

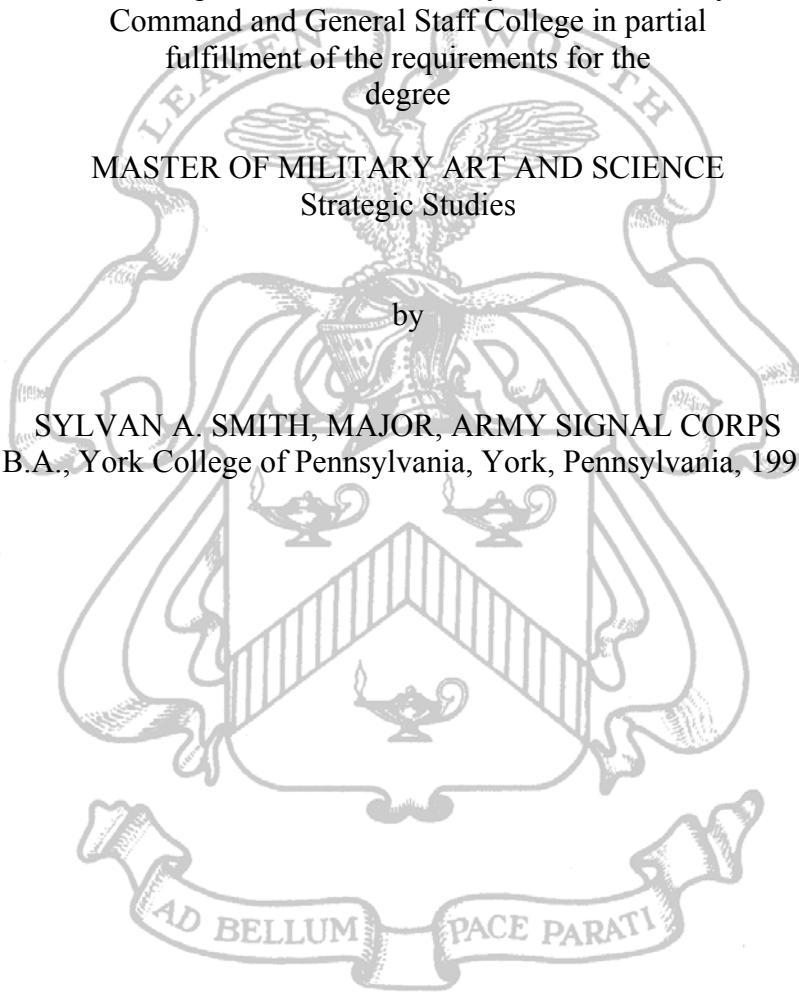
IF WE DON'T, WHO WILL?
THE EMPLOYMENT OF THE UNITED STATES ARMY TO COMBAT POTENTIAL
PANDEMIC OUTBREAKS IN WEST AFRICA

A thesis presented to the Faculty of the U.S. Army
Command and General Staff College in partial
fulfillment of the requirements for the
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Strategic Studies

by

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The opinions and conclusions expressed herein are those of the student author and do not necessarily represent the views of the U.S. Army Command and General Staff College or any other governmental agency. (References to this study should include the foregoing statement.)

ABSTRACT

IF WE DON'T, WHO WILL? THE EMPLOYMENT OF THE UNITED STATES ARMY TO COMBAT POTENTIAL PANDEMIC OUTBREAKS IN WEST AFRICA, by Major Sylvan A. Smith, 70 pages.

A glance at a newspaper or news program between May through June of 2014 tells the story. The Ebola virus developed into the foremost major crisis in West Africa, more specifically Liberia. The Liberian government became increasingly unable to manage the situation and the pandemic outbreak threatened to de-stabilize civil society. But what does this have to do with the United States? Why should Americans worry about a virus affecting people 4,600 miles away? Beyond providing medical aid and money, why would the U.S. deploy the Army into this crisis area? What would such a military operation look like? These questions will be explored in order to support or refute use of the Army in response to potential pandemic outbreaks in West Africa.

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ACRONYMS

ARC	American Red Cross
CRC	Civilian Response Corps
CS3	Crisis Surge Support Staff
EVD	Ebola Virus Disease
JTF	Joint Task Force
JTF-UA	Joint Task Force- UNITED ASSISTANCE
LOE	Line of Effort
NSS	National Security Strategy
OUA	OPERATION UNITED ASSISTANCE
QDR	Quadrennial Defense Review
USAID	United States Agency for International Development

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CHAPTER 1

INTRODUCTION

Overview

I beg you I am no magician. I can't just wave a magic wand.

—Liberian President Ellen Johnson Sirleaf

A glance at a newspaper or news program between May and December of 2014 told the story. The Ebola Virus Disease outbreak developed into the foremost major crisis in West Africa, more specifically Liberia, and the world wished Liberian President Ellen Johnson Sirleaf could wave her magic wand and make it go away. With an estimated population of over four million inhabitants, the potential Ebola pandemic outbreak threatened to de-stabilize civil society. But what does this have to do with the United States and why should the Army worry about a virus affecting people 4,600 miles away? Beyond providing medical aid, money, and advice, why would the U.S. deploy the Army into this crisis area? What would such a military operation look like? These are among the questions explored in this thesis.

Primary Research Question

The connection between pandemic outbreaks throughout the world, national security strategy, and the American response does not necessarily lead to an obvious use of military power. A deeper look begins with the primary research question, “should the U.S. Army deploy in the event of potential pandemic outbreaks in West Africa?” It must be acknowledged that the Army already did. A task force led by the 101st Airborne Division deployed to the capital city of Monrovia in support of Operation United

Assistance (OUA). Lasting from September 2014 until February 2015, the mission of OUA was to provide Department of Defense capabilities in support of U.S. government efforts to contain Ebola, save lives, alleviate human suffering, and promote stability in West Africa. Specifically, the mission required the construction of ten Ebola treatment units and the training of 1,539 healthcare workers. According to accounts in the media, OUA successfully completed its mission. However, just because an Army unit performed well and completed tasks does not mean that it should have been used to reach objectives and set conditions for a desired end state. This thesis examines if deploying an Army unit is legal and comprises the appropriate response to a pandemic outbreak.

Secondary Research Questions

In order to answer the primary research question, “Should the U.S. Army deploy in the event of potential pandemic outbreaks in West Africa?” the answers to a few secondary questions must be explored. Stepping through these secondary research questions represents a logical progression of thought from legality, to desired outcome or end state, to responsible party, and finally to ramifications of inaction.

The secondary questions to be answered in this thesis are:

1. Does the Army have the legal authority to perform tasks associated with a potential pandemic containment mission?
2. What tasks should the Army do in such an event and over what time frame?
(i.e., Operational Approach)
3. Is there any other agency within the U.S. government that could respond instead of the Army?

4. If the U.S. Army does not respond, what would the implications be to national security?

These secondary questions address a number of issues, the answers to which will be assessed using specific evaluation criteria. Those findings, when aggregated, lead to answering the primary research question and developing conclusions and recommendations for future research.

First, it must be established that the Army has the legal authority to perform tasks associated with a potential pandemic containment mission. The government assigned the Army many responsibilities under U.S. Code: Title 10 and divided them into four parts- Organization, Personnel, Training, and Service, Supply and Procurement. The code must be examined in order to establish if Title 10 grants the Army the legal authority, explicitly or implicitly, to perform tasks related to pandemic response and what those tasks may be.

It is not the intent of this study to question the authority of the President. He has the authority to use Department of Defense capabilities as he sees fit. The President is the Commander In Chief and as such, has the authority to deploy the Army as he deems necessary to maintain and strengthen national security. Instead, this study is meant to address whether or not the Army is the appropriate entity to be employed in potential pandemic response missions. Furthermore, it is acknowledged that the Army does not operate alone, but in a joint environment in concert with all of the services within the Department of Defense. The title and primary research question focus on the Army primarily because of the recent deployment to Liberia to combat the Ebola outbreak.

Certainly, the results of this study could theoretically be generalized to the US Military on the whole.

Next, what tasks should the Army do in such an event? What would the duration of the mission be? It must be established what the proper use is of the Army in a pandemic outbreak. An effective tool for determining mission, task, and purpose used in the Army is called an operational approach. This tool depicts lines of effort with nested objectives, which link a current state to a desired end state, and describes how to achieve that end state by executing specific tasks over a defined timeframe. This approach will be the basis for determining what functions the Army should do if responding to a pandemic outbreak.

Is there any other agency within the U.S. government that could respond instead of the Army? Two groups stand out as the most likely- the United States Agency for International Development (USAID) and the Civilian Response Corps (CRC). Both have mission statements that infer the capability to respond internationally in the event of a pandemic outbreak. According to USAID, the CRC's mission statement is to, under unified operating procedures, plan, coordinate, and conduct stabilization, reconstruction and conflict transformation operations abroad. USAID's mission is to partner with civil authorities to end extreme poverty and to promote resilient, democratic societies while advancing our security and prosperity (USAID 2014). Beyond this, the capacity of either agency to effectively reach the desired end state must be considered when determining if the U.S. Army is the only available resource able to respond.

Finally, if the U.S. Army does not respond, what could happen as a result and what would the implications be to the National Security Strategy? The relationship

between basic health services and civil security is complex. The Ebola Virus Disease outbreak of 2014 crippled the ability of the Liberian government's Ministry of Health to build up an appropriate response. The consequences of this breakdown will show what could happen to civil security if the Army does not respond. Ultimately, the cost of responding may be less than the cost of not responding.

