

Hon. Ryan D. McCarthy
Secretary of the Army

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DWG: This is a special phone call with General McConville and Secretary McCarthy of the United States Army. Thank you very much, gentlemen, for taking a few minutes for this group of journalists.

As everyone knows, this started out as being a dinner which was going to be on a different basis, but for now I believe, I'm just going to confirm this, it's going to be on the record. Right?

So I'm going to launch right in and ask one question and if people could maybe ask one question and at most a single follow-up. We've really only got a few minutes here.

But let me just start, Mr. Secretary and General McConville, by thanking you for doing this and by asking you, I understand that you were today at Fort Detrick at the Medical Research and Development Command, which is not surprising given what's going on in the world, but tell us about it. Tell us what is happening there that's relevant to the Corona Virus crisis and a little bit about what the Army is up to in this area.

Secretary McCarthy: This morning General McConville and Sergeant Major of the Army Grinston, we all went out there separately to Fort Detrick and first met with Fort Detrick leadership, Brigadier General Mike Talley as well as his lead scientific leaders, Dr. Kayvon Modjarrad, Dr. [Peal], and Dr. Nelson Michael. We went through the three lines of effort -- prevention, detection and treatment. They gave us a short

update on our Soldier, one of our Soldiers who's infected in Daegu, South Korea and how he is progressing.

So first and foremost an update on this Soldier. He was one of the earlier individuals who was infected by this virus. He has progressed through this process and they're testing him to see whether or not he has kind of returned to health. There have been a couple of indications where he has tested negative and then others were positive and has to have a double two is one sort of thing where you have to get both negative readings to return to health.

But what's really incredible about this young man is here he and his family are under enormous stress. He's donating his own blood to continue with the testing. He's working with all of the scientific community to get a better understanding and help us learn. It's just extraordinary, and we're proud of him and obviously his family.

With the update we got this morning on the prevention line of effort, we are investing heavily and looking at some ways to adjust the testing profile, creating more test capability both from a mobile standpoint so we can put them at various installations and in an expeditionary fashion, as well as creating some larger scale institutional capability where we can produce thousands of test kits. We're working with the private sector on this.

On the vaccine front there are five tracks for vaccine with north of two dozen candidates working with the private sector and other government entities. Most of them are in testing with animals. There's about one or two that are ready for human specimens. If they show the promise, this is where the U.S. government, in this case the U.S. Army will double down and continue [inaudible] and really reduce the [stand] time on vaccine development.

On the anti-viral front the Army was instrumental in the process

of development of the [Rondesafir]. We did a lot of work there. It shows tremendous promise in how it worked against Ebola. But the challenge there is intravenous, so we're looking at ways where you can work with the pharmaceutical industry to see if it can be transformed into a pill that you can take out of the bottle. So a lot of great work there.

This is really an extraordinary group of people. They've been involved with all of these challenges for the last really 50 years. They were essential to the effort on Ebola vaccine development, for Zika, SARS, so it's incredibly inspiring to be around these individuals. We have a lot of confidence to know that we're going to get through this.

Chief, do you want to add anything?

General McConville: I just want to add, right now the Army has 189,000 Soldiers in 140 countries around the world and some engaged in combat operations. But the heroes in this fight are going to be the doctors, the scientists, the nurses, the medical professionals that are on the front lines. Some we saw up at Fort Detrick and the others are operating in their states. As we saw with these great professionals at the Medical Readiness Research Development Command, they are working around the clock to defeat this hideous virus, and we're very proud of them.

DWG: Thank you. Since I don't have any way to acknowledge journalists, why don't I just ask a couple of you, how about Michael Gordon. You're on the line, right? Do you have any questions?

DWG: I noticed you said you were looking at five different vaccine approaches and there are more than five different companies being solicited. Can you just please explain that a little more? Because that seems like one of the more potential promising areas or most important areas.

General McConville: The way I would characterize it, Michael,

is there are five different tracks. So there's like a plant form, and nucleic acid, so there's five different tracks for vaccine development. But there are dozens of candidates, meaning company X, company Y, a government entity. So there's about two dozen different types of vaccines being worked. They're all tremendously collaborative. The leadership of Tony Fauci and Dr. Redfield, CDC. It's being coordinated across these companies and these government entities.

