

**STRATEGY
RESEARCH
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**MEDICAL CIVIC ACTION PROGRAMS,
U.S. FOREIGN POLICY TOOL**

BY

**COLONEL WILLIAM C. JOHNSON
U.S. Army Dental Corps**

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TOOL

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COLONEL WILLIAM C. JOHNSON
U.S. ARMY DENTAL CORPS

COLONEL WILLIAM BARKO
Project Advisor

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U.S. Army War College
CARLISLE BARRACKS, PENNSYLVANIA 17013

ABSTRACT

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In the future, the U.S. Government will face many challenges trying to achieve the goal of global security. Humanitarian tragedy can threaten international peace and security at any moment. U.S. military medical civic action programs (MEDCAPs), an element of humanitarian assistance and U.S. foreign aid, can be used to advance U.S. interests worldwide. A MEDCAP adds another dimension to the United States ability to shape the international environment. In some cases, this program may be the only interaction the U.S. has with smaller, underdeveloped countries. Historically, medical civic action programs have improved the quality of life for civilians in other countries, provided training opportunities for U.S. personnel, and helped to promote regional stability. A military medical civic action program is another tool the President of the United States can use to promote U.S. interests worldwide.

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MEDICAL CIVIC ACTION PROGRAMS, A U.S. FOREIGN POLICY TOOL

*"It is not a question of deciding between global security or global welfare, between guns or butter. We must concern ourselves with both. After all, our actions in the international arena have always been motivated by a variety of considerations: defense of our country, a vision of a better world, fairness and equity, a sense of responsibility growing out of our immense power, the interests of individual sectors within the American society and economy."*¹

In the transition from the bipolar Cold War era into the less predictable multipolar future, the U.S will be presented with many challenges in maintaining the goal of global security. Unexpected humanitarian tragedy can trigger civil unrest and threaten international peace and security. The failure to act politically, economically, or with humanitarian assistance is unacceptable in the international community. The U.S. will need to have many different programs based on vital interests to meet these challenges. Humanitarian assistance has been an important part of the U.S. foreign aid policy since World War II. This paper will demonstrate the value of U.S. military medical civic action programs (MEDCAPs), an element of U.S. foreign aid, as a foreign policy tool to help the United States promote global peace and stability.

Our U.S. Presidents have historically used foreign aid programs to create a worldwide environment that is conducive to

our national security. The U.S. can grant assistance through various types of foreign aid programs, as will be discussed, and the countries can receive more than one type of assistance at the same time.

FOREIGN AID PROGRAMS

Foreign aid programs, acting as a form of humanitarian assistance, can be grouped into three major categories: military assistance program, defense support program, or economic aid program.²

MILITARY ASSISTANCE PROGRAM

The military assistance program helps other countries develop a better military defense by means of providing various types of military equipment and military training.³ The goal of the military assistance program is to improve a nation's defense posture and achieve a regional balance in power. The objective of this balance in regional power is to promote regional stability and maintain peace. Also, the U.S. envisions the money saved by the nation not having to fund certain defense programs can be applied toward programs that will increase the standard of living for the citizens of that country. U.S. military advisors and military equipment provide the bulk of military assistance to countries designated to receive this type of foreign aid.⁴

The U.S. State Department administers the military assistance program, whereas the Department of Defense provides the personnel, equipment, and training.⁵ Medical civic action programs (MEDCAPs) are in this category since the U.S. military services provide the medical personnel and equipment necessary to perform the missions.

DEFENSE SUPPORT PROGRAM

The aims of the defense support program are to improve national infrastructure, stimulate the economy, and provide a better quality of life for the citizens of a country. Construction projects are the main focus of the defense support program and they include building schools, hospitals, roads, bridges, power plants, and dams.⁶

ECONOMIC AID PROGRAM

The economic aid program provides loans or grants directly to countries or private enterprises within designated countries. The key objective of economic aid is to create job growth and stimulate economic expansion. The United States Agency for International Development (USAID) is responsible for managing this program and receives guidance from the United States State Department.⁷

The various types of foreign aid programs that use military assistance, defense support, or economic aid have a humanitarian

objective. This objective is to elevate the quality of life for the citizens of that country by way of U.S. assistance. The improvement in the quality of life can be in the form of better health, enhanced education, or improved economic conditions.

