



Caring for America's Heroes

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Who We Are

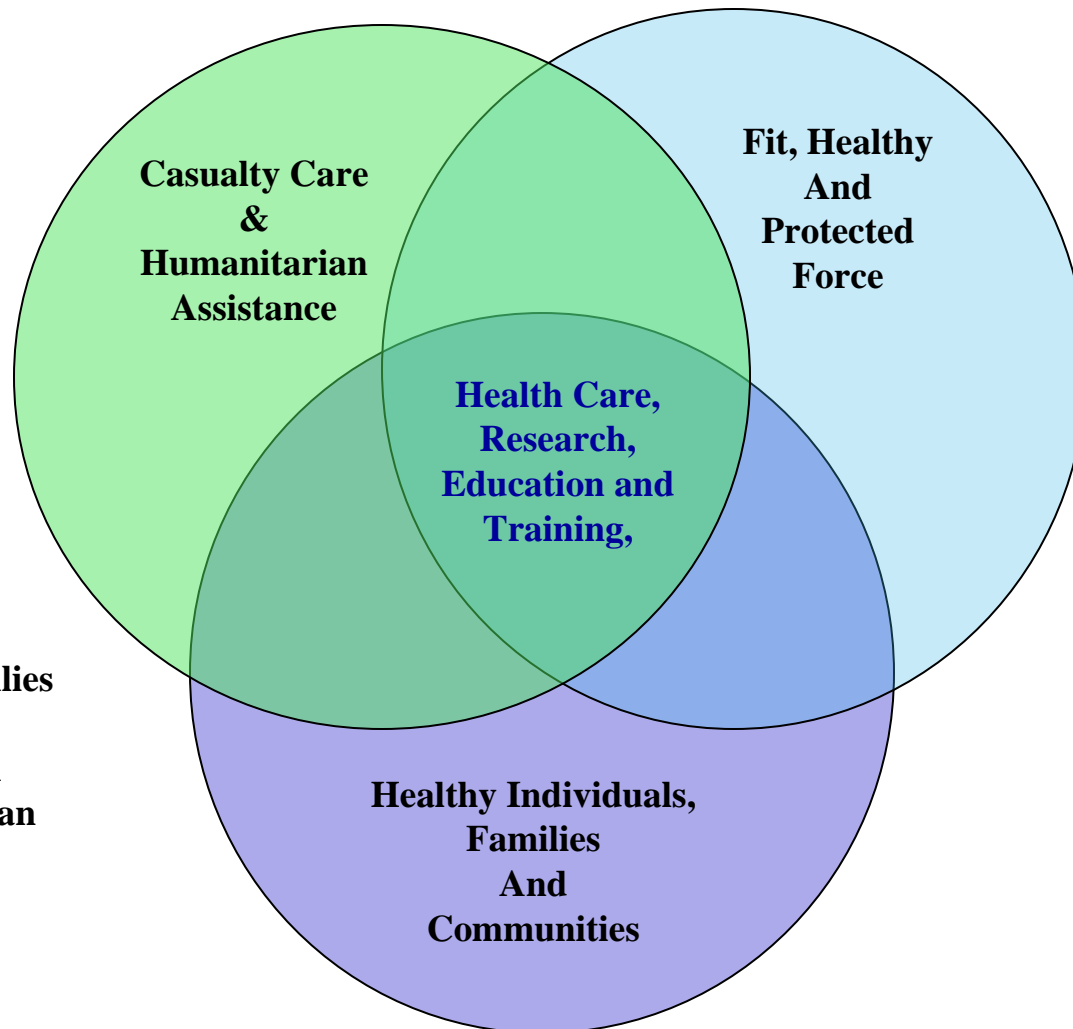
- ❑ A leader in health care, research, education and training
- ❑ Manager of \$42B budget (including \$3 billion for facility maintenance and improvements, plus BRAC requirement)
- ❑ Employer of more than 140,000 doctors nurses and medical professionals
- ❑ Health program for more 9.2M
- ❑ Support 95,000 military medical forces deployed to combat theaters
- ❑ Contributing more than 2,000 research publications per year





Our Mission

Provide optimal health services in support of our nation's military mission—anytime, anywhere



Customers: Service members and their families (beneficiaries), medical community, key opinion leaders, and the American public.

