Strategy at the crossroads: The case of the navy hospital ships

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Abstract

We examine the state of knowledge in the defense literature on the use of military medical humanitarian assistance missions and examine their implications for navy hospital ships. As humanitarian assistance missions grow in importance for combatant commanders, deployed forces, senior government leaders and the international community, it becomes more important to determine desired outcomes and to set clear priorities for hospital ship use. Only when this is done can activities that promote achievement of policy goals be selected. While traditional hospital ship missions focus on combat support and training, successful humanitarian assistance campaigns typically address improving security and stability in a region, attitudes towards Americans and the West, and health and welfare conditions of local populations. We argue that well-crafted and communicated goals and priorities for the use of hospital ships are essential if the ships are to achieve desired policy outcomes.

1. Introduction

Given the continued engagement of navy hospital ships in humanitarian assistance missions, an ongoing question is how the leadership of the government, defense, and the navy views the roles, missions and desired outcomes from use of these assets. Government documents suggest multiple priorities, goals and actions for the ships. Traditional roles for and missions of hospital ships tend to be associated with non-peacetime missions and include combat casualty care and readiness training. In the past decade, however, the hospital ships have not undertaken combat support operations. Increasingly, U.S. combatant commanders and other

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policy makers use hospital ships for humanitarian assistance missions. These humanitarian assistance missions generate soft power, which combatant commanders and policymakers believe positively influences stability and security in their areas of responsibility, providing direct and indirect benefits to the United States government, local communities and affecting a large number of stakeholders. This use of hospital ships requires reexamination of goals and priorities not only to vertically align with US government policy goals, but also to support global efforts, intra-agency coordination and horizontal integration with stakeholders. We examine the current state of knowledge in the defense literature and US government guidance on the use of navy hospital ships in humanitarian assistance missions and ask what goals can policy makers reasonably expect to achieve, what outcomes best describe successful accomplishment of the goals and what activities should hospital ships undertake to promote achievement of the goals.

In the following section, we set out stated U.S. government policy related to humanitarian assistance and identify broad goals that define possible mission areas for hospital ships. We examine the current use of hospital ships and the roles and missions of the ships and stakeholders in providing security and stability through humanitarian assistance. We discuss that US, DoD, Navy and other guidance communicates too many indistinct goals to drive action in a specific direction, and that without clearer direction, hospital ship missions cannot be effective. In the third section, we place hospital ship medical HA missions in the context of the many stakeholders who have opinions, and sometimes the ability, to affect the success of hospital ship missions. We stress that DoD and Navy planners should be willing, allow time for, and devote resources to better understanding important stakeholders, as the effectiveness and perception of hospital ship missions relies heavily on interactions among the stakeholders. We next turn to

goals and measures that could be used to better plan, execute and assess a mission's efficiency

and effectiveness, and to improve alignment with longer-term goals of fostering stability and

security and improving the operating environment for DOD. The last section concludes.

2. Humanitarian Assistance Missions and United States policy

Despite carrying out humanitarian assistance (HA) missions for decades, the U.S. military

has seen the demand for its HA capabilities skyrocket in response to the global war on terror

and recent disasters such as the Indian Ocean Tsunami of 2004 and Hurricane Katrina in 2005.

"Beyond nation-building and counter-insurgency activities in Iraq and Afghanistan, DoD

the U.S. military has long been involved in providing humanitarian relief around the world. [. . .]

Thanks to its logistical assets and global deployment, the Pentagon has unparallel capacity to

respond quickly to natural disasters and to meet emergency relief needs in strife-torn coun-

tries" (Patrick, 2007, p.7).

Humanitarian assistance can be viewed as both a source of soft power generation and a

way of directly influencing security and stability within a region. Hospital ships can certainly

generate soft power, which Nye defined as getting others to want what you want through the

use of culture, values and institutions rather than forcing them to do what you want through

the more traditional carrot and stick of diplomacy and force (Nye 2002-2003). Soft power can

be much stronger than traditional military power and helps in developmental, disaster or other

situations where military force is not an option; it can be seen as an augmentation of power –

an intangible force that helps achieve broader goals in the long run. It is an intangible effect

that can help foster security and stability. Soft power can also be short-lived and easy to de-

stroy (Kickbusch 2002). If seen as manipulative or done with the intent to achieve a U.S. gov-

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ernment goal not related to humanitarian assistance or disaster relief, soft power generated may rapidly evaporate.

