INTRODUCTION: FORCE IF NECESSARY BUT NOT NECESSARILY FORCE

The world appears unhinged. Instability from the Middle East, Caucasus, Africa, and Central America to Asia abound. The Study of Terrorism and Response to Terrorism database identified fewer than 300 major terrorist incidents between 1998 and 2004 in the Middle East and North Africa. In 2013, they listed 4,650 such incidents. Quicker cracks tear at the fabric of South America and parts of Asia. Although geographically distinct, many of these areas of instability share underlying causes that give rise to threats to the United States and the global community.

Human-generated causes include corruption, poor governance, absence of the rule of law, violence, gross human rights abuses, climate change, environmental degradation, a weak civil society, and a lack of professional capabilities across skill sets within the government departments needed to effectively manage the operations of a well-run state. Natural causes include disasters, disease, demographic changes, and limited access to the resources essential for life.

When these human or natural causes create conditions that result in poor provision of, or unequal access to essential services, such as water, food, shelter, health services, education, and economic opportunity, people lose confidence in government and hope for their children and their future. They become restless, demonstrate, can become violent and overthrow their governments (such as the self-immolation of Mohamed Bouazizi, the Tunisian cart vendor, which sparked 35 more self-immolations by extralegal businessmen and started the Arab Spring), or can result in mass migrations. Desperate human security, conditions create desperate people undermining stability and creating even more demands from host nation governments and governments in neighboring states.

Although force and counter terrorism programs are sometimes needed to address security threats, enormous opportunities are available to use nonkinetic capabilities within the Department of Defense (DoD), Department of State, U.S. Agency for International Development, other U.S. Government agencies, and civilian organizations to address the underlying causes of instability. Global health diplomacy is an underutilized strategic asset to do this. At a far lower cost, it will save lives, decrease economic losses, reduce the need for kinetic military operations, increase security cooperation, improve diplomatic relations, encourage trade, and create the foundations for long-term stability.

HEALTH IS A NATIONAL SECURITY IMPERATIVE—DISTANT HEALTH THREATS ARE GLOBAL THREATS

Health is a national security imperative. The second- and third-order effects of a strategic health or global health issue that severely impacts and overwhelms the stability of a far-distant nation can have broad and multiplying effects that transcend boundaries and can become regional and global security threats. When human immunodeficiency virus/acquired immunodeficiency syndrome first started to be seen in the United States, there were U.S. leaders that were not too concerned about its impact on the general public, alluding to the fact that it was a disease that mostly affected the four H’s: homosexuals, heroin addicts, hemophiliacs, and Haitians. From its first known cases in 1981 up to 2013, human immunodeficiency virus has infected almost 78 million people and killed about 39 million.

The Chernobyl power plant accident that occurred on October 26, 1986, was a catastrophic nuclear accident. Several studies have been done to estimate the increase in health effects and cancer-related morbidity and mortality in Europe. Communicable diseases can be easily carried from a distant area of the world to a teeming metropolis within 24 hours because of the ease and affordability of plane travel. The interconnectedness of countries as a result of trade has its drawbacks—biological or chemical contamination of food or products commonly occur across oceans and continents.

Noncommunicable diseases are also affecting not just high-income countries but also low-to-middle income countries. Ubiquitous exports of fast-food meals, high-fructose drinks, and salty, fried foods have contributed to a tremendous increase in obesity and hypertension. Obese and sedentary populations negatively impact the workforce of a nation and its productivity.
The offices of military personnel and readiness cite obesity as the number one disqualifying reason for new recruits. Twenty seven percent of the U.S. young adults are not fit to serve in the military.10

Addiction to illegal drugs is an important global health threat. The problems created by the manufacture of opium in Afghanistan, methamphetamine in Mexico, and cocaine in Peru and Columbia create tremendous and devastating health effects, loss of productivity, social disruptions, breed corruption in a nation’s military and police forces, and create turbulent violence all along its wake, both in the countries manufacturing the drugs and the countries importing them.

Weather forecasters often discuss the multiplying effects that the fluttering of a butterfly’s wings in one country may have on the regional weather of another distant country. Global health professionals and more and more of our military and political leaders are now concerned that the disease that we see in a child in Africa or a pig in Asia may have tremendous impacts on the public health, economic productivity, military readiness, and strategic security interests of their nation. In addition, a weak health and political system anywhere can be a threat everywhere.