Assumptions

There are a number of assumptions to discuss in order to frame the research as it applies to the primary research question, "should the U.S. Army deploy to West Africa in the event of a pandemic outbreak?" Assumptions are ideas or concepts that the researcher believes to be true and are necessary in order to continue with the research. They must be clarified to enhance understanding within the bounds of this study.

First, the study assumes that Liberia lacks the ability, currently and within the next three to five years, to respond to a domestic pandemic outbreak without assistance from partner nations and Non-Governmental Organizations. To set the stage in order to understand the civil conditions in West Africa that were so easily overcome by the Ebola outbreak, it is important to know just how young the governments in the area are.

though such problems plagued all the poor nations on the planet, they were particularly acute in Africa because of its severe political and military instability. Nowhere else in the world were governments so recently freed from centuries of European colonialism. (Garrett 1994, 206)

Evidenced by the World Health Organization statistic prior to U.S. involvement in 2014, the Ebola virus had infected over 5,500 people, killed 2,800 and was projected to infect approximately 550,000 citizens of Liberia and neighboring Sierra Leone by January 2015. The assumption was the Liberian government did not possess the capacity

internally to quell the outbreak as evidenced by Liberian President Ellen Johnson Sirleaf's "*Letter to the World*" address delivered in October 2014. She stated, "It is the duty of all of us, as global citizens, to send a message that we will not leave millions of West Africans to fend for themselves against an enemy that they do not know, and against whom they have little defense" (Sirleaf 2014). Furthermore, President Sirleaf goes on to describe the status of her government's capacity. "The virus has been able to spread so rapidly because of the insufficient strength of the emergency, medical and military services that remain under-resourced and without the preparedness to confront such a challenge" (Sirleaf 2014).

The second assumption is that the only other governmental entities with a charter to respond to potential health crises world-wide and capable of carrying out a comparable response to what the Army could deliver are the United States Agency for International Development (USAID), the Department of State's Civilian Response Corps (CRC), and USAID's Crisis Surge Support Staff (CS3). USAID most often comes to mind when thinking of ways in which the U.S. responds to challenges to foreign governmental systems or problems. The CRC and the CS3 are not nearly as well known. The missions and capabilities of these organizations will be fully explored in chapter 2, the literature review.

Third, implicit in this study, the Army's force structure and availability are assumed to be adequate to meet the anticipated operational requirements of pandemic response in the course of its normally planned training and operational requirements. Likewise, the researcher assumes that deploying Army units to West Africa for pandemic response neither positively nor negatively impacts the current operational tempo and

forecasted rotation of Army units into conflict zones throughout the world; therefore, it would pose no additional threat to national security. The study also assumes that the use of Army units includes all associated enablers, such as air or sea transport, without diminished capacity to support, and most likely within the framework of a joint operation.

Definitions and Terms

The following key definitions and terms provide fidelity and clarity when used in the context of this thesis. They provide a common understanding of certain concepts presented to the reader.

Pandemic: The Center for Disease Control website describes pandemics as sporadic, unpredictable, caused by a virus, spread from person to person, cause human illness, and most of the global population is susceptible. Three conditions must be met for a pandemic to start:

1. A new virus must emerge for which there is little or no human immunity
2. It must infect humans and causes illness
3. It must spread easily and sustainably (continue without interruption) among humans (Centers for Disease Control and Prevention 2010)

Response: If the national strategy requires an Army response, the term response, characterized by an identified unit leading a grouping of subordinate units with a specific mission, and key tasks, leads to an attainable end state. For instance, the response to the Ebola Virus Disease outbreak in Liberia in 2014, named Operation United Assistance, was a Joint Task Force, led by 101st Airborne Division, consisting of several subordinate units with varied military occupational specialties.

Should: “Should” connotes a moral propriety. The Merriam-Webster definition indicates the use of the word in order to indicate obligation, duty, or correctness. Should, in this thesis, refers also to the latter definition in that the primary research question seeks to explore if the Army has a moral obligation to respond to a pandemic outbreak in West Africa beyond the obligation incurred by being ordered to do so by the President when acting as the Commander in Chief of the U.S. Military.

Strategy: According to *Planning for Action: Campaign Plans and Tools*, strategy is the linkage of ways, ends, and means while accounting for risk, to get from current conditions to a desired end state over time by using the instruments of national power (diplomatic, informational, military, economic, financial, and legal) (Kem 2012). Additionally, the 2014 Quadrennial Defense Review further explains strategy as, “Strategy is about balancing ends, ways, and means; that is, our national objectives, our operational concepts, and the resources available to us” (Department of Defense 2014, 81). Throughout this thesis, the term strategy refers to that of the U.S. government while the purely military strategy is called the operational approach.

Limitations and Delimitations

Limitations and delimitations are existing or self-imposed factors that limit the scope of research and analysis. Limitations are potential weak points while delimitations set the boundaries and direct the focal point of the thesis and can be self-imposed. A significant limitation of this study is the small amount of historical information regarding previous use of military forces to mitigate threats to national security specifically posed by pandemic outbreaks abroad. However, parallels can be drawn from how the U.S.

Army responded to the Ebola Virus Disease outbreak in Liberia in 2014-2015 and how the Red Cross responded to the American flu epidemic of 1918-1919.

The thesis title and primary research question refer to the U.S. Army; however, it is acknowledged that the Army does not operate alone, but in a joint environment with all of the services within the Department of Defense. The title and primary research question focus on the Army primarily because of the recent deployment to Liberia to combat the Ebola outbreak. Certainly, the results of this study could theoretically be generalized to the US Military on the whole.

Not yet published by the Center for Army Lessons Learned at the time of this thesis' completion, the after action review compiled by 101st Airborne Division could have greatly contributed to this research. The lack of this after action review limits this study.

Due to the lingering presence of Ebola Virus Disease (EVD) in Liberia and neighboring West African countries, the Command and General Staff College Liberian Studies Group visit to Liberia was cancelled. All research will be conducted through multiple media sources. No research will be conducted after March 31, 2015 in order to allow sufficient time for analysis, conclusions, and recommendations.

Conclusion

The next chapter, chapter 2, discusses how the literature informs answers to the following secondary research questions:

1. Does the Army have the legal authority to perform tasks associated with a potential pandemic containment mission?

2. What tasks should the Army do in such an event and over what time frame?
(i.e., Operational Approach)
3. Is there any other agency within the U.S. government that could respond instead of the Army?
4. If the U.S. Army does not respond, what could happen as a result and what would the implications be to national security?

Systematically and sequentially finding answers to the secondary research questions supports and informs the conclusion to the primary research question, “should the U.S. Army deploy in the event of a pandemic outbreak in West Africa?”

CHAPTER 2

LITERATURE REVIEW

Introduction

Determining the answer to the primary research question, “Should the Army deploy in response to potential pandemic outbreak in West Africa?” requires a literature review. The purpose of this literature review is to lay the foundation for the parameters of this study. “It provides the basic rationale for the research” (Galvan 1999, 13). This information will be subsequently analyzed and used to answer the secondary research questions within Chapter 4: Data Presentation and Analysis. However, the answer to the first secondary research question, which is a presentation of legal authorities, is derived from the literature review alone and presented within this chapter.

Of primary importance, the legitimacy of such an operation, along with its associated tasks, must first be established. These general legal authorities are found within the boundaries of U.S. Code, the *National Security Strategy*, and the *Quadrennial Defense Review (QDR)*.

After satisfying legal requirements, the literature review moves on to examining a way to depict the actual objectives and end states which could be achieved by an Army response to potential pandemic outbreaks. Termed “operational approach,” this depiction of objectives and end state arises from two case studies. These objectives and end states mirror each other in the American Red Cross 1918-1919 Influenza response and the 101st Airborne Division led Joint Task Force deployment in Liberia from 2014 to 2015.

However, just because the Army has the capability and authority to execute a mission does not necessarily mean that it should be used. There are two other

governmental approaches to this scenario; either respond with the Civilian Response Corps resources, or not respond at all. The “no response” option, by its absence of action, may or may not pose a threat itself.

Legal Authority

In order to answer the primary research question, “Should the Army deploy in response to a pandemic outbreak in West Africa?” determining if the legal authority to do so must first be established. In order to lay the legal groundwork, Title 10 authorities must be discussed. United States Code, Title 10, Subtitle B, Part I, Chapter 307, Section 3062 describes that it is the “intent of Congress to provide an Army, in conjunction with the other armed forces, capable of preserving the peace and security, and providing for the defense, of the United States, the Commonwealths and possessions, and any areas occupied by the United States; supporting the national policies; implementing the national objectives; and overcoming any nations responsible for aggressive acts that imperil the peace and security of the United States” (U.S. Code, Title 10, Subtitle B, Part I, Chapter 307, Section 3062). The two requirements within the United States Code applicable to pandemic response abroad are supporting the national policies and implementing the national objectives.

First, national policies constitute the ways in which the U.S. government plans to carry out the National Security Strategy. The major focus areas in the 2015 *National Security Strategy* (NSS) include security, prosperity, values, and international order. Within each of those categories, the President outlines specific goals. For instance, when discussing the goals for international order, the President commits to “working with partners to reduce deaths from Ebola” and that “The Ebola epidemic in 2014 serves as a

stark reminder of the threat posed by infectious disease” (Obama 2015, 27). Pandemics, and specifically Ebola, qualify as threats to national security and must be responded to as such. An Army response then falls in line with national policy and exists within the legal parameters discussed in United States Code, Title 10, Subtitle B, Part I, Chapter 307, Section 3062.

