

National Guard Bureau Public Affairs Press Desk (703) 601-6767 ng.ncr.ngb-arng.mesg.ngb-media-desk-owner@mail.mil www.nationalguard.mil

NATIONAL GUARD ON-THE-RECORD TELEPHONIC MEDIA ROUNDTABLE Thursday, February 11, 2021

TOPIC	SUBJECT MATTER EXPERTS
National Guard COVID Vaccination Efforts in Texas and West Virginia	 Texas National Guard: Army Col. Peter Coldwell, Texas Military Department state surgeon Air Force Lt. Col. Billy Enochs, Joint Task Force Texas medical coordinator Army Spc. Matthew Bernal, Joint Task Force Texas medic
	 West Virginia National Guard: Army Lt. Col. Jim Adkins - Task Force Medical commander and the deputy commander of Administration, WVNG Medical Detachment Army Maj. Caroline Muriama, operations officer for Task Force CBRN Response Enterprise and executive officer for Army Interagency Training and Education Center CBRNE Battalion Air Force Senior Airman Joseph Holloway, Task Force Vaccine and 167th Aeromedical Evacuation Squadron

Introduction:

The National Guard has been at the forefront of the COVID-19 pandemic response across the nation, providing support to federal, state and local authorities. Last June, more than 47,000 Guard men and women supported COVID operations across the country, and currently more than 25,000 remain on duty battling the pandemic today.

Almost immediately after the FDA granted "Emergency Use Authorization" for the first COVID-19 vaccine, many states' National Guard supported vaccination efforts at the direction of their governors. Currently, governors in 32 states and territories are actively using the National Guard to administer vaccines to the civilian population.



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Today, the National Guard Bureau hosts Guard members from Texas and West Virginia, who will provide information on the COVID missions and how they are vaccinating members of the civilian population within their respective states.

Opening Statement:

Good afternoon. Thank you for joining us for this afternoon's roundtable focused on National Guard covid-19 vaccination efforts in the states of Texas and West Virginia. Before we begin, I want to remind everyone that this event is on the record. The National Guard has been at the forefront of the covid-19 the pandemic response across the nation, providing support to federal, state and local authorities. Last June, more than forty seven thousand guardsmen and women supported covid-19 operations and currently more than twenty five thousand remain on duty battling the pandemic. The depth and breadth of knowledge and skills the National Guard brings to the covid-19 fight is making a difference in the communities they serve. It is truly neighbors helping neighbors. In December, almost immediately after the FDA granted emergency authorization for the first covid-19 vaccine. Many states National Guard supported vaccination efforts at the direction of their governors. Currently, governors in 32 states and territories are actively using National Guard to administer vaccines to the civilian population. This roundtable will last approximately forty five minutes. And we'll begin with opening remarks and introductions from the panel members. First to the team from the Texas National Guard, who are accompanied by Army Colonel Rita Holton, the Texas Military Department's public affairs officer and communications director. We have today Colonel Army Colonel Peter Caldwell, who is the Texas Military Department state surgeon.

Dialogue:

[Name] [QUESTION/RESPONSE]

COL Caldwell: [00:01:43] Good afternoon. I'm Colonel Peter Caldwell a physician, a soldier in the Texas Military Department (TMD). I serve as the joint surgeon, under Major General Norris. Currently I'm the medical oversight from military to civilian vaccination program. When not under military orders, I practice emergency medicine for the Baptist emergency hospitals in San Antonio, Texas. Gov. Abbott recently tasked the TMD to establish mobile COVID-19 vaccination teams with the intent of vaccinating in rural Texas counties. Only last year we had a similar call from the government to set up mobile testing teams. We did 64 mobile and two fixed sites. We traveled to over 230 counties and obtained five hundred eighty thousand specimens. This effort proved very successful, providing information to the state with respect to COVID-19 cases. Given the success of our mobile testing teams, we're using a similar model to approach mobile vaccination. We work closely with various state agencies who provide this vaccination



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locations, logistical assistance and the vaccine. We provide the vaccinators and their support staff comprised of both Army and Air National Guard service members. We are Texans serving Texas.

