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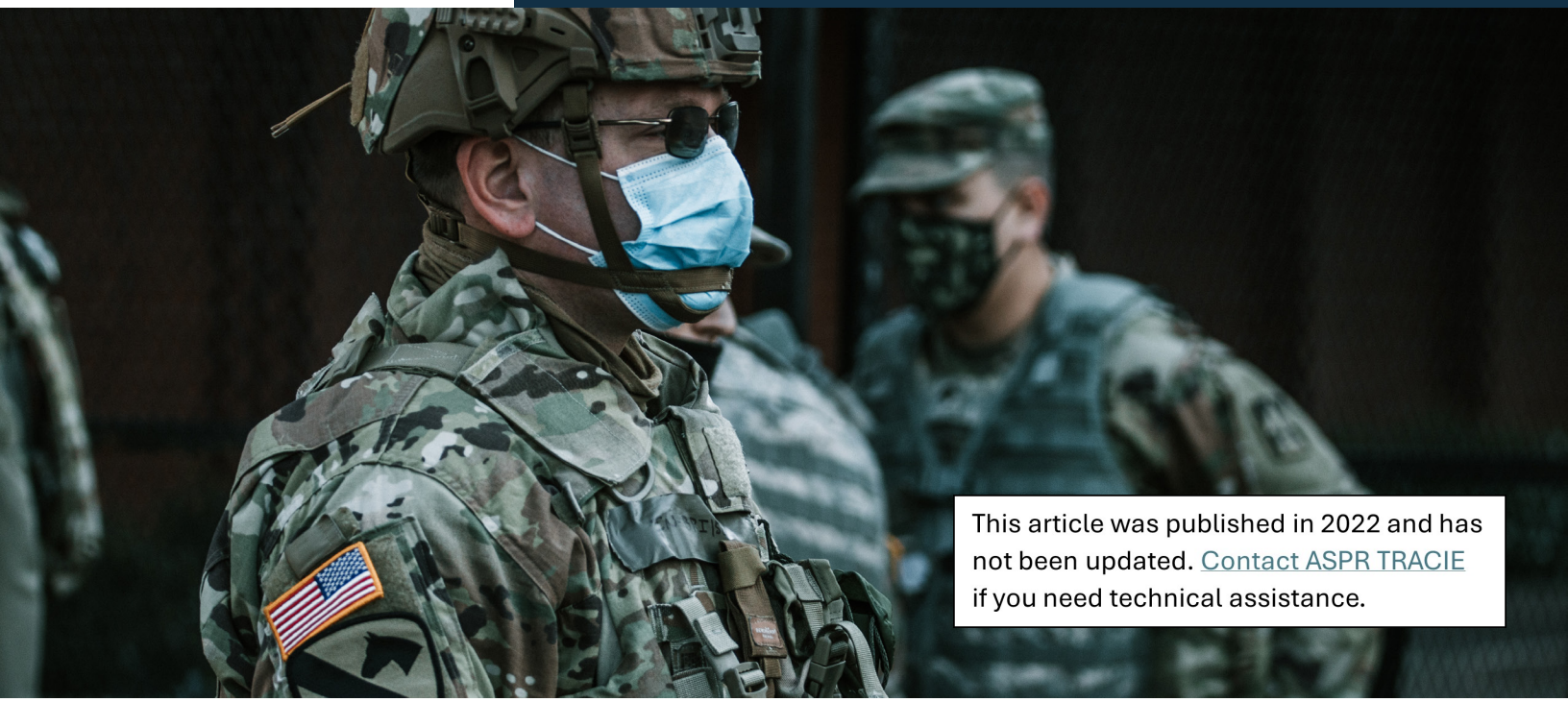
HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

THE NATIONAL GUARD'S RESPONSE TO COVID-19



This article was published in 2022 and has not been updated. Contact ASPR TRACIE if you need technical assistance.