HISTORY OF U.S. FOREIGN AID POLICY

Understanding the current attitude toward U.S. foreign aid requires an understanding of its history. Humanitarian assistance has been a meaningful component of U.S. foreign aid policy since the beginning of World War II. From the 1940s to the post Cold War era, the regional focus, purpose, and funding of U.S. foreign aid has seen many changes.

Before the United States entered World War II, the U.S. enacted a foreign aid policy known as the Lend-Lease Act. This Act gave President Roosevelt the power to provide military equipment to countries to help them defeat the Axis without the United States getting involved in the war. Roosevelt could sell, transfer, exchange, lease, lend, or dispose of any material that would be used to aid in the defense of the United States during World War II.⁸

Following World War II, one of the first priorities of the United States was to develop a plan to provide humanitarian assistance in a manner that would help in the reconstruction of Europe. Many European countries suffered tremendous losses to

their economy and infrastructure. The Marshall Plan was developed to aid the rebuilding of these destroyed economies. The United States spent nearly 267 billion dollars in Europe from 1946 to 1952 to fund the Marshall Plan.⁹ The impact of the Marshall Plan is that Europe rebuilt and became one of the world's great economic regions. Germany rebounded to become the economic and banking power of Central Europe. This economic rebound provided political and social stability in Europe. In addition, the resurgence of economic strength created new markets for United States businesses, which contributes to the national security of the United States.

During the Cold War, the main goal of the United States foreign aid policy was to curb the spread of communism around the world. During the 1960s and 1970s foreign aid spending shifted from Europe to Asia. This region received nearly half of the U.S. foreign aid budget with South Korea, Taiwan, and South Vietnam the chief beneficiaries.¹⁰ The results of this policy have been mixed. On the one hand, the United States lost the war in Vietnam and the communists gained control of South Vietnam. On the other hand, South Korea and Taiwan have developed successful, booming economies and have remained free from communist control. This shift in economic health has provided tremendous stability in the Far East.

In the 1970s, the United States foreign aid priorities shifted to the Middle East. The Camp David Peace Accords between Egypt and Israel committed the United States to a large security and economic assistance package. The intent was to bring peace and stability to this precarious region. Combined, Israel and Egypt received about 55% of the United States foreign aid budget for their commitment to the Camp David Peace Accord.¹¹ To date, the result of this policy has been a more peaceful coexistence between Israel and Egypt.

Since the Marshall Plan was implemented in the 1940s, there has been a steady decline in the United States foreign aid budget. Two factors explain this decline.¹² The first factor is the end of the Cold War in 1989. The fall of the Soviet Union removed one of the initial goals of the United States foreign aid policy, which was halting the expansion of communism. The second factor for the decrease in the United States foreign aid commitment was the increase in pressure on the U.S. Congress to decrease government spending so as to balance the U.S. federal budget.

This steady decline in the U.S. foreign aid spending has put the U.S. in the position that today less than 1% of the U.S. federal budget is allocated to foreign aid. In 1996, this amounted to \$12.2 billion of a federal budget of \$1.5 trillion.¹³

Curiously, this decline in the U.S. foreign aid budget comes at a time when the U.S. National Security Strategy and the U.S. Military Strategy are beginning to emphasize humanitarian assistance as a means to advance U.S. national interests.

The percentage of U.S. dollars spent toward foreign aid is a product of several factors. First, public support or public criticism can increase or reduce the amount spent for foreign aid. Second, the formulation of U.S. foreign policy greatly affects the amount expended on foreign aid. Third, changes in the U.S. National Security Strategy and the U.S. Defense Strategy can cause an upward or downward movement in foreign aid. Each of these factors will be presented to demonstrate their effect on the ebb and flow of foreign assistance and to more fully explore the rationale toward U.S. humanitarian efforts.

