

A REPORT OF THE CSIS GLOBAL
HEALTH POLICY CENTER

U.S. Navy Humanitarian Assistance in an Era of Austerity



March 2013

Authors

Admiral Gary Roughead (USN Ret.)
J. Stephen Morrison
Rear Admiral Thomas Cullison (USN Ret.)
Seth Gannon



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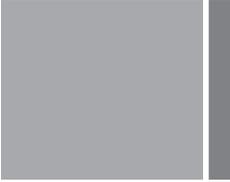
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CONTENTS

Acknowledgments	IV	
Executive Summary	V	
The Emergence of Proactive Humanitarian Assistance		1
The Value of U.S. Navy Humanitarian Assistance		2
Challenges to U.S. Navy Humanitarian Assistance		4
Recommendations	9	
Conclusion	11	
About the Authors	12	



ACKNOWLEDGMENTS

This report draws upon rigorous background research and a wide range of interviews over the summer and fall of 2012. We are indebted to the following individuals for sharing their experience and insight:

Rear Admiral Raquel Bono, Rear Admiral Robin Watters, Commander Jonathan Wilcox, Lieutenant Megan Potter, and others at PACOM; Rear Admiral Denny Weatherald, Mr. Bill Wesley, Captain Lynn Wheeler, Commander Carl Nishioka, Commander Joyce Blanchard, and others at PACFLT; Vice Admiral Joseph Kernan, Ambassador Carmen Martinez, Captain Rick Miller, Lieutenant Commander Paul Renwick, and others at SOUTHCOM; Ambassador David Shear, Major Victor Chin, Colonel Ernest Lee, Lieutenant Colonel Wayne Turnbull, Lieutenant Colonel Bret Killian, Ms. Viviane Chao, Mr. David Nelson, and others in the U.S. Embassy in Hanoi; Colonel Le Van Cau, Mr. Dang Xuan Dzung, and others in the government of Vietnam; the Nghe An People's Committee and the health care providers of Nghe An province; Ms. Beth Cole, Mr. David Bendana, Mr. Richard Hough, Captain Colleen Gallagher (U.S. Navy), and others at the U.S. Agency for International Development (USAID); Vice Admiral Matthew Nathan, U.S. Navy; Rear Admiral Michael Mittelman, U.S. Navy; Commander Juliann Althoff, U.S. Navy; Dr. Warner "Butch" Anderson, DoD Health Affairs; Dr. Chris Beyrer, John Hopkins University; Dr. James Campbell, Asia-Pacific Center for Security Studies; Captain Scott Conn, U.S. Navy; Captain Glen Diehl, U.S. Navy; Captain Robert Donovan, U.S. Navy; Mr. Serge Duss, International Medical Corps; Dr. Julie Fischer, Stimson Center; Ms. Stacy Gilbert, Mr. Gregory May, and Ms. Sharon Gouvêla, Department of State; Dr. Matthew Hepburn, White House National Security Staff; Dr. John Howe and Mr. Fred Gerber, Project HOPE; Ms. Michèle Ledgerwood, a senior associate at CSIS; Mr. Michael Marx, UN Office for the Coordination of Humanitarian Affairs; Ms. Julie Mauvernay and Ms. Jill Ceitlin, Pan American Health Organization; Dr. Joshua Michaud, Kaiser Family Foundation; Ms. Darya Pilram, George Washington University; Major General Douglas Robb, Joint Chiefs of Staff; Dr. James Schear and Captain William Adams (U.S. Navy), DoD Partnership Strategy and Stability Operations; Rear Admiral David Smith, U.S. Navy; Dr. Alison Vernon, Center for Naval Analyses; and Rear Admiral Timothy Ziemer, U.S. Navy (retired), President's Malaria Initiative.

Furthermore, this effort extended across CSIS. Particular thanks are due to: Ms. Lindsey Hambergren; Captain Chris Daniel, U.S. Navy (retired); Mr. Todd Summers; Ambassador William Garvelink; Dr. Dov Zakheim; Mr. Richard Downie; and Dr. John Hamre. We also benefited from our diligent editors, Mr. James Dunton of CSIS and Ms. Vinca LaFleur of West Wing Writers.

Finally, we would like to recognize the memory of Mr. Chris Decker of the National Intelligence Council, who passed away on November 3, 2012. His guidance was invaluable to this and many other CSIS efforts. His loss comes as a tragedy not only to his many friends and colleagues, but to anyone with an interest in global health and international security.

We believe that our report reflects a broad majority consensus, but it is the authors, and the authors alone, who are accountable for the final analysis and recommendations.



EXECUTIVE SUMMARY

Over the last decade, the U.S. Navy has gone beyond disaster response to substantially enlarge its scheduled, preplanned humanitarian engagement in the Pacific, the Americas, and Africa. After an expansionary period that began with the 2005 response to the Indian Ocean tsunami, intensifying budget pressures are now triggering spirited debate within the Department of Defense (DoD) about the true value of these “soft power” missions, which utilize scarce personnel, funding, and assets that otherwise would be dedicated to more traditional and more easily measured and justified “hard power” missions.