Security and stability operations are those direct actions designed to promote social and political stability within an area by enhancing the host populations' health, well-being, access to essential services and possibilities for economic growth (Nathanson 2005). The goals of security and stability operations may overlap with some of the goals of HA missions, each possibly generating soft power. We note, however, that security and stability operations and the generation of soft power are different concepts. The terms, "soft power" and "security and stability" are not interchangeable and represent the start of the discussion of the exact uses the US has intended for and hopes to achieve with its military humanitarian assistance missions.

Until the early 1990s, US policy towards using humanitarian assistance as a military strategy to enhance security and stability was less specific than it is today. In 1994, DOD Directive 2205.2 defined the conditions for using humanitarian assistance in military operations. This directive and current authority for humanitarian civil assistance missions come from Title 10, U.S.C. 401, Humanitarian and Civic Assistance Provided in Conjunction with Military Operations[1] (Darrell 2006). These programs include civil engineering projects, explosive ordinance disposal, programs to promote civil governance, and medical missions. Activities receive funding through the Overseas Humanitarian Disaster and Civic Action (OHDCA) appropriation, which funds the Humanitarian Assistance Program, the Humanitarian Mine Action Program, and Foreign Disaster Relief and Emergency Response ((Serafino, 2008), (Margesson 2007), (DoD Security Cooperation Agency 2005).

As planners began to view humanitarian assistance missions as viable and important adjuncts to military force, the role of HA in US policy evolved. DoD now directs planners that HA missions take at least equal priority to combat missions.[2] The Office of the Assistant Secretary of Defense-Global Security Affairs, Policy Guidance for FY08 Overseas Humanitarian Assistance, 2007, states that the

> *"highest priority for DOD senior leadership is to take action in the global war on*
>
> *terrorism (GWOT) using security cooperation tools such as HA missions where*
>
> *their activities are best integrated into regional security cooperation planning."*

Similarly, DOD Directive 3000.05, Military Support for Stability, Security, Transition, and Reconstruction (SSTR) Operations, 28 Nov 2005, states DOD must give stability operations "priority comparable to combat operations" (p.2). These operations – HA provided by DoD during stability operations and theatre engagement under the Overseas Humanitarian, Disaster, and Civic Aid (OHDACA) program – "are conducted to help establish order that advances U.S. interests and values" (Department of Defense 2005, p. 2). Several other DOD strategic doctrine documents, including the 2006 Quadrennial Defense Review (Department of Defense 2006), Cooperative Strategy for 21st Century Seapower and Forward from the Sea also state HA missions take at least equal priority.

Humanitarian assistance missions are only one tool among many that can be used to achieve security and stability; HA is considered a flexible deterrent option, one of a range of military options available to combatant commanders. According to the Naval War College, flexible deterrent options are "…designed to be used in groups that maximize integrated results

from all the political, informational, economic, and military instruments of national power"
(Naval War College, 2006, pA-1).

Today, a multitude of documents provide guidance on HA goals. Starting at the top, the 2006 QDR lists four priorities for national defense. The third, shape choices of countries at strategic crossroads, is most likely to guide the use of humanitarian assistance missions. The 2006 QDR also identifies four lessons (broad goals), three of which are directly relevant to HA activities, including the need to build partnership capacity and enabling partners to do more for themselves; shifting towards preventative measures; and increasing the freedom of action of the US and its allies (Office of the Assistant Secretary of Defense-Global Security Affairs 2007, pp. 2-3). Additional information is provided in the Office of the Assistant Secretary of Defense's Overseas Humanitarian Assistance Policy Guidance for Fiscal Year 2008, which states that humanitarian assistance missions should aim to achieve the following security goals:

- improve DoD visibility, access, and influence in a partner nation or region

- generate long-term positive public relations and goodwill for DoD

- promote interoperability and coalition-building with foreign military and civilian counterparts

- enhance the legitimacy of the host nation by improving its capacity to provide essential services

- improve basic living conditions of the civilian populace in a country or region susceptible to terrorist or insurgent influence (Office of the Assistance Secretary of Defense for Health Affairs 2007).

While certainly laudable, these goals remain broad and vague. Looking to the combatant commands does not offer a clearer picture. A recent briefing (Sep 23 2007) on the new African command (AFRICOM) illustrates the breadth, depth, and vagueness of U.S. policy goals. In the brief, a rear admiral on the AFRICOM Transition Team stated the following goals:

- An African continent that knows liberty, peace, stability, and increasing prosperity

- Fragile states strengthened; decreased likelihood of failed states; all territory under the control of effective democracies

- Economic development and democratic governance allow African states to take the lead in addressing African challenges

- Africans possess stronger capabilities; increased regional capacity to support post-conflict transformations and conduct peacekeeping/disaster response operations

- Adversaries deterred or defeated; terrorism defeated throughout Africa and its ideology rejected and opposed by Africans

- Regional access assured; lines of cooperation remain open; flow of strategic resources unimpeded

- Vital interests and key infrastructure of US/partner nations protected; attacks against US and partner nations prevented (Moeller, 2008).

