Overview: Leading coverage today were renewed fears of a second wave of COVID-19 infections after the emergence of new clusters in South Korea, Germany, and China and the White House issuing new guidance to its staff regarding the wearing of masks and social distancing after several officials have entered either full or partial quarantine. Leading defense coverage was continued reporting on two members of the Joint Chiefs of Staff having potential exposure to the virus and the Army Corps of Engineers chief conducting a walkthrough of a new temporary hospital facility in Washington, D.C.

News that CNO Adm. Gilday and National Guard chief Gen. Lengyel were quarantining after potential exposure to COVID-19 was the most prominent defense story, as many outlets included these military officials in reports on the spate of positive tests and self-isolation among White House staff and the nation’s top health care officials. Military.com noted that the two military officials were not present at a weekend White House meeting. Politico Pro and others later reported that Gen. Lengyel’s third test was negative, his second such result. Defense One wrote that these reports “brought scrutiny” on the seemingly contradictory adherence by senior officials to mask-wearing and social distancing protocols, citing the instances in which Sec. Esper did not wear a mask at the White House or WWII Memorial, whereas at other times he “preaches the importance of covering up.”

Local outlets covered USACE commander Lt. Gen Semonite’s appearance with D.C. officials at the Walter E. Washington Convention Center, which Mayor Bowser announced is now a potential alternative care site. Reporting included Lt. Gen Semonite’s comments that the facility was the best temporary hospital the Army Corps has built to date, as it incorporates lessons learned from previous projects (WTTG-FOX). Also covered was his praise for the “noble calling” of those who built the hospital (WTOP-FM). D.C. officials said the city’s hospitals are current at 71% capacity, and the convention center will be used if D.C.’s medical centers begin to exhaust their surge capacity.

Other DoD-related news:
- Bloomberg and The Hill reported that the Pentagon’s inspector general will begin evaluating the Navy’s efforts to stop the spread of the coronavirus on its ships.
- FEMA is handing some of its coronavirus-related purchasing responsibilities over to DLA, such as longer-term purchasing of supplies, including personal protective equipment. (Bloomberg)
- The COVID-19 pandemic will postpone implementation of the Pentagon’s new cybersecurity rules for defense contractors, as a Pentagon official cited social distancing protocols for delaying a necessary public hearing. (Federal Computer Week, Inside Defense)
- Local outlets reported on tomorrow’s planned flyovers by the Blue Angels and Thunderbirds in two more U.S. cities in support of frontline medical workers, which Detroit Metro News referred to as “tone-deaf,” in contrast to neutral coverage in the Indianapolis Star.
- Citing flat budgets and the push to “outsource care,” the Project on Government Oversight criticized the DoD for its recent medical reforms, arguing these efforts have left the Pentagon in a difficult position in the face of the pandemic.

Other relevant/global news:
- DHS and the FBI are planning to issue a warning in the next week that Chinese hackers are trying to steal information related to the development of a coronavirus vaccine, the Washington Post reported, noting that U.S. officials specified the threat is coming from “non-traditional actors” such as Chinese students and researchers in the United States. Another U.S. official said there is “no indication” these attacks have succeeded.
France’s armed forces minister acknowledged mistakes leading to an outbreak on the Charles de Gaulle aircraft carrier, in that “commanders and their medical advisers overestimated the ability of the aircraft carrier and its flotilla to face the coronavirus.” (Reuters)
1. Study: Virus death toll in NYC worse than official tally – 5/11

A new report says New York City’s death toll from the coronavirus may be thousands of fatalities worse than official tally kept by the city and state

ABC News | Jim Mustian

NEW YORK -- New York City’s death toll from the coronavirus may be thousands of fatalities worse than the official tally kept by the city and state, according to an analysis released Monday by the U.S. Centers for Disease Control and Prevention.

Between mid-March and early May, about 24,000 more people died in the city than researchers would ordinarily expect, based on the season, the report said.

That’s about 5,300 more deaths that had been previously attributed to the coronavirus during that time period.

These so-called “excess deaths” could have been caused by byproducts of pandemic, the report found, including “the demand on hospitals and health care providers and public fear related to COVID-19” prompting delays in people seeking or receiving lifesaving care.

“Tracking excess mortality is important to understanding the contribution to the death rate from both COVID-19 disease and the lack of availability of care for non-COVID conditions,” the report says, adding the further investigation is required.

The report, based on data compiled by the New York City Department of Health and Mental Hygiene, underscored the challenges authorities face in assessing — and quantifying — the human toll of the crisis.
deaths caused by the coronavirus are believed to be widely undercounted worldwide, due in large part to limits in testing and the different ways countries count the dead.

Through Sunday, New York City had recorded nearly 14,800 deaths confirmed by a lab test and another nearly 5,200 probable deaths where no test was available but doctors are sure enough to list the virus on the death certificate.

In its analysis, the report released Monday said the 5,293 excess deaths were on top of both confirmed and probable fatalities.

Deaths of people with chronic health problems like heart disease and diabetes — conditions closely associated with coronavirus mortality — “might not be recognized as being directly attributable to COVID-19,” the report found.

Here are the latest coronavirus-related developments in New York:

SLOW REOPENING OF UPSTATE

Several regions of upstate New York that have shown progress in taming the coronavirus outbreak are ready to gradually restart economic activity by the end of the week, Gov. Andrew Cuomo said Monday.

Cuomo shut down the entire state March 22 as the New York City area emerged as a global pandemic hot spot, but the outbreak has been less severe in the state’s smaller cities and rural areas. He said three upstate regions have met all criteria for opening some business activity after May 15: the Southern Tier, Mohawk Valley and the Finger Lakes. Other upstate regions are making and could follow soon after.

The reopening regions still need to work out logistics, such as creating regional “control rooms” to monitor the effects of the reopening.

“This is the next big step in this historic journey,” the Democratic governor said at his daily briefing.

New York’s first tentative steps toward reopening follow other states that have already relaxed restrictions.

Cuomo last week said regions of the state could phase in reopening if they met seven conditions. COVID-19-related deaths and hospitalizations need to trend down and there must be enough hospital beds to meet a surge. Counties also have to beef up testing and contact tracing. And businesses will need to take steps to protect workers.

The economic reopening will happen in four phases. The first businesses that can open will include construction, manufacturing and retail with curb-side pickup.

Additionally, landscaping and gardening businesses and drive-in theaters can open statewide, the governor said.

In a nod to social activities, Cuomo said the state also is relaxing restrictions on low-risk outdoor activities such as tennis.

CONTACT TRACERS

New York is poised to launch its training plan for the huge corps of disease detectives it plans to deploy to track people who might have been exposed to the coronavirus.

The effort, seen as a key to keeping the outbreak from flaring again once it is under control, is likely to involve hiring several thousand people who have no background in public health.
And since getting huge groups of people together in one place for a contact-tracing boot camp is impossible, the training will be done through a 5- to 6-hour online course launching Monday.

“There’s all this discussion about using technology in some way. But fundamentally, this is a pretty human activity,” said Josh Sharfstein of the Johns Hopkins Bloomberg School of Public Health, which developed the course with Bloomberg Philanthropies, the charitable foundation of former New York City Mayor Michael Bloomberg.

When someone becomes newly infected with the virus, the tracers will be tasked with figuring out everyone who might have had contact with that person, reaching out to them, and advising them how to quarantine themselves until they know for certain they aren’t sick, too.

The video training includes having actors portray how the tracing interviews, mostly conducted by phone or video chat, are supposed to go.

Sharfstein said the training, to be offered on the Coursera website, will be available to anyone, not just those seeking to become contact tracers, the developers said.

Bloomberg is putting up $10.5 million through his foundation to help the state roll out its tracing plan.

Gov. Andrew Cuomo has made hiring at least 30 contact tracers per 100,000 residents a requirement for any part of the state to reopen.

SUBURBAN ‘PATIENT ZERO’ SPEAKS

A man who was the second person in New York to officially be diagnosed with COVID-19 said he didn’t suspect he had the virus when he went to the emergency room, and woke up from a coma weeks later with no memory of his time in the hospital.

“So it’s as if three weeks of my life had completely disappeared, and I was asleep for all of it,” Lawrence Garbuz, a lawyer from New Rochelle, said on NBC’s “Today” show Monday in his first television interview.

Garbuz, 50, was the first New Yorker to be publicly identified as having contracted the virus without having traveled internationally, and his case quickly became linked with an outbreak in New Rochelle that prompted the governor to shut schools and houses of worship in the small city.

All of those restrictions, and many more, were later extended statewide.

Garbuz’s wife, Adina Garbuz, said she and her husband originally thought he had pneumonia, but he kept getting worse. She decided to move her husband to a larger hospital in New York City after discovering he had COVID-19.

“I just didn’t think he was gonna make an ambulance ride,” she said.

Garbuz has now fully recovered.

ARRESTS IN BIAS ATTACK

A man and woman have been arrested on charges they tried to pull the masks off people who had gathered in an Orthodox Jewish neighborhood in Brooklyn.

Police said Clelia Pinho, 46, and Paulo Pinho, 35, accosted three men around 8:30 p.m. Sunday in Williamsburg, pulling the surgical masks off their faces and making anti-Semitic remarks blaming Jews for the coronavirus outbreak.
The pair were arrested on charges of aggravated harassment as a hate crime. Information on their lawyers wasn’t immediately available.

The victims did not require medical attention.

Mayor Bill de Blasio called the attack “unacceptable” and said Monday: “We don’t accept bias in New York City. We don’t accept hate in any form.”

De Blasio personally oversaw the dispersal of a large funeral in Williamsburg last month and faced criticism when he tweeted that “the Jewish community, and all communities” must follow social distancing guidelines intended to stop the spread of the virus.

*Bloomberg Government | Roxana Tiron*

The Pentagon’s inspector general will look into whether the Navy has plans in place to prevent and curb the spread of infectious diseases after the coronavirus outbreak on the USS Roosevelt aircraft carrier culminated in removal of its captain.

While the aircraft carrier was sidelined in Guam, another vessel operating on Pacific Coast of South America—the guided-missile destroyer USS Kidd—had to return to port after its crew got infected with the virus.

The Pentagon’s watchdog will start the evaluation this month. The probe will also seek to determine whether the Navy carried out mitigation measures “that are effective in preventing the spread of COVID-19” across the fleet, according to a release announcing the investigation.

The probe comes at a critical time for the Navy as the service is dogged by questions from lawmakers and from within the Pentagon on how it handled the coronavirus crisis. The nominee to become the next secretary of the Navy, Kenneth Braithwaite, told the Senate Armed Services Committee last week that the Navy has had a leadership breakdown.

“It saddens me to say that the Department of the Navy is in rough waters,” Braithwaite, who’s now ambassador to Norway, told the Armed Services hearing on his nomination. “Due to many factors, but primarily the failure of leadership.”

Meanwhile, acting Navy Secretary James McPherson said he’s delayed a decision on whether to reinstate Brett Crozier as captain of the USS Theodore Roosevelt.

Crozier was dismissed as the carrier’s captain by then-acting Navy Secretary Thomas Modly on April 2 for writing an impassioned memo beseeching the service to do more to remedy the increasingly dire spread of the coronavirus among the vessel’s crew. Modly said Crozier failed to keep his concerns within the chain of command. Modly flew to the carrier sidelined in Guam and denigrated Crozier to his crew as “stupid or naive,” provoking a backlash that led him to apologize and resign days later.

3. FEMA Shifts Some Virus Supply Buying Power to Defense Department – 5/11
*Bloomberg Law | Shira Stein*

The Federal Emergency Management Agency is handing over some of its responsibilities for acquiring Covid-19 supplies to the Defense Logistics Agency, a subset of the Defense Department, a FEMA spokesperson said.

The Defense Logistics Agency will coordinate longer-term purchasing of supplies, including personal protective equipment, the spokesperson said. That agency manages the supply chain for the entire U.S. military and has extensive experience in the area.
FEMA will continue to lead the federal response to the coronavirus crisis, the spokesperson said.

FEMA first indicated the move in an update to a General Services Administration webpage, in which it said it was withdrawing a contract solicitation for personal protective equipment, effective May 11, “due to an Interagency transition of mission responsibility from FEMA to the Defense Logistics Agency.”

Transferring Duties

Bloomberg previously reported that FEMA was in discussions to move out of its role as the lead agency in the federal Covid-19 response. FEMA's latest action is the first public indication that it’s handing over some of its responsibilities to other agencies.

The Defense Department has already been working with the Department of Health and Human Services to equip the Strategic National Stockpile as necessary.

The Defense Logistics Agency referred a request for comment to the Defense Department, which didn’t immediately respond.

4. CDC director self-quarantining after exposure to person at the White House who tested positive – 5/11

CNN | Wesley Bruer and Jeremy Diamond

Dr. Robert Redfield, the head of the Centers for Disease Control and Prevention, will self-quarantine for two weeks after he was exposed to a person at the White House who tested positive for Covid-19, a CDC spokesperson confirmed to CNN.

The Washington Post first reported Redfield's action.

"CDC Director Dr. Robert Redfield has been determined to have had a low risk exposure on May 6 to a person at the White House who has COVID-19. He is feeling fine, and has no symptoms. He will be teleworking for the next two weeks," the spokesperson said.

The spokesperson noted that "in the event Dr. Redfield must go to the White House to fulfill any responsibilities as part of White House Coronavirus Task Force work, he will follow the safety practices set out by the CDC for those who may have been exposed."

"Those guidelines call for Dr. Redfield and anyone working on the Task Force at the White House to have their temperature taken and screened for symptoms each day, wear a face covering, and distance themselves from others," the spokesperson said.

Officials will not identify the person to whom Redfield was exposed.

White House deputy press secretary Judd Deere declined to confirm the report that Redfield will self-quarantine, but he said the physician to the President and White House operations officials "continue to work closely to ensure every precaution is taken to keep the President, First Family and the entire White House Complex safe and healthy."

