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David C. Hicks, LCDR, USN

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14. ABSTRACT

In 2009, the revised DOD Instruction 3000.05 emphasized that stability operations are a core U.S. military mission equivalent in priority to combat operations. One tool available to combatant commanders to support this mission is the medical civic assistance program (MEDCAP). MEDCAP missions are essential in maintaining a forward presence of U.S. armed forces to promote the security interests of the United States during peacetime. The present design of MEDCAP missions violates many ethical principles by providing little long-term health benefits to the local populations, thus making it an ineffective tool to enhance regional stability and security. The lack of focus of these missions in reference to factors time and force could serve to undermine the benefits of these missions and prove counterproductive to theater strategic goals. Future MEDCAP missions should be structured around the principles of ownership, capacity building, and sustainability to enhance the host nation government's ability to provide long-term health care to its populace. By more effectively utilizing its military medical assets, the United States could forge the partnerships it seeks to ensure regional stability and security and ultimately achieve its national strategic objective of increased security for the United States.

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Applying Tactical Resources Against Strategic Challenges: The Ethical Pitfalls of MEDCAPs as an Instrument of National Policy

by

David C. Hicks

LCDR, USN

A paper submitted to the Faculty of the Naval War College in partial satisfaction of the requirements of the Department of Joint Military Operations.

The contents of this paper reflect my own personal views and are not necessarily endorsed by the Naval War College or the Department of the Navy.

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03 May 2010

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Abstract

In 2009, the revised DOD Instruction 3000.05 emphasized that stability operations are a core U.S. military mission equivalent in priority to combat operations. One tool available to combatant commanders to support this mission is the medical civic assistance program (MEDCAP). MEDCAP missions are essential in maintaining a forward presence of U.S. armed forces to promote the security interests of the United States during peacetime. The present design of MEDCAP missions violates many ethical principles by providing little long-term health benefits to the local populations, thus making it an ineffective tool to enhance regional stability and security. The lack of focus of these missions in reference to factors time and force could serve to undermine the benefits of these missions and prove counterproductive to theater strategic goals. Future MEDCAP missions should be structured around the principles of ownership, capacity building, and sustainability to enhance the host nation government's ability to provide long-term health care to its populace. By more effectively utilizing its military medical assets, the United States could forge the partnerships it seeks to ensure regional stability and security and ultimately achieve its national strategic objective of increased security for the United States.

Introduction

> Our combatant commanders need tools that are not only instruments of war, but implements for stability, security, and reconstruction (2006 Navy White Paper on Global Fleet Stations).

The use of military medicine as an instrument of policy is not new. The United States has utilized this "soft-power" asset during both peacetime and wartime for many decades.[*] Today, the Humanitarian and Civic Assistance (HCA) Program is a tool available to the combatant commanders in the implementation of their theater security cooperation plan (TSCP). Managed by the geographic combatant commanders (GCC), HCA missions are essential in maintaining a forward presence of U.S. armed forces to promote the security interests of both the United States and the supported nation. Military medicine is a vital component of HCA missions and when employed, these missions are frequently referred to as medical civic assistance programs (MEDCAPs) and medical readiness training exercises (MEDRETEs).

This paper will explore the various ethical dilemmas that arise out of the organizational aspects of MEDCAP and MEDRETE missions along with the potential pitfalls that could prove counterproductive to theater and strategic objectives. The intent of the paper is to assist the GCC to better employ medical assets to achieve enhanced security and stability in his/her area of responsibility (AOR). The focus will be on the inherent underlying ethical dilemmas of the MEDCAP missions and will attempt to provide the geographic combatant commander with factors to consider when planning these types of missions, specifically regarding areas of concern within factors time and force. For the

[*] Joseph S. Nye, Jr. defines "Soft Power" as "the ability to get what you want through attraction rather than coercion or payments" in his book entitled *Soft Power: The Means to Success in World Politics* (New York: Public Affairs, 2004), preface.

purpose of this paper, the term MEDCAP will incorporate both MEDCAP and MEDRETE missions. The thesis is that the inherent design of MEDCAP missions violates the ethical principles of beneficence, nonmaleficence, and justice by providing little long-term health benefits to the local populations, thus making it an ineffective tool to enhance regional stability and security.