Clearly these goals encompass many issues outside traditional military policy, and many are stated goals of other government and international organizations such as the State Department, United States Agency for International Development (USAID), and the United Nations (UN). These agencies focus their expertise and resources on economic and political development and their personnel may be better qualified and be more likely to achieve the goals in the

long run. While DoD has received and spent an increasing and significant amount of funding on humanitarian assistance and other nontraditional activities, and the role of DoD continues to evolve, it is not clear how humanitarian missions fit into US goals for national security.

One might ask why has DoD begun to take on activities more typically defined as "developmental" and "diplomatic." The technical superiority of the ships, their lack of use as combat support platforms and the change in the world security environment after 9/11 explain much of the demand. Another explanation lies with the DoD's large number of personnel. In comparison, DoD employs approximately 1.33 million uniformed members; the Department of State employs about 6500 foreign service officers, and USAID, about 2000.[3] As Kilcullen (Kilcullen 2005) aptly notes, "there are substantially more people employed as musicians in defense bands than in the entire foreign service." Patrick and Kaysie (2007) suggest DoD's growing involvement in these activities likely results from a "chronic U.S. failure to invest in critical civilian dimensions of state-building [leaving] DoD and its Combatant Commands to fill the void" (Patrick and Kaysie, 2007). One might ask whether it makes sense for DoD to take on roles traditionally provided by other government agencies and in which it has less-developed expertise simply because it has the assets and workforce.

In summary, the myriad of worthy but in many instances vague goals create a difficult situation for planners determining whether to undertake a hospital ship medical HA mission and assessing whether a mission was successful. The policy goals we have highlighted are non-measurable and non-verifiable (i.e., "terrorism defeated throughout Africa and its ideology rejected and opposed by Africans"). Those executing HA missions are currently faced with tasks that represent a clear shift for the military from its traditional roles, are guided by too many

directives and too many goals that are not well-defined, and may be operating outside of their traditional realms of expertise. We recommend the navy identify one person who has definitive authority to set goals for humanitarian assistance missions in general and the navy hospital ships in particular. Once national and DoD planners provide specific guidance on desired outcomes for HA missions, this leader can direct action. This leader will not only direct the use of hospital ships in HA and disaster relief, but will be responsible for integrating missions into a broader framework as envisioned by other US organizations and stakeholders. In the next section, we discuss the roles of multiple stakeholders in providing humanitarian assistance.

3. Stakeholders and humanitarian assistance

Many agencies and organizations play a role in humanitarian assistance efforts to increase the stability and security in a country or region and to ease human suffering (McGrady 2007). Figure 1 shows some of the most important stakeholders who have the ability to influence the goals of military humanitarian assistance missions and can impact whether or not these missions are deemed a "success." To set clear and explicit goals, navy leaders should consider the roles and missions of the other complementary and/or competing stakeholders.

Major stakeholders in humanitarian assistance include the US State Department, USAID, host government(s), international governmental organizations (IGOs), nongovernmental/nonprofit organizations (NGOs), local militaries, local health care organizations, and the public (general, host specific, and international).

To insure that DoD does not waste resources or complicate the provisions of foreign aid, the Policy Guidance for FY08 Overseas Humanitarian Assistance, 2007 states that "HA missions should complement, but not duplicate or replace, the work of other US government agencies,
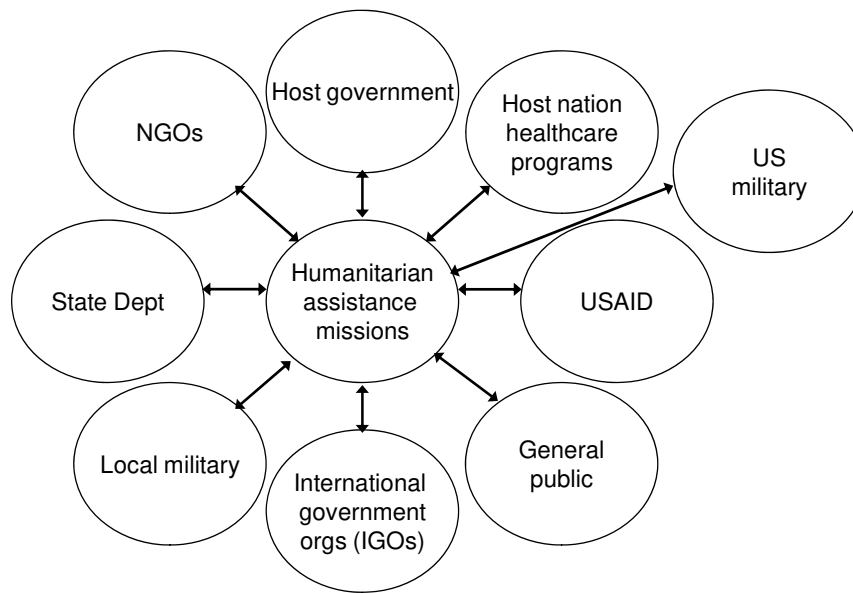
Stakeholders