LINKAGES: GLOBAL HEALTH, SECURITY, AND STRATEGIC CHALLENGES

Global health encompasses the basic needs required for human security: respect for people’s universal rights, personal protection, the rule of law, access to food, water, health care, education, basic infrastructure, and shelter.11 Their absence leaves populations vulnerable to the depredations of insurgent groups and corrupt, venal cabals that can hijack a region or state for the benefit of themselves and a select group of people. This creates an environment of the privileged and abused, the included and excluded, and an environment ripe for insecurity and conflict.12

For a nation to provide the environment where people’s basic needs can be met requires capabilities within their governing infrastructure and communities. This includes management, finance, education, social sciences, law, medicine, public health, engineering, veterinary medicine, agronomy, and more. Their absence cripples a nation’s ability to support a foundation for human security and stability, inhibits its ability to thrive in good times, and respond effectively to natural and man-made threats in bad times. It breeds corruption, poverty, poor health outcomes, spread of lethal diseases, gross human rights abuses and conflict. This we have seen played out with grim efficiency in Afghanistan, Pakistan, Iraq, Syria, Sudan, Democratic Republic of the Congo, Central African Republic, Libya, Yemen, Somalia, Nigeria, Honduras, and beyond. All have had disastrous regional effects, many have created direct threats to U.S. interests.

Islamic State in Iraq and Syria was borne out of the brutal kleptocracy of Assad’s Syria and a destructive government in Iraq. Al-Shabaab was created in the failed state of Somalia. Boko Haram grew in the destitute and neglected regions of northern Nigeria. Al Qaeda and the Taliban secured a haven in the lawless western regions of Pakistan. Weak governments in Central America created a fertile ground for organized criminal gangs to terrorize the populace and profit from the illegal drug trade that destroys lives, and drives people to desperately flee northward into the United States.

Insurgencies, terrorist organizations, and other nonstate actors thrive in the presence of an incompetent or abusive state government that violates segments of its citizenry and fails to provide an environment where peoples’ rights are protected and their basic needs met. These groups divine counter narratives that take advantage of people’s lack of hope and fears. They create a refuge and an outlet for people’s rage. Such messages and place of belonging can be a powerful magnet for youths, the poor, and the disenfranchised, who see little hope in the future.

Security threats are not only manmade but also can come from nature. The international community’s failure to dramatically reduce our carbon footprint leaves us vulnerable to an increasing number of extreme weather events that threaten everything from coastal communities to food and water security. This will amplify existing tensions over natural resources and could result in the forced migrations of massive numbers of vulnerable people. The world’s population is expected to reach 9 billion by 2030. The growth will primarily occur in cities in the developing world most of which already have fractured or nonexistent infrastructure. Climate change will have a dramatic effect on densely populated poor urban areas, especially those in arid zones and in littoral areas. This is a recipe for disaster.

Environmental degradation is also increasing the spread of infectious diseases and facilitating zoonoses to jump the species barrier and infect humans. The Ebola outbreak, like severe acute respiratory syndrome and H1N1 before it, is part of a long list of diseases that have infected humans from an animal reservoir with devastating impact. Many zoonoses exist and more will come. Using history’s guide, the next pandemic will likely be a zoonotic agent. Recognizing this, the United States last year led the creation of the Global Health Security Agenda to prevent, detect, and respond to deadly disease outbreaks.13 Though accepted by many countries, it has been implemented by few.

No amount of force can resolve these challenges. However, global health diplomacy, exercised through civil-military and military-military programs, is a promising strategic tool that should be employed to address these wicked strategic or global health problems and improve domestic and international security.

AN OPPORTUNITY TO ACT

Despite a growing level of interest in academia and government agencies, there is little agreement on how to define “global health diplomacy.”14 Michaud defined it as “international diplomatic activities that (directly or indirectly) address issues of global health importance, and is concerned with how and why global health issues play out in a foreign policy context.”14 The World Health Organization (WHO) states that it “brings together the disciplines of public health, international affairs, management, law, and economics, and focuses on negotiations
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that shape and manage the global policy environment for health.”15 We summarize global health diplomacy as the application of a broad range of skill sets to cooperatively improve human security throughout the world. A vital area of focus must be to strengthen public service, governance capabilities, and civil society in unstable regions. Doing so will enable nations to create an environment where their citizens’ basic needs can be met, universal rights respected, and the ability to hold a government to account, secure. This includes building and retaining capabilities to manage effective, noncorrupt, justice, finance, health, education, defense, public works, and environmental departments. The absence of these structures cripples a country’s ability to govern itself and leaves it vulnerable to the causes of instability, both human and natural.

The United States, by virtue of its strengths across diplomacy, defense, development, trade, and its inherent domestic civilian capabilities, has an opportunity to exercise its leadership and mobilize these assets. Using global health diplomacy to comprehensively strengthen public service and governance capabilities has been chronically neglected by the international development community. It needs a leader to start this process and the United States has the ability and authority to do so in the national and international interest.

Opportunities can be created to convene nations and groups to share needs, good practices, and innovations. This can produce opportunities to train, resolve human resource deficits, and scale up programs that can improve health outcomes. Bringing together regions in tension that have expressed an interest in strengthening their governance; supporting management and training capabilities that can break down barriers; and increased communication and coordination provide a platform for collaboration rather than conflict.

