THE MILITARY’S ROLE IN HEALTH DIPLOMACY
COROLLARY: MILITARY HUMANITARIAN ASSISTENCE: AN OXYMORON

AMOPS 2013

DENNY AMUNDSON MS DO
WHAT WE SHOULD EXPLORE

• UNITED STATES PUBLIC POLICY
• US PUBLIC POLICY AND THE MILITARY
• TYPES OF DIPLOMACY
• HEALTH DIPLOMACY AND PUBLIC POLICY
• USE OF THE MILITARY IN HD
• TYPES OF HEALTH DIPLOMACY WE DO
• EXPERIENCE WITH MILITARY HD...IS IT GOOD?

FIRST OFF, THIS IS NOT NEW!!
MILITARYS HAVE BEEN DOING HUM ASSIST FOR CENTURYS

- PRE- ALEXANDER-THE-GREAT- FOOD, SUPPLIES GIVEN
- MARTIAL LAW DEVELOPED AS A STRUCTURE FOR HA
- POST-WWII- RULE-OF-LAW AND CIVIL GOVERNENCE DEVELOPED FOR SECURITY REASONS
- POST-WAR- NGO’S DEVELOPED SLOWLY- LEAGUE OF NATIONS HAD FEW HA DEPARTMENTS-
  - CIVIL AFFAIRS DEVELOPED- AIRFORCE DOMINATED AFTER THE BERLIN AIR-LIFT IN 1947
- U.N. DEVELOPED PROGRAMS FOR HA- PUBLIC HEALTH ORIENTED
- MEDICAL GROWS AS AN HA PROGRAM- FELT TO BE SUCCESSFUL…MILITARY AGREES
OUR MILITARY’S HUMANITARIAN ASSISTENCE HISTORY

• OPERATION “NEW LIFE” IN GUAM SEEMED TO START THE PROCESS- 1975 VIETNAMESE REFUGES AFTER FALL OF SAIGON
• 1991 - IRAQ – “OP PROVIDE COMFORT”
• 1991- “OP SEA ANGEL” IN BANGLADESH
• 1992- “RESTORE HOPE” IN SOMALIA
• 1994- “SUPPORT HOPE”
• 2005- DOD DIRECTIVE FOR STABILLITY OPERATIONS
• 2005- PACIFIC AND ATLANTIC PARTNERSHIPS (CIV/MIL) BEGIN FORMALLY- D.R. RESPONSE TO BANDA ACHE
• 2006 AFRICAN STATION- **NOT INITIALLY MEDICAL**
• 2010- HAITI- D.R.
• MANY… MANY OTHERS
MANY OTHER COUNTRIES MILITARY DO HUM ASSIST AND HA AND DO IT BETTER!!

• MOST DEVELOPED COUNTRIES HAVE SOME FORM OF ENGAGEMENT- MOST ALSO HAVE MILITARY INVOLVEMENT ALTHOUGH THAT MAY NOT BE AS OBVIOUS AS THE UNITED STATES
- JAPAN
- CHINA
- AUSTRALIA
- CUBA
- IRAN?
WHY DO WE NEED TO BE NICE?
AND WHAT IS PUBLIC POLICY?
WHY HAVE A PROACTIVE INTERNATIONAL PUBLIC POLICY AT ALL?

DO WE NEED MORE GOVERNMENT ACRONYMS??

DOE to do NEPA’s EIS on BNFL’s AMWTP at INEEL after SRA protest

Nuclear waste incinerator to get full environmental study

BY DICK DORWORTH
Express Star Writer

A nuclear waste incinerator costing an estimated $3.5 billion scheduled to be built at the Idaho National Engineering and Environmental Laboratory (INEEL) near Arco will have a full environmental impact statement (EIS) conducted after all.

The EIS is required under the National Environmental Policy Act (NEPA), but until last month the Department of Energy (DOE) had planned to move only a few technologies BNFL has chosen to incinerate and otherwise treat mixed waste. We still do not know exactly what waste will be treated. Nor will we learn the answers to these and other fundamental questions if DOE-ID pursues its intended course of action, for a supplement analysis does not require the full public involvement that is the cornerstone of NEPA.

Thus, I would argue, of any broad acceptance of mixed waste incineration here in Idaho.