To help frame and inform this complex debate, CSIS launched in June 2012 an independent study of U.S. Navy humanitarian assistance, chaired by Admiral Gary Roughead, U.S. Navy (retired). In considering the intersection of health and security, this report builds upon CSIS’s 2011 study, *The Defense Department’s Enduring Contributions to Global Health*,¹ which addressed DoD’s overseas medical research laboratories, and the ongoing CSIS Task Force on Health Smart Power in Asia, which is taking a broader look at U.S. health engagement in the Pacific involving both military and civilian agencies.

While in different ways each military service has made remarkable humanitarian contributions, the Obama administration’s strategic rebalance to Asia and the accompanying emphasis on the Pacific makes a study of U.S. Navy strategic engagement particularly timely. Ideally, the issues presented by naval humanitarian assistance will have implications and lessons for other DoD engagement activities.

This report does not focus on the U.S. Navy response to natural disasters but rather on proactive humanitarian engagement, missions planned in advance to bring health assistance, engineering and construction projects, medical training, and subject-matter expert exchanges to remote and austere areas. When complex and devastating emergencies arise unforeseen, the U.S. military will inevitably use its exceptional lift, expertise, and other capacities to respond, as it did with the Indian Ocean tsunami and the 2010 earthquake in Haiti. But in a time of increasingly constrained defense budgets, the question is whether *planned* humanitarian assistance can and should be sustained.

In August 2012, a CSIS research team traveled to Hawaii for interviews at Pacific Command (PACOM) and Pacific Fleet (PACFLT), and to Vietnam for interviews with the U.S. country team; officials in the national ministries of health, defense, and foreign affairs; and local officials in Nghe An Province, which received the USNS MERCY hospital ship for two weeks in July 2012.

1. Lt. Gen. James B. Peake (USA Ret.) et al., *The Defense Department’s Enduring Contributions to Global Health: The Future of the U.S. Army and Navy Overseas Medical Research Laboratories* (Washington, D.C.: CSIS, June 2011), http://csis.org/files/publication/110615_Peake_DoDOverseasLabs_Web_0.pdf.

This report also reflects a broader set of discussions that focused on Navy operations in Africa and the Americas. Although circumstances and strategic outlook differ across regions, it was possible to distill several key conclusions that we are convinced have wide applicability. To accomplish this, CSIS sponsored two working group meetings in Washington, D.C., that solicited input from the U.S. military, civilian agencies, private organizations, and independent and academic experts. In addition, recognizing that these missions occur under the leadership of the combatant commands, a CSIS team supplemented its travel to PACOM with a visit to Doral, Florida, for interviews at U.S. Southern Command (SOUTHCOM).

Over the course of this research, it became clear that the primary benefits of this engagement are strategic. U.S. Navy proactive humanitarian operations:

1. Expand U.S. access and influence, improve foreign opinion of the United States, strengthen military and diplomatic relationships with other countries and partner organizations, and significantly enhance the U.S. military's knowledge and understanding of people and cultures in critical geographic areas;
2. Improve U.S. Navy readiness and capabilities;
3. Strengthen the host nation's health system and other capabilities while providing health services to populations in low- and middle-income settings.

The challenges are principally operational. U. S. Navy humanitarian engagement, as currently structured:

1. Takes the form of episodic, short-lived ship visits, limiting the opportunity to achieve meaningful, long-term effects in the absence of careful coordination with ongoing development efforts;
2. Is often inadequately integrated with the on-shore activities of civilian agencies and nongovernmental organizations (NGOs) that operate before and after ship visits;
3. Relies on ships that are often unavailable or too large for the areas served;
4. Suffers from insufficient and highly regulated funding authorities;
5. Faces inherent difficulties in measuring program effectiveness against high-level strategic goals in health, development, and foreign policy. This problem is compounded by a lack of clarity on the relative priority of various goals and objectives.

Recognizing these challenges, the U.S. Navy should accelerate the recent trend of more complete integration of its humanitarian missions with the overall strategy of the respective U.S. ambassador and country team. This will require more effective, substantive linkages in partner countries, and an effort to complement the work of a wider range of NGOs.

DoD leadership and Navy planners can take specific steps to strengthen the performance, credibility, and long-term sustainability of these important missions. We recommend that they:

1. Sharpen and clarify the rationale for humanitarian engagement. The focus should be on specific strategic goals, and operationally, on a smaller subset of priority partner countries;
2. Provide more ample and more flexible funding authorities for humanitarian operations;
3. Extend and expand the planning process for these missions and integrate that process with U.S. government programs on shore and a wider range of NGO partners;
4. Develop and implement more robust measurement and evaluation.