Second, national objectives prescribe where efforts and resources are applied. When attained, the national objectives link together to move the U.S. collectively toward the desired end state. As stated in the QDR, “considered necessary to protect the core interests of the United States” (Department of Defense 2014, 81), national objectives serve to mitigate risks to our national security interests as listed in the NSS. Army pandemic response addresses one of the eight risks to U.S. interests, the goal of which is to combat global infectious disease outbreaks and implement national objectives (Obama 2015, 2). Beyond this explicit reference to pandemic outbreaks, the actions undertaken within the framework of an Army response cannot be accomplished without a partnership with Liberian Governmental agencies. Under the President’s plan, the U.S. must “forge diverse partnerships across our political spectrum” (Obama 2015, 3). Accordingly, by responding to EVD in Liberia the Army supports the NSS’s call for diverse partnerships for America.

The mission of the United States Army is “to fight and win the Nation’s wars through prompt and sustained land combat, as part of the joint force” (Headquarters, Department of the Army 2012a, 1, 1-8). Seemingly, this leaves no room for actions such as pandemic response. However, the doctrine goes on to state “We do this by . . . Accomplishing all missions assigned by the President, Secretary of Defense, and

combatant commanders” (Headquarters, Department of the Army 2012a, 1-8). The doctrine goes on to describe the three strategic roles within the scope of the Army Vision: to prevent, shape, and win (Headquarters, Department of the Army 2012a, 1-5). Further reasoning to support the fact that the potential pandemic support is within the Army’s mission is found within its shaping role. “Shaping the strategic security environment improves the chance for peace around the world. It diminishes regional tensions and is therefore vital to American security interests” (Headquarters, Department of the Army 2012a, 1-8). As established previously in this chapter, the NSS lists global pandemic disease outbreaks as a threat to U.S. interests, therefore, in the context of the mission statement, the Army is duty-bound to execute potential pandemic response.

Is an Army response to a pandemic outbreak in West Africa legal? Based on the literature review and the Army mission statement, such a response is legal and the Army derives its authority from United States Code, Title 10, Subtitle B, Part I, Chapter 307, Section 3062. While not explicitly referred to in U.S. Code, a potential pandemic outbreak response by the Army both supports national policy and implements national objectives.

What to Do: The Operational Approach

An operational approach, which includes identifying a desirable end state and objectives organized along lines of effort, answers the secondary research question, “What tasks should the Army do in such an event and over what timeframe?” As described in *Planning for Action: Campaign Concepts and Tools*, an operational approach is not meant to be a “developed plan of action or course of action,” but rather a broad concept (Kem 2012, 52). The disparities that arise when comparing current

conditions and future end state serve as the starting point to create lines of effort (LOE). LOEs constitute the activities that must be accomplished in order to shape the current conditions in order to achieve the desired end state in a future point in time (Kem 2012, 53).

The application and development of an operational approach must be understood in a military context because this study focuses on an Army response to potential pandemic outbreak. Instead of making a list of disjointed tasks, “commanders translate their operational approach into a concept of operations and ultimately into tactical tasks. Commanders then array forces and maneuver them to achieve a desired end state” (Headquarters, Department of the Army 2012b, 4-1). This captures the idea that objectives, through their linkage and their logical organization by purpose, form LOEs that keep the operational momentum going from current conditions all the way through to desired end state. “It provides a unifying purpose and focus to all operations” (Headquarters, Department of the Army 2012b, 4-2).

Further explanation of how and why an operational approach benefits this study is included in Chapter 3. Understanding the role of the American Red Cross (ARC) in the 1919 flu epidemic, and the response of the 101st Airborne Division Joint Task Force during OUA in 2014-2015 assists in establishing what a baseline response should include, objectives that must be accomplished along the way, and end state. These two pandemic responses had many common tasks and objectives, which, once distilled, fall into line along the LOEs. A proposed operational approach is presented in chapter 4.

Who Else?

Once the President of the United States identifies a need to mobilize a national response to a potential pandemic outbreak, a responding body must be identified and tasked with the responsibility. As explored when reviewing U.S. Code, the Army has the legal authorization for such a mission, but the next secondary question addresses “Is there any other agency within the U.S. government that could respond instead of the Army?” Answering this question requires investigation into the purpose and scope of three governmental agencies designed to assist foreign governments in times of crisis: the United States Agency for International Development (USAID), the Civilian Response Corps (CRC), and the Crisis Surge Support Staff (CS3).

First, USAID, the lead government agency that works to foster the civil capacity of foreign nations, could perhaps respond to a potential pandemic outbreak instead of the Army. USAID’s overall mission states, “We partner to end extreme poverty and to promote resilient, democratic societies while advancing our security and prosperity” (USAID 2014). Stemming potential pandemic outbreaks supports the goal of advancing the security of the U.S. as seen earlier in this chapter when reviewing documents such as the National Security Strategy and the Quadrennial Defense Review. Under their Global Health Initiatives, the USAID Emerging Pandemic Threats Program lists the timely and effective control of outbreaks as one of their overarching objectives to be accomplished through their Preparedness and Response project (USAID 2015). The Preparedness and Response project specifically “aims to enable national governments to establish and strengthen systems, policies, and practices for prevention, detection, response, and control of emerging disease threats” (USAID 2015).

Second, an entity within USAID may offer another alternative to an Army response. The Crisis Surge Support Staff (CS3) resides in the Office of Civilian Response within USAID. It hires, trains, and immediately deploys civilian experts in support of USAID and other U.S. government efforts in unstable countries for up to ten months (USAID 2015). Called the “Firehouse,” this deployable team consists of specialists skilled in civil development, democracy and governance, elections, strategic communications, and contracting who could achieve training, building, and sustaining objectives.

Third, the Civilian Response Corps (CRC) could offer an alternative to an Army response. “Without additional funding by Congress, the Civilian Response Corps will dissolve upon completion of spending the \$55 million for the 600-person pilot project.” (Dopplick 2009). While this statement was from 2009, it paints a picture of the fleeting and seemingly provisory nature of the CRC. Originally developed through a partnership between the State Department and USAID, the CRC’s mission included recruiting, training, and deploying civilian experts, including development of a surge capacity, to support stabilization efforts in fragile states (Serafino 2009, 1). The long-term plan to be carried out within two years, called for an active component of 250 people who could respond within forty-eight hours, and a 2,000- member stand-by component capable of deploying within 45-60 days (Serafino 2009, 5). Despite this strong start, the CRC seems to have lost momentum. Mentioned throughout the 2010 *Quadrennial Diplomacy and Development Review*, the State Department laid out clear plans to build a corps of civilian experts featuring a globally deployable surge capacity. However, the 2015 *Quadrennial Diplomacy and Development Review* makes no reference to the Civilian Response Corps

at all. State Department focus shifted away from maintaining the CRC and its vision has not yet been fully realized.

There are three U.S. governmental entities with mission sets suitable to answer the secondary research question, “Is there any other agency within the U.S. government that could respond instead of the Army?” USAID, including the CS3, and CRC, do in fact possess timely deployment capabilities, but is that enough? Their missions and capabilities compared to the Army’s will be analyzed and presented in chapter 4.

Implications to National Security

The final secondary research question, “If the U.S. Army does not respond in the event of a potential pandemic outbreak, what could the implications be to national security?” requires a further review of the *National Security Strategy*. The NSS opens with a preface by the President in which he specifically mentions that the “outbreak of infectious diseases” presents a serious challenge to national security. He places infectious disease, along with aggression and terrorism, as the apexes of the “Bermuda Triangle” of threats to United States’ core interests. He goes on to specifically reference the Ebola Virus Disease (EVD), illustrating just how important he thinks that particular disease is, and how vulnerable the United States and the world may be if exposed to it.

The NSS sets out the principles and priorities to guide the use of American power and influence in the world . . . to deter and, if necessary, defeat potential adversaries” (Obama 2015, 1). The “potential adversaries” must not necessarily be thought of as individual political leaders or representatives, countries, or armies. Instead, adversaries include any situation or condition that poses a strategic risk to national interests. Specifically, the NSS names eight priorities that threaten national security to include

severe global infectious disease outbreaks, and the significant security consequences associated with weak or failing states such as regional spillover (Obama 2015, 2). The U.S. military, named as a defender of America's enduring national interests, as the bedrock of national security, must maintain readiness in order to create time and space for diplomacy to work or mitigate the effects of natural disasters (Obama 2015, 7). Most specifically, the NSS states that the military is postured globally to render humanitarian assistance and build the capacity of partners to meet security challenges.

The potential weaponization of the Ebola Virus Disease makes the discussion of its threat more concrete. In late 2014, British military researchers evaluated whether terrorist organizations such as al-Qaida and the Islamic State of Iraq and Levant could use EVD to attack western targets and determine the "feasibility and potential impact of a non-state actor exploiting the Ebola outbreak in West Africa for bioterrorism" (Doward 2015). The British Government kept the specifics behind such an attack secret, but the study describes three ways in which EVD might fit the agenda of both state and non-state actors. However, Dr Filippa Lentzos, Senior Research Fellow at King's College London and bioterrorism expert, stated when commenting on the British Military report that the window for infection was small. Individuals could travel to West Africa and then on to target destinations world-wide, but "they're not likely to be functional for very long. They're going to be very sick and you'll see that. So they would have only a very small window in which to operate" (Doward 2015).