Introduction

The National Guard experienced their largest deployments over the past several years in response to the COVID-19 pandemic and incidents of civil unrest. Troops bolstered both the medical and criminal justice responses in various communities across the country. This ASPR TRACIE document provides a brief overview and history of the National Guard, related training, and recent deployments, with a focus on how troops were used to support both COVID-19 and civil unrest responses. A case study from Stamford, Connecticut illustrates how collaboration and communication contributed to a successful response, identified challenges, and provided suggestions for future work.

The National Guard

Overview and History

The National Guard is comprised of the Army National Guard and the Air National Guard (these units are separate from the Army and Air Force Reserves). Approximately 450,000 Guard members serve in 54 states and territories and they are overseen by the National Guard Bureau (Siripurapu, 2021). The Washington D.C. National Guard is unique in that its commanding general reports to the president. All others report to their respective governor, unless federalized under Title 10 of the United States Code.

The National Guard emerged in 1636 as American colonies carried on the English tradition of having citizens serve in militias. The Guard has provided military support in nearly every U.S.-involved battle since the Revolutionary War. The National Guard also responded to labor conflicts in the late 19th century. Businesses and business associations donated to the Guard to assist them with the suppression of labor unrest. Examples include the Homestead Strike of 1892, the Pullman Strike of 1894, and the Colorado Labor Wars in 1914. In 1903, Congress coordinated the state militias with the Army by passing the Dick Act, bringing the National Guard into its modern form.

National Guard Training

National Guard troops must attend one two-week training each year, and commit to one drill weekend per month (National Guard, n.d.). Many are trained as medics, physicians, or other medical specialists.

A subset of the National Guard for any given state is specifically trained to manage civil disturbances. For instance, in Minnesota at the time of the George Floyd protests, 700 troops had been trained for civil unrest, and all of them were deployed to respond in May 2020. A total of 7,123 members were deployed to support the response (Bakst, 2020).

National Guard members receive some of their emergency response training through the Federal Emergency Management Agency's Center for Domestic Preparedness (CDP). This includes training for chemical, biological, radiological, and nuclear and weapons of mass destruction emergencies, funded by the Department for Homeland Security (Center for Domestic Preparedness, n.d.-a). The CDP also prepares the National Guard to support firefighters, healthcare, law enforcement, engineering, and urban search and rescue all while ensuring members understand and operate under the National Incident Management System (Center for Domestic Preparedness, n.d.-b).

Recent National Guard Activations

Over the past 30 years, the National Guard has primarily been used to support law enforcement responses to civil unrest and the response to natural disasters. For example:

- In 1992, riots in Los Angeles after the acquittal of four officers involved in the beating of Rodney King led to deployment of the California Army National Guard and the California Air National Guard to support the Los Angeles Police Department.
- In 2005, the National Guard assisted with the Hurricane Katrina response in Louisiana.
- In 2014 in Ferguson, Missouri, Governor Jay Nixon called on the National Guard to respond to the unrest after the death of Michael Brown.
- In 2015, Governor Larry Hogan of Maryland activated the National Guard in response to protests after Freddie Gray died in police custody.
- In 2017, the National Guard supported the emergency response after Hurricane Harvey.

Pandemic and Unrest: Use of the National Guard Between 2020 and 2022

In 2020, troops from the National Guard were deployed around the country to support the law enforcement response to civil unrest after the murder of George Floyd and assist with COVID-19 testing sites and other COVID-19 related needs. In 2021, National Guard members from Washington D.C., Virginia, Maryland, and other states were deployed to the Capitol to assist with security after the January 6th insurrection. They also continued supporting healthcare in communities around the country in long-term care facilities, by staffing food banks, and by assisting with COVID-19 vaccination sites.