U.S. NAVY HUMANITARIAN ASSISTANCE IN AN ERA OF AUSTERITY

The Emergence of Proactive Humanitarian Assistance

The U.S. Navy's planned, proactive humanitarian engagement emerged from its involvement in the humanitarian response to the Indian Ocean tsunami that devastated areas of Southeast Asia in the final days of 2004. As the U.S. government moved to assist affected areas, the Pacific Fleet deployed USNS MERCY, a hospital ship based in San Diego. The length of three football fields, the MERCY features 12 operating rooms and 1,000 hospital beds. From February to June 2005, the doctors and nurses aboard the MERCY saw over 100,000 patients and performed nearly 500 operations for tsunami victims.¹ After seeing the regional goodwill created by these efforts, Navy leaders decided that USNS MERCY would return to the region the following year for preplanned ship visits.

This new, proactive engagement continued in 2007 when the Navy deployed USS PELELIU, an amphibious warship adapted for humanitarian work, for operations in the Philippines, Vietnam, Papua New Guinea, the Solomon Islands, and the Republic of the Marshall Islands. The Navy named the mission Operation Pacific Partnership. Since 2007, Pacific Partnership has recurred annually, alternating between the hospital ship USNS MERCY in even-numbered years and an amphibious ship similar to the PELELIU in odd-numbered years.²

Also in 2007, the Navy introduced Operation Continuing Promise, a parallel effort in Central and South America under U.S. Southern Command. Continuing Promise 2013 will be the sixth mission in the series and will provide medical, dental, and veterinary care, as well as engineering projects, in Belize, Costa Rica, Guatemala, Honduras, El Salvador, Jamaica, Nicaragua, and Peru.³ It will be the fourth Continuing Promise operation to use the East Coast-based USNS COMFORT, the Atlantic Fleet sister ship to the USNS MERCY.⁴ As a white-hull hospital ship, like the MERCY, the COMFORT enjoys noncombatant status under international law.

There is also a humanitarian component to Africa Partnership Station, an umbrella under which U.S. Africa Command (AFRICOM) pursues a range of maritime cooperation activities. Although Africa Partnership Station, with its emphasis on maritime safety and security, does not share the central humanitarian focus of Pacific Partnership or Continuing Promise, AFRICOM tailors its activities to the needs and priorities of its partner countries, which often results in medical and engineering engagement.⁵

1. Joshua Smith, "Sailors Reflect on Historic Mission of MERCY," June 17, 2005, http://www.navy.mil/submit/display.asp?story_id=18781.

2. U.S. Pacific Fleet, "Pacific Partnership History," February 14, 2011, <http://www.cpf.navy.mil/PP11/pphistory.shtml>.

3. Lt. Cmdr. Michael Cody, "US 4th Fleet Hosts Planners for Continuing Promise 2013," December 13, 2012, http://www.navy.mil/submit/display.asp?story_id=71071.

4. USNS COMFORT, <http://www.med.navy.mil/sites/usnsCOMFORT/command/Pages/default.aspx>.

5. U.S. Naval Forces Africa, "About Africa Partnership Station," <http://www.c6f.navy.mil/about%20us.html>.

The Value of U.S. Navy Humanitarian Assistance

Opinions vary on the value of U.S. Navy humanitarian assistance as an instrument of U.S. foreign policy. On one hand, many experts inside and outside government agree that humanitarian assistance has produced soft-power benefits, improving the international image of the United States and its military. Yet some civilian health and development practitioners are skeptical of the military's commitment to achieving long-term humanitarian gains. Both perspectives recognize that fiscal challenges will require a thoughtful assessment of these programs and that, if U.S. Navy humanitarian assistance is to be sustained, it must also be systematically enhanced.

After surveying these views, we agree that the value of U.S. Navy proactive humanitarian engagement is largely strategic: it contributes to foreign policy goals while enhancing the readiness of U.S. Navy ships and personnel.

This value proposition rests on three pillars:

1. U.S. Strategic Engagement

Among U.S. diplomats posted in countries that have received U.S. Navy humanitarian assistance, there is wide agreement that humanitarian missions expand U.S. access and influence, improve foreign opinion of the United States, and strengthen relationships with other countries and partner organizations. As a means to expand access and influence, humanitarian engagement is attractive to political and military leaders and citizens in partner countries.

Proactive humanitarian assistance creates positive impressions of the U.S. military and provides U.S. diplomats a unique and meaningful foreign assistance program to offer host governments. It provides country teams an opportunity for progress toward defense, diplomacy, and development objectives. Engagement through health and engineering can, in some cases, be an entry point to broader cooperation.