When: Anytime

Where: Anywhere





MHS in Global Health

□ Stated Goals

- **Surveillance-** to protect forward-deployed US troops and provide early warning of natural or man-made outbreaks.
- **Winning Hearts and Minds** in theaters of operation
- **Building a Bridge to Peace** – the long term outcome of humanitarian activity and charitable aid is a safer more secure world for everyone

“Health is both a consequence of, and contributor to, security”

--Dr. Mohamed Fatamie, Afghan Minister of Health





Security, Stability, Transition, and Reconstruction Operations (SSTRO)

□ **Definition:** Those operations intended to enhance infrastructure, improve practices and extend services to areas where none of these exist.

□ By enhancing stability we reduce conflict.

□ In Gaza it has been shown that the more clinics a given area has, the less prone they are to violence.





New Military Thinking

"What is clear to me is that there is a need for a dramatic increase in spending on civilian instruments of national security -- diplomacy, strategic communications, foreign assistance, civic action, and economic reconstruction and development,"

-- Dr. Robert Gates, US Secretary of Defense

“The greatest threat to our national security comes not in the form of terrorism or ambitious powers, but from fragile states either unable or unwilling to provide for the most basic needs of their people...Military success alone will not be sufficient to prevail in this environment. To confront the challenges before us, we must strengthen the capacity of the other elements of national power, leveraging the full potential of our interagency partners.”

--Gen. William B. Caldwell

Commander, US Army Combined Arms Center





Is the DoD out of its lane?

“Stability operations are a core US Military Mission that the Department of Defense shall be prepared to conduct and support. They shall be given priority comparable to combat operations and be explicitly addressed and integrated across all DoD activities including doctrine, organizations, training, education, exercises, material, leadership, personnel, facilities and planning.”

--DOD Directive 3000.05, November 2005

“It is needless to say that Charles Gordon held a totally different view of the soldier’s proper sphere of action and with him the building part of a soldiers profession was far more important than the breaking part... The nation that will insist upon drawing a broad line of demarcation between the fighting man and the thinking man is liable to find its fighting done by fools and its thinking done by cowards.”

--Colonel Sir William F. Butler





Why is China succeeding where the West cannot seem to? (i.e. Africa)

- ❑ China's Investment in Aid: "Coming to a neighborhood near you!"
- ❑ "I have found that a contract that would take five years to discuss, negotiate, and sign with the World Bank takes three months when we have dealt with the Chinese Authorities."
- ❑ Chinese Aid Policy:
 - No Strings Attached
 - Honest about the "scramble for resources"
 - Non-interference (Darfur, Zimbabwe)
 - Chinese money comes with none of the good governance requirements, human rights conditions, approved-project restrictions, and environmental quality regulations that characterize Western government investments
 - "Unrestricted" international investments part of its win-win international strategy
 - Strong focus on infrastructure, although changes seen to include capacity building
 - Projects completed in very short time periods, no "baskets of broken promises"





Consequences of Inattention to Health

- ❑ Just as good health is an integral part of an individual's well-being, a viable health sector is vital to a nation's well-being.
- ❑ Demographic stress from large populations with diverse, and opposing, cultural backgrounds and poor human development are key contributors to social unrest, violent conflict, and state failure
- ❑ Poverty is a fundamental cause of civil strife, poor health, and lack of vital services. States with high rates of infant mortality consistently have been at higher risk of civil conflict than states with lower rates
- ❑ A country's inability to meet expectations for improved quality of life, including a viable health system, can lead to decreased popular confidence, political instability and thus increased discontent and civil strife

From the Joint Forces Command "Emerging Challenges in Medical Stability Operations White Paper."
October 4, 2007.





Consequences of Inattention to Health

- ❑ Natural disasters, violence, and conflict can lead to a collapse in the public health system and restrict access to water, food, and healthcare; further jeopardizing the lives of the people. Within these situations the link between human security and health is readily apparent





Why Emphasize the Health Sector in Stability Operations?

