



# **COVID-19: Defense Support of Civil Authorities**

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The U.S. military has a long history of providing support to civil authorities, particularly in response to disasters or emergencies (examples include responding to yellow fever epidemics in 1873 and 1878). The Department of Defense (DOD) defines defense support of civil authorities as "Support provided by U.S. Federal military forces, DOD civilians, DOD contract personnel, DOD Component assets, and National Guard forces (when the Secretary of Defense, in coordination with the Governors of the affected States, elects and requests to use those forces in Title 32, U.S.C., status) in response to requests for assistance from civil authorities for domestic emergencies, law enforcement support, and other domestic activities, or from qualifying entities for special events." (DOD Directive 3025.18, 18).

Defense support of civil authorities for major incidents is typically carried out in accordance with the National Response Framework (NRF), which is "a guide to how the Nation responds to all types of disasters and emergencies." (NRF, p. 2) Among other things, it establishes broad lines of authority for federal government agencies to prepare for and respond to any terrorist attack, major disaster, or other emergency.

## **DOD Support to Public Health Emergencies**

Under the NRF, "Regardless of the type of incident, the President leads the Federal Government response effort to ensure that the necessary resources are applied quickly and efficiently to large-scale and catastrophic incidents." (NRF, p. 34) The Secretary of the Department of Homeland Security (DHS) "is the principal federal official for domestic incident management" and "coordinates with federal entities to provide for federal unity of efforts for domestic incident management." (NRF, p. 34)

Section 300hh of Title 42 specifies that "The Secretary of Health and Human Services shall lead all Federal public health and medical response to public health emergencies and incidents covered by the National Response ... or any successor plan." The NRF designates the Department of Health and Human Services (HHS) as the coordinator of Emergency Support Function (ESF) #8, Public Health and Medical Services and the primary agency, while DOD is a support agency for ESF #8. DOD has a broad range of capabilities that could be useful to public health response efforts, including transportation assets, medical

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https://crsreports.congress.gov IN11305 personnel and supplies, security forces, and communications equipment. ESF #8 lists a number of capabilities which DOD might be requested to provide during a public health emergency, including the following:

- Aeromedical evacuation, medical management, and transportation of patients.
- Logistical support to public health/medical response operations.
- Healthcare providers to augment civilian hospital staff and federal deployable teams.
- Medical units, such as Combat Support Hospitals, and Navy hospital ships or other vessels for patient care.
- DOD medical supplies and material for use at hospitals, clinics, or other medical care locations.
- DOD military treatment facilities for medical care of non-Military Healthcare System beneficiaries.
- Public health and medical surveillance, laboratory diagnostics, and confirmatory testing.

See ESF #8, pages ESF #8-11 to #8-12, for a more detailed list.

### DOD Support to the National Disaster Medical System

The National Disaster Medical System (NDMS) is a coordinated partnership between DOD, DHS, HHS and the Department of Veterans Affairs (VA) that responds to the needs of casualties and public health emergency patients. NDMS is the primary federal response asset to assist with mass casualty events. It includes deployable medical response teams, a hospital care component, and a patient evacuation system. NDMS supports domestic health emergencies with HHS as the lead agency and military health emergencies with DOD as the lead agency. DOD provides available resources to support NDMS during domestic disasters or emergencies pursuant to federal law, as directed by the President, or consistent with the NDMS Federal Partners Memorandum of Agreement, and often provides military transport for patient evacuations. Requests for NDMS assistance are processed under DOD policy for Defense Support of Civil Authorities and the NRF. Approved NDMS or specific capabilities of the NDMS, depending on the situation. The Secretary of HHS may activate one or more of the fourteen military treatment facilities designated as a Federal Coordinating Center (FCC) by notifying DOD NDSM program managers in writing. The Secretary of Defense must approve DOD FCC activations that support civil authorities.

### **Initiating Defense Support**

The President or the Secretary of Defense can directly authorize defense support to civil authorities. This might occur when the need is clear and time is of the essence. The more common way by which defense support is initiated is via a *request for assistance* (RFA) from a civil authority, such as a state or another federal agency. For the coronavirus response, RFAs would typically come to DOD from HHS or DHS. DOD evaluates RFAs based on six criteria:

- Legality: compliance with the law.
- Lethality: potential for use of lethal force by or against DOD personnel.
- Risk: safety of DOD personnel.
- Cost: source of funding and effect on the DOD budget.
- Appropriateness: whether providing the support is in the interest of DOD.

• **Readiness:** impact on DOD's ability to perform its other primary missions.

Some RFAs may require approval of the Secretary of Defense, but approval authority for many types of requests is delegated to the Assistant Secretary of Defense for Homeland Security and Global Security (ASD(HD&GS)). The ASD (HD&GS) also serves as "the DoD focal point for federal departments and agencies and other entities on public health and medical support, preparedness, and policy matters for DSCA" and "is the lead for DoD on matters related to National Response Framework Emergency Support Function #8," coordinating and consulting with the Assistant Secretary of Health Affairs on public health and medical DSCA support." (DOD Instruction 3025.24, p. 5.)

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