Figure 1: Stakeholders in Humanitarian Assistance

or other host nation authorities, international organizations, or local or international NGOs."

The guidance discusses complementary goals relating to stakeholders, accountability, sustaina-

bility, effectiveness, and reporting, and states that HA projects should be complementary to US

government development plans carried out by USAID and the Department of State. Partner-

ships between military forces and USAID are becoming more prevalent, leading to the need for

greater coordination among their leaders. The State Department and USAID clearly have a large

role in coordinating and continuing development and other foreign aid in most countries in the

world and can provide information to combatant commanders and hospital ship planners to

better integrate their respective missions.

Despite guidance to avoid duplication of efforts, each stakeholder or group can act in-

dependently in light of its view of its own role in providing humanitarian and other assistance.

The Department of State and USAID base their actions on the Secretary of State's direction and priorities for both organizations. Together, their strategic plan supports the policy positions set forth by the president, showing how they will implement U.S. foreign policy and development assistance programs. In coordination with the State Department, USAID provides economic and humanitarian assistance in more than 100 countries and spent $23.53 billion on (non-military) foreign assistance in 2006. US military leaders set goals based on the directions and priorities of the Secretary of Defense. The Secretary of Defense creates the DoD's strategic plan to support the policy positions set forth by the president, just as the Secretary of State does. For decades, the State Department and DoD have worked in synergy on foreign affairs; at times with defense taking a more proactive role. The debate on the military's future role continues: Should the military be used to ensure security with traditional military assets, training and strategies or should it (at least partially) move towards lower-intensity types of assets, training, and strategies, to include greater use of humanitarian assistance?

"Either way, however, it seems clear that, as long as the United States is involved in the world arena, military and foreign policy will remain inextricably linked and that the Defense Department will continue to be a major factor in both the policy process and the conduct of American affairs abroad" (www.americanforeignrelations.com, p.3)

As Figure 1 suggests the roles of the military in humanitarian assistance are not clear, and sit somewhat outside the traditional domain of stakeholders and providers of HA. No matter what a leader's view on assistance and how to achieve security and stability, understanding of and negotiation with State Department, Congress, and National Security Council personnel will be critical in achieving U.S. policy goals.

Host governments may have a multitude of expectations and goals arising when requesting or accepting humanitarian assistance. They may hope for additional materials or funds, may have political agendas, and frequently have some degree of suspicion or concern about partnering with the US [CNA 2006]. Local militaries, as well, likely have expectations or hopes regarding additional equipment, training, and perhaps funding, as a result of US aid work in their countries. While DoD goals for an HA mission should not be dictated by the host country and its military, an understanding of their needs and desires may be helpful in planning a mission that will be welcomed by the host country. In addition, clear communication from DoD officials as to US goals and desired outcomes with regard to the host country and other in-country governmental agencies will help the host country popularize the aid within their nation.

International organizations and nongovernmental/nonprofit organizations (NGOs) leaders also have expectations and goals related to the relationship between the international stakeholder and the country receiving aid. International organizations make up a relatively large and diverse group: they may be international nonprofit organizations such as the International Committee of the Red Cross and Médecins Sans Frontiéres (Doctors without Borders); multinational corporations such as The Coca-Cola Company; religious groups such as Operation Blessing International and Church World Service combining missionary work with humanitarian assistance projects; and intergovernmental organizations (IGOs) such as the UN, European Union and World Trade Organization. International nonprofit organizations granted $7.29 billion USD in 2006, $4.57 billion of which came from the US alone. Each of these organizations has a different set of desired outcomes and goals when conducting HA work. Even if the organizations' leaders choose to align themselves with the United Nation's Millennium Development Goals,