Engagement missions have become a core military mission equal to that of combat operations.[1] These "soft power" assets are being employed around the world on an increased frequency in an attempt to forge partnerships, stabilize failing states, deter adversaries from spreading their ideology, and enhance world opinion of the United States. In 2007, the Program on International Policy Attitudes (PIPA) in coordination with the British Broadcasting Corporation conducted a global survey in which 72% (18 of 25) countries surveyed stated that the United States had a negative influence on the world.[2] A survey conducted by the Pew Global Attitude Project revealed a decrease in favorable views of the United States during the period from 2002 to 2007 in 26 of 33 countries surveyed.[3] In an attempt to counter the negative impressions of the United States and prevent alienating current allies or creating more enemies that may threaten our national security, the United States has turned to the use of its medical assets to win the "hearts and minds" of populations.[†]

Discussion will begin with an overview of the strategic documents and policies addressing enhanced collective security, as well as the origin of the HCA program. This will be followed by ethical issues inherent in MEDCAP missions along with their potential pitfalls. Utilizing three of Andrew Natsio's *Nine Principles for Developmental Programs,*

[†] "Winning the hearts and minds" focuses on effecting the cognitive and emotional decision making of a population. Robert Wilensky defines the phrase as shorthand for all of the programs utilized to gain support of the target population including civic action, pacification, and development in his book entitled *Military Medicine to Win Hearts and Minds: Aid to Civilians in the Vietnam War* (Lubbock, TX: Texas Tech University Press, 2004), 155.

the last section will discuss a potential framework for the MEDCAP planner to employ in an effort to structure the mission to eliminate many ethical dilemmas by implementing a sustainable and long-term engagement program.[4]

Strategic Documents and Policies

The 2006 *National Security Strategy of the United States* (NSS) "seeks to foster a world of well governed states that can meet the needs of their citizens and conduct themselves responsibly in the international system.[‡] This approach represents the best way to provide enduring security for the American people."[5] The President's strategy identifies numerous tasks to accomplish this objective, three of which may be impacted by MEDCAP missions: strengthening alliances to defeat global terrorism; expanding the circle of development by opening societies and building the infrastructure of democracy; and developing agendas for cooperative action with other main centers of global power.[6] In support of this strategy, the *National Security Presidential Directive 44* (NSPD-44) emphasized the importance of providing reconstruction and stabilization assistance to at risk foreign nations.[7,§] To delineate the Department of Defense's (DOD) role in supporting the President's objectives, the Secretary of Defense is charged with creating the *National Defense Strategy of the United States* (NDS).

Receiving guidance from the NSS, the NDS is the DOD's capstone document. Of its five key objectives, promoting security and deterring conflict are important in regards to the role of engagement missions. The strategy of promoting security emphasizes strengthening

[‡] Section 603 of the Goldwater-Nichols Defense Department Reorganization Act of 1986 mandates that each U.S. President submit an annual report to Congress outlying the nation's strategic security objectives. The 2006 National Security Strategy by former President G.W. Bush is the most current strategy on record although President Obama's strategy is due to be released in early 2010. HR 3622, 99th Cong., 2nd sess., 1986.

[§] Although implemented by former President G.W. Bush, NSPD-44 is in effect until superseded by another presidential directive. *Management of Interagency Efforts Concerning Reconstruction and Stabilization, National Security Presidential Directive/NSPD-44* (7 December 2005).

the capacities of foreign nations as the basis for long-term security while deterring conflict in those regions is vital to enhancing security by shaping the choices of those foreign governments.[8] The 2009 revision of DOD Instruction 3000.05, *Stability Operations*, re-emphasized that stability operations are a core U.S. military mission equivalent in priority to combat operations. It further directed that the DOD ensure it possessed the capabilities to "establish civil security and civil control, restore or provide essential services, repair critical infrastructure, and provide humanitarian assistance."[9] The NDS "informs the *National Military Strategy* (NMS) and provides a framework for other DOD strategic guidance."[10]

