Action to Respond to the Emergency.**

   Pursuant to Section 19405(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.
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 14th day of March, 2020.

\[Signature\]

LOURDES A. LEON GUERRERO  
Maga’hågan Guåhan  
Governor of Guam

Attested by:

\[Signature\]

JOSHUA F. TENORIO  
Sigundo Maga’låhen Guåhan  
Lieutenant Governor of Guam
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.


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.


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.


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

Source: Department of Defense Press Release (http://www.defense.gov/)
October for injection devices suitable for combating COVID-19 when a safe, proven vaccine becomes available.


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.


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.


DOD Response
May 7, 2020


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.

Source: Department of Defense Press Release (/Newsroom/Releases/Release/Article/2178152/dod-awards-126-million-contract-to-3m/)
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.


Federal Response
April 30, 2020

POTUS announces several new initiatives aimed at protecting America’s seniors from COVID-19.

DOD Response
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.


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.


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.


Federal Response
April 27, 2020

POTUS announces blueprint for testing to help safely open up America again.


DOD Response
April 26, 2020

USNS Comfort reports all patients are discharged.
Maj 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.

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.


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.


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.


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/CJTFHOA/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.


**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).


**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 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.


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.

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

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 for service members to accrue and retain an additional leave balance of up to 120 days.

Source: Department of Defense Release

DOD notifies Iowa, Kansas, Maine, and Vermont governors of essential assistance under the Stafford Act.

Federal Response
April 16, 2020

POTUS announces guidelines on the three phases of Opening Up America Again.

Source: White House Release

Virus Progression
April 15, 2020

Global COVID-19 case tally tops 2 million.

Source: Johns Hopkins University

Virus Progression
April 14, 2020

Source: Johns Hopkins University
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.


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.


Virus Progression
April 13, 2020

First death of an active duty service member from COVID-19.

DOD Response
April 13, 2020


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)
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)

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.

DOD releases Military Personnel Guidance Supplement 1 on military pay and personnel benefits.


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.


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.


Virus Progression
April 7, 2020

Japan declares state of emergency due to COVID-19.
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/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.


U.S. Forces Japan declares a public health emergency for all installations in the Kanto Plains region and in and around Tokyo.


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.
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


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.
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.


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 Guard members are supporting COVID-19 at the direction of their governors in 10 states, two territories, and the District of Columbia.


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.


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.


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.


DOD Response
March 29, 2020

USNS Mercy begins treating patients in Los Angeles.


DOD approves FEMA requests for assistance for New Jersey 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.


Defense Threat Reduction Agency delivers six C-17 shipments, totaling 3M COVID-19 test kit swabs, to support U.S. medical professionals testing needs.


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.


Secretary of Defense approves FEMA request for mortuary affairs, providing 100 individuals with expertise in the field.
DOD approves FEMA requests for assistance for California and Washington 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.


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.


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.


USNS Mercy arrives in Los Angeles.


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.


POTUS signs Executive Order to Order the Selected Reserve and Certain Members of the Individual Ready Reserve of the Armed Forces to Active Duty.


POTUS invokes the Defense Production Act, requiring GM to make ventilators.


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.

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.


Secretary of Defense raises DOD installations worldwide to Health Protection Condition Level Charlie.


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.


Virus Progression
March 24, 2020

First confirmed COVID-19 case at 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


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.


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.

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.  

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.  

DOD issues the Defense Industrial Base Essential Critical Infrastructure Workforce Memo, ensuring the defense industrial base's critical employees can continue working.  

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)

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.  

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 Region Plans and Operations officers to assist FEMA.
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.

U.S. State Department issues Global Level 4 Health Advisory: Do Not Travel.

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 COVID-19 public health emergency.
POTUS issues Executive Order on Prioritizing and Allocating Health and Medical Resources to Respond to the Spread of 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.

DOD approves 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.


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.

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.


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.


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.


Arlington National Cemetery closes for visitors; funerals conducted as scheduled.

Federal Response
March 13, 2020

POTUS declares the COVID-19 outbreak a national emergency.


DOD Response
March 12, 2020

Pentagon cancels tours until further notice.

Secretary of Defense raises Pentagon Health Protection Condition Level (/Explore/Inside-DOD/Article/2128863/hpcon-understanding-health-protection-condition-levels/) to Alpha.