- ❑ Conflict itself disrupts health services in a variety of ways.
- ❑ Destruction of infrastructure, such as the electrical grid in an urban area, disrupted water distribution systems, or damaged sanitation facilities promote the spread of disease.
- ❑ Lack of public or private transportation or a lack of secure travel routes limits population access to healthcare services
- ❑ Damage to transportation infrastructure and commercial business prevent normal flow of medical material to existing facilities
- ❑ Conflict disrupts the social and economic structures of a society further limiting a population's resiliency and displacement of HN population groups from their homes magnifies the these problems

*From the Joint Forces Command "Emerging Challenges in Medical Stability Operations White Paper."
October 4, 2007.*





Why emphasize the health sector in stability operations?

- ❑ Military medical personnel are natural bridge-builders, and can often more easily communicate with military and civilian stakeholders in the health sector.
- ❑ It is common for allied nations to contribute medical forces, but not combatant forces to coalition operations





Capacity Building over Direct Patient Care

- ❑ Military-military and civil-military activities for health sector reconstruction should be designed to promote the legitimacy of the HN and establish a healthcare infrastructure that will foster indigenous growth





Capacity Building over Direct Patient Care

- Capacity building also garners positive good will and political capital without creating misplaced dependency and does not undermine HN legitimacy





Medical Stability Operations

- The joint medical community needs to make basic medical civil-military operations (MCMO) a core readiness training topic; medical planners with MCMO and cross-cultural aptitude should be involved early in planning of operations, exercises, and experimentation; the joint medical community must expand its interagency and multinational relationships; joint force commanders should seek innovative ways to employ medical capabilities to help achieve security and stability; and each service should develop a corps of medical experts with cultural, language, joint planning, and interagency skills capable of helping the joint force commander master these challenges





Global Health Program Areas

- ❑ Disaster Relief
- ❑ Hospital Ships
- ❑ International Organizations and NGO cooperation
- ❑ Reconstruction Efforts





Disaster Relief

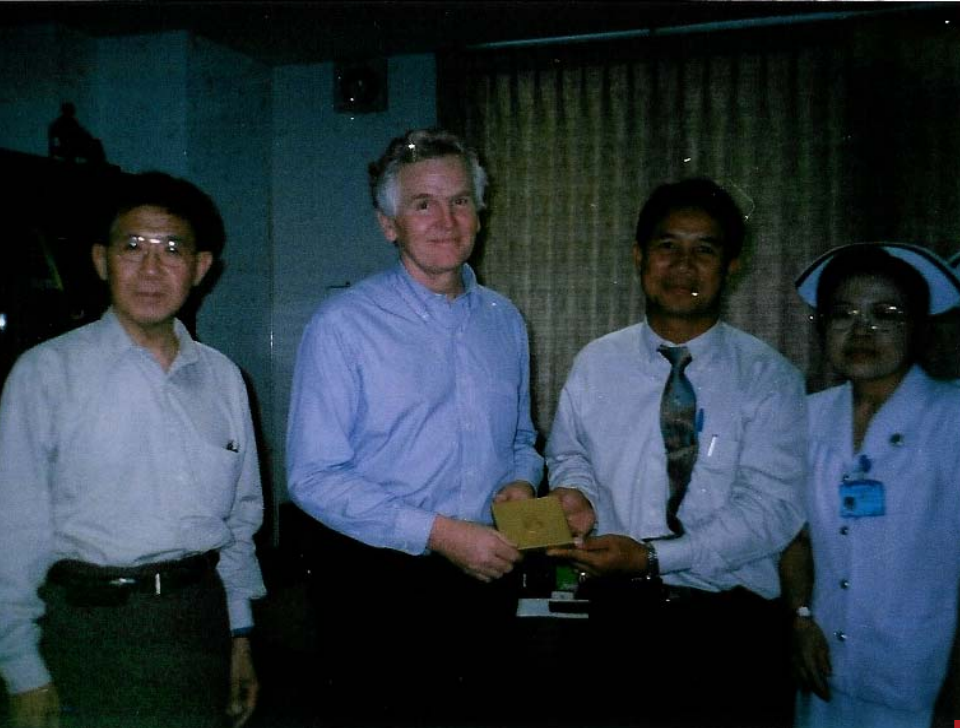
- ❑ Over the period 2005-2007, the Defense Health Program distributed \$250 million for Hurricane and Tsunami relief to provide health services support for the hurricane and the military mission, as well as repair and maintenance of DHP facilities in the impacted areas.