Professional capabilities within the U.S. public service, academia, nongovernmental organizations, and the private sector can be harnessed to build, sustain, and retain these capabilities. However, this can only work if a nation requests it, is coleading it, puts its own resources and political commitment behind it, and all parties are engaged for the long term. It is also vital that clear goals and an effective and transparent monitoring system be identified and agreed to by all parties at the outset.

Strengthening domestic capabilities will enable countries to provide essential services. Importantly, this will create an environment that will attract local and foreign direct investment. Combined with the presence of a transparent, noncorrupt tax system, this will enable nations to generate the funds for them to be economically self-sufficient.

**FEDERAL HEALTH AGENCIES AND DoD—UNIQUE CAPABILITIES TO CONTRIBUTE TO GLOBAL HEALTH**

U.S. federal health agencies have specific health expertise to contribute to global health diplomacy. The U.S. Agency for International Development and the Department of State consistently partner with host nations on priorities to develop and create farsighted, lasting, and sustainable programs. The Centers for Disease Control, Environmental Protection Agency, the National Institutes of Health, the Department of Health and Human Services, the Public Health Service, and the DoD have tremendous basic science, clinical treatment, laboratory research, and field research capabilities. They have established worldwide biosurveillance networks in partnerships with other nations and other health agencies to identify important emerging infectious diseases.

In fragile states, the DoD has additional capabilities to help support global health engagements. They can provide important intelligence information, security guidance, and force protection in semi-permissive or nonpermissive environments. The U.S. Navy, Air Force, and Army have tremendous logistic and vertical lift capabilities. The Navy and Air Force can also provide important sea and air traffic control in sea-or airports in developing countries, e.g., Operation Unified Response during Haiti’s 7.0 magnitude earthquake in 2010.16

All three service branches have important chemical, biological, and radiological detection and protection capabilities in the event of a terrorist-created or industrial catastrophe. The DoD has well-versed command and control centers with experienced staffs to plan, create, and execute operational deployments. The DoD has extensive experience in military-to-military partnerships on security cooperation. These partnerships can focus on the health capabilities of a host nation, e.g., improve its emergency medical capabilities to deal with a major humanitarian crisis or disaster, or improve the force health protection and combat casualty care capabilities of the host nation’s military and police forces.

Finally, DoD has a ready and well-trained force of professional medical personnel used to the vagaries of rapid notice and long-term deployments overseas. To bolster global health education and training for the DoD and its allies, the Defense Institute for Medical Operations, Uniformed Services University of the Health Sciences Center for Disaster and Humanitarian Assistance Medicine, and the International Military Education/Training agencies provide training courses and exercises in the United States and overseas. The U.S. Air Force has established an International Health Specialist program and within the International Congress of Military Medicine, 77 countries are represented working to achieve greater partnership in global health security.

**EDUCATING AND DEVELOPING LEADERS ABOUT GLOBAL HEALTH AND SECURITY**

Because global health diplomacy can be a vital strategic asset to reduce security threats, it is extremely important that leaders within the DoD be well versed in what it is, its use, and the opportunities it presents to address security challenges. Awareness of this tool should be known from the lowest to the highest ranks.

The mission of the Uniformed Services University of the Health Sciences is to educate, train, and prepare uniformed services health professionals, officers, and leaders to directly support the Military Health System, the National Security and
National Defense Strategies of the United States, and the readiness of our Armed Forces. The mission of National Defense University (NDU) is to support the joint warfighter by providing rigorous Joint Professional Military Education to members of the U.S. Armed Forces and select others in order to develop leaders that have the ability to operate and creatively think in an unpredictable and complex world. NDU’s purpose is to educate, develop, and inspire national security leaders. NDU’s Office of the Joint Medical Chair for Global Health was created by the Honorable Dr. Jonathan Woodson, Assistant Secretary of Defense for Health Affairs, to educate and develop our future senior leaders (both in the medical and line communities) about the importance of health as a strategic imperative and the linkages between global health and national security. Joint Medical Chair for Global Health has partnered with federal agencies and other health organizations to create a global health network to improve communication, coordination, and collaboration in anticipating and addressing future strategic and/or global health threats.

NDU and Uniformed Services University of the health sciences are two ideal places to educate those in the defense community about global health diplomacy and its tools and practice. Doing this must include individuals from other U.S. Government agencies including but not limited to DoD, Department of State, U.S. Agency for International Development, Department of Health and Human Services, the Veterans Administration, and Environmental Protection Agency. It will also be important to include civilians from academia, NGOs, and the private sector as trainers. Each brings an important vantage point as all sectors are involved within the security matrix.

A military force versed in global health diplomacy strengthens each member’s perspectives on the ground in overseas deployments. It will enhance their ability to assess opportunities and threats in the field and thus improve decision-making. Military personnel can join with their colleagues in other U.S. Government agencies and civilian trainers to work in a collaborative way to provide training to others overseas.

