

Small Decks for Engagement Operations: What Are the Trade-Offs?

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Big picture

- **Smaller assets mean a different focus of engagement activities**
 - Not surgery focused
 - Construction and preventive medicine key
 - Potential for development of strong partnerships
- **Potential loss of high degree of awareness that other assets usually generate**
 - Hospital ships, LHDs are able to do activities that may generate greater awareness among population, government
 - Smaller assets may have to work harder to generate awareness
 - Personal interactions key
- **Strengths of smaller assets**
 - Well deck—can take more “stuff,” including heavy equipment
 - Can get closer to port (drafts are smaller)
 - May appear “less threatening” in countries that are suspicious
- **Smaller decks still appear as a powerful and visible signal of U.S. strategic communication messages**
 - We hypothesize that almost all USN ships will appear large to local personnel



2

Introduction

U.S. Naval Forces, South (USNAVSO) asked CNA to help it understand what the implications would be when the assets provided for engagement deployments became smaller—such as smaller-deck amphibious ships or even the new littoral combat ship—replacing hospital ships or large-deck amphibious ships. USNAVSO has a real need to understand these implications since it conducts one of the major engagement deployments in the world, the annual Continuing Promise mission.

Continuing Promise has been conducted every year since 2007, normally in the fall. A ship visits countries in the Caribbean Basin and/or the Pacific coast of Central and South America. These deployments usually concentrate on using medical and construction/engineering activities to achieve their objectives. In fact, the availability of the hospital ship is one of the reasons why medical activities became a focus for this deployment; the ship was easy to utilize since it was not in a regular rotation, as most amphibious ships are. Therefore, Continuing Promise became strongly identified in Latin America as a medical deployment. Different ships might mean a change to those activities, and NAVSO wanted to know what those changes might be and how to compensate for them if necessary.

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This is a study about trade-offs. A smaller ship will, obviously, have less capability and capacity in some respects than a larger one, but it may also provide new capabilities and capacities. Likewise, some aspects of engagement activities may not work on smaller ships, but there may be other sorts of activities that may be more possible with a different type of ship. Finally, understanding not only how these trade-offs play out logistically but what they may mean for the effects of the engagement deployment in partner nations is the ultimate trade-off analysis that is needed. In other words, can the U.S. Navy do activities on smaller ships that will achieve the same effects in countries that larger-deck ships have already done and, if so, how? That is the question this study seeks to answer to the extent possible.

CNA conducted a number of interviews with subject matter experts about the various ships as well as about the activities that were usually conducted during the deployment. We also used data about ship capabilities and about the needs for medical and construction activities. Finally, we spoke with the commander from Pacific Partnership 2009. He had used a smaller deck for the engagement missions, and his perspective allowed us to understand how these trade-offs worked in practice and what, if any, effects (negative or positive) had been seen in partner nations as a result of the smaller ship.

This data collection allowed us to analyze what the potential negative and positive effects would be when a change in ship and activities ensued and to hypothesize what NAVSO should expect when the assets available for these missions do change.

Our main results follow:

- *Smaller decks will mean a different focus for engagement activities.* It is unlikely that medical activities will remain focused on surgery and instead will likely focus on preventive medicine activities. Likewise, construction activities will have a more prominent role in engagement deployments, as will community relation (COMREL) activities.
- *There will be some loss in visibility, but compensation for that loss is possible.* It is true that hospital ships and large-deck amphibious ships may be more visible both from shore and in their ability to generate attention. However, smaller ships can compensate for this loss in visibility by increasing personal interactions before and during visits. An aggressive public affairs (PA) approach will also be necessary.

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- *Smaller assets have important strengths.* Smaller assets, because they normally have much larger well decks, can carry more equipment for these missions. That will mean expanded capacities, especially in construction activities. Second, smaller assets will likely be able to get closer into port. Whereas large-deck amphibious ships and hospital ships have quite large drafts, and, therefore are unable to get into ports with poor conditions, smaller assets might not have that problem. Finally, smaller ships may appear less threatening in nations that are apprehensive about a U.S. Navy ship visiting.

- *Smaller ships will still appear powerful and a visible signal of U.S. support.* Most countries that engagement deployments visit are likely small and underdeveloped. To local eyes, we believe that even smaller ships in the U.S. Navy are still very large ships to local populations. Therefore, smaller assets—just like larger ones—will still be a strong signal to partner nation governments and populations with which the United States is a partner.

Past Continuing Promise HCA missions

There have been three previous missions—all were medical missions

- **Continuing Promise 07**
 - USNS *Comfort*
 - Medically focused mission
 - Strong emphasis on surgeries
 - Some construction work/(COMREL) done
 - Engaged with nations both in Caribbean Basin and on Pacific coast of Central and South America
 - Successful engagement with general publics
- **Continuing Promise 08**
 - USS *Kearsarge* (LHD-4) and USS *Boxer* (LHD-4)
 - Medically focused mission
 - Strong emphasis on surgeries
 - Slightly more construction work done than previous year
 - Engaged with nations in the Caribbean Basin and on Pacific coast
 - Very well received by general publics and leadership
- **Continuing Promise 09**
 - USNS *Comfort*
 - Medically focused mission
 - Strong emphasis on surgeries
 - Slightly less construction work than Continuing Promise 08
 - Engaged with nations in the Caribbean Basin and on Pacific coast of Central and South America
 - Very well received by general publics and leadership

All three missions have used larger platforms with large medical capabilities



Past Continuing Promise missions: what did they entail?

Continuing Promise is a humanitarian and civic assistance (HCA) mission that has taken place annually since 2007. Here, we review some of the major characteristics of each annual mission with a focus on mission activities and requirements.

Continuing Promise 2007: USNS *Comfort*

This first mission took place in response to the success of the USNS *Mercy* missions in the Pacific. After the devastating tsunami in 2004, the popular response in such countries as Indonesia to the *Mercy* mission proved that the U.S. Navy could help to secure more support for the United States by conducting these missions, and the follow-on mission in 2006 reinforced that point with its success among key U.S. partners, such as the Philippines [1].

On March 5, 2007, President George W. Bush declared in a speech to the Hispanic Chamber of Commerce that the United States was sending the hospital ship, USNS *Comfort*, on a 4-month deployment aimed at helping local communities in Latin America. With little time to plan, USNAVSO and U.S. Southern Command had to ramp up planning and try to execute a complicated mission that went to 12 countries for about seven to eight days in each country, which was a very ambitious schedule for the first deployment of this kind of in the region.

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This deployment, the first of the Continuing Promise mission, was very successful, especially given the serious constraints that the mission had—a short lead time for planning and a schedule with more countries than any subsequent mission would have [2, 3].

The inaugural deployment of Continuing Promise occurred in the summer of 2007 and went to 12 countries: Peru, Colombia, Ecuador, El Salvador, Panama, Nicaragua, Belize, Guatemala, Haiti, Trinidad, Guyana, and Suriname. The objectives of the mission follow:

- Ensure the Forward Defense of the United States.
- Train U.S. military and civilian medical personnel in a collaborative effort to provide humanitarian assistance.
- Encourage regional partnerships.
- Foster goodwill and enhance the credibility of the United States.
- Solidify existing partnerships with key nations and encourage the establishment of new ones between/among nations, nongovernmental organizations (NGOs), and international organizations.
- Enhance regional stability and security.
- Demonstrate U.S. commitment and support to Latin America and the Caribbean region by providing medical services and humanitarian assistance.
- Support partner nations' efforts to build capacity to provide humanitarian assistance.