5. White House adviser suggests China should face economic consequences for coronavirus response – 5/11

CNN | Betsy Klein
White House economic adviser and supply chain point man Peter Navarro appeared on CNBC and Fox on Monday morning. On Fox, Navarro suggested there should be economic consequences for China due to its lack of transparency.

“I think the American people strongly believes that China inflicted trillions of dollars of damage on this country and there should be — some form of compensatory damages,” Navarro said, later repeating, “I think there should be some form of compensatory damages and I think there’s a lot of discussion on Capitol Hill about that.”

Navarro was asked about a Washington Post report on an offer from to manufacture millions of N95 masks turned down by the administration.

He called the Texas company in the article, Prestige Ameritech, “very difficult to communicate with” and said they were “having their own problems,” then pivoting to praise Trump’s response.

He disputed economic comparisons to the Great Depression (some of which have come from other administration officials), saying that anyone making that comparison “doesn’t understand either history or economics.” He laid out the circumstances leading to the Depression and said, “This ain’t that.”

On CNBC, Navarro largely evaded questions, declining to weigh in on the West Wing outbreak or to say anything of substance regarding China trade, at one point drawing the ire of the hosts, who told him he had a “way of never answering” their questions.

He did complain about the opening of Disney World in Shanghai: “I woke up this morning, I put on Squawk Box and the first person you put on – at the damn Disney World in Shanghai. And I come from Orange County, right, that’s the land of Disneyland, and my American people can’t go to Disneyland in Anaheim because the Chinese Communist Party inflicted a pandemic.”

He defended the administration’s response during the month of February, noting the memo he sent on January 29 raising concerns about the virus. After Trump halted travel from China, he said, “We began to move on different vectors of attack,” he said, including vaccine development, therapeutics, and N95 mask production.

Navarro also touted executive orders signed by the President last week and repeatedly pivoted to bringing supply chains back to the US.


Senior officials in the White House and the Pentagon are now sidelined by the virus.

Defense One | Katie Bo Williams

The coronavirus has reached the top echelons of U.S. government, undercutting President Donald Trump’s message that the virus is abating and raising concerns about a government hollowed out by quarantined officials.

Two of the Joint Chiefs of Staff have been affected, including chief of naval operations Adm. Michael Gilday and National Guard head Gen. Joseph Lengyel. Gilday was exposed to a family member with COVID-19 and has since tested negative but will be self-isolating for a week, according to a Pentagon statement. Lengyel has tested positive, but a second test returned negative, and a third will be administered on Monday.

In the White House, one of the president’s military valets tested positive, as has Vice President Mike Pence’s press secretary, Katie Miller. Miller worked closely with the vice president and routinely attended larger briefings in the Situation Room. (Her husband, Trump senior policy advisor Stephen Miller, has tested negative but is working from home this week.)

Pence will not be quarantining, according to a spokesman. “Additionally, Vice President Pence has tested negative every single day and plans to be at the White House [Monday],” Devin O’Malley said.
But the sudden spate of COVID cases at top levels in the Pentagon and the White House have undercut Trump’s sunny predictions.

“Coronavirus numbers are looking MUCH better, going down almost everywhere. Big progress being made!” Trump tweeted inaccurately on Monday morning. (Coronavirus numbers are falling in hard-hit New York City, but rising elsewhere across the country. Here’s a state-by-state look at the trends.)

Other officials see the risk as obvious.

“It is scary to go to work,” White House economic adviser Kevin Hassett told CBS’s Face The Nation. “I think that I’d be a lot safer if I was sitting at home than I would be going to the West Wing.”

“It’s a small, crowded place. It’s, you know, it’s a little bit risky. But you have to do it because you have to serve your country,” Hassett continued.

The high-profile appearance of coronavirus in both the Pentagon and the White House has also brought scrutiny on how strictly senior officials are wearing masks and abiding by social distancing rules. In an official White House photograph from a Saturday meeting with Trump, Defense Secretary Mark Esper and Joint Chiefs Chairman Gen. Mark Milley are among the maskless attendees sitting elbow-to-elbow in the Cabinet Room. On Friday, Esper joined a gathering of World War II veterans in Washington to celebrate the 75th anniversary of the Allied victory in Europe; photos show him barefaced, handing out challenge coins to maskless veterans. At one point, a veteran gripped the secretary’s elbow, according to the Washington Post. Older people are at particular risk for serious illness as a result of the coronavirus.

Yet at other times, Esper preaches the importance of covering up. “In a room, we’re wearing masks. We flew out here today: Everybody on my team was wearing — and myself — we were wearing face coverings,” he said during a visit to U.S. Northern Command headquarters last week.

Masks have become a flashpoint in the increasingly polarized political environment surrounding the pandemic. The Center for Disease Control and Prevention recommends face coverings, but Trump has said, “I don’t think I’m going to be doing it” and has repeatedly appeared in group gatherings without a mask. Pence also ignited controversy when he didn’t wear a mask during a visit to the Mayo Clinic in Minnesota on April 28. (He later said that he should have done so.)

House Speaker Nancy Pelosi, D-Calif., meanwhile, has said that Trump should wear a mask in public, as she does, in part to set an example.

The White House has ramped up its efforts to test staff and officials, and to trace their contacts, since the discovery of its two positive cases, but the New York Times reported that there are no plans to keep Trump and Pence separated to avoid a situation in which both could be incapacitated by COVID-19, the disease caused by the coronavirus.

But other senior members of the White House coronavirus task force have been temporarily sidelined by the outbreak. Four administration officials who were to testify before the Senate in person on Tuesday will now appear via video conference, the Senate health committee announced Sunday. One is Tony Fauci, director of the National Institute of Allergy and Infectious Diseases and the de facto face of the Trump administration’s public health response to the crisis.

CDC Director Robert Redfield and Stephen Hahn, commissioner of the Food and Drug Administration, “have self-quarantined out of an abundance of caution after being exposed to COVID-19,” according to the office of committee chairman Lamar Alexander, R-Tenn.
Alexander will also videoconference in because one of his staff members tested positive for the virus; the 79-year-old senator is now self-quarantining at home for 14 days. (Alexander tested negative and has no symptoms, according to his office.)

Some 1,731 people died on Saturday of COVID-19 in the United States, bringing the country’s death to nearly 80,000. More than 1.3 million known cases have been reported.

7. Blue Angels will fly over Detroit to honor COVID-19 frontline workers with tone-deaf display of appreciation – 5/11

*Detroit Metro News | Jerilyn Jordan*

Nothing says “thank you for risking your lives during a global pandemic” quite like a flashy — and expensive — military aircraft performance.

Detroit is next up on the “America Strong” tour led by the Navy Flight Demonstration Squadron, aka the Blue Angels, and the U.S. Air Force Air Demonstration Squadron, aka the Thunderbirds. The gesture is part of a string of multi-city flyover performances intended to honor frontline workers and first responders as a “collaborative salute” in those cities hit hardest by the coronavirus.

It was believed that the Blue Angels had planned on visiting Detroit last month but rescheduled after preliminary plans were leaked, The Detroit News reports. The flight time is expected to be announced Monday via the Blue Angels' Twitter.

Not everyone, however, is convinced that this is the best use of resources to honor health care workers and those on the frontlines, especially when there is a nationwide shortage of PPE and testing kits in cities that have been economically decimated by the virus.

When the Blue Angels and Thunderbirds flew over New York City last month, the performance drew criticism from residents who thought the stunt was a waste of resources. Others warned the sound of military aircraft could trigger PTSD in those who lived in the city during the 9/11 attacks.

In New York, the stunt also drew crowds along the riverfront and throughout the city's parks. Photos show a lack of social-distancing and face masks, and, in one case, crowds gathered outside of a field hospital intended to treat coronavirus patients to catch a glimpse of the fighter jets.

Though costs have not been disclosed, The Washington Post estimates a flyover could cost $60,000 per hour, but says it's already accounted for in the Pentagon's annual budget. However, in 2017, Inverse revealed that it cost $109,000 to fuel six aircrafts during the 2011 Super Bowl.

But with an original flight itinerary of 22 cities — with some airbases adding additional planes to the mix, like a stealth bomber Kansas or an A-10, which is expected to do a flyover out of Selfridge Air National Guard Base in Harrison Township on Monday — the overall cost for Operation America Strong could be at least $1.32 million, Task & Purpose estimates.

According to a joint press release from the U.S. Department of Defense, the flyovers fulfill “critical training requirements” for both the Blue Angel and Thunderbirds teams and will “incur no additional cost to taxpayers.”

8. COVID-19 constraints delay needed CMMC rule change – 5/11

*Federal Computer Week | Lauren C. Williams*

Social distancing requirements are complicating the Defense Department's implementation of its unified cybersecurity standard.
Katie Arrington, DOD's chief information security officer for acquisition, said that while the coronavirus pandemic hasn't affected training preparations, social distancing efforts have delayed the public hearing needed for the Defense Federal Acquisition Regulation Supplement (DFARS) rule change needed to enforce new cybersecurity standards for contractors.

"The premise of doing all of this is that we're going through a DFARS rule change," which requires a public hearing, Arrington said May 8 during a Billington Cybersecurity event on the Cybersecurity Maturity Model Certification (CMMC) program.

"We need to do a public hearing on the DFARS rule change. As we're reopening the government, we're learning how that will happen. So that is something that is impacting the rule change -- but not that training and the accreditations, not the rolling out of the [requests for information]."

Arrington said the public hearing should be happening "right now, but we just don't have the capability to do that yet."

Corbin Evans, principal director for strategic programs at the National Defense Industrial Association, told FCW via email the public hearing was key for industry preparing for CMMC.

"While we want the CMMC program to continue to move forward, we recognize the importance of getting the policies right and we appreciate the DOD's recognition that a public meeting is a vital part of that process," Evans said.

The pandemic, however, hasn't affected the CMMC accrediting body's mission to develop training materials for assessors that will certify contractors.

Ty Schieber, the body's board chair, said May 8 the organization is considering all options when it comes to online training to adhere to social distancing measures.

"The issue of online training hasn't been determined," he said, adding that "there's a significant pivot in terms of adopting either in total or as part of a hybrid solution."

For CMMC, Schieber said the accrediting body is working with DOD to develop the training materials to meet the schedules.

"It's an iterative process. We go through our beta training, we have a pathfinder process where we will work with DOD [subject matter experts] and some of their industry contractors and go through a mock process to wring it out," he said, "and then migrate into a provisional delivery model over the course of the next several months."

Schieber said the accrediting body would deliver provisional training for assessors in July with long-term training for CMMC starting this fall or early 2021 calendar year.

9. State AGs ask Congress to hold hearings investigating China's 'deceit' in coronavirus response – 5/11

Fox News | Tyler Olson

Attorneys general for 18 states have signed a letter asking bipartisan leaders in both the House and Senate to open hearings into China's role in the spread of the coronavirus, accusing the nation of "layers of deceit" in a coverup of the severity of the virus while it "wrecked havoc" in the U.S.

The letter, dated May 9, was led by South Carolina Attorney General Alan Wilson, who said that to get to the bottom of the truth "we can't rely solely on media to do the investigation. We have got to have truly, we have got to have congressional oversight. We have got to go deep into an investigation using the reaches of the federal government."
"Congressional hearings are critical to our nation's understanding of the origins of COVID-19 and efforts by the communist Chinese government to deceive the international community," the letter read.

The letter also slammed the Chinese government based on publicly reported actions indicating it knew how dangerous the coronavirus was in the early stages of the outbreak but concealed the severity.

"Recent reports suggest that the communist Chinese government willfully and knowingly concealed information about the severity of the virus while simultaneously stockpiling personal protective equipment," it says.

"These layers of deceit began last year with the censoring of Chinese health officials and the muzzling of Taiwanese complaints," the letter continues. "The cover-up continued with the expulsion of media outlets and the proliferation of Chinese propaganda targeting the Western world. This propaganda campaign has spread disinformation about the United States and has included the suspicious gifts of drones to state, local and federal authorities as well as 'educational' grants to American universities connected to the Wuhan Institute of Virology."

The letter also cites the "tens of thousands" of deaths in the U.S. caused by the coronavirus, as well as the economic hardships caused by the response to the disease.

All 18 attorneys general who signed the letter are Republicans, which continues a pattern of rhetoric aimed at holding China accountable for the coronavirus coming largely from the GOP. Louisiana Attorney General Jeff Landry suggested Democrats are not taking a similar approach out of disdain for President Trump.

"Unfortunately many in the Democratic leadership hate the president more than they love the country," Landry said. "And it is unfortunate. It is disappointing that they would not join us in holding those people accountable."

But Wilson, who organized the letter, said it was largely shared among Republicans for the sake of quickly getting it sent to Congress and that he welcomed Democrats on this issue.

"We wanted to get this letter out as quickly as possible. Obviously it was circulated as quickly as possible within our caucus, but it is not exclusive of Democrats. I know that many Democratic AGs have questions much like we do," Wilson said. "We would certainly ask our Democratic colleagues to join us and I'm sure that many of them have the same questions that we do... I don't want the letter to be viewed as a partisan letter because in the letter we're not out there attacking anybody on a partisan level. We're Americans, and we want to know what China did that led to this pandemic."

Missouri has already filed a lawsuit in federal court against the Chinese government and a number of other entities associated with the Chinese government, and multiple states are considering similar action. Wilson and Landry each said they were considering potential legal action against China as one option on the table. Arkansas Attorney General Leslie Rutledge says her office is most concerned about saving lives in her state right now, but says she hopes congressional hearings will create a reliable factual record for such lawsuits or other actions against China.

"It is important we have information from China and whether or not they did, in fact, know of [the virus'] ability to spread and how fast and the impact, as well as whether or not China was, in fact, hoarding that personal protective equipment that has become so scarce in the opening months of dealing with this pandemic," she said. "That's why it is important that we are calling on Congress to investigate so that way we may have more facts to determine what liability, if any, should be placed on the Chinese government."

There are also at least seven private lawsuits against China over the coronavirus that have been filed in federal courts.
The lawyers in one of those cases recently filed an amended complaint that not only added dozens of named plaintiffs to the suit, but also includes information about an alleged cover-up sourced from a report by a Chinese scientist with a history of being critical of the nation's communist government.