Before the governor's agreement was signed, federal law within the Resource and Conservation Recovery Act (RCRA) obligated the DOE to clean up its nuclear waste. Putting the AMWTP in Idaho is part of the DOE's efforts to consolidate its nuclear waste.
BELIEVE IT OR NOT SOME PEOPLE IN THE WORLD DO NOT LIKE US (and it is not getting better)

Gallup Poll of Foreign Publics’ Opinion of the United States, 2002 (in percentage)

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Views of the U.S.

Source: Pew Research (June 2007)
THAT POPULATION OF PEOPLE IS NOT GETTING FEWER

HUMAN POPULATION HISTORY AND PROJECTIONS

History: A.D. 1 to 1990
UN Projections, 1990 to 2150:
- High Growth
- Medium Growth
- Low Growth

WHERE IS GROWTH OCCURRING?

POPULATION DOUBLING TIMES BY REGION

- Africa
- Southwestern Asia
- Southern Asia
- Latin America
- Southeastern Asia
- Caribbean
- Oceanus
- East Asia
- Former Soviet Union
- North America
- Europe
ALSO REDISTRIBUTION IN THE DEVELOPING WORLD
Future-Population

• 35% global increase by 2025
• Developed countries . . .
  – Getting older
• Developing countries . . .
  – Getting younger
• Cities over 1 Million triple by 2010 …MEGA-URBAN period…will be 80% of the population
• 1/2 population in coastal regions
• Urban slums contain 50% of 3rd World population

BAD!!!

I GUESS WE HAD BETTER ENGAGE THE WORLD
PUBLIC POLICY - INTERNATIONAL ENGAGEMENT

- FAVORABLY INFLUENCE US AND OUR POLICIES ON THE WORLD COMMUNITY
- APPLICATION OF THAT INFLUENCE IS DIPLOMACY

"HARD" POWER DIPLOMACY

KINETIC....READ THIS WAR/CONFLICT
NON-KINETIC- THREAT OF THE KINETIC

"Stability Operations" (the use (KINETIC), or threat of, a “military option” to advance democracy-”HARD POWER”
HARD POWER DIPLOMACY FOR THE NAVY

90,000 TONS OF DIPLOMACY

NORTHROP GRUMMAN
WHAT IS DIPLOMACY?

HARD/KINETIC DIPLOMACY

SOMETIMES IT IS ALL WE CAN DO

DIPLOMACY

WORDS DON’T ALWAYS SOLVE PROBLEMS. SOMETIMES YOU JUST HAVE TO PUNCH AN ALIEN IN THE FACE.
SOFT POWER DIPLOMACY

"As brilliant as it is timely. Professor Nye's book is must reading for anyone who cares about the success of America and the world."

MADELEINE K. ALBRIGHT

SOFT POWER

THE MEANS TO SUCCESS IN WORLD POLITICS

JOSEPH S. NYE, Jr.
“Soft Power” - the act of creating a stable and sustainable society

- **Unbiased Press** (informed population)
- **Educational system** - basically enough for the population
- **Stable central government** … may take time in the “new democracies”
- **Adequate food, water, sanitation and power** … part of my job in Iraq
- MY ADDITION (and what we failed to do in Iraq) ….. **A SAFE ENVIRONMENT** … some smart people believe that “the realistic expectation of **HEALTHCARE** can actually foster a more secure environment”
The United States As A World Steward for “Social Justice”

- “International Affairs”...our interface with the world
- “Public Diplomacy”.....”SOFT POWER”

“Health Diplomacy” is an increasingly important component of the United States strategy for Public Diplomacy

Karen Hughes

"to foster a sense of common interests and values between Americans and people of other countries, to isolate, marginalize and discredit the violent extremists and to foster a positive vision of hope and opportunity that is rooted in our values."

“SOFT POWER”? 
SO WHERE DOES HEALTH DIPLOMACY SIT IN ALL THIS??

• LEAD..........FOLLOW...............OR SOMEWHERE IN BETWEEN????