The NMS of the United States defines military objectives and joint operating concepts for military activities from which the service chiefs and combatant commanders identify capabilities.[11] Two identified objectives that clearly have relevance to engagement missions include establishing security conditions conducive to a favorable international order and strengthening alliances and partnerships to contend with common challenges.[12] The NMS suggests that the U.S. armed forces enhance their presence around the globe by conducting security cooperation activities to foster trust and confidence between the United States and other foreign governments. [13] One capability available to joint and combined commanders to enhance security, stability, and trust among existing and emerging alliances is the use of sea power.[14]

The 2007 *Cooperative Strategy for the 21st Century Seapower* discusses the role of sea power to impact foreign nations both ashore and at sea.[15] One of the key tasks discussed includes fostering and sustaining cooperative relationships with international partners to build trust and cooperation. It suggests that via the use of humanitarian assistance and capacity building activities as part of the theater security cooperation, the U.S. armed forces

will be able to generate these needed relationships.[16] The strategies discussed above provide combatant commanders with the overall national strategic objectives, but the responsibility of how to translate this guidance into action falls to the combatant commanders.

The TSCP affords the combatant commanders a means to link activities in their AOR with national strategic objectives. According to the United States Southern Command (USSOUTHCOM), the TSC plan enables the command to "strengthen existing relationships and establish regional partnerships necessary to provide collective security across the broad spectrum of threats facing peaceful nations in the region."[17] USSOUTHCOM's Command Strategy for 2018 builds upon their regional "hemispheric goals" by detailing objectives which include: strengthening partnerships to defeat global terrorism and deny sanctuaries for terrorist organizations, increasing current humanitarian exercise frequency, and fully engaging the use of the MEDRETE program as a premier U.S. engagement effort and medical care provider in the area.[18] This illustrates how the use of medical engagement missions has become a premier tool for combatant commanders to utilize in their efforts to enhance security and stability in their AORs and to ultimately accomplish the national strategic objectives.

MEDCAPs and MEDRETES are peacetime engagement missions. Also known as HCA programs, these activities typically involve rendering medical, dental, optometry, and veterinary services in rural areas, as well as rudimentary construction and engineering projects to improve the local infrastructure. The DOD Humanitarian and Civic Assistance Program is authorized by Title 10 U.S.C. section 401, DODI 2205.2 (revised), and DODI 2205.3. Under this legislation, projects are intended as training missions for the U.S. armed forces to promote the security interests of both the United States and the host nation

governments.[19] These engagement missions are "preplanned, noncrisis missions that have a very general aim to improve the U.S. image and establish better relations with host nations in hope of increasing the security of the U.S."[20]

The use of these medical engagement programs has become a popular peacetime "soft power" tool in the war on terror in an attempt to win the "hearts and minds" of the populace and stabilize faltering host nation governments. Although these engagement programs have been used for many decades, including extensive utilization before and during the Vietnam War, the long-term value to the host nation and its citizens has been routinely questioned. The true objective of these missions has alternated between providing medical relief of suffering for the foreign populace and winning popular support for the advancement of policy aims.[21] In his paper on civic action programs, George H. Avery put it best when he stated, "The primary objective of MEDCAP missions is not humanitarian in nature but political, although the best way to accomplish the political objectives may be via the use of humanitarian aid."[22] While it is the intent of the aforementioned strategic documents to employ these missions to enhance stability and security, the improper application of this "soft power" tool in regards to time and force factors could prove counterproductive to this aim as well as to national strategic objectives.

Factor Time

One of the very important aspects of MEDCAPs in regards to maintaining stability in a region is the time factor. MEDCAP missions typically provide medical care to the population of a foreign nation from one day to two weeks. The missions may be scheduled to return in a specified time-frame, such as annually or biennially, or may be one-time visits. A single visit does little in promoting long-term stability or adequate health care for a

population. The limited duration and frequency of MEDCAP missions provide little long-term health benefits to the local populations but generate many ethical dilemmas from a medical perspective that could negate the "goodwill" intent of these missions and undermine long-term stability in the area. The first of these ethical dilemmas to be discussed, which is a direct result of the limited time available, concerns the selection of patients to be examined.