Therefore, the focus of the deployment was on relationship-building with the general public of each country as well as with its medical personnel and government. Continuing Promise 2007 engaged in primarily medical missions with a heavy emphasis on surgeries. Each country visit, however, was quite short—5 to 8 days—compared with later deployments, so there was a real logistical push to try to conduct surgeries successfully and safely within the allotted time frame. Medical clinics were set up in each country and the deployment saw over 120,000 patients.

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The mission also performed construction projects, including repairing schools and existing medical clinics. Since *Comfort* had so little lead time for planning, the deployment experienced some planning issues with local government officials in most countries it visited; this ended up being a serious lesson learned. As the test case of Latin America, however, the inaugural Continuing Promise deployment proved to be an overwhelming success, especially among general populations. The amount of personal interactions of U.S. Navy personnel with partner nation publics proved to be the deployment's greatest strength [2]. These personal interactions were a significant cause of the positive effects *Comfort* had in each country.

USS *Kearsarge* 2008

The follow-on Continuing Promise in 2008 was conducted by a grey hull—USS *Kearsarge*, a large-deck amphibious ship. *Kearsarge* had the largest medical facilities of any ship in the U.S. Navy short of the hospital ships; with eight operating rooms, *Kearsarge* could perform a lot of surgeries.¹ Moreover, since she is an amphibious ship, she was also able to bring more construction and heavy equipment and carry a greater contingency of Seabees. But there were also questions about how people would respond to the appearance of *Kearsarge*. Used to using white hulls for these types of missions, NAVSO worried about how a combat ship would be received in a region of the world normally quite suspicious of U.S. military motives.

The crew of *Kearsarge*, as well as the commodore and captain, were well suited to this mission because they had recently returned from responding to the natural disaster caused by Cyclone Sidr in Bangladesh. As part of Operation Sea Angel II, the crew had interactions with Bangladeshi populations and the military and, therefore, was prepared to interact with groups that were very different from those they had encountered before.

Kearsarge also visited far fewer countries than the previous deployment. Whereas *Comfort* went to 12 countries, *Kearsarge* planned to go to only 6: Colombia, Guyana, Trinidad and Tobago, Dominican Republic, Nicaragua, and Panama. By doing so, *Kearsarge* was able to spend much more time in each location offering more in-depth medical and construction services—but, of course, to fewer countries.

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Kearsarge's schedule also experienced a significant change: during her visit to Colombia, a hurricane hit Haiti with devastating results. *Kearsarge* left Colombia early to respond to the disaster and had to cancel the visit to Panama. While this was difficult for the Panamanians, it was not an unexpected outcome for the Continuing Promise mission. These missions normally are conducted in late summer and fall, corresponding to hurricane season. They do so in order to train U.S. military personnel in natural disaster response; in the case of an actual natural disaster, the ship is already in the region.

While the withdrawal from Colombia and the cancellation of the Panama visit were disappointing to the two countries, both the populations and the governments of the respective countries understood the overwhelming need in Haiti. Moreover, as we will discuss later, the withdrawal from Colombia—which left construction projects unfinished—proved to demonstrate some powerful effects of the mission.

A grey hull proved to be a real asset. While there was some trepidation that local populations would look at the grey hull suspiciously² in fact, the opposite seemed to be true: when a local populace would realize that a “war ship” was bringing humanitarian aid, it strongly contradicted an established stereotype and made a lasting impression.

The mix of activities was very similar to previous missions and the deployment returned to many of the same countries. Media coverage was very positive in every country, and, in the countries where CNA conducted national polls, an average of 84 percent of people were favorable toward the mission [4]. Moreover, around 70 percent of respondents indicated that this mission had made their view of the United States more favorable [4].

By going to many of the same countries as *Comfort* and conducting similar work, *Kearsarge* demonstrated that the “continuing” part of Continuing Promise was being upheld, and this went quite a ways toward creating trust³—a very big issue in the region where distrust of the United States is a historical legacy of previous U.S. foreign policy.

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Important issues that arose during this deployment include the following:

- *Country selection.* *Kearsarge* conducted a return visit to Trinidad and CNA found that, similar to the impact of Continuing Promise 2007, opinions of the United States were less positive for people who were aware of the mission. In other words, *the mission caused people to be less positive about the United States*. This was a startling finding. The reason for this occurrence was the socioeconomic status of Trinidad; Trinidadians view themselves as fairly developed and as having a sophisticated health care system. They believed that they did not need a basic medical mission. This, of course, does not imply that conducting engagement operations with Trinidad is a bad idea; rather, it simply means that Continuing Promise was not the right set of activities with which to engage. Not all countries are the same in a region, and careful consideration should be paid to the interaction of proposed activities and country characteristics, such as national wealth.
- *Changing behaviors.* For the first time, CNA was able to detect demonstrable new behaviors emerging among a target audience: the local population in Santa Marta, Colombia. This change actually was prompted by the early departure of *Kearsarge* from Colombia to respond to the Haitian disaster. Because of this, U.S. Navy Seabees were unable to complete the major overhaul of a school they were working on and had to leave instructions and all the material for the local personnel to complete the job—and there was still much work to do. The local population not only completed the school but also took up and completed other major repairs to their community, including the park and the medical clinic. They credited these initiatives to the visit of *Kearsarge*, saying that the U.S. Navy sailors inspired them to work collectively to solve collective problems in their own community and that this had even changed the political discourse in the community.
- *Leadership.* Across all countries, there was a strong, positive impression of the leadership of Continuing Promise. The commodore for the mission was a strong leader who went out and worked alongside sailors and local personnel on various projects in each country and who was able to interact in an extremely positive way with everyone from the mayor to a local farmer. Many people cited his actions as inspirational to their own lives, as extremely memorable, and as an example of “true” leadership [4].

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USNS Comfort 2009

The next deployment used *Comfort* again to conduct medical and construction activities. *Comfort* again made return visits to most countries—only Antigua was a first-time visit [5]. By the third deployment, many of the earlier issues (such as issues with planning and coordination) had been resolved, and this deployment encountered fewer issues on the ground than other deployments. Medical care was positively received for the most part, though there were requests for medical specialists that could address overwhelming needs in the communities, such as gynecological or ophthalmologic services. There were also issues with the lines for medical clinics ashore, and partner nations also strongly requested better crowd management.

One of the things that this deployment did so well was to coordinate with partner nations and the U.S. Embassy in each nation. By coordinating with various organizations, *Comfort* was able to mesh their projects with ongoing initiatives or projects in the partner nation. Moreover, *Comfort* used COMREL projects in interesting ways that really supported local officials. Below, we discuss some specific aspects of coordination that worked:

- U.S. Embassy projects.* *Comfort* worked closely with the Embassy and the U.S. Agency for International Development (USAID) to assist ongoing projects already initiated by the U.S. government. One example was the repair and construction of a blood bank in Santo Domingo, Dominican Republic. USAID had begun repair work but was finding it difficult to obtain the resources and personnel necessary to complete it; *Comfort* had the requisite amount of both and was able to finish the job during the visit. This directly contributed to increased health in the country since most blood tests were conducted at this facility, especially for HIV. This repair allowed these tests to be conducted in a much more secure way without mixing up samples, etc.

- Supporting U.S. relations with host nation.* In several instances, *Comfort* helped strengthen U.S. relations with partner nations. The best example of this occurred in El Salvador where a new, leftist government had recently taken office. The Continuing Promise mission offered an opportunity for the United States to demonstrate to the new government that the United States would be a good partner for El Salvador—the strong coordination with officials and the humanitarian activities showed this. Officials in El Salvador reported that this operation made them rethink their stance toward the United States.