This soft-power mission is timely. The strategic rebalancing toward the Asia-Pacific region in particular creates a need for deep, sustained, and carefully crafted relationships. PACOM's focus on reducing the likelihood of conflict makes relationship-building a top priority and has led to a broad understanding that Pacific Partnership and other humanitarian missions are a wise use of relatively modest funds. Similarly, strategic engagement is vital in Africa and the Americas, where, to date, much of the U.S. Navy's focus has been on challenges such as counter-piracy and illegal trafficking, respectively.

Some have suggested that replacing ship visits with smaller, more regular assistance programs could achieve similar results at less expense. Vietnam, however, presents an instructive example. Humanitarian ship visits have strengthened an increasingly important bilateral relationship, and the very size of the vessel sends a strong strategic message that smaller engagements cannot.

The People's Republic of China has made a similar calculation. The PLA Navy launched the hospital ship PEACE ARK in 2008 and has deployed it, in addition to military exercises, on two proactive humanitarian missions. In 2010, PEACE ARK provided medical services and expert exchanges throughout the Indian Ocean, including the east coast of Africa. In 2011 it sailed to the Caribbean and Latin America, and, notably, opened military relations between China and Costa Rica.

China's embrace of soft naval power could initiate competition for access and influence in the Pacific, the Caribbean, Africa, and elsewhere. The U.S. Navy has worked diligently to make Pacific Partnership a multilateral undertaking, with substantial and growing contributions from several

international partners including Australia and Japan, and it will remain critical to identify and capitalize on opportunities for expanded international support. While increased humanitarian engagement by China and others may result in soft-power competition, it also creates opportunities for collaboration.

Strategic engagement is at the heart of the argument for the U.S. Navy humanitarian programs, but there is an emerging recognition that more work will be necessary to more clearly define goals and assess progress. As the Center for Naval Analyses explained in a 2011 evaluation, “there is no moment in time when an assessment can state that a relationship has been strengthened enough. Improving relationships ... is a constant task that does not end.”⁶

2. Readiness and Professional Enrichment

As the global environment has changed, the U.S. military has been called upon to undertake an increasing set of complex and unconventional operations. Since 2005, Defense Department policy has categorized stability operations, including humanitarian assistance, as “a core U.S. military mission that the department shall be prepared to conduct with proficiency equivalent to that of its combat operations.”⁷

It is essential that U.S. Navy humanitarian missions, as an expenditure of U.S. Navy resources, demonstrate results in this core mission. Regularly scheduled operations in the field build and maintain proficiency in a way that training missions cannot. The assets involved—white-hull hospital ships, gray-hull amphibious ships, and most of all personnel—are military medical assets for potential future conflicts and contingencies and thus play an important role in U.S. military planning.

Humanitarian assistance missions strengthen readiness for this projected environment in three ways:

First, planned humanitarian engagement enhances the skills of military personnel. These operations place Navy medical staff, engineers, and others in austere environments where they apply their expertise efficiently and effectively, receiving on-the-ground training and experience that will endure throughout their military careers. These skills are particularly well suited to the missions of today’s military.

Second, the opportunity to practice medicine and engineering in distant locales can be a boon to morale. Global humanitarian operations help fulfill the “see the world” and “Global Force for Good” aspirations that often motivate Navy careers.

Third, the Navy’s investments in proactive humanitarian operations have improved its disaster response capabilities, most notably by establishing working relationships in countries prone to natural disasters, and by building stronger partnerships with humanitarian NGOs. The U.S. military’s responses to humanitarian crises, while impressive in scale, are characterized by their ad hoc nature and hurried planning. Although disaster response will always occur on short notice and in disrupted communities, a strong foundation in skills, professional contacts, and shared best practices enhances effectiveness and outcomes.

6. Maria Kingsley and Alison Rimsky Vernon, “Disaster Relief and Engagement Operations, 1990–2010: A Synthesis of CNA Analyses,” Center for Naval Analyses, April 2011, p. 66.

7. Government Accountability Office (GAO), *Humanitarian and Development Assistance: Project Evaluations and Better Information Sharing Needed to Manage the Military’s Efforts*, GAO-12-359 (Washington, D.C.: GAO, February 2012), p. 1, <http://www.gao.gov/assets/590/588334.pdf>.

Regular naval humanitarian engagement provides operational shipboard and amphibious expeditionary training while serving broader foreign policy goals. Although the future of the hospital ships in the fleet is often uncertain, amphibious ships fulfill a wide range of military roles and missions and are far more likely to be at sea (and thus able to respond to disasters on short notice) than are the two hospital ships MERCY and COMFORT. Amphibious ships are particularly important to disaster response and will continue to play a large role, including supporting medical and engineering capabilities in remote and austere environments. It is under this logic that SOUTHCOM schedules most of its planned humanitarian operations during hurricane season so that the ships are operating in the region and can be diverted expeditiously to a disaster area if necessary.

