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*United States Marine Corps
Command and Staff College
Marine Corps University
2076 South Street
Marine Corps Combat Development Command
Quantico, Virginia 22134-5068*

MASTER OF MILITARY STUDIES

**MEDICAL DIPLOMACY: A TOOL FOR ENABLING NATIONAL SECURITY
STRATEGY OBJECTIVES**

SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF MILITARY STUDIES

LCDR RANDY S. DEE, MSC, USN

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Mentor and Oral Defense Committee Member: Dr. Craig Swanson

Approved: _____

Date: April 6, 2012

Oral Defense Committee Member: Col Jay Hatton

Approved: _____

Date: 6 Apr 2012

Executive Summary

Title: Medical Diplomacy: A Tool for Enabling National Security Strategy Objectives

Author: LCDR Randy S. Dee, Medical Service Corps, United States Navy

Thesis: The tenants of medical diplomacy can efficiently and effectively enable the strategic priorities of the NSS; and secondly, why is health engagement important in the Pacific theater of operations and how the USG can integrate whole-of-nation and whole-of-countries efforts.

Discussion: Medical diplomacy can offer ‘Smart Defense’ alternatives where conventional forces and approaches cannot. The opportunity to conduct military to military engagements, coordinate with local communities and work with the private sector (IGOs, NGOs, PPOs, etc.) organizations to provide uninhibited access can enable the goals set forth in the National Security Strategy (NSS) and by senior USG officials. Viewing linkages between global health and national security in terms of “opportunities” rather than threats enables the USG to improve coordination with international partners and other stakeholders, balancing security and medical diplomacy.

Conclusion: Medical diplomacy is a cost-effective way to engage our partners and Allies. When executed correctly it can have a positive influence on global perception of the United States. By winning the war on ideas, America will build trusted and lasting relationships that protect national interest. A new paradigm in military services that utilizes medical resources smartly to execute stability operations will enhance ability to exert influence and sustain our position as global leaders. Although the USG has made significant improvements in the realm of medical diplomacy over the last decade, overall integration and coordination is lacking and needs independent review for integration on whole of government scale. Sustainable programs that are country-owned and country-driven should be coordinated with the HSAG at the Operational level. By working with Partners, Allies, and developing countries we create capabilities and the ability to effectively employ these in crisis response. DoS health diplomacy and USAID development efforts, coupled with DoD resources create a synergy that is beneficial to global health and national security.

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Preface

I first became interested in the concept of medical diplomacy during deployment to Somalia in support of Operation RESTORE HOPE. I vividly remember the first patient I saw; he was a mid-thirties man that complained that he could not hear out of his right ear. Upon examination I noted that his ear was impacted with debris; irrigated it and removed the debris. The man called me a ‘miracle worker’ and remained with me for the rest of the day and let other patients at the Medical Civil Action Program (MEDCAP) site know how we helped him.

As I continued throughout my career I was given opportunities to participate in several other civil action projects that centered mostly on MEDCAPs. When I became responsible for planning the missions, I began to realize that although we (Combined and US medical teams) had good intentions; it was possible that there was a larger context and that we were most likely missing opportunities.

Having worked in the PACOM AOR for the last six years, I witnessed neglected opportunities where there was a lack of coordination and no real unity of effort that synchronized or coordinated medical activities between the non-military USG, Combined and Joint communities. It is my intention that this paper will provide ideas that can be exploited by medical planners and senior leaders, identify areas for improvement and submit recommendations for consideration by senior leaders for future endeavors.

Acknowledgments

Several key people in my life who have given me their trust and confidence have inspired this paper. First and foremost, I have to thank my immediate family. Joshua my loving son, for giving me the drive to be a success and set an example that you would be proud off. Dararat my beautiful wife and “*rak hwān ci*” (lovely sweetheart), being apart from you has been trying but every time I think of your smile my heart is warmed. Olivia our baby daughter and newest addition, you are a light of joy and I am thankful you have blessed us. I love you all dearly.

I would be remiss not to offer special appreciation toward the officers that that have influenced me the most. Major General (sel) William Faulkner, USMC, Brigadier General Charles Chiarotti, USMC, Colonel Jay Hatton, USMC, Captain Steve Jeffs, USN, Captain Peter Garms, USN, Captain Huet, USN, Captain David Taft, USN, Captain William Brown, USN, and Commander Victor DeLaOssa, USN. These officers provided opportunity and challenges that allowed me to develop professionally and personally. Most importantly, they all believed in me. Special gratitude is extended to Commander Mark Clark, USN; a close friend, strong ally and mentor.

Over the last 22 years, from Boot Camp in San Diego to Command and Staff College in Quantico, so many people have had a positive influence on my life that it is impossible to list them here, I thank you all, you know who you are. The leaders and scholars at Command and Staff College, in particular the guidance of Lieutenant Colonel Karl Rohr, USMC, Dr. Craig Swanson and Dr. Robert Bruce inspired me to become a better Officer and proper student.

Medical diplomacy must be made a significantly larger part of our foreign and defense policy, as we clean up from costly and deadly wars in Afghanistan and Iraq. America has the best chance the win the war on terrorism and defeat the terrorist by enhancing medical and humanitarian assistance to vulnerable countries.

Tommy G. Thompson, The Boston Globe, October 24, 2005¹

Introduction

Long and expensive Campaigns in Iraq and Afghanistan have caused United States (US) policy makers to examine how to regain influence around the globe and project presence as a global leader. President Barack Obama and Secretary of Defense Leon Panetta recently directed a review of US strategic interests to guide defense priorities over the next decade.² As the global landscape has changed, so have the objectives of the National Security Strategy (NSS). The international architecture of the 20th century has buckled under the weight of new threats, global economic repression, actions from extremist violent organizations (EVOs) and actions from non-state actors.³ Shared values, developing partnerships, sustained engagement and the restoration of international order are redundant themes socialized in the NSS and policy makers. In keeping with these goals, the United States Government (USG) has indicated that specific focus will shift to the Asia-Pacific region.^{4,5}

Coping with a strained economy and loss of global influence, US leaders are realigning priorities that call for a significant reduction of military forces but have pledged will a sustained commitment Asia-Pacific region. The enormity of the Pacific makes permanent and rotational US force presence essential to enable security and strategic deterrence throughout region to protect US national interests. Despite the pending defense reductions, the Executive Branch has stated that there will be no decrease of military forces or engagements in the Asia-Pacific region.