Moral Obligation

The word "should" used in the primary research question requires more exploration to establish the context. As used in this study, "should" connotes a moral

obligation to perform an action. Susan Wolf, Distinguished Professor of Philosophy at the University of North Carolina at Chapel Hill, describes the difference between performing actions because an authoritative body ordered one to do so, and performing the same actions by reason of moral obligation (Wolf 2014, 11). She explains, “the claim that one is morally required may be used to single out cases in which moral reasons not only count in favor of something, they count decisively” (Wolf 2014, 11). Despite any other requirements compelling an action, the moral reason holds the most weight, “That is, they outweigh all other reasons that might favor doing anything else” (Wolf 2014, 12). In this sense, “should” implies altruistic motives which carry more weight than just performing actions from a sense of being duty-bound.

Earlier in this chapter, the presentation of legal authorities established that an Army response to a potential pandemic outbreak is legal and described in the Army’s strategic roles. However, this study seeks to explore more than just legality in order to answer the primary research question. The moral obligation that the United States has to respond to such a threat may or may not justify a response. This moral obligation and the degree to which it warrants a U.S. Army response is explained by Wolf on individual terms, but still applicable on an organizational level. She also discussed action versus inaction when stating, “we sometimes use “morally obligatory” when we think a person has decisive moral reason to do something—when we think, that is, that there are strong moral reasons for him to do it which outweigh whatever nonmoral reasons he might have in favor of doing something else” (Wolf 2014, 28).

Conclusion

The review of the literature provides insight into the secondary research questions. The first secondary research question was answered in the course of this chapter during the presentation of legal authorities. The U.S. Army does have the legal authority to respond in the event of a potential pandemic outbreak as granted under the general provisions in United States Code, Title 10, Subtitle B, Part I, Chapter 307, Section 3062. The answers to the remaining secondary research questions will be presented in the course of chapter 4. The next chapter, chapter 3, will outline the research methodology for this study.

CHAPTER 3

RESEARCH METHODOLOGY

Introduction

The researcher will employ several methods to answer the primary research question, “Should the U.S. Army deploy in the event of potential pandemic outbreaks in West Africa?” as well as the secondary research questions that shape this study. Those methods include a review of literature, development of an operational approach, and application of evaluation criteria. The resulting answers to the secondary research questions, after aggregation, will lead to answering the primary research question.

This research begins with a qualitative meta-analysis and review of literature. As introduced in the last chapter, determining whether or not the Army should deploy in the event of a potential pandemic outbreak in West Africa, requires consideration of the existing literature. Next, the secondary research questions will be researched and addressed in a step-by-step-approach, which provides structure during analysis. Then, a set of evaluation criteria based on the secondary research questions will be developed to assist in identifying the best answer to the primary research question. Finally, based on the application of the evaluation criteria, a conclusion will be drawn and the primary research question answered. Based on the research findings and the answer to the primary research question, the last step will be drawing conclusions and recommending a direction for future research.

Operational Approach

Once the review of literature is complete, more must be done in order to shape the general concept and scope of an Army response to a potential pandemic outbreak in West Africa. This response concept will have objectives and a description of a set of conditions in the future, known as an end state (Headquarters, Department of the Army 2012a, 1-6). In order to identify objectives that can be accomplished in a reasonable amount of time and are geared toward an achievable end state, an operational approach will be developed. An operational approach will describe how to “change current conditions to the desired future conditions” (Kem 2012, 52). This proposed operational approach will not be a comprehensive list of all tasks that must be accomplished. Instead, it will describe broad concepts (Kem 2012, 52). The case studies of the American Red Cross and Joint Task Force-United Assistance (JTF-UA) will be used to establish commonalities between the objectives and end state in the two responses. The visual framework that the operational approach will be depicted in is in figure 1. By depicting the operational approach in this manner, the relationships between current and future conditions, objectives, and the time frame estimated to do so becomes more understandable.

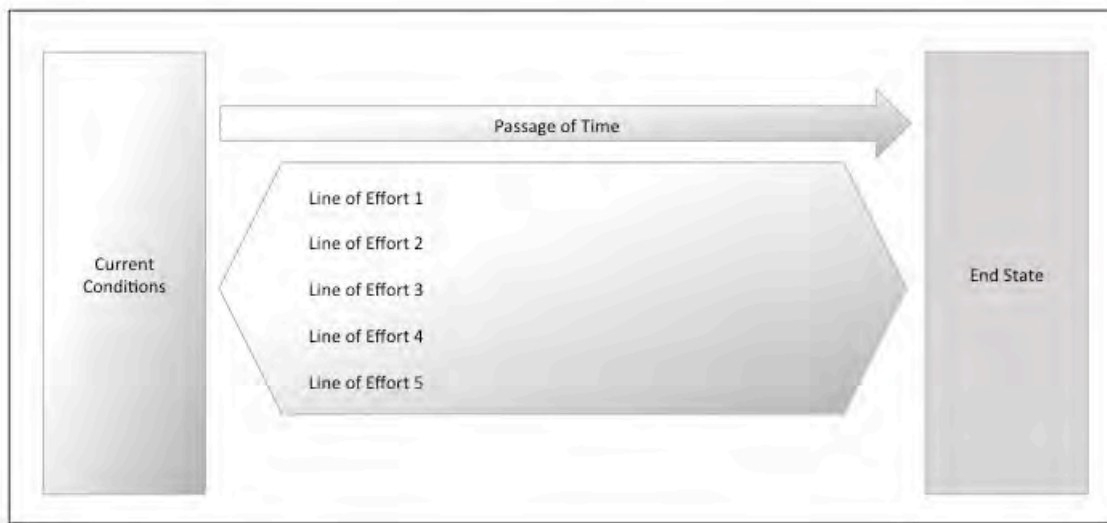


Figure 1. Operational Approach–Generic

Source: Jack D. Kem, *Planning for Action: Campaign Concepts and Tools* (Ft. Leavenworth, KS: U.S. Army Command and General Staff College, 2012).

The ways in which tasks will be organized is along lines of effort. “A line of effort is a line that links multiple tasks using the logic of purpose rather than geographical reference to focus efforts toward establishing operational and strategic conditions” (Headquarters, Department of the Army 2012a, 4-5). The tasks executed in both the Red Cross and JTF-UA will be grouped together using this logic of purpose and placed along lines of effort. This method is suitable and valuable when planning stability and civil support missions such as pandemic response efforts (Kem 2012, 158). Once the logic of purpose has been used to organize the lines of effort, tasks will be placed along them. These tasks, called operational objectives, will also be derived from the Red Cross and JTF-UA responses (Kem 2012, 165).

Evaluation Criteria

Things are not quite so simple always as black and white. (Attard 2007)

— Doris Lessing

There is more to answering the primary and secondary research questions than just getting to a yes or no answer. Since the primary research question contains the word “should,” there are bound to be gradations of yes and no, or grey areas, for which a set of evaluation criteria will assist in providing further clarification. Evaluation criteria are used for both military and civilian purposes because these can help establish if actions are suitable to achieve the desired results and “determine if the course of action is the best course of action to accomplish the mission” (Kem 2012, 223).

“Should” as used in the primary research question connotes a moral propriety, which indicates the use of the word in order to indicate obligation, duty, or correctness (Merriam-Webster 2015). “Should,” in this thesis, refers more to the latter definition in that the primary research question seeks to explore if the Army has an obligation to respond to a potential pandemic outbreak in West Africa because it has the authority and is best suited to do so. The degree to which the Army may or may not be obligated will be developed through application of the evaluation criteria that are based on the secondary research questions.

The evaluation criteria will determine if the Army is best suited to perform the potential pandemic response mission by determining the degree of obligation as each criterion is applied. Table 1 depicts the set of criteria that will be applied to the research, leading to a determination of if the U.S. Army has “Little Obligation,” is “Moderately Obligated,” or is “Explicitly Obligated.” First, each criterion will be addressed

individually and then aggregated in chapter 4. The level of obligation will become the gray area discussed in chapter 5.

Table 1. Response Evaluation Criteria			
Question	Little Obligation (1 point)	Moderately Obligated (2 points)	Explicitly Obligated (3 points)
1) Does the Army have the legal authority to deploy globally for pandemic assistance?			
2) Are the objectives and end state reasonable with an expectation of success?			
3) Is the Army the best suited organization to deploy globally for pandemic assistance?			
4) Are the risks to national security mitigated if the Army responds?			

Source: Developed by author.

The four evaluation criteria mirror the secondary research questions. These were chosen because, when examined in this context, these can help establish the degree to which the Army is or is not obligated to respond in the event of a potential pandemic outbreak to West Africa. Clarifying the gray area will be necessary because the primary research question asks, “Should the Army respond.” Should infers moral obligation and appropriateness, or “best fit.” As each criterion is applied to the study, a judgment will be made and defended as to where on the three part scale of obligation it falls: little (one

point), moderate (two points), or explicit obligation (three points). Once aggregated, the resulting determination of the degree of obligation will be tallied. The highest score indicates the best selection. This relative degree of obligation and appropriateness will be discussed in Chapter 4 as the research leads to answering the primary research question.

Research Methodology

The following is the step-by-step approach for the research in this thesis:

Step 1: The first step in the research design is to conduct a literature review to answer the question, “Does the Army have the legal authority to perform tasks associated with a pandemic containment mission?” This literature review will be in chapter 2.