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•*Supporting host nation initiatives.* As we will discuss later, partnership is a key factor in the success of any mission, and supporting ongoing partner nation initiatives is a tangible, strong way to evince partnership. In the Dominican Republic, the U.S. Consul-General needed a way to strengthen his relationship with the Dominican Attorney-General. Because information about the capabilities that *Comfort* was bringing during her mission had been communicated well throughout the Embassy, the Consul and his staff knew that a U.S. military band was coming as part of the mission. The Consul also knew that the Attorney-General had made prison reform a key issue within the judicial system and needed publicity to press the issue among the public and among other members of the government. The Consul offered the band as a way to achieve this, and the band played a concert at one of the model prisons the Attorney-General had created. This brought a great deal of media as well as other cabinet members to the prison where they witnessed the Attorney-General's reforms. The Attorney-General reported that this concert—as much as anything else—helped him with this initiative, and he was grateful for the assistance. It also strengthened his relationship with the U.S. Consul.

•*Behavior changes.* Senior Colombian officials reported that there had been a series of critical behavior changes that had taken place on the Pacific coast of Colombia, in the heart of narco-trafficking havens, and these changes were associated with the Continuing Promise visits. In short, the local community of Buenaventura—site of the *Comfort* 07 visit—was inspired by the mission itself to change its own community by restoring law and order and making it far less hospitable to drug traffickers. The reasons *Comfort* struck a cord were multiple, but they included the following: (1) Buenaventura is a marginalized population within Colombia, and it made a deep impression on the local populace that the United States—a country of almost mythological status—chose to send a large ship to help them, and (2) by working alongside U.S. personnel, local people learned the coordination skills necessary to organize themselves later to engage in important community action that resulted in a much safer city. While *Comfort* did not “cause” the change in Buenaventura (and there were multiple inputs into the change), it did serve as a catalyst, or inspiration, for initiating some critical changes. These changes were directly beneficial to increasing U.S. security by denying sanctuary to drug traffickers.

Summary

All three previous missions⁴ used large assets to accomplish medical missions and, in fact, much of their decision to conduct medical missions was driven by the availability of the assets themselves. This focus on medical missions as the most effective way to conduct engagement missions makes it difficult to consider the alternative: what happens when ships that can do such large medical missions are no longer available?

Current asset environment

Two concurrent forces are at work:

- **Tightening of USN budget**
 - Due to recession, all of DoD has had to tighten budgets
 - Using a large deck for these types of missions may seem fiscally risky
 - Need cohesive funding stream for engagement missions
- **Drawdown of USMC in CENTCOM AOR**
 - This means that large-deck amphibians will again be used in regular rotations
 - May not be available for engagement operations
- **What does this mean?**
 - Seems unlikely that large-deck grey hulls will be available for engagement operations in the short term
 - However, hospital ships may still be used—at least until they are decommissioned



12

What has changed in the asset environment?

In 2009 and 2010, the United States experienced one of its worst recessions in a very long time. This recession had an immediate and drastic effect on almost all government organizations, including the Department of Defense (DoD) and the military services. In anticipation of drastic budget cuts, the services started to prepare themselves for a loss in operating funds and began to recognize their ability to buy new assets and repair old ones.

Likewise, the wars in Iraq and Afghanistan were drawing down and this would free up many U.S. Marines who had been involved in combat operations. Previous to this, the utilization of the large-deck amphibious ships to transport U.S. Marines was low, thereby allowing these large-decks to be used for different missions. With the drawdown in the Central Command (USCENTCOM) area of responsibility (AOR), the LHDs were likely to be used once again for the regular U.S. Marine Corps rotations.

What would these two processes mean for naval engagement operations? It seems likely that—at least in the short term—large-deck amphibious ships will not be used for engagement operations. With a tightening budget and an increased demand for the ships, 2010 may be one of the last years these ships will be used, assuming that engagement missions remain important but not of highest priority to military strategists and planners.

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We should note, however, that the hospital ships will remain available to use—at least every other year. We recognize, though, that USNS *Comfort* is 34 years old and is not expected to last many more years, and it seems unlikely that the hospital ships will be replaced, at least with the same size and capacity as the current T-AH ships.

So what happens now?

- **Smaller decks may be used for engagement missions, such as LPD-17 class or LSDs, LCS—or even combatant ships**
- **The capabilities of these ships are significantly different from those of bigger ships and will affect the HCA activities that can be done**
- **What engagement activities can a smaller deck do?**
 - Will these have a different impact in-country?
- **How will a smaller deck affect the strategic communication message?**
 - Will the visibility of a smaller ship be enough?
 - Will there be disappointment in the host nation because of the smaller size?



14

What does this mean for engagement activities?

The dwindling availability of large ships will likely mean that engagement operations will have to use smaller ships, such as:

- **Amphibious Transport, Dock Ship (LPD).** This ship is normally used to transport and land Marines and their equipment and supplies by embarked landing craft. The San Antonio class (LPD-17) is the current class of ship, replacing the LPD-4 ships.
- **Dock Landing Ship (LSD).** Similar to the LPDs, these ships are designed to transport and land Marines and, in this case, do so using the Landing Craft Air Cushion (LCAC) vehicle. It is smaller in size than the LPD.
- **Littoral Combat Ship (LCS).** These brand new ships are currently coming on line and will provide close-shore combat support and be able to travel at high speeds.

The capabilities of these ships are significantly different from those of the ships used for engagement missions to date—notably in their medical capacities and ability to transport equipment. This will have an obvious effect on what type of HCA activities can be done during a mission. The current emphasis on medical activities, for instance, may have to shift to different types of activities.

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If this is the case, what does this mean for the effects of engagement activities? Can the same positive effects generated by activities done on larger ships be achieved? And, given the change in the nature of the activities that will be required, how will this be done?

Specifically, there are worries that the visibility of smaller ships may not be enough to generate the awareness in the populations and the governments that larger ships normally do. Moreover, there is concern that the partner nation personnel will be disappointed in the smaller ship and take it as a sign of lessening U.S. commitment to their country and to the region as a whole.

We will examine each of these issues in turn; we begin, however, with an examination of the role that an asset plays in creating the desired effects in engagement operations. We then turn to a review of smaller assets to understand exactly what capabilities will be lost and gained when using smaller ships.

What role does the asset play in attitudinal impact?

- **Visibility**
 - Key component to having impact in host nations
 - Ship sends visible signal to host nation government
 - Importance of country to United States
 - Use of hard power assets for humanitarian intent
- **Footprint**
 - In locations with very limited infrastructure, ship provides ability to have smaller footprint ashore, which can avoid straining local resources
 - Much appreciated by local government and publics
- **Distinctiveness**
 - USN ships are distinct from other assets normally seen in area
 - Larger, more exciting—the USN has a certain mystique
 - People want to be part of that mystique—want to be on board ship
 - We know that getting people on a ship (especially media and distinguished visitors (DVs)) creates a bigger attitudinal impact



*Smaller assets can still fulfill these requirements:
does require change in activities*

16

The role of the asset appearance in creating desired effects of engagement missions

Is the asset even important for engagement missions beyond what capabilities it has? In other words, do assets have importance beyond what equipment and personnel they can bring to a country? Is it possible, for instance, to envision gaining the same effects and not even using a naval asset?

The answer to the last question is unequivocally “no.” Naval assets have attributes that allow them to uniquely contribute to effects of engagement missions. We discuss these attributes below.