3. Health Services and Partner Nation Capacity

Finally and most directly, U.S. Navy humanitarian missions deliver health services to people in need and build capacity in partner countries. On every day of a one- or two-week visit, the ship deploys uniformed and civilian medical professionals ashore to provide patient care and carry out health education with host-nation colleagues. This strengthens the host nation's health system and provides thousands of patients with skilled care, including vaccinations, ophthalmological services, dental care, women's health care, and many other specialty services. Several hundred surgical procedures are performed on the ship and in host-nation facilities. Care is taken to select cases that can be treated by host-nation providers after the ship departs.

In addition, the onboard medical teams repair cleft palates, correct vision, and perform other operations that dramatically improve patients' quality of life. Veterinary teams render important and rarely available services, particularly in Southeast Asia and Africa, to protect and improve local agriculture and animal husbandry, thus securing families' vital economic assets and preventing animal-borne diseases.

The Navy has made a determined effort in recent missions to strengthen local health system capability with the intent to achieve more sustainable impacts. These missions have included a great number of subject matter expert exchanges (SMEEs), which address topics of interest to the host country in a collaborative manner in both classroom and clinical settings. Local health professionals work alongside their American colleagues, delivering care in all stages from examining patients to performing operations.

On some missions, U.S. Navy construction battalions, known as Seabees, build and renovate schools and clinics as part of engineering civic action programs (ENCAPs). In combination, SMEEs, ENCAPs, and joint medical projects signal a shift toward investments in locally owned infrastructure and expertise, above and beyond the simple provision of medical services.

Challenges to U.S. Navy Humanitarian Assistance

Over the next decade, the Department of Defense will likely deal with dramatic resource constraints. All investments and activities will face rigorous scrutiny regarding their rationale, value, and effects. Humanitarian engagement will face increased pressure to demonstrate concrete, measurable results.

In addition to the costs of the ships and assistance programs themselves, humanitarian missions require crews to spend time away from their homes and families on deployments that typically last four or five months. With fewer ships likely available in the future, the frequency of de-

ployments for all missions will likely increase. Temporarily removing medical staff from military facilities requires replacing them with other medical providers, which also incurs a cost. Although the value of humanitarian engagement appears well worth these additional expenses, the tradeoffs are real and will be exacerbated as the Department operates under greater budgetary pressure.

Wise use of resources will depend on a flexible planning process that adapts to each partner country's health status and strategic context. Such a process must contend with five fundamental challenges:

1. Brief, Episodic Engagement

By its nature, naval engagement takes the form of high-activity ship visits that last weeks at the most. This short duration intrinsically limits what real, durable health impacts are possible and raises skepticism in professional health and development communities, particularly when ship visits are not connected, before and after, to on-shore programs and future planned engagements.

The Navy's hospital ships often return to countries they have previously visited but rarely return to the same ports or patients they served on previous missions. While reaching new populations expands the soft-power impact of humanitarian engagement, it makes sustainable and measurable medical interventions all the more difficult.

Some are concerned that the visit of a hospital ship—a dramatic, highly visible, one-off event with heavy logistical and security demands—could deplete local resources, distract from long-term goals, pull the U.S. country team away from other important projects, or supplant larger, longer-term, more sustainable health and development programs. This concern seems to have materialized at times, for example during early Pacific Partnership missions to Indonesia, where initial U.S. force-protection requirements placed extraordinary demands on local security forces. An extended planning cycle and increased flexibility in funding would help the U.S. Navy build these missions around what its partners can realistically provide.

Ultimately, the episodic nature of naval medical engagement places an even greater premium on building enduring relationships with political and health leaders in the communities being served. Just as the Navy has shifted its humanitarian operations from the pure delivery of medical services toward training, expert exchanges, and capacity building, it will be important to work toward a more sustainable product, tied to other U.S. assistance (and vice versa), recurring as necessary, and founded on strong relationships created by the initial ship visit.

SOUTHCOM through Operation Continuing Promise is a leader in this regard. The geography of the Americas is conducive to repeat visits, and the theater's smaller size and more benign environment facilitates increased familiarity and sustained engagement.

2. Need for Deeper Civil-Military Integration

There is a whole-of-government ethos to the Navy's medical-engagement programs, as DoD "has taken several steps to coordinate with the Department of State and USAID when planning and implementing its humanitarian assistance projects."⁸ Yet in our visits and discussions, we found several instances of minimal integration between ship visits and ongoing U.S. government and NGO programs. Given current efforts at reform, the challenge may be one of implementation.

8. Ibid., p. 13.

The leadership of U.S. ambassadors is essential to effective coordination and collaboration. Despite the central role of U.S. embassy teams in planning Navy visits, there is sometimes minimal effort and capacity to integrate Navy assistance with sizable President's Emergency Plan For AIDS Relief (PEPFAR), Centers for Disease Control and Prevention (CDC), and USAID programs in the host country. This is a conspicuous missed opportunity for the Navy to support, supplement, and accelerate gains from other U.S. assistance rather than existing separate from it.