Mr. Hall: [00:02:57] Lieutenant Colonel Enochs.

Lt. Col. Enochs: [00:02:59] Howdy everyone, my name is Billy Enochs, I'm the public affairs officer from the 147th Attack Wing. I was activated on COVID operations last April and I'm currently serving as the coordinator overseeing all medical and operational needs of the mobile vaccination teams. With that, I will hand it over to Specialist Bernal.

SPC Bernal: [00:03:19] Good afternoon. My name is Specialist Matthew Bernal. I'm a combat medic with the Texas National Guard. I'm at the of the frontline pandemic with the mobile vaccination teams. Most of last year I was on the mobile testing teams.

Mr. Hall: [00:03:33] Thank you very much. Next, we have a team from West Virginia National Guard who are accompanied by Air Force Major Holly Nelson, West Virginia National Guard's director of strategic communication. We have with us today Army Lieutenant Colonel Jim Adkins with the state surgeons office.

LTC Atkins: [00:03:53] Good afternoon. I'm Lieutenant Colonel Jim Atkins, task force commander. Since March, the men and women of both the Army and Air National Guard have been on the front lines supporting our pandemic, primarily as we've shifted from a testing culture over to a vaccine effort over the past couple of months. These multiple lines of effort, which we are focused on epidemiology support from our local health partners in PPE production and distribution and data analytics. Currently right now, we're at a pivotal point as we lead the agency in distribution of multiple lifesaving vaccines to those civilians. And due to the age and other risk factors, we have one of the most vulnerable populations in the United States. So we truly understand the need to get this process right. West Virginia has received its first doses a couple of months ago, the first part of December. And we set up a joint interagency task force, a JIATA. And during this time, as of yesterday, we have distributed over two hundred and twenty seven thousand first dose vaccines to West Virginians and one hundred and forty four thousand series complete vaccines across the across the state.

Maj. Nelson: [00:05:10] Major Muriama.

MAJ Muriama: [00:05:15] Afternoon, everyone. Major Caroline Muriama, I am the CBRNE Battalion executive officer for the Army Interagency Training Education Center here in West Virginia. Since March 15th, I was mobilized in support of COVID response in West Virginia, where I had the opportunity to work with the J5 planning cell from March to May. As of May, I became the operations officer for the task force, which is the CBRNE response enterprise that was responsible for testing. We've done transition now to vaccination support where we started in December, we were instrumental in the



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distribution of vaccines throughout West Virginia and currently we're looking at changing my life lines up efforts to support vaccine. Thank you. I'll be followed by a Senior Airman Holloway.

Airman Holloway: [00:06:09] Yes, I'm Airman Holloway. Can you hear me? OK, so I've been boots on the ground since March. I came on orders in support of the support of COVID pandemic. I'm currently supporting Task Force Cree with testing and vaccines.

Mr. Hall: [00:06:38] OK, thank you very much. So with that, we respectfully ask that all participants please state your name and affiliation before asking a question. Being respectful of time, we ask the media, keep to one question and a follow up. We will allow for additional questions should time permit. We are unable. If we are unable to address your question, we'll take a note of it and we'll work to get you an answer as soon as we can following today's media roundtable with that sort of questions. Drew Brooks, I know I've seen you in here.

Drew Brooks: [00:07:58] Yes. So my question has to do with any hurdles or difficulties you've come across during distribution and how those have been coped with.

Mr. Hall: [00:08:14] So let's go ahead and throw this to Texas first and then we'll follow up with West Virginia.

Lt. Col. Enochs: [00:08:23] Today, our focus has been on boarding and mobilizing our troops, getting equipped and trained and pushing them out to the regions. And today, we've had no issues with executing that mission.

Mr. Hall: [00:08:37] All right, thank you. West Virginia Col. Adkins

LTC Adkins: [00:08:45] Yes, sir. So just a few minor hiccups, we've had things with gauge of needles, whether there are twenty to twenty three or twenty five gauge needles, length of needles, whether they're an inch or an inch and a half needles. We've had to make some adjustments with that with our state interagency support teams. But overall, we have not had any significant hurdles other than that.