Where will the civilian trainers come from? Two demographic groups in the United States could contribute to this endeavor: young graduates and those in the early retiree phase of life. The former taps into the groundswell of young professionals involved in global health and passionate about making a difference. The latter taps into a much larger group, who are finishing an established career and have the skills, experience, time, and resources to volunteer. The Consortium of Universities for Global Health has developed a Capacity Building Corps to do just that. Over 400 professionals across a wide range of skill sets have joined so far in two corps: Emergency Response Corps and the Capacity Building Corps. The former is for shorter-term deployments in an emergency. The latter is, as its name implies, for long-term capacity building.

U.S. academic institutions can also be used to partner directly with universities and government ministries overseas to build their own educational capabilities. Intelligence coming from U.S. embassies through their connections with local governments can identify potential partnerships. Civilian assets can be used much more effectively with this knowledge.

**DISASTER MANAGEMENT: AN INTERNATIONAL 911 GLOBAL HEALTH RESPONSE SYSTEM**

Building and retaining human resources and training capabilities in regions in tension is one great capability for global health diplomacy. Another is in improving our collective ability to respond to disasters.

The international community chronically lurches from one disaster to another. As we saw with the Ebola outbreak and before that a litany of other disasters from earthquakes and floods to typhoons, we do not have an effective global rapid response mechanism for natural disasters. The United Nations is sometimes slow to act because it is a political body dependent on the cooperation and support of its many member nations which contribute money, troops, and police to support its missions. Permanent members of the U.N. Security Council can also unilaterally veto any U.N. resolution calling for action as approved by the General Assembly. Some of the U.N.’s health agencies, e.g., the WHO, are sometimes affected by these high-level political processes. The global response to the 2014–2015 Ebola outbreak was reviewed by a 19-member panel convened by the Harvard Global Health Institute and the London School of Hygiene. The panel’s conclusion was that WHO’s terribly delayed response was an “egregious failure” and that, although the global response “engendered acts of understanding, courage, and solidarity,” it also caused “immense human suffering, fear and chaos, largely unchecked by high-level political leadership, or reliable and rapid institutional responses.” The time is now for the development of an international 911 Global Health Response System.

DoD can utilize its connections through existing mechanisms to ask countries to identify what capabilities they have to respond to an emergency, from human resources to materiel. The U.S. National Guard’s State Partnership Program, an agreement that includes 68 partnerships with 74 nations (one-third of the world’s countries), could be a good operational starting place. It would be prudent for the international community to identify now, beforehand, which health and nonhealth agencies should be the first to be contacted in the event of any one of a different number of global health threats.

**OTHER OPPORTUNITIES**

There are also particular opportunities for defense. Battlefield medicine, rehabilitation, care of veterans and military families are pervasive challenges the world over. Countries have learnt lessons, good practices abound, and opportunities exist for the U.S. Government to bring allies together to share good practices and to work with civilians to build the capability of other nations to provide better care for their men and women in uniform.

Global health diplomacy can be a mechanism to bring nations in tension together through their scientists, health care
workers, and other professionals. Sometimes, they can convene where politicians cannot. By bringing groups together to address common problems, bridges can be built between countries in tension, e.g., India–Pakistan and Israel–Palestinian Territories over water shortages; a regional approach to drug abuse and organized crime between North and Central America; food and water security in the Sahel; protecting coastal waters in West Africa from foreign vessels that are wiping out livelihoods and food security; addressing the elephant and rhino poaching crisis that is fueling organized crime gangs and providing funds for violent jihadist groups in Africa; and public health strengthening, a theme relevant to just about everywhere.24

Military personnel, from generals down to the private need to understand what global health diplomacy is and its importance as a strategic tool. It should be part of ongoing educational opportunities for it will help all personnel to make better sense of the challenges they see before them and the opportunities to address them.

CONCLUSION
Global health diplomacy should be a pillar of the U.S. security agenda. It is clearly justified economically and morally. Early intervention reduces cost to the taxpayer, improves host nations’ capabilities to deal quickly with a global health threat, protects U.S. citizens, and improves the lives of the most vulnerable. Although the United States has an opportunity to provide leadership and advance this agenda, it cannot do it alone. In the face of tightening budgets all U.S. allies are looking to do more with less. Most share similar security threats and all have their own assets.

Leadership that convenes our allies through global health diplomacy is a route to strengthening these bonds and leveraging each one’s assets to address common threats. Spreading the burden of this international investment in education, leadership development, diplomacy, and partnerships to build capacity in global health will reap many-fold health and governance benefits in the countries that participate, and will improve regional stability and global security. It is a prudent strategic investment that we need to make now, before we face the next global health threat.

REFERENCES