• RAND ANALYSIS- SHOULD BE AT THE FOREFRONT OF DIPLOMACY

• US OSD IS PLANNING FOR THIS

• WE ARE ENGAGING IN THIS- AS ARE OTHERS
WE THINK IT SHOULD LEAD
“HEALTH DIPLOMACY”

- **PREMISE** - CREATION OF CHAOS AND THE BREAKING OF U.S. POLITICAL WILL ARE THE GOALS OF OUR CURRENT ENEMIES
- **RELY ON “RISK POPULATIONS”** - USUALLY WITH ISOLATION FROM SOCIAL/ECONOMIC AND MEDICAL WELL-BEING
- **SO...** AS A POLICY DECISION...NATION BUILDING AND ASSISTENCE IS AN ACTIVE INTERVENTION...
- **USES A VARIETY OF MIL/CIV ASSETS AND COLLABORATION TO HELP IN RECOVERY, RECONSTRUCTION AND CAPACITY-BUILDING**

Vanderwagen. Milt Med. 2006
BUT IT IS A RELATIVELY RECENT ADDITION

• **Health Diplomacy**-
  Now a **cornerstone**…needs to start early though (and needs to be pre-planned)…this part needs help!!!!!!!!!!!!!!
  Also, if the smart people are right, makes us actually lead the others- and therefore, be potentially put in harms way……so that is where I come in.-  “I’m here from the government to help you”
SO HOW DID THE DEPARTMENT OF DEFENSE GET INTO THIS THING- AREN’T WE JUST BABYKILLERS??

Gurkhas
Because a big guy with a little knife and a frown, isn't as scary as a little guy with a big knife and a smile

OPPPPORTUNITY
You always miss 100% of the shots you don't take
MILITARY HEALTH DIPLOMACY

• The strategic plan reflects the initiatives described in both the National Security Presidential Directive-44 (NSPD-44) and the Department of Defense Directive-3000.5 (SSTR; November 28, 2005)
HEALTH DIPLOMACY AND THE MILITARY

Department of Defense
DIRECTIVE

NUMBER 3000.05
November 28, 2005


References: (a) Sections 113 and 153 of title 10, United States Code
(b) Strategic Planning Guidance, Fiscal Years 2006-2011, March 2004
4.1. Stability operations are a core U.S. military mission that the Department of Defense shall be prepared to conduct and support. They shall be given priority comparable to combat operations and be explicitly addressed and integrated across all DoD activities including doctrine, organizations, training, education, exercises, materiel, leadership, personnel, facilities, and planning.

4.4. Integrated civilian and military efforts are key to successful stability operations. Whether conducting or supporting stability operations, the Department of Defense shall be prepared to work closely with relevant U.S. Departments and Agencies, foreign governments and security forces, global and regional international organizations (hereafter referred to as “International Organizations”), U.S. and foreign nongovernmental organizations (hereafter referred to as “NGOs”), and private sector individuals and for-profit companies (hereafter referred to as “Private Sector”).

4.5. Military-civilian teams are a critical U.S. Government stability operations tool. The Department of Defense shall continue to lead and support the development of military-civilian teams.

And the military will work with civilian agencies/organizations to accomplish it OMG!!!!!!!!!!
ANOTHER NEW CONCEPT IN HEALTH DIPLOMACY IS THE FOSTERING AND USE OF PARTNERSHIPS

- ACTUALLY WITH PEOPLE AND ORGANIZATIONS WE SOMEWHAT IGNORED BEFORE-
  - PRIVATE SECTOR
  - INDUSTRY
  - PRIVATE AIDE ORGANIZATIONS

NEW RUBRIC: “NETWORKING GLOBAL STABILITY”

Actually makes sense and has added value to reduce redundancy and maximize effectiveness.

Being fostered by the U.S. Agency for International Development (USAID) which has a budget of **18.8 billion** dollars for 2009. (doesn’t seem like as much now) and is developing a partnership with “INTERACTION” an NGO
WHY IN UNIFORM?