Among the updates to the suit were allegations that China's high-tech disease reporting system was ineffective in flagging the coronavirus in its early stages because "the Wuhan doctors and hospitals were forbidden from entering the information, and the doctor-controlled Chinese CDC was overridden by the CCP [Chinese Communist Party] controlled WHC [Wuhan Health Commission]."

The actual origin of the virus continues to be under investigation, with officials probing whether the virus jumped to humans at a wet market or escaped from a nearby lab where it was being studied.

Wilson on Sunday teased further action by states in relation to the coronavirus and China's alleged role in exacerbating the pandemic.

"A lawsuit is one way to do it and that is fantastic. And if these lawsuits are successful that is going to be wonderful. But at the same time, I don't want to have a narrow view of how to respond to this. I don't think we should throw one line in the water so to speak," Wilson said. "I know that there are a number of legal issues at the state and federal levels that attorneys general are exploring and other letters to Congress. There are going to be other actions taken by states, I'm sure, in the not too distant future."

10. Pentagon watchdog to evaluate Navy’s response to coronavirus on ships – 5/11
*The Hill | Rebecca Kheel*

The Pentagon’s inspector general will evaluate the Navy’s response to the coronavirus pandemic onboard its ships, according to a memo released Monday.

“The objective of this evaluation is to determine whether the Navy has implemented policies and procedures to prevent and mitigate the spread of infectious diseases, such as coronavirus-disease-2019 (COVID-19), on ships and submarine,” said the memo from Randolph Stone, assistant inspector general for evaluations of space, intelligence, engineering and oversight.

“In addition, we will determine whether mitigation measures that are effective in preventing the spread of COVID-19 were implemented across the fleet,” the memo added.

The evaluation, which will start this month, will be conducted at “relevant offices” in the Office of the Chief of Naval Operations, U.S. Fleet Forces Command and U.S. Pacific Fleet. Meetings and discussions will be done by video and teleconference “due to the current health protection condition level,” the memo said.

The Navy has come under fire for its handling of the pandemic after an outbreak aboard the USS Theodore Roosevelt aircraft carrier.

The former commander of the ship, Capt. Brett Crozier, was fired after a letter he wrote pleading for help with the outbreak leaked in the media. The acting Navy secretary who fired him, Thomas Modly, later resigned after he gave a speech aboard the ship berating Crozier.

The Navy is conducting its own investigation into the outbreak on the Roosevelt. Right now, it is in the midst of a broader investigation after the service’s preliminary investigation ended in April with the recommendation to reinstate Crozier.

After Crozier’s firing, several Democrats requested the inspector general also investigate the situation on the Roosevelt.
“Given the concerns for the health and safety of the sailors on the USS Theodore Roosevelt, in addition to the potential for future COVID-19 outbreaks on other ships and submarines, we urge you to investigate the Navy’s response to this outbreak to evaluate whether the Navy is implementing all appropriate precautionary measures and best-practices to protect the safety of our fleet,” 17 Democratic senators wrote in a letter in early April.

More than 1,000 sailors from the Roosevelt, which has been docked in Guam since late March, have been diagnosed with COVID-19.

A second Navy ship that had been at sea, the USS Kidd destroyer, has also seen a coronavirus outbreak. More than 60 sailors were diagnosed with the virus at the last official count. The ship, which had been operating near Central America for counterdrug operations, docked in San Diego in late April to deal with the outbreak.

Last week, Defense Secretary Mark Esper argued a Navy ship at sea is the safest place to be during the pandemic, citing the fact that only the Roosevelt and the Kidd are known to have had coronavirus outbreaks out of the more than 90 deployed Navy vessels.

“The statistics show that the safest place to be is on a deployed Navy ship as compared to one that is in port,” Esper said during a webinar hosted by the Brookings Institution. “Two ships out of 1 think 94, that’s a pretty good record.”

11. Blue Angels plan Indy flyover on Tuesday – 5/11
_Indianapolis Star | MJ Slaby_

The Blue Angels will do a flyover in Indianapolis on Tuesday to honor workers on the front line of the coronavirus pandemic.

The Navy Flight Demonstration Squadron made the announcement Sunday and a detailed flight route will be released Monday, per the news release.

The flyover in Indianapolis will start at 2 p.m. EST and last about 11 minutes. Six high-performance aircraft will take part.

"They have always been there for us all, holding our nation together, even more so during this pandemic, Commander Brian Kesselring, U.S. Navy Blue Angels commanding officer and flight leader for the flyover, said in a news release. "It is really impactful to see this nation come together and stand in solidarity during these unprecedented times."

The Blue Angels will also do flyovers in Detroit and Chicago earlier Tuesday.

Residents along the flight path can expect a few moments of jet noise. The Blue Angels reminded residents to maintain social distancing during the event and not gather in groups.

In April, President Donald Trump suggested having the Blue Angels and the U.S. Air Force's Thunderbirds do flyovers as a way to show support to American medical workers. A Pentagon memo obtained by The Washington Post included Indianapolis as one of the cities that could have a Blue Angels flyover.

The Indiana Air National Guard has already done flyovers as part of #AirForceSalutes.

12. Pentagon acquisition rules must be changed to implement CMMC, but delays possible due to COVID-19 – 5/11
_Inside Defense | Sara Friedman_

The Pentagon is moving aggressively under its cybersecurity certification program to create a framework and structure for contractors, vendors, and suppliers to get up to speed on what they will need to do to get certified,
according to a top Defense Department official, but the process of changing acquisition rules to make the program effective could be delayed.

Changing a rule under the Defense Federal Acquisition Regulation Supplement requires a public hearing, which could be challenging in the current environment where teleworking has become the new normal, Katie Arrington, chief information security officer of DOD's acquisition office, said Friday.

"As we are reopening the government, we are learning how that will happen," Arrington said regarding the Cybersecurity Maturity Model Certification program and DFARS 252.204-7012. COVID-19 is impacting the rule change, but Arrington said the pandemic is not changing the timeline for training and accreditation for auditors or the upcoming release of requests for information from the department.

Arrington spoke at a Billington CyberSecurity event with CMMC Accreditation Body Chairman Ty Schieber and Mark Fox, senior manager of defense mission programs at Amazon Web Services.

Schieber said the CMMC AB is operating under the principles of its memorandum of understanding with DOD, which requires the independent entity to take the maturity model under the program "to establish and implement a standard that is consistent, consumable, clear, and most importantly is affordable and effective."

The accreditation body is in the final stages "defining the ecosystem" and "identifying the individual certifications" for instructors, assessors and auditors. These definitions will provide clarity, Schieber said, on the "accrediting organizational types" for third-party assessment organizations, licensed partner publishers, and licensed training providers.

Schieber said the goal is to allow 3PAOS to start to register under the CMMC AB in approximately three weeks. The CMMC AB will be providing more information on what the process will look like to get accredited and what the prerequisites are at that time.

"We've made great progress in terms of getting the structure to the ecosystem, getting those definitions, so we can start letting people know what to expect, what's in it for them, what's the capacity and what the requirements are," Schieber said.

Provisional trainings for accessors are expected to start by early July, Schieber said. The CMMC AB is also planning to start establishing relationships with licensed partner publishers and licensed providers to credential them to "deliver CMMC training long term" in the fall and the first quarter of next year.

Military.com | Oriana Pawlyk

The head of the National Guard has tested negative for the novel coronavirus for the second time since learning he had previously tested positive.

Gen. Joseph Lengyel, chief of the National Guard Bureau, received a negative result for COVID-19 at Walter Reed Military Medical Center on Monday, the Guard said in a statement.

Lengyel first tested positive just ahead of Saturday's Joint Chiefs meeting with President Donald Trump. A second test Lengyel took the same day came back negative; officials said he would self-isolate and be screened again "to confirm his negative status."

The Centers for Disease Control and Prevention has warned that some tests are known to produce false negatives. A patient undergoing a real-time diagnostic panel for COVID-19 and subsequently testing negative could still have the virus, the health agency said in March.
"Thank you to all who have expressed concern for my health and safety," Lengyel said in the statement. "I am happy to continue to focus on the efforts of the 46,000 Guardsmen and women who are battling this pandemic in the 50 states, three territories and District of Columbia."

"General Lengyel is continuing his work focused on the National Guard's efforts to fight COVID-19," said Army Master Sgt. W. Michael Houk, spokesman for the Guard Bureau. "As a whole, the National Guard has implemented COVID-19 risk mitigation measures, including reliance on video teleconferencing in place of in-person meetings, maximum telework, required mask wearing when social distancing measures are impractical, and testing as necessary."

He did not say whether Lengyel will continue to self-isolate.

Meanwhile, Chief of Naval Operations Adm. Mike Gilday is spending the week quarantined after having contact with a family member who tested positive for the illness, a Defense Department official told Military.com on Sunday. Gilday has tested negative but will remain isolated, the official said.

Gilday and Lengyel were not present at the weekend meeting at the White House with the other Joint Chiefs and several cabinet members.

While the military has put social distancing measures in place in addition to mandatory mask-wearing protocols, Trump was not wearing a mask, nor were general officers or Defense Secretary Mark Esper, according to official White House photos.

As of Monday, the military had 5,316 cases among its uniformed personnel, an increase of 145 troops since Friday. The Navy and the National Guard have the bulk of the cases, with 2,162 in the sea service and 1,037 in the Guard, according to the Pentagon.

--Gina Harkins contributed to this report

14. CNO to quarantine after exposure to COVID-19, National Guard Bureau Chief tests positive – 5/11
Military Times | Diana Stancy Correll

Chief of Naval Operations Adm. Mike Gilday and will spend this week quarantining after interacting with a family member who tested positive for COVID-19.

“The CNO Admiral Gilday had contact with a COVID positive family member and, although testing negative, will be quarantining this week,” a DoD spokesman said in a statement.

However, Chief of the National Guard Bureau Air Force Gen. Joseph Lengyel tested positive for COVID-19 over the weekend and will be tested again Monday morning.

“The Chief of the National Guard Bureau General Lengyel tested positive for COVID Saturday afternoon but a subsequent test Saturday was negative. He will undergo a third test on Monday morning to confirm his negative status,” the spokesman said.

Reuters reports both Gilday and Lengyel were absent from a White House meeting on Saturday with President Donald Trump and other members of the Joint Chiefs of Staff.

In addition to one of Trump’s personal valets, Vice President Mike Pence’s press secretary has tested positive for COVID-19 — prompting several members of the White House’s coronavirus task force to self-quarantine.

As a result, White House economic adviser Kevin Hassett claimed it was intimidating working at the White House as the virus spreads.
“It is scary to go to work,” Hassett told CBS’s “Face The Nation” on Sunday.

“I think that I’d be a lot safer if I was sitting at home than I would be going to the West Wing,” Hasset said.

15. COVID-19 Pandemic Delaying Some Defense Programs – 5/11
National Defense Magazine | Mandy Mayfield

As the coronavirus pandemic continues to rattle the nation, the Pentagon and defense industrial base are navigating program disruptions, financial impacts and supply chain issues.

The Defense Department announced in April that it is anticipating delays in major defense acquisition programs as companies are faced with the effects of COVID-19.

“We do anticipate about a three-month slowdown … in terms of execution than we saw before,” Undersecretary of Defense for Acquisition and Sustainment Ellen Lord told reporters during a recent press briefing at the Pentagon. “We are just now looking at key milestones that might be impacted.”

The Pentagon is examining schedule delays, inefficiencies and other problems for all of its major acquisition programs, she said. Lord did not identify specific programs that are expected to be delayed, but noted that sectors such as aviation, shipbuilding and part of space launch have been hardest hit by the pandemic.

The Defense Contract Management Agency and the Defense Logistics Agency are tracking the industrial base’s top defense contractors and sub-tier vendors.

“Out of 10,509 major prime companies, 106 are closed with 68 companies having closed and reopened,” Lord said. “Out of 11,413 vendor-based companies, 427 are closed with 147 having closed and reopened.”

The Pentagon is also seeing supply chain challenges with several pockets of closures overseas.

In particular, Mexico closed a group of companies that has impacted many of the Defense Department’s major prime contractors, Lord said. These firms are of particular importance to the United States for airframe production.

“I have [had] ongoing conversations with our U.S. ambassador to Mexico, U.S corporate CEOs, members of the House and Senate, as well as other officials in the State Department over the past two weeks to highlight key companies constraining our domestic defense supply chain in order to catalyze re-opening,” Lord said.

India has also mandated closures due to the pandemic, Lord said.

“India is a major defense partner and we hope they can all stay safe while transitioning back to an operational status,” she said.

Meanwhile, defense officials are in talks with lawmakers and the Office of Management and Budget to receive additional funding to address inefficiencies caused by COVID-19 and bolster the supply chain, Lord said.

The Coronavirus Aid, Relief and Economic Security, or CARES, Act which was passed in March, provided $2.2 trillion to stimulate the economy and help businesses affected by the pandemic. The package included more than $10.5 billion for the Defense Department to help bolster supply chains and address other needs.

The vast majority of the money went toward operations and maintenance, as well as military personnel funding, said Todd Harrison, director of defense budget analysis at the Center for Strategic and International Studies.

“It is directly tied to basically reimbursing [the] DoD for activating Guard and Reserve troops and for using its resources to help with the pandemic,” Harrison said in April during a call with reporters.
The CARES Act also set $1 billion aside for procurement that will go toward Defense Production Act purchases, he noted. “It’s not specified in the act how that money is to be used but that money is put there so the DoD can help mobilize ... the industry to meet this crisis,” he said.

Although Lord did not disclose exactly how much additional money the Pentagon is seeking, she said it was “billions and billions” of dollars.

One example of a program that is facing challenges is Boeing’s new Air Force One replacement program. The initiative to build the VC-25B will experience a cost increase of $168 million as a result of inefficiencies brought about by the pandemic, according to the company.

