

## Operation Provide Hope: Nation-Building Through Healthcare

by

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USAWC STRATEGY RESEARCH PROJECT

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## **Abstract**

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The end of the Cold War and the fall of the Soviet Union brought about the need for United States (U.S.) strategic policy to ensure stability and support nation-building in the region. This region consisting of 12 newly independent states (NIS) of the former Soviet Union has remained relatively stable for the past 22 years. One contributing factor to successful nation-building, peace and regional stability has been the impact of Operation Provide Hope (OPH), an interagency effort between the Department of State (DoS) and Department of Defense (DoD). OPH has provided \$363 million of excess DoD medical equipment and supplies to governments in the region since its conception in 1992. What will be the impact resulting from the DoS discontinuation of funding after Fiscal Year 2014? What are the possibilities to continue this program in the NIS or shift the support to other areas in need, such as sub-Saharan Africa?





## **Operation Provide Hope: Nation-Building Through Healthcare**

Trust comes from years of cooperative experience, listening, success, and failure, and is held together by a common vision of a secure and prosperous future. Because relationships are so important, it is critical never to take them for granted.

—Admiral James G. Stavridis<sup>1</sup>

### **A Strategic Opportunity**

President George H.W. Bush signed the Freedom for Russia and Emerging Eurasian Democracies and Open Markets Support Act, or FREEDOM Support Act, to provide assistance to the twelve newly independent states (NIS) of the former Soviet Union in October 1992. Congress passed the Act with overwhelming bipartisan support, and the United States Government (USG) recognized the need to respond quickly as well as generously to the unprecedented opportunity following the collapse of the Soviet Union.<sup>2</sup>

The purpose of the FREEDOM Support Act was to provide assistance to the people and governments of the NIS and help them navigate the difficult transition from communism to democracy.<sup>3</sup> The transition has taken longer than the authors of the Act expected or imagined and support still continues today – more than twenty years later.<sup>4</sup> There have been many examples of success and immense progress overall, but enormous challenges remain.

The foremost USG geopolitical concern in Europe in 1992 was stability in the NIS. The world was witnessing a catastrophic economic depression in most of the region, and in some areas, armed conflict.<sup>5</sup> There was a fear of widespread social unrest if the unstable infrastructure of the former Soviet states collapsed.

Operation Provide Hope (OPH) was the first USG program launched under the FREEDOM Support Act in 1992, and was the first program to deliver direct and tangible aid to needy and conflict-affected populations of the region.<sup>6</sup> This was the beginning of a nation-building effort that would continue for the next twenty years. The assistance and aid provided to the governments of the NIS allowed them to meet one of basic needs of their citizens – healthcare. OPH is arguably one of the longest, successful and most cost-effective endeavors at bringing peace, stability, security, and increasing partner capacity.

OPH has conducted over 120 missions in the region, providing high-quality medical equipment and supplies and improved healthcare to millions of people.<sup>7</sup> OPH has also provided disaster relief supplies in support of both of natural and manmade disasters.

The DoS, with the assistance of other public and private-sector organizations, has provided over \$5 billion in humanitarian aid to stabilize the vulnerable and conflict-ridden areas of the former Soviet republics.<sup>8</sup> The FREEDOM Support Act allowed DoS to leverage private-sector donations coupled with \$363 million of DoD excess equipment and supplies illustrating the benefits of “public/private partnerships” and interagency cooperation.<sup>9</sup> The USG’s efforts through OPH are a prime example of the whole-of-government approach and unity-of-effort between interagency organizations.

The initial OPH assistance provided the foundation for establishing basic healthcare needs and the follow-on assistance over the past twenty years have allowed healthcare systems in the NIS to grow and stabilize, even flourish in some cases, albeit

not to current Western standards. The continued OPH support in other cases was the primary source of healthcare reform and any semblance of medical modernization.

