



**DEPARTMENT OF THE NAVY**  
USS THEODORE ROOSEVELT (CVN 71)  
UNIT 100250 BOX 1  
FPO AP 96632

30 Mar 20

Subj: REQUEST FOR ASSISTANCE IN RESPONSE TO COVID-19 PANDEMIC

BLUF: If required the USS THEODORE ROOSEVELT would embark all assigned Sailors, set sail, and be ready to fight and beat any adversary that dares challenge the US or our allies. The virus would certainly have an impact, but in combat we are willing to take certain risks that are not acceptable in peacetime. However, we are not at war, and therefore cannot allow a single Sailor to perish as a result of this pandemic unnecessarily. Decisive action is required now in order to comply with CDC and NAVADMIN 083/20 guidance and prevent tragic outcomes.

1. Problem Statement. With the crew embarked, TR is unable to comply with CDC protocols or NAVADMIN 083/20 guidance. Based on CDC guidelines and TR observations, the only effective method to preserve an individual's health is total isolation for 14+ days in accordance with the NAVADMIN (i.e. Individual hotel/barracks rooms with separate heads). Due to a warship's inherent limitations of space, we are not doing this. The spread of the disease is ongoing and accelerating.

2. Inappropriate Focus on Testing. Testing has no direct influence on the spread of the COVID-19 virus. It merely confirms the presence of the virus. Due to the close quarters required on a warship and the current number of positive cases, every single Sailor, regardless of rank, on board the TR must be considered "close contact" in accordance with the NAVADMIN. Testing will only be useful as the ship returns to work after isolation or quarantine to confirm the effectiveness of the quarantine period. Our focus now must be on quarantine and isolation in strict compliance with CDC and NAVADMIN guidance.

The COVID-19 test cannot prove a Sailor does not have the virus; it can only prove that a Sailor does. As an illustration, of the first 33 TR Sailors diagnosed with COVID-19, 21% (7 of those 33) infected Sailors were negative on a COVID-19 test, then subsequently presented with symptoms of COVID-19 infection within 1-3 days post-test.

Based on data since TR's first case, approximately 21% of the Sailors that tested negative and are currently moving into group restricted movement ashore are currently infected, will develop symptoms over the next several days, and will proceed to infect the remainder of their shore-based restricted group.

3. Inappropriate Quarantine and Isolation. With the exceptions of a handful of senior officer staterooms, none of the berthing onboard a warship is appropriate for quarantine or isolation. Thousands of "close contact" Sailors require quarantine in accordance with guidance. TR has begun to move personnel off ship into shore-based group restricted movement locations. Of the off ship locations currently available, only one complies with the NAVADMIN guidance. Infected Sailors reside in these off ship locations. Two Sailors have already tested positive in an

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open bay gymnasium equipped with cots. Although marginally better than a warship, group quarantine sites are not a solution and are not in accordance with current guidance.

In order to stop the spread of the virus, the CDC and the Navy and Marine Corps Public Health Center both recommend individual quarantine. They both recommend against group quarantine. They recommend limited or no contact with other exposed individuals and no use of the same facilities or items exposed individuals have touched. NAVADMIN 083/20 echoes this guidance.

The environment most conducive to spread of the disease is the environment the crew of the TR is in right now, both aboard ship and ashore:

- a. Large amounts of Sailors in a confined space
- b. Open, shared berthing
- c. Shared restroom facilities
- d. Confined, shared workspaces and computers
- e. Shared messing for large numbers
- f. Meals cooked / food provided by exposed personnel
- g. Mandatory watch/operational tasks demanding consistent close contact (food preparation, service & cleaning, TFCC watches, unavoidable meetings to plan & execute COVID response actions, etc.)
- h. Movement about the ship requires consistent close contact with other exposed individuals (confined passageways, previously touched ladder railings/hatch levers/door knobs etc.)