the goals are broad enough to allow many different approaches for achieving them. This group

of stakeholders may also have different views on US military humanitarian assistance. Some

may wish to establish a relationship with the US military by participating as a partner on an HA

mission, or by allowing military forces to provide security for their operations. Others may not

be interested in partnering with the US military but in undertaking their own humanitarian as-

sistance work independently. They may view US government "help" as a hindrance or unneces-

sary force in the region, perhaps causing security issues for their personnel by discrediting their

nonpartisan status.[4] Some research indicates that the US government may be seen as a "wolf

in sheep's clothing," suggesting to other nations that U.S. defense and development agendas

are merging, with a defense agenda (Malan 2007). These goals may or may not be made explicit

in US policy, but stated or otherwise, they influence international participation in and percep-

tion of humanitarian assistance missions.

Indigenous NGOs and local health care (government or private) organizations also have

goals for medical HA missions, and are essential for providing the long-term, follow-up delivery

of health care operations started or enhanced by the military mission. One of the greatest pit-

falls with medical HA missions is the mismatch of the level of care provided by well-intentioned

planners and the level of follow-on care available to the individuals once the medical HA mis-

sion leaves the area (Cooperman, 2008). While the US has the capability to provide world-class

medical treatments, especially in the realm of surgeries, there are questions about the desire to

provide highly technologically advanced care. What is the long-term prognosis of the patients

seen? Does the country have follow-up care for surgeries, required medications, etc.? Does it

have basic sanitation and clean water needed to maintain the patient's health? Given that

fewer patients can be reached the more technologically advanced the intervention, how were

patients selected? Is the selection of patients likely to increase or worsen existing political or

ethnic tensions? Is the level of care likely to undermine the existing medical system? Align-

ment of the goals of military planners with the goals of indigenous healthcare providers may

mitigate some of the issues surrounding level of care.

Finally, the public's perceptions, actions, and desires can impact the goals of HA mis-

sions. "The public" is a broad term; there are several important components within this group.

First, the US public funds these missions through its taxes, wants to know the missions "do

good," and wants assurance that funds are being wisely spent. The global community judges

the actions of the US and the US military by its perceptions of how effective the humanitarian

missions are and their (relative) costs to the host country. In addition, the global community

weighs actions against possible motives, trying to assess the true intent and desired outcome of

any mission outside US borders. Finally, the public in the host country influences its govern-

ment's views on whether or not the mission has been a success, and may have agendas, expec-

tations and desired outcomes that influence other actions within the country.

In summary, there are a myriad of organizations and leaders who view themselves as

stakeholders in the humanitarian assistance missions conducted by the US military. Clearly, it is

not be possible or advisable to please all of them or align with their interests. Important for

navy planners is to be conscious of the disparate forces influencing HA missions, making a con-

scious choice of the strategic alignments to pursue. As they have in past operations, but per-

haps increasingly so as DoD moves into more preventive actions, DoD and Navy planners should

be willing, allow time for, and devote resources to better understanding important stakehold-

ers and how to interact with them to achieve better outcomes. Integrated planning can result in both vertical alignment of goals with higher-level DoD desired outcomes and horizontal alignment with the desired outcomes of the US government and other stakeholders. As Casey et al (Casey, 2008) note, cross-organizational awareness can avoid situations where people with clear goals and the motivation to achieve them plow ahead, creating unintended negative consequences for others.

4. Desired outcomes and goals for hospital ship medical humanitarian assistance missions

The superiority of navy hospital ships in providing medical care and the ability of the ships to deploy to a great number of places in the world make them a desirable asset for combatant commanders and policy makers alike. Fortunately, these ships, the USNS Mercy (T-AH 19) in San Diego, CA and USNS Comfort (T-AH 20) in Baltimore, MD, have not been called upon to function in their primary capacity as a combat trauma hospital for US marines and other military combatants in the past decade. Based on the USNS Mercy's website[5], the ship has both a primary mission ("To provide rapid, flexible, and mobile acute medical and surgical services…") and a secondary mission ("To provide mobile surgical hospital service for use by appropriate US Government agencies in disaster or humanitarian relief…"). The official immediate priority is to be able to fully activate the ship as a Full Operational Status Echelon III Medical Treatment Facility within five days. Clearly the two missions are at odds with each other because the medical needs of each have a vastly different profile and scope.