PUBLIC SUPPORT OF U.S. FOREIGN AID

Proponents of continued or increased funding for U.S. foreign aid express a variety of reasons for public support of U.S. foreign aid.¹⁴ Some proponents cite the many successes of past foreign aid policy, and cite the Marshall Plan as the most successful. Others point to the tremendous success of the U.S. efforts to reduce polio and small pox, increasing the life expectancy, and reducing the fertility rate of developing

countries. Others believe the U.S. has been successful in aiding countries suffering from famine, drought, or natural disaster. The U.S. foreign aid program has helped developing countries provide better educational opportunities for children by supplying new school buildings and educational materials. Furthermore, school children have benefited from improved health conditions through the introduction of immunization and food programs.¹⁵

Proponents seem to agree that U.S. foreign aid programs have enhanced United States national security. By providing the citizens of undeveloped countries a chance for better economic opportunities, there is a reduced risk of civil conflict, which is a key factor in political stability and regional security.

PUBLIC CRITICISM OF U.S. FOREIGN AID

Critics of U.S. foreign aid policy say that foreign aid programs are ineffective for two reasons.¹⁶ First, they claim the foreign aid is wasted because the countries do not have the necessary educational, managerial, or technical skills to utilize the aid properly. Without these skills, poorly conceived and ill-planned projects waste enormous amounts of money that could have been put to better use. Second, the critics claim the money is used to keep corrupt governments in power. They claim the money intended to foster development is

diverted to keep the present dishonest governments in office. This misuse of money prevents better-qualified, honest people from gaining office and establishing a better form of government for the country. Such pilferage deprives the country an opportunity to benefit from United States foreign aid.¹⁷ Bryan Johnson, a policy analyst with the Heritage Foundation, conducted a study of 77 countries receiving U.S. foreign aid for 35 years. Using economic growth as the criteria, Johnson concluded 39 countries are no better off compared to when they started receiving the foreign aid.¹⁸ Johnson also concluded that one-half of the 39 countries are now in worse condition.¹⁹

FORMULATION OF U.S. FOREIGN AID POLICY

Donald Nuechterlein submits twenty instruments of foreign and national security policy that the President can use in building U.S. foreign policy.²⁰ These instruments are techniques that can be used to influence other nations to support U.S. national interests. He lists the instruments in descending order of increased strength and persuasion, i.e., less military force to maximum military intervention. This means the instruments at the top of the list are easier to accomplish, less time consuming, less expensive to execute, and require less force. In comparison, those at the bottom of the list are more difficult to carry out, more time consuming, more expensive to

achieve, and require increasing levels of military force. The top half can be viewed as economic or political measures while the bottom half are categorized as military measures. Political measures are used to persuade countries to change their policies or actions. Economic measures are used to entice countries by enhancing their economic well being. Military measures are used to force countries to change their actions.

Nuechterlein implies that humanitarian assistance programs are an excellent tool for shaping U.S. foreign policy and U.S. national security strategy because they do not take a long time to conduct, they are inexpensive to operate, and they require no military force or intervention.²¹ He also asserts humanitarian assistance programs have the potential to be used as a significant and somewhat non-political tool to further U.S. national interests, and the programs have tremendous potential to bring long lasting results to a country and contribute to the stability of a region.²² Therefore, a humanitarian assistance program, such as a MEDCAP, can be a relatively inexpensive, relatively easy to accomplish procedure that the President can use to impose U.S. foreign policy and support the nation's national security posture.

CHANGES IN U.S. DEFENSE AND NATIONAL SECURITY STRATEGY

During the Cold War, the United States conducted small-scale humanitarian civic action missions worldwide. These missions were inexpensive and did not receive a lot of publicity but the military services were not particularly fond of executing these types of missions.²³ The military services complained these missions diverted funds from more important projects and they contributed to a decline in unit readiness. Additionally, the military services had trouble justifying these missions because they did not fit into the predominantly military doctrinal thinking of that time.²⁴

In the mid 1990s, the Army's resistance to using non-combat means to influence U.S. interests began to fade. This changing attitude can be traced to a new post Cold War defense strategy of leadership and engagement worldwide espoused by the Secretary of Defense and the Chief of Staff of the U.S Army.²⁵

In Army Vision 2010, General Reimer suggests the U.S. Army focus on new missions in the general areas of: defending or liberating territory, punitive intrusion, conflict containment, leverage, reassurance, core security, and humanitarian.²⁶ This new vision forced the Army leadership to develop new ways to support the guidance from the Army Chief of Staff. Also in the mid 1990's, the Office of the Secretary of Defense coined the

phrase "defensive engagement." This phrase describes the use of non-combat forces in peacetime to support U.S. foreign policy objectives.²⁷ A military medical civic action program (MEDCAP), utilizing combat service support personnel, is highly capable of implementing the Secretary of Defense engagement strategy and achieving positive results for Army Vision 2010.

