

Was That Military Flyover Really Worth The Cost To Taxpayers?

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May 1, 2020

As the U.S. Air Force Thunderbirds and the Navy's Blue Angels flew over New York City and other parts of the tri-state region Tuesday in honor of first responders and other essential workers on the frontlines facing COVID-19, many pondered the cost of such demonstrations and if the money could have been better spent on shoring up the nation's desperate shortage of medical supplies.

The U.S. Navy and Air Force issued a joint <u>statement</u> that the flyovers incurred taxpayers "no additional cost" because "pilots must execute a minimum number of flight hours to maintain proficiency." The cost of flyovers is also already a part of the military's operational budget, but that doesn't mean it isn't expensive: high performance jets burn at least 1,200 gallons of fuel per hour— that's a cost of \$109,000 for the fuel alone during the 2011 Super Bowl <u>flyover</u>, with the total cost clocking in at closer to \$450,000.

Units like the Blue Angels don't fly combat missions; they exist solely for recruiting purposes. But with flyovers planned for at least 22 cities between both the Blue Angels and the Air Force Thunderbirds squadrons, the costs add up, estimated at roughly \$1.32 million, Task & Purpose estimates. The F-18 plane itself cost \$18.8 million in 1998, but with added technological advances, topped over \$46 million each by 2013 when Iraq purchased several from us.

Still, these prices are a drop in the bucket when one considers the military's overall budget. The Trump administration's fiscal year 2021 <u>budget</u> request, issued on Feb. 10, asked for \$740.5 billion for national security, allocating \$705.4 billion of that to the Pentagon. That money could have purchased millions of N-95 masks and thousands of ventilators, but as Christopher Preble, vice president for defense and foreign policy studies at the Cato Institute, <u>points out</u>, the budget's accompanying press release didn't even "mention infectious diseases or coronavirus or anything pertaining to protecting public health."

What did it mention? The budget requested \$11.4 billion to purchase 79 F-35 Joint Strike Fighters, \$3.5 billion for 2 Arleigh Burke destroyers for the Navy, and \$1.5 billion to modernize 89 M-1 Abrams tanks. For the <u>high-end cost estimate of just a single F-35</u> at \$144 million, we could have purchased <u>at least 2,800 ventilators</u>.

The country could have <u>afforded 14,870 hospital beds</u> for the cost of one Navy destroyer the Trump administration requested (\$1.75 billion.)

For years, Congress has <u>poured money into modernizing the Abrams tank</u>, even though the Army says it doesn't want or need the tanks. For less than we spend on a single Abrams tank, we could have bought <u>17 million N-95 protective masks at pre-COVID</u> <u>prices</u>.

It gets worse: the <u>F-35 fighter jet's tail literally burns up in supersonic mode</u>. Yet, each one of these jets costs American \$78 million, for a total of \$1.5 trillion on this project, according to critics. At high altitudes, the U.S. Navy and Marine Corps versions of the F-35 jet can only fly at supersonic speeds for short bursts of time before there is a risk of structural damage. The problem is so bad that officials aren't even fixing it, instead repurposing the jets by "changing the operating parameters," the F-35 Joint Program Office told <u>Defense News</u>.

Even with the over 1,000 percent cost increases <u>reported</u> by nursing and assisted living facilities for personal protective equipment, the <u>costs</u> still dwarf any of the Pentagon's shiny war machines.

"The largest reported price increases have been for isolation gowns (2,000%), N95 masks (1,513%), 3-ply masks (1,500%) and reusable face shields (900%). The most remarkable rise was for 3M N95 masks, which rose from \$0.11 to \$6.75 each (6,136% increase), though they are currently unavailable, according to SHOPP," McKnights <u>reports</u>.

Critics will say that comparing military costs to medical equipment is apples to oranges; after all, the U.S. doesn't have a publicly funded health system.

But state and Federal officials were, and are, responsible for public health related purchases, and they, along with the private hospitals, ignored warnings of shortages of protective equipment in case of a pandemic, a Wall Street Journal investigation <u>found</u>.

The hospital industry looked to "increase profit" by slashing "inventory of all supplies" instead of replenishing them "after the swine flu."

Tara O'Toole, former Department of Homeland Security undersecretary of science and technology during the Obama administration, told the *Wall Street Journal* that "the problem is a medical supply chain and a health-care system that we have built to be economically efficient...in exchange for resiliency. We have allowed ourselves to completely lose control over supply."

That's one problem, to be sure. But another problem is the United States' monomaniacal focus on the Global War on Terror. From 2009 to 2018, the U.S. <u>spent</u> over \$6.8 trillion on the Pentagon. This, despite the fact that since the particularly bad flu season of 2009, the U.S. government knew it <u>lacked a permanent budget to buy</u> <u>protective medical gear for its Strategic National Stockpile</u> of supplies for health emergencies.

"After the severe 2009 flu, health officials traveled the nation telling industry and government leaders hospitals would be seriously short on protective gear in the event of a major pandemic. In presentations titled 'The Massive Gap,' the officials urged the government, health-care systems, manufacturers and distributors to find a way to forestall shortages," reports WSJ.

Still, we failed to act. The warnings went unheeded, and every part of the privatepublic partnership acted in its own interest. Stockpiles set aside in 2009 weren't replenished since; and this year, many masks were found to have expired due to elastic bands that became brittle over time.

Meanwhile, since 2001, we spent \$6.4 trillion on wars in the Middle East and Asia since 2001, a 2019 <u>report</u> by Watson Institute of International and Public Affairs at Brown University found.

Now is as good a time as any to ask: what if the U.S. prioritized the health and wellbeing of its citizens over and above warmaking overseas? Surely some of that \$6.4 trillion could have been better used to keep Americans well, and healthcare workers safe, during the coronavirus pandemic.