• UNFORTUNATELY CIVIL DISORDER AND A LANDSCAPE OF “COMPLEX EMERGENCIES” AND “HUMANITARIAN CRIZES” ARE INCREASING IN THE WORLD (IRAQ)

• UNFORTUNATELY THESE EMERGENCIES REQUIRE BOTH A MILITARY AND CIVILIAN RESPONSE FOR EFFECTIVE MITIGATION

• ALSO THE UNITED STATES HAS ADOPTED A PUBLIC POLICY THAT INCLUDES HEALTH DIPLOMACY (not just us)
SO- DOD IS IN THE SOFT POWER HEALTH DIPLOMACY BUSINESS
TYPES OF MILITARY DIPLOMACY ENGAGEMENTS

1. DISASTER RESPONSE
2. POST-CONFLICT POLICING OR TECH SUPPORT
3. PEACEKEEPING-DISENGAGEMENT VERIFICATION, BOMB/MINE CONTROL, INTRODUCE H-A ACTIVITIES BY OTHERS
4. CONFLICT RESOLUTION- INCREASING – TRICKY STUFF, ISAF/ICRC EXPECTATIONS
DOD HUMANITARIAN ASSISTENSE STRATEGIES

• PROBABLY WHAT WE ARE MOST ENGAGED IN
• LOT’S OF TYPES OF ENGAGEMENTS
• MULTIPLE VENUES AND ON ALL FRONTS- MOSTLY PARTIONED AND ADMINISTERED BY THE “CO-COMS”
SOME TYPES OF **HA** THAT I HAVE BEEN INVOLVED IN

- IRAQ - 2003-2004
- AFGHANISTAN - 2007-2009
- USNS MERCY (PP) - 2006 (YOGAKARTA DR)
- PARTNERSHIP STATION (APS) - 2009
- HAITI - 2010 (DR)
HOW MOST OF THE HA WORKS

LIMITED BY POSSE COMITATUS
AND THE STAFFORD ACT

NEW

USNORTHCOM

JSOC

USEUCOM

USCENTCOM

USPACOM

USSOUTHCOM

USAFRICOM

SERIES 1107

PREPARED AND PUBLISHED BY THE NATIONAL GEOSPATIAL-INTELLIGENCE AGENCY ST LOUIS MO

MAP INFORMATION AS OF 2008

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STATE OF ALASKA ASSIGNED TO USNORTHCOM AREA OF RESPONSIBILITY.

ECUADOR ASSIGNMENT TO USCENTCOM.

MAP EFFECTIVE 17 DECEMBER 2008

1:60,000,000

MILLER CYLINDRICAL PROJECTION

THE WORLD WITH COMMANDERS' AREAS OF RESPONSIBILITY

EDITION 8 NGA BASED ON UNIFIED COMMAND PLAN 17 DECEMBER 2008

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MILLER CYLINDRICAL PROJECTION

THE WORLD WITH COMMANDERS' AREAS OF RESPONSIBILITY

EDITION 8 NGA BASED ON UNIFIED COMMAND PLAN 17 DECEMBER 2008
WHERE HAS **HEALTH DIPLOMACY** BEEN USED?

In "At-Risk" Population Centers

Somali warlords, Taliban, Abu Sayof, Drug lords
ALTRUISM? WHERE IS THE OIL?

HERE'S SOME

- OPEC Member
- North Sea oil
- US states producing oil
- Canadian provinces producing oil
- Other oil producing states
SMALL, BUT IMPORTANT “CHANGE”

- Saudi Arabia: 9.1; 24%
- Former Soviet Union: 7.9; 21%
- Norway: 2.8; 8%
- Venezuela: 2.5; 7%
- Iran: 2.4; 7%
- United Arab Emirates: 2.4; 7%
- Kuwait: 2.4; 7%
- Mexico: 1.8; 5%
- Algeria: 1.8; 5%
- Qatar: 1.0; 3%
- Canada: 0.8; 2%
- Others: 1.5; 4%
TYPES OF HEALTH STABILITY OPERATIONS

- INTERNATIONAL DISASTER RESPONSE - now involved more and more in the “complex emergency” disaster responses
- HUMANITARIAN ASSISTENCE - we say it all the time but what is this REALLY?????- the USNS MERCY mission?
- HEALTH “RECONSTRUCTION” - Afghanistan as an example
- NATION-BUILDING ACTIVITIES - HEALTH is a KEY part, but must be H.N.-centric, culturally aware, and have a coordinated “systems” sustainability to it to be a “nation-building” program