- ❑ The MHS had boots on the ground for:
 - Hurricane's Ike, Katrina, Gustav and Hanna
 - The recent Earthquake in Peru
 - The Tsunami's in Indonesia

- ❑ MHS personnel provided aeromedical evacuation, medical logistics support and worked with other first responders and national guard units to provide on the spot care.









Disaster Relief Goals

- ❑ Rehearsal
- ❑ Rescue
- ❑ Resuscitation
- ❑ Relief
- ❑ Rehabilitation
- ❑ Repair
- ❑ Redress
- ❑ Review





Thai Tsunami

- Success Attributed to:
 - well-developed public health system,
 - rehearsed disaster plans, and
 - rapid implementation of active disease surveillance
- Roots of Successful Response
 - dislike of conflict and loud voices,
 - redundancy: in communications (especially cell phones with text messaging), roads, supplies (e.g., water),
 - volunteerism, on a scale often called American,
 - the comforting presence of the monks, a stable democracy with competition (between parties, and between central and provisional officials) for acclaim by a free press,
 - eagerness to adopt technology from abroad, but pride in Thai self-sufficiency, and
 - appreciation of the role of free markets in determining economic outcomes such as tourism and openness of international markets to exports, e.g. Thai chicken and silk,
 - a rebounding economy.





Disaster Plan Checklist

- ❑ Command & Control (who, which agencies when)
- ❑ Communication (redundancy: BB, texting)
- ❑ Capacity/capability (beds, meds, staff, equipment)
- ❑ Containment/Contagion (real-time assays, isolation)
- ❑ Comprehensiveness (all threats, all stages)
- ❑ Civility/Customs (When in Rome..or Baghdad,)
- ❑ Cash (is King, but accountable)
- ❑ Continuity (water, power, food, shelter, w/o elec.)
- ❑ Contingencies (“calling audibles”, eg, security, evac)
- ❑ Consecration (last rites, mortuary services, grieving)





Hospital Ships

USNS MERCY

- ❑ Indonesia, Bangladesh, Philippines and East Timor, Sumatra, Indonesia and the 2004 tsunami that struck Southeast Asia
- ❑ crew consisted of uniformed members of the U.S. Navy and U.S. Public Health Service and civilian members of Project HOPE.
- ❑ **Treated over 260,000 patients around the world since 2005**

USNS COMFORT

- ❑ Treated over 98,658 patients in 2007
- ❑ During Hurricane KATRINA the Comfort assisted in Gulf Coast recovery efforts starting in Pascagoula, Mississippi and then sailing to New Orleans providing health services to more than 1,956 hurricane victims in total.

USS BOXER

- ❑ Treated 24,093 patients in Guatemala, El Salvador and Peru







Which is the more Powerful Ship?





International Organizations and NGO cooperation

- ❑ Founded in the summer of 1991, AMAR Initially sought to provide assistance to the hundreds of thousands of Iraqi refugees and internally displaced persons.
- ❑ In 1996 AMAR extended this work to Lebanon, and has also worked in Azad Jammu and Kashmir in Pakistan.
- ❑ Today AMAR provides extensive professional public health and education services throughout Iraq and in Lebanon.
- ❑ AMAR has partnership agreements with World Health Organization, UNESCO and UNHCR and is guided by UN standards in relation to the organization's professional work.







Health Reconstruction Efforts Afghanistan

"Afghans are considering Americans as liberators who are in Afghanistan to help Afghans bring peace, stability and prosperity to their country. Peace, stability and prosperity in Afghanistan will very much help in the global stability, peace and development."