“The reach-forward loss on VC-25B is associated with engineering inefficiencies from the COVID-19 environment,” the company said in a recent quarterly financial report. “We believe these inefficiencies will result in staffing challenges, schedule inefficiencies and higher costs in the upcoming phases of the program.”

Looking ahead at the next potential stimulus bill, or tranche of laws, the Pentagon has indicated it may ask Congress to look into the Pentagon’s unfunded priorities lists, which include programs the services and combatant commands would have liked to have funded if there was more money in the budget, Harrison said.

The Defense Department may say, “Hey, if you want to fund more things for DoD to help stimulate the economy and ... help the defense industry, well, here’s a list you already have that you can pick from,” he added.

In addition, the Pentagon may also request additional funding for Section 3610 authorities, which allows government agencies to reimburse contractors for paying workers who are prevented from working due to COVID-19-related facility closures or other restrictions, he said.

“That is something that Undersecretary Ellen Lord has said that they are looking at, and it could be in the billions of dollars,” Harrison said.

This type of authority is subject to the availability of funding, he noted.

However, not everyone in Congress may be on board.

In late April, the chairman of the House Armed Services Committee said he doesn’t see a need for the Defense Department to receive extra funds.

“I don’t think that we should in a stimulus package put money in for DoD at this point,” Rep. Adam Smith, D-Wash., told reporters. “I don’t see a need right now — of all the needs that we face in this country — to spend more money ... to go buy more planes or ships or boats or anything like that. I suppose you could make an industrial base argument [for more funds], but DoD is spending a fair amount of money” on that already. The Pentagon has about $2.5 billion in uncosted, unobligated funding “just sitting there” that can be used for various needs, he said.

Lord pushed back the following day. There is potential to use some of the Defense Department’s operations and maintenance funding and possibly redirect it toward COVID-19 needs, she told reporters. “However, we do have pretty significant needs in terms of readiness and modernization in order to perform our primary mission, which is national security,” she added.

The Pentagon is also looking to aid industry by issuing various memos aimed at providing relief.

As of press time, Kim Herrington, acting principal director for defense pricing and contracting, had issued about 20 memos responding to industry needs.
“Those memos include guidance for increased telecommuting, increased progress payment rates, acquisition timeline impacts, relief for those who cannot work and more,” Lord said.

Meanwhile, the Air Force is conducting talks with international partners about protecting supply chains, the service’s Chief of Staff Gen. David Goldfein said in April.

“What I’m talking to the international air chiefs about is if we … can collaborate on this, it might be that we can make better use of our money collectively as opposed to individually,” he said during a teleconference with reporters.

“For the Italians, for the [United Kingdom], … for South Korea, for companies that are invested perhaps in the F-35 — and we all know that there are these tier-two and three companies that are struggling right now — how do we collaborate to be able to use our resources wisely?” he added.

Bolstering subcontractors is especially critical, Goldfein said.

“It’s about the tier-two and tier-three suppliers to make sure that we keep that industry base alive,” he said. Goldfein is having discussions with executives from sub-tier contractors to discuss how the service can support them as they face inefficiencies due to disruptions caused by the ongoing pandemic.

“The smaller companies that are producing perhaps critical parts … that don’t have that cash base and don’t have that resiliency, are the ones that are graded at greatest risk,” he said.

Under the leadership of officials such as Will Roper, the Air Force’s assistant secretary for acquisition, technology and logistics, the service is using authorities given to the Pentagon by Congress to quickly write contracts “to infuse the market with well-placed dollars to help these companies get through these rough times,” Goldfein said.

So far, the Air Force has yet to see any programs reach a critical stage where they go off the rails because they don’t have the necessary equipment or parts, he noted.

“What we’re really seeing is … the slowing down of the normal timelines,” he explained. Right now, cash flow is a leading concern. Defense Department leaders want to “rapidly put companies on contract to be able to keep this industrial base alive,” he said.

Every service chief is focused on this challenge, he noted.

To better gauge the effect the pandemic is having on smaller companies, the Defense Department’s office of acquisition and sustainment asked the National Defense Industrial Association to conduct a confidential small business survey.

Approximately 770 small businesses participated in the survey. Of those participants, nearly 550 came from companies with less than 50 employees.

According to participants, revenue expectations, the ability to meet contract obligations and access to capital are areas where small businesses are seeing the biggest impacts.

Sixty percent of respondents said the crisis has interfered with their cash flow, and 67 percent of companies with less than $1 million in annual revenue have seen a cash-flow disruption.

Sixty percent of small businesses also expect long-term financial and cash-flow issues due to the economic impacts of the pandemic, according to the survey.

“These small businesses need to be around for the supply chain and the innovation base and we need to make sure we protect them, and the Paycheck Protection Program is going to be a critical part of that,” said Hawk.
Carlisle, president and CEO of NDIA. The program has received hundreds of billions of dollars from Congress to help companies meet payroll and not have to lay off workers.

To facilitate cash flow, the Defense Department is also working to temporarily accelerate percentages paid to defense contractors to help bolster companies and the supply chain, Lord said.

“This week we processed over $1.2 billion in invoices at the higher progress payment rates,” Lord said in late April. “We have spoken with each of our major prime companies and they have each confirmed their detailed plans to work with their supply chains to accelerate payments and to identify distressed companies and small businesses.”

The Pentagon is expected to provide industry with $3 billion in increased cash flow to help companies weather the impacts of COVID-19.


Smaller countries like Australia are trying to build a new kind of alliance, by first investigating what went wrong in the early stages of the coronavirus pandemic.

New York Times | Damien Cave and Isabella Kwai

SYDNEY, Australia — When Australia started pushing for a global inquiry into the origins of the coronavirus pandemic, no other countries were on board, and officials had no idea how it would work or how harshly China might react.

Europe soon joined the effort anyway, moving to take up the idea with the World Health Organization later this month. And Australia, in its newfound role as global catalyst, has become both a major target of Chinese anger and the sudden leader of a push to bolster international institutions that the United States has abandoned under President Trump.

“We just want to know what happened so it doesn’t happen again,” Prime Minister Scott Morrison said on Friday, describing his conversations with other nations.

Confronting a once-in-a-generation crisis, the world’s middle powers are urgently trying to revive the old norms of can-do multilateralism.

Countries in Europe and Asia are forging new bonds on issues like public health and trade, planning for a future built on what they see as the pandemic’s biggest lessons: that the risks of China’s authoritarian government can no longer be denied, and that the United States cannot be relied on to lead when it’s struggling to keep people alive and working, and its foreign policy is increasingly “America first.”

The middle-power dynamic may last only as long as the virus. But if it continues, it could offer an alternative to the decrees and demands of the world’s two superpowers. Beyond the bluster of Washington and Beijing, a fluid working group has emerged, with a rotating cast of leaders that has the potential to challenge the bullying of China, fill the vacuums left by America, and do what no lesser power could do on its own.

“Australia is resetting the terms of engagement so we have more strategic freedom of action, and in order to do that, you need to build a coalition of like-minded nations,” said Andrew Hastie, a backbencher in the Australian Parliament who leads its Joint Committee on Intelligence and Security.

“To act on the global stage as a middle power, you need to do it from a position of strength — that includes strength in numbers,” Mr. Hastie said.

Mr. Morrison has insisted that his call for a global inquiry is not directed at any one country, but all available evidence points to China as the birthplace of the pandemic, which means Australia could hardly have chosen a more sensitive subject for its leap onto the world stage.
China’s leaders have made clear that they see criticism of their initial response to the coronavirus — which included a cover-up that allowed the contagion to spread — as a threat to Communist Party rule.

Even a fact-finding mission appears to be too much for China’s leadership. The country’s ambassador to Australia, Cheng Jingye, called the inquiry proposal — which China is expected to block at the W.H.O. — a “dangerous” move that could lead to an economic boycott.

“If the mood is going from bad to worse,” he said, “people would think ‘Why should we go to such a country that is not so friendly to China?’ The tourists may have second thoughts.” He added that Chinese consumers might refuse to buy Australian wine and beef or to send their children to Australian universities.

The economic pain, if actually meted out, could be severe. China is Australia’s No. 1 export market, its largest source of international students and its most valuable market for tourism and agricultural products. On Sunday, the country’s grain industry warned that China is threatening to place a hefty tariff on Australia’s barley exports in what some members of parliament are describing as “payback.”

Australian officials, however, are betting that China will remain a major customer, including for the coal and iron ore it needs to spring back to life post pandemic. And they are convinced that the Australian public will tolerate some Chinese punishment if it means relying less on a country that, according to polls, it had already distrusted — a negative view that is widely shared in Western Europe.

The frustrations have been building for years. Under President Xi Jinping, China’s hacking and intellectual property theft have increased.

Communist Party proxies have tried to interfere in the domestic politics of Australia and other countries, while Beijing increasingly demands obedience across the globe — leaving no room for either foreign companies or countries to question its policies.

Peter Jennings, a former defense official and the executive director of the Australian Strategic Policy Institute, said that Covid-19 had stripped away the last illusions of a benign China — the idea that a country could do business with China without worrying much about how it was governed.

By suppressing information about the virus when it appeared in Wuhan, China’s government put on full display the dangers of its authoritarian system, not just for its own people but for the world. And instead of acknowledging its missteps, it has doubled down — spreading conspiracy theories, insisting that its response be celebrated, and stridently attacking anyone who suggests otherwise.

“Our senior leaders, to use an Australian saying, have had a ‘gutful’ of China,” Mr. Jennings said. “Frankly, I think they’re just fed up.”

In such situations, Australia would usually turn to America. For the seven decades after the end of World War II, the United States was seen as a defender of transparency and cooperation.

But relying on Washington for that kind of leadership seems impossible now. Much of the world views with disappointment and sadness an America laid low by the virus and Mr. Trump’s erratic response.

The president has shown little interest in working with any other country. He has said his administration is conducting its own investigation of China, but that move is widely seen as an effort to shift blame away from his own botched handling of the pandemic.

Mr. Trump has also said he is temporarily halting funding to the W.H.O., and the United States did not contribute to a recent fund-raising effort led by the European Union for research into vaccines.
Further undermining U.S. credibility, Mr. Trump has floated outlandish treatments like disinfectants, while pushing an unsubstantiated theory that the virus originated in a Wuhan lab — a claim that Australian intelligence officials discounted as unlikely.

“Normally, however imperfectly, America would also have mobilized the world,” Kevin Rudd, a former Australian prime minister, wrote in a recent essay. “This time, in America’s absence, nobody did.”

That void predates the pandemic. In 2018, after the United States had pulled out of the Trans-Pacific Partnership, 11 countries — including Australia, Canada, Japan, New Zealand, Mexico and Vietnam — signed a trade pact of their own as a hedge against China. But Covid-19 has accelerated that interaction.

Many middle-power countries have been swapping details of their responses, supporting shared solutions — like vaccines — and starting to look ahead.

On Thursday night, Mr. Morrison joined a call with leaders from nations that are calling themselves “the first movers” — countries that acted quickly against the pandemic and have flattened their curves of infection, including Austria, Denmark, Greece, Israel, Singapore and New Zealand.

Australian officials have also been part of a weekly dialogue on the post-pandemic future with a group of countries that includes India, Japan, South Korea and Vietnam. The United States is also involved, but notably as a participant, not the group’s leader, said Rory Medcalf, a former diplomat and the head of the National Security College at the Australian National University.

Historically, Australia, a country of 25 million people, has seen itself as too small to exert much influence on the world stage, though its economy is nearly as large as Russia’s. In interviews, officials described an ingrained ambivalence competing with nascent confidence, built in large part on their sense that Australia has forged a track record of resistance and survival in relation to China — one that much of the world could learn from.

Australia was among the first countries, in 2018, to ban the Chinese companies Huawei and ZTE from supplying its 5G network. It has also passed sweeping foreign interference legislation.

The push for a coronavirus inquiry, however, represents a leap up. The idea emerged, somewhat ad hoc, when Marise Payne, the foreign minister, announced it on a Sunday morning news show. She surprised the world.

France’s leader, Emmanuel Macron, initially told Mr. Morrison it was not yet time for an investigation, though he appears to have since come around to support the proposal.

Secretary of State Mike Pompeo praised the idea, suggesting (incorrectly) that Australia was supporting a U.S. investigation, highlighting one of Australia’s enduring obstacles: the informed perception that Mr. Morrison is too eager to please his ally Mr. Trump.

Making the inquiry a reality may require more proof of independence and the kind of sustained, careful effort that Australia has yet to master.

“The real test will be: What does Australia do next?” Mr. Jennings said.

He argued that if the proposal died at the W.H.O., Australia should create, pay for and lead an independent commission of investigators from all over the world.

Ultimately, it is unclear just how much a group of middle-power countries without fixed leadership can accomplish. At some point, Australia and the other nations will have to decide whether to focus on reforming the old system or trying to build something new.
Skepticism already surrounds the W.H.O. It has been accused by many countries, including the United States and Japan, of being too trusting of the Chinese government and of ignoring early warning signs of the pandemic from Taiwan, which China barred from the organization.

Many of its critics believe the way out — of the pandemic and the intensifying U.S.-China conflict — may involve new forms of organization drawn from countries that are already trying to revive global cooperation to defeat a killer that does not respect national borders.

Concetta Fierravanti-Wells, a federal lawmaker in Australia who has often been a tough critic of China, said the world needed to be bold and resist “business as usual.”

“For the rules-based international order to mean anything, it needs to be upheld,” she said. “If the world doesn’t respond and act now, when will it ever act?”

17. A Coronavirus Mystery Explained: Moscow Has 1,700 Extra Deaths – 5/11

Russia’s government has boasted of a low coronavirus mortality rate, but figures from an obscure city agency cast doubt on those claims.

New York Times | Ivan Nechepurenko

MOSCOW — Ever since the coronavirus took hold globally, researchers have been puzzled by Russia’s mortality rate of only about 13 deaths per million, far below the world average of 36 in a country with a ramshackle health system.

With the arrival of data for April, however, the mystery appears to be clearing up.