Step 2: The second step in the research design is to use the American Red Cross and Joint Task Force-United Assistance case studies to answer the question, “What tasks should the Army do in such an event and over what time frame?” The answers to this question will include an Operational Approach and the development of lines of effort.

Step 3: The third step in the research design is to develop a framework of evaluation criteria to assist in determining answers to the following secondary research questions:

1. Does the Army have the legal authority to perform tasks associated with a potential pandemic containment mission?
2. What tasks should the Army do in such an event and over what time frame?
(Operational Approach)
3. Is there any other agency within the U.S. government that could respond instead of the Army?

4. If the U.S. Army does not respond, what would the implications be to national security?

Step 4: The fourth step in the research design is to aggregate the findings once the evaluation criteria have been applied. This, when combined with the operational approach, will answer the primary research question.

Step 5: Finally, the last step in the research design is to draw conclusions and make recommendations for future research.

Threats to Validity and Biases

There are a several issues that pose a threat to validity and bias to the research. Threats to validity affect the accuracy of the research and soundness of the conclusion. Threats to external validity degrade the degree to which the researcher can generalize findings from research and correctly apply it to other groups and settings. History is a threat to external validity applicable to this study specifically as it relates to the Red Cross flu pandemic of 1918-1949 case study. This threat could cause the researcher to apply techniques, approaches, and solution sets from that case study to present day operations without taking historical events into context.

Biases, also known as psychological traps, threaten the validity of this research. At the beginning of the study, the researcher has an idea where the research may go and what the outcomes and answers to the primary and secondary research questions might be. The confirming evidence trap influences the sources used for examination and the interpretations of the research, most likely subconsciously, causing more weight to be placed on evidence supporting the researcher's original thoughts. By keeping these

threats to validity and biases in mind, the researcher seeks to mitigate the negative effects on the study and on the conclusions drawn.

Conclusion

The goal of using this type of research methodology is to succinctly answer the primary research question given the threats to validity, biases, limitations, and delimitations. The review of literature, development of an operational approach, and application of evaluation criteria, which result in answers to the secondary research questions after aggregation, guide this study toward answering the primary research question, “Should the U.S. Army deploy in the event of potential pandemic outbreaks in West Africa?” The next chapter, chapter 4, contains an analysis of the data collected within this study.

CHAPTER 4

DATA PRESENTATION AND ANALYSIS

Introduction

This chapter contains a presentation of the data collected in this study in order to answer the primary research question, “Should the U.S. Army respond in the event of a potential pandemic outbreak in West Africa?” Throughout the course of this study, the literature review and the research methodology leads to answering the secondary research questions and ultimately this primary research question. Presentation and analysis of the findings requires using a step-wise approach as described in chapter 3.

Step 1: Results of the Literature Review

The literature review led to answering the first secondary research question directly. “Does the Army have the legal authority to perform tasks associated with a potential pandemic containment mission?” As directed by the President, the law allows for and gives the Army the legal authority for a potential pandemic response. The Army derives its legal authority from U.S. Code, Title 10, Subtitle B, Part I, Chapter 307, Section 3062. While this section does not explicitly spell out a potential pandemic response mission, the two key phrases that establish the moral obligation are “supporting the national policies” and “implementing the national objectives.” President Obama references Ebola Virus Disease and pandemics in general in his 2015 *National Security Strategy* making it the policy of the U.S. to mitigate the destabilizing effects of uncontrolled disease and the threat those conditions pose to U.S. national security. National objectives prescribe where efforts and resources are applied. The Quadrennial

Defense Review states that certain objectives are “considered necessary to protect the core interests of the United States” (Department of Defense 2014, 81). Risks to those core U.S. interests, listed in the NSS, directly mention combatting global infectious disease outbreaks. Since Ebola has the potential of becoming a global epidemic, the U.S. must respond to defend their core interests. U.S. Code, while not explicitly naming the mission of pandemic response, when united with the NSS and QDR- which do mention it- establishes the legal authority of the Army to respond to a potential pandemic outbreak.

“Is there any other agency within the U.S. government that could respond instead of the Army?” United States Agency for International Development (USAID), the Crisis Surge Support Staff (CS3), and the Civilian Response Corps (CRC) are potential alternatives to the Army as the other governmental agencies with some level of capacity to mount an appropriate response. However, as their structures and mission statements describe, they each lack components that would produce the same results as an Army response to a potential pandemic outbreak. As stated in the literature review, the CS3 is a department within USAID but has a mission specific enough to warrant separate analysis.

USAID’s overall mission states, “We partner to end extreme poverty and to promote resilient, democratic societies while advancing our security and prosperity” (USAID 2014). More specific to the potential pandemic response mission is their Emerging Pandemic Threats Program; being one of USAID’s Global Health Initiatives, this program lists the timely and effective control of outbreaks as one of their overarching objectives to be accomplished through their Preparedness and Response project. The goal of this project is to “enable national governments to establish and strengthen systems, policies, and practices for prevention, detection, response, and control of emerging

disease threats” (USAID 2015). Mitigating the effects of potential pandemic outbreaks supports the goal of advancing the security of the U.S. as described in Chapter 2 when reviewing documents such as the National Security Strategy and the Quadrennial Defense Review. However, the Preparedness and Response project lacks the intent and capability to surge in response to a potential outbreak in the same way that the Army did in OUA. This was evident by the fact that there were already USAID personnel in Liberia at the time President Obama called for military assistance. USAID was unable to facilitate Liberian Governmental capacity because the outbreak had already eroded existing health treatment systems. The key objectives and activities of USAID’s response plan surround the preemptive bolstering of foreign governmental systems so that they may handle their own pandemic crises. While ideal, this plan makes no provision for surging Preparedness and Response resources to build, train, and sustain after a pandemic cripples a foreign nation’s organic health care and treatment capacity to do so. USAID lacks the resources for robust and long-term response, and therefore the capability, to respond appropriately in the event of a potential pandemic outbreak.

The CS3 resides in the Office of Civilian Response within USAID, with a mission to hire, train, and immediately deploy civilian experts in support of USAID and other U.S. government efforts in unstable countries for up to ten months (USAID 2015). This worldwide deployable team, called the “Firehouse”, consists of specialists skilled in civil development, democracy and governance, elections, strategic communications, and contracting. These skills are clearly linked to the lines of effort (LOEs) presented in Step 2, later described in this chapter. These individuals could achieve training, building, and

sustaining objectives, however, like the CRC lack the ability to summon resources to do so in the same manner seen in the case studies (USAID 2015).

Despite the fact that the CRC's mission includes recruiting, training, and deploying civilian experts- including development of a surge capacity to support stabilization efforts in fragile states- there is a mismatch between capability and problem set (Serafino 2009, 1). A CRC response would be too little, too late. Because the CRC consists of civilian subject matter experts who primarily assist host nation governmental agency leadership, it lacks the ability to leverage logistics and engineering assets as seen in the JTF-UA response, which proved to be necessary for successfully completing their building and sustaining objectives.

USAID's mission states that they partner with foreign governments to enhance their resiliency while advancing U.S. security and prosperity. As examined when addressing the legal authority to respond globally to pandemics, Ebola Virus Disease does pose a threat to U.S. security. This assigns USAID, specifically the Preparedness and Response project within, some responsibility for the potential pandemic containment mission. The Preparedness and Response project specifically "aims to enable national governments to establish and strengthen systems, policies, and practices for prevention, detection, response, and control of emerging disease threats" (USAID 2015). New systems cannot be established in times of crisis, neither can existing systems be adequately strengthened or restored.

The CRC and the CS3 both advertise surge capacities for times of crisis, however, they both lack the quantity of personnel necessary to stem a potential pandemic outbreak once a host country's systems are incapacitated. Like USAID, these U.S. agencies are

most effective when working in partnership with a host government that has some established health and security systems, and not one that is undermined by crisis. No other organizations but the Army, with its ability to mount a response like OUA, provide the best capabilities to respond in the event of a potential pandemic outbreak. Admittedly, for the purposes of this study, this general capability analysis is based largely upon the Army mission as described in the literature review, which laid out its legal authorities and strategic roles.

There are three U.S. governmental agencies with mission sets suitable to answer the secondary research question, “Is there any other agency within the U.S. government that could respond instead of the Army?” USAID, CS3, and CRC, do in fact possess timely deployment capabilities. While they could get skilled professionals to the sites of potential pandemic outbreaks quickly to work toward limited building, training, and sustaining objectives, it seems that their success rests on the assumption that the host nation retains capacity to handle the long-term, health effects of the impending crisis and need only guidance through partnership. This distinction is an important one in the context of a potential pandemic response. Furthermore, the breakdown of host nation capacity and capability, common to both the American Red Cross and JTF-UA case studies, indicates that a USAID, CRC, or CS3 response would be inadequate and should not be the primary solution. The U.S. Army then becomes the best option of the four to comprehensively accomplish building, training, and sustaining objectives.

“If the U.S. Army does not respond, what would the implications be to national security?” If the virus had spread to all of West Africa and destabilized the region, the QDR describes follow-on threats to U.S. national security that could develop. “These

effects are threat multipliers that will aggravate stressors abroad such as poverty, environmental degradation, political instability, and social tensions – conditions that can enable terrorist activity and other forms of violence” (Department of Defense 2014, 8). The NSS also predicts global security ramifications if pandemics are left to rage when it describes, “the increasing interdependence of the global economy . . . creates shared vulnerabilities as interconnected systems and sectors are susceptible to the threats of . . . pandemic diseases” (Obama 2015, 4). USAID predicted what might happen should Ebola continue to spread uncontrolled. "We had to go with a full-court press because the consequences if we didn't get this thing under control were not only significant for Liberia and the neighboring countries, but also on a global scale as we saw with some cases coming to the U.S," said Doug Mercado, West Africa Regional Director for USAID. This underscores the linkage between local and global security challenges, and the malevolent opportunities for threats to U.S. national security to develop.