Few people know about the impact OPH assistance has made over the past twenty years. It began out of necessity in an effort to assist the NIS and prevent their economic collapse and social implosion. It has endured due to its critical role of advancing the U.S.'s enduring interests by providing nation-building assistance in the form of healthcare. The DoS made a decision in 2011 to stop the funding for OPH beyond the end of fiscal year 2014.<sup>10</sup> The purpose of this paper is to provide an argument as to why the DoS should continue to fund OPH and provide nation-building assistance in the form of healthcare reform. This paper will also present other options that should be considered to expand this successful program to other areas, such as sub-Saharan Africa.

### Initial Strategy

The Cold War ended in 1991 and the Iron Curtain was no longer. The world's largest socialist state had come crashing down. This was great a great victory for the U.S. and the entire world, but it did not come without problems and concerns for the future. The NIS were in economic ruin. "Seventy-four years of repression, corruption, and gross mismanagement had taken a devastating toll on the morale of the people and had left the states in a condition of nearly universal poverty."<sup>11</sup> All except the most basic foods were unavailable and medical supplies, routinely used by hospitals in the West, were scarce or nonexistent.<sup>12</sup> These countries were rich in natural resources and arable land, but there were no effective systems of agricultural production, manufacturing, or distribution of goods.<sup>13</sup> The leaders of the world's industrial democracies understood the strategic importance of assisting the former Soviet Union.<sup>14</sup>

The United States moved swiftly to provide assistance. As the initial step, Secretary of State James A. Baker III convened a Coordinating Conference on Assistance to the Commonwealth of Independent States in Washington, DC on January 22-23, 1992.<sup>15</sup> Representatives of 47 potential aid-donating countries and 5 financial institutions, including representatives of the World Bank and International Monetary Fund, attended.<sup>16</sup> This gathering marked the first attempt by any country to try to orchestrate multinational assistance programs to the NIS.<sup>17</sup> “President George H.W. Bush gave the keynote address and pledged an additional \$645 million of assistance in the form of credits and guaranteed loans.”<sup>18</sup> President Bush’s comments from his keynote address still ring true today, over twenty years later.

I am proud that the United States has this historic opportunity to support democracy and free markets in this crucially important part of the world. While it is clear to all that the future of the new independent states of the former Soviet Union is in their own hands, passage of the FREEDOM Support Act demonstrates the commitment of the United States to support this endeavor.<sup>19</sup>

Secretary Baker outlined the operational details of OPH at this new conference. The DoS would have overall responsibility, while the DoD would coordinate and implement all aspects of military transportation.<sup>20</sup> Former Ambassador Richard L. Armitage was named the project’s Operational Coordinator.<sup>21</sup> He would supervise the selection of the recipient cities, monitor the entire project, and ensure that the cargoes were taken to predetermined distribution centers. Former Ambassador Armitage had also served as the former Assistant Secretary of Defense for International Security Affairs where he had been responsible for overseeing DoD excess stocks were distributed to disaster locations around the world when Congress so directed.<sup>22</sup>

The enormous needs of the NIS required global cooperation and support. The other industrialized democracies pledged to help also. "The twelve-nation European Community, led by Germany, had already provided roughly \$78 billion in loans and credits."<sup>23</sup> The initial shipment of food and medical supplies through OPH marked the beginning of what the United States hoped would be a truly international effort. During the first phase, for example, the Government of Japan committed to shipping more than 50 tons of food, medicines, and medical supplies to arrive in the far eastern region of the former Soviet Union.<sup>24</sup> The United States offered to finance the transportation of humanitarian goods donated by other governments, and several nations in the Middle East, Europe, and Latin American worked closely with the United States to ensure this was truly an international effort.<sup>25</sup>

A massive interagency and international planning effort contributed to the successful initial surge of supplies. Under the direction of the Office of the Secretary of Defense (OSD), cargo from depots in Europe and warehouses in the continental United States was consolidated at Rhein-Main Air Force Base, Germany.<sup>26</sup>

The first shipment of supplies was launched on February 10, 1992 with the full cooperation of many USG agencies. Twelve U.S. Air Force C-5s and C-141s cargo planes carried an estimated 500 tons of bulk-food and medicines into twelve separate cities including: Moscow, St. Petersburg, Kiev, Minsk, Kishinev, Yerevan, Alma Ata, Dushanbe, Ashkhabad, Baku, Tashkent, and Bishkek.<sup>27</sup> Fifty-four additional flights over the next 10 days delivered nearly five million pounds of food and medicines to 23 locations across the breadth of the NIS.<sup>28</sup>