According to chief of the National Guard Bureau and Air Force General Joseph Lengyel, "The hardest mission [the National Guard does] is responding in times of civil unrest" and "our troops are trained to protect life, preserve property and ensure people's right to peacefully demonstrate" (Altman, 2020). Soldiers often serve the communities they are from, but not always. The numbers and length of deployments varied, but thousands of members have been deployed since 2020:

In Kentucky, nearly 1,000 soldiers with the National Guard were deployed over 2.5 years to support non-clinical healthcare and foodbanks during the COVID-19 pandemic. Learn more from Lieutenant Colonel Curtis Persinger, Director of Military Support for the KY National Guard, in this ASPR TRACIE speaker series recording.

- On June 3rd, 2020, 18,000 National Guard members and airmen were supporting law enforcement in 29 states in response to the murder of George Floyd (Vergun, 2020). Guard members assisted with a variety of support functions, including traffic control, law enforcement support, and extinguishing fires (Altman, 2020), typically lasting 15 to 60 days for state deployments (National Guard, n.d.).
- As of January 8th, 2021, 25,500 National Guard troops were deployed to support COVID-19 or civil unrest missions across the country following the January 6th unrest at the U.S. Capitol (National Guard, 2021).
- As many as 700 Washington D.C. National Guard troops were available to support U.S. Capitol Police in February 2022, in response to demonstrations related to election results (National Guard, 2022).

Overall, in 2020 the National Guard served for an estimated 11,000,000 days of service in response to civil unrest, the COVID-19 pandemic, and natural disasters. They supported law enforcement, served at food banks, distributed personal protective equipment, and assisted with COVID-19 testing and vaccination (Reiley, 2021). They even were given tasks as diverse as substitute teaching in communities that struggled with staffing levels and wanted to keep schools open (Fordham, 2022). When assisting with the vaccination effort in 2021 at a time when vaccine demand outmatched supply, at least 18 states drew on National Guard medics, doctors, and nurses to give shots, assemble vaccine kits, log patients, and otherwise manage state vaccination sites (Gresik, 2020). National Guard members were also trained as EMTs and nursing assistants to ease healthcare staffing shortages across the country throughout the pandemic. In New York, soldiers provided care to older patients in rehabilitation facilities (Jedrosko, 2022); in Michigan, several were trained as certified nursing assistants (Layton, 2022). In many cases, these deployments called for local healthcare workers to leave their jobs to lend more or different support to COVID-19 patients in their communities. At the time this resource was published, the president had approved 48 state and three territorial National Guard requests for federal support through April 1, 2022 (Federal Emergency Management Agency, 2022).

How is the National Guard Activated?

In a partial mobilization when the president declares a national emergency, up to 1 million National Guard troops can be kept on active duty for up to 24 months. The National Guard can be called up for federal missions by the president or state level missions by the state governor. Active members of the National Guard can be activated under Title 32 or Title 10 of the U.S. Code.

Differences and Challenges with Overlapping Duties

The National Guard allows troops to serve part-time while holding civilian jobs. The Guard requires training one weekend per month, and two weeks of training per year. The National Guard is under the control of the governor unless federalized and can assist civilian police forces.

When Guard members are activated, many leave behind their jobs. This has implications for communities, where organizations and businesses must find other ways to cover their needs. For instance, National Guard members who hold jobs in healthcare may leave for deployment, creating gaps in staffing at their organization.

Future Use and Directions

Given the recent successful use of National Guard troops to support the law enforcement response to protests; the healthcare response to COVID-19; and the overall response to natural disasters, it would behoove emergency management to incorporate troops into their more advanced planning efforts. It is equally important for local planning to take into account the gaps in service that deployed members will cause, potentially disrupting already challenged healthcare and law enforcement agencies.

CASE STUDY: STAMFORD HEALTH ALTERNATE CARE SITE

A collaborative effort between the Department of Defense, Connecticut (CT) National Guard, CT Department of Public Health, Stamford Health, and Other Partners

The following is based on an interview with a Major from the CT Army National Guard, the Stamford Health Security and Emergency Manager, the CT Department of Public Health (DPH) Healthcare Quality and Safety Branch Chief, and the DPH Office of Public Health Preparedness leadership. Special thanks to Scott Aronson, MS, Healthcare Emergency Management Leadership Advisor, for his assistance with this case study.