Mr. Hall: [00:09:09] Anybody else with their team have anything that they can at. Nothing heard. Do you have a follow up?

Drew Brooks: [00:09:22] Nothing at the moment.

Mr. Hall: [00:09:23] OK, thanks, we'll move on to Mark Winnie WSB TV.

Mark Winney: [00:09:37] Mark Winnie from WSB in Atlanta, and I'm hoping I can have time for two follow ups if the if there's time permitting in both West Virginia and Texas, can you address the role that



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you're playing? Are you actually are National Guard members actually administering the injections? How much are you doing? I want to differentiate between that and, you know. Traffic control type things.

Mr. Hall: [00:10:08] OK, well, let's start with the West Virginia team. Can you address the role you're playing in vaccinations?

LTC Adkins: [00:10:18] Yes, sir, primarily, West Virginia has set up five DISTRO hubs geographically across the state and different cities. We have been working with our local hospitals, local long term care facilities, our health departments, our pharmacies. We are more of a pick-up, a distro hub. Currently, we have been focusing on that part of the puzzle with getting our citizens vaccinated. We've also been focusing on administering the vaccine to our force as well. But currently right now, our efforts primarily have been in that role and we have yet to transition over to actually getting vaccines in the arms of citizens. However, they are, we are utilizing our armories across the state. I believe we have over 40 armories and two Wings in West Virginia where the civilians are coming in, working with our chief of staff to schedule dates to where they can use our facilities to receive the vaccines that currently right now, that's where our efforts are focused on.

Mr. Hall: [00:11:22] Shifting over to Texas, because I know that you all are doing things with regard to vaccinating the population.

COL Caldwell: [00:11:30] So to answer your question, yes, we've already started. We're at slightly over four thousand vaccinated right now, so we are providing the vaccinators and the support staff to accomplish that mission. The state provides us with the vaccine and the locations where we get to go to. And I can speak for those that have already come on a mission that everyone's extremely excited to be involved in this because we see how important it is to not only our state, also to the nation.

Mr. Hall: [00:12:03] Sir, if you will, I know that I think that specialist there to your to your right, his aspect of it, can you add to that.

SPC Bernal: [00:12:11] Yes. So has the Texas Army National Guard. As Combat medics, we're well within our scope of practice to be vaccinating the individuals that we go to vaccinate. We are also working with Texas Air National Guard, our counterparts, and even on our teams, we have nonmedical personnel who assist us with traffic flow and interacting with patients. But as far as the injections, the medics take care of that person.

Mr. Hall: [00:12:33] Anybody else have anything to add?

Lt. Col. Enochs: [00:12:35] I'll just add that we're already off to a great start. We already had over 10 rural communities in the state.

Mr. Hall: [00:12:47] Mark, you had a follow up.



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Mark Winney: [00:12:49] Yes. Can you give us a feel for the percentage of the vaccine allocated that has actually already been administered? I want to get a feel for how fast the vaccine is getting in people's arms.

Mr. Hall: [00:13:11] Are either of you state surgeon reps for Texas, West Virginia, able to address that, or is that something we'll need to follow up?

COL Caldwell: [00:13:19] Yes, currently, sorry, go ahead.

LTC Adkins: [00:13:25] I'm sorry, currently right now, West Virginia has administered over 97 percent of the vaccines we received as of yesterday. We've received over two hundred and thirty six thousand vaccines in the state for primary doses. And we've administered over ninety seven percent of those and booster shots, we've received over one hundred and forty four thousand. And we're currently a little over eighty one percent of those pushed in arms. So we're very pleased so far with our operational tempo.

COL Caldwell: [00:14:00] And so far, your question, you asked about how many vaccines that we had already that we distributed, is that was that correct? OK, so the answer to that is we distributed everything that we have right now. What we don't have because that is supplied to us by the state is what our next mission sets are going to be, where we're going to be located and how many folks we can anticipate. So we have to wait on guidance from the state. But I can assure you that every single dose of vaccine that we get goes into arm.

Mark Winney: [00:14:43] And very quickly, it sounds like, yes

Mr. Hall: [00:14:48] We're off for another question. Thank you. Megan from Military Times. Are you on the line? Megan. Nothing heard Ellie Kaufman from CNN, are you here? I think I saw you.