Most of the food and medical supplies airlifted were left over from the Gulf War (Operation Desert Storm).<sup>29</sup> These supplies were considered surplus to DoD requirements and were stored at several European locations.<sup>30</sup> This initial shipment of humanitarian supplies could not begin to meet all the immense needs of the NIS, but the supplies were designated to go to places like “orphanages, hospitals, soup kitchens and homes for the elderly where the need was the greatest.”<sup>31</sup>

The USG used the delivery of humanitarian aid to make a statement regarding its desire for peace with its former enemies. Secretary Baker stated, “Operation Provide Hope can vividly show the peoples of the former Soviet Union that those who once prepared for war with them now have the courage and conviction to use their militaries to say, we will wage a new peace.”<sup>32</sup> Secretary Baker also stated that the shipment of supplies “...carry a dramatic message of hope to the peoples of the new independent states.”<sup>33</sup>

### The Evolution of OPH

OPH today is a model of interagency cooperation between the DoS, DoD, U.S. Agency for International Development (USAID), non-government organizations, and other private organizations. There are two facets of OPH. The first is strictly DoS-run with assistance from private volunteer organizations and private sector enterprises providing varied humanitarian assistance. The second is a DoS and DoD cooperative agreement providing medical assistance only. The assistance of non-government organizations is sometimes used here as well, but that is outside the scope of this paper.

OPH is now a model of how humanitarian assistance, in the form of medical and disaster relief supplies, has provided stability, trust, and a basic foundation of healthcare

for these emerging democracies of the NIS. The cooperative relationships between the U.S. and the newly independent states were built over time, not created overnight as a result of large sources of one-time funding. As Admiral Mike Mullen, former Chairman of the Joint Chiefs of Staff, once said, “Trust has to be built up over time. You can’t surge trust.”<sup>34</sup>

### Interagency Cooperation is Key to Success

DoD excess pharmaceuticals, medicines and consumable medical supplies were shipped during the initial phases of OPH from the United States Army Medical Materiel Center-Europe (USAMMCE), a tri-service medical support activity located in Pirmasens, Germany. USAMMCE became the logical, enduring location to launch subsequent missions due to its location in Germany and uniqueness of its medical logistics mission.

DoS established the Office of the United States Coordinator for Assistance to Europe and Eurasia in its Bureau for Europe and Eurasian Affairs to manage and fund OPH, while the DoD provides the logistical and clinical expertise support to each mission.<sup>35</sup> An interagency agreement between DoS and DoD in 1994 funded the establishment of warehousing activities at the USAMMCE’s depot to store medical materiel for OPH missions.<sup>36</sup> This agreement also provided funding in 1996 for the establishment of a support office at USAMMCE with seven (now ten) civilian positions to manage and execute the missions in conjunction with the supporting DoD components.<sup>37</sup>

### The Interagency Coordination Process

DoD provides OPH the excess medical equipment and supplies, without which OPH would not exist. DoS acquires excess medical equipment and supplies from DoD components around the world and stages it at USAMMCE in Germany. The excess

medical equipment and supplies are legally transferred to DoS through the Defense Logistics Agency Disposition Services. DoS, through its Embassies or through non-government or private volunteer organizations operating in the NIS, assesses the medical needs and capabilities of each country. Based on these assessments, DoS provides OSD with a list of the missions to be conducted each year. OSD then tasks the Joint Staff to support the mission. The Joint Staff (J4) in turn tasks a Geographic Combatant Command, in this case the United States European Command (U.S. EUCOM), to assist with the mission. U.S. EUCOM then identifies and tasks a lead component command (Army, Navy, or Air Force) to provide clinical and logistic subject matter experts to work with the team at USAMMCE to complete the mission.