The current methods utilized to select patients for care violate the ethical principle of justice, i.e., equal distribution of goods or services. Many people are denied the benefits of the missions and the benefits are not distributed equally amongst all of the populace.[23] During a recent MEDCAP mission to Central and South America, host-nation officials tasked with patient selection allowed family and friends to be treated, while ill and financially burdened patients were neglected.[24] Needy patients who had walked for days and spent many nights at the mission site were refused care, while others who had the resources to obtain health care were treated.[25] The inability to provide care to everyone, as well as the perception that care is being rendered to only a certain segment of the population, could serve to alienate the population that the mission is designed to assist which could result in a backlash against the local agencies that organized the mission and possibly delegitimize any further efforts in that area.[26] As the frequency and duration of MEDCAPs make it virtually impossible to examine all patients requesting care, some mechanism needs to be implemented to ensure care is provided for the most ailing patients, upholding the principle of beneficence.

Physicians participating in MEDCAP missions are unable to fulfill their duty of beneficence due to the frequency and duration of these missions. Beneficence can be defined as the duty to do good and to help others by preventing or removing possible harms.[27] Many of the patients encountered during MEDCAPs have chronic diseases which require ongoing

use of multiple medications and frequent follow-up appointments that are beyond the scope of these missions. Therefore, some patients with chronic conditions may be denied treatment or provided only symptomatic care, ignoring the underlying systemic condition. Although some patients with chronic conditions may be provided a short course of medication, the military physicians do not stay in the area long enough to ensure proper compliance or effective treatment. During the 2007 mission to both Central and South America performed by the USNS *Comfort*, select patients were provided with a one to six month supply of potentially harmful medications, such as beta-blockers and insulin, without any means to acquire either follow-on care or additional medication.[28] It is unethical for a physician to treat a chronic disease knowing that they will not have the chance to ensure the medication is actually helping the patient or knowing that the patient could potentially be worse off after their supply of medication has been exhausted. Patients treated during U.S. Army MEDCAP missions conducted in the Philippines between 2005 and 2006 were distributed expired medications.[29] Although possibly still effective, the use of expired medications is not standard care in the United States, and many patients during these missions questioned the legitimacy of their use.[30] Patients who are not cured of their ailment or are injured by the treatment may vocalize their discontent throughout their town or village. Once a physician agrees to treat a patient, he/she has the duty to ensure proper follow-on care is rendered. Thus, if an effective referral network in the local area is not available and agreeable to provide care to the local population, it is not ethical for military physicians to provide potentially harmful treatments.

Military as well as civilian physicians in the United States take an oath of nonmaleficence," i.e., to "do no harm." The duration and frequency of the MEDCAP

missions do not allow them to uphold this oath especially in regards to the provision of follow-on care. The larger missions, such as *Pacific Partnership* and *Continuing Promise,* often utilize hospital ships to provide surgeries, such as the removal of cataracts, on a routine basis. In the United States, the surgeon would be available either to conduct follow-up exams or to render care in case of a complication. During these engagement missions, follow-on care, if available, is likely to be passed to local health care providers or nongovernmental organizations (NGOs) that may or may not have the experience and/or equipment to render care if a complication arises. It is a breach of ethics to perform a surgical procedure and leave an unqualified person to handle any complications.[31] During the mission performed by the USNS *Comfort* in 2007, a few patients who had suffered surgical complications were discharged the following day without any assurance of follow-on care.[32] In one instance, the only host nation specialist able to render the required care demanded advanced payment, but as there was no system in place to provide the payment, the patient was discharged without coordination of follow-on care.[33] A question also arises on whether the local agencies have an adequate tracking process in place to ensure compliance with all follow-on visits. By not being available to provide post-operative care when needed, the physician is not upholding his/her duty to the patient. Surgeries should not be performed if adequate follow-on care is not available. Poor outcomes due to either U.S. or host nation physician negligence could damage the reputation of these missions, generating false impressions about the host nation government's ability to meet the requirements of their populace.[34] "Therefore the aim should be the establishment of a network of local health promoters within the targeted region of the country" that can provide assurance that patients are actually sent to the treatment facility.[35]

The duration and frequency of MEDCAP missions force physicians to violate the ethical principles of beneficence, justice, and nonmaleficence in regards to the selection and treatment of patients. The potential pitfalls that could prove counterproductive to strategic objectives arise not only from the aforementioned time factors, but also from the capabilities that are employed during the MEDCAP missions.