Ellie Kaufman: [00:15:07] I am here. Hi, guys, sorry to join a couple of minutes late. Could you guys just give us an update on what you're doing on the ground, how vaccination efforts, if your focus is mostly just getting people vaccinated, if you're also assisting with other COVID response efforts?

Mr. Hall: [00:15:28] I want to start with West Virginia, please

MAJ Muriama: [00:15:33] So in West Virginia, we are on vaccinations, but we do have the line of effort for sanitization of disinfection facilities. So we're still doing that. We're also doing a little bit of testing still for outbreaks. Whatever the need is.

LTC Adkins: [00:15:56] And West Virginia also with that from a testing standpoint, have been at over 1000 venues and tested the National Guard to assist the state with over one hundred thousand civilians being tested with the COGAT efforts



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Maj. Nelson: [00:16:14] And I'll hop in right here again, Major Nelson, across the board, really any specialty that you would have in the National Guard, we have them engaged in some way with our interagency partners. So from a communication standpoint, we have public affairs folks that are engaged with state representatives all the way down to the logistics and IT specialists on the ground. West Virginia is one of the first states in the nation to implement a statewide vaccine registration system. So we're rolling that out currently and integrating everybody into the effort here.

Mr. Hall: [00:16:50] Thank you. Thank you, ma'am. Over to Texas.

COL Caldwell: [00:16:54] So, yes, we in Texas also have multiple lines of COVID mitigation efforts in place, but my focus right now remains with the mobile vaccination teams that we have. So, this is a unique aspect of what we're doing. But what it allows us to do is to reach out to rural communities in Texas as well. Texas is an extremely large state and folks in the rural communities, especially on the fringes, don't have ready access to the large metropolitan centers. So that's our focus right now is to get the vaccine to the underserved areas.

Lt. Col. Enochs: [00:17:54] COL Caldwell said it perfectly. With our many lines of effort, our focus is the mobile vaccination teams. We decided they need to be very flexible, so they can reach all the underserved communities, as well as augment in the larger cities in augmented civilian folks that are operating those sites there as well.

Mr. Hall: [00:18:12] Thank you very much. Did you have a follow up?

Ellie Kaufman: [00:18:15] No, that's great. Thank you so much.

Mr. Hall: [00:18:17] OK, next, we'll go to Military.com, Matt Cox, are you are you with us? Nothing heard, I know Corey Dichstein from Stars and Stripes, I know you're in the room, anything.

Corey Dichstein: [00:18:34] Thanks. Wayne, I missed most of the top, so I apologize, but I am curious if anybody can speak to obviously both of your states, National Guard troops have been incredibly busy over the last year or so. Can you speak at all to how, you know, the pace of deployment has impacted your COVID operations? And again, I apologize if you talked about that at the top.

Mr. Hall: [00:19:03] You know, I think this might be interesting, Corey. We have two junior enlisted folks on the line and senior airman from West Virginia and an Army specialist from Texas. They might be able to talk to that as an actual person who's been involved working this this problem for a while. We'll go first to Airman Holloway. Do you have any perspective that you can add on that?

Airman Holloway: [00:19:38] It's been really busy. I started off with the prescreening people from public buildings like the way our capital we had, we were preparing people for coming on the base, getting everybody in process, then on orders and stuff. Sorry, I'm a little nervous, but. Anyway, right now,



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I'm working with Task Force three, I just started this transition that I was working with vaccines. We're delivering vaccines across the state and. Yes, it's been really busy. Sorry, that's all I got.

Mr. Hall: [00:20:22] Over to over to Texas. Specialist, can you add anything to that?

SPC Bernal: [00:20:27] Yes, sir. So I'm being honest. We've have been pretty busy. I've been here since last year in April on the mobile testing thing. And it's been pretty busy, but it's nothing that we're not used to. I really enjoy being able to help other Texans, so there's no other place I'd rather be.

Mr. Hall: [00:20:48] Anybody else would like to add to that question?