Answering the secondary research question requires focusing on likely outcomes based on the current geo-political situation described in the *Quadrennial Defense Review* and the *National Security Strategy*. “In Africa, terrorists, criminal organizations, militias, corrupt officials, and pirates continue to exploit ungoverned and under-governed territory on the continent and its surrounding waters” (Department of Defense 2014, 5). As the Ebola Virus Disease swiftly ravaged Liberia and diminished the treatment capacity of civil systems, the country quickly slipped into the category of “under-governed territory.” Given this relationship between under-governed areas and the security threats they pose, the state of civil affairs in Liberia became a threat to U.S. national security and national security interests. Furthermore, Army doctrine describes the relationship between global

instability and national security- “Shaping the strategic security environment improves the chance for peace around the world. It diminishes regional tensions and is therefore vital to American security interests” (Headquarters, Department of the Army 2012a, 1-5). According to the QDR, “The potential for rapidly developing threats, particularly in fragile states . . . could pose acute challenges to U.S. interests” (Department of Defense 2014, 5).

The potential weaponization of the Ebola Virus Disease became a topic of British military research. In late 2014, British military researchers evaluated whether terrorist organizations such as al-Qaida and the Islamic State of Iraq and Levant could develop an Ebola weapon of terror. One possible scenario examines how chosen individuals could travel to West Africa, get infected, and then disperse globally. However, because individuals become acutely and visibly ill so rapidly, the window of opportunity in which to operate is short (Doward 2015). Consequently, weaponization is unlikely.

The virus in and of itself may not be a robust weapon, but what of its crippling effects to a nation’s capacity to manage a potential outbreak as seen in Liberia? As the President states in the NSS, “conflict-affected states incubate and spawn infectious disease, illicit weapons and drug smugglers, and destabilizing refugee flows” (Obama 2015, 1). Dr. Lentzos, Senior Research Fellow in the Department of Social Science, Health and Medicine, Kings College London, confirms the necessity of functional public health capability- absent in Liberia in late 2014 leading to the JTF-UA deployment- when she commented, “In a country with a developed public health system like the UK, there would be plenty of chances to clamp down on an outbreak.” She goes on to say, “If your

aim is not to kill a lot of people, or even make them ill, but instead to frighten them and cause a huge level of societal disruption, then bioterrorism would do that.”

If the U.S. Army did not respond to a potential pandemic outbreak, the implications to national security are not guaranteed but would inevitably be grave. The Ebola outbreak in Liberia in 2014-2015 illuminated just how catastrophically and quickly crisis conditions developed. Robert G Webster, Chair of the virology division at St Jude children’s research hospital described, “In West Africa, no one was prepared for Ebola. We are better off for flu; we can be prepared more quickly. But still if something like Ebola was to spread rapidly, there wouldn’t be the resources in the world. You have to have the equivalent of a police force to deal with it” (Woolf 2014). The threat from EVD lies in the way it taxes governmental capacity and erodes national security. A 2003 study by the National Defense Research Institute concludes, “if left unchecked, disease can undermine public confidence in the state’s general custodian function, in the process eroding a polity’s overall governing legitimacy as well as undermining the ability of the state itself to function” (Brower and Chalk 2003, 8).

After answering three of the secondary research questions in Step 1 of this chapter, Step 2 is to examine what the Army’s response to a potential pandemic outbreak might look like.

Step 2: Proposed Operational Approach

“What tasks should the Army do in such an event and over what time frame?”

The second step in the research design is to use the American Red Cross and Joint Task Force-United Assistance case studies to answer this secondary research question. The answers to this question include an Operational Approach and the development of lines

of effort. Figure two represents this framework pictorially. On the left side of the figure, the current conditions describe the breakdown of Liberia's governmental systems, precipitating the need for assistance. On the right side, the end state describes the desired conditions at a point in time. The lines of effort characterize what types of objectives, organized by logic of purpose, shape the current conditions into the desired end state.

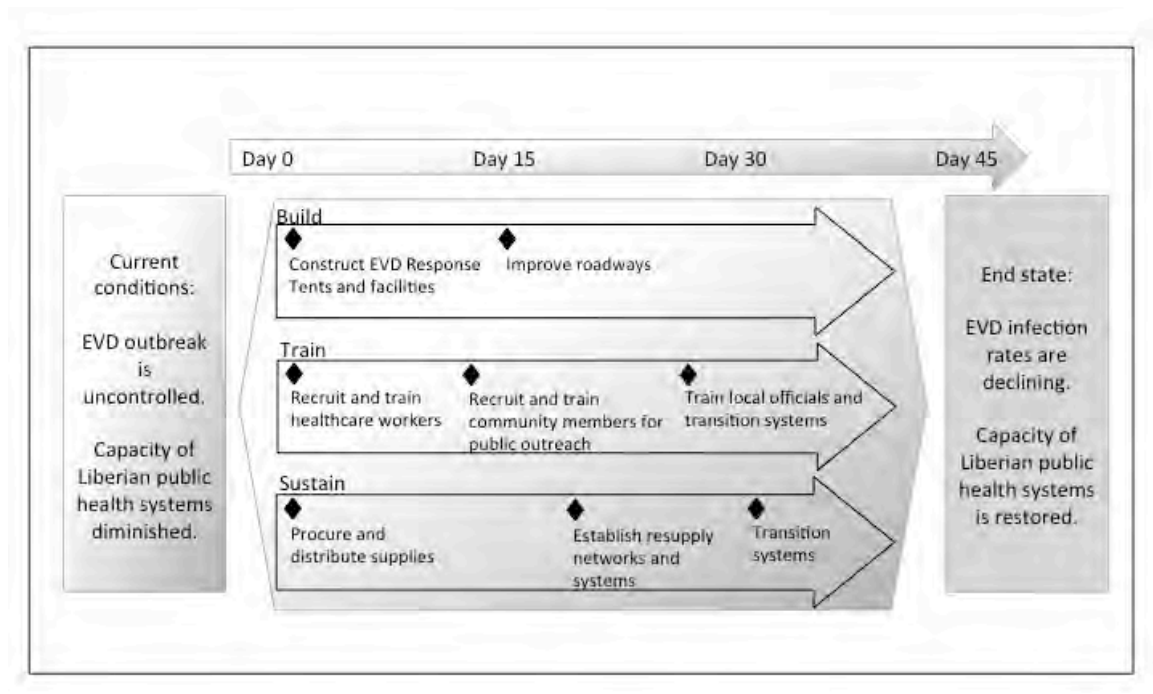


Figure 2. Operational Approach–Pandemic Containment

Source: Developed by author.

The current conditions describe a point in time that precipitated the need for a potential pandemic containment mission. The virus spread so rapidly in the summer and early fall of 2014 that Liberian governmental public health agencies had no capacity to care for their infected citizens. Beyond that, the rapid spread of infection coupled with

lack of knowledge regarding the manner of infection, superstition, and rumor caused panic and destabilized the country. These conditions posed a threat to U.S. national security, building the case for a response effort. In the case of any potential pandemic response mission, the identified responding agency must first frame the problem by identifying the current conditions that must be addressed.

Once the current conditions are defined, the desired end state must be defined. This should not be a pie in the sky ideal, but a realistic goal that can be achieved, all the while, keeping national security objectives in mind. As seen in the Liberia response, the end state primarily called for a decline in the number of newly infected individuals signaling a control in the spread of the virus. Most importantly, the capacity and capability of Liberian governmental agencies must be fully restored. Generally speaking, the end state for a potential pandemic response mission must include a halt to new infections and a restoration of a nation's ability to handle the crisis on its own. This in turn reduces the threat to U.S. national security.

Having described current and future conditions, ways to get from one end state to the other must be defined. These ways, organized by the logic of purpose, form the lines of effort. In September 2014, Laurie Garrett, a Pulitzer Prize winning science journalist and Senior Fellow for Global Health, Council for Foreign Relations, outlined what the Operation United Assistance mission would look like. "The key elements of military response will focus on logistics, supplies, engineering, support . . . for transport of supplies and personnel to the epidemic, and the construction of at least 17 new hospital facilities designated for Ebola care" (Garrett 2014). With this in mind, the Red Cross and JTF responses were analyzed.

The American Red Cross (ARC) response to the 1918 flu pandemic indicates seven key lines of effort. This case study focuses on the cities of Boston, St. Louis, Richmond, and Pittsburgh. Boston was chosen because the pandemic was first identified there, St. Louis because it experienced low death rates, Pittsburgh because of high death rates, and Richmond because of its cultural identity as “southern” (Jones 2010, 93). Despite these differences, seven characteristics are common to the ARC’s methods of execution:

1. ARC chapters coordinated with local health authorities to determine convalescent locations and assign caregivers
2. Local ARC chapters recruited and trained nurses
3. Supplies to outfit caregivers and care centers were hand-made or collected and distributed
4. ARC chapters coordinated transportation requirements and associated transportation systems, to include the provision of ambulances, delivery of supplies, and the removal of human remains
5. Disposition of human remains functioned efficiently when ARC coordinated with local providers, including city morgues, funeral homes, and cemeteries
6. Families of the ill or hospitalized patients received ARC assistance while the ill family member convalesced
7. Information operations focused on education and prevention with a widespread distribution of print materials

Several of these seven characteristics, common to the four-city case study of the American Red Cross response in 1918-1919, parallel or support those seen in the 101st Airborne Division's deployment in 2014-2015.