4. Ineffectiveness of Current Strategy: Based on current limitations (lack of appropriate quarantine and isolation facilities, inability to effectively achieve social distancing), TR has instituted limited measures to slow the spread of the disease. We have moved a small percentage of the crew off ship, increased the frequency of thorough cleaning and attempted some social distancing. The current strategy will only slow the spread. The current plan in execution on TR will not achieve virus eradication on any timeline.

5. Lessons Learned from the Diamond Princess: From an epidemiological research article on the COVID-19 infection onboard Diamond Princess (the only comparable situation encountered thus far) (Roklov et al.) titled "COVID-19 outbreak on the Diamond Princess cruise ship: estimating the epidemic potential and effectiveness of public health countermeasures:"

"Cruise ships carry a large number of people in confined spaces with relative homogeneous mixing. On 3 February, 2020, an outbreak of COVID-19 on cruise ship Diamond Princess was reported following an index case on board around 21-25 January. By 4 February, public health

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measures such as removal and isolation of ill passengers and quarantine of non-ill passengers were implemented. By 20 February, 619 of 3,700 passengers and crew (17%) were tested positive. We estimated that without any interventions within the time period of 21 January to 19 February, 2920 out of the 3700 (79%) would have been infected. Isolation and quarantine therefore prevented 2307 cases. We showed that an early evacuation of all passengers on 3 February would have been associated with 76 infected persons.” (As opposed to 619)

The final sentence of the abstract:

“Conclusions: The cruise ship conditions clearly amplified an already highly transmissible disease. The public health measures prevented more than 2000 additional cases compared to no interventions. However, evacuating all passengers and crew early on in the outbreak would have prevented many more passengers and crew from infection.”

The Diamond Princess was able to more effectively isolate people onboard than TR, due to a much higher percentage of individualized and compartmentalized accommodations onboard for paying customers. Their measures still allowed hundreds of people to become infected. TR’s best-case results, given the current environment, are likely to be much worse.

6. Proposed New Strategy: There are two end states TR could achieve:

- a. Maximize warfighting readiness and capacity as quickly as possible. No timeline necessary. We go to war with the force we have and fight sick. We never achieve a COVID-free TR. There will be losses to the virus.
- b. Achieve a COVID-free TR. Requires strict adherence to CDC guidelines and a methodical approach to achieve a clean ship. This requires immediate and decisive action. It will take time and money.

As war is not imminent, we recommend pursuing the peace time end state.

TR has two primary goals in order to achieve that end state:

- a. Prevent unnecessary deaths, reduce the number of Sailors that contract COVID-19 and eliminate future virus spread.
- b. Regain and maximize warfighting readiness and capacity as quickly as possible.

In order to achieve these goals, a clean ship is required. Every Sailor onboard must be guaranteed virus-free and the ship environment must be disinfected. One infected Sailor introduced to the ship will spread the virus. Off ship lodging in compliance with CDC and NAVADMIN guidance is required for over 4,000 Sailors to achieve a clean ship and crew.

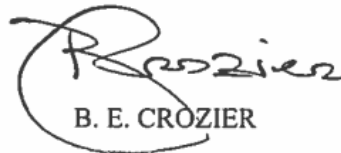
7. Conclusion. Decisive action is required. Removing the majority of personnel from a deployed U.S. nuclear aircraft carrier and isolating them for two weeks may seem like an extraordinary measure. A portion of the crew (approximately 10%) would have to stay aboard to

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run the reactor plant, sanitize the ship, ensure security, and provide for contingency response to emergencies. This is a necessary risk. It will enable the carrier and air wing to get back underway as quickly as possible while ensuring the health and safety of our Sailors. Keeping over 4,000 young men and women on board the TR is an unnecessary risk and breaks faith with those Sailors entrusted to our care.

There are challenges associated with securing individualized lodging for our crew. This will require a political solution but it is the right thing to do. We are not at war. Sailors do not need to die. If we do not act now, we are failing to properly take care of our most trusted asset – our Sailors.

Request all available resources to find NAVADMIN and CDC compliant quarantine rooms for my entire crew as soon as possible.



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