The U.S. Army is also one of these players. But what we can do is not only use our lab network to test, but it's also to in the development and working with the private sector to scale this.

When you look at it, it's everything from the testing and development, to helping to work with industry, to scale and distribute.

DWG: Can I ask a question?

DWG: Go ahead.

DWG: Thanks for doing this. Can you give us a little bit more information on the two Army Field Hospitals that are going out? Are they Combat Hospitals? Do you know how soon they'll go? And have you identified units, et cetera?

General McConville: This is General McConville. We have identified two units. It's the Combat Surgical Hospital at Joint Base Lewis-McChord. The 586th Field Hospital, which is [inaudible] hospital that's transitioning now at Fort Campbell and getting ready to do that.

DWG: Do you know when they'll be able to deploy?

General McConville: Right now we're waiting for instructions on where they'll go.

DWG: This is Colleen.

Can we go back for one second to the vaccine issue? Both Mr. McCarthy and General McConville, when you were at Fort Detrick today did you hear anything that led you to believe that you might, that they might be able to shorten the time from the 12 to 18 months on a vaccine if you're already seeing something ready to be tested on animals?

Secretary McCarthy: Some of the things, Colleen, is when they actually get through the animal testing they'll be able to make a determination how successful it was when it goes to human specimens. So that's where it's an initial trigger to give you an indication of how well it will perform going into human specimens. But even then, there's a variety of factors that go into it. But they'll have a very good sense of -- [Loud noise]. Still there?

DWG: We're still here.

DWG: Tony Capaccio.

DWG: Sir, General McConville, you spent a good part of your time in the last few months in Asia working on the [inaudible] develop support for your new task force out there. I want to start with that. Has that helped you build connections out there with your military counterparts? Has it actually helped you get advice from them as to how the U.S. can incorporate some of their tactics and procedures for arresting the virus, controlling the virus?

General McConville: I would say we've learned the most from General Abrams in South Korea. He's been on the leading edge of this with his folks over there. It really helped us with some of the procedures to put in place.

What it really comes down to is how do you screen, how do you segregate, and then how do you quarantine people so you don't [have the problem]. So he's shared all those [thoughts] with us

and that's been the most help in developing the strategy that we're using in the United States Army.

Secretary McCarthy: And [Inaudible] in Italy too. He's doing a tremendous job.

DWG: Are you [inaudible] a few of those interagency practice or could you share those with the interagency process in [ACHS] and CDC?

Secretary McCarthy: Yeah, we've [inaudible] our Turkish counterparts, and [inaudible] representing us over in the [White House] [inaudible].

DWG: Thank you.

DWG: Is the Washington Post on the line?

DWG: Yes. Thanks for doing this. Can you just clarify, I think Secretary McCarthy you mentioned potentially a vaccine [inaudible] criteria in order to get more people, to test people. Can you talk about that a little bit? And also --

Secretary McCarthy: I wasn't suggesting a criteria. Some of the equipment that we're looking at and that [inaudible]?

General McConville: Right now everyone is trying to accelerate testing that is available to both in the civilian sector and the military. We presently have nine out of nine labs that can test. [Inaudible]. Those are nine Army labs. There are about [15] in the Department of Defense.

There's a whole [inaudible] that our scientists are working with out testing experts and some of the other health experts in the country that they believe, you know, we have these systems right now and they can [make a] modification of the system and that will allow us to significantly increase the high throughput of solutions, you know, a significant increase of what we [believe]

already are [examples] [inaudible].

Secretary McCarthy: And they're working with private sector companies out in California that's developing these. And the decision to utilize the defense production [app] will help us get other companies with similar fundamentals to be able to produce more of these machines at scale and move much faster.

Did that answer your question?

DWG: It does. And do you feel confident that the Army population is being tested at a level that's adequate to flatten the curve or however you want to put it?

Secretary McCarthy: I was out at Fort Belvoir yesterday and the company Lab Corps was able to expand its capacity over the last [week] and it's moving [inaudible] to be able to put more capability in the system. The things they're looking at is the span time to [use] samples to make a determination for positives or negatives. But we're going to have to continue to vastly increase the testing capacity as a country due to this unprecedented number of people that are continually getting [tested].