#### Types of Missions

There are two types of missions. The first type of mission provides the initial shipment and installation of the medical equipment, delivery of sustainment supplies, and the operational training for the host nation healthcare clinicians on the equipment provided. This initial training is videotaped and copies are provided to the host-country clinical staff to reference back to for retraining if necessary. In addition, all of the technical manuals are translated into the host-county language. The second type of mission is a revisit that usually occurs two years after the initial mission. The purpose of the revisit is to repair previously installed equipment, deliver an additional package of sustainment supplies, and assess the effectiveness of the materiel and training of host-nation clinicians that occurred during the initial visit.

Both types of missions are executed in three phases. Phase 1 is the technical assessment and site survey and typically takes two weeks. This phase involves sending the military clinical experts (provided by U.S. EUCOM) to the host country to evaluate



the selected facilities and infrastructure as well as determine the team's lodging and logistics support requirements available for Phase 3. Phase 2 is conducted at USAMMCE in Germany where the team inventories, cleans, reconstitutes, packs, and ships the medical equipment. The team also identifies the supplies needed to sustain the equipment for twelve months and ships the entire package to the host country. Phase 2 typically takes two to four months. Phase 3 deploys the team of clinical experts to the host country to receive and install the equipment in the targeted medical facilities. The team provides technical assistance and training in the operation and maintenance of the equipment after it has been installed. They also distribute the sustainment materiel for the continued operation of the equipment. This phase can take up to two months depending on the size of the mission.

#### Long-Lasting Effects towards Nation-Building

OPH is not the typical "fire and forget" humanitarian assistance so often provided in the form of a Medical Ready and Training Exercise (MEDRETE). A typical MEDRETE consists of military medical professionals and support personnel that deploy for two weeks or less to a selected area (Africa, South America or Eastern Europe for example). The teams deploy in order to obtain valuable real-world training, increase interoperability with host-nation medical providers, and where possible, help citizens in need of treatment. This provides valuable training for the U.S. military medical providers, but there is minimal value or any long-lasting effects on the host-country's ability to provide care for its citizens. OPH provides a long-term approach that provides the beneficiary nation with the equipment and training commensurate with the education level and capabilities of their medical professionals to build a base foundation of

medical care that can grow and flourish into a capable and sustainable healthcare system.

This interagency cooperative effort has resulted in 25 initial missions and 13 revisit missions totaling nearly \$318 million of medical aid in the form of DoD surplus.<sup>38</sup> These missions have increased the level of healthcare provided at over 268 major medical facilities and 274 primary care clinics in eleven countries.<sup>39</sup> In addition, OPH has provided over \$45 million in support of 70 short-notice, emergency-response missions.<sup>40</sup> These special missions run the gamut from natural disasters like floods and earthquakes to the support of displaced persons due to conflict. Table 1 illustrates the dollar amount of DoD excess medical equipment and supplies provided by OPH to the NIS over the past 21 years.

Table 1: DoD Medical Excess Distributed by OPH<sup>41</sup>

| <b>Supported Country</b>                        | <b>Dollar Value of Support Provided</b> | <b>Number of Missions (Timeframe)</b> |
|---|---|---------------------------------------|
| Republic of Georgia                             | \$62,530, 573                           | 28 (1992-2012)                        |
| Ukraine   | \$57,409,695                            | 15 (1995-2012)                        |
| Republic of Kyrgyzstan                          | \$56,527,423                            | 12 (1993-2012)                        |
| Republic of Moldova                             | \$44,466,792                            | 15 (1994-2012)                        |
| Russia  | \$36,780,600                            | 3 (1992,1998,2004)                    |
| Republic of Uzbekistan                          | \$34,278,652                            | 4 (1997,2000,2002,2012)               |
| Republic of Tajikistan                          | \$21,968,413                            | 12 (2004-2012)                        |
| Republic of Armenia                             | \$19,582,178                            | 17 (1996-2012)                        |
| Republic of Kazakhstan                          | \$17,700,000                            | 4 (1994-2001)                         |
| Republic of Azerbaijan                          | \$16,034,721                            | 4 (1998,2001,2009,2012)               |
| Republic of Belarus                             | \$8,700,000                             | 1 (1992)                              |
| Other (Baltic States, Kosovo, Turkey, Pakistan) | \$4,198,000                             | 4 (1992-2010)                         |
| <b>Totals</b>                                   | <b>\$317,646,474</b>                    | <b>117</b>                            |

It was evident with the establishment of OPH in 1992 that the NIS would need decades to develop market economies even close to those existing in the United States, Europe, and Asia.<sup>42</sup> The majority of these countries are not there yet, but OPH has been there every step of the way as an integral part of nation-building.