The United States National Security Strategy for 1998 listed three core objectives. These objectives are to enhance our nation's security, bolster our nation's economic prosperity, and promote democracy abroad.²⁸ The 1998 U.S. National Security Strategy recognized the importance of humanitarian assistance as a means of supporting the objectives and helping to shape the international environment.²⁹

In order to carry out the United States National Security Strategy, the Department of Defense developed three elements in their defense strategy. These elements are shape the international environment, respond to the full spectrum of crises, and prepare now for an uncertain future.³⁰ Most military humanitarian assistance falls into the respond category because of the unpredictability of humanitarian crises. If managed properly, military medical civic action programs can be used as an excellent tool to shape the international environment. A MEDCAP can serve as a friendly encounter having the potential to

shape the international environment for attaining peace and stability. A medical civic action program can be used to initiate the first step in developing new relationships with other countries. These new relationships can contribute to an improved security posture between nations or regions. By strengthening our alliances with other countries by means of a medical civic action program, the U.S. can improve its security position in the world.

The U.S. military can serve as a role model for other countries. Many nations do not share the same relationship our U.S. military has with the U.S. civilian sector. Using medical civic action programs, the U.S. military can play a critical role in shaping the worldwide environment by promoting and protecting U.S. interest without using force to implement foreign policy. Military medical civic action programs have the capability to generate a tremendous amount of goodwill for the U.S. and to improve relations with other nations.

The Clinton administration was the first administration to recognize the importance of humanitarian assistance in the U.S. National Security Strategy. He listed humanitarian assistance as one of the keys to advancing U.S. national interests.³¹ Previous administrations discussed giving assistance to private volunteer organizations and non-government organizations to help

with refugees and providing some humanitarian assistance to countries following natural disasters.^{32 33}

To summarize, each factor (i.e., public support or public criticism, formulation of policy, changes in strategy) has through time caused some changes in degree of support for foreign aid, to include humanitarian assistance. Currently, there is a growing awareness of the value humanitarian assistance programs provide in promoting U.S. interests. Just how and why MEDCAPs promote U.S. interests and are a useful humanitarian assistance tool will be shown in a recent natural disaster example. It is presented to show how a MEDCAP can be used to further U.S. interests by promoting security and economic recovery.

AN EXAMPLE OF HOW A MILITARY MEDICAL CIVIC ACTION PROGRAM CAN PROMOTE U.S. INTEREST

In the fall of 1998, a devastating, slow moving, hurricane named Mitch, struck several Central American countries with Honduras suffering the worst damage. For several days, the relentless rain was the source of flooding which caused an enormous amount of damage. More than 5600 civilians were killed, 12,272 injured, and over 8000 missing and feared to be dead.³⁴ Rushing water destroyed or heavily damaged many roads, bridges, homes, and businesses with total damages estimated to be over \$3.6 billion.³⁵

This damage to Honduras' infrastructure has the potential for long-term effects on the economy, primarily agriculture, that can lead to regional instability. Honduras' rugged terrain will make it difficult to repair the roads and bridges quickly. Many rural farmers use these roads as their primary means for transporting their produce to market. Since the farmers have no means to get the small amounts of produce they were able to salvage to market, the storm has destroyed the local economy and created the potential for increased poverty in this region that can persist for some time.³⁶ Honduras' destroyed economy can affect regional stability in several ways. First, the destroyed economy can lead to civil unrest within Honduras as the citizens compete for limited employment opportunities and food. Second, the civil unrest can spread into neighboring countries as Hondurans migrate in search of employment and food. This new competition for jobs and food can strain relations with the neighboring countries or lead to civil unrest among its civilians. Central American has not enjoyed stability for long periods of time. On 7 August 1987, Honduras, Nicaragua, Costa Rica, Guatemala, and El Salvador agreed to sign a Peace Agreement ending many years of hostilities in this region.³⁷ With the present conditions, the U.S. has an important interest in restoring the economy of Honduras to maintain peace and stability in the region.