Factor Force

MEDCAP missions have varied in both size and capabilities depending on the objective(s) to be achieved. The force utilized has ranged from a team consisting of a doctor, dentist, and veterinarian providing treatment to the population of a small village in Vietnam to the use of a large hospital ship, such as the USNS *Comfort*, employing a diverse group of medical specialists and support services.[36] The capabilities that are employed determine the level of care provided. To ethically determine which capabilities to employ, one must first determine what will be the standard of care provided to the populations of the foreign nations.

Standard of care can be defined as that level of care which a similarly qualified physician would render under the same circumstances.[37] Due to the large volume of patients desiring treatment, along with the limited facilities and health care providers available to render care, physicians embarked on MEDCAP missions have been forced to determine the standard of care to be used and to question whether the U.S. standard of care is applicable to these types of missions. By not providing the same level of care, we may be stating to the host nation that they do not deserve the same treatment that is afforded to U.S. citizens. Standard of care helps to ensure that quality care is provided, diagnoses are supported by proper ancillary tests, health care providers are licensed and credentialed in their field(s) of employment, and the treatment(s) rendered are adequate for the diagnosis.

Due to the large volume of patients desiring care, MEDCAPs have tended to be focused on quantity vice quality of health care. Measures of effectiveness in the past have focused on total number of pharmaceuticals distributed or total patients encountered instead of focusing on long-term health outcomes. Many of the local populace come to the mission sites not out of necessity but out of curiosity, increasing the volume of patients to be examined. With a fixed and limited number of health care providers available to examine a large local population in a limited amount of time, either fewer patients are examined or the time spent with each patient has to be decreased. For example, the 2008 *Pacific Partnership* mission visited five sites for approximately two weeks each, rendering medical care to 90,693 patients, performing 1,370 surgeries and 14,866 dental exams.[38] This leads one to question the quality of care provided to the patients if the missions aim to examine as many patients as possible. As reported by Lt. Col. Peter B. Cramblet in his war college paper on low intensity conflicts, "Exercises that accumulate impressive statistics for patients treated are a meaningless method of management by body count."[39] It appears that military physicians are being forced to ignore their duties of beneficence and nonmaleficence in an attempt to win favor with the population. This focus on quantity vice quality could damage the reputation of the United States and the effectiveness of these missions by concentrating on palliative care vice the long-term eradication of endemic diseases.

Today, MEDCAP missions are routinely conducted in areas of the world that suffer from many diseases, the advanced stage of which is not normally found within developed nations. Military physicians may lack the knowledge to recognize and/or treat endemic diseases and thus base their diagnoses on their medical experience to the detriment of the patient.[40] An error in diagnosis and/or treatment could prove harmful to the patient and is not

in accord with the principles of nonmaleficence or beneficence. In many instances, surgeons are forced to develop novel surgeries for pathology they have never before encountered.[41] They are frequently placed in a position where they are forced to perform a surgery they are not privileged to perform due to an unforeseen complication and lack of an available subspecialist.[42] Furthermore, if the health care providers are unable to properly diagnose the conditions, little training benefit will be accomplished. This lack of experience in endemic diseases is further compounded when MEDCAP missions are conducted without proper ancillary services.

Standard of care in the United States dictates the use of ancillary tests, such as laboratory and radiological services, to support the diagnosis and treatment of many conditions. Many times during MEDCAPs conducted away from the hospital ships, these services are not available to the health care provider, forcing him/her to diagnose and treat based on a questionable medical history and physical examination.[43] During past missions, the lack of availability of cell phones and internet access has hindered the field unit's ability to communicate with the hospital ship on numerous occasions to the detriment of the patient.[44] In today's medical environment, this "dark ages" medical approach to treatment is neither ethical nor acceptable. These ancillary tests are required in many circumstances not only to diagnose a disease, but also to ensure the effectiveness of treatment, including the adjustment of treatment based on these results. Without these capabilities, physicians can neither be sure of their diagnosis nor whether their treatment plan is correct for their patient. This lack of available ancillary testing could prove even more detrimental to the patient when noncredentialed health care providers diagnose and treat patients without its benefits.