Data released by Moscow’s city government on Friday shows that the number of overall registered deaths in the Russian capital in April exceeded the five-year average for the same period by more than 1,700. That total is far higher than the official Covid-19 death count of 642 — an indication of significant underreporting by the authorities.

A similar picture has been observed in many other countries. In neighboring Belarus, for example — where the authoritarian leader Aleksandr G. Lukashenko has rejected calls for a lockdown as “frenzy and psychosis” — the reported death rate is about 10 per million. In Mexico, officials have recorded more than three times as many deaths in the capital as the government has acknowledged.

“Mortality figures in Moscow seem to be much higher than average for Aprils over the last decade,” said Tatiana N. Mikhailova, a senior researcher at the Presidential Academy of National Economy and Public Administration in Moscow. “One thing is clear: The number of Covid-19 victims is possibly almost three times higher than the official toll,” she said in an interview, adding that additional calculations needed to be made to come up with a precise number.

The new figures contrast sharply with the line that has been peddled by the Kremlin.

Speaking to President Vladimir V. Putin at the end of April, Anna Popova, the head of Russia’s consumer rights and human well-being watchdog, boasted that the country’s mortality rate was “among the lowest in the world.” Russian state-run television channels have been relentlessly advertising the country’s effort to fight the virus as superior to Western nations’.

While the official number of deaths attributed to the coronavirus in Russia stood at 1,124 for Moscow and 2,009 nationwide as of Monday, arriving at a more accurate estimate will be highly complicated.

Thousands of people have left Moscow since the city government declared a lockdown in March, an exodus that would lower the number of deaths in the city. And many people could have died of other causes as at least 37 Moscow hospitals have been converted to treat only coronavirus patients.
Over all, about 70 percent of coronavirus-related deaths have not been reported in Moscow and about 80 percent in the country’s regions, said Aleksei I. Raksha, an independent demographer in Moscow. He was among the first to spot the April data, buried in an obscure government statistics website, as he has been studying mortality rates in the Russian capital and the country’s regions and comparing them with official death tolls.

The lower numbers, according to Mr. Raksha, can be attributed to the way that causes of death are registered in Russia.

“For most deaths, the registered cause will be the disease of the organ that directly caused it,” he said in an interview. “This is the way the system has worked for a long time,” he said, adding that he believes it is highly likely that the authorities at some level are manipulating this system to yield the result they want.

Speaking to the Echo of Moscow radio station last week, Georgi A. Frank, a senior Russian coroner, acknowledged that health officials have wide leeway in registering causes of death.

“In a number of cases, Covid-19 might not be the main cause of death — sometimes it can be just a background to the main disease,” Mr. Frank said. “Of course, there can be some manipulations, but decent doctors never allow it.”

Russia reported its first coronavirus death on March 19, when a 79-year-old woman died in Moscow. Shortly afterward, the death was reclassified as having resulted from a blood clot and the case was removed from the official Covid-19 death toll.

More than 11,800 people died in Moscow this April, far more than during any other April since 1995, when Russia was engulfed in a post-Soviet economic crisis worse than the Great Depression. The number was posted by the Moscow government, which collects reports from the city’s civil registration offices that record vital events, such as births, marriages and deaths.

The death toll will be updated by the Russian State Statistics Service by the end of this month, but is unlikely to change much. On average, the Russian capital has about 10,000 deaths each April.

Being by far the busiest point of entry into the county, Moscow has been the first area in Russia to be hit by the coronavirus. Still, it has lagged behind most other European capitals, registering only a few deaths before the middle of April.

Russian regions, in turn, have lagged behind Moscow. As of Monday morning, Moscow accounted for 52 percent of all reported coronavirus cases in Russia, with more than 109,000 people infected.

An even clearer picture of the true coronavirus death toll is likely to be revealed in the mortality data for May, when the virus began to grip Russia in earnest, experts said. About 45 deaths and more than 5,000 new cases have been registered in Moscow daily over the past week.

18. White House Will Require Officials to Wear Masks, but Not Trump – 5/11
New York Times | Not Attributed

The White House plans to ask most officials — but not Trump — to wear face masks.

New guidance released to Trump administration employees will require them to wear masks when inside the West Wing, according to an internal memo released on Monday and obtained by The New York Times.

“As an additional layer of protection, we are requiring everyone who enters the West Wing to wear a mask or face covering,” read the memo, which was distributed to staff members through the White House management office.
The new guidance is an abrupt establishment of a policy after two aides working near the president — a military valet and Katie Miller, the vice president’s spokeswoman — tested positive for the virus last week.

For weeks, President Trump and Vice President Mike Pence have downplayed the need to wear masks, an attitude that had trickled down to staffers at lower ranks. The new rules are not expected to apply to Mr. Trump or Mr. Pence. The new mask policy was first reported by The Washington Post.

The White House also made some smaller changes on Monday, including displaying signage encouraging social distancing at entryways and asking aides if they are displaying symptoms during routine temperature checks, according to officials.

The spread of the virus into the White House came as the number of virus deaths in the United States surpassed 80,000, and as the Trump administration has sought to convince the public that it is time to move on and get back to work.

“We have to get our country open again,” Mr. Trump said last week, even as he acknowledged that meant more people could die. “People want to go back, and you’re going to have a problem if you don’t do it.”

Some officials have expressed concern about working in the cramped working quarters at 1600 Pennsylvania Avenue.

“It is scary to go to work,” Kevin Hassett, a top economic adviser to the president, said on the CBS program “Face the Nation” on Sunday.

Three top officials leading the White House response to the pandemic began to quarantine themselves over the weekend after two Trump administration staff members — a valet to Mr. Trump; and Katie Miller, the press secretary for Mr. Pence — tested positive.

Among those who will be sequestered for two weeks is Dr. Anthony S. Fauci, director of the National Institute of Allergy and Infectious Diseases and the nation’s leading infectious disease expert. So will Dr. Robert Redfield, the director of the C.D.C., and Dr. Stephen Hahn, the commissioner of the F.D.A.

All three doctors are scheduled to testify before the Senate Health, Education, Labor and Pensions Committee on Tuesday, and arrangements have been made for them to do so remotely. Senator Lamar Alexander of Tennessee, the Republican chair of the committee, will also have to participate via video link after his office announced Sunday evening that he would quarantine himself for 14 days after a staff member in his office tested positive.

19. Let’s Turn Our Military Resources to Building a Post-Covid Industrial Base for All Americans — 5/11

Newsweek | Miriam Pemberton

National emergencies bring out American ingenuity and a willingness to shift gears—like the couple in Maine who wrote recently in The Washington Post about retooling their company to make masks instead of hoodies. Most often invoked as precedent is the rapid conversion of auto factories to turn out tanks for World War II.

That national emergency morphed into a long-term Cold War. Though that war did eventually end, the concentration of national resources on the military has not. We continue to allot more than half of our federal budget—the part that Congress votes on every year—to the Pentagon, and more money, adjusted for inflation, than it ever got during the Cold War.

We don’t know when the pandemic will end, or how it will permanently alter American life. But we do know that we’ll need to do some major, long-term gear-shifting. Now exposed are the gaping holes in our public health system created by budgetary neglect. We will need to fill these holes permanently rather than with emergency
scrambling, to adequately prepare ourselves for the next epidemic or pandemic. And one of these, and then another one, will be coming, more or less severe depending on what we do in the meantime. This certainty is one of the consequences scientists have identified of accelerating climate change.

A major rebalancing of the budget will be required to repurpose its concentration of Pentagon spending toward the viral threat we have all now been forced to recognize. This is rapidly turning into conventional wisdom.

The military contractors will try to prevent this. Making them part of the solution will help.

The budget imbalance has skewed our productive capacity. While we have lavished resources on building a world-leading military industrial base, we have watched as China has been investing heavily in medical supplies, as well as solar power. Military contractors will follow the money; they always have. If the federal budget directs more money toward developing domestic capacity in these fields, the contractors will try to get involved.

There's a problem with this scenario, though, rooted in the differences between military and civilian manufacturing. When military contractors have tried to apply the contracting practices they know, such as military-style machining standards, to enter other fields, costs have soared beyond what the commercial market will bear. When a military division of Boeing tried to make buses back in the 70s, following the end of the Vietnam War, the military practice of “concurrency”—selling and deploying its products before the bugs had been worked out—had their buses breaking down all over town. (When concurrency was abandoned, the buses eventually ran fine, but the public relations damage was done.)

After the Cold War ended—the next time a drop in the military budget led Pentagon contractors to look hard at what else they could do—federal and state governments made some modest efforts to overcome these problems. The Clinton administration’s Technology Reinvestment Project, for example, teamed up commercial with military manufacturers, so that the military guys could learn from the commercial guys how to make things the commercial market would buy. The Commerce Department's Manufacturing Extension Program developed an expertise in helping military manufacturers retool their production lines and retrain their workers for commercial work. We'll need new versions of programs like these now.

Building a green economy is a necessary dimension of protecting public health. At an air base north of the Los Angeles, a South Korean company has now repurposed a building that used to manufacture the B-2 bomber to build train cars for LA's mass transit system. Why couldn't Los Angeles have used an American company to make these cars? There wasn't one.

We need to build an industrial base that provides the tools to secure us against threats that our military tools are powerless to address. Shifting the gears of the federal budget is the most important step we can take in this direction.

Miriam Pemberton is an Associate Fellow at the Institute for Policy Studies, and former director of the National Commission for Economic Conversion and Disarmament.

20. National Guard chief tests negative for Covid-19 after testing positive – 5/11
Politico Pro | Lara Seligman

Gen. Joseph Lengyel, chief of the National Guard Bureau and one of the Joint Chiefs of Staff, tested negative for Covid-19 today after testing positive on Saturday, according to a spokesperson.

The test was Lengyel's second negative result since testing positive for the virus on Saturday at the White House before a meeting of the Joint Chiefs and President Donald Trump.

Adm. Michael Gilday, the Navy's top officer, was also absent from the meeting after coming into contact with a family member who had Covid-19. Gilday tested negative for the virus but is self-quarantining this week.
Other top military members, including the Joint Chiefs chairman and the heads of the Army, Marine Corps, Air Force, Space Force and Coast Guard, took part in the White House meeting.

21. Ignored Warnings Left the Military Health System Unprepared – 5/11
*Project on Government Oversight | Dan Grazier*

New Yorkers crowded into Manhattan’s West Side in defiance of social distancing bans to welcome the USNS Comfort’s glide into the city’s harbor on March 30. In addition to providing some relief to the city’s besieged hospitals, the large white ship with its red crosses gave the appearance of a powerful symbol of the military’s ability to respond to a crisis. What most of the apparently grateful people lining the waterfront did not know is that the military’s health system has been gutted in recent years despite repeated warnings from medical professionals.

The public show of military doctors aiding in the coronavirus response belies the fact that the military health system lacks the ability to handle even the routine health needs of the services during normal conditions.

The public show of military doctors aiding in the coronavirus response belies the fact that the military health system lacks the ability to handle even the routine health needs of the services during normal conditions. A Defense Department Inspector General investigation found, for example, that because of a shortage of doctors, the Langley Air Force hospital in Virginia had only one provider for every 1,600 patients even though regulations require there be only 1,250 patients per provider—a regulation that still leaves a burdensome caseload. These shortages, the inspector general found, meant patients “may have been at risk of increased health complications due to longer wait times.”

As will be discussed below, those shortages are due in large part to placing a much higher priority on spending for pet weapons programs. Evidence of this can be seen in the service’s most recent so-called unfunded priorities list, through which services try to get money for programs that were not included in the department’s regular annual budget request. The Navy did request $11.6 million to upgrade the USNS Mercy hospital ship, but that was the only health care related request on any of the service’s wish lists. They devoted the rest of their $5.42 billion request to things like a submarine, F-35s, and missiles. The Army is requesting over $7 billion, more than half of which is meant to pay for current overseas operations. Of what remains, the Army has earmarked a third to purchase helicopters, armored vehicles, and simulators. The rest is to build barracks and childcare centers, and to pay for building renovations. None goes to health care. The Air Force similarly did not request additional funds for health care. Unless quick action is taken, the services may not have enough doctors and nurses to respond to either a domestic crisis or battlefield needs when the nation goes to war.

The nation has already seen a preview of the coming crisis in military medicine when the Army had to reach out to retired military doctors and medics to return to service as part of a voluntary recall to help fight the coronavirus. Fortunately, many were listening because within days of notifications being sent to more than 800,000 former soldiers, approximately 25,000 volunteers stepped forward to backfill positions in military treatment facilities as troops deployed to the field hospitals now popping up in American cities to deal with patients stricken by the virus.

Undoubtedly, military leaders resorted to such measures due to the scale of the coronavirus response. But a review of government reports and medical journal articles, as well as conversations with military doctors, shows that years of reduced spending on the Defense Department’s health services, reductions to the medical corps staff, and efforts to outsource military health care to civilian hospitals strained the system long before the virus emerged and set the stage to have to resort to volunteers.

Ignored Warnings

The Government Accountability Office warned in February 2018 that the military health system lacked the capacity to handle routine medical needs, to say nothing of a surge like the one we are experiencing with the coronavirus or that would result the next time we go to war. Service leaders interviewed for the study reported
shortages of doctors with key specialties including general surgery, orthopedic surgery, and family medicine. “Until DOD is able to alleviate gaps in critical specialties, it may be hindered in its ability to provide medical support for its servicemembers during wartime,” the report said.

Yet from its peak in 2011 to the present, the budget for military health care largely remained flat. Spending levels have not even been keeping up with inflation, which amounts to a spending cut. In an effort to make the accounts balance, the Defense Department proposed eliminating 15,000 military doctors and nurses in the fiscal year 2018 budget request. Pentagon leaders want to outsource a large part of military medical care to civilian hospitals to allow its physicians to focus on battlefield medicine and free up manpower slots for other combat-related jobs. The leaders of the congressional armed services committees received a letter on July 19, 2019, urging them to reject the plan. The letter, signed by 17 medical associations including the American Academy of Family Physicians, the American Medical Association, and the Society of Critical Care Medicine, warned that the military health system was already overburdened and struggling to “handle the basic health needs of our country’s Armed Forces and their families.” Congress listened this time and told the Pentagon to carefully review the medical needs of the services further before making any new cuts, but earlier changes had already left the military health service in a precarious position.