To broaden the US sphere of influence and keep the pulse of traditional and asymmetric strategic challenges, the United States Government (USG) will require different approaches to theater engagement programs that enhance partnership with Allies, partners and developing countries that share our common interest.⁶

Resetting the National Security objectives to retain a global presence to protect our interest abroad while reducing military strength calls for the ‘Smart Defense’ approach. Secretary of Defense (SECDEF) Panetta recently stated “the use of ‘Smart Defense’ will enhance the USs’ ability to pool, share, and specialize capabilities is needed to meet 21st Century Challenges.”⁷ Smart Defense means that large armies and invasions will be replaced by smaller, specialized capabilities like special operating forces (SOF) that focus on unique types of training events and operations.⁸ The plan means special operations troops will increase cooperation with foreign militaries, working with them to defeat local threats instead of the US shouldering the department of defense the develop innovative, low-cost, and small foot print approaches to achieve our security objectives, relying on exercises, rotational presence, and advisory capabilities.⁹

Medical diplomacy can offer ‘Smart Defense’ alternatives where conventional forces and approaches cannot. The opportunity to conduct military-to-military engagements, coordinate with local communities and work with various private sector organizations offers uninhibited access that can enable the goals set forth in the NSS and by senior USG officials. Viewing linkages between global health and national security in terms of “opportunities” rather than threats will better enable the USG to improve coordination with international partners and other stakeholders to achieve a better balance security and medical diplomacy.¹⁰ This paper will

explain the tenants of medical diplomacy and how they can efficiently and effectively enable the strategic priorities of the NSS; and secondly, why is health engagement important in the Pacific theater of operations and how the USG can integrate whole-of-nation and whole-of-countries efforts.

Pacific Engagement

Secretary of State Hillary Clinton's essay "*America's Pacific Century*" states "when most important task of American statecraft in the next decade will therefore be to lock onto a substantial increase investment--diplomatic, economic, strategic, and otherwise--in the Asia-Pacific region".¹¹ Walter Isaacson points out on the biography of *Steve Jobs*, "the United States is seeking ways to sustain its innovative edge, and when societies around the globe are trying to create digital-age economies; Americans are going to have to find new ways to increase inventiveness, imagination, and sustained innovation."¹² The tenants of medical diplomacy can efficiently and effectively enable the strategic priorities of the NSS, Geographical Combatant Commanders (GCCs), senior defense officials and embraces the use of innovative solutions to counter potential health threats and fosters development and partnership with countries.

"The Asia-Pacific region is the engine of global economic growth now, and US Pacific Command is a strong force for stability in the area," Admiral Robert Willard (PACOM Commander) said at a Foreign Press Conference in Hawaii.¹³ Spanning over half the earth's surface and home to more than three billion people, PACOM's Area of Responsibility (AOR) contains three of largest world economies (US, China, Japan). The Nation's strategic priorities and interest will increasingly emanate from the region. Admiral Willard states "USPACOM embraces theater strategy that leverages an evolving force posture."¹⁴ With the coordination of

other USG agencies, the posture is designed to hedge against traditional and asymmetric challenges as well as advance alliance and partner-nation relationships.¹⁵

Medical Diplomacy

Medical diplomacy is form of diplomatic relations, intended to sponsor positive relations between nations while providing health services to our foreign friends and Allies. Former Secretary of Health and Human Services Tommy Thompson defined medical diplomacy as “the winning hearts and minds of the people by exploiting medical care, expertise, and personnel to help those who need it most.”¹⁶ Mr. Thompson goes on further to define medical diplomacy as, “the knitting of health policy and foreign policy to improve the lives of vulnerable populations while also serving the best interest of the United States.”¹⁷ After meeting an AIDS widower in Africa (who was himself infected with the virus) the former Secretary describes a story that moved him deeply. “He and his seven children were living in desperate conditions, with his health deteriorating. He received an antiretroviral drug to treat his HIV infection from an agency supported by US funding. His health had improved enough that he could return to his job and support his family”, the man told Secretary Thompson: “Please thank President George Bush and the American people for giving me the opportunity to live so I can raise my seven children.”¹⁸ As a result of his trip to Africa, Secretary Thompson coined the phrase ‘Medical Diplomacy’ stating, “This is what we have to do in America. We have to really start talking about medical diplomacy.”¹⁹

Medical diplomacy is a form of international relations in which healthcare assets are used to encourage positive relations between nations and exchange of relevant healthcare skills and competencies that will achieve a mutual benefit for the host-nation (civic and military

populations). Medical diplomacy can help ease tensions between States, while providing a positive image of the countries that send medical resources. A larger framework of foreign relations policy, it is important to understand that the concept of medical diplomacy goes beyond “teaching a man how to fish” and encompasses a larger aperture to ensure that individuals and communities are able to sustain collective efforts. Learning the best fishing spots, bait to use, time of day, and use of equipment all need to be conceptually applied if medical diplomacy is to fully be developed.

Fundamental to stability operations, and a principal tenant of medical diplomacy, is the prevention of insurgencies by assailing latent problems or turbulence in emerging nations at the earliest possible stage. As America finds new ways to counter threats; the economic and human costs of preventive measures are a major concern for the current administration and DoD planners. The relative costs of sponsoring medical engagement programs are small in comparison to kinetic operations during a war of insurgency. Applying the tenants of medical diplomacy will enable the US military to better partner with our allies and developing countries to address emerging health threats, affording all participants a better chance to understand the capabilities of their respective militaries, communities, and countries.

There are five key tenants of medical diplomacy: assessment, partnerships, cooperative health engagement, medical stability operations, and measures of effectiveness with the overlapping theme of social and cultural awareness that should be considered during all phases of planning activities (see Figure 1 for graphical display). Moreover, the tenants of medical diplomacy should be centered on USAID efforts regarding the Global Health Initiative (GHI).*

By aligning efforts the DoD and USAID will be efficiently positioned to assist partnered

* USG's global health portfolio includes a diverse set of programs and investments in approximately 80 countries worldwide. All of the countries in which the USG has health investments are essential partners for achieving and sustaining the ambitious outcomes outlined in the Initiative.

countries and Allies and address potential health threats to the US and DoD and will allow for better coordination and integration of international health related programs that have an impact on NSS the DoDs efforts.