Within the military, noncredentialed providers, such as medics and corpsmen, are allowed to render care to wounded military personnel in the field as well as to active duty members in a clinical setting under a physician's supervision but not to civilian personnel or military dependants. As MEDCAP missions are for the benefit of military training, these noncredentialed providers are often allowed to perform medical procedures such as starting intravenous fluids, performing minor surgeries, or extracting teeth.[45] During a recent hospital ship MEDCAP, a surgical technician was allowed to perform a circumcision on an older child with the surgeon present in the operating room only to sign the note after the procedure was complete.[46] In another example, a U.S. Army medic participating in a MEDCAP mission on Jolo Island in the Philippines removed an abscess from a child without the supervision of a physician or the facilities to obtain a biopsy report.[47] Due to their lack of formal education, it can be argued that care rendered by these "providers" is below acceptable standards in the United States, and thus should not be employed in the care of foreign patients. These noncredentialed providers may be unable to recognize a serious condition, or worse, cause injury to the patient in their care. The use of these providers may anger host nation officials when they find out that patients were treated by a less than fully-trained provider.[48] For example, during the 2006 *Pacific Partnership* mission, a local official was angered when he discovered that medical care was being rendered by independent duty corpsmen vice medical doctors.[49] Therefore, it is necessary that "performance expectations of personnel should not exceed their training."[50]

Counter-Argument

MEDCAP missions uphold the principle of beneficence in that many of the host nation's populace would have no medical care at all if it were not for these engagement

missions. Many would argue that some care is better than none at all. The 2007 mission conducted by the USNS *Comfort* visited twelve nations in four months, conducting 1170 surgeries, administering 32,322 immunizations, and examining 98,000 patients.[51] It would have been unethical for the United States not to conduct this mission and provide the care. Since the United States had the ability to help, it had a duty to provide assistance to the greatest number of people possible.

MEDCAPs are focused on providing the greatest good for the greatest number, aligning with the principle of utility.[52] By focusing on quantity of patients seen and treatment of acute conditions, the missions maximize the good. Screening patients ahead of time and selecting patients to be examined based on individual need upholds the principle of distributive justice and allows the teams to provide needed care to the largest number of patients possible, decreasing those who are just "curious."

In most cases, the quality of care provided by the engagement missions is superior to that in the host nation. Therefore, it could be argued that there is no universal right or wrong in terms of the standard of care for patients treated in these countries as it varies from place to place. Even if the missions lack the ancillary services that would be mandatory to use in the United States, then it is still appropriate to diagnose and/or treat without them in a country where these services are not readily available anyway.

MEDCAP missions enhance the image of the United States and display a "softer" side to the military. For example, surveys conducted after the completion of the 2007 USNS *Comfort* mission revealed a 5% increase in overall favorability towards the United States in the majority of the countries visited.[53] The effects of these visits are not just short term but have a long lasting impact on the populations served. Many people surveyed during the

previously noted mission still had favorable memories of the SS *Hope's* and USS *Sanctuary's* visit to their regions in the 1960s and 1970s.[54] The missions also help to serve the long-term health of the population by providing preventive medicine services, such as immunizations as noted above, and veterinary services to prevent the spread of disease via the food chain. Veterinarians treated over 17,000 animals during the 2007 mission conducted by the USNS *Comfort*.[55]

Though the United States may have the capabilities to provide basic health care to the populations of foreign nations, it is not ethical for it to do so in its present fashion. Providing sporadic, rudimentary health care to a populace does little to enhance either the health care infrastructure of the host nation or the legitimacy of its government. Continuing to neglect the effective use of the time and force aspects of MEDCAP missions could prove counterproductive to both theater and national strategic objectives.

Conclusion

The lack of focus of MEDCAPs in reference to factors time and force undermines the benefits of these missions and proves counterproductive to theater strategic goals. Upon review of the research, several conclusions can be drawn as to why the present structure and utilization of MEDCAP missions does not afford the GCC with an ethical or effective tool to shape their environment in support of theater and national strategic objectives.