THESE ARE ALL “HEALTH TOOLS” FOR THE DEPLOYMENT OF “HEALTH DIPLOMACY”

..........WHERE IS THE ALTRUISM????
NATION-BUILDING
- WE HAVE BEEN TRYING IT FOR DECADES - WE ARE NOT GOOD OCCUPIERS
The post-World War II occupations of Germany and Japan set standards for postconflict nation-building that have not since been matched. Only in recent years has the United States felt the need to participate in similar transformations, but it is now facing one of the most challenging prospects since the 1940s: Iraq. The authors review seven case studies — Germany, Japan, Somalia, Haiti, Bosnia, Kosovo, and Afghanistan — and seek lessons about what worked well and what did not. Then, they examine the Iraq situation in light of these lessons. Success in Iraq will require an extensive commitment of financial, military, and political resources for a long time. The United States cannot afford to contemplate early exit strategies and cannot afford to leave the job half completed.
HEALTH DIPLOMACY: OPERATIONAL

• Health reconstruction efforts
  - Iraq
  - Afghanistan

• Outreach
  - USNS Mercy/Comfort missions
  - Kersage- smaller “red-coms”
  - disaster response (works but hard to do)

• Strategic
  - AFRICOM
  - Panama training center for Hum aide
  - International cooperative programs (U.N.)
NATION-BUILDING- AFGHANISTAN AND HEALTH RECONSTRUCTION

- **THE JOB**- ASSESSMENT AND AAR TO PLAN FOR CAPACITY-BUILDING AND SELF-EFFICACY
- **PILLARS**- COMBAT CASUALTY CARE, SURVEILLENCE, EMS, TRAINING, NURSING AND MOST OF ALL LOGISTICS AND THE ANCILLARY SUPPORT- BIOMED REPAIR AND COMBAT LIFE-SAVERS.....this was meant to support the POLICE force who guard the border and enforce the *rule-of-law*- NOW COMBINED INTO THE AFGHAN DEFENSE FORCE- AT LEAST IN NAME
power problem
CURRENT ASSISTANCE EFFORTS IN AFGHANISTAN

Governmental (USAID)
Inter-governmental (UN, EU, IRCRC)
Non-Governmental (CARE, MSF, IMC, IRC)

Military

** Increasingly see Civil/Military strategies-
“Provisional Reconstruction Team” is one of these……..evolutionary,
transitional structure that is new
PRT Concept

• First established in Afghanistan in 2002 (implemented in Iraq in 2005 under the State Department)

• Small (<100) civilian/military group that assists provincial and local governments
  - extend the local “Rule-of-Law”
  - help governments ensure security
  - assist to deliver essential services
  - help economic reform and social development

• 3 essential functions: governance, infrastructure reconstruction, and security

• Originally the military component was to provide protection in unsecure areas (but this has changed)
Mentorship
Very close relationships
SO--- HOW ARE WE DOING IN THIS ARENA???

- VERY HARD TO DECYPHER
- MANY METRICS TO LOOK AT - CIA
- MOST OF THE DATA WE HAVE IS BEAN-COUNTING OR PROCESS INFORMATION AND NOT OUTCOMES
- OUR INDIVIDUAL MEMORIES WANE SO WE SELECTIVELY REMEMBER GOODNESS
- CORPORATE KNOWLEDGE IS LOST
- THE SAME ERRORS ARE MADE OVER

"If you always do what you've always done, you'll always get what you've always got." Henry Ford (1863-1947)
IT LOOKS GREAT TO US!!!

RORSCHACH TEST

I see brave commandos defending themselves against an ambush by hooligans.

I see peace-loving humanitarians victimized by an act of state-sponsored piracy.
WE GET TO SEE
Forgotten Diseases?
CONDITIONS DUE TO
No access to MEDICAL care
What Living in a Developing World gives us
EVEN PLACES THAT ARE TRYING TO BE DEVELOPED - NIGERIA
SHOOT - I HAD A GREAT TIME

USNS MERCY - 2006
YOGYKARTA INDONESIA
EARTHQUAKE RESPONSE

AFRICAN PARTNERSHIP STATION - 2009
WELL- WE SHOULD BE GREAT AT THIS KIND OF STUFF

• ORGANIZATION/STRUCTURE
• LIFT, COMMS
• INTRINSIC SECURITY
• TECHNOLOGY
• SELF-SUFFICIENCY- NOT PART OF THE PROBLEM
• MOTIVATION
• TRAINING?