Visibility

Visibility involves two different aspects: (1) the ability of the population to actually see the ship from the shore and (2) for the ship to achieve enough coverage in the media that many people in the country see pictures of the U.S. Navy ship.

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A visible ship (as opposed to a fly-in mission) sends a strong message to the national government and population. Many have reported to us that they know that only the United States could have planned and executed missions as complicated and expensive as these engagement deployments, and this makes the government feel as if the United States appreciates and prioritizes their partnership. Countries know that the United States could go many different places with these missions; the fact that they came to their country makes an impact. And the ship sitting in their port is a physical manifestation of that impression. While a fly-in medical mission may be just as—or even more—effective at treating patients and interacting with people, it lacks the *gravitas* of a ship and the message it sends governments: “you are important to us.”

As was mentioned in our discussion about the USS *Kearsarge* deployment, the big concern about grey hulls, regardless of size, has been that they send a message of war or combat—certainly not a humanitarian message. However, as it turns out, this is the greatest strength of grey hulls, especially in engagement missions. People reported that when they saw the ship, they immediately invoked the stereotype that the United States was here to invade them or cause other sorts of trouble; however, when they saw doctors, nurses, construction engineers coming out of the ship, it caused them some cognitive dissonance because it did not coalesce with the expected picture. This cognitive dissonance appears to make a very deep impression on people. When they are confronted with an unexpected reality, they replace their old stereotype with this new picture—a picture much more favorable to the United States.

Footprint

One of the best aspects of any naval vessel is its very light footprint onshore, and this is as true for engagement missions as any other type of missions.

Engagement missions often go to locations that have poor to nonexistent infrastructure ashore. If the U.S. military tried to conduct a mission of the same size and scope, but was required to do it all on shore, it is unlikely that the partner nation could support such a mission. Often, the ability to have the water, sewage, or food availability is more than a partner nation can provide.

A ship reduces these worries since it can berth and feed all the personnel necessary to the mission and not put a burden on the local infrastructure. Local governments are usually quite grateful for this consideration, and this improves their perceptions about the U.S. Navy [5].

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This light footprint also helps to alleviate the concerns of those who are not pro-U.S. and would view a large U.S. military presence on their soil as a cause for great concern. We certainly can hypothesize that the Ortega government in Nicaragua would not likely accept a mission with a large U.S. military presence ashore. Given that Nicaragua is an important strategic country for the United States, this would be a real missed opportunity.

Distinctiveness

It is easy to forget that U.S. Navy ships are extraordinary in these countries and to people ashore. These large, complex ships are part of a larger mystique in the rest of the world about the U.S. Navy. Having one of these large ships (as well as the accompanying sailors) is exciting to partner nation personnel and something they will likely remember for a long time.

Moreover, we know that getting local personnel and government on board the ship helps to generate very positive impressions of the United States and the U.S. Navy. For instance, getting press personnel on a ship for a tour will generate more positive and emotive media coverage than reporters who do not get on the ship. Furthermore, actually being on a ship inculcates these memories, which last a very long time.

Summary

These three attributes of a naval ship—visibility, footprint, and distinctiveness—are not limited to large ships. Smaller assets also have these attributes; however, they may need to have slightly different activities to amplify these attributes.

Next, we discuss the specific capabilities of smaller decks in order to understand how engagement activities will have to change with their use. We start with the LPD-17 amphibious ship.

LPD-17 San Antonio class asset: capacity for engagement

- **Two functioning operating rooms (ORs)**
 - Smaller surgeries; cataracts, etc.
 - Nothing requiring sustained after-care
 - Very small wards (24 people, max.)
 - Two dental ORs
- **Large well deck**
 - Could carry a lot of heavy equipment
 - Have decent amphibious transport capacity (for patients and materiel)
- **Good berthing (1,200 spaces, 109 officer spaces)**
- **Good lift capacity**
 - Has landing and maintenance (hangars) facilities for one CH-53E or two CH-46s or one MV-22 or three UH/AH-1s
- **Replace LCACs with LCU (LCACs too rough for transport of civilians)**
- **Smaller draft (23 ft)—can get closer to pierside than LHDs**



19

LPD-17 San Antonio class asset: capabilities

This ship has the largest medical capabilities except for an LHD or hospital ship: it has two functioning operating rooms (ORs). However, very small surgeries, such as cataract removal, that require almost no after-care would be the only good types of surgery that could be done on the ship. They have very small wards (24-person) that cannot accommodate too many postsurgical patients. Medical personnel on the ship doubted that they could do even close to the number of surgeries that are regularly done on larger ships; they suggested that patient maneuver to the rooms would also be very difficult and recommended against doing a surgical mission. There are also two dental ORs, a good capability for these types of missions, because dental care is always a great need in most countries.

The LPD-17 also has a large well deck that could carry quite a bit of heavy equipment. This heavy equipment could be construction/engineering equipment or medical equipment designed to set up extensive shore clinics. Moreover, LPDs have a good ability to do amphibious transport ashore—a critical component when it is necessary to off-load a lot of personnel to the shore and bring them (and their equipment) back every night.

For those personnel, there is more than adequate berthing with over 1,200 berthing spaces and 109 officer spaces. This means that the ship could not only have the necessary ship personnel, but also bring on board other U.S. Navy personnel or outside personnel, perhaps from NGOs, such as Project Hope or Operation Smile, which often provide medical personnel.

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The LHD provides one capability that the hospital ship cannot replicate—a good lift capacity. The ability to quickly move ship personnel, patients and/or equipment to and from the shore allows for greater efficiency in the conduct of the operation. The LPD-17 has a decent lift capability not only because it has room for one CH-53E or two CH-46s, but because it has a helicopter hangar aboard the ship. Thus, the helicopters can stay on the ship when not being used and as the ship moves from port to port. As we will see, this is not necessarily the case with other ships.

Finally, LPD-17s have a smaller draft than LHD-1s (27 feet) or the hospital ship (33 feet) at 23 feet. This will allow the LPD to maneuver more closely to shore, especially in ports that are extremely difficult to access (such as ports on the Pacific coast of Colombia).

LSD-41 Whidbey Island class: capacity for engagement

- **Little surgical capacity**
 - Enough only for crew
- **Large well-deck**
 - Room for heavy equipment
 - 2 LCACs, plus numerous other craft
- **Less lift capacity**
 - 2 helicopter pads; can land CH-53
 - However, no maintenance facilities for aircraft—have to be onshore support
- **Enough berthing for mission staff and crew**
 - But not for huge mission staff
- **Smaller draft (21 ft) helps with access to ports**



21

LSD-41 Whidbey Island class: capabilities

The LSD-41 is similar to the LPD in terms of emphasis: both ships are designed to carry and land U.S. Marines and their equipment ashore. The LSD-41 is smaller than the LPD, however, and, as such, has more limited capabilities.

LSDs do not have enough surgical capability to offer this as an activity for engagement missions; the surgical space is only enough for the crew of the ship. This would mean, therefore, that the focus of medical activities would have to change.

The LSD has a very large well deck with a lot of room for heavy equipment since its original tasking involves bringing tanks and other heavy equipment for the Marines. Therefore, it is an ideal platform for bringing construction equipment, which would enable the mission to do more extensive construction activities than has previously been done. Likewise, it may be possible to bring large medical equipment, but only if it was able to be transported under rough conditions.

The amphibious transport capability of the LSD is also large, with room for two LCACs, though they are a little rough for transportation of non-U.S. Navy or U.S. Marine personnel. LCUs would be better, if possible, if could fit into the well deck.