The planning of MEDCAP missions has not consistently taken into consideration the actual needs of the host nation, failing to incorporate local officials at the start of the planning process. By neglecting to understand the needs and capabilities of the host nation, the mission could be viewed as an insult to the host nation or as a propaganda tool for the United States. For example, one hypothesis for the negative opinion of the United States

after the USNS *Comfort* completed its mission to Trinidad in 2007 "is that Trinidad may have been too developed for this type of mission, and thus saw the mission as patronizing."[56]

MEDCAP missions do not support the enhancement of long-term health care in a host nation. These missions do little in supporting the host nation to take care of its own populace or in building legitimacy in their government. Allowing the United States to provide health care instead of assisting local medical providers to do so may generate a false impression concerning the local government's ability and desire to meet the population's needs by forging expectations that can't be sustained after the mission ends.[57] After receiving modern health care from the United States, the local population could become dissatisfied with the level of care practiced in their area, undermining the trust in local physicians.[58]

The short-term focus of MEDCAPs does not provide assurance to the host nations of the continued commitment of the United States to assist them in maintaining health care improvements once the mission ends. The host nation's inability to maintain improvements made to the health care infrastructure may cause dissatisfaction among the local populace, decreasing the legitimacy of both the local government and the U.S. mission. Therefore, to effectively and ethically leverage MEDCAPs to promote long-term stability, a restructuring of the mission's focus is in order.

Recommendations

Combatant commanders and mission planners need to restructure MEDCAP missions to provide long-term health benefits for the local populations which may in turn, help to provide stability to the area of concern. Utilizing Andrew Natsio's first three principles may help to ensure success while avoiding potential ethical dilemmas.

The first principle discussed is *ownership* and deals with the host nation's buy-in of the program. Host nations "with buy-in to missions are more inclined to work in a positive fashion, emphasizing successes even if mistakes occur.[59] For example, during the 2007 *Project Hope* visit to the Philippines, vaccines and vitamins specifically promised to the host nation were not available.[60] Possibly due to the favorable opinion of the mission by the host nation government, the incident did not have a major impact on the mission.[61] Had the Philippine government officials felt isolated from the planning process, it is more likely that the United States would have been blamed for the mistake.[62] Therefore, it is important that the missions be conducted at the invitation of the host nation, using resources of the host nation, and in coordination with the host nation personnel.[63] Coordination with host nation officials is critical during early planning stages as these officials can influence both the outcome and perception of the mission, as well as make policy decisions that may be of interest to the United States.[64,65] Advice on planning and execution of MEDCAP missions should be based on recommendations provided from the local U.S. Ambassador and his/her supporting country team.[66] They are in the best position to provide information in regards to threats to U.S. interests and "assess their relationship to overall regional and strategic goals."[67]

Natsio's second principle, *capacity building*, involves ensuring that the local governments acquire the ability to meet the long-term requirements and expectations of the population, thus earning and maintaining legitimacy.[68] Engagement missions that follow the "let me do it for you" stance, damage the long-term improvement in health care of the host nation by keeping them dependant on foreign aid.[69] Local governments need to be viewed as having the capabilities to take care of their populace to ensure stability. Legitimacy and authority can be lost when a government fails to meet the basic expectations of the

population.[70] Therefore, engagement missions such as MEDCAPs need to focus on helping host nations to help themselves which may in turn improve stability and assist in the accomplishment of theater and national security objectives. Missions that focus on preventative medicine, including immunization and sanitation programs, provide a longer lasting benefit to the population than short "hit and run" missions and are aligned with the principles of beneficence and justice. Focus should be turned to assisting the host nation in developing and sustaining their health care infrastructure, including facilities and staffing.

The third and final principle is sustainability which can be defined as "the ability to endure."[71] The ultimate success of MEDCAP programs depends upon both the permanence of local improvements and on the relationship between the local population and its government.[72] Therefore, it is vital that U.S. provided medical care be integrated with local and national programs already established in the host nation.[73] One long-term benefit of health care development is that it contributes to a strong and prosperous economy which in turn adds stability and legitimacy to a government.[74] MEDCAPs need to focus on training and equipping the local governments to care for their populace. It is vital that the host nation be able to maintain their facilities and equipment to provide long-term health care. Training programs, such as biomedical repair, need to be conducted on a routine basis. To ensure the success of these programs, the United States needs to adopt an open-ended timeline and commit to helping these countries of interest unlike current programs such as USSOUTHCOM's *Beyond the Horizon* and *New Horizons* which set deadlines of 3 years and 1 year, respectively.[75] The establishment of a deadline may be viewed as a lack of commitment and ultimately prove to undermine the goal of establishing long-term partnerships to improve the security of the United States.

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