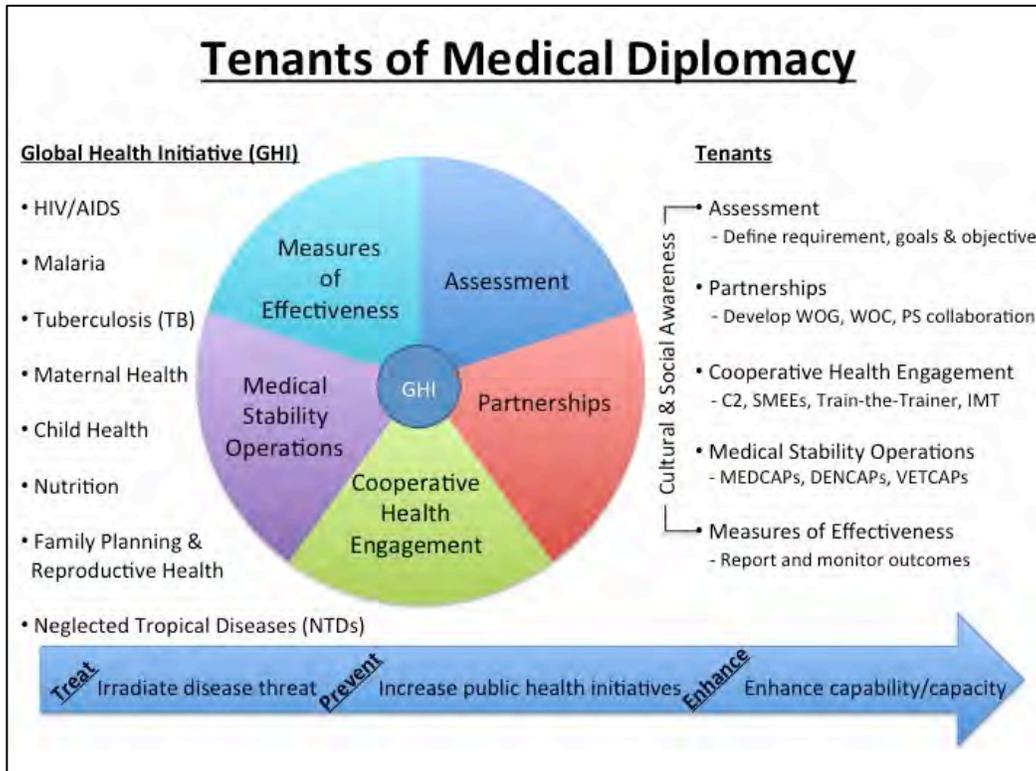


Illustration 1. Tenants of Medical Diplomacy, created by author.

The Assessment process is likely to be the most important tenant in the process and should be ongoing from conception to completion of any project (Appendix A, *Health Service Assessment Factors* provides descriptions of assessment factors). Developing Partnerships is essential to support NSS goals and will better enable coordination of advancing strategic health initiatives. Cooperative Health Engagement sponsors communication, sustained engagement and training opportunities for medical personnel. Medical Stability Operations incorporates Combined and Joint teams to conduct Medical, Dental and Veterinary Civil Action Programs. Lastly, Measures of Effectiveness are a critical requirement to gage success but more importantly

allows planners to review their efforts, refine procedures, and incorporate corrective action when needed. Nesting the tenants together allows for better treatment, prevention and enhancements that will lead to successful outcomes.

Doctrinal Background

Although USG and DoD planners have begun to socialize the tenants of medical diplomacy, current military doctrine does not define the concept nor provides guidance to collectively integrate the concepts at the tactical, operational or strategic levels. The lack of clarity on the tenants of medical diplomacy provided by DoD periodicals requires thorough research of associated terms and concepts that can be related and implemented based on the earlier description of the tenants. The tenants are vaguely addressed throughout several joint and service publications, policy documents, journals, and articles.

DoD Directive 3000.05, *Stability Operations* instructs; “Stability operations are a core US military mission and that DoD shall be prepared to conduct and support”. Additionally, it establishes the requirement to “Ensure DoD medical personnel and capabilities are prepared to meet military and civilian health requirements in stability operations.”²⁰ Despite the broad range provided in the policy, there are no clear-cut guidelines that direct planners to integrate efforts at the local (host nation), Joint, Inter-Agency, or Combined levels.

DoD Instruction 6000.16, *Military Health Support for Stability Operations* defines Medical Stability Operations (MSOs) as a core “US military mission that the Military Health System (MHS) should be prepared to conduct throughout all phases of conflict across the range of military operations, including in combat and noncombat environments.” According to the instruction, “MSOs shall be given priority comparable to combat operations and be explicitly

addressed and integrated across all MHS activities including doctrine, organization, training, education, exercises, materiel, leadership, personnel, facilities, and planning.”²¹

Although the term MSOs as recently become a ‘new’ term of reference introduced and service and joint doctrine; the concept is nothing novel. In Colonel Spurgeon Neal’s article “The Medical Role in Army Stability Operations,” he identifies that “MSOs should concentrate on the pre-insurgency base of operations in order to produce maximum results with minimal resource investment”. Furthermore, he states “medical treatment projects for immediate impact, and preventive medicine projects that produce short-term improvement in emerging nations are the keystone a development programs within the host nations army and medical training programs which will yield a permanent increase and the degree a medical self-sufficiency.”²²

Joint Publication 4-02, *Health Service Support* classifies MSOs under the term Medical Civil Military Operations (MCMOs) which compromise public health and medical issues that involved a civil-military interface (foreign or domestic), including military medical support to civil authorities (domestic) and medical elements of security cooperation. MCMOs are health activities that support or influence relationships between Joint, Coalition, host nation, multinational governmental authorities, NGOs, Private Sector and the civilian populace in order to facilitate US operational objectives, and impact the health sector.²³

MSOs and MCMOs provide springboard launch medical diplomacy efforts at the tactical level. Assisting with the development and refinement of host nation medical infrastructure, enhancement military and civic medical programs, health education and coordinating efforts with the international community helps to ensure that a safe and stable environment is nurtured and matured to support increased capability and capacity within a community.²⁴

US Historical Perspective

Although the concept of medical diplomacy is relatively new in the vernacular of DoD planners, the deployment of military medical personnel to support foreign policy is not a novel concept. The US has a long history of supporting civic action and pacification programs. The first use of public health civic action by the US military was a smallpox vaccination program among Southeastern Indians in 1832.²⁵ In the mid-1800s the U. S. Army, created the Freedman's Bureau that established capacity building programs for freed slaves from the civil war. The immediate delivery food and shelter were provided and education initiatives were founded that afforded disadvantage individuals the opportunity to join the workforce and pursue the attainment of advance college degrees.²⁶

During the Philippine Insurrection from 1892-1901, public health initiatives played a significant role supporting the civil military operations and were a key element in the success of the pacification campaign.²⁷ Providing essential services and establishing military controlled governments the US managed food, clothing, housing, and medical outreach programs during the post war occupation of Germany and Japan.²⁸ Prior to the start of the Korean War; the US Army opened a Korean Army medical school where US personnel trained Korean personnel and ultimately established an exchange program where Korean medical personnel were trained in US medical schools as well.²⁹

On September 4, 1961, Congress passed the Foreign Assistance Act, which mandated the creation of an agency to promote long-term assistance for economic and social development. President John Kennedy established the US Agency for International Development (USAID) on November 3, 1961. Founded at a time of social, political and economic turmoil, USAID roots were planted shortly after the end of World War II and built upon the foundation of the Marshall

Plan.^{†30} President Kennedy desired a muscular agency to stand behind US efforts to promote peace, prosperity, and coordinate foreign assistance provided by US and around the globe.³¹

Once hostilities were increased in Vietnam during the early 1960s the US Army initiated programs to provide medical training and education to local practitioners. The primary goal was to ensure that local providers were capable maintaining preventive and therapeutic medicine programs. The agenda sought to enhance the persona of the government and win support of the Vietnamese people. Additionally, the initial program was designed to maintain a Vietnamese face while highlighting American collaboration with Vietnamese providers and supporting their efforts.³²

The initial efforts that were led by the US Army in Vietnam morphed into the medical civil action and health engagement programs that have gained momentum and have been a baseline for the development of medical diplomacy over the last several generations. Success of these programs has been debated amongst US military personnel over the last several years. One can argue that the results have been marginal based on the absence of sustained commitment with partnered states. As technology has improved, skills have been refined, and development of capability and capacity is ever present it is important to adhere to the principles of medical diplomacy to explore opportunities for improved success.