MAJ Muriama: [00:20:53] This is Muriama, so I think from a leadership perspective and watching our soldiers go through this deployment, I think it's very different from being deployed overseas where at least you have one thing to focus on, which is your mission. We've noticed that it's been very challenging being in the home front and almost being in a deployment situation. So it's always a fine balance for us to balance the mission aspect and know that when that soldier goes home, at the end of the day, they still have their life and their family to take care of. But I will tell you, it has been outstanding just watching these young soldiers every day do what they've been told to do and never complain and just give it their best and support the state of West Virginia.

Mr. Hall: [00:21:38] All right, let's has anybody else with anything to add. Corey, do you have a follow up?

Corey Dichstein: [00:21:44] The only follow up I have is Specialist. Are you a traditional guardsman and, you know, how has if so, how has, you know, support back home from your employer and everything else gone?

SPC Bernal: [00:21:58] I've been in the Texas Army National Guard for about five years now, and I do work and go back home. They've been extremely supportive of what I do that I never had any issues with them. I've also been able to leave school as well while I'm on orders. So that's been really good for me as well. So but like I said, there's nowhere else I'd rather be helping other Texans. That's what I'm here to do.

COL Caldwell: [00:22:22] I would like to make a comment, if I may, please. So this is COL Caldwell, the Joint Surgeon of Texas. So I've been in the army now for over 40 years. I've got a couple of combat missions. When we go to combat. It's pretty well defined. We know the enemy. We have our well-established protocols, the training that we follow in engaging the enemy. I came aboard in late March with no knowledge of what the pandemic was going to put out. And I could say that I've been incredibly impressed with our flexibility and our initiative and ingenuity in responding to this and really with the punches that COVID has given us. Everybody's done an amazing job, particularly with our leadership, leadership of both the military level, senior leadership at the military level and at the state level.



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Mr. Hall: [00:23:22] Thank you, sir. With that, we'll move on, Abraham Mashie from Washington Examiner, are you with us? Nothing heard, I see that Eleanor Watson from CBS News has joined us. Do you have a question, Eleanor? Eleanor, you'll have to come off mute. All right, maybe she's dropped off. All right. With that, we go to Laura Hughes from WCHS TV. Are you with us?

Kenny Bass: [00:24:09] Actually, it's Kenny Bass from WCHS TV, thanks for calling on us. No, I'm seeing no problem seeing the success that West Virginia is. I'm sorry, I'm not as familiar with what's going on in Texas, but seeing the success of West Virginia has had in delivering vaccinations in an efficient way, with only a couple of minor hiccups, can the West Virginia folks and the Texas folks can feel free to chime in? What makes the National Guard uniquely qualified to be able to be such a large contributor in this logistics is what keeps getting mentioned over and over and over. But what is it about logistics is that you're trained to do just what you guys do every day. But with this mission, it seems like it's fit you very well, even though it's somewhat outside the parameters of what we think the National Guard would normally do. Thank you.

Mr. Hall: [00:24:57] Given this is West Virginia, we'll start with the West Virginia Guard and then Texas.

MAJ Muriama: [00:25:07] This is Major Muriama, ironically, I'm a logistics officer by trade, but I think the reason we're very successful is because there's a lot of planning efforts that have been done prior and that synchronization of all elements. A huge part of this success is the JIATA model that we use here, which is the joint interagency team. And that team pretty much has every agency represented that's a stakeholder in the vaccine distribution. So having that team and then the Guard being an integral part of that planning process for them, it helps us kind of understand what the needs are to successfully execute that mission. Lucky for us, we do have that logistic capability of vehicles and personnel that are readily available. So that part becomes the easy part, that synchronizing of lines up efforts across every agency and every stakeholder that is been instrumental to the success of the Guard as a whole.

LTC Adkins: [00:26:14] Yes, and to echo Major Muriama's comments is for the Guard in general military in general, that's part of how we're brought up, whether we're young enlisted or young officers and part of the decision making process, battle rhythm's. These are just the things that we were taught when we first began the military and the mindset and the work ethic. There's a reason that only point seven percent of the country is in the military. We had that drive, that work ethic, and just working with an incredible group of people. It really makes our lives a lot easier when we have just working with an incredible civilian side as well. I just can't say enough.