If Hondurans have no glimmer of hope for recovery, they could migrate to the United States as illegal immigrants. This search for a better future would burden the U.S. welfare system or increase unemployment as the Hondurans displace Americans as they seek work even in low paying service industries. In both cases, the U.S. taxpayer would pay for increased welfare costs or increased unemployment costs. Consequently, the U.S. has an important economic interest in providing assistance to Hondurans in their country.

The hurricane also created an environment conducive for wide spread disease. Only a small percentage of the harvestable crops could be harvested. The rest of the crops were rotting in the fields or alongside riverbeds and acting as a source for water pollution. Many animals could not escape the rushing waters and they lie dead throughout the countryside acting as a source of water pollution. In addition, the rotting produce and animal carcasses attracted various rodents and insects and increased the potential for widespread disease. Due to the close proximity of Honduras to the U.S., the U.S. has a humanitarian interest in helping to prevent an epidemic that could spread to the U.S.

A U.S. military medical civic action program in Honduras would help maintain peace and stability in this region. With the vast numbers of sick and injured patients overloading the

remaining undamaged hospitals, U.S. military medical teams could provide assistance ranging from simple first aid to general surgery. In addition, these medical teams could provide medications and immunizations to prevent widespread diseases.

The many destroyed roads and bridges created transportation problems. U.S. military medical air-evacuation teams would provide transportation to local hospitals for the sick and injured. Also, air-evacuation teams could transport U.S. military medical teams and medications to remote sites.

U.S. military preventive medicine teams would provide valuable services. Water pollution and uncontrolled rodent and insect populations pose a potentially serious health threat of cholera, malaria, hepatitis, and dengue fever in Honduras. Preventive medicine teams comprised of community health nurses, sanitary engineers, entomologists, environmental science officers, preventive medicine technicians, and preventive medicine physicians are able to provide educational material or personal instruction on food safety, sanitation, hygiene, water purification, and rodent control. In addition, preventive medicine teams are able to conduct disease surveillance to monitor the outbreak of a disease before it becomes an epidemic. Mental health teams would provide assistance to Hondurans to help them cope with the loss of possessions, jobs, and loved ones.

A military task force under the direction of SOUTHCOM deployed to Central America to help the citizens and the countries recover from Hurricane Mitch. LTC McGovern, representing the SOUTHCOM Command Surgeon's Office, stated the medical staff had over 30,000 patient contacts during this mission into Central America.³⁸

The United States has many interests in providing humanitarian assistance to this region. It is essential for the Honduran economy to recover quickly to maintain regional stability and security. It is crucial for the Hondurans to receive aid in their country so they can rebuild their country and restore their economy as soon as possible. Hence, it is both beneficial and cost effective to help Honduras in their effort to rebuild their homeland.

The Honduran tragedy demonstrates how a medical civic action program can be a useful tool to further U.S. interests. The two main U.S. national security interests in this example are to maintain regional stability and promote economic recovery.

The above example showed how the medical civil action program could be used in a regional disaster. Next, I will discuss the medical civil action programs being used by the Commanders in Chiefs (CINCs) responsible for the Pacific, Europe, and Central America. These are real exercises that

promote regional security and provide worthwhile medical training to host nations. These exercises exemplify how medical civic action programs create goodwill and leave the region with a more positive attitude toward U.S. military forces.

MEDICAL CIVIC ACTION PROGRAMS BEING PERFORMED TODAY

PACIFIC COMMAND

The United States Pacific Command (PACOM) performs medical exercises throughout the Pacific region called Medical Readiness Training Exercises (MEDRETES). The first exercise was performed in 1988 and a total of 73 MEDRETES have been performed through 1998. MEDRETES are used to support a program of cooperative engagement and they offer several benefits.³⁹ First, MEDRETES provide valuable training and experience for U.S. military medical personnel. These medical personnel have the opportunity to diagnose diseases and provide treatment for medical conditions that are not normally seen in the United States. This knowledge has operational significance to U.S. military personnel deploying on future missions into this area. Second, the MEDRETES are beneficial to the host country by providing valuable medical training to local medical personnel. Third, the U.S. gains invaluable goodwill as local civilians receive medical care they normally would not have access.⁴⁰

The MEDRETE missions are performed over two weeks with a team of 8-12 medical personnel. The mission is tailored to include medical, dental, preventive medicine, optometry, and veterinary services.