### Recent Success Stories

#### Uzbekistan 2002

OPH began the largest U.S. humanitarian assistance medical project for Uzbekistan in August 2002. The project consisted of two main shipments: \$17 million in excess DoD medical equipment and supplies, and \$35.5 million of donated medicines and supplies from private organizations.<sup>43</sup> A critical aspect of this mission was that it provided the equipment and supplies necessary for the Government of Uzbekistan to launch its reform program to develop a primary healthcare system. In total, 170 containers of medical equipment and supplies were distributed to hospitals in the Fergana Valley region.<sup>44</sup> Critical items provided included equipment for operating rooms, x-ray, laboratory, central sterilization, and supplies such as bandages, needles and sutures.<sup>45</sup> Military medical experts from U.S. EUCOM coordinated the reception, distribution, and installation of the donated medical equipment and supplies at each hospital and provided the necessary technical assistance and training to local hospital personnel receiving the material.<sup>46</sup> Uzbekistan supported the USG with access to their key air base during the initial stages of Operation Enduring Freedom. This OPH mission occurred soon afterwards.

#### Moldova Burn Center 2008

The USG cooperated with the Government of Moldova to upgrade the thermal trauma section, or “burn center”, where critically burned patients are treated at the

Republican Trauma and Orthopedic Hospital in Chisinau, Republic of Moldova in 2003. The Government of Moldova requested U.S. assistance and funding to upgrade the burn center of the hospital. The 19<sup>th</sup>-Century building did not have the necessary sanitary conditions to treat burn patients. The \$767,000 funding for the project was approved by both governments in 2004 and the upgrades began in August 2005. U.S. EUCOM's Humanitarian Assistance Branch facilitated the efforts in coordination with the U.S. Embassy's Office of Defense Cooperation. The project was nearly complete in July 2007, but the government of Moldova did not have the funding to purchase the necessary equipment to open the burn center. The U.S. Embassy's Office of Defense Cooperation requested U.S. EUCOM and the DoS to provide the necessary equipment and supplies. DoS, through OPH, delivered \$400,000 in essential high-tech supplies in January 2008. The new burn center of the hospital was opened in a small ceremony in Chisinau, February 21, 2008 (Figure 1 on following page).<sup>47</sup> The hospital has added 37 beds, a six-bed intensive care unit, two operating rooms and one treatment and rehabilitation unit, which has significantly increased the number of patients that can be cared for as a result of the project.<sup>48</sup> This is a great example of how the efforts and assistance provided through OPH resulted in Moldovan doctors taking care of Moldovan burn patients.

#### Georgian-Russian Conflict 2008

More than 150,000 Georgians were displaced from their homes as a result of conflict between Georgia and Russia in August 2008 that saw Russian soldiers occupy parts of Georgia. President George W. Bush announced that the DoD would respond and lead the humanitarian assistance mission in what became Operation Assured Delivery. The initial support of over \$2.5 million humanitarian and disaster relief supplies

sent to Georgia originated out of the OPH stockpiles located at USAMMCE.<sup>49</sup> Time and experience has demonstrated that successful humanitarian assistance involves a combination of all the elements of national power – a true whole-of-government approach. U.S. EUCOM's Joint Assessment Team partnering with the DoS to provide immediate support to the Georgian refugees, along with other assistance provided by USAID, has been described as a model for the future.<sup>50</sup>



Figure 1: Moldovan Minister of Health Ion Ababii and U.S. Ambassador to Moldova Michael D. Kirby Cut Ribbon at Opening Ceremony of the Burn Center, Republican Trauma and Orthopedic Hospital, Chisinau Moldova, February 21, 2008 <sup>51</sup>