Mr. Hall: [00:26:54] Texas, anything to add?

COL Caldwell: [00:26:59] Yes, absolutely. So this big wild echoed already by West Virginia, but the National Guard, we are citizens of our own state. We come from our communities. We know our communities. And so it's very easy to serve those communities. Moving forward, we also, at least



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certainly in Texas, we have a massive logistics capability. We've responded to multiple natural disasters, hurricane having been one of the most recent. And so we're able to field very quickly and we're going to integrate.

Lt. Col. Enochs: [00:27:37] And just add on to Colonel Caldwell, this is its credibility and it's been a great partnership. We have a lot of agencies within the state of Texas and everybody brings something to the fight. And we've done a great job of integrating and working together as one team to be successful, whether it's in a large city or in one of our underserved communities.

Mr. Hall: [00:27:57] Thank you. You have a follow up.

Kenny Bass: [00:28:00] I don't thank you very much for your service. My sincere thank you for all that you guys do.

Mr. Hall: [00:28:06] Very good, thank you. Lara Seligman from Politico, are you with us? Nothing heard. Tara Brown, I believe I saw you there, WBVA

Tara Brown: [00:28:23] Yes, helloTara from WBVA here, just a general question for West Virginia or Texas, wondering if we all have a timeline for getting these vaccines in the arms of residents in the area. Do we have a direct timeline of where to get this done? Plus the boosters for it, for the whole state or the just a county by county basis?

MAJ Muriama: [00:28:47] So Tara, from West Virginia, the JIATA has a planning process where everything is timed from the minute the vaccines arrive at the five hubs that are strategically placed in our state. We have meetings which are a week out before the vaccines arrive. And then they look at what counties or what pharmacies are getting the vaccines and then set-up clinics. So by the time they come to the hub to pick up the vaccine, they already have a clinic set-up and people register to get their vaccines.

Mr. Hall: [00:29:32] The approach in Texas is.

COL Caldwell: [00:29:35] So, yes, in Texas, we've got a slightly different strategy to West Virginia, where we're taking the vaccines out by mobile teams to sites that underserved areas. So consequently, we rely on the Department of State Health Services to provide us with that vaccination, with that vaccine, rather, we take it out. As far as timelines are concerned, I don't have any specific information on that because that's going to be contingent on the availability of vaccine, be the independent factors that are going to influence potentially the ability to get out and vaccinate folks and the number that are willing to take the vaccine.

Mr. Hall: [00:30:21] Lieutenant Colonel, did you have something you wanted to add to this question? So I think he just went back on mute. OK, so did you have a follow up?



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LTC Adkins: [00:30:49] No, I did not. I just want to say thank you all for your time and service.

Mr. Hall: [00:30:53] Ryan Murphy from WSAZ. Nothing heard. Jennifer Banneker's or benitz from Army magazine and AUSA. Nothing heard Abby Bennett from connecting that CBS Radio, are you with us? Nothing heard Louis Martinez from ABC News. Are you with us? Nothing heard. OK, so that's the end of my list of media who RSVP and I will circle back. And Mark, when did you have a follow up question that you wanted to ask?

Mark Winney: [00:32:02] Yes, Mark Winnie. And by the way, the reporter from WBHS asked a great question. And there are some great answers on the logistics that the National Guard, the logistic skills the National Guard brings to the table. But at least on my screen, the phone icon kept interrupting the video if it's possible to repeat logistics answers. And then my other my follow up question is under the and Mr. Hall, please direct is the appropriate person under a recent executive order by President Biden. All of the National Guard efforts, vaccines we're talking about, aren't they fully federally funded? They don't cost the states anything.

Mr. Hall: [00:32:49] I will start with Texas on that and then we'll go to West Virginia and Texas, can you address that?

COL Caldwell: [00:32:57] I'm going to have to defer any funding questions to all state agencies.

Mr. Hall: [00:33:06] Understood. Jim, Lieutenant Colonel Atkins, Jim Atkins, can you address that or is it the same? [

LTC Adkins: [00:33:13] Yes, or the same answer I would have to follow up with my daughters as well.