Stamford Health (Stamford, CT) is a non-profit, independent healthcare system anchored by the 305-bed Stamford Hospital. Stamford Health experienced the largest initial escalation in COVID cases due to their location adjacent to Westchester County, NY (where the first person-to-person spread was documented in NY) and Wilton, CT (site of the first large outbreak in CT). In the week leading up to the April 2, 2020 initial surge planning meeting with the CT DPH and military, the number of hospitalized COVID patients increased from 44 to 101. This increased to 138 COVID patients by the time the alternate care site (ACS) was operational.

It is important to note that in 2016, Stamford Health opened a new hospital and retained the structure of the old hospital that was immediately adjacent to the new building; this older building eventually housed the ACS.

Why the National Guard and Department of Defense (DoD) Activation?

Before activating federal and state assets, group calls took place among all the statewide health systems, CT DPH, and the CT Hospital Association. Limited resources were available, and this led DPH to reach out to Americares, Medical Reserve Corps (MRC) units, and others to identify volunteers who could staff an ACS at the hospital. Those efforts did not garner the level of necessary support, forcing an escalation.

The State of CT Unified Command requested that the governor activate the National Guard on April 4 for a mission at Stamford Health. The Division of Emergency Management and Homeland Security (DEMHS) put the request through FEMA for federal assets under Title 10 to deploy an Urban Augmentation Medical Task Force (UAMTF) throughout the state. The National Guard had already been activated and were deployed to multiple locations, including to inspect shuttered nursing homes for potential use as COVID Recovery Centers.

The National Guard deployed an additional team of 100 soldiers for logistics and operations to achieve Initial Operational Capacity. They were joined by an advance team of 12 soldiers from the DoD/UAMTF for the clinical set-up. The move to Full Operational Capacity was completed within four days, and 85 UAMTF clinical/support team members arrived on April 7. Within two weeks, there was an additional complement of 49 Navy and 5 Air Force soldiers, along with 15 total National Guard team, assigned to the clinical area of the mission. The deployment concluded on May 19 after 6 weeks.

Urban Augmentation Medical Task Forces (UAMTF), a new mission, are typically comprised of approximately 85 Army Reservists who are medical subject matter experts. These task forces can staff a 250-bed field medical station and treat low acuity patients, but do not come with equipment or medicine.

Set-up of the ACS

The National Guard focused their set-up on clearing out the closed area of the hospital and bringing in the equipment necessary to prepare the areas for clinical operations. This included securing beds (specifically bariatric), whatever levels of personal protective equipment (PPE) could be accessed (highest priority were gowns), computers/printers, office supplies, and other basic needs. All arriving soldiers assigned to work at the ACS received a 1-day orientation by Stamford Health covering safety and overall operations.

Was There a "Playbook?"

There was no formal playbook in place. Stamford Health, the National Guard, and the DoD created it on the fly using an Incident Command System (ICS) structure to organize roles and responsibilities. Each had their strengths:

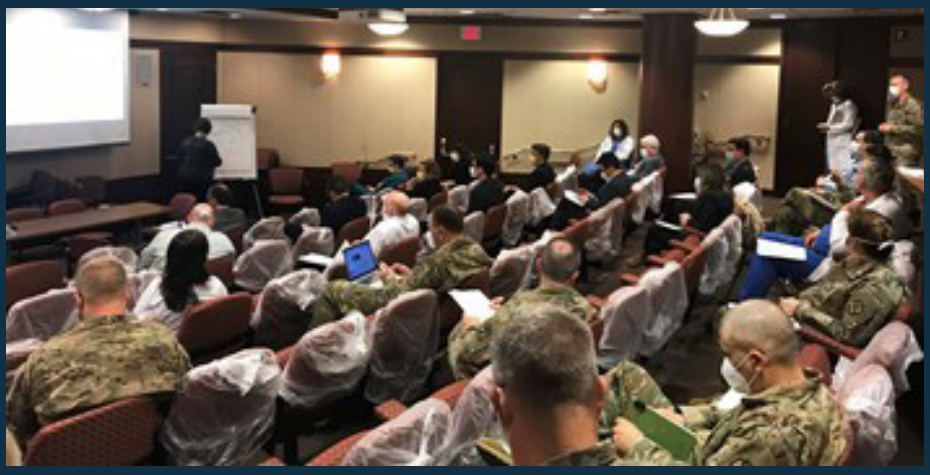
- The hospital knew the building infrastructure and how to run an overall healthcare operation.
- The National Guard and DoD knew how to set-up and establish logistics to support the mission, and they had access to resources and assets unavailable at that time to civilians.