Historically, risks associated with and measures of expected workload from conventional warfare injuries formed the basis for navy hospital ship goals. Combat support medical needs dictated the staffing, equipment, and medications supplied for the mission. Planning and execu-

tion was based on professional and technological platform capability, and "success" could be at least partially claimed when hospital ship billets were filled with "correct personnel."[6] Supporting medical needs for an HA mission requires re-analysis of staffing, equipment, medications and other procedures used on board the ship. Staffing becomes more complicated because partner agencies (other militaries, non-governmental organizations or host country participants) increasingly take larger and more active roles. When planning for a combat support mission, personnel plan for self-sufficiency; for an HA mission, other factors such as coordination, communication and advance planning outside the military become more important. In addition, the region of deployment likely varies depending on whether the ship's mission is combat or HA, which also has implications for supplying the ship and readying its staff. Being always prepared for combat operations implies that the ship's ability to take on a humanitarian assistance mission may be compromised. Given the importance attached to humanitarian assistance missions in current national security policies and recent combat support history, we suggest navy leaders reverse the primary and secondary missions and revisit the issues of staffing and supplying the ships.

As discussed, HA goals, given their breadth and vagueness, do not well guide planning for and measuring the success of a medical HA mission. To begin to focus solely on HA missions, navy planners must narrow down their desired outcomes. They can begin by examining other DoD humanitarian projects conducted under OHDACA. These projects "are justified by their humanitarian benefit, training value, or for political reasons ('showing the flag')" (Drifmeyer, 2003, p.7). Leaders must decide which specific outcomes and goals to pursue as mission goals directly impact expected services to be provided, manning, medical supplies, medical equip-

ment and the location(s) to which the vessels will be sent. Clearly defining desired outcomes

and goals is of utmost importance for the effective and efficient use of the hospital ships, and

until navy and DoD leadership tackle this issue, the legacy of traditional goals will continue to

drive today's medical HA missions.

Cooperman and Houde (Cooperman 2008) specifically address manning for hospital ship

HA missions. They suggest that to effectively use DOD medical assets, medical planners must

identify basic country healthcare requirements and intervention control programs to achieve

meaningful long-range outcomes (2008, p. 12). Specifically, they state that to improve overall

operational effectiveness, navy hospital HA mission planners should adopt a country-centric

planning approach.[7] Rather than planning missions based on DOD assets, they suggest,

"Changing the staffing mix required and operational constraints possessed by mission medium

creates greater flexibility to support global efforts, interagency coordination, and horizontal in-

tegration with stakeholders" (p. 2). Cooperman and Houde note that many data sources such as

the World Health Organization (WHO), United Nations International Children's Fund (UNICEF),

and individual Country Cooperation Strategies available from WHO, may be used to inform

planners about core medical services appropriate to the mission environment. They advocate

aligning HA mission operations to support a country's progress towards the United Nations Mil-

lennium Development Goals (MDGs). These goals include reducing child mortality, improving

maternal health, achieving universal access to reproductive health, combating HIV/AIDS, mala-

ria, and other diseases, increase the number of people with access to safe drinking water and

basic sanitation. The United Nations member states (189 countries) have agreed to try to

achieve these eight MDGs by the year 2015.[8] Aligning with these goals will improve the chance

that a mission will have a greater and perhaps longer-lasting impact since multiple agencies are working toward the same end state, making it more likely there will be sustained follow-on efforts.

We recommend that navy hospital ship mission goals be formulated in line with OHDA-CA and the 2006 QDR and will be most effective when their missions "shape choices of countries at strategic crossroads" (Department of Defense 2006) and focus specifically on the medical outcomes mission personnel can effect. Hospital ships can make substantial contributions to capacity building, and therefore security and stability, by teaching countries how to improve their basic living conditions through better medical care.

Capacity building means not only transferring skills, but "building effective and enduring local institutions that permit the state and society to realize long-term broadly shared economic growth, participatory governance, and social welfare" (Patrick and Kaysie, 2007, p. 14). We recommend leaders concentrate on four interrelated (and still broad) capacity building goals:

- strengthen ties with a country or region through the use of medical missions;

- increase military cooperation from/within a region or country either by directly interacting with local militaries for medical purposes or indirectly by strengthening ties

- strengthen the ability of a country to govern itself by providing essential medical training and perhaps supplies, equipment and support to enable country personnel to continue to improve conditions for the local population. (By strengthening the ability of the country to govern itself, policymakers believe the country's government can prevail against negative (to US perceptions) influences of terrorism and extremism); and

- influence public perception of the US and the US military through a show of common

values and culture in improving basic living conditions for all.