Mr. Hall: [00:33:17] OK, yes, Mark, I kind of figured that would be the case. The funding issues associated with this are more directed to the to the state health offices.

Mark Winney: [00:33:28] Could NGB maybe get me something on that? We'll see what we can do. OK, and can I get some sound over again on that? What specific what the special logistic skills the National Guard brings to the table when it comes to vaccines.

Mr. Hall: [00:33:45] We will make a transcript available this shortly later on this afternoon. But I will ask Major. Major Muriama from West Virginia, she really talked well about the logistics piece, if you wouldn't mind addressing that again.

MAJ Muriama: [00:34:06] Sure, Mark, I think we were talking while looking at the logistics aspect from the Guard perspective and having the manpower and the assets, whether it be vehicles for us to distribute vaccines or the personnel to be at the Hubs to manage that distribution part of it. That's been the easy part for us. But I think that the challenge that has led to our success is having that guided construct



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where you have all these agencies or what I like to call stakeholders involved in the planning process. So you have a director from the hospital hospitals, a director from the pharmacy, a director from the local health departments, a directive from schools, from higher education. So having all these people in one room in the planning process and trying to figure out where the doses every week are being allocated to and then working with us to figure out who's coming to pick up and what the guard's going to deliver truly has been the key to the success logistically when we're planning the distribution of vaccines. I hope that answers your question. Thank you.

Mr. Hall: [00:35:16] Thank you. So see, Matthew Cox, it looks like Matt has joined us. Matthew, you have a question. All right, we'll move on. Nothing had other if there's anybody else in the room who would like to ask an additional question, please let us know in the chat window. Is Melissa Stewart here from Air Force? Nothing heard. Has Jennifer Lee from Air Force magazine joined us. Nothing heard. Anybody else on the line with an initial question? Nothing heard, so I.

Corey Dichstein: [00:36:19] I'm sorry, I do have additional questions. I want to be respectful of my colleagues.

Mr. Hall: [00:36:24] I understand.

Corey Dichstein: [00:36:31] Two questions, number one, do you feel you're saving lives that might not otherwise be saved because of the special expertize the National Guard brings to the table?

Mr. Hall: [00:36:43] We'd like to start with that, Colonel, Lieutenant Colonel Adkins.

LTC Adkins: [00:36:49] Yes, sir, absolutely we do. I feel it's been just a very humbling, humbling experience to be able to help our citizens with this just once in a lifetime challenge that we've been faced. I think just not only our colleagues, our family members, to be part of something so much bigger than ourselves. I truly feel like just not the National Guard, but just to join our agencies that we've worked with, just coming together and working together have made a significant contribution into helping save the lives of those that are truly at a higher risk from this devastating disease.

Mr. Hall: [00:37:29] Thank you, sir. I'm going to go to Specialist out in Texas. You have anything you'd like to share with regard to that question?

Specialist Bernal: [00:37:37] Yes, sir. So a lot of the counties that we've gone to, the majority of the population, has been the elderly. And I can say with great certainty that they have been extremely grateful to be given the opportunity to receive the vaccine and give them a lot of hope. And I'm glad that we can provide that for them.

Mr. Hall: [00:37:54] Do you have. Do you have a personal connection to this mission that behind why you feel it's important?



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SPC Bernal: [00:38:01] I do, sir. I lost my grandpa last year toCOVID-19 and I talk to a lot of other soldiers who also have experienced loss in the family. So to us, it means a lot to be able to get this vaccine to other citizens of Texas.

Mr. Hall: [00:38:17] Airman Holloway, is anything you'd like to add to that as well? Why this is important to you to be part of this mission?

Airman Holloway: [00:38:30] OK, I don't really. I'm just here. Yeah, sorry, I'm here to help. I heard about I got a call March probably 14 current Warren called me, said, Hey, can you be here tomorrow? I said, what's going on? And he told me about the pandemic. So I was like, yes, I'll see what I can do. And ever since then, I've been I've traveled I've seen a lot of West Virginia more than I've normally would have seen on a day to day basis. As I've been doing this, I began to like it because I see the people that I'm helping, the people I come in to get tested, they're just that it's just a lot going on. I've been passed out mask of, like I said, tested people, delivered vaccines that bring the vaccines into pharmacies, nursing homes, everywhere and everywhere I go, people are thanking me. And it just it's just nice to get that feeling that I'm actually doing something to help me to help out. But that's all I really got.