EUROPEAN COMMAND

The United States European Command (EUCOM) has performed military medical exercises in Africa, known as MEDFLAGS, since 1988. EUCOM's goal is to perform two missions per year in a different African country. Previous MEDFLAGS are listed in Figure 1.⁴¹ Each MEDFLAG is comprised of 30-80 medical personnel from U.S. Army, Navy, and Air Force stationed in Europe. The basic medical services provided are general medical care, immunization, dental, pediatrics, optometry, and preventive medicine.⁴²

Each MEDFLAG is conducted in three phases over a 10-14 day period. The first phase is medical training that is provided to host nation medical personnel. The host nation selects the personnel and the type of training they want. The MEDFLAG commander tailors the medical training to meet the needs of the host nation.

The second phase of the MEDFLAG mission is a mass casualty exercise (MASCAL). The purpose of the MASCAL is to evaluate the training received by the host nation personnel. At the

completion of the MASCAL, the host nation personnel receive an after action report that evaluates their overall performance and highlights their strengths and weaknesses. This report provides emphasis for continued training after U.S. military personnel depart.

The third phase of the MEDFLAG is the medical civic action program (MEDCAP). The MEDCAP deploys small medical teams into remote villages where they provide medical care to needy citizens. U.S. military medical personnel work closely with local medical personnel to set up treatment sites in schools, churches, or outdoors.

1988	Cameroon, Gabon
1989	Liberia, Botswana
1990	Tunisia, Senagal, Mauritania, Equatorial Guinea
1991	Cameroon, Guinea-Bissau, Zimbabwe
1992	Sierra Leone, Zambia
1993	Niger, Senegal
1994	Ghana, Botswana
1995	Cote D'Ivoire, Zimbabwe
1996	Mali
1997	Benine, Chad
1998	Guinea

Figure 1. MEDFLAG OPERATIONS PERFORMED BY EUCOM

Military medical exercises, known as MEDCEURs, were started by EUCOM in 1995. These exercises are performed in Central and

Eastern European countries under the NATO Partnership for Peace program. This Partnership for Peace program is a major initiative by NATO directed at engagement to reinforce security in Eastern Europe.⁴³ MEDCEUR exercises have two purposes: to strengthen U.S. relationships with Central and Eastern European nations and fulfill EUCOM's commitment to NATO's Partnership for Peace Program. Figure 2 list previous MEDCEURs.⁴⁴

1995	Albania
1996	Bulgaria, Romania
1997	Moldovia, Macedonia
1998	Lithuania

Figure 2. MEDCEUR MISSIONS PERFORMED BY EUCOM

MEDCEURs are similar to MEDFLAGS and provide the same basic medical services in three phases. The difference is MEDCEURs are performed with fewer personnel over a shorter period of time. These missions are conducted with 40-60 military medical personnel over a 7-10 day period.⁴⁵

SOUTHERN COMMAND

The United States Southern Command (SOUTHCOM) is establishing relationships with countries through humanitarian and civic action programs. The SOUTHCOM tailors each program to meet the special needs of the countries in Central and South America.⁴⁶

SOUTHCOM places high priority on rehabilitative medicine.⁴⁷ Several countries in Central America have recently ended periods of armed conflict. These conflicts resulted in many types of orthopedic injuries. These countries do not have a medical system with orthopedic specialist or orthopedic rehabilitation programs. The U.S. military medical system possesses an excellent orthopedic rehabilitation program with occupational therapy and prosthetic fabrication. With the proliferation of land mines worldwide, it is important for U.S. medical personnel to have training in the treatment and reconstruction of orthopedic injuries. Furthermore, the U.S. gains a tremendous amount of goodwill treating patients that do not have access to sophisticated medical care.

SOUTHCOM is concerned about emerging diseases in Central and South America.⁴⁸ The region's nearness to the U.S. makes it easy for rapidly spreading disease to extend into the United States and place American citizens at risk for an epidemic.