Without a coherent approach of integration and more aggressive early planning, it will be difficult for U.S. Navy operations to integrate fully with aggregate health and development progress in a sustainable fashion. Ultimately humanitarian engagement should be a tool that the Navy offers a chief of mission to *facilitate and enhance his or her embassy's health and development agenda*, not as an independent, one-off enterprise.

NGO partners, including medical schools, contribute personnel and supplies to each humanitarian assistance mission, and provide important local connections and unique regional expertise. Working with numerous NGOs has been a point of pride in U.S. Navy humanitarian engagement since 2005, bringing new resources and personnel on board, and helping to build understanding of these missions outside the Navy and lend them legitimacy and prestige. The involvement of civilian personnel dramatically strengthens each mission's medical capabilities and lessens the need for military doctors, more of whom would otherwise be away from their hospitals for humanitarian operations. The Navy continues to strengthen and improve these relationships, most recently by pursuing a memorandum of understanding that would codify protocols for cooperation with NGOs.

To tie its episodic humanitarian operations to more sustainable programs, however, the U.S. Navy should dramatically change the structure and scope of these relationships. Its current partners represent a relatively small proportion of NGOs; and while Navy leaders have expressed interest in expanding NGO involvement, there is no apparent plan to attract many high-impact international development NGOs, whose capacity and expertise could greatly enhance future missions. The current approach has the Navy passively accepting volunteers rather than actively enlisting additional NGOs who have substantial presence in partner countries. Without reducing the valued role played by Project Hope, Operation Smile, and other NGOs historically affiliated with the Navy missions, the U.S. Navy should move beyond those habitual relationships and actively enlist a select group of NGOs whose geographic reach and strategic and programmatic depth could more effectively tie Navy operations to on-shore programs in target countries.

In the Pacific, a primary need from civilian partners is interpreters, too few of whom are fluent in medical terminology. For instance, in 2012, Operation Pacific Partnership visited four countries with four different languages. The difficult technical vocabulary required for medical exchanges and joint surgical operations was a key constraint on some of the mission's most promising activities. In Vietnam, an NGO provided approximately 12 additional medical translators late in the Pacific Partnership 2012 planning process; without this serendipitous contribution, some programs would have been jeopardized. However, bringing interpreters from outside the host country is difficult and hard to sustain.

In Indonesia, in contrast, planners recruited local medical students who were learning English—a clever, convenient, and inexpensive solution. In fact, many young doctors are excited about U.S. humanitarian engagement precisely because it is an opportunity to practice their nascent English-language skills and work alongside U.S. medical professionals. This provides an excellent,

systematic solution to interpreter shortages. Moreover, these important personal and professional connections can be the cornerstone of future missions and lifelong relationships and should receive determined cultivation over decades.

3. Insufficient and Highly Regulated Funding

In the current planning process, finding the necessary resources for these missions requires drawing on a number of different funding accounts, many of which are highly specific and sometimes constrain planners from using funds where they are most needed.

For example, funds for the five-month Pacific Partnership mission in 2012 came from at least three separate authorities, each with different limitations, oversight and reporting requirements. Ship operations were supported by approximately \$20 million from U.S. Navy Operation and Maintenance (O&M,N), while health and engineering projects were supported by approximately \$3.5 million from DoD Asia-Pacific Regional Initiative (APRI) and Overseas Humanitarian, Disaster Assistance, and Civic Aid (OHDACA) funding lines. Mission planning was impacted by different timelines for fund commitments for each line of accounting. For its on-shore operations, Operation Continuing Promise is similarly reliant on OHDACA funding, which is quite limited relative to the O&M funds available to operate the hospital ship.

OHDACA funds are restricted to certain activities and leave the Navy unable to fund essential activities outside those authorizations. This has resulted in awkward and difficult situations. For example, if the Navy Seabees build a new clinic, it cannot be furnished or equipped with the same funding source that was used to build it. Similarly, funding for teaching and expert exchanges does not extend to the audio-visual equipment necessary for the meetings themselves.

Adequate planning time allows for clever solutions to these funding restrictions, including arranging for additional targeted support from NGOs, but time spent working around funding obstacles is time not spent on core activities and coordination, in what is already often a highly compressed planning cycle. Despite a challenging fiscal climate, relatively modest additional funding would generate disproportionate gains. Each additional dollar will directly support in-country activities, as the U.S. Navy is already allocating O&M funding to cover logistical and operational costs.

Whether or not funding is increased, additional flexibility for mission commanders and planners in using funds is an essential step to get the most out of the money DoD already allocates for these missions. This should be a step that DoD itself can take, as many of the restrictions on OHDACA funding are the result of DoD policy guidance⁹ and not legislative requirements.¹⁰ Modest legislative changes, if necessary to provide full flexibility, should also be pursued.