In the last few years before the coronavirus began spreading around the globe, military doctors flooded medical journals and the nation’s op-ed pages with warnings of an impending crisis within the military’s medical corps. A smaller medical corps increases the burdens placed on the remaining personnel, a burden that is having a cascading effect throughout the entire system. A group of six Army and Air Force doctors published an article in April 2019 detailing faculty burnout at the military’s graduate medical education programs because of an increasing number of deployments and a lack of administrative support. The authors warned of the impact on the medical corps in the future. “Physician burnout presents a direct and immediate threat to the vitality of a [graduate medical education] program and may adversely affect the quality of education delivered.”

In June 2019 retired Vice Admiral Michael Cowan, the Navy’s 34th surgeon general, warned that the military’s medical services had already been stripped of their excess capacity and any further cuts could permanently damage the entire system. “My college physics professor was fond of stating that a 20 percent change in a physical system was a threat to the system itself,” he wrote. “The current proposal to implement a 20 percent reduction in forces without compensating resources represent an existential threat to military medicine.”

Three former Army, Navy, and Air Force surgeons general published a column in July 2019 prophetically warning that the medical corps operated near maximum capacity under normal circumstances and had little ability to respond to a crisis such as a surge in medical needs when a war breaks out. “If even one of these ‘high-risk, high-regret’ consequences unfolds, the percent of those dying from wounds will increase, the all-volunteer force will suffer, and we may be forced to again draft medical personnel—including physicians,” they wrote.

Military Health Spending Flattened as Procurement Costs Increased

Looking at historical budget data provides some insight into defense priorities. Pentagon funding ebbs and flows over time based on the state of the world and domestic politics. This has been especially true over the last 20 years. While the topline defense budget has trended up during that time, spending levels for the military health system stagnated and, because of inflation, have been effectively cut. The White House proposed a 5% increase for the overall Pentagon budget for 2020, but spending on the military health system went down by 2.3% from 2019 to 2020.

The Budget Control Act of 2011 that, in part, imposed caps on discretionary spending included caps on spending on defense. Pentagon leaders and their allies found some ways around the caps, most often by sneaking regular military spending into the Overseas Contingency Operations fund. Still, the Budget Control Act did force service leaders to make some choices.

As is often the case, though, they placed top priority on acquisitions projects at the expense of essential missions like maintenance and medical capabilities. In 2016, the Pentagon spent $177.5 billion on major weapon systems.
That spending increased to $243.4 billion in the 2021 budget request, a 37% increase to pay for things like five littoral combat ships, a class of ships that have never worked properly and the Navy wants to scrap; and $2.85 billion for the Air Force’s KC-46 aerial refueler program, an aircraft so full of problems that airmen aren’t allowed to use them in training. While lawmakers lavished money on the procurement portion of the budget, spending levels on the military health system remained stagnant. Only after a worldwide health crisis made clear how desperate the shortages were in the military medical community did anyone seek to do something about it. The coronavirus stimulus package included $3.8 billion for the military to purchase personal protective equipment, increase the capacity of its hospitals, and fund research into a vaccine.

**Outsourcing Military Health Care Reduces Capacity**

During the 2020 budget cycle, Pentagon leaders wanted to cut more than 17,000 uniformed doctors, dentists, nurses, and medical support staff from the three service medical corps. Citing cost concerns and a medical staff filled with specialties not needed on the battlefield, the proposal would have seen the Army’s medical staff shed 7,300 positions while the Navy and Air Force would have each cut approximately 5,300. The proposal found some support on Capitol Hill, but was ultimately rejected in the final version of the national defense authorization act pending further study on the potential impacts.

The proposed cuts did come from earlier studies about the military health system. A 2017 study by the Institute for Defense Analyses found that the costs associated with operating military hospitals did not correspond with military medicine’s primary mission of treating the troops wounded in combat. The researchers found that the stateside military hospital staff dealt mainly with family health issues like newborn care, pregnancies, substance abuse, and metabolic disorders. Their deployed counterparts faced very different medical challenges. They treated open wounds to the head, neck, and trunk, fractured limbs, crushing injuries, and tissue infections. The concern was that the routine treatment of patients in military hospitals in the United States was not providing military medical professionals the kind of experience necessary to prepare them to treat combat-wounded troops. According to the report’s author, “the lack of appropriate case mix in MTFs [military treatment facilities] affects the ability of medical personnel to respond most effectively to in-theater trauma events.” But military health professionals trained in the current system perform heroic service on the battlefield, and as will be discussed in more detail below, have produced remarkable results.

Outsourcing family and veteran care to civilian hospitals and cutting uniformed medical staff would, according to the proposals, allow the remaining uniformed medical staff to focus their efforts on battlefield trauma care. To that end, military trauma specialists would continue to spend time in civilian hospital emergency rooms in cities around the country where they gain experience treating victims of accidents and violence. By eliminating these uniformed medical positions, so the thinking goes, the services would be able to increase the number of personnel in combat roles while staying within the existing end strength caps. However, this course of action would actually make the problem worse. Increasing the number of troops by cutting medical staff means that the remaining medical professionals would be even more overburdened.

The Pentagon has already taken steps to shift the burden of military medical care to the civilian sector. The Defense Department downgraded military hospitals in Fort Knox, Kentucky, Fort Jackson, South Carolina, and Fort Sill, Oklahoma, to outpatient clinics in the last five years. In 2016, Fort Knox’s Ireland Community Hospital closed its emergency room, stopped performing major surgeries, and stopped delivering babies. People requiring that kind of care were instead sent to community hospitals in the surrounding communities. In the case of Fort Knox, the civilian medical system did not have the necessary capacity to handle the sudden influx of patients. A local bank ended up donating $1.5 million to fund the expansion of a clinic to treat military families and retirees. Military families nationwide report difficulty in finding health care providers in the Defense Department’s TRICARE civilian health care plan.

On the business side of things, outsourcing makes a great deal of sense to the civilian hospital administrators. The Pentagon provides them with a lot of business and pays its bills on time. As with all things related to the military, contracts for the military’s TRICARE civilian health care plan are lucrative. The Pentagon awarded California-based Health Net Federal Services a $17.7 billion contract in 2016 to manage the military’s western
TRICARE region for five years. At the same time, Kentucky-based Humana received a $40.5 billion contract to manage the eastern region for five years. The Pentagon can and does use contractor medical personnel for deployments, but contractors are expensive. One job posting on the Defense Health Agency’s website for an emergency room physician position in South Korea pays as much as $365,000 per year. When a contracting firm’s billing rates are added on top of the salary, the cost to the taxpayer could more than double. A previous POGO investigation found the annual billing rate for contract nurses was, on average, 65% more than the federal employee’s average salary.

One military doctor acknowledged that military doctors spend most of their time treating non-combat related issues. “This is our biggest mission,” said Army Lieutenant Colonel Robert Mabry, an emergency medical doctor, during a February 2016 hearing before the House Armed Services Committee. He continued, though, that “it is our wartime mission that makes us unique and justifies our cost to the Nation.” Because as competent as the civilian medical health care professionals may be, they do come with a significant drawback: They do not deploy with the troops when the troops go to war. This is a point that has been acknowledged on Capitol Hill. “It takes guys and girls in uniform to get our soldiers to the right level of care in that magic hour. And if they’re not there, we have soldiers, sailors, airmen and Marines that die,” said Representative Trent Kelly (R-MS) in a December 2019 hearing. In addition, because the military can’t force people to take contractor positions, many of the doctors who will volunteer for the most dangerous contractor postings will be those who can’t find a job anywhere else.

“I’ve seen less qualified physicians volunteer for these challenging roles, or the uniformed providers will be sent,” Dr. Bob Adams, a retired Army doctor writing in a July 2019 column for USA Today, said. “This can hurt quality of care and military retention, as well as potentially greatly increasing the cost.”

The Military Health System’s Contributions to Saving Lives

The Military Health System comprises all of the uniformed, civilian, and contract personnel for the Army, Navy, and Air Force. The system operates 51 military hospitals and 424 smaller clinics on bases all around the world where service members, military dependents, and veterans receive care.

But the Military Health System’s mission goes far beyond just providing care; it also educates future military medical professionals. The Uniformed Services University has served as the West Point of the medical branches for all of the services since its creation in 1972. That said, the university has faced criticism over the years for the high cost of educating doctors when compared to civilian medical schools. Each student at the university costs taxpayers more than $133,000 per year when even the most expensive private medical school costs $68,000 a year. The services also recruit doctors through the Health Professions Scholarship Program where medical students attending civilian schools agree to serve a minimum period on active duty in return for tuition and a monthly stipend. The Defense Department uses retention bonuses of up to $59,000 a year to preserve this capacity. It’s unclear whether this investment pays off or not. The Government Accountability Office reported in 2019 that “DOD does not consistently collect information on retention of physicians and dentists” who receive those bonuses.

While it is expensive to educate doctors through the military, those doctors not only fill an important role while they serve in uniform but also make up a significant portion of the total population of doctors in the United States. Without the military, the United States would experience even more of a shortage in the number of doctors than we already do. In 2019, more than 1,200 students begin medical school at either the Uniformed Services University or at a civilian medical school with a military scholarship. Future military doctors made up approximately 5% of the country’s 21,869 new medical students in the 2019-2020 academic year.

The pipeline of military doctors will become increasingly important as demand for doctors grows during the next decade: According to a study by the Association of American Medical Colleges, the shortfall of American doctors could be as high as 121,900 by the year 2032.

The military health system also makes significant contributions to the overall body of medical knowledge. Advances in trauma medicine by military doctors, nurses, and medics have been nothing short of phenomenal. As a result of those military medical advances, 70% of service members wounded in action during WWII survived,
76% of those wounded during Vietnam survived, and, incredibly, more than 90% of service members wounded in action in Afghanistan and Iraq survived. According to a book by the National Academies of Sciences, Engineering, and Medicine, some of the notable medical advances during the wars include “aggressive use of tourniquets, revised transfusion principles for hemorrhagic shock, and the overall doctrine of tactical combat casualty care, defining the optimal delivery of trauma care under demanding conditions of austerity and danger.”

Medical professionals consider the higher survival rate of wounded service members in Iraq and Afghanistan all the more remarkable due to the severe and complex nature of the wounds produced by firearms, improvised explosive devices, and rocket-propelled grenades. Military medical professionals accomplished this feat in large part because of the unique specializations battlefield medicine demands. Civilian hospitals will likely not be able to produce enough medical professionals qualified to serve as flight surgeons, undersea medical specialists, or special operations medical personnel. Reductions to the military health system and outsourcing military health care to civilian hospitals threaten to disrupt adequate battlefield treatment and further advances by military medical professionals.

Conclusion

While surging funds now in order to assist with the coronavirus crisis is better than nothing, it’s backfilling a gap that should never have been created. The military’s medical capability should have always been maintained. Paring down military health facilities and laying off doctors over the past few years has reduced the military’s capacity to assist with the present health crisis and to meet the military’s future needs. It takes years to educate and train doctors, so a great deal of damage has already been done. But this can serve as a powerful lesson.

National security policy leaders should place a higher priority on the military health system and reflect that priority in the budget. There is plenty of room in the Pentagon’s budget to reallocate resources away from risky immature weapon systems to meet this need. The current proposals to shift military health care to civilian providers, which have been temporarily halted in the wake of the coronavirus pandemic, should be reevaluated once the crisis passes. Plans that make sense for normal peacetime operations are not the standard for which the military prepares itself. Any future policies must take into consideration the worst-case scenarios so we are not caught unprepared again.

22. Chief of U.S. National Guard in limbo after conflicting coronavirus tests: officials – 5/11

WASHINGTON - The chief of the U.S. National Guard, who is at the forefront of the domestic military response to the novel coronavirus, is in limbo after testing both positive and negative in conflicting results this weekend, officials said on Sunday.

The officials said General Joseph Lengyel tested positive on Saturday but then tested negative the same day in another test. He will undergo another test on Monday to confirm his negative status, the officials said.

One of the officials, speaking on the condition of anonymity, said that in addition to Lengyel, Chief of Naval Operations Admiral Mike Gilday had come in contact with a family member who was coronavirus positive.

Gilday tested negative for the coronavirus but would quarantine himself as a precaution for a week.

Lengyel and Gilday’s status was first reported by Reuters.
Three senior officials guiding the U.S. response to the coronavirus pandemic also were in self-quarantine on Saturday after coming into contact with someone who had tested positive for the disease, their agencies and spokesmen said.

The officials were Anthony Fauci, a high-profile member of the White House coronavirus response team, Robert Redfield, director of the U.S. Centers for Disease Control and Prevention, and U.S. Food and Drug Administration Commissioner Stephen Hahn.

Trump told reporters on Friday that Vice President Mike Pence’s spokeswoman, Katie Miller, had tested positive for the virus, a day after news that Trump’s personal valet also had tested positive.

The National Guard has been at the forefront of the military’s response to the coronavirus. More than 46,700 members of the National Guard are supporting the response and 967 members have tested positive so far.

23. China berates New Zealand over support for Taiwan at WHO – 5/11

Reuters | Huizhong Wu

BEIJING - China berated New Zealand on Monday for its support for Taiwan’s participation at the World Health Organization (WHO), saying the country should “stop making wrong statements” on the issue to avoid damaging bilateral ties.

Taiwan, with the strong support of the United States, has stepped up its lobbying to be allowed to take part as an observer at next week’s World Health Assembly (WHA), the WHO’s decision-making body, to China’s anger.

Taiwan is excluded from the WHO due to the objections of China, which views the island as one of its provinces. Taiwan says this has created a dangerous gap in the coronavirus fight, and has accused the WHO of bending to Chinese pressure.