Dr. Robert Gates, US Secretary of Defense

- ❑ 2005: DoD Directive 3000.05, Military Support for Stability, Security, Transition and Reconstruction (SSTR) Operations. Requires DoD to give SSTR operations the same core mission emphasis that it gives to war fighting.
- ❑ Reconstruction/development of health care system for the Afghan National Security Forces (ANSF) to provide combat casualty care, evacuation, and restorative and rehabilitative care. Includes mentoring and training of medical professionals.
- ❑ Provincial Reconstruction Teams (PRTs) : military and civilian teams complete community-based projects that often affect health, including infrastructure, repairing clinics, providing clean water/irrigation, and agriculture development. The U.S. is currently leading 12 of the 26 PRTs operating in Afghanistan.
- ❑ Commander's Emergency Response Program (CERP) – Humanitarian assistance - allows for local commanders to respond quickly to urgent needs of the local population.





Health Reconstruction Efforts Iraq

Infrastructure

- \$523 million in funds spent on over 1,800 projects including 378 primary health care center and 138 hospital project
- 94 additional projects in the pipeline

Reversal of mass emigration of health care professionals

- Doctors returning
at a rate of 25 per week

Formal disease surveillance system

- 904 confirmed cases of cholera
in 2008 compared to 4,700 in 2007



¹ Inspector General for Iraq Reconstruction. Table 2.36 Quarterly Report to the United States Congress. October 30, 2008





Middle East Reconstruction

- ❑ Findings from the DoD Inspector General and General Accounting Office on ways to Improve:
 - DoD planners are not consistently
- ❑ Integrate and unify our efforts: a new “Jointness”. Pursuing greater civilian capabilities. Make better use of universities and of industry. Expand strategic communications to tell our story. Increase interagency partnerships.





Middle East Reconstruction

- Findings from the Government Accountability Office
 - DoD planners are not consistently using lessons learned as they develop contingency plans
 - We need these lessons learned to work closely with other agencies during Stability operations AND
 - DoD has made limited Progress on Developing Measures of Effectiveness
 - There exists confusion within the services due to minimal guidance from DoD

From GAO Report Actions Needed to improve DoD's stability operations approach and enhance interagency planning. GAO report: GAO-07-549





Middle East Reconstruction

- Findings from Inspector General of the Department of Defense
 - Recommended that the Multi-National Force-Iraq submit a request for Forces to staff the Medical Military Advisory Teams and other medical mentoring positions with 553 medical mentors...
 - MNF-1 action plan was focused primarily on the Iraqi civilian health care system. While that focus is essential the intent of the recommendation was to develop a ,comprehensive, phased, detailed and integrated multi-year medical monitoring plan for the Iraqi Army





Newest Initiative

Cell phones in Africa

- ❑ Currently there are over 4 billion cell phones in the world – over 3 billion more than any other computing or electrical device
- ❑ Mobile phones will change health care more than any other single technology
- ❑ The time to engage in expanding the mobile health capability is now
 - many innovative software solutions are being developed (education/med references/remote diagnostics/disease management)
 - many successful pilots (e.g. Voxiva/PEPFAR “Phones for Health” program)





Cell phones in Africa

The Key focus for the Military Health System is to:

- ❑ Leverage current mobile health projects (i.e. USNS Mercy ship-to-shore humanitarian support needs, Army diabetes and TBI projects)
- ❑ Partner with other public/private groups on the African continent with the goal to accelerate delivery of mobile health care solutions.





Mistakes & Lessons Learned

- ❑ Not working closely enough with IO's or NGO's
- ❑ When our doctors roll into developing areas with dazzling equipment and techniques, even if we are training local docs, they sometimes feel upstaged and see dramatic decline in patient levels afterward
- ❑ Medical Reconstruction is a difficult process on it own, however, during a live conflict it becomes even more challenging. Even when the fighting was at an all time low in Afghanistan very little could be done.
- ❑ Medical Reconstruction requires Roads, Electricity, Running Water and Sanitation before legitimate progress can be established





Q&A