#### Autonomous Republic of Crimea, Ukraine 2010

There have been notable economic improvements in the Ukraine in its two decades of independence. However, its people continue to face high inflation, including frequent cost increases for basic products and services, including healthcare.<sup>52</sup> The Ukraine's Ministry of Health implemented reforms to meet basic medical needs

throughout the country, but was challenged to provide quality medicines, supplies, and equipment to maintain basic medical services in rural hospitals and small health facilities.<sup>53</sup> The continued deterioration of their hospitals and clinics and a non-existent healthcare system led the Autonomous Republic of Crimea (ARC) to reach out to the United States for assistance in 2010. The ARC faced a serious shortage of pharmaceuticals, medical equipment, and supplies to take care of refugees and other vulnerable groups.<sup>54</sup> These groups are not always fully integrated into Ukraine's political and social institutions.<sup>55</sup> A team of twelve U.S. military medical experts provided by U.S. EUCOM visited the ARC to conduct an in-depth assessment of seven hospitals and two dental clinics in Simferopol in November 2009.<sup>56</sup> The team concluded the hospitals were in a barren condition and needed to be upgraded with new equipment and supplies.<sup>57</sup> OPH provided over \$23 million of medical equipment and supplies to these facilities.<sup>58</sup> The presence of Ukrainian and U.S. officials at the October 2010 unveiling was impressive, but the reaction of the first patients treated in the upgraded facilities was moving. They were thrilled and grateful for the improvements.<sup>59</sup> This was one of the largest OPH missions in the past ten years. This was also a strategically significant example of the Ukrainian and ARC Governments working together to improve the lives of their people.<sup>60</sup> The Ukraine is on the road to becoming a fully integrated member of a peaceful and democratic Europe. Part of that future includes meeting the basic healthcare needs of its people and OPH was the catalyst in helping the Ukraine to better address these needs.



Figure 2: U.S. Air Force Staff Sergeant Victor Storms Provides Defibrillator Training to Ukrainian Nurses at Simferopol Municipal Clinical Hospital, September 2010.<sup>61</sup>

### Supporting the National Security Strategy

The U.S. National Security Strategy (NSS) has identified Russia and its former states as an area of national interest since the collapse of the Soviet Union. However, the focus of U.S. strategy changed from containment of Soviet expansionism and weapons of mass destruction to that of regional security and economic stability. The Bush Administration's January 1993 NSS articulated that, "...we are challenged to help ensure the successful transition of newly emerged and emerging democracies in Eastern and Central Europe and the former Soviet Union. Success in these efforts is vital to world stability. Fragile democracies elsewhere must be nurtured to ensure that there are no reversals in the process."<sup>62</sup> The NSS further added, "The active promotion of increased political participation, especially now in Eastern Europe and the former Soviet Union, is in our national interest..."<sup>63</sup> And finally, "we must support stability and economic and political reform in Eastern Europe and the former Soviet Union - our number one foreign policy priority today. We should do so through firm political support

for reform movements and through the extension of broad-based government and non-government assistance. This includes macro-economic support to enhance the prospects for long-term institutional reform, technical economic assistance, and humanitarian and medical assistance to promote short-term stability. More than anything else, our encouragement of private trade and investment will help these countries integrate themselves into the free market economic system. In addition, we are implementing a wide variety of exchange programs and other initiatives designed to promote closer political relationships between our countries. Nothing would more profoundly enhance our security than to have our former adversaries succeed in establishing stable democratic, free-market systems. Nothing would so cloud our future security than to see them fail.”<sup>64</sup>

The Clinton Administration continued to perceive this region as a national interest. The 1996 NSS stated, “If we can support and help consolidate democratic and market reforms in Russia (and the other newly independent states), we can help turn a former threat into a region of valued diplomatic and economic partners. Our intensified interaction with Ukraine has helped move that country on to the path of economic reform, which is critical to its long-term stability.”<sup>65</sup> And in 1997, “Eventual integration into European security and economic organizations, such as NATO and the EU, will help lock in and preserve the impressive progress in instituting democratic and market-economic reforms that these nations have made.”<sup>66</sup>