Traditional HSS Engagement Programs

Medical, dental and veterinarian civic health engagement programs aimed to aid disadvantage people in isolated regions where access to health care is problematic. The overarching concept is to target indigenous persons and train US troops while providing HSS in

[†] The Marshal Plan helped stabilize post war Europe by providing financial and technical assistance through the European Recovery Act of 1947.

developing countries. The Army, Navy, Marine Corps, and Air Force all have capabilities and capacity to support contingency or sustain development HSS operations independently or collectively as the larger combined effort.

The Army pioneered Medical Civil Action Programs (MEDCAPs) and Medical Readiness and Training Exercises (MRETs) during Vietnam and subsequent years. The Navy has extended operational reach by deploying hospital and amphibious ships to developing countries to enhance capabilities, partner with other communities, provide medical services to indigenous people and training to the professional medical providers abroad.^{‡33} The USMC determinedly executes MEDCAPs and HSS programs and is responsible for providing treatment to over 100,000 patients within the Asia-Pacific region during the last 5 years (the USN provides all medical personnel to the USMC). Of the services, the Air Force has been the most innovative with the commitment to the tenants of medical diplomacy by establishing the International Health Specialists (IHS) program. The Air Force selects skilled medical personnel who have a cultural linguistic competency, expertise in regional medical initiatives, and knowledge of joint coordination in the ability foster medical goodwill needed to support operations abroad.³⁴

Traditional MEDCAPs have come under criticism of late by senior MHS providers. There is an argument that MEDCAPs provide little value and do not support development programs due to the short duration (a typical MEDCAP that is conducted in the PACOM AOR is usually executed for one-day and then will move on to another location that has been identified by the host nation). With that said, it is important to understand what the objective is and how the host nation uses the engagement to foster their militaries image or collect intelligence. For example in the Philippines, the Armed Forces of the Philippines military personnel records

[‡] The USNS MERCY (staffed DoD, coalition partners, US Public Health Service (USPHS) and NGOs medical personnel) has cared for more than 260,000 patients in Southeast Asia since 2005.

demographics on the population and notes how many men of military age present at the site in order to assess potential insurgent operatives from the New Peoples Army (NPA).^{§35}

Additionally, MEDCAPs can provide a quick “win” for Commanders or the Host Nation but should be blended with the other tenants of medical diplomacy to incorporate a holistic approach.

Global Health Initiative (GHI)

Over the last decade, issues related to the health of people in resource poor countries have captured the attention of world leaders, governments, policymakers, NGOs, private sector and the general public as never before.³⁶ Pursuing a whole-of-government approach to global health the Executive Branch has sponsored Global Health Initiative (GHI), which is administered by USAID. GHI seeks to achieve health improvements, foster sustainable effective and country-led public health programs that deliver essential health care to developing countries. GHI maintains focus on improving the health of women, newborns and children by combating infectious disease, delivering clean water, and focusing on nutrition and maternal, newborn, and child health.³⁷

The dominant objectives of GHI are to achieve major improvements in health outcomes. GHI targets are HIV/AIDS^{**}, Malaria^{††}, Tuberculosis, Neglected Tropical Diseases (NTDs) Maternal Health, Child Health, Nutrition, Family Planning and Reproductive Health (see Appendix B, *Global Health Targets* for detailed description).^{38, 39, 40} GHI presents the opportunity to transport global health to a new level of efficiency by establishing a vision of

[§] The NPA is the military wing of the Communist Party of the Philippines (CPP) and is a Maoist group formed in March 1969 with the aim of overthrowing the government through protracted guerrilla warfare.

^{**} President's Emergency Plan for AIDS Relief (PEPFAR) is the USGs initiative to help save the lives of those suffering from HIV/AIDS around the world.

^{††} President's Malaria Initiative (PMI) is the USGs initiative to reduce malaria-related deaths by 50 percent in 19 countries in Africa and the Greater Mekong sub-region in Asia.

long-term sustainability led by partner nations and organizations. Nurturing a new spirit of partnership; GHI requires investments in programs that recognize the significance of women and girls to the long-term health and well being of families, communities, and countries that foster the development and expansion of high-performing and sustainable country-owned platforms. The ambitious endeavor requires Unified Action (Appendix C) and collaboration across US agencies along with global, and regional partners.⁴¹

US efforts to advance the GHI have evolved from different interests and have progressed from the Clinton administration to present. Utilization of DoDs resources to increase public health capacity of partner nations, developing training opportunities with foreign militaries, and synchronizing efforts with USAID health development efforts, would create a synergy beneficial to global health, and potentially beneficial to global and national security. There is an increasing willingness to link GHI with NSS and there is a plethora of US global health programs and DoD programs that have an impact on global health.⁴² (Appendix D, *U.S. Government Global Health Programs That Have an Impact on National Security* and Appendix E, *Department of Defense Programs That Have an Impact on Global Health* provide detailed description of health programs that USG and DoD are currently sponsoring).

Department of Defense (DoD) Enduring Contributions to Global Health

Building the public health key capacities of the US and its multinational partners improves surveillance, response and protects populations at home and abroad. The DoD s extensive network of laboratories, technologies, therapies, and medical expertise is a crucial component in the US and international global health surveillance strategy.⁴³ The US Army and Navy laboratories bring broad global health benefits beyond their immediate mission of force health

protection. The laboratories' focus on developing products such as prophylactic and therapeutic drugs, vaccines, and their ability to conduct Phase III clinical trials in indigenous areas, result in medical advances that save the lives of military personnel, but also have dramatic health benefits for all populations vulnerable to neglected diseases. In many important instances, the DoD laboratories findings have helped mitigate or eradicate diseases on a global scale, as well as identified or diagnosed previously unknown pathogens.⁴⁴

The US Army Medical Research Institute of Infectious Diseases, the lead medical research laboratory for the US Biological Defense Research Program, studies highly hazardous infectious agents requiring maximum containment. The Joint US and Thai Armed Forces Research Institute of Medical Sciences (AFRMS) in Bangkok which conducts collaborative research on tropical diseases endemic to Thailand and Southeast Asia.⁴⁵ The US Navy operates medical research units in Egypt and Peru. Additionally, the Navy has operated facilities in Indonesia and maintains research capabilities in Ghana, Australia and Central Asia. These facilities international standard Bio-Safety containment space and conduct field research in the infectious diseases indigenous to their host regions.⁴⁶

The biggest benefit of the DoD supported laboratories is the ability to conduct research, which has resulted in vaccines for Japanese Encephalitis Virus (JEV), Rift Valley Fever Virus (RVF), and the identification of new strains of Dengue Fever in Peru. The laboratories have provided drug discovery and treatment protocols for Malaria prevention with the development of Malarone, Primaquine, and weekly Tafenoquine treatments. AFRMS in Thailand developed the first successful HIV/AIDS vaccine trial. Although the HIV/AIDS vaccine tested at AFRIMS is less than one- third effective, the DoD laboratory has been the only entity out of many to accomplish the arduous and perplexing task.⁴⁷

Developing Partners (Global Health Partnerships GHPs)

The 2010 Quadrennial Defense Review (QDR) requires close collaboration with allies and partners abroad while reforming security assistance approaches and strengthening our industrial base to build security capacity of partner states.⁴⁸ The ability to set conditions for interaction with partners, NGOs, military forces, private sector organizations or relevant populations by developing and presenting information will affect perceptions, will, behavior, in capabilities will go far to build trust and establish long-term partnerships. The use of health services resources has proven to be a valuable low-risk asset in support of civil military operations.

HSS is generally a noncontroversial and cost-effective means of using the military element to support US national interests in other countries. The focus of HSS initiatives is primarily long-term preventative and developmental programs that are sustainable by the host nation. HSS operations conducted to enhance the stability of the host nation must be well coordinated with all concerned agencies utilizing unified action and should be nested with US Embassy plans. Independent unplanned health services civic action programs should not be undertaken.

Paraphrasing senior DoD and State Department leaders, Col Sean Murphy and Col Dale Agner point to USG and DoD humanitarian activities as the best “dollar-for-dollar” actions for realizing national security goals overseas. They advocate replacing the terms “*building partnership capacity*” with cooperative health engagement (CHE), which implies shared learning and a long-term friendly relationship with the host nation.⁴⁹

The enduring goals of developing partnerships should be based on the following:

- Ownership
- Alignment
- Harmonization
- Managing for results
- Accountability.⁵⁰

Recently the Obama administration launched a public-private partnership that will send doctors, nurses and other health professionals to teach at medical and nursing schools in developing countries. The Global Health Service Partnership is collaborative effort between the Peace Corps, the President's Emergency Plan for AIDS Relief (PEPFAR) and the nonprofit Global Health Service Corps. The one-year assignments within the Peace Corps Response program aim to address healthcare-worker shortages and build support for existing medical education programs. "Through this exciting new partnership, the Peace Corps will supply medical and nursing professionals to help developing countries strengthen their public health systems," Peace Corps Director Aaron Williams said in a news release. "By building on the Peace Corps' model of grassroots assistance, as well as our existing infrastructure in developing countries, we will work with medical and nursing schools to build capacity, bring critical prevention and health care to remote communities and provide additional service opportunities for Americans."⁵¹

Best Practices

Persistent low-level threats marked with national and man-made disasters can lead to disruption and instable environments where the population can become vulnerable when living on the edge of chaos and conflict. By empowering partnered militaries; creating communities that are capable providing basic services and recognizing substantial health threats; local governments will maintain trust in their own their militaries, communities and government agencies. When America is part of the development that constitutes the independent action and response to disease threats, proper diagnoses, treatment, reporting and prevention policies will be in place to prevent to an epidemic from becoming a pandemic.

Taking innovative approaches to build health capacity in developing nations is oftentimes required to ensure that the host nation can sustain their training objectives and their ability provide accessible healthcare to their communities. A good example of this approach recently surfaced in Chile. For over a decade, US Air Force personnel provided a Combat Casualty Care Course (C4) to the Chilean military. The long-term goal was to have Chile sponsor the course and exported to regional partners their Peacekeeping Center. The Chilean Navy took the helm with the course and instituted an aggressive training package. More than 15 separate nations participate in the course along with civilians (emergency responders) in Chile. The course grew so successful that when Chile deployed medical mobile teams in response to the Pisco, Peru earthquake; their teams were interoperable with the US medical response teams and they quickly integrated forces to address the emergency at hand.

3d Marine Logistics Group (MLG), III Marine Expeditionary Force has had unparalleled success in the evolution and development of their HSS engagement programs. During exercise Balikatan 2010; they sponsored a Nursing Symposium between Armed Forces of the Philippines (AFP) and the United States Marine Corps. The weeklong symposium enhanced relationships between military forces, improved disaster capability, integrated new technologies, developed assessment of host nation health indicators and environmental health risks and catalyze increased capacity of host nation medical programs. The symposium was so successful the AFP Director of the Nurse Corps requested that symposium become an annual event.⁵²

Capitalizing on the success of the experiences gained in the Philippines, 3d MLG was able to export and incorporate MSO and CHE activities throughout the Pacific region during Cambodian Interoperability Program (CIP)-11. USMC and Royal Cambodian Armed Forces (RCAF) HSS personnel conducted six days of MEDCAPs; USMC HSS teams provided Combat

Lifesavers Training (CLS) Gendarmerie security personnel and piloted the First Annual Medical Stability Conference (MSC). The MSC was week-long event conducted at Ream Naval Base and provided courses on the organization of USMC and RCAF HSS systems, capabilities; medical facilities, echelons of care, patient movement practices, and field sanitation. The conference culminated with a Combined mass casualty/emergency medicine exercise.⁵³ Furthermore, the Combined HSS team were augmented by Children's Surgical Center (CSC)^{‡‡54} and collaborated to provide corrective and reconstructive surgical services to 30 children from Kampot Province. USMC and CSC surgeons' preformed corrective surgeries (at no cost the patients) in Phnom Penh.

Command and Control

There will always be a need for military commanders to have access to internal DoD computer programs that are resident on the NIPR and SIPR networks. Although military networks are required there must be systems where partner nations and internal USG agencies can share information for development, coordination, and execution medical diplomacy plans. Increased coordination and sustained commitment to partners requires improved and persistent information sharing. Military databases should be unclassified (when possible) and accessible to all agencies and partners with vested interest that supports the implementation medical engagement programs.

Unclassified websites such as All Partners Area Network (APAN), and MARCIM (Marine Civil Information Management Knowledge Base), offer long-term, mid-term and immediate availability to share information for collaboration, coordination, development,

^{‡‡} CSC is an NGO registered in America and is a non-profit, non-political, and non-religious, that a range of specialized rehabilitation surgical services, surgical training and direct support to the people of Cambodia.

reporting and Humanitarian Assistance (HA) or Disaster Relief (DR) operations. APAN provides effective information exchange and collaboration between DoD, external countries, organizations, agencies and individuals that do not have access to traditional DoD systems or networks and is a program of record sponsored by USPACOM.

MARCIM collects field data for handheld devices; provides a Collaboration Center allowing operations managers to access, manage and share the information collected by field personnel from any computer connected to the Internet. The page provides a list of MEDCAP Situation Reports, links to lists of Surveys, Exit Polls, and Patient Registration forms; as well as dynamic charts and graphs that allow users to analyze the demographic breakdown of patients that visited the MEDCAP Sites. Up to date demographic breakdowns of the types of provider encounters by gender, patient visits by age, and patient visits by height/weight/BMI (Illustration 2) depicts utilization of the product in the field.

Additionally, DoD should develop and implemented as a program of record data collection tools that will enable the near real-time transformation the information commanders, agencies, NGOs and other partners that are providing support to either short term engagements or activities that that coordinate the development a longtime sustainable programs and initiatives. Commercial off-the-shelf products have proven to be useful an effective with limited training to personnel that are deployed to support medical diplomacy programs and engagement enterprises. The principle challenge is to chose and sustained and accessible communication system that links users in a virtual environment where resources are can share and then transition to excitable plans or concepts of support and operations.

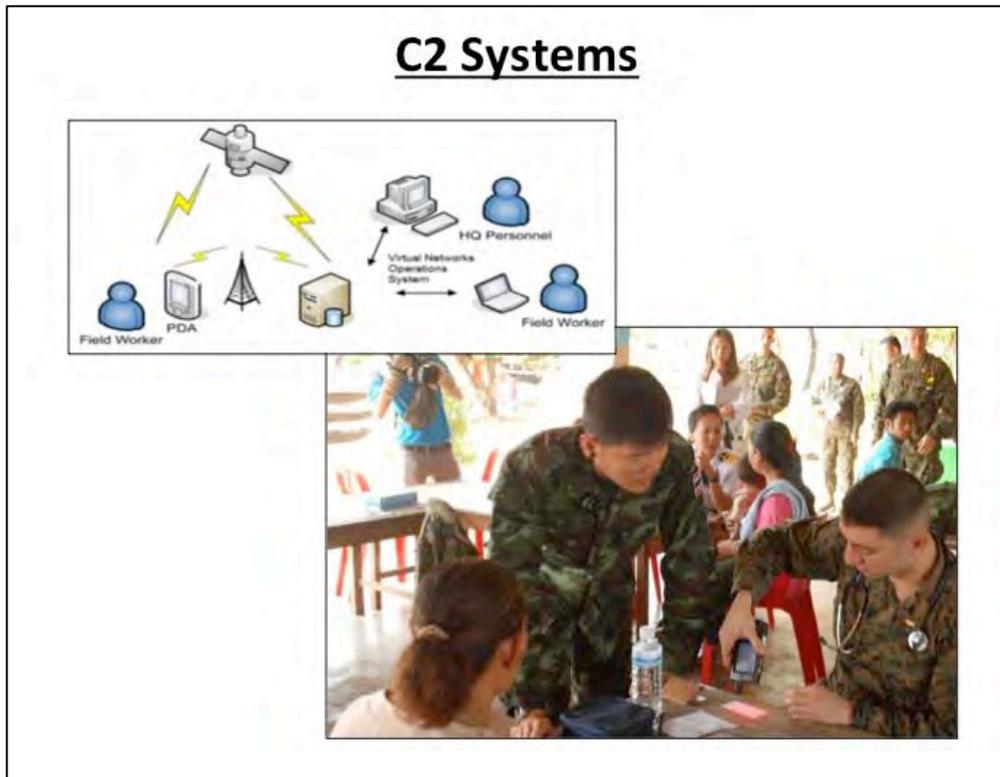


Illustration 2: MARCIM Data Management System (Cobra Gold-11)

Recommendations

Recommendation 1: Create a strategic plan that incorporates initiatives of GHI and balances national security objectives and clearly articulates the role of medical diplomacy within the goals of the NSS. To that end, strategic guidance should be published in collaboration with DoD, DoS, USAID, DHHS, and the Country Teams of the Regions that US is going to focus efforts on.

Recommendation 2: Create a USPACOM health security campaign plan (HSCP) to guide Component Commanders investments in partner nations and build capacity of partnered militaries', public health, medical, and veterinary systems that complement the health development and health security efforts of civilian agencies. The plan should be developed on

five-year campaign plan model that is specifically focused at creating capability and capacity based as related to USPACOM strategic priorities.

Recommendation 3: Task the Center for Excellence (COE) in Disaster Management and Humanitarian Assistance as the Executive Agent for USPACOM to monitor, synergize, coordinated and synchronize efforts to assist the efforts of Joint Force and Combatant Commanders.^{§§55}

Recommendation 4: Pair COE efforts/courses with Defense Institute of Medical Operations^{***} and sponsor ‘Train-the-Trainer’ courses targeted at military and civilian constituents overseas, to improve partner-nation skills in disaster management, force health protection, a disease surveillance and outbreak management.⁵⁶

Recommendation 5: Create Health Services Advisory Groups (HSAGs) that are regionally focused. The initial creation could be established at USPACOM and chaired by COE with membership from the Combatant Surgeon and Component Commanders staff. The advantage of the group would allow of synchronization, prioritization, and integration of Component and Combined services and would foster whole-of-nation and whole-of-countries coordination and development of HSS programs that support the tenants of medical diplomacy.

Recommendation 6: Revise US military training plans to support and complement efforts to build partner militaries’ HSS capacities. Moreover, in coordination with our parented nations; individuals (both civil and military leaders) should be offered International Military Training (IMT) that is directed at health professionals.⁵⁷ Establish programs where HSS personnel from

§§ COE is a DoD organization dedicated to international disaster preparedness and management capacity building for the purpose of decreasing the impact of human suffering. Reports directly to Commander USPACOM. COE offers health security courses that promote systemic capacity building sequenced to enhance community, national, and regional health security through seminars, workshops, exercises, and exploratory interactions

*** Comprised of Air Force and Navy personnel committed to providing world class, regionally focused, healthcare education and training to partners around the world. Emphasis is targeted on building international healthcare bridges, disaster preparedness, communicable disease prevention, and other current healthcare issues.

developing countries are offered internships at US military hospitals, medical clinics and training opportunities with HSS operating forces. An additional benefit could be gained by ensuring that there is a *quid pro quo* and the US HSS personnel are extended the same training opportunities.

Recommendation 7: Incorporate and update Combined, Joint and Service HSS Doctrine with tenants of medical diplomacy. Educating leaders with the new concepts will provide Commanders with intuitive planners that can critically think through complicated issues and offer effective solutions.

Conclusion

Medical diplomacy can be a cost-effective way to engage with our partners and Allies and when executed correctly it can even have a great influence on world's impression of the United States. By winning the war on ideas, America will build trusted and lasting relationships that will allow the USG to protect national interest. A new paradigm in military services that utilizes our medical resources smartly to execute stability operations will further enhanced ability to influence the regions and sustain our position as global leaders.

Although the USG has made significant improvements in the realm of medical diplomacy over the last decade, overall integration and coordination is lacking and needs independent review for integration on whole of government scale. Sustainable programs that are country-owned and country-driven should be coordinated with the HSAG at the Operational level. By working with and developing countries there will be an effort for them to take leadership of the responses and develop capabilities. DoS health diplomacy and USAID help development efforts, coupled with DoD resources will create a synergy that is beneficial to global health and global and national security.

Appendix A, Health Service Assessment Factors⁵⁸

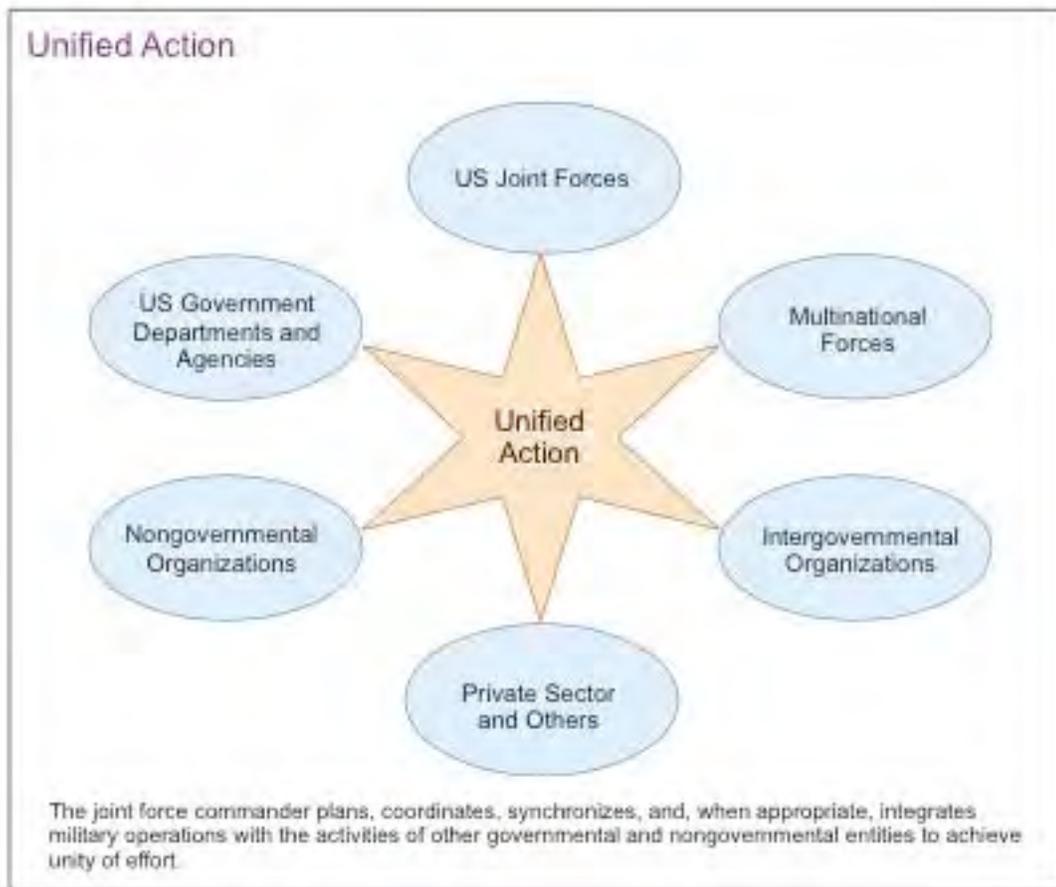
HEALTH SERVICE ASSESSMENT FACTORS

- Population Demographics
- Sanitation and Personal Hygiene
- Endemic and Epidemic Disease Surveillance
- Available Medical Intelligence
- Availability and Accessibility of Health Care Delivery Systems and Process
- Cultural Factors Related to Health Service Support (HSS)
- Primary Care Capabilities
- General Health of the Population
- Baseline Health Indicators
- Political Impact of Providing Care to the Local Population
- Anticipated Type, Number, and Capabilities of Relief Organizations
- Secondary and Tertiary Hospital Facilities and Supporting Transportation
- Local Facilities for Production of Medical Equipment and Supplies
- Education and Training Levels of HSS Professionals and Technicians
- Ongoing International and Local Civilian Assistance Efforts

Appendix B, Global Health Targets⁵⁹

- **HIV/AIDS:** Through the *President's Emergency Plan for AIDS Relief (PEPFAR)*, support the prevention of more than 12 million new HIV infections; provide direct support for more than 4 million people on treatment; and support care for more than 12 million people, including 5 million orphans and vulnerable children.
- **Malaria:** Through the *President's Malaria Initiative (PMI)*, halve the burden of malaria for 450 million people, representing 70 percent of the at-risk population in Africa. Malaria efforts will expand into Nigeria and the Democratic Republic of Congo.
- **Tuberculosis (TB):** Contribute to the treatment of a minimum of 2.6 million new sputum smear positive TB cases and 57,200 multi-drug resistant (MDR) cases of TB, and contribute to a 50 percent reduction in TB deaths and disease burden relative to the 1990 baseline.
- **Maternal Health:** Reduce maternal mortality by 30 percent across assisted countries.
- **Child Health:** Reduce under-five mortality rates by 35 percent across assisted countries.
- **Nutrition:** Reduce child undernutrition by 30 percent across assisted food insecure countries, in conjunction with the President's Feed the Future Initiative (FTF).
- **Family Planning and Reproductive Health:** Prevent 54 million unintended pregnancies. This will be accomplished by reaching a modern contraceptive prevalence rate of 35 percent across assisted countries and reducing from 24 to 20 percent the proportion of women aged 18-24 who have their first birth before age 18.
- **Neglected Tropical Diseases (NTDs):** Reduce the prevalence of 7 NTDs by 50 percent among 70 percent of the affected population, contributing to: the elimination of onchocerciasis in Latin America; the elimination of lymphatic filariasis globally; the elimination of blinding trachoma; and the elimination of leprosy.

Appendix C, Unified Action⁶⁰



Appendix D, U.S. Government Global Health Programs That Have an Impact on National Security⁶¹

Program	Parent Organization	Mission
Bureau of Global Health	U.S. Agency for International Development (USAID)	Confront global health challenges by improving the quality, availability, and use of essential health services
Office of U.S. Foreign Disaster Assistance	USAID	Save lives, alleviate human suffering, and reduce the social and economic impact of natural and man-made disasters worldwide. Includes Food for Peace, Displaced Children and Orphan's Fund, Patrick J. Leahy War Victims Fund, Victims of Torture Fund
Office of International Health and Biodefense	State Department Bureau of Oceans and Environmental and Scientific Affairs	Protect U.S. security and global economic growth by promoting global health
Avian Influenza Action Group	Office of International Health and Biodefense, State Department	Coordinates U.S. international engagement with multilateral partners and the private sector to contain the spread of avian influenza in poultry and to mitigate the global socioeconomic and security consequences of a potentially catastrophic human influenza pandemic
Global AIDS Coordinator	Secretary of state	Interagency leadership and coordination body for the President's Emergency Plan for AIDS Relief (PEPFAR), designed to reduce the transmission and impact of HIV/AIDS through support for prevention, treatment, and care programs.
Global AIDS Program	Centers for Disease Control and Prevention (CDC)	Supports PEPFAR
Bureau for International Narcotics and Law Enforcement Affairs	State Department	Reduce entry of illegal drugs into the United States; minimize impact of international crime on the United States and its citizens. Fund drug rehabilitation clinics
Department of Agriculture	Cabinet level	Provide leadership on food, agriculture, natural resources, and related issues; animal health
Office of International Health and Biodefense	State Department Bureau of Oceans and Environmental and Scientific Affairs	Protect U.S. security and global economic growth by promoting global health
Food and Drug Administration	Cabinet level	Protect the public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, the U.S. food supply, cosmetics, and products that emit radiation
Millennium Challenge Corporation	Public-private partnership	Reduce global poverty through the promotion of sustainable economic growth
International Affairs and Global Health Security Office	Office of Health Affairs, Department of Homeland Security (DHS)	Subject matter experts on all aspects of global health security, including avian and Pandemic influenza, International medical readiness, and all-hazards emergency public health planning; leads and coordinates interagency biodefense activities
Fogarty International Center	National Institutes of Health (NIH)	Form and support international partnerships For collaborative global health research and training programs

Office of Global Health Affairs	Department of Health and Human Services	Develops U.S. policy and strategy positions related to health issues. Provides policy guidance and coordination on refugee health policy issues, in collaboration with the U.S. Public Health Service Operating Divisions, the Office of Refugee Resettlement in the Administration for Children and Families, the Department of State, and others.
Office of Medicine, Science, and Public Health	Office of the Assistant Secretary for Preparedness and Response (ASPR), Department of Health and Human Services (HHS)	Coordinate all international activities related to public health emergency preparedness and response and coordinate ASPR's overall influenza pandemic efforts
Coordinating Office for Terrorism Preparedness and Emergency Response	CDC	Domestic preparedness activities, including management of the Select Agent Program and the Strategic National Stockpile
Coordinating Office for Global Health	CDC	Global Disease Detection Program, Field Epidemiology Training Program, International Emerging Infections Program, and influenza activities related to surveillance and detection
Biosurveillance Coordinating Unit	CDC	Oversees the National Biosurveillance Strategy. Outlined in Homeland Security Presidential Directive-21; addresses global disease outbreaks
National Biosurveillance System	DHS National Biosurveillance Information Center	Around-the-clock domestic biosurveillance
Medical countermeasures	National Institute of Allergy and Infectious Diseases, NIH	Conduct and support research aimed at developing new and improved medical tools against potential bioterrorism agents
Biomedical Advanced Research and Development Authority	ASPR	Establish systems that encourage and facilitate the development and acquisition of medical countermeasures such as vaccines, therapeutics, and diagnostics, as well as innovative approaches to meet the threat of chemical, biological, radiological and nuclear (CBRN) agents and emerging infectious diseases, including pandemic influenza
Project Bioshield	HHS	Project BioShield Act of 2004 (PL 108-276), to create a government market for research and development of CBRN medical countermeasures in which the commercial market would not otherwise invest

Appendix E, Department of Defense Programs That Have an Impact on Global Health⁶²

Program	Parent Organization	Mission	Fiscal Year 2009 Budget
Defense Health Program, www.health.mil	Assistant secretary of defense for health affairs	Force health protection; recruit and maintain a healthy force; prevent illness and injury in the force; provide clinical care to beneficiaries	\$46 billion
DoD HIV/AIDS Prevention Program, http://www.med.navy.mil/sites/nhrc/dhapp/Pages/default.aspx	Naval Health Research Center	Assist in developing and implementing military-specific HIV prevention programs; integrate with other U.S. government, Nongovernmental organizations, and United Nations programs; support the mission of the Presidents Emergency Plan for AIDS Relief	\$100 million
Center for Disaster and Humanitarian Assistance Medicine (CDHAM)	Uniformed Services University of the Health Sciences	Advance the understanding and delivery of disaster medical care and humanitarian assistance worldwide; includes an Afghanistan Reachback Office	
Afghanistan Medical Reachback Office	CDHAM	Assist in the development of the health care system for the Afghan National Security Force	\$3.5 million
Ship Visits (Hospital ships and Warships),	Military Sealift Command	Increase the security of the U.S. through engagement and training	\$10–20 million per mission
Medical Civic Action Programs (MEDCAPs)	Military services	Promote the specific operational readiness skills of armed forces personnel; advance security assistance of the U.S. and partner nations	\$9–11 million
Dental civic action Programs (DENCAPs)	Military services		
Veterinary Civic Action Programs	Military services		
Joint exercises	U.S. Joint Forces Command J-7 and Joint Staff J-7		
Service exercises	Military services		
Commanders Emergency Response Program	Undersecretary of Defense (comptroller)	Enable local commanders in Iraq and Afghanistan to respond to urgent humanitarian relief and reconstruction requirements within their areas of responsibility by carrying out programs that will immediately assist the indigenous population	\$1.5 billion

Air Force International Health Specialist Program	Air Force Medical Service	Identify Air Force medical personnel with specialized language or cultural skills and provides a database of medics with capabilities tailored for specific missions	\$600,000
Defense Institute for Medical Operations,	U.S. Air Force School of Aerospace Medicine	Strengthen global medical capabilities in disaster response and health care management through education and training	Uses International Military Education and Training, and Overseas Humanitarian, Disaster, and Civic Aid
International Health Office	Assistant secretary of defense for health affairs	Provide health care to indigenous populations affected by complex emergencies and natural disasters to promote stability and security	
Cooperative Threat Reduction Program	Defense Threat Reduction Agency and assistant secretary of defense for global security affairs	Build biodefense capacity of foreign scientists and governments to prevent spread of chemical, biological, radiological and nuclear weapons; focus only on highly dangerous pathogens	
Defense Advanced Research Projects Agency	Undersecretary of Defense for Acquisition, Technology, and Logistics	Develop new technology for use by the military; radical innovations	\$3.2 billion
U.S. Army Research Institute of Infectious Diseases	U.S. Biological Defense Research Program and Department of the Army	Studies highly hazardous infectious agents to biosafety level 4I	
Armed Forces Research Institute of Medical Sciences	U.S. Army–Thailand	Conducts collaborative research on tropical diseases endemic to Thailand and Southeast Asia	
Navy medical research units	U.S. Navy partnership with Indonesia and Egypt	Field research on infectious diseases endemic to host Countries	
Naval Medical Research Institute Detachment	U.S. Navy partnership with Peru	Field research in infectious diseases endemic to host country	
Air Force Institute of Operational Health	Promote global health and protect Air Force warriors and communities		

Global Emerging Infections Surveillance and Response System	Department of Defense	Strengthen prevention and surveillance of, and response to, infectious disease threats to military personnel and families, readiness, and national security	
National Center for Medical Intelligence	Defense Intelligence Agency	Produces finished, all source Medical intelligence assessments, forecasts and databases on foreign military and civilian health care capabilities and trends, worldwide infectious disease risks, global environmental health risks, and militarily significant life science issues, including biotechnology and nuclear, biological, and chemical medical defense advancements	

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