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A large downside to using the LSD is lift capability, which is very small. While there are two helicopter pads on the ship that could land one CH-53, there is no hangar space. This means that helicopters would have to reside off shore, and it is unlikely that they could move from port to port with the ship—since they would have to find space to overnight in each country. This lack of lift capacity is a real hindrance to engagement activities; however, if there are no surgeries or a need to transport patients back and forth, it might be a capacity that could be worked around, given the different activity sets.

Finally, like the LPD, the LSD has a much smaller draft, at 21 feet, than the larger ships and could likely get much closer to shore. This would also help to improve visibility.

LCS (Freedom class and Independence class):
capacity for engagement

- **No surgical capacity**
- **Able to get pierside in most countries**
- **Very fast**
 - Reduction of transit time and increase of time in port
- **Have cargo capacity for vehicles, perhaps large equipment?**
- **Some transit ability**
 - Flight deck and hangar large enough to base two SH-60 Seahawk helicopters
- **Some amphibious ability**
 - Can deliver an assault force with armored vehicles to a roll-on/roll-off port facility
- **Not much berthing**
 - Only enough for 75 people
- **Issues with endurance**
 - Issues with fuel
 - Going fast requires a lot of fuel
 - Ability to refuel in port could alleviate problem



23

Littoral Combat Ship (LCS), Freedom and Independence class: capabilities

The new LCS ship has been a much anticipated addition to the U.S. Navy Fleet. Designed to get pierside in most countries, it reflects the U.S. Navy's new emphasis on operations taking place in the littoral areas of the world's waters. Two different models of the LCS have been designed by two different contractors (hence, the two classes). For purposes of this discussion, however, they are similar enough to be considered together.

The LCS is able to go very fast—45 knots with a full load. This reduces transport time, allowing the ship to stay longer in each port because it can get to the next port much more quickly. Its draft is also extremely small (approximately 13 feet), allowing it access to almost any port in the world. It also has some cargo capacity—enough for some heavy equipment, though not the amount of either the LPD or LSD ships.

There is some lift capability with a flight deck and hangar that is large enough to base two SH-60 Seahawk helicopters. However, with practically no medical facilities, it will be unnecessary to use the lift capability for patients. It is more likely that the helicopters will be used to transport personnel on and off the ship.

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However, there is very little berthing on board the ship—only enough for 75 people. This may be the biggest hindrance to using the LCS as a ship for engagement missions. This limited berthing means that necessary “specialty” personnel, such as Seabees or preventive medicine practitioners, would not be able to be a part of the mission or would have to be flown into every port—a difficult scenario at best.

Finally, given the current lengths of engagement missions, there are concerns about the endurance of the LCS for these types of missions. To maintain its speed, the LCS uses a great deal of fuel. If the LCS can refuel in port, this fuel need might not be a problem; however, it is extremely likely that some of these ports will not have the facility for refueling. This could limit the ports the mission could go to.

Comparison of disadvantages and advantages

Asset	Disadvantage	Advantage
Hospital ship (T-AH) 	• Port access • Lift capacity • Construction • Necessity of partnering	• Big amount of surgeries • Visual of neutrality • Ability to conduct med sites ashore
LHD Wasp class 	• Startling visual • Port access • Necessity of partnering	• Large amount of surgeries • Good lift capacity • Big visual impression • Ability to construct both construction and medical sites ashore
LPD San Antonio class 	• Large amount of surgeries • Significant medical sites ashore • Big visual impression	• Ability to do own construction sites • Good lift capacity • Preventative medicine as focus • Less intimidating to host nations • Increased partnerships w. NGOs, host nations • Better port access
LSD Whittby Island class 	• Large amount of surgeries • Significant medical sites ashore • Lift capacity • Big visual impression	• Ability to construct many construction sites • Preventative medicine is focus • Less intimidating to host nations • Increased partnerships w. NGOs, host nations • Better port access
LCS, Freedom class and Independence class 	• Enough berthing for adequate personnel • Ability to go long distances without refueling • No medical capacities	• Can get very close to shore • Adequate lift capacity • Asset will likely be available • Some ability to transport heavy equipment



25

Comparison of capabilities for engagement missions of all asset types

When we look across the full range of asset types—hospital ship, LHD, Wasp class, LPD, San Antonio class, LSD, Whittby Island class and LCS, Freedom and Independence classes—it becomes quite clear that as assets decrease in size several facts emerge:

- The ability of the ships to support surgical medical activities drastically decreases.
- The ability of the ship to transport personnel and equipment for construction activities increases, thereby increasing the amount and scope of construction activities that could be done.
- The ships are likely to be able to get closer into port.
- It is unclear, though we hypothesize likely, that the ship will make a visual impact to those ashore.
- Lift capacity will lessen or disappear as the ships get smaller.
- Most ships will be able to berth necessary personnel, with the exception of the LCS.
- As ships become smaller, there will be more necessity of working closely with those ashore, such as NGOs and partner nation personnel.

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Activities

Activity sets will change with smaller assets. Medical activities will drastically change in character; notably, there will be little surgery. This is meaningful because in past analyses we have conducted, partner nation personnel have indicated that surgeries are very important to them and surgeries also get a great deal of media attention [4]. Losing these surgeries is of concern to NAVSO—what will replace them in terms of generating awareness and positive effects?

The answer is clear: construction activities. We know that construction activities can generate a great deal of enthusiasm within a general population. We also know that the products of construction activities *persist*. In other words, long after the U.S. deployment has ended, the new school or bridge remains as a testament to U.S. presence.⁵ The U.S. Navy already does some of these projects, but with the larger capacity for transporting heavy equipment offered by the smaller assets, it seems that the ability of the U.S. Navy to do larger and more permanent work in the area may increase.

This does not mean that medical activities are not part of the equation, but the focus will likely need to shift to preventive medicine and repair of medical equipment—normally, significant needs in these countries. While these activities may not generate as much attention, in some ways, they may generate longer and more lasting effects than other types of medical activities since training medical personnel on such issues as sanitation and sterilization should have benefits that outlast the visit itself.

Regardless, one of the lessons learned from the Comfort 09 deployment was that activities are most effective and reach the most people when they are closely aligned with on-going U.S. Embassy efforts. Even if the smaller ships are not able to offer as much capacity, the existing capacity can be amplified greatly if it is tied into current U.S. efforts. Partnering and coordinating with the Embassy is necessary in order to do this.

Therefore, the theme that emerges from these proposed activities is a longer-lasting effort. Instead of a “flash-in-the-pan” set of activities, construction and preventive medicine activities may have more staying power.

Case study: Pacific Partnership 09 (PP09)

- In the past, Pacific Partnership used the hospital ship (*Mercy*) or LHDs (e.g., *Peleliu*) to conduct large medical and surgical missions
- In 2009, those assets were no longer available; planned to use LPD-8 class asset (*Dubuque*)
 - However, *Dubuque* was pulled 2 weeks before mission: had to use T-AKE (*Richard E Byrd*)
- T-AKE has serious limitations for engagement missions:
 - Can only berth approximately 200 people
 - No well deck
 - Little lift capacity—lift must be augmented
- Mission went to very small island nations in the South Pacific; spent about 2 weeks at each port
- Focused equally on preventive medicine, construction, and COMRELS
- High-level government involvement
- Preventive medical, dental, and veterinarian services were well received



A case study: Pacific Partnership 2009

An illustrative example of engagement with a smaller asset is the Pacific Partnership mission in 2009. By examining what asset was used and how, it may offer valuable lessons for future engagement missions in Latin America.