Once leaders determine which goal(s) to pursue, they can begin to define desired mission outcomes, goals and performance targets for hospital ships.

5. Measures of the impact of hospital ship medical HA missions

Several researchers have begun to offer suggestions on how to tie broader goals to performance targets (measures of the impact) of humanitarian programs. Reaves et al ((Reaves, 2008), (Reaves, Implementation of Evidence-based Humanitarian Programs in Military-led Missions: Part II. The Impact Assessment Model, 2008)) analyze the gap between current military and international aid programs in providing humanitarian assistance, and suggest specific steps to begin to assess outcomes of the missions. Drifmeyer and Llewellyn (see the Center for Disaster and Humanitarian Assistance Medicine www.cdham.org) provide numerous studies on humanitarian and disaster relief. Their list of planning and evaluation questions for HA medical missions (2003, Tables 2 and 3, pp 13-14), offer an exhaustive list of ideas for any planner, or any stakeholder, to begin to understand how to measure and direct desired outcomes of medical HA missions. These studies are extremely useful for hospital ship planners as they begin to set goals and performance targets relative to HA, rather than combat support, operations.

Recent events suggest DoD is moving towards HA operations that use impact assessments to guide current and future actions.[9] Reaves et al (Reaves, Implementation of Evidence-based Humanitarian Programs in Military-led Missions: Part II. The Impact Assessment Model 2008) note the importance of readiness assessments (to undertake HA missions) and Hoffman et al (Hofmann, 2006) state that outcome selection is essential in assuring "strong diplomatic partnerships with recipient HNs [host nations] and ensure mutually favorable HA program re-

sults." As in the case of all good performance targets, Reaves et al (Reaves, Implementation of Evidence-based Humanitarian Programs in Military-led Missions: Part II. The Impact Assessment Model 2008) note that outcome states should include "the population affected location, percent change or quantity desired in indicators and duration (over what period of time change is expected)" (p. 4).

Few studies specifically address hospital ship HA missions. The only effort to assess overall mission effectiveness is one post-hoc public opinion survey conducted by the polling organization a Terror Free Tomorrow, which assessed the Mercy mission to Bangladesh and Indonesia. The study demonstrated the powerful potential returns to reputation these missions have, proving them capable of reversing anti-Western attitudes and beliefs (McGrady & Strauss, 2007). While this was an excellent survey and a good means to measure one facet of the impact of the HA missions, no process exists to assess this or other facets of HA missions, and no follow-on surveys appear to be forthcoming.

Currently, the information collected by hospital ships does not allow assessment of the effectiveness of HA missions. Ship personnel collect data on the number of patients seen at each location (port of call) by ICD-9 (international classification of diseases) category. They collect information on the number of surgeries, medical procedures, and dental procedures, as well as donations of equipment and supplies (such as glasses). While important, these data contain no details about the patient populations reached, nor any means to estimate impacts on these populations. Similarly, while information is gathered about the number of training sessions provided and the number of attendees at these sessions, demographics on the trainees and the population whom the trainees serve are unknown. Planners know the numbers of em-

barked NGO and Allied volunteers at each port of call, but do not know if these are the "best" or "optimal" numbers to have on board. Some participant satisfaction surveys indicated that given the issues of port accessibility, more volunteers were on board than could be effectively used to provide services (Strauss 2007). These staffing issues impact mission effectiveness in many ways including medical care provided, strategic partnerships with allied militaries and NGOs and overall impact of the mission on the host nation(s).

To evaluate the impact of hospital ship HA missions, planners must ask for specific information on outcomes. For example, if improving long-term health is the goal, we recommend navy leaders provide country-specific information on health needs, comparing the information with MDGs and examining the programs already being undertaken by stakeholders. We recommend they work closely with USAID and the State Department to coordinate efforts and then plan and track actions in terms of their alignment with country-specific and Millennium Development goals. Finally, mission personnel should track: information on long-term prognosis of patients seen (to assess overall indicators such as maternal health or child mortality improvements), including measures of follow-up care for surgeries, medications, access to clean water, etc; demographic information on trainees, on equipment donated, and on any activity that has consequences for the host country's medical system in the long run. These types of measures show tangible positive outcomes related to the four capacity-building goals and can be shown to affect capacity-building.