These medical civic action programs being performed in PACOM, EUCOM, and SOUTHCOM are examples of how MEDCAPs significantly promote U.S. interests. The U.S. gains valuable goodwill and the citizens of the host country receive beneficial medical care that improves their quality of life. Also, the medical personnel from the host country receive pertinent medical training. More importantly, these exercises give the

CINCs an avenue to favorably engage other nations within their area of responsibility.

I have explained how the medical civil action program could favorably affect a country in chaos as in the Honduran disaster. I have discussed how the CINCs in Europe, Central America, and the Pacific have favorably used these exercises to promote U.S. interests. Now, I will share personal experiences in commanding two medical civil action programs, one in Romania and the other in Guinea, West Africa.

PERSONAL EXPERIENCES

In August 1996, I served as the task force commander for MEDCEUR 96-02 into Baltesti, Romania. The Romanian military and the Romanian Civil Protection Force enthusiastically received this mission. MEDCEUR 96-02 helped local officials receive funding from the Romanian government for the first disaster response course in the entire nation. The U.S. gained goodwill as the mission offered medical care to needy citizens, provided valuable medical training to Romanian military medical personnel, established new relationships with the Romanian military, and demonstrated to the citizens that the U.S. cares about their country. At the closing ceremony, almost all of the citizens of Baltesti, Romania assembled to witness the closing ceremonies and the departure of the American soldiers. The senior Romanian official, the Minister of Defense, expressed his

deep appreciation and hoped this mission was the beginning of many future exercises between the U.S. and Romania.

In March 1998, I served as the task force commander for MEDFLAG 98-01 into the Republic of Guinea, West Africa. The U.S. gained substantial goodwill as the mission provided 20,000 immunizations to 10,000 children and treated over 2000 patients with medical, dental, or optometry problems. The citizens observed, via comprehensive Guinea television broadcast, the U.S. military providing medical training, evaluating the mass casualty exercise, and treating patients. The Guinea military videotaped the training conducted by the U.S. personnel and planned to use the videotapes as training aids for their military personnel.

At the closing ceremony, the U.S. Ambassador, the Honorable Tibor Nagy, expressed his deep appreciation and noted some mission accomplishments. Besides providing medical care and medication to over 12,000 needy civilians, the MEDFLAG provided the framework for a better future working relationship between the Guinea government and the U.S. Embassy.

After the closing ceremony, I was invited to the presidential palace for a visit with the President of Guinea, Lansana Conte. The president expressed his deep appreciation for the MEDFLAG mission and hoped this was the beginning of future involvement with the United States.

From personal experience, I have concluded that the benefits to the people were real and significantly favorable. Children received immunizations that will increase their chance for a longer life. Eyesight was restored to senior citizens who previously had cataract surgery but did not receive any glasses. Simple infections that many times cause amputation of limbs were cured. Abscessed teeth were removed. In Guinea, the life of a small girl suffering from malaria and malnutrition was saved with medical treatment and medication.

In both missions, the countries received significant benefits. The U.S. medical personnel provided medical training such as emergency medical treatment, triage, evacuation, and disaster management. In addition, the host country received donated medical equipment and supplies after the exercise was completed. The U.S. gained tremendous goodwill not only among the representatives of both governments, but also among the people.

CLOSING THOUGHTS

In the post Cold War era, the U.S. National Security Strategy and U.S. National Military Strategy recognize the importance of humanitarian missions. Both strategies advocate a more active role for these missions as a means to become engaged worldwide to promote U.S. national interests. In essence, you have no influence if you have no contact, a fact that

underscores how essential these humanitarian missions have become.

During the early 1990s, a new term, "humanitarian vital interests" made its debut in the U.S. foreign policy vocabulary. Humanitarian vital interests are defined as a condition vital to humanity for which the international use of force, civil or military, is justified despite state sovereignty.⁴⁹ The United States used humanitarian vital interests to justify their military intervention into Somalia to feed the starving population. In the 1997 United States National Security Strategy, humanitarian interests are defined as situations that cause the U.S. to act because our human values demand it.⁵⁰ It is conceivable that there will be many more situations like Somalia in the future. With the U.S. surviving the Cold War as the world's only super power, our country has obligations, morally and ethically, to assist other countries in their time of need. It is essential that the U.S. support these missions with medical civic action programs (MEDCAPs) because the consequence of inaction is unacceptable in a civilized society.