New Zealand’s finance and foreign ministers last week backed a role for the Taiwan at the WHO.

Speaking at a daily news conference in Beijing, Chinese Foreign Ministry spokesman Zhao Lijian said New Zealand’s comments were a severe violation of the “one China” principle, which states that Taiwan is part of China.

“We express our strong dissatisfaction with the statements and resolutely oppose it, and we have already made stern representations with New Zealand,” Zhao said.

The “one China” principle is the political foundation of China and New Zealand’s relationship, he added.

“China urges New Zealand to strictly abide by the ‘one China principle’ and immediately stop making wrong statements on Taiwan, to avoid damaging our bilateral relationship.”

China has denounced Taiwan’s WHO attempts as a political stunt aimed at promoting the island’s formal independence, and said it will fail in its efforts.

In Taipei, Taiwan Foreign Minister Joseph Wu told parliament on Monday that in order to be able to break through China’s influence on the body there needed to be “even stronger international lung power”.

“This year’s international atmosphere is relatively beneficial for Taiwan’s participation, and so the pressure on the WHO secretariat and China is greater and greater,” Wu said.

Taiwan attended the WHA as an observer from 2009-2016 when Taipei-Beijing relations were warmer.
China blocked further participation after the election of Taiwan President Tsai Ing-wen, whom China views as a separatist, an accusation she rejects.

China says it has the right to represent Taiwan on the international stage, and it and the WHO say Taipei has been provided with all the help and information it needs during the pandemic, something Taiwan disputes.

Taiwan has reported only 440 coronavirus cases and seven deaths, thanks to early and effective disease prevention and control work.

*Reporting by Huizhong Wu; Additional reporting and writing by Ben Blanchard in Taipei; Editing by Toby Chopra*

### 24. French minister blames mistakes for virus outbreak on aircraft carrier – 5/11
* Reuters | Tangi Salaun

PARIS - France’s armed forces minister blamed an outbreak of the coronavirus that infected more than 1,000 sailors through its Charles de Gaulle aircraft carrier fleet on mistakes made during efforts to counter the disease’s spread.

All but one of the sailors, about two dozen of whom were hospitalised, had now fully recovered, Florence Parly told parliament’s defence committee on Monday.

“Based on the information we have today there were errors in the measures taken to fight the coronavirus,” Parly said.

“The investigation shows the commanders and their medical advisers overestimated the ability of the aircraft carrier and its flotilla to face the coronavirus.”

She added that the investigations did not apportion blame on those in command of the carrier group, about 1,000 of whose 2,300 sailors tested positive for the coronavirus.

The rapid spread of the disease on board the Charles de Gaulle, a 42-tonne warship with more than 1,700 sailors, has raised questions similar to those that arose from an outbreak on board the U.S. carrier Theodore Roosevelt.

Parly said the investigation had shown the coronavirus arrived between a stopover in Cyprus at the end of February and a March 13-16 stopover in the French western port city of Brest, probably after people were brought on board in air rotations.

*Writing by Benoit Van Overstraeten; Editing by Jon Boyle and Catherine Evans*

### 25. Paris salons, Shanghai Disney reopen despite global alarm over second wave – 5/11
* Reuters | Douglas Busvine and Michel Rose

BERLIN/PARIS - Global alarm was sounded on Monday over a potential second wave of coronavirus infections, after Germany reported that the disease was again spreading faster just days after the first tentative steps there to ease a lockdown.

News that the “reproduction rate” - the number of people each person with the disease goes on to infect - had surged back to 1.1 in Germany cast a shadow over the reopening of businesses on Monday from Paris hair salons to Shanghai Disneyland. A rate that stays above 1 means the virus is spreading exponentially.

Germany is being closely watched worldwide as the most successful large European country in halting the spread of the virus, thanks to a massive testing programme. Chancellor Angela Merkel has frequently said the reproduction rate must be held below 1 to prevent the health system from being overwhelmed.
Fears that a second wave of infections could stop the reopening of the global economy helped sent share prices lower on worldwide markets, reversing earlier gains.

The past month has seen investors bet strongly on a rapid economic recovery in spite of data far worse than any in living memory. That has opened a rift between soaring stock markets and the freefalling economies they are meant to reflect.

In Europe, the worst-hit continent, Spain and France took major new steps to ease lockdowns, while Britain unveiled cautious moves that critics said sent mixed messages.

In Paris, traffic flowed along the Champs-Elysees as workers cleaned shopfronts to reopen for the first time since early March.

“Everyone’s a little bit nervous. Wow! We don’t know where we’re headed but we’re off,” said Marc Mauny, a hair stylist who opened his salon in western France at the stroke of midnight when the new rules took effect.

Mickey Mouse welcomed thinned-out crowds in Shanghai, the first Disney theme park to reopen, with a strict limit on tickets. Parades and fireworks were cancelled, and workers and guests had to wear face masks and have their temperatures screened.

“I think (these measures) make tourists feel at ease,” said Kay Yu, a 29-year-old pass holder wearing a Minnie Mouse hat.

‘IT’S NOT OVER UNTIL IT’S OVER’

Germany unveiled its plans to reopen last week. Smaller shops have already opened and restaurants and cafes are expected to open their doors soon.

German officials say the estimated reproduction rate or ‘R’ becomes more volatile as the overall number of infections declines, and a brief spike is not necessarily dangerous. After a rise at the weekend, Monday saw new cases fall back again.

Chancellor Angela Merkel, a physicist whose plain-spoken assessments have been held up as models of a scientific approach to the crisis, said it was crucial that “people stick to the basic rules, i.e. keeping their distance, wearing mouth and nose protection and showing consideration for each other”.

Karl Lauterbach, a Social Democrat lawmaker and professor of epidemiology, was worried after seeing large crowds outside on Saturday in his home city of Cologne.

“It has to be expected that the R rate will go over 1 and we will return to exponential growth,” he tweeted. “The loosening measures were far too poorly prepared.”

In South Korea, which largely avoided a lockdown with a massive testing and contact-tracing programme early on, authorities were rushing to contain a new outbreak traced to night clubs.

“It’s not over until it’s over ... we must never lower our guard on epidemic prevention,” President Moon Jae-In said on Sunday.

New Zealand, which has stemmed the infection with one of the toughest and earliest lockdowns, said it would open malls, cafes and cinemas this week.
“The upshot is that in 10 days’ time, we will have reopened most businesses in New Zealand, and sooner than many other countries around the world,” Prime Minister Jacinda Ardern told a news conference. “But that fits with our plan – go hard, go early – so we can get our economy moving again sooner.”

But some of the countries and territories that are opening up their economies are not waiting for sustained falls in the spread.

Russia overtook Italy and Britain to report the world’s highest tally of cases after the United States and Spain. Nevertheless, President Vladimir Putin announced plans to ease nationwide lockdown measures from Tuesday.

India, which has locked down its 1.3 billion people since March, reported a record daily rise in cases, yet said it would begin to restart passenger railway services, with 15 special trains, from Tuesday.

Pakistan reopened markets, despite experiencing almost a third of its deaths in the past week.

In the United States, which has the most deaths and cases worldwide, unemployment figures released last week were the worst since the Great Depression. President Donald Trump has been trying to shift the emphasis towards reopening the economy. Many states have begun loosening restrictions, even though cases continue to rise.

*Reporting by Reuters bureaux, Writing by Peter Graff; Editing by Timothy Heritage and Kevin Liffey*

26. **WHO says has ‘no mandate’ to invite Taiwan to assembly meeting – 5/11**

*Reuters | Michael Shields and Emma Farge*

GENEVA - The World Health Organization’s director general has “no mandate” to invite Taiwan to take part in its assembly next week, the body’s lawyer said on Monday, adding member states had “divergent views” on the self-ruled island’s participation.

WHO principal legal officer Steven Solomon told and online news briefing that only member states could decide who attends the World Health Assembly (WHA).

Taiwan, with the strong support of the United States, has stepped up its lobbying to be allowed to take part as an observer at next week’s meeting of the WHO’s decision-making body, to China’s anger.

China berated New Zealand on Monday for its support for Taiwan’s participation at the WHO, saying the country should “stop making wrong statements” on the issue to avoid damaging bilateral ties.

*Editing by Alex Richardson*

27. **From bullets to bytes: Special Operations military conference goes virtual – 5/11**

*Tampa Bay Times | Ileana Najarro*

TAMPA, Fla. — The U.S. Special Operations Command, based at MacDill Air Force Base, geared up for its annual Tampa vendors conference this year by turning the SOFWERX tech hub in Ybor City into a TV station.

In-person networking with companies and academics interested in doing business with the military at the Tampa Convention Center is out of the question in the midst of a global pandemic.

Instead, the Special Operations Forces Industry Conference, presented by the command and the National Defense Industrial Association, will be fully virtual for the first time. The conference runs May 11 to the 15.

“It’s a different type of event,” said Christine Klein, senior vice president of meetings, divisions and partnerships for the association.
Instead of company executives and military officials walking through an exhibit hall full of weaponry, submersibles and computer systems, they’ll be watching companies demonstrate products and services online. The military command will broadcast the presentations from Ybor.

The conference is all about creating a two-way exchange of ideas to support the U.S. Special Operations Command, which trains and equips units including the Army Rangers, Navy SEALs, Marine Raiders and more. Often those exchanges happen naturally at by bumping into someone in the hallways or over cocktails, said Hawk Carlisle, the industry association president and chief executive, and a retired Air Force general.

The association had been planning the event since last year’s conference, but quickly coordinated with the command a month ago to find a platform that could host thousands of participants online. The association also wanted options such as live recordings and digital rooms for one-one-one meetings, Carlisle added. Last year’s conference drew more than 16,000 attendees and 440 exhibitors.

The hope, Carlisle noted, is that the new conference format will allow more companies to participate, because it eliminates travel and lodging expenses.

As of Friday morning, more than 3,500 people were registered to attend, with 91 companies participating in the virtual industry showcase, said Evamarie Socha, association spokeswoman.

Jim Smith, acquisition executive for the U.S. Special Operations Command, hopes companies that don’t traditionally attend, such as those that work in artificial intelligence, machine learning and data analysis, are more inclined to take part this year with the new format.

It was critical that some form of the conference take place, Smith said, because special operations forces are still deployed, and they still have product and service needs.

Also, given that the command drives $7 billion a year into the national economy, Smith recognizes the importance of making sure that smaller businesses, in particular, are aware of business opportunities with the command.

For Tampa’s Visual Awareness Technologies & Consulting company, the conference serves as a big advertisement, said Brooks Davis, product business development and sales manager.

The company provides training and exercise services, such as creating realistic military training off-base by setting up land lease agreements and making arrangements with local law enforcement. It also provides software in support of these exercises, Davis said.

A longtime conference participant, the company prepared for this year’s virtual event by updating its website, giving easier access to contact information that can keep conversations going.

“Now it’s going to a very Amazon way of doing things,” Davis said. “You don’t get to lift something up and touch it and feel it.”

He and others lament another loss in this year’s conference.

In previous years, the Tampa conference has combined with the International Special Operations Forces Conference, which features demonstrations of boats and helicopters in the waters between the Tampa Convention Center and Tampa General Hospital.

Due to the pandemic, those events will have to wait until next year when conference organizers and participants hope they can convene in person.
Tom Cotton Has a China Coronavirus Attack Plan – 5/11

Senator proposes spending billions on 'resistance to Chinese expansion'

Wall Street Journal | Gerald F. Seib

A writer on the Asia Times news site last week was perfectly clear about who he considers most responsible for the rapid rise of tensions between the U.S. and China: "Tom Cotton leads the China attack" blared the headline over his piece.

That would be Sen. Tom Cotton, Republican of Arkansas, who indeed has become the loudest voice in attacking China's behavior amid the coronavirus pandemic. In an interview, Mr. Cotton doesn't mince words about what he thinks this crisis has revealed about China—or how the U.S. should respond.

"More Americans than ever, like more Asians than ever, recognize that China is a pariah state, and we ought to treat them like a pariah state," he says.

But Mr. Cotton isn't just one more voice in a growing chorus of China bashers. He actually has a plan to do something. It's broad and expensive, and is explicitly designed to take advantage of the crisis to roll back Chinese power.

More than that, Mr. Cotton has the ear of President Trump and the State Department, so it's important to look at what he's proposing as a sign of where the policy debate is heading.

At the same time, the Cotton plan also begs the question of whether demonizing China will become a self-fulfilling prophecy. Does treating China as a mortal enemy reflect a new reality, or does it create that reality at a time when a more benign course is still possible?

Mr. Cotton's proposals are rooted in how he explains China's behavior during the crisis. He strongly suspects the virus was born not in nature but in a Chinese lab in the city of Wuhan, and released by accident there. He acknowledges the evidence for that is only "circumstantial."

More than that, though, he argues that once the virus was on the loose, China made a conscious choice not to close off its country to prevent the virus's spread, but rather to let it spread "to ensure the Chinese economy wasn't the only one to suffer."

With the crisis now unleashed, Mr. Cotton argues, China's goal is to take advantage of it to push the U.S. out of the Western Pacific, intimidate its neighbors and force reunification with Taiwan. In other words, he argues, having created a global crisis, China now is attempting to capitalize on that crisis.

His proposed response is encapsulated first and foremost in a new, $43 billion piece of legislation he has proposed, called the FORCE Act. That's the Forging Operational Resistance to Chinese Expansion Act, and the title captures its goal and scope.

Mr. Cotton would spend billions to build up joint military capabilities with allies in the region. He wants to build a new submarine and more jet fighters to project American power into the Pacific, and build up missile defenses in the region.

His legislation also proposes spending billions to counteract disruptions to the defense industrial base caused by the virus, and to develop new sources of components so the U.S. isn't dependent on single manufacturers. And it would spend $12 billion to improve America's electrical grid and satellite operations and protect them from attack—presumably Chinese attack.