WARNING: Doctor did not go through 11 years of training so you could ask whether the drugs you saw advertised on T.V. are right for you.
DOD HEALTH DIPLOMACY

- DISASTER RESPONSE- NOT SO HOT!!
- SUCCESSFUL DR’s- YOGYKARTA, HAITI
- WHY??????- NI

LOT’S OF MOVING PARTS
THE MILITARY DOES HAVE LIMITATIONS

- TRAUMA-ORIENTED TRAINING
- ADULT MALE ORIENTATION
- VARYING SUPPLIES AND EQUIPMENT - DIFFERENT
- INCREASING OBLIGATIONS ELSEWHERE
- INCREASING MISSIONS WITH LITTLE OBJECTIVES..JUST DO GOOD!!
- AUTONOMOUS NATURE OF THE MILITARY
- PRESENCE IN THE POPULATION - THREATENING?
Specific PRT Problems In Afghanistan

• Not enough people!!!!!
  - Inexperienced contractors
  - Not enough State Department bye-in
  - No real standardized mix or strategy
  - Individual skill sets and interest drive projects…no metrics in place to know if they work
• 2 chains of command (stove-piped)
  - State Department
  - NATO (ISAF)
• Kabul leadership/oversight
• No Central (U.S.) concept of objectives or operation
RAND’S ASSESSMENT OF IRAQ INFANT MORTALITY

Infant Mortality Rate Versus Life Expectancy at Birth, Iraq and Other Countries in Region, 1985–2000

It appears as if this decrement has continued under our watch.
What is wrong with “Med Caps”???

- Really **not** sustainable and may be counter-productive- try other outreach programs. **Why?**
  - need local involvement and *buy-in* for durability; helps in local expectation management, modulates the response to make it realistic, helps health allocation, gives the H.N. feelings of self-efficacy and self-determination which provides a sense of “psychologic capacity” which will help in responses to other natural and manmade events

Med Caps- make us feel better, but paradoxically hinder both H.N. capacity-building, as well as H.N. feelings of *good will* towards the United States.
DRAWBACKS SEEN BY OTHERS

• TAKING AWAY MONEY FROM OTHERS
• MUDDYING THE WATERS IN COMPLEX EMERGENCIES...blurring the players
• SETTING TOO MUCH EXPECTATION
• LEAVING WITHOUT A BRIDGE OR FOLLOW-UP- not transparent enough
• EXPOSES HOST NATION DEFICIENCIES
• SEEMS WE ARE DAMNED BY WHAT WE CAN DO!!!
The military doesn't normally measure the impact of their HA activities. AFRICOM is telling us now that the main purpose of HA is to build relationships so they can then do security assistance. Whether or not there are positive effects other than that would seem to be secondary.

USAID..2013
WHAT CAN WE DO TO MAKE IT WORK?

• HAVE REALISTIC MISSION GOALS
• DO “EFFECTS-BASED” PLANNING TO ACHIEVE THESE GOALS…how to make it durable
• ARTICULATE CLEARLY THE EXPECTATIONS FOR “EXPECTATION MANAGEMENT” (for us and the H.N.)
• HAVE A CLEAR AND TRANSPARENT “EXIT STRATEGY”
• FIGURE OUT SOME WAY TO MEASURE HOW YOU DID (MOE’s or “EFFECTS-BASED” ASSESSMENTS)
WHAT ARE OUR GOALS???
WHAT IS “TRUE NORTH”

• SAVE LIVES
• MAKE THE WORLD SAFER
• PROTECT HUMAN RIGHTS
• ENHANCE GENDER EQUALITY
• ADVANCE DEMOCRACY

There is a place for ALTRUISM
GO NAVY

SO EASY A CAVE MAN CAN DO IT.
“Few of the important problems of our time have been in the final analysis, solved by military power alone.”

John F Kennedy
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*Assumes an average cost per member of $8,750, plus a post-service award of $5,000.

**Assumes an average cost per overseas Peace Corps volunteer of $32,000, including benefits and program costs.