Federal Response
March 12, 2020

Office of Management and Budget issues Telework Flexibilities Guidance.

World Health Organization declares COVID-19 a pandemic.


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.


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 Response
March 9, 2020

Skip to main content (Press Enter).
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.


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.


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
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


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.


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).
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.

Virus Progression
Feb. 12, 2020

Positive coronavirus tests at MCAS Miramar, Calif., and Lackland AFB, Texas quarantine sites.

Virus Progression
Feb. 11, 2020

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.

Protection Guidance Supplement 1
HEALTH_PROTECTION_GUIDANCE_FOR_THE_NOVEL_CORONAVIRUS_OUTBREAK_JAN_30_2020.PDF)

and MCAS Miramar, Calif.
First COVID-19 death in the United States.

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


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.


POTUS proclaims travel restriction on China for entering the United States.


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.


Health Protection Guidance
_HEALTH_PROTECTION_GUIDANCE_FOR_THE_NOVEL_CORONAVIRUS_OUTBREAK_JAN_30_2020.PDF


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.

Centers for Disease Control deploys multi-disciplinary teams to Illinois and Washington State.

China puts Wuhan on lockdown.

Source: Centers for Disease Control and Prevention (https://wwwnc.cdc.gov/eid/article/26/6/20-0251_article)

Virus Progression
Jan. 23, 2020

Passenger on American Airlines flight at Los Angeles Airport is quarantined after showing COVID-19 symptoms.

Virus Progression
Jan. 22, 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

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.


Virus Progression
Jan. 1, 2019

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.
State Department to provide support in dealing with the coronavirus outbreak.
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) [fe.navy.mil]
Commanding Officer
Naval Base Guam

W: [b] (6) [fe.navy.mil]
C: [b] (6)
NIPR: [b] (6) [fe.navy.mil]
-----Original Message-----
From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt
[mailto: brett.e.crozier@cvn71.navy.mil]  
Sent: Friday, March 20, 2020 8:06 PM
To: CAPT USN NBG < fe.navy.mil >  
Cc: LCDR USN NSF < FE.navy.mil > ; MCPO USN NBG < FE.navy.mil > ; CAPT USN, USS Theodore Roosevelt < cvn71.navy.mil > ; CMC USN, USS Theodore Roosevelt < cvn71.navy.mil >  
Subject: RE: TR PVST

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: CAPT USN NBG < fe.navy.mil >  
Cc: LCDR USN NSF < FE.navy.mil > ; MCPO USN NBG < FE.navy.mil > ; CAPT USN, USS Theodore Roosevelt < cvn71.navy.mil > ; CMC USN, USS Theodore Roosevelt
Subject: TR PVST

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)
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 COVID-19 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.

H-ES-15
(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.

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. 7th 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 6 (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. 7th 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 9th or 10th. 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. 7th 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. 7th 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. 7th 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. 7th 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. 7th 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 then 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.

(Witness’ Signature) 5/21/20 1412CE
(Date) Time
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, CCG-9
Sent: Tuesday, March 24, 2020 2:55 PM
To: CAPT USN, USS Theodore Roosevelt
Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; CAPT USN, USS Theodore Roosevelt; CAPT USN, CSSG9; CAPT USN, COMDESRO23; CAPT USN, CVW-11 CAG; CAPT USN, CVW-11 DCAG; CAPT USN, USS Theodore Roosevelt; CMC USN, USS Theodore Roosevelt; CDR USN, USS Theodore Roosevelt; CDR USN, USS THEODORE ROOSEVELT; CDR USN, USS Theodore Roosevelt; CDR USN, USS Theodore Roosevelt; CDR USN, USS Theodore Roosevelt; DCAG; BKH CO; CDR - BKH XO; LCDR USN, USS THEODORE ROOSEVELT; LCDR USN, USS T HEODORE ROOSE VELT; LCDR USN, USS Theodore Roosevelt; LCDR USN, USS Theodore Roosevelt; CMPO USN CVW-11 (USA); CMC USN, CSSG9; CMC USN, USS Theodore Roosevelt; 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: CAPT USN, USS Theodore Roosevelt <cvn71.navy.mil>
Sent: Tuesday, March 24, 2020 2:31 PM
To: Baker, Stuart P RDML USN, CCGS-9 <ccsg9.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

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/)

More: Disobeying quarantine orders is a misdemeanor on Guam (/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) 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) 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/](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/)
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-notices.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.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//
Put this timeline together with input from COS and Governor Leon Guerrero. 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 publicly 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 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 LeonGuerrero 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 [redacted] calls GHRA Director, [redacted], 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 FLCPAC, TR, JRM and GHRA on the hotel option.
- 01 Apr - Governor formally announces support.