4. Hospital Ship Inflexibility and Amphibious Ship Unavailability

The white-hull hospital ships MERCY and COMFORT are large, iconic symbols of U.S. humanitarian assistance and enjoy noncombatant status under international law. Because of their size, however, they are often limited in how and where they can be deployed. Each ship, at a length of nearly 900 feet and a displacement of over 69,000 tons, requires deep water and often must remain

9. Defense Security Cooperation Agency, "OHDACA-Funded Project Elements and Requirements," in *Security Assistance Management Manual* (Washington, D.C.: U.S. Department of Defense, January 2013), sec. C12.4, <http://www.dsca.osd.mil/samm/ESAMM/C12/12.04.htm>.

10. Title 10 U.S. Code §2561, http://www.law.cornell.edu/uscode/text/10/2561?quicktabs_8=1#quicktabs-8.

a few miles off shore. These demands limit flexibility and create a significant logistical burden as large numbers of personnel and surgical patients must be ferried from ship to shore throughout the mission.

The Navy's assets provide more nimble alternatives, including the use of amphibious ships, but their use in humanitarian missions cannot match the dramatic visual impact provided by a hospital ship. Somewhat counter-intuitively, however, an amphibious ship may produce a more direct soft-power impact, as it is identifiable as a U.S. Navy warship, whereas the MERCY and COMFORT, branded with large hospital crosses on white backgrounds, have been mistaken at times for the Red Cross or "Swiss Navy."¹¹

Amphibious ships create their own challenges for humanitarian operations. The necessary presence of foreign military personnel, NGO participants, medical students, and other civilians requires restricting sensitive areas of the ship, creating operational inconveniences. Hospital ships, in contrast, as noncombatant vessels, allow civilians free movement and operation.

The U.S. Navy has worked to strike a balance between its iconic hospital ships for some missions and its amphibious ships for others. As the Navy tailors its operations to the health and strategic particulars of partner countries, Navy leaders must consider the full range of options, ranging from the more symbolic to the more adaptive, to remain flexible and avoid a one-size-fits-all approach.

The primary obstacle to such a balanced approach is the unavailability of amphibious ships, which are appropriately prioritized for other more traditional military missions. The exception is the Pacific, a predominantly maritime theater with the capacity to consistently alternate between hospital ships in even-year missions to Southeast Asia and amphibious ships in odd-year missions to Oceania. In other theaters, amphibious ships are in similarly high demand but in shorter supply and often cannot be allocated to humanitarian missions, or their use in humanitarian missions is approved at the last minute, resulting in a far shorter and sub-optimized planning cycle.

5. Measurement and Evaluation

Establishing a reliable, measurable connection between medical interventions and the resulting health outcomes is a challenge for any global health program, one magnified by the large scale and brief duration of a ship visit. Further exacerbating this challenge is confusion about the many strategic goals claimed for these operations. U.S. Navy humanitarian assistance has developed sui generis over recent years and is variously presented as:

- Enhancing U.S. strategic engagement, including access, influence, strengthened relationships, and local knowledge
- Maintaining peace and reducing the likelihood of conflict
- Training U.S. military personnel and preparing the Navy for future crises
- Building partner-government capacity, particularly for natural disasters
- Delivering medical services and other humanitarian assistance

Clarity of strategic purpose and a prioritization of goals would simplify efforts and greatly assist efforts to measure progress against those chosen priorities. Confusion over objectives accounts

11. Kingsley and Vernon, "Disaster Relief and Engagement Operations," p. 124.

“for much of the difficulty in assessing whether engagement missions are effective.”¹²

In recent years, it has become widely recognized that the Navy has many *measures of performance* (patients seen, surgeries performed, clinics constructed, etc.) and few *measures of effectiveness* (improvement in population health measures, a more capable health system, and the like). Accordingly, the Navy has made a serious commitment to improve its assessment tools and has demonstrated that the effects of its humanitarian operations can be measured and evaluated rigorously. This push for enhanced measurement and evaluation is reflected in a number of impressive studies: Pacific Fleet’s 2011 assessment of Pacific Partnership; commissioned work from the Center for Naval Analyses; the work of DoD civil affairs teams; and other U.S. Navy analyses and after-action reports.

The priority must be on a continuous, rigorous approach, with thoughtful investment in a strong measurement and evaluation program with eventual methodological consistency across years and theaters to allow broader, longer-term conclusions. Even measures of effectiveness will remain of limited utility until they are tied to the specific strategic goals of assistance missions, which in turn will require increased clarity regarding these goals. But it must also be recognized that the full effects of these missions may not be manifest for years.

Recommendations

The last seven years of proactive humanitarian assistance by the U.S. Navy, premised on powerful core capabilities and operating in the face of several challenges and competing demands, present a complex picture of strategic and foreign policy gains, impressive medical work in remote and austere settings, and increased collaboration and building capacity in partner countries. The cumulative effects tell a positive and unique story of meaningful global health engagement that justifies relatively modest budget outlays.