Ten years and three Presidential administrations after the fall of the Soviet Union, the U.S. was still focused on promoting security in the region. The 2002 NSS states that, “We will continue to bolster the independence and stability of the states of the



former Soviet Union in the belief that a prosperous and stable neighborhood will reinforce Russia's growing commitment to integration into the Euro-Atlantic community."<sup>67</sup>

The current 2010 NSS continues to state the strategic importance and fragileness of the region despite other pressing security interests, such as the wars in the Middle East, getting most of the attention. The 2010 NSS states, "While actively seeking Russia's cooperation to act as a responsible partner in Europe and Asia, we will support the sovereignty and territorial integrity of Russia's neighbors."<sup>68</sup>

The execution of these National Security Strategies is carried out by the DoS's Office of the Coordinator of U.S. Assistance to Europe and Eurasia. Their mission is to "oversee the bilateral economic, security, democracy, and humanitarian assistance of all USG agencies providing assistance to 18 states of the former Soviet Union and Eastern Europe."<sup>69</sup> DoD provides assistance through U.S. EUCOM, whose mission and theater campaign plan includes building partner capacity, regional stability and security cooperation, interagency integration, and humanitarian assistance.<sup>70</sup>

### Evaluating the Effectiveness of OPH

It is difficult to calculate the actual return on investment of the aid provided in terms of health benefits to the various populations (i.e., number of lives saved, quality of care, access to care, quality of life improvement, etc). However, there are some intangible measures of success to consider.

One measure of success is the progress each country has made toward moving towards economic stability and abiding by international norms. All of the NIS are progressing and becoming more responsible players on the international stage, but some have made more progress than others. OPH has been an integral part of this

transformation and has provided a win-win opportunity supporting these developing nations of the NIS. A recent RAND Corporation research study titled, *Health System Reconstruction and Nation-Building*, aimed to determine the importance of the role of healthcare in nation-building. RAND's team of experts including political scientists, physicians, and economists examined past attempts to reform healthcare during nation-building efforts. RAND's conclusion: "Nation-building efforts cannot be successful if adequate attention is not paid to health."<sup>71</sup> Healthcare can have an important independent impact on nation-building and can have a significant impact on security by helping to "win hearts and minds." "Healthcare is an important objective in nation-building operations; cases such as Iraq and Somalia demonstrate that the inability to win hearts and minds contributes to insurgency, warlordism, and an unstable security environment."<sup>72</sup> Healthcare facilitates stability and security by providing tangible benefits and meeting basic needs of the local population.<sup>73</sup> According to the RAND study, healthcare reform is achieved when the local government reaches the tipping point where it begins to assume responsibility for managing its nation's healthcare.<sup>74</sup> OPH has enabled many of the NIS to reach or come closer to their tipping points by providing the framework to build a sustainable healthcare system for the future. The key findings of the RAND study, shown in Figure 3, can be directly correlated to the benefits provided by OPH.

- Nation-building efforts cannot succeed unless adequate attention is paid to the population's health.
- Efforts to improve residents' health can generate goodwill.
- Successful health system reconstruction requires planning, coordination, and leadership.
- Health reconstruction is linked to other sectors, such as water and power.
- Health-sector reform must be sustainable by the country's own healthcare providers and leaders.
- Security is essential for all reconstruction, including health.

Figure 3: RAND's Key Findings: *Health System Reconstruction and Nation-Building*<sup>75</sup>

Another measure of success is the tax-payers' return on investment for the excess DoD medical equipment and supplies that would otherwise go to waste. The annual operating budget for OPH (excluding transportation costs) is approximately \$930,000.<sup>76</sup> This represents a fraction of the value of the excess equipment and supplies provided annually by OPH to the NIS. All of the medical equipment and supplies provided by the DoD are excess items that would otherwise be disposed of or destroyed. DoD generates a considerable amount of excess medical equipment and supplies annually for various reasons including outdated technology, life-cycle replacement, war excess, rotation of war-reserve stocks, and closure of medical facilities – most of which preclude the transfer of the items between the Services for reutilization. Reutilization or transfer among the Services is considered as the primary option before any items are transferred to the DoS. The FREEDOM Support Act provides the legal framework necessary to transfer these medical items to the NIS where they will be put to good use. OPH is a prime example of winning the hearts and

minds by assisting each country to develop basic healthcare reform at a reasonable cost to the USG.