V/r

John

-----Original Message-----
From: CAPT USN VCNO (USA) [mailto:[redacted]@navy.mil]
Sent: Tuesday, April 7, 2020 3:54 AM
To: Menoni, John V RDML USN JRM <[redacted]@navy.mil>
Cc: CAPT USN VCNO (USA) <[redacted]@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
From: Love, Robert E SES (USA) <navy.mil>

Sent: Monday, April 6, 2020 3:35 AM

To: Love, Robert E SES (USA) <navy.mil>; lcc19.navy.mil; CAPT USN VCNO (USA) <navy.mil>
Cc: CAPT USN CNO (USA) <navy.mil>; CAPT USN VCNO (USA) <navy.mil>; CDR USN VCNO (USA) <navy.mil>; CAPT USN COMPACFLT PEARL HI (USA) <navy.mil>; CAPT, Chief of Staff <fe.navy.mil>

Subject: RE: THR Timeline

Sir

Repass

Vr

John

Sent with BlackBerry Work (www.blackberry.com)

From: Love, Robert E SES (USA) <navy.mil>

Date: Monday, Apr 06, 2020, 5:08 PM

To: Menoni, John V RDML USN JRM <navy.mil>
Cc: CAPT USN VCNO (USA) <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: [email] [mailto:[email]]

Date: Monday, Apr 06, 2020, 2:20 AM

To: [email] [mailto:[email]], [email]

Cc: [email] [mailto:[email]], [email] [mailto:[email]], [email] [mailto:[email]], [email] [mailto:[email]], [email] [mailto:[email]]

Subject: RE: THR Timeline

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: CAPT USN, C7F <@lcc19.navy.mil>; CAPT USN VCNO (USA) <@navy.mil>; CAPT USN

Cc: CAPT USN VCNO (USA) <@navy.mil>; CAPT USN JRM <@navy.mil>

Subject: RE: THR Timeline

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
III MEF assistance request 26 Mar, - immediate positive response of support from CG III MEF. 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
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) @lce19.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
-----Original Message-----

From: CAPT USN VCNO (USA) <@navy.mil>

Sent: Sunday, April 05, 2020 9:16 AM

To: Love, Robert E SES (USA) <@navy.mil>

Cc: CAPT USN CNO (USA) <@navy.mil>; CAPT USN VCNO (USA) <@navy.mil>; CDR USN VCNO (USA) <@navy.mil>; CAPT USN COMPACFLT PEARL HI (USA) <@navy.mil>; Menoni, John RDML Commander, Joint Region Marianas <@fe.navy.mil>; CAPT USN, C7F <@lcc19 navy.mil>

H-ES-20
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!
Also, when were 4000 individual rooms requested for isolation of sailors?
Sent with BlackBerry Work

(www.blackberry.com)
From: CAPT USN VCNO (USA) <mailto:@navy.mil>

Date: Saturday, Apr 04, 2020, 4:07 PM

To: Love, Robert E SES (USA) <mailto:@navy.mil>

Cc: CAPT USN CNO (USA) <mailto:@navy.mil>, CAPT USN VCNO (USA) <mailto:@navy.mil>, CDR USN VCNO (USA) <mailto:@navy.mil>, CAPT USN COMPACFLT PEARL HI (USA) <mailto:@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 [D]
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
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
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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)
Recent Post by Page

USS Theodore Roosevelt
Yesterday at 6:44 AM

“Fast cruise is a major milestone for the ship and for the crew,” sa... See More

1.3K 135 Comments 152 Shares

Share

USS Theodore Roosevelt
May 14 at 12:28 AM

Tried and true, TR gets ready! Our Sailors have been working every d... See More

1.6K 142 Comments 186 Shares

Share

USS Theodore Roosevelt
May 10 at 4:43 AM

Today we take the time to recognize all mothers of THEODORE ROOSEVEL... See More

1.1K 71 Comments 232 Shares

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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 (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 (3rd 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 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.