DWG: David [Hart], CBS.

I didn't quite hear what you said about the two Army Field Hospitals. Could you repeat that? And then can you tell me which kind of timeline they're on so that if they haven't got directions yet, once they get an execute order how long does it take them to deploy and how big are the beds, how many beds do the hospitals have?

General McConville: Right now, as I said, it's two hospitals on a Prepare to Deploy Order. It's the 47th [CSH] out at the Joint Base Lewis-McChord and it's the 586th Field Hospital out of Fort Campbell. And right now they're getting the units together and the other thing they're looking at too is where -- many of the

medical professionals also service the medical treatment facilities. So they'll bring them together and over the next couple of days they'll be ready to deploy.

DWG: And number of beds?

General McConville: A normal [CSH] has 248 beds, and a Field Hospital has 32, but it can be augmented. We'll take a look at how much augmentation in the Field Hospital.

So by the task organization, a Combat Support Hospital has 248 total beds; a Field Hospital has 32 beds but it can be augmented and they usually are, by an additional 60 bed augmentation detachments.

The thing that's important for you to also have an appreciation for is those Field Hospitals are configured for combat trauma related [inaudible] injuries and so they're making an adjustment in order to manage either infectious diseases or does it provide augmentation for other types of care? That will all come down with the ConOps that they develop with the states that they're supporting.

DWG: How many ventilators are there in those hospitals?

Secretary McCarthy: Say again.

DWG: How many ventilators are in those hospitals?

General McConville: Ventilators, the Combat Surgical Hospital, there's 48; and in a Field Hospital there's 12. But there's also augmentation detachments that go with the Field Hospital and it can be anywhere up to an additional 12.

DWG: Are these ventilators included in the number that [inaudible] at the Pentagon was making available to HHS? Or are these additional?

Secretary McCarthy: I'd defer that to OSD.

DWG: Okay. Thank you.

DWG: David Ensor.

What about the Army Corps of Engineers? Have there been any specific requests, taskings for the Army Corps? I gather they've been talking to the Governor of New York and others.

Secretary McCarthy: General [Inaudible] met yesterday with Governor Cuomo and his leadership team and what they discussed were contingencies to increase capacity for medical care. That is the number truly is very very large. They came in and helped them look at a really a systems engineering approach for care across the entire spectrum and how it would support their needs.

They're also in contact with other governors and they're providing [inaudible] support. They're going to come back with options as well, and that will be worked out ultimately between the President and the states, but we are building options. That's correct.

DWG: General McConville, Tony Capaccio again.

Where are the Field Hospitals going to? Or has that not been decided yet?

General McConville: We don't know yet. We don't have an order for them. What we have is what they call a Prepare to Deploy Order, and what we're doing is getting them set, making sure the equipment's ready to go, and along those lines.

But also we're taking a look at the impact of what happens when we move various medical professionals from the area.

Case in point, the 81st Stryker Brigade Combat Team was going to a Combat Training Center rotation at the National Training

Center, and that's very, very important for training. However, given what's going on in Washington and California, in coordination with the National Guard last week we chose not to send them to allow those great Guard Soldiers to be available to provide the support they actually need in the states.

DWG: By C-17 through AMC or C-130s? How would they be deployed?

General McConville: It depends on where they're going. They could be by multiple means. Certainly C-17s. They could go by multiple means.

DWG: I'm conscious of the shortness of time. Can I just dive in with Afghanistan? Can you tell us whether there's, what sort of impact if any on Army units in Afghanistan, withdrawal plans, whatever the Corona Virus may be having?

General McConville: What's happening really not only in Afghanistan but around the world with our commanders, they're doing a thorough analysis because they're looking at the rest of the force and they're looking at the risk to the mission. So what we're seeing in some cases is the combat units are continuing to conduct combat operations. They have got to do that. But they're also being careful about how they bring people into various areas, just because they do not want to possibly subject a Soldier to the virus.

What we're doing throughout the world right now, we're doing screening before people leave; we're doing screening when people get there; we're bringing troops back; we're quarantining them for a period of time to make sure that we protect the force and protect the communities that they're going back into.