Mr. Hall: [00:39:46] I also like to add anything to that. Why if you feel that your mission is helping save lives. All right, with that Will, we'll move on any other questions from the media in the room?

Maj. Nelson: [00:40:03] Now, Texas had something to say.

COL Caldwell: [00:40:05] Oh, I'm sorry, I didn't realize I was speaking to myself, which I do frequently, by the way, but to answer your question Mark. So, yes, absolutely. I can speak for all of us in Texas. We are certainly serving saving lives. I firmly believe in the ability of the vaccine do its job, which is going to be to mitigate the infection and bring it to a stronger and more rapid. And I should say that's that's what we're anticipating. And the sooner we can bring it to a rapid and the sooner we can all get back to regular lives. And I'm ready to get back to my regular life as well.

Lt. Col. Enochs: [00:40:52] And I'll add to that a little bit more to do then. Absolutely we're saving lives. But as we've been reporting, our soldiers and airmen, when they'll tell you why it's a great thing. We're offering testing capabilities. We're offering vaccination across our state. Really what we're doing is we're allowing our kids to get back in a school where our small businesses open back up. And at the end of the day, we're providing hope. And any time you can provide hope, that's a great thing for everybody. Absolutely.

Mr. Hall: [00:41:15] Very good. Thank you very much. Everybody else. Before we move back on to another question. OK, I think we'll move back and another reporter is if not, I'll put it back over to Mark for another question. All right, so, Mark, we're going to go ahead and allow you to ask the last question.



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Mark Winney: [00:41:35] First of all, my condolences to those who have suffered losses and God bless you for what you're doing. Any advice, this may be a tough question, but that's what they pay me for, any advice to states that are not taking full advantage of the availability of the National Guard in the vaccine picture.

Mr. Hall: [00:41:58] That that's kind of tough. I don't know if we're really going to address it from the states, but we'll see if the surgeon reps have any have any idea on what they would share with their state counterparts from other states.

COL Caldwell: [00:42:16] So this is Peter Coldwell from Texas again, so I can't really answer your question as you post it, but I can say this is that seeing what Texas has done for Texas and the fact that we're helping our fellow citizens so much, I would feel that we are a good example as is West Virginia to the other states moving forward in their efforts.

Mark Winney: [00:42:45] Well, that was a terrific thank you.

Lt. Col. Enochs: [00:42:47] And I'll just add on to that at the end of the day from a National Guard perspective and we have a passion for service and we raise our right hand so that we're ready and can come to the aid of our fellow citizens, whether it's Texas or whether it's Washington, what have you. This is this is very reason why we serve so that when we're needed, we can respond to that need and then surplus capabilities. So I tell the state, don't be hesitant to call on your Guard. You're not putting them in a bind or an undue burden. This is this is why we do this.

Mr. Hall: [00:43:54] Absolutely. Lieutenant Colonel Adkins, you have something you'd like to add.

LTC Adkins: [00:44:00] Yes, sir, and to echo those comments as well, the level of involvement and engagement we have working with our county health departments, our emergency management teams, just the level of involvement our guardsmen have been with over the past year, going on year now, it's just been just a significant force multiplier. And that's the true mission of the National Guard, you know, always ready, always there. But we are a force multiplier for the state, a resource that's just so critical that has helped our state. And I'm sure all the other states as well with their local National Guard to help fight the challenges that we're all facing here with this.

Mr. Hall: [00:44:54] Thank you, sir. And with that, I'd like to express my thanks to the panel members today, little Coldwell from Texas, Lieutenant Colonel Enochs from Texas, Specialist Bernal all from Texas, and the team from West Virginia, Lieutenant Colonel Adkins, Major Muriama and Airman Holloway. Thank you all for thanks to the media for joining us for this event. If there's anything that you still would like to have additional questions, please feel free to email us. We'll do our best to get them addressed again. Thank you all for joining us. Thanks for participating.



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