Those aren't the only moves Mr. Cotton advocates. He proposes other steps to address what he calls "longstanding problems" unrelated to the crisis: "I believe there will be more political support now."
He wants to put more midrange missiles in Asia, based on American territory in Guam and perhaps in allied countries as well, to counter Chinese midrange missiles. He would accelerate arms sales to Taiwan, which China considers a breakaway province.

He wants to make it easier for pharmaceutical and medical-supply companies to move manufacturing out of China and back to the U.S., in part by allowing them to immediately write off capital expenditures made in doing so. Beyond that, and more broadly, he cites a new government fund Japan has established to help Japanese companies move manufacturing supply chains out of China and back to Japan, and says the U.S. ought to consider a similar step.

These all would be risky moves. Demonizing China may simply bolster the position of hard-liners within Beijing, who will see in them justification for their own preference for confrontation rather than cooperation with the U.S. Decoupling economically can cause as much disruption for America as for China. Beijing's leaders have made clear that arming Taiwan is a bright red line for them.

Ultimately, of course, cold confrontation can lead to hot war. Mr. Cotton counters: "History shows time and time again the way to avoid such things is to draw clear lines about the kind of behavior we won't tolerate."

Not many in Washington want to go as far as Mr. Cotton in drawing such lines. But he is a clear barometer showing how the weather is changing.

29. Social distancing protocols of top military brass break down at White House meeting – 5/11
Washington Examiner | Abraham Mahshie

At the White House recently, Defense Secretary Mark Esper, Chairman of the Joint Chiefs of Staff Mark Milley, and a host of the nation’s top military brass crowded into the Cabinet Room of the West Wing for a national security meeting with President Trump in apparent disregard of social distancing protocols sacrosanct at the Pentagon for nearly two months.

None of the officials in a White House photograph of the meeting Saturday posted on Twitter are wearing masks, and the dimensions of the leather-topped Kittinger Company table appear to indicate a less than 6-foot spacing.

With members of the president’s and the vice president staffs in self-isolation after contracting the virus, and at least two senior members of the military also in isolation over possible exposure, the meeting of nearly all of the nation’s top civilian and military leaders in the Cabinet Room, which measures 23 feet wide by 39 feet, was arguably risky.

“The meeting at the White House appears to have adhered to social distancing recommendations, with the participants appropriately separated at the table,” a Defense Department spokesman told the Washington Examiner Monday.

Six weeks ago, Esper strode into a reconfigured Pentagon press room with chairs spaced at least 6 feet apart to talk about new distancing measures across the Pentagon and among senior military and civilian leadership.

“So this is the closest I've been to the chairman probably in two weeks, cause otherwise we — ” Esper began at a podium spaced at least 6 feet away from Milley.

“It won't last long.” Milley interjected before laughter broke out.

At the March 24 press briefing, Esper said he was using video teleconferences to communicate with Milley, as well as practicing social distancing, wiping down services multiple times per day, and reducing in-person staff to a minimum.
Esper went further during a visit to the U.S. Northern Command last week, stressing the importance of wearing masks while indoors.

“So here, you know, in the open air, it's not as essential. In a room, we’re wearing masks,” he said. “We flew out here today: Everybody on my team was wearing — and myself — we were wearing face coverings.”

The Pentagon told the Washington Examiner that senior defense officials exercise numerous precautions to lower the risk of transmitting the coronavirus.

“The Department has adopted a wide ranging number of risk mitigation measures. These include social distancing when necessary, wearing masks when social distancing is not possible, telecommuting, separating senior leaders, quarantining exposed persons, regular testing, and monitoring for symptoms,” the spokesman said in a statement.

“Other than on rare occasions — like a meeting with the commander-in-chief — where social distancing and other preventive measures like testing all participants are in place, that practice continues today,” the statement continued.

Except the military has already demonstrated that testing is not 100% reliable.

Absent from Saturday’s White House meeting was chief of the National Guard Bureau, Air Force Gen. Joseph Lengyel, who initially tested positive, but a second test Saturday was negative.

Chief Naval Officer Adm. Michael Gilday also stayed home out of caution over possible exposure.

“The CNO Adm. Gilday had contact with a COVID-positive family member and, although testing negative, will be quarantining this week,” a spokesman told the Washington Examiner Monday.

The Navy has been ravaged by “false negatives” and asymptomatic sailors in its experience with the sidelined Pacific carrier USS Theodore Roosevelt. The preponderance of false tests led the Navy to institute a policy of two consecutive negative tests before allowing sailors to reboard the Roosevelt.

A tight fit

A look at the 26-foot-long, 7-foot-wide Kittinger table where the senior military and civilian leadership gathered Saturday brings into question whether military leaders flouted their own social distancing guidelines to attend the White House meeting.

“The Cabinet Room was very small,” said Ray Bialkowski, owner of the Kittinger Company, which built the commissioned table in 1970 and restored it in 1997 and 2017. “If you look at the photographs when they're in there, it’s not much bigger than what you're seeing.”

Bialkowski was present in 2017 when a restored version of the table with 5 additional feet was carried into the Cabinet Room through the French doors that open from the Rose Garden.

Seated at the table Saturday were six people on one side and seven on the other, a roughly 4-foot separation based on the table’s dimensions given by Bialkowski.

“There’s no more options to make this table bigger,” he said. “The room is not a large room, as you can imagine.”

Maj. Eric Flanagan, spokesman for the Marine Corps, could not confirm if Marine Corps Commandant Gen. David Berger was seated a safe distance in the photograph.
“The commandant is conducting nearly all of his business via teleconferencing and phone calls,” Flanagan also told the Washington Examiner. “There is a very small amount of people who he holds in-person meetings with. When he does meet in person, as you saw at the White House this weekend, he maintains proper social distancing.”

Regardless of whether members of defense leadership followed their own social distance protocols while in the Cabinet Room, photographs on the White House grounds show the chairman of the Joint Chiefs and others standing in close proximity.

“We are working to mitigate risk by taking a number of reasonable actions while still maintaining our ability to conduct our national security missions,” a Pentagon spokesman told the Washington Examiner. “We all continue to learn and adapt to these challenging times.”

30. Trump administration plans to issue alert that Chinese hackers are targeting vaccine research – 5/11
Washington Post | Ellen Nakashima

The U.S. government plans to issue a warning that hackers tied to the Chinese government are attempting to steal information from researchers working to develop a coronavirus vaccine, U.S. officials said.

The warning from the FBI and Department of Homeland Security will also specify the threat as coming from “non-traditional actors” such as Chinese students and researchers in the United States, said one official, who like others interviewed, spoke on the condition of anonymity because of the issue’s sensitivity.

“These actors have been observed attempting to identify and obtain valuable intellectual property and public health data,” a draft of the warning says, according to the official.

There is no indication that any attempt thus far has been successful, said a second official. The expected warning should be out within a week or so.

Asked about the warning, which was first reported by the New York Times, Zhao Lijian, the spokesman for the Chinese Foreign Ministry, said, “We firmly oppose and fight all kinds of cyber attacks conducted by hackers. We are leading the world in covid-19 treatment and vaccine research. It is immoral to target China with rumors and slanders in the absence of any evidence.”

Spokespeople for the FBI and DHS declined to comment.

The planned alert likely will exacerbate already fraught relations between Washington and Beijing in the midst of the coronavirus pandemic. And it coincides with heightened efforts by the Trump administration to draw attention to China’s long-running campaign to steal U.S. secrets and intellectual property — including biomedical research — to gain advantage in the global economy.

President Trump and Secretary of State Mike Pompeo have suggested that the virus originated or leaked from a lab in Wuhan, China, though the government has produced no evidence to back that assertion.

The Office of the Director of National Intelligence last month said the intelligence community will continue to look into “whether the outbreak began through contact with infected animals or if it was the result of an accident at a laboratory in Wuhan.”

The lab has denied it was the source of the virus.

Beijing, for its part, has falsely suggested that the U.S. Army may have “brought the epidemic to Wuhan,” seeking to fuel a coronavirus conspiracy theory.
The expected alert also will come as private security researchers say they have seen commercial and government organizations developing treatments for covid-19 being targeted by government-linked hackers in China, Iran and Russia.

“Intense intelligence collection on covid-19 may have begun as early as January,” said John Hultquist, director of intelligence analysis at FireEye, a cybersecurity firm. “We believe Vietnamese actors started targeting the Chinese government for this information around then.”

Hulquist noted the pandemic is “an existential threat” to governments around the world. So, he said, “we expect intelligence services to aggressively collect information from organizations involved in the response, regardless of their commercial ties.”

The joint advisory also will urge victims to contact the FBI and will provide DHS-recommended resources for protecting data.

31. Convention center transformed into alternate care site as part DC coronavirus response – 5/11
WTOP-FM (Washington, D.C.) | Will Vitka

The Washington Convention Center has become an alternate care site, if needed, as part of D.C.’s coronavirus response plan, Mayor Muriel Bowser said during a news conference Monday.

“I’ve said before that we consider this site our insurance policy,” Bowser said. “We hope that we will never have to use it, but it is here and staffed for when we do or if we do.”

The Army Corps of Engineers Lt. Gen. Todd Semonite said it took about 22 days to transform the convention center into an alternate care site. Hall A has been set up to accommodate 437 beds. Starting Tuesday, it will be ready to care for up to 100 patients.

“I can’t think of a more noble calling to be able to build a facility like this to be able to help keep people alive,” Semonite said.

“The patients who will be coming here will be low acuity COVID-positive patients, meaning these are patients who need neither a ventilator or an ICU bed,” Bowser said.

“However, if a patient is here and their condition worsens, there are six rapid-treatment spaces where patients can be stabilized and returned to an acute care hospital.”

District hospitals are currently at 71% capacity, officials said, not including surge beds.

D.C. Department of Public Works Director Chris Geldart explained what it would take to trigger the use of the convention center as a care site for patients.

“The best place for a patient to get seen and get care is inside the four walls of a hospital,” he said. “So, we are going to ensure that we use the maximum we can of hospital space, and then we would look at how we bring patients into here. And that process will go from the individual hospitals first to here.”

“So, we want the hospitals to use their surge capacity because that’s the best place for a patient and, as we get close to that capacity, that’s when we would start to accept patients,” Geldart said.

Uptick in DC coronavirus cases, deaths

D.C. reported an additional 112 coronavirus cases Monday for a total of 6,389.

There were also five more deaths, for a total of 328.
The District has interactive maps of infections throughout the city, by ward and neighborhood, online. Columbia Heights and 16th Street Heights remain the two neighborhoods with the greatest number of infections, with 354 and 327, respectively.

Bowser said her office would announce whether the stay-at-home order for D.C. would be extended sometime this week.

**Antibody testing and remdesivir**

D.C. Health and the Department of Forensic Sciences are working with health care providers in the District to conduct a citywide survey to test for antibodies, Bowser said. And health care providers are receiving guidance on who should be considered for antibody testing.

Previously, most of the testing was diagnostic, to determine whether a person has COVID-19.

“The survey will focus on individuals with a high risk of exposure,” Bowser said. “The experts still don’t know whether previous infection causes any sort of immunity. But this testing will be important to helping us determine the extent of infection in our city, the prevalence of asymptomatic infections and insights on how the virus is affecting children.”

D.C. Health Director Dr. LaQuandra Nesbitt also said that the District was set to receive 400 vials of the broad-spectrum antiviral medication remdesivir, which appears to have had some small measure of success against COVID-19 in clinical trials.

“We will receive a supply of that and we’ll make allocation plans to all of our hospitals based on their current treatment of COVID-19 positive patients,” she added.

“We will plan to allow our hospitals to accept the allocation. We are not planning to force the allocation on any particular hospital,” Nesbitt said.

32. Washington Convention Center highlights District commitment to surge capacity, officials say – 5/11

WASHINGTON - The District may not be on the cusp of reopening, but Mayor Muriel Bowser says one of the pillars it needs to have in place is on its way.

The mayor and federal and municipal officials highlighted the District’s ability to accommodate a second surge of COVID-19 cases on Monday when they delivered an update on the response to the virus from the Walter E. Washington Convention Center.

Bowser noted that while the number of cases, deaths and hospitalizations related to COVID-19 is lower at this point is far fewer than they’d predicted, the District is still not seeing the two-week decline benchmark that most jurisdictions are using as a precursor for reopening.

“But we have yet to see a 14-day decline in community transmission, and so we continue to have a lot of work to do to stop the spread of the virus in our city,” she said.

The convention center represents the efforts of a host of organizations – including the city administration, the Federal Emergency Management Agency and the Army Corps of Engineers.

Local and federal officials stressed on Monday that while they hope to never need it, the convention center will provide ample support to keep hospitals from being overwhelmed.
The facility increases the District’s surge capacity by 437 beds – with 100 of those beds ready for use today.

“We hope, as the mayor says that we won’t have to use these beds, but it is our goal that the District is prepared and ready to provide the necessary care should the need arise,” said FEMA administrator Pete Gaynor.

According to Gaynor, FEMA committed $56 million to reinforcing the District’s surge capacity – both at the convention center and the United Medical Center.

A veteran of the work involved in such facilities, Lt. General Todd Semonite of the Army Corps of Engineers said the convention center is their best effort to date.

“I’ve been through an awful lot of these facilities, but this one is the best one that we’ve ever built because this is the one that’s the most current, so we rolled all of those capabilities into it,” he said.

According to the Lt. General, the design and construction at the convention center incorporated all of the lessons the Army Corps of Engineers had gleaned from previous endeavors.

According to a presentation from the District, the facility includes:

- Items from 2 Federal medical station caches
- 50 cardiac monitors and 50 AEDs
- Pharmaceuticals from the Strategic National Stockpile
- Ability to do onsite radiology and ultrasounds
- Onsite point-of-care lab work

In addition, it features:

- Multiple nurse stations with easy access to patient rooms
- Nurse call system that alerts staff to emergencies in each care space, shower, or bathroom
- Dedicated patient showers
- Dedicated staff showers and lounge area
- Dedicated fire alarm system
- Dedicated IT networks for staff, patients, and equipment
- Dedicated oxygen system
- Multiple redundant power backups