Pacific Partnership, like Continuing Promise, had exclusively used the hospital ship (USNS *Mercy*) and large-deck grey hulls (USS *Peleliu*) to conduct large medical missions in the region since the 2005 tsunami response. In 2009, however, it was the off-year for the hospital ship and no large-deck amphibious ship was available. Consequently, the mission was planned around using an older, smaller asset: the LPD-8 *Dubuque*, one of the few LPD-4 Austin-class amphibious ships still in service. The mission focus had changed some as well because of the smaller asset: instead of surgeries and medical clinics being the main focus activities, construction/engineering and preventive health activities were the focus [6]. Because the LPD can carry large amounts of equipment, there were plans to do some heavy construction activities, including building a large bridge in Kiribati. The mission was scheduled to visit multiple small island nations in the South Pacific. With only weeks before the deployment was set to begin, however, members of the crew were diagnosed with H1N1 flu, and the ship and its crew were put in isolation and were not allowed to deploy as scheduled.

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USPACFLT did not want to disappoint the nations in the South Pacific that had planned for the visit, so at the last minute T-AKE *Richard E. Byrd* was used. A dry cargo vessel, the T-AKE was not designed or appropriate for engagement missions. *Byrd* was significantly smaller than *Dubuque*, and this had a direct impact on what mission activities the ship could perform.

While the core of the mission remained the same—focus on construction and preventive health—some activities were scaled down and the complexity of the logistics increased greatly. Only being able to berth 200 people meant that the mission staff had to get much smaller, as did the mission personnel. With no lift capability and little ability to bring heavy equipment, the amount of coordination that we needed within the U.S. Navy and with partner nations increased dramatically. For instance, the main focus construction project, building the bridge in Kiribati, remained. This required enormous amounts of logistical coordination since most of the equipment necessary for the project had to be flown into the country.

Medical activities were also done, but they were exclusively preventive medicine, with the exception of some dental and veterinary activities. The preventive medicine activities focused on training but also on personal interactions with people.

The other change that occurred was that, while some projects had to be scaled back, other activities were increased, especially those that were not focused on heavy equipment. The commodore made COMREL projects a central part of the mission equal to construction or medical activities. This larger focus on COMREL activities, which were more normally sort of sideline activities—was a real difference in the mission. Though it arose out of necessity because of the smaller ship, COMREL (which included everything from soccer games to band concerts to lectures given by sailors and civilian mariners) renewed the focus of the mission on personal interactions, and the commodore reported that he would conduct the mission this way again, regardless of the asset size.

Possible causes of success for PP09

- **Smaller countries where population was easily penetrated**
 - Higher percentage of population was reached
 - Media penetration easier to do in more developed countries
- **Smaller amount of mission personnel required close partnering with**
 - Partner nation medical and government personnel
 - Allied nations (especially Australia)
 - Had Australian PAO onboard
 - Australia sent bigger assets to assist
 - NGOs—local and international
 - **Resulted in creating stronger partnerships**
- **Interesting use of mission activities**
 - Focused on high-impact nonsurgical medical activities: dental, preventive medicine, optometry
 - Made COMREL an equal mission category to medical and construction
 - Construction was significant but somewhat curtailed because of asset
 - Well deck is critical
- **Smaller asset created trust with initially suspicious nations**



Lessons learned from Pacific Partnership 2009

Pacific Partnership offers several important lessons for any future mission using a smaller asset (though, hopefully, none as small as a T-AKE).

Country selection

One of the reasons that Pacific Partnership seemed to have been successful was the choice of smaller, more easily penetrated countries. Preventive medicine activities, such as immunizations and optometric services, as well as medical training and increased COMREL activities, meant that a higher percentage of the population was likely reached in person—a significant difference compared with visits in countries with a larger population. It was also easier to get a greater amount of media penetration, given the smaller media markets.

Partnering

Because the ship had so little berthing, the number of mission personnel was greatly reduced. This meant that the mission had to have a greater reliance on partner nation medical and governmental personnel as well as critical allies in the area, such as Australia. There was an Australian public affairs officer (PAO) on board who assisted with the media releases. Australia's biggest contribution, however, was the larger assets that it sent to assist the mission, especially with the movement of large equipment.

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Local NGOs in each country were also critical, as were local medical personnel. This lack of ability to transport necessary personnel or equipment to do most of the promised projects meant that Pacific Partnership was forced to focus on working with NGOs and partner nation governments on the ground. No longer could the U.S. Navy be self-sufficient (or nearly so) when conducting these missions. Rather than partnering with each of these groups because the U.S. Navy “ought” to, it partnered with them because it had to—there was no other choice. They had to work closely with organizations outside the U.S. Navy to get the necessary material and personnel. This increased the amount of partnership and trust that the mission generated. As the Commodore reported, “it became more a relationship about equals.”

Mission activities

Because of size and capacity limitations, the mission staff was forced to rethink the traditional engagement activities to try to determine which of the activities they could do would generate the most awareness and positive effects.

They made two interesting choices. The first was to focus on high-impact nonsurgical medical activities, including dental, veterinary, and optometric services. These services could reach thousands of people during each visit; in smaller countries, this penetration was key. Moreover, these were services that these populations rarely had and that made fairly immediate improvements in their lives.

The second interesting choice was the retooling of traditional COMREL activities. Normally, COMREL activities tend to be a group of U.S. Navy sailors going to a location to clean or paint—this helps a community, but there is rarely a great deal of interaction with the community. The Commodore of Pacific Partnership understood that personal interactions were the most important component of having positive effects on an audience, and CNA analysis has borne this out repeatedly [2, 4].

As a result, the commodore designed COMREL activities in each of the six nations that focused on personal interactions, such as visiting schools or teaching classes. Soccer games and band concerts also generated a lot of personal interaction and, as the commodore’s final brief stated, “COMREL was treated as an equivalent line of operation” [6].

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Because Pacific Partnership was initially a construction deployment, construction still occurred, but it was difficult and done at great cost. The lack of a well-deck to transport equipment proved that a well-deck is critical for any construction operation and if an asset has it, it should be used.

Finally, there was some conjecture that in nations that might initially be suspicious of the United States, a smaller asset, especially as small as *Byrd*, allayed some of those fears, though this remains a subject to be assessed.

How to rethink medical missions

- **Could use hospital facilities in each partner nation**
 - Medical personnel prefer this course
 - Still do surgeries
 - Potential for liability issues great
 - Prospective loss of surgical visibility if not on ship
- **Future modular concept for clinics**
 - BUMED considering creation of a modular clinic that could be easily transported to shore and would allow medical practitioners to see patients
- **Use high-impact nonsurgical activities**
 - Dental, optometry, preventive medicine, veterinarian, SMEE, surgical consults
 - Medical outreach
 - Tie in with host nation pharmacy/referral hospital
 - Local physician buy-in is critical; strengthen partnerships



32

The next generation of medical missions

On the years when a hospital ship is not available—or even after the hospital ship is decommissioned—medical activities are still possible to do with smaller assets, but they will no longer be enormous ashore clinics and hundreds of surgeries. Medical needs, however, are great in Latin America, and it would be foolish for engagement missions to no longer help general populations or local governments with those needs.

Instead, there are several alternatives for how to reconceptualize medical activities. We discuss these next.

Partner with local hospitals

Partnering with local hospitals would entail using local surgical facilities to conduct operations and, thereby, being able to still keep the surgical capacities for these engagement missions. For the medical personnel we spoke to in the course of this study, the ability to keep the surgeries was very important, and this option—of doing surgeries ashore—allowed that option to remain open when a smaller asset was used.