(Date) 5/18/20
(Time) 21:35
(Signature)
Summary of Videoteleconference Interview of USS THEODORE ROOSEVELT (CVN 71) Public Affairs Officer

On 10 MAY 20, I interviewed LCDR (b) (6) [REDACTED], 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
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 import 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 1MC 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.
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.

-----------------------------------------------

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 CJRM 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 RDM 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 SEACNAV’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: (6 @navy.mil]
Sent: Thursday, May 7, 2020 9:44 AM
To: Menoni, John V RDML USN JRM @fe.navy.mil>
Cc: CAPT USN NAVY JAG WASH DC (USA) @navy.mil>; CIV USN COMNAVSAFECEN NOR VA (USA) @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)

Speedy,
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)

Sent: Thursday, May 7, 2020 8:27 AM

To: Menoni, John V RDML USN JRM @fe.navy.mil

Cc: CAPT USN NAVY JAG WASH DC (USA)

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.

VOLUNTARY STATEMENT

I have been provided the following summary of an interview conducted on 2
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
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.

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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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
Position: Chief of Staff
Command: CCSG-9
Department/Division: ___________
Email Address: @ccsg9.navy.mil
Phone(s): ___________

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 CSG-9 alike.
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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
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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 combating 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.

(Witness’ Signature)  18-Mar-20  1709
(Date)  (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

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.
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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
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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 IMC 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 ships 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
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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.
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.
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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 7th 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-compliant 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.
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
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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 did he do 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 into 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.

(Witness' Signature) 15 MAY 20 0700 EAT
(Date) Time
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

-----Original Message-----
From: CAPT USN, USS Theodore Roosevelt
Sent: Monday, March 30, 2020 1:48 PM
To: Miller, DeWolfe H VADM USN COMNAVAIRPAC SAN CA (USA); Baker, Stuart P RDML USN, CCSG-9
Cc: CAPT USN, CVW-11 CAG; CAPT USN, USS Theodore Roosevelt; CAPT USN, CVW-11 DCAG; CAPT USN, USS Theodore Roosevelt; CAPT USN (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)
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
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
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
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 21-25th January. By 4th February, public health measures such as removal and isolation of ill passengers and quarantine of non-ill passengers were implemented. By 20th 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. 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. 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. 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. 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. 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. 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. 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), although higher $R_0$ have since been reported with a mean of more than 3. On 18 February 2020, China’s CDC published their data of the first 72,314 cases including 44,672 confirmed cases. 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 co-morbidities. 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. Evidence is mounting that also mildly symptomatic or even asymptomatic cases can transmit the disease.
On 3rd 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 19th 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 Yokohoma, 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 20th February, the decision to evacuate was made and more than 3000 passengers left the ship. Most were air-evacuated by their respective countries.10

The cruise ship with a COVID-19 index case onboard between the 21-25th January serves as a good model to study its potential to spread in a population that is more homogenously 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 (R₀) 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 sources17,18 to calibrate a model and estimate the basic reproduction number R₀ 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 21st to 25th of January, 2020. We thus used the date of 21st 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 R₀ 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.19 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, β, and R₀ to infer the transmissibility and contact rate across the whole cruise ship population by the relationship:
\[ \beta = \text{transmissibility} \times \text{contact rate} = R_0/i \]

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.\(^8\) 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).\(^20\) 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.\(^9\)

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\(^{rd} \) and the 5\(^{th} \) 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:

\[
\frac{dS_g}{dt} = -\beta_{gg} I_g \frac{S_g}{N_g} - \beta_{gc} I_c \frac{S_g}{N_g}
\]

\[
\frac{dF_g}{dt} = \beta_{gg} I_g \frac{S_g}{N_g} + \beta_{gc} I_c \frac{S_g}{N_g} - E_g / l
\]

\[
\frac{dl_g}{dt} = E_g / l - \gamma l_g
\]

\[
\frac{dR_g}{dt} = \gamma l_g
\]

\[
\frac{dS_c}{dt} = -\beta_{cc} I_c \frac{S_c}{N_c} - \beta_{gc} I_g \frac{S_c}{N_c}
\]

\[
\frac{dE_c}{dt} = \beta_{cc} I_c \frac{S_c}{N_c} + \beta_{gc} I_g \frac{S_c}{N_c} - E_c / l
\]

\[
\frac{dl_c}{dt} = E_c / l - \gamma l_c
\]

\[
\frac{dR}{dt} = \gamma l_c
\]