The 101st Airborne Division spearheaded the U.S. Army response to the EVD outbreak in Liberia in 2014. Named Joint Task Force- United Assistance (JTF-UA), the task force had components from other branches of service serving as enablers and worked alongside a small contingent of USAID personnel already in Liberia. JTF-UA accomplished objectives under four major functional categories entitled Building, Training, Sustaining, and Transitioning (Hoskins 2015).

1. Build. JTF units partnered directly with the Armed Forces of Liberia to construct Ebola Treatment Units to isolate and treat patients and to improve rustic roads to facilitate transportation of the sick and logistics resupply
2. Train. 1,500 healthcare workers received training to work in Ebola treatment units and to disseminate information regarding the transmission of Ebola, proper home health, and burial practices
3. Sustain. JTF units developed logistics systems and staging locations
4. Transition. JTF units transitioned training, construction, and logistics tasks to non-Army organizations or Government of Liberia institutions

Lines of effort (LOE) form the foundation on which the operational approach will be built. Because it is a civilian organization, the ARC did not use the same operational language as the JTF, but the tasks the ARC performed are comparable to the tasks the JTF executed. By organizing the tasks seen in the JTF-UA and ARC case study into categories titled “Build,” “Train,” and “Sustain,” it quickly becomes evident that the

American Red Cross and the Army pandemic responses share similar tasks. Both the individual chapters of the ARC and JTF-UA worked with local authorities to identify locations for the treatment of the infected. In the case of the ARC, facilities already existed that were earmarked for flu treatment, and in the case of JTF-UA, the Army and Liberian Governmental agencies worked together to construct Ebola treatment units. In the areas surrounding the capital city of Monrovia, engineer units improved roads to quicken patient and supply transportation rates. These actions support the requirement for an operational approach geared toward a potential pandemic outbreak to have the associated objectives, termed “Build,” along one of the lines of effort.

Next, under the “Train” label, key tasks identified in both case studies must be included in the second line of effort in the operational approach. Training health care workers and the public proved crucial to stemming further outbreaks of the flu and the Ebola virus. The Red Cross and the JTF, in partnership with local civilian authorities, trained newly recruited nurses or healthcare workers on how to diagnose the infection, treat the sick, and prevent further transmission of the disease within the treatment facility and among the healthy population. In addition to this caregiver training, the public training in the U.S. and Liberia focused on suitable home health practices such as how to recognize the disease, how to mitigate transmission, and how to access care. Seen as a vital component to stemming both the flu and Ebola outbreak, Liberia reaped rewards from their public education efforts. "I would definitely give that credit to the community leaders," Liberian Defense Minister Brownie Samukai said. "The communities took the initiative. They went from house to house, community to community, volunteers . . .

warning their neighbors and talking to their neighbors and telling them what was required” (Zoroya 2015).

Finally, a third line of effort in the operational approach must include tasks organized under the “Sustain” label. The rugged roads in parts of Liberia required improvement by construction units within the JTF-UA in order to facilitate a robust logistical network, speed transportation of infected individuals to treatment facilities, collect the dead, and enable training teams from U.S. Army Civil Affairs units to educate the public on proper home health care. Unlike the road system in Liberia, the American road system of 1918 did not need major improvements; nonetheless, the Red Cross response in 1918 still focused on the logistical networks and transportation systems. JTF sustainers set up reliable local supply chains and contracts that provided affordable supplies; this was key to enabling Liberia to continue on in their own mission to care for their citizens. The case studies illustrate the necessity of having a source of re-supply and speedy method for distribution that can support the patient load.

Ms. Garrett captured the Build and Sustain lines of effort in her recommended approach, but the JTF-UA response also included a very important line of effort formed by tasks and objectives related to the training mission. This study finds that the three LOEs for a potential pandemic response should include Build, Train, and Sustain.

LOE 1- Build. Tasks such as building EVD treatment facilities and improving roadways fall on this line of effort. Because controlling the outbreak is the weak link in the chain of national security, this must be accomplished immediately, thus this task falls first and must begin immediately upon JTF arrival.

LOE 2- Train. The American Red Cross and the JTF responses both had common training tasks. First, healthcare workers were recruited and trained. These workers were responsible for two types of missions. First, the JTF medical teams trained the recruits to recognize and treat people infected with Ebola within the established treatment facilities. Second, the JTF civil affairs unit organized a network of public disease education teams. These teams, comprised of Liberians, went out into local communities to educate the population on good home health practices. This proved to be a crucial component to controlling the outbreak for reasons as described by Garrett, “By tradition readying a body for burial required evacuating all food and excreta, a procedure that was generally performed by bare-handed women” (Garrett 1994, 103). Without education by the home health teams, Liberians would have continued to spread the virus through contact with contaminated bodily fluids. Both the healthcare worker recruitment and education piece and the home health education piece must be included in LOEs for pandemic response missions.

LOE 3- Sustain. The sustainment LOE provides the underpinnings of restoration of national capabilities and transition back to civil authorities. Historically in West Africa, capabilities funded by outside governments lacked the ability to be sustained. “Donors’ monetary contributions to poor nations were all too often linked to prestigious showpieces . . . tertiary care hospitals. Usually ignored were community-based projects, such as schools, medical clinics, skills training programs, or public health campaigns” (Garrett 1994, 201). Both the Red Cross and the JTF-UA responses used a local system of suppliers facilitated by dedicated vehicles. That same system of dedicated vehicles transported the deceased to collection points for safe burial. Any LOE must be

sustainable by the host nation; this is particularly necessary for sustainment LOEs since it serves the primary mission as well as sets the conditions for a transition from the responding organization back to civil authorities.

This proposed operational approach, based on the American Red Cross 1918-1919 influenza response and the JTF-UA Ebola response in 2014-2015, established what lines of effort connect current conditions to the desired end state. After analyzing the literature, Step 1 in the data presentation established the legal authority for an Army response and that no other governmental organizations holds the capability. In Step 2, an operational approach framework depicted the general nature of what an Army response should look like. Next, the degree of obligation will be explored through the application of the evaluation criteria.

Step 3: Application of the Evaluation Criteria

The third step in the research design is to apply a framework of evaluation criteria to assist in determining to what degree the Army is obligated to respond to a potential pandemic outbreak in West Africa. As Wolf clarifies in her essay, “We have a legal obligation to do something if we are required to do it by law, where law in turn must be issued by an appropriately authoritative person or group” (Wolf 2014, 2). The U.S. Code, as presented in chapter 2, establishes this legal obligation- but what of the moral obligation? Wolf helps simplify this distinction when she explains, “think of moral obligations as requirements of reason, or, more precisely, as requirements of reason in cases where moral considerations are decisive” (Wolf 2014, 11).

Keeping this explanation of moral obligation in mind, the application of evaluation criteria help establish the degree of obligation by assigning point values to

three categories: little (one point), moderate (two points), and explicit (three points).

After aggregating the responses the scores will be added. A higher score indicates the best selection. This level of moral obligation, when coupled with the answers to the secondary research questions, will lead to answering the primary research question. Each of the separate criteria will be answered and explained individually, as shown below.

Table 2. Response Evaluation Criterion–Legal Authority			
Question	Little Obligation (1 point)	Moderately Obligated (2 points)	Explicitly Obligated (3 points)
1) Does the Army have the legal authority to deploy globally for pandemic assistance?		X	

Source: Developed by author.

Criterion 1: Does the Army have the legal authority to deploy globally for pandemic assistance? The legal authority for a U.S. Army response to a potential pandemic outbreak comes from U.S. Code as presented in the literature review and is seconded by the Army strategic shaping role. While not explicitly mentioned in the code, execution of such tasks is considered to support national policies and implement national objectives. Subsequently, since pandemic response is not explicitly cited, but only inferred through investigation into what constitutes national policies and national objectives, only moderate obligation can be established.

Table 3. Response Evaluation Criterion–Objectives and End State			
Question	Little Obligation (1 point)	Moderately Obligated (2 points)	Explicitly Obligated (3 points)
2) Are the objectives and end state reasonable with an expectation of success?			X

Source: Developed by author.

Criterion 2: Are the objectives and end state reasonable with an expectation of success? The operational approach establishes success by describing the conditions of the desired end state. A successful pandemic response mission sets the conditions so that infection rates are decreasing and the capacity of civil healthcare systems is restored. Even moral obligation does not require a commitment to unattainable or unknown actions. Wolf explains, “It is generally considered unfair or unjust to blame someone for failing to do what she could not reasonably be expected to know she should have done” (Wolf 2014, 13). As outlined in the course of this study, the actions are known and the results are attainable. This was proven by the JTF Operation United Assistance response in Liberia in 2014-2015, therefore assigning explicit obligation.

Table 4. Response Evaluation Criterion–Suitability			
Question	Little Obligation (1 point)	Moderately Obligated (2 points)	Explicitly Obligated (3 points)
3) Is the Army the best suited organization to deploy globally for pandemic assistance?			X

Source: Developed by author.