MEDCAPs add another dimension to the United States' ability to influence worldwide change and promote U.S. national interests. These missions generate goodwill as they demonstrate the U.S. willingness to assist others in need. In many countries, MEDCAPs might be the only encounter the U.S. has with

civilian or military authorities and the local population. Medical civic action programs are too valuable an asset not to use as an U.S. foreign policy tool for promoting U.S. national interests.

The CINCs have the responsibility for developing engagement concepts or plans for their area of responsibility (AOR). These engagement plans are engineered to encourage U.S. military contacts with other countries and their militaries in an effort to build stronger friendships and confidence. The CINCs have a Command Surgeon responsible for giving them advice on medical issues within their area of responsibility. It is essential for these Command Surgeons to communicate the value of MEDCAPs and inform the CINCs so that MEDCAPs become an integral part of the CINC's engagement plan.

MEDCAPS give the U.S. military the capability to influence and build confidence in our relationships with other nations. In some cases, a MEDCAP interaction might be the only source of engagement the U.S. has with foreign governments and the people. Task Force Anguila was sent to Central America to assist with the Hurricane Mitch disaster. The task force commander, COL Virgil Packett, commented that "we have gone from very cold relationships to untold opportunities."⁵¹ Packett stressed this military humanitarian mission helped to create a better

relationship with Nicaragua and that a U.S. military liaison officer was subsequently to be stationed in the U.S. Embassy.⁵²

Humanitarian and medical civic action programs shape the environment and help create regional stability. This display of goodwill can initiate new long-lasting partnerships. Many of our senior leaders recognize the advantages of the military participating in MEDCAPs. Why? Because medical civic action programs are becoming a significantly useful U.S. foreign policy tool that helps the U.S. promote its national interests.

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ENDNOTES

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⁴ Ibid.

⁵ Ibid.

⁶ Ibid., 5.

⁷ Ibid.

⁸ Ibid., 10.

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¹⁰ Eric J. Labs, The Role of Foreign Aid In Development (Washington, D.C.: Congressional Budget Office, 1997), 10.

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¹³ Ibid.

¹⁴ Labs, 7.

¹⁵ Ibid.

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¹⁷ Ibid.

¹⁸ Cooper, 845.

¹⁹ Ibid.

²⁰ Donald E. Nuechterlein, America Overcommitted: United States National Interests in the 1980s (The University Press of Kentucky, 1985), 32.

²¹ Ibid.

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²³ "Instruments Of U.S. Power: Defense Engagement in Peacetime," In U.S. Army War College, Department of National Security and Strategy, Core Curriculum Course 2: "War, National Policy & Strategy": Readings: Volume V-Part A, Academic Year 1999 (Carlisle Barracks: U.S. Army War College, 1998), 63.

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²⁶ Ibid.

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³³ The White House, A National Security Strategy for a New Century (Washington, D.C.: U.S. Government Printing Office, January 1987).

³⁴ John Ward Anderson, "Mitch Survivors Rebuilding," The Washington Post, 20 December 1998, sec A, p.55.

³⁵ Ibid.

³⁶ "Hurricane Mitch," available from <http://cnn.com>; Internet; accessed 17 November 1998.

³⁷ Jack Child, The Central American Peace Process, 1983-1991: Sheathing Swords, Building Confidence (Boulder & London: Lynne Rienner Publishers, 1992), 178.

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³⁹ LTC Biggerstaff, "Medical Readiness Training Exercise Program," Information packet received from the United States Pacific, Office of the Command Surgeon, 1 Oct 1998.

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⁴¹ Lt Dave Stahl, "Medical Operations MEDFLAGS," Information Paper received from the United States European Command, Office of the Command Surgeon, 2 December 1998.

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⁴³ "Partnership for Peace," available from <http://www.centraleurope.com/ceo/special/nato/hatopeace.html>; Internet; accessed 26 January 1999.

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⁴⁸ Ibid.

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