A final measure of success is regional stability and security. The NIS are strategically situated between the countries of the European Union and the natural resource-rich regions of the Caspian Sea, Central Asia and Russia. Important energy transit routes from these regions to the European Union go through Georgia, the Ukraine, and Belarus, and Azerbaijan is itself a major oil producer.<sup>77</sup> The integration of these countries into the European Union economy would strengthen Europe's energy security.<sup>78</sup> The success of democratic reforms in Ukraine and Georgia as well as in other states is important for the security of the European Union's eastern borders.<sup>79</sup> A belt of stable, democratic and increasingly prosperous countries could serve as a catalyst for building better relations between Russia, the European Union, and the United States.<sup>80</sup>

### Conclusion and Options for Future Success

OPH began as a means to provide immediate assistance to a strategic region on the brink of political, economic, and social disaster. It has evolved into an enduring model of interagency, cooperative nation-building by providing the necessary medical equipment and supplies to support healthcare reform throughout the NIS. OPH implemented U.S. national policy objectives to ensure a stable and secure region while demonstrating the U.S.'s compassion and concern for people in need. The fact that OPH has endured for more than two decades demonstrates a commitment by the U.S. to ensure stability, security, and prosperity in a region that is vital to global world order.

This ability to address healthcare in developing nations as a means to meet national objectives should not be lost. DoS's decision to phase out the funding for OPH

in Fiscal Year 2014 due to budget constraints could have a significant impact on healthcare systems in the NIS. Many of these countries are still dependent on OPH assistance and emergency assistance provided in the aftermath of natural disasters.

The potential also exists to expand the program outside of the NIS to other geographic areas in need. There continue to be many nations in areas of vital U.S. national interest that face healthcare reform challenges and could benefit from OPH's assistance. OPH should continue to support the USG's nation-building efforts through healthcare reform.

There are three potential options for preserving or expanding the low-cost benefits of OPH. Each option is feasible in that the USG has the means available to execute the mission. Each option is suitable because OPH would continue to support and achieve the NSS objectives. Each option is acceptable, but two of them would require Congressional action. All three options would require one or more new stakeholders to accept the responsibility and funding for OPH. Finally, all three options would provide minimal risk to the stakeholders, notwithstanding current fiscal uncertainty and constraints.

- Option 1. U.S. EUCOM assumes responsibility of OPH from DoS and continues to support the NIS with DoD excess medical equipment and supplies under the current legislation provided by the FREEDOM Support Act. This option would not require new legislation since the FREEDOM Support Act authorizes the donation of DoD excess specifically to the NIS. This option would allow for a smooth transition between DoS and U.S. EUCOM. Finally, this option would allow U.S.

EUCOM to continue to support the NIS as part of their theater campaign strategy.

- Option 2. Create new legislation or amend the FREEDOM Support Act to allow U.S. Africa Command (U.S. AFRICOM) to donate DoD excess medical equipment and supplies to sub-Saharan African countries.  
U.S. AFRICOM, activated in 2008, faces similar challenges of nation-building, stability, and security in sub-Saharan Africa. U.S. AFRICOM and DoS have begun discussions to pursue this option.
- Option 3. Create new legislation permitting the donation of DoD medical excess to any country worldwide, such as Haiti or Myanmar, based on national interests, natural disasters, and political opportunities. The Defense Logistics Agency (DLA), as DoD's Executive Agent for medical materiel, could assume management oversight of OPH in coordination with DoS and the relevant geographic combatant command.

#### Endnotes

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<sup>35</sup> Luis W. de Andrade, "Operation Provide Hope," briefing slides, Pirmasens Germany, U.S. Army Medical Materiel Center-Europe, August 21, 2012

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