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This option does have some significant problems. The first is consideration of the local facilities. This would mean that engagement missions could only go to places where local facilities were good enough for surgeries to be done. The liability of conducting surgeries in a local facility would be great. On one hand, what would happen if a medical mistake were made or a patient simply died due to complications? Would the local facility be responsible? On the other hand, if U.S. Navy medical personnel came with the mission and found that the local facility was no longer suitable for surgery, would patients simply be out of luck? What would the ramifications of that be?

While it is clear that the U.S. Navy medical community wants to continue to do surgeries, this may not be the right option with smaller ships.

Modular clinics

The U.S. Navy Bureau of Medicine & Surgery (BUMED) has designed a modular clinic that could be off-loaded from amphibious ships to shore. These clinics would allow medical practitioners to see patients more easily and bring the necessary, high-quality equipment in order to conduct clinics and see many patients. This option, however, remains unavailable until some time in the next few years.

High-impact, nonsurgical activities

Activities such as preventive medicine, veterinary, and dental medicine, as well as subject matter expert exchanges (SMEEs) that help to instruct medical practitioners in partner nations on a variety of subjects, may be the best option for medical activities using a smaller ship.

The positive aspects of this approach are that it allows for a great amount of outreach to a local population, which may be of great importance depending on the mission objectives. It will also allow for greater medical outreach not only to patients but also to medical personnel, and it will likely force the U.S. Navy medical mission to have a greater tie-in to local pharmacies, clinics, and hospitals.

In past engagement missions, local medical personnel have often been ignored [4] and this has led to less than positive reactions to the mission. By doing these high-impact activities, local medical personnel buy-in will be critical, especially for preventive medicine and SMEEs. This buy-in will generate a stronger partnership with the medical community, which should allow for closer cooperation between the two groups in the pursuit of U.S. mission objectives, such as increased ability to respond to natural disasters.

Rethinking construction and COMREL activities

- **Construction emphasis on one “capstone” project**
 - Something that
 - Is highly visible to population
 - It is unlikely partner nation could do
 - Makes a real difference in people’s lives
 - Attracts visual attention—for example, put up a sign!
 - Plus construction projects during each port visit
 - Same emphasis as before okay: schools, hospitals, parks
 - Perhaps “newer” focus: public works, infrastructure
 - Bridges may get a lot of bang for buck, especially for marginalized populations
 - T-AH will not have capability for capstone project
- **Making COMREL projects significant**
 - Involves significant face-to-face activities—more than just painting
 - Focus on interacting with local public
 - Requires much more involvement from local personnel—but good path to creating partnerships



34

Construction and COMREL activities in the future

Construction activities will likely change a great deal in future missions in a very different way than medical activities. Construction activities will become more prominent and of more importance in the future because of an increased ability to bring heavy equipment to partner nations.

One idea is to have a capstone project in a select country during each deployment—a large, visible and complex engineering project that will generate a lot of attention. It should be something that the partner nation would be unlikely to be able to do itself and something that would have an immediate positive effect on the population. Bridges or other important infrastructure projects would be ideal for this and are something that, traditionally, these missions have not attempted. A contingent of Seabees or other necessary personnel might be left at the site of the capstone project for the duration of the mission.⁶

Other construction projects should also occur in each partner nation. Although the same types of emphasis on public spaces—schools, hospitals, parks—is fine, focusing on public works or small infrastructure projects may generate more attention than expected projects, such as school or clinic repairs.

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Branding

This is one area that the U.S. Navy has not paid much attention to and should have; branding is the area in which long-term memory awareness is facilitated. Across all AORs, the U.S. Navy has spent a lot of money and many man-hours creating and repairing public buildings in the partner nations. But a branding effort is rarely associated with these projects. A permanent marker of some sort (plaque, sign, etc.) is never used on these buildings. If it were not for the fact that other countries engaged in branding, this might be just a simple (and relatively unimportant) missed opportunity. Unfortunately, that is not true: almost every country in the world engages in branding and many of the host nations visited by the U.S. Navy receive a lot of this type of aid. So, the average Nicaraguan, Panamanian, or Dominican may walk down the street of his or her village and see signs that the Taiwanese, the Spanish, the French, the Chinese, or the Russians have given them donations to build a certain building. Because there are rarely markers to denote that the United States has also contributed, however, many people have no idea a few years hence that the United States built the school or repaired the roof on the clinic. A marker of some sort would increase awareness of the project and contribute to long-term memory retention.

It is unclear why the U.S. Navy does not “leave its mark.” Issues of funding streams have been mentioned, as has the concern of branding an unsuccessful project (i.e., if the project is branded and then the construction or repairs fail). In our opinion, the benefits of branding far outweigh any risk. Branding is a very large missed opportunity that would take little time and few resources to fix.

Community relation projects

One of the greatest lessons that the Pacific Partnership 2009 deployment offers is the importance of COMREL projects and how they can be redesigned from their previous incarnations (e.g., painting the wall of a school) to a newer model that focuses on maximizing personal interactions during the projects. Appearing as guest lecturers at local schools is one possibility; doing cross-training with local medical or military personnel is another. Even simply going out into the community and talking with residents is a new and perhaps more effective form of COMREL. Moreover, these projects rarely require enormous amounts of material or funds—another positive aspect to increased COMREL activities aboard smaller ships.

Given that personal interactions are the number one determinant at the tactical level of successful positive effects, making these re-conceptualized projects a priority in missions with smaller assets is an important lesson learned.

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Public affairs

A robust public affairs program is always important; but public affairs becomes even more critical with smaller ships. Since activities may be different or fewer people may be directly affected by these activities, it is up to the U.S. Navy to make sure that there is good media penetration about the visit and its activities.

Getting as many media personnel as possible both on the ship and to the sites of the activities should help to ensure that the press coverage is more emotive and positive. The hope is that the press stories will not simply be that the ship came and did some construction work, but rather that a group of people will now have easier access to medical care because a bridge was repaired, for example. This will mean that the larger population or even government should have more awareness of the mission, even if activities are scaled down.

Incorporating USMC activities on smaller platforms

- **USMC Commandant has stated that Marines need to return to their “core” missions**
 - One of which is being on amphibious ships; therefore, if an amphib is deployed, Marines should be part of mission
- **Potential conflict between mission focus and Marine activities for engagement missions**
 - Engagement missions tend to focus on humanitarian messages
 - Marines may want to do military training with host nation forces
 - These two activities could send mixed messages to host nation—or even cancel each other out
 - U.S. Embassies are worried about this
- **One suggested resolution: Marine military training is done at invitation of host nations in tandem with engagement mission**
 - Ideally would be copacetic with mission focus, e.g., disaster response training
- **If military training is not done, Marines could more easily be utilized in missions focused on civic assistance, vice medical assistance**
 - Can participate in construction/engineering and COMRELS more easily than medical, which needs specialized knowledge



37

The role of the U.S. Marines

The final issue that NAVSO asked CNA to examine is the role of U.S. Marines aboard amphibious ships during engagement missions. While this issue is important for all amphibious ships, regardless of size, we believe that it is also a critical issue to consider when reconceptualizing engagement missions for the future.

The new commandant of the Marine Corps, Gen James Amos, has stated that Marines need to return to their “core” missions of sea basing and being a regular part of every amphibious ship rotation [8]. This, obviously, includes engagement missions; however, a tension emerges from the idea of U.S. Marines on an engagement mission.