The goal was simplicity. Stamford Health created, staffed, and managed five locations to use or convert to ICU and step-down units. The National Guard and UAMTF set up and managed a 24-bed non-ICU COVID unit in the main hospital and added a 32-bed COVID overflow unit in the old hospital. They operated in their own, self-sufficient pods.

Success came from collaboration. The hospital security and emergency manager stated, "It was a true team effort with no one assuming they knew better than others, and everyone shared ideas to ensure success. No egos were present."

Communications: The True Sign of Success!

Outside of providing the highest level of care possible for the patients and supporting staff, all parties concurred that communications were the next major success. This began with communication between Stamford Health and CT DPH, where there was transparency and trust. If the hospital needed something, DPH pulled in the necessary resources to help. If DPH was not able to procure a resource, they quickly let Stamford Health know and examined alternatives together.



Unified Command Briefing within the Stamford Health Command Center

The next tier of communications was among the National Guard, UAMTF, and Stamford Health. Everyone worked towards a common goal and had liaisons established to ensure clear and concise communications to execute the plan. Their communication expanded outside of the close-knit unit to the local emergency responders. Stamford Police Department was folded into the communication with the National Guard to provide check-ins on the hotels where the soldiers were staying to ensure their safety.

Next Steps: Planning Considerations

The following recommendations are based on lessons observed during this activation and collaborative response.

Playbooks

Health systems, local healthcare coalitions (HCC), and departments of health should work jointly with the National Guard to design or enhance playbooks related to planning and activating ACS. This would include plans for:

- A stand-alone ACS/ACF model
- A clinical unit/floor model within an existing inpatient healthcare facility (where the military has full autonomy)
- An integration model where facility and military staff work together on clinical units/floors

Resources and Assets

Education and workshops can support understanding at the HCC and healthcare facility level regarding the type of resources and assets available from the military in a crisis and related turnaround time. For example, hospitals need more robust systems to improve calculations on PPE burn rates to provide the correct information to their suppliers and state and federal partners. As seen throughout the nation, just-in-time inventory limited the ability of healthcare facilities to provide staff appropriate levels of PPE.

Credentialing

Credentialing all clinical staff who would be working at Stamford Health, while they were short staffed and in crisis mode, was difficult. Working with the National Guard to plan a strategy for mass emergency credentialing would streamline the activation of an ACS or other integrated staff models.

After Action Reports (AARs)

Each entity completed their AARs (the DoD and National Guard collaborated on theirs). Having the state department of health, hospital(s), the DoD, and National Guard draft an AAR in collaboration would be beneficial; comprehensive findings could be more easily incorporated into an improvement plan matrix.

Drill and Exercise Together

Often, the only events the healthcare organization or HCC participates in with the military are large-scale, regional exercises. Collaborating on smaller drills, tabletops, and functional exercises is critical to long-term success. These would not stretch the military thin and would help ensure resiliency in our healthcare delivery system.

Resiliency is not about a singular nursing home, hospital, or health system; it's about the overall ability to ensure continuity of care in a state or region during a disaster. It's about evolving from periodic readiness (such as preparing for the next pandemic or hurricane) to continuous readiness, which considers not only all levels of risks, threats, and vulnerabilities, but also their impact on the overall healthcare delivery system.

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