With respect to intangible outcomes, hospital ship missions, by attending to needed health care and helping to develop local capacity, can help the US send a signal within the host nation, regionally, and even globally, that DOD and the US government respond to humanita-

rian needs and have an interest in the well-being of those in need. Indirect benefits to US interests may arise from improving basic living conditions of the civilian populace in a country/region susceptible to terrorist or insurgent influence. Developing a populace's confidence in its national government's ability to provide essential services bolsters the legitimacy of the host government and likely has the outcome of increased security and stability. Collaboration and coalition building among US military and foreign military and civilian counterparts can improve relations as well as the enhance interoperability. Possibly more important is the ability to maintain or develop access to a region, enhancing the DOD's ability to operate in and influence a partner nation or region such as permitting port access. Greater access may prevent or reduce attacks against US and partner nations. Improving global health may help win the battle over the "hearts and minds" of others around the world. As McInnes (McInnes 2004) notes, "[t]he promotion of global health may reap dividends in promoting the image held of the West by others."   This ability to affect public opinion and government responses may generate goodwill for DOD and the U.S. In addition, it allows us to reassure our allies of the US's intent to support them. Although difficult, measuring public and government responses through the media, surveys, counting access received, military support or local organizations involved and other methods, can provide data on the impact of hospital ship HA missions.

Aligning goals and measures with country-specific health needs and focusing on capacity building improve chances that a mission will have a greater and perhaps longer-lasting impact in an area, making it more likely there will be sustained follow-on efforts. From the view of at least the majority of stakeholders (and quite possibly the view of those most likely to affect security and stability), aligning DOD medical resources to country health requirements and in-

creasing awareness of collaborative partners can better provide short-term outcomes that increase security and stability. In the long run, DOD will have a bigger impact if it better collaborates with the local country communities and NGOs that remain in the area after the DOD mission completes.

6. Conclusions and policy recommendations

US and DoD policy do not set clear goals for navy hospital ships. Due to their technological superiority, lack of use as combat support platforms, large numbers of personnel and the change in the world security environment in recent years, hospital ships have seen a considerable increase in demand for their ability to provide humanitarian assistance and disaster relief. What must follow is the integration of policy and direction from DoD and other government planners to the State Department, USAID, and other important stakeholders. Navy planners must be conscious of the disparate forces influencing hospital ship HA missions and must be willing to devote time and resources to better understanding stakeholders, outcomes they can effect, and how to pursue them most effectively and efficiently. Most important will be consideration of international goals and how to enhance their achievement. The missions most likely to yield positive returns will build capacity through improving health care in the long run. This will require changes to staffing, equipment, supplies and procedures on board hospital ships. It will also require new data collection processes and a focus on outcomes or impacts achieved, over time. A change in philosophy, plus well-crafted and communicated goals and priorities for the use of hospital ships are essential if the ships are to achieve desired policy outcomes.

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[1] From the U.S. Code Online via GPO Access, http://wais.access.gpo.gov, laws in effect as of January 3, 2006.

[2] HA efforts encompass many activities with an overall goal of relieving human suffering. This general use differs from the specific use from Title 10. Following the lead of Drifmeyer and Llewellyn (2003), we use the general term "humanitarian assistance" when discussing broad goals and activities, and use the abbreviation "HA" when referring to the statutory program. (For more on this discussion, see Drifmeyer and Llewellyn, 2008, Background.)

[3] DoD figures taken from National Defense Budget Estimates for 2008, Office of the Undersecretary of Defense (Comptroller), March 2007; other figures from Wikipedia, October 27, 2008.

[4] For example, Médecins Sans Frontiéres (Doctors without Borders), withdrew from Afghanistan after nine of its employees were killed. Its leaders cited their fears that their security was compromised by appearing to have anything in common with security and military forces. (DoctorswithoutBorders)

[5] From http://www.mercy.navy.mil/index.htm

[6] The operational plan (OPLAN) for both ships adjusts manpower requirements and authorizations for each platform allocated to each vessel (Levy & Miller, 1998).

[7] Cooperman and Houde (2008) present this suggestion in the context of optimizing manpower resources; however, their work applies to a more comprehensive view of overall operational effectiveness.

[8] For more on MDG, see OECD Development Co-operation Directorate webpage at:

http://www.oecd.org/about/0,2337,en_2649_34585_1_1_1_1_1,00.html. For more on MDG

Indicators, see http://mdgs.un.org/unsd/mdg/Default.aspx

[9] A 2008 conference hosted by the Partnership Strategy Office on DoD HA began the process of

getting combatant commanders and their staffs, USAID, State Department and others to discuss

desired outcomes and how to measure them using an impact assessment modeling technique

(Reaves et al., 2008b p 239).