Criterion 3: Is the Army the best suited organization to deploy globally for pandemic assistance? As explored in Step 1 of this chapter, the other government entities that could respond to a potential pandemic outbreak anywhere in the world lack the capabilities to mount the type of response required for success. USAID and CRC lack the ability to summon resources in depth and breadth of skill, even though USAID possesses a specialist surge capability within the CS3. The common thread is that these organizations capitalize on functional capacity of the civil institutions within the affected country. The Army does not need this sufficient civil capacity to achieve success and is consequently the most appropriate organization.

Table 5. Response Evaluation Criterion–Risk Mitigation			
Question	Little Obligation (1 point)	Moderately Obligated (2 points)	Explicitly Obligated (3 points)
4) Are the risks to national security mitigated if the Army responds?			X

Source: Developed by author,

Criterion 4: Are the risks to national security mitigated if the Army responds?

When predicting future conditions if the Ebola virus was allowed to spread through Liberia and surrounding West Africa in 2014, Garrett describes, “Lawlessness will rise as Ebola claims the lives of police and law enforcement personnel, and terrified cops quit their jobs. State stability for hard-hit nations will be questionable, or nonexistent” (Garrett 2014). There is no way to guarantee future outcomes, but it is sensible to accept her version of events as a rational outcome, especially when overlaid with the global conditions described in the *National Security Strategy* and the *Quadrennial Defense Review*. It then follows that the Army is explicitly obligated to respond to a potential pandemic outbreak because, the other alternative, no response, allows threats to the U.S. to proliferate in tandem with the virus.

Step 4: Answer Primary Research Question

Step 4: After having applied the evaluation criteria, the fourth step in the research design is to aggregate and present the findings. This subsequently leads to answering the primary research question.

Table 6. Response Evaluation Criteria–Aggregate			
Questions	Little Obligation (1 point)	Moderately Obligated (2 points)	Explicitly Obligated (3 points)
1) Does the Army have the legal authority to deploy globally for pandemic assistance?		X	
2) Are the objectives and end state reasonable with an expectation of success?			X
3) Is the Army the best suited organization to deploy globally for pandemic assistance?			X
4) Are the risks to national security mitigated if the Army responds?			X
Total	0	2	12

Source: Developed by author.

The overall application of the evaluation criteria establishes that the U.S. Army has an explicit moral obligation to respond. The lack of specific reference to pandemic response missions in the U.S. Code places only a moderate obligation on the Army. When examining the data in light of the other criteria, the Army is obviously obligated due to the nature and success in Operation United Assistance, the lack of alternative entities, and the severity of threats to national security that could develop if the U.S. did not respond at all.

Step 5: Conclusions and Recommendations

Finally, the last step in the research design is to draw conclusions and make recommendations for decision makers and for future research. This is found in chapter 5.

Conclusion

Should the U.S. Army deploy in the event of potential pandemic outbreaks in West Africa? In short, the answer to the primary research question is, yes. Analysis of the literature produces the legal authority and predicts that any lack of response would pose grave consequences to national security. Beyond this, the application of the evaluation criteria establishes that the U.S. Army has an explicit moral obligation to respond. Despite these findings, there are some other general conclusions and recommendations for future research found in chapter 5.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

Introduction

As this analysis has shown, the answer to the primary research question, “Should the U.S. Army deploy in the event of potential pandemic outbreaks in West Africa?” is in fact, yes, the Army should. However, when this study was first undertaken, the answer seemed to obviously be to the contrary. Under no circumstances should the Army be asked to undertake a potential pandemic outbreak mission of this sort. In 1989, Major General Russell agreed:

Retired Major General Philip K. Russell, M.D., served in the U.S. Army Medical Corps from 1959 to 1990, pursuing a career in infectious disease and tropical medicine research. As commander of the U.S. Army Medical Research and Development Command, he spearheaded a major effort to increase the capability of the armed forces to defend against biological agents. In 1989 while at a contagious tropical disease convention he said that in the Army the expertise just isn’t there, and the military is now strained far beyond the breaking point. The armed forces of the U.S. are organized for the defense of the country and are not organized for civilian medical emergencies. (Garrett 1994, 595)

Now, after reviewing the literature, presenting and analyzing the data, the Army rises to the top as the right choice, but with a caveat. The optimal solution for a successful potential pandemic response mission is a whole of government approach. Though the Army has significant capacity and capability, it did not conduct every facet of the Operation United Assistance response by itself. As acknowledged in chapter 1, the Army deploys with enablers from other services within the Department of Defense, most often forming a joint task force. In the case of JTF-UA, the 101st Airborne Division led the task force. The success of JTF-UA was made possible by Army capabilities but

facilitated by expertise gained through the whole of government approach. Strong together, none are independently and exclusively capable of such a response alone.

Conclusions

This study determined that the U.S. Army should respond to a potential pandemic outbreak in West Africa. The analysis of the literature presented the Army's legal authority and predicted that a lack of response could pose severe consequences to national security. Additionally, the application of the evaluation criteria established that the U.S. Army has an explicit moral obligation to respond.

Another way to think of the outcome of this study is to answer the question in the first part of this study's title: *If We Don't, Who Will?* ("we" refers to the Army and its service members). The response is, "no one alone." No one but the Army through a whole of government approach can respond to execute the required tasks to achieve success given a host nation in crisis with crippled ministerial capacity. This is especially true in West Africa as the study highlighted when discussing the region's young governments. The title of this study also emphasizes the moral aspect of the obligation. Not selecting the Army to respond to a potential pandemic outbreak in West Africa, and consciously leaving the region to deteriorate, goes against America's values and diplomatic vision for Africa.

However, despite this conclusion, this study only considered the Army as it exists now. Changes in size, composition, or structure could significantly alter the outcome. As Major General Russell stated over twenty-five years ago at his contagious tropical disease convention, the Army leverages finite resources. This is still true today. After over a decade of build-up and open pocket books, the military is facing long forgotten levels of

austerity. Sequestration and budget cuts challenge the Army's ability to execute the missions already on the table, let alone additional ones. The fight against Ebola or other pandemics of the future could be at the expense of other missions. If forced to pick either fighting Ebola or the Islamic State of Iraq and Levant, which choice would present the worst consequences? Would Ebola threaten United States national security more than the Islamic State of Iraq and Levant over a year period? Global conditions change and so do the associated threats to national security. As explored in this study, any future potential pandemic response should be evaluated in the context of contemporary conditions.

Recommendations

Recommendations for decision makers: When planners are faced with designing future potential pandemic response missions, care should be exercised to ensure tasks, specifically executed along the sustainment line of effort, are sustainable by the host nation. As described by Garrett,

the poor country who wishes to build a hospital turns to a wealthy nation for donations and loans. Once granted, the hospital's new construction leads to a new dependency on Western-style medicine, drugs, and machines. Purchasing replacement parts for American x-ray machines or French autoclaves exhausts the country's small foreign exchange resources. Eventually, the hospital becomes a drain rather than a boon to the society. (Garrett 2000, 202)

Establishing western-style hospitals with their associated complex supply networks requires funding, training, and time. Time remains a most valuable resource, and as seen in Liberia in 2014-2015, the Ebola Virus had time on its side. Granted, the Ebola Virus Disease spreads rapidly, but the ability of a nation to self-sustain should be considered both in times of stability and in times of crisis.

Since this study established that the Army is uniquely and morally obligated to respond to a potential pandemic outbreak, ongoing and planned training and partnership projects should lay the foundation. United States Africa Command and United States Army Africa currently conduct military humanitarian and civic assistance projects. Going forward, these types of projects can lay a solid foundation within healthcare and logistics systems by focusing on building healthcare capacity within West African governments in order to prepare them for dealing with crises such the Ebola outbreak of 2014-2015. This is not to excuse the U.S. or the Army from assisting in the future, only to mitigate the toll diseases like Ebola exact on security-compromised nations.

Recommendations to future researchers: Should future researchers pursue a similar topic, the 101st Airborne Division Joint Task Force Operation United Assistance after action review will provide further details about specific tasks and objectives and describe limitations that the task force faced. Forecasted to be published in June 2015, exploitation of this document could lead to refinements in the lines of effort, desired end state, and highlight areas of focus for future military humanitarian and civic assistance projects.

The role of the Crisis Surge Support Staff and Civilian Response Corps in pandemic response remains vague. Why does USAID feature a sub-organization specifically named “Crisis Surge” if it cannot live up to that title? Future research might ferret out the mechanisms through which these organizations summon resources. When these entities along with USAID as a whole fail to contain a potential pandemic outbreak, are they held accountable and by whom? With no mention of the CRC in the 2015 *Quadrennial Diplomacy and Development Review*, it seems to be that it has been left

languishing without funding or priority. Why is the State Department content to let the CRC atrophy and not maintain a rapidly and globally deployable team capable of lending subject matter expertise in the way the CRC's mission statement describes? Research in these areas could lead to exposing a weakness that, once identified, could be fixed.

Final Thoughts

At the start of this study, the United States Army did not appear to be the proper fit for a potential pandemic containment mission. After all, the Army must fight and win America's wars! However, after uncovering the insidious hazards to national security that the lack of response could foster, the answer became clear. When thinking about threats to U.S. national security, pandemics must be considered an adversary. There can be no other conclusion than that the U.S. Army should respond to a potential pandemic outbreak in West Africa.

Grave security concerns can arise as a result of demographic trends, chronic poverty, economic inequality, environmental degradation, pandemic diseases, organized crime, repressive governance and other developments no state can control alone. Arms can't address such concerns.

— Ban Ki-moon

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