DWG: It's Courtney [Inaudible]. Can I ask a quick one?

I just want to be clear, so the Prepare to Deploy Order, who requested that? We keep hearing that it's a very specific

pipeline for how this happens. There has to be a request that comes from [DMAR], HHS or something before anyone is ordered. So who requests the Prepare to Deploy if in fact no other agency has requested the assets yet?

General McConville: We'll get you that. Some of it's anticipatory, but we'll go ahead and get you [updates].

DWG: And can you also say how many people it may involve? Assuming that they do the augmentation of additional beds and equipment that you mentioned, roughly how many Soldiers that would include? And are they all active duty?

General McConville: Right now those units are active duty. We can get you the actual numbers of people, because it really depends on what the final requirements are and what we send.

DWG: Thank you.

General McConville: -- by way of example, about 166 people, but again, what we don't know yet is what the mission is, what the augmentation is going to be. As the Secretary said, a lot of these hospitals are designed for combat operations, so combat type situations. They aren't actually designed for infectious disease. They can do it. They have the capability, but we will see what the role is. We're trying to anticipate how they will use them and in what role they would use them.

Secretary McCarthy: And augmentations as the [task] organizations get the absolute perfect skill sets involved.

[Multiple voices].

DWG: -- the Army has?

Secretary McCarthy: I heard three people, so --

DWG: How about the question on how many Field Hospitals the

Army has. That might be useful.

General McConville: Okay. Let me kind of run through this. There's two types of hospitals in the United States Army. The older model, which is not all of it, but the way it was designed is a Combat Support Hospital. It has 248 beds and 48 kind of ICU capability with ventilators. And in the United States Army there's four in the active and four in the Reserves. And then for Field Hospitals there's 19 total. Seven in the active and 12 in the Reserve and they have 32 beds and 12 ICU ventilators.

DWG: Thank you.

DWG: I wanted to ask a quick follow-up. General Miller put out some guidelines about troops deploying to Afghanistan. Are the same limitations being done in Iraq also?

General McConville: Each commander right now is doing their own assessment based on what they think the threat to the force is. Each country's kind of moving in a little different direction. We saw that in Italy. We saw that in Korea. Now we're seeing that in Afghanistan and right now in Iraq. They're taking a look at what the threat is and they're going to put the appropriate procedures in place.

DWG: Closing comments? Anything you want to say before we have to let you go?

Secretary McCarthy: Obviously these are extraordinary conditions that our country really has never faced before and we're managing the movements of our people literally down to unit and down to the individual on their travel. We're learning every day. But we are organized against this problem both scientifically, medically, and operationally. And we're doing what we have to in order to find that balance between the challenges we face globally on any given day let alone the remarkable set of circumstances.

So we're learning a lot. We know we have a tough road in front of us. But like the Chief mentioned, our people are really stepping up big time. Over time, we're going to get better like the challenges we faced before like Zika and Ebola virus, and we're going to beat them.

General McConville: We're assisting civilian authorities from the local to national level that's effective in treating the virus. We talk a lot about the [inaudible].

The thing about [Corps of Engineers] that I'd just like to highlight is, we're looking for innovative solutions to work with the government. I know that [inaudible] a chance to meet the New York governor. How do you work to build capacity? You don't do that by building new buildings, but what our engineers can do, and they don't actually do the building. They go out on contract and they do a lot of the expertise, but innovative ways of taking over, whether it's hotels or dormitories and putting the appropriate infrastructure into them so you can run the medical systems you need to do and maybe even [inaudible]. Not that you want to set those hospitals up or those [inaudible] infectious disease with under pressured systems not over pressured systems. You want to keep it in there.

That's what we're doing for the state governors [inaudible]. But the Army National Guard is [inaudible]. We are taking a hard look. I talked to [Inaudible] about where our Combat Surgical Hospitals are not only in the active but the Reserves. We have a tremendous amount of Reserves. But we're being very very careful that we don't activate and mobilize or bring to bear medical professionals that the local authorities and state authorities need in their own state.

DWG: Gentlemen, thank you so much for taking time to do this. I'm conscious that you have to be somewhere so I want to let you go, but I know that everyone, speaking for all of my colleagues, we're very grateful for you taking the time.