Part of the message the United States wants to send to partner nations with these engagement missions is a vision of the U.S. military as trustworthy, friendly, and supportive of each nation. This is an attempt to counter, especially in Latin America, age-old stereotypes of the United States as an aggressor looking to dominate countries in the region. Moreover, as discussed earlier, one of the reasons having amphibious ships can make a deep impression is the dissonance between the type of personnel expected to emerge from such a ship (combat-ready personnel) and the type of personnel that actually do (doctors, nurses, engineers).

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Having U.S. Marines aboard the ship would endanger the message because HCA missions traditionally focus on peaceful activities. Having U.S. Marines land ashore and conduct military training activities with the host nation military may “cancel out” that message. The U.S. Embassy in each country worries a great deal about this, especially since the Marine Corps has expressed the desire to do military training with the local military concurrent with medical or construction engagement missions. The U.S. Embassy and, to some extent, the U.S. Navy, worry that these two sets of activities will contradict each other.

One suggested resolution to this problem is to do Marine training only at the invitation of the partner nation, who then spreads the message that the Marines were invited. Moreover, perhaps the military training that is done will be in harmony with the medical and construction activities, such as disaster response preparedness training. While that certainly is one scenario that may happen, it relies a great deal on the partner nation to broadcast its own intentions and, for a variety of reasons, partner nations may not do so.

Another possibility (one that is less appealing to the Marines) is for the USMC not to do any training at all and instead participate in the mission, especially in COMREL and construction activities. Given the emphasis on these kinds of activities in Iraq and Afghanistan, many of the Marines returning from combat as the wars drawdown will likely be very skilled in community engagement missions, and this might be the best way to integrate Marine needs with naval engagement mission requirements.

Predictability

Will partner nations be upset because smaller assets will likely cause a significant change in mission activities?

- **Previous research has shown that it is critical to be present when agreed upon**
 - Countries not as concerned about frequency (though they would like it to be frequent), but are concerned with U.S. being predictable
- **Better a smaller ship than not showing up as promised**
 - Partner nations will likely understand fiscal constraints and changing international environment
 - Moreover, if hospital ship still goes every other year, medical missions will be covered
- **Put people (DVs, media) on board the ship in each country: *personal interaction is critical to making a positive impact***



A note on predictability

The final question that this analysis needs to answer concerns partner nation response to a smaller ship: will they view a smaller ship differently than a larger one? While, to some extent, no one will know until it happens, our analysis predicts that the answer is no. What would engender a negative response in a partner nation is to simply not show up at all.

Countries, especially in Latin America, have had multiple experiences of broken promises with regard to the United States. Showing up when promised—being predictable—is extremely important to these nations, and this means more than showing up more frequently or with the largest and best assets.

Thus, engaging with a smaller ship is far preferable to not being there at all. These countries are likely to understand fiscal constraints and a changing global environment—they have also been affected by both. While they have grown used to medical missions, this does not mean that they will automatically react negatively to missions focused more on construction. And the reality is that, for the local populations, the size difference between an LPD and an LHD will not have a great effect: they are both much larger than any other naval vessel the local people have likely seen before.

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Getting as many people as possible on the ship (distinguished visitors, media, etc.) is another key to positive impact: whether or not the ship is smaller will not make much difference to those who get to experience it firsthand. It will likely still make a positive and long-lasting impression.

If the focus remains on the factors that contribute to achieving tactical mission goals—personal interactions, predictability, partnership, and leadership—the scope or content activities may not matter as much as anticipated. What surely matters most, though, is presence: showing up is the first step.

Recommendations

- **Smaller assets must work harder to be “seen”**
 - Personal interactions key for any size vessel
 - Country teams will need to “prepare the battlefield” via public affairs for a different type of mission
- **Focus on engagement mission that uses construction activities and preventive medicine**
- **Think outside the box: modular clinic option for medical; use of USMC personnel**
- **Make COMREL an equal focus with other mission activities**
- **Partnering with outside organizations/countries will be critical for success**
 - NGOs important: focus on good relationship
 - Though some NGOs may not want to participate without surgical volume
 - Host nation buy-in (especially medical community) will increase impact of medical services a great deal
 - Allied countries can provide much-needed support



41

Conclusions and recommendations

We have examined why smaller assets may become a regular part of engagement missions as well as the capacities and capabilities of those ships. We have examined what these changed capacities and capabilities will mean for engagement activities and how those activities can be reshaped to still achieve positive effects within the constraints of smaller assets.

We offer the following conclusions and recommendations:

- Smaller assets must use alternate ways to increase visibility and awareness. The answer to this dilemma is personal interactions; while these are critical for any engagement mission, they are especially critical for missions with smaller ships. The more people who interact with the mission the better.
 - In addition, it is a good idea for the U.S. Embassy in each country as well as the U.S. Navy work to prepare the public and government for a slightly different type of mission, especially in countries that have received multiple missions, such as Colombia or Nicaragua.
- Activities need to be reshaped, and the focus should change to construction and preventive medicine activities. These activities will likely have more long-term effects than previous medical missions and the U.S. Navy should accentuate these effects (by branding, for instance) and capitalize on them over the years.

- Creativity is key. The old model of engagement activities can only be modified so much, and it will require new thinking to come up with activities that will achieve the same objectives. Using USMC personnel who have previous experience with shaping/engagement operations to do these activities is one such example, but there are many more. Planners and executors can use their knowledge of how these missions work to make them effective even under different circumstances.

- COMREL should be considered an equally important activity as either construction or medical. If the objectives of the mission center on the idea that certain audiences need to change opinions and behaviors about certain subjects, the more that U.S. personnel interact with them and build a trusting partnership, the more likely those objectives are to be achieved. While the effects of medical and construction projects themselves (better health, better roads) are important, the interactions that occur during those activities are just as important. COMREL should focus on those interactions.

- Partnering with outside organizations may be the best unexpected outcome of the reduction in asset size. Given that assets may not be able to carry everything necessary for the mission and that the United States will be forced to work with local organizations or governments on the ground as well as neighboring countries could be an unintentional but significant benefit of a smaller asset.

- Getting buy-in from all organizations is important to every engagement mission, but it will be critically important for engagement missions with smaller capacities.

While smaller assets represent real challenges for the U.S. Navy in engagement missions, especially in the loss of ability to do almost any type of activity, they can also offer advantages, such as the need for increased partnership and the emphasis on personal interactions. Ultimately, however, the most important thing that smaller assets can offer is the ability this gives the U.S. Navy to show up in changing and uncertain times. To stop doing these missions because asset availability has changed would be a big mistake and would, once again, prove those who distrust the United States to be correct.

Endnotes

1. *Kearsarge* conducted 188 afloat surgeries during the deployment.
2. A few incidents, however, proved that some of this trepidation was well founded: when *Kearsarge* pulled into Port of Spain in Trinidad and started off-loading medical personnel and supplies via helicopter, many residents of the city thought that they were being invaded by the United States. Obviously, there had not been enough media attention to the upcoming visit.
3. For instance, in the Dominican Republic, *Kearsarge* arrived on the anniversary of the landing of the U.S. Marines in 1963; however, this time, instead of conducting combat operations in the country, the U.S. Navy conducted humanitarian activities. This changed some Dominicans' perceptions of the U.S. military.
4. A fourth Continuing Promise mission has recently been completed; it used the large-deck amphibious ship (LHD) USS *Iwo Jima* to conduct a large medical mission.
5. Most other countries deeply involved in donor aid in the region, such as China, Taiwan, and Spain, already know this. They conduct numerous projects in countries and leave behind reminders of the donations, such as plaques.
6. This model has been used before during the Africa Partnership Station (APS) 2008 deployment when Seabecs stayed in Ghana to build a dual-use medical clinic outside a Ghanaian Navy base [7].

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