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 where left with the naïve parameter settings (no countermeasures). The net effects of the countermeasures where 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\textsuperscript{rd} of February or 19\textsuperscript{th}...
of February. We estimated and presented the number of latent cases on 3\textsuperscript{rd} February evacuation and on 19\textsuperscript{th} 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\textsuperscript{rd} February, 2020. The transient function of removal and isolation of infected cases with an onset on 5\textsuperscript{th} 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\textsuperscript{th} 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\textsuperscript{th} of February (Figure 2). The net effect of the combined interventions was estimated to prevent a total number of 2307 cases by 19\textsuperscript{th} 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.\textsuperscript{9} 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 19th 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 3rd February, 2020, would have resulted in 76 latent cases (cases during the incubation time), while an evacuation by 19th 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. Interestingly, a rough estimation of the population per square km on this 18-deck ship is 286 by 62 meters (0.32 km$^2$). Assuming that only 50% of decks are being used, approximately 24,400 persons are confined per km$^2$ on a ship compared to approximately 6000 persons per km$^2$ (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. 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:
\[ \frac{R_0}{i} = \text{Transmissibility} \times \text{contact rate} \]

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:

\[ \text{contact rate} = \text{contact rate}_{\text{localized}} \times pd, \]

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\(^{st}\) January to 19\(^{th}\) February 2920 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\(^{rd}\) February and 5\(^{th}\) of February) substantially lowered the contact rate and reduced the cumulative case burden by an estimated 2307 cases by 19\(^{th}\) February. We note, however, that the longer time span of simulation beyond 19\(^{th}\) 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 R0. 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 19th 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 19th 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 19th 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.

**References**
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<td>Incubation period (days)</td>
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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.

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
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...

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
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 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.”

“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.

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.

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.”

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 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, jgarofoli@sfchronicle.com
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.”

(Witness’ Signature)  
13 MAY 2020  
1247

(Date)  
(Pacific Time)

Name of Interviewer: VADM Richard A. Brown, USN
From: CAPT USN, USS Theodore Roosevelt @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); Weber, Timothy Harding (Tim) RDML USN NAVMED WEST SAN CA (USA); Via, Darin K RDML USN DCNO N4 (USA); Hancock RDML James L; CAPT USN C7F; CAPT USN COMPACFLT NUTH (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)
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 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)

LT MSC USN
Physical Therapist
USS THEODORE ROOSEVELT (CVN 71)

(b) (6)

LT MC USN
Flight Surgeon
CVW-11
COS,

Here is the letter that we discussed.

V/r,

Doc

CAPT

Commander Naval Air Forces

Force Surgeon

-----Original Message-----

From: CAPT USN COMNAVAIRPAC SAN CA (USA) <@navy.mil>
Sent: Tuesday, March 31, 2020 9:17 AM
To: CAPT USN COMNAVAIRPAC SAN CA (USA) <@navy.mil>
Subject: FW: Guam

----- Original Message -----
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)
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,

[signature]

[Redacted information]
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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,

LCDR MC USN
Surgeon
USS THEODORE ROOSEVELT (CVN 71)

LT MSC USN
Physical Therapist
USS THEODORE ROOSEVELT (CVN 71)

LT MC USN
Flight Surgeon
CVW-11

CAPT MC USN
Senior Medical Officer
USS THEODORE ROOSEVELT (CVN 71)

LCDR-MC USN
Family Physician
USS THEODORE ROOSEVELT (CVN 71)
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. GILBAY
Department of the Navy Press Briefing with Acting Secretary of the Navy Thomas B. Modly and Chief of Naval Operations Admiral Michael Gilday

A P R I L  2 ,  2 0 2 0

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.
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.

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."

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.
Chief Gallagher had caught the president’s eye. Mr. Trump saw the commando as a victim of political correctness that he said hamstrings 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.
Smith Calls for Modly’s Removal After Mishandling U.S.S. Theodore Roosevelt COVID-19 Outbreak

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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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,

Thomas B. Modly
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)@email.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, 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 and 3rd 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.

3rd 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. 3rd 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.

(Witness' Signature) (Date) 5-18-20 1330

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