To continue these missions in an era of deepening austerity, however, DoD must clarify their purpose and concept, and enhance their operational approach and key organizational relationships. This will require a commitment to a longer planning cycle and more thorough planning process, more flexible and practical funding authorities, deeper relationships with other U.S. government partners in the countries visited, and an expanded cadre of NGO partners.

The future success and sustainability of these operations requires a modified model in three key areas. DoD and U.S. Navy leadership and planners should:

1. Sharpen and clarify the goals and rationale for humanitarian engagement and be more discerning in selecting partner countries.

The rationale for proactive humanitarian engagement may vary from Asia and the Pacific to Latin America and the Caribbean to Africa and the Indian Ocean, but in each case a clearer definition of the desired end-state will assist planning and evaluation efforts. Strategic, operational, and tactical expectations should be clearly stated for each humanitarian engagement mission. Metrics differ for each level and cannot be measured in the same time frame. For example, clinical outcomes from a health engagement may be determined in days to weeks, whereas strategic outcomes often take years to determine and can rarely be directly attributed to a specific humanitarian event.

12. Ibid., p. 69.

Furthermore, in a time of constrained resources, the selection of mission location must be more exacting. With the Navy unable to operate as expansively as it has in the past, humanitarian operations must focus on a smaller set of priority partner countries and be coupled with investments made by civilian partners. This focus will also help the Navy be more responsive to each partner country's particular needs.

2. Modestly increase funding for humanitarian operations and provide more flexible funding authority.

The limited amount of OHDACA funding for health and development investments—especially compared to the O&M,N investment to deploy naval assets to the host country—can be so constraining that newly constructed health facilities are left with little in the way of critical equipment, commodities, and furnishings. Because logistical and operational funding to deliver the ship to the host country is already provided, relatively modest increases in funding to outfit facilities would have great impact.

Thoughtful, practical changes to humanitarian funding policy, such that money budgeted for humanitarian operations is not limited by the strict constraints associated with each account, would greatly amplify the effect of available funds.

3. Extend the planning cycle for these missions and match it with a deeper process: first, to integrate the missions with host-nation programs, U.S. government programs, and a wider range of NGO partners; and second, to more rigorously measure and evaluate the effectiveness of the missions.

One option to move beyond the episodic nature and short-lived impact of ship visits, each operation should be considered as an organizational umbrella, with the ship visit at its center but encompassing a range of assistance programs occurring before, during, and after ship visits. A dedicated planning cell in each theater, with continuity of staff across missions and contributors, could better sustain relationships with local leaders in partner nations; plan longer-term, sustained engagement; create a consistent measurement and evaluation architecture across years and missions; tailor programs to the culture, language, disease burden, health system, and strategic context of each partner country; and coordinate Navy efforts to contribute to and enhance ongoing civilian programs.

Ambassadors, who speak highly of ship visits, will be vital collaborators in helping Navy contributions fit constructively into the broader set of assistance programs managed by their country teams, particularly those of CDC, USAID, and PEPFAR.

At the same time, the U.S. Navy must actively attract new NGO and other civilian partners with programmatic depth, geographic range, and strong legitimacy and voice on matters pertaining to development and health matters. In addition to passively attracting interested NGOs, the Navy should approach NGOs active in its priority partner countries and integrate its humanitarian missions with their ongoing activities.

Most U.S. Navy humanitarian missions are currently planned on a one-year cycle, but a longer planning cycle would help ensure the optimal allocation of resources and more effectively coordinate each mission's highly complex set of activities. A deeper, better-supported planning process could identify additional opportunities to increase missions' health and soft-power impact. Such

an expanded process should enable more effective strategic communication. Enlarged public affairs operations are low-cost and would extend the perceptual impact of Navy engagement. In ENCAPs, for example, many new clinics lack plaques or other recognition of the U.S. Navy's assistance, an easy change to create longer-lasting impressions. Increased use of local contractors to work alongside Seabees could generate more local goodwill and ensure consistency with local standards.

Conclusion

The story of the U.S. Navy's proactive humanitarian assistance is a positive one, and the U.S. military and its civilian and foreign military partners are right to be proud of their accomplishments. The Navy's humanitarian missions have brought much good to people's lives, and are acknowledged as having contributed substantially to a positive perception of the United States. The missions enhance military capability and readiness, particularly in preparation for disaster response.

After nearly a decade of proactive U.S. Navy humanitarian missions, our conclusion is that these missions remain valuable and should be sustained.

Going forward in the face of significant budgetary pressure, however, DoD must clarify the goals of humanitarian assistance, demonstrate the worthwhile effects of these missions, provide appropriate resources, implement more practical funding policies, and expand planning time. These missions should focus on fewer countries with more sustained repeat visits, expanded relationships with NGOs, deepened cooperation with U.S. country teams, and those activities that best